



ensoftek[®]

DrCloudEHR[™]
December 2023 Release Notes

Release to Staging Site – November 26, 2023

Release to Production Site – December 3, 2023

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Overview

This document contains the Release Notes for December 2023. Upon receipt, please review and test these changes in your Staging Site as soon as possible. The updates may have different effects, depending on your configuration. Use the following tags to understand the impact of the updates on your site:



Core

Available to all users when released



Add-on

Dependent on the activation of other feature(s)



Setup

Some setup is required after the release



Add-on

Requires purchase and additional setup

Please note that the terms **client**, **patient**, and **individual** are used interchangeably throughout this document, depending on the nature of the feature.

If you have any questions regarding Staging Sites or this Release, please don't hesitate to contact our support team at support@drcloudemr.com.

Practice

Setup Golden Thread Rules to review MDTPs every X number of days

Core Setup

Authorized users can now setup Golden Thread Rules to review MDTPs every "X number of days" option along with week, month, etc. for reminder frequency.

Active Alerts

Ability to hide the "due date" at the Counselor Dashboard

Core Setup

Practice → Administrative → Golden Thread → Golden Thread Rules

DrCloudEHR now includes a checkbox to hide the due date display at Counselor Dashboard if the form has not been created yet.

Rule Name:* MDTP GT Rule for Update Type:* MDTP

Validity: From: 08/09/2022 To: Status: Active Inactive

SETTINGS NOTIFICATIONS

Notification method

- Inbox
- Email
- Provider Dashboard
- Chart alert - Passive
- Chart alert - Active

Who should be notified?

- Notify Admit Provider
- Notify Admit Provider's Supervisor
- Notify Admit Provider's Other Supervisors
- Notify Care Team

Group(s) User(s)

Available User(s)

- 1Physician, 1Bright
- Admin, Ensoftek
- Alle, Vaishali
- Amy, Nurse

Selected User(s)

Hide the due date display at Counselor Dashboard. If the form is not created.

Apply GTR on: (All Admit/Discharge clients)

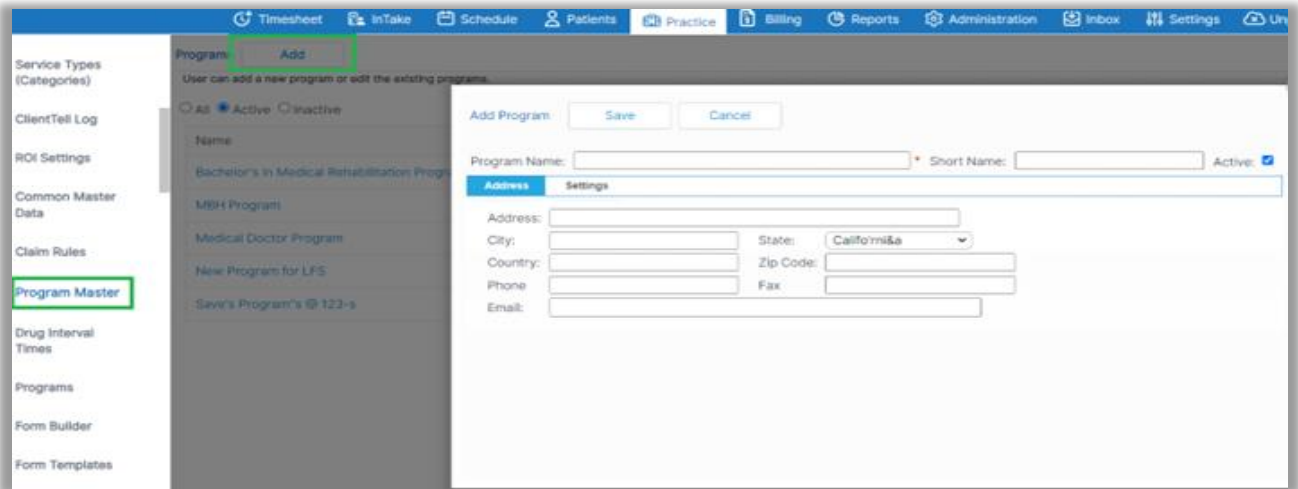
NOTE: This field applies only to Active/Passive/Email & Inbox notifications.

Ability to set up programs as separate entities connected to a Facility

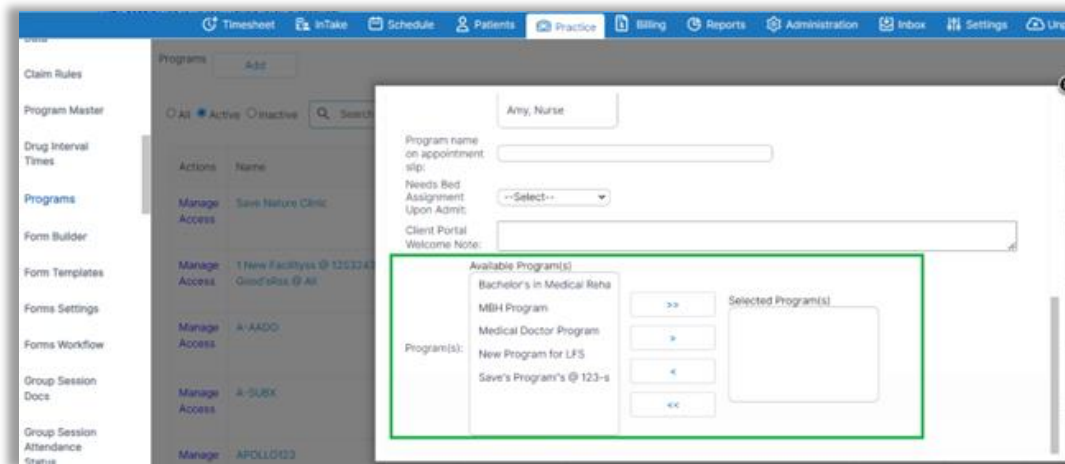
Core **Setup**

DrCloudEHR now includes a global setting to add new programs and map it to specific facilities or all facilities. One Facility or Location may offer multiple programs and one program may be offered at multiple facilities. These relationships can be setup in the Program Master and the Facility Master as shown below. Please work with your Account Manager to learn more about this feature and how it may affect your organization/agency. Below is a list of screens that provide the program option once this setting is enabled for your agency.

Program Master:

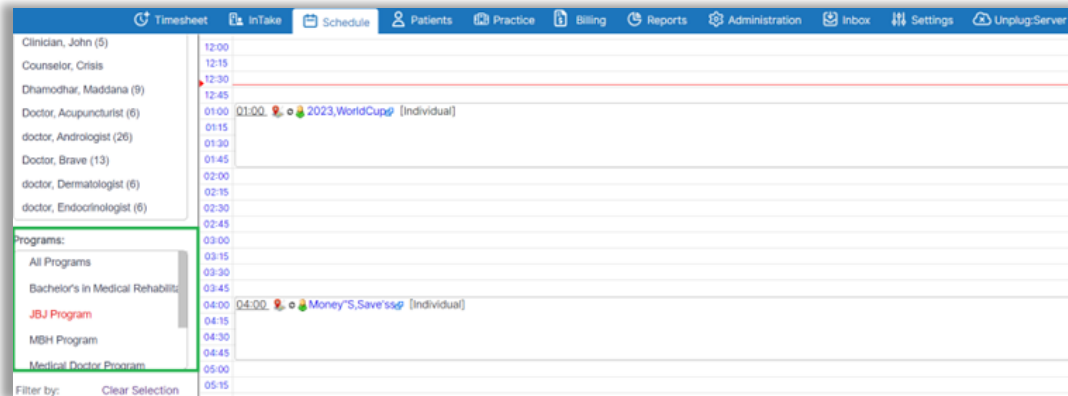


Facility Master:



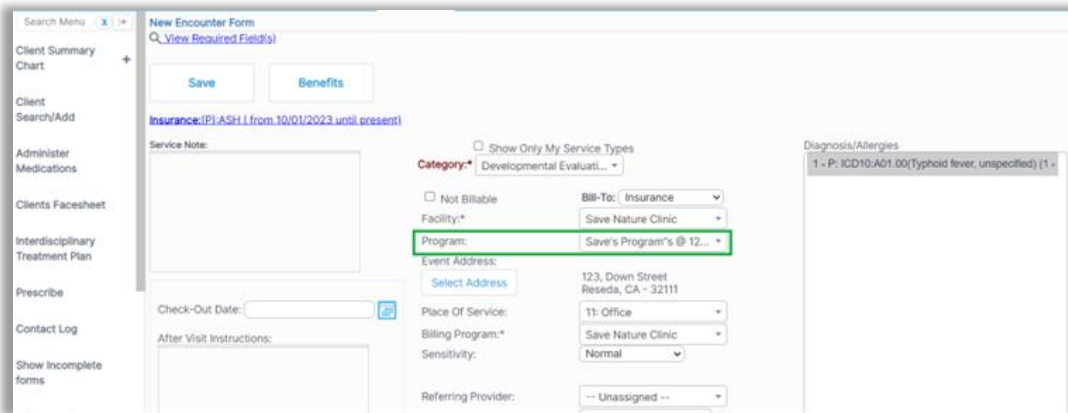
Schedule:

Authorized users can filter by program on the schedule.



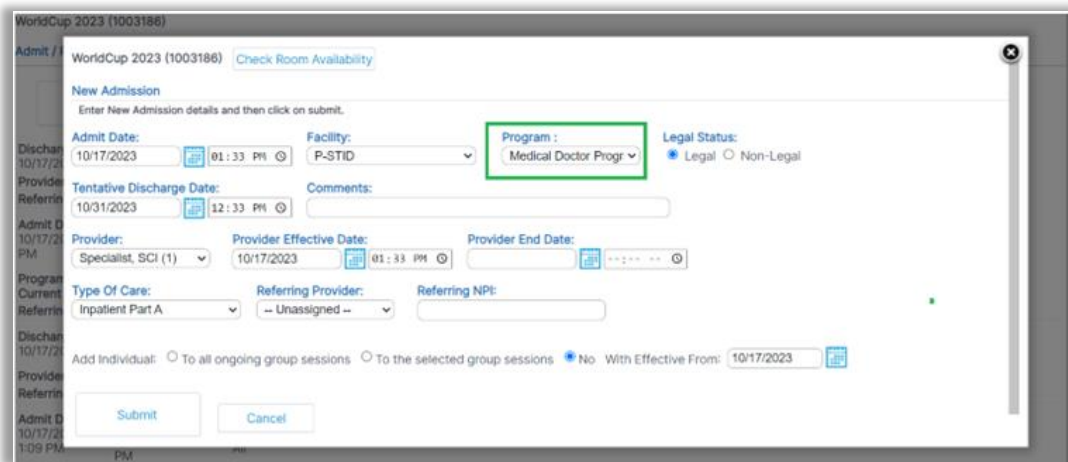
New Encounter:

Authorized users can pick the program on the New Encounter Form.



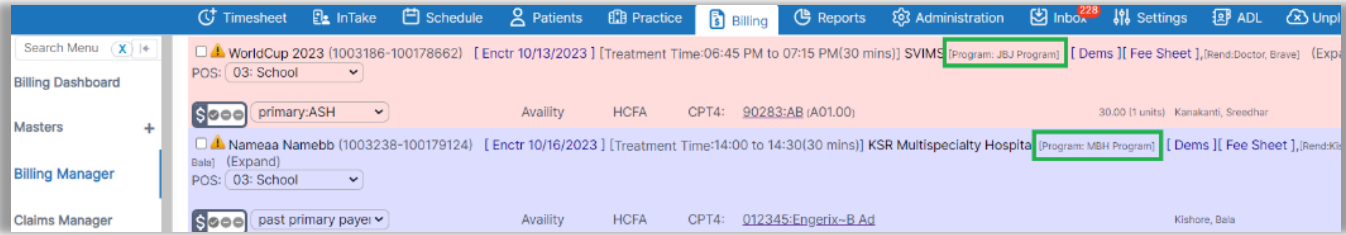
Admit/Discharge:

Authorized users can pick the program when admitting or discharging a client.



Billing Manager:

- Added a new filter "Program" to fetch the encounters associated with the selected program.
- Displaying the Program names (next to facility name) associated with the encounter facility at the Billing Manager result area.



Provider Service Report:

You can now use the new Program filter on the Provider Service Report as well.

Provider	Date	Duration (Mins)	Units	Patient	PID	Program	Bill-To	Service Code(s)	Billed To
Admin, Ensoftek	10/17/2023 11:49 AM	15	1	POP, Cambel	1002697	Medical Doctor Program	Insurance	90791	
	10/17/2023 11:52 AM	15	1	POP, Cambel	1002697	New Program for LFS	Insurance	90396	
	10/17/2023 12:24 PM	15	1	2023, WorldCup	1003186	Medical Doctor Program	Insurance	90287	
	10/17/2023 12:24 PM	15	1	2023, WorldCup	1003186	Medical Doctor Program	Insurance	1Session1	
	10/17/2023 1:00 PM	15	1	2023, WorldCup	1003186	Save's Program's @ 123-s	Insurance		
Total Duration for Admin, Ensoftek		60(th Om)	4						
Rayavarapu, Sairam	10/17/2023 12:00 PM	15	1	IRIS, Intel sjaxeazR	1001921	Medical Doctor Program	Insurance	90287	
Total Duration for Rayavarapu, Sairam		15	1						

Simplify and streamline the forms' review process with supervisor signature mapping. Easily select the category and facility you need.

Core Setup

Practice → Administrative → Forms Settings → Supervisor signature mapping for forms review

DrCloudEHR now provides the ability to select the Category and Facility while creating an encounter. This allows for supervisor signature mapping for forms review's based on the selected facility and category.

Billing

Print CMS-1500 Claim Forms with page-specific totals on each page



Now, when printing claims, DrCloudEHR provides page-by-page totals if there are more than 6 line items.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.												13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																							
SIGNED: Signature on File DATE: _____												SIGNED: Signature on File																							
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)						15. OTHER DATE						16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION																							
MM DD YY QUAL						QUAL MM DD YY						FROM MM DD YY TO MM DD YY																							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE												18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES																							
17a. _____ 17b. NPI _____												FROM MM DD YY TO MM DD YY																							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)												20. OUTSIDE LAB? \$ CHARGES																							
												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind: _____												22. RESUBMISSION CODE ORIGINAL REF. NO.																							
A. _____			B. _____			C. _____			D. _____			E. _____			F. _____			G. _____			H. _____			I. _____			J. _____								
23. PRIOR AUTHORIZATION NUMBER																																			
24. A. DATES) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. SPECIFY UNIT I. D. QUAL J. RENDERING PROVIDER ID. #																																			
MM DD YY MM DD YY																																			
1 10 09 23 10 09 23 11 N H2021 HE 45.00 1 ZZ 20700000X																																			
2 10 10 23 10 10 23 11 N H2021 HE 45.00 1 ZZ 20700000X																																			
3 10 11 23 10 11 23 11 N H2021 HE 45.00 1 ZZ 20700000X																																			
4 10 12 23 10 12 23 11 N H2021 HE 45.00 1 ZZ 20700000X																																			
5 10 13 23 10 13 23 11 N H2021 HE 45.00 1 ZZ 20700000X																																			
6 10 14 23 10 14 23 11 N H2021 HE 45.00 1 ZZ 20700000X																																			
25. FEDERAL TAX ID. NUMBER SSN EIN						26. PATIENT'S ACCOUNT NO.						27. ACCEPT ASSIGNMENT? (Exp. gov. claims, see back)						28. TOTAL CHARGE \$ AMOUNT PAID \$																	
3434543666						P-1003183-10032						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						\$ 270.00 \$ 0.00																	
29. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)												30. SERVICE FACILITY LOCATION INFORMATION																							
Signature on File												PP YELLOW BRICKS 123, DOWN STREET PORTLAND CA 32111																							
SIGNED: _____ DATE: _____												PH # (443) 4355367																							
												PP YELLOW BRICKS 123, DOWN STREET PORTLAND CA 32111																							
												a. 2455623564 b. 1GGRM34390																							
												a. 2455623564 b. 1GGRM34390																							
NUCC Instruction Manual available at: www.nucc.org												PLEASE PRINT OR TYPE												APPROVED OMB-0938-1197 FORM 1500 (02-12)											

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.												13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																							
SIGNED: Signature on File DATE: _____												SIGNED: Signature on File																							
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)						15. OTHER DATE						16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION																							
MM DD YY QUAL						QUAL MM DD YY						FROM MM DD YY TO MM DD YY																							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE												18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES																							
17a. _____ 17b. NPI _____												FROM MM DD YY TO MM DD YY																							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)												20. OUTSIDE LAB? \$ CHARGES																							
												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind: _____												22. RESUBMISSION CODE ORIGINAL REF. NO.																							
A. _____			B. _____			C. _____			D. _____			E. _____			F. _____			G. _____			H. _____			I. _____			J. _____								
23. PRIOR AUTHORIZATION NUMBER																																			
24. A. DATES) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. SPECIFY UNIT I. D. QUAL J. RENDERING PROVIDER ID. #																																			
MM DD YY MM DD YY																																			
1 10 15 23 10 15 23 11 N H2021 HE 45.00 1 ZZ 20700000X																																			
2 10 16 23 10 16 23 11 N H2021 HE 45.00 1 ZZ 20700000X																																			
3												NPI 1053687137																							
4												NPI																							
5												NPI																							
6												NPI																							
25. FEDERAL TAX ID. NUMBER SSN EIN						26. PATIENT'S ACCOUNT NO.						27. ACCEPT ASSIGNMENT? (Exp. gov. claims, see back)						28. TOTAL CHARGE \$ AMOUNT PAID \$																	
3434543666						P-1003183-10032						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						\$ 90.00 \$ 0.00																	
29. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)												30. SERVICE FACILITY LOCATION INFORMATION																							
Signature on File												PP YELLOW BRICKS 123, DOWN STREET PORTLAND CA 32111																							
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NUCC Instruction Manual available at: www.nucc.org												PLEASE PRINT OR TYPE												APPROVED OMB-0938-1197 FORM 1500 (02-12)											

Introducing the new "Downloaded" status for claim submissions in DrCloudEHR



Authorized users can now easily download EDI files in the Claims Manager. Once a user downloads an EDI file for a claim DrCloudEHR changes the status to "Downloaded". You can also filter claims using this status.

Bulk Actions
Use buttons to apply actions to all selected items at once.

Total Record(s): 29

<input type="checkbox"/>	Claim No	Status	Date Created	Type	From DOS	To DOS	Client Name	Encounters	Charges	Funding Source	Settlement	Action
<input type="checkbox"/>	P-1003183-1003207202(TEST)	Printed	2023-10-16 09:58:05	HCFA	2023-10-09	2023-10-16	QUERY, SQL (1003183)	Mouse Over Here	360.00	VALUE OPTIONS	--Select--	Current Status
<input type="checkbox"/>	P-1003183-1003285202(TEST)	Downloaded	2023-10-25 18:42:53	HCFA	2023-10-09	2023-10-25	QUERY, SQL (1003183)	Mouse Over Here	610.00	VALUE OPTIONS	--Select--	Current Status
<input type="checkbox"/>	P-1003183-1003183202(TEST)	Logon Failed for user drcloud	2023-10-09 18:46:03	HCFA	2023-10-09	2023-10-09	QUERY, SQL (1003183)	Mouse Over Here	45.00	UNITED HEALTHCARE	--Select--	Current Status
<input type="checkbox"/>	P-1003183-1003183202(TEST)	Submitted	2023-10-09	HCFA	2023-10-09	2023-10-09	QUERY, SQL	Mouse Over Here	45.00	UNITED HEALTHCARE	--Select--	Current Status

Claims Manager - Search

1. Available Search Criteria
Select a column/field name to begin adding it to filter list.

- Claim Frequency Level
- Claim Id
- Claim Status
- Claim Type
- Claim date
- Client Id

2. Value
Select a value(s) to add to filter list.

Claim Status

- All
- Not Submitted
- Submitted
- Re-submitted
- Accepted
- Rejected
- Created
- Updated
- Archived
- Printed
- Downloaded
- Other

3. Review Current Criteria
Review "criteria = value" pairs. Select and remove unwanted filter criteria.

Claim date = Custom

Claim Status = Downloaded

Search in all claim statuses