

Customer Release Notes

for eRAD RIS

Version 2

Build 2016.3

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PURPOSE

This is the Customer Release Notes document for eRAD RIS Version 2016.3.

Not every feature will be described in this document. Typically, only features which can be visually demonstrated are outlined here.

INTENDED AUDIENCE

This document was created by the eRAD RIS Development team and Product Management team for eRAD RIS customers.

NEW SETTINGS

NEW ACCESS STRINGS

Setting	Default	Purpose
Clinical.RadarMessage	N/A	Removed a duplicate string that was not in use.
Config.LookupEditor.Organization.Portal.AdditionalConfiguration		Allows for the adding/editing of additional portal configuration overrides in the JSON editor.

NEW SYSTEM CONFIGURATION SETTINGS

Setting	Default	Purpose
RPAllowQuickApproval	False	(value = true/false) Determines if the referring portal user will have the 'Quick Approval' option if not configured to be a referring and not authorized to order on behalf of a referring.
RPAppointmentEnabled	False	(value = true/false) Determines if the Referring Portal 'Schedule Appointment' feature will be enabled.
RPAuthorizedToOrderNextReview	5	(value = number) The interval in days until the Referring provider is prompted to review the list of users authorized to order on their behalf.
RPIImageNoAccountMessage		(value = string) The message to display to the referring portal user when image access fails due to not having a valid PACS account.

The above configuration settings are created in preparation for a future release of our new Referring Physician Portal. There is no need to adjust these settings at this time.

eRAD RIS 2016.3

Feature Highlights

Upgrade to eRAD RIS 2016.3 and our New Features will allow you to:

- Decrease denials by creating special insurance carrier alerts based on plan information in your Eligible API returns.
 - Warnings when an incorrect carrier has been selected based on your rules
 - Warnings when the priority of carriers is incorrect
 - e.g. Supplemental insurance is entered as Primary
- Improve system performance.
 - Ability to schedule MU database tasks for after hours
 - Behind the scenes adjustments to database performance factors
- Export diagnostic reports in new formats, including Microsoft Word.
- Assess your exam volume breakdown by payor with a new management report.
- Configure new user preference options for displaying RIS/PACS communication messages to the radiologist.
- Allow external systems to query or update RIS look-up tables via interface.
- Enjoy smoother and more efficient RIS workflow with over 100 resolved defects.

NEW FEATURES

INTERFACING

5680 - MFN MESSAGE HANDLER

eRAD RIS now has the ability to allow a remote system to query or update lookup table data. This is limited and secured, and to be used only by an appropriate external system.

MANAGEMENT REPORTS

10525 - EXAM VOLUME BREAKDOWN BY PAYOR MANAGEMENT REPORT

A new core management report has been created called *Exam Volume Breakdown by Payor*. This report generates a pivot style table with a Modality Type across the top of the report and Payor Type down the side of the report. The user of the report can drill-down on the Payor Type to get details of each individual Insurance Payor. This report can query based on Date Range, Payor Type, and of course Practice(s) and Site(s). The report is located in the Operations folder.

Practice: Advanced Radiology,American Radiology 2,American Radiology,Borg/IDE,DATest,Get Well Clinic,PEI Radiology,SIMS Practice,TEST

Site(s): All sites for the selected practice(s).

Date Range: 05/01/2013 - 05/31/2013

Payor Types: All payor types selected.

Description: This report displays accession count by insurance payor and modality type based on practice, site(s), date range, and payor type.

Payor Type	BD	CT	MA	MR	NM	PT	US	XR	Accession Count	
<input type="checkbox"/> Automobile Medical (7)	29	1,531	4,705	2,567	84	140	6,320	10,353	25,729	7.88 %
<input type="checkbox"/> Blue Cross (P)	8	688	1,945	1,056	38	57	2,644	4,251	10,687	3.27 %
<input type="checkbox"/> Blue Cross Blue Shield (G)		47	234	99	9	8	248	425	1,070	0.33 %
BCBS NCA NASCO (314)		19	113	59	5	4	135	193	528	
test (CSEK)		28	121	40	4	4	113	232	542	
<input type="checkbox"/> Central Certification (K)	5	61	215	115	11	6	277	452	1,142	0.35 %
<input type="checkbox"/> Champus (8)	8	344	1,062	590	31	46	1,459	2,314	5,854	1.79 %
<input type="checkbox"/> Commercial Insurance Company (F)		38	106	43	3	1	138	233	562	0.17 %
<input type="checkbox"/> Disability (9)	2	70	212	102	3	4	266	437	1,096	0.34 %
<input type="checkbox"/> Exclusive Provider Organization (4)		32	103	71	2	4	109	220	541	0.17 %
<input type="checkbox"/> HMO (I)		42	97	56	1	2	121	222	541	0.17 %
<input type="checkbox"/> HMO Medicare Risk (6)		36	92	60	3	4	137	203	535	0.16 %
<input type="checkbox"/> Indemnity Insurance (5)		32	90	70	2	4	125	206	529	0.16 %
<input type="checkbox"/> Liability (S)	2	33	118	71		3	111	209	547	0.17 %
<input type="checkbox"/> Liability Medical (R)	1	25	109	59	2	3	112	242	553	0.17 %
<input type="checkbox"/> Medicaid (D)	1	39	104	55	5	3	123	203	533	0.16 %
<input type="checkbox"/> Medicare (C)		68	214	103	3	6	269	448	1,111	0.34 %
<input type="checkbox"/> Other (Z)	316	15,950	49,925	27,496	1,068	1,540	66,427	109,424	272,146	83.40 %
<input type="checkbox"/> Other Non-Federal Programs (1)	2	25	102	56	1	1	128	190	505	0.15 %
<input type="checkbox"/> Point of Service (POS) (3)		33	83	52	4	3	136	215	526	0.16 %
<input type="checkbox"/> Preferred Provider Organization (2)	1	25	88	50	5	1	117	202	489	0.15 %
<input type="checkbox"/> Self Pay (A)		31	90	46	1	4	135	220	527	0.16 %
<input type="checkbox"/> Title V (T)	1	33	92	67	2	2	135	195	527	0.16 %
<input type="checkbox"/> Worker's Compensation (B)	2	23	107	67	3	2	138	235	577	0.18 %
Total Counts	378	19,206	59,893	32,951	1,281	1,844	79,675	131,099	326,327	
	0.12 %	5.89 %	18.35 %	10.10 %	0.39 %	0.57 %	24.42 %	40.17 %		

INSURANCE ELIGIBILITY

13547 - ELIGIBILITY TABLES CLEANUP TO IMPROVE PERFORMANCE

The eligibility request and response tables contain a large amount of data that is only relevant for a short period of time. eRAD RIS will now trim these tables on a regular interval which will keep the RIS Services running at optimal performance levels.

13065 - MEDICAL GROUP RULES ENHANCEMENTS

This feature involves enhancements to informational warnings/alerts for customers using the integration with Eligible API. The intent is to prevent staff members from selecting the wrong insurance carrier by evaluating the medical group data in the return that comes back to RIS via Eligible API. Processing of medical group rules from the *Eligibility Special Conditions* table previously only worked when there was one payer. With multiple payers, the following issues could occur:

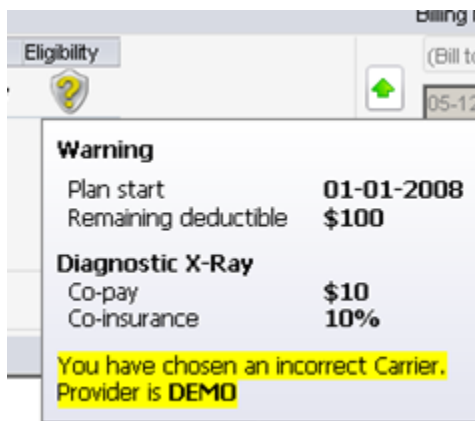
- 1) The medical group rules report produced duplicate entries.
- 2) The medical group string check could only apply to one base carrier, which could also cause duplicates and invalid data if multiple rules were configured.
- 3) Synonyms also needed to support wild cards such as Prospect%.

To resolve these issues, eRAD RIS now supports a new syntax in the *matching_string* field of the *Eligibility Special Conditions* lookup table. This table and the *matching_string* field define when to display a warning indicating an incorrect medical group has been selected. As a refresher, a medical group “string” is simply a piece of text that is found in the information returned from Eligible API in the appropriate section of the return. Remember that you can view the full return by clicking on the Eligible shield.

There are two variations on the *medical_group_rule* syntax:

- Base Carrier Medical Group Rule
- Simple Medical Group Rule

For both types of rules, an error will be presented to the user in the form of a yellow question mark in the Eligibility shield and a highlighted error message.



A Base Rule means that the string is exclusive to the base carrier. There is only one valid carrier for the string of text in that rule. Simple Rules require that a string of text exists in the return, but it may also exist for other carriers in a group and is not a one-to-one match. It will help the user narrow down the number of appropriate insurance carriers to select from, but if the user picks the wrong carrier from within that group, the Simple Rule will not be able to identify that there is not a correct match.

To explain the new configurations, examine the following examples. Assume the base carrier is “0100demo.” We will create a Base Carrier Medical Group Rule, which validates for this payer that the returned string exists and for all other carriers (for that payer_id) that the string does not exist.

The Base Medical Group Rule for the 0100demo carrier would be:

medical_group_rule:**payer_id=0100demo**:DEMO%:

For the other two carriers in this example, we will create two Simple Medical Group Rules. With simple medical groups rules we only validate for the matching string in the carrier code specified. An example of one of these simple medical group rules is:

medical_group_rule:**PROSPECT**%:

Lookup Tables - EligibilitySpecialCondition * z		
Carrier Code	Matching String	Warning Message
Contains:	Contains:	Contains:
Click here to add a new row		
1468014 - PROSPECT CAL OPTIMA	medical_group_rule:PROSPECT%:	<span style="background-color: #...
0328 - BCBS EMPIRE	medical_group_rule:BCBS%:	<span style="background-color: #...
0100demo - demo	medical_group_rule:payer_id=0100demo:DEMO%:	<span style="background-color: #...

In the example above, the first two rows are Simple medical Group Rules. The carrier ‘1468014’ will require the text “Prospect” in the return’s medical group field and the carrier ‘0328’ will require the text “BCBS.” If the required text is missing, the error will display.

The third row is a Base Medical Group Rule (note the “**payer_id=**” in the format). If 0100demo is selected as a carrier and the return does not contain the string “DEMO,” the user will get a warning just as with a Simple rule. The difference is that any other carrier that is selected that contains the string “DEMO” will also receive an error. You’ll note that carrier ‘0657’ is not listed in the above screen capture because it is not configured for any medical group rules. If that carrier is selected and there is a string of “DEMO” the user will receive an error because that string should only exist for the base carrier ‘0100demo.’ Similarly, if either carrier in the first two rows is selected, the error will display.

When should I use a Simple Medical Group Rule?

Since Base Rules are configured to be a direct match (the string of text always equals one specific carrier), you need to do a careful analysis of the historical returns for that payer and other payers that may have similar text in their returns. This process is time consuming so it is typical to focus on mapping only the most frequently used payers. Some payers only come up once in a while and the necessary historical data on their Eligible API returns is not available to understand what medical group strings to use. For these reasons, there will always be some payers that will not be mapped to a Base Rule. For these payers, you might use a Simple Medical Group rule that will apply to groups of carriers at the same time. Even if you cannot create a direct match between a string and an individual carrier, you can at least prevent staff from mistakenly choosing a “Prospect” carrier when it is one of the “BCBS” payers.

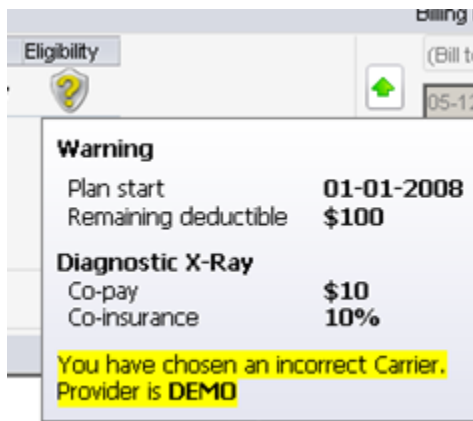
When should I use a Base Rule?

You should use a Base Rule if the medical group string will never be in another carrier's return. Otherwise, use a Simple Medical Group Rule.

Another feature of the Medical Group Rules is the ability to display a custom message to the user when there is a mismatch. In the "Warning Message" field you can specify a display string such as:

```
<span style="background-color: #FFFF00">You have chosen an incorrect Carrier.<br>Provider is
<b>{0}</b></span>
```

This will display a highlighted message to the user explaining their incorrect selection. The {0} will be replaced with the Medical Group field from the insurance return.



For testing, we have modified the eRad_Demo carrier to include a medical group string in the return, when the policy # ends with brackets containing some string to display as the medical group. For example:

Insurance Policies				
Note	Carrier Code	Carrier Name	Policy #	Gr
D	0100demo	demo	10010010[TESTGROUP]	23

Insurance Eligibility Details			
Print	Show All	History:	
Type	Primary Care	Restricted	Contacts
Primary Care Provider - Point of Service (POS)	Yes	No	Contracted Service Provider TESTGROUP Telephone: 8006543400 PO BOX 371330, RESEDA, C

To give some additional illustration of these concepts, the following screenshots are some of the test cases using the 4 carriers shown in the previous illustrations.

BCBS EMPIRE: Rule is that is must start with 'BCBS' and cannot start with 'DEMO'

Policies

Carrier Code	Carrier Name	Policy #	Group Number	Group Name	Phone	Priority	Eligibility	Billing Method
0328	BCBS EMPIRE	10010010[BCINCORRET]	234332	eRAD Group		Primary	?	(Bill to insurance)

05-12-16 kevin -

Warning
 Plan start 01-01-2008
 Remaining deductible \$100
Diagnostic X-Ray
 Co-pay \$10
 Co-insurance 10%
 You have chosen an incorrect Carrier.
 Provider is BCINCORRET

Policies IVT Notes Verify

Order Notes

ed By Amount Method Date 05-12-16 kevin -

Policies

Carrier Code	Carrier Name	Policy #	Group Number	Group Name	Phone	Priority	Eligibility	Billing Method
0328	BCBS EMPIRE	10010010[BCBS]	234332	eRAD Group		Primary	✓	(Bill to insurance)

05-12-16

Approved
 Plan start 01-01-2008
 Remaining deductible \$100
Diagnostic X-Ray
 Co-pay \$10
 Co-insurance 10%

e Policies IVT Notes Verify

Order Notes

Scheduling notes

PROSPECT CAL OPTIMA: Rule is that is must start with 'Prospect' and cannot start with 'DEMO'

Policies

Carrier Code	Carrier Name	Policy #	Group Number	Group Name	Phone	Priority	Eligibility	Billing Method
1468014	PROSPECT CAL OPTIMA	10010010[BCBS]	234332	eRAD Group		Primary	?	(Bill to insurance)

05-12-16 kevin -

Warning
 Plan start 01-01-2008
 Remaining deductible \$100
Diagnostic X-Ray
 Co-pay \$10
 Co-insurance 10%
 You have chosen an incorrect Carrier.
 Provider is BCBS

e Policies IVT Notes Verify

Order Notes

ed By Amount Method Date 05-12-16 kevin -

GHI: No specific rules; however, but due to 0100demo Base Medical Group Rule it cannot start with 'DEMO'

Policies

Carrier Code	Carrier Name	Policy #	Group Number	Group Name	Phone	Priority	Eligibility	Billing Method
0657	GHI	10010010[DEMO]	234332	eRAD Group		Primary	?	(Bill to insurance)

05-12-16


Warning
 Plan start 01-01-2008
 Remaining deductible \$100
Diagnostic X-Ray
 Co-pay \$10
 Co-insurance 10%
 You have chosen an incorrect Carrier.
 Provider is DEMO

Policies IVT Notes Verify

Order Notes

ed By Amount Method Date 05-12-16 kevin -

demo: Must start with 'DEMO'

Policies								Billing Method
Carrier Code	Carrier Name	Policy #	Group Number	Group Name	Phone	Priority	Eligibility	(Bill to insurance)
0100demo	demo	10010010[PROSP ...	234332	eRAD Group		Primary		05-12-16 ke

Warning

Plan start 01-01-2008

Remaining deductible \$100

Diagnostic X-Ray

Co-pay \$10

Co-insurance 10%

You have chosen an incorrect Carrier, Provider is **PROSPECT**

Policies IVT Notes Verify

Order Notes

05-12-16 kevin -

Policies								Billing Method
Carrier Code	Carrier Name	Policy #	Group Number	Group Name	Phone	Priority	Eligibility	(Bill to insurance)
0100demo	demo	10010010[TESTGROUP]	234332	eRAD Group		Primary		05-12-16 kevin -

Warning

Plan start 01-01-2008

Remaining deductible \$100

Diagnostic X-Ray

Co-pay \$10

Co-insurance 10%

You have chosen an incorrect Carrier, Provider is **TESTGROUP**

Policies IVT Notes Verify

Order Notes

05-12-16 kevin -

13282 - PRIMARY INSURANCE WARNINGS

For customers using Eligible API, we have identified two additional opportunities to assist users in selecting the correct insurance carrier. Two frequent mistakes that lead to denials include:

- Medicare is entered as secondary when it should be primary.
- A supplemental insurance is entered as a primary insurance.

To assist our customers in avoiding denials and potentially missing timely filing deadlines, eRAD RIS can now issue the user a warning if it detects these conditions, based on information in the return from Eligible API.

Providers

Type	Primary Care	Restricted	Contacts
Other or Additional Payor	No	No	Insured or Subscriber Member Identification Number
Other or Additional Payor	No	No	Primary Payer MEDICARE

Plan

Coverage	Type
Active Coverage	Supplemental Policy

To enable this feature and configure the custom messages, add entries to the Eligibility Special Condition lookup as shown below:

Lookup Tables - EligibilitySpecialCondition			
Carrier Code	Matching String	Warning Message	Exclude Lir
	{MEDICARE_IS_PRIMARY}	Carrier should not be primary (Has Medicare)	N
	{IS_SUPPLEMENTAL}	Carrier should not be primary (This is supplemental)	N

Medicare Is Primary:

If a primary insurance has the “Primary Payer MEDICARE” string in the return, this means that the selected carrier is a Medicare supplement and should *not* be listed as primary. When you enable {MEDICARE_IS_PRIMARY} in the Eligibility Special Condition table, eRAD RIS will display the configured warning message under those circumstances.

Carrier Name	Policy #	Group Number	Group Name	Phone	Priority	Eligibility	Billing Method
demo	#13282MED	708742			Primary		(Bill to insurance)
demo	10010010	234332	eRAD Group		Secondary		05-16-16 kevin -
demo	#13282SUP	708742	eRAD Group		Tertiary		

Warning

Plan start **08-01-2008**

Plan end **12-31-9999**

Diagnostic X-Ray

Co-insurance **0%**


CARRIER SHOULD NOT BE PRIMARY (HAS MEDICARE)

Insurance Is Supplemental:

If a primary insurance has the “Supplemental Policy” string in the Plan section of the return, this means that the selected carrier is a supplemental insurance (any kind, not necessarily a Medicare supplement) and should *not* be listed as primary. When you enable {IS_SUPPLEMENTAL} in the

15 July 2016

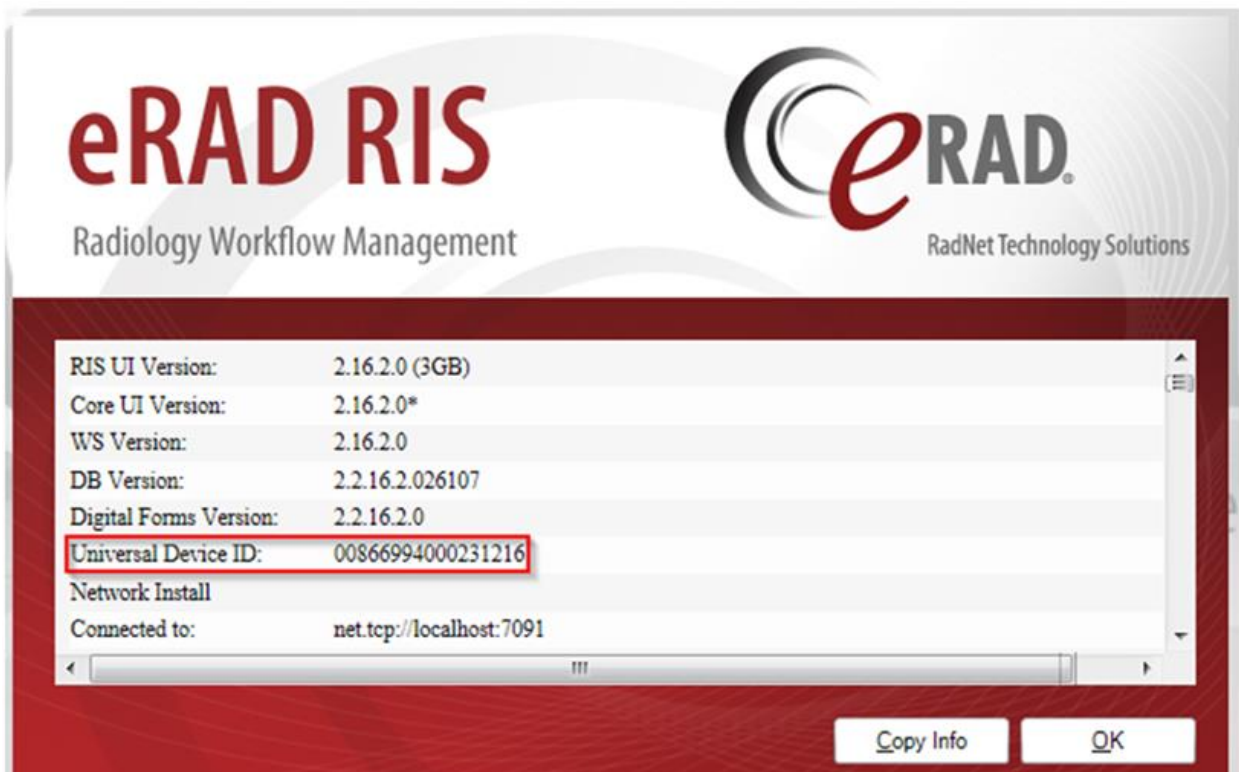
Eligibility Special Condition table, eRAD RIS will display the configured warning message under those circumstances.

Carrier Name	Policy #	Group Number	Group Name	Phone	Priority	Eligibility	Billing Method
demo	#13282SUP	708742	eRAD Group		Primary		(Bill to insurance)
demo	#13282MED	708742			Secondary		05-16-16 kevin -
demo	10010010	234332	eRAD Group		Tertiary		
<div> <div>IVT Notes</div> <div>Verify</div> </div>							Warning Plan start 03-01-2010 Diagnostic X-Ray CARRIER SHOULD NOT BE PRIMARY (THIS IS SUPPLEMENTAL)

INFRASTRUCTURE

11204 - SUPPORT "UNIVERSAL DEVICE ID"

As a result of an upcoming regulatory requirement, eRAD RIS now has a Universal Device ID field (UDID). This field is located on the Help/About screen.



13545- MU POST PROCESS REDESIGN TO IMPROVE PERFORMANCE

The eRAD RIS service layer has the ability to process study events immediately after they have happened in order to do such things as update roll up tables for Meaningful Use (MU) statistics. Since this happens immediately, it does slightly slow down the service layer. Since there is no operational reason to update these statistics immediately, it is desired to postpone these updates until a time of day when there is less activity on the system. eRAD RIS now supports the ability to push those events to a designated time of day.

From a customer perspective, this will be automatically enabled after the upgrade, and no action is required of you.

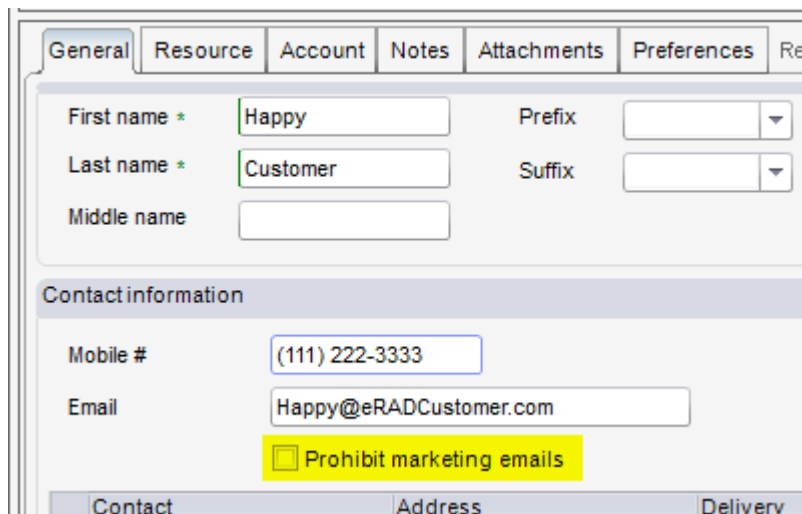
13548 - DEPRECATE C_SUMMARYMASTER OBJECTS

There are some objects (stored procedures and tables) in the RIS database that are only used by one customer. These objects do not need to remain in the core of eRAD RIS, and will therefore be removed from the database. This ensures continued optimal performance of the database. The one customer who does use these objects has been updated.

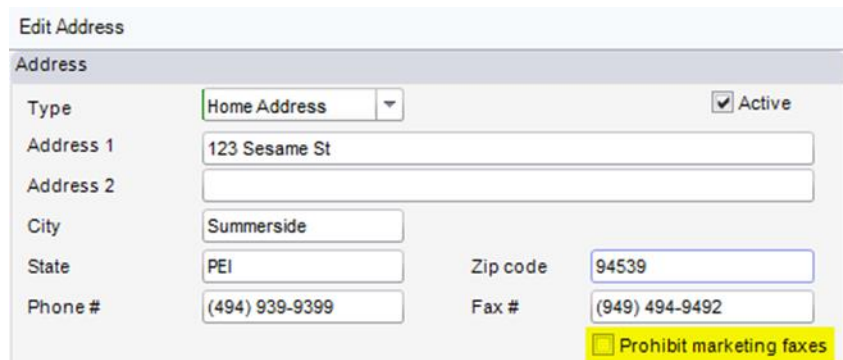
REFERRING PHYSICIAN MANAGEMENT

13598 - OPTION TO PROHIBIT MARKETING EMAILS FROM BEING SENT

In the future, the Referring Portal will have the ability to send marketing emails to referring doctors. Some doctors may not want this, so in preparation for this upcoming Referring Portal feature, an option has been added to the referring physician's profile in eRAD RIS to indicate that the portal should not send any marketing emails to their email address. This is set at the referring physician level and cannot be set differently for individual offices (addresses).



This is not to be confused with a feature added in a previous RIS release to prohibit marketing *faxes*. Marketing faxes are set at the referring physician's address level.



RIS ADMINISTRATION

13732 - CAPTURE ORDER CANCELLED DATE

For statistical purposes, eRAD RIS now stores the date an order was cancelled in the database. This can be queried with a custom management report if desired. For clarity, if the order was scheduled, then the Schedule Later option is used (i.e. it is put back on Orders to Schedule), the order cancel date is not populated because the order is still available to be scheduled, it has simply been moved back to an Ordered status. In that case, the **Cancelled Date** would be recorded (since it was actually a scheduled appointment) but the **Order Cancelled Date** would *not* be recorded/stored.

13773 – SUPPORT EXPORTING DIAGNOSTIC REPORT IN MS WORD AND OTHER FORMATS

eRAD RIS now supports exporting the diagnostic report in the following formats: MS-Word, PDF, encrypted PDF, image, Excel, MHTML and HTML.

When working with Hebrew, one advantage to exporting in MS-Word is that the MS-Word format fully supports copy/paste in Hebrew. The PDF created by the Microsoft PDF engine within eRAD RIS does not support copy/paste functionality, so the MS-Word format is an advantage in a Hebrew environment.

[To take advantage of this feature, please contact eRAD Support.](#)

13851 – PATIENT PORTAL CONFIGURATION HELPER

The patient portal uses a format called JSON to configure various portal features. This is a complex structure, and a simple typing error can invalidate the configuration. To simplify maintenance and prevent errors, eRAD RIS now has an editing tool that will allow the JSON to be edited without requiring knowledge of JSON and without needing to worry about simple errors.

Patient Portal Configuration Override for this Practice:

```
{ "AppointmentEnabled": "true", "EmailEmbeddedImageType": "LINK" }
```

Selecting the [...] button will invoke the editor.

Portal Json Configuration Editor

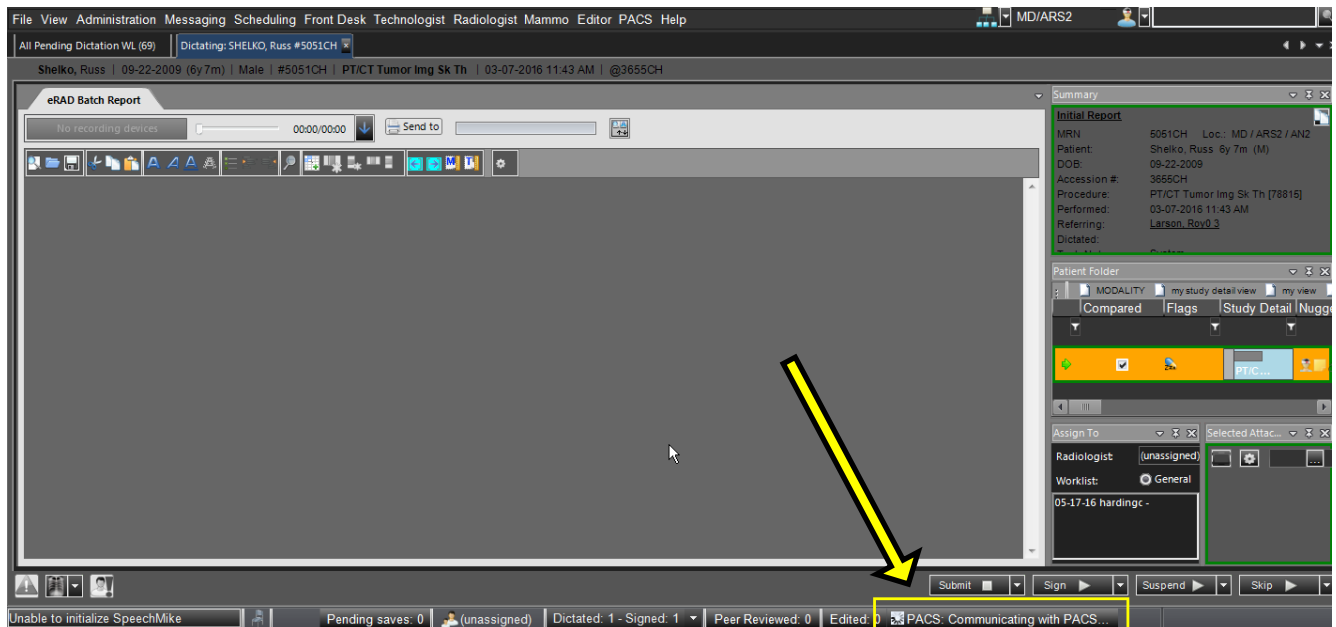
Config Code	Value	Description
AppointmentEnabled	true	Enable/Disable appointment scheduling...
EmailEmbeddedImageType	LINK	Type of image hosting that will be used...
AutomatedEmailAddress		from address that will be used for email...
EmailAddressForGetHelp		email Address contact form messages...
EmailLogo		The image that will be sent in email me...
ErrorEmail		the email addres that error that occur...
PortalFullName		The full name of the portal to display in...
PortalLogo		The image to use on the portal login scr...
PortalName		The name of portal to be displayed to th...
ReferringPortalURL		Refering Portal URL for Home screen link
SiteCode		Default site code to use if there are issu...
Theme		Available color themes to choose from

Ok Cancel

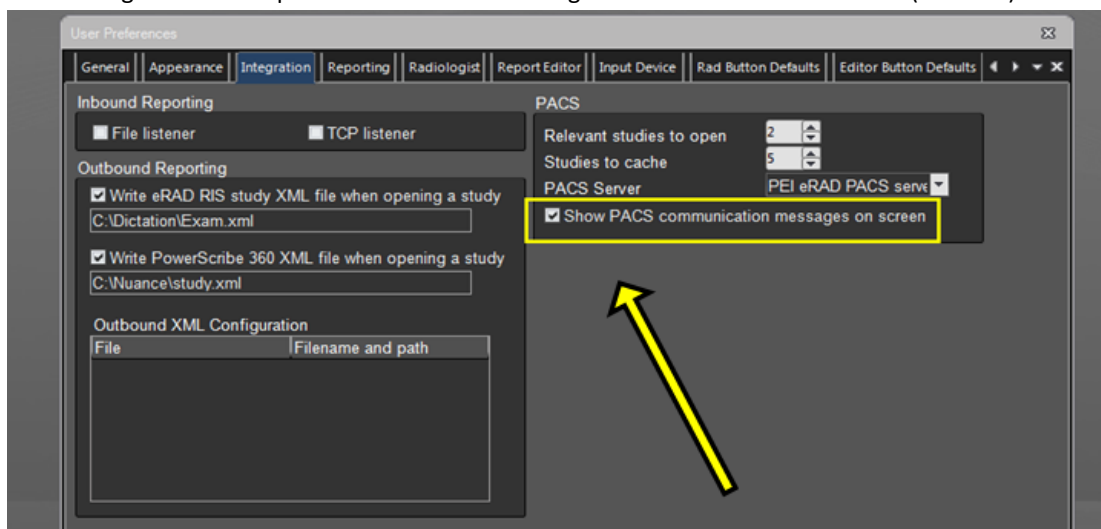
RADIOLOGIST

#13849 - ADD PACS DIALOG MESSAGES TO ERAD RIS STATUS BAR

eRAD RIS has had many recent enhancements to radiologist messaging when the RIS is communicating to the PACS. The purpose of these messages is to prevent the radiologist from dictating on a new patient before the previous patient's images have been cleared from the PACS viewer. Some radiologists expressed the desire to move the messages to a static notification area instead of a pop-up message. The RIS now has an option to display these PACS status messages to the radiologist in the status strip at the bottom of the RIS screen.



In addition, eRAD RIS has a new user preference to turn off the PACS communication dialog. Users can turn off the PACS dialog in their user preferences under the Integration tab. The default is true (checked).



RESOLVED DEFECTS

Bugs and support issues resolved in build 2.2016.3.

Bug #	Category	Subject
13517		Concurrency violation on delete all patients phone numbers from the Phone number edit screen
13291	Access strings	Access string Clinical.RadarMessage is not in use can be removed
13605	Admin-Other	Timeout Errors when viewing audit log of changes for Personnel dataset
9283	Audit History	Assign to Chair context menu creating misleading audit history entries
2862	Audit History	Request for images (Image Request) are not being audited
13266	Billing	Editing billing codes issue
13217	Billing	Aborting a started study can result in an error on the billing codes tab
13485	CD Burning	Horizontal scroll bar for included studies section in CD Burning window is missing
14055	Client Install	Core install issue when upgrading from 16.2 to 16.3
13465	Dark Mode/Theming	Dark mode - Phone number and Email fields on Patient Tab display white text on white background if more than one option listed
13833	DB	L_person_address_x_referring_practice is missing FK constraint to l_referring_practice
13636	DB	Queries to c_study table cannot be optimized by DOS or modality code
13562	DB	Database trigger performance issues
13455	DB	SQL Assessment - deprecated SET options found
4749	DB	The scan document archive process is taking a long time to find scan documents to archive
4747	DB	Missing index on c_interpretation_quality_review when joining to c_interpretation table
13892	DB Upgrade scripts	Upgrade Script for RISOutputFilePath
13840	Digital Forms	Exception occurring when scheduling an order that was previously saved as order when digital form has required field
13311	Digital Forms	ObjectReference error working with digital forms
13271	Digital Forms	Digital Forms Editor hang during save on large digital form
11069	Digital Forms	Digital Form Editor - Session Timeout is too short
13505	Document Distribution	Document Distribution Engine ignores LegacyInterfaceMode unless the Wedge is also enabled

5839	Embedded Reporting	Edit Templates and Macros icons enabled toggle is backwards
13744	EMR	External patients can be scheduled in RIS without matching or creating a new internal patient record
13737	eRAD Editor	eRAD Reporting mode - Conditional fields that are type macro, get error 'Unable to open macro' when opening the dictation window if macro tool window is not loaded.
12942	eRAD Editor	Inserting a text macro into a field may produce different results if the field is selected from the report tool window rather than the fields tool window.
13486	Image request	Missing horizontal scroll bar in Image Request screen and window is not resizable
8562	Image request	Image Request Status column on Patient Folder WL doesn't display status
5943	Image request	Image Request does NOT show referring doctor's name
13764	Insurance Eligibility	Error when working with multiple exams at the same time in the perform exam window
13711	Insurance Eligibility	Excessive audit logging by a "system" service for retrievals
13557	Insurance Eligibility	Unexpected error processing submit insurance queue
13479	Insurance Eligibility	Insurance Eligibility - Ignore deductible entry, if remaining and total are both zero
13215	Insurance Management	Self Pay - changing to a non-NPD enabled site doesn't clear the amount to collect field
10714	Interfaces	External Scheduling Interface - Issue with GetBookingLock and Expiry
10676	Interfaces	Assuta External Scheduling Interface - Issue with EndDate
13723	IVT / Precert	Patient is removed from IVT WL when Precert status is not the same for all exams on the order and one is rescheduled
11992	IVT / Precert	Precert status doesn't save changes when changed from Schedule Order and View/Edit
13724	Localization	Messages not localized: 1. User is not logged into PACS, 2. Cannot save because lock is required.
13619	Localization	When in Scheduling and Front Desk, order tab screen has a word cut off in version QE_HE_2016.2 .
13339	Localization	PACS login dialog is not localized nor does it support RTL
13338	Localization	Request to rename field/checkbox in Hebrew under the documentation tab in view/edit
12038	Localization	Buttons are misleading and inverted for Next/Previous field and Next/Previous portal tab
12586	Mammography	Manually create reminder window hidden close button when font size set to Large
13819	Meaningful Use	MU Tab - Allergies Pane - Error appears if Status is

		selected before Severity
13595	Meaningful Use	NPI Invalid message should give more detail
13551	Meaningful Use	Invalid object name 'c_patient_problem_list' when two users update the same patient's problem list
11363	Meaningful Use	Height/Weight not required while going through Existing Orders prompt
8516	Meaningful Use	Direct Message - Issue attaching CCDA document to New Patient
13740	Mgt Reports	Core report: RTAT by Radiologist procedure group issue
13855	PACS (eRAD) Int - RIS only	PACS Bookmark remains when closing non-focused tab
11760	PACS (eRAD) Int - RIS only	PACS integration - Unable to reopen a study using View Images button if PACS is closed after initial open
13801	PACS (eRAD) Integration	RIS not connecting with PACS when using SSO with RTL localization
13794	PACS (eRAD) Integration	ERAD PACS - gets confused and displayed incorrect images.
13784	PACS (eRAD) Integration	Getting messages that aren't correct and images eventually get out of sync when PACS Viewer is not displayed
13604	PACS (eRAD) Integration	PACS sync issue when switching between multiple tabs under certain circumstances
13482	PACS (eRAD) Integration	PACS sync - PACS is unable to open current study message displayed too many times
13296	PACS (eRAD) Integration	PACS prefetching: ArgumentOutOfRangeException
14091	PACS (Non - eRAD) Integration	UV PACS over Citrix - Mini patient folder and main patient folder not appending images correctly
13717	PACS (Non - eRAD) Integration	In the XML Integration Lookup table cannot select a file with the xml and save to an existing row
13716	PACS (Non - eRAD) Integration	Outbound XML configuration grid - the drop down column header should not be displayed and you should not be able to add multiple identical rows
12497	PACS (Non - eRAD) Integration	IW PACS Integration - When a study cannot be loaded the 'Study loading problem' message is hidden, instead 'Waiting for PACS' message is displayed
13725	Patient Management	MRNs for New Appointments with existing patients - system does not release generated MRN
13553	Patient Management	System generated MRN not automatically advancing for new patients under some circumstances
12918	Patient Merge	Patient merge - Phone numbers and email addresses not selected if patient merge is opened when patient folder is open
13401	Patient Search	When using Patient Search with Last Name ending with the letter 'n' and DOB, the letter 'n' is ignored
13760	Payment control	Foreign Key constraint error when calculating cost of procedure

13559	Payment control	Payment calculator error: object reference not set to an instance of an object
13615	Portal Viewer	Portal windows are leaking memory
13330	PowerScribe Integration	PS360 - 'Thread was being aborted' message - inaccurate message and meaningless to user
13587	Radiology Peer Review	Peer review - the Organization settings do not seem to be saving correctly
13407	Radiology Peer Review	Peer Review - Value for Notes required at score is affecting what appears on All Peer Review Pending Action WL
13815	Radiology Reporting	TCP listener (Inbound Reporting) doesn't work when SSO used
13762	Radiology Reporting	Clinical.OpenStudySuspendedByOtherUser set to NONE, getting different behavior in create/edit window vs dictate window vs sign window.
13746	Radiology Reporting	Send report option is available on Exam Done studies without a report
13743	Radiology Reporting	Infinite loop possible when updating supporting reporting files such as text expander, author playback settings, etc.
13730	Radiology Reporting	RIS produces 2 errors related to 'c_client_worklist' then crashes.
13634	Radiology Reporting	Radiologist reporting screens hanging when closing from PS360
13630	Radiology Reporting	Memory leak in digital form answer view
13628	Radiology Reporting	M*Modal - edited auto macros reset to the default on subsequent open
13592	Radiology Reporting	Getting a "ResolveInputOutputDevice" error when opening the dictation window
13437	Radiology Reporting	When clicking 'Send for dictation' will get prompted that all sections must be entered
13315	Radiology Reporting	Patient history control error: Cannot access a disposed object
13263	Radiology Reporting	Template editor lookup, result tab, filter the grid by default = Y, edit one of the templates, get error when saving the template
13251	Radiology Reporting	Auto Hide for docked patient folder not staying persistent in dictating view
7422	Radiology Reporting	County Picker does not take in to account the fact that the same county name can exist in multiple states
13531	Reception	Exception occurs when saving study extra info
13520	Reception	When changing a Primary/non Primary linked Exam the linking stays intact, Flag isn't removed.
7400	Reception	Foreign key constraint when checking studies and adding insurance or self pay at time of registration
13566	Scheduling	When creating a new appointment or new walk in, the

		MU pop-up window will not save or close when clicking OK
13563	Scheduling	From the patient folder, when an ordered study is selected, get an unexpected error when opening the walk-in window
13538	Scheduling	The start time of a schedule restriction cannot be less than the shortest duration of an exam for that modality after the hour (any hour)
13466	Scheduling	Phone Number is not copying for "Same as Patient" when Self, Spouse, or Child is selected
13303	Scheduling	Error loading schedule order
12949	Scheduling	Referring physician alert not being displayed on Schedule Order/Registration/Walk-In
13809	Technologist	Get an error in the Technologist WL - Object reference not set to an instance of an object and exam status does not change
13519	Technologist	Assigned Rad list in Perform Exam window is reordered after initial selection.
13518	Technologist	Assigned Radiologist is not retained if referrer has preferred radiologist and included study is toggled
13495	Technologist	When in Perform Exam, clearing Procedure name from Procedure picker and continuing evokes an error message
13359	Technologist	Exam with contrast that is aborted has contrast removed
13586	Thick Client GUI	Null reference error after double click on worklist
13567	Thick Client GUI	PACS Login dialog resize issues
13434	Thick Client GUI	County information should be cached
13331	Thick Client GUI	Radgridview / gridflagcellement memory leak
13299	Thick Client GUI	Error clearing old trace logs
10394	Thick Client GUI	eRAD RIS lock screen is only hiding RIS, not technically locking. Shortcut commands and actions in third party systems can still occur
9616	Thick Client GUI	Referring Preferences - Add Radiologists drop down shows duplicates
2601	Thick Client GUI	Referring detail on Order tab - add suffix
2350	Thick Client GUI	No Show WL missing patient folder from context menu
14043	UI Look and feel	Change text on personnel address from "Marketing fax opt-out" to "Prohibit marketing faxes"
13792	UI Look and feel	SystemConfig spelling and grammar errors - PortalSchedulingBookingLockTimeout & SchedulingBookingLockTimeout
13625	UI Look and feel	Improve message given to user for failed MRN mask
13491	UI Look and feel	Navigation buttons on Portal data pane are disabled
13224	UI Look and feel	When Phone number mask is disabled, the phone numbers are displayed in a mask in the referring

		addresses lookup table
13475	View Edit	Problems with billing code adding/editing on View/Edit screen
13710	Web Services	Excessive posting to c_action and c_action_data tables
13608	Web Services	RIS is marking rows as having changes even when the user didn't make any changes, which causes problem with last_updated_by_user_id
13540	Web Services	C_GetCancelsByReasons performance issues
13536	Web Services	Daily cleanup job should purge all expired locks
13089	Web Services	Problem flag and QA flags do not display correctly on the worklist
6104	Web Services	Scan document archive services fails access check if temp file already exists
5146	Web Services	ServicesConfigWizard is not clear that you need to enter the endpoint information in the format protocol://ipaddress:port/rRIS
13751	Worklists	The TestWorklistExecutionTimes unit test case for GetWLSignedByDateMy is taking longer than expected
13260	Worklists	Assign to radiologist context menu on worklist does not show for addendum requests


KNOWN LIMITATIONS

The following are new bugs found in build 2.2016.3. Bugs reported in previous versions are not captured as Known Limitation in this document.

#	Priority	Category	Subject
13992	Normal	Audit History	Audit History is not recording the county and zip code for the signed exam
14052	Normal	Client Install	Core install - after a successful install, should have a message stating 'install completed successfully'
13886	Low	Digital Forms	Do not try to save digital forms from RIS when trying to 'Save As Order'
13971	Low	Documentation	Assigned Radiologist not showing as a required field until you hit save
13983	Normal	Image request	Navigating from one view to another in the Image request WL
14005	Normal	IVT / Precert	Verification of Insurance remains after changing insurance companies
14001	Normal	IVT / Precert	Insurance verification is showing as required when it's approved through an eligibility check
13998	Normal	IVT / Precert	When changing insurance companies at scheduling, there is an error after verifying another insurance in the order process
13938	Normal	Localization	Couple of items not localized to Hebrew
13870	Low	Meaningful Use	eRx - Throws exception if patient's primary phone number starts with "+"
14003	Normal	MModal	Conditional fields - value is not retained when 'sent to VR' if option is a macro
13967	Normal	PACS (eRAD) Int - RIS only	On initial opening of a study, should the 'Communicating with PACS' dialog or status bar message be displayed?
13961	Normal	PACS (eRAD) Int - RIS only	Status bar is displaying incorrect message when waiting for PS360
14058	Normal	PACS (eRAD) Integration	PACS images are not getting released when skipping through in 'All Peer Review Pending Action WL'
14025	Low	PACS (eRAD) Integration	When closing RIS from the Locked screen, images do not close
13953	Normal	PACS (eRAD)	PACS status bar message is different than PACS dialog message

		Integration	
13945	Normal	PACS (eRAD) Integration	RIS fails to display message for missing priors when the bookmark is not lost
14093	Low	PACS (Non - eRAD) Integration	CSH PACS - will log you out if it is not chosen upon login to RIS
14039	Low	PACS (Non - eRAD) Integration	Integration Manager - Add close requested error
13928	Low	Patient Folder	Required indication (red exclamation) not updating after Patient Race is added
13974	Normal	Scheduling	Error for 1 patient with 2 procedures at the same time in the same room
13926	Normal	Scheduling	Required indication (red exclamation) not updating after None is selected for Medications/Allergies/Medical History on the MU tab
14002	Normal	Service Tools - Installer	RIS Thick Installer Wix Project cleanup

RIS RELEASE VERSION NUMBERS

This Version 

Version Hotfix	2016.1	2016.2	2016.2	2016.2	2016.3
	-	-	1	2	
Window UI	2.16.1.0.33419 (3GB)	2.16.2.0 (3GB)	2.16.2.1 (3GB)	2.16.2.2 (3GB)	2.16.3.0 (3GB)
Core	2.16.1.0.33079	2.16.2.0	2.16.2.0	2.16.2.0	2.16.2.0
WS	2.16.1.0.33419	2.16.2.0	2.16.2.0	2.16.2.0	2.16.3.0
DB	2.16.1.0.33416	2.16.2.0.00172540	2.16.2.0.00172540	2.16.2.2.00243102	2.16.3.0.00257101
Digital Forms					
Patient Portal					
Referring Portal					
Notes	Management Reports, Questionnaire and Citrix Bridge		Citrix Bridge	Citrix Bridge	
Legend					
This Release					
New changes					
Unchanged					

CODE STREAM DIAGRAM

