DrCloudEHR™

January 2025 Release Notes

Release to Staging Site – December 29, 2024

Release to Production Site – January 5, 2025

Table of Contents

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:

Core	**Add-on**
Available to all users when released	Dependent on the activation of other feature(s)
Setup	**Add-on**
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."

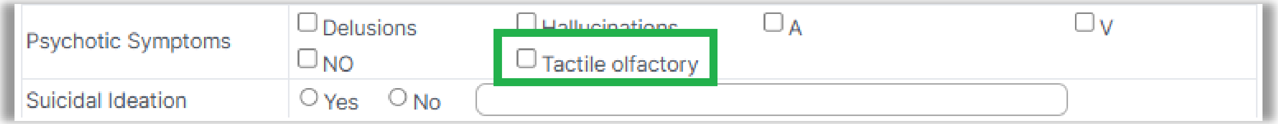
- If the flag is enabled, then Copay & Deductible amount info is automatically updated when downloaded via eligibility checking interface.
- If the flag is disabled, then Copay & Deductible amount info is not automatically updated.

Options to modify the Psychotherapy Note form

Core Setup

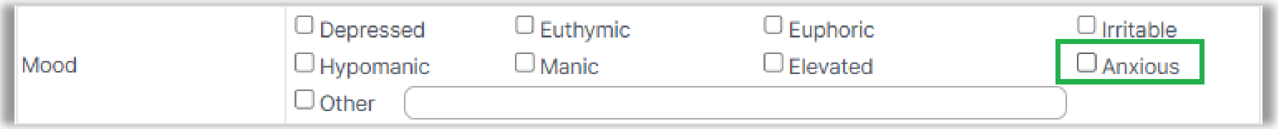
DrCloudEHR includes a new global flag, "Modify Psychotherapy Note with updates for 2025" to modify the Psychotherapy Note form. The following fields are added in the Psychotherapy Note form.

Added "Tactile Olfactory" under Psychotic Symptoms.



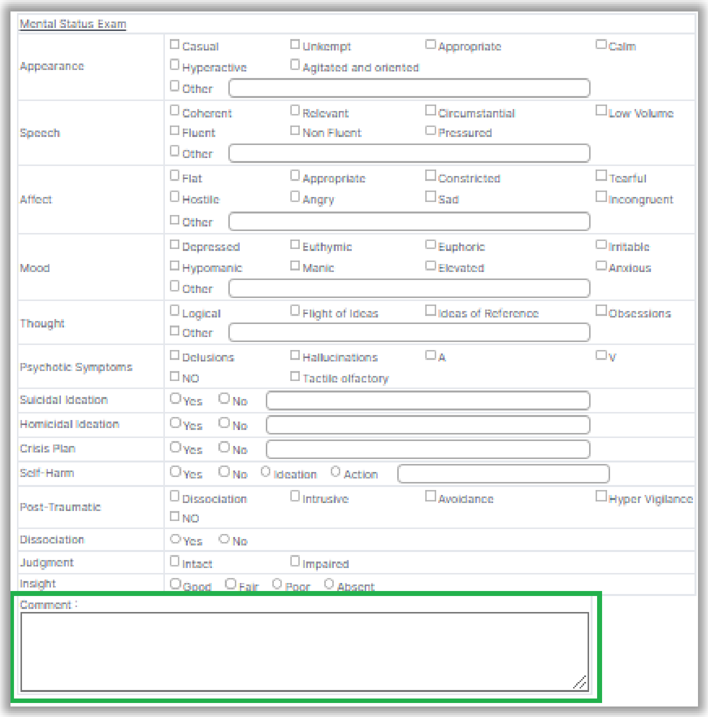
Psychotic Symptoms	Delusions	Hallucinations	A	V
	NO	Tactile olfactory		
Suicidal Ideation	Yes No			

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



Mood	Depressed	Euthymic	Euphoric	Irritable
	Hypomanic	Manic	Elevated	Anxious
	Other			

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

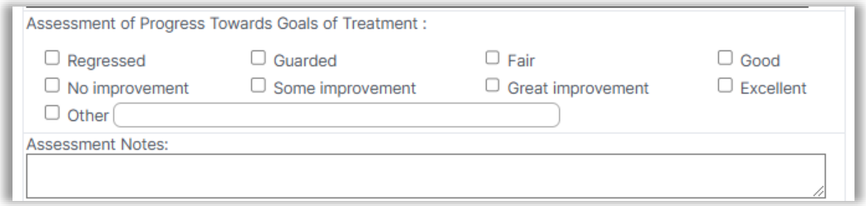


Mental Status Exam

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

Comment :

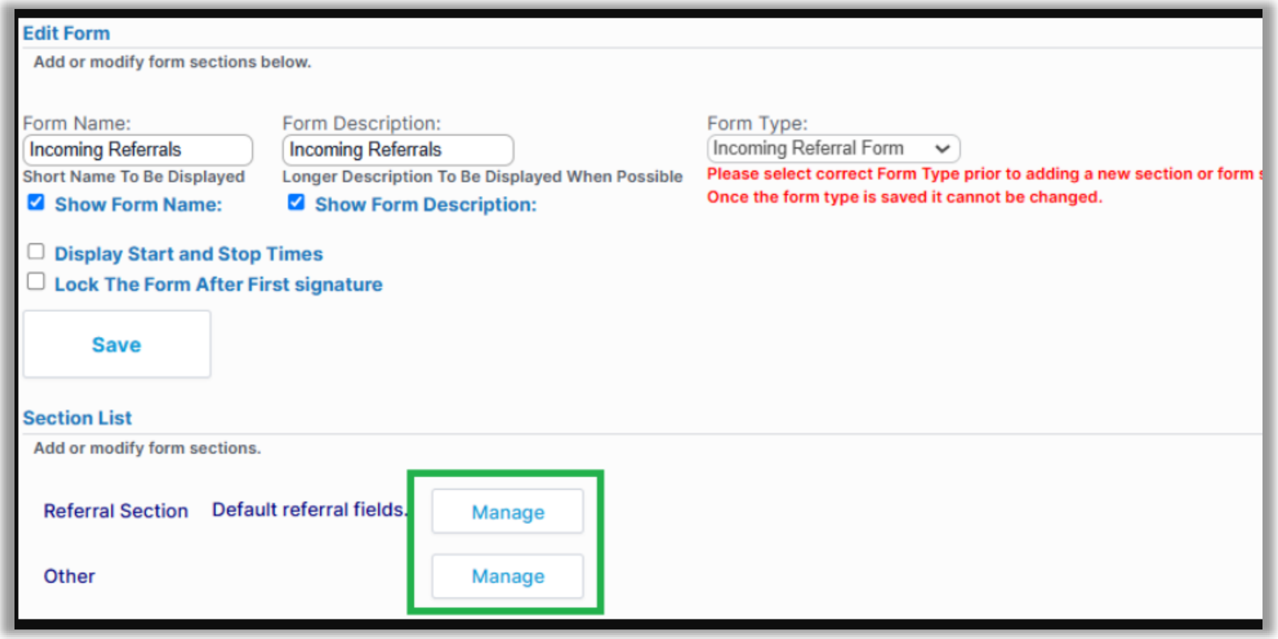
Changed "Assessment of Progress Towards Goal" Section to checkboxes, as provided under Notes section.
Under Assessment of Progress Towards Goals of Treatment section, Added the text area field 'Assessment Notes'.



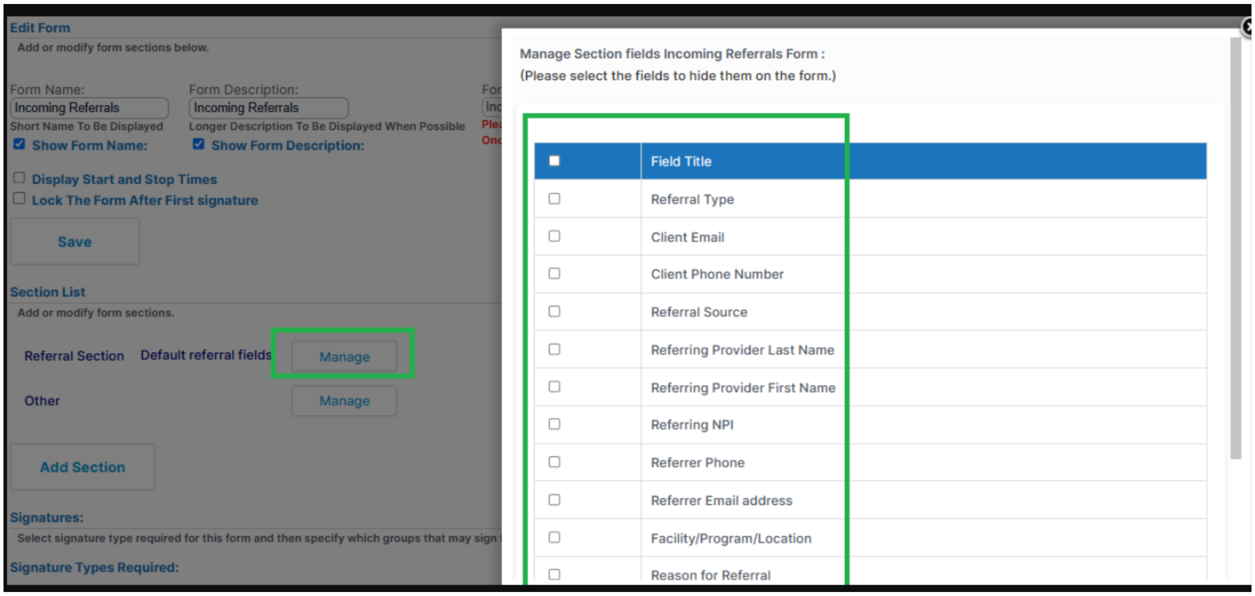
Updates to Incoming Referral Form in Form Builder

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**

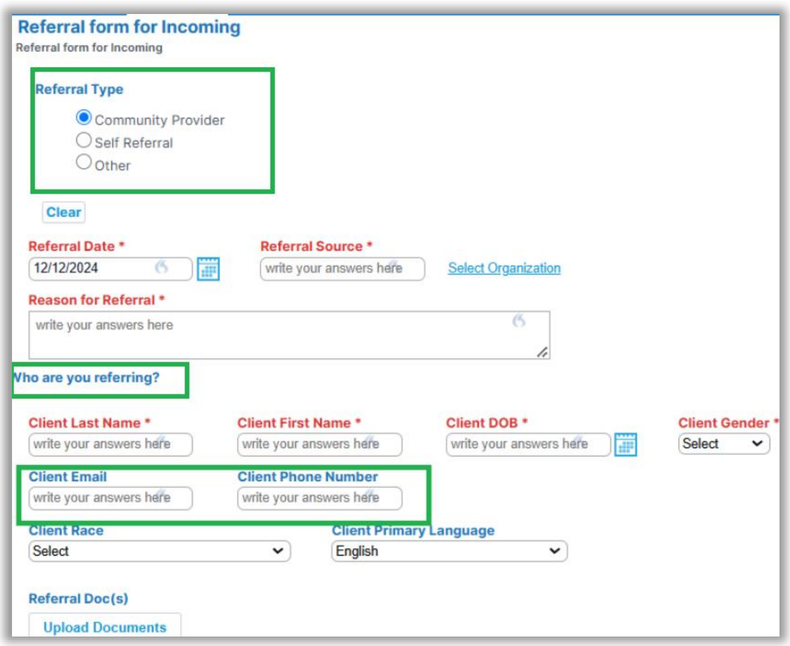
Incoming Referral Form

Added the below fields to the Incoming Referral Form

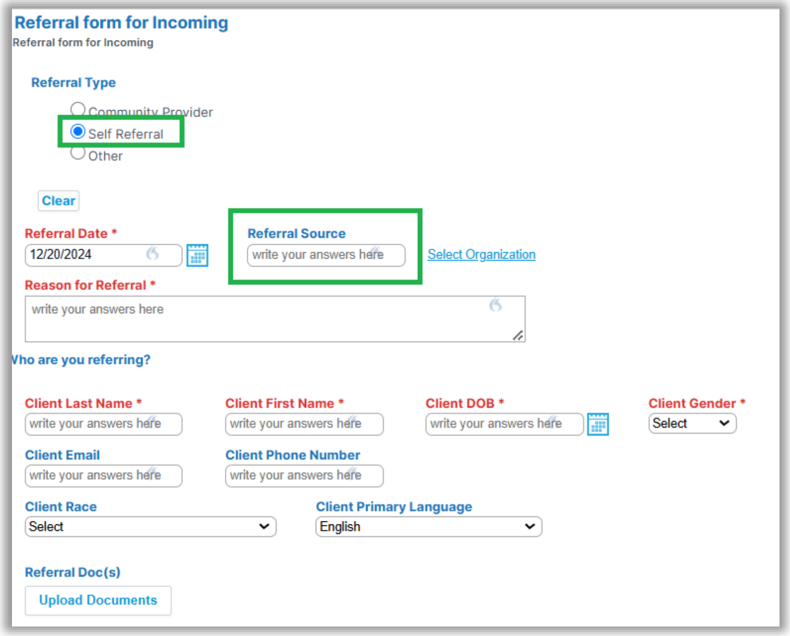
- Referral Type (Community Provider, Self-Referral, Other) with Radio buttons
- Client Email with text box
- Client Phone Number with text box

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.



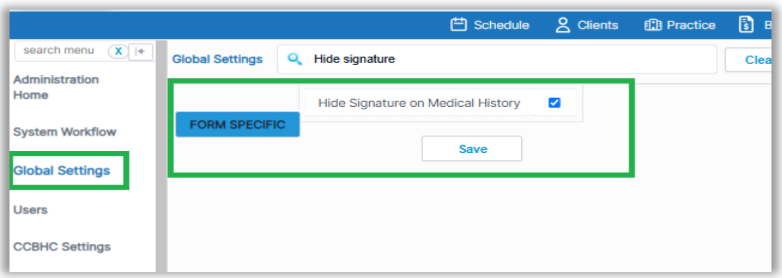
When the Self-Referral option is selected, Referral Source field is optional in the Referral form.



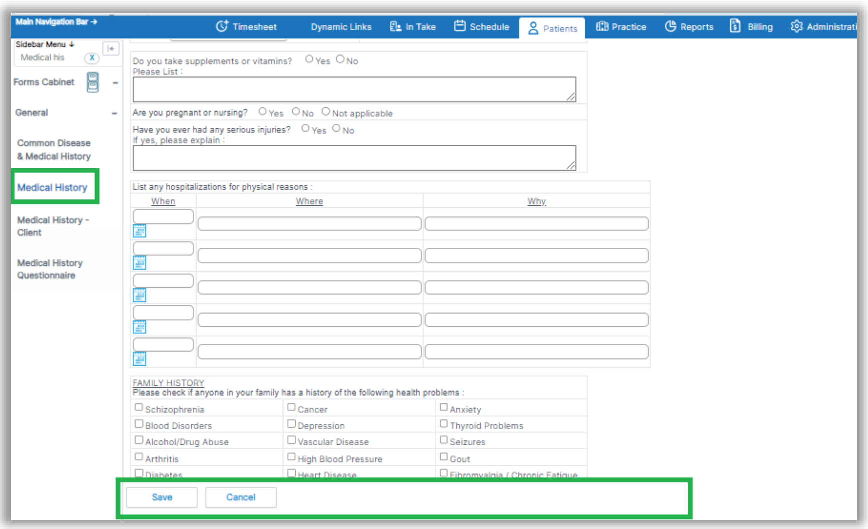
New Option to hide provider signature from Medical History form.

Core Setup

Global Flag: Hide Signature on Medical History.
Form: Medical History



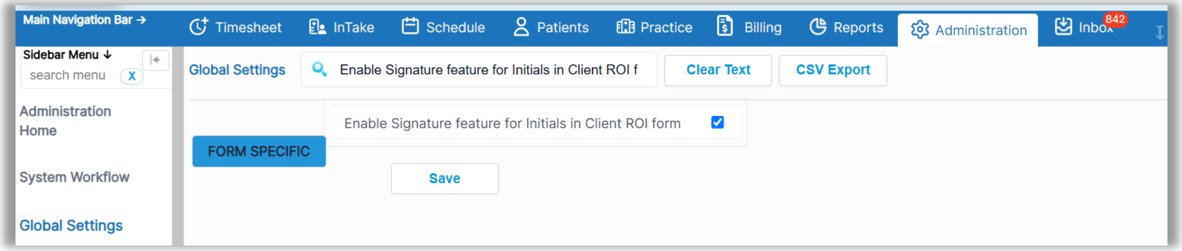
In Medical History class-based form, when the above global flag is enabled, the provider signature will be hidden.



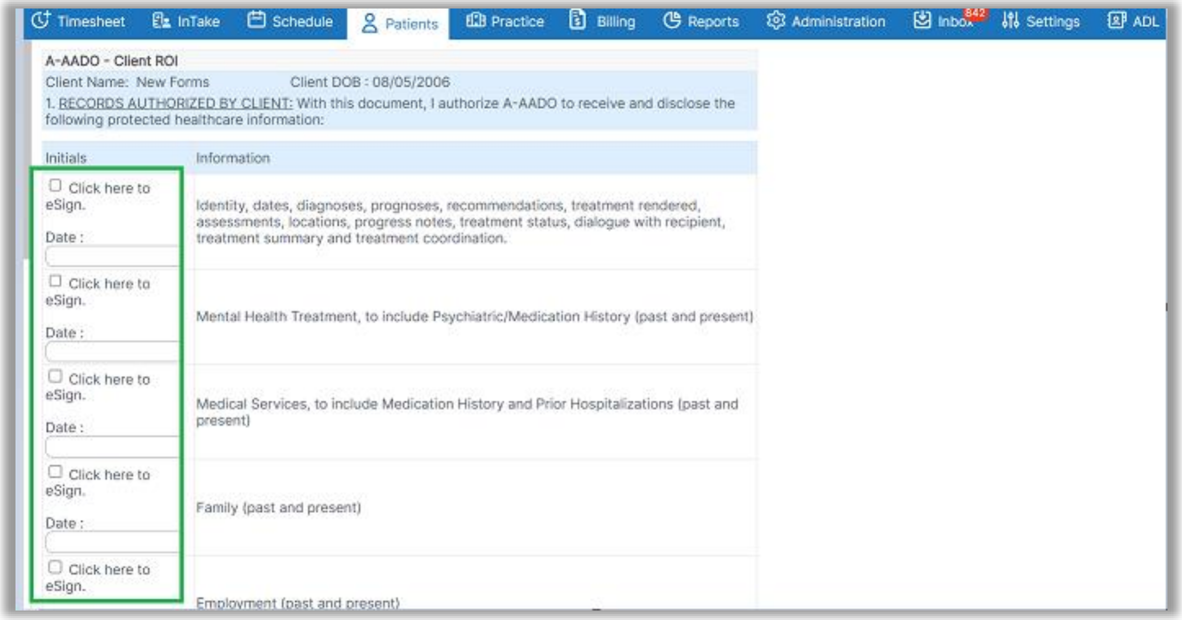
New Option to show signatures at Client Initials column.

Core Setup

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



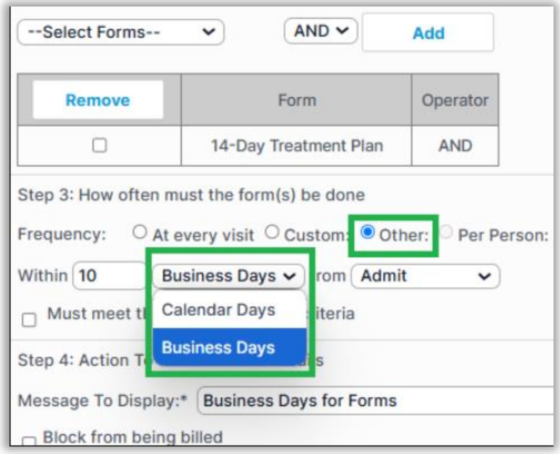
In the Client ROI class-based form, when the global flag is enabled, it shows the signature field with "Esign" at the Client Initials Column.



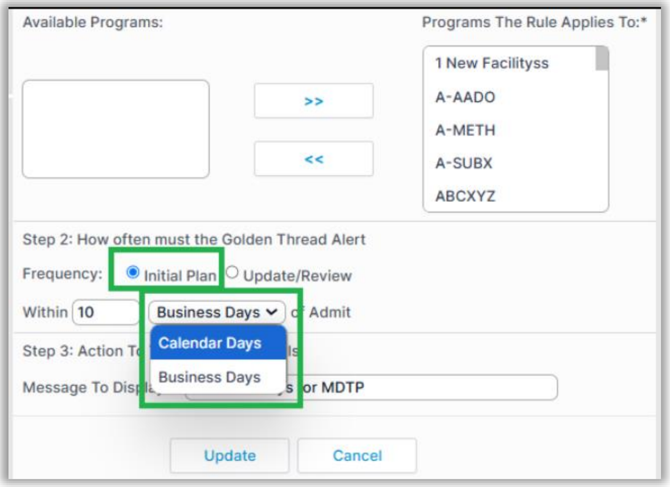
Golden Thread Rules should be able to use business days for timeframes

Core Setup

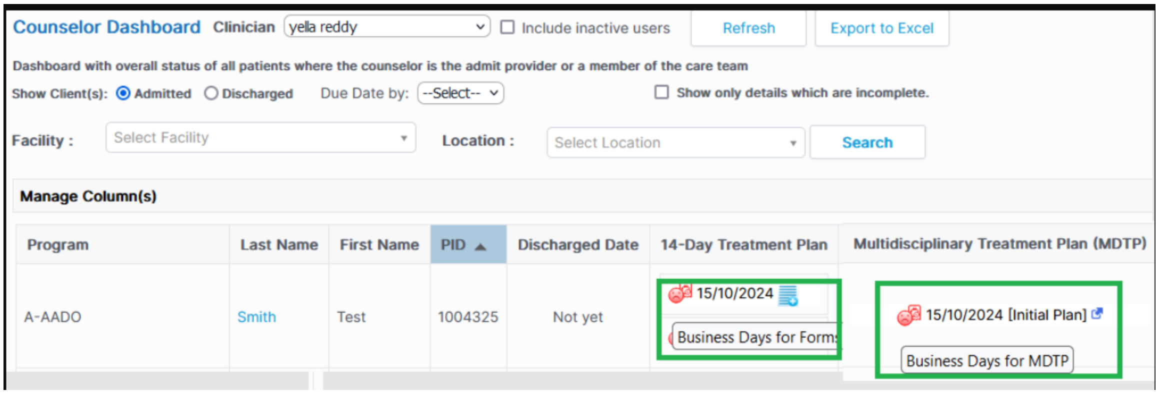
Implemented Calendar Days/Business Days at Golden Thread Rules->Frequency->Other option.



MDTP



Counselor Dashboard

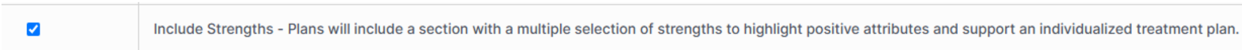


MultiDisciplinary Treatment Plan (MDTP) Updates

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.

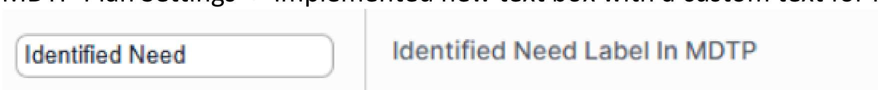


By default, the Checkbox is selected in the MDTP-Plan Settings.

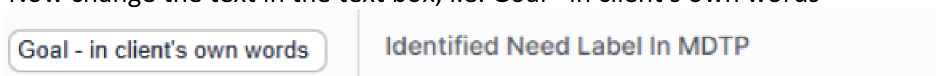
Personalize the Identified Needs label in the MDTP

Core Setup

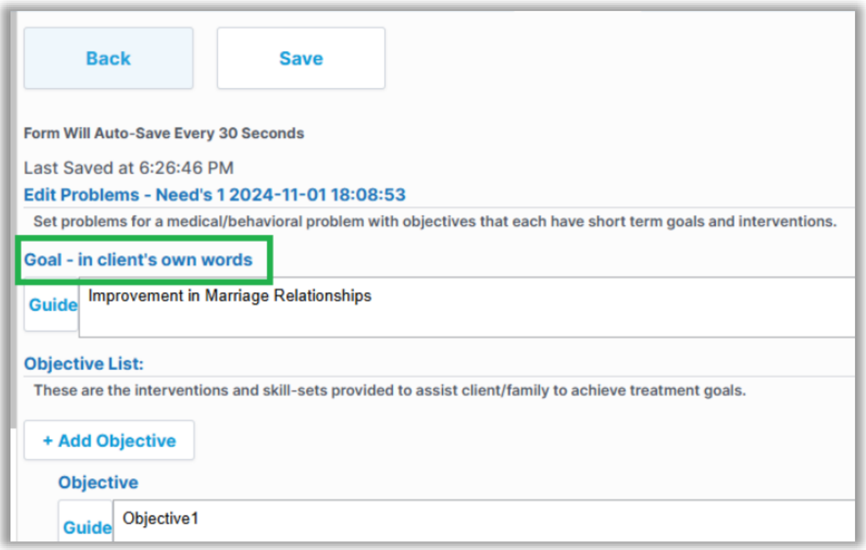
MDTP-Plan Settings -> Implemented new text box with a custom text for Identified Need Label in MDTP.



Now change the text in the text box, i.e. Goal - in client's own words



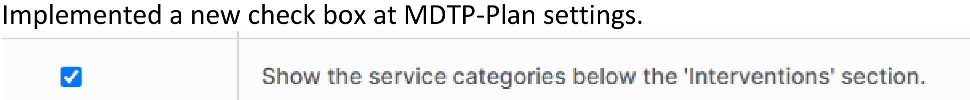
Please refer to the screenshot below for the updated Identified Need Label to MDTP-Add Plan/Edit Plan.



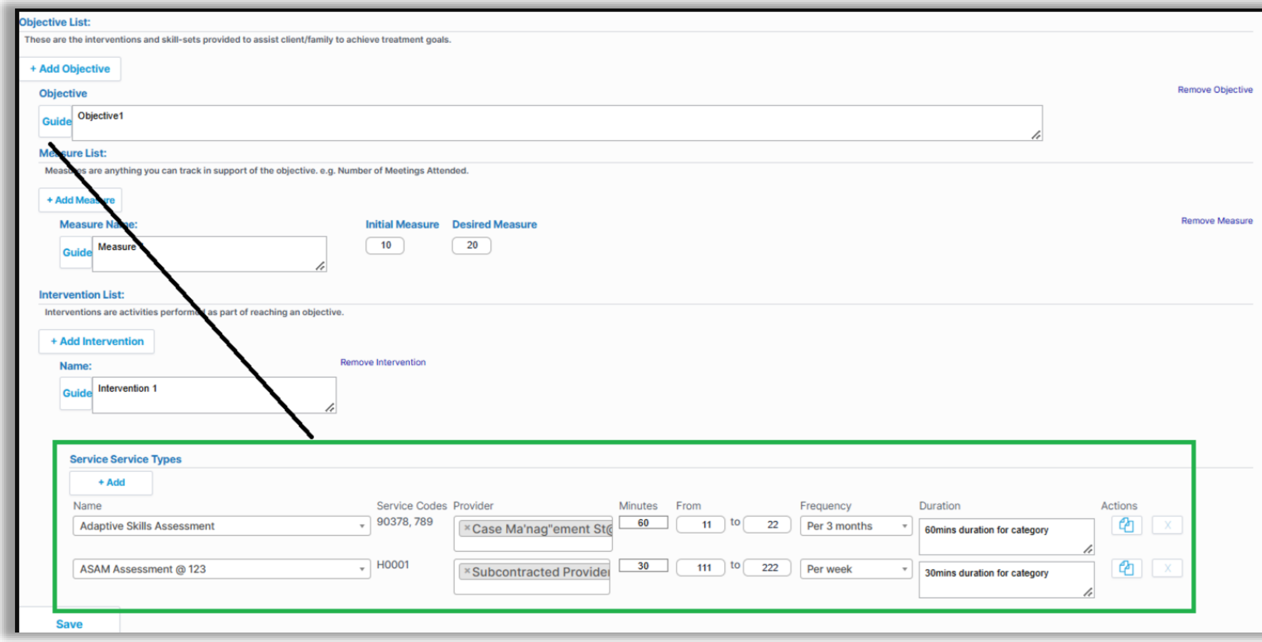
Configure the Service Categories to show below the Interventions section

Core Setup

Implemented a new check box at MDTP-Plan settings.



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.



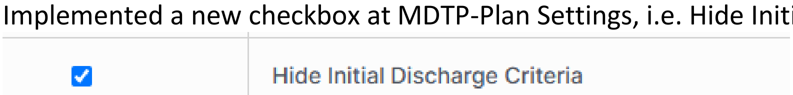
Print View

Name	Codes	Provider	Minutes	Frequency	Duration
Adaptive Skills Assessment	90378, 789	Case Ma'nag"ement St@aff	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.

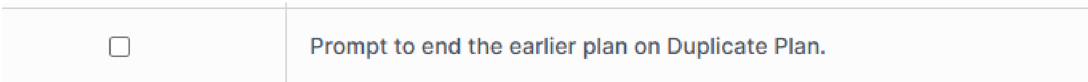


By default, the checkbox is unselected. Once the checkbox is checked, Hide Initial Discharge Criteria is hidden in the MDTP plan.

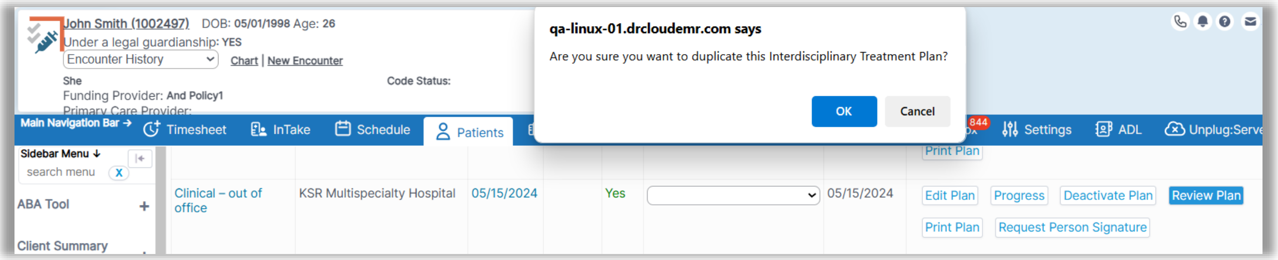
Options to have a single active plan at any time

Core **Setup**

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

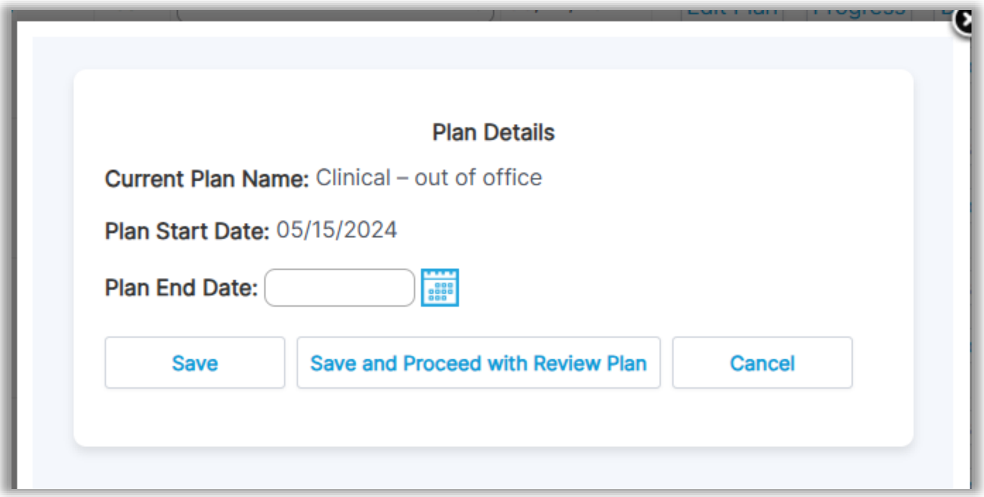


If the above checkbox is Checked "Prompt to end the earlier plan on Duplicate Plan" is available in the MDTP plan. Now, clicking the Duplicate button will prompt the message "Are you sure you want to duplicate this Multidisciplinary Treatment Plan?"

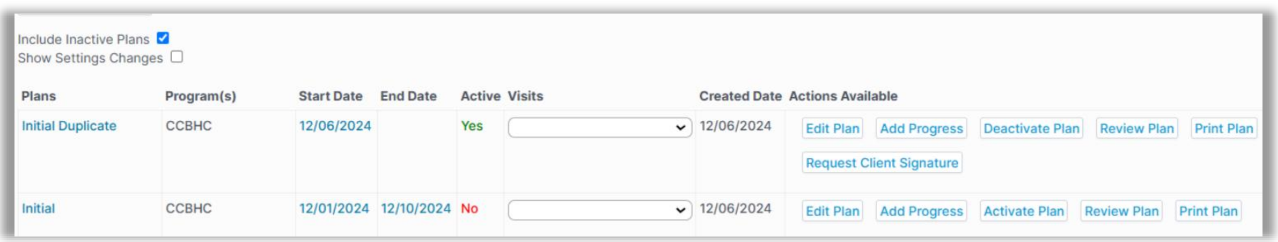


If the above checkbox is Unchecked, the prompt to end the earlier plan on the Duplicate Plan is unavailable in the MDTP plan.

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.

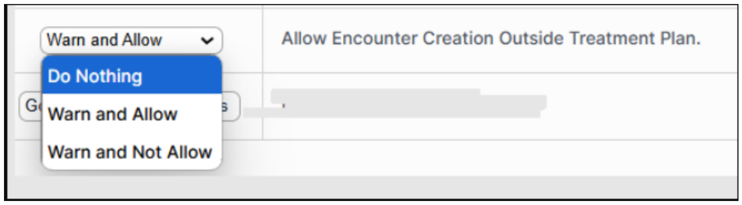


Workflow Options to allow/disallow encounter creation based on the patient's treatment plan

Core **Setup**

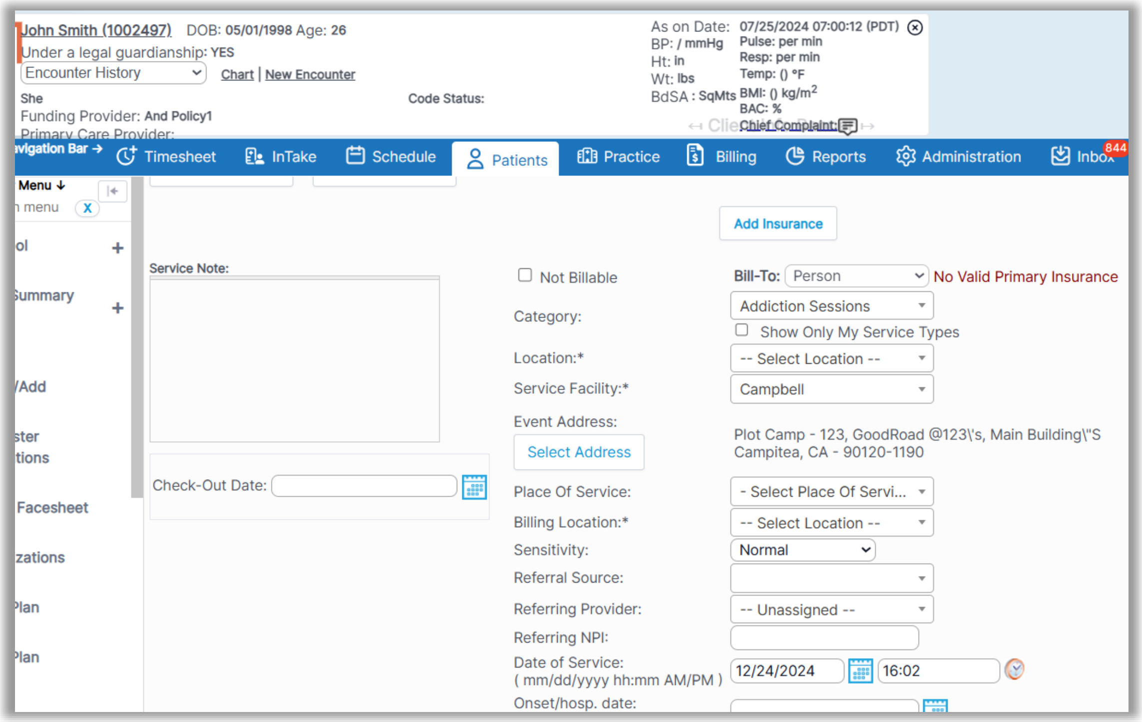
DrCloudEHR now includes the following dropdown options at MDTP-Plan Settings to allow encounter creation outside of the treatment plan.

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

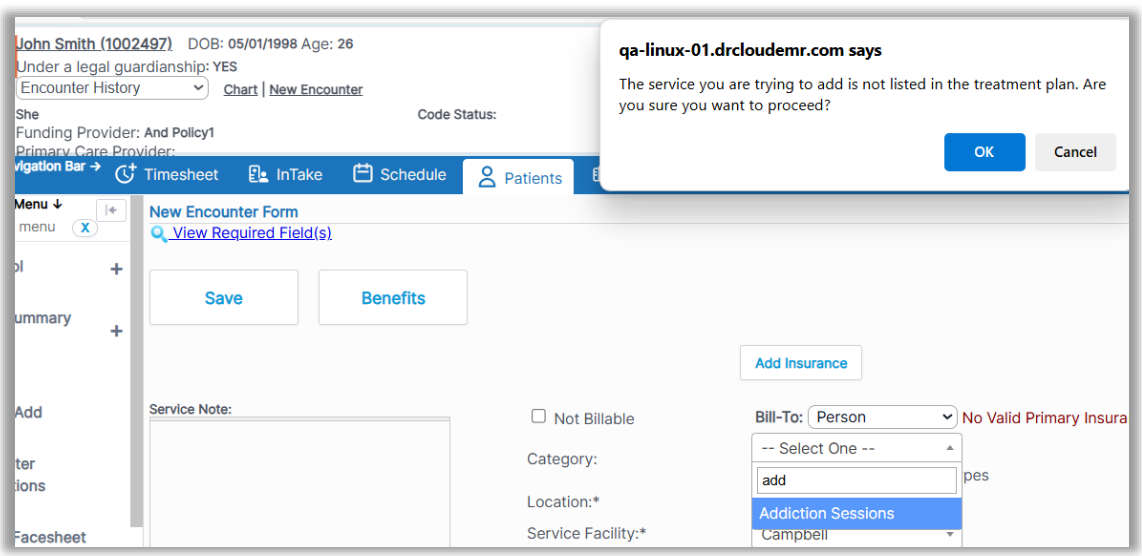


By default, the "Do Nothing" option is selected in the dropdown.

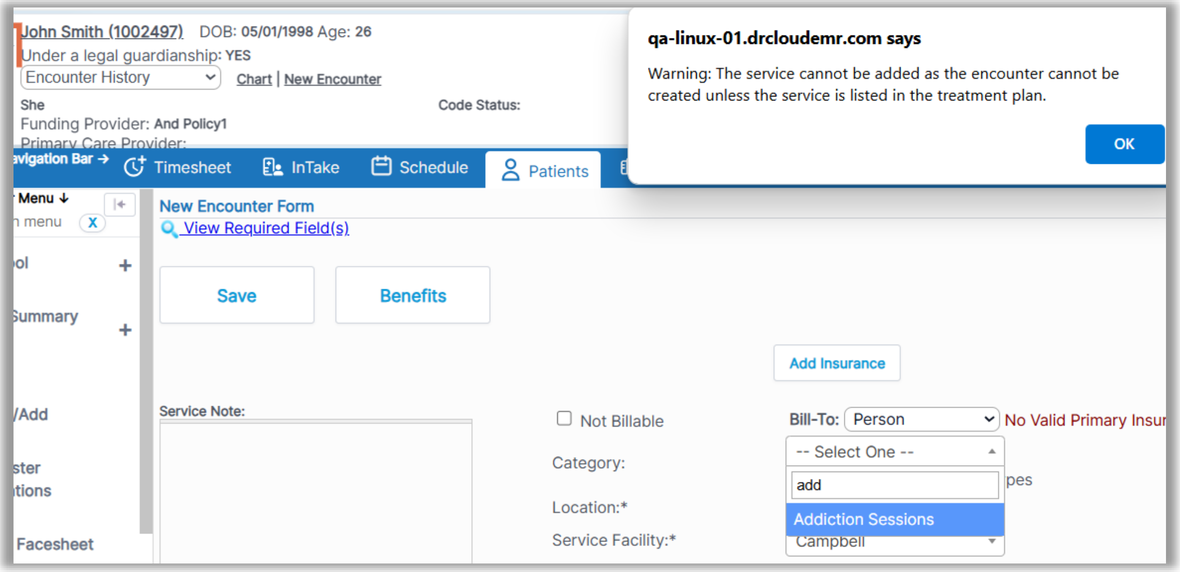
1) Do Nothing: Creating a new encounter and selecting a category other than the category given in the MDTP-> Identified Needs-> Service Categories will not trigger any warning message.



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).

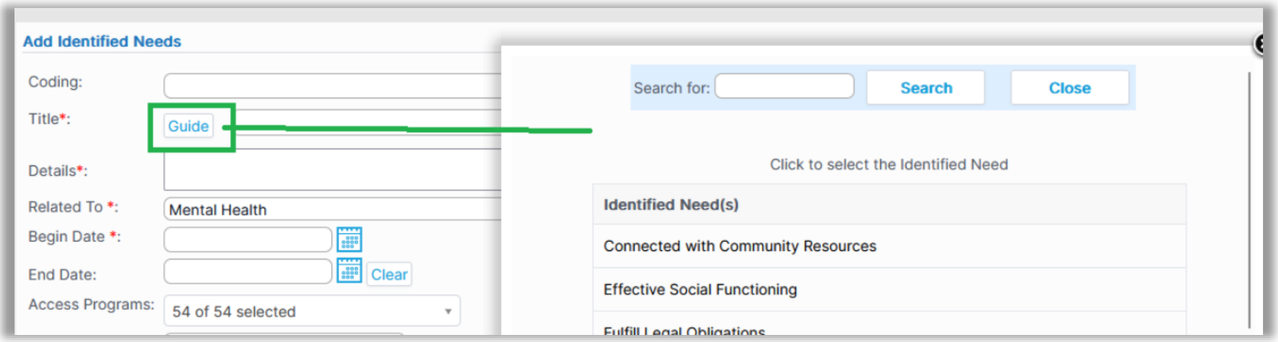
Core **Setup**

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.

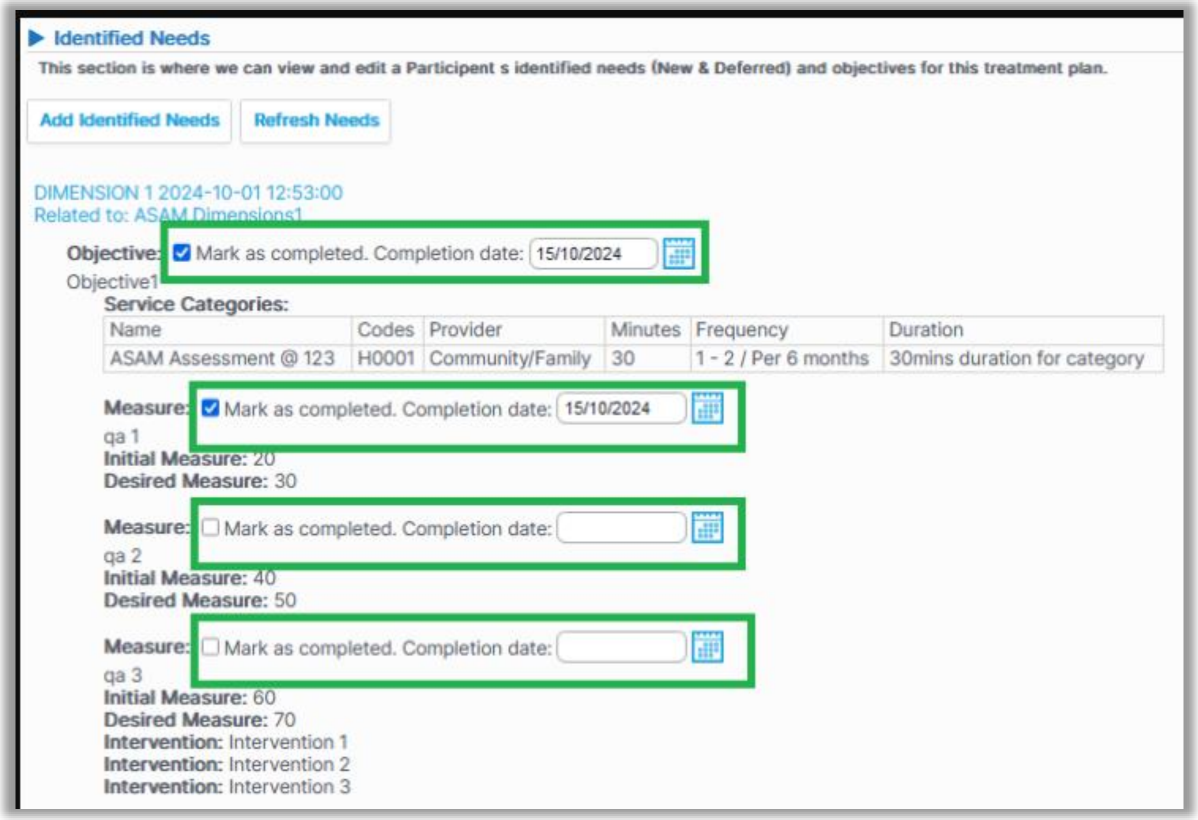
Multidisciplinary/Interdisciplinary Treatment Plan-Identified Needs

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

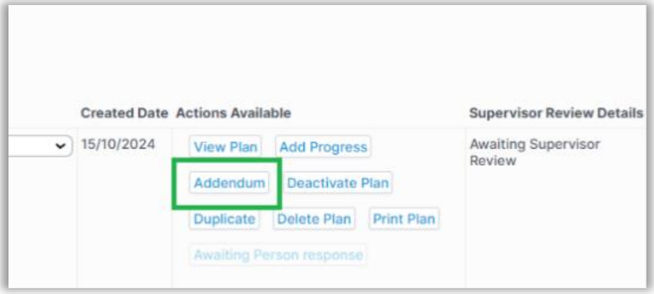
- When a new Identified Need is added at MDTP, the system automatically takes the user to the needs page to capture the objective/measure details.



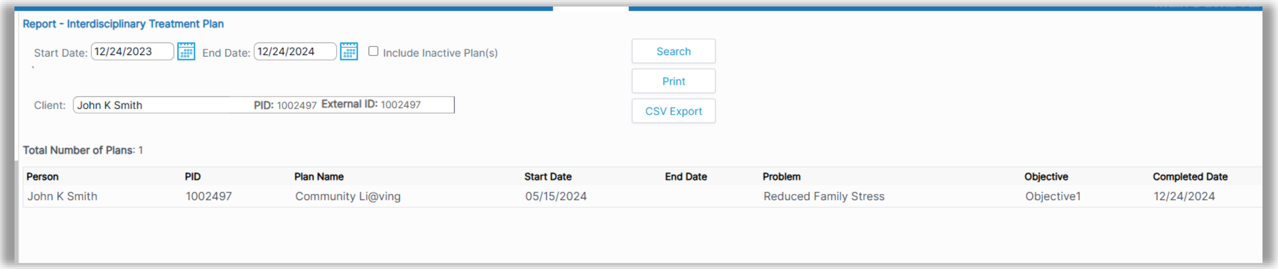
- New option to mark the Objective/Measure as complete



- 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



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



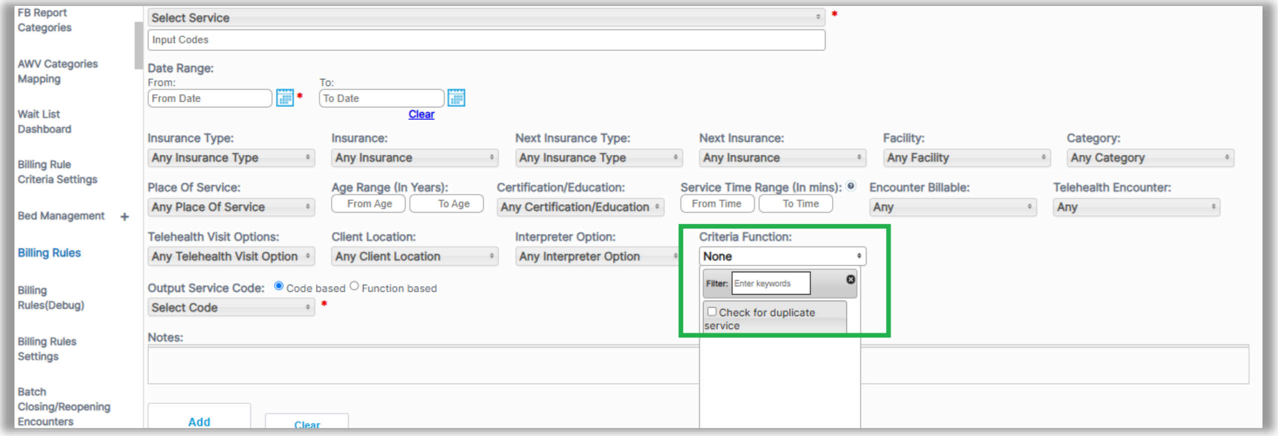
BILLING

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

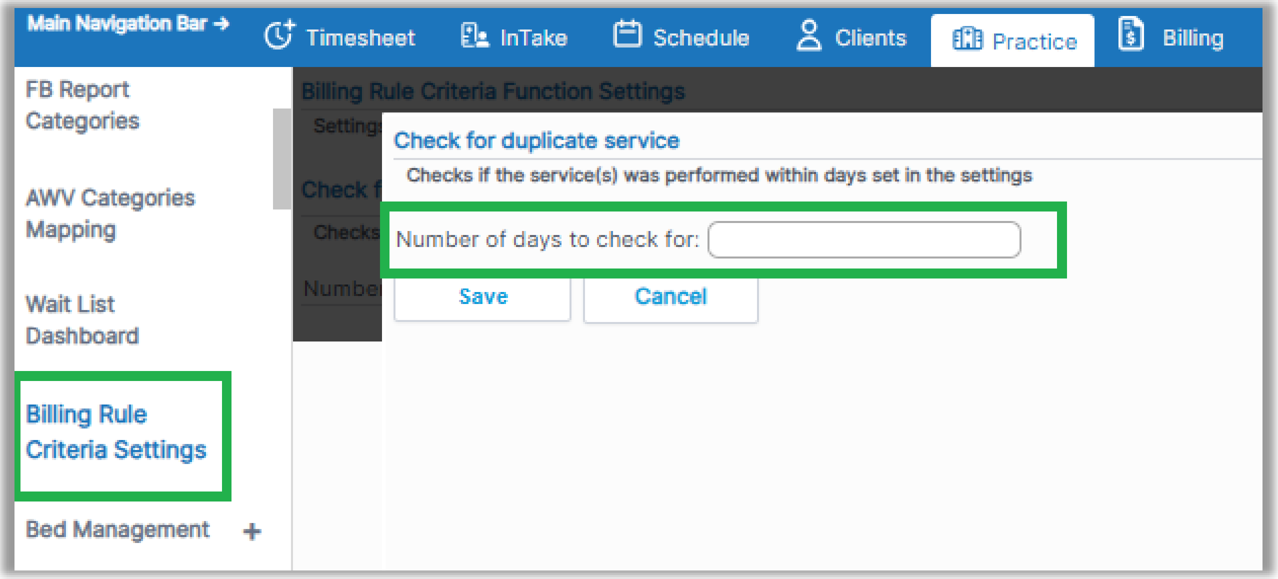
Core **Setup**

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

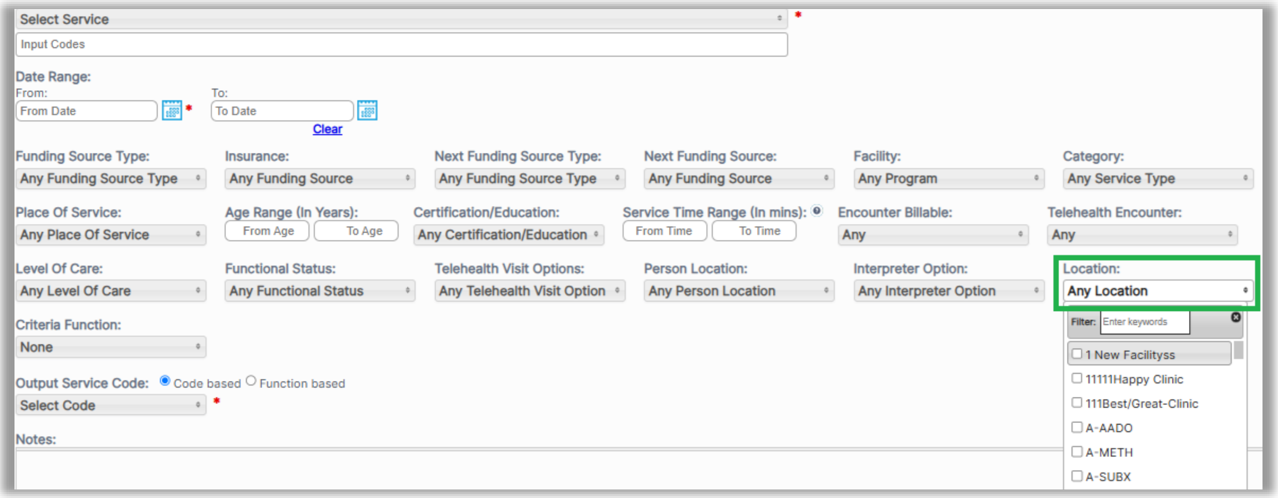


Added a new criterion for "Location" in the Billing Rules

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.

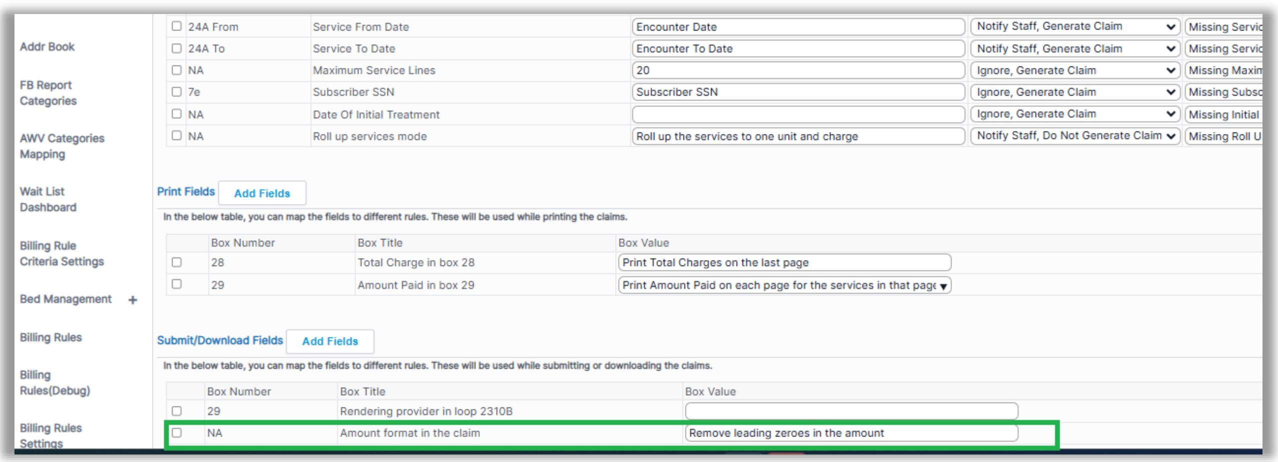


New claim field for the HCFA claim rule set to remove the leading zeros in the amount

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.

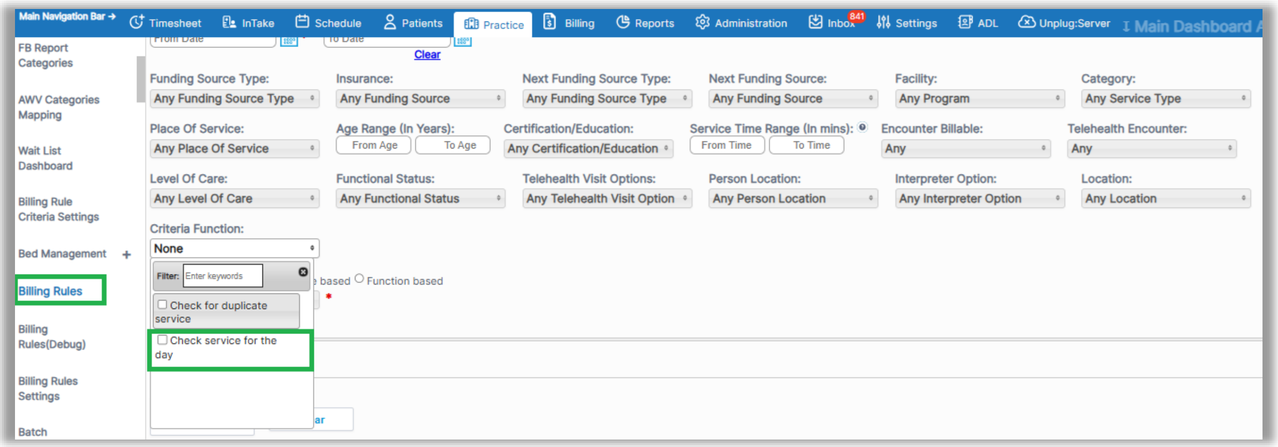


New Billing Rule to check if a single service is performed for a day and change it to another service.

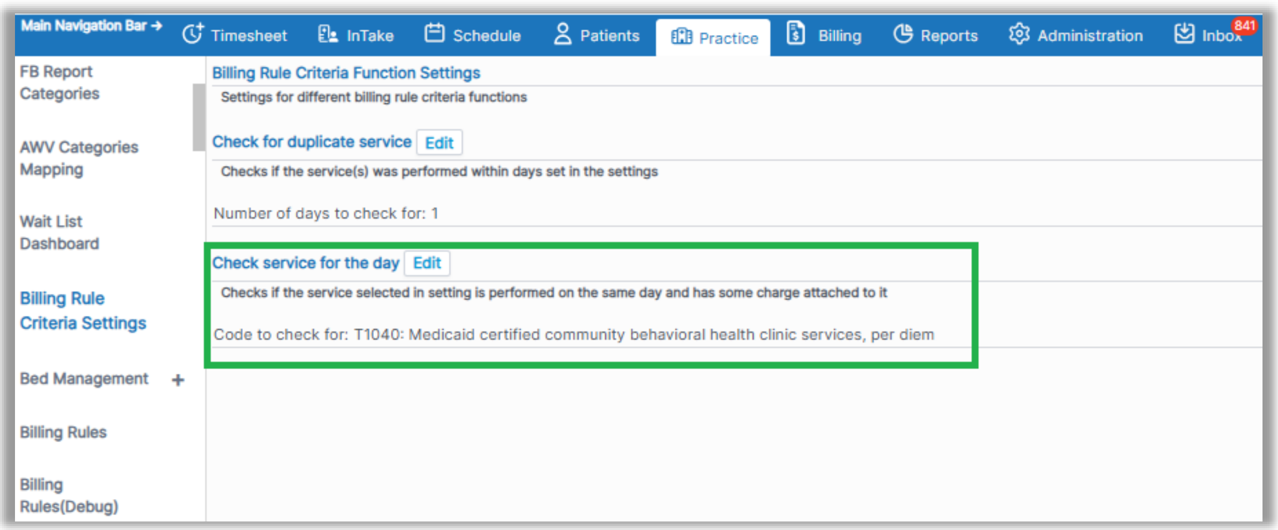
Core **Setup**

- 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

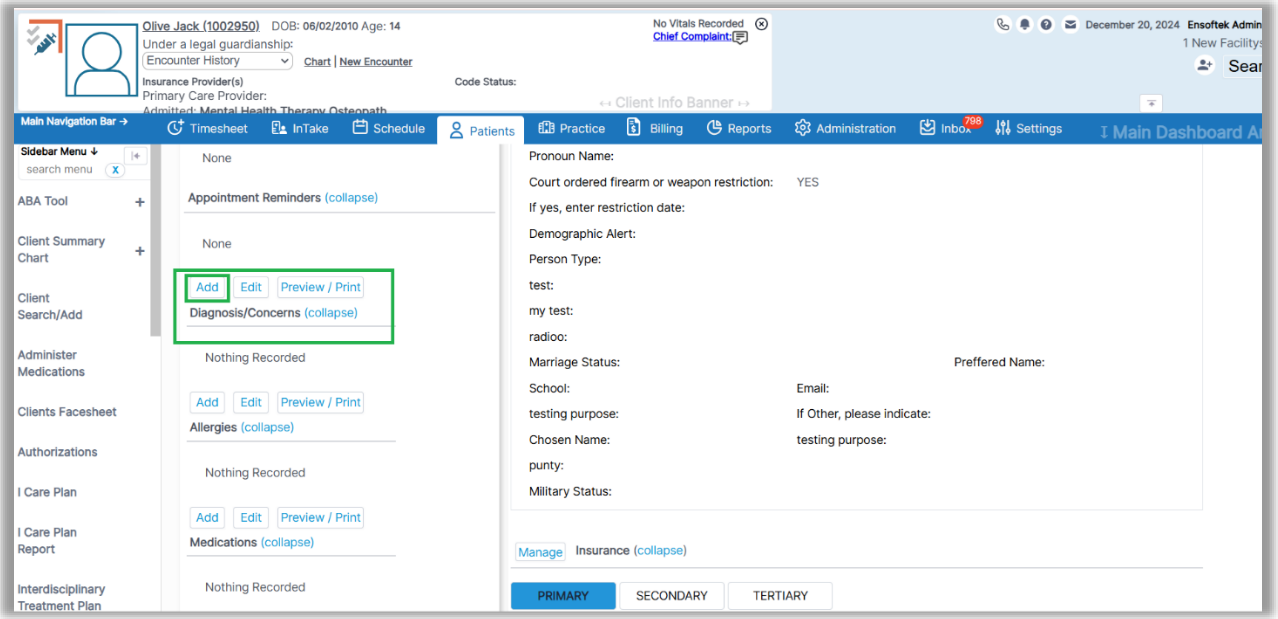


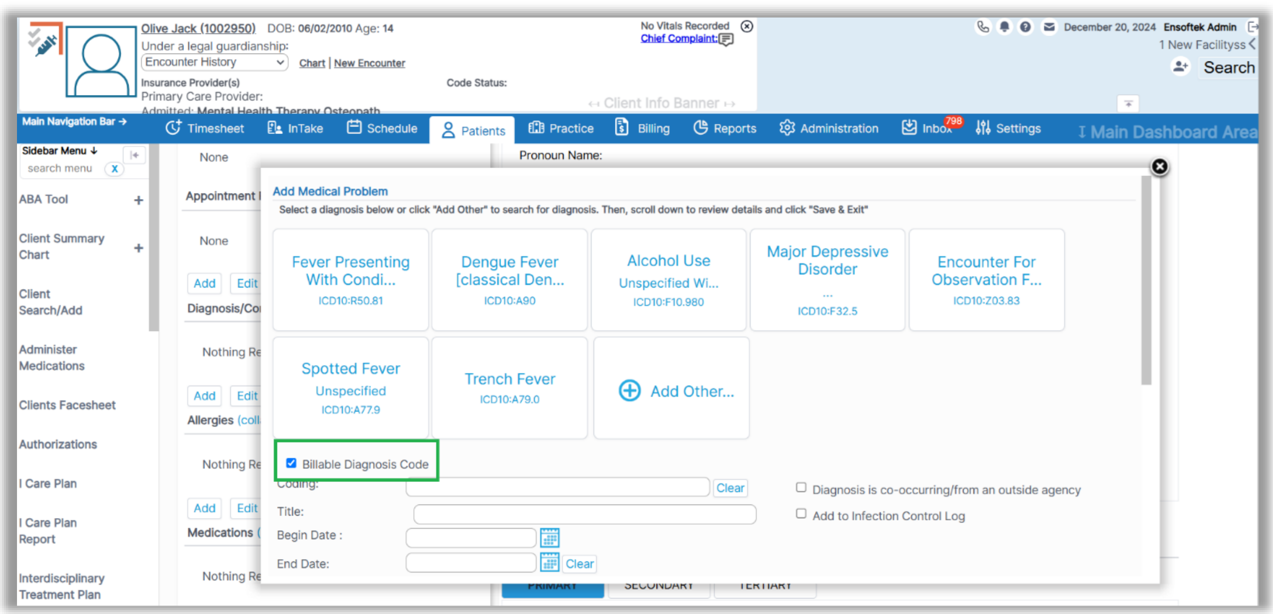
New checkbox to mark a Diagnosis billable when using Precedence

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.

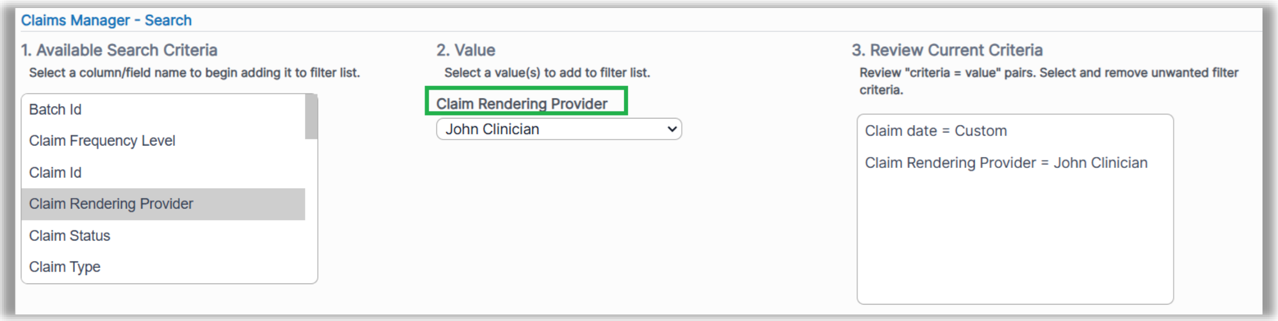


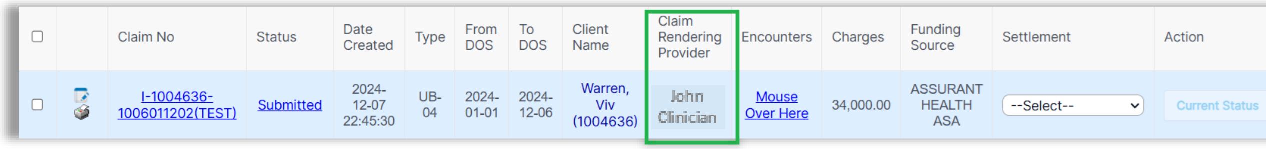


Claims Manager -> Added a new Provider Column to Results View.

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.





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).