



eRAD RIS

# CUSTOMER RELEASE NOTES

Build v3.2022.3.28  
Including Build v3.2022.3.14 Content

UPDATED JULY 13, 2022

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# Publication History

Revision	Author	Description
July 13, 2022	Kevin Brooks / Hilary Saltmarsh	<ul style="list-style-type: none"><li>Commercial release.</li></ul>
May 19, 2022	Kevin Brooks	<ul style="list-style-type: none"><li>Minor edits to target version and Good Faith Estimate Configuration section.</li></ul>
July 13, 2022	Kevin Brooks	<ul style="list-style-type: none"><li>Corrections additional configuration details added to the Good Faith Estimate Distribution section.</li><li>Added Known Limitation #32478.</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 special combined release includes both ERAD RIS V3.2022.3.14 and ERAD RIS v3.2022.3.28 content, and includes both feature enhancements and a variety of resolved issues.

Notable in this release is the addition of the Good Faith Estimate functionality, including a Self Service tool, and the integration with eviCore IntelliPath for automated billing code authorization.

This version is recommended to be applied on ERAD RIS v3.2022.2.28 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.



*This version requires a two-step process that first applies the eRAD RIS V3.2022.3.14 upgrade, followed by the eRAD RIS v3.2022.3.28 upgrade.*

## RIS

### Changes to SysConfig

The following settings were added or updated with this release:

Setting	Default	Purpose
AutoAuthEligibilityStatus	Value=CSV as String, Default=[Approved,Warning]	Comma separated list of eligibility statuses that trigger an automatic authorization. The default delays Auto Auth until eligibility response is Approved or Warning. When set to Approved, Auto Auth is delayed until a green check appears in the eligibility status for the primary insurance. When blank, Auto Auth will be submitted before eligibility is received and for carriers that don't run through eligibility. Added in v3.2022.3.28 #31104
AutoAuthEnabled	Value=Boolean, Default=[False]	When True, Auto Authorization requests will be initiated when the required fields are available. When False, the Auto Authorization Requests will not be submitted, and fields associated with the Auto Auth will be hidden. Added in v3.2022.3.28 #31104
AutoAuthStatus	Value=CSV as String, Default=Blank	Comma separated list of PreCertStatus that will trigger an Auto Authorization. Added in v3.2022.3.28 #31104
AutoAuthTimeout	Value=Seconds as Integer, Default=[180]	Number of seconds before an Auto Auth request will be considered as timed out, after which the result displayed in the UI will be "Response Delayed". Text displayed to the user can be customized via "AutoAuthTimeoutMessage" ParagraphConfig. Added in v3.2022.3.28 #31104
GoodFaithEstimateDistributionMethod	Value=Ordered JSON list as String [from DistributionMethod lookup table], Default=["Use Preferred Delivery","SMS Link","Email Link","Print and SMS Link","Print and Email Link","Print"]	Preferred distribution methods for Good Faith Estimate (GFE). If most preferred method is unavailable, the next on the list will be tried until a valid delivery method is found. Note: Click Value to open custom editor. Added in v3.2022.3.14 #31213
GoodFaithEstimateScanType	Value="Scan Type Code" as String [from ScanType lookup table], Default=[GFE]	Active scan document type that represents a Good Faith Estimate. Added in v3.2022.3.14 #31029
GoodFaithEstimateTemplate	Value=String, Default=Blank	Path and name of the SQLServer Report Server file for Good Faith Estimates. Added in v3.2022.3.14 #31029

## Web Services

### Changes to applicationsettings.config

FEATURE #31029 - CREATE A GOOD FAITH ESTIMATE FOR SELF PAY APPOINTMENTS

**DDEEnableEMR** = False

```
001 <setting name="DDEEnableEMR" serializeAs="String">
002     <value>False</value>
003 </setting>
```

**DDEEnableRADAR** = True

```
001 <setting name="DDEEnableRADAR" serializeAs="String">
002     <value>True</value>
003 </setting>
```

### Changes to rRISServices.exe.config / rRISServices64.exe.config

FEATURE #31029 - CREATE A GOOD FAITH ESTIMATE FOR SELF PAY APPOINTMENTS

```
<dependentAssembly>
004     <assemblyIdentity name="Microsoft.Build.Framework"
        publicKeyToken="b03f5f7f11d50a3a" culture="neutral" />
005     <bindingRedirect oldVersion="0.0.0.0-14.0.0.0" newVersion="14.0.0.0" />
006 </dependentAssembly>
```

SERVICE-ONLY FEATURE #31415 - CENTRALIZED NPD AND SELF-PAY PRICING FUNCTIONALITY FOR RIS AND PORTALS

Under the <basicHttpBinding> section of the file:

```
001 <binding name="CustomBinding_INpdService" />
```

Under the <client> section of the file:

```
001 <endpoint address="http://localhost:8733/NpdService/NpdService.asmx"
        binding="basicHttpBinding" bindingConfiguration="CustomBinding_INpdService"
        contract="NPDSvc.clsNPDSvcSoap" name="CustomBinding_INpdService" />
```



*Changes to `rRISServices.exe.config` are packaged in our release as `ReleaseVersion-rRISServices.exe.config`.*

# NEW FEATURES

## Insurance Eligibility

### Feature #31585 - Eligibility Redirection: Re-run eligibility with alternate Payer ID for recognized responses

#### Summary

This enhancement to Insurance Eligibility implements "eligibility redirection." This is the ability to re-submit a request with the Availity or Eligible provider when an initial eligibility response returns a recognized warning.

Previously, insurance would only display a warning in these situations.

With this change, when an initial eligibility response produces a warning that has the special tag `{Availity-<payer_id>}` or `{Eligible-<payer_id>}`, the eligibility framework will re-submit the 270 request to Availity or Eligible with the provided payer\_id.

From the user's perspective, there is no discernable difference except that it will take a bit longer to run eligibility when RIS contacts two different payers. The benefit is that without additional manual effort the user will now likely get a valid eligibility return from the second Payer ID.

#### Configuration Instructions

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

#### RIS Client

##### Changes to EligibilitySpecialCondition Lookup Table Settings

1. Configure `EligibilitySpecialCondition` rules to trigger the eligibility redirection.

Carrier Code	Matching String	Warning Message	Site	Practice	Display Order
Contains: ▼	Contains: ▼	Contains: ▼			Equals: ▼
* 6209 - 6209 - Cign...	THE LOOMIS COMPANY	{Availity-100508}	(all)	(all)	1

A SAMPLE ELIGIBILITYSPECIALCONDITION RULE THAT TRIGGERS THE ELIGIBILITY REDIRECTION.

## Payment Control

### Feature #30708 - Adjust Amount to Collect at Time of Service when PreApproved payment is reduced

#### Summary

This enhancement to Payment Rules introduces a new configuration option to indicate whether the Amount to Collect should be automatically increased to cover 100% of the estimated Patient Financial Responsibility if the PreApproved Payment Amount is reduced.

#### Background

Previously, PreApproved payment rules could be configured to have a default Amount to Collect (ATC) and a default PreApproved Payment Amount (PAPA - an agreement with the patient to charge their credit card up to this agreed upon amount after the claim has been adjudicated by their insurance).

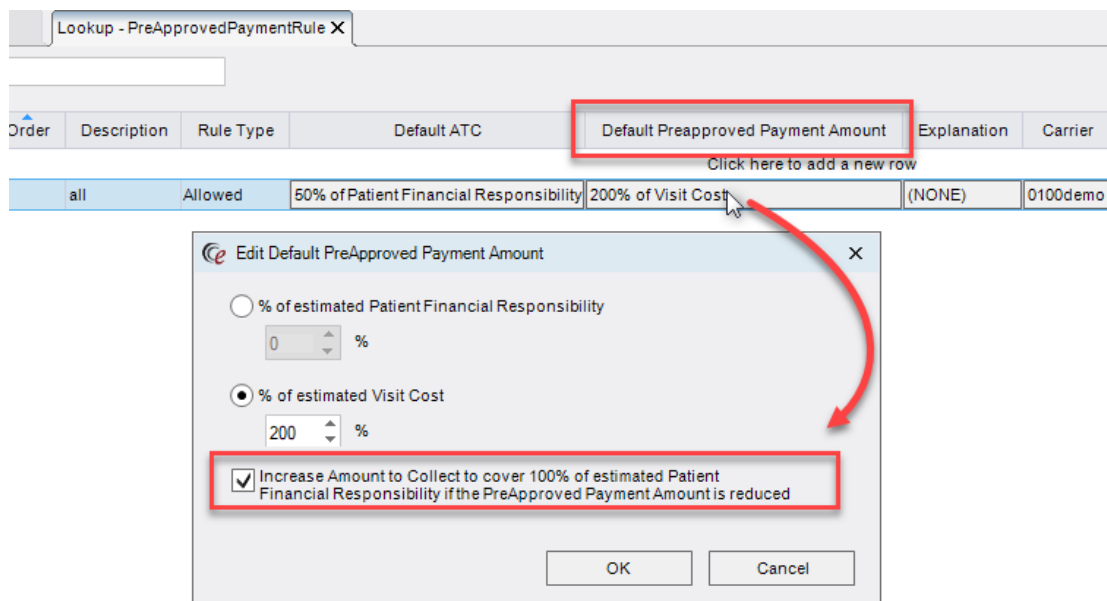
The general idea is that the patient would pay some amount that is less than what they are believed to owe, likely because the situation is one where we are not confident that we are accurately predicting the patient's financial responsibility or because we expect that the claim may be denied by the insurance. When the claim has been adjudicated, we will know exactly what the patient owes and can charge their credit card for the exact amount as long as it is not more than the amount that the patient gave us permission to charge with the PAPA.

This works well as long as the default amount for the PAPA is not adjusted by a user. If the ATC is decreased, the amount of the PAPA will go up accordingly, so that the correct percentage of the estimated Patient Financial Responsibility or percentage of Visit Cost (depending on how the rule was configured) is still covered. In other words, if the patient pays less at the time of service, the PAPA will increase to cover the additional money that was not collected.

However, in the event that the PAPA is reduced, there is not a corresponding increase to the ATC at time of service. This can lead to situations where the patient owes more than what the PAPA will allow us to charge and we have to bill the patient for the difference. This is a situation that would be best avoided.

## Feature Description

With this change, a new `Default PreApproved Payment Amount` setting in the `PreApprovedPaymentRule` configuration table indicates whether the ATC should be adjusted to cover 100% of the estimated Patient Financial Responsibility if the PreApproved Payment Amount is reduced:



CLICK THE DEFAULT PREAPPROVED PAYMENT AMOUNT FIELD TO DISPLAY AN EDIT DIALOG WITH A NEW CHECKBOX.

### Example 1:

A rule is set up for the PAPA to cover 50% of the estimated Patient Financial Responsibility (PFR) and the ATC at time of service to collect 50% of the PFR. The rule has been configured with the new checkbox checked to cover 100% of PFR. The total estimated PFR is \$200, so by default: ATC=\$100, PAPA=\$100. If the user changes the PAPA to \$50, the ATC will automatically adjust to \$150.

If the user changes their mind and sets the PAPA to \$75, the ATC will then change to \$125.

If the user then *manually* adjusts the ATC, no further automated adjustments will occur.

### Example 2:

A rule is set up for the PAPA to cover 125% of the PFR and the ATC at time of service to collect 50% of the PFR. The rule has been configured with the new checkbox checked to cover 100% of PFR. The total estimated PFR is \$200, so by default ATC=\$100, PAPA=\$125.

If the user changes the PAPA to \$100, the ATC will NOT be adjusted. This is because the default PFR was for *more* than 100% and the adjustment did not bring the total amount covered by ATC + PAPA to less than 100% of the estimated Patient Financial Responsibility.



**Usage notes:**

- The new option will apply regardless of whether the PAPA was set up as a % of PFR or a % of Visit Cost.
- If the user manually adjusts the ATC, a subsequent change to PAPA will not cause any further ATC updates.

**Configuration Instructions**

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

**RIS Client****Changes to PreApprovedPaymentRule Lookup Table**

2. Configure the `Default Preapproved Payment Amount` value for each rule, utilizing the new checkbox if desired.

**IVT / Precert****Feature #31104 - RIS integration with eviCore IntelliPath for Auto Authorization****Summary**

This enhancement to IVT / PreCert adds RIS integration with eviCore IntelliPath for automated insurance authorization (Auto Auth).

With this change, authorization requests will be automatically issued as soon as all required information is obtained for configured insurances.

**Background**

eviCore IntelliPath® is eviCore's electronic prior authorization solution. Some customers currently use eRAD RIS with eviCore's IntelliPath product to obtain an automated Pre Auth (insurance authorization) for payers for which IntelliPath is able to provide that information. However, because IntelliPath was previously not fully integrated with the RIS, the interaction with IntelliPath occurred after the user interacted with the appointment (e.g., after they finished scheduling or saved the order). This wasn't ideal because knowing whether the PreAuth is approved can impact how far out the scheduler will book the appointment. If the scheduler knows that PreAuth is approved or not required before choosing a timeslot for the patient, they may be able to book the patient sooner.

To provide a more integrated experience with authorization information available earlier in the scheduling process, this feature will provide an integration with IntelliPath that will allow the message to be sent as soon as all required data elements are available.

**Feature Description**

With this change, the request to IntelliPath will be sent automatically as soon as all required data elements are in place. This means there is no need to wait for procedure #2 to be entered before sending off a request for Procedure #1.

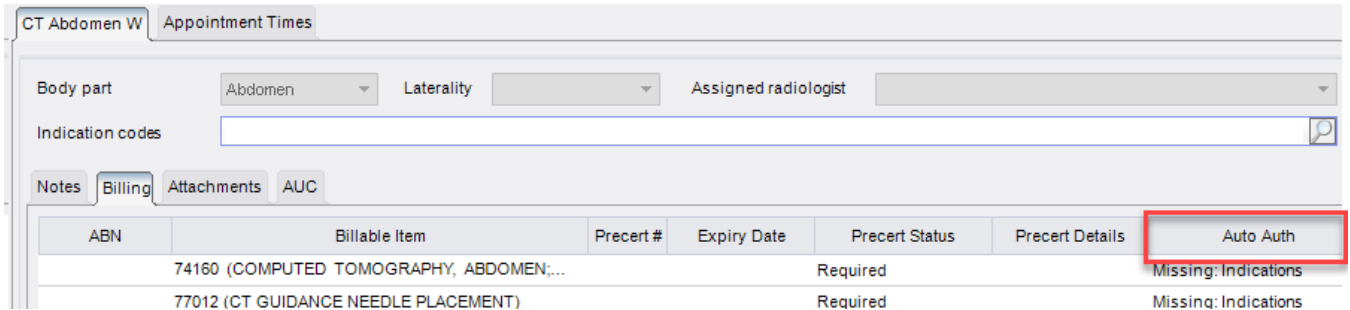
The default will only run an auto authorization with an eligibility response of `Approved` or `Warning` and PreCert is required.

Technically, RIS will queue requests for the customer to process via Wedge/Mirth, await a response via Signalr before Mirth sends the 278 request, and return the result via a database stored procedure.

The expectation is that results are available in RIS prior to the user selecting a time slot, however, they are not prevented from scheduling if the results are not available. In order to submit the Auto Auth request prior to selecting an appointment slot, RIS will most often set the following defaults:

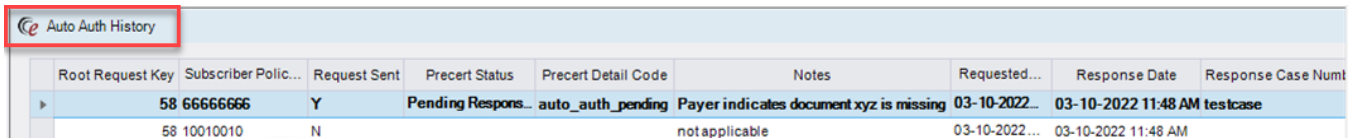
- If the scheduled date is unknown, the current date will be used.
- If no modality is selected, RIS will use a modality for the procedure at the last site the patient visited.

When scheduling, a new `Auto Auth` field on the billing code grids will show the notes (verification notes) returned from the Auto Auth request:

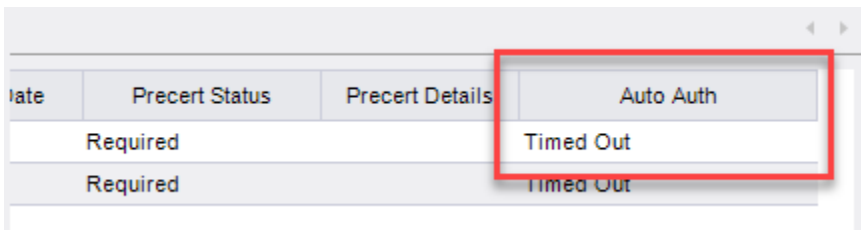


NOTE THE NEW "BILLING" TAB IS LOCATED IN THE PROCEDURE PICKER STUDY DETAILS TAB, PER THE PREVIOUSLY-RELEASED RELATED Feature #30690.

- To help understand the details that lead to the Auto Auth result and the history of changes to the study with respect to authorization, `double-clicking` the Auth cell will display details of past Auto Auth requests and responses with respect to the billable item.



- If there is no Auto Auth and there is a PreCert status which is not one of the System Configuration `AutoAuthStatus` values, then the field will be blank.
- When there isn't an Auto Auth request, it will indicate if an Auto Auth request is possible but any of the following required fields are missing:
  - Eligibility - must match the `AuthAuthEligibilityStatus` configuration
  - Requested By
  - Requested By Address
  - Policy Number
  - Subscriber Name
  - Subscriber Relation
  - Indications
  - Modality - If no modality selected, RIS will use a modality for the procedure at the last site the patient visited.
  - Site NPD - This will be based on the above Modality.
  - Scheduled date - When a scheduled date is unknown, the current date will be used.
- While an auto authorization is in progress the `Auto Auth` field will display an in-progress message. If the system configured timeout has expired, the field will display a timed-out message:



If there is a change to one of the required fields, RIS will send out a new request when the status matches `AutoAuthStatus` configuration or is in one of the PreCert Details codes used for Auto Auth.

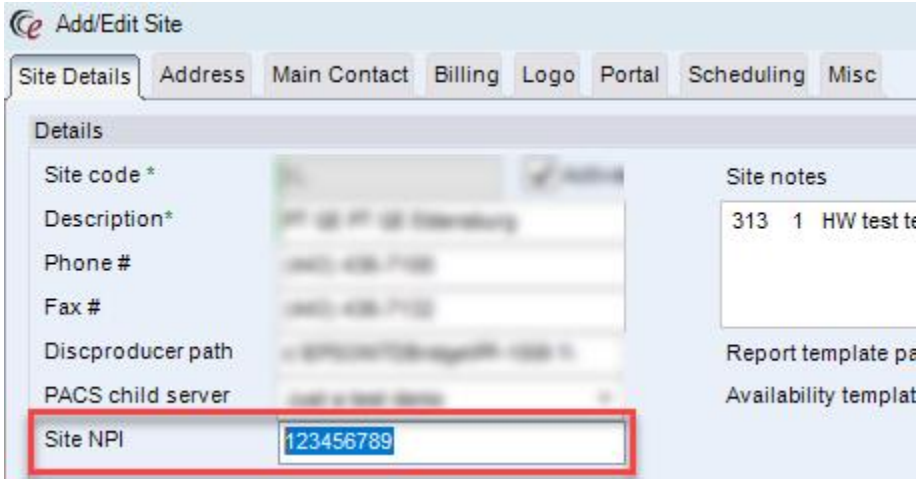
## Configuration Instructions

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

### RIS Client

### Changes to Add/Edit Site Editor

An NPI field was added to the Site editor:



### Changes to PreCertDetail Lookup Table

3. A new `Used For Auto Cert Flag` column was added to the PreCert Detail editor.
  - 3.1. When set to `Y`, the option will not be selectable by a user via the PreCert Detail dropdown but will be shown when it is set by the Auto Auth process.
  - 3.2. When set to `Y`, display order should also be set to a value that is greater than all other items to prevent creating empty spaces in the PreCert Detail dropdowns.
  - 3.3. Adding a PreCert Detail of `Not Using Auto Auth` is recommended to support overriding the values coming back from the Auto Auth or to prevent the Initial Auto Auth from re-submitting as the required inputs change.

PreCert Detail Code	Description	PreCert Status To Assign On Save	Display Order	Practice	Used For Auto Cert Flag
Contains: <input type="text" value="auto"/>	Contains:	Contains:	Equals:		Contains:
Click here to add a new row					
auto_auth_approved	Auto Auth	Approved	999	(all)	Y
auto_auth_denied	Auto Auth	Denied	999	(all)	Y
auto_auth_not_req	Auto Auth	Not Required	999	(all)	Y
auto_auth_pending	Auto Auth	Pending Response	999	(all)	Y
auto_auth_required	Auto Auth	Required	999	(all)	Y
DoNotUseAutoAuth	Not Using Auto Auth		0	(all)	N

### Changes to SystemConfig Lookup Table Settings

4. Configure `AutoAuthStatus` with PreCert statuses that will trigger auto authorization.
5. Configure `AutoAuthEligibilityStatus` with eligibility statuses that will trigger an auto authorization. The default will only run an auto authorization when we have an eligibility response of `Approved` or `Warning` and PreCert is required.
6. Review `AutoAuthTimeout` value. The default timeout is 30 seconds, but customers may need to adjust this +/- 10 seconds depending on how fast eviCore or other AutoAuth provider is responding.
7. Configure `AutoAuthEnabled` to enable this feature.

The following related settings were added or updated:

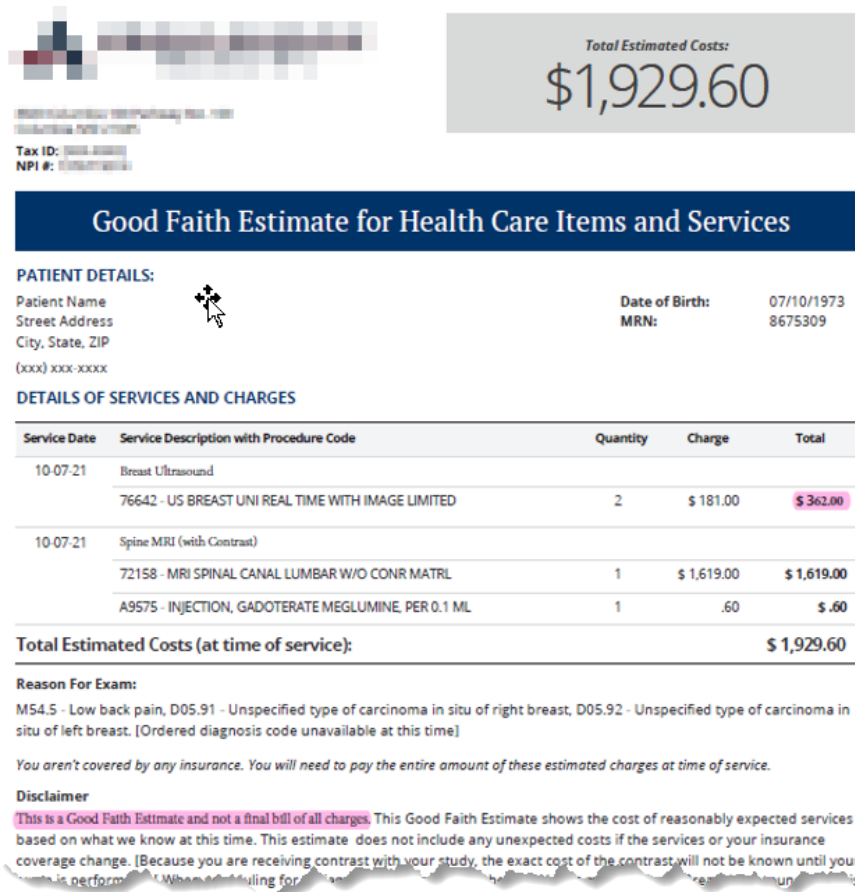
Setting	Default	Purpose
AutoAuthEligibilityStatus	Value=CSV as String, Default=[Approved,Warning]	Comma separated list of eligibility statuses that trigger an automatic authorization. The default delays Auto Auth until eligibility response is Approved or Warning. When set to Approved, Auto Auth is delayed until a green check appears in the eligibility status for the primary insurance. When blank, Auto Auth will be submitted before eligibility is received and for carriers that don't run through eligibility. Added in v3.2022.3.28 #31104
AutoAuthEnabled	Value=Boolean, Default=[False]	When True, Auto Authorization requests will be initiated when the required fields are available. When False, the Auto Authorization Requests will not be submitted, and fields associated with the Auto Auth will be hidden. Added in v3.2022.3.28 #31104
AutoAuthStatus	Value=CSV as String, Default=Blank	Comma separated list of PreCertStatus that will trigger an Auto Authorization. Added in v3.2022.3.28 #31104
AutoAuthTimeout	Value=Seconds as Integer, Default=[180]	Number of seconds before an Auto Auth request will be considered as timed out, after which the result displayed in the UI will be "Response Delayed". Text displayed to the user can be customized via

## Good Faith Estimate

### Feature #31029 - Create a Good Faith Estimate for Self Pay appointments

#### Summary

This enhancement to eRAD RIS introduces a new Good Faith Estimate (GFE) component that will provide all Self Pay patients with a document detailing the expected costs of the services to be provided. Patients will access their GFE in the Patient Portal either by logging into their account, or via a Smart Link sent by Email or SMS - even if they do not have a Portal account.



**Total Estimated Costs:**  
**\$1,929.60**

Tax ID: [REDACTED]  
NPI #: [REDACTED]

### Good Faith Estimate for Health Care Items and Services

**PATIENT DETAILS:**

Patient Name: [REDACTED]      Date of Birth: 07/10/1973  
Street Address: [REDACTED]      MRN: 8675309  
City, State, ZIP: [REDACTED]  
(xxx) xxx-xxxx

**DETAILS OF SERVICES AND CHARGES**

Service Date	Service Description with Procedure Code	Quantity	Charge	Total
10-07-21	Breast Ultrasound			
	76642 - US BREAST UNI REAL TIME WITH IMAGE LIMITED	2	\$ 181.00	\$ 362.00
10-07-21	Spine MRI (with Contrast)			
	72158 - MRI SPINAL CANAL LUMBAR W/O CONR MATRL	1	\$ 1,619.00	\$ 1,619.00
	A9575 - INJECTION, GADOTERATE MEGLUMINE, PER 0.1 ML	1	.60	\$.60
<b>Total Estimated Costs (at time of service):</b>				<b>\$ 1,929.60</b>

**Reason For Exam:**  
M54.5 - Low back pain, D05.91 - Unspecified type of carcinoma in situ of right breast, D05.92 - Unspecified type of carcinoma in situ of left breast. [Ordered diagnosis code unavailable at this time]

*You aren't covered by any insurance. You will need to pay the entire amount of these estimated charges at time of service.*

**Disclaimer**  
This is a Good Faith Estimate and not a final bill of all charges. This Good Faith Estimate shows the cost of reasonably expected services based on what we know at this time. This estimate does not include any unexpected costs if the services or your insurance coverage change. [Because you are receiving contrast with your study, the exact cost of the contrast will not be known until your study is performed. When scheduling for contrast, please contact the imaging department.]

SAMPLE GFE DOCUMENT.

This initial release will:

- Generate a Good Faith Estimate (GFE) when required.
- Use the Patient Portal as the home for presenting the Good Faith Estimate.
- Create a "Smart Link" that can be sent via a single communication method to direct the patient to the portal via SMS or Email.
- Model distribution and record keeping on established "distribution job" workflow.

## Background

This new workflow originates from U.S. federal government requirements related to their "No Surprises Act." Under this legislation, radiology providers must actively provide all Self Pay patients (when no insurance is involved) with a document called a "Good Faith Estimate" (abbreviated as GFE) which will detail the expected costs of the services to be provided. A revised copy must also be provided if the Amount to Collect changes.

The intent of No Surprises Act is to protect patients from unexpected medical bills, by providing a breakdown of expected charges specifically for patients who are:

- Uninsured
- Self Pay and the patient's insurance will not be used

Because uninsured patients are treated as Self Pay, both will be referred to as Self Pay in the documentation below.

## Related Features

The primary Redmine ticket for this feature is:

1. FEATURE #31029 - CREATE A GOOD FAITH ESTIMATE DISTRIBUTION JOB TO DISTRIBUTE A GFE TO THE PATIENT WHEN A SELF PAY APPOINTMENT IS SCHEDULED

This change encompasses the following features:

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2. FEATURE #31031 - CREATE A NEW GOOD FAITH ESTIMATE DISTRIBUTION JOB WHEN AMOUNT TO COLLECT CHANGES
3. FEATURE #31038 - ADD GOOD FAITH ESTIMATE TAB TO THE EXAMS PAGE WHEN APPLICABLE
4. FEATURE #31060 - SUPPORT VIEWING THE EXAMS PAGE WITH GOOD FAITH ESTIMATE OUTSIDE OF LOGIN VIA SMART LINK
5. FEATURE #31061 - UPDATE THE "EDIT SEND TO JOB" SCREEN TO INCLUDE ADDITIONAL OPTIONS FOR PATIENT DISTRIBUTION
6. FEATURE #31213 - GOODFAITHESTIMATEDISTRIBUTIONMETHOD SETTING
7. FEATURE #31214 - UPDATE INBOUNDRADARMESSAGEFILTER CONFIG SETTING TO ACCOUNT FOR GOOD FAITH ESTIMATE
8. FEATURE #31216 - SEND SECURE LINK FOR GOOD FAITH ESTIMATE VIA EMAIL
9. FEATURE #31217 - SEND SECURE LINK FOR GOOD FAITH ESTIMATE VIA SMS
10. FEATURE #31235 - SSRS TEMPLATE FOR GOOD FAITH ESTIMATE
11. FEATURE #31244 - SUPPORT SENDING QUICK MESSAGE WITHOUT NEEDING A PATIENT RECORD
12. FEATURE #31324 - DISTRIBUTION HISTORY WORKLIST - SHOW ORDER LEVEL JOBS
13. FEATURE #31698 - HIDE SELECTED SCAN TYPES FROM VIEW IN THE ATTACHMENT VIEWER
14. FEATURE #31037 - SELF SERVICE TOOL TO OBTAIN A GOOD FAITH ESTIMATE WITHOUT SCHEDULING
15. FEATURE #31062 - PREVIEW HISTORICAL DOCUMENTS IN DISTRIBUTION JOB HISTORY

The following related feature was also completed and documented separately in the Patient Portal section below:

16. SERVICE-ONLY FEATURE #31478 - AUTOMATICALLY CONVERT SCANNED DOCUMENTS FROM IMAGES TO PDF UPON DOWNLOAD

## Feature Description

### Good Faith Estimate Distribution Job Creation

---

Creating and sending a GFE link may be done automatically upon scheduling, but GFE links can also be provided upon patient request even if the patient will not be scheduling an appointment.

#### GFE Requests Upon Scheduling

A distribution job will be automatically created whenever a patient is scheduled for an appointment when there is a selected Carrier with where Self `Pay Flag` equals `Y` and no other selected Carriers on that order where `Self Pay` Flag equals `N` (i.e. a true Self Pay scenario).

This functionality was delivered via the Redmine ticket:

- FEATURE #31029 - CREATE A GOOD FAITH ESTIMATE DISTRIBUTION JOB TO DISTRIBUTE A GFE TO THE PATIENT WHEN A SELF PAY APPOINTMENT IS SCHEDULED

#### GFE Requests When Not Scheduling

A GFE must be provided even if the patient will not be scheduling an appointment.

RIS users can send these patients an SMS or email inviting them to access a self-service Good Faith Estimate tool on the web.

This functionality was delivered via the Redmine ticket:

- FEATURE #31244 - SUPPORT SENDING QUICK MESSAGE WITHOUT NEEDING A PATIENT RECORD

The self-service Good Faith Estimate tool was delivered via the Redmine ticket:

- FEATURE #31037 - SELF SERVICE TOOL TO OBTAIN A GOOD FAITH ESTIMATE WITHOUT SCHEDULING

### GFE Document Creation

---

The actual GFE is created based on an SSRS template and is populated with all information pertaining to the patient and studies, including NPD prices.

A new `GoodFaithEstimateTemplate` System Config setting identifies to RIS which SSRS form represents this template.

Because GFEs are stored as scanned documents, a new `Show In Attachments Flag` column in the `ScanType` lookup table is used to hide the system-generated GFEs from view, to prevent issues if a user tries to delete a GFE document. Instead, users will be able to view distributed GFEs via the Distribution History.

This functionality was delivered via the Redmine ticket:

- FEATURE #31235 - SSRS TEMPLATE FOR GOOD FAITH ESTIMATE

## GFE Distribution

Once the GFE is created, it must be sent to the patient according to the customer's communication preferences.

### Distribution Method Settings

When an appointment is scheduled, a distribution job is created using the most preferred mechanism, for example:

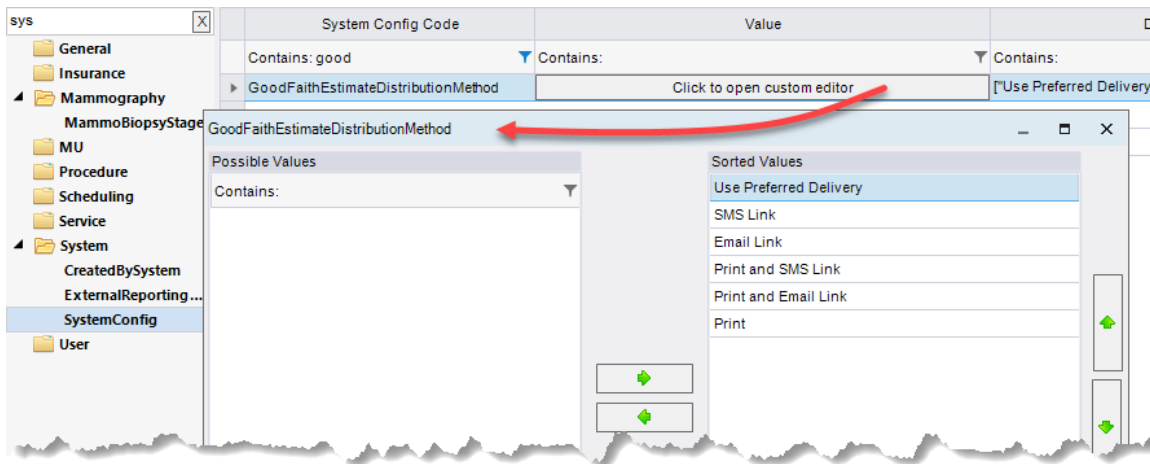
1. Send via SMS
2. If no mobile, send via Email.
3. If no email, print and mail.

This functionality was delivered via the Redmine tickets:

- FEATURE #31213 - GOODFAITHESTIMATE DISTRIBUTION METHOD SETTING
- FEATURE #31214 - UPDATE INBOUNDRADAR MESSAGE FILTER CONFIG SETTING TO ACCOUNT FOR GOOD FAITH ESTIMATE

### Configuration

Because the contact methods available for each patient can vary (e.g., not every patient has an email or mobile phone), the distribution hierarchy is configurable to define the contact types in their preferred order of use via a new `GoodFaithEstimateDistributionMethod` System Config setting.



IF NO VALID METHOD IS IDENTIFIED, THE DISTRIBUTION JOB WILL GO TO ERROR STATUS.

When the distribution method is Print, the GFE will be printed so that it can be sent to the patient via mail. If an SMS or email option is used, the patient will be able to access the GFE in the Patient Portal via a Smart Link sent by Email or SMS.

### Print GFE

When the Distribution job is `Print`, the document will be printed to the default printer.

Note that the same default printer is used for `Layletter` documents, per KNOWN LIMITATION #32478.

### GFE Distribution via Email

When the Distribution job is Email Link, the patient will receive an email notifying them that a secure message is available. The email will contain a Smart Link.

This functionality was delivered via the Redmine ticket:

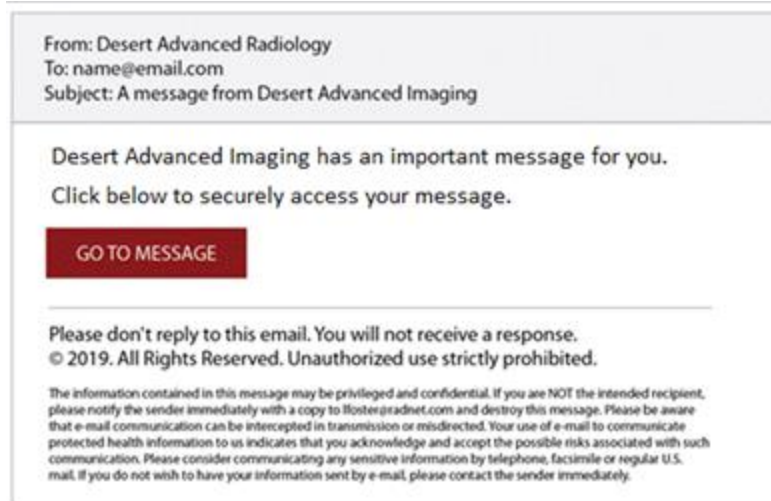
- FEATURE #31216 - SEND SECURE LINK FOR GOOD FAITH ESTIMATE VIA EMAIL

### Message Content



When emailing, the name of the "From" and the name of the sending institution (in the subject and body of the email) will use the existing portal communication settings for the site where the patient is scheduled (e.g., Patient Friendly Site Name description).

When the Distribution job is Email Link, the patient will receive an email notifying them that a secure message is available. The email will contain a Smart Link.



EMAIL CONTENT.

Note that if the email job fails, the error status will be noted on the `Distribution WL` in the new `Error Type` column.

### GFE Distribution via SMS

When the Distribution job is SMS Link, the patient will receive a text message notifying them that a secure message is available. The text message will contain a Smart Link.

This functionality was delivered via the Redmine ticket:

- FEATURE #31217 - SEND SECURE LINK FOR GOOD FAITH ESTIMATE VIA SMS

### Message Content

Similar to emailing, the SMS will use the existing portal communication settings for the site.

*Desert Advanced Imaging has an important message for you. Click [Smart Link URL] to securely access your message.*

SMS CONTENT.

Note that if the SMS job fails, the error status will be noted on the `Distribution WL` in the new `Error Type` column.

### User Workflow

When the SMS or email option is used, the patient is instructed to access their GFE in the Patient Portal via a Smart Link. They also have the option to log in to their Patient Portal account directly to access their estimate.

This functionality was delivered via the Redmine tickets:

- FEATURE #31038 - ADD GOOD FAITH ESTIMATE TAB TO THE EXAMS PAGE WHEN APPLICABLE
- FEATURE #31060 - SUPPORT VIEWING THE EXAMS PAGE WITH GOOD FAITH ESTIMATE OUTSIDE OF LOGIN VIA SMART LINK

### Accessing the GFE

Users with a Patient Portal account can log in to directly to access their results.

Users who elected to receive an email or SMS can open the provided Smart Link to access their Good Faith Estimate on the Patient Portal and will be prompted to authenticate by confirming their date of birth. Note that



this workflow allows patients to view their Good Faith Estimate without actually logging into the portal, or even having a portal account.

### Viewing the GFE

Once their identity is confirmed, the patient's GFE can be viewed in the Patient Portal.



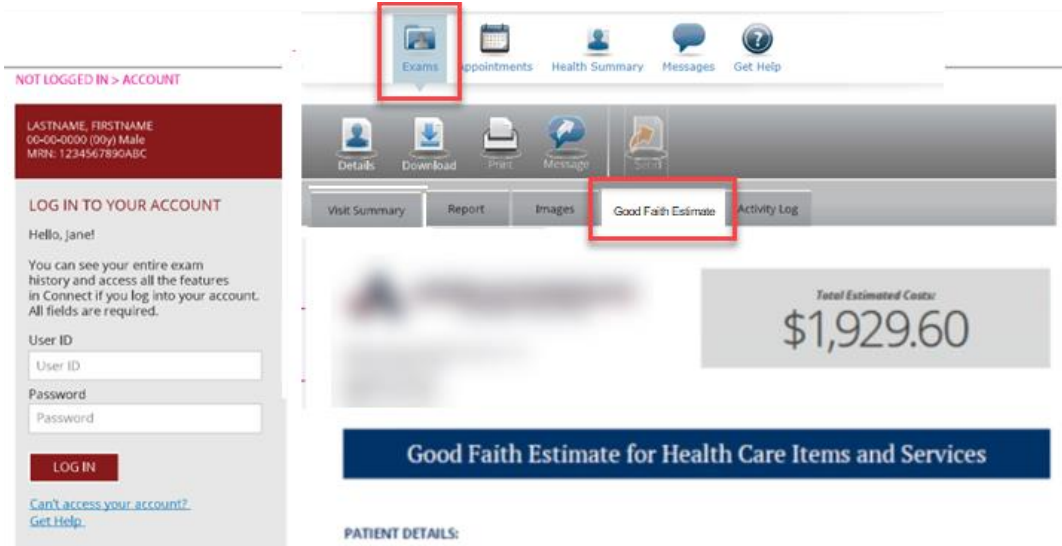
*Note that if the patient's Carriers have changed and the patient no longer meets the Self Pay conditions, the Good Faith Estimate tab will be hidden, as the costs are different when insurance is used.*

If the patient accessed the Exam page via a GFE Smart Link, the GFE tab will automatically be selected.

Depending on the status of the exam(s) there are two possible display options:

Prior to performing the exam, the estimate will appear under the **Appointments** tab - as long as the exam is in **Scheduled** status or beyond and has a selected Carrier where **Self Pay Flag** equals **Y** and no other selected Carriers on that order where **Self Pay Flag** equals **N** (i.e. a true Self Pay scenario):

After the exam is performed, the estimate will appear under the **Exams** tab:



NOTE THE OPTION TO LOG IN TO THEIR ACCOUNT TO VIEW ADDITIONAL INFORMATION.

In both scenarios, the portal will display the most up-to-date version of the GFE with [Print](#) and [Download](#) options available to retrieve the document in .PDF format.



*Note that if the patient's Carriers have changed and the patient no longer meets the Self Pay conditions, the Good Faith Estimate tab will be hidden, as the costs are different when insurance is used.*

Viewing, printing, and downloading activity will update the portal's [Activity Log](#) tab and the RIS [Audit History](#).

Just as with other Smart Links, the patient has the option to log in or create a portal account (although it is not required to access the information about the current exam).



NOTE THE "GET STARTED" OPTION TO CREATE AN ACCOUNT.

### Obtaining a GFE When Not Scheduling

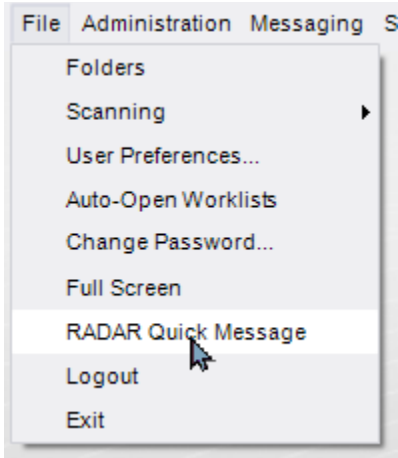
A Good Faith Estimate Self-Service tool allows any Self Pay patient to request a GFE document, even if the patient will not be scheduling an appointment.

This functionality was delivered via the Redmine ticket:

- FEATURE #31037 - SELF SERVICE TOOL TO OBTAIN A GOOD FAITH ESTIMATE WITHOUT SCHEDULING

These patients will be sent an SMS or Email message with a link to the Self Service tool portal where they can create, view, and download a GFE document. Patients do not need to be previously registered in either RIS or the portal to use the tool, although the page is not accessible without the link.

A new RADAR Quick Message menu option is used to communicate the URL to patients.



The request sent through RADAR will direct the user to the URL configured for the RIS user's currently selected practice (from the top right corner), as defined in the `Add/Edit Practice` configuration dialog.

Patients accessing the self-service Good Faith Estimate tool on the web will be prompted to enter some basic demographic information needed for the GFE, select the procedure they want to price, and select a site.

 A screenshot of the 'GOOD FAITH ESTIMATE' web form. At the top left is a 'BACK' button. The form title is 'GOOD FAITH ESTIMATE'. It contains the following fields: 'First Name' (text input), 'Last Name' (text input), 'What is your date of birth?' (calendar icon and 'm-dd-yyyy' text input), 'Procedure \*' (dropdown menu showing 'Nothing selected'), and 'Site \*' (dropdown menu). At the bottom is a 'DOWNLOAD' button.

Note that the `Procedure` dropdown is searchable for those procedure codes that have the `Manual GFE Flag` set to `Y` in the `ProcedureCode` configuration table and that match the selected `Practice`.

The generated GFE will then be downloaded to the user's device as a .PDF and a copy stored.



*Note that because the patient is not created in RIS this type of GFE is not tied to a patient or visible in the RIS.*

## Administration Workflow

For the most part, this workflow will be automated and the RIS user will not need to interact with it when scheduling/registering the patient.

However, there are two occasions where a RIS user will interact with the GFE distribution:

1. Working distribution errors on the Distribution WL.
2. Reviewing a specific patient's GFE distribution and possibly re-sending their GFE.

## Distribution WL

### Job Status

Similar to the Lay Letter workflow, Good Faith Estimate jobs that are still in progress or contain errors will be visible on the `Distribution WL`.

With this change, there will now be a row showing the distribution method/status for each job, as well as the new `Estimate` Document Type and a new `Error Type` column.

ity	Status	Document Type	BI-RADS®	Delivery Method	Del	Error Type
	Error	Estimate		Email Link	Acos	Could not generate Good Faith Estimate document
	Error	Estimate		Email Link	Acos	No email on file
	Error	Estimate		Email Link	Victor	No email on file
	Error	Estimate		Email Link	Acost	No mobile phone on file

*Note that it is possible to run a Distribution Engine instance that only processes GFE jobs. Review the `DDEnableEMR` setting noted in the *SERVICE TEAM UPGRADE INSTRUCTIONS*.*

### Error Management

If the job fails, the error status will be noted on the `Distribution WL` in the new `Error Type` column. Jobs in error status may be updated using the `Edit Job` dialog and retried.

The following Error Types may appear:

- No mobile phone on file
- No patient address on file
- No email on file
- No printer assigned
- Printer offline
- Lay Letter path not found
- GoodFaithEstimate path not found

In some cases, more than one of these issues may be true for a job.

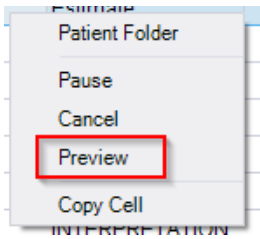
For example, after cycling through all configured distribution methods for GFE and finding that none of them are possible due to missing information, the error displayed will be for the most preferred distribution (e.g. if SMS Link is the most preferred and no options are possible, error will appear as "No mobile phone on file").

In cases where the delivery method is to be 'Print and SMS Link' or 'Print and Email Link', if the print job is created successfully but the other fails it will still be created but go to Error status.

Note that in cases where an email or SMS job initially succeeded and the GFE was routed to RADAR for distribution, but transmission failed on the RADAR side, then the job's `Status` column will be set to `Error` on the `Distribution WL` (but the new `Error Type` column will not be populated) and the failure will be noted in the RIS Activity Log.

### Preview

As with other distributions, it is possible to preview the document via the `Preview` context menu.



A 'PREVIEW' MENU ITEM IS AVAILABLE FROM THE DISTRIBUTION WORKLIST.

## Resend

If a distribution job is not successful or the patient requests their estimate to be resent to the same or a different destination, updates to the [Edit Send To Job](#) dialog now allows users to adjust distribution. Using this dialog, users can update the email address or mobile if possible, or they can create a job with a different method of distribution and cancel the errored job.

This functionality was delivered via the Redmine ticket:

- FEATURE #31061 - UPDATE THE "EDIT SEND TO JOB" SCREEN TO INCLUDE ADDITIONAL OPTIONS FOR PATIENT DISTRIBUTION

Note the estimate may also be resent from the [Distribution History](#), as described below.

## Cancel

As with other jobs, a GFE distribution may be cancelled via the context menu. A job should only be canceled if a successful distribution was made via another method (e.g., canceling an Email link because the GFE was printed and mailed).

## Distribution History

Sometimes a patient may call with a complaint or inquiry because they did not receive their Good Faith Estimate, or they were charged more than was on the estimate.

When this occurs, users can open the Patient Folder in RIS to investigate.

This functionality was delivered via the Redmine tickets:

- FEATURE #31324 - DISTRIBUTION HISTORY - SHOW ORDER LEVEL JOBS
- FEATURE #31062 - PREVIEW HISTORICAL GFE DOCUMENTS FROM DISTRIBUTION HISTORY

## Reviewing a GFE

By locating a study from the relevant appointment, users can choose [Distribution History](#) from the context menu to preview the GFE document via the [Preview](#) context menu.

Note that when multiple versions of the GFE document exist, for example if a patient's Amount to Collect has changed, each will have a separate row and previewing will display the document as it looked at the time of that specific distribution.

Note also that the Good Faith Estimate is an order level item and will be visible in the Distribution History for each study that is part of the order that triggered the GFE. It is possible to have an Order A / Order B scenario where one order meets the conditions for GFE distribution, and the other doesn't. In this case, the GFE is distributed and associated only to the order/studies that belong to the Self Pay Flag = Y scenario. The SSRS template for the GFE form will be configured to only include price information for the Self Pay order.

### Resending a GFE

If the patient calls to say that they accidentally deleted the text/email and need us to resend, or if we need to send to a different email/mobile, it is possible to [Edit](#) to modify or [Start/Retry](#) to resend the job from the [Distribution History](#), using similar functionality available in the [Distribution WL](#), as described above.

Note that when multiple versions of the GFE document exist, for example if a patient's Amount to Collect has changed, the user will always be directed to the current (most recent) version of the document.

### Amended GFEs

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When adjustments are made to details of the exam, an updated Good Faith Estimate must be sent to inform patients if the Amount to Collect changes.

This functionality was delivered via the Redmine ticket:

- FEATURE #31031 - CREATE A NEW GOOD FAITH ESTIMATE DISTRIBUTION JOB WHEN AMOUNT TO COLLECT CHANGES

RIS will monitor for changes to Amount to Collect (ATC) for Self Pay Patients. When the ATC changes, RIS will create a new distribution job to distribute the revised GFE. This will appear as a separate entry in the Distribution History.

In addition to changes in the Amount to Collect, a change of billing codes or the addition or removal of procedures that result in a change to the GFE will cause it to be resent - even if the ATC has not changed.

However, an updated GFE will not be sent when saving as order or once an exam has started.

### Known Limitations

The following significant limitations have been identified and should be communicated to affected users:

- PRINTER LOOKUP FOR GFE USES THE PRINTERCONFIG ENTRIES FOR LAYLETTER (FROM BUG #32478)
  - **Issue:** GFE documents use the same the print destination as layletters.
  - **Impact:** GFE documents cannot be configured to use a different print destination from layletters.
  - **Workaround:** None.
- SELF-SERVICE GFEs ARE NOT VISIBLE FROM RIS (FROM #31037)
  - **Issue:** Self-Service GFEs for unregistered patients are saved in RIS but not tied to a patient.
  - **Impact:** Self-Service GFEs for unregistered patients are not viewable from RIS.
  - **Workaround:** Advise users this is working as designed.
- DISPLAY ISSUE WITH DISTRIBUTIONMETHOD RIS SYSTEM CONFIG TABLE (FROM #31213)
  - **Issue:** The [DistributionMethod](#) RIS System Config table appears blank.
  - **Impact:** Display only - values are fixed and are not intended to be updateable.
  - **Workaround:** Advise users this is working as designed.

### Configuration Instructions

System Administrators must complete the following actions to enable this feature and Service Team assistance is required for some actions:

#### RIS Client

##### Changes to DeliveryMethod Lookup Table Settings

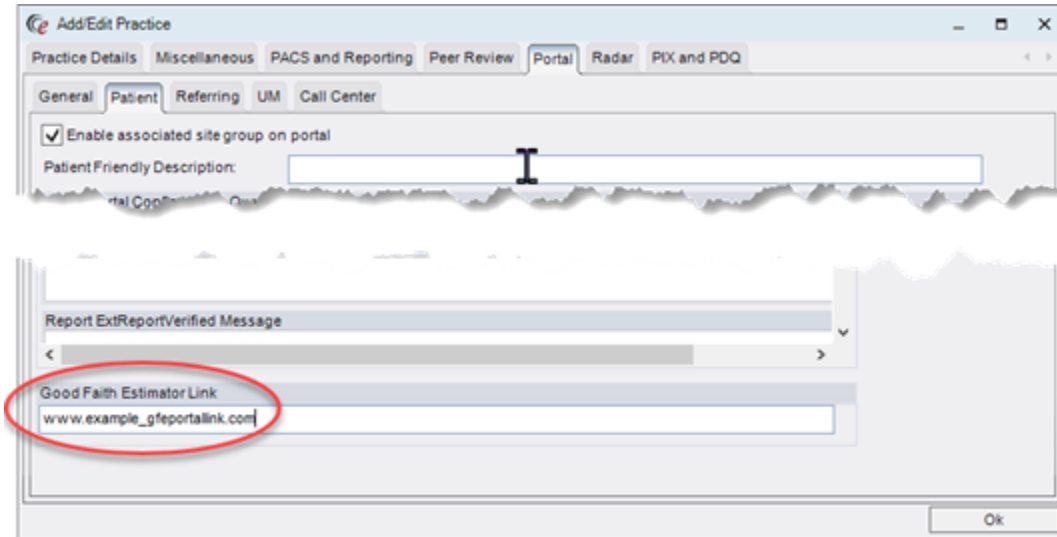
1. Create desired entries for Good Faith Estimate:
  - 1.1. Ensure then new [Distribution Method Code](#) column is configured.

Delivery Method Type Code	Display Order	Description	Distribution Method Code
E	1	Email	Email Link
S	2	SMS	SMS Link
Courier	3	Courier	09-1

### Changes to Organization Lookup Table Settings

- Configure the `Good Faith Estimator Link` for each Practice via the `Organization` Lookup Table Editor with an URL in the format:

`http://{{Patient Portal URL}}/home/gfe?SiteGroup={desired patient portal site group code to direct to the person to if they have never visited the portal before}`



### Changes to PrinterConfig Lookup Table Settings

- Note the `Network Printer Code` for the `Form Category` of `LayLetter` is used when printing Good Faith Estimate documents (configurable at the practice or site level).

Practice	Site	Form Category	Network Printer Code
Advanced Radiology	Radnet Medical Imagin...	Layletter	The Lexmark
Advanced Radiology	New New Site	(ALL)	QETestPrinter
Advanced Radiology	New site just bought	(ALL)	QETestPrinter
Advanced Radiology	QE OutsideMed	(ALL)	QETestPrinter
Advanced Radiology	QE Maiden Choice	(ALL)	QETestPrinter
Advanced Radiology	QE Eldersburg	(ALL)	DDTest
Advanced Radiology	(ALL)	(ALL)	The Lexmark

### Changes to ScanType Lookup Table Settings

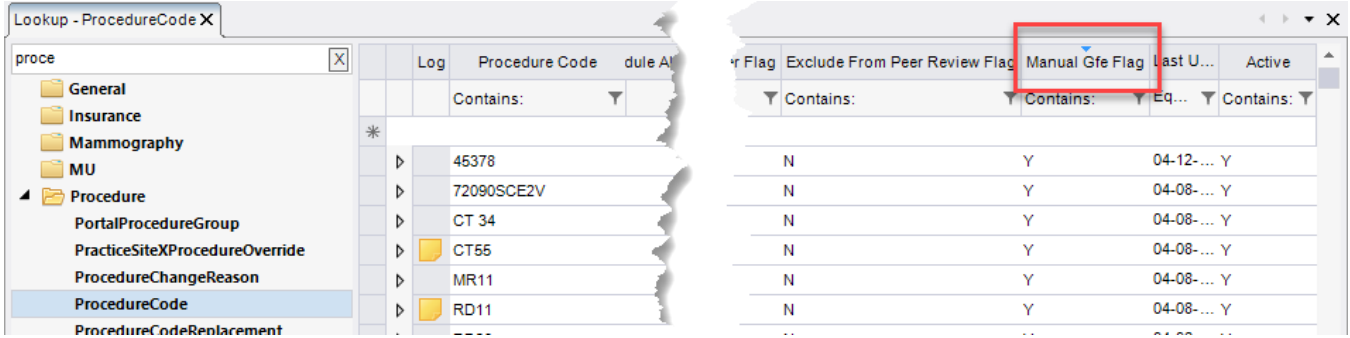
- Create a new entry for Good Faith Estimate:
  - Ensure the new `Document Level` column is set to `OrderLevel`.
  - Recommend that the new `Show In Attachments Flag` column is set to `N`.
  - Recommend that the `Image Recognition Flag` column is set to `N`.

Scan Type Code	Display Order	Description	Color Flag	Duplex Flag	Height	Width	Resolution	Document Level	Auto L	gnition...	Show In Attachments Flag	Las
GFE		Good Faith Estimate	N	N	11	8.5	125	OrderLevel			N	
Worksheet	1	Worksheet	N	N	11	8.5	150	ExamLevel	Y		Y	08-
Other	1	Other	N	N	11	8.5	150	ExamLevel	Y		Y	09-
Referrer logo	1	Referrer logo	N	N	11	8.5	150	Parent level	Y		Y	09-1

### Changes to ProcedureCode Lookup Table Settings

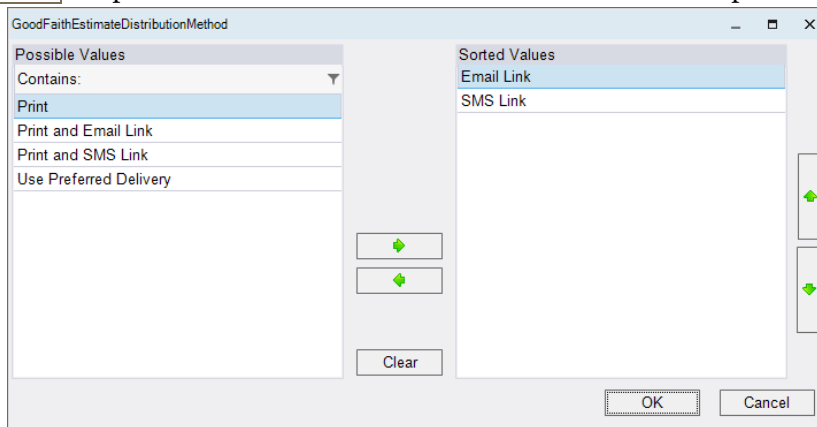


5. Update the `ProcedureCode` table to set the new `Manual GFE Flag` column to `Y` for each procedure that should be searchable within the Self Service GFE tool.



### Changes to RIS SystemConfig Lookup Table Settings

6. Ensure `InboundRADARMessageFilter` is configured to include a `Good Faith Estimate` delivery filter.
7. Configure `GoodFaithEstimateDistributionMethod` to configure contact types in their preferred order of use.
  - 7.1. Click `Value` to open custom editor to select and reorder the desired options.



- 7.2. If no valid method is identified, the Distribution job will go to Error status.



*These changes require restarting the DDE Service.*

8. Configure `GoodFaithEstimateScanType` to identify the GFE scan type.



*Note that GFE scan type attachments, as defined by the new `GoodFaithEstimateScanType` System Config setting are hidden from users in the attachment viewer, to prevent issues if a user tries to delete these system-generated attachments.*

9. Configure `GoodFaithEstimateTemplate` to point to the GFE SSRS form.
  - 9.1. The default template file is `./Forms/Samples/Good Faith Estimate.rdl`
  - 9.2. A fallback template file also exists, should the configured file be unavailable. The file is `Good Faith Estimate2.rdlc` and is stored in the same folder as the services executable.
  - 9.3. A customized GFE template may be configured; consult the Service team.

The following related settings were added or updated:

Setting	Default	Purpose
<code>GoodFaithEstimateDistributionMethod</code>	Value=Ordered JSON list as String [from <code>DistributionMethod</code> lookup table], Default=["Use Preferred Delivery","Print","SMS Link","Email Link","Print and SMS Link","Print and Email Link"]	JSON value to define the preferred delivery methods for Good Faith Estimate. Note: Click Value to open custom editor. Added in v3.2022.3.14 #31213



Setting	Default	Purpose
GoodFaithEstimateScanType	Value="Scan Type Code" as String [from ScanType lookup table], Default=[GFE]	Active scan document type that represents a Good Faith Estimate. Added in v3.2022.3.14 #31029
GoodFaithEstimateTemplate	Value=String, Default=Blank	Relative path and filename of the Good Faith Estimate (GFE) template on the SQL Server Report Server (SSRS). Added in v3.2022.3.14 #31029

## Provider Portal

### Feature #31187 - Restrict portal message group assignment based on message group configuration setting

#### Summary

This enhancement to Provider Portal restricts the Message Group assignment options available from the Portal Admin Edit User/Account Tab.

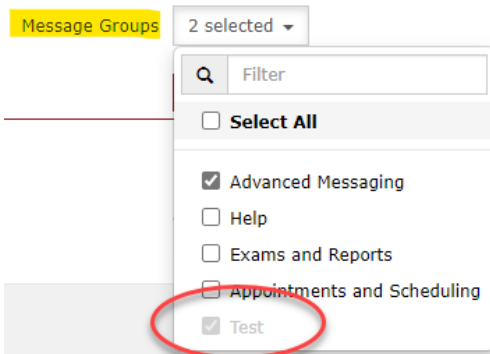
Previously, there was no restriction on the ability to grant portal users access to any Message Group. However, there is a danger an administrator could inadvertently grant access to a referring or staff user to a message group that is intended for internal use only because PHI is often part of these messages.

With this change, a new `Show in Admin Portal Flag` column in the `MessageGroup` RIS Lookup Table editor allows portal administrators to restrict which message groups appear in the Admin Portal when editing a user.

	Show In Referring Portal Flag	Show In Um Portal Flag	Show In Nudge Flag	Show In Admin Portal Flag	Last U
Contains:	Contains:	Contains:	Contains:	Contains:	Equals:
* Click here to add a new row					
	Y	Y	Y	Y	03-08-2022
	Y	Y	Y	N	03-08-2022
	Y	Y	N	N	03-08-2022
	Y	Y	N	N	03-08-2022

This configuration will control which Message Groups will be available in the portal from the `Account` tab when editing users.

Note that if a user previously had permissions to a Message Group that was subsequently configured as restricted, that item will continue to appear in the dropdown but will be disabled (greyed out). This alerts the user to contact the Portal Administrator to adjust in RIS.



#### Configuration Instructions

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

## RIS Client

### Changes to RIS MessageGroup Lookup Table

10. Configure the new `Show in Admin Portal Flag` column with desired values for your system.



*Note - Previously granted groups that are no longer permitted will continue to appear to users but will be disabled (greyed out). To remove these, update `Message groups` from the `Account` tab of the RIS Personnel editor:*

The screenshot shows the 'Account' tab of the RIS Personnel editor. The 'Account Information' section includes a checked 'Active account' checkbox, 'User ID' and 'Password' fields, and a 'Schedule Groups' dropdown. The 'Message groups' field is highlighted with a red box and contains a dropdown menu with a downward arrow.

# RESOLVED ISSUES AND KNOWN LIMITATIONS

This special combined release includes both eRAD RIS V3.2022.3.14 and eRAD RIS v3.2022.3.28 content.

## Resolved Issues

Build eRAD RIS V3.2022.3.14 resolves the following issues:

Redmine #	Subject
29427	Resolved Scheduling performance issue when using RIS appointment search by distance.
30780	Resolved Worklists issue where the Open on Login context menu option was missing.
30925	"Enhanced performance of Preregistration by adding database index. "
31088	Resolved Finding Followup issue where type-ahead field validation blocked proceeding.
31158	Enhanced performance when logging Image request issues to RIS Service event logs.
31166	Resolved Insurance Eligibility issue where updating the InsuranceServiceTypeRule table was incorrectly modifying the last updated column.
31311	Resolved Exam Search issue where exam search filter by body part was not filtering as expected.
31318	Resolved Appointment book issue where opening the Attachment window from the Appointment book marked the appointment book as dirty.
31337	Resolved Scheduling issue where Aborted studies were changing to canceled status when the study was rescheduled.
31399	Resolved Insurance Management issue where Relation type-ahead was causing field auto-population issues from Manage Policies.
31402	Resolved Scheduling issue where the list of site Groups was not correctly populating.
31452	Enhanced DB performance when retrieving c_getPatientMostRecentWeight.
31468	Resolved Insurance Management issue where Manage Policies was returning an error.
31547	Resolved Scheduling issue where Undesirable Time Slots workflow returned an error.
31654	Resolved Patient WF: Make Appointment issue where the Appointments tab returned an error when there were no active orders.

Build eRAD RIS v3.2022.3.28 resolves the following issues:

Redmine #	Subject
26052	Resolved Admin-Rooms issue where a modality closure Start Time value of 12:00 AM auto-corrects to 23:59. Known Limitation: An End Time column value of 23:59 now auto-corrects to display as 12:00 AM, although values are saved correctly in the database and RIS behavior is unchanged.
28258	Resolved Worklists issue where search results were removed after minimizing the application window (fix is for materialized worklists only).
28627	Resolved Utilization Management issue where the UM Hours and other calculated columns were not sorting properly.
29852	Resolved Direct Messaging issue where the CCDA could not be viewed from Direct Message Inbox.
30663	Enhanced database performance by reducing the number of duplicate and single use query plans.
31121	Resolved Provider Logon issue where item counters returned an error when logging in.
31169	Resolved Radiology Reporting issue where Multiple PDF Viewers were opened when viewing legacy documents.

Redmine #	Subject
31202	Resolved Utilization Management issue where the UM tab was not appearing as expected when opening an order.
31314	Resolved Appointment Summary issue where the RADAR Client Portal Appointment Summary had missing or incorrect values.
31349	Resolved Unknown Reconcile issue where attempting to reconcile a UM Required order returned an error.
31357	Resolved Worklists issue where the spinning loading icon was unexpectedly appearing.
31474	Resolved Insurance Management issue where the Historical Carrier Selection dialog was displaying incorrect carriers.
31506	Resolved Thick Client GUI issue where opening a study sometimes returned an error.
31519	Resolved Provider WF Create Order issue where the Cancel Order button was not available in exam details page for orders configured with scheduling disabled.
31533	Enhanced Scheduling performance when using the Search By Distance feature by optimizing calls to the Google API.
31581	Resolved Billing issue where exams were incorrectly put on the Billing Exception WL due to blank responsible party.
31622	Resolved Inbound Document issue where the Copy Cell context menu was missing from the Attach Inbound Document worklist.
31623	Resolved Payment control issue where Void Payment calculation was incorrect.
31660	Resolved Insurance Management issue where the OTS worklist was WL not displaying the correct value for PreCert after an HL7 update.
31742	Resolved Insurance Management issue where selecting insurance while scheduling or registering patient sometimes returned an error.
31744	Resolved Insurance AI issue where switching a CAP Carrier to NON CAP Carrier failed to update the ATC.
31749	Resolved Registration issue where splitting an A/A order to an A/B order displayed an error.
31766	Resolved Person Management issue where pasting a referring practice name into Edit Address dialog for a referring practice resulted in repeating dialogs.
31767	Resolved Scheduling issue where RIS Services where the same CC Resource + Address could be added to an order multiple times.
31806	Resolved Insurance Eligibility issue where the Historical Carrier Selection modal dialog was obscuring other dialogs.
31811	Resolved Good Faith Estimate issue where saving would fail.
31872	Resolved Scanning issue where changing the attachment type while scheduling returned an error.
31882	Resolved Scheduling issue where the AUC Mechanism user preference was not populating during scheduling.
31911	Resolved Thick Client GUI issue where procedure entry type ahead was not recognizing valid procedures.

## New Known Limitations

The following new Known Limitations were identified with this release:

- **PRINTER LOOKUP FOR GFE USES THE PRINTERCONFIG ENTRIES FOR LAYLETTER (FROM BUG #32478)**
  - **Issue:** GFE documents use the same the print destination as layletters.
  - **Impact:** GFE documents cannot be configured to use a different print destination from layletters.
  - **Workaround:** Adjust default print destination for LayLetter forms at the practice or site level.
- **DISPLAY ISSUE WITH MODALITY CLOSURE END TIME COLUMN (FROM BUG #26052)**

- **Issue:** Admin-Rooms modality closure End Time column values of 23:59 will auto-correct to display as 12:00 AM.
- **Impact:** Display only - values are saved correctly in the database and RIS behavior is unchanged.
- **Workaround:** Advise users this is working as designed.
- SELF-SERVICE GFES ARE NOT VISIBLE FROM RIS (FROM #31037)
  - **Issue:** Self-Service GFES for unregistered patients are saved in RIS but not tied to a patient.
  - **Impact:** Self-Service GFES for unregistered patients are not viewable from RIS.
  - **Workaround:** Advise users this is working as designed.
- DISPLAY ISSUE WITH DISTRIBUTIONMETHOD RIS SYSTEM CONFIG TABLE (FROM #31213)
  - **Issue:** The `DistributionMethod` RIS System Config table appears blank.
  - **Impact:** Display only - values are fixed and are not intended to be updateable.
  - **Workaround:** Advise users this is working as designed.
- PERFORMANCE ISSUES IF NPD URL IS MISCONFIGURED (FROM #31415)
  - **Issue:** An incorrect NPDSERVICEADDRESS in RIS System Config settings directly affects the WCFSERVICE, as it is dependent on the NPD service's availability and performance.
  - **Impact:** Incorrect configuration will cause delays when saving new appointments and have an impact on save times.
  - **Workaround:** Ensure the NPD URL is properly configured.
- ONLY SELF\_PAY BILL TO TYPE SELECTIONS ARE SUPPORTED (FROM #31415)
  - **Issue:** An order filler\_site\_code is required to retrieve pricing as the price depends on the site selection as prices vary across sites.
  - **Impact:** If a portal or HL7 interface doesn't give the user an option to select a preferred site, then saving as order (schedule later / orders to schedule) will not result in pricing estimates in the DB.
  - **Workaround:** Use `Self Pay` for `Bill To Type` selections to ensure a site location is specified when saving.

# VERSION DETAILS

















This special combined release includes both eRAD RIS V3.2022.3.14 and eRAD RIS v3.2022.3.28 content.



















*This version requires a two-step process that first applies the eRAD RIS V3.2022.3.14 upgrade, followed by the eRAD RIS v3.2022.3.28 upgrade.*

## Package Contents

The eRAD RIS V3.2022.3.14 release package includes the following folders:

 _Documentation	3/31/2022 4:00 PM
 _ReleaseNotes	3/31/2022 4:07 PM
 Client Application	3/31/2022 3:56 PM
 DB	3/31/2022 3:56 PM
 External WebAPI	3/31/2022 3:57 PM
 Identity Service	3/31/2022 3:57 PM
 Management Reports	3/31/2022 3:57 PM
 PACS Citrix Bridge	3/31/2022 3:57 PM
 RIS Service	3/31/2022 3:57 PM
 Service Tools	3/31/2022 3:58 PM
 Web Digital Forms	3/31/2022 3:59 PM
 Web Patient Connect	3/31/2022 3:59 PM
 Web Referring Connect	3/31/2022 3:59 PM
 Web UM Connect	3/31/2022 3:59 PM
 Build_2022.3.14.zip	3/24/2022 11:26 AM
 RISServerMasterCert.pfx	3/31/2016 1:38 PM

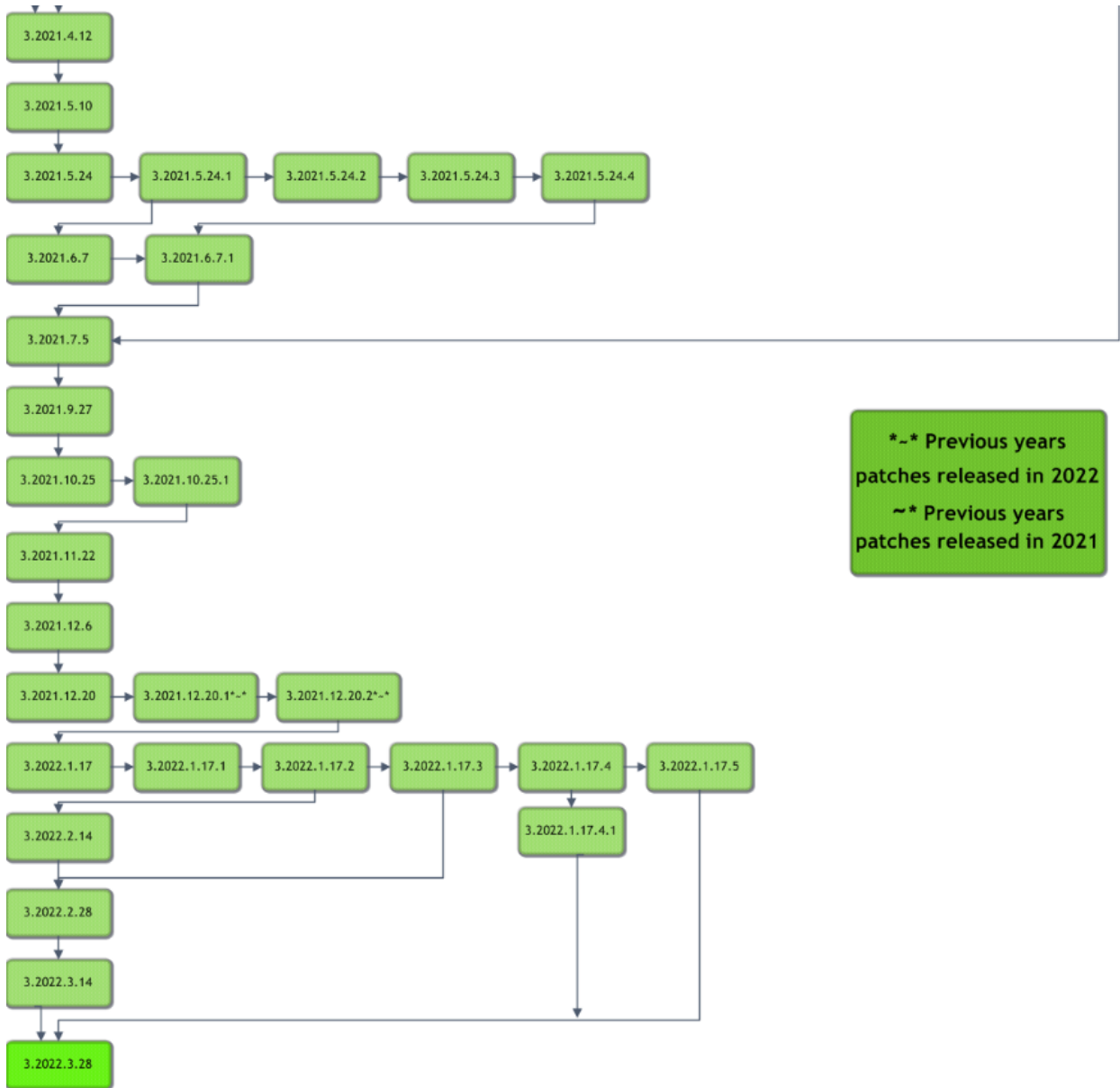
The eRAD RIS v3.2022.3.28 release package includes the following folders:

 _Documentation	04-25-2022 12:29 PM
 _ReleaseNotes	04-25-2022 1:51 PM
 Client Application	04-25-2022 12:26 PM
 DB	04-25-2022 12:26 PM
 External WebAPI	04-25-2022 12:26 PM
 Identity Service	04-25-2022 12:26 PM
 Management Reports	04-25-2022 12:26 PM
 PACS Citrix Bridge	04-25-2022 12:26 PM
 RIS Service	04-25-2022 12:27 PM
 Service Tools	04-25-2022 12:27 PM
 Web Digital Forms	04-25-2022 12:28 PM
 Web Patient Connect	04-25-2022 12:28 PM
 Web Referring Connect	04-25-2022 12:28 PM
 Web UM Connect	04-25-2022 12:28 PM
 Build_2022.3.28.zip	04-21-2022 4:56 PM
 RISServerMasterCert.pfx	03-31-2016 1:38 PM

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## Code Stream

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



\*-\* Previous years patches released in 2022  
 ~\* Previous years patches released in 2021

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
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	3.21.5.24.0.1244	3.21.5.24.0.1244	3.21.5.24.0.1244	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	3.21.5.24.0.1252	3.21.5.24.0.1252	3.21.5.24.0.1252	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	3.21.5.24.0.1260	3.21.5.24.0.1260	3.21.5.24.0.1260	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	3.21.07.5.002970391	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
2021.10.25	-	3.21.10.25(3GB)	3.21.10.25	3.21.10.25	3.21.10.25.003071251	3.21.10.25	3.21.10.25.0.1317	3.21.10.25.0.1317	3.21.10.25.0.1317	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.10.25	1	3.21.10.25.1(3GB)	3.21.10.25.1	3.21.10.25.1		3.21.10.25.1				Portals
2021.11.22	-	3.21.11.22(3GB)	3.21.11.22	3.21.11.22	3.21.11.22.003102803	3.21.11.22	3.21.11.22.0.1346	3.21.11.22.0.1346	3.21.11.22.0.1346	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.12.6	-	3.21.12.6(3GB)	3.21.12.6	3.21.12.6	3.21.12.6.003112661	3.21.12.6	3.21.12.6.0.1352	3.21.12.6.0.1352	3.21.12.6.0.1352	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.12.20	-	3.21.12.20(3GB)	3.21.12.20	3.21.12.20	3.21.12.20.003133170	3.21.12.20	3.21.12.20.0.1360	3.21.12.20.0.1360	3.21.12.20.0.1360	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.12.20	1	3.21.12.20.1(3GB)	3.21.12.20.1	3.21.12.20.1	3.21.12.20.103170667	3.21.12.20.1	3.21.12.20.1.1366	3.21.12.20.1.1366	3.21.12.20.1.1366	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.12.20	2	3.21.12.20.2(3GB)	3.21.12.20.2							GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2022.1.17	-	3.22.1.17(3GB)	3.22.1.17	3.22.1.17	3.22.1.17.003185028	3.22.1.17	3.22.1.17.0.1382	3.22.1.17.0.1382	3.22.1.17.0.1382	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2022.1.17	1	3.22.1.17.1(3GB)	3.22.1.17.1	3.22.1.17.1		3.22.1.17.1				GUI and Web Services
2022.1.17	2	3.22.1.17.2(3GB)	3.22.1.17.2							GUI only
2022.1.17	3	3.22.1.17.3(3GB)	3.22.1.17.3	3.22.1.17.3						GUI and Web Services only
2022.1.17	4	3.22.1.17.4(3GB)	3.22.1.17.4							GUI only
2022.1.17	4.1	3.22.1.17.4.1(3GB)	3.22.1.17.4.1							GUI only
2022.1.17	5	3.22.1.17.5(3GB)	3.22.1.17.5	3.22.1.17.5						GUI and Web Service
2022.2.14	-	3.22.2.14(3GB)	3.22.2.14	3.22.2.14	3.22.2.14.003205179	3.22.2.14	3.22.2.14.0.1394	3.22.2.14.0.1394	3.22.2.14.0.1394	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2022.2.28	-	3.22.2.28(3GB)	3.22.2.28	3.22.2.28	3.22.2.28.003233569	3.22.2.28	3.22.2.28.0.1403	3.22.2.28.0.1403	3.22.2.28.0.1403	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2022.3.14	-	3.22.3.14(3GB)	3.22.3.14	3.22.3.14	3.22.3.14.003266996	3.22.3.14	3.22.3.14.0.1410	3.22.3.14.0.1410	3.22.3.14.0.1410	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2022.3.28	-	3.22.3.28(3GB)	3.22.3.28	3.22.3.28	3.22.3.28.003295497	3.22.3.28	3.22.3.28.0.1428	3.22.3.28.0.1428	3.22.3.28.0.1428	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms