eRAD RIS

CUSTOMER RELEASE NOTES

Build 3.2022.8.1

UPDATED AUGUST 18, 2022

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Publication History

Revision	Author	Description
August 18, 2022	Kevin Brooks / Hilary Saltmarsh	▪ Commercial release.

SUMMARY

Intended Audience

The intended audience for this Service Release Notes document is the Service Team for all eRAD RIS customers.

This document includes the full content of the Customer Release Notes document, with additional technical details and deploy instructions.

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

> *This is not a customer-facing document. Please provide customers the Customer Release Notes edition of this document.*

Release Content

This release of eRAD RIS 3.2022.8.1 includes both feature enhancements and a variety of resolved issues.

Notable enhancements are changes to Payment, Insurance Management, and Insurance Eligibility rules and configuration.

> *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.*

Who Is Affected

This version is recommended to be applied on eRAD RIS v3.2022.6.20 installations.

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NEW SETTINGS

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

RIS

Changes to Lookup Tables

- The `PreApprovedPaymentRule` lookup table has an updated `Default PreApproved Payment Amount` editor.
- The `Carrier` lookup table has been updated with new `Practice` and `Site` columns.
- The `MultiInsuranceRule` lookup table has been updated with new `Site` and `Practice` columns.
- The `EligiblePayers` lookup table has been updated with a new `Ignore Individual Deductible And StopLoss When Family Exists And Individual Calendar Year Value Is Zero Flag` column.

NEW FEATURES

Payment Control

Feature #30706 – Option to calculate PreApproved Payment based on percentage of Self Pay Rate

Summary

This enhancement to PreApproved Payment Rules adds the ability to configure a Preapproved Payment amount based on a percentage of an alternate rate from the National Payer Database. Typically, the alternate rate would be a Self-Pay Rate, but could be a different rate from the National Payer Database, such as the Usual and Customary rate.

This feature is currently only available for customers using Imagine Billing and storing contractual rates in National Payer Database.

Background

The existing PreApproved Payment feature allows the imaging provider to request permission from the patient to charge up to an agreed upon amount after the claim has been adjudicated and the exact amount the patient will owe has been determined.

Previously, it was possible to set a PreApproved Payment amount based on a percentage of the estimated Visit Cost or the estimated Patient Financial Responsibility. However, there are times when a third option is needed.

Feature Description

With this change, the `Default Preapproved Payment Amount` rule editor in the `PreApprovedPaymentRule` table has been updated with a new `% of Alternate Rate` option.

When this new option is selected, the administrator will select the desired alternate rate by entering the code for a valid NPD Insurance Number (typically, this will be the code for the desired Self Pay rate) and indicate what percentage of the alternate rate should be used when calculating the amount to be requested as a PreApproved Payment.

Once configured, when a user clicks `Add Payment`, the `Payment Details` will display a `PreApproved Payment Amount` value based on the configured percentage of the alternate rate cost for the scheduled procedure(s) minus the amount to be collected at time of service (if any).

Configuration Instructions

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

Changes to PreApprovedPaymentRule Lookup Table

To create rules that set a PreApproved Payment based on an alternate rate, configure a rule in the `PreApprovedPaymentRule` table:

- Set the `Default PreApproved Payment Amount` to the `% of Alternate Rate` option.
- Enter a valid NPD code in the `NPD Insurance Number for alternate rate` field.
- Set the desired percentage.

As with other rules in the `PreApprovedPaymentRule` table, the administrator can then define the conditions under which the rule should be applied.

Insurance Management & Eligibility

Feature #32319 – Add Billing Code selection logic to the EligibilityLimitPayment table

Summary

This enhancement to Insurance Eligibility adds a Billing Code column to the Limit Eligibility table and uses that data to limit payments when calculating the amount to collect by suppressing the costs for those billing codes in the amount to collect details.

LIMIT PAYMENT EXAMPLE WHERE WE ARE COLLECTING ON THE MRI BILLING CODE BUT NOT THE CT.

Background

Previously, screening mammogram billing codes implemented a similar behavior where setting the `BillingCode` `Allow Amount To Collect With Valid Insurance Flag` to `N` prevented collection of funds (zero Amount to Collect) for those billing codes configured in the billing code lookup table. However, it only collected the CoPay if the system configuration was setup with `CollectEntireCopay` set to `True`. This feature will use the `EligibilityLimitPayment` table to accomplish a similar objective with more flexibility.

Many of our editors follow the logic that the first matching rule in the table is the rule that applies. However, the current Eligibility Limit Payments feature differs in that while all rules that match are considered, if any one of the flags is `Y` then `Y` is used (i.e. a logical OR operation). Refer to FEATURE #13611 for details.

This "OR" logic with respect to the flags is important because the limit payment was previously applying to the entire visit. This could be a disadvantage when visits have multiple service types and the configuration to omit collecting coinsurance was really only desired for the lower end modality.

With this feature, limiting collections at the billing_code level really only impacts the individual billing code costs (when there is a limitation). This feature now runs the limit payments logic twice. First for the billing codes and a second time for the global (non-billing code related) limitations. If there is a limitation at the billing code level, RIS then sets the billing code cost to NULL. It then moves on to the global checks without the billing code, which will impact the visit's amount to collect calculation for all billing codes and not impact the individual billing code costs.

Feature Description

Updates to the `EligibilityLimitPayment` table add the ability to configure one or more billing codes per limit payment rule, which can be configured against any Carrier or Payer ID.

RULES MAY EITHER INCLUDE OR EXCLUDE SPECIFIED BILLING CODES.

Note that because amount to collect calculations are based on the visit cost and visit level input from the payer (such as CoPay and Deductible / CoInsurance) rather than at the billing code level, when a billing code is specified both `Collect Co Ins Flag` and `Collect Deductible Flag` must both be set to either `Y` or `N` for the table row.

Note that setting the `Collect Co Pay Flag` to `N` only has an effect when there is only one billing code for the study. This is because with multiple billing codes, it is assumed a CoPay would typically be collected for the other billing codes.

Today the RIS calculates the Amount to Collect based on the visit's cost and visit level input from the payer such as CoPay and Deductible / CoInsurance. These calculations are not done at the billing code level and unless RIS changes to do them at the billing code level, the above two configurations are the only options.

To accomplish these two limit payment options, the system will zero out the visit costs associated with each configured billing code, similar to how it does when setting the `BillingCode` `Allow Amount To Collect With Valid Insurance Flag` to `N`, and then do some adjustments (to the `CollectEntireCopay` value) when it comes to the CoPay collection when visit cost is zero and one of the billing codes falls into the eligibility limit payments which collects a CoPay but limits the other two options based on billing codes.

In the future, if RIS implements calculations based on billing code such that each billing code might even have its own eligibility response (varied co-insurance/deductible amounts), then the Eligibility Limit Payment table can be opened up to more options when it comes to configuration by billing codes.

Configuration Instructions

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

RIS Client

Changes to RIS EligibilityLimitPayment Lookup Table

- Optionally, add rules that either Include or Exclude specified billing codes as required.

Feature #32381 – Option to ignore individual plan values for family only scenario

Summary

This enhancement to Insurance Eligibility adds support for ignoring the Individual Plan's Deductible and StopLoss (Maximum) information when a patient is covered under a Family Plan and there is a value of zero for the Individual Calendar Year.

Feature Description

Previously, when eligibility ran the lowest deductible was used. However, in some scenarios, when a patient is covered under a Family Plan, the Individual Plan should be ignored.

With this change, the `EligiblePayers` lookup table has been updated with a new `Ignore Individual Deductible And StopLoss When Family Exists And Individual Calendar Year Value Is Zero Flag` column that can force the family value to be used when a patient is covered under a Family Plan and the individual's total deductible is zero for the Individual Calendar Year, and ignore the Individual Plan's Deductible and StopLoss (Maximum) information.

Configuration Instructions

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

RIS Client

Changes to EligiblePayers Lookup Table

- Enable this feature by setting `Ignore Individual Deductible And StopLoss When Family Exists And Individual Calendar Year Value Is Zero Flag` to `Y` for applicable Payer IDs.

Feature #31173 – Support configuration of MultiInsuranceRule by location (site and practice)

Summary

This enhancement adds Site and Practice configuration to the MultiInsuranceRule lookup table to allow these values to be used as criteria when creating primary insurance rules.

Feature Description

The `MultiInsuranceRule` lookup table has been updated with new `Site` and `Practice` columns which can be used for defining rules. Clicking either opens a custom editor to select values.

Note that the `Site` custom editor includes an `Only show sites in this practice` filter, to simplify site selection:
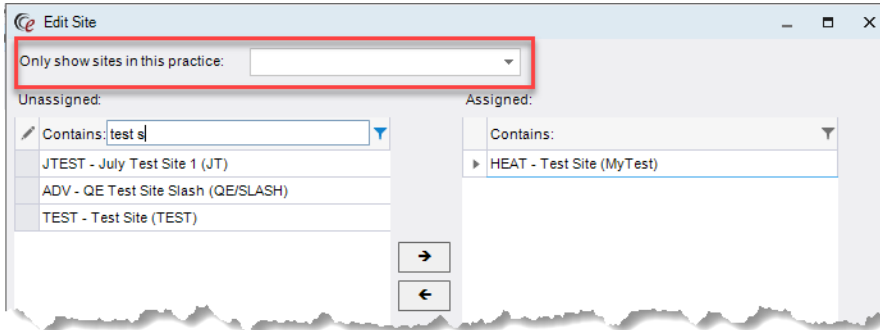
In the following case, rules are defined to not collect anything for any carrier as primary and any carrier as secondary; however, for the site EL, we will collect the CoPay from the primary and the other values we will get from the secondary insurance:

When evaluating which rules apply, RIS will first consider any primary rules that match the site code, and then move on to any matching practice codes. If no rules match on those entries, it will look to rules that have no practice or site code.

Configuration Instructions

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

RIS Client

Changes to RIS MultiInsuranceRule Lookup Table

- Enable this feature by defining rules using the new `Site` and `Practice` columns.

Feature #6404 – Support filtering of insurance carriers by location (site and practice)

Summary

This enhancement to Insurance Management adds Practice and Site configuration to the Carrier lookup table to indicate that certain Carriers are only relevant to particular Practices or Sites.

With this change, when adding practices and sites, the user can choose that the rule will either include or exclude the carrier based on the matching practice(s)/site(s) specified.

Feature Description

The `Carrier` lookup table has been updated with new `Practice` and `Site` columns. Clicking either opens a custom editor with options to include or exclude based on practice or site:
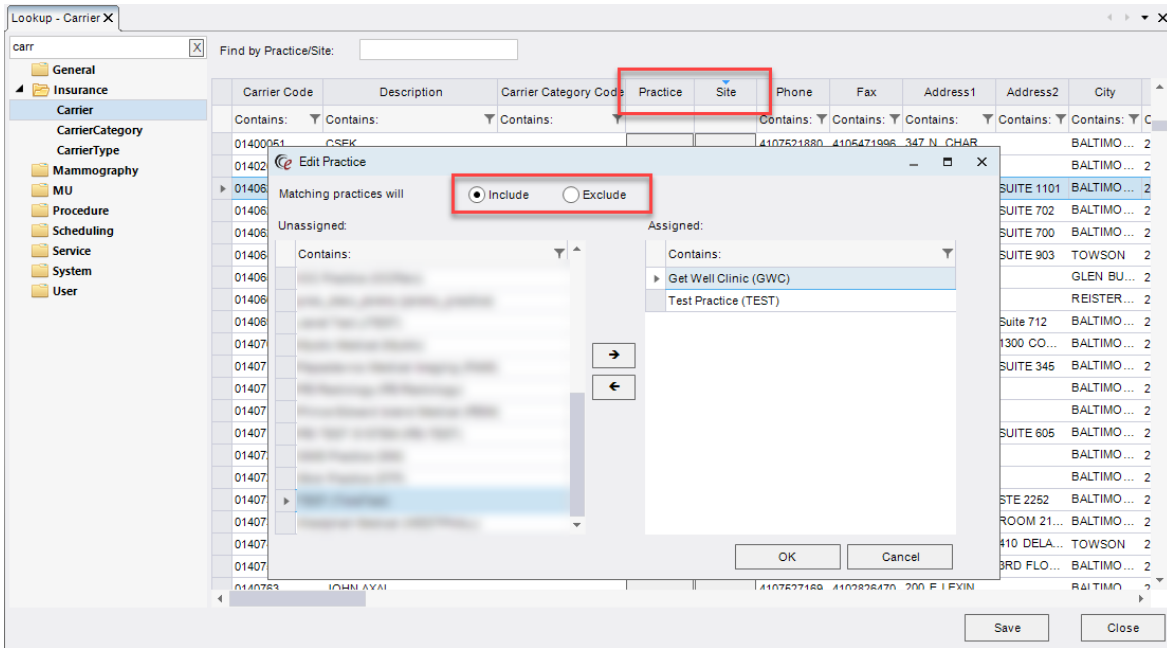
Note that a `Find by Practice/Site` filter has been added, appearing just above the carrier grid. This filter only works on the Practice/Site fields and sorts the results by the number of occurrences, so matching rows will display at the top of the grid.
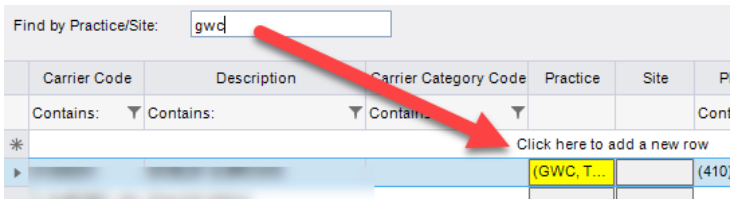
Validation has been added in two places:

1) In the Manage Policies screen, to prevent the selection of a carrier that should not be selected at the current site:
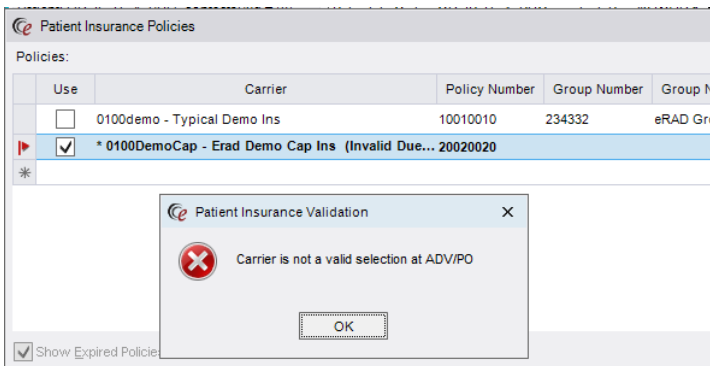
2) In the eligibility results as a warning when a site selection is changed to one where the carrier is not a valid selection:

For cases where the patient's insurances for additional carriers were added due to previous visits, it isn't clear which carriers are valid selections. Rather than forcing the user to click `Use` to find out, the descriptions for invalid selections have been prefixed with `*` and appended with the text `(Invalid Due to Location {practice}/{site}`:
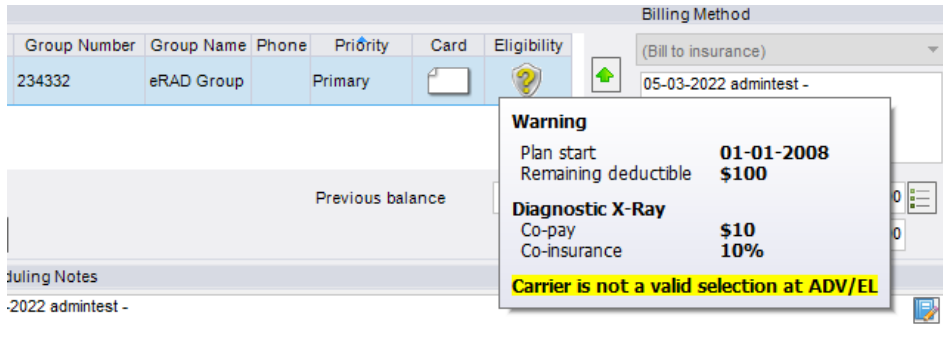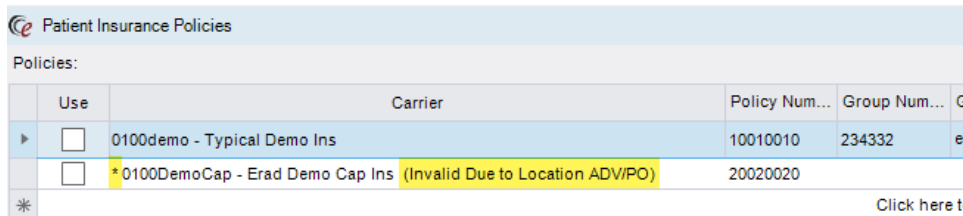

With other workflows, such as Image Recognition, Carrier Switching, and Historical Eligibility, RIS will prevent inappropriate carriers from being suggested via Image Recognition or Carrier Determination AI and will prevent an invalid carrier from being auto-selected via Historical Eligibility workflow.

Configuration Instructions

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

RIS Client

Changes to RIS Carrier Lookup Table

- Enable this feature by configuring the `Practice` and `Site` columns with desired criteria to include or exclude carriers based on practice or site.

RESOLVED ISSUES AND KNOWN LIMITATIONS

Resolved Issues

This release resolves the following issues:

Redmine #	Subject
30898	Resolved Insurance Eligibility issue where the Insurance Plan Active date was returning incorrectly.
31400	Resolved Technologist issue where the patient history grid would become disabled.
31422	Updated Performance workflow with new nightly cleanup job to purge recent performance counter data.
31596	Resolved Radiology Reporting memory leak issue in the Radiologist screen.
31745	Enhanced DB performance by adding missing index on c_action.
31971	Resolved eRAD Editor issue where the eRAD Editor cursor movement was mirrored for Hebrew.
32053	Resolved Insurance Management issue where the associated card icon is incorrectly applied to newly added carriers in Manage Policies.
32148	Resolved Insurance Eligibility issue where the yellow check mark eligibility icon was displayed rather than green check when re-running eligibility.
32152	Resolved Billing issue where Print Receipt and Void This Transaction options were unavailable when a payment is taken for time of service payments with a prior balance.
32155	Resolved Validation Rules issue where validation rules were not fully functional when cancelling studies.
32162	Resolved Good Faith Estimate issue where the Edit GFE Documents context menu option was missing from the Distribution History Worklist.
32173	Resolved Worklists issue where the Age At Study on the radiologist worklists was not displaying weeks/months when desired.
32174	Resolved Radiology Reporting issue where the patient's current age displayed rather than their age at the time of the study.
32235	Resolved UI Plugins issue where RIS was not loading the Queue Manager Status Change plugin.
32257	Resolved Insurance Eligibility issue where workflow was blocked when the AI Gateway is slow.
32274	Resolved Thick Client GUI issue where RIS would not open after eSP Staged Deployment.
32299	Resolved Billing issue where pricing was not displaying for EMR orders.
32301	Resolved Insurance Management issue where PreApproved payments returned a Distributed Transaction Error when AllowImaginePreApprovedPayment was enabled.
32400	Updated Patient WF: Create Account workflow to remove unnecessary Create Account link.
32407	Resolved Good Faith Estimate issue where the GFE Patient Friendly Description was not displayed on the document.
32557	Resolved RADAR issue where SecurePIC processing intermittently stopped.

New Known Limitations

No new known limitations were identified with this release.

VERSION DETAILS

Package Contents

The release package includes the following folders:

@Hotfixes	4/20/2012 8:51 AM	
_Documentation	8/16/2022 3:10 PM	
_ReleaseNotes	8/18/2022 9:10 AM	
Client Application	8/16/2022 3:08 PM	
DB	8/16/2022 3:09 PM	
External WebAPI	8/16/2022 3:08 PM	
Identity Service	8/16/2022 3:08 PM	
Management Reports	8/16/2022 3:09 PM	
PACS Citrix Bridge	8/16/2022 3:09 PM	
RIS Service	8/16/2022 3:08 PM	
Service Tools	8/16/2022 3:10 PM	
Web Digital Forms	8/16/2022 3:09 PM	
Web Patient Connect	8/16/2022 3:10 PM	
Web Referring Connect	8/16/2022 3:10 PM	
Web UM Connect	8/16/2022 3:10 PM	
Build_2022.8.1.zip	8/16/2022 3:11 PM	
RISServerMasterCert.pfx	3/31/2016 1:38 PM	

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Code Stream

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

Diagram legend box text:
~ Previous years patches released in 2022
~* Previous years patches released in 2021

Nodes (top to bottom, left to right):
3.2021.7.5
3.2021.9.27
3.2021.10.25 → 3.2021.10.25.1
3.2021.11.22
3.2021.12.6
3.2021.12.20 → 3.2021.12.20.1*~* → 3.2021.12.20.2*~*
3.2022.1.17 → 3.2022.1.17.1 → 3.2022.1.17.2 → 3.2022.1.17.3 → 3.2022.1.17.4 → 3.2022.1.17.5
3.2022.1.17.4.1 → 3.2022.1.17.4.3
3.2022.1.17.4.2 → 3.2022.1.17.4.4
3.2022.1.17.4.5
3.2022.2.14
3.2022.2.28
3.2022.3.14
3.2022.3.28
3.2022.4.11 → 3.2022.4.25
3.2022.5.9 → 3.2022.5.9.1 → 3.2022.5.9.2
3.2022.6.6
3.2022.6.20
3.2022.8.1

LEGEND:

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

eRAD RIS Release Version Numbers

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

Build	Patch	UI Version	Core Version	WS Version	DB Version	Digital Forms	Patient Portal	UM Portal	Provider Portal	Notes
2021.7.5	-	3.21.7.5(3GB)	3.21.7.5	3.21.7.5	3.21.07.5.002970391	3.21.7.5	3.21.7.5.0.1266	3.21.7.5.0.1266	3.21.7.5.0.1266	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.9.27	-	3.21.9.27(3GB)	3.21.9.27	3.21.9.27	3.21.9.27.003025038	3.21.9.27	3.21.9.27.0.1280	3.21.9.27.0.1280	3.21.9.27.0.1280	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.10.25	-	3.21.10.25(3GB)	3.21.10.25	3.21.10.25	3.21.10.25.003071251	3.21.10.25	3.21.10.25.0.1317	3.21.10.25.0.1317	3.21.10.25.0.1317	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.10.25	1	3.21.10.25.1(3GB)		3.21.10.25.1		3.21.10.25.1				Portals
2021.11.22	-	3.21.11.22(3GB)	3.21.11.22	3.21.11.22	3.21.11.22.003102803	3.21.11.22	3.21.11.22.0.1346	3.21.11.22.0.1346	3.21.11.22.0.1346	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.12.6	-	3.21.12.6(3GB)	3.21.12.6	3.21.12.6	3.21.12.6.003112661	3.21.12.6	3.21.12.6.0.1352	3.21.12.6.0.1352	3.21.12.6.0.1352	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.12.20	-	3.21.12.20(3GB)	3.21.12.20	3.21.12.20	3.21.12.20.003133170	3.21.12.20	3.21.12.20.0.1360	3.21.12.20.0.1360	3.21.12.20.0.1360	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.12.20	1	3.21.12.20.1(3GB)	3.21.12.20.1	3.21.12.20.1	3.21.12.20.103170667	3.21.12.20.1	3.21.12.20.1.1366	3.21.12.20.1.1366	3.21.12.20.1.1366	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2021.12.20	2	3.21.12.20.2(3GB)	3.21.12.20.2							GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2022.1.17	-	3.22.1.17(3GB)	3.22.1.17	3.22.1.17	3.22.1.17.003185028	3.22.1.17	3.22.1.17.0.1382	3.22.1.17.0.1382	3.22.1.17.0.1382	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2022.1.17	1	3.22.1.17.1(3GB)	3.22.1.17.1			3.22.1.17.1				GUI and Web Services
2022.1.17	2	3.22.1.17.2(3GB)	3.22.1.17.2							GUI only
2022.1.17	3	3.22.1.17.3(3GB)	3.22.1.17.3	3.22.1.17.3						GUI and Web Services only
2022.1.17	4	3.22.1.17.4(3GB)	3.22.1.17.4							GUI only
2022.1.17	4.1	3.22.1.17.4.1(3GB)	3.22.1.17.4.1							GUI only
2022.1.17	4.2	3.22.1.17.4.2(3GB)	3.22.1.17.4.2	3.22.1.17.4.2	3.22.1.17.4.203367866					GUI only, Web Services and DB
2022.1.7	4.3						3.22.1.17.4.3	3.22.1.17.4.3	3.22.1.17.4.3	Portals only, first rapid release
2022.1.7	4.4	3.22.1.17.4.4(3GB)	3.22.1.17.4.4	3.22.1.17.4.4			3.22.1.17.4.4	3.22.1.17.4.4	3.22.1.17.4.4	GUI, Web Services and Portals
2022.1.7	4.5	3.22.1.17.4.5(3GB)	3.22.1.17.4.5							GUI
2022.1.17	5	3.22.1.17.5(3GB)	3.22.1.17.5	3.22.1.17.5						GUI and Web Service
2022.2.14	-	3.22.2.14(3GB)	3.22.2.14	3.22.2.14	3.22.2.14.003205179	3.22.2.14	3.22.2.14.0.1394	3.22.2.14.0.1394	3.22.2.14.0.1394	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2022.2.28	-	3.22.2.28(3GB)	3.22.2.28	3.22.2.28	3.22.2.28.003233569	3.22.2.28	3.22.2.28.0.1403	3.22.2.28.0.1403	3.22.2.28.0.1403	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2022.3.14	-	3.22.3.14(3GB)	3.22.3.14	3.22.3.14	3.22.3.14.003266996	3.22.3.14	3.22.3.14.0.1410	3.22.3.14.0.1410	3.22.3.14.0.1410	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2022.3.28	-	3.22.3.28(3GB)	3.22.3.28	3.22.3.28	3.22.3.28.003295497	3.22.3.28	3.22.3.28.0.1428	3.22.3.28.0.1428	3.22.3.28.0.1428	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
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, Patient/Provider/UM 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, Patient/Provider/UM 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, Patient/Provider/UM 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, Patient/Provider/UM 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, Patient/Provider/UM 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, Patient/Provider/UM portals and Digital Forms