



DrCloudEHR™ January 2025 Release Notes

Release to Staging Site – December 29, 2024

Release to Production Site – January 5, 2025

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Overview

This document contains the Release Notes for January 2025. 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:



Available to all users when released



Dependent on the activation of other feature(s)



Some setup is required after the release



Requires purchase and additional setup

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

If you have questions regarding staging sites or this release, please contact our support team at support@drcloudemr.com.

PRACTICE

New option to update insurance details for real-time eligibility checking.

Core Setup

Eligibility and Benefits -> Realtime Request

DrCloudEHR includes a new global flag, "Update Copay & Deductible amount from Eligibility Benefits."

- If the flag is enabled, then Copay & Deductible amount info is automatically updated when downloaded via eligibility checking interface.
- If the flag is disabled, then Copay & Deductible amount info is not automatically updated.

Options to modify the Psychotherapy Note form

Core Setup

DrCloudEHR includes a new global flag, "Modify Psychotherapy Note with updates for 2025" to modify the Psychotherapy Note form. The following fields are added in the Psychotherapy Note form.

Added "Tactile Olfactory" under Psychotic Symptoms.

Psychotic Symptoms	<input type="checkbox"/> Delusions	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> A	<input type="checkbox"/> v
	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> Tactile olfactory		
Suicidal Ideation	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>		

Moved the "Anxious" checkbox from the Affect section to the Mood section.

Mood	<input type="checkbox"/> Depressed	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Irritable
	<input type="checkbox"/> Hypomanic	<input type="checkbox"/> Manic	<input type="checkbox"/> Elevated	<input checked="" type="checkbox"/> Anxious
	<input type="checkbox"/> Other	<input type="text"/>		

Added a Comment box at the bottom of the Mental Status Exam section.

Mental Status Exam				
Appearance	<input type="checkbox"/> Casual	<input type="checkbox"/> Unkempt	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Calm
	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Agitated and oriented	<input type="text"/>	
Speech	<input type="checkbox"/> Coherent	<input type="checkbox"/> Relevant	<input type="checkbox"/> Circumstantial	<input type="checkbox"/> Low Volume
	<input type="checkbox"/> Fluent	<input type="checkbox"/> Non Fluent	<input type="checkbox"/> Pressured	<input type="text"/>
Affect	<input type="checkbox"/> Flat	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Constricted	<input type="checkbox"/> Tearful
	<input type="checkbox"/> Hostile	<input type="checkbox"/> Angry	<input type="checkbox"/> Sad	<input type="checkbox"/> Incongruent
Mood	<input type="checkbox"/> Depressed	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Irritable
	<input type="checkbox"/> Hypomanic	<input type="checkbox"/> Manic	<input type="checkbox"/> Elevated	<input type="checkbox"/> Anxious
Thought	<input type="checkbox"/> Logical	<input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Ideas of Reference	<input type="checkbox"/> Obsessions
	<input type="checkbox"/> Other	<input type="text"/>		
Psychotic Symptoms	<input type="checkbox"/> Delusions	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> A	<input type="checkbox"/> v
	<input type="checkbox"/> NO	<input type="checkbox"/> Tactile olfactory		
Suicidal Ideation	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>		
Homicidal Ideation	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>		
Crisis Plan	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>		
Self-Harm	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ideation <input type="radio"/> Action	<input type="text"/>		
Post-Traumatic	<input type="checkbox"/> Dissociation	<input type="checkbox"/> Intrusive	<input type="checkbox"/> Avoidance	<input type="checkbox"/> Hyper Vigilance
	<input type="checkbox"/> NO			
Dissociation	<input type="radio"/> Yes <input type="radio"/> No			
Judgment	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired			
Insight	<input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> Absent			
Comment : <input type="text"/>				

Changed "Assessment of Progress Towards Goal" Section to checkboxes, as provided under Notes section.

Under Assessment of Progress Towards Goals of Treatment section, Added the text area field 'Assessment Notes'.

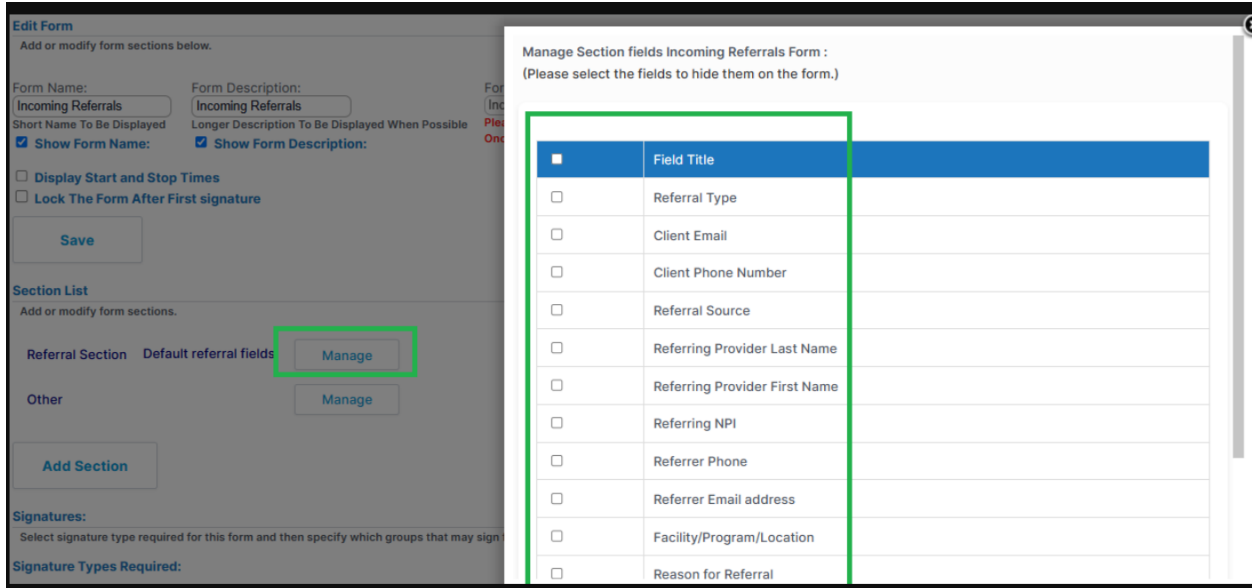
Updates to Incoming Referral Form in Form Builder

Core Setup

Practice->Administrative-Form Builder->Referral Forms

The Incoming Referral Form in the form builder now includes a manage button for each section for Referral Section and Default referral fields.

Clicking the Manage button for the Referral Section field shows the following fields to hide or show in the Incoming Referral Form.



Added "Referral Type" to the top of the referral forms as a list option

Core Setup

Incoming Referral Form

Added the below fields to the Incoming Referral Form

- Referral Type (Community Provider, Self-Referral, Other) with Radio buttons
- Client Email with text box
- Client Phone Number with text box

NOTE: The above options are from Administration-Lists->Referrals Type

Moved the **Client Email** and **Client Phone Number** fields to below the Client information section and also added the heading **Who are you referring?** on the Incoming Referral Form.

The screenshot shows the 'Referral form for Incoming' form. The 'Referral Type' section is highlighted with a green box, showing radio buttons for 'Community Provider', 'Self Referral', and 'Other'. Below it, the 'Who are you referring?' section is highlighted with a green box, containing fields for 'Client Last Name', 'Client First Name', 'Client DOB', 'Client Gender', 'Client Email', and 'Client Phone Number'. Other fields include 'Referral Date', 'Referral Source', 'Reason for Referral', 'Client Race', and 'Client Primary Language'.

When the Self-Referral option is selected, Referral Source field is optional in the Referral form.

New Option to hide provider signature from Medical History form.

Setup

Global Flag: Hide Signature on Medical History.

Form: Medical History

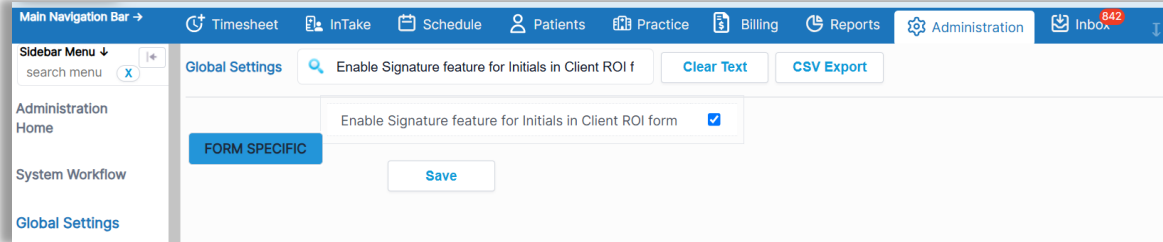
In Medical History class-based form, when the above global flag is enabled, the provider signature will be hidden.

New Option to show signatures at Client Initials column.

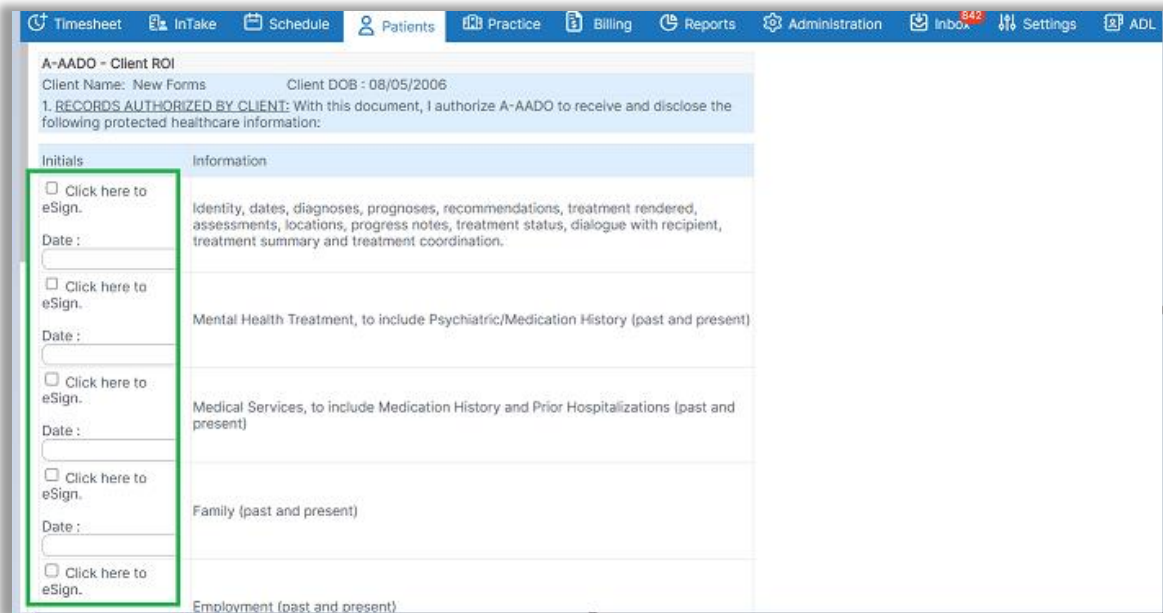
Core Setup

Global Flag: Enable Signature feature for Initials in Client ROI form.

Form: Client ROI Form.



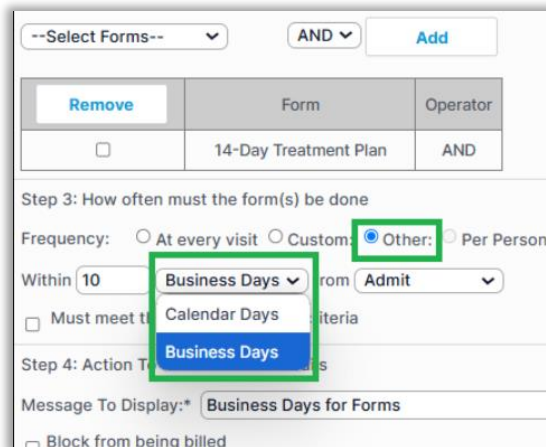
In the Client ROI class-based form, when the global flag is enabled, it shows the signature field with "Esign" at the Client Initials Column.



Golden Thread Rules should be able to use business days for timeframes

Core Setup

Implemented Calendar Days/Business Days at Golden Thread Rules->Frequency->Other option.



MDTP

Available Programs: Programs The Rule Applies To:*

1 New Facilityss

A-AADO

A-METH

A-SUBX

ABCXYZ

Step 2: How often must the Golden Thread Alert

Frequency: Initial Plan Update/Review

Within of Admit

Step 3: Action To is

Message To Display for MDTP

Counselor Dashboard

Counselor Dashboard Clinician: Include inactive users

Dashboard with overall status of all patients where the counselor is the admit provider or a member of the care team

Show Client(s): Admitted Discharged Due Date by: Show only details which are incomplete.

Facility: Location:

Manage Column(s)

Program	Last Name	First Name	PID ▲	Discharged Date	14-Day Treatment Plan	Multidisciplinary Treatment Plan (MDTP)
A-AADO	Smith	Test	1004325	Not yet	<div style="border: 2px solid green; padding: 2px;"> 🔔 15/10/2024 <input type="button" value="Business Days for Form"/> </div>	<div style="border: 2px solid green; padding: 2px;"> 🔔 15/10/2024 [Initial Plan] <input type="button" value="Business Days for MDTP"/> </div>

MultiDisciplinary Treatment Plan (MDTP) Updates

Ability to hide strengths and weaknesses parts of MDTP completely via plan settings.

Core  Setup

New checkbox at MDTP-Plan Settings, i.e. Include Strengths - Plans, will include a section with a multiple selection of strengths to highlight positive attributes and support an individualized treatment plan.

<input checked="" type="checkbox"/>	Include Strengths - Plans will include a section with a multiple selection of strengths to highlight positive attributes and support an individualized treatment plan.
-------------------------------------	--

By default, the Checkbox is selected in the MDTP-Plan Settings.

Personalize the Identified Needs label in the MDTP

Core  Setup

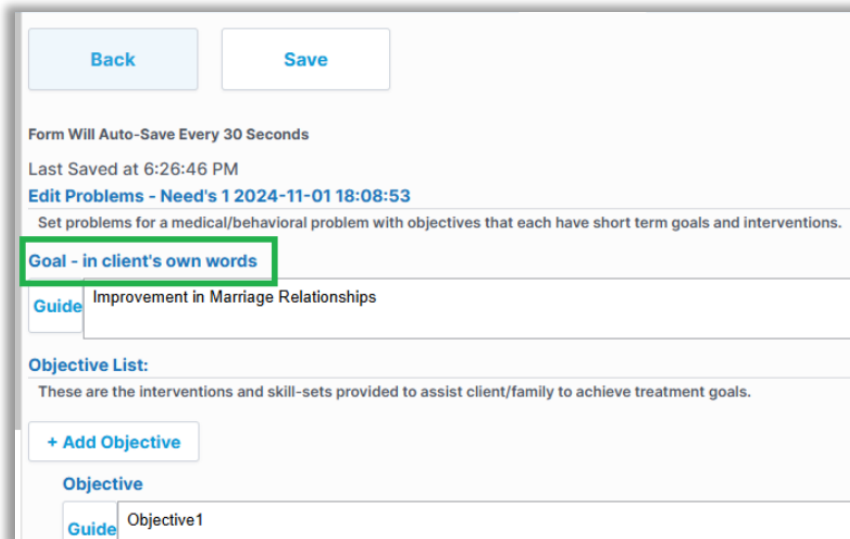
MDTP-Plan Settings -> Implemented new text box with a custom text for Identified Need Label in MDTP.

Identified Need	Identified Need Label In MDTP
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Now change the text in the text box, i.e. Goal - in client's own words

Goal - in client's own words	Identified Need Label In MDTP
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Please refer to the screenshot below for the updated Identified Need Label to MDTP-Add Plan/Edit Plan.



Configure the Service Categories to show below the Interventions section

Core  Setup

Implemented a new check box at MDTP-Plan settings.

<input checked="" type="checkbox"/>	Show the service categories below the 'Interventions' section.
-------------------------------------	--

By default, the checkbox is unselected in the MDTP-Plan settings. If the checkbox is checked Service Categories section is moved below the Intervention in the MDTP plan.

Objective List:
These are the interventions and skill-sets provided to assist client/family to achieve treatment goals.

Objective Remove Objective

Guide: Objective1

Measure List:
Measures are anything you can track in support of the objective. e.g. Number of Meetings Attended.

Measure Name: Initial Measure Desired Measure Remove Measure

Guide: Measure

Intervention List:
Interventions are activities performed as part of reaching an objective.

Intervention Remove Intervention

Name: Intervention 1

Guide: Intervention 1

Service Service Types

Name	Service Codes	Provider	Minutes	From	to	Frequency	Duration	Actions
Adaptive Skills Assessment	90378, 789	Case Ma'nag"ement St@ff	60	11	22	Per 3 months	60mins duration for category	
ASAM Assessment @ 123	H0001	Subcontracted Provider	30	111	222	Per week	30mins duration for category	

Save

Print View

Identified Needs

This section is where we can view and edit a Participant s (New & Deferred) and objectives for this treatment plan.

Need's 1 2024-11-01 12:14:35

Goal - in client's own words: Connected with Community Resources

Objective: Objective1

Measure: Measure 1

Initial Measure: 10

Desired Measure: 20

Intervention: Intervention 1

Service Categories:

Name	Codes	Provider	Minutes	Frequency	Duration
Adaptive Skills Assessment	90378, 789	Case Ma'nag"ement St@ff	60	11 - 22 / Per 3 months	60mins duration for category
ASAM Assessment @ 123	H0001	Subcontracted Provider	30	111 - 222 / Per week	30mins duration for category

Option to hide the Initial Discharge criteria of MDTP via plan settings

Core **Setup**

Implemented a new checkbox at MDTP-Plan Settings, i.e. Hide Initial Discharge Criteria.

Hide Initial Discharge Criteria

By default, the checkbox is unselected. Once the checkbox is checked, Hide Initial Discharge Criteria is hidden in the MDTP plan.

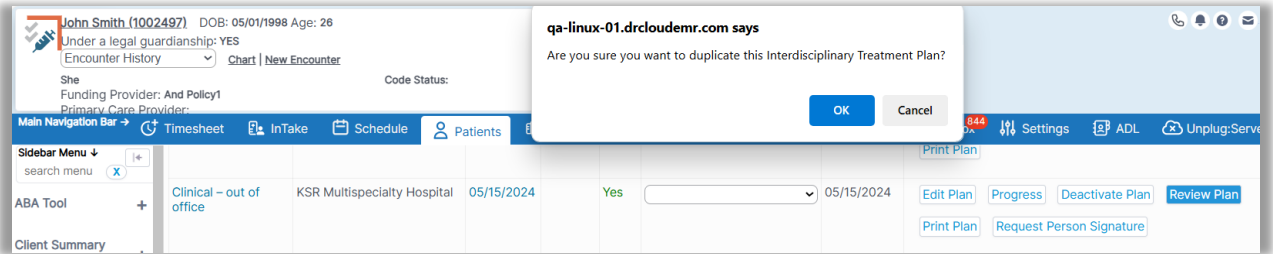
Options to have a single active plan at any time

Core **Setup**

Implemented a new checkbox at MDTP-Plan settings to have a single active plan at any time.

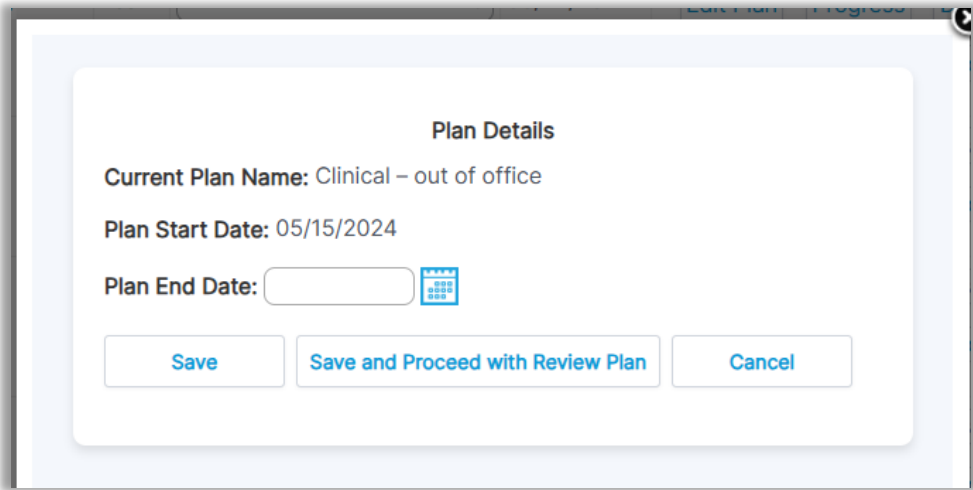
Prompt to end the earlier plan on Duplicate Plan.

If the above checkbox is Checked "Prompt to end the earlier plan on Duplicate Plan" is available in the MDTP plan. Now, clicking the Duplicate button will prompt the message "Are you sure you want to duplicate this Multidisciplinary Treatment Plan?"



If the above checkbox is Unchecked, the prompt to end the earlier plan on the Duplicate Plan is unavailable in the MDTP plan.

Now, the system checks for the plan's end date when the "Review Plan" button is clicked. If the plan does not have an end date, a pop-up will appear, prompting the user to enter the end date.



The system now allows you to open a New Plan and deactivate the old plan with an End Date.

Include Inactive Plans Show Settings Changes

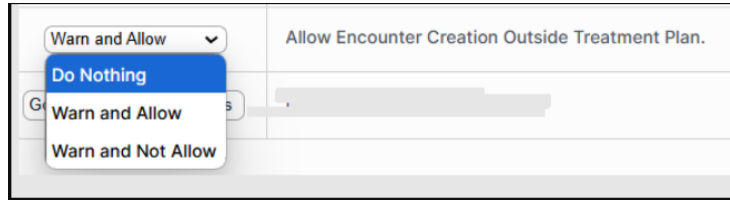
Plans	Program(s)	Start Date	End Date	Active	Visits	Created Date	Actions Available
Initial Duplicate	CCBHC	12/06/2024		Yes	<input type="text"/>	12/06/2024	Edit Plan Add Progress Deactivate Plan Review Plan Print Plan Request Client Signature
Initial	CCBHC	12/01/2024	12/10/2024	No	<input type="text"/>	12/06/2024	Edit Plan Add Progress Activate Plan Review Plan Print Plan

Workflow Options to allow/disallow encounter creation based on the patient's treatment plan

Core Setup

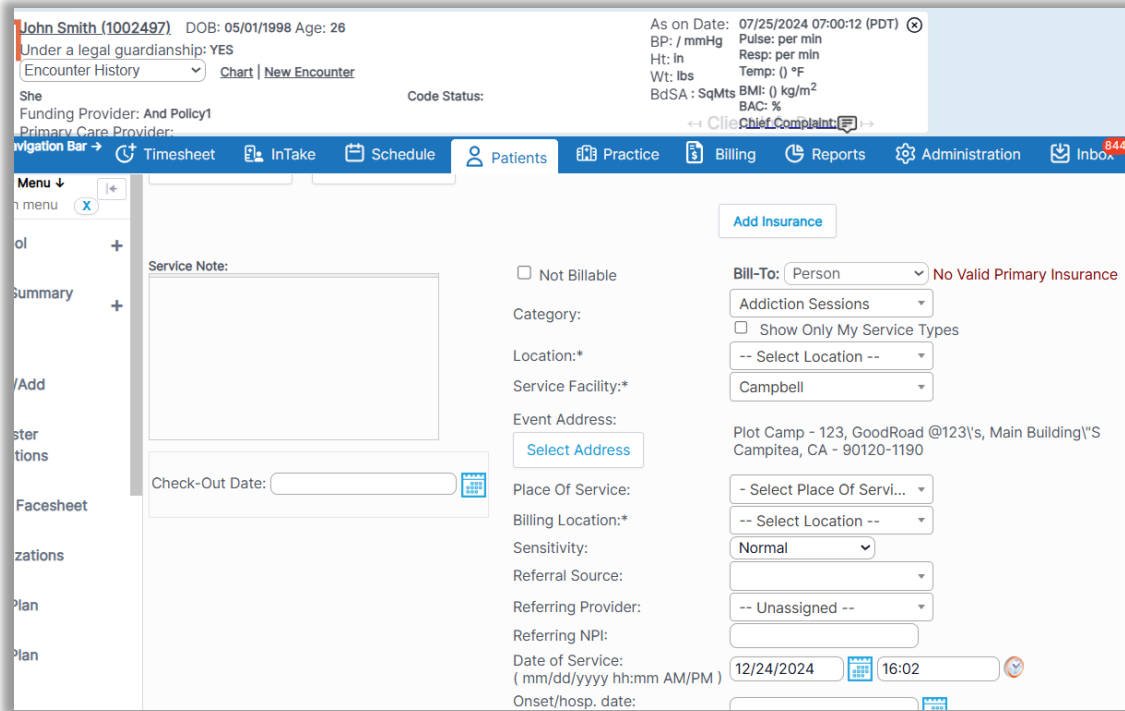
DrCloudEHR now includes the following dropdown options at MDTP-Plan Settings to allow encounter creation outside of the treatment plan.

- 1) Do Nothing
- 2) Warn and Allow
- 3) Warn and Not Allow

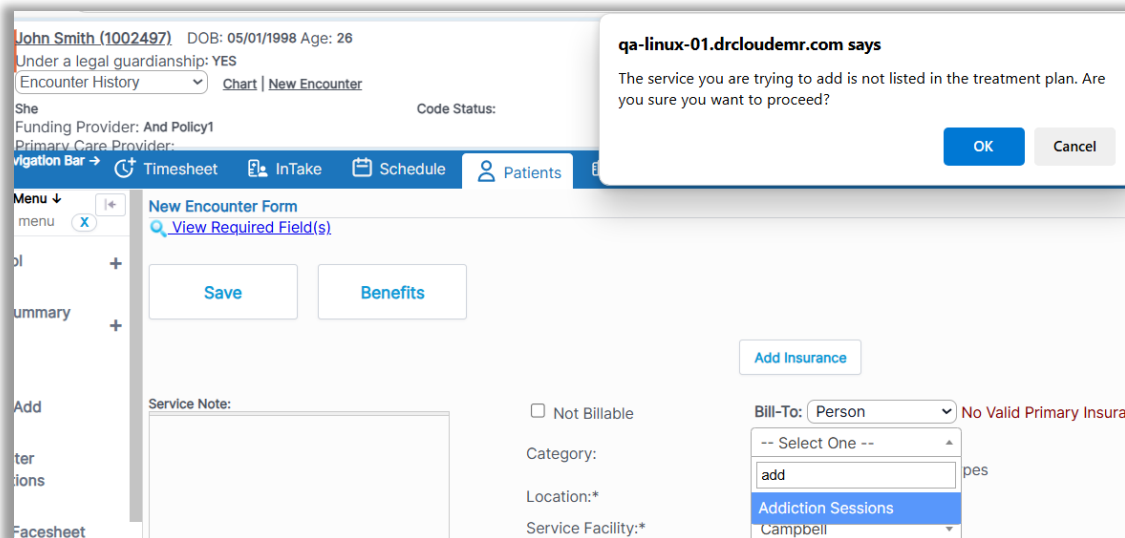


By default, the "Do Nothing" option is selected in the dropdown.

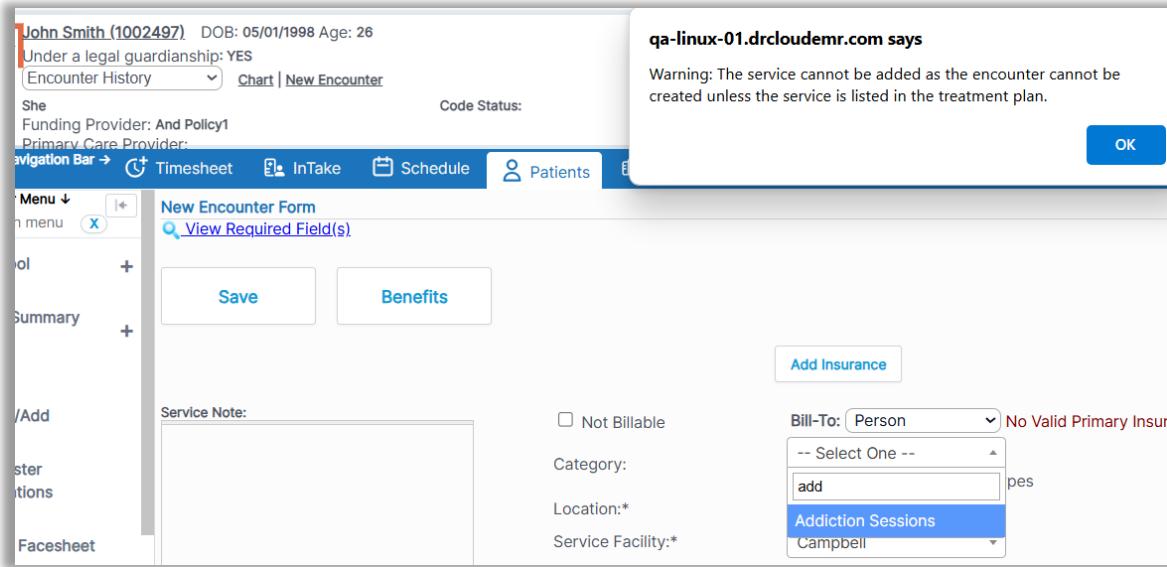
1) Do Nothing: Creating a new encounter and selecting a category other than the category given in the MDTP-> Identified Needs-> Service Categories will not trigger any warning message.



2) Warn and Allow: Creating a new encounter and selecting a category other than the category given in the MDTP-> Identified Needs-> Service Categories will trigger a "Warn and Allow" message.



3) Warn and Not Allow: Creating a new encounter and selecting a category other than the category given in the MDTP-> Identified Needs-> Service Categories will trigger a "Warn and Not Allow" message.



Improvements to MDTP to support the new co-occurring disorder guidelines from Oregon Administrative Rules (OAR).

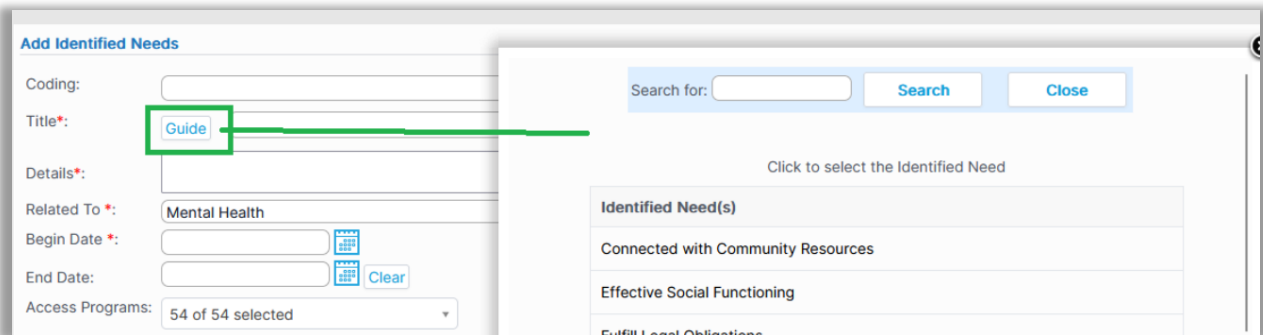
Core Setup

To support new OAR rules, DrCloudEHR now includes options to pick the MDTP that works for your agencies. The new V2 option enables the below changes implemented in the MDTP Plan-identified Needs.

Multidisciplinary/Interdisciplinary Treatment Plan-Identified Needs

Once the **Enable Multidisciplinary Treatment Plan V2 Functionality** flag is enabled, the following functionality is active:

- When a new Identified Need is added at MDTP, the system automatically takes the user to the needs page to capture the objective/measure details.



- New option to mark the Objective/Measure as complete

Identified Needs

This section is where we can view and edit a Participant's identified needs (New & Deferred) and objectives for this treatment plan.

[Add Identified Needs](#) [Refresh Needs](#)

DIMENSION 1 2024-10-01 12:53:00
Related to: ASAM Dimensions1

Objective: Mark as completed. Completion date: 15/10/2024

Objective1

Service Categories:

Name	Codes	Provider	Minutes	Frequency	Duration
ASAM Assessment @ 123	H0001	Community/Family	30	1 - 2 / Per 6 months	30mins duration for category

Measure: Mark as completed. Completion date: 15/10/2024

qa 1
Initial Measure: 20
Desired Measure: 30

Measure: Mark as completed. Completion date:

qa 2
Initial Measure: 40
Desired Measure: 50

Measure: Mark as completed. Completion date:

qa 3
Initial Measure: 60
Desired Measure: 70
Intervention: Intervention 1
Intervention: Intervention 2
Intervention: Intervention 3

- By default, only the active Plans/Objectives/Measures are shown. To see all data, check the **Include Completed Plans / Objectives / Measures** box in MDTP settings.
- Ability to add an addendum to the Current Plan

Created Date	Actions Available	Supervisor Review Details
15/10/2024	View Plan Add Progress Addendum Deactivate Plan Duplicate Delete Plan Print Plan Awaiting Person response	Awaiting Supervisor Review

New report to list of all objectives of a patient with their statuses

Report - Interdisciplinary Treatment Plan

Start Date: 12/24/2023 End Date: 12/24/2024 Include Inactive Plan(s) [Search](#)

Client: John K Smith PID: 1002497 External ID: 1002497 [Print](#) [CSV Export](#)

Total Number of Plans: 1

Person	PID	Plan Name	Start Date	End Date	Problem	Objective	Completed Date
John K Smith	1002497	Community Li@vimg	05/15/2024		Reduced Family Stress	Objective1	12/24/2024

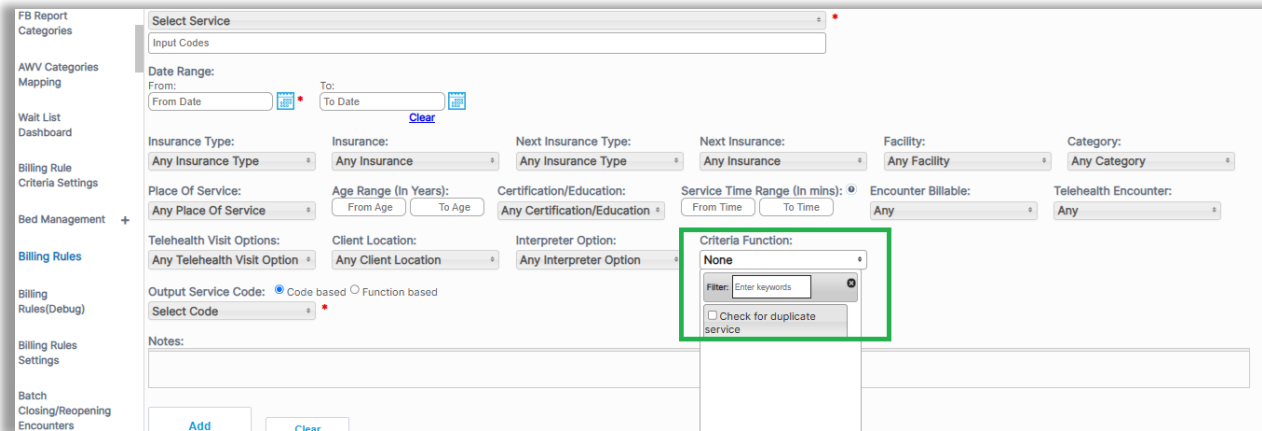
BILLING

New billing rule to only allow billing a certain service code once per client per year

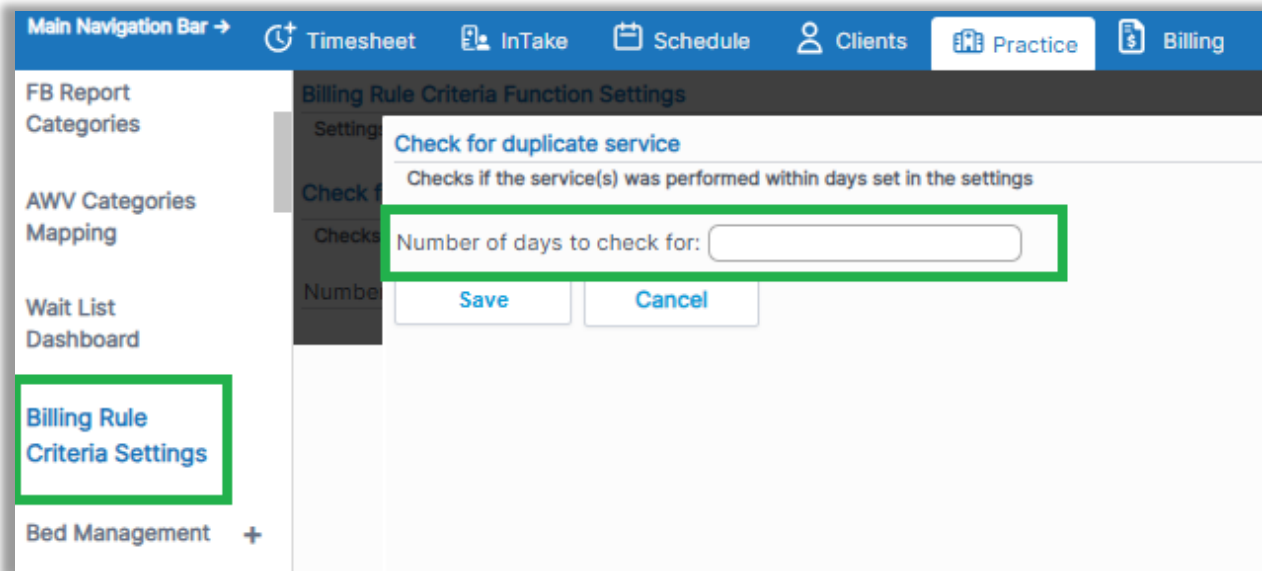
Core  Setup

1. Added new criteria in billing rules "Criteria Functions".
2. Added a new link in the left navigation "Billing Rule Criteria settings" to define any parameters/settings.
3. Currently, there is only one function in the list "Check for duplicate service".
 - a. A new setting "Number of days to check for" is added under Billing Rule Criteria settings.
 - b. If set, the function checks if the input service is performed within those days.
 - c. If it exists, the rule is satisfied, and the rule gets applied.
 - d. If it doesn't exist, then skip this rule.

The number of days can be captured under the Billing Rule Criteria settings.



Billing Rule Criteria Settings



Added a new criterion for "Location" in the Billing Rules

Core Setup

This new criterion shows up when

- The global settings (Enable Physical location feature and Enable Location Program Workflow) are enabled AND
- Location is selected in the Billing Rules Criteria global flag.

New claim field for the HCFA claim rule set to remove the leading zeros in the amount

Core Setup

Added a new claim field as "Amount format in the claim" to the claim rules under Submit/Download set.

- If this field is left blank, the leading zeros will be sent in the X12.
- If this field is set to "Remove leading zeroes in the amount." the leading zeros will not be sent in the x12.

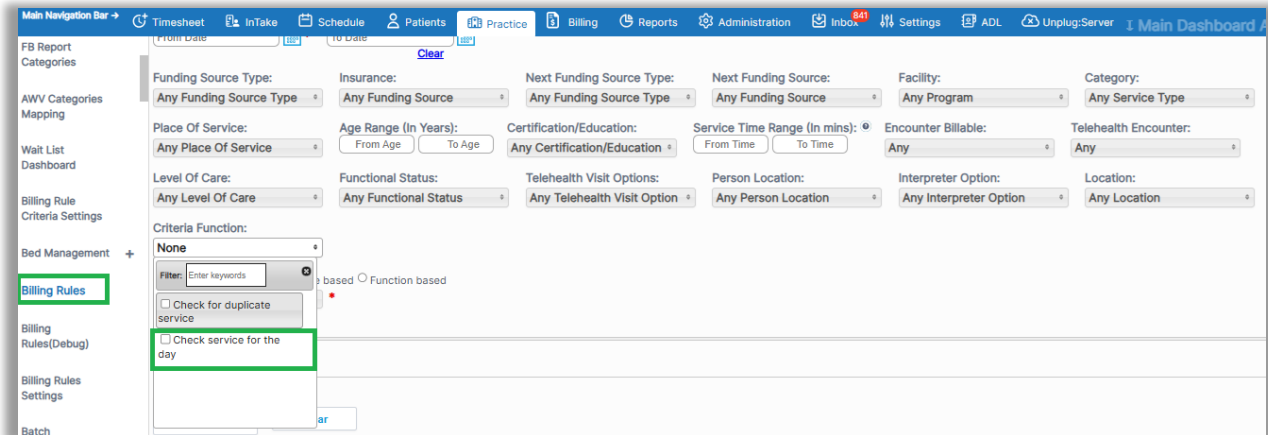
Box Number	Box Title	Box Value
<input type="checkbox"/> 28	Total Charge in box 28	Print Total Charges on the last page
<input type="checkbox"/> 29	Amount Paid in box 29	Print Amount Paid on each page for the services in that pag
<input type="checkbox"/> NA	Amount format in the claim	Remove leading zeroes in the amount

New Billing Rule to check if a single service is performed for a day and change it to another service.

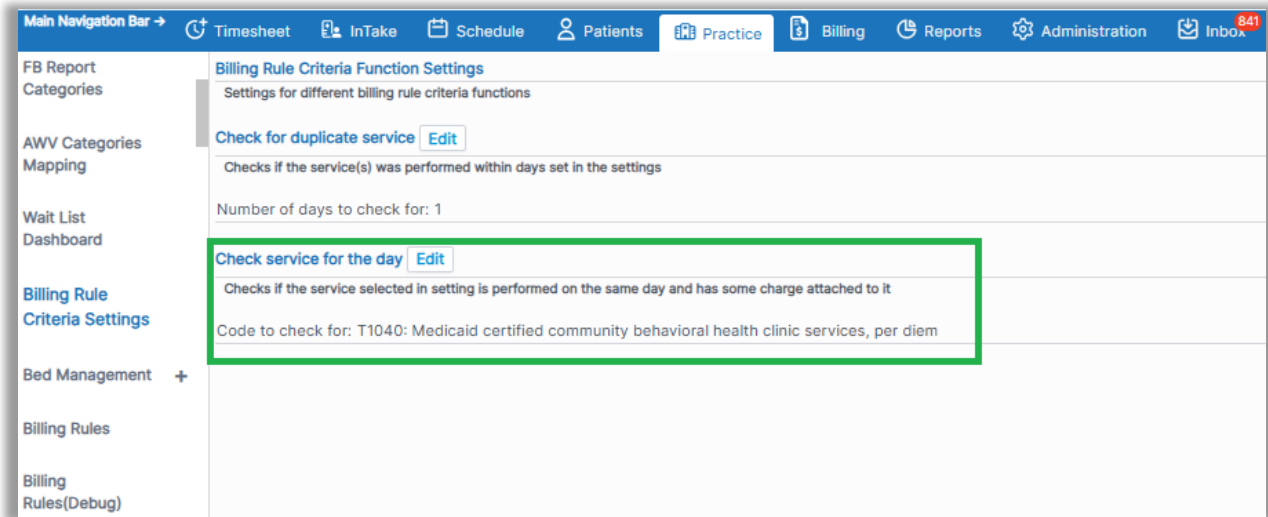
Core **Setup**

- Introduced new criteria function, "Check service for the day" under Criteria function dropdown.
- Added "Check service for the day" setting under the billing rule criteria settings page.
- Select the code that needs to be checked.

Billing Rules Page



Billing Rule Criteria Settings Page



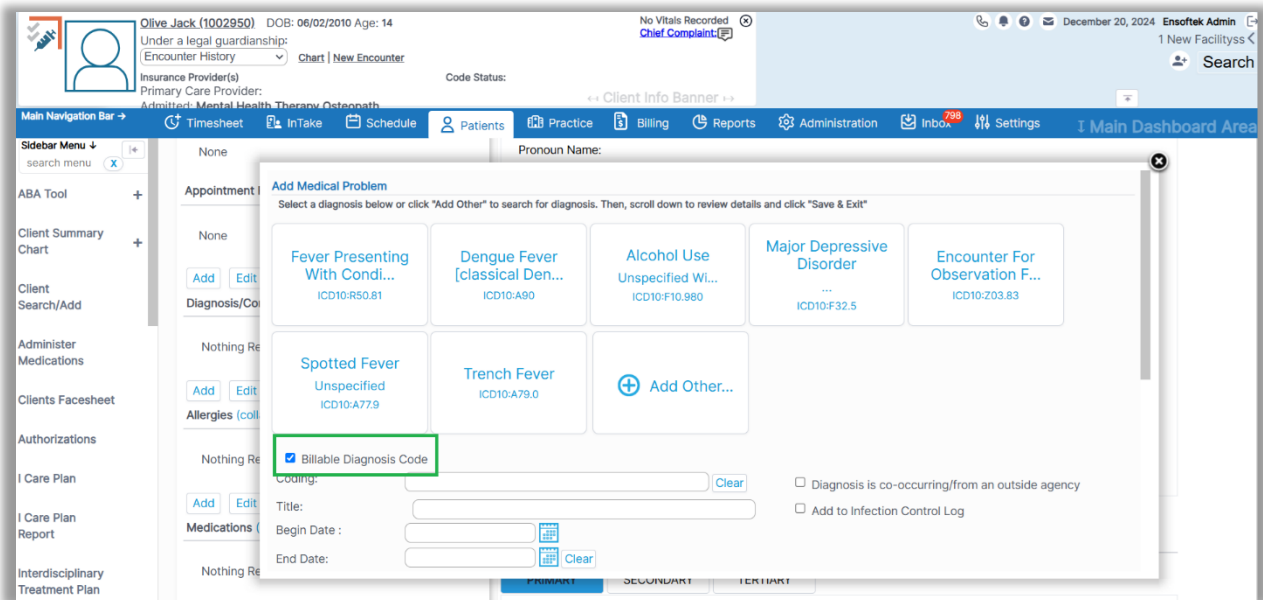
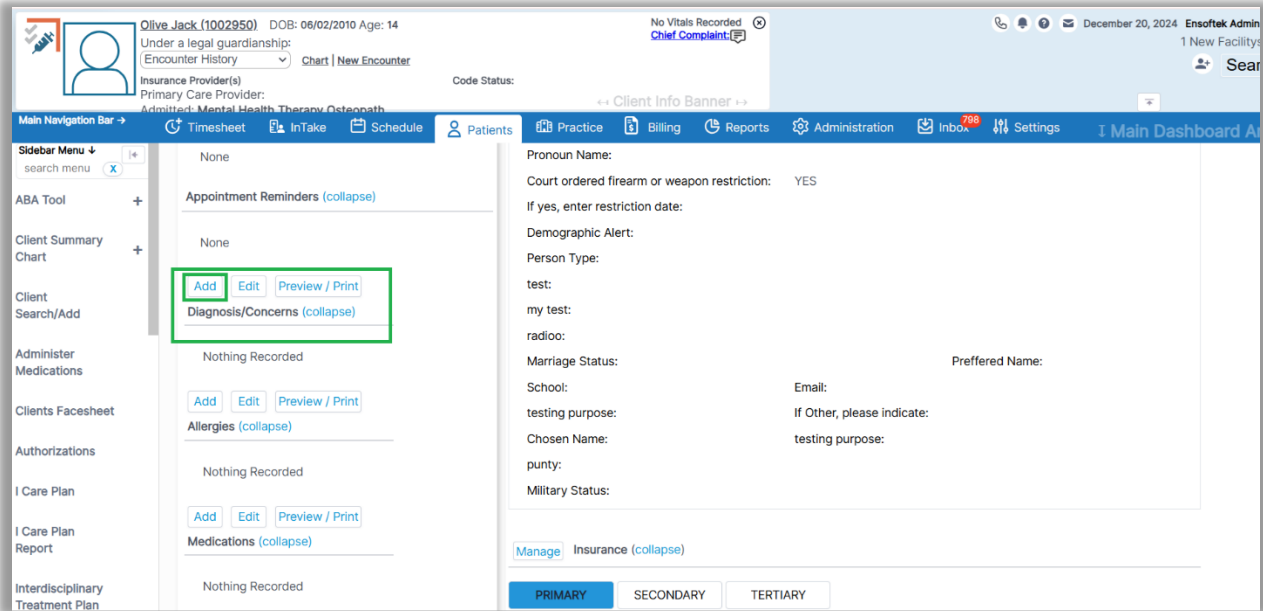
New checkbox to mark a Diagnosis billable when using Precedence

Core **Setup**

New global flag: Auto-mark it as a Billable Diagnosis Code when the precedence is enabled at medical problems.

Billable Diagnosis Code's flag (Existing Global Flag): Enable precedence at medical problems.

In the Diagnosis/Medical Problem section, when the above two flags are enabled, the Billable Diagnosis Code checkbox is automatically selected when the Add Diagnosis Code section is opened.



Claims Manager -> Added a new Provider Column to Results View.

Core **Setup**

1. Showing rendering provider (Box 33 for HCFA & Box 76 for UB) in the results and in the export.
2. Renamed the existing Rendering Provider to "Claim Rendering Provider". Now it will search both in HCFA and UB claims.

Claims Manager - Search

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

- Batch Id
- Claim Frequency Level
- Claim Id
- Claim Rendering Provider**
- Claim Status
- Claim Type

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

Claim Rendering Provider

John Clinician

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

Claim date = Custom

Claim Rendering Provider = John Clinician

<input type="checkbox"/>	Claim No	Status	Date Created	Type	From DOS	To DOS	Client Name	Claim Rendering Provider	Encounters	Charges	Funding Source	Settlement	Action
<input type="checkbox"/>	I-1004636-1006011202(TEST)	Submitted	2024-12-07 22:45:30	UB-04	2024-01-01	2024-12-06	Warren, Viv (1004636)	John Clinician	Mouse Over Here	34,000.00	ASSURANT HEALTH ASA	--Select--	Current Status

New UI option to post a denial when an ERA/EOB includes a denial

Core Setup

DrCloudEHR now includes a new global flag "Post adjustments as denials based on the ERA settings." When an authorized user makes an adjustment is made from the invoice page and payment allocation screen for insurance payments with the adjustment reason in the "Denied Adjustment Reasons" list of the respective ERA settings then, DrCloudEHR posts the adjustment as denied transaction with the specified adjustment amount.

Batch Billing: Ability to track and report on each submitted batch of claims.

Assign batch id:

- a. For every single claim print/multi claim print.
- b. By doing so, we can calculate the total charges submitted in the batch.
- c. Added a search filter for batch id in the claims manager.
- d. Showing the batch id in the claims manager results (Status Column link).

Claims Manager - Search

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

- Batch Id**
- Claim Frequency Level
- Claim Id
- Claim Rendering Provider

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

Batch Id

20241207224530023

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

Claim date = Custom

Batch Id = 20241207224530023

Claim No: I-1004636-1006011202(TEST)

Claim Rule Used: UB04 Claim Rules for ALL

Batch Id	Status	Date	View	User
20241207224530023	Submitted	12/07/2024 22:45:32		Ben Ian