



eRAD RIS

# CUSTOMER RELEASE NOTES

Build 4.2022.11.2

UPDATED APRIL 25, 2024

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## Publication History

Revision	Author	Description
February 6, 2023	Kevin Brooks / Hilary Saltmarsh	<ul style="list-style-type: none"> <li>Commercial release.</li> </ul>
April 25, 2024	Kevin Brooks	<ul style="list-style-type: none"> <li>Correction to Feature #30707 to indicate that at the Procedure Code Level, the "Billing Modality Type" must be specified, not the "Modality Type".</li> </ul>

# 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.



*There is no separate SERVICE RELEASE NOTES edition of this document.*

## Release Content

This release of eRAD RIS 4.2022.11.2 includes both feature enhancements and a variety of resolved issues.

Notable enhancements are changes to Scheduling, Insurance, Mammography, and Billing, and the introduction of a new "Daily List" worklist.

## Who Is Affected

This version is recommended to be applied on eRAD RIS v4.2022.11.1 installations.

# NEW SETTINGS

No settings were added or updated with this release.

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

## RIS

### Changes to AccessString Lookup Table

The following settings were added or updated with this release:

Setting	Default	Purpose
WL.DailyList	Value=[None Full], Default=[None]	Controls access to the "Daily List" worklist menu item from the Administration menu. Added in v4.2022.11.2 #22094
Config.LookUpEditor.PaymentRules	Value=[None Full], Default=[None]	Controls access to the "PaymentRules" lookup table editor. Updated in v4.2022.11.2 #27641, #30707

### Changes to SystemConfig Lookup Table

The following settings were added or updated with this release:

Setting	Default	Purpose
DailyListWorklistWindowInDays	Value=Days as Integer, Default=[3]	The Daily List worklist can display exams for a scheduled date which is up to this many days prior or past the current day (default of 3 would span 7 days). Max 7. Caution: Consult with RIS Development Support before modifying. Updated in v4.2022.11.2 #22094
DDSingleFaxJobPerNumber	Value=Boolean, Default=[False]	When True, the Document Distribution Engine will only set a fax job to InProgress status when no other fax job is already InProgress for that fax number. When False, multiple jobs may be queued for the same number concurrently. Updated in v4.2022.11.2 #29671
InterfaceResolveNoProcedureToPrimaryStudy	Value=Boolean, Default=[False]	When True, any inbound message which a single c_study_item element with no procedure will automatically map (itself and the c_study) to the first study row. Updated in v4.2022.11.2 #31721
MaxDaysForB0FU	Value=Days as String, Default=[30]	Maximum number of calendar days for a BI-RADS Enabled study to be considered for display in ACR Category 0 Follow-up WL columns "Breast Study Scheduled Date" and "Breast Study Scheduled Procedure". The number of days between the date the BI-RADS 0 report was signed and the date of the next study. Added in v4.2022.11.2 #21935

Setting	Default	Purpose
MaxDaysForB45FU	Value=Days as String, Default=[30]	Maximum number of calendar days for a breast biopsy study to be considered for display in ACR Category 4/5 Follow-up WL columns "Biopsy Scheduled Date", "Biopsy Scheduled Procedure" and "Biopsy Pathology Date". The number of days between the date the BI-RADS 4 or 5 report was signed and the date of the next study. Added in v4.2022.11.2 #21935
MinimumDocTypeConfidence	Value=Percent as Decimal, Default=[70]	Confidence level for Document Type categorization from Image Recognition to automatically mark an incoming image as reviewed. Confidence levels that are less than the configured value will require manual review. Updated in v4.2022.11.2 #32648

# NEW FEATURES

## Scheduling

### Feature #32264 Ability to set an effective date for Study-Level Reason for Study

#### Summary

This enhancement to ICD workflow adds the ability to set an effective date when enabling the existing study-level **Reason for Study** site configuration option. When enabled, exams that have been updated with order notes would no longer require an ICD10 code when saving the exam.

#### Feature Description

Previously, there was no way to prevent the eRAD RIS from requiring a reason for study to be entered when the exam was performed.

With this change, the (existing) site level **Enable Reason For Study** checkbox now offers an optional **Effective** date option.

The screenshot shows the 'Add/Edit Site' interface with the 'Site Details' tab selected. The 'Details' section contains the following fields and options:

- Site code \*: GLA  Active
- Description\*: Glasgow
- Phone #: (902) 425-2452
- Fax #: (902) 425-2451
- Discproducer path: [Empty]
- PACS child server: PEI Child PACS 2
- Site NPI: [Empty]
- Site notes: [Empty text area]
- Report template path: [Empty]
- Availability template: [Empty]
- Mammography tracking enabled
- Disable BI-RADS controls
- Outside read location
- MU required
- Insurance required
- Enable Reason For Study
- Effective: 12-20-2022

If the **Enable Reason For Study** checkbox is unchecked or the study has a scheduled date that is before the **Effective** date that is set, user will not be prompted to enter a reason for study in the exam.

#### Configuration Instructions

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

##### Changes to Organization Table Lookup Table Settings

- In the **Organization Table** at the **Site-Level** on the **Site Details** tab, optionally enable the **Enable Reason For Study** checkbox, and optionally enter an **Effective** date.

## Feature #32265 – Study-level Reason for Study should not apply to all Procedure Codes

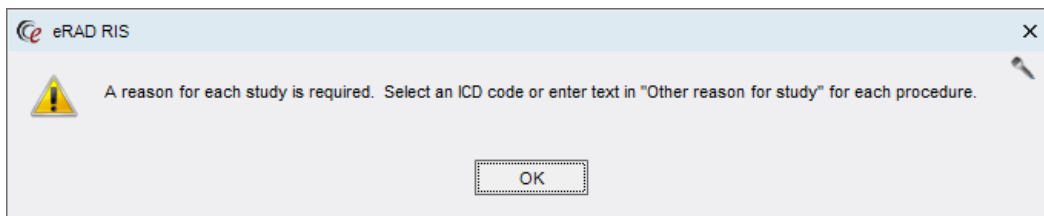
### Summary

This enhancement to the ICD workflow adds support for configuring specific procedure codes to not require a study-level reason for the study, to accommodate e.g. codes for lift assistance and hold codes for injections which should not require ICD10 codes in order to save and proceed.

### Feature Description

Previously, all procedure codes required a study-level `Reason for Study`.

With this change, individual procedures such as hold codes and lift assistance codes., can be excluded from requiring a study-level `Reason for Study` and bypass the usual prompt to provide a reason before saving:



A new `Require Reason for Study` column has been added to the existing `Procedure Code` table that will allow specific codes to either be set to require or not require a study-level `Reason for Study`.

### Known Limitations

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

- **BUG #32265 - NEED INDICATION OF STUDY REQUIRING RFS ADDED TO ALERT MESSAGE POP UP**  
When the validation alerts users of a missing ICD or text description, the dialog does not identify which study needs to be modified.

### Configuration Instructions

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

#### Changes to ProcedureCode Lookup Table Settings

- Adjust the `Require Reason for Study` column to `Y` or `N` as desired.



*At the time of upgrade, all procedure codes will be set to `Y` and will require a study-level `Reason for Study` by default.*

## Insurance Eligibility

### Feature #31683 - Utilize ScriptSender for Insurance Card recognition and automatic Carrier/Policy selection

#### Summary

This enhancement to Insurance AI utilizes SecurePIC image recognition to automatically identify carriers and subscriber IDs on insurance card documents and then automatically add and select the carrier in the Manage Policies grid without user intervention.



This feature expands on functionality introduced with FEATURE #32648 - UTILIZE SCRIPTSENDER FOR SECUREPIC DOCUMENT TYPE VERIFICATION.

## Background

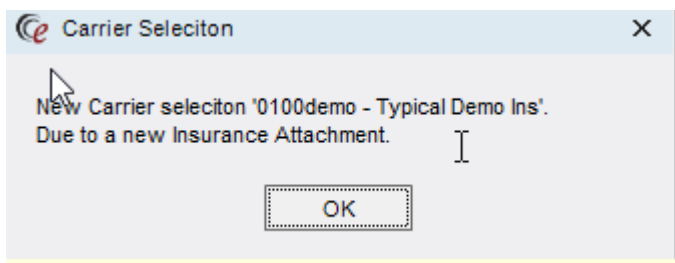
Previously, when an insurance card was added to the **Attachments** screen, the user had to manually review the image to confirm it was a valid insurance card and manually enter the policy information, which was sometimes inaccurate due to data entry errors.

## Feature Description

With this change, when an insurance card is added to the **Attachments** screen either by the user or via SecurePic, and the visit has no insurance selected, the attachment will be processed by ScriptSender's AI (Artificial Intelligence) image recognition.

If recognition successfully identifies a Subscriber ID, then RIS will automatically add the carrier in the **Manage Policies** grid, auto select the relation as **Self**, and optionally select the **Use** checkbox without user intervention.

When configured, RIS will also prompt the user explaining that the carrier was selected:



If that carrier goes through eligibility, the eligibility check would be completed and CDWS would review the selection and make recommendations if its selection conflicts with the original selection.

## Configuration Instructions

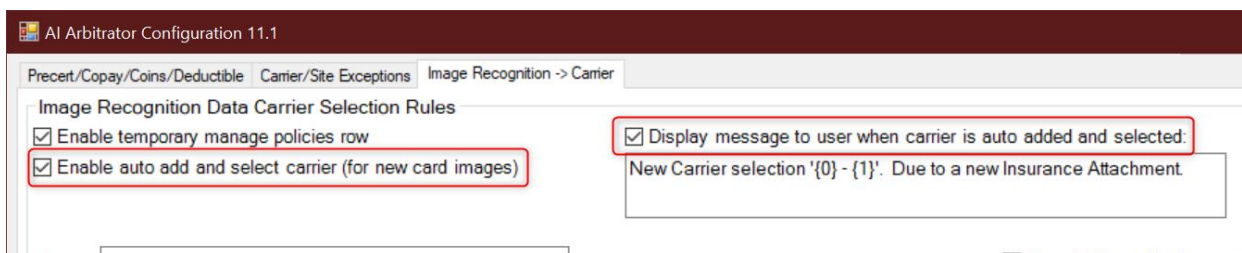
System Administrators must complete the following actions to enable this feature:

### RIS Client

#### Changes to AI Arbitrator Configuration Dialog Settings

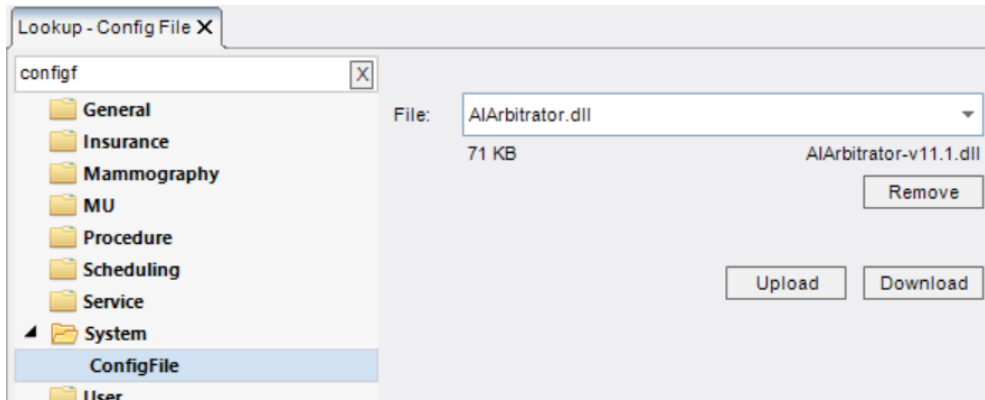
From the **Imagine Recognition -> Carrier** tab:

- Enable the **Enable auto add and select carrier (for new card images)** checkbox.
- Optionally enable the **Display Message to user when carrier is auto added and selected** checkbox and optionally modify the default message text, e.g.,  
The '{0} - {1}' carrier has been automatically identified from a new insurance attachment and added to the Manage Policies grid.



#### Changes to ConfigFile Lookup Table Settings

- Download the latest AI DLL (currently version 11, refer to related **BUG #22300 - AI GATEWAY DLL ENHANCEMENTS**, and install via the **ConfigFile** screen:



## Changes to SystemConfig Lookup Table Settings

Confirm image recognition is configured:

- Confirm the configuration settings for `ImageRecognitionAPIKey` and `ImageRecognitionURL`, e.g.:

system_config_code	value	last_updated	last_upd
<code>ImageRecognitionAPIKey</code>	fb16fb-83c6004f4d928802fb59a7cdda	2022-09-21 09:14:18.9539314 -03:00	adminte
<code>ImageRecognitionURL</code>	http://10.120.10.101	2022-09-21 09:14:18.9539314 -03:00	adminte

- Confirm the configuration settings for `InsuranceCardScanType` matches the corresponding value in the `ScanType` lookup, e.g. `IN`.

system_config_code	value	last_updated	last_updated_by_use
<code>InsuranceCardScanType</code>	IN	2022-10-17 10:12:09.0006527 -03:00	admintest

## Changes to ScanType Lookup Table Settings

Confirm image recognition is configured:

- Confirm a `Scan Type Code` exists that matches the corresponding `InsuranceCardScanType` value configured in the `SystemConfig` lookup.

# Mammography

## Feature #21935 – Additional Columns for ACR Category 0 Follow Up and ACR Category 4/5 Follow Up Mammography Worklist

### Summary

This enhancement to Mammography adds new columns to the ACR Category 0 and ACR Category 4/5 follow up worklists to allow users to more effectively identify when a patient needs to be actioned or if special accommodations are needed without having to open each mammography study.

### Feature Description

New `Breast Study Scheduled Date` and `Breast Study Schedule Procedure` columns have been added to the ACR Category 0 follow up worklist and new `Biopsy Scheduled Date` and `Biopsy Scheduled Procedure` columns have been added to the ACR Category 4/5 follow up worklist.

Additionally, existing columns such as the `Preferred Language` and `Alerts` have been added to both worklists.

Previously, there was no way to effectively identify when a patient needed to be actioned on either the ACR Category 0 follow up worklist or the ACR Category 4/5 follow up worklist without having to open each mammography study in the patient folder and look through all of the notes.

Additionally, without seeing the patient's preferred language and patient alerts on either of the follow up worklists, users were unaware whether special accommodations needed to be made to assist the patient.

With this change, users will now experience an enhancement in the workflow by being able to identify needed information such as the next scheduled biopsy and/or next scheduled breast study from the worklist. Users will also have the ability to view preferred language and/or any patient alerts from the worklist that might be pertinent to the patient's care.

## New Columns

The new `Breast Study Scheduled Date` column will show the schedule date of the next BI-RADS® enabled exam in any of the following exams statuses, (Scheduled, Checking In, Arrived, Started, Exam Done, Dictated, Transcribed, Signed\*, and Signed). The date will be displayed when the scheduled date is at least 1 calendar day following the BI-RADS® 0 study and is no more than the number of calendar days into the future from the date of service of the study as configured in the new `MaxDaysForB0FU` system configuration setting.

The new `Breast Study Scheduled Procedure` column will show the Procedure Description for the procedure identified in the Breast Study Scheduled Date column.

The new `Biopsy Schedule Date` column will show the scheduled date of the next biopsy enabled study with a body part equal to the existing system configuration setting, `BreastBodyPartCode` in any of the following exam statuses (Scheduled, Checking In, Arrived, Started, Exam Done, Dictated, Transcribed, Signed\* and Signed) and when the scheduled date is no more than the number of calendar days into the future from the date the BI-RADS® 4/5 report was signed as as configured in the new `MaxDaysForB45FU` system configuration setting.

The new `Biopsy Scheduled Procedure` column will show the Procedure Description for the procedure identified in the Biopsy Scheduled Date column.

## Configuration Instructions

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

### RIS Client

#### Changes to SystemConfig Lookup Table

- Configure `MaxDaysForB0FU` and `MaxDaysForB45FU` as desired.

The following related settings were added or updated:

Setting	Default	Purpose
MaxDaysForB0FU	Value=Days as String, Default=[30]	Maximum number of calendar days for a BI-RADS Enabled study to be considered for display in ACR Category 0 Follow-up WL columns "Breast Study Scheduled Date" and "Breast Study Scheduled Procedure". The number of days between the date the BI-RADS 0 report was signed and the date of the next study. Added in v4.2022.11.2 #21935
MaxDaysForB45FU	Value=Days as String, Default=[30]	Maximum number of calendar days for a breast biopsy study to be considered for display in ACR Category 4/5 Follow-up WL columns "Biopsy Scheduled Date", "Biopsy Scheduled Procedure" and "Biopsy Pathology Date". The number of days between the date the BI-RADS 4 or 5 report was signed and the date of the next study. Added in v4.2022.11.2 #21935

## Billing

### Feature #30707 - Support payment rules at the Billing Code, Procedure Code and Visit level

#### Summary

This enhancement to Payment Control enhances the Amount to Collect workflow by adding an additional configuration to the `Edit Default ATC` screen and allowing payment rules to be configured more granularly at the Billing Code, Procedure Code or Visit level.

Order	Description	Rule Level	Default ATC	Default Preapproved Payment Amount	Explanation
1	Amy5	Visit level	50% of Patient Financial Responsibility	200% of Alternate Rate (npd ins#: 100)	(NONE)
2	DT1	Billing Code level	Responsibility	200% of Patient Financial Responsibility	(NONE)
3	Amy3	Procedure Code level	Responsibility	200% of Visit Cost	Sixteen
4	Amy4	Visit level	Responsibility	200% of Patient Financial Responsibility	(NONE)
5	Stark	Visit level	50% of Patient Financial Responsibility	200% of Visit Cost	One
6	SelfPay	Visit level	100% of Patient Financial Responsibility	20% of Patient Financial Responsibility	(NONE)
7	Blinded	Visit level	100% of CoPay, 100% of Coinsurance, 5...	100% of Visit Cost	(NONE)

With these and other changes, there will be more flexibility when creating payment rules for insurance carriers and alternate rate conditions.

#### Feature Description

With this change, additional configuration is available within the `PaymentRules` table, giving users the additional ability to configure payment rules at the Billing Code and Procedure Code level or by Payer ID.

Previously, preapproved payment rules only functioned at the Visit level which proved to be too broad of a scope when configuring options to return an `Amount to Collect`.

This was accomplished by introducing a new `Rule Level` column to the `PaymentRules` lookup table which requires the user to select either `Billing Code level`, `Procedure Code level` or `Visit level` when creating a `Payment Rule`.

Validation requires the following to be selected for each respective Rule Level;

- Billing Code Level
  - Billing Code or Billing Modality Type must be specified.
- Procedure Code Level
  - Billing Code, Procedure Code, Billing Modality Type, or Procedure Group must be specified.

New `Eligibility Payer ID` and `Availity Payer ID` columns have also been added to the table which allows the option for a rule to be matched based on an `Eligible Payer` or an `Availity Payer`.

Additionally, a `% of Alternate rate (e.g a Self Pay Rate)` field has been added to the `Edit Default ATC` screen. This field will mimic the same functionality as it is in the `Default PreApproved Payment` screen. The amount entered in this field will be added to the `Default ATC` and the user can disable or enable this checkbox if they choose not to add any amount to the Default ATC.

#### Changes to Edit Default PreApproved Payment Screen

- A new checkbox with a textbox option has been added to the existing `PreApproved Payment Screen` that allows the user the ability to add a fixed dollar amount for PreApproved Payment.
  - This option can be *combined* with the use of a percentage configuration.

- This check box can be enabled or disabled in the screen if the user chooses not to add an additional amount to the PreApproved Payment.

**Changes to Edit Default Amount to Collect Screen**

- A new checkbox with textbox has been added to allow the user to add a fixed dollar amount to the Default Amount to Collect.
  - This check box can be enabled or disabled in the screen if the user chooses not to add an additional amount to the Default Amount to Collect.
- Additionally, the % of Alternate Rate (e.g a Self-Pay Rate) field has been added to this screen and will mimic same functionality as it does in the PreApproved Payment Screen.

**Changes to the Payment Explanation Screen**

- To provide a better understand of what various payment rules matched and what percentages of Patient Financial Responsibility were use a Payment Breakdown button has been added to the Payment Explanation screen.
- The Payment Breakdown will display the following pertinent information to the user
  - A grid of all the billing codes that apply
  - The % of how much specific billing code contributes to the Patient Financial Responsibility

- Various payment portions such as the copay, coinsurance and deductible
- The matching rule with information on what the rule did to come up with the Default ATC and/or PreApproved Payment components
- Additionally, the **Payment Breakdown** screen is accessible from the **Amount to Collect** screen and the **Override screen** by clicking the **?** icon

Rule level	Rule description	Order	Billing code	Cost	%	Copay	Coinsurance	Remaining deductible	Est. Patient Responsibility	ATC Reason	Default ATC	PAPA Reason	Default PAPA
visit	Visit	A	54332	47.00	6.89	10.13	4.03	9.99	24.15 95% of Patient Financial Responsibility		22.95		0.00
visit	Visit	A	73630	22.00	3.23	4.74	1.89	4.68	11.31 95% of Patient Financial Responsibility		10.74		0.00
visit	Visit	A	J7060	34.00	4.99	7.33	2.92	7.23	17.47 95% of Patient Financial Responsibility		16.60		0.00
procedure_code	Procedure -- CT	A	54332	47.00	6.89	10.13	4.03	9.99	24.15 50% of Patient Financial Responsibility		12.08	100% of Patient Financial Responsibility(reduced by Default ATC)	12.08
procedure_code	Procedure -- CT	A	70482	58.00	8.50	12.50	4.98	12.33	29.81 50% of Patient Financial Responsibility		14.90	100% of Patient Financial Responsibility(reduced by Default ATC)	14.90
procedure_code	Procedure -- CT	A	73700	454.00	66.57	97.86	38.94	96.52	233.32 50% of Patient Financial Responsibility		116.66	100% of Patient Financial Responsibility(reduced by Default ATC)	116.66
procedure_code	Procedure -- CT	A	Q9951	20.00	2.93	4.31	1.72	4.25	10.28 50% of Patient Financial Responsibility		5.14	100% of Patient Financial Responsibility(reduced by Default ATC)	5.14
				682.00		147.00	58.50	145.00	350.50		199.07		148.78

## Changes to Rule Logic

- Rule matching will work similar to the way it did previously, but there are some additional nuances now that there are rules that can be applied at varying levels.
- Matching rules are first evaluated from first to last at the Billing Code Level then at the Procedure Code Level and lastly at the Visit Level.
  - As soon as a billable item is matched to a rule, it is excluded from future matches.
- However, depending on the level of that rule, RIS may continue to look for additional matching rules for other parts of the visit.
  - If the first rule is matched at the **Billing Code Level** and there is only **one Billing Code**, the system will apply at it the Billing Code Level.
  - If the first rule is matched at the **Billing Code Level** and there are **multiple Billing Codes**, the system will apply the rule at the Billing Code Level and keep looking for additional rules that match.
  - If the first rule is matched at the **Visit Level**, the system will apply the rule at the Visit Level.
  - If the first rule is matched at the **Procedure Level** and there is only one Procedure, the system will apply it at the Procedure Level.
  - If the first rule is matched rule is at **Procedure Level** and there is more **than one procedure**, the system will apply the rule to the matching procedure and keep looking for additional rules that match.
  - This process will continue until all components of the appointment are covered.
- If no rules match with a billable item, then the full Patient Responsibility amount is collected as part of the Default ATC and no adjustment is made to the PreApproved Payment Amount.

## Known Limitations

The following new Known Limitations were identified with this release:

- EXPECTED BEHAVIOR #30707 - The upgrade script does not support sites using the Billing Code configuration introduced with **BUG #26678 - AMOUNT TO COLLECT OVERRIDE FEATURE WORKFLOW ISSUES**, where **AllowNoPaymentDueToCPT Flag** =  in the **Carrier** config table. Contact the Service Team to determine which manual changes will be need to be made after feature is installed or if transitioning from Billing Code configuration to PaymentRules based configuration is desired.

There is additional functionality planned for a future release that is expected to impact how this feature is implemented and configured:

- **FEATURE #32344 - UPDATES TO PATIENT FINANCIAL RESPONSIBILITY OVERRIDE, AMOUNT TO COLLECT DETAILS AND PAYMENT DETAILS BASED ON NEW MULTIPLE ELIGIBILITY REQUESTS AND PAYMENT RULES CONFIGURATION**

## Configuration Instructions

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

### RIS Client

#### Changes to AccessString Lookup Table Settings



- The existing `Config.LookUpEditor.PreApprovedPaymentRule` access string has been renamed to `Config.LookUpEditor.PaymentRules` to reflect the change in the naming of the lookup table.
- Grant access permissions as necessary.

The following related settings were added or updated:

Setting	Default	Purpose
<code>Config.LookUpEditor.PaymentRules</code>	<code>Value=[None Full], Default=[None]</code>	Controls access to the "PaymentRules" lookup table editor. Updated in v4.2022.11.2 #27641, #30707

### Changes to PaymentRules Lookup Table

- The `RuleType` column has been removed.
- A new required `RuleLevel` column has been added with the options `Billing Code level`, `Procedure Code level` or `Visit level`.



*At the time of upgrade, all rules from the existing `PreApprovedPaymentRule` lookup will have their `RuleLevel` set to `Visit level`.*

- `AvailabilityPayerID` and an `EligibilityPayerID` columns have been added to provide the ability to configure a rule by Payer ID.
- A rule with a description of `No ATC for Billing Codes` must be added.
  - Validation requires:
    - Default ATC at 0% for either Copay, Co-insurance, or deductible.
    - Desired billing codes at which this will apply to.

### Changes to BillingCode Lookup Table Settings



*At the time of upgrade, any entries in the `BillingCode` table with `Allow Amount to Collect with Valid Insurance Flag` = `N` will have a `Billing Code level` rule automatically created in the `PaymentRule` lookup table.*

### Removal of PreApprovedPaymentRule Lookup Table

- To accommodate use beyond the PreApproved Payment workflow, the existing `PreApprovedPaymentRule` lookup table has been renamed to `PaymentRules`.

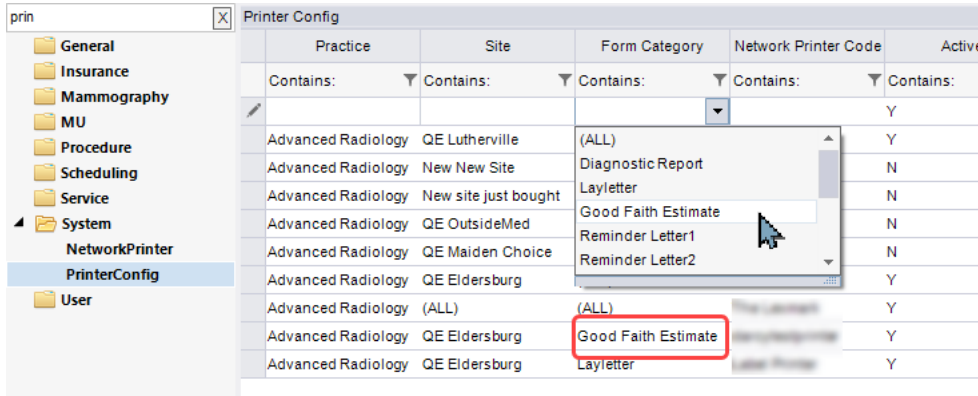
## Feature #32478 – Support printer configuration for Good Faith Estimate forms

### Summary

This enhancement to Good Faith Estimate configuration adds support for configuring printing rules specific to Good Faith Estimate forms.

Previously, printing configuration was shared with LayLetter forms.

With this change, the `PrinterConfig` lookup table has been updated with a new `Good Faith Estimate Form Category` type.



## Configuration Instructions

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

### RIS Client

#### Changes to PrinterConfig Lookup Table Settings

- Create new rules with `Form Category = Good Faith Estimate` as required.

## Document Distribution

### Feature #29671 - Suppress concurrent faxes to the same number

#### Summary

This enhancement to Document Distribution introduces a new system configuration setting to prevent queuing multiple faxes to the same number in order to optimize the use of fax lines for other potential faxes.

Previously, when there were multiple faxes going to the same fax number at the same time, RIS would mark them all as `InProgress`. Once the number of items marked as `InProgress` is equal to the number of available fax lines, no more faxes are added to the queue. However, when multiple faxes are going to the same number, all but one will remain in `Pending` status in Windows Fax and Scan, resulting in a number of fax lines not being utilized because RIS considers all items to be `InProgress`. This can result in a significant backlog of faxes.

With this change, a new `DDSingleFaxJobPerNumber` system configuration setting ensures that the Document Distribution Engine will only set a fax job to `InProgress` status when no other fax job is already `InProgress` for that fax number.

#### Configuration Instructions

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

#### Changes to SystemConfig Lookup Table

- Enable this feature by setting `DDSingleFaxJobPerNumber` to `True`.

The following related settings were added or updated:

Setting	Default	Purpose
DDSingleFaxJobPerNumber	Value=Boolean, Default=[False]	When True, the Document Distribution Engine will only set a fax job to InProgress status when no other fax job is already InProgress for that fax number. When False, multiple jobs may be queued for the same number concurrently. Updated in v4.2022.11.2 #29671



## Digital Forms

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### Feature #30968 - Support for RIS Required fields in a digital form used within Online Registration

#### Summary

This enhancement to Digital forms allows the RIS Required `On UI Action` or `On or After Status` to be used in forms that are also used within Online Registration. This allows forms to support both Patient Required and RIS Required fields.

#### Feature Description

Previously, there was a conflict if a form used within Online Registration had a RIS Required `On UI Action` or `On or After Status` to be rule where the form would not load via Online Registration when the RIS required rule was set.

With this change, forms now support fields from the patient and also from the office staff separately. RIS Required fields should not impact patient requirements.

#### Configuration Instructions

No System Administrator actions are necessary to enable this feature.

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### Feature #31721 - DEXA Measurements not updating in RIS

#### Summary

This enhancement to Digital Forms introduces a configuration option to re-enable previous Wedge functionality (that was disabled with the introduction of order level accession numbers) that automatically maps study items with no procedure specified to the first study. This functionality is required by some customer installations to ensure updated DEXA measurements are updated in RIS.

#### Feature Description

Previously, in RIS versions prior to v3.2022.1.17, sending in an update with a `c_study_item` node without a procedure would cause the corresponding changes to the study item row and any child table to be applied to the first study item in the dataset.

With the introduction of functional changes to support order level accession numbers, updates required the procedure to ensure the correct study was being referenced for updates when the environment was not order configured to use level accession numbers. A side-effect of this change was that DEXA measurements would not update in RIS.

With this change, a new `InterfaceResolveNoProcedureToPrimaryStudy` configuration setting may be enabled to automatically map an unknown study item to the first one in the dataset.

#### Configuration Instructions

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

##### RIS Client

##### Changes to SystemConfig Lookup Table

- Enable this feature by setting `InterfaceResolveNoProcedureToPrimaryStudy` to `True`.

The following related settings were added or updated:

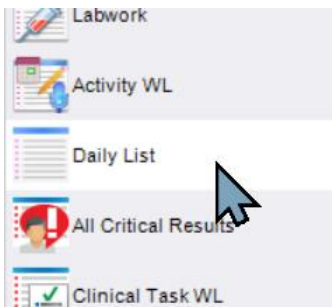
Setting	Default	Purpose
InterfaceResolveNoProcedureToPrimaryStudy	Value=Boolean, Default=[False]	When True, any inbound message which a single c_study_item element with no procedure will automatically map (itself and the c_study) to the first study row. Updated in v4.2022.11.2 #31721

## Worklists

### Feature #22094 - New 'Daily List' worklist displaying all exams for a particular day regardless of status

#### Summary

This enhancement to Worklists introduces a new **Daily List** worklist displays all exams scheduled for the selected date, regardless of status, to provide users with an overview of everything that is happening inside the practice/site "today" (or for the specified day).



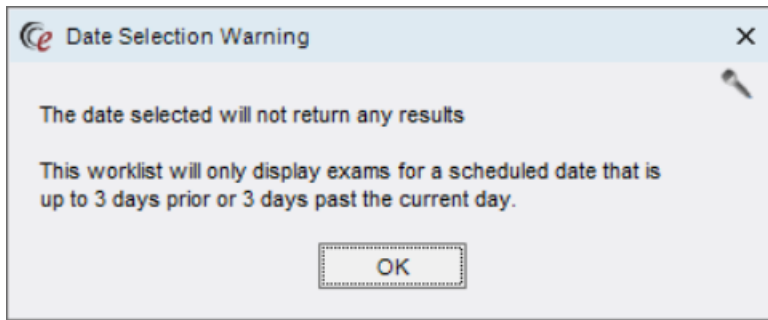
As a standard date-based worklist, all of the expected controls are available such as location filtering, filter bars, views, and context-menu actions. Routine action buttons are also available below the worklist, including **Register** (enabled when status less than arrived), **Reschedule**, **Edit Patient**, etc.

The screenshot shows a window titled 'List (8) X' with a date filter set to '01-12-2023'. Below the filter is a table with columns: Flags, Status, Procedures, Scheduled Date, and Referring. The table contains eight rows of exam data. At the bottom of the window, there is a row of action buttons: Refreshed 15 seconds ago, View/Edit, Perform Exam, Register, IVT, Reschedule, and Edit Patient.

Flags	Status	Procedures	Scheduled Date	Referring
\$	Scheduled	XR Shoulder 1 View, Unilat [73020] - Shoulder - Left	01-12-2023 12:59 AM	
\$	Cancelled	XR HAND 2 VIEWS, BILAT [RD23] - Hand - Bilateral	01-12-2023 08:31 AM	
\$	Checking In	XR Hand 2 Views & Finger 2 Views, Unilat [RD20] - Hand - L...	01-12-2023 08:42 AM	
\$	Scheduled	XR CLAVICLE [73000] - Neck	01-12-2023 10:35 AM	
\$	Scheduled	CT Thoracic Spine Wo [72128] - Lumbar spine	01-12-2023 11:25 AM	
\$	Scheduled	MA Stereotactic Biopsy [77031] - Breast	01-12-2023 01:25 PM	
\$	Scheduled	MA Digital Mammo CB Diag Bil [G0204CB] - Breast	01-12-2023 03:35 PM	
\$	Scheduled	CT 4 Phase [ct04]	01-12-2023 06:00 PM	

Specifically, this worklist will display every study in every status, filtered on site/practice, with a scheduled date matching the selected date, as long as that date is within the bounds configured by the new

`DailyListWorklistWindowInDays` System Configuration setting.



WARNING DIALOG WHEN AN OUT-OF-BOUNDS DATE HAS BEEN SELECTED.

## Configuration Instructions

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

### RIS Client

#### Changes to AccessString Lookup Table Settings

- Grant access permissions as necessary.

The following related settings were added or updated:

Setting	Default	Purpose
WLList	Value=[None Full], Default=[None]	Controls access to the "Daily List" worklist menu item from the Administration menu. Added in v4.2022.11.2 #22094

#### Changes to SystemConfig Lookup Table Settings

- This feature requires the Materialized Worklists to be enabled. Ensure either:
  - `WLUseMaterializedPattern` = `True` in the `SystemConfig` Lookup Table.
  - `MaterializedWorklistFlag` = `Y` for the `List` worklist in the `WorklistPreference` Lookup Table.
- Review the `DailyListWorklistWindowInDays` System Configuration setting.



*Caution: Due to the potential impact to system performance, please consult with RIS Development Support before modifying.*

The following related settings were added or updated:

Setting	Default	Purpose
DailyListWorklistWindowInDays	Value=Days as Integer, Default=[3]	The Daily List worklist can display exams for a scheduled date which is up to this many days prior or past the current day (default of 3 would span 7 days). Max 7. Caution: Consult with RIS Development Support before modifying. Updated in v4.2022.11.2 #22094

# RADAR

## Feature #32648 - Utilize ScriptSender for SecurePIC document type verification

### Summary

This enhancement to RADAR SecurePIC utilizes SecurePIC image recognition to verify that returned images match the requested document type, allowing the workflow to bypass the manual review step when the configured recognition confidence level is achieved.

This functionality is also leveraged for FEATURE #31683 - UTILIZE SCRIPTSENDER FOR INSURANCE CARD RECOGNITION AND AUTOMATIC CARRIER/POLICY SELECTION.

### Background

When RIS receives a response from a SecurePIC request, the `ScanType` for the returned image is automatically set to match the requested document. For example, if the user was sent a SecurePIC requesting a picture of their Driver's License, all incoming images are manually reviewed by staff to ensure that the correct type of document was sent.

### Feature Description

With this change, RIS will utilize ScriptSender's AI (Artificial Intelligence) recognition capabilities to perform automatic SecurePIC document type verification when possible.

ScriptSender will analyze returned images and return a confidence level (percentage) that the image is a match for the `ScanType` that was requested (e.g., a driver's license).

### Confidence Level Below Threshold

When the returned confidence level is below the threshold defined by the new `MinimumDocTypeConfidence` system configuration setting, no action is taken, and a staff member would be required to review the document to confirm that the document type is correct.

### Document Matches Expected ScanType

When the returned confidence level is above the threshold scans will be flagged as having been reviewed if the document type indicated by ScriptSender matches the `ScanType` that was requested.

The document will not fall to the Inbound Document Worklist and a staff member will not be required to review to confirm that the document type is correct.

### Document Does Not Match Expected ScanType

Sometimes the returned confidence level will be above the threshold but indicate that the document type does not match the `ScanType` that was requested. This may happen if the user accidentally takes a picture of their script and sends it in as the back of their insurance card, for example.

In this case, ScriptSender will reference the new, `image_recognition_document_type` field and use the first `ScanType` by display order that matches the document type requested.

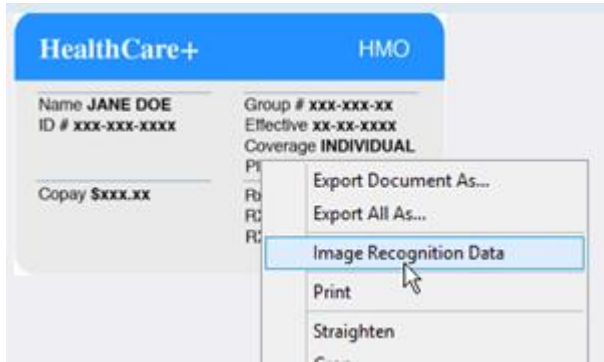
The document will not fall to the Inbound Document Worklist and a staff member will not be required to review to confirm that the document type is correct.

Note that ScriptSender will not switch the document type if the document has already gone through the switching process and the user has chosen to manually override ScriptSender's determination.

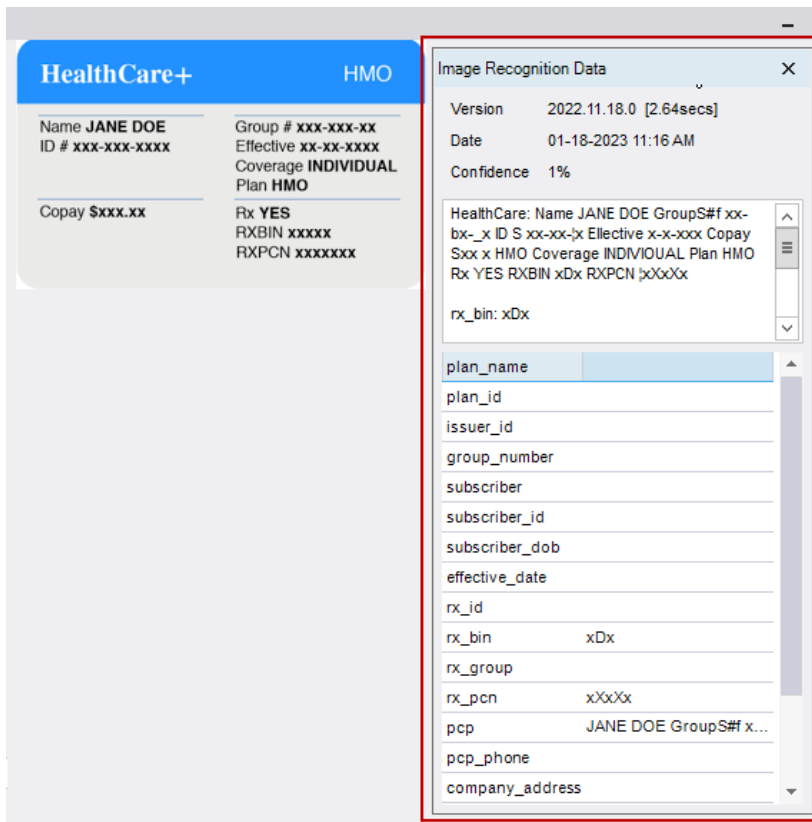
### Image Recognition Data Pane

After the SecurePic and has been sent and received the user can review the image in the Attachments tab.

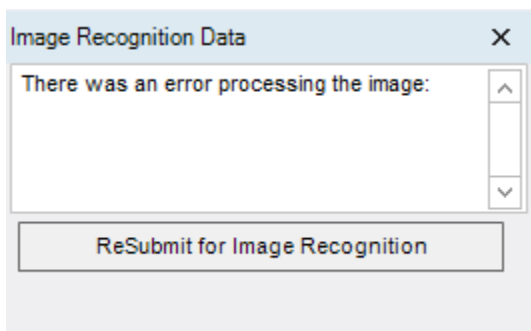
Right clicking on the image will populate a context menu with an `Image Recognition Data` option.



If the image matches the requested `ScanType` the data pane will present information from `ScriptSender` about the image along with the confidence level.



If the image does not match the requested `ScanType`, the data pane will present the message below and provide the user with an option to `Resubmit for Image Recognition` again.



IMAGES MAY BE RE-SUBMITTED WHEN AN ISSUE OCCURS.

## Known Limitations

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

- EXPECTED BEHAVIOR BY DESIGN (FROM #32648)

Recognition confidence is a reflection of the training of the AI engine. While initial results have returned detection confidences exceeding 90%, false positives do occur.

To mitigate this, the `MinimumDocTypeConfidence` threshold should remain at the default value of 70% and results monitored. With ongoing review and adjustment, the expectation is that the confidence level may be increased over time.



*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:

### RIS Client

#### Changes to SystemConfig Lookup Table

- Optionally, adjust `MinimumDocTypeConfidence` for your installation in consultation with the Service Team.

The following related settings were added or updated:

Setting	Default	Purpose
MinimumDocTypeConfidence	Value=Percent as Decimal, Default=[70]	Confidence level for Document Type categorization from Image Recognition to automatically mark an incoming image as reviewed. Confidence levels that are less than the configured value will require manual review. Updated in v4.2022.11.2 #32648

# RESOLVED ISSUES AND KNOWN LIMITATIONS

## Resolved Issues

This release resolves the following issues:

Redmine #	Subject
26283	Resolved Interfaces issue where External Interface Service rejected messages when an invalid xml character exists in any database field.
31612	Enhanced Scheduling performance when performing an Appointment Search using the search by distance filter.
31639	Resolved Worklist Filtering issue where the New Exam search results were not refreshing when the site group was adjusted.
31697	Resolved Worklists issue where auto open worklists were not respecting the view's column widths.
31804	Resolved Scheduling issue where a 'transaction has aborted' error was incorrectly displayed when scheduling.
32491	Resolved Good Faith Estimate issue where rescheduling an appointment and changing only the timeslot sends a second copy of the GFE.
32957	Resolved Resource Scheduling issue where assigned resources were incorrectly cleared when saving from Registration screen.

## Merged Issues

This release includes the previously released content:

Redmine #	Subject
33424 v4.2022.10.24.3	Resolved UI issue where fonts were unreadable on the appointment search results screen.

## New Known Limitations

The following significant new Known Limitations were identified with this release:

- BUG #33388 - NEED INDICATION OF STUDY REQUIRING RFS ADDED TO ALERT MESSAGE POP UP**  
 When the validation alerts users of a missing ICD or text description, the dialog does not identify which study needs to be modified.
- BUG #33457 - SITES THAT HAVE THE SAME DESCRIPTION WILL NOT DISPLAY IN THE SELECT VALUES POP UP**  
 When filtering the Site Name column on the Registration Worklist, and multiple sites have an identical site description, only one is displayed. Modifying the description to make it unique addresses the issue.
- BUG #33454 - REMOVING ORDER B FROM AN A/B ORDER IS NOT CANCELING B**  
 After creating an A/B order and attempting to remove Order B via the red x while adding a new procedure returns an error and order B is not cancelled but remains in scheduled status.

The following expected behaviors were noted:

- EXPECTED BEHAVIOR BY DESIGN (FROM #32648)**  
 Recognition confidence is a reflection of the training of the AI engine. While initial results have returned detection confidences exceeding 90%, false positives do occur.

To mitigate this, the `MinimumDocTypeConfidence` threshold should remain at the default value of 70% and results monitored. With ongoing review and adjustment, the expectation is that the confidence level may be increased over time.




















*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

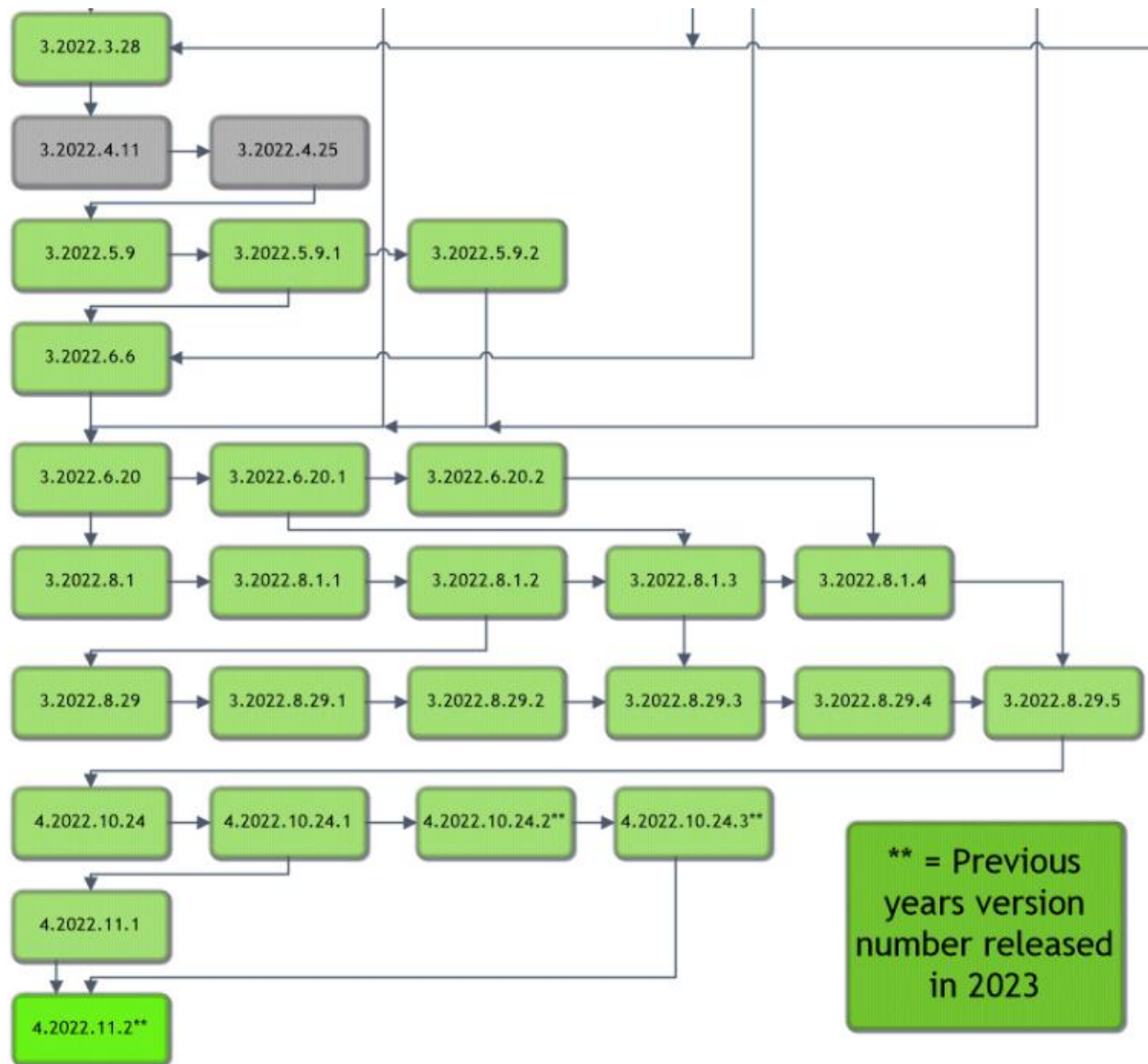
## Package Contents

The release package includes the following folders:

 @Hotfixes	04/20/12 8:51 AM
 _Documentation	02/02/23 1:23 PM
 _ReleaseNotes	02/03/23 4:50 PM
 Client Application	02/02/23 1:22 PM
 DB	02/02/23 1:22 PM
 External WebAPI	02/02/23 1:22 PM
 Identity Service	02/02/23 1:22 PM
 Management Reports	02/02/23 1:22 PM
 PACS Citrix Bridge	02/02/23 1:23 PM
 RIS Service	02/02/23 1:22 PM
 Service Tools	02/02/23 1:23 PM
 Web Digital Forms	02/02/23 1:22 PM
 Web Patient Connect	02/02/23 1:23 PM
 Web Referring Connect	02/02/23 1:23 PM
 Web UM Connect	02/02/23 1:23 PM
 Build_2022.11.2.zip	02/02/23 1:23 PM
 RISServerMasterCert.pfx	03/31/16 1:38 PM

## Code Stream

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



LEGEND:

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

## eRAD RIS Release Version Numbers

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

Build	Patch	UI Version	Core Version	WS Version	DB Version	Digital Forms	Patient Portal	UM Portal	Provider Portal	Notes
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	-	4.22.10.24(3GB)	4.22.10.24	4.22.10.24	4.22.10.24.003648552	4.22.10.24	4.22.10.24	4.22.10.24	4.22.10.24	GUI, Web Services, DB, Portals and Digital Forms
2022.10.24	1	4.22.10.24.1(3GB)	4.22.10.24.1	4.22.10.24.1	4.22.10.24.003648552	4.22.10.24.1	4.22.10.24.1	4.22.10.24.1	4.22.10.24.1	GUI, Web Services, DB, Portals and Digital Forms
2022.10.24	2	4.22.10.24.2(3GB)	4.22.10.24.2	4.22.10.24.2	4.22.10.24.203700209	4.22.10.24.2	4.22.10.24.2	4.22.10.24.2	4.22.10.24.2	GUI, Web Services, DB, Portals and Digital Forms
2022.10.24	3	4.22.10.24.2(3GB)	4.22.10.24.2							GUI only
2022.11.1	-	4.22.11.1(3GB)	4.22.11.1	4.22.11.1	4.22.11.1.003659860	4.22.11.1	4.22.11.1	4.22.11.1	4.22.11.1	GUI, Web Services, DB, Portals and Digital Forms
2022.11.2	-	4.22.11.2(3GB)	4.22.11.2	4.22.11.2	4.22.11.2.003709059	4.22.11.2	4.22.11.2	4.22.11.2	4.22.11.2	GUI, Web Services, DB, Portals and Digital Forms