

# Release 24.102 - February 8th, 2024

Last Modified on 02/06/2024 1:32 pm EST

## Executive Summary

### 2 Factor Authentication

New Company Setting for 2FA Requirement

[Release Note](#) | [Documentation](#)

New User Role for User Two Factor Authentication

[Release Note](#) | [Documentation](#)

2FA Setup

[Release Note](#) | [Documentation](#)

Login in Using 2FA

[Release Note](#) | [Documentation](#)

New Updated Login Screen

[Release Note](#)

### Connect Report

New Connect Report for Nephrology eGFR Statuses

[Release Note](#) | [Documentation](#)

### MIPS Dashboard

Updated the MIPS 2024 Improvement Activities List

[Release Note](#) | [Documentation](#)

New Option to Copy MIPS Provider/Group

[Release Note](#) | [Documentation](#)

Ability to Modify MIPS Group Reporting Settings

[Release Note](#) | [Documentation](#)

## General

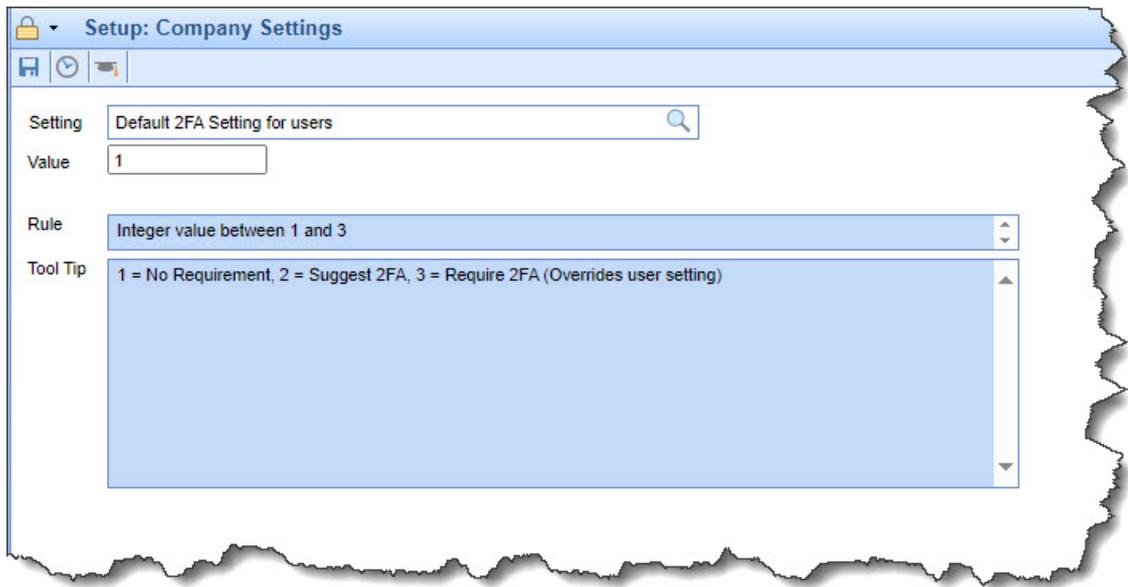
### My Tasks

- U15370 - Load 'Other Payer' Into The Message Field When Running Eligibility for Medicaid: We added "Other Payer" description to the Task Message field within **My Tasks > Eligibility** when Medicaid responds with a Medicaid Replacement. We already pull this data directly from the 271 responses when "Other Payers" are identified for Medicare. Now we are expanding this existing enhancement to also display Medicaid active coverage (where they have an OT insurance type) as "Other Payer" within the eligibility screen.

## Setup

### Company Settings

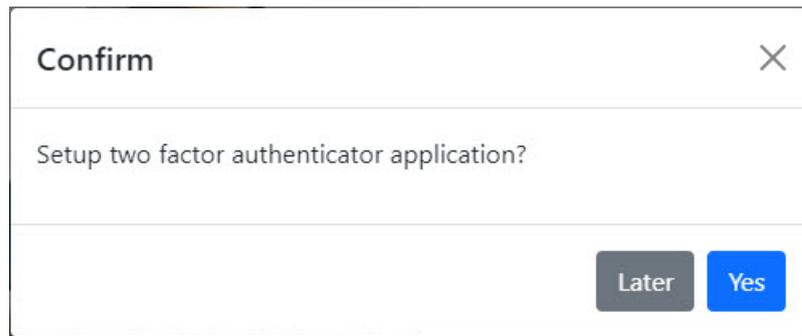
- U15000 - New Company Setting for 2FA Requirement: A new company setting within **Setup > Administrative Settings > Company Settings** has been created to control the requirement of 2-factor authentication (2FA) for the practice. When set, Company Setting: *Default 2FA Setting for users* allows administrators to determine if 2FA will be required to access the system depending on the practice's preference. The setting value options (between 1-3) to select are:
  - 1 = **No Requirement** - Users will not be required to set up any method for 2FA authentication.
  - 2 = **Suggest 2FA** - Users will be prompted to configure 2FA upon login as a suggestion but will have the option to **bypass** the configuration.
  - 3 = **Require 2FA (Overrides user setting)** - Users will be required to configure 2FA upon login and will not be given the option to bypass the configuration. More information about updating this company settings is available [here](#).



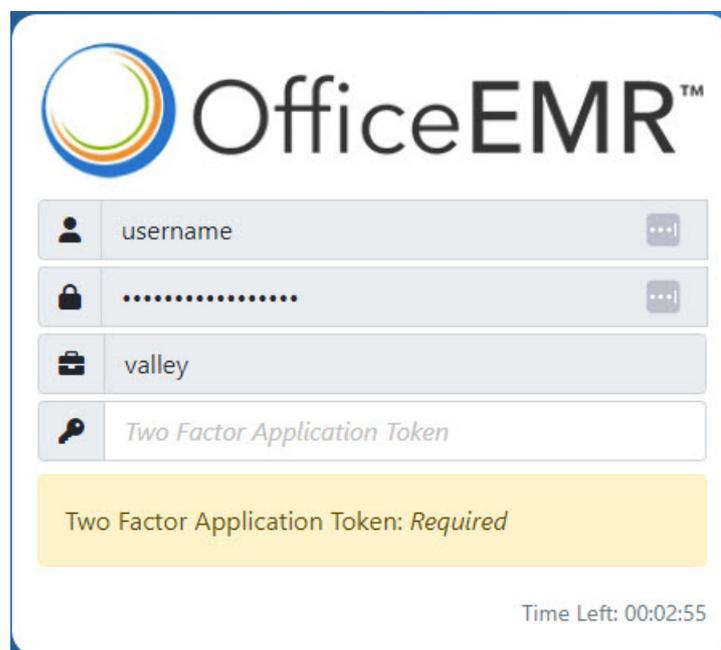
- **New User Role for User Two Factor Authentication:** We added a new security screen called **User Two Factor Authentication** which can be set via **Setup > Roles** to assign read/write/update access to the 2FA functionality. Customers can now add this access to new or existing practice-defined roles, allowing users with that role to remove/reset a user's setup manually and force them to set up a new authenticator upon login if desired (for example when a user replaces their cell phone).

Groups	Screens	Roles	Off	Read	Update	Write
Letter Setup	Audit User Details		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> <b>V</b>
Location Setup	Audit User Search		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> <b>V</b>
Main	Change User Password		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> <b>I</b>
Meaningful Use	Change User PIN		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> <b>I</b>
Patient Accident Setup	Choice Audit		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> <b>V</b>
Patient Extension	Contract Review		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> <b>I</b>
Patient Setup	Data Logging		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payer Setup	Goal Intervention Setup		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payment Plan	Goal Objective Setup		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payments	Goal Setup		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provider Setup	Population Health Summary		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receipt Maintenance	Referral Source Setup		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receipts	Referral Source Tracking		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refund Register Edit	Security Audit		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refund Register Export	Security Questions		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refund Register Search	Telehealth Details		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Report	Telehealth Search		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reporting	User Login Times		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen Setup	<b>✓ User Two Factor Authentication</b>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
✓ Security	User2FA.htm		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Setup			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speciaty Report			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Statement Processing			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Superbill			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Table Maintenance			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ToDo			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
User Assign Setup			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
User Setup			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Web Link S			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

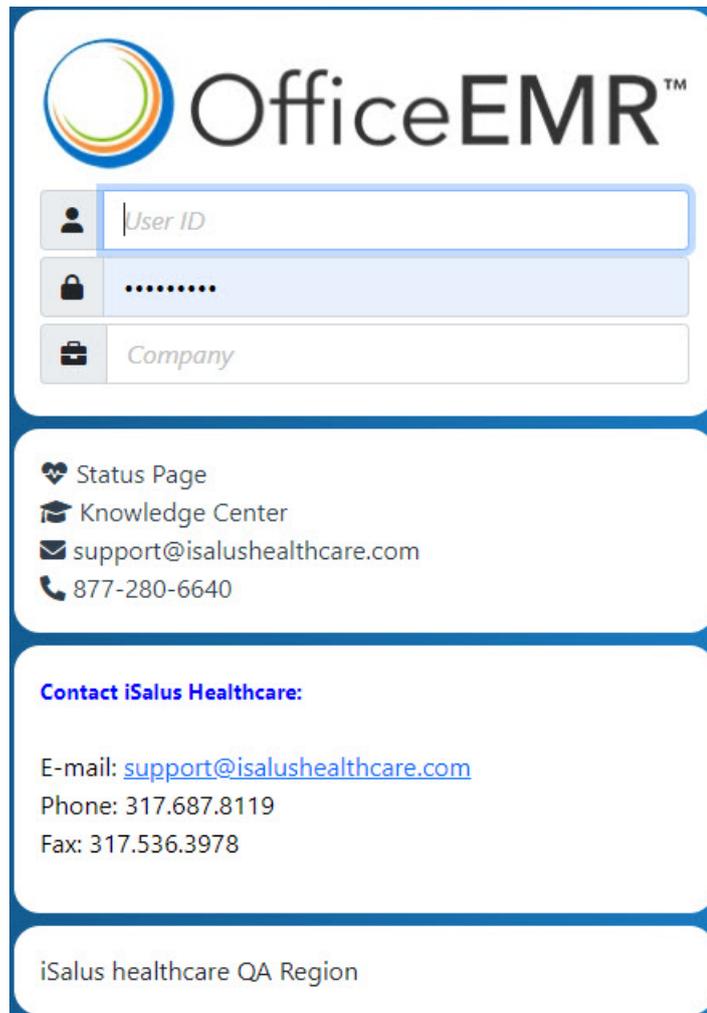
- **2FA Setup Prompt:** Depending on your company settings for 2FA requirements users will be prompted (if set to 2 or 3) to complete the initial setup of your 2FA immediately after logging in. Completing the steps will require you to open or download an Authenticator App of your practice's choice (like Google Authenticator, Microsoft Authenticator, ID.me, etc.). To learn more about setting up 2FA click [here](#).



- Login In Using 2FA: The next time you log in after your 2FA is set up, you will be prompted to enter your *Username, Password, and Company* just like before. Once your password is authenticated, you will be prompted to enter the **Two Factor Authentication Token** from your mobile application that was configured upon your initial setup. To learn more about login in with 2FA click [here](#).

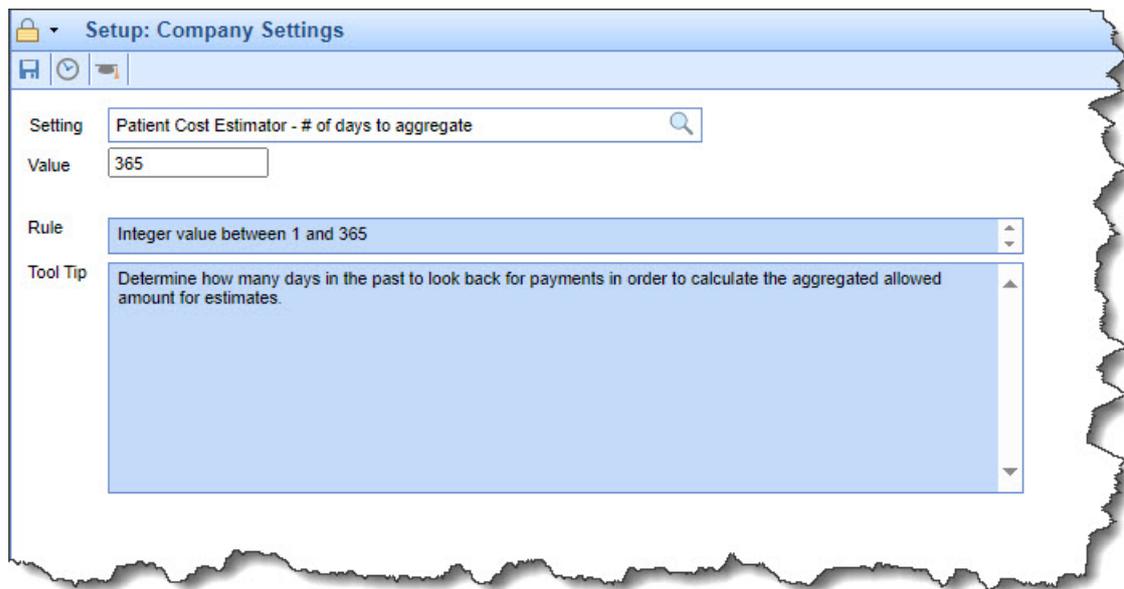


- New Login Screen (UI) Update: Along with the new 2FA feature, we have also redesigned our login screen and given it a more polished look. With this new and improved UI design, you will also see icons with direct links to our *Status Page* and our *Knowledge Center*, as well as direct links to email our support department or call us.



The image shows a screenshot of the OfficeEMR login and contact information page. At the top left is the OfficeEMR logo, which consists of a circular icon with three curved lines in blue, green, and orange, followed by the text "OfficeEMR™". Below the logo are three input fields for login: "User ID" (with a person icon), a password field (with a lock icon and masked dots), and "Company" (with a briefcase icon). Below the login fields is a section with contact information: "Status Page" (with a heart icon), "Knowledge Center" (with a graduation cap icon), "support@isalushealthcare.com" (with an envelope icon), and "877-280-6640" (with a phone icon). Below this is a section titled "Contact iSalus Healthcare:" with the following details: "E-mail: [support@isalushealthcare.com](mailto:support@isalushealthcare.com)", "Phone: 317.687.8119", and "Fax: 317.536.3978". At the bottom of the page is a section titled "iSalus healthcare QA Region".

- U14943 - New Company Setting for Patient Cost Estimator: A new company setting within **Setup > Administrative Settings > Company Settings** has been created to control the number of days to aggregate when calculating allowed amounts within the Patient Cost Estimator. When set, Company Setting: *Patient Cost Estimator - # of days to aggregate* will determine how many days in the past (between 1-365) to look back for payments to calculate the aggregated allowed amount for estimates. Please note that this setting is set to 365 days by default.



## Reports

### Billing Analytics

Old Billing Analytics iCube to Be Discontinued - We are transitioning customer reports from the old Billing Analytics to the new Billing Analytics on 2/8/24. Any Billing Analytic cube reports that have been saved to your desktop must be moved to the new report. If you have already completed this process, no further changes are needed at this time.

Please contact Support at [support@isalushealthcare.com](mailto:support@isalushealthcare.com) if you have questions on which Analytics report you are using.

### Connect Reports

- U16843 - New Connect Report for Nephrology eGFR Statuses: Created a new Connect report called *Nephrology eGFR Status* focused on nephrology practices treating patients with Chronic Kidney Disease (CKD) but is versatile and can be used for various needs associated with patients that have eGFR results and active Problem List ICD codes. The report queries the selected patient population for statuses related to CKD Education (CPT G0420), Advanced Care Planning/Advance Directives (CPT 99497), and Referral Statuses related to Peritoneal Dialysis Referral, Transplant Evaluation Referral, and Vascular Referrals (based on the report specified Global Entity ID#'s used). To learn more about this report click [here](#).

**Wizards** ✕

## Connect Report Edit

Edit a Connect Report - Step 1 of 3

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Please enter the information below to edit a connect report.

Report:

Description:

**Parameters**

Start Date:

End Date:

Appointment Type:

Appointment Status:

eGFR Low:

eGFR High:

Appointment Provider:

ICD:

### MIPS Dashboard

- [U16641 - Updated the MIPS 2024 Improvement Activities List:](#) Within the MIPS Dashboard, we updated the MIPS Improvement Activities list for the 2024 reporting period. We added 5 new activities from the dashboard and removed 3 activities that should not be present in the Improvement Activities list when selecting 2024 for the reporting period.

Report: << C4699 QA

My Tasks

Report: MIPS Dashboard

**Improvement Activity**

Activity - Medium

Use of Toolsets or Other Resources to Close Health and Health Care Inequities Across Communities

Sub Category

Population Management

Description

Address inequities in health outcomes by using population health data analysis tools to identify health inequities in the community and practice and assess options for effective and relevant interventions such as Population Health Toolkit or other resources identified by the clinician, practice, or by CMS. Based on this information, create, refine, and implement an action plan to address and close inequities in health outcomes and/or health care access, quality, and safety.

**IMPROVEMENT ACTIVITIES**

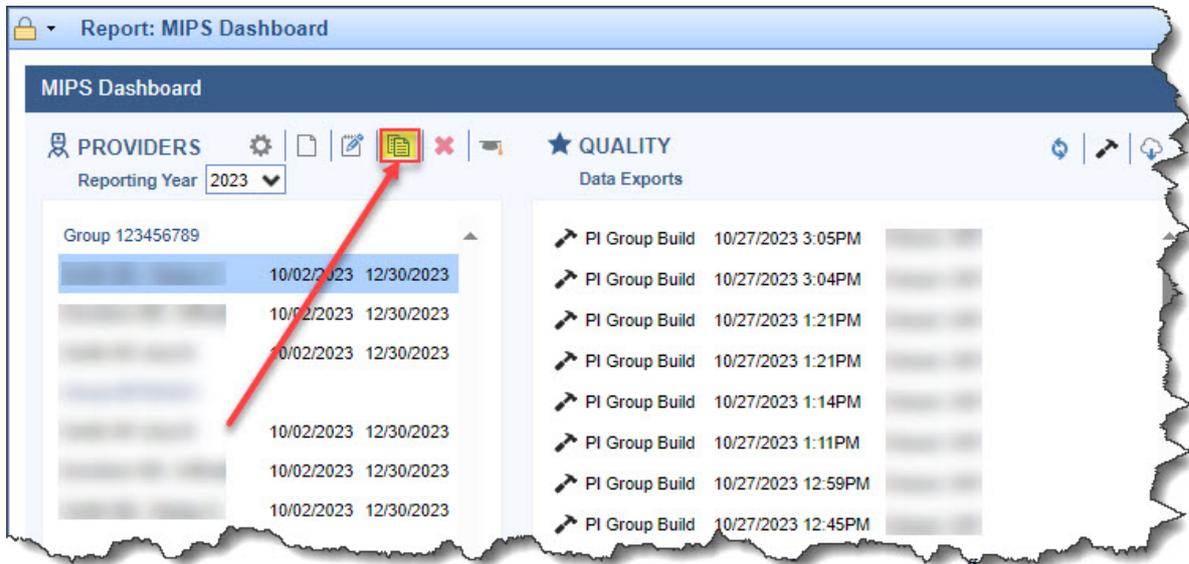
Perform up to 4 activities for a minimum of 90 days

- Use group visits for common chronic conditions (e.g., diabetes).
- Use of CDC Guideline for Clinical Decision Support to Prescribe...
- Use of certified EHR to capture patient reported outcomes
- Use of Computable Guidelines and Clinical Decision Support to ...
- Use of Patient Safety Tools
- Use of QCDR data for ongoing practice assessment and improv...
- Use of telehealth services that expand practice access
- Use of Toolsets or Other Resources to Close Health and Health ...

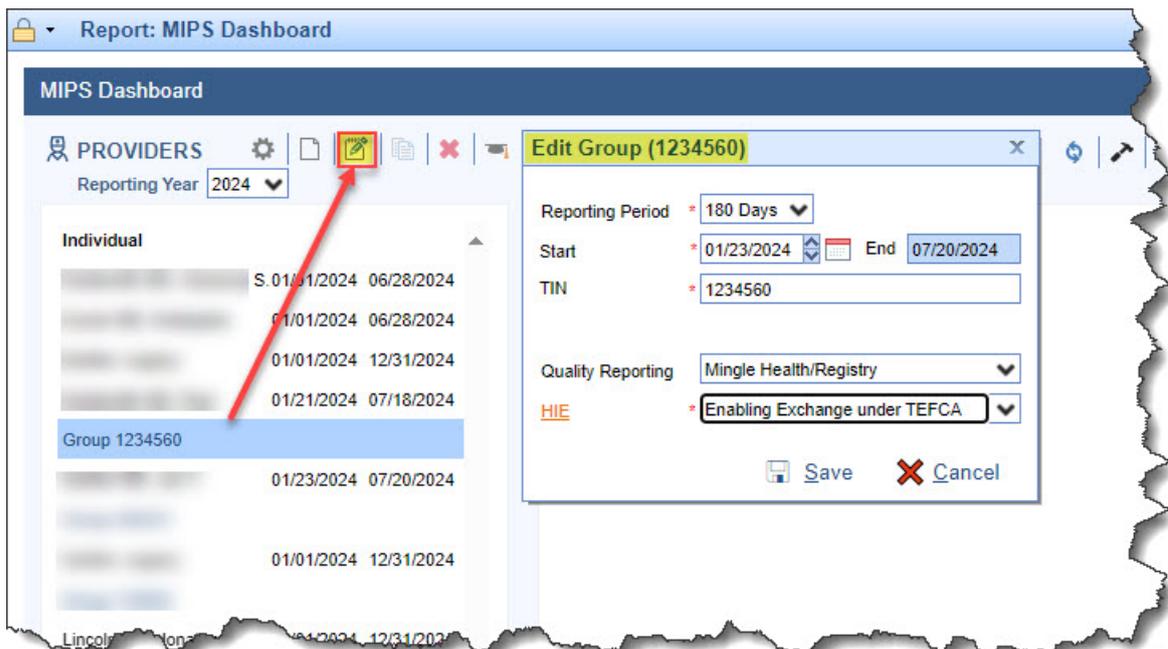
Performance Rate	Score
Total Score:	0 / 0
Promoting Interoperability Score:	0 / 0

Interoperability Category

- U16737 - New Option to Copy MIPS Provider/Group: When Adding a new Provider/Group for the 2024 MIPS Reporting, there is now an option for users to quickly copy a Group or Provider for the new reporting year. Users can now select a Group or Provider from the previous reporting year (2023) and select the new **Copy Button** within the toolbar to copy and edit the group or provider into the new reporting year. Please note that a group/provider can be copied from no more than 1 year back. This means that for the reporting year 2024, we can't copy groups/providers from 2022 (only 2023).



- U16770 - Ability to Modify MIPS Groups Reporting Settings: Previously we only allowed editing the Promoting Interoperability Settings at an individual provider level. To better support our larger practices reporting MIPS, we've added the ability to edit a group's reporting settings as well. Selecting a Group and clicking the "Edit the selected group/provider settings" icon will now open the "Edit Group" screen which allows users to edit the Reporting Period, the Start Date, the End Date, the TIN, the Quality Reporting Option, and the HIE Option for the selected group.



# Bug Fixes

## General

### Credit Card Payment

- B17111 - Error When Saving a Credit Card While Taking a Payment: An issue was occurring when users tried to select the "Save card for future use" checkbox while taking a credit card payment that was causing a "Payment Failed - Payment method token is invalid" error to occur. We have corrected this issue so that users are now able to save the credit card while collecting the payment.

## Setup

### Appointment Types

- B17083 - Appointment Type Issue when Removing a Superbill Procedure Code: When removing a Superbill Procedure from an appointment type within **Setup > Schedule Setup > Appointment Types** was also removing the same procedure from all the appointment types that had the same procedure. We have corrected this issue so that removing a superbill procedure from an Appointment Type will not affect other appointment types that have the same procedure.

## Billing

### Reporting

- B16874 - CARC Analysis Export Error: Corrected an issue that was causing the CARC Analysis export to Microsoft Excel to fail due to a "*Multiple tables found*" error message, and was creating a corrupt Excel file that could not be opened. We have updated the code to prevent this issue from happening when exporting CARC/denial data.
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