Release 25.127 - January 23rd, 2025

Executive Summary

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Release Note

New Features and Updates

Setup

Company Settings

- U19052 - New Company Setting To Default The Cost Estimator Coverage Categories: We currently use the eligibility check to determine the out-of-pocket costs for patients with insurance when using the Patient Cost Estimator, defaulting the coverage category to Health Benefit Plan Coverage (30). However, for some of our practices and commercial payers, it makes more sense to utilize the Coverage Category of Professional (Physicians) Visit - Office (98), as this provides more details on the patient's copay, deductible, out-of-pocket expenses, etc., or a combination of multiple Coverage Categories to populate the full details of the patient's coverage.

  To aid with this and prevent the user from having to manually enter details about the patient's coverage, a new company setting within **Setup > Administrative Setup > Company Settings** has been created to default the Coverage Category to be used for the Patient Cost Estimator. When set, Company Setting: *"Patient Cost Estimator - Coverage Categories Default"* will allow you to set a comma-delimited list of coverage category service types, and will use the order entered to check eligibility responses, and pull data accordingly.

  For example, if you enter "98, 30", we will first check coverage for service type 98 (Professional (Physicians) Visit), then check service type 30 (Health Benefit Plan Coverage). Enter these in the order you want us to check, separated by a comma.
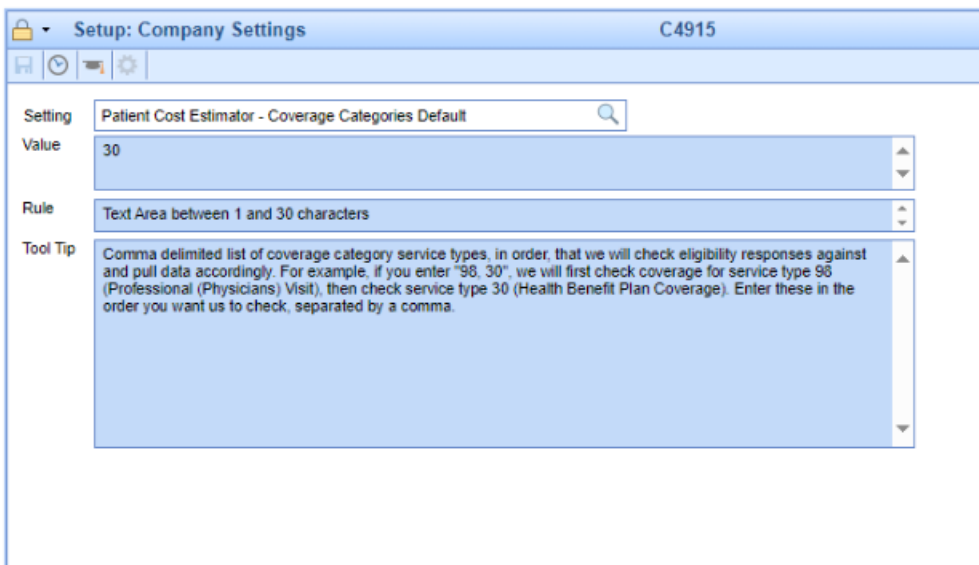
- <u>U19054 - Patient Cost Estimator - Updated The Allowed Amount Usage Setting Calculation</u>: Updated the existing Company Setting: "*Patient Cost Estimator - Allowed Amount Usage*" so that when calculating the aggregate using the allowed amount, only amounts greater than 0 are used, and any reversals or negative amounts are excluded.
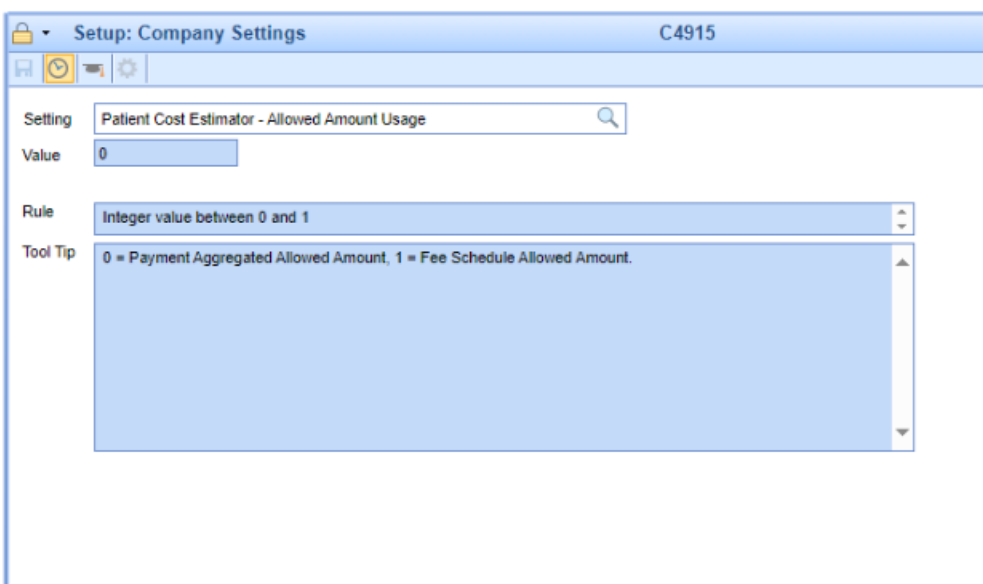
- <u>U19211 - Rename/Expand Functionality of "HL7 Immunization 2.5.1 RXA 11 Blank" Setting</u>: We modified and renamed the existing Company Setting: "HL7 Immunization 2.5.1 RXA 11 Blank" to "HL7 Immunization Export 2.5.1 RXA-11" to support CHIRP and adhere to HL7 specifications. Previously, this setting had True/False options with two choices. We have now added a third option, numbered between 0-2. The purpose of this change is to format the RXA.11 segment as intended by the HL7 Specification (Populate Facility ID in RXA.11.4.1). The new options are:
    - Populate Facility ID in RXA.11.4.1 (New Option)
    - Populate Facility ID in RXA.11.1 (Previous False Option)
   - Do not populate RXA.11 (Previous True Option)
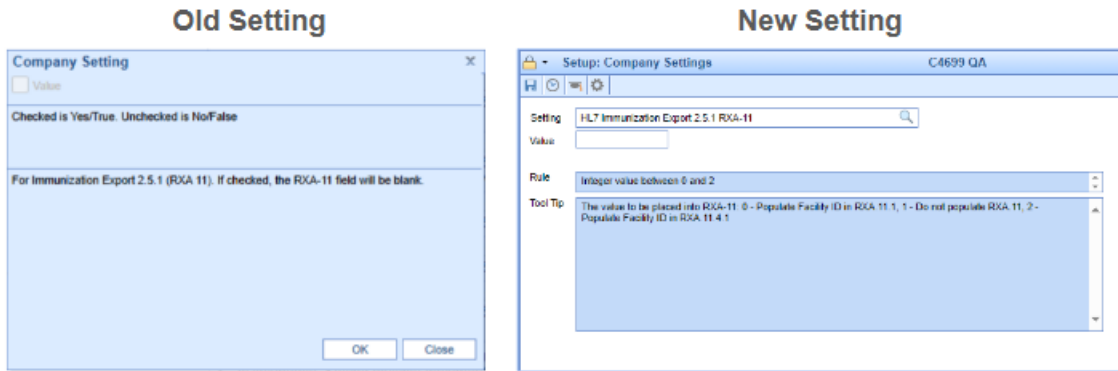
Patients

- <u>U19053 - Patient Cost Estimator - Family Only Eligibility Response Logic Update</u>: Updated the logic for populating patient benefits when an eligibility check returns a null or blank response for Individual deductible and/or out-of-pocket values (but provides family values), to populate the Individual values with the family values. Previously, the Individual values were left empty, affecting the cost estimator's expected out-of-pocket cost.

Appointment Types

- <u>U10470 - New Appointment Types Setup Option To Update Future Appointments with New Intake Assignment</u>: A new checkbox has been added within **Setup** > **Appointment Types** > '**Intake Assignment**' section. This new option allows users to update all scheduled appointments of a specific appointment type to a newly selected intake type. When checked, the "*Update Future Appointments*" option will update all future appointments with the updated intake template, eliminating the need to do this manually for each appointment in iScheduler.
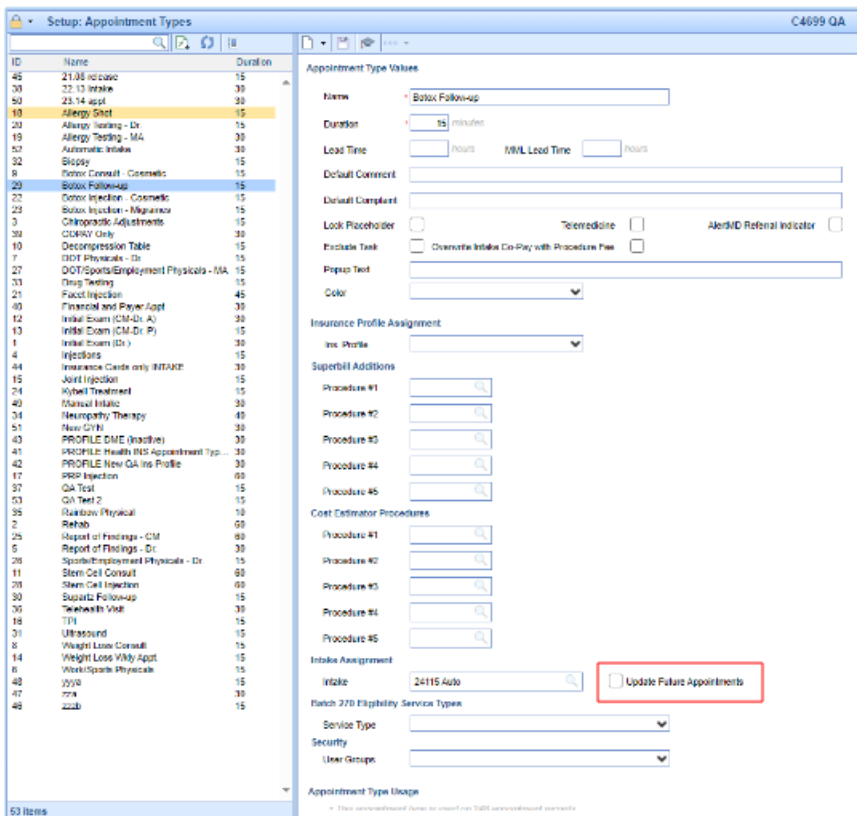
Intake Setup

- <u>U13666 - New Message Directing Patients to Access Their NEW MML Login After Account Creation From Intake</u>: Modified the process for creating an MML account from the Intelligent Intake to direct patients to the MML login page after account creation. Users will now receive the following message: "*Please access the following link to log in to your MyMedicalLocker patient portal account using the username (phone or email) and password created in the intake form. {MML Login URL}*" This message will be sent to the same contact (phone/email) used to receive the Intelligent Intake link.

iScheduler

Appointments

- <u>U19124 - Dragging the duration of an appointment should hide corresponding placeholders</u>: Updated the process for dragging an appointment past its expected duration (based on Appointment Type Setup) to ensure that placeholders are correctly consumed or released when increasing or decreasing the appointment size or moving the appointment. This enhancement ensures that, based on the enabling of any of the three company settings associated with overriding appointment placeholders (*Placeholder Assign Placeholder Removal*, *Override Placeholder Service Location*, and *Override Placeholder Appointment Type*), placeholders will be consumed or released correctly following all rules or combinations of rules based on the settings enabled.
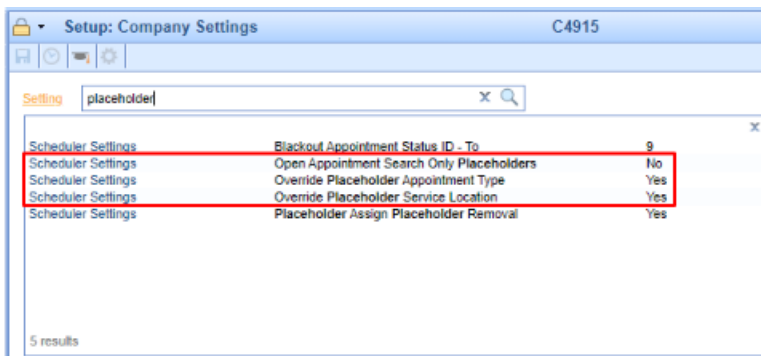
Billing

Deposits

- U12299 - Ability To Reset A Single Claim Within A Deposit: Previously, when a user needed to make changes to multiple claims within a large deposit and had to reset a claim, they would lose all the progress made on the other claims. To prevent this, we added a *Reset Claim* button within the Deposit Claim Details screen. This allows the user to reset the claim status, processing level, and submission type without losing any progress from other claims in the deposit.
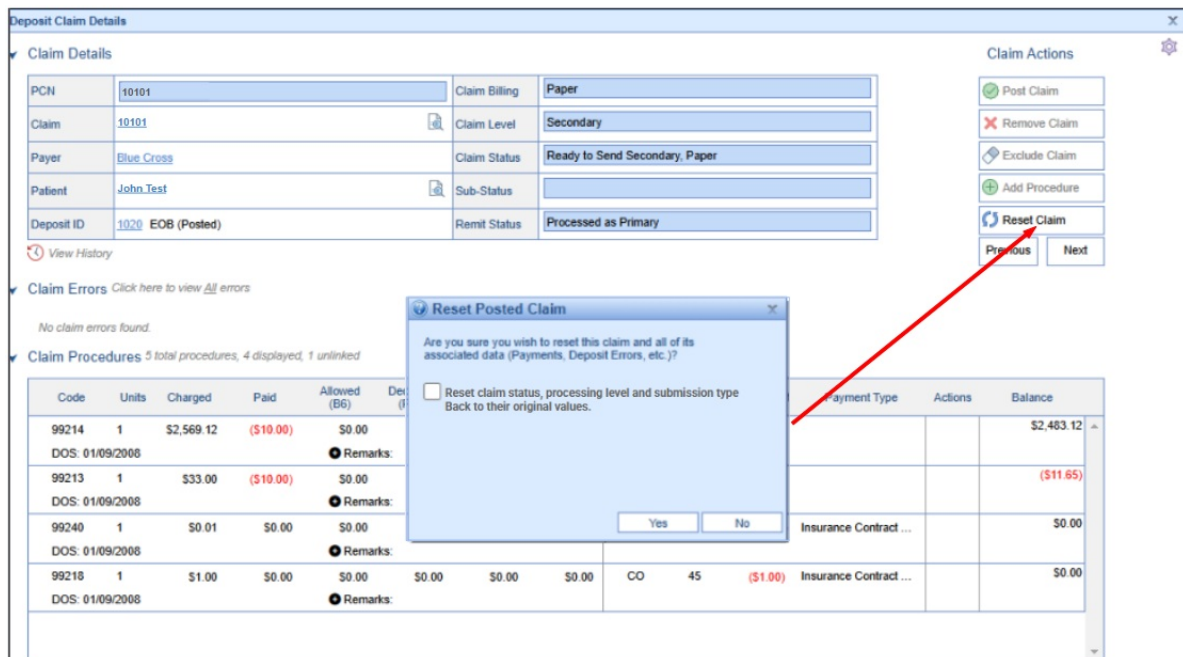
EMR

Prescribing

- U18584 - CMM - Enhance the Cancel ePA request process: We updated the CoverMyMeds (CMM) ePA

cancel process so that we are properly handling the Cancel for all related ePA records. This new process prevents cancel requests from getting stuck in a cancelling state and handles moving the record to the expected folder. We have also introduced a new status similar to the ability to mark a record as Completed but it is Externally Completed. This new status performs just as Completed but allows the user to reflect that they did not complete the process within OfficeEMR because the ePA was 'Externally Completed'. This record is moved to the completed folder in an Externally Completed status which can indicate to a user that the ePA was complete in an alternate system or by the pharmacy, so the request they were processing was unnecessary. For more details on these enhancements see CoverMyMeds ePA.

- <u>U19023 - IdenTrust Contract Alert for active IdenTrust users:</u> Using the existing contract feature - we added a contract notification that will present for users with Enabled and non-expired IdenTrust EPCS certs to inform these users not to renew with IdenTrust because we have recently learned that the IdenTrust policy is that they will not issue a refunds. This contract alert presents to the user at login at 100 days prior to the expiration of the users IdenTrust EPCS cert to catch them before the IdenTrust notices are received. We have additional Q1 work scheduled in the coming sprints to present additional log in notifications until such time as the user's IdenTrust cert is no longer Enable or has expired.

eDocuments

Scanning

- <u>U19023 - Resolved eDocument ADF Scanning Issues</u>: We corrected an issue with scanning batches of eDocuments using an automatic document feeder (ADF) scanner, which did not preserve the order of scanned documents. This caused users to spend time searching and sorting pages, increasing the risk of misfiled documents. We also resolved an issue where scanned jobs would randomly miss pages. This update now maintains the page order of scanned documents, allowing users to process batches more efficiently and accurately, minimizing the risk of misfiled or missed documents and improving scanning efficiency.

Bug Fixes

iScheduler

Cost Estimator

- <u>B18998 - Cost Estimator Eligibility Benefits Not Populating "In Network" Values</u>: Corrected an issue that caused a specific eligibility response for the cost estimate to display benefits as "Out of Network" instead of populating the "In Network" values.

Billing

Claim Query

- <u>B17041 - Statement Processing Causing Multiple System Claim Comments</u>: Resolved an issue that caused claims processed for statements to have multiple EDI claim comments added, instead of only one system claim comment per statement batch. A fix has been implemented in this process to prevent this duplication.