RELEASE NOTES: 10/21/2024
Monthly Service Pack – SC.CORE.6.0_1.27.000.2410.013

Executive Summary:

1. The 'SetDateParameterForValueCodesLogic' configuration key has been implemented to pull the value codes for 837 Institutional and UB 04 claims. **(EII # 128492)**

2. The Changes are done for All Signed 'Documents' and Service Notes" to stop users from editing signed documents and "Service Notes", where the program tagged is not within their CDAG. **(EII # 127772)**

3. A new action item "Update Leave Reason" is added on "On Leave" records and 'Census Management – Update Leave Reason' pop up in Bedboard and Bed Census screen. This functionality is essential to accurately capture the circumstances of a client's leave, especially when the client transitions between types of leaves, such as from hospitalization to convalescent care. **(EII #128739)**

4. The changes are implemented in the 'Agency/Program Discharge', Client Information(C) & Client Inquiries (Inquiry Details) screens such that all corresponding flags, to-do documents, ISP goals and objectives, and alerts are marked inactive Once the client completes the Agency Discharge process. **(EII #127296)**

5. The Open linked document hyperlink is added from client flag details to the Pop-Up Flag window. This will make it easier to access the linked document and this will improve the flag functionality. **(EII #125042)**

6. A language field is added to the contacts tab of Client Information (C)screen. This is because the communication and Language Preferences for each Client Contact is important information that will be useful for any further communication with the Contact. **(EII #128014)**

7. The cursor code is updated to show users client name tab is a link not text. This enhances the user experience by providing a visual cue that the client name tab is interactive and clickable. When the users see the cursor change to a pointer upon hovering over the tab, the system communicates that clicking on it will reveal more information about the client**. (EII #128354)**

8. The number of diagnoses that appear in the search options for a specific ICD10 code and/or keyword are so large that the user spends a significant time trying to find what they need for a given client. With this in mind, a new configuration key 'SetDiagnosisAdvancedSearch' is implemented to enhance the Diagnosis Search optimization based on the 'Weighted Criteria'. **(EII #128704)**

9. The changes are done in the Notifications List Page to be aware of the exact number of emails, messages, and voice calls that have been exhausted and are remaining in the Subscription. **(EII #125189)**

10. Currently the user could only export one Acknowledgements file at a time via the Export button on the 837 File Details screen and it was very time consuming. Now, the export button is implemented and the user can export multiple Acknowledgements files at once in 'Import837List' page. **(EII #129350)**

11. To improve the loading speed of the Client Flags List page, a new checkbox "Last Month" is added for the "Open" and "Displayed" dropdown values in the Filter section. **(EII #128673)**

12. In the Plan Details screen, a new rule type 'These Programs require authorization for these codes' is added to allow for the configuration of Procedures + Programs.**(EII #128570)**

13. The External Email Functionality is implemented for Core Inquiry Details and External Email List page. This facilitates the 'Customer intake (Access team) crisis evaluation request is sent to the Crisis team who are working in the field. **(EII #126735)**

14. Implementation of PRAPARE (Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences) document to measure the protocol for Responding to and Assessing Patient Assets, Risks, and Experiences. **(EII #128315)**

15. This implementation is done to display the Referring Provider segment on the Claim File. **(EII #127820)**

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

Abbreviation: EII - Engineering Improvement Initiatives

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14	EII # 127503	837 Claims Format Configurations: Rendering Provider Entity Qualifier	Charges/Claims
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50	EII # 127995	Added Alias name in both the client information section and a signature section in documents PDF.	Documents
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25	EII # 128339	New functionality is implemented to end the Client flags with the document effective date of the associated scanned document.	Client Flags
36	EII # 128638	Standardization of Fagerstrom Test for Nicotine Dependence (FTND) document to make compatible with Core Assessment	Core Assessment
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77	EII # 128406	Implemented a Recurring Lab orders	Lab Orders

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5	Core Bugs # 129676	The Appointment notification received by the client randomly lists the date and time of appointments for recurring services.	Appointment Reminders
6	Core Bugs # 128786	Appointment Search - Filter selection changes when returning to screen via favorite search	Appointment Search
7	Core Bugs # 129666	Appointment Search filters are not working properly	Appointment Search
9	Core Bugs # 129613	Authorization screen: Data in the Custom fields tab disappears.	Authorizations
10	Core Bugs # 129478	Batch Contract Rate/ Claim upload fails in customer environments	Batch Contract Rate Upload
11	Core Bugs # 129404	Javascript errors are logged while performing the Batch Service Entry.	Batch Service Entry
13	Core Bug # 129616	The 'ClientProgramHistory' table fails to update when Reassignment occurs.	Caseload Reassignment
17	Core Bugs # 129029	In the 'Box 54 of UB04' paper claims, only the first prior payment is displayed, the aggregate of the prior payments is not displayed for secondary billing.	Charges/Claims
18	Core Bugs # 129356	Performance issue in ClaimFormatRules.	Charges/Claims
19	Core Bugs # 129452	Charges/Claims: Error message is displayed when processing 837 Institutional claims.	Charges/Claims
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21	Core Bugs # 129388	Slowness in processing claim batches in the "Claims Processing" pop-up window on the "Charges/Claims" screen	Claims Processing
22	Core Bugs # 127677	The user is encountering issues when creating void and replacement claims in their databases for various reasons.	Claims Processing
30	Core Bugs # 129474	Safety Check Orders can't be discontinued and order another safety check at the same time	Client Orders
31	Core Bugs # 129502	The Lab Orders are displayed from the second page in the PDF of Client Order(document).	Client Orders
34	Core Bugs # 129606	Client search popup is not displayed when caseload is too large.	Client Search
35	Core Bugs # 129003	More ProgramId and ClientProgramId issues.	Clinical Data Access Grouping
40	Core Bugs # 128623	The user is getting a timeout error in the 'Accounts Receivable' widget in the Dashboard.	Dashboard

41	Core Bugs # 129419	Dashboard: Blank messages displayed for the records in the 'New Alerts/Messages' Widget	Dashboard
42	Core Bugs # 129592	Assigned Documents widget does not correctly reflect the number of documents assigned to them.	Dashboard
43	Core Bugs # 129656	Performance issue in 'Unbilled Claims' widget	Dashboard
44	Core Bugs # 129210	'Disclosures/Requests' detail screen: The Description is missing for Shift Notes in 'Attach/Review Documents' pop up of 'Disclosures/Requests' detail screen.	Disclosure/Request
45	Core Bugs # 129573	'Disclosure/Request Details' screen – Validation is displayed for 'Request Received' date field even though the data is present.	Disclosure/Request
57	Core Bugs # 129468	SigningSuffix is not working correctly.	Documents
58	Core Bugs # 129516	Release of Information Document - Organization Field does not update on PDF when resetting field to blank	Documents
59	Core Bugs # 129532	Adverse Childhood Experience Document: Verbiage is corrected for the questionnaires.	Documents
60	Core Bugs # 129618	In Documents (Client) list page, the Program filter shows Program column blank.	Documents
61	Core Bugs # 129623	client's treatment plan not giving interventions.	Documents
62	Core Bugs # 129331	Special characters are not supported in the 'Form name.	Dynamic Forms
63	Core Bugs # 129342	Issue with the DFA Forms.	Dynamic Forms
67	Core Bugs # 129783	An Invalid Global code category is listed, and the same is fetched in the 'Dependent Children' field of the TEDS FASAMS report.	FASAMS V14
68	Core Bugs # 129466	The image uploaded in the Letter Template was broken while showing on the Grievances and Appeals Letter list.	Grievances/Appeals
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74	Core Bugs # 129480	Services/Notes: Mode of Delivery not auto populating based on the selection made in Crisis tab of Inquiry Details screen	Inquiries
78	Core Bugs # 129579	Life Event: Error displayed when tried to open Life Event created by an Inactive Staff	Life Events
80	Core Bugs # 129273	Med Reconciliation: The selected medication is getting unchecked when clicking on the 'Refresh' button and 'Sign' button.	Medication Reconciliation
81	Core Bugs # 127218	Document names is not displaying on the Message Interface list page.	Messages Interface

Functionality-wise Task Details:

270/271

Reference No	Task No	Description
1	EII # 129469	Complete configuration of batch eligibility and payers

Author: Debanjit Das

1. EII # 129469 (Feature – 389669) :270/271 - Complete configuration of batch eligibility and payers

Release Type: New Functionality **| Priority:** Medium

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

Navigation Path: NA

Functionality 'Before' and 'After' release:
Purpose: The customer will contract with a third party for their Eligibility Verification. This will require a connector for Real Time and Batch processing.

With this release, in the Core Stored Procedure 'ssp_EEVBatchVerificationData', a new configuration option named 'CfgIncludeClientsWithPlansWithMedicaidCheckbox' (for connector) is added.

835 File

Reference No	Task No	Description
2	Core Bugs # 127784	835 process experiences integer overflow when REF*6R segment is outside of integer size.

Author: Sahana Gururaja

2. Core Bugs # 127784: 835 process experiences integer overflow when REF*6R segment is outside of integer size.

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

Prerequisite: Process an 835 file which has a numeric REF*6R value, larger than an integer.

Navigation Path: 'My Office' – 'Payments/Adjustments' – Click on 'Electronic Remittance' Icon – click on the required 'Import file Id' hyperlink – 'Electronic Remittance File Details' pop-up – click on 'Process file' button -- click on 'Save' button and click on 'Close' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The users received an error message when they processed an 835 file which had a larger value than the allowed range.

Error Message:

Example - 000475930100117424000004015490

Msg 248, Level 16, State 1, Line 54

The conversion of the varchar value '000475930100117424000004015490' overflowed an int column.

With this release, the above-stated issue has been resolved. Now, the user can process an 835 file with a larger number in the REF*6R segment.

Adhoc Reporting

Reference No	Task No	Description
3	Core Bugs # 126982	On adding any additional columns to the Report, clearing the previously added 'Query Conditions' and 'Column sorting'.

Author: Harika Rajendran

3. Core Bugs # 126982: On adding any additional columns to the Report, clearing the previously added 'Query Conditions' and 'Column sorting'.

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

Navigation Path: 'My Office' - Go to the 'Adhoc Reporting' Screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When adding any additional columns to the report, it is clearing the previously added 'Query Conditions' and 'Column sorting'.

With this Release, the above-mentioned issue has been resolved. Now, the users can retain the 'Query Conditions' and 'Column Sorting' even when adding any additional columns to the report.

Appointment Reminders

Reference No	Task No	Description
4	EII # 125189	Changes in the Notifications List Page.
5	Core Bugs # 129676	The Appointment notification received by the client randomly lists the date and time of appointments for recurring services.

Author: Manjunath Malipatil

4. EII # 125189 (Feature – 278646): Changes in the Notifications List Page.

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

Navigation Path: Login to the 'SmartCare' Application – 'Notifications (My Office)' – 'Notifications' list page – Click on the 'Notifications' Pop-up icon in the 'Tool Bar'.
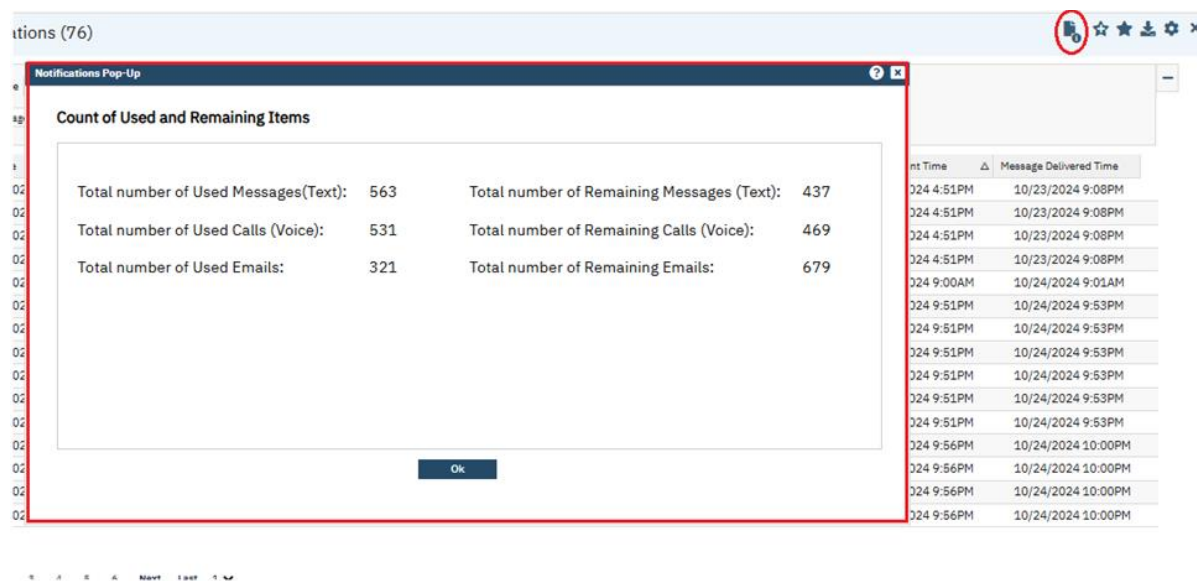
Functionality 'Before' and 'After' release:

Purpose: To be aware of the exact number of emails, messages, and voice calls that have been exhausted and are remaining in the Subscription.

With this release, a new icon [image] has been added in the 'Tool Bar' of the 'Notifications List' screen.

- Upon clicking on the new [image] icon, below Notification Popup appears.

Notification List screen:

The 'Notification Pop-up' will have the following fields.
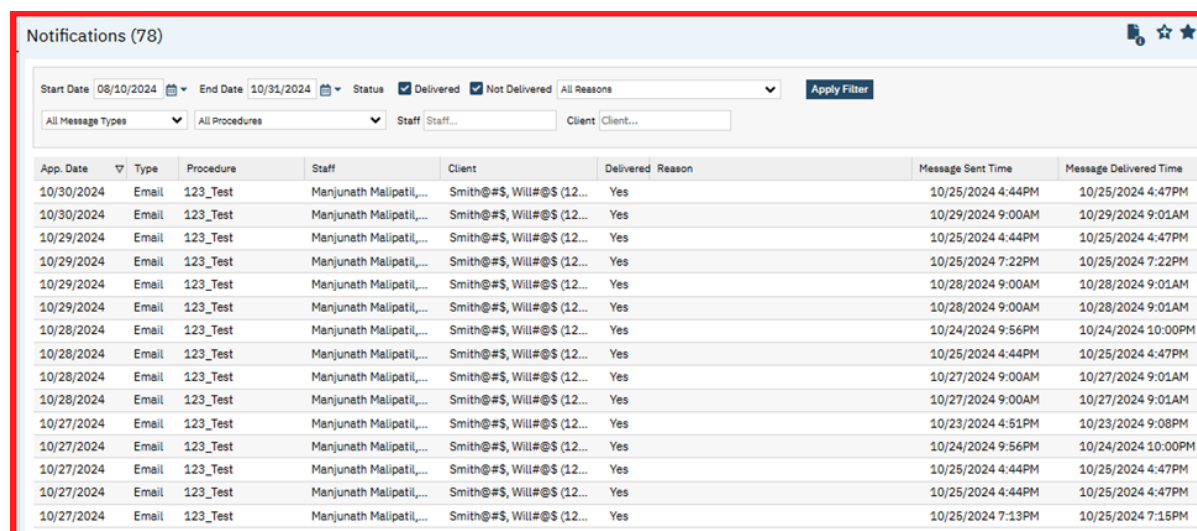
1. **Total number of Used Messages (Text):** This count gives the number of messages sent. This count is pulled from the Mobile central server.

2. **Total number of Used Calls (Voice):** This count gives the number of voice calls sent. This count is pulled from the Mobile central server.

3. T**otal number of Used Emails:** This count gives the number of emails sent. This count is pulled from the Mobile central server.

4. **Total number of Remaining Messages (Text):** This count gives the number of remaining messages in the subscription. This count is pulled from the Mobile central server.

5. **Total number of Remaining Calls (Voice):** This count gives the number of remaining voice calls in the subscription. This count is pulled from the Mobile central server.

6. **Total number of Remaining Emails:** This count gives the number of remaining emails in the subscription. This count is pulled from the Mobile central server.

Additionally, two columns have been added to the grid section in the 'Notifications List' screen.

1.   Message Sent Time

2.   Message Delivered Time

These columns display the date and time stamp for when the Message was sent and delivered.

The date and time will be displayed in the following format: MM/DD/YYYY HH:MM AM/PM - 12-hour time display.

Author: Manjunath Malipatil

5. Core Bugs # 129676: The Appointment notification received by the client randomly lists the date and time of appointments for recurring services.

Prerequisite:

1. Multiple Services are created for the Client on future dates.

2. Appointment Reminder Utility is run at the Given time and the appointment Notifications are sent to the client.

Navigation path: N/A

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the client received appointment notifications for recurring services, the date and time of the appointment was randomly displayed. This led to confusion for the clients.

With this release, the above-mentioned issue is resolved. Now, for the appointment notifications for the recurring service, the date and time of the appointment are displayed in the correct order.

Appointment Search

Reference No	Task No	Description
6	Core Bugs # 128786	Appointment Search - Filter selection changes when returning to screen via favorite search.
7	Core Bugs # 129666	Appointment Search filters are not working properly.

Author: Suganya Sivakumar

6. Core Bugs # 128786: Appointment Search - Filter selection changes when returning to screen via favorite search.

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

Navigation Path: My Office **-** Navigate to Appointment Search --- --- Appointment Search List page --- Select Appropriate Filter --- Click on Apply Filter --- Click on New Favorite Icon --- Create New Favorite View --- with 'Only show time slots marked as Free' checkbox not selected.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Appointment Search list page, when the user created a favorite view with 'Only show time slots marked as Free' checkbox not selected, it became selected when the users returned to the screen using the Favorite Search Icon.

With this release, the above-mentioned issue has been resolved. Now, when the user returns to the Appointment Search list page through the Favorite Search Icon, the 'Only Show time Slots marked as Free' checkbox remains not selected.

Author: Kiran Tigarimath

7. Core Bugs # 129666: Appointment Search filters are not working properly.

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

Navigation Path: 'Client Search' - 'Inquiry (New Client)' - 'Inquiry Details' – 'Disposition' section – click on 'Appointment Search' hyperlink – 'Appointment Search' list page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user navigated from the 'Disposition' section of the 'Inquiry Details' screen to 'Appointment Search' list page, the 'Appointment Search' filter was not working properly. (The issue occurred when navigating from any screen having Disposition section to 'Appointment Search').

With this release, the above-mentioned issue has been resolved. Now, the user is able to filter the required data in the 'Appointment Search' list page once navigated from the Disposition section of the Inquiry Details screen.

Authorizations

Reference No	Task No	Description
8	EII # 128570	Service Authorizations: Billing Plan Rule to require plan authorizations by Procedure + Program.
9	Core Bugs # 129613	Authorization screen: Data in the Custom fields tab disappears.

Author: Shivkanth Moger

8. EII # 128570 (Feature- 436608): Service Authorizations: Billing Plan Rule to require plan authorizations by Procedure + Program.

Release Type: Change **| Priority:** Urgent
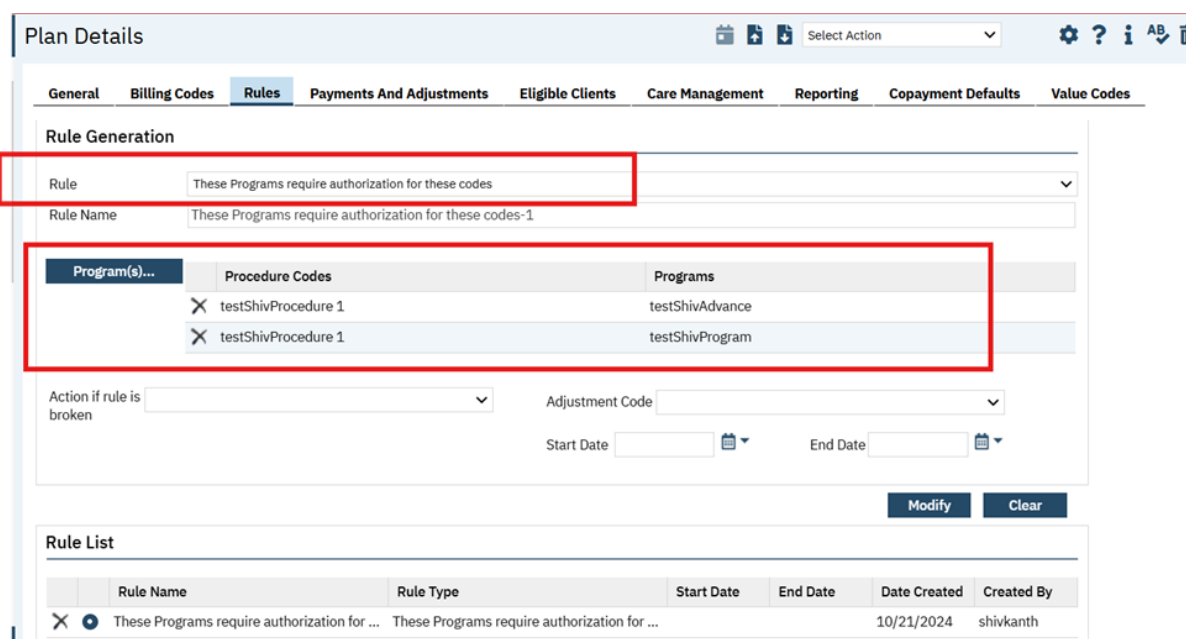
Navigation Path 1: Login to 'SmartCare' – 'Plans' – 'Plans' list page – click on any Plan name hyperlink text or New button – Plan Details page – 'Rules' tab.

Navigation Path 2: Login to 'SmartCare' -- select any Client -- Services -- Service list page -- Click on New icon -- Service detail -- Enter all the required details and click on the Save button.

Functionality 'Before' and 'After' Release:

Purpose: SmartCare Plan Billing Rules for Authorization Requirements did not allow the enforcement of the authorization using a combination of Plan, Procedure and Program. With this in mind, a new Plan Rule "These Programs require authorization for these codes" is created to allow for the configuration of Procedures + Programs.

With this release, in the Plan Details screen, a new rule type 'These Programs require authorization for these codes' is added, to associate the rule in the Plan rules.

- When the user selects the above rule in the Plan Details screen, the below-mentioned Warning/Error messages will trigger when the rule is violated in the Service Detail screen:
- **When the authorization is not added for the client:**
  Required authorization missing for coverage plan <Name>-InsuredId, Program <Name> and Procedure <Name>
- **When the authorization is added but is in the Requested status:**
  Authorization requested but not approved for coverage plan <Name>-InsuredId, Program <Name> and Procedure <Name>
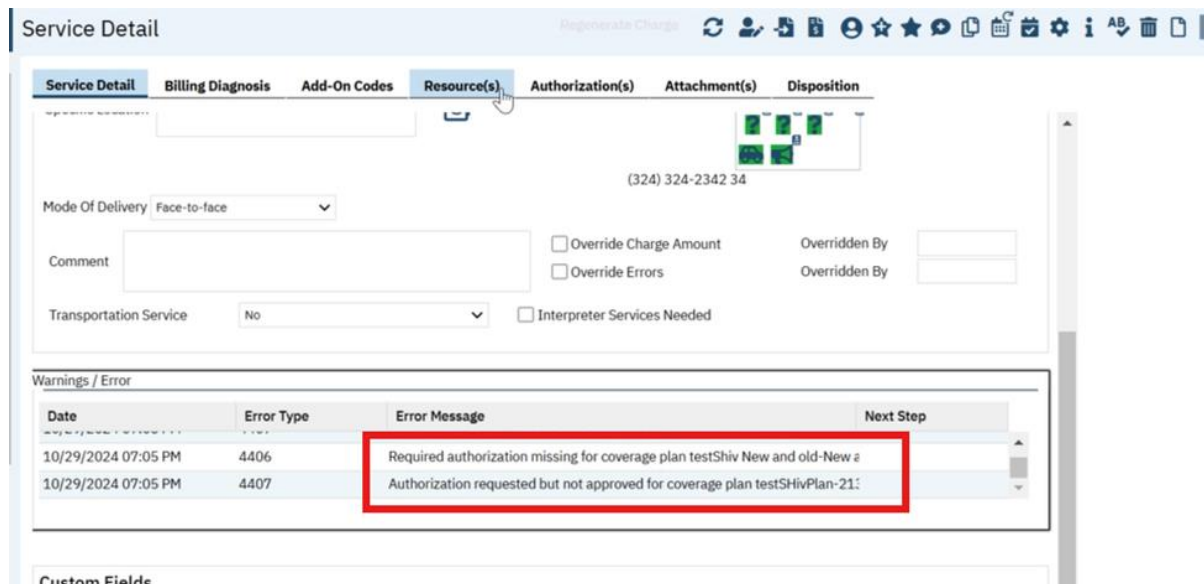
Author: Lakshmi Kumarappan

9. Core Bugs # 129613: Authorization screen: Data in the Custom fields tab disappears.

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

Navigation Path: 'Client' -- Authorization Screen -- 'New' icon -- Enter the data in the 'Custom Fields' tab -- Navigate to 'General' tab -- Enter the data in the 'Authorization Requests' sub-tab --click 'insert' button -- click 'save' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a client modified the 'Custom Fields' tab on the 'Authorization Details' screen and added an entry to the 'Authorization Requests' grid, the data in the 'Custom Fields' tab disappeared.

With this release, the above-mentioned issue has been resolved. Now, the data in the custom Fields tab is displaying, when a client modifies the 'Custom Fields' tab on the 'Authorization Details' screen and adds an entry to the 'Authorization Requests' grid.

Batch Contract Rate Upload

Reference No	Task No	Description
10	Core Bugs # 129478	Batch Contract Rate/ Claim upload fails in customer environments.

Author: Renuka Gunasekaran

10. Core Bugs # 129478: Batch Contract Rate/ Claim upload fails in customer environments.

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

Navigation Path 1: Administration' - 'Configuration Keys' - Select 'TemporaryUploadFolder' - 'Value' field.

Navigation Path 2: 'Administration' - 'Batch Contract Rate Uploads' – 'Upload New Contract rate' icon- Select batch contract rate template -'Upload' button.

Navigation Path 3: 'My Office' -'Batch Claim Uploads' -'Upload New Claims' icon - Select Provider - Select batch claim template - 'Upload' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. Batch contract rate and Batch claim upload failed due to unsecured file path to download the uploaded file, which was used temporarily during the process. This caused issues in a couple of customer environments after the security upgrade.

With this release, the above-mentioned issues have been fixed. Now, the uploaded file is downloaded in the secured path mentioned in the existing configuration key 'TemporaryUploadFolder', that has the required security permission.

Note: 'TemporaryUploadFolder' is an existing config key, and if the user is facing any issue to upload in batch claim /batch contract, NOC team will create this config key in the respective customer environment. If there is no issue while uploading, then this config key setup is not required.

Batch Service Entry

Reference No	Task No	Description
11	Core Bugs # 129404	Javascript errors are logged while performing the Batch Service Entry.

Author: Kiran Yogendra

11. Core Bugs # 129404: Javascript errors are logged while performing the Batch Service Entry.

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

Navigation Path 1: My Office -- 'Batch Service Entry' -- Select a Date -- Select a Program -- Apply filter -- Select the Client checkbox in the 'Client Name' column -- Enter all the details -- Click on 'Save'.

Navigation Path 2: Administration -- Error Log Viewer -- 'Error Log Viewer' screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Batch Service Entry' screen, when the user tried to create multiple services, the JavaScript errors were logged on the 'ErrorLogViewer' screen for the logged-in Staff.

With this release, the above-mentioned issue has been resolved. Now, JavaScript errors are not logged on the 'ErrorLogViewer' screen, when the user tries to create multiple services in the 'Batch Service Entry' screen.

Bed board

Reference No	Task No	Description
12	EII # 128739	Ability to change a Bed Leave Reason on an "On Leave" record and maintain its history.

Author: Chaithra Kunjilana

12. EII # 128739 (Feature – 452212): Ability to change a Bed Leave Reason on an "On Leave" record and maintain its history.

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

Navigation Path 1: My Office – Bedboard – Select 'On Leave' Status from the Status drop down – Select 'Update Leave Reason' -Census Management-Update leave Reason pop up.

Navigation Path 2: My Office – Bedboard – Click on the 'On Leave' Status hyperlink – Inpatient Activity Details-Activity Details sub-tab- Select 'Update Leave Reason' from Action drop down – Select the reason from the Reason drop down – Click on Modify button.

Navigation Path 3: My Office – Bed Census– Select 'On Leave' Status from the Status drop down – Select 'Update Leave Reason'-Census Management-Update leave Reason pop up.

Navigation Path 4: My Office – Bedcensus – Click on the 'On Leave' Status hyperlink – Inpatient Activity Details–Activity Details sub-tab-select 'Update Leave Reason' from Action drop down – Select the reason from the Reason drop down – Click on Modify button.

Functionality 'Before' and 'After' release:

Purpose: This functionality is essential to accurately capture the circumstances of a client's leave, especially when the client transitions between types of leaves, such as from hospitalization to convalescent care. Currently, the inability to track leave reason updates results in inaccuracies, impacting both reporting and the continuity of care.

With this release, a new action item "Update Leave Reason" is added on "On Leave" records and 'Census Management – Update Leave Reason' pop up in Bedboard and Bed Census screen.

The 'Census Management – Update Leave Reason' pop up is displayed with below mentioned fields:

Action: This is a label and it displays the selected action item.

Start Date: This is a date control field and displays the start date of the leave reason change.

Time: This field displays the start time of the reason change.

Reason: This is a drop down field and values are pulling from the Global Code category "BEDLEAVEREASON" based on the sorted order of the "GlobalSubCodes" table.

Comments: This is a text area field.

Modify: This is a button, on click of this a new reason will be updated.

Cancel: This is a button, on click of this, closes the pop up.

The "Update Leave Reason" is added in the Action drop down of the Activity section in the Activity Details sub-tab of the Inpatient Activity details screen.

Bed Census Screen :

Bed Census (392)

All Statuses ∨				11/07/2024	📅▼			All Programs
All Units			∨	All Rooms			∨	All Beds

Client	▽	Client Id	Note	Flags	Bed	Status			Admitted	Admit Time	Discharged
Nelson, Brennon		1049110		? !	ORW2a	Occupied	∨	🚶	08/12/2016	8:45AM	
Mouser, Mathew		4660		? ! 👤 🔧	M1 - Bed 1	Occupied	∨	🚶	03/04/2017	6:00PM	
Marsh, Stan		2104673		? ! 👥 VIP	VH205B	Occupied	∨	🚶	12/18/2019	2:59PM	
Macceo, Sue		1661320		! 1st	AW1A1	Scheduled Admission	∨	🚶			
Logan, Charlotte		1102440		!	009-1E	Occupied	∨	🚶	05/09/2018	4:23PM	
HOLMES, SHERLOCK		2104980			bed no 1	On Leave	∨		11/23/2022	12:19PM	
						Return From Leave					
George, Paula		2104607		? ! 📝	R2H1 Bed 3	Schedule Return From Leave		🚶	02/01/2019	6:45PM	
Eastburn, Mason		858470		? ! 🍴	210-1N	Discharge		🚶	03/27/2017	7:12PM	
						Update Leave Reason					

1 2 3 4 5 6 7 8 **Next** **Last** 1 ∨

Bed Census (3)

📋 🛏️ ☆ ★ ⬇️ ⚙️ ▦ ➕▦ ? ✕

All Statuses ∨					∨	Apply Filter	➖
Unit_452208							🧹

Census Management - Update Leave Reason ❓ ❌

Activity

Action: Update Leave Reason

Start Date: 11/07/2024 📅▼ Time: 07:01 PM Reason: [_____ ∨]

Comments

	Hospitalization-medical	
	Hospitalization-psychiatric	
	Visiting family or friends	
	Incarceration	
	Vacation	
	Missing or unknown	
	Young Adult on run	
	Alcohol/Drug treatment	

Modify **Cancel**

Client					Admitted	Admit Time	Discharged
Testing, Kiran				∨	10/10/2024	3:29PM	
				∨			
				∨			

Note: When leave reason is updated on a Leave record, the Disposition column under the Visit sub-tab in the Inpatient Details screen will be updated with "Leave Reason Updated" to maintain a history for updated Leave reasons in both the Bedboard and Bed Census screens.

Caseload Reassignment

Reference No	Task No	Description
13	Core Bug # 129616	The 'ClientProgramHistory' table fails to update when Reassignment occurs.

Author: Niroop Hassan

13. Core Bug # 129616: The 'ClientProgramHistory' table fails to update when Reassignment occurs.

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

Navigation Path: 'My Office' – 'Caseload Reassignment' – 'Reassignment' list page – Select 'Program' value from the 'Assignment Type' dropdown and click on 'Apply Filter' button – Select the required file and click on 'Reassignment' icon – 'Reassignment' popup – Select the required staff and click on 'Save' button – 'Confirmation Message' popup – Click on 'Re-Assign' button.

Functionality 'Before' and 'After' Release:

Before this release, when a Reassignment occurred, the 'AssignedStaffId' coumn was not updated in the 'ClientProgramHistory' table.

With this release, the above-mentioned issue has been resolved. Now, when a 'Reassignment' occurs, the 'AssignedStaffId' coumn in the 'ClientProgramHistory' table is updated properly.

Charges/Claims

Reference No	Task No	Description
14	EII # 127503	837 Claims Format Configurations: Rendering Provider Entity Qualifier
15	EII # 127820	To display the Referring Provider segment on the Claim File
16	EII # 128492	Implementing Configuration Key to pull the value codes for 837 Institutional and UB 04 claims.
17	Core Bugs # 129029	In the 'Box 54 of UB04' paper claims, only the first prior payment is displayed, the aggregate of the prior payments is not displayed for secondary billing.
18	Core Bugs # 129356	Performance issue in ClaimFormatRules.
19	Core Bugs # 129452	Charges/Claims: Error message is displayed when processing 837 Institutional claims.

Author: Sahana Gururaj

14. EII # 127503(Feature- 364248): 837 Claims Format Configurations: Rendering Provider Entity Qualifier

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

Prerequisite:

● In the 'Plan Detail' screen, select 'HIPAA 837 Professional claim format from the 'Standard E Claim Format' drop-down and create a charge for a Client.
● Rules are created in the Claim Format Configuration Details screen through the below-mentioned **path:**

Administration - Claims Format Configurations – Click on the '837 Professional claim format Id hyperlink -- Claims Format Configurations Details – Rule tab – Select data source as "Other" and data value as "Other" -- Enter the value '2' in the text box that appears next to the data source drop-down as blank - select Format Fields as "2310B-NM1-02 Entity Type Qualifier" – click on 'Insert' button – and save the screen.

Navigation Path: 'My Office' – 'Charges/Claims' quick link – 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:

Purpose: To Override the 'Entity Type Qualifier(NM102) value on the 'Rendering Provider' segment. i.e The rendering provider is overridden with a non-person entity sometimes, which requires sending the value '2' in NM103.

With this release, a new Global subcode value "2310B-NM1-02 Entity Type Qualifier" is added to the global code category 'CLAIMFORMATTYPE', which will be displayed in the 'Format Fields' drop-down for '837 Professional claim formats'.

Now, when the user configures a rule in the claim format for 'the "2310B-NM1-02 Entity Type Qualifier" format field with the data source as "Other" and data value as "Other" and with the value as '2' in the text box that appears next to the data source, then the system will override the NM102 field in the 'NM1*82' segment.

A screenshot of the new option and the rule as added.

General Setup

Data Source [Other] [2]   Data Values [Other]
Format Fields [2310B - NM1 - 02 Entity Type Qua]

2310B - REF - 03 Rendering Provider Secondary ID
2400 - NTE - 01 Note Reference Code
2400 - NTE - 02 Service Note Text
2400 - SV1 - 05:1 Place Of Service Code
2310C - NM1 - 03-06 Service Facility Location Last Name
2310C - NM1 - 08 Service Facility Location ID Qualifier
2310C - NM1 - 09 Service Facility Location ID
2010AA - REF*EI Billing Provider Tax ID
2310A - NM1 - 03-06 Referring Provider First Name
2310A - NM1 - 03-06 Referring Provider Last Name
2310B - NM1 - 03-06 Rendering Provider Last Name
2310B - NM1 - 03-06 Rendering Provider First Name
2310C - N3 & N4 - Varies - Service Facility Address 1
2310C - N3 & N4 - Varies - Service Facility Address 2
2310C - N3 & N4 - Varies - Service Facility City
2310C - N3 & N4 - Varies - Service Facility State
2310C - N3 & N4 - Varies - Service Facility Zip
2310B - NM1 - 02 Entity Type Qualifier

Rules Setup

Program(s)...   Location(s)...
Degree(s)...   Staff...
Dx Category(s)...   Mode Of Delivery...

[Modify] [Clear]

Rule List   Data Va...

Data Sou...		ea	Location	Degree	Procedure Code	Staff	Dx Category	Place of Service	Mode of Delivery
✕ ◉ Other									

© Streamline Healthcare

Based on the above rule, below is the screenshot where the "NM102" field in the "NM1*82*" segment is overridden on the claim file.

Out Put on 837P claim file.

Claims Processing
✓ Processed Successfully

Claims Processing
You have selected 1 charge
◉ Electronic
◯ Paper
[Remove Selected Charge]

Select: All, All on P

Batch #
☐ 15816-Krishna Pl

[Close]

Claim File Creation
Claim File Creation
[Save As] [Close]

	Batch Id	Format	Display As	File Name	Created Correctly
◉	15816	HIPAA 837 Professional	Krishna Plan	15816-Krishna Plan-HIPA.	☑

```
N4*
CLM*7087-28569*50***11:B:1*Y*A*Y*Y
REF*EA*7087
HI*ABK:F250
NM1*DN*1*
NM1*82*2*TG*SAHANA****XX*345678
PRV*PE*PXC*101Y00000X
NM1*77*2*KRISHNA LOCATION
N3*LOCATION ADDRESS1

LX*1
SV1*HC:SBC6789:52:53:54:55*50*UN*5***1
DTP*472*D8*20241028
REF*6R*28569
SE*35*000158160
GE*1*15816
IEA*1*000015816
```

Status   Staff N
Process...   TG, Saha

Balance Total $50.00

Flagged   Process   Ba
24   10612   158

Note: If the claim format is configured with any other rule apart from the above-mentioned combination, then the default value '1' will be sent on claims under "NM102 field under NM1*82" segment.

Author: Sahana Gururaja

15. EII # 127820 (Feature – 344511): To display the Referring Provider segment on the Claim File.

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

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:

Purpose:
If the selected 'Provider Name' in the 'Client Information' screen is not available in the 'Referring' field drop-down of the 'Service Details' screen, then again, the user needs to go and add the data to the existing Global Code Category "ReferringClinician." This caused the user to enter the data in two different screens. To resolve this, a logic is implemented to automatically insert the data added in the 'Primary Care Provider' screen to the existing Global Code Category "ReferringClinician."

With this release, the below changes are done:
1. A step "Insert Primary Care Referring Provider" is added to the nightly billing job to insert the records available in the "Primary Care Providers" screen, which will be initialized to the existing Global Code Category "ReferringClinician."
  a) The User can create a record in the 'Primary Care Provider Details' screen by providing only the 'Last Name/First Name' with NPI or 'Organization' with NPI.
  b) When the nightly billing job is executed, the records in the 'Primary Care Providers' screen will be initialized into the global code category "ReferringClinician".
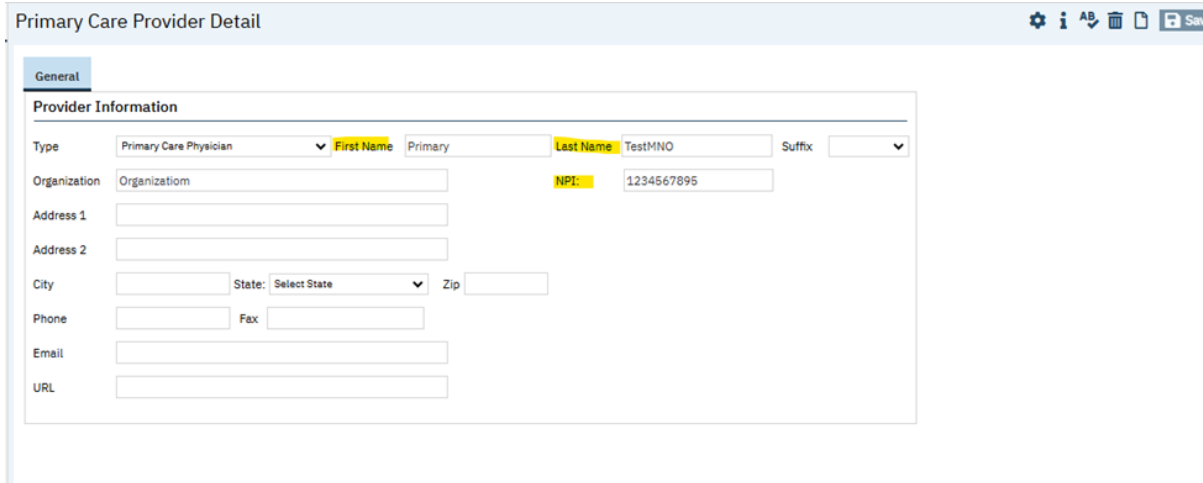
   The "Code Name" field in the global code will have the below data
 a) Last Name(Primary Care Provider Detail->General->Provider Information->Last Name), First Name((Primary Care Provider Detail->General->Provider Information->First Name), and "External Code 2" field will have the NPI value.

 Example:
 Code Name = Last Name, First Name
 External Code 2 = NPI Value

 Primary Provider Added in the 'Primary Care Provider Details' screen.

Primary Care Provider Detail

When the Nightly job is executed, the data is inserted into global code:

b) Organization Name (Primary Care Provider Detail->General->Provider Information->Organization field) and the "External Code 2" field will have the NPI value.

Example:
Code Name = Organization
External Code 2 = NPI Value

The data added in the 'Primary Care Provider Details' screen with 'Organization' field and NPI

The same has been inserted into the global code when the nightly job is executed.

2. A new global code value, "Primary Care Referring Provider," is added to the global code category "Provider Configuration." This value will be displayed in each drop-down field available in the 'Provider Overrides' section under the 'Claim Provider Override Details' screen.
A screenshot of the value is displayed on the 'Claim Provider Override Details' screen.
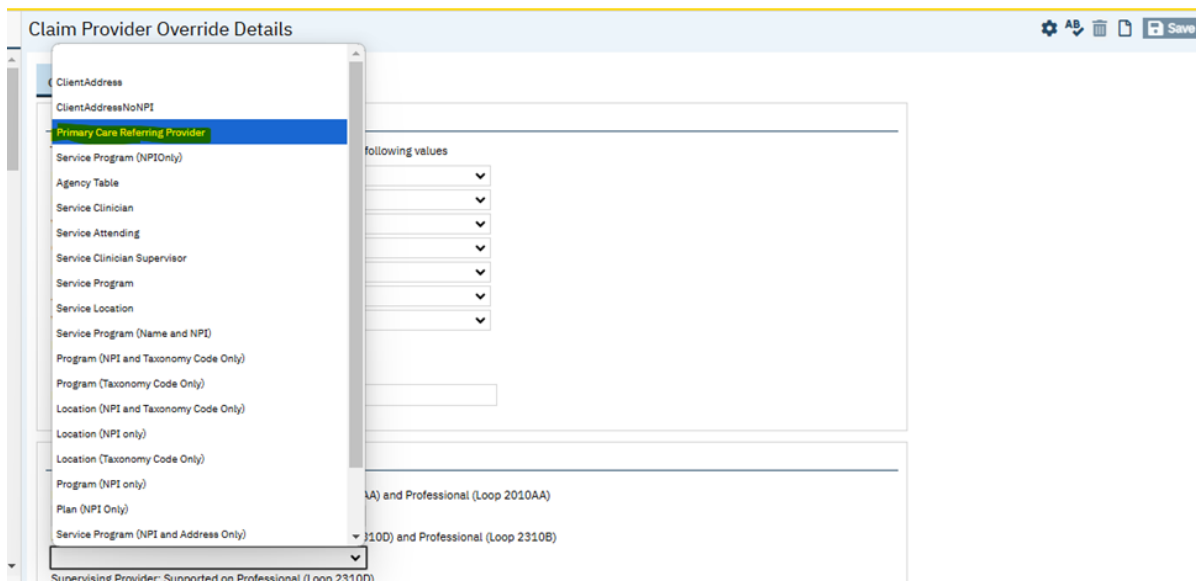
3. A new Global code value "Primary Care Referring Provider" is added to the global code category "ClaimFrmtDataSource." The value will be displayed in the 'Data Source' drop-down under the 'Claim Format Configuration Details' screen for Both 837Professional and 837 Institutional Claim Formats.

4. GlobalSubCodes are added to the new Global code value "Primary care Referring Provider" Those will be displayed in the 'Data Values' drop-down under the 'Claim Format Configuration Details' screen for Both 837Professional and 837 Institutional Claim Formats.

 GlobalSubCodeNames: Organization Name, Last Name, First Name, National Provider Id.
The screenshot for the 'Claim Format Configuration' screen.
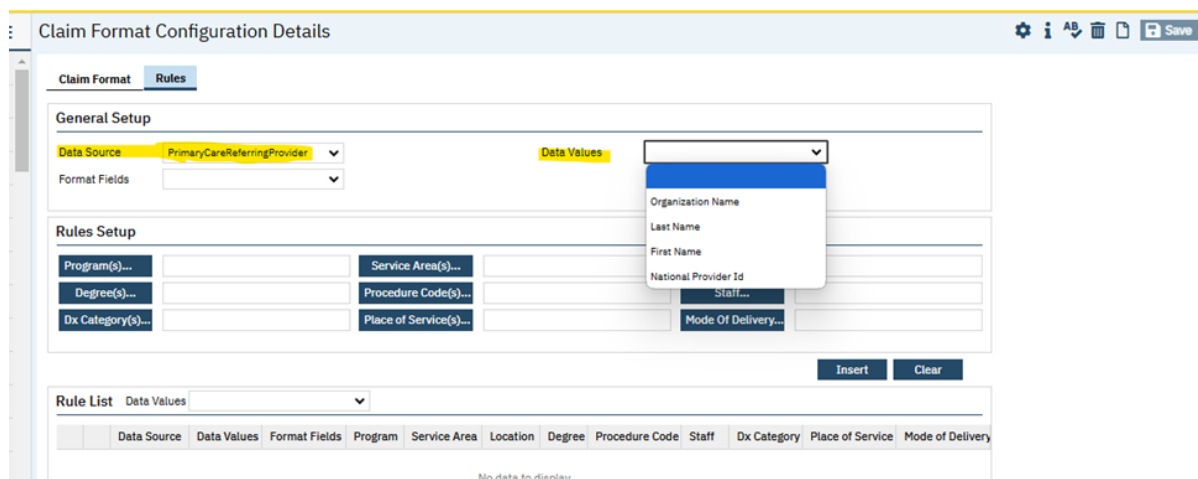
Test Scenario 1:

1. The client has "Primary Care Referral" details entered in the 'Client Information' screen.

 Navigation Path: Go to the 'Client'– "Client Information(C)" screen – Go to the 'Primary Care Referral' tab – click on the 'Provider Name' drop-down, select the required option, and enter the other required details under the 'Referral Information' and save the screen.

2. Create a service for a client with 'Referring Field' selected.

Navigation Path: 'Client'– 'Services'– click on 'New' icon – enter all the required details -- select the required procedure code – and the 'Referring' field is Automatically initialized from client information "Primary Care Referral" to service detail if indicated as required by the Procedure Code General "Required Staff" – add the required details – 'Complete' the service.
3. Once the Service is completed bill the charge.
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.

When the service has the 'Referring' field selected, then on the claim file the "Referring Provider" name will be displayed under the "NM1*DN" segment for both 837 Professional Claims and 837 Institutional Claims.

Examples: If the service screen has the 'Referring' field selected with 'Last Name. First Name' and 'NPI' record.

1. NM1*DN*1*LastName*FirstName*****XX*NPINUMBER~

NM1-01 = DN
NM1-02 = 1
NM1-03 = Primary Care Provider Last Name
NM1-04 = Primary Care Provider First Name
NM1-08 = XX
NM1-09 = Primary Care Provider NPI

Examples: IF the service screen has the 'Referring' field selected with 'Organization' and 'NPI' record.

2. NM1*DN*1*OrganizationName*****XX*NPINUMBER~

NM1-01 = DN
NM1-02 = 1
NM1-03 = Primary Care Provider Organization Name.
NM1-08 = XX
NM1-09 = Primary Care Provider NPI

The Referring Field has the value selected as 'LastName, FirstName' primary care provider in Client Information (C) screen.

The screenshot of the 'Referring Field' selected/initialized in the 'Service Detail' screen.

Output On claim File:

The 'NM1*DN' segment on 837 Professional Claim File.

The 'NM1*DN' segment on 837 Institutional Claim File.

2. A screenshot for Organization name selected in Provider field of "Primary Care Referral" tab in the Client Information screen.

The screenshot of the 'Referring Field' selected/initialized in the 'Service Detail' screen.

Output On claim File:

The 'NM1*DN' segment on 837 Professional Claim File.

The 'NM1*DN' segment on 837 Institutional Claim File.

Test Scenario 2:

1) Select the 'Primary care Referring Provider' value in the 'Provider Overrides' section for the required provider fields through the **Path:**

'Administration' – 'Claims Provider Overrides' – click on the 'New' icon – 'Claim Provider Override Details' screen – add all the required information in the 'Provider Override Selection Criteria' section and go to 'Provider Overrides' section -- select "Primary care Referring Provider' value for the required providers – and save the screen.

2. Create a service for a client with 'Referring Field' selected through the **Path:**

'Client' – 'Services'– click on 'New' icon – enter all the required details and select the required procedure code – and the 'Referring' field is Automatically initialized from client information "Primary Care Referral" to service detail if indicated as required by the Procedure Code General "Required Staff" – add the required details – 'Complete' the service.

When the 'Primary care Referring Provider' option is added in the '– 'Claims Provider Overrides' screen for the required fields, then in the claim file, the user will be able to see "Name and NPI" in the selected provider NM1 segment as per the value selected in the 'Referring' field under 'Service Details' screen.

Note: The "Primary care Referring Provider" option is not supported for 'Claim Line Service Facility(837 Prof and Inst claims)' and 'Claim Service Facility(837 Inst Claims and for 837 Professional) when the referring field has the value selected as 'Last Name / FirstName).

Screenshot of the 'Claim Provider Override' screen.

Screen Shot of the value selected in the 'Referring' field on the 'Service Details' screen.

Display in the 837 Professional Claim File.

Display in the 837 Institutional Claim File.

When Referring Field = Organization Name
 Screen Shot of the value selected in the 'Referring' field on the 'Service Details' screen.

Claim Provider Override Details screen setup

Display on 837 Professional Claim file:

Claim File Creation

```
PRV*BI*PXC*101XY90000
NM1*85*2*HEALTHCARESYSTEM*****XX*9620346381
N3*###8888N #ELECTRONIC CITY TOWN
N4*TEXAS*HI*##7866499
REF*1A*7128912739
REF*EI*742951754
HL*2*1*22*0
SBR*P*18*******BL
NM1*IL*1*TEST*PRIMARYCARE****MI*91224567D
N3*809 APARTMENT
N4*UK*ON*606019999
DMG*D8*19980207*F
NM1*PR*2*PLAN AGGREGATE RULE*****PI*45678
N3*7TH MAIN
N4*NEW YORK CITY*NY*100019999
CLM*2105461-772137*500***11:B:1*Y*A*Y*Y
HI*ABK:F250
NM1*DN*1*HEALTHCARESYSTEM*****XX*9620346381
NM1*82*1*HEALTHCARESYSTEM*****XX*9620346381
NM1*77*2*HEALTHCARESYSTEM*****XX*9620346381
N3*MAIN STREET ROAD
N4*MAIN CITY*NY*701019999
NM1*DQ*1*HEALTHCARESYSTEM*****XX*9620346381
LX*1
SV1*HC:1234:11:12:13:14*500*UN*1***1
DTP*472*D8*20241106
REF*6R*772137
NM1*DK*1*HEALTHCARESYSTEM*****XX*9620346381
LIN**N4*NDC723489
CTP****120*F2
SE*38*000572350
GE*1*57235
```

Claims Processing

You have selected 1 charg...
- Electronic
- Paper

Remove Selected Charge

Select: All, All on P

Batch #		Status	Staff N
57235-Plan aggre		Process...	TestingT(

Balance T

	Bill Date
	11/06/2024
	11/06/2024
	11/06/2024
	11/07/2024
	11/06/2024

Display On 837 Institutional claim file:

The 'Claim Service Facility' loop is not supported for 'Primary Care Referring' option.

Claim File Creation

```
PRV*BI*PXC*101XY90000
NM1*85*2*HEALTHCARESYSTEM*****1A*9620346381
N3*###8888N #ELECTRONIC CITY TOWN
N4*TEXAS*HI*##7866499
REF*1A*7128912739
REF*EI*742951754
HL*2*1*22*0
SBR*P*18**PLAN AGGREGATE RULE*****BL
NM1*IL*1*TEST*PRIMARYCARE****MI*91224567D
N3*809 APARTMENT
N4*UK*ON*60601
DMG*D8*19980207*F
REF*SY*234570128
NM1*PR*2*PLAN AGGREGATE RULE*****PI*45678
N3*7TH MAIN
N4*NEW YORK CITY*NY*100019999
CLM*2105461-772138*500***11:A**A*Y*I
DTP*434*RD8*20241106-20241106
CL1*1*1*30
AMT*F3*500
HI*ABK:F250::::::U
HI*BE:A3:::500
NM1*71*1*HEALTHCARESYSTEM*****XX*9620346381
PRV*AT*PXC*103T00000X
REF*0B*345678
REF*SY*742951754
NM1*DN*1*HEALTHCARESYSTEM*****XX*9620346381
REF*EI*742951754
LX*1
SV2*SRC56789*HC:1234:11:12:13:14*500*UN*1
DTP*472*D8*20241106
REF*6R*772138
LIN**N4*NDC723489
```

Claims Processing

You have selected 1 charg...
- Electronic
- Paper

Remove Selected Charge

Select: All, All on P

Batch #		Status	Staff N
57236-Plan aggre		Process...	TestingT(

Test Scenario 3:

1) Required Rules is created in the "Claim Format Configuration Details" screen through the below-mentioned **path:**

Administration - Claims Format Configurations – Click on the '837 Professional / 837 Institutional claim formatId hyperlink --Claims Format Configurations Details – Rule tab – Select data source as "Primary care Referring Provider" and data value as required -- select the required Format Fields – click on 'Insert' button – and save the screen.

2. Create a service for a client with 'Referring Field' selected through the below **Path:**

'Client'– 'Services'– click on 'New' icon – enter all the required details and select the required procedure code – and the 'Referring' field is Automatically initialized from client information "Primary Care Referring Provider" to service detail if indicated as required by the Procedure Code Details screen's General Tab's "Required Staff" – add the required details – 'Complete' the service.

3. Once the Service is completed, bill the charge by following the below **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.

When the rule is added in the 'Claims Format Configuration' screen with the data source as "Primary care Referring Provider" and data value is added from the dropdown as required and with the required Format Fields, then on the claim file, the system will override the data and will fetch the information as per the rule added in Claim Format Configuration Details screen and will display on the claim file.
Examples:
1. The user needs to add the rule in the below format, because the system will override the first name with the first name and last name with last name.

Data Source: "Primary care Referring Provider"
Data Value: First Name
Format Fields: Rendering Provider First Name
Service Details Referring Field: Last Name, First Name

Output: The system will display the First Name of the referring staff in the selected format fields first name.

The Rule is added as below
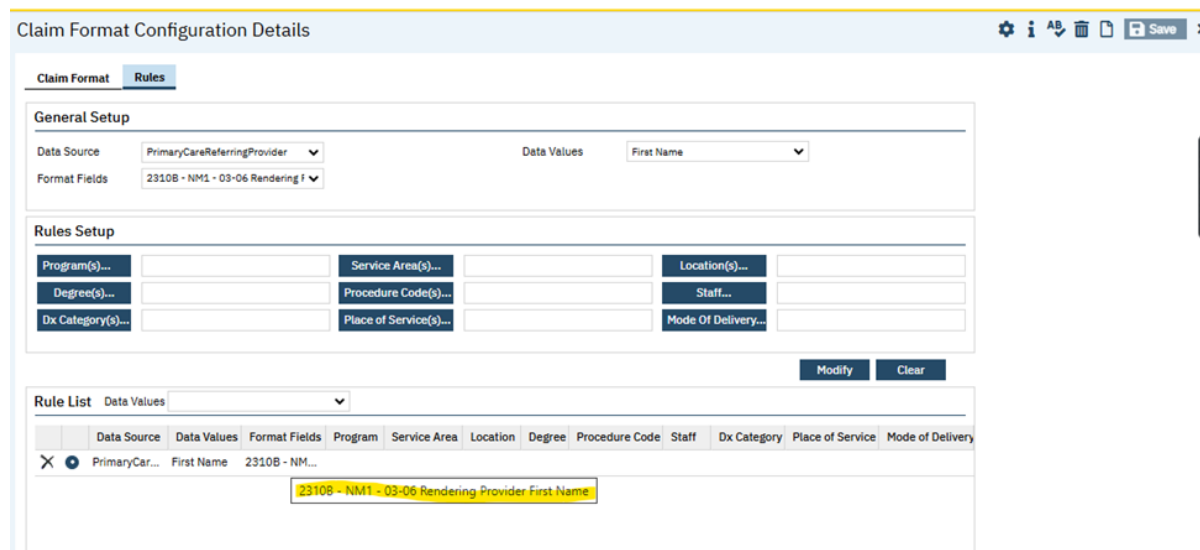
Referring Field added in 'Service Details' screen

As per the above rule, the NM1*82 first name is being override with 'Referring Staff' first name

2. When the user adds the rule with data value as Organization Name, then in the Service Detail screen, the referring field has the provider selected as Organization record.
Data Source: Primary Care Provider
 Data Value: Organization Name
 Format Field: Billing Provider Last Name
 Service Details Referring Field: OrganizationName value

The rule is added below:

Claim Format Configuration Details

Claim Format | **Rules**

General Setup

Data Source	PrimaryCareReferringProvider ▾
Format Fields	2010AA - NM1 - 03-06 Billing Prov ▾

Data Values — Organization Name ▾

Rules Setup

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

Modify | **Clear**

Rule List   Data Values ▾

		Data Source	Data Values	Format Fields	Program	Service Area	Location	Degree	Procedure Code	Staff	Dx Category	Place of Service	Mode of Delivery
✕	●	PrimaryCar...	Organizati...	2010AA - N...									

2010AA - NM1 - 03-06 Billing Provider Last Name

The 'Referring' field selected in the 'Service Details' screen is as below:

Service Detail

Service Detail | **Billing Diagnosis** | **Resource(s)** | **Authorization(s)** | **Disposition**

Regenerate Charge

Service

Client...	Test, PrimaryCa...	Status	Complete ▾	Start Date	11/06/2024	Program	239195 Program ▾
Procedure	S Procedure ▾	Modifier...		Start Time	7:00 AM	Total Duration	60 Minutes
Clinician Name	TestingTG, Sahana ▾					End Date	11/06/2024
Location	S Location ▾	Attending	New, Staff01 ▾			Referring	HealthcareSystem ▾

☑ Client was present   Other Person(s) Present   Cancel Reason ▾

Group...   Charge $500.00   Balance $ 500.00   Rate ID 17443
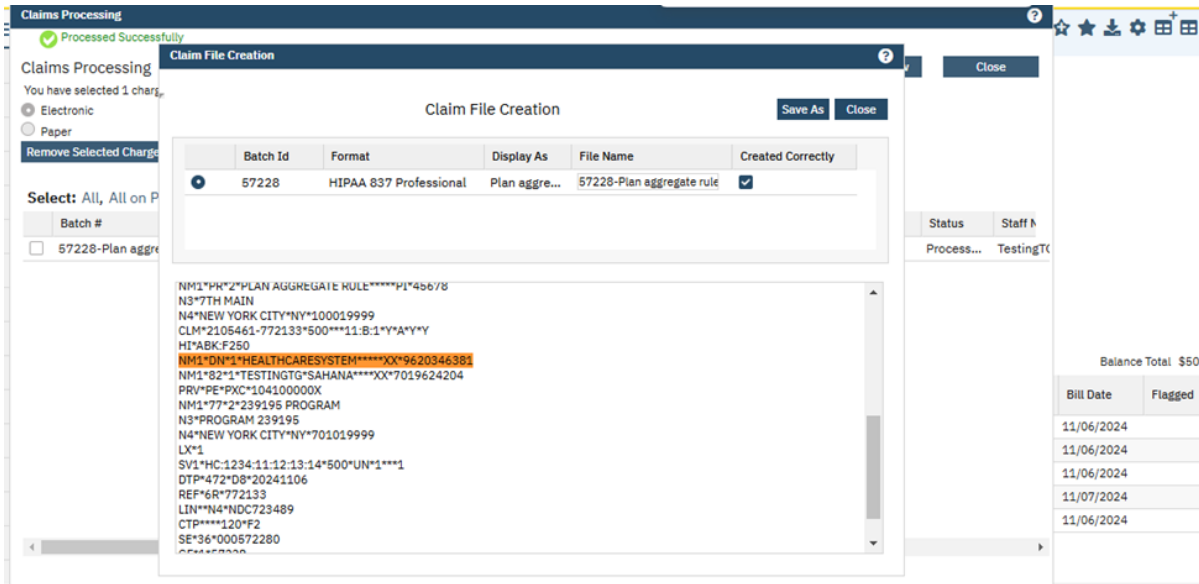
☑ Billable   ☐ Do Not Complete

Mode Of Delivery ▾

Travel Time		Minutes	Note
Face to Face Time		Minutes	
Documentation Time		Minutes	

☐ Override Charge Amount   Overridden By
Evidence Based Practices ▾   ☐ Override Errors   Overridden By
Transportation Service   No ▾   ☐ Interpreter Services Needed

Warnings / Errors

The 'Billing Provider Last Name' field is overridden on the claim file as per the rule added:
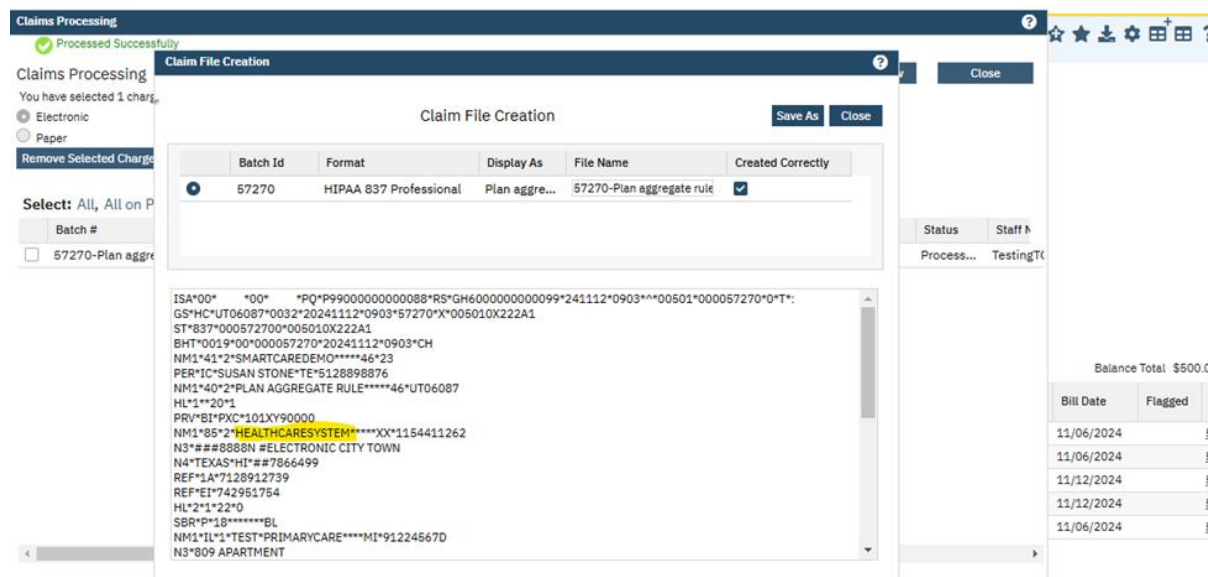
Note: The 'Referring' field in the 'Service Details' screen allows the user to select a value, but the default will populate when the 'Provider' name field in the 'Client Information©' screen is updated.

Author: Yashas Kydalappa

16. EII # 128492(Feature -429997): Implementing Configuration Key to pull the value codes for 837 Institutional and UB 04 claims.

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

Prerequisite:

1. Select 'HIPPA 837 Institutional' and 'UB 04' option from the 'Standard Electronic Claim Format' and 'Standard Paper Claim Format' drop down under the claim information section of the general tab in the Plan Details screen by following the below **path:**

'Administration' -- 'Billing Setup' -- 'Plans' -- 'Plans' list Page – click on plan name hyperlink or new button 'Plans Details' screen -- 'General' tab – In the 'Claim Information' section, select the claim format and other necessary option then click on save button.

2. Coverage Plan is saved with value codes with suitable data under the value codes tab of Plan Detail screen by following the below **path:**
'Administration' -- 'Billing Setup' -- 'Plans' -- 'Plans' list Page – click on plan name hyperlink or new button 'Plans Details' screen -- click on 'Value Codes' tab and fill all mandatory fields with suitable billing and revenue codes with procedure rate Id-- save the coverage plan.

3. The client is mapped with the coverage plan in which the coverage plan has been saved with value codes by following the below **path:**

'Client' tab -- 'Finance' -- 'Coverage' -- 'Coverage' screen -- click on new button 'Client Plans' screen -- select the plan which has been created with value codes **under prerequisite 2** and save the client plan screen with other necessary information -- navigate back to 'Coverage' screen -- under client plans section, give the start date and COB order as 1 -- click on Add button -- ensure 'Coverage Plan' has successfully added in 'Plans Time Span' section of coverage screen.

4. The client is Admitted to the Bed board by following the below **path:**

My Office -- 'Bed board' -- 'Bed Board' list page -- select the units from All Units drop down click on Apply Filter button – under status column select 'Admit' option from the Open drop down -- 'Inpatient Activity Details' screen select the start date and other suitable information then click on save button.

5. The service is created and completed for the procedure rate ID in which the procedure rate ID has been selected under the Value Codes tab of Plan Details screen by following the **path:**

Client -- 'Services' -- Services list page -- click on the new button 'Service Detail' screen – select the procedure name from the procedure drop in which the procedure should have the same rate ID which has selected under value codes tab (**Prerequisite 2nd**) then Create and complete the service.

6. Institutional Claim and UB 04 claims are generated to Coverage plans which are added in the value codes.

Navigation Path 1: 'Administration' -- 'Configuration Keys' -- 'Configuration Keys' list page – search for 'SetDateParameterForValueCodesLogic' in the configuration list page – click on the key hyperlink -- 'Configuration Key Details' screen

Navigation Path 2: 'My Office' -- 'Billing' -- 'Charges/Claims' quick link type -- 'Charges/Claims' list page – Select the Claim -- 'E-claim' button -- 'Process Now' button – 'Create Claim File'.

Navigation Path 3: 'My Office' -- 'Billing' -- 'Charges/Claims' -- 'Charges/Claims' list page – Select the Claim -- 'Paper-claim' button -- 'Process Now' button – Print Claim.

Functionality 'Before' and 'After' release:

Purpose: To be able to make the Value Code functionality configurable so that the Value Code From and To Dates look at the Service Date to know which record to match to, instead of the Inpatient Admit Date which is the current functionality.

With the release, the 'SetDateParameterForValueCodesLogic' configuration key has been implemented to pull the value codes based on the configuration key value.

- If the configuration key value is set as 'IPAdmit' and the Start date and To date of value codes under 'Value Codes' tab of 'Plan Details' lies between services, then the system considers the Client Inpatient Visit's Admit date logic to pull the value codes in 837 Institutional and UB04 electronic and paper claims respectively.
  Note: This is existing core logic to fetch value codes under claims.
- If the configuration key value is set with 'Service' and the service date lies between from and end date of value codes, then the system will consider the From and To date of Value Codes under 'Value Codes' tab of 'Plan Details'.

System Configuration Key Details:

Key Name: SetDateParameterForValueCodesLogic

 Read Key as: Set Date Parameter For Value Codes Logic.

 Default Value: IPAdmit

Allowed Values: IPAdmit, Service.

Modules: SCM Claims Management

Description:

This is a new feature being added to the core product by introducing a system configuration key. The purpose of this key is to set the date parameter based on the Value Codes logic in Claims.

A) If the key-value is set to "IPAdmit", the Value Codes logic will be based on the Inpatient Admit Date (Program Enrolment) of the Client in the Program that is being billed, i.e., if the Service Program was enrolled on a date that lies between the Start and End Dates of a particular value code, then that value code will be considered and sent on the Claim.

This will be the default value of the key as it drives the existing behavior.

B) If the key value is set to "Service", the Value Codes logic will be based on the Service Date (DOS), i.e., if the Service Date lies between the Start and End Dates of a particular value code, then that value code will be considered and sent on the Claim.

The value code Date is set as below:

If Date Of Service is 3rd September (or later till 30-September), then the value code is displaying in Claim file.

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 "IPAdmit".**

Author: Debanjit Das

17. Core Bugs # 129029: In the 'Box 54 of UB04' paper claims, only the first prior payment is displayed, the aggregate of the prior payments is not displayed for secondary billing.

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

Navigation Path: 'My Office' -- 'Charges/Claims' - Charges/Claims' list page will be opened – Select a Charge ID and click on the 'Paper Claim' button.

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. The system only displayed the first prior payment in the 'Box 54 of UB04' paper claims but did not display the sum of the prior payments for a secondary billing in the 'Box 54 of UB04' paper claims.

With this release, the above-mentioned issue has been Resolved. The sum of the prior payments will now be displayed correctly in the 'Box 54 of UB04' paper claims.

Author: Sahana Gururaja

18. Core Bugs # 129356: Performance issue in ClaimFormatRules.

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

Prerequisites: Add multiple claim format rules for the required claimformatid in the 'claim format configurations' screen by following the below **Path:**

Administration - Claims Format Configurations screen – Click on required 'Claim FormatId' hyperlink (837 Institutional or 837 Professional or UB04 or HCFA1500)--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 charge id 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 multiple rules in the claim format screen and processed more than 30k charges at a time, the system took more time to process the claims.

With this release, the above-mentioned performance issue has been fixed. When the user configures multiple rules in the claim format screen and processes more than 30k charges at a time, the system performance has improved.

Author: Debnajit Das

19. Core Bugs # 129452: Charges/Claims: Error message is displayed when processing 837 Institutional claims.

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

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

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The below red error was displayed when processing an 837 Institutional claims.

Error: *ssp_PMClaims837Institutional Reports Error Thrown by: ssp_PMClaims837Institutional ----> There is already an object named '#ClaimValueCodes2' in the database*

With this release, the above-mentioned issue is resolved. Now, the error is not displayed when processing 837 Institutional claims and can be processed successfully.

Claim Formats

Reference No	Task No	Description
20	Core Bugs # 129609	Remove 9999 when "PlansNotAcceptingZipPlusFourPadding" recode is set from SubscriberZip in OtherInsured

Author: Roopa Hemanna

20. Core Bugs # 129609: Remove 9999 when "PlansNotAcceptingZipPlusFourPadding" recode is set from SubscriberZip in OtherInsured.

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

Prerequisites:

1. Home Address and Contact Address to be added for Client in the General and Contact tab of Client Information screen respectively.
2. 'Client is Subscriber' radio button is Selected/Not Selected in 'Insured Information' section of the Client Plans screen (Primary and Secondary plans).
3. The Standard Electronic Claim Format is HIPAA 837 Professional or HIPAA 837 Institutional service DX Or HIPAA 837 Institutional Dx Document.
4. Coverage Plan Ids (Primary and Secondary) are mapped in the Recode Category 'PlansNotAcceptingZipPlusFourPadding'.
5. Primary and Secondary charges are created for the Service.

Navigation Path: 'My Office' – Charges/Claims – select Charge Id's – Click on 'Eclaim' button – 'Claims Processing' pop up window -- click on 'Process Now' – click on 'Create Claim File' – Claim File Creation pop up window – click on 'Save As' and 'Close' buttons.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When users attempted to bill secondary claims, '9999' was added as the plus 4 zip to that policyholder's address when the client was not the primary holder. Specifically, the subscriber ZIP code (clients) had extra padded spaces and included the four additional digits at the end, when the recode 'PlansNotAcceptingZipPlusFourPadding' was set for the coverage plan.

With this release, the above-mentioned issue has been resolved. The logic is added to fix the ZIP code processed through ClientZip, which included extra padded spaces. Now, '9999' is removed when the 'PlansNotAcceptingZipPlusFourPadding' recode is set for SubscriberZip in Other Insured.

Claims Processing

Reference No	Task No	Description
21	Core Bugs # 129388	Slowness in processing claim batches in the "Claims Processing" pop-up window on the "Charges/Claims" screen.
22	Core Bugs # 127677	The user is encountering issues when creating void and replacement claims in their databases for various reasons.

Author: Roopa Hemanna

21. Core Bugs # 129388: Slowness in processing claim batches in the "Claims Processing" pop-up window on the "Charges/Claims" screen.

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

Navigation Path: 'My Office' – 'Charges/Claims' screen – select 'Charge Id' – Click on 'Eclaim' button – 'Claims Processing' popup window -- click on 'Process Now' – click on 'Create Claim File' – 'Claim File Creation' pop up window – click on 'Save As' and 'Close' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The users experienced slowness in processing claim batches in the "Claims Processing" pop-up window on the "Charges/Claims" screen.

With this release, the above-mentioned issue has been resolved. Now, the changes are implemented to set the 'Filename' in 'Claim Batches' in the 'ssp_PMClaimsProcessingData' to improve performance, and the user no longer experiences slowness in processing claim files on the 'Charges/Claims' screen.

Author: Roopa Hemanna

22. Core Bugs # 127677: The user is encountering issues when creating void and replacement claims in their databases for various reasons.

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

Prerequisites:

1. A charge is billed first to create an associated initial claim line item.

2. 'Created correctly' checkbox is unchecked [Precondition for both case 1 and 2].

3. Delete the original claim batch by clicking on the original claim batch id [Precondition for only case 2].

4. Once the claim line item is created, mark it in the billing history as either "To Be Voided" or "To Be Replaced" using the below method:

4a. Browse to Claim Line Item record using the ClaimLineItemId hyperlink for this and click on the 'Override' button to mark 'To Be Voided' or 'To Be Replaced' in the 'Claim Line Details' tab and also enter 'Payer Claim Number [PCN]' in the 'Claim Details' tab of the 'Claim Line Item Detail' screen.

Navigation Path 1: 'My Office' -- 'Charges/Claims' list page -- filter with Billed Charge Id's -- click on 'Claim Line Item ID' hyperlink -- Navigate to 'Claim Line Item Detail' screen -- click on 'Override' button -- check checkboxes of either 'To Be Voided or To Be Replaced' – click on 'Claim Details' tab – enter value in 'Payer Claim Number' textbox -- Click on 'Save' button.

Navigation Path 2: 'My Office' -- 'Charges/Claims' list page -- filter with Charge Id (Refer Navigation Path 1) – select 'Charge Id' – click on 'Eclaim' button – 'Claims Processing' popup -- click on 'Process Now' button – Click on 'Create Claim File' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The users encountered issues (in F8 segment-PCN was not populating and claim frequency code 1 not displayed in CLM segment) when creating void and replacement claims in their databases.

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

- The logic is updated for void and replacement setups to utilize "ssp_PMClaims837ClaimBatchVoids".
- Additionally, the functions "ssf_IsChargeToBeVoided" and "ssf_IsChargeToBeReplaced," have been incorporated into "ssp_PMClaims837Professional" and "ssp_PMClaims837Institutional" to centralize the determinations for "To Be Replaced" and "To Be Voided" claims.

Now, the PCN is populating in F8 segment and claim frequency code 1 is displayed in CLM segment.

Client Flags

Reference No	Task No	Description
23	EII # 125042	Adding the Open linked document hyperlink from client flag details to the Pop-Up Flag window.
24	EII # 127224	When a flag reaches its end date, the flag is still set to active
25	EII # 128339	New functionality is implemented to end the Client flags with the document effective date of the associated scanned document.
26	EII #128673	Changes in the 'Client Flags' list page.

Author: Girish Jayanna

23. EII # 125042 (Feature – 239154): Adding the Open linked document hyperlink from client flag details to the Pop-Up Flag window.

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

Prerequisites: The 'Flag Type' is associated with the Document.

Navigation Path: Login -- Select a client -- 'Flag Alert' Pop-up window.

Functionality 'Before' and 'After' release:

Purpose: To make it easier to access the linked document and to improve the flag functionality. Necessary screenings are set up as pop-up flags, which would allow the users to click right into them to complete the screening or other document.

With this release, a new column named 'Linked Document' is implemented with an 'Open' Hyperlink under it. If a Flag is linked to a document in the Flag Alert Pop-up window and on click of 'Open' hyperlink, it will redirect the user to the associated document.

Author: Girish Jayanna

24. EII # 127224(Feature – 353294): **When a flag reaches its end date, the flag is still set to active.**

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

Navigation Path: Client -- 'Client Flags' – 'Client Flags' list page -- 'Client Flag details' screen.

Purpose: To make Flags Inactive when "End/Completed Date" field has a past date.
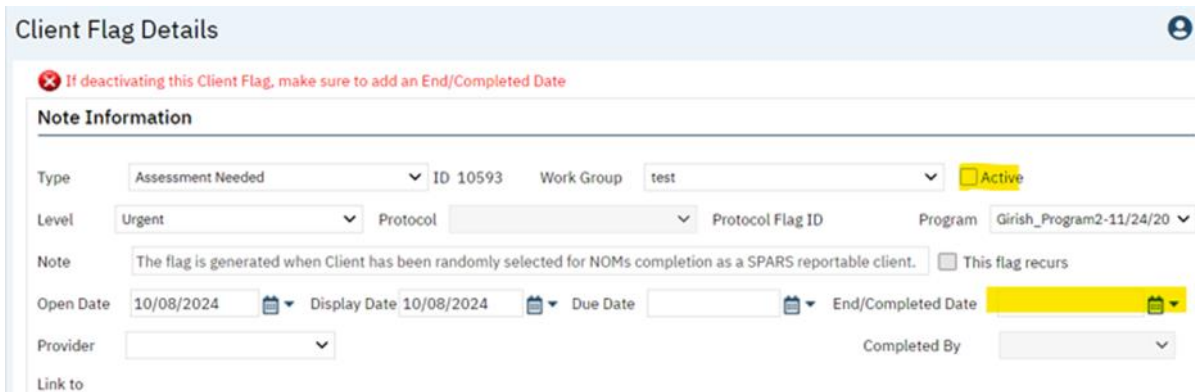
Functionality 'Before' and 'After' release:

With this release, the below changes have been implemented in the 'Client Flag Details' screen. When the user clicks on the Save button in the following conditions, the validation message will be displayed.

1. If the user unchecks the active checkbox without entering the "End/Completed Date", the below mentioned validation message will be displayed.
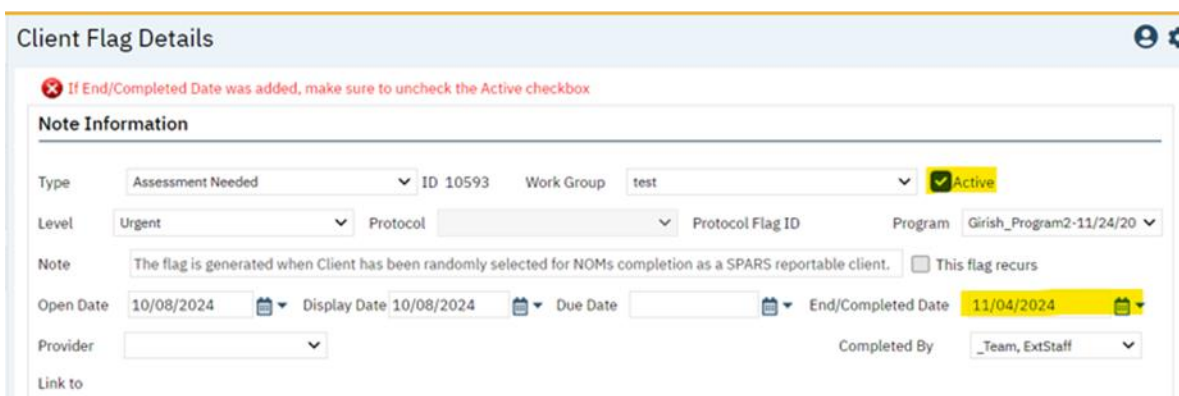
"If deactivating this Client Flag, make sure to add an End/Completed Date".

2.If the user adds an "End/Completed Date" without unchecking the 'Active' checkbox, the below validation message should be displayed.

 "If End/Completed Date was added, make sure to uncheck the Active checkbox".

3. When the user completes the client flag from the 'Client Tracking => ClientTrackingCompleteFlagsPopUp', then the System updates ClientNotes.Active = N in the ClientNotes table in Database.

4.If the "End/Completed Date" is in future, then this validation will not be displayed. Once that date is reached, then they will be considered 'Inactive'.

Author: Girish Jayanna

25. EII # 128339(Feature 399245): New functionality is implemented to end the Client flags with the document effective date of the associated scanned document.

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

Prerequisites:

1.The 'Flag Type' is associated with the Document.

2.The associated documents 'Document Type' is selected as a 'scanned document' in the Document Codes Details screen.

Navigation Path 1: Select client - 'Scanning (Client)'.

Navigation Path 2: Select client - 'Client Flags (Client)'.

Functionality 'Before' and 'After' release:

Purpose: Apply an End Date to Client Flags when the associated document is set up as a Scanned Document and is uploaded/attached in a client's chart.

With this release, the below mentioned logic is implemented to End the flag. The Client flags will be ended with the document effective date of the associated scanned document while signing.

1. The 'End/Completed Date' in the Client Flag Details (Note Information) is set to the Effective Date of the associated scanned document found on the Upload File Detail screen within the Scanned Medical Records list page.

2.The Effective Date for Completed Status: The Effective Date is considered when marking the status of scanned documents as 'Completed.'

3. The functionality is implemented on all screens where client flags are available, such as Tracking Protocols (Admin), Client Flag Details, and the Client Flags list (My Office).

4. Completed By Field: The 'Completed By' field is updated with the name of the staff member who scanned or uploaded the associated document.

Author: Girish Jayanna

26. EII # 128673(Feature -443074): Changes in the 'Client Flags' list page.

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

Navigation Path: 'My Office' – 'Client Flags' screen – 'Client Flags' list page.

Functionality 'Before' and 'After' release:

Purpose: To improve the loading speed of the Client Flags List page, added a new checkbox "Last Month", for the "Open" and "Displayed" dropdown values in the Filter section.

With this release, the below changes have been implemented in the 'Client Flags list page' to improve the loading speed of data.

- Added a new 'Last Month' checkbox field in the 'Client Flags list page' Filter section.

- The new 'Last Month' checkbox is displayed only for the 'Open' and 'Displayed' dropdown values in the 'Filter' section.

- By default, this 'Last Month' checkbox is selected.

- It will Display only the last one-month flags for "Open" and "Displayed" statuses, respectively.

Example: According to the above screenshot, for the "Open" status if "As of" = 09/30/2024 and the "Last Month" checkbox is selected, it will display all "Open" flags from 08/30/2024 to 09/30/2024. Similarly, for "Displayed" status also.

Client Information (C)

Reference No	Task No	Description
27	EII # 126833	'Client Information (C)' screen: Addition of new fields to 'MAT' tab.
28	EII # 128014	Client Information (C) - Contact: Contacts in Client Records require a language field.
29	EII # 128382	Mismatch of Tab Order and PermissionItemIDs for the 'Client Information(C)' screen.

Author: Ramya Nagaraj

27. EII # 126833(Feature – 339619): 'Client Information (C)' screen: Addition of new fields to 'MAT' tab.

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

Navigation Path: Client-'Client Information (C)' screen - 'MAT' tab.

Note: This change will be applicable only for specific customers who are having custom logic to display the 'MAT' tab in the 'Client information (C)' screen.

Functionality 'Before' and 'After' release:

With this release, a new section named 'Location Setup' is added in the 'MAT' sub - tab of the Client information(C) screen. This section contains the below mentioned fields:

1.   Location Type dropdown

2.   Location dropdown

3.   Start Date field

4.   End Date field

5.   Insert button

6.   Clear button

7.   Delete button

8.   Show Active Only Checkbox

9.   Location List grid

1.   Location Type dropdown: The dropdown options of this field are derived from the Global code category 'MATLOCATIONTYPE' which is newly implemented. Below are the response options:

- Home Clinic
- Jail-County
- Jail- City

This is a mandatory field. The below standard validation will be displayed when the users do not select value from 'Location Type' dropdown and click on 'Insert' button.

Validation message: " MAT - Location Setup - Location Type is required " .

'MATLOCATIONTYPE' global code category is unlocked so that customers can add more options if needed. Global Codes in this list will be used to define different location types for MAT dispensing.

Also, with this task a new Recode category named 'SetCodeForLocationType' is being implemented. This recode category is used to map the codes from the global code category ' MATLOCATIONTYPE ' which is used to display the response options for 'Location Type' dropdown in the 'MAT' tab of 'Client Information (C)' screen.

The below setup needs to be made in Recode,

IntegerCodeId: Code Id of the Global codes present in 'MATLOCATIONTYPE' global code category.

CharacterCodeId: For Home Location set as 'Home'

For Jail Location set as 'Jail'

CodeName: Code from global codes present in 'MATLOCATIONTYPE' global code category.

If this Recode has been end dated by specifying the Start Date and End Date, it will be considered as Inactive.

Admin has to set up the Recode first before adding to the Location Type in 'Client Information (C)' screen. Else, the Validations will not be triggered.

2. **Location:** It is a dropdown field that pulls all active locations from the 'Locations' Table. This is a mandatory field. The below standard validation will be displayed when the user does not select value from 'Location' dropdown and click on 'Insert' button.

Validation message: " MAT - Location Setup - Location is required."

3. **Start Date**: This is a calendar control date field which is a required field. Start Date will be in the format MM/DD/YYYY. Below standard validation will be displayed when user do not select Start Date and click on 'Insert' button.

Validation message: "MAT - Location Setup - Start Date is required."

4.**End Date**: This is a calendar control date field. End Date will be in the format of MM/DD/YYYY.

A location will be considered as inactive if the end date is set is lesser than current date for that location.

 5.**Insert Button**: Click on Insert button inserts a row in the custom grid. 'Location Type' and 'Location' are required fields once user clicks 'Insert' Button. The grid will not allow duplicate entries for the same location type and location combination if the location is active.

In this scenario, on clicking Insert, it will display the below validation message.

Validation message: "MAT - Location Setup - Same location type and location already exist;please end date the record".

This validation message is added to the 'ApplicationMessages' table.

 We cannot have overlapping start date and end date for any Location and Location Type combination. That means once the previous active location is ended for a particular location type, it will allow to create another record for that particular location type.

6. **Clear button**: Clears the data entered in 'Location Setup' section

7. **Delete button:** Deletes the record in the custom grid. If records have already been saved, a confirmation message will be displayed before deleting them

8. **Show Active Only checkbox**: The 'Show Active Only' checkbox will be checked by default.

 If the 'Show Active Only' checkbox is checked, then all the active location records will be displayed in the grid.

Otherwise, both active and inactive location records will be displayed in the grid.

9.**Location List grid**: This custom grid contains below column headers.

- Location Type
- Location
- Start Date
- End Date
- Active

Data Model Changes: A new table **ClientMATLocations** is created.

Author: Sunita Biradar

28. EII # 128014 (Feature – 238513): Client Information (C) - Contact: Contacts in Client Records require a language field.

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

Navigation Path 1: 'Client' – 'Client Information(C)' – 'Contacts'.

Navigation Path 2: 'Client' – 'Client Information(C)' – 'Family Tab'.

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. The users can record Client contact's languages and can easily snapshot language on Family tab.

With this release, the below mentioned changes have been implemented in the Contacts and Family tab of Client Information (C).

Contacts tab:

1. 'Primary/Preferred Language 'field is renamed to 'Primary Language'.

2. A new dropdown field 'Preferred Language' is added. The values will bind from global code category-LANGUAGE. Whenever the "Primary Language" is selected, the preferred language will be auto populated.

3. A new checkbox 'Does Not Speak English' is added.
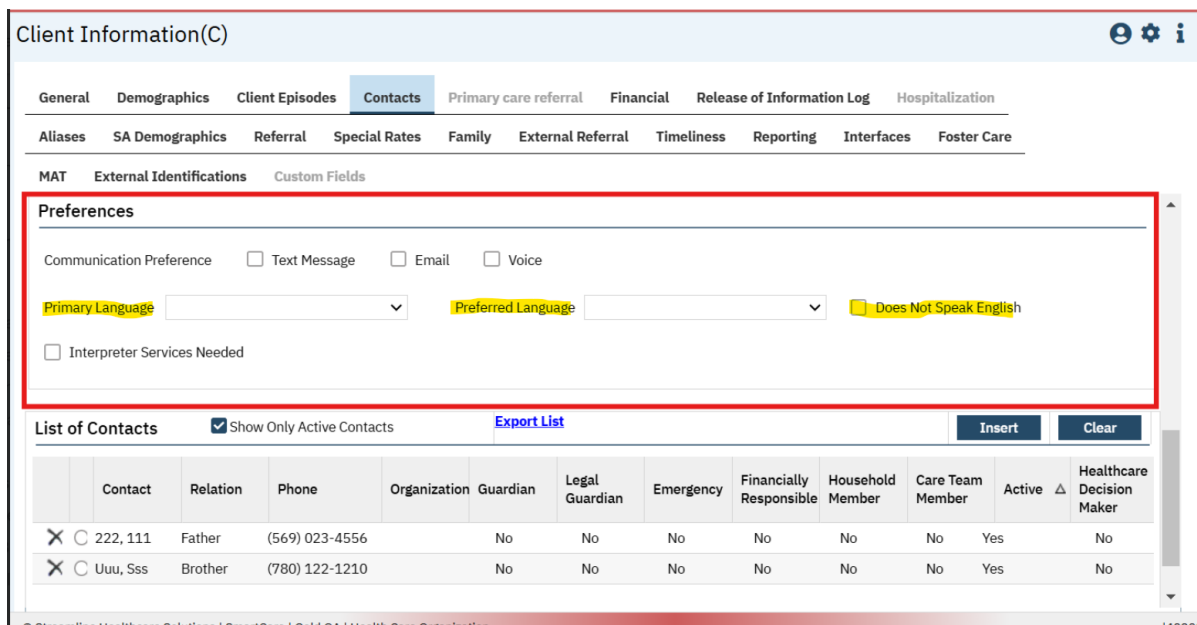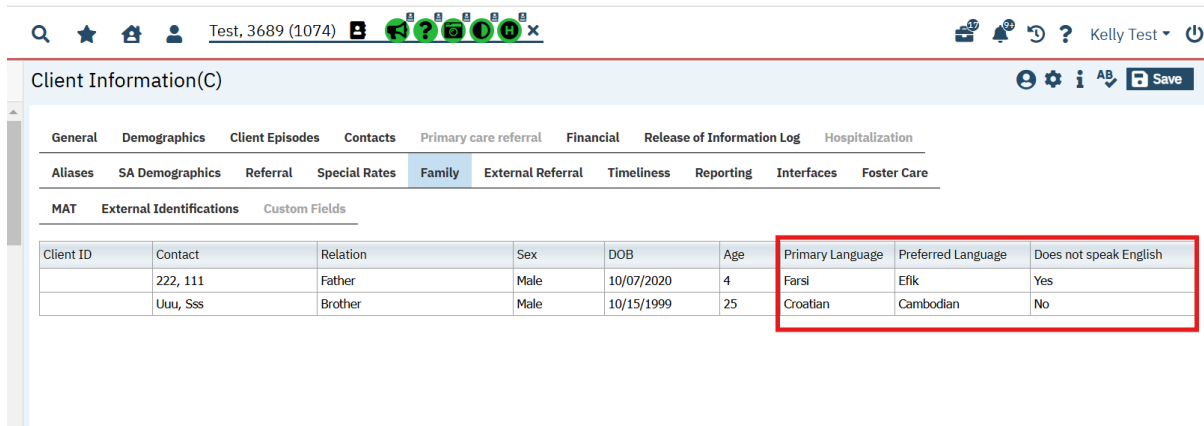
Family tab:

New columns 'Primary Language', 'Preferred Language', and 'Does Not Speak English' are added in Family tab.

The values will be initialized from respective Client Contact's 'Primary Language' and 'Preferred Language'.

If the 'Does Not Speak English' checkbox is selected, 'Yes' will be displayed in 'Does Not Speak English' column. Else, 'No' will be displayed in the column.

Data Model Changes: Columns PreferredLanguage, DoesnotspeakEnglish is added in ClientContacts table.

Author: Sachin Ranganathappa

29. EII # 128382 (Feature – 392185): Mismatch of Tab Order and PermissionItemIDs for the 'Client Information(C)' screen.

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

Navigation Path: 'Client' Search' - 'Select a client' – 'Client Information(C)' screen.

Functionality 'Before' and 'After' release:

Purpose: To Correct the Tab Order and PermissionItemIDs for the 'Client Information(C)' screen.

With this release, the below changes have been implemented for the 'Client Information(C)' screen.

1. The tab order of the 'Client Information(C)' screen is displayed based on the setup in the 'ClientInformationTabConfigurations' table.

2. If a user is denied permission to any of the tabs (via their Staff Permission), then their access to only those tabs will be denied and the user will not be able to navigate to the respective tab.

3. If the Staff Does not have permission for 'Client Information(C)' and then the user clicks on the 'Demographics' Tab from 'Client Summary'/'ROI'/'Registration Document (C)' screen, the below validation message is displayed for 'Demographics' Tab.

   Validation Message: "You do not have tab permission for Client Information(C) <Tab name> tab"

Client Summary

❌ You do not have tab permission for Client Information(C) Demographics tab

Summary

Client ID: 2105580

Name: Zest, Client   Status: Registered   DOB: 07/02/1990 Age: 34 Years Sex: Male Race: SSN: 3232

Alias(es):   Pronoun: He

Registered On: 10/01/2024   Last Seen On: 10/01/2024   Next Scheduled: Address: Test Address 3rd Cross Test, AB 12345

Primary Care Coord: Huggi, Santosh   Primary Program: Primary Care Program   Phone: (900) 847-9725

Primary Physician: Huggi, Santosh   Note:

Emergency Contact: Presenting Problem:

Guardian:

Healthcare Decision Maker:

Internal Collections: No   External Collections: No

Diagnosis:
Type   ICD10   DSM5   R/O   Description
Additional   G02   No   Meningitis in other...

Timeline Summary

GAF Score

Services   100 —

Med Changes   50 —

4. If permission is granted, then the user can navigate to the respective tab (Existing functionality).

Client Orders

Reference No	Task No	Description
30	Core Bugs # 129474	Safety Check Orders can't be discontinued and order another safety check at the same time.
31	Core Bugs # 129502	The Lab Orders are displayed from the second page in the PDF of Client Order(document).

Author: Chaitali Patil

30. Core Bugs # 129474: Safety Check Orders can't be discontinued and order another safety check at the same time.

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

**Navigation Path 1: 'Administration' -- 'Orders' -- Click on 'New' icon – Select 'Safety Check order' type – fill all required fields - Click 'Save (create 2 Safety check orders).

Navigation Path 2: Perform the 'Client' search **--** Go search – 'Client Orders (Client)' – Click on the 'New' icon -- select the above order (Navigation path 1) -- Fill all required fields – Insert order in the grid – 'Sign the order'.

Navigation Path 3: Go search – 'Client Orders(Client)' – Click on 'New' icon – 'Client Order selection' popup will be displayed – From this popup select signed order(Navigation path 2) - Modify the order with 'Discontinue' status

– click on 'Insert' – again search for another 'Safety check orders -- fill required fields – 'Insert order' in the grid with 'Active' status – Save – Sign the order.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the same template, when a user was 'Discontinuing' an existing 'Safety Check Order', and while simultaneously creating a new one with 'Active' status, clicking on the 'Sign' button, the below validation message was displayed.

Validation Message: "Safety Orders already exists".

With this release, the above-mentioned issue has been resolved. Now, the user can sign in the same template with two Safety Check orders, one with 'Active' status and another with 'Discontinued' status.

Additionally, a below validation message is displayed when the user tries to 'Sign' two Safety Check orders in one template with active status.

Validation Message: "One Safety check order can be added"

Note: One Client can have only one active 'Safety check order'.

Author: Madhu Basavaraju

 31. Core Bugs # 129502: The Lab Orders are displayed from the second page in the PDF of Client Order(document).

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

Prerequisite: Two Lab orders are created in the Orders (Admin).

Navigation Path: 'Client' -- 'Client Orders' -- 'Client Orders' list page -- Click on New icon -- 'Client Order' detail screen -- Search and Select 'Lab order' -- Enter all required fields -- Click on Insert -- click on Save and Sign button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Client Order' screen, when the logged in Staff signed the Client Orders with two Lab Orders, the Lab Orders were displayed from the second page instead of the first page in the PDF.

With this release, the above-mentioned issue has been resolved. Now, in the 'Client Order' screen, when the logged in Staff signs the Client Orders with two Lab Orders, the Lab Orders are displayed from the first page in the PDF.

Client Search

Reference No	Task No	Description
32	EII # 127519	Changes in the Client 'Typeable search textbox' field.
33	EII # 128354	Update the css for cursor to show users client name tab is a link not text
34	Core Bugs # 129606	Client search popup is not displayed when caseload is too large.

Author: Savitha Siddaraju

32. EII #127519 (Feature -365211): Changes in the Client 'Typeable search textbox' field.

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

Navigation Path: 'Home' page – Click on the 'Client' icon – 'Client Search Typeable' textbox – Enter the Client ID.

Functionality 'Before' and 'After' release:

Purpose – To navigate to the exact client that the Staff user is looking for typed client ID.

With this release, the following changes have been implemented in the Client 'Typeable search textbox' field.

1. When the user enters the Client ID in the **"Type able search textbox"** and upon clicking the enter key, the user navigates to the client for the client ID they have searched for.
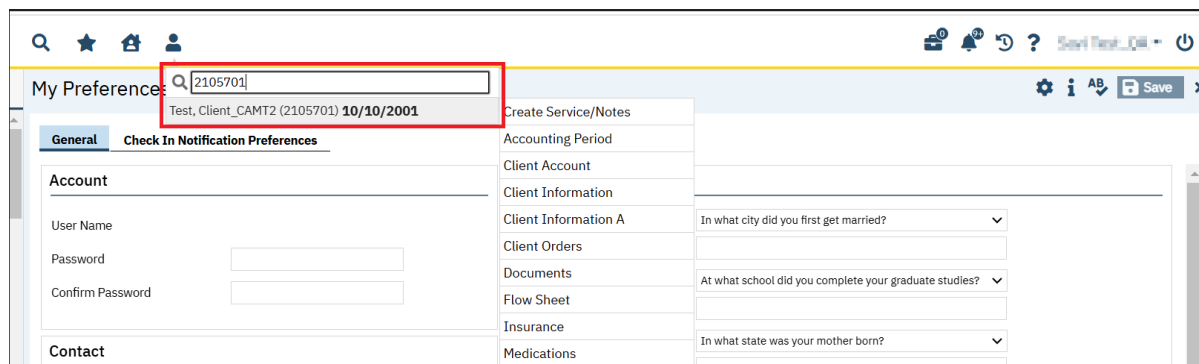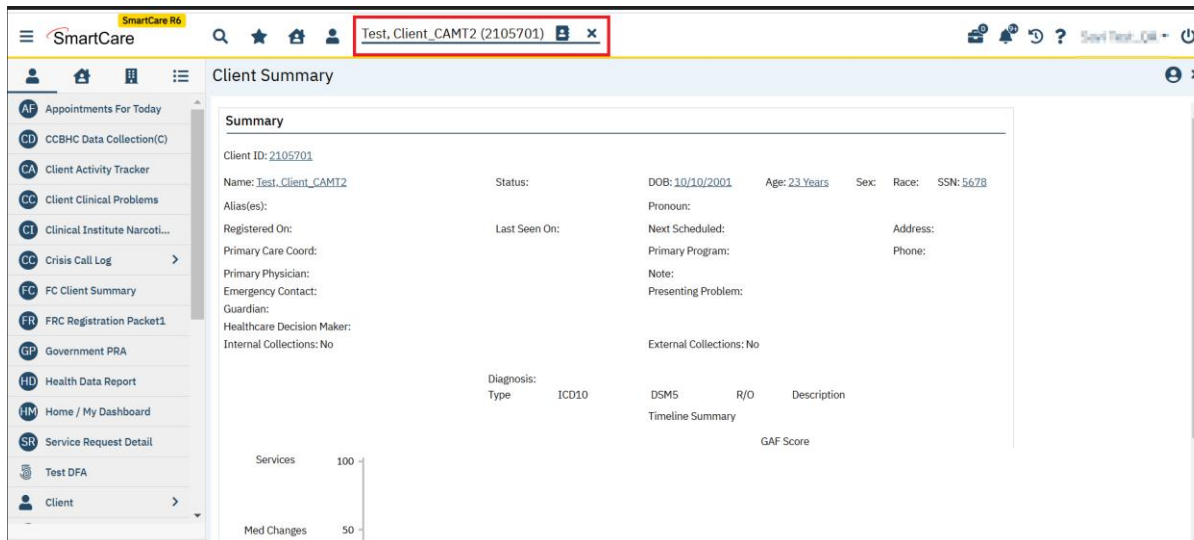
2. If searched Client ID records are not found or access is denied, then the below validation message will be displayed.

 Validation Message: "No record found or access denied"
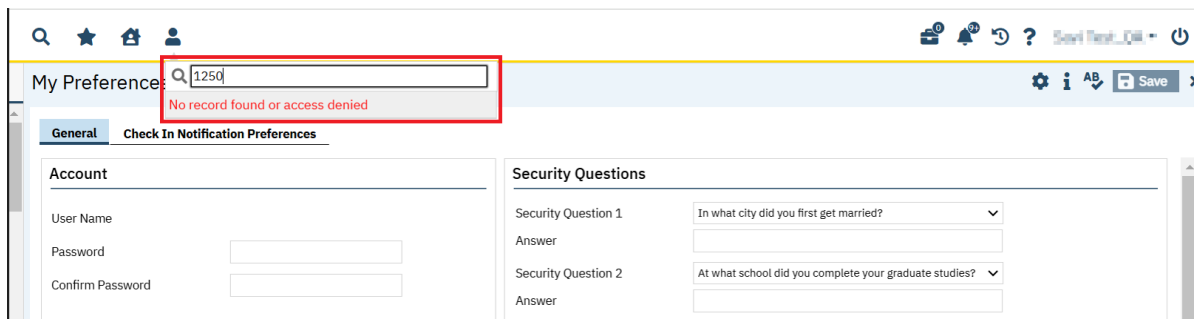
Author: Sachin Ranganathappa

 33. EII # 128354 (Feature – 401132): Update the css for cursor to show users client name tab is a link not text.

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

Navigation Path: Login to smart care - 'Client Search' - 'Select Client' – 'on hovering over of the Client Name'.

Functionality 'Before' and 'After' release:

Navigation Path: Login to smart care - 'Client Search' - 'Select Client' – 'on hovering over of the Client Name'

Functionality 'Before' and 'After' release:

Purpose: To enhance user experience by providing a visual cue that the client name tab is interactive and clickable. When users see the cursor change to a pointer upon hovering over the tab, it communicates that clicking on it will reveal more information about the client. This visual appearance helps in making the interface more intuitive and user-friendly, guiding users to explore additional details effortlessly.

With this release, in the Header of the SmartCare screen, on hovering over the Client Name, the system is displaying the pointer icon which indicates that the client is a link. Clicking this link will provide more information about the client.
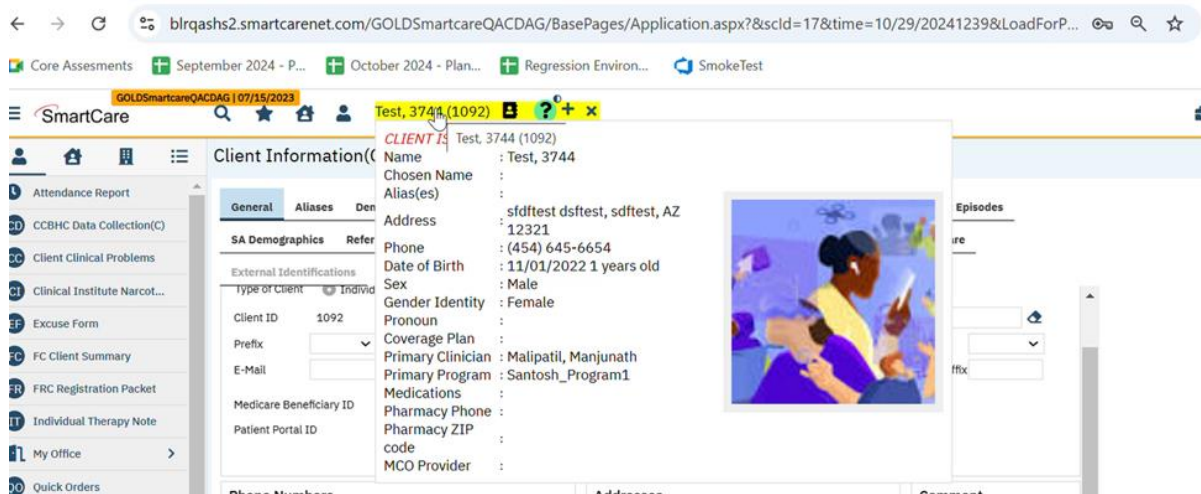
Author: Akshay Viswanath

34. Core Bugs # 129606: Client search popup is not displayed when caseload is too large.

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

Navigation Path: Login to SmartCare – click on 'Client search' icon.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When there were more than 1500 clients in the client search caseload for logged in users(staff), the user was unable to open the 'Client Search' popup.

With this release, the above-mentioned issue has been resolved. Now, '<Client Search>' option will open the 'Client Search' popup even when the caseload is too large.

Clinical Data Access Grouping (CDAG)

Reference No	Task No	Description
35	Core Bugs # 129003	More ProgramId and ClientProgramId issues.

Author: Girish Jayanna

35. 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, the data loss was happening as a result of the lack of a '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, and the data loss is not happening now.

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

Core Assessment

Reference No	Task No	Description
36	EII # 128638	Standardization of Fagerstrom Test for Nicotine Dependence (FTND) document to make compatible with Core Assessment
37	EII # 128642	Standardization of Child and Adolescent Trauma Screen (CATS 7-17 Self-Report) document to make compatible with Core Assessment
38	EII # 128791	Standardization of Social, Psychological, and Behavior Data document to make compatible with Core Assessment
39	EII # 128792	Standardization of SBIRT Prescreen-Annual document to make compatible with Core Assessment

Author: Praveen Gangadhara

36. EII # 128638 (Feature–440658): Standardization of Fagerstrom Test for Nicotine Dependence (FTND) 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.

Author: Savitha Siddaraju

37. EII # 128642(Feature–440663): Standardization of Child and Adolescent Trauma Screen (CATS 7-17 Self-Report) 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.

Author: Abhishek Naik

38. EII # 128791(Feature–455425): Standardization of Social, Psychological, and Behavior Data document to make compatible with Core Assessment

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

Functionality 'Before' and 'After' release:

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: Ramya Nagaraj

39. EII #128792 (Feature – 455427): Standardization of SBIRT Prescreen-Annual document to make compatible with Core Assessment

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

Functionality 'Before' and 'After' release:

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.

Dashboard

Reference No	Task No	Description
40	Core Bugs # 128623	The user is getting a timeout error in the 'Accounts Receivable' widget in the Dashboard.
41	Core Bugs # 129419	Dashboard: Blank messages displayed for the records in the 'New Alerts/Messages' Widget
42	Core Bugs # 129592	Assigned Documents widget does not correctly reflect the number of documents assigned to them.
43	Core Bugs # 129656	Performance issue in 'Unbilled Claims' widget

Author: Debanjit Das

40. Core Bugs # 128623: The user is getting a timeout error in the 'Accounts Receivable' widget in the Dashboard.

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

Navigation Path: 'Dashboard' – 'Accounts Receivable' widget.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The user would get a timeout error in the 'Accounts Receivable' widget in the Dashboard. This was due to the stored procedure 'ssp_PMDashboardARSelAllClaims'.

With this release, the above-mentioned issue has been fixed. Now, the code optimization is done for the stored procedure 'ssp_PMDashboardARSelAllClaims' to prevent this timeout error in the 'Accounts Receivable' widget under the 'Dashboard'.

Author: Kiran Tigarimath

41. Core Bugs # 129419: Dashboard: Blank messages displayed for the records in the 'New Alerts/Messages' Widget.

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

Navigation Path: 'My Office' - 'Dashboard' -- 'New Alerts/Messages' Widget.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'New Alerts/Messages' Widget of Dashboard, the records were displayed with the blank Message and Subject.

With this release, the above-mentioned issue has been resolved. Now, the records are displayed with Messages and Subjects and the user is able to select messages/alerts in the 'New Alerts/Messages' Widget under the 'Dashboard' screen.

Author: Veena Santosh

42. Core Bugs # 129592: Assigned Documents widget does not correctly reflect the number of documents assigned to them.

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

Prerequisite:

1. Configuration key "DisplayCDAGSectionInStaffDetails" is set to 'Yes'.

2. Configuration key 'EnableClinicalDataAccessGrouping' is set to 'Yes'.

Navigation Path: My Office -- Dashboard -- 'Assigned Document(s)' Widget -- click on the number (Notes/ISP/Assessment/ALL) hyperlink – 'My Documents' list page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Assigned Document(s)' Widget, when the user clicked on the number (Notes/ISP/Assessment/ALL) hyperlink, the 'My Documents' list page was displayed with a different number of documents. There was a count mismatch with 'Assigned Document(s)' Widget and 'My Documents' List page.

With this release, the above-mentioned issue has been resolved. Now, the 'Assigned Document(s)' Widget count is matching with the 'My Documents' List page count when the user clicks on the number (Notes/ISP/Assessment/ALL) hyperlink in the 'Assigned Document(s)' Widget.

Author: Namratha Nagaraj

43. Core Bugs # 129656: Performance issue in 'Unbilled Claims' widget

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

Navigation Path: 'My Office' —'Dashboard' —search for 'Unbilled Claims' widget.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the User opened Unbilled Claims widget, it was taking too much time to load and time out issue was displayed.

With this release, the above-mentioned issues have been fixed. Now the Unbilled Claims widget is loading fine without any performance issue.

Disclosure/Request

Reference No	Task No	Description
44	Core Bugs # 129210	'Disclosures/Requests' detail screen: The Description is missing for Shift Notes in 'Attach/Review Documents' pop up of 'Disclosures/Requests' detail screen.
45	Core Bugs # 129573	'Disclosure/Request Details' screen – Validation is displayed for 'Request Received' date field even though the data is present.

Author: Ramya Nagaraj

44. Core Bugs # 129210: 'Disclosures/Requests' detail screen: The Description is missing for Shift Notes in 'Attach/Review Documents' pop up of 'Disclosures/Requests' detail screen.

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

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

Navigation Path: Client - 'Disclosures/Requests' list screen - 'Disclosures/Requests' detail screen - 'Attach/Review Documents' pop up.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The Description was missing for Shift Notes in 'Attach/Review Documents' pop up of 'Disclosures/Requests' detail screen.

With this release, the above-mentioned issue has been resolved. Now, the Description is displayed for Shift Notes in 'Attach/Review Documents' pop up of 'Disclosures/Requests' detail screen.

Author: Veena Santosh

45. Core Bugs # 129573: 'Disclosure/Request Details' screen – Validation is displayed for 'Request Received' date field even though the data is present.

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

Navigation Path: Client Search – Select a Client – open 'Disclosure/Request' screen – click on 'New' – 'Disclosure/Request Details'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Disclosure/Request Details' screen, the validation for the 'Request Received' date field was displayed even though the field had the data.

With this release, the above-mentioned issue has been resolved. Now, in 'Disclosure/Request Details' screen, the validation is not displayed for 'Request Received' field when the field has data and the Prepare and View/Print Disclosed Items are working now.

Document Codes

Reference No	Task No	Description
46	EII #125508	Added a 'Show Alias Name On PDF' field in the 'Document Codes Detail' screen.
47	EII # 127233	Initialization of Service Notes based on Document Codes Setup.

Author: Akshay Vishwanath

46. EII # 125508(Feature-237105): Added a 'Show Alias Name On PDF' field in the 'Document Codes Detail' screen.

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

Navigation Path: 'Administration' -- 'Document Codes' – 'Document Codes' list page -- Select any document – 'Document Code Detail' screen – 'Details' section.
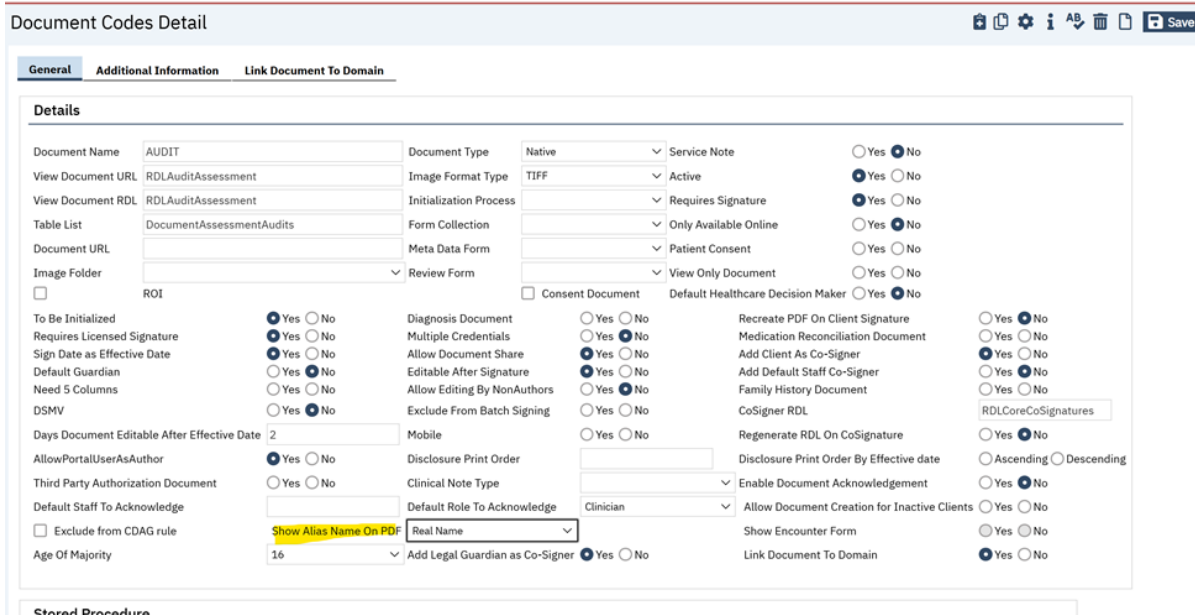
Functionality 'Before' and 'After' release:

Purpose: A new 'Show Alias Name On PDF' dropdown field is added in the 'Document Codes Detail' screen to ensure the display of Alias Name on the PDF.

With this release, a new 'Show Alias Name On PDF' dropdown field has been added to the 'Details' section of the 'General' tab under the 'Document Codes Detail' screen.

The 'Show Alias Name On PDF' dropdown field's drop-down values are pulled from the existing global code category 'ALIASTYPE'.

Screenshot:

Author: Ramya Nagaraj

47. EII # 127233(Feature–354100): Initialization of Service Notes based on Document Codes Setup.

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

Navigation Path: 'Administration' -- 'Document Codes' -- 'Document Codes Detail' screen.

Functionality 'Before' and 'After' release:

Purpose: To initialize the fields of the Service Notes based on the Setup done by the user.

With this release, a new field named 'Initialize Service Note By' checkbox with Program, Procedure and Clinician option, has been implemented under 'Documents/Service Notes' section of the 'Document Codes Detail' screen.

By default, the checkboxes will be disabled.

- If the 'Yes' radio button of the Service Note is selected, then the checkboxes will be enabled.
- If the 'No' radio button of the Service Note is selected, the checkboxes will be disabled and the checkboxes will be unchecked.

Data Model change: Columns 'InitializeServiceNoteByProgram', 'InitializeServiceNoteByProcedure' , and 'InitializeServiceNoteByClinician' are included in 'DocumentCodes' table.

Documents

Reference No	Task No	Description
48	EII # 127296	Changes on the 'Agency/Program Discharge', Client Information(C) & Client Inquiries (Inquiry Details) screen for marking the client as inactive.
49	EII # 127772	Changes for 'All Signed Documents' and Service Notes".
50	EII # 127995	Added Alias name in both the client information section and a signature section in documents PDF.
51	EII # 128315	Implementation of PRAPARE (Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences) document.

52	EII # 128605	Alias name to be added to Documents PDF for 'Client Orders', 'Inpatient/Intensive Outpatient Coding Document', 'Medication Reconciliation', 'Social, Psychological, and Behavior Data' and 'Summary of Care'
53	EII # 128606	Alias name to be added to Documents PDF for 'Individualized Service Plan' and 'Suicide Risk Assessment' documents
54	EII # 128607	To add Alias name in both the Client Information section and a Signature section in Documents PDF.
55	EII # 128672	Addition of score fields to HRSN Document in the database
56	EII # 128704	Implementation of Diagnosis search based on the 'Weighted Criteria'.
57	Core Bugs # 129468	SigningSuffix is not working correctly.
58	Core Bugs # 129516	Release of Information Document - Organization Field does not update on PDF when resetting field to blank
59	Core Bugs # 129532	Adverse Childhood Experience Document: Verbiage is corrected for the questionnaires.
60	Core Bugs # 129618	In Documents (Client) list page, the Program filter shows Program column blank.
61	Core Bugs # 129623	client's treatment plan not giving interventions.

Author: Sunita Biradar

48. EII # 127296 (Feature -355339): Changes on the 'Agency/Program Discharge', Client Information(C) & Client Inquiries (Inquiry Details) screen for marking the client as inactive.

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

Note:

1. This Functionality will be applicable only for Specific Customer where a custom script will be released to set the Recode 'RemoveRecordsAssociatedWithClient' active.

2. As part of this task Recode 'RemoveRecordsAssociatedWithClient' will be Inactive by setting an End date to it.

Prerequisite: After the custom Script is released, Recode 'RemoveRecordsAssociatedWithClient' will be set active for flag, ALERTS, TODODOCUMENTS, AND ISPGOLASANDOBJECTIVES recodes**.**

Navigation Path 1: 'Client' search – 'Agency/Program Discharge' - enter all the required details – 'Sign'.

Navigation Path 2: 'Client' search –' Client Information(C)' screen.

Navigation Path 3: 'Client' search – 'Client Inquires(C)' screen.

Functionality 'Before' and 'After' release:

Purpose: To conclude all corresponding flags, to-do documents, ISP goals and objectives, and alerts will be marked as inactive, Once the client completes the Agency Discharge process.

With this release, the following changes are implemented in the 'Agency/Program Discharge', Client Information(C) & Client Inquiries (Inquiry Details) screen.

1. Agency/Program Discharge:

a. 'Agency/ When Agency Discharge' is performed on the client in 'Agency/Program Discharge' document on 'Save/Sign', the below Warning pop-up will be displayed with the warning message:

Warning Message: "Client is Agency Discharged so Flags, Documents in 'To Do' status, ISP Goals and Objectives, Alerts will be removed"
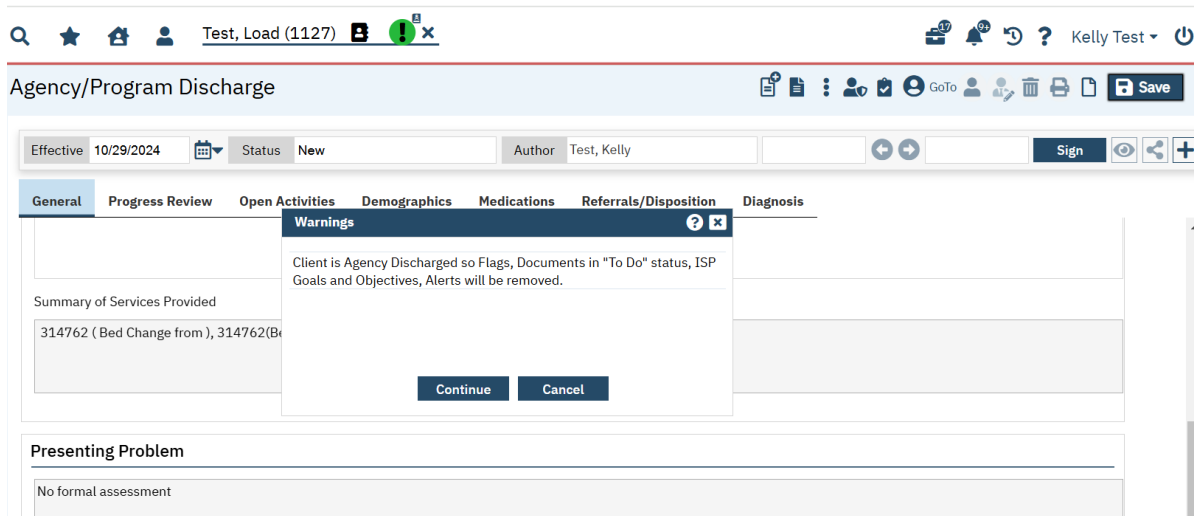
This Warning Pop-up contains with 'Continue' and 'Cancel' buttons.

- If the 'Continue' button is clicked, then the user can perform all the post-update logic actions.
- If the 'Cancel' button is clicked, the warning pop-up will be closed.

b. Flags

- The Flags 'End Date' will be displayed as the 'Agency/Program Discharge' Date or 'Client Inactive' Date.

c. Documents To Do

Documents in 'To Do' status: All the Documents in 'To Do' Status for the client will be removed by updating the below fields.

- 'Record Deleted' field as 'Y'.

- The 'Deleted Date' field is updated with the 'Date of Agency Discharge'.

- The 'Deleted By' field is updated with the login staff name.

- The 'Status' field is updated with '22'.

d. ISP Goals and Objectives

If this is mentioned in the 'CodeName' field, then updating the corresponding ISP Goals and Objectives 'End Date' for the client with the date of 'Agency Discharge' (Effective date) or the date when the Client became Inactive.

e. Alerts

Alerts will Stop triggering the alerts for the client from the 'Date of Agency Discharge' by updating the below fields.

- 'Record Deleted' field as 'Y'

- The 'Deleted By' field is updated with the login staff name.

- The 'Deleted Date' is updated with the 'Date of Agency Discharge'**.**

2. Client Information (C)

a) The below Warning pop-up is displayed with the Warning Message on 'Client Information(C)' on Inactivating Client and Save.

Warning Message: "Client is Inactive so Flags, Documents in 'To Do' status, ISP Goals and Objectives, Alerts will be removed."
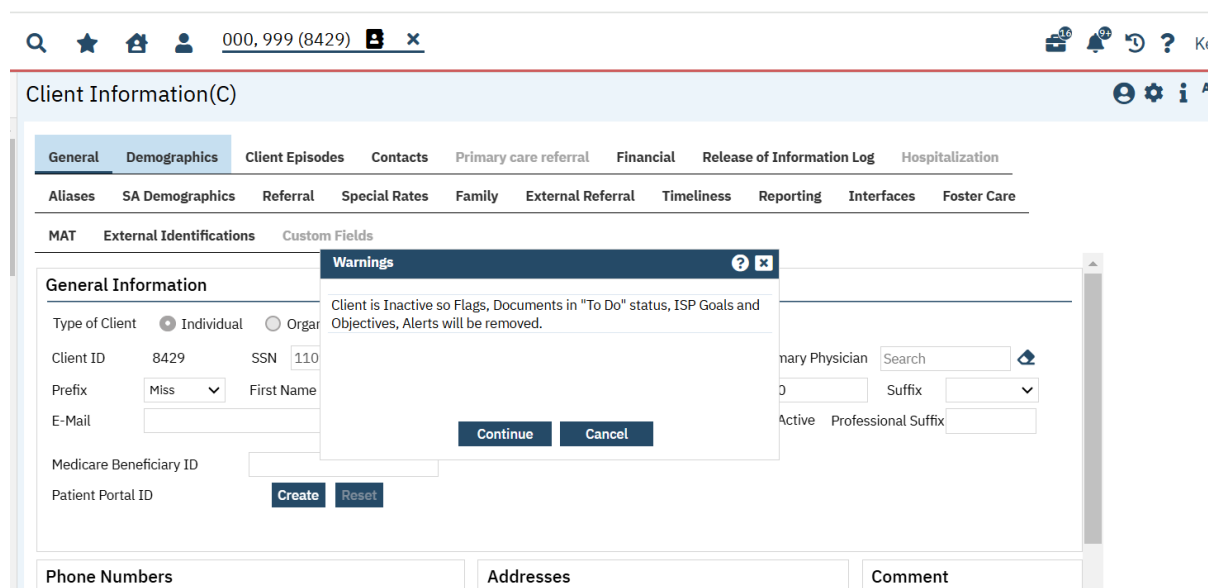
This Warning Pop-up contains with 'Continue' and 'Cancel' buttons.

- If the 'Continue' button is clicked then the user can perform all the post-update logic actions.
- If the 'Cancel' button is clicked then the pop-up will be closed.

Note: The Post Update logic will be the same as the 'Agency/Program Discharge' of the client. When the client is Inactive from the 'Client Information', the Flags, 'Documents To Do', 'ISP Goals and Objectives', and 'Alerts' logic will be the same (Refer to the 'Agency/Program Discharge' points b, c, d, and e).

3. **Client Inquiries (Inquiry Details)**

a. The below Warning pop-up is displayed with a Warning Message on 'Client Inquires' on Inactivating/Save:

Warning Message: " Client is Inactive so Flags, Documents in 'To Do' status, ISP Goals and Objectives, Alerts will be removed."
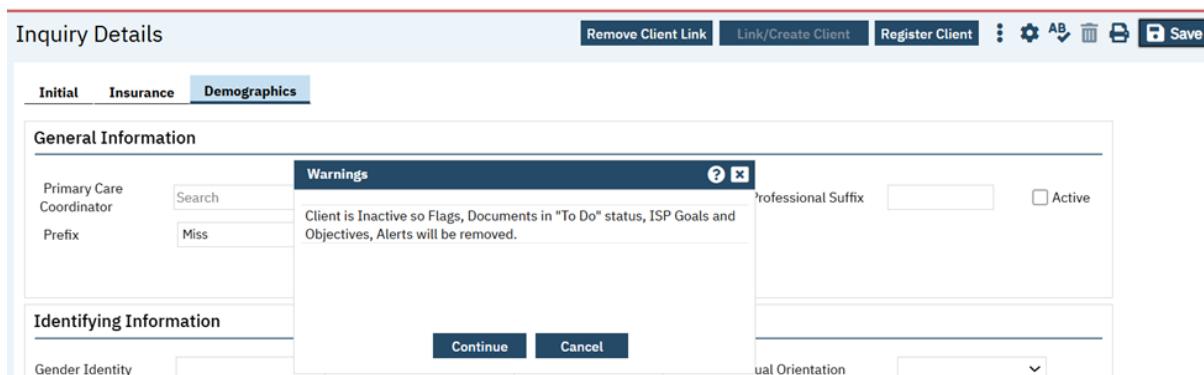
This Warning Pop-up contains with 'Continue' and 'Cancel' buttons.

- If the 'Continue' button is clicked, then the user can perform all the post-update logic actions.
- If the 'Cancel' button is clicked, then the pop-up will be closed.

Note: The Post Update logic will be the same as the 'Agency/Program Discharge' of the client. When the client is Inactive from the 'Client Inquiry', the Flags, Documents To Do, ISP Goals and Objectives and Alerts logic will be the same (Refer to the Agency/Program Discharge points b, c, d, and e).

Author: Rakesh Naganagoda

49. EII # 127772 (Feature-375033): Changes for 'All Signed Documents' and Service Notes".

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

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

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 1: Login to 'SmartCare' application - 'Administration' - 'Document Codes Detail' Screen.

Navigation path 2: Login to 'SmartCare' application - 'Client' search - 'Documents' Screen – Open any signed Document - Click on Edit button.

Navigation Path 3: Login to 'SmartCare' application - 'Client' search - 'Services/Notes' Screen – Open any signed Service - Click on Edit button.

Functionality 'Before' and 'After' release:

Purpose: To stop users from editing signed documents and "Service Notes" where the program tagged is not within their CDAG.

With this release, a CDAG logic has been implemented under the "All Signed Documents and Service Notes" for the Edit tool logic, which needs to be changed to review the user's associated programs.

The below-highlighted fields in the 'Document Codes' screen should be changed according to the below table conditions:

For the Author and Non-Author, the following logic is applied to Edit or Non-Edit the "All Signed Documents" and "Service Notes". Refer the below table.

Editable After Signature	Allow Editing By Non Authors	Author	Non Author
Yes	No	1) Edit is allowed, only when the user is associated with the program and is mapped to the CDAG profile that they are currently logged into. 2) Edit is not allowed, when the User is Associated to the Program and not mapped to the CDAG profile that they are currently logged into. 3) Edit is not allowed, when the User is not Associated to the Program and mapped to the CDAG profile that that they are currently logged into.	Edit is not allowed

		4) Edit is not allowed, when User is not Associated to the Program and not mapped to the CDAG profile that they are currently logged into.	
Yes	Yes	1) Edit is allowed, only when the User (Author or Non-Author) is Associated to the Program and mapped to the CDAG profile that they are currently logged into. 2) Edit is not allowed, when the User (Author or Non-Author) is Associated to the Program and not mapped to the CDAG profile that they are currently logged into. 3) Edit is not allowed, when the User (Author or Non-Author) is not Associated to the Program and mapped to the CDAG profile that they are currently logged into. 4) Edit is not allowed, when the User (Author or Non-Author) is not Associated to the Program and not mapped to the CDAG profile that they are currently logged into.	
No	No	Edit is not allowed	Edit is not allowed
No	Yes	Edit is not allowed	1) Edit is allowed, only when the User is Associated to the Program and mapped to the CDAG profile that they are currently logged into. 2) Edit is not allowed, when the User is Associated to the Program and not mapped to the CDAG profile that they are currently logged into. 3) Edit is not allowed, when the User is not Associated to the Program and mapped to the CDAG profile that they are currently logged into. 4) Edit is not allowed, when the User is not Associated to the Program and not mapped to the CDAG profile that they are currently logged into.

Author: Akshay Vishwanath

50. EII # 127995(Feature-383827): Added Alias name in both the client information section and a signature section in documents PDF.

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

Prerequisite:

1**.** Insert the required Client Alias name for the Client through the **Path:**

'Client' search – Client Information(c) screen – 'Aliases' tab – Fill the required field in the 'Client Alias' section.

2. Select the required Alias name through the **Path:**

'Administration' -- 'Document Codes' – 'Document Codes' list page -- Select any document – 'Document Code Detail' screen – 'Details' section – Select the required alias type for the client in 'Show Alias Name On PDF' drop-down field.

Navigation Path: 'Client' search – Select the document where the setup is made **in Prerequisite 2** – Fill all the required details – 'Save' – 'Sign' – Perform Client 'Co-signature'.

Functionality 'Before' and 'After' release:

Purpose: To include the Preferred Name in both the 'Client Information' section and the 'Signature' section under documents PDF.

With this release, an Alias name is added in both the client information section and a signature section for below mentioned documents PDF.

Documents:

- Advance Directive
- Amendment Requests
- CALOCUS
- Clinical Information Reconciliation
- Consent And Authorization For Cell Phone Reminders - Contact
- C-SSRS Adult Since Last Visit
- C-SSRS Children's Baseline Screening
- DAST
- Diagnosis Document
- LOCUS
- NOMS (Core)
- Nursing Assessment
- Patient Safety Plan Template
- CoreASAM
- CSSRSAdultAssessments
- CSSRSPediatricSinceLastVisits
- Referral Document
- Registration Document
- Release of Information
- Revoke Consents
- Revoke Medication Consent
- Revoke Release of Information

1. Client Information section

Once the user signs the respective document, the Alias name appears below the DOB section in the "Client Information" section under PDF.

If multiple names are listed with the name type from the "Aliases" tab in the "Client Information (C)" screen, each alias name will be separated by an asterisk (*) and displayed in the PDF (Refer the below screenshot).
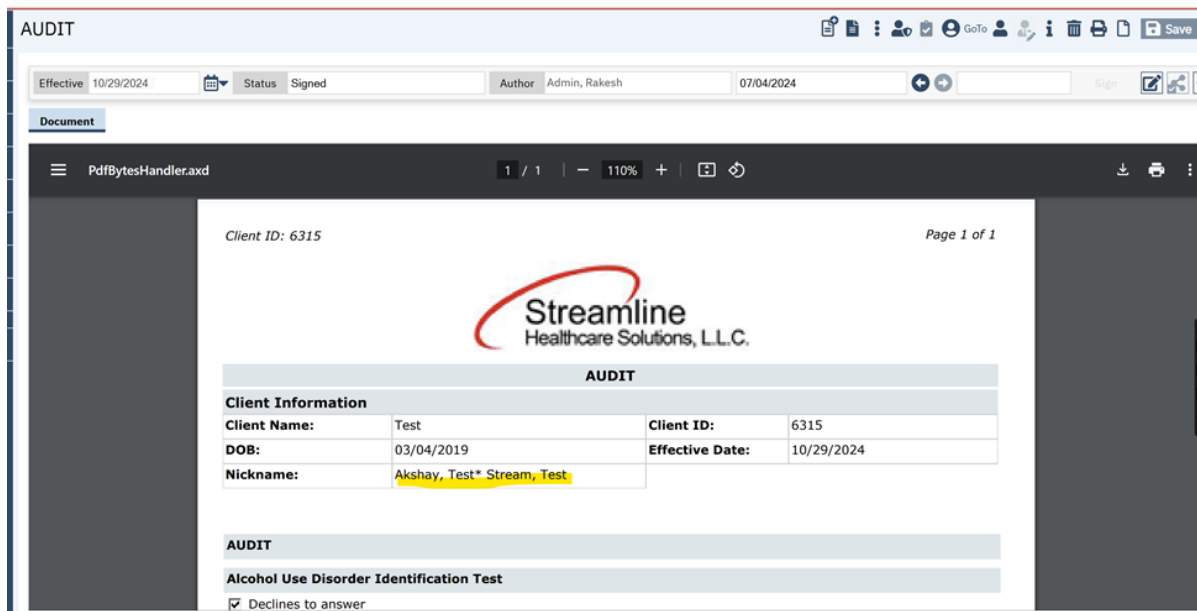
Note: If the selected field in the "Show Alias Name on PDF" dropdown has no names in the 'Aliases' tab in 'Client Information(C)' with that type, then this label will not be displayed on the PDF.

2. Client Signature section:

When the Client Co-signs the same document, the Alias name will be displayed below the 'Client' in the 'Client Signature' section under the PDF.

If multiple names are listed with the name type from the "Aliases" tab in the "Client Information (C)" screen, each alias name will be separated by an asterisk (*) and displayed in the PDF (Refer to the below screenshot).
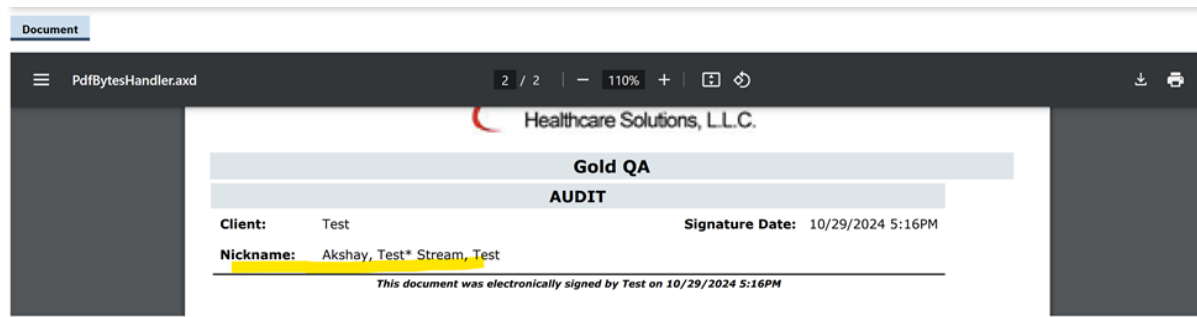
Note: If the selected field in the "Show Alias Name on PDF" dropdown has no names in the 'Aliases' tab in 'Client Information (C) 'with that type, then this label will not be displayed in the PDF.

Author: Sachin Ranganathappa.

51. EII # 128315(Feature -322953): Implementation of PRAPARE (Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences) document.

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

Release Type: New Functionality | **Priority:** Urgent

Navigation Path: 'Client' – 'PRAPARE' – Enter all the required details -- Click on sign.
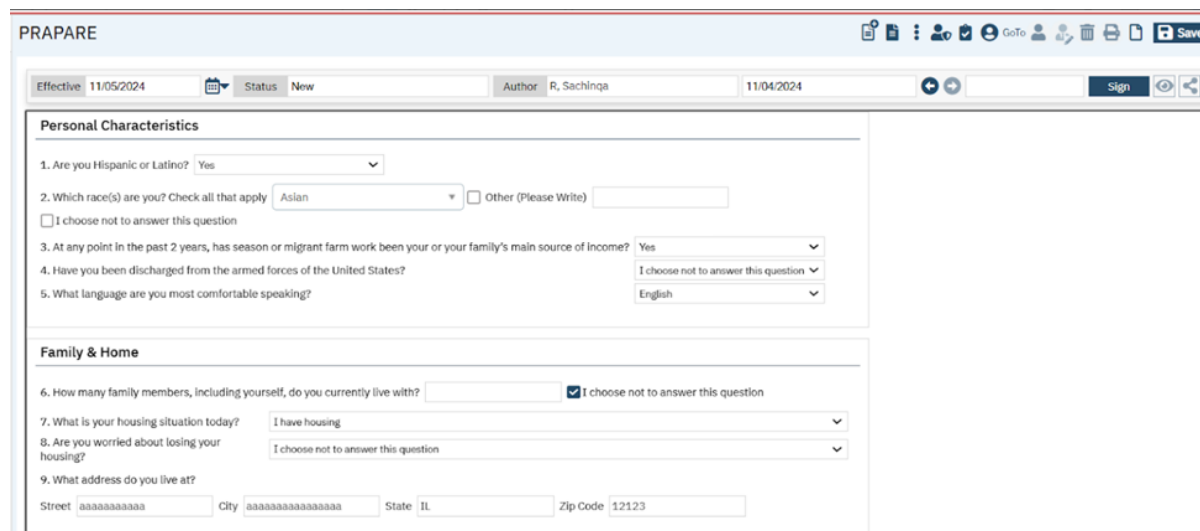
Functionality 'Before' and 'After' release:

Purpose: To Measure the protocol for Responding to and Assessing the Patient Assets, Risks, and Experiences.

With this release, a new Document called 'PRAPARE' has been implemented along with initializations and required validations.

This document consists of below sections:

1.   Personal Characteristics
2.   Family & Home
3.   Money & Resources
4.   Social and Emotional Health
5.   Optional Additional Questions

Personal Characteristics: this section contains the below fields with drop down values.

- **'1. Are you Hispanic or Latino?':** This is a drop down, and it has the following values.
  - ➢   Yes
  - ➢   No
  - ➢   I choose not to answer this question
- **'2. Which race(s) are you? Check all that apply':** This is a multi-select dropdown, and it has the following values.

- ➢ Ø Asian
- ➢ Ø Native Hawaiian
- ➢ Ø Pacific Islander
- ➢ Ø Black/African American
- ➢ Ø White
- ➢ Ø American Indian/Alaskan Native

- **'Other (Please Write)':** This is a text box
- **'I choose not to answer this question':** This is a checkbox. If it is selected, then the system deselects all values if any are selected and will be disabled.
- **'3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?':** This is a drop down, and it has the following values.
  - ➢ Yes
  - ➢ No
  - ➢ I choose not to answer this question
- **'4. Have you been discharged from the armed forces of the United States?':** This is a drop down, and it has the following values.
  - ➢ Yes
  - ➢ No
  - ➢ I choose not to answer this question
- **'5. What language are you most comfortable speaking?':** This is a drop down, and values will be displayed from the existing Global Code Category "LANGUAGE". It will Initialize Language from Client Information =>Demographics => Language => Primary/Preferred Language.

Family & Home: this section contains the below fields with drop down values.

    '6. How many family members, including yourself, do you currently live with?': This is a Text Box (2-Digit Numeric) and 'I choose not to answer this question' check box

➢ If checkbox "I choose not to answer this question' is selected, then associated textbox will be cleared and disabled.

7. What is your housing situation today?': This is a drop down, and it has the following values.
➢ I have housing
➢ I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
➢ I choose not to answer this question

'8. Are you worried about losing your housing?': This is a drop down, and it has the following values.
➢ Yes
➢ No
➢ I choose not to answer this question

'9. What address do you live at?': This is a textbox and will Initialize Street, City, State, Zip Code from the address which is marked as 'Home' from Client Information.
➢ Street
➢ City
➢ State
➢ Zip Code

Money & Resources: this section contains the below fields with drop down values.

'10. What is the highest level of school that you have finished?': This is a drop down, and it has the following values.
➢ Less than high school degree
➢ High school diploma or GED
➢ More than high school
➢ I choose not to answer this question

'11. What is your current work situation?': This is a drop down, and it has the following values.
➢ Unemployed
➢ Part-time or temporary work
➢ Full-time work
➢ Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: Text Box
➢ I choose not to answer this question

'Other (Please Write)': This is a Text box. If user selects " Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: Text Box", Other (Please Write) text box will be enabled else it will be disabled and null.

'12. What is your main insurance? ': This is a dropdown, and it has the following values.

- ➢ None/uninsured
- ➢ Medicaid
- ➢ CHIP Medicaid
- ➢ Medicare
- ➢ Other public insurance (not CHIP)
- ➢ Other Public Insurance (CHIP)
- ➢ Private Insurance

'13. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you? Are eligible for any benefits.': This is a Text Box (10-Digit Numeric) and 'I choose not to answer this question' check box.

- ➢ If the checkbox "I choose not to answer this question' is selected, then associated textbox will be cleared and disabled.

'14. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.': This is a multi-select dropdown and 'I choose not to answer this question' check box. The following are the dropdown values.
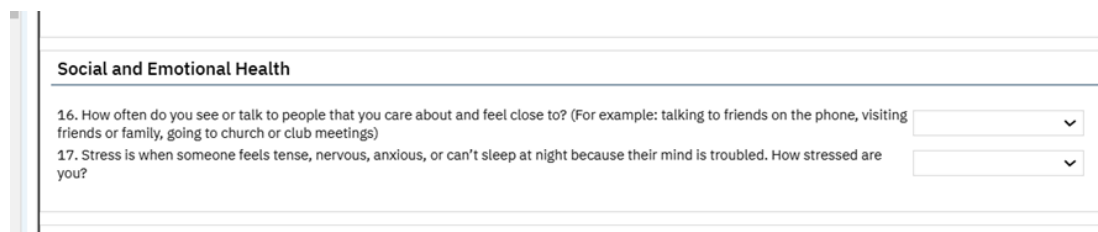
- ➢ Food
- ➢ Clothing
- ➢ Utilities
- ➢ Child Care
- ➢ Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)
- ➢ Phone

'Other (Please Write)': This is a Text box. This will be enabled when '14. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.' Is selected as "Other" or else it will be disabled and null.

'15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.': This is a multi-select dropdown and 'I choose not to answer this question' check box. The following are the dropdown values.

- ➢ Yes, it has kept me from medical appointments
- ➢ Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- ➢ No

Social and Emotional Health: this section contains the below fields with drop down values.

'16. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)': This is a drop down, and it has the following values.

- ➢ Less than once a week
- ➢ 1 or 2 times a week
- ➢ 3 to 5 times a week
- ➢ 6 or more times a week
- ➢ I choose not to answer this question

'17. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?': This is a drop down, and it has the following values.
- ➢ Not at all
- ➢ A little bit
- ➢ Somewhat
- ➢ Quite a bit
- ➢ Very much
- ➢ I choose not to answer this question

Optional Additional Questions: this section contains the below fields with drop down values.

'18. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?': This is a drop down, and it has the following values.

- ➢ Yes
- ➢ No
- ➢ I choose not to answer this question

'19. Are you a refugee?': This is a drop down, and it has the following values.
- ➢ Yes
- ➢ No
- ➢ I choose not to answer this question

'20. Do you feel physically and emotionally safe where you currently live?': This is a drop down, and it has the following values.
- ➢ Yes
- ➢ No
- ➢ Unsure
- ➢ I choose not to answer this question

'21. In the past year, have you been afraid of your partner or ex-partner?': This is a drop down, and it has the following values.
- ➢ Yes
- ➢ No
- ➢ Unsure
- ➢ I have not had a partner in the past year
- ➢ I choose not to answer this question

- ● At the end of the document below content will Display along with logos, only in PDF.

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Clinician: Sachinqa R, BA HUMAN SERVICES 343442232   Signature Date: 11/04/2024 10:04AM

This document was electronically signed by Sachinqa R, BA HUMAN SERVICES 343442232 on 11/04/2024 10:04AM

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- When the users try to validate or sign the document without entering any of the required fields, the below validations will be displayed:

Validation Screenshots:

Note: For multi select drop down fields (Question no.2, 14 and 15), if the user selects the values from drop down and check the check box for 'Other (Please Write)'/'I choose not to answer this question', validation will be displayed to uncheck all values selected from the drop down field.

- After entering all the required fields in the document and on signing the document, the PDF will be generated.

Client Information

Client Name:	Zest, Client6	Client ID:	6596
DOB:	04/02/2009	Effective Date:	11/04/2024

Personal Characteristics

1. Are you Hispanic or Latino? : Yes

2. Which race(s) are you? Check all that apply? : Asian

☐ Other (Please Write) :

☐ I choose not to answer this question

3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income? : I choose not to answer this question

4. Have you been discharged from the armed forces of the United States? : I choose not to answer this question

5. What language are you most comfortable speaking? : English

Family & Home

6. How many family members, including yourself, do you currently live with? : 12

☐ I choose not to answer this question

7. What is your housing situation today? : I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)

8. Are you worried about losing your housing? : I choose not to answer this question

9. What address do you live at?

Street	: aaaaaaaaaa	City	: aaaaaaaaaaaaaaaa
State	: IL	Zip Code	: 12123

Money & Resources

10. What is the highest level of school that you have finished? : Less than high school degree

11. What is your current work situation? : Part-time or temporary work

Other (Please Write) :

12. What is your main insurance? : Other Public Insurance (CHIP)

13. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits. : 1234565

☐ TotalFamilyIncomeNotToAnswer

14. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply. : Child Care,Clothing,Utilities

☐ Other (Please Write) :

☐ I choose not to answer this question

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Client Name: Client6 Zest

ClientID: 6596   Page 2 of 2

15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply. : Yes, it has kept me from medical appointments

☐ I choose not to answer this question

□   I choose not to answer this question

Social and Emotional Health

16. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)	: Less than once a week
17. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?	: Very much

Optional Additional Questions

18. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?	: Yes
19. Are you a refugee?	: No
20. Do you feel physically and emotionally safe where you currently live?	: Unsure
21. In the past year, have you been afraid of your partner or ex-partner?	: I choose not to answer this question

Clinician:	Sachinqa R, BA HUMAN SERVICES 343442232	Signature Date:	11/04/2024 10:04AM

This document was electronically signed by Sachinqa R, BA HUMAN SERVICES 343442232 on 11/04/2024 10:04AM

Clinician:	Sachinqa R, BA HUMAN SERVICES 343442232	Signature Date:	11/04/2024 10:04AM

This document was electronically signed by Sachinqa R, BA HUMAN SERVICES 343442232 on 11/04/2024 10:04AM

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NATIONAL ASSOCIATION OF Community Health Centers   AAPCHO   OPCA Oregon Primary Care Association   Institute for Alternative Futures

Data Model Changes: A new 'DocumentPRAPAREAssessments' table is added.

Author: Sithara Ponnath

52. EII # 128605 (Feature – 438343): Alias name to be added to Documents PDF for 'Client Orders', 'Inpatient/Intensive Outpatient Coding Document', 'Medication Reconciliation', 'Social, Psychological, and Behavior Data' and 'Summary of Care'

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

Navigation Path 1: 'Administration' --- 'Document Codes' screen – Enter the 'Document Name' and click on 'Apply Filter' button --- Click on the Document Name hyperlink – 'Show Alias Name On PDF' dropdown.

Navigation Path 2: 'Client' --- 'Client Information (C)' screen --- 'Aliases' tab – 'Client Alias' section --- Select a value from 'Type' dropdown - Enter the other data for adding client alias name --- Click on 'Insert' button --- Click on 'Save' button.

Navigation Path 3: 'Client' --- Go Search --- Type the document name ('Client Orders', 'Inpatient/Intensive Outpatient Coding Document', 'Medication Reconciliation', 'Social, Psychological, and Behavior Data' and 'Summary of Care') --- Enter required data --- Click on 'Save/Sign' button --- 'Client Information' section on the signed PDF.

Functionality 'Before' and 'After' release:

Purpose: The customer want to show both the legal name and the preferred name to all clients. Some may be transgender, etc., and they would like to accommodate all of their clients by having both names on documents in both the client information section and a signature section.

With this release, client Alias Name will be displayed in the below mentioned Document PDF when 'Show Alias Name on PDF' is selected in the 'Document Codes Details' screen, with dropdown options matching those in the "Type" dropdown in the 'Client Information (C) – Aliases' tab.

·If more than one name is available with the name type from the Aliases tab in Client Information (C), then each name will be displayed and separated by an asterisk symbol (*).

- Client Orders
- Inpatient/Intensive Outpatient Coding Document.
- Medication Reconciliation
- Social, Psychological, and Behavior Data
- Summary of Care

If the client has any alias added in the 'Client Alias' section of Client Information (C) screen, then the client's selected name type in the 'Document Code Details' screen will be pulled into the 'Client Information' section of Signed PDF document. And this label will be displayed below the DOB field.

If more than one name is available with the name type from the Aliases tab in Client Information (C), then each name will be displayed and separated by an asterisk symbol (*).

For ex. 'Previous Name' is selected in the 'Show Alias Name On PDF' dropdown in Document Codes Details screen and the client has more than one names added for 'Previous Name' type in the Client Information (C): => 'Aliases' tab => 'Client Alias' section.

If the selected field in the 'Show Alias Name on PDF' dropdown has no names in the 'Aliases tab' in 'Client Information (C)' screen with that type, then this label will not be displayed on the PDF.

Note: If client name already exists in the signature section, then alias name will be displayed below the client name, or else alias name will not be displayed in the signature section.

Author: Rakesh Gangadhar

53. EII # 128606 (Feature -438345): Alias name to be added to Documents PDF for 'Individualized Service Plan' and 'Suicide Risk Assessment' documents

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

Navigation Path 1: Search – 'Document Codes (Administration)' – Filter by Document Name 'Care Plan' – Click on 'Care Plan' -- 'Document Code Details'.

Navigation Path 2: Client Search – 'Client Information' – 'Aliases tab' – 'Individualized Service Plan (Client)'

Navigation Path 3: Search – 'Document Codes (Administration)' – Filter by Document Name 'Suicide Risk Assessment' – Click on 'Suicide Risk Assessment' -- 'Document Code Details'.

Navigation Path 4: Client Search – 'Client Information' – 'Aliases tab' – 'Suicide Risk Assessment (Client)'

Functionality 'Before' and 'After' release:

Purpose: To display the client's alias name in the PDF of the signed 'care Plan' and 'Suicide Risk Assessment' document. The alias name of the client needs to be displayed below the 'DOB' in the 'client information' section and below the client's name in the 'signature' section in the PDF with a label selected in 'Show Alias Name on PDF' dropdown in 'Document Codes Details' of the respective document.

With this release, client Alias Name will be displayed in Care Plan and Suicide Risk Assessment document PDFs, when 'Show Alias Name on PDF' is selected in the 'Document Codes Details' screen, with dropdown options matching those in the "Type" dropdown in the 'Client Information (C) – Aliases' tab.

·If more than one name is available with the name type from the Aliases tab in Client Information (C), then each name will be displayed and separated by an asterisk symbol (*).

Screenshots:

1. Show Alias Name on PDF' dropdown in 'Document Codes Details'
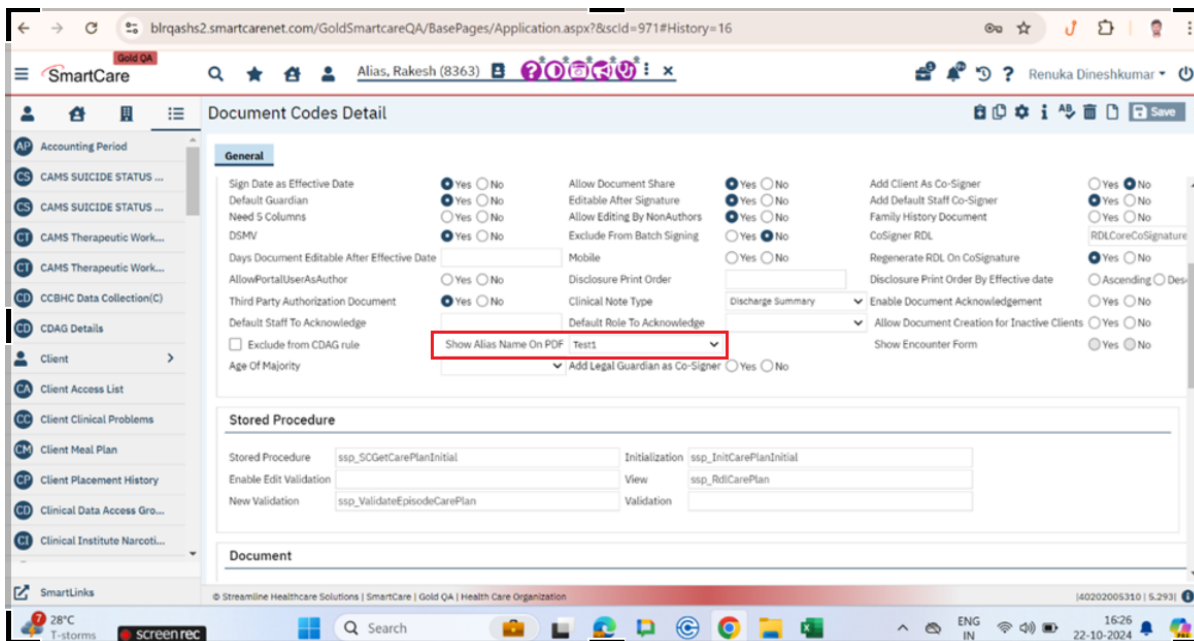
2. Matching option in the Type" dropdown in the 'Client Information (C) – Aliases' tab
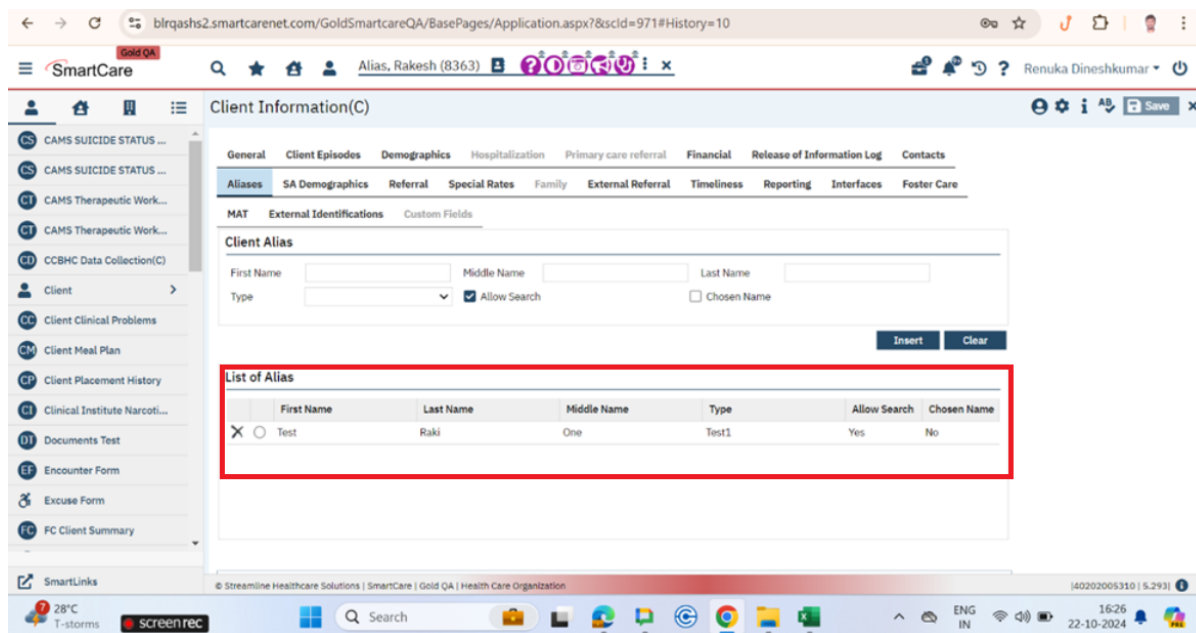
3. In PDF
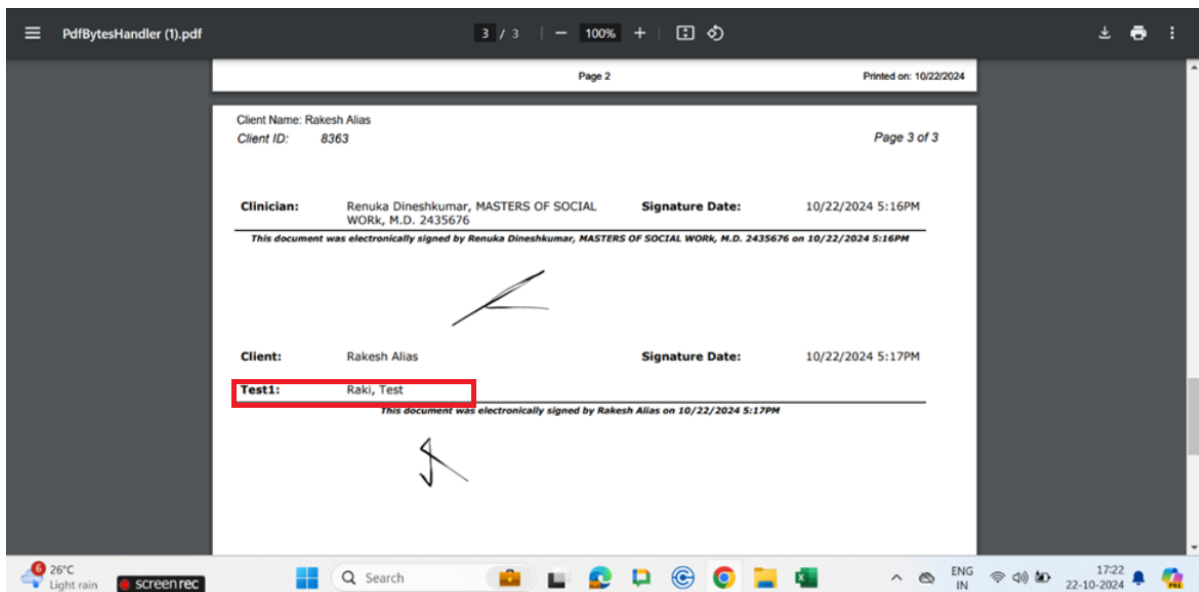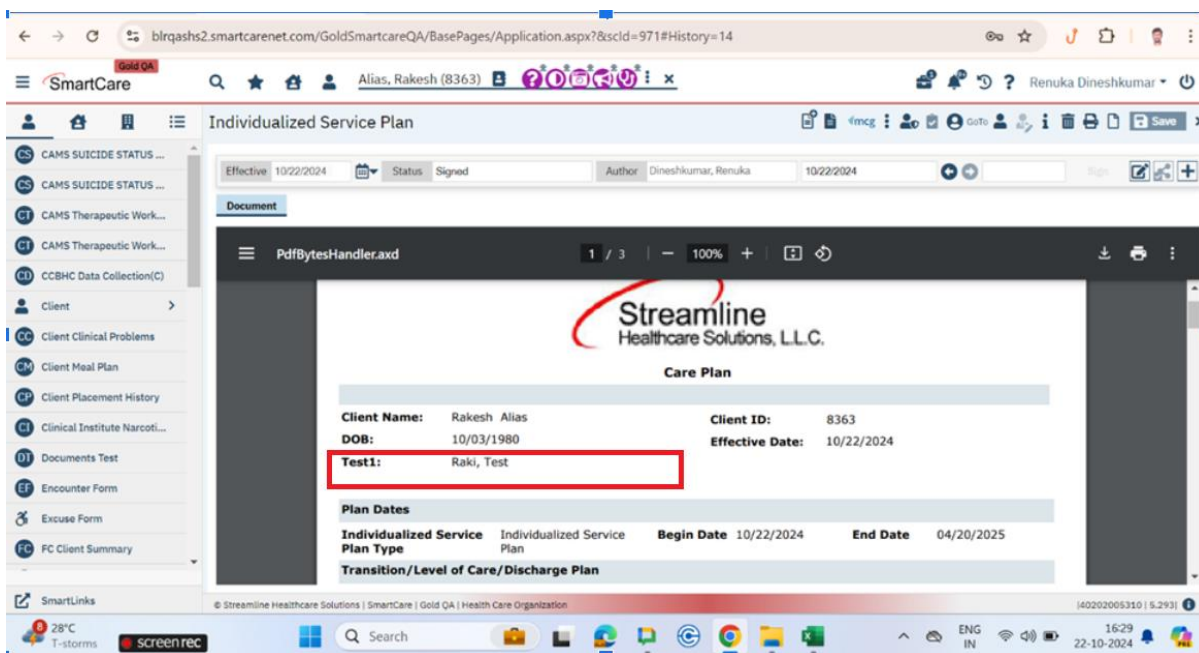
4. When there are multiple names
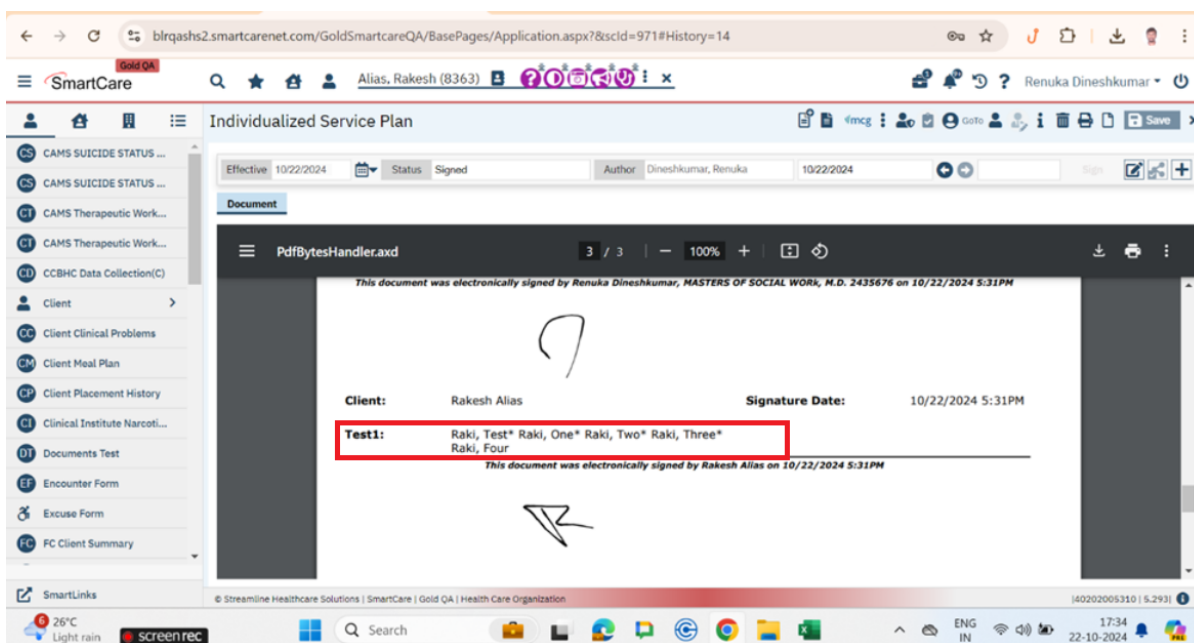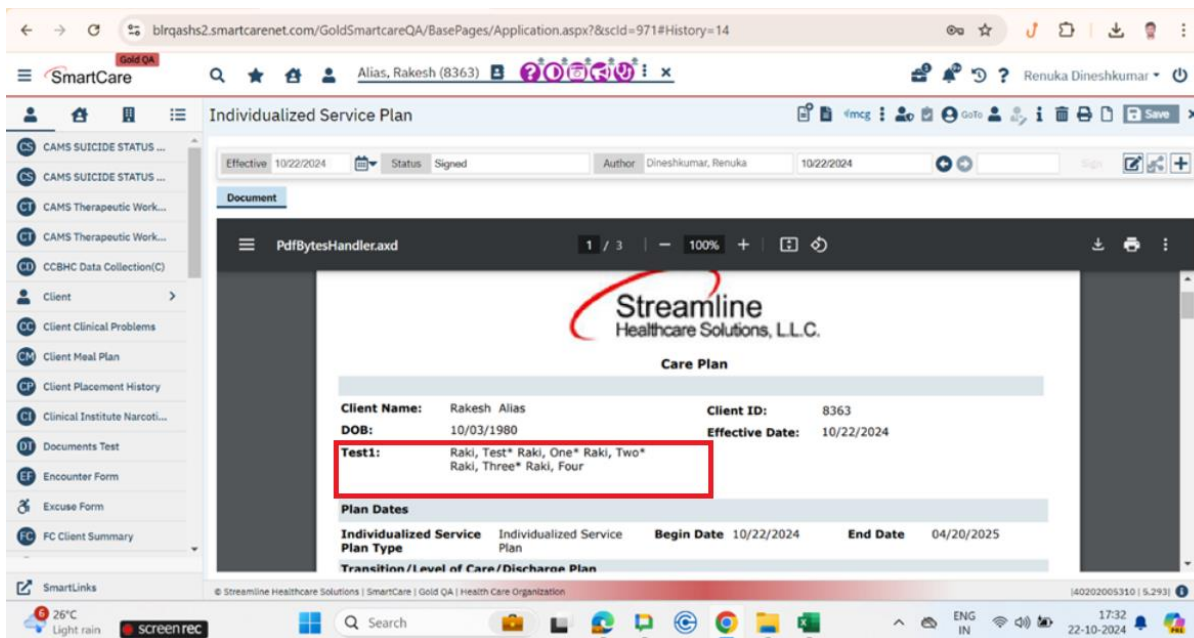
Author: Akshay Vishwanath

54. EII # 128607 (Feature – 438346): To add Alias' name in both the Client Information section and a Signature section in Documents PDF.

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

Prerequisite:

1. Add the required Client Alias name for the Client through the **Path:**

'Client' search – Client Information(c) screen – 'Aliases' tab – Fill the required field in the 'Client Alias' section.

2. Select the required Alias name through the **Path:**

'Administration' -- 'Document Codes' – 'Document Codes' list page -- Select any document – 'Document Code Detail' screen – 'Details' section – Select the required alias type for the client in 'Show Alias Name On PDF' drop-down field.

Navigation Path: 'Client' search – Select the document for the setup made in **Prerequisite 2** – Fill all the required details – 'Save' – 'Sign' – Perform Client 'Co-signature'.

Functionality 'Before' and 'After' release:

Purpose: To include the Alias Name in below the client name in both the 'Client Information' section and the 'Signature' section under documents PDF.

With this release, Alias name is added in both the Client Information section and the Signature section for below mentioned Documents PDF.

Documents:

- AUDIT
- Family History
- PHQ9
- PHQ-A

1. Client Information section:

Once the user signs the respective document, the Alias name will appear below the DOB field in the "Client Information" section in the PDF.

If multiple names are listed with the name type from the "Aliases" tab in the "Client Information (C)" screen, each alias name will be separated by an asterisk (*) and displayed in the PDF (Refer the below screenshot).

Note: If the selected field in the "Show Alias Name on PDF" dropdown has no names in the 'Aliases' tab in 'Client Information(C)' with that type, then this label will not be displayed on the PDF.

2. Client Signature section:

When the Client Co-signs the same document, the Alias name will be displayed below the 'Client' in the 'Client Signature' section in the PDF.

If multiple names are listed with the name type from the "Aliases" tab in the "Client Information (C)" screen, each alias name will be separated by an asterisk (*) and displayed in the PDF (Refer to the below screenshot).

Note: If the selected field in the "Show Alias Name on PDF" dropdown has no names in the 'Aliases' tab in 'Client Information (C) ' screen with that type, then this label will not be displayed in the PDF.

Author: Akshay Vishwanath

55. EII # 128672 (Feature- 443059): Addition of score fields to HRSN Document in the database.

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

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

Navigation Path: N/A

Functionality 'Before' and 'After' release:

Before this release, Score values of Health Related Social Document was not saved in the database.

With this release, Score values will be saved in 'DocumentHealthRelatedSocialNeedCoreQuestions' and 'DocumentHealthRelatedSocialNeedSupplementalQuestions' as below
 Indicated = Y
 Not Indicated = N
 If score can not be calculated = A

 Data Model Changes : Below mentioned New columns has been added to 'DocumentHealthRelatedSocialNeedCoreQuestions' table:
 LivingSituationScore
 FoodScore

TransportationScore
UtilityScore
SafetyScore

Below mentioned New columns has been added to 'DocumentHealthRelatedSocialNeedSupplementalQuestions' table:

FinancialStrainScore
EmploymentScore
FamilyCommunitySupportScore
EducationScore
PhysicalActivityScore
SubstanceUseScore
MentalHealthScore
DisabilityScore

Author: Praveen Gangadhara

56. EII # 128704 (Feature -446221): Implementation of Diagnosis search based on the 'Weighted Criteria'.

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

Navigation Path 1: Client – Documents – 'Diagnosis Document'.

Navigation Path 2: Client – Map Program/Procedure/Location into any Service note having Diagnosis tab (Ex: IP Psychiatric/Psychiatric Note).

Navigation Path 3: Select any document having Diagnosis tab.

Functionality 'Before' and 'After' release:

Purpose: The number of diagnoses that appear in the search options for a specific ICD10 code and/or keyword are so large that the user spends a significant time trying to find what they need for a given client.

With this release, new configuration key 'SetDiagnosisAdvancedSearch' is implemented to enhance the Diagnosis Search optimized based on the 'Weighted Criteria' as follows:

System Configuration Key:

SystemConfigKey:	SetDiagnosisAdvancedSearch
Read Key as:	Set Diagnosis Advanced Search.
Allowed Values:	Yes, No.
Default Value:	No
Modules:	SCM Clinical 1/DSM Diagnosis

| Description: | This is a new feature added to the core product by introducing a system configuration key. Currently there is no such search functionality. This configuration key allows customers to set an Advance Diagnosis search option, allows users to opt for a more advanced diagnosis search experience when the configuration key is enabled. This is offering frequency and favorites search options, while maintaining backward compatibility with the default search functionality if the advanced search is not required.

A) If the key-value is set to "No", then Diagnosis Search works as it is now. This will be the default value of the key as it drives the existing behavior.

B) If the key-value is set to "Yes", then search will include Frequency and Favorites search option providing more advanced search capabilities to the users.

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". |

Note: If configuration key 'SetDiagnosisAdvancedSearch' value is set to 'No', then diagnosis search should work as existing logic without no frequency Search.

The search suggestions are generated based on the Frequency Search and Favorite Search criteria:
a) Frequency Search:

Frequently selected items, such as those chosen previously, are added to StaffDiagnosisCodeSearches table.

When the configuration key 'SetDiagnosisAdvancedSearch' is 'Yes'. if any staff using the same ICD code frequently more than once, then that ICD code is added into StaffDiagnosisCodeSearches table with number of count staff has used. Based on the count, the ICD code will populate at the top of the search list and remaining codes will display below.

Ex: If staff is searching the ICD code [A01.4] in 'Description' field with keyword: 'Fever' more than one time.

Screenshot:
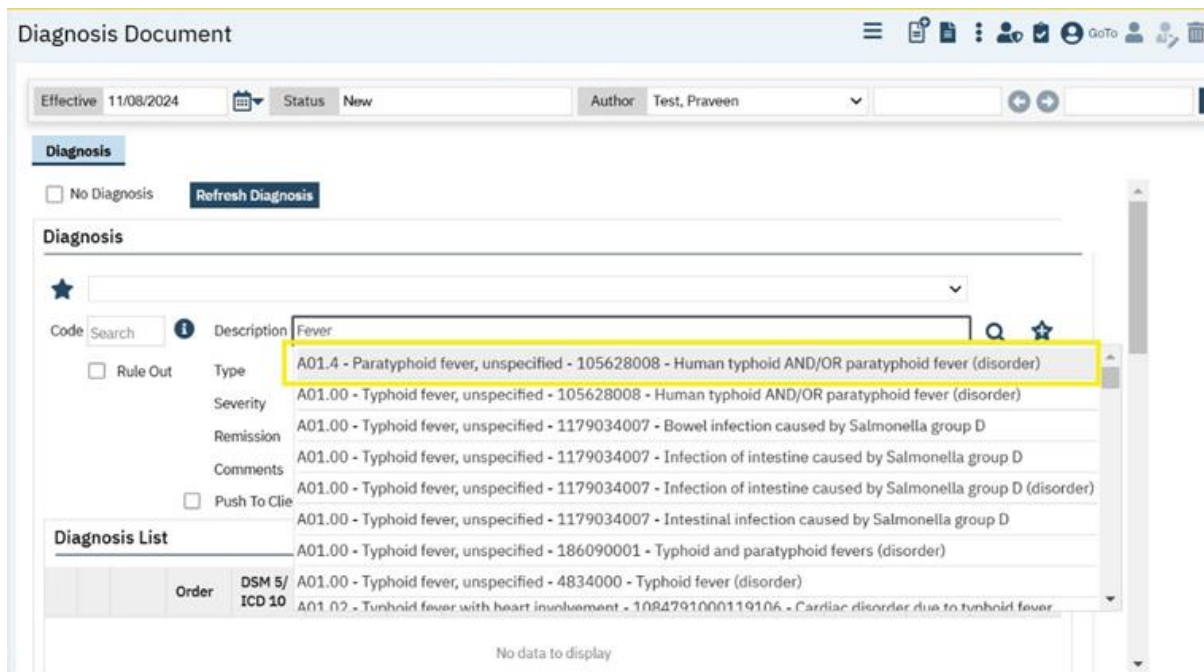
Frequency Search has many types are as follows:
i) Popular Searches: Common searches performed by other users.
ii) User's Search History: Previous searches performed by the user.
iii) Context: The context of the user's current search, such as timestamp or previous search behavior.
iv) Keywords: Relevant keywords related to the partial input.
v) Combo Search: It allows you to combine multiple search criteria or filters to refine your search results. This can include combining ICD10+ Diagnosis description or Snomed code + Diagnosis description to narrow down the search and find more specific results. Data model supports this as well.

vi) String Search: Searching for specific sequences of characters within a text or database. It involves finding occurrences of a particular string (a series of characters) within a larger body of text.

b) Favorites Search:

We are using existing option to add the diagnosis to favorites dropdown. The codes added to favorites will be retrieved and shown in the search list with this search.

If user adds ICD code into Favorites list for the keyword (Ex: 'Fever') then on searching the ICD code for 'Fever' keyword. Then favorite ICD code will display at top followed by frequency searched ICD codes, then all the remaining ICD codes.

 Ex: A01.3 ICD code is added into Favorites list for the keyword 'Fever'. Then on searching the keyword 'Fever' again then – Favorite list –> followed by frequency search -> remaining all ICD code for Fever code.

 Screenshot:

c. On Clicking 'Search icon/Magnifying glass' icon - Diagnosis ICD pop-up will display - it follows the same search criteria as follow:

Favorite added ICD code -> Frequently searched ICD code -> Remaining ICD codes.
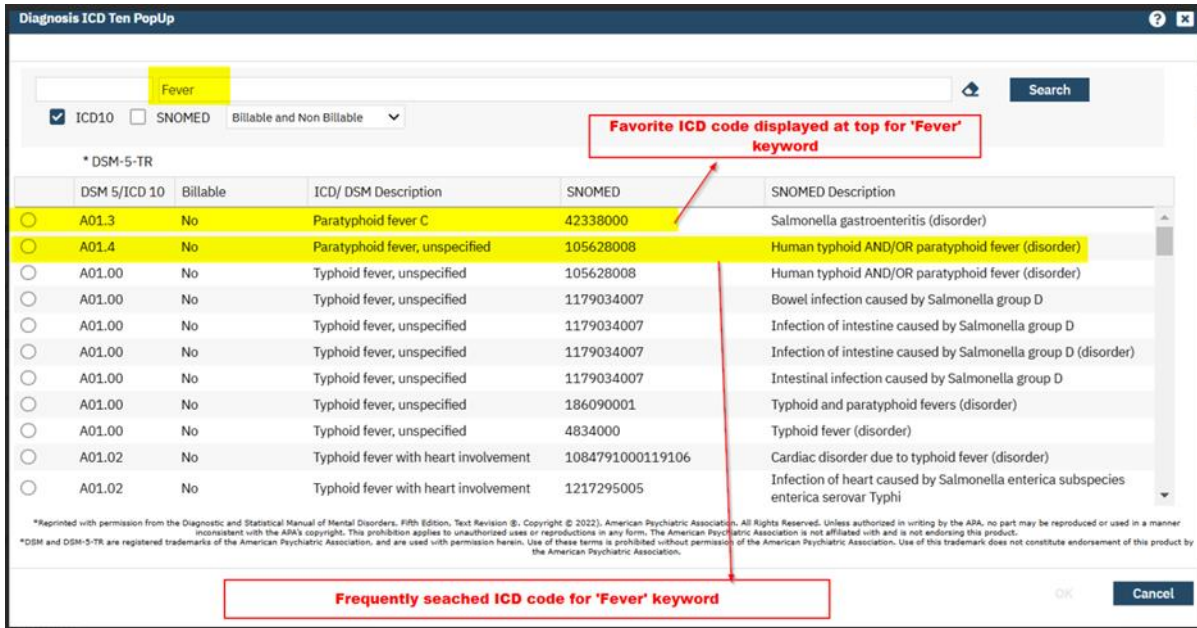
Data Model Changes: added StaffDiagnosisCodeSearches table.

Author: Akshay Vishwanath

57. Core Bugs # 129468: SigningSuffix is not working correctly.

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

Prerequisite: Set the ' ShowSigningSuffixORBillingDegreeInSignatureRDL' configuration key value to 'SigningSuffix'.

Navigation Path: Client -- 'Transition of Care' -- 'Transition of Care' document – Enter all the required details – Click on 'Sign'.

Navigation Path 2: Client -- 'Medication History Request Consents' -- 'Medication History Request Consents' document – Enter all the required details – Click on 'Sign'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user signed the 'Transition of Care' and 'Medication History Request Consents' documents, the degree of the staff was displayed in the Clinician signature section even though the configuration key 'ShowSigningSuffixORBillingDegreeInSignatureRDL' was set to 'SigningSuffix'.

With this release, the above-mentioned issue has been resolved. Now, when the configuration key 'ShowSigningSuffixORBillingDegreeInSignatureRDL' is set to 'SigningSuffix' and when the user signs the above mentioned documents, the Signing Suffix of the staff will be displayed in the Clinician signature section.

Author: Veena Santosh

58. Core Bugs # 129516: Release of Information Document - Organization Field does not update on PDF when resetting field to blank.

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

Prerequisite: The system Configuration Key "DisplayOrganizationAndContactFieldAsDropDown" is set to 'Yes' for making 'Organization Field' in 'Release of Information' document to dropdown.

Navigation Path: Client Search – Select a client – 'Release Of Information' Document -- Enter the Details -- Select a value in Organization field -- Save -- click on View icon -- click on Edit icon -- Select blank value in Organization field - Save -- View PDF.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Release of Information' PDF, the 'Organization Field' was showing the previously selected value even though the field was blank in the 'Release of Information' Document.

With this release, the above-mentioned issue has been resolved. Now, in the 'Release of Information' PDF, the 'Organization Field' is showing the blank value when the field is blank in the 'Release of Information' Document. This field is not showing the previously selected value any more.

Author: Veena Santosh

59. Core Bugs # 129532: Adverse Childhood Experience Document: Verbiage is corrected for the questionnaires.

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

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

Navigation Path: Client Search – Select a client – open 'Adverse Childhood Experience' Document – Check the verbiage is corrected for Q (1,2, 4, 5, and 7) – Click on Validate and check the verbiage corrected –enter the details – Sign the document - View PDF.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. For the questionnaires 1,2,4,5 and 7, the word "often" was mentioned and in question '7', the word "you" was mentioned, in the 'Adverse Childhood Experience' document.

With this release, the above-mentioned issue has been resolved. Now, in the 'Adverse Childhood Experience' document, the questionnaires 1,2,4,5 and 7, the word "often" is replaced with "Often or very often" and question 7 the word "you" is replaced with "him/her".

Author: Ramya Nagaraj

60. Core Bugs # 129618: In Documents (Client) list page, the Program filter shows Program column blank.

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

Navigation Path: 'Client' - 'Documents'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Documents (Client) list page, the Program column was displayed blank for signed Service Notes records.

With this release, the above-mentioned issue has been resolved. Now, in the Documents (Client) list page, the Program column displays the program name that is selected in signed Service Notes.

Author: Harika Rajendran

61. Core Bugs # 129623: Client's treatment plan not giving interventions.

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

Prerequisite:
1. Enroll the client to a Program.
2. Select 'VaryCarePlanProgram' in the Program details.
3. Discharge the client from the Program.
4. Again, Enroll the client to a new Program and select 'VaryCarePlanProgram' in Program details.

Navigation Path: Client Search -- Select a client -- Go to 'Care Plan' Screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The interventions were not pulled from the Recode Category 'CAREPLANPROGRAMTYPE'.

With this release, the interventions will be pulled from the Recode Category 'CAREPLANPROGRAMTYPE'.

Dynamic Forms

Reference No	Task No	Description
62	Core Bugs # 129331	Special characters are not supported in the 'Form name.
63	Core Bugs # 129342	Issue with the DFA Forms.

Author: Sunil Belagali

62. Core Bugs # 129331: Special characters are not supported in the 'Form name'.

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

Navigation Path 1: Login to the 'SmartCare' application – 'Forms' – 'Forms' list page – 'Select/Create Form' – 'DFA Editor' page – Enter the special characters in the 'Form name' – 'Save'.

Navigation Path 2: 'Form Collections' – Add the above created 'Form' to the required 'Form Collection'.

Navigation Path 3: Navigate to the configured 'Multi-tab DFA document' – Click on the 'Tab' that has special characters.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user created a DFA form with special characters in the Form name and added it to any Form Collection, then navigated to the respective 'Multi-Tab DFA document' and clicked on the 'Tab' with special characters, the form details were not displayed.

With this release, the above-mentioned issue has been resolved. Now, when a user creates a DFA form with special characters (other than $,',") in the form name and adds it to any Form Collection, Upon navigating to the respective 'Multi-Tab DFA document' and clicking on the 'Tab' with special characters, the form details are displayed properly.

Author: Sunil Belagali

63. Core Bugs # 129342: Issue with the DFA Forms.

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

Navigation Path: NA

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When user performed any actions in any of the DFA screens, the below error was logged into the Error log table.

ErrroMessage: '%Exception raised on generating Form HTML%'

With this release, the above-mentioned issue has been fixed. Now, the respective error is not logging into the Error log table when user performs any action in the DFA Screens.

Electronic Remittance

Reference No	Task No	Description
64	EII # 128004	Performance Improvement for 835 (Electronic Remittance) import and posting process.

Author: Debanjit Das

64. EII #128004 (Features-429982 &384923): Performance Improvement for 835 (Electronic Remittance) import and posting process.

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

Navigation Path: 835 Process

Functionality 'Before' and 'After' release:

With this release, the code is optimized for the 835 (Electronic Remittance) import and posting process.

Optimization has been done to remove duplicate/redundant logic that causes performance issues during 835 processing. Also, the database indexes are created in order to decrease the time required to gather and process service/ledger records during 835 processing.

External Email

Reference No	Task No	Description
65	EII # 129506	External Email Functionality: To send Signed Document to External Staff.
66	EII # 126735	Changes in 'Inquiry Details' and a new 'External Email (List Page)' are implemented.

Author: Sunil Belagali

65. EII # 129506(Feature-242480): External Email Functionality: To send Signed Document to External Staff.

Release Type: OnFire **| Priority:** Change

Prerequisites:

1) A newly added recode category 'ToIdentifyDomainOfEmailIDsOnExternalEmail' need to be configured by adding the organizations email ID's domain as Recode name. (ex: streamlinehealthcare.com) through the **Path:**

Login to SmartCare application – 'Recodes' list page – filter for 'ToIdentfiyDomainOfEmailIDsOnExternalEmail' Recode category – Recodes Detail – Select the Recode present in Recode List section – Add the Code name (organizations email ID's domain name) – and also add the Start Date – Modify the Code – Save.

2) A newly added Configuration Key 'SetMicrosoftExchangeServerEmailId' need to be configured by adding the Sender's Microsoft Exchange Server Email ID, which will be used as the sender's address. (ex: testUser@streamlinehealthcare.com) through the **Path:**

'Configuration Keys' list page **-** filter for 'SetMicrosoftExchangeServerEmailId' Key - Configuration Key Details – Add the Value (Valid Microsoft Exchange Server EmailId of the customer) – Save.

System Configuration Key Details:
Key Name: SetMicrosoftExchangeServerEmailId
Read Key as: Set Microsoft Exchange Server Email Id.
Default Value: Null
Allowed Values: Valid Microsoft Exchange Server EmailId of the customer, Null.
Modules: Inquiry, Documents.

Description:
This is a new feature being added to the core product by introducing a system configuration key. This key will store the Sender's Microsoft Exchange Server Email ID, which will be used as the sender's address when emails are sent to external staff via the External Email Popup in the Documents and Inquiry screen.

A) If the key value is set to Null, emails will not be sent to external staff, and an error message will be displayed in the external email popup. This will be the default value of the key as it drives the existing behavior.

B) If the key value is set to a valid Microsoft Exchange Server Email ID, emails will be sent to external staff using this specified sender address.

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

3) The Staff who need to use External Email functionality is provided access through the **Path:**

Staff Details screen - General tab – 'Access Rights' section - "Allow External Email Access" checkbox is checked.

4) The External Staff who need to receive the External Email is created/configured as below:
i) A valid Email Id is provided (Staff Details screen – 'General' tab – 'Staff' section – E-mail ID)
ii) The user is not be able to Login, hence select 'Can't login' radio button in the Access rights ('Access Rights' section – Can't login)
iii) 'External Email' permission item is granted for the External Staff's Roles/Permissions (By granting this Permission Item, the user will start displaying in the External Staff Dropdown)
('Roles/Permissions' tab – 'Permissions' section – Click on 'Select Permission type' dropdown – Select 'Staff List' in the dropdown – click on Apply filter – Permission Item 'External Staff' is granted)

Navigation Path: Login to SmartCare application – Select the Client – Documents list page – select any Document – Sign – Click on 'Ellipse' icon – Select the 'External Email' button – 'External Email' pop-up – Fill all the mandatory details – Click on 'Send Mail' button.

Functionality 'Before' and 'After' release:

With this release, an External Email functionality is implemented which allows the SmartCare users to Send the signed Document of a Client to the External Staffs.

 1) Screenshot for the Newly added 'Recode Category'

2) Screenshot for Newly added SystemConfigurationKey:
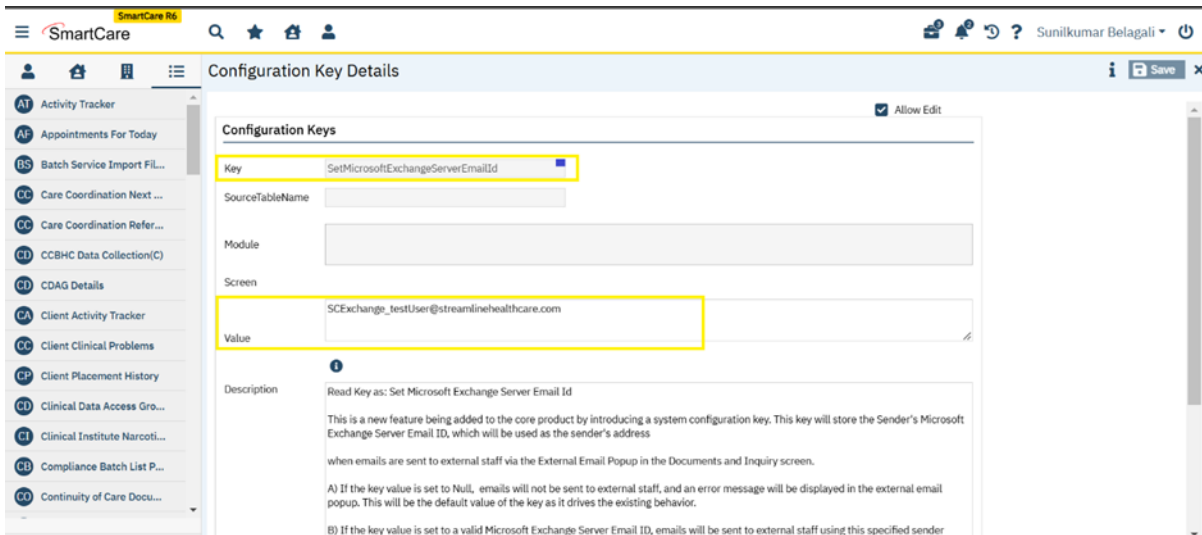
3) The Staff who need to use External Email functionality should have the access (Allow External Email Checkbox is checked).
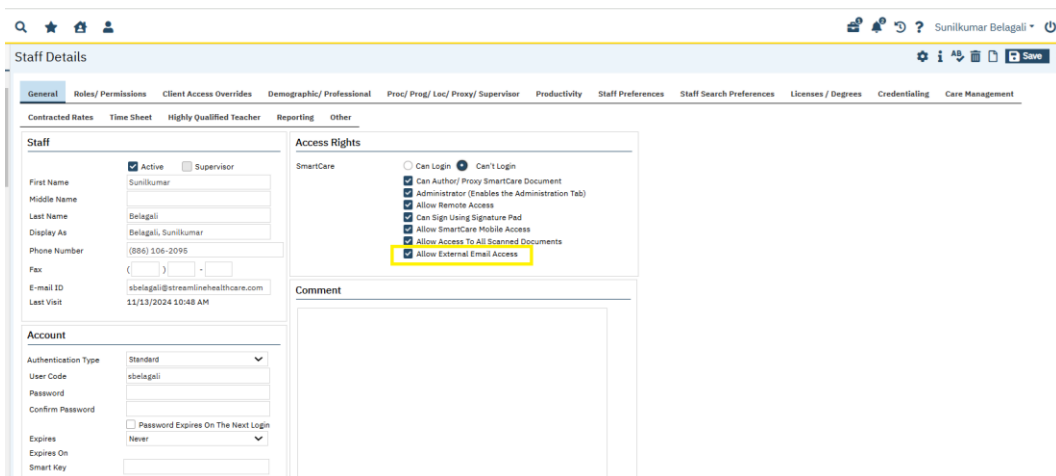
4) Enter the email id in the E-mail ID field of the External Staff who need to receive the External Email
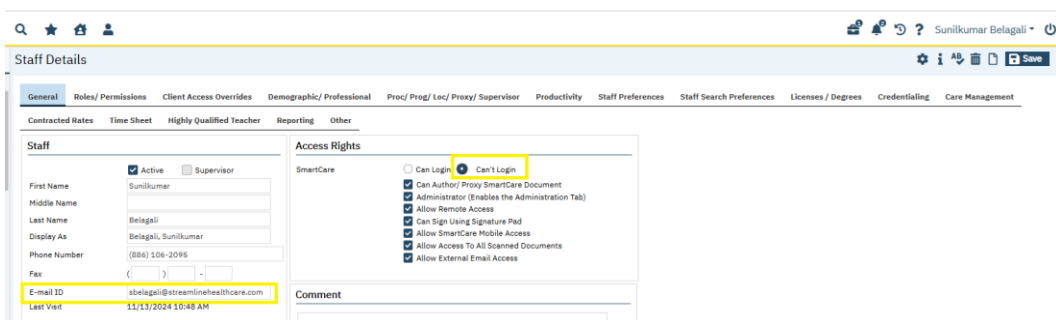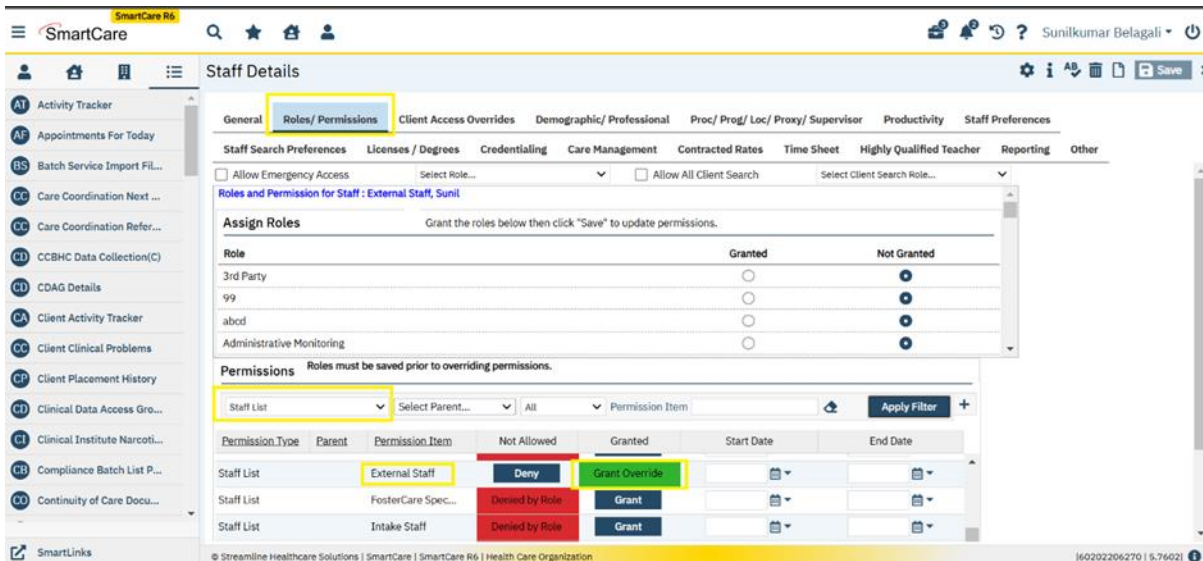
5) External Email pop-up

An Ellipse with the 'External Email' will be displayed when Allow External Email Access checkbox is checked in Staff/Users screen
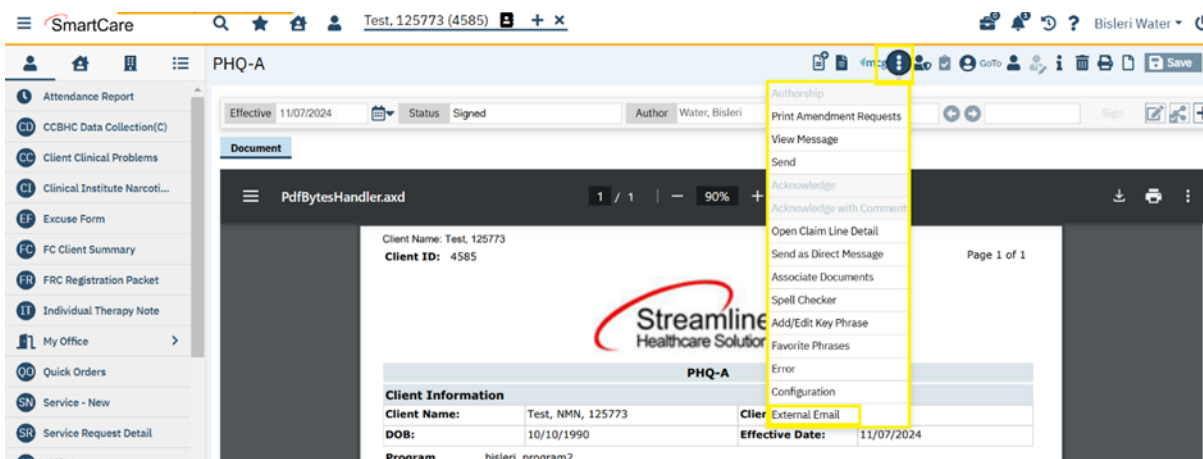
External Email' popup will be displayed on clicking 'External Email' option.
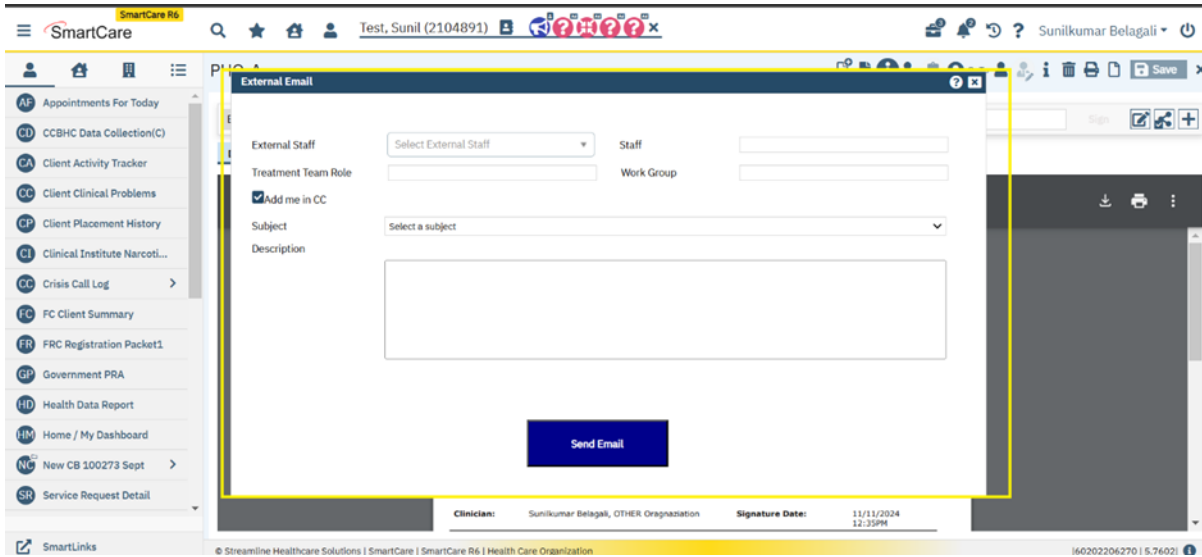
The External Email pop-up will be displayed with the below mentioned fields:

i) **External Staff:** It is a Multi select dropdown. The External Staffs list will be displayed from Global Code EXTERNAL STAFF. Here the user can select the External Staffs as recipients to the Email.

ii) **Staff:** It is a Typeable Search Textbox, here the user can search the required Staff and select him/her as the recipient to the Email. The Staff list will be populated based on

- Staff Client Access Rules
- Client Access Overrides
- Staff Access Rules (AllStaff and Limited Staff) permission

iii) **Treatment Team Role:** It is a Typeable Search Textbox, here the user can search and select the required TreatmentTeamRole as a recipient to the Email. This makes all the Staffs in that TreatmentTeamRole will receive the External email.

iv) **WorkGroup:** It is a Typeable Search Textbox, here the user can search WorkGroup in which he/she is a part of and can select that WorkGroup as a recipient to the Email. This makes all the Staffs in that WorkGroup receive the External email.

v) **Add me in CC:** It is a Checkbox, by default it will be selected. When this checkbox is Selected, it will make the user/sender as a CC to that External Email. Thus the user will receive a Carbon copy of that email.

vi) **Subject:** This is dropdown that is driven by newly added Global Code Category named "SUBJECT".

The user can add the Global Codes which need to be displayed in the Subject dropdown.

The Code Name provided will be the Subject name and the Description of that Code Name will be the content of the Email.

(Note: Before adding the first Code Name please click on Clear button, if the Code Name label is not enabled)
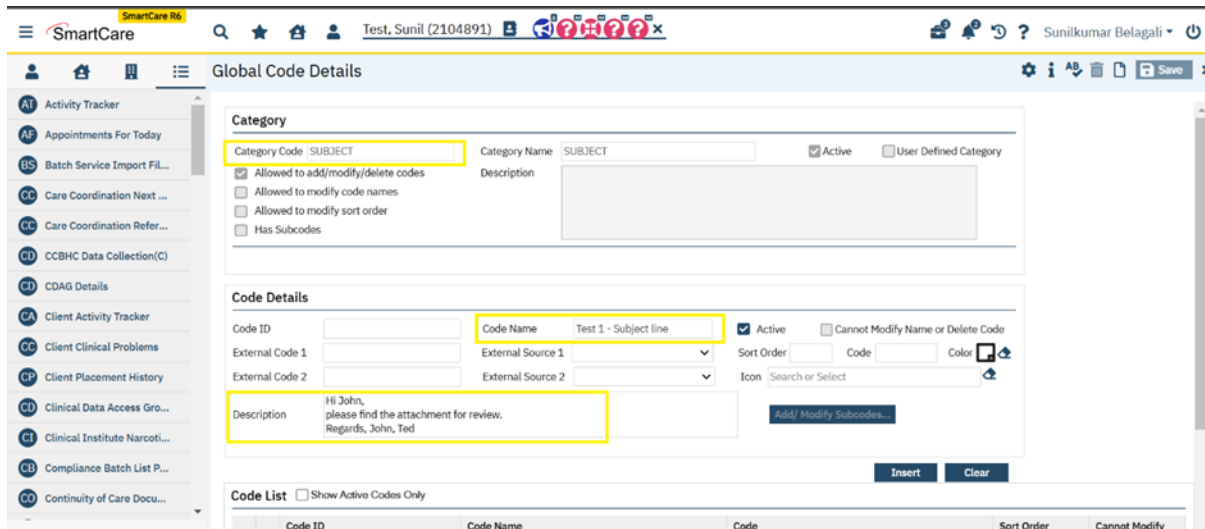
vii) **Description:** It is a Text Area, it will pull the associated description of the selected code name from the "Subject" dropdown.

Example:

If we keep the Code Name = "Test 1 – Subject line" and Description = "Hi John, please find the attachment for review. Regards, John, Ted".

Then, upon the 'Test 1 – Subject line' selection in the 'Subject' Dropdown in the ExternalEmail pop up, the "Description" field will display the content "Hi John, Please find the attached for review. Regards, John, Ted". (Note: the user can edit this content or can add more input to it.)

viii) '**Send' button:** When the user clicks on this button, the email will be sent with the attachment of the respective signed Document PDF of a Client to all of the selections made in the External Email pop-up (Staff/Treatment Team Role/External Staff/Work Group – added them as recipients)

 Validations that display in the External Email pop-up:

i) When none of the fields selected and clicked on Send button,the below validations will be displayed.

   a.   Please select values for either of External Staff, Staff, Treatment Team Role or Work group.

   b.   Subject is mandatory**.**
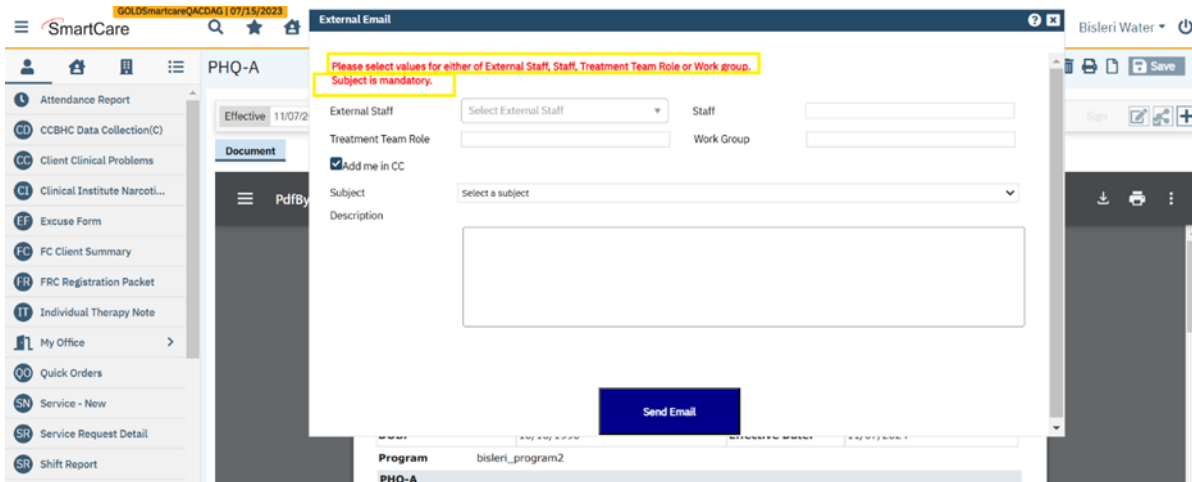
ii) When the External Staffs has a different Email Domain ID, it will display the below validation :

External Staff : Domain id different for External Staff Name
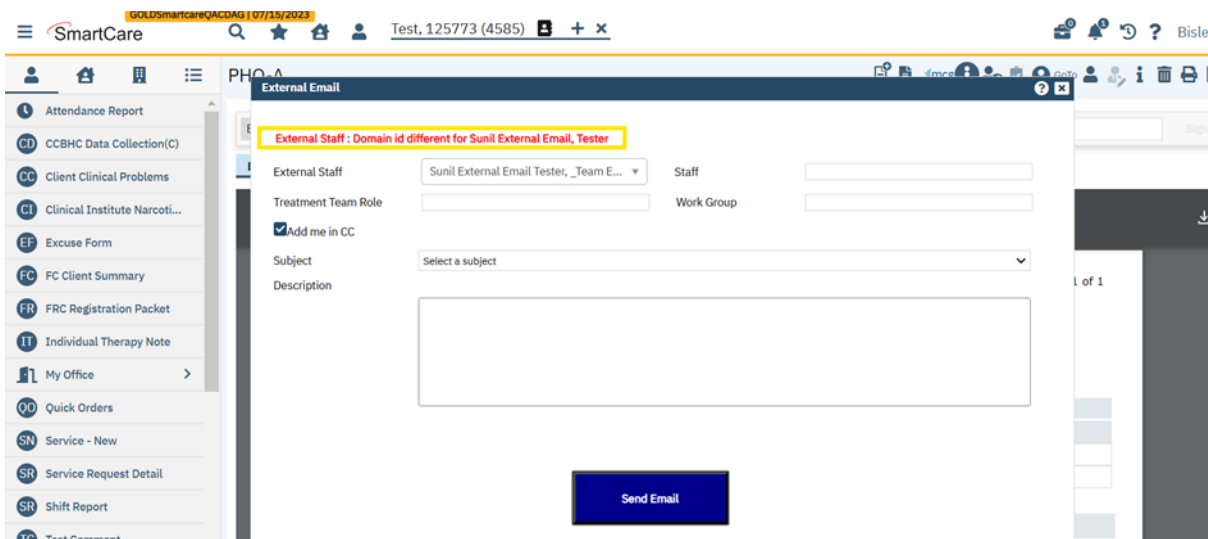
iii) When any of the TreatmentTeamRole staff has a different Email Domain ID, it will display the below validation

Treatment Team Role : Domain id different for Staff Name
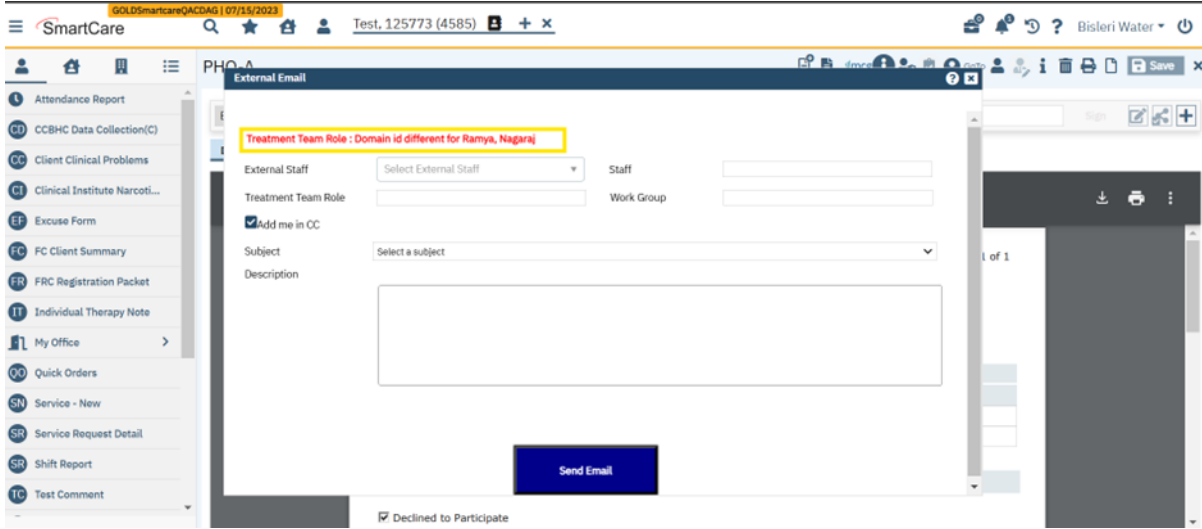
iv) When any of the WorkGroup staff has a different Email Domain ID, it will display the below validation

Work Group : Domain id different for Staff Name
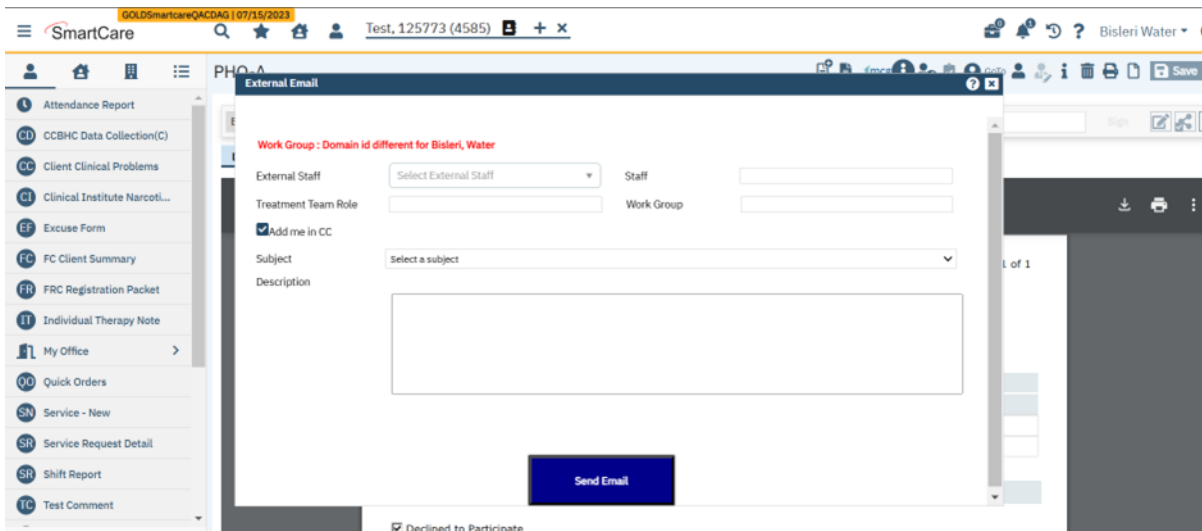
v) When Subject is not selected, the below validation will be displayed

Subject is mandatory
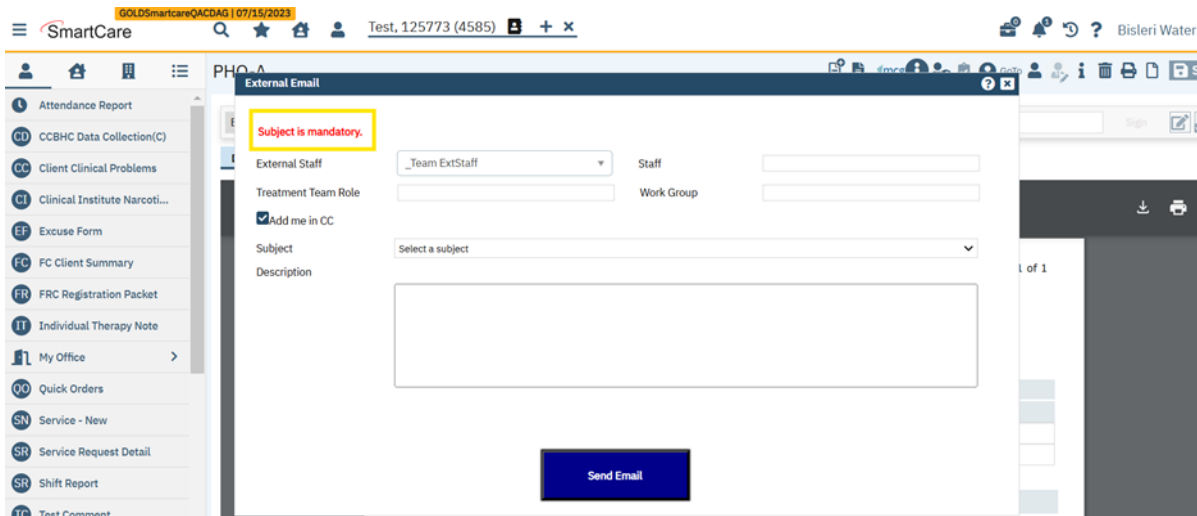
vi) When Subject is selected and remaining fields not selected, the below validation will be displayed

Please select values for either of External Staff, Staff, Treatment Team Role or Work group
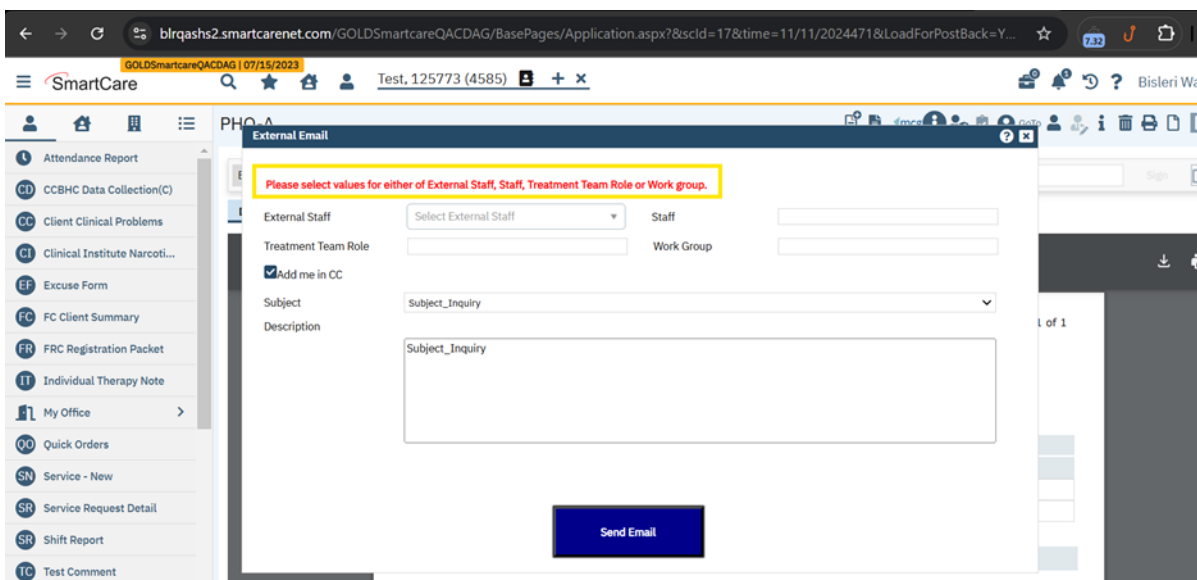
Data Model Changes: Added 'ExternalEmails' and 'ExternalEmailDetails' tables

Author: Savitha Siddaraju

66. EII # 126735(Feature -334112): Changes in 'Inquiry Details' and a new 'External Email (List Page)' are implemented.

Release Type: Change | **Priority:** OnFire

Prerequisite: In Staff/Users screen, the "Allow External Email Access" checkbox is selected through the **Path :**

Go Search -- Staff/User (Administration)– Staff Details -- General tab - Access Rights section – check Allow External Email Access checkbox.

Navigation Path: 'Client' – 'External Email' list Page.

Functionality 'Before' and 'After' release:

Purpose: 'Customer intake (Access team) needs the ability to send a crisis evaluation request to the Crisis team who are working in the field. The user intends to use this functionality to send other documents via email as well such as Access screening tools and referral letters (SC Documents) to MCO referral providers**.**

With this release, the changes are made in 'Inquiry Details' screen and a new screen 'External Email' list Page has been implemented.

Inquiry Details:

In the 'Inquiry Details' screen, an Ellipse with the 'External Email' will be displayed when Allow External Email Access checkbox is checked in Staff/Users screen.
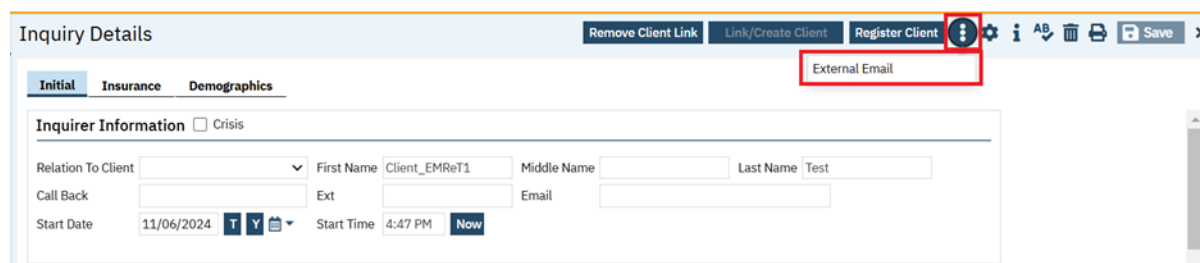
'External Email' popup will be displayed on clicking 'External Email' option. (External Email pop up is implemented in (Engineering Improvement Initiatives- NBL(I): 129506)
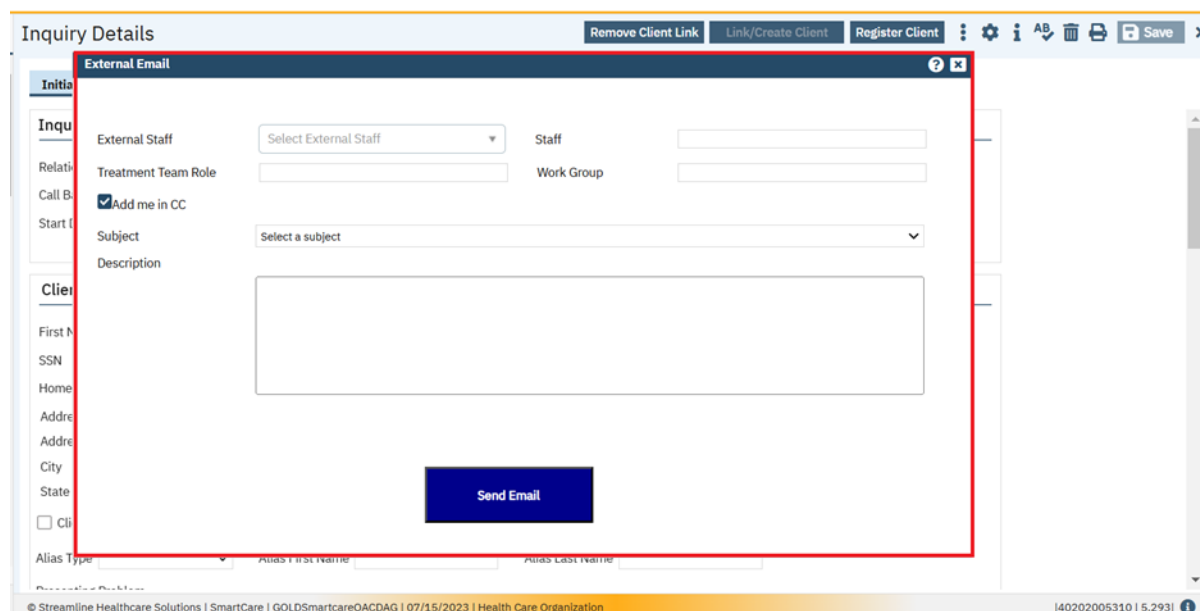
Once after filling the details in 'External Email' popup, on clicking the 'Send Email' button, email will be triggered, and respective client records will be saved into '**External Email' list Page** screen.

Whenever client id is not linked for an 'Inquiry details' screen and attempt to send email on click of 'Send Email' button then below validation message will be displayed.

Error Message: "Unable to send the email. Please ensure that a client is created and properly linked to the inquiry, and try again."
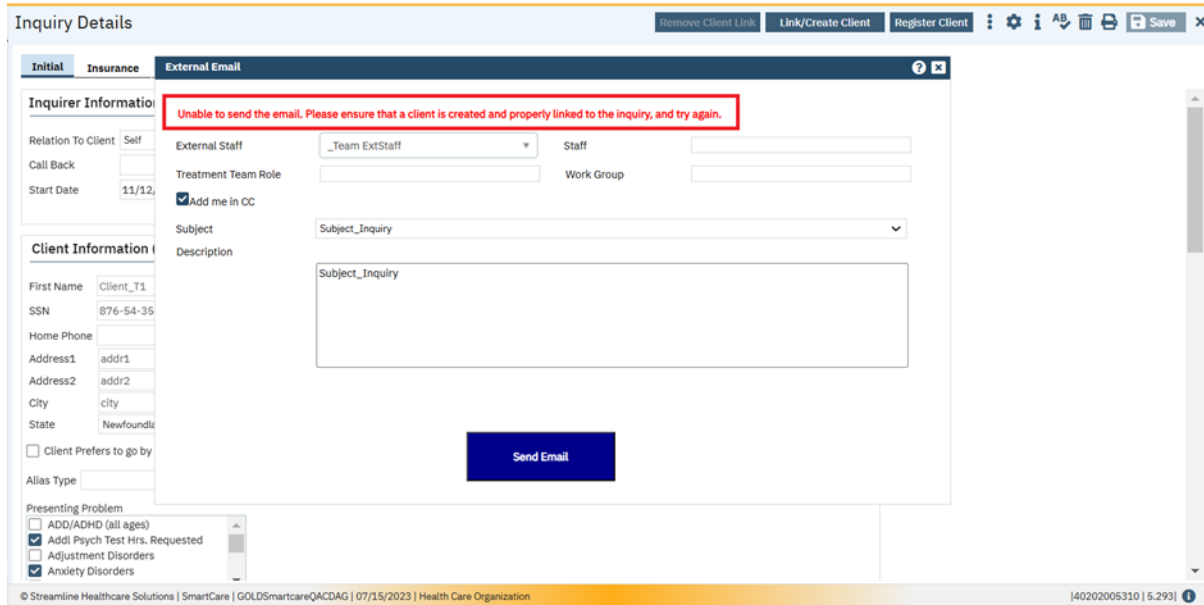
'External Email' list Page screen:
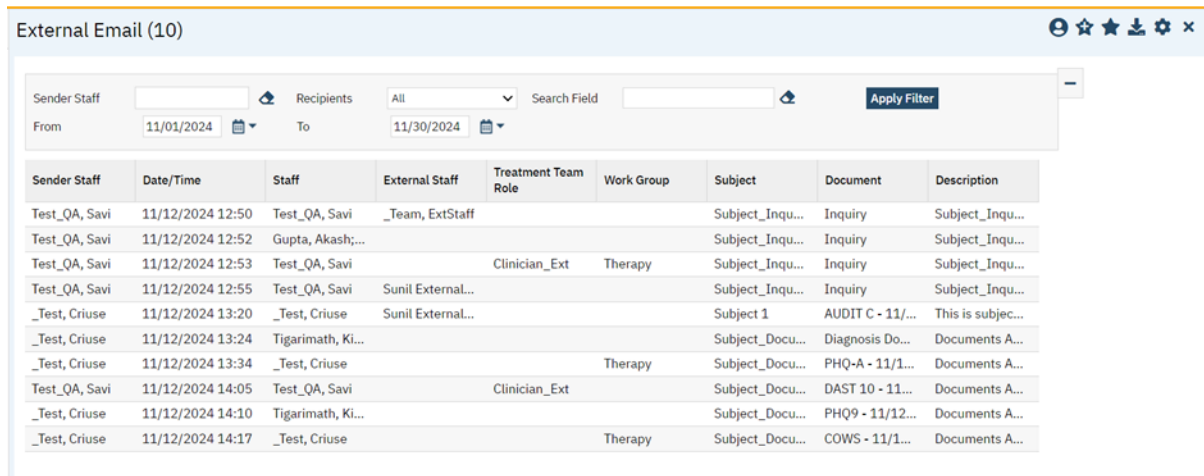
This 'External Email' list Page screen contains the filter section along with the below grid as mentioned.

Filter section:

- **Sender Staff:** This is Typeable Search Text Box where staff will be listed based on search.

  The Staff list will be populated based on below conditions:

  1) Staff Client Access Rules.

  2) Client Access Overrides.

3) Staff Access Rules (All Staff and Limited Staff) permission.

- **Recipients**: This filter which contain dropdown values as below

    - Ø All

    - Ø External Staff

    - Ø Treatment Team Role

    - Ø Work Groups

- **Search Field**: This textbox is used to filter the list page based on the entered value, affecting both the filter options and grid content.

    Example:

    Search Field: "John Doe" (from External Staff)

    Sender Staff: "Test, Maxx"

    Date Range: 10/01/2024 - 10/31/2024

    Expected Result: The list page will display only items related to "John Doe," sent by "Test, Maxx," within the date range of 10/01/2024 to 10/31/2024. If no items meet these criteria, the page will be blank.

- **From Date**: This filter contain textbox with date calendar popup and by default Current Month Start Date will be displayed.
- **To Date**: This filter contain textbox with date calendar popup and by default Current Month End Date will be displayed.

The grid contains below mentioned columns:

- **Sender Staff:** The Sender staff name as logged in staff will be displayed with format Last Name, First Name.
- **Date/Time:** The date and time will be displayed based on External Email sent with format MM/DD/YYYY HH:MM
- **Staff:** The associated Staffs will be pulled from the "Staff" field of "External Email" popup
- **External Staff:** The associated External Staff will be pulled from the "External Staff" field of the "External Email" popup. And also if multiple External Staffs are selected, then each staff will be displayed separated by semicolon (;). On mouse hovering on External Staff name, entire staff name will be displayed
- **Treatment Team Role:** The associated Treatment Team Role will be pulled from the " Treatment Team Role" field of the "External Email" popup.
- **Work Group:** The associated Work Group will be pulled from the " Work Group" field of "External Email" popup
- **Subject:** The data will be pulled from the "Subject" field of the "External Email" popup. On mouse hovering on the subject, entire content will be displayed
- **Document:** the document name will be displayed as below

    Ø When the user sends an email through Inquiry details screen, then the document name will be displayed as "Inquiry".

    Ø When the user sends an email through documents, then the document name along with effective date will be displayed in the format "Document Name - MM/DD/YYYY"

- **Description:** The data will be pulled from the "Description" field of the "External Email" popup. And on Mouse hovering on the description whole content will be displayed.

Note: If CDAG Configuration Keys are set to 'Yes' (i.e The system configuration keys 'DisplayCDAGSectionInStaffDetails' and 'EnableClinicalDataAccessGrouping' values are set to 'Yes'), then

this List Page logic is modified to display the records associated to the program that are mapped to the CDAG profile selected while the staff logs in.

Note: The CDAG ON 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.

Data Model Changes: The 'InquiryId' and 'ClientId' column is added to the 'ExternalEmails' table.

FASAMS V14

Reference No	Task No	Description
67	Core Bugs # 129783	An Invalid Global code category is listed, and the same is fetched in the 'Dependent Children' field of the TEDS FASAMS report.

Author: Glancy Aricatt

67. Core Bugs # 129783: An Invalid Global code category is listed, and the same is fetched in the 'Dependent Children' field of the TEDS FASAMS report.

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

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

Navigation Path: 'My Office' menu – 'My Work' - 'My Reports' – 'FASAMS V.14' Report.

Functionality 'Before' and 'After' release:

Before this release, these issues were reported:

- The Invalid Global code category was listed in outcome document 'Dependent Children' field. And on selecting Inactive code, the 'TEDS FASAMS' report was displaying error and displaying Null value.
- For the Outcome document, the Externalcode 1 values reported had varchar values instead of integers.

With this release, the above-mentioned issue has been resolved as below:

- The 'Dependent Children' field is loading only active codes with valid Externalcode 1 value (integers).
- If any inactive global codes selected for any clients, then the 'FASAMS' report displays the field value as 'Unknown'.

Grievances/Appeals

Reference No	Task No	Description
68	Core Bugs # 129466	The image uploaded in the Letter Template was broken while showing on the Grievances and Appeals Letter list.

Author: Kiran Yogendra

68. Core Bugs # 129466: The image uploaded in the Letter Template was broken while showing on the Grievances and Appeals Letter list.

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

Prerequisite: A letter for both the Grievances and Appeals is created with an image upload.

Navigation Path 1: Go Search – 'Letter Templates'(Administration) – Click on 'New' – Input 'Template Name' and select Letter Category as 'Grievance Letter' or 'Appeals Letter' – Click on 'Image' icon – Input the URL and Click on Save.

Note: The Letter Template supports the 'base64 encoded JPEG image' format, the user has to convert the image into this format. After conversion, add 'data: image/jpeg; base64,' text at the beginning of the Base64 encoded text. After this, paste the entire encoded text into the URL.

Navigation Path 2: 'Client' Search - Select a client – Go Search – 'Grievances (My Office)' – click on 'New' – 'Grievances' dropdown – Select the 'value' – Enter the required value – 'Save' – Click on 'Letter List' tab – New Letter – Select the Letter Template created for Grievances – Check if the image is displayed – Enter required details – Click on 'Print' and check if it can be Downloaded – Click on 'Save'.

Navigation Path 3: 'Client' Search - Select a client – Go Search – 'Appeals (My Office)' – click on 'New' – 'Appeals' dropdown – Select the value – Enter the required value – 'Save' – Click on 'Letter List' tab – New Letter – Select the Letter Template created for Appeals – Check if the image is displayed – Enter required details – Click on 'Print' and check if it can be Downloaded – Click on 'Save'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a user tried to create Grievances/Appeals, the image uploaded in the Letter Template was not displayed correctly under the Letter List tab.

With this release, the above-mentioned issue has been resolved. Now, the uploaded image on the Letter Template is displaying correctly while creating Grievances/Appeals for a Client, and the same can be Printed without any issues.

Group Services

Reference No	Task No	Description
69	EII # 128662	Initializing the Service Notes and Group Notes based on the Document Code Setup.

Author: Suganya Sivakumar

69. EII # 128662(Feature-442228): Initializing the Service Notes and Group Notes based on the Document Code Setup.

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

Prerequisite: Document code setup is done through the below **path:**

Navigate to Document Codes --- 'My Office' tab --- 'Document codes List' page --- Search for the appropriate document name --- Click on the 'Document Name' hyperlink --- In 'Document Codes Detail' screen --- Under 'Documents/Service Notes' section --- In the 'Initialize Service Note By' field --- Select 'Program / Procedure / Clinician' Checkbox.

Navigation Path 1: Perform 'Client' Search --- Select a Client --- Navigate to 'Services/Notes' --- 'Client' --- 'Service/Note List' Page --- Click on 'New' Icon --- 'Service Note Detail' page --- Select 'Program/Procedure/Location' values --- Enter the 'Service Time' --- Enter all required fields --- Click on 'Save' --- Sign the 'Service Note'.

Navigation Path 2: 'My office' --- 'Groups' --- 'Groups List page' --- Click on 'New' Icon --- 'Group Detail' page --- 'Mode of Delivery' dropdown field --- Enter all the required fields --- Click on 'Save' button --- Navigate to 'Schedule' tab --- Click on 'New Group Service' button --- 'Group Service Clients' popup --- Select 'Date of Service and Clients' --- Click on 'Select' button.

Navigation Path 3: Navigate to the 'Group Service Detail' Screen --- Enter all the required fields in the 'Service' Tab --- Click on the 'Save' Button --- Navigate to the 'Note' tab --- Under 'Client Note' enter all the required fields --- Click on 'Save' Button --- Sign the 'Group Note'.

Functionality 'Before' and 'After' release:

Purpose: To add the required field validations for the parameters (ProgramId, ClinicianId, and ProcedureId) for the Service Notes and Group Notes based on the Document Code Setup.

With this release, the following changes have been implemented to add the required field validations for the parameters (ProgramId, ClinicianId, and ProcedureId of the Service) initialization to the Init Stored Procedure of the 'Service Notes'/'Group Notes' on clicking the 'Note' tab.

In the 'Document Codes Detail' screen, when the 'Program' checkbox is checked in the 'Initialize Service Note By' field under the 'Documents/Service Notes' section.

Document Codes Detail

General

Form Collection

Table List

Care Plan Details

☐ Care Plan

Documents/Service Notes

Initialize Service Note By ☑ Program   ☐ Procedure   ☐ Clinician

Create In Progress Version When Staff Declines To Co-Sign   ○ Yes ○ No
Create In Progress Version When Client/Guardian Declines To Co-Sign   ○ Yes ○ No

Then in the 'Service/Notes Details' screen – Program is a required field, on clicking the 'Note' tab, the below validation message will be displayed.

Validation Message: "Please Select Program."

Misc G/O							

❌ Please Select Program.

| Effective | 11/10/2024 📅▾ | Status | New | Author | Test, Suganya | ▾ | 11/08/2024 |

| **Service** | Note | Billing Diagnosis | Add-On Codes | Resource | Warnings | Disposition | Encounter Form |

Service

| Status | Show ▾ | | Start Date | 📅▾ | Date In | 11/10/2024 📅▾ | Geo Location ✏️ |

Program [▾]

Procedure	7865 billable ▾	Modifier...	Start		End		End Date	11/10/2024	Service Time	1	Minutes
Location	429997 ▾		Time In	5:00 AM	Time Out	5:01 AM	Date Out	11/10/2024			
Clinician	Test, Suganya				Attending	▾	Referring	▾			
Mode Of Delivery	Video Conference ▾										

Specific Location [   ] @

Comment [   ]

| Cancel Reason | ▾ | Transportation Service | ▾ | ☐ Interpreter Services Needed |

'Group Service Detail' screen:

When the Document code set up was made in the 'Program / Procedure / Clinician' checkbox is selected in the 'Initialize Service Note By' field under the 'Documents/Service Notes' section.

Then, in the 'Group Service Detail' screen, 'Program / Procedure /Clinician' is a required field. When the user unselects the 'Program/ Procedure/Clinician' values in the dropdown field under the 'Service Information' tab and tries to save, the below validation messages are displayed when clicking the 'Note' tab under the Group Service Details' screen.

Validation Message: "Program is required".

Validation Message: "Clinician is required"

Validation Message: "ProcedureCode is required"
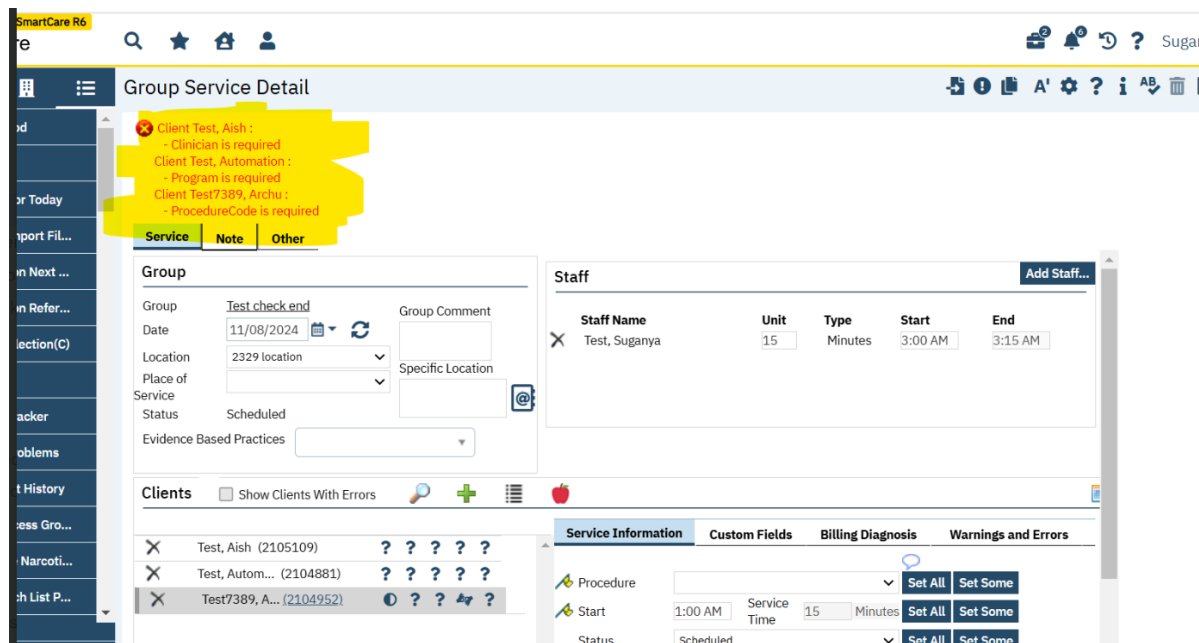
Health Data Report

Reference No	Task No	Description
70	Core Bugs # 129587	Unable to download CCD XML in the Health Data Report Detail screen.

Author: Jagadeesh Raju

70. Core Bugs # 129587: Unable to download CCD XML in the Health Data Report Detail screen.

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

Navigation Path: My Office – 'Health Data Report' – 'Health Data Report' list page -- Click on New icon -- 'Health Data Report Detail' screen – Enter all the required details in 'CCD' – click on Save – click on 'Download' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Health Data Report Detail screen, when the user tried to download CCD XML after saving it, the below mentioned error was displayed.

Error Message: *50000*****50000*****50000*****50000*****213*****Column name or number of supplied values does note match table definition.*

*****ssp_USCDIGetAuthor*****31*****16*****7*****ssp_USCDIGetAuthor*****81*****16*****1*****ssp_GenerateCCDWithSelectedCom*****977*****16*****1*****ssp_CheckingSelectedProgramFo*****82*****16*****1*****ssp_GenerateCCDForHealthDataEx*****120*****16*****1 Uncommittable transaction is detected at the end of the batch. The transaction is rolled back.

Health Maintenance Triggering Factor

Reference No	Task No	Description
71	EII # 128684	To add Health Maintenance Triggering Factor in the Decision Support Intervention Triggers

Author: Varsha Patil

71. EII # 128684 (Feature-445647): To add Health Maintenance Triggering Factor in the Decision Support Intervention Triggers.

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

Navigation Path: 'Administration' – 'Health Maintenance Triggering Factor' – 'Decision Support Intervention Triggers' – 'Triggering Factor' field – 'Social Determinants of Health' option.
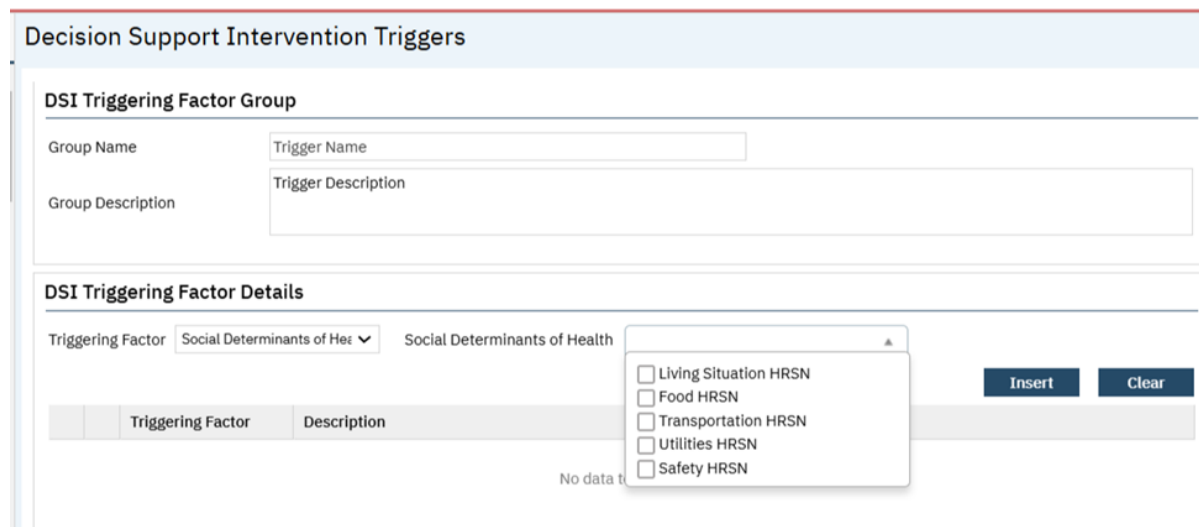
Functionality 'Before' and 'After' release:

With this release, a new option 'Social Determinants of Health' is added to the 'Triggering Factor' dropdown in the Decision Support Intervention Triggers screen.
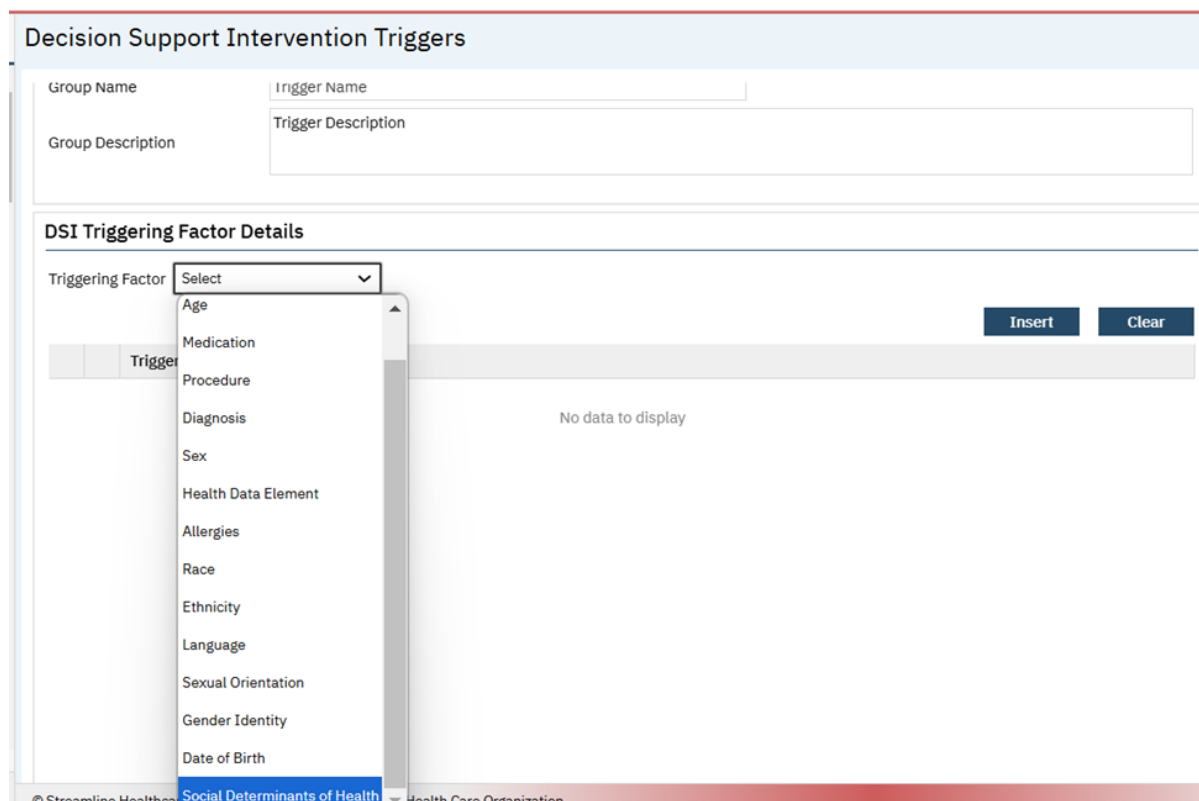
When 'Social Determinants of Health' is selected in the 'Triggering Factor' dropdown, a new field called 'Social Determinants of Health' displays, where the options will be pulled from [Health Related Social Needs Screening Tool] > Scores section.

Hotkeys

Reference No	Task No	Description
72	Core Bugs # 128608	Label changes saving issue after refreshing the screen.

Author: Rakesh Naganagoda

72. Core Bugs # 128608: Label changes saving issue after refreshing the screen.

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

Navigation Path: Login to SmartCare – Client Search and select a client – 'Documents' screen and select any document – Change the any Label using hot key (CTRL+ALT+L)– Refresh the screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Documents, changes made to the Labels by using hotkey (CTRL+ALT+L) were not saved after refreshing the screen or navigating to other screens.

With this release, the above-mentioned issues have been resolved. Now, the changes made to the Labels using hotkey are saved even after refreshing the screen or navigating to other screens.

Import 837

Reference No	Task No	Description
73	EII # 129350	To export multiple Acknowledgements files at once in 'Import837List' page.

Author: Renuka Gunasekaran

73. EII # 129350(Feature -236835): To export multiple Acknowledgements files at once in 'Import837List' page.

Release type: Change **| Priority:** Urgent

Navigation Path: 'My Office' --'Import837List' page.

Functionality 'Before' and 'After' release:

Purpose: Currently user can only export one Acknowledgements file at a time via the Export button on the 837 File Details screen and it was very time consuming if there are multiple Acknowledgements files are involved. So, it was requested to implement an Export button to export multiple 837 acknowledgements from 'Import837List' page.

With this release, a new button has been implemented to export multiple 837 acknowledgements from 'Import837List' page. Also to select multiple 837 records, checkboxes are added before the Sender column.
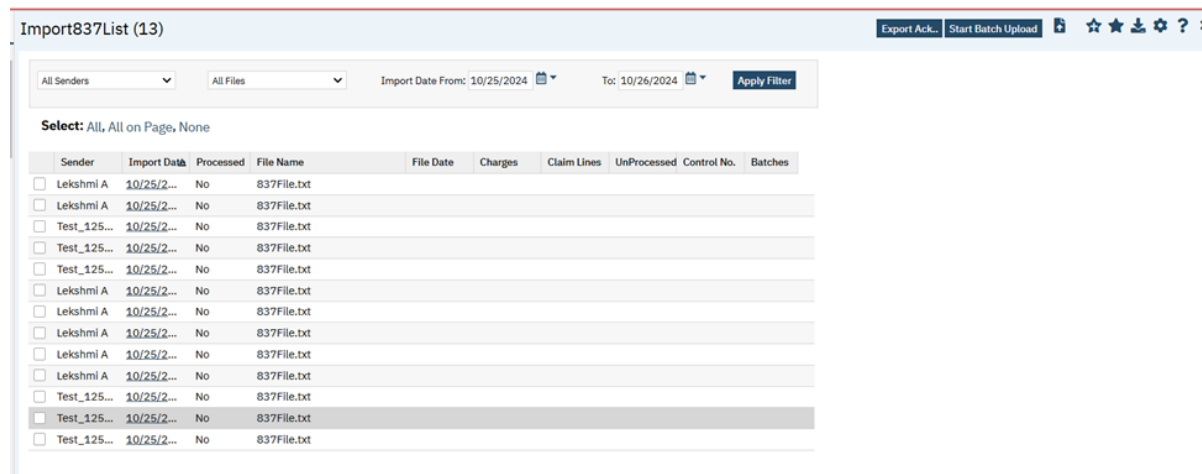
- 'Export Ack...' button has been implemented in the 'Taskbar' of the 'Import837List' page. '
- At least one row should be selected' warning message will be displayed when clicking on 'Export Ack' button without selecting any checkboxes of 837 records.
- When selecting multiple 837 file records, the exported file will be in Zip format.
- Naming convention of exported acknowledgement file will be as mentioned below:
    ○ For single Acknowledgement file, '837FileId_837FileName.txt'.
    ○ For multiple files, acknowledgements are exported as zip and the name as 'AcknowledgementFiles.zip'

Inquiries

Reference No	Task No	Description
74	Core Bugs # 129480	Services/Notes: Mode of Delivery not auto populating based on the selection made in Crisis tab of Inquiry Details screen.

Author: Savitha Siddaraju

74. Core Bugs # 129480: Services/Notes: Mode of Delivery not auto populating based on the selection made in Crisis tab of Inquiry Details screen.

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

Prerequisites:

1. Select the default Mode Of Delivery for a procedure code in Procedure/Rates Details screen.

2. In the Inquiry Details screen, select the Crisis checkbox and in the Crisis tab, select the same procedure code which has the Default Mode Of Delivery setup in Procedure/Rates Details screen. Also, select the program, location and save the inquiry.

Navigation Path: Go Search-Inquiry (My Office)- Click on New-Select Client - Check the Crisis checkbox-go to Crisis tab - Click on the Open Service Note Hyperlink - navigates to respective Crisis Service Notes

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. In the Crisis tab of Inquiry Details screen, when the user clicked on Open Service Note hyperlink, the Mode Of Delivery was not auto populated in the respective Service Note.

With this Release, the above-mentioned issue has been resolved. Now, in the Crisis tab of Inquiry Details screen, when the user clicks on Open Service Note hyperlink, the Mode Of Delivery is auto populated in the respective Service Note.

Interface

Reference No	Task No	Description
75	EII # 126271	CORE ADT Segments
76	EII # 128778	CORE SIU Segments

Author: Munish Sood

75. EII # 126271(Feature -320781): CORE ADT Segments

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

Navigation Path 1: Client - Program Assignments - Program Assignment Details - Save.

Navigation Path 2: Client - Client Information - Client Information(C) - Modify some field values - Save.

Navigation Path 3: Administration-Messages Interface- Messages Interface Detail screen.

Functionality 'Before' and 'After' release:

With this release, a Trigger, Get, Queue and list of segments are created as core store procedures as per streamline ADT standards to generate ADT HL7 outbound messages. When a user enrols a client in any program, discharge a client from any enrolled program, and updates the client demographic(s) information for the core engine, the system will generate ADT messages like A01 - Program Enrolment, A03 - Program Discharge and A08 - Client Information Update.

Author: Munish Sood

76. EII # 128778(Feature – 437737): CORE SIU Segments

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

Navigation Path 1: Client - Services - New Service with Schedule status – Save.

Navigation Path 2: Client - Services - Open scheduled service/existing client service - Reschedule the Service by changing into future date/time – Save.

Navigation Path 3: Client - Services - Open Scheduled service/existing client service - Change status to 'Show' – Save.

Navigation Path 4: Client - Services - Open Scheduled service/existing client service - Change status to 'Complete' – Save.

Navigation Path 5: Client - Services - Open Scheduled service/existing client service - Change status to 'Cancel' – Save.

Navigation Path 6: Client -Services - Open Scheduled service/existing client service - Change status to 'No Show' – Save.

Navigation Path 7: Administration - Messages Interface - Messages Interface Detail.

Functionality 'Before' and 'After' release:

With this release, a Trigger, Get, Queue and list of segments are created as core store procedures as per streamline SIU standards to generate SIU HL7 outbound messages. When user Scheduled, Show, No Show, Rescheduled, Complete and Cancelling the client service for the core engine, the system will generate SIU messages.

Lab Orders

Reference No	Task No	Description
77	EII # 128406	Implemented a Recurring Lab orders

Author: Varsha Patil

77. EII # 128406 (Feature-365125): Implemented a Recurring Lab orders.

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

Prerequisites: A Lab Order is created.

Navigation Path 1: 'Administration' – 'Recodes'– 'SetFrequenciesForRecurringLabOrders' recode category.

Navigation Path 2: Client-Client Orders-Enter the required fields -Click on Sign.

Functionality 'Before' and 'After' release:

Purpose: When the lab orders have to be created multiple times for an individual to monitor the high risk medications, the staff needs to manually create the lab orders every time that individual has a lab test scheduled. This is a process to auto create a service record for the Client orders for all order types.

With this release, a Recurring Lab Order system is implemented to automate the creation of recurring lab test orders. This system will ensure that follow-up lab orders (child orders) are generated 7 days in advance based on the frequency specified in the initial (parent) order. The system will run daily to check and create necessary child orders.

1.A new recode called 'SetFrequenciesForRecurringLabOrders' is implemented. This recode is used to determine which Global Code values from 'MEDICATIONSCHEDULE' global code category need to be considered by the nightly job 'Recurring LabOrders'.

2. A new nightly job 'Recurring LabOrders' is implemented which will run daily. This nightly job will identify all active parent orders that are set at Frequencies which are included in the NEW Recode and create the child orders 7 days in advance of the Scheduled Date.

JOB name: dbo.ssp_SCCreateRecurringOrdersJob.

3.The nightly job is only for order type 'Labs'.

4.The nightly job will create Child Orders, based on the original Parent Order.

5. The child lab orders will be created 7 days in advance of the Scheduled Date. If in the case, there is less than 7 days until the next Scheduled Date, then the Child Lab Order will be created in the nightly job that runs the same day that the Parent Lab Order was created.

6. Relevant details will be copied from the parent order to the created child order.

7. The next order date will be calculated based on the frequency specified in the parent order.

8. If the staff discontinue any lab orders and if there are any child orders which are already created for that parent order, the staff have to manually discontinue the child orders which are created and not addressed.

Example 1:

It is Tuesday, 04/02. The user creates Parent Order = Weekly on Tuesday, starting 04/02. This Frequency is included in NEW 'SetFrequenciesForRecurringLabOrders' Recode.

- Nightly job is run on 04/02 at 11:59PM and creates Scheduled Child Order for Tuesday, 04/09

- It is now Tuesday, 04/09. Nightly job is run on 04/09 at 11:59 PM and creates Scheduled Child Order for Tuesday, 04/16

Example2:

It is Tuesday, 04/02. The user creates Parent Order = Weekly on Tuesday, starting 04/02. This Frequency is included in NEW 'SetFrequenciesForRecurringLabOrders' Recode.

- Nightly job is run on 04/02 at 11:59PM and creates Scheduled Child Order for Tuesday, 04/09

- The users say they cannot show until Thursday, for THIS WEEK ONLY. Then the staff have to manually change the dates for that child order.

-For the next child orders, the system will resume normal schedule next week.

Note: The nightly job "Recurring LabOrders" has to be configured separately for each customer who has requested for this functionality.

Data Model Changes: A New table **RecurringLabOrderLog** is created.

Life Events

Reference No	Task No	Description
78	Core Bugs # 129579	Life Event: Error displayed when tried to open Life Event created by an Inactive Staff.

Author: Aishwarya Bommaklar

78. Core Bugs # 129579: Life Event: Error displayed when tried to open Life Event created by an Inactive Staff.

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

Navigation Path 1: Client – Life Events – Click on new icon – Enter all the required fields and click on Save icon.

Navigation Path 2: Administration – Staff/Users – Select the Staff which is assigned to above Life Event – Click on Staff name hyperlink – Uncheck the Active checkbox – Click on Save icon.

Navigation Path 3: Client – Life Events – Click on new Life Event hyperlink created in Navigation Path1.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user tried to open the Life Event created by an Inactive Staff, the below error message was displayed:

Error Message: "Object reference not set to an instance of an object."

With this release, the above-mentioned issue has been resolved. Now, the user is able to open the Life Event assigned to an Inactive Staff.

Locations

Reference No	Task No	Description
79	EII # 125193	To remove CQM configuration fields in Location Details Screen.

Author: Smruthi Srikanth

79. EII # 125193(Feature – 279129): To remove CQM configuration fields in Location Details Screen.

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

Navigation Path: Go Search - Locations Administration – New – Location Details page.

Functionality 'Before' and 'After' release:

Purpose: To remove the CQM configuration fields in the Location Details screen as they are not required for CCBHC setup.

With this release, With this release, the below fields have been removed in the Locations tab of Location Details page.

 i. 'CQM Code Type' dropdown field
 ii. 'CQM Code' text box field

Location Details

Locations   Mode Of Delivery

General Information

Name

Display As

☑ Active   ☐ Prescribing Location ☐ Lab Location

☐ Use as default when creating services from claims

Type   ⌄

Place Of Service   ⌄

National Provider ID

Taxonomy Code   ⌄

TIN

CLIA Number

Medication Reconciliation

Reference No	Task No	Description
80	Core Bugs # 129273	Med Reconciliation: The selected medication is getting unchecked when clicking on the 'Refresh' button and 'Sign' button.

Author: Chaitali Patil

80. Core Bugs # 129273: Med Reconciliation: The selected medication is getting unchecked when clicking on the 'Refresh' button and 'Sign' button.

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

Navigation Path: 'Client' – 'Medication Reconciliation' – check the 'Select all' checkbox in the 'Current Medication' section – and click on 'Refresh' Button and then click on 'Sign' Button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Medication Reconciliation' document, when the user clicked on the 'Refresh' button and 'Sign' button after checking the 'Select all' checkbox or selecting some medication, the 'selected Medication' was unchecked.

With this release, the above-mentioned issue has been resolved. Now, the 'selected Medication' is not getting unchecked when the user clicks on the 'Refresh' button and 'Sign' button after checking the 'Select all' checkbox or selecting some medication in the 'Medication Reconciliation' document.

Messages Interface

Reference No	Task No	Description
81	Core Bugs # 127218	Document names is not displaying on the Message Interface list page.

Author: Munish Sood

81. Core Bugs # 127218: Document names is not displaying on the Message Interface list page.

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

Navigation Path: Administration'- 'Messages Interface' - 'Messages Interface' list page - 'Order/Document' field.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The System was not displaying the Document name in the 'Order/Document' field under the Message Interface list page, when the HL7 Inbound messages received with Incoming clinical health documents details was processed.

With this release, the above-mentioned issue is resolved. Now, the Document name is displayed in the 'Order/Document' field under the Message Interface list page, when the HL7 Inbound messages received with Incoming clinical health documents details is processed.

Glossary of System Configuration Keys, Global Codes, Recodes, Data Model Changes.

System Configuration Keys

Global Codes

Recodes

Data Model Changes

RELEASE NOTES: 11/21/2024
Monthly Service Pack – SC.CORE.6.0_1.27.000.2410.013

Executive Summary:

1. A new core table 'FederalPovertyLevelGuidelines' with respective values provided by health and human service department, is added to store FPL(Federal Poverty Level) Guidelines. (**EII #128969**)

2. **"UDS Table 6B Details" Report:**

   - The changes are done in the 'UDS Table 6B Details – Section L Line 21' report, to see the full list of clients eligible for this section of Table 6B as well as the data used to calculate the Numerator. (**EII #127680**)

   - Implementation of the 'UDS Table 6b Section L Report – Line 21 a'. (**EII #128011**)

   - The changes have been implemented in the 'UDS Table 6B Details - Section D - Cervical and Breast Cancer Screening' Report. (**EII #127672**)

   - The changes have been implemented in 'UDS Table 6B Details- Section C—Childhood Immunization Status' report for reporting year 2024. (**EII # 127669**)

3. Implemented the Spill and Remove/Void functionalities in MAT screen. (**EII #127511**)

4. 'MAT Jail Report is implemented to determine those patients that received medication and that patient has been identified as being incarcerated. (**EII # 124950**)

5. The Program, Procedure Code, and Location fields are disabled in the Service Notes when they are created from the Crisis tab of Inquiry Details screen. (**EII #128658**)

6. The Closure List (Administration) list page and Closure Detail (Administration) screens are created. This will provide the ability to the users to set up closures for Closures and emergencies. (**EII #127227**)

7. The changes are implemented in 'Closure Details' screen to keep track of the modified records, which will be updated via post-update logic. (**EII #127584**)

8. The Changes are done for the Client MAR, Client Orders, and Order Template Frequency screens to allow configuration for users to set the first Dispense Time as the Start Time of Order. This allows the users to set 'Time Between Dispenses' and have the system use that number to auto-calculate and update the other Dispense Times, based on the first Dispense Time. (**EII #127699**)

9. Previously 'Bottle/Box ID' field supported only Numeric values, but most of the customers are using alpha- numeric characters combination in this field to reduce error and improve usability. As a part of this enhancement, the changes are implemented in the 'Medication/Lot/Bottle' detail screen to insert the alpha- numeric combination in this 'Bottle/Box ID' field. (**EII #127704**)

10. To verify patient population based on the updated quality measures in the 'UDS Table 7 Health Outcomes and Disparities' report. (**EII #127808**)

11. To have a clear identification and documentation of Suicidality versus Non-suicidal Self-Injury actions for better patient care, the changes are done under the 'Client's Current Condition' section of 'Individual Service Note (C). **(EII #129403)**

12. The Referring field is automatically initializing from the client information "Primary Care Referral", to service detail and service notes, if indicated as required by the Procedure Code General "Required Staff". **(EII #124406)**

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Abbreviation: EII - Engineering Improvement Initiatives

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TASKS SUMMARY – 'CHANGE' RELATED (26)

Sl. No	Task No	Summary	Module Name
82	EII # 124344	Changes are implemented to the MAT Management detail screen to mark 'Face to Face' dispense to take home based on the Closure setup.	Methadone
84	EII # 127511	MAT: Reverse/Void workflow	Methadone
85	EII # 127584	History Creation for Closure (Holiday Setup).	Methadone
86	EII # 127704	Changes are implemented in the 'Medication/Lot/Bottle' detail screen.	Methadone
87	EII # 128396	Methaspense Commands Integration to support MAT Module.	Methadone
90	EII # 127669	Updating the 'UDS Table 6B Details- Section C—Childhood Immunization Status' Report to reporting year 2024 standards.	My Reports
91	EII # 127672	Updating 'UDS Table 6B Details - Section D - Cervical and Breast Cancer Screening' Report to 2024 Standard	My Reports
92	EII # 127680	Changes in 'UDS Table 6B Details – Section L Line 21' report	My Reports
93	EII # 127808	To verify patient population based on the updated quality measures in the 'UDS Table 7 Health Outcomes and Disparities' report.	My Reports
94	EII # 127843	UDS Table 4: Selected Patient Characteristics Report Updates	My Reports
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98	EII # 127699	Changes for the Client MAR, Client Orders, and Order Template Frequency screens to allow configuration for users to set the first Dispense Time as the Start Time of Order.	Order Entry
99	EII # 127866	Quest and Labcorp: Dx Required changes	Orders
103	EII # 126287	To validate the association of Client ID and Provider ID in claim line	Providers
109	EII # 127807	Rx: Update Rx error message	Rx Application
110	EII # 128716	Update Rx error message for Surescripts registration errors	Rx Application
117	EII # 129518	Implementation of the new configuration keys to display the Client Name/Medicaid ID on All Scanned pages of PDF.	Scanning
120	EII # 127320	Implementation of Configuration key to allow Customer to Turn Off 'Client has active Medicaid Plan' Pop-up.	Services
121	EII # 128837	Adding scsp_PMServiceComplete Custom Hook in core stored procedure ssp_PMServiceComplete.	Services
125	EII # 124406	Service Detail and Service Notes – Changes.	Services/Notes
126	EII # 125851	Initialization on All Tabs/Sections/Fields for all Core Service Notes	Services/Notes

127	EII # 127169	Initialization on All Tabs/Sections/Fields for Group Notes.	Services/Notes
128	EII # 127554	Initializations for Goals and Objectives section in the 'Client Note' of the 'Treatment Plan Goals Addressed' tab of the 'Group Service Detail' screen.	Services/Notes
129	EII # 128658	To disable the Program, Procedure Code, and Location fields in the Service Note when they are created from the Crisis tab of Inquiry Details screen.	Services/Notes
130	EII # 129403	The changes are added for the Individual Service Note(C).	Services/Notes
134	EII # 128969	Sliding Fee Scale - FPL Guidelines table	Sliding Fee Scale

TASKS SUMMARY – 'NEW FUNCTIONALITY' RELATED (2)

Sl. No	Task No	Summary	Module Name
83	EII # 127227	Create Closure List (Administration) list page and Closure Detail (Administration) screen	Methadone
89	EII # 124950	Jail report	My Reports

TASKS SUMMARY – 'DEFECT FIXES' (36)

Sl. No	Task No	Summary	Module Name
88	Core Bugs # 129542	Mode of delivery fields do not carry over into subsequent recurrences of recurring appointments.	My Calendar
96	Core Bugs # 129481	The column name of 'Line 20' and 'Line 20a' are the same in the 'Section K -HIV Measures' of the 'UDS Table 6B Quality of Care Measures' report.	My Reports
97	Core Bugs # 129645	The Revenue Report is not pulling data correctly.	My Reports
100	Core Bugs # 129527	Performance issues - database blocking	Performance and Scalability Improvements
101	Core Bugs # 129641	Performance issue in Combined Authorization list page	Performance and Scalability Improvements
102	Core Bugs # 129416	Placements: Issue in the Placement History Details screen	Placements
104	Core Bugs # 129544	The red error was displayed on adding a 'URL' in the 'Primary Care Provider Detail' screen.	Providers
105	Core Bugs # 129545	Java script error issue in the Provider information screen.	Providers

106	Core Bugs # 129716	The Staff is not receiving the Checkin notification for the client.	Reception
107	Core Bugs # 129741	Contactless Check-in Input Type Issue.	Reception
108	Core Bugs # 129554	When the user attempts to run the 'RWQM' job after adding a contact note, a red error is displayed.	RWQM
111	Core Bugs # 129329	Prescriber Credentials not displaying correctly for refills.	Rx Application
112	Core Bugs # 129359	Rx: Blocking the Nurse from selecting the Prescriber and approving the medication.	Rx Application
113	Core Bugs # 129421	RX is not being processed due to missing medications in the outbound prescriptions tab.	Rx Application
114	Core Bugs # 129523	A critical alert is triggered when the user deletes a SmartCare Order medication and then prescribes it again.	Rx Application
115	Core Bugs # 129653	SmartCare Rx is displaying incorrect ClientId	Rx Application
116	Core Bugs # 129665	Rx: No log entry is inserted into the 'StaffClientAccess' table when the user performs the actions on the 'User Preference' screen.	Rx Application
118	Core Bugs # 129612	Scanning insurance card: upload button does not work	Scanning
119	Core Bugs # 129675	Scanning: The scanned records associated with the events are not being deleted.	Scanning
122	Core Bugs # 129346	ssp_SCCreateAddOnServices not including modifiers when calculating charge for add on services	Services
123	Core Bugs # 129472	Services: The Service Action pop up window is not closed immediately.	Services
124	Core Bugs # 129595	Clinician's name disappears after clicking on a different tab in Service Entry screen.	Services
131	Core Bugs # 129504	Getting overlaps validation message while making error/cancel/ No show with duplicate services.	Services/Notes
132	Core Bugs # 129515	Validation for encounter form.	Services/Notes
133	Core Bugs # 129568	Mode of Delivery Not Present on Service Note PDFs	Services/Notes
135	Core Bugs # 129543	ErrorLog issue when user try to enter date fields.	SmartCare improvements
136	Core Bugs # 129547	The JavaScriptError is logged while inserting records in the 'Client Flag Details' screen.	SmartCare improvements
137	Core Bugs # 129636	SmartView: Filter widgets not working	SmartView

138	Core Bugs # 129161	[Clinical] [System] New Productivity Report is not working	Staff/Users
139	Core Bugs # 129667	Episode Type IDs are displayed for deleted programs in the TEDS Setup List.	TEDS Setup List
140	Core Bugs # 129687	The manually deleted "Treatment Team" records from client contacts are retained in the "Treatment Team" list page.	Treatment Team
141	Core Bugs # 129264	Whiteboard: Occupied and Scheduled Bed Change records are displayed in the 'Whiteboard' list screen when changing the occupied bed status to the 'Schedule Bed Change' status.	Whiteboard
142	Core Bugs # 129499	Whiteboard: The inactive beds were displayed.	Whiteboard
143	Core Bugs # 129564	Code not updating to fetch ClientProgramID to the Whiteboard list screen data for the selected CDAGId	Whiteboard
144	Core Bugs # 129831	Getting validation message when attempting to schedule a service.	Services
145	Core Bugs # 129837	Open beds not showing in Whiteboard.	Whiteboard

Functionality-wise Task Details

Methadone

Reference No	Task No	Description
82	EII # 124344	Changes are implemented to the MAT Management detail screen to mark 'Face to Face' dispense to take home based on the Closure setup.
83	EII # 127227	Create Closure List (Administration) list page and Closure Detail (Administration) screen
84	EII # 127511	MAT: Reverse/Void workflow
85	EII # 127584	History Creation for Closure (Holiday Setup).
86	EII # 127704	Changes are implemented in the 'Medication/Lot/Bottle' detail screen.
87	EII # 128396	Methaspense Commands Integration to support MAT Module.

Author: Chaitali Patil

82. EII # 124344(Feature-243610): Changes are implemented to the MAT Management detail screen to mark 'Face to Face' dispense to take home based on the Closure setup.

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

Navigation Path 1: Perform client Search - Go search – Client Information (C) (Client) – Navigate to 'MAT' tab – Under the 'Location Setup' section – Add 'Location Type', 'Location', 'Start Date' - click on 'Insert' –Click on 'Save'.

Navigation Path 2: Go search – Closure List (Admin) – Click on 'New'—Select Closure type form Dropdown – Select closure 'Location', 'Date', -enter the other required fields – click on 'Save'.

Navigation Path 3: 'Administration' - 'Orders' - 'Orders' list page - New - 'Order Details' screen - Select 'Medication' Order Type - Enter the required fields - Select (Medication Assisted Treatment (MAT), Machine Connection Required, Take Home Allowed) under 'Medication Assisted Treatment' section - Save.

Navigation Path 4: My Office – 'Medication/Lot/Bottle' list page – New - 'Medication/Lot/Bottle Details' screen - Enter the required fields – Insert – Save.

Navigation Path 5: 'Client' - 'Client Orders' - 'Client Orders' list page - New - 'Client Order details' screen - Select the Order created in **Navigation Path 3**- Enter the required fields – Insert - Save and sign.

Navigation Path 6: 'My Office' – 'MAT Management' list page – Click on 'Dispense' icon for the 'Client' Medication to be dispensed – 'MAT Management Details' screen – and Verify the Closure.

Functionality 'Before' and 'After' release:

Purpose: This is to add Closure functionality for SmartCare. The ability to set up closures for Closures and emergencies. And this will signify that the client's dispensing location has a Closure setup in place.

With this release, the below implementation has been done in the 'MAT Management Details' screen.

1: After creating the Closure in the Closure set up screen, that created closure will be displayed in 'MAT Management Details' Screen with hover text, and this will signify that the client's dispensing location has a Closure setup in place.

2: After creating the closure, for MAT, the system will change the face to face dispense to take-homes automatically on those Closure dates.

4: The Closure Schedule will be available in the 'Closure' List and detail screen.

5: If there is already a closure scheduled for that day by nightly job, then an overridden warning message 'Do you want to override the closure reason?' will be displayed on the click of this save along with the older closure details in the closure details screen. Upon confirmation of the warning message, the overriding reason will be pulled from the closure detail screen and displayed on the 'MAT Management Details' screen on hover on the 'T' icon.

If clicked on 'Continue', then it will save the record and display the latest override reason with the overlapping date range in the MAT Management Details screen. If the 'Cancel' button or 'X' button is clicked, then closing the pop-up, and the previous reason will be displayed in the MAT Management details screen.

6: Closure reason will be displayed in the below-mentioned format:

If a 'Description' is available in the closure details screen, then

Closure reason will be displayed in this format **<Closure Type: Description>**

Ex: Other closure is created with description as Monthly Maintenance, then in the 'MAT Management Details' screen on hover on the 'T' icon, closure will be displayed like below:

Other: Monthly Maintenance.

7: When the closure is created but description is not mentioned, then in the 'MAT Management Details' screen on hover on the 'T' icon, closure will be displayed like below:

Closure reason will be displayed in this format **<Closure Type>**

Ex**:** Other

8. Hover text added on the T icon, in the 'MAT Management Details' screen. This will signify that the client's dispensing location has a Closure in place.

9. Hover size: The maximum length of hover text is 250 characters if the text is more than it will append '...

10: The Closure setup won't be taken into consideration if the Closure record is deactivated by unchecking the 'Active' checkbox before the job is run.

11: When 'End Date' is entered for the 'Location' in the Client Information screen under the MAT tab, then that Location will be considered as Inactive location, and closure will not be displayed for this location in the MAT Management details.

12: If the Closure record is inactivated after the job is run, those face-to-face records changed to take home via this job will remain unchanged. If they need to, they will have to manually update this face-to-face again.

Below are the **Closure Types:**

1: Annual Closure

2: Emergency Closure

3: Other

-User can create the closure using these closure types and based on the location map with client closure will be displayed in the MAT Management Details Screen.

-Also, the user can schedule Weekly, Biweekly, and Monthly Closures.

Screen shot with examples:

1: Annual Closure: Annual Closure is created for 'Bangalore' Location.

Location Added in the Client Information under the MAT Tab.

Annual Closure Created for Bangalore Location as 11/13/2024 in the closure details screen

Above created closure will be displayed in the MAT Management details screen.

2: Other closure is created for 'All Location' with weekly Sunday - means that created closure will be displayed for every Sunday for all location. (E.g. On 11/10 2024 closure is created then for next Sunday means 11/17/2024 also closure will be displayed… and so on)

In the MAT Management details screen closure will be displayed.

MAT Management Details

General

Client Name: Chaitali, Test
DOB: 05/12/1981
SSN: 3513
Next Appt Date:
Primary Clinician:

Dose : 100 mg

avanafil_closure 50 mg

Bottle ID: 1233
1379.00 mg

Dispense Information

Dispense Date: 11/10/2024   Order End Date: 11/19/2024

Dispense & No Show History

No data to display

Scheduled

11/11/2024, 100 mg
11/12/2024, 100 mg
11/13/2024, 100 mg

Print Labels

11/10/2024
T↕

100 m   Other:Weekly Sunday for all location

Weekly Closure for Next Sunday 11/17/2024

3: Emergency Closure created for Bangalore location on 11/11/2024

In the MAT Management details screen closure will be displayed

MAT Management Details

General

Client Name: Chaitali, Test
DOB: 05/12/1981
SSN: 3513
Next Appt Date:
Primary Clinician:

Dose : 100 mg

avanafil_closure 50 mg
Bottle ID: 1233
1379.00 mg

Dispense Information

Dispense Date: 11/11/2024   Order End Date: 11/19/2024

Dispense & No Show History

No data to display

Scheduled
11/12/2024, 100 mg
11/13/2024, 100 mg
11/14/2024, 100 mg

Print Labels

11/11/2024
T↨
100 m   Emergency Closure:Due to Snow Storm

4: By weekly closure created on 11/1/2024 – means once in a two weeks closure will be displayed. First closure displayed on 11/1/2024 then next closure will be displayed on 11/15/2024 and so on...)

Q ★ ⌂ 👤   Chaitali, Test (2105197) B Ⓟ ×

Closure Detail

General

General

Closure Type	Other	Location	Bangalore, prisha ☑ Active
Date	11/01/2024 📅▾		
Description	By weekly Closure for Friday for Prisha and Bangalore Location		

Schedule

Closure Duration	Biweekly	☐ Sun	☐ Mon	☐ Tue	☐ Wed	☐ Thu	☑ Fri	☐ Sat
				of every			month(s)	

In the MAT Management details screen, closure will be displayed.

5: When the Closure Description is not entered in the closure details then closure will be displayed like below in the MAT Management details screen on hover on the 'T' icon.

This closure is created for Bangalore Location with closure type as 'Other' on 11/14/2024 and in the below scheduled section closure Duration is selected as 'Monthly' on second Thursday of every month closure will be displayed in the MAT Management details screen on hover on the 'T' icon.

When description is not entered in the Closure details screen then only closure type will be displayed in the MAT Management details screen on hover on the 'T' icon.

Note: Please refer to the Dependent feature Release Notes to understand the complete workflow for the Closure functionality.

Dependent Feature:

Author: Lakshmi Kumarappan

83. EII # 127227(Feature-353357): Create Closure List (Administration) list page and Closure Detail (Administration) screen

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

Navigation Path 1: 'Administration' -- 'Closure List (Administration)' screen.

Navigation Path 2: 'Administration' -- 'Closure Detail (Administration)' screen.

Functionality 'Before' and 'After' release:

Purpose: To add Closure functionality for SmartCare. The ability to set up closures for Closures and emergencies.

With this release, a 'Closure List (Administration)' list page and 'Closure Detail (Administration)' screen was created.

Closure List (Administration) List page: It has filters section and grid section.

Closure List (9)

ID △	Closure Type	Location	Closure Date	Description	Active
6	Annual Closure	0204 About Eng 2351, 111, 1vinu_lo...	07/04/2024	test	Yes
9	Annual Closure	111, 1vinu_location	07/12/2024	testing 123	Yes
12	Annual Closure	111, Bill's place, 1vinu_location,...	07/17/2024		Yes
13	Annual Closure	1, Bill's place, 1tumkur, 1vinu_lo...	07/17/2024	test123	Yes
19	Annual Closure	1vinu_location	07/18/2024	testlk	Yes
88	Annual Closure	1vinu_location	11/06/2024	test	Yes
89	Annual Closure	1vinu_location	10/26/2024	testlk	Yes
90	Annual Closure	1vinu_location	10/26/2024	testlk123	Yes
91	Annual Closure	1vinu_location	10/26/2024	test123	Yes

Filters: From Date 07/01/2024, To Date 11/30/2024, All, Annual Closure, Location 1vinu_location, Apply Filter

The Filter Section:
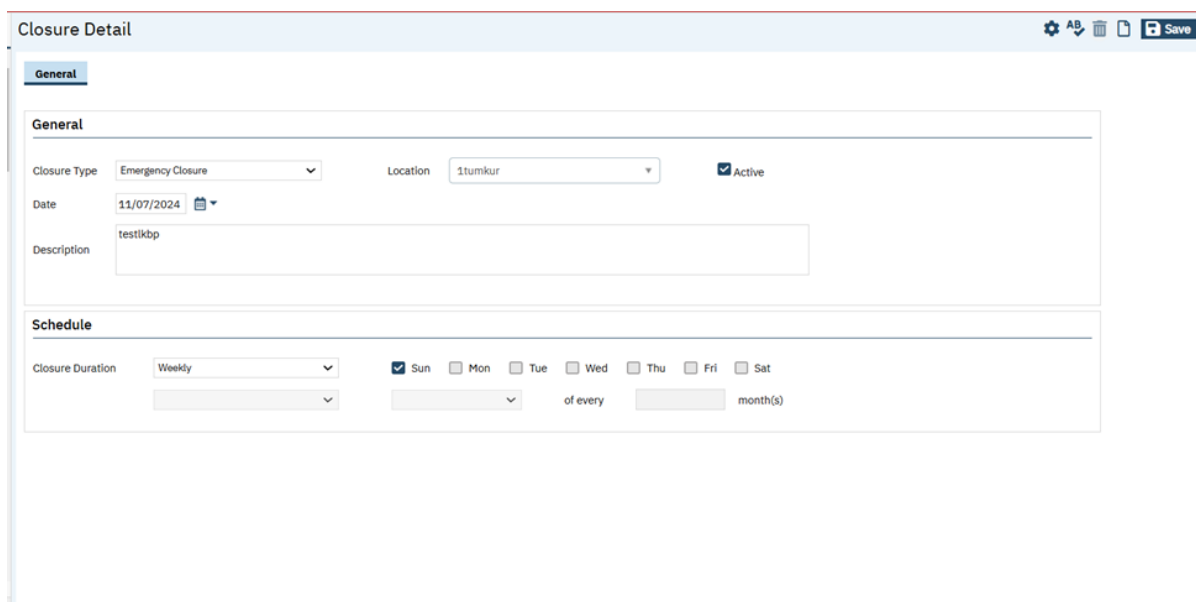
- **From Date** - This is a Date control field.

- **To Date** - This is a Date control field.
- **All** - This is a dropdown field which will displays the values All, Active and Inactive.
- **All Closure** - This is the dropdown field which will display all the Closure Type.
- **Location**- This is Typeable search Textbox which will display active locations from the 'Locations' Table

The Grid Section:

- **ID:** Displays the Closure ID.
- **Closure Type:** Displays the Location.
- **Location:** Displays the Location.
- **Closure Date:** Displays the Date of Closure.
- **Description:** Displays if any remark is captured in Detail screen.
- **Active:** Displays the Active/Inactive status of the Closure.

Closure Detail (Administration) screen: It contains a General tab, and it has General section and Schedule section.

General section:

- **Closure Type-** This is the dropdown field which will initialize the values from global code Category 'ClosureType'.
- **Location-** This is Typeable search Textbox which will display active locations from the 'Locations' Table.
- **Date:** This is a Date control field.
- **Active:** This is checkbox and by default, this checkbox will be selected.
- **Description:** This is the text area.

Schedule section:

- **Closure Schedule –** This is the dropdown field which will initialize the values from global code category 'ClosureSchedule'.
- **Save -** On clicking save, the entered data will be saved. If already a closure scheduled for that day, then a warning message will be displayed as below.
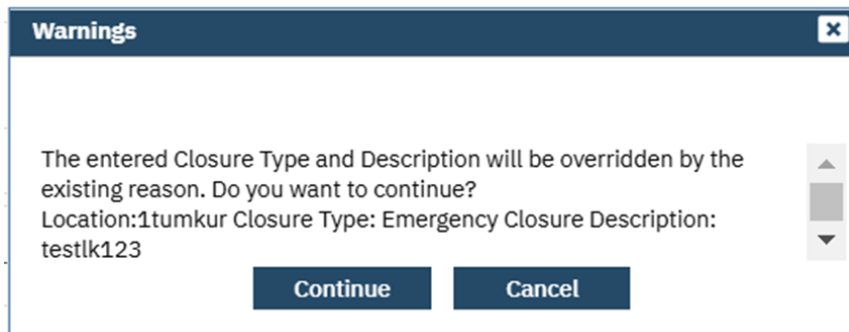
- **Delete -** When staff click on the delete button, then the whole Closure record will be deleted.

Data Model Changes:

- New tables **LocationClosures**, **LocationClosureLocations**, **LocationClosureDates** are added.

Author: Madhu Basavaraju

84. EII # 127511(Feature – 365082): MAT: Reverse/Void workflow.

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

Navigation Path 1: Administration **–** Global codes – 'MEDTRANSACTIONREASON' Category Code/Category Name.

Navigation Path 2: 'Administration' - 'Orders' - 'Orders' list page - New - 'Order Details' screen - Select 'Medication' Order Type - Enter the required fields - Select (Medication Assisted Treatment (MAT), Machine Connection Required, Take Home Allowed) = Yes under 'Medication Assisted Treatment' section - Save.

Navigation Path 3: My Office – 'Medication/Lot/Bottle' list page – New - 'Medication/Lot/Bottle Details' screen - Enter the required fields – Save.

Navigation Path 4: My Office – 'MAT Dispenser' list page – New - 'MAT Dispenser Detail' screen – 'General' tab - Enter the required fields – Save.

Navigation Path 5: 'Client' tab - 'Client Orders' list page - New - 'Client Order details' screen - Select the Order created in Navigation Path 1 - Enter the required fields – Insert **-** Save and sign.

Navigation Path 6: 'My Office' – 'MAT Management' list page – Connect User – Enter required fields - Click on 'Dispense' icon for the respective 'Client' Medication to be dispensed – 'MAT Management Details' screen.

Functionality 'Before' and 'After' release:

Purpose: To implement the Spill and Remove/Void functionalities:

Spill: If the medication was dispensed and the client took the dose, later the staff realized that it was the wrong client. So, the erroneous dispense need to be removed from the clients dosing history and the client dose needs to be available for dispensing if/when they come in that day. But, before that they would Spill/waste the dose that was documented under the wrong client since the dose can't be returned to the inventory.

Remove/Void: If the staff dispensed medication and they realized it was for the wrong client, but the client hasn't taken the dose yet, then the nurse will reverse the dose which returns the medication to the inventory and removes it from the client's dose history and allows for that client's dose to be dispensed later if/when the actual client comes in.

With this release, in MAT module, additional functionality has been implemented.

1. **'MEDTRANSACTIONREASON' Global Code:** Two new Codes (Remove or Void and Spill) has been added. For these new Codes, 'Description' field to be displayed with below mentioned text: 'This global code has been locked to the user as the values selected from the Global code will trigger a logic to display different functionality of dispenses.'

2. **MAT Management Details:** In the 'General' tab, a new 'MAT Dispenses Adjustment' icon has been added under the 'Dispense Information' section.

'Before Dispensing Medication':

'After Dispensing Medication with 'MAT Dispenses Adjustment' icon:

- This icon will be displayed only after dispensing the Medication to the Client.
- On click of this icon, 'MAT Dispenses Adjustment' pop-up will be displayed.

3. **'MAT Dispenses Adjustment' pop-up:**

- **'Reason for Reverting Dispense' dropdown field:** 'Remove or Void', 'Spill' Global code values will be displayed.
- **'Comment': Text area:** It's a required field to enter specific information.
- **'Continue': Button:** On clicking 'Continue', the user will acknowledge and based on the selection the Inventory adjustment will happen.
- **'Cancel': Button:** On click of 'Cancel', popup closes and remains in the 'MAT Management Details'. If user Cancel and don't perform any action, when users click on this same icon, this popup will appear once more.
- **'Close': Button:** By clicking on 'Close', it will close the 'MAT Dispenses Adjustment' pop-up.

- Standard Validation for 'Comment' Mandatory field:

- Reverting the Transaction from 'MAT Dispenses Adjustment' popup.

- After 'Remove or Void' Adjustment Transaction:

4. **Medication Inventory Transaction Details**:

'Reason': Dropdown:

- When the transaction type is 'Adjustment', then only the 'Remove/Void' and 'Spill' Reasons will be displayed and will not be available to choose in the new transaction entry for the Adjustment.
- The existing 'Spill' has been renamed to 'Inventory Spill' in the Reason dropdown. A new reason 'Spill' has been added to this workflow.
- The transactions for the above mentioned 2 reasons are created in the Backend from the 'MAT Management Details' screen.
- The 'Delete' icon in the toolbar has been removed to avoid any of the transactions being deleted.
- For the adjustment transaction type, Client ID will be captured in order to track these in Reports for the future.

Data Model Changes:

- New table **MATManagementRevertDetails** created.
- New columns **RevertedMedicationTransactionId, RemainingInventoryQuantity** are added to table **MedicationTransactions.**

Author: Sithara Ponnath

<mark>**85. EII # 127584(Feature-367217): History Creation for Closure (Holiday Setup).**</mark>

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

Navigation Path 1: 'Administration' -- 'Closure List' -- 'Closure List' screen -- Click on 'New' icon – 'Closure Detail' screen -- Enter required data -- Click on 'Save' button.

Navigation Path 2: 'Administration' -- 'Closure List' screen -- Filter with 'From' and 'To' date and click on the 'ID' hyperlink to open the created 'Closure' -- Modify the closure details -- Click on 'Save' button.

Navigation Path 3: 'Administration' -- Table Editor -- Enter the queries to get the history for modified closure records -- Click on 'Execute' button.

For Ex:

Query 1: Select * From LocationClosureHistory where LocationClosureId = Enter LocationClosureId

Query 2: Select * From LocationClosureHistoryLocations where LocationClosureHistoryId = Enter LocationClosureHistoryId

Functionality 'Before' and 'After' release:

Purpose: To keep track of the modified records, which will be updated via post-update logic on the 'Closure Detail' screen.

With this release, the below functionalities have been implemented for the 'Closure'.

- A table for History is created in the database for the closure to keep track of the modified records, which will be updated via post-update logic on the 'Closure Detail' screen.
- Records that are modified through the post-update logic will be added to the history upon saving the 'Closure Detail'.
- The users will be able to view this in the UI via the 'Table Editor'.

 Newly created closure

Closure Detail

General

General

Closure Type	Annual Closure	Location	BNG	☑ Active
Date	11/05/2024			
Description	sithara test 1			

Schedule

Closure Duration	Weekly	☐ Sun	☐ Mon	☑ Tue	☐ Wed	☐ Thu	☐ Fri	☐ Sat
				of every			month(s)	

Closure List (6)

From Date	10/30/2024	To Date	11/07/2024	Active		Apply Filter
All Closure Type		Location				

ID	Closure Type	Location	Closure Date	Description	Active
82	Emergency Closure	Bangalore	11/01/2024	testing_gigj	Yes
84	Other	Bangalore	11/02/2024	Inactive Location Bangalore 2 ...	Yes
85	Other	Holiday	10/30/2024	Weekly Closure on Wednesday	Yes
86	Annual Closure	268, 32namloc	10/30/2024	sithara test 1 updated	Yes
87	Annual Closure	County Location, Dharmapuram_1	11/05/2024	sithara test 2 - modified closure	Yes
88	Annual Closure	1vinu_location	11/06/2024	test	Yes

Modified closure details

Closure Detail

LocationClosureId: 87
Created By:
Created Date: 11/05/2024 6:36 PM
Modified By:
Modified Date: 11/05/2024 6:38 PM

General

General

Closure Type	Annual Closure	Location	County Location, Dharmapura...	☑ Active
Date	11/05/2024			
Description	sithara test 2 - modified closure			

Schedule

Closure Duration	Weekly	☐ Sun	☐ Mon	☑ Tue	☐ Wed	☐ Thu	☐ Fri	☐ Sat
				of every			month(s)	

Executed the query to view the History of Closure records in the Table Editor.

Table Editor

| Table | | Top | | Execute |
| Order By | | | | Save |

SQL Query: Select * From LocationClosureHistory where LocationClosureId = 87

LocationClosureHistory...	RecordDeleted	DeletedBy	DeletedDate	LocationClosureId	ClosureType	Active
150		LocationClosureHistoryId		87	11134188	Y
151				87	11134188	Y
New Row						

Table Editor

| Table | | Top | | Execute |
| Order By | | | | Save |

SQL Query: Select * From LocationClosureHistory where LocationClosureId = 87

LocationClosureId	ClosureType	Active	ClosureDate	ClosureDescription	ClosureSchedule	Weekl
87	11134188	Y	11/5/2024 12:00:00 AN	sithara+test+1	11134191	
87	11134188	Y	11/5/2024 12:00:00 AN	sithara+test+2+-+modif	11134191	

Table Editor

| Table | | Top | | Execute |
| Order By | | | | Save |

SQL Query: Select * From LocationClosureHistoryLocations where LocationClosureHistoryId = 151

LocationClosureHistory...	RecordDeleted	DeletedBy	DeletedDate	LocationClosureHistory...	LocationId
207	Y	killer	11/5/2024 6:38:35 PM	151	1334
208	N			151	1201
209	N			151	1198
New Row					

Data Model Changes: Added new 'LocationClosureHistory' & 'LocationClosureHistoryLocations' tables.

Author: Chaitali Patil

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

Navigation Path 1: My Office – 'Medication/Lot/Bottle' list page – New -'Medication/Lot/Bottle Details' screen – verify the 'Bottle/Box ID' field.

Navigation Path 2: My Office – 'Medication/Lot/Bottle' list page –verify the 'Bottle/Box ID' Label.

Navigation Path 3: My Office – 'Medication/Lot/Bottle' list page – New -'Medication/Lot/Bottle Details' screen – search for 'Medication strength' – fill the required field – and click on 'Add Additional bottles' icon – 'Generate Bottle pop up' will be open – Add any number in the 'Number of additional bottles/boxes field and – verify the bottles.

Navigation Path 4: My Office – 'Medication Inventory Transaction' list page –verify the 'Bottle/Box ID' Label.

Navigation Path 5: My Office – 'Medication Inventory Transaction' list page – Click on 'New' - Medication Inventory Transaction Detail screen - verify the 'Bottle/Box ID' and Transfer to Bottle/Box ID Label.

Navigation Path 6: 'My Office' – 'MAT Management' list page – Click on 'Connect User' icon and – fill required field - verify the bottle field.

Functionality 'Before' and 'After' release:

Purpose: Previously 'Bottle/Box ID' field supported only Numeric values, but most of the customers are using alpha- numeric characters combination in this field to reduce error and improve usability. So, as a part of this enhancement, the user is able to insert the alpha- numeric combination in this 'Bottle/Box ID' field and this change is implemented to Reduce inventory errors and improve usability.

With this release, the following changes are made in the 'Medication/Lot/Bottle Details' screen.

1: In the 'Medication/Lot/Bottle Details' screen: The changes are done for the 'Bottle/Box ID' field and Generate Bottles Pop up.

- Renamed the Label Bottle/Box # to Bottle/Box ID.

Bottle/Box ID text field:

- This field allows the Alphanumeric characters in Bottle/Box ID field.
- No special characters allowed in the Bottle/Box ID field.
- When a combination of Alphanumeric characters are entered, the system allows any number of Alphabets characters and numeric up to 5 digits combination in the Bottle/Box ID field. Example: ABCDE99999, abCDFgh00001
- If only Numeric values are entered, the system is not restricting the number of digits. The users can enter any number. Example: 12345678902939
- Modified the Auto bottle number generation Logic to incorporate sequence numbers with Alphabets.
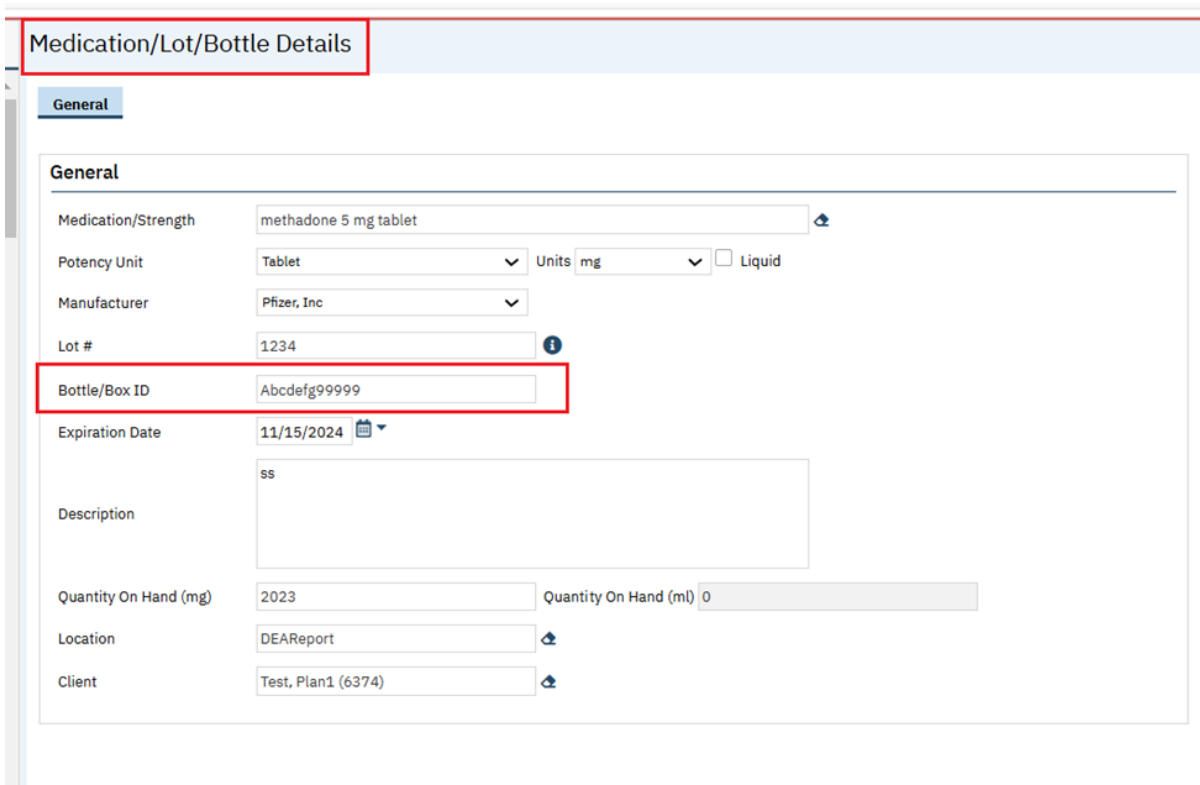
Example: If No of Additional bottles/boxes in Pop up is set to 3.

i). If entered in Detail page is AZ99998, then the system Generates next bottles as AZ99999, BA1, BA2 and so on.

ii). If entered in Detail page AA99999, then next will AB1,AB2,AB3 and so on.

1: System is Allowing Alphanumeric characters in Bottle/Box ID field.

2: Only numbers we can enter in this Bottle/Box ID field.

Medication/Lot/Bottle Details

General

General

Medication/Strength	methadone 5 mg tablet
Potency Unit	Tablet Units mg ☐ Liquid
Manufacturer	Pfizer, Inc
Lot #	1234
Bottle/Box ID	12345787283823923782732
Expiration Date	11/15/2024
Description	ss
Quantity On Hand (mg)	2023 Quantity On Hand (ml) 0
Location	DEAReport
Client	Test, Plan1 (6374)

3: Generate Bottles Pop up: Modified the Auto bottle number generation Logic to incorporate sequence numbers with Alphabets,

· If No of Additional bottles/boxes in Pop up is set to 3,

· If entered in Detail page AZ99998, then the system generates the next bottles as AZ99999, BA1, BA2 and so on.

Medication/Lot/Bottle Details

General

General

Medication/Strength	methadone 5 mg tablet
Potency Unit	Tablet Units mg ☐ Liquid
Manufacturer	Pfizer, Inc
Lot #	1234
Bottle/Box ID	AZ99998
Expiration Date	11/15/2024
Description	ss
Quantity On Hand (mg)	2023 Quantity On Hand (ml) 0
Location	DEAReport
Client	Test, Plan1 (6374)

Generate Bottles

Save   Cancel

Number of additional bottles/boxes: 3

✕ AZ99999
✕ BA1
✕ BA2

4: In the Medication/Lot/Bottle Details : If we enter the value 'AA99999' in the Bottle/Box ID field, then the system generates the next values as AB1,AB2,AB3 and so on .. in the Generate Bottles Pop-up.

2: The below changes are done in the Validation message for 'Bottle/Box ID' field and also all the validation messages are added in 'Generate Bottles' pop up.

When Bottle/Box ID is Blank, 'Inventory Detail - Bottle/Box ID is required' - this validation message will be displayed.

· When Bottle/Box ID is 0 - 'Inventory Detail - Bottle/Box ID must be greater than 0' - this validation message will be displayed on tabbing out.

Medication/Lot/Bottle Details

❌ Inventory Detail - Bottle/Box ID must be greater than 0

General

General

Medication/Strength	methadone 5 mg tablet	
Potency Unit	Tablet	Units mg ☐ Liquid
Manufacturer	Pfizer, Inc	
Lot #	1234	ℹ
Bottle/Box ID	0	
Expiration Date	11/15/2024 📅▾	
Description	ss	
Quantity On Hand (mg)	2023	Quantity On Hand (ml) 0
Location	DEAReport	⟐
Client	Test, Plan1 (6374)	⟐

When Bottle/Box ID does not start with the alphabets - 'Inventory Detail - Bottle/Box ID should consist of numbers or alphabets followed by numbers' - this validation message will be displayed.

Medication/Lot/Bottle Details

❌ Inventory Detail - Bottle/Box ID should consist of numbers or alphabets followed by numbers

General

General

Medication/Strength	methadone 10 mg tablet	
Potency Unit	Tablet	Units mg ☐ Liquid
Manufacturer	GlaxoSmithKline	
Lot #	1235	ℹ
Bottle/Box ID	2121abcdeh	
Expiration Date	11/16/2025 📅▾	
Description		
Quantity On Hand (mg)	13321	Quantity On Hand (ml) 0
Location	DEAReport	⟐
Client		⟐
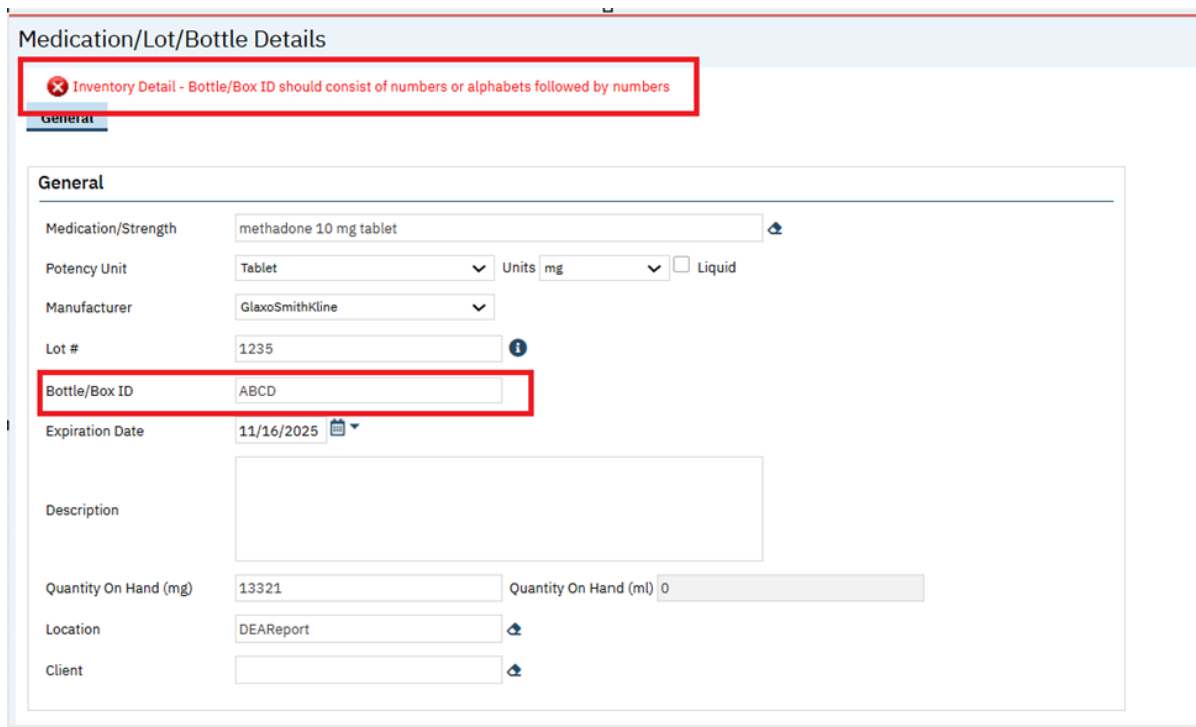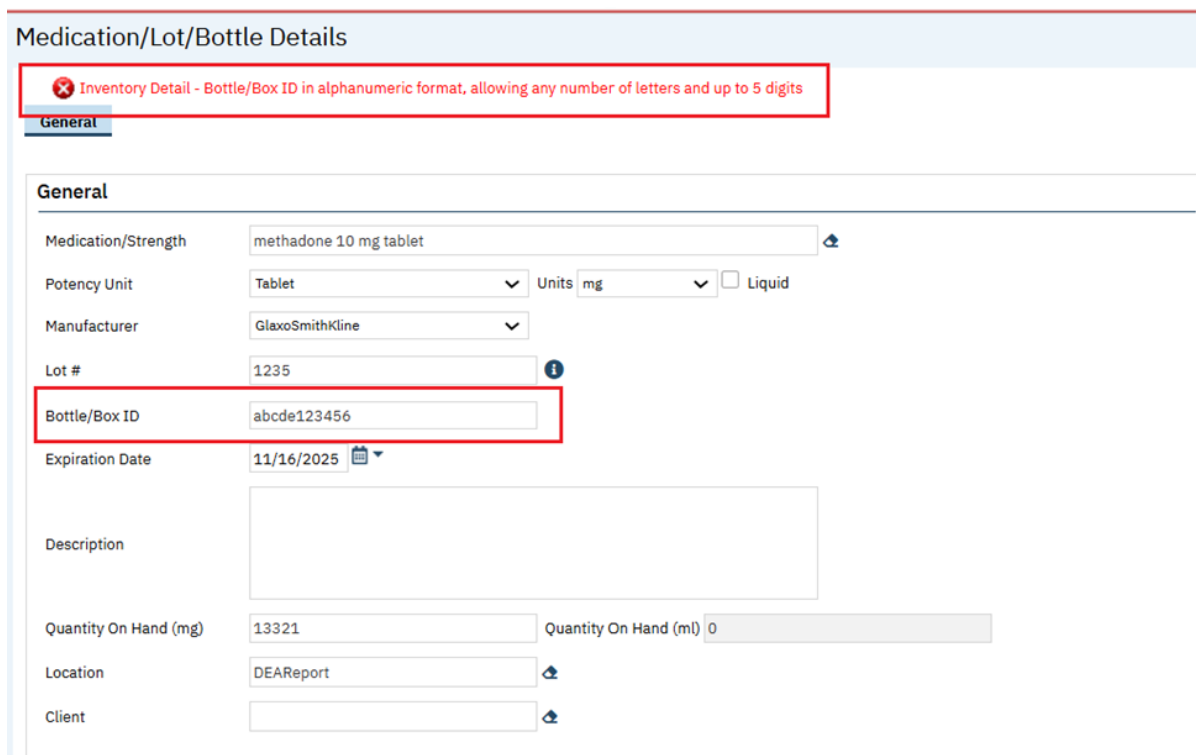
When Bottle/Box ID does not end with number (or) only have alphabets - 'Inventory Detail - Bottle/Box ID should consist of numbers or alphabets followed by numbers' This validation message will be displayed.

Medication/Lot/Bottle Details

❌ Inventory Detail - Bottle/Box ID should consist of numbers or alphabets followed by numbers

General

General

Medication/Strength	methadone 10 mg tablet
Potency Unit	Tablet Units mg ☐ Liquid
Manufacturer	GlaxoSmithKline
Lot #	1235 ⓘ
Bottle/Box ID	ABCD
Expiration Date	11/16/2025 📅▾
Description	
Quantity On Hand (mg)	13321 Quantity On Hand (ml) 0
Location	DEAReport
Client	

· When Bottle/Box Id in alphanumeric but more than 5 digits - 'Inventory Detail - Bottle/Box ID in alphanumeric format, allowing any number of letters and up to 5 digits': this validation message will be displayed.

Medication/Lot/Bottle Details

❌ Inventory Detail - Bottle/Box ID in alphanumeric format, allowing any number of letters and up to 5 digits

General

General

Medication/Strength	methadone 10 mg tablet
Potency Unit	Tablet Units mg ☐ Liquid
Manufacturer	GlaxoSmithKline
Lot #	1235 ⓘ
Bottle/Box ID	abcde123456
Expiration Date	11/16/2025 📅▾
Description	
Quantity On Hand (mg)	13321 Quantity On Hand (ml) 0
Location	DEAReport
Client	

3: The Label is renamed from 'Bottle/Box #' to '**Bottle/Box ID'** in the Filter and Grid section in the 'Medication/Lot/Bottle' list page.

4: The Label is renamed from 'Bottle/Box #' to '**Bottle/Box ID'** in Filter and Grid In the 'Medication Inventory Transaction' list and page.

5: The Label is renamed from 'Bottle/Box #' to 'Bottle/Box ID', and renamed the label from 'Transfer to Bottle/Box #'to 'Transfer to Bottle/Box ID' in the 'Medication Inventory Transaction' details screen.

Medication Inventory Transaction Detail

Transaction Detail

Transaction Detail

Transaction Date	11/08/2024 📅▾		
Medication/Strength	methadone 10 mg tablet - 1334.00 (Bangalore)		♻
Expiration Date	10/08/2024	Manufacturer	GlaxoSmithKline
Transaction Type	Adjustment ▾		
Lot #	85 ▾	Bottle/Box ID	58 ▾
Transfer To Lot #	▾	Transfer To Bottle/Box ID	▾
Quantity	-1441 mg	Reason	Destroy ▾
Comment			
Client	♻		

6: MAT: Bottle Mgs Dispensed and Transferred Report: Renamed the label name from 'Bottle/Box #' to 'Bottle/Box ID'.

7: After saving the 'Bottle/Box ID' the 'Medication/Lot/Bottle' detail screen, then created '**Bottle/Box ID'** is displayed in the Machine connection pop up.

Medication/Lot/Bottle Details

General

General

Medication/Strength	methadone 5 mg tablet		♻
Potency Unit	Tablet ▾	Units mg ▾ ☐ Liquid	
Manufacturer	Merck and Co., Inc. ▾		
Lot #	ABC123456 ⓘ		
Bottle/Box ID	BACP12345		
Expiration Date	11/15/2025 📅▾		
Description			
Quantity On Hand (mg)	2311	Quantity On Hand (ml)	0
Location	DEAReport ♻		
Client	♻		

Above created Bottle/Box ID, is displayed in the Machine connection pop up.
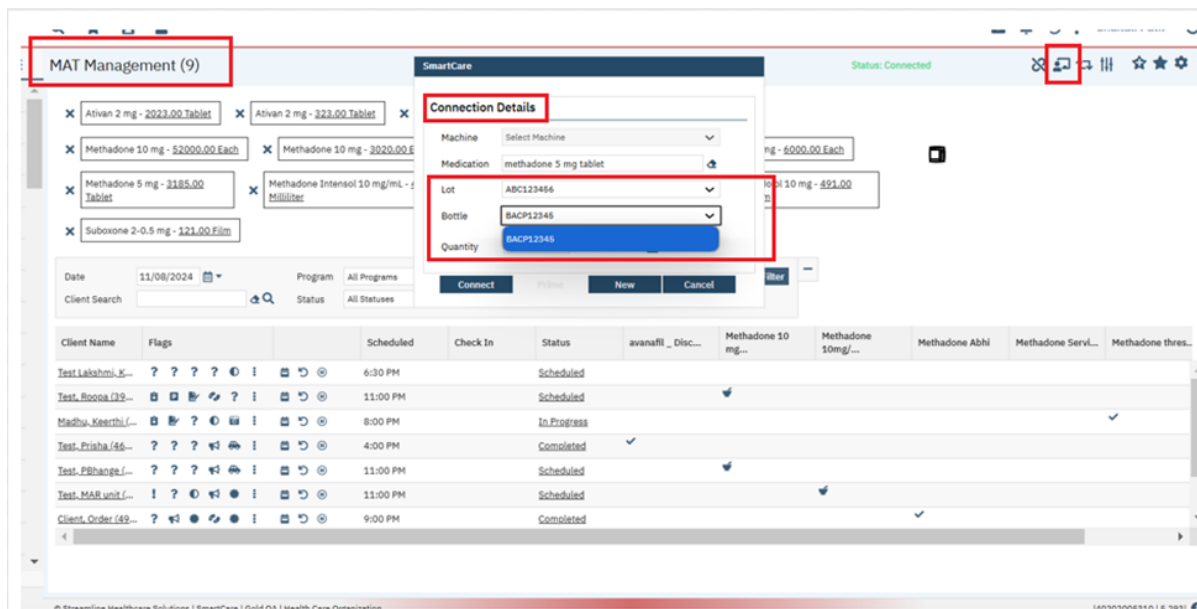
Author: Madhu Basavaraju

87. EII # 128396(Feature- 402173): Methaspense Commands Integration to support MAT Module.

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

Navigation Path 1: 'Administration' -- 'Orders' - 'Orders' list page – click on New -- 'Order Details' screen - Select 'Medication' Order Type - Enter the required fields - Select (Medication Assisted Treatment (MAT), Machine Connection Required and Take Home Allowed) = Yes under 'Medication Assisted Treatment' section – Click on Save.

Navigation Path 2: My Office -- 'Medication/Lot/Bottle' -- 'Medication/Lot/Bottle' list page – click on New -- 'Medication/Lot/Bottle Details' screen -- Enter the required fields – Click on Save.

Navigation Path 3: My Office -- 'MAT Dispenser' -- 'MAT Dispenser' list page – click on New - 'MAT Dispenser Detail' screen -- 'General' tab -- Enter the required fields – Click on Save.

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

Navigation Path 5: 'My Office' – 'MAT Management' -- 'MAT Management' list page – Click on 'Connect User' icon – 'Connection Details' popup – Enter the Connection Details – Click on 'Connect'-- click on Cancel -- Click on 'Dispense' icon for the 'Client' Medication to be dispensed -- 'MAT Management Details' screen -- Sign -- Click on 'Take Home/Dispense' Icon.

Purpose: Methaspense Commands Integration to support MAT Module.

Functionality 'Before' and 'After' release:

With this release, the below mentioned changes have been implemented.

- In the 'MAT Dispenser' list page, a new 'Ivek–Methaspense' has been added under the 'All Model/Manufacturer' dropdown field. 'Ivek – Methaspense' value will be initialized from 'MATDISPESNERMODEL' Global Code.

- In the 'MAT Dispenser Detail' screen, under the 'General 'tab, Machine Details are entered by selecting **'Ivek – Methaspense'** as Model/Manufacturer.

'MAT Management' list page:

Methadone API is designed to communicate between SmartCare App and Medication Dispenser Machine (Methaspense).

The following operations can be performed in the SmartCare web app after connecting to the Machine (Methaspense) to operate it.

1. Door Alarm Disabled
2. Prime
3. UnPrime
4. Dispense
5. ReDispense
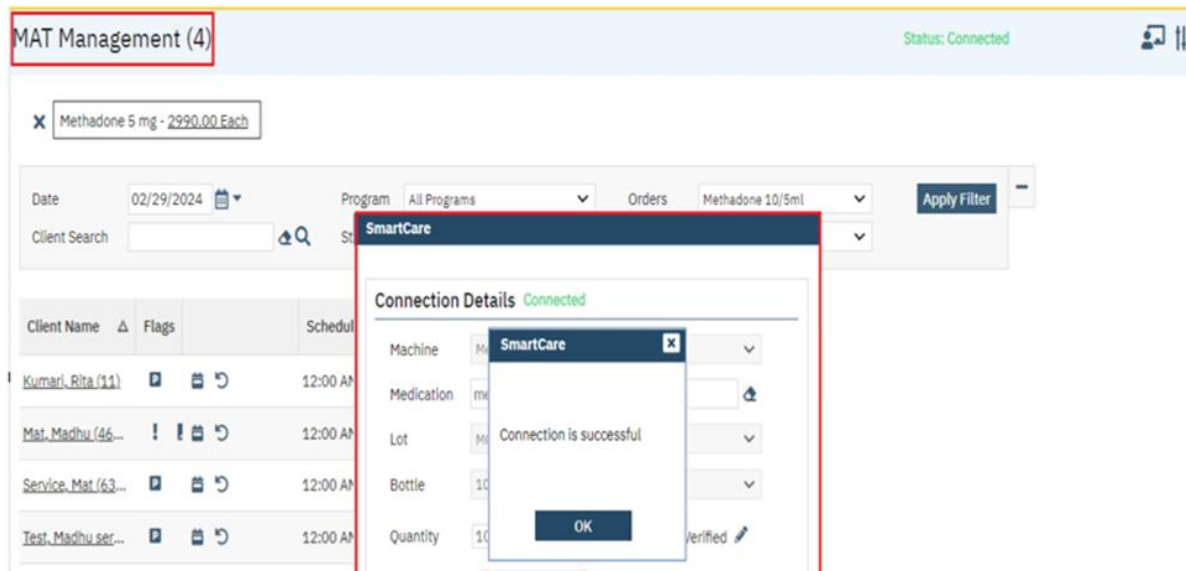
1.   **Door Alarm Disabled:** Command **'s102'** will be sent to Allow Doors to Remain Open.

2.   **Prime:** Command **"m1, b"** will be sent to the dispenser machine to do the Prime operation.
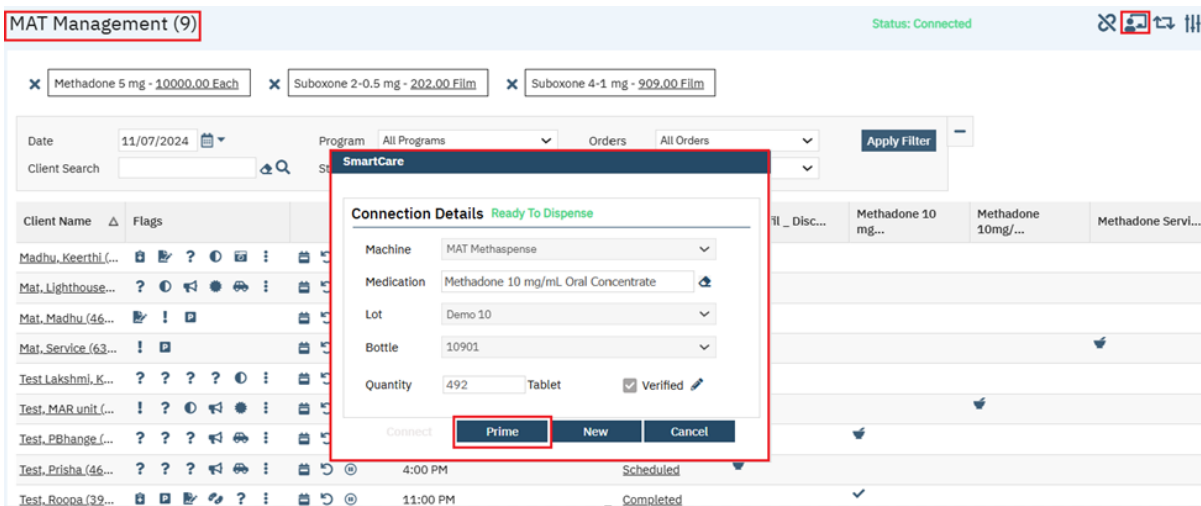
3. **UnPrime:** Command **"d0, b"** will be sent to the dispenser machine to do the UnPrime (Empty) operation.

4. **Dispense/Redispense:** Commands "**m2, v<value>, b**" in this <value> is Dispense value (Dispense Quantity) will be sent to do the Dispense/Redispense operation.

My Calendar

Reference No	Task No	Description
88	Core Bugs # 129542	Mode of delivery fields do not carry over into subsequent recurrences of recurring appointments.

Author: Chaithra Kunjilana

88. Core Bugs # 129542: Mode of delivery fields do not carry over into subsequent recurrences of recurring appointments.

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

Navigation Path: My Office – Staff Calendar/My Calendar – Click on any future date – Select New Service Entry – Click on Ok button – Search and Select the Client – Enter the required values in the Service Note detail screen – Click on Save button -- Click on Select Action icon – Select Make Recurring option – Enter the values in Recurring Service pop up – Click on OK button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user created a recurring service, the Mode of delivery field value was not copied to the recurring services.

With this release, the Mode of delivery field value is carried over to the recurring services now.

My Reports

Reference No	Task No	Description
89	EII # 124950	Jail report
90	EII # 127669	Updating the 'UDS Table 6B Details- Section C—Childhood Immunization Status' Report to reporting year 2024 standards.
91	EII # 127672	Updating 'UDS Table 6B Details - Section D - Cervical and Breast Cancer Screening' Report to 2024 Standard
92	EII # 127680	Changes in 'UDS Table 6B Details – Section L Line 21' report
93	EII # 127808	To verify patient population based on the updated quality measures in the 'UDS Table 7 Health Outcomes and Disparities' report.
94	EII # 127843	UDS Table 4: Selected Patient Characteristics Report Updates
95	EII # 128011	Implementation of the 'UDS Table 6b Section L Report – Line 21 a'.
96	Core Bugs # 129481	The column name of 'Line 20' and 'Line 20a' are the same in the 'Section K -HIV Measures' of the 'UDS Table 6B Quality of Care Measures' report.
97	Core Bugs # 129645	The Revenue Report is not pulling data correctly.

Author: Varsha Patil

89. EII # 124950(Feature-244354): Jail report

Release Type: New Functionality **| Priority:** High

Navigation Path: 'My Office' – 'MAT Jail Report'.

 Functionality 'Before' and 'After' release:

Purpose: This report will determine those patients that received medication, and that patient has been identified as being incarcerated.

With this release, MAT Jail Report is implemented to determine the patients that received medication, and that patient has been identified as being incarcerated.
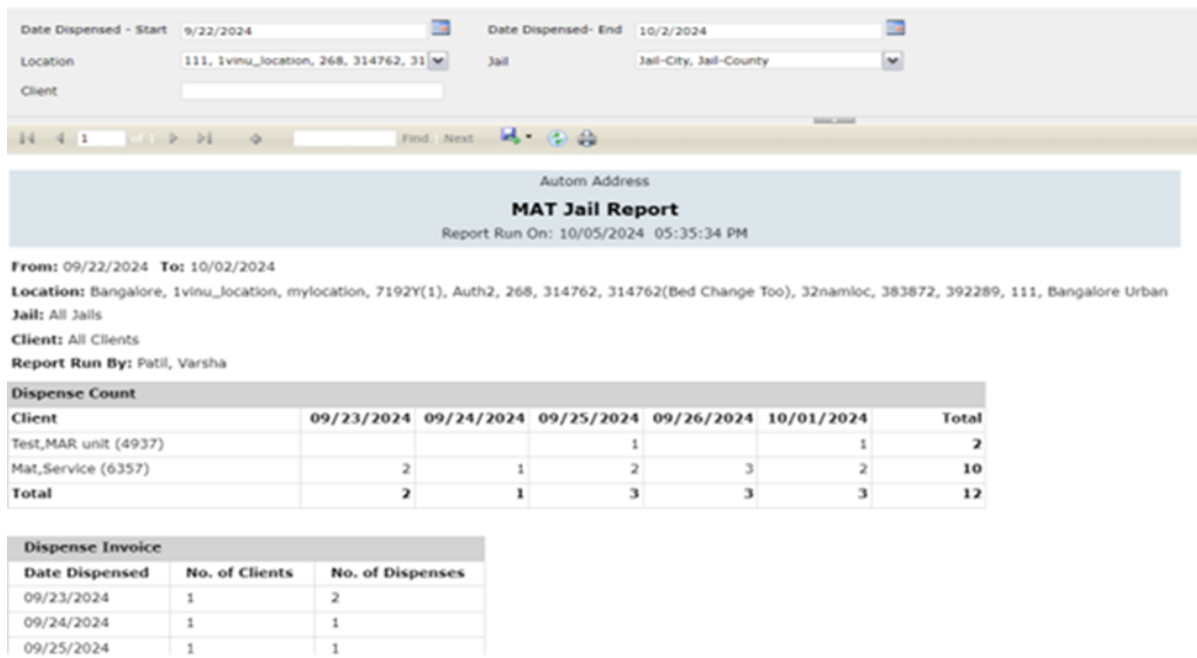
A. Following are the filters present in the report:

- **Date Dispensed - Start:** This is a Date Control field. Dispensed data during the selected date range show in the report. Maximum 45 Days are allowed, otherwise validation will be displayed. By default, today's date will be displayed.
- **Date Dispensed- End:** This is a Date Control field. Dispensed data during the selected date range show in the report. Maximum 45 Days are allowed, otherwise validation will be displayed. By default, today's date will be displayed.
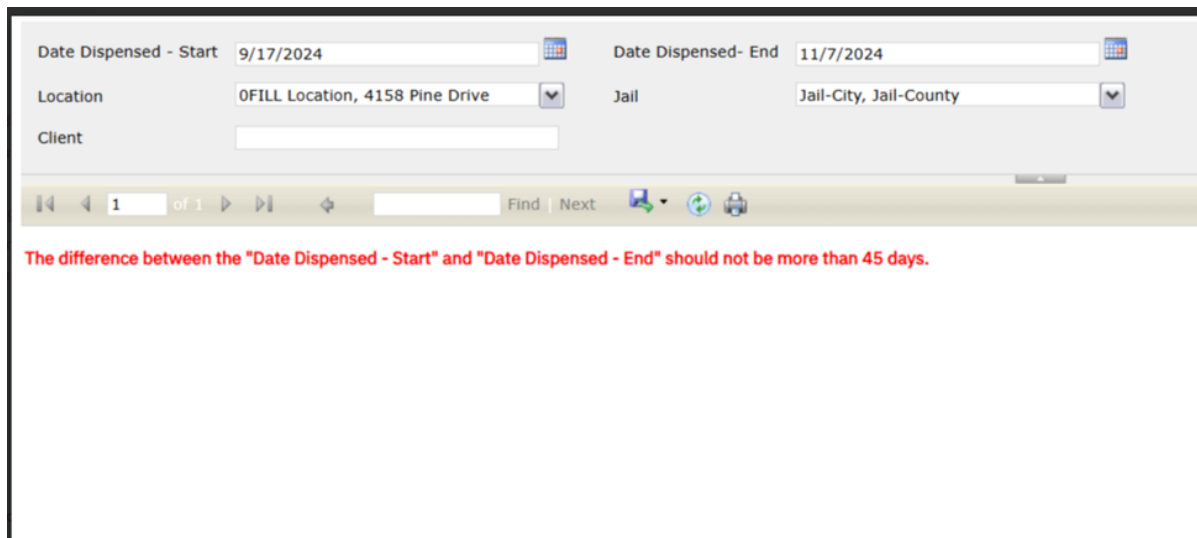
- **Location:** This is a multi-select dropdown field and will display all locations from the 'Locations' table, that are linked to a MATLocationType global code category, that is included in the 'SetCodeForLocationType' Recode, where 'CharacterCodeId' = Jail. By default, Select All will be displayed.

- **Jail:** This is a multi-select dropdown field and display all the values from the global code category MATLocationType, that are linked to the LOCATION(s) from the Locations table that are selected from the 'Location' dropdown, and are included in 'SetCodeForLocationType' Recode, where CharacterCodeId = Jail. By default, Select All will be displayed.
- **Client:** This is a text box field where user can enter Client Id or Client name. The report only shows data for Clients who are enrolled to a MAT Program within the selected Date Range and Client Information -

MAT - Location Type = MATLocationType, that is included in 'SetCodeForLocationType' Recode where CharacterCodeId = Jail, within the selected Date Range.

B. Following are the Headers present in the report:

1.   **Address:** This is a read-only field and displays Agency Address.

2.   **Report Name:** This is a read-only field and displays report name as MAT Jail Report.

3.   **Report Run On:** This is a read-only field and displays Date and Time when the report was run/pulled/executed. This will be in MM/DD/YYYY HH:MM:SS AM/PM format.

C. Following are the Sub-headers present in the report:

1. **From:** Displays From: Start Date chosen for report; MM/DD/YYYY format.

2. **To:** Displays To: End Date chosen for report, display on the same line as Start Date; MM/DD/YYYY format.

3. **Location:** Lists Location(s) selected in filter with comma separators "All Locations" by Default.

4. **Jail:** Lists Jail(s) selected in filter with comma separators. "All Jails" to Default if left blank.

5. **Client:** Lists Client(s) selected in filter with comma separators. "All Clients" to Default if left blank.

6. **Report Run By:** Displays name of Staff who is logged into SmartCare and generates report.

D. The report shows data in two sections:

1. Dispense Count

2. Dispense Invoice

Grid of the section Dispense Count. This section of the Report will hold the Itemized details as mentioned below.

1. **Client:** Displays Client LastName, FirstName (ClientID) for associated MAT dispense transactions. One client per row.

2. **Date:** A column will display for each Date that had MAT Dispense Transactions for Jail Client(s) (using the selected Date Range filters). Displays the number count of MAT Dispense Transactions per client, per date and list Dates in chronological order from left to right.

3. **Total:** Displays the total number of MAT Medication Dispense Transactions per client and displays this in the very last column.

4. Section Footer **Total:** Displays the Total Sum Number of Jail Dispenses, for each Date column, for all MAT Jail clients and ALL MAT Jail Dispenses during the entire selected Date Range from Filter

Grid of the section Dispense Invoice: This section of Report holds the Summarized details as mentioned below:

1. **Date Dispensed:** This is a read-only field. Displays a row for each Date that had dispenses. If Date has more than one set of matches, then one row per match for that Date is displayed and lists the Dates in chronological order from top to bottom.

2. **No. of Clients:** Displays the Sum Total Number of Clients who had the Same Number of Dispenses on the Same Date. If a Date has multiple matches, then lists a row for each Date that matches another client's Number of Dispenses.

3. **No. of Dispenses:** Displays the Number of Dispenses that the Client(s) have for the associated Date Dispensed.

Date Dispensed - Start	9/22/2024		Date Dispensed- End	10/2/2024	
Location	111, 1vinu_location, 268, 314762, 31		Jail	Jail-City, Jail-County	
Client					

Autom Address

MAT Jail Report

Report Run On: 10/05/2024 05:35:34 PM

From: 09/22/2024 **To:** 10/02/2024

Location: Bangalore, 1vinu_location, mylocation, 7192Y(1), Auth2, 268, 314762, 314762(Bed Change Too), 32namloc, 383872, 392289, 111, Bangalore Urban

Jail: All Jails

Client: All Clients

Report Run By: Patil, Varsha

Dispense Count

Client	09/23/2024	09/24/2024	09/25/2024	09/26/2024	10/01/2024	Total
Test,MAR unit (4937)			1		1	2
Mat,Service (6357)	2	1	2	3	2	10
Total	2	1	3	3	3	12

Dispense Invoice

Date Dispensed	No. of Clients	No. of Dispenses
09/23/2024	1	2
09/24/2024	1	1
09/25/2024	1	1

Author: Pavitra Sajjan

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

Navigation Path: 'My Office' – 'UDS Table 6B Details' – 'Section C' – 'UDS Table 6B Details- Section C—Childhood Immunization Status' report.**'**

Functionality 'Before' and 'After' release:

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

With this release, the below mentioned changes have been implemented in 'UDS Table 6B Details- Section C— Childhood Immunization Status' report for reporting year 2024.

Reporting CY:

- Added the evaluation of a Service in a Complete status.
- Changes in this design are only applied to the 2024 reporting year and forward.
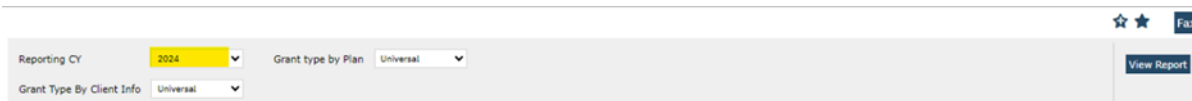
Title:

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

Version is updated to 2024 reporting year version: CMS117v12

Hyperlink:

Hyperlink is updated to the 2024 specifications:

https://ecqi.healthit.gov/ecqm/ec/2024/cms0117v12
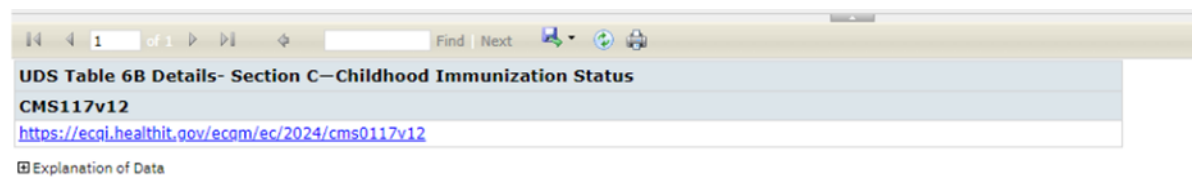
Clicking on the above hyperlink will lead to specific website.

Explanation of Data:

⊟ Explanation of Data

Explanation of Data	
Measure Description	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday
Initial Population	All Clients meeting filter criteria who are 2 years of age on any day during the measurement period selected
Denominator	Clients who's age is 2 years on any day during the selected reporting period with a qualifying visit and are not excluded
Numerator	To meet numerator requirements client must have the following immunizations entered into their immunization history, these must be present on or before 2nd birthday: -Diphtheria, tetanus and acellular pertussis (DTaP) -At least 4 DtaP immunizations, Must have different dates of service, Does not count a vaccination administered <= 42 days after birth. -Polio (IPV) - At least 3 IPV immunizations, Must have different dates of service, Does not count a vaccination administered <= 42 days after birth. -Measles mumps rubella (MMR) -At least one MMR Immunization, Vaccine - Received on or between the child's first and second birthdays. OR history of measles, mumps, or rubella. -H influenza type B (Hib) -At least three HiB vaccinations, with different dates of service <= child's 2nd birthday. Does not count a vaccination administered prior to 42 days after birth. -Hepatitis B (Hep B) - At least 3 immunizations with different dates of service. OR history of hepatitis B illness. -Chicken pox (VZV) - At least 1 immunization with a date of service on or between the child's first and second birthdays. OR history of varicella zoster (e.g., chicken pox) illness on or before the child's second birthday. -Pneumococcal conjugate (PCV) -At least 4 immunizations, Must have different dates of service, Does not count a vaccination administered prior to 42 days after birth. . -Hepatitis A (Hep A) -At least 1 immunization with date of service on or between the child's first and second birthdays. OR history of hepatitis A illness on or before the child's second birthday. -Rotavirus (RV) -At least 3 administrations of RotaTeq vaccine for Rotavirus, if Rotarix® (RV1) vaccination is also used

	-Hepatitis A (Hep A) -At least 1 immunization with date of service on or between the child's first and second birthdays. OR history of hepatitis A illness on or before the child's second birthday. -Rotavirus (RV) -At least 3 administrations of RotaTeq vaccine for Rotavirus, if Rotarix® (RV1) vaccination is also used in your system, check manual and/or contact support to ensure it is set up for UDS reporting -Influenza (flu) vaccines -At least 2 immunizations with different dates of service on or before the child's second birthday. Does not count a vaccination administered prior to 6 months (180 days) after birth. *Vaccine global codes must be setup with appropriate external code 1 and 2 values to be included, see manual for more information.
Exclusions	Exclude clients with contraindication listed on their Immunization record. Exclude clients with any of the following diagnoses on or before the child's second birthday: - Severe combined immunodeficiency - Immunodeficiency - HIV - Lymphoreticular cancer, multiple myeloma or leukemia - Intussusception Exclude clients who have a Hospice Care Flag for any part of the measurement period.

In the Explanation 'Measure Description' has been newly added.

Measure Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday

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

Denominator: Clients who's age is 2 years on any day during the selected reporting period with a qualifying visit and are not excluded

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

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

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

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

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

-Hepatitis B (Hep B) - At least 3 immunizations with different dates of service. OR history of hepatitis B illness.

-Chicken pox (VZV) - At least 1 immunization with a date of service on or between the child's first and second birthdays. OR history of varicella zoster (e.g., chicken pox) illness on or before the child's second birthday.

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

Hepatitis A (Hep A) -At least 1 immunization with date of service on or between the child's first and second birthdays. OR history of hepatitis A illness on or before the child's second birthday.

-Rotavirus (RV) -At least 3 administrations of RotaTeq vaccine for Rotavirus, if Rotarix® (RV1) vaccination is also used in your system, check manual and/or contact support to ensure it is set up for UDS reporting

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

*Vaccine global codes must be setup with appropriate external code 1 and 2 values to be included, see manual for more information.

Exclusions: Exclude clients with contraindication listed on their Immunization record.

Exclude clients with any of the following diagnoses on or before the child's second birthday:

- Severe combined immunodeficiency

- Immunodeficiency

- HIV

- Lymphoreticular cancer, multiple myeloma or leukemia

- Intussusception

Exclude clients who have a Hospice Care Flag for any part of the measurement period.

Summary Section:

Total Clients: 'Sum total of included clients - those who meet filter criteria AND who are 2 years of age on any day during the selected reporting year.

Denominator Total (a & b): Sum the total number of clients where Meets Denominator = Y and Excluded = N.

Numerator Total (c): 'Sum the total number of clients where Meets Numerator= Y.

Numerator %:'Numerator total (c) / Denominator total (a)

Excluded Total: 'Sum total Excluded = Y

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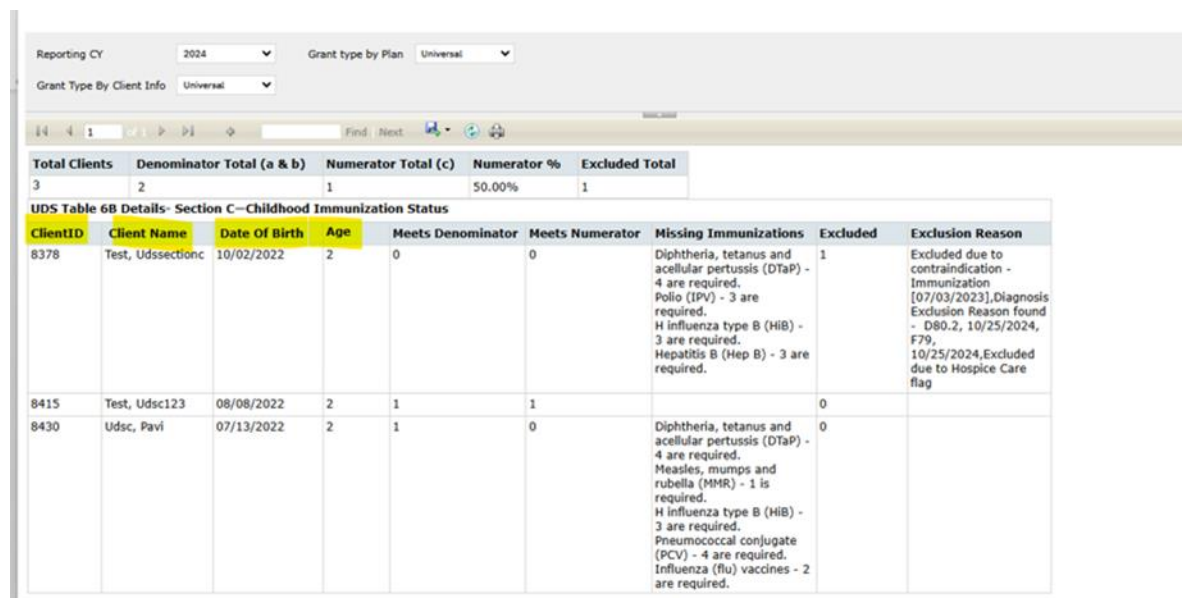
Section Label -'UDS Table 6B Details- Section C—Childhood Immunization Status'.

ClientID: This column data will be fetched from Client Information > General Tab > Client ID.

Client Name: This column displays Last name, First name.

Date of Birth: Date of Birth column is added newly in the details report. This column data will be fetched from Client Information > Demographics > DOB field.

Age: This column data will be fetched from Client information > Demographics > Age Field.

| Reporting CY | 2024 | Grant type by Plan | Universal |
| Grant Type By Client Info | Universal | | |

| | | | Find Next | | |

Total Clients	Denominator Total (a & b)	Numerator Total (c)	Numerator %	Excluded Total
3	2	1	50.00%	1

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

ClientID	Client Name	Date Of Birth	Age	Meets Denominator	Meets Numerator	Missing Immunizations	Excluded	Exclusion Reason
8378	Test, Udssectionc	10/02/2022	2	0	0	Diphtheria, tetanus and acellular pertussis (DTaP) - 4 are required. Polio (IPV) - 3 are required. H influenza type B (HiB) - 3 are required. Hepatitis B (Hep B) - 3 are required.	1	Excluded due to contraindication - Immunization [07/03/2023],Diagnosis Exclusion Reason found - D80.2, 10/25/2024, F79, 10/25/2024,Excluded due to Hospice Care flag
8415	Test, Udsc123	08/08/2022	2	1	1		0	
8430	Udsc, Pavi	07/13/2022	2	1	0	Diphtheria, tetanus and acellular pertussis (DTaP) - 4 are required. Measles, mumps and rubella (MMR) - 1 is required. H influenza type B (HiB) - 3 are required. Pneumococcal conjugate (PCV) - 4 are required. Influenza (flu) vaccines - 2 are required.	0	

Meets Denominator: This Column will display value 1,

- If the client's age is 2 years on any day during the selected reporting period 1/1 to 12/31 and Excluded = N.

    AND

- Client had qualifying service during the reporting period.
   Qualifying will Encounter in the following conditions.
- Client has a service where the program = an FQHC program AND with a status = Complete > Charge > Billing Code matches a value in "Code" category of CMS117v12 measure value set tab and in one of the following "Value Set OID" (number only): If more than one charge exists, It will look for a match from any of the Charges for the Service.
    - Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)
    - Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)
    - Online Assessments (2.16.840.1.113883.3.464.1003.101.12.1089)
    - Preventive Care Services, Initial Office Visit, 0 to 17 (2.16.840.1.113883.3.464.1003.101.12.1022)

    - Preventive Care, Established Office Visit, 0 to 17 (2.16.840.1.113883.3.464.1003.101.12.1024)
    - Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)
    - Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional ("CPT Code (99211)")

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

Reporting CY	2024 ▼	Grant type by Plan	Universal ▼
Grant Type By Client Info	Universal ▼		

Total Clients	Denominator Total (a & b)	Numerator Total (c)	Numerator %	Excluded Total
3	2	1	50.00%	1

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

ClientID	Client Name	Date Of Birth	Age	Meets Denominator	Meets Numerator	Missing Immunizations	Excluded	Exclusion Reason
8378	Test, Udssectionc	10/02/2022	2	0	0	Diphtheria, tetanus and acellular pertussis (DTaP) - 4 are required. Polio (IPV) - 3 are required. H influenza type B (HiB) - 3 are required. Hepatitis B (Hep B) - 3 are required.	1	Excluded due to contraindication - Immunization [07/03/2023],Diagnosis Exclusion Reason found - D80.2, 10/25/2024, F79, 10/25/2024,Excluded due to Hospice Care flag
8415	Test, Udsc123	08/08/2022	2	1	1		0	
8430	Udsc, Pavi	07/13/2022	2	1	0	Diphtheria, tetanus and acellular pertussis (DTaP) - 4 are required. Measles, mumps and rubella (MMR) - 1 is required. H influenza type B (HiB) - 3 are required. Pneumococcal conjugate (PCV) - 4 are required. Influenza (flu) vaccines - 2 are required.	0	

Meets Numerator:

This Column will display the value as 1

- If Meets Denominator = Y and Excluded = N, when Client Immunization Vaccine status = Vaccine – Received (global code ID 8626) or Vaccine - Received Elsewhere (global code ID 8630) AND vaccine administered date is <=2nd birthday.

AND the following counts are true for each Vaccine Type:

- \>= 4 diphtheria, tetanus and acellular pertussis (DTaP); Must have different dates of service, Does not count a vaccination administered <= 42 days after birth; Count immunizations where Vaccine Global Code external code 1 value = Measure value set "code" , "CMS ID"=CMS117v12 and "Value Set OID" is the following: (See Measure Value Set CMS117v12 tab) (number only)

    -DTaP Vaccine (2.16.840.1.113883.3.464.1003.196.12.1214).

    AND
- \>= 3 polio (IPV): Must have different dates of service, Does not count a vaccination administered <= 42 days after birth. ; Count immunizations where Vaccine Global Code external code 1 value = Measure value set "code","CMS ID"=CMS117v12 and "Value Set OID" is the following: (See Measure Value Set CMS 117v12) (number only)
    -Inactivated Polio Vaccine (IPV) (2.16.840.1.113883.3.464.1003.196.12.1219).
    AND
    \>= 1 measles mumps rubella (MMR): Date must be on or between the child's first and second birthdays ;Count immunizations where Vaccine Global Code external code 1 value = Measure value set "code","CMS ID"=CMS117v12 and "Value Set OID" is the following: (See Measure Value Set CMS 117v12) (number only)
      -Measles, Mumps and Rubella (MMR) Vaccine (2.16.840.1.113883.3.464.1003.196.12.1224)

    OR

Client has a diagnosis (client problems list, diagnosis document, OR a billing diagnosis) that starts during the first two years of clients life (from birthdate to second birthday) where the diagnosis code is found in one of the following value set: (see measure valueset CMS117v12 tab):

-Measles (2.16.840.1.113883.3.464.1003.110.12.1053)

-Mumps (2.16.840.1.113883.3.464.1003.110.12.1032)

-Rubella (2.16.840.1.113883.3.464.1003.110.12.1037)

AND

>= 3 H influenza type B (Hib): With different dates of service <= child's 2nd birthday. Does not count a vaccination administered prior to 42 days after birth. ; Count immunizations where Vaccine Global Code external code 1 value = Measure value set "code", "CMS ID"=CMS117v12 and "Value Set OID" is in one of the following: (See Measure Value Set CMS 117v12) (number only)

  -Hib Vaccine (3 dose schedule) (2.16.840.1.113883.3.464.1003.110.12.1083)

  -Hib Vaccine (4 dose schedule) (2.16.840.1.113883.3.464.1003.110.12.1085)

AND

>= 3 hepatitis B (Hep B); With different dates of service <= child's 2nd birthday ; Count immunizations where Vaccine Global Code external code 1 value = Measure value set "code", "CMS ID"=CMS117v12 and "Value Set OID" is in the following: (See Measure Value Set CMS 117v12) (number only)

  -Hepatitis B Vaccine (2.16.840.1.113883.3.464.1003.196.12.1216)

   OR

   Client has a diagnosis (client problems list, diagnosis document, OR a billing diagnosis) that starts during the first two years of clients life (from birthdate to second birthday) where the diagnosis code is found in the following value set: (see measure valueset CMS117v12 tab):

    -Hepatitis B (2.16.840.1.113883.3.67.1.101.1.269)

AND

>= 1 chicken pox (VZV); Date of service on or between the child's first and second birthdays; Count immunizations where Vaccine Global Code external code 1 value = Measure value set "code", "CMS ID"=CMS117v12 and "Value Set OID" is in the following: (See Measure Value Set CMS 117v12) (number only)

  -Varicella Zoster Vaccine (VZV) (2.16.840.1.113883.3.464.1003.196.12.1170)

   OR

   Client has a diagnosis (client problems list, diagnosis document, OR a billing diagnosis) that starts during the first two years of clients life (from birthdate to second birthday) where the diagnosis code is found in the following value set: (see measure valueset CMS117v12 tab):

    -Varicella Zoster (2.16.840.1.113883.3.464.1003.110.12.1039)

AND

>= 4 pneumococcal conjugate (PCV); Must have different dates of service, Does not count a vaccination administered prior to 42 days after birth ;Count immunizations where Vaccine Global Code external code 1 value = Measure value set "code", "CMS ID"=CMS117v12 and "Value Set OID" is in the following: (See Measure Value Set CMS 117v12) (number only)

-Pneumococcal Conjugate Vaccine (2.16.840.1.113883.3.464.1003.196.12.1221)

AND

>= 1 hepatitis A (Hep A); Date of service on or between the child's first and second birthdays. Count immunizations where Vaccine Global Code external code 1 value = Measure value set "code" , "CMS ID"=CMS117v12 and "Value Set OID" is in the following: (See Measure Value Set CMS 117v12) (number only)

-Hepatitis A Vaccine (2.16.840.1.113883.3.464.1003.196.12.1215)

OR

Client has a diagnosis (client problems list, diagnosis document, OR a billing diagnosis) that starts during the first two years of clients life (from birthdate to second birthday) where the diagnosis code is found in the following value set: (see measure valueset CMS117v12 tab):

-Hepatitis A (2.16.840.1.113883.3.464.1003.110.12.1024)

AND

>= 2 OR 3 rotavirus (RV):

-3 vaccinations are required when Vaccine Global Code external code 1 value = Measure value set "code", "CMS ID"=CMS117v12 and "Value Set OID" is in the following: (See Measure Value Set CMS 117v12) (number only)

-Rotavirus Vaccine (3 dose schedule) (2.16.840.1.113883.3.464.1003.196.12.1223)

-2 vaccinations are required when both are Vaccine Global Code external code 1 value = 119 (Measure value set "code"= 119 (rotavirus, live, monovalent vaccine), "CMS ID"=CMS117v12 and "Value Set OID" is in the following: (See Measure Value Set CMS 117v12) (number only)

-Rotavirus Vaccine (3 dose schedule) (2.16.840.1.113883.3.464.1003.196.12.1223)

however if only 1 vaccination is external code 1 value = 119 then a total of 3 vaccinations are still required, 2 matching a Measure value set 'code' where Value Set OID = 2.16.840.1.113883.3.464.1003.196.12.1223 and 1 with external code 1 value = 119 (Measure value set "code"=119, "CMS ID"=CMS117v12, and Value Set OID =2.16.840.1.113883.3.464.1003.196.12.1223

AND

>= 2 influenza (flu) vaccines;-At least 2 immunizations with different dates of service on or before the child's second birthday. Does not count a vaccination administered prior to 6 months (180 days) after birth; Count immunizations where Vaccine Global Code external code 1 value = Measure value set "code" , "CMS ID"=CMS117v12 and "Value Set OID" is in the following: (See Measure Value Set CMS 117v12) (number only)

-Child Influenza Immunization Administered (2.16.840.1.113883.3.464.1003.196.12.1218).

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

| Reporting CY | 2024 | Grant type by Plan | Universal |
| Grant Type By Client Info | Universal | | |

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Total Clients	Denominator Total (a & b)	Numerator Total (c)	Numerator %	Excluded Total
3	2	1	50.00%	1

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

ClientID	Client Name	Date Of Birth	Age	Meets Denominator	Meets Numerator	Missing Immunizations	Excluded	Exclusion Reason
8378	Test, Udssectionc	10/02/2022	2	0	0	Diphtheria, tetanus and acellular pertussis (DTaP) - 4 are required. Polio (IPV) - 3 are required. H influenza type B (HiB) - 3 are required. Hepatitis B (Hep B) - 3 are required.	1	Excluded due to contraindication - Immunization [07/03/2023],Diagnosis Exclusion Reason found - D80.2, 10/25/2024, F79, 10/25/2024,Excluded due to Hospice Care flag
8415	Test, Udsc123	08/08/2022	2	1	1		0	
8430	Udsc, Pavi	07/13/2022	2	1	0	Diphtheria, tetanus and acellular pertussis (DTaP) - 4 are required. Measles, mumps and rubella (MMR) - 1 is required. H influenza type B (HiB) - 3 are required. Pneumococcal conjugate (PCV) - 4 are required. Influenza (flu) vaccines - 2 are required.	0	

Missing Immunizations:

'List vaccination Names that do not have required count in Vaccination Record to meet the numerator=Y requirement and the required number

Example:

Missing Diphtheria, tetanus and acellular pertussis (DTaP) - 4 are required

Missing Hepatitis B (Hep B) 3 are required.

Missing influenza (flu) vaccines, 2 are required.

Missing Rotavirus (RV) 2 or 3 are required.

Excluded: This Column will display value as 1

- if Immunization with Vaccine Status is Contraindication

  OR

- Client has a diagnosis (client problems list, diagnosis document, OR a billing diagnosis) that starts during the first two years of clients life (from birthdate to second birthday) where the diagnosis code is found in one of the following value set: (see measure valueset CMS117v12 tab)

  -Severe Combined Immunodeficiency (2.16.840.1.113883.3.464.1003.120.12.1007)

  -Disorders of the Immune System (2.16.840.1.113883.3.464.1003.120.12.1001)

  -HIV (2.16.840.1.113883.3.464.1003.120.12.1003)

-Malignant Neoplasm of Lymphatic and Hematopoietic Tissue (2.16.840.1.113883.3.464.1003.108.12.1009)

  -Intussusception (2.16.840.1.113883.3.464.1003.199.12.1056)

  OR

- Client has active Hospice Care flag that is mapped in the FQHCHospiceCare Recode at any time during reporting year

OR

- Client has service with a status = Complete > Charge > Billing Code at any point during the measurement period where Billing code = "code" in one of the following measure "Value set OID" (see measure valueset CMS 117v12 tab): If more than one charge exists, it will look for a match from any of the Charges for the Service.

    -Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)

    -Hospice Encounter (2.16.840.1.113883.3.464.1003.1003)

OR

- Client has a diagnosis (client problems list, diagnosis document, OR a billing diagnosis) at any point during the measurement period where the diagnosis code is found in the following value set: (see measure valueset CMS117v12 tab)

    -Hospice Diagnosis (2.16.840.1.113883.3.464.1003.1165)

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

| Reporting CY | 2024 | Grant type by Plan | Universal |
| Grant Type By Client Info | Universal | | |

Total Clients	Denominator Total (a & b)	Numerator Total (c)	Numerator %	Excluded Total
3	2	1	50.00%	1

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

ClientID	Client Name	Date Of Birth	Age	Meets Denominator	Meets Numerator	Missing Immunizations	Excluded	Exclusion Reason
8378	Test, Udssectionc	10/02/2022	2	0	0	Diphtheria, tetanus and acellular pertussis (DTaP) - 4 are required. Polio (IPV) - 3 are required. H influenza type B (HiB) - 3 are required. Hepatitis B (Hep B) - 3 are required.	1	Excluded due to contraindication - Immunization [07/03/2023],Diagnosis Exclusion Reason found - D80.2, 10/25/2024, F79, 10/25/2024,Excluded due to Hospice Care flag
8415	Test, Udsc123	08/08/2022	2	1	1		0	
8430	Udsc, Pavi	07/13/2022	2	1	0	Diphtheria, tetanus and acellular pertussis (DTaP) - 4 are required. Measles, mumps and rubella (MMR) - 1 is required. H influenza type B (HiB) - 3 are required. Pneumococcal conjugate (PCV) - 4 are required. Influenza (flu) vaccines - 2 are required.	0	

Exclusion Reason: This Column will display the exclusion reason

- If client is excluded due to contraindication, it will display "Excluded due to contraindication - Immunization [DATE OF IMMUNIZATION RECORD WITH CONTRAINDICATION]"

OR

- If the client is excluded due to diagnosis, it will display "Diagnosis Exclusion Reason found - [insert the Exclusion Diagnosis that was found], [Insert Date of Diagnosis]". It will include first instance of diagnosis during measurement period if there are multiple entries from the same valueset. If there are multiple entries from different valuesets, display each diagnosis code found.

OR

- If a client is excluded due to the hospice care flag, it will display "Excluded due to Hospice Care flag".

OR

- If a client is excluded due to a service, it will display "Service Exclusion Reason found - [Insert the Exclusion Service billing code that was found], [Insert the Date of Service]". It will include the first instance of service during the measurement period if there are multiple entries from the same valueset. If there are multiple entries from different valuesets, display each service that was found.

If more than one excluded reason was found, display the first reason in order 1, 2, 3

Author: Deepika SanjeevKumar

91. EII # 127672(Feature – 369925): Updating 'UDS Table 6B Details - Section D - Cervical and Breast Cancer Screening' Report to 2024 Standard

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

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

Functionality 'Before' and 'After' release:

Purpose:

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

With this release, the below mentioned changes have been implemented in the 'UDS Table 6B Details - Section D - Cervical and Breast Cancer Screening' Report.

Reporting CY:

- Added the evaluation of a Service in a Complete status.
- Changes in this design are only applied to the 2024 reporting year and forward.
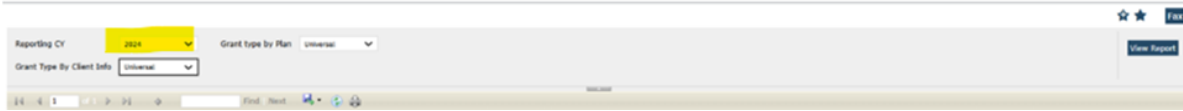

Title: Versions updated to 2024 reporting year version: CMS124v12, CMS125v12

Hyperlink: Hyperlinks updated to the 2024 specifications:

https://ecqi.healthit.gov/ecqm/ec/2024/cms0124v12,

https://ecqi.healthit.gov/ecqm/ec/2024/cms0125v12
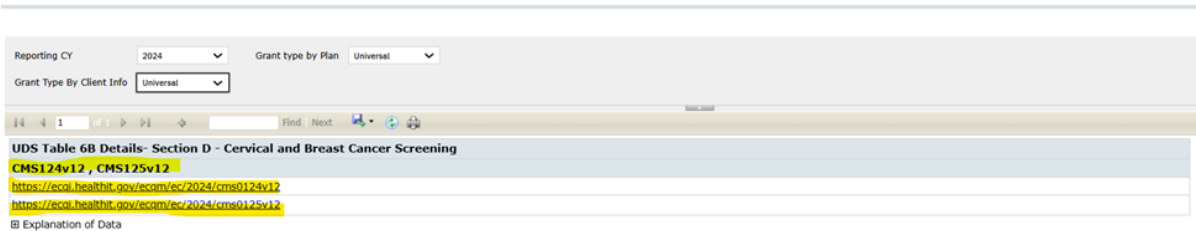
On click of above hyperlinks will open the specific website. (Please refer EII -128011 for this filter section for more information. This implementation is same as that task)

Explanation Of Data
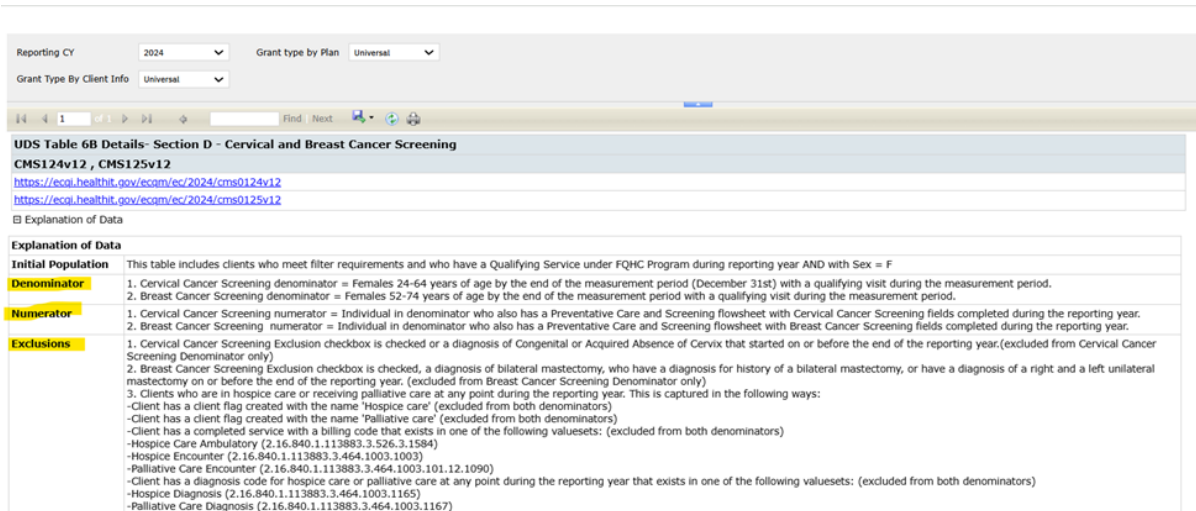
Denominator:

1. Cervical Cancer Screening denominator = Females 24-64 years of age by the end of the measurement period (December 31st) with a qualifying visit during the measurement period.

2. Breast Cancer Screening denominator = Females 52-74 years of age by the end of the measurement period with a qualifying visit during the measurement period.

Numerator:

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

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

Exclusions:

1. Cervical Cancer Screening Exclusion checkbox is checked or a diagnosis of Congenital or Acquired Absence of Cervix that started on or before the end of the reporting year. (excluded from Cervical Cancer Screening Denominator only)

2. Breast Cancer Screening Exclusion checkbox is checked, a diagnosis of bilateral mastectomy, who has a diagnosis for history of a bilateral mastectomy, or have a diagnosis of a right and a left unilateral mastectomy on or before the end of the reporting year. (excluded from Breast Cancer Screening Denominator only)

3. Clients who are in hospice care or receiving palliative care at any point during the reporting year. This is captured in the following ways:

    -Client has a client flag created with the name 'Hospice care' (excluded from both denominators)

    -Client has a client flag created with the name 'Palliative care' (excluded from both denominators)

    -Client has a completed service with a billing code that exists in one of the following valuesets: (excluded from both denominators)

    -Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)

    -Hospice Encounter (2.16.840.1.113883.3.464.1003.1003)

    -Palliative Care Encounter (2.16.840.1.113883.3.464.1003.101.12.1090)

    -Client has a diagnosis code for hospice care or palliative care at any point during the reporting year that exists in one of the following valuesets: (excluded from both denominators)

    -Hospice Diagnosis (2.16.840.1.113883.3.464.1003.1165)

    -Palliative Care Diagnosis (2.16.840.1.113883.3.464.1003.1167)

Grid Section:

ClientID: This column data will be fetched from Client Information > General Tab > Client ID.

Client Name: This column displays Last name, First name.

Date of Birth: Date of Birth column is added newly in the details report. This column data will be fetched from Client Information > Demographics > DOB field.

Age: This column data will be fetched from Client information > Demographics > Age Field.

Sex: This column data will be fetched from Client information > Demographics > Sex field.

Meets Denominator Cervical Cancer Screening

Logic has been added to ensure we are qualifying only encounters that align with the specifications through qualifying encounter value sets:

This Column will display 1 when:

1. Client meets FQHC inclusion (Qualifying Service under FQHC Program during the reporting year and meeting Grant filter criteria, if selected)

   AND

   Clients' Sex = Female

   AND

   Client's Age = 24 through 64 on December 31st of Reporting Year.

   AND

   Client had qualifying service during reporting period, the following are the Qualifying Encounter

   Client has a service where the program = an FQHC program AND with a status = Complete > Charge > Billing Code matches a value in "Code" category of CMS124v12 measure value set tab and in one of the following "Value Set OID" (number only). If more than one charge exists, look for a match from any of the Charges for the Service.

   - Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)
   - Preventive Care Services Established Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1025)
   - Preventive Care Services Initial Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1023)
   - Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)
   - Online Assessments (2.16.840.1.113883.3.464.1003.101.12.1089)
   - Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)

   AND

Excluded <> Y

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

UDS Table 6B Details- Section D - Cervical and Breast Cancer Screening
CMS124v12 , CMS125v12
https://ecqi.healthit.gov/ecqm/ec/2024/cms0124v12
https://ecqi.healthit.gov/ecqm/ec/2024/cms0125v12
⊞ Explanation of Data

Total Clients	Total Denominator Cervical Cancer Screening	Total Numerator Cervical Cancer Screening	% Numerator Cervical Cancer Screening	Total Excluded Cervical Cancer Screening	Total Denominator Breast Cancer Screening	Total Numerator Breast Cancer Screening	% Numerator Breast Cancer Screening	Total Excluded Breast Cancer Screening
11	5	1	20.00%	4	1	1	100.00%	3

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

ClientID	Client Name	Date of Birth	Age	Sex	Meets Denominator Cervical Cancer Screening	Meets Numerator Cervical Cancer Screening	Cervical Cancer Screening Date	Excluded Cervical Cancer Screening	Exclusion Reason Cervical Cancer Screening	Meets Denominator Breast Cancer Screening	Meets Numerator Breast Cancer Screening	Breast Cancer Screening Date	Excluded Breast Cancer Screening	Exclusion Reason Breast Cancer Screening
2126700	Test, Anu	01/22/1996	28	F	0	0		1	Excluded due to Palliative Care flag					
2126901	Test, TestShivni	01/01/1993	31	F	0	0		1	Excluded due to Hospice Care flag					
2127529	UDS one, Test	05/03/1985	39	F	0	0		0						
2127530	UDS two, Test	09/01/1980	44	F	1	1	09/01/2024	0						
2127532	Test, Uds Breast Cancer Screening	05/03/1960	64	F	1	0		0		1	1	09/01/2024	0	
2127533	UDS six, Test	05/03/1975	49	F	1	0		0						
2127536	UDS last, Test	05/03/1980	44	F	1	0		0						
2127536	Uds bc, Test	05/03/1970	54	F	1	0		0		0	0		1	Preventative Care and Screening

Meets Numerator Cervical Cancer Screening

- Logic has been added to ensure we are capturing cervical cancer screening during the correct timing to better align with specifications.
- Logic has been added for additional workflows to capture cervical cancer screening through Laboratory tests for "Pap Test" and "HPV test".

This Column will display 1 when:

Denominator Cervical Cancer Screening = Y

AND

Client has flowsheet completed during reporting period (1/1 to 12/31 of selected year in filter) where Template Name: Preventative Care and Screening > Cervical Cancer fields are the following:

- Cervical Cancer Screening Complete checkbox = checked.
- Cervical Cancer Screening Date = Date during the reporting period OR up to 2 years prior to the reporting year (total of 3 years - the current reporting year and the 2 years prior)
- Cervical Cancer Results = any dropdown option selected (cannot be blank) (Global Code: CERVICALCANCER).

If multiple flowsheets exist, it will use the most recent flowsheet within the reporting period that meet the above criteria

OR

Client Orders (Client) > an Order and result is NOT NULL exists with a date during the selected reporting period OR up to 2 years prior to the reporting year (total of 3 years - the current reporting year and the 2 years prior) that has a LOINC code found in the following measure value set OID: (number only) (See Measure Value Set CMS 124v12 tab):

- Pap Test (2.16.840.1.113883.3.464.1003.108.12.1017)

OR

Client flowsheet entry during the reporting year or 2 years prior has at least one healthdata attribute that has a LOINC Code that matches a code in the following valueset: (number only) (See Measure Value Set CMS 124v12 tab):

- Pap Test (2.16.840.1.113883.3.464.1003.108.12.1017)

OR

Client has a service during selected reporting period OR up to 2 years prior to the reporting year (total of 3 years - the current reporting year and the 2 years prior) WHERE:

Client Service with a status = Complete > Charge > Billing code matches a value in "Code" category of CMS124v12 measure value set tab where the "Value Set OID" category = the following (number only) (See Measure Value Set CMS 124v12 tab): If more than one charge exists, it will look for a match from any of the Charges for the Service.

- Pap Test (2.16.840.1.113883.3.464.1003.108.12.1017)

OR

Client Orders (Client) > an Order and result is NOT NULL exists with Date during selected reporting period OR up to 4 years prior to the reporting year (total of 5 years - the current reporting year and the 4 years prior) that has a LOINC code found in the following measure value set OID: (number only) (See Measure Value Set CMS 124v12 tab):

- HPV Test (2.16.840.1.113883.3.464.1003.110.12.1059)

OR

Client flowsheet entry during the reporting year or 4 years prior has at least one healthdata attribute that has a LOINC Code that matches a code in the following measure valueset: (number only) (See Measure Value Set CMS 124v12 tab):

- HPV Test (2.16.840.1.113883.3.464.1003.110.12.1059)

OR

Client has a service during selected reporting period OR up to 4 years prior to the reporting year (total of 5 years - the current reporting year and the 4 years prior) WHERE:

Client Service with a status = Complete > Charge > Billing code matches a value in "Code" category of CMS124v12 measure value set tab where the "Value Set OID" category = the following (number only) (See Measure Value Set CMS 124v12 tab): If more than one charge exists, look for a match from any of the Charges for the Service.

- HPV Test (2.16.840.1.113883.3.464.1003.110.12.1059)

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

UDS Table 6B Details- Section D - Cervical and Breast Cancer Screening
CMS124v12 , CMS125v12
https://ecqi.healthit.gov/ecqm/ec/2024/cms0124v12
https://ecqi.healthit.gov/ecqm/ec/2024/cms0125v12
⊞ Explanation of Data

Total Clients	Total Denominator Cervical Cancer Screening	Total Numerator Cervical Cancer Screening	% Numerator Cervical Cancer Screening	Total Excluded Cervical Cancer Screening	Total Denominator Breast Cancer Screening	Total Numerator Breast Cancer Screening	% Numerator Breast Cancer Screening	Total Excluded Breast Cancer Screening
11	5	1	20.00%	4	1	1	100.00%	3

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

ClientID	Client Name	Date of Birth	Age	Sex	Meets Denominator Cervical Cancer Screening	Meets Numerator Cervical Cancer Screening	Cervical Cancer Screening Date	Excluded Cervical Cancer Screening	Exclusion Reason Cervical Cancer Screening	Meets Denominator Breast Cancer Screening	Meets Numerator Breast Cancer Screening	Breast Cancer Screening Date	Excluded Breast Cancer Screening	Exclusion Reason Breast Cancer Screening
2126700	Test, Anu	01/22/1996	28	F	0	0		1	Excluded due to Palliative Care flag					
2126901	Test, TestShivni	01/01/1993	31	F	0	0		1	Excluded due to Hospice Care flag					
2127529	UDS one, Test	05/03/1985	39	F	0	0		0						
2127530	UDS two, Test	09/01/1980	44	F	1	1	09/01/2024	0						
2127532	Test, Uds Breast Cancer Screening	05/03/1960	64	F	1	0		0		1	1	09/01/2024	0	
2127533	UDS six, Test	05/03/1975	49	F	1	0		0						
2127534	UDS last, Test	05/03/1980	44	F	1	0		0						
2127536	Uds bc, Test	05/03/1970	54	F	1	0		0		0	0		1	Preventative Care and Screening Flowsheet Woman

Cervical Cancer Screening Date

It displays the Date of above Preventative Care and Screening Flow sheet, order, or service, if Numerator Cervical Cancer Screening = Y. If multiple qualify, displays the most recent date.

UDS Table 6B Details- Section D - Cervical and Breast Cancer Screening
CMS124v12 , CMS125v12
https://ecqi.healthit.gov/ecqm/ec/2024/cms0124v12
https://ecqi.healthit.gov/ecqm/ec/2024/cms0125v12
⊞ Explanation of Data

Total Clients	Total Denominator Cervical Cancer Screening	Total Numerator Cervical Cancer Screening	% Numerator Cervical Cancer Screening	Total Excluded Cervical Cancer Screening	Total Denominator Breast Cancer Screening	Total Numerator Breast Cancer Screening	% Numerator Breast Cancer Screening	Total Excluded Breast Cancer Screening
11	5	1	20.00%	4	1	1	100.00%	3

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

ClientID	Client Name	Date of Birth	Age	Sex	Meets Denominator Cervical Cancer Screening	Meets Numerator Cervical Cancer Screening	Cervical Cancer Screening Date	Excluded Cervical Cancer Screening	Exclusion Reason Cervical Cancer Screening	Meets Denominator Breast Cancer Screening	Meets Numerator Breast Cancer Screening	Breast Cancer Screening Date	Excluded Breast Cancer Screening	Exclusion Reason Breast Cancer Screening
2126700	Test, Anu	01/22/1996	28	F	0	0		1	Excluded due to Palliative Care flag					
2126901	Test, TestShivni	01/01/1993	31	F	0	0		1	Excluded due to Hospice Care flag					
2127529	UDS one, Test	05/03/1985	39	F	0	0		0						
2127530	UDS two, Test	09/01/1980	44	F	1	1	09/01/2024	0						
2127532	Test, Uds Breast Cancer Screening	05/03/1960	64	F	1	0		0		1	1	09/01/2024	0	

Excluded Cervical Cancer Screening

- Logic has been added to capturing cervical cancer screening exclusions through a diagnosis documented as a problem, diagnosis document, OR billing diagnosis.
- Logic has been added for capturing hospice or palliative care (in addition to Client flag of hospice care) - Added capturing via diagnosis OR service.

This column will Display 1, IF:

1. Client has a diagnosis (client problems list, diagnosis document, OR a billing diagnosis) that starts on or before the end of measurement period where the diagnosis code is found in the following value set: (see measure valueset CMS124v12 tab)

- Congenital or Acquired Absence of Cervix (2.16.840.1.113883.3.464.1003.111.12.1016)

OR

2. Preventative Care and Screening flowsheet during the reporting year.> Cervical Cancer Screening Exclusion checkbox is checked.

OR

3. Client has active Hospice Care flag that is mapped in the FQHCHospiceCare Recode at any time during reporting year.

OR

4. Client has active Palliative Care flag that is mapped in the FQHCPalliativeCare Recode at any time during reporting year

OR

5. Client has service with a status = Complete > Charge > Billing Code at any point during the measurement period where Billing code = "code" in one of the following measures "Value set OID" (see measure value set CMS 124v12 tab): If more than one charge exists, it will look for a match from any of the Charges for the Service.

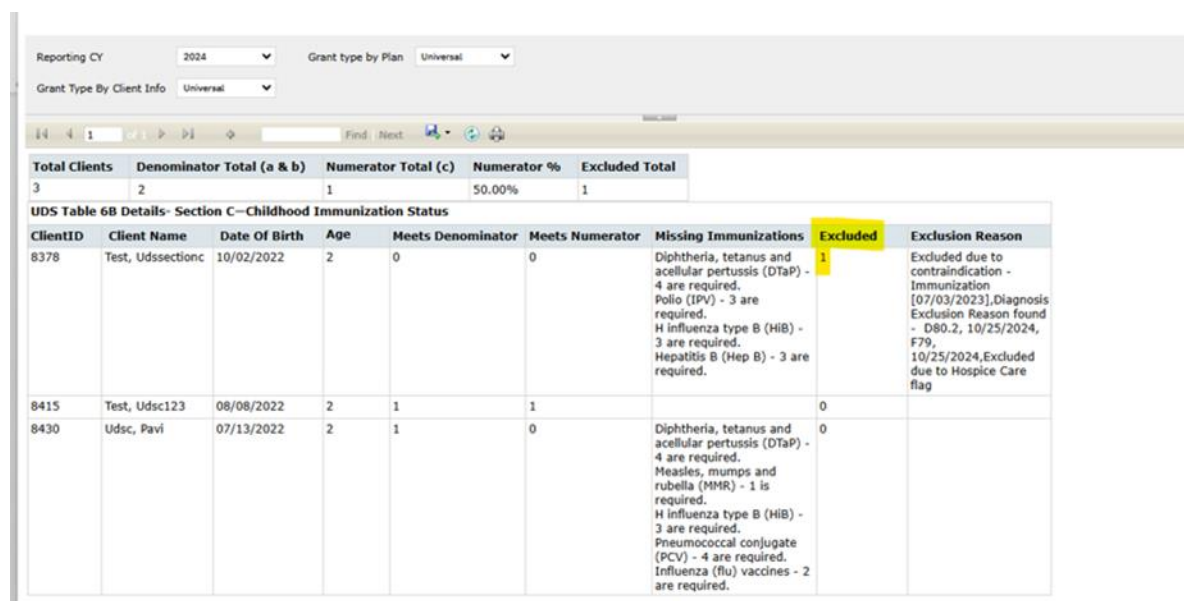- Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)
- Hospice Encounter (2.16.840.1.113883.3.464.1003.1003)
- Palliative Care Encounter (2.16.840.1.113883.3.464.1003.101.12.1090)

OR

6. Client has a diagnosis (client problems list, diagnosis document, OR a billing diagnosis) at any point during the measurement period where the diagnosis code is found in the following value set: (see measure value set CMS124v12 tab)

- Hospice Diagnosis (2.16.840.1.113883.3.464.1003.1165)
- Palliative Care Diagnosis (2.16.840.1.113883.3.464.1003.1167)

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

UDS Table 6B Details- Section D - Cervical and Breast Cancer Screening
CMS124v12 , CMS125v12
https://ecqi.healthit.gov/ecqm/ec/2024/cms0124v12
https://ecqi.healthit.gov/ecqm/ec/2024/cms0125v12
⊞ Explanation of Data

Total Clients	Total Denominator Cervical Cancer Screening	Total Numerator Cervical Cancer Screening	% Numerator Cervical Cancer Screening	Total Excluded Cervical Cancer Screening	Total Denominator Breast Cancer Screening	Total Numerator Breast Cancer Screening	% Numerator Breast Cancer Screening	Total Excluded Breast Cancer Screening
11	5	1	20.00%	4	1	1	100.00%	3

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

ClientID	Client Name	Date of Birth	Age	Sex	Meets Denominator Cervical Cancer Screening	Meets Numerator Cervical Cancer Screening	Cervical Cancer Screening Date	Excluded Cervical Cancer Screening	Exclusion Reason Cervical Cancer Screening	Meets Denominator Breast Cancer Screening	Meets Numerator Breast Cancer Screening	Breast Cancer Screening Date	Excluded Breast Cancer Screening	Exclusion Reason Breast Cancer Screening
2126700	Test, Anu	01/22/1996	28	F	0	0		1	Excluded due to Palliative Care flag					
2126901	Test, TestShivni	01/01/1993	31	F	0	0		1	Excluded due to Hospice Care flag					
2127529	UDS one, Test	05/03/1985	39	F	0	0		0						
2127530	UDS two, Test	09/01/1980	44	F	1	1	09/01/2024	0						

- Logic has been added to capture a diagnosis in a diagnosis document or billing diagnosis to improve workflows for 2024 reporting year.

Exclusion Reason Cervical Cancer Screening

Logic has been added to include more detail for exclusion reasons now that can capture more ways of how a client can qualify for exclusions.

1. If a client is excluded due to a diagnosis, it displays "Diagnosis Exclusion Reason found - [insert the Exclusion Diagnosis that was found], [Insert Date of Diagnosis]". It will include the first instance of diagnosis during the measurement period if there are multiple entries from the same valueset. If there are multiple entries from different value sets, display each diagnosis code found.

OR

2. If the client is excluded due to flowsheet documentation, it displays the flowsheet name, exclusion reason selected in the Preventative Care and Screening flowsheet > [Insert Cervical Cancer Screening Exclusion Reason found in dropdown], [Insert date of flowsheet] (Global Code: Cervical Cancer Screening Exclusion Reason)

    a. Dropdown options added to "Global Code: Cervical Cancer Screening Exclusion Reason".

        i. " Patient had a hysterectomy with no residual cervix or a congenital absence of cervix"

        ii. " Patient is in hospice care"

OR

3. If the client is excluded due to a hospice care flag, it displays "Excluded due to Hospice Care flag"

OR

4. If the client is excluded due to a palliative care flag, it displays "Excluded due to Palliative Care flag"

OR

5. If a client is excluded due to a service, it displays "Service Exclusion Reason found - [Insert the Exclusion Service billing code that was found], [Insert the Date of Service]". It will include the first instance of service during the measurement period if there are multiple entries from the same value set. If there are multiple entries from different value sets, it will display each service that was found.

If more than one excluded reason was found, it will display the first reason in order 1, 2, 3.

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

CMS124v12 , CMS125v12

https://ecqi.healthit.gov/ecqm/ec/2024/cms0124v12

https://ecqi.healthit.gov/ecqm/ec/2024/cms0125v12

⊞ Explanation of Data

Total Clients	Total Denominator Cervical Cancer Screening	Total Numerator Cervical Cancer Screening	% Numerator Cervical Cancer Screening	Total Excluded Cervical Cancer Screening	Total Denominator Breast Cancer Screening	Total Numerator Breast Cancer Screening	% Numerator Breast Cancer Screening	Total Excluded Breast Cancer Screening
11	5	1	20.00%	4	1	1	100.00%	3

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

ClientID	Client Name	Date of Birth	Age	Sex	Meets Denominator Cervical Cancer Screening	Meets Numerator Cervical Cancer Screening	Cervical Cancer Screening Date	Excluded Cervical Cancer Screening	Exclusion Reason Cervical Cancer Screening	Meets Denominator Breast Cancer Screening	Meets Numerator Breast Cancer Screening	Breast Cancer Screening Date	Excluded Breast Cancer Screening	Exclusion Reason Breast Cancer Screening
2126700	Test, Anu	01/22/1996	28	F	0	0		1	Excluded due to Palliative Care flag					
2126901	Test, TestShivni	01/01/1993	31	F	0	0		1	Excluded due to Hospice Care flag					
2127529	UDS one, Test	05/03/1985	39	F	0	0		0						
2127530	UDS two, Test	09/01/1980	44	F	1	1	09/01/2024	0						

Meets Denominator Breast Cancer Screening

This column will display 1, IF:

- Included in the report clients meeting FQHC inclusion (Qualifying Service under FQHC Program during reporting year and meeting Grant filter criteria, if selected)

    AND

- Clients' Sex = Female

    AND

- Client's Age = 52 through 74 on December 31st of Reporting Year

    AND

- Client had qualifying service during the reporting period, the following are the Qualifying Encounter

    Client has a service where the program = an FQHC program AND with a status = Complete > Charge > Billing Code matches a value in "Code" category of CMS125v12 measure value set tab and in one of the following "Value Set OID": If more than one charge exists, look for a match from any of the Charges for the Service.

    - Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)
    - Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)
    - Preventive Care Services Established Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1025)
    - Preventive Care Services Initial Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1023)
    - Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)
    - Online Assessments (2.16.840.1.113883.3.464.1003.101.12.1089)
    - Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)

    AND

    Excluded <> Y

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

Total Clients	Total Denominator Cervical Cancer Screening	Total Numerator Cervical Cancer Screening	% Numerator Cervical Cancer Screening	Total Excluded Cervical Cancer Screening	Total Denominator Breast Cancer Screening	Total Numerator Breast Cancer Screening	% Numerator Breast Cancer Screening	Total Excluded Breast Cancer Screening
11	5	1	20.00%	4	1	1	100.00%	3

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

ClientID	Client Name	Date of Birth	Age	Sex	Meets Denominator Cervical Cancer Screening	Meets Numerator Cervical Cancer Screening	Cervical Cancer Screening Date	Excluded Cervical Cancer Screening	Exclusion Reason Cervical Cancer Screening	Meets Denominator Breast Cancer Screening	Meets Numerator Breast Cancer Screening	Breast Cancer Screening Date	Excluded Breast Cancer Screening	Exclusion Reason Breast Cancer Screening
2126700	Test, Anu	01/22/1996	28	F	0	0		1	Excluded due to Palliative Care flag					
2126901	Test, TestShivni	01/01/1993	31	F	0	0		1	Excluded due to Hospice Care flag					
2127529	UDS one, Test	05/03/1985	39	F	0	0		0						
2127530	UDS two, Test	09/01/1980	44	F	1	1	09/01/2024	0						
2127532	Test, Uds Breast Cancer Screening	05/03/1960	64	F	1	0		0		1	1	09/01/2024	0	
2127533	UDS six, Test	05/03/1975	49	F	1	0		0						
2127534	UDS last, Test	05/03/1980	44	F	1	0		0						

Meets Numerator Breast Cancer Screening

It will display 1 IF:

- Denominator Breast Cancer Screening = Y

    AND

- The Client has a flowsheet completed during reporting period (1/1 to 12/31 of selected year in filter) where Template Name: Preventative Care and Screening > Breast Cancer fields are the following:

1. Breast Cancer Screening Complete checkbox = checked.
2. Breast Cancer Screening Date = is between October 1st (10/1) two years prior to the reporting period to the end of the reporting period.
3. Breast Cancer Screening Type = Mammogram (Global Code: BREASTCANCERTYPE)
4. Breast Cancer Screening Results = any dropdown option selected.

If multiple flowsheets, most recent flowsheet is used within reporting period that meet these criteria.

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

Excluded Breast Cancer Screening

- Logic has been Added to capturing breast cancer screening exclusions through a diagnosis documented as a problem, diagnosis document, OR billing diagnosis.
- Logic has been Added for capturing hospice or palliative care (in addition to Client flag of hospice care) - Added capturing via diagnosis OR service.

This column will display 1 IF:

1. Client has a diagnosis (client problem list, diagnosis document OR a billing diagnosis) that starts on or before the end of measurement period where the diagnosis code = value in "code" category in the following measures value sets (see measure valueset CMS125v12 tab):

[-"Status Post Left Mastectomy" (2.16.840.1.113883.3.464.1003.198.12.1069)

AND "Status Post Right Mastectomy" (2.16.840.1.113883.3.464.1003.198.12.1070)]

OR

A history of bilateral mastectomy diagnosis code from the following valueset:

"History of bilateral mastectomy" (2.16.840.1.113883.3.464.1003.198.12.1068)

OR

a diagnosis code = value in "code" category of measure value set table and "Value Set OID" = to the following:

- -"Unilateral Mastectomy, Unspecified Laterality" (2.16.840.1.113883.3.464.1003.198.12.1071)

 AND has a location site of one of the following SNOMED codes:

- -"Left (qualifier value)" ("SNOMEDCT Code (7771000)")
- -"Right (qualifier value)" ("SNOMEDCT Code (24028007)")

OR

2. Preventative Care and Screening > Breast Cancer Screening Exclusion checkbox is checked during the reporting year

OR

3. Client has active Hospice Care flag that is mapped in the FQHCHospiceCare Recode at any time during reporting year

OR

4. Client has active Palliative Care flag that is mapped in the FQHCPalliativeCare Recode at any time during reporting year

OR

5. Client has a service with a status = Complete > Charge > Billing Code at any point during the measurement period where the Billing code = "code" in one of the following measures "Value set OID" (see measure valueset CMS125v12 tab): If more than one charge exists, it will look for a match from any of the Charges for the Service.

- Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)
- Hospice Encounter (2.16.840.1.113883.3.464.1003.1003)
- Palliative Care Encounter (2.16.840.1.113883.3.464.1003.101.12.1090)

OR

6. Client has a diagnosis (client problems list, diagnosis document, OR a billing diagnosis) at any point during the measurement period where the diagnosis code is found in the following value set: (see measure valueset CMS125v12 tab)

- Hospice Diagnosis (2.16.840.1.113883.3.464.1003.1165)
- Palliative Care Diagnosis (2.16.840.1.113883.3.464.1003.1167)

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

- Logic has been added to capture a diagnosis in a diagnosis document or billing diagnosis to improve workflows for 2024 reporting year.

Exclusion Reason Breast Cancer Screening

Logic has been added to include more detail for exclusion reasons now that the design can capture more ways of how a client can qualify for exclusions.

1. If a client is excluded due to a diagnosis, it displays "Diagnosis Exclusion Reason found - [insert the Exclusion Diagnosis that was found], [Insert Date of Diagnosis]". It will include first instance of diagnosis during measurement period if there are multiple entries

OR

2. If a client is excluded due to flowsheet documentation, it displays the exclusion reason selected in the Preventative Care and Screening flowsheet > Breast Cancer Screening Exclusion Reason dropdown.

　Dropdown options are:

- "Patient has bilateral mastectomy"
- "Patient has a right and a left unilateral mastectomy"
- "Patient is in hospice care"
- "Patient is aged 66 and older with advanced illness and frailty"

OR

3. If client is excluded due to a hospice care flag, it displays "Excluded due to Hospice Care flag"

OR

4. If client is excluded due to a palliative care flag, it displays "Excluded due to Palliative Care flag"

OR

5. If a client is excluded due to a service, displays "Service Exclusion Reason found - [Insert the Exclusion Service billing code that was found], [Insert the Date of Service]" - includes the first instance of service during the measurement period if there are multiple entries

If more than one excluded reason was found, it will display the first reason in order 1, 2, 3.

Author: Chandhan Kanchokoti

92. EII # 127680(Feature- 369933): Changes in 'UDS Table 6B Details – Section L Line 21' report

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

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

Functionality 'Before' and 'After' release:

Purpose: To see the full list of clients eligible for this section of Table 6B as well as the data used to calculate the Numerator.

With this release, the following changes are implemented in the 'UDS Table 6B Details – Section L Line 21' report.

1. Reporting CY:

a. A new reporting year (2024) has been added to the dropdown.
b. The logic of the reporting has been changed to consider the Services with the 'Complete' Status along with the existing logic and changes in the CMS specifications are made to consider the CMS2v13 version to the 2024 reporting CY.

2. Title of the report and version label name have been changed for the reporting year 2024 as **'UDS Table 6B Details Section L Line 21 - Preventive Care and Screening: Screening for Depression and Follow-Up Plan'** and **'CMS2v13'** respectively.
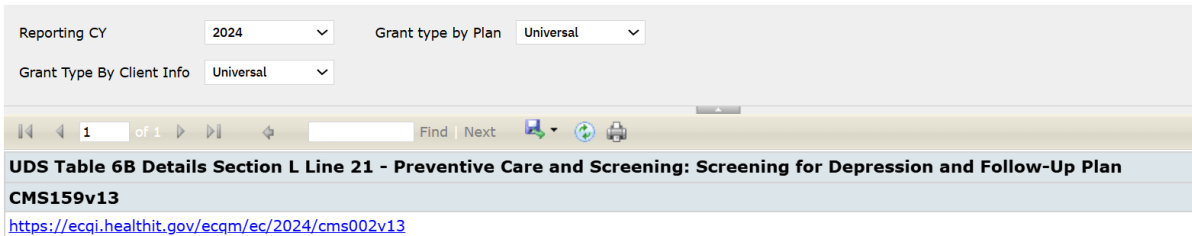
3. Title Hyperlink is implemented for 2024 Reporting CY.

Title:

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

Title 1: UDS Table 6B Details Section L Line - Preventive Care and Screening: Screening for Depression & Follow-Up Plan to 2024 Standard.

Title 2: CMS159v13

Title 3: https://ecqi.healthit.gov/ecqm/ec/2024/cms002v13

This is a hyperlink and clicking on the hyperlink, will redirect to respective website.

4 **Explanation Of Data:**

Exceptions: This is a new field, implemented to display the below content of the field in the 'Explanation of Data' section of the report for the reporting year 2024.

Display the following text for this heading:

Content: Patient Reason(s)

The patient refuses to participate in or complete the depression screening

OR

Medical Reason(s)

Documentation of medical reason for not screening the patient for depression (e.g., cognitive, functional, or motivational limitations that may impact the accuracy of results; the patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status)

Summary section:

Summary

Total Clients	Total Denominator	Total Numerator	% Numerator	Total Excluded	Total Exceptions
27	15	0	0.00%	0	2

The below-mentioned column will be displayed in the 'Summary' section:

1. **Total Clients:** Sum the total number of clients included. (clients with Qualifying Service under the FQHC Program during the reporting year and meeting Grant filter criteria, if selected)

2. **Total Denominator:** Sum the total number of clients where Meets Denominator= 1 (Y)

3. **Total Numerator:** Sum the total number of clients where Meets Numerator = 1 (Y)

4. **Numerator %:** Numerator total / Denominator total - as a percent

5. **Total Excluded:** Sum total number of clients where Excluded = 1 (Y)

6. **Total Exceptions** – This is a new field added in the report summary section to display the Sum total number of clients where Exceptions = 1 (Y)

Grid Section:

The below-mentioned columns will be displayed in the grid section with the section label 'UDS Table 6B Details-Section L Line 21—Preventive Care and Screening: Screening for Depression & Follow-Up Plan to 2024 Standard':

1. **ClientID:** It is changed to pull the value from the 'Client Information' screen – 'General' tab – 'Client id'.

2. **Client Name**: It is changed to pull the Last name, First name

3. **Date of Birth**: It is changed to pull the value from the 'Client Information' screen – 'Demographics' tab – 'DOB' field.

4. **Age**: It is changed to pull the value from the 'Client Information' screen – 'Demographics' tab – 'Age' field.

5. **Meets Denominator**: Changes made to the logic to pull the value for the Qualifying encounter where the Client has a service with the program is an FQHC program AND with status will be 'Complete' > 'Charge' > Billing Code matches a value from one of the following "Value Set OID's":

   -Encounter to Screen for Depression (2.16.840.1.113883.3.600.1916)

   -Physical Therapy Evaluation (2.16.840.1.113883.3.526.3.1022)

   -Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)

6. **Qualifying Encounter:** Changes are made to the logic to pull the value for the field and display the billing code of the first qualifying encounter on or after completion of a depression screening document and where the Client has a service with a status is 'Complete' & 'Charge', Billing Code matches a value from one of the following "Value Set OID's":

   -Encounter to Screen for Depression (2.16.840.1.113883.3.600.1916)

   -Physical Therapy Evaluation (2.16.840.1.113883.3.526.3.1022)

   -Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)

7. **Followup to Screen**: Changes made to the logic to pull the values for the field as Screening Checkbox, Medication Prescribed, & Encounter with Followup respectively according to their logic as below:

   Screening Checkbox: To display the '1' value for the field if any checkbox in 'Depression Screening Document' is selected as 'Screening Checkbox' (any checkbox selected from additional questions) except for 'Did Client refuse assessment or was it contraindicated?'

   Or

   Medication Prescribed: To display a value of '1' for the field when the 'Screening checkbox' value is missing in the Depression Screening Document, the system will identify clients who have a medication with an RXSTART date that matches the effective date of the Depression Screening Document or is within 2 days after the qualifying encounter effective date. Additionally, the medication must have an 'RXNORM' code that is included in the measure value set, where the Measure Value OID is a number only. The value set OID's are as below:

   -Adult Depression Medications (2.16.840.1.113883.3.526.3.1566) [Age 17+]

   -Adolescent Depression Medications (2.16.840.1.113883.3.526.3.1567) [Age 12-17] (either value set for age 17)

   Or

Encounter with Followup: To display the '1' value for the field if the Screening checkbox value & Medication Prescribed are missing then consider a client who has service associated with a Procedure/CQM Setup where the value from one of the following "Value Set OID's":

-Follow Up for Adolescent Depression (2.16.840.1.113883.3.526.3.1569)

-Follow Up for Adult Depression (2.16.840.1.113883.3.526.3.1568)

8. **Excluded:** Changes made to the logic to pull the value as '1' for the field where Client has a diagnosis (client problems list, diagnosis document, OR a billing diagnosis) that Starts before the qualifying encounter where the diagnosis code is found in the following value set

    -Bipolar Disorder (2.16.840.1.113883.3.67.1.101.1.128)

9. **Exclusion Reason**: Changes made to the logic to display the reason if a client is excluded due to a diagnosis, display "Prior Diagnosis of Bipolar Disorder found prior to first qualifying encounter for depression screening."

10. **Diagnosis**: Changes made to the logic to use the diagnosis code (client problems list, diagnosis document, OR a billing diagnosis) that STARTS BEFORE the qualifying encounter where the diagnosis code is found in the following value set.

    -Bipolar Disorder (2.16.840.1.113883.3.67.1.101.1.128)

11. **Diagnosis Start Date:** Changes made to display the "Effective Date" of the above diagnosis document 'Start Date' or the 'Effective Date' of the client problems list, Diagnosis Document, or 'Billing Diagnosis'.
12. **Exception**: A new field added in the grid section to display appropriate screening document that is declined by the patient.

    Values: 0 or 1

    The value will be 1 if the client has declined the screening document

    The value will be 0 if the client has not declined the screening document

13. **Exception Reason:** This is a new field added in the grid section of the report to display the screening document name that the client has declined. Refer to the above screenshot.

    if Exceptions = 1, It will display the age appropriate reason.

    If Exceptions = 0, It will display as blank

    Values:

    a. Patient Declined PHQ-A or
    b. Patient Declined PHQ-9

'UDS Table 6B Details – Section L Line 21' Report:

Author: Ranjitha Hain

93. EII # 127808(Feature-375479): **To verify patient population based on the updated quality measures in the 'UDS Table 7 Health Outcomes and Disparities' report.**

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

Prerequisite: 1. The Staff has Major Service Category selected. (Staff Details - Reporting - Major Service Category)

2. The Staff has a signed Service Note with Mode of Delivery field value selected.
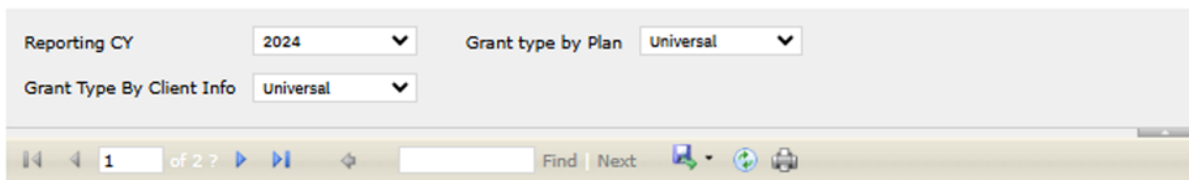
Navigation Path: My Office - UDS Table 7 Health Outcomes and Disparities.

 Functionality 'Before' and 'After' release:

With this release, the below changes have been done in "UDS Table 7 Health Outcomes and Disparities". 'The Table 7 Section A Detail report will ONLY include the patients that qualified for the summary report counts based on the filters when the report was ran.

I. Table 7 Summary Report

a. Title of the report is changed to 'Table 7: Health Outcomes and Disparities'

| Reporting CY | 2024 ▾ | Grant type by Plan | Universal ▾ |
| Grant Type By Client Info | Universal ▾ | | |

|◀ ◀ 1 of 2 ? ▶ ▶| ⬦ [   ] Find | Next 🖫▾ ⟳ 🖨

Table 7: Health Outcomes and Disparities

Section A: Deliveries and Birth Weight		_Section A Detail Repor_
Line	**Description**	**Patients (a)**
0	HIV-Positive Pregnant Patients	2
2	Deliveries Performed by Health Center's Providers	3

b. In 'Section A: Deliveries and Birth Weight', below changes are added
- **For Line 0 field**
Count the total number of patients where below field is answered Yes -
Flowsheet > Pregnancy Outcome > 'Patient HIV Positive during Pregnancy' checkbox is selected

OR

Client has a Pregnancy Outcome flow sheet with date during the reporting year AND client has a diagnosis in DSM 5 Diagnosis or Problems List for ICD10 Code = B20 where Diagnosis date is <= Date of Delivery on Pregnancy Outcome Flow Sheet.

- **For Line 2 field**,
Count the total number of patients where below dropdown field is not blank -
Flowsheet > Pregnancy Outcome > 'Delivered by Provider' dropdown is NOT Blank

AND

Flowsheet > Pregnancy Outcome > 'Delivered by Other Agency Provider' checkbox is not checked.

Section A: Deliveries and Birth Weight		_Section A Detail Repor_
Line	**Description**	**Patients (a)**
0	HIV-Positive Pregnant Patients	2
2	Deliveries Performed by Health Center's Providers	3

II. Table 7 Section A Detail Report
a. A new section label with a hyperlink 'Section A Detail Report' has been implemented to open the detail reports.

Section A: Deliveries and Birth Weight		Section A Detail Report
Line	Description	Patients (a)
0	HIV-Positive Pregnant Patients	2
2	Deliveries Performed by Health Center's Providers	3

Line	Race and Ethnicity	Prenatal Care Patients who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births : 1500 - 2499 grams (1c)	Live Births : > = 2500 grams (1d)
Mexican, Mexican American, Chicano/a					
1a1m	Asian Indian	0	0	0	0
1a2m	Chinese	0	0	0	0
1a3m	Filipino	0	0	0	0
1a4m	Japanese	0	0	0	0
1a5m	Korean	0	0	0	0
1a6m	Vietnamese	0	0	0	0
1a7m	Other Asian	0	0	0	0
1b1m	Other Pacific Islander	0	0	0	0
1b3m	Guamanian or Chamorro	0	0	0	0

b. Live Births: < 1500 grams (1b)', 'Live Births : 1500 - 2499 grams (1c)' and 'Live Births : > = 2500 grams (1d)

Report the total count of LIVE births during the reporting period (Date of Delivery must be in the same year as Reporting year) for women who received prenatal care during the reporting period or during prior year.
1. Exists: Flowsheet > Prenatal Care > Date - must be within reporting period or within the 10 months prior to start of reporting period (1/1) (This should be same number and group of patients in Table 6b Detail Section A and B report)

AND

2. Exists: ClientHealthDataAttribute: 'Outcome of Pregnancy' health data attribute (Healthdataattributeid 5376) = 'Live Birth' and ""Date of Delivery"" health data attribute entered at same time is >= 1/1 of reporting year and <= 12/31 of reporting year, this is entered in the 'pregnancy outcome' flowsheet
3. Use Ethnicity of Baby (Health Data Attribute ID 5379: utilizes ETHNICITY global code, using external code 2 mapping to determine UDS reportable race)

AND

Race of Baby Health Data Attribute ID 5380: utilizes RACE global code, using external code 2 mapping to determine UDS reportable race) to place baby in the correct line of Section A. If flowsheet with birth record does not include Race and/or Ethnicity, report child or children as Mother's Race and/or Ethnicity
4. Using 'Weight of Baby' (Health Data Attribute ID 5377) Measurement is in pounds. Convert to grams then report in the appropriate column.
Column 1b = weight of baby < 1500grams
Column 1c = weight of baby >= 1500 and < 2500 grams
Column 1d = weight of baby >= 2500 grams

III. Table 7 Section B&C Detail Report
   a. A new section label with a hyperlink 'Section B and C Detail Report' has been implemented to open the detail reports.

| Reporting CY | 2024 | Grant type by Plan | Universal |
| Grant Type By Client Info | Universal | | |

| | of 4 ? | Find | Next | | |

2b2	Other Pacific Islander	0		0	0	0
2b3	Guamanian or Chamorro	0		0	0	0
2b4	Samoan	0		0	0	0
2c	Black/African American	0		0	0	0
2d	American Indian/Alaska Native	0		0	0	0
2e	White	0		0	0	0
2f	More Than One Race	0		0	0	0
2g	Unreported/Chose Not to Disclose Race	0		0	0	0
	Total Not Hispanic, Latino/a, or Spanish Origin	0		0	0	0
Unreported/Chose Not to Disclose Race and Ethnicity						
h	Unreported /Chose Not to Disclose Race and Ethnicity	2		1	1	0
i	**Total**	3		2	2	0

Section B: Controlling High Blood Pressure			**Section B and C Detail**	
Line	**Race and Ethnicity**	**Total Patients 18 through 85 Years of Age with Hypertension (2a)**	**Number of Records Reviewed (2b)**	**Patients with Hypertension Controlled (2c)**
Mexican, Mexican American, Chicano/a				
1a1m	Asian Indian	0	0	0
1a2m	Chinese	0	0	0
1a3m	Filipino	0	0	0
1a4m	Japanese	0	0	0

In 'Section B: Controlling High Blood Pressure' column names has been changed as below:
- The Parameter name has been changed to 'Total Patients 18 through 85 Years of Age with Hypertension (2a)'
- The Parameter name has been changed to 'Number of Records Reviewed(2b)'
- The Parameter name has been changed to 'Patients with Hypertension Controlled(2c)'

e. Total Patients 18 through 85 Years of Age with Hypertension (2a)
- The logic has been changed this column as below.
The Total count per line is based on 1. Ethnicity 2. Race and 3. the following rules:
Display the total number of Clients Where the following are true:
1. Age is 18 through 85 years of age at the end of the reporting year (December 31st)
(based on Client Birth Date, Client Information > General > Date of Birth during reporting period (Reporting period = calendar year selected in filter)

AND

2. Who are included in UDS reporting
(Must be in UDS Client Details Table, i.e. enrolled in FQHC program during the reporting year)

AND

3. Client has service where the program = an FQHC program AND status = Complete > Charge > Billing Code at any point during the measurement period where Billing code = ""code"" in one of the following measures ""Value set OID"" (see CMS165v12 measure value set):
    -Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)
    -Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)
    -Nutrition Services (2.16.840.1.113883.3.464.1003.1006)

-Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)
-Preventive Care Services Established Office Visit, 18 and Up
(2.16.840.1.113883.3.464.1003.101.12.1025)
-Preventive Care Services Initial Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1023)
-Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)

AND

3. Client had a diagnosis of essential hypertension starting on or before 6/30 of the reporting year (see logic column g) use client problems list, diagnosis document or a billing diagnosis entered during reporting year - Diagnosis includes essential hypertension diagnosis. Does not need to be primary billing diagnosis. (see logic column g)

AND

4. Client is NOT excluded

f. Number of Records Reviewed (2b)
- No changes have been made to this column as part of this task.

g. Patients with Hypertension Controlled (2c)
- No changes have been made to this column as part of this task.

h. Section B: Exclusion Rules
- The logic has been changed this column as below.
1. Client has a service with a status = Complete > Charge > Billing Code that starts on or before the end of the measurement period where the Billing code = "code" in one of the following measures "Value set OID". If more than one charge exists, look for a match from any of the Charges for the Service.
   -ESRD Monthly Outpatient Services (2.16.840.1.113883.3.464.1003.109.12.1014)
   -Dialysis Services (2.16.840.1.113883.3.464.1003.109.12.1013)
   -Kidney Transplant (2.16.840.1.113883.3.464.1003.109.12.1012)

OR

2. Client has a diagnosis (client problems list, diagnosis document, OR a billing diagnosis) at any point during the measurement period where the diagnosis code is found in the following value set:
      -Hospice Diagnosis (2.16.840.1.113883.3.464.1003.1165)
      -Palliative Care Diagnosis (2.16.840.1.113883.3.464.1003.1167)
      -Chronic Kidney Disease, Stage 5 (2.16.840.1.113883.3.526.3.1002)
      -End Stage Renal Disease (2.16.840.1.113883.3.526.3.353)
      -Frailty Diagnosis (2.16.840.1.113883.3.464.1003.113.12.1074)
      -Kidney Transplant Recipient (2.16.840.1.113883.3.464.1003.109.12.1029)
      -Pregnancy (2.16.840.1.113883.3.526.3.378)

OR

3. Client has active Hospice Care flag that is mapped in the FQHCHospiceCare Recode at any time during reporting year

OR

4. Client has active Palliative Care flag that is mapped in the FQHCPalliativeCare Recode at any time during reporting year.

OR

5. Client has service with a status = Complete > Charge > Billing Code at any point during the measurement period where Billing code = ""code"" in one of the following measures ""Value set OID"" (see measure valueset CMS 124v12 tab): If more than one charge exists, look for a match from any of the Charges for the Service.

-Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)
-Hospice Encounter (2.16.840.1.113883.3.464.1003.1003)
-Palliative Care Encounter (2.16.840.1.113883.3.464.1003.101.12.1090)

Executed By Staff Id	550	Reporting CY	11132711
Grant Type	11129518	Grant Type By Client Info	11129518

performed during the measurement period

Exclusions
1. Clients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period. Also exclude patients with a diagnosis of pregnancy during the measurement period.(excluded from CMS165 Denominator only)
2. Clients who are in hospice care or receiving palliative care at any point during the reporting year. This is captured in the following ways:
   -Client has a client flag created with the name 'Hospice care' (excluded from both denominators)
   -Client has a client flag created with the name 'Palliative care' (excluded from both denominators)
   -Client has a completed service with a billing code that exists in one of the following valuesets: (excluded from both denominators)
      -Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)
      -Hospice Encounter (2.16.840.1.113883.3.464.1003.1003)
      -Palliative Care Encounter (2.16.840.1.113883.3.464.1003.101.12.1090)

   -Client has a diagnosis code for hospice care or palliative care at any point during the reporting year that exists in one of the following valuesets: (excluded from both denominators)
      -Hospice Diagnosis (2.16.840.1.113883.3.464.1003.1165)
      -Palliative Care Diagnosis (2.16.840.1.113883.3.464.1003.1167)

ClientID	Client Name	Date of Birth	Age	Sex	Race	Ethnicity	Meets CMS165 Denominator	Date Of Qualifying CMS165 Encounter	Date Of Essential Hypertension Diagnosis	Meets CMS165 Numerator	Most Recent Blood Pressure Result During Reporting Year	CM
3	Client,New	01/03/1924	99	F	American Indian and Alaskan Native	Hispanic or Latino	0			0		
3	Client,New	01/03/1924	99	F	American Indian and Alaskan Native	Hispanic or Latino	0			0		

h. A new section label with a hyperlink 'Section B and C Detail Report' has been implemented to open the detail reports for Section C: Diabetes: Hemoglobin A1c Poor Control.

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

2c	Black/African American	0	0	0
2d	American Indian/Alaska Native	0	0	0
2e	White	0	0	0
2f	More Than One Race	0	0	0
2g	Unreported/Chose Not to Disclose Race	0	0	0
	Total Not Hispanic, Latino/a, or Spanish Origin	0	0	0
Unreported/Chose Not to Disclose Race and Ethnicity				
h	Unreported /Chose Not to Disclose Race and Ethnicity	0	12	0
i	Total	0	13	0

Section C: Diabetes: Hemoglobin A1c Poor Control		**Section B and C Detail**		
Line	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with Hba1c > 9.0% or No Test During Year (3f)
Mexican, Mexican American, Chicano/a				

i. Total Patients 18 through 75 Years of Age with Diabetes (3a)
The logic has been changed this column as below.
Column 3a describes the 'Denominator' for this section, the number in a row in column 3a can not be more than the number in column 3b.

Display total count of FQHC Clients 18 through 75 Years of Age with Diabetes (3a): Display the total number of Clients 18 through 75 years of age who had a qualifying service where the DOS falls within the reporting period and has a diagnosis for diabetes during the reporting year and were not excluded from the denominator.

The Total count per line is based on 1. Ethnicity 2. Race and 3. the following rules
Include client in column 3a if:
1. Client is NOT excluded (see Section C Exclusion Reasons)
2. Client is included in column 3b

3. Client is included in Patient Details Table (FQHC Reportable client)
4. Client has a diagnosis (client problems list, diagnosis document, or billing diagnosis) with start date that overlaps during measurement period (reporting year) where the Diagnosis code = value in "code" category of measure value set table and where "Value Set OID" =
    -Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001)

5. Client has service where the program = an FQHC program AND with a status = Complete > Charge > Billing Code at any point during the measurement period where Billing code = "code" in one of the following measure "Value set OID" (see CMS122v12 measure value set): If more than one charge exists, look for a match from any of the Charges for the Service.

    -Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)
    -Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)
    -Nutrition Services (2.16.840.1.113883.3.464.1003.1006)
    -Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)
    -Preventive Care Services Established Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1025)
    -Preventive Care Services Initial Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1023)
    -Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)

k. Number of Records Reviewed (3b)

The logic has been changed this column as below.
Column 3b describes the Initial Population. This column has the same rules as 3a but also counts the Denominator "excluded" clients as well.

Number of Charts Sampled or EHR Total (3b): Display the total number of Clients 18 through 75 years of age who had a qualifying service where the DOS falls within the reporting period and has a diagnosis for diabetes during the reporting year including clients excluded from the denominator.

Total number in 3a cannot be greater than 3b on the same line of Section C.
Total in 3b can also not be greater than the equivalent 'total' count for the corresponding ethnicity and race in UDS Table 3b.

(for example, if 'Mexican' ethnicity and 'White' Race had a total of 100 clients in Table 3B, Table 7B section C cannot have more than 100 clients total in column 3b, line 1em). Clients included on each line of column 3b must match clients included in same ethnicity x race line in Table 3B.

Number of Records Reviewed (all patients meeting the following criteria):
Include client in column 3b if:
1. Client is included in Patient Details Table (FQHC Reportable client)
2. Client has a diagnosis (using client problems list, diagnosis document, or billing diagnosis) with start date that overlaps during measurement period (reporting year) where the Diagnosis code = value in "code" category of measure value set table and where ""Value Set OID"" =
    -Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001)

3. Client has service where the program = an FQHC program AND with a status = Complete > Charge > Billing Code at any point during the measurement period where Billing code = "code" in one of the following measures "Value set OID" (see CMS122v12 measure value set): If more than one charge exists, look for a match from any of the Charges for the Service.
    -Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)
    -Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)
    -Nutrition Services (2.16.840.1.113883.3.464.1003.1006)
    -Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)
    -Preventive Care Services Established Office Visit, 18 and Up 2.16.840.1.113883.3.464.1003.101.12.1025)
    -Preventive Care Services Initial Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1023)
    -Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)
4. Include Clients who were excluded as well as those who were not excluded and are counted in column 3a.

l. Patients with Hba1c > 9.0% or No Test During Year (3f)

The logic has been changed this column as below.

Column 3f describes the Numerator: Patients whose most recent HbA1c level performed during the measurement period was greater than 9.0%, or was missing, or was not performed during the measurement period

Include client in column 3f count if the following are true:

1.Client is in column 3a (Meets Denominator)

2.Client is NOT excluded (see Section C: Exclusion Rules) Do not include client if >= 1 exclusion rules are met

3.If Most Recent order result or Flowsheet entry during the measurement period indicates a HbA1c > 9% (see HbA1c health data attribute and LOINC code definitions below)

    OR

No order or flowsheet entry exists for HbA1c with Test date >= 1/1 and <= 12/31 of selected reporting year HbA1c orders and health data attributes:

Use any health data attribute with LOINC code found in the following measure value set OID (see CMS122v12 Measure Value Set tab):

    -HbA1c Laboratory Test (2.16.840.1.113883.3.464.1003.198.12.1013)

value must be > 9 and unit must be % to include client in Column 3f

m. Section C: Exclusion Rules

- The logic has been changed this column as below.

Exclude client from Section C columns 3a and 3f when any of the following are true:

1. Client assigned 'Hospice Care' flag that is mapped in the FQHCHospiceCare Recode between 1/1 and 12/31 of reporting year.

2. Client assigned 'Palliative Care' flag that is mapped in the FQHCPalliativeCare Recode between 1/1 and 12/31 of reporting year.

OR

3. Client has service with a status = Complete > Charge > Billing Code where the billing code = "code" during the reporting year in one of the following measure value set OIDs (see CMS122v12 Measure Value Set tab): If more than one charge exists, look for a match from any of the Charges for the Service.

    -Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)

    -Hospice Encounter (2.16.840.1.113883.3.464.1003.1003)

    -Palliative Care Encounter (2.16.840.1.113883.3.464.1003.101.12.1090)

OR

4. Client has a diagnosis (client problems list, diagnosis document, OR a billing diagnosis) at any point during the measurement period where the diagnosis code is found in the following value set: (see CMS122v12 Measure Value Set tab):

        -Hospice Diagnosis (2.16.840.1.113883.3.464.1003.1165)

        -Palliative Care Diagnosis (2.16.840.1.113883.3.464.1003.1167)

| Executed By Staff Id | 550 | | Reporting CY | 11135187 | | | View Report |
| Grant Type | 11129518 | | Grant Type By Client Info | 11129518 | | | |

performed during the measurement period

| Exclusions | 1. Clients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period. Also exclude patients with a diagnosis of pregnancy during the measurement period.(excluded from CMS165 Denominator only)
2. Clients who are in hospice care or receiving palliative care at any point during the reporting year. This is captured in the following ways:
　-Client has a client flag created with the name 'Hospice care' (excluded from both denominators)
　-Client has a client flag created with the name 'Palliative care' (excluded from both denominators)
　-Client has a completed service with a billing code that exists in one of the following valuesets: (excluded from both denominators)
　　-Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)
　　-Hospice Encounter (2.16.840.1.113883.3.464.1003.1003)
　　-Palliative Care Encounter (2.16.840.1.113883.3.464.1003.101.12.1090)

　　-Client has a diagnosis code for hospice care or palliative care at any point during the reporting year that exists in one of the following valuesets: (excluded from both denominators)
　　　-Hospice Diagnosis (2.16.840.1.113883.3.464.1003.1165)
　　　-Palliative Care Diagnosis (2.16.840.1.113883.3.464.1003.1167) |

ClientID	Client Name	Date of Birth	Age	Sex	Race	Ethnicity	Meets CMS165 Denominator	Date of Qualifying CMS165 Encounter	Date of Essential Hypertension Diagnosis	Meets CMS165 Numerator	Most Recent Blood Pressure Result During Reporting Year	CMS165 Excluded
1187	1092,Retest1	02/28/2013	11	M		Hispanic or Latino	0			0		1
1187	1092,Retest1	02/28/2013	11	M		Hispanic or Latino	0			0		1
1339	Test 2,EII 720	02/28/2000	24	F	Alaskan Native,Asian,White	Dominican,Not Hispanic or Latino	0			0		1
1339	Test 2,EII 720	02/28/2000	24	F	Alaskan Native,Asian,White	Dominican,Not Hispanic or Latino	0			0		1

Author: Boovendiran Chinnusamy

94. EII # 127843(Feature-376144): UDS Table 4: Selected Patient Characteristics Report Updates

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

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

Functionality 'Before' and 'After' release:

With this release, the below mentioned changes were made in 'UDS Table 4 Selected Patient Characteristics' report.

| Reporting CY | 2024 | Grant type by Plan | Universal |
| Grant Type By Client Info | Universal | | |

			Medicaid CHIP (c)			
13a	Capitated Member Months	0	0	0	0	0
13b	Fee-for-service Member Months	0	0	0	0	0
13c	Total Member Months	0	0	0	0	0

Line	Special Populations	Number of Patients (a)
14	Migratory (330g awardees only)	7
15	Seasonal (330g awardees only)	0
16	Total Agricultural Workers or Their Family Members (All health centers report this line)	7
17	Homeless Shelter (330h awardees only)	1
18	Transitional (330h awardees only)	0
19	Doubling Up (330h awardees only)	0
20	Street (330h awardees only)	0
21a	Permanent Supportive Housing (330h awardees only)	0
21	Other (330h awardees only)	0
22	Unknown (330h awardees only)	0
23	Total Homeless (All health centers report this line)	1

24	Total School-Based Service Site Patient (All health centers report this line)	2
25	Total Veterans (All health centers report this line)	2
26	Total Patient Served at a Health Center Located in or Immediately Accessible to a Public Housing Site (All health centers report this line)	2

1.   Client age calculation is changed from 'up to June 30 of the reporting period' to 'up to December 31 of the reporting period'.

 2.   'Fee-for-service member months' field has renamed to 'Fee-for-service Member Months'.

3. 'Total Member months' field is renamed to 'Total Member Months'.

4.   'Total Agricultural Workers (All health center report this line)' field has renamed to 'Total Agricultural Workers or Their Family Members (All health centers report this line)'.

5.   'Homeless shelter (330h awardees only)' field has renamed to 'Homeless Shelter (330h awardees only)'.

6.   'Doubling (330h awardees only)' field has renamed to 'Doubling Up (330h awardees only)'.

7.   'Permanent supportive housing (330h awardees only)' field has renamed to 'Permanent Supportive Housing (330h awardees only)'.

8. 'Total School-Based Patients (All health centers report this line)' field has renamed to 'Total School-Based Service Site Patient (All health centers report this line)'.

Author: Syed Shafiq

95. EII # 128011(Feature-384993): Implementation of the 'UDS Table 6b Section L Report – Line 21 a'.

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

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

Functionality 'Before' and 'After' release:

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

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

UDS Table 6b Quality of Care Measures

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

 Detail Report:

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

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

Filter section:

The filter section has the following fields:

●   Reporting CY: This is a Dropdown

●   Grant type by Plan: This is a Dropdown

●   Grant Type by Client Info: This is a Dropdown

| Reporting CY | 2024 ▾ | Grant type by Plan | Universal ▾ |
| Grant Type By Client Info | Universal ▾ | | |

Reporting CY:

1. The **Reporting CY** displays the default year based on the most recent values available.

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

● UDSScreeningProcedures

● UDSGroupVisitsProcedures

● UDSDispenseMedsProcedures

● UDSHealthCheckProcedure

● UDSWICServicesProcedure

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

Grant type by Plan:

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

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

Grant type by Client Info:

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

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

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

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

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

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

Title:

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

Title 1: UDS Table 6B Details Section L Line 21a - Depression Remission at Twelve Months

Title 2: CMS159v12

Title3: https://ecqi.healthit.gov/ecqm/ec/2024/cms0159v12

This is a hyperlink and clicking on the hyperlink will redirect the user to the respective website.

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

UDS Table 6B Details Section L Line 21a - Depression Remission at Twelve Months

CMS159v12

https://ecqi.healthit.gov/ecqm/ec/2024/cms0159v12

⊞ Explanation of Data

⊟ Explanation of Data

Measure Description	Percentage of patients aged 12 years and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.
Initial Population	All patients aged 12 years and older
Denominator	The denominator identification period for CMS 159v12 as reported for 2024 is 11/1/2022 to 10/31/2023 Patients age 12 or older with 1. a PHQ-9 or PHQ-9-A score greater than nine 2. followed within 7 days by a qualifying encounter (see billing codes specified by CMS159 measure guidance in this measure value set: 2.16.840.1.113762.1.4.1080.5, https://vsac.nlm.nih.gov/valueset/2.16.840.1.113762.1.4.1080.5/expansion/Latest) 3. encounter has a billing diagnosis or there is a diagnosis document or client problem in client record where diagnosis is for dysthymia or depression Patients may be assessed using PHQ-9 or PHQ-9M on the same date or up to 7 days prior to the encounter (index event).
Numerator	Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older who achieved remission at twelve months as demonstrated by the most recent twelve month (+/- 60 days) PHQ-9 or PHQ-9M score of less than five.
Exclusions	1: Patients who died any time prior to the end of the measure assessment period 2: Patients who have hospice flag, hospice or palliative care diagnosis, or a hospice or palliative care service anytime during denominator or numerator measurement periods 3: Patients with a diagnosis of bipolar disorder, personality disorder emotionally labile, schizophrenia or psychotic disorder or a diagnosis of pervasive developmental disorder any time prior to the end of the measure assessment period.

Summary:

Summary

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

UDS Table 6B Details Section L Depression Measures

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

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

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

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

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

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

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

Grid Section:

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

1.   ClientID: This Column will display the ClientID, which is initialized from 'General' section of 'Client Information (C)' screen.

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

3.   Birth Date: This Column will display the Client's Date of Birth, which is initialized from 'Demographics' tab of 'Client Information (C)' screen.

4.   Age: This Column will display the Client's Age, which is initialized from 'Demographics' Tab of 'Client Information (C)' screen.

5.   Meets Denominator: This Column will display the value 1 based on the below conditions,

a. Client's meeting FQHC Population criteria who are >= 12 years of age on 1/1 of the selected reporting year

b. Client has an age-appropriate depression assessment (PHQ9, PHQ9A or CCBHC Data Collection Document) with score > 9 during denominator identification period (start of "Measurement Period" - 14 months, start of "Measurement Period" - 2 months; for 2024 this window is 11/1/2022 to 10/31/2023)

c. Client has qualifying depression encounter within 7 days of depression assessment date.

Qualifying Depression Encounter =

-Client has a service where the program = an FQHC program AND with a status = Complete > Charge > Billing Code matches a value in "Code" category of CMS159v12 measure value set tab and in the following "Value Set OID": If more than one charge exists, look for a match from any of the Charges for the Service. (Number only):

-Contact or Office Visit (2.16.840.1.113762.1.4.1080.5)

AND

Client has a diagnosis (using client problems, diagnosis document or billing diagnosis) associated to the qualifying depression encounter where the diagnosis code is found in one of the following value set: (see measure valueset CMS159v12 tab) (number only):

-Dysthymia (2.16.840.1.113883.3.67.1.101.1.254)

-Major Depression Including Remission (2.16.840.113883.3.67.1.101.3.2444)

"Index Depression Assessment" = First depression assessment with score > 9 that also has a depression encounter that occurs within 7 days of the assessment.

There may be a list of assessments during this time span, the first with a qualifying depression encounter within 7 days following the assessment date should be used as the "Index Depression Assessment".

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

6. Meets Numerator: This Column will display the value as 1 if the Meets denominator = Y and

a. Client's Meets Denominator = 1

b. Client has a depression assessment (PHQ9, PHQ9A or CCBHC Data Collection Document) with score < 5 and the effective date 12 months +/- 60 days after the date of index depression assessment.

If multiple assessments exist within the 12 months +/- 60 day timeframe, use the most recent assessment to determine if score is < 5 depression assessment and if it does not match any of these conditions, it will be displayed as 0.

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

8.Depression Assessment Date: This Column will display the effective date of document Only show when client Meets Denominator = 1.

9.Depression Encounter Date: This Column will display the date of depression encounter (must be on or up to 7 days after index depression assessment date) and Only show when client Meets Denominator = 1.

10. 12 Month Depression Assessment: This Column will the document type based on the below conditions,

·If Meets Numerator = 1, show last Depression assessment document type where score is less than 5 within numerator measurement window (12 months +/- 60 days) after index depression assessment.

· If Meets Numerator = 0, show last Depression assessment document type where score is any value within numerator measurement window (12 months +/- 60 days) after index depression assessment

·If no depression assessment is found within numerator measurement window (12 months +/- 60 days) after index depression assessment, leave blank.

11. 12 Month Depression Assessment Score: This Column will display score from the assessment found within numerator measurement window (12 months +/- 60 days) after index depression assessment.

 PHQ9-A , Score field = PHQ9ADocuments > Total Score

CCBHC Data Collection Document, Score field = documentccbhcdatacollectionforms > PHQ9Score

PHQ9, Score field = PHQ9Documents > Total Score.

12. 12 Month Depression Assessment Date: This Column will display the Date of depression assessment (must be 12 months +/- 60 days after the index depression assessment).

13. Excluded: This Column displays the value as 1 based on the any of the below conditions

a: Patients who died any time prior to the end of the measure assessment period.

-Client Information > Death date > client is included in FQHC data population, but death date is prior to end of calendar year selected in filter.

OR

b: Patients who received hospice or palliative care services between the start of the denominator period and the end of the measurement assessment period.

-Client has active Hospice Care flag that is mapped in the FQHCHospiceCare Recode at any time during reporting year

OR

    -Client has active Palliative Care flag that is mapped in the FQHCPalliativeCare Recode at any time during reporting year

    OR

    -Client has service with a status = Complete > Charge > Billing Code at any point prior to the end of the measure assessment period where Billing code = "code" in one of the following measures "Value set OID" (see measure valueset CMS 159v12 tab): If more than one charge exists, look for a match from any of the Charges for the Service.

    -Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)

    -Hospice Encounter (2.16.840.1.113883.3.464.1003.1003)

    -Palliative Care Encounter (2.16.840.1.113883.3.464.1003.101.12.1090)

    OR

    -Client has a diagnosis (client problems list, diagnosis document, OR a billing diagnosis) at any point prior to the end of the measure assessment period where the diagnosis code is found in the following value set: (see measure valueset CMS124v12 tab)

    -Hospice Diagnosis (2.16.840.1.113883.3.464.1003.1165)

    -Palliative Care Diagnosis (2.16.840.1.113883.3.464.1003.1167)

OR

c: Patients with a diagnosis of bipolar disorder, personality disorder emotionally labile, schizophrenia or psychotic disorder or a diagnosis of pervasive developmental disorder any time prior to the end of the measure assessment period.

  -Client has a diagnosis (client problems list, diagnosis document, OR a billing diagnosis) at any point prior to the end of the measure assessment period where the diagnosis code is found in the following value set: (see measure valueset CMS159v12 tab)

 -Bipolar Disorder (2.16.840.1.113883.3.67.1.101.1.128)

 -Personality Disorder Emotionally Labile (2.16.840.1.113883.3.67.1.101.1.246)

 -Pervasive Developmental Disorder (2.16.840.1.113883.3.464.1003.105.12.1152)

 -Schizophrenia or Psychotic Disorder (2.16.840.1.113883.3.464.1003.105.12.1104)

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

Exclusion Reason: This Column displays the Exclusion Reason based on

 a. If a client is excluded due to death, the system displays "Patient Died prior to end of measure assessment period."

OR

b. If a client is excluded due to a hospice care flag, the system displays "Excluded due to Hospice Care flag."

OR

c. If a client is excluded due to a palliative care flag, the system displays "Excluded due to Palliative Care flag."

OR

d. If client is excluded due to a diagnosis, the system displays "Diagnosis Exclusion Reason found - [insert the Exclusion Diagnosis that was found], [Insert Date of Diagnosis]" - include first instance of diagnosis during measurement period if there are multiple entries from the same valueset. If there are multiple entries from different valuesets, the system displays each diagnosis code found.

OR

e. If a client is excluded due to a service, the system displays "Service Exclusion Reason found - [Insert the Exclusion Service billing code that was found], [Insert the Date of Service]" - include the first instance of service during the measurement period if there are multiple entries from the same valueset. If there are multiple entries from different valuesets, display each service that was found.

If more than one excluded reason was found, the system displays the first reason in order 1, 2, 3.

Author: Pavitra Sajjan

96. Core Bugs # 129481: **The column name of 'Line 20' and 'Line 20a' are the same in the 'Section K -HIV Measures' of the 'UDS Table 6B Quality of Care Measures' report.**

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

Navigation Path: My Office -- UDS Table 6B Quality Of Care Measures – View Report --Section K -HIV Measures – Line 20 and 20a**.**

Functionality 'Before' and 'After' release:
Before this release, here was the behavior. In the 'Section K -HIV Measures' of the 'UDS Table 6B Quality of Care Measures' report, the column names of 'Line 20' and 'Line 20a' were the same.

With this release, the above-mentioned issue has been resolved. Now, the column name of 'Line 20a' is renamed as 'Number of Patients Tested for HIV (c)' in the 'Section K -HIV Measures' of the 'UDS Table 6B Quality of Care Measures' report.

Author: Namratha Nagaraj

97. Core Bugs # 129645: The Revenue Report is not pulling data correctly.

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

Navigation Path: '**My Office'- Revenue Reports - Enter the required details—Click on 'View Report'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user tried to filter the 'Revenue Report' with the 'Plans' field, it was not pulling the data correctly. Instead of a selected plan, it was listing all the plans in the report.

With this release, the above-mentioned issue is resolved. Now, when the user filters the 'Revenue Report' with the 'Plans' field, it is displaying the selected plan details in the report.

Order Entry

Reference No	Task No	Description
98	EII # 127699	Changes for the Client MAR, Client Orders, and Order Template Frequency screens to allow configuration for users to set the first Dispense Time as the Start Time of Order.

Author: Varsha Patil

98. EII # 127699(feature-373680): Changes for the Client MAR, Client Orders, and Order Template Frequency screens to allow configuration for users to set the first Dispense Time as the Start Time of Order.

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

Navigation Path 1: 'Administration' – 'Order Template Frequencies' – 'Order Template Frequencies' list page – click on 'New' – 'Order Template Frequency Details' screen

Navigation Path 2: 'Client' – 'Client Orders' -- 'Client Orders' list page – Click on 'New' – 'Client Order' screen.

Navigation Path 3: 'Client' – 'Client MAR' -- 'Client MAR' screen.

Purpose: Many Inpatient units allow clients to be admitted 24/7. A client may present at the unit at 1800 and would start medications at that time. The customer expects the running clock to start as of Start Time of Order, not as of Midnight which is how the system currently functions. With this configuration, Once Times Per Day has been reached, the next Dispense Time to be considered would be the same as the first Dispense Time, on the following day. The Providers also need the flexibility to set Time Between Dispenses, so that the system can auto-calculate the other Dispense Times based on this setting. For example, QID frequency is not always the same as Q6H. Instead, the Provider could determine Four Times a Day, starting at 1000, Time Between Dispenses = 4 hours. In this case, the daily Dispense Times would be 1000, 1400, 1800, 2200.

Functionality 'Before' and 'After' release:

With this release, Order Template Frequency, Client Orders, and Client MAR screens are enhanced to allow configuration for users to set the first Dispense Time as the Start Time of Order. This allows users to set 'Time Between Dispenses' and have the system use that number to auto-calculate and update the other Dispense Times, based on the first Dispense Time.

'Order Template Frequency Details' screen

The following changes have been implemented in the 'Order Template Frequency Details' screen:

1. **'Use Start Time of Order as First Dispense Time' checkbox:** This is a new checkbox that is implemented. When this checkbox is checked, the following checkboxes in the screen will be disabled:

- PRN
- One Time Only
- No Frequency
- Activity
- Administration Time Window
- Rx Default

This functionality is implemented for All Order Types.

2. **'Map with Rx Frequency' dropdown:** Two new code values 'Q2H' and 'Q1H' are added to the already existing dropdown from Global Code Category 'MEDICATIONSCHEDULE'. The External Code 1 field will be updated with the value '12' for the code name 'Q2H' and '24' for the code name 'Q1H' in the Global code.

    The External Code 1 field can also be updated by user with the values 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, and 24 in the new or already existing codes in the Global code "MEDICATIONSCHEDULE".

3. **'Administration Time Window' checkbox :** When the 'Administration Time Window' checkbox is checked, and the 'Use Start Time of Order as First Dispense Time' checkbox is not checked, then the new Dispense Time textboxes are enabled, based on the 'Map with RX Frequency' and 'Times per Day' fields. These dropdowns will be present on the new Dispense Time text boxes.

4. **'Times Per Day' field:** When new 'Use Start Time of Order as First Dispense Time' checkbox is checked, this field determines the number of times to Administer/Dispense per 24 hours, as of Start Time of Order/first Dispense Time, which is set to the same each day.

5. **'Select Days' checkbox:** When 'Use Start Time of Order as First Dispense Time' checkbox is checked, the new logic is applied to existing rules so that Dispense Times are only on selected days.

6. **'Information' icon :** When the user hovers over the Information icon, the following message will be displayed - 'When this checkbox is checked, the system will consider the 'Start Time' of Order as the first 'Dispense Time' for each day of the Order. The system will use 'Start Time' of Order and 'Time Between Dispenses' to auto-calculate 'Dispense Times'. Once the 'Times Per Day' value is reached, the next 'Dispense Time' will be the same time as the first 'Dispense Time' of Order.

   The first Dispense Time will be editable until Action is taken for the first Dispense. Users can edit the first Dispense Time in Client MAR. Once Action is taken for the first Dispense Time, it is set as the first Dispense Time for each following day of the Order and is not editable. In this case, users can modify Order and select the new first Dispense Time, which will override the previous Dispense Times.'
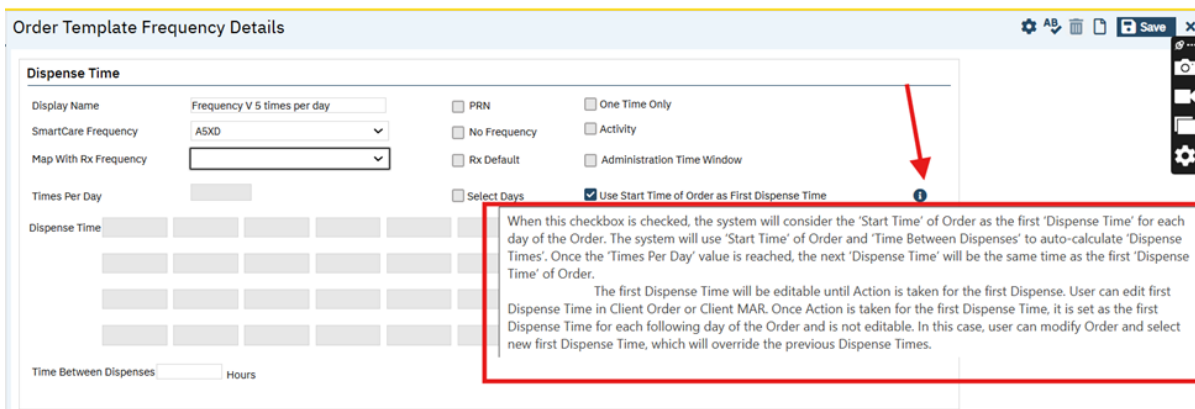
7. **'Dispense Time' field:**
   ● When the 'Use Start Time of Order as First Dispense Time' checkbox is checked, the 'Dispense Time' textbox fields are disabled.
   ● The user may edit the Dispense Times from other areas, such as MAR.
   ● The most recently saved Dispense Time(s) will be displayed in the other areas but in the 'Order Template Frequency Details', they will be Blank.
   ● The additional 16 text boxes will be enabled when a "Map with RX Frequency" value is selected, which is mapped to the 'Times Per Day' field, which will require these additional fields. For example, Q1H = Every one hour, this value will enable all 24 Dispense Time boxes. Q2H = Every two hours, this value will enable 12 Dispense Time boxes.

8. **'Time Between Dispenses' field:** This is a new textbox. When the new 'Use Start Time of Order as First Dispense Time' checkbox is checked, then this field shows and is a required field. The following are the functionalities of this field:
   ● If Times Per Day = 1, then this field will auto-display '24' in 'Time Between Dispenses' textbox, and is grayed out and disabled.
   ● If Times Per Day = 2, then a validation will display when Time Between Dispenses = 13 or more.

- If Times Per Day = 3, then a validation will display when Time Between Dispenses = 9 or more.
- If Times Per Day = 4, then a validation will display when Time Between Dispenses = 7 or more
- If Times Per Day = 5, then a validation will display when Time Between Dispenses = 6 or more
- If Times Per Day = 6, then a validation will display when Time Between Dispenses = 5 or more
- If Times Per Day = 7 or 8, then a validation will display when Time Between Dispenses = 4 or more.
- If Times Per Day = 9, 10, 11, or 12, then a validation will display when Time Between Dispenses = 3 or more.
- If Times Per Day = 13 or more, then this field will auto-display '1' in 'Time Between textbox, and is grayed out and disabled.
- Once the Frequency is applied to the Client Order, then this field will be used to determine the number of Hours past the Start Time of Order that the Dispense Times should be Calculated to.
- This functionality is for ALL Order Types

9. **'Save' Button:** Always refers to the most recently updated Dispense Times, regardless of which screen they were saved in. Upon Save, it will check for 'Select Day(s)' values.
   - The amount of checkboxes selected will match appropriately with the chosen Frequency.

'Client Orders' screen

The following changes have been implemented in the 'Client Orders' screen:

1. **'Clock' icon:** When the new 'Set First Dispense Time as Start Time of Order' checkbox is checked for the associated Frequency, then the 'Clock' icon will no longer show. Users will still be able to modify 'Dispense Times' from the Client MAR screen.
2. **Sign button:** The following are the functionalities for Start time and Start date upon clicking on Save when 'Add to MAR' and 'Set First Dispense Time as Start Time of Order' are selected:
   - On click of Sign, if Start Date of Order is the SAME Date or FUTURE Date as Date of Sign, then START TIME of the Order is used to create MAR Dispense Times as of START DATE of Order, based on Time Between Dispenses for the associated Frequency.
   - On click of Sign, if Start Date of Order is a PRIOR Date from Date of Sign, then a new Warnings Message will pop up.
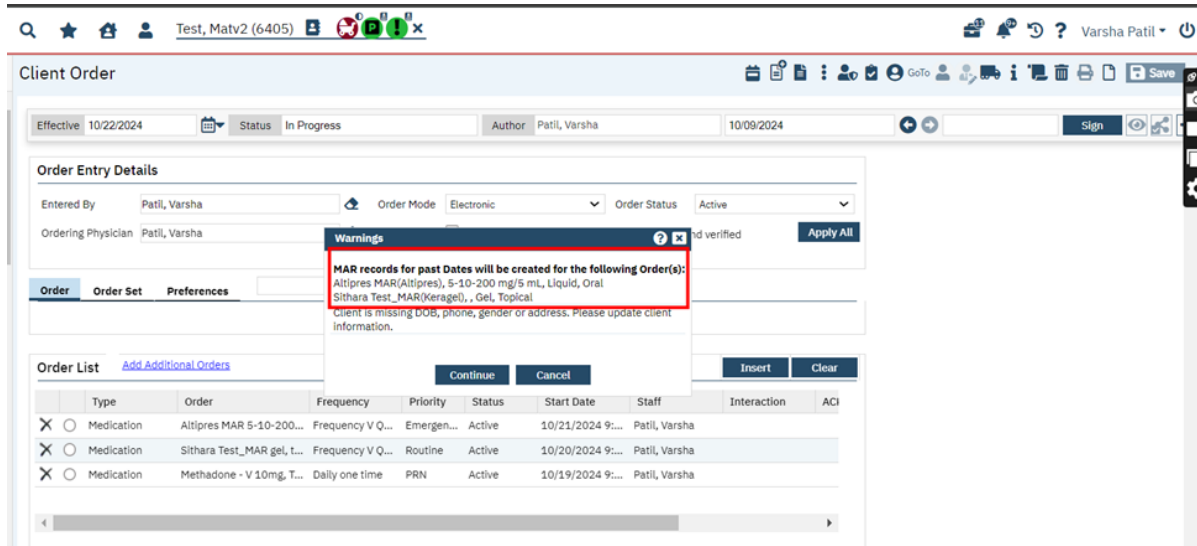
- The Warning popup will list all the Orders where 'Use Start Time of Order as First Dispense Time' is selected, and 'Add to MAR' is selected, when Start Date of Order is PRIOR TO Date of Sign.
- Orders in the Warning popup will be listed in the format: Order Name (Medication Name) Strength, Long Form, Route
- On click of 'Continue' in the new Warnings Message popup, then START TIME of Order will be used to create MAR Dispense Times as of START DATE of Order, based on Time Between Dispenses for the associated Frequency.
- These rules will apply regardless, if the Start Time of Order is before or after the Time of Sign.
- The first day of MAR records (Start Date of Order) will use the Start Time of Order as the first Dispense Time. Any subsequent Dispense Times up until Midnight will be created for that same Date.
- MAR records will not be created for the Start Date of Order for any Dispense Times that are past Midnight, if they are subsequent to the first Dispense Time. Any Dispense Times that are past Midnight and are subsequent to the first Dispense Time, will create MAR records for the following Date.

'Client MAR' screen

The following changes have been implemented in the 'Client MAR' screen:

1. **'Dispense Time' popup:** 4 Dispense Time boxes are added to the 'Dispense Time' popup, so that the system always display 12 boxes (6 columns, 2 rows) as default. (Existing only displays 8 boxes; 4 columns, 2 rows). If 'Times Per Day' is set to 13 or more, then it will display 24 boxes (2 additional rows of 6 columns)
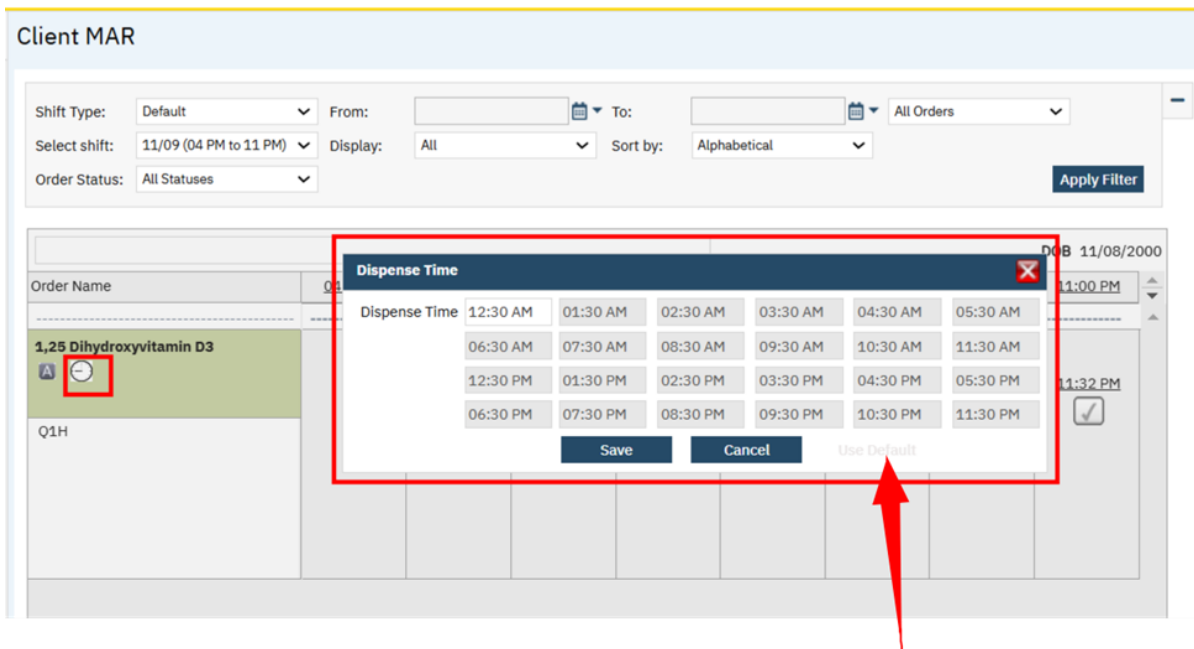
- Upon clicking the Clock icon, if the new 'Use Start Time of Order as First Dispense Time' checkbox is not checked in the Order Template Frequency, then it will work as existing functionality.
- If the new 'Use Start Time of Order as First Dispense Time' checkbox is checked:
  ➢ The most recent set Dispense Times are used. If Dispense Times have not been set, then the first Dispense Time = Start Time of Order for the Start Date of Order will be auto displayed.
  ➢ All other Dispense Times are grayed out and disabled, other than the first Dispense Time which remains editable.
  ➢ 'Time Between Dispenses' is used to auto-calculate the other Dispense Times based on the first Dispense Time.
  ➢ When the user modifies first Dispense Time, the other Dispense Times are auto-calculated and updated to the minute, based on the First Dispense Time textbox value that is entered in the popup. The other Dispense Times continue to auto-update every time when the user updates the First Dispense Time. This is based on the 'Times per Day' field value (set up through 'Map with Rx Frequency')
  ➢ These rules will work in addition to the Select Days rules. For example, if Weekly on Mondays and Start Time of Order = 10:30, then every week Dispense Time will always be 10:30 on Mondays.
  ➢ Once Action has been taken for the first Dispense Time, then these Dispense Times are locked, grayed out and disabled.

2.   **'Save' button in 'Dispense Time' Popup :** Upon Save, Dispense Times will be updated. Always refers to the most recent updated Dispense Times, regardless of which screen they were saved in.

- Upon Save for 'Select Days' frequency, 'Select Day(s)' values will be checked.
- The amount of 'Select Day(s)' checkboxes selected will match appropriately with the chosen Frequency. The existing logic on the Client Order screen is used here.
- If 'Use Start Time of Order as First Dispense Time' is selected and Action has already been taken for the first Dispense, the Save button will be grayed out and disabled, since nothing can be edited from the popup.

3.   **'Use Default' button in 'Dispense Time' Popup :**

- When selecting an Order where 'Use Start Time of Order as First Dispense Time' checkbox is checked in the associated Order Template Frequency, then this field is grayed out and disabled.
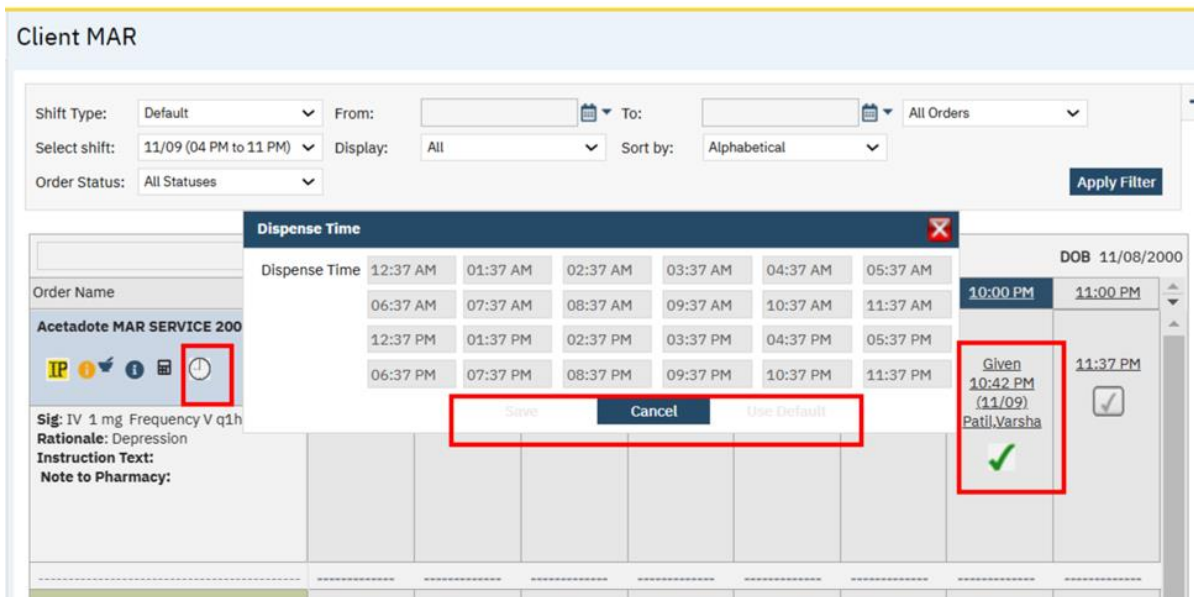
Data Model changes: Columns 'UseOrderStartTimeAsFirstDispenseTime' and 'TimeBetweenDispensesInHours' included in 'OrderTemplateFrequencies' table.

Orders

Reference No	Task No	Description
99	EII # 127866	Quest and Labcorp: Dx Required changes.

Author: Jagadeesh Raju

99. EII # 127866 (Feature- 314926) : Quest and Labcorp: Dx Required changes.

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

Navigation Path: Administration - Orders - Order Details - Diagnosis Required (Radio button selected as Yes).

Functionality 'Before' and 'After' release:

With this release, a new column 'DiagnosisRequired' is added in the Laboratories table. Now, when system process the compendium with Laboratories.DiagnosisRequired ='Y', then Orders will update the Orders.NeedsDiagnosis='Y'.

When doing the above processes, the Orders will be updated with the 'Diagnosis Required' radio button as 'Yes' in the Administration tab of Order Details screen.

Data Model Change: A new column 'DiagnosisRequired' is added in the Laboratories table.

Performance and Scalability Improvements

Reference No	Task No	Description
100	Core Bugs # 129527	Performance issues - database blocking.
101	Core Bugs # 129641	Performance issue in Combined Authorization list page

Author: Aishwarya Bommaklar

100. Core Bugs # 129527: Performance issues - database blocking.

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

Navigation Path: My Office -- Dashboard – 'Appointments for Today widget'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. On Dashboard, the 'Appointments for Today' widget was taking more time to load the data, causing the Execution- time Out Error.

With this release, the above-mentioned issue has been resolved. The code optimization is done to improve the performance of the 'Appointments for Today' widget.

Author: Renuka Gunasekaran

101. Core Bugs # 129641: Performance issue in Combined Authorization list page.

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

Navigation Path: My Office - Combined Authorization.

Functionality 'Before' and 'After' release:
Before this release, here was the behavior. There was a performance issue in the Combined Authorization list page.

With this release, the above-mentioned issue is resolved. Now, the stored procedure ssp_ListPageCombinedCMAuthorizations is optimized to improve the performance of the Combined Authorization list page.

Placements

Reference No	Task No	Description
102	Core Bugs # 129416	Placements: Issue in the Placement History Details screen.

Author: Shivakanth Moger

102. Core Bugs # 129416: Placements: Issue in the Placement History Details screen.

Prerequisites: Open status Placements are required.

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

Navigation Path: Login to 'SmartCare' -- select any client and search for 'Client Placement History' -- 'Client Placement History' list page -- click on any 'Open Placement Status' start date hyperlink text -- 'Placement History Details' screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Placement History Details screen, when a user changed the status to 'closed' and entered the Placement End date, the "End Placement" pop up window was displayed with radio buttons for 'Are you Sure' and 'Is this Client being replaced'. When the user clicked on Yes and on OK button respectively, then the new Open Placement was not created for the client.

With this release, the above-mentioned issues have been fixed. Now after user changes the status to 'closed' and enters the Placement End date in Placement History Details screen, when the user selects 'Are you Sure' and 'Is this Client being replaced' radio button with Yes in the "End Placement" pop up window, clicks on OK button, the new Open Placements is created for the client and the user is able to see the record in the Client Placement History list page.

Providers

Reference No	Task No	Description
103	EII # 126287	To validate the association of Client ID and Provider ID in claim line
104	Core Bugs # 129544	The red error was displayed on adding a 'URL' in the 'Primary Care Provider Detail' screen.
105	Core Bugs # 129545	Java script error issue in the Provider information screen.

Author: Renuka Gunasekaran

103. EII # 126287(Feature-321472): To validate the association of Client ID and Provider ID in claim line

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

Navigation Path 1: 'Client Search' icon -- 'Client Search' popup --'Create Provider Client'.

Navigation Path 2: 'My Office' -- 'Claims' -- Select Claim type -- 'Claim entry Screen' -- save -- 'Claim Line Details screen' -- 'Select Action' -- 'Adjudicate'.

Functionality 'Before' and 'After' release:

Purpose: Per the current batch claim upload logic, both the Clientid and SiteId are validated separately. The system allows claim creation if the given clientId exists in the database and the mentioned SiteID belongs to the selected Provider. It was requested that this process to validate, if the client belongs to ProviderClient of the selected Provider or not.

With this release, the logic has been implemented to validate the association of ClientID and ProviderID.

Below mentioned the details of two functionalities which are implemented to validate the association of Client ID and Provider ID.

- Batch Claim Uploads / Batch Claim Direct Entry Screens.
- Adjudication Rule

Batch claim uploads / Batch claim direct entry screens

- When 'Batch claim template' is uploaded in 'Batch claim Direct Entry' page, the system will validate if that Client ID and Provider ID are associated. If all are associated then the claim line will be created.
- If not associated, then the "Client ID in the uploaded file is not related to the selected Provider" will be displayed as a warning message.

Adjudication Rule:

A new adjudication rule has been added under the 'DENIALREASON' Global code Category to check the association of client, site and provider. When a user enters a claim in the claim entry screen, the system will validate if that Client ID and Provider ID are associated in the ProviderClients table.

- If the client is associated with the provider, then the claim line will be processed successfully during adjudication process.
- If the client is **not** associated with the provider, then the claim line will be pended or denied with the reason as 'Client is not associated with Provider'

Global Code:

Global Code Details

Category

Category Code DENIALREASON   Category Name Denial Reason   ☑ Active   ☐ User Defined Category

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

Organization/Affiliate Setup

☑ Primary Driven
☑ Allow Addition By Affiliate
☑ Allow Deactivation By Affiliate

Code Details

Code ID   11134880   Code Name   Client is not associated with I   ☑ Active   ☑ Cannot Modify Name or Delete Code

External Code 1   [   ]   External Source 1   [▼]   Sort Order [   ]   Code ClientIsNotA   Color ☐ ✎

External Code 2   [   ]   External Source 2   [▼]   Icon Search or Select   ✎

Description   [   ]   Add/ Modify Subcodes...

Modify   Clear

ClaimLines- Adjudication Denial Reason:

Claim Lines (3)   Select Action

All Insurers ▼   All Statuses ▼   All Providers ▼   All Sites ▼   Apply Filter

All Bank Accounts ▼   All Populations ▼   All Billing Codes and Modifiers   All Billing Codes   Detail Report

Pended/Credit Bal Filter ▼   Batch # [   ]   Claim ID [   ] Line # [   ]   Client is not associated with Provider ▼

Received From 09/30/2023 📅▼   Received To 10/30/2024 📅▼   DOS From [   ] 📅▼   DOS To [   ] 📅▼

☐ Re-allocation Exception   ... Client [   ] ✎   Rendering Provider [   ] ✎

Select: All, All on Page, None   Total Payable Amount : $ 0

	Claim Line ▽	Client Name	Provider	DOS	Status	Payable Amount	Paid Amount	Procedure	Insurer	Units	Reason
☐	6160	Test1, No Provid...	Test_MCOOne	10/06/2...	Pended	$0.00	$0.00	MCO_123	AXA	1.00	Client is not ass...
☐	6154	Test1, No Provid...	Test_MCOOne	10/14/2...	Denied	$0.00	$0.00	MCO_123	AXA	1.00	Client is not ass...
☐	6153	Test1, Provider(...	Test_MCOOne	10/14/2...	Denied	$0.00	$0.00	renubillingc...	AXA	1.00	Client is not ass...

Client is not associated with Provider;

Batch claim Direct Entry Screen:

Batch Claim Direct Entry (2)

Show all claim lines ▼   Sort By Billing Code ~ Client Name ~ Date ▼   From [   ] 📅▼ To [   ] 📅▼   Apply Filter

ayer 1	Allowed 1	Payed 1	Adj 1	Group Code 1	Reason 1	Previous Payer 2	Allowed 2	Payed 2	Adj 2	Group Code 2	Reason 2	Warnings
												ClientId 1324 in the up...
												ClientId 1324 in the up...

ClientId 1324 in the uploaded file is not related to the selected Provider

Author: Ashish Priyadarshi

104. Core Bugs # 129544: The red error was displayed on adding a 'URL' in the 'Primary Care Provider Detail' screen.

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

Navigation Path 1: Client' - 'Client Information (C)'-Demographics- Click on Open PC Providers-Primary Care Providers list page- 'New'- 'Primary Care Provider Detail' screen.

Navigation Path 2: 'My Office' – 'Primary Care Providers' list page – 'New'- 'Primary Care Provider Detail' screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user was trying to add a valid 'URL' in the 'Primary Care Provider Detail' screen and 'Save', the below mentioned red error message was displayed:

 Error: 'Please enter a valid URL'.

With this release, the above-mentioned issues have been resolved. Now, the error message is not displayed when the user is adding a valid URL in the 'Primary Care Provider Detail' screen and is able to save successfully.

Author: Renuka Gunasekaran

105. Core Bugs # 129545: Java script error issue in the Provider information screen.

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

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

Navigation Path: Go Search-Select a Provider-'Provider Summary' -Select Provider name -'General' tab of 'Provider information' screen - 'Sites' tab - Insert without updating custom fields.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user clicked on the Insert button without updating custom fields of sites tab under the Provider information screen, the below java script error was logged in error log.

Error:"Cannot read properties of undefined (reading 'value')".

With this release, the above-mentioned issue is resolved. Now, when the user clicks on the Insert button without updating custom fields of the site tab under the Provider information screen, the java script error is not logged in error log.

Reception

Reference No	Task No	Description
106	Core Bugs # 129716	The Staff is not receiving the Checkin notification for the client.
107	Core Bugs # 129741	Contactless Check-in Input Type Issue.

Author: Aishwarya Bommaklar

106. Core Bugs # 129716: The Staff is not receiving the Checkin notification for the client.

Release Type: Fix | Priority: High

Navigation Path: 'Contactless Checkin' module -- Login with Client Last name and DOB --Click on Checkin for the scheduled Appointments.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the client logged in to the 'Contactless Checkin' module using the Last Name and DOB and made the appointment as Checkin, the staff did not receive the Checkin Notification for the client.

With this release, the above-mentioned issue has been resolved. Now, the Staff is receiving the checkin notification for the client, when the client logs in the 'Contactless Checkin' module by using the Last Name and DOB.

Author: Niroop Hassan

107. Core Bugs # 129741: Contactless Check-in Input Type Issue.

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

Navigation Path: Navigate to the Contactless check-in page.

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. The Contactless Check-in page included a 'Date of Birth' field, with the 'Day' and 'Year' options displayed as a drop-down.

With this release, the above-mentioned issue has been resolved. Now, the 'Calendar' button has been added and user can select the 'Date of Birth', and also made the 'Date Of Birth' field as a typable text box, where the user can type the 'Date Of Birth'.

Welcome to SmartCareDemo

Last Name:

Date Of Birth:

Submit
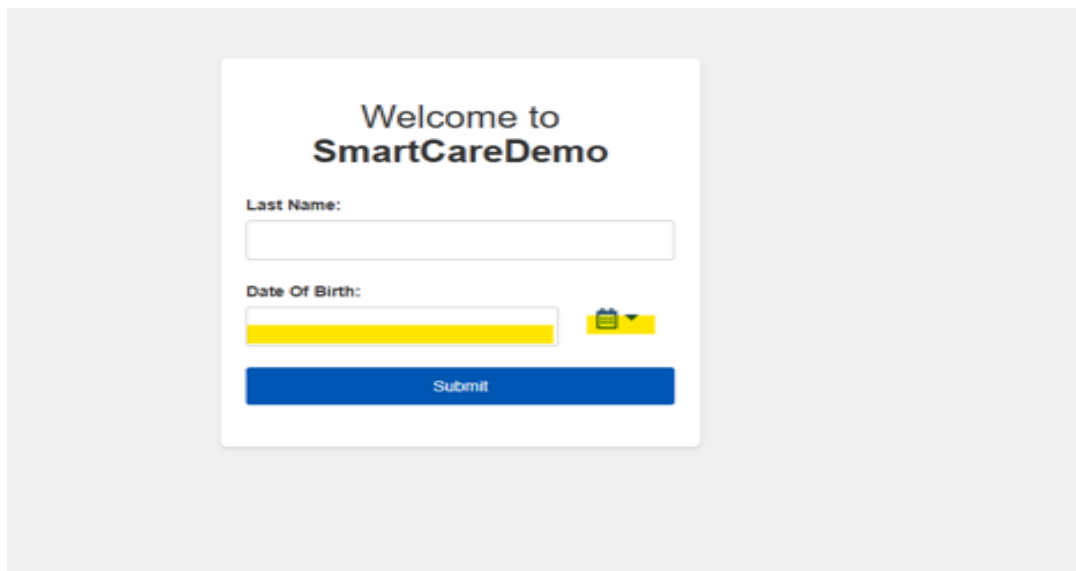
RWQM

Reference No	Task No	Description
108	Core Bugs # 129554	When the user attempts to run the 'RWQM' job after adding a contact note, a red error is displayed.

Author: Namratha Nagaraj

108. Core Bugs # 129554: When the user attempts to run the 'RWQM' job after adding a contact note, a red error is displayed.

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

Prerequisite: Add the Financial Assignment, Action, and RWQM Rule through **the Path:**

Path 1: 'Administration' --' Financial Assignments' --Click on the 'New' Button--Enter the required details--Click on the 'Save' button.

Path 2: 'Administration' --'Actions' -- Click on the 'New' Button--Enter the required details--Click on the 'Save' button.

Path 3: 'Administration' --'RWQM Rules' --Click on the 'New' Button--Enter the required details--Click on the 'Save' button.

Navigation Path 1: 'My Office' —'RWQM Work Queue'—List page will be opened—Click on 'Contact Note'—'Contact Note Detail' page will be opened—Enter the required details—Click on 'Save' button.

Navigation Path 2: exec 'ssp_SCCreateRWQMWorkQueueItems' job.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior: When the user ran the 'RWQM' job and then added a contact note, and subsequently tried to run the 'RWQM' job again, a below-red error was displayed.

Red Error: "[SQLSTATE 01003] (Message 8153) 547*****The DELETE statement conflicted with the REFERENCE constraint "RWQMWorkQueue_RWQMClientContactNotes_FK". The conflict occurred in database "BradfordSmartcareProd", table "dbo.RWQMClientContactNotes", column 'RWQMWorkQueueId'.*****dbo.ssp_SCCreateRWQMWorkQueueI*****1428*****16*****0 [SQLSTATE 42000] (Error 50000)."

With this release, the above-mentioned issue is resolved. Now, users can run the RWQM job, make changes in the RWQM Rule or contact note, and rerun the RWQM job without encountering a red error message.

Rx Application

Reference No	Task No	Description
109	EII # 127807	Rx: Update Rx error message
110	EII # 128716	Update Rx error message for Surescripts registration errors
111	Core Bugs # 129329	Prescriber Credentials not displaying correctly for refills.
112	Core Bugs # 129359	Rx: Blocking the Nurse from selecting the Prescriber and approving the medication.
113	Core Bugs # 129421	RX is not being processed due to missing medications in the outbound prescriptions tab.
114	Core Bugs # 129523	A critical alert is triggered when the user deletes a Smartacre Order medication and then prescribes it again.
115	Core Bugs # 129653	SmartCare Rx is displaying incorrect ClientId
116	Core Bugs # 129665	Rx: No log entry is inserted into the 'StaffClientAccess' table when the user performs the actions on the 'User Preference' screen.

Author: Rajgopal Yajurvedi

109. EII # 127807(Feature-375478): Rx: Update Rx error message

Release Type: change | **Priority:** High

Prerequisite: Create the Staff in SmartCare via the below path and add/remove the permission in Rx Application via the below **path:**

Login to SmartCare Application -Administration -Staff/User - Click New button - Staff Details - Enter the required fields - Click Save button - My Office - Medication Management - Rx Application - Start Page - click My Preference button - User Preference page - Permission section - Add/Delete 'EPCS' permission - Sure Scripts section - Service Level dropdown - Add/Remove 'EPCS' service level.

Navigation Path: Login to SmartCare Application - 'Client' – 'Medication Management Rx' link – Rx Application – 'Patient Summary' screen – New Order button – New Medication Order Page - Select the Controlled Drug with starting three letters – Fill all required fields – click on 'Insert' button – Select the Pharmacy with EPCS – click on 'Prescribe' button - Verify the Warning Message displayed (when EPCS permission or EPCS Service level not added in User Preference page.

Functionality 'Before' and 'After' release:

Before this release, here was behavior. When a Prescriber who had EPCS Permission set up but whose Sure Script services level was not EPCS, or vice versa, on attempting to prescribe controlled Medication, the prescriber then received the following error.

Error Message - [900]: Not authorized to send Controlled Substance ()

With this release, the above mentioned issue has been fixed with the below changes.
When prescribers prescribe the controlled medication and they don't have EPCS Permission OR EPCS Service Level permission, then the warning message will be displayed as below:

- When Prescribe does not have EPCS permission and has EPCS Service Level permission, then the below message is displayed -
  'You do not have EPCS permission to prescribe controlled medications. Are you sure you want to proceed to the next steps?'
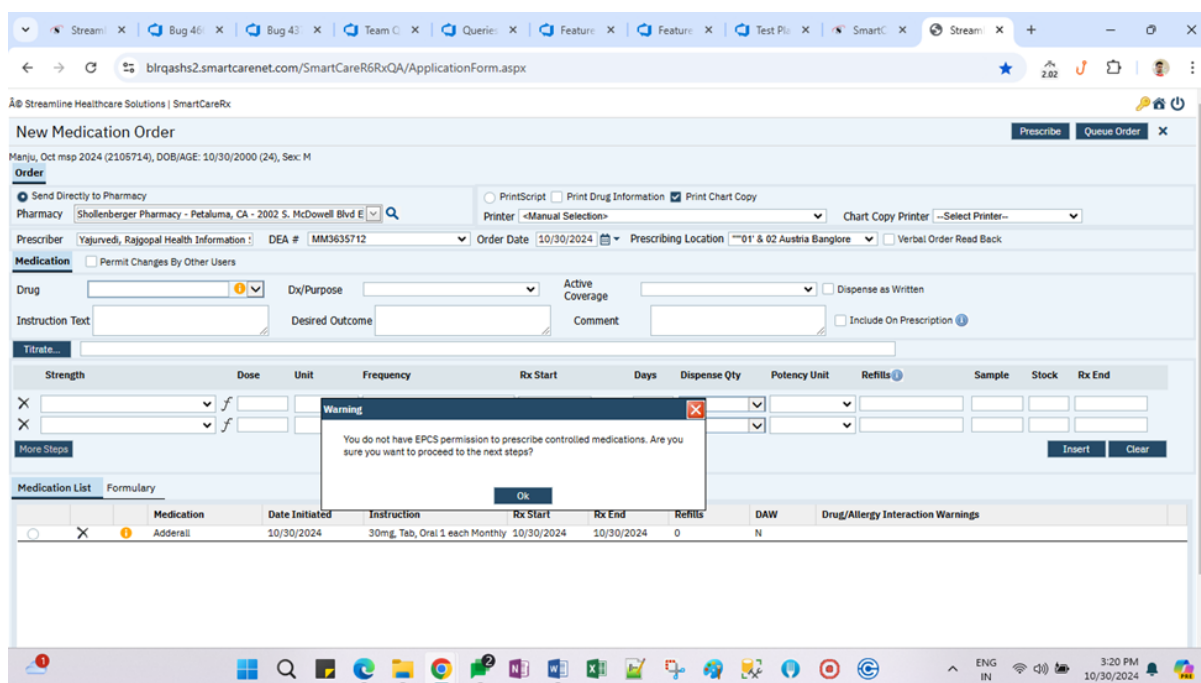
- When Prescribe has EPCS permission and does not have EPCS Service Level permission, then the below message is displayed -
  'You do not have EPCS Service Level permission to prescribe controlled medications. Are you sure you want to proceed to the next steps?'
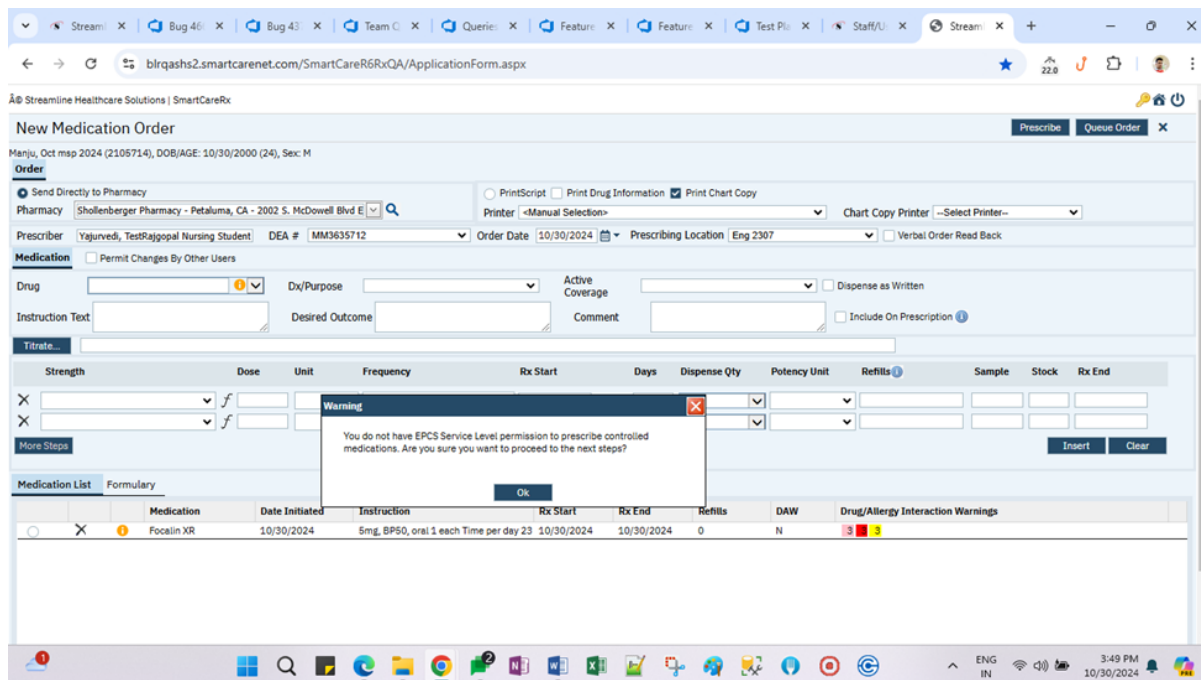
- When Prescribe does not have EPCS permission and EPCS Service Level permissions, then the below message is displayed -
 You do not have EPCS & EPCS Service Level permissions to prescribe controlled medications. Are you sure you want to proceed to the next steps?"
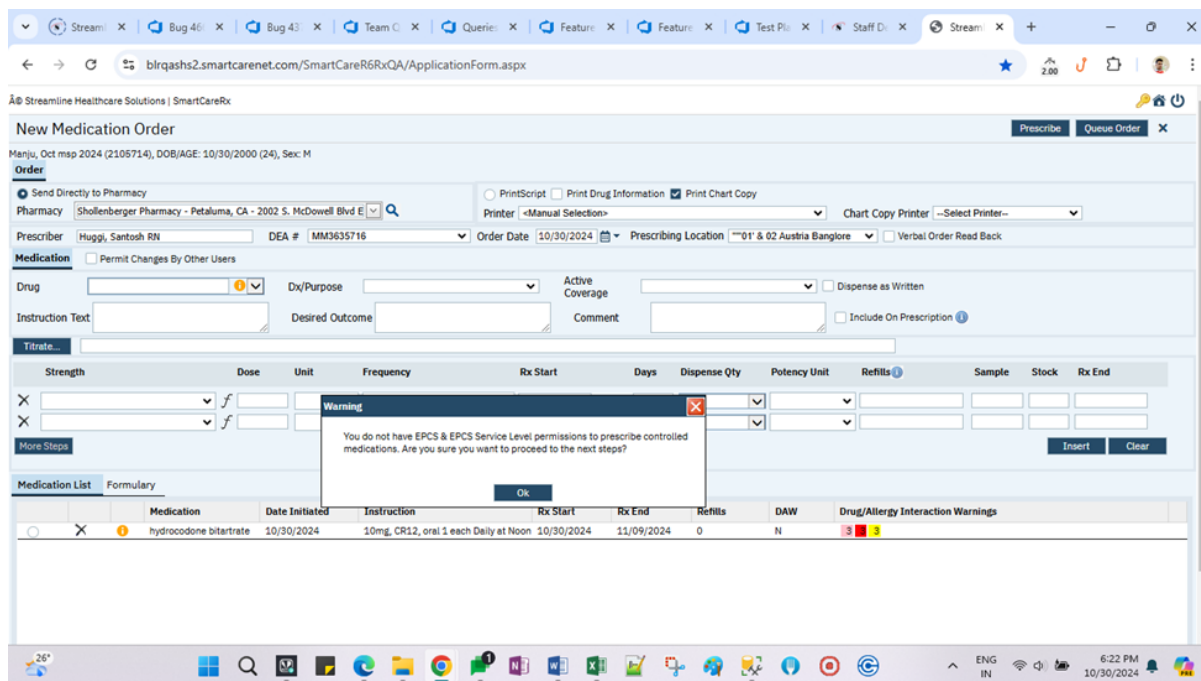
Author: Manjunath Malipatil

110. EII # 128716(Feature-446677): Update Rx error message for Surescripts registration errors

Release Type: change | **Priority:** High

Navigation Path: Login to Rx Application – In the Start page Click on My preference button – In User Preference Screen Navigate to Surescripts Section – Enter all the required fields – Click on Save Button – Click on Register Button.

Functionality 'Before' and 'After' release:

With this Release, the error messages shown during the Surescripts registration process have been updated to ensure they are meaningful to users and provide information about their actions.

The Error message will be displayed in the following Format.

Format: Sure Scripts Registration Error: "ErrorText". Please verify.

Screen Shots:

SureScripts

Active Start Time	10/01/2024 📅 ▾
Active End Time	09/27/2024 📅 ▾
Service Level	NewRx + Refill + Canc ▾
Prescriber Id (SPI)	7964511327002

SureScripts will be updated when the staff record is updated

❌ Sure Scripts Registration Error:ActiveEndTime must be greater than ActiveStartTime.. Please verify

SureScripts

Active Start Time	10/01/2024 12:00 / 📅 ▾
Active End Time	10/25/2031 12:00 / 📅 ▾
Service Level	NewRx Only ▾
Prescriber Id (SPI)	7964511327002

SureScripts will be updated when the staff record is updated

❌ Sure Scripts Registration Error:NPI is required.. Please verify

SureScripts

Active Start Time	10/01/2024 12:00 / 📅 ▾
Active End Time	01/25/2029 12:00 / 📅 ▾
Service Level	NewRx + Refill + Canc ▾
Prescriber Id (SPI)	7964511327006

SureScripts will be updated when the staff record is updated

❌ Sure Scripts Registration Error:SPI does not exist in the Surescripts directories.. Please verify

SureScripts

Active Start Time	10/01/2024 12:00 / 📅 ▾
Active End Time	01/25/2029 12:00 / 📅 ▾
Service Level	NewRx + Refill + Canc ▾
Prescriber Id (SPI)	7964511327006

SureScripts will be updated when the staff record is updated

❌ Sure Scripts Registration Error:Change service already assigned to spi: 7964511327002. Please verify

Author: Manjunath Malipatil

111. Core Bugs # 129329: Prescriber Credentials not displaying correctly for refills.

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

Navigation Path: Login to Rx Application– Start Page – Patient Search – Patient Summary screen – Select a medication – Click on Reorder button – Reorder Medication Order screen – Click on Prescribe Button – In Prescribe screen Click on Prescribe Button –Patient Summary screen – Check the Name of the Prescriber in Prescribed by Column in Medication list.

 Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the prescriber reordered the prescription, the credentials (last name, first name, + degree) of the prescriber were not updated correctly in the "Prescribed By" column included in the prescription List of the Patient summary screen. Prescribed By column was displaying only last name, first name.

With this release, the above-mentioned issues have been fixed. Now, when the prescriber reorders the medication, the prescriber's credentials are being correctly displayed with last name, first name, + degree in the "Prescribed By" column of the Patient summary screen's prescription list.

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Author: Manjunath Malipatil

112. Core Bugs # 129359: Rx: Blocking the Nurse from selecting the Prescriber and approving the medication.

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

Navigation Path: Login to 'Rx' Application as Nurse – 'Start Page' – 'Refill Requests' – Click on 'Approved' button -' Re-Order Medication Order' Screen – Check the 'Prescriber' and 'DEA #' field.

Functionality 'Before' and 'After' release

Before this release, here was the behavior. When the Nurse logged into the 'Rx' application and tried to Approve the refills, the 'Prescriber' and 'DEA#' fields were disabled in the 'Reorder Medication Order' screen, blocking the Nurse from selecting the Prescriber and approving the medication.

With this release, the above-mentioned issue is resolved. Now, when the nurse logs into the 'Rx' application and tries to Approve refills, the 'Prescriber' and 'DEA#' fields are enabled in the 'Reorder Medicine Order' page. Thus allowing the nurse to select the prescriber and approve the medicine.

Author: Rajgopal Yajurvedi

113. Core Bugs # 129421: RX is not being processed due to missing medications in the outbound prescriptions tab.

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

Prerequisite:

Queued Order is placed via the below **path**:

Login to 'SmartCare' Application - 'Client' search – 'Medication Management Rx' link – 'Rx' Application – 'Patient Summary' screen – 'New Order' button – 'New Medication Order' Page - Select the 'Drug' with starting three letters – Fill all required fields - Select the 'Print/Fax/EPCS Pharmacy' - click on 'Insert' button - Click 'Queued Order' button.

Navigation Path: Login to 'SmartCare' Application - 'My Office' – 'Medication Management' link – 'Rx' Application – 'Start Page' screen – 'Queued Order' button – 'Order Approval' Page - Select the 'Drug' – Click 'Approve' button - Enter the 'Password' - Click on 'Sign' button - Click 'Close' button - 'Start Page' - 'Outbound Prescription' tab.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Order Approval' Page, in queued orders involving multiple processing methods (e.g., electronic, print, fax), a prescriber approved and signed medications. During the processing of these queued orders, a disruption in one method (e.g., Fax) was affected the processing of other orders such as those prescribed electronically or printed, leading to incomplete fulfillment of the entire batch of medication queued orders. This impacted the overall workflow and caused issues for patients awaiting their prescriptions, potentially resulting in missing medications in the outbound prescriptions tab.

With this release, the above-mentioned issue has been resolved. Now, only the specific prescription that caused the exception (e.g. a failed fax) will be affected, while the other queued orders will still be processed. This prevents the entire batch from failing, reducing the risk of incomplete or delayed medication fulfillment and avoiding missing medications in the outbound prescriptions. Additionally, failed queued medication will be reset to approve status, and then the prescriber can approve again to process the failed prescription.

Author: Manjunath Malipatil

114. Core Bugs # 129523: A critical alert is triggered when the user deletes a SmartCare Order medication and then prescribes it again.

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

Prerequisite: Client Order is created for the client in the 'SmartCare' application through the navigation **path:**

Login to 'SmartCare' Application – 'Client' search – Select a client – 'Client Orders' – 'Client Orders List' page – Click on 'New' Button –' Client Order Selection' Popup – Click on 'OK' Button – Search for the Medication – Enter all the required fields – Click on 'Insert' Button – Click on 'Sign' Button -- Sign the 'Client the Order'.

Navigation Path: Login to 'Rx' Application – 'Start page' – 'Patient' Search – Select a patient to which client orders are created – 'Patient Summary' screen – Select 'multiple SmartCare Order Entry (Client Orders)' – Click on 'Complete Order' button -- 'Complete Medication Order' screen – Try to delete the 'Medication order entry' – 'Prescribe' – In 'Prescribe' screen – Click on 'Change Order' button – In 'Complete Medication Order' screen – Try to 'Delete' the medication entry and 'prescribe'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user selected multiple SmartCare order medications and clicked on the "Complete Order" button, the 'Delete' button was disabled for the medication entries in the 'Complete Medication Order' screen. Upon clicking the "Prescribe" button, the user was redirected to the 'Prescribe' page. If the user then clicked on "Change Order" and returned to the 'Complete Medication Order' page, the 'Delete' button becomes enabled. Furthermore, when the user deleted a medication and then prescribed it again, a critical alert was triggered.

With this release, the above-mentioned issue has been resolved. Now, when the user redirects to the 'Complete Medication Order' screen from the 'Prescribe' screen by clicking on the 'Change Order' button, the 'Delete' button is disabled and the user will not able to delete medications. Hence the critical alert will no longer be triggered.

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Author: Rajgopal Yajurvedi

115. Core Bugs # 129653: SmartCare Rx is displaying incorrect ClientId

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

Prerequisite: Create the client in SmartCare via the **Path:**

Login to SmartCare Application - Client Icon - Client Search - Client Search popup - Enter the required fields - Click Search button - Click Create New Potential Client button - Confirmation Message popup - Click Yes Button - Client Information page.

Navigation Path: Login to SmartCare Application - 'My Office' – 'Medication Management' link – Rx Application – 'Start Page' screen - Click on Patient Search button - Patient Search Popup - Search with Name/DOB/SSN/Phone Number/ID - Patient Summary Page - Observe the Client ID displayed in SmartCare and Rx.

Functionality 'Before' and 'After' release:

Before this release, here was behavior. The client ID displayed in SmartCare and Rx Application were mismatched.

With this release, we have fixed the above issue. Now, the same client ID is displayed in SmartCare and Rx Applications.

Author: Manjunath Malipatil

116. Core Bugs # 129665: Rx: No log entry is inserted into the 'StaffClientAccess' table when the user performs the actions on the 'User Preference' screen.

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

Navigation path 1: Log in to 'RX' Application – 'Start Page' – 'My Preference' -- In the 'User Preference' Screen – Navigate to 'EPCS Device registration' Section -- Select 'None' Radio button.

Navigation path 2: Login to 'RX' Application – 'Start Page' – 'My Preference' -- In the 'User Preference' Screen Navigate to the 'Permissions' section -- Click on the 'Add Permission' Button —'Add Permission' popup -- 'Add the permission'.

Navigation path 3: Login to RX Application—'Start Page' – 'My Preference'—Make any changes in the 'User Preference' screen—click on the 'Save' button.

Navigation path 4: Login to 'RX' Application – 'Start Page' – 'My Preference' -- In the 'User Preference' screen – Navigate to 'EPCS Device registration' Section -- Select 'Soft token' radio button -- Enter the 'Soft token Username' -- Click on 'Set Default Device' button -- In 'Set Default Device Popup– Select the 'Device' -- Click on 'Select Device' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user performed the below actions in the 'User Preference' screen under the Rx application, no log entry was inserted into the 'StaffClientAccess' table.

- When the 'Device Authentication' was removed.
- When the user added the permission for the Staff.
- When the User selected the device in the 'Set Default Device' popup.
- When the user made any changes and saved it.

With this release, the above-mentioned issue is resolved. Now, when the user performs the above actions in the 'User Preference' screen under the 'Rx' Application, a log entry is logged in the 'StaffClientAccess' table.

Scanning

Reference No	Task No	Description
117	EII # 129518	Implementation of the new configuration keys to display the Client Name/Medicaid ID on All Scanned pages of PDF.
118	Core Bugs # 129612	Scanning insurance card: upload button does not work.
119	Core Bugs # 129675	Scanning: The scanned records associated with the events are not being deleted.

Author: Abhishek Naik

117. EII # 129518(Feature-471322): Implementation of the new configuration keys to display the Client Name/Medicaid ID on All Scanned pages of PDF.

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

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

Navigation path 1: Client -- Scanning -- Scanned Medical Record Detail- Click on the 'Scan New Images' icon -- Select the Record Type and Save.

Navigation path 2: Client -- Documents -- Choose the Scanned document selected in the **Navigation Path 1-** – Click on the Document hyperlink– Verify the PDF.

Functionality 'Before' and 'After' release:

Purpose: To avoid the duplication of Medicaid ID and Client Name on the document header.

With this release, the code change is done to avoid the duplication of Medicaid ID and Client Name on the document header in the PDF.

Note: EII -129518 is dependent on state task - EII, 128411. This task needs to be deployed along with this core task, for the functionality to work.

Author: Sithara Ponnath

118. Core Bugs # 129612: Scanning insurance card: upload button does not work.

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

Navigation Path: 'Client' --- 'Coverage' screen --- Click on 'View/Scan ID Cards' icon --- Click on 'Upload' button --- Select the files to upload --- Click on 'Upload' button --- Click on 'Save' button.

Functionality 'Before' and 'After' release:

Before this release, the below issues were observed in the 'Coverage' screen:

- Upload button did not work while uploading insurance cards in the Coverage screen.
- The preview image was not displayed properly. A grey box was displayed on image upload. Button worked occasionally.
- When two images were uploaded, only one image was saved.

With this Release, the above-mentioned issues have been resolved. Now, the upload button is working properly with preview image functionality and images are saved correctly in the Coverage screen.

Author: Tejaswini Srinivas

119. Core Bugs # 129675: Scanning: The scanned records associated with the events are not being deleted.

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

Navigation Path 1: My office - Scanning - Upload an Image - Create an event – Delete the same and verify in the Events table.

Navigation Path 2: Client – CM Events screen – Click on 'New' – Create an event.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The scanned image records associated with the events that were successfully deleted from the ImageRecords, Documents, and DocumentVersions tables, were not removed from the Events table during the delete activity, performed through the Scanning screen.

With this release, the above-mentioned issue is resolved. Now, the deleted image records associated with the events records are also removed from Events table during the delete activity performed through the Scanning screen.

Services

Reference No	Task No	Description
120	EII # 127320	Implementation of Configuration key to allow Customer to Turn Off 'Client has active Medicaid Plan' Pop-up.
121	EII # 128837	Adding scsp_PMServiceComplete Custom Hook in core stored procedure ssp_PMServiceComplete.
122	Core Bugs # 129346	ssp_SCCreateAddOnServices not including modifiers when calculating charge for add on services
123	Core Bugs # 129472	Services: The Service Action pop up window is not closed immediately.
124	Core Bugs # 129595	Clinician's name disappears after clicking on a different tab in Service Entry screen.
144	Core Bugs # 129831	Getting validation message when attempting to schedule a service.

Author: Suganya Sivakumar

120. EII # 127320(Feature-355775): Implementation of Configuration key to allow Customer to Turn Off 'Client has active Medicaid Plan' Pop-up.

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

Navigation Path 1: Perform Client Search --- Select Client --- Navigate to Services --- Client --- Click on New Icon --- Service Detail Page --- Select the Program, Procedure, and Location --- Enter all the required fields --- Click on Save Icon.

Navigation Path 2: Perform Client Search --- Select Client --- Navigate to Services/Notes --- Client --- Service/Note List Page --- Click on New Icon --- Service Note detail page --- Select Program/Procedure/Location values --- Navigate to Encounter form tab --- In General Section --- Enter all the required information --- Click on Save --- Sign the Service Note.

Navigation Path 3: My office --- Groups --- Groups List page --- Click on New Icon --- Group Detail page --- Mode of Delivery dropdown field --- Enter all the required fields --- Click on Save button --- Navigate to Schedule tab --- Click on New Group Service button --- Group Service Clients popup --- Select Date of Service and Clients --- Click on Select button.

Navigation Path 4: Navigate to Group Service Detail Screen --- Enter all the required fields in the Service Tab --- Under the Encounter Form tab --- In the General section --- Enter all the required information --- Click on Save Button --- Navigate to Note tab --- Click on Sign Button --- Signature popup displays --- PDF generated.

Functionality 'Before' and 'After' release:

Purpose: There was a pop-up 'Client has Active Medicaid Plan' that displays while scheduling services if the Client has a Medicaid plan under their coverages (with an active time span). It is currently informational and was created for state Medicaid reimbursement for transportation type services. This causes confusion for the customer since it does not pertain to their workflows. So, it was requested to allow the Customer to turn off 'Client has Active Medicaid Plan' warning from Service Note, Service Details and Group Service Details. By introducing the configuration key, the customers will have the option to turn off the Warning message if it does not pertain to their workflow.

Before this release, here was the behavior. When the Client has an active coverage plan, and while changing the services transportation, there is a Warning pop-up message 'Client has Active Medicaid Plan'.

With this release, a new configuration key is implemented to allow the Customer to Turn Off the 'Client has active Medicaid Plan' Pop-up.

System Configuration Key Details:

Key Name: EnableClientActiveMedicaidWarning

Read Key as: Enable Client Has Active Medicaid Plan Warning in Service Note, Service Details, and Group Service Details.

Default Value: No

Allowed Values: Yes, No.

Description: This is a change to the existing feature of our core product by introducing a system configuration key.

The value of this key is used to determine whether the system should display the 'Client Has Active Medicaid Plan' Warning on the Service Note, Service Details, and Group Service Details or not.

- If the key-value is set to "Yes", " Client Has Active Medicaid Plan" Warning will be displayed on the Service Note, Service Details and Group Service Details. This will be the default value of the key as it drives the existing behavior.
- If the key-value is set to "No", " Client Has Active Medicaid Plan" Warning will not be displayed on the Service Note, Service Details and Group Service Details.

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".**

Configuration Key Details

Key	EnableClientActiveMedicaidWarning
SourceTableName	
Module	Core TEDS, Group Service Detail, Groups Service, SCM Admin 2, SCM Admin 2/ Services/Notes, SCM Admin 2/Group Service Detail (Core), SCM Admin 2/Services (Core), SCM Admin 2/Services/Notes (Core), SCM Clinical 2/Group Service Note, SCM Clinical 2/Individual Service Note, SCM SmartCare Platform and Framework/Document Framework, SCM SmartCare Platform and Framework/Service Note Framework, Service Detail, Service Note, Services
Screen	Group Service Detail (46), Service Detail (207), Service Detail (210), Service Note (29)
Value	Yes
Description	Read Key as: Enable Client Has Active Medicaid Plan Warning in Service Note, Service Details and Group Service Details.
	This is a change to the existing feature of our core product by introducing a system configuration key. The value of this key is used to determine whether the system should display the 'Client Has Active Medicaid Plan' Warning on the Service Note, Service Details and Group Service Details or not.
	A) If the key-value is set to "Yes", " Client Has Active Medicaid Plan" Warning will be displayed on the Service Note, Service Details and Group Service Details. This will be the default value of the key as it drives the existing behavior.
	B) If the key-value is set to "No", " Client Has Active Medicaid Plan" Warning will not be displayed on the Service Note, Service Details and Group Service Details.

Author: Debanjit Das

121. EII # 128837(Feature – 464496): Adding scsp_PMServiceComplete Custom Hook in core stored procedure ssp_PMServiceComplete.

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

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

Navigation Path: N/A

Functionality 'Before' and 'After' release:

With this release, a custom hook is implemented in the stored procedure 'scsp_PMServiceComplete' and added into the core stored procedure 'ssp_PMServiceComplete'.

When the Nightly job for service completion is executed, the core stored procedure will check for the existence of the custom stored procedure. If it doesn't exist, no action is taken. However, if the custom logic is available in the environment, it will be executed as part of the Nightly job.

Author: Sahana Gururaj

122. Core Bugs # 129346: ssp_SCCreateAddOnServices not including modifiers when calculating charge for add on services.

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

Prerequisites: Add a 'Modifier' in the add-on procedure code rateID by following the below **path:**

'Administration' tab – 'Procedure/Rates' – click on the required procedure code name hyperlink (the code which is considered as Add-ON) – Navigate to 'Rates/Billing Codes' tab – select the required rateId from 'Rate List' section and add the 'Modifier' in the 'Rate' section – save the screen.

Navigation Path: 'Client' tab – 'Services' – click on 'New' icon – 'Service Details' screen – select the primary procedure code – click on the 'Modifier' field that appears below the 'Status' field -- select the required modifier from the 'Select Modifiers' pop-up screen – Go to 'Add On codes' tab and add the data and enter all the other required details and save the screen with 'Show' status – and 'Complete' the service.

Functionality 'Before' and 'After' release:

Before this release, when the user tried to 'Complete' the 'Primary Service' with the 'service modifier,' the below rate-related service error was displayed for the 'Add On' service.

Service Error: Add-On Service Error: -Unable to find a matching rate for the selected procedure.

With this release, the above-mentioned issue has been resolved. When a user tries to 'complete' the 'Primary Service' with the service modifier attached, the service will be 'Completed' successfully without any add-on rateid error, and the service 'Modifier' will also be added to the 'Add On Services'.

Note: The 'Modifier' added in the add-on procedure code needs to be the same as the 'Primary Procedure Code' service modifier. If not same, then the Add On Service rateID released error will be displayed.

Author: Chaithra Kunjilana

123. Core Bugs # 129472: Services: The Service Action pop up window is not closed immediately.

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

Navigation Path: My Office – Services – Select All/All on Page hyperlink – Select 'Error' from the Select Action drop down – Service Action Popup - Click on 'Yes' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user tried to error the services in the Service list page by selecting All/All on Page hyperlink, the Service Action popup window was not closed immediately on click of 'Yes' button.

With this Release, the above-mentioned issues have been fixed. Now, when the user tried to error the services in the Service list page by selecting All/All on Page hyperlink, the Service Action popup window is closed immediately on click of 'Yes' button.

Author: Aishwarya Bommaklar

124. Core Bugs # 129595: Clinician's name disappears after clicking on a different tab in Service Entry screen.

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

Navigation Path: Go search-Client -Select Services- Service list page- Click on New icon - Service detail - Enter all the required details - Click on other tab like Billing Diagnosis/Add on Codes tab.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. After entering all the required details in the service detail screen, when the user navigated to the Billing diagnosis tab or any other tab before saving the screen, then the clinician's name disappeared from the service tab.

With this release, the above-mentioned issue is resolved. Now, after entering the required details in the service detail screen, when the user navigates to the Billing diagnosis tab or any other tab before saving the screen, then the clinician name is retained in the service tab.

Author: Aishwarya Bommaklar

144. Core Bugs # 129831: Getting validation message when attempting to schedule a service.

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

Navigation Path: Client – 'Services' – 'Services' list page -- Click on New icon – 'Service Detail' Screen -- Select the Program, Procedure, and Location -- Enter all the required fields -- click on Save icon.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Service Detail' screen, when the user tried to save the service after entering all the required data, the below-mentioned validation message was displayed even though the Procedure code was selected.

Validation Message: *"Please select Procedure".*

With this release, the above-mentioned issue has been fixed. Now, the user can schedule a service without any validation message on the Service Detail screen.

Services/Notes

Reference No	Task No	Description
125	EII # 124406	Service Detail and Service Notes – Changes.
126	EII # 125851	Initialization on All Tabs/Sections/Fields for all Core Service Notes
127	EII # 127169	Initialization on All Tabs/Sections/Fields for Group Notes.
128	EII # 127554	Initializations for Goals and Objectives section in the 'Client Note' of the 'Treatment Plan Goals Addressed' tab of the 'Group Service Detail' screen.
129	EII # 128658	To disable the Program, Procedure Code, and Location fields in the Service Note when they are created from the Crisis tab of Inquiry Details screen.
130	EII # 129403	The changes are added for the Individual Service Note(C).
131	Core Bugs # 129504	Getting overlaps validation message while making error/cancel/ No show with duplicate services.
132	Core Bugs # 129515	Validation for encounter form.
133	Core Bugs # 129568	Mode of Delivery Not Present on Service Note PDFs

Author: Niroop Hassan

125. EII # 124406(Feature-465871): Service Detail and Service Notes – Changes.

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

Prerequisite:

1. 'Provider Name' is available in the 'Referral information' section for the selected client under the 'Primary Care Referral' tab on the 'Client Information' screen.

Navigation Path 1: 'Administration' – 'Procedure/Rates' - 'Procedure/Rates' list page – Click on required Procedure name hyperlink – 'Procedure Code Details' page – 'Staff Required During Services' section – Select required data and select 'Staff Type' dropdown value as 'Referring' – Click on 'Save' icon.

Navigation Path 2: 'Client' – 'Services' – 'Services' list page – Click on 'New' icon – 'Service Detail' page – Select the required Program, Procedure (mentioned in Navigation Path 1) and location.

Navigation Path 3: 'Client' – 'Services/Notes' – 'Services/Notes' list page – Click on 'New' icon – 'Service Notes' page – Select the required Program, Procedure (mentioned in Navigation Path 1) and location.

Functionality 'Before' and 'After' Release:

Purpose: Referring field to automatically initialize from "Provider Name" field of "Primary Care Referral" tab of client information screen, to service detail and services/notes, if indicated as required in the "Staff Required During Service" section of the Procedure/Rate General Tab Setup.

With this Release, the following change has been implemented:

The 'Referring Provider' name will be initialized to the 'Service Detail/Service Note page', if the 'Provider Name' is present for 'Referral Information' section for the client Information Screen.

 Referral Information:

 Initialization of 'Referring' name in 'Service Detail' page:

Initialization of 'Referring' name in 'Service/Notes' page:

Author: Kiran Yogendra

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

Prerequisites: To verify the scenarios, the value for 'Initialize Service Note By' is selected on the Document Code Details page for the respective Service Note.

Navigation Path: Log in to SmartCare application - Client Search – Select a client – Select Services/Notes – Click on New - Select a Procedure associated with any Core Note – Enter all the required values in the Service tab – Save – Navigate to 'Note' tab – Input all the required details – Click on the Sign button – View the signed PDF.

Functionality 'Before' and 'After' release:

Purpose: The users want to initialize the fields of the Service Notes based on the Setup done by the user.

With this release, the logic of initializing the tabs/sections/fields from the latest signed core Service Notes to the current Note is modified. Now, this is based on the Document Code setup in the Document codes details screen as shown in the screen shot above.

The changes are applicable to only those tabs, sections, and fields of the below Core Service Notes where currently initialization is happening from the latest signed Note.

1. Individual Service Note (C)

2. Psychiatric Note

3. School Liaison Contact Note – Currently no initializations.

4. Misc G&O Note – Currently no initializations.

5. Miscellaneous – Currently no initializations.

Document Code Set Up	Initialization on All Tabs/Sections/Fields	Exceptional Conditions
None	If there is no setup done in 'Initialize Service Note By' on the Document Code details screen for a service note, the system will consider the existing default behavior and initialize the data from the previously signed note.	
Program	Initializes the fields from the latest signed note for the Client for the same Program selected in the Service tab.	
Clinician	Initializes the fields from the latest signed note for the Client for the same Clinician signed with.	
Procedure	Initializes the fields from the latest signed note for the Client for the same Procedure selected in the Service tab.	This logic for considering the Procedure for initialization will not be applicable to Psych Note as E&M services a 'Scheduled Procedure' which is utilized when scheduling the service, and upon signing, a new Procedure code is identified based on the coding.
Program, Procedure	Initializes the fields from the latest signed note for the Client for the same Program and Procedure selected in the Service tab.	This logic for considering the Procedure for initialization will not be applicable to Psych Note as E&M services a 'Scheduled Procedure' which is utilized when scheduling the service, and upon signing, a new Procedure code is identified based on the coding.

Program, Clinician	Initializes the fields from the latest signed note for the Client for the same Program selected in the Service tab and signed with the same Clinician.	
Procedure, Clinician	Initialize the fields from the latest signed note for the Client for the same Procedure in the Service tab and signed with the same Clinician.	This logic for considering the Procedure for initialization will not be applicable to Psych Note as E&M services a 'Scheduled Procedure' which is utilized when scheduling the service, and upon signing, a new Procedure code is identified based on the coding.
Program, Procedure, Clinician	Initialize the fields from the latest signed note for the Client for the same Program, Procedure in the Service tab and signed with the same Clinician.	This logic for considering the Procedure for initialization will not be applicable to Psych Note as E&M services a 'Scheduled Procedure' which is utilized when scheduling the service, and upon signing, a new Procedure code is identified based on the coding.

Important Note 1:

The Document Codes set up to "Initialize Service Note By" will not work for all the Service Notes created in the past. This will be in place for Service Notes created from the time this functionality is released. If any Service Notes created in the past do not have this logic, they are considered as an enhancement as we have made this change only on the Core Service Notes.

Important Note 2:

If the CDAG is OFF (System configuration keys 'DisplayCDAGSectionInStaffDetails' and 'EnableClinicalDataAccessGrouping' values are set to 'No'), the Document Code Set Up in the above table has to be considered. If the CDAG is ON (System configuration keys 'DisplayCDAGSectionInStaffDetails' and 'EnableClinicalDataAccessGrouping' values are set to 'Yes'), the Document Code Set Up in the above table will be considered and the system checks for Program if at all the Setup does not have Program.

Note: CDAG ON 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.

Example: When the setup is Clinician, if the CDAG is OFF, only Clinician is considered. If the CDAG is ON, along with the Clinician it will also consider the Program by default.

Author: Kiran Yogendra

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

Prerequisites: To verify the scenarios, the value for 'Initialize Service Note By' is selected on the Document Code Details page for the respective Service Note tied to a Group Note.

Navigation Path: Search for Groups – Create a new 'Group' with Group Note tied to Individual Service Note (C)– Enter all the required data – Click on Save – Navigate to the Schedule tab – Click on 'New Group Services' – Choose the date and click on 'Select' button – 'Group Service Details' page appears – Enter the required values in 'Group Summary' section – Click on 'Update My Client Notes' button – Navigate to 'Client Note' sub-tab – 'Note' Tab – Enter the required values – Click on 'Sign My Notes'.

Functionality 'Before' and 'After' release:

Purpose: The users want to initialize the fields of the Group Notes based on the Setup done by the user.

With this release, the logic of initializing the tabs/sections/fields from the latest signed core Group Notes to the current Group Note is modified and this is based on the Document Code setup in the Document codes details screen as shown above screenshot.

The changes are applicable to only those tabs, sections, and fields of the below Core Group Service Notes where currently initialization is happening from the latest signed Group Note.

1. Individual Service Note (C)

2. Group Client Note – Currently no initializations

3. Group G/O Note – Currently no initializations

Document Code Set Up	Initialization on All Tabs/Sections/Fields
None	If there is no setup done in 'Initialize Service Note By' on the Document Code details screen for a service note, the system will consider the existing default behavior and initialize the data from the previously signed note.
Program	Initializes the fields from the latest signed note for the Client for the same Program selected in the Service tab.
Clinician	Initializes the fields from the latest signed note for the Client for the same Clinician signed with.
Procedure	Initializes the fields from the latest signed note for the Client for the same Procedure selected in the Service tab.
Program, Procedure	Initializes the fields from the latest signed note for the Client for the same Program and Procedure selected in the Service tab.
Program, Clinician	Initializes the fields from the latest signed note for the Client for the same Program selected in the Service tab and signed with the same Clinician.
Procedure, Clinician	Initialize the fields from the latest signed note for the Client for the same Procedure in the Service tab and signed with the same Clinician.
Program, Procedu	Initialize the fields from the latest signed note for the Client for the same Program, Procedure in the Service tab and signed with the same Clinician.

re, Clinician	

Important Note 1:

The Document Codes set up to "Initialize Service Note By" will not work for all the Group Service Notes (Client Note tab's Notes) created in the past. This will be in place for Group Service Notes created from the time this functionality is released. If any Group Service Notes (Client Note tab's Notes) created in the past do not have this logic, they will be considered an enhancement as this change is done only on the Core Service Notes.

Important Note 2:

If the CDAG is OFF (System configuration keys 'DisplayCDAGSectionInStaffDetails' and 'EnableClinicalDataAccessGrouping' values are set to 'No'), the Document Code Set Up in the above table has to be considered. If the CDAG is ON (System configuration keys 'DisplayCDAGSectionInStaffDetails' and 'EnableClinicalDataAccessGrouping' values are set to 'Yes'), the Document Code Set Up in the above table will be considered and the system checks for Program if at all the Setup does not have Program.

Note: CDAG ON 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.

Example: When the setup is Clinician, if the CDAG is OFF, only Clinician is considered. If the CDAG is ON, along with the Clinician it will also consider the Program by default.

Author: Navyashree Jois

128. EII # 127554(feature-366407): Initializations for Goals and Objectives section in the 'Client Note' of the 'Treatment Plan Goals Addressed' tab of the 'Group Service Detail' screen.

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

Prerequisites:

A Care Plan is signed for multiple clients.

Navigation Path: 'Client' search – Select a client – Go to 'Groups(My Office)' - Click on the 'New' icon – Enter the required fields in the 'General' tab – Go to 'Schedule' tab – Click on 'New Group Service' – Schedule the Service- Add the Staffs & Clients in the 'Service' tab – Update 'Service Information' under 'Service' tab – 'Add Diagnosis' under 'Billing Diagnosis' tab – Go to 'Note' tab – 'Add the Group Summary' under 'Group Note' – Click on 'Update my Client Note' – Go to 'Client Note' – Enter the required fields – Go to 'Treatment Plan Goals Addressed' tab – Check if G/O are initialized – Click on 'Sign my Notes' - 'Sign the Group Note'.

Functionality 'Before' and 'After' release:

Purpose: To Initialize the Goals and Objectives section from the latest signed Care Plan into the 'Treatment Plan Goals Addressed' tab of the 'Client Note' under the 'Group Service Detail' screen.

With this release, the Initialization of Goals and Objectives from the latest signed 'Care Plan' into the 'Treatment Plan Goals Addressed' tab of the 'Client Note' under the 'Group Service Detail' screen.

Below are different Goals/Objectives initialization scenarios are implemented.

1) If 'Vary Care Plan by Program' is set to 'No' and when CDAG is OFF, Goals and Objectives are initialized from the previously signed Core 'Care Plan'.

Screenshot: For showing the Initialization of Goals/Objectives from a previously signed Care Plan:
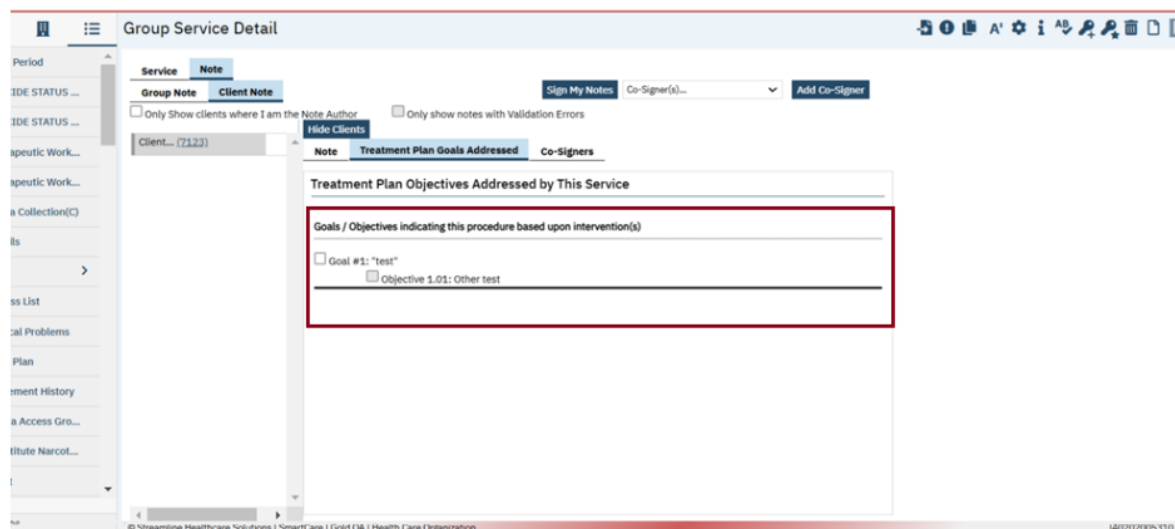
2) If 'Vary Care Plan By Program' is set to 'Yes' and when CDAG is OFF, Goals and Objectives are initialized from the previously signed Core Care Plan for the same Program.

Screenshot: For showing the Initialization of Goals/Objectives from a previously signed Care Plan for the same Program when 'Vary Care Plan By Program' is set to 'Yes':
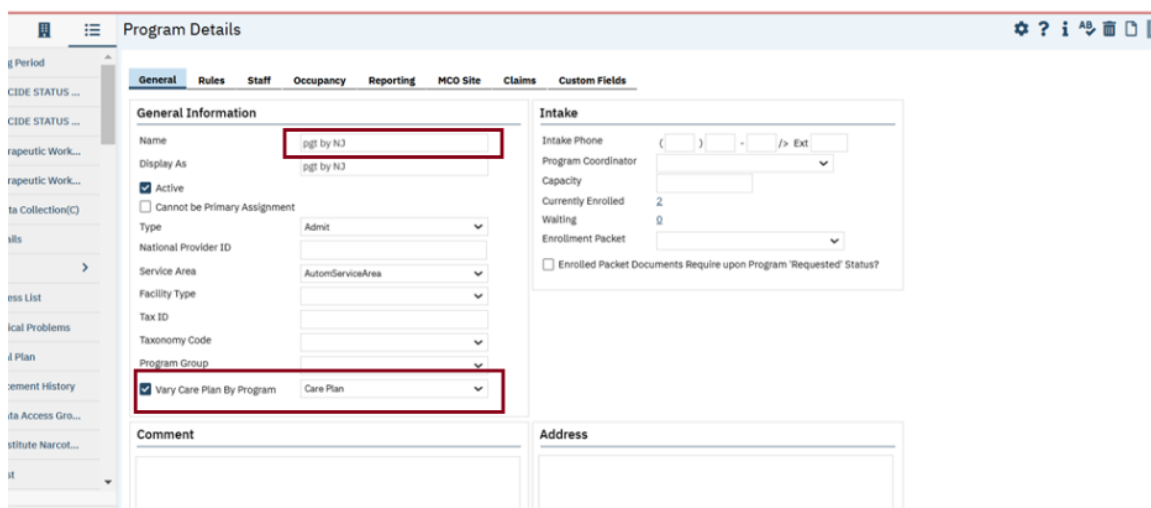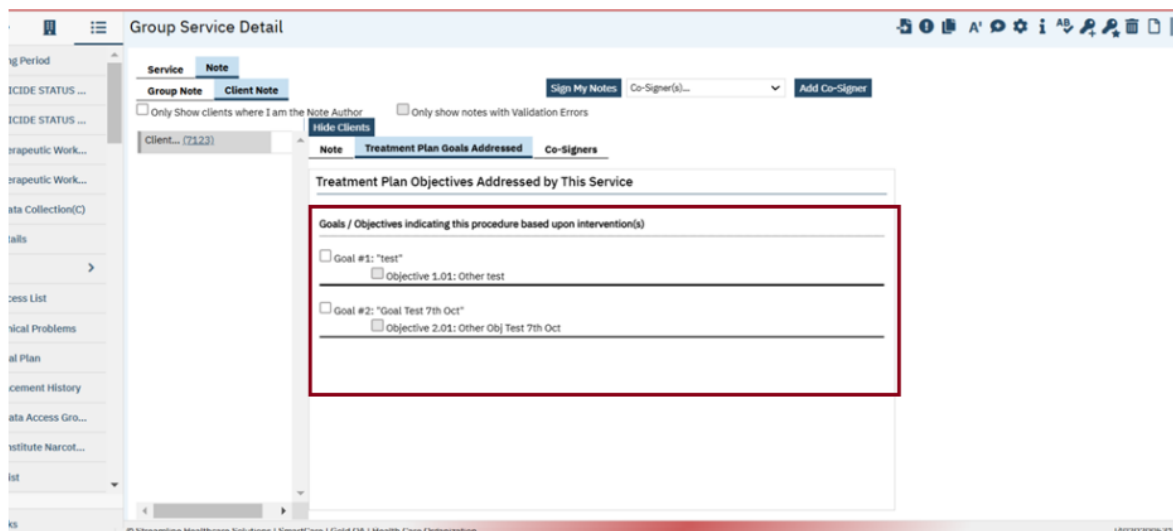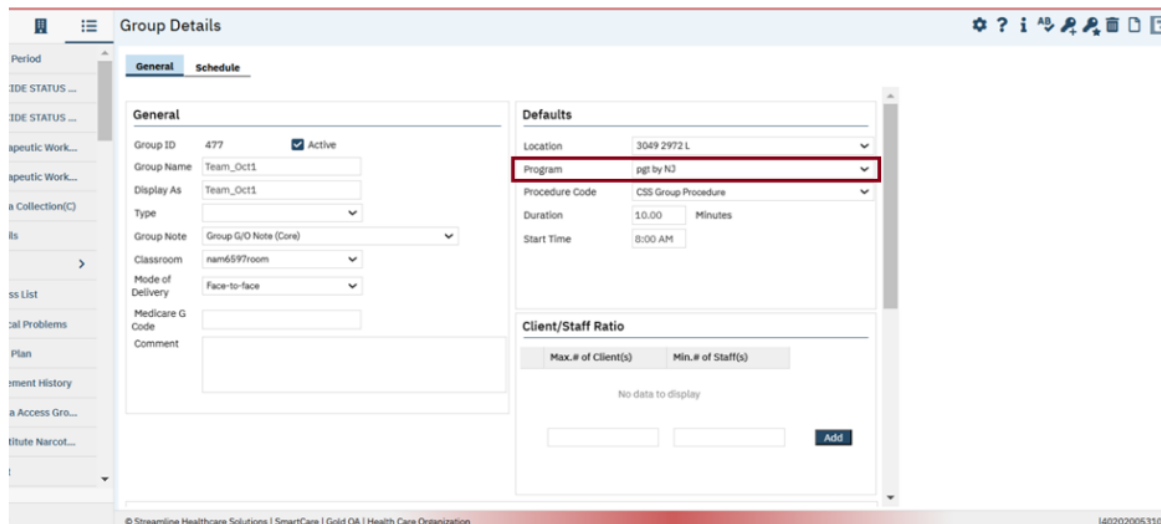
3) If 'Vary Care Plan By Program' is set to 'Yes/No' and when CDAG is ON (System configuration keys 'DisplayCDAGSectionInStaffDetails' and 'EnableClinicalDataAccessGrouping' values are set to 'Yes'), Goals/Objectives will be initialized from the previously signed Core Care Plan for the Program for which the Client was enrolled.

Note: CDAG ON 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.

Screenshot: For showing Initialization of Goals and Objectives from previously signed Care Plan for the Program for which the Client was enrolled when 'Vary Care Plan By Program' is set to 'Yes'.
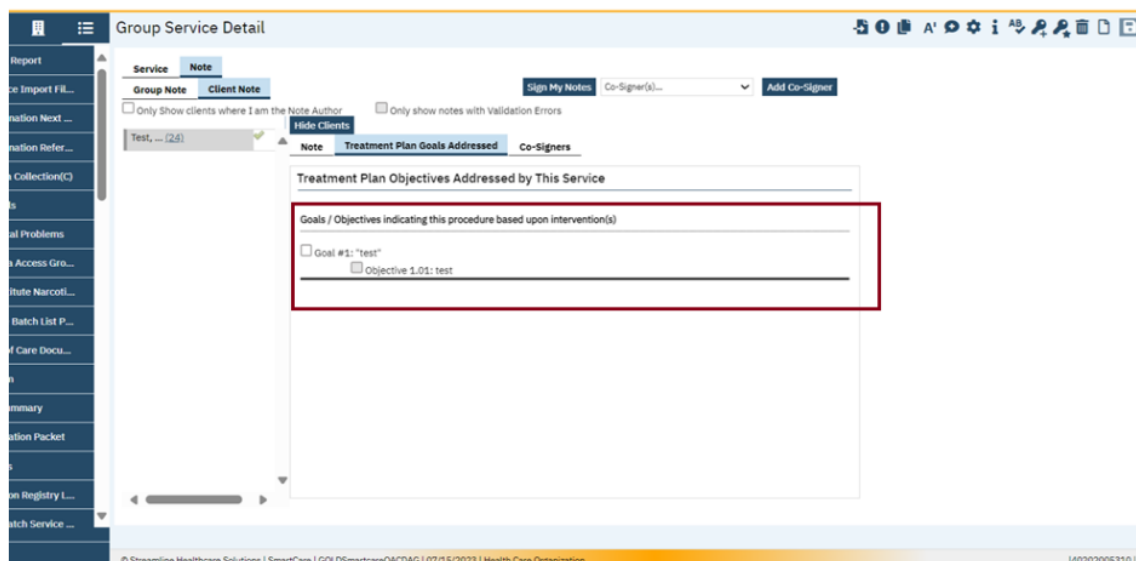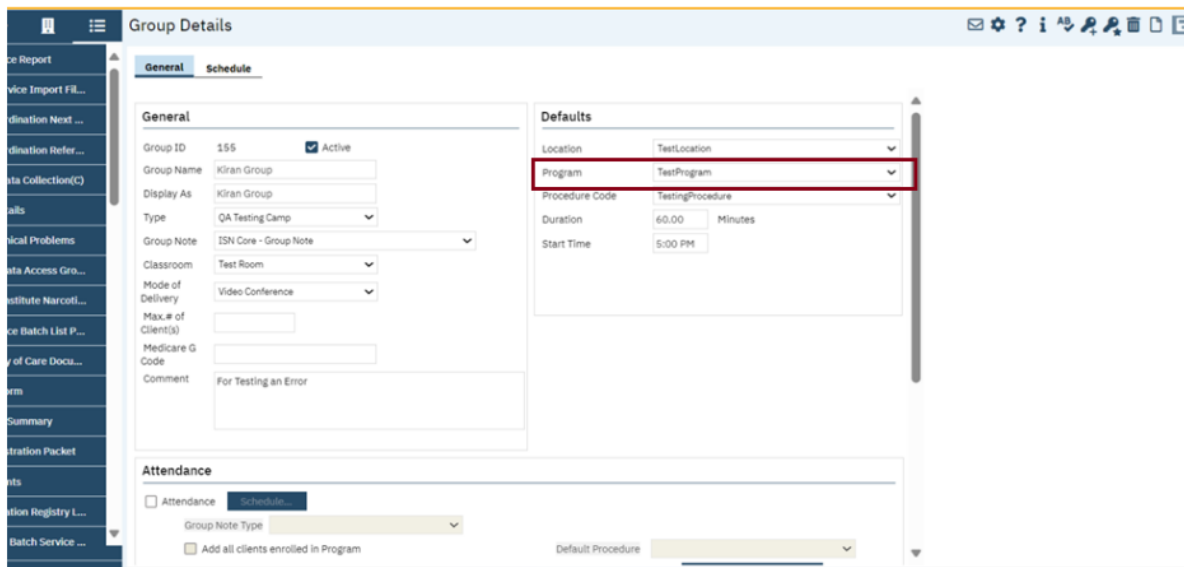
Author: Suganya Sivakumar

129. EII # 128658(Feature – 440870): To disable the Program, Procedure Code, and Location fields in the Service Note when they are created from the Crisis tab of Inquiry Details screen.

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

Prerequisite:
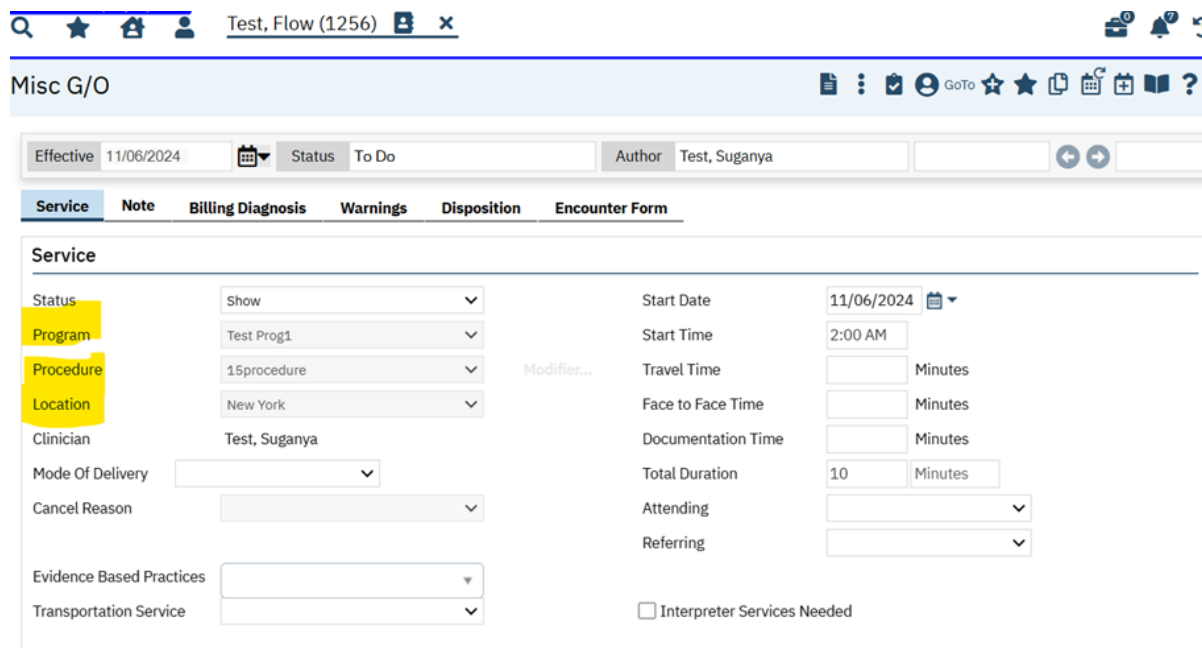
1. In the Inquiry Details screen, the user checks the 'Crisis' checkbox and the Crisis tab is enabled.

2. In the Crisis tab, enter Program, Procedure Code, and Location and save it.

3. Click the 'Open Service Note' hyperlink, it will redirect to Service note screen.

Navigation Path: Client --- Client Inquiries -- 'Client Inquiries' List page --- Click on New icon --- 'Inquiry Details' page --- Select 'Crisis' checkbox --- ' 'Crisis' tab will be Enabled --- Navigate to 'Crisis' Tab --- Select Program/Procedure /Location dropdown field values --- Enter the Start Time and End Time --- Click on 'Save' icon --- Click on 'Open Service Note' Hyperlink -- Redirects to Service/Note detail page --- Enter all required fields --- Click on Save icon --- Sign the Service Note.

Functionality 'Before' and 'After' release:

Purpose: The service note logic is modified such that it is not overwriting the service note which is already signed from Inquiry Details. i.e., if the user changes the procedure code when signing the note, as long as the template is the same and is identified to link to the inquiry as a crisis note, it remains linked to the inquiry. But when the user goes in and updates the inquiry status to complete, it should not do anything to the linked note.

With this release, the logic has been implemented to disable Program, Procedure Code, and Location fields in the Service Notes and respective Service Details screens when they are created from the Crisis tab of the Inquiry Details screen.

On the Service Details screen also, the Program, Procedure Code, and Location fields are disabled.

Author: Navyashree Jois

130. EII # 129403(Feature-353946): The changes are added for the Individual Service Note(C).

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

Navigation Path: Open a client – Search for 'Services/Notes' - New - Select the Procedure associated with Individual Service Note (C) – Enter the required values – Go to Note tab – Client's Current Condition – Check whether fields under 'Areas Noted During Service' section are made as Global Code Checkbox – Sign the Service Note.

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

Purpose: To have a clear identification and documentation of Suicidality versus Nonsuicidal Self-Injury actions for better patient care.

With this release, the following changes are made under the 'Client's Current Condition' section of 'Individual Service Note (C).

1. **Mood/Affect:** This is a checkbox and the field name with 'Unremarkable' and 'Remarkable' radio buttons with the textboxes are removed under the 'Areas Noted During Service' sub-section.

2. **Thought Process/Orientation:** This is a checkbox and the field name with 'Unremarkable' and 'Remarkable' radio buttons with the textboxes are removed under the 'Areas Noted During Service' sub-section.

3.**Behavior/Functioning:** This is a checkbox and the field name with 'Unremarkable' and 'Remarkable' radio buttons with the textboxes are removed under the 'Areas Noted During Service' sub-section.

4.**Medical Condition:** This is a checkbox and the field name with 'Unremarkable' and 'Remarkable' radio buttons with the textboxes are removed under the 'Areas Noted During Service' sub-section.

5.**Substance Abuse:** This is a checkbox and the field name with 'Unremarkable' and 'Remarkable' radio buttons with the textboxes are removed under the 'Areas Noted During Service' sub-section.

6.**Nonsuicidal Self-Injury:** This is a checkbox, and the label 'Self Harm' checkbox is renamed as 'Nonsuicidal Self-Injury' Checkbox. The field name with 'Unremarkable' and 'Remarkable' radio buttons with the textboxes are removed under the 'Areas Noted During Service' sub-section.

7.**'Other':** This is a checkbox and displayed with a text box next to it. Text box a required field only if the checkbox is checked. The Text Box to be hidden by default. Only if the "Other" check box is checked will it be displayed.

8. **'Comments':** This is a text area field and it is a required field. If one or more checkboxes mentioned above is checked.

The 'Suicidality' sub-section is added with other fields as same as the 'Harm to Others' and 'Harm to Property' sections.

Screenshot for showing 'Suicidality' sub-section:
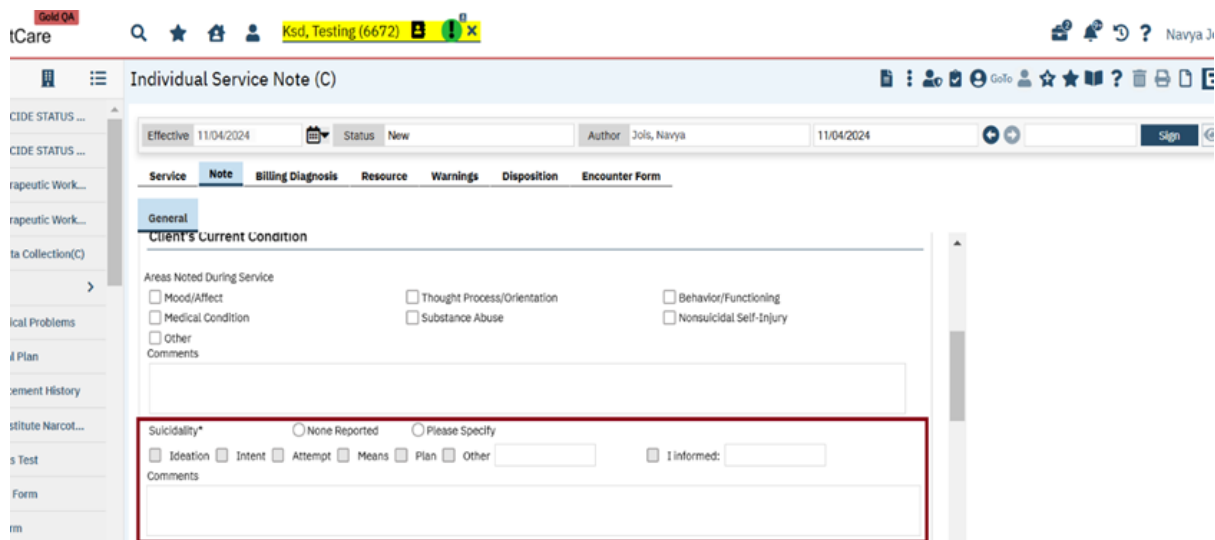
a. The 'Suicidality' section is displayed with 'None Reported' and 'Please Specify' radio buttons. When the 'Please Specify' radio button is selected, the below mentioned checkboxes will be enabled.

- Ideation
- Intent
- Attempt
- Means
- Plan
- Other
- I informed

c. 'Other' and 'I informed:' The Text Boxes are displayed next to these checkboxes.

d. 'Comments' : This is a text area field.

The above changes are reflected in the Signed PDF:
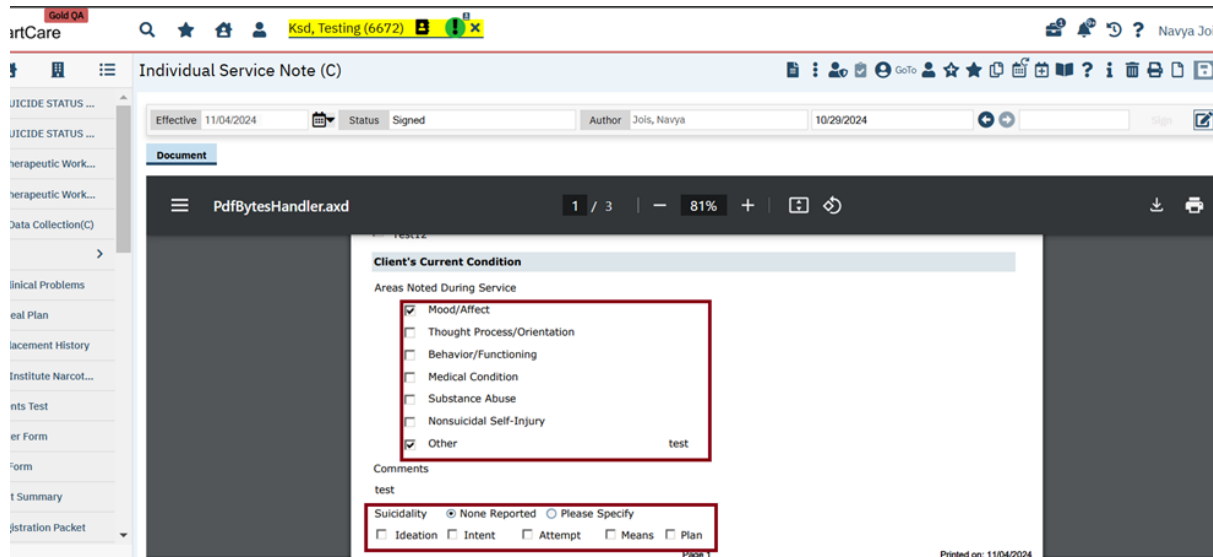
Note:

1.The fields Mood/Affect, Thought Process/Orientation, Behavior/Functioning, Medical Condition, Substance Abuse which were required fields are replaced now with the global code check box options and are non-required fields now.

2. Since the existing fields are removed, it will have an impact on the in-progress notes if available, when this feature is pushed to customers PROD. They will lose this one section data. We need to ensure support customers are fully aware of this, before taking this build. If PDF refresh is done, we need to ensure that the users are not losing what was actually done in the session, e.g. they entered notes after selecting remarkable.

Data Model Changes:

1.The Columns AreaNotedOtherComments and AreaComments are added to the **DocumentIndividualServiceNoteGenerals** table.

2.A new table **DocumentIndividualServiceNoteCurrentConditionAreas** is created.

Author: Aishwarya Bommaklar

131. Core Bugs # 129504: Getting overlap validation message while making error/cancel/ No show with duplicate services.

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

Navigation Path 1: My Office – 'Group Services' -- 'Group Services' list page -- Click on the Date hyperlink – Click on New icon – Enter all the required details – Click on Save icon – Create one more Group Service with same date and Time.

Navigation Path 2: Client (Select a client from above Group) – 'Services/Notes' -- 'Services/Notes' list page -- Select one of the Service created by the above Group Service - Click on the DOS hyperlink – Select Error status – Click on Save icon.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user tried to make an Error/Cancel/No Show for one of the duplicate Services created by Group Service, the below mentioned validation message was displayed.

Validation Message: *"A Service for this client for this date/Time already exists. You cannot enter a duplicate service. Would you like to view the Service?"*

With this release, the above-mentioned issue has been resolved. Now, the overlap validation message will not be displayed while making the Service as Error/Cancel/No Show.

Author: Niroop Hassan

132. Core Bugs # 129515: Validation for encounter form.

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

Prerequisite: The 'Require Client Signature on the Encounter Form' checkbox is checked in the 'Procedure Code Details' page.

Navigation Path 1: 'Client' – 'Services/Notes' - 'Services/Notes' list page – Click on 'New' icon – 'Service Note' page – Select the required data and select the above procedure and click on 'Save' icon – Click on 'Encounter Form 'tab and sign the encounter form and click on 'Sign' icon.

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior: Even though the 'Encounter Form' had been signed, on signing a 'Service Note', the system displayed the validation message as below.

Validation Message: 'Encounter form signature is required'.

With this release, the above-mentioned issue has been resolved. If the 'Encounter Form' is signed, there will be no validation message when signing the 'Service Note.' now.

Author: Niroop Hassan

133. Core Bugs # 129568: Mode of Delivery Not Present on Service Note PDFs.

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

Navigation Path 1: 'Administration' – 'Procedure/Rates' - 'Procedure/Rates' list page – Click on required procedure name hyperlink – 'Procedure Code Details' page – 'Mode of Delivery' section – Check the check box of

'Mode Of Delivery is required on Services' and select the required value from 'Default Mode of Delivery on Services' and click on 'Save' icon.

Navigation Path 2: 'Client' – 'Services/Notes' - 'Services/Notes' list page – Click on 'New' icon – 'Service Note' page – Select the required data and select the above procedure and click on 'Save' icon – Click on 'Sign' icon – 'Signature page' popup – Sign the document.

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. When a procedure code with a selected 'Default Mode of Delivery' was chosen in the Service Note, the 'Mode of Delivery' value was not saved in the 'Services' table.

With this release, the above-mentioned issue has been resolved. Now, the 'Mode of Delivery' value is saved in the 'Services' table when a procedure code with a selected 'Default Mode of Delivery' is chosen in the Service Note.

Sliding Fee Scale

Reference No	Task No	Description
134	EII # 128969	Sliding Fee Scale - FPL Guidelines table

Author: Yashas Kyadalappa

134. EII # 128969(Feature – 465755): Sliding Fee Scale - FPL Guidelines table

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

Navigation Path: N/A.

Functionality 'Before' and 'After' release:

Purpose: To create a new core table for Federal Poverty Level Guidelines.

- As a part of this task, a new core table called 'FederalPovertyLevelGuidelines' is added with respective values provided by health and human service department to store FPL(Federal Poverty Level) Guidelines.
- The FPL is used to determine financial eligibility for Medicaid and a number of other Federal and State programs.
- The table will be used for calculating sliding fees calculation.

Below are the column names of the 'FederalPovertyLevelGuidelines' table.

- **FederalPovertyLevelGuidelineID:** The ID will be auto populated when the record is added to the table.
- **StartDate:** Start date is a mandatory field, and used to add the FPL Guideline Start Date.
- **EndDate:** End date is not a mandatory field and used to add the FPL Guideline End Date.
- **HouseholdSize:** Household is the mandatory field, accepts only integer value and the field represents the total number of family members.
- **Federal Poverty Levels:** The Federal Poverty levels represent the Percentage of each FPL.

Data Model changes:

New table '**FederalPovertyLevelGuidelines'** is added.

SmartCare improvements

Reference No	Task No	Description
135	Core Bugs # 129543	ErrorLog issue when user try to enter date fields.
136	Core Bugs # 129547	The JavaScriptError is logged while inserting records in the 'Client Flag Details' screen.

Author: Rakesh Naganagoda

135. Core Bugs # 129543: ErrorLog issue when user try to enter date fields.

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

Navigation Path 1: Login to SmartCare – My Office – 'Inquiry Details' screen.

Navigation Path 2: Login to SmartCare – Program – 'Program Assignment Details' Screen – Enter the date in the date fields.

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. When the user tried to enter the date in the 'Date' fields in 'Program Assignment Details' Screen, the below mentioned error was logged in the Errorlog table.

Error Message: 05/ is not a valid DateTime. Issue found while comparing Unsaved XML DataType through method --> CompareUnsavedXmlWithPageDataset() of BaseCommonFunctions.cs. Datatype mismatch for table -> Inquiries column-> ReferralDate.

With this release, the above-mentioned issues have been resolved. Now, the user can enter Date in the Date fields in 'Program Assignment Details' Screen, without logging any error in the Errorlog table.

Author: Girish Jayanna

136. Core Bugs # 129547: The JavaScriptError is logged while inserting records in the 'Client Flag Details' screen.

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

Navigation Path: Client – 'Client Flags' -- 'Client Flags' list page –- click on new icon --'Client Flag Details' screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Client Flag Details' screen, when the user tried to insert the records into the grid, the JavaScriptError was logged.

Error - "Cannot read properties of undefined (reading 'checked')"

With this release, a condition is added to avoid the exception in case the 'Show Active' checkbox field is identified as undefined. Now, the JavaScriptError is not logged when the user inserted the records into the grid in the 'Client Flag Details' screen.

SmartView

Reference No	Task No	Description
137	Core Bugs # 129636	SmartView: Filter widgets not working.

Author: Kiran Tigarimath

137. Core Bugs # 129636: SmartView: Filter widgets not working.

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

Navigation Path: 'Client' - 'Client Summary' - SmartView' Icon.

Functionality 'Before' and 'After' release:
Before this release, here was the behavior. The Filter functionality was not working properly in the SmartView popup having filter widgets.

With this release, the above-mentioned issue has been resolved. Now, filter functionality is working properly in the SmartView popup having filter widgets.

Staff/Users

Reference No	Task No	Description
138	Core Bugs # 129161	[Clinical] [System] New Productivity Report is not working.

Author: Chaitali Patil

138. Core Bugs # 129161: [Clinical] [System] New Productivity Report is not working.

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

Prerequisite: To display the data in the report, need to Create the below data by following the below **Path:**

- Supervision Hierarchy -- Team Productivity – Productivity Target/offset - Staff Target (Use same program in all places)-- then create the Service and complete the service with the past date.

- After this set up Execute this Job SP in DB - ssp_SCCalculateOpenPeriodProductivityMetrics

Navigation Path: Go search – 'Productivity Details Report' (My Office) – select the required fields and click on 'View Report'.

Functionality Before and & After Release:

Before this release, here was the behavior, Incorrect calculation was displayed at the bottom of these columns (Team Target to Date, Team Hours to Date and Team % to Date).

With this release, the above-mentioned issue has been Resolved. Now, the correct calculation is displaying at the bottom of these column (Team Target to Date, Team Hours to Date and Team % to Date).

TEDS Setup List

Reference No	Task No	Description
139	Core Bugs # 129667	Episode Type IDs are displayed for deleted programs in the TEDS Setup List.

Author: Dinesh Ponnuswamy

139. Core Bugs # 129667: Episode Type IDs are displayed for deleted programs in the TEDS Setup List.

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

Navigation Path: My Office -- TEDS Setup List – 'TEDS Setup List' page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'TEDS Setup List' page, when the user filtered the data using Program dropdown, the Episode Type IDs were displayed for the deleted Programs.

With this release, the above-mentioned issue has been resolved. Now, the Episode Type IDs are not displayed for the deleted Programs when the user filters the data using Program dropdown in the 'TEDS Setup List' page.

Treatment Team

Reference No	Task No	Description
140	Core Bugs # 129687	The manually deleted "Treatment Team" records from client contacts are retained in the "Treatment Team" list page.

Author: Aishish Priyadarshi

140. Core Bugs # 129687: The manually deleted "Treatment Team" records from client contacts are retained in the "Treatment Team" list page.

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

Navigation Path 1: 'Client' search - Select a client – 'Treatment Team' screen.

Navigation Path 2: 'Client' search - Select a client – 'Client Information (C)'.

Functionality Before and After release

Before this release, here was the behavior. The manually deleted 'Treatment Team' records were still retained in 'Treatment Team' list page, when the respective client 'Contacts' were modified in the 'Client Information (C)' screen and if the respective 'Treatment Team' record was created using the client 'Contacts'.

With this release, the above-mentioned issues have been resolved. Now, manually deleted "Treatment Team" records are no longer retained in the 'Treatment Team' list page.

Whiteboard

Reference No	Task No	Description
141	Core Bugs # 129264	Whiteboard: Occupied and Scheduled Bed Change records are displayed in the 'Whiteboard' list screen when changing the occupied bed status to the 'Schedule Bed Change' status.
142	Core Bugs # 129499	Whiteboard: The inactive beds were displayed.
143	Core Bugs # 129564	Code not updating to fetch ClientProgramID to the Whiteboard list screen data for the selected CDAGId
145	Core Bugs # 129837	Open beds not showing in Whiteboard.

Author: Shivakanth Moger

141. Core Bugs # 129264: Whiteboard: Occupied and Scheduled Bed Change records are displayed in the 'Whiteboard' list screen when changing the occupied bed status to the 'Schedule Bed Change' status.

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

Navigation Path: My Office -- Whiteboard' -- Whiteboard' screen -- click on any 'Bed' hyperlink text -- 'Inpatient Activity Details' page -- 'Action' dropdown -- Select 'Schedule Bed Change' -- click on 'Save & Close' icon – 'Whiteboard' list screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Inpatient Activity Details' page, when the user changed occupied bed status to the 'Schedule Bed Change' status from 'Action' dropdown, both records (Occupied and Scheduled Bed Change) were displayed in the 'Whiteboard' list screen.

With this release, the above-mentioned issue has been fixed. Now, when the user changes any occupied bed status to "Schedule Bed Change" status, only the 'Occupied' status records are displayed in the 'Whiteboard' list screen.

Author: Abhishek Naik

142. Core Bugs # 129499: Whiteboard: The inactive beds were displayed.

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

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

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The inactive beds were also displayed in the 'Whiteboard' list page.

With this release, the above-mentioned issue is resolved. Now, only the active beds will be displayed in the Whiteboard list page.

Author: Shivakanth Moger

143. Core Bugs # 129564: Code not updating to fetch ClientProgramID to the Whiteboard list screen data for the selected CDAGId.

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

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

3. Sign a Safety Checks type orders through the **path:**
Login to 'SmartCare' – select any client – 'Client Orders'– 'Client Orders' list page – New – 'Client Order' screen – search for any 'Safety Checks' order and sign the order.

Navigation Path 1: Login to 'SmartCare' – 'Whiteboard'– 'Whiteboard' screen – click on any time hyperlink text in the 'Next Check' column – 'Flow Sheet Detail popup' screen – add/modify some data and click on 'Save & Close' button – Login to the database -- check the 'ClientHealthDataAttributes' table.

Navigation Path 2: Login to 'SmartCare' – select any client –'Programs'– 'Programs' list page – 'New' – 'Program Assignment Details' page discharge any program in which bed is associated in the whiteboard screen – New – 'Program Assignment Details' page – Enroll the same program and save the screen – Navigate to the 'Whiteboard' screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The below mentioned issues were observed in the Whiteboard screen:

- In the CDAG-enabled environment, in the Whiteboard screen, when the user clicked on any time hyperlink text in the 'Next Check' column and the user added/modified anything in the 'Flow Sheet Detail popup' screen and clicked on 'Save & Close' button, the user was getting the "ClientProgramId cannot be NULL" error message. This is due to the program which is added in the bed's enrolled date was lesser than the bed occupied date.
- When any program added in the bed was discharged and re-enrolled for the client, the duplicate records/entries were getting displayed in the whiteboard screen.

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

- In the CDAG-enabled environment, in the Whiteboard screen, when the user clicks on any time hyperlink text in the 'Next Check' column and the user adds/modify anything in the 'Flow Sheet Detail popup' screen and clicks on 'Save & Close' button, even though the bed's enrolled date is lesser than the bed's occupied date, the program which is added in the bed for the client will be added to the ProgramId and ClientProgramId column to the ClientHealthDataAttributes table.

- When any program added in the bed is discharged and re-enrolled for the client, the duplicate records/entries are not displayed in the whiteboard screen.

Author: Chaitali Patil

145. Core Bugs # 129837: **Open beds not showing in Whiteboard.**

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

Navigation Path: Go search 'Whiteboard' (My office) – in filter section select 'Open' option and click on Apply Filter**.**

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When user filtered for the 'Open beds' in the Whiteboard, Open beds were not displayed on the 'Whiteboard' list page.

With this release, the above-mentioned issue has been resolved. Now, 'Open Beds' are displaying on the 'Whiteboard list page**.**

Glossary of System Configuration Keys, Global Codes, Recodes, Data Model Changes.

System Configuration Keys

Global Codes

Recodes

Data Model Changes