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.

Abbreviation: EII - Engineering Improvement Initiatives

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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

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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
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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
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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
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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
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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.

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

Screenshots to display the saved column configuration 'View List' for the 'Appeals'.
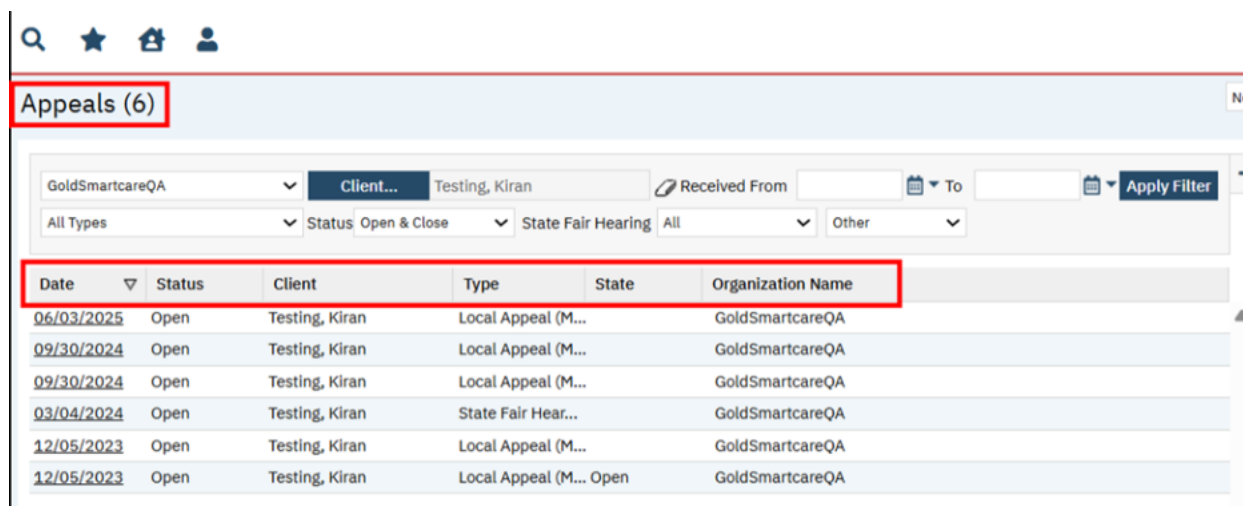
On click of 'View Name', system displays grid result for the selected columns.

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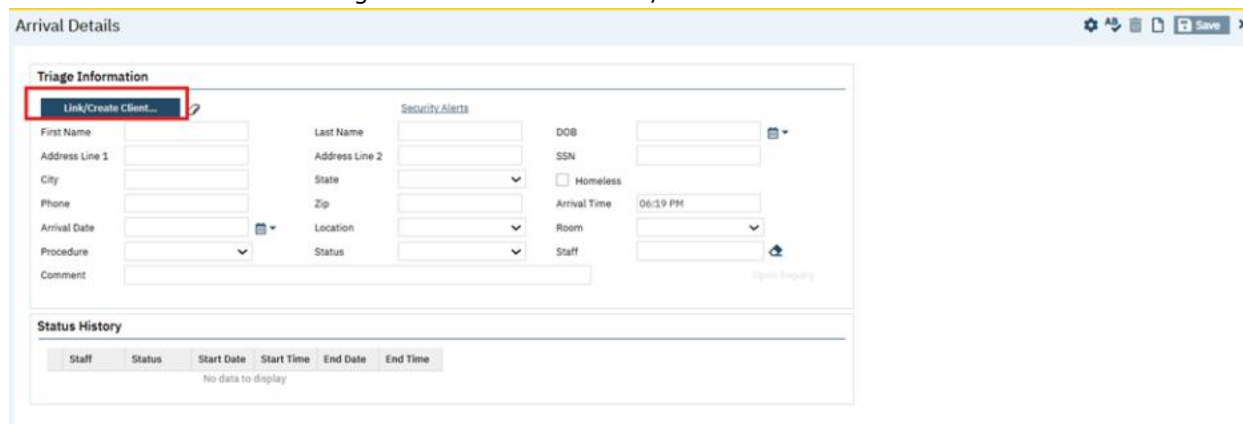
Navigation Path: My Office – Arrivals – Click on New icon – Arrival Details screen – Triage Information section

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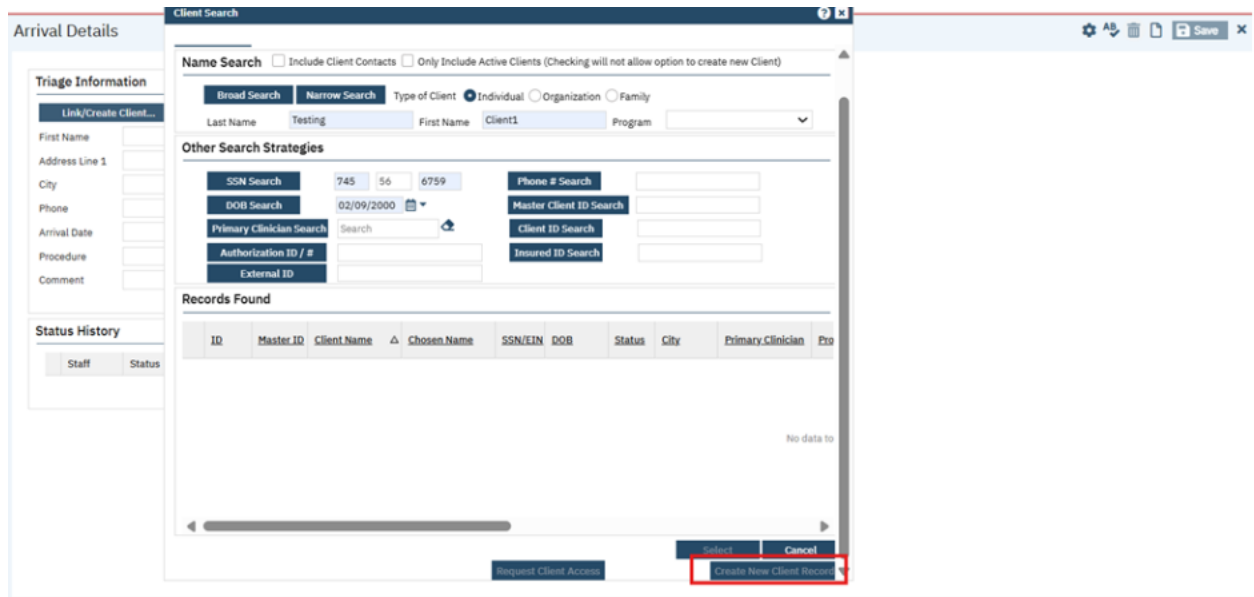
With this release, an option is provided to create clients in the Arrivals Detail screen.

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

- "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.

- 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.

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)

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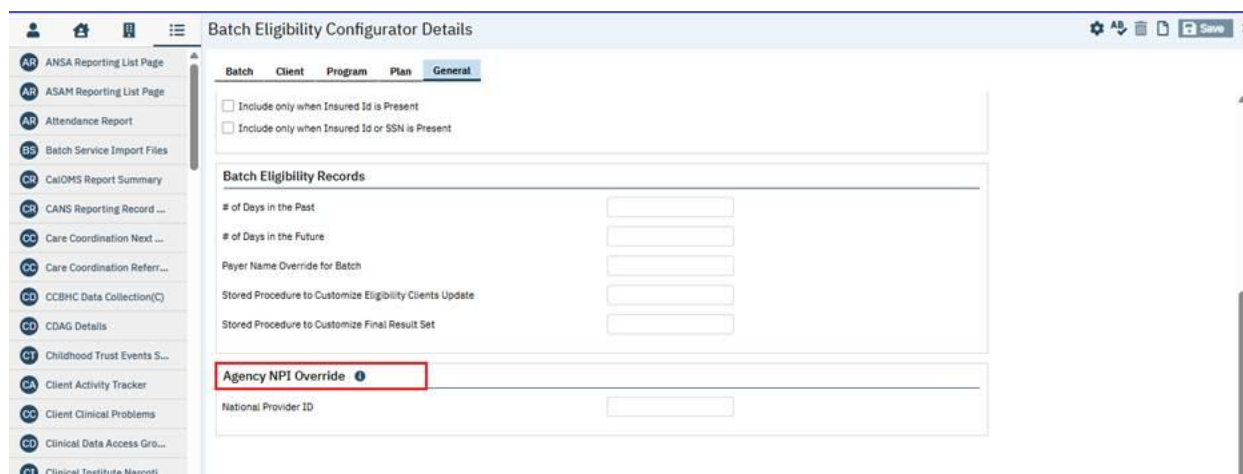
Release Type: Change | **Priority:** On Fire

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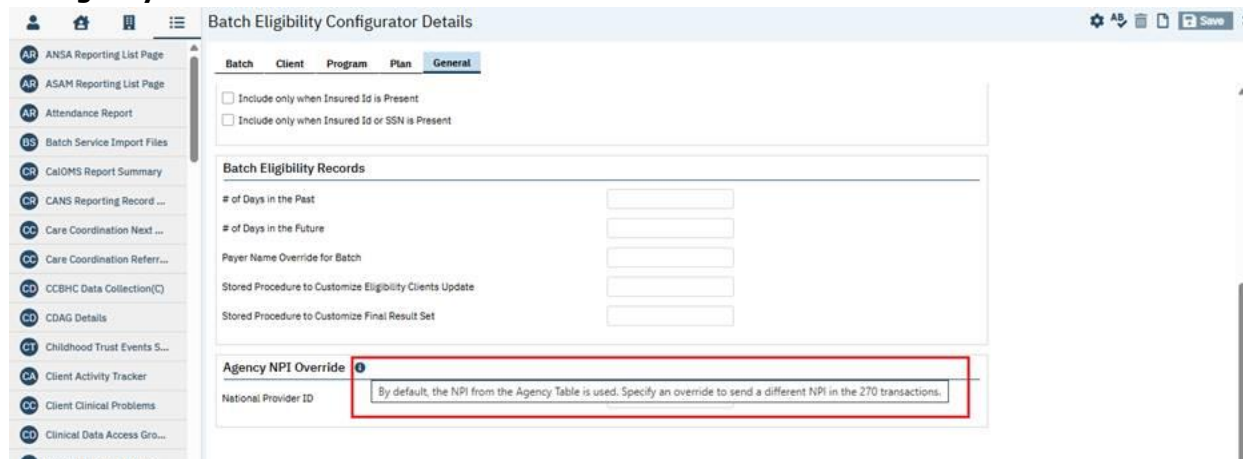
Before this release, In the 270/271 files, the **NPI (National Provider Identifier)** was always sourced directly from the **Agency table**, with **no option for override**. This meant users had no flexibility to specify a different NPI value for specific configurations.

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.
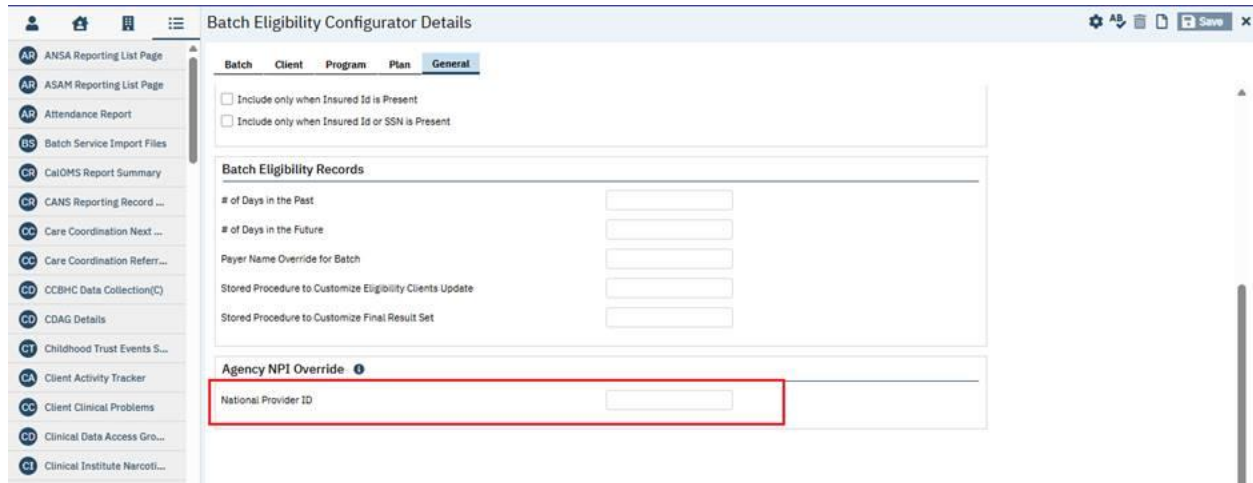
1. **Agency NPI Override section:**

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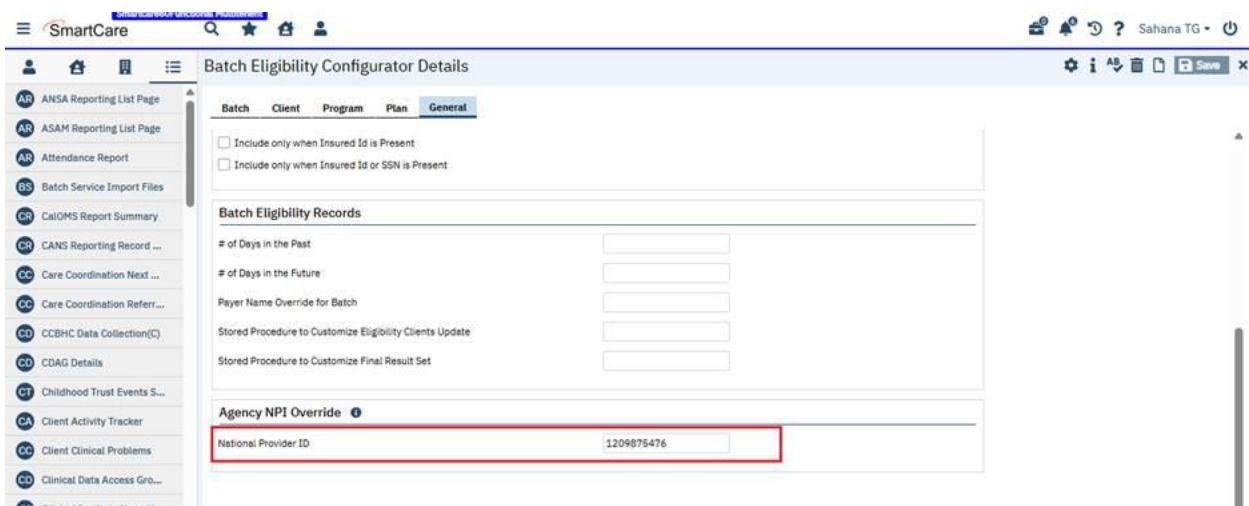
Note: This new field is optional field; the user can create a batch record successfully with/without using the 'National Provider Id' field.

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.

4. System will only add a record in 'ElectronicEligibilityVerificationConfigurationFeatureDetails' table with configuration name "NPIOverride" 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.

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

Author: Sahana Gururaj

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

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 Cencus

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:
1. Two services to be created for the same client on the same day with the same clinician.
2. Each service to be associated with a different location (e.g., POS 99 and POS 11).
3. 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'.
4. 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 Priories' 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
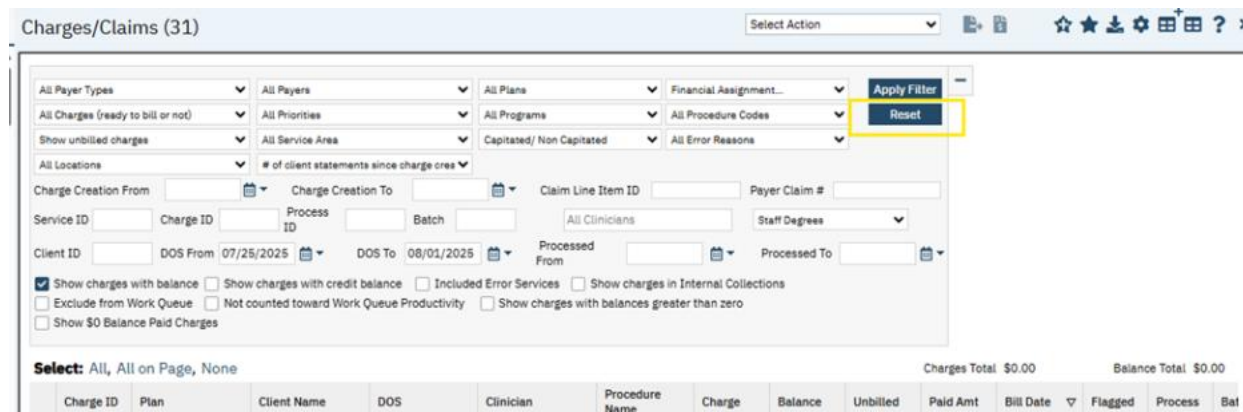
Navigation Path: 'My Office' – 'Charges/Claims'.

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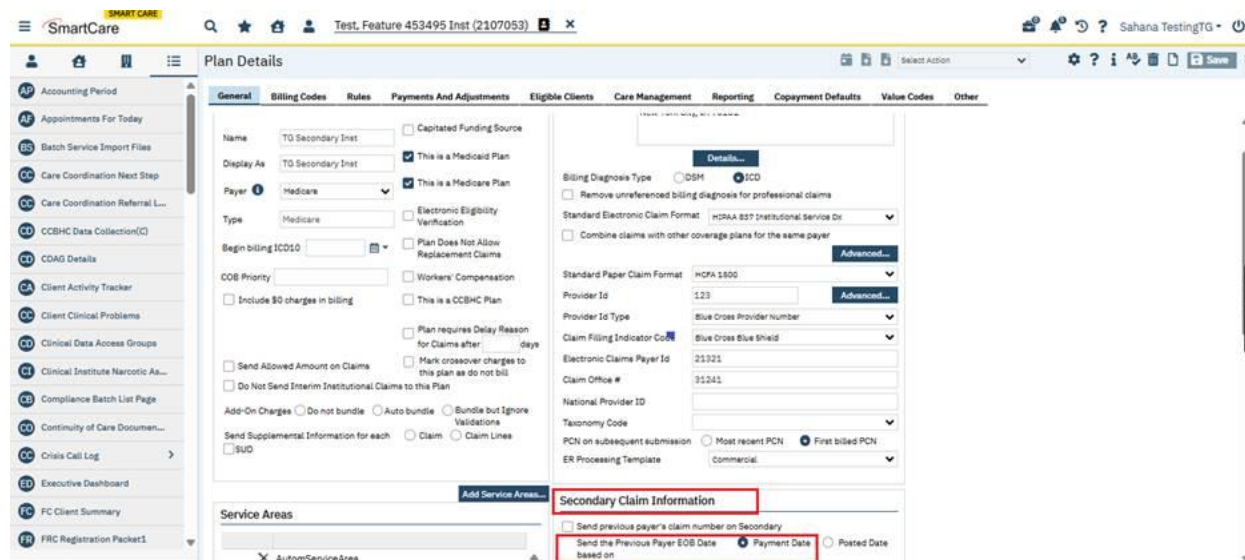
With this release, the two new radio button options are implemented on the **Plan Details** screen (Payment Date and Posted Date). These options will allow users to specify how the previous payer's EOB date is populated on secondary E-Claims, ensuring accurate claim submissions.
1. If the **'Payment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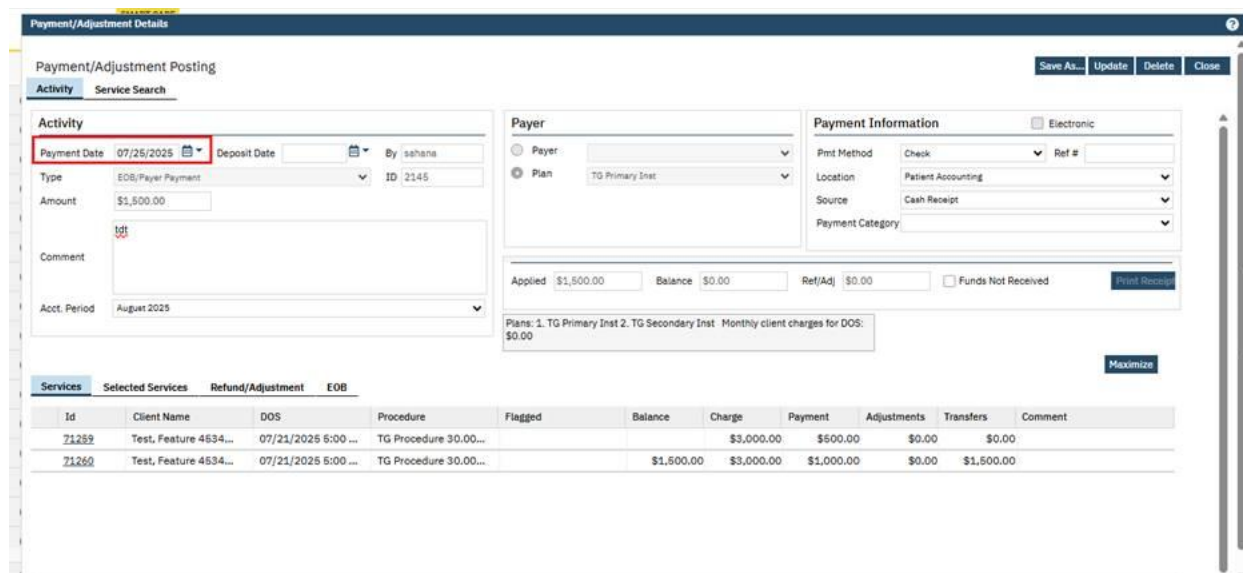
- The 'Payment Date' radio button is selected in the client's secondary coverage plan.

- Primary Payer Payment History

- 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.

- Output on secondary 837 Professional claim.

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.

- Primary Payer Payment History

- Ledger Entry of the above payment record.

- 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.

- 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.
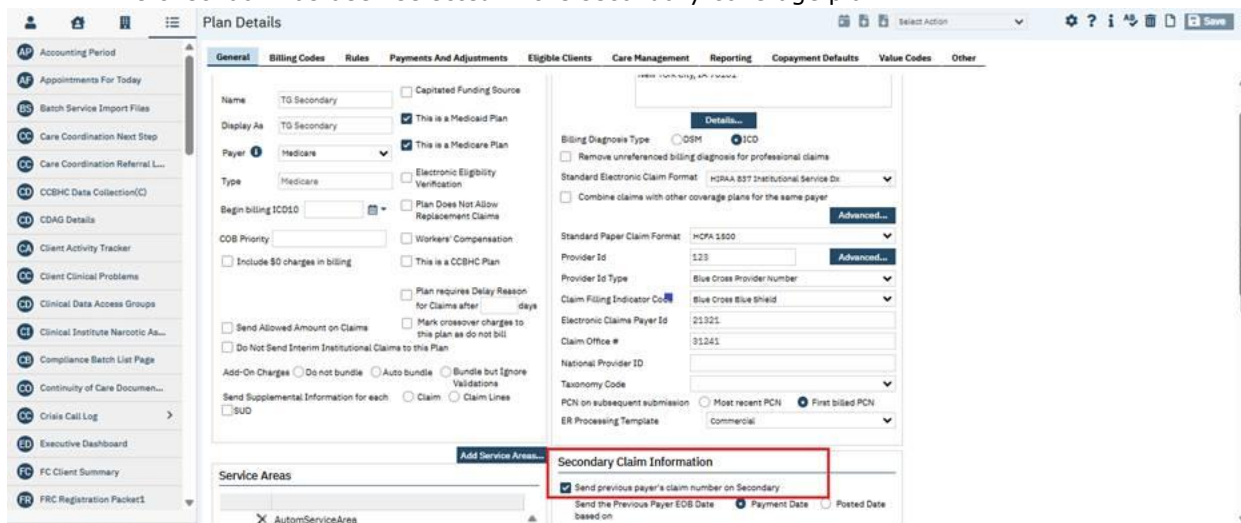
Scenario 2:

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.

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

- 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.

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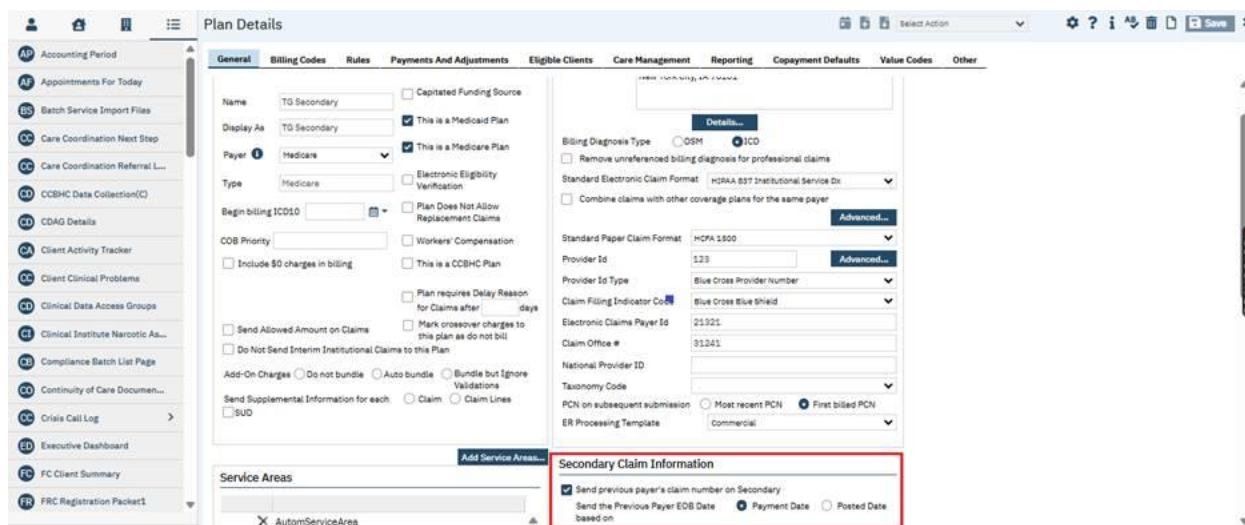
o   If the primary coverage plan has the radio button 'First Billed PCN' selected, then when the primary claim has multiple PCCN numbers, either from both electronic remittance or in the 'ClaimLineItemCharges' table, the **first** billed PCCN number from the primary claim will be displayed on the secondary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

- Primary service 'Payment Date'

- Primary service billed as 'Voided' claim.

- Output on secondary E claim file.

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 Priories' 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.

Global code Category 'TOXICOLOGYFREQUENCY'

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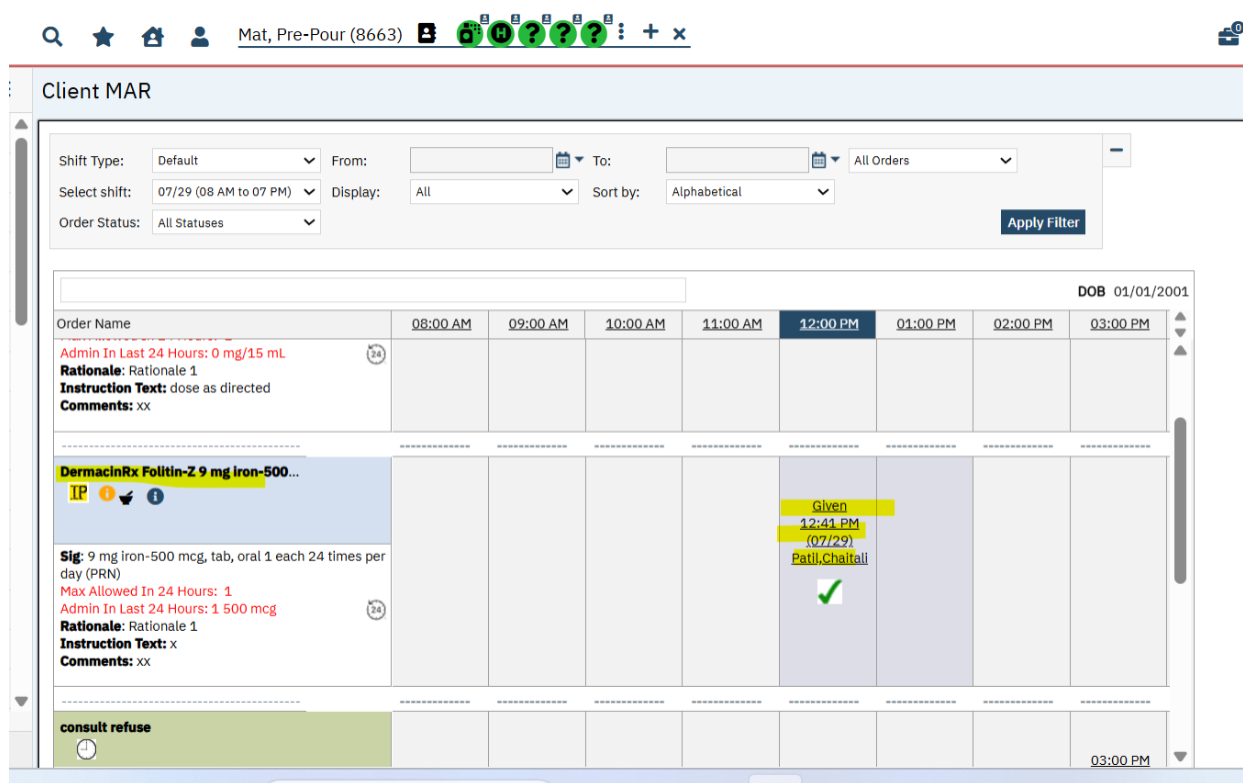
Navigation Path 2: 'Client'- 'Client Orders' - 'Client Orders' list page – Click on 'New' icon - 'Client Order Details' screen - Select the Order created in Navigation Path 1 - Enter the required fields ––'Insert' –click on 'Save' and 'Sign'.

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.

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.
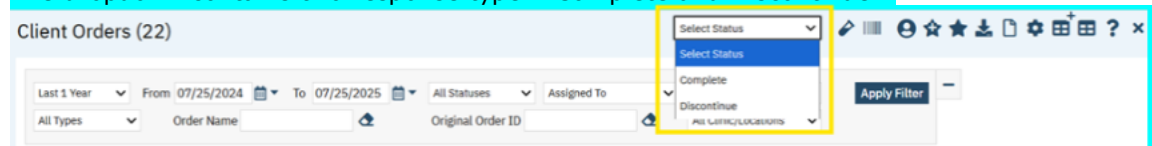
Select Status dropdown will be displayed if permission is granted for the permission item 'Client Orders Bulk Update'.
By default, permission will be denied for permission item 'Client Orders Bulk Update'
- Checkbox has been added to the left most column for all the Client Orders. (previously, check 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:
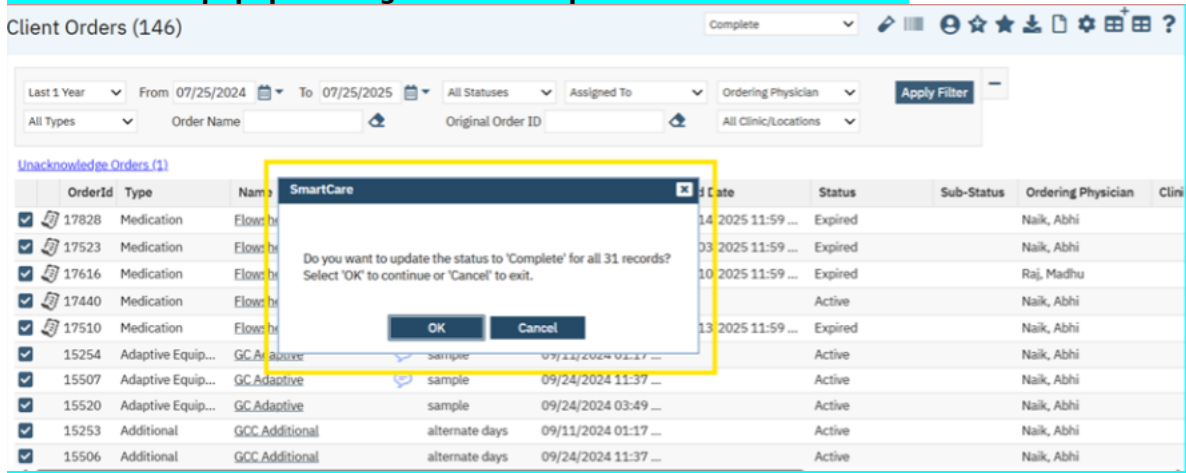
Screenshot of popup message when 'Discontinue' Status is selected:
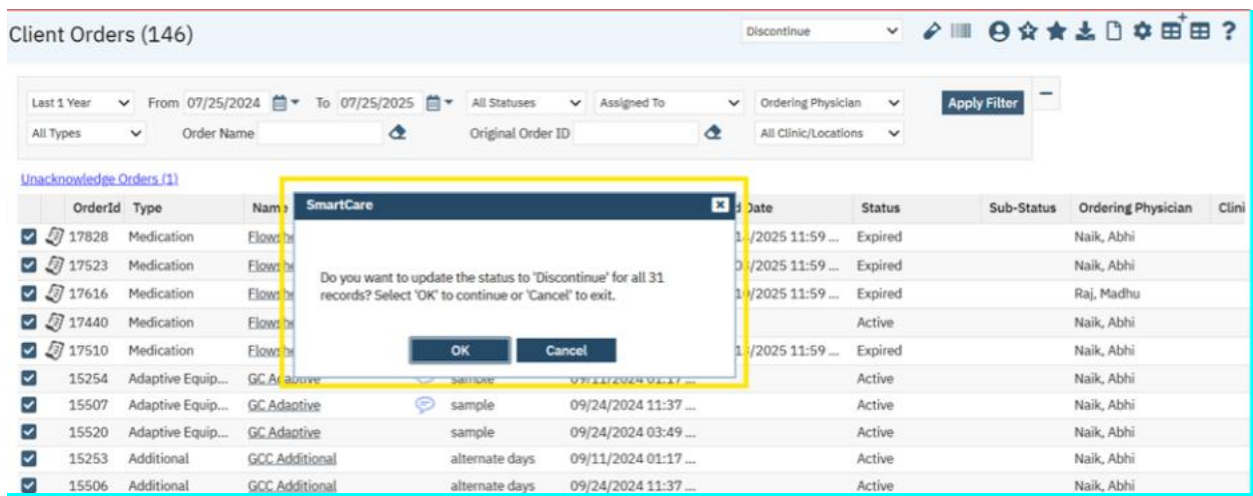
- When the Client Order status is updated through 'Select Status' dropdown, the PDF will be generated via job, based on job scheduled. The generated PDF will be available in Documents (Client) screen.
- The checkbox will not be present for non–Lab Client Orders with Complete or Discontinue status.
- 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.

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

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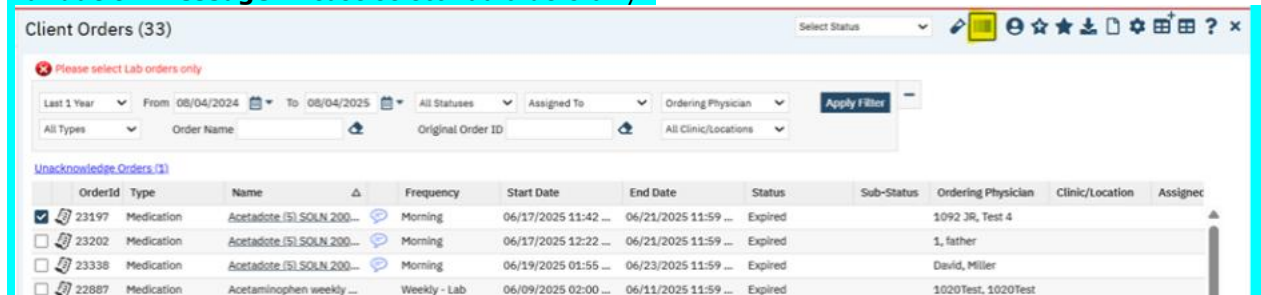
A validation message will be displayed if non-Lab orders are selected in the grid and Accudraw Report icon is selected in the toolbar icon

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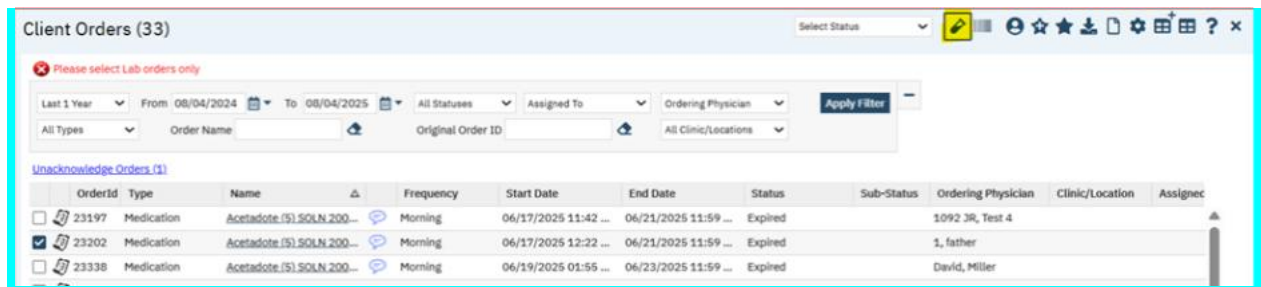
Note: When a Client Order record is created via the bulk update process, the order PDF will not be created at time of update. This order PDF will enter the 'queue' and created via job based on job scheduled.

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

☑ Allow Edit

Configuration Keys

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 then 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

Medication Details

Strengths

| Strengths | [dropdown] | Add |
| Preferred NDC | | |

	100mg/mL, soln, IM (Haldol Decanoate 100 mg/mL intramuscular solution)	**Preferred NDC**
Defau	*50mg/mL, soln, IM (Haldol Decanoate 50 mg/mL intramuscular solution)*	
	Other	

==Screenshot of Grid of 'Medication Details' subsection==

Medication Details

Strengths

| Strengths | [dropdown] | Add |
| Preferred NDC | [dropdown] | |

	Default	Strength	Preferred NDC
✕	⬤	*50mg/mL, soln, IM (Haldol Decanoate 50 mg/mL intramuscula...*	
✕	◯	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 | | ☁ ☑ Search Adhoc | | ALLERGIES ⓘ |

Haldol test (Haldol Decanoate)   ☐ Preference ☐ Discontinued D/C Reason: [dropdown]

Strength:	50mg/mL, soln, ⌄ ⓘ	Dose:	1.00	Unit:	mg ⌄ 🗓	Route:	IM ⌄
Frequency:	*50mg/mL, soln, IM (Haldol Decanoate 50 mg/mL intramuscular solution)*						
Dispense Quantity:	100mg/mL, soln, IM (Haldol Decanoate 100 mg/mL intramuscular solution)			Day Supply:	4	Refill:	1
Start:	Today ⌄	🗓 ⌄ 10:33 AM	End:	07/31/2025 🗓 ⌄ 11:59 PM	Potency Units:	Unspecified ⌄

☐ May Self Administer ☐ May Use Own Supply ☐ Consent Required ☐ Dispense Brand ☐ 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**==

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

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

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'

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

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 ad 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

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

Provider   All Providers

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

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 [   ][   ][   ]   Phone # Search [   ]
DOB Search [   ] 📅▼   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	Prov

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

Create Provider Client   Create New Potential Client   Select   Cancel

Request Client Access   New Registration   Registration (Selected Client)   Inquiry (Selected Client)   Inquiry (New Client)

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- 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 ☐ Crisis

Relationship	Self	First Name	Test	Middle Name		Last Name	Test
Call Back		Ext		Email	
Start Date		T Y 📅▼	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 | | Urgency Level | ▼
Address2 | | Inquiry type | ▼
City | | Contact type | ▼
State | ▼ | Zip | | ☐ 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 ❓ ✖

~~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 / #		External ID		Insured ID Search	

Records Found

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

| Select | Cancel |

Request Client Access | New Registration | **Create New Client Record** ▼

Solutions | SmartCare | SMART CARE | Health Care Organization

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

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

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'.

- 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.

Date of Service	Procedure / Duration	Billing Code	Provider	Fee	Insurance Payment	Adjustment	Client Payment	Insurance Balance	Client Balance
	*Prior Balance							$0.00	$0.00
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'.

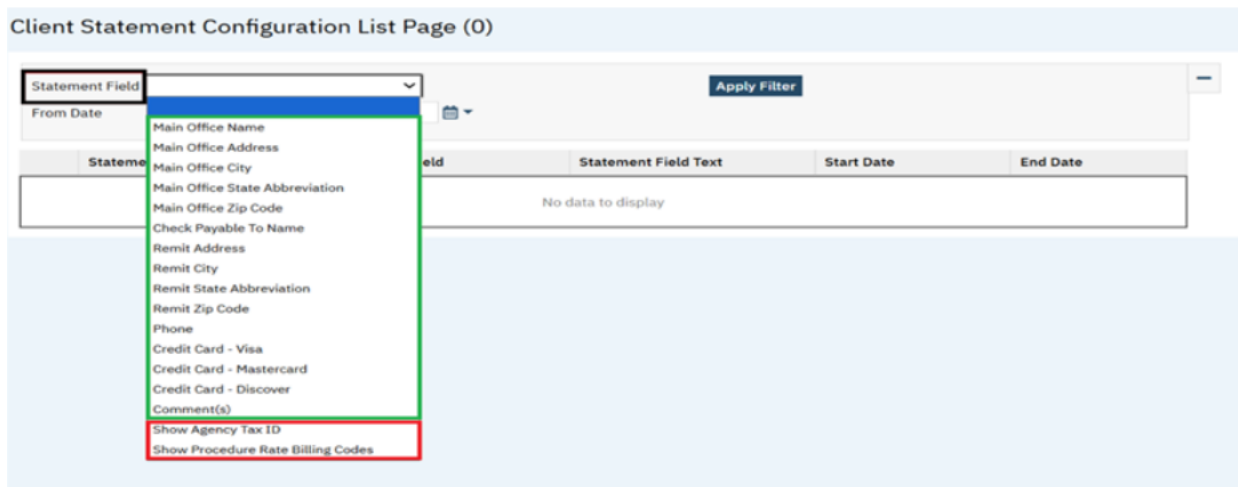**Functionality 'Before' and 'After' release:**

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.

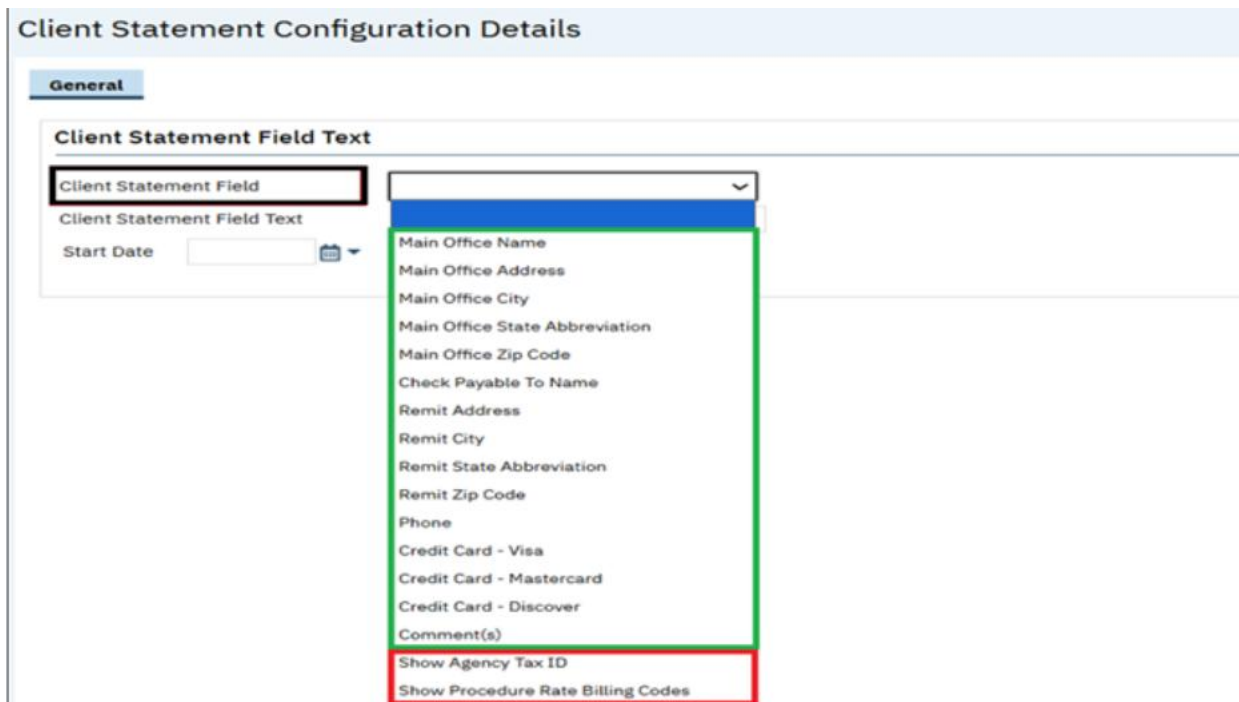With the release, the following changes are implemented.

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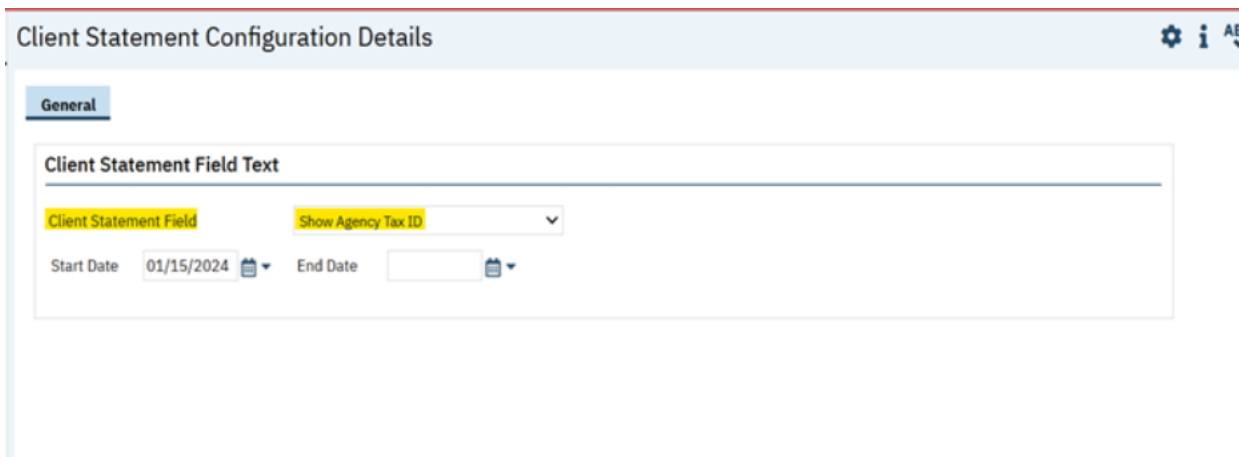
2. The 'Show Agency Tax ID' and 'Show Procedure Rate Billing Codes don't have the 'Client Statement Field Text' text field.

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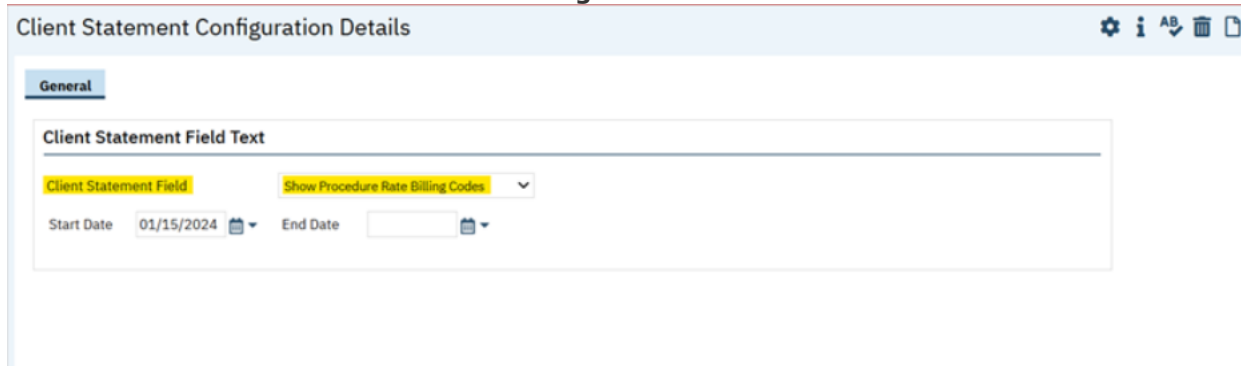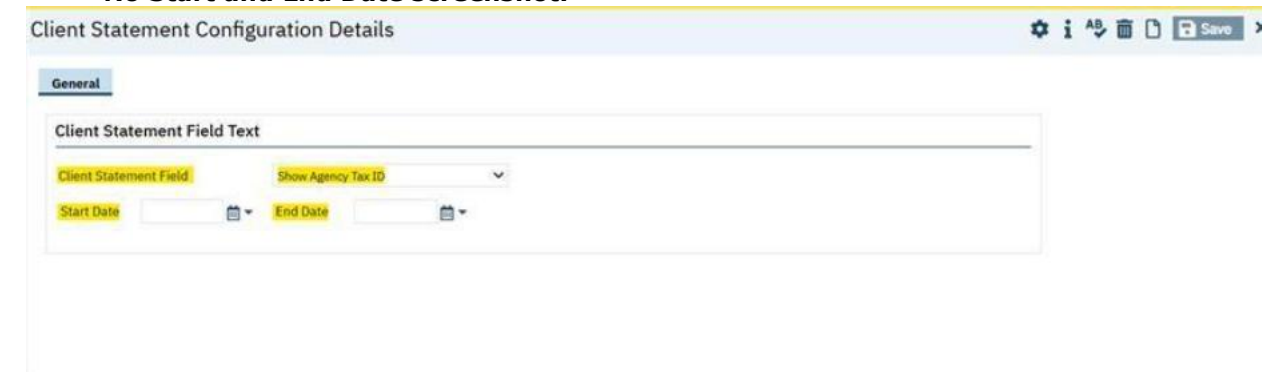
Screenshot of 'Show Procedure Rate Billing Codes'
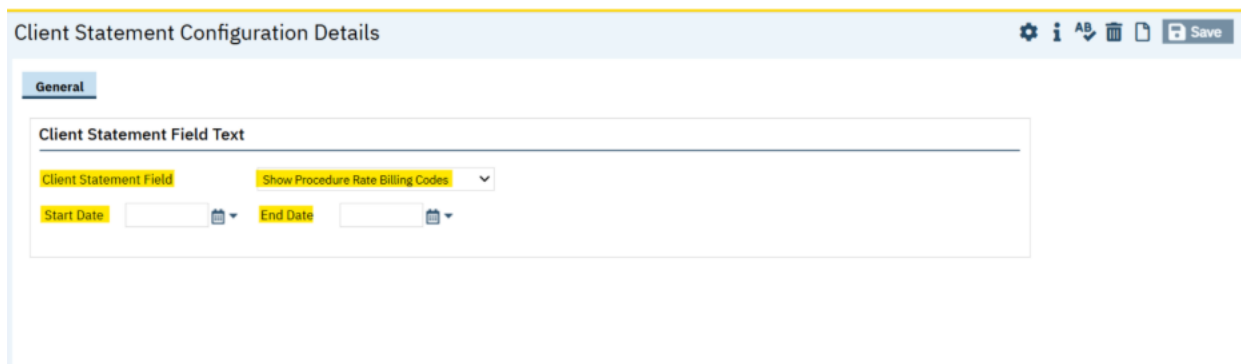
- If no Start or End Date is provided while creating the 'Client Statement Configuration Details' for the 'Show Agency Tax ID' and 'Show Procedure Rate Billing Codes' options, the statement field is considered as 'Active' and ' Tax ID' and 'Billing Codes' values are displayed on the client statement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

No Start and End Date screenshot:

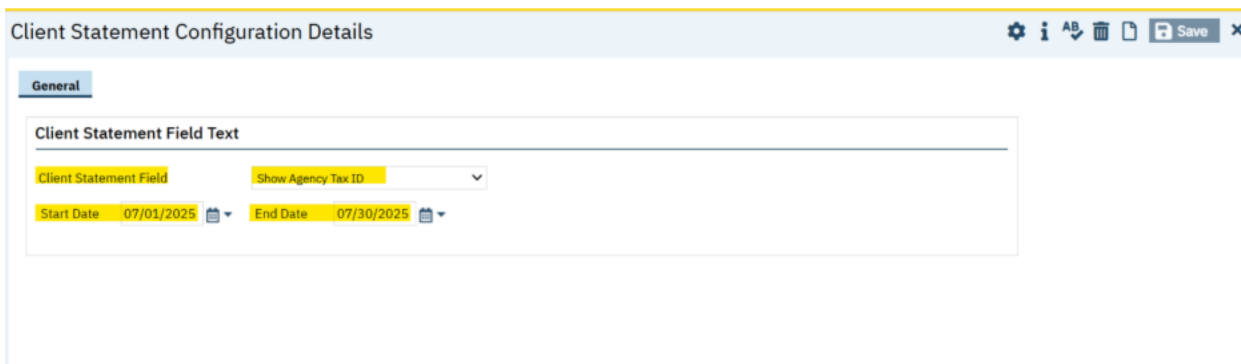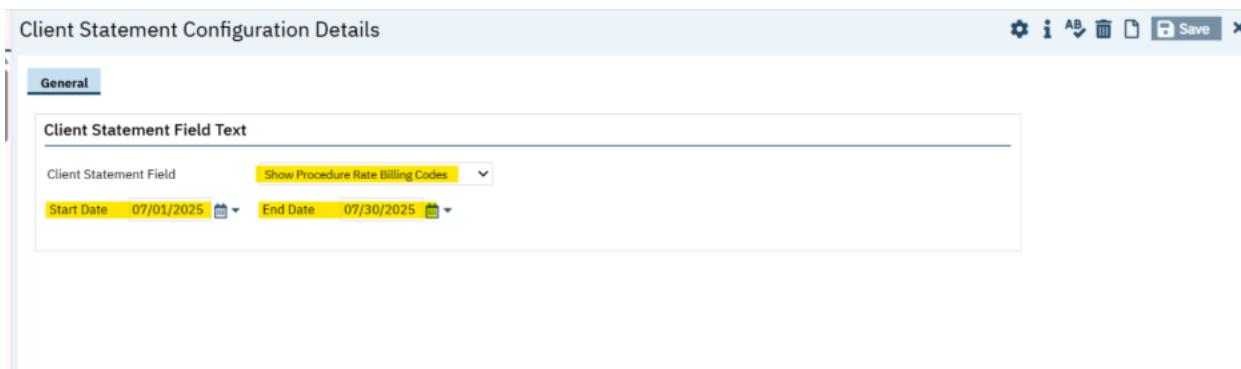- The Start and End Date are not mandatory fields when creating the field for the first time. If the user wants to create the same field twice, then the previously created configuration will be updated with 'Start' and End Date'.
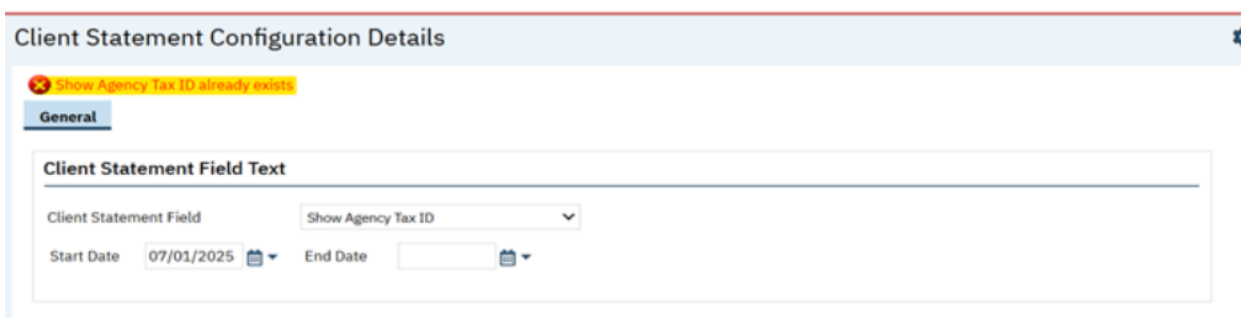
With Start date and End date screenshot:

- 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"

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

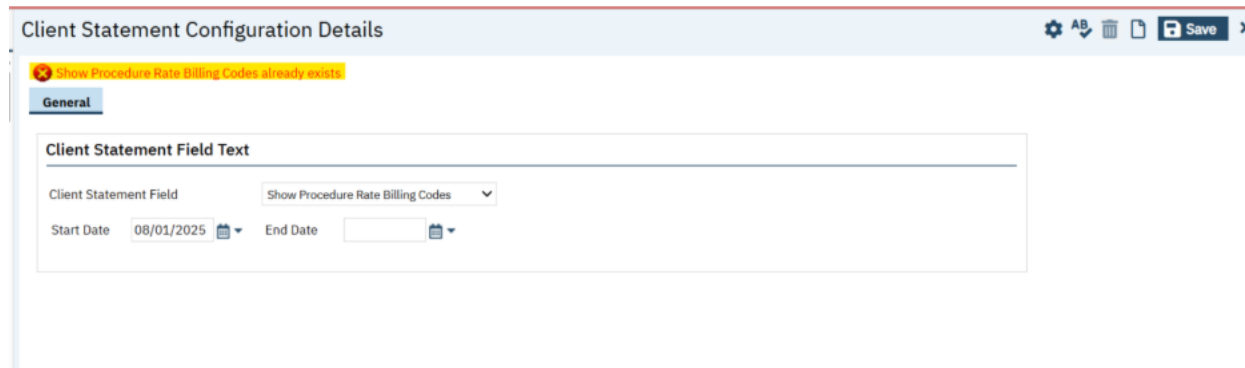| Reference No	Task No	Description
48	Core Bugs #132401	CM Client authorization details: incorrect confirmation displayed while adding billing codes with multiple modifiers.

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.
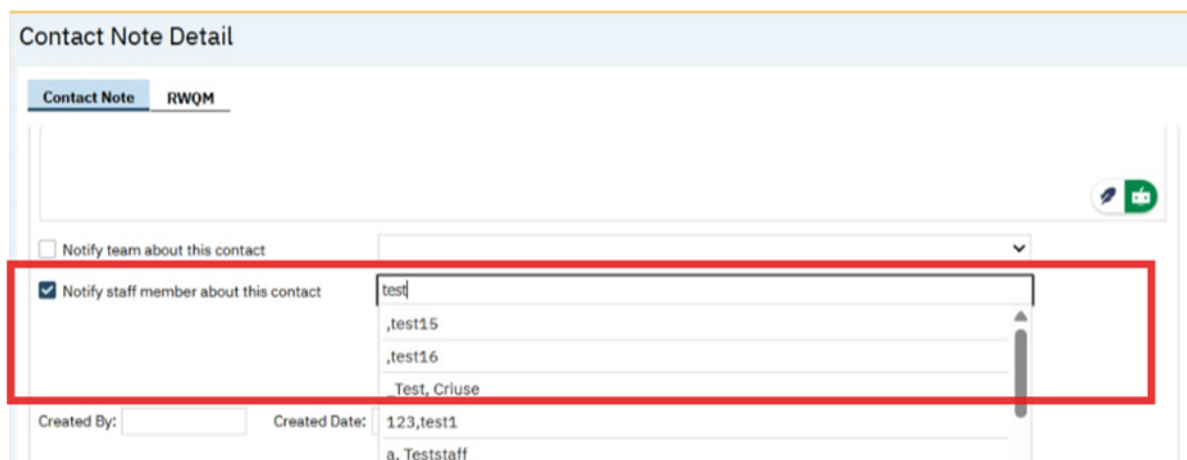
Functionality 'Before' and 'After' release:

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.

- 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

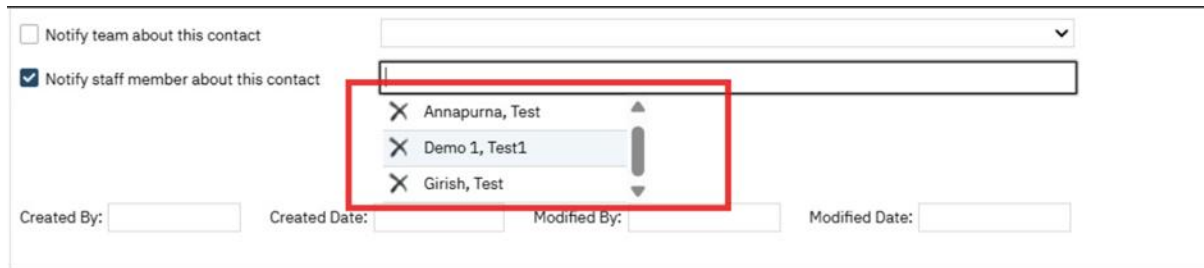**Navigation Path:** 'Procedure/Rates (Administration)' – CQM Configurations tab – click on Search – Measure Value Set Search pop up

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 |

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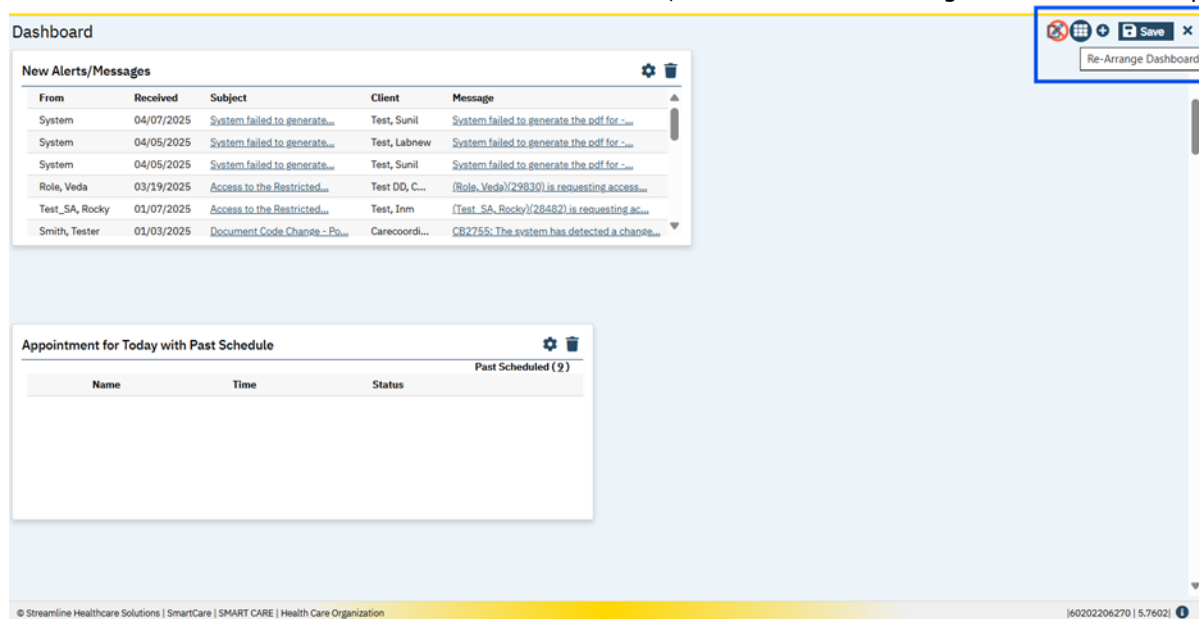
2. On click of "Re-Arrange Dashboard" icon all the widgets in the 'Dashboard' screen are automatically rearranged and aligned properly without showing any gaps/whitespaces.

3. 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.

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"

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.

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

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'.

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"

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

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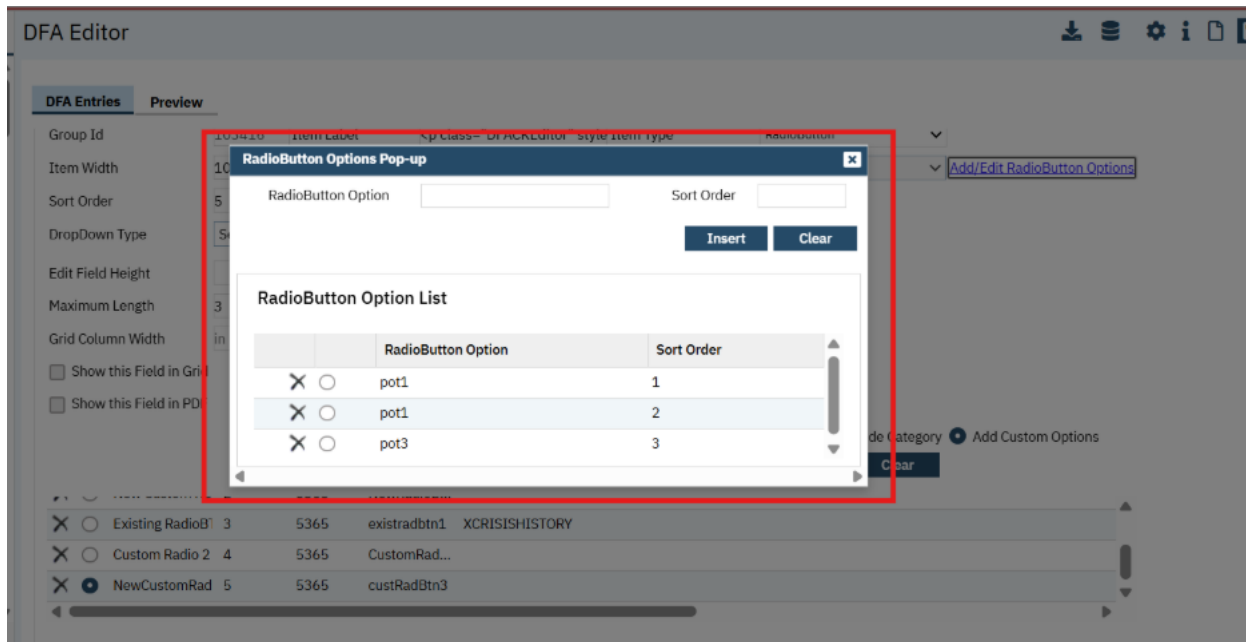
a. RadioButton Option – This is a textbox, where User can enter the required 'RadioButton options' name.
If the user clicks on the 'Insert' button without adding any text in "RadioButton Option" textbox, the following warning message will appear.

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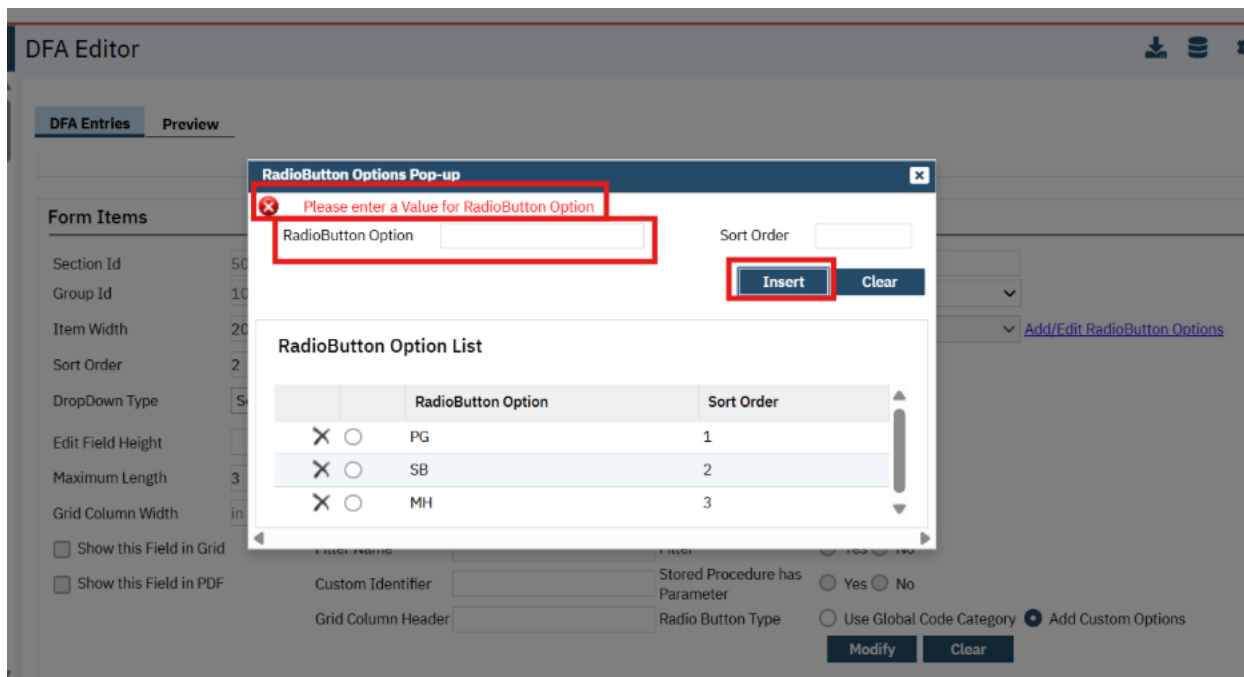
b. Sort Order – This is a textbox, where user can enter the sort order for the radio button already being inserted.
i. If the user clicks on 'Insert' button without adding the "Sort Order", the following warning message will appear.

Warning Message: "Please enter a Value for Sort Order"
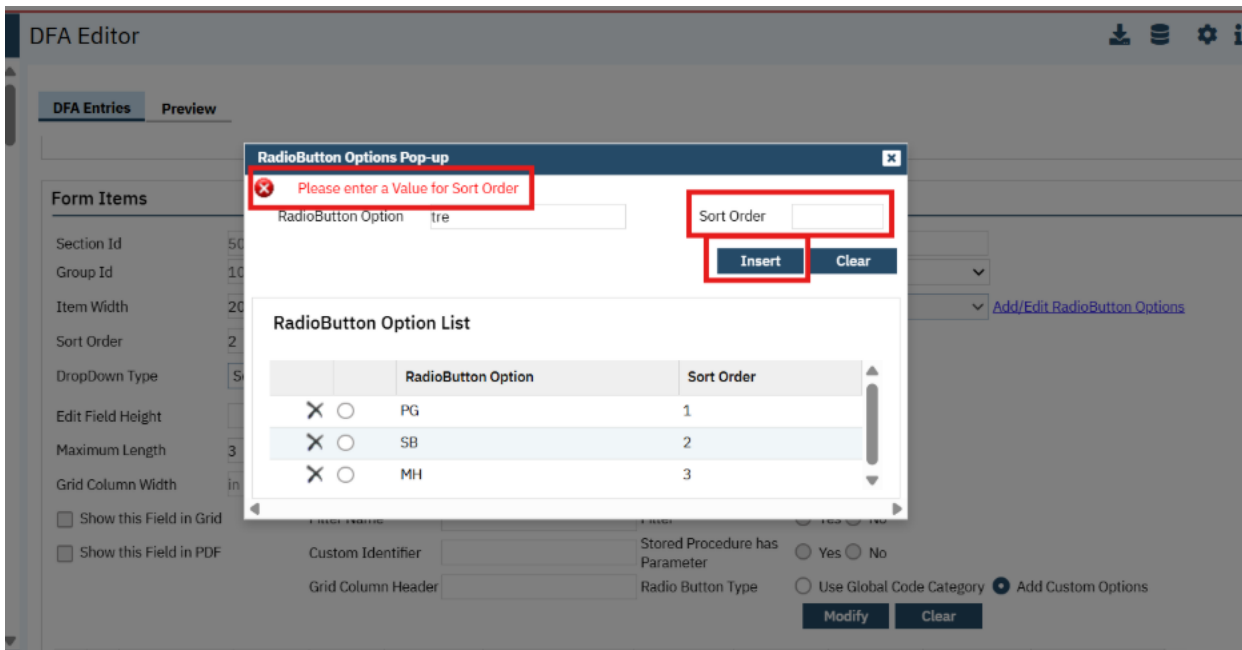
ii. This 'Sort Order' field accepts only numeric values. If a value is not a numeric value, the following error message will be displayed:

Error message: "Please enter only Numeric Value in sort Order field"
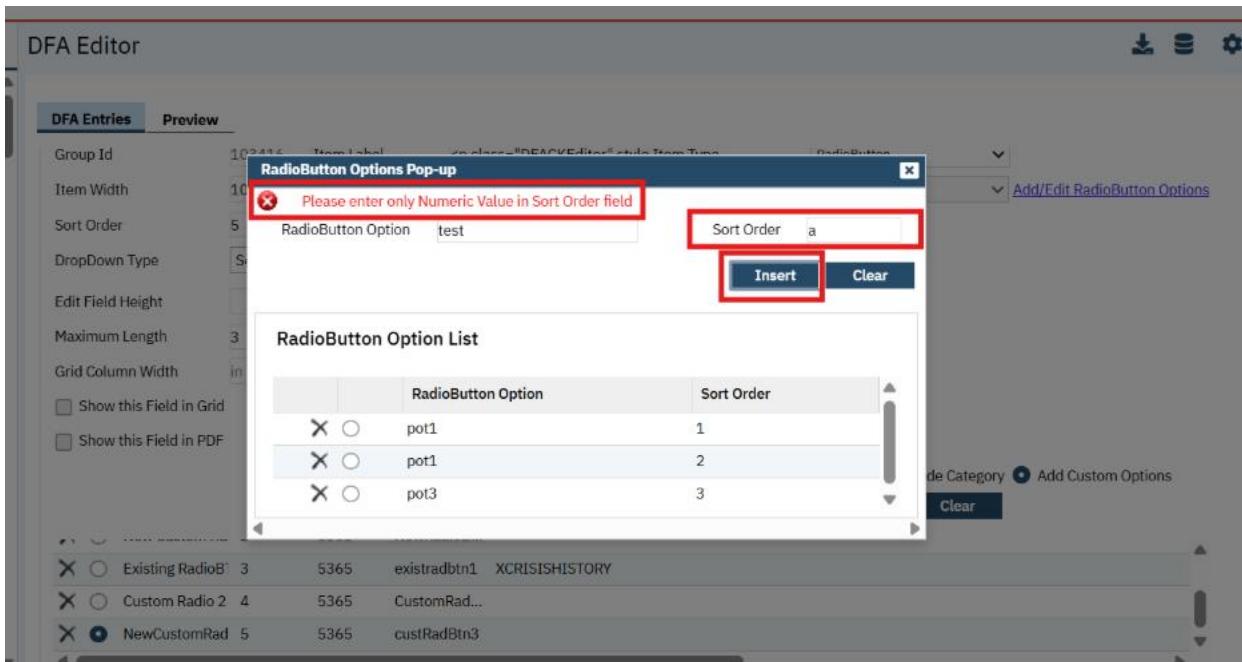
iii. If the user tries to add same 'Sort Order' number for more than one record, the following 'Confirmation Message' popup will appear:

Confirmation Message popup: "Duplicate Sort Order entered. Do you want to re-organize and correct the sort order of all the items?"
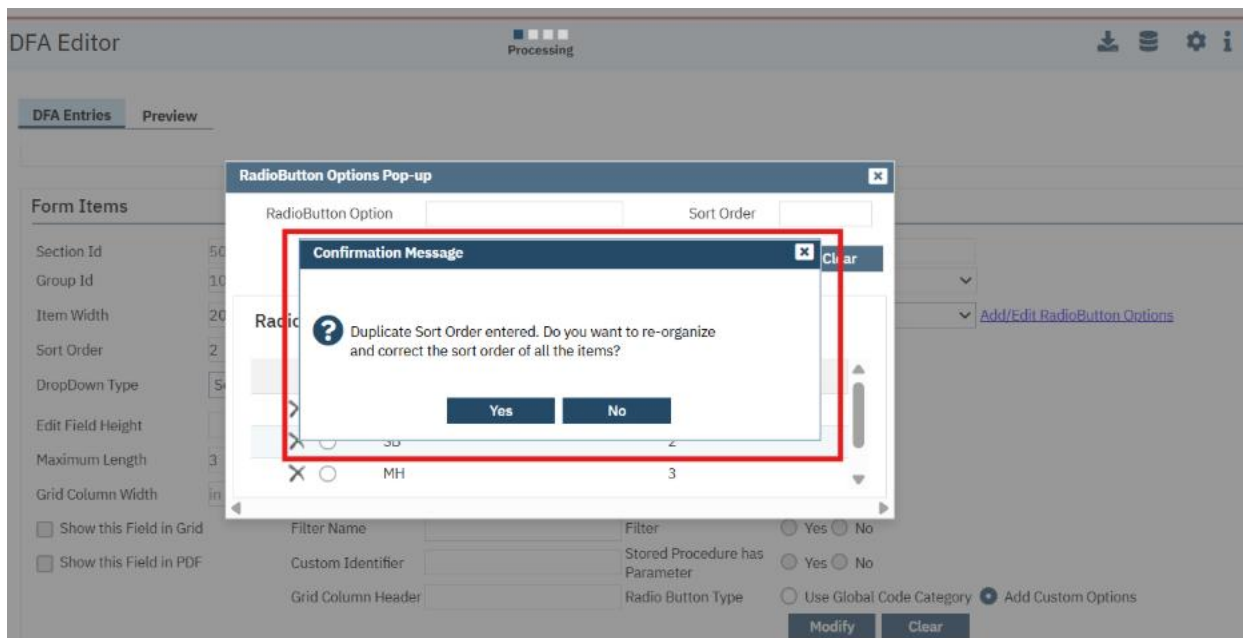
c. Insert/Modify button – This is a button, clicking on the 'Insert' button, it will add the '*RadioButton Option'* and *Sort Order* into the grid. The users can select a row in the 'RadioButton Options List grid' and modify it by using the 'Modify' button.

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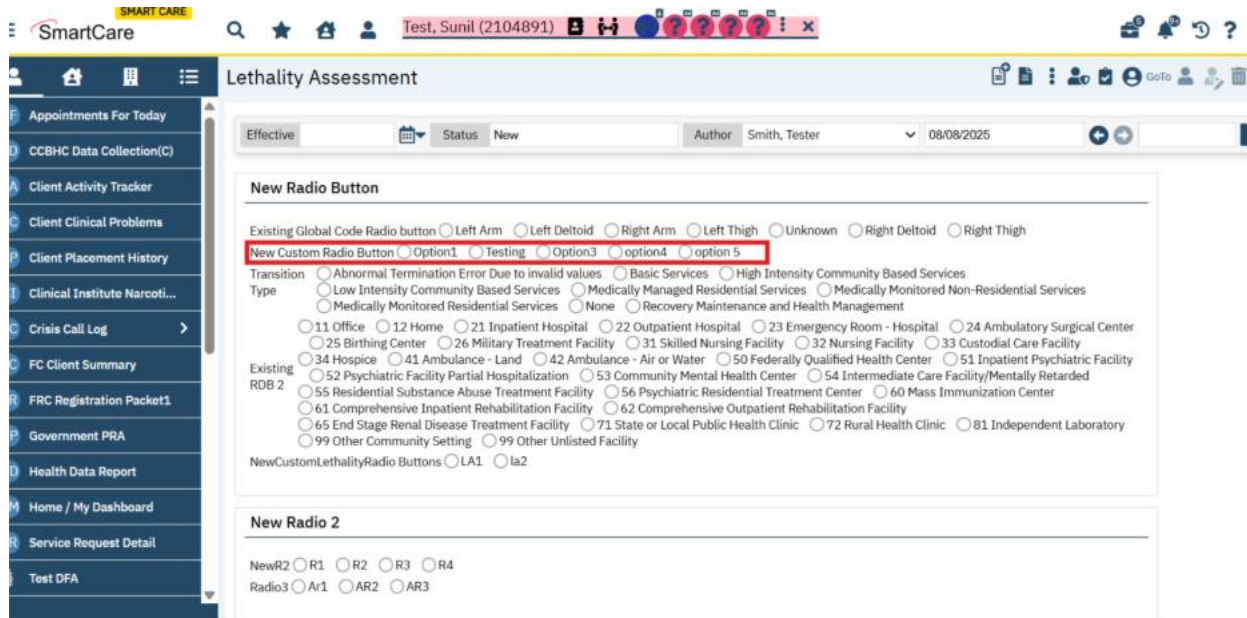
Sort Order' column: It displays the 'Sort Order'.

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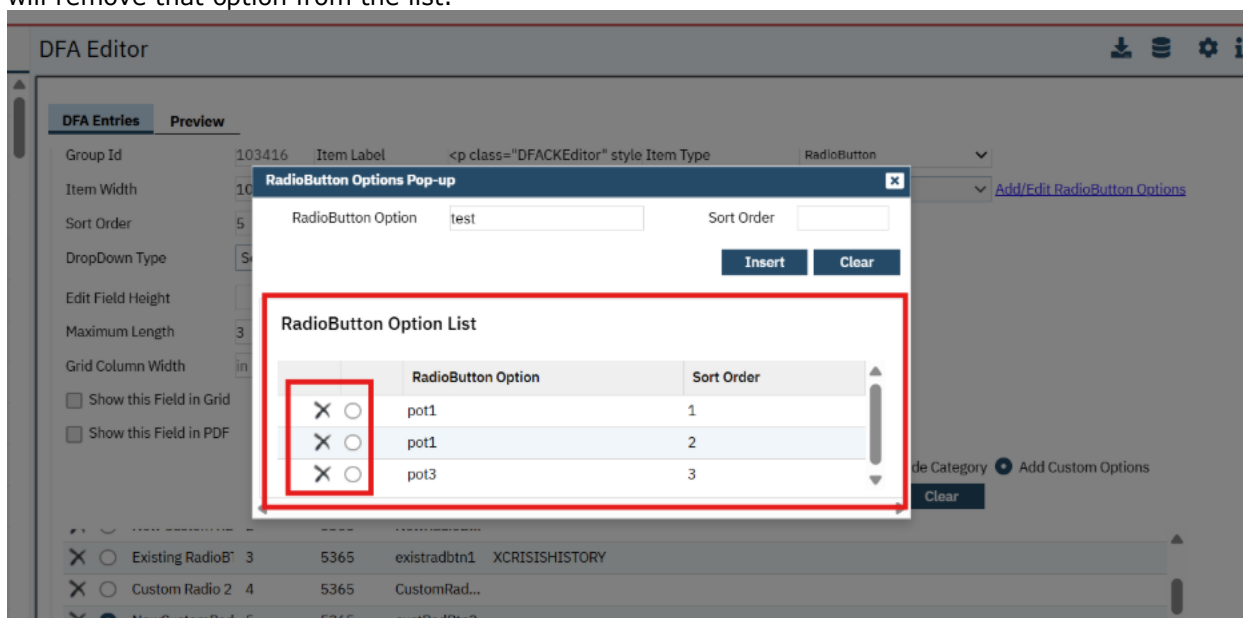
4.) When Custom RadioButton options without Global codes are added in 'DFA Editor', Custom RadioButton options appear in the 'DFA Document' screen.

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.

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.~~

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

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

~~**Navigation Path 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.
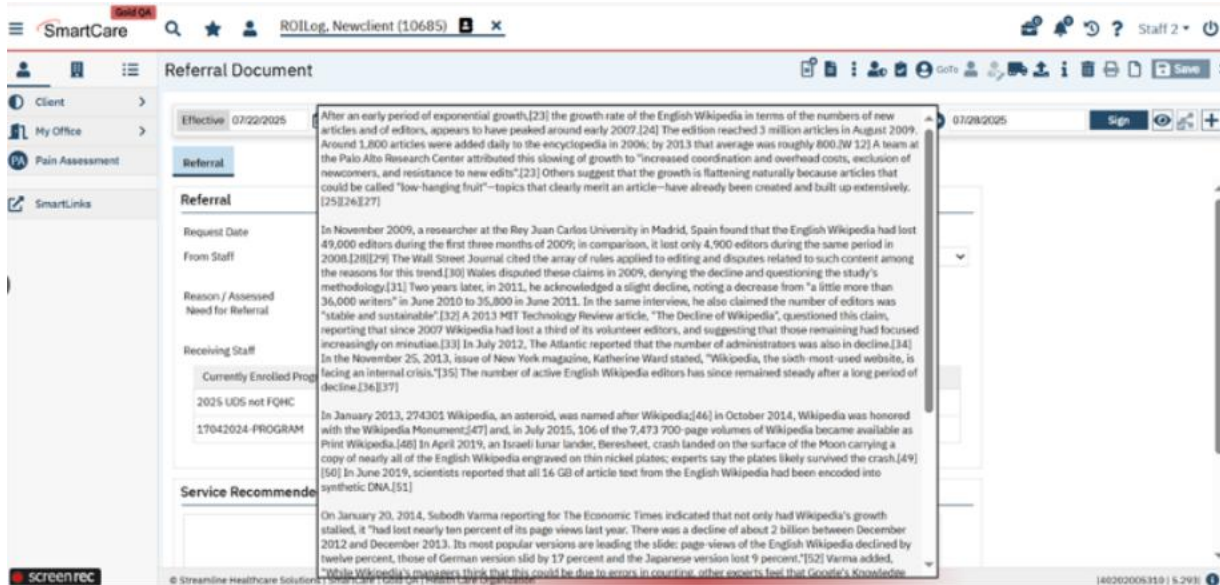
Author: Santhosh Rangappa

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.

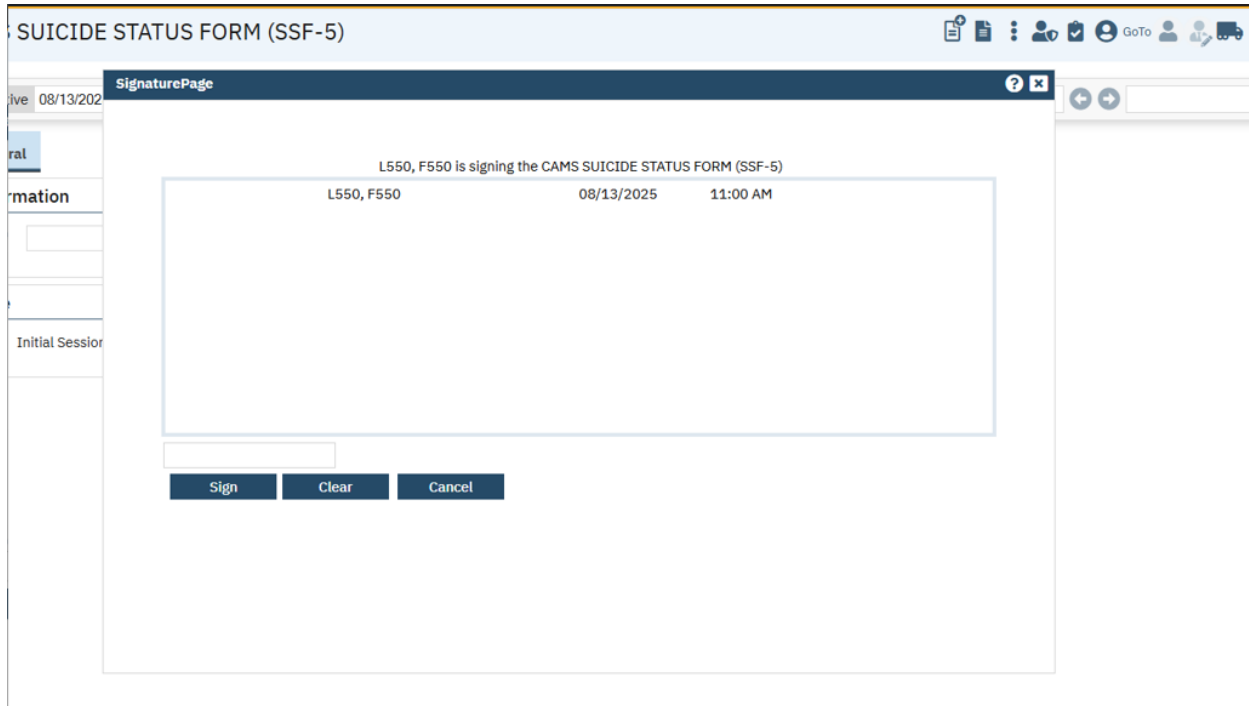**Release Type:** Fix | **Priority:** Medium

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

Data Model Changes