



SmartCare™ August 2025 MSP Release Notes (Changes)

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Executive Summary

Here's a quick overview of recent updates designed to improve your experience and system functionality:

1. **Future Date Entry Restriction (EII #130398)**: Prevents staff from entering activities scheduled on future dates to maintain data integrity.

2. **Appointment Search Filter (EII #131826)**: New icon to auto-update appointment search dates for easier navigation.

3. **Procedure Code Descriptions Update (EII #130767)**: UI changes to support inclusion of procedure code descriptions, facilitating accurate billing.

4. **Alert on Medication Discontinuation (EII #129496)**: Prescribers receive alerts when a medication order is discontinued based on new preferences.

5. **Weight-Based Dosage Calculator (EII #127274)**: New feature calculates pediatric medication dosages and validates against thresholds, enhancing clinical safety.

6. **Titration/Taper Functionality (EII #127483)**: Streamlined order management by enabling multiple medication steps in Order Sets.

7. **Care Coordination Enhancements (EII #130964)**: New sections in the Contact/Referral Organization screen to support care coordination workflows.

8. **PDF Rendering Performance (EII #131718)**: Improvements in the performance and flexibility of PDF rendering for Client Orders.

9. ~~Core NOMs Document Updates (EII #130801 & EII #130802)~~: Enhancements for client assessment tracking and reporting.

10. **Service Overlap Notifications (EII #130780)**: Introduces a warning for overlapping services and hardstop validation for duplicates in Group Service Detail.

11. **Client Consent Documentation (EII #131753)**: Updated core document for federal customers to manage data sharing via API FHIR Server or HIE.

12. ~~Searchable Dropdown for Client Selection (EII #123604)~~: Enhances workflows by improving client selection efficiency in mobile applications.

13. **UDS Table 6B Updates**: Aligns to 2025 specifications across multiple sections as mentioned below, with new date functionalities for record fetching.

- The **UDS Report- 6B Details – Section H** ('Statin Therapy for the Prevention and Treatment of Cardiovascular Disease Report'). (EII # 129476)
- The **UDS Report- 6B Details – Section I**- Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet'. (EII #129477)
- The **UDS Table 6B Details - Section J** - Colorectal Cancer Screening' Report'.(EII # 129478)
- The **UDS Table 6B Details: Section A and B**: Demographic Characteristic of Prenatal Care Patients'. (EII#129482)
- The **UDS Report- 6B Details – Section C** - Childhood Immunization Status' (EII # 129471)
- The **UDS Table 6B Details- Section N** - Initiation and Engagement of Substance Use Treatment (CMS137v13)'. (EII #129610)

14. **Medication Discontinuation Notifications (EII #130666):** New preference option added to alert providers of medication discontinuation by nurses.
15. **Patients by ZIP Code Report Update (EII #131686):** Aligns report to ensure only relevant patients are included.
16. **Patients by Age and Sex Report Update (EII #131688):** Updates for accurate client counts and data display for the report.
17. **Consistency in Scanned Documents (EII #131703):** Core header and footer added to maintain document uniformity.
- ~~18. **Enhanced MAT Management Search (EII #132198):** Users can search clients by DOB, SSN, MRN, alongside name and ID, improving usability.~~
19. **UI Navigation Enhancements (EII #129990):** Front-end UI provided for navigation setup between list and detail screens.
20. **Patient Refill Requests Tab (EII #131855):** The integration of Intelichart/Patient Portal into the Rx application introduces a new feature aimed at enhancing user experience for managing medication refills. This allows requested medication refills to be displayed separately on the Start Page.
21. **Inactive NDC Identification (EII #130733):** Conditional formatting in SmartCare RX to highlight medications with inactive National Drug 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.

Audience

These release notes are for general SmartCare™ users trained in the basic workflow and use of SmartCare™.

Applicable Releases

The functionality documented these release notes supports SC.CORE.6.0_1.37.000.2508.001 and later.

Permissions

You can only access screens/items granted per your user login referred to as Permissions. Depending on your current level of permissions, you may need to contact your system administrator to have your permissions changed.

Global Codes, Recodes, and Configuration Keys

Refer to the [Global Codes](#), [Recodes](#), and [Configuration Keys](#) sections of these release notes for a list and definition of each code or key.

TASKS LIST -'ACTIVE CHANGE' (10)

Note: An **active change** is a product update that is automatically applied with the build and does not require any setup or action from the customer to take effect.

SI. No	Task No	Summary	Module Name
1	EII # 130398	Restricting Future Activity Updates	Activity Tracker
6	EII # 131826	Appointment Search: Added new icon to advance the search to the next 15 days.	Appointment Search
57	EII # 130801	NOMS Document Updates – 2025	Documents
59	EII # 131753	Change in 'Consent to Share Health Information' document.	Documents
72	EII # 130780	Group Services – Warning messages display for Overlap group services.	Group Services
95	EII # 123604	Implementation of Searchable drop down for client field in Create Service and Create Documents screen in Mobile Web App	Mobile
407	EII # 130802	NOMS File Mapping and List page Updates	Documents
120	EII # 130767	Travel Line Configuration: Implementing a front-end configuration to allow SV101-07 procedure code descriptions for 837P claim files, supporting accurate service line billing. Front-end implementation.	Charges/Claims
129	EII # 130733	Implementation of conditional formatting within the SmartCare RX module to identify medications associated with inactive National Drug Codes (NDCs).	Rx Application
130	EII # 131855	Implementation to display Patient Refill Requests tab on the Start Page of the RX application	Rx Application

TASKS LIST-‘PASSIVE CHANGE’ (39)

Note: A *passive change* is a product update that is applied with the build but requires the customer to complete configuration or other setup steps before the new functionality can be used.

SI. No	Task No	Summary	Module Name
2	EII # 130184	MCO tables are included in the Adhoc Reporting	Adhoc Reporting
3	EII # 130887	MCO tables are included in the Adhoc Reporting- SQL View	Adhoc Reporting
8	EII # 131750	To implement the logic, change in 270/271 eligibility record days in the past and days in the future.	Batch Eligibility
9	EII # 131752	To implement the change in the logic of 270/271 eligibility record days in the past and days in the future.	Batch Eligibility
15	EII # 130766	Travel Line Configuration: Implementing a front-end configuration to allow SV101-07 procedure code descriptions for 837P claim files, supporting accurate service line billing. Back End changes implementation	Charges/Claims
24	EII # 130941	Implementation to convert the "Client is an Adult with Guardian" icon a Client Flag.	Client Flags
33	EII # 127274	To enable Client Order screens to auto-calculate total dose and to trigger weight-based overdose alert requiring prescriber acknowledgment.	Client Orders
34	EII # 127483	Implementation of Lifestream Titration templates / favorites.	Client Orders
35	EII # 129496	PC: SmartCare to send an alert to a Prescriber when a nurse discontinues a medication order in SmartCare Orders.	Client Orders
36	EII # 131718	Implementation of Queue PDF Generation/Render Process for Client Orders	Client Orders
45	EII # 128533	Added Module and Screen Details for few existing configuration key	Configuration Keys
46	EII # 130964	Implemented a new section 'Needs This Organization Addresses' and 'Contacts' in 'Contact/Referral Organization' screen.	Contact/Referrals
47	EII # 131829	Suicide Risk Assessment: Space issue in PDF	Core Assessment

48	EII # 131920	Core Assessment initialization logic has been implemented for the 'Borderline Symptom List (BSL-23)' document which is added as tab. This tab's data will be initialized based on the client's Episode, using the existing system configuration key 'AssessmentToInitializeFromPreviousEpisode'	Core Assessment
55	EII # 132077	Added 'Do Not Render PDF Immediately' checkbox for 'Client orders' in the Document Codes Detail screen.	Document Codes
56	EII # 130321	Implemented a warning message to users when the logged-in staff is not authorized to author a document.	Documents
58	EII # 131639	Implementation of alert message stating "System failed to generate the pdf" will be sent to staff and author.	Documents
66	EII # 129990	Implementation of automatic hyperlinks in DFA list pages.	Dynamic Forms (DFA)
80	EII # 132102	Added 'Interface Status' column in the Orders(My Office) and Client Orders(Client) list page.	Interfaces
81	EII # 131648	To display the Scheduled for Date on the Medication Inventory Transaction List and Detail screen. The nurse will have the visibility of the Scheduled for Date.	Methadone
83	EII # 132198	Implemented new search options for the client search on the MAT Management list page using their DOB/SSN/MRN.	Methadone
99	EII # 130666	Added checkbox NotifyForDiscontinuedMedications in My Preferences screen	My Preferences
100	EII # 129471	Implementation of the report 'UDS Table 6B Section C - Childhood Immunization Status' to 2025 Standard.	My Reports/UDS Reports
101	EII # 129476	Implementation of the 'UDS Table 6B Details - Section H- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease Report' to 2025 Standard.	My Reports/UDS Reports
102	EII # 129477	Implementation of the 'UDS Table 6B Details-Section I - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet' report to 2025 Standard.	My Reports/UDS Reports

103	EII # 129478	Implementation of the 'UDS Table 6B Details - Section J - Colorectal Cancer Screening' Report' to 2025 Standard.	My Reports/UDS Reports
104	EII # 129482	Implementation of the 'UDS Table 6B Details: Section A and B: Demographic Characteristic of Prenatal Care Patients' to 2025 standard.	My Reports/UDS Reports
106	EII # 130339	Changes are implemented to the 'UDS Table 5 Staffing and Utilization' report for the reporting year 2025.	My Reports/UDS Reports
108	EII # 131629	New changes are implemented to the Evidence Based Practices – IPP T3 Indicator Report.	My Reports/UDS Reports
109	EII # 131686	Changes are implemented to the 'UDS Table Patients by ZIP Code' report for the reporting year 2025.	My Reports/UDS Reports
110	EII # 131688	Changes are implemented to the 'UDS Table 3A: Patients by Age and by Sex' report for reporting year 2025.	My Reports/UDS Reports
117	EII # 132223	Implementation of 'Staff 3PL Update Report'.	My Reports/UDS Reports
124	EII # 131965	To display the flag icons or the total count of flags in the All Flags and Reception Flags columns using the configuration key settings in the Reception/Front Desk screen.	Reception
126	EII # 131989	RWQM Updates: Implementing DOS From and DOS To filer: Front End	RWQM
127	EII # 132017	RWQM Updates: Implementing DOS From and DOS To filer: Back End	RWQM
128	EII # 130484	Changes are implemented to display the Client Order diagnosis codes under 'Dx/Purpose' dropdown in the 'Complete Medication Order' page.	Rx Application
138	EII # 131703	Changes are implemented to display the Core Header and Footer in the Scanned and Uploaded documents.	Scanning
141	EII # 129487	A new configuration key has been introduced to evaluate service completion lag days based on both the Created Date and Completion Date.	Services
149	EII # 131811	To display Sensitive Information section based on the value set in DisplaySUDCheckboxToTagDataAsSUD	Services/Notes

		configuration key and Note tab visibility for service note (SUD related)	
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TASKS LIST-‘NEW FUNCTIONALITY’ (2)

Sl. No	Task No	Summary	Module Name
105	EII # 129610	Implementation of a new ‘UDS Table 6B Details- Section N - Initiation and Engagement of Substance Use Disorder Treatment (CMS137v13)’ -FOR 2025 Reporting Year.	My Reports/UDS Reports
117	EII # 132223	Implementation of ‘Staff 3PL Update Report’.	My Reports/UDS Reports

Functionality Task Details

Activity Tracker

Reference No	Task No	Description
1	EII # 130398	Restricting Future Activity Updates

EII # 130398: Restricting Future Activity Updates

What’s changed:

- Implemented a restriction to **prevent staff from entering or updating details** for activities scheduled with future start dates.
- New validation message displays when attempting to open such activities:
“The activity you have chosen is scheduled for a future Start Date and cannot be updated at this time.”
- All fields in the **Flow Sheet Detail pop-up** are disabled except **Cancel** and **Close (X)**.
- Validation message stored in the **ApplicationMessages** table.

Where to find it:

- Path 1:** Client → Client Activity Tracker → Select Future Start Date → Apply Filter → Open Activity.
- Path 2:** My Office → My Client Activities → Select Future Start Date → Apply Filter → Open Activity.

How it helps:

- Maintains **data integrity** by ensuring only valid, completed activities can be updated.
- Eliminates risk of premature or inaccurate activity entries.
- Provides clear system feedback through validation messaging.

Notes:

- Active change (new restriction applied automatically).
- Requires a signed **Client Order** of “**Activity**” type.

Adhoc Reporting

Reference No	Task No	Description
2	EII # 130184	MCO tables are included in the Adhoc Reporting.
3	EII # 130887	MCO tables are included in the Adhoc Reporting- SQL View

EII # 130184: MCO tables are included in the Adhoc Reporting.

What's changed:

The **Adhoc Reporting** screen has been updated to include MCO tables under the Catalogs section, allowing users to build and run queries using MCO-specific entities and attributes.

Previously, the 'MCO' option was not available in the Catalogs dropdown. With this release, users can now select MCO as a catalog type and access a dedicated section for MCO Entities and Attributes, enhancing reporting flexibility and coverage.

Where to find it:

Path:

My Office → **Adhoc Reporting** → **Adhoc Reporting** Screen

How it helps:

- Adds 'MCO' to the **Catalogs** dropdown
- Replaces default **Entities and Attributes** section with **MCO - Entities and Attributes**
- Displays related sub-tables when a main MCO table is selected
- Enables users to build queries using existing Adhoc Reporting functionality

Label Updates:

Standardized UI labels for consistency:

- 'Result columns' → 'Result Columns'
- 'Column sorting' → 'Column Sorting'
- 'Query conditions' → 'Query Conditions'
- 'Entities and attributes' → 'Entities and Attributes'

Available MCO Entities and Attributes:

- Adjudications
- BillingCodes
- Checks
- ClaimApprovalOverrides
- ClaimBundles
- ClaimDenialOverrides
- Claims
- Contracts
- Credentialing
- Events
- Import837Files
- Insurers
- ProviderAuthorizations
- Providers
- Sites

Notes:

Complements EII #130877 (SQL View support for MCO tables)

EII # 130887: MCO tables are included in the Adhoc Reporting- SQL View**What's changed:**

Support for MCO tables has been extended to SQL Views within **Adhoc Reporting**, enabling more advanced and flexible reporting capabilities.

Previously, MCO tables were not available for use in SQL-based **Adhoc Reporting**. With this release, users can now create SQL Views using MCO entities, allowing for deeper data analysis and custom reporting logic.

Where to find it:

Not applicable — SQL Views are configured at the backend and do not have a front-end navigation path.

How it helps:

- Expands Adhoc Reporting functionality to include MCO data
- Enables creation of custom SQL Views using MCO entities
- Supports more flexible and powerful reporting scenarios

Notes:

- Active change (backend configuration required)
- Dependent on EII #130184, which introduced MCO tables in the front-end Adhoc Reporting Catalogs

Appointment Search

Reference No	Task No	Description
6	EII # 131826	Appointment Search: Added new icon to advance the search to the next 15 days.

EII # 131826: Appointment Search: Added new icon to advance the search to the next 15 days.**What's changed:**

A new enhancement has been added to the **Appointment Search** screen to streamline the process of viewing upcoming appointments. Users can now quickly advance the search window by 15 days using a newly introduced icon, eliminating the need for manual date entry.

Key Updates:

- Added a Next 15 Days icon next to the Search button
- Automatically updates the appointment date range
- Improves efficiency and reduces user error

How It Works:**New Icon Behavior**

- **Location:** Next to the **Search** button
- **Tooltip:**
"This button allows users to search appointments for next 15 days after the currently selected Appt. To Date."

Date Range Update Logic**On Click:**

- Appt. From: Set to one day after the current Appt. To date
- Appt. To: Set to 15 days after the new Appt. From date

Example:

If current range is:

- Appt. From = 06/01/2025
 - Appt. To = 06/15/2025
- After clicking the icon:
- Appt. From = 06/16/2025
 - Appt. To = 06/30/2025

Auto-Adjustment Logic

- If Appt. From is updated and range exceeds 15 days → Appt. To is adjusted to maintain a 15-day window
- If Appt. To is updated and range exceeds 15 days → Appt. From is adjusted (but not earlier than current date)
- If range is already within 15 days → No adjustment occurs

UI Updates

Filters such as **Search for Client, Unable to Offer a Timely Appt.**, and **Search** have been rearranged to accommodate the new icon

Where to find It:**Path:**

My Office → **Appointment Search** → **Appointment Search** list page → Use the new icon next to the **Search** button to advance the date range

Batch Eligibility

Reference No	Task No	Description
8	EII # 131750	To implement the logic, change in 270/271 eligibility record days in the past and days in the future.
9	EII # 131752	To implement the change in the logic of 270/271 eligibility record days in the past and days in the future

EII # 131750: To implement the logic, change in 270/271 eligibility record days in the past and days in the future.

What's changed:

A new configuration option has been added to the **Batch Eligibility Configurator** to support automatic eligibility date logic for the current month. This enhancement simplifies setup and improves accuracy by allowing users to define eligibility service dates based on the first and last days of the current month.

Key Updates:

- Introduced **Monthly Eligibility Check** checkbox
- Automatically sets service date range to span the full current month
- Disables manual date range fields when selected
- Supports mutual exclusivity between monthly logic and custom date ranges

How it works:

New Field Added

- **Field Name:** Monthly Eligibility Check
- **Location:** General tab → Batch Eligibility Records section
- **Tooltip:**
"Checks eligibility for the full current month, from the 1st to the last day."

Field Behavior

When Monthly Eligibility Check is selected:

- # of Days in the Past and # of Days in the Future fields are disabled

When either of those fields is populated:

- Monthly Eligibility Check is disabled

Backend Logic

If Monthly Eligibility Check is selected and saved:

- A row is added to the `ElectronicEligibilityVerificationConfigurationFeatureDetails` table with:
 - **ConfigurationName:** UseServiceDatesStartAndEndOfCurrentMonth
 - **CharacterValue:** Yes
 - **IntegerValue:** NULL

If the checkbox is later unchecked:

- CharacterValue is updated to No

Mutual Exclusivity

If values are entered in # of Days in the Past or # of Days in the Future:

System updates:

- NumberOfDaysBackForBatch
- NumberOfDaysForwardForBatch
- UseServiceDatesStartAndEndOfCurrentMonth is set to NULL

Where to find it:

Administration → **Batch Eligibility Configurator List** → Click **New** → **Batch Eligibility Configurator Details** screen → **General** tab → **Batch Eligibility Records** section

EI # 131752: To implement the change in the logic of 270/271 eligibility record days in the past and days in the future**What's changed:**

- New **Monthly Eligibility Check** option added to *Batch Eligibility Configurator*.
- When enabled, the system automatically sets **Eligibility Start Date** to the **first day** of the current month and **End Date** to the **last day** of the current month.
- Overrides the prior logic that relied on “# of Days in the Past” and “# of Days in the Future” fields (previous default = 0).

Where to find it:

Administration → **Batch Eligibility Configurator List** → **New** → **Batch Eligibility Configurator Details** → **General** tab → **Batch Eligibility Records** → *Monthly Eligibility Check* checkbox.

How it helps:

- Automates monthly eligibility range setup.
- Eliminates manual configuration of past/future day offsets.
- Ensures consistency across batch eligibility runs.

Notes:

- Passive change (no extra setup beyond enabling the checkbox).

Charges/Claims

Reference No	Task No	Description
120	EII # 130767	Travel Line Configuration: Implementing a front-end configuration to allow SV101-07 procedure code descriptions for 837P claim files, supporting accurate service line billing. Front-end implementation.
15	EII # 130766	Travel Line Configuration: Implementing a front-end configuration to allow SV101-07 procedure code descriptions for 837P claim files, supporting accurate service line billing. Back End changes implementation.

EII # 130767: Travel Line Configuration: Implementing a front-end configuration to allow SV101-07 procedure code descriptions for 837P claim files, supporting accurate service line billing. Front-end implementation.

What's changed:

Updated the front-end UI to support inclusion of **SV101-07 procedure code descriptions** within the **Procedure/Rate** setup, **Plan Details**, and **Claim Provider Override** screens.

Renamed the label “**Rev Code Description**” to “**Code Description**” across all relevant screens to eliminate confusion and support accurate billing for CPT, HCPCS, and travel line codes. Added new UI elements to enable direct configuration and visibility of code descriptions without manual claim edits.

Where to find it:

- Path 1: Existing Procedure Code Details Screen**
 Administration → Procedure/Rates → New → Procedure Code Details
 → General tab → Enter details
 → Rates/Billing Codes tab → Standard Billing Code section
 → Enter Code Description → Advanced Billing Code pop-up → Enter Code Description
 → View Code Description column in Rate List grid
- Path 2: New Procedure Code Details Screen**
 Same as above, but uses Add Rates button to open Rates/Standard Billing Codes pop-up
- Path 3: Plan Details Screen**
 Administration → Plans → General tab → Enter details → Save
 → Value Codes tab → Enter Code Description → View in Value Codes list
 → Billing Codes tab → Select “Use this Plan as Template” → Save
 → Procedure hyperlink → Plan Billing Code pop-up → Enter Code Description
 → Advanced Billing Code pop-up → Enter Code Description

How it helps:

- Enables accurate configuration of procedure code descriptions for 837P claims
- Supports billing for travel lines without manual claim edits
- Improves clarity by replacing outdated “Rev Code Description” label

Notes:

- Active change (visible in front-end UI)
- No changes to the data model
- Works in conjunction with EII #130766 (back-end implementation for SV101-07)

EII # 130766: Travel Line Configuration: Implementing a front-end configuration to allow SV101-07 procedure code descriptions for 837P claim files, supporting accurate service line billing. Back End changes implementation.**What's changed:**

Additional logic has been implemented to support accurate behavior when using the **837PClaimCodeDescription** configuration key and customizing **Claim Format Overrides**. These updates ensure flexible and reliable population of **SV1-07 procedure code** descriptions in the 2400 loop of 837P claim files.

How it works:**Configuration Key Behavior:**

- **Invalid Values:**
If the configuration key is set to any value other than Yes or No, the system defaults to No behavior — SV1-07 code descriptions will not be populated.
- **Null Code Descriptions:**
If the key is set to Yes but the code description field is blank, the SV1-07 segment is excluded from the claim.
- **Claim Format Overrides:**
 - **Override Sources:**
Code descriptions can be populated from:
 - Standard Billing Code
 - Plan Billing Code
 - Other (Freeform Textbox)
- **Freeform Textbox Null Behavior:**
If the Other data source is selected and the textbox is left blank, the SV1-07 segment will not be populated.
- **Override Independence:**
Claim format overrides function with or without the configuration key being set to Yes.
- **Visual Configuration Examples:**
 - Format Field: 2400 – SV1 – 07 Description
 - Data Source Options: Standard Billing Code, Plan Billing Code, Other
 - Data Value: Code Description or freeform text

Notes:

- Passive change (no customer action required to enable)
- Complements EII #130767 (front-end UI support for code descriptions)

Client Flags

Reference No	Task No	Description
24	EII # 130941	Implementation to convert the "Client is an Adult with Guardian" icon a Client Flag.

EII # 130941: Implementation to convert the "Client is an Adult with Guardian" icon a Client Flag.

What's changed:

The “**Client is an Adult with Guardian**” icon has been replaced with a configurable Client Flag, allowing for standardized and flexible display of guardianship status.

Key Updates:

- Converted hardcoded icon into a **Client Flag**: Adult Client with Guardian
- Flag can be managed through standard Client Flag configuration settings
- Automatically created for qualifying clients based on age and contact type

How it works:

Flag Behavior

- **Flag Type**: Adult Client with Guardian
- **Flag Level**: Information
- **Display Date**: Date the flag is created
- **End Date**: Date the flag is deactivated
- **Flag Note**: Automatically generated when:
 - Client age exceeds the threshold set in SetMaxAgeToIdentifyClientAsMinor
 - Client has a contact marked as Guardian or Legal Guardian
- **Default State**: Inactive
- **Display Locations**:
 - Client Flag List Page
 - Client Hover section (next to Client Name/ID)

Where to find It:

- **Path 1**:
Client Search → Select Client → Client Information → Contacts tab → Add contact as “Guardian” or “Legal Guardian” → Save
- **Path 2**:
Select Client → Client Flags → “Adult Client with Guardian” flag is available

How It Helps:

- Standardizes guardianship status using configurable flags
- Improves flexibility for managing, deactivating, or customizing flag behavior
- Enhances visibility of client context across workflows

Notes:

Passive change (no customer action required)

Client Orders

Reference No	Task No	Description
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33	EII # 127274	To enable Client Order screens to auto-calculate total dose and to trigger weight-based overdose alert requiring prescriber acknowledgment.
34	EII # 127483	Implementation of Lifestream Titration templates / favorites.
35	EII # 129496	PC: SmartCare to send an alert to a Prescriber when a nurse discontinues a medication order in SmartCare Orders.
36	EII # 131718	Implementation of Queue PDF Generation/Render Process for Client Orders.
55	EII # 132077	Added 'Do Not Render PDF Immediately' checkbox for 'Client orders' in the Document Codes Detail screen.

EII # 127274: To enable Client Order screens to auto-calculate total dose and to trigger weight-based overdose alert requiring prescriber acknowledgment.

What's changed:

Enhancements have been made to the **Weight-Based Calculator** and **Client Order** workflow to support improved dosing accuracy, streamlined user experience, and compliance with recommended dosage guidelines.

Key Updates:

- Introduced Min/Max Daily Range display sourced from First Databank (FDB)
- Added automated flow sheet integration for weight updates
- Implemented dose validation logic with alert and acknowledgement workflow
- Enabled audit tracking for high-dose overrides
- Updated data model to support new functionality

How it works:

Min/Max Daily Range Display

- **Field:** Min/Max Daily Range (read-only)
 - **Logic:** System pulls recommended ranges from FDB
 - **Behavior:** For pediatric clients (<18 years), only the range matching the client's age in days is shown
- Example:** A client aged 750 days will see the range labeled 600–850 days

Apply Button Behavior

- **Triggered When:** Weight is modified
- **Actions:**
 - Creates a new **Core Vitals Flow Sheet** entry with current date/time
 - Pushes updated weight (lb, kg, oz) to flow sheet
 - **Updates Client Order screen fields:**
 - ♣ **Dose:** Calculated as $\text{Dose} \times \text{kg} \div \text{Times Per Day} = \text{Units per Dose}$
 - ♣ **Frequency, Days, Refills:** Pulled from popup selections
 - **Note:** If weight is unchanged, no flow sheet entry is created

Reset Button Behavior

- Clears all fields in the popup except:

- o **Weight**
- o **Dose**

Dose Validation & Alert Logic

- **Trigger:** Clicking Insert/Modify in Client Order screen
- **Validation:**
 - o Checks for **FDB Max Daily Dose Strength**
 - o Uses most recent weight from **Core Vitals Flow Sheet**
 - o **Calculates Daily Dose Amount:**

$$(\text{DoseWeight in kg}) \times \text{Times Per Day} (\text{Weight in kg} \text{Dose}) \times \text{Times Per Day}$$

Outcomes:

- If within range: Medication inserted without alert
- If exceeded: Dose Acknowledgement popup appears

Dose Acknowledgement Popup

- **Message:**
 "One or more of the Doses you are attempting to Insert exceeds the Recommended Max Daily Dose Strength."
- **Field:** Acknowledge and Proceed (checkbox)
- **Behavior:**
 - o Checkbox must be selected to enable **OK** button
 - o Clicking **OK** inserts medication into **Order List** grid
 - o On signing, audit log captures:
 - ✦ **User identity**
 - ✦ **Timestamp**
 - ✦ **Acknowledgement of high dosage**
- **Cancel (X Button) Behavior**
 - o Returns user to previous screen
 - o Medication is not inserted into Order List grid

Where to find It:

Path:

Client Orders → Open **Weight-Based Calculator** → Modify weight/dose → Click **Apply** or **Insert** → Follow alert and acknowledgement workflow as needed

Data Model Changes

- **DoseAcknowledgeBy** column added to **ClientOrders** table
- **ShowDoseCalculator** column added to **OrderStrengths** table

ELL # 127483: Implementation of Lifestream Titration templates / favorites.

What's changed:

The **Order Sets** screen has been enhanced to support **Titration/Taper** templates and favorites, allowing users to create reusable multi-step medication orders.

Previously, users had to manually enter each step of a taper/titration order for every client. With this release, users can define multi-step orders in advance and apply them across clients with full support for frequency logic, dispense timing, and validation—streamlining workflows and improving consistency.

Where to find it:

- **Path 1: Create Frequency**
Admin → Order Template Frequency → New → Set "Use Start Time of Order as First Dispense Time" → Save
- **Path 2: Create Medication Order**
Admin → Orders → New → Select frequency → Set "Titration/Taper?" = Yes → Save
- **Path 3: Build Order Set**
Admin → Order Sets → New → Add medication order → Set Default → Add Steps → Save
- **Path 4: Apply to Client**
Client → Client Orders → New → Order Set tab → Select Order Set → Save & Sign
- **Path 5: Manual Entry Option**
Client → Client Orders → New → Orders tab → Add steps manually → Save & Sign
- **Path 6: Verify in MAR**
Client → Client MAR → Filter → Verify signed order and steps
My Office → Group MAR → Filter → Verify signed order and steps

How it helps:

- Enables reusable multi-step medication orders for tapering regimens
- Reduces manual data entry and improves consistency across clients
- Supports frequency logic and dispense timing for accurate scheduling

Functionality:

- **Order Set Defaults Pop-Up:**
 - **Add Steps:** Pre-populates values (except Dose, Day Supply, Frequency, Start)
 - **Delete Steps:** Removes latest step; disabled if only one step exists
 - **Frequency Filtering:** Subsequent steps show only matching frequency types
 - **Start Dropdown:** Options limited to "Today" and "Other"; defaults to "Other" after first step
 - **Multiple Steps Indicator:** Displays "Yes" or "No" based on step count
- **Client Order Screen Behavior:**
 - **Standing Order Checkbox:** Disabled for taper/titration orders
- **Start Date/Time Calculation:**
 - **1 day supply** = 24 hours
 - Example: Start 9/10/2025 2:00pm → End 9/11/2025 1:59pm
 - Subsequent steps auto-calculate based on previous step's end
- **End Date/Time Visibility:**
 - Hidden for steps beyond the first
 - Displayed in PDF after signing
- **Medication Name Display:**
 - **Multi-step:** Abilify FDTs (Abilify) – Multiple Steps
 - **Single-step:** Alive Max3 Potency start date (Alive Max3 Potency)
- **Frequency Dropdown Logic:**
 - **Mapped Frequencies:**
 - First step shows mapped values from **Order Setup**
 - Subsequent steps filtered by frequency type
- **Unmapped Frequencies:**
 - First step pulls from **Order Template Frequency**
 - Subsequent steps filtered based on first step's selection
- **Validation Messages:**
 - Displayed if frequency types mismatch across steps
 - "Step 1 and Step 2 have mismatched frequency settings."
 - "Frequency type 'Start time as first dispense time' cannot be placed with any other frequency types."
- **Titration/Taper Button:** Hidden when **Order Set** is selected

Client MAR & Group MAR Functionality:

- **Dispense Timing Logic:**
 - 1 day supply = 24 hours
 - Next step starts based on last dispense time of previous step
 - **Example Schedule:**
 - **Step 1:** Q4H → Dispenses every 4 hours
 - **Step 2:** Q6H → Dispenses every 6 hours starting from last dispense of Step 1
- **Display:**
 - Signed multi-step orders appear in both Client MAR and Group MAR
 - Medication and step details are shown clearly

EI # 129496: PC: SmartCare to send an alert to a Prescriber when a nurse discontinues a medication order in SmartCare Orders.

What's changed:

- Introduced alerts to notify **Prescribers** when a nurse discontinues a medication order in SmartCare Orders.
- New **Discontinued Order popup** displays when a nurse (non-prescriber) discontinues a medication order and the Prescriber has enabled *Notify If Medications are Discontinued* in **My Preferences** → **Check-In Notification Preferences**.
- Popup includes a checkbox "**Alert Ordering Prescriber of Discontinued Order**"; if checked, an alert is sent to the Prescriber when the order is signed.
- Alert includes client details, medication name/strength, and date/time. Appears under the Notification icon and in the **Alerts** list.

Where to find it:

- **Path 1:** My Office → My Preferences → Check-In Notification Preferences → *Notify If Medications are Discontinued*.
- **Path 2:** Client → Orders → New → Select Medication Order → Insert/Modify → Discontinue → Sign (Nurse staff).
- **Path 3:** My Office → Alerts.

How it helps:

- Ensures Prescribers are proactively notified when medications are discontinued by nursing staff.
- Reduces risk of missed changes in client medication plans.
- Provides Prescribers with a clear alert message containing patient and medication details for immediate review.

Notes:

- Passive change (requires enabling checkbox in Preferences).
- Popup does **not** display if:
 - Discontinue box is unchecked.
 - Discontinue box is checked but logged-in staff is the Prescriber.
 - Prescriber's *Notify If Medications are Discontinued* preference is not enabled.

Data Model Changes:

- Added column **NotifyPrescriberOnDiscontinuedOrder** in **ClientOrders** table.

EII # 131718: Implementation of Queue PDF Generation/Render Process for Client Orders.**What's changed:**

A queue-based PDF generation process has been implemented for **Client Orders**, introducing a new configuration option—**Do Not Render PDF Immediately**—in the **Document Codes Details** screen. This enhancement improves performance and user flexibility by allowing PDF rendering to occur in the background after signing.

Key updates:

- Added Do Not Render PDF Immediately checkbox to Client Orders configuration
- Enables delayed PDF rendering via background processing
- Displays confirmation message with optional View PDF button
- Temporarily restricts certain actions until PDF is generated

How it works:

- If **Do Not Render PDF Immediately** = Checked
 - **PDF Generation:**
 - Signed **Client Orders** are queued for background PDF rendering
 - **Confirmation Message:**
“The document has been signed successfully. You may continue your work while the PDF is being processed. Alternatively, if you wish to view the PDF now, you can click on the 'View PDF' button.”
 - **Optional Action:**
Author may click View PDF to render it immediately
 - **Access Restrictions:**
Until PDF is generated, Client Viewing, Co-Sign, and Decline actions are disabled
 - **Message for Other Users:**
“The document signed by the author is queued. You can wait until the PDF is ready to be rendered to review it before signing.”
(No View PDF button shown)
 - **Background Job:**
Runs every 15 minutes to process queued PDFs
 - PDF is rendered and displayed immediately upon signing (existing behavior)
- If **Do Not Render PDF Immediately** = **Unchecked**
 - PDF is rendered and displayed immediately upon signing (existing behavior)

Where to find It:

- **Path 1:**
Administration → **Document Codes** → **Client Orders** → **Document Codes Details** → **Document Section** → **Select Do Not Render PDF Immediately**
- **Path 2:**
Client → **Client Orders** → Enter all details → **Sign**

How it helps:

- Reduces system load during signing
- Improves performance for large documents
- Allows staff to continue workflow without waiting for PDF generation

EII # 132077: Added 'Do Not Render PDF Immediately' checkbox for 'Client orders' in the Document Codes Detail screen.

What's changed:

A new checkbox—**Do Not Render PDF Immediately**—has been added to the **Client Orders** document configuration in the **Document Codes Detail** screen. This enhancement introduces queue-based PDF generation, improving system performance and user flexibility, especially for large documents.

Key updates:

- PDF generation now occurs in the background, allowing users to continue working without delay
- New checkbox controls downstream document rendering behavior
- Related fields are automatically disabled when the checkbox is selected

How it works:**New Checkbox Added**

- **Field Name:** Do Not Render PDF Immediately
- **Location:** Document section of the Client Orders document in the Document Codes Detail screen
- **Default State:** Unchecked

Behavior When Checked

The following fields in the Details section are automatically set to No and disabled:

- Recreate PDF On Client Signature
- Requires Licensed Signature
- Regenerate RDL On CoSignature

When the checkbox is unchecked, these fields are re-enabled and remain set to No

Scope

This checkbox is only available for the **Client Orders** document

Where to find it:

Administration → **Document Codes** → Search for **Client Orders** → Open **Document Codes Detail** screen

Data Model Changes

DoNotRenderPDFImmediately column added to the **DocumentCodes** table

Configuration Keys

Reference No	Task No	Description
45	EII # 128533	Added Module and Screen Details for few existing configuration keys

EII # 128533: Added Module and Screen Details for few existing configuration keys

What's changed:

The **Configuration Key Details** screen has been enhanced to improve visibility, traceability, and user navigation. This update introduces Module and Screen information for a wide range of existing configuration keys, helping administrators better understand the functional context of each key.

How it helps

Previously, many configuration keys lacked associated module and screen details, making it difficult to determine where and how they were applied. With this release, those gaps have been addressed, streamlining system configuration management.

Key Enhancements

- **New Fields Added**
 - **Module:** Displays the name of the module linked to the configuration key.
 - **Screen:** Shows the screen name where the key is applied.
- The screen name is now a clickable hyperlink.
- Clicking the hyperlink redirects to the Configuration Keys List page, filtered by the selected screen.

Functionality

- Module field correctly displays associated module names.
- Screen field accurately shows screen names as hyperlinks.
- Hyperlinks redirect to the filtered Configuration Keys List page.
- Configuration keys are correctly linked to their respective documents.

Updated Configuration Keys

The following configuration keys now include **Module** and **Screen** details:

- ASSESSMENTDOCUMENTCODEID
- SetDurationForCoreCarePlanEndDate
- SetNumberValueToCalculateEndDateForAddendumCarePlan
- RefreshCarePlanMasterData
- SetReviewInCarePlan
- SHOWORGANIZATIONNAMEONCAREPLANRDL
- ShowAdditionalTimeAndDurationInCarePlanIntervention
- SetInterventionTabAndSectionNameForISPAndISPMCOEvents
- UseBTATemplateForGoalsAndObjectivesInCarePlan
- ShowMHAssessmentRefreshButtonOnTreatmentPlan
- CarePlanUseCustomGoalInitialization
- HideSelectedFieldsInGoalsAndTreatmentProgramTabsOfTreatmentPlan
- SetDurationForISPInitialization
- EnableReviewDateForAddendumInISP
- SetChosenNameForISPDocument
- SetInitializationOfCarePlanVarybyProgram
- INITIALIZETREATMENTTEAMCOP
- ShowValidationForHowManySessionsInCarePlanInterventions
- AssessmentToInitializeFromPreviousEpisode
- SetNumberofMonthsToInitializeHistoryofPresentingProblem
- CreateAuthWhenAddingInterventions
- ISPMCORequireProvider

Where to find it

Administration → Configuration Keys → Select a configuration key → View Configuration Key Details screen
(e.g., EII #129476)

Contact/Referrals

Reference No	Task No	Description
46	EII # 130964	Implemented a new section 'Needs This Organization Addresses' and 'Contacts' in 'Contact/Referral Organization' screen.

EII # 130964: Implemented a new section 'Needs This Organization Addresses' and 'Contacts' in 'Contact/Referral Organization' screen.

What's changed:

The **Contact/Referral Organization** screen has been enhanced with two new sections:

1. **Needs This Organization Addresses**
2. **Contacts**

These additions expand the existing functionality (previously only a *General* section) and support **Care Coordination workflows** by allowing users to:

- Search organizations that provide services for specific needs.
- Search organizations by staff contact names.

Where to find it:

Contact/Referral Organization List → **New** → **Contact/Referral Organization Details**

New Functionality**1. Needs This Organization Addresses**

- Instruction label guides users on purpose (CCBHC Care Coordination).
- Fields:
 - *Need Domain* (type-ahead search; alphabetical list)
 - *Identified Need* (type-ahead search; filtered by selected domain)
- Validation messages:
 - Required fields must be selected before insertion.
- Grid features:
 - Displays Domain + Need names.
 - Buttons: Insert, Modify, Clear.
 - Options: Delete (X), Modify.

2. Contacts

- Instruction label clarifies usage in Care Coordination.
- Fields:
 - *Contact Name* (placeholder: Last Name, First Name; required)
 - *Contact Email* (valid email format required)
- Validation messages:
 - Required field if name is missing.
 - Duplicate contact name not allowed.
- Grid features:
 - Displays Contact Name + Email.
 - Buttons: Insert, Modify, Clear.

Data Model Changes

- **New Tables:**
 - ContactReferralOrganizationDomainNeeds
 - ContactReferralOrganizationContacts

Core Assessment

Reference No	Task No	Description
47	EII # 131829	Suicide Risk Assessment: Space issue in PDF
48	EII # 131920	Core Assessment initialization logic has been implemented for the 'Borderline Symptom List (BSL-23)' document which is added as tab. This tab's data will be initialized based on the client's Episode, using the existing system configuration key 'AssessmentToInitializeFromPreviousEpisode'.

EII # 131829: Suicide Risk Assessment: Space issue in PDF

What's changed:

A formatting issue in the **Suicide Risk Assessment PDF** output has been resolved to improve document readability and layout consistency.

Key updates:

- Optimized PDF rendering for assessments containing multiple tab types
- Removed excess blank space caused by dynamic content
- Ensures a clean, professional layout across all assessment formats

How it works:

PDF Output Optimization

Applies to Core Assessment documents containing:

- Static tabs
- Dynamic tabs
- DFA tabs
- Non-DFA tabs

System now removes unnecessary white space during PDF generation

Layout is compact and consistent regardless of tab configuration

Where to find it:

Search → Create or select a client → **Document Codes** → Select **Assessment (C)** **Assessment** tab → Select **Assessment Group** → Choose tab (e.g., Psychosocial Adult) Select **Assessment Type**, **Age Category**, and **Population Type** → Click **Insert** → **Save** Go to **Assessment (C)** → Enter required fields → **Save** → **Sign** → **View PDF**

How it helps:

- Eliminates clutter in PDF output
- Improves readability and professional appearance
- Applies universally across all tab types used in assessments

EII # 131920: Core Assessment initialization logic has been implemented for the 'Borderline Symptom List (BSL-23)' document which is added as tab. This tab's data will be initialized based on the client's Episode, using the existing system configuration key 'AssessmentToInitializeFromPreviousEpisode'.

What's changed:

- ~~Added **Borderline Symptom List (BSL-23)** as a tab in **Core Assessment**.~~
- ~~Tab data now initializes based on the **client's Episode**, using existing system configuration key **AssessmentToInitializeFromPreviousEpisode**.~~
- ~~Initialization pulls from the **most recently signed Standalone or Assessment document** within the same Episode (not across all episodes).~~

Where to find it:

Client Search → Assessment (Core) → enter data in tabs → Sign → New → verify initialization from previously signed document.

Prerequisites:

1. **Document Mapping:** Ensure BSL-23 is marked *Active* in Document Mapping screen.
2. **Document Codes Setup:** Activate BSL-23 under Document Codes → Assessment (Core) → Assessment Tab → Tab Triggers. Define Type, Age Category, Population, Assessment Classification, and select *Active*.
3. Confirm **BSL-23 tab** is available in Core Assessment setup.
4. A client **Episode** must exist.

How it helps:

- ~~Ensures BSL-23 data is episode specific, improving accuracy of carried-forward assessments.~~
- ~~Aligns behavior with other tabs configured for episode-based initialization.~~

Notes:

- ~~Passive change (no customer action required beyond prerequisites).~~
- ~~Available only to customers with a **paid annual subscription** (premium add-on; not part of base SmartCare subscription).~~
- ~~Related to prior work in EII #130690 (released in 6.0_1 May MSP_2025, Build SG-CORE:6.0_1.34.000.2505.011).~~

Documents

Reference No	Task No	Description
56	EII # 130321	Implemented a warning message to users when the logged-in staff is not authorized to author a document.
57	EII # 130801	NOMS Document Updates – 2025
107	EII # 130802	NOMS File Mapping and List page Updates
58	EII # 131639	Implementation of alert message stating "System failed to generate the pdf" will be sent to staff and author.
59	EII # 131753	Change in 'Consent to Share Health Information' document

EII # 130321: Implemented a warning message to users when the logged-in staff is not authorized to author a document.

What's changed:

- Added a **warning message** when a logged-in staff member is **not authorized to author a document**.
- Triggered when the “**Can Author/Proxy SmartCare Document**” checkbox is **unchecked** in *Staff Details*.

Where it appears:

- When staff attempts to **create a new document**.
- When staff opens any **in-progress document**.

Warning Message:

“The Logged In staff is not permissioned to be the author of any documents. Please review before you proceed.”

How it helps:

- Improves clarity in the **Author dropdown experience**.
- Helps staff recognize authorization restrictions before proceeding.

Other details:

- **Passive Change** (no customer action required)

EII # 130801: NOMS Document Updates – 2025**~~What’s changed:~~**

- ~~• Updated the **Core National Outcome Measures (NOMS) document** used to report and track client assessment details.~~
- ~~• Several **fields were removed, reworded, or newly added** across different tabs.~~
- ~~• A new database table, DocumentNOMSDemographics, has been introduced.~~

~~Where it appears:~~

- ~~• **My Office** → **My Works** → **My Documents** → **National Outcome Measures Document**~~

~~How it helps:~~

- ~~• Keep NOMs documentation current for 2025 standards.~~
- ~~• Improve clarity, consistency, and alignment with reporting requirements.~~

1. Fields Removed

- ~~• **Demographics Tab:**~~
 - ~~○ “What do you consider yourself to be? (Specify)”~~
 - ~~○ “Do you think of yourself as... (Specify)”~~
- ~~• **Program Specific Questions – G4 (Minority AIDS Service Integration):**~~
 - ~~○ Q5. “Have you been prescribed an Antiretroviral Medication (ART)?”~~
 - ~~○ Q5a. Follow up on ART adherence.~~

2. Verbiage Changes

- ~~Records Management Tab:~~
 - ~~Suicide screen question wording updated.~~
- ~~Functioning Tab:~~
 - ~~Reworded questions about feelings in the past 30 days.~~
- ~~Perception of Care Tab:~~
 - ~~Clarified language around rights, responsibilities, and confidentiality.~~
- ~~Program Specific Questions — G4 (Minority AIDS Service Integration):~~
 - ~~Revised HIV, HBV, and HCV testing/treatment questions.~~
- ~~Program Specific Questions — G7 (Clinical High Risk for Psychosis):~~
 - ~~Updated psychosis episode question wording.~~

3. New Fields Added

- ~~Demographics Tab:~~
 - ~~"What is your sex?"~~
- ~~Program Specific Questions — G4 (Minority AIDS Service Integration):~~
 - ~~PrEP/HIV treatment use.~~
 - ~~HIV, HBV, and HCV testing history.~~
 - ~~Hepatitis A & B vaccination offers and referrals.~~

4. Dropdown Value Updates

- ~~Removed from 'Other' options (Program Specific G2 — Law Enforcement & Behavioral Health Partnerships):~~
 - ~~Follow up service receipt questions for mental health and substance use.~~

Other details:

- ~~Active Change~~ (affects client-facing workflows)

~~Data Model Change:~~ Added new table DocumentNOMSDemographics.

EII # 130802: NOMS File Mapping and List page Updates

What's changed:

- Updated the ~~Core NOMs file mapping and reporting list page~~ used to track and submit assessment details.
- Several fields were ~~removed, reworded, newly added, or defaulted to blank values~~ in both the ~~CSV export~~ and ~~NOMS Details page~~.
- Database changes were made to support new reporting requirements.

Where it appears:

- ~~Path 1:~~ My Office → My Works → ~~NOMS Reporting List Page~~ → Click Record ID → ~~NOMS Reporting Details Page~~.
- ~~Path 2:~~ My Office → My Works → ~~NOMS Reporting List Page~~ → Select Record ID → Create Batch Submission → CSV file generated to configured SFTP path.

How it helps:

- ~~Align NOMs reporting with 2025 standards.~~
- ~~Improve accuracy of exported CSV data and streamline submission.~~

1. Fields Removed

Removed from both CSV file and NOMS Details page:

- ~~Gender~~
- ~~GenderOtherSpec~~
- ~~SexualIdentity~~
- ~~SexualIdentityOtherSpec~~
- ~~HIVARTMedication~~
- ~~HIVARTMedicationFreq~~

2. Verbiage Changes

Field labels updated for consistency:

- ~~HIVTestResultRecent~~
- ~~HBVTestResultRecent~~
- ~~HCVTestResultRecent~~

3. Newly Added Fields

Added to both CSV file and NOMS Details page:

- ~~Sex~~
- ~~HIVPrevention~~
- ~~HIVEverTested~~
- ~~HIVTestServicesWithin30~~
- ~~HBVEverTested~~
- ~~HBVTreatmentServices~~
- ~~HCVEverTested~~
- ~~HCVTreatmentServices~~
- ~~ReferralOut~~
- ~~HepABVaccinationOffer~~
- ~~ReferralVaccination~~

4. Fields Defaulted to Blank

Numerous reporting and service fields are now set with **blank default values** in both CSV file and NOMS Details page.

Examples include:

- ~~MedicationAsPrescribed, TreatmentCompliant~~
- ~~ClientRef/ClientRecd Mental Health & SUD Services (G2, G5)~~
- ~~Multiple physical health measures (BP, weight, labs)~~
- ~~Various service tracking items (screening, case management, housing, transportation, etc.)~~
- ~~Discharge fields (Date, Status, OtherDischargeStatus)~~

Other details:

- ~~Active Change (affects client-facing workflows)~~

Data Model Change: ~~New columns added to NOMSSPARSCandidateDataSet:~~

- ~~Sex, HIVPrevention, HIVEverTested, HIVTestServicesWithin30, HBVEverTested, HBVTreatmentServices, HCVEverTested, HCVTreatmentServices, ReferralOut, HepABVaccinationOffer, ReferralVaccination~~

EI # 131639: Implementation of alert message stating "System failed to generate the pdf" will be sent to staff and author.**What's changed:**

- Alert message "*System failed to generate the PDF*" now sent to both:
 - Admin staff (with **AdminsForPDFRefresh** permission).
 - Author of the document/service note.
- Added new system configuration key: **SendAlertNotificationToAuthor** (default = Yes).
 - *Yes*: Alerts sent to Author + Admin.
 - *No*: Alerts only sent to Admin.
 - Invalid values default to "Yes."
- Alert also surfaces in **New Alerts/Messages widget** on the Dashboard for both recipients.

Where to find it:

- **Path 1:** Administration → Staff/Users → Roles/Permissions → Staff List → *AdminsForPDFRefresh* permission.
- **Path 2:** Client → Documents.
- **Path 3:** Client → Services/Notes.

How it helps:

- Ensures both admins and authors are notified immediately if a PDF fails to generate after signing.
- Provides visibility in the Dashboard's Alerts/Messages widget.
- Configurable via new system key to control whether authors should receive notifications.

Notes:

- Passive change (enabled automatically).
- Default behavior = alerts sent to both Admin and Author.

EI # 131753: Change in 'Consent to Share Health Information' document**What's changed:**

A new enhancement has been added to the **Consent to Share Health Information** document to support granular control over shared clinical data. Users can now specify which clinical note types are included when selecting All Information, improving flexibility for organizations using FHIR APIs or HIE connections.

Key updates:

- Introduced **Clinical Note Selection pop-up** for **All Information** option
- Allows users to choose specific note types to include in consent
- Enhances precision and compliance in data sharing workflows

How it works:**New Behavior in Document**

- **Section:** What information will be included
- **Radio Button:** All Information
- **Clinical Note Selection Pop-up**
- Appears when All Information is selected
- Includes checkboxes for the following note types (all preselected by default):
 - **Consultation Note**
 - **Discharge Summary Note**
 - **History and Physical Note**
 - **Procedure Note**
 - **Progress Note**
 - Includes **Select All**, **Deselect All**, and **Apply** buttons for ease of use

Where to find it:**Path:**

Login → Select a client → **Quick Search** → **Consent to Share Health Information** document

Data Model Changes

The following columns have been added to the **DocumentConsentToShareHealthInformation** table:

- ConsultationNote
- DischargeSummaryNote
- HistoryAndPhysicalNote
- ProcedureNote
- ProgressNote
- DisclosingEntity
- RecipientOrCategory
- DisclosurePurpose

Dynamic Forms (DFA)

Reference No	Task No	Description
66	EII # 129990	Implementation of automatic hyperlinks in DFA list pages.

EII # 129990: Implementation of automatic hyperlinks in DFA list pages.**What's changed:**

The **Hyperlink Setup Pop-up in DFA List Pages** has been enhanced with validation logic and deletion functionality, allowing users to manage hyperlink configurations more intuitively.

Previously, users could only add hyperlinks via the UI, with no feedback for duplicate entries and no option to delete existing hyperlinks. With this release, users receive real-time validation messages and can remove hyperlinks through a confirmation dialog, improving control and reducing configuration errors.

Where to find it:

DFA List Page → View Column Configurations → Hyperlink Setup Pop-up

How it helps:

- Prevents duplicate hyperlink entries with validation
- Enables deletion of hyperlinks via confirmation dialog
- Streamlines hyperlink setup and cleanup process

Validation Messages:

- **Duplicate Column Parameter:**
“This Column Parameter has already been selected.”
Triggered when attempting to add a column parameter that’s already configured

Delete Hyperlink Workflow:

- **Delete Button:**
Located at the bottom of the Hyperlink Setup Pop-up

Confirmation Dialog:

- **Yes:** Deletes the hyperlink
- **No / Cancel:** Closes the dialog without deleting

Finalizing Setup:

- After adding parameters, click Close in the Hyperlink Setup Pop-up

In the List Page Configurations popup:

1. Click Save
2. Then click Close

Using the Hyperlink:

1. Navigate to the DFA List Page
2. Click the configured hyperlink (e.g., Configuration ID)
 - Redirects user to the selected Detail Screen (e.g., ListPage Link Detail Screen)

Notes:

Passive change (no customer action required to enable)

Group Services

Reference No	Task No	Description
72	EII # 130780	Group Services – Warning messages display for Overlap group services.

EII # 130780: Group Services – Warning messages display for Overlap group services.

What’s changed:

- A new **system configuration key** and **recode category** have been introduced to handle overlapping services in Group Services.
- **By default**, users now see a **warning message** when a Staff or Client has overlapping services.
- If the configuration key is enabled, the system applies a **hard stop validation** for duplicate services in the *Group Service Detail* screen.
- If the procedure code used is mapped to the new recode category, the hard stop validation is **bypassed**.

System Configuration Key:

- **Key:** DisplayHardstopValidationForDuplicatesViaGroupServices
- **Read Key as:** Display Hardstop Validation for Duplicate Services Created in Group Services
- **Allowed Values:** Yes / No
- **Default Value:** No
- **Modules:** SCM Admin 2
- **Behavior:**
 - Yes: Hard stop validation when two services share the same Client, Clinician, Program, Procedure, and Location.
 - No: Warning message displayed instead (default behavior).
 - Invalid values revert to default ("No").

Recode Category:

- **Category:** ProcCodesToExcludeFromGroupServicesOverlapHardStop
- **Purpose:** Procedure codes mapped here are excluded from overlap hard stop validation when the config key is enabled.

Warning / Validation Messages:

- **Client overlap warning (single service):**
"[ClientLastName], [ClientFirstName] – Overlapping service schedules were found... Clinician: [StaffName] on [Date/Time] for [Procedure] [Duration]. Do you want to proceed?"
- **Client overlap warning (multiple services):**
"[ClientLastName], [ClientFirstName] – Overlapping service schedules were found... Clinician: [Staff1Name] ... Clinician: [Staff2Name] ... Do you want to proceed?"
- **Staff overlap warning:**
"[ClientFirstName] [ClientLastName] – [StaffName] is busy during this time due to a Service. Do you wish to schedule this service anyway?"
- **Service/Notes overlap warning:**
"Another service is scheduled for this client during this time. Clinician: [StaffName] on [Date/Time] for [Procedure] [Duration]. Do you want to save this service?"
- **Hard stop validation message:**
"A service for this client for this date/time already exists. You cannot enter duplicate service. Would you like to view the Service?"
 - *OK:* Navigates to the existing service detail.
 - *Cancel:* Returns to the Group Service screen.

How it helps:

- Prevents accidental creation of duplicate or overlapping group services.
- Provides flexibility via **config key + recode category** for org-specific needs.
- Maintains data accuracy while still allowing controlled overlap where appropriate.

Interfaces

Reference No	Task No	Description
80	EII # 132102	Added 'Interface Status' column in the Orders(My Office) and Client Orders(Client) list page

EII # 132102: Added 'Interface Status' column in the Orders(My Office) and Client Orders(Client) list page

What's changed:

Added a new **'Interface Status'** column to both the **Orders (My Office)** and **Client Orders (Client)** list pages. This enhancement allows users to track whether signed client orders (Lab or Medication) were successfully transmitted to the interface or failed.

Previously, users had no visibility into the transmission status of client orders. Troubleshooting required manual investigation of interface logs. With this release, the status is now visible directly on the list pages, improving transparency and reducing time spent on error resolution.

Where to find it:

- **Path 1:**
Client → Client Orders → New Order (Medication or Lab) → Save and Sign
- **Path 2:**
My Office → Orders → Orders list page → View Column Configurations → Enable 'Interface Status'
- **Path 3:**
Client → Client Orders → Client Orders list page → View Column Configurations → Enable 'Interface Status'
- **Path 4:**
Administration → Messages Interface → Messages Interface list page → Message Interface Detail

How it helps:

- Displays Success or Failure status for each signed client order
- Enables quick identification of transmission issues
- Reduces reliance on backend log reviews

Notes:

- Passive change (no customer action required to enable)
- Applies to both Lab and Medication orders

Methadone

Reference No	Task No	Description
81	EII # 131648	MAT: Implemented 'Scheduled For Date' field to the 'Medication Inventory Transaction list' page and Medication Inventory Transaction Details page.
83	EII # 132198	MAT: Implemented new search options for the client search on the MAT Management list page using their DOB/SSN/MRN.

~~**EII # 131648: MAT: Implemented 'Scheduled For Date' field to the 'Medication Inventory Transaction list' page and Medication Inventory Transaction Details page.**~~

~~What's changed:~~

- ~~• Added new **"Scheduled For Date"** field to the **Medication Inventory Transaction List** and **Medication Inventory Transaction Detail** pages.~~
- ~~• Nurses now have visibility into the scheduled dose date (distinct from dispense or adjustment dates).~~
- ~~• In the List page, the **"Date Range"** filter has been renamed to **"Transaction Date Range."**~~
- ~~• In the Detail page, the **"Location"** field is moved to the top, and the new **Scheduled For Date** field is displayed as **read-only**.~~

How it works:

- ~~**Scheduled For Date** reflects the *scheduled dose date*, not the dispense, revert, or re-dispense date.~~
 - ~~For take-homes: shows the client's scheduled take-home date.~~
 - ~~For pre-pours: shows the scheduled pre-pour dose date.~~
 - ~~The value remains unchanged even after reverts, spills, or re-dispenses.~~
- ~~Field is auto-populated and **non-editable**.~~
- ~~Field is not displayed when creating new inventory adjustments or transfers.~~

Where to find it:

1. ~~**Administration** → **Orders** → **Orders** → **New** → **Order Details**~~
 - a. ~~Create MAT Medication Order (with *Take Home Allowed* and *Machine Connection* = Yes).~~
2. ~~**My Office** → **Medication/Lot/Bottle** → **New** → **Details**~~
 - a. ~~Create inventory record.~~
3. ~~**Client** → **Client Orders** → **New** → **Client Order Details**~~
 - a. ~~Prescribe and sign MAT order.~~
4. ~~**My Office** → **MAT Management** → **Connect User** → **Connection Details** popup~~
 - a. ~~Connect to machine/inventory.~~
5. ~~**My Office** → **MAT Management** → **Select Order** → **Dispense icon**~~
 - a. ~~Dispense scheduled/future take-home dose.~~
6. ~~**My Office** → **Medication Inventory Transaction List**~~
 - a. ~~Verify new column **Scheduled For Date**.~~
7. ~~**My Office** → **Medication Inventory Transaction List** → **Quantity hyperlink** → **Detail page**~~
 - a. ~~Verify **Scheduled For Date** field.~~

How it helps:

- ~~Improves nurse efficiency by distinguishing between **scheduled dose dates** and **transaction dates**.~~
- ~~Reduces confusion in MAT workflows when handling take-homes, pre-pours, reverts, or re-dispenses.~~

EII # 132198: MAT: Implemented new search options for the client search on the MAT Management list page using their DOB/SSN/MRN.**What's changed:**

The MAT Management list page client search field now supports additional criteria:

- ~~**Date of Birth (DOB)** (MM/DD/YYYY format)~~
- ~~**Social Security Number (SSN)** (last 4 digits)~~
- ~~**Medical Record Number (MRN)**~~

These are added alongside the existing Client Name and Client ID search options. This improves usability and accuracy when locating client records.

How it works:

- ~~**DOB search:** Enter MM/DD/YYYY → matches clients by DOB.~~

- **SSN search:** Enter 4 digits → matches clients by last 4 of SSN.
- **Client ID search:** Enter fewer than 4 digits → searches Client ID.
- **MRN/External Client ID search:** Enter ≤ 5 digits → searches Client ID, MRN, and External Client ID.
- **Alphanumeric search (≥ 5 characters):** searches Client ID, MRN, and External Client ID.
- Changing Program or Date filter automatically clears the Client Search field.

Where to find it:

1. **Administration** → **Orders** → **Orders** → **New** → **Order Details**
Create MAT Medication Order (set Medication Assisted Treatment = Yes, Machine Connection Required = Yes, Take Home Allowed = Yes).
2. **My Office** → **Medication/Lot/Bottle** → **New** → **Details**
Create inventory record.
3. **Client** → **Client Orders** → **New** → **Client Order Details**
Prescribe and sign MAT order.
4. **My Office** → **MAT Management** → **List page** → **Filter section**
 - a. Select MAT Program.
 - b. Enter DOB, SSN, or MRN in Client Search field.
 - c. Apply filter → matching client record(s) displayed in grid.

How it helps:

- Enables faster, more accurate searches for client records.
- Reduces reliance on only name or ID, minimizing errors.
- Streamlines staff workflows in MAT client management.

Mobile

Reference No	Task No	Description
95	EII # 123604	Implementation of Searchable drop down for client field in Create Service and Create Documents screen in Mobile Web App.

EII # 123604: Implementation of Searchable drop down for client field in Create Service and Create Documents screen in Mobile Web App.

What's changed:

The **Mobile Web App** has been enhanced to include a searchable dropdown for the **Client** field on both the **Create Service** and **Create Document** screens.

Previously, the **Client** dropdown was static and non-searchable, making it difficult for staff to locate specific clients—especially when managing large caseloads. With this release, users can now search by **Client Name** or **Client ID**, improving efficiency and aligning with accessibility and responsive design standards.

Where to find it:

- **Path 1:**
SmartCare Web App → Login → Enter Smart Key → Home → Create Service → Client field
- **Path 2:**
SmartCare Web App → Login → Enter Smart Key → Home → Documents → Create Document → Client field

How it helps:

- Enables fast lookup of clients using a typeable, searchable dropdown
- Supports search by Client Name or Client ID
- Improves usability for staff with large caseloads
- Enhances accessibility and mobile responsiveness

Functionality:

- Search begins after typing 3 or more characters
- Results are dynamically filtered based on input
- No performance degradation observed with large datasets
- Consistent behavior verified across devices and browsers

Notes:

- Passive change (no customer action required to enable)
- Applies to both Create Service and Create Document workflows

My Preference

Reference No	Task No	Description
99	EII # 130666	Added checkbox NotifyForDiscontinuedMedications in My Preferences screen

EII # 130666: Added checkbox NotifyForDiscontinuedMedications in My Preferences screen

What's changed:

- Added a new **checkbox**: “*Notify If Medications are Discontinued*” in the **Check In Notification Preferences** tab under *My Preferences (My Office)*.
- When enabled, providers will be **notified if a nurse discontinues a medication in Rx**.

Where it appears:

- Go Search → My Preferences (My Office) → **Check In Notification Preferences** tab.

How it helps:

- Improves communication between **nurses and providers** by alerting providers when medications are discontinued.

Other details:

- **Passive Change** (no customer action required)
- **Data Model Changes:** New column NotifyForDiscontinuedMedications added in **StaffPreferences** table

My Reports/UDS Reports

Reference No	Task No	Description
100	EII # 129471	Implementation of the report 'UDS Table 6B Section C - Childhood Immunization Status' to 2025 Standard.

101	EII # 129476	Implementation of the 'UDS Table 6B Details - Section H- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease Report' to 2025 Standard.
102	EII #129477	Implementation of the 'UDS Table 6B Details- Section I - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet' report to 2025 Standard.
103	EII # 129478	Implementation of the 'UDS Table 6B Details - Section J - Colorectal Cancer Screening' Report' to 2025 Standard.
104	EII # 129482	Implementation of the 'UDS Table 6B Details: Section A and B: Demographic Characteristic of Prenatal Care Patients' to 2025 standard.
105	EII # 129610	Implementation of a new 'UDS Table 6B Details- Section N - Initiation and Engagement of Substance Use Disorder Treatment (CMS137v13)' -FOR 2025 Reporting Year.
106	EII # 130339	Changes are implemented to the 'UDS Table 5 Staffing and Utilization' report for the reporting year 2025.
108	EII # 131629	New changes are implemented to the Evidence Based Practices – IPP T3 Indicator Report.
109	EII # 131686	Changes are implemented to the 'UDS Table Patients by ZIP Code' report for the reporting year 2025.
110	EII # 131688	Changes are implemented to the 'UDS Table 3A: Patients by Age and by Sex' report for reporting year 2025.
117	EII # 132223	Implementation of 'Staff 3PL Update Report'.

EII # 129471: Implementation of the report 'UDS Table 6B Section C - Childhood Immunization Status' to 2025 Standard.

What's changed:

The **Childhood Immunization Status** report in **UDS Table 6B – Section C** has been updated to align with the 2025 CMS117v13 reporting standard. These enhancements improve accuracy, traceability, and usability for reporting immunizations for children under age 2.

Key Enhancements

- Updated measure logic and value sets per CMS117v13
- New date filters: Start Date and End Date
- Improved grid logic for Denominator, Numerator, and Exclusions
- Streamlined interface: outdated fields removed, validation messages added
- Enhanced navigation with hyperlinks to relevant screens and documentation

How it works

New Filters

- **Reporting CY:** Defaults to the most recent calendar year
- **Start Date:** Defaults to Jan 1 of selected CY; must be manually updated if CY changes
- **End Date:** Defaults to Dec 31 of selected CY; must be manually updated if CY changes

Validation Messages

- “Start Date must fall within the Reporting Year”
- “Start Date cannot be later than End Date. Please select valid dates.”

Where to find it:

Path 1: My Office → UDS Table 6B Quality of Care Measures → Section C → Detail Report

Path 2: My Office → UDS Table 6B Details – Section C (Quicklink)

Grid & Summary Section Updates

- **Removed:** Total Clients column (2025 reporting year)
- **Updated:**
 - Denominator logic per CMS117v13
 - Numerator logic for all vaccine types
 - Expanded Exclusion logic with new diagnosis and service-based criteria

Logic**Denominator Criteria**

- **Clients must:**
 - Be enrolled in an FQHC program during the reporting year
 - Be age 2 at any point during the reporting period
 - Have a qualifying FQHC service
 - Not meet exclusion criteria

Numerator Criteria

- **Clients must:**
 - Meet denominator criteria
 - Have vaccine status = Received or Received Elsewhere
 - Receive immunizations before their 2nd birthday
 - Meet count/timing requirements per vaccine type
 - Qualify for diagnosis-based alternatives (MMR, Hep B, VZV, Hep A)

Vaccines & Value Set OIDs

Vaccine	Requirement	OID(s)
DTaP	≥4 doses	2.16.840.1.113883.3.464.1003.196.12.1214
IPV	≥3 doses	2.16.840.1.113883.3.464.1003.196.12.1219
MMR	≥1 dose or diagnosis	2.16.840.1.113883.3.464.1003.196.12.1224
Hib	≥3 doses	2.16.840.1.113883.3.464.1003.110.12.1083, 1085
Hep B	≥3 doses or diagnosis	2.16.840.1.113883.3.464.1003.196.12.1216, 2.16.840.1.113883.3.67.1.101.1.269

VZV	≥1 dose or diagnosis	2.16.840.1.113883.3.464.1003.196.12.1170, 2.16.840.1.113883.3.464.1003.110.12.1039
PCV	≥4 doses	2.16.840.1.113883.3.464.1003.196.12.1221
Hep A	≥1 dose or diagnosis	2.16.840.1.113883.3.464.1003.196.12.1215, 2.16.840.1.113883.3.464.1003.110.12.1024
RV	3-dose or 2-dose schedule	2.16.840.1.113883.3.464.1003.196.12.1223
Flu	≥2 doses	2.16.840.1.113883.3.464.1003.196.12.1218

Exclusion Criteria

- **Clients are excluded if:**
 - **Vaccine status** = Contraindication
- **Diagnosis matches any of the following:**
 - Severe Combined Immunodeficiency
 - Immune Disorders
 - HIV
 - Malignant Neoplasm
 - Intussusception
 - Hospice Diagnosis
 - Hospice Care flag active during reporting year
 - Encounter matches hospice codes
 - Billing code matches CMS117v13 value set

Where to find it:

Path 1: My Office → UDS Table 6B Quality of Care Measures → Section C → Detail Report

Path 2: My Office → UDS Table 6B Details – Section C (Quicklink)

Explanation of Data: Collapsed by default; expandable via + icon (e.g., EII #129476)

EII # 129476: Implementation of the ‘UDS Table 6B Details - Section H- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease Report’ to 2025 Standard.

What’s changed:

- **Updated to 2025 Standard (CMS347v8)** for UDS Table 6B Details – Section H: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Line 17a).
- Added **Start Date** and **End Date** filters (MM/DD/YYYY) to pull records within a selected range.
- **Content & logic refresh:** measure value sets updated; “Initial Population” removed from Explanation of Data for 2025; grid title/labels aligned to CMS347v8.
- Report shows client-level detail for **Denominator, Numerator, Exclusions, Exceptions** with refreshed logic tied to 2025 value sets.
- **Note:** “Total Clients” column removed for the 2025 reporting year.

Where to find it:

- **Path 1:** My Office → UDS Table 6B Quality of Care Measures → **Section H — Statin Therapy... (CMS347v8)** → click **Detail**.
- **Path 2:** My Office → **UDS Table 6B Details – Section H** (Quicklink).

- Reference: **CMS347v8** details at eCQI (link in report header).

How it helps:

- Lets users see the full list of eligible clients and the data behind **Meets Denominator/Numerator, Exclusions, Exceptions** for Section H.
- Date filters support precise period analysis.

Notes:

- **Passive change** (no customer action required to enable).
- Validation messages enforce correct date use (e.g., “Start Date must fall within the Reporting Year” and “Start Date cannot be later than End Date”).
- 2025 updates carry forward for 2026 **until** a 2026 standard is published.

EI # 129477I: Implementation of the ‘UDS Table 6B Details- Section I - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet’ report to 2025 Standard.
What’s changed:

- **Updated to 2025 Standard (CMS164v7)** for *UDS Table 6B Details – Section I: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet*.
- Added **Start Date** and **End Date** filters (MM/DD/YYYY) to pull records within a selected range.
- **Content & logic refresh:** grid/labels aligned to 2025; *Explanation of Data* removes **Initial Population** for 2025; **Total Clients** removed from Summary.
- **Denominator logic:** FQHC program + qualifying encounter (value sets: Office Visit, Annual Wellness Visit, Preventive Care, Home Healthcare) and IVD/AMI diagnosis/service conditions per CMS164v7.
- **Numerator logic:** Active medication **aspirin or other antiplatelet** during measurement year (RXNORM mapped to CMS164v7 value set).
- **Exclusions:** Anticoagulant medication overlap during the measurement period; hospice care flag; additional hospice-related criteria per measure guidance.

Where to find it:

- **Path 1:** *My Office* → *UDS Table 6B Quality of Care Measures* → **Section I — IVD: Aspirin/Antiplatelet** → click **Detail**.
- **Path 2:** *My Office* → **UDS Table 6B Details – Section I** (Quicklink).
- Reference: **CMS164v7** (eCQI link is presented as a hyperlink in the report header).

How it helps:

- Enables users to view the full eligible client list and the data contributing to **Denominator, Numerator, and Exclusions** for Section I.
- Date filters support precise period analysis and auditability.

Notes:

- **Passive change** (no enablement steps required by customers).
- **Validation messages** enforce correct dates, e.g.:
 - “Start Date must fall within the Reporting Year.”
 - “Start Date cannot be later than End Date. Please select valid dates.”
- 2025 updates apply to 2026 **until** a 2026 standard is published.

EII # 129478: Implementation of the 'UDS Table 6B Details - Section J - Colorectal Cancer Screening' Report' to 2025 Standard.**What's changed:**

- **Updated to 2025 Standard (CMS130v13)** for *UDS Table 6B Details – Section J: Colorectal Cancer Screening*.
- Added **Start Date** and **End Date** filters (MM/DD/YYYY) for record selection within a specific range.
- **Content & logic refresh:**
 - *Explanation of Data* removes **Initial Population** for 2025.
 - **Total Clients** removed from Summary section.
 - Client details now shown **only if they meet Denominator, Numerator, or Exclusion** criteria.
- **Denominator logic:** FQHC enrollment + qualifying encounter; clients age 46–75; services must map to CMS130v13 value sets (Office Visit, Annual Wellness, Preventive Care, Home Healthcare, Virtual Encounter, Telephone Visits).
- **Numerator logic:** Qualifying colorectal cancer screening within specified lookback windows (Colonoscopy ≤9 years; Flexible Sigmoidoscopy ≤4 years; CT Colonography ≤4 years). Data can come from flowsheets or services.
- **Exclusions:** Malignant neoplasm of colon, hospice/palliative care encounters, hospice/palliative care diagnoses, or total colectomy.

Where to find it:

- **Path 1:** *My Office* → *UDS Table 6B Quality of Care Measures* → **Section J — Colorectal Cancer Screening** → click **Detail**.
- **Path 2:** *My Office* → **UDS Table 6B Details – Section J** (Quicklink).
- Reference: **CMS130v13** (eCQI link available in report header).

How it helps:

- Provides visibility into clients meeting screening requirements, along with **Screen Type, Screen Date, Denominator/Numerator status, Exclusions, and Exclusion Reasons**.
- Supports accurate 2025 reporting and audit tracking.

Notes:

- **Passive change** (no enablement steps required by customers).
- **Validation messages** enforce correct dates, e.g.:
 - “*Start Date must fall within the Reporting Year.*”
 - “*Start Date cannot be later than End Date. Please select valid dates.*”
- 2025 updates apply to 2026 **until** a 2026 standard is published.

EII # 129482: Implementation of the 'UDS Table 6B Details: Section A and B: Demographic Characteristic of Prenatal Care Patients' to 2025 standard.**What's changed:**

- **Updated to 2025 Standard** for *UDS Table 6B Details: Section A & B – Demographic Characteristics of Prenatal Care Patients*.
- **Reporting CY filter** now drives logic for the reporting year. 2025 updates will apply to 2026 until the 2026 standard is published.
- **New fields added to Filters:**
 - *Start Date* (defaults to Jan 1 of selected CY; must be adjusted manually if CY changes).
 - *End Date* (defaults to Dec 31 of selected CY; must be adjusted manually if CY changes).
 - Both include validation messages to enforce correct ranges:
 - *“Start Date must fall within the Reporting Year.”*
 - *“Start Date cannot be later than End Date. Please select valid dates.”*
- **New Grid Column:**
 - *Date of Birth* now displays client DOB from demographics.
- **System behavior:** Filters exclude clients tied to certain procedure categories (UDSScreeningProcedures, UDSGroupVisitsProcedures, UDSDispenseMedsProcedures, UDSHealthCheckProcedure, UDSWICServicesProcedure).

Where to find it:

- My Office → UDS Table 6B Details: Section A and B → **Demographic Characteristics of Prenatal Care Patients** report.

How it helps:

- Ensures demographic reporting aligns with **2025 UDS standards**.
- Adds DOB visibility for prenatal care clients.
- Improves reporting accuracy with CY-driven logic and date-range validation.

Notes:

- **Passive change** (no enablement steps required by customers).

ELL # 129610: Implementation of a new ‘UDS Table 6B Details- Section N - Initiation and Engagement of Substance Use Disorder Treatment (CMS137v13)’ -FOR 2025 Reporting Year.**What’s changed:**

A new report titled **UDS Table 6B Details – Section N – Initiation and Engagement of Substance Use Disorder Treatment (CMS137v13)** has been implemented for the 2025 Reporting Year.

This enhancement provides detailed visibility into client-level data for **Section N**, supporting CMS137v13 measure logic. Users can now view eligible clients, numerator/denominator/exclusion counts, and the data used to calculate these metrics—improving transparency, compliance, and reporting efficiency.

Where to find it:

My Office → UDS Table 6B Details – Section N – Initiation and Engagement of Substance Use Disorder Treatment

How it helps:

- **Displays client-level detail for:**
 - Denominator
 - Numerator (Line 23a & 23b)
 - Exclusions

- Exclusion Reasons
- Supports CMS137v13 logic for substance use disorder treatment initiation and engagement
- Enables filtering by reporting year, date range, grant type, and FQHC program

Filter Setup:

- **Reporting CY:** Defaults to latest year; manual update required if CY changes
- **Start/End Date:** Mandatory; validation messages enforce correct date range
- **Grant Type by Plan:** Universal (default), MHC, HCH, PHPC
- **Grant Type by Client Info:** Filters based on client categories (e.g., Migratory, HomelessShelter)
- **FQHC Program:** Defaults to “All FQHC Programs”

Titles Displayed (2025 Reporting Year):

- **Title 1:** UDS Table 6B Details – Section N
- **Title 2:** CMS137v13
- **Title 3:** CMS137v13 Link

Explanation of Data:

- Collapsed by default; expandable
- “Initial Population” removed for 2025

Summary Section:

Removed: “Total Clients” field

Displayed Columns:

- Total Denominator Population (Line 23a & 23b)
- Total Numerator Population (Line 23a & Line 23b)
- % Numerator (Line 23a & Line 23b)
- Total Excluded (Line 23a & Line 23b)

Grid Section Logic:

Only clients matching Denominator, Numerator, or Exclusion criteria are shown

Displayed Columns:

- ClientID, Name, DOB, Age
- Qualifying Encounter Date
- Substance Use Disorder Diagnosis

Numerator Logic:

- **Line 23a:**
Client qualifies if treatment occurs within 14 days of qualifying encounter via:
 - Service (e.g., psychotherapy, virtual visits)
 - Medication order (short-acting or long-acting)
 - Medication administration
- **SUD Treatment Type (Line 23a):**
Displays source of qualification:
 - “Order – [Order Name]”
 - “Service – [Service Code]”
- **SUD Treatment Date (Line 23a):**
Displays first qualifying treatment date
- **Line 23b:**
Client qualifies if follow-up treatment occurs within 34 days of initiation via:
 - One or two services
 - One or two medication orders

- Combination of service and order
- **SUD Treatment Type (Line 23b):**
Displays source(s) of qualification
- **SUD Treatment Date (Line 23b):**
Displays all qualifying dates (comma-separated)

Exclusion Logic:**Client is excluded if:**

- Hospice Care flag is active
- Service matches CMS130v13 value sets
- Diagnosis matches Hospice Diagnosis value set
- **Exclusion Reason:**
Displays first applicable reason:
 - Diagnosis-based
 - Hospice Care flag
 - Service-basedIf no reason found, field remains blank

Notes:

- Passive change (no customer action required to enable)
- Hyperlink to CMS137v13 opens in a new tab
- Validation messages guide correct date and filter selections

ELL # 130339: Changes are implemented to the 'UDS Table 5 Staffing and Utilization' report for the reporting year 2025.**What's changed:**

The **UDS Table 5 – Staffing and Utilization report** has been updated to reflect the 2025 reporting standard, including enhancements to filters, grid logic, personnel categorization, and UI labels.

A new **Selected Service Detail Addendum** section has been introduced to support detailed reporting for Mental Health and Substance Use Disorder services. Services in **Completed** status are now exclusively considered, and several personnel categories and row labels have been added or updated.

Where to find it:

- **Path 1:**
My Office → UDS Table 5 Staffing and Utilization
- **Path 2:**
My Office → UDS Table 5 Staffing and Utilization → Table 5 Detail Report hyperlink

How it helps:

- Aligns reporting logic with 2025 CMS standards
- Improves accuracy by filtering out non-completed services
- Adds support for Mental Health and SUD service tracking
- Expands personnel categorization for more granular reporting

Filter Setup:

- **Reporting CY:** Updated to 2025
- **Start Date:** Defaults to Jan 1 of selected CY; must be manually updated if CY changes
- **End Date:** Defaults to Dec 31 of selected CY; must be manually updated if CY changes

Validation Messages:

- Start/End Dates must fall within the selected Reporting CY
- **Title Display Example:**
January 1, 2025 through December 31, 2025

Verified Functionality:

- **Grid Section Updates:**
 - **Clinic Visits (b):**
 - Counts face-to-face services with Completed status
 - Mode of Delivery = Face to Face
 - Place of Service ≠ 02 (Telehealth) or 10 (In-home Tele)
 - Procedure mapping uses Major Service Category hierarchy
- **Virtual Visits (b2):**
 - Counts telephone/video services with Completed status
 - Mode of Delivery = Telephone or Video Conference
 - Place of Service = 02 or 10
 - Procedure mapping follows same hierarchy as Clinic Visits
- **Patients (c):**
 - Displays count of clients with at least one reportable service in Completed status during the reporting year
- **Removed Columns:**
 - **Show and Cancelled/No Show removed from:**
 - Clinic Visits (b)
 - Virtual Visits (b2)
- **New Section:** Table 5 – Selected Service Detail Addendum
 - **Title:** Table 5: Selected Service Detail Addendum
 - **Columns:**
 - Line
 - Personnel by Major Service Category
 - Clinic Visits (b) – with MH or SUD diagnosis
 - Virtual Visits (b2) – with MH or SUD diagnosis
 - Patients (c)
 - **Diagnosis Filtering:**
 - Services must include a Mental Health or Substance Use Disorder diagnosis (Refer to MH and SUD Diagnoses tab)
 - **Procedure Mapping Logic:**
 - Uses Major Service Category from Procedure Code Details
 - Applies hierarchy if multiple categories exist
 - Staff's Major Service Category takes priority if only one is selected
 - **Hierarchy Includes:**
 - Family Physicians, General Practitioners, Internists, OB/GYNs, Pediatricians
 - Other Specialty Physicians, Nurse Practitioners, Physician Assistants, CNMs
 - Ophthalmologists, Optometrists
 - **Updated and New Row Labels (2025):**
 - **Updated Rows:**
 - 22: Other Professional Services
 - 22c: Other Vision Care Personnel
 - 23a: Pharmacists
 - 25: Health Education Specialists
 - 27: Transportation Personnel
 - 27b: Interpretation Personnel
 - **New Rows Added:**
 - 20a01–20a04: Physicians, NPs, PAs, CNMs
 - 21a–21h: Expanded Mental Health personnel categories

- 23b–23d: Clinical Pharmacists, Pharmacy Technicians, Other Pharmacy Personnel
- 23: Pharmacy Personnel (Sum Lines 23a–23d)
- 29a: Other Programs and Services
- 29b: Quality Improvement Personnel
- 30a–30c: Management, Fiscal/Billing, IT Personnel
- 31–33: Facility, Patient Support, and Total Non-Clinical Support Personnel

Notes:

- Passive change (no customer action required to enable)
 - Applies to 2025 reporting year; carries forward until a 2026 standard is published
-

EII # 131629: New changes are implemented to the Evidence Based Practices – IPP T3 Indicator Report.**What's changed:**

- Added a new **Evidence-Based Practices – Client Service sub-report** to the IPP T3 Indicator Report.
- Added **Clinician, Program, and Location** fields to the **Service Details** sub-report.
- **Client Service** sub-report now displays:
 - Client Name and ID
 - Service Program, Service Name, Service Date
 - EBP values from TRACKEBPUTILIZED (multiple selections display in separate rows)
 - Active Coverage Plans (Coverage Plan 1 ... N in sequence)

Where to find it:

- **Path 1:** My Office → Evidence Based Practices – IPP T3 Indicator Report → Total Clients Evaluated for Reporting Period (hyperlink) → Client ID (hyperlink) → Client Details → Client Service
- **Path 2:** My Office → Evidence Based Practices – IPP T3 Indicator Report → Client Details → EBP Services (hyperlink)

How it helps:

- Provides a dedicated sub-report to view client-level service details tied to EBPs.
- Displays coverage plan information in sequence when clients have multiple active plans.
- Adds transparency by including clinician, program, and location fields in Service Details.

Notes:

- Passive change (no customer action required).

Prerequisite: A signed Individual Service Note must exist.

EII # 131686: Changes are implemented to the 'UDS Table Patients by ZIP Code' report for the reporting year 2025.**What's changed:**

- Updated UDS Table Patients by ZIP Code report to **2025 Standard** (Jan 1 – Dec 31, 2025).
- Now only includes patients who:
 - Have a service in **Completed** status with an FQHC-associated Program, **or**
 - Have an **FQHC coverage plan** during the reporting year.
- Added **Start Date** and **End Date** filters (MM/DD/YYYY).
 - Both are mandatory; defaults to Jan 1 and Dec 31 of the selected Reporting CY.
 - Users must manually adjust if Reporting CY changes.
 - Validation messages ensure dates fall within the selected year.
- Minor UI/logic refresh for both Summary and Patient Detail reports.

Where to find it:

My Office → UDS Table Patients by ZIP Code → Report → *View Patient Detail Report* (hyperlink).

How it helps:

- Aligns ZIP Code reporting with 2025 standards.
- Ensures only patients displayed in the *Patient Detail Report* are counted in the ZIP Code report.
- Start/End date filters give precise reporting control.

Notes:

- Passive change (no setup required).
- 2025 updates will carry forward until 2026 standard is published.

EII # 131688: Changes are implemented to the ‘UDS Table 3A: Patients by Age and by Sex’ report for reporting year 2025.**What's changed:**

- Updated **UDS Table 3A: Patients by Age and by Sex** report to **2025 Standard** (Jan 1 – Dec 31, 2025).
- Now only includes patients who:
 - Have a service in **Completed** status with an FQHC-associated Program, **or**
 - Have an **FQHC coverage plan** during the reporting year.
- Added **Start Date** and **End Date** filters (MM/DD/YYYY).
 - Defaults to Jan 1 and Dec 31 of the selected Reporting CY.
 - Mandatory fields; must be manually adjusted if CY changes.
 - Validation messages enforce correct year/date range.
- Report title updated from **“UDS Table 3A: Patients by Age and by Sex Assigned at Birth”** → **“UDS Table 3A: Patients by Age and by Sex”**.

Where to find it:

My Office → UDS Table 3A: Patients by Age and by Sex → Report → View Patient Detail Report (hyperlink).

How it helps:

- Aligns Age/Sex reporting with UDS 2025 standards.
- Ensures accuracy by displaying only eligible clients in both the main and Patient Detail reports.
- Provides more precise reporting with Start/End date filters.

Notes:

- Passive change (no setup required).
- 2025 updates carry forward until 2026 standard is published.

EII # 132223: Implementation of 'Staff 3PL Update Report'.

What's new:

- Introduced **Staff 3PL Update Report** to allow bulk updates to staff records.
- Supports adding/removing Programs, Procedures, Proxy settings, and Locations across multiple staff at once.
- Two sub-reports included:
 - **3PL Add/Remove Report** – add or remove Programs, Procedures, Proxies, or Locations for selected staff.
 - **3PL Copy Report** – copy one staff member's Programs, Procedures, Proxies, and Locations to another. Options include:
 - ✦ **Exact Copy** (overwrite to match source)
 - ✦ **Add Only** (include missing items without removing existing).
- Preview mode available: choose **Only Show Results of What Would Happen** to see changes before applying them.
- Apply mode available: choose **Modify the Staff Records in SmartCare** to commit updates.

Where to find it:

- My Office → Staff 3PL Update Report → select sub-report → choose Action (Preview or Modify) → View Report.

How it helps:

- Eliminates manual, one-by-one updates to staff Programs, Procedures, Proxies, and Locations.
- Streamlines admin workflows by enabling efficient, bulk modifications.
- Provides a safe preview option before applying changes.

Notes:

- Passive change (feature available to all; no action required to enable).

Reception

Reference No	Task No	Description
124	EII # 131965	To display the flag icons or the total count of flags in the All Flags and Reception Flags columns using the configuration key settings in the Reception/Front Desk screen.

EII # 131965: To display the flag icons or the total count of flags in the All Flags and Reception Flags columns using the configuration key settings in the Reception/Front Desk screen.

What's changed:

- Two new configuration keys introduced:

- **DisplayIconsForReceptionFlagsInReception**
 - **DisplayIconsForAllFlagsInReception**
- These keys control whether the **Reception Flags** and **All Flags** columns in the Reception/Front Desk screen show **individual flag icons** or just the **total count**.
- If set to **Yes**:
 - First 6 flag icons display directly.
 - Additional flags show as a numeric count hyperlink.
 - Clicking the hyperlink opens a pop-up with remaining flag icons.
 - Clicking an individual flag navigates to **Client Flag Details**.
- If set to **No**:
 - Default behavior remains (only total count shown as a hyperlink with hover pop-up).

Where to find it:

- **Path 1:** Administration → Configuration Keys → open *DisplayIconsForReceptionFlagsInReception* → set to Yes → Save.
- **Path 2:** Administration → Configuration Keys → open *DisplayIconsForAllFlagsInReception* → set to Yes → Save.
- **Path 3:** My Office → Reception/Front Desk → verify Reception Flags and All Flags columns.

How it helps:

- Provides clearer, at-a-glance visibility of client flags.
- Supports quick navigation directly from flag icons to **Client Flag Details**.
- Reduces reliance on hover-only behavior.

Notes:

- Passive change (no customer action unless configuration keys are updated).
- Default values for both keys = **No** (retains existing behavior).
- Invalid values default back to **No** (total count only).

RWQM

Reference No	Task No	Description
126	EII # 131989	RWQM Updates: Implementing DOS From and DOS To filer: Front End
127	EII # 132017	RWQM Updates: Implementing DOS From and DOS To filer: Back End

EII # 131989: RWQM Updates: Implementing DOS From and DOS To filer: Front End

What's changed:

A new enhancement has been added to the RWQM Rule Details screen to improve the accuracy of services included in the RWQM Work Queue by introducing Date of Service (DOS) filters.

Key updates:

- Added DOS From and DOS To fields to RWQM rule configuration
- Enables precise control over which services are evaluated by the rule
- Improves relevance and accuracy of Work Queue results

How it works:

New Fields in Rule Configuration

Location:

RWQM Rule Details → **General** tab → **Rule Configuration** section

- **Field:** DOS From
 - **Type:** Date
 - **Purpose:** Defines the start date for eligible services
 - **Default:** If left blank, defaults to 01/01/1900
- **Field:** DOS To
 - **Type:** Date
 - **Purpose:** Defines the end date for eligible services
 - **Default:** If left blank, defaults to current date

Impact on Work Queue

- **Rule-Level Filters:**
DOS From and DOS To determine which charges are included in the Work Queue
- **List Page Filters:**
DOS filters on the Work Queue list page allow users to view and target specific charges already included
- **Note:**
These filters serve distinct purposes but work together to improve control and visibility

Where to find it:

Create RWQM Rule

Administration → **RWQM Rules** → Click **New** → Enter required details → Click **Save**

View Work Queue Results

My Office → **RWQM Work Queue** → Use **DOS** filters on the list page → **Apply Filter** → View results

Data Model Changes

Two new columns added to the **RWQMRules** table:

- **DateOfServiceFrom**
- **DateOfServiceTo**

ELL # 132017: RWQM Updates: Implementing DOS From and DOS To filter: Back End

What's changed:

The **RWQM Rules** configuration has been enhanced to support **Date of Service (DOS) From** and **To** filters, allowing rules to optionally specify a date range for charge evaluation.

Previously, RWQM Rules did not consider **DOS** filters, which resulted in services outside the intended date range being included in the **RWQM Work Queue**. With this release, the system now evaluates charges based on the specified **Start DOS (From)** and **End DOS (To)** fields, improving accuracy and relevance.

Where to find it:

- **Path 1:**
Administration → RWQM Rules → New → Enter details → Save
- **Path 2:**
My Office → RWQM Work Queue → RWQM Work Queue list page

How it helps:

- Filters charges based on Date of Service range
- Ensures only relevant services are included in the RWQM Work Queue
- Reduces manual review and improves rule precision

New Logic Implemented:

- **Both DOS From and DOS To entered:**
Includes charges with DOS on or after the From date and on or before the To date
- **Only DOS From entered:**
Includes charges with DOS on or after the From date
- **Only DOS To entered:**
Includes charges with DOS on or before the To date
(If left blank, system assumes current date as upper limit)
- **Neither field entered:**
All charges are considered; no date filtering applied

Functionality:

- DOS filters correctly applied during rule evaluation
- Charges outside the specified date range are excluded
- Nightly billing job (exec ssp_SCCreateRWQMWorkQueueItems) respects new DOS filters
- RWQM Work Queue list page supports targeting specific DOS ranges

Notes:

- Passive change (no customer action required to enable)
- Existing RWQM Rule logic remains unaffected

Rx Application

Reference No	Task No	Description
128	EII # 130484	Changes are implemented to display the Client Order diagnosis codes under 'Dx/Purpose' dropdown in the 'Complete Medication Order' page.
129	EII # 130733	Implementation of conditional formatting within the SmartCare RX module to identify medications associated with inactive National Drug Codes (NDCs)
130	EII # 131855	Implementation to display Patient Refill Requests tab on the Start Page of the RX application

EII # 130484: Changes are implemented to display the Client Order diagnosis codes under 'Dx/Purpose' dropdown in the 'Complete Medication Order' page.

What's changed:

- The **Dx/Purpose dropdown** on the *Complete Medication Order* page now displays:
 - **Diagnosis codes from the associated Client Order** (Dx1, Dx2, Dx3 – shown first, in order; Dx1 selected by default).
 - Active diagnoses from the most recently signed Diagnosis document.
 - **MEDICATIONPURPOSE global codes** (listed last).
- When **multiple Client Orders** are selected and completed together, the Dx/Purpose dropdown will be blank by default.
- Client Order diagnosis codes **do not display** on: Patient Summary, New Order, Re-Order, Change Order, Add Medication, or Adjust Dosage/Schedule pages.

Where to find it:

- Client → Medication Management (Rx) → Patient Summary → Medication List → Select Client Order → Complete Order → *Complete Medication Order* page → Dx/Purpose dropdown.

How it helps:

- Provides direct access to **Client Order diagnoses** during order completion.
- Reduces manual selection by **auto-defaulting** the first diagnosis code.
- Ensures dropdown reflects **all relevant diagnosis sources** in a clear order.

Notes:

- Passive change.
- Pre-requisite: A signed Client Order with Dx1, Dx2, Dx3 selected.

ELL # 130733: Implementation of conditional formatting within the SmartCare RX module to identify medications associated with inactive National Drug Codes (NDCs)**What's changed:**

The SmartCare RX module now consistently applies conditional formatting for inactive NDCs across the Approving with Change Order and Refill Request workflows. This enhancement ensures prescribers are visually alerted when interacting with medications that are temporarily orderable but inactive, improving safety and clarity during prescribing.

Where to find it:

- **Path 1:** Approving with Change Order
SmartCare RX → Approve Change Order → Select Drug pop-up → Strength field → Inserted medication display
- **Path 2:** Refill Request Approval
SmartCare RX → Reorder Medication Order screen → Select Drug pop-up → Strength field → Inserted medication display

How it helps:

- Visually flags inactive medications using bold, italicized, red text
- Applies formatting to:
 - Medication name in Select Drug pop-up
 - Strength field after selection
 - Final inserted medication display
 - Ensures prescribers can easily differentiate between active and inactive medications

Notes:

- Validation logic applies when configuration key ShowInactiveNDCsForXNumberOfDays is set to 0 or an invalid value:
- System reverts to default behavior and blocks prescribing

Example validation messages:

- "Selected Strength 'Take 1 Capsule (10mg) By Mouth Evening' is not available for the drug 'Altace'. Please verify the order."
- "Selected Strength 'Take 1 Capsule (10mg) By Mouth Evening' is not available for the drug 'Altace 10 mg Capsule'. Please verify the order."
- Formatting is applied consistently across workflows

EI # 131855: Implementation to display Patient Refill Requests tab on the Start Page of the RX application

What's changed:

- Added a new **Patient Refill Requests** tab on the **Start Page** of the Rx application.
- Tab displays medication refill requests submitted by patients through the **Intelichart/Patient Portal**.
- Users now see two distinct tabs:
 - **Pharmacy Refill Requests** (renamed from "Refill Requests").
 - **Patient Refill Requests** (new).
- Patient Refill Requests tab includes:
 - **Prescriber dropdown** (shows staff/user if medications were prescribed by them).
 - Columns for **Action, Patient, Medication Requested, Requested Pharmacy**.
 - Sorting by column headers.
 - Action icons: **Approve, Approve with Changes, Decline**.

Where to find it:

Client → Medication Management (Rx) → Start Page → Patient Refill Requests tab.

How it helps:

- Separates provider-initiated vs. patient-initiated refill requests.
- Gives prescribers a clear view of requests coming directly from the Patient Portal.
- Streamlines approvals, modifications, or denials in one place.

Notes:

- Active change (requires adoption for Rx workflows).
- Tab name "Refill Requests" has been updated to **Pharmacy Refill Requests**.
- Data model changes: new tables **SmartPortalRefillRequests** and **SmartPortalRefillDenials**.

Scanning

Reference No	Task No	Description
138	EI # 131703	Changes are implemented to display the Core Header and Footer in the Scanned and Uploaded documents.

EI # 131703: Changes are implemented to display the Core Header and Footer in the Scanned and Uploaded documents.

What's changed:

- Core **Header and Footer** are now displayed on all **Scanned and Uploaded documents**.
- Header content is controlled by configuration keys:
 - **SetFormatToShowClientNameOnAllPagesOfPdf** (Client Name format)
 - **ShowClientDOBOnAllPagesOfPdf** (DOB visibility)
 - **SetDateValueToShowMedicaidOnAllPagesOfPDF** (Medicaid ID logic)
 - **ShowEffectiveDateOnAllPagesOfPDF** (Effective Date visibility)
- Footer includes **Page Number** and **Printed On** timestamp.

How it works:

- **Client Name:**
 - None → No client name shown (default).
 - LastNameFirstName → Displays as “LastName, FirstName.”
 - FirstNameLastName → Displays as “FirstName LastName.”
 - FirstNameMiddleInitialLastName → Displays as “FirstName M. LastName.”
- **DOB:**
 - Yes → Displayed in MM/DD/YYYY format on all PDF pages.
 - No → Not displayed.
- **Medicaid ID:**
 - None → Not displayed (default).
 - CurrentDate → Displays Medicaid ID from active coverage plan on current date.
 - EffectiveDate → Displays Medicaid ID from active coverage plan on document Effective Date.
 - Anytime → Displays Medicaid ID from lowest COB coverage plan at any time.
 - If no Medicaid ID exists → Displayed as “**Medicaid: NA.**”
- **Effective Date:**
 - No → Not displayed (default).
 - Yes → Displayed in header of all document pages.
- **Footer:** Always shows Page Number and Printed On timestamp.

Navigation:

1. **Administration → Configuration Keys**
 - a. Update values for the four keys listed above.
2. **My Office / Client → Scanning → Scanned Medical Records**
 - a. Scan or upload new images (single or batch).
3. **My Office → My Documents / Client → Documents**
 - a. View scanned or uploaded records → Core Header and Footer displayed.

How it helps:

- Ensures **consistency and traceability** across scanned and uploaded documents.
- Improves visibility of client identifiers (Name, DOB, Medicaid, Effective Date).
- Adds clarity with **page numbers and timestamps** in document footers.

Services

Reference No	Task No	Description
141	EII # 129487	A new configuration key has been introduced to evaluate service completion lag days based on both the Created Date and Completion Date.

EII # 129487: A new configuration key has been introduced to evaluate service completion lag days based on both the Created Date and Completion Date.

What's new:

- Added a new configuration key: **SERVICECREATIONLAGDAYS (Service Creation Lag Days)**.
- This key extends lag-day evaluation logic to consider both **Service Created Date** and **Completion Date**.

- Provides more precise control over when services are included in the nightly Service Completion Job.
- Works in conjunction with the existing **SERVICECOMPLETIONLAGDAYS** key.

Where to find it:

- **Path 1:** Administration → Configuration Keys → Search for **SERVICECREATIONLAGDAYS** → Apply Filter.
- **Path 2:** Client → Services → New → Enter details → Complete Service → Charge hyperlink → Ledger Entries → Run nightly billing job.
- **Path 3:** Client → Services → New → Enter details → Create with “Show” status → Run nightly billing job.

How it helps:

- Ensures service completion aligns with both the date a service was created and the configured lag period.
- Supports consistent billing workflows by standardizing the Service Completion Job logic.
- Reduces premature or delayed service completions by enforcing dual-date validation.

Key details:

- **System Key:** SERVICECREATIONLAGDAYS
- **Read As:** Service Creation Lag Days
- **Allowed Values:** Integer
- **Default Value:** 0
- **Module:** SCM Accounts Receivable
- **Description:** Number of days after a service is created before it can be considered by the Service Completion Job. If the Service Creation Date is earlier than the Date of Service, the Service Completion Lag Days setting takes priority.

Logic examples:

- **0 + 0:** Job runs same day → Service completes.
- **2 (Creation) + 3 (Completion):** Job after 2 days → Not complete; Job after 3 days → Completes.
- **Negative values:** Treated as 0 (default behavior).
- **5 (Creation) + 2 (Completion):** Job after 2 days → Not complete; Job after 5 days → Completes.

Notes:

- Passive change. This enhancement provides additional logic for evaluating services performed prior to the current date, ensuring that the service completion job adheres to a standardized LAG protocol.
- Service Creation Lag Days must be \leq Service Completion Lag Days.
- Invalid values default to 0 (same-day completion).

Services/Notes

Reference No	Task No	Description
149	EII # 131811	To display Sensitive Information section based on the value set in DisplaySUDCheckboxToTagDataAsSUD

		configuration key and Note tab visibility for service note (SUD related)
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Ell # 131811: To display Sensitive Information section based on the value set in DisplaySUDCheckboxToTagDataAsSUD configuration key and Note tab visibility for service note (SUD related)

What's changed:

- Updated logic for displaying the **Sensitive Information** section in *Services/Notes*.
- Visibility now depends on both:
 - The **DisplaySUDCheckboxToTagDataAsSUD** configuration key.
 - Whether the **Note tab** is visible for the selected Service Note.
- **Behavior:**
 - If key = **Yes** and Note tab = **Visible** → Sensitive Information section is **hidden**.
 - If key = **Yes** and Note tab = **Not Visible** → Sensitive Information section is **shown**.
 - If key = **No** (regardless of Note tab visibility) → Sensitive Information section is **hidden**.

Where to find it:

- **Path 1:** Client → Services/Notes → New → Enter values → Save.
- **Path 2:** Client → Services/Notes → New → Select procedure code without associated note → Enter other values → Save.

How it helps:

- Aligns Sensitive Information display with configuration and note visibility.
- Reduces confusion and ensures correct tagging of SUD-related data.

Notes:

- No impact on Services or Group Services detail screens.
- Passive change (no action required unless configuration settings need review).

Global Codes

Global Codes are the individual entries or options assigned to a Global Code Category. Global Codes can be core or custom. For example, a Global Code Category and the associated Global Codes are the options you will select from a dropdown list.

Review and configure the following Global Code Categories and Global Codes that belong to each category before performing the workflows documented in these release notes.

Ref No.	Category Name
108	'TRACKEBPUTILIZED'
128	MEDICATIONPURPOSE

Recodes

A Recode is a subset of other system codes that populate a list for a specific reporting purpose. Recodes create an allowed list of entries from multiple larger lists.

Review and configure the following before performing the workflows documented in these release notes.

Ref No.	Category Code
72	ProcCodesToExcludeFromGroupServicesOverlapHardStop

Ref No.	Category Code
100	UDSScreeningProcedures
100	UDSGroupVisitsProcedures
100	UDSDispenseMedsProcedures
100	UDSHealthCheckProcedure
100	UDSWICServicesProcedure
100	FQCHHospiceCare
101	UDSScreeningProcedures
101	UDSGroupVisitsProcedures
101	UDSDispenseMedsProcedures
101	UDSHealthCheckProcedure
101	UDSWICServicesProcedure
102	FQCHHospiceCare
103	UDSScreeningProcedures
103	UDSGroupVisitsProcedures
103	UDSDispenseMedsProcedures
103	UDSHealthCheckProcedure
103	UDSWICServicesProcedure
104	UDSScreeningProcedures
104	UDSGroupVisitsProcedures
104	UDSDispenseMedsProcedures
104	UDSHealthCheckProcedure
104	UDSWICServicesProcedure
105	UDSScreeningProcedures
105	UDSGroupVisitsProcedures
105	UDSDispenseMedsProcedures
105	UDSHealthCheckProcedure
105	UDSWICServicesProcedure

Ref No.	Category Code
105	FQHCHospiceCare

Configuration Keys

Configuration keys are settings that instruct the system (or a particular module or page) to behave in a desired way. Each Key has a set of values that correspond to particular behaviors. The organization should determine Configuration Key settings and adjust them as needed.

Review and configure the following before performing the workflows documented in these release notes.

Ref No.	Key Name
15	837PClaimCodeDescription
33	FLOWSHEETDEFAULTTEMPLATE

Ref No.	Key Name
45	ASSESSMENTDOCUMENTCODEID
45	SetDurationForCoreCarePlanEndDate
45	SetNumberValueToCalculateEndDateForAddendumCarePlan
45	RefreshCarePlanMasterData
45	SetReviewInCarePlan
45	SHOWORGANIZATIONNAMEONCAREPLANRDL
45	ShowAdditionalTimeAndDurationInCarePlanIntervention
45	SetInterventionTabAndSectionNameForISPAndISPMCOEvents
45	UseBTATemplateForGoalsAndObjectivesInCarePlan
45	ShowMHAassessmentRefreshButtonOnTreatmentPlan
45	CarePlanUseCustomGoalInitialization
45	HideSelectedFieldsInGoalsAndTreatmentProgramTabsOfTreatmentPlan
45	SetDurationForISPInitialization
45	EnableReviewDateForAddendumInISP
45	SetInitializationOfCarePlanVarybyProgram
45	INITIALIZETREATMENTTEAMCPL
45	ShowValidationForHowManySessionsInCarePlanInterventions
45	AssessmentToInitializeFromPreviousEpisode
45	SetNumberofMonthsToInitializeHistoryofPresentingProblem
45	CreateAuthWhenAddingInterventions
45	ISPMCORequireProvider
48	AssessmentToInitializeFromPreviousEpisode
58	SendAlertNotificationToAuthor
72	DisplayHardstopValidationForDuplicatesViaGroupServices
124	DisplayIconsForReceptionFlagsInReception
124	DisplayIconsForAllFlagsInReception
124	DisplayIconsOnReceptionFlagsColumnInReception

Ref No.	Key Name
129	ShowInactiveNDCsForXNumberOfDays
138	SetFormatToShowClientNameOnAllPagesOfPdf
138	ShowClientDOBOOnAllPagesOfPdf
138	SetDateValueToShowMedicaidOnAllPagesOfPDF
138	ShowEffectiveDateOnAllPagesOfPDF
141	SERVICECREATIONLAGDAYS
141	SERVICECOMPLETIONLAGDAYS
149	DisplaySUDCheckboxToTagDataAsSUD

Data Model Changes

Ref No.	Data Model Change
33	A New Column 'DoseAcknowledgeBy' added to the ClientOrders table
33	A New Column 'ShowDoseCalculator' added to the OrderStrengths table
34	A new column 'NotifyPrescriberOnDiscontinuedOrder' is added to the 'ClientOrders' table.
46	Added new table ContactReferralOrganizationDomainNeeds
46	Added new table ContactReferralOrganizationContacts
55	A new column 'DoNotRenderPDFImmediately' is added to the 'DocumentCodes' table
57	Added a new table 'DocumentNOMSDemographics'
59	A new column 'ConsultationNote' is added to the 'DocumentConsentToShareHealthInformation' table
59	A new column 'DischargeSummaryNote' is added to the 'DocumentConsentToShareHealthInformation' table
59	A new column 'HistoryAndPhysicalNote' is added to the 'DocumentConsentToShareHealthInformation' table
59	A new column 'ProcedureNote' is added to the 'DocumentConsentToShareHealthInformation' table
59	A new column 'ProgressNote' is added to the 'DocumentConsentToShareHealthInformation' table
59	A new column 'DisclosingEntity' is added to the 'DocumentConsentToShareHealthInformation' table
59	A new column 'RecipientOrCategory' is added to the 'DocumentConsentToShareHealthInformation' table
59	A new column 'DisclosurePurpose' is added to the 'DocumentConsentToShareHealthInformation' table
99	A New column 'NotifyForDiscontinuedMedications' is added to the 'StaffPreferences' table
107	A New column 'Sex' is added to the 'NOMSSPARSCandidateDataSet' table

Ref No.	Data Model Change
107	A New column 'HIVPrevention' is added to the 'NOMSSPARSCandidateDataSet' table
107	A New column 'HIVEverTested' is added to the 'NOMSSPARSCandidateDataSet' table
107	A New column 'HIVTestServicesWithin30' is added to the 'NOMSSPARSCandidateDataSet' table
107	A New column 'HBVEverTested' is added to the 'NOMSSPARSCandidateDataSet' table
107	A New column 'HBVTreatmentServices' is added to the 'NOMSSPARSCandidateDataSet' table
107	A New column 'HCVEverTested' is added to the 'NOMSSPARSCandidateDataSet' table
107	A New column 'HCVTreatmentServices' is added to the 'NOMSSPARSCandidateDataSet' table
107	A New column 'ReferralOut' is added to the 'NOMSSPARSCandidateDataSet' table
107	A New column 'HepABVaccinationOffer' is added to the 'NOMSSPARSCandidateDataSet' table
107	A New column 'ReferralVaccination' is added to the 'NOMSSPARSCandidateDataSet' table
126	A New column 'DateOfServiceFrom' is added to the 'RWQMRules' table
126	A New column 'DateOfServiceTo' is added to the 'RWQMRules' table
130	Added New table 'SmartPortalRefillRequests'
130	Added New table 'SmartPortalRefillDenials'


SmartCare Testing Strategy – August 2025 MSP – EII Focus

Purpose:

To confirm that key workflows in each module function correctly after the release, focusing specifically on **Engineering Improvement Initiatives (EIs)**. Testing should validate both active changes (requiring customer setup/action) and passive changes (enabled by default but beneficial to verify).

How to Use This Strategy

1. Start with modules you use most often in daily operations.
2. Within each module, test workflows tied to EI changes.
3. Follow the navigation paths in the release notes for each task.
4. Document:
 - a. Pass / Fail outcome
 - b. Unexpected behaviors
 - c. Follow-up questions or concerns

Note: The  orange icon indicates an **active change**, meaning the update requires customer setup or direct action (such as enabling a new field, adjusting a configuration, or testing a newly introduced workflow) rather than being applied automatically in the system.


These testing workflows may vary depending on your organization's specific SmartCare configuration, so be sure to adjust steps as needed to align with your local settings and processes.

Testing Workflow by Module – EIs Only

Configuration Keys

- EI #130593 (Passive – Customer Action: Maybe) – Test GL Extract Detail Report export to SFTP when exceeding row limit.


Documents

-  EI #130321 (Active – Customer Action: Yes) – Verify warning message displays when staff without proper authorization attempts to author a document.
- ~~EI #130801 (Passive – Customer Action: No) – Confirm NOMS Document updates display and save correctly for 2025 standard.~~
- ~~EI #130802 (Passive – Customer Action: No) – Test NOMS File Mapping and List page for updated fields.~~
- EI #131639 (Passive – Customer Action: No) – Validate alert message is triggered when the system fails to generate a PDF.
- EI #131753 (Passive – Customer Action: No) – Review updated “Consent to Share Health Information” document for correct rendering and fields.

Dynamic Forms (DFA)

- EI #129990 (Passive – Customer Action: No) – Test automatic hyperlink functionality in DFA list pages.


Group Services

-  EII #130780 (Active – Customer Action: Yes) – Validate overlap warning messages and hard stop validation for duplicate group services.

Interfaces

- EII #132102 (Passive – Customer Action: No) – Confirm “Interface Status” column displays properly on Orders (My Office) and Client Orders (Client) list pages.


~~Methadone (MAT)~~

- ~~•  EII #131648 (Active – Customer Action: Yes) – Verify “Scheduled For Date” field appears in Medication Inventory Transaction List and Details pages.~~
- ~~• EII #132198 (Passive – Customer Action: No) – Test new client search functionality (DOB/SSN/MRN) in MAT Management list.~~

Mobile

- ~~• EII #123604 (Passive – Customer Action: No) – Confirm searchable dropdown for client field works in Create Service and Create Documents screens.~~


My Preference

-  EII #130666 (Active – Customer Action: Yes) – Test new checkbox “NotifyForDiscontinuedMedications” on My Preferences screen.


My Reports / UDS Reports

- EII #129471 (Passive – Customer Action: No) – Verify UDS Table 6B Section C (Childhood Immunization Status) aligns with 2025 standard.
- EII #129476 (Passive – Customer Action: No) – Validate UDS Table 6B Section H (Statin Therapy) report.
- EII #129477 (Passive – Customer Action: No) – Confirm UDS Table 6B Section I (IVD: Aspirin/Antiplatelet) report.
- EII #129478 (Passive – Customer Action: No) – Validate UDS Table 6B Section J (Colorectal Cancer Screening) report.
- EII #129482 (Passive – Customer Action: No) – Confirm demographic characteristics in UDS Table 6B Sections A & B report.
- EII #129610 (Passive – Customer Action: No) – Validate new UDS Table 6B Section N (Substance Use Disorder Treatment) report for 2025.
- EII #130339 (Passive – Customer Action: No) – Confirm UDS Table 5 Staffing & Utilization updates.
- EII #131629 (Passive – Customer Action: No) – Verify Evidence Based Practices – IPP T3 Indicator report changes.
- EII #131686 (Passive – Customer Action: No) – Validate UDS Table Patients by ZIP Code updates.
- EII #131688 (Passive – Customer Action: No) – Confirm UDS Table 3A (Patients by Age and Sex) updates.
- EII #132223 (Passive – Customer Action: No) – Verify Staff 3PL Update Report.


Reception

-  EII #131965 (Active – Customer Action: Yes) – Test Reception/Front Desk flag icons and flag count column using configuration key settings.

RWQM

-  EII #131989 (Active – Customer Action: Yes) – Verify “Date of Service From” and “Date of Service To” filters function on the RWQM front end.
- EII #132017 (Passive – Customer Action: No) – Confirm backend RWQM updates for DOS From/To filtering work correctly.


Rx Application

-  EII #130484 (Active – Customer Action: Yes) – Test Client Order diagnosis codes display under “Dx/Purpose” dropdown in Complete Medication Order page.
- EII #130733 (Passive – Customer Action: No) – Validate conditional formatting highlights medications tied to inactive NDCs.
- EII #131855 (Passive – Customer Action: No) – Confirm new Patient Refill Requests tab appears on RX application Start Page.

Scanning

- EII #131703 (Passive – Customer Action: No) – Verify Core Header and Footer display correctly in scanned and uploaded documents.

Services

-  EII #129487 (Active – Customer Action: Maybe) – Test new configuration key that evaluates service completion lag days using both Created Date and Completion Date.

Services / Notes

- EII #131811 (Passive – Customer Action: No) – Validate Sensitive Information section displays based on configuration key value; confirm Note tab visibility for SUD service notes.

If a Test Fails:

Create a Zendesk ticket with the module name, task number, detailed steps to reproduce, expected vs. actual results, and attach any relevant screenshots or error messages.

Revision History

Version	Description	MSP Version
1.0	Initial Release	August 2025 MSP