

DrCloudEHR™ January 2025 <u>Release Notes</u>

Release to Staging Site – December 29, 2024 Release to Production Site – January 5, 2025

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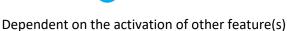


Overview

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



🗘 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 NO	□ Hallucinations □ Tactile olfactory	□ _A	Ωv
Suicidal Ideation	○ _{Yes} ○ _{No} ()

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

Mood	 Depressed Hypomanic 	 Euthymic Manic 	Euphoric Elevated	□ Irritable □ Anxious
	Other)

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

Montal Status Exam				
	Casual	□ Unkempt	Appropriate	Calm
Appearance	Hyperactive	Agitated and orien	ted	
	Other			
	Coherent	Relevant	Circumstantial	Low Volume
Speech	Fluent	Non Fluent	Pressured	
	Other (
	Flat	Appropriate	Constricted	Tearful
Affect	Hostile	Angry	Sad	Incongruent
	Other			
	Depressed	Euthymic	Euphoric	Irritable
Mood	Hypomanic	Manie	Elevated	Anxious
	Other			
Thought	C Logical	Flight of Ideas	□ Ideas of Reference	Obsessions
nought	Other			
Psychotic Symptoms	Delusions	Hallucinations	A	ΠV
Psycholic Symptoms	□ _{NO}	□ Tactile olfactory		
Suicidal Ideation	O _{Yes} O _{No}			
Homicidal Ideation	OYes OND			
Crisis Plan	Oyes ONo			
Self-Harm	Oyes ONo C	Ideation Action (
	Dissociation	□ Intrusive	Avoidance	Hyper Vigilance
Post-Traumatic	□ _{NO}			
Dissociation	OYes ONo			
Judgment	Intact	Impaired		
Insight	OGood OFair	O Poor O 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'.

Assessment of Progress T	owards Goals of Treatment :		
Regressed No improvement	 Guarded Some improvement 	Fair Great improvement	Good Excellent
Other			
			//

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.

Edit Form	
Add or modify form sections	below.
Form Name: Incoming Referrals Short Name To Be Displayed Show Form Name:	Form Description: Form Type: Incoming Referrals Incoming Referral Form v Longer Description To Be Displayed When Possible Please select correct Form Type prior to adding a new section or form once the form type is saved it cannot be changed.
Display Start and Stop	o Times
Lock The Form After F	irst signature
Save	
Section List	
Add or modify form sections	6
Referral Section Defa	ult referral fields. Manage
Other	Manage

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

Edit Form Add or modify form sections below. Form Name: Form Description: Form Description to Be Displayed When Possible Piet Short Name To Be Displayed Longer Description To Be Displayed When Possible Piet	-	n fields Incoming Referrals Form : he fields to hide them on the form.)
Show Form Name: Show Form Description: One	•	Field Title
Display Start and Stop Times Lock The Form After First signature		Referral Type
Save		Client Email
Section List		Client Phone Number
Add or modify form sections.		Referral Source
Referral Section Default referral fields Manage		Referring Provider Last Name
Other Manage		Referring Provider First Name
		Referring NPI
Add Section		Referrer Phone
Signatures:		Referrer Email address
Select signature type required for this form and then specify which groups that may sign		Facility/Program/Location
Signature Types Required:		Reason for Referral

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.

Referral Type			
Community Provid	er		
O Self Referral			
Other			
Clear			
Referral Date *	Referral Source *		
12/12/2024 6	write your answers here	Select Organization	
Reason for Referral *			
Reason for Referral * write your answers here		6	
		6	
write your answers here	Client First Name *	Client DOB *	Client Gend
write your answers here o are you referring?	Client First Name * write your answers here	1	
write your answers here o are you referring? Client Last Name *		Client DOB *	
write your answers here o are you referring? Client Last Name * write your answers here	write your answers here	Client DOB *	
write your answers here o are you referring? Client Last Name * write your answers hefe Client Email	write your answers here Client Phone Number	Client DOB * (write your answers here)	

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



Referral form for Incomin	q			
Referral form for Incoming	•			
Referral Type				
Community Provider				
Self Referral				
Other				
Other				
Clear	_		-	
Referral Date *	Referral	Source		
12/20/2024 6	write yo	ur answers here	Select Organization	
Reason for Referral *				
			6	
write your answers here			0	
			le	
Vho are you referring?				
Client Last Name *	Client First	Name *	Client DOB *	Client Gender *
write your answers here	write your ar	nswers here	write your answers here	Select 🗸
Client Email	Client Phon	e Number		
write your answers here	write your an	nswers here		
Client Race		Client Primary		
Select	~	English	► anguage	
Concu	•	Linguisti		
Referral Doc(s)				
Upload Documents				

New Option to hide provider signature from Medical History form.

Core 🎝 Setup

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

		📛 Schedule	2 Clients	Practice	8
search menu X +	Global Settings	Hide signature			Clea
Administration Home		Hide Signature on Medical History			
System Workflow	FORM SPECIFIC	Save			
Global Settings					
Users					
CCBHC Settings					

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

lain Navigation Bar →		C Timesheet	Dynamic Links	🗈 In Take	🗄 Schedule	2 Patients	Practice	C Reports	Billing	🕄 Adminis
idebar Menu 4	1					•				
Medical his X	Do you take su	pplements or vitamins	? Oyes ONo							
orms Cabinet 🔗 🗕	Please List :									
eneral –	Are you pregna	nt or nursing? O Yes	O No O Not applica	able						
common Disease	Have you ever If yes, please e	had any serious injuries explain :	? O _{Yes} O _{No}							
Medical History										
						//				
ledical History	List any hospita	lizations for physical rea	isons :							
	When		Where			Why				
fedical History -										
lient	100									
Medical History	<u>a</u> P									
euescionniaire										
	I									
	120 1									
	FAMILY HISTO Please check if	<u>RY</u> anyone in your family h	as a history of the follow	wing health prot	lems :					
	C Schizophre		Cancer		Anxiety					
	Blood Disor	Blood Disorders Depression				Thyroid Problems				
	Alcohol/Dru	Alcohol/Drug Abuse Vascular Disease				Seizures				
	Arthritis		High Blood Pressur	e	Gout					
	Diabetes		Heart Disease		Eibromvaloia / C	bronic Eatique	1			
	Save	Cancel								

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.

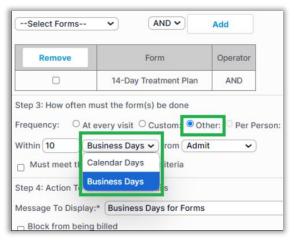
Main Navigation Bar \rightarrow	C ⁺ Timesheet	🖭 InTake	🗄 Schedule	2 Patients	Practice	Billing	🕒 Reports	😥 Administration	Inbox	î
Sidebar Menu ↓ search menu X	Global Settings	Enable	Signature feature f	for Initials in Clien	t ROI f	ear Text	CSV Export			
Administration Home		_	Signature featur	e for Initials in Cl	ient ROI form					
System Workflow	FORM SPECIFI	С	Save							
Global Settings										

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.

🕽 Timesheet 🛛 🕄 🖻	InTake	🖆 Schedule	2 Patients	DB Practice	Billing	C Reports	🕸 Administration	inbox**	해 Settings	ADL
A-AADO - Client RC Client Name: New 1. RECORDS AUTHK following protected	Forms ORIZED BY	CLIENT: With this	18 : 08/05/2006 s document, I au) to receive and	I disclose the				
Initials	Inform	nation								
Click here to eSign. Date :	asses	ty, dates, diagnos sments, locations, tent summary and	progress notes	treatment stat						
Click here to eSign. Date :	Menta	il Health Treatmer	it, to include Psy	chiatric/Medica	ition History (p	ast and present)				
Click here to eSign. Date :	Medic	al Services, to inc nt)	lude Medication	History and Pri						
Click here to eSign.	Family	/ {past and presen	r)							
Click here to eSign.	Emplo	wment (past and r	present)							

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.



<u>MDTP</u>

acilityss
C)
633

Counselor Dashboard

Counselor	Dashboard CI	inician yella r	eddy	~ [Include inactive us	ers Refresh	Export to Excel				
Dashboard with overall status of all patients where the counselor is the admit provider or a member of the care team Show Client(s): O Admitted O Discharged Due Date by: (Select v) Show only details which are incomplete.											
Facility :	Select Facility	9	¥	Location	: Select Locatio	n v	Search				
Manage Col	lumn(s)										
Program		Last Name	First Name	PID 🔺	Discharged Date	14-Day Treatment Pl	lan Multidisciplin	nary Treatment Plan (MDTP)			
A-AADO		Smith	Test	1004325	Not yet	Business Days for Fe	orm	(10/2024 [Initial Plan] 📽			

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.

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

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

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

Bac	k	Save	
Form Will Aut	o-Save Every	y 30 Seconds	
Last Saved	at 6:26:46	PM	
Edit Probler	ns - Need's	1 2024-11-01 18:08:	53
Set problem Goal - in clie			th objectives that each have short term goals and interventions
Guide Impr Objective Li		Marriage Relationships	
These are th	e interventio	ons and skill-sets provide	d to assist client/family to achieve treatment goals.
+ Add Ob	jective		
Objecti	ve		
Guide	Objective1		

Configure the Service Categories to show below the Interventions section

🔽 Core 🛛 🏟 Setup

Implemented a new check box at MDTP-Plan settings.

<

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.
+ Add Objective Objective Remove Objective
Operate
Guide Objective1
Menure List:
Measure are anything you can track in support of the objective. e.g. Number of Meetings Attended.
+ Add Musikare
Measure Nave: Initial Measure Desired Measure Remove Mean
Cuide Measure 10 20
Intervention List: Interventions are activities performs as part of reaching an objective.
+ Add Intervention Remove Intervention
Nalle.
Guide Intervention 1
Service Service Types
ervice service Types
Name Service Codes Provider Minutes From Frequency Duration Actions
Adaptive Skills Assessment + 90578, 798 Case Ma'nag'ement Stig
ASAM Assessment @ 123 H0001 × Subcontracted Provide 30 111 10 222 Per week * 30mins duration for category 20/2 X
\$
Save

Print View

nis section	n is where we can view and ed	lit a Participe	nt s (New & Deferred) and objec	tives for th	is treatment plan.	
ed's 1 20	24-11-01 12:14:35					
	n client's own words: Cor jective: Objective1 Measure: Measure 1	nnected wit	h Community Resources			
	Initial Measure: 10 Desired Measure: 20 Service Categories:		Provide		-	B restart
	Desired Measure: 20 Service Categories: Name	Codes	Provider		Frequency	Duration
	Desired Measure: 20 Internation Internation Service Categories:		Provider Case Ma'nag"ement St@aff	Minutes 60	Frequency 11 - 22 / Per 3 months	Duration 60mins 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?"

John Smith (1002497) Under a legal guardians Encounter History	qa-linux-01.drcloudemr.com says Are you sure you want to duplicate this Interdisciplinary Treatment Plan?					6			
She Funding Provider: And Po Primary Care Provider: Main Navigation Bar → C Times	Code Status: ike ᄇ Schedule 🔗 Pi	atients			ок	Cancel		tings 😰 ADL	🐼 Unplug:Ser
Sidebar Menu ↓ I+ search menu X						Print	Plan		
ABA Tool + Clini offic	KSR Multispecialty Hospital	05/15/2024	Yes		• 05/15/202	24 Edit I Print		Deactivate Plan Person Signature	

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.

	Plan Details	
Current Plan Nam	ne: Clinical – out of office	
Plan Start Date: (05/15/2024	
Plan End Date:		
Save	Save and Proceed with Review Plan	Cancel

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

Show Settings Char	iges 🗆						
Plans	Program(s)	Start Date	End Date	Active	Visits	Created Date	e Actions Available
Initial Duplicate	ССВНС	12/06/2024		Yes	~	12/06/2024	Edit Plan Add Progress Deactivate Plan Review Plan Print Plan Request Client Signature <
Initial	ССВНС	12/01/2024	12/10/2024	No	· · · · · · · · · · · · · · · · · · ·	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

	Warn and Allow 🗸	Allow Encounter Creation Outside Treatment Plan.
-	Do Nothing	
G	Warn and Allow)
	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.

Uohn Smith (1002) Under a legal guar Encounter History She Funding Provider: Primary Care Prov	Chart New Encount And Policy1		BP: / i Ht: in Wt: lb BdSA	
wigation Bar → C+	Timesheet 🗈 InTake	🗄 Schedule 🔗	Patients Practice	🛐 Billing 🕒 Reports 🏟 Administration 🛃 Inbo
Menu ↓ I← n menu X ol +				Add Insurance
	Service Note:		Not Billable	Bill-To: Person Volid Primary Insurance
Summary +				Addiction Sessions *
			Category:	Show Only My Service Types
			Location:*	Select Location *
/Add			Service Facility:*	Campbell *
ster tions			Event Address: Select Address	Plot Camp - 123, GoodRoad @123\'s, Main Building\"S Campitea, CA - 90120-1190
	Check-Out Date:	1000 000	Place Of Service:	- Select Place Of Servi *
Facesheet			Billing Location:*	Select Location *
zations			Sensitivity:	Normal ~
			Referral Source:	· · · · · · · · · · · · · · · · · · ·
Plan			Referring Provider:	Unassigned *
			Referring NPI:	
Plan			Date of Service: (mm/dd/yyyy hh:mm AM	л/РМ) 12/24/2024 🗮 16:02 🔗
			Onset/hosp. date:	

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.

John Smith (1002 Under a legal gua Encounter History She Funding Provider: Primary Care Prov	Chart New Enco		qa-linux-01.drcloudemr.com says The service you are trying to add is not listed in the treatment plan. Are you sure you want to proceed? OK Cancel				
	Timesheet 🖳 InTake	📛 Schedule	Patients			Cancer	
Menu↓ menu X	New Encounter Form						
ummary +	Save	Benefits					
					Add Insurance		
Add	Service Note:		🗆 Not Bi	lable	Bill-To: Person	No Valid Primary Insura	
ter			Category:		Select One	A	
tions			Location:*		add	pes	
Facesheet			Service Fa	cility:*	Addiction Sessions Campbell	×	



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.

John Smith (1002 Under a legal gua Encounter History She Funding Provider Primary Care Pro	Chart New Encounte		tatus:	- Warning: The servi	oudemr.com says ce cannot be added as the en service is listed in the treatmo	
avigation Bar →+		🗄 Schedule	2 Patients			
Menu ↓ n menu X	New Encounter Form					
ol + Summary .	Save	Benefits				
+					Add Insurance	
/Add	Service Note:		O Not Bill	able	Bill-To: Person	No Valid Primary Insur
ster			Category:			A
itions			Location:*		add	pes
Facesheet			Service Fa	cility:*	Addiction Sessions Campbell	Y

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.

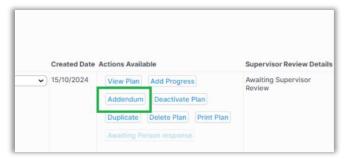
Add Identified Nee	eds	
Coding:		Search for: Search Close
Title*:	Guide	
Details*:		Click to select the Identified Need
Related To *:	Mental Health	Identified Need(s)
Begin Date *:		Connected with Community Resources
End Date:	Clear	Effective Social Functioning
Access Programs:	54 of 54 selected *	Fulfill Legal Obligations

• New option to mark the Objective/Measure as complete



Identified Needs					
This section is where we can view and	edit a Pa	articipent s identified	needs (Nev	& Deferred) and objec	tives for this treatment plan.
Add Identified Needs Refresh Ne	eds				
DIMENSION 1 2024-10-01 12:53:00 Related to: ASAM Dimensions1					
	d Com	alation data (Inuona			
Objective: Mark as complete Objective1	a. Com	pletion date: 15/10/20	24	1	
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 comp qa 1 Initial Measure: 20 Desired Measure: 30 Measure: Mark as comp qa 2 Initial Measure: 40 Desired Measure: 50 Measure: Mark as comp qa 3 Initial Measure: 60 Desired Measure: 70 Intervention: Intervention 1 Intervention: Intervention 2 Intervention: Intervention 2	leted. Co	ompletion date:			

- 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

Report - Interdisciplinar	ary Treatment Plan						
Start Date: 12/24/20	023 End Date: 1	2/24/2024 🛛 📰 🗆 Include Inactive F	Plan(s)	Search			
				Print			
Client: John K Smith	th Pl	D: 1002497 External ID: 1002497		CSV Export			
Total Number of Plans:							
Total Number of Plans: Person	: 1 PID	Plan Name	Start Date	End Date	Problem	Objective	Completed Date
		Plan Name Community Li@ving	Start Date 05/15/2024	End Date	Problem Reduced Family Stress	Objective Objective1	Completed Date 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.

FB Report	Select Service *
Categories	Input Codes
AWV Categories Mapping	Date Range: From: To:: To:: To:: To:: To:: To:: To:: To:
Wait List Dashboard	Crom Date To Date Clear Insurance Type: Insurance: Next Insurance: Facility: Category:
Billing Rule	Any Insurance Type * Any Insurance * Any Insurance Type * Any Insurance * Any Facility * Any Category *
Criteria Settings	Place Of Service: Age Range (In Years): Certification/Education: Service Time Range (In mins): Encounter Billable: Telehealth Encounter: Any Place Of Service From Age To Age Any Certification/Education: From Time To Time Any Any *
Bed Management +	
Billing Rules	Telehealth Visit Options: Client Location: Interpreter Option: Criteria Function: Any Telehealth Visit Option * Any Client Location * Any Interpreter Option * None *
Billing	Output Service Code: Code based Curction based
Rules(Debug)	Select Code Check for duplicate Service
Billing Rules Settings	Notes:
Batch	
Closing/Reopening	
Encounters	Add Clear

Billing Rule Criteria Settings

Main Navigation Bar →	🕻 Timesheet 🗈 InTake 🛱 Schedule 🙎 Clients 🏥 Practice 🚯 Billing
FB Report	Billing Rule Criteria Function Settings
Categories	Setting: Check for duplicate service
AWV Categories	Checks if the service(s) was performed within days set in the settings
Mapping	Checks Number of days to check for:
Wait List	Number Save Cancel
Dashboard	
Billing Rule	
Criteria Settings	
Bed Management	+



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.

Select Service *	
Input Codes	
Date Range: From: To: To Date To Date Clear	
Funding Source Type: Insurance: Next Funding Source Type: Next Funding Source: Facility:	Category:
Any Funding Source Type * Any Funding Source Type * Any Funding Source * Any Funding Source * Any Program *	Any Service Type °
	elehealth Encounter:
Level Of Care: Functional Status: Telehealth Visit Options: Person Location: Interpreter Option:	Location:
Any Level Of Care • Any Functional Status • Any Telehealth Visit Option • Any Person Location • Any Interpreter Option •	Any Location •
Criteria Function:	Filter: Enter keywords
None °	1 New Facilityss
Output Service Code: Code based Function based	11111Happy Clinic
Select Code	111Best/Great-Clinic
Notes:	A-AADO
170100	A-METH
	A-SUBX

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.

	24A From Servi		Service	From Date	Encounter Date	Notify Staff, Generate Claim 🗸	Missing Servi
Addr Book	🗆 24A To Servi		Service	To Date	Encounter To Date	Notify Staff, Generate Claim 🗸	Missing Servi
			Maximur	m Service Lines	20	Ignore, Generate Claim 🗸	Missing Maxi
FB Report Categories	🗆 7e		Subscrib	er SSN	Subscriber SSN	Ignore, Generate Claim 🗸	Missing Subs
Categories			Date Of	Initial Treatment		Ignore, Generate Claim 🗸	Missing Initia
AWV Categories			Roll up s	ervices mode	Roll up the services to one unit and charge	Notify Staff, Do Not Generate Claim 🗸	Missing Roll L
Mapping							
Wait List	Print Field	S Add Fields					
Dashboard	In the belo	w table, you can map	p the fields t	o different rules. These will be used while printing the clai	ims.		
Billing Rule		Box Number		Box Title	Box Value		
Billing Rule Criteria Settings		Box Number 28		Box Title Total Charge in box 28	Box Value Print Total Charges on the last page		
Criteria Settings							
		28		Total Charge in box 28	Print Total Charges on the last page		
Criteria Settings		28 29		Total Charge in box 28 Amount Paid in box 29	Print Total Charges on the last page		
Criteria Settings Bed Management +	Submit/Do	28 29 wwnload Fields	Add Fields	Total Charge in box 28 Amount Paid in box 29	(Print Total Charges on the last page (Print Amount Paid on each page for the services in that page ♥)		
Criteria Settings Bed Management + Billing Rules Billing	Submit/Do	28 29 wwnload Fields	Add Fields	Total Charge in box 28 Amount Pald in box 29	(Print Total Charges on the last page (Print Amount Paid on each page for the services in that page ♥)		
Criteria Settings Bed Management + Billing Rules	Submit/Do	28 29 wwnload Fields w table, you can map	Add Fields p the fields to Box	Total Charge in box 28 Amount Paid in box 29 o different rules. These will be used while submitting or d	(Print Total Charges on the last page (Print Amount Paid on each page for the services in that page ♥) lownloading the claims.		

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

Main Navigation Bar →	Timesheet 🛍 InTake 🖽 Schedule 🙎 Patients 🔀 Practice 🚯 Billing 😃 Reports 🕸 Administration 🖄 InDo ⁸⁴¹ 👭 Settings 😰 ADL 🐼 Unplug:Server I Main Dashboard A
FB Report Categories	
AWV Categories Mapping	Funding Source Type: Insurance: Next Funding Source Type: Next Funding Source: Facility: Category: Any Funding Source Type: Any Funding Source Type: Any Funding Source: Facility: Category:
Wait List	Place Of Service: Age Range (In Years): Certification/Education: Service Time Range (In mins): Encounter Billable: Telehealth Encounter: Any Place Of Service From Age To Age Any Certification/Education : From Time To Time Any Any Image: Telehealth Encounter: Image: Telehealth Encou
Dashboard	Level Of Care: Functional Status: Telehealth Visit Options: Person Location: Interpreter Option: Location:
Billing Rule Criteria Settings	Any Level Of Care Any Functional Status Any Telehealth Visit Option Any Person Location Any Interpreter Option Any Location Criteria Function:
Bed Management +	None •
Billing Rules	Filter: Enter kaywords Search O Function based
Billing Rules(Debug)	Check for duplicate service Check service for the day
Billing Rules Settings	
Batch	ar

Billing Rule Criteria Settings Page

Main Navigation Bar →	¢	Timesheet	🖳 InTake	🛱 Schedule	2 Patients	Practice	Billing	C Reports	🕸 Administration	Inbox Inbox
FB Report Categories	l		Criteria Function different billing rul	n Settings e criteria functions						
AWV Categories Mapping	1		uplicate service e service(s) was p	erformed within days	s set in the settings	1				
Wait List Dashboard			days to check fo							
Billing Rule Criteria Settings		Checks if the	e service selected	in setting is perform Medicaid certified		-	-			
Bed Management	+									
Billing Rules										
Billing Rules(Debug)										

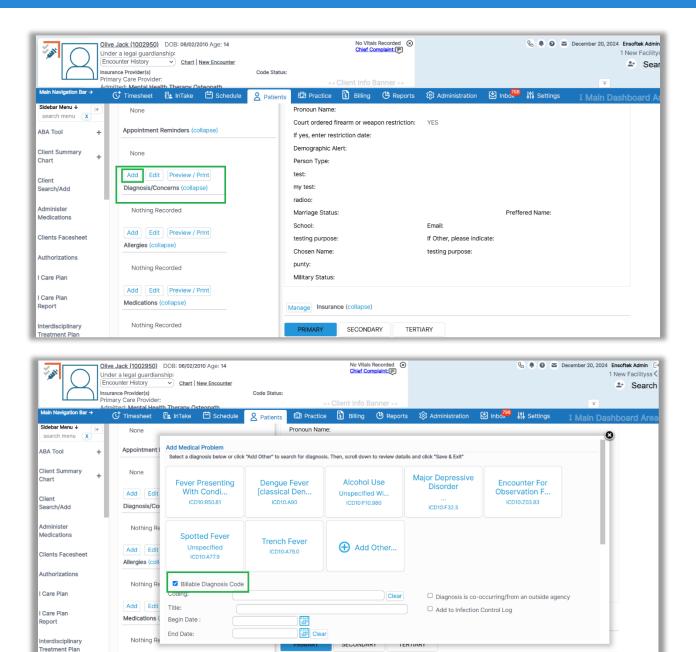
New checkbox to mark a Diagnosis billable when using Precedence

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.



Cla	Claims Manager - Search															
	1. Available Search Criteria Select a column/field name to begin adding it to filter list.						2. Value Select a value(s) to add to filter list.					Revie	3. Review Current Criteria Review "criteria = value" pairs. Select and remove unwanted filter criteria.			
Batch Id Claim Frequency Level						aim Reno ohn Clin		rovider	•		Cla	m date = Cust	om rovider = John Clinician			
CI CI	Claim Id Claim Rendering Provider Claim Status Claim Type															
-	_	_								Claim	1					
			Claim No	Status	Date Created	Туре	From DOS	To DOS	Client Name	Rendering Provider	Encounters	Charges	Funding Source	Settlement	Action	
		2	<u>I-1004636-</u> 1006011202(TEST)	<u>Submitted</u>	2024- 12-07	UB- 04	2024- 01-01	2024- 12-06	Warren, Viv	John Clinician	<u>Mouse</u> Over Here	34,000.00	ASSURANT HEALTH	Select v	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 Batch Id Claim Frequency Level Claim Id Claim Rendering Provider	2. Value Iist. Select a value(s) to ad Batch Id (2024120722453002		Review "criteria = criteria.	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 S	Status	Date	View	User		
20241207224530023 S	Submitted	nitted 12/07/2024 22:45:32		Ben lan		