

**RELEASE NOTES: 10/21/2024****Monthly Service Pack – SC.CORE.6.0\_1.26.000.2409.014****Executive Summary:**

1. A New configuration key is implemented to specify the URL for the Client Portal Password Reset. This will help the customers to specify a particular hostname for the first part of the change password URL. **(EII # 128547)**
2. The 'Hospice Care' and 'Palliative Care' Client Flags are added that will be used in the logic of UDS Table 6B and Table 7. **(EII# 127786)**
3. A Flag is Created when the Guardian didn't cosign the document. This is to make sure that guardian signatures are collected for the clients who are minors for the documents. **(EII # 126758)**
4. Added Race, Ethnicity and Primary Physician to Client Hover Over box, to help Clinicians to complete service notes faster. **(EII #128050)**
5. Implemented a System Configuration key for applying staff access rules to the Co-Signer dropdown. **(EII #128419)**
6. A "Legal Guardian" is added in Client Information (C) screen, to ensure the guardian signatures are obtained for the clients who are minors, for the documents - 'Release of Information' and 'Consent'. **(EII #126697)**
7. The Changes are implemented in the Client Account (Client) and Client Accounts (My office) screens. This will ensure the user to have the direct access/visibility to Internal Collections from Client Account (Client) screen. This will also allow the users to filter the records based on Internal Collection mapping and generate statements for such records. **(EII #128168)**
8. After discontinuing the medication, updated text in instruction and comment textbox will be displayed in PDF as well as in Client Order List page (Comments icon – Order Comments pop up ). **(EII #127466)**
9. The code and back end optimization is done for the claims processing of 500k charges, to improve the performance while creating a claim file. **(EII #127870 & EII # 127873)**
10. A new configuration key 'ValidateProcedureCodeOnBillingCodeModifiers' is implemented to remove the overlapping validations on MCO Billing Code/Billing Code Modifiers tab when inserting and saving a record, that checks to see if the procedure code selected has been used on any another Billing Code. **(EII #128629)**
11. The changes are done in the 'Services Details' screen, to set the Total Duration as an override to the existing logic of sending the claim units, through a new configuration key 'ShowUnitsOnBillingCodeModifiers'. **(EII #128567)**
12. Added Q1H and Q2H as Frequencies and updated the Client Order and MAR Dispense Time popups to display the number of boxes that are needed and to update the Client MAR and Group MAR to match accurate Dispense Time – to the minute. **(EII #127072)**

13. Communication and Language Preferences for each Client Contact is an important information that will be useful for any further communication with the Contact. With this in mind, New changes are added to the Contacts tab of the Client information(c) screen. **(EII #128636)**
14. A new configuration key has been implemented to display data based on the Program selection in 'Procedure', 'Location' fields of Inpatient Activity section in Bedboard screen. **(EII #127333)**
15. The 'Remove Selected Charges From Batch' process is updated to handle the charge and charge history correctly. **(EII #128477)**

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**Abbreviation:** **EII - Engineering Improvement Initiatives**

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## TASKS SUMMARY – 'CHANGE' RELATED (46)

5	EII # 128686	Authorizations: Authorization Code Dropdown in Client Authorization Screen.	Authorizations
7	EII # 128450	Modify the 'Clinician' and 'Physician' dropdowns to Typeable Search textbox in the 'Census Management' screen.	Bedboard
10	EII # 128629	To remove validation preventing Billing Procedures from being linked to multiple MCO Billing Codes	Billing Codes
16	EII # 127871	A different logic is implemented for the charges.	Charge details
27	EII # 127870	Backend -Performance improvement to process 500k charges.	Charges/Claims
28	EII # 127873	Front End-Performance improvement to process 500k charges	Charges/Claims
29	EII # 127411	The changes are implemented to send the Place of service in the Claims.	Charges/Claims
30	EII # 125944	Implementation of Disruption logic to the placement services.	Charges/Claims
31	EII # 128477	Updated the 'Remove Selected Charges From Batch' process to handle the charge and charge history correctly	Charges/Claims
32	EII # 128457	To implement custom hook to upload batch claim and to save the sub account value in claim entry screen	Claims
36	EII # 128567	Changes in the 'Services Details' to set the Total Duration as an override to the existing logic of sending the claim units.	Claim to Service
39	EII # 128168	Changes are implemented in the Client Account (Client) and Client Accounts (My office) screens.	Client Account
41	EII # 127088	Problem List modifications disappearing on Groups and Service Notes	Client Clinical Problems
43	EII # 127786	Added 'Hospice Care' and 'Palliative Care' flags including recode categories.	Client Flags
46	EII # 128289	Changes are implemented in 'Upcoming Birthdays' report.	Client Information
47	EII # 126697	Add "Legal Guardian" in Client Information (C) - Client Information Changes	Client Information(C)
48	EII # 128050	Added additional Demographics information on Client Hover box.	Client Information(C)
52	EII # 128636	New changes are added to the Contacts tab of the Client information(c) screen.	Client Information(C)
55	EII # 127466	Client Orders: Discontinue medication, losing the text or updated text in "comments" and instruction text	Client Orders
58	EII # 127072	Add Q1H and Q2H as Frequencies, update Client Order and MAR Dispense Time popups to display the number of boxes that are needed and update the Client MAR and Group MAR to match accurate Dispense Time – to the minute.	Client Orders
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63	EII # 126309	My Caseload: Displaying Clients in Client Search dropdown based on 'Assigned Staff'.	Client Search dropdown
64	EII # 128758	Implementation of the logic for the existing Configuration Key CLIENTSTATEMENTBALANCEDUEONDDAYS as Core.	Client Statement

72	EII # 128449	Changes implemented in Initialization Editor page.	Clinical Documentation
77	EII # 128534	To implement 'Download PDSRF' button under Compliance Batch Details Page for Batch type 274 SUD	Compliance Batch List Page
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84	EII #128644	Standardization of Adverse Childhood Experience document to make compatible with Core Assessment	Core Assessment
85	EII #128671	Expanding the number of tabs in Core Assessment to exceed 18.	Core Assessment
86	EII #128032	Initializations between Core Assessment to Core Assessment	Core Assessment
87	EII #128464	Standardization of DLA 20 Youth document to make compatible with Core Assessment	Core Assessment
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89	EII #128466	Standardization of ASAM document to make compatible with Core Assessment	Core Assessment
90	EII #128498	Implementation of the 'Quality of Life (QoL)' Document as a Tab into Assessment (Core) document.	Core Assessment
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94	EII #128463	Standardization of DLA-20 Adult document to make compatible with Core Assessment	Core Assessment

95	EII #128721	Modification of Tab Trigger List and DFA tables update based on Form collections	Core Assessment
96	EII #128565	Add Population and Classification to the Documents name in List page	Core Assessment
98	EII #124727	Pull BMI Percentile to CQM Report from Flow Sheet.	CQM
101	EII # 128206	The Grid Control functionality is implemented in generating PDF for DFA documents.	DFA

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8	EII # 127333	A new configuration key has been implemented to Bedboard - Inpatient Activity - Procedure, Location fields to display data based on the Program selected.	Bedboard
45	EII # 128452	To Implement Flags for 10% NOMs reporting.	Client Flags
42	EII # 126758	Flag Creation - Guardian didn't cosign the document	Client Flags
102	EII # 125231	Implementation to add Grid Control Functionality in Document Screen	DFA

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1	Core Bugs # 129349	Compliance Batch Details: Issue in 274 File Summary report display	274 File Summary report
2	Core Bugs # 129216	Clients with Diagnoses are shown in the "Active Clients Without Diagnosis" Report.	Active Clients Without Diagnosis Report
3	Core Bugs # 128947	Appointment Search: When a user clicked on the Unable to Offer a Timely App hyperlink, the information pop up was displayed even though the client had a client inquiry.	Appointment Search
4	Core Bugs # 129065	The Authorization List page is displaying the wrong dates when the user tries to save data without entering the 'Start Date' and/or End Date under the 'Authorization Details' page.	Authorizations
6	Core Bugs # 128892	Individualized Service Plan: the care plan objectives, attached interventions, and the associated notes values are not initialized from the first version of the document	Batch Signature
9	Core Bugs # 128991	Residents Showing Up Multiple Times in Bed Attendance	Bed Census
11	Core Bugs # 128714	Finding issues when attempting to map out the Client Information Screen to a Disposition	Care Coordination
12	Core Bugs # 128783	Inquiry Details: While selecting the Disposition from the 'select Disposition' dropdown, the Program & 'Program Status Date' fields are disabled	Care Coordination

13	Core Bugs # 128843	Getting red error on click of any tab in the Client Information screen when navigating from Disposition.	Care Coordination
14	Core Bugs # 129200	Release case rate fixes for current release levels.	Case Rate
15	Core Bugs # 129357	USCDI GetDocumentation Of XMLString Signing Suffix Length Correction	CCD
17	Core Bugs # 128347	837 Institutional SV202-7 should be the RevenueCodeDescription for the charge.	Charges/Claims
18	Core Bugs #128359	FacilityType override was not considering claim format configuration screen as a highest priority.	Charges/Claims
19	Core Bugs # 128701	The amount in the CAS segment for other insured plans was displayed incorrectly in the 837 Professional claims.	Charges/Claims
20	Core Bugs # 128751	Charges/Claims: The red error was observed on processing 837 Professional claims.	Charges/Claims
21	Core Bugs # 128768	Remove excluding Transfer ARLedgers from OtherInsuredAdjustments in Institutional	Charges/Claims
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23	Core Bugs # 128862	To modify SSPs to view and only include ClaimLineItems where the ClaimBatch is billed and not deleted.	Charges/Claims
24	Core Bugs # 128988	Charges/Claims: The claims adjudication date is displaying the date of service instead of paid date.	Charges/Claims
25	Core Bugs # 129016	Charges/Claims: The Zip Code errors were found in the 837 Professional claims.	Charges/Claims
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49	Core Bugs # 128909	Client Information (C): An Validation message is displaying even after entering a correct email ID in the "E-Mail" field on the "General" tab.	Client Information(C)
50	Core Bugs # 129040	Client Information: Inactive contact is shown as Active contact in the List of Contacts.	Client Information(C)
51	Core Bugs # 129060	Client Information (C): Validations are displayed when No or Unknown option is selected in the 'Educational Needs' section of 'Foster Care' tab.	Client Information(C)
53	Core Bugs # 128543	Add index for Status column in ClientInpatientVisits table	Client Inpatient Visits



54	Core Bugs # 129448	Inquiries initializing with incorrect client addresses	Client Inquire screen
56	Core Bugs # 128722	Client Orders: Validation displays even after Acknowledging the Client Medication Interactions	Client Orders
57	Core Bugs # 129127	Pending Lab Specimen Collection widget shows orders that are in discontinued and completed status.	Client Orders
60	Core Bugs # 128916	Records are not displayed completely in the 'Documents To Do' widget.	Client Portal
61	Core Bugs # 129069	Patient Portal Login page Logo issue.	Client Portal
62	Core Bugs # 129309	The 'Reset Password Link' in the PDF redirected to the 'Change Password' screen with incorrect user details.	Client Portal
65	Core Bugs # 128775	Treatment Team Detail, Referral Document and Registration Document: Modify the logic to display 'programid' and 'referralProgram id' respective of the 'ClientProgramId'.	Clinical Data Access Groups (CDAG)
66	Core Bugs # 128778	Disclosure/Requests, Life Event: Modify the logic to display 'programid' respective of the 'ClientProgramId'.	Clinical Data Access Groups (CDAG)
67	Core Bugs # 128791	'ProgramId' value is not stored in the 'ClientHealthDataAttributes' table when creating the Flow Sheet.	Clinical Data Access Groups (CDAG)
68	Core Bugs # 128822	The 'ProgramId' value is not stored in the 'Grievances' or 'Appeals' tables when 'Grievances'/'Appeals' are created respectively.	Clinical Data Access Groups (CDAG)
69	Core Bugs # 128867	'ProgramId' is not stored in the 'ClientNotes' table when a flag is created Manually via Tracking Protocol	Clinical Data Access Groups (CDAG)
70	Core Bugs # 129111	'ProgramId' value is not stored in the 'ImageRecords' table when creating 'Scanned Medical Records'.	Clinical Data Access Groups (CDAG)
71	Core Bugs # 129003	More ProgramId and ClientProgramId issues.	Clinical Data Access Groups (CDAG)
73	Core Bugs # 128861	CM Authorizations Details: The 'Copy to Approved' and 'Modify' buttons are disabled on initial attempts to enter a 'CM Authorization' in the 'Requested Status' Summary: Diagnosis document's ICD codes is not updating.	CM Authorizations
74	Core Bugs # 129106	The 'Authorization Details' screen is kept on loading when clicking the Auth 'Id'.	CM Authorizations
75	Core Bugs # 129108	CM Authorization Billing Code lists do not get refreshed when changing Provider/Site selection for existing authorizations.	CM Authorizations
76	Core Bugs # 129423	CM Authorization Details performance issue.	CM Authorization Details
97	Core Bugs # 129310	The data is not displaying under the 'Notification Provided To' dropdown in 'Core Incident Report' due to the 'Add/Modify Subcodes' button being disabled...	Core Incident Report
99	Core Bugs # 129187	PHQ9 widget is not showing total score.	Dashboard
100	Core Bugs # 129031	The Score field value is not displayed in the signed DFA document PDF when an Integer is '0'.	DFA
103	Core Bugs # 128798	The filter fields did not display correctly when minimized due to the fixed height under 'ERProcessing Template Rules' DFA list page	DFA

## Functionality-wise Task Details:

### 274 File Summary report

Reference No	Task No	Description
1	Core Bugs # 129349	Compliance Batch Details: Issue in 274 File Summary report display.

**Author:** Santhosh Krishnegowda

#### 1. Core Bugs # 129349: Compliance Batch Details: Issue in 274 File Summary report display.

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

**Navigation Path:** 'My Office' - 'Compliance Batch List Page' - 'Batch type- 274' - 'Batch ID hyperlink' - 'Compliance Batch Details' - 'Download Batch Summary'.

#### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The 274 File Summary report display size was small (report was displayed in small window and user was unable to expand to full page) and user was not able to see data completely.

With this release, the above-mentioned issue has been resolved. Now, the 274 File Summary report display size (report window size) is increased and the users are able to see data completely.

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### Active Clients Without Diagnosis Report

Reference No	Task No	Description
2	Core Bugs # 129216	Clients with Diagnoses are shown in the "Active Clients Without Diagnosis" Report.

**Author:** Sachin Ranganathappa

#### 2. Core Bugs # 129216: Clients with Diagnoses are shown in the "Active Clients Without Diagnosis" Report.

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

**Navigation Path:** Login to the 'SmartCare' application – 'My Office' – Search with 'Active Clients Without Diagnosis' -- Select in 'As Of' Date field – click on 'View Report'.

#### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The "Active Clients Without Diagnosis" report showed client details even though the client had signed the 'Diagnosis' document.

With this release, the above-mentioned issue has been resolved. Now, the "Active Clients Without Diagnosis" report displays only active clients if they do not have a signed 'Diagnosis' Document.

## Appointment Search

Reference No	Task No	Description
3	Core Bugs # 128947	Appointment Search: When a user clicked on the Unable to Offer a Timely App hyperlink, the information pop up was displayed even though the client had a client inquiry.

**Author:** Niroop Hassan

**3. Core Bugs # 128947: Appointment Search: When a user clicked on the Unable to Offer a Timely App hyperlink, the information pop up was displayed even though the client had a client inquiry.**

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

**Prerequisite:** Select a client having no 'Client Inquiries'.

**Navigation Path:** 'My Office' - 'Appointment Search' - 'Appointment Search' list page - Click on 'Unable To Offer a Timely Appt.' hyperlink.

### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user clicked on the "Unable To Offer a Timely Appt." hyperlink, it opened a popup with a message that says 'Inquiry not found for client 'Client Name(last name, first name)' even though the client had 'Client Inquiries'.

With this release, the above-mentioned issue has been resolved. Now when the user clicked on 'Unable To Offer a Timely Appt.' hyperlink, the 'Information' popup displays properly when the client has Inquiry and displays the below information if there is no inquiry for the client.

**Information:** 'Inquiry not found for client 'Client Name(last name, first name)'.

## Authorizations

Reference No	Task No	Description
4	Core Bugs # 129065	The Authorization List page is displaying the wrong dates when the user tries to save data without entering the 'Start Date' and/or End Date under the 'Authorization Details' page.
5	EII # 128686	Authorizations: Authorization Code Dropdown in Client Authorization Screen.

**Author:** Smurthi Srikanth

**4. Core Bugs # 129065: The Authorization List page is displaying the wrong dates when the user tries to save data without entering the 'Start Date' and/or End Date under the 'Authorization Details' page.**

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

**Navigation Path:** 'Client' search – Search for any Client – 'Authorization' – Click on the 'New' icon.

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

Before this release, here was the behavior. The wrong dates were displayed in the 'Authorizations List' page because the user was able to save the data without entering the 'Start Date' and/or End Date in the 'Requests' section of the 'Authorization Requests' tab under the 'Authorization Details' page.

With this Release, the above-mentioned issues have been fixed. Now, a below validation message will be displayed when the user tries to save data without entering 'Start Date' and/or 'End Date' in the 'Requests' section of the 'Authorization Requests' tab under the 'Authorization Details' page.

**Validation Message:** "Please enter all required fields".

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**Author:** Shivakanth Moger

**5. EII # 128686: Authorizations: Authorization Code Dropdown in Client Authorization Screen.**

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

**Navigation Path 1:** Search 'Authorizations (My Office)' – 'Authorizations' list page.

**Navigation Path 2:** Client search – Select any 'Client' – Search 'Authorizations (Client)' – 'Authorizations' list page.

**Navigation Path 3:** Client search – Select any 'Client' – Search 'Authorizations (Client)' – 'Client Authorizations' list page – 'New' – 'Authorization Details' screen.

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

**Purpose:** To Limit the Auth Code dropdown in the Client Authorization Details screen to only display External Authorization Codes, so that it only lists Authorization Codes that are billable.

Before this release, here was the behavior. In Client Authorization Details, the Auth Code dropdown menu displayed all the active Auth codes (both External and Internal).

With this release, a new system configuration key "DisplayOnlyExternalAuthCodesInClientAuthorization" has been introduced to determine whether the dropdown displays all the Authorization Codes or only the ones that are marked as "External" in the Authorization Code details screen.

## System Configuration key Details:

**System Config Key:** DisplayOnlyExternalAuthCodesInClientAuthorization

**Read Key as:** Display Only External Authorization Codes in Client Authorization.

**Allowed Values:** Yes, No

**Default Value:** No

**Modules:** SCM Admin 1/Authorization

### Description:

This is a change to the core product by introducing a system configuration key.

The value of this key is used to determine whether the dropdown displays all the Authorization Codes or only the ones that are marked as "External" in the Authorization Code details screen.

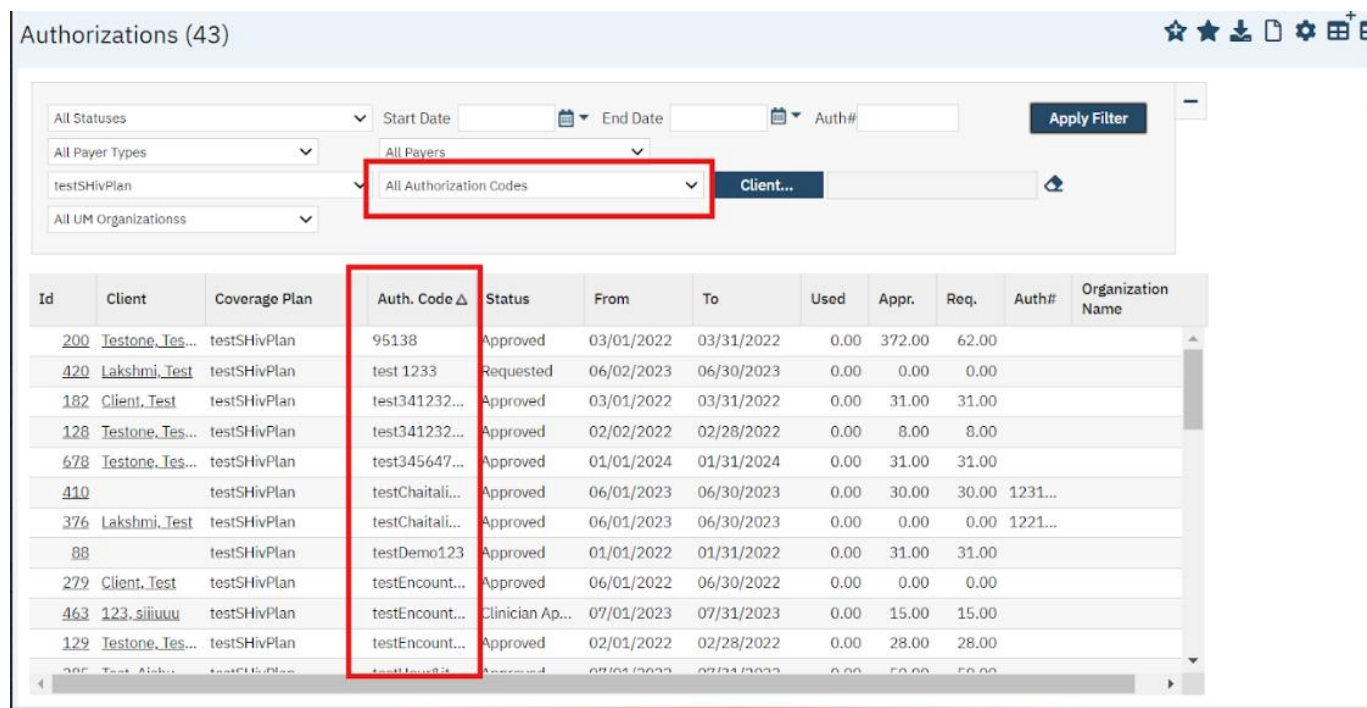
A) If the key-value is set to "No", "Auth codes" dropdown will display all Authorization Codes available in the system. This will be the default value of the key as it drives the existing behavior.

B) If the key-value is set to "Yes", "Auth codes" dropdown will display only the Authorization Codes that are marked as "External" (on their respective Authorization Code details screen).

**Note: If the value of the key is updated with any value apart from the allowed values, the system will consider the default behavior, i.e. same as the key value being "No".**

When the configuration key "DisplayOnlyExternalAuthCodesInClientAuthorization" is enabled (**Set to "Yes"**), the below-mentioned changes have been done in the Authorizations list page, Client Authorizations list page and Authorization Details screens:

1. In the Authorizations list page, the 'All Authorization Codes' drop-down will display only the external and both (Internal and External) checked in the Authorization Code Details screen.



The screenshot shows the 'Authorizations (43)' page. At the top, there are filters for 'All Statuses', 'Start Date', 'End Date', 'Auth#', 'All Payer Types', 'All Payers', 'testSHivPlan', and 'All UM Organizationss'. A dropdown menu is open for 'All Authorization Codes', showing a list of authorization codes. Below the filters is a table with columns: Id, Client, Coverage Plan, Auth. Code, Status, From, To, Used, Appr., Req., Auth#, and Organization Name. The table contains 13 rows of data, with the 'Auth. Code' column highlighted by a red box.

Id	Client	Coverage Plan	Auth. Code	Status	From	To	Used	Appr.	Req.	Auth#	Organization Name
200	Testone, Tes...	testSHivPlan	95138	Approved	03/01/2022	03/31/2022	0.00	372.00	62.00		
420	Lakshmi, Test	testSHivPlan	test 1233	Requested	06/02/2023	06/30/2023	0.00	0.00	0.00		
182	Client, Test	testSHivPlan	test341232...	Approved	03/01/2022	03/31/2022	0.00	31.00	31.00		
128	Testone, Tes...	testSHivPlan	test341232...	Approved	02/02/2022	02/28/2022	0.00	8.00	8.00		
678	Testone, Tes...	testSHivPlan	test345647...	Approved	01/01/2024	01/31/2024	0.00	31.00	31.00		
410		testSHivPlan	testChaitali...	Approved	06/01/2023	06/30/2023	0.00	30.00	30.00	1231...	
376	Lakshmi, Test	testSHivPlan	testChaitali...	Approved	06/01/2023	06/30/2023	0.00	0.00	0.00	1221...	
88		testSHivPlan	testDemo123	Approved	01/01/2022	01/31/2022	0.00	31.00	31.00		
279	Client, Test	testSHivPlan	testEncount...	Approved	06/01/2022	06/30/2022	0.00	0.00	0.00		
463	123, siliuuu	testSHivPlan	testEncount...	Clinician Ap...	07/01/2023	07/31/2023	0.00	15.00	15.00		
129	Testone, Tes...	testSHivPlan	testEncount...	Approved	02/01/2022	02/28/2022	0.00	28.00	28.00		

2. In the Client Authorizations list page, the 'All Authorization Codes' drop-down will display only the external and both (Internal and External) checked auth codes.

Client Authorizations (44)

ID	Provider	Coverage Plan	Auth. Code	Auth#	Status	Units	\$	Units Used	\$ Used	From	To	Clinician	Document Name	UM Organization
751	GoldQA	testShivPlan	11111 External	21312...	Approved	30	30	0	0	09/01/20...	09/30/20...			
751	GoldQA	testShivPlan	333333 both	12321...	Approved	30	60	0	0	09/01/20...	09/30/20...			
740	GoldQA	shiv2 covera...	testShiv Ext...	121212	Approved	30	30	0	0	09/01/20...	09/30/20...			
740	GoldQA	shiv2 covera...	testShiv Ext...	21312...	Approved	50	0	0	0	09/01/20...	09/25/20...			
740	GoldQA	shiv2 covera...	testShiv Ext...	21321...	Approved	0	78	0	0	09/01/20...	09/26/20...			
735	GoldQA	testShivPlan	testShiv234...		Approved	10	5	0	0	09/07/20...	09/11/20...			
734	GoldQA	testShivPlan	smruthi		Approved	10	1	0	0	09/01/20...	09/30/20...			
719	GoldQA	testShivPlan	testShivAuth...	212121	Approved	31	0	10	0	08/01/20...	08/31/20...			
677	GoldQA	ABC	123456789...	324432	Approved	1	0	0	0	07/01/20...	07/31/20...	Nagaraj, R...		
677	GoldQA	ABC	AK_Test2	23324...	Approved	1	1	0	0	07/01/20...	07/31/20...	Kiran, Tige...		
620	GoldQA	AUTOM2019...	AK_Test2	13213...	Approved	0	0	0	0	06/27/20...	01/01/19...	Nagaraj, R...		
620	GoldQA	AUTOM2019...	AK_Test2	213213	Approved	17	0	0	0	07/01/20...	07/17/20...	Kamavara...		
618	GoldQA	testShivPlan	testShivAuth...	view	Approved	31	31	0	0	07/01/20...	07/31/20...	Test, Test...		

3. In the 'Authorization Details' screen, the Requested and Approved section's Auth Code drop-down will display only the external and both (Internal and External) checked auth codes.

Authorization Details

**Requested**

Program: CDAGProgram1  
Auth Code: 11111 External  
Units: 1 (1 Unit = 1 Encounter)  
\$ : 1  
From: 09/01/2024 To: 09/30/2024  
Frequency: Daily  
Units Total: 30 All Clinicians  
\$ Total: 30

**Approved**

Program: CDAGProgram1  
Auth Code: 11111 External  
Units: 1 (1 Unit = 1 Encounter)  
\$ : 1  
From: 09/01/2024 To: 09/30/2024  
Frequency: Daily  
Units Total: 30 All Clinicians  
\$ Total: 30  
Auth #: 213123312

**Status**  
Status: Approved  
  
Comments:

**Used**

# Used	Scheduled/Show	Completed	Total
0	0	0	0
0	0	0	0

**Authorization**

Auth Code	Program	#	\$	# Used	\$ Used	From	To	Frequency	Total #	Total \$	Status	Clin
11111 External	CDAGProgram1	1	1	0.00	0.00	09/01/2024	09/30/2024	Daily	30	30	Approved	All C
333333 both	testShivAdvance	1	2	0.00	0.00	09/01/2024	09/30/2024	Daily	30	60	Approved	All C

## Batch Signature

Reference No	Task No	Description
6	Core Bugs # 128892	Individualized Service Plan: the care plan objectives, attached interventions, and the associated notes values are not initialized from the first version of the document

**Author:** Suganya Sivakumar

**6. Core Bugs # 128892: Individualized Service Plan: the care plan objectives, attached interventions, and the associated notes values are not initialized from the first version of the document.**

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

**Navigation Path 1:** Perform Client Search --- Select Client --- 'Client' --- Select Individualized Service Plan document --- Enter all the required details --- Click on Save icon --- Click on Sign button --- Add Co-Signer.

**Navigation Path 2:** Login as a Co-Signer --- Navigate to Batch Signature --- My Office --- Batch Signature List Page --- In Document List section --- Select to be Reviewed --- Click on Apply Filter --- Click on the specific document to be reviewed --- The PDF displays --- Click on the Decline button --- Decline to Sign popup displays --- Select the Reason in the dropdown --- Click on OK button.

**Navigation Path 3:** Login as an Author --- Navigate to the Individualized Service Plan document --- 1<sup>st</sup> version PDF document --- 2<sup>nd</sup> version In - progress document.

### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Individualized Service Plan document, the Reviewer declined the document from the Batch Signature. Then in the "In Progress" version of the document, the care plan objectives, attached interventions, and the associated notes values were not initialized from the first version of the document.

With this release, the above-mentioned issue has been resolved. Now, in the Individualized Service Plan document when the Reviewer declines the document from the Batch Signature, then in the "In Progress" version of the document, the care plan objectives, attached interventions, and the associated notes values are initialized from the first version of the document.



## Bed board

Reference No	Task No	Description
7	EII # 128450	Modify the 'Clinician' and 'Physician' dropdowns to Typeable Search textbox in the 'Census Management' screen.
8	EII # 127333	A new configuration key has been implemented to Bedboard - Inpatient Activity - Procedure, Location fields to display data based on the Program selected.

**Author:** Aishwarya Bommaklar

### 7. EII # 128450: Modify the 'Clinician' and 'Physician' dropdowns to Typeable Search textbox in the 'Census Management' screen.

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

#### Prerequisites:

The Existing System Configuration Key 'DisplayStaffAsTypeableSearchTextBox' is used to change the dropdown fields as typeable search textbox.

A) When the key-value is set to "Yes", then staff drop-downs will display as typeable search text boxes instead of a drop-down.

B) When the key-value is set to "No", then the staff drop down will be displayed as a drop-down. This will be the **default value of the key, as it drives the existing behavior**.

**Note:** If by chance the value of the key is updated with any value apart from the allowed values, the system will consider the **default behavior**, i.e., the same as the key value is "No".

**Navigation Path 1:** 'My Office' – 'Bedboard' screen – Click on 'Status' hyperlink – Select any status and navigate to 'Census Management' screen.

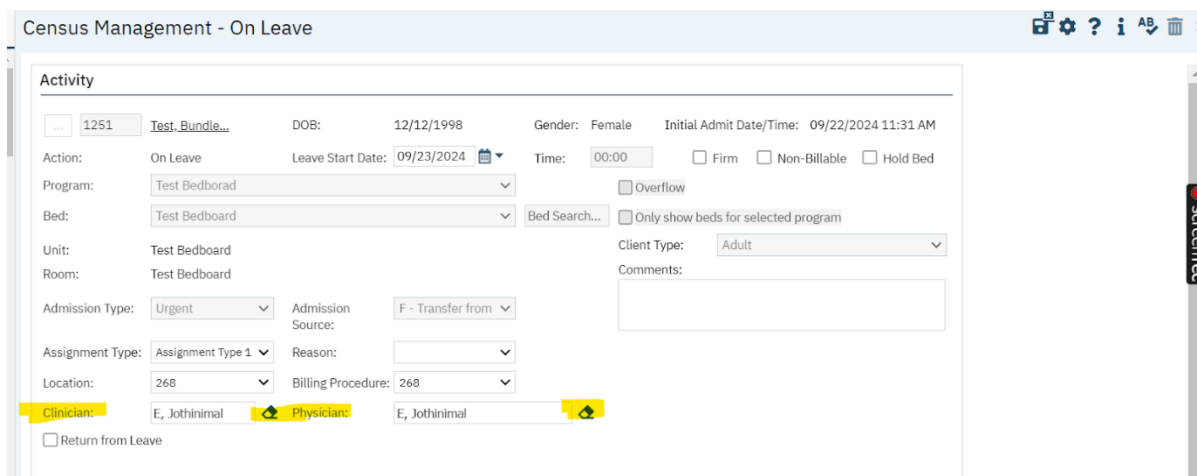
**Navigation Path 2:** 'Administration' – 'Configuration Keys' list page – 'Configuration Key Details' screen.

**Navigation Path 3:** 'Administration' – 'Staff/Users' list page – 'Staff Details' – 'Roles/ Permissions' – 'Permission' section – Select the Permission Type as 'StaffAccessRules' – click the 'Apply Filter' button.

#### Functionality 'Before' and 'After' release:

**Purpose:** The 'Clinician' and 'Physician' dropdowns are changed to a 'Typeable search box' for the 'Census Management' screen based on the system configuration key setting. This will improve the system performance when there are large number of records.

With this release, the 'Clinician' and 'Physician' dropdown fields are changed to the 'Typeable Search textbox' in the 'Census Management' screen (as shown below), when the System Configuration Key 'DisplayStaffAsTypeableSearchTextBox' is set to 'Yes'.



When the user searches with any 'Clinician' name and 'Physician' name under the 'Clinician' and 'Physician' 'Typeable search textbox' field, a typeable search textbox displays the list of 'Clinician' and 'Physicians' names in the 'Census Management' screen based on permission type set, as mentioned below:

#### Permission Type: StaffAccessRules

##### Permission Item:

- AllStaff
- LimitedStaff

- a) If the logged in staff has "LimitedStaff" Access Rule, then the typeable search text box displays the staff who is associated with any of the Program that the logged in staff is also associated with.
- b) If the logged in staff has "AllStaff" Access Rule, then the SmartCare will display all the staff in the typeable search textbox.
- c) If the logged in staff has both "LimitedStaff" and "AllStaff" Access Rule, then "AllStaff" takes Precedence.

**Author:** Aishwarya Bommaklar

#### 8. EII # 127333: A new configuration key has been implemented to Bedboard - Inpatient Activity - Procedure, Location fields to display data based on the Program selected.

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

**Navigation Path 1:** Administration – Configuration Keys – Search for 'BedBoardLimitDisplayOfProcAndLocBasedOnProgram' – Click on Key hyperlink.

**Navigation Path 2:** My Office – Bedboard – Select Open Bed – Select Admit option – Census Management screen.

**Navigation Path 3:** My Office – Bedboard – Select the bed which is Occupied – Click on the Status hyperlink – Client Inpatient Visits details screen.

#### Functionality 'Before' and 'After' release:

##### Purpose:

1.This change will ensure that only the correct/intended billing procedures and locations associated to the chosen program are visible and/or accessible. Also, this will reduce the risk of selecting inappropriate values and make sure that accurate values are mapped on the Bed Service records that are created.

2.This enhances the accuracy in billing by optimizing workflow efficiency and improves overall Services.

Before this release, The Procedure and Location fields on Inpatient Activity Details screen were displaying all the active values.

With this release, a new configuration key 'BedBoardLimitDisplayOfProcAndLocBasedOnProgram' has been implemented.

This key will give the users the ability to restrict/limit the values based on the selected Program, such that only the ones that are associated to the Program are available for selection.

**System Configuration Key Details:**

**SystemConfigKey :** BedBoardLimitDisplayOfProcAndLocBasedOnProgram

**Read Key as:** Limit the Display of Procedure and Location Based On Program selected In BedBoard and Bed Census.

**Allowed Values:** Yes, No

**Default Value:** No

**Modules:** SCM Bedboard, SCM Bed Census.

**Description:** Restricting the display of Billing Procedures and Locations on Bedboard and Bed Census based on the Program selected.

A) If the key-value is set to "No", Inpatient Activity Details screen will not restrict/limit the values in Procedure and Location fields. i.e -While admitting a Client to the bed, it is allowing the user to select any procedure and location to select in the Census Management screen even if the Procedure and Location is not mapped with the Program associated to the selected Bed. This will be the default value of the key as it drives the existing behavior.

B) If the key-value is set to "Yes", Inpatient Activity Details screen will restrict/limit the values in Procedure and Location fields based on the selected Program. i.e - The system will display only those Procedures and Locations which are mapped with the Program associated with Bed. If only one Procedure and Location is mapped to the program, then that is defaulted.

**Note:**

If by chance the value of the key is updated with any value apart from the allowed values, the system will consider the default behavior, i.e. same as the key value being "No".

**Note:**

1. If there are older Bed records in any customer environments, we can get them corrected and there needs to be a request for this. Customers must make sure that the old/ existing incorrect records are corrected before turning on the system configuration key for this functionality. Else, such Bed records with incorrect mapping of Procedures or Locations, will wipe out those fields when this change is applied.

## Bed Census

Reference No	Task No	Description
9	Core Bugs # 128991	Residents Showing Up Multiple Times in Bed Attendance.

**Author:** Aishwarya Bommaklar

### 9. Core Bugs # 128991: Residents Showing Up Multiple Times in Bed Attendance.

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

**Prerequisite:** 'AllowedToOpenDirectly' column is set to 'Y' for the 'Bed Attendance' screen in the 'screens' table.

**Navigation Path:** My Office – Attendance screen – Select 'Yes' or 'No' multiple times and click on Save icon.

#### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a user selected 'Yes' or 'No' for the Attendance in Bed Attendance screen, the Client Names were duplicated in the Attendance screen for the same status.

With this release, the above mentioned issue has been resolved. When a user selects 'Yes' or 'No' for the Attendance in Bed Attendance screen, the Client Names are not duplicated in the Attendance screen for the same status.

## Billing Codes

Reference No	Task No	Description
10	EII # 128629	To remove validation preventing Billing Procedures from being linked to multiple MCO Billing Codes

**Author:** Renuka Gunasekaran

### 10. EII # 128629: To remove validation preventing Billing Procedures from being linked to multiple MCO Billing Codes.

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

**Navigation Path 1:** 'Administration' -- 'Configuration Keys' -- Select 'ValidateProcedureCodeOnBillingCodeModifiers' -- 'Configuration Key Details'.

**Navigation Path 2:** 'Administration' -- 'Billing Codes' -- 'Billing Code Details' screen -- 'Billing Code Modifiers' tab -- 'Procedure Code' Dropdown -- Insert/Modify.

#### Functionality Before and After release:

**Purpose:** To remove the overlapping validations on MCO Billing Code/Billing Code Modifiers tab.

With this release, a new configuration key has been implemented as 'ValidateProcedureCodeOnBillingCodeModifiers'. This key will help to remove the overlapping validations on MCO Billing Code/Billing Code Modifiers tab when inserting and saving a record, that checks to see if the procedure code selected has been used on any another Billing Code.

#### **System Configuration Key Details:**

**SystemConfigKey :** ValidateProcedureCodeOnBillingCodeModifiers

**Read Key as:** Validate Procedure Code On Billing Code Modifiers.

**Allowed Values:** Yes, No

**Default Value:** Yes

**Description:** This is a new feature being added to the customer, that will allow the user to select the procedure code that is already associated with another billing code or the billing code modifier on the Billing Code screen.

1. If the key-value is set to "Yes", the validation will be applicable and this is the default value of the key as it drives the existing behavior.

2.If the key-value is set to "No", the Validation will not be applicable, and the system will allow the procedure code that is already associated with another billing code or billing code modifier.

**Note:** If by chance the value of the key is updated with any value apart from the allowed values, the system will consider the default behavior, i.e. same as the key value being "Yes".

## Care Coordination

Reference No	Task No	Description
11	Core Bugs #128714	Finding issues when attempting to map out the Client Information Screen to a Disposition.
12	Core Bugs #128783	Inquiry Details: While selecting the Disposition from the 'select Disposition' dropdown, the Program & 'Program Status Date' fields are disabled.
13	Core Bugs #128843	Getting red error on click of any tab in the Client Information screen when navigating from Disposition.

**Author:** Kiran Tigarimath

### **11. Core Bugs # 128714: Finding issues when attempting to map out the Client Information Screen to a Disposition.**

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

**Prerequisite:** Map Client Information screen to any value in the Disposition drop down.

**Navigation Path:** Client -- 'Navigate to any screen having Disposition section' (Inquiry Details) – Disposition section – Select any value from 'Select Disposition' dropdown – Select any value from 'Select Service Type' -- Click on Client Information hyperlink.

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

Before this release, here was the behavior. In the Disposition section of any screen (the screen which is having Disposition section), the user was unable to click any hyperlinks once after clicking the 'Client Information' hyperlink, which was mapped to any Disposition value and the Service Type.

With this release, the above-mentioned issue has been resolved. Now, the user can access all other hyperlinks once after clicking the 'Client Information' hyperlink which is mapped to the Disposition section of any screen. (Ex Inquiry Details, Referral Details, etc., having disposition section).

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**Author:** Sithara Ponnath

**12. Core Bugs # 128783: Inquiry Details: While selecting the Disposition from the 'select Disposition' dropdown, the Program & 'Program Status Date' fields are disabled.**

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

**Prerequisite:** Set Configuration key 'TurnOnCareCoordinationWorkflow' value to "No".

**Navigation Path:** Login to the 'SmartCare' application -- 'Client search popup' -- 'Inquiry (New client) button -- 'Inquiry Details' screen -- 'Initial' tab – 'Disposition' section – 'Select Disposition' dropdown.

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

Before this release, here was the behavior. In the 'Inquiry Details' screen, when a user attempted to complete a new inquiry by choosing a 'Disposition' from the 'Select Disposition' dropdown, the 'Program' and 'Program Status Date' fields were disabled even though the system configuration Key 'TurnOnCareCoordinationWorkflow' was set to 'No'. And only after saving the inquiry, the 'Program' and 'Program Status Date' fields were enabled.

With this release, the above-mentioned issue has been resolved. Now, the 'Program' and 'Program Status Date' fields will be enabled when a user attempts to complete a new inquiry by selecting a 'Disposition' from the 'Select Disposition' dropdown in the 'Inquiry Details' screen.

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**Author:** Kiran Tigarimath

**13. Core Bugs # 128843: Getting red error on click of any tab in the Client Information screen when navigating from Disposition.**

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

**Navigation Path:** Client – Client Inquiries – 'Client Inquiries' list page – click on new – 'Inquiry Details' screen - - 'Disposition' section -- Click on 'Client Information' hyperlink – 'Client Information' screen.

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

Before this release, here was the behavior. When the user navigated to the 'Client Information' screen from the 'Disposition' section of the 'Inquiry Details' screen and clicked on any tab in the 'Client Information' screen, the below-mentioned error message was displayed.

**Error Message:** "Data at the root level is invalid. Line 1, position 1487."

With this release, the above-mentioned issue has been resolved. Now, the user can switch between any tabs in the 'Client Information' screen without any error after navigating from the 'Disposition' section of the 'Inquiry Details' screen.

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## Case Rate

Reference No	Task No	Description
14	Core Bugs # 129200	Release case rate fixes for current release levels.

**Author:** Renuka Gunasekaran

### 14. Core Bugs # 129200: Release case rate fixes for current release levels.

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

**Navigation Path:** N/A

#### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The customer had indicated that they might encounter the theoretical issue identified with their current case rate release. It was requested to develop and release fixes for the case rate feature set available in certain clients and other release levels.

With this release, the above-mentioned issue has been resolved. Now this task is created to release fixes for the case rate feature set available in certain clients and other release levels. The current fix includes all case rate features; features that have not yet been released, have been removed from the fix for certain clients.

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## CCD

Reference No	Task No	Description
15	Core Bugs # 129357	USCDI GetDocumentation Of XMLString Signing Suffix Length Correction.

**Author:** Jagadeesh Raju

### 15. Core Bugs # 129357: USCDI GetDocumentation Of XMLString Signing Suffix Length Correction.



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

**Navigation Path 1:** Administration -- User/Role Setup -- Staff/Users -- Staff List -- Staff Details -- Demographic/ Professional tab -- 'Professional' section.

**Navigation Path 2:** Administration -- User/Role Setup -- Staff/Users -- Staff List -- Staff Details -- General tab -- 'Staff' section.

**Navigation Path 3:** Client -- USCDI Summary of Care -- Save & Sign.

**Navigation Path 4:** Client -- Continuity of Care Document/Record -- Continuity of Care Document/Record Details.

#### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The System was not generating USCDI.xml for client(s) as Staff.Signing Suffix value when Author name was more than its length. Also, System was not generating USCDI.xml for client(s) as LastName/staff.LastName value, when Author name more than its length. And system was displaying below error message for both cases:

**Error Message:** Msg 50000, Level 16, State 1, Line 381 50000\*\*\*\*\*8152\*\*\*\*\*String or binary data would be truncated.

\*\*\*\*\*ssp\_GetUSCDIDocumentationOf\*\*\*\*\*59\*\*\*\*\*16\*\*\*\*\*10\*\*\*\*\*ssp\_GetUSCDIDocumentationOf\*\*\*\*\*103\*\*\*\*\*16\*\*\*\*\*1

With this release, the above-mentioned issues have been fixed. Now, the length of Staff.Signing Suffix and staff.LastName has been increased and System is generating USCDI xml as per changes with no error messages.

## Charge details

Reference No	Task No	Description
16	EII # 127871	A different logic is implemented for the charges.

**Author:** Yashas Kydalappa

**16. EII # 127871: A different logic is implemented for the charges.**

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

#### Prerequisites:

1. The Coverage Plan is saved with the rule 'Set Combined Aggregate Limits', and the procedure codes is selected with the required limits, which need to be under the 'Set Combined Aggregate Limits' rule in the 'Plan Details' screen through the **Path:**

Administration' – 'Plans' – click on 'New' icon – 'Plan Details' screen – Enter all the required details in the 'General' tab – navigate to the 'Rules' tab – select the rule 'Set Combined Aggregate Limits' from the 'Rule' dropdown – click on 'Set Aggregate' Button – in the 'Add Aggregate Limit' pop-up screen – select

the required 'Procedure Codes' and set the limit for codes in the required field (Daily, Weekly, Monthly, Yearly)– click on 'Insert' button and 'Save' the screen.

**Note:** the numeric value added in the (Daily, Weekly, Monthly, and Yearly) text box will be considered as 'Minutes'.

2. Add the required time period duration in the 'Procedure Codes' through the **Path:**  
'Administration' – 'Procedure/Rates' – Create a 'New Procedure' or click on the required 'Procedure' hyperlink – 'Procedure Code Details' screen, in the 'General' tab add all the required information – go to 'Rates/Billing Codes' tab – enter the 'charge' and the time duration for the procedure code and Save the screen.
3. Create services associated with the 'Procedure Code' added in the 'Plan Details' screen. The Service is created in which the procedure of the service is same as associated to the plan rule, through the **Path:**  
'Client' search – select a client -- 'Services' -- In the 'Service Details' screen enter all the required information – navigate to the 'Billing Diagnosis' tab – add the 'Billing Diagnosis Code' and provider the order number -- Complete a service with the 'Procedure Code', added in the 'Plan Details' screen.

**Navigation Path:** 'Client' search – Select a Client -- 'Services' -- 'Services' list page -- click on the 'DOS' hyperlink -- 'Service Details' screen -- click on the 'Charge' hyperlink -- 'Ledger Entries' screen -- click on the 'Charge ID' -- 'Charge Detail' screen.

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

**Purpose:** To set the charge and their status with different types of actions.

With the release, when the below job runs or when the Nightly bill job runs as mentioned below -

#### **Billing jobs:**

```
EXEC dbo.ssp_SetChargeReadyToBill @CurrentUser = 'READYTOBILL'  
EXEC dbo.ssp_SetChargeReadyToBill @CurrentUser = 'READYTOBILL'  
EXEC dbo.ssp_SetChargeReadyToBill @CurrentUser = 'READYTOBILL'
```

On Selection of the 'Action if rule is broken' dropdown values under the 'Rule' tab of the 'Plan Details' screen, the respective action is going to happen for the charges, as mentioned below:

#### **1. Cascade charge to next plan.**

- This is an existing value. If this value has been selected under the primary coverage plan, then the charges will cascade to the next eligible coverage plan when the job runs. The Adjustment Code dropdown will be displayed for the 'Cascade charge to next plan' option under the 'Action if rule broken' dropdown.

#### **2. Write off excess units and mark as Ready to Bill**

- This is the new value is added. If this value is selected along with the 'Set Combined Aggregate Limits' plan rule to create a charge when the 'Ready-To-Bill' job runs, then the system will calculate the charge amount till the cap limit and excess charge amount will written off and the charge status will be set with 'Ready To Bill'.
- When multiple services are generated from different procedure codes, the system prioritizes services with the highest procedure rates to maximize cap limits.

2a. The Coverage plan is set with 50-minute limits.

**Plan Details**

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

Rule: Set Combined Aggregate Limits

Rule Name: Set Combined Aggregate Limits-1

**Set Aggregate Limits**

Procedure Code	Limit Type	Daily	Weekly	Monthly	Yearly
2122,2094	Amount of Time			50.00	

Action if rule is broken: Write off excess units and mark as to Ready to Bill

Adjustment Code: CO Chrg exceeds fee schedule (45)

**Rule List**

Rule Name	Rule Type	Start Date	End Date	Date Created	Created By
Set Combined Aggregate Limits-1	Set Combined Aggregate Limits			08/30/2024	Tmonth

2b. Two services have been created, each with a duration of 40 minutes with 2 different procedures in which the rate of procedures are different.

**Services (2)**

Show Services Only All Statuses All Clinician Apply Filter

DOS	Procedure	Group Name	Units	Status	Clinician/Provider	Program	Location	Charge
06/07/2024 10:00 AM	Highest Procedure 40 Min.		40.00	Complete	Monthly, Test M.D.	Tmonthly	Yashas...	\$400.00
06/06/2024 10:00 AM	1month 40 Minutes		40.00	Complete	Monthly, Test M.D.	Tmonthly	Yashas...	\$40.00

2c. The charge created with the lowest procedure rate has been written off for the maximum amount. In the above **(2b) screenshot**, the service is created with two different procedures, when the job runs, the system picks the procedure with the lowest rate (highlighted in green) as a priority to write off the maximum charge amount. Refer to the screenshot below.

**Ledger Entries**

Make adjustment to... Make Adjustments... Regenerate Charge

**Service Information**

DOS: 06/06/2024 10:00 AM  
Procedure: Tmonthly 40.00 Minutes  
Charge: \$40.00

**Payers**

Modify Payer Order... Total Current Balance : \$10.00

Payer	Charges	UnBilled	Payments	Adj	Balance
Tmonthly 5...	\$40.00	\$10.00	\$0.00	(\$30.00)	\$10.00

View Ledgers For : All Payers Exclude Error Ledgers

Financial Activity Line ID	Service Id	Charge Id	Date	Activity	Payer	Type	Adj. Code	Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
55541	120739	120739	09/25/2024	Adjust...	Tmonthly 5625...	Adj...	CO Chrg...	(\$30.00)			
55539	120739	120739	09/25/2024	Service...	Tmonthly 5625...	Cha...		\$40.00			

2d. The Job will make the status as 'Ready to Bill' and the cap limit duration has been exceeded so the job will show the below highlighted charge error also.

Charge Details

General

Contact

Status History

Action History

General

Charge ID

16850

Service ID

120739

Client

7050 - Test, Monthly

Payer

Tmonthly

Priority

1

Status

☒ Ready To Bill
 ☐ Flagged
 Internal Collections: No
 Delay Reason:

☐ Rebill
 ☐ Do Not Bill
 External Collections:

Revenue Work Queue Management

Charge Status

Charge Created

Status Date

09/25/2024

Exclude Charge from Queue

Do Not Count Toward Productivity

Status Comments

Procedure

Billing Code

## Charge Details

General

Contact

Status History

Action History

Ledger Entries

Service Id	Charge Id	Date	Activity	Payer	Type	Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
120739	16850	09/25/2024	Service Co...	Tmon...	Charge	\$40.00			
120739	16850	09/25/2024	Adjustment	Tmon...	Adjust...	(\$30.00)			

Charge Errors

Error Type	Error Description
11132659	This Procedure has exceeded a combined aggregate limit. - This Procedure has exceeded a combined aggregate limit.

2e. The service created from the procedure has a maximum rate, that is not affected because, the entire 40-minute duration is completely occupied by the cap limit, and the remaining 10 minutes are from the minimum procedure rate **(Refer 2d screenshot)**.

### Ledger Entries

Make adjustment to...
Make Adjustments...
Regenerate Charge

#### Service Information

DOS: 06/07/2024 10:00 AM  
Procedure: Highest Procedure 40.0  
0 Minutes  
Charge: \$400.00

#### Payers

Modify Payer Order...
Total Current Balance : \$400.00

Payer	Charges	UnBilled	Payments	Adj	Balance
Tmonthly 5...	\$400.00	\$400.00	\$0.00	\$0.00	\$400.00

View Ledgers For : All Payers
☒ Exclude Error Ledgers

Financial Activity Line ID	Service Id	Charge Id	Date	Activity	Payer	Type	Adj. Code	Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
55540	120740	16851	09/25/2024	Service...	Tmonthly 5625...	Cha...		\$400.00			

## Charge Details

General
Contact
Status History
Action History

### General

Charge ID	16851	Service ID	120740
Client	7050 - Test, Monthly	Payer	Tmonthly
		Priority	1

### Status

☒ Ready To Bill
☐ Flagged
Internal Collections: No
Delay Reason

☐ Rebill
☐ Do Not Bill
External Collections:

### Revenue Work Queue Management

Charge Status
Charge Created
Status Date
09/25/2024
☐ Exclude Charge from Queue
☐ Do Not Count Toward Productivity

Status Comments

Procedure

Billing Code

### 3. Report error only

- This is the new value has been added. The system will report the errors when the Ready-to-Bill job runs for the charge if it finds any charge error.
- The Adjustment code dropdown will not be displayed if the Report Error only has been selected.

3a. The "Adjustment Code" dropdown will not be displayed for the "Report error only" option.

The screenshot shows the 'Plan Details' interface with the 'Rules' tab selected. The 'Rule Name' field is empty. Below it, the 'Code(s)...' button is visible. The 'Action if rule is broken' dropdown is set to 'Report error only'. The 'Rule List' table below is empty, showing columns for Rule Name, Rule Type, Start Date, End Date, Date Created, and Created By.

3b. The Charge errors.

The screenshot shows the 'Charge Details' interface with the 'Charge Errors' section expanded. It displays a table with columns: Error Type, Error Description, and Amount. The error description is 'This Procedure has exceeded a combined aggregate limit.' The amount is \$20.00.

#### 4. Adjust off

The new 'Adjust off' value has been added to the 'Action if rule is broken' dropdown. The system will write off the total charge amount when the Ready To Bill job runs if the coverage plan has been saved with the 'Adjust Off' option.

4a. The coverage plan will be saved with the 'Adjust off' option and 'Adjustment Code' (Refer to the below screenshot).

The screenshot shows the 'Plan Details' interface with the 'Rules' tab selected. The 'Rule' dropdown is set to 'Set Combined Aggregate Limits'. The 'Rule Name' field is 'Set Combined Aggregate Limits-1'. The 'Set Aggregate Limits' button is visible. The 'Procedure Code' is 2096, and the 'Limit Type' is 'Amount of Time' with a value of 10.00. The 'Action if rule is broken' dropdown is set to 'Adjust off'. The 'Adjustment Code' dropdown is set to 'CO Coverage terminated (27)'. The 'Rule List' table below shows the rule details.

4b. The plan has been set with a 10-minute cap limit (4a screenshot) so the job is written off the charges completely.

Ledger Entries

Make adjustment to..

Make Adjustments...

Regenerate Charge

Service Information

DOS: 10/01/2024 1:15 PM  
Procedure: Tdaily 20.00 Minutes  
Charge: \$20.00

Payers

Modify Payer Order...

Total Current Balance : \$0.00

Payer	Charges	UnBilled	Payments	Adj	Balance
Tdaily 451...	\$20.00	\$0.00	\$0.00	(\$20.00)	\$0.00

View Ledgers For : All Payers

☒ Exclude Error Ledgers

Financial Activity Line ID	Service Id	Charge Id	Date	Activity	Payer	Type	Adj. Code	Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
130612	123732	20890	10/05/2024	Adjust...	Tdaily 4515202	Adj...	CO Cov...	(\$20.00)			
130610	123732	20890	10/05/2024	Servic...	Tdaily 4515202	Cha...		\$20.00			

## 5. Cascade charge to next plan if not client, else write off

The new value has been added to the 'Action if rule is broken' dropdown. If the system finds another eligible coverage plan, then the charge amount will transfer to the secondary coverage plan. If no secondary coverage plan has been mapped, then the charges will be written off.

5a. Coverage Plan set with the rule and 'Adjustment Code' as below in screenshot:

Plan Details

Select Action

General

Billing Codes

Rules

Payments And Adjustments

Eligible Clients

Care Management

Reporting

Copayment Defaults

Value Codes

Rule Generation

Rule

Set Combined Aggregate Limits

Rule Name

Set Combined Aggregate Limits-1

Set Aggregate Limits

Procedure Code

2096

Limit Type

Amount of Time

Daily

Weekly

Monthly

Yearly

10.00

Action if rule is broken

Cascade charge to next plan if not client, else write off

Adjustment Code

CO Non-billable provider (38)

Modify

Clear

Rule List

Rule Name	Rule Type	Start Date	End Date	Date Created	Created By
Set Combined Aggregate Limits-1	Set Combined Aggregate Limits			10/05/2024	Tdaily

5b. When the system can't find any other eligible coverage plan, the charge amount will written off accordingly by the job.

Ledger Entries

Make adjustment to..

Make Adjustments...

Regenerate Charge

Service Information

DOS: 10/02/2024 1:15 PM  
Procedure: Tdaily 20.00 Minutes  
Charge: \$20.00

Payers

Modify Payer Order...

Total Current Balance : \$0.00

Payer	Charges	UnBilled	Payments	Adj	Balance
Tdaily 451...	\$20.00	\$0.00	\$0.00	(\$20.00)	\$0.00

View Ledgers For : All Payers

☒ Exclude Error Ledgers

Financial Activity Line ID	Service Id	Charge Id	Date	Activity	Payer	Type	Adj. Code	Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
130614	123733	20891	10/05/2024	Adjust...	Tdaily 4515202	Adj...	CO No...	(\$20.00)			
130613	123733	20891	10/05/2024	Servic...	Tdaily 4515202	Cha...		\$20.00			



5c. When the system finds another eligible coverage plan, the charge amount will transferred to the other eligible coverage plan.

**Ledger Entries**

Make adjustment to... Make Adjustments... Regenerate Charge

**Service Information**

DOS: 10/02/2024 2:15 PM  
Procedure: Tdaily 20.00 Minutes  
Charge: \$20.00

**Payers** **Modify Payer Order...** Total Current Balance : \$20.00

Payer	Charges	UnBilled	Payments	Adj.	Balance
Tdaily 451...	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Yashas_PL...	\$20.00	\$20.00	\$0.00	\$0.00	\$20.00

View Ledgers For: All Payers ☒ Exclude Error Ledgers

Financial Activity Line ID	Service Id	Charge Id	Date	Activity	Payer	Type	Adj. Code	Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
130616	123734	20892	10/05/2024	Adjust...	Tdaily 4515202	Tra...	CO No...	(\$20.00)			
130616	123734	20893	10/05/2024	Adjust...	Yashas_Plan 2...	Tra...	CO No...	\$20.00			
130615	123734	20892	10/05/2024	Servic...	Tdaily 4515202	Cha...		\$20.00			

## 6. Transfer directly to client

The new value has been added to the 'Action if rule is broken' dropdown. When the Ready-to-Bill job runs, the system will directly transfer the charge amount to the client, even if the charge was initially created to the coverage plan.

6a. Coverage plan set with rule and 'Adjustment Code' (Refer to the below screenshot).

**Plan Details**

Select Action

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

Rule: Set Combined Aggregate Limits  
Rule Name: Set Combined Aggregate Limits-1

**Set Aggregate Limits**

Procedure Code	Limit Type	Daily	Weekly	Monthly	Yearly
2096	Amount of Time	10.00			

Action if rule is broken: Transfer directly to client  
Adjustment Code: CO Coverage terminated (27)

**Rule List**

Rule Name	Rule Type	Start Date	End Date	Date Created	Created By
Set Combined Aggregate Limits-1	Set Combined Aggregate Limits			10/05/2024	Tdaily

6b. The job makes the charges directly transfer to the client.

Ledger Entries

Make adjustment to..

Make Adjustments...

Regenerate Charge

Service Information

DOS: 10/03/2024 2:15 PM  
Procedure: Tdaily 20.00 Minutes  
Charge: \$20.00

Payers

Modify Payer Order...

Total Current Balance : \$20.00

Payer	Charges	UnBilled	Payments	Adj	Balance
Client	\$20.00	\$20.00	\$0.00	\$0.00	\$20.00
Tdaily 451...	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

View Ledgers For : All Payers

☒ Exclude Error Ledgers

Financial Activity Line ID	Service Id	Charge Id	Date	Activity	Payer	Type	Adj. Code	Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
130618	123735	20894	10/05/2024	Adjust...	Tdaily 4515202	Tra...	CO Cov...	(\$20.00)			
130618	123735	20895	10/05/2024	Adjust...	Client	Tra...	CO Cov...	\$20.00			
130617	123735	20894	10/05/2024	Servic...	Tdaily 4515202	Cha...		\$20.00			

## Charges/Claims

Reference No	Task No	Description
17	Core Bugs # 128347	837 Institutional SV202-7 should be the RevenueCodeDescription for the charge.
18	Core Bugs # 128359	FacilityType override was not considering claim format configuration screen as a highest priority.
19	Core Bugs # 128701	The amount in the CAS segment for other insured plans was displayed incorrectly in the 837 Professional claims.
20	Core Bugs # 128751	Charges/Claims: The red error was observed on processing 837 Professional claims.
21	Core Bugs # 128768	Remove excluding Transfer ARLedgers from OtherInsuredAdjustments in Institutional
22	Core Bugs # 128769	837P claims are Rejected when submitting the Tertiary charge.
23	Core Bugs # 128862	To modify SSPs to view and only include ClaimLineItems where the ClaimBatch is billed and not deleted.
24	Core Bugs # 128988	Charges/Claims: The claims adjudication date is displaying the date of service instead of paid date.
25	Core Bugs # 129016	Charges/Claims: The Zip Code errors were found in the 837 Professional claims.
26	Core Bugs # 129259	Charges/Claims List Page - # of client statements since charge creation filter.
27	EII # 127870	Backend -Performance improvement to process 500k charges.
28	EII # 127873	Front End- Performance improvement to process 500k charges.
29	EII # 127411	The changes are implemented to send the Place of service in the Claims.

30	EII # 125944	Implementation of Disruption logic to the placement services.
31	EII # 128477	Updated the 'Remove Selected Charges From Batch' process to handle the charge and charge history correctly

**Author:** Debanjit Das

### 17. Core Bugs # 128347: 837 Institutional SV202-7 should be the RevenueCodeDescription for the charge.

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

**Navigation Path:** Login -- 'Charges/Claims' -- Select a Charge Id and click on 'Electronic Claims' button.

#### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a 'Revenue Code Description' was added for a Procedure Rate and the Charge was billed for an Institutional claims, this information was missing in the SV2 segment of the claim file.

With this release, the logic is corrected to display the 'Revenue Code Description' in the SV2 segment of 837 Institutional claims.

---

**Author:** Yashas Kydalappa

### 18. Core Bugs # 128359: FacilityType override was not considering claim format configuration screen as a highest priority.

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

**Prerequisite:** Configure the Facility Type Code and with other data source option in claim format configuration details screen.

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

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

#### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The system was not considering the Claim Format Configuration mapped values as a highest priority to display the facility type code value in 837 Institutional and UB 04 electronic and paper claims respectively.

With this release, the above-mentioned issue has been resolved. Now if the Claim Format Configuration is mapped with facility type code values with other necessary information, then the system will consider it as a highest priority and pull the same values under 837 Institutional and UB 04 Electronic and paper claims respectively.

**Author:** Debanjit Das

### 19. Core Bugs # 128701: The amount in the CAS segment for other insured plans was displayed incorrectly in the 837 Professional claims.

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

**Navigation Path:** Go Search -Charges/Claims (My Office) - Select a Charge Id and click on 'Electronic Claims' icon.

#### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The amount in the CAS segment for other insured plans was displayed incorrectly in the 837 Professional claims and caused rejection in the 837 file.

With this release, the above-mentioned issue has been resolved. Now, the amount in the CAS segments for other insured plans is displayed correctly in the 837 Professional claims.

---

**Author:** Sahana Gururaja

### 20. Core Bugs # 128751: Charges/Claims: The red error was observed on processing 837 Professional claims.

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

#### Prerequisites:

1. In the 'Plan Detail' screen, select 'HIPAA 837 Professional' claim format from the 'Standard E Claim Format' drop-down.
2. Create a record in the 'Claim Provider Override Details' screen with the required details in the 'Claim Service Facility' field.

**Note:** Remove the NPI value from the data that has been provided in the 'Claim Service Facility' field.

**Example:** 1. if "Service Program" option is added in the 'Claim Service Facility' field, then the program 'NPI' must be 'NULL'.

2. Go to the 'Claims Format Configuration(s)' list page and click on the 837 Professional 'Claim Format Id' hyperlink.

3. In the "Claim Format Configuration Details" screen, go to the 'Rules' tab and add a rule with 'Data Source' as required and the 'Data Values' as required, and for the 'Format Fields' fields "2310C - NM1- 08 Service Facility Location ID Qualifier and 2310C-NM1-09 Service Facility Location ID" -- in the "Claim Format Configuration Details".

Through below mentioned **path:**

Administration - Claims Format Configurations -- Click on the required 'Claim FormatId' hyperlink (837Prof) -- Claims Format Configurations Details -- Rule tab -- Select the required combinations of Data Source, Data Values, and Format Fields -- Insert/Modify -- Save.

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

#### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user configured a rule in the 'Claim Format Configurations' screen with the format fields "2310C – NM1- 08 Service Facility Location ID Qualifier and 2310C-NM1-09 Service Facility Location ID", then on processing the 837 Professional claims, the below red error was displayed in the 'Claim Processing' pop-up screen,.

**Error Message:** 50000\*\*\*\*\*ClaimFormatOverride has encountered an error. Please check the setup of the override Invalid column name 'FacilityID'.\*\*\*\*\*ssp\_PMClaimFormatOverride\*\*\*\*\*269\*\*\*\*\*  
ClaimFormatRuleId-4\*\*\*\*\*16\*\*\*\*\*1.

With this release, the above-mentioned issue has been resolved. Now the red error is not displayed on processing claims, when a rule is configured in the 'Claim Format Configurations' screen with the format fields "2310C – NM1- 08 Service Facility Location ID Qualifier and 2310C-NM1-09 Service Facility Location ID". Now, the 'NM1\*77\*2' segment (Claim Service Facility Loop) will have the NM108 and NM109 as per the set-up done in the 'Claim Formats Configuration' screen.

**Note:** Both the Qualifier and ID must be specified in the 'Claim Format Configuration' screen for the NM1\*77\*2 segment to show up on claims. In addition, the Facility NPI (Value specified in the claim provider override screen) must also be Null, since the 08/09 field defaults to the NPI, and only shows the FacilityID and Qualifier if the NPI is empty.

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**Author:** Sahana Gururaj

## **21. Core Bugs # 128768: Remove excluding Transfer ARLedgers from OtherInsuredAdjustments in Institutional.**

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

**Prerequisites:** Add the secondary coverage PlanId in the recode category "SendEOBInfoAtPlanLevelPlans".

**Path:** Go to the 'Administration' -- 'Recodes' -- search for the recode category "SendEOBInfoAtPlanLevelPlans" -- click on the recode category hyperlink -- 'Recode Detail' list page screen -- in the 'Recode Details' section enter the 'CoveragePlaID' in the 'Integer Code Id' field and add all the other required details -- click on 'Insert' button -- click on 'Save' button.

**Navigation Path:** 'My Office' -- 'Charges/Claims' -- select the required Charge ID and click on the E- Claim button (837 Inst claim format) -- 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:**

Before this release, here was the behavior. The 'CAS\*CO' segment was missing on the secondary payer claim file, when the secondary coverageplanid was added in the "SendEOBInfoAtPlanLevelPlans" recode.

With this release, the above-stated issue has been resolved and now the 'CAS\*CO' segment will be displayed on the secondary payer claim file, when the secondary coverageplanid was added in the "SendEOBInfoAtPlanLevelPlans" recode.

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**Author:** Yashas Kydalappa

## **22. Core Bugs # 128769: 837P claims are Rejected when submitting the Tertiary charge.**

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

**Prerequisite:**

- The Client has 3 coverage plans.
- Create a Service against a primary coverage plan for a client.
- Make payment through the primary plan and transfer the remaining charge amount to the secondary coverage plan.
- Make payment through a secondary coverage plan and transfer the remaining amount to the third coverage Plan.

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

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

Before this release, here was the behavior. When the user tried to bill Tertiary charge for 837 professional claims under the same service, the claims were rejected because of the imbalance of charges.

With this release, the above-mentioned issue has been resolved. Now, when the user bills Tertiary charge for 837 professional claims under the same service, the charges are balanced.

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**Author:** Sahana Gururaja

**23. Core Bugs # 128862: To modify SSPs to view and only include ClaimLineItems where the ClaimBatch is billed and not deleted.**

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

**Navigation Path1:** 'Client' -- 'Services' -- 'Services' list page -- Click on the 'New' icon -- Enter all the details -- Complete the service.

**Navigation Path2:** 'My Office' -- 'Charges/Claims' -- Select the Charge Id and click on 'E-Claim' button/Paper Claim-Generate the claim file.

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

Before this release, here was the behavior. The Charges/Claims list page included "To Be Replaced" and "To Be Voided" charges for unbilled line items, causing those billing items to be sent multiple times.

With this release, the above issue has been resolved. Now, if a billed charge is marked as a Replacement and the batch has been deleted from the 'Claims Processing' popup screen, and when the user filters with 'To be Replaced' charges from the 'Charges/Claims' list page, then this charge will not be displayed and if the user attempts the bill the charge again, the claims will be billed with a Claim frequency Code '1'..

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**Author:** Roopa Hemanna

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## 24. Core Bugs # 128988: Charges/Claims: The claims adjudication date is displaying the date of service instead of paid date.

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

### Prerequisites:

1. The standard electronic claim format is to be 'HIPAA 837 Institutional service DX' or 'HIPAA 837 Institutional Dx Document' in the Plan details screen.
2. Service 1 charges is billed to generate OFill claims.
3. Service 2 charges is billed to generate Non-OFill claims.

**Navigation Path:** 'My Office' - 'Charges/Claims' screen - select the charges to be billed - click on Eclaim button - 'Process now - 'Create Claim File' button.

### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The claims adjudication date was displayed the last date of service rather than the adjudication date from the primary payer, when the user attempted to submit 837I secondary claims to Medi-Cal.

With this release, the above mentioned issue has been resolved. Now, the logic is modified to display 'DateOfService' when submitting 837I OFill claims and 'Paid Date' when submitting 837I Non-OFill claims.

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**Author:** Debanjit Das

## 25. Core Bugs # 129016: Charges/Claims: The Zip Code errors were found in the 837 Professional claims.

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

**Navigation Path:** Go Search-Charges/Claims' - Select a Charge Id and click on 'Electronic Claims' button.

### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The Zip Code errors were found in the 837 Professional claims. This was due to a claim file displaying a hyphen (-) that separates the last four digits when dealing with other subscriber address information.

With this release, the above mentioned issue has been resolved. Now, the hyphen (-) is removed in the zip code for other subscriber address information in the 837 Professional claims and an error message is not displayed in the 837 Professional claims.

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**Author:** Roopa Hemanna

## 26. Core Bugs # 129259: Charges/Claims List Page - # of client statements since charge creation filter.

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

**Navigation Path:** 'My Office' -- 'Charges/Claims' screen – select value from drop down field "# of client statements since charge creation" -- click on 'Apply Filter' button -- click on 'Client Name' hyperlink from the retrieved charge records – navigates to 'Client Account' screen – click on "View Past Statements" button.

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

Before this release, here was the behavior. In the Charges/Claims list screen, the number of client statements did not match or appeared based on the value selected from the "# of client statements since charge creation" filter. For example, if the user selects 4, they expect to find that the charges listed have appeared on 4 prior client statements. However, some of the charges listed had not appeared on the number of prior client statements specified in the filter.

With this release, the above-mentioned issue has been resolved. Now, the number of client statements matches or appeared based on the value selected from the "# of client statements since charge creation" filter on the Charges/Claims list screen.

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**Author:** Debanjit Das

**27. EII # 127870: Backend -Performance improvement to process 500k charges.**

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

**Navigation Path:** 'My Office' - 'Charges/Claims' -- Select multiple Charge IDs – Click on the 'Electronic Claims' button.

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

With this release, the backend logic is optimized for processing the claims for 500k charges, to improve the performance while creating a claim file.

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**Author:** Debanjit Das

**28. EII # 127873: Frontend -Performance improvement to process 500k charges.**

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

**Navigation Path:** 'My Office' - 'Charges/Claims' -- Select multiple Charge IDs – Click on the 'Electronic Claims' button.

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

With this release, the code is optimized to improve the performance of 500K charges (Electronic Claims) when the user clicks on the 'All' hyperlink in the 'Charges/Claims' list page.

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**Author:** Namratha Nagaraj

**29. EII # 127411: The changes are implemented to send the Place of service in the Claims.**

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



**Prerequisite:** In the 'CoveragePlanClaimBundlingCriteria' table, the 'PlaceOfService' column is updated as "S".

**Navigation Path 1:** 'Administration' —'Procedure'—Click on 'New' button—'Procedure code Details' Page—Enter all the required details—Click on 'Add on Procedure Codes' tab—Select required 'Procedure code'—Click on 'Save' button.

**Navigation Path 2:** 'Administration' —'Plans' —Click on 'New' button—'Plan Details' Page —Enter all the required details—Select 'HIPAA 837 Professional' Document from the 'Standard Electronic Claim Format'—Click on 'Save' button.

**Navigation Path 3:** 'Services' - My office —Click on 'New' button —'Service Detail' page—Enter all the required details(Select the same Procedure which is mentioned in the Navigation Path 1)—Click on 'Add-on Codes' tab—Enter the required details( Select the location different from the one which is selected in the Service detail page)—Click on 'Save' button.

**Navigation Path 4:** 'My Office' – 'Charges/Claims'– Select the 'ChargeId' – Click on 'E-Claims' button-- Click on 'Process Now' -- Click on 'Create Claim File'.

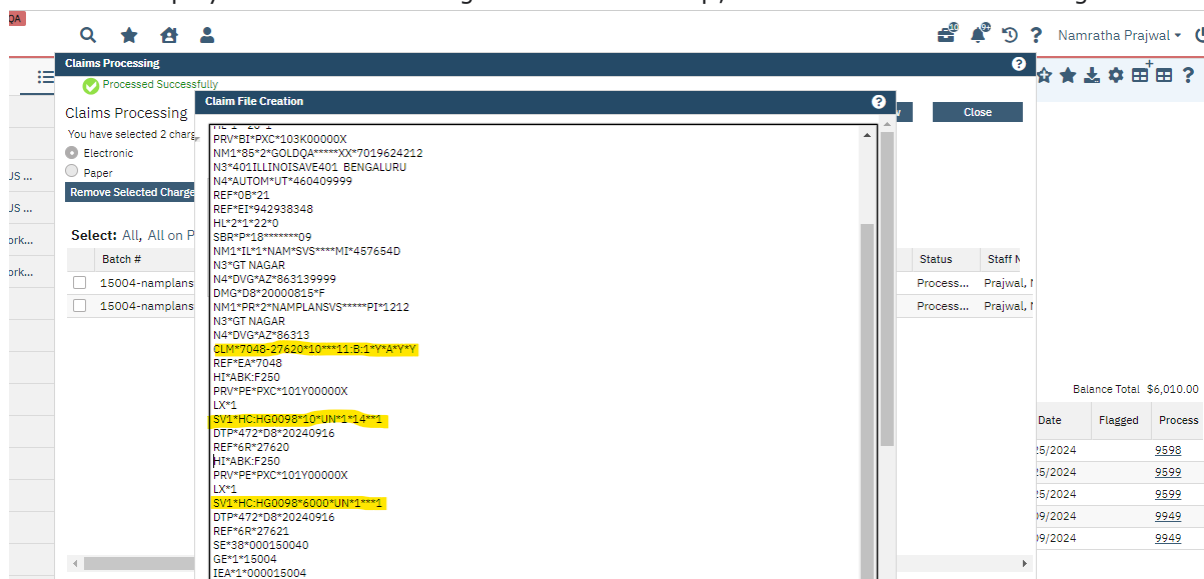
### Functionality 'Before' and 'After' release:

**Purpose:** The logic is changed to send Place of Service linked to the Add-On Code Services to the claims (that gets sent for the same day based on the claim bundling criteria).

With this release, the following changes are implemented in the Claims.

If the value of CoveragePlanClaimBundlingCriteria.PlaceOfService = "S", then the Place Of Service is sent on claim lines, that will be bundled together.

When the user processes the claims, which are associated with the above-mentioned Procedure and the Place of service is displayed in the SV105 segment of 2400 Loop, which has been bundled together.



Date	Flagged	Process
5/2024		9598
5/2024		9599
5/2024		9599
9/2024		9949
9/2024		9949

**Author:** Yashas Kydalappa

**30. EII # 125944: Implementation of Disruption logic to the placement services:**

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

**Prerequisites:**

1. Program is enrolled to the client under the Program Assignment details screen.
2. Coverage Plan is saved with a plan rule called 'Disruption Template' in the rules tab and respective 'Disruption Template' is selected in Disruption Template drop down under 'Add Disruption Template' pop-up.

**Path:** 'Administration' -- 'Billing Set up' -- 'Plans' -- 'Plans' list page -- click on new button or plan name hyperlink -- 'Plan Details' screen -- 'Rules' tab -- select the 'Disruption Template' from rule drop down under rule generation section -- click on the 'Disruption Templates' button -- select the respective template under 'Disruption Template' drop down in Add Disruption Template pop-up -- then click on save button after Inserting the selected Rule to grid.

3. The Coverage Plan saved with Disruption template is mapped to the client.

**Path:** 'Client' -- 'Finance' -- 'Coverage' -- 'Coverage' screen -- click on new button 'Client Plans' screen -- select the plan and save the client plan screen with other necessary information -- navigate to back to 'Coverage' screen -- under client plans section give the start date and COB order as 1 -- then click on Add button -- ensure 'Coverage Plan' has successfully added in 'Plans Time Span' section of coverage screen.

4. Location ID is mapped to the 'FCLocationForServices' recode.

**Note:** Only one location ID needs to be effective under a recode. If not, then the job won't create a placement service.

5. Life Events is created under Life event Details screen for a client through below navigation **path:** Clients -- 'Timelines/Flags/Events' -- 'Member Life Events' list page -- click on 'New' button -- 'Life Event Details' screen- In the Life Event dropdown, select 'Disruption'- Provide the required values in the screen and save.

6. Client Placement history is created under Placement History Detail screen through below navigation **path:** My Office -- 'Placements' -- 'Placement History' list page -- click on new -- 'Placement History Details' screen.

**Navigation Path:** Client' -- 'Services' -- 'Services' list page -- click on DOS hyper link -- 'Service Details' screen -- click on the Charge hyperlink -- 'Ledger Entries' screen -- click on the 'Charge ID' -- 'Charge Detail' screen.

**Purpose:** To create and bill the foster care services, to pay foster care families based on the placement record.

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

With this release, the Disruption rule is implemented for Foster Care Placement Rate Services. The ready to bill job set the charge with below error, when the charges created after the billable number of days.

**Charge Error:** Disruption Limit Exceeded

Charge Details

General

Contact

Status History

Action History

Ledger Entries

Service Id	Charge Id	Date	Activity	Payer	Type	Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
119492	20759	10/04/2024	Service Co...	3009...	Charge	\$10.00			

Charge Errors

Error Type	Error Description
11134488	Disruption Limit Exceeded - Disruption Limit Exceeded

Supplemental Information

ID

Type

Transmission Code

## 1.Foster Care Placement Rate Services job

The below job is implemented to create a service based on the location ID which has mapped to the 'FCLocationForServices' recodes and the client placement histories 'LOC start' and 'LOC Expiration' date.

**Job:** Exec ssp\_Job\_FosterCarePlacementRateServices

## 2. Billable and Errored Charges

System will create a placement rate service when job runs and ready to bill job , checks the charges which are within the billable number of days and make the status as 'Ready to bill'. If the charges are created after billable number of days, the ready to bill job make those charges status as 'Not Ready to bill' and have a above mentioned charge error.

The placement services which are created after Life events ends , those service charges will be set with ready to bill status when the ready to bill job runs.

### 2A. 'Yearly' Limit Type with no allowable days.

If the Billable Number of Days configured under Disruption Template details are 5 and limit type is 'Year', Allowable Number of Days Before Counting Toward Threshold = 0

Life events and Client Placement History 'Start and end dates' are from 1<sup>st</sup> January to 30<sup>th</sup> January 2024.

When the ready to bill job runs, the system will make the charge status ready to bill from 1 to 5<sup>th</sup> January and from 6<sup>th</sup> to 30<sup>th</sup> January, the charges have a charge error. and charge status is 'Not ready to bill'.

Charges/Claims (5)

Select Action

All Payer Types

All Payers

All Plans

Financial Assignment...

Apply Filter

Select: All, All on Page, None

Charges Total: \$0.00

Balance Total: \$0.00

Charge ID	Plan	Client Name	DOS	Clinician	Procedure Name	Charge	Balance	Unbilled	Warning List
<input type="checkbox"/> 26191	300951	Test_300951(210...	01/06/2024 12...	Test_300951	300951	\$10.00	\$10.00	10.00	Disruption Limit Exceeded
<input type="checkbox"/> 26197	300951	Test_300951(210...	01/07/2024 12...	Test_300951	300951	\$10.00	\$10.00	10.00	Disruption Limit Exceeded
<input type="checkbox"/> 26200	300951	Test_300951(210...	01/08/2024 12...	Test_300951	300951	\$10.00	\$10.00	10.00	Disruption Limit Exceeded
<input type="checkbox"/> 26193	300951	Test_300951(210...	01/09/2024 12...	Test_300951	300951	\$10.00	\$10.00	10.00	Disruption Limit Exceeded
<input type="checkbox"/> 26195	300951	Test_300951(210...	01/10/2024 12...	Test_300951	300951	\$10.00	\$10.00	10.00	Disruption Limit Exceeded

### 2B. 'Yearly' Limit Type with allowable days.

If the Billable Number of Days configured under Disruption Template details are 3 and the limit type is 'Year'.

Allowable Number of Days Before Counting Toward Threshold = 2

Life events 'Start and end dates' are from 1<sup>st</sup> to 10<sup>th</sup> December and Client Placement History 'Start and end dates' are from 1<sup>st</sup> to 11<sup>th</sup> December 2024.

When the ready to bill job runs, the system will make the charge status ready to bill from 1 to 5<sup>th</sup> of December. The system will count the billable number of days with an allowable number of days before counting toward the threshold.

The charges created on 11<sup>th</sup> are out of client life events, so the charge will be set with 'Ready to bill' status.

Charges created from 6<sup>th</sup> to 10<sup>th</sup> December have charge error. and the charge status is 'Not Ready to bill'.

The Billable number of days and Allowable Number of Days Before Counting Toward Threshold is greater than Life Events days, then all the charges will set with 'Ready To Bill'.

## **2C. 'Disruption' Limit Type with no allowable days.**

If the Billable Number of Days configured under Disruption Template details are 5 and the limit type is 'Disruption'.

Allowable Number of Days Before Counting Toward Threshold = 0

Life events and Client Placement History 'Start and end dates' are from 1<sup>st</sup> February to 10<sup>th</sup> February.

When the ready to bill job runs, the system will make the charge status ready to bill from 1 to 5<sup>th</sup> February and from 6<sup>th</sup> to 10 February the charges have a charge error. and the charge status is 'Not ready to bill'.

The charges created after 10<sup>th</sup> are out of client life events, so the charge will be set with 'Ready to bill' status.

## **2D. 'Disruption' Limit Type with allowable days.**

If the Billable Number of Days configured under Disruption Template details are 5 and limit type is 'Disruption'; Allowable Number of Days Before Counting Toward Threshold = 2.

Life events and Client Placement History 'Start and end dates' are from 1<sup>st</sup> December to 10<sup>th</sup> December 2023.

When the ready to bill job runs, the system will make the charge status 'Ready to bill' from 1 to 7<sup>th</sup> December and the charges created from 8<sup>th</sup> to 10 December have a charge error. and the charge status is 'Not ready to bill'.

The charges created after 10<sup>th</sup> are out of client life events, so the charge will be set with 'Ready to bill' status.

## **2E. 'Month' Limit Type with no allowable days.**

If the Billable Number of Days configured under Disruption Template details are 5 and the limit type is 'Month'.

Allowable Number of Days Before Counting Toward Threshold = 0

Life events and Client Placement History 'Start and end dates' are from 1<sup>st</sup> February to 10<sup>th</sup> February.

When the ready to bill job runs, the system will make the charge status ready to bill from 1 to 5<sup>th</sup> February and from 6<sup>th</sup> to 10 February the charges have a charge error. and the charge status is 'Not ready to bill'.

The charges created after 10<sup>th</sup> of February are out of client life events, so the charge will be set with 'Ready to bill' status.

## **2F. 'Month' Limit Type with allowable days..**

If the Billable Number of Days configured under Disruption Template details are 5 and limit type is 'Month'

Allowable Number of Days Before Counting Toward Threshold = 2

Life events and Client Placement History 'Start and end dates' are from 1<sup>st</sup> December to 10<sup>th</sup> December 2023.

When the ready to bill job runs, the system will make the charge status ready to bill from 1 to 7<sup>th</sup> December and the charges created from 8<sup>th</sup> to 10 December have a charge error. and the charge status is 'Not ready to bill'.

The charges created after 10<sup>th</sup> of December are out of client life events, so the charge will be set with 'Ready to bill' status.

## **3. Multiple disruption templates with 'Yearly' limit type**

### **3A. Multiple disruption templates for the 'Year' Limit Type under different years**

If the Billable Number of Days configured under Disruption Templates details are 5 and limit type is 'Year'

Allowable Number of Days Before Counting Toward Threshold = 0

1<sup>st</sup> Life events 'Start and end dates' are from 1<sup>st</sup> to 10<sup>th</sup> December and 1<sup>st</sup> Client Placement History logged 'Start and end dates' are from 1<sup>st</sup> to 10<sup>th</sup> December 2023.

2<sup>nd</sup> Life events 'Start and end dates' are from 1<sup>th</sup> to 10<sup>th</sup> January and 2<sup>nd</sup> Client Placement History 'Start and end dates' are from 1<sup>th</sup> to 10<sup>th</sup> January 2024.

System will create a placement rate service from 1<sup>th</sup> to 10<sup>th</sup> December 2023 and 1<sup>th</sup> to 10<sup>th</sup> January 2024 respectively based on multiple client placement history.

When the ready to bill job runs, the system will make the charge status ready to bill from 1<sup>st</sup> to 5<sup>th</sup> of December 2023 and 1<sup>st</sup> to 5<sup>th</sup> January 2024.

The charges created from 6<sup>th</sup> to 10<sup>th</sup> of December 2023 and 6<sup>th</sup> to 10<sup>th</sup> January 2024 have a charge error. and the charge status is 'Not ready to bill'.

### **3B. Multiple disruption templates for the 'Year' Limit Type under same years**

If the Billable Number of Days configured under Disruption Templates details are 5 and limit type is 'Year'

Allowable Number of Days Before Counting Toward Threshold = 0

1<sup>st</sup> Life events 'Start and end dates' are from 11<sup>th</sup> to 20<sup>th</sup> January and 1<sup>st</sup> Client Placement History 'Start and end dates' are from 11<sup>th</sup> to 20<sup>th</sup> January 2024.

2<sup>nd</sup> Life events 'Start and end dates' are from 21<sup>th</sup> to 30<sup>th</sup> January and 2<sup>nd</sup> Client Placement History 'Start and end dates' are from 21<sup>th</sup> to 30<sup>th</sup> January 2024.

System will create a placement rate service from 11<sup>th</sup> to 20<sup>th</sup> January and 21<sup>th</sup> to 30<sup>th</sup> January 2024 respectively based on multiple client placement histories.

When the ready to bill job runs, the system will make the charge status ready to bill from 11<sup>st</sup> to 15<sup>th</sup> of January.

The charge created from 16<sup>th</sup> to 30<sup>th</sup> of January has a charge error. and the charge status is 'Not ready to bill'.

Charges created from 16<sup>th</sup> January till 31<sup>st</sup> December 2024 have a charge error because the limit was already exceeded in the previous disruption.

### **4. Multiple disruption templates with 'Month' limit type**

#### **4A. Multiple disruption templates for the 'Month' Limit Type under Same Month**

If the Billable Number of Days configured under Disruption Templates details are 5 and limit type is 'Month'

Allowable Number of Days Before Counting Toward Threshold = 0

1<sup>st</sup> Life events 'Start and end dates' are from 1<sup>st</sup> to 10<sup>th</sup> March and 1<sup>st</sup> Client Placement History logged 'Start and end dates' are from 1<sup>st</sup> to 10<sup>th</sup> March.

2<sup>nd</sup> Life events 'Start and end dates' are from 11<sup>th</sup> to 20<sup>th</sup> March and 2<sup>nd</sup> Client Placement History 'Start and end dates' are from 11<sup>th</sup> to 20<sup>th</sup> March.

System will create a placement rate service from 1<sup>th</sup> to 20<sup>th</sup> of March on multiple client placement history.

When the ready to bill job runs, the system will make the charge status ready to bill from 1<sup>st</sup> to 5<sup>th</sup> of March.

The charge created from 6<sup>th</sup> to 31<sup>st</sup> of March has the charge error. and charge status is 'Not ready to bill' because the limit was already exceeded in the previous disruption. It will reset from 1<sup>st</sup> April.

### **5. Multiple disruption templates with different types and 'Disruption' as a limit type.**

#### **5A. Multiple disruption templates for the 'Disruption' Limit Type under same year with Same types**

If the Billable Number of Days configured under Disruption Templates details are 5 and limit type is 'Disruption'

Allowable Number of Days Before Counting Toward Threshold = 0

1<sup>st</sup> Life events 'Start and end dates' are from 1<sup>st</sup> to 10<sup>th</sup> March and 1<sup>st</sup> Client Placement History 'Start and end dates' are from 1<sup>st</sup> to 10<sup>th</sup> March.

2<sup>nd</sup> Life events 'Start and end dates' are from 11<sup>th</sup> to 20<sup>th</sup> March and 2<sup>nd</sup> Client Placement History 'Start and end dates' are from 11<sup>th</sup> to 20<sup>th</sup> March.

System will create a placement rate service from 1<sup>th</sup> to 20<sup>th</sup> of March based on multiple client placement histories.

When the ready to bill job runs, the system will make the charge status ready to bill from 1<sup>st</sup> to 5<sup>th</sup> of March and 11<sup>th</sup> to 15<sup>th</sup> of March respectively based on client life events respectively.

The charge created from 6<sup>th</sup> to 10<sup>th</sup> and 16<sup>th</sup> to 20<sup>th</sup> of March have the charge error. and the charge status is 'Not ready to bill'.

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**5B. Multiple disruption templates for the 'Disruption' Limit Type under same year with different types**

If the Billable Number of Days configured under Disruption Templates details are 5 and limit type is 'Disruption'

Allowable Number of Days Before Counting Toward Threshold = 0

1<sup>st</sup> Life events 'Start and end dates' are from 1<sup>st</sup> to 10<sup>th</sup> March and Client Placement History logged 'Start and end dates' are from 1<sup>st</sup> to 10<sup>th</sup> March.

2<sup>nd</sup> Life events 'Start and end dates' are from 3<sup>rd</sup> to 7<sup>th</sup> March.

System will create a placement rate service from 1<sup>th</sup> to 10<sup>th</sup> of March based on client placement history.

When the ready to bill job runs, the system will make the charge status ready to bill from 1<sup>st</sup> to 5<sup>th</sup> of March.

The charge created from 6<sup>th</sup> to 10<sup>th</sup> of March has the charge error. and the charge status is 'Not ready to bill'.

If different types of disruption rules are created with overlapping client life events, then the system will consider whichever configured 1<sup>st</sup>.

The charges created after 10<sup>th</sup> of March are out of client life events, so the charge will be set with 'Ready to bill' status.

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**Author:** Debanjit Das

**31. EII # 128477: Updated the 'Remove Selected Charges From Batch' process to handle the charge and charge history correctly**

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

**Navigation Path:** Go Search – 'Charges/Claims' – 'Charges/Claims' list page -- Select the Batch hyperlink -- Click on 'Remove Selected Charges from Batch' button from the Claim Processing popup screen.

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

**Purpose:** To update the logic of the action "Remove Selected Charges From Batch" so that it removes selected changes only from that particular batch.

With this release, the logic for 'Remove Selected Charges from Batch' button in the Claim Processing popup screen has been updated

1. When the user clicks on the 'Remove Selected Charges from Batch' button from the Claim Processing popup screen, it will now remove the selected charges from only the particular batch that has been selected, instead of removing the charges from all the batches.

2. The Charge Status for that Charge ID(removed Charge) will be updated to "Charge Created" after this action ('Remove Selected Charges from Batch'). This will happen if the Charge was present only in the batch it got deleted from.

3. If the selected Charge is still present in other batches, the charge status will remain as "Claim Sent".

4. In the Charges table, the "last billed date" for the charge will be updated based on the billing history, i.e., if it was present in other batches prior to the one from which it was removed, the "last billed date" will be the date it was billed in the previous batch. Also, if the charge gets removed from all the batches it was in OR if it was not present in any other batch, the first billed date will be updated to Null.

## Claims

Reference No	Task No	Description
32	EII # 128457	To implement custom hook to upload batch claim and to save the sub account value in claim entry screen
33	Core Bugs # 128788	Claim lines: Unused Check details pop up: The Update button is not working.
34	Core Bugs # 128987	Previous Incorrect 'Denial Reasons' are displayed in the RA Report PDF when the claim is paid for less than full amount.
35	Core Bugs # 129371	Claim lines: All option is not working to select all claims.

**Author:** Renuka Gunasekaran

**32. EII # 128457: To implement custom hook to upload batch claim and to save the sub account value in claim entry screen.**

**Note:** This change is specific to the customer who is having the customization logic in their environment.

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

**Navigation Path:** NA

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

With this release, a custom hook is implemented in the stored procedures scsp\_InsertBatchClaimCustomFields and scsp\_InsertBatchUploadCustomClaimFields, to upload batch claim and to save the subaccount/subaccount type values for claim entry screen. However, these changes do not affect any core functionality of the system.

**Author:** Renuka Gunasekaran

**33. Core Bugs # 128788: Claim lines: Unused Check details pop up: The Update button is not working.**

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

**Navigation Path 1:** 'My Office' - 'Claim Lines' - Select 'Status' as 'Approved', Select 'Insurer' and 'Bank Accounts' - 'Apply Filter'.

**Navigation Path 2:** Select Approved Claim Line - 'Select Action' - 'Pay' - Change the check number - 'Unused Check Details Popup' - 'Update'.

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



Before this release, here was the behaviour. In the claim lines pay pop up of the Claim lines screen, when the user changed the check number and added the reason in the 'Unused Check Details Popup', the Update button was not working.

With this release, the above-mentioned issue has been resolved. Now, the Update button is working when the user changes the check number and adds the reason in the 'Unused Check Details Popup' in the Claim lines screen under the claim lines pay pop up.

---

**Author:** Renuka Gunasekaran

### **34. Core Bugs # 128987: Previous Incorrect 'Denial Reasons' are displayed in the RA Report PDF when the claim is paid for less than full amount.**

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

**Navigation Path:** 'My Office' - 'Claims' - Select a 'Client' - Select Claim type 'I'/'P'/'PP'/'PI' - 'Claim entry screen' - 'Save' - 'Claim line Details screen' - 'Select Action' - 'Adjudicate' - Denied with reason 'Billing Code requires Authorization But one does not exist' - 'Client' - 'CM Client Authorization' - 'CM Client Authorization details' screen - Insert and Save - Select 'Denied Claim line' - 'Select Action' - 'Adjudicate' - 'Select Action' - 'Pay' - 'Print RA' - 'RA Report' PDF.

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

Before this release, here was the behavior. The Previous Incorrect Denied reasons were displayed for Paid Claim Lines in the 'RA report' PDF, when the claim was paid for less than the full amount.

With this release, the above-mentioned issue has been resolved. The 'RA Report' PDF now accurately displays the proper adjudication reason, when a claim is paid for less than the full amount.

---

**Author:** Renuka Gunasekaran

### **35. Core Bugs # 129371: Claim lines: All option is not working to select all claims.**

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

**Navigation Path:** Go search- Claim Lines (My Office)- Set filters - Select 'All' option- 'Select Action'.

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

Before this release, here was the behavior. In the Claim lines screen, when the user selected the 'All' option and then clicked on any option from 'Select Action', not all the claim lines were displayed in the respective action popup.

With this release, the above-mentioned issue has been resolved. Now, in the Claim lines screen, when the user selects the 'All' option and then clicks on any option from 'Select Action', then all the claim lines are displayed.



## Claim to Service

Reference No	Task No	Description
36	EII # 128567	Changes in the 'Services Details' to set the Total Duration as an override to the existing logic of sending the claim units.

**Author:** Renuka Gunasekaran

**36. EII # 128567: Changes in the 'Services Details' to set the Total Duration as an override to the existing logic of sending the claim units.**

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

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

**Navigation Path 1:** 'Administration' - 'Global Codes' - 'PCMChargeType' as Category Name -> 'Always', 'Per' as 'CodeName'.

**Navigation Path 2:** 'Administration' - 'Configuration Key' - 'ShowUnitsOnBillingCodeModifiers' Configuration Key name.

**Navigation Path 3:** 'Administration' - 'Billing Codes' - 'Billing Code Details' screen - 'Billing Code Modifiers' tab - Select billing code - 'Procedure Code' Drop Down - 'Unit' textbox and Select 'Change PCM Charge Type' - 'Insert/Modify' - 'Save'.

**Navigation Path 4:** 'Client' search - Select Client from 'Client Search' - 'My Office' - 'Claims'/'Claim Lines' - Select Claim type 'I'/'P'/'PI'/'PP' - 'Claim Entry Screen' - 'Save' - 'Claim Line Details screen' - 'Select Action' - 'Adjudicate' - 'Select Action' - 'Pay' - 'Pay Popup' - 'Print Check'.

**Navigation path 5:** 'My Office' - 'Service from Claims' - Select 'Paid Claim' - Select 'Create service' icon - Select the 'Serviceid' hyperlink - 'Service Details' screen.

**Purpose:** To Create a way to Map MCO Billing Code/Billing Code Modifier records to a standard time value. This is to use during the Service from Claims process to set the Total Duration on services as an override, to the existing logic of sending the claim units.

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

With this release, a new configuration key '**ShowUnitsOnBillingCodeModifiers**' has been implemented. This enables the 'Units' textbox and 'Change PCM Charge Type' dropdown in the 'Billing Code Modifier' tab of the 'Billing code Details' screen. Also, a new logic has been implemented to set the 'Total Duration' in the 'Services', instead of using 'claim units' for specific 'Billing Codes/Billing Code Modifiers', in the "Service from Claims" process.

Configuration Key Details

☒ Allow Edit

Configuration Keys

Key

ShowUnitsOnBillingCodeModifiers

SourceTableName

Module

Screen

Value

Yes

Description

Read Key as --- This configuration key controls if the Units field displays on the Billing Code Modifiers tab

A) If the key-value is set to "No" these fields will not be displayed. This is the default behavior
B) If the key-value is set to "Yes" these fields will be displayed.

Note:

1. If by chance the value of the key is updated with any value apart from the allowed values, the system will consider the default behavior, i.e. same as the key value being "No".

Comments

Please enter your special instructions or comments...

### Configuration key Details:

**System Config Key:** ShowUnitsOnBillingCodeModifiers

**Read the Key as:** Show Units On Billing Code Modifiers.

**Allowed Values:** Yes, No

**Default Value:** No

**Modules :** SCM MCO.

### Description:

This configuration key controls the Units field display on the Billing Code Modifiers tab.

A) If the key-value is set to "No", these fields will not be displayed. **This is the default behavior.**

B) If the key-value is set to "Yes", these fields will be displayed.

### Note:

If by chance the value of the key is updated with any value apart from the allowed values, the system will consider the default behavior, i.e. same as the key value being "No".

### Billing Code Details- 'Billing Code Modifier' tab:

The below-mentioned options are displayed in the 'Billing Code Modifier' tab.

### Billing Code Details

General
Standard Rates
Standard Rules
By Insurer
Billing Code Modifiers
Authorization Questions
Billing Code Exchange
Admin Fee

**Code**  
Code

**Rule**  
Allow More than 1 claim per day ☐ Yes ☐ No

**Modifiers**

Modifier 1   
Modifier 3   
Procedure Code   
Description

Modifier 2   
Modifier 4   
Start Date   
End Date   
☒ Active

Units

Per   
Select PCM Charge Type  
Always  
Per

**Rate** ☐ Show Only Active

	BillingCodeModifier	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description	Procedure Code	Active	Start Date	End Date
<input checked="" type="radio"/>	135					KT_MCO	Depression	Y		
<input checked="" type="radio"/>	136	AB	CD			ABCD	Depression	Y		
<input checked="" type="radio"/>	141	KU				Test	1111	Y		

### Modifiers section:

**Units:** This is the textbox field that mentions the 'Units' of the 'Service Details' screen. This textbox displays the value in numeric.

**Per:** This is a dropdown field with the following dropdown options:

1. Select PCM Charge Type
2. Always
3. Per

### 'Global Codes Details' Screen:

#### PCMChargeType:

The 'Select PCM Charge Type' drop-down value pulls the value from the 'PCMChargeType' global category name under the 'Global Codes' screen.

### Global Code Details

Category
Category Code 
Category Name 
☒ Active
☐ User Defined Category

☐ Allowed to add/modify/delete codes  
☐ Allowed to modify code names  
☒ Allowed to modify sort order  
☐ Has Subcodes

Description  
Global Codes in this list will be used to calculate the service duration in the Service From Claims Process.

**Organization/Affiliate Setup**
☒ Primary Driven  
☒ Allow Addition By Affiliate  
☒ Allow Deactivation By Affiliate

**Code Details**
Code ID 
Code Name 
☒ Active
☒ Cannot Modify Name or Delete Code

External Code 1   
External Code 2   
External Source 1   
External Source 2   
Sort Order 
Code 
Color   
Icon  Search or Select

Description 
Add/Modify Subcodes

Modify
Clear

**Code List** ☒ Show Active Codes Only

	Code ID	Code Name	Code	Sort Order	Cannot Modify
<input checked="" type="radio"/>	11136670	Always	Always	1	Y
<input checked="" type="radio"/>	11136671	Per	Per	2	Y

In the 'Global Code Details' screen, the 'Code List' grid will contain the following fields:

**Always** - When the value is "Always", then the value in the newly added 'Units' textbox in the 'Billing Code Modifiers' tab will be the duration of the service.

**Per** - When the value is "Per", then the value in the newly added 'Units' textbox in the 'Billing Code Modifiers' tab \* the units in the claim will be the duration in the 'Service' record.

### 'Service Details' screen:

A new logic has been followed when the 'Always' and 'Per' options are enabled only when the configuration key '**ShowUnitsOnBillingCodeModifiers**' is set to 'Yes' and both the fields are updated with the values. If either of these values is NULL, then **existing core functionality will be followed** in the 'Service Details' to display the total duration calculation.

Service Detail

Service Detail

Billing Diagnosis

Resource(s)

Authorization(s)

Disposition

Service

Client...

Test1, Eii12376...

Status

Show

Start Date

09/09/2024

Program

MCO\_Program

Procedure

MCO\_procedure1

Modifier...

Start Time

12:00 PM

Total Duration

40

Minutes

Clinician Name

L550, F550

End Date

09/09/2024

Location

Bangalore

Attending

Referring

Client was present

Other Person(s) Present

Cancel Reason

Group...

Charge

\$0.00

Balance

Rate ID

Billable

Do Not Complete

Mode Of Delivery

Travel Time

Minutes

Note

Face to Face Time

Minutes

Documentation Time

Minutes

Evidence Based Practices

Override Charge Amount

Overridden By

Transportation Service

Override Errors

Overridden By

Interpreter Services Needed

Warnings / Errors

Date

Error Type

Error Message

Next Step

No data to display

Custom Fields

### Data Model Changes:

The new columns 'Units' and 'PCMChargeType' are added to the 'BillingCodeModifiers' table.

## Client Account

Reference No	Task No	Description
37	Core Bugs #128391	Client Account: When users mark the service as Delete or 'Error', then the system was posting the incorrect Client account balance.
38	Core Bugs #128930	Duplicate clients are displayed in the Client Accounts screen
39	EII # 128168	Changes are implemented in the Client Account (Client) and Client Accounts (My office) screens.

**Author:** Saravanakumar Nagarajan

**37. Core Bugs # 128391: Client Account: When users mark the service as Delete or 'Error', then the system was posting the incorrect Client account balance.**

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

**Prerequisite:** Map Client Information screen to any value in the Disposition drop down.

**Navigation Path 1:** Client - Services - Click on the 'New' button - Enter all the required fields- complete a service.

**Navigation Path 2:** Go search- Client Account.

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

Before this release, here was the behavior. When the users mark the service as Delete or 'Error', then the system posts the incorrect Client account balance.

With this release, the above-mentioned issue is resolved. Now, the logic is modified in the client account balance calculation in the ARLedger, Charges and Services. If the service records are deleted or marked as 'Error', then it will not change the Client account balance.

---

**Author:** Yashas Kydalappa

**38. Core Bugs # 128930: Duplicate clients are displayed in the Client Accounts screen.**

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

**Navigation Path:** Go search-Client Accounts (My Office).

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

Before this release, here was the behavior. The duplicate client records were displayed for some of the clients on the Client account screen.

With this release, the above mentioned issue has been resolved. Now, no duplicate client records are displayed under the client accounts screen.

**Author:** Saravanakumar Nagarajan

### 39. EII # 128168: Changes are implemented in the Client Account (Client) and Client Accounts (My office) screens.

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

**Navigation Path 1:** Go Search-Staff/Users(Administration) – Click on the staff name-Roles/ Permissions – Permissions – Select Screens – Enter internal collection in Permission Item – Apply Filter – Click on Granted by role.

**Navigation Path 2:** Client Account (Client) –Select Internal Collections Checkbox-Verify the Internal Collections tab.

**Navigation Path 3:** Client Accounts (My Office) - Client Accounts – Filter Option – Apply Filter – Verify grid values.

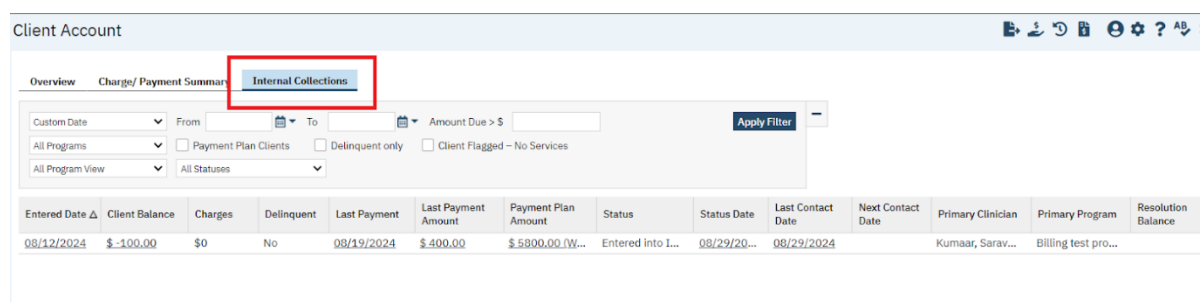
#### Functionality 'Before' and 'After' release:

**Purpose:** This enhancement is to Provide the ability to have direct access/visibility to Internal Collections from Client Account (Client) screen. This will let the users filter for records based on Internal Collection mapping and generate statements for such records.

With this release, a new tab named 'Internal Collections' is added to the Client Account (Client) screen. On click of this tab, the SmartCare will display the Internal collection list that would display charges linked to a particular Client's Account.

1. The Internal Collections tab in the Client Account (Client) screen, will initialize the data from the Internal Collections (My office) list page.

**Note:** The Client Name and Client Id are not displayed on the screen.



The screenshot shows the 'Client Account' interface. At the top, there are tabs: 'Overview', 'Charge/ Payment Summary', and 'Internal Collections'. The 'Internal Collections' tab is highlighted with a red box. Below the tabs, there are filter options including 'Custom Date', 'From', 'To', 'Amount Due > \$', 'All Programs', 'Payment Plan Clients', 'Delinquent only', and 'Client Flagged - No Services'. An 'Apply Filter' button is visible. Below the filters is a table with columns: 'Entered Date', 'Client Balance', 'Charges', 'Delinquent', 'Last Payment', 'Last Payment Amount', 'Payment Plan Amount', 'Status', 'Status Date', 'Last Contact Date', 'Next Contact Date', 'Primary Clinician', 'Primary Program', and 'Resolution Balance'. The first row of data shows: '08/12/2024', '\$-100.00', '\$0', 'No', '08/19/2024', '\$400.00', '\$5800.00 (W...', 'Entered Into L...', '08/29/20...', '08/29/2024', 'Kumaar, Sarav...', 'Billing test pro...', and 'Resolution Balance'.

2.The below additional filters and columns are added to the Client Accounts (My Office) List Page. So that records can be filtered and accessed based on the internal Collections as well.

Client Accounts (3029)

Filter icons: Search, Star, Download, Settings, **Column Configurations**, New Column Configurations, Help, Close

Filters:

- All Clients
- All Episode Statuses
- Enrolled in Program...
- Complete and Incomplete Financial Information
- Last Name Begins With...
- All Clinicians
- Any Balance
- Last Statement
- # of statements sent since Last Client Payment
- Financial Assignment...
- Don't Send Statement
- ☐ Internal Collections
- Apply Filter

Select: All, All on Page, None

ent ID	Client Name	Client Balance	Don't Send Statement	Last Statement	Last Client Payment	3rd Party Balance	Primary Plan	Need Information	Internal Collections	# of statements sent since Last Client Payment	Last Letter date	Last Letter Sent
8	Zxyv.Zxyv		No	05/25/2021		\$0.00		Yes	No			
7	Zxy.Zxyv		No	05/25/2021		\$0.00		Yes	No			
7	Ztest/01.Cl...		No			\$0.00		Yes	No			
0	Zest.Client90		No			\$0.00		Yes	No			
4	Zest.Client9		No			\$0.00		No	No			
0	Zest.Client8		No			\$0.00		Yes	No			
9	Zest.Client7	\$200.00	No	07/30/2024		\$0.00		No	No			
6	Zest.Client6	\$50.00	No	07/30/2024		\$0.00		No	No			
5	Zest.Client5		No			\$0.00	Aetna	Yes	No			
3	Zest.Client3		No			\$0.00		Yes	No			
8	Zest.Client2		No			\$0.00		Yes	No			
5	Zest.Client10	\$0.00	No			\$1,400.00	Aetna	No	No			
5	Y.Yash		No			\$0.00		Yes	No			
0	XYZ.ABCD		No	05/25/2021		\$0.00		Yes	No			
4	Xcbbcx.Test		No			\$0.00		Yes	No			
4	WTRback.C		No			\$0.00		Yes	No			

The below mentioned details will be displayed in the Client Accounts (My Office) List Page.

### Filter Section:

**Internal Checkbox:** This is a checkbox, if this checkbox is checked, then it will filter for client account records where Internal Collection mapping = YES.

**# of statements sent since Last Client Payment:** This is a numeric textbox field that will help users to filter for client accounts based on the number of statements sent after their last payment was made.

**Last Statement:** This is a Calendar Control field. This will allow users to filter for records based on the last statement date.

### Grid Section:

**Internal Collections:** This is a varchar, and the column is displayed with 'Yes' and 'No' values based on the following conditions.

**Yes:** if the Client Account record has Internal Collection mapping.

**No:** if there are no charges for the Client in Internal Collections that means the client account has no Internal Collection mapping.

**# of statements sent since Last Client Payment:** This is a numeric field. This will display the total number of statements sent to client after the last payment was made.

**Last Letter date:** This is a Calendar Control field, it displays the Last letter sent date.

**Last Letter sent:** This will display the Letter template name that is last sent to Client.

### Toolbar:

**Column Configurations options:** The [Column Configurations](#) and [New Column Configurations](#) icon is added to the toolbar in the Client Accounts (My Office) list page.

## Client Clinical Problems

Reference No	Task No	Description
40	Core Bugs # 129209	Issues with client clinical problems in Group Services.
41	EII # 127088	Problem List modifications disappearing on Groups and Service Notes

**Author:** Sithara Ponnath

### 40. Core Bugs # 129209: Issues with client clinical problems in Group Services.

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

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

**Prerequisite:**

1. System configuration keys configureCDAGProblemListVisibilitySettingsAcrossPrograms is set to Yes.
2. System configuration keys 'DisplayCDAGSectionInStaffDetails' and 'EnableClinicalDataAccessGrouping' values are set to 'Yes'.

**Navigation Path:** 'My Office' -- 'Groups' -- 'Groups' screen -- click on New -- 'Group Details' screen -- Create a group of 'Progress Note' -- Add a few clients in the 'Clients' section -- Click on 'Save' -- 'Schedule' tab -- click on 'New Group Service' button to schedule a group service -- 'Group Service Detail' screen -- Select required data in 'Service' tab -- Go to 'Note' tab -- 'Client Note' sub tab --- Select each client, search and select problem in the 'Problem Details' section and do not select the program from the 'Program' dropdown -- Click on 'Insert' button -- -- Navigate to another screen and return to 'Group Service Detail' via unsaved changes link --- Click on 'Save' -- Click on 'Sign My Notes' button.

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

Before this release, here was the behavior. The below mentioned issues were encountered in the Group Service Note.

Client Clinical problems were not correctly inserted in the 'Problem Details' section of the 'Group Service Detail' screen, when there were multiple clients in Group Services.

The Client clinical problems when there was no program selected in the Group Services, then the system was displaying the below error when the user navigated to the 'Group Service Detail' screen from another screen.

**Error Message:** 'Column 'ProgramId' does not belong to table ClientClinicalProblems'.

With this release, the above-mentioned issues have been resolved. Now, Client Clinical problems are correctly inserted when there are multiple clients. The error message is not displayed when there is no program selected in the Group Services and the user navigates to the 'Group Service Detail' screen from another screen.

---

**Author:** Sithara Ponnath

### 41. EII # 127088: Problem List modifications disappearing on Groups and Service Notes.

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



**Navigation Path 1:** 'My Office' --- 'Groups' screen – Create a group of 'Progress Note' --- Add a few clients in the 'Clients' section – Save it – Go to 'Schedule' tab click on 'New group Service' button to schedule a group service – Select required data in 'Service' tab – Go to 'Note' tab – 'Client Note' sub-tab --- Select each client, search and select problem in the 'Problem Details' section --- Click on 'Insert' button – Click on 'Save/Sign My Notes' button.

**Navigation Path 2:** 'Client' --- 'Services/Notes' screen --- Click on 'New' icon --- Enter required data in the 'Service' tab – Select a Procedure which is associated to a 'Progress Note' --- Go to 'Note' tab – 'Problem Details' section – Search and select a problem – Click on 'Insert' button --- Click on 'Save/Sign' button.

**Navigation Path 3:** 'Client' --- Search a document which has 'Problem Details' section (E.g.: CalAIM Assessment document) --- 'Problem Details' section – Search and select a problem – Click on 'Insert' button --- Click on 'Save/Sign' button.

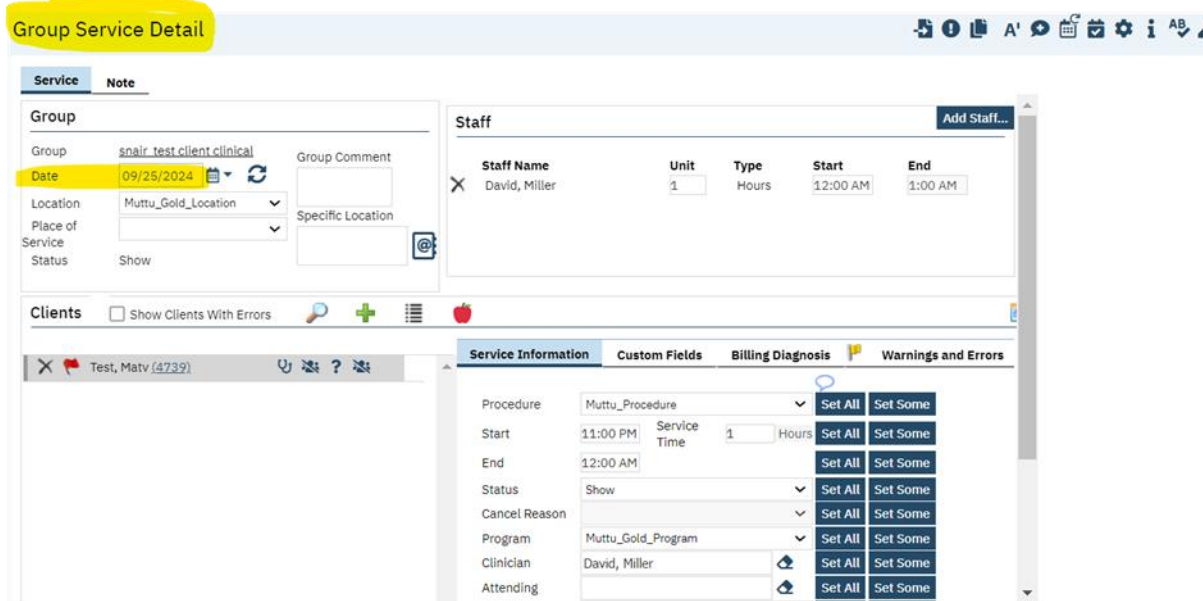
### Functionality 'Before' and 'After' release:

**Purpose:** When a user opens the service and adds a new problem, it defaults to today's date. But if date of service was yesterday (or different from today), then this is an issue as they can no longer see it on the service detail screen. The logic is changed now to default to start date of service vs. today's date.

With this release, the below functionality has been implemented in the 'Problem Section' of 'Group Service', 'Service Note' and 'Document' screens.

**Group Service Details Screen:** The 'Start Date' field will be defaulted to a date same as that of the start date of 'Group Service' in the 'Group Service Details' screen.

Group Service Detail



The screenshot displays the 'Group Service Detail' interface. At the top, there's a 'Service' tab and a 'Note' tab. The 'Service' tab is active, showing a 'Group' section with fields for 'Group' (snair\_test client clinical), 'Date' (09/25/2024), 'Location' (Muttu\_Gold\_Location), 'Place of Service', and 'Status' (Show). There's also a 'Group Comment' field. Below this is a 'Staff' section with a table for 'Staff Name', 'Unit', 'Type', 'Start', and 'End'. The table has one row for 'David, Miller' with 'Unit' 1, 'Type' Hours, 'Start' 12:00 AM, and 'End' 1:00 AM. Below the 'Staff' section is a 'Clients' section with a checkbox for 'Show Clients With Errors'. The bottom part of the screen shows a 'Service Information' tab with fields for 'Procedure' (Muttu\_Procedure), 'Start' (11:00 PM), 'End' (12:00 AM), 'Status' (Show), 'Cancel Reason', 'Program' (Muttu\_Gold\_Program), 'Clinician' (David, Miller), and 'Attending'. Each of these fields has 'Set All' and 'Set Some' buttons.

**Group Service Detail**

Service Note

Group Note Client Note

Sign My Notes Co-Signer(s)...

Add Co-Signer

☐ Only Show clients where I am the Note Author ☐ Only show notes with Validation Errors

Hide Clients

Test, ... (4739)

Note Treatment Plan Goals Addressed Co-Signers

General

**Problem Details**

★

Code Search Description Search

Start Date: 09/25/2024 End Date: Program Sigmasoft

Insert Clear

**Problem List**

			SNOMED Description	SNOMED CT Code	ICD 10 Code	Start Date	End Date	Program
X	<input type="radio"/>	<input type="info"/>	Haemophilus meningitis (disord...	192643004	G00.0	09/24/2024		Muttu_Gold_Program
X	<input type="radio"/>	<input type="info"/>	Open multiple fractures of uppe...	17367000	T07	09/20/2024		Sigmasoft
X	<input type="radio"/>	<input type="info"/>	Carcinoma in situ of salivary gla...	109827007	D00.00	09/20/2024		Sigmasoft

**'Service Note' screen:** The 'Start Date' field will be defaulted to a date same as that of the start date of 'Service' in the 'Service Note' screen (which is also same as effective date of service note).

**Progress Note (MH)**

Effective 09/25/2024 Status In Progress Author David, Miller 09/23/2024 10/01/2024

Service Note Billing Diagnosis Resource Warnings Encounter Form

General

**Problem Details**

★

Code Search Description Search

Start Date: 09/25/2024 End Date: Program 1010Programs

Insert Clear

**Problem List**

			SNOMED Description	SNOMED CT Code	ICD 10 Code	Start Date	End Date	Program
X	<input type="radio"/>	<input type="info"/>	Multi infarct dementia with athe...	106021000119105	F01.50	05/31/2024		ACTest8
X	<input type="radio"/>	<input type="info"/>	Neoplasm of oral cavity and lip ...	1163347004	D00.00	05/31/2024		ACTest8
X	<input type="radio"/>	<input type="info"/>	Fetal disorder due to maternal r...	1004024006	P00.1	05/31/2024		Muttu_Gold_Program

**Documents Screen:** The 'Start Date' field will be defaulted to a date same as that of the effective date of 'Documents' screen.

CalAIM Assessment

Effective 09/26/2024

Status In Progress

Author Nair, Sithara

Sign

General

Problem List

Problem Details

★

Code Search

Description Search

Start Date: 09/26/2024

End Date:

Program

Insert

Clear

Problem List

	SNOMED Description	SNOMED CT Code	ICD 10 Code	Start Date	End Date	Program
<input checked="" type="checkbox"/>	Thrombocytopenia, anasarca, f...	1187615007	D69.6	09/26/2024		1019_Program_1
<input checked="" type="checkbox"/>	Congenital insensitivity to pain ...	1237623009	G60.8	09/26/2024		

## Client Flags

Reference No	Task No	Description
42	EII # 126758	Flag Creation - Guardian didn't cosign the document
43	EII # 127786	Added 'Hospice Care' and 'Palliative Care' flags including recode categories.
44	Core Bugs # 129190	The Flag alerts are not displayed in the ascending order.
45	EII # 128452	To Implement Flags for 10% NOMs reporting.

**Author:** Girish Jayanna

**42. EII # 126758: To Flag Creation - Guardian didn't cosign the document.**

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

**Prerequisites:**

- The "Age of Majority" dropdown value is selected in Document Codes for the respective documents.
- The "Legal Guardian" checkbox is selected in Document Codes for the respective documents.

**Navigation Path 1:** Administration – 'Document Codes'.

**Navigation Path 2:** Select client – 'Client Flags (Clients)'.

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

**Purpose:** To make sure that guardian signatures are collected for the clients who are minors for the documents.

With this release, the below flag is implemented when these conditions are satisfied :

1. If the client's age in Client Information (C) is less than the "Age of Majority" dropdown value in Document Codes and there is no guardian signature on the associated document for which the "Age of Majority" is selected, this flag will appear for the author of the document.
2. If the client has a "Legal Guardian" and there is no legal guardian signature on any of the client's documents, regardless of the "Age of Majority" selected or unselected, this flag will appear for the author of the document.
3. This flag will appear as a nightly job and attach an associate document.

**Note:**

- If the client has multiple contacts as "Legal Guardian", then upon any legal guardian's signature, the flag will be ended.
- If the client has multiple "guardians" and the "Age of Majority" selected in "Document codes," then upon any guardian's signature, the flag will be ended.

**Flag Details:**

- **Flag Type:** Guardian didn't cosign the document.
- **Flag Content:** Guardian has to cosign the document.
- **Level:** Information.
- **Start Date:** Document Signed Date.
- **End Date:** **Date when the guardian co-signed the document.**
- **Assigned To:** Author of the document.
- **Link To:** Respective Document.

Client Flag Details

Note Information

Type

The Guardian didn't cosign the document

ID 46957

Work Group

☒ Active

Level

Information

Protocol

Protocol Flag ID

Program

Note

Guardian has to cosign the document.

☐ This flag recurs

Open Date

Display Date

08/28/2024

Due Date

End/Completed Date

Provider

Completed By

Link to

☐ Nothing
 ☒ Document
 

Client Orders

Open

Assigned Users

Assigned Roles

X

Smith, Killer

No data to display

Comment

Guardian has to cosign the document.

☐ Permitted Flag

☐ Do not display flag

☐ Never Pop Up

☒ Always Pop Up

**Author:** Deepika Sanjeevkumar

**43. EII # 127786: Added 'Hospice Care' and 'Palliative Care' flags including recode categories.**

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

**Prerequisite:** The client has a service, and the Service is complete by following the below **path**:

Login 'SmartCare' application – 'Client' search – Select a client – 'Assign Program' – 'Add Service Note' – 'Services' – Complete Services.

**Navigation Path:** Go search – Flag Types (Administration)-- 'Flag Types' list page – 'Hospice Care' Flag/ 'Palliative Care' Flag.

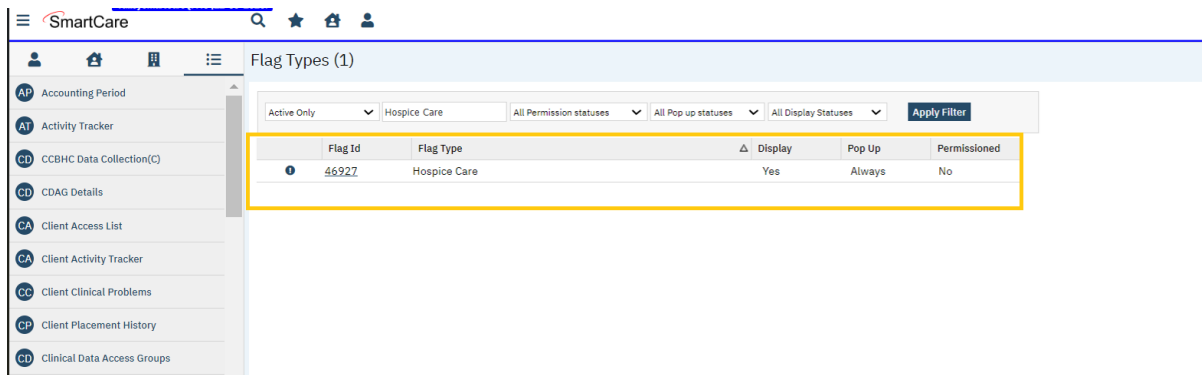
**Functionality 'Before' and 'After' release:**

**Purpose:** Added 'Hospice Care' and 'Palliative Care' Client Flags, those will be used in the logic of UDS Table 6B and Table 7.

With this release, the below changes have been implemented for the Flags:

1. The 'Hospice Care' and 'Palliative Care' flags are added to the 'Flag Types (Administration)'.

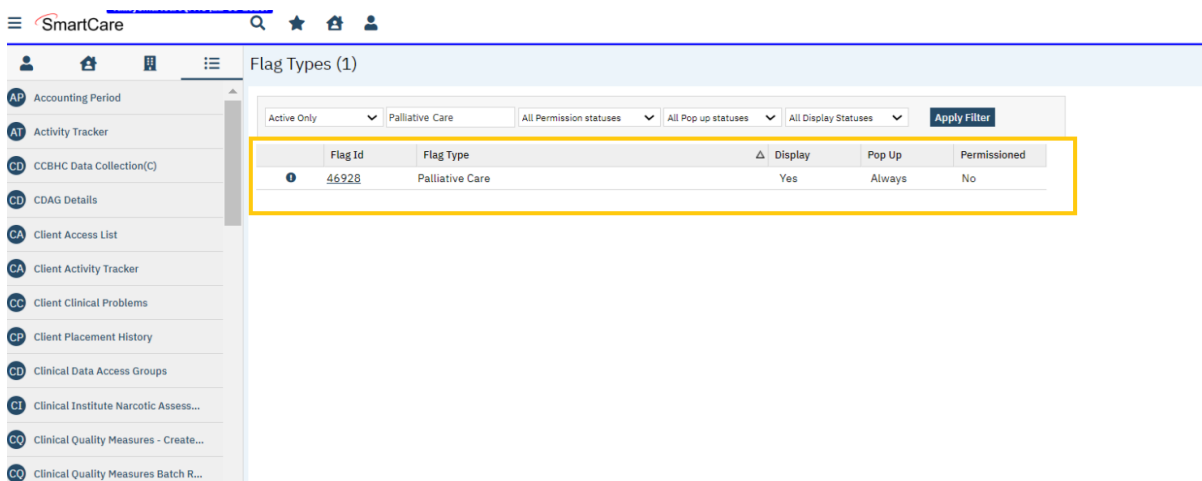
**Hospice Care Flag:**



The screenshot shows the 'Flag Types (1)' table in the SmartCare application. The table has columns: Flag Id, Flag Type, Display, Pop Up, and Permissioned. A single row is highlighted with a yellow border, showing Flag Id 46927, Flag Type Hospice Care, Display Yes, Pop Up Always, and Permissioned No. Above the table, there are filter dropdowns: Active Only, Hospice Care, All Permission statuses, All Pop up statuses, and All Display Statuses, followed by an 'Apply Filter' button.

Flag Id	Flag Type	Display	Pop Up	Permissioned
46927	Hospice Care	Yes	Always	No

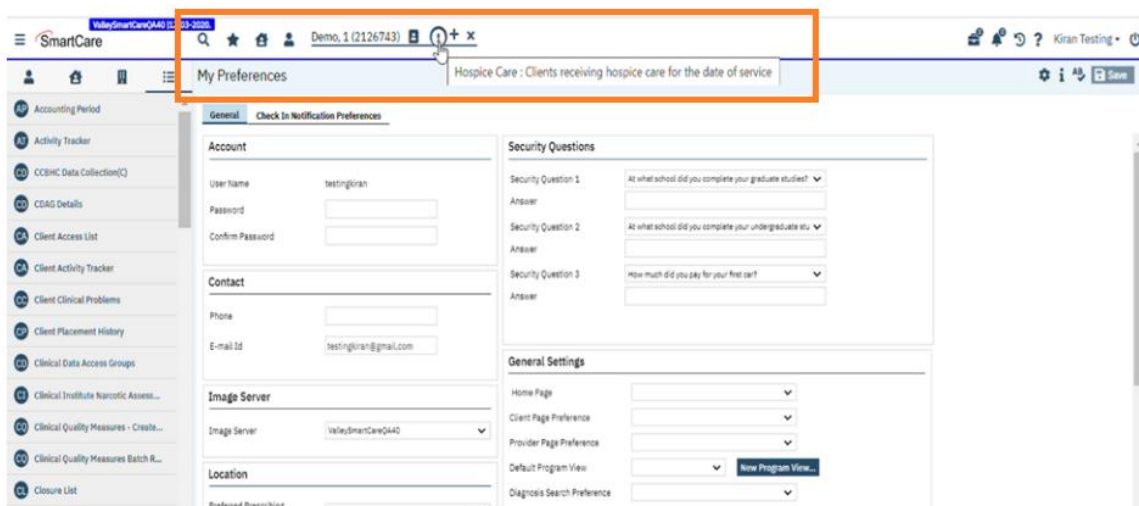
### 'Palliative Care' Flag:



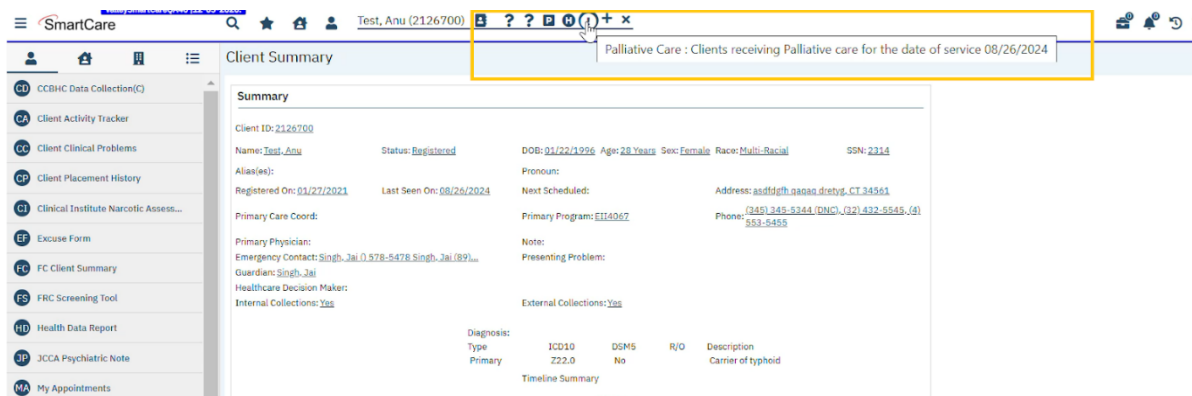
The screenshot shows the 'Flag Types (1)' table in the SmartCare application. The table has columns: Flag Id, Flag Type, Display, Pop Up, and Permissioned. A single row is highlighted with a yellow border, showing Flag Id 46928, Flag Type Palliative Care, Display Yes, Pop Up Always, and Permissioned No. Above the table, there are filter dropdowns: Active Only, Palliative Care, All Permission statuses, All Pop up statuses, and All Display Statuses, followed by an 'Apply Filter' button.

Flag Id	Flag Type	Display	Pop Up	Permissioned
46928	Palliative Care	Yes	Always	No

2. Once the 'Hospice Care' and 'Palliative Care' flags are added to 'Flag Types (Administration)', flags are displayed in the tooltip for the clients.



The screenshot shows the 'My Preferences' page in the SmartCare application. A tooltip is displayed over the 'Hospice Care' flag, showing the text: 'Hospice Care : Clients receiving hospice care for the date of service'. The tooltip is highlighted with an orange border. The page includes sections for Account, Contact, Image Server, Location, Security Questions, and General Settings.



3. The 'FQHCHospiceCare', and 'FQHCPalliativeCare' recode categories are added for 'Hospice Care' and 'Palliative Care' Flags.
4. The default flag ID will be added as an integer code ID(FlagTypeID) and Character Code ID ( Eg. 385763009).
5. Standard billing code is added to the 'Procedure rates' (Client has a Service and service Status is complete).
6. The 'SCCreateFlagForUDSHospicePalliativeCareServices' job will run every night for flag creation.
7. After completing services that are mapped with standard billing codes, the 'Hospice Care' and 'Palliative Care' flags will be displayed on the client accounts.

**Data Model Changes:** The 'StartDate', and 'EndDate' columns are added to the 'FQHCUDSMMeasureValueSet' table.

**Author:** Girish Jayanna

#### 44. Core Bugs # 129190: The Flag alerts are not displayed in the ascending order.

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

**Navigation Path:** Login to 'SmartCare' application-Client Search - 'Flag Alert' Pop up.

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

Before this release, here was the behavior. In the Flag Alert popup, the flags were displayed based on the "Level" field, which had three options: urgent, warning, and information. Users were now requested to display the flags based on the order of which flag alerts appeared first.

With this release, the above-mentioned issue has been resolved. Now, the logic is modified so that the flags are displayed in ascending order based on the StartDate in the Flag Alert pop up.

**Author:** Girish Jayanna

#### 45. EII # 128452: To Implement Flags for 10% NOMs reporting.

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

**Navigation Path 1:** Client -- 'Program Assignments' -- 'Program Assignment Details' screen.

**Navigation Path 2:** Client -- 'Coverage' -- 'Coverage' screen.

**Navigation Path 3:** Client -- 'National Outcome Measures (NOMs)' document' -- 'National Outcome Measures (NOMs)' ' screen.

**Navigation Path 4:** Client -- Timelines/Flags/Events' -- 'Client Flags' -- 'Client Flag Details' screen.

**Navigation Path 5:** Administration – Configuration Keys – search for 'SetPercentageOfClientsForFlagtypeNOMsReportingRandomSelect' configuration key – click on Key hyperlink – Configuration Key Details – set to number range from 10 to 100 in increment of 10.

**Navigation Path 6:** Administration – Configuration Keys – search for 'SetNumberOfDueDaysForFlagNOMSReassessmentDueToCCBHCReport ' configuration key – click on Key hyperlink – Configuration Key Details -- set to 3 or 6.

**Navigation Path 7:** Administration – 'Recodes' – Search for 'TESTCLIENTEXCLUSIONS' -- 'Recode Detail' screen.

**Purpose:** To add a Client Flag to randomly sample 10% of customer clients for SPARS reporting.

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

With this release, the following flags have been implemented:

1. NOMs Reporting - 10% Random Select.
2. NOMs Baseline Due
3. NOMs Reassessment Due
4. NOMs Discharge Due

**Below are the conditions for 'NOMs Reporting - 10% Random Select' flag & 'NOMs Baseline Due' flag:**

The system will check for following conditions:

Client is newly enrolled in a CCBHC program where Program Details (Admin)>Reporting>CCBHC Reporting =YES AND where Client Program Assignments> Program Status=Enrolled and Enrolled Date is <= the current date.

**AND**

The CCBHC Program Enrolled Date <= -2 days of current date. (no more than 2 days prior to current date)

**OR**

Client has Coverage Plan where Plan Details>Reporting>CCBHC Reporting=YES AND Plan start date is <= current date

**AND**

CCBHC Coverage plan was added for client-to-Client Coverage Plans within the last 2 days.

1. System will Check that ClientID is not entered in Recode Category '**TESTCLIENTEXCLUSIONS**' integercodeID as this is maintained for Client exclusions for CCBHC reporting. If ClientID is inserted in this recode, system will not proceed.
2. System will check the Configuration % set per Logic below.  
[Config Key] = 'SetPercentageOfClientsForFlagtypeNOMsReportingRandomSelect'



Each customer may set a different percentage which counts toward the random selection. The default value is 10%, however, the agency needs to be able to configure other integer values.

When configuration is set to NULL	0% of CCBHC reportable clients will be selected.
When configuration is set to 10	10% of CCBHC reportable clients will be selected.
When configuration is set to 20	20% of CCBHC reportable clients will be selected.
When configuration is set to 30	30% of CCBHC reportable clients will be selected.
When configuration is set to 40	40% of CCBHC reportable clients will be selected.
When configuration is set to 50	50% of CCBHC reportable clients will be selected.
When configuration is set to 60	60% of CCBHC reportable clients will be selected.
When configuration is set to 70	70% of CCBHC reportable clients will be selected.
When configuration is set to 80	80% of CCBHC reportable clients will be selected.
When configuration is set to 90	90% of CCBHC reportable clients will be selected.
When configuration is set to 100	100% of CCBHC reportable clients will be selected.

Client Flag Details

Note Information

Type

NOMs Reporting - 10% Random Select

ID 46986

Work Group

CCBHC NOMs

☒ Active

Level

Information

Protocol

Protocol Flag ID

Note

The flag is generated when Client has been randomly selected for NOMs completion as a SPARS reportable client.

☐ This flag recurs

Open Date

09/26/2024

Display Date

09/26/2024

Due Date

End/Completed Date

Provider

Completed By

Link to

☐ Nothing

☐ Document

[Open](#)

Assigned Users

Assigned Roles

No data to display

No data to display

Comment

The flag is generated when Client has been randomly selected for NOMs completion as a SPARS reportable client.

☐ Permitted Flag

☐ Do not display flag

☒ Never Pop Up

☐ Always Pop Up

Client Flag Details

Note Information

Type

NOMs Baseline Due

ID 46987

Work Group

CCBHC NOMs

☐ Active

Level

Information

Protocol

Protocol Flag ID

Note

The flag is generated when Client has been randomly selected for NOMs completion as a SPARS reportable client.

☐ This flag recurs

Open Date

09/26/2024

Display Date

09/26/2024

Due Date

10/03/2024

End/Completed Date

09/27/2024

Provider

Completed By

Link to

☐ Nothing
 ☒ Document
 

NOMS (Core)

Open

Assigned Users

Assigned Roles

No data to display

No data to display

Comment

The flag is generated when Client has been randomly selected for NOMs completion as a SPARS reportable client.

☐ Permitted Flag

☐ Do not display flag

☐ Never Pop Up

☒ Always Pop Up

### **Below are the details of 'NOMs Reporting - 10% Random Select' flag**

**Flag Type:** NOMs Reporting - 10% Random Select

**Default Level:** Information

**Work Group:** CCBHC NOMs

**Open Date:** Date of Enrollment to CCBHC Plan or Program

**Create Date:** Date Client Flag was created

**Display Date:** Equals Open Date

**Due Date:** NULL

**End/Completed Date:** National Outcome Measures (NOMs) Document where type = Discharge, Effective Date

**Description:** The flag is generated when Client has been randomly selected for NOMs completion as a SPARS reportable client.

### **Below are the details of NOMs Baseline Due flag**

**Flag Type:** NOMs Baseline Due

**Default Level:** Information

**Work Group:** CCBHC NOMs

**Open Date:** Date of Enrollment to CCBHC Plan or Program

**Create Date:** Date Client Flag was created

**Display Date:** Equals Open Date

**Due Date:** Open Date + 7 days

**End/Completed Date:** National Outcome Measures (NOMs) Document where type = Baseline, Effective Date

**Description:** The flag is generated when Client has been randomly selected for NOMs completion as a SPARS reportable client.

### **Below are the conditions for 'NOMs Reassessment Due' flag:**

For flag NOMs Reassessment Due, the system will check the below conditions:

1. When a Signed National Outcome Measures (NOMs)' document has assessment type = Baseline with effective date  $\geq$  the flag start date, then NOMs Baseline Due flag will end and 'NOMs Reassessment Due' flag will be triggered.
2. The agency will be able to configure if they want to set a 3- or 6-month Reassessment Date.
3. The system will Check the below configuration Key set per below logic.  
[Config Key] = 'SetNumberOfDueDaysForFlagNOMSReassessmentDueToCCBHCReport'

If the configuration key value = NULL: system will not generate flag for 'NOMs Reassessment Due'.

If configuration key value = 3: System will generate a flag for 'NOMs Reassessment Due' with a due date of 90 days from Baseline NOMS Document Effective Date, display flag starting at -30 days of due date (+60 days). Flag reoccurs, with due date +90 days following the effective date of the previous Reassessment NOMs (National Outcome Measures (NOMs) document, assessment type = Reassessment), visible starting -30 days before the due date.

If configuration key value = 6 : System will generate a flag for 'NOMS Reassessment CCBHC Random Select' with a due date of 180 days from Baseline NOMS Document Effective Date, display flag starting at -30 days of due date (+150 days). Flag reoccurs, with due date +180 days following the effective date of the previous Reassessment NOMs (National Outcome Measures (NOMs) document, assessment type = Reassessment), visible starting -30 days before the due date.

4. System will generate 'NOMs Reassessment Due' flag based on the below conditions.  
Must be flagged for NOMs Random Reporting.  
Must have had a baseline NOMs completed)
5. The flag will only be visible during the 30 days prior to the next Reassessment Due Date. It does not have to be closed and added if it is possible to display it only during the appropriate time.
6. Flag Ends when NOMs document is signed where assessment type = discharge and effective date  $\geq$  'NOM's Reassessment Due' Flag start date.

Client Flag Details

Note Information

Type

NOMs Reassessment Due

ID 46988

Work Group

CCBHC NOMs

☒ Active

Level

Information

Protocol

Protocol Flag ID

Note

The flag is generated when Client has a National Outcome Measures (NOMs) Document completed where type = In

☐ This flag recurs

Open Date

09/27/2024

Display Date

12/26/2024

Due Date

11/26/2024

End/Completed Date

Provider

Completed By

Link to

☐ Nothing

☒ Document

NOMS (Core)

[Open](#)

Assigned Users

Assigned Roles

No data to display

No data to display

Comment

The flag is generated when Client has a National Outcome Measures (NOMs) Document completed where type = Initial or Reassessment

☐ Permitted Flag

☐ Do not display flag

☐ Never Pop Up

☒ Always Pop Up

### **Below are the details of 'NOMs Reassessment Due' flag**

**Flag Type:** NOMs Reassessment Due

**Default Level:** Information

**Work Group:** CCBHC NOMs

**Open Date:** National Outcome Measures (NOMs) Document where type = Baseline, Effective Date

**Create Date:** National Outcome Measures (NOMs) Document where type = Baseline, Effective Date

**Display Date:** 31 days prior to due date

**Due Date:** If configuration is set to 3, then set reoccurring due date to 90 days, first occurrence is 90 days after the effective date of National Outcome Measures (NOMs) Document where type = Initial

If configuration is set to 6, then set reoccurring due date to 90 days, first occurrence is 180 days after the effective date of National Outcome Measures (NOMs) Document where type = Initial

If configuration is not set, do not automatically set reoccurring period on flag, create for all clients who receive a National Outcome Measures (NOMs) Document where type = Initial but set to Inactive.

**End/Completed Date:** NOMs Discharge Due Flag Open Date

**Description:** The flag is generated when Client has a National Outcome Measures (NOMs) Document completed where type = Initial or Reassessment.

### Below are the conditions for 'NOMs Discharge Due' flag:

For Flag NOMs Discharge Due the system will check the below conditions :

1. Client program is discharged, and discharge date is greater than reassessment due start/display date then NOMs Reassessment Due flag will be ended and NOMs Discharge Due flag will create.
2. Signed NOMs document with assessment type = discharge and effective date of document is greater than Discharge due date, then 'NOMS Reporting Random Select' and 'NOMS Discharge Due' flags will be automatically ended.

Client Flag Details

Note Information

Type

NOMs Discharge Due

ID 46989

Work Group

CCBHC NOMs

☒ Active

Level

Information

Protocol

Protocol Flag ID

Note

The flag is generated when Client has a National Outcome Measures (NOMs) Document completed where type = In

☐ This flag recurs

Open Date

09/27/2024

Display Date

09/27/2024

Due Date

09/27/2024

End/Completed Date

Provider

Completed By

Link to

☐ Nothing

☒ Document

NOMS (Core)

Open

Assigned Users

Assigned Roles

No data to display

No data to display

Comment

The flag is generated when Client has a National Outcome Measures (NOMs) Document completed where type = Initial or Reassessment AND client episode is closed (discharged)

☐ Permitted Flag

☐ Do not display flag

☐ Never Pop Up

☒ Always Pop Up

### Below are the details of 'NOMS Discharge Due' flag

**Flag Type:** NOMs Discharge Due

**Default Level:** Information

**Work Group:** CCBHC NOMs

**Open Date:** Date of CCBHC Program Discharge or Date of CCBHC Plan End

**Create Date:** Date Client Flag was created

**Display Date:** Date of CCBHC Program Discharge or Date of CCBHC Plan End

**Due Date:** Same time as client CCBHC Program Discharge or Same time as CCBHC Plan End Date entered

**End/Completed Date:** National Outcome Measures (NOMs) Document where type = Discharge, Effective Date

**Description:** The flag is generated when Client has a National Outcome Measures (NOMs) Document completed where type = Initial or Reassessment AND client episode is closed (discharged)

### Configuration Key details

**Key:** 'SetPercentageOfClientsForFlagtypeNOMsReportingRandomSelect'

**Read Key as:** Set Percentage of Clients for Flag Type NOMs Reporting Random Select.

**Allowed Values:** Positive integer (10 to 100 in increment of 10).

**Default Value:** None

**Module:** Flags

**Description:** The key setting determines the percentage of all CCBHC clients who should have a NOMs flag. For example, if there are 1,000 clients actively enrolled when the NOMs flag job runs, and 100 clients currently have the NOMs flag, and the configuration key is set to 13%, then the job should aim to flag 30 newly enrolled clients to bring the total up to 130 (13%)

Default Property: If the default value is blank, no flags will be created. And if the key value is 0, The population of CCBHC reportable clients will be 0%, no flags will be triggered for the Clients.

Configuration Key Details

☒ Allow Edit

Configuration Keys

Key	SetNumberOfDueDaysForFlagNOMSReassessment
SourceTableName	
Module	Flags
Screen	Client Flags (372)
Value	0
Description	<div> <div>Read Key as: Set Number of Due Days for Flag NOMS Reassessment Due document to CCBHC Report</div> <div> This key is used to generate the flag due date for the NOMS Document "Reassessment Due" with a due date based on the key value.  Due Date Logic:   If the configuration is set to 3: Generate a flag for 'NOMS Reassessment Due' with a due date of 90 days from the Baseline NOMS Document Effective Date. The flag display date will be 30 days prior to the due date (+60 days).   If the configuration is set to 6: Generate a flag for 'NOMS Reassessment CCBHC Random Select' with a due date of 180 days from the Baseline NOMS Document Effective Date. The flag display date will be 30 days prior to the due date (+150 days).   Example:   If the Baseline NOMS Document Effective Date is '08/19/2024' and the configuration is set to 3, then:   The Client Note (Flag) Due Date will be '11/17/2024'.   The Display Date will be '10/18/2024'.   Default Property: If the default key value is blank, the "NOMS Reassessment Due" flag will not be added to the Client flags list. The requirement specifies that if the configuration key value is NULL, no flag should be generated for "NOMS Reassessment Due," and clients will not be selected for a NOMS reassessment. The acceptable values for this configuration key are either 3 or 6; if any other value is used, a flag will be triggered for the client, but the due date of the Flag will remain blank. </div> </div>

**2.[Key] = 'SetNumberOfDueDaysForFlagNOMSReassessmentDueToCCBHCReport'**

**Read Key as:** Set Number of Due Days for Flag NOMS Reassessment Due document to CCBHC Report.

**Allowed Values:** Positive integer 3 or 6 only.

**Default Value:** None

**Module:** Flags

**Description:** This key is used to generate the flag due date for the NOMS Document "Reassessment Due" with a due date based on the key value.

**Due Date Logic:**

**If the configuration is set to 3:** Generate a flag for 'NOMS Reassessment Due' with a due date of 90 days from the Baseline NOMS Document Effective Date. The flag display date will be 30 days prior to the due date (+60 days).

**If the configuration is set to 6:** Generate a flag for 'NOMS Reassessment CCBHC Random Select' with a due date of 180 days from the Baseline NOMS Document Effective Date. The flag display date will be 30 days prior to the due date (+150 days).

Example:

If the Baseline NOMS Document Effective Date is '08/19/2024' and the configuration is set to 3, then:

The Client Note (Flag) Due Date will be '11/17/2024'.

The Display Date will be '10/18/2024'.

**Default Property:** If the default key value is blank, the "NOMS Reassessment Due" flag will not be added to the Client flags list.

The requirement specifies that if the configuration key value is NULL, no flag should be generated for "NOMS Reassessment Due," and clients will not be selected for a NOMS reassessment.

The acceptable values for this configuration key are either 3 or 6.

if any other value is used, a flag will be triggered for the client, but the due date of the Flag will remain blank.

Configuration Key Details

Allow Edit

Configuration Keys

Key

SetNumberOfDueDaysForFlagNOMSReassessment

SourceTableName

Module

Flags

Screen

[Client Flags \(372\)](#)

Value

0

Description

i

Read Key as: Set Number of Due Days for Flag NOMS Reassessment Due document to CCBHC Report

This key is used to generate the flag due date for the NOMS Document "Reassessment Due" with a due date based on the key value.  
Due Date Logic:

If the configuration is set to 3: Generate a flag for 'NOMS Reassessment Due' with a due date of 90 days from the Baseline NOMS Document Effective Date. The flag display date will be 30 days prior to the due date (+60 days).

If the configuration is set to 6: Generate a flag for 'NOMS Reassessment CCBHC Random Select' with a due date of 180 days from the Baseline NOMS Document Effective Date. The flag display date will be 30 days prior to the due date (+150 days).

Example:

If the Baseline NOMS Document Effective Date is '08/19/2024' and the configuration is set to 3, then:

The Client Note (Flag) Due Date will be '11/17/2024'.

The Display Date will be '10/18/2024'.

Default Property: If the default key value is blank, the "NOMS Reassessment Due" flag will not be added to the Client flags list. The requirement specifies that if the configuration key value is NULL, no flag should be generated for "NOMS Reassessment Due," and clients will not be selected for a NOMS reassessment. The acceptable values for this configuration key are either 3 or 6; if any other value is used, a flag will be triggered for the client, but the due date of the Flag will remain blank.

### Recode Details:

Recode Category: TESTCLIENTEXCLUSIONS

**Description:** ClientID's included in this recode is excluded from creating a flags.

## Recode Detail

### Recodes

#### Category

Category Code 

Category Name 

Mapping Entity 

Description

Test clients to be excluded



#### Recode Details

Code Name 

Start Date 

End Date 

Character Code Id 

Integer Code Id 

Insert

Clear

#### Recode List

	Code Name	From Date	To Date	Character Code Id	Integer Code Id
<input checked="" type="checkbox"/>	Test	09/01/2024			1122

## Client Information

Reference No	Task No	Description
46	EII # 128289	Changes are implemented in 'Upcoming Birthdays' report.

**Author:** Santhosh Krishnegowda

**46. EII # 128289: Changes are implemented in 'Upcoming Birthdays' report.**

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

**Navigation Path1:** Client – Client Information (C) – 'Client Information (C)' screen.

**Navigation Path2:** 'My office' – 'Upcoming Birthdays' report – Click on 'View Report'.

**Purpose:** To pull correct Client records in the Upcoming Birthday report.

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



Before this release, here was the behavior. The Client records were not displayed correctly in the Upcoming Birthday report.

With this release, the client records will be displayed in the 'Upcoming Birthdays' report based on the below mentioned conditions

- When the client does not have either phone number or address, then the client record will display with a blank phone number or address in the 'Upcoming Birthday' report.

Client Information (C)

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

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

Foster Care MAT Custom Fields

**General Information**

Type of Client ☒ Individual ☐ Organization

Client ID 1512 SSN 4567 [Modify...](#) Primary Clinician Primary Physician

Prefix First Name Client\_UBD1 Middle Name Last Name Test Suffix

E-Mail Medicaid ID ☒ Active Professional Suffix

Medicare Beneficiary ID

Patient Portal ID [Create](#) [Reset](#)

**Phone Numbers**

Home ☒ DNC ☐ DNLM ☐

Business ☒ ☐ ☐

Home 2 ☒ ☐ ☐

Business 2 ☒ ☐ ☐

**Addresses**

Office ☒ ☐

☐ Billing [Details...](#) [History](#)

**Comment**

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

Report View - Google Chrome

ssdwebsrv.smartcarenet.com/Smartcare60Functional/ShowReport.aspx?ReportId=TjqpPwWtrAA%3D&ReportServerId=RUNPkriID3Q%3D&StaffId=undefined&ReportServerPath=ESzh0GuDJTA15XL...

Start Date 1/1/2024 End Date 12/31/2024

Enter age at upcoming birthday: 1

[View Report](#)

**Clients Turning 1 Years Old**

Between 01/01/2024 and 12/31/2024

Client Id	First Name	Middle Name	Last Name	DOB	Client Address	Phone Number
1136	Praveen1		Test	01/23/2023	QA Testing, KS 12345	
1272	Client5		Restricted	10/30/2023		
1309	Oneyear		Clientlessthan	09/28/2023	#4455 dfd ddf.AZ 54323	
1512	Client_UBD1		Test	09/10/2023		

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- When a client has multiple phone numbers then in the Upcoming Birthday report, client phone number will be displayed based on the first entered number of any phone type (Like Mobile, Home, Business etc).

Client Information (C) 🔍 ⚙️ ⓘ AB 📄 Save ✕

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

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

Foster Care MAT Custom Fields

**General Information**

Type of Client ☒ Individual ☐ Organization

Client ID 1513 SSN 6876 [Modify...](#) Primary Clinician  Primary Physician

Prefix  First Name Client\_UBD2 Middle Name  Last Name Test Suffix

E-Mail  Medicaid ID  ☒ Active Professional Suffix

Medicare Beneficiary ID

Patient Portal ID  [Create](#) [Report](#)

**Phone Numbers**

Business ☒ (123) 456-7890 ☐ DNC ⓘ ☐ DNLM ⓘ

Home ☒ (987) 654-3210 ☐ ☐

Business ☒ ☐ ☐

Home 2 ☒ ☐ ☐

**Addresses**

Office ☒

☐ Billing [Details...](#) [History](#)

**Comment**

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

Report View - Google Chrome

ssdwebsrv.smartcarenet.com/Smartcare60Functional/ShowReport.aspx?ReportId=TjqPwWlrAA%3D&ReportServerId=RUNPkrIID3Q%3D&StaffId=undefined&ReportServerPath=ESzh0GuDJTA1...

Start Date 1/1/2024 End Date 12/31/2024

Enter age at upcoming birthday: 18 [View Report](#)

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**Clients Turning 18 Years Old**  
Between 01/01/2024 and 12/31/2024

Client ID	First Name	Middle Name	Last Name	DOB	Client Address	Phone Number
1184	P		Test	03/03/2006		
1217	Validation2504		Test	05/11/2006	5861 Main Street2504 . pbox123 Coral Gables, FL 33134	(789) 090- 2301
1513	Client_UBD2		Test	09/12/2006		(123) 456- 7890

- When a client has multiple addresses then in the 'Upcoming Birthday' report, the client address will be displayed based on 'Address Type' global code sort order.

Client Information (C) 🔍 ⚙️ ⓘ AB 📄 Save ✕

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

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

Foster Care MAT Custom Fields

**General Information**

Type of Client ☒ Individual ☐ Organization

Client ID 1514 SSN 5876 [Modify...](#) Primary Clinician  Primary Physician

Prefix  First Name Client\_UBD3 Middle Name  Last Name Test Suffix

E-Mail  Medicaid ID  ☒ Active Professional Suffix

Medicare Beneficiary ID

Patient Portal ID  [Create](#) [Report](#)

**Phone Numbers**

Home ☒  ☐ DNC ⓘ ☐ DNLM ⓘ

Business ☒  ☐

Home 2 ☒  ☐

Business ☒  ☐

2 ☒  ☐

**Addresses**

Temporary Residence ☒ Temp address  
bangalore,CO 60601

☐ Billing [Details...](#) [History](#)

**Comment**

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

Report View - Google Chrome

ssdwebsrv.smartcarenet.com/Smartcare60Functional/ShowReport.aspx?ReportId=TjqpPwWtrAA%3D&ReportServerId=RUNPkriID3Q%3D&StaffId=undefined&ReportServerPath=ESzh0GuDJTA1...

Start Date: 1/1/2024 End Date: 12/31/2024

Enter age at upcoming birthday: 24

View Report

Reference No	Task No	Description
1476	Programrequired	Test 08/16/2000
1479	Test Validations	AugMSP 09/03/2000 test ,
1483	Mutlu_Diagnosis	Test 09/04/2000
1485	Id1	Test 09/05/2000
1488	Client_Cont2	Test 01/11/2000
1489	Client_Cont3	Test 11/12/2000
1497	Amit_100	Test 08/31/2000
1498	Amit_101	Test 09/01/2000 test test, AL 45454
1499	Amit_102	Test 09/01/2000
1500	Amit_105	Test 09/02/2000 test test, SC 45454
1504	HuggiCoreAssessment	Test 10/01/2000
1507	Noms1	Test 10/03/2000
1508	Noms2	Test 10/03/2000
1509	Claim	Test1 09/20/2000
1514	Client_UBD3	Test 01/01/2000 Temp address bangalore, CO 60601

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## Client Information (C)

Reference No	Task No	Description
47	EII # 126697	Add "Legal Guardian" in Client Information (C) - Client Information Changes
48	EII # 128050	Added additional Demographics information on Client Hover box.
49	Core Bugs #128909	Client Information (C): An Validation message is displaying even after entering a correct email ID in the "E-Mail" field on the "General" tab.
50	Core Bugs #129040	Client Information: Inactive contact is shown as Active contact in the List of Contacts.
51	Core Bugs #129060	Client Information (C): Validations are displayed when No or Unknown option is selected in the 'Educational Needs' section of 'Foster Care' tab.
52	EII # 128636	New changes are added to the Contacts tab of the Client information(c) screen.

**Author:** Ram ya Nagaraj

**47. EII # 126697: Add "Legal Guardian" in Client Information (C) - Client Information Changes.**

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

**Navigation Path 1:** 'Client' - 'Client Information' screen - 'Contacts' tab.

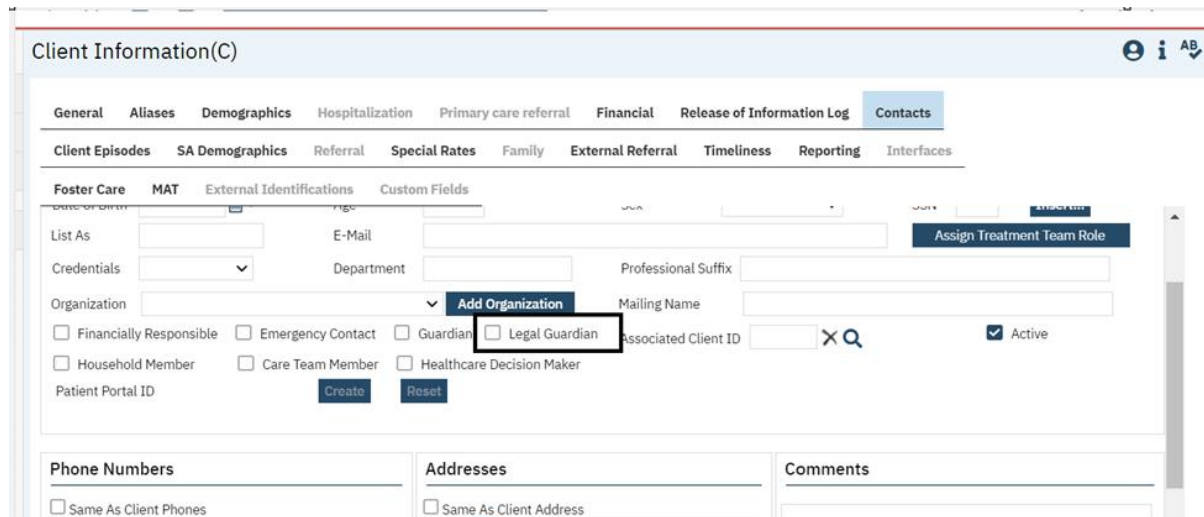
**Navigation Path 2:** 'Client' - 'Client Information C' screen - 'Contacts' tab.

**Navigation Path 3:** 'Client' - 'Client Information (Admin)' screen - 'Contacts' tab.

## Functionality 'Before' and 'After' release:

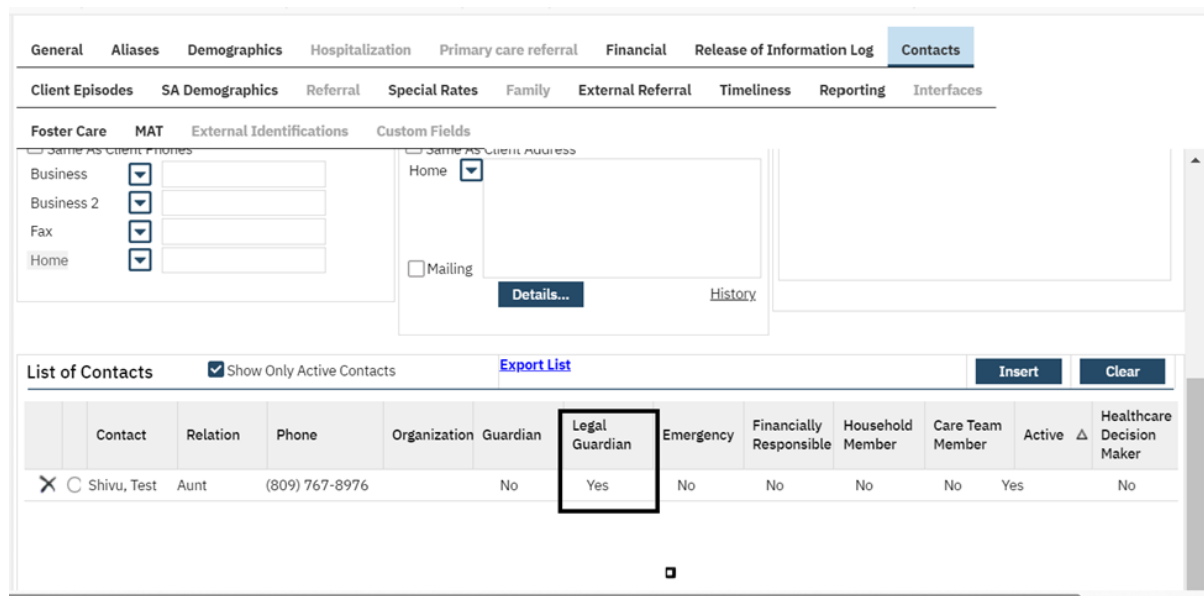
**Purpose:** To make sure we are getting guardian signatures for the clients who are minors and documents related to 'Release of Information' and 'Consent'.

With this release, a new checkbox named 'Legal Guardian' is implemented in 'Contacts' tab of Client Information screens.



The screenshot shows the 'Client Information(C)' screen with the 'Contacts' tab selected. The 'Legal Guardian' checkbox is highlighted with a red box. The form includes fields for 'List As', 'E-Mail', 'Credentials', 'Department', 'Professional Suffix', 'Organization', 'Mailing Name', 'Associated Client ID', and 'Active' checkbox. There are also buttons for 'Add Organization', 'Assign Treatment Team Role', 'Create', and 'Reset'.

This checkbox can be checked for any contacts that are being inserted into the 'List of Contacts' grid.



The screenshot shows the 'List of Contacts' grid with the 'Legal Guardian' column highlighted. The grid displays contact information for 'Shivu, Test' with the 'Legal Guardian' checkbox checked.

Contact	Relation	Phone	Organization	Guardian	Legal Guardian	Emergency	Financially Responsible	Household Member	Care Team Member	Active	Healthcare Decision Maker
X Shivu, Test	Aunt	(809) 767-8976		No	Yes	No	No	No	No	Yes	No

**Data Model Changes:** Added LegalGuardian column to ClientContacts table.

**Author:** Rakesh Naganagoda

## 48. EII # 128050: Added additional Demographics information on Client Hover box.

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

**Prerequisite:** The client has a service, and the Service is complete through the below **path**:

Login 'SmartCare' application – 'Client' search – Select a client – 'Assign Program' – 'Add Service Note' – 'Services' – Complete Services.

**Navigation Path 1:** Login to SmartCare application – Administration – 'Staff Details' Screen - Roles/Permissions - Permission Type [Tool Tip] – Grant permissions for Primary Physician, Ethnicity and Race.

**Navigation Path 2:** Select the required client – Navigate to Client Information(C) Screen – Select Primary Physician, Ethnicity and Race from General and Demographics tabs respectively.

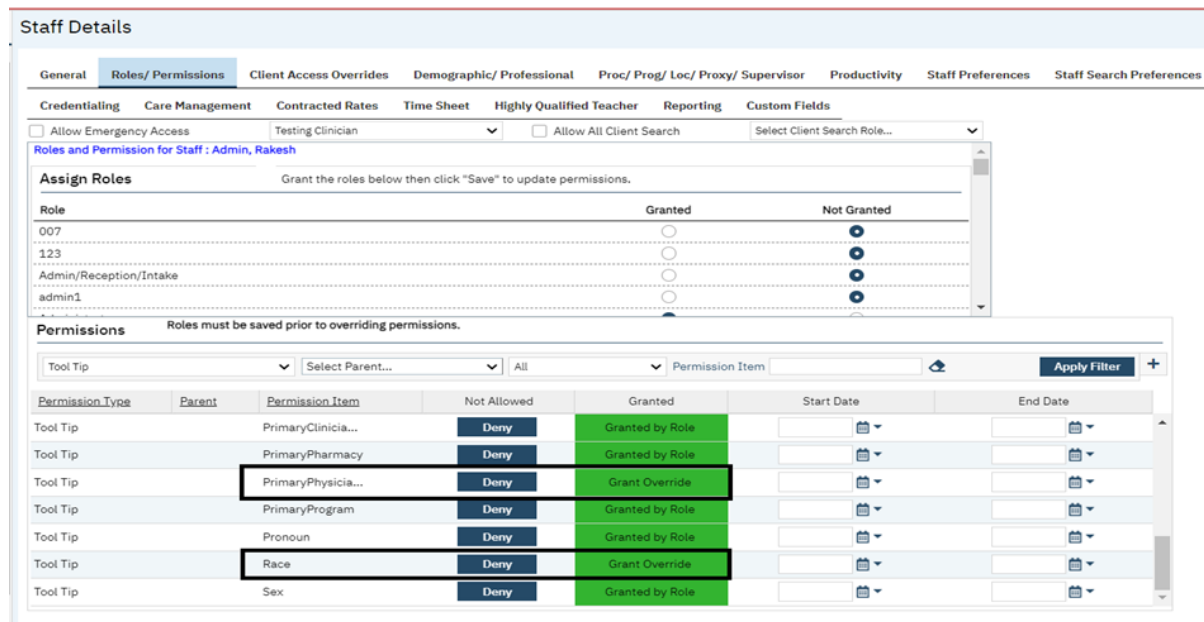
**Functionality 'Before' and 'After' release:**

**Purpose:** Added Race, Ethnicity and Primary Physician to Client Hover Over box to help Clinicians to be able complete service notes faster by looking up the information from the Client Hover Over box.

With this release, the below listed additional data information of the client, are added on the Client Hover box. Once the data of the below fields are selected in the Client Information(C) Screen, the selected information will be reflected on the Client Hover box of the selected client.

1. Ethnicity
2. Race
3. Primary Physician

**The Permissions given in Staff Details Screen:**



**Staff Details**

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

Credentialing Care Management Contracted Rates Time Sheet Highly Qualified Teacher Reporting Custom Fields

☐ Allow Emergency Access Testing Clinician ☐ Allow All Client Search Select Client Search Role...

Roles and Permission for Staff : Admin, Rakesh

**Assign Roles** Grant the roles below then click "Save" to update permissions.

Role	Granted	Not Granted
007	<input type="radio"/>	<input type="radio"/>
123	<input type="radio"/>	<input type="radio"/>
Admin/Reception/Intake	<input type="radio"/>	<input type="radio"/>
admin1	<input type="radio"/>	<input type="radio"/>

Roles must be saved prior to overriding permissions.

**Permissions**

Tool Tip Select Parent... All Permission Item Apply Filter +

Permission Type	Parent	Permission Item	Not Allowed	Granted	Start Date	End Date
Tool Tip		PrimaryClinicia...	Deny	Granted by Role		
Tool Tip		PrimaryPharmacy	Deny	Granted by Role		
Tool Tip		PrimaryPhysicia...	Deny	Grant Override		
Tool Tip		PrimaryProgram	Deny	Granted by Role		
Tool Tip		Pronoun	Deny	Granted by Role		
Tool Tip		Race	Deny	Grant Override		
Tool Tip		Sex	Deny	Granted by Role		

Test, Rakesh (6614)

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Name : Test, Rakesh

Chosen Name :

Alias(es) :

Address : Church Street, Bangalore, IN 78899

Phone :

Date of Birth : 05/26/1985 39 years old

Sex : Male

Gender Identity : Male

Pronoun : He

Ethnicity : Central Americano,Dominican

Race : Asian,White

Coverage Plan :

Primary Clinician : Belagali, Sunil

Primary Program : Test QA Program1

Primary Physician : Admin,Kartik

Medications :

Pharmacy :

Pharmacy Phone :

Pharmacy ZIP code :

MCO Provider :

**Note:**

1. If a client has multiple 'Ethnicity', then each Ethnicity is displayed by comma separation.
2. If a client has multiple 'Race', then each race is displayed by comma separation.
3. Displays the Primary Physician name in Last Name, First Name format.

**Author:** Ramya Nagaraj

**49. Core Bugs # 128909: Client Information (C): An Validation message is displaying even after entering a correct email ID in the "E-Mail" field on the "General" tab.**

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

**Prerequisite:**

1. Enter Invalid email id in 'General' tab of 'Client Information (C)' screen and click on 'Save' button. Validation will be displayed.
2. Now clear the email id field in 'General' tab and enter valid email id.

**Navigation Path:** 'Client' search - 'Client Information (C)' screen.

### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The below validation message was still displayed even after entering a correct email ID in the "E-Mail" field on the "General" tab of the "Client Information (C)" screen.

**Validation Message:** "Please enter valid email id."

With this release, the above-mentioned issue has been resolved. Now, the above validation message is no longer displayed when a valid email ID is entered into the "E-Mail" field in the "Client Information (C)" screen.

**Author:** Sunita Biradar

**50. Core Bugs # 129040: Client Information: Inactive contact is shown as Active contact in the List of Contacts.**

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

**Navigation Path:** Client – Client Information (c) -- 'Client Information (c)' screen -- Contacts tab – 'List of Contacts'.

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

Before this release, here was the behavior. In the Contacts tab of the Client Information screen, Inactive contact was shown as Active contact in the List of Contacts grid.

With this release, the above-mentioned issue has been resolved. Now, an Inactive contact will be displayed as Inactive contact in the List of Contacts grid of the Client Information screen.

---

**Author:** ~~Shivakanth Moger~~

**~~51. Core Bugs # 129060: Client Information (C): Validations are displayed when No or Unknown option is selected in the 'Educational Needs' section of 'Foster Care' tab.~~**

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

**Navigation Path:** ~~'Client' -- 'Client Information (c)' -- 'Client Information (c)' screen -- 'Foster Care' tab -- 'Educational Needs' section.~~

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

~~Before this release, here was the behavior. In the Foster Care tab of the Client Information(C), the required field validations were triggered if 'No' or 'Unknown' option was selected in the below-mentioned drop-down fields of the 'Educational Needs' section:~~

~~Enrolled in School  
Special Education  
IEP  
504 Plan  
Gifted Student  
College Courses  
Standard Educational Path~~

~~With this release, the above-mentioned required field validations are removed. Now, the validations are not triggered if 'No' or 'Unknown' option is selected in the below-mentioned drop-down fields of the 'Educational Needs' section.~~

~~Special Education~~

[Enrolled in School](#)  
[IEP](#)  
[504 Plan](#)  
[Gifted Student](#)  
[College Courses](#)  
[Standard Educational Path](#)

**Author:** Sunita Biradar

## 52. EII # 128636: New changes are added to the Contacts tab of the Client information(c) screen.

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

**Navigation Path:** Client' – 'Client Information(c)' – 'Contacts' tab-Preferences section.

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

**Purpose:** Communication and Language Preferences for each Client Contact is an important information that will be useful for any further communication with the Contact.

With this release, the Preferences section is added to the contacts tab under the Client information (c)screen.

Preferences

Communication Preference

☐ Text Message
 ☐ Email
 ☐ Voice

Primary/Preferred Language

☐ Interpreter Services Needed

The following fields are displayed under the Preferences section.

**1.Communication Preference:** This is a checkbox and displayed with following options:

- Text Message
- Email
- Voice

**2.Primary/Preferred Language:** This is a drop-down field and the values are binding from the Global Code Category 'LANGUAGE'.

**3. Interpreter Services Needed:** This is a checkbox field. This will indicate if the contact would need an Interpreter when contacted.

**Note:** The new section "Preferences" on the Contacts tab is added right above the "List of Contacts" grid.

**Data Model Changes:** The columns PrimaryLanguage , InterpreterServiceNeeded, CommunicationPreferenceTextMessage,CommunicationPreferenceEmail,CommunicationPreferencePhone are added to the **ClientContacts** table.



## Client Inpatient Visits

Reference No	Task No	Description
53	Core Bugs # 128543	Add index for Status column in ClientInpatientVisits table

**Author:** Aishwarya Bommaklar

### 53. Core Bugs # 128543: Add index for Status column in ClientInpatientVisits table.

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

**Prerequisite:** 'AllowedToOpenDirectly' column is set to 'Y' for the 'Bed Attendance' screen in the 'screens' table.

**Navigation Path:** NA.

#### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. It was observed that the Status column did not have non clustered index in 'ClientInpatientVisits' table.

With this release, the Index for Status column is added in 'ClientInpatientVisits' table.

**Data Model Changes:** Index for Status column is added for 'ClientInpatientVisits' table.

---

## Client Inquire screen

Reference No	Task No	Description
54	Core Bugs # 129448	Inquiries initializing with incorrect client addresses

**Author:** Sachin Ranganathappa

### 54. Core Bugs # 129448: Inquiries initializing with incorrect client addresses.

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

**Navigation Path:** Client' -- 'Client Inquiries (client) -- 'New'.

#### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The client address (Street) added in Client Information screen was not initialized to 'Address1' field of 'Inquiry Details' screen. Instead, the incorrect address got populated in 'Inquiry Details' screen.

With this release, the above-mentioned issue has been fixed. The client address (Street) added in Client Information screen is initialized to 'Address1' field of 'Inquiry Details' screen. Now, the correct address of client is populated in 'Inquiry Details' screen.

## Client Orders

Reference No	Task No	Description
55	EII # 127466	Client Orders: Discontinue medication, losing the text or updated text in "comments" and instruction text.
56	Core Bugs # 128722	Client Orders: Validation displays even after Acknowledging the Client Medication Interactions
57	Core Bugs # 129127	Pending Lab Specimen Collection widget shows orders that are in discontinued and completed status.
58	EII # 127072	Add Q1H and Q2H as Frequencies, update Client Order and MAR Dispense Time popups to display the number of boxes that are needed and update the Client MAR and Group MAR to match accurate Dispense Time – to the minute.

**Author:** Smruthi Srikanth

**55. EII # 127466: Client Orders: Discontinue medication, losing the text or updated text in "comments" and instruction text.**

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

**Navigation Path:** Open a client – Search for 'Client Orders' – New – Select 'Medication' Order – check Discontinued checkbox – enter Discontinued reason – Enter the required values along with instruction and comment – Click on Insert button – Click on Sign button – click on the Comments icon next to the Name column – click on the Comments icon – Order Comments pop up.

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

**Purpose:** To store the text updated in the "Instruction Text" and "Comments" fields in the PDF, when the staff are discontinuing any Medication Orders.

With this release, after discontinuing the medication, the updated text in instruction and comment textbox will be displayed in PDF as well as in Client Order List page (Comments icon – Order Comments pop up)

Client Order

Effective 08/21/2024 Status Signed Author Test, Staffsm 08/20/2024

Document

PdfBytesHandler.axd 1 / 1 90%

**Discontinued Medication: Benzocaine-Resorcinol (Benzocaine-Resorcinol)**

Entered By: Test, Staffsm  
Order Status: Discontinued  
Medication: BENZOCAINE-RESORCINOL (BENZOCAINE-RESORCINOL) , 5-2%, Cream, Top 1 Application test123  
Schedule/Start: 07/23/2024 01:05PM  
Day Supply: 30  
Priority: Emergency  
May Use Own Supply: No  
Consent Required: No  
Rationale: Rationale 1  
Discontinued Reason: Adverse effects (explain)  
Max Quantity Allowed in 24 hours:  
Instruction Text: test discontinue  
Comments: test discontinue

Ordering Physician: Test, Staffsm  
Order Mode: Electronic  
End Date: 08/21/2024 11:00AM  
Refill: 2  
Self Administered: No  
Stock Medication: No  
Dispense Brand: No  
Potency Units:  
Dispense Quantity: 28.00

Client Orders (39)

Last 1 Year From 08/21/2023 To 08/21/2024 All Statuses Assigned To Ordering Physician Apply Filter

All Types Order Name Original Order ID All Clinic/Locations

Unacknowledge Orders (3)

OrderID	Type	Name	Frequency	Start Date	End Date	Status	Sub-Status	Ordering Physician
14823	Medication	Albendazole123 TAB 28...				Active		Test, Staffsm
14794	Medication	Alclometasone (1) QINT...				Active		Test, Staffsm
13190	Medication	Alcohol-Benzocaine123...				Active		Test, Staffsm
13237	Medication	Alcohol-Benzocaine123...				Active		Test, Staffsm
14167	Medication	Alcohol-Benzocaine123...				Changed		Test, Staffsm
13647	Medication	Alcohol-Benzocaine123...						Test, Staffsm
14255	Medication	Alcohol-Benzocaine123...						Test, Staffsm
14526	Medication	Alcohol-Benzocaine123...						Test, Staffsm
14622	Medication	Alcohol-Benzocaine123...	4 times a day	08/14/2024 01:49 ...	08/14/2024 11:59 ...	Active		Test, Staffsm
14797	Medication	Alcohol-Benzocaine123...	4 times a day	08/19/2024 11:51 ...	08/19/2024 11:58 ...	Discontinued		Test, Staffsm
14810	Medication	Alcohol-Benzocaine145...	Evening1	08/20/2024 02:00 ...	08/20/2024 11:59 ...	Active		Test, Staffsm
14796	Medication	Antacid Calcium (2) CHE...	Testorderkav	08/19/2024 11:45 ...	08/22/2024 11:59 ...	Action Required		Test, Staffsm

**Data Model Changes:** Added DiscontinuedComments, DiscontinuedInstructionText columns in the ClientOrders table.

**Author:** Madhu Basavaraju

**56. Core Bugs # 128722: Client Orders: Validation displays even after Acknowledging the Client Medication Interactions.**

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

**Prerequisite 1:** Below mentioned Configuration Key values must be set to 'Y' by following the **Navigation Path:** Admin - Configuration Keys

"SeverityLevel3RequiresAcknowledgment"  
"SeverityLevel2RequiresAcknowledgment"  
"SeverityLevel1RequiresAcknowledgment"

**Prerequisite 2:** Login to SmartCare Application - 'Client' - 'Medication Management Rx' link - Rx Application - 'Patient Summary' screen - New Order button - New Medication Order Page - Add/prescribe the medication which is having interaction.

**Navigation Path:** Select any client - Go search - 'Client Orders' - 'New' - 'Client Order' screen - search for any medication which is having interaction in the RX added in the Pre-requisite.

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

Before this release, here was the behavior. In the Client Order detail screen, validation still appeared even after Acknowledging the interactions.

With this release, the above issue has been resolved. Now, the users will be able Sign the Client Order without any validation in Client Order Detail Screen.

---

**Author:** Chaitali Patil

**57. Core Bugs # 129127: Pending Lab Specimen Collection widget shows orders that are in discontinued and completed status.**

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

**Navigation Path 1:** Administration - Orders - Click on 'New' - Select 'Lab' order type - fill all required fields - Click on save.

**Navigation Path 2:** Perform Client search - Go search - 'Client Orders' Client - Click on new - select above (Navigation path 1) order fill all required field - check the 'Onsite Specimen Collection' checkbox for this order under the 'Order Entry Details' section - Click on Insert - Click on 'Save' - Sign the order - Navigate back to the list page - click on Order name hyperlink and change the order status as 'Complete'.

**Navigation Path 3:** Go search - 'Client Orders' Client - Click on new - Client Order selection pop up will be displayed - from this pop up select Navigation path 2 signed order - Modify the order with 'Discontinue' status - click on insert - save and signed the order.

**Navigation Path 4:** Go Search-Dashboard- Pending Lab Specimen collections widget - in this widget discontinued or completed status order is not be displayed.

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

Before this release, here was the behavior. The Pending Lab Specimen Collection widget displayed with the discontinued and completed status order in the Dashboard screen.

With this release, the above-mentioned issue has been resolved. Now, in the Pending Lab Specimen Collection widget of the Dashboard screen, the discontinued and completed status order is not displayed.

---

**Author:** Chaitali Patil

**58. EII # 127072: Add Q1H and Q2H as Frequencies, update Client Order and MAR Dispense Time popups to display the number of boxes that are needed and update the Client MAR and Group MAR to match accurate Dispense Time – to the minute.**

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

**Prerequisite:** Client is admitted in the Bed board to display the client in the Group MAR.

**Navigation Path 1:** Administration -- Configuration Keys -- filter for 'MARTimeFormat' key and set value like 12 hrs. Or 24hrs. -- Click on 'Save'.

**Navigation Path 2:** Administration -- 'Order Template Frequencies' -- 'Order Template Frequencies' list page -- Click on 'New' -- 'Order Template Frequency Details' -- Create any one frequency Q1H or Q2H -- Enter all the required fields -- Click on 'Save'.

**Navigation Path 3:** Administration -- 'Orders' -- Click on 'New' -- Create one 'Medication' Order -- select (Navigation path 2) created Frequency in the 'Frequencies' section -- select 'Add order to MAR' Radio Button as 'Yes' in 'Option' section -- Enter all the required fields -- Click on 'Save'.

**Navigation Path 4:** 'Client' -- 'Client Orders' -- 'Client Orders' list page -- Click on 'New' -- 'Client Order' screen -- Search for (Navigation Path3) Orders and fill required fields -- click on 'Save and Sign'.

**Navigation Path 5:** 'Client' -- 'Client MAR' -- select appropriate filter and check your order is displayed or not in the 'Client MAR' screen -- Click on Clock icon -- 'Dispense Time' popup will display.

**Navigation Path 6:** My Office -- 'Group MAR' -- select appropriate filter and check if order is displayed or not in the 'Group MAR' screen.

**Navigation Path 7:** Administration -- Global Codes -- filter for the 'MEDICATIONSCHEDULE' global code -- click on 'MEDICATIONSCHEDULE' hyperlink -- 'Global Code Details' -- Add the 'Code Name' and 'External Code 1' value (this value will be displayed as 'Time Per Day' field value in the Order template frequency Details screen) -- click on Save.

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

**Purpose:** Ability to enter Orders as Q1H or Q2H, and to see on the MAR exactly when client is due for medication – to the minute (instead of the rounded hour). The user will be able to use the added Dispense Time boxes to determine additional dispense times as needed.

With this release, the Existing 'MARTimeFormat' configuration key description is updated, and the changes are implemented in the below mentioned screens.

- 1: 'Order Templates Frequencies' list and details screen.
- 2: Orders (Admin) Screen – (under the frequency section)
- 3: Client Order Screen – (Dispense Time Popup)
- 4: Client MAR Screen – (Dispense Time Pop up, Capsule icon, Time, Administration toolbar icon)
- 5: Group Mar Screen – (Capsule icon, All Meds button)

**'MARTimeFormat' configuration key:** The existing 'MARTimeFormat' configuration key description is Updated.

#### **Configuration Key Details:**

**Key:** MARTimeFormat

**Read Key as:** MAR Time Format.

**Allowed Values:** 12, 24

**Default Value:** 12

**Modules:** SCM eMAR, SCM Order Entry

**Description:** This key configuration helps in defining the format of the time slots and Dispense Times displayed in the Client MAR Screen, Group MAR screen, Order Template Frequency Details screen, and Client Order screen. As per the values, the time slot will show up accordingly. If it is 12-hour time format, then it will show AM and PM associated with the time and if it is 24-hour time format, then it will show the slots beyond 12:59 as 13 and so on until 23:59.

**Impact:** The impact will be on the Client MAR, Group MAR, Order Template Frequency Details, and Client Order screens. The Clock icon throws a Dispense Time popup, where the Dispense Time scheduling or editing of the existing Dispense Time is done.

**Value:** There are 2 values, which will enable or disable this feature.

- 12 – This value will convert the time slot to 12-hour format with AM and PM associated with timings.
- 24 – This value will convert the time slot to show the timings in 24-hour format.

#### **Note:**

1. If by chance the value of the key is updated with any value apart from the allowed values, the system will consider the default behavior, i.e. same as the key value being "12".

Configuration Key Details

☒ Allow Edit

Configuration Keys

Key

MARTimeFormat

SourceTableName

Module

Screen

24

Value

Description

Significance: This key configuration helps in defining the format of the time slots and Dispense Times displayed in the Client MAR Screen, Group MAR screen, Order Template Frequency Details screen, and Client Order screen. As per the values, the time slot will show up accordingly. If it is 12-hour time format then it will show AM and PM associated with the time and if it is 24-hour time format then it will show the slots beyond 12:59 as 13 and so on until 23:59.

Impact: The impact will be on the Client MAR, Group MAR, Order Template Frequency Details, and Client Order screens. The Clock icon throws a Dispense Time popup, where the Dispense Time scheduling or editing of the existing Dispense Time is done.

Value: There are 2 values, which will enable or disable this feature.

12 – This value will convert the time slot to 12-hour format with AM and PM associated with timings.

24 – This value will convert the time slot to show the timings in 24-hour format.

Note:

1. If by chance the value of the key is updated with any value apart from the allowed values, the system will consider the default behavior, i.e. same as the key value being "24".

Comments

Please enter your special instructions or comments...

### 1: Order Templates Frequencies list and details screen:

**'Order Templates Frequencies' list page:**

In the 'Order Templates Frequencies' list page, the additional columns Dispense Time 9 to 24 (Dispense Time 1 to 8 is pre-existing due to the global code 'XFREQTIMEDAY') are added that are needed to hold the new frequencies in Order Template Frequency List Page and added 9 to 24 to the already existing global code 'XFREQTIMEDAY'.

Order Template Frequencies (1)

Times Per Day 24
Apply Filter

Dispense Time13	Dispense Time14	Dispense Time15	Dispense Time16	Dispense Time17	Dispense Time18	Dispense Time19	Dispense Time20	Dispense Time21	Dispense Time22	Dispense Time23	Dispense Time24
PM	1:10 PM	2:10 PM	3:10 PM	4:10 PM	5:10 PM	6:10 PM	7:10 PM	8:10 PM	9:10 PM	10:10 PM	11:10 PM

In the 'Times per Day' dropdown field, now this newly added 9 to 24 values will be displayed.

Order Template Frequencies (1)

Times Per Day 24
Apply Filter

7  
8  
9  
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23  
24

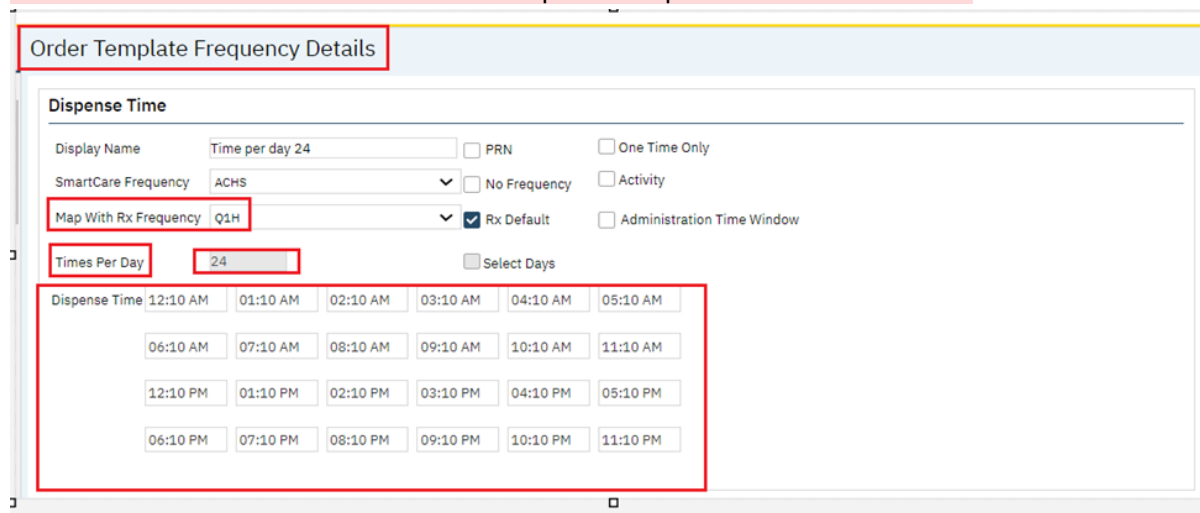
Dispense Time2	Dispense Time3	Dispense Time4	Dispense Time5	Dispense Time6	Dispense Time7	Dispense Time8	Dispense Time9	Dispense Time10
1:10 AM	2:10 AM	3:10 AM	4:10 AM	5:10 AM	6:10 AM	7:10 AM	8:10 AM	9:10 AM

### Order Templates Frequency Details:

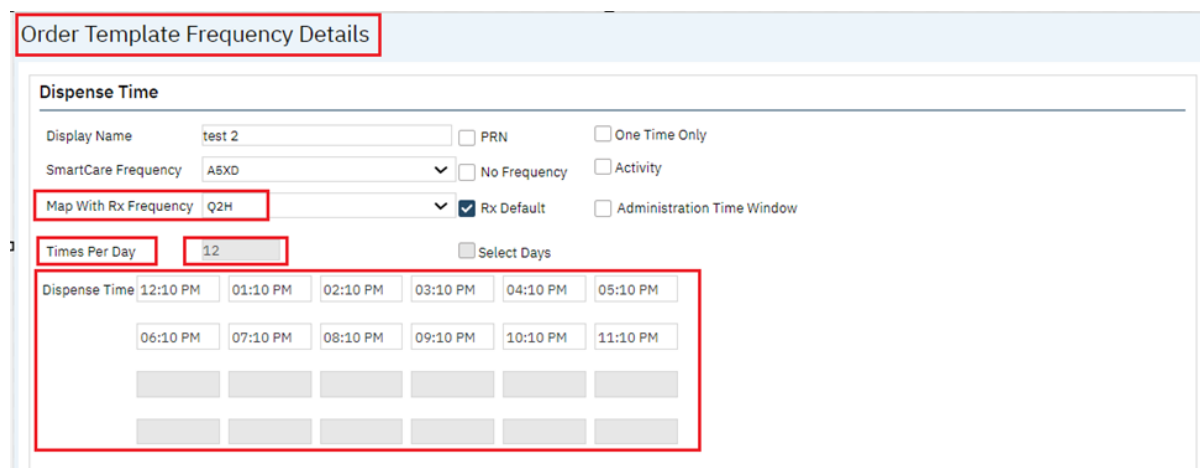


In the Order Templates Frequency Details, added the 9 to 24 dispense time boxes to hold the new frequencies. (previously only '8' Dispense Time Boxes ). Q1H and Q2H are added as frequencies to 'MEDICATIONSCHEDULE' global code.

**Q1H** = every one hour and Times per Day = 24, On selecting this frequency all 24 Dispense Time boxes will be enabled. In the order template frequencies details screen.



**Q2H** = every two hours and Times per Day = 12. On selecting of this frequency 12 Dispense Time boxes will be enabled and other 12 Dispense Time boxes will be disabled and grayed out. In the order template frequencies details screen.



1. In the dispensed time boxes 'Time' will be displayed in 12 hrs. /24 hrs. Based on the 'MARTimeFormat' configuration key value.

2. When the 'MARTimeFormat' configuration key values are selected as 12, then time will be displayed in the 12 hrs. Format in the dispense boxes. (e.g.: 12:18 PM)

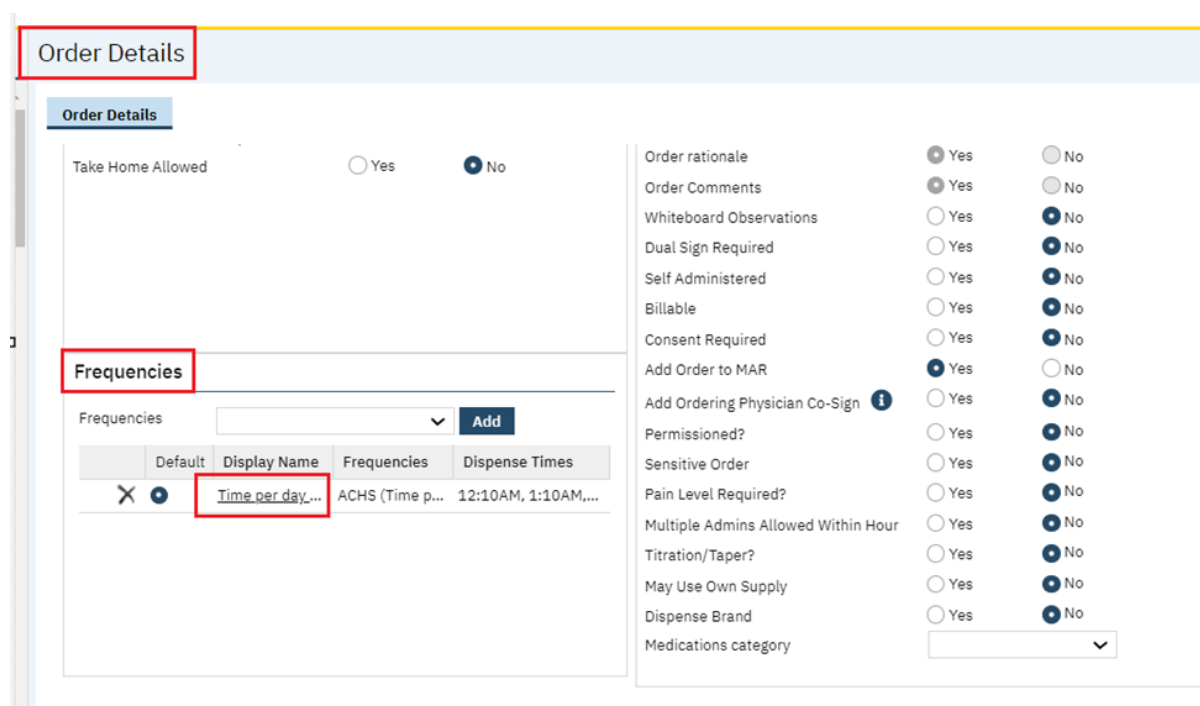
3. When the 'MARTimeFormat' configuration key values are selected as 24 then time will be displayed in the 24 hrs. Format in the dispense boxes. (e.g.: 14:16)

4.If the user want create the another frequency like 'Time per day' = 13, then they want add the details in the 'MEDICATIONSCHEDULE' Global Codes, in the Global codes 'External Code 1' value will be displayed as 'Time Per Day' field value in the Order template frequency details screen. In this scenario, 13 Dispense Time boxes will be enabled and other 11 Dispense Time boxes will be disabled and grayed out.

**2: Orders (Admin) Screen:** The below mentioned changes have been done under the frequency section in the Orders screen.

In the Order Details from the Frequencies section, the existing 'New' button is removed.

In the Frequencies section when a user clicks on Frequencies hyperlink, it will take the user to the associated Order Template Frequency Detail page.



**3: Client Order Screen:** The below mentioned changes has been done in the Client Order Screen (Dispense Time Popup)

In the 'Client Order' screen, when the user clicks on the clock icon then dispense pop up will be displayed.

In the order if we select the Q1H frequencies = every one hour and Times per Day = 24 then on click on the clock icon in the 'Client Order' screen, in the Dispense Time Pop up all 24 dispense boxes will be displayed and enabled.

In the order if we select the Q2H frequencies = every two hours and Times per Day = 12. Then on clicking the clock icon in the 'Client Order' screen, in the 'Dispense Time Pop up', 12 dispense boxes will be displayed and enabled.

In the order if we select the frequencies where 'Times per Day' = 13, then on clicking the clock icon in the 'Client Order' screen, in the 'Dispense Time' Pop up, 24 dispense boxes will be displayed and 13 boxes will be enabled, and other 11 boxes will be grayed out and disabled.

Also updated existing functionality to display the actual Dispense Times, to the minute (e.g.:10:19, not 10:00) in the 'Dispense Time Pop up'.

In case that the user edits Dispense Times, always displaying the most recently updated Dispense Times that have been saved in the 'Dispense Time Pop up'.

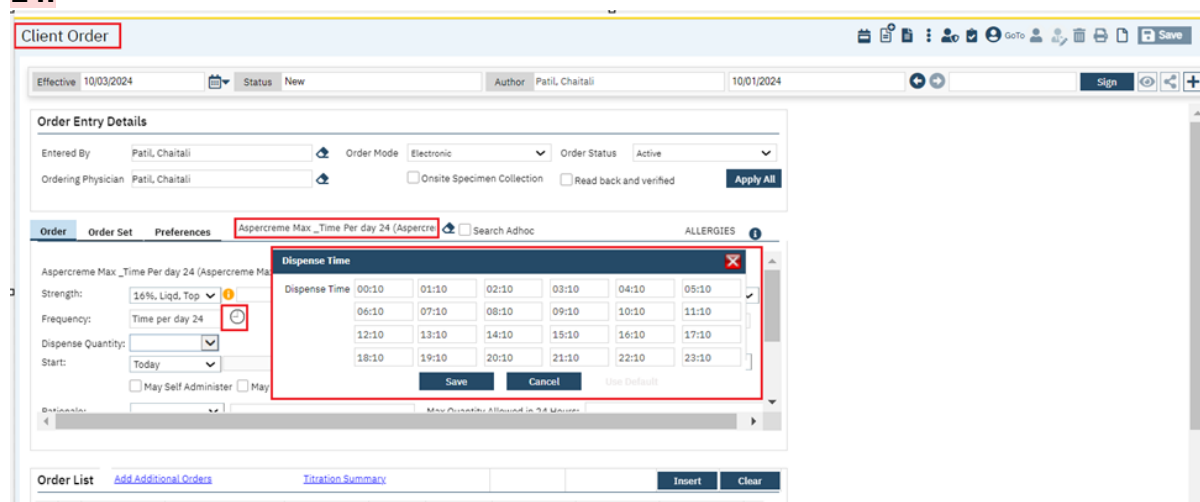
If the user does not enter all the dispensed time, in the 'Dispense Time Pop up', on click on 'Save' validation will be displayed.

**Validation message:** "All enabled Dispense Time must be specified"

When the 'MARTimeFormat' configuration key value is set as 12, then in the Dispense Time Pop up, 'time' will be displayed in the 12 hrs. format (Like 10:12AM/PM format)

When the 'MARTimeFormat' configuration key value is set as 24, then in the Dispense Time Pop up, 'time' will be displayed in the 24 hrs. format (Like 14:16)

**Screenshot for Q1H frequencies with 'MARTimeFormat' configuration key value is set as 24.**



**Screenshot for Q2H frequencies with 'MARTimeFormat' configuration key value is set as 12**

The screenshot shows the 'Client Order' interface. The 'Order Entry Details' section includes fields for 'Entered By', 'Order Mode', 'Order Status', 'Ordering Physician', 'Onsite Specimen Collection', and 'Read back and verified'. The 'Order' tab is selected, and the 'AdrenaMax\_ Time Per day 12 (AdrenaMax)' order is displayed. The 'Dispense Time' pop-up is shown, with a grid of times from 11:50 AM to 11:50 PM. The '11:50 AM' time is highlighted. The 'Save' button is visible at the bottom of the pop-up.

**Screenshot for 'Times per Day' = 13 with 'MARTimeFormat' configuration key value is set as 24.**

The screenshot shows the 'Client Order' interface. The 'Order Entry Details' section includes fields for 'Entered By', 'Order Mode', 'Order Status', 'Ordering Physician', 'Onsite Specimen Collection', and 'Read back and verified'. The 'Order' tab is selected, and the 'Calci-Max\_ Time per day 13 (Calci-Max)' order is displayed. The 'Dispense Time' pop-up is shown, with a grid of times from 12:19 to 23:59. The '12:19' time is highlighted. The 'Save' button is visible at the bottom of the pop-up.

#### 4: Client MAR screen:

In the Client MAR Screen, the changes have been implemented in 'Dispense Time Pop up', 'Capsule icon', 'Time', 'Administration toolbar icon'.

In the Client MAR screen, on click of 'Clock' icon, the 'Dispense Time Pop up' will be displayed, and this pop up will get auto-fill with the 'Default Dispense Times, that are listed in the associated Order Template Frequency Detail, to the minute.

In this 'Dispense Time Pop up', time will be displayed to the minute (like dispense time is 10:15am, then time will be displayed as 10:15am not to 10am)

In case that the user edits Dispense Times, displaying the most recently updated Dispense Times that have been saved in the 'Dispense Time Pop up' always.

If the user does not enter all the dispensed time, in the 'Dispense Time Pop up', on click on 'Save' validation will be displayed.

**Validation message:** "All enabled Dispense Time must be specified"

When the 'MARTimeFormat' configuration key value is set as 12, then in the Dispense Time Pop up, 'time' will be displayed in the 12 hrs. format (Like 10:12AM/PM format)

When the 'MARTimeFormat' configuration key value is set as 24, then in the Dispense Time Pop up, 'time' will be displayed in the 24 hrs. format (Like 14:16)

In the order if we select the Q1H frequencies = every one hour and Times per Day = 24 then on click on the clock icon in the 'Client MAR' screen, in the 'Dispense Time' Pop up all 24 dispense boxes will be displayed and enabled.

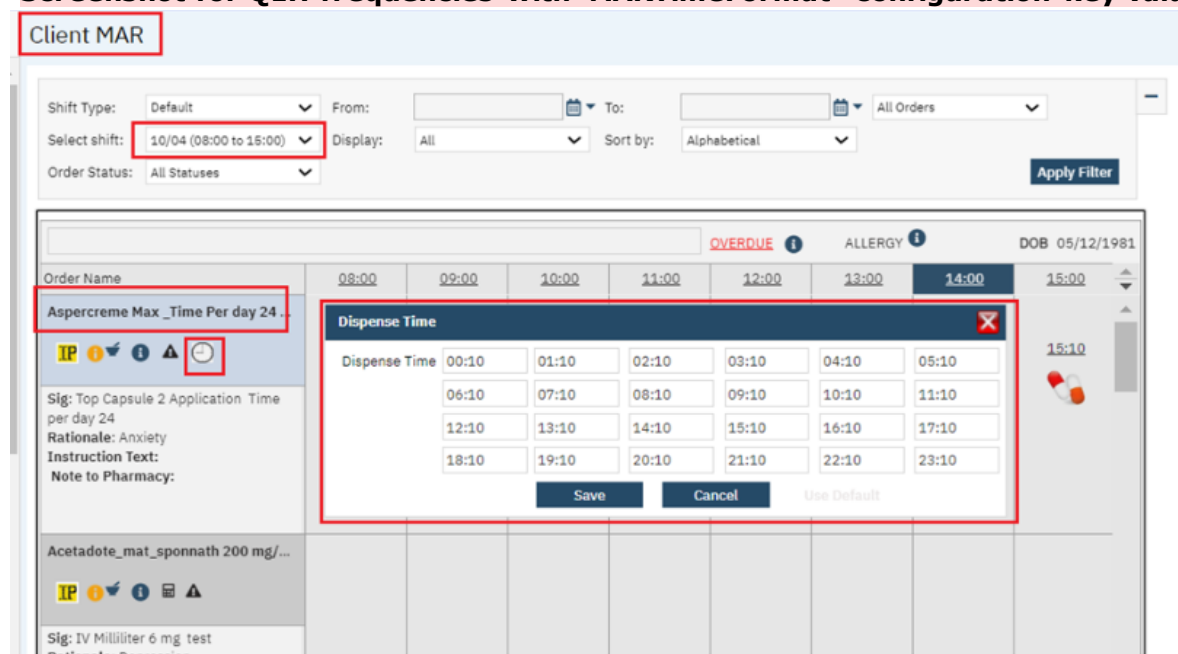
In the order if we select the Q2H frequencies = every two hours and Times per Day = 12. Then on clicking the clock icon in the 'Client MAR' screen, in the 'Dispense Time' Pop up, 12 dispense boxes will be displayed and enabled.

In the order if we select the frequencies where 'Times per Day' = 13. Then on clicking the clock icon in the 'Client MAR' screen, in the 'Dispense Time' Pop up, 24 dispense boxes will be displayed and 13 boxes will be enabled, and other 11 boxes would be grayed out and disabled.

Also, the existing functionality is updated to display the actual Dispense Times, to the minute (e.g.:10:19, not 10:00) in the 'Dispense Time' Pop up.

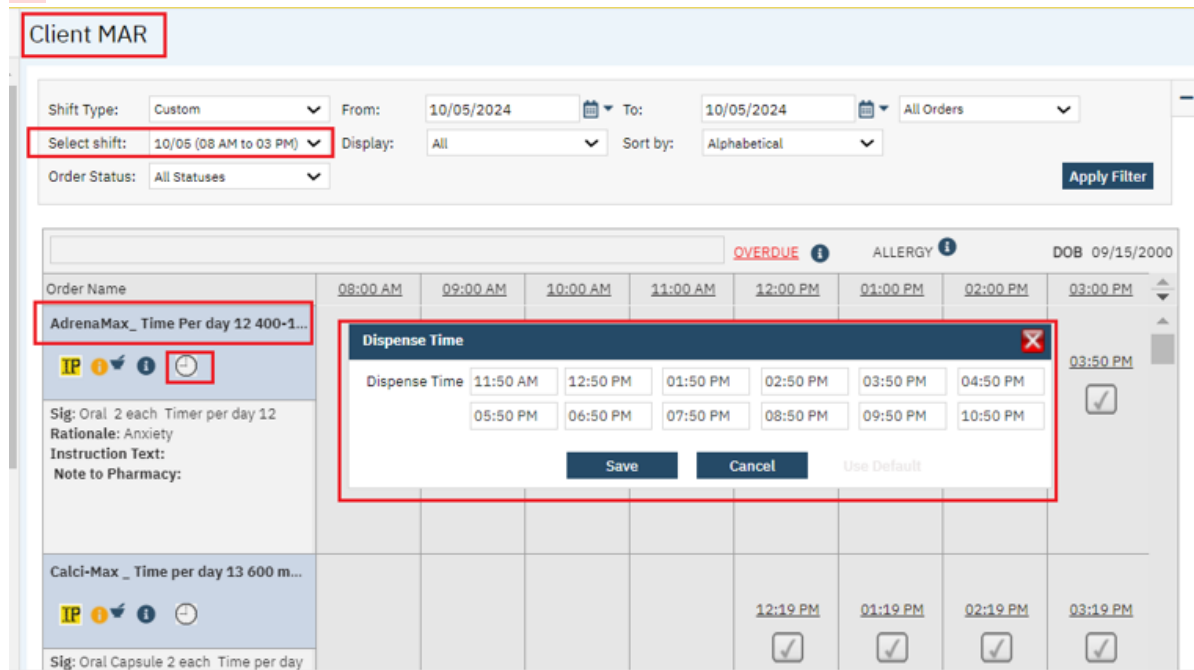
In the 'Dispense Time popup', if the user chose the 'Use Default' button then the system will auto-fill the Default Dispense Times that are listed in the associated Order Template Frequency Detail, to the minute.

**Screenshot for Q1H frequencies with 'MARTimeFormat' configuration key value set as 24.**

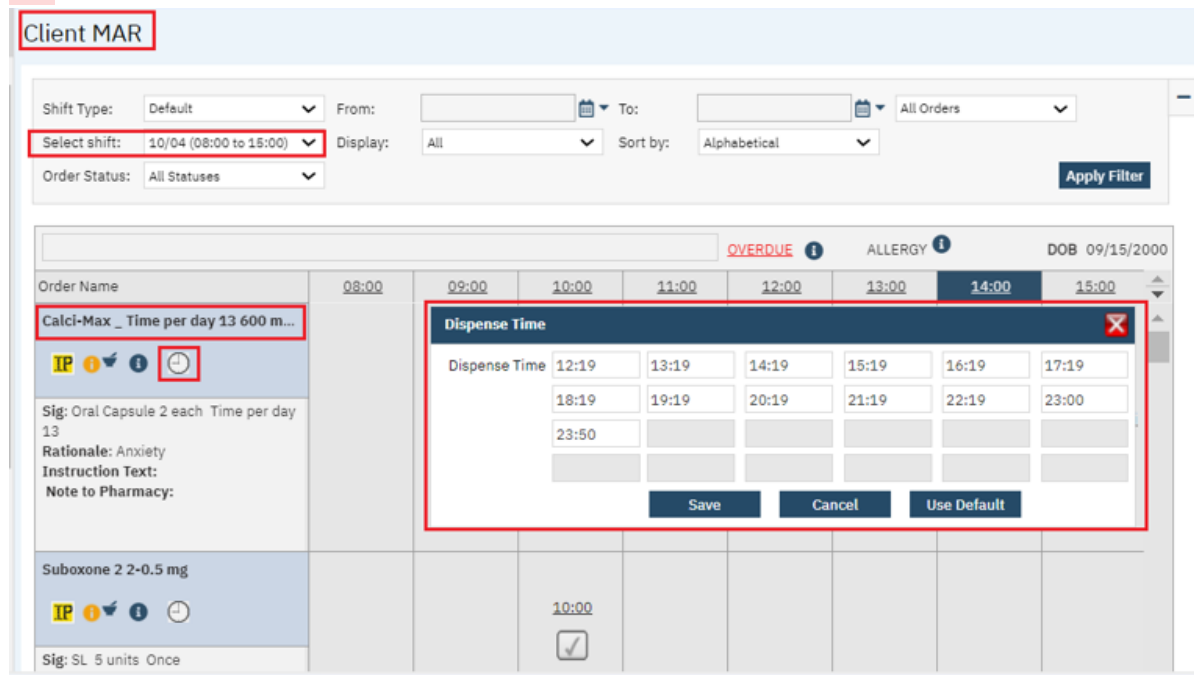


The screenshot shows the 'Client MAR' interface. At the top, there are filters for Shift Type (Default), Select shift (10/04 (08:00 to 15:00)), Order Status (All Statuses), Display (All), Sort by (Alphabetical), and an 'Apply Filter' button. Below the filters, there is a table of orders. The first order is 'Aspercreme Max\_Time Per day 24'. To the right of the table, there is a 'Dispense Time' popup. The popup shows a 4x6 grid of time slots from 00:10 to 23:10. The 'Save' button is highlighted. The 'Dispense Time' popup also includes a 'Cancel' button and a 'Use Default' button.

**Screenshot for Q2H frequencies with 'MARTimeFormat' configuration key value is set as 12**



**Screenshot for 'Times per Day' = 13 with 'MARTimeFormat' configuration key value set as 24.**



**Client MAR screen: 'Capsule icon' and 'Dispense Time':**

In the Client MAR Screen below changes done in the 'Capsule icon':

When the 'Dose' is scheduled, or medication is ready for administer (Capsule Icon) for that actual time will be displayed in the Client MAR screen.

The time will be displayed to the minute that is "actual scheduled time", always. (i.e. 10:19, not 10:00) Capsule icon will be enabled as per the existing 'Admin Time Window' functionality.

In case that the user edits Dispense Times, displaying the most recently updated Dispense Times that have been saved in the 'Dispense Time Pop up' always.

#### **Examples for enabling capsule icon:**

**1:** For any orders with a Frequency that has 'Administration Time Window' checkbox checked in the Order Template Frequency Details screen, the system considers the Order Template Frequency Details 'Administration Time Window' settings, which can be specific for each Dispense Time. This will override the 'Administration Time Window' setting in the Order Setup.

##### **Example:**

Dispense Times = 0800, 1200, 1600

Order Setup - Administration Time Window = 30

Order Template Frequency Details - Administration Time Window = 30 for 0800, 120 for 1200, 30 for 1600

#### **Capsule icon getting enabled during these times:**

0730-0830

1000-0200

1530-1630

**2:** For any orders with a Frequency that has 'Administration Time Window' checkbox NOT checked in the Order Template Frequency Details screen, the system considers the Order Setup 'Administration Time Window' setting for all Dispense Times.

##### **Example:**

Dispense Times = 0800, 1200, 1600

Order Setup - Administration Time Window = 30

Order Template Frequency Details - Administration Time Window NOT CHECKED

#### **Capsule icon getting enabled during these times**

0730-0830

1130-1230

1530-1630

Capsule icon is enabled as per the 'Administration Time Window' and time will be displayed to the minute.

Client MAR

Shift Type: Default

From:

To:

All Orders

Select shift: 10/04 (04 PM to 11 PM)

Display: All

Sort by: Alphabetical

Order Status: All Statuses

Apply Filter

Order Name

Aspercreme Max \_Time Per day 24 ...

IP

Sig: Top Capsule 2 Application Time per day 24

Rationale: Anxiety

Instruction Text:

Note to Pharmacy:

Acetadote\_mat\_sponnath 200 mg/ ...

IP

OVERDUE

ALLERGY

DOB 05/12/1981

	04:00 PM	05:00 PM	06:00 PM	07:00 PM	08:00 PM	09:00 PM	10:00 PM	11:00 PM
	04:10 PM	05:10 PM	06:10 PM	07:10 PM	08:10 PM	09:10 PM	10:10 PM	11:10 PM

In the Client MAR Screen, the below changes done for the **'Dispense Time'**.

After administering the medication in the 'Client MAR' screen, 'Dispense Time' will be displayed to the minute (e.g.: if the medication is administer at 4:24pm, then 'Dispense Time' will be 4:24p not 4pm)

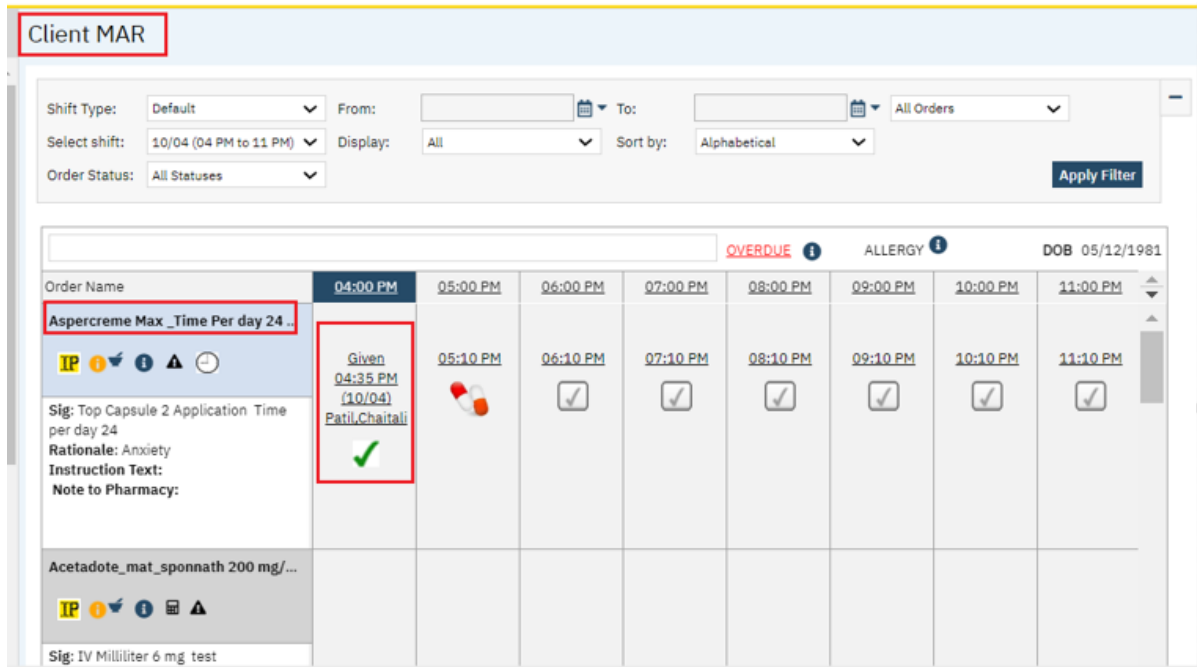
When the 'MARTimeFormat' configuration key value is set as 12, then 'Dispense Time', will be displayed in the 12 hrs. format (Like 10:12AM/PM format)

When the 'MARTimeFormat' configuration key value is set as 24, then 'Dispense Time', will be displayed in the 24 hrs. format (Like 14:16)

In case that the user edits Dispense Times, the system is displaying the most recently updated Dispense Times that have been saved in the 'Dispense Time Pop up' always.

**1:** After administering the medication in the 'Client MAR' screen, 'Dispense Time' (Order Action Time) will be displayed to the minute.





**Client MAR**

Shift Type: Default From: To: All Orders

Select shift: 10/04 (04 PM to 11 PM) Display: All Sort by: Alphabetical

Order Status: All Statuses **Apply Filter**

OVERDUE ALLERGY DOB 05/12/1981

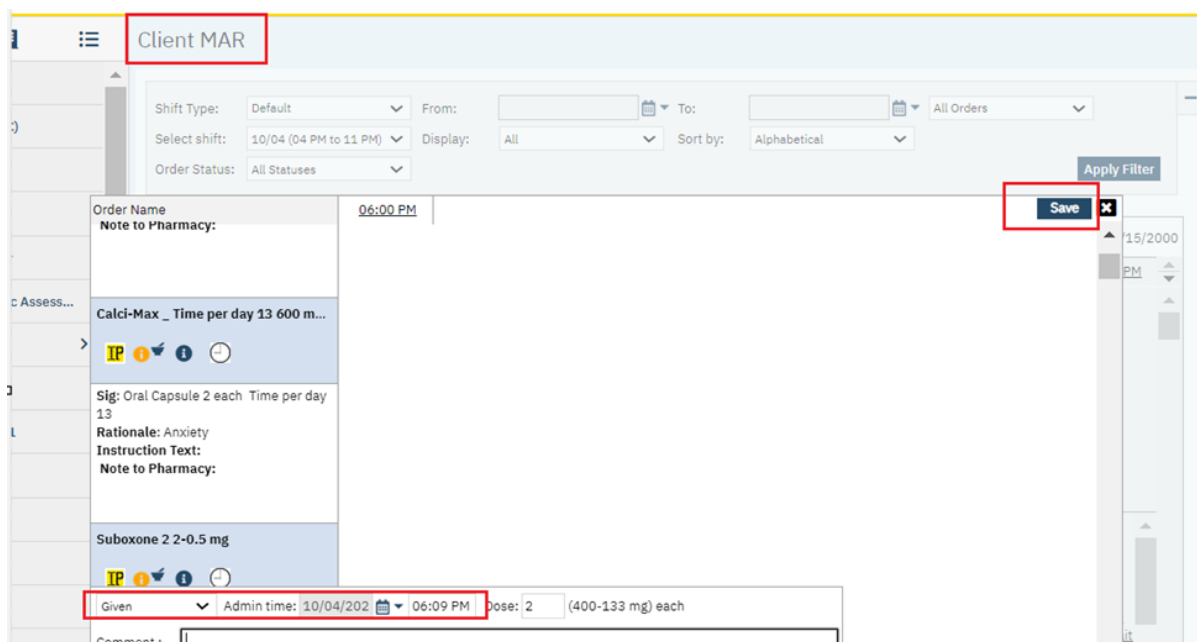
Order Name	04:00 PM	05:00 PM	06:00 PM	07:00 PM	08:00 PM	09:00 PM	10:00 PM	11:00 PM
<b>Aspercreme Max _Time Per day 24 ..</b>	Given 04:35 PM (10/04) Patil,Chaitali ✓	05:10 PM	06:10 PM	07:10 PM	08:10 PM	09:10 PM	10:10 PM	11:10 PM
Acetadote_mat_sponnath 200 mg/...								
Sig: IV Milliliter 6 mg test								

In the Client MAR Screen, the below changes done for the **'Time Display'**:

When the Medication is administered using click on the 'Time' Hyperlink, on 'Save' order action time will be displayed in the minute for 'Dispense Time', in the Client MAR screen.

When the 'MARTimeFormat' configuration key value is set as 12, then 'Dispense Time', will be displayed in the 12 hrs. format (Like 10:12AM/PM format)

When the 'MARTimeFormat' configuration key value is set as 24, then 'Dispense Time', will be displayed in the 24 hrs. format (Like 14:16 /HH:MM)



**Client MAR**

Shift Type: Default From: To: All Orders

Select shift: 10/04 (04 PM to 11 PM) Display: All Sort by: Alphabetical

Order Status: All Statuses **Apply Filter**

06:00 PM **Save**

Order Name: Calci-Max \_Time per day 13 600 m...

Sig: Oral Capsule 2 each Time per day 13

Rationale: Anxiety

Instruction Text:

Note to Pharmacy:

Suboxone 2 2-0.5 mg

Given Admin time: 10/04/202 06:09 PM Dose: 2 (400-133 mg) each

Comment:

On click on Save in above screen, the dispense time will be displayed to the minute in the Client MAR screen.

The screenshot shows the 'Client MAR' interface. At the top, there's a header 'Client MAR'. Below it, a filter section includes 'Shift Type: Default', 'From: [empty]', 'To: [empty]', 'All Orders', 'Select shift: 10/04 (04 PM to 11 PM)', 'Display: All', 'Sort by: Alphabetical', and 'Order Status: All Statuses'. An 'Apply Filter' button is on the right. The main table has columns for time slots: 04:00 PM, 05:00 PM, 06:00 PM, 07:00 PM, 08:00 PM, 09:00 PM, 10:00 PM, and 11:00 PM. The first row is for 'AdrenaMax\_ Time Per day 12 400-1...'. The 06:00 PM slot is highlighted with a red box and shows 'Given 06:09 PM (10/04) Patil,Chaitali' with a green checkmark. The 04:00 PM slot shows a checkmark. The 05:00 PM slot shows a red pill icon. The 07:00 PM slot shows a checkmark. The 08:00 PM slot shows a checkmark. The 09:00 PM slot shows a checkmark. The 10:00 PM slot shows a checkmark. The 11:00 PM slot is empty. On the left side of the table, there's a sidebar with 'IP', 'Sig: Oral 2 each Timer per day 12', 'Rationale: Anxiety', 'Instruction Text:', 'Note to Pharmacy:', and 'Calci-Max\_ Time per day 13 600 m'.

**In the Client MAR Screen, the below changes done in the 'Administration toolbar pop up':**

If we administer the due dose of medication in the 'Administration toolbar pop up' and on 'Saving', the 'Dispense Times' will be displayed to the minute in the 'Client MAR' screen. (i.e. 10:19, not 10:00)

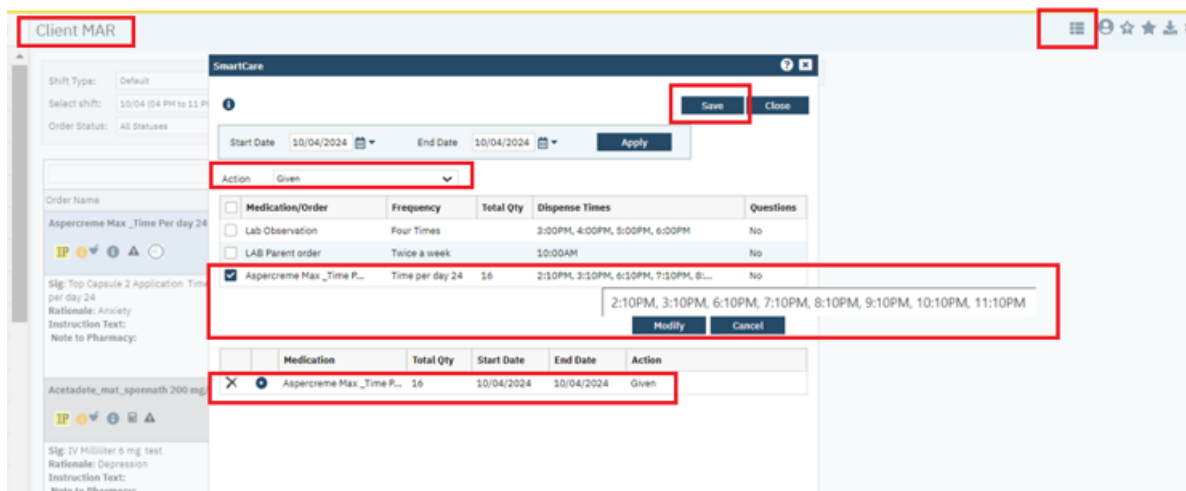
In the Administration toolbar pop up', in the 'Dispense Times' field which Administration is due, to the minute. That will be displayed (i.e. every 4 hours last dispense was done then i.e. 10:19 next dispense 14:19, 18:19, etc.)

In the case the user edits the Dispense Times, will always display the most recently updated dispensed time that has been saved. In this field.

When the 'MARTimeFormat' configuration key value is set as 12, then 'Dispense Time', will be displayed in the 12 hrs. format (Like 10:12AM/PM format)

When the 'MARTimeFormat' configuration key value is set as 24, then 'Dispense Time', will be displayed in the 24 hrs. format (Like 14:16 /HH:MM)

**Screenshot for 'Administration toolbar pop up': Dispense Time**



## 6: 'Group MAR' Screen > Capsule Icon

In the 'Group MAR' Screen, the below changes done for the **Capsule Icon**:

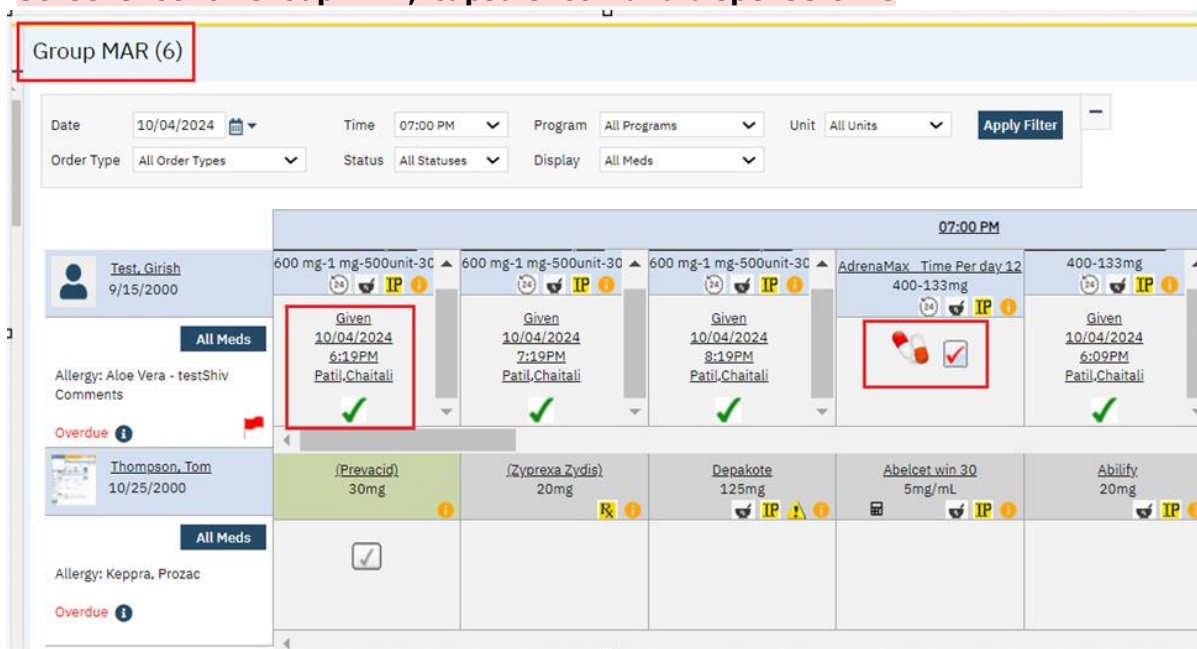
In the 'Group MAR' screen, the 'Capsule' icon will be enabled as per the Existing 'Admin Time Window' functionality. (EX: Refer Client MAR Capsule icon examples to enable Capsule icon)

After administering the medication in the 'Group MAR' screen, Dispense Time will be displayed to the minute. (i.e. 10:19, not 10:00)

When the 'MARTimeFormat' configuration key value is set as 12, then 'Dispense Time' Will be displayed in the 12 hrs. format (Like 10:12AM/PM format)

When the 'MARTimeFormat' configuration key value is set as 24, then 'Dispense Time' will be displayed in the 24 hrs. format (Like 14:16 /HH:MM)

### Screenshot for Group MAR, capsule icon and dispense time



**In the 'Group MAR' Screen, the below changes done for the All Meds button:**

While administering the medication in the 'Group MAR' screen, when user clicks on 'All Meds' button the 'Give All' popup will display, select any action and click on 'OK' button, then the 'Dispense Time' will be displayed to the minute (i.e. Order action time like 10:19, not 10:00)

When the 'MARTimeFormat' configuration key value is set as 12, then 'Dispense Time' will be displayed in the 12 hrs. format (Like 10:12AM/PM format)

When the 'MARTimeFormat' configuration key value is set as 24, then 'Dispense Time' will be displayed in the 24 hrs. format (Like 14:16 /HH:MM)

The screenshot shows the 'Group MAR (6)' interface. At the top, there are filters for Date (10/04/2024), Time (07:00 PM), Program (All Programs), Unit (All Units), Order Type (All Order Types), Status (All Statuses), and Display (All Meds). An 'Apply Filter' button is on the right. Below the filters, a list of patients is shown. The first patient, 'Test, Girish', has an 'All Meds' button highlighted with a red box. A 'Give All' popup is open, displaying a list of actions: Initial Refusal - Not Given, Initially Refused - Completed, Medication error - administered in error, Medication error - Incorrect dosage administered, Not Completed, Not Given (Consent not obtained), Not Given (Not filled by Pharmacy), Not Given (Vitals out of range), Refused (selected), Rescheduled, Self-Administered, and Self-Administered with supervision. The 'OK' button in the popup is also highlighted with a red box. The background shows medication details for 'AdrenaMax 400-133mg' and 'Abilify 20mg'.

After clicking on 'OK' in the Give all pop up.

The screenshot shows the 'Group MAR (6)' interface after clicking 'OK' in the 'Give All' popup. The 'All Meds' button for 'Test, Girish' is still highlighted. The medication details for 'AdrenaMax 400-133mg' now show a status of 'Refused' with a red 'X' icon, and the time is updated to '10/04/2024 6:25PM'. The 'Abilify 20mg' medication remains 'Given' at '10/04/2024 6:09PM'. The background also shows other medications like 'Calc-Max', 'Depakote', and 'Abelcet win 30'.

**Data Model Change:**

The Columns DispenseTime9, DispenseTime10, DispenseTime11, DispenseTime12, DispenseTime13, DispenseTime14, DispenseTime15, DispenseTime16, DispenseTime17, DispenseTime18, DispenseTime19, DispenseTime20, DispenseTime21, DispenseTime22, DispenseTime23, DispenseTime24 , DispenseTimeWindow9, DispenseTimeWindow10, DispenseTimeWindow11, DispenseTimeWindow12, DispenseTimeWindow13, DispenseTimeWindow14, DispenseTimeWindow15, DispenseTimeWindow16, DispenseTimeWindow17, DispenseTimeWindow18, DispenseTimeWindow19, DispenseTimeWindow20, DispenseTimeWindow21, DispenseTimeWindow22, DispenseTimeWindow23, DispenseTimeWindow24 are included in 'OrderTemplateFrequencies' table.

The columns DispenseTime9, DispenseTime10, DispenseTime11, DispenseTime12, DispenseTime13, DispenseTime14, DispenseTime15, DispenseTime16, DispenseTime17, DispenseTime18, DispenseTime19, DispenseTime20, DispenseTime21, DispenseTime22, DispenseTime23, DispenseTime24 are include in 'OrderTemplateFrequencyOverRides' table.

## Client Portal

Reference No	Task No	Description
59	EII # 128547	New configuration key to specify the URL for the Client Portal Password Reset.
60	Core Bugs # 128916	Records are not displayed completely in the 'Documents To Do' widget.
61	Core Bugs # 129069	Patient Portal Login page Logo issue.
62	Core Bugs # 129309	The 'Reset Password Link' in the PDF redirected to the 'Change Password' screen with incorrect user details.

**Author:** Abhishek Naik

**59. EII # 128547: New configuration key to specify the URL for the Client Portal Password Reset.**

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

**Navigation Path 1:** 'Administration' -- 'Configuration Keys' -- Search 'SetURLForClientPortalNonStaffUserChangePassword'-- Apply filter.

**Navigation Path 2:** 'Administration' -- 'Non-staff User details' -- Click 'New' icon -- Fill required details -- Click on 'Reset Password' button -- Check 'Reset Password Link' in Print Information.-- Click on 'Click here to change your password' hyperlink.

**Navigation Path 3:** Open the email notification received from the Navigation Path 2 -- Click on 'Click here to change your password' hyperlink.

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

**Purpose:** The customers need a way to specify a particular hostname for the first part of the change password URL.

With this release, following changes are implemented:

**1. Reset Password link URL** in the PDF, will be changed to Domain Name/ChangePasswordScreen.aspx?Guid=d584b26b290f&StaffID=5631 where Domain name is a value set in the Value field of configuration key 'SetURLForClientPortalNonStaffUserChangePassword'.

**Non Staff User Login Information**

Hello **4092, Test,**

Please find your login details below, you can use these details to change your password and login to your account.

**User Code:** 3AUG20

**Temp Password:** ba678048f270

Please follow the below steps to login:

1) To Reset your password visit the below specified link and change your password.

**Reset Password Link :** [en.wikipedia.org/ChangePasswordScreen.aspx?Guid=ba678048f270&StaffID=5631](http://en.wikipedia.org/ChangePasswordScreen.aspx?Guid=ba678048f270&StaffID=5631)

Please choose from the below options if temp password is expired,

1) Use the Forgot password link to reset the password.

2) If still facing issues, Please contact the Administrator.

Thanks,

Naik, Abhi

2. When the user clicks on 'Click here to Change your password' from the email received, redirected URL will be - Domain Name/ChangePasswordScreen.aspx?Guid=d584b26b290f&StaffID=5631, where Domain name is a value set in the Value field of configuration key 'SetURLForClientPortalNonStaffUserChangePassword'.

Hello, Test 4092.

SmartCare recently received a request to change the password on your account. If you requested this change, please click the link below within 24 hours of the time this email was issued.

Your temporary password is:  
ba678048f270

\*\*\*

This password will be pre-filled when you click the link below and arrive at the reset page. You will be required to enter a new password and confirm it.

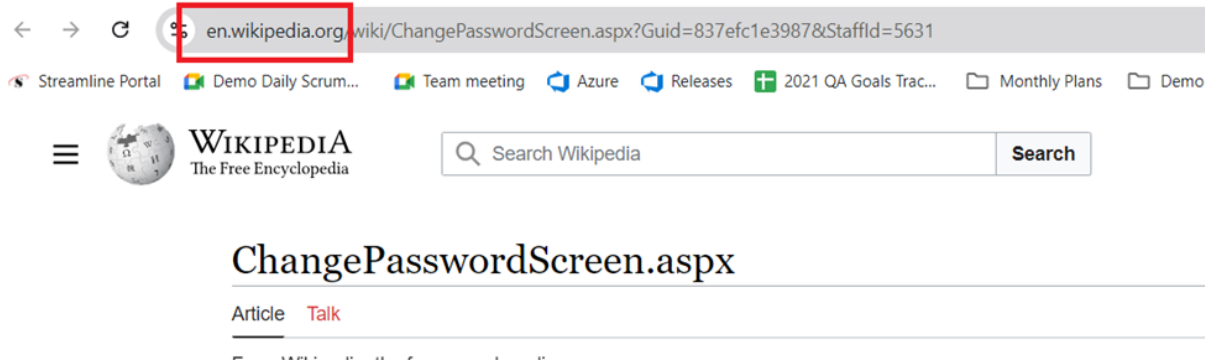
If you believe you have received this message in error, please disregard this email.

[Click here to change your password](#)

Thanks,

Naik, Abhi

**Redirection URL:**



3. A new configuration key 'SetURLForClientPortalNonStaffUserChangePassword' is implemented to dynamically set the Change Password URL for Non-Staff users.

### System configuration key 'SetURLForClientPortalNonStaffUserChangePassword':

#### Key Details

#### Key: SetURLForClientPortalNonStaffUserChangePassword

**Read Key as:** Set URL For Client Portal Non-staff User Change Password.

**Allowed Values:** Any hostname

**Default Value:** None

**Modules:** SCM Client Portal/Client Portal.

#### Description:

This is a new feature being added to the core product by introducing a system configuration key. This key value is used to configure the hostname for the Client Portal Non-staff User change password URL.

When a client's portal account is created for a Non-staff User OR when a password change is requested by clicking the Reset Password button in the Non-staff User Details screen, a URL will be provided to change the password for the Non-staff User in both the PDF and outgoing email. The hostname for this URL to be configured based on the value set for this key.

a) If the key value is set to "None", the hostname for the URL will be the application path as per the existing functionality.

b) If the key value is set to any hostname, same will be used, instead of the application path for the URL

Ex: For the URL:

<https://blrqashs2.smartcarenet.com/GoldSmartcareQA/ChangePasswordScreen.aspx?Guid=18c94934a106&StaffID=5631>, replace the <https://blrqashs2.smartcarenet.com/GoldSmartcareQA> with the value set for this key.

Real time example: <https://en.wikipedia.org/wiki/Internet#Terminology>, where hostname would be "en.wikipedia.org/wiki"



**Note:** If by chance the value of the key is updated with any value apart from the allowed values, the system will consider the default behavior, i.e. same as the value "None".

### Configuration Key Details

Key	SetURLForClientPortalNonStaffUserChangePassw
SourceTableName	
Module	SCM Client Portal/Client Portal
Screen	Non-staff User Details (976)
Value	None
Description	<p><b>Read Key as:</b> Set URL For Client Portal Non Staff User Change Password</p> <p>This is a new feature being added to the core product by introducing a system configuration key.</p> <p>This key value is used to configure the hostname for the Client Portal Non-staff User change password URL. When a client's portal account is created for a Non-staff User OR when a password change is requested by clicking the Reset Password button in the Non-staff User Details screen, a URL will be provided to change the password for the Non-staff User in both the RDL and outgoing email. The hostname for this URL to be configured based on the value set for this key.</p> <p>a) If the key value is set to "None", the hostname for the URL will be the application path as per the existing functionality. b) If the key value is set to any hostname, same will be used instead of the application path for the URL</p> <p>Ex: For the URL : <a href="https://blrqashs2.smartcarenet.com/GoldSmartcareQA/ChangePasswordScreen.aspx?Guid=18c94934a106&amp;StaffID=5631">https://blrqashs2.smartcarenet.com/GoldSmartcareQA/ChangePasswordScreen.aspx?Guid=18c94934a106&amp;StaffID=5631</a>, replace the <a href="https://blrqashs2.smartcarenet.com/GoldSmartcareQA">https://blrqashs2.smartcarenet.com/GoldSmartcareQA</a> with the value set for this key</p> <p>Real time example: <a href="https://en.wikipedia.org/wiki/Internet#Terminology">https://en.wikipedia.org/wiki/Internet#Terminology</a>, where hostname would be "en.wikipedia.org/wiki"</p> <p><b>Note:</b> If by chance the value of the key is updated with any value apart from the allowed values, the system will consider the default behavior, i.e. same as the value "None"</p>

**Author:** Abhishek Naik

## 60. Core Bugs # 128916: Records are not displayed completely in the 'Documents To Do' widget.

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

**Navigation Path:** Login to SmartCare with Patient Portal Credentials -- 'My Dashboard' – 'Documents To Do' widget.

### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The users were unable to see the records completely in the 'Documents To Do' widget of the Patient Portal.

With this release, the above-mentioned issue has been resolved. Now, Ellipsis(...) is provided for the document name with more than 15 characters. Also, the complete document name will be displayed on mouse hover.

**Author:** Abhishek Naik



## 61. Core Bugs # 129069: Patient Portal Login page Logo issue.

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

**Prerequisite:** The system Config key 'SetPatientPortalLoginPageLogo' value is set to 'None'.

**Navigation Path:** Patient Portal Login page of SmartCare.

### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the value of the config key 'SetPatientPortalLoginPageLogo' was set to 'None', the login page of Patient Portal was not displaying the default SmartCare logo.

With this release, the issue mentioned above has been resolved. Now, the login page of Patient Portal displays the default SmartCare logo, when the value of the config key 'SetPatientPortalLoginPageLogo' is set to 'None'.

---

**Author:** Abhishek Naik

## 62. Core Bugs # 129309: The 'Reset Password Link' in the PDF redirected to the 'Change Password' screen with incorrect user details.

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

**Navigation Path:** Search 'Non-staff Users' -- 'Select 'Non-staff User' -- Click on the 'Reset Password' button -- 'Do you want to print this Information?' -- Click 'Yes' -- Check the 'Reset Password Link' in PDF.

### Functionality 'Before' and 'After' release:

Before the release, here was the behavior. When a staff/user clicked on the 'Reset Password Link' in the PDF, they were redirected to the 'Change Password' screen, with incorrect user details in the Change Password screen.

With this release, the PDF's "Reset Password Link" is no longer clickable, preventing incorrect user details in the Change Password screen.

---

## Client Search dropdown

Reference No	Task No	Description
63	EII # 126309	My Caseload: Displaying Clients in Client Search dropdown based on 'Assigned Staff'.

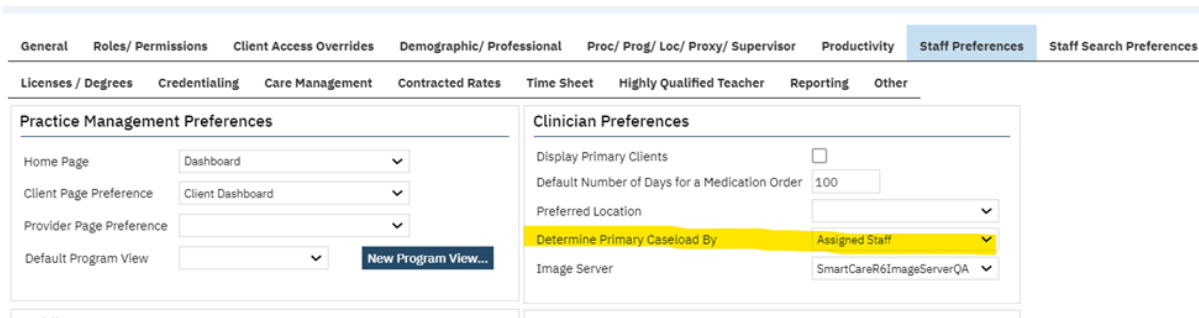
**Author:** Sachin Ranganathappa

## 63. EII # 126309: My Caseload: Displaying Clients in Client Search dropdown based on 'Assigned Staff'.

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

**Prerequisites:** The logged in Staff has below setup:

Staff/Users(Administration-)Staff details - Staff Preferences - Clinician Preferences - Determine Primary Caseload By = "Assigned Staff".



The screenshot shows the 'Staff Preferences' and 'Clinician Preferences' tabs. In the 'Clinician Preferences' section, the 'Determine Primary Caseload By' dropdown is set to 'Assigned Staff'.

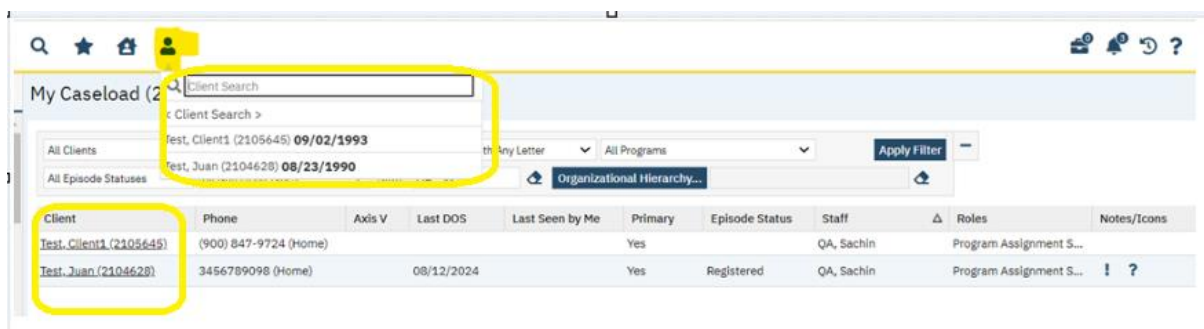
**Navigation Path 1:** 'Login to SmartCare application' - Client search.

**Navigation Path 2:** Go search-My Caseload (My office).

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

**Purpose:** This will ensure that the Client search dropdown displays all the Clients when the logged in Staff is a Primary Clinician, Primary Physician or Program Assigned Staff. That way the default Client list in Client Search dropdown will match the Staff caseload.

With this release, the default list in Client Search dropdown will display all the Clients when the logged in user is a Program Assigned Staff Or a Primary Clinician Or a Primary Physician. This will ensure that the clients list on the Caseload list page and the Client search dropdown will be the same.



The screenshot shows the 'My Caseload' page. The 'Client Search' dropdown is highlighted, showing a list of clients. Below it, the 'Caseload' table is displayed with columns: Client, Phone, Axis V, Last DOS, Last Seen by Me, Primary, Episode Status, Staff, Roles, and Notes/Icons. The table lists two clients: 'Test Client1 (2105645)' and 'Test Juan (2104628)'.

## Client Statement

Reference No	Task No	Description
64	EII # 128758	Implementation of the logic for the existing Configuration Key CLIENTSTATEMENTBALANCEDUEON DAYS as Core.

**Author:** Namratha Nagaraj

### 64. EII # 128758: Implementation of the logic for the existing Configuration Key CLIENTSTATEMENTBALANCEDUEON DAYS as Core.

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

**Navigation Path 1:** 'Administration' – 'Configuration Keys'-- Search 'CLIENTSTATEMENTBALANCEDUEON DAYS' -- Click on Key hyperlink -- 'Configuration Key Details' Page -- Enter the required value in the 'Value' field -- Click on 'Save' button.

**Navigation Path 2:** 'My Office' --'Client Accounts' – 'Client Accounts' list page -- Click on 'Client Name' hyperlink -- 'Client Account' screen -- Click on 'Generate Statements' icon -- 'Generate Statement' Pop up will be opened -- Enter required dates -- Click on 'OK' button -- 'Client Statement Printing' pop up will be opened.

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

**Purpose:** To make the Configuration Key CLIENTSTATEMENTBALANCEDUEON DAYS as Core by adding backend logic.

With this release, the backend logic is implemented to make the 'CLIENTSTATEMENTBALANCEDUEON DAYS' Configuration Key as Core. This will involve updating the PDF to pull the date set in the Configuration Key and calculate the date for the due date (Balance due on) on the Client Statement. The default value for this key is set to 30 days.

### Configuration Key Details

☒ Allow Edit

#### Configuration Keys

Key

CLIENTSTATEMENTBALANCEDUEONDAYS

SourceTableName

Module

Screen

15

Value

Description

Purpose of this Key is to add the no. of days to the Statement Date and display the Date for Balance Due in Client Statements Report

Comments

Please enter your special instructions or comments...

#### Organization/Affiliate Setup

**GoldQA**  
**Main Office Located at:**  
**Autom Address,**  
**City, IL 78934**  
**Phone: 8017436164**  
**Fax:**

Test 4 1092  
123, Client Address Test1  
Belmont, CA 60001

Client Name: Test 4 1092  
Client ID: 1183  
Statement Date: 10/09/2024  
Balance due on 10/24/2024

Date of Service	Procedure / Duration	Provider	Fee	Insurance Payment	Adjustment	Client Payment	Insurance Balance	Client Balance
*Prior Balance							\$0.00	\$0.00
07/26/2022	testShivProcedure 1 10.00	Admin	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00
04/01/2024	Youth ACT Psychiatric Contact (Col) Clients Family or Other Partial Payment 41760.00	Test	\$104,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$104,400.00
05/01/2024	Youth ACT Psychiatric Contact (Col) Clients Family or Other Partial Payment 43200.00	Test	\$108,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$108,000.00
05/03/2024	CSS Procedure 10.00	Gopal	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$200.00
05/03/2024	CSS Procedure 10.00	Gopal	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$200.00
06/03/2024	CSS Procedure 10.00	Gopal	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$200.00

## Clinical Data Access Groups (CDAG)

Reference No	Task No	Description
65	Core Bugs #128775	Treatment Team Detail, Referral Document and Registration Document: Modify the logic to display 'programid' and 'referralProgram id' respective of the 'ClientProgramId'.
66	Core Bugs #128778	Disclosure/Requests, Life Event: Modify the logic to display 'programid' respective of the 'ClientProgramId'.
67	Core Bugs #128791	'ProgramId' value is not stored in the 'ClientHealthDataAttributes' table when creating the Flow Sheet.
68	Core Bugs #128822	The 'ProgramId' value is not stored in the 'Grievances' or 'Appeals' tables when 'Grievances'/'Appeals' are created respectively.
69	Core Bugs #128867	'ProgramId' is not stored in the 'ClientNotes' table when a flag is created Manually via Tracking Protocol
70	Core Bugs #129111	'ProgramId' value is not stored in the 'ImageRecords' table when creating 'Scanned Medical Records'.
71	Core Bugs # 129003	More ProgramId and ClientProgramId issues.

**Author:** Akshay Vishwanath

### 65. Core Bugs # 128775: Treatment Team Detail, Referral Document and Registration Document: Modify the logic to display 'programid' and 'referralProgram id' respective of the 'ClientProgramId'.

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

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

#### Prerequisites:

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

**Navigation Path 1:** 'Client' search – 'Treatment Team' screen -- 'Treatment Team Details' list page – click on the 'New' icon – 'Treatment Team Details' screen – 'Program' dropdown.

**Navigation Path 2:** 'Client' search – 'Referral' Document – 'Save/ Sign' the document.

**Navigation Path 3:** 'Client' search – 'Registration Document' – 'Sign' the document.

#### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. Once saving the Treatment Team Details, Referral Document, and Registration screen by selecting the 'Program' in the 'Program's drop-down, the 'Programid' column was displayed as Null for these screens in the database.

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

1. The CDAG logic is modified to display the 'programId' of the respective 'ClientProgramId' in the database for both 'Treatment Team Details' screen and 'Registration Document' screen.

2. The CDAG logic is modified to display the 'ReferralProgramId' of the respective 'ClientProgramId' in the database for 'Referral Document' screen.

3. A data correction script is included to update the 'ProgramId' and 'ReferralProgramId' to show the values of the respective 'ClientProgramId' in the database for both 'Treatment Team Details' screen and 'Referral Document' screen.

However, please note the following:

The script will execute only if the system configuration key 'EnableClinicalDataAccessGrouping' value is set to 'Yes'.

Deleted records in the 'Treatment Team' and 'Referral' Document will not undergo the 'ProgramId' and 'ReferralProgramId' correction.

**Note:** There is no change in the UI behavior.

---

**Author:** Niroop Hassan

## **66. Core Bugs # 128778: Disclosure/Requests, Life Event: Modify the logic to display 'programId' respective of the 'ClientProgramId'.**

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

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

### **Prerequisites:**

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

**Navigation Path 1:** 'Client' -- 'Disclosure/Requests' list page -- click on the 'New' icon -- 'Disclosure/Requests Details' screen -- 'Program' dropdown.

**Navigation Path 2:** 'Client' -- 'Life Event' -- 'Life Events' list page -- 'Click on 'New' icon -- 'Life Event Details' page -- Select the required data and click on 'Save' icon.

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

Before this release, here was the behavior. After saving the screen by selecting the 'Program', in the database 'ProgramId' column was updated as null in Disclosure/Requests details screen and Life Event Details screen.

With this release, the following changes have been done:

The CDAG logic is modified to display the 'programId' of the respective of the 'ClientProgramId' in the database for both Disclosure/Requests details and Life Event Details screen,

A data correction script is included to update the 'ProgramId' to show the values of the respective 'ClientProgramId' in the database for both Disclosure/Requests details and Life Event Details screen,

However, please note the following:

The script will execute only if the system configuration key 'EnableClinicalDataAccessGrouping' value is set to 'Yes'.

Deleted records in the 'ClientDisclosures' and 'ClientLifeEvents' will not undergo the 'ProgramId' correction.

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**Author:** Suganya Sivakumar

### **67. Core Bugs # 128791: 'ProgramId' value is not stored in the 'ClientHealthDataAttributes' table when creating the Flow Sheet.**

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

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

**Prerequisites:**

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

**Navigation Path:** Client -- Flow Sheet -- 'Flow Sheet' List Page -- Vital History tab -- Select 'Meaningful Use/Vitals' template from 'Add Flow Sheet' dropdown -- Click on New Icon -- 'New Entry Flow Sheet' detail page -- Enter all required fields -- Click on Save Icon.

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

Before this release, here was the behavior. When the user created the Flow Sheet, the 'ProgramId' associated with the 'ClientProgramId' was not stored in the 'ClientHealthDataAttributes' table.

With this release, the above-mentioned issue has been resolved. Now, the 'ProgramId' associated with the 'ClientProgramId' value will be stored in the 'ClientHealthDataAttributes' table for the Flow Sheet.

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**Author:** Kiran Yogendra

### **68. Core Bugs # 128822: The 'ProgramId' value is not stored in the 'Grievances' or 'Appeals' tables when 'Grievances'/'Appeals' are created respectively.**

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

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

**Prerequisites:**

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

**Navigation Path 1:** 'Client' Search - Select a client - Go Search - 'Grievances (My Office)' - click on 'New' - 'Grievances' dropdown - Select the 'value' - Enter the required value - 'Save'.

**Navigation Path 2:** 'Client' Search - Select a client - Go Search - 'Appeals (My Office)' - click on 'New' - 'Appeals' dropdown - Select the value - Enter the required value - 'Save'.

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

Before this release, here was the behavior. When a user creates a 'Grievance' or an 'Appeal', the 'ProgramId' associated with the 'ClientProgramId' was not stored in the 'Grievances' or 'Appeals' tables respectively.

With this release, the above-mentioned issue has been resolved. Now, the user created 'ProgramId' associated with the 'ClientProgramId' value will be stored in both the 'Grievances' and 'Appeals' respectively.

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**Author:** Niroop Hassan

**69. Core Bugs # 128867: 'ProgramId' is not stored in the 'ClientNotes' table when a flag is created Manually via Tracking Protocol.**

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

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

**Prerequisites:**

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

**Navigation Path:** NA

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

Before this release, here was the behavior. When a flag was created Manually via Tracking Protocol or for Recurring Flags, the 'ProgramId' associated with the 'ClientProgramId' was not stored in the 'ClientNotes' table.

With this release, the above-mentioned issue has been resolved. Now, the 'ProgramId' associated with the 'ClientProgramId' will be stored in the 'ClientNotes' table.

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**Author:** Santhosh Huggi

**70. Core Bugs # 129111: 'ProgramId' value is not stored in the 'ImageRecords' table when creating 'Scanned Medical Records'.**

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

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

**Prerequisites:**



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

**Navigation Path 1:** 'Client' -- 'Scanning' -- 'Scanning' list screen -- click on new icon -- 'Scanned Medical Record Detail' Or 'Upload File Detail' screens.

**Navigation Path 2:** 'My Office' -- 'Scanned Medical Records'-- 'Scanned Medical Records' list screen -- click on new icon -- 'Scanned Medical Record Detail' Or 'Upload File Detail' screens.

#### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user created the 'Scanned Medical Records' (i.e., Scan Images, Upload Images, Batch Scan, Batch Upload), the 'ProgramId' associated with the 'ClientProgramId' was not stored in the 'ImageRecords' table.

With this release, the above-mentioned issue has been resolved. Now, the 'ProgramId' associated with the 'ClientProgramId' value will be stored in the 'ImageRecords' table for the 'Scanned Medical Records'.

**Author:** Girish Jayanna

### 71. Core Bugs # 129003: More ProgramId and ClientProgramId issues.

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

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

#### Prerequisites:

1. The system configuration key 'DisplayCDAGSectionInStaffDetails' value is set to 'Yes'.
2. The system configuration key 'EnableClinicalDataAccessGrouping' value is set to 'Yes'.

**Navigation Path:** N/A

#### Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The 'Client Programs List' Page database table lost a few service - related columns as a result of not having 'ClientProgramId' column in dbo.Services and no clear link from 'ClientProgramId to dbo.Services'.

With this release, the above-mentioned issue is resolved. The below mentioned list of stored procedures are modified by adding new CDAG logic, removing the 'LEFT Join' from the 'ClientPrograms' table, and replacing it with 'ProgramId' from the main table.

1	ssp_MemberLifeEventListPage
2	ssp_PMClientNotesDetail
3	ssp_ListPageGetClientTracking
4	ssp_PMClientNotesList
5	ssp_ListPagePMPrograms

6	SSP_PMGetProgramName
7	ssp_ListPagePMClientPrograms
8	ssp_ListPageCaseloadReassignment
9	ssp_GetClientProgramsListForDischargeDocument.
10	ssp_PMProgramAssignment
11	ssp_ListPageAppealDetailsFilter
12	ssp_ListPageGrievancesDetailsFilter
13	ssp_GetClientProgramsListForReferralDocument
14	ssp_ListDocumentCaseloadReassignment.
15	SSP_GetClientInformationToolTip
16	ssp_GetFlagAlerts

## Clinical Documentation

Reference No	Task No	Description
72	EII # 128449	Changes implemented in Initialization Editor page.

**Author:** Namratha Nagaraj

### 72. EII # 128449: Changes implemented in Initialization Editor page.

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

**Navigation Path:** Go Search - Initialization Editor (Administration) – ‘Initialization’ list page – Click on ‘New’ icon – ‘Initialization Editor’ screen.

**Functionality ‘Before’ and ‘After’ release:**

**Purpose:** To improve the performance of ‘Initialization Editor’ screen

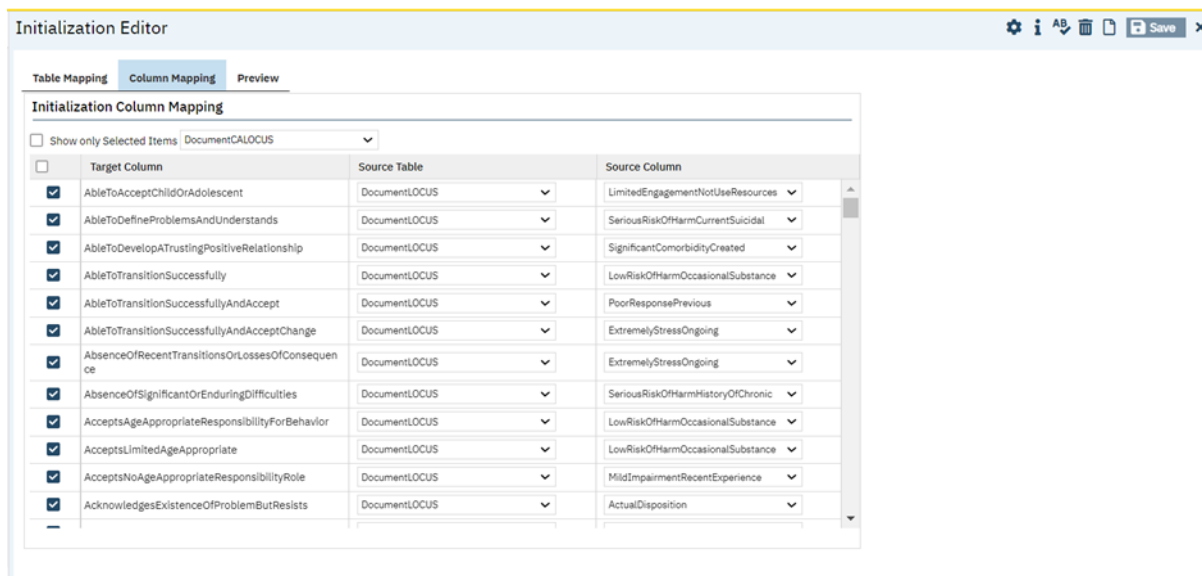
Before this release, when the user attempted to set up initializations in the ‘Initialization Editor’ screen, a ‘Page Unresponsive error’ occurred due to the below reasons:

- The source table dropdown was initialized by default, whenever the Target table dropdown changes.
- An Autosave XML was generated for all target table columns by default, and all columns were saved to the database upon clicking on "Save."

With this release, code optimizations are done to improve the performance in the ‘Initialization Editor’ screen for the ‘Column Mapping’ tab.

Target Column will be displayed based on dropdown options selected in ‘Show only Selected Items’ field and each row contains corresponding checkboxes.

- Upon selecting a checkbox, the respective source table dropdown with default option as "Select Source Table" will be initialized.
- Once the source table dropdown options are selected, then the corresponding source column dropdown with default option as "Select Source Column" will be initialized.
- Once the checkbox is unchecked, the respective rows of source table dropdown and source column dropdown options will be empty.
- Once the source table dropdown is unselected (selected as "Select Source Table"), the corresponding source columns dropdown will be empty.
- On selecting a "Select all" checkbox, all the checkboxes will be selected and respective source table dropdown with default option as "Select Source Table".
- On unselecting a "Select all" checkbox, all the checkboxes will be unselected, and respective source table dropdown and source column dropdown will be empty.
- On selecting a source column from the dropdown, Autosave XML will be generated specifically for that record.



Initialization Editor

Table Mapping Column Mapping Preview

Initialization Column Mapping

☐ Show only Selected Items DocumentCALOCUS

Target Column	Source Table	Source Column
<input checked="" type="checkbox"/> AbleToAcceptChildOrAdolescent	DocumentLOCUS	LimitedEngagementNotUseResources
<input checked="" type="checkbox"/> AbleToDefineProblemsAndUnderstands	DocumentLOCUS	SeriousRiskOfHarmCurrentSuicidal
<input checked="" type="checkbox"/> AbleToDevelopATrustingPositiveRelationship	DocumentLOCUS	SignificantComorbidityCreated
<input checked="" type="checkbox"/> AbleToTransitionSuccessfully	DocumentLOCUS	LowRiskOfHarmOccasionalSubstance
<input checked="" type="checkbox"/> AbleToTransitionSuccessfullyAndAccept	DocumentLOCUS	PoorResponsePrevious
<input checked="" type="checkbox"/> AbleToTransitionSuccessfullyAndAcceptChange	DocumentLOCUS	ExtremelyStressOngoing
<input checked="" type="checkbox"/> AbsenceOfRecentTransitionsOrLossesOfConsequence	DocumentLOCUS	ExtremelyStressOngoing
<input checked="" type="checkbox"/> AbsenceOfSignificantOrEnduringDifficulties	DocumentLOCUS	SeriousRiskOfHarmHistoryOfChronic
<input checked="" type="checkbox"/> AcceptsAgeAppropriateResponsibilityForBehavior	DocumentLOCUS	LowRiskOfHarmOccasionalSubstance
<input checked="" type="checkbox"/> AcceptsLimitedAgeAppropriate	DocumentLOCUS	LowRiskOfHarmOccasionalSubstance
<input checked="" type="checkbox"/> AcceptsNoAgeAppropriateResponsibilityRole	DocumentLOCUS	MildImpairmentRecentExperience
<input checked="" type="checkbox"/> AcknowledgesExistenceOfProblemButResists	DocumentLOCUS	ActualDisposition

## CM Authorizations

Reference No	Task No	Description
73	Core Bugs # 128861	CM Authorizations Details: The 'Copy to Approved' and 'Modify' buttons are disabled on initial attempts to enter a 'CM Authorization' in the 'Requested Status'Summary: Diagnosis document's ICD codes is not updating.
74	Core Bugs # 129106	The 'Authorization Details' screen is kept on loading when clicking the Auth 'Id'.
75	Core Bugs # 129108	CM Authorization Billing Code lists do not get refreshed when changing Provider/Site selection for existing authorizations.

**Author:** Rakesh Gangadhar

**73: Core Bugs # 128861: CM Authorizations Details: The 'Copy to Approved' and 'Modify' buttons are disabled on initial attempts to enter a 'CM Authorization' in the 'Requested Status' Summary: Diagnosis document's ICD codes is not updating.**

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

**Navigation Path 1:** 'CM Authorizations' -- 'CM Authorization Details'.

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

Before this release, here was the behavior. When attempting to enter a 'CM Authorization' in the 'Requested Status', the 'Copy to Approved' and 'Modify' buttons were disabled in the 'Authorization Requests' sub-tab of the 'Authorization Details' tab under the 'CM Authorization Details' screen. Upon exiting and reentering the screen, the 'Copy to Approved' and 'Modify' buttons were then enabled.

With this release, the above-mentioned issue is resolved. Now, the 'Copy to Approved' and 'Modify' buttons are enabled in the 'Authorization Requests' sub-tab of the 'Authorization Details' tab under the 'CM Authorization Details' screen on the initial attempts to enter a 'CM Authorization', that is in the 'Requested Status'/'Approved Status'.

---

**Author:** Renuka Gunasekaran

**74: Core Bugs # 129106: 'The 'Authorization Details' screen is kept on loading when clicking the Auth 'Id'.**

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

**Navigation Path:** 'My Office' -- 'Authorizations' -- 'Authorizations' list page -- Select Auth 'Id' -- Authorization Details.

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

Before this release, here was the behaviour. In the 'Authorizations' list page, when the user clicked the Auth 'Id' hyperlink the 'Authorization Details' screen was kept on loading.

With this release, the above-mentioned issue has been resolved. Now, the 'Authorization Details' screen is loading without any loading issue when the user clicks Auth 'Id' hyperlink.

---

**Author:** Renuka Gunasekaran

**75: Core Bugs # 129108: CM Authorization Billing Code lists do not get refreshed when changing Provider/Site selection for existing authorizations.**

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

**Navigation Path 1:** 'Client' - 'CM Client Authorization' - Select New icon - 'CM Client Authorization Details' screen - Select Insurer and 'Provider/Site' - Select 'BillingCode' Drop down - Enter 'Units', 'From' and 'To', 'Frequency' - Click on 'Copy to Approved' - Select Status - Click on insert and save.

**Navigation Path 2:** Client' - 'CM Client Authorization' - Select existing Auth ID hyperlink - 'CM Client Authorization Details' screen - Modify 'Provider/Site' - Select 'BillingCode' Drop down.

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

Before this release, here was the behavior. The Billing code dropdown in 'CM Client Authorization Details' screen was not getting refreshed with new data and previously selected billing code was displayed even though the provider/Site got changed.

With this release, the above-mentioned issue has been resolved. Now, the billing code dropdown is refreshed as per the provider/site selection in the CM Authorization details screen.

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## CM Authorization Details

Reference No	Task No	Description
76	Core Bugs # 129423	CM Authorization Details performance issue.

**Author:** Rakesh Gangadhar

**76: Core Bugs # 129423: CM Authorization Details performance issue.**

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

**Navigation Path:** 'Client' search -- 'CM Authorization Details'.

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

Before this release, here was the behavior. There was a performance issue in the 'CM Authorization Details' screen.

With this release, the above mentioned issue has been resolved. Now, the 'CM Authorization Details' screen is working fine.

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## Compliance Batch List Page

Reference No	Task No	Description
77	EII # 128534	To implement 'Download PDSRF' button under Compliance Batch Details Page for Batch type 274 SUD.

**Author:** Santosh Krishnegowda

**77: EII # 128534: To implement 'Download PDSRF' button under Compliance Batch Details Page for Batch type 274 SUD.**

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

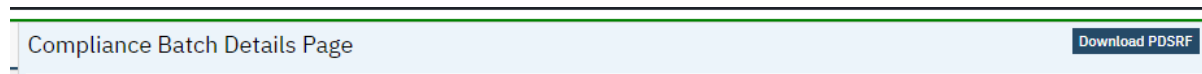
**Note:** This change is specific to the state customer, who is having the customization logic in their environment.

**Navigation Path:** 'My Office' - 'Compliance Batch List Page' - 'Batch Type-274 SUD' - 'Compliance Batch Details Page' - 'Download PDSRF' button.

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

**Purpose:** This report summarizes some of the data elements included in the 274 .dat file. The data in the PDSRF is used by the state to validate the 274 document.

With this release, a new button 'Download PDSRF' is implemented under the Compliance Batch Details Page for Batch type 274 SUD.



On clicking the 'Download PDSRF' button, a report will be exported which contains some of the data elements included in the 274 SUD data file.

## Configuration Keys

Reference No	Task No	Description
78	EII # 128419	Implementation of Configuration key for applying staff access rules to the Co-Signer dropdown.

**Author:** Rakesh Naganagouda

**78: EII #128419: Implementation of Configuration key for applying staff access rules to the Co-Signer dropdown.**

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

**Navigation Path 1:** Login to SmartCare application - 'Administration' - 'Configuration keys' screen.

**Navigation Path 2:** Login to SmartCare application - Client - Navigate to any Document screen - Enter the Details - Save/Sign - Click on More Detail icon button - Co-Signer dropdown.

**Navigation Path 3:** Login to SmartCare application - Client – Navigate to any Service/Notes screen - - Enter the Details - Save/Sign - Click on More Detail icon button - Co-Signer dropdown.

**Navigation Path 4:** Login to SmartCare application - Client – Navigate to any Events screen - - - Enter the Details - Save/Sign - Click on More Detail icon button - Co-Signer dropdown.

### Functionality 'Before' and 'After' release:

**Purpose:** To apply staff access rules to the Co-Signer dropdown.

With this release, a new configuration key "ApplyStaffAccessRuleOnCoSignerDropDown" is implemented for applying staff access rules to the Co-Signer dropdown.

**For Non – CDAG customers:** ( DisplayCDAGSectionInStaffDetails" System Config key is set to be 'No' and System configuration key "EnableClinicalDataAccessGrouping" is set to "No")  
If the configuration key value is set to "No", the "StaffAccessRules" permission will not be applied. Then the co-signer dropdown will display all the active staffs list.

If the key value is set to "Yes", then the "StaffAccessRules" permission will be applied. Then the co-signer dropdown will display the active Staffs list based on 'StaffAccessRule'(Limited/All Staff).

Configuration Key Details	
Key	ApplyStaffAccessRuleOnCoSignerDropDown
SourceTableName	
Module	Documents, Scanning, SCM Admin 2/ Services/Notes, SCM Admin 2/Services/Notes (Core), SCM Clinical 2/Individual Service Note, SCM SmartCare Platform and Framework/Document Framework, SCM SmartCare Platform and Framework/Service Note Framework, Service Note
Screen	<a href="#">Documents (5)</a> , <a href="#">Events (32)</a> , <a href="#">Service Note (29)</a>
Value	Yes
Description	<p><b>Read Key as:</b> Apply Staff Access Rule On CoSigner DropDown</p> <p>This is a change to the existing feature of our core product by introducing a system configuration key. Initially, the Co-Signer dropdown in the signature section populated all active EHR staff, causing performance issues. To address this, a common key named "ApplyStaffAccessRule" was introduced to apply "StaffAccessRules" permissions for the logged-in staff. However, as this key is shared and cannot be specifically toggled for the Co-Signer dropdown, we are introducing a dedicated configuration key to apply staff access rules exclusively to the Co-Signer dropdown.</p> <p>A) If the key value is set to "No", the "StaffAccessRules" permission will not be applied. This will be the default value of the key as it drives the existing behavior.</p> <p>B) If the key value is set to "Yes", the "StaffAccessRules" permission will be applied.</p> <p>Note: 1. If by chance the value of the key is updated with any value apart from the allowed values, the system will consider the default behavior, i.e. same as the key value is "No".</p> <p>2. By Applying the Staff Access Rule which has 2 sets of Permissions: "AllStaff" and "LimitedStaff"</p> <p>a) If the logged-in staff has a "LimitedStaff" Access Rule then the staff drop-down displays the staff who is associated with any of the Programs that the logged-in staff is also associated to</p> <p>b) If the logged-in staff has an "AllStaff" Access Rule then retain the existing functionality which is to display all the staff in the drop-down</p>

### System Configuration Key Details:

**Key Name:** ApplyStaffAccessRuleOnCoSignerDropDown

**Read Key as:** Apply Staff Access Rule On Co-Signer DropDown.

**Default Value:** No

**Allowed Values:** Yes, No.

**Modules:** Documents, Scanning, SCM Admin 2/ Services/Notes, SCM Admin 2/Services/Notes (Core), SCM Clinical 2/Individual Service Note, SCM SmartCare Platform and Framework/Document Framework, SCM SmartCare Platform and Framework/Service Note Framework, Services/Notes.

**Description:**

This is a change to the existing feature of our core product by introducing a system configuration key. Initially, the Co-Signer dropdown in the signature section populated all active EHR staff, causing performance issues. To address this, a common key named "ApplyStaffAccessRule" was introduced to apply "StaffAccessRules" Permissions for the logged-in staff. However, as this key is shared and cannot be specifically toggled for the Co-Signer dropdown, we are introducing a dedicated configuration key to apply staff access rules exclusively to the Co-Signer dropdown.

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

B) If the key value is set to "Yes", the "StaffAccessRules" permission will be applied.

**Note:**

1. If by chance the value of the key is updated with any value apart from the allowed values, the system will consider the default behavior, i.e. same as the key value is "No".

2. By Applying the Staff Access Rule which has 2 sets of Permissions: "AllStaff" and "LimitedStaff"

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

b) 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.

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

**Below is the functionality of the Configuration key when CDAG is ON:**

(System configuration key "DisplayCDAGSectionInStaffDetails" is set to 'Yes' & System configuration key "EnableClinicalDataAccessGrouping" is set to 'Yes'.)

**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.

If **ApplyStaffAccessRuleOnCoSignerDropDown** = "Yes", then the Staff based on the StaffAccessRule(Limited/All Staff) and Existing Logic (The staff names who are associated to the program that was selected in Service Details or Document for CDAG) are displayed. For Service note, upon adding program to Service Details, the co-signer list refreshes automatically without requiring saving.

If **ApplyStaffAccessRuleOnCoSignerDropDown** = "No", then co-signer dropdown will display the active staffs list –(the staff names who are associated to the program that was selected in Service Details or Document for CDAG) are displayed. For Service note, upon adding program to Service Details, co-signer list refreshes automatically without requiring saving).

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## Core Assessment

Reference No	Task No	Description
79	EII #128461	Integration of 'PHQ-2' Document as a Tab into Assessment (Core) document
80	EII #128432	Integration of 'C-SSRS Pediatric Since Last Visit' Document as a Tab into Assessment (Core) document
81	EII #128434	Integration of 'C-SSRS Children's Baseline Screening' Document as a Tab into Assessment (Core) document
82	EII #128214	Core Assessment - To address all the new suggestions provided during the SME testing Phase 1
83	EII #128637	Standardization of PCL-5 Assessment document to make compatible with Core Assessment
84	EII #128644	Standardization of Adverse Childhood Experience document to make compatible with Core Assessment
85	EII #128671	Expanding the number of tabs in Core Assessment to exceed 18.
86	EII #128032	Initializations between Core Assessment to Core Assessment
87	EII #128464	Standardization of DLA 20 Youth document to make compatible with Core Assessment
88	EII #128465	Standardization of DLA - SUD document to make compatible with Core Assessment
89	EII #128466	Standardization of ASAM document to make compatible with Core Assessment
90	EII #128498	Implementation of the 'Quality of Life (QoL)' Document as a Tab into Assessment (Core) document.
91	EII #128639	Standardization of COWS document to make compatible with Core Assessment
92	EII #128640	Standardization of CIWA document to make compatible with Core Assessment
93	EII #128641	Standardization of Child and Adolescent Trauma Screen (CATS-C 3-6 Year) document to make compatible with Core Assessment
94	EII #128463	Standardization of DLA-20 Adult document to make compatible with Core Assessment

95	EII #128721	Modification of Tab Trigger List and DFA tables update based on Form collections
96	EII #128565	Add Population and Classification to the Documents name in Listpage

**Author:** Akshay Vishwanath

#### **79: EII #128461: Integration of 'PHQ-2' Document as a Tab into Assessment (Core) document.**

**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.

**Author:** Sachin Ranganathappa

#### **80: EII #128432: Integration of 'C-SSRS Pediatric Since Last Visit' Document as a Tab into Assessment (Core) document**

**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.

**Author:** Sachin Ranganathappa

#### **81: EII #128434: Integration of 'C-SSRS Children's Baseline Screening' Document as a Tab into Assessment (Core) document**

**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.

**Author:** Archana Govindappa

#### **82: EII #128214: Core Assessment - To address all the new suggestions provided during the SME testing Phase 1**

~~**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.~~

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~~**Author:** Ramya Nagaraj~~

~~**83: EII #128637: Standardization of PCL-5 Assessment document to make compatible with Core Assessment**~~

~~**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.~~

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~~**Author:** Savitha Siddaraju~~

~~**84: EII #128644: Standardization of Adverse Childhood Experience document to make compatible with Core Assessment**~~

~~**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.~~

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~~**Author:** Archana Govindappa~~

~~**85: EII #128671: Expanding the number of tabs in Core Assessment to exceed 18.**~~

~~**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.~~

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~~**Author:** Archana Govindappa~~

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**86: EII #128032: Initializations between Core Assessment to Core Assessment**

**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.

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**Author:** Akshay Vishwanath

**87: EII #128464: Standardization of DLA 20 Youth document to make compatible with Core Assessment**

**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.

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**Author:** Akshay Vishwanath

**88: EII #128465: Standardization of DLA - SUD document to make compatible with Core Assessment.**

**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.

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**Author:** Savitha Siddaraju

**89: EII #128466: Standardization of ASAM document to make compatible with Core Assessment.**

**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.

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**Author:** Sunita Biradar

**90: EII #128498: Implementation of the 'Quality of Life (QoL)' Document as a Tab into Assessment (Core) document.**

**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.

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**Author:** Akshay Vishwanath

**91: EII #128639: Standardization of COWS document to make compatible with Core Assessment**

**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.

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**Author:** Akshay Vishwanath

**92: EII #128640: Standardization of CIWA document to make compatible with Core Assessment**

**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.

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**Author:** Rakesh Naganagoda

**93: EII #128641: Standardization of Child and Adolescent Trauma Screen (CATS-C 3-6 Year) document to make compatible with Core Assessment**

**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.

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**Author:** Akshay Vishwanath

**94: EII #128463: Standardization of DLA-20 Adult document to make compatible with Core Assessment**

**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.

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**Author:** Santosh Huggi

**95: EII #128721: Modification of Tab Trigger List and DFA tables update based on Form collections**

**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.

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**Author:** Santosh Huggi

**96: EII #128565: Add Population and Classification to the Documents name in Listpage.**

**Note** -This MSP includes some code related to the development of the new Core Assessment. However, the screens and documents associated with it have been marked as disabled for now, as the Core Assessment is still in Beta. These documents should not be used at this stage. Due to the current state of this functionality, additional details that are typically included in the release notes are not provided at this time.

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## Core Incident Report

Reference No	Task No	Description
97	Core Bugs # 129310	The data is not displaying under the 'Notification Provided To' dropdown in 'Core Incident Report' due to the 'Add/ Modify Subcodes' button being disabled.

**Author:** Harika Rajendran

**97: Core Bugs # 129310: The data is not displaying under the 'Notification Provided To' dropdown in 'Core Incident Report' due to the 'Add/ Modify Subcodes' button being disabled.**

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

**Navigation Path 1:** 'Administration' - Go to the 'Global Codes' Screen – 'Global Codes' list page – select the Code Name as 'INCIDENTNOTIPROVIDE' – 'Global Codes Details' screen.

**Navigation Path 2:** 'Client' search - Select a Client - Go to the 'Core Incident Report' Screen.

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

Before this release, here was the behavior. In the 'Global Code Details' screen, the 'Add/Modify Subcodes' button was disabled. Due to this, the data was not displaying under the 'Notification Provided To' dropdown in 'Core Incident Report'.

With this release, the above-mentioned issue has been Resolved. Now, the user can Add/ modify the 'Subcodes' in the 'Global Code Details' screen and the Data is displayed under the 'Notification Provided To' dropdown in 'Core Incident' Report without any issue.

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## CQM

Reference No	Task No	Description
98	EII #124727	Pull BMI Percentile to CQM Report from Flow Sheet.

**Author:** Boovendiran Chinnusamy

**98: EII #124727: Pull BMI Percentile to CQM Report from Flow Sheet.**

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

**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 – Click on View Results – CQM Report – Patient Data tab -- Physical Exams section.

**Purpose:** To pull BMI Percentile to CQM Report from Flow Sheet for the Clients whose age is less than 18 years.

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

With this release, the BMI Percentile will be pulled from the Flow Sheet to Physical Exams section in the 'Patient Data' tab of 'CQM Report', with Code 59574-4, for the Clients whose age is less than 18 years.

PHYSICAL EXAMS					
Code	Code System Name	Code Description	Date Start ▲	Date Stop	Status
+ 39156-5	LOINC	Body mass index (BMI) [Ratio]	7/18/2023 1:55:00 PM	7/18/2023 1:56:00 PM	PRF
- 59574-4	LOINC	BMI Percentile	7/18/2023 1:55:00 PM	7/18/2023 1:56:00 PM	PRF
Value 99.50 Value Unit % Result Code System 2.16.840.1.113883.6.96 Value Type PQ Account Number 77469					

## Dashboard

Reference No	Task No	Description
99	Core Bugs # 129187	PHQ9 widget is not showing total score.

**Author:** Kiran Tigarimath

**99: Core Bugs # 129187: PHQ9 widget is not showing total score.**

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

**Navigation Path 1:** 'Client' - 'Documents' - 'PHQ9' Document – Enter all the required details – Click on Sign.

**Navigation Path 2:** 'Client' - 'Client Dashboard' - 'PHQ9' Widget.

### Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. In the 'Client Dashboard' screen, the 'PHQ9' widget was not showing the Total Score of the 'PHQ9' document.

With this release, the above-mentioned issue has been resolved. Now, the Total Score of the 'PHQ9' document is displayed in the 'PHQ9' widget under 'Client Dashboard' screen.



## DFA

Reference No	Task No	Description
100	Core Bugs # 129031	The Score field value is not displayed in the signed DFA document PDF when an Integer is '0'.
101	EII # 128206	The Grid Control functionality is implemented in generating PDF for DFA documents.
102	EII # 125231	Implementation to add Grid Control Functionality in Document Screen
103	Core Bugs # 128798	The filter fields did not display correctly when minimized due to the fixed height under 'ERProcessing Template Rules' DFA list page

**Author:** Kiran Tigarimath

**100: Core Bugs # 129031: The Score field value is not displayed in the signed DFA document PDF when an Integer is '0'.**

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

**Navigation Path:** 'Client' – Documents – 'Documents' list page -- Select any DFA document having Score field'.

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

Before this release, here was the behaviour. In the DFA Document, when the Score field (Integer field) value was '0', the same '0' was not displayed in the signed DFA document PDF.

With this release, the above-mentioned issue has been resolved. Now, if the Score field (Integer field) is '0', the same will be displayed in the signed DFA document PDF.

**Author:** Kiran Tigarimath

**101: EII # 128206: The Grid Control functionality is implemented in generating PDF for DFA documents.**

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

**Navigation Path:** 'Administration' – 'Forms' – 'DFA Editor' – 'Form Items'.

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

With this release, the Grid Control functionality is implemented in the 'DFA Editor' screen of respective Forms.

A new checkbox 'Show this Field in PDF' is added in the 'Form Items' section of the 'DFA Editor' screen.

DFA Editor

DFA Entries

Preview

GROUP NAME

SORT ORDER

GROUP LABEL

ACTIVE

GLOBAL CATEGORY

GLOBAL CATEGORY ID

GLOBAL CATEGORY NAME

PARAMETER TYPE

CUSTOM IDENTIFIER

SP ID

Form Items

Section Id

Group Id

Item Width

Sort Order

DropDown Type

Edit Field Height

Maximum Length

Grid Column Width

☐ Show this Field in Grid

☐ Show this Field in PDF

Item Column Name

Item Label

Comment Column Name

Shared Table Name

Stored Procedure Name

Text Field

Value Field

Information Icon SP Name

Filter Name

Custom Identifier

Grid Column Header

Select Column

Active

Require Comment

Radio Button On New Line

Information Icon

Exclude from Pencil Icon

Filter

Stored Procedure has Parameter

Add Custom Column

Item Type

Global Code Category

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Select Category

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Insert

Clear

Item Label

Sort Order

Item Type

Column Name

Global Code Category

SP Name

Value Field

Text Field

DropDown Type

Custom Identifier

0

1.If the 'Show this Field in PDF' check box is checked for a form item or a field inserted in the grid, then the particular field label and the field value will be displayed in the signed PDF of the document.

DFA Editor

DFA Entries

Preview

Group Name	Sort Order	Group Level	Active	Label	Item Type	Global Code Category	SP Name	Value Field	Text Field	Dropdown Type	Custom Identifier	Grid Type
X <input checked="" type="radio"/> Filters	1	CustomGrid1	Y									G

### Form Items

Section Id

510488

Group Id

93936

Item Width

Sort Order

1

DropDown Type

Select

Edit Field Height

Maximum Length

1

Grid Column Width

100

☒ Show this Field in Grid

☒ Show this Field in PDF

Item Column Name

CGcheckbox

Item Label

Ready to answer ?

Comment Column Name

Shared Table Name

Stored Procedure Name

Text Field

Value Field

Information Icon SP Name

Filter Name

Custom Identifier

Grid Column Header

Ready to answer ?

Add Custom Column

Item Type

CheckBox

Global Code Category

Select Category

Active

☒ Yes ☐ No

Require Comment

☐ Yes ☒ No

Radio Button On New Line

☐ Yes ☐ No

Information Icon

☐ Yes ☐ No

Exclude from Pencil Icon

☐ Yes ☐ No

Filter

☐ Yes ☐ No

Stored Procedure has Parameter

☐ Yes ☐ No

Modify

Clear

Item Label	Sort Order	Item Type	Column Name	Global Code Category	SP Name	Value Field	Text Field	Dropdown Type	Custom Identifier
X <input checked="" type="radio"/> Ready to ans...	1	5362	CGcheckbox						
X <input type="radio"/> CurrencyGrid	2	5376	CGcurrency						
X <input type="radio"/> CurrentDate	3	5367	CGdate						

Signed PDF showing the field label and value.

Client Information	
<b>Client Name:</b>	Test, Cancel
<b>Client ID:</b>	2105323
<b>DOB:</b>	11/08/1999
<b>Effective Date:</b>	09/08/2024
CustomGridTestDASTone	
CustomGrid1	
Ready to answer ? : Y	CurrencyGrid : 11.0000
CurrentDate : 9/9/2024 12:00:00 AM	Number of minutes you hold the breath : 11.00
Education level : Did not graduate from high school	
CGInteger : 11	CGLabel :
Total net income : 11.0000	Area of interest : test
CG Contact Number : (123) 456-7890	AdmissionType :
SSN number : 123456789	Current City : test
Check-In time : 9/9/2024 11:00:00 AM	

2.If the 'Show this Field in PDF' check box is unchecked for a form item or a field inserted in the grid, then the field label and the field value will not be displayed in the signed PDF of the document.

**Author:** Sunil Belagali

## 102: EII # 125231: Implementation to add Grid Control Functionality in Document Screen

**Release Type:** New Functionality | **Priority:** Urgent

**Navigation Path 1:** Login to SmartCare application – 'Forms' – Create New/Select any Form – Create/Select a Form Section – 'Form Section Groups'.

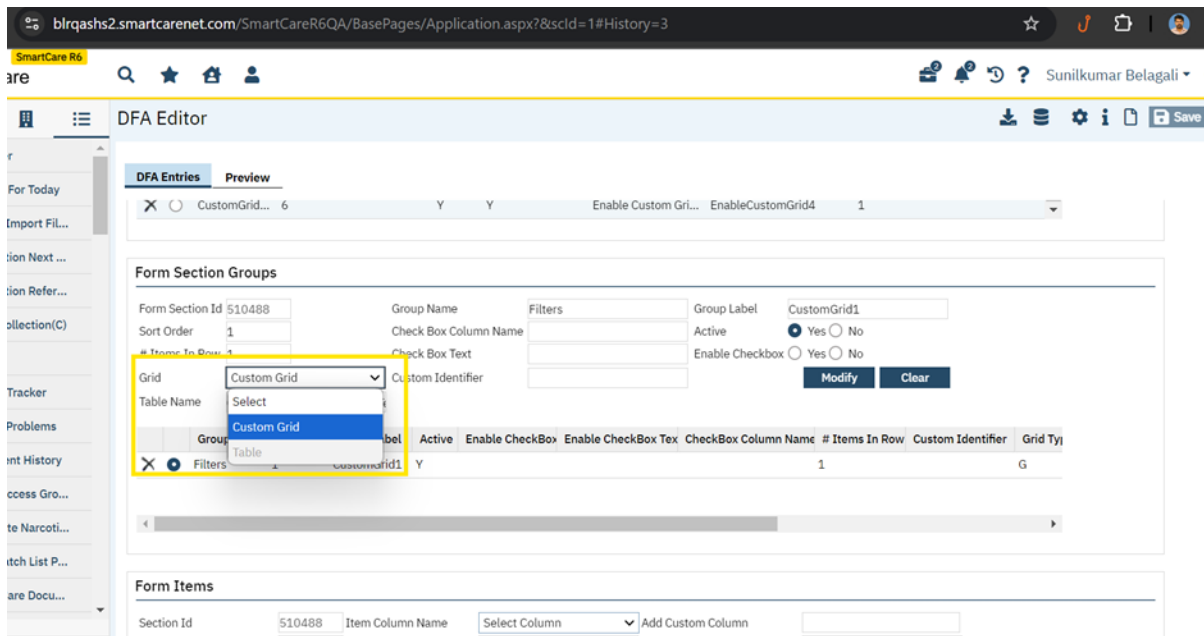
**Navigation Path 2:** Client – Open the configured DFA Document screen.

### Functionality 'Before' and 'After' release:

**Purpose:** To add Grid Control Functionality in Document Screen and provide the Staff the ability to add and delete rows of data in a table much like grids found in other areas of SmartCare.

With this release, the Grid Control Functionality is implemented in DFA Document Screen. The user will be able to add the Custom Grid into any DFA documents. This will provide the ability for the Staff to add and delete rows of data in a Custom Grid table.

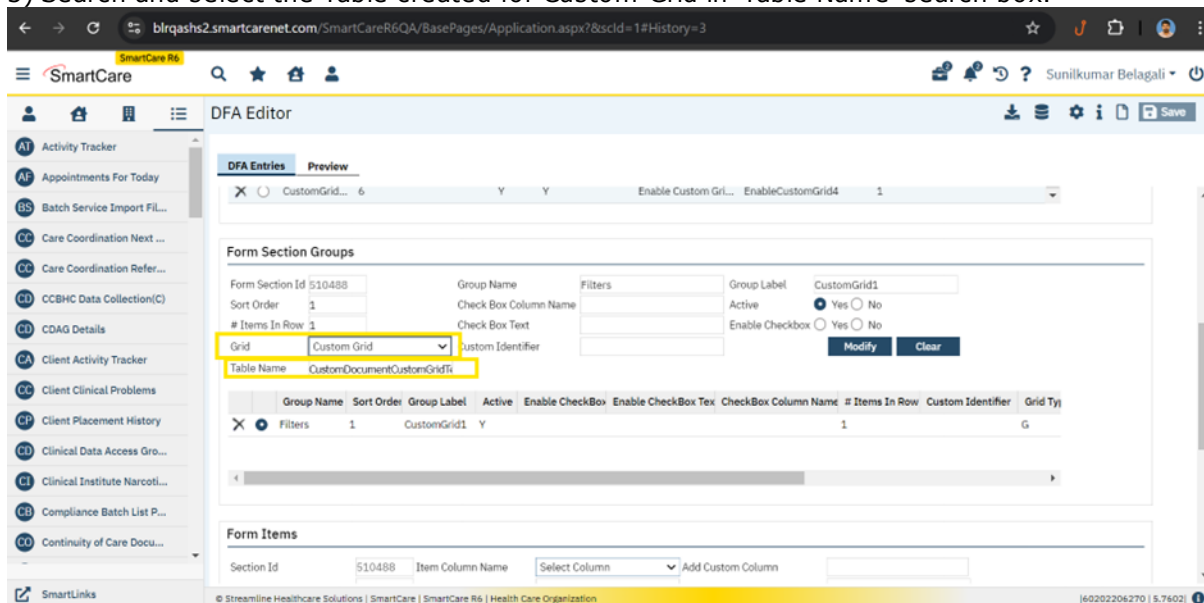
1) A new field "Grid" Dropdown has been added in the Form Section Groups section in the DFA Editor screen. As of now, only Custom Grid is limited to use.



The screenshot shows the 'DFA Editor' interface. In the 'Form Section Groups' section, the 'Grid' dropdown is set to 'Custom Grid' and the 'Table Name' dropdown is also set to 'Custom Grid'. The 'Form Items' section is visible below, showing a table with columns: Section Id, Item Column Name, and Add Custom Column.

2) Select 'Custom Grid' in the Grid field.

3) Search and select the Table created for Custom Grid in 'Table Name' search box.



The screenshot shows the 'DFA Editor' interface. In the 'Form Section Groups' section, the 'Grid' dropdown is set to 'Custom Grid' and the 'Table Name' dropdown is also set to 'Custom DocumentCustomGridTr'. The 'Form Items' section is visible below, showing a table with columns: Section Id, Item Column Name, and Add Custom Column.

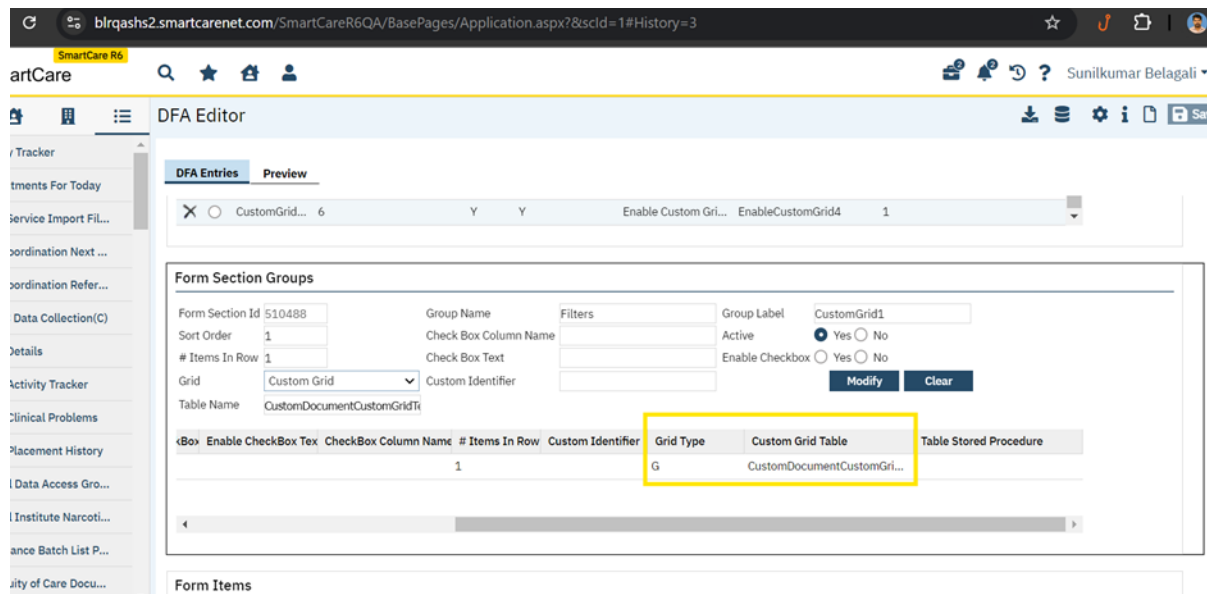
### Note:

i. Custom Grid table structure follows the below points:-

- This table is created from the backend.
- PrimaryKeyId columnname is not DocumentVersionId.
- ForeignKey columnname is DocumentVersionId which refers to the DocumentVersions table.

ii) Only one Custom Grid can be inserted into one Form Section Group.

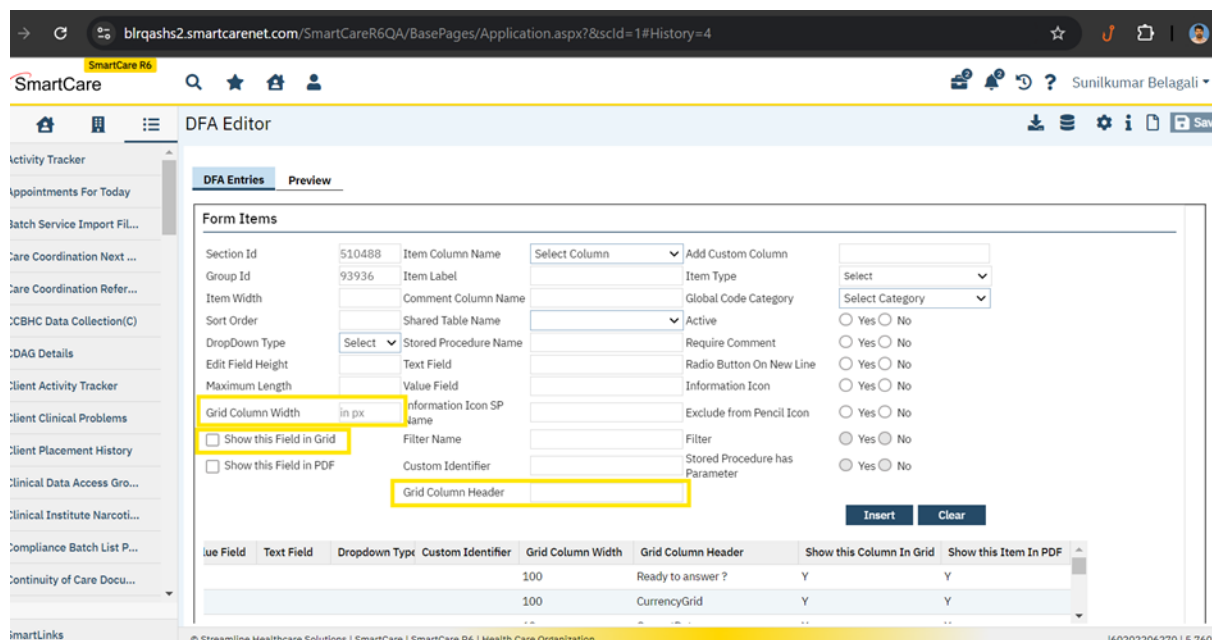
4)'Grid Type' and 'Custom Grid Table' columns in the 'Form Sections Groups ' table are updated as below('Grid Type' and 'Custom Grid Table' are newly added columns).



Form Section Id	Group Name	Group Label	Active	Enable Checkbox	Grid Type	Custom Grid Table	Table Stored Procedure
510488	Filters	CustomGrid1	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	G	CustomDocumentCustomGrid1	

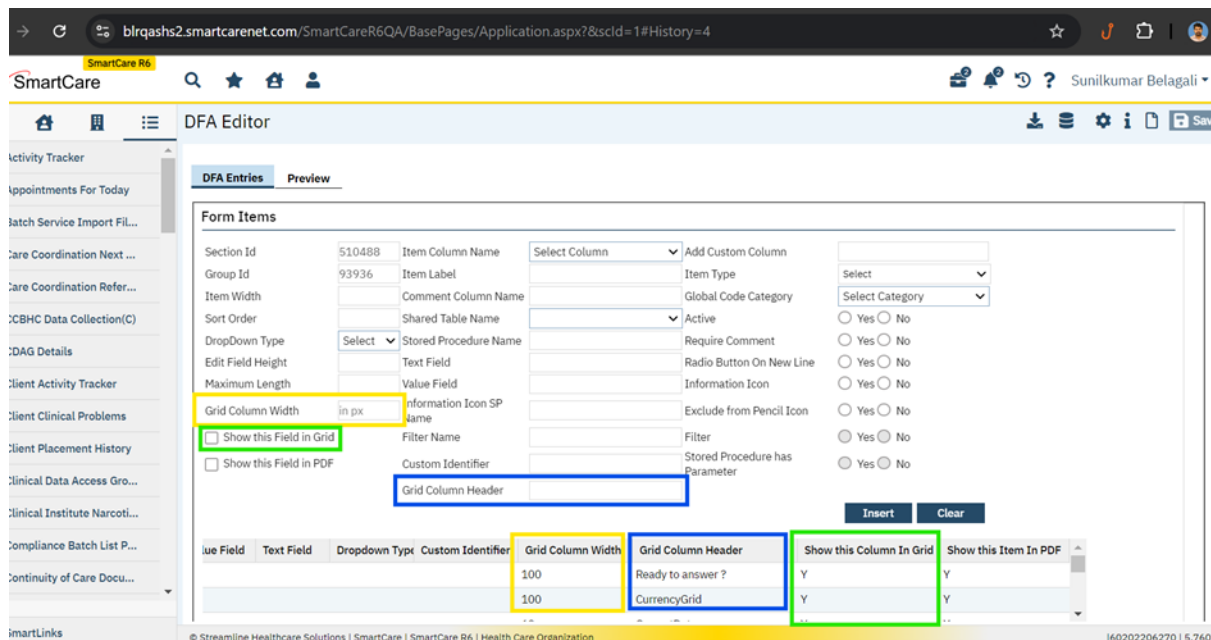
Grid Type = 'G'. This Represents 'CustomGrid'

5) Select the Form Section Group and Scroll down to Form Items Grid Column Width, show this Field in Grid and Grid Column Header are the newly added fields in Form Items, which will be available only for 'Grid's Form Section'.



Section Id	Group Id	Item Column Name	Item Label	Item Type	Global Code Category	Active	Require Comment	Radio Button On New Line	Information Icon	Exclude from Pencil Icon	Filter Name	Filter	Stored Procedure has Parameter	Grid Column Width	Grid Column Header	Show this Column In Grid	Show this Item In PDF
510488	93936	Select Column		Select	Select Category	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	100	Ready to answer ?	Y	Y
														100	CurrencyGrid	Y	Y

The above field's data will be inserted into the grid as below:



**Form Items**

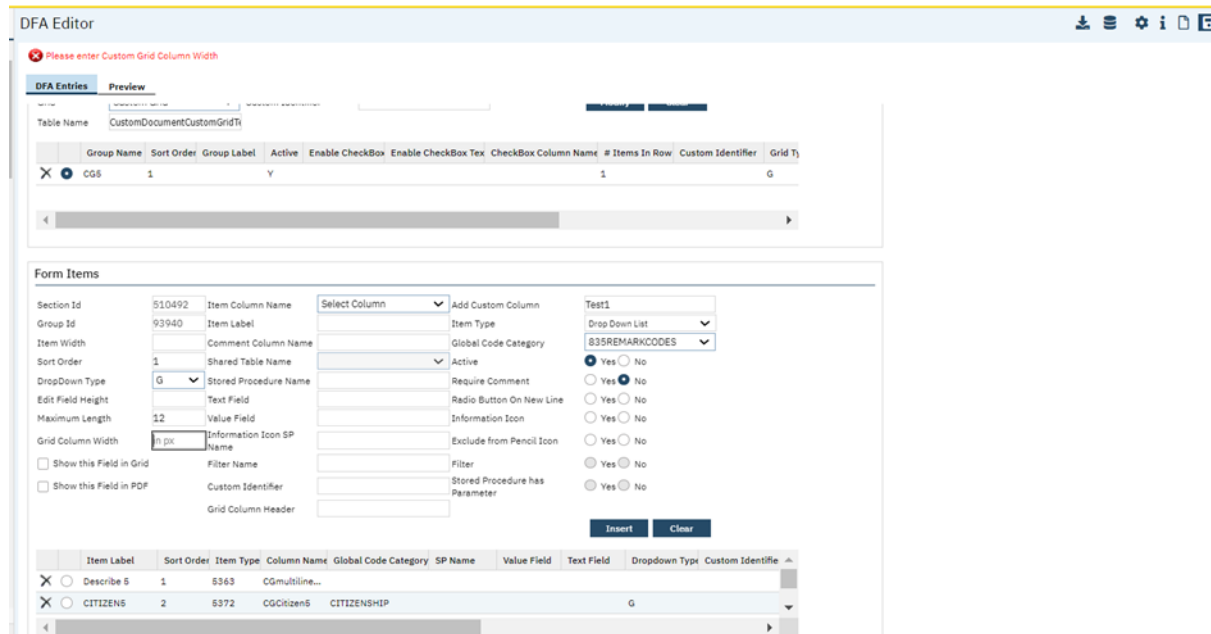
Section Id	510488	Item Column Name	Select Column	Add Custom Column	
Group Id	93936	Item Label		Item Type	Select
Item Width		Comment Column Name		Global Code Category	Select Category
Sort Order		Shared Table Name		Active	<input type="radio"/> Yes <input type="radio"/> No
DropDown Type	Select	Stored Procedure Name		Require Comment	<input type="radio"/> Yes <input type="radio"/> No
Edit Field Height		Text Field		Radio Button On New Line	<input type="radio"/> Yes <input type="radio"/> No
Maximum Length		Value Field		Information Icon	<input type="radio"/> Yes <input type="radio"/> No
Grid Column Width	in px	Information Icon SP Name		Exclude from Pencil Icon	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Show this Field in Grid		Filter Name		Filter	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Show this Field in PDF		Custom Identifier		Stored Procedure has Parameter	<input type="radio"/> Yes <input type="radio"/> No
		Grid Column Header			

**Form Items Table:**

Item Label	Text Field	DropDown Type	Custom Identifier	Grid Column Width	Grid Column Header	Show this Column In Grid	Show this Item In PDF
Ready to answer ?				100	Ready to answer ?	Y	Y
CurrencyGrid				100	CurrencyGrid	Y	Y

a) 'Grid Column Width': This is a text field and here we can provide the required width(in pixels) of a particular Form Item column inserting in to Custom Grid. This is a mandatory field, we can't insert any Form Item without any value in this field. Below validation will be displayed if Grid Column Width is not entered:

**Validation:** Please Enter Custom Grid Column Width



**Form Items**

Section Id	510492	Item Column Name	Select Column	Add Custom Column	Test1
Group Id	93940	Item Label		Item Type	Drop Down List
Item Width		Comment Column Name		Global Code Category	835REMARKCODES
Sort Order	1	Shared Table Name		Active	<input checked="" type="radio"/> Yes <input type="radio"/> No
DropDown Type	G	Stored Procedure Name		Require Comment	<input type="radio"/> Yes <input type="radio"/> No
Edit Field Height		Text Field		Radio Button On New Line	<input type="radio"/> Yes <input type="radio"/> No
Maximum Length	12	Value Field		Information Icon	<input type="radio"/> Yes <input type="radio"/> No
Grid Column Width	in px	Information Icon SP Name		Exclude from Pencil Icon	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Show this Field in Grid		Filter Name		Filter	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Show this Field in PDF		Custom Identifier		Stored Procedure has Parameter	<input type="radio"/> Yes <input type="radio"/> No
		Grid Column Header			

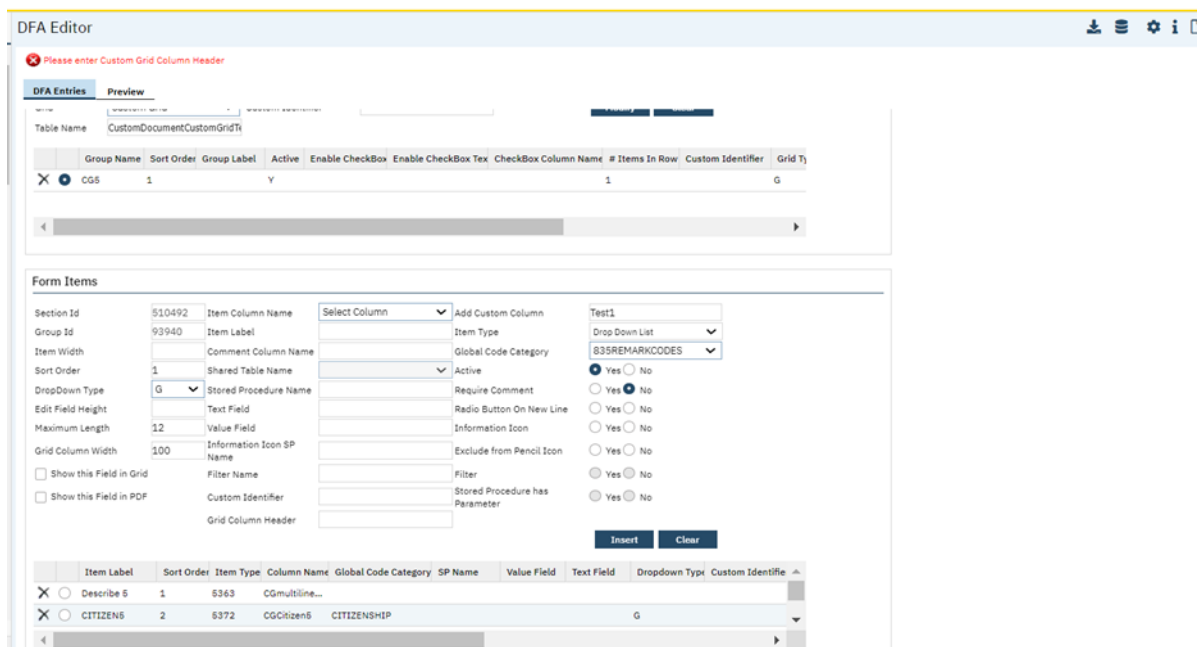
**Form Items Table:**

Item Label	Sort Order	Item Type	Column Name	Global Code Category	SP Name	Value Field	Text Field	DropDown Type	Custom Identifier
Describe 5	1	5363	CGmultiline...						
CITIZEN5	2	5372	CGCitizen5	CITIZENSHIP				G	

b) 'Show this Field in Grid': This is a checkbox field. The particular Form Item will be displayed as column in the Grid table only when the respective Checkbox is selected.

c) 'Grid Column Header': This is a text field and here we provide the required Column name to be displayed as Column Header in the Grid. This is also a mandatory field, we can't insert any Form Item without any value in this field. The below validation will be displayed if Grid Column Header is not entered:

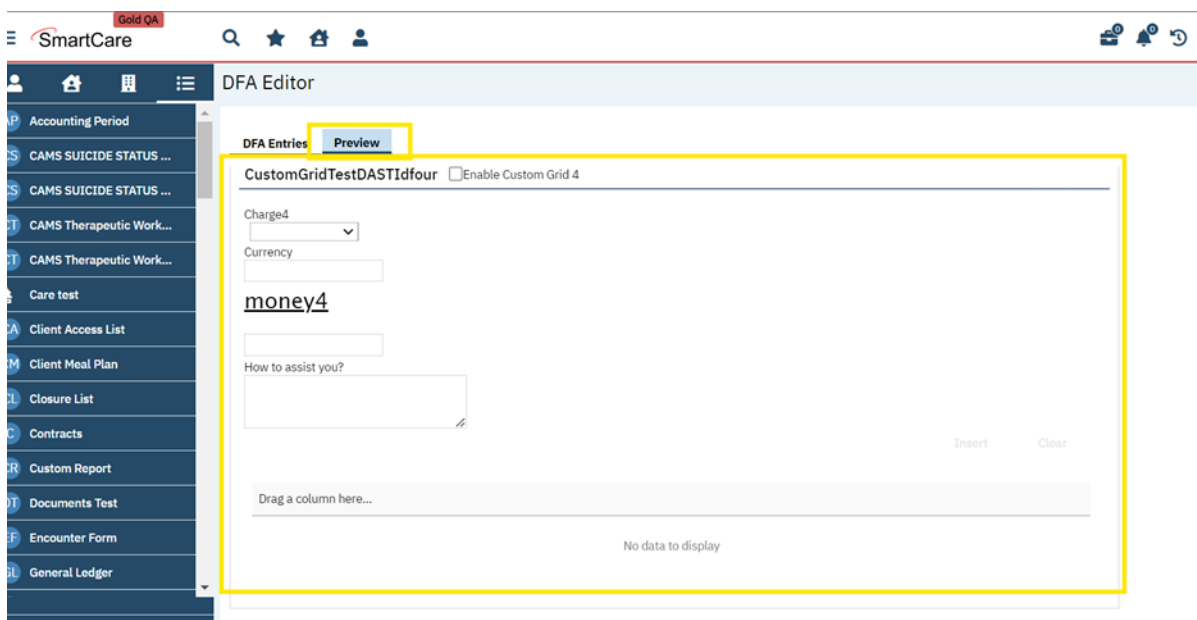
**Validation:** Please enter Custom Grid Column Header



#### Note :

- The following Item Types Button, Anchor and Label will not be inserted into the Grid since no Columns will be used for them.
- As of now, the Custom Grid is limited to use only 'G' dropdown type and Single select Dropdown combination.

6) Newly inserted Form Items for Custom Grid displaying in the Preview tab.



7) Form Items for Custom Grid displaying in the DFA document

Effective: 09/09/2024 Status: New Author: Belagali, Sunilkumar 09/06/2024 Sign

**CustomGridTestDASTIdtwo**

Assesment time:

Brief:

SSN2:

Select your interests: ☐ Abnormal Termination Error Due to invalid values ☐ Basic Services ☐ High Intensity Community Based Services ☐ Low Intensity Community Based Services ☐ Medically Managed Residential Services ☐ Medically Monitored Non-Residential Services ☐ Medically Monitored Residential Services ☐ None ☐ Recovery Maintenance and Health Management

Phone2:

Description:

How much do you earn?:

8) The inserted Form Items values displaying in their respective Custom Grid columns

working hrs per day:

Activity:

DOB:

Network:

☐ Healthy?

Insert Clear

	Assesme	Brief	SSN2	Select your interests	Phone2	Description	Your Incc	Age	Working	Activity	DOB	Network	H	
X	<input type="radio"/>	9/9/20...	Displaying	12321...	0	(32) 323...	Data inserting into ...	123.00	23	14	Unable t...	2/22...	12345...	Y

9) The staff user can add multiple rows of data into the Grid.

Network:

☐ Healthy?

Insert Clear

	Assesme	Brief	SSN2	Select your interests	Phone2	Description	Your Incc	Age	Working	Activity	DOB	Network	H	
X	<input type="radio"/>	9/9/20...	Displaying	12321...	0	(32) 323...	Data inserting into ...	123.00	23	14	Unable t...	2/22...	12345...	Y
X	<input type="radio"/>	9/9/20...	Multiple Rows	13332...	4	(76) 876...	Testing	32.00	5	5	Complete	9/9/...	434.00	N
X	<input type="radio"/>					(98) 765...	Testing Split	12.00	12	21	Complete			N

10) The staff user can modify the data inserted into Grid.



Effective: 09/09/2024 | Status: New | Author: Belagali, Sunilkumar | 09/06/2024 | Sign

Network:  ☐ Healthy?

**Modify** **Clear**

	Assesme	Brief	SSN2	Select your interests	Phone2	Description	Your Incc	Age	Working	Activity	DOB	Network	H
X	9/9/20...	Displaying	12321...	0	(32) 323...	Data inserting into ...	123.00	23	14	Unable t...	2/22...	12345...	Y
X	9/9/20...	Multiple Rows	13332...	4	(76) 876...	Testing	32.00	5	5	Complete	9/9/...	434.00	N
X					(98) 765...	Testing Split	12.00	12	21	Complete			N

11) The staff user can delete the data inserted in to Grid.

Effective: 09/09/2024 | Status: New | Author: Belagali, Sunilkumar | 09/06/2024 | Sign

Network:  ☐ Healthy?

**Modify** **Clear**

	Assesme	Brief	SSN2	Select your interests	Phone2	Description	Your Incc	Age	Working	Activity	DOB	Network	H
X	9/9/20...	Displaying	12321...	0	(32) 323...	Data inserting into ...	123.00	23	14	Unable t...	2/22...	12345...	Y
X	9/9/20...	Multiple Rows	13332...	4	(76) 876...	Testing	32.00	5	5	Complete	9/9/...	434.00	N
X					(98) 765...	Testing Split	12.00	12	21	Complete			N

**Delete**

### Data Model Changes:

- Added columns GridType, CustomGridtableName, , TableStoredProcedureName in FormSectionGroups table
- Added columns CustomGridColumnWidth, CustomGridColumnHeader, CustomGridShowInGrid, CustomGridShowInPDF in FormItems table.

**Author:** Sunil Belagali

**103: Core Bugs # 128798:** The filter fields did not display correctly when minimized due to the fixed height under 'ERProcessing Template Rules' DFA list page.

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

**Navigation Path:** Login to 'SmartCare application' - 'ERProcessing Template Rules' DFA list page.

### Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. In the 'ERProcessing Template Rules' DFA list page that has a multiline filter, the filter fields did not display correctly when minimized due to the fixed height.

With this release, the above-mentioned issue has been resolved. The filter fields in the 'ERProcessing Template Rules' DFA list page are displayed correctly even when minimized.

The code is optimized to have default height and the height can be customized using function parameters.

**Note:** The custom height can be updated in the Forms editor - JavaScript editor.

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## Glossary of System Configuration Keys, Global Codes, Recodes, Data Model Changes.

### System Configuration Keys

[5. DisplayOnlyExternalAuthCodesInClientAuthorization](#)

[7. DisplayStaffAsTypeableSearchTextBox](#)

[8. BedBoardLimitDisplayOfProcAndLocBasedOnProgram](#)

[10. ValidateProcedureCodeOnBillingCodeModifiers](#)

[12. TurnOnCareCoordinationWorkflow](#)

[36. ShowUnitsOnBillingCodeModifiers](#)

[40. DisplayCDAGSectionInStaffDetails](#)

[40. EnableClinicalDataAccessGrouping](#)

[45. SetPercentageOfClientsForFlagtypeNOMsReportingRandomSelect](#)

[45. SetNumberOfDueDaysForFlagNOMSReassessmentDueToCCBHCReport](#)

[56. SeverityLevel3RequiresAcknowledgment](#)

[56. SeverityLevel2RequiresAcknowledgment](#)

[56. SeverityLevel1RequiresAcknowledgment](#)

[58. MARTimeFormat](#)

[59. SetURLForClientPortalNonStaffUserChangePassword](#)

[61. SetPatientPortalLoginPageLogo](#)

[64. CLIENTSTATEMENTBALANCEDUEONDAY](#)

[65. DisplayCDAGSectionInStaffDetails](#)

[65. EnableClinicalDataAccessGrouping](#)

[66. DisplayCDAGSectionInStaffDetails](#)

[66. EnableClinicalDataAccessGrouping](#)

[67. DisplayCDAGSectionInStaffDetails](#)

[67. EnableClinicalDataAccessGrouping](#)

[68. DisplayCDAGSectionInStaffDetails](#)  
[68. EnableClinicalDataAccessGrouping](#)  
[69. DisplayCDAGSectionInStaffDetails](#)  
[69. EnableClinicalDataAccessGrouping](#)  
[70. DisplayCDAGSectionInStaffDetails](#)  
[70. EnableClinicalDataAccessGrouping](#)  
[71. DisplayCDAGSectionInStaffDetails](#)  
[71. EnableClinicalDataAccessGrouping](#)  
[78. ApplyStaffAccessRuleOnCoSignerDropDown](#)

## Global Codes

[36. 'PCMChargeType'](#)  
[52. 'LANGUAGE'](#)  
[58. 'MEDICATIONSCHEDULE'](#)  
[58. 'XFREQTIMEDAY'](#)  
[97. INCIDENTNOTIPROVIDE](#)

## Recodes

[21. SendEOBInfoAtPlanLevelPlans](#)  
[30. 'FCLocationForServices'](#)  
[43. FQCHospiceCare](#)  
[43. FQHCPalliativeCare](#)  
[45. TESTCLIENTEXCLUSIONS](#)

## Data Model Changes

[36. The new columns 'Units' and 'PCMChargeType' are added to the 'BillingCodeModifiers' table.](#)  
[43. 'StartDate', and 'EndDate' columns are added to the 'FOHCUDSMMeasureValueSet' table](#)  
[47. Added LegalGuardian column to ClientContacts table](#)

[52. The columns PrimaryLanguage , InterpreterServiceNeeded, CommunicationPreferenceTextMessage,CommunicationPreferenceEmail,CommunicationPreferencePhone are added to the \*\*ClientContacts\*\* table.](#)

[53. Index for Status column is added for 'ClientInpatientVisits' table.](#)

[55. Added DiscontinuedComments, DiscontinuedInstructionText columns in the ClientOrders table](#)

[58. The Columns DispenseTime9, DispenseTime10, DispenseTime11, DispenseTime12, DispenseTime13, DispenseTime14, DispenseTime15, DispenseTime16, DispenseTime17, DispenseTime18, DispenseTime19, DispenseTime20, DispenseTime21, DispenseTime22, DispenseTime23, DispenseTime24 , DispenseTimeWindow9, DispenseTimeWindow10, DispenseTimeWindow11, DispenseTimeWindow12, DispenseTimeWindow13, DispenseTimeWindow14, DispenseTimeWindow15, DispenseTimeWindow16, DispenseTimeWindow17, DispenseTimeWindow18, DispenseTimeWindow19, DispenseTimeWindow20, DispenseTimeWindow21, DispenseTimeWindow22, DispenseTimeWindow23, DispenseTimeWindow24 are included in 'OrderTemplateFrequencies' table.](#)

[58. The columns DispenseTime9, DispenseTime10, DispenseTime11, DispenseTime12, DispenseTime13, DispenseTime14, DispenseTime15, DispenseTime16, DispenseTime17, DispenseTime18, DispenseTime19, DispenseTime20, DispenseTime21, DispenseTime22, DispenseTime23, DispenseTime24 are include in 'OrderTemplateFrequencyOverRides' table.](#)

[102. The columns GridType, CustomGridtableName, , TableStoredProcedureName added in FormSectionGroups table.](#)

[102. The columns CustomGridColumnWidth, CustomGridColumnHeader, CustomGridShowInGrid, CustomGridShowInPDF added in FormItems table.](#)

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