RELEASE NOTES: 05/15/2024.
Monthly Service Pack – SC.CORE.6.0_1.21.000.2404.006

Executive Summary:

1. The length of Display As textbox is increased from 25 to 75 characters in the Authorization Code Details screen. The users can add more text to the Authorization Code Display As field so that the records can be more descriptive. (**EII #127101**)

2. There are occasions when verbal consent is obtained by other means than the phone, such as telehealth or in-person visits to the client's home where electronic signature capability is unavailable and there is no option to print for signature. To accommodate this, the label of the radio button "Verbally Agreed over Phone" has been changed to 'Verbal Consent Obtained' in the 'Medication Consent Signature Popup. (**EII #127571**).

3. The multiple language support opt out message for the Appointment Reminders is implemented, based on the preferred Language set to the client. (**EII #126127**).

4. The Changes in the 'Message Details' section are done to store the HTTP connection details in the 'Messaging Details' section of the 'Immunization Configuration Details' screen. (**EII # 127210**)

5. A new button 'Download Batch Summary' is implemented under Compliance Batch Details Page. Clicking on this, batch summary will be exported which contains Batch, Provider Group, Site and Provider details present in the selected batch. (**EII # 127532**)

6. Implementation to update the direction format to Include Layman's Terms on sending the prescription to Pharmacy via electronically is implemented. (**EII # 126573**)

7. When the user tries to discharge all the programs selected for 'Program Discharge', then the validation message implemented will not allow a user to complete a program discharge when all the Programs are selected for discharge'. (**EII # 127346**)

8. Implementation is done to remove T1040 claims on the Client statements as per the procedure code setup. (**EII # 127744**)

9. Implementation of the '0Fill' Segment is done in claims to send this segment in claims when their Primary coverage Plan is not billable and has a Medicaid as their secondary coverage plan which is billable. (**EII # 126651**)

10. The Changes are done in the "StaffAccessRules" permission screen for "All Staff" and "LimitedStaff" to display the respective option display in the dropdowns. (**EII # 125850**)

11. This implementation is to add the location of the appointment to the notification that is sent to the client via Email, Voice and Text. The location of the appointment will be noted on the service detail screen and included in the notification to the client. This will help clients go to the accurate location of their appointment. (**EII # 126267**)

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

Abbreviation: EII - Engineering Improvement Initiatives

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6	EII # 127101	The length of the Display As textbox is increased in the Authorization Code Details screen.	Authorizations
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60	Core Bugs # 127693	270/271: Getting 2 responses for One Request.	Interface
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62	Core Bugs # 127280	Issues in the Immunization Interface.	Interface
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64	Core Bugs # 127625	Client order: the program is not associated with the lab order.	Interface
65	Core Bugs # 127632	Use Keyphrases: Not able to access phrases with 'Use' hyperlink.	Keyphrases
66	Core Bugs # 127344	Payments were posted for deleted charge id.	Ledger Entries
67	Core Bugs # 127442	Any DFA List page: Newly created column appearing far in the list and column is not in 'view' settings to manage.	List Page Framework
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75	Core Bugs # 127768	Refund Checks: The 'Save' button disappears when selecting the credit balance claim lines from the grid section.	Refunds Check
77	Core Bugs # 127157	Report header not showing in Bold Font.	Reports
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80	Core Bugs # 127493	Rx - DEA # did not update after script changed from one provider to another.	Rx Application
81	Core Bugs # 127505	Red Error Message on Rx when trying to approve Verbal orders.	Rx Application
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87	Core Bugs # 127717	Scanning: On viewing the single uploaded filled PDF records from the 'Documents/My documents' screen, the filled texts are blank in the 'PDF'.	Scanning
88	Core Bugs # 127750	Scanning: The filled texts are blank in the 'PDF' on viewing the uploaded filled PDF records	Scanning

89	Core Bugs # 127507	Bundled service was not created on the last day of the month.	Services
90	Core Bugs # 127627	The Last Name and First Name was displayed in clinician and attending drop down in Service Details, Service Note and Group Service Details screens.	Services
91	Core Bugs # 127707	Document was created after creating the service in the service details.	Services
92	Core Bugs # 127595	Duplicate bed services creation for a client without bed attendance.	Services
93	Core Bugs # 127650	Service Detail screen - The Recurrence services for individual services are not pulling the correct dates for the Past, Future, and Present services.	Services
94	Core Bugs # 127824	Unable to highlight the text with mouse in the Service Notes text fields.	Services/Notes
95	Core Bugs # 127605	Psychiatric Note: the system hangs with page freezing when attempting to save or sign.	Services/Notes
96	Core Bugs # 127656	Psychiatric Note: The system appears to break when it encounters Client Order Name with < or > special characters.	Services/Notes
98	Core Bugs # 127770	Error occurred on navigating to Service Notes screen through unsaved changes.	Services/Notes
99	Core Bugs # 127741	The data in the exported files are displayed in text format in excel.	SmartCare Improvements
100	Core Bugs # 127742	Spelling error in an error message.	SmartCare Improvements
101	Core Bugs # 127523	The Modified Date column is not updating in the UnsavedChanges table.	SmartCare Improvements
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103	Core Bugs # 127602	SmartLinks bar is at the bottom of the pane.	SmartLinks
104	Core Bugs # 127596	The newly created 'FlowSheet' widget is not displayed correctly in 'Smartview' due to an error message.	SmartView
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106	Core Bugs # 127362	Teds Episode is not creating after assigning a Program.	TEDS Tracking List
107	Core Bugs # 127823	TEDS Tracking List Page, episodes with a priority of 2 were being created before those with a priority of 1.	TEDS Tracking List
108	Core Bugs # 127855	Treatment Team (Client): Treatment Team Member" column was displayed blank.	Treatment Team
109	Core Bugs # 127535	Voided Medications are displayed on the 'Medications' widget of the 'Client Dashboard'.	Widgets

Functionality-wise Task Details:

837 Batch Claim Upload

Reference No	Task No	Description
1	Core Bugs #127689	File extension restriction is implemented for the 'Batch Load for Multiple 837 Files' functionality.

Author: Renuka Gunsekaran

1. Core Bugs # 127689: File extension restriction is implemented for the 'Batch Load for Multiple 837 Files' functionality.

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

Navigation Path: 'My Office' – '837 Import' – 'Start Batch Upload' – '837 files Batch Upload' popup.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The File extension restriction was implemented for the 'Batch Load for Multiple 837 Files' functionality.

With this release, the above-mentioned issue has been resolved. Now, the file extension restriction is removed from the 'Batch load for multiple 837 files' functionality.

Alerts

Reference No	Task No	Description
2	Core Bugs # 127732	Alert list page is loaded with incorrect/blank list page when click on the notification.

Author: Rakesh Naganagoda

2. Core Bugs # 127732: Alert list page is loaded with incorrect/blank list page when click on the notification.

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

Navigation Path: Go Search-Alerts (My Office) – Click on any notifications.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user clicked on the alert notification, the user was redirected to the Alerts list page with incorrect/blank list page data.

With this release, the above-mentioned issues have been resolved. Now, upon clicking on the alert notification, the users are redirected to the Alerts list page and the page is loaded with correct information.

Appointment reminders

Reference No	Task No	Description
3	EII # 126127	Appointment Reminder opt Out Messages includes for Multiple Languages.
4	Core Bugs # 127098	Appointment Notifications are sent to the client If the notification templates are marked as inactive.
5	EII # 126267	Ability to add the Program Address/Location Address to the Notification Reminder.

Author: Manjunath Malipatil

3. EII # 126127: Appointment Reminder opt Out Messages includes for Multiple Languages.

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

Prerequisite:

1. A valid Email id and Phone Number associated with the Client Record.

2. Client Preference is selected for the client in the Demographics tab of the Client Information screen to receive the notifications.

Path: Login to SmartCare Application – Select the Client – Go to 'Client Information' – General tab – Enter the E-mail and Phone Numbers – Demographics tab – Preferences section – Set the Communication Preferences – Save.

3. The value of the system configuration key 'SetOrgModeToNotifyClientAboutAppointment' is set to 'Email,SMS'.

Navigation Path 1: Login to SmartCare Application – select the client – Services (Client) – Service List - Click on New Button – Schedule a service for the selected client –Save.

Navigation Path 2: Login to SmartCare Application – Services (MyOffice)—Click on the Add Hyperlink in the Telehealth Column for a service – telehealth Setup pop up- enter all the required fields – save.

Navigation Path 3: Login to SmartCare Application –Select the client – Services (Client) – Service List page- Select the scheduled service (Navigation Path 1)– Service Details- Change the status to Cancel – Save.

Navigation Path 4: Login to SmartCare Application – Services (My Office)—Click on the Update Hyperlink in the Telehealth Column for a service – telehealth Set up pop-up – Click on delete meeting. - close.

Functionality 'Before' and 'After' release:

Purpose: This is to ensure the Opt Out message includes Spanish language based on the Client Preferred language.

With this release, the multiple language support opt out message is implemented for the Appointment Reminders based on the preferred Language set to the client.

If Client chooses Primary/Preferred Language (Refer to Client Information screen) as 'English' or 'If they choose any other language other than Spanish' or 'If they don't select anything' --for all these 3 conditions the Opt-Out Messaging is in English.

Opt Out of Notification in English:

Email Notifications.

Below screenshot refers to the email notification received for the services when the client Preferred language is English or other than Spanish or none. The opt out message will be in English.

Message: Please click here to unsubscribe.
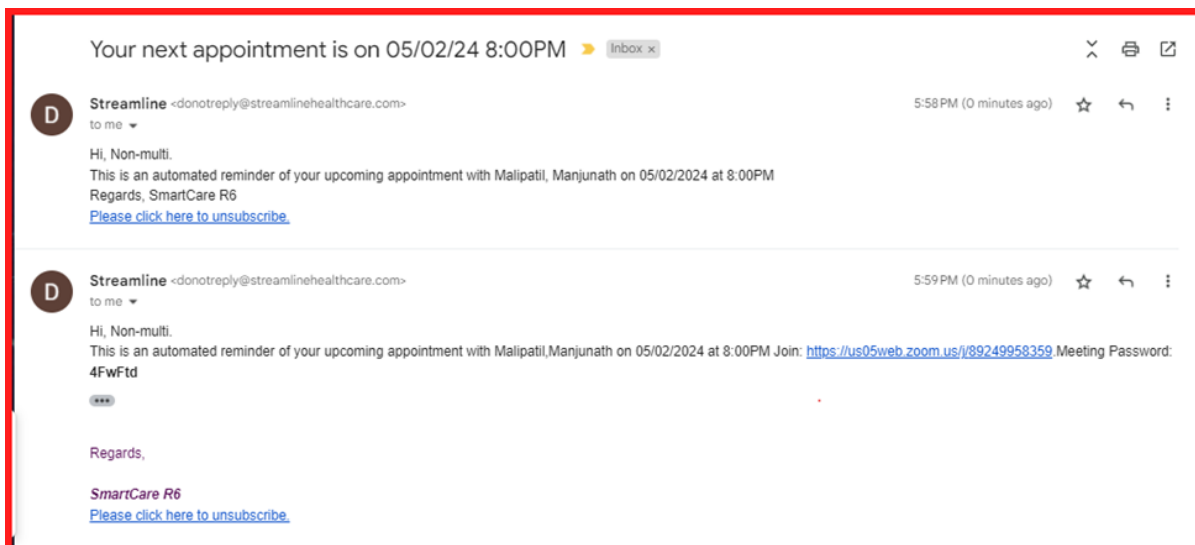
When the user clicks on 'Please click here to unsubscribe' hyperlink, the user is redirected to the new tab in the browser, then the below-mentioned message is displayed in the window in English.

Message: You have successfully unsubscribed from healthcare appointment reminders. Please note that you will no longer receive any future reminders for your appointments. If you wish to re-subscribe in the future, please contact our support team.
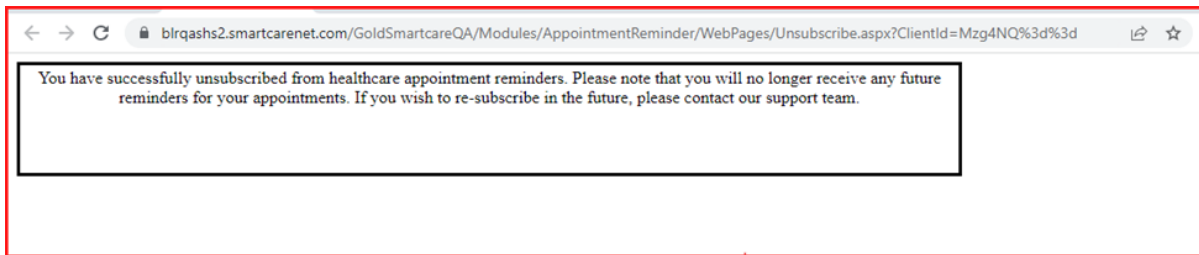
SMS notifications

Below screenshot refers to the SMS notification received for the services when the client Preferred language is English or other than Spanish or none.

Message: Reply Unsubscribe to stop receiving messages.

Opt Out of Notification in Spanish:

Email Notifications.

Below screenshot refers to the email notification received for the services when the client Preferred language is Spanish. The opt out message will be in Spanish.

Message: Haga clic aquí para darse de baja.
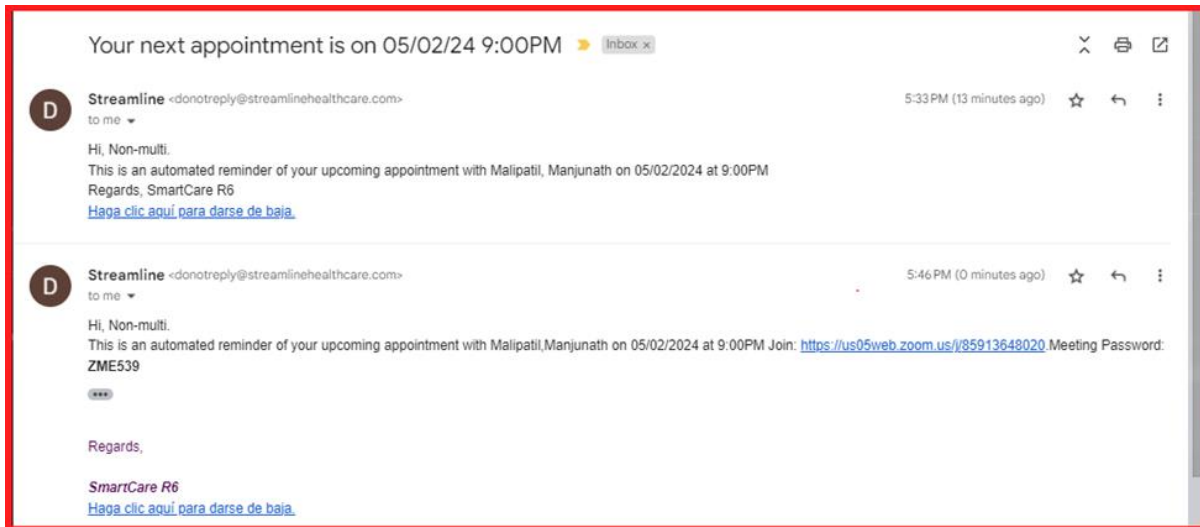
When a user clicks on 'Haga clic aquí para darse de baja' hyperlink, then the user is redirected to the new tab in the browser. The below-mentioned message is displayed in the window in Spanish.

Message: Nos hemos dado de baja con éxito de los recordatorios de citas médicas. Tenga en cuenta que ya no recibirá ningún recordatorio futuro para sus citas. Si desea volver a suscribirse en el futuro, póngase en contacto con nuestro equipo de soporte.
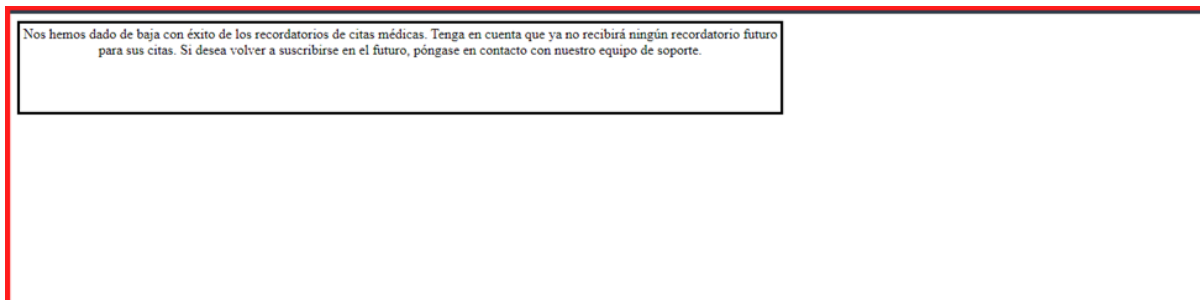
SMS notifications:

Below screenshot refers to the SMS notification received for the services when the client Preferred language is Spanish. The opt out message will be in Spanish.

Message: Responder Unsubscribe para dejar de recibir mesaages.

Author: Manjunath Malipatil

4. Core Bugs # 127098: Appointment Notifications are sent to the client If the notification templates are marked as inactive.

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

Prerequisite:

1. Notification templates for Appointment Reminders is marked as Inactive by following the below **Path**:

Login to SmartCare Application – Notification Templates – Select a notification template related to Appointment Notifications.

Navigation Path: login to SmartCare Application -- Client Search - Select a client – Services (Client) – Click on New Button – In Service Details screen—enter all the required fields – Click on save button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. Even when the Notification Templates of Appointment Notifications are marked as inactive, the Appointment Notifications were sent to the clients for the scheduled services.

With this release, the above-mentioned issue is resolved. Now, an active check condition for the Notification templates is added before sending it out to the Clients. Hence the Appointment Notifications are not sent to the client, if the notification templates are marked as inactive.

Author: Manjunath Malipatil

5. EII # 126267: Ability to add the Program Address/Location Address to the Notification Reminder.

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

Prerequisite:

1. A valid Email id and Phone Number is associated with the Client Record.

2. Client Preference is selected for the client in the Demographics tab of the Client Information screen to receive the notifications.

Path: Login to SmartCare Application – Select the Client – Go to 'Client Information' – General tab – Enter the E-mail and Phone Numbers – Demographics tab – Preferences section – Set the Communication Preferences – Save.

3. Programs have an address.

4. Locations have an Address.

Navigation Path 1: Login to SmartCare Application - Notification Template List (Administration) – Select a template Type- Add the program/location parameters –Click on Save.

Navigation Path 2: Login to SmartCare Application – select the client – services (Client) – Service List - Click on New Button – Schedule a service for the selected client –Save.

Navigation Path 3: Login to SmartCare Application – Services (My Office)—Click on the Add Hyperlink in the Telehealth Column for a service – Telehealth Setup pop up– enter all the required fields – Save.

Navigation Path 4: Login to SmartCare Application –Select the client – Services (Client) – Service List page- Select the scheduled service (Navigation Path 2)– Service Details- Change the status to Cancel – Save .
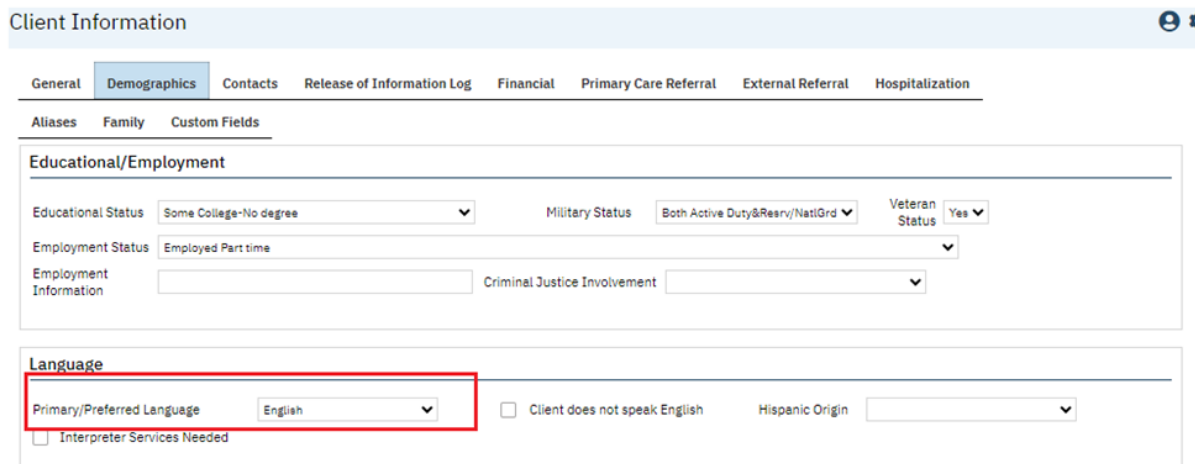
Navigation Path 5: Login to SmartCare Application – Services (My Office)—Click on the Update Hyperlink in the Telehealth Column for a service – Telehealth Setup popup – Click on delete meeting- Click on Close.

Functionality 'Before' and 'After' release:

Purpose: This is to add the location of the appointment to the notification that is sent to the client via Email, Voice and Text. The location of the appointment will be noted on the service detail screen and included in the notification to the client. This will help clients to go to the accurate location of their appointment.

With this release, the Program Address/Location Address sent in the appointment reminder for their upcoming Appointments. This will ensure that the clients can go to the accurate location of their appointment.

This is achieved by adding the Parameters to the notification templates.

1. If the user wants the Location Address from the Program selected on the services, then the Notification template should have the below parameters.

[ProgramLocationStreetAddress]

[ProgramLocationCity]

[ProgramLocationState]

The Address added for the Program will be initialized to the Appointment reminder notification received by the Client.

Screenshot for Email notification:
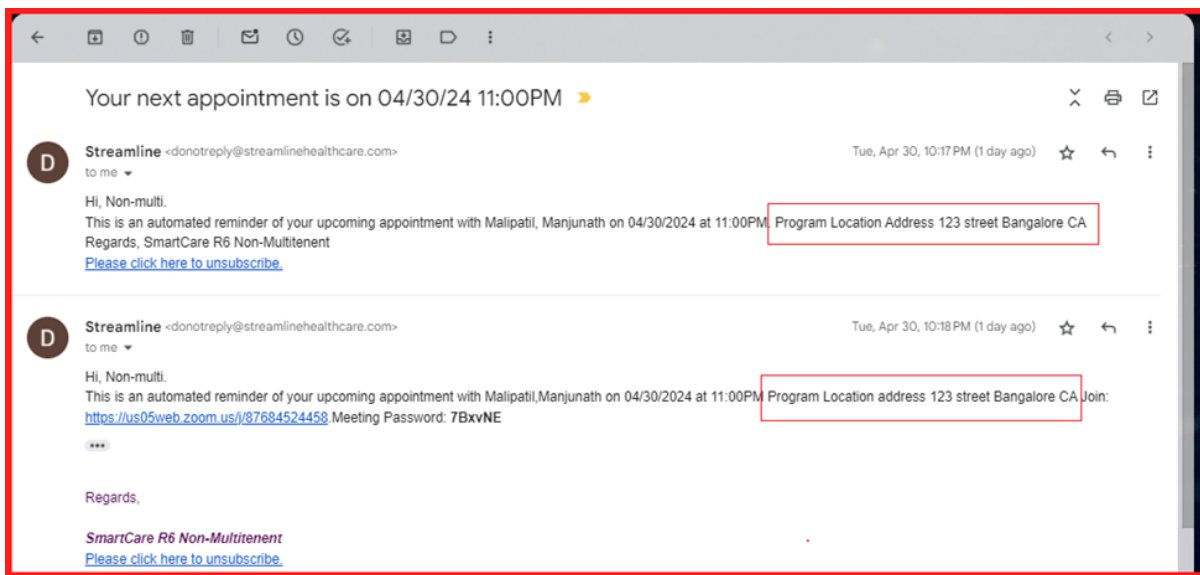
Screen Shot for SMS Notification:

Hi, Non-multi.
This is an automated reminder of your upcoming appointment with Malipatil, Manjunath on 04/30/2024 at 8:00PM Program Location address 123 street Bangalore CA. Regards, SmartCare R6 Non-Multitenent
Reply Unsubscribe to stop receiving messages.

Hi Non-multi, This is an automated reminder of your upcoming appointment with Malipatil,Manjunath on 04/30/2024 at 8:00PM Program Location address 123 street Bangalore CA
Join:
https://us05web.zoom.us/j/82667192994.Meeting
Password: D6iV8M Regards, SmartCare R6 Non-Multitenent
Reply Unsubscribe to stop receiving messages.

Tap to load preview

2.If the user wants the Location Address from the Location selected on the services, then the Notification template should have the below parameters.

[LocationName]

[LocationStreetAddress]

[LocationCity]

[LocationState]

Notification Template Detail

General

Notification

Template Type APPOINTMENTEMAIL ☑ Active

Subject Your next appointment is on [DateOfService]

Header Hi, [ClientFirstName].

Content This is an automated reminder of your upcoming appointment with [ClinicianLastName], [ClinicianFirstName] on [ServiceDate] at [ServiceTime].

Location Address [LocationName] [LocationStreetAddress] [LocationCity] [LocationState]

Footer Regards,
[OrganizationName]

The Address added for the Location will be initialized to the Appointment reminder notification received by the Client.

Location Details

Locations **Mode Of Delivery** **Other**

General Information

Name	124804
Display As	124804
☑ Active	☐ Prescribing Location ☐ Lab Location
☐ Use as default when creating services from claims	
Type	Administration
Place Of Service	11 Office
National Provider ID	7986453798
Taxonomy Code	Taxnomy code 1
TIN	346598453
CQM Code Type	CPT
CQM Code	
CLIA Number	

Comments

Telephone

Telephone (   )   -   Ext
Fax (   )   -

Address

1st cross
Bangalore, FL 85236

Details...

Access

☑ Handicap Access   ☑ Adults   ☑ Children

	From	To	
Monday			☐ Closed
Tuesday			☐ Closed

Screenshot for Email notification.
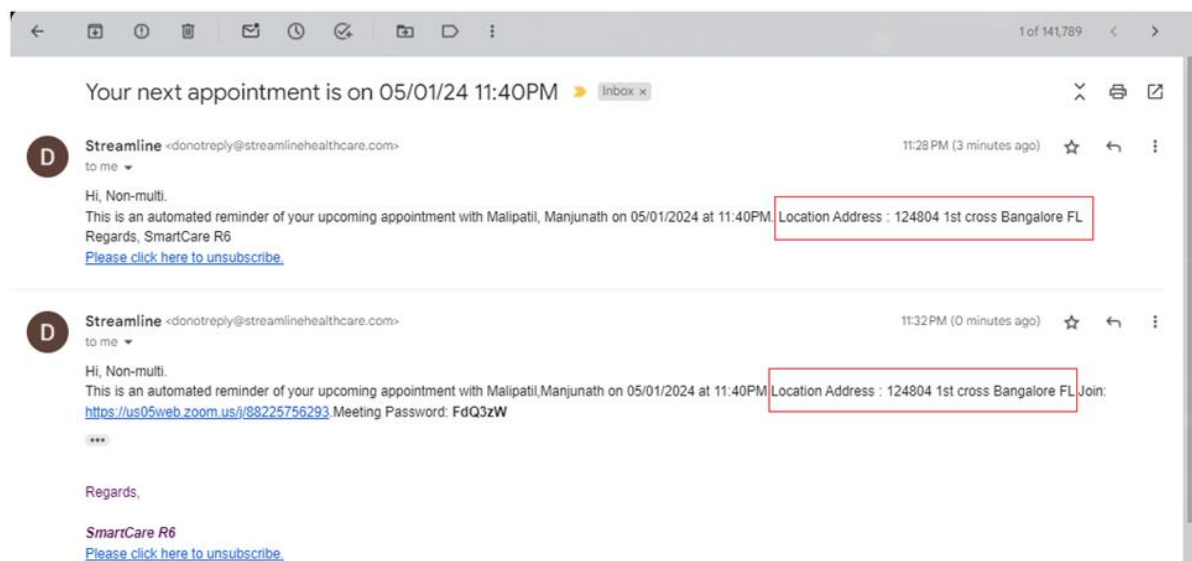
Screen Shot for SMS Notification :
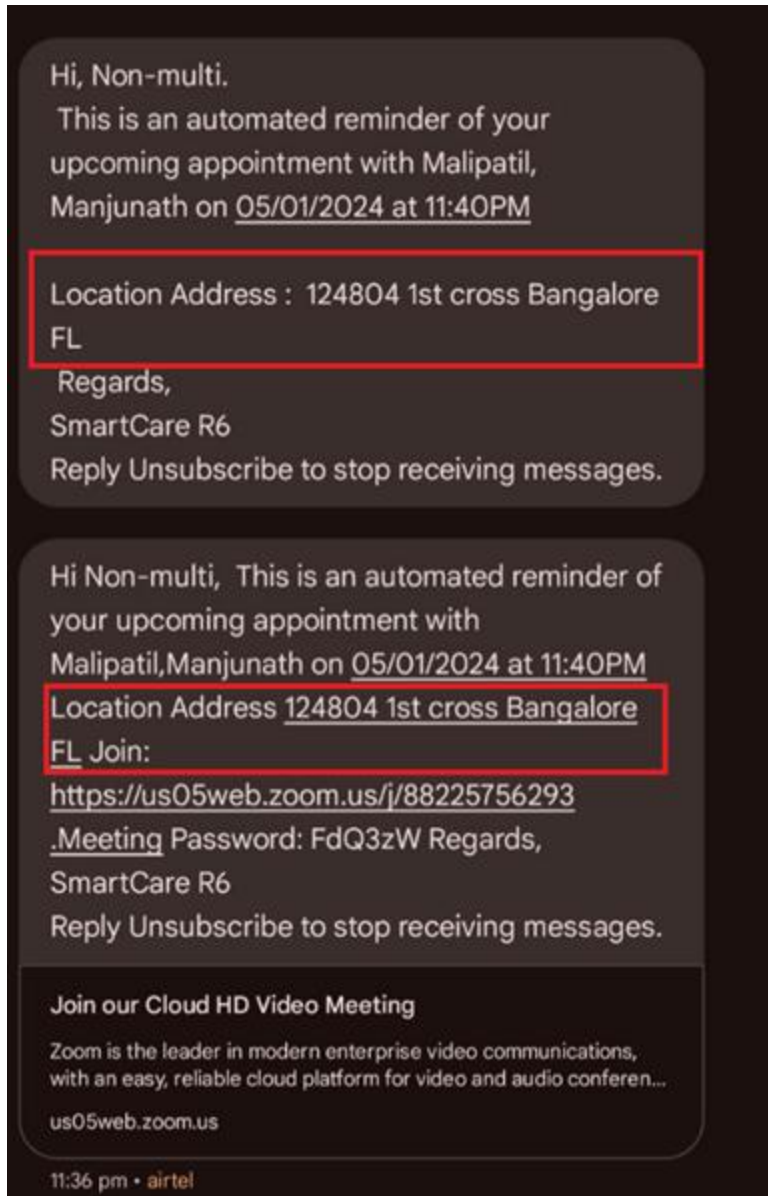
Authorizations

Reference No	Task No	Description
6	EII # 127101	The length of the Display As textbox is increased in the Authorization Code Details screen.

Author: Lakshmi Kumarappan

6. EII # 127101: The length of the Display As textbox is increased in the Authorization Code Details screen.

Release Type: Change | **Priority:** High
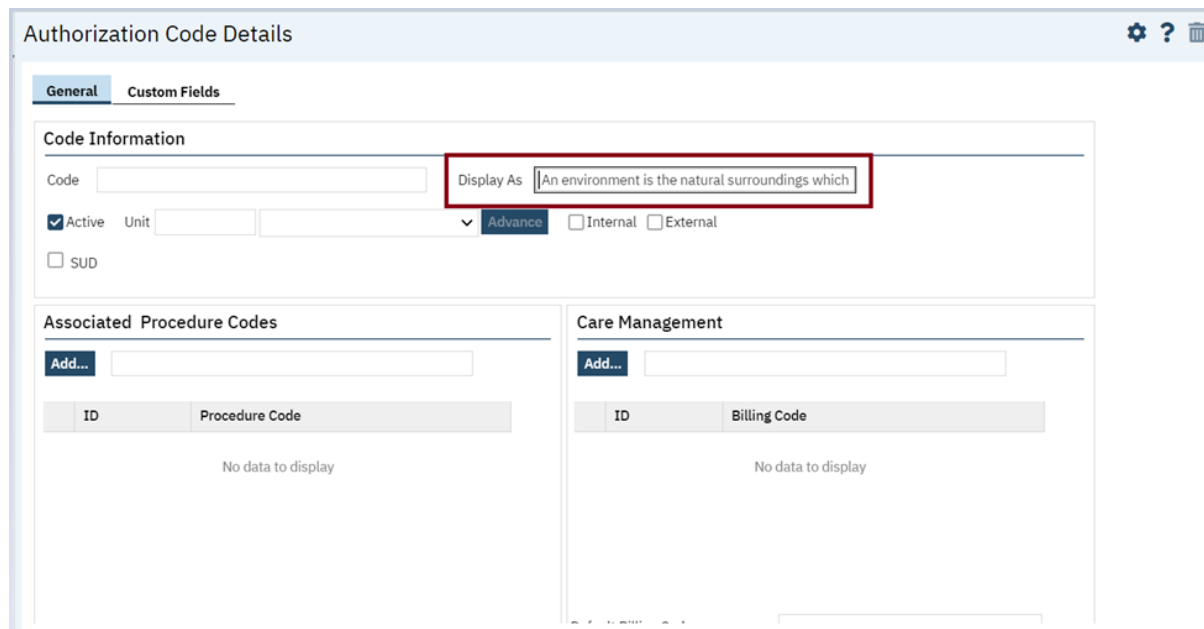
Navigation Path: Go Search – Authorization Codes (Administration) – 'New' icon – 'Authorization Code Details' screen – 'General' tab – 'Code Information' Section.

Purpose: The Customer is asking to increase the length of Display As field so that they can add more text to the Authorization Code's Display As field to make it more descriptive. When using the ISP - MCO document, the staff need to be able to distinguish the Authorization Codes (Intervention on the ISP). Having more text description will help them on this document.

Functionality 'Before' and 'After' release:

With this release, the length of Display As textbox is increased from 25 to 75 characters in the Authorization Code Details screen.

Screenshot:

Bedboard

Reference No	Task No	Description
7	Core Bugs # 125575	The status of Services was not changed to 'Error' on the same day of Admit.
8	Core Bugs # 127704	Bedboard details activity.

Author: Namratha Nagaraj

7. Core Bugs # 125575: The status of Services was not changed to 'Error' on the same day of Admit.

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' checkbox - 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 a 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 behavior. When the 'Create Service for Same Day Admit and Discharge' checkbox is unchecked in the program details page, then the status of Services was not changed to 'Error' after running the "ssp_SCCreateServicesBedAssignments" job.

With this release, the above-mentioned issue has been resolved. Now, when the 'Create Service for Same Day Admit and Discharge' checkbox is unchecked in the program details page, then the status of the Services is changing to 'Error' after running the "ssp_SCCreateServicesBedAssignments" job.
.

Author: Aishwarya Bommaklar

8. Core Bugs # 127704: Bedboard details activity.

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

Navigation Path: My Office -- Bedboard list page -- Select the Occupied Bed -- Click on the occupied status hyperlink -- Click on Visit tab.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a user clicked on the bed board to view the Occupied and Leave days for a client, no past Activity was shown under the current entry of the Activity section in the Visit tab.

With this release, the above-mentioned issue is resolved, and all the Inpatient Activities are displaying under the Activity section in the Visit tab.

Care Coordination

Reference No	Task No	Description
9	Core Bugs # 127721	Issues with Care Coordination.
10	Core Bugs # 127653	Care Coordination: Global Codes are still showing when inactive.
11	Core Bugs # 127738	Care Coordination Next Steps list page issue.
12	Core Bugs # 127762	Care Coordination Issues: Disposition Tab missing in Service Note Details screen until Program/Procedure selected.

Author: Sithara Ponnath

9. Core Bugs # 127721: Issues with Care Coordination.

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

Navigation Path 1: 'My Office -- 'Care Coordination Referral List Page' screen -- Click on 'New' icon -- Observe that referral is in 'Pending' status -- Enter any data -- Click on 'Link/Create Client' button**.**

Navigation Path 2: 'My Office -- 'Care Coordination Referral List Page' screen -- Click on 'New' icon -- Observe that referral is in 'Pending' status -- Enter any data -- Click on 'Link/Create Client' button to select a client -- Change the status from Pending to 'In Process-Referral Sent' -- Click on 'Save' button -- Go to 'Care Coordination Referral List Page' screen.

Functionality 'Before' and 'After' release:

Before this release, the below issues were encountered:

- When trying to create a Referral on the Care Coordination Referral screen, the required field validations were displaying on click of 'Link/Create Client' button, instead of displaying on click of Save.
- The user was able to Link/Create the client and status was 'Pending', but user was unable to save the referral.
- When the referral was saved after changing the status to 'In Process-Referral Sent' from 'Pending', the duplicate records were created in the Care Coordination Referral List Page' screen.

With this release, the above-mentioned issues have been resolved as below:

- When trying to create a Referral on the Care Coordination Referral screen, the required field validations are displaying only after on click of Save.
- The user is able to Link/Create the client and the user is able to save the referral.
- When the referral is saved after changing the status to 'In Process-Referral Sent' from 'Pending', the duplicate records are not created in the Care Coordination Referral List Page' screen.

Author: Sithara Ponnath

10. Core Bugs # 127653: Care Coordination: Global Codes are still showing when inactive.

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

Prerequisite: Add Active and Inactive values in Global Codes for 'INQUIRYDISPOSITION' category by following the below **Path:**

'Administration' -- 'Global Codes' screen -- 'INQUIRYDISPOSITION' category -- Set a few values in active status and a few in inactive status.

Navigation Path 1: 'My Office' -- Care Coordination Referral List Page' screen -- Click on 'New' icon – 'Referral Details' screen -- Enter required data -- Click on 'Follow Up' tab -- 'Disposition' section -- 'Select Disposition' dropdown.

Navigation Path 2: 'My Office' -- 'Inquiries' screen -- Click on 'New' icon -- Select a client -- 'Inquiry Details' screen -- 'Disposition' section -- 'Select Disposition' dropdown.

Navigation Path 3: 'Client' -- 'Services/Notes' screen -- Click on 'New' icon -- 'Service Note' screen - 'Disposition' section -- 'Select Disposition' dropdown.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The inactive code or Inactive disposition value from the global code category 'INQUIRY DISPOSITION' were displaying in the 'Disposition' section of 'Referral Details', 'Inquiry Details' and 'Service Note' screens.

With this release, the above-mentioned issue has been resolved and now, the inactive code or Inactive disposition value from the global code category 'INQUIRY DISPOSITION' will not display in the 'Disposition' section of 'Referral Details', 'Inquiry Details' and 'Service Note' screens.

Author: Kiran Tigarimath

11. Core Bugs # 127738: Care Coordination Next Steps list page issue.

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

Navigation Path: 'My Office' -- 'Care Coordination Next Step' List page

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The below-mentioned issues were observed in the 'Care Coordination Next Step' List page screen.

- When user clicked on 'Date of Last Disposition' link under 'Care Coordination Next Step' List page screen, it was navigating the user to a new version of a screen instead of populating the information of the screen same as the source.
- A new record was created every time the user updated to the next step with a disposition in any screen.

With this release, the above-mentioned issue has been resolved.

- When user clicks on 'Date of Last Disposition' link under 'Care Coordination Next Step' List page screen, it will navigate the user to the source screen with populated information.

- When the user updates the next step with a disposition in any screen for particular client , the existing record will be updated with the new next step screen.

Author: Sithara Ponnath

12. Core Bugs # 127762: Care Coordination Issues: Disposition Tab missing in Service Note Details screen until Program/Procedure selected.

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

Navigation Path: 'Client' -- Services/Notes' screen -- Click on 'New' icon -- 'Service Note Details' screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user navigated to the Service Details screen, the disposition tab was present without having to add a program or procedure code. But, when creating a new service note, it was required for the user to select a program and procedure code before the tab appears in Service Note Detail screen.

With this release, the above-mentioned issue has been resolved and now, the disposition tab is displaying in the newly created service note details screen even without selecting the program and procedure.

Care Plan

Reference No	Task No	Description
13	Core Bugs # 127757	Individualized Service Plan (ISP) document edit issue.

Author: Harika Rajendran

13. Core Bugs # 127757: Individualized Service Plan (ISP) document edit issue.

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

Navigation Path: Client Search - Select a Client - Go to 'Individualized Service Plan' Screen **-** Save – Sign.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. After signing the Individualized Service Plan document, when the user tried to edit, the option to change the document from Addendum to Review or vice versa was not available. (Addendum and Review buttons are disabled)

With this release, the above-mentioned issue has been resolved. Now, the options to select Addendum and Review radio buttons (Addendum and Review buttons are enabled) are available while editing the Individualized Service Plan document.

CCD

Reference No	Task No	Description
14	Core Bugs # 127488	USCDI XML File Generation PRINT Removal in SP's and data handling issue.

Author: Munish Sood

14. Core Bugs # 127488: USCDI XML File Generation PRINT Removal in SP's and data handling issue.

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

Navigation Path: NA

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. As part of generating USCDI xml document, the below issues were observed:

1. Users were unable to see any error in the output after executing stored procedures.
2. When running the stored procedure 'ssp_USCDIGetAllergies', more than one value was returned and was throwing errors for few clients.

3. Error was displayed as 200 characters were allowed in 'OtherNotes' variable.
4. SET NOCOUNT was OFF in 'ssp_USCDIGetSummaryOfCareCCDXML'

With this release, the above issues have been fixed. Now, the system is generating USCDI xml as per changes and working fine.

1. All the printing segments in USCDI XML related stored procedures are removed. Now the users are able to see errors in the output after executing stored procedures.

2. The logic is changed to fetch a single value from the Subquery in the store procedure 'ssp_USCDIGetAllergies'.

3. 'OtherNotes' Variable and Column values is changed to Varchar(max). These values are coming from 'DocumentPsychiatricNoteGenerals' table.

4. Enabled SET NOCOUNT to ON in 'ssp_USCDIGetSummaryOfCareCCDXML' to avoid/prevent getting the number of affected rows in the output.

Charges/Claims

Reference No	Task No	Description
15	Core Bugs # 127619	ToBeResubmitted and ToBeVoided column logic needs to match 837 logic.
16	Core Bugs # 127092	ssp_PMMarkServiceAsError still tries to write off the charges when an accounting period for the current date doesn't exist.
17	Core Bugs # 127633	The Claim frequency code is not updated in the Claim File.
18	Core Bugs # 127525	Claim Facility Address is not set correctly in Claims Provider Overrides.
19	Core Bugs # 127528	A new field is added in the Claim format configuration screen to suppress the "REF*0B" segment for the '837 Institutional claims'.
20	Core Bugs # 127712	ServiceLineFacilityName field should be set to LocationCode by default for selections without Names to match FacilityName at Claim Level.
21	Core Bugs # 127736	Charges/ Claim: user had to scroll down to use OK and Cancel buttons in External Collections PopUp.
22	EII # 126651	Implementation of the '0Fill' Segment in claims.

Author: Roopa Hemanna

15. Core Bugs # 127619: ToBeResubmitted and ToBeVoided column logic needs to match 837 logic.

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

Prerequisites:
1. A charge is to be billed first to create an associated claim line item.

2. Once the claim line item is created, mark it in the billing history as either "to be voided" or "to be replaced" using the below methods:

2a. Action Drop down on Charges/Claims for To Be Voided/To Be Replaced.

Navigation Path 2a: 'My Office'– 'Charges/Claims' list page – select the Charge Id's – select "Remove from To Be Replaced" or "Remove from To Be Voided" from the 'Select Action' drop down menu – click on Ok button from the SmartCare pop up window.

2b. Browse to Claim Line Item record using the ClaimLineItemId link for this and click on the override button to mark to be voided or to be replaced.

Navigation Path 2b: 'My Office' - 'Charges/Claims' list page - Filter with Billed Charge Id's - click on 'ClaimLine Item ID' hyperlink - Navigate to 'Claim Line Item Detail' screen - click on 'Override' button - check checkboxes of either 'To Be Voided or To Be Replaced' -click on Save button.

Navigation Path: 'My Office' - 'Charges/Claims' list page.

Functionality 'Before' and 'After' release:
Before this release, here was the behavior. The user couldn't select "Remove from To Be Replaced" and "Remove from To Be Voided" from the charges/claims action drop-down as they were greyed out. When the

user tried to mark the charges in the batch as "Rebill," it didn't remove the "To Be Replaced" selection. As a result, all charges in the batch were marked as both "rebill" and "to be replaced." This issue prevented them from creating claims due to claim creation problems caused by the missing payer claim control number.

With this release, the above-mentioned issue has been resolved. Now, implemented a "To Be Resubmitted and To Be Voided" column logic to match or align with the 837 logic. When a charge is marked as "to be voided" or "to be replaced," it will appear in the list page when filtering for those charges. The user can select the charge to enable actions like "Remove From To Be Replaced" or "Remove from To Be Voided" from the action drop-down menu in the 'Charges/Claims' list screen.

Author: Rinki Kumari

16. Core Bugs # 127092: ssp_PMMarkServiceAsError still tries to write off the charges when an accounting period for the current date doesn't exist.

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

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

Navigation Path 2: 'Client' -- 'Client Account'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the Accounting period of current date was not present in the database and the user was changing the status of DOS of previous month as "Error", the balance was not updating in client account screen.

With this release, the above issue has been resolved. Now Balance is updating in client account screen and service details screen, when the user has changed the status of DOS of previous month as "Error".

Author: Rinki Kumari

17. Core Bugs # 127633: The Claim frequency code is not updated in the Claim File.

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

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

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

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The Claim frequency code was not updated in the Claim File for inpatients.

With this release, the above issue has been resolved. Now, the claim frequency code is displayed in the claim file for inpatients.

Author: Sahana Gururaja

18. Core Bugs # 127525: Claim Facility Address is not set correctly in Claims Provider Overrides.

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

Prerequisites: Select the option "Service Program (Exclude NPI)" for the 'Claim Service Facility' and 'Claim Line Service Facility' fields in the 'Provider Override' section on the 'Claims Provider Overrider Details' screen **Through Path:**

'Administration' -- 'Claims Provider Overrides' -- click on 'New' icon 'Claim Provider Override Details' screen -- Add all the required information in the 'Provider Override Selection Criteria' and select the 'With Claim Format' as required and add the option "Service Program (Exclude NPI)" for the 'Claim Service Facility' and for 'Claim Line Service Facility' field and save the screen.

Navigation Path: 'My Office' -- 'Charges/Claims' -- 'Charges/Claims' list page -- select the required ChargeId and click on 'E-Claims' button -- 'Process Now' button -- 'Create Claim File' button -- 'Save As' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user creates a Claim Provider Override setup with the option selected as "Service Program (Exclude NPI)" for 'Claim Service Facility' and 'Claim Line Service Facility' fields, then the "NM1*77" segment in the claim file was not displayed for both 837 Institutional and 837 Professional claims.

With this release, the above-mentioned issue has been resolved. Now, when the user sets up a charge with the claim provider override with the option as "Service Program (Exclude NPI)" for 'Claim Service Facility' and for 'Claim Line Service Facility' fields, then on the claim file the "NM1*77" segment will be displayed as expected for both 837 Inst and 837 Professional claims.

Author: Sahana Gururaja

19. Core Bugs # 127528: A new field is added in the Claim format configuration screen to suppress the "REF*0B" segment for the '837 Institutional claims.

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

Prerequisite:

1) In the 'Plan Detail' screen, select 'HIPAA 837 Institutional' claim format from the 'Standard E Claim Format' drop-down.

2) Rules are created in the Claim Format Configuration Details screen through the below-mentioned **Path**:

Administration -- Claims Format Configurations -- Click on the '837 Inst' claim format Id hyperlink --'Claims Format Configuration Details' screen -- 'Rules' tab -- Select 'Data Source' as "Other" and Data Values as "Other" -- Leave

the text box that appears next to the data source drop-down as blank --select 'Format Fields' as '2310A - REF - Attending Provider State License Number'-- click on 'Insert' button – Click on Save.
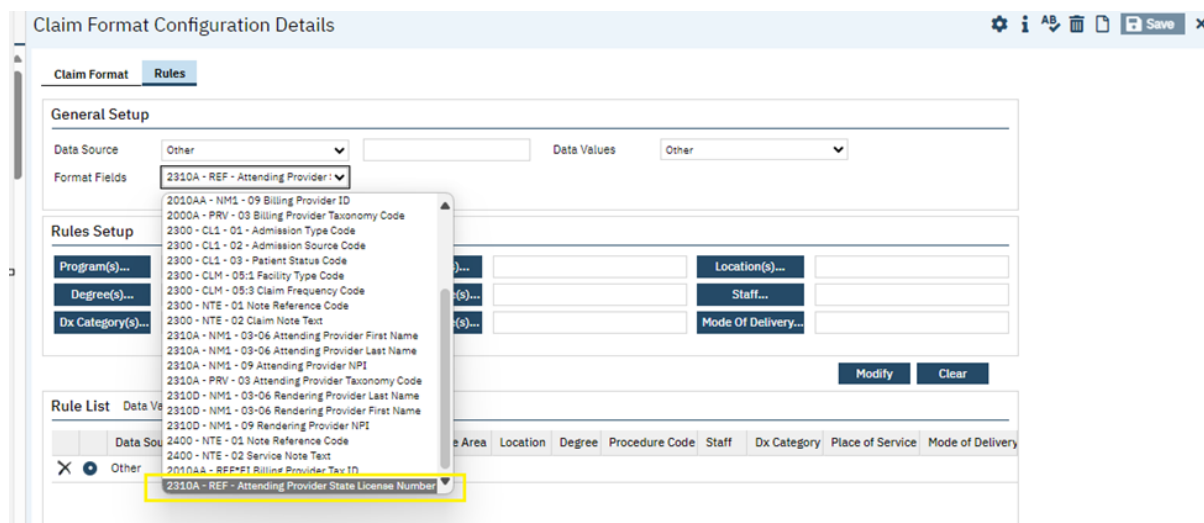
Navigation Path: 'My Office' -- 'Charges/Claims'-- select the required Charge ID and click on the 'E Claim' button -- click on the 'Process Now' button in the 'Claim Processing' pop-up -- click on 'Create Claim File' button -- click on 'Save As' button in the 'Claim File Creation' pop-up screen.

Functionality 'Before' and 'After' Release:

With this release, a new option "2310A - REF - Attending Provider State License Number" is added in the 'Format Fields' drop-down for the '837 Institutional claim formats' to allow users to suppress the "REF*0B" segment. Now,

- When the user configures a rule with the '2310A - REF - Attending Provider State License Number' format field with the data source as "Other", data value as "Other" and, if user leaves the text box that appears next to the data source drop-down as **blank**, the system will exclude the "REF*0B" segment from the claim file. (**Note:** If the text box next to the data source drop down has the value, then that will be displayed on the claim file in the "REF*0B" segment.)
- When the user can configure a rule with the "2310A - REF - Attending Provider State License Number" format field with the required "Data Source" and "Data Value", the system will fetch the required information and will be displayed on the claim file in the "REF*0B" segment.

Screenshot of the new field added.

Based on the above rule, the "REF*0B" segment is excluded on claim file.

Claims Processing

✓ Processed Successfully

Claims Processing

You have selected 1 charge...

○ Electronic
○ Paper

Remove Selected Charge

Claim File Creation   ❓   Close

Select: All, All on P

		Batch Id	Format	Display As	File Name	Created Correctly
●		55000	HIPAA 837 Institution...	functional ...	55000-functional plan-HIP	☑

Batch #		Status	Sta
☐ 55000-functional		Process...	TG,

```
DTP*435*DT*202404010000
CL1*1*1*30
AMT*F3*360
HI*ABK|F250|||||||U
HI*ABJ|F250
HI*BE|A3|||360
NM1*71*1*NEW*STAFF01****XX*1234567863
PRV*AT*PXC*103T00000X
LX*1
SV2*SRC56789*HC|SBC237897|11|12|13|14*360*UN*1
DTP*472*D8*20240402
REF*6R*768719
LIN**N4*NDC723489
CTP****120*F2
SE*39*000550000
GE*1*55000
IEA*1*000055000
....
```

Screenshot of a rule added.

Claim Format Configuration Details   ⚙ ℹ ᴬᵇ 🗑 ▢ 💾 Save

| Claim Format | Rules |

General Setup

| Data Source | Other ▾ | 4567 | | Data Values | Other ▾ |
| Format Fields | 2310A - REF - Attending Provider : ▾ |

Rules Setup

Program(s)...		Service Area(s)...		Location(s)...	
Degree(s)...		Procedure Code(s)...		Staff...	
Dx Category(s)...		Place of Service(s)...		Mode Of Delivery...	

Modify   Clear

Rule List Data Values [▾]

	Data Source	Data Values	Format Fields	Program	Service Area	Location	Degree	Procedure Code	Staff	Dx Category	Place of Service	Mode of Delivery
✕ ●	Other	Other	2310A - REF...									

OutPut on claim file.

Author: Sahana Gururaja

20. Core Bugs # 127712: ServiceLineFacilityName field should be set to LocationCode by default for selections without Names to match FacilityName at Claim Level.

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

Prerequisites: In the 'Provider Override' section of the 'Claims Provider Overrider Details' screen, select the options 'Client Address'/'ClientAddressNoNPI' for the 'Claim Service Facility' and 'Claim Line Service Facility' fields.

Path: 'Administration' -- 'Claims Provider Overrides' -- click on 'New' icon 'Claim Provider Override Details' screen -- add all the required information in the 'Provider Override Selection Criteria' and select the 'With Claim Format' as required and add the option "Client Address" or "ClientAddressNoNPI" for the 'Claim Service Facility' and for 'Claim Line Service Facility' filed and save the screen.

Navigation Path: 'My Office' -- 'Billing' -- 'Charges/Claims' -- 'Charges/Claims' list page --select the required chargeId click on 'E-Claims' button -- 'Process Now' button -- 'Create Claim File' button -- 'Save As' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a user created a Claim Provider Override setup with the option selected as "Client Address" or "ClientAddressNoNPI" for the 'Claim Service Facility' and 'Claim Line Service Facility' fields, then the "NM1*77" segment in the claim file was not displayed for both 837 Institutional and 837 Professional claims.

With this release, the above-mentioned issue has been resolved. Now, when the user sets up a charge with the claim provider override with the option as "Client Address" or "ClientAddressNoNPI" for 'Claim Service Facility' and for 'Claim Line Service Facility' fields, then on the claim file, the "NM1*77" segment will be displayed as expected for both 837 Institutional and 837 Professional claims.

Author: Roopa Hemanna

21. Core Bugs # 127736: Charges/ Claim: user had to scroll down to use OK and Cancel buttons in External Collections PopUp.

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

Navigation Path: 'My office' -- 'Charges/Claims' List Page -- select 'Client' from All Payer Types drop down field in filter section -- click on 'Apply Filter' -- select any 'Charge Id' from the grid section -- Go to 'Select Action' drop down field in the upper right corner of the list screen -- select 'Add to External Collections' action – 'External Collections Pop up' window -- External Collections section.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'External Collections Pop up' box on the Charges/Claims List page, the user had to scroll down each time to use the "OK" and "Cancel" buttons.

With this release, the above-mentioned issue has been resolved. Now, the 'External Collections Pop up' box on the Charges/Claims screen is enlarged to display the "OK" and "Cancel" buttons without the need for scrolling.

Author: Sahana Gururaja

22. EII # 126651: Implementation of the '0Fill' Segment in claims.

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

Prerequisites:
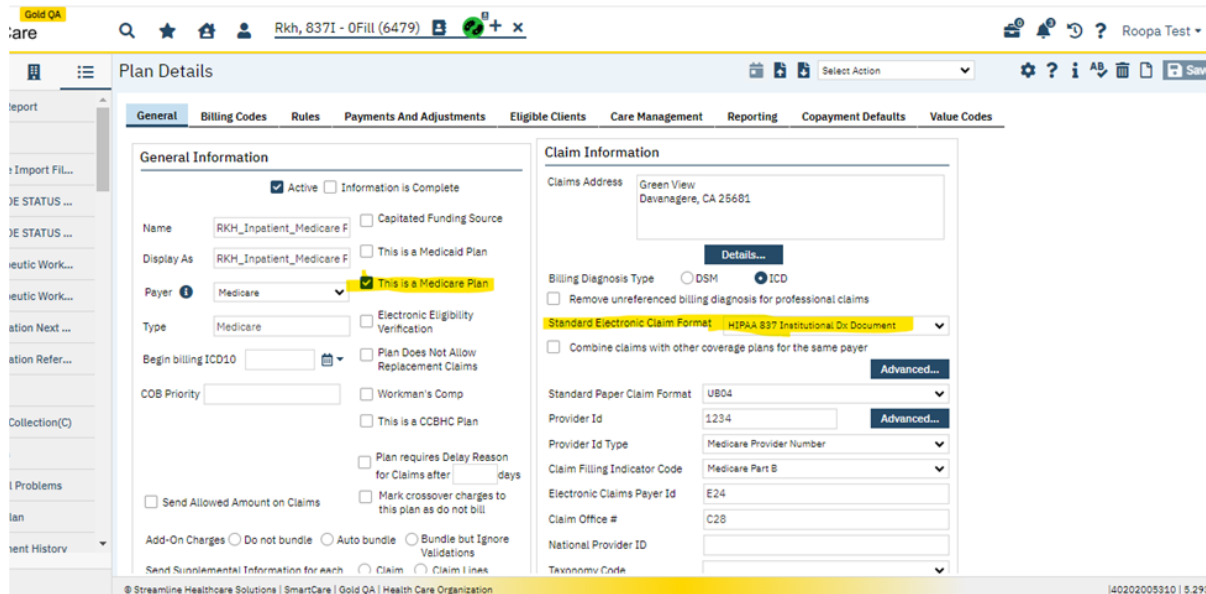
1. A client has two coverages:

Navigation Path 1: 'Administration' – 'Plan' – 'Plan Details' screen – 'General Information' section.

2. Identify the 'Primary Coverage' – Medicare (primary insurance plan) and services that are not covered and that need to drop to secondary payer.

Navigation Path 2: Primary Plan 'This is a Medicare Plan' checkbox is checked -- 'Claim Information' section – 'Standard Electronic Claim Format' dropdown -- ''HIPAA 837 Institutional'(HIPAA 837 Institutional Dx Document or HIPAA 837 Institutional Service Dx).
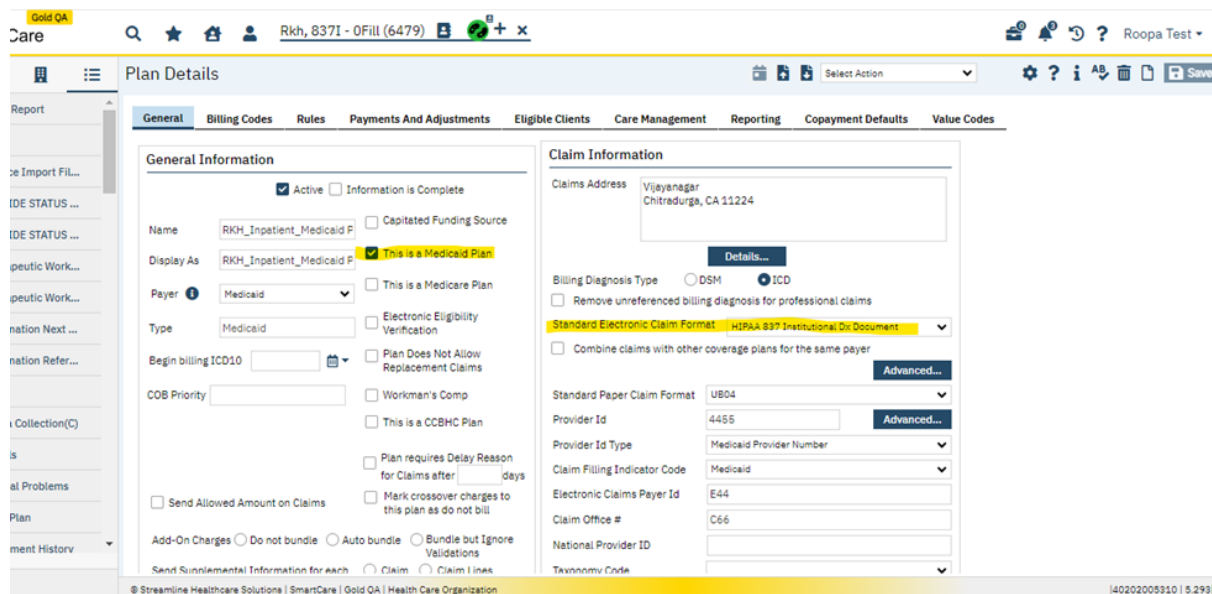
Medicare Plan Screenshot 2:

3. When a non-covered service charge is created for the primary insurance plan identified in step 1 above, that charge cascades to the secondary Medicaid plan.

Navigation Path 3: Secondary Plan – 'This is a Medicaid Plan' checkbox is checked -- 'Claim Information' section – 'Standard Electronic Claim Format' dropdown -- ''HIPAA 837 Institutional'(HIPAA 837 Institutional Dx Document or HIPAA 837 Institutional Service Dx).

Medicaid Plan Screenshot 3:

4. Create a Plan Rules for 'Primary Medicare Plan' and 'Secondary Medicaid Plan' through the **path:**

Navigation Path 4a: Primary Medicare: 'Plan Details' page – click on the 'Rules' tab – Go to the 'Rule Generation' section – select Rule Type 'These codes will be denied by this plan' from the 'Rule' dropdown field –

select 'These codes will be denied by this plan-1' from the 'Rule Name' dropdown field – click on 'Code(s)...' button rule -- On this button click, it should open the popup window to select the 'Available Codes' Radio Button -- 'Select Some Procedure Codes' – or -- 'Select All Procedure Codes' -- Staff should be able to select the Procedure Codes using these radio button option – click on 'Save' and 'Close' buttons -- On click of 'Save' and 'Close', the Procedure Codes added in the pop-up are available in the 'Rule Generation' section – click on 'Insert' button – 'Rule List' grid section – click on 'Save' button.

Medicare Plan Rule Screenshot 4a:

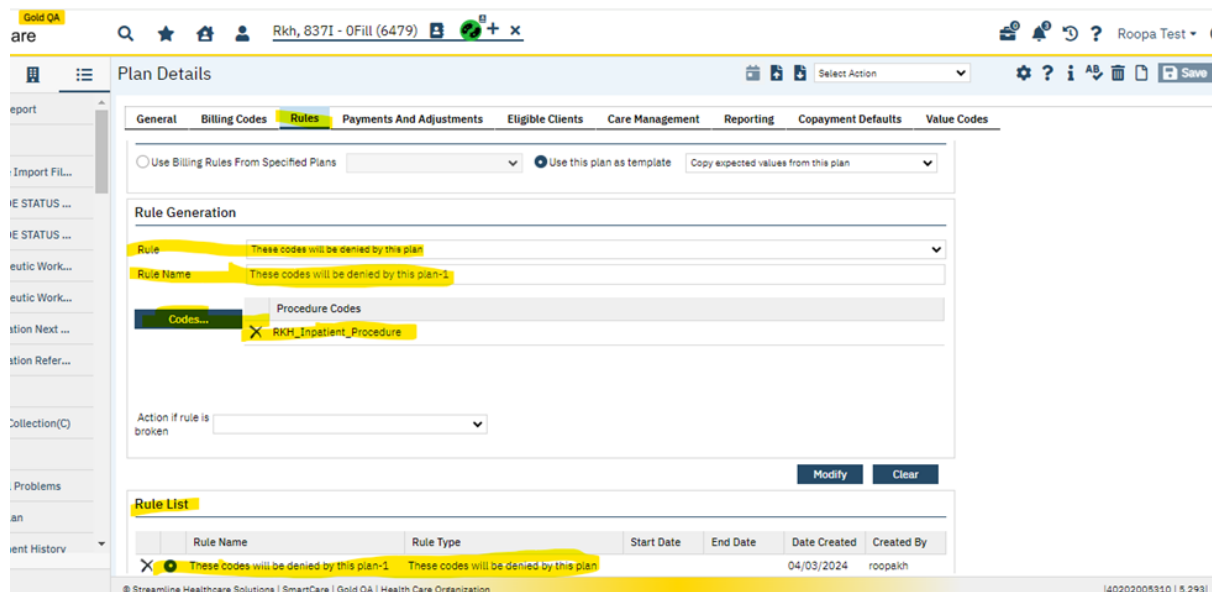**Navigation Path 4b: Secondary Medicaid:** 'Plan Details' page – click on the 'Rules' tab – Go to 'Rule Generation' section – select Rule Type 'Send 0Fill segment when balance is transferred from these Plans' from the 'Rule' dropdown field – select 'Send 0Fill segment when balance is transferred from these Plans-1' from the 'Rule Name' dropdown field – click on 'Plan(s)...' button rule -- On this button click – pop-up window – select the 'Available Plans' Radio Button -- 'Select Some Plans' – or -- Select All Plans' -- Staff is able to select the Plans using these radio button option– click on 'Save' and 'Close' buttons -- The Plans added in the pop-up is available in the 'Rule Generation' section– click on 'Insert' button – 'Rule List' grid section – click on 'Save' button.

Medicaid Plan Rule Screenshot 4b:

5. The Charge Error global code value is added in the newly added Recode category and existing recode categories as shown below:

Global code screenshot 5:

Navigation Path 5a: 'Administration' – 'Recode' -- 'Category Code/Category Name': 'SetErrorTypesToIdentifyNonBillableCodes' (To map the Plan Rule so that we can identify the non-billable codes that are associated to each plan rules. For charge errors that are mapped in this Recode, non-billable codes of their primary coverage plans will be sent with the '0Fill' claims segment) – click on the hyperlink - 'Recode Details' -- Add 'Code Name', 'Start Date', and 'Integer Code Id' -- click on 'Insert' and 'Save' button.

Note: Mapping Entity: 'GlobalCodes.GlobalCodeID'

Recode Screenshot 5a:

Navigation Path 5b: 'Administration' -- 'Recode' -- 'Category Code/Category Name'- 'CascadePayerChargeErrors' (Charges Errors that cause a service to be cascaded to the next payer) --click on hyperlink -- 'Recode Details' -- Add 'Code Name', 'Start Date', and 'Integer Code Id' -- click on 'Insert' and 'Save' button.

Note: Mapping Entity: 'GlobalCodes.GlobalCodeID'.

Recode Screenshot 5b:

Navigation Path 5c: 'Administration' – 'Recode' -- Category Code/Category Name: **'CascadePayerChargeErrorsKeepPriority'** (Charges Errors that cause a service to be cascaded to the next payer but will keep same Charge Priority) – click on hyperlink - 'Recode Details' -- 'Add Code Name', 'Start Date', and 'Integer Code Id' -- click on 'Insert' and 'Save' button.

Note: Mapping Entity: GlobalCodes.GlobalCodeID.

Recode Screenshot 5c:

Navigation Path 6: 'My Office' -- navigate to 'Billing' -- select 'Services' – Complete Service – click on 'Charge' Hyperlink – 'Ledger Entries' screen.

Primary Payer Ledger Entries Screenshot 6:

Navigation Path 7: Run the nightly billing job 'READYTOBILL'.

EXEC dbo.ssp_SetChargeReadyToBill @CurrentUser = 'READYTOBILL'

EXEC dbo.ssp_SetChargeReadyToBill @CurrentUser = 'READYTOBILL'

EXEC dbo.ssp_SetChargeReadyToBill @CurrentUser = 'READYTOBILL'

Navigation Path 8: 'My Office' -- 'Billing' -- click on 'Service Id' hyperlink (Identified in Step 6) – 'Service Details' screen – click on 'Charge Hyperlink' – 'Ledger Entries' screen.

Ledger Entries Screenshot 8:

Navigation Path 9: 'Ledger Entries' screen (Refer Path 8) -- Click on Primary 'Charge Id' hyperlink -- 'Charge Details' screen – 'General' section – Payer 'Primary Plan' and Priority '1' – 'Status' section -- 'Ready To Bill' checkbox is unchecked – go to 'Charge Errors' section – 'Error Type and Error Description' is displayed.

Primary Payer Charge Details Screenshot 9:

Navigation Path 10: Navigate back to the 'Ledger Entries' screen from the 'Charge Details' (Ref Path 8a) screen – click on the 'Secondary Charge Id' hyperlink -- 'Charge Details' screen – 'General' section -- Payer 'Secondary Plan' and Priority '2' – 'Status' section -- 'Ready To Bill' checkbox is checked.

Secondary Payer Charge Details Screenshot 10:

Navigation Path 11: 'My Office' -- 'Billing' -- select 'Charges/Claims' -- 'Charges/Claims' list page -- select a Secondary Medicaid 'Charge Id' to be billed -- click on 'Eclaim' button -- select the batch record -- click on 'Process now' button -- Click on 'Create Claim File' button.

Functionality 'Before' and 'After' release:

Purpose: Customer needs to send "0Fill" segment in claims when their Primary coverage Plan is not billable and they have Medicaid as their secondary coverage plan which is billable.

If a service is not covered by Medicare or other Commercial insurance, and the client is dually eligible and enrolled in Medicaid; If a professional delivers a service that is known to be not covered by Medicare, agencies will bill using "0FILL". To indicate "0FILL", the total Claim Charge Amount (CLM02) must be reported in the non-Covered Amount field (Loop 2320 – AMT02) for the applicable payor as well as 2330A, 2330B, 2340.

With this release, the below implementation has been done:

i. A new Recode Category Code/Category Name: "SetErrorTypesToIdentifyNonBillableCodes" has been implemented.

This Recode Category is used to map the Plan Rule so that we can identify the non-billable codes that are associated to each plan rules. For charge errors that are mapped in this Recode, non-billable codes of their primary coverage plans will be sent with the '0Fill' claims segment.

ii. When the customer's primary coverage plan is not billable, including a "0Fill" segment in their 837I claims, the system will find that 'Medicaid' is billed as the secondary coverage plan. This ensures that the appropriate insurance is billed for the services provided.

iii. **When services occur:**

1. **Medicare:** During the service completion, if 'Ready to Bill' finds a 'Medicare Plan rule', that will set an error on the charge and transfer to the next plan.

2. **Medicaid:** The charge is opened because of the 'Ready to Bill' Transfer. The 'Medicaid' Plan will have the "0Fill" plan rule turned on, and the record will identify which plan rules from the primary plan moved the charge to this plan.

iv. If a service is billed to the 'Medicaid' plan, and that same service is a non-covered charge for 'Medicare' or another commercial plan as identified in Prerequisites 1a, then the system will include the '0Fill' segment.

v. If a professional delivers a service that is known to be not covered by 'Medicare', agencies will bill using "0FILL". To indicate "0FILL", the total Claim Charge Amount (CLM02) will be reported in the non-Covered Amount field (Loop 2320 – AMT02) for the applicable payor as well as 2330A, 2330B, 2340.

The details of the **'0Fill' segmen**t are as follows:

● **Claim Format:** 837I, Loop: 2320, Segment: AMT, Field: 1, Loop/Segment/Field Name: Non-Covered Charges Qualifier, SmartCare Default Value: N/A, New Required Data Value: Send the Amount qualifier code as "A8", Other Required Information: Blank, Required (Yes/No): Yes.

● **Claim Format:** 837I, Loop: 2320, Segment: AMT, Field: 2, Loop/Segment/Field Name: Non-Covered Charges Amount, SmartCare Default Value: N/A, New Required Data Value: Pull the Amount of non-covered charges., Other Required Information: The Total charge amount from the primary non-billable coverages should be pulled here from Charges table, Required (Yes/No): Yes.

● **Claim Format:** 837I, Loop: 2430, Segment: DTP, Field: 3, Loop/Segment/Field Name: Adjudication or Payment Date, SmartCare Default Value: N/A, New Required Data Value: Pull the Date of Service, Other Required Information: Blank, Required (Yes/No): Yes.

37I claim file screenshot V:

```
ISA*00*         *00*         *ZZ*C99000000000000*ZZ*F69456380000000*240403*2120*^*00501*000008549*0*P*:
GS*HC*C0HEW*382069753*20240403*2120*8549*X*005010X223A2
ST*837*000085490*005010X222A1
BHT*0019*00*000008549*20240403*2120*CH
NM1*41*2*PO ADDRESS*****46*C0HEW
PER*IC*AUTOM_BILLINGCONTACT*TE*8017436164
NM1*40*2*RKH_INPATIENT_MEDICAID PLAN*****46*00710
HL*1**20*1
PRV*BI*PXC*103K00000X
NM1*85*2*PO ADDRESS*****1D*1932166980
N3*401ILLINOISAVE401
N4*AUTOM*UT*666327655
REF*1D*4455
REF*EI*942938348
HL*2*1*22*0
SBR*S*18**RKH_INPATIENT_MEDICAID PLAN*****MC
NM1*IL*1*RKH*837I – 0FILL****MI*91245689A
N3*LAKE VIEW
N4*CHITRADURGA*AK*22446
DMG*D8*20000301*F
REF*SY*888828888
NM1*PR*2*RKH_INPATIENT_MEDICAID PLAN*****PI*E44
N3*VIJAYANAGAR        Secondary Payer
N4*CHITRADURGA*CA*11224
CLM*6479-13875*600***21:A:3**A*Y*I
DTP*434*RD8*20240401-20240401
DTP*435*DT*202403250800
CL1*3*BB*30
AMT*F3*600
REF*EA*6479
HI*ABK:F1110::::::::U
HI*BE:A3:::600
HI*DR:KHR
NM1*71*1*TEST*ROOPA****XX*2468542489
REF*0B*1246
SBR*P*18*******67
AMT*D*0.00
AMT*A8*600.00        837 0FILL Segment
OI***Y***Y
NM1*IL*1*RKH*837I – 0FILL****MI*92456854A
NM1*PR*2*RKH_INPATIENT_MEDICARE PLAN*****PI*E24
LX*1             Primary Payer
SV2*4455*HC:R2468:12:24:46:86*600*UN*2
DTP*472*D8*20240401        Date of Service
REF*6R*13875
SVD*E24*0*HC:R2468:12:24:46:86*4455*2
CAS*CO*45*600.00
DTP*573*D8*20240401
SE*47*000085490
GE*1*8549
IEA*1*000008549
```

vi. The system will not send a '0Fill' segment for the following scenarios:

- If the Charge Error global code value is not added in the Recode category **'SetErrorTypesToIdentifyNonBillableCodes'** **but** added in other Recode categories **'CascadePayerChargeErrors'** and **'CascadePayerChargeErrorsKeepPriority'.**

- If coverage plan rule mapped other than '0Fill' in 'Medicaid'.

- If the wrong Coverage Plan is mapped in the secondary 'Medicaid' plan Rule.

 vii. The system will not transfer the primary payer amount to the secondary payer, but a charge error will be generated for the first player in the following scenarios:

- If the Charge Error global code value is added in the Recode category **'SetErrorTypesToIdentifyNonBillableCodes'** but not in other recode categories **"CascadePayerChargeErrorsKeepPriority"** and **"CascadePayerChargeErrors".**

- If the Charge Error global code value is added in the Recode categories **"SetErrorTypesToIdentifyNonBillableCodes"** & **"CascadePayerChargeErrorsKeepPriority"** but not in other recode category **'CascadePayerChargeErrors'.**

Client Information

Reference No	Task No	Description
23	Core Bugs # 127265	Client search: Duplicate client names are displayed.
24	Core Bugs # 127743	Error Log message for the Client Information screen.

Author: Ramya Nagaraj

23. Core Bugs # 127265: Client search: Duplicate client names are displayed.

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

Navigation Path 1: 'Client Information C' screen - 'Alias' tab.
Navigation Path 2: 'Client Search' pop up.

Functionality 'Before' and 'After' Release:
Before this release, here was the behavior. When two staff inserted two different Alias names with 'Chosen Name' checkbox checked for same client at the same time, then the client's name was duplicated when the user searched for client using 'Client Search' icon and Client search pop up.

With this release, the above-mentioned issue has been resolved. Now, the Client name is not duplicated when the user searches for a client using the 'Client Search' icon and Client search pop up, when two staff inserts two different Alias names with 'Chosen Name' checkbox checked for the same client at the same time.

Author: Akshay Vishwanath

24. Core Bugs # 127743: Error Log message for the Client Information screen.

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

Navigation Path 1: 'Client' – 'Client Information(C)'- Modify the data in 'Demographics' sub -tab – 'Save.'

Navigation Path 2: Go search -Error Log viewer (Administration).

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user modified the data in the 'Demographics' tab under the Client Information screen, an error log was generated.

With this release, the above-mentioned issue has been resolved. Now, the error log is not generated when the user modifies and saves the data in the 'Demographics' tab under the Client Information screen.

Client Orders

Reference No	Task No	Description
25	Core Bugs # 127626	Lab Labels are blank in Results and Requisitions Popup and Bar Code Scan icon was enabled without selecting order.
26	Core Bugs # 127655	Client Order: Performance issue observed when trying to insert order set with more than 50 orders.
27	EII # 125850	Changes in the "StaffAccessRules" permission for "All Staff" and "LimitedStaff" to display the Staff in the dropdowns.
28	Core Bugs, 127573	Order display issue when the order name is greater than 50 characters.

Author: Chaitali Patil

25. Core Bugs # 127626: Lab Labels are blank in Results and Requisitions Popup and Bar Code Scan icon was enabled without selecting order.

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

Navigation Path 1: Go to search -- Orders (Admin) -- Click on 'New' – Select order type as 'Lab' – Select 'Laboratories' – fill all required fields – Click on 'Save.'

Navigation Path 2: Perform 'Client search' -- Go search – Client Order (Client) – Click on 'New' – search for (Navigation Path 1) order - fill all required fields – insert order in the grid – Click on 'Save' – Sign the 'Client Order'.

Navigation Path 3: Perform 'Client search' -- Go search – Client Order (Client) – on 'Client Order' list page – Select check box for (Navigation Path 2) order – and click on 'Barcode Scan' Icon.

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. In the Results and Requisitions Popup, the Lab Labels were loading blank and On the 'Client Order' list page, when the client Order check box was not selected, the 'Barcode Scan' icon was getting enabled.

With this release, the above-mentioned issue has been resolved. Now, In the Results and Requisitions Popup, the Lab Labels are loading fine and, 'Barcode Scan' icon is disabled, when order checkbox is not selected for order.

Author: Madhu Basavraju

26. Core Bugs # 127655: Client Order: Performance issue observed when trying to insert order set with more than 50 orders.

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

Prerequisite: Order Set is created by adding more than 50 Orders in 'Order Sets' Admin tab.

Navigation Path: 'Client' – 'Client Orders' – New – 'Client Order' details screen -'Order Set' tab – Search and Select 'Order Set' created (in the above Pre-requisite) – enter required fields – Insert.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Client Order' detail screen, when the user tried to insert Order Set with more than 50 Orders, there was a performance issue, and the users were unable to insert Order Set with more than 50 Orders.

With this release, the above-mentioned issues have been resolved. The code is optimized to improve the performance issue in the Order Set tab of Client Order screen. Now, the users can insert Order Set with more than 50 Orders.

Author: Chaitali Patil

27. EII # 125850: Changes in the "StaffAccessRules" permission for "All Staff" and "LimitedStaff" to display the Staff in the dropdowns.

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

Prerequisite:

1. To apply the "StaffAccessRules" permission:

   The system configuration key **'ApplyStaffAccessRule'** value is set to 'Yes' through the **path:**

   Go Search - Configuration Keys (Admin) – search for the key as "ApplyStaffAccessRule" – Click on 'Apply Filter' – Click on the key name and Set the value = 'Yes'.

2. For Applying the Staff Access Rule which has 2 sets of Permissions: "All Staff" and "LimitedStaff", these permissions are set through the below **path:**

   Go search - 'Staff/User' (Administration) – Search and Select respective staff – Navigate to the 'Roles/Permission' Tab - under the 'Permission' section – search and select "StaffAccessRules" – click on Apply Filter – and 'Grant' and 'Deny 'the permission for "All Staff" OR "Limited Staff".

● When the above system configuration key value is set to "Yes", then only "StaffAccessRules" permission will be applied.

● When the key value is set to "No", then "StaffAccessRules" permission will not be applied. This will be the default value of the key as it drives the existing behavior.

Navigation Path 1: Go to search – Dashboard (My Office) – 'Scheduled' Widget – click on the dropdown - and check the staff list.

Navigation Path 2: 'Client search' - Go search – 'Client Orders (Client) – 'Client Orders' list page – Click on the 'Assigned To' and 'Ordering Physician' dropdown field.

Navigation Path 3: 'Client search' - Go search – 'Client Orders (Client) – Click on 'New' Icon – 'Client Orders details' page - Click on the 'Ordering Physician 'and 'Entered By' dropdown field.

Navigation Path 4: 'Client search' - Go search – 'Quick Orders' (Client) – Click on the 'New' icon – 'Quick order' screen - Click on the 'Ordering Physician' dropdown field.

Navigation Path 5: 'Client search'- Go search – 'Summary Of Care' (Client) – click on the 'New' icon – 'Summary Of Care Details' screen – Click on the 'Who is the Provider' dropdown field.
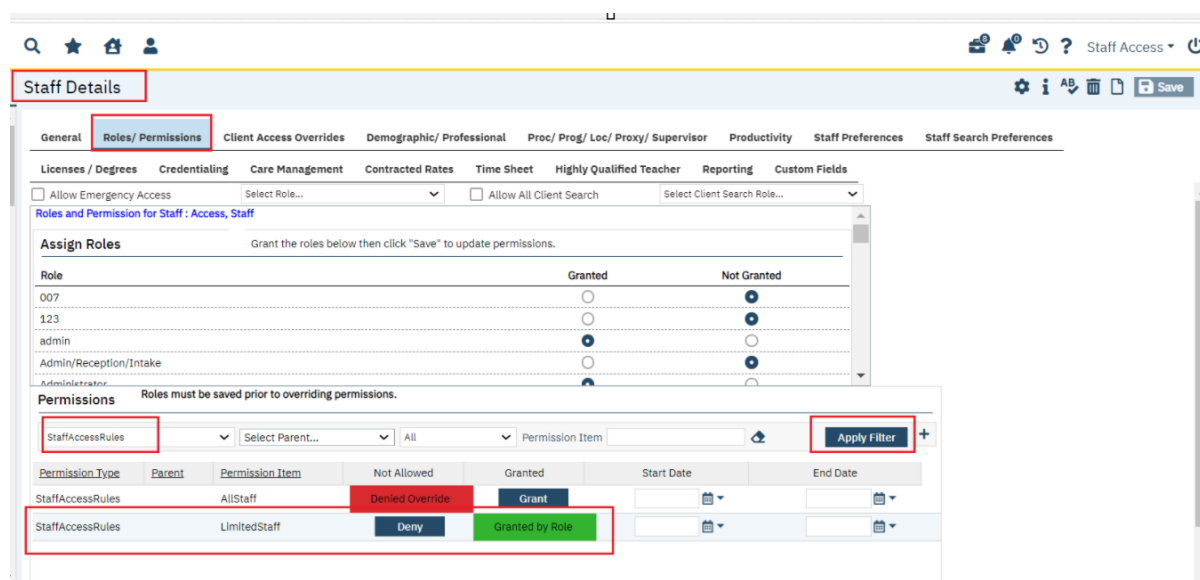
Functionality 'Before' and 'After' release:

Purpose: To apply the "StaffAccessRules" permission for "All Staff" and "LimitedStaff" to display the appropriate Staff based on the selection in the dropdowns.

With this release, the following changes have been implemented in the screens:
- Dashboard screen – 'Schedule' Widget
- Client Orders list page – Assigned to (Dropdown)
- Client Orders list page – Ordering Physician (Dropdown)
- 'Client Order Details' page – Ordering Physician (Dropdown)
- 'Client Order Details' page – Entered By (Dropdown)
- Quick Orders' page – 'Ordering Physician (Dropdown)
- 'Summary of Care' page – Who is the Provider? (Dropdown).

When Logged in staff has **"LimitedStaff"** Access:

Program added in logged in staff:

Staff associated with logged in staff Program:

1. If the logged in staff has "LimitedStaff" Access Rule, then in the below staff drop-down displays the staff who are associated with any of the Programs that the logged-in staff is also associated with.

In the following screens, the dropdown fields will be displayed only staff who are associated with any of the Programs that the logged-in staff is also associated with.

    a.   Dashboard screen – 'Schedule' Widget
    b.   Client Orders list page – Assigned to (Dropdown)
    c.   Client Orders list page – Ordering Physician (Dropdown)
    d.   'Client Order Details' page   – Ordering Physician (Dropdown)
    e.   'Client Order Details' page – Entered By (Dropdown)
    f.   Quick Orders' page – 'Ordering Physician (Dropdown)
    g.   'Summary of Care' page – Who is the Provider? (Dropdown)

a. Dashboard screen – 'Schedule' Widget:

b. 'Client Orders' list screen – 'Assigned To' dropdown:

c. 'Client Orders' list page – 'Ordering Physician' dropdown:

d. 'Client Order' screen – 'Ordering Physician' dropdown:

e. 'Client Order' screen – 'Entered By' dropdown:

f. 'Quick Orders' screen – 'Ordering Physician'

g. Summary of Care screen – 'Who is the Provider?' dropdown:

2. If the logged-in staff has an "AllStaff" Access Rule, then the existing functionality is retained, which is to display all the staff in the drop-down.

3. If the logged-in staff has both the "LimitedStaff" and "AllStaff" Access Rule, then "AllStaff" takes Precedence.

Author: Sithara Ponnath

28. Core Bugs # 127573: Order display issue when the order name is greater than 50 characters.

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

Prerequisite: Create an order with order name of more than 50 characters.

Navigation Path: 'Client' --- 'Client Orders' screen – Click on 'New' icon --- Search and select an order with an order name of more than 50 characters.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user selected an order where the character count was greater than 50, the display became unreadable even when using the scroll bar and increasing screen size. The field also overlapped with other labels on the screen.

With this release, the above-mentioned issue has been resolved. Now, the order name is readable and displays properly without overlapping the other labels on the client order screen.

Client Search

Reference No	Task No	Description
29	Core Bugs # 127663	'Client Search' option was not getting displayed when the user clicked on 'Client Search' icon for the second time.

Author: Kiran Tigarimath

29. Core Bugs # 127663: 'Client Search' option was not getting displayed when the user clicked on 'Client Search' icon for the second time.

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

Navigation Path: Log in to SmartCare - 'Client Search'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The 'Client Search' option was not displayed when the user clicked on 'Client Search' icon for the second time after closing the opened 'Client Search' popup screen.

With this release, the above-mentioned issue has been resolved. Now, the 'Client Search' option is displayed every time when the user clicks the 'Client Search' icon.

Client Statement

Reference No	Task No	Description
30	EII # 127744	Implementation to remove T1040 claims on the Client statements as per the procedure code setup.

Author: Namratha Nagaraj

30. EII # 127744: Implementation to remove T1040 claims on the Client statements as per the procedure code setup.

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

Prerequisite:
1. 'Administration'— 'Procedure/Rates'—Click on 'New' button—Procedure Code Details -General tab-check 'Exclude the Services from Client statement' checkbox from 'Rules' section—Click on 'Save' button.

2.Service is created using the Procedure mentioned in (Point 1).

3.Charge is created for the service (point 2)
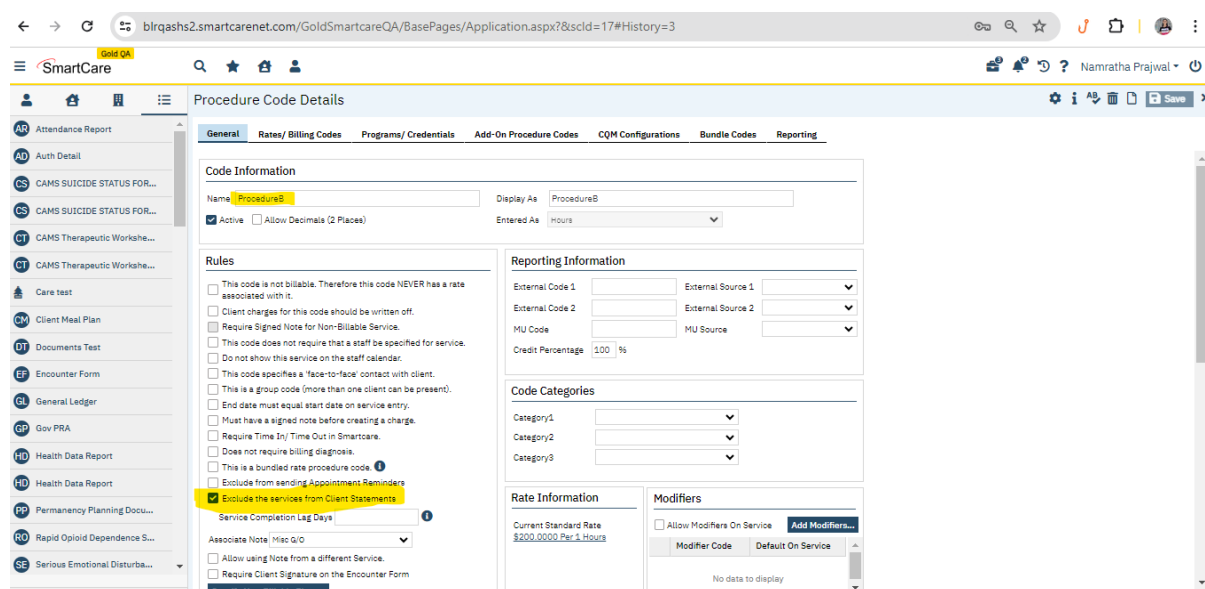
Navigation Path: 'My Office' -'Client Accounts'-Click on 'Client Name' hyperlink—'Client Account' page will be opened—Click on 'Generate Statement' icon—Pop up will be opened—Enter required details--Click on 'OK' button –'Client Statement Printing' pop up will be opened.

Functionality 'Before' and 'After' release:

Purpose: When Client Statements are generated in the Client Account screen, then the T1040 claims charges should not appear on the Client Statements.

With this release, when Client Statements are generated in the Client Account screen, the T1040 claims charges are not appearing on the client Statements.

1.When the checkbox 'Exclude the Services from Client statement' from the 'Rules' section is selected, then the procedure code will be excluded from the client statement.

The Procedure code is not displayed in the Client statements.

po **ADDRESS**
Main Office Located at: 111 W JACKSON ST WISCONSIN RAPIDS WI 54495-2705

New Client

Client Name: New Client
Client ID: 3
Statement Date: 04/25/2024
Balance due on 5/25/2024

Date of Service	Procedure / Duration	Provider	Fee	Insurance Payment	Adjustment	Client Payment	Insurance Balance	Client Balance
	*Prior Balance						$0.00	$0.00
06/02/2023	Test QA Procedure Psych 25.00	Malipatil	$80.00	$0.00	$0.00	$0.00	$0.00	$80.00
06/05/2023	Test QA Procedure Psych 25.00	Malipatil	$80.00	$0.00	$0.00	$0.00	$0.00	$80.00
12/22/2023	testUnit 30.00	Test	$30.00	$0.00	$0.00	$0.00	$0.00	$30.00
04/23/2024	1300procedure 30.00	Test	$100.00	$0.00	$0.00	$0.00	$0.00	$100.00
					Totals:		$0.00	$290.00
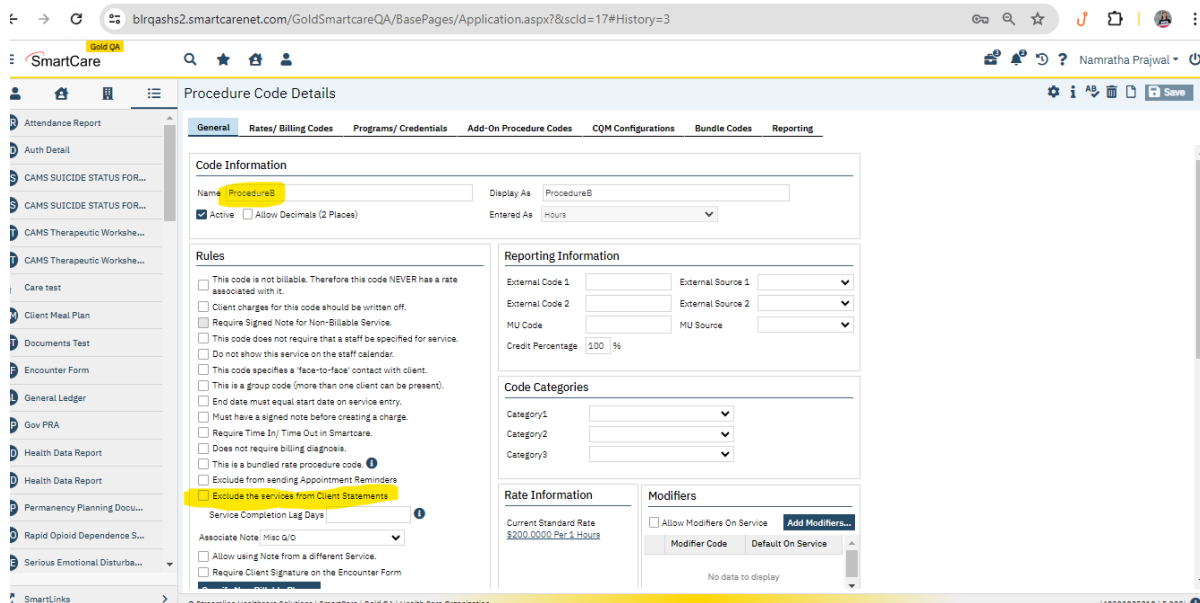
*Prior Balance – Transactions with activity 30 days prior to the Statement Date are combined in the Prior Balance line.

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

Total Due from Client: $290.00
Please make checks payable to: po ADDRESS
Please remit payments to: 111 W JACKSON ST WISCONSIN RAPIDS WI 54495-2705

Client Name: New Client
Client ID: 3
Statement Date: 04/25/2024
Balance due on 5/25/2024

2. When the checkbox 'Exclude the Services from Client statement' from the 'Rules' section is not selected, then the procedure codes will be included in the client statement.

The Procedure code is displayed in the Client statements.

po ADDRESS
Main Office Located at: 111 W JACKSON ST WISCONSIN RAPIDS WI 54495-2705

New Client

Client Name: New Client
Client ID: 3
Statement Date: 04/25/2024
Balance due on 5/25/2024

Date of Service	Procedure / Duration	Provider	Fee	Insurance Payment	Adjustment	Client Payment	Insurance Balance	Client Balance
	Prior Balance						$0.00	$0.00
08/16/2021	ProcedureB 1.00	Test	$200.00	$30.00	$10.33	$0.00	$0.00	$159.67
06/02/2023	Test QA Procedure Psych 25.00	Malipatil	$80.00	$0.00	$0.00	$0.00	$0.00	$80.00
06/05/2023	Test QA Procedure Psych 25.00	Malipatil	$80.00	$0.00	$0.00	$0.00	$0.00	$80.00
12/22/2023	testUnit 30.00	Test	$30.00	$0.00	$0.00	$0.00	$0.00	$30.00
04/23/2024	1300procedure 30.00	Test	$100.00	$0.00	$0.00	$0.00	$0.00	$100.00
						Totals:	$0.00	$449.67

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

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

Total Due from Client: $449.67
Please make checks payable to: po ADDRESS

Client Name: New Client
Client ID: 3

Clinical Data Access Groups (CDAG)

Reference No	Task No	Description
31	Core Bugs # 127647	Client Summary screen - In 'Summary' section the 'Last Seen On' and 'Next Scheduled' fields display the values irrespective of the CDAG rule.

Author: Santosh Huggi

31. Core Bugs # 127647: Client Summary screen - In 'Summary' section the 'Last Seen On' and 'Next Scheduled' fields display the values irrespective of the CDAG rule.

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

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

Prerequisite:

1. The System configuration key "DisplayCDAGSectionInStaffDetails" value is set to 'Yes'.

2. The System configuration key 'EnableClinicalDataAccessGrouping' value is set to 'Yes'.

Navigation Path: Log in to SmartCare Application – Select CDAG group – select the 'Client' – Navigate to 'Client Summary' screen – 'Summary' section.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Client Summary' screen, under 'Summary' section, the values for the 'Last Seen On' and 'Next Scheduled' were displayed irrespective of the CDAG rule.

With this release, the above-mentioned issues have been resolved. In the 'Client Summary' screen, the 'Last Seen On' and 'Next Scheduled' fields display the Last Seen and Next Scheduled service date/times that are related to the programs associated with the logged in user's Clinical Data Access Group. If there are no services that meet that criteria, these will be blank.

Clinical Problems

Reference No	Task No	Description
32	Core Bugs # 127560	When creating a document with a Disposition section, the records are not saving.

Author: Chaitali Patil

32. Core Bugs # 127560: When creating a document with a Disposition section, the records are not saving.

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

Prerequisite: To display the 'Disposition' section on the screen, set the system configuration key 'TurnOnCareCoordinationWorkflow' value = 'Yes'; through the below **Path:**

Go search - Configuration Keys (Admin) – search for the key ('TurnOnCareCoordinationWorkflow') – Click on 'Key Name' - set the Value = 'Yes' – Click on 'Save'.

Navigation Path 1: Go to search - Care Coordination Referral List Page (My office) – Click on 'New' –Enter all the required fields – Navigate to 'Follow up' tab – add 'Disposition' details – Click on' 'Save'.

Navigation Path 2: 'Client search' - Go to search – 'Service Note' (Client) – Enter all the required field – Navigate to – 'disposition' tab - – add 'Disposition' details – Click on' 'Save'.

Navigation Path 3: Click 'Client search' – Enter 'Client First Name, and Last Name and required details – Click on 'Inquiry' (New Client) hyperlink – Navigate to 'disposition' section - add 'Disposition' details – Click on' 'Save'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. While saving the documents after entering the details in the Disposition section, the disposition records were not saved for the first time.

With this release, the above-mentioned issue has been fixed. Now, while saving the documents after entering the details in the Disposition section, the disposition records are saved all the time.

Configuration Keys

Reference No	Task No	Description
33	Core Bugs # 127716	Configuration Key: 'AutoSaveTimeDuration' information issue.

Author: Rakesh Naganagoda

33. Core Bugs # 127716: Configuration Key: 'AutoSaveTimeDuration' information issue.

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

Navigation Path: Administration – 'Configuration Keys' screen – Click on 'AutoSaveTimeDuration' Configuration key – Configuration Key Details -- click 'Info' icon.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Configuration Key Details' screen for 'AutoSaveTimeDuration' Configuration key, the Info icon was showing 'Time in Seconds', when the value is measured in milliseconds.

With this release, the above-mentioned issues have been resolved. Now, the Info icon is updated to 'Time in Milliseconds' in the 'Configuration Key Details' screen for 'AutoSaveTimeDuration' Configuration key.

Coverage

Reference No	Task No	Description
34	Core Bugs # 127766	Coverage: The end date of the coverage plan is updated as a lower date compared to the Start Date specified in the 'Coverage Plan'.

Author: Akshay Vishwanath

34. Core Bugs # 127766: Coverage: The end date of the coverage plan is updated as a lower date compared to the Start Date specified in the 'Coverage Plan'.

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

Prerequisites: Add a coverage plan with a current start date and insert to 'Client Plans' through the **Path:**

'Client' search – 'Coverage' screen – click on 'New' icon – 'Client Plans' section – Select a Plan – Fill all required fields– click on 'Save' – 'Close the Client Plans' screen – then specify the 'Start date' and Enter 'COB order' and Add the 'Client plan'.

Navigation Path: 'Client' search – 'Agency/Program Discharge' document – select 'Agency discharge' radio button – 'Sign the Agency/Program discharge' document with the previous effective date'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user signed the 'Agency/Program Discharge' document with an effective date as yesterday's date, the end date of the coverage plan was updated as a lower date compared to the Start Date specified in the 'Coverage Plan'.

With this release, the above-mentioned issue has been resolved. Now, the end date of the coverage plan is displayed blank when the user signs the 'Agency/Program Discharge' document with the effective date as yesterday's date. If the 'Agency/Program Discharge' document is signed with the effective date as a future date, then the same future date will be displayed in the end date of the coverage plan under the 'Plan Time Spans' section of the 'Coverage' screen.

CQM

Reference No	Task No	Description
35	Core Bugs # 127724	CQM: The Code in the Problems section under Patient Data was displayed multiple times.

Author: Boovendiran Chinnusamy

35. Core Bugs # 127724: CQM: The Code in the Problems section under Patient Data was displayed multiple times.

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

Navigation Path: 'My Office' – 'CQM Solutions' -- 'CQM Solutions' application -- Queued Report -- Click on 'Create Report' -- 'Queue A Report' screen – Select/enter required details -- Click on 'Queue Report' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the CQM Report, the Diagnosis Code in the Problems section under the Patient Data, was displayed multiple times.

With this release, the above-mentioned issue has been resolved. Now, the Diagnosis Code displays single time in the Problems section under Patient Data.

Dashboard

Reference No	Task No	Description
36	Core Bugs # 127669	Duplicate Widgets are displayed in the Dashboard.
37	Core Bugs # 127788	Dashboard: Widgets resizing oddly.
38	Core Bugs # 127748	Widgets: Recode category display issue.

Author: Rakesh Naganagoda

36. Core Bugs # 127669: Duplicate Widgets are displayed in the Dashboard.

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

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

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Dashboard, the widgets were displayed multiple times.

With this release, the above-mentioned issues have been resolved. Now, the Widgets are not duplicated in the Dashboard.

Author: Kiran Tigarimath

37. Core Bugs # 127788: Dashboard: Widgets resizing oddly.

Release Type: Fix **| Priority:** Low

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

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user minimized the browser window, there was a large space displayed between the widgets in the 'Dashboard' screen.

With this release, the above-mentioned issue has been resolved. Now, the space for the widgets in the Dashboard is of the same size after minimizing and maximizing of the screen.

Author: Kiran Tigarimath

38. Core Bugs # 127748: Widgets: Recode category display issue.

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

Navigation Path: NA

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The recode categories 'IncomingReferralWidgetStatus' and 'PendingOutgoingReferralStatus' did not have any values listed (set up). But, they were showing on the widget.

With this release, the above-mentioned issue is resolved. Now, a script is released to make the recode

categories 'IncomingReferralWidgetStatus' and 'PendingOutgoingReferralStatus' recorddeleted='Y' in 'recodecategories' table. Now, the above recode categories are displayed with respective values on the widget.

Diagnosis

Reference No	Task No	Description
39	EII # 126615	Psychiatric Note: On PDF, hide 'Psychosocial, Environmental and Other Factors' And 'Level of Functioning Score' sections of the Diagnosis tab when no data present.

Author: Rakesh Naganagoda

39. EII # 126615: Psychiatric Note: On PDF, hide 'Psychosocial, Environmental and Other Factors' And 'Level of Functioning Score' sections of the Diagnosis tab when no data present.

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

Navigation Path: Login to SmartCare application - Client – 'Psychiatric Note' screen – Sign and PDF will generate.

Functionality 'Before' and 'After' release:

Purpose: To hide 'Psychosocial, Environmental and Other Factors' And 'Level of Functioning Score' sections of the Diagnosis tab on the PDF, when no data present.

With this release, the below mentioned sections of the Diagnosis tab will hide on the PDF, if there are no data entered in the sections.

- Psychosocial, Environmental and Other Factors
- Level of Functioning Score

Documents

Reference No	Task No	Description
40	Core Bugs # 127583	Disclosures/Request: Documents Don't Grey Out After Adding Them to Disclosure.
41	Core Bugs # 127555	Disclosure/Request screen: In the Attach/Review Claims popup, 'Add' button is not disabled once add the claims.
42	EII # 127346	Agency/Program Discharge' document: Implementing the new validation message when the user tries to discharge all the programs selected for Program Discharge.
43	Core Bugs # 127338	The client's signature is not visible in the 'Individual Service Plan – MCO' PDF.

44	Core Bugs # 125804	Release of Information: Issues with Encoding/Decoding Ampersands for 'Attention' field.
45	Core Bugs # 127480	Hover Help text display issue in DFA screens.
46	Core Bugs # 127787	'National Outcome Measures (NOMs)' document: In PDF, an Subreport error message was displayed in 'Demographics ' section
47	Core Bugs # 127850	PHQ-9: question 9 is missing part of the question "in some way".
48	EII # 126302	Limiting program specific goals and objectives on Agency / Program Discharge document.
49	Core Bugs # 127728	Issue in display of the "Summary of Services Provided" field data in the 'Agency/Program Discharge' document PDF.

Author: Sunil Belagali

40. Core Bugs # 127583: Disclosures/Request: Documents Don't Grey Out After Adding Them to Disclosure.

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

Navigation Path: Client -- 'Disclosures/Requests' –click on new icon -- 'Disclosure/Request Details' screen -- Click on 'Attach/Review Items Disclosed' button -- 'Attach/Review Documents' pop-up -- Click on 'Add' hyperlink to add them to disclosure.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Attach/Review Documents' pop-up of the 'Disclosure/Request Details' screen, when the user added any of the documents to the Disclosure by clicking on the 'Add' hyperlink, the 'Add' hyperlink was not greyed out.

With this release, the above-mentioned issue has been resolved. Now, the 'Add' hyperlink is getting greyed out when the user adds any of the documents to the Disclosure by clicking on the 'Add' hyperlink in the 'Attach/Review Documents' pop-up of the 'Disclosure/Request Details' screen.

Author: Akshay Vishwanath

41. Core Bugs # 127555: Disclosure/Request screen: In the Attach/Review Claims popup, 'Add' button is not disabled once add the claims.

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

Navigation Path: 'Client'-- 'Disclosure/Request' document -- 'Disclosure/Request Details' -- Select Disclosure method as 'Claims' -- 'click on 'Attach/Review Items Disclosed' -- Click on 'Add'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In in 'Attach/Review Document' popup, once after user added the document by clicking on 'Add' button, the 'Add' button was not disabling/greyed out.

With this release, the above-mentioned issue has been resolved. Now, the 'Add' button gets disabled once after user adds the document by clicking on 'Add' button in 'Attach/Review Document' popup.

Author: Akshay Vishwanath

42. EII # 127346: Agency/Program Discharge' document: Implementing the new validation message when the user tries to discharge all the programs selected for Program Discharge.

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

Navigation Path: 'Client' search – 'Agency/Program Discharge' document - 'select 'Program discharge' radio button – Click on 'Validate' or 'Sign'.

Functionality 'Before' and 'After' release:

Purpose: To add the new validation message to the 'Agency/Program Discharge' Document. This is for Discharging Clients from all Programs it should be done by using 'Agency Discharge'.

With this release, the new validation message has been implemented in the 'Agency/Program Discharge' document.

When the user tries to discharge all the programs selected for 'Program Discharge', then the below validation message will be displayed. This validation will not allow a user to complete a program discharge when all the Programs are selected for discharge'.

The user can Discharge Clients from all Programs by using 'Agency Discharge'.

Validation message: "Select Agency Discharge to Discharge Client from all the Programs"

Note: By default, the above validation message will be off. To activate this validation message, the below **path needs to be followed:**

Go search – 'Document Validation' – 'Search for Agency/Program Discharge document name' – 'Click on Description '– Set the status as 'Active'.

Author: Rakesh Naganagoda

43. Core Bugs # 127338: The client's signature is not visible in the 'Individual Service Plan – MCO' PDF.

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

Navigation Path: Login to SmartCare – 'Client' – 'Individual Service Plan – MCO' screen – 'Sign' the Document.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The client's signature was not visible on the signature page of the 'Individual Service Plan – MCO' PDF, even after the client had signed the document.

With this release, the above-mentioned issues have been resolved. The client's signature is now visible on the signature page of the 'Individual Service Plan – MCO' PDF after the client has signed the document.

Author: Praveen Gangadhara

44. Core Bugs # 125804: Release of Information: Issues with Encoding/Decoding Ampersands for 'Attention' field.

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

Navigation Path: Client -- Documents -- 'Release of Information' document -- Fill all mandatory details with special character 'Ampersands (&)' in 'Attention' field.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In 'Release of Information' Document, Encoding/Decoding Ampersands for 'Attention' field, was not working correctly. Instead, '&amp' was displayed in the place of ampersands special characters.

With this release, the above-mentioned issue has been resolved. Now 'Release of Information' Document, Encoding/Decoding Ampersands for 'Attention' field is working fine.

Author: Kiran Tigarimath

45. Core Bugs # 127480: Hover Help text display issue in DFA screens.

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

Navigation Path: 'Select any screen having text area'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The inserted hover help text in DFA screens was getting cutoff when user mouse hover on any field, having help text details.

With this release, the above-mentioned issue has been resolved. Now, the hover help text display is restricted upto 500 characters in DFA screens.

Author: Savitha Siddaraju

46. Core Bugs # 127787: 'National Outcome Measures (NOMs)' document: In PDF, an Subreport error message was displayed in 'Demographics ' section.

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

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

Navigation path: Select Client - Go Search - 'National Outcome Measures (NOMs)' (Client) - fill all required details - Sign the document - View the PDF .

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The below error message was displayed in the 'Demographics' section of the 'National Outcome Measures (NOMs)' document's PDF.

Error Message: "Error: Subreport could not be shown."

With this release, the above-mentioned issue has been resolved. Now, the details are loaded in the 'Demographics' section of the 'National Outcome Measures (NOMs)' document's PDF.

Author: Praveen Gangadhara

47. Core Bugs # 127850: PHQ-9: question 9 is missing part of the question "in some way".

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

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

Navigation Path: Client – Documents – 'PHQ-9' document.

Functionality 'Before' and 'After' release:
Before this release, here was the behavior. In 'PHQ-9' Document, the words "in some way" was missing in Question 9.

With this release, the above-mentioned issue has been resolved. Now, in 'PHQ-9' Document, "in some way" along with full question is displayed in Question 9.

Author: Praveen Gangadhara

48. EII # 126302: Limiting program specific goals and objectives on Agency / Program Discharge document.

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:

a)   In Document codes of 'Individual Service Plan', check the 'Care Plan' check box.

b)   Select the 'Vary by Program Care Plan Document' drop-down field with associated 'Individual Service Plan' in Program Details screen.

c)   Assign the set of programs with/without 'Vary by Program Care Plan Document' drop-down field selected in Program Details screen.

d)   Signed Individual Service Plan document exists with goals and objectives.

e)   System configuration key "DisplayCDAGSectionInStaffDetails" value is set to 'Yes'.

f)   System Configuration key 'EnableClinicalDataAccessGrouping' value is set to 'Yes'.

Navigation Path: Client – Documents – 'Agency/Program Discharge' document – Select any discharge type (Agency Discharge/Program Discharge) – Navigate to 'Progress Review' tab.

Functionality 'Before' and 'After' release:

Purpose: Modification of the Agency/Program Discharge document to account for program specific ISPs (individual Service Plans).

Before this release, here was the behavior. In Agency/Discharge document, in the 'Progress Review' tab, the latest signed ISP's (Individual Service Plan) Goals and Objectives were populated.

With this release, the Agency/Program Discharge document is modified to account for program specific ISPs changes as mentioned below:

For Program Discharge: Based on the program selected in the General tab for Discharge, the program should match to corresponding ISP program (Program details Vary by Program). If this program matches, then the goals and Objectives linked to this most recently signed ISP will be initialized in the Objective Progress section of Progress Review tab.

Agency/Program Discharge

Effective 05/09/2024   Status In Progress   Author Admin, Praveen   04/16/2024

General   Progress Review   Open Activities   Demographics   Medications   Referrals/Disposition   Diagnosis

Program Actions

● Program Discharge   ○ Agency Discharge

Get Current Program List

Specify the program(s) that the client is to be discharged from and which will remain open.

Current Programs	Action Taken	Primary Program	Enrolled Date
1010Programs	● Remain Open ○ Discharge	☐ Primary	05/09/2024
acchu program3	● Remain Open ○ Discharge	☐ Primary	05/09/2024
CarePlanTestSN1	○ Remain Open ● Discharge	☐ Primary	05/09/2024
1vinu_program_Display	● Remain Open ○ Discharge	☑ Primary	04/16/2024

Transition/Discharge

Transition/Discharge Reason

Administrative Close   ☐ Administrative Discharge

Transition/Discharge Details

Agency/Program Discharge

Effective 05/09/2024   Status In Progress   Author Admin, Praveen   04/16/2024

General   Progress Review   Open Activities   Demographics   Medications   Referrals/Disposition   Diagnosis

Objective Progress

Care Plan

Goal 1 - Status: Active
Client Goal/Vision - test
Goal Description - Other
Start Date: 10/18/2022
    Objective 1.01 - Status: Active
    Objective Description: Other
    Client Actions: test
    Last Rating- Never Reviewed
    Start Date: 10/18/2022

Overall Progress

Overall progress and movement toward recovery

For Agency Discharge: The Agency Discharge will Discharge from all the client enrolled Programs. So, based on each enrolled programs linked to the respective ISP programs (Recently signed ISP), the Goals and Objectives will be initialized and displayed in Objective Progress section of Progress Review tab.

When CDAG is turned 'On': The Programs will be displayed based on the logged in staff CDAG. So, initialization of Goals and Objectives will be based on these programs present in the list for both Program and Agency Discharge.

Note: While initializing the Goals and Objectives, initialize the respective ISP name (Ex: Individual Service Plan – MCO) and display it on top of the respective goals and objectives.

- When One or more programs are being discharged and none of them use Vary by Program, the Goals and Objectives will initialize from the Core ISP. This is an existing functionality.
- When One or more programs are being discharged with Vary by Program selections, the Goals and Objectives will initialize from the latest signed of each applicable ISP Doc Code (based on Program Details > Vary by Program doc code associations).

Notes: If multiple programs are linked to the same Vary by Program doc code, then the initialization will happen from that document code once. The section headers get included in the initialized read-only text field to indicate the ISP Doc Code Name to precede the Goals/Objectives display.

Screenshots for Multiple programs linked to the same Vary by Program doc code:

Program1: 'July MSP Regression Testing' with **same Vary by Program doc code.**

Program2: 'July MSP Regression Testing – Primary' with **same Vary by Program doc code.**

Progress Review tab: Goals and Objectives will be initialized only once.

Author: Rakesh Naganagoda

49. Core Bugs # 127728: Issue in display of the "Summary of Services Provided" field data in the 'Agency/Program Discharge' document PDF.

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

Navigation Path: Login to SmartCare application – 'Client' – 'Agency/Program Discharge' Document screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. If the Services populated in the "Summary of Services Provided" field of the 'Agency/Program Discharge' document, the document's PDF showed "No Services have been provided" instead of what was on the form before signing.

With this release, the above-mentioned issues have been resolved. Now the services populated in the "Summary of Services Provided" field of the 'Agency/Program Discharge' document, in the PDF.

Dynamic Forms

Reference No	Task No	Description
50	Core Bugs # 127648	The Group/Section checkbox functionality is not working properly in the DFA forms.
51	Core Bugs # 127548	DFA Editor: when a user tried to create a new column with existing Column name, there was no warning validation message.

Author: Sunil Belagali

50. Core Bugs # 127648: The Group/Section checkbox functionality is not working properly in the DFA forms.

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

Navigation Path: Client -- open any DFA document that has section or group checkboxes.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In any DFA document that has section or group checkboxes, the Group/Section checkbox functionality was not working properly. The user was unable to perform any events, only by selecting the Group checkbox without saving the Document.

With this release, the above-mentioned issue has been resolved. Now, in any DFA document that has section or group checkboxes, the Group/Section checkbox functionality is working correctly. Now without saving the Document, the user can perform any events after selecting the Group/Section checkbox.

Author: Sunil Belagali

51. Core Bugs # 127548: DFA Editor: when a user tried to create a new column with existing Column name, there was no warning validation message.

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

Navigation Path: Login to SmartCare application – 'Forms' list page – Click on any Form hyper link – DFA Editor.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In DFA Editor, when a user tried to create a new column with existing Column name, there was no warning validation message.

 With this release, the above-mentioned issue has been resolved. Now validations are added to DFA Editor screen , when:

- The user attempts to create a new column by providing one of the existing columns in the 'Add Custom Column' text box:

Validation Message Example: Custom column 'Multi' already exists in DocumentDASTs

- The user attempts to create more than one Form Item entry with same 'Add Custom Column' name
  Validation Message Example: Custom column 'multi5' already added

These validations will be fired when the user makes changes in the 'Add Custom Column' textbox as well as on click of Insert/Modify buttons.

Additionally, the 'Add Custom Column' text box will be disabled when a column is selected from the 'Item Column Name' dropdown list.

Flow Sheet

Reference No	Task No	Description
52	Core Bugs # 127530	On reviewing lab Results on Flow Sheet - rows are out of line.

Author: Niroop Hassan

52. Core Bugs # 127530: On reviewing lab Results on Flow Sheet - rows are out of line.

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

Navigation Path: 'Client' – 'Flow Sheet' – Select 'CBC WITH DIFFERENTIAL' from the 'Add Flow Sheet' dropdown – Select required fields and click on the 'Apply Filter' button.

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. When the user viewed the 'CBC WITH DIFFERENTIAL' flowsheet data, the data was misaligned with the previous rows.

With this release, the above-mentioned issue has been resolved. The data is now properly aligned with the previous rows data when the user views the 'CBC WITH DIFFERENTIAL' flowsheet data.

Group Detail

Reference No	Task No	Description
53	Core Bugs # 127567	Issue with staff accessing groups.

Author: Suganya Sivakumar

53. Core Bugs # 127567: Issue with staff accessing groups.

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

Prerequisite: Add a client in the denied section for a Staff using below mentioned **Path:**

Administration - Staff / Users- Staff / Users List Page - In the Searchable field -Search by Logged in Staff name - Click on the Hyperlink in the Staff Name Column - Staff Detail page - Navigate to Client Access Overrides tab - In the Denied Clients Section - Click on Add To List button -Client search popup displays - Search and select the Client -Add To List - Click on Save Icon.

2. Create a group using the denied client from the different Staff.

3. Once the group is created, Log in to the Staff where the Client was Denied.

Navigation Path: My Office -Managing Groups- Group List page - Click on New Icon - Group Detail Page - Enter all the Required fields - Click on Save Icon - Navigate to Schedule tab - Click on New Group Service button - Group Service Clients popup - Select Date of Service and Clients - Click on Select button - Navigate to Group Service Detail Screen - Enter all the required fields - Click on Sign Button - Sign the Group Services.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The Group List Page displayed all the Groups even though the clients in that group were denied to the Logged in Staff and the Client Access Overrides rule applied for the Logged in Staff.

With this release, the above-mentioned issue has been fixed. Now, the Group List Page is displayed with all clients, who are accessible from the group in the Group List Page.

Group Service Note

Reference No	Task No	Description
54	EII # 126661	Implementation to convert the Gold Group Commercial note to the Core Group Commercial note.

Author: Kiran Yogendra

54. EII # 126661: Implementation to convert the Gold Group Commercial note to the Core Group Commercial note.

Release Type: Change **| Priority:** Urgent
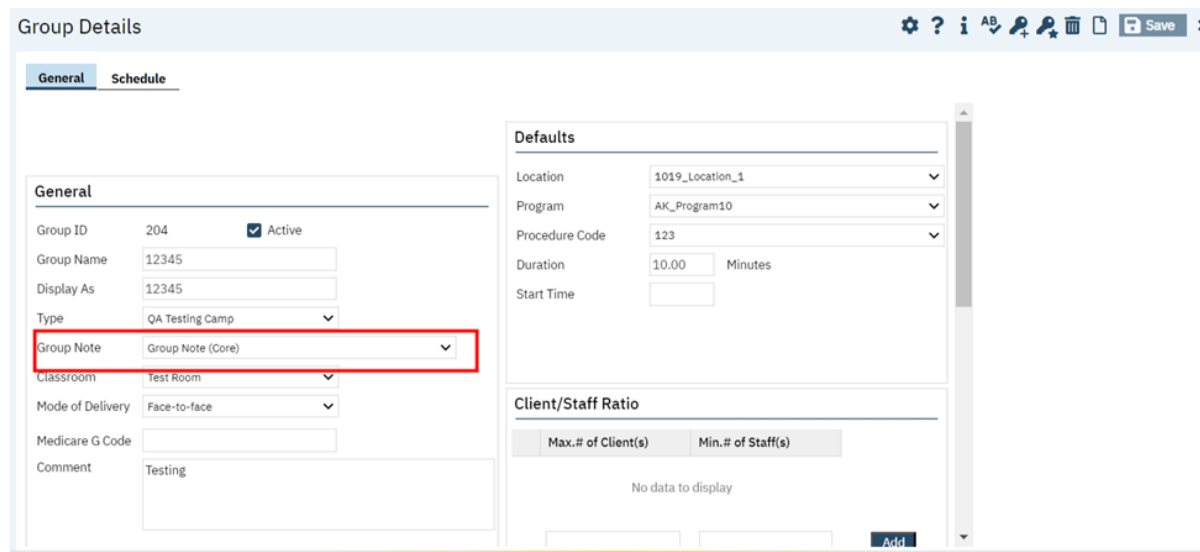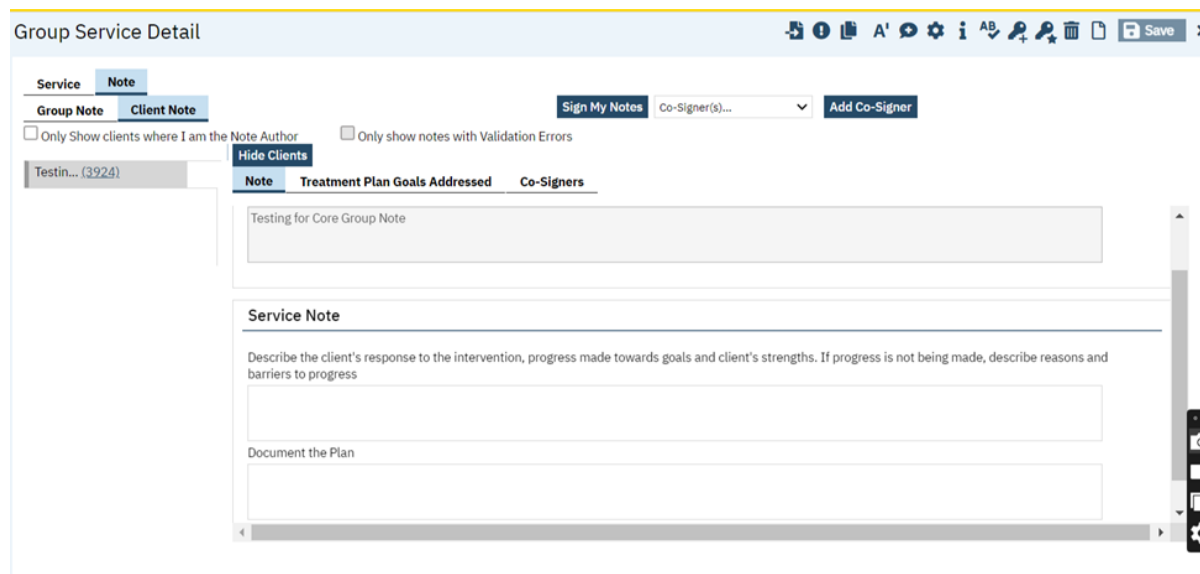
Navigation Path: Create a Group – Select the 'Group Note' dropdown value as 'Group Client Note (Core)/Group G/O Note (Core), – Input all the required details – Click on the Save button – Click on the 'Schedule' tab – Click on the 'New Group Service' button – Select the DOS – Select the Clients & Staffs – Change the Status to 'Show' to create a Note – Click on the Save button – Enter the 'Group Summary' and Click on 'Update My Client Notes' button – Click on the 'Client Note' tab – Click on the 'Sign My Notes' button.

Functionality 'Before' and 'After' Release:

Purpose: The core version of Group Commercial Note is implemented**.**

With this release, the below changes are implemented as part of the Group Service Note.

1. Gold Group Commercial Note has been copied to create a new Core Group Note to load for the Group Note tab.

2.Gold Group Commercial Client Note has been copied to create a new Core Group Client Note to load for the Client Note tab.

3. A new Group G/O Client Note is created and the Goals and Objectives Section is added to the existing Group Commercial Note which uses the Goals and Objectives DFA control with the DFA Form ID with the design of Group Commercial Note.

Note: The above-mentioned notes are set up on the 'GroupNoteDocumentCodes' table and the 'GroupNoteNames' column name is appended with "(Core)" at the end.

Data Model Changes: The tables **'DocumentGroupNotes'** and **'DocumentGroupClientNotes'** are newly included in the database.

Group Services

Reference No	Task No	Description
55	Core Bugs # 127576	The Client Clinical Problems are deleted when the Group Service is deleted.
56	Core Bugs # 127678	Error message is displayed when attempting to open Group Services on My calendar screen.
57	Core Bugs # 127749	Service error for Duration does not match DateTimeIn/DateTimeOut.
58	Core Bugs # 127825	The recurrence group service was not created.

Author: Aishwarya Bommaklar

55. Core Bugs # 127576: The Client Clinical Problems are deleted when the Group Service is deleted.

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

Navigation Path 1: My Office – Groups --   Select the Group related to Group Progress Note -- Click on Group Name hyperlink -- Click on Schedule tab -- Click on New Group Service button -- Enter Date of Service Click on Select button -- Enter all the required fields – Click on Save icon -- Click on Note tab -- Enter all the required details -- Click on Update My Client Notes button -- Click on Client Note tab -- Enter all the required fields, select the Problems -- Click on Insert -- Click on Save icon -- Click on Delete icon -- Click on 'Yes' button.

Navigation Path 2: Client -- Client Clinical Problems.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user entered the Client Clinical Problems in the Group Services and deleted the Group Service, then all the Client Clinical Problems were deleted.

With this release, the above-mentioned issue has been resolved. Now, the Client Clinical Problems are not deleted when the Group Service is deleted.

Author: Niroop Hassan

56. Core Bugs # 127678: Error message is displayed when attempting to open Group Services on My calendar screen.

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

Navigation Path: 'My Office' – My Calendar- Click on any Group services.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The below error message was displayed when the user tried to open Group Services on the My calendar screen.

Error Message : Error ssp_ScGetGroupServiceDetailInformation.

With this release, the above-mentioned issue has been resolved. Now, the error message is not displayed, when the user tries to open Group Services on the My calendar screen and the user is able to open the group services without any error.

Author: Niroop Hassan

57. Core Bugs # 127749: Service error for Duration does not match DateTimeIn/DateTimeOut.

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

Navigation Path: 'My Office' – 'Groups' - 'Groups' list page – Click on 'New' icon – 'Group Details' page - Click on 'Schedule' tab – Click on 'New Group Services' button – 'Group Service Client' popup – Enter and select required data and click on 'Select' button – 'Group Service Detail' page – Change the Service Time and click on 'Save' icon.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user changed the start time and saved the screen, then the below error was displayed and the 'Total Duration' was not updated.

Error Message: 'Duration Does not match DateTimeIn/DateTimeOut'.

With this release, the above-mentioned issue has been resolved. Now, when the user changes the start time and saves the screen, then the error message is not displayed and the 'Total Duration' is updated.

Author: Suganya Sivakumar

58. Core Bugs # 127825: The recurrence group service was not created.

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

Prerequisite: A Group Service is created with more than one Staff.

Navigation Path 1: My Office -Managing Groups-Group List page - Click on New Icon -Group Detail Page - Enter all the Required fields - Click on Save Icon - Navigate to Schedule tab - Click on New Group Service button - Group Service Clients popup -Select Date of Service and Clients -Click on Select button - Navigate to Group Service Detail Screen - Enter all the required fields - Click on Sign Button - Sign the Group Services.

Navigation Path 2: Group Service detail page - In the Service tab - Click on the Make Recurring Icon - Recurring Group Services popup - In the Date Range section -Select the Start and the End Date - In the Recurrence Pattern section - select the appropriate values - Click on Create Immediately checkbox - Click on OK button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a recurring group service was created from an already signed group, then the recurrence group service was not created.

With this release, the above-mentioned issue has been fixed. Now, when a recurring group service is created from an already signed group, the Recurrence group services are created successfully.

Immunization Configuration Details

Reference No	Task No	Description
59	EII # 127210	Immunization Registry List: Changes in the 'Message Details' section of the 'Immunization Configuration Details' screen.

Author: Sithara Ponnath

59. EII # 127210: Immunization Registry List: Changes in the 'Message Details' section of the 'Immunization Configuration Details' screen.

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

Prerequisites: Global Code Category: Use the global category 'HL7MESSAGECOMTYPE' to add the parameter options for the field 'Communication Type'.

Navigation Path 1: 'Administration' – 'Immunization Registry List' screen – Click on the 'New' icon – Enter all the required data – Go to the 'Message Details' section – Select a value 'HTTP' from the 'Communication Type' dropdown – Click on 'Save' button.

Navigation Path 2: 'Administration' – 'Immunization Registry List' screen – Click on 'New' icon – 'Immunization configuration details' screen — Enter all the required data – Go to 'Message Details' section – Select a value 'SFTP' from the 'Communication Type' dropdown – Click on 'Save' button.

Functionality 'Before' and 'After' release:

Purpose: To store the HTTP connection details in the 'Messaging Details' section of the 'Immunization Configuration Details' screen.

With this release, the below changes have been implemented in the 'Message Details' section in the 'Immunization Configuration Details' screen.

If the communication type is 'HTTP', the following fields are displayed in the 'Immunization Configuration Details' screen:

i. The label will be displayed as 'if the communication type is 'HTTP' the following is needed'.

ii. Username, Password & Host ID will be displayed.

iii. If any one of the values for 'Username, Password & Host ID is kept empty, a below validation message will be displayed.

Validation Message: '[Field Name] is required'.

if the communication type is 'SFTP', the following fields are displayed:

i. The label will be displayed as 'if the communication type is 'SFTP' the following is needed'

ii. The 'Username', 'Password', 'Host ID' text fields & Port Number(Text field/Dropdown) will be displayed.

iii. The 'Username', 'Password', 'Host ID' text fields & Port Number will be mandatory fields. The Port Number is a text field and also a dropdown field, where the user can enter the value and select the value.

iv. If the value is entered for the Username, Password, and Host ID, and if the value is kept empty for the 'Port Number', a below validation message will be displayed.

 Validation Message: '[Field Name] is required'.

iv. Removed the SFTP prefix from the fields Username, Password, Host ID, and Port Number.

If the communication type is any other option (TCP/IP or FTP):

i. The label won't be displayed (Hidden).

ii. The fields Username, Password, Host ID & Port Number will be hidden in the 'Message Details' section.

When selecting another option for the Communication Type

Immunization Configuration Details ⚙

Registry Details

Sending Facility Details

Provide the following information about your organization that is sent to the registry.

Sending Facility Name	nbnbnb
Organization ID	vnbnb
Location Where immunizations can be administered	007 ▼

Message Details

Provide the following details for the Message requirements to send to the registry.

Communication Type	FTP ⌄
Message Type	FTP
Reporting File Version ID	2.5.1
Message Profiler Identifier	Test

Global Code Category: The Code Names 'HTTP', 'FTP', 'SFTP', 'TCP/IP' etc are displayed in the 'Global Codes' list page.

Global Codes (4)

Active Categories ▼	HL7 Message Communication Types ▼	All Category Types ▼		Apply Filter	—
Active Codes ▼	Code Name [ ] ◆				

Category ▲	Category Name	Code Name	Sort Order
HL7MESSAGECOMTYPE	HL7 Message Communication Types	TCP/IP	1
HL7MESSAGECOMTYPE	HL7 Message Communication Types	HTTP	2
HL7MESSAGECOMTYPE	HL7 Message Communication Types	FTP	3
HL7MESSAGECOMTYPE	HL7 Message Communication Types	SFTP	4

Interfaces

Reference No	Task No	Description
60	Core Bugs # 127693	270/271: Getting 2 responses for One Request.
61	Core Bugs # 127894	Change the ClientMatching logic to be consistent with the Lab interface.
62	Core Bugs # 127280	Issues in the Immunization Interface.
63	Core Bugs # 127588	SCM Interface Labs: The system sends the 'HL7 ORM messages' when a user signs the 'Client Orders'. Also, the system is receiving all the Lab Results ORU messages
64	Core Bugs # 127625	Client order: the program is not associated with the lab order.

Author: Munish Sood

60. Core Bugs # 127693: 270/271: Getting 2 responses for One Request.

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

Navigation Path: 'Client'- 'Coverage' screen - Click on "Verify Eligibility" button - 'Insurance Eligibility Verification' screen - Fill the details - Click on 'Submit Request' button - 'Response' tab.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When users submit the eligibility request (270/271) from Client Coverage Screen, receiving two eligibility responses and system showing the below error message for a given eligibility verification request.

127749 Error message: "Please try your request again at a later time".

With this release, the above-mentioned issue has been resolved. Now, when the users submit an eligibility request, they receive only one eligibility response in the response tab for a given eligibility verification request without any error message.

Author: Munish Sood

61. Core Bugs # 127894: Change the ClientMatching logic to be consistent with the Lab interface.

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

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

Navigation Path 2: 'Administration' - 'Messages Interface' - 'Messages Interface' list page - 'Message Interface Detail' Detail page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user received and processed the inbound ADT HL7 messages, these ADT Information was processed by matching the client details by checking 5-point match based on Last Name, First Name, DOB, SSN and Sex.

With this release, the above mentioned issue has been resolved. Now, when we receive and process the inbound ADT HL7 messages, these ADT Information is processed by matching the client details based on checking Last Name, First Name, DOB, if SSN is not matching. If SSN is matched, then the Last Name or First name is checked to process the ADT details.

Author: Jagadheesh Raju

62. Core Bugs # 127280: Issues in the Immunization Interface.

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

Navigation Path 1: Client- Immunizations - Click on New -Immunizations Details - Enter all the fields -Save.

Navigation Path 2: Client - 'Immunization Transmission Log' list page- Click to Send Client Immunization' Icon - Client Immunizations list page - Click on Send Hyperlink- Immunization Transmission Summary.

Navigation Path 3: Administration- Message Interface - Message Interface list page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. Below issues were observed in the Immunization interface:

1.If vaccination date was greater than Patient's death date, then it was generating HL7 message for the Individual client in the Immunization Details screen.

2. In the HL7 message PID.13 segment, the patient's phone number sent was not in the required format like ("^PRN^PH^^^406^5557690") under the Immunization Transmission Log screen.

3. In the HL7 message PID.3.5 segment, the 'Identifier Type Code' of Patient Id value displayed as "PN", instead of "MR".

4. The vendor details were updated in the HL7 messages based on location. But, it was not updating in the Message interface list page and also vendor column in HL7CPQueueMessages table.

With this release, the above-mentioned issue has been fixed. Now:

1.If vaccination date is greater than Patient's death date, then it is not generating HL7 messages for the Individual client in the Immunization Details screen.

2. In the HL7 message PID.13 segment, the patient's phone number sent is displayed in the required format like ("^PRN^PH^^^406^5557690") under the Immunization Transmission Log screen.

3. In the HL7 message PID.3.5 segment, the 'Identifier Type Code' of Patient Id value is displayed as "MR".

4. The vendor details in the HL7 messages are updated in the Message interface list page and also in the vendor column in HL7CPQueueMessages table.

Author: Munish Sood

63. Core Bugs # 127588: SCM Interface Labs: The system sends the 'HL7 ORM messages' when a user signs the 'Client Orders'. Also, the system is receiving all the Lab Results ORU messages.

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

Navigation Path 1: 'Administration' – 'Recodes' – select the Recodes 'SENDORDERSTOLAB' – 'SENDORDERSTOLAB=Yes/No' – 'Save'.

Navigation Path 2: 'Client Orders' – click on the 'New' icon – 'Client Order Details' page – click on the 'New' icon – 'Save' and 'Sign' the 'Client Order'.

Navigation Path 2: 'Administration' – 'Messages Interface (Administration)- 'Messages Interface' list page – 'Message Interface Detail' Detail page.

Functionality 'Before' and 'After' release:

Note: This implementation will work for the customer (California state) environments who are using the custom logic.

Before this release, here was the behavior. The system was sending the 'HL7 ORM messages' when a user signed the 'Client Orders'. Also, the system was receiving all the 'Lab Results ORU messages' even if there was no match in the 'Client Information' and 'Ordering Provider Information'. Because of this, many 'Lab results' were displayed in the 'Message Interface' list page having 'Error Description' which made it difficult to identify and match the lab results.

With this release, the above-mentioned issue has been resolved. Now, introduced a Recodes 'SENDORDERSTOLAB' as core changes and implemented the functionality as per the below condition.

1. If the Recodes value is set as "No" for RecodeCategory "SENDORDERSTOLAB", the system will not generate 'HL7 ORM messages' when a user signs a 'Client Order' under the 'Client Order' screen.

2. If the Recodes value is set as "Yes" for 'RecodeCategory "SENDORDERSTOLAB", the system will generate 'HL7 ORM messages' when a user signs the 'Client Order' and sends the 'HL7 ORM messages' to the vendor clinic/location.

Author: Munish sood

64. Core Bugs # 127625: Client order: the program is not associated with the lab order.

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

Navigation Path 1: Client Orders - New - Client Order Details - New - Save and Sign.

Navigation Path 2: Administration - Orders list page - Order Details – Save.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The 'DisplayProgram' and 'DisplayProgramSelectType' in the Orders table were updated as null or 'N' value. Because of this, when the user signed the client order the program was not associated with the lab order.

With this release, the above-mentioned issue has been resolved. Now, if the SystemConfigurationKey value is set as "Yes" for EnableClinicalDataAccessGrouping, the 'DisplayProgram' and 'DisplayProgramSelectType' in the Orders table is updating 'Y' value. When the user signs the client order, the program is associated with the lab order.

Note: 'EnableClinicalDataAccessGrouping' system configuration key 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.

Keyphrases

Reference No	Task No	Description
65	Core Bugs # 127632	Use Keyphrases: Not able to access phrases with 'Use' hyperlink.

Author: Kiran Tigarimath

65. Core Bugs # 127632: Use Keyphrases: Not able to access phrases with 'Use' hyperlink.

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

Navigation Path: 'Client' - 'Services/Notes'- Select action icon - Favourite Phrases.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The user was not able to access the hidden 'Use' hyperlink in the 'Use Key Phrases' popup under 'Services/Notes' screen.

With this release, the above-mentioned issue is resolved. Now, the users are able access any of the 'Use' hyperlink in the phrases which are available in the 'Use Key Phrases' popup under 'Services/Notes' screen.

Ledger Entries

Reference No	Task No	Description
66	Core Bugs # 127344	Payments were posted for deleted charge id.

Author: Rinki Kumari

66. Core Bugs # 127344: Payments were posted for deleted charge id.

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

Prerequisite: Client has multiple charge ids for the same service.

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

Navigation Path 2: 'MyOffice' -- 'Billing' – 'Charges/Claims' – Set the filter' Ready to bill' - Click on Apply the filter button- Select multiple charge ids with same Client - click on 'Electronic Claims' button - click on 'Process Now' - click on 'Create claim file'.

Navigation Path 3: 'My Office'--'Billing' - 'Payment/Adjustments' screen - Click on 'Electronic Remittance' button – 'ElectronicRemittance' pop up window -- Click on 'Import File ID' – 'Electronic Remittance File Details' pop up window – click on 'Process File' button – Click on Save and close.

Navigation Path 4: 'Client' — 'Services' list page— Click on 'DOS' hyperlink– Service Details screen -- Click on 'Charge' hyperlink – 'Ledger Entries' screen – Click on 'Regenerate Charge' button.

Repeat Navigation Path 2 to 4

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the ledger details screen, the payments were posted for deleted charge id with Electronic Remittance check.

With this release, the above-mentioned issue has been resolved. Now, the payments are posted only for the new charge IDs in the ledger details screen when the user tries to post the charge through the 835 tool.

List Page Framework

Reference No	Task No	Description
67	Core Bugs # 127442	Any DFA List page: Newly created column appearing far in the list and column is not in 'view' settings to manage.

Author: Sunil Belagali

67. Core Bugs # 127442: Any DFA List page: Newly created column appearing far in the list and column is not in 'view' settings to manage.

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

Navigation Path: Login to 'SmartCare Application' – 'Any DFA List Page' – 'Column Configurations'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user tried to add an additional column in an already created 'DFA list page', the newly created column always appeared far right in the list, and also the user did not have this column in the 'view' settings to manage.

With this release the above-mentioned issue has been resolved. The users can now view newly added columns in the 'View' settings and set the sorting order.

Medical Progress Notes

Reference No	Task No	Description
68	Core Bugs # 127710	Question marks showing up in PDF of Medical Progress Notes.

Author: Chaitali Patil

68. Core Bugs # 127710: Question marks showing up in PDF of Medical Progress Notes

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

Navigation Path: Select Client - Go Search –'Medical Progress Note' – Click on 'New' – Select any 'Template' – Enter the details – Click on 'Save' – Click on 'Sign'.

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. The Question marks were displayed in the 'PDF' when the Medical Progress Note was saved and signed.

With this release, the above-mentioned issue has been resolved. Now, the Question mark is not displaying in the 'PDF' on saving and signing 'Medical Progress Note'.

Patient Portal

Reference No	Task No	Description
69	Core Bugs # 127701	Error message is displayed when client attempts to sign the document in the Patient Portal.

Author: Rakesh Naganagoda

69. Core Bugs # 127701: Error message is displayed when client attempts to sign the document in the Patient Portal.

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

Navigation Path: Login to 'Patient Portal' – 'Client' – Sign any Document as a client.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The non-staff users are unable to sign the documents in the Patient

Portal, even when the non-staff provided the correct password. The user was receiving an error message "Incorrect Password".

With this release, the above-mentioned issues have been resolved. Now the Non-staff users are able to sign the documents in the Patient Portal without any error message.

Primary Care

Reference No	Task No	Description
70	Core Bugs # 127756	Issue with Type of Service Requested in 'Service Request Review/Approval' screen.
71	EII # 126834	Changes are implemented in the Staff Details screen.

Author: Lakshmi Kumarappan

70. Core Bugs # 127756: Issue with Type of Service Requested in 'Service Request Review/Approval' screen.

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

Navigation Path: 'Client'– 'Service Request Review/Approval' screen - Click on 'new' icon – 'Service Request Review/Approval' Detail screen– Navigate to 'Approval' tab - Enter all the required field and click insert button and save button- Navigate to 'Request' tab.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. After saving the data in the Approval tab/Request tab, the value of 'Type of Service Requested' dropdown was not updated from the Approval tab into Request tab and vice versa.

With this release, the above-mentioned issue has been resolved. Now, the value in the 'Type of Service Requested' dropdown is correctly updating in the Approval tab/Request tab of the 'Service Request Review/Approval' Detail screen.

Author: Sithara Ponnath

71. EII # 126834: Changes are implemented in the Staff Details screen.

Release Type: Change | **Priority:** Urgent
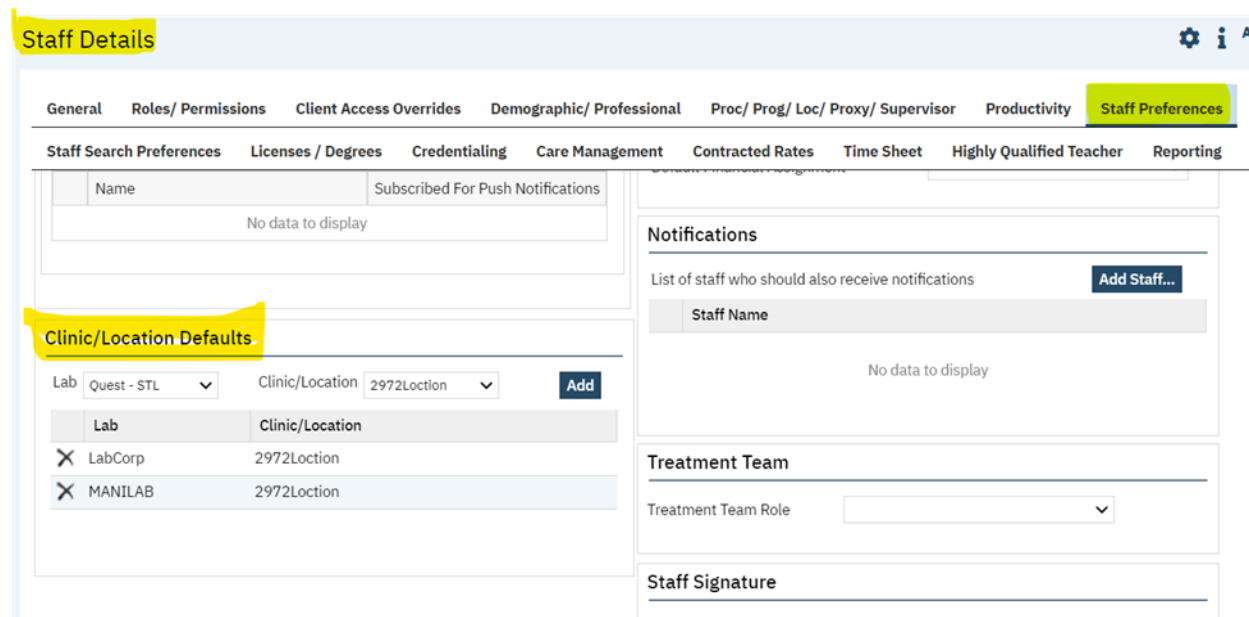
Navigation Path: 'Administration' – 'Staff/Users' – Click on new icon or search and select the existing staff/user – 'Staff Details' screen – 'Staff Preference' tab.

Functionality 'Before' and 'After' release:

Purpose: While creating orders, the providers need to select their clinic/location for the order. The customer wants it is beneficial if this could be defaulted at the provider level to help the provider save time while completing orders**.** With this in mind, "Clinic/Location Defaults" Section is added to the staff Details screen.

With this release, the below change has been implemented in the 'Staff Details' screen:

A new section 'Clinic/Location Defaults' is added to the staff preference tab of the Staff Details screen.

The 'Clinic/Location Defaults' section is displayed with the following dropdown fields: Lab and Clinic/Location.

Lab: This is a drop-down and it displays lab values that are fetched from LaboratoryFacilities. **Clinic/Location:** This is a drop down and it is displayed with a list of "Clinic/Location" values associated to the selected Lab.

Add: This is a button. When click on 'Add' button without selecting any values in the drop down, the below Validation message is displayed:

Validation Message: Please Select Lab.

When the user tries to add the lab without selecting the Clinic/Location, then the below validation message is displayed.

Validation Message: Please select Clinical Location.

When the user tries to add the lab and clinic/location which has been already added or present in the section, then the below validation message will be displayed.

Validation Message: 'Lab is already added'.

The grid is displayed with below mentioned columns,
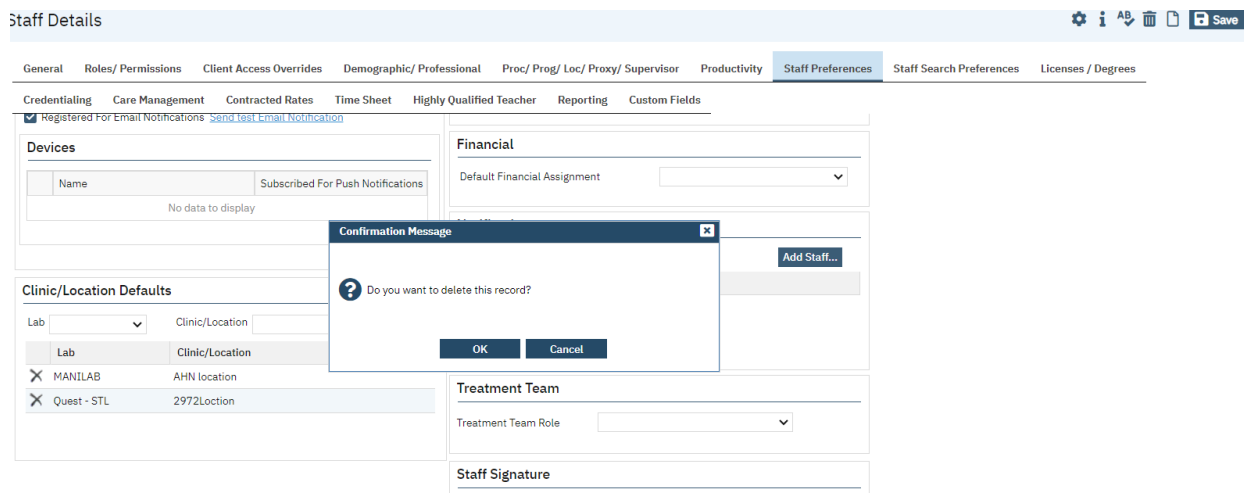
Lab: Selected Lab order is displayed in the drop down.
Clinic/Location: Selected Clinic/Location is displayed in the drop down.
Delete icon: On click of the delete icon, the confirmation message pop up is displayed with OK and Cancel buttons.

Ok: On click of ''OK' button, the selected record is deleted from the grid.

Cancel: On click of the 'Cancel' button, the record is not deleted from the grid.

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Data Model Changes: Added a StaffLaboratoryLocations table.

Procedure/Rates

Reference No	Task No	Description
72	EII # 127662	A new checkbox is added to the Procedure code Details page.

Author: Namratha Nagaraj
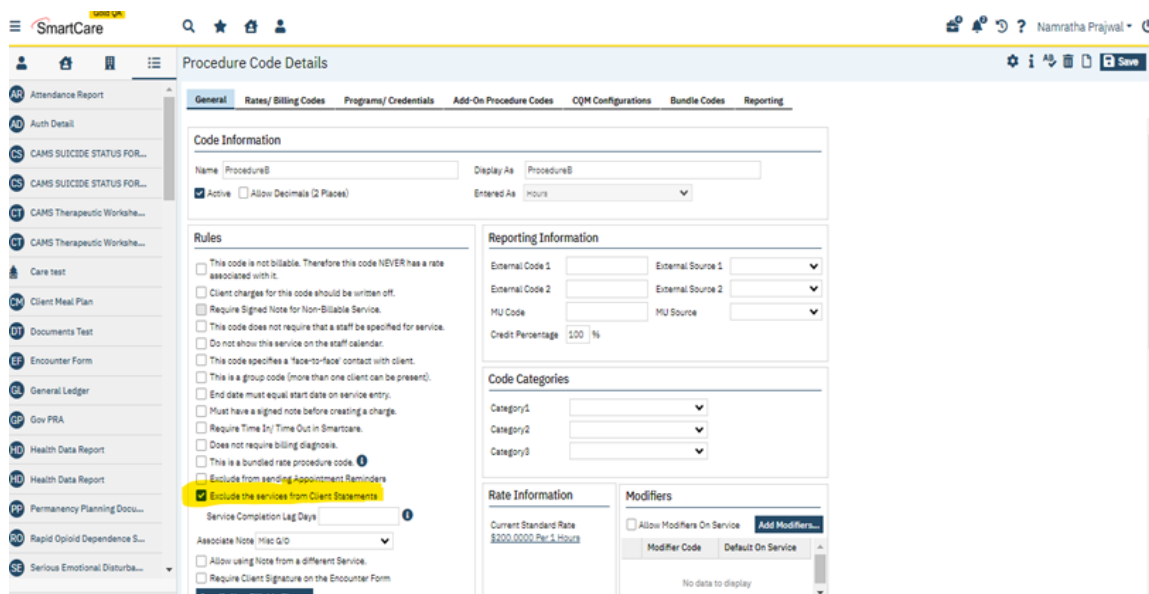
72. EII # 127662: A new checkbox is added to the Procedure code Details page.

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

Navigation Path: 'Administration' —'Procedure/Rates' —Click on 'Procedure Name' hyperlink- General tab- verify the 'Exclude the Services from Client statement'.

Functionality 'Before' and 'After' release:

With this release, the new checkbox 'Exclude the Services from Client statement' has been implemented in the 'Rules' section of 'Procedure Code Details' page.

Data Model Changes: The 'ExculdeServicesFromClientStatements' column is added in the 'ProcedureCodes' table.

Programs

Reference No	Task No	Description
73	Core Bugs # 127834	Programs: Unable to enroll the client to a program in the 'Client Programs' Screen due to a red error.

Author: Shivakant Moger

73. Core Bugs # 127834: Programs: Unable to enroll the client to a program in the 'Client Programs' Screen due to a red error.

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

Navigation Path: 'Client' search – Select a Client – Go Search – Client 'Programs' - 'Programs' list page -- click on 'New' icon – 'Program Assignment Details' -- Enroll the client in the Program (mark it as Primary) – Click on Save.

Functionality 'Before' and 'After' release:

Before the release, here was the behavior. In the 'Program Assignment Details' screen, for a client, when the user had enrolled any program with 'Primary' checkbox checked, the 'PrimaryProgramId' column in the 'Clients' table was updated as 'ProgramId instead of 'ClientProgramId'. Due to this, a below red error message was displayed.

Red Error Message: "50000*****547***** The UPDATE statement conflicted with the FOREIGN KEY constraint "ClientPrograms_Clients_FK". The conflict occurred in database "CaliforniaStateTesting", table "dbo.Client Programs", clumn'Client Programid'.*****ssp_UpdatePrimaryPrograminClie*****28*****16*****0 ssp_UpdatePrimaryProgramloClie*****39*****16*****1"

With this release, the above-mentioned issue has been resolved. Now, for a client, when a user enrolls any program with 'Primary' checkbox checked, the 'PrimaryProgramId' column is updated with 'ClientProgramId' in the 'Clients' table without displaying any red error.

QuickLinks

Reference No	Task No	Description
74	Core Bugs # 127574	QuickLink Menu does not close when expanded sometimes.

Author: Rakesh Naganagoda

74. Core Bugs # 127574: QuickLink Menu does not close when expanded sometimes.

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

Navigation Path: Login to SmartCare application – Navigate to any List Page – Expand QuickLinks menu to 3 Level – Click on the data grid of the list page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user Clicked on the whitespace or text within the data grid in the list pages, the 'QuickLinks' menu expanded was not closing.

With this release, the above mentioned issue has been resolved. Now, the expanded QuickLinks menu will close after the user clicks on the whitespace or text within the data grid in the list page.

Refunds Check

Reference No	Task No	Description
75	Core Bugs # 127768	Refund Checks: The 'Save' button disappears when selecting the credit balance claim lines from the grid section.

Author: Renuka Gunasekaran

75. Core Bugs # 127768: Refund Checks: The 'Save' button disappears when selecting the credit balance claim lines from the grid section.

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

Navigation Path: 'My office' – 'Refund Checks' – 'Receive Refund' – enter values in 'Insurer', 'Provider',' Date On Check', 'Check #', 'Amount' – Select 'Bank Account' – 'Save' – Click on 'Show Credit Balance Claim Lines' button – Select credit balance claim line from the grid.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Refund Checks' screen, the 'Save' option disappeared after selecting the 'credit balance claim lines' from the grid section.

With this release, the above-mentioned issue has been resolved. The 'Save' option is now enabled and displayed after selecting 'credit balance claim lines' from the grid section.

Reports

Reference No	Task No	Description
76	EII # 127532	Compliance Batch Details: 274 Batch Summary Report.
77	Core Bugs # 127157	Report header not showing in Bold Font.
78	Core Bugs # 127334	The record deleted charges are included in the "ERClaimLinesUnposted" report for services.
79	Core Bugs # 127771	Control Substance Audit Report is Not Working.

Author: Santhosh Krishnegowda

76. EII # 127532: Compliance Batch Details: 274 Batch Summary Report.

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

Navigation Path: 'My Office' – 'Compliance Batch List ' -'Batch type- 274' – 'Compliance Batch Details' – 'Download Batch Summary' button

Functionality 'Before' and 'After' release:

Note: This implementation will work for the customer environments who are using custom logic.

Purpose: To provide a file format that is easily readable by a person to review at a high level what records were included in a batch.

With this release, a new button 'Download Batch Summary' is implemented under Compliance Batch Details Page. Clicking on this, batch summary will be exported which contains Batch, Provider Group, Site and Provider details present in the selected batch.

Compliance Batch Details Page	Download PDSRF	Download Batch Summary
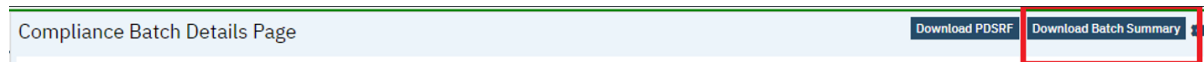
Note: This is dependent on state core task EII -124469 (Feature 257232) and released in the California .37 Major build (SC.CA.6.0_0.37.000.2405.001). For this functionality to work completely, CA .37 major build (SC.CA.6.0_0.37.000.2405.001) changes to be deployed into the environment.

Author: Kiran Tigarimath

77. Core Bugs # 127157: Report header not showing in Bold Font.

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

Navigation Path: Go Search- My Reports (My Office)- My Report Screen - click on any Report name - enter the filter criteria - click on View Report button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the reports header, the labels were not displayed in Bold font.

With this release, the above-mentioned issue has been resolved. Now, the header labels are displaying in Bold font in the reports.

Author: Sahana Gururaj

78. Core Bugs # 127334: The record deleted charges are included in the "ERClaimLinesUnposted" report for services.

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

Navigation Path: 'My Office' – 'My Reports' – search for 'ER Claim Lines Unposted' report – click on the report name hyperlink – enter the required 'ERFile ID' – and click on the 'View Report' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The record deleted charges were included in the "ERClaimLinesUnposted" report for services, which resulted in discrepancies when the user compared the 'Paid Amount', 'Charge Amount' and '835 Amount' columns on the report.

With this release, a logic has been implemented to exclude the record deleted charges from the 'ERClaimLineUnposted' report.

Author: Manjunath Malipatil

79. Core Bugs # 127771: Control Substance Audit Report is Not Working.

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

Navigation Path : Go search-Control Substance Report(Client)

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The Control Substance Audit Report was taking more time to load and a blank report was displayed.

With this release, the above mentioned issue has been resolved. Now, the Control Substance Audit Report is loading fast and the results are displayed in the report.

Rx Application

Reference No	Task No	Description
80	Core bugs # 127493	Rx - DEA # did not update after script changed from one provider to another.
81	Core bugs # 127505	Red Error Message on Rx when trying to approve Verbal orders.
82	Core bugs # 127610	Add Vial as unit dropdown option.
83	Core bugs # 127731	Discontinued medication showing on active med list when printing.
84	Core bugs # 127803	Angioedema not an option for allergic reaction in Rx.
85	EII # 126573	Implementation to update the direction format to Include Layman's Terms on sending the prescription to Pharmacy via electronically.
86	EII # 127571	Rx application: Changes in the 'Medication Consent Signature Popup'.

Author: Manjunath Mallipatil

80. Core bugs # 127493: Rx - DEA # did not update after script changed from one provider to another.

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

Prerequisite: Queued Orders to be created for the Client by following the below **Path:**

Login to Rx Application -- In Start page Click on Patient Search -- Search for the patient and select the patient -- In patient Summary Screen Click on New order Button -- select a medication -- enter all the details -- click on Insert button -- Click on Queued Order Button.

Navigation Path 1: Login to SmartCare Application -- caseload Reassignment -- Select Assignment type as Rx -- Select a staff in the Filter section -- Click on Filter Button -- Select the Order which needs to be reassigned to the Different Staff -- Click on reassignment icon -- In Reassignment Pop up Select a new Staff to whom the order needs to be reassigned -- Click on save button.

Navigation Path 2: Login to Rx Application to whom the Orders were reassigned -- In Start Page Click on Queued Orders Button -- In Order Approval Screen, Select the Order which were reassigned -- Click on Approve Button -- Enter the password and click on Sign Button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a medication Prescription was reassigned from one provider to another Provider in the Caseload reassignment Screen, once the medication is prescribed, the original provider's DEA # remained on the prescription Script instead of updating DEA # of the new provider.

With this release, the above-mentioned issue is fixed. The DEA # of the new provider to whom the Medication Prescriptions were reassigned, is Updated in the Prescription Script.

Author: Rajgopal Yajurvedi

81. Core Bugs # 127505: Red Error Message on Rx when trying to approve Verbal orders.

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

Prerequisite: Verbal Order is placed via below **Path:**
Login to SmartCare Application - 'Client' – 'Medication Management Rx' link – Rx Application – 'Patient Summary' screen – New Order button – New Medication Order Page - Select the Drug with starting three letters – Fill all required fields - Select the Potency Unit code - Select the Other Prescriber – click on 'Insert' button – click on 'Prescribe' button - Prescribe Page – 'Prescribe' button – 'Patient Summary' page.

Navigation Path: Login to SmartCare Application - 'My Office' – 'Medication Management' link – Rx Application – 'Start Page' screen – Select the Order – Click 'Approve Order' button - Enter the password – Click sign button – Verbal order approved.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the verbal order page, when the user tried to approve the verbal order for medication where medication's potency unit code is sunset (The potency unit code is no more used or called off), then the below validation message was displayed.

Validation Message:

Selected Potency Unit Code "Milliliter" is outdated for the drug "Fluphenazine HCl". Please verify the order.

With this release, the above-mentioned issue has been resolved. Now the above validation message is not displayed when the user approves the verbal order for the medication where the medication's potency unit code is sunset.

Author: Rajgopal Yajurvedi

82. Core bugs # 127610: Add Vial as unit dropdown option.

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

Navigation Path: Login to SmartCare Application - 'Client' – 'Medication Management Rx' link – Rx Application – 'Patient Summary' screen – New Order button – New Medication Order Page - Select the Drug(inhaler and nebulization) with starting three letters – Fill all required fields - Select the EPCS Pharmacy – click on 'Insert' button – click on 'Prescribe' button – 'Patient Summary' page.

Functionality 'Before' and 'After' release:

Before this release, here was behavior. In New Medication order page, when the user selected Inhaler and Nebulization type of medication in the unit dropdown, only 'Puff' option was displayed for prescription.

With this release, above issue has been resolved. Now, 'Vial' option is added under the unit dropdown for prescribing Inhaler and Nebulization type of medication and the users can prescribe the above medication with 'Vial' unit.

Author: Rajgopal Yajurvedi

83. Core Bugs # 127731: Discontinued medication showing on active med list when printing.

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

Prerequisite: Medication is discontinued through the below **Path:**

Log into SmartCare – Client Search – My Office – Medications – Rx application – Start Page – Patient Summary – Select the 'X' (Discontinue Medication) button for Controlled Drug and Non-Controlled Drug in the active medication list – Select 'Yes' button in the 'Confirmation Message' popup - 'Enter Discontinue Reason' popup – Select discontinue reason – Select the Pharmacy radio button in 'Discontinue Letter' section – Click 'Discontinue' button - 'Patient Summary' page.

Navigation Path: Login to SmartCare Application - 'Client' – 'Medication Management Rx' link – Rx Application – 'Patient Summary' screen – Click 'Print List' button – 'ClientCurrentMedication' report.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In Patient Summary page, when user clicked on Print List button, the Discontinued medications were displayed in 'ClientCurrentMedication' report.

With this release, the above mentioned issue is resolved. Now, the Discontinued medications are not displaying in 'ClientCurrentMedication' report.

Author: Manjunath Malipatil

84. Core Bugs # 127803: Angioedema not an option for allergic reaction in Rx.
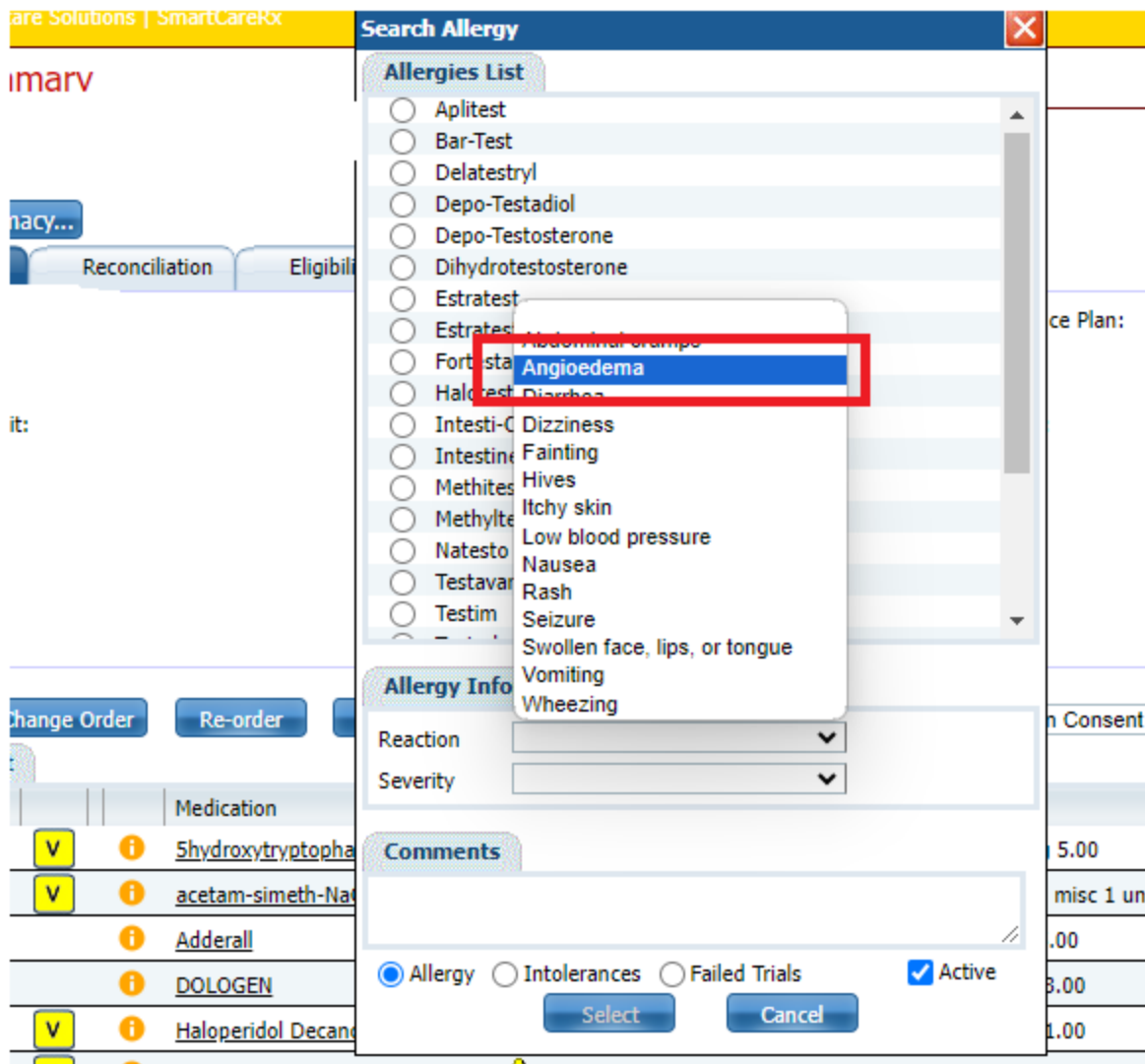
Release Type: Fix **| Priority:** High

Navigation Path: Login to SmartCare -- Select a Client -- Medication Management (Client) -- Patient Summary Screen -- Allergies/Intolerances/Failed Trails Section -- Enter the data in the text field and click on Add Allergy Button -- Search Allergy popup -- In The reach drop down Check for the Allergic Reaction 'Angioedema'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In Allergies/Intolerances/Failed Trails Section of Rx Application, the 'Angioedema' Allergic reaction was not available for selection in the Allergic Reaction Drop down in the Search Allergy Pop up.

With this release, a new Global code 'Angioedema' is added under 'ALLERGYREACTION' Global code category. Now, the Allergic Reaction Drop down displays 'Angioedema' as a response option in the Search Allergy Pop up in Allergies/Intolerances/Failed Trails Section of Rx Application.

Global Codes/categories: 'ALLERGYREACTION', 'Angioedema'

Author: Rajgopal Yajurvedi

85. EII # 126573: Implementation to update the direction format to Include Layman's Terms on sending the prescription to Pharmacy via electronically.

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

Navigation Path: Login to SmartCare Application - 'Client' – 'Medication Management Rx' link – Rx Application – 'Patient Summary' screen – New Order button – New Medication Order Page   - Select the Drug with starting three letters – Fill all required fields - Select the EPCS Pharmacy – click on 'Insert' button – click on 'Prescribe' button – Medication Script – 'Patient Summary' page.

Functionality 'Before' and 'After' release:

Purpose: For Pharmacist to have better understanding of how to fill script, so that those instructions are clear.

Before the release, here was the behavior. Whenever a user was sending the prescription to Pharmacy via electronically, then from the pharmacy end, the pharmacist the prescriber's instruction was not clear.

Previous Format:

Example 1 - Directions: 1 (Application) Daily at Noon

Example 2 - Directions: 1 (each) 5 Times per Day

With this release, the logic is updated and the direction is made to give clear instructions in the below format where pharmacists will have a better understanding of the prescription.

New Format - Take Unit Potency Unit Route in Layman Terms; Additional instructions.

Example 1 - When the user selects the medication with route as 'Oral', then Direction will be displayed in below format

Directions: Take 1 Capsule By Mouth Daily at Noon; [Additional instructions]

Example 2 – When the user selects the medication with route as 'Topical', then direction will be displayed in below format

Directions: Take 1 Packet Onto The Surface Such As The Skin Or The Eye; [Additional instructions]

Also, the below changes are implemented when user sends the prescription electronically,

· 	Direction will start with the default word 'Take' at the beginning of the medication script.

· 	'Unit' field is removed from the medication Script when 'Each' is selected.

· 	'Route' is added to the medication to the medication directions in terms of 'Laymans terms' as mentioned in the below table:

Route	Description (Layman Terms)
Intracerebroventricular	Into the ventricles of the brain
Intra-arterial	Into the lumen of an artery
Intracerebral	Into the brain
Intradermal	Into the dermal layer of the skin
Intramuscular	Into a skeletal muscle
Intragastric	Into the stomach
Intraperitoneal	Into the peritoneal cavity
Intrathecal	Into the spinal canal
Intravenous	Into a vein
Oral	By mouth

Subcutaneous	Under the skin
Topical	Onto the surface, such as the skin or the eye
Systemic	In the periphery (not in the CNS)

Data Model Changes: Added 'MDRouteDescriptions' table.

Author: Manjunath Malipatil

86. EII # 127571: Rx application: Changes in the 'Medication Consent Signature Popup'.

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

Navigation Path 1: Login to 'SmartCare' Application – 'Client' search – Select a Client – 'Medication Management (Client)' – 'Patient Summary' Screen (Rx Application)—Select a medication and click on the 'Patient Consent' Button – 'Patient Consent' Screen – select a 'Standard Consent' form—Click on 'Sign' Button— 'Get Signature' Popup – check the label (Verbal Consent Obtained)—Select the 'Verbal Consent Obtained' radio button – click on 'Sign' Button – Click on 'Sign Button' Again to sign the consent with the client -- 'Get Signature' Popup – check the label (Verbal Consent Obtained)—Select the 'Verbal Consent Obtained' radio button – click on 'Sign' Button— Check the PDF for the Wording (Verbal Consent Obtained) for both 'Medical Staff signature' and 'Client Signature'.
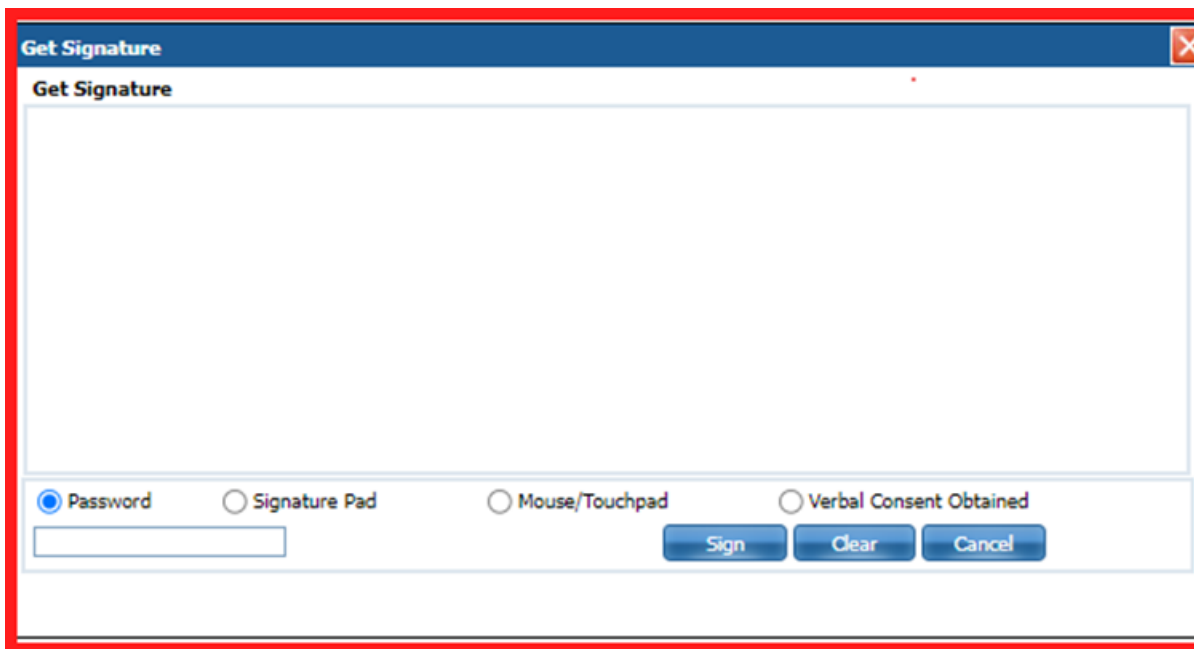
Navigation Path 2: Login to 'SmartCare' Application – select the above(Navigation Path 1) Client with whom Medication consent is signed – 'Documents (Client)' – Select the 'Medication consent document' hyperlink – Check the PDF for the Wording (Verbal Consent Obtained) for both 'Medical Staff signature' and 'Client Signature'.

Functionality 'Before' and 'After' release:
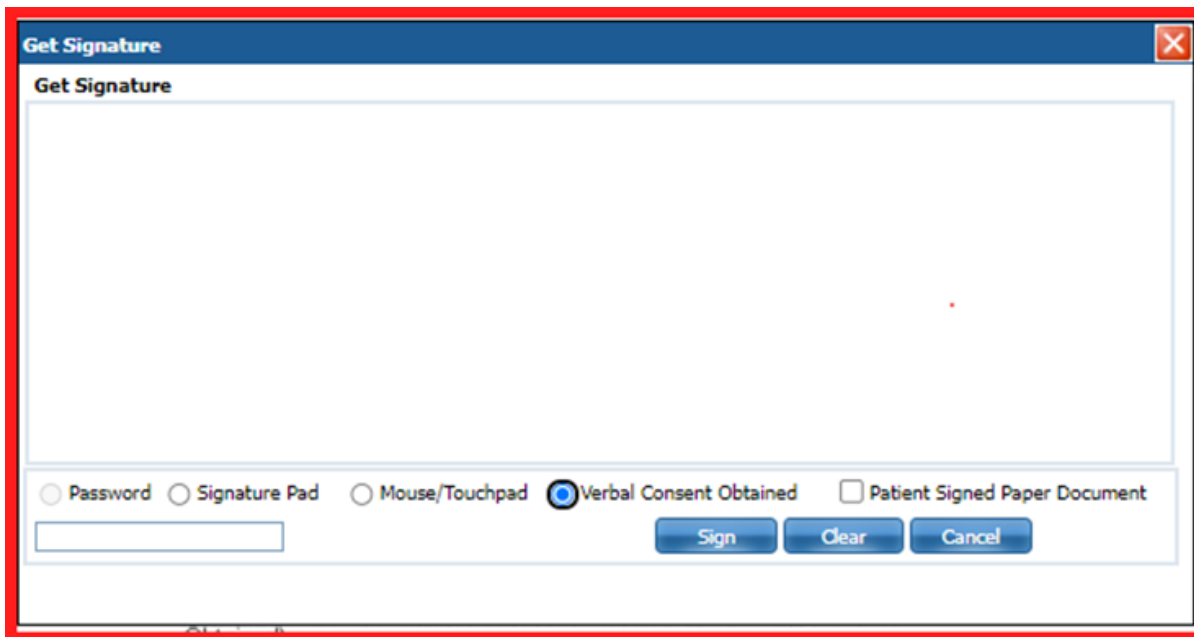
Purpose: There are occasions when verbal consent is obtained by other means than the phone, such as telehealth or in-person visits to the client's home where electronic signature capability is unavailable and there is no option to print for signature. This radio button option indicates that the client is in verbal agreement, regardless of how it is obtained.

With This release, in the Rx application, the label of the radio button "Verbally Agreed over Phone" has been changed to 'Verbal Consent Obtained' in the 'Medication Consent Signature Popup'.

When the 'Medical Staff' Signs the Patient Consent

Get Signature

Get Signature

○ Password   ○ Signature Pad   ○ Mouse/Touchpad   ○ Verbal Consent Obtained

[Sign] [Clear] [Cancel]

When the 'Client Signs or Relation Signs' the Patient Consent

Get Signature

Get Signature

○ Password ○ Signature Pad ○ Mouse/Touchpad ● Verbal Consent Obtained   ☐ Patient Signed Paper Document

[Sign] [Clear] [Cancel]

When the 'Medical Staff' Signs the consent, the 'Verbal Consent Obtained' is displayed in the PDF in the RX Application.

Patient Consent

Shivkanth, Test (1127), DOB/AGE: 3/1/2000 (24), Sex: M, Height: 121 In, Weight: 501 lb, Race: Multi-Racial,

Consent Form : Standard ⌄   Medical Staff Name : Malipatil, Manjunath   Status : Signed by Medical Staff   [Edit] [Print...] [Revoke]

Keep all medications in a safe place. If children are in the home, please lock medications away safely. If this medication is for a child, make sure the child swallows the pill and is not spitting out the pill or saving pills.

Consents: The medications explained were…

Medication: Zoloft

Instructions: 100mg, Tab, Oral 2 each Three   **From:** 04/23/2024   **To:** 05/12/2024
times a day

Common Side Effects: Nausea, dizziness, drowsiness, dry mouth, loss of appetite, increased sweating, diarrhea, upset stomach, or trouble sleeping may occur.

Electronically Signed By :

Manjunath Malipatil (Medical Staff) on 04/23/2024 (Verbal Consent Obtained)

When the 'Client / Relative' Signs the consent, the 'Verbal Consent Obtained' is displayed in the PDF in the RX Application.

Consent Form : Standard ⌄   Medical Staff Name : Malipatil, Manjunath   Status : Signed by Patient   [Edit] [Print...] [Revoke]

Electronically Signed By :

Manjunath Malipatil (Medical Staff) on 04/23/2024 (Verbal Consent Obtained)

Shivkanth, Test (Patient) on 04/23/2024 (Verbal Consent Obtained)

The below screenshot refers to the 'Medication consent document' opened in the 'SmartCare' Application.

Scanning

Reference No	Task No	Description
87	Core Bugs # 127717	Scanning: On viewing the single uploaded filled PDF records from the 'Documents/My documents' screen, the filled texts are blank in the 'PDF'.
88	Core Bugs # 127750	Scanning: The filled texts are blank in the 'PDF' on viewing the uploaded filled PDF records.

Author: Lavanya Gowdru

87. Core Bugs # 127717: Scanning: On viewing the single uploaded filled PDF records from the 'Documents/My documents' screen, the filled texts are blank in the 'PDF'.

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

Prerequisite: Select the single fillable PDF form, fill with the text, and upload in the 'Scanned medical record' screen through the **path:**

1. 'My Office/Client' --- 'Scanning' --- 'Scanned Medical Records' screen – click on 'Start Batch Upload' button – 'Batch Image Upload' popup – select a 'new' Image --- then Upload the 'single filled PDF form' --- Enter the required values --- Click on 'Save'.

2. 'My Office/Client' — 'Scanning' – 'Scanned Medical Records' screen – click on 'Upload New Images' icon – 'Image Upload' popup – select a new Image --- then Upload the 'single filled PDF form' --- Enter the required values --- Click on 'Save'.

Navigation Path 1: 'Client' search --- 'Documents' --- Select the uploaded records created through Scanning (Prerequisite) where the fillable PDF form is uploaded.

Navigation Path 2: 'My Office' --- 'My Documents' --- Select the uploaded records created through Scanning (Prerequisite) where the fillable PDF form is uploaded.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. On viewing the 'single uploaded filled PDF' records from the 'Documents/My documents' screen, the filled texts were blank in the 'PDF'.

With this release, the above-mentioned issue has been resolved. Now, the filled texts are visible in the 'PDF' on viewing the 'single uploaded filled PDF' record from the 'Documents/My documents' screen.

Author: Lavanya Gowdru

88. Core Bugs # 127750: Scanning: The filled texts are blank in the 'PDF' on viewing the uploaded filled PDF records.

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

Prerequisite: Select the fillable PDF form, fill with the text and signature, and upload in the 'Scanned medical records' screen through the below **Paths:**

- 'My Office/Client' -- 'Scanning' -- 'Scanned Medical Records' screen -- click on 'Start Batch Upload' button -- 'Batch Image Upload' popup -- select a 'new' Image -- then Upload the 'filled PDF form' -- Enter the required values -- Click on 'Save'.
- 'My Office/Client' -- 'Scanning' -- 'Scanned Medical Records' screen -- click on 'Upload New Images' icon -- 'Image Upload' popup -- select a new Image -- then Upload the 'filled PDF form' --Enter the required values -- Click on 'Save'.

Navigation Path: 'Client' -- Scanning -- Select the uploaded records where the fillable PDF form with the signature is uploaded -- 'Associated With' column -- Click on 'Click to view the document' icon and view the document.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Scanning list page, when the user clicked on 'Click to view the document' icon to view/print the uploaded filled PDF records, the filled texts and signatures were missing in the 'PDF'.

With this release, the above-mentioned issue has been resolved. Now, the filled texts and signatures are visible in the 'PDF' on viewing/printing the uploaded filled PDF record from the Scanning list page.

Services

Reference No	Task No	Description
89	Core Bugs # 127507	Bundled service was not created on the last day of the month.
90	Core Bugs # 127627	The Last Name and First Name was displayed in clinician and attending drop down in Service Details, Service Note and Group Service Details screens.
91	Core Bugs # 127707	Document was created after creating the service in the service details.
92	Core Bugs #127595	Duplicate bed services creation for a client without bed attendance.
93	Core Bugs #127650	Service Detail screen **-** The Recurrence services for individual services are not pulling the correct dates for the Past, Future, and Present services.

Author: Namratha Nagaraj

89. Core Bugs # 127507: Bundled service was not created on the last day of the month.

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

Navigation Path: Client -Services- click on new icon-Services Details page—Enter required fields- click on 'Save' icon.

Functionality 'Before' and 'After' release:
Before this release, here was the behavior. When the user ran the below nightly job, the bundled service was not created for the last day of the month.

Job: ssp_SCJobToCreateBundledServices.

With this release the above-mentioned issue is Resolved. Now, when the user runs the nightly job, the bundled service is created for the last day of the month. Hence the Charge is also created for the bundled services.

Author: Aishwarya Bommaklar

90. Core Bugs # 127627: The Last Name and First Name was displayed in clinician and attending drop down in Service Details, Service Note and Group Service Details screens.

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

Navigation Path 1: Client – Services – Click on New icon – Enter all the required details – Select Clinician drop down and Attending drop down.

Navigation Path 2: Client – Services/Notes – Click on New icon – Enter all the required details – Select Clinician field and Attending drop down.

Navigation Path 3: My Office – Group Services– Click on DOS hyperlink – Group Service Detail Screen – Select Clinician dropdown and Attending drop down.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The First Name and Last Name was displayed in the Clinician and the Attending drop down in Services, Service note and Group Services screen.

With this release, the above-mentioned issue has been resolved. Now, 'DisplayAs' field value is shown as staff name instead of Last Name and First Name, in the Clinician and Attending drop down of Services, Service note and Group Services screen.

Author: Aishwarya Bommaklar

91. Core Bugs # 127707: Document was created after creating the service in the service details.

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

Navigation Path 1: Client – Services screen – Click on New icon – Enter all the required details – click on Save icon.

Navigation Path 2: Client – Documents list page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user created a Service from the Service Details screen, a document was created to that particular Service.

With this release the above-mentioned issue has been resolved. Now, the document is not created for a Service which is created through the Service details screen, until the user makes some changes in Service Note and saves the data from the Service Note screen.

Author: Sahana Gururaja

92. Core Bugs # 127595: Duplicate bed services creation for a client without bed attendance.

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

Prerequisite 1: 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'.

Navigation Path 1: 'Go search-'Services(Client)'- click on new icon-'Services Details' page—Enter required fields-- click on 'Save' icon.

Note: Ensure that the "**ssp_SCCreateServicesBedAssignments**" job is executed.

The job will create a bed service entries for a client.

Prerequisite 2: 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 3: Re-Execute the "**ssp_SCCreateServicesBedAssignments**" job.

Navigation Path: NA

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The "**ssp_SCCreateServicesBedAssignments**" job was executed twice, which resulted in a duplicate bed services creation for a client without bed attendance.

With this release the above-mentioned issue has been resolved. Now, a logic is added to prevent duplicate bed service creation in the Bed Assignment Process.

Author: Suganya Sivakumar

93. Core Bugs # 127650: Service Detail screen - The Recurrence services for individual services are not pulling the correct dates for the Past, Future, and Present services.

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

Navigation Path: 'Client' Search --- Select a 'Client' --- Navigate to 'Services' --- 'Client' --- Click on the 'New' Icon --- 'Service Detail' Page --- Enter all the required fields --- Click on 'Save' Icon --- Click on 'Recurrence' Icon --- 'Recurring Services' popup --- Select the Dates --- Click on 'Ok' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The Recurrence services for individual services were not pulling the correct dates for the Past, Future, and Present services.

With this release, the above-mentioned issue has been resolved. Now, the recurrence services are displayed in these below conditions:

1. If the 'Service Start Date' is in the future date, then, the 'Start Date' on the 'Recurring Services' pop-up will default to 'Service Start Date+1'.

2. If the 'Service Start Date' is in the past date, then the 'Start Date' on the 'Recurring Services' pop-up will default to 'Current Date+1'.

3. If the 'Service 'Start Date' is the 'current date', then the 'Start Date' on the 'Recurring Services' pop-up will default to Current Date+1.

Services/Notes

Reference No	Task No	Description
94	Core Bugs # 127824	Unable to highlight the text with mouse in the Service Notes text fields.
95	Core Bugs # 127605	Psychiatric Note: the system hangs with page freezing when attempting to save or sign.
96	Core Bugs # 127656	Psychiatric Note: The system appears to break when it encounters Client Order Name with < or > special characters.
97	EII # 127702	Changes are implemented in Service Notes ('Misc G/O Note' & 'Individual Service Note (C)').
98	Core Bugs # 127770	Error occurred on navigating to Service Notes screen through unsaved changes.

Author: Rakesh Naganagoda

94. Core Bugs # 127824: Unable to highlight the text with mouse in the Service Notes text fields.

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

Navigation Path: Login to SmartCare application – 'Client' – Open any Service Notes and fill the huge data in the text fields of the service notes.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user tried to select or highlight the entire lengthy text entered in text fields/sections of the Service Notes, the scroll bar moved to the top of the screen and the user was unable to highlight text with the mouse.

With this release, the above-mentioned issues have been resolved. Now when the user tries to select or highlight the entire lengthy text entered in text fields/sections of the Service Notes, the user can highlight the text of the text fields with the mouse.

Author: Kiran Yogendra

95. Core Bugs # 127605: Psychiatric Note: the system hangs with page freezing when attempting to save or sign.

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

Navigation Path: Client Search -Select Client - Select Services/Notes - Service/Note List Page - Click on new icon - Service Note detail page - Select Psychiatric Note Procedure from the Procedure dropdown -Enter all the required information - Click on Note tab - General sub-tab - Input huge data within the 'Today's Chief Complaint/Reason for Visit' section - Save/Sign.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user tried to Save/Sign the 'Psychiatric Note' by entering a huge amount of data within the 'Today's Chief Complaint/Reason for Visit' text area, then the system hangs with the page freezing with no error messages displayed.

With this release, the above-mentioned issue has been resolved. Now, after entering a huge amount of data within the 'Today's Chief Complaint/Reason for Visit' text area under the Psychiatric Note', then the page is not freezing, and the user is able to Save and Sign the Psychiatric Note successfully without any error messages.

Author: Kiran Yogendra

96. Core Bugs # 127656: Psychiatric Note: The system appears to break when it encounters Client Order Name with < or > special characters.

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

Navigation Path: 'Client' Search – Select a Client - Select 'Services/Notes' - 'Service/Note' List Page - Click on 'New' icon - 'Service Note Detail' page - Select 'Psychiatric Note' Procedure from the 'Procedure' dropdown - Enter all the required fields - Click on 'MDM' tab - Select 'Client Order' name with < or > special chars - Click on the 'Save/Sign' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When users tried to 'Save/Sign' a psychiatric note with a client order name that included special characters such as "<" or ">", the system appeared to break and the user was not able to 'Sign' the note.

With this release, the above-mentioned issue has been resolved. Now, the user can 'Save' and 'Sign' the 'Psychiatric Note successfully with a client order name that includes special characters such as "<" or ">",'.

Author: Manjunath Malipatil

97. EII # 127702: Changes are implemented in Service Notes ('Misc G/O Note' & 'Individual Service Note (C)').

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

Navigation Path 1: Login to 'SmartCare' Application – 'Client' search – Select the Client— 'Services/Note – Click on the 'New' icon – 'Service Note' Screen – Enter all the required fields – Select a 'Procedure' associated with 'Misc G/O Note' -- Click on 'Note' Tab – Check the 'Label of the section' as 'Objectives Addressed by this Service'.

Navigation Path 2: Login to 'SmartCare' Application – 'Client' search – Select the Client— 'Services/Note' – Click on the 'New' icon – 'Service Note' Screen – Enter all the required fields – Select a 'Procedure' associated with 'Individual Service Note (C)' —Click on the 'Note' Tab – Check the 'Label of the section' as 'Objectives Addressed by this Service' and the comment box field is added.

Functionality 'Before' and 'After' release:

Purpose: To Change the label of the section for the service notes ('Misc G/O Note' & 'Individual Service Note (C)').

With this release, the following changes are implemented in the below 'Service Notes'.

1. Misc G/O Note.
2. Individual Service Note (C)

1. Misc G/O Note: In the 'Note' Tab, the label of the Section has been changed from "Care Plan Objectives Addressed by this Service" to "Objectives Addressed by this Service".

The Label Name "Objectives Addressed by this Service" is displayed in the 'Misc G/O' PDF below:
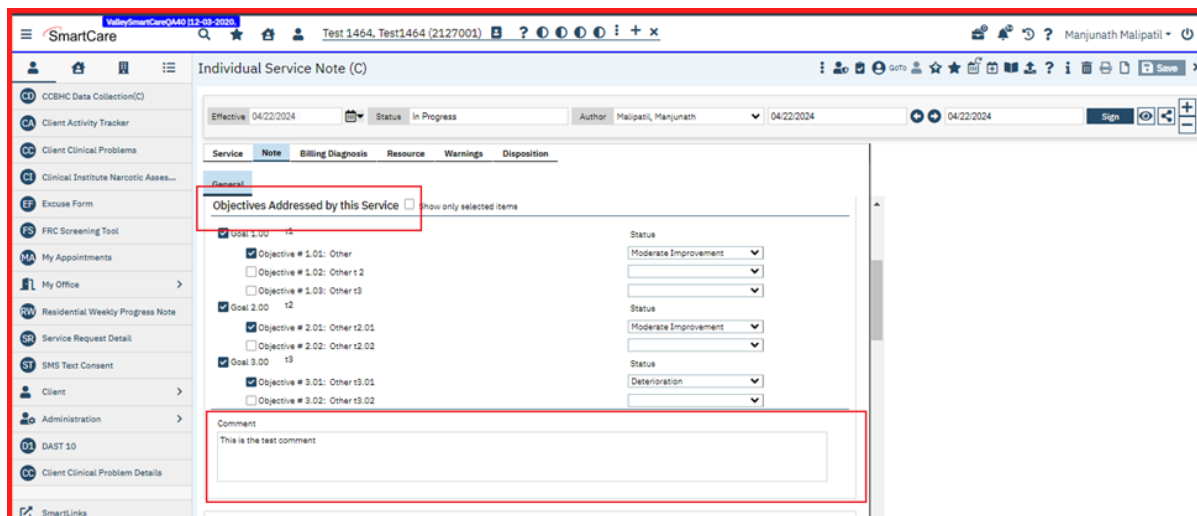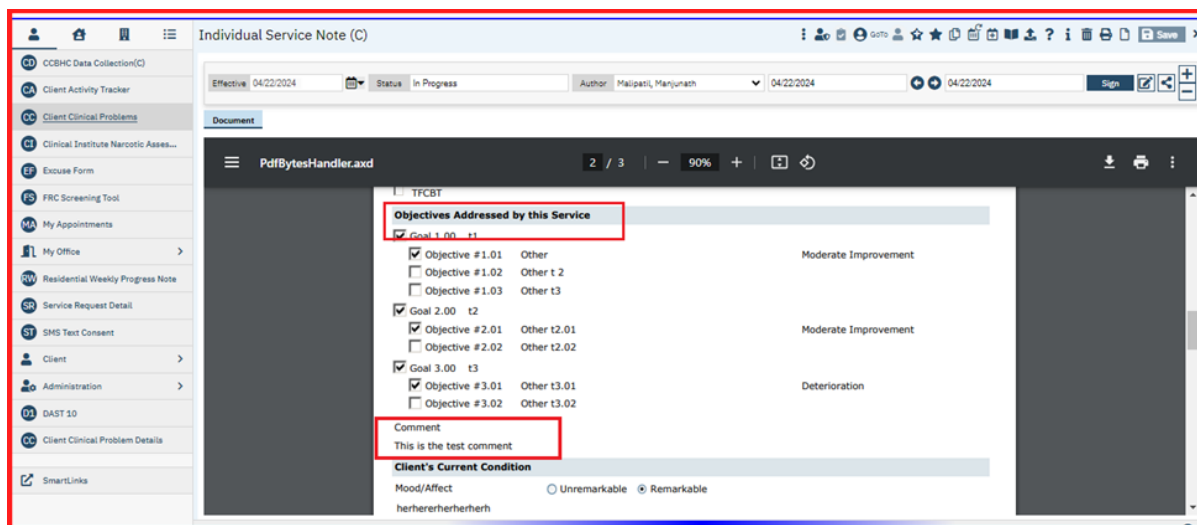
2. Individual Service Note (C) Note:

In the 'Note' Tab, the Label of the Section is changed from "ISP Objective Addressed by this Service" to "Objectives Addressed by this Service" and also added a comment text field at the end of the Section, the user can add the comment.

The Label Name "Objectives Addressed by this Service" and the comment field is displayed in the below PDF:

Data Model changes:

1. The **'GoalAndObjectiveSource'** column is added to the **'IndividualServiceNoteGoals'** table.
2. The **'Comment'** column is added to the **'DocumentIndividualServiceNoteGenerals'** table.

Author: Aishwarya Bommalkar

98. Core Bugs # 127770: Error occurred on navigating to Service Notes screen through unsaved changes.

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

Navigation Path: Client – Services screen – Click on New icon – Select Program, Location and enter all the details, don't select Procedure Code – Navigate to some other screen – Navigate back to Service Note through unsaved changes.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user tried to navigate to Service Note screen through unsaved changes, when the Procedure code was not selected, the below error message was displayed:

Error Message: "Error occurred during Custom Ajax request at Service Note Error Info"

With this release, the above mentioned issue has been fixed. Now, the error message is not displaying on navigating to Service Note screen through unsaved changes, when the Procedure code is not selected.

SmartCare Improvements

Reference No	Task No	Description
99	Core Bugs # 127741	The data in the exported files are displayed in text format in excel.
100	Core Bugs # 127742	Spelling error in an error message.
101	Core Bugs # 127523	The Modified Date column is not updating in the UnsavedChanges table.
102	Core Bugs # 127817	The Screen reader application is not able to read out the icons/images.

Author: Rakesh Naganagoda

99. Core Bugs # 127741: The data in the exported files are displayed in text format in excel.

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

Navigation Path: Client -- Navigate to any List Page -- Download the files/reports by clicking on the 'Export' icon.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user exported the files, the data was displayed in text format in excel(.xlsx) when it needed to be displayed in numerical format.

With this release, the above-mentioned issues have been resolved. Now, the exported files are displayed in both .xls and .xlsx formats and data is displayed in the proper format.

Author: Sunil Belagali

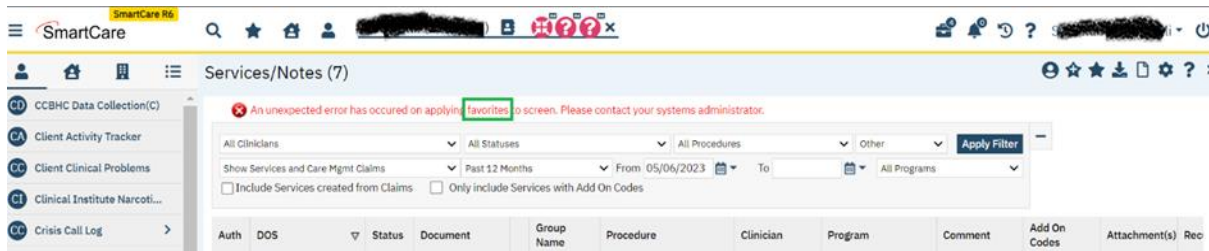### 100. Core Bugs # 127742: Spelling error in an error message.

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

Navigation Path: N/A

Functionality 'Before' and 'After' release:

Before the release, here was the behavior. The following error message was displayed while applying 'Favorites' to the Screen was having a typo/spelling issue. The word Favorites was misspelled in the error message.

Error message: "An unexpected error has occurred on applying favourites to screen. Please contact systems administrator."

With this release, the above-mentioned issue has been resolved. Now, the typo/spelling error in the error message has been fixed, and the word "Favorites" is now spelled correctly.

Author: Sunil Belagali

101. Core Bugs # 127523: The Modified Date column is not updating in the UnsavedChanges table.

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

Navigation Path: Login to the 'SmartCare' application – 'Unsaved changes'.

Functionality 'Before' and 'After' release:

Before the release, here was the behavior. When the user tried to make some changes in any screen from Unsaved Changes, the 'Modified Date' column was not updated correctly in the 'UnsavedChanges' table.

With this release, the above-mentioned issue has been resolved. Now, the 'Modified Date' column is updated correctly in the 'UnsavedChanges' table, when the user makes some changes in any screen from Unsaved Changes.

Author: Sunil Belagali

102. Core Bugs # 127817: The Screen reader application is not able to read out the icons/images.

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

Navigation Path 1: Open the Screen reader application.

Navigation Path 2: Login to SmartCare -- Navigate using Screen reader software shortcuts.

Functionality 'Before' and 'After' release:

Before the release, here was the behavior. When the user navigated throughout SmartCare, the Screen reader application was not able to read out the icons/images which didn't have specific labelling.

With this release the above-mentioned issue has been resolved. Now, when the user navigates throughout SmartCare, the Screen reader application can read images/icons which do not have specific labelling.

SmartLinks

Reference No	Task No	Description
103	Core Bugs # 127602	SmartLinks bar is at the bottom of the pane.

Author: Sunil Belagali

103. Core Bugs # 127602: SmartLinks bar is at the bottom of the pane.

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

Navigation Path: Login to SmartCare – SmartLinks.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. There was a lot of open space between the last QuickLink and the SmartLinks bar.

With this release the above-mentioned issue has been resolved. Now, there is no open space between the last QuickLink and the SmartLinks bar.

SmartView

Reference No	Task No	Description
104	Core Bugs # 127596	The newly created 'FlowSheet' widget is not displayed correctly in 'Smartview' due to an error message.

Author: Sunil Belagali

104. Core Bugs # 127596: The newly created 'FlowSheet' widget is not displayed correctly in 'Smartview' due to an error message.

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

Navigation Path 1: Login to the 'SmartCare' application – 'Administration' menu – 'Widget' – click on 'New' icon – Create a new Widget – select the 'FlowSheets' dropdown option in the 'Widget Builder Type' dropdown field.

Navigation Path 2: 'Client' search – 'SmartView' – 'Newly created widget'.

Functionality 'Before' and 'After' release:

Before the release, here was the behavior. When the user created a new Widget as 'FlowSheet' that is available in SmartView, the respective widget displayed the below error message:

Error message: "Error while loading Widget."

With this release, the above-mentioned issue has been resolved. Now, the newly created 'FlowSheet' widget is displayed correctly in 'SmartView' without any error message.

Staff Calendar

Reference No	Task No	Description
105	Core Bugs # 127667	My Calendar: Different licenses are displayed for the same staff in the different views.

Author: Aishwarya Bommaklar

105. Core Bugs # 127667: My Calendar: Different licenses are displayed for the same staff in the different views.

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

Prerequisite: Staff has multiple Licenses with Expiry Date.

Navigation Path 1: My Office – My Calendar – Select Multi Staff View – Click on Define group – Select Staffs – Enter the View Name – Click on Insert – Click on Save button – Select the View created – Click on Apply filter.

Navigation Path 2: My Office – My Calendar – Select Multi-Staff Selected – Click on Select Multiple Staff – Select same Staffs as in the above multi Staff View– Click on OK – Click on Apply Filter.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the same Staff was selected in Multi Staff View and Multi Staff selected, then the License for that staff was displayed different in different view.

With this release, the above-mentioned issue has been resolved. Now, the same license is displayed in both Multi Staff selected and Multi Staff view in the My calendar page.

TEDS Tracking List

Reference No	Task No	Description
106	Core Bugs # 127362	Teds Episode is not creating after assigning a Program .
107	Core Bugs # 127823	TEDS Tracking List Page, episodes with a priority of 2 were being created before those with a priority of 1.

Author: Dinesh Ponnuswamy

106. Core Bugs # 127362: Teds Episode is not creating after assigning a Program.

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

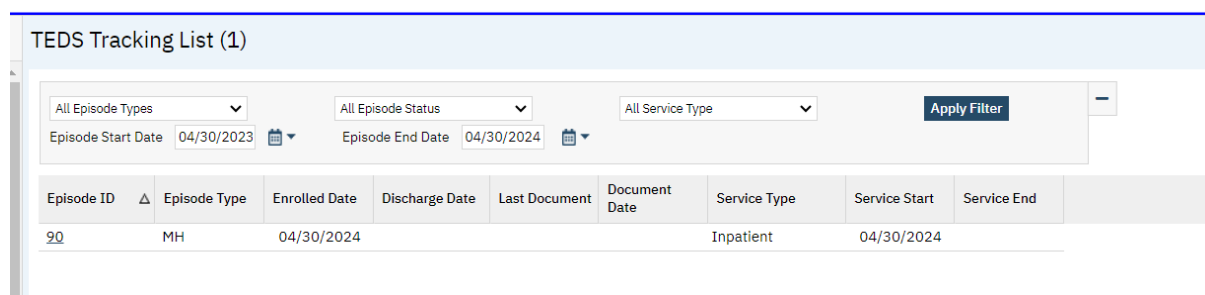**Navigation Path 1:** SmartCare Login -- TEDS Setup List.

Navigation Path 2: SmartCare Login -- Program Assignments (Client).

Navigation Path 3: SmartCare Login -- TEDS Tracking List.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. After assigning the program to a client, the TEDS episodes were not created and were not displayed on the TEDS Tracking List page.

With this release, the logic within TEDS Episodes has been modified. Now, after assigning the program, the TEDS episodes are successfully created and displayed on the TEDS Tracking List page.

Author: Dinesh Ponnuswamy

107. Core Bugs # 127823: TEDS Tracking List Page, episodes with a priority of 2 were being created before those with a priority of 1.

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

Pre-requisite: Set the priority for Episode type in TEDS Setup List page through the **Path:**

Go Search – TEDS Setup List.

Navigation Path: Go Search – TEDS Tracking List.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the TEDS Tracking List Page, the episodes with a priority of 2 were created before those with a priority of 1.

With this release, the above mentioned issue has been resolved. Now, the logic is updated so that the episodes with a priority of 1 are now created and displayed first on the TEDS Tracking List Page. Post this, the episodes with a priority of 2 are created.

Treatment Team

Reference No	Task No	Description
108	Core Bugs # 127855	Treatment Team (Client): Treatment Team Member" column was displayed blank.

Author: Sunil Belagali

108. Core Bugs # 127855: Treatment Team (Client): Treatment Team Member" column was displayed blank.

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

Navigation Path: Go search - Treatment Team (Client).

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Treatment Team (Client)' screen, the "Treatment Team Member" column was displayed blank for the deleted Treatment team member.

With this release the above-mentioned issue has been resolved. Now, the record delete condition is added to avoid Deleted Staff/Client Contacts records and deleted Treatment Team members- being displayed under Treatment Teams.

Widgets

Reference No	Task No	Description
109	Core Bugs # 127535	Voided Medications are displayed on the 'Medications' widget of the 'Client Dashboard'.

Author: Manjunath Malipatil

109. Core Bugs # 127535: Voided Medications are displayed on the 'Medications' widget of the 'Client Dashboard'.

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

Prerequisite: Queued Orders are created for the Client by following the **Path:**

Login to 'Rx' Application – 'Start page' – Click on 'Patient' Search – Search for the 'Patient' and select the 'Patient' – 'Patient Summary' Screen – Click on the 'New Order' button – select a 'Medication' – enter all the details – click on the 'Insert' button – Click on 'Queued Order' Button.

Navigation Path 1: Login to 'Rx' Application – 'Start Page' – click on the 'Queued Order' button – 'Order Approval' Screen – Select a medication order which needs to be voided – Click on the 'Void' button – In 'Confirmation Message' Popup – Click on the 'Yes' button.

Navigation Path 2: Login to the 'SmartCare' Application – Select a Client whose Queued Order was voided— 'Client Dashboard (Client)' – 'Medications' widget—Check that Voided Medication is listed in the widget or not.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Rx' Application, when the user Voided the 'Medication Order' in the 'Order Approval' screen, those medications were displayed in the 'Medications' Widget of 'Client Dashboard'.

With this release, the above-mentioned issue has been resolved. Now, the Voided medications are not displayed in the 'Medications' Widget of 'Client Dashboard'.

Glossary of System Configuration Keys, Global Codes, Recodes, Data Model Changes.

System Configuration Keys

3. 'SetOrgModeToNotifyClientAboutAppointment'

27. 'ApplyStaffAccessRule'

31. 'DisplayCDAGSectionInStaffDetails'

31. 'EnableClinicalDataAccessGrouping'

32. 'TurnOnCareCoordinationWorkflow'

33. 'AutoSaveTimeDuration'

48. 'DisplayCDAGSectionInStaffDetails'

48. 'EnableClinicalDataAccessGrouping'

64. 'EnableClinicalDataAccessGrouping'

Global Codes

Recodes

Data Model Changes: