

RELEASE NOTES: 08/25/2025

Monthly Service Pack – SC.CORE.6.0_1.36.000.2507.014

Note: Please refer SC.CORE.6.0_1.36.000.2507.014_Part-3 document for Layman's Term task's (Both Rx (EII#131014) and Client Order specific (EII#129803)) Release Notes.

Executive Summary:

1. **Client Record Creation from Arrivals Screen (EII #130940):** Enhanced the Arrivals detail screen to allow client record creation directly from there, streamlining the process.
2. **Column Configurations in Appeals List (EII #123498):** Implemented toolbar icons for 'New Column Configurations' and 'Column Configurations' on the 'Appeals' list page to allow users to specify and customize columns.
3. **Override National Provider ID in 270/271 Files (EII#131937):** A 'National Provider ID' text box field added to the Batch Eligibility Configurator to override Agency-NPI values in 270/271 files.
4. **Secondary Claims Adjudication Date (EII # 128762):** Enhanced secondary claims to use the primary adjudication date rather than the posting date in the Charges/Claims page.
5. **Toxicology Screen Date Field (EII #130457):** New field 'Toxicology Screen Date' added under Client information in the MAT tab for determining the logic of the MAT Toxicology Screen List Page.
6. **Display Inactive NDCs with Distinction (EII#130732):** Inactive NDCs will be displayed in bold, italics, and red text for easier identification across several screens related to orders.
7. **All Client Search Functionality Enhancement (EII#131865):** Improved the All-Client Search feature to allow intake staff to use broad search criteria, minimizing the risk of duplicate client entries.
8. **Dashboard Rearrangement Icon (EII # 130588):** New icon "Re-Arrange Dashboard" added to allow proper rearrangement of widgets on the dashboard without gaps.
9. **Bulk Update for Client Orders (EII#131825):** Added a 'Select Status' dropdown in the Client Orders List page for bulk updating statuses, reducing the time needed for generating PDFs.
10. **Client Statement Configuration Enhancements (EII#131019):** Added options 'Show Agency Tax ID' and 'Show Procedure Rate Billing Codes' in the Client Statement Configuration pages for better customization.
11. **Multi-Staff Selection for Notifications (EII #130727):** Added functionality to select multiple staff members for notifications to the treatment team and appropriate Client Access Associates.

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Abbreviation: EII - Engineering Improvement Initiatives

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TASKS LIST – 'ACTIVE CHANGE' (4)

Sl. No	Task No	Summary	Module Name
3	EII # 130940	Implementation to create a new Client record from the Arrivals Details screen	Arrivals
40	EII # 130732	Allow for Removed/Inactivated medication from FDB to remain in SC with visible indication.	Client Orders

45	EII # 131865	Added Broad and Narrow options to All Client Search functionality.	Client Search popup
51	EII # 130588	Dashboard: Rearranging of widgets	Dashboard

TASKS LIST – 'PASSIVE CHANGE' (11)

Sl. No	Task No	Summary	Module Name
1	EII # 123498	Implementation Convert Appeals to Configurable List Page.	Appeals
7	EII # 131937	Batch Eligibility for ProviderOne Connector - Front-end	Batch Eligibility
8	EII # 131936	Batch Eligibility for ProviderOne Connector - Back-end	Batch Eligibility
19	EII # 130998	A "Reset" button has been added to the filter section of the Charges/Claims screen to enhance user experience by allowing quick removal of all applied filters.	Charges/Claims
24	EII # 128762	Charges/Claims: Secondary Claims Should Use Primary Adjudication Date Rather Than Posting Date	Charges/Claims
34	EII # 130457	Client Information(c): Changes are added to the MAT tab.	Client Information(C)
37	EII# 131825	'Select Status' dropdown has been added in Client Order List page toolbar which allows users to bulk update the status of multiple client order to Complete or Discontinue simultaneously.	Client Orders
46	EII # 130852	Updating the client statement for 'Tax ID' and 'Billing Codes' on the 'Client Statement'.	Client Statement
47	EII # 131019	Integrated the 'Show Procedure Rate Billing Codes' and 'Show Agency Tax ID' options into both the Client Statement Configuration List Page and the Detail screen along with the existing values.	Client Statement
49	EII# 130727	Changes are implemented to provide the ability to select multiple staff members and to notify multiple staff members.	Contact Notes
54	EII # 129963	Implementation of the Radio Button options in the 'DFA form'.	DFA

TASKS LIST – 'DEFECT FIXES' (54)

Sl. No	Task No	Summary	Module Name
2	Core Bugs # 132256	Appointment Search Giving Inactive Client Error.	Appointment Search
4	Core Bugs # 131999	After Session timeout, the SAML user is redirecting to Standard Login page.	Authentication/Authorization (Login, Logout)
5	Core Bugs # 132133	Authorizations: Error message is displayed when user clicked on Insert and then Save button.	Authorizations
6	Core Bugs # 130992	Incorrect ClientCoveragePlanId were updated for authorizations.	Authorizations
9	Core Bugs # 132334	Batch Eligibility Configurator Details: Error message is displayed while saving the batch record.	Batch Eligibility

10	Core Bugs # 130474	When the user hover over the Client Name in the BedCensus list and the BedBoard list page the Client image was extending out of its container and image is overlapping.	Bed Cencus
11	Core Bugs # 132273	Client Image not displayed on Hover for Client Name with Apostrophe on the 'Bedboard' List page.	Bedboard
12	Core Bugs # 132500	Bed Attendances Duplicate Records Issue.	Bedboard
13	Core Bugs # 132301	Census Management screen, the Location and Billing procedure codes values disappear when trying to discharge a client.	Bedboard
14	Core Bugs # 132388	Getting Red Error message when performing the Swing Bed action in the Bed Board screen.	Bedboard
15	Core Bugs # 132414	Care Coordination Referral List Page (My Office): red error message displayed when saving entry.	Care Coordination
16	Core Bugs # 132281	Some elements are removed from the USCDI XML.	CCD/CCR
17	Core Bugs # 132451	'Place of Service code' is not displaying in 'SV105 segment' of '837P claim file' for bundled services with 'Place of Service' bundling criteria set to 'S'.	Charges/Claims
18	Core Bugs # 132349	Getting timeout validation error when applying a filter for charge list.	Charges/Claims
20	Core Bugs # 132095	Charges/Claims: EOB Balance Error for Secondary Claims with multiple Charges.	Charges/Claims
21	Core Bugs # 132184	AdmissionDate and AdmissionHour not printed completely in UB04 paper claims.	Charges/Claims
22	Core Bugs # 132216	Two ClaimLineItemGroups records were created with the different rendering providers.	Charges/Claims
23	Core Bugs # 132507	The 'NM1*87' segment is being sent without N3 and N4 segments on the 837P file.	Charges/Claims
25	Core Bugs # 132481	Ref*f8 segment: inaccurate segment counts.	Charges/Claims
26	Core Bugs # 132387	Referring Provider Claims Format Configurations not removing the loop	Charges/Claims
27	Core Bugs # 132714	Getting an error when applying Financial Assignment filter in the 'Charges/Claims' list page.	Charges/Claims
28	Core Bugs # 132413	Client Clinical Problems: The duplicate ICD-10 Codes were displayed in the 'Diagnosis Code search list', Diagnosis Description search list and Client Clinical Problem ICD 10 Pop-up.	Client Clinical Problems
29	Core Bugs # 132337	Client Clinical Problems list page : data was not displaying under 'Created By' and 'Staff Credentials' column	Client Clinical Problems
30	Core Bugs # 132375	Getting an Error when the 'Client Clinical Problem' list screen is selected for a view without selecting the 'SNOMED CT Code' and 'SNOMED Description' columns.	Client Clinical Problems
31	Core Bugs # 132377	Tracking protocols in the 'Protocols' dropdown on the 'Client Tracking' list page and the 'Client Tracking' Widget (Client Dashboard) are not being attached to client.	Client Flags
32	Core Bugs # 132469	Getting an error when a new configurable view is created without 'Provider' column in Client Flags (My Office) List Page.	Client Flags
33	Core Bugs # 132279	The 'Organization' name is not initializing to 'Contacts' tab of 'Client Information' screen and 'Release of Information' document from client 'Contacts'.	Client Information(C)

35	Core Bugs # 132319	When a medication is administered in the 'Client MAR' screen, the corresponding 'Administer Event' is not reflected in the 'Client MAR' screen.	Client MAR
36	Core Bugs # 132473	Client Orders: The time stamp is displayed in the Client orders PDF for the Date of Birth and Effective Date fields.	Client Orders
38	Core Bugs # 132252	Route and Rationale Defaults not mapping correctly in Client Orders	Client Orders
39	Core Bugs # 132318	Medication Orders are not generating PDF - Error Subreport could not be shown	Client Orders
41	Core Bugs # 132322	Client Orders: Allergic medications are allowed to be inserted into the grid from the 'Order Set' tab without any Hard stop validation.	Client Orders
42	Core Bugs # 132416	Orders Specimen Collection: JSON PATH is not supported in SQL 2014	Client Orders
43	Core Bugs # 132471	Client Review History missing record deleted check.	Client Orders
44	Core Bugs # 132306	"Create New Potential Client" button is not enabled on performing three-way search in the 'Client Search' Popup.	Client Search popup
48	Core Bugs # 132401	CM Client authorization details: incorrect confirmation displayed while adding billing codes with multiple modifiers.	CM Authorization
50	Core Bugs # 132382	Procedure/Rates: same Concept codes for different concept category was not displaying in Measure Value Set Search pop up	CQM
52	Core Bugs # 132455	Dashboard: Unposted Payments	Dashboard
53	Core Bugs # 131758	'C & A Questions' Document: 'Problems Sleeping?' Section check boxes enabled by default	DFA
55	Core Bugs # 132130	DLA-20: Scores are displayed as Zero on PDF after Signature	Documents
56	Core Bugs # 132264	Unable to access Documents (Client) screen when a document had co-signatures exceeding 1000 characters.	Documents
57	Core Bugs # 132240	'Referral document': In Receiving staff login the 'Referral' document is not displaying the 'Reason / Assessed Need for Referral' text area in read able window.	Documents
58	Core Bugs # 132331	'Consent to Share Health Information' document's PDF displayed overlapping text in the signature area when multiple staff degrees are present in the 'License and Degrees' tab of 'Staff/Users' screen.	Documents
59	Core Bugs # 132409	The 'Requested Amendments' section data is not displayed in the PDF of 'Amendment Requests' document.	Documents
60	Core Bugs # 132454	'Internal consent Management' - Incorrect Document Header Display in the document.	Documents
61	Core Bugs # 132211	Documents: Programs display issue in Signature control.	Documents
62	Core Bugs # 132533	Sub report error is displayed in the Signature section of the Document's PDF.	Documents
63	Core Bugs # 132210	The status of the document does not revert to 'In-progress' status when cosigner/ Reviewer declined to sign the document.	Documents
64	Core Bugs # 132183	Client Viewing: Signature page issue.	Documents
65	Core Bugs # 132396	'Verbally Agreed' radio button is not displayed on Document Signature Popup.	Documents

66	Core Bugs # 132248	National Outcome Measures (NOMs) document: Initialization from the Diagnosis document to 'Diagnosis' tab of Noms does not show all the codes.	Documents
67	Core Bugs # 132541	An 'Objective Progress' details are not initialized under the 'Progress Review' tab of the 'Agency/Program Discharge' document.	Documents
68	Core Bugs # 132357	The 'Diagnosis', 'Level of Functioning Score', and 'Supports Involvement' sections are not displayed in the in the PDF after signing the 'Care Plan' document.	Documents
69	Core Bugs # 132357	ISP issues: End date and care plan type is not displaying in the PDF for the second version	Documents

Functionality-wise Task Details:

Appeals

Reference No	Task No	Description
1	EII # 123498	Implementation Convert Appeals to Configurable List Page.

Author: Kiran Yogendra

1. EII # 123498 (Feature - 86659): Implementation Convert Appeals to Configurable List Page.

Note: This is Passive Change. This change allows the users to configure the columns in Appeals list page

Release Type: Change | Priority: Medium

Navigation Path: 'Client' Search - Select a client - Go Search - 'Appeals (My Office)' - Appeals list page - Toolbar - Click 'New Column Configuration' icon - Add new 'View List' on the 'List Page Configurations' pop-up - Click on Save button - Click on 'Column Configuration' toolbar icon - Click on the newly added 'View List' - Check, if the list page displayed based on the Configuration setting.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. There was no Configurable List Page toolbar option for the 'Appeals' list page.

With this release, the Configurable List page toolbar icons 'New Column Configurations' and 'Column Configurations' are implemented on the 'Appeals' list page.

Screenshot to display the Configuration list page toolbar icons on the 'Appeals' screen.

Appeals (4)

New Appeal...

☆ ★ ⬇ ⚙ ⚙ ⚙ ? ✕

New Column Configurations

SmartCareR6QA

Client...

Received From

To

Apply Filter

All Types

Status: Close

State: Fair Hearing

All

Other

Date	Status	Client	Days Left	Complainant	Type	State	Organization Name
11/24/2022	Close	AutomLastname, AutomC -938		AutomAppealRegTest	Local Appeal (M... Open		SmartCareR6QA
11/24/2022	Close	AutomLastname, AutomC -938		AutomAppealRegTest	Local Appeal (M... Open		SmartCareR6QA
09/02/2015	Close	Richter, Celeste	-3578	Parallon	Local Appeal (M...		SmartCareR6QA
08/31/2015	Close	Thomas, Maria	-3580	Thomas, Maria	Local Appeal (M...		SmartCareR6QA

Appeals (4)

New Appeal...

☆ ★ ⬇ ⚙ ⚙ ⚙ ? ✕

Column Configurations

SmartCareR6QA

Client...

Received From

To

Apply Filter

All Types

Status: Close

State: Fair Hearing

All

Other

Date	Status	Client	Days Left	Complainant	Type	State	Organization Name
11/24/2022	Close	AutomLastname, AutomC -938		AutomAppealRegTest	Local Appeal (M... Open		SmartCareR6QA
11/24/2022	Close	AutomLastname, AutomC -938		AutomAppealRegTest	Local Appeal (M... Open		SmartCareR6QA
09/02/2015	Close	Richter, Celeste	-3578	Parallon	Local Appeal (M...		SmartCareR6QA
08/31/2015	Close	Thomas, Maria	-3580	Thomas, Maria	Local Appeal (M...		SmartCareR6QA

Orig

Columns_TestKiran

Columns_TestKiran1223

On click of New Column Configurations, the system will display the List Page Configurations pop-up for saving the desired view setting.

Appeals (6)

GoldSmartcareQA

All Types

Sta

Date
06/03/2025
09/30/2024
09/30/2024
03/04/2024
12/05/2023
12/05/2023

List Page Configurations

View Settings

View Name: Columns_TestKiran

Active ☒ Default ☐ Permission ☐

Show Column	Column Name	Order	Width	Fixed	Export
<input checked="" type="checkbox"/> (Show)	Date	1	(1) 80	(80) <input type="checkbox"/> (Not Fixed)	<input checked="" type="checkbox"/> (Export)
<input checked="" type="checkbox"/> (Show)	Status	2	(2) 80	(80) <input type="checkbox"/> (Not Fixed)	<input checked="" type="checkbox"/> (Export)
<input checked="" type="checkbox"/> (Show)	Client	3	(3) 130	(130) <input type="checkbox"/> (Not Fixed)	<input checked="" type="checkbox"/> (Export)
<input type="checkbox"/> (Show)	Days Left	4	(4) 70	(70) <input type="checkbox"/> (Not Fixed)	<input checked="" type="checkbox"/> (Export)
<input type="checkbox"/> (Show)	Complainant	5	(5) 140	(140) <input type="checkbox"/> (Not Fixed)	<input checked="" type="checkbox"/> (Export)
<input checked="" type="checkbox"/> (Show)	Type	6	(6) 90	(90) <input type="checkbox"/> (Not Fixed)	<input checked="" type="checkbox"/> (Export)
<input checked="" type="checkbox"/> (Show)	State	7	(7) 80	(80) <input type="checkbox"/> (Not Fixed)	<input checked="" type="checkbox"/> (Export)
<input checked="" type="checkbox"/> (Show)	Organization Name	8	(8) 360	(360) <input type="checkbox"/> (Not Fixed)	<input checked="" type="checkbox"/> (Export)

Modify Clear

View List

View Name	Active	Default
<input checked="" type="radio"/> Columns_TestKiran	Yes	Yes
<input type="radio"/> testing	Yes	No

Screenshots to display the saved column configuration 'View List' for the 'Appeals'.

Appeals (6)

New Appeal... [Dropdown]

[Icons: Star, Download, Print, etc.]

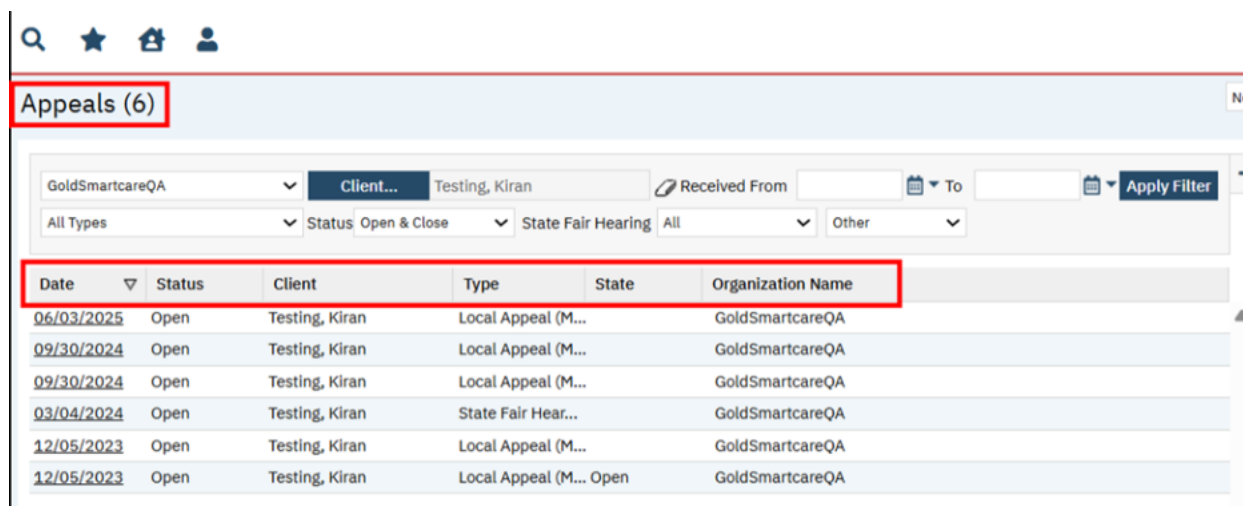
Original
Testing Column_Kiran
Testing
Column_TestKiran

GoldSmartcareQA [Client...] Testing, Kiran Received From [To] Apply Filter

All Types Status: Open & Close State Fair Hearing: All Other

Date	Status	Client	State
01/20/2026	Open	Testing, Kiran	
02/20/2026	Open	Testing, Kiran	
02/20/2024	Open	Testing, Kiran	
03/04/2024	Open	Testing, Kiran	
12/08/2023	Open	Testing, Kiran	
12/08/2023	Open	Testing, Kiran	Open

On click of 'View Name', system displays grid result for the selected columns.



The screenshot shows a web application interface for viewing appeals. At the top, there's a search bar with 'Appeals (6)' and a 'View Name' button. Below the search bar, there are filters for 'GoldSmartcareQA', 'Client...' (Testing, Kiran), 'Received From', 'To', 'All Types', 'Status' (Open & Close), 'State Fair Hearing', 'All', and 'Other'. An 'Apply Filter' button is also present. The main grid displays the following data:

Date	Status	Client	Type	State	Organization Name
06/03/2025	Open	Testing, Kiran	Local Appeal (M...		GoldSmartcareQA
09/30/2024	Open	Testing, Kiran	Local Appeal (M...		GoldSmartcareQA
09/30/2024	Open	Testing, Kiran	Local Appeal (M...		GoldSmartcareQA
03/04/2024	Open	Testing, Kiran	State Fair Hear...		GoldSmartcareQA
12/05/2023	Open	Testing, Kiran	Local Appeal (M...		GoldSmartcareQA
12/05/2023	Open	Testing, Kiran	Local Appeal (M... Open		GoldSmartcareQA

Appointment Search

Reference No	Task No	Description
2	Core Bugs #132256	Appointment Search Giving Inactive Client Error.

Author: Niroop Hassan

2. Core Bugs # 132256: Appointment Search Giving Inactive Client Error.

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

Navigation Path: 'My Office' – 'Appointment Search' - 'Appointment Search' list page – Select required data and select required active client in 'Search For Client' textbox and click on 'Search' button – Click on required 'Schedule Appointment' button

Functionality 'Before' and 'After' release:

Before this release, when a user selected an active client in the '**Search For Client**' textbox and clicked the '**Schedule Appointment**' button on the '**Appointment Search**' page, the following error message was displayed:

Error Message: "You cannot schedule an appointment for an Inactive Client."

With this release, the above-mentioned issue has been resolved. Now, the system no longer displays the above error message. when an *active client* is selected and the '**Schedule Appointment**' button is clicked, It navigates to the 'Service' Detail' page.

Arrivals

Reference No	Task No	Description
3	EII # 130940	Implementation to create a new Client record from the Arrivals Details screen

Author: Chaithra Kunjilana

3. EII # 130940 (Feature - 540664): Implementation to create a new Client record from the Arrivals Details screen. {ACTIVE CHANGE}

Note: This is Active change. This change enhances the ability to create a new Client record from the Arrivals detail screen. This enables client record creation directly from the Arrivals screen would streamline the process, improve efficiency, and enhance the user experience by keeping all relevant actions within a single, cohesive interface.

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

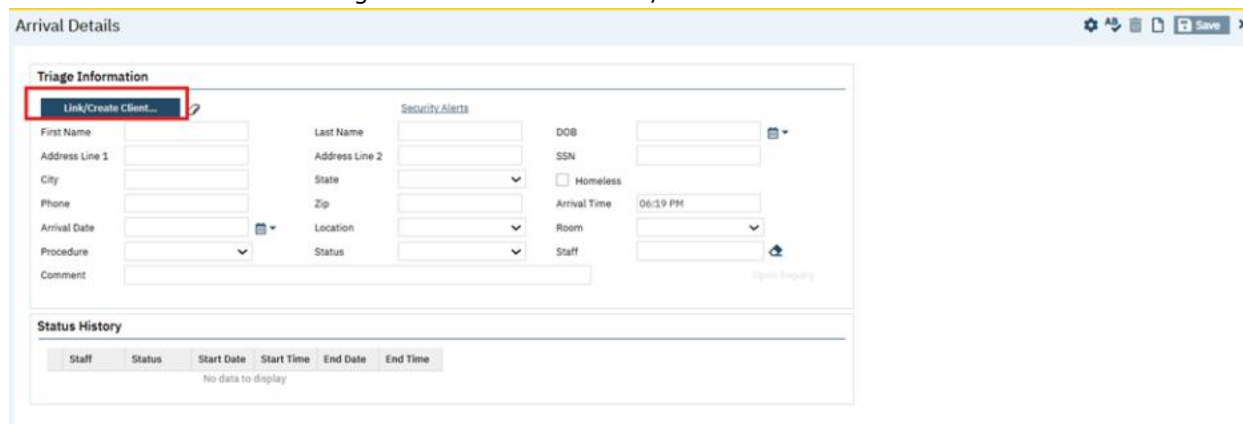
Navigation Path: My Office – Arrivals – Click on New icon – Arrival Details screen – Triage Information section

Functionality 'Before' and 'After' release:

Before this release, the Arrivals screen did not have the ability to create a new client record or patient ID directly. Users were forced to exit the Arrivals screen, navigate to a separate screen to create the Clients, and then return to Arrivals to proceed.

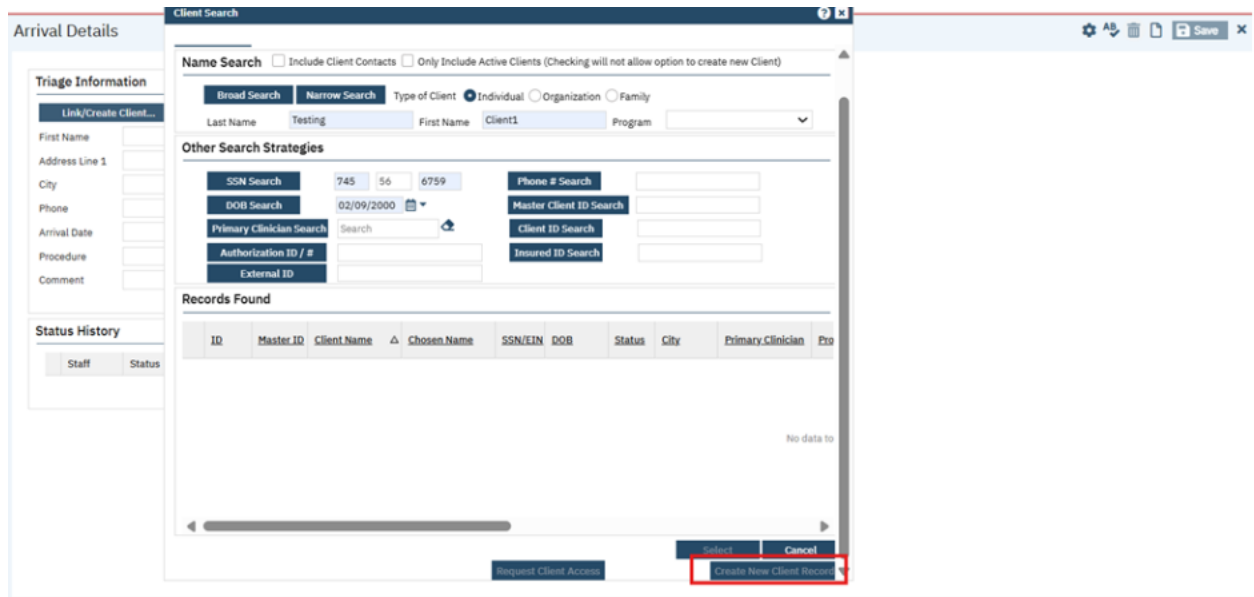
With this release, an option is provided to create clients in the Arrivals Detail screen.

- Renamed the existing label "Client.." to "Link/Create Client...".



The screenshot shows the 'Arrival Details' form. The 'Triage Information' section contains various input fields for client details. A red box highlights the 'Link/Create Client...' button, which is located at the top left of the form. Below this section is a 'Status History' table with columns for Staff, Status, Start Date, Start Time, End Date, and End Time. The table currently displays 'No data to display'.

- "SSN" field data will get cleared when clicked on the Erase icon
- On clicking "Link/Create Client..." button, the existing functionality of Client Search Pop-up will follow i.e., when user completes the three search criteria, we are displaying any matching record as well as enabling the "Create New Client Record" button. Users can either select a resulting client or create a new client and link it to the Arrival Details.



Client Search

☐ Include Client Contacts ☐ Only Include Active Clients (Checking will not allow option to create new Client)

Name Search Type of Client ☒ Individual ☐ Organization ☐ Family

Last Name First Name Program

Other Search Strategies

SSN Search Phone # Search

DOB Search Master Client ID Search

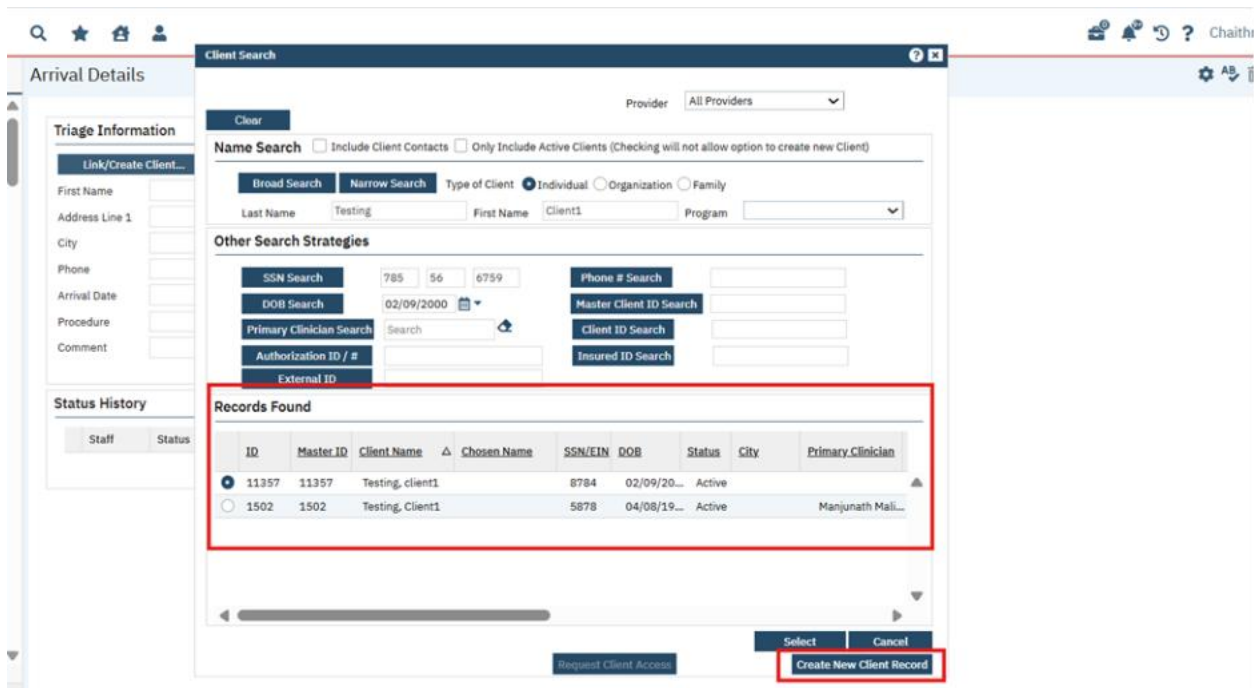
Primary Clinician Search Client ID Search

Authorization ID / # Insured ID Search

External ID

Records Found

ID	Master ID	Client Name	Chosen Name	SSN/EIN	DOB	Status	City	Primary Clinician	Pro
No data to display									



Client Search

Provider

☐ Include Client Contacts ☐ Only Include Active Clients (Checking will not allow option to create new Client)

Name Search Type of Client ☒ Individual ☐ Organization ☐ Family

Last Name First Name Program

Other Search Strategies

SSN Search Phone # Search

DOB Search Master Client ID Search

Primary Clinician Search Client ID Search

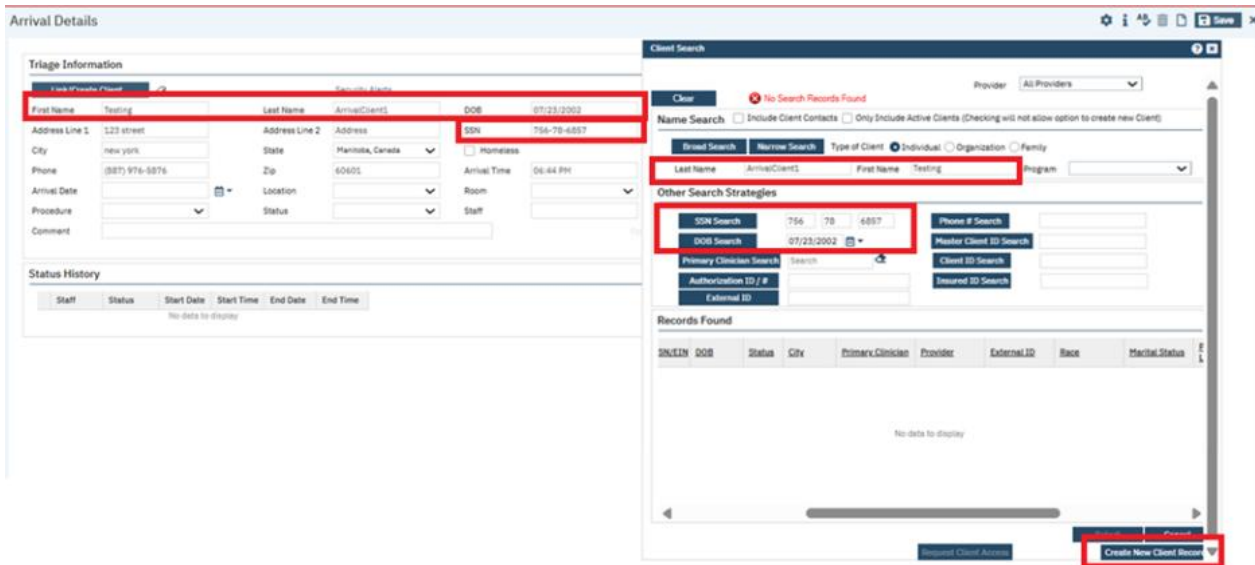
Authorization ID / # Insured ID Search

External ID

Records Found

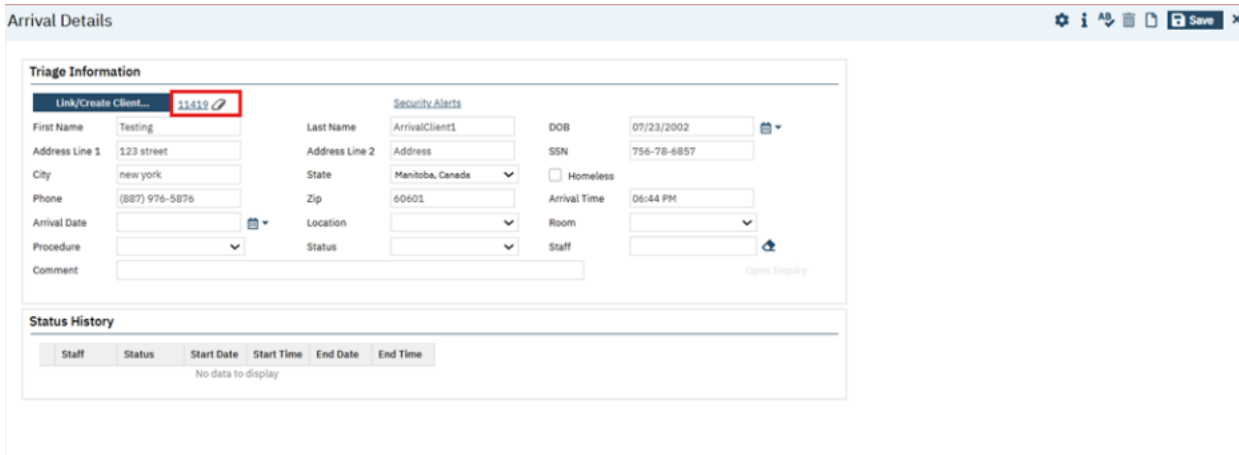
ID	Master ID	Client Name	Chosen Name	SSN/EIN	DOB	Status	City	Primary Clinician	Pro
<input checked="" type="radio"/> 11357	11357	Testing, client1		8784	02/09/20...	Active			
<input type="radio"/> 1502	1502	Testing, Client1		5878	04/08/19...	Active		Manjunath Mali...	

- If user enters Triage Information first(First Name, Last Name, DOB, SSN) and then clicks on "Link/Create Client..." button, the Client Search pop up will continue to default First Name, Last Name, DOB, SSN fields if they are available.



The screenshot shows the 'Arrival Details' and 'Client Search' panels. In the 'Arrival Details' panel, the 'Link/Create Client...' button is highlighted. In the 'Client Search' panel, the 'Name Search' section is highlighted, showing search criteria like 'Last Name', 'First Name', and 'DOB'. The 'Create New Client Record' button is also highlighted.

Note: The selected or newly created Client's ID will be displayed next to the Link/Create Client... button on the Arrival Details screen. (existing functionality)



The screenshot shows the 'Arrival Details' form. The 'Link/Create Client...' button is highlighted, and the ID '11419' is displayed next to it. The form includes fields for 'First Name', 'Last Name', 'DOB', 'Address Line 1', 'Address Line 2', 'City', 'State', 'Phone', 'Zip', 'Arrival Date', 'Location', 'Room', 'Status', and 'Staff'.

- If the user enters all the details in Triage Information section like Address Line 1, Address Line 2, State, City, Phone, ZIP etc. - On client creation, all these details will be pushed to Client Information(C).

Authentication/Authorization (Login, Logout)

Reference No	Task No	Description
4	Core Bugs # 131999	After Session timeout, the SAML user is redirecting to Standard Login page.

Author: Sunil Belagali

4. Core Bugs # 131999: After Session timeout, the SAML user is redirecting to Standard Login page.

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

Navigation Path: Login as a SAML user to SmartCare application – Do not perform any activity inside the application - after Session timeout, the SAML user is redirecting to Standard Login page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When SAML user logged in to the SmartCare application and do not perform any activity inside the application. After Session timeout, the SAML user was redirected to "SSO.aspx" login page.

With this release, the above-mentioned issue has been resolved. When SAML user logged in to the SmartCare application, do not perform any activity inside the application. After Session timeout, the SAML user is redirecting to 'Standard login page'.

Authorizations

Reference No	Task No	Description
5	Core Bugs # 132133	Authorizations: Error message is displayed when user clicked on Insert and then Save button.
6	Core Bugs # 130992	Incorrect ClientCoveragePlanId were updated for authorizations.

Author: Shivakanth Moger

5. Core Bugs # 132133: Authorizations: Error message is displayed when user clicked on Insert and then Save button.

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

Prerequisites: The configuration key ConsiderProgramOnAuthorizations is set to Yes or NO.

Navigation Path 1: Authorizations (My Office) – Authorizations list page – click on ID hyperlink – Authorization Detail page.

Navigation Path 2: Authorizations (client) – select a client – click on ID hyperlink – Authorization Detail page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Authorization Details page, when user clicked on Insert and then Save button, the below red error message was displayed, even though a program had been selected in the Programs field drop-down:

Error Message: Program is required for Authorization – undefined.

With this release, the above-mentioned issue has been resolved. Now, in the Authorization Details page, the validation message will be displayed in the validation message pop up window if the Program field is not selected instead of red error message.

Validation Message: General - Authorization Requests - Program - Program is required for Authorization.

Author: Shivakanth Moger

6. Core Bugs # 130992: Incorrect ClientCoveragePlanId were updated for authorizations.

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

Navigation Path: NA

Functionality 'Before' and 'After' Release:

Before the release, here was the behaviour. The system did not properly differentiate between multiple coverage plans associated with MRO. As a result, it could select and update the incorrect ClientCoveragePlanId for authorizations.

With this release, the above-mentioned issue has been resolved. Now, the Logic has been enhanced to include checks for PackageCodeIdentifier1 and PackageCodeIdentifier2 from the AuthorizationCodeBundles table when selecting the appropriate ClientCoveragePlanId. This ensures the correct plan is assigned when multiple plans are present.

Batch Eligibility

Reference No	Task No	Description
7	EII # 131937	Batch Eligibility for ProviderOne Connector - Front-end
8	EII # 131936	Batch Eligibility for ProviderOne Connector - Back-end
9	Core Bugs # 132334	Batch Eligibility Configurator Details: Error message is displayed while saving the batch record.

Author: Sahana Gururaja

7. EII # 131937 (Feature - 563446): Batch Eligibility for ProviderOne Connector - Front-end

Note: This is a Passive change. Users now have the option to override the existing 'AgencyNPI' value in the 270/271 files. This means that instead of being restricted to one NPI value, users can specify a different NPI for specific batch configurations.

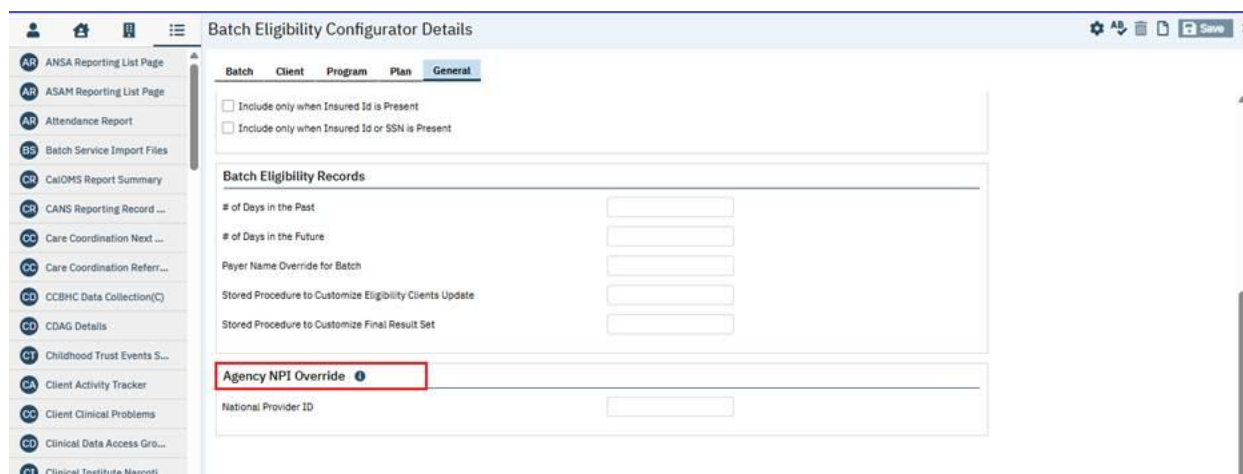
Release Type: Change | **Priority:** On Fire

Navigation Path: Go to the 'Administration' -- 'Batch Eligibility Configurator List' quick link -- 'New' icon -- 'Batch Eligibility Configurator Details' screen -- Enter the required details in each tab -- Navigate to the 'General' tab.

Functionality 'Before' and 'After' Release:

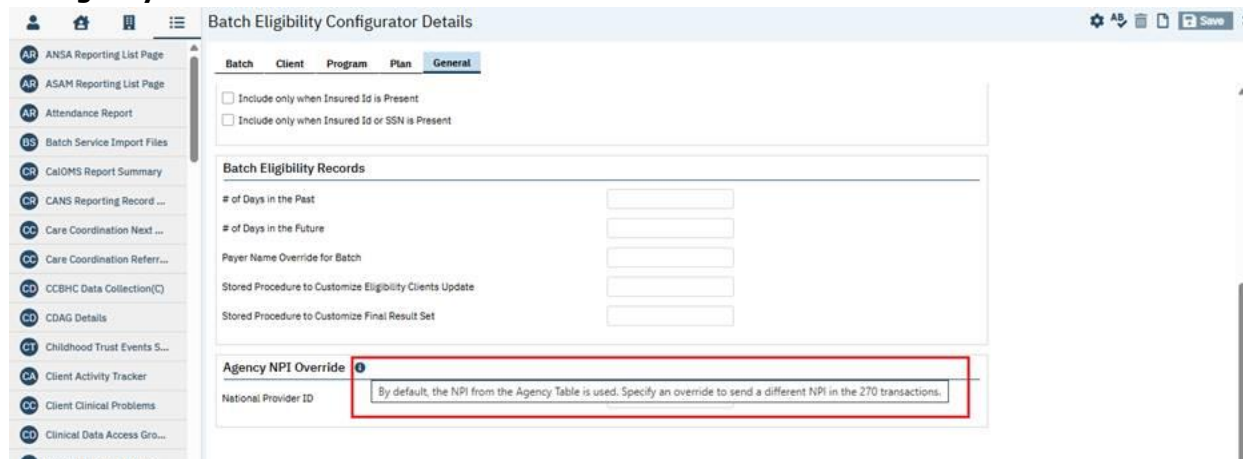
Before this release, In the 270/271 files, the **NPI (National Provider Identifier)** was always sourced directly from the **Agency table**, with **no option for override**. This meant users had no flexibility to specify a different NPI value for specific configurations.

With this release, a new section has been added in the '**General**' tab of the '**Batch Eligibility Configurator Details**' screen. This section includes a **text box field** "National Provider ID", which will allow the user to override the 'AgencyNPI' value in 270/271 files. When this field has a value added, this override value will be used in the 270/271 files instead of the one from the Agency table.



The screenshot shows the 'Batch Eligibility Configurator Details' screen with the 'General' tab selected. The 'Agency NPI Override' section is highlighted with a red box. It contains a text box labeled 'National Provider ID'.

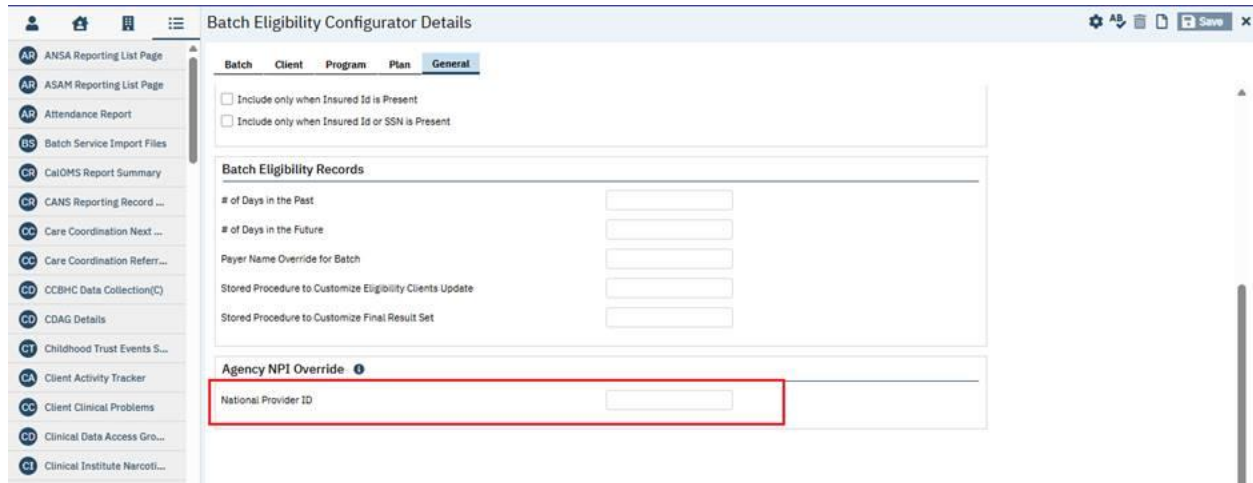
1. Agency NPI Override section:



The screenshot shows the 'Batch Eligibility Configurator Details' screen with the 'General' tab selected. The 'Agency NPI Override' section is highlighted with a red box. It contains a text box labeled 'National Provider ID' with a tooltip that reads: "By default, the NPI from the Agency Table is used. Specify an override to send a different NPI in the 270 transactions."

Information icon: On clicking on 'Info' Icon, the following message will be displayed: "By default, the NPI from the Agency Table is used. Specify an override to send a different NPI in the 270 transactions."

2. **National Provider ID:** Text Box: In this field, the user can add up to 10 numeric digits only. Any numeric digits beyond 10 will be automatically ignored.



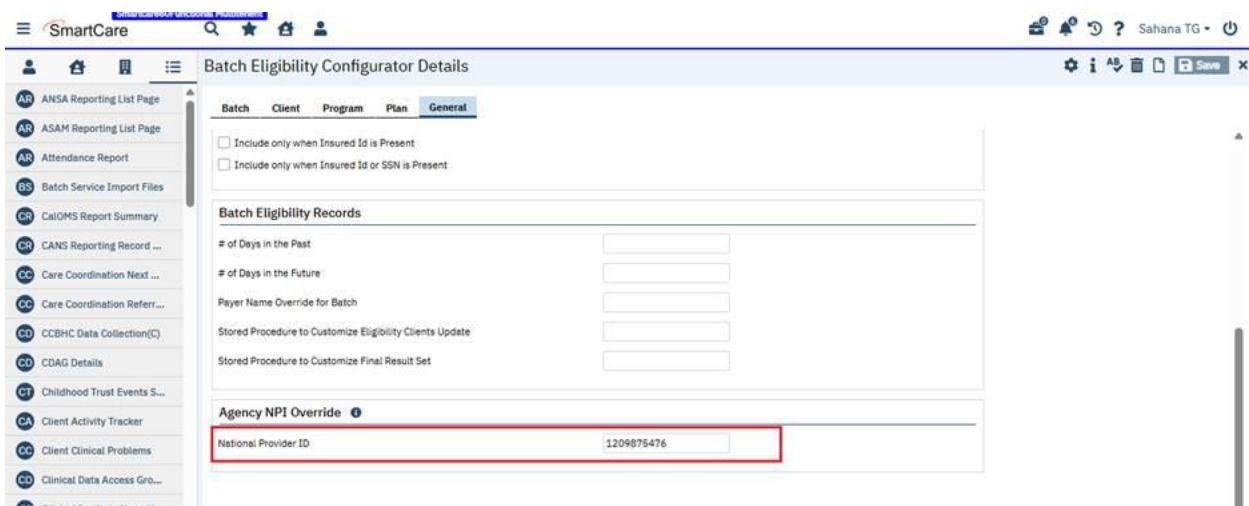
The screenshot shows the 'Batch Eligibility Configurator Details' form. The 'General' tab is selected. Under the 'Agency NPI Override' section, the 'National Provider ID' field is highlighted with a red box. The form includes various other fields and checkboxes for configuring batch eligibility records.

Note: This new field is optional field; the user can create a batch record successfully with/without using the 'National Provider Id' field.

3. When a batch record is created by adding the value in the 'National Provider ID' field, then a row will be added into the table 'ElectronicEligibilityVerificationConfigurationFeatureDetails' related to the "ElectronicEligibilityVerificationConfigurationFeatureID" with the ConfigurationName "NPIOVERRIDE" and the columns will be updated as below.

IntegerValue = NULL

CharacterValue = as entered in the 'National Provider ID' field.



This screenshot shows the same 'Batch Eligibility Configurator Details' form as the previous one, but with the 'National Provider ID' field in the 'Agency NPI Override' section populated with the value '1209875476'. The field is still highlighted with a red box.

DetailId	CreatedBy	CreatedDate	ModifiedBy	ModifiedDate	RecordDeleted	DeletedBy	DeletedDate	ElectronicEligibilityVerificationConfigurationFeatureId	ConfigurationName	IntegerValue	CharacterValue
3	sahanatg	2025-07-28 13:09:21.450	sahanatg	2025-07-28 13:09:21.450	NULL	NULL	NULL	1	EnrolledDaysBack	15	NULL
4	sahanatg	2025-07-28 13:09:21.450	sahanatg	2025-07-28 13:09:21.450	NULL	NULL	NULL	1	NumberOfDaysSinceLastChecked	30	NULL
5	sahanatg	2025-07-28 13:09:21.467	sahanatg	2025-07-28 13:09:21.467	NULL	NULL	NULL	1	CoveragePayerName	NULL	Medicaid
6	sahanatg	2025-07-28 13:09:31.823	sahanatg	2025-07-28 13:09:31.823	NULL	NULL	NULL	1	IncludeActiveClients	NULL	Yes
7	sahanatg	2025-07-28 13:09:36.303	sahanatg	2025-07-28 13:09:36.303	NULL	NULL	NULL	1	IncludeClientsWithCoveragePlans	NULL	Yes
8	sahanatg	2025-07-28 13:09:45.403	sahanatg	2025-07-28 13:09:45.403	NULL	NULL	NULL	1	NPIOOverride	1209675476	
9	sahanatg	2025-07-28 13:09:45.817	sahanatg	2025-07-28 13:09:45.817	NULL	NULL	NULL	1	IncludeProgramsInRecode	NULL	No
10	sahanatg	2025-07-28 13:09:45.817	sahanatg	2025-07-28 13:09:45.817	NULL	NULL	NULL	1	ExcludeProgramsInRecode	NULL	No
11	sahanatg	2025-07-28 13:09:45.950	sahanatg	2025-07-28 13:09:45.950	NULL	NULL	NULL	1	ElectronicEligibilityVerificationCon...	8	NULL

4. System will only add a record in 'ElectronicEligibilityVerificationConfigurationFeatureDetails' table with configuration name "NPIOOverride" only if the user enters a value in the "National Provider ID" field in front end screen and selects Save. If later, the user clears the "National Provider ID" field for the same batch record in front end screen and clicks save, the system will update the columns as below in the 'ElectronicEligibilityVerificationConfigurationFeatureDetails' table.

IntegerValue = NULL
CharacterValue = NULL.

Batch Eligibility Configurator Details

Batch Client Program Plan General

☐ Include only when Insured Id is Present
☐ Include only when Insured Id or SSN is Present

Batch Eligibility Records

of Days in the Past:
of Days in the Future:
Payer Name Override for Batch:
Stored Procedure to Customize Eligibility Clients Update:
Stored Procedure to Customize Final Result Set:

Agency NPI Override ⓘ

National Provider ID:

DetailId	CreatedBy	CreatedDate	ModifiedBy	ModifiedDate	RecordDeleted	DeletedBy	DeletedDate	ElectronicEligibilityVerificationConfigurationFeatureId	ConfigurationName	IntegerValue	CharacterValue
3	sahanatg	2025-07-28 13:09:21.450	sahanatg	2025-07-28 13:34:33.893	NULL	NULL	NULL	1	EnrolledDaysBack	15	NULL
4	sahanatg	2025-07-28 13:09:21.450	sahanatg	2025-07-28 13:34:33.893	NULL	NULL	NULL	1	NumberOfDaysSinceLastChecked	30	NULL
5	sahanatg	2025-07-28 13:09:21.467	sahanatg	2025-07-28 13:34:33.893	NULL	NULL	NULL	1	CoveragePayerName	NULL	Medicaid
6	sahanatg	2025-07-28 13:09:31.823	sahanatg	2025-07-28 13:09:31.823	NULL	NULL	NULL	1	IncludeActiveClients	NULL	Yes
7	sahanatg	2025-07-28 13:09:36.303	sahanatg	2025-07-28 13:09:36.303	NULL	NULL	NULL	1	IncludeClientsWithCoveragePlans	NULL	Yes
8	sahanatg	2025-07-28 13:09:45.403	sahanatg	2025-07-28 13:34:33.893	NULL	NULL	NULL	1	NPIOOverride	NULL	NULL
9	sahanatg	2025-07-28 13:09:45.817	sahanatg	2025-07-28 13:09:45.817	NULL	NULL	NULL	1	IncludeProgramsInRecode	NULL	No
10	sahanatg	2025-07-28 13:09:45.817	sahanatg	2025-07-28 13:09:45.817	NULL	NULL	NULL	1	ExcludeProgramsInRecode	NULL	No
11	sahanatg	2025-07-28 13:09:45.950	sahanatg	2025-07-28 13:09:45.950	NULL	NULL	NULL	1	ElectronicEligibilityVerificationCon...	8	NULL

5. If a batch record is created without specifying the 'National Provider ID' field, no entry with the ConfigurationName "NPIOOverride" will be inserted into the 'ElectronicEligibilityVerificationConfigurationFeatureDetails' table.

Author: Sahana Gururaj

8. EII # 131936 (Feature - 563442): Batch Eligibility for ProviderOne Connector - Backend

Note: This is a Passive change and this is the backend change to EII #131937.

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

Prerequisites: Enter a required value in the "National Provider ID" field under the '**General**' tab of the '**Batch Eligibility Configurator Details**' screen through the below path:

Path: Go to the 'Administration' -- the 'Batch Eligibility Configurator List' quick link -- 'New' icon -- 'Batch Eligibility Configurator Details' screen -- Enter the required details in each tab -- Navigate to 'General' tab -- 'Agency NPI Override' section -- Enter the required value in 'National Provider Id' field -- click on the 'Save' button.

Navigation Path: NA

Functionality 'Before' and 'After' Release:

Before this release, the system did not provide a way for the user to override the "National Provider Id (NPI)" returned in the eligibility batch files. The default batch process uses the "NPI" from the Agency table.

With this release, the system now supports an 'NPI Override' option in the batch configurator tool, and if the value is set in the "Batch Eligibility Configurator Details" screen for a batch record, then the system will use the override value in all inquiries in the target batch type.

Note: If the NPI value is not set in the configurator tool, as explained in Prerequisites, the system will default the batch process to using the NPI from the agency table.

Author: Sahana Gururaja

9. Core Bugs # 132334: Batch Eligibility Configurator Details: Error message is displayed while saving the batch record.

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

Navigation Path: Go Search-Administration- Select 'Batch Eligibility Configurator List'-click on the 'New' icon- 'Batch Eligibility Configurator Details'- enter the required details in each tab – click on the 'Save' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. While attempting to save a batch record on the Batch Eligibility Configurator Details screen, users encountered a red error message.

With this release, the above-mentioned issue has been resolved. Now, the users can create and save batch records on the Batch Eligibility Configurator Details screen without any error message.

Bed Census

Reference No	Task No	Description
10	Core Bugs # 130474	When the user hover over the Client Name in the BedCensus list and the BedBoard list page the Client image was extending out of its container and image is overlapping.

Author: Chaithra Kunjilana

10. Core Bugs # 130474: When the user hover over the Client Name in the BedCensus list and the BedBoard list page the Client image was extending out of its container and image is overlapping.

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

Navigation Path1: BedCensus (My Office)- Hover over Client name.

Navigation Path 2: BedBoard (My Office)- Hover over Client name.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user hovered the mouse over the Client Name in the BedCensus list and the BedBoard list page the Client image was extending out of its container and image was overlapping with the Client name and the Pop-up was flickering, and it was not convenient for the user to use.

With this release, the above-mentioned issue has been resolved. Now, when the user hovers the mouse over the Client Name in the BedCensus list and the BedBoard list page the Client image is not extending out of its container and image is not overlapping with the Client name also the Pop-up is not flickering.

Bedboard

Reference No	Task No	Description
11	Core Bugs # 132273	Client Image not displayed on Hover for Client Name with Apostrophe on the 'Bedboard' List page.
12	Core Bugs # 132500	Bed Attendances Duplicate Records Issue.
13	Core Bugs # 132301	Census Management screen, the Location and Billing procedure codes values disappear when trying to discharge a client.
14	Core Bugs # 132388	Getting Red Error message when performing the Swing Bed action in the Bed Board screen.

Author: Niroop Hassan

11. Core Bugs # 132273: Client Image not displayed on Hover for Client Name with Apostrophe on the 'Bedboard' List page.

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

Prerequisite:

1. The client's name displayed on the '**Bedboard**' list page to be contain an apostrophe in their names.
2. Client has an image uploaded through the **path:**

'Client' menu - 'Client Information' - Click on 'Demographics' tab - 'Picture' section - Click on 'Upload' button - 'Upload Bitmap' popup - Select required Image and click on 'Upload' button - Click on 'Save' icon.

Navigation Path: 'My Office' – 'Bedboard' – 'Bedboard' list page – Mouse hover on the client's name having apostrophe in their names.

Functionality 'Before' and 'After' Release:

Before this release, when the user hovered the mouse over a client's name containing an apostrophe on the '**Bedboard**' List page, the client image did not appear.

With this release, the above-mentioned issue has been resolved. Now, when the user hovers the mouse over a client's name containing an apostrophe, the client's image appears correctly without any issues.

Author: Yashas Kyadalappa

12. Core Bugs # 132500: Bed Attendances Duplicate Records Issue.

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

Pre-requisite:

1. A client has an inpatient visit created.
2. The client is assigned to bed.
3. The nightly job(ssp_SCCreateServicesBedAssignments) is executed to generate bed services.

Navigation Path: N/A

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. Duplicate records were being created in the BedAttendances table, which caused the Bed Board step in the Nightly Billing Processes to run excessively long.

With this release, the above-mentioned issue has been resolved. Now, the system prevents duplication in the BedAttendances table, resulting in significantly improved performance during the Bed Board step of the Nightly Billing Processes job.

Author: Suganya Sivakumar

13. Core Bugs # 132301: Census Management screen, the Location and Billing procedure codes values disappear when trying to discharge a client.

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

Pre-Requisite: The configuration key BedBoardLimitDisplayOfProcAndLocBasedOnProgram to be set to Yes.

Navigation Path 1 - My office – Navigate to Bedboard – Bed Board List page – Under Status column – Click Open Status dropdown --- Select Admit Status from Dropdown --- Client Search popup opens --- Perform Client Search --- Select Client --- Re – Directs to Census Management – Admit Detail screen --- Enter all Required --- Click on Save & Close Icon.

Navigation Path 2 - My office – Navigate to Bedboard – Bed Board List page – Under Status column – In Occupied Status dropdown --- Select Discharge status from dropdown ---Census Management – Discharge screen --- Ensure Location and Billing Procedure dropdown --- Enter all Required --- Click on Save & Close Icon.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the system configuration BedBoardLimitDisplayOfProcAndLocBasedOnProgram value is set to Yes, in the Census Management - Discharge screen, when the user tried to discharge a client from the BedBoard, the location and Billing procedure values were disabled, and user could not discharge a client.

With this release, the above-mentioned issue has been fixed. Now, in the Census Management Discharge screen, the Location and Billing Procedure values are working as below:

1. Enabled when the dropdown values are blank,
2. And if the dropdown values are present, they are disabled

Author: Suganya Sivakumar

14. Core Bugs # 132388: Getting Red Error message when performing the Swing Bed action in the Bed Board screen.

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

Pre Requisite: Bed is created with End Date and End Time in 'Bed Details' page.

Navigation Path: My Office – 'Bedboard' – 'Bedboard' List page -- Click on 'Open' Status dropdown under 'Status' column -- Select 'Swing Bed' option -- 'Census Management – Swing Bed' screen -- Enter 'Start Date' and 'End Date' -- Enter 'Start Time' and 'End Time' -- Enter all the required data --Click on 'Save and Close' icon.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user tried to perform Swing Bed action for the Bed created with End Date, the following error message was displayed in the 'Census Management – Swing Bed' screen.

Error message: *The INSERT statement conflicted with the FOREIGN KEY constraint "Rooms_Beds_FK". The conflict occurred in database "TexasSmartcare6", table "dbo. Rooms", column 'RoomId'. The statement has been terminated.*

With this release, the above-mentioned issue has been resolved. Now, the red error message is not displayed when performing the Swing Bed action for the Bed created with End Date in the 'Census Management – Swing Bed' screen.

Care Coordination

Reference No	Task No	Description
15	Core Bugs # 132414	Care Coordination Referral List Page (My Office): red error message displayed when saving entry.

Author: Sithara Ponnath

15. Core Bugs # 132414: Care Coordination Referral List Page (My Office): red error message displayed when saving entry.

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

Navigation Path: 'Client' --- 'Care Coordination Referral List Page' --- Click on 'New' icon --- Click on 'Link/Create Client' – Select a client where 'First Name' has more than 20 characters.

Functionality 'Before' and 'After' release:

Before the release, here was the behaviour. In the 'Referral Details' screen when a client name was selected from the 'Link/Create Client' search pop-up, if the selected client's first name exceeded the maximum length (VARCHAR (20)). the below error was displayed

Error Message: "String or binary data would be truncated. The statement has been terminated."

With this release the above-mentioned issue has been resolved. Now, the field length for 'First Name', 'Middle Name' and 'Last Name' for both the 'Potential Client/Client Information' and 'Inquirer Information' sections is increased, and the error is not displaying while selecting a client

Data Model Changes: Modified the below columns in the 'Referrals' table.

The field length for MemberFirstName column is increased to VARCHAR(30)
The field length for MemberMiddleName column is increased to VARCHAR(30)
The field length for MemberLastName column is increased to VARCHAR(50)
The field length for MemberPhone column is increased to VARCHAR(80)
The field length for InquirerFirstName column is increased to VARCHAR(30)
The field length for InquirerLastName column is increased to VARCHAR(50)
The field length for InquirerPhone column is increased to VARCHAR(80)

CCD/CCR

Reference No	Task No	Description
16	Core Bugs # 132281	Some elements are removed from the USCDI XML.

Author: Jagadeesh Raju

16. Core Bugs # 132281: Some elements are removed from the USCDI XML.

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

Navigation Path 1: Client -- Client Information -- 'Client Information' screen -- 'Demographics' tab -- Select 'Sex assigned at birth' -- click on 'Save'

Navigation Path 2: Client -- Services -- 'Services' list page -- Click on New -- 'Service Detail' screen -- Add required details -- Click on 'Save' -- Click on 'Sign'

Navigation Path 3: Client -- 'USCDI Summary of Care' -- Enter all the required details -- Click on 'Save' -- Click on 'Sign'

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The system was sending all the information like 'Preferred Name', 'Sex assigned at birth', 'Sexual Orientation', 'Sex Parameter for Clinical Use', 'Gender Identity' in the 'Record Target' segment of the USCDI XML when the user generated USCDI XML by updating the above details in the 'Client Information' screen.

With this release, the above-mentioned issue has been resolved. Now, the system is displayed only 'administrativeGenderCode' value under the 'Record Target' segment by removing/commenting 'Preferred Name', 'Sexual Orientation', 'Sex Parameter for Clinical Use', 'Gender Identity' in the USCDI Xml, when the user generates USCDI XML by updating the above details in the 'Client Information' screen.

Charges/Claims

Reference No	Task No	Description
17	Core Bugs # 132451	'Place of Service code' is not displaying in 'SV105 segment' of '837P claim file' for bundled services with 'Place of Service' bundling criteria set to 'S'.
18	Core Bugs # 132349	Getting timeout validation error when applying a filter for charge list.
19	EII # 130998	A "Reset" button has been added to the filter section of the Charges/Claims screen to enhance user experience by allowing quick removal of all applied filters.
20	Core Bugs # 132095	Charges/Claims: EOB Balance Error for Secondary Claims with multiple Charges.
21	Core Bugs # 132184	AdmissionDate and AdmissionHour not printed completely in UB04 paper claims.
22	Core Bugs # 132216	Two ClaimLineItemGroups records were created with the different rendering providers.
23	Core Bugs # 132507	The 'NM1*87' segment is being sent without N3 and N4 segments on the 837P file.
24	EII # 128762	Charges/Claims: Secondary Claims Should Use Primary Adjudication Date Rather Than Posting Date
25	Core Bugs # 132481	Ref*f8 segment: inaccurate segment counts.
26	Core Bugs # 132387	Referring Provider Claims Format Configurations not removing the loop
27	Core Bugs # 132714	Getting an error when applying Financial Assignment filter in the 'Charges/Claims' list page.

Author: Arpita Biradar

17. Core Bugs # 132451: 'Place of Service code' is not displaying in 'SV105 segment' of '837P claim file' for bundled services with 'Place of Service' bundling criteria set to 'S'.

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

Prerequisites 1:

- Two services to be created for the same client on the same day with the same clinician.
- Each service to be associated with a different location (e.g., POS 99 and POS 11).
- Bundling criteria to be configured with Same Day, Same Client, PlaceOfService set to 'S', BundleTimeFrame set to 'N', BillingCodes, Modifiers, PrimaryCareEncounterId, "Disable Bundling Except For Add-On Codes" set to 'N' and other values set to 'Y'.
- Grouping Criteria to be set with ServiceId = 'Y' (it is an optional configuration this logic may work without it)

Prerequisites 2: Configure 'Place Of Service override' in 'Claims Format Configurations'.

Navigation Path 1: 'Go search' – Enter/select Claim Bundling Criteria List (Administration) - Click on 'New' icon -- 'Claim Bundling Criteria Detail' page ---'General' tab---'General Information' section ---select 'Coverage Plan' — select Claim format--- Set the following fields to 'N': BundleTimeFrame , Billing Codes, Modifiers, PrimaryCareEncounterId, , "Disable Bundling Except For Add-On Codes" , Set 'Place of Service' field to "Send place of service at service level" and other fields to 'Y' --- 'Save'.

Navigation Path 2: 'Go search' – 'Charges/Claims (My Office)'– select 'Charge ID's' -- Click on 'E-Claim' button – click on 'Process Now' button– click on 'Create Claim File'.

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. When a user generated an '837P claim file' for a batch containing two services with different location (each with a different Place of Service [POS]), and the bundling criteria was configured as described in the above prerequisites 1 & 2, the following issue was observed:

1. The claim file was included one CLM segment, and two SV1 lines, the SV105 segment (which represents the POS code) was left blank in both SV1 lines.

With this release, the above-mentioned issue has been resolved. Now, when a user generates an '837P claim file' for a batch containing two services with different location (each with a different Place of Service [POS]) and the bundling criteria is configured as described in the above prerequisites 1 & 2:

1. The claim file includes one CLM segment, and Two SV1 lines, the **SV105** segment (which represents the POS code) is **left blank** in one of the SV1 lines.

2. The other SV1 line contains a 'POS Code' that is the opposite of the CLM segment's POS value. For example, if the **CLM** segment has a POS code of **99**, then the **SV105** segment in the corresponding SV1 line will be **11**.

Note: This logic applies to below configurations:

1. Configuring Place of Service = 'S' in **Claim Bundling Criteria** details page.
2. Configuring Place of Service override in **Claims Format Configurations** details page.

Author: Rinki Kumari

18. Core Bugs # 132349: Getting timeout validation error when applying a filter for charge list.

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

Navigation Path: My Office' -- 'Charges/Claims' -- 'Charges/Claims' list page -- Select 'DOS From' and 'DOS To' fields -- Select 'Priority 1' from 'All Priorities' dropdown -- Select Payer Type from 'All Payer Types' -- Select Payer from 'All Payers' -- Add 'Batch' -- Select all the required filters -- Click on 'Apply Filter'.

Functionality 'Before' and 'After' Release:

Before this release, here was the behaviour. In the 'Charges/Claims' list page, the user received a Timeout validation error when applying a filter for Payer for charge list. Also, the same error occurred for other narrowing filters such as 'DOS', 'Priority', and 'Payer Type'.

With this release, the above-mentioned issue has been resolved. Now, Users can apply the Payer filter (and other narrowing filters) for charge list without encountering a Timeout validation error.

Author: Roopa Hemanna

19. EII # 130998 (Feature - 545339): A "Reset" button has been added to the filter section of the Charges/Claims screen to enhance user experience by allowing quick removal of all applied filters.

Note: This is a Passive change.

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

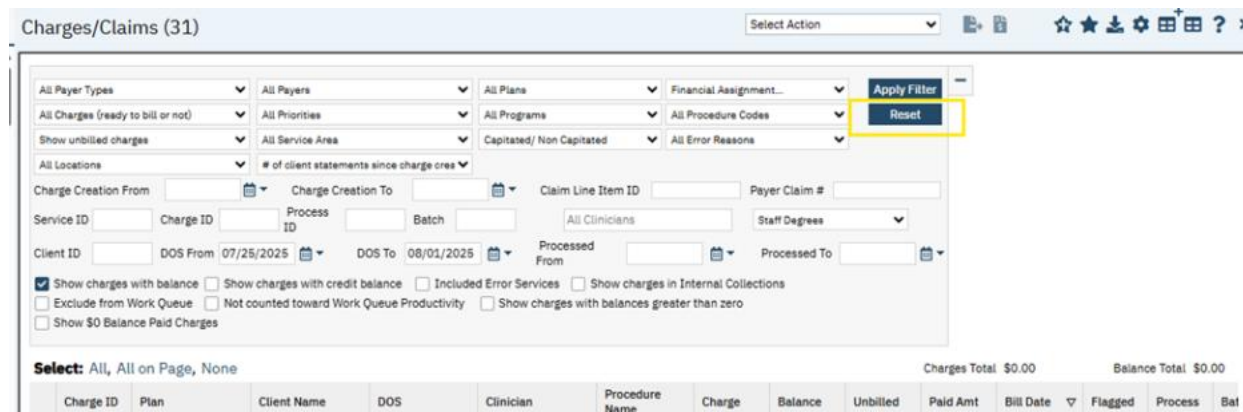
Navigation Path: 'My Office' – 'Charges/Claims'.

Purpose: To improve usability by allowing users to clear all applied filters and revert to the default unfiltered view with a single click, eliminating the need for manual removal of each filter.

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. In the Charges/Claims screen, users had to manually remove each applied filter individually, which was time-consuming and error-prone, especially with a large number of filters on the screen. There was no shortcut or "reset all" functionality available.

With this release, a new "Reset" button has been implemented in the filter section of the Charges/Claims screen to allow users to clear all selected filters with a single click. This will streamline user interactions and improve filter management.



1. The Reset button is added directly below the Apply Filter button.
2. On clicking the Reset button, the system will:
 - Clear all applied filter criteria, including:
 - Date fields (e.g., Charge Creation From, DOS From/To)
 - Dropdown selections
 - Checkbox options
 - Free-text input fields (e.g., Charge ID, Client ID)
 - Restore default filter values, specifically:
 - DOS From defaults to today minus 7 days
 - DOS To defaults to today
 - The default checkbox "Show charges with balance" remains selected.

3. The data grid automatically reloads to display the default, unfiltered dataset, ensuring consistency and restoring the screen to its initial state.

Author: Lavanya Shivakumar

20. Core Bugs # 132095: Charges/Claims: EOB Balance Error for Secondary Claims with multiple Charges.

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

Prerequisites:

- The client has two active coverages: one primary and one secondary.
- Two services are completed for the same client, each with a different billing code.
- Payments are posted for the primary coverage, and partial balances transferred to the secondary coverage for both charges.
- A claim is created for the secondary coverage, including both charges.

Navigation Path 1: Go to client search-select a client associated with a coverage plan (as mentioned in prerequisite) -select 'Services' under the client - Complete two services with different billing code.

Navigation Path 2: Navigate to 'My office' go to Payments/adjustments- Click on the 'New EOB' icon- Payments/adjustments detail screen and transfer some charge to secondary payer for both charges

Navigation Path 3: Charges /Claims (My Office)-Select the 'secondary services' - Click on 'Electronic Claim' button - In the 'Claims Processing' popup screen -Click on 'Process Now' to create the claim file.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When attempting to create a replacement claim under 837P secondary coverage that included multiple charges from separate original submissions, the system triggered a claim-level EOB balance error. This occurred even when payment and adjustment information was correctly transferred from the primary coverage. The resulting error prevented claim submission and required manual intervention.

With this release, the above-mentioned issue is resolved. The system now correctly processes 837P replacement claims involving multiple services, even when the services are not originally billed together. Transferred balances are accurately applied, and the claims are processed without errors, eliminating the need for manual corrections.

Author: Debanjit Das

21. Core Bugs # 132184: AdmissionDate and AdmissionHour not printed completely in UB04 paper claims.

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

Navigation Path: 'Charges/Claims' -- Select a Charge Id and click on 'Paper' button

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The admission date and admission hour were not printed in the UB04 paper claims.

With this release, the above-mentioned issue has been resolved and the logic has been corrected to update the admission date and admission hour in all cases in the box 12 and 13 respectively.

Author: Arpita Biradar

22. Core Bugs # 132216: Two ClaimLineItemGroups records were created with the different rendering providers.

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

Prerequisites:

1. Two services are created for the same client on the same day.
2. Each service is associated with a different rendering provider (e.g., NPI 1234 and NPI 1235).
3. Bundling criteria is configured with Same Day, Same Client, Different Billing Codes and Rendering NPI set to 'No' (ignored for bundling).
- 4.

Navigation Path 1: 'Go search' – Enter/select Claim Bundling Criteria List (Administration) - Click on 'New' icon -- 'Claim Bundling Criteria Detail' page ---'General' tab—'General Information' section ---select 'Coverage Plan' — select claim format--- select 'No' radio button for 'Billing codes' and Rendering NPI fields and set the bundling criteria as required for the other fields --- 'Save'.

Navigation Path 2: 'Go search' – 'Charges/Claims (My Office)'– select 'Charge ID' -- Click on 'E-Claim' button – click on 'Process Now' button– click on 'Create Claim File'.

Note: ClaimLineItemGroups records is checked through the backend.

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. When a user generated an '837P claim file' for a batch containing two services with different rendering providers (each with a different NPI), and the bundling criteria was set to 'No' for Rendering NPI, the claim file included one CLM segment, but two ClaimLineItemGroups records were created.

With this release, the above-mentioned issue has been resolved. Now, when a user generates a 837P claim file for a batch containing two services with different rendering providers (each with a different NPI), and the bundling criteria is set to 'No' for Rendering NPI, the claim file includes one CLM segment and only one ClaimLineItemGroups record is created.

Author: Arpita Biradar

23. Core Bugs # 132507: The 'NM1*87' segment is being sent without N3 and N4 segments on the 837P file.

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

Prerequisites:

1. Create a 'Procedure' through the Path:

'Go search' – Procedure/Rates (Administration) -Click on New icon - Enter the required details and enter data in National Drug Code field and Drug unit type field. Go to Custom fields tab – Drug information section- select medication name

2. Create a Service through the Path:

'Client' search – 'Select a client' – 'Go search' – 'Services (Client)' - Create a Service.

Navigation Path: 'Charges/Claims (My Office)'– select 'Charge ID's' -- Click on 'E-Claim' button – click on 'Process Now' button– click on 'Create Claim File'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When users generated an '837 Professional claim file', the system incorrectly created the 'NM1*87' segment even when Pay-to-Provider information was not available. Furthermore, this 'NM1*87' segment was generated without the associated N3 (Address) and N4 (City/State/ZIP) segments which was not expected.

With this release, the issue has been resolved. Now, the system will not include the 'NM1*87' segment in the '837 Professional claim file' if Pay-to-Provider information is not available.

Author: Sahana Gururaj

24. EII # 128762 (Feature - 453495): Charges/Claims: Secondary Claims Should Use Primary Adjudication Date Rather Than Posting Date.

Note: This is a Passive change. This enhancement will allow users to send a specified date as the Primary Adjudication Date on DTP*573 segment and 'Payer Claim Number (REF*f8) segment', from Primary E-Claims to Secondary E-Claims as needed.

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

Scenario 1:

Prerequisites:

1. Client to be associated with two coverage plans (Primary and Secondary).
2. A service to be created for a client, and payment/transfer activity is applied for the primary service.
3. A chargeID for the same serviceID with secondary coverage plan to be created in the application.
4. Select the required radio button option in the "Send the Previous Payer EOB Date based on" field under the "Secondary Claim Information" section, on secondary coverage plans under the 'Plan Details' screen.

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

Scenario 2:

Prerequisites:

- Client is associated with two coverage plans (Primary and Secondary).
- A service is created for a client, and payment/transfer activity is applied for the primary service.
- A chargeID for the same serviceID with secondary coverage plan to be created in the application.

- Select the check box named 'Send previous payer's claim number on Secondary' under the "Secondary Claim Information" section, on the client's secondary coverage plans under 'Plan Details' screen.
- Service with primary coverage plan to be billed as 'Voided Claim' with the required 'PCCN' number. Through the path as mentioned below.

Path: 'My Office' -- 'Charges/Claims' -- select the primary chargeID -- click on -- 'E-Claim' icon -- Bill the charge -- close the 'Claim Processing' popup screen -- select the billed chargeID in 'Charges/Claims' list page -- click on 'Select Action' drop down -- click on 'Mark Claim Line To Be Voided' option -- Click on 'Ok' button in the pop-up -- then click on 'ClaimLine Item Id' hyperlink of that charge -- 'Claim Line Item Detail' screen -- Enter the "Payer Claim Number" in the 'Claim Details' tab -- save the screen -- go to 'Charges/Claims' -- Select the same primary Charge Id and click on 'E-Claim' button -- Bill the charge.

Navigation Path: My Office' -- Charges/Claims' -- select the required secondary chargeId -- 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.

Scenario 3:

Prerequisites:

- Client is associated with two coverage plans (Primary and Secondary).
- A service is created for a client, and a payment/transfer activity is applied for the primary service.
- A chargeID for the same serviceID with secondary coverage plan is created in the application.
- Select the check box named 'Send previous payer's claim number on Secondary' and select the required radio button option (either Payment Date or Posted Date) under the "Secondary Claim Information" section, on secondary coverage plans under the 'Plan Details' screen.
- Service with primary coverage plan is billed as 'Voided Claim' with the required 'PCCN' number. Through the path.

Path: 'My Office' -- 'Charges/Claims' -- select the primary chargeID -- click on -- 'E-Claim' icon -- Bill the charge -- close the 'Claim Processing' popup screen -- select the billed chargeID in 'Charges/Claims' list page -- click on 'Select Action' drop down -- click on 'Mark Claim Line To Be Voided' option -- Click on 'Ok' button in the pop-up -- then click on 'ClaimLine Item Id' hyperlink of that charge -- 'Claim Line Item Detail' screen -- Enter the "Payer Claim Number" in the 'Claim Details' tab -- save the screen -- go to 'Charges/Claims' -- Select the same primary Charge Id and click on 'E-Claim' button -- Bill the charge.

Navigation Path: 'My Office' -- 'Charges/Claims' -- select the required secondary 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:

Scenario 1:

Before this release, the system was fetching the adjudication date in the DTP*573 segment on secondary E-claims from the "ARLedger" table, and it was leading to a timely filing error when submitting secondary E-claims.

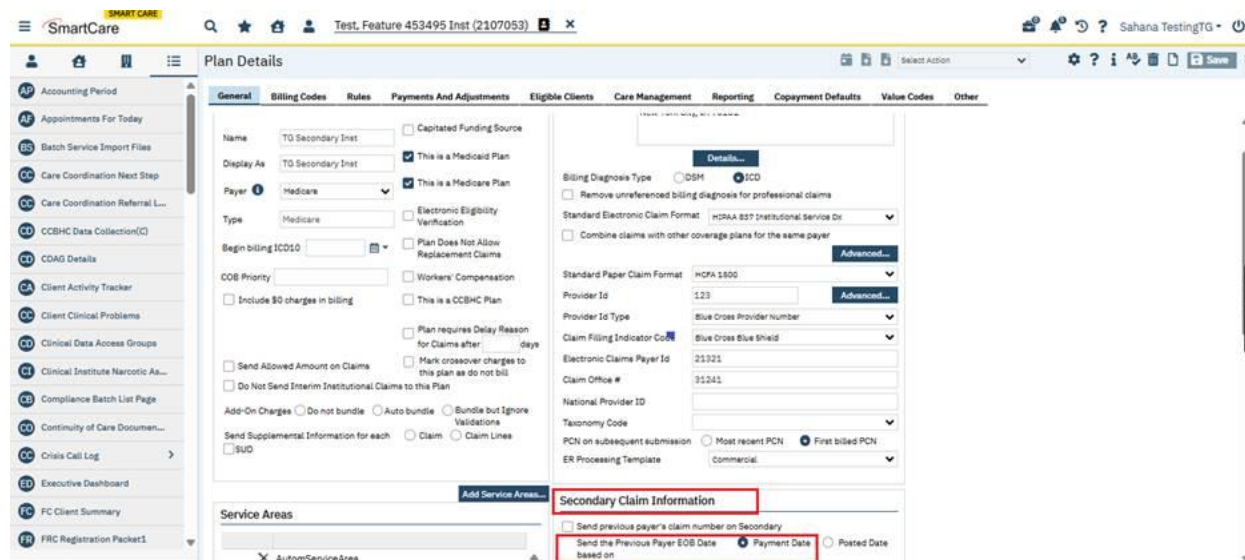
With this release, the two new radio button options are implemented on the **Plan Details** screen (Payment Date and Posted Date). These options will allow users to specify how the previous payer's EOB date is populated on secondary E-Claims, ensuring accurate claim submissions.

1. If the '**Payment Date**' radio button is selected in the secondary coverage plan, the system will use the **primary payer's Payment Date** from the **Payments/Adjustments** screen as the adjudication date for the DTP*573 segment (2430 Loop) on secondary E-Claims.

Example:

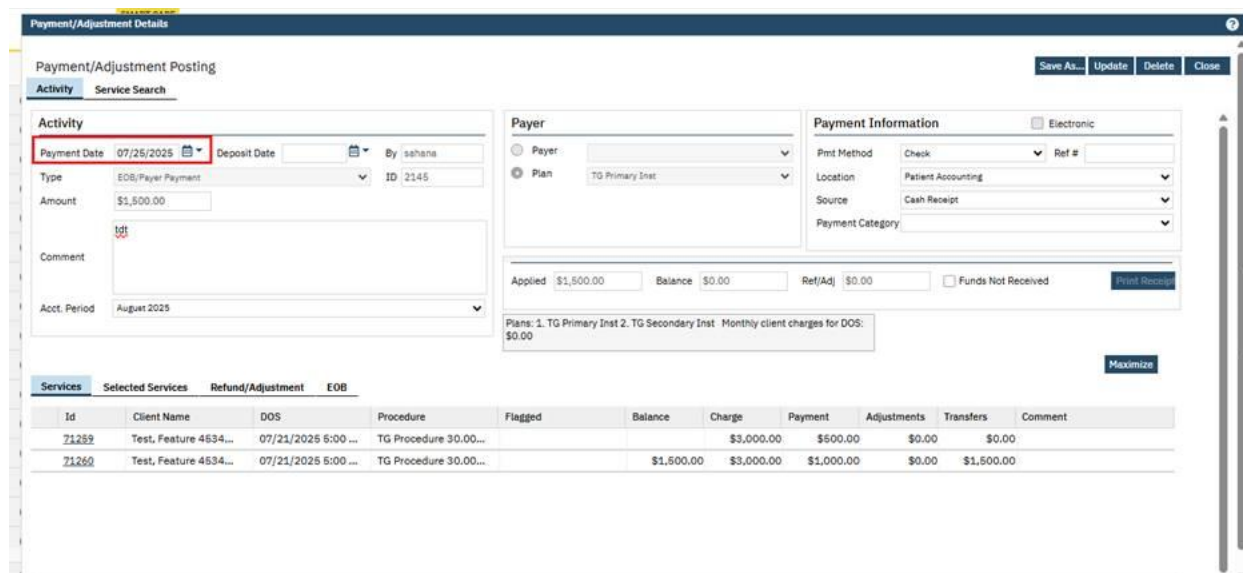
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- The 'Payment Date' radio button is selected in the client's secondary coverage plan.



The screenshot shows the 'Plan Details' screen in the SmartCare system. The 'General' tab is active. Under the 'Secondary Claim Information' section, the 'Payment Date' radio button is selected, indicating that the payment date will be used for the claim.

- Primary Payer Payment History



The screenshot shows the 'Payment/Adjustment Posting' screen. The 'Payment Date' radio button is selected. Below the form, a table displays the payment history for the client.

Id	Client Name	DOS	Procedure	Flagged	Balance	Charge	Payment	Adjustments	Transfers	Comment
71259	Test, Feature 4534...	07/21/2025 5:00 ...	TG Procedure 30.00...			\$3,000.00	\$500.00	\$0.00	\$0.00	
71260	Test, Feature 4534...	07/21/2025 5:00 ...	TG Procedure 30.00...		\$1,500.00	\$3,000.00	\$1,000.00	\$0.00	\$1,500.00	

- Output on the secondary 837 Institution claim file as per the radio button selected. Since the 'Payment Date' radio button is selected, the adjudication date is displaying as "DTP*573*D8*20250725" from the 'Payment/Adjustment Posting' screen.

Claims Processing

Processed Successfully

Claim File Creation

You have selected 2 charges:

- Electronic
- Paper

Remove Selected Charge

Select: All, All on P

Client Name

Test, Feature 453...

Test, Feature 453...

Batch Id	Format	Display As	File Name	Created Correctly
<input checked="" type="radio"/> 60146	HIPAA 837 Institution...	TG Second...	60146-TG Secondary Inst-	<input checked="" type="checkbox"/>
<input type="radio"/> 60147	HIPAA 837 Institution...	TG Primar...	60147-TG Primary Inst-HI	<input checked="" type="checkbox"/>

Save As **Close**

```

HI^OR-BGHU
NM1|71|1|TESTINGTG^SAHANA****XX^7019624204
PRV^AT^FXC^L04100000X
REF^OB^43746757
SBR^P|^B*****BL
AMT^D^1500.00
O1*****Y
NM1|11|1|TEST^FEATURE 453495 INST*****M19155456Z
NM1^PR^2^TG PRIMARY INST*****PI^21321
LX^1
SVZ^H99191^HC:H009B.AN^3000^UN^1
OTF^472^D8^20250721
REF^68^774385
SVD^21321^1500^HC:H009B.AN^H99191^1
CASCO^P1^97^1500.00
0122518^0120250725
SE^47^000601460
GE^1^60146
    
```

Program
Tg program
Tg program

Balance Total \$1,500.00

Flagged Process Be

- Output on secondary 837 Professional claim.

AP Accounting Period

AF Appointments For Today

BS Batch Service Import Files

CC Care Coordination Next ...

CC Care Coordination Referr...

CD CBHC Data Collection(C)

CD CDAG Details

CA Client Activity Tracker

CC Client Clinical Problems

CD Clinical Data Access Gro...

CI Clinical Institute Narcotic...

CB Compliance Batch List P...

CC Continuity of Care Docu...

CC Crisis Call Log

ED Executive Dashboard

FD FC Client Summary

SmartLinks

Claims Processing

Processed Successfully

Claim File Creation

Close

Electronic

Paper

Remove Selected Charge

Select: All, All on P

Batch #

60151-TG Second...

Claim File Creation

Save As Close

Batch Id	Format	Display As	File Name	Created Correctly
60151	HIPAA B37 Professional	TG Second...	60151-TG Secondary Inst-	<input checked="" type="checkbox"/>

Q1***Y*P***Y

NM1*IL*1*TEST*FEATURE 453495 INST*****MI*915545672

N3*7TH MAIN

N4*NEW YORK CITY*NY*701019999

NM1*98*2*TG PRIMARY INST*****PT*21321

N3*7TH MAIN

N4*NEW YORK CITY*NY*701019999

LX*1

SV1*HC-H0098-AN*3000*UN*1***1

DT*P*472*08*20250721

REF*6R*774390

SVD*21321*1500*HC-H0098-AN**1

CAS*CO*197*1500.00

DT*P*573*08*20250725

SE*42*000601510

GE*1*60151

1EA*1*000040151

Status Staff

Process... TestingT

Balance Total \$1,500.00

Flagged	Process	Ba
15	7575	601
15	7575	601

2. If the **'Posted Date'** radio button is selected in the secondary coverage plan, the system will use the **primary payer's Payment Date** from the **ARLedger table (Existing Core Functionality)** as the adjudication date for the DTP*573 segment (2430 Loop) on secondary E-Claims.

Example:

- The 'Posted Date' radio button is selected in the client's secondary coverage plan.

Plan Details

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

Name: TG Secondary Inst ☐ Capitalized Funding Source

Display As: TG Secondary Inst ☒ This is a Medicaid Plan

Payer: Medicare ☒ This is a Medicare Plan

Type: Medicare ☐ Electronic Eligibility Verification

Begin billing ICD10: ☐ Plan Does Not Allow Replacement Claims

COB Priority: ☐ Workers' Compensation

☐ Include \$0 charges in billing ☐ This is a CCBHC Plan

☐ Send Allowed Amount on Claims ☐ Plan requires Delay Reason for Claims after: days

☐ Do Not Send Interim Institutional Claims to this Plan ☐ Mark crossover charges to this plan as do not bill

Add-On Charges ☐ Do not bundle ☐ Auto bundle ☐ Bundle but Ignore Validations

Send Supplemental Information for each: ☐ Claim ☐ Claim Lines

☐ SUD

Service Areas

☒ AutomServiceAreas

Details...

Billing Diagnosis Type: ☐ DSM ☒ ICD

☐ Remove unreference billing diagnosis for professional claims

Standard Electronic Claim Format: HCRA 837 Institutional Service Dr

☐ Combine claims with other coverage plans for the same payer

Advanced...

Standard Paper Claim Format: HCFA 1500

Provider Id: 123

Provider Id Type: Blue Cross Provider Number

Claim Filing Indicator Code: Blue Cross Blue Shield

Electronic Claims Payer Id: 21321

Claim Office #: 31241

National Provider ID:

Taxonomy Code:

PCN on subsequent submission: ☐ Most recent PCN ☒ First billed PCN

ER Processing Template: Commercial

Secondary Claim Information

☐ Send previous payer's claim number on Secondary

☐ Send the Previous Payer EOB Date ☐ Payment Date ☒ Posted Date based on

- Primary Payer Payment History

Payment/Adjustment Details

Payment/Adjustment Posting

Activity **Service Search**

Payment Date: 07/26/2025 Deposit Date: By: sehana

Type: EOB/Payer Payment ID: 2145

Amount: \$1,500.00

Comment:

Acct. Period: August 2025

Payer

☐ Payer:

☒ Plan: TG Primary Inst

Payment Information ☐ Electronic

Pmt Method: Check Ref #:

Location: Patient Accounting

Source: Cash Receipt

Payment Category:

Applied: \$1,500.00 Balance: \$0.00 Ref/Adj: \$0.00 ☐ Funds Not Received **Print Receipt**

Plans: 1. TG Primary Inst 2. TG Secondary Inst Monthly client charges for DOS: \$0.00

Services **Selected Services** **Refund/Adjustment** **EOB**

ID	Client Name	DOS	Procedure	Flagged	Balance	Charge	Payment	Adjustments	Transfers	Comment
71259	Test, Feature 4534...	07/21/2025 5:00 ...	TG Procedure 30.00...			\$3,000.00	\$500.00	\$0.00	\$0.00	
71260	Test, Feature 4534...	07/21/2025 5:00 ...	TG Procedure 30.00...		\$1,500.00	\$3,000.00	\$1,000.00	\$0.00	\$1,500.00	

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- Ledger Entry of the above payment record.

Ledger Entries

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

Service Information

DOS: 07/21/2025 5:00 AM
Procedure: TG Procedure 30.00 Minute
Charge: \$3,000.00

Payers [Modify Payer Order...](#) Total Current Balance : \$1,500.00

Payer	Charges	UnBilled	Payments	Adj	Balance
TG Primar...	\$1,500.00	\$0.00	(\$1,500.00)	\$0.00	\$0.00
TG Second...	\$1,500.00	\$0.00	\$0.00	\$0.00	\$1,500.00

View Ledgers For: All Payers ☒ Exclude Error Ledgers

Financial Activity Line ID	Service Id	Charge Id	Date	Activity	Payer	Type	Adj. Code	Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
71260	119404604	33250	08/08/2025	EOB/P...	TG Primary Ins...	Tra...	CO Aut...	\$1,500.00			
71260	119404604	33251	08/08/2025	EOB/P...	TG Secondary I...	Tra...	CO Aut...	\$1,500.00			
71260	119404604	33250	08/08/2025	EOB/P...	TG Primary Ins...	Pay...		(\$1,000.00)			
71259	119404604	33250	08/08/2025	EOB/P...	TG Primary Ins...	Pay...		(\$500.00)			
71258	119404604	33250	08/08/2025	Service...	TG Primary Ins...	Cha...		\$3,000.00			

- Output on secondary 837 Institutional claim file as per the radio button selected. Since the 'Posted Date' radio button is selected, the adjudication date is displaying as "DTP*573*D8*20250808" as per 'ARledger' table.

Charges/Claims (2)

Select Action

Claims Processing

Processed Successfully

All Paye Ready T

Show bl

All Lock

Charge t

Service

Client IC

Batch #

Select: All, All on P

Batch #

60148-TG Second

60149-TG Primar

Select

332

332

Claim File Creation

Save As Close

Batch Id	Format	Display As	File Name	Created Correctly
60148	HIPAA 837 Institution...	TG Second...	60148-TG Secondary Insti...	<input checked="" type="checkbox"/>
60149	HIPAA 837 Institution...	TG Primar...	60149-TG Primary Inst-HI...	<input checked="" type="checkbox"/>

HI*DR:BGHU
NM1*71*1*TESTINGTG*SAHANA****XX*7019624204
PRV*AT*PXC*10410000X
REF*OB*46746787
SBR*P*18*****BL
AMT*D*1500.00
Q1*Y****
NM1*IL*1*TEST*FEATURE 453495 INST*****MI*915545672
NM1*PR*2*TG PRIMARY INST*****PI*21321
LX*1
SV2*H99191*HC.H0098*AN*3000*UN*1
DTP*472*08*20250721
REF*6R*774387
SVD*21321*1500*HC.H0098*AN*H99191*1
CASC*0*197*1500.00
DTP*573*08*20250808
ZC*47*00001480
GE*1*60148

Status Staff #

Process... TestingTC

Process... TestingTC

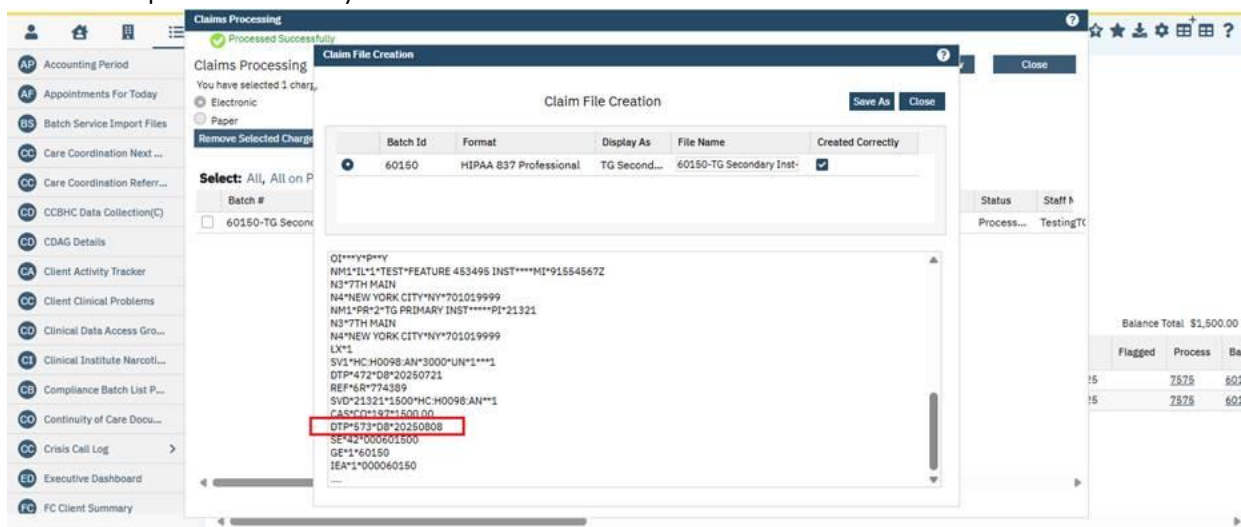
300.00

Process Batch

2574 60147

2574 60146

- Output on secondary 837 Professional claims



Note:

- When Primary Payer has multiple payment entries, the system will consider the most recent payment entry date and will display that on the DTP*573 segment on 2430 Loop in secondary E-claims as per the radio button selection.
- The same logic will be applied when an 835 file is posted against the services.

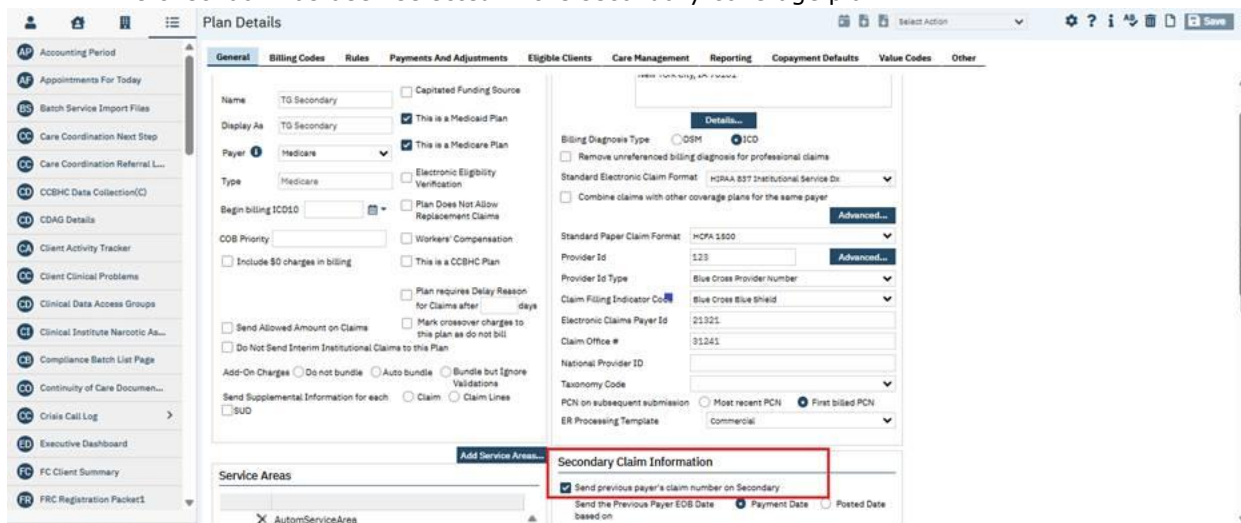
Scenario 2:

Before this release, Secondary E claims did not contain the primary payer PCCN number (REF*F8).

With this release, we've implemented logic to incorporate the primary payer's PCCN number (REF*F8 on 2330B Loop) into Secondary E-Claims. This functionality is triggered by selecting the checkbox **"Send previous payer's claim number on Secondary"** in the secondary coverage plan. which enables the system to retrieve and populate the PCCN from the corresponding primary claim.

Example:

- The checkbox has been selected in the secondary coverage plan.



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- Primary service with primary coverage plan that has been billed as a 'Voided' claim.

Claims Processing

Processed Successfully

Claim File Creation

You have selected 1 charge

Electronic

Paper

Remove Selected Charge

Select: All, All on P

Batch #

60152-TG Primar

Batch Id	Format	Display As	File Name	Created Correctly
60152	HIPAA 837 Institutional...	TG Primar...	60152-TG Primary Inst-HI	<input checked="" type="checkbox"/>

Status

Staff

Process...

TestingT

Balance Total \$0.00

Flagged	Process	Ba
15	2575	601
15	2577	601

- Output of secondary E-claim when the check box **"Send previous payer's claim number on Secondary"** is selected. Since the check box is selected on the secondary coverage plan, the primary payer's PCCN number (REF*F8 in 2330B loop) is also included on the secondary claim file.

Claims Processing

Processed Successfully

Claim File Creation

You have selected 1 charge

Electronic

Paper

Remove Selected Charge

Select: All, All on P

Batch #

60152-TG Second

Batch Id	Format	Display As	File Name	Created Correctly
60152	HIPAA 837 Institutional...	TG Primar...	60152-TG Primary Inst-HI	<input checked="" type="checkbox"/>

Status

Staff

Process...

TestingT

Balance Total \$1,500.00

Flagged	Process	Ba
15	2575	601
15	2577	601

Note:

- When the Primary claim is billed with PCCN number but the check box "Send previous payer's claim number on Secondary" is not selected on the secondary coverage plan, then the secondary E-Claims will not receive the Primary payer's PCCN number (REF*F8).
- Logic is supported on both E-Claims (837 Institutional and 837 Professional).
- The logic will also support when a primary charge has an electronic remittance record with a PayerClaimControlNumber (PCCN), then the secondary E-Claims will receive the Primary payer's PCCN number (REF*F8) on claim file.
- When the primary claim has multiple records in the "ClaimLineItemCharges" table with a PCCN, as well as an electronic remittance record with a PCCN, then the system will consider the radio button selection on the field 'PCN on subsequent submission' in the primary coverage plan.
 - If the primary coverage plan has the radio button 'Most Recent PCN' selected, then when the primary claim has multiple PCCN numbers, either from both electronic remittance or in the

'ClaimLineItemCharges' table, the **recently** billed PCCN number from the primary claim will be displayed on the secondary E-Claim file.

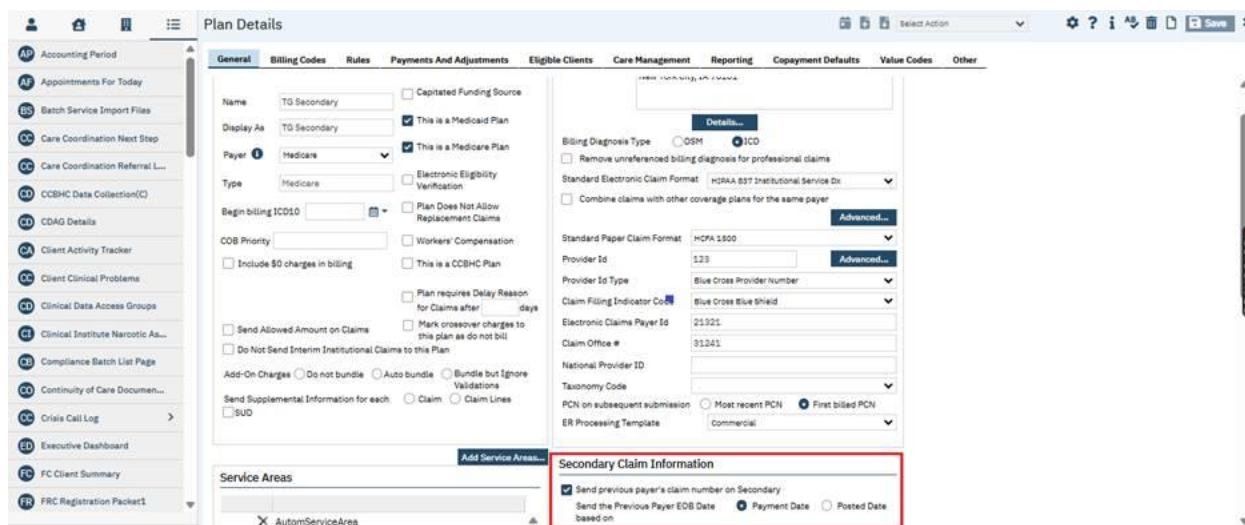
- o If the primary coverage plan has the radio button 'First Billed PCN' selected, then when the primary claim has multiple PCCN numbers, either from both electronic remittance or in the 'ClaimLineItemCharges' table, the **first** billed PCCN number from the primary claim will be displayed on the secondary E-Claim file.

Scenario 3:

When both the check box "Send previous payer's claim number on Secondary" and a radio button are selected on the client's secondary coverage plan, then the secondary E-claims will include the DTP*573 segment (2430 Loop) as per the radio button selected and the PCCN number (REF*F8 segment on 2330B loop) from the primary claim file.

Example:

- A checkbox and a radio button are selected in the 'Secondary Claim Information' section on the secondary coverage plan.



The screenshot displays the 'Plan Details' form in the Streamline Healthcare system. The 'General' tab is active, showing various plan configuration options. The 'Secondary Claim Information' section is highlighted with a red box, indicating the settings for secondary claims. In this section, the checkbox 'Send previous payer's claim number on Secondary' is checked, and the radio button 'Payment Date' is selected under the 'Send the Previous Payer EOB Date' group.

- Primary service 'Payment Date'

Payment/Adjustment Posting

Activity

Service Search

Payment Date

07/25/2025

Deposit Date

By

sshana

Type

EOB/Payer Payment

ID

2145

Amount

\$1,500.00

Comment

Acct. Period

August 2025

Payer

Payer

Plan

TG Primary Inst

Payment Information

Electronic

Pmt Method

Check

Ref #

Location

Patient Accounting

Source

Cash Receipt

Payment Category

Applied

\$1,500.00

Balance

\$0.00

Ref/Adj

\$0.00

Funds Not Received

Print Receipt

Plans: 1. TG Primary Inst 2. TG Secondary Inst Monthly client charges for DOS: \$0.00

Maximize

Services

Selected Services

Refund/Adjustment

EOB

ID	Client Name	DOS	Procedure	Flagged	Balance	Charge	Payment	Adjustments	Transfers	Comment
71259	Test, Feature 4534...	07/21/2025 5:00 ...	TG Procedure 30.00...			\$3,000.00	\$600.00	\$0.00	\$0.00	
71260	Test, Feature 4534...	07/21/2025 5:00 ...	TG Procedure 30.00...		\$1,500.00	\$3,000.00	\$1,000.00	\$0.00	\$1,500.00	

- Primary service billed as 'Voided' claim.

[illegible]

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- Output on secondary E claim file.

The screenshot shows the 'Claims Processing' window with a 'Claim File Creation' sub-window. The sub-window lists various claim segments with their respective fields and values. A 'Status' column indicates 'TestingTf'. A 'Balance Total' of \$1,500.00 is shown. A table at the bottom right displays 'Flagged', 'Process', and 'Be' counts.

Flagged	Process	Be
15	7578	601
15	7579	601

Note:

- When the check box 'Send previous payer's claim number on Secondary' is not selected in the 'Secondary Claim Information', then secondary E-claims will not receive the primary claim PCCN number.
- When radio button options in the 'Send the Previous Payer EOB Date based on' field are not selected, then the secondary E-claims will have the adjudication date (DTP*573 on 2430 Loop) from the 'ARLedger' table, as per existing logic.

Note: When the secondary coverage planID is recoded in "SendEOBInfoAtPlanLevelPlans" recode category, then the 'DTP*573' segment will be displayed in '2330B loop' and the adjudication date will be considered as per the radio button selection. If no radio button is selected, then the DTP*573 segment will have the adjudication date as per existing functionality.

Author: Lavanya Shivakumar

25. Core Bugs # 132481: Ref*F8 segment: Inaccurate segment counts

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

Prerequisites:

1. Select a client associated with the coverage plan
2. Create replacement claims for the service through the **path:**

Go to 'Charges /claims' under 'My office'---select the service---click on the 'Electronic claim' button---in the claim processing pop-up screen ---click on process now button to generate the claim file---again navigate back to 'Charges/claims' under 'my office'--- select the billed service---click on the 'claimline item ID' hyperlink---in the claim line item detail screen---click on override button and check the checkbox of 'To be Replaced'--- navigate to claim detail tab ---add payer claim number---click on save

Navigation Path: Go to 'Charges /claims' under 'My office'---select the replacement service---click on the 'Electronic claim' button---in the claim processing pop-up screen ---click on process now button to generate the claim file.

Functionality 'Before' and 'After' Release:

Before this release, here was the behaviour. The replacement claims were storing the REF*F8 segment in the PrePayerClaimControlNumber variable. The ClaimLineItemGroupStoredData table contained entries with REF*F8 segment, resulting in inaccurate segment counts. This resulted in incorrect claim referencing issue.

With this release the above-mentioned issue has been resolved. Now, the code has been updated to exclude the REF*F8 segment from replacement claims. The replacement claims now stores only the necessary segments, improving data integrity and reducing processing errors.

Author: Sahana Gururaj

26. Core Bugs # 132387: Referring Provider Claims Format Configurations not removing the loop.

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

Pre-requisite:

- In the 'Plan Detail' screen, select 'HIPAA 837 Professional' claim format from the 'Standard E Claim Format' drop-down.
- Create a service record by selecting the required value in the 'Referring' field on the 'Service Details' screen.
- Rule is created in the Claim Format Configuration Details screen through the mentioned **path:**
Administration - Claims Format Configurations – Click on the '837 Professional' claim formatId hyperlink -- Claims Format Configurations Details – Rule tab – Select data source as "Other" and data value as "Other" - Leave the text box that appears next to the data source drop-down as blank - select Format Fields as 'Format Fields: 2310A - NM1 - 03 - 06 - Referring Provider Last Name' – 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:

Before this release, here was the behavior. Users were unable to suppress the 2310A Referring Provider Loop in 837P claims using claim format rules. Even when a rule was configured, the system continued to include the loop in the generated 837 P claim file.

With this release, the system now supports suppression of the 2310A Referring Provider Loop on 837 Professional claims when the following rule configuration is applied:

- **Format Field:** 2310A - NM1 - 03 - 06 - Referring Provider Last Name
- **Data Source:** Other
- **Data Value:** Other
- **Text Box (next to Data Source):** Left blank

When this configuration is used, the system will exclude 2310A Loops that contain NM1*DN segment and will also exclude the associated REF segment (if it exists) from the 837P claim file. Even if the service record contains a value in the Referring Provider field, the NM1*DN and REF segments will be suppressed in the claim file if the above claim format rule is configured.

Note: If a rule is configured with the same Format Field but includes specific values for Data Source and Data Value, the system will include the NM1*DN and its REF segment in the claim file, and the Referring Provider Last Name will have the value specified in the rule.

Author: Rinki Kumari

27. Core Bugs # 132714: Getting an error when applying Financial Assignment filter in the 'Charges/Claims' list page.

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

Navigation Path 1: 'Administration -- Financial Assignment' -- 'Financial Assignment' list page -- click on new -- Financial Assignment Details' -- Add all mandatory fields -- click on Save.

Navigation Path 2: 'My Office' -- 'Charges/Claims' -- 'Charges/Claims' list page -- Select 'Financial Assignment' -- click on 'Apply Filter'.

Navigation Path 3: 'My Office' -- 'Charges/Claims' -- 'Charges/Claims' list page -- Select 'Financial Assignment' -- Select 'DOS From' and 'DOS To' fields -- Select 'Priority 1' from 'All Priorities' dropdown -- Select Payer Type from 'All Payer Types' -- Select 'Payer' from 'All Payers' -- Add 'Batch' -- Select all the required filters -- click on 'Apply Filter'.

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. In the 'Charges/Claims' list page, when user selected a 'Financial Assignment' from the drop down the below red error was displayed. This error occurred when the selected Financial Assignment had a 'Payer' or 'Plan' or 'Locations' in the 'Financial Assignment Details' screen.

Error Message: 102*****Incorrect syntax near 'null'.*****ssp_PMChargesAndClaims*****11*****15*****1

With this release, the above-mentioned issue has been resolved. Now, an error is not displayed when the user selects 'Financial Assignment' which is having 'Payer' or 'Plan' or 'Locations' and clicks on 'Apply Filter' in the 'Charges/Claims' list page and records will be displayed in the grid based on the filter selection.

Client Clinical Problems

Reference No	Task No	Description
28	Core Bugs # 132413	Client Clinical Problems: The duplicate ICD-10 Codes were displayed in the 'Diagnosis Code search list', Diagnosis Description search list and Client Clinical Problem ICD 10 Pop-up.
29	Core Bugs # 132337	Client Clinical Problems list page : data was not displaying under 'Created By' and 'Staff Credentials' column
30	Core Bugs # 132375	Getting an Error when the 'Client Clinical Problem' list screen is selected for a view without selecting the 'SNOMED CT Code' and 'SNOMED Description' columns.

Author: Sithara Ponnath

28. Core Bugs # 132413: Client Clinical Problems: The duplicate ICD-10 Codes were displayed in the 'Diagnosis Code search list', Diagnosis Description search list and Client Clinical Problem ICD 10 Pop-up.

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

Navigation Path: 'Client' search -- 'Client clinical problem' screen – Click on 'New' icon --- 'Client Clinical Problem Details' screen -- search for a diagnosis with code or description in the 'Problem Details' section -- Click on 'Search' icon – Observe in 'Client Clinical Problem ICD 10 Pop-up' screen.

Functionality 'Before' and 'After' Release:

Before the release, When the configuration key 'ShowSNOMEDCodeAndDescriptionOnScreensAndPDFs' value was set to 'No', the 'Diagnosis Code' search list, 'Diagnosis Description' search list, and 'Client Clinical Problem ICD 10 Pop-up' in the 'Client Clinical Problems' screen displayed duplicate ICD-10 codes.

With this release, the above-mentioned issue has been resolved. Now, Duplicate ICD-10 codes are no longer displayed in the Diagnosis Code search list, Diagnosis Description search list, and Client Clinical Problem ICD 10 Pop-up when the 'ShowSNOMEDCodeAndDescriptionOnScreensAndPDFs' configuration key value is set to 'No'.

Author: Smruthi Shrikanth

29. Core Bugs # 132337: Client Clinical Problems list page : data was not displaying under 'Created By' and 'Staff Credentials' column.

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

Navigation Path: Select a client – Go Search – Client Clinical Problems.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. Data was not displaying under 'Created By' and 'Staff Credentials' column in Client Clinical Problems list page when 'BillingDegreeAndLicense#' and 'AllBillingDegreeAndLicense#' value was set for 'ShowSigningSuffixORBillingDegreeInSignatureRDL' configuration key.

With this release, the above-mentioned issue has been resolved. Now data is displaying under 'Created By' and 'Staff Credentials' column in Client Clinical Problems list page when 'BillingDegreeAndLicense#' and 'AllBillingDegreeAndLicense#' value is set for 'ShowSigningSuffixORBillingDegreeInSignatureRDL' configuration key.

Author: Sithara Ponnath

30. Core Bugs # 132375: Getting an Error when the 'Client Clinical Problem' list screen is selected for a view without selecting the 'SNOMED CT Code' and 'SNOMED Description' columns.

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

Prerequisite: The configuration key 'ShowSNOMEDCodeAndDescriptionOnScreensAndPDFs' is set to 'No'.

Navigation Path: Client -- 'Client Clinical Problems' -- 'Client Clinical Problems' list page – click on 'New Column Configurations' icon – 'View Settings' popup – Do not select 'SNOMED CT Code' and 'SNOMED Description' columns checkboxes – Click on 'Save'.

Functionality 'Before' and 'After' Release:

Before this release, here was the behaviour. When 'Client Clinical Problems' list screen was selected for a view without selecting the 'SNOMED CT Code' and 'SNOMED Description' columns in the 'View Settings' Pop-up and the configuration key 'ShowSNOMEDCodeAndDescriptionOnScreensAndPDFs' was set to 'No', the following error message was displayed in the 'Client Clinical Problems' screen.

Error Message: "Object reference not set to an instance of an object."

With this release, the above-mentioned issue has been resolved. Now, red error is not displaying in the 'Client Clinical Problems' screen when 'Client Clinical Problem' list screen is selected for a view without selecting the 'SNOMED CT Code' and 'SNOMED Description' columns in the 'View Settings' Pop-up and the configuration key 'ShowSNOMEDCodeAndDescriptionOnScreensAndPDFs' is set to 'No'.

Client Flags

Reference No	Task No	Description
31	Core Bugs # 132377	Tracking protocols in the 'Protocols' dropdown on the 'Client Tracking' list page and the 'Client Tracking' Widget (Client Dashboard) are not being attached to client.
32	Core Bugs # 132469	Getting an error when a new configurable view is created without 'Provider' column in Client Flags (My Office) List Page.

Author: Girish Jayanna

31. Core Bugs # 132377: Tracking protocols in the 'Protocols' dropdown on the 'Client Tracking' list page and the 'Client Tracking' Widget (Client Dashboard) are not being attached to client.

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

Navigation Path1: Client -- 'Client Tracking' – 'Client Tracking' list page -- 'All Protocols' dropdown.

Navigation Path2: Client -- 'Client Dashboard' -- 'Client Tracking' widget -- 'Protocol' dropdown

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. The 'Protocols' dropdown on both the 'Client Tracking' list page and the 'Client Tracking' Widget (Client Dashboard) was displaying tracking protocols that were no longer actively associated with the client.

With this release, the above-mentioned issue has been resolved. Now, RecordDeleted check is added on ClientNotes to ensure that tracking protocols with all associated flags deleted are properly excluded from the 'Protocols' dropdown.

Author: Girish Jayanna

32. Core Bugs # 132469: Getting an error when a new configurable view is created without 'Provider' column in Client Flags (My Office) List Page.

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

Navigation Path: 'My Office' -- 'Client Flags' -- 'Client Flags' list page -- Click on 'New Column Configurations' icon -- 'View Settings' popup -- Do not select 'Provider' checkbox -- Click on 'Insert' -- Click on 'Save'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a user created a configurable view in the 'Client Flag (My Office)' list page without including the 'Provider' column, the system displayed the following error upon selecting that view.

Error Message: "Object reference not set to an instance of an object."

With this release, the above-mentioned issue has been resolved. Now, functionality is modified to ensure that the configurable view loads without any errors, even if the 'Provider' column is not included in the selected view.

Client Information(C)

Reference No	Task No	Description
33	Core Bugs # 132279	The 'Organization' name is not initializing to 'Contacts' tab of 'Client Information' screen and 'Release of Information' document from client 'Contacts'.
34	EII # 130457	Client Information(c): Changes are added to the MAT tab.

Author: Ashish Priyadarshi

33. Core Bugs # 132279: The 'Organization' name is not initializing to 'Contacts' tab of 'Client Information' screen and 'Release of Information' document from client 'Contacts'.

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

Pre Requisites: The value of the Configuration Key 'DisplayOrganizationAndContactFieldAsDropDown' is be set to 'Yes'.

Navigation Path 1: 'Client' -- 'Client Information (C)' screen -- 'Contacts' tab -- Add 'Last Name' Click on 'Frequent Contact Search' button -- Search and select a contact having organization associated -- Click on 'Save & Close' button -- Fill other required details and click on 'Insert' button -- Click on 'Save' button to save 'Client Information (C)' screen

Navigation Path 2: 'Client' -- 'Release Of Information' document -- 'Release To/ Release From' section --Select 'Contact' radio button and save the screen -- Click on 'Release To/Obtain From' dropdown button -- 'Organization' name should pull from client 'Contacts' along with other details

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the Configuration Key 'DisplayOrganizationAndContactFieldAsDropDown' set to 'Yes' below issues were captured:

- In the 'Contacts' tab of the 'Client Information' screen, when the contacts were created using 'Frequent Contacts' then the associated 'Organization' name was not getting initialized in the 'Contact Information' section.
- In the 'Release To/Release From' section of the 'Release of Information' document, when the user selected the 'Contact' radio button and selected a contact name which was having organization associated, the 'Organization' name was not initialized in the 'Release To/Release From' section from 'Contacts' tab of 'Client Information' screen.

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

- The 'Organization' name is initialized in the 'Contact Information' section when the contacts are created using 'Frequent Contacts' in the 'Contacts' tab of the 'Client Information' screen.
- The 'Organization' name is initialized in the 'Release To/Release From' section of 'Release of Information' document from 'Contacts' tab of 'Client Information' screen.

Author: Ramya Nagaraj

34. EII # 130457 (Feature - 517906): Client Information(c): Changes are added to the MAT tab.

Note: This is Passive Change. The implementation of the new field 'Toxicology Screen Date' in the MAT tab under the Client information(c) screen will be used to determine MAT Toxicology Screen List Page logic.

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

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

Functionality 'Before' and 'After' release:

Before this release, the 'Toxicology Screen Date' field was not present in the General section of the 'MAT' tab under the 'Client Information(c)' screen.

With this release, the new field named 'Toxicology Screen Date' has been added to the General section of the 'MAT' tab under the 'Client Information(c)' screen.

Toxicology Screen Date: This is a calendar control field. This field is not mandatory and accepts a date value in the 'MM/DD/YYYY' format.

Also, for the existing 'Random Toxicology Frequency' dropdown in the 'MAT' tab, the global code category 'TOXICOLOGYFREQUENCY' has been locked."

Client information (C) screen with '**Toxicology Screen Date**' field.

Client Information(C)

GeneralDemographicsContactsRelease of Information LogClient EpisodesHospitalizationPrimary care referralFinancial

AliasesSA DemographicsClient ReferralFamilySpecial RatesExternal ReferralTimelinessReportingInterfacesFoster Care

MATExternal IdentificationsOther

General

CRID432429999Random Toxicology FrequencyWeekly

Toxicology Screen Date

Location Setup

Location TypeLocationStart DateEnd Date

InsertClear

Location ListShow Active Only

	Location Type	Location	Start Date	End Date	Active
X	Home Clinic	4423 N Ravenswood	06/15/2024		Yes

Global code Category 'TOXICOLOGYFREQUENCY'

[illegible]

Data Model Changes: A new column 'ToxicologyScreenDate' column is added to 'ClientMATs' table.

Client MAR

Reference No	Task No	Description
35	Core Bugs # 132319	When a medication is administered in the 'Client MAR' screen, the corresponding 'Administer Event' is not reflected in the 'Client MAR' screen.

Author: Chaitali Patil

35. Core Bugs # 132319: When a medication is administered in the 'Client MAR' screen, the corresponding 'Administer Event' is not reflected in the 'Client MAR' screen.

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

Navigation Path 1: 'Administration' – 'Orders' - 'Orders' list page – Click on 'New' icon - 'Order Details' screen
-Select 'Order Type' as Medication - Enter the required fields – Click on 'Save'

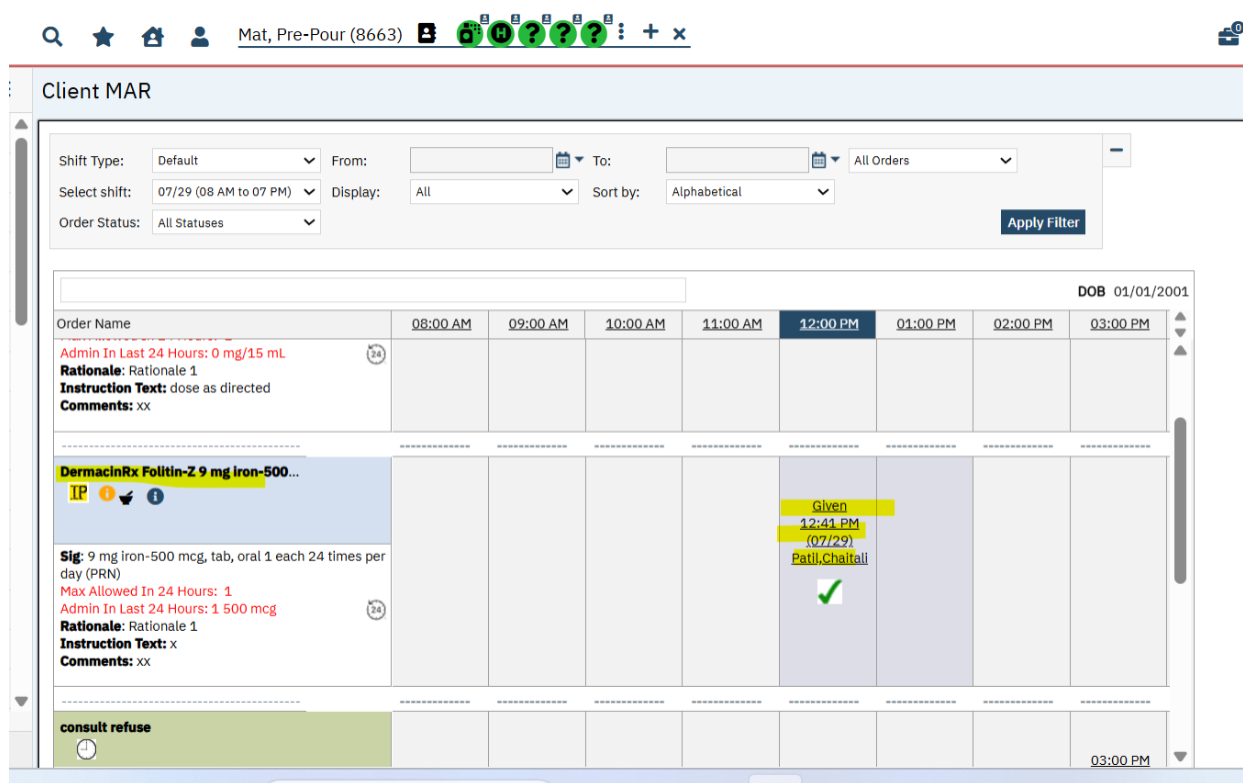
Navigation Path 2: 'Client'- 'Client Orders' - 'Client Orders' list page - Click on 'New' icon - 'Client Order Details' screen - Select the Order created in Navigation Path 1 - Enter the required fields --'Insert' -click on 'Save' and 'Sign'.

Navigation Path 3: 'Client' search - 'Client MAR' - Check Navigation path 2 client - Click on the 'Date' hyperlink in the that select the 'Administration Status' as 'Given' in the dropdown- Click on 'Save' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a medication was administered in the 'Client MAR' screen, the corresponding 'Administer Event' was not reflected in the 'Client MAR' screen.

With this release, the issue has been resolved. Now, when a medication is administered, the 'Administer Event' is correctly displayed in the 'Client MAR' screen.



The screenshot displays the 'Client MAR' (Medication Administration Record) interface for a client named 'Mat, Pre-Pour (8663)'. The interface includes a search bar, a filter button, and a table of medication administration events. The table has columns for time slots from 08:00 AM to 03:00 PM. The first row shows a medication order for 'Admin In Last 24 Hours: 0 mg/15 mL' with a rationale of 'Rationale 1' and an instruction text of 'dose as directed'. The second row shows a medication order for 'DermacinRx Folin-Z 9 mg Iron-500...' with a rationale of 'Rationale 1' and an instruction text of 'x'. The third row shows a medication order for 'consult refuse' with a rationale of 'Rationale 1' and an instruction text of 'x'. The table also includes a 'DOB' field with the value '01/01/2001'.

Order Name	08:00 AM	09:00 AM	10:00 AM	11:00 AM	12:00 PM	01:00 PM	02:00 PM	03:00 PM
Admin In Last 24 Hours: 0 mg/15 mL Rationale: Rationale 1 Instruction Text: dose as directed Comments: xx								
DermacinRx Folin-Z 9 mg Iron-500... IP Sig: 9 mg iron-500 mcg, tab, oral 1 each 24 times per day (PRN) Max Allowed In 24 Hours: 1 Admin In Last 24 Hours: 1 500 mcg Rationale: Rationale 1 Instruction Text: x Comments: xx					Given 12:41 PM (07/29) Pati,Chaitai			
consult refuse								03:00 PM

Client Orders

Reference No	Task No	Description
36	Core Bugs # 132473	Client Orders: The time stamp is displayed in the Client orders PDF for the Date of Birth and Effective Date fields.
37	EII# 131825	'Select Status' dropdown has been added in Client Order List page toolbar which allows users to bulk update the status of multiple client order to Complete or Discontinue simultaneously.
38	Core Bugs # 132252	Route and Rationale Defaults not mapping correctly in Client Orders
39	Core Bugs # 132318	Medication Orders are not generating PDF - Error Subreport could not be shown
40	EII# 130732	Allow for Removed/Inactivated medication from FDB to remain in SC with visible indication.
41	Core Bugs # 132322	Client Orders: Allergic medications are allowed to be inserted into the grid from the 'Order Set' tab without any Hard stop validation.
42	Core Bugs # 132416	Orders Specimen Collection: JSON PATH is not supported in SQL 2014
43	Core Bugs # 132471	Client Review History missing record deleted check.

Author: Chaitali Patil

36. Core Bugs # 132473: Client Orders: The time stamp is displayed in the Client orders PDF for the Date of Birth and Effective Date fields.

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

Navigation Path 1: Administration - Orders' - 'Orders' list page - New - 'Order Details' screen -Select any Order Type - Enter the required fields - Save.

Navigation Path 2: 'Client'- 'Client Orders' - 'Client Orders' list page - New - 'Client Order details' screen - Select the Order created in Navigation Path 1 - Enter the required fields -insert -click on 'save' and 'Sign'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The Time Stamp was displayed in Client Orders PDF for Date of Birth and Effective Date fields.

With this release, the above-mentioned issue has been resolved. Now, the Time Stamp is not displayed in Client Orders PDF for Date of Birth and Effective Date fields.

Author: Smruthi Shrikanth

37. EII # 131825 (Feature - 557788): 'Select Status' dropdown has been added in Client Order List page toolbar which allows users to bulk update the status of multiple client order to Complete or Discontinue simultaneously.

Note: This is a Passive change. Previously, the users had to update the status of the Client Order in Client Order Details page individually and sign the order to generate the PDF. This took time when large number of Client Orders were updated. With this enhancement, 'Select Status' dropdown has been added in Client Orders List page toolbar which allows users to bulk update the status of multiple client order to Complete or Discontinue simultaneously. This helps in reducing PDF generation time.

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

Prerequisites: Signed Client Order exists.

Navigation Path 1: Go Search -- Role Definition (Administration)- 'Role Definition' page - Select the required role - Click on 'Select Permission Type' dropdown - Select 'Screen (Update Mode)' and click on 'Apply Filter' button - 'Client Orders Bulk Update' Permission Item - Grant the Permission and click on 'Save' icon.

Navigation Path 2: Go Search – Select a client – Search 'Client Orders' – 'Select Status' dropdown in toolbar of 'Client Orders' List page.

Functionality 'Before' and 'After' release:

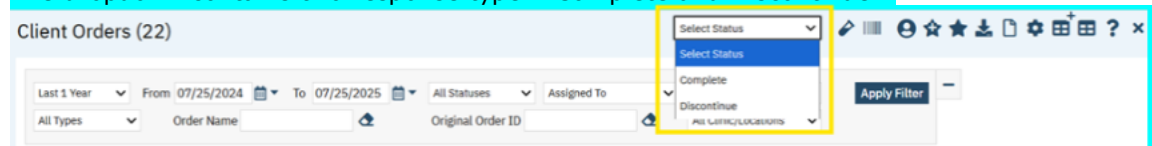
Before this release, here was the behavior, The users had to update the status of the Client Order in Client Order Details page and sign the order to generate the PDF.

With this release, the below mentioned changes has been implemented in Client Orders List page to generate Client Order PDFs through bulk update process,

1. Select Status dropdown:

- In the toolbar, 'Select Status' dropdown has been added.

The dropdown contains two response type – Complete and Discontinue.



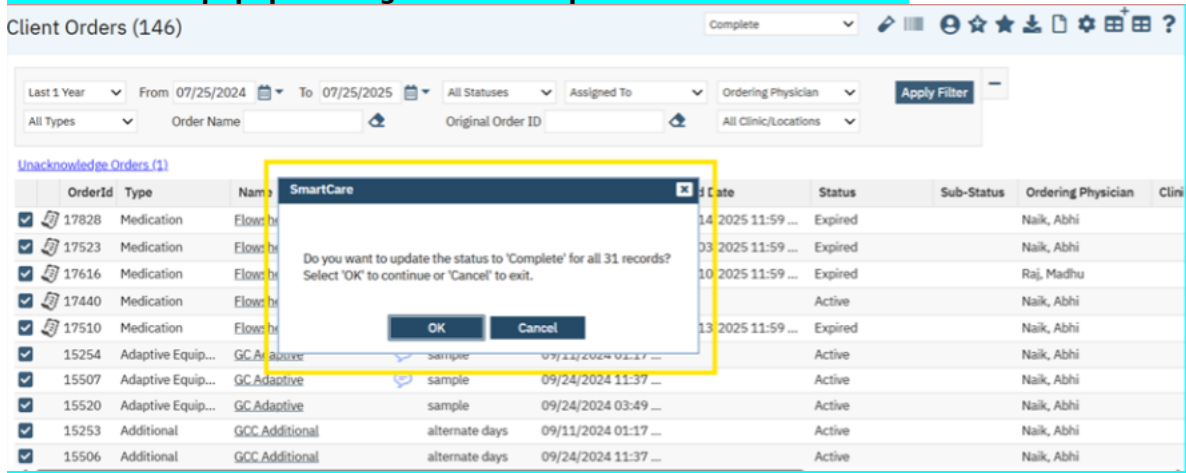
Select Status dropdown will be displayed if permission is granted for the permission item 'Client Orders Bulk Update'.

By default, permission will be denied for permission item 'Client Orders Bulk Update'

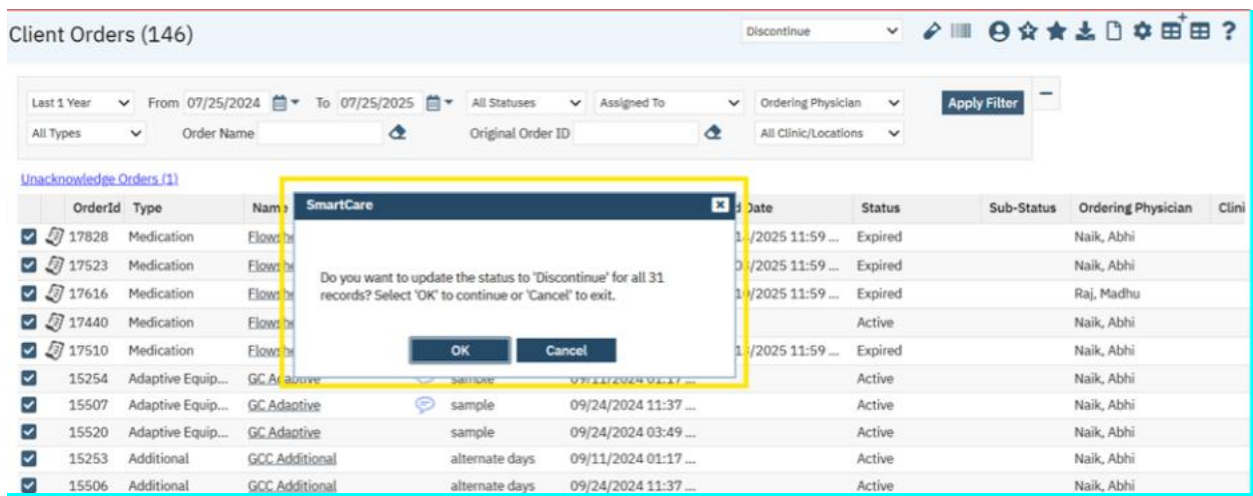
- Checkbox has been added to the left most column for all the Client Orders. (previously, check box was present only for Lab Order)
- User will select the checkbox for required Client Orders, and then select a status from 'Select Status' drop down.
- A pop up will display when a status is selected.

Popup message: 'Do you want to update the status to (selected status name) for (# of selected records)? Select 'OK' to continue or 'Cancel' to exit.'

Screenshot of popup message when 'Complete' Status is selected:



Screenshot of popup message when 'Discontinue' Status is selected:



- When the Client Order status is updated through 'Select Status' dropdown, the PDF will be generated via job, based on job scheduled. The generated PDF will be available in Documents (Client) screen.
- The checkbox will not be present for non-Lab Client Orders with Complete or Discontinue status.
- The Checkbox will be present for Lab Client Orders with Complete or Discontinue status and validation message will be displayed when status is selected from the 'Select Status dropdown.

Validation message: Please select orders which are not complete or discontinue.

Client Orders (5)

Select Status

Please select orders which are not complete or discontinue.

Last 1 Year From 08/04/2024 To 08/04/2025 All Statuses Assigned To Ordering Physician Apply Filter

Labs Order Name Original Order ID All Clinic/Locations

OrderId	Type	Name	Frequency	Start Date	End Date	Status	Sub-Status	Ordering Physician	Clinic
<input type="checkbox"/> 24365	Labs	CBC (H/H, RBC, INDICE...	One day	07/10/2025 11:09 ...	07/10/2025 07:22 ...	Discontinued		Test, Smruthi	2972L
<input type="checkbox"/> 24430	Labs	CBC (H/H, RBC, INDICE...	One day	07/10/2025 11:09 ...	07/11/2025 11:39 ...	Complete		Test, Smruthi	2972L
<input checked="" type="checkbox"/> 24366	Labs	CLOZAPINE	One day	07/10/2025 11:09 ...	07/10/2025 01:54 ...	Discontinued		Test, Smruthi	2972L
<input type="checkbox"/> 24412	Labs	CLOZAPINE	One day	07/10/2025 11:09 ...	07/10/2025 01:55 ...	Complete		Test, Smruthi	2972L
<input type="checkbox"/> 24422	Labs	KHR Lab	Morning	07/10/2025 03:31 ...		Sent To Lab		Test, Smruthi	

NOTE: For all type of orders except Lab Orders, checkbox will not be displayed for Discontinued and Complete status)
Logic when 'Completed' is selected:

1. The logic for orders with 'Complete' status to be the same as 'Discontinue'. No new order will be created when the status of 'Complete' is applied. Instead, the existing order will be updated with the 'Complete' status, and complete details (date/time, and staff) will be present in the new columns outlined below.

2. Below new columns are added in the Client Orders list screen:

- Completed Date
- Completed By
- Discontinued Date
- Discontinued By

Client Orders (37)

Select Status

Last 1 Year From 08/04/2024 To 08/04/2025 All Statuses Assigned To Ordering Physician Apply Filter

All Types Order Name Original Order ID All Clinic/Locations

Clinic/Location	Assigned Staff	Parent OrderId	Date Received	Original Order Id	Interface Status	Completed Date	Completed By	Discontinued Date	Discontinued By
2972Llocation						07/10/2025 01:5...	Test, Smruthi	07/10/2025 01:5...	Test, Smruthi
						07/10/2025 03:0...		07/10/2025 03:4...	
2972Llocation						07/10/2025 07:0...	Test, Smruthi	07/10/2025 07:2...	Test, Smruthi
						07/10/2025 07:3...	Test, Smruthi	07/10/2025 07:3...	Test, Smruthi
						07/11/2025 06:1...		07/15/2025 03:5...	Test, Smruthi
						07/23/2025 02:5...		07/24/2025 11:0...	
						07/24/2025 03:1...	Test, Smruthi		

Completed Date/Time: A new column has been added to display the date and time when order status is updated to 'Complete'. The date and time will display in grid when the status 'Complete' is updated via the 'Modify/Discontinue' workflow or from 'Bulk Update' workflow. This column will not display in the default view.

Completed By: A new column has been added to display the name of the staff who updated the status to 'Complete'. The staff name will display in grid when the status 'Complete' is updated via the 'Modify/Discontinue' workflow or from 'Bulk Update' workflow. This column will not display in the default view.

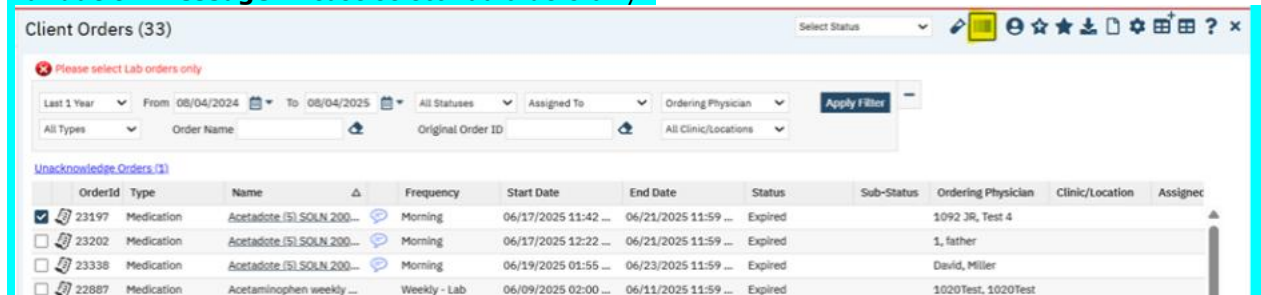
Discontinued Date/Time: A new column has been added to display the date and time when order status is updated to 'Discontinue'. The date and time will display in grid when the status 'Discontinue' is updated via the 'Modify/Discontinue' workflow or from 'Bulk Update' workflow. This column will not display in the default view.

Discontinued By: A new column has been added to display the name of the staff who updated the status to 'Discontinue'. The staff name will display in grid when the status 'Discontinue' is updated via the 'Modify/Discontinue' workflow or from 'Bulk Update' workflow. This column will not display in the default view.

3. New validation message

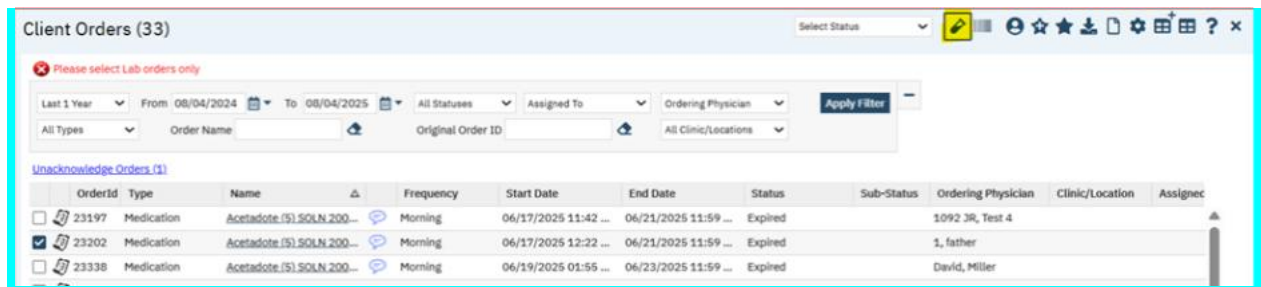
A validation message will be displayed if non-Lab orders are selected in the grid and Barcode Scan icon is selected in the toolbar

Validation message: Please select Lab orders only.



A validation message will be displayed if non-Lab orders are selected in the grid and Accudraw Report icon is selected in the toolbar icon

Validation message: Please select Lab orders only.



Note: When a Client Order record is created via the bulk update process, the order PDF will not be created at time of update. This order PDF will enter the 'queue' and created via job based on job scheduled.

Data Model Change: New columns 'IsBatchUpdated', 'DiscontinuedBy', 'CompletedBy' and 'CompletedDateTime' has been added to 'ClientOrders' table.

Author: Smruthi Shrikanth

38. Core Bugs # 132252: Route and Rationale Defaults not mapping correctly in Client Orders.

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

Navigation Path 1: Select a client - Go search - Client Orders - 'New' icon - Order tab - Select the required medication - Select Route in dropdown and 'Preference' checkbox - Insert and Save - Preferences tab - Select checkbox for same Order.

Navigation Path 2: Go Search - Order Sets - Select the required medication - Set Default - Select the required Rationale in Order Set Defaults popup - Save and Close - Select Enable Default checkbox - Save.

Navigation Path 3: Select a client - Go search – Client Orders – ‘New’ icon – Order Set tab - Select the required medication.

Functionality ‘Before’ and ‘After’ release:

Before this release, below mentioned issues were observed in Client Orders Detail page,

1. The Route details selected in the Order tab were not correctly displayed in the Preference tab
2. The Default Rationale value set in the Order Set Defaults popup in Order Set page was not reflected in the Order Set tab

With this release, above-mentioned issue has been resolved. Now Route details are displayed correctly in Preferences tab as selected in the Order tab and Default Rationale value in the Order Set tab is displayed as selected in ‘Order Set Defaults popup’.

Author: Smruthi Shrikanth

39. Core Bugs # 132318: Medication Orders are not generating PDF - Error Sub report could not be shown.

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

Navigation Path: Select a client - Go search – Client Orders – ‘New’ icon – Select the required medication – Enter the value for ‘Max Quantity Allowed in 24 Hours’ text field – Insert and Save.

Functionality ‘Before’ and ‘After’ release:

Before this release, here was the behavior. Users were getting errors in the Client Order PDF, if alphanumeric characters were entered in ‘Max Quantity Allowed in 24 Hours’ text field under Orders tab in the Client Order Details page.

Error Message: Error: Subreport could not be shown.

With this release, above-mentioned issue has been resolved. Now, the Client Order PDF is generating without any error when alphanumeric characters are entered in ‘Max Quantity Allowed in 24 Hours’ text field.

Author: Smruthi Srikanth

40. EII # 130732 (Feature - 531333): Allow for Removed/Inactivated medication from FDB to remain in SC with visible indication. {ACTIVE CHANGE}

Note: This is an Active change. In this enhancement, changes have been made to display the Inactive NDCs in **bold, italics, and red text** across the Order Details screen, Client Order Details (Order, Order Set, and Preference tabs), Order Set Default popup, Client MAR, and Group MAR for easier identification.

Some inpatient and residential units maintain on-hand medication stock and require the ability to use it before transitioning to a new form or manufacturer.

However, when FDB deactivated a medication, the system immediately blocked ordering, reordering, or refilling of that medication. This restriction prevented customers from using their remaining stock, leading to potential waste.

Additionally, there was no visual indicator to identify inactive NDCs across order entry and MAR screens.

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

Navigation Path 1: Go Search – ‘Orders’ – Click on ‘New’ icon – ‘Order Details’ screen – Select the required ‘medication’ – ‘Strength’ dropdown of ‘Medication Details’ subsection.

Navigation Path 2: Go Search – ‘Client’ search-- Select a client – ‘Client Orders’ – Click on ‘New’ icon – ‘Client Order Details’ screen – ‘Order’ Tab - Select the required ‘medication’ – ‘Strength’ dropdown.

Navigation Path 3: Go Search – ‘Client’ search-- Select a client – ‘Client Orders’ – Click on ‘New’ icon – ‘Client Order Details’ screen – ‘Order Set’ Tab - Select the required ‘medication order set’ – ‘Strength’ dropdown.

Navigation Path 4: Go Search – ‘Client’ search -- Select a client – ‘Client Orders’ – Click on ‘New’ icon – ‘Client Order Details’ screen – ‘Preference’ Tab - Select the required ‘medication’ – ‘Strength’ dropdown.

Navigation Path 5: Go Search – ‘Client’ search -- ‘Order Sets’ – Click on ‘New’ icon – ‘Order Sets Details’ screen – Select the required ‘medication’ – ‘Enable Default’ - ‘Strength’ dropdown in ‘Order Set Default’ popup.

Navigation Path 6: Go Search – ‘Client’ search -- Select a client – ‘Client MAR’.

Navigation Path 7: Go Search – ‘My Office’ -- ‘Group MAR’.

Navigation Path 8: ‘Administration’ -- Configuration Keys’ -- Configuration Keys’ list page – Search the Configuration Key ‘ShowInactiveNDCsForXNumberOfDays’ -- Click on ‘ShowInactiveNDCsForXNumberOfDays’ key hyperlink – ‘Configuration Key Details’ page.

Functionality ‘Before’ and ‘After’ release:

Before this release, here was the behavior,

- Inactive NDCs were not available for ordering once they became inactive.
- There was no visual indicator to easily identify inactive NDCs across order entry and MAR screens.
- Facilities with remaining stock of inactive NDC medications could not use them in the system, even if they needed to finish existing inventory before transitioning to a new form or manufacturer.

With this release, a new system configuration key ‘**ShowInactiveNDCsForXNumberOfDays**’ has been added to allow the use of inactive NDCs for 60, 90, 120, or 180 days after inactivation.

Inactive NDC medication names and strengths will be clearly displayed in bold, italics, and red text in:

- ‘Order Details’
- ‘Client Order Details’ screen (Order, Order Set, and Preference tabs)
- ‘Order Set Default’ popup in the ‘Order Sets Details’ screen
- ‘Client MAR’
- ‘Group MAR’

System Configuration Key Details:

SystemConfigKey: ShowInactiveNDCsForXNumberOfDays

Read Key as: Show inactive NDCs for X number of days.

Allowed Values: 0,60,90,120,180

Default Value: 60

Modules: Client Orders, MAR, Medications RX -> Orders, SCM Order Entry, SCM Rx Core

Description:

Read Key as: Show inactive NDCs for X number of days

This is a new feature being added to the core product by introducing a system configuration key. This key will control the number of days that a medication (with an inactivated NDC from our vendor provided data) will be orderable in both Client Orders and RX. When the key is set to a value other than 0 (60, 90, 120, or 180), Medication Names and Strengths will display in Red, Bold and Italics on the following screen: Client Order Details, RX (New Order, Reorder, and Change Order workflows).

A) **If the key-value is set to 0**, then the system will operate as it does today, prior to these changes being released (inactive medications will not be available to order immediately).

B) **If the key-value is set to 60**, then the Medication Name and Strength will display in Red, bold, and in italics for 60 days after the date of inactivation. This will be the default value of the key.

C) **If the key-value is set to 90**, then the Medication Name and Strength will display in Red, bold, and in italics for 90 days after the date of inactivation.

D) **If the key-value is set to 120**, then the Medication Name and Strength will display in Red, bold, and in italics for 120 days after the date of inactivation.

E) **If the key-value is set to 180**, then the Medication Name and Strength will display in Red, bold, and in italics for 180 days after the date of inactivation.

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 "0".

Configuration Key Details

Key

ShowInactiveNDCsForXNumberOfDays

SourceTableName

Module

Client Orders, MAR, Medications RX -> Orders, SCM Order Entry, SCM Rx Core

Screen

[ChangeMedicationOrder-Prescribe \(62161\)](#), [Client MAR \(908\)](#), [Client Order \(772\)](#), [Group MAR \(1133\)](#), [NewMedicationOrder-Prescribe \(62157\)](#), [Order Details \(902\)](#), [Order Set Defaults \(62399\)](#), [ReOrderMedicationOrder-Prescribe \(62186\)](#), [StartPage-RefillRequests \(62103\)](#)

Value

60

Description

Read Key as: Show inactive NDCs for X number of days

This is a new feature being added to the core product by introducing a system configuration key. This key will control the amount of days that a medication (with an inactivated NDC from our vendor provided data) will be orderable in both Client Orders and RX. When the key is set to a value other than 0 (60, 90, 120, or 180), Medication Names and Strengths will display in Red, Bold and Italics on the following screen: Client Order Details, RX (New Order, Reorder, and Change Order workflows).

A) If the key-value is set to "0", then the system will operate as it does today, prior to these changes being released (inactive medications will not be available to order immediately).?

B) If the key-value is set to "60", Medication Name and Strength will display in Red, bold, and in italics for 60 days after the date of inactivation. This will be the default value of the key.

C) If the key-value is set to "90", Medication Name and Strength will display in Red, bold, and in italics for 90 days after the date of inactivation.

D) If the key-value is set to "120", Medication Name and Strength will display in Red, bold, and in italics for 120 days after the date of inactivation.

E) If the key-value is set to "180", Medication Name and Strength will display in Red, bold, and in italics for 180 days after the date of inactivation.

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 "0".

When the '**ShowInactiveNDCsForXNumberOfDays**' configuration key is set to a value other than 0 (60, 90, 120, or 180), inactive Medication Names and Strengths will be displayed in red, bold, and italics in the below mentioned screens:

1. **Order Details screen:** When a medication with an 'Inactive' strength is added, the strength will be displayed in bold, italics, and red text in the following field and grid section:

- The 'Strength' dropdown within the 'Medication Details' subsection of the 'Order Details' screen.
- The grid of 'Medication Details' subsection of the 'Order Details' screen.

Screenshot of 'Strength' dropdown of 'Medication Details' subsection

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Medication Details

Strengths

Strengths	<input type="text"/>	Add
Preferred NDC	<input type="text"/>	
Default	100mg/mL, soln, IM (Haldol Decanoate 100 mg/mL intramuscular solution)	Preferred NDC
	50mg/mL, soln, IM (Haldol Decanoate 50 mg/mL intramuscular solution)	
	Other	

Screenshot of Grid of 'Medication Details' subsection

Medication Details

Strengths

Strengths	<input type="text"/>	Add
Preferred NDC	<input type="text"/>	
Default	Strength	Preferred NDC
<input checked="" type="radio"/>	50mg/mL, soln, IM (Haldol Decanoate 50 mg/mL intramuscula...	
<input type="radio"/>	100mg/mL, soln, IM (Haldol Decanoate 100 mg/mL intramuscul...	

2. **'Order' tab of 'Client Order Details' screen:** When the medication with an 'Inactive' strength is added, the strength will be displayed in bold, italics, and red text in 'Strength' dropdown of 'Order' tab of 'Client Order Details' screen.

Screenshot of 'Strength' dropdown of 'Order' tab

Order	Order Set	Preferences	<input type="text"/>	Search Adhoc	ALLERGIES
Haldol test (Haldol Decanoate)					
Strength:	50mg/mL, soln, IM (Haldol Decanoate 50 mg/mL intramuscular solution)	Dose:	1.00	Unit:	mg
Frequency:	50mg/mL, soln, IM (Haldol Decanoate 50 mg/mL intramuscular solution)	Day Supply:	4	Refill:	1
Dispense Quantity:	100mg/mL, soln, IM (Haldol Decanoate 100 mg/mL intramuscular solution)				
Start:	Today	End:	07/31/2025	Potency Units:	Unspecified
<input type="checkbox"/> May Self Administer <input type="checkbox"/> May Use Own Supply <input type="checkbox"/> Consent Required <input type="checkbox"/> Dispense Brand <input type="checkbox"/> Standing Order					

3. **'Order Set' tab of 'Client Order Details' screen:** When 'Inactive' medication strength is added, the strength will be displayed in bold, italics, and red text in the 'Strength' dropdown of the 'Order Set' tab within the 'Client Order Details' screen.

Screenshot of Strength dropdown of Order Set tab

Order Order Set Preferences inactive meds ALLERGIES

Medication

☐ Acetaminophentest (Acetaminophen)

☒ Haldol test (Haldol Decanoate)

Strength: **50mg/mL, soln, IM** Dose: 1.00 Unit: mg Route: IM

Frequency: **50mg/mL, soln, IM (Haldol Decanoate 50 mg/mL intramuscular solution)** Refill: 1

Dispense Quantity: 1

4. 'Preference' tab of 'Client Order Details' screen: When an 'Inactive' medication strength is added, the strength will be displayed in bold, italics, and red text in the 'Strength' dropdown of the 'Preference' tab within the 'Client Order Details' screen.

Screenshot of Strength dropdown of Preference tab

Order Order Set Preferences ALLERGIES

☒ Haldol test (Haldol Decanoate) 50mg/mL, soln, IM, Routine, Daily, Today

Strength: **50mg/mL, soln, IM** Dose: 1.00 Unit: mg Route: IM

Frequency: **50mg/mL, soln, IM (Haldol Decanoate 50 mg/mL intramuscular solution)** Refill: 1

Dispense Quantity: 1

Start: Today End: 07/31/202 11:59 PM Potency Unit: Unspecified

5. Order Set Default popup of Order Sets screen: When a 'Inactive' medication strength is added, the strength will be displayed in bold, italics, and red text in 'Strength' dropdown of 'Order Set Default' popup of 'Order Sets' screen.

Screenshot of Strength dropdown of Order Set Default popup

Order Set Defaults

Acetaminophentest (Acetaminophen)

Strength: **500 mg/50** Dose: 30.00

Frequency: **500 mg/50 mL (10 mg/mL), syrg. IV (acetaminophen 500 mg/50 mL (10 mg/mL) intravenous syringe)** Refill: 1

Start: **325 mg/32.5 mL (10 mg/mL), syrg. IV (acetaminophen 325 mg/32.5 mL (10 mg/mL) intravenous syringe)**

Rationale: Other 123

6. Client MAR screen: When a 'Client Order' with an Inactive medication strength is created, the 'Medication Name' will be displayed in bold, italics, and red text in the 'Order Name' column of the 'Client MAR' screen.

Screenshot of 'Medication Name' in 'Client MAR'

Client MAR

Shift Type:

Default

▼

From:

📅

To:

📅

All Orders

▼

Select shift:

07/28 (08 AM to 07 PM)

▼

Display:

All

▼

Sort by:

Alphabetical

▼

Order Status:

All Statuses

▼

Apply Filter

OVERDUE

📄

ALLERGY

📄


DOB 06/17/2

Order Name	08:00 AM	09:00 AM	10:00 AM	11:00 AM	12:00 PM	01:00 PM	02:00 PM	03:00 PM
<div> <div>acetaminophen 500 mg/50 mL (10 ...</div> <div> <div>IP</div> <div>📄</div> <div>📄</div> <div>📄</div> <div>⚠️</div> </div> </div> <div> <div>Sig: 30 mg Once</div> <div>Rationale: Rationale 2</div> </div>			<div>Given</div> <div>10:00 AM</div> <div>(07/28)</div> <div>Test.Smruthi</div> <div>✅</div>					











7. **Group MAR screen:** When a Client Order with a Inactive medication strength is created, the 'Medication Name' will be displayed in bold, italics, and red text in the 'Order Name' column of the 'Group MAR' screen.

Screenshot of Medication name in Group MAR

Group MAR (10)

Date:  Time: Program: Unit: Apply Filter

Order Type: Status: Display:

	01:00 PM			
 Smruthi_Test 7/16/2014	<i>Haldol test</i> <i>50mg/mL</i>  	Test CBC  	Test CBC  	Test CBC - barcode   
All Meds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Allergy:

Author: Madhu Basavaraju

41. Core Bugs # 132322: Client Orders: Allergic medications are allowed to be inserted into the grid from the 'Order Set' tab without any Hard stop validation.

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

Prerequisite:

- Allergy Medications are added to the 'Order Sets'.
- Allergy medications are added to the Client from the 'Client Allergies'.

Navigation Path: Client -- 'Client Orders' -- Click on New icon -- 'Client Order' details screen -- 'Order Set' tab -- Search and select Allergy Medication Order set -- Enter all the required fields -- Click on 'Insert' button -- Save -- Sign.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Client Order' screen, when the user selected an 'Order set' containing medications associated with an allergy, those Medications are allowed to Insert without any hard stop validation.

With this release, the above-mentioned issue has been resolved. Now, In the 'Client Order' screen, when the user selects an 'Order set' containing medications associated with an allergy, the allergic medication will be displayed with disabled checkboxes. This action prevents allergic medication from being inserted into the grid.

Author: Madhu Basavaraju

42. Core Bugs # 132416: Orders Specimen Collection: JSON PATH is not supported in SQL 2014

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

Navigation Path: NA

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The stored procedure "ssp_ClientOrdersSpecimenCollection" was already in place to return data for the Orders screen popup. It used the **FOR JSON PATH** clause to convert specimen collection records into JSON format.

With this release, the above-mentioned issue has been resolved. Now, the stored procedure has been enhanced to support SQL Server 2014 and above. and the "FOR JSON PATH" has been removed. JSON is now manually constructed within the stored procedure by directly accessing table records and formatting the output.

Note: This implementation worked correctly in environments running SQL Server 2016 or later. However, it caused deployment errors in environments using SQL Server 2014, as FOR JSON PATH did not support that version.

Author: Madhu Basavaraju

43. Core Bugs # 132471: Client Review History missing record deleted check.

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

Prerequisite: Lab order to be signed for the selected Client using below mentioned

Navigation Path: Client – Go Search -- Client Orders – New – Client Order Details – Search and select Lab Order – Enter all the required fields – Insert – Save – Sign – Client Orders' list page – Click on Order Name hyperlink – Client order Details – Review Tab – Add Reviewer Comments – Enter other required fields – Save.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the signed Client Order Details screen, under Review tab, RecordDeleted check was missing in the table "ClientOrderReviewHistory" in the sp "SSP_GetOrderEntryDetails".

With this release the above issue is fixed. Now, In the signed Client Order Details screen, added a RecordDeleted check for the ClientOrderReviewHistory table in the SSP_GetOrderEntryDetail stored procedure and 'Review History' section is displaying correctly only with active (non-deleted) records.

Client Search popup

Reference No	Task No	Description
44	Core Bugs # 132306	"Create New Potential Client" button is not enabled on performing three-way search in the 'Client Search' Popup.
45	EII# 131865	Added Broad and Narrow options to All Client Search functionality

Author: Akshay Vishwanath

44. Core Bugs # 132306: "Create New Potential Client" button is not enabled on performing three-way search in the 'Client Search' Popup.

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

Prerequisite 1: 'All Client search' Button is enabled for 'Client Search Popup' through below path

Path : Staff/User(Administration) -- Select the required Staff -- Click on 'Roles/Permissions' Tab -- Check the checkbox of 'Allow All Client Search' field -- Select the required Client search role from the 'Select Client Search role' dropdown -- Click on 'Save'

Prerequisite 2: The "EnableMultiFieldAllClientSearch" configuration key is set to 'Name', 'SSN', and 'DOB' through the below path

Path: Configuration Keys(Administration) -- Search "EnableMultiFieldAllClientSearch" -- Click on Apply Filter -- Set 'Name','SSN', 'DOB' Value -- Save

Navigation Path: 'Client Search' -- 'Client Search' Popup -- Enter First Name, Last Name, SSN, DOB -- Perform three way search

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the 'All Client search' Button was present in the 'Client Search' Popup and when the user performed a three-way search (Broad search, SSN, DOB), the 'Create New Potential Client' button was not enabled.

With this release, the above-mentioned issue has been resolved. Now, when the user performs a three-way search (Broad search, SSN, DOB), the 'Create New Potential Client' button is enabled regardless of the 'All Client search' Button.

Author: Akshay Vishwanath

45. EII # 131865 (Feature - 561731): Added Broad and Narrow options to All Client Search functionality. {ACTIVE CHANGE}

Note: This is an active change. The purpose of this enhancement is to extend the All Client Search functionality for intake staff by introducing BROAD and NARROW search variables in the 'EnableMultiFieldAllClientSearch' configuration key. These new options are available in addition to the existing search variables.

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

Prerequisite: Enable All Client search button in Client Search Popup through the following path

Path: Staff/User(Administration) -- Select the required Staff -- Click on 'Roles/Permissions' Tab -- Check the checkbox of 'Allow All Client Search' field -- Select the required Client search role from the 'Select Client Search role' dropdown -- Click on 'Save'

Navigation Path1: Go Search – Configuration key – EnableMultiFieldAllClientSearch– Click on Apply Filter

Navigation Path2: 'Client Search' -- 'Client Search' Popup -- Enter First Name, Last Name -Click on All Client Search

Navigation Path3: 'Client Search' -- 'Client Search' Popup -- Enter First Name, Last Name,SSN,DOB – Click on Inquiry (New client) – Fill all the necessary Information – Click on Save – Click on Link/Create Client -- Click on All Client Search in 'Client Search' Popup

Functionality 'Before' and 'After' release:

Before this release, the configuration key **EnableMultiFieldAllClientSearch**, did not consider the **BROAD** and **NARROW** search options variables to control the "All Client Search" functionality in the **Client Search** popup. Also, the Description mention in the Configuration key was not describing the actions performed for each of these variables.

With this release, the following changes are implemented.

1. Implementation is done to **extend the All Client Search functionality** for intake staff by introducing **BROAD** and **NARROW** search variables in the 'EnableMultiFieldAllClientSearch' configuration key. These new options are available **in addition to** the existing search variables.
2. The **Configuration Key** has been enhanced to include the new values in the 'Value' field, and the **description** has been updated to clearly explain the behavior and rules when different search variables are specified.

Configuration Key Details:

Key Name: "EnableMultiFieldAllClientSearch"

Read As: Enable Multi Field All Client Search.

Allowed Values: NAME,BROAD,NARROW,SSN,DOB,CLIENTID, AUTHORIZATIONID, CAREMANAGEMENTID, PRIMARYCLINICIAN, INSUREDID, EIN and PHONE

Description: This system configuration key controls the 'All Client Search' functionality within the Client Search popup. The 'All Client Search' feature is permission-based, and its behavior is determined by the combination of search variables specified in this key. Variables can be listed in any order and must be separated by commas."

(a) "When search variables are specified (e.g., "NAME,DOB,SSN"), the search will perform an exact match with all combined values, with specific rules for certain variables:"

1. If **NAME** is specified: The result will include exact matches for First and Last Name, plus SOUNDEX of Last and First Name.
2. If **NAME,SSN** is specified: The result will include exact matches for First and Last Name, plus SOUNDEX of Last and First Name **AND** an exact match for the last 4 characters of the SSN.
3. If **NAME,SSN,DOB** is specified: The result will include exact matches for First and Last Name plus SOUNDEX matches for Last and First Name, **AND** an exact match for the last 4 characters of the SSN, **AND** an exact match for DOB.

(b) "The key also supports search modifiers for name-based searches:"

1. If **BROAD** is specified: The search will apply the BROAD name-matching logic starting with 3 or 2 characters of First% and Last% plus exact First and Last Name plus SOUNDEX of Last and First Name
2. If **NARROW** is specified: The search will apply the NARROW name-matching logic using First% and Last Name%, plus the exact First and Last Name matches.

(c) "Combinations with search modifiers follow specific rules:"

1. If **BROAD and other variables (Ex. "BROAD,SSN")** are specified: The search will apply the BROAD name-matching logic starting with 3 or 2 characters of First% and Last% plus exact First and Last Name plus SOUNDEX of Last and First Name **AND** include results matching the other specified variables (e.g., SSN).
2. If **NARROW and other variables (e.g., "NARROW,SSN")** are specified: The search will apply the NARROW name-matching logic using First% and Last Name%, plus the exact First and Last Name matches **AND** include results matching the other specified variables (e.g., SSN).

(d) "Priority rules for conflicting name modifiers:"

1. If **BROAD, NARROW, and NAME** are all specified, **BROAD** will take priority.
2. If **NARROW and NAME** are specified, **NARROW** will take priority.

Note:

- 1) If the value of this key is unavailable, the system will not display any result on "All Client Search".
- 2) We recommend having at least the NAME OR BROAD OR NARROW among the values being configured
- 3) The Create Potential Client button, Create Provider button on Client search Popup and Create New Client on the Inquiry Client Search pop will enable when the "All Client search" satisfies the System config Key set up values (**accepted values**). **However, For Creating a Client when clicked on above buttons, the NAME, SSN, DOB is required as it is now.**
- 4) Accepted Values are – NAME,BROAD,NARROW,SSN,DOB,CLIENTID, AUTHORIZATIONID, CAREMANAGEMENTID, PRIMARYCLINICIAN, INSUREDID, EIN and PHONE

Screenshot of Configuration Key

Configuration Key Details

Save

Allow Edit

Configuration Keys

Key

EnableMultiFieldAllClientSearch

SourceTableName

Module

Screen

Value

BROAD,NARROW,NAME,SSN,DOB

Description

This system configuration key controls the 'All Client Search' functionality within the Client Search popup. The 'All Client Search' feature is permission-based, and its behavior is determined by the combination of search variables specified in this key. Variables can be listed in any order and must be separated by commas.

(a) "When search variables are specified (e.g., "NAME,DOB,SSN"), the search will perform an exact match with all combined values, with specific rules for certain variables:"

1. If NAME is specified: The result will include exact matches for First and Last Name, plus SOUNDEX of Last and First Name.
2. If NAME,SSN is specified: The result will include exact matches for First and Last Name, plus SOUNDEX of Last and First Name AND an exact match for the last 4 characters of the SSN.
3. If NAME,SSN,DOB is specified: The result will include exact matches for First and Last Name plus SOUNDEX matches for Last and First Name, AND an exact match for the last 4 characters of the SSN, AND an exact match for DOB.

(b) "The key also supports search modifiers for name-based searches:"

Description

(b) "The key also supports search modifiers for name-based searches:"

1. If BROAD is specified: The search will apply the BROAD name-matching logic starting with 3 or 2 characters of First% and Last% plus exact First and Last Name plus SOUNDEX of Last and First Name
2. If NARROW is specified: The search will apply the NARROW name-matching logic using First% and Last Name%, plus the exact First and Last Name matches.

(c) "Combinations with search modifiers follow specific rules:"

1. If BROAD and other variables (Ex. "BROAD,SSN") are specified: The search will apply the BROAD name-matching logic starting with 3 or 2 characters of First% and Last% plus exact First and Last Name plus SOUNDEX of Last and First Name AND include results matching the other specified variables (e.g., SSN).
2. If NARROW and other variables (e.g., "NARROW,SSN") are specified: The search will apply the NARROW name-matching logic using First% and Last Name%, plus the exact First and Last Name matches AND include results matching the other specified variables (e.g., SSN).

(d) "Priority rules for conflicting name modifiers:"

1. If BROAD, NARROW, and NAME are all specified, BROAD will take priority.
2. If NARROW and NAME are specified, NARROW will take priority.

Note:

- 1) If the value of this key is unavailable, the system will not display any result on "All Client Search".
- 2) We recommend having at least the NAME OR BROAD OR NARROW among the values being configured
- 3) The Create Potential Client button, Create Provider button on Client search Popup and Create New Client on the Inquiry Client Search pop will enable when the "All Client search" satisfies the System config Key set up values (accepted values). However, For Creating a Client when clicked on above buttons, the NAME, SSN, DOB is required as it is now.
- 4) Accepted Values are – NAME,BROAD,NARROW,SSN,DOB,CLIENTID, AUTHORIZATIONID, CAREMANAGEMENTID, PRIMARYCLINICIAN, INSUREDID, EIN and PHONE

Please enter your special instructions or comments...

3. Changes in Client Search Popup:

- When "EnableMultiFieldAllClientSearch" configuration key value is set to BROAD and when user enters First Name and Last Name and click on All Client search Button, the client record will be displayed based on the BROAD functionality. This Provides search starting with 3(or 2) characters of First Name% and 3(or 2) characters of Last Name% + Uses the exact First and Last Name for match + SOUNDEX of Last and First Name.
- When "EnableMultiFieldAllClientSearch" configuration key value is set to NARROW and when user enters First Name and Last Name and click on All Client search Button, the client record will be displayed based on the NARROW functionality. This Provides search using First Name% and Last Name% + Uses the exact First and Last Name for match.
- When "EnableMultiFieldAllClientSearch" configuration key value is set to BROAD and when there are no details in First Name and Last Name and when click on All Client search Button, the following validation message is displayed in Client Search Popup.
- Also, when "EnableMultiFieldAllClientSearch" configuration key value is set to NARROW and when there is no details in First Name and Last Name and when click on All Client search Button, following validation message will be displayed in Client Search Popup.

Validation Message: *Please make sure to enter FirstName, LastName for All Client Search*

Client Search

Clear

Please make sure to enter FirstName, LastName for All Client Search

Provider

All Providers

Name Search

☐ Include Client Contacts
☐ Only Include Active Clients (Checking will not allow option to create new Client)

Broad Search

Narrow Search

Type of Client

☒ Individual
☐ Organization
☐ Family

All Client Search

Last Name

First Name

Program

Other Search Strategies

SSN Search

DOB Search

Primary Clinician Search

Search

Authorization ID / #

External ID

Phone # Search

Master Client ID Search

Client ID Search

Insured ID Search

Records Found

ID	Master ID	Client Name	Chosen Name	SSN/EIN	DOB	Status	City	Primary Clinician	Pro

4. In Client Typeable Search Textbox - Client Search Pop up, when "All Client Search" button is used to search a client, the Create Potential Client and Create Provider Client button that allows to create a new client will be enabled when the "All Client search" satisfies the System config Key setup.

Client Search

Clear

No Search Records Found

Name Search

☐ Include Client Contacts
☐ Only Include Active Clients (Checking will not allow option to create new Client)

Broad Search

Narrow Search

Type of Client

☒ Individual
☐ Organization
☐ Family

All Client Search

Last Name

Test

First Name

Test

Program

Other Search Strategies

SSN Search

155

68

9888

Phone # Search

DOB Search

08/11/1996

Master Client ID Search

Primary Clinician Search

Search

Client ID Search

Authorization ID / #

Insured ID Search

External ID

Records Found

ID	Master ID	Client Name	Chosen Name	SSN/EIN	DOB	Status	City	Primary Clinician	Pro
N									

Create Provider Client

Create New Potential Client

Select

Cancel

Request Client Access

New Registration

Registration (Selected Client)

Inquiry (Selected Client)

Inquiry (New Client)

- In the Inquiry Details screen, when the user clicks the 'Link/Create client' button, the Client Search popup will be opened. Upon clicking the 'All Client Search' button, the 'Create New Client Record' button will be **enabled**, allowing the user to proceed with client creation based on the search outcome.

Inquiry Details

Remove Client Link

Link/Create Client

Register Client

Initial

Insurance

Demographics

Custom Fields

Inquirer Information

Relationship

Self

First Name

Test

Middle Name

Last Name

Test

Call Back

Ext

Email

Start Date

Start Time

Now

Client Information (Potential)

First Name

Test

Middle Name

Last Name

Test

Client ID

Gender

SSN

999999999

SSN Unknown/Refused

DOB

08/11/1996

Age (29 Years)

Medicaid Id

Home Phone

Cell

Email

Address1

Address2

City

State

Zip

Urgency Level

Inquiry type

Contact type

Accepts Text Messages

Client Prefers to go by a different name

Alias Type

Alias First Name

Alias Last Name

Presenting Problem

ADD/ADHD (all ages)

Addl Psych Test Hrs. Requested

Client Search

13 Search Records Found

Name Search

Include Client Contacts

Only Include Active Clients (Checking will not allow option to create new Client)

Broad Search

Narrow Search

Type of Client

Individual

Organization

Family

All Client Search

Last Name

Test

First Name

Test

Program

Other Search Strategies

SSN Search

155

68

9888

DOB Search

08/11/1996

Primary Clinician Search

Search

Authorization ID / #

External ID

Phone # Search

Master Client ID Search

Client ID Search

Insured ID Search

Records Found

ID	Master ID	Client Name	Chosen Name	SSN/EIN	DOB	Status	City	Primary Clinician	Pro

Select

Cancel

Request Client Access

New Registration

Create New Client Record

Streamline Healthcare Solutions, L.L.C. | 1301 W. 22nd St, Suite 305 | Oak Brook, IL 60523 | streamlinehealthcare.com

Note: There is no change in existing functionality in the client search apart from which is mentioned in this enhancement.

Client Statement

Reference No	Task No	Description
46	EII# 130852	Updating the client statement for 'Tax ID' and 'Billing Codes' on the 'Client Statement'.
47	EII# 131019	Integrated the 'Show Procedure Rate Billing Codes' and 'Show Agency Tax ID' options into both the Client Statement Configuration List Page and the Detail screen along with the existing values.

Author: Yashas Kydalappa

46. EII # 130852 (Feature - 534709): Updating the client statement for 'Tax ID' and 'Billing Codes' on the 'Client Statement'.

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

Note: This is a Passive Change, through this enhancement, we are providing the backend logic for updating the client statement for 'Tax ID' and 'Billing Codes' on the 'Client Statement'.

Prerequisite: 'Client Statement' configuration is created under the 'Client Statement Configuration Detail' screen for 'Tax ID' and 'Billing Codes' and 'Tax ID' and 'Billing Codes' to be active.

Path: 'Administration' -- 'Client Statement Configuration List Page' -- 'Client Statement Configuration List Page' -- Click on 'New' button -- 'Client Statement Configuration Details' screen.

Navigation Path: 'My Office' -- 'Billing' -- 'Client Account' -- 'Client Account' screen -- 'Generate Statement' button.

Functionality 'Before' and 'After' release:

Before this release, the 'Client Statement' did not include options to display the 'Tax ID' and 'Billing Codes'.

With the release, a logic has been implemented to display the 'Tax ID' and 'Billing Codes' on 'Client Statement'.

1. Logic for display the 'Tax ID' and 'Billing Code' in client statement

- If the 'Client Statement Configuration Details' screen is configured with 'Show Agency Tax ID' and 'Show Procedure Rate Billing Codes' along with a defined 'Start Date' and 'End Date', the system will display the 'Tax ID' and 'Billing Codes' on the 'Client Statement' when generating statements within the specified date range.

Example: In the 'Client Statement Configuration Details' screen, the 'Start Date' and 'End Date' fields are set to '08/01/2025' to '08/11/2025', if we generate the statement from 1st August 2025 to 11th August 2025, the 'Tax ID' and 'Billing Codes' will be displayed on the 'Client Statement'.

If the client statement is generated from the 12th August 2025, the 'Tax ID' and 'Billing Codes' will not be displayed on the 'Client Statement'.

- If the 'Client Statement Configuration Details' screen is configured with the 'Show Agency Tax ID' and 'Show Procedure Rate Billing Codes' without specifying a 'Start Date' and 'End Date,' the 'Client Statement field' will be considered as 'Active' and used on the 'Client Statement' for all time.

2. Tax ID' on Client Statement

- The 'Tax ID' is displayed in the header section of the Client Statement, below the address information.
- The Tax ID value is fetched from the 'TaxID' column in the 'Agency' table.

2.A Screenshot of Client Statement with TaxID under client statement

GOLDQA Main Office Located at: 10th main, Bengaluru, 56000 Taxid: 942938348 Phone: 8017436164 Fax:									
545655 Test					Client Name: 545655 Test Client ID: 11226 Statement Date: 07/29/2025 Balance due on 8/28/2025				
Date of Service	Procedure / Duration	Billing Code	Provider	Fee	Insurance Payment	Adjustment	Client Payment	Insurance Balance	Client Balance
*Prior Balance									
07/11/2025	545655 10	78925	K	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00
07/13/2025	545655 10	78925	K	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00
07/13/2025	545655 22	BHKB59	K	\$20.00	\$0.00	\$0.00	\$0.00	\$20.00	\$0.00
07/14/2025	545655 50	GJO	K	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	\$0.00

2.B Screenshot of TaxID column from 'Agency' table.

SQLQuery1.sql - bl...Tykydalappa (125/)*														
select Taxid, * from Agency														
Results Messages														
Taxid	AgencyId	CreatedBy	CreatedDate	ModifiedBy	ModifiedDate	ProviderId	AgencyName	AbbreviatedAgencyName	Address	City	State	ZipCode	AddressDisplay	PaymentAdd
942938348	1	sai	2012-06-25 16:24:05.310	Kavara	2025-01-02 14:39:00.000	1	GOLDQA	Auton_Agency	1301 W 22nd St	Oak Brook	OH	60523	1301 W 22nd St, Oak Brook, OH 60523	4018lincoln

3. 'Billing Code' on client Statement

- The 'Billing Code' is displayed on the 'Client Statement' within the grid, positioned between the 'Procedure/Duration' and 'Provider' columns.
- The 'Billing Code' values displayed on the 'Client Statement' are fetched from the 'Standard Billing Code' textbox field under the 'Standard Billing Code' section of the 'Rates/Billing Codes' tab in the 'Procedure Code Details' screen from 'services Procedure Rate ID'.

Procedure Code Details

General
Rates/ Billing Codes
Programs/ Credentials
Add-On Procedure Codes
CQM Configurations
Bundle Codes
Reporting
Associated Document

Mode of Delivery...
Age Group...

Standard Billing Code

Standard Billing Code 78925
A B C D
☐ Add Modifiers From Service
1.00 Claim Unit Per
Minutes

Standard Revenue Code 96385
Code Description
Advanced...

National Drug Code
Drug Unit Type
Drug Units Per Service

Comment

Copy Rate
Modify
Clear

Rate List
☒ Show only those rates that are currently effective.

	From	To	Charge	Billing Code	Rev Code	Code Description	National Drug Code	Drug Unit Type	Drug Units Per S
X	06/01/2025		\$15.0000 Ran...	78925 A B C D	96385				
X	06/01/2025		\$20.0000 Ran...	BHK859	963TY				
X	06/01/2025		\$85.0000 Ran...	GJO					

- If the 'Billing Code' is not entered in the 'Procedure Codes Details' screen, the corresponding column on the 'Client Statement' will appear blank.

3.A Screenshot of 'Billing Codes' from 'Procedure Code Details' screen.

GOLDQA
Main Office Located at:
10th main,
Bengaluru, 56000
Taxid: 942938348
Phone: 8017436164
Fax:

545655 Test
Client Name: 545655 Test
Client ID: 11226
Statement Date: 07/29/2025
Balance due on 8/28/2025

Date of Service	Procedure / Duration	Billing Code	Provider	Fee	Insurance Payment	Adjustment	Client Payment	Insurance Balance	Client Balance
*Prior Balance									
07/11/2025	545655 10	78925	K	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00
07/13/2025	545655 10	78925	K	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00
07/13/2025	545655 22	BHK859	K	\$20.00	\$0.00	\$0.00	\$0.00	\$20.00	\$0.00
07/14/2025	545655 50	GJO	K	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	\$0.00
07/14/2025	545655 50	GJO	K	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	\$0.00
Totals:								\$220.00	\$0.00

*Prior Balance – Transactions with activity 30 days prior to the Statement Date are combined in the Prior Balance line.
Please return the bottom portion of this bill with your payment.

Author: Yashas Kydalapp

47. EII # 131019 (Feature - 545655): Integrated the 'Show Procedure Rate Billing Codes' and 'Show Agency Tax ID' options into both the Client Statement Configuration List Page and the Detail screen along with the existing values.

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

Note: This is a Passive Change. With this enhancement, the two new options called 'Show Agency Tax ID' are implemented and 'Show Procedure Rate Billing Codes' in the 'Client Statement Configuration List Page' and 'Client Statement Configuration Details' page to configure these values. And these values which are initiated from the 'Client Statement Configurations', their respective functionalities can be visible in the 'Client Statements'.

Navigation Path 1: 'Administration'--'Client Statement Configuration List Page' -- 'Client Statement Configuration List Page' list page.

Navigation Path 2: 'Administration' -- 'Client Statement Configuration List Page' -- 'Client Statement Configuration List Page' list page -- Click on 'New' icon -- Client Statement Configuration Details' page opens.

Navigation Path 3: 'Administration' -- 'User Interface' -- 'Global Codes' -- 'Global Codes list page -- select 'CLIENTSTATEMENTFIELD' under All Categories dropdown -- click on the 'Category' hyper link -- 'Global Code Details' screen for 'CLIENTSTATEMENTFIELD'.

Functionality 'Before' and 'After' release:

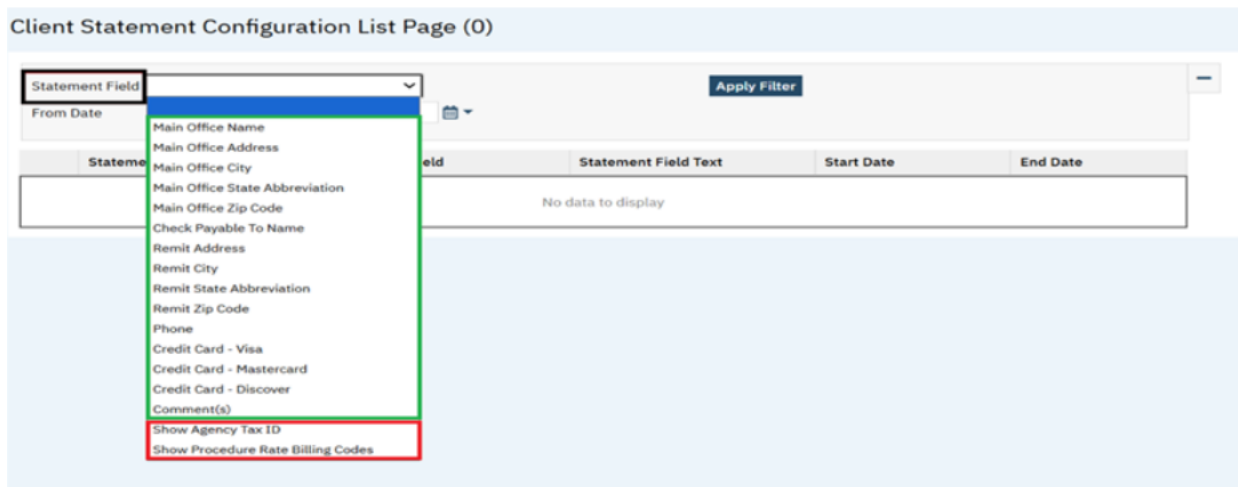
Before this release, the overriding configuration to the 'Client Statement' through the Client Statement Configuration screen to populate the specified values such as 'Tax ID' and 'Billing code' were not present.

With the release, the following changes are implemented.

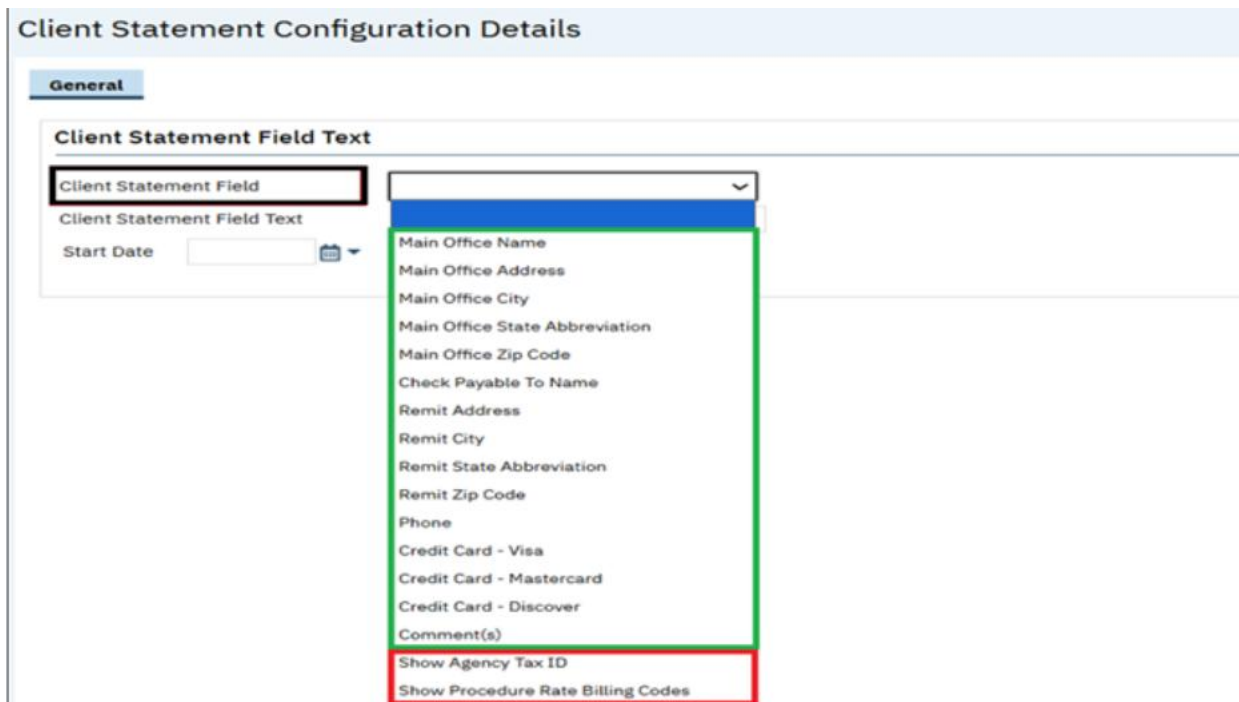
1. The 'Show Agency Tax ID' and 'Show Procedure Rate Billing Codes' new dropdown options along with the existing options are implemented in the 'Statement Field' and 'Client Statement Field' dropdown under the 'Client Statement Configuration List Page' and 'Client Statement Configuration Detail screen'.

The values in the 'Statement Field' dropdown and 'Client Statement Field' dropdown are initiated from global codes category "CLIENTSTATEMENTFIELD".

1A. Screenshot of Client Statement Configuration List Page (Green Highlighted are the existing values and Red Highlighted are the new values.)



1B. Screen shot of Client Statement Configuration Details screen (Green Highlighted are the existing values and Red Highlighted are the new values.)



Client Statement Configuration Details

General

Client Statement Field Text

Client Statement Field Client Statement Field ▼

Client Statement Field Text

Start Date ▼

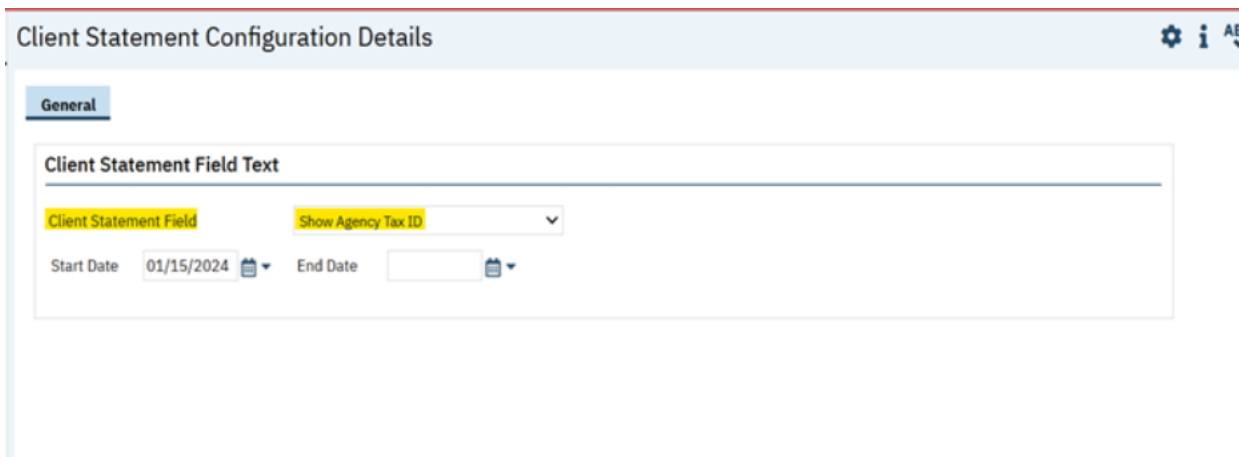
Main Office Name
Main Office Address
Main Office City
Main Office State Abbreviation
Main Office Zip Code
Check Payable To Name
Remit Address
Remit City
Remit State Abbreviation
Remit Zip Code
Phone
Credit Card - Visa
Credit Card - Mastercard
Credit Card - Discover
Comment(s)
Show Agency Tax ID
Show Procedure Rate Billing Codes

2. The 'Show Agency Tax ID' and 'Show Procedure Rate Billing Codes' don't have the 'Client Statement Field Text' text field.

When the dropdown options "Show Agency Tax ID" and " Show Procedure Rate Billing Codes" are selected, the corresponding "Client Statement Field Text" fields are disabled to prevent the user input.

The 'Show Agency Tax ID' and " Show Procedure Rate Billing Codes" fields contains 'Start Date' and 'End Date' fields in the 'Client Statement Configuration Details' screen.

Screenshot of 'Show Agency Tax ID' in the Client Statement Configuration Details screen



Client Statement Configuration Details

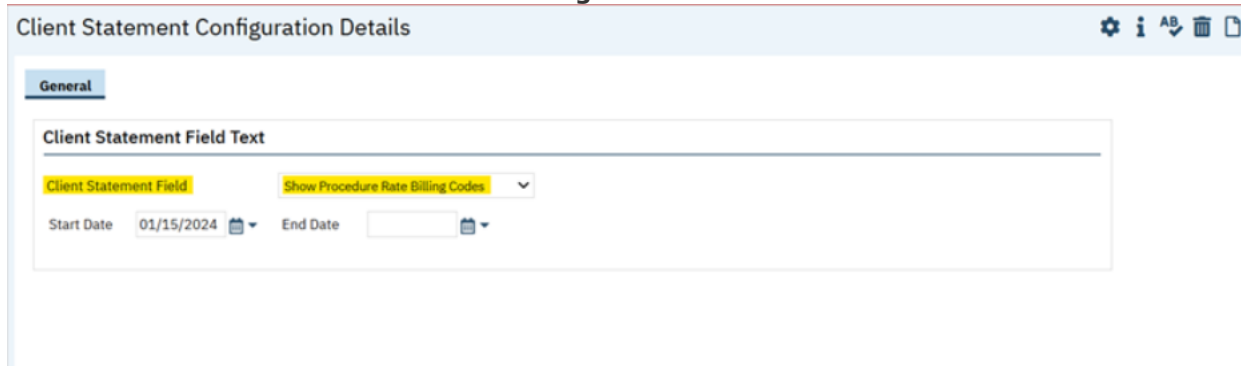
General

Client Statement Field Text

Client Statement Field Show Agency Tax ID ▼

Start Date ▼ End Date ▼

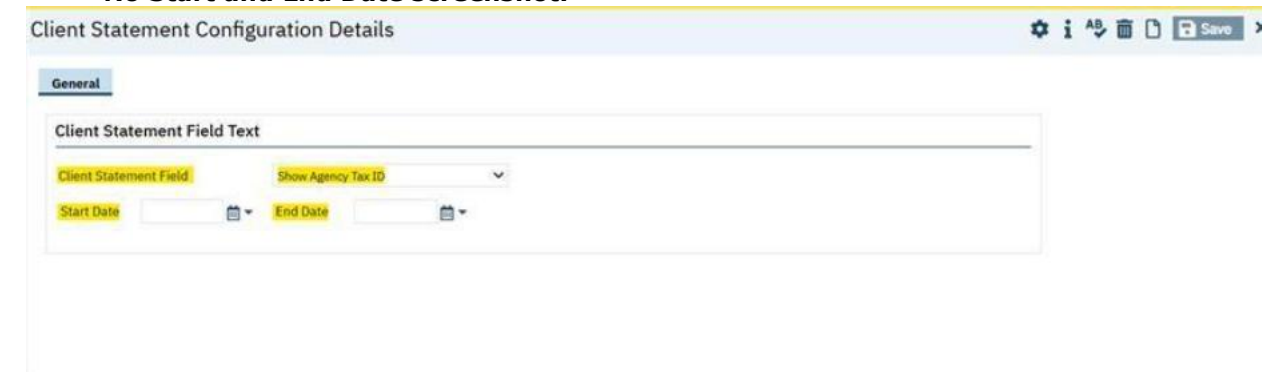
Screenshot of 'Show Procedure Rate Billing Codes'



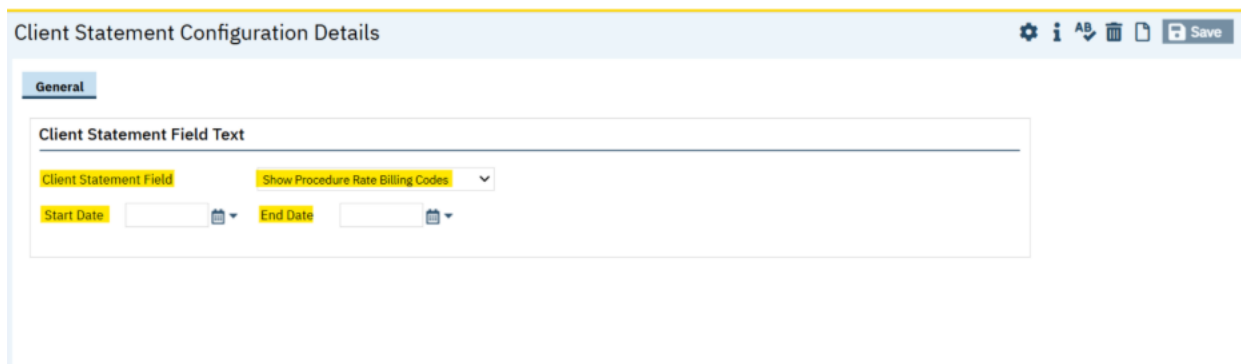
The screenshot shows the 'Client Statement Configuration Details' form. The 'General' tab is selected. Under 'Client Statement Field Text', the 'Client Statement Field' is 'Show Procedure Rate Billing Codes'. The 'Start Date' is '01/15/2024' and the 'End Date' is empty. The 'Save' button is visible in the top right corner.

- If no Start or End Date is provided while creating the 'Client Statement Configuration Details' for the 'Show Agency Tax ID' and 'Show Procedure Rate Billing Codes' options, the statement field is considered as 'Active' and 'Tax ID' and 'Billing Codes' values are displayed on the client statement for all time.

No Start and End Date screenshot:



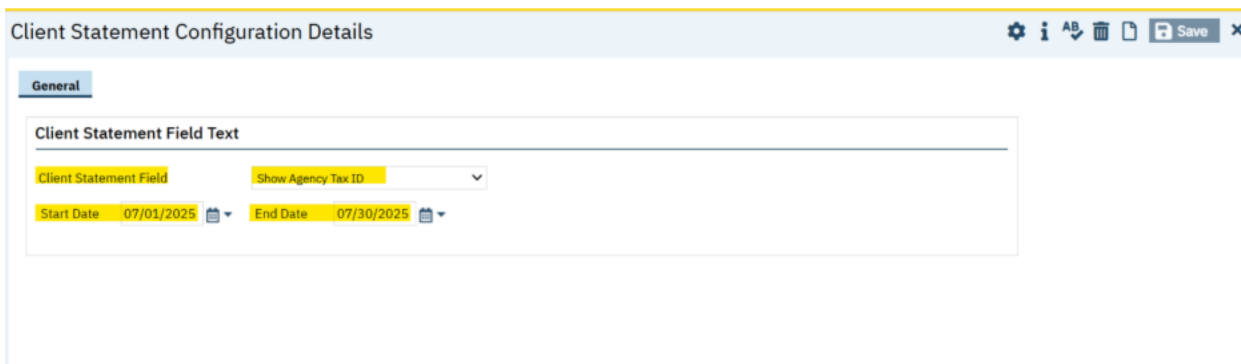
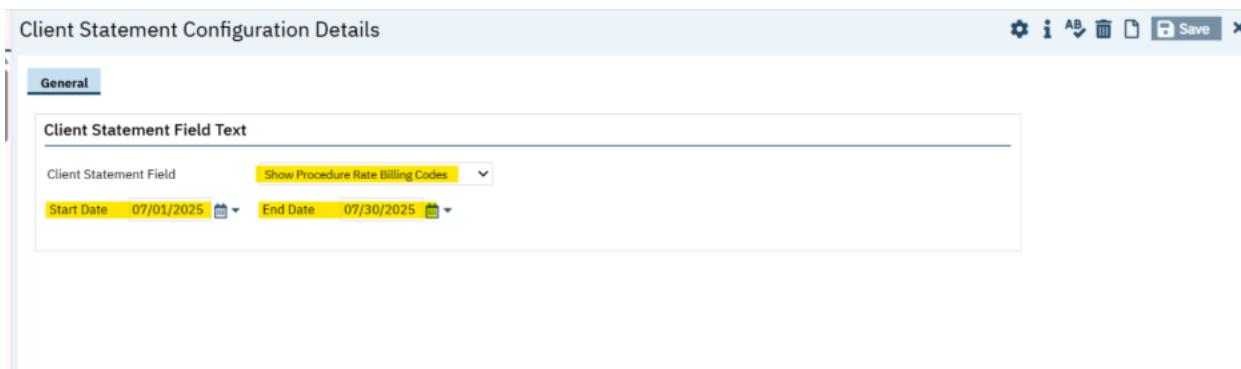
The screenshot shows the 'Client Statement Configuration Details' form. The 'General' tab is selected. Under 'Client Statement Field Text', the 'Client Statement Field' is 'Show Agency Tax ID'. The 'Start Date' and 'End Date' fields are empty. The 'Save' button is visible in the top right corner.



The screenshot shows the 'Client Statement Configuration Details' form. The 'General' tab is selected. Under 'Client Statement Field Text', the 'Client Statement Field' is 'Show Procedure Rate Billing Codes'. The 'Start Date' and 'End Date' fields are empty. The 'Save' button is visible in the top right corner.

- The Start and End Date are not mandatory fields when creating the field for the first time. If the user wants to create the same field twice, then the previously created configuration will be updated with 'Start' and End Date'.

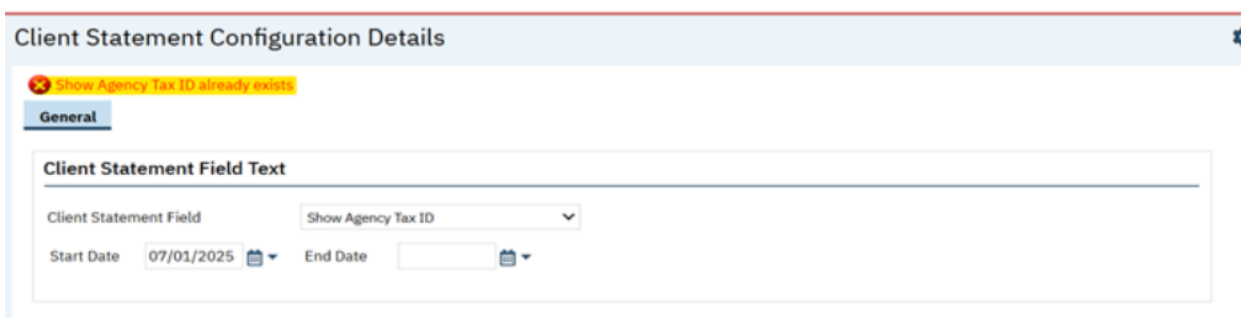
With Start date and End date screenshot:

- If Start and End Date are not updated for the previously created field, the system will display the below validation message.

Validation Message: "Show Agency Tax ID already exists"

If the 'Show Agency Tax ID' has been created without dates, the system does not allow the user to create the 'Show Agency Tax ID' twice, and the below validation message is displayed. Because the previously created 'Show Agency Tax ID' is still 'Active'. And the overlapping of dates will not be allowed.

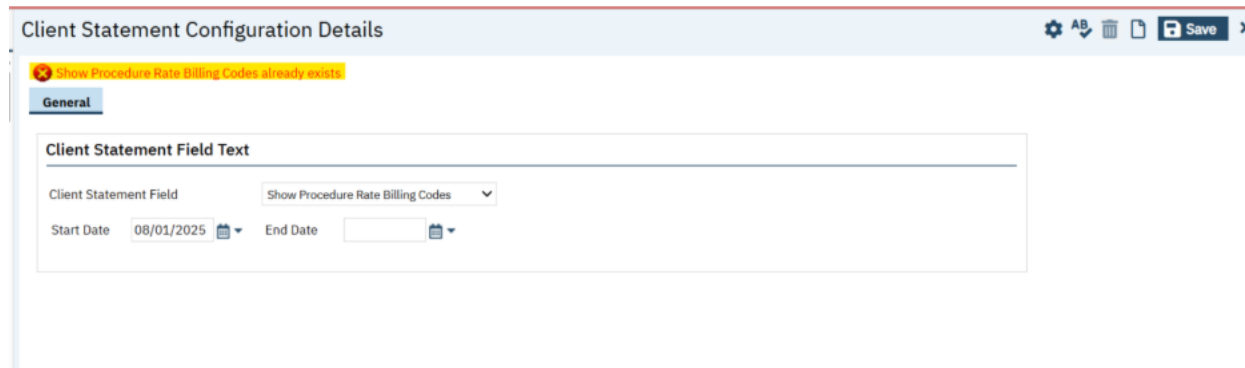


If the "Show Procedure Rate Billing Codes" has been created without dates if user tries to create a twice, the below validation message is displayed.

If the "Show Procedure Rate Billing Codes" has been created without dates, the system does not allow the user to create the "Show Procedure Rate Billing Codes" twice, and the below validation message is displayed. because

the previously created "Show Procedure Rate Billing Codes" is still 'Active'. And the overlapping of dates will not be allowed.

Validation Message: "Show Procedure Rate Billing Codes already exists"



The screenshot shows the 'Client Statement Configuration Details' window. At the top, there is a yellow error message: "Show Procedure Rate Billing Codes already exists". Below this, the 'General' tab is selected. Under 'Client Statement Field Text', there is a dropdown menu for 'Client Statement Field' currently set to 'Show Procedure Rate Billing Codes'. Below the dropdown, there are fields for 'Start Date' (08/01/2025) and 'End Date' (empty).

Note: The above logic is applicable for all the options under the 'Client Statement Field' dropdown in the 'Client Statement Configuration Details' screen (It is an Existing logic).

CM Authorization

Reference No	Task No	Description
48	Core Bugs #132401	CM Client authorization details: incorrect confirmation displayed while adding billing codes with multiple modifiers.

Author: Renuka Gunasekaran

48. Core Bugs # 132401: CM Client authorization details: incorrect confirmation displayed while adding billing codes with multiple modifiers.

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

Navigation Path1: 'My Office' -- 'Provider Contract' -- Provider name hyperlink -- 'Provider' -- 'Provider Contract' -- 'Contracted Rates' icon -- map Billing code with Modifier 1,2 or 1,2,3 or 1,2,3,4 -- Insert -- Save

Navigation Path2: 'Client' -- 'CM Client Authorization' -- New -- 'CM Client authorization details' -- 'Select Billing code with modifiers' -- Insert.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In CM Client Authorization Details screen when a user attempted to add a billing code with multiple modifiers, even though an active contract rate was available under the provider contract an incorrect confirmation message was displayed:

Message: "Confirmation Message: The billing code is not active in a contract for the provider and insurer combination for the authorization dates. Do you want to continue with Yes and No?".

With this release, the above issue is resolved. The confirmation message is not displayed when a billing code with multiple modifiers is added to the CM Client Authorization within the valid duration.

Contact Notes

Reference No	Task No	Description
49	EII # 130727	Changes are implemented to provide the ability to select multiple staff members and to notify multiple staff members.

Author: Girish Jayanna

49. EII # 130727(Feature - 531289): Changes are implemented to provide the ability to select multiple staff members and to notify multiple staff members

Note: This is a passive change. The purpose is to provide ability to select multiple staff members and to notify both the treatment team and the appropriate Client Access Associates who are not part of the client's treatment team.

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

Navigation Path: Client -- 'Contact Notes' -- 'Contact Notes' list page -- Click on new icon -- 'Contact Note Detail' screen -- 'Contact Note' tab -- 'Contact Note' section -- 'Notify staff member about this contact' field.

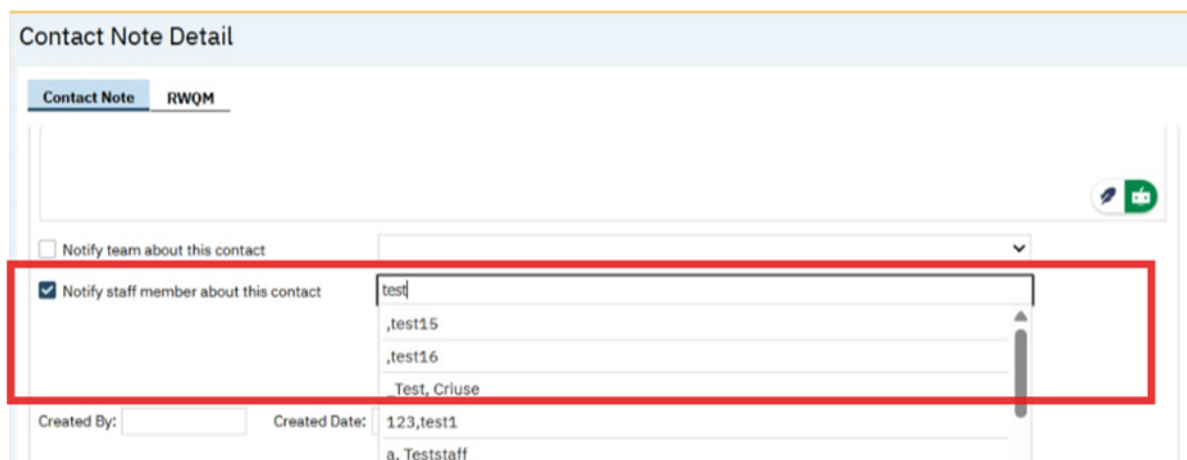
Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The system allowed only a single staff member to be added and notified regarding a client's follow-up care.

With this release, the following changes have been implemented in the 'Contact Note Detail' screen to allow users to select multiple staff members and to notify both the treatment team and the appropriate Client Access Associates, who are not part of the client's treatment team.

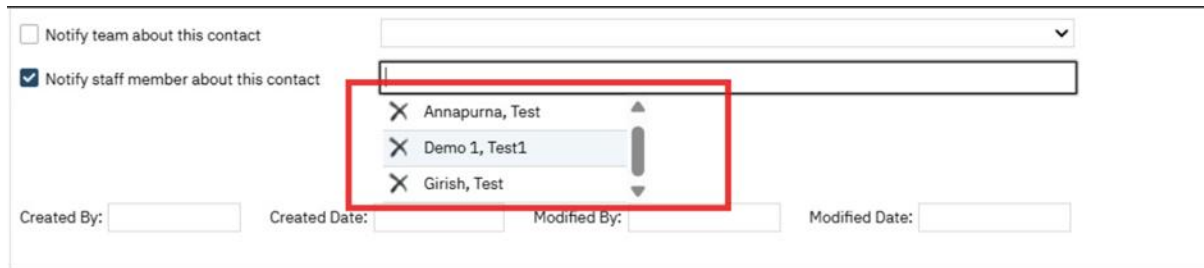
'Contact Note Detail' screen:

- The 'Notify staff member about this contact' field has been changed from a dropdown to a typeable searchable textbox. This allows users to easily search and add multiple staff members.



The screenshot shows the 'Contact Note Detail' screen. At the top, there's a header 'Contact Note Detail' and a sub-header 'Contact Note RWQM'. Below this, there's a section for 'Notify team about this contact' with a checkbox and a dropdown menu. Below that, there's a section for 'Notify staff member about this contact' with a checked checkbox and a new searchable dropdown menu. The dropdown menu is highlighted with a red box and shows a list of staff members: 'test', '.test15', '.test16', 'Test, Criuse', '123,test1', and 'a, Teststaff'. At the bottom, there's a 'Created By:' field and a 'Created Date:' field with the value '123,test1'.

- If users want to remove the staff, the user can remove a staff member by clicking the associated delete icon.



- A notification will be sent to all selected staff members when the 'Contact Note Detail' screen is saved.

CQM

Reference No	Task No	Description
50	Core Bugs # 132382	Procedure/Rates: same Concept codes for different concept category was not displaying in Measure Value Set Search pop up.

Author: Boovendiran Chiinuswamy

50. Core Bugs # 132382: Procedure/Rates: same Concept codes for different concept category was not displaying in Measure Value Set Search pop up.

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

Navigation Path: 'Procedure/Rates (Administration)' – CQM Configurations tab – click on Search – Measure Value Set Search pop up

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. If Same Concept code had different Concept Category, then concept code for the next concept category was not displayed in the Measure Value Set Search pop up

With this release, above-mentioned issue has been resolved. If Same Concept code having different Concept Category, then concept code is displaying for each concept category in Measure Value Set Search pop up.

Dashboard

Reference No	Task No	Description
51	EII # 130588	Dashboard: Rearranging of widgets

52	Core Bugs # 132455	Dashboard: Unposted Payments
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Author: Kiran Tigarimath

51. EII # 130588 (Feature - 523960): Dashboard: Rearranging of widgets. {ACTIVE CHANGE}

Note: This is a Active change. Through this implementation on clicking Edit icon on the Dashboard, a new icon "Re-Arrange Dashboard" will be displayed. On click of this Icon, the widgets in the dashboard will be rearranged properly without showing any gaps

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

Navigation Path 1: 'My Office' – 'Dashboard' Screen – click on Edit Dashboard

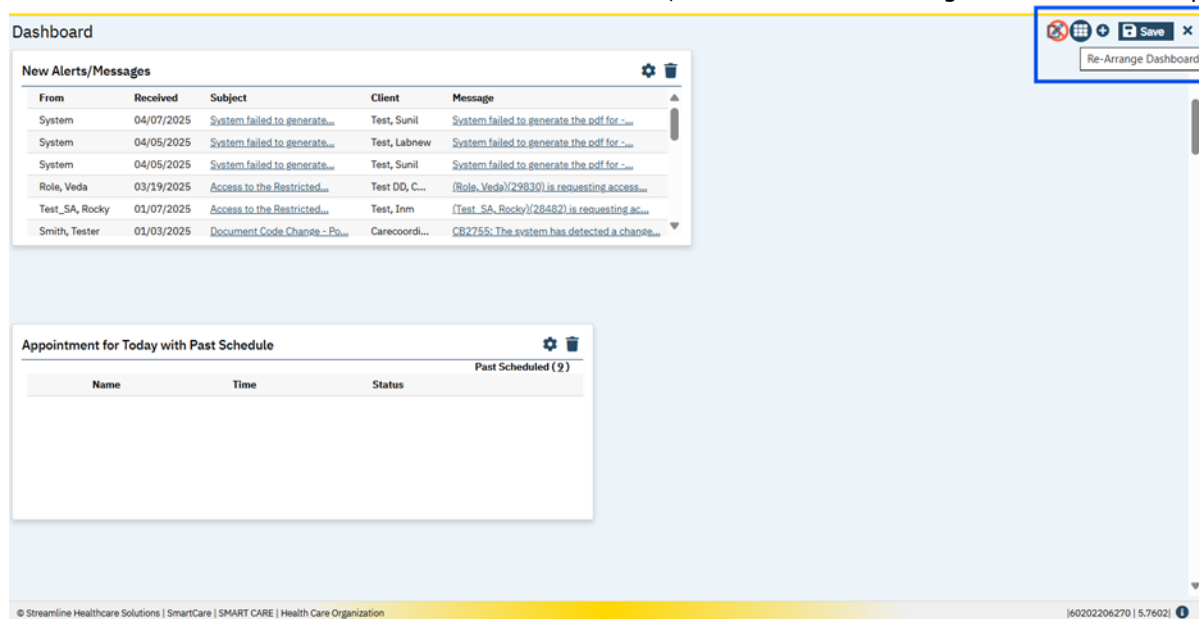
Navigation Path 2: 'Client' – 'Client Dashboard' Screen – click on Edit Dashboard

Functionality 'Before' and 'After' release:

Before this release, On the 'Dashboard' screen, widgets were not properly arranged, resulting in irregular spacing and large gaps between widgets.

With this release, a new feature is implemented to dynamically rearrange widgets and make the best use of available space on the dashboard screen. Widgets are now, properly aligned, and displayed in a cleaner, more efficient layout.

1. On click of Edit icon on the 'Dashboard' screen, a new icon "Re-Arrange Dashboard" is displayed.



2. On click of "Re-Arrange Dashboard" icon all the widgets in the 'Dashboard' screen are automatically rearranged and aligned properly without showing any gaps/whitespaces.

The screenshot displays the Streamline Healthcare Dashboard with the following components:

- New Alerts/Messages:** A table with columns: From, Received, Subject, Client, Message. It lists several system-generated alerts and access requests.
- Warnings, Errors, Flags:** A section labeled "Processing".
- Care Coordination Next Step:** A section labeled "Processing".
- Appointment for Today with Past Schedule:** A table with columns: Name, Time, Status. It shows "Past Scheduled (2)".
- Refill/Reject Request:** A section labeled "Processing".
- Tracking Widget:** Includes filters for Work Group (Inpatient, Outpatient), Assigned, Tracking Protocol (All Flags, Tx Team Role), and a search field for "Smith, Tester". It features a table with columns: Flags Tracked, Due in 90-61 Days, Due in 60-31 Days, Due in 30 Days or Less, and Overdue. The "Overdue" column shows a count of 3.

Footer: © Streamline Healthcare Solutions | SmartCare | SMART CARE | Health Care Organization | [60202206270] | 5.76602

- Users can still manually drag and rearrange widgets as before. This functionality remains unchanged and works alongside the new auto-layout feature.

Author: Yashas Kydalappa

52. Core Bugs # 132455: Dashboard: Unposted Payments.

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

Navigation Path: My Office'- 'Dashboard'-Search for the 'Unposted Payments' widget-click on the amount hyperlink.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Dashboard, when the user clicked the amount hyperlink in the Unposted Payments widget, it redirected to the Payments/Adjustment List page with a specific payer type auto selected. Additionally, the system automatically applied a 1-month prior date range based on the current date in the 'Received From' and 'Received To' calendar fields. As a result, any unposted payments created prior to this auto-applied date range were excluded from the list, potentially causing incomplete data visibility.

With this release, the above-mentioned issue has been resolved. Now, when the user clicks the amount hyperlink under the Unposted Payments widget on the Dashboard, the auto-selection logic for the 1-month prior

date range has been removed from the Payments/Adjustment List page and the calendar control fields, such as 'Received From' and 'Received To', are displayed blank. All the records based on the specific payer types are displayed in the payments/ adjustments list page.

DFA

Reference No	Task No	Description
53	Core Bugs # 131758	'C & A Questions' Document: 'Problems Sleeping?' Section check boxes enabled by default
54	EII # 129963	Implementation of the Radio Button options in the 'DFA form'.

Author: Kiran Tigarimath

53. Core Bugs # 131758: 'C & A Questions' Document: 'Problems Sleeping?' Section check boxes enabled by default.

Note: This issue fix is for specific customers who have custom implementation.

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

Navigation Path: 'Client' - Go search -- 'C & A Questions' Document – New

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When users open the 'C & A Questions' document, all the individual checkboxes under the 'Problems Sleeping?' section were enabled by default, regardless of whether the section's main checkbox ('Problems Sleeping?') was checked or not. Users could access (click/select) these checkboxes independently of the section control.

With this release, the above-mentioned issue has been resolved. Now, all the check boxes under 'Problems Sleeping?' section are disabled by default when users open the 'C & A Questions' document and these check boxes only become enabled and accessible when the 'Problems Sleeping?' checkbox is checked in 'C & A Questions' document.

Author: Sunil Belagali

54. EII # 129963 (Feature - 489568): Implementation of the Radio Button options in the 'DFA form'.

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

Note: This is a Passive change. With this enhancement, a new Radio Button Type' field is added to the 'Form Items' section of the DFA Editor screen. This will help the user to directly enter the radio button options in the 'DFA form' without need to create a separate global codes each time.

Navigation Path: Login to 'SmartCare' application – 'Administration' -- 'DFA Editor' – 'Form Items' Section.

Functionality 'Before' and 'After' release:

Before this release, the radio buttons without global codes were not supported in DFA. Users had to create a new global code each time to bind radio button controls in the DFA form.

With this release, the following changes are implemented in 'DFA Form'.

A new 'Radio Button Type' field has been added with 'Use Global Code Category' and 'Add Custom Options' response options to the Form Items section of the DFA Editor screen. Users can now directly enter radio button options in the 'DFA form' without the need to create separate global codes.

This field contains two radio button options:

- **Use Global Code Category** – To bind options from an existing global code category. This option is selected as default.
- **Add Custom Options** – To directly enter radio button options within the DFA form without creating a separate global code.

The screenshot shows the SmartCare DFA Editor interface. The 'Form Items' section is active, displaying various configuration fields for a form item. The 'Radio Button Type' field is highlighted with a red box, showing two radio button options: 'Use Global Code Category' (selected) and 'Add Custom Options'.

- a. **Use Global Code Category:** When the user selects Item Type as 'RadioButton', this 'Use Global Code Category' radio button option is selected by default.

When the "Use Global Code Category" option is chosen, selecting a Global Code Category is required. If not selected, an below error message will be displayed.

Error Message: "Please Select Global Code Category"

The screenshot shows the 'DFA Editor' interface. At the top, there is a navigation bar with icons for search, star, home, and user. Below this is a header bar with the title 'DFA Editor' and icons for download, save, settings, and help. A red box highlights a message at the top left: 'Please Select Global Code Category'. The main area is divided into two tabs: 'DFA Entries' and 'Preview'. The 'DFA Entries' tab is active, showing a form with various fields. A red box highlights the 'Global Code Category' dropdown menu, which currently shows 'Select Category'. Another red box highlights the 'Radio Button Type' section, which has two options: 'Use Global Code Category' (selected) and 'Add Custom Options'. At the bottom, there are 'Modify' and 'Clear' buttons. Below the form is a table with columns: Item Label, Sort Order, Item Type, Column Name, Global Code Category, SP Name, Value Field, Text Field, Dropdown Type, and Custom Identifier.

b. **Add Custom Options:** When the user selects 'Item type' as "Add Custom Options" radio button, "Add/Edit RadioButton Options" hyperlink will appear beside the 'Global Code Category' dropdown.

The screenshot shows the 'DFA Editor' interface with the 'Form Items' tab active. The form contains various fields for editing a DFA entry. A red box highlights the 'Global Code Category' dropdown menu, which now shows 'Select Category' and a blue hyperlink 'Add/Edit RadioButton Options' next to it. Another red box highlights the 'Radio Button Type' section, which has two options: 'Use Global Code Category' and 'Add Custom Options' (selected). At the bottom, there are 'Insert' and 'Clear' buttons. Below the form is a table with columns: Item Label, Sort Order, Item Type, Column Name, Global Code Category, SP Name, Value Field, Text Field, Dropdown Type, and Custom Identifier.

2) **'Add/Edit RadioButton Options' hyperlink:**

The screenshot shows the 'Form Items' configuration interface in the DFA Editor. It includes fields for Section Id, Group Id, Item Width, Sort Order, DropDown Type, Edit Field Height, Maximum Length, Grid Column Width, and checkboxes for 'Show this Field in Grid' and 'Show this Field in PDF'. There are also fields for Item Column Name, Item Label, Comment Column Name, Shared Table Name, Stored Procedure Name, Text Field, Value Field, Information Icon SP Name, Filter Name, Custom Identifier, and Grid Column Header. On the right, there are radio buttons for 'Active', 'Require Comment', 'Radio Button On New Line', 'Information Icon', 'Exclude from Pencil Icon', 'Filter', 'Stored Procedure has Parameter', and 'Radio Button Type'. A red box highlights the 'Add/Edit RadioButton Options' hyperlink next to the 'Global Code Category' dropdown.

When the user clicks on "Add/Edit RadioButton Options" hyperlink, a 'RadioButton Options Pop-up' will appear and user must add at least value in the 'Form Items'.

The screenshot shows the 'RadioButton Options Pop-up' dialog box. It has a title bar with a close button. Inside, there are two input fields: 'RadioButton Option' and 'Sort Order', each with an 'Insert' and 'Clear' button. Below these is a 'RadioButton Option List' table with two columns: 'RadioButton Option' and 'Sort Order'. The table is currently empty. The background shows the DFA Editor interface with the 'Add/Edit RadioButton Options' link highlighted.

Note: If the "Add/Edit RadioButton Options" hyperlink is clicked before inserting the **Form Items**, the system will display the following error message:

Error Message: "Please insert the Radio button Form Item before adding the custom options"

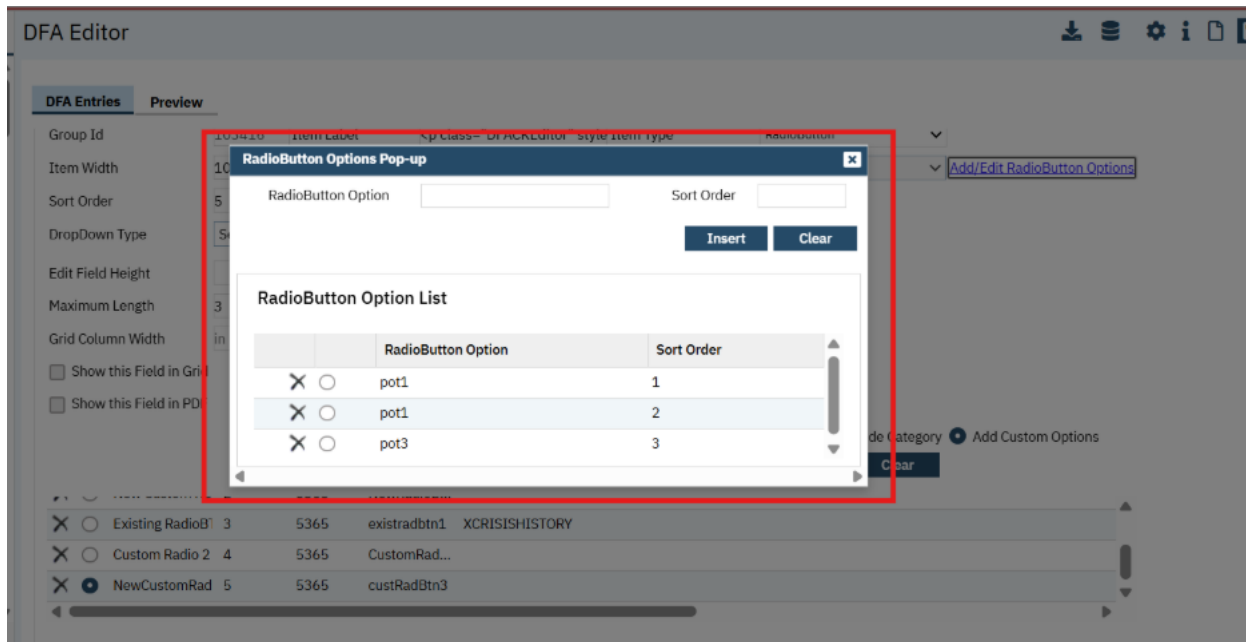
The screenshot shows the 'DFA Editor' window with a red-bordered error message at the top: "Please insert the Radio button Form Item before adding the custom options". Below the message, the 'DFA Entries' tab is active, displaying a form for editing a 'RadioButton' item. The form includes fields for Group Id (103416), Item Label, Item Type (RadioButton), Global Code Category (Select Category), and various checkboxes for options like 'Active', 'Require Comment', 'Radio Button On New Line', 'Information Icon', 'Exclude from Pencil Icon', 'Filter', 'Stored Procedure has Parameter', and 'Radio Button Type'. There are 'Insert' and 'Clear' buttons at the bottom right of the form.

3) User can Insert/Edit the required 'Custom Radio Button options' in 'RadioButton Options' Pop-up.

The screenshot shows the 'DFA Editor' window with the 'RadioButton Options Pop-up' open. The pop-up contains a 'RadioButton Option' textbox, a 'Sort Order' textbox, and 'Insert' and 'Clear' buttons. Below these is a 'RadioButton Option List' grid. The grid has two columns: 'RadioButton Option' and 'Sort Order'. The background shows the 'DFA Entries' tab with a list of items, including 'Custom Radio 2', 'NewCustomRad', and 'NopeTest'.

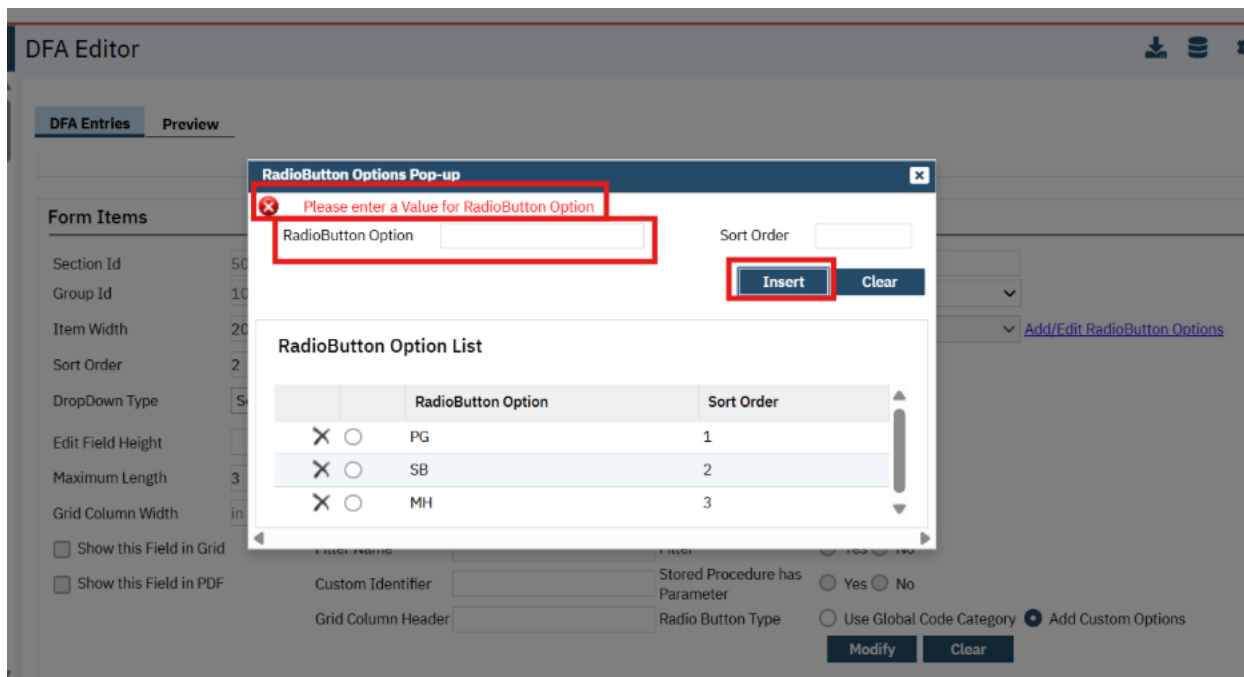
RadioButton Options pop-up contains the following fields:

- a. **RadioButton Option** textbox
- b. **Sort Order** textbox
- c. **Insert/Modify** button
- d. **Clear** button
- e. **RadioButton Option List** Grid



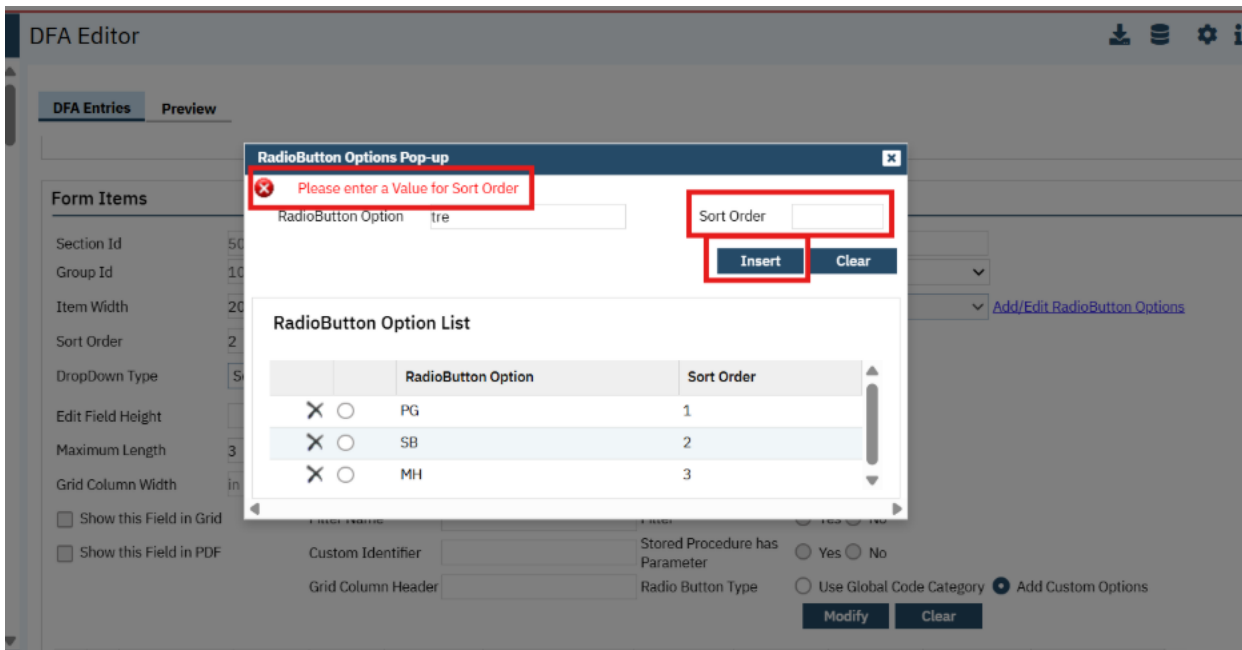
a. RadioButton Option – This is a textbox, where User can enter the required 'RadioButton options' name. If the user clicks on the 'Insert' button without adding any text in "RadioButton Option" textbox, the following warning message will appear.

WarningMessage: "Please enter a Value for RadioButton Option"



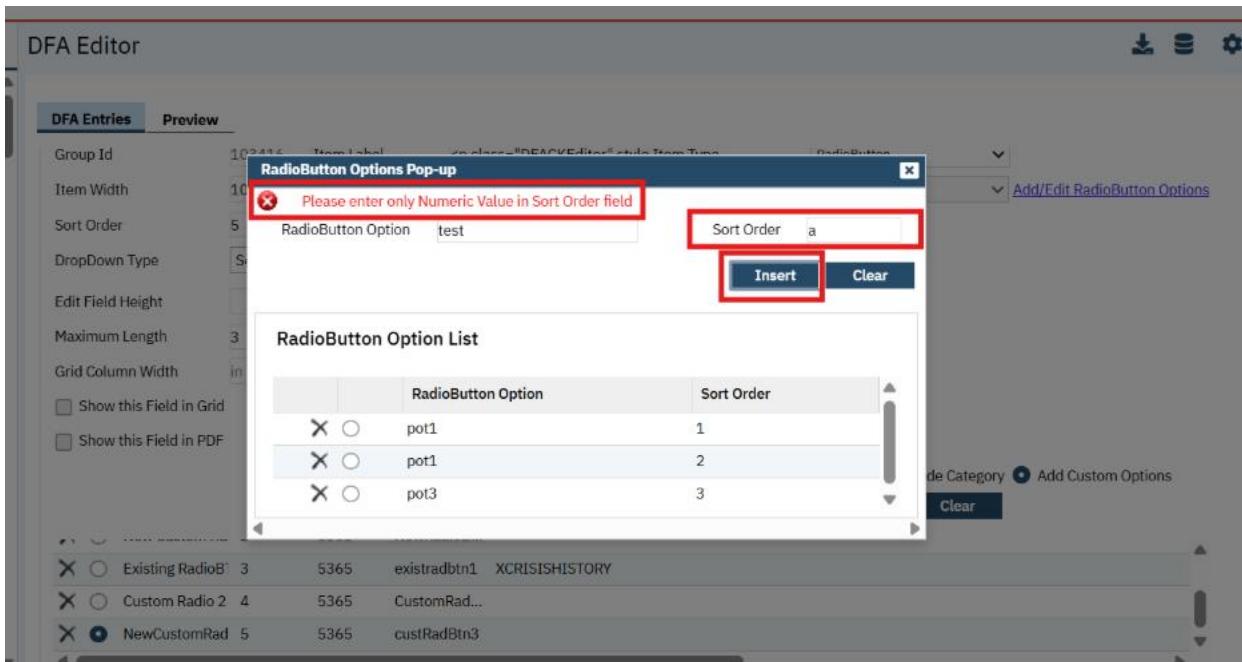
b. Sort Order – This is a textbox, where user can enter the sort order for the radio button already being inserted.
i. If the user clicks on 'Insert' button without adding the "Sort Order", the following warning message will appear.

Warning Message: "Please enter a Value for Sort Order"



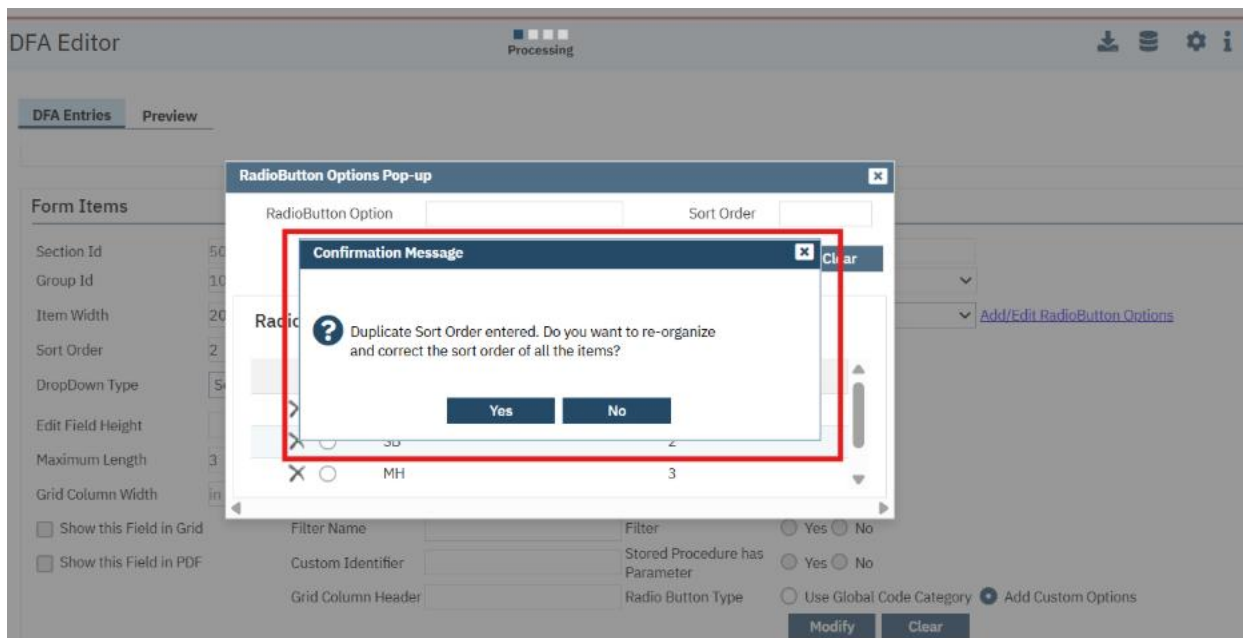
ii. This 'Sort Order' field accepts only numeric values. If a value is not a numeric value, the following error message will be displayed:

Error message: "Please enter only Numeric Value in sort Order field"



iii. If the user tries to add same 'Sort Order' number for more than one record, the following 'Confirmation Message' popup will appear:

Confirmation Message popup: "Duplicate Sort Order entered. Do you want to re-organize and correct the sort order of all the items?"



c. Insert/Modify button – This is a button, clicking on the 'Insert' button, it will add the 'RadioButton Option' and 'Sort Order' into the grid. The users can select a row in the 'RadioButton Options List grid' and modify it by using the 'Modify' button.

d. Clear button – Selecting a row and clicking the 'Clear' button will erase the data in the fields.

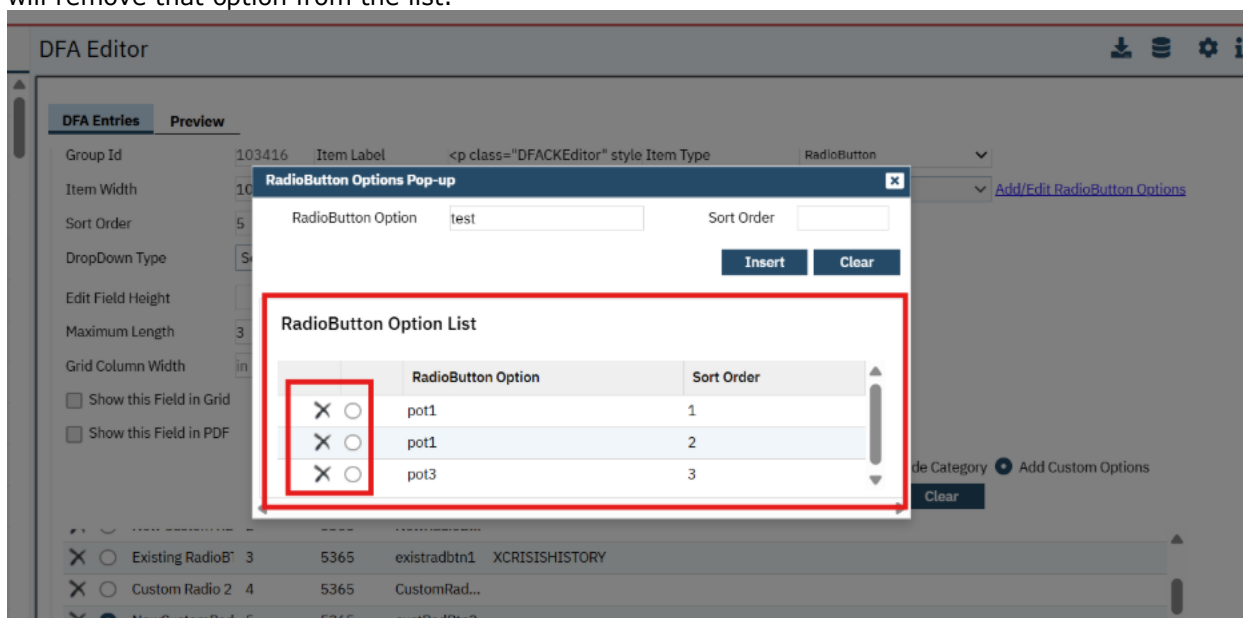
e. RadioButton Option List – It is a grid section, it contains Grid Column as 'RadioButton Option' and 'Sort Order'.

RadioButton Option column: This will display the added 'RadioButton Option'

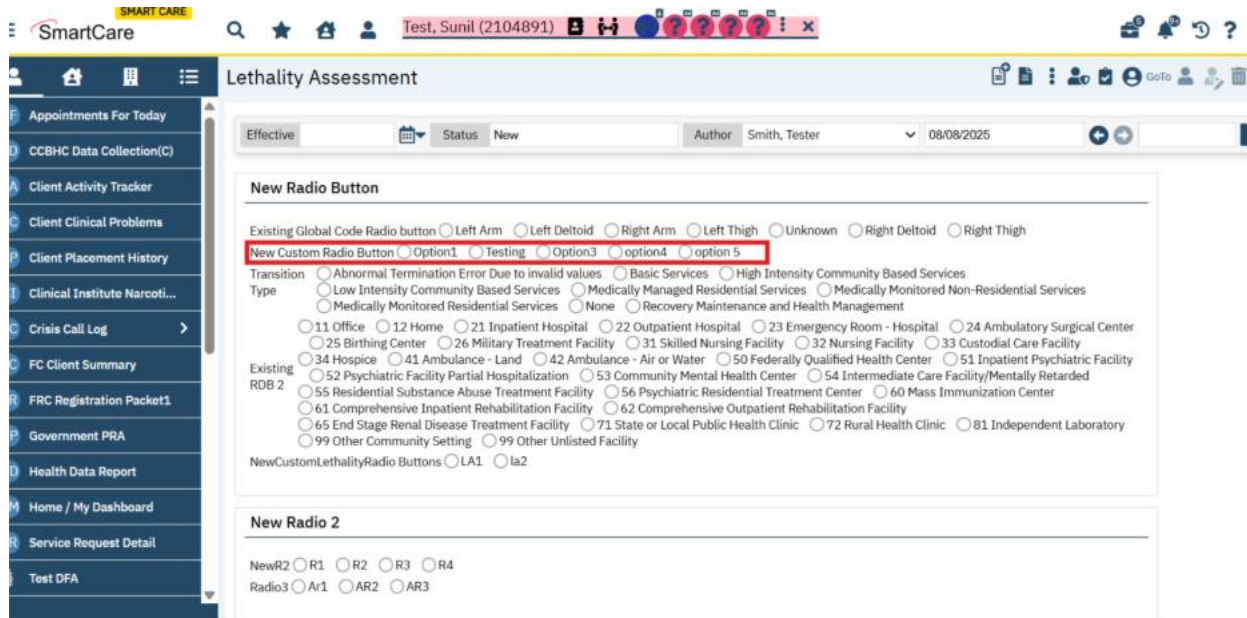
Sort Order' column: It displays the 'Sort Order'.

This **RadioButton Option List** grid will display grid columns that have been added/Inserted. By Selecting a row via its radio button will load its values into the fields.

When the user wants to delete any grid option from the list, the 'Delete(X) icon will appear, On Deleting a row will remove that option from the list.



4.) When Custom RadioButton options without Global codes are added in 'DFA Editor', Custom RadioButton options appear in the 'DFA Document' screen.



Data Model Changes:

1. A 'RadioButtonType' column is added to 'FormItems' table.
2. A new table 'FormItemRadioButtonOptions' is added.

Documents

Reference No	Task No	Description
55	Core Bugs # 132130	DLA-20: Scores are displayed as Zero on PDF after Signature-
56	Core Bugs # 132264	Unable to access Documents (Client) screen when a document had co-signatures exceeding 1000 characters.
57	Core Bugs # 132240	'Referral document': In Receiving staff login the 'Referral' document is not displaying the 'Reason / Assessed Need for Referral' text area in read able window.
58	Core Bugs # 132331	'Consent to Share Health Information' document's PDF displayed overlapping text in the signature area when multiple staff degrees are present in the 'License and Degrees' tab of 'Staff/Users' screen.
59	Core Bugs # 132409	The 'Requested Amendments' section data is not displayed in the PDF of 'Amendment Requests' document.
60	Core Bugs # 132454	'Internal consent Management' – Incorrect Document Header Display in the document.
61	Core Bugs # 132211	Documents: Programs display issue in Signature control.

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62	Core Bugs # 132533	Sub report error is displayed in the Signature section of the Document's PDF.
63	Core Bugs # 132210	The status of the document does not revert to 'In-progress' status when cosigner/ Reviewer declined to sign the document.
64	Core Bugs # 132183	Client Viewing: Signature page issue.
65	Core Bugs # 132396	'Verbally Agreed' radio button is not displayed on Document Signature Popup.
66	Core Bugs # 132248	National Outcome Measures (NOMs) document: Initialization from the Diagnosis document to 'Diagnosis' tab of Noms does not show all the codes.
67	Core Bugs # 132541	An 'Objective Progress' details are not initialized under the 'Progress Review' tab of the 'Agency/Program Discharge' document.
68	Core Bugs # 132357	The 'Diagnosis', 'Level of Functioning Score', and 'Supports Involvement' sections are not displayed in the in the PDF after signing the 'Care Plan' document.
69	Core Bugs # 132357	ISP issues: End date and care plan type is not displaying in the PDF for the second version

Author: Akshay Vishwanath

~~55. Core Bugs # 132130: DLA-20: Scores are displayed as Zero on PDF after Signature.~~

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

Navigation Path 1: Client' - 'DLA -SUD(c)' Document - Fill all the required Information - Sign - Click on New - Don't modify any data - Click on Sign.

Navigation Path 2: Client' - 'DLA -20 Adult (c)' Document - -- Fill all the required Information - Sign - Click on New - Don't modify any data - Click on Sign.

Navigation Path 3: Client' - 'DLA 20 Youth(c)' Document - -- Fill all the required Information - Sign - Click on New - Don't modify any data - Click on Sign.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The values in Scores section in the PDF were displayed zero when the user signed the document without modifying any value in the document.

With this release, the above mentioned issue has been resolved. Now when user signed the document score values present in UI, the same is displayed in the PDF.---

Author: Sachin Ranganathappa

56. Core Bugs # 132264: Unable to access Documents (Client) screen when a document had co-signatures exceeding 1000 characters.

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

Pre-requisite: Signed Documents exist with more co-signers added (with Sum of Co-signer's name exceeding 1000 characters)

Navigation Path 1: Login to 'SmartCare' application -> Select Client -> 'Documents (Client)'

Navigation Path 2: Login to 'SmartCare' application -> 'My Documents (My Office)'

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. Users were unable to access 'Documents (Client)' and 'My Documents' screen and below red error was displayed, this issue occurred when a document had co-signatures exceeding 1000 characters.

Error: String or binary data would be truncated.

With this release, the above-mentioned issue has been resolved. Now the users can access 'Documents (Client)' screen without any errors.

Author: Veena Santosh

57. Core Bugs # 132240: 'Referral document': In Receiving staff login the 'Referral' document is not displaying the 'Reason / Assessed Need for Referral' text area in read able window.

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

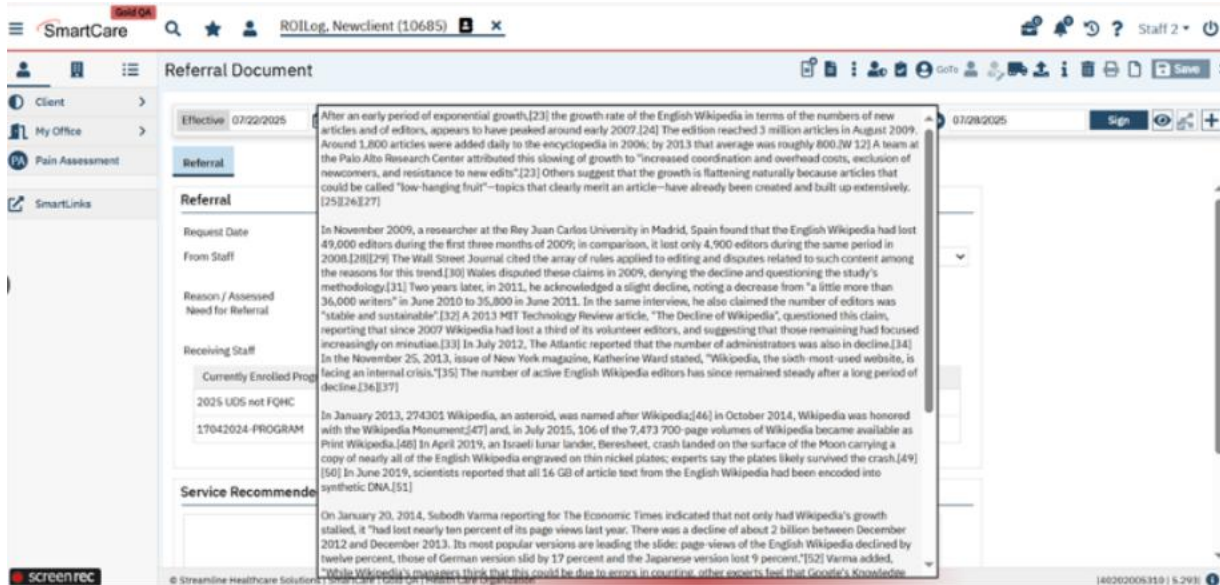
Navigation Path 1: Client' Search-Client -Documents - Referral Document -'New'- Enter the required details-Sign.

Navigation Path 2: Logged in as Receiving Staff-'Notification' Icon -New Referral Document-Alert screen-Referral Document.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When logged in as Receiving staff, the 'Reason / Assessed Need for Referral' text area was not displayed in the readable window for the Referral Document.

With this release, the above-mentioned issue has been resolved. Now, when logged in as Receiving staff, the 'Reason /Assessed Need for Referral' text area field is displayed in the readable window for the Referral document.



Author: Santhosh Rangappa

58. Core Bugs # 132331: 'Consent to Share Health Information' document's PDF displayed overlapping text in the signature area when multiple staff degrees are present in the 'License and Degrees' tab of 'Staff/Users' screen.

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

Prerequisite: Multiple staff degrees to be present in 'Staff/Users' screen through the **Path:**

Administration -- 'Staff/Users' -- 'Staff/Users' list page -- Click on required staff name hyperlink -- 'Staff Details' screen -- 'License and Degrees' tab.

Navigation Path: Login 'SmartCare' application -- 'Client' search -- Select a client -- Navigate to 'Consent to Share Health Information' document -- fill the required fields -- 'Sign' the document -- View the PDF.

Functionality 'Before' and 'After' release:

Before this release, the 'Consent to Share Health Information' document's PDF displayed overlapping text in the signature area when multiple staff degrees were present in the 'License and Degrees' tab of the 'Staff/Users' screen.

With this release, the above issue has been resolved. The PDF for the 'Consent to Share Health Information' document now properly displays the signature area without any overlapping text, even when multiple staff degrees are included in the 'License and Degrees' tab of 'Staff/Users' screen.

Author: Ashish Priyadarshi

59. Core Bugs # 132409: The 'Requested Amendments' section data is not displayed in the PDF of 'Amendment Requests' document.

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

Navigation Path: 'Client' -- 'Documents' -- 'Amendment Requests' Document -- Click on 'Add Documents' button -- Check the respective document checkbox in 'Attach/Review Documents' pop-up window -- Add text in 'Reason for Amendment' text box and other required details in 'Requested Amendments' section -- Click on 'Sign' -- PDF will generate

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the PDF of 'Amendment Requests' document, the 'Requested Amendments' section was not displayed even when the user had entered data in it.

With this release, the above-mentioned issue has been resolved. Now, the 'Requested Amendments' section data is displayed in the PDF of 'Amendment Requests' document when data is provided by the user.

Author: Sumalatha Kadligondi

60. Core Bugs # 132454: 'Internal consent Management' – Incorrect Document Header Display in the document.

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

Navigation Path: Go Search --CM Events -- click on new -- Events screen -- Event dropdown -- select Internal Consent Management (MH) -- enter all the details -- Sign -- Verify the document name in the header.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When Internal Consent Management was signed through CM Events, the document header incorrectly displayed as "Internal Consent Management - Old".

With this release, the above-mentioned issue has been resolved. Now when the 'Internal Consent Management' document is signed through 'CM Events', the document header correctly displays the name as 'Internal Consent Management' instead of the previous incorrect value 'Internal Consent Management - Old'.

Author: Kiran Tigarimath

61. Core Bugs # 132211: Documents: Programs display issue in Signature control

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

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

Prerequisites:

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

Navigation Path: 'Client' - 'Documents'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a Consent document was already signed, and a Non-Author (who was not the original author) attempted to create a new version of that document, the Program dropdown does not display the full list of available programs as defined by the CDAG rule under signature control of the document.

With this release the above issue is fixed. Now, the Program dropdown correctly displays the full list of available programs, as defined by the CDAG rule, under the document's signature control when Non-Author (who is not the original author) attempts to create a new version of that document.

Author: Rakesh Naganagoda

62. Core Bugs # 132533: Sub report error is displayed in the Signature section of the Document's PDF.

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

Prerequisite:

1. The Configuration Key "ShowSigningSuffixORBillingDegreeInSignatureRDL" is set to any of these values SigningSuffix/OnlyBillingDegree/BillingDegree/ BillingDegreeAndLicense#/AllBillingDegreeAndLicense#.
2. Added some licenses NPI, BBA, PCC in the 'Licenses/Degrees' tab of 'Staff Details' screen.
3. Added the Licenses NPI, BBA, PCC in Recode 'SetDegreesToNotDisplayInSignatureSection' with 'Character Code Id' and 'Integer Code Id'.

Navigation Path: Client – Go Search – open any document (ex: PHQ 9) – click on 'New' – fill the required fields – click on 'Save/Validate/Sign'– sign the document

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user signed any Document (ex: PHQ 9), "Error:Subreport could not be shown" message was displayed in the Signature section of the Document PDF this was due to conversion fail.

With this release, the above-mentioned issue has been resolved. Now, the signature is displayed in the Document PDF when the user signs the Document.

Author: Harika Rajendran

63. Core Bugs # 132210: The status of the document does not revert to 'In-progress' status when cosigner/ Reviewer declined to sign the document.

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

Pre-requisite: Set the Document Codes configuration CreateInProgressVersionStaffDeclinesToCoSign or CreateInProgressVersionClientGuardianDeclinesToCoSign to "Yes".

Navigation Path 1: Login to SmartCare application – Client – Services/Notes – Enter the required details -Add the cosigner and sign the note– Click on the decline button to decline cosigner signature.

Navigation Path 2: Login to SmartCare application – Client – Services/Notes – Add the cosigner and sign the note– Click on the decline button to decline cosigner signature.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the cosigner/reviewer declined to sign the Document/Service Notes by clicking the 'Decline' button, the system began creating a new in-progress version in the background. However, there was no visual indication to inform users that this process was underway. If the user navigated away from the screen before the process was completed, the creation was interrupted, leaving the Document/Service Notes in a "Signed" status instead of transitioning to "In Progress." Status.

With this release, the above-mentioned issue has been resolved. Now, visual indicators (processing animations) are introduced to show that the system is working in the background when a cosigner/reviewer declines a Document/Service Note, encouraging users to remain on the screen until the new version is fully created. Additionally, Documents/Service Notes now correctly transition to the 'In Progress' status.

Author: Kiran Tigarimath

64. Core Bugs # 132183: Client Viewing: Signature page issue.

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

Navigation Path: 'Client' -- 'Documents'

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. When a client signed any document, the client signature was not displayed on the signature page. Additionally, the effective date shown in the header of the client signature page was incorrect.

With this release, the above-mentioned issue has been resolved. Now, the client signature and effective date is displayed properly on client signature page of the document.

Author: Sachin Ranganathappa

65. Core Bugs # 132396: 'Verbally Agreed' radio button is not displayed on Document Signature Popup.

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

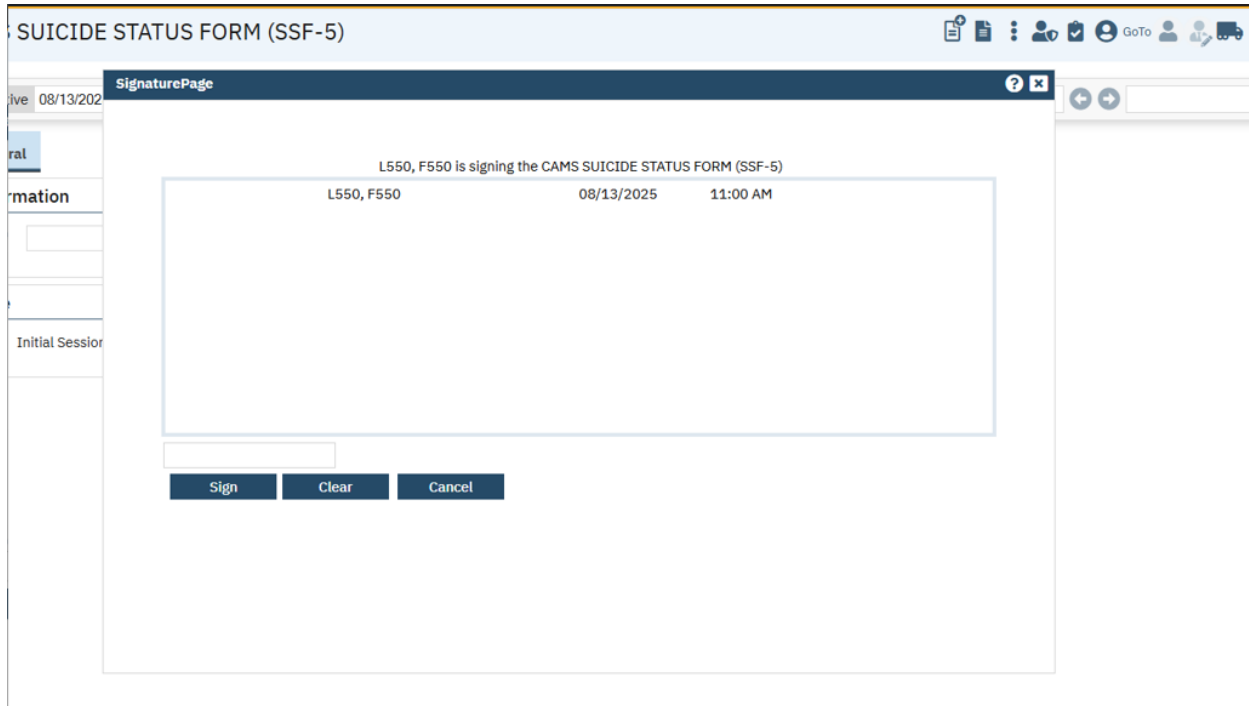
Prerequisite:

- 1.Set configuration key 'ShowVerballyAgreedOverPhoneOptionOnSignaturePopup'= 'Yes'
2. Set configuration key 'UseSignaturePad'= N

Navigation Path: Login to 'SmartCare' application -> select client - > Navigate to any document -> Enter all the required details -- click on 'Sign'

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. 'Verbally Agreed' radio button was not displayed in the Document Signature Popup when configuration key ShowVerballyAgreedOverPhoneOptionOnSignaturePopup= 'Yes' and 'UseSignaturePad'= N



With this release, the above-mentioned issue has been resolved. Now 'Verbally Agreed' radio button is displayed in the Document Signature Popup when configuration key ShowVerballyAgreedOverPhoneOptionOnSignaturePopup= 'Yes' and 'UseSignaturePad'= N



Author: Veena Santosh

66. Core Bugs # 132248: National Outcome Measures (NOMs) document: Initialization from the Diagnosis document to 'Diagnosis' tab of Noms does not show all the codes.

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

Prerequisite: The diagnosis document should be signed with MH and SUD drug types.

Navigation Path: Client Search – Client - Documents – 'National Outcome Measures (NOMs)' Document -- In Diagnosis tab the initializations should be present from the recent Diagnosis document -- Click on 'Save' -- Fill all the required fields – sign the document

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. In 'National Outcome Measures (NOMs)' document for Diagnosis tab the data initialized from the 'Diagnosis' document was not showing all the code.

With this release, the above-mentioned issue has been resolved and working as expected. Now in 'National Outcome Measures (NOMs)' document, the data will initialize from 'Diagnosis' document to Diagnosis tab as mentioned below.

Initialization Logic:

1. **For MH Diagnoses (DrugType = 11):** All MH diagnoses from the **most recent signed diagnosis document** will be initialized in the new National Outcome Measures document (if more than one is present).

2. **For SUD Diagnoses (DrugType = 1 to 10):** Only **one SUD diagnosis per DrugType** will be initialized from the **most recent signed diagnosis document**, even if multiple diagnoses exist for that DrugType.

Author: Annapurna Bhalke

67. Core Bugs # 132541: An 'Objective Progress' details are not initialized under the 'Progress Review' tab of the 'Agency/Program Discharge' document.

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

Prerequisite: Individualized Service Plan' document is signed with all the required details.

Navigation Path: Client -- 'Agency/Program Discharge' -- 'Agency/Program Discharge' document -- select 'Agency Discharge' radio button -- Enter all the required data -- 'Progress Review' tab -- Click on 'Save' -- Click on 'Sign' -- 'PDF' will display.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. Under the 'Progress Review' tab of the 'Agency/Program Discharge' document, an 'Objective Progress' details were not initialized from a signed 'Individualized Service Plan' document ('Care Plan' document).

With this release, the above-mentioned issue has been resolved. Now, 'Objective Progress' details are initialized under the 'Progress Review' tab of the 'Agency/Program Discharge' document from a signed 'Individualized Service Plan' document.

Data Model changes:

- Renamed column 'NeedNumber' to 'DomainNeedNumber' in the 'CarePlanDomainNeeds' table.
- Renamed column 'GoalNumber' to 'DomainGoalNumber' in the 'CarePlanDomainGoals' table.
- Renamed column 'ObjectiveNumber' to 'DomainObjectiveNumber' in the 'CarePlanDomainObjectives' table.

Author: Veena Santosh

68. Core Bugs # 132357: The 'Diagnosis', 'Level of Functioning Score', and 'Supports Involvement' sections are not displayed in the in the PDF after signing the 'Care Plan' document.

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

Navigation Path: Client -- Documents -- 'Care Plan' Document -- Enter all the required data in all the tabs -- Click on 'Save' -- Click on 'Sign'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user signed the 'Care Plan' document, 'Diagnosis', 'Level of Functioning Score', and 'Supports Involvement' sections were not displayed in the PDF of 'Care Plan' document.

With this release, the above-mentioned issue has been resolved. Now, the 'Diagnosis', 'Level of Functioning Score', and 'Supports Involvement' sections are displayed in the PDF after signing the 'Care Plan' document.

Author: Harika Rajendran

~~69. Core Bugs # 132466: ISP issues: End date and care plan type is not displaying in the PDF for the second version.~~

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

~~Navigation Path:~~ Client search — Select a client — 'Care Plan' Screen — Enter the details — Save/Sign

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

Before this release, here was the behavior. 'Care Plan Type' and 'End date' were not displayed in the PDF after signing the second version of the Care Plan Document.

With this release, the above mentioned issue has been fixed. Now, 'Care Plan Type' and 'End date' are displayed in the PDF after signing the second version of the Care Plan Document.

Glossary of System Configuration Keys, Global Codes, Recodes, Data Model Changes

System Configuration Keys

[5. ConsiderProgramOnAuthorizations](#)
[13. BedBoardLimitDisplayOfProcAndLocBasedOnProgram](#)
[28. ShowSNOMEDCodeAndDescriptionOnScreensAndPDFs](#)
[29. ShowSigningSuffixORBillingDegreeInSignatureRDL](#)
[30. ShowSNOMEDCodeAndDescriptionOnScreensAndPDFs](#)
[33. DisplayOrganizationAndContactFieldAsDropDown](#)
[40. ShowInactiveNDCsForXNumberOfDays](#)
[44. EnableMultiFieldAllClientSearch](#)
[45. EnableMultiFieldAllClientSearch](#)
[61. DisplayCDAGSectionInStaffDetails](#)
[61. EnableClinicalDataAccessGrouping](#)
[62. ShowSigningSuffixORBillingDegreeInSignatureRDL](#)
[65. ShowVerballyAgreedOverPhoneOptionOnSignaturePopup](#)
[65. UseSignaturePad](#)

Global Codes

[34.TOXICOLOGYFREQUENCY](#)
[47. CLIENTSTATEMENTFIELD](#)

Recodes

[24. SendEOBInfoAtPlanLevelPlans](#)

[62. SetDegreesToNotDisplayInSignatureSection](#)

Data Model Changes

[15. The field length for MemberFirstName column is increased to VARCHAR\(30\) in Referrals Table.](#)

[15. The field length for MemberMiddleName column is increased to VARCHAR\(30\) in Referrals Table.](#)

[15. The field length for MemberLastName column is increased to VARCHAR\(50\) in Referrals Table.](#)

[15. The field length for MemberPhone column is increased to VARCHAR\(80\) in Referrals Table.](#)

[15. The field length for InquirerFirstName column is increased to VARCHAR\(30\) in Referrals Table.](#)

[15. The field length for InquirerLastName column is increased to VARCHAR\(50\) in Referrals Table.](#)

[15. The field length for InquirerPhone column is increased to VARCHAR\(80\) in Referrals Table.](#)

[34. A new column 'ToxicologyScreenDate' column is added to 'ClientMATs' table.](#)

[37. Added new columns 'IsBatchUpdated', 'DiscontinuedBy', 'CompletedBy' and 'CompletedDateTime' 'ClientOrders' table.](#)

[54. A 'RadioButtonType' column is added to 'FormItems' table.](#)

[54. A new table 'FormItemRadioButtonOptions' is added.](#)

[67. Renamed column 'NeedNumber' to 'DomainNeedNumber' in the 'CarePlanDomainNeeds' table.](#)

[67. Renamed column 'GoalNumber' to 'DomainGoalNumber' in the 'CarePlanDomainGoals' table.](#)

[67. Renamed column 'ObjectiveNumber' to 'DomainObjectiveNumber' in the 'CarePlanDomainObjectives' table.](#)