Release 25.130 - March 6th, 2025

Executive Summary

My Tasks
New Encounters Access Within PDF Split Window
Release Note

Summary of Care
New Diagnosis Filter Option Within The Summary of Care Exports
Release Note | Documentation

Quick Pay Window
New Quick Pay Window Launch
Release Note | Documentation

Statements
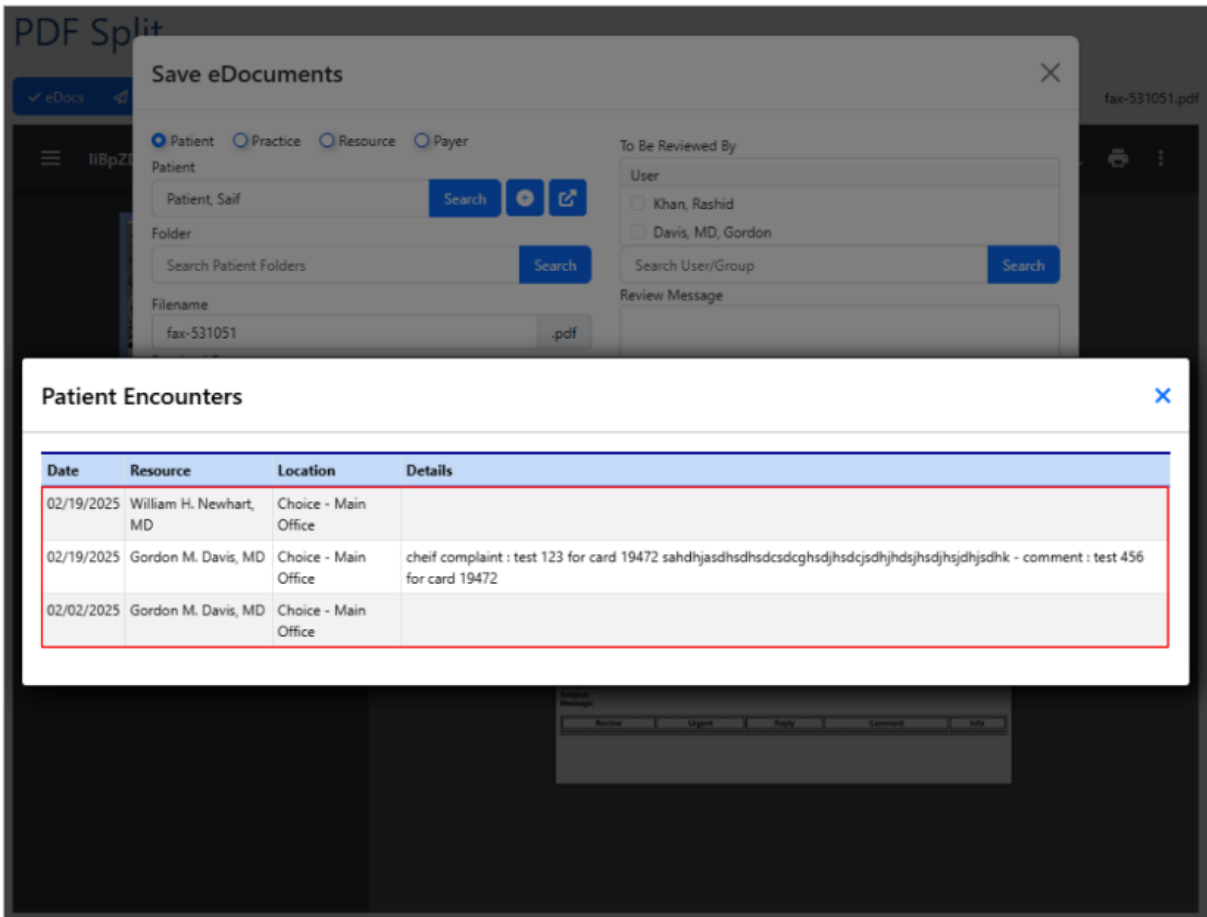New Role Screen to Allow Resetting the Statement Aging Date
Release Note

New Features and Updates

My Tasks

Fax (Updox)

- User Story 19472: Updated PDF Split to Include Encounters Access: When users handle faxes received from My Task > Fax Updox, access to Encounters information is useful for determining who should review the received data. If the data is filed into eDocuments, Encounters visibility is available (once the patient is selected, the Encounters link displays a list of the patient's past Encounters). However, if the PDF Split tool is used, there is no access to the patient's Encounters information. In this release, we have modified the system so that the last three encounters can be retrieved via a new "Encounters" button within the PDF Split tool (next to the patient add button), similar to the button in the old Save to eDocuments fax window.

Setup

Roles

- U13933: Statement Aging Date Reset: A new role has been added that allows the user to reset the statement aging date. The new "*Reset Claim Statement Dates*" role screen grants the user access to the Statement Date (under the claim dates) and allows it to be edited. Additionally, a role screen for *Reset Claim Insurance Dates* has been included in this release as well.

Reports

Summary of Care

- <u>U17587: Created a Claim Diagnosis Filter for Summary of Care Exports:</u> Added a new Diagnosis filter option within the Summary of Care Exports screen, allowing users to filter by a Procedure Diagnosis Code Group. Additionally, a new screen (Diagnosis Code Group) has been created, accessible from the Summary of Care schedule Add/Edit screen or the Setup > Billing screen. This screen enables users to group diagnosis codes for additional processing. If a schedule is filtered by a Procedure Diagnosis Code group, all active patients with an active problem list containing a code in the group will be exported.

Edit Schedule #85

Export Type ● Manual ○ Third Party Service

TPS Type * CCD Schedule Export (36) ▾

○ Entire Population

○ Provider Search

Appointment From *

Appointment To *

○ Completed Notes

Notes Starting From *

● Problem List Diagnosis

Group * Small Test ▾ 🔄 ✎

Export Date

○ Encounter ● Latest Encounter

Schedule Setup

● Specific Date * 02/26/2025

○ Recurring Every * ▾

Alias Small Group Diagnosis

Export Time * Now ▾ Apply Close

Diagnosis Code Group

17587 ▾ ⊕ ✎ ☁ 🔄 ⊗ Delete ⊕ Assign Search by code, description 🔍 Search

Code	Code Type	Description
488.1	ICD9	INFLUENZA H1N1 INFLUENZA VIRUS
N10	ICD10	Acute tubulo-interstitial nephritis
N11	ICD10	Chronic tubulo-interstitial nephritis

Create New Diagnosis Code Group **Edit The Diagnosis Code Group** **Delete Selected Codes From Group** **Assign Selected Codes To Group**

Code	Code Type	Description
N118	ICD10	Other chronic tubulo-interstitial nephritis
N119	ICD10	Chronic tubulo-interstitial nephritis, unspecified
N12	ICD10	Tubulo-interstitial nephritis, not spcf as acute or chronic
N13	ICD10	Obstructive and reflux uropathy
N130	ICD10	Hydronephrosis with ureteropelvic junction obstruction
N131	ICD10	Hydronephrosis w ureteral stricture, NEC
N132	ICD10	Hydronephrosis with renal and ureteral calculus obstruction
N133	ICD10	Other and unspecified hydronephrosis
N1330	ICD10	Unspecified hydronephrosis
N1339	ICD10	Other hydronephrosis

EMR

Patient Setup

- U19168: Patient Demographics Nickname Tooltip Update: A tooltip has been added to the "Nickname" field on the Patient Demographics screen. This field ensures that patient records reflect the name the patient

prefers to be called, which may differ from their legal name. The tooltip for the "Nick" field will now display as "Name to use" on the Patient Demographics screen.

Chart Tabs

- U19172: USCDIv3 Add New Allergy Verification Status Field: Added a new Verification Status field to the Allergy edit screen to support the United States Core Data for Interoperability V3. This optional field allows users to set an allergy Verification Status, maintaining an audit record. Additionally, a new column for the verify field has been added to the summary details and history tables displaying allergies. The new Verification Status drop-down options are:
    - Null/blank - default value
    - Unconfirmed - Allergy has not been confirmed
    - Confirmed - Allergy has been confirmed
    - Refuted - Allergy has been refuted
   - Entered-in-error - If selected, it will auto-select the "Remove Allergy" checkbox

- U19174: USCDIv3 Add new fields to Problem List Edit Problem Screen: Added a new Verification Status field to the Problem List screen to support the United States Core Data for Interoperability V3. This optional field allows users to set a Problem Verification Status, maintaining this new data element in the audit record.

iScheduler

Quick Pay Window

- <u>U19374: New Quick Pay Window Launch:</u> As part of our ongoing efforts to modernize the platform, we have created a new Quick Pay window, which has been utilized over the last several months on the Check In/Out dashboard. As part of this release, we will be pushing out the new Quick Pay window to the remainder of the system. The below Quick Pay window is the new window that will be accessed when accessing Quick Pay from the iScheduler, Patient Setup, and Receipts.
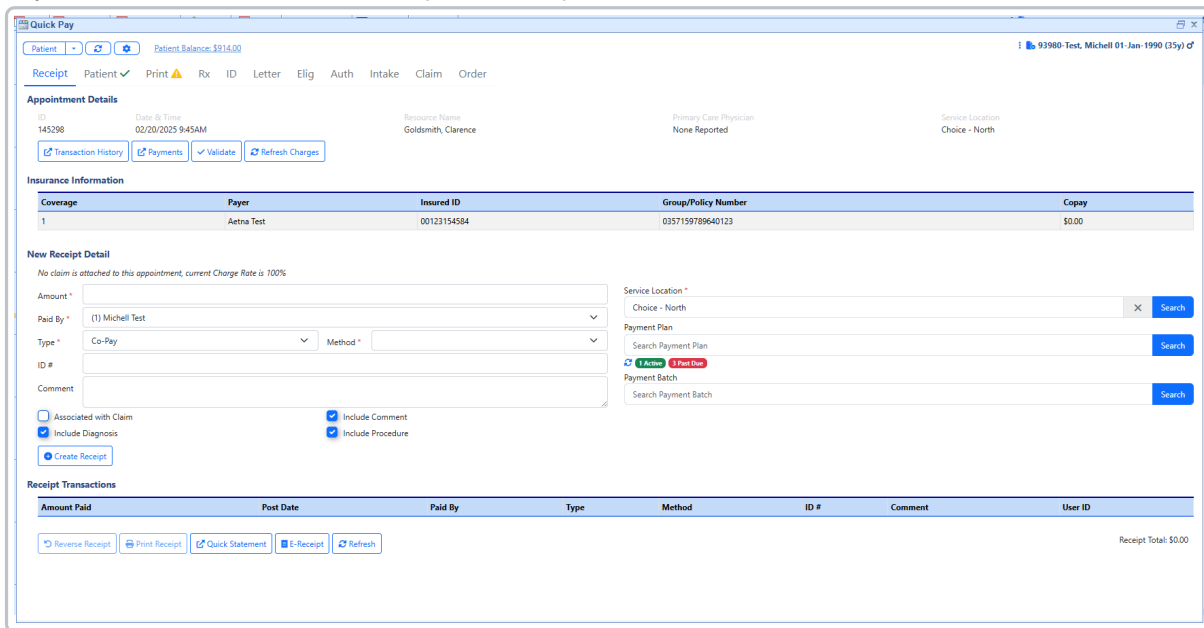
Bug Fixes

Billing

Claim Query

- <u>B19403 - Claim Query Filters Issues:</u> Corrected an issue affecting the claim query filters where, once a filter was applied, the clear button would be missing under certain circumstances. We also resolved an issue in which the Sort toggle would automatically switch between Ascending and Descending, as well as the Filter display not showing in ascending order when results are displayed on a single page. We have modified the code so that the ascending/descending order is maintained for the last item sorted, as well as to correctly sort the data when there is a single page and to ensure the clear button is visible in all scenarios.
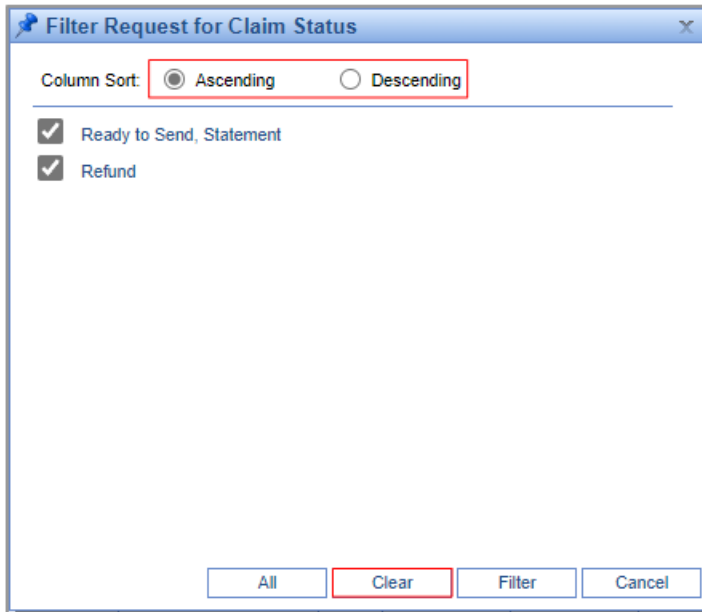
Claim Submission

- <u>B19449 - Institutional Claims With Medicare as Secondary Failing 837 Validation For MSP Reason</u>: Resolved a coding issue that could cause the 837 database validation to fail when Medicare is secondary on an institutional claim due to the MSP (Medicare Secondary Payer) reason, even though the MSP reason is not applicable on institutional claims.

Deposits

- <u>B19430 - Deposit Posting Not Showing Deposit Claim Error For Unlinked Procedures</u>: Corrected an issue where the deposit posting did not show errors when the procedure from the ERA was not linked to a procedure line on the claim. We have resolved this so that whenever we cannot link the ERA procedure to a claim procedure, a deposit claim error for a missing procedure is generated.

Receipts

- <u>B17829 - Receipt Not Being Flipped to Error Status After Hold Date</u>: Corrected an issue where receipts that were not fully applied were not changing to an error status after the hold date expired. This was resolved by updating the receipt logic to flip receipts that have not been fully applied by the hold date to an "Error" status the day after the hold date.