eRAD RIS

CUSTOMER RELEASE NOTES

Build 4.2022.10.24

UPDATED DECEMBER 12, 2022

Table of Contents

Publication History

Revision	Author	Description
December 12, 2022	Kevin Brooks / Hilary Saltmarsh	▪ Commercial release.

SUMMARY

This CUSTOMER RELEASE NOTES 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.

> ⚠️ *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.*

Intended Audience

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

The intent of this document is to describe the content of the build or hotfix with sufficient detail for a Customer to be able to understand the features, and for the Customer's RIS Administrator to be able to perform routine configuration of features.

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.

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

Release Content

This scheduled release of ERAD RIS 4.2022.10.24 includes feature enhancements, a variety of resolved issues, and incorporates previous hotfix content.

Notable enhancements are an update to CURES (as reflected by incremented Certification version number), as well as billing logic, security, and performance enhancements.

Who Is Affected

This version is recommended to be applied on ERAD RIS V3.2022.8.29.X installations.

NEW SETTINGS

No settings were added or updated with this release.

NEW FEATURES

Insurance Eligibility

Feature # 32744 – Service Type Level Deductible added to Eligibility Limit Payment Table calculation

Summary

This enhancement to Insurance Eligibility updates the Eligibility Limit Payment Table with a new `Use Service Type Level Deductible` column. This new column in conjunction with the existing `Use Plan Deductible` column will provide a more enhanced level of configuration to the Eligibility workflow.
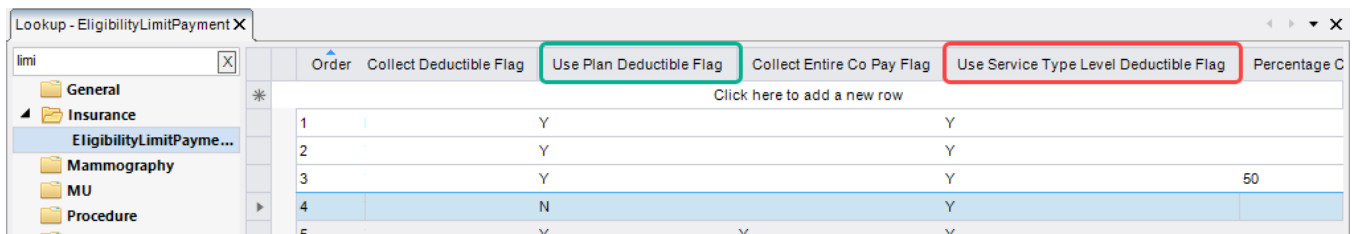
Feature Description

Previously, there was no way to configure whether to use or not use the deductible in the service type section (sometimes referred to as the "modality deductible or the "lower level deductible").

With this change, RIS can be configured by specific carrier to either use the Plan deductible, use the Service Type Level deductible, or both.

The addition of the `Use Service Type Level` column introduces the following configuration scenarios:

Use Plan Deductible Flag	Use Service Type Level Deductible Flag	Scenario
Y	Y	eRAD RIS will take the lowest listed remaining deductible.
N	Y	eRAD RIS will use the Service Type Level deductible.
Y	N	eRAD RIS will use the Plan Deductible.
N	N	This configuration combination would ignore all deductibles.

Configuration Instructions

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

RIS Client

Changes to EligibilityLimitPayment Lookup Table

1. Set `Use Service Type Level` = `Y` for desired carriers to ensure the service type deductible is being used.

Feature #32593 – Insurance Eligibility rate reduction for repeated billing codes

Summary

This enhancement to Insurance Eligibility introduces configuration to reduce the pricing for a visit when the same billing code is repeated for a visit. The full price will be charged for the initial instance and repeated instances of that code will be billed at a reduced rate, according to the configuration for the payer/carrier and billing code.

Background

Previously, multiple units of the same billing code or a billing code repeated on multiple studies, such as a Procedure X (Left) and Procedure X (Right), were all billed at the same rate.

Feature Description

With this change, the sum of the costs of billing codes will depend on the configuration for that payer/carrier and billing code, allowing RIS to charge the full amount for the first occurrence of the billing code then a reduced percentage for each additional occurrence of the same code.

For example: If we have, carrier '6004' (Aetna Commercial and 2 units of billing code '76541' which has a normal cost of $145.99 but we only want to charge 50% of the cost of 'abc' for the second unit so the total cost of the 'abc' billing codes is only $218.99 (i.e., 145.99 + 73) instead of $291.98.

With this change, the `EligibilityLimitPayment` lookup table has been updated with a new `Percentage Cost For Repeated Billing Codes` column that reduces the cost for repeated instances of the same billing code.

ENTER THE PERCENTAGE REDUCTION, FOR EXAMPLE 50 FOR 50% REDUCTION.

Known Limitations

While there are no Known Limitations for this feature, there is additional functionality planned for a future release that will change the implementation approach, and is expected to impact how this feature will be configured:

- Feature #30707 – Payment Rules: Restructure Payment Rules configuration table to accommodate for Billing Code, Procedure or Visit level rules

Configuration Instructions

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

RIS Client

Changes to EligibilityLimitPayment Lookup Table

- Configure the new `Percentage Cost For Repeated Billing Codes` column for each payer/carrier and billing code combination with the desired cost reduction percentage.

Insurance Management

Feature #29351 – Show Carrier Description for selected policy when associating attachments to insurances policies

Summary

This enhancement to Insurance Management updates attachment screen to display the Carrier Description for the selected insurance policy associated with the scan.

Previously, the value displayed only included the `Carrier Code` and `Policy Number` from the policy dropdown.

With this change, the `Carrier Code`, `Carrier Description`, and `Policy Number` will now be displayed providing a more accurate selection process for users in the workflow.

Configuration Instructions

No System Administrator actions are necessary to enable this feature.

Feature #29352 – New Associated Carriers column in attachments screens and grids

Summary

This enhancement adds a new `Associated Carriers` column to three places within eRAD RIS. When scanning an insurance card, the newly added column will display any Carrier Codes and Carrier Descriptions that were previously associated with the patient's account.

Previously, FEATURE #27300 introduced functionality that allowed users to associate Insurance Card attachments to the corresponding policy via two new screens. This feature updates those screens to display the associations and make it easier to identify or review the correct image.

With this change, the `Associated Carriers` column has been added to the `Possible Card Attachments` and `Associated Card Attachments` screens and the `Attachments` grid.

The new column will show the Carrier Description followed Carrier Code in parenthesis. If multiple policies with different carriers are associated, they will be shown separated by commas.

Configuration Instructions

No System Administrator actions are necessary to enable this feature.

CD Import

Feature #31467 – Support for CD images with multiple studies with the same accession number

Summary

This enhancement to CD Import resolves import issues when a CD contains multiple studies that share the same accession number.

Feature Description

Previously, RIS would only import the accession for the last study on the CD.

With this change, RIS will re-assign an accession number (new random number) for any studies that are actually different studies but share the same accession number. This will occur regardless of the `OrderLevelAccessionNumbers` System Config setting.

Configuration Instructions

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

RIS Client

Changes to ConfigFileLookup Table

Any customers who have previously used an alternate CDImport Library (e.g. if they have been provided a library as a workaround) must remove that previous CDImport Library.

To check for and remove any previous library:

- Select `CDImportLib` from the dropdown:
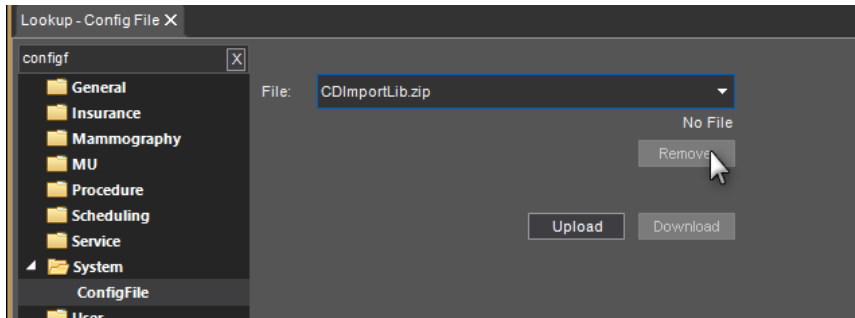
- Click the Remove button and confirm CDImportLib.zip displays as `No File`.

PACS (eRAD) Integration

Feature # 30704 – Display PACS replaced or added priors in reverse chronological order

Summary

This enhancement to the PACS (eRAD) Integration will improve the workflow when adding or replacing relevant priors by displaying them in reverse chronological order as expected.

Feature Description

Previously, when adding or replacing relevant priors they were not correctly sorted.

With this change, when a prior is added or replaced after opening a study, eRAD RIS will call to PACS via the WMI Client to add/replace those priors and put them in the correct reverse chronological order.

Known Limitations

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

- EXPECTED BEHAVIOR BY DESIGN (FROM # 30704)

    At this time, the feature only supports adding new studies. Future development of PACS will allow for reordering the studies in the viewer session/removing them.

    Additionally, the user will not be able to make a change to the first study in an active session. As a result, the user cannot insert a new study in front of the primary or any "current" study.

    To change the primary/current study, the system must use Open().

> *Carefully review all Known Limitations identified here and in the release notes of all other versions being applied and communicate relevant items to all those affected.*

Configuration Instructions

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

Changes to PACSServer Lookup Table

- Set `UseModify` = `True` for the eRAD PACS v7 or v8 config setting row to enable this feature.

Patient Portal

## Feature #31138 – Allow UM Recommended procedures to be scheduled via Patient Portal

Summary

This enhancement to the Patient Portal will permit a patient to schedule a procedure that is UM Enabled but Recommended via the Patient Portal.

Feature Description

Previously, if a procedure was UM Enabled but Recommended and in an `Ordered` status the patient would be prompted to call the Call Center to schedule their appointment.

With this change, patients can proceed with scheduling a UM Enabled but Recommend procedure in the Patient Portal in two scenarios:

- The procedure is UM Enabled but Recommend and:
  a. The procedure is configured in the procedure picker.
  b. The current `Um Status Code` is configured with `Schedule Flag` = `Y`.
  c. The current `Procedure Code` is configured with `Confirmation Required` = `N`.
- The procedure is UM Enabled but Recommend and:
  a. The procedure is configured in the procedure picker.
  b. The current `Um Status Code` is configured with `Schedule Flag` = `Y`.
  c. The current `Procedure Code` is configured with `Confirmation Required` = `Y`.
  d. `UM Confirmation Received` is `Checked`.
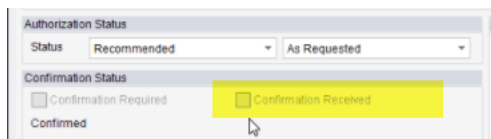
Configuration Instructions

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

1. Ensure relevant UM status codes and procedure codes are configured as indicated above.

CURES

Feature #33149, #33232 – Update the RIS UDI and Certification version number

Summary

This enhancement to the eRAD RIS suite of workflow solutions updates the product's UDI and version number to signify a substantive change to our Certified Health Record Technology (CEHRT) certified code base.

Specifically, a new Universal Device Identifier (UDI) of `00866994000262422` has been generated and the `Certification` prefix digit has been incremented from `3` to `4` to reflect completion of updates to our CURES certification for the eRAD RIS CLIENT, the eRAD RIS CONNECT PROVIDER PORTAL, the eRAD RIS CONNECT PATIENT PORTAL, and the eRAD RIS UTILIZATION MANAGEMENT PORTAL modules.

Background

Target Version Numbering

Version numbering for eRAD RIS follows the following format:

> `v[Certification].[Y.M.D][.Patch][.Revision]`

- The `Certification` component of the version number identifies the Certified Health Record Technology (CEHRT) certified code base from which releases are derived.
  - RIS is recognized as a medical device, and as such it must pass a formal MU/CEHRT certification process. Our CEHRT number is incremented only after a complete re-certification cycle is completed, which is only necessary when substantial architectural or functional changes are made to the product.
- The `Y.M.D` component is incremented with each Scheduled Build.
- The `Patch` component is added or incremented when releasing a Hotfix or Rapid Release to a Scheduled Build.
- The `Revision` component is added or incremented when releasing a Hotfix or Rapid Release to a previous Hotfix or Rapid Release.

Feature Description

The UDI and version of a RIS UI client may be viewed on the `Help` » `About` screen.

In addition to the full version number, a `build` number of the commercialized version is also displayed. This internal number is assigned by our build process and is displayed for support purposes.

Configuration Instructions

No System Administrator actions are necessary to enable this feature.

Feature #29393 – CURES – 170.315(g)(10) Standardized API for Patient and Population Services

Summary

This enhancement to CURES introduces an eRAD RIS module that provides a FHIR-based API for patients to access their data through third party system such as Apple Health etc.

This new functionality integrates eRAD RIS with a third-party company (DARENA SOLUTIONS) to provide sharing services and a FHIR API via their BLUE BUTTON PRO solution and fulfills the requirement for patient access to the FHIR based (g)(10) API via Darena.

⚠️ *Note that eRAD RIS will transmit all relevant data for each enrolled patient to Darena as part of the integration.*

Background

Previously, RIS had no way to provide electronic on-demand access to PHI by other systems.

With this change, RIS introduces functionality to support the required ability to export the electronic health information stored in and by certified health IT to support patient EHI access requests as well as to support a health care provider wishing to export an entire patient population to transition to another health IT system.

Note that this CURES - 170.315(g)(10) requirement has a compliance date of Dec 31,2023:

HTTPS://WWW.HEALTHIT.GOV/CURESRULE/FINAL-RULE-POLICY/2015-EDITION-CURES-UPDATE

Feature Description

Overview

With this change, patients may request to be enrolled for API access to their exams, and eRAD RIS will begin sending completed C-CDAs to Darena.

The general workflow for this feature is:

- The patient will directly call the eRAD RIS customer to request access to their study information.
- The eRAD PSR will locate the correct patient in eRAD RIS and enter their email via their RIS patient folder.
- eRAD RIS will initiate a message to Darena via the Darena interface - who in turn will send a "Patient Invite" email to the patient
- eRAD RIS will generate and send the C-CDA's to Darena via the Darena interface - for all signed studies for that patient along with customer identifying information
- eRAD RIS will generate and send all future C-CDA's for signed studies for that patient to Darena along with customer identifying information
- The patient uses that email to sign up with Darena's Blue Button Pro, by which they can access their data and FHIR API.

Patient Enrollment

Patients are enrolled when they contact RadNet to request access to their study information, e.g., wanting to share their study information for a CT performed Jan 1 at RadNet with a specialist via the (g)(10) API.

ℹ️ *In a future release, an enhanced configuration approach is planned that will provide more flexibility, control, and an improved user experience.*

To enroll the patient, RadNet's Patient Service Representative (PSR) will:

1. Locate the correct patient in eRAD RIS.
2. From their `Edit Patient` screen, access the `Extra Data` tab.
3. Add a new `External Access Email` value with an authorized email address.

Patient Workflow

The following are examples of what could occur between the patient, Darena, and the Doctor.

> ℹ️ *eRAD/RadNet are not responsible for any of these steps.*

- Within the Darena Blue Button Pro application, the patient can view and manage their RadNet health information. They will see all their RadNet studies sent from eRAD to Darena.
- Within the Darena Blue Button Pro application, the patient can select an exam (e.g., their Jan 1 CT) and share it with their specialist Doctor.
- The patient can connect their Blue Button Pro account to a third-party healthcare system (e.g., Apple Health, Google, Microsoft) and export their report to these external systems.

RIS Behavior

Behavior Notes

- When the patient data is first saved with the ExternalAccessEmail patient extra info item populated, a c_action row will be created with the db_action ExternalAccessPatientEnrolled. If this row is deleted and re-added, the action will also be created.
- For every report signed for an enrolled patient, a c_action row with a db_action set to ExternalAccessReportSigned will be created.
- The Wedge will process the ExternalAccessPatientEnrolled action by sending a C-CDA for the patient's entire record and will only send the C-CDA for the related study when processing the ExternalAccessReportSigned action.

Failure Monitoring

If Darena fails to process the job, the Darena plugin will throw an exception with the errors retrieved from Darena. This will cause it to go on the _Error queue (ex. If the queue_name is Darena, the c_action_queue row will be updated to have Darena_Error as the queue_name).

Known Limitations

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

- BUG #32922 – OUTBOUNDMESSAGERESOLVER ERRONEOUSLY EXPANDING TABLE LEVEL NODES
  - **Issue**: The OutboundMessageResolver class used to send messages to Mirth (per FEATURE #29393) expands certain columns so more information is available in Mirth. However, this logic is incorrectly being applied to any xml node that contains 'billing_code' in the name.
  - **Impact**: This causes table-level nodes such as c_financial_group_x_procedure_billing_code to be expanded, resulting in an error.
  - **Workaround**: Create a temporary rule in the l_queue_container_pruning lookup table to prune these table nodes from the message prior to this expansion taking place (Refer to CONFIGURATION INSTRUCTIONS in FEATURE #29393).

Additional functionality is planned for a future release:

- Currently, individual patient enrolment is configured via the `Extra Data` tab. In a future release, FEATURE #33265 is planned to deliver an enhanced configuration approach that will provide more flexibility, control, and an improved user experience.

Configuration Instructions

Service Team assistance is required to enable this feature.

Feature #29399 – CURES – 170.315(c)(3) CQMs (QRDA)– Report – REVISED Criteria

Summary

This enhancement to CURES updates the QRDA Import Tool and related XSL templates to support import and export of new data elements required for the CMS125 measure.

Background

RIS needs to be able to function with CURES behavior 170.315(c)(1,2,3). This includes importing QRDA's using the QRDA Import Tool as well as exporting QRDA I and III measure reports. These actions must be possible without developer intervention.

> ℹ️ *Initial QRDA implementation was documented in* ERAD RIS CUSTOMER RELEASE NOTES 2.43.

RIS currently reports on the following Clinical Quality Measures (CQMs):

- CMS125 - Breast Cancer Screening, which is now at v10 (2022).

Both the revised QRDA I (individual eMeasures) and QRDA III (aggregate quality reports) Implementation Guides indicate there are updates related to this measure:

> CMS QRDA Reference and Implementation Guides:
>
> HTTPS://ECQI.HEALTHIT.GOV/QRDA
>
> - o The QRDA I Implementation Guide identifies these changes in Chapter 12.
> - o The QRDA III Implementation Guide identifies these changes in Chapter 13.

Feature Description

With this change, the existing QRDA of functionality for exporting (which lives in the RIS) and importing (which lives in a separate utility which can be provided to a service user) have been updated to match the 2022 CMS specifications.

- The XSL templates for both versions of the QRDA have been updated to conform to the new template specifications. This included updating template version attributes and adding template IDs to validate against CMS vs the old CEHRT version of the measure.
- The denominator exclusion rules were also updated for the CMS125v10 measure, adding a number of additional data points which needed to be both importable and exportable. Refer to the CMS125v10 definition at https://ecqi.healthit.gov/ecqm/ec/2022/cms125v10?sort_order=2021vs2022#quicktabs-tab-tabs_measure-2 to see the full details of what was implemented.

Configuration Instructions

Service Team assistance is required to enable this feature.

Feature #32998, #32999, #33000 – Collect metrics required to audit CURES Real World Testing

Summary

This enhancement to CURES adds the logging required in order to generate metrics required for compliance with Real World Testing measures via the RIS Client, API, and Patient Portal.

This functionality was delivered via the Redmine tickets:

- FEATURE #32998 – CURES – COLLECT METRICS REQUIRED TO AUDIT CURES REAL WORLD TESTING – RIS CLIENT CHANGES
- FEATURE #32999 – CURES – COLLECT METRICS REQUIRED TO AUDIT CURES REAL WORLD TESTING – PATIENT PORTAL CHANGES

- **FEATURE #33000 – CURES – COLLECT METRICS REQUIRED TO AUDIT CURES REAL WORLD TESTING – API CLIENT CHANGES**

Previously, several of these user activity measures were not tracked, or were tracked but not specifically enough (for example, exported and transmitted were not differentiated), or were only tracked via the audit log (which is not suitable for querying/reporting).

With this change, the identified metrics will populate a centralized counter table (`c_counters`), which can be directly queried for reporting purposes:

Redmine #	Counter Table Column Name	Description
#32998	ccda_exported_html	Incremented when a CCDA is exported as an HTML file via the RIS Client.
#32999	ccda_exported_html_pp	Incremented when a CCDA is exported as an HTML file via the Patient Portal.
#32998, #33000	ccda_exported_xml	Incremented both when a CCDA is exported as an XML file via the RIS Client, via external web API, and when exported via web API housed by the RIS services.
#32999	ccda_exported_xml_pp	Incremented when a CCDA is exported as an XML file via the Patient Portal.
#32998	ccda_import_failure	Incremented when an incoming CCDA opened from the Direct Message Inbox fails to be imported to a RIS patient via the RIS Client.
#32998	ccda_imported	Incremented when an incoming CCDA opened from the Direct Message Inbox is successfully imported to a RIS patient via the RIS Client.
#32999	ccda_sent_secure_failed_pp	Incremented when a CCDA fails to send via secure (Direct Message) message via the Patient Portal.
#32999	ccda_sent_secure_html_pp	Incremented when a CCDA is send via secure (Direct Message) message as an HTML file via the Patient Portal.
#32999	ccda_sent_secure_xml_pp	Incremented when a CCDA is send via secure (Direct Message) message as an XML file via the Patient Portal.
#32999	ccda_sent_unsecure_html_pp	Incremented when a CCDA is send via unsecure (email) message as an HTML file via the Patient Portal.
#32999	ccda_sent_unsecure_xml_pp	Incremented when a CCDA is send via unsecure (email) message as an XML file via the Patient Portal.
#32998	ccda_transmit_failure	Incremented when a CCDA fails to be transmitted via the RIS Client.
#32998	ccda_transmitted	Incremented when a CCDA is successfully transmitted via the RIS Client.
#32998	ccda_viewed	Incremented when an incoming CCDA is viewed via the Direct Message Inbox via the RIS Client.
#32999	ccda_viewed_pp	Incremented when an incoming CCDA is viewed via the Direct Message Inbox via the Patient Portal.
#33000	patient_search_request	Incremented when a patient search is performed via the external web API.
#32998	qrda_exported	Incremented when a QRDA 1 or 3 file is exported via the RIS Client.

Note that the `client_application_code` in `c_counters` is has a code of `RISService` when CCDA is exported via RIS, but is `Null` for activity logged from the external web API.

Known Limitations

While there are no Known Limitations for this feature, additional functionality is planned for a future release that will query and report on these metrics via a Management Report:

- **FEATURE #33002 – CURES – COLLECT METRICS REQUIRED TO AUDIT CURES REAL WORLD TESTING – MANAGEMENT REPORT**

Configuration Instructions

No System Administrator actions are necessary to enable this feature.

RESOLVED ISSUES AND KNOWN LIMITATIONS

Resolved Issues

This release resolves the following issues:

Redmine #	Subject
9660	Resolved Insurance Eligibility issue where a max remaining Insurance Eligibility of zero with a maximum also zero, should ignore maximum remaining.
29425	Enhanced Resolved Provider Account Sign Up misconfiguration reporting.
29598	Resolved Scheduling display issue where Scheduling screen was flickering when searching for an appointment.
30102	Resolved Provider Images issue where PACS viewer link was not opening the web viewer.
30258	Resolved Provider Portal issue where scheduling by users without a configured proxy returned an error.
31109	Resolved Patient Portal issue where scheduled exams resulted in extra or missing order item rows.
31123	Resolved PACS (eRAD) Integration issue where Quick view and web view integration functions were not including MRN.
31375	Resolved Payment Control issue where Payment History was not correctly displaying accession number.
31928	Resolved Radiology Reporting display issue where report window was flickering.
31941	Resolved Insurance Eligibility issue where Reprocess Eligibility failed when Payer ID differed.
31950	Enhanced Thick Client GUI performance of GetPersonnelByKeys service.
31957	Resolved UI issue where the Credit Card Expiry Date field on Front Desk Payment window was not visible.
31977	Resolved Payment Control issue where the Payment Grid amount was not matching the Imagine payment.
32197	Resolved Patient WF: Make Appointment issue where an NPD Service failure displayed an error.
32214	Resolved Scheduling issue where splitting an Order A/B on Arrive or Checking In returned a silent error.
32304	Resolved Patient Portal issue where Procedure Picker could be completely reset when scheduling.
32310	Resolved Scanning issue where the Insurance Card association was not saving when scan and association were done in same scheduling session.
32442	Resolved Scheduling UI issue clarifying the message to users when no time slots matched the referring preference.
32480	Enhanced Patient Search performance for larger result sets.
32500	Enhanced Web Services performance of Outbound Message Resolver.
32510	Resolved Provider WF Create Order issue where an Electronic Script was not generated after Approval.
32590	Resolved Patient Portal issue where Patient Portal Login was failing when multiple exams/providers existed.
32606	Resolved Insurance Eligibility issue where Feature #32381 would not work with Eligible Payers.
32615	Resolved IVT/PreCert issue where Expiry Date allowed invalid values.
32627	Resolved Prov Admin – User Management issue where editing Referring Provider Accounts via the Admin Tool Link displays an error.

Redmine #	Subject
32697	Resolved CCDA issue where transmitting a C-CDA returned an error.
33005	Resolved Admin-Clinical Data issue where Medical History could save without a status value.
33073	Resolved CCDA issue where Pediatric values were incorrectly displaying when patient is between 3 and 4 years old.
33108	Resolved CCDA issue where pediatric BMI Percentile was incorrectly displayed.
33148	Enhanced security when viewing attachments in the portals (20221129 Service Bulletin).
33210	Resolved Alerts issue where clicking the Patient Alert button in Patient Folder displayed an error.

New Known Limitations

The following new Known Limitations were identified with this release:

- EXPECTED BEHAVIOR BY DESIGN (FROM # 30704)

  At this time, the feature only supports adding new studies. Future development of PACS will allow for reordering the studies in the viewer session/removing them.

  Additionally, the user will not be able to make a change to the first study in an active session. As a result, the user cannot insert a new study in front of the primary or any "current" study.

  To change the primary/current study, the system must use Open().

- BUG #32922 – OUTBOUNDMESSAGERRESOLVER ERRONEOUSLY EXPANDING TABLE LEVEL NODES
  - **Issue**: The OutboundMessageResolver class used to send messages to Mirth (per FEATURE #29393) expands certain columns so more information is available in Mirth. However, this logic is incorrectly being applied to any xml node that contains 'billing_code' in the name.
  - **Impact**: This causes table-level nodes such as c_financial_group_x_procedure_billing_code to be expanded, resulting in an error.
  - **Workaround**: Create a temporary rule in the l_queue_container_pruning lookup table to prune these table nodes from the message prior to this expansion taking place (Refer to CONFIGURATION INSTRUCTIONS in FEATURE #29393).
- BUG #33113 – HOVERING OVER FLAG ICONS SHOWS MULTIPLE WINDOWS
  - **Issue**: When hovering over different flag icons, multiple popups are displayed.
  - **Impact**: Display issue only. Affects multiple worklists.
  - **Workaround**: None.
- BUG #33180 – PRECERT STATUS OF "PENDING RESPONSE" SHOWN AS "PENDING" CAUSING FILTERING ISSUES
  - **Issue**: On worklists where `PreCert Status` is displayed, the value for `Pending Response` is incorrectly displayed as `Pending`.
  - **Impact**: Filtering for the column is affected.
  - **Workaround**: None.

> *WARNING: Carefully review these Known Limitations even if your system will not be upgraded immediately, to identify and communicate any issues that may affect your organization.*

VERSION DETAILS

Package Contents

The release package includes the following folders:

04-20-2012 8:51 AM	@Hotfixes
12-09-2022 4:26 PM	_Documentation
12-09-2022 4:26 PM	_ReleaseNotes
12-09-2022 4:24 PM	Client Application
12-09-2022 4:24 PM	DB
12-09-2022 4:24 PM	External WebAPI
12-09-2022 4:24 PM	Identity Service
12-09-2022 4:24 PM	Management Reports
12-09-2022 4:24 PM	PACS Citrix Bridge
12-09-2022 4:24 PM	RIS Service
12-09-2022 4:25 PM	Service Tools
12-09-2022 4:25 PM	Web Digital Forms
12-09-2022 4:25 PM	Web Patient Connect
12-09-2022 4:25 PM	Web Referring Connect
12-09-2022 4:26 PM	Web UM Connect
12-09-2022 1:41 PM	Build_2022.10.24.zip
03-31-2016 1:38 PM	RISServerMasterCert.pfx

Code Stream

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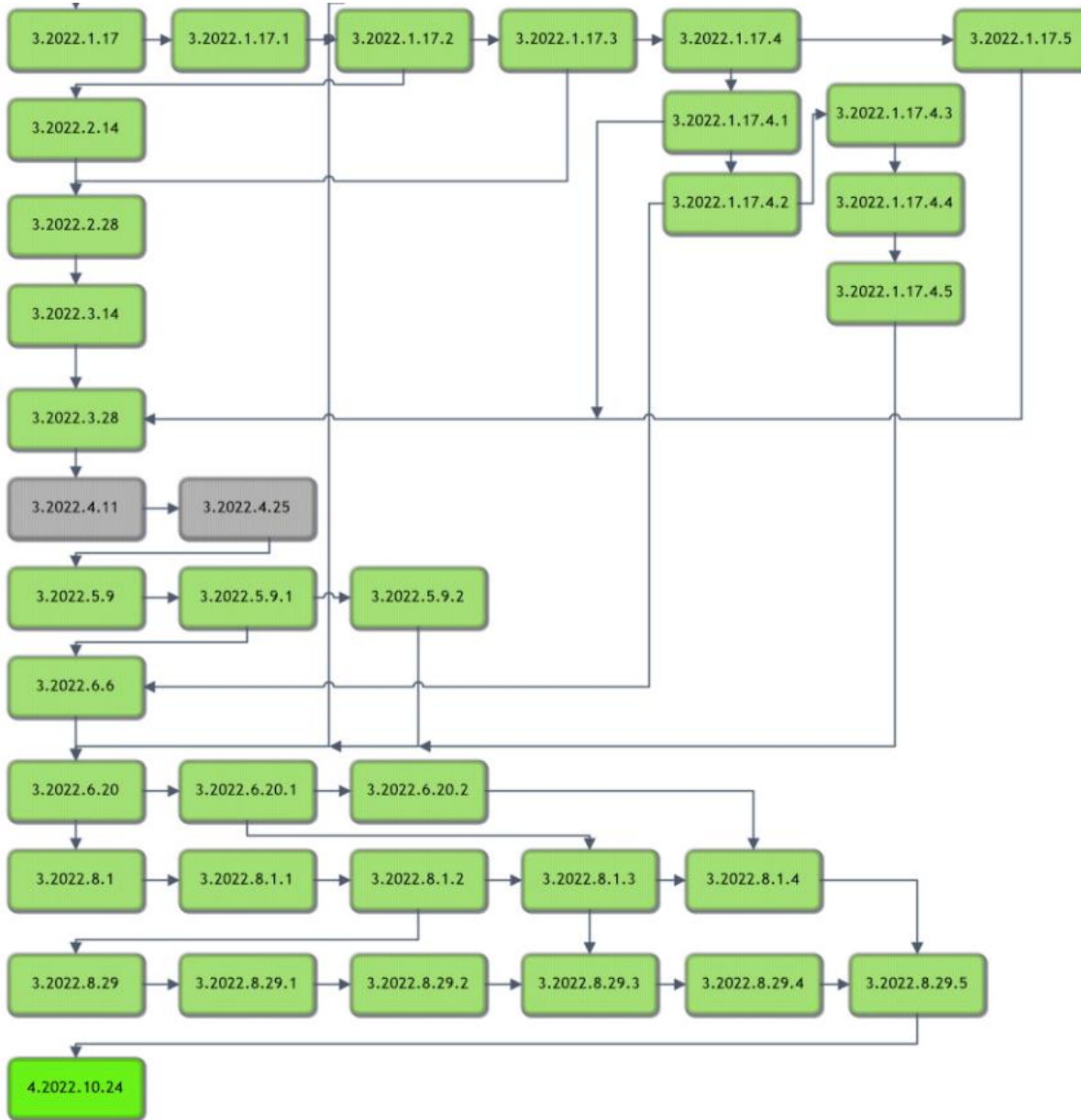
LEGEND:

Light Green = Previously Released software

Gray = Internal version, non-release version

Bright Green = Current Release

> ✋ *WARNING: The functionality of this release has not yet been merged forward into any other release.*
>
> *Please carefully review the code stream diagram of any future releases before deploying to ensure that the functionality of this release will not be lost when upgrading.*

eRAD RIS Release Version Numbers

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

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, 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, 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, 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, Portals and Digital Forms
2022.4.11	-	3.22.4.11(3GB)	3.22.4.11	3.22.4.11	3.22.4.11.003326062	3.22.4.11	3.22.4.11.0.1436	3.22.4.11.0.1436	3.22.4.11.0.1436	GUI, Web Services, DB, Portals and Digital Forms
2022.4.25	-	3.22.4.25(3GB)	3.22.4.25	3.22.4.25	3.22.4.25.003341901	3.22.4.25	3.22.4.25.0.1441	3.22.4.25.0.1441	3.22.4.25.0.1441	GUI, Web Services, DB, Portals and Digital Forms
2022.5.9	-	3.22.5.9(3GB)	3.22.5.9	3.22.5.9	3.22.5.9.003343130	3.22.5.9	3.22.5.9.0.1450	3.22.5.9.0.1450	3.22.5.9.0.1450	GUI, Web Services, DB, Portals and Digital Forms
2022.5.9	1	3.22.5.9.1(3GB)	3.22.5.9.1							GUI Only
2022.5.9	2	3.22.5.9.2(3GB)	3.22.5.9.2	3.22.5.9.2			3.22.5.9.2	3.22.5.9.2	3.22.5.9.2	GUI Web Services and Portals
2022.6.6	-	3.22.6.6(3GB)	3.22.6.6	3.22.6.6	3.22.6.6.003381845	3.22.6.6	3.22.6.6.0.1469	3.22.6.6.0.1469	3.22.6.6.0.1469	GUI, Web Services, DB, Portals and Digital Forms
2022.6.20	-	3.22.6.20(3GB)	3.22.6.20	3.22.6.20	3.22.6.20.003432703	3.22.6.20	3.22.6.20.0	3.22.6.20.0	3.22.6.20.0	GUI, Web Services, DB, Portals and Digital Forms
2022.6.20	1			3.22.6.20.1			3.22.6.20.1	3.22.6.20.1	3.22.6.20.1	Portals only
2022.6.20	2	3.22.6.20.2(3GB)	3.22.6.20.2	3.22.6.20.2	3.22.6.20.203635259	3.22.6.20.2	3.22.6.20.0.2	3.22.6.20.0.2	3.22.6.20.0.2	GUI, Web Services, DB, Portals and Digital Forms
2022.8.1	-	3.22.8.1(3GB)	3.22.8.1	3.22.8.1	3.22.8.1.003455261	3.22.8.1	3.22.8.1	3.22.8.1	3.22.8.1	GUI, Web Services, DB, Portals and Digital Forms
2022.8.1	1	3.22.8.1.1(3GB)	3.22.8.1.1	3.22.8.1.1						GUI, Web Services,
2022.8.1	2	3.22.8.1.2(3GB)	3.22.8.1.2	3.22.8.1.2	3.22.8.1.203553632					GUI, Web Services and DB
2022.8.1	3			3.22.8.1.3			3.22.8.1.3	3.22.8.1.3	3.22.8.1.3	Portals only
2022.8.1	4	3.22.8.1.4(3GB)	3.22.8.1.4	3.22.8.1.4	3.22.8.1.403635561	3.22.8.1.4	3.22.8.1.4	3.22.8.1.4	3.22.8.1.4	GUI, Web Services, DB, Portals and Digital Forms
2022.8.29	-	3.22.8.29(3GB)	3.22.8.29	3.22.8.29	3.22.8.29.003564808	3.22.8.29.0	3.22.8.29.0	3.22.8.29.0	3.22.8.29.0	GUI, Web Services, DB, Portals and Digital Forms
2022.8.29	1	3.22.8.29.1(3GB)	3.22.8.29.1	3.22.8.29.1						GUI, Web Services,
2022.8.29	2	3.22.8.29.2(3GB)	3.22.8.29.2	3.22.8.29.2	3.22.8.29.203607010	3.22.8.29.2	3.22.8.29.2	3.22.8.29.2	3.22.8.29.2	GUI, Web Services, DB, Portals and Digital Forms
2022.8.29	3			3.22.8.29.2			3.22.8.29.3	3.22.8.29.3	3.22.8.29.3	Portals only
2022.8.29	4	3.22.8.29.4(3GB)	3.22.8.29.4	3.22.8.29.4	3.22.8.29.403616642		3.22.8.29.4	3.22.8.29.4	3.22.8.29.4	GUI, Web Services, DB and Portals
2022.8.29	5	3.22.8.29.5(3GB)	3.22.8.29.5	3.22.8.29.5	3.22.8.29.503635705	3.22.8.29.5	3.22.8.29.5	3.22.8.29.5	3.22.8.29.5	GUI, Web Services, DB and Portals
2022.10.24	-	3.22.10.24(3GB)	3.22.10.24	3.22.10.24	4.22.10.24.003648552	3.22.10.24	3.22.10.24	3.22.10.24	3.22.10.24	GUI, Web Services, DB, Portals and Digital Forms