



eRAD RIS

# CUSTOMER RELEASE NOTES

Build v3.2021.9.27

UPDATED OCTOBER 6, 2021

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# Publication History

Revision	Author	Description
October 6, 2021	Kevin Brooks / Hilary Saltmarsh	<ul style="list-style-type: none"><li>Commercial release.</li></ul>

# SUMMARY

## Intended Audience

The intended audience for this CUSTOMER RELEASE NOTES document is the RIS Administration team for all eRAD RIS customers.

This document describes the purpose, configuration, and operation of new features made available with this release, identifies issues resolved in the release, and highlights any unresolved known limitations.

This information should be used by all customers to determine how these changes affect their organization's workflow, and to plan their organization's upgrade strategy for eRAD RIS.

Additional technical details and deploy instructions are available to the Service Team in the SERVICE RELEASE NOTES edition of this document.

## Who Is Affected

This release of eRAD RIS v3.2021.9.27 includes both feature enhancements and a variety of resolved issues.

Notable feature enhancements are auto selection of historical carriers when scheduling, functionality to reduce lost table time, the introduction of desktop integration with AGFA PACS and an update to Provider Portal integration with MIM Cloud, as well as a significant number of defect resolutions and performance enhancements.

This version is recommended to be applied on eRAD RIS v3.2021.7.5 installations.



*Please carefully review these release notes even if your system will not be upgraded immediately, to identify and communicate any issues that may affect your organization.*

# NEW SETTINGS

Summary of all settings that were added, updated, or removed.

## RIS

### Changes to Access Strings

The following settings were added or updated with this release:

Setting	Default	Purpose
Clinical.Schedule.AllowManualSchedulingInUndesirable	Value=[None Full], Default=[Full]	Controls the ability to see time slots that create subsequent unusable gaps in the schedule. Added in v3.2021.9.27 #29683
Clinical.Schedule.ShowUndesirableTimeSlots	Value=[None Full], Default=[Full]	Controls the ability to schedule time slots that create subsequent unusable gaps in the schedule. Added in v3.2021.9.27 #29683
Clinical.ViewEditCanChangeProcedureWhenScheduled	Value=[None Full], Default=[Full]	Controls the ability to modify the procedure and scanner fields from View/Edit before the exam has been completed and the View/Edit screen is mapped to the scheduled_modality_code instead of the performed_modality_code. Added in v3.2021.9.27 #30162

### Changes to SysConfig Settings

The following settings were added or updated with this release:

Setting	Default	Purpose
AutoInsuranceSelectionPriorVisitDaysCutoff	Value=Days as Integer, Set to [ $< 0$ ] to disable, Default=[-1]	How far back in time RIS will look for prior visit with insurances to use for the default selection. Added in v3.2021.9.27 #27732
AutoInsuranceSelectionPriorVisitInstancesCutoff	Value=Visits as Integer, Set to [ $< 0$ ] to disable, Default=[-1]	How many visits back RIS will look for prior visit with insurances to use for the default selection. Added in v3.2021.9.27 #27732
BrowserUserAgentString	Value=String, Default=Blank	The UserAgent string (identifying supported OS/browsers) used when making WebClient requests. Added in v3.2021.9.27 #30290

## Web Services

### Changes to ris.exe.config

#### Additions to <appsettings>

- Feature #30522 added `SignalRConnectRetryLimit`  
`<add key="SignalRConnectRetryLimit" value="4" />`
- Feature #30279 added `BackgroundUpdateFrequencyInMinutes`  
`<add key="BackgroundUpdateFrequencyInMinutes" value="60" />`

# NEW FEATURES

## Scheduling

### Feature #29683 - Avoid lost table time - Do not offer time slots that would create unusable gaps in the RIS UI

#### Summary

This enhancement to eRAD RIS alters the scheduling search results to conditionally not return time slots that would result in an unusable gap in the scheduling calendar. This allows the site to increase utilization of the modality rooms.

This feature has been implemented via the following three related features:

- FEATURE #29683 - AVOID LOST TABLE TIME - DO NOT OFFER TIME SLOTS THAT WOULD CREATE UNUSABLE GAPS IN THE RIS UI
- FEATURE #29684: AVOID LOST TABLE TIME - DO NOT OFFER TIME SLOTS THAT WOULD CREATE UNUSABLE GAPS IN THE PATIENT PORTAL AND PROVIDER PORTAL
- FEATURE #29685: AVOID LOST TABLE TIME - DO NOT OFFER TIME SLOTS THAT WOULD CREATE UNUSABLE GAPS IN THE REMOTE SCHEDULING API

#### Background

Empty space between two booked appointments is called a “gap” (measured in minutes). When the gap is large enough that it can be filled by a procedure it is a useful gap. However, when the gap is shorter than the shortest procedure that can be performed in that room, then the gap is “**Unusable**”. The open time slot immediately preceding the unusable gap is therefore “**Undesirable**” because if it is selected by a scheduler, then the Unusable gap is now locked into the schedule.

The goal of this feature is to selectively not show **undesirable** time slots to a scheduler in order to avoid the creation of **unusable** gaps.

#### Feature Description

Viewing and scheduling of undesirable time slots is managed by two new permissions.

#### Displaying Undesirable Time Slots

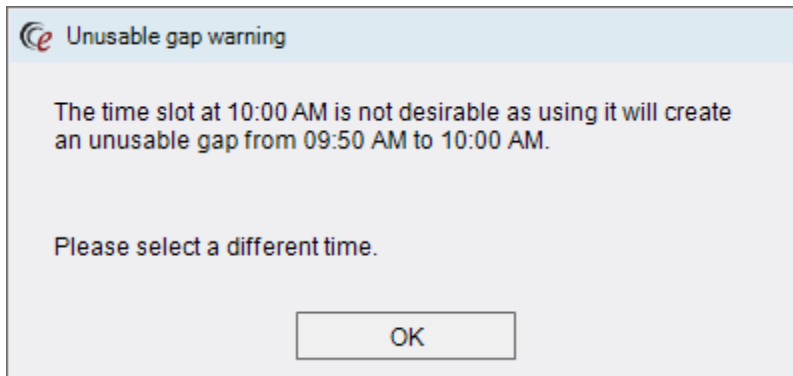
- RIS **will not show** the undesirable time slots in the search results to a default scheduler.
  - In this example screen shot, a 10:00 AM slot is technically available, but selecting it would create a 10-minute unusable gap from 9:50 to 10:00 AM. Therefore, it is not shown as an option to schedule.

Cedar	
CT 1 at Cedar	
Fri, 10-08-2021	
126 results	
09:10 AM	10
09:50 AM	10
10:10 AM	10
10:20 AM	10

- RIS **will show** undesirable time slots with an orange background to a scheduler with permissions configured via the new `Clinical.Schedule.ShowUndesirableTimeSlots` RIS Access String.
  - In this example, the 10:00 AM time slot is shown with an orange background.

Cedar	
CT 1 at Cedar	
Fri, 10-08-2021	
132 results	
09:00 AM	10
09:10 AM	10
09:20 AM	10
09:50 AM	10
10:00 AM	10
10:10 AM	10

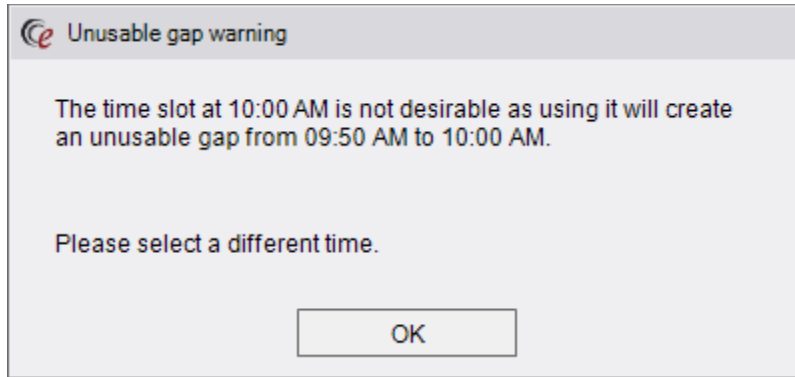
If the scheduler selects the orange slot, a dialog similar to the following will appear:



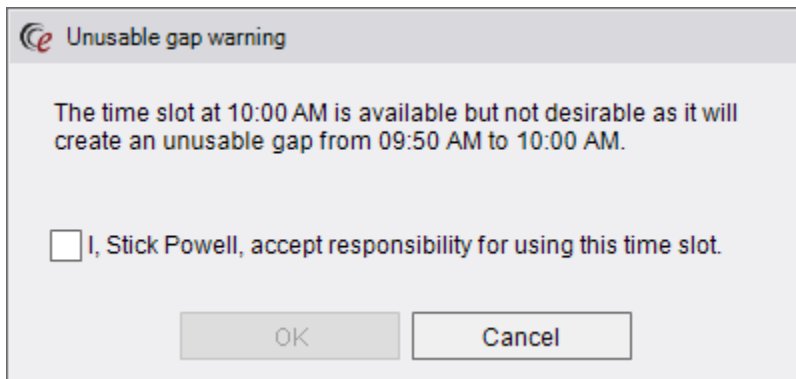
### Scheduling in Undesirable Time Slots

- RIS **will not permit** the undesirable time slots to be manually selected. (i.e., clicking in the appointment book or setting the time manually in the scheduling window) by a normal scheduler.
  - If a normal scheduler attempts to do so, the following dialog will be presented:





- RIS **will allow** the undesirable timeslots to be manually scheduled by a scheduler with permission configured via the new `Clinical.Schedule.AllowManualSchedulingInUndesirable` RIS Access String.



### Expiry of Undesirable Time Slots

An undesirable time slot will revert to a normal selectable time slot when the slot time gets closer to the current time. In other words, the hiding and protection will “expire” as the time gets closer and they become normal schedulable time slots. This is based on the modality table setting “Days ahead to expire Undesirable slots”

### Configuration Instructions

System Administrators must complete the following actions to enable this feature:

#### RIS Client

##### Changes to Modality RIS Lookup Table

For each modality (room) that you would like to enable this feature for, set the following values on the `Modality` table:

Unusable Gap Duration	Unusable Gap Minimum	Days Ahead To Expire Undesirable Slots
-----------------------	----------------------	----------------------------------------

- Unusable Gap Duration** – Specifies the number of minutes that would be considered an unusable gap. If the majority of your procedures in a certain room are 15-minute procedures, you might configure this setting to 15 minutes. This would stop the RIS from offering up a time slot that would create a 14-minute gap in the schedule, as you have no procedures that are likely to fit into a 14-minute slot.
- Unusable Gap Minimum** – Specifies the number of minutes that would NOT be considered lost time. For example, if you run into a situation where you have a 14-minute procedure, and a 15-minute time slot, you may want to consider that one minute lost as an acceptable loss. Therefore, your configuration setting would be 1 minute, allowing RIS to offer up a time slot that in fact creates a 1-minute gap in the schedule.
- Days Ahead to Expire Undesirable Slots** – Specifies the number of *calendar days* ahead when the RIS would be willing to let some unusable gapping occur. The idea of this setting is to allow slots to be booked that create gaps, providing they are only a certain short timeframe in the future. To explain this another way, let’s assume we need to search for a 15-minute appointment, and we happen to have a 25-minute

time slot an hour from now. If the setting is “1 day” then this 25-minute slot is less than 1 day in the future, and therefore the RIS will allow it to be used even though it will create an unusable gap.

Note the deliberate use of the words “Calendar days”. Elsewhere in RIS, days are sometimes considered to be exactly 24 hours in the future. With this feature, “days” represents calendar days. If a scheduler is scheduling at 11 pm one night, and the setting to expire is “1 day”, that expiry will occur in 1 hour, not 24 hours later. Assuming the center was open and had availability, it could potentially show slots at 12 AM.



*With this feature, configuration of “Days Ahead” represents calendar days ending at midnight.*

## Changes to RIS Access String Settings

- Grant viewing and scheduling permissions as necessary.

The following related settings were added:

Setting	Default	Purpose
Clinical.Schedule.AllowManualSchedulingInUndesirable	Value=[None Full], Default=[Full]	Controls the ability to schedule time slots that create subsequent unusable gaps in the schedule. Added in v3.2021.9.27 #29683
Clinical.Schedule.ShowUndesirableTimeSlots	Value=[None Full], Default=[Full]	Controls the ability to see time slots that create subsequent unusable gaps in the schedule. Added in v3.2021.9.27 #29683

## Feature #29684: Avoid lost table time - Do not offer time slots that would create unusable gaps in the Patient Portal and Provider Portal

### Summary

This feature follows the design of FEATURE #29683, which prevents offering time slots that would result in unusable gaps in the scheduling book, but this change is applicable to the scheduling services in the Patient Portal and Provider Portal.

Unlike feature #29683 however, there is no concept of a privileged user who is able to see the undesirable slots. Instead, undesirable slots are completely hidden from the search results.

### Configuration Instructions

Refer to related FEATURE #29683 for required configuration.

## Feature #29685: Avoid lost table time - Do not offer time slots that would create unusable gaps in the remote scheduling API

### Summary

This feature follows the design of FEATURE #29683, which prevents offering time slots that would result in unusable gaps in the scheduling book, but this change is applicable to the remote scheduling API that is used internally by some customers.

Unlike feature #29683 however, there is no concept of a privileged user who is able to see the undesirable slots. Instead, undesirable slots are completely hidden from the search results.

## Configuration Instructions

Refer to related FEATURE #29683 for required configuration.

### Feature #30263 - Update scheduled or performed room based on study status

#### Summary

This enhancement to Scheduling updates the [View/Edit](#) screen to modify the scheduled room and performed room (modality/scanner) fields based on the study status.

Previously, when the room/scanner/modality for a study in scheduled status was changed from the View/Edit window, RIS would always update the "Performed" modality field (performed\_modality\_code). This created a situation where a scheduled procedure could have a performed modality code, leading to conflicting values in the appointment book and patient folder.

With this change, the [View/Edit](#) screen will update the scanner field to correspond to the "Scheduled" modality when the exam status is **prior to** [Started](#) (including Scheduled, Arrived etc.) status or update the scanner field to correspond to the "Performed" modality when the exam status is in [Started](#) or later status (including Dictated, Signed, etc.).

#### Configuration Instructions

No System Administrator actions are necessary to enable this feature.

## Worklists

### Feature #29904 - Add Carrier columns to Billing Exception and Dictation worklists

#### Summary

This enhancement to Worklists adds additional columns to the Billing Exception and Dictation worklists to facilitate processing billing by carrier.

by System	Patient Class	Patient Class	Deadline For Filing Date	Primary Carrier	Primary Policy #	Secondary Carrier	Secondary Policy #	Remaining Filing Date
1213 total rows; Displaying rows 1 to 34								
TO	Tech Only			Blue Shield California	razj04870279			
TO	Tech Only							

Previously, there was no way to organize the Billing Exception worklist by insurance name. This can be helpful because processing time may vary based on the type of insurance. For example, auto accident and workers' compensation cases must be processed within 30 days, while most HMOs are to be processed within 90 days. Note that the IVT worklist previously did display carrier columns, but only for primary insurance. Similarly, the radiologist dictation worklists benefit from the addition of insurance information because the content of the report may vary based on the insurance. For example, perhaps radiologists may read auto accident cases differently from workers' compensation cases where it is important to indicate whether a fracture is acute or chronic.

With this change, the [Primary Carrier](#) name, [Primary Policy #](#), [Secondary Carrier](#) name, and [Secondary Policy #](#) columns have been added to the [Billing Exception WL](#). In addition, the [Primary Carrier](#) name and [Secondary Carrier](#) name columns have been added to [Pending Dictation WL](#) and [All Pending Dictation](#)

**WL**. Note that this makes it possible to do a composite sort that will allow for grouping based on carrier and the age of study.

## Configuration Instructions

No System Administrator actions are necessary to enable this feature. Users wishing to take advantage of the new columns may want to optionally create new custom worklist views.

# Insurance Eligibility

## Feature #26233 - Add Eligibility Details Column to EligibilityLimitPayment RIS Lookup Table Editor

### Summary

This enhancement Insurance Eligibility introduces a new **Eligibility Details** column to the **EligibilityLimitPayment** RIS Lookup Table Editor to allow increased flexibility when creating limit payment rules.

Previously, there was no way to accommodate scenarios such as only applying a Limit Payment rule when, for example, the Group Name is **CITY OF NEW YORK**.

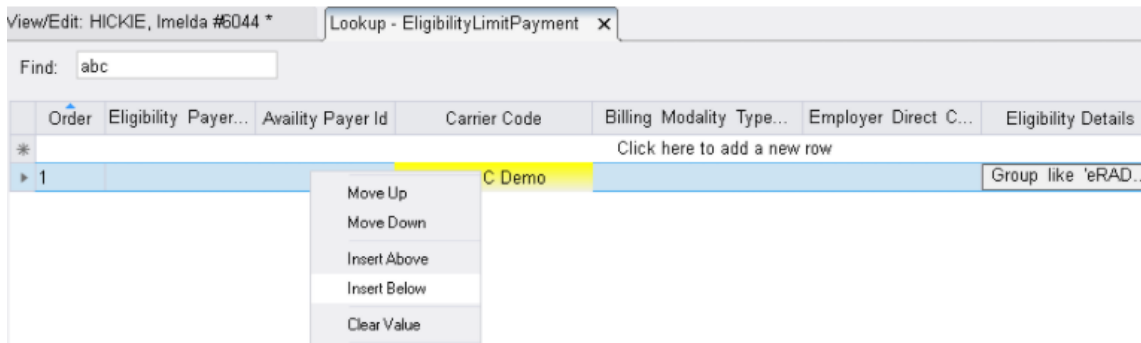
With this change, rules may be created that will apply only when specific values appear (or do not appear) within the Eligibility Details field (formerly referred to as "Matching String").

### Feature Description

#### UI Changes

Several changes have been made to the **EligibilityLimitPayment** RIS Lookup Table Editor.

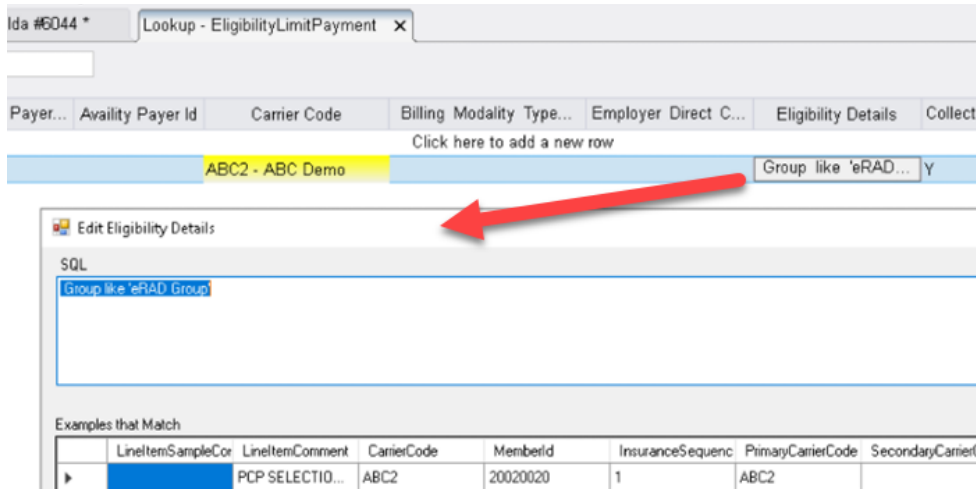
Users now have the option to highlight key configuration rows/cells as shown in the following screenshot where the user is trying to find elements with the word **abc**:



The Eligibility Limit Payments editor now sorts data based on the **Order** column and supports re-ordering of rows via the Move Up/Down and Insert Above/Below context menu options, similar to PreApprovedPayment rules.

#### Functionality

Clicking on the **Eligibility Details** entry will display an **Edit Eligibility Details** dialog that includes a SQL editor / tester similar to the one used in PreApprovedPayment rules. Note that multiple column rules may be chained together using 'or' and 'and' operators for more complex rules.



Rules can be applied immediately after changes by simply verifying eligible insurance again.

## Configuration Instructions

No System Administrator actions are necessary to enable this feature; however, optional configuration is available:

### RIS Client

#### Changes to EligibilityLimitPayment Settings

- Configure rules as desired, using the `Eligibility Details` column (formerly referred to as "Matching String") as required.

## Feature #27732 - Attempt to autoselect historical carriers based on Eligibility check

### Summary

This enhancement to Insurance Eligibility will run Eligibility on historical carriers in Manage Policies as soon as the scheduling (or Walk In registration) process begins and attempt to automatically select the most recent/relevant carrier (or set of carriers) from a patient's previous visit under configurable conditions.

### Background

When a patient has previous visits, it is likely that historical insurance carriers are on file for that patient. If their most recent appointment was within a certain time frame, the insurance used for the prior appointment has a good chance of being the same insurance that would be used for a new appointment. In order to increase the odds that the correct insurance is entered for a new appointment and to save time and effort for the scheduler or front desk staff, it is desirable for RIS to attempt to automatically select the historical insurance by running Eligibility and selecting the insurance by default upon receiving a successful Eligibility return.

### Feature Description

With this change, RIS will attempt to make a carrier selection from the most recent historical visit that has a carrier (or combination of carriers) that is/are eligible for "autoselection" (default selection) and automatically run Eligibility as soon as:

- a scheduler begins to create or schedule an order,
- the front desk staff begins to register a Walk In, or
- an order is received from an external source (e.g. the portals or an EMR).

In the event that the patient has no prior appointments within the designated timeframe or has no prior appointments that meet the configured conditions, then no default insurance selection is made and the user will need to open Manage Policies and select/add a carrier manually as they did previously.

## Autoselect Process

RIS will attempt to autoselect a previous visit's carrier selections under the following conditions:

- The current visit is new or in Scheduled or Checking In status, and
- The visit has no insurances already associated, and
- There was no previous attempt to autoselect the insurances for the current visit.

## Historical Selection Criteria

### General Principals

When a patient used multiple insurances on a previous visit, the entire set of carriers must all be configured for autoselection in order to consider that visit valid for the autoselection process. In other words, even if the most recent appointment had a primary carrier that is configured to be allowed for autoselection, that primary carrier should not be autoselected if the previous visit **also** had a secondary insurance which is not configured for autoselection.

Similarly, if one or more carriers on the previous visit does not have an eligibility connection, the visit will not be used in the autoselection process because there is not a way to verify via an eligibility return whether the selected policy is still valid.

If one or more policies on a previous visit has an expired policy (based on the expiry info in RIS), this would also invalidate the visit for autoselection.

### Configuration Options

A number of configuration options exist to fine tune which historical visits' carrier combinations are valid to be used for the autoselection process and provide the best odds of successfully defaulting the correct insurance scenario.

### Carrier and Carrier Type

Because certain Carrier Types would never be valid for an eligibility check (e.g. Workers' Compensation), the `CarrierType` RIS Lookup Table Editor has been updated to add an `Auto Insurance Selection For Eligibility Payers Based On Prior Visits Flag` column that determines which carrier types will be considered for autoselection:

Flag	Show Address In Carrier Search Flag	Auto Insurance Selection For Eligibility Payers Based On Prior Visits Flag	Last Updated
N	N		05-02-2011
N	N		05-02-2011
N	N		05-02-2011

By default, all Carrier Types will be set to `N`, indicating that they are not valid for autoselection. To make a Carrier Type valid to be considered in the autoselection process, set this value to `Y`. The only valid options for this setting are `N` and `Y`.

Specific Carriers may need to be handled differently, so the same column has also been added to the `Carrier` RIS Lookup Table Editor. In the Carrier table, this setting is an *override* to the Carrier Type's value. For example, it is possible to configure a Carrier Type of ABC to be valid for autoselection, *except* for Carrier 123 and Carrier 789.

This Carrier-level override can also be used to allow autoselection for carriers that do not run through eligibility, but this should be used with caution because an eligibility check will not be available to validate the selection.

By default, the setting in the Carrier table will be NULL (blank). Possible options include:

- **NULL** (blank) – RIS will consider the carrier for autoselection if the Carrier Type is configured for autoselection **and** the carrier has an eligibility Payer ID.
- **N** – This is a hard stop override. RIS will never consider this carrier for autoselection regardless of what is configured for its Carrier Type.

- **Y** – RIS is to always consider this carrier for autoselection (provided that the carrier is active and that the patient's insurance hasn't been deactivated or expired).

## Timeframe & Sequence

Because previous insurances that are older are less likely to be valid, a new System Configuration setting, `AutoInsuranceSelectionPriorVisitDaysCutoff`, controls how far back in time RIS will look for prior visits with insurances to use for the autoselection process.

By default, the value will be set to `-1`, which disables the autoselection process. To consider visits within the past 120 days, the value would be set to `120`.

Within the configured timeframe, the patient may have a number of visits. The most recent visit is considered first. If the combination of policies is not valid for the autoselection process (e.g. the most recent visit was Workman's Compensation which is not configured to be valid for autoselection), the next most recent visit can be evaluated and so forth.

If a valid candidate is not found within a certain number of past visits, it becomes less likely that autoselection will be accurate. Therefore, an additional configuration setting, `AutoInsuranceSelectionPriorVisitInstancesCutoff`, controls how many historical visits RIS will consider for autoselection.

As a rule, RIS will first look at past visits where the study level status is not `Cancelled`, `Void`, `Discontinued`, `CancelTechRepReqd`, `Ordered`, or `Scheduled`. In other words, preference is given to studies that have actually moved past scheduled and into registration, before considering `Scheduled` or `Ordered` visits which have not gone through the same level of validation. The sequence will be set based on the most recent `Study Scheduled Date`.

If none of those previously performed studies are valid for the autoselection process or do not result in a successful eligibility verification, RIS will then consider scheduled studies. These will be ordered such that those with the most recently updated insurance data will be considered first.

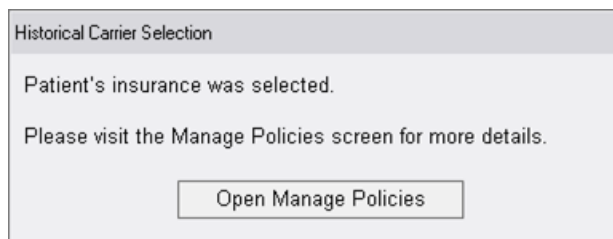
Finally, if the scheduled studies failed to produce a successful outcome, RIS will consider orders which have not yet been scheduled. These will also be considered in the order of the most recently updated insurance data.

To summarize, RIS will look at studies that have been performed, followed by scheduled studies, and finally orders that have not yet been scheduled.

## User Feedback

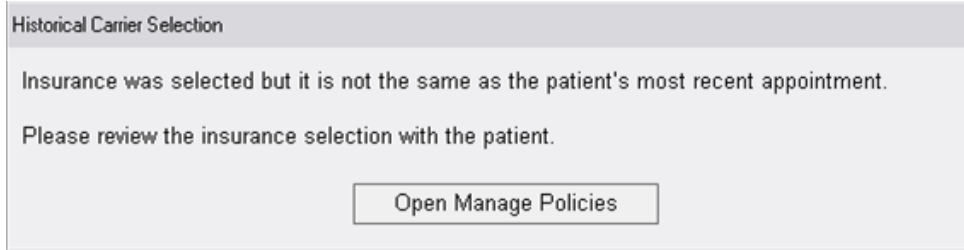
Whether or not the autoselection process is able to successfully autoselect and verify eligibility for a historical policy(ies), the user will receive feedback via a new `Historical Carrier Selection` dialog.

For example, the following dialog will appear when RIS finds a prior appointment that meets the rules for autoselection AND all of the autoselected insurances have a successful eligibility response (green checkmark) AND the autoselection is from the most recent visit:



In this case, RIS has a higher level of confidence that the autoselected insurance scenario is correct for the new appointment because of the positive eligibility response and the fact that it matches the most recent visit. However, the user will still be prompted to open the Manage Policies screen to review. This is important because even with this level of confidence, it is still possible that the scenario for the current visit may require something different. For example, the patient was injured at work today and this visit should be Worker's Compensation, even though the commercial insurance they used for their mammogram last month is still valid. While reviewing the Manage Policies screen, the user has an opportunity to confirm the insurance selection with the patient and make adjustments if needed.

In the event that RIS is less confident in the autoselected insurance combination, other helpful messaging may appear in the dialog. For example, if the autoselection is NOT from the most recent visit *or* the most recent visit was a Self Pay, the dialog will provide information to the user so that extra care can be taken when confirming that the autoselection is appropriate.



If the autoselection process is unsuccessful, the dialog will inform the user so that they can open the Manage Policies screen and manually review and select from the historical insurances based on patient feedback **or** enter a new insurance for the patient.

In any case, when the user is ready to review, they will click Open Manage Policies to confirm or select. Additional information will be available in the Policies grid.

Use	Carrier	Policy Number	Group Number	Group Name	Employer Name	Plan Name	Plan Number	Expiration	Expired	Last Used	Eligibility
<input checked="" type="checkbox"/>	<b>0100demo - demo</b>	10010010	234332	eRAD Group		eRAD Choice POS II	09984		<input type="checkbox"/>	08-27-2021	
<input type="checkbox"/>	GECO - GECO Demo	10010010	234332	eRAD Group		eRAD Choice P...	09984		<input type="checkbox"/>		
<input checked="" type="checkbox"/>	0140857 - COASTAL LEGAL GROUP	na							<input type="checkbox"/>		
<input type="checkbox"/>	111114 - PLEASANT VIEW NURSING HOME	21323							<input type="checkbox"/>		

\* Click here to add a new row

**Approved**

Plan start

Remaining deductible

**MRI/CAT Scan**

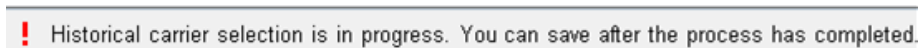
Co-pay

Co-insurance

To provider the user with additional information, an **Eligibility** column has been added which displays the Eligibility Shield for any policies that were run through Eligibility during the autoselection process. As usual, it is possible to see additional information by hovering over the shield or view the full details by clicking the shield icon.

Note the Policies grid is now sorted by a new **Last Used** column, which shows the date when the insurance was last used or when that insurance was last verified with the payer. The primary carrier is now shown in **bold** to distinguish it from other selected carriers. In the above example, the second carrier was selected manually by the user, which is why it does not have a Last Used date.

It is important to know that RIS will prevent the user from closing the screen if the autoselection process is actively running, in order to ensure that the user will see any important feedback on the insurance selection. If the user attempts to do so, RIS will prevent it and inform the user:



In a similar fashion, RIS will also stop and inform the user if autoselection process has completed, but the user has not interacted with an open Historical Carrier Selection message (e.g. to review the autoselected insurance).

## Configuration Instructions

System Administrators must complete the following actions to enable this feature:

### RIS Client

#### Changes to RIS System Configuration Settings

- Adjust `AutoInsuranceSelectionPriorVisitDaysCutoff` and `AutoInsuranceSelectionPriorVisitInstancesCutoff` to control how much history will be considered for autoselection.

The following related settings were added or updated:

Setting	Default	Purpose
---------	---------	---------



Setting	Default	Purpose
AutoInsuranceSelectionPriorVisitDaysCutoff	Value=Days as Integer, Set to [ $< 0$ ] to disable, Default=[-1]	How far back in time RIS will look for prior visit with insurances to use for the default selection. Added in v3.2021.9.27 #27732
AutoInsuranceSelectionPriorVisitInstancesCutoff	Value=Visits as Integer, Set to [ $< 0$ ] to disable, Default=[-1]	How many visits back RIS will look for prior visit with insurances to use for the default selection. Added in v3.2021.9.27 #27732

### Changes to CarrierType RIS Lookup Table

- Update the `Auto Insurance Selection For Eligibility Payers Based On Prior Visits Flag` column to identify carrier types to be considered for autoselection.

### Changes to Carrier RIS Lookup Table

- Update the `Auto Insurance Selection For Eligibility Payers Based On Prior Visits Flag` column to **override** Carrier Type setting for individual carriers.

## Thick Client GUI

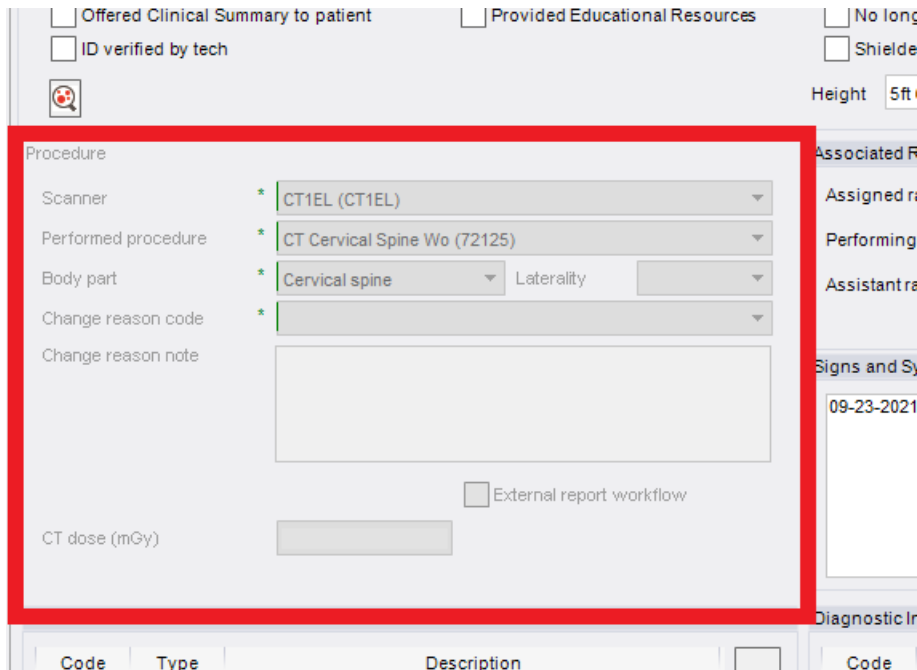
### Feature #30162 - Ability to restrict editing of procedures of scheduled exams from View/Edit

#### Summary

This enhancement to View/Edit adds a permission to allow authorized users to modify procedure information on scheduled exams in View/Edit screen before the exam has been completed.

Previously, Bug resolution #29499 inadvertently took away the ability to change procedure of a scheduled exam from the View/Edit screen when the study was in scheduled status. In some markets this is to be allowed no matter what the study status is.

With this change, the new `Clinical.ViewEditCanChangeProcedureWhenScheduled` RIS Access String permits modifying the procedure and scanner fields from View/Edit before the exam has been completed and the View/Edit screen is mapped to the `scheduled_modality_code` instead of the `performed_modality_code`.



## Configuration Instructions

System Administrators must complete the following actions to enable this feature:

### RIS Client

#### Changes to RIS Access String Settings

- Grant `Clinical.ViewEditCanChangeProcedureWhenScheduled` permissions as necessary.

The following related settings were added or updated:

Setting	Default	Purpose
<code>Clinical.ViewEditCanChangeProcedureWhenScheduled</code>	Value=[None Full], Default=[Full]	Controls the ability to modify the procedure and scanner fields from View/Edit before the exam has been completed and the View/Edit screen is mapped to the scheduled_modality_code instead of the performed_modality_code. Added in v3.2021.9.27 #30162

## PACS Integration

### Feature #29845 - Support Desktop Integration with AGFA PACS

#### Summary

This enhancement to PACS Integration introduces support for desktop integration with AGFA PACS.

#### Feature Description

##### Login

RIS will attempt to login to the PACS with the same credentials that were used to log in to RIS. If this is unsuccessful, the user will be prompted for new credentials until login is successful or the user cancels the dialog.

When the user logs out or closes RIS they will also be logged out of PACS.

##### Dictation Workflow

When a radiologist opens the dictation window for a study in Exam Done status, RIS sends an Open command to the PACS. RIS will pass Patient ID + Accession Number as parameters to the Agfa PACS. PACS will determine what priors to load, and any loaded after the initial open will be loaded from PACS. RIS should be configured to send 0 priors, either via a user preference or a Reporting Options rule.

The dictation window has a mini-patient folder pane that shows all studies in the patient's history in a grid control. Context menus on these rows allow the user to instruct PACS to append the images for the study into the view session or to remove them from the session.

Using the Next workflow closes the current study and opens the next study.

When the user closes the dictation window the current study is closed in PACS.

## Signature Workflow

During Signature workflow, the behaviour is very similar to the Dictation workflow except that the Open call to PACS is not made automatically. There is a View Images button that the user can click to issue the call.

## Patient Folder Interactions

While viewing the Patient Folder for a particular patient, any studies that have been PACS Corrected (i.e. RIS knows that there are images) will have a context menu available to View Images. This menu will issue an Open call to the PACS. If more than one row is selected by using the Ctrl or Shift keys, the first row selected will be considered the primary study and the other comparisons. Closing the Patient Folder will issue a Close call to PACS.

## Switching Sessions

If the user has more than one PACS enabled tab open, such as dictation windows or patient folders, then switching between them will cause RIS to issue the necessary calls to stay synchronized with PACS. For Agfa PACS, this is done via Close and Open calls.

## Configuration Instructions

System Administrators must complete the following actions to enable this feature:

### RIS Client

#### Changes to PACSServer RIS Lookup Table Settings

A new `AGFA` row has been added in the `PACSServer` RIS Lookup Table Editor for configuration:

Pacs Server Code	Description	Protocol	Url	Port	Display Order	Pacs Ae Title	Pacs Server Ty
Contains:	Contains:	Contains:	Contains:	Equals:	Equals:	Contains:	Contains:
Click here to add a new row							
AGFA	AGFA PACS	http	localhost	8282	1		AGFA

- The `Protocol`, `URL`, and `Port` fields describe the location of the viewer.
  - `Protocol` should be 'http'
  - `URL` should be 'localhost'
  - `Port` needs to be coordinated with the setting in Agfa.
- The `Config Options` column is populated with an xml document that includes several options, although the `AESPassword` is the only setting relevant for Agfa PACS. The remaining items are optional and are defaulted to the expected values.
  - `AESPassword` defines the shared key used to encrypt the password before sending it.

```
<config>
  <AESPassword>123456</AESPassword>
</config>
```

## Feature #30019 - Support for MIM Cloud integration on Provider Portal

### Summary

This enhancement to Provider Images updates the Provider Portal integration with MIM PET/CT Viewer to support the newer MIM Zero Footprint cloud-based solution.

Previously, MIM integration was supported via Citrix Receiver/Workspace. However, due to security limitations with the Citrix gateway software, an update to use MIM Cloud is required.

With this change, users will continue to click on an icon from the WL for MIM access and will be redirected to the new MIM site. The MIM Viewer tab under Account Setting has been removed since downloads will no longer be needed.

### Service Team Upgrade Instructions

The Service Team must complete the following actions to deploy this feature:

#### Account Creation

The new MIM thin client call utilizes one MIM account for each environment, as opposed to each portal user maintaining their own MIM account, so this new process will deprecate the previous MIM configuration process, including the account creation on the MIM server based on “MiMS\_DomainManagement\_URL”.

#### Web Services

##### Changes to applicationsettings.config Settings

Configure parameters for the MIM call to switch parameters from seriesUID to studyUID:

- MIM\_DeveloperKey: the unique key associated with the account
- MIM\_URL: the desired URL to communicate with the MIM server, default with the value of https://mim-cloud.appspot.com
- MIM\_CloudAccount: The account user name to be used for MIM access, stepping away from the existing process for the individual account access
- MIM\_Password: The password associated with the specified “MIM\_CloudAccount” account
- MIM\_GroupID: the required group ID that will be associated for studies in the DB region, if the value is null the system will try to obtain the group ID based on the group ID’s associated to the MIM\_CloudAccount account

### Configuration Instructions

Service Team assistance is required to enable this feature.

#### RIS Client

##### Changes to RIS System Configuration Settings

The following related settings are now obsolete and will be removed in a future release:

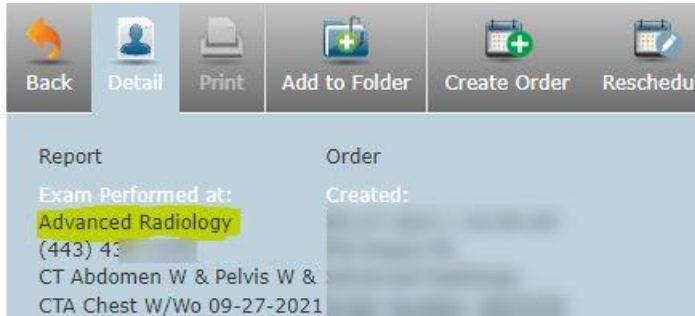
Setting	Default	Purpose
MiMS_DomainManagement_URL	Value=URL as String, Default=Blank	Defines the URL that will be used for account creation on the MIM Domain. <b>Note: No longer in use as of v3.2021.9.27.</b> Updated in v3.2021.9.27 #30019
MiMS_URL	Value=URL as String, Default=Blank	URL that will be used for MIM image viewing. <b>Note: No longer in use as of v3.2021.9.27.</b> Updated in v3.2021.9.27 #30019

# Patient, Provider & UM Portals

## Feature #29901 - Display Site Name rather than Practice Name in Portals

### Summary

This enhancement to the Portals updates the Provider Exam Detail Page to display the Site Name rather than Practice Name in the `Detail` panel in both the Reports and Order sections when configured.



Previously, the practice name displayed in the `Detail` panel for the selected exam differed from what was displayed in the report on the `Report` tab, which users found confusing as some practice names differ from the publicly used name.

With this change, a new `DetailsPanelsDisplaySiteName` setting is available in the `applicationsettings.config` setting to control this displayed value for the corresponding portal.

### Configuration Instructions

System Administrators must complete the following actions to enable this feature:

#### Portals

##### Changes to `applicationsettings.config` Settings

- Adjust the `DetailsPanelsDisplaySiteName` setting for each portal. This value can be overridden at the practice level.

## Feature #28308 - New RP Visible Flag and RP Friendly Description columns in UMStatus and UMRResolution configuration tables

### Summary

This enhancement to Provider Portal adds additional columns to RIS System Configuration to support displaying UM orders on the Provider Portal with descriptions that are easily understood by Provider Portal users.

Display Order	Confirmation Required Flag	Rp Friendly Description	Ump Friendly Description	Rp Visible Flag	Last Upd
1	N			Y	03-06-2015
1	N			Y	03-06-2015

This new functionality is in support of the upcoming **FEATURE #20208 - ENHANCED VISIBILITY OF UM STATUS FOR ORDERS ON PROVIDER PORTAL** which will enhance visibility of orders in the Utilization Management workflow by displaying their status in the Provider Portal.

However, there are certain UMStatus or UMResolution entries that will not be relevant for display in the portal. For those that should display in the portal, it is necessary to create a description that will be easily understood by Provider Portal users.

With this change, the `RP Visible Flag` and `RP Friendly Description` columns have been added to the `UMStatus` and `UMResolution` configuration tables to allow configuration of which statuses should be visible to users (once FEATURE #20208 becomes available), as well as the text of the corresponding status descriptions.

## Configuration Instructions

This new functionality is in support of the upcoming FEATURE #20208, so no configuration is required at this time. Once available, System Administrators must complete the following actions:

### RIS Client

#### Changes to UMStatus and UMResolution RIS System Configuration Settings

- For customers that have UM enabled, update the `RP Visible Flag` and `RP Friendly Description` columns in the `UMStatus` and `UMResolution` configuration tables.

# RESOLVED ISSUES AND KNOWN LIMITATIONS

## Resolved Issues

This release resolves the following issues:

Redmine #	Subject
28746	Resolved Worklists issue where status of non-primary linked exam were not correctly updating.
28943	Resolved Identify patient issue where scanning a driver license returned an error.
29222	Resolved PACS (eRAD) issue where PACS images failed to open in RIS due to special password characters.
29579	Enhanced handling of Provider Images issue where PACS call timeouts offered no user feedback.
29616	Resolved PACS Next workflow (autofeed) issue where PACS caching interfered with worklist sequence.
29657	Resolved Utilization Management issue where faxing UM opinion letters returned an error.
29686	Resolved Inbound Document issue where opening the View/Edit screen from AID worklist adds an extra attachments row.
29699	Resolved Worklists issue where Find Patients to Merge was using the legacy Patient Merge worklist.
29710	Resolved Registration issue where cancelled studies failed to record the Cancel Reason.
29711	Resolved Scheduling issue where studies aborted and then rescheduled failed to record a Cancel Reason.
29775	Resolved Insurance Management issue where insurance from EMR order may incorrectly be applied to Order B.
29800	Enhanced Database performance when opening a study from the Rad or MT Reporting screens.
29817	Enhanced Database performance for Insurance Eligibility queries.
29831	Resolved PACS Integration issue to support appending studies via Siemens Syngo Plaza integration.
29832	Enhanced Digital Forms performance for large digital forms in the Editor.
29840	Resolved Patient Demographics issue where re-adding Alternate patient phone number returned an error.
29842	Resolved Patient Demographics issue where patient phone Alternate label became editable.
29874	Resolved Interfaces issue where sending an addendum to RIS from PS360 returned a Mirth error.
29880	Resolved Utilization Management issue where UM was triggered on a Signed study.
29886	Enhanced Database performance when loading studies by accession number.
29909	Resolved eRAD Editor issue where whitespace was not correctly rendered in the final report.
29919	Resolved Audit History issue where audit history offsets scheduled start date by timezone.
29958	Resolved Scheduling issue where incorrect timeslot information allowed a user to overbook a room without warning.
29962	Resolved Insurance Eligibility issue where the NPD Usual and Customary Rate field was not being updated.
30034	Resolved Registration issue where the Check In dialog's 'Now' button times were not applied to newly added orders.
30058	Resolved Performance issue where Scheduling an OrderAB and Checking in via Registration WF failed to release memory.

Redmine #	Subject
30108	Resolved Patient WF - Images issue where Patient Portal logging returned an Object Reference error.
30136	Resolved Patient Portal login issue error when the most recent exams has been removed from the procedure picker configuration.
30264	Resolved Interfaces issue where Wedge does not log errors when retrieving data from queue failures.
30326	Resolved Outside Read issue where opening an outside read study from View/Edit returns an error.
30343	Improved Scanning memory handling when requesting a SecurePIC.
30379	Resolved RADAR Secure PIC issue where sending SecurePIC request for users without Schedule Groups returned an error.
30412	Enhanced Special Accommodations Management Report to query real time data.
30483	Improved RIS core services memory handling for Modality and ProcedureCode datasets.
30492	Enhanced Scheduling performance to reduce CPU utilization from Appointment Search core services.
30518	Resolved Worklists performance issue where Materialized Worklist were refreshing too frequently.
30537	Resolved PACS (eRAD) Integration issue where webservice prefetch logic was not respecting service shutdown call.
30545	Resolved Worklists performance issue where Materialized Worklist were refreshing when RIS is locked.
30551	Resolved Digital Forms issue where loading the Radiologist screen returned an error.
30560	Resolved Insurance Eligibility issue where the AI and eligibility special conditions warnings may suggest an incorrect carrier.
30585	Resolved Scheduling issue where procedure plans with site level wait time overrides fail to obtain a booking lock in the Patient Portal.
30597	Enhanced Database performance when performing patient merge.
30621	Enhanced Audit Log by Patient Management Report to query real time data.
30628	Resolved Interfaces issue to better handle exceptions in Wedge inbound services.
30648	Resolved Thick Client GUI issue where Manual status update returned an error.
30657	Resolved Patient Folder issue where a worklist error is returned when an order includes a study with a mismatched order_category_code.
30678	Resolved Payment control issue where PreApproved Payment was not calculated for re-scheduled appointments.
30686	Enhanced Database performance for one Trigger and one function using utilizing 2016 compatibility mode.
30693	Resolved Insurance Management issue selecting insurance card icon from manage policies may return an error.
30694	Resolved Insurance Eligibility issue preventing eligibility special conditions filtering on LinItemContents.
30697	Resolved Radiology Reporting issue where screens using the Next or Save workflows returned an error due to pending saves.
30701	Resolved Worklists issue where worklist evaluation jobs were bursting deadlocks.
30702	Resolved DB Upgrade scripts issue where nSort utility was not correctly sorting by version.
30717	Resolved Insurance Eligibility issue where Medicare returns incorrectly applied plan start/end dates.
30725	Resolved IVT / Precert issue where opening the IVT Order/Exam tab returns an error.
30751	Resolved Worklists autofeed workflow issue on the Pending Dictation worklist.



Redmine #	Subject
30775	Resolved Image Request issue where selecting "View Images" dropdown options in the Dictate window returned an error.

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## New Known Limitations



















The following new Known Limitations were identified with this release:

- **Bug #29919** - Audit history shows incorrect scheduled start date when describing a study.
  - **Issue:** This defect resolves the Audit History issue where scheduled start dates were incorrectly offset by the timezone for all new entries, but does not correct the issue for legacy values.
  - **Impact:** This minor display issue means legacy values continue to display with an incorrect timezone offset.

# VERSION DETAILS

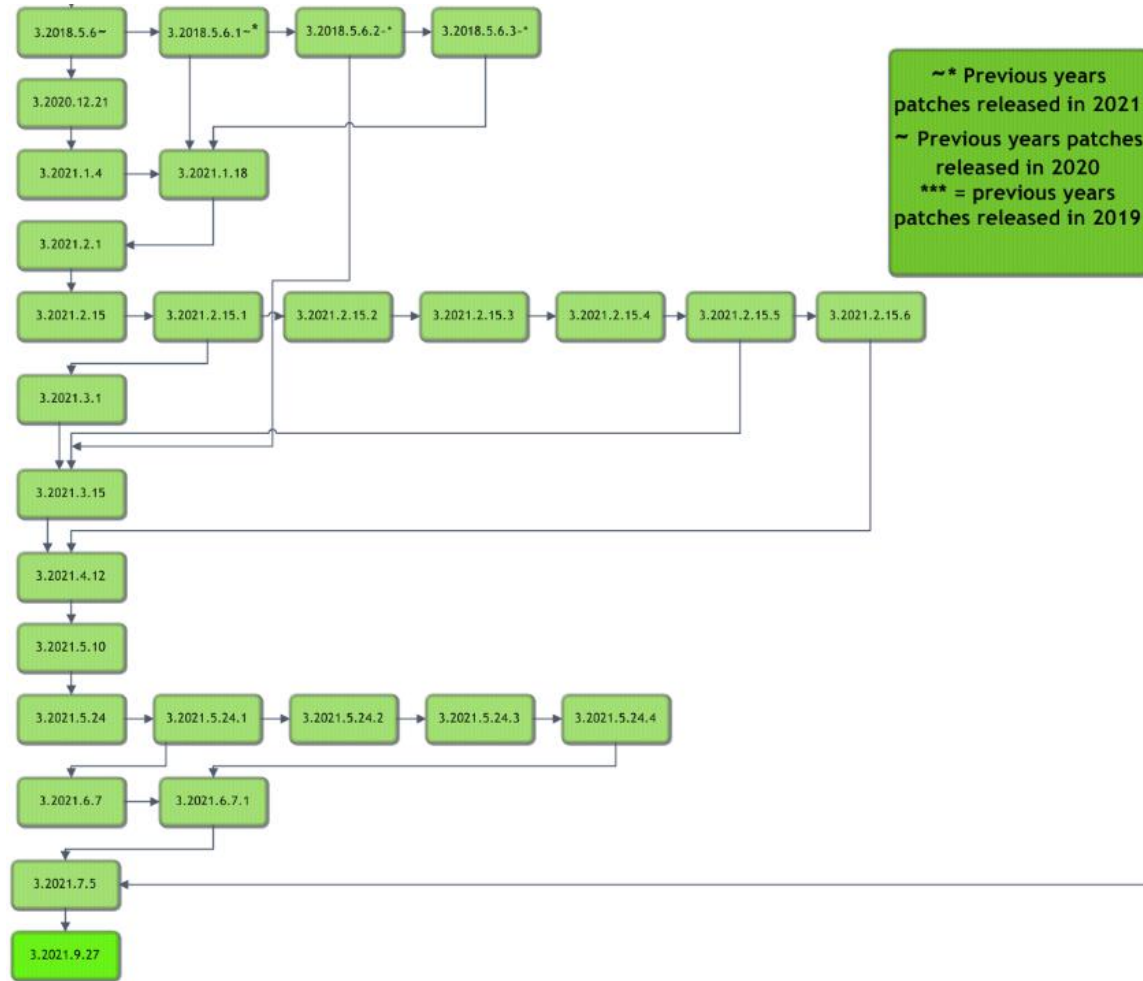
## Package Contents

The release package includes the following folders:

 @Hotfixes	4/20/2012 8:51 AM
 _Documentation	10/4/2021 3:02 PM
 _ReleaseNotes	10/5/2021 9:02 AM
 Client Application	10/4/2021 3:00 PM
 DB	10/4/2021 3:00 PM
 External WebAPI	10/4/2021 3:00 PM
 Identity Service	10/4/2021 3:00 PM
 Management Reports	10/4/2021 3:00 PM
 PACS Citrix Bridge	10/4/2021 3:01 PM
 RIS Service	10/4/2021 3:00 PM
 Service Tools	10/4/2021 3:02 PM
 Web Digital Forms	10/4/2021 3:00 PM
 Web Patient Connect	10/4/2021 3:01 PM
 Web Referring Connect	10/4/2021 3:01 PM
 Web UM Connect	10/4/2021 3:01 PM
 WebHelp	10/4/2021 3:00 PM
 Build_2021.9.27.zip	10/4/2021 3:03 PM
 RISServerMasterCert.pfx	3/31/2016 1:38 PM

## Code Stream

The following source code branches have been merged into this release:



LEGEND:

- Light Green = Previously Released software
- Gray = Internal version, non-release version
- Bright Green = Current Release

## eRAD RIS Release Version Numbers

The following table details the version identifiers for components in this release:

Build	Patch	UI Version	Core Version	WS Version	DB Version	Digital Forms	Patient Portal	UM Portal	Provider Portal	Notes
2018.5	6	3.18.5.6(3GB)	3.18.5.6	3.18.5.6	3.18.5.6.0.02571320	3.18.5.6.0	3.18.5.6.0.1050	3.18.5.6.0.1050	3.18.5.6.0.1050	Full version release
2018.5	6.1	3.18.5.6.1(3GB)	3.18.5.6.1	3.18.5.6.1	3.18.5.6.1.02601339	3.18.5.6.1	3.18.5.6.1.1070	3.18.5.6.1.1070	3.18.5.6.1.1070	GUI, Web Services, DB, Patient/Provider/UM Portals and Digital Forms
2018.5	6.2	3.18.5.6.2(3GB)	3.18.5.6.2							GUI
2018.5	6.3	3.18.5.6.3(3GB)	3.18.5.6.3	3.18.5.6.3	3.21.5.10.002823110					GUI and Webservices
2020.12.21	-	3.20.12.21.0(3GB)	3.18.5.6	3.20.12.21.0	3.20.12.21.0.02608693	3.20.12.21.0	3.20.12.21.0.897	3.20.12.21.0.897	3.20.12.21.0.897	Full version release
2021.1.4	-	3.21.1.4.0(3GB)	3.21.1.4				3.21.1.4.0.1075	3.21.1.4.0.1075	3.21.1.4.0.1075	GUI and Patient/Provider/UM portals
2021.1.18	-	3.21.1.18.0(3GB)	3.21.1.18	3.21.1.18.0	3.21.1.18.002652234	3.21.1.18.0	3.21.1.18.0.1081	3.21.1.18.0.1081	3.21.1.18.0.1081	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.2.1	-	3.21.2.1.0(3GB)	3.21.2.1	3.21.2.1.0	3.21.2.1.002672074	3.21.2.1.0	3.21.2.1.0.1090	3.21.2.1.0.1090	3.21.2.1.0.1090	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.2.15	-	3.21.2.15.0(3GB)	3.21.2.15	3.21.2.15.0	3.21.2.15.002698266	3.21.2.15.0	3.21.2.15.0.1111	3.21.2.15.0.1111	3.21.2.15.0.1111	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.2.15	1	3.21.2.15.1(3GB)	3.21.2.15.1	3.21.2.15.1		3.21.2.15.1	3.21.2.15.1.1113	3.21.2.15.1.1113	3.21.2.15.1.1113	GUI, Web Services, Patient/Provider/UM portals and Digital Forms
2021.2.15	2	3.21.2.15.2(3GB)	3.21.2.15.2	3.21.2.15.2		3.21.2.15.2	3.21.2.15.2.1122	3.21.2.15.2.1122	3.21.2.15.2.1122	GUI, Web Services, Patient/Provider/UM portals and Digital Forms
2021.2.15	3	3.21.2.15.3(3GB)	3.21.2.15.3							GUI
2021.2.15	4	3.21.2.15.4(3GB)	3.21.2.15.4	3.21.2.15.4	3.21.2.15.402732838	3.21.2.15.4	3.21.2.15.4.1133	3.21.2.15.4.1133	3.21.2.15.4.1133	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.2.15	5	3.21.2.15.5(3GB)	3.21.2.15.5	3.21.2.15.5	3.21.2.15.502738557					GUI, Web Services and DB
2021.2.15	6	3.21.2.15.6(3GB)	3.21.2.15.6	3.21.2.15.6						GUI and Web Services
2021.3.1	-	3.21.3.1(3GB)	3.21.3.1	3.21.3.1	3.21.3.1.002712308	3.21.3.1	3.21.3.1.0.1119	3.21.3.1.0.1119	3.21.3.1.0.1119	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.3.15	-	3.21.3.15(3GB)	3.21.3.15	3.21.3.15	3.21.3.15.002747230	3.21.3.15	3.21.3.15.0.1144	3.21.3.15.0.1144	3.21.3.15.0.1144	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.4.12	-	3.21.4.12(3GB)	3.21.4.12	3.21.4.12	3.21.4.12.002778929	3.21.4.12	3.21.4.12.0.1167	3.21.4.12.0.1167	3.21.4.12.0.1167	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.5.10	-	3.21.5.10(3GB)	3.21.5.10	3.21.5.10	3.21.5.10.002823110	3.21.5.10	3.21.5.10.0.1189	3.21.5.10.0.1189	3.21.5.10.0.1189	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.5.24	-	3.21.5.24(3GB)	3.21.5.24	3.21.5.24	3.21.5.24.002842120	3.21.5.24	3.21.5.24.0.1205	3.21.5.24.0.1205	3.21.5.24.0.1205	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.5.24	1	3.21.5.24.1(3GB)	3.21.5.24.1	3.21.5.24.1	3.21.5.24.102880695	3.21.5.24.1	3.21.5.24.1.1224	3.21.5.24.1.1224	3.21.5.24.1.1224	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.5.24	2	3.21.5.24.2(3GB)	3.21.5.24.2	3.21.5.24.2	3.21.5.24.202923248	3.21.5.24.2	3.21.5.24.2.1244	3.21.5.24.2.1244	3.21.5.24.2.1244	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.5.24	3	3.21.5.24.3(3GB)	3.21.5.24.3	3.21.5.24.3	3.21.5.24.302932869	3.21.5.24.3	3.21.5.24.3.1252	3.21.5.24.3.1252	3.21.5.24.3.1252	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.5.24	4	3.21.5.24.4(3GB)	3.21.5.24.4	3.21.5.24.4	3.21.5.24.402961496	3.21.5.24.4	3.21.5.24.4.1260	3.21.5.24.4.1260	3.21.5.24.4.1260	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.6.7	-	3.21.6.7(3GB)	3.21.6.7	3.21.6.7	3.21.6.7.002898418	3.21.6.7	3.21.6.7.0.1234	3.21.6.7.0.1234	3.21.6.7.0.1234	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.6.7	1	3.21.6.7.1(3GB)	3.21.6.7.1	3.21.6.7.1	3.21.6.7.102961651	3.21.6.7.1	3.21.6.7.1.1262	3.21.6.7.1.1262	3.21.6.7.1.1262	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.7.5	-	3.21.7.5(3GB)	3.21.7.5	3.21.7.5	3.21.7.5.002970391	3.21.7.5	3.21.7.5.0.1266	3.21.7.5.0.1266	3.21.7.5.0.1266	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.9.27	-	3.21.9.27(3GB)	3.21.9.27	3.21.9.27	3.21.9.27.003025038	3.21.9.27	3.21.9.27.0.1280	3.21.9.27.0.1280	3.21.9.27.0.1280	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms