



eRAD RIS

# CUSTOMER RELEASE NOTES

Build 3.2022.8.29

UPDATED NOVEMBER 2, 2022

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## Publication History

Revision	Author	Description
November 2, 2022	Kevin Brooks / Hilary Saltmarsh	<ul style="list-style-type: none"> <li>▪ Commercial release.</li> </ul>
November 2, 2022	Kevin Brooks	<ul style="list-style-type: none"> <li>▪ Noted addition of new FeeSchedule Lookup Table.</li> </ul>

# SUMMARY

## Intended Audience

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

This document describes the purpose, configuration, and operation of new features made available with this release, identifies issues resolved in the release, and highlights any unresolved known limitations.

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

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



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

## Release Content

This release of ERAD RIS 3.2022.8.29 includes both feature enhancements and a variety of resolved issues.

Notable enhancements include support for Fee Schedules in eRAD RIS, updates to ensure compliance to current CURES standards, and enhancements to Insurance Eligibility and other workflows.



*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 v3.2022.8.1.X installations.

# NEW SETTINGS

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
Clinical.AppointmentsBooked.HebrewDates	Value=[None Full], Default=[None]	Controls access to the "Hebrew Dates" context menu from the Appointment Book header. Added in v3.2022.8.29 #28398
Clinical.PerformExam.EnablePrimaryTechFieldOnComplete	Value=[None Full], Default=[Full]	Controls the ability to edit "Primary tech" field. When [None], the field will be read-only after Exam Done status. Added in v3.2022.8.29 #32075
Clinical.Rad.SaveVersion	Value=[None Full], Default=[None]	Controls access to the "Save" button from the Reporting screen which will save current edits without closing. Added in v3.2022.8.29 #28709
Clinical.Schedule.HebrewDates	Value=[None Full], Default=[None]	Controls access to the "Hebrew Dates" context menu from the Scheduling window. Added in v3.2022.8.29 #28397
Clinical.ViewStudyFromPerformExam	Value=[None Full], Default=[None]	Controls access to the "View Study" button and context menu in the Perform Exam screen. Updated in v3.2022.8.29 #28711
Config.LookupEditor.FeeSchedule	Value=[None Full], Default=[None]	Controls access to the "FeeSchedule" lookup table editor including "Fee" sub-table. Added in v3.2022.8.29 #31035

### Changes to SystemConfig Lookup Table

The following settings were added or updated with this release:

Setting	Default	Purpose
ICodeLayLetterExpirationDays	Value=Days as Integer, Set to [-0] to disable, Default=[5]	Number of days from the time an LayLetter I-CODE is created to when it will expire. A negative value indicates no expiry date. Added in v3.2022.8.29 #32392

### Changes to ParagraphConfig Lookup Table

The following settings were added or updated with this release:

Setting	Default	Purpose
PPErrrorOccurred	Sorry, an error occurred while processing your request.	Message to display to the Patient Portal user when an error occurs while processing their request.

Setting	Default	Purpose
RPErrrorOccurred	Sorry, an error occurred while processing your request.	Message to display to the Referring Portal user when an error occurs while processing their request.
PPLayLetterSmartLinkExpiryMessage	Your LayLetter access has expired.	Message to display to the Patient Portal user when a LayLetter iCode is expired.
PortalLayLetterUnavailableMessage	This LayLetter is unavailable. Please contact the imaging center to request the LayLetter.	Message to display to the portal user when the report is unable to load.

## New Lookup Tables

The following lookup tables were added with this release:

Group	Lookup	Description
Insurance	FeeSchedule	The "Fee Schedule" complex lookup editor defines per-carrier Fee Schedules with practice/site/date of service/billing code modifier level granularity. These customer-maintainable tables provide the pricing information required to support Good Faith Estimate workflow. Added in v3.2022.8.29 #31035

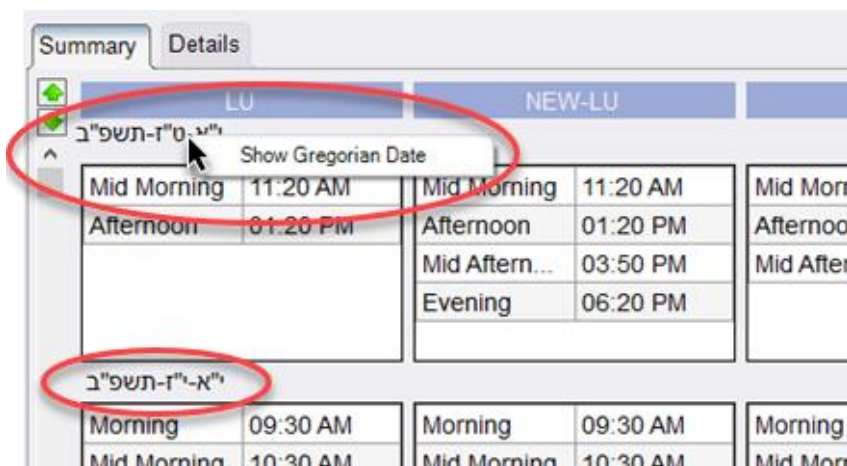
# NEW FEATURES

## Scheduling

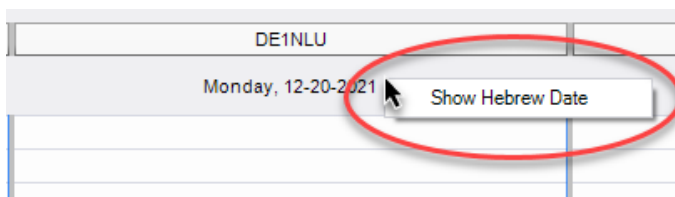
### Feature #28397, #28398 - Hebrew calendar option in Scheduling and Appointment Book windows

#### Summary

This enhancement to Localization introduces the option to change the display format of date headers on the Appointment Times tab between the Hebrew and Gregorian calendar date formats in either the Scheduling and Appointment Book windows



TOGGLE DATE FORMAT FROM SCHEDULING.



TOGGLE DATE FORMAT FROM THE APPOINTMENT BOOK.

Previously, RIS only supported the Gregorian calendar, and while most people in Israel use this calendar day-to-day, it is helpful in some cases to be able to tell the patient the equivalent date from the Hebrew calendar when scheduling the patient.

With this change, users with `Clinical.Schedule.HebrewDates` and `Clinical.AppointmentsBooked.HebrewDates` permissions can right-click any date headers from the appointment search results (either Details or Summary tab) or the Appointment Book to switch between the Hebrew and Gregorian calendar date formats.



*Note that the calendar swap is temporary - the date will remain in Hebrew while the screen is open (and will persist across searches) but will revert when the screen is closed.*

#### Configuration Instructions

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

##### Changes to RIS AccessString Lookup Table Settings

- Grant access permissions as necessary.

The following related settings were added or updated:

Setting	Default	Purpose
Clinical.AppointmentsBooked.HebrewDates	Value=[None Full], Default=[None]	Controls access to the "Hebrew Dates" context menu from the Appointment Book header. Added in v3.2022.8.29 #28398
Clinical.Schedule.HebrewDates	Value=[None Full], Default=[None]	Controls access to the "Hebrew Dates" context menu from the Scheduling window. Added in v3.2022.8.29 #28397

## Insurance Eligibility

### Feature #32342, #32343 - Support Eligibility and Amount To Collect calculations at the Billing Code level

#### Summary

This enhancement to Insurance Eligibility introduces support for a separate eligibility request per Service Type Code, in order to determine the Amount to Collect more accurately. In addition, there is now more complexity to the method in which the various components of patient Financial Responsibility are calculated and applied in situations where billing code level configuration or eligibility results are in effect.

#### Background

Patients often have different co-pay and co-insurance responsibilities for different types of imaging. For example, insurance benefits may have one co-pay and co-insurance for MRI and CT studies and a different co-pay and co-insurance for diagnostic x-ray. These various categories are referred to as `Service Type Codes` (business groupings for healthcare services and benefits).

When a patient is scheduled for an appointment with billing codes that span across multiple Service Type Codes, determining the patient's financial responsibility becomes more complex. Previously, RIS would evaluate all applicable Service Types for the visit and send a single eligibility request using the Service Type Code for the higher end modality (e.g., a patient having an MRI of the lumbar spine and an ankle x-ray would utilize the MRI/CAT Scan Service Type Code). This approach did not allow for the same level of specificity in the patient's out of pocket cost estimate that this new feature will provide.

#### Support separate Eligibility Requests for each Service Type

When requesting eligibility when there are multiple billing codes with various Service Types, there will be an eligibility request for each Service Type and the resulting Amount to Collect calculations will be performed based on the corresponding billing code costs for that Service Type. In other words, the co-insurance and co-pay is based on the value for each billing code's service type, instead of the payer values for the highest-end modality. The individual calculations for each Service Type's Amount to Collect are then totaled to determine the full Amount to Collect for the visit.

In order to run separate eligibility requests for the same visit if there are billing codes associated to the procedure(s) that have different Service Type Codes, the existing `InsuranceServiceTypeRule` configuration has been extended to support configuration of Service Type Rules by Billing Code.

This was completed in the related ticket:

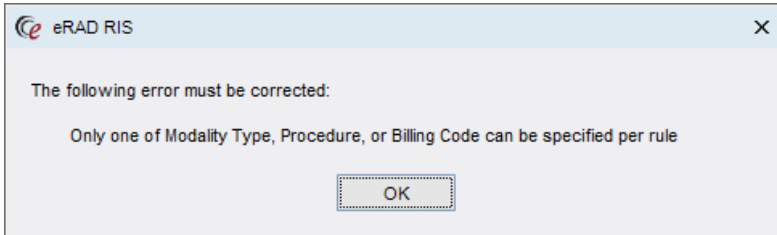
- FEATURE #32343 - ABILITY TO CONFIGURE SERVICE TYPE RULES BY BILLING CODE.

A new `Billing Code` column in the `InsuranceServiceTypeRule` System Configuration table allows the administrator to select one or more Billing Codes related to the rule:



Order	Log	Description	Insurance Service Type Code	Taxonomy Code	Availability Payer	Eligibility Payer	Carrier	Procedure	Billing Code	Modality
1		Feature 32343 62 (MRI/CAT Scan)		boo	(all)	(all)	(all)		70240	(all)
2		Filter on XR 4 (Diagnostic X-Ray)			(all)	eRAD_Demo	(all)	(all)		05-11
3		MyRule 62 (MRI/CAT Scan)		banana	(all)	(all)	Ourfol	(all)	(all)	05-11
4		RuleM3 4 (Diagnostic X-Ray)			(all)	(all)	2-2VRCFO_dja	(all)	(all)	05-11

Note that a user cannot enter Billing Codes on a rule if Procedure or Modality are configured on the same rule:



**Ability to Turn On Multiple Service Type Code Eligibility Requests by Vendor/Payer.**

A new **Billing Code Level Eligibility Flag** column in both the **EligiblePayers** and the **AvailabilityPayers** System Configuration tables allows the administrator to enable this feature by vendor/payer.

Availability Payer Id	Description	And Address Flag	Send Dependent Flag	Billing Code Level Eligibility Flag	Ignore Individual Deductible And Stoploss
00050		N	Y	N	N
00143B		N	Y	N	N
00091A		N	N	N	N
..		..	..	..	..

NEW COLUMN IN THE AVAILIYPAYERS TABLE.

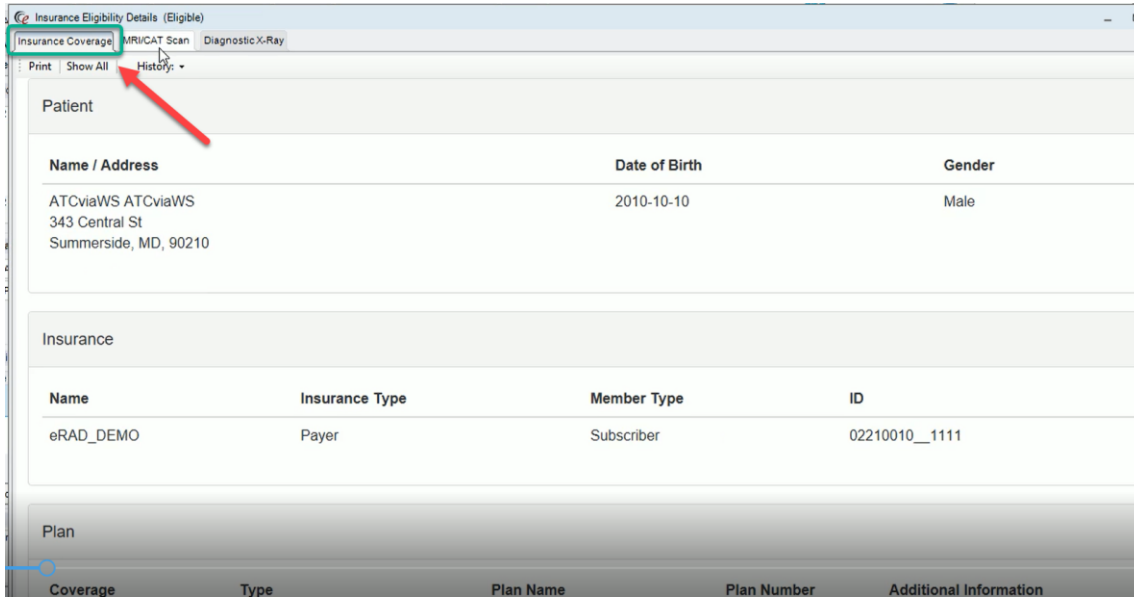
Eligible Payer Id	Description	Include Place Of Service Tax And Address Flag	Billing Code Level Eligibility Flag	Ignore Individual Deductible And Stoploss When Famil
		N	Y	N

NEW COLUMN IN THE ELIGIBLEPAYERS TABLE.

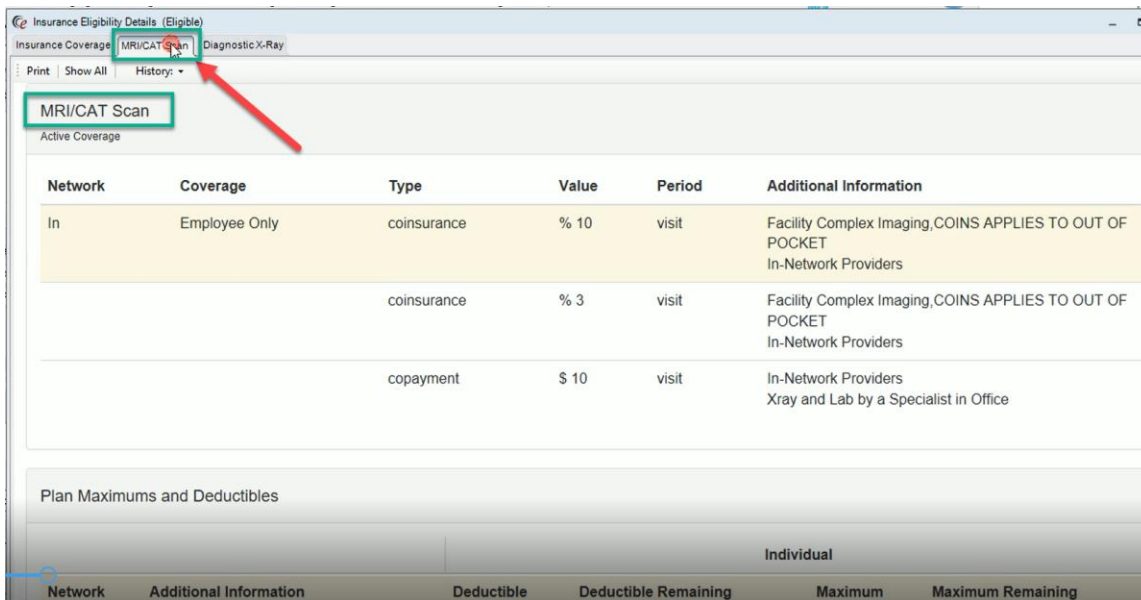
**Ability to view a combined Eligibility Return with tabs for sections that differ by Service Type**

When viewing the Eligibility return where multiple Service Type Codes were used, multiple tabs will be available at the top of the screen. Under the covers, a separate Eligibility Return exists for each of the configured Service Type Codes; however, the plan level information is identical for each return, so the returns are combined visually with a tabbed structure to make it easy to view the specific information for each Service Type.

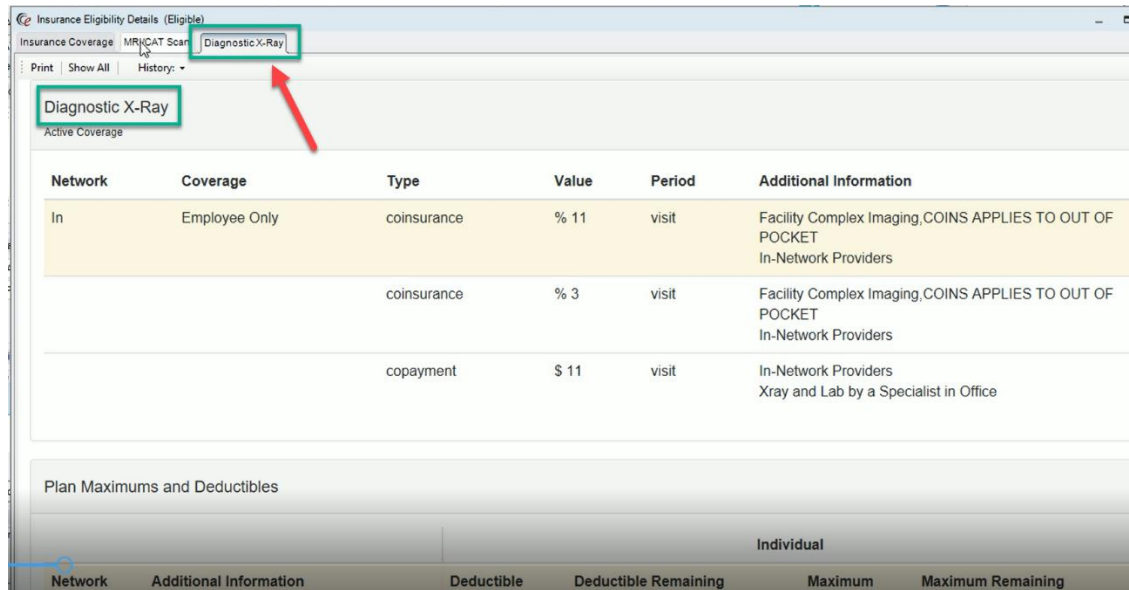
Plan level information, such as Remaining Deductible, will be displayed on the **Insurance Coverage** tab. Separate tabs will also be available for each Service Type and will display the benefit information specific to that Service Type Code.



INSURANCE COVERAGE TAB SELECTED ON THE INSURANCE ELIGIBILITY DETAILS SCREEN.

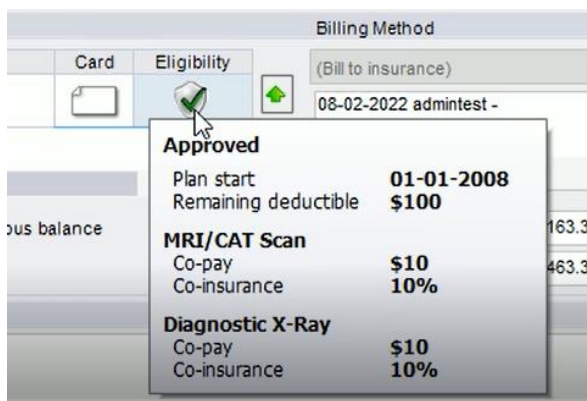


MRI/CAT SCAN TAB SELECTED ON THE INSURANCE ELIGIBILITY DETAILS SCREEN.



DIAGNOSTIC X-RAY TAB SELECTED ON THE INSURANCE ELIGIBILITY DETAILS SCREEN.

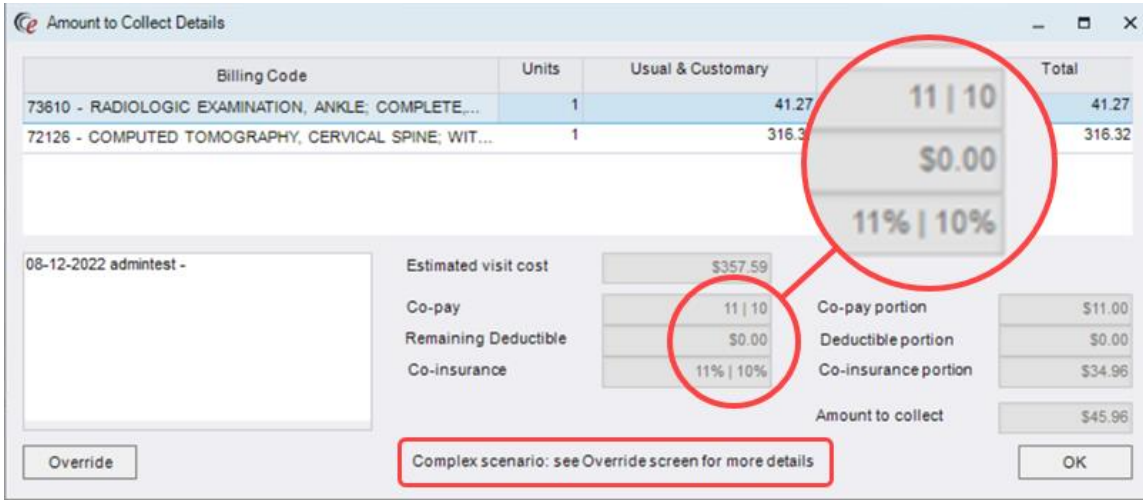
The breakdown by Service Type Code can also be seen when hovering over the Eligibility shield icon when eligibility results have been obtained for more than one Service Type Code:



**Additional Information on Amount to Collect Details and Patient Financial Responsibility Override screens**

In the event that multiple eligibility returns are received with different values for co-pay and/or co-insurance, additional information will be visible on the Amount to Collect Details screen.

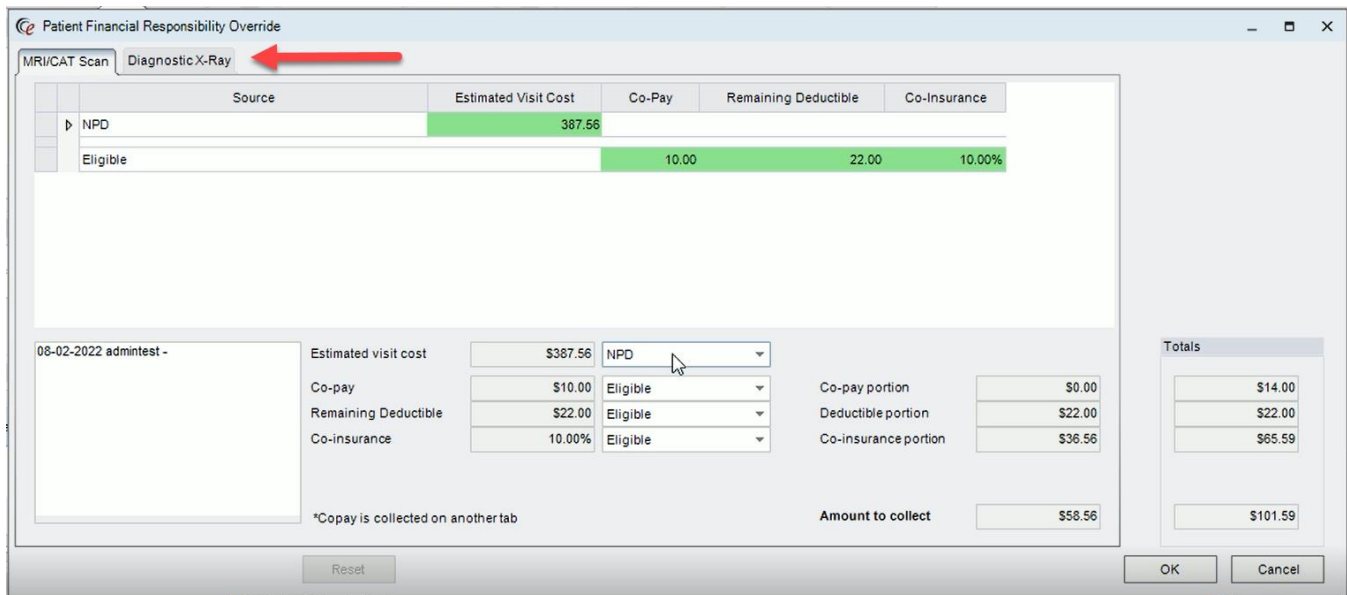
In the example below, co-pay and co-insurance are different for the two billing codes (two different Service Types). In the Co-pay and Co-insurance fields, both of the respective values are listed, separated by a vertical line (pipe). There is also a note indicating that the financial responsibility scenario is complex and the user can view the details on the Patient Financial Responsibility Override screen.



The **Patient Financial Responsibility Override** dialog has been updated to include a fuller explanation of the benefit details for each Service Type Code, as well as how that impacts the Amount to Collect calculation.

When viewing this screen for a visit where a separate Eligibility Request was received for each Service Type, it will now display information from all applicable Service Types.

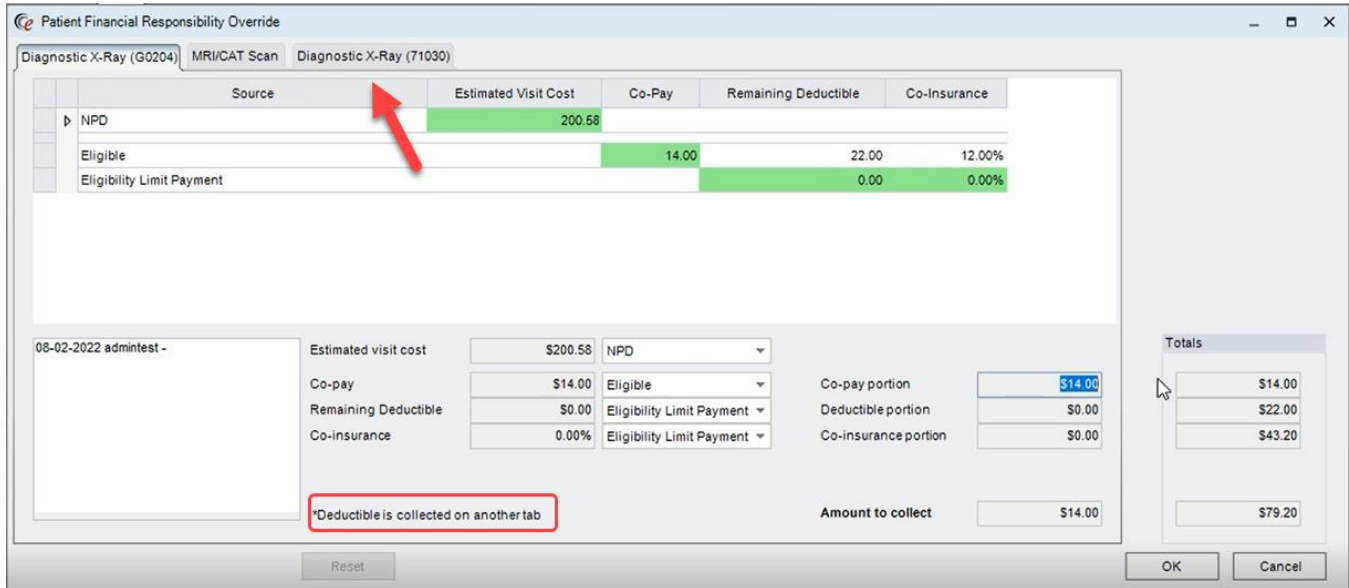
Clicking on each tab will show information that is specific to that Service Type.



The estimated Patient Financial Responsibility and Amount to Collect will be determined separately for each tab and then summed in the Totals section on the far right. The totals section contains the Amount to Collect that the patient will owe at the time of their appointment.

The tab for the Service Type with the lowest co-insurance percentage will always be displayed first. The remaining deductible will be applied to this tab first. The co-pay will be collected on the tab with the highest co-pay. The user will see helpful notes when looking at the various tabs to indicate when the co-pay or the deductible was collected on a different tab.

This scenario can become more complex if there are additional factors that impact some but not all billing codes within the same Service Type. For example, if there is an Eligibility Limit Payment rule configured for one of several Billing Codes in the Diagnostic X-Ray Service Type, you will see an additional tab:



In this example, there are two tabs for Diagnostic X-Ray, one for billing code G0204, which is modified by an Eligibility Limit Payment rule, and another for billing code 71030, which does not have that limitation. In other words, a separate tab will exist for each set of billing codes that is governed by different rules to calculate the estimated Patient Financial Responsibility. You can think of these tabs as “financial groups” that each have their own set of rules to calculate the Amount to Collect. Because co-pay is only collected once and the remaining deductible is only applied until it is exhausted, the order in which certain components of the Amount to Collect are applied are governed by their own rules, as explained above: the deductible is applied to the financial group with the lowest co-insurance first (and then applied to the financial group with the next lowest co-insurance until the remaining deductible is \$0.00), co-pay is applied to the financial group that has the highest co-pay. An exception to this is if the Deductible is zeroed out by configuration for the financial group with the lowest co-insurance. In this case (as demonstrated in the screenshot above), the deductible will be applied to the next lowest co-insurance.

Manual Overrides on the various co-pay, co-insurance, and remaining deductible can impact which financial group gets the co-pay applied or the remaining deductible. For example, if the co-pay for one financial group is manually overridden to a higher amount, this new amount may make that group’s co-pay the highest, so the co-pay would now be applied on this group’s tab.

These complexities are necessary because choosing which co-pay to use and where to apply the remaining deductible first can result in *different* Amount to Collect values. Therefore, the system will apply the above logic to more accurately estimate the amount the patient will owe without underestimating.

### Known Limitations

While there are no Known Limitations for this feature, there is additional functionality planned:

A separate feature that will cover additional display changes to the Patient Financial Responsibility Override and Amount to Collect Details screens, as well as display changes to the Payment Details screen is planned for a future release:

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

Additionally, configuration options for Payment Rules to apply at a billing code level is planned for an upcoming release:

- FEATURE #30707 - RESTRUCTURE PAYMENT RULES CONFIGURATION TABLE TO ACCOMMODATE FOR BILLING CODE, PROCEDURE OR VISIT LEVEL RULES

### Configuration Instructions

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

#### RIS Client

#### Changes to AvailityPayers Lookup Table

A new `Billing Code Level Eligibility Flag` column has been added.

- Enable the `Billing Code Level Eligibility Flag` column where necessary by setting the value to `Y`.

### Changes to EligiblePayers Lookup Table

A new `Billing Code Level Eligibility Flag` column has been added.

- Enable the `Billing Code Level Eligibility Flag` column where necessary by setting the value to `Y`.

### Changes to InsuranceServiceTypeRule Lookup Table

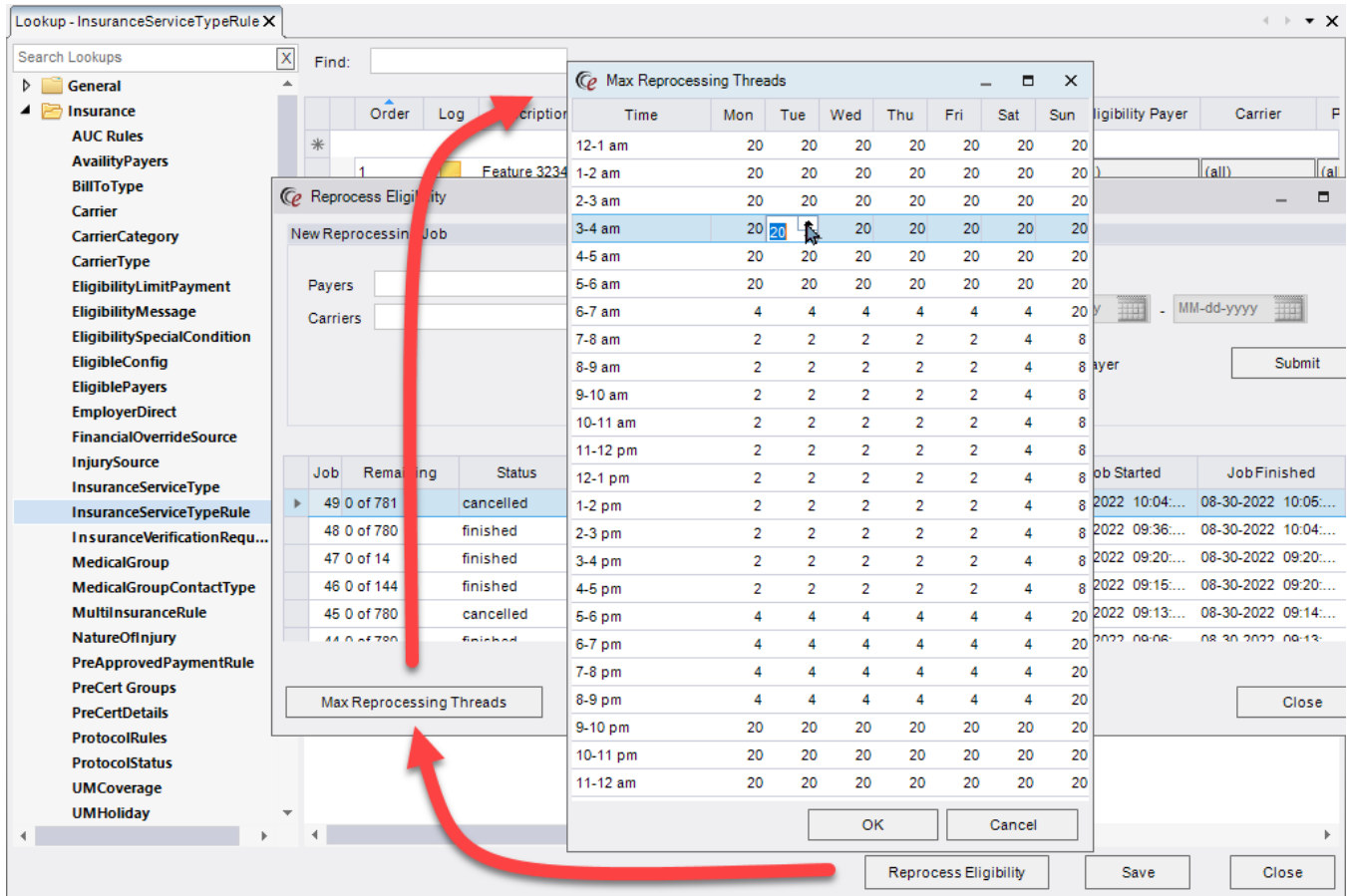
A new `Billing Code` column has been added per the related ticket **FEATURE #32343 - ABILITY TO CONFIGURE SERVICE TYPE RULES BY BILLING CODE**.

- Configure rules where the `Billing Code` column is populated with one or more Billing Codes as necessary.

## Feature #30828 - Throttling framework for the Insurance Eligibility Reprocess Eligibility tool

### Summary

This enhancement to Insurance Eligibility introduces the ability to schedule how much processing resources will be given to reprocessing eligibility, addressing current performance issues with the eligibility re-processing tool.



Previously, the reprocess eligibility jobs would utilize as much CPU and threads resources as needed (up to the number of cores on the machine). While this was done with a lower thread priority and on a different reprocessing



queue so that RIS eligibility requests take priority; the volume of reprocessing activities would still drastically slow down the production RIS.

With this change, a new `Max Reprocessing Threads` button on the `Reprocess Eligibility` popup, allows users to cap how much processing resources will be given to reprocessing eligibility over the course of the workday.

By default, the maximum number of reprocessing threads is capped at 20 threads during typical off hour times then as users come into work it throttles down to 4 threads and then to 2 threads throughout the day.

The minimum number of threads allowed is 0 (which would suspend all processing for that time period) and the maximum is 60 (although there may not be that many available).

## Configuration Instructions

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

### RIS Client

#### Changes to RIS AccessString Lookup Table Settings

- Access is controlled via the existing `Config.LookupEditor.BulkReProcessEligibility` permissions.

Note the following related settings:

Setting	Default	Purpose
<code>Config.LookupEditor.BulkReProcessEligibility</code>	Value={None ReadOnly Full}, Default={None}	Controls access to the "Reprocess Eligibility" screen within the Eligibility Special Conditions or Insurance Service Type Rules lookup table editor. When [Full] the screen is enabled. When [ReadOnly], the button will be available but the "Reprocess Eligibility" screen will be read-only. Added in v3.2018.5.5 #27205

#### Changes to InsuranceServiceTypeRule Lookup Table

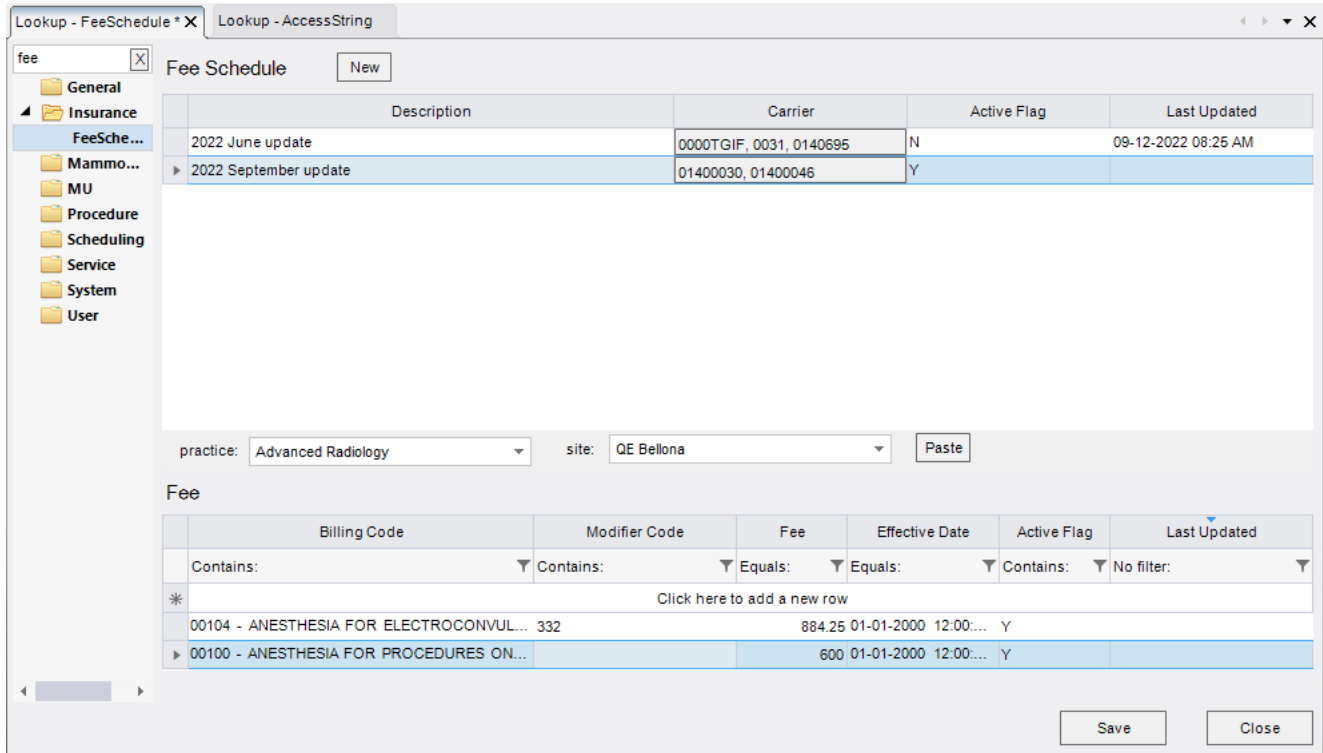
- System performance when reprocessing eligibility can be tuned via the new `Max Reprocessing Threads` button from the `Reprocess Eligibility` popup.
  - This allows users to cap how much processing resources will be given to reprocessing eligibility over the course of the workday.

## Payment Control

### Feature #31035 - Customer-maintainable Fee Schedules in RIS

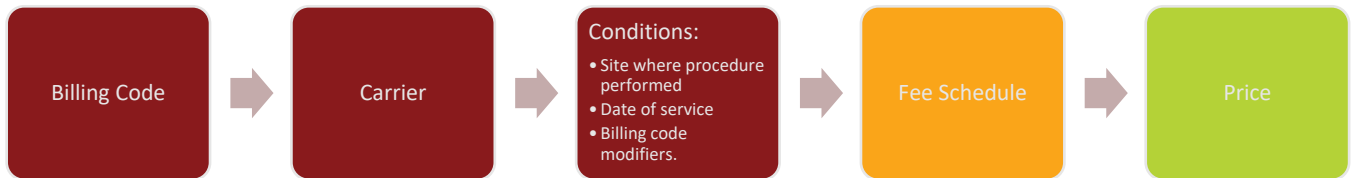
#### Summary

This enhancement to Payment Control consolidates the implementation of customer-maintainable Fee Schedules in RIS to simplify configuration and maintenance of these values and to provide the pricing information required to support Good Faith Estimate workflow at a per-carrier level with practice/site/date of service/billing code modifier level granularity.



**Background**

A Fee Schedule is a set of prices a particular Insurance Carrier (including Self Pay "carriers") will be charged for Billing Codes. Because pricing can vary based on insurance contract negotiations, insurance carriers may be assigned to different Fee Schedules, which must also be flexible enough to configure prices based on a number of conditions: the Site where the procedure is being performed, the date of service, and any Billing Code Modifiers.



FEE SCHEDULES INDICATE THE SPECIFIC PRICE (FEE) FOR A BILLING CODE UNDER SPECIFIC SCENARIOS.

Previously, eRAD RIS did not have a native mechanism to determine how much a study will cost (meaning, what is the price for a given study, at a given location, on a given date, for a given insurance carrier) although a custom pricing module, referred to as National Payor Database (NPD) was available. However, the implementation of this solution was cumbersome and difficult for customers to understand, so roll out of this functionality has been limited.

With this change, this functionality is now built into RIS, with a user experience that is no different from the eRAD NPD experience today.

**Feature Description**

With this change, the existing NPD configuration and services have been integrated into the core RIS product. This allows all configuration to be easily maintained directly by customers.



*If there are no active Fee Schedules, then Amount to Collect calculations will get fee data from the legacy NPD.*

**Configuration**

A new `Fee Schedule` lookup table defines per-carrier pricing, with a linked `Fee` lookup table defining the specific price (fee) for each Billing Code, where Billing Code + Modifiers + Site Code + Date of Service + Carrier Code = Price (Fee).



More specific configuration will override more general configuration. For example, the default pricing for a billing code with `Practice = (all)` can be set to `500`, but pricing for the same billing code with `Practice = Greenville` and `Site = NorthSite` can be set more specifically `750`.

Note that RIS will prevent the user from saving changes to the look-up table if there are multiple Active rows that have the same FeeSchedule and BillingCode combination, unless there is a unique Modifier, Site, or Effective Date setting.

### Support for Paste from Excel

In order to make the initial configuration easier for new customers and customers transitioning from the eRAD NPD, the linked `Fee` lookup table supports pasting data from an Excel spreadsheet to create new rows (pasting multiple rows is supported).

The source data must include the following columns (without headings):

1. Billing Code
2. Modifier (blank defaults to `(all)`)
3. Effective Date (blank defaults to `2000-01-01`, so that newly added codes are "back-dated" ensuring they are effective immediately)
4. Fee
5. Active (blank defaults to `Y`)



*Note - Excel is not specifically required, but the `Paste` feature expects tab-delimited values on the clipboard.*

To use this feature,

1. Enter values in in the following format:

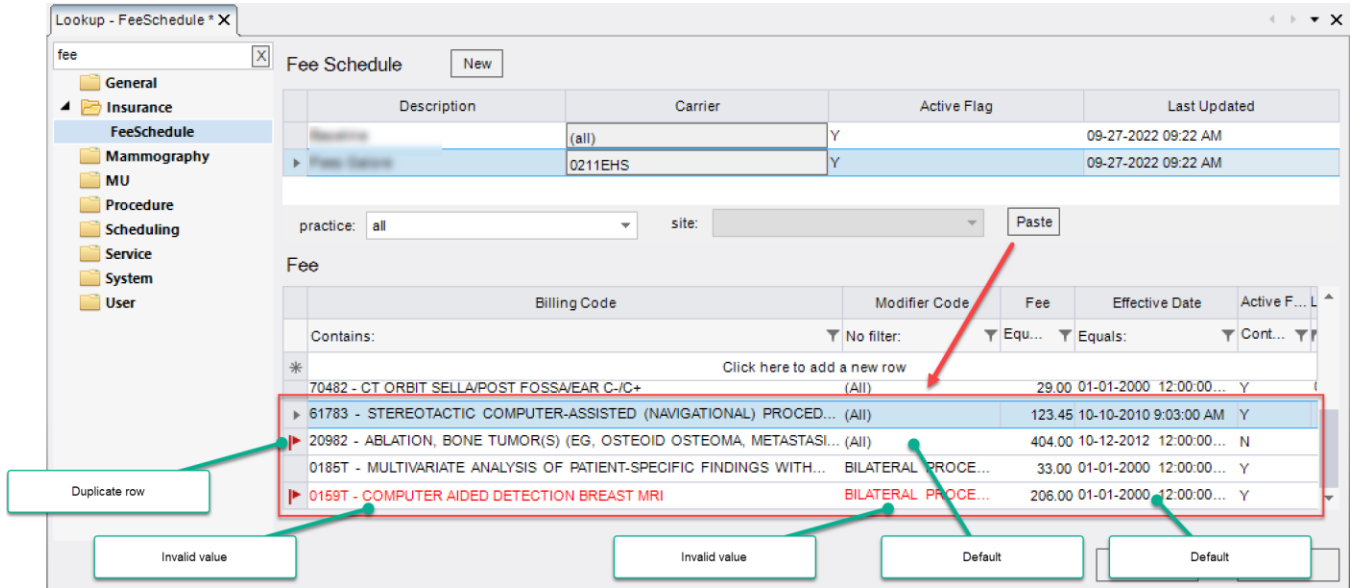
Billing Code	Modifier Code	Fee	Effective Date	Active Flag
--------------	---------------	-----	----------------	-------------

2. Select the values (without any headings), e.g.:

0159T - COMPUTER AIDED DETECTION BREAST MRI	BILATERAL PROCEDURE	206.00		Y
0185T	50	33.00		Y
20982		404	10-12-2012	N
61783	999	123.45	10-10-2010 9:03	

NOTE THE HIGHLIGHTED INVALID AND BLANK VALUES IN THIS SAMPLE DATA.

3. From Excel, copy (shortcut `Ctrl+C`) the values.
4. From the Fee table, select the `Paste` button.
5. Review and correct any invalid values, e.g.:



Caution - The `Paste` feature only support adding new rows - it will not update any existing row.

### Known Limitations

While there are no Known Limitations for this feature, there is additional functionality planned:

- Currently, the `Paste` feature only support adding new rows - it will not update any existing row. In a future release, an enhanced "Import From Excel" option is planned to also allow for updates to existing fees.

### Configuration Instructions

In a future release, an enhanced "Import From Excel" option is planned to also allow for updates to existing fees. System Administrators must complete the following actions to enable this feature:

#### RIS Client

##### Changes to AccessString Lookup Table Settings

- Grant administrative access permissions as necessary.

The following related settings were added or updated:

Setting	Default	Purpose
Config.LookupEditor.FeeSchedule	Value=[None Full], Default=[None]	Controls access to the "FeeSchedule" lookup table editor including "Fee" sub-table. Added in v3.2022.8.29 #31035

#### New Fee Schedule Lookup Table

A new `Fee Schedule` complex lookup editor defines per-carrier Fee Schedules with practice/site/date of service/billing code modifier level granularity. These customer-maintainable tables provide the pricing information required to support Good Faith Estimate workflow.

- Create a `Fee Schedule` and set the `Carrier` and `Active Flag` appropriately.
- For each `Fee Schedule`,
  - Select a `Practice` and `Site`.
  - Create the relevant `Fee` entries for that practice/site, setting the `Effective Date` and `Active Flag` appropriately.

## Feature #30709 - Enhanced handling of Combined Payment when PAPA exists

### Summary

This enhancement to Payment Control prevents the Combined Payment option from appearing if one of the orders has a PreApproved Payment (PAPA) and it is not the primary order. In addition, an indicator will now be displayed on the Order screen when a PAPA exists for the order.

### Enhanced handling of Combined Payment when PAPA exists

When making a payment on an appointment that has multiple Orders, RIS will (under certain conditions) prompt the user whether they want to combine payments.

Previously, RIS would prevent a Combined Payment based on other conditions; this will be a new condition, introduced because Imagine Billing is only able to handle receiving/processing one PAPA for one order at this time and they need a clear indication of which order gets the PAPA.

With this change, the Combined Payment option will not be presented to the user when a non-primary order has a pre-approved payment amount. It does not matter whether the order from which the payment is initiated has a PAPA or not. But if the other orders have a PAPA, they are not eligible to be combined with the payment for the current order.

### PAPA Indicator on Order screen

Previously, the Order screen did not indicate when a PreApproved Payment Amount existed.

With this change, when there is a PreApproved Payment Amount greater than \$0.00, a new indicator will appear next to the Amount to Collect Details button on the Order screen. This is helpful because if the Amount to Collect (ATC) is \$0.00, the user wouldn't have any reason to open the ATC Details screen where they would see that there is a PAPA to handle.

The screenshot shows the RIS Order screen interface. At the top, there's a 'Billing Method' dropdown set to '(Bill to insurance)'. Below it, a table lists order details. The 'Eligibility' column for the 'eRAD Group' order shows a green checkmark. In the summary section, the 'This order' amount is \$47.13, and a 'P' icon is visible next to it. A tooltip message is displayed: 'PreApproved Payment Amount is \$23.57. Click the Add Payment button for more information.' A red circle highlights the 'P' icon next to the order amount, and another red circle highlights a larger 'P' icon in a tooltip that appears when hovering over it.

HOVERING OVER THE P ICON WILL DISPLAY A TOOLTIP.

### Configuration Instructions

No System Administrator actions are necessary to enable this feature.

## Radiology Reporting

### Feature #28709 - Save radiologist report on demand

#### Summary

This enhancement to Reporting adds a new button to the Radiologist window that saves the state of the report at that instant.

Some customers create lengthy reports that can take a very long time to compile the data. During this process, Radiologists wish to simply save the work in progress.

Previously, Radiologists could accomplish this by suspending the report which would save the work in progress and change the status to `Suspended`. The radiologist would then re-open the report to continue dictating.

With this change, a new `Save` button in the `Radiologist` window will save the contents of the report at that instant without visibly closing the screen and re-opening.

Revisions will be available to view in the report history control for that study when checking the `Show all` checkbox.



*Note that this functionality is in addition to RIS's existing crash recovery feature.*

#### Configuration Instructions

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

##### RIS Client

##### Changes to RIS AccessString Lookup Table Settings

- Grant access permissions as necessary.

The following related settings were added or updated:

Setting	Default	Purpose
Clinical.Rad.SaveVersion	Value=[None Full], Default=[None]	Controls access to the "Save" button from the Reporting screen which will save current edits without closing. Added in v3.2022.8.29 #28709

## Thick Client GUI

### Feature #32452 - Disable RIS Client System Login after failed update

#### Summary

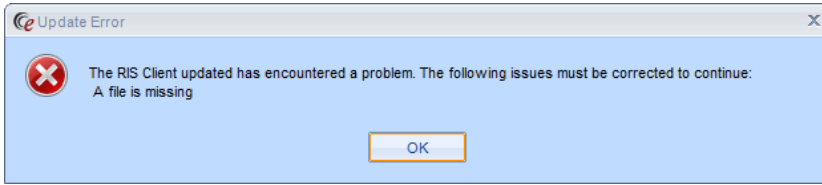
When the RIS Client Updater fails to complete an upgrade, any further user login to that System will be disabled until the upgrade successfully completes.

Previously, there was a risk that although a workstation may fail to complete a RIS Client update, the user may still proceed to log in to the selected system.

With this change, RIS will prevent users from logging in to a System when an upgrade is pending for that System, for example when a new version of RIS requires an upgrade to the .NET framework that is not already installed on the workstation.



*Although login to the affected System is blocked, users may still login to other available Systems.*



USERS WILL FIRST BE INFORMED OF ANY FAILURE VIA THE UPDATE ERROR DIALOG.



THE LOGIN SCREEN WILL DISPLAY WARNING TEXT UNTIL THE UPDATE COMPLETES.

## Configuration Instructions

No System Administrator actions are necessary to enable this feature.

## Feature #31078 - RIS Client support for Windows 11

### Summary

This enhancement Thick Client GUI validates the client running on Windows 11. Note there are some limitations to which RIS users and roles are currently supported.

### Feature Description

The eRAD RIS SOFTWARE INTEROPERABILITY MATRIX has been updated to reflect support for installing the RIS client on the Windows 11 operating system.

eRAD RIS Client Requirements + Validation			
Client Operating System			
RIS Version	Windows 11	Windows 10 Enterprise	Windows 7
3.2022.8.29	Validated with Limitations	Validated (R&D)	Not Validated
3.2021.10.25	Not Validated	Validated (R&D)	Not Validated
3.2021.9.27	Not Validated	Validated (R&D)	Not Validated
3.2021.7.5	Not Validated	Validated (R&D)	Not Validated

From a user's perspective, there are no differences in operation.

### Known Limitations

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

- **POWERSCRIBE 360 IS NOT SUPPORTED WHEN RUNNING RIS CLIENT ON WINDOWS 11**
  - **Issue:** RIS Clients integrated with PowerScribe 360 will not properly open diagnostic images.

- **Impact:** Customer workstations with RIS Clients integrated with PowerScribe 360 are affected. Other non-integrated workstations are not affected.
- **Workaround:** Validation of previous Windows versions is unchanged. Do not upgrade workstations with PowerScribe 360 to Windows 11 at this time. Other non-integrated workstations may be upgraded.

## Configuration Instructions

No System Administrator actions are necessary to enable this feature.

## Worklists

### Feature #20862 - Optimized disk caching for worklists

#### Summary

This performance enhancement to Worklists enhances caching logic to prevent caching worklist indexes to disk when the index cannot be reused.

Currently a cached index file that was written to disk is only ever used when opening a worklist. However, if the index signature when opening the worklist (accounting for predefined columns and sorts) is not compatible with the cached to disk version, then the disk version would not get used, forcing a full index retrieval.

With this change, prior to caching the index to disk, RIS will first check if the current index would be compatible with the initial one when loading the worklist from the default view. If it is compatible, it is cached, otherwise RIS stops caching.

This behavior is transparent to users.

#### Configuration Instructions

No System Administrator actions are necessary to enable this feature.

### Feature #21739 - Add Patient Class to Finding Follow Up worklist

#### Summary

This enhancement to Worklists adds a Patient Class column to the Finding Follow Up worklist.

Contact Attempts	Signed Date	Locked By	Locked By Name	Site	Visit #	Site Name	Patient Class	Time Until Follow Up	Minutes Until Follow Up
575 total rows; Displaying rows 1 to 40									
	12-24-2018 01:50 PM			CT	327583958	QE Crown T...	Urgent Care	-1237d 18h 28m	-1782388
	12-24-2018 11:11 AM			CT	327583038	QE Crown T...	Urgent Care	-1237d 21h 7m	-1782548
	11-20-2020 10:04 AM			FH	326886231	QE Fisher	Unknown	-659d 23h 14m	-950354
	11-21-2018 02:46 AM			CT	327570072	QE Crown T...	Unknown	-1271d 5h 32m	-1830572
	11-02-2018 02:50 AM			CT	327581654	QE Crown T...	Unknown	-1200d 7h 28m	-1858040

#### Configuration Instructions

No System Administrator actions are necessary to enable this feature.

## Technologist

### Feature #32075 - Prevent update of Performing Tech after Exam Done Summary

This enhancement to the Technologist workflow blocks users from updating the **Primary tech** (performing technologist) field after the exam has reached **Exam Done** status.

The screenshot shows a web form with several tabs: 'Notes / Exam Times', 'Image Request (1)', 'Extra Data', and 'Bug #30944'. Below the tabs is a 'Copy / Paste' button. The 'Primary tech' field is highlighted with a red box and contains the text 'Test User, Technologist'. Below it are fields for 'Assisting tech 1' (Test User, Administrator), 'Assisting tech 2' (empty), and 'Last menstrual period' (MM-dd-yyyy) with a calendar icon. There are also radio buttons for 'Pregnant' and 'Not pregnant'.

THE PRIMARY TECH FIELD IS DISABLED UPON EXAM DONE.

### Configuration Instructions

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

#### RIS Client

##### Changes to RIS AccessString Lookup Table Settings

- Grant user permissions as necessary.

The following related settings were added or updated:

Setting	Default	Purpose
Clinical.PerformExam.EnablePrimaryTechFieldOnComplete	Value=[None Full], Default=[Full]	Controls the ability to edit "Primary tech" field. When [None], the field will be read-only after Exam Done status. Added in v3.2022.8.29 #32075

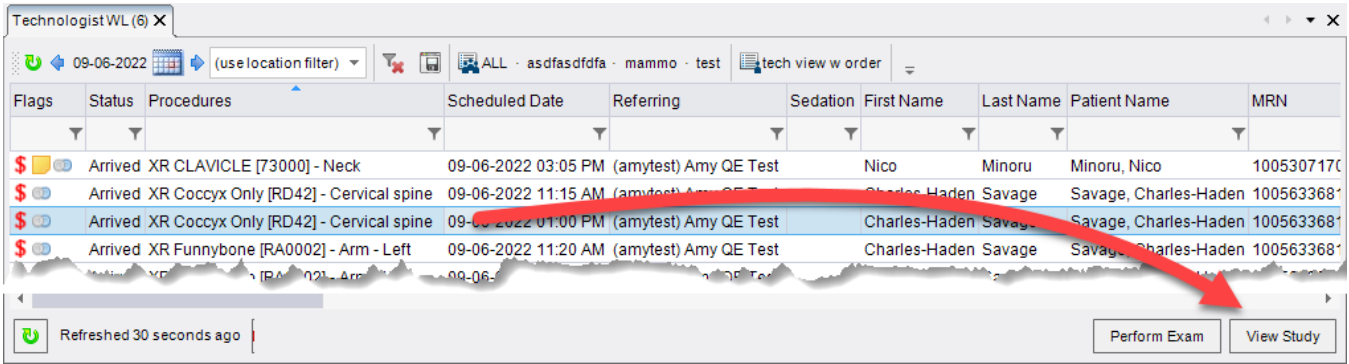
### Feature #28711 - Technologist access to additional patient history from Perform Exam screen

#### Summary

This enhancement to Technologist screen introduces the ability to quickly access detailed patient history directly from the Perform Exam screen, reducing clicks and improving efficiency for the technologist.

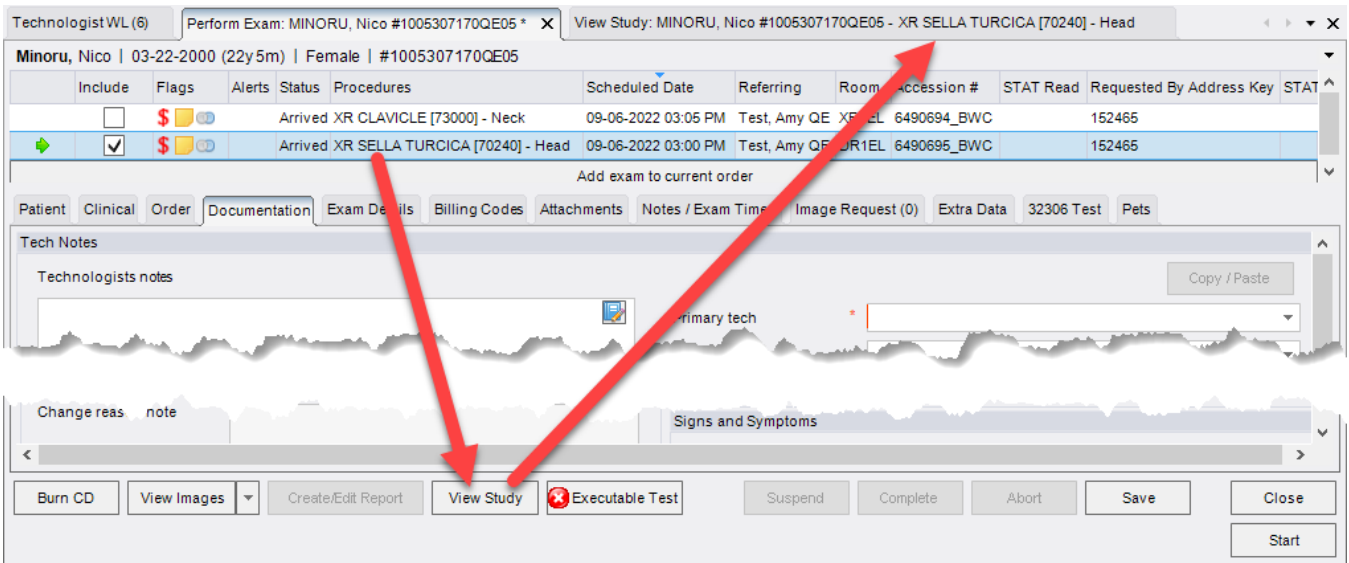
Previously, a technologist needing to see a detailed patient history to better determine how to approach the current exam would have to return to the **Technologist WL** to access it:





With this change, a new `View Study` button will appear at the bottom of the `Perform Exam` window for users with `Clinical.ViewStudy.Button.ContextMenu` permissions.

Clicking the button will open a new `View Study` tab for the selected study, similar to existing functionality used by Radiologists. Multiple tabs may be opened for review. Closing the `Perform Exam` tab will also close related `View Study` tabs.



### Configuration Instructions

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

#### RIS Client

##### Changes to RIS AccessString Lookup Table Settings

- Access is controlled via the existing `Clinical.ViewStudy.Button.ContextMenu` permissions.

Note the following related settings:

Setting	Default	Purpose
<code>Clinical.ViewStudy.Button.ContextMenu</code>	Value=[None Full], Default=[None]	Controls access to the "View Study" button and context menu. Updated in v3.2022.8.29 #28711



## Lookup Tables

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### Feature #32191 - Remove character limit from Eligibility Special Conditions table

#### Summary

This enhancement to Lookup Tables removes the character limit from the `Matching String` column in the `Eligibility Special Conditions` Lookup Table Editor, allowing the capability to create more precise logic.

Previously, the limited length of entries in this field resulted in creating many line items in the table as a workaround.

With this change, there is no limit to the number of characters allowed in the `Matching String` column.

#### Configuration Instructions

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

##### RIS Client

##### Changes to Eligibility Special Conditions Lookup Table

- Optionally, review and update any rules to take advantage of the larger `Matching String` field size.

## Patient Portal

---

### Feature #32392 - Additional Lay Letter configuration options

#### Summary

This enhancement to Patient Portal introduces two additional ParagraphConfig entries and an additional SystemConfig entry related to the Lay Letter workflow.

Previously, FEATURE #3168 introduced the Lay Letter workflow, but deferred this configuration.

With this change, the new `ICodeLayLetterExpirationDays` SystemConfig entry configures the number of days from the time an LayLetter I-CODE is created to when it will expire.

Additionally, the `PPLayLetterSmartLinkExpiryMessage` and `PortalLayLetterUnavailableMessage` ParagraphConfig entries allow the UI language to be customized.

#### Configuration Instructions

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

##### RIS Client

##### Changes to ParagraphConfig Lookup Table

- Optionally, adjust the text of the new `PPLayLetterSmartLinkExpiryMessage` and `PortalLayLetterUnavailableMessage` messages.

##### Changes to SystemConfig Lookup Table

- Optionally, adjust `ICodeLayLetterExpirationDays` for your installation.

The following related settings were added or updated:

Setting	Default	Purpose
ICodeLayLetterExpirationDays	Value=Days as Integer, Set to [<0] to disable, Default=[5]	Number of days from the time an LayLetter I-CODE is created to when it will expire. A negative value indicates no expiry date. Added in v3.2022.8.29 #32392

## Patient and Provider Portals

### Feature #32318 - Improved Portal error handling when scheduling

This enhancement to Patient and Provider Portals adds error handling to scheduling screens when retrieving time slot availability.

Previously, some errors would fail to display an error or display messages that were not user-friendly.

With this change, when an error occurs during portal scheduling, the time slot section of the scheduler will be hidden and replaced with a user-friendly error message.

EXAM 1  
X-Ray Chest

Show Locations for: Advanced Imaging

Map

Mon 6-20-2022 Tue 6-21-2022 Wed 6-22-2022 Thu 6-23-2022 Fri 6-24-2022 Sat 6-25-2022 Sun 6-26-2022

Sort Locations by:  
 Earliest Availability  
 Distance from [Change](#)

Advanced Radiology Eldersburg

**Fisher Portal**

Lutherville  
Previous appointment was here

Due to the information you provided, the earliest date you can schedule this appointment is 6-22-2022.

Select a time slot for Fisher Portal on

Sorry, an error occurred while processing your request.

NEXT CANCEL

New `PPErrorOccurred` and `RPErrrorOccurred` paragraph configs settings have been created for the patient and referring portal respectively, to allow customizing the error message.

### Configuration Instructions

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

#### RIS Client

##### Changes to RIS ParagraphConfig Lookup Table

- Optionally, adjust the text of the new `PPErrorOccurred` and `RPErrrorOccurred` messages.

## CURES

### Feature #29403, #29404, #29407 - CURES USCDI Update

#### Summary

This enhancement delivers CURES update 170.315(b)(1), 170.315(b)(2)170.315(g)(6).

This enhancement for CURES updates RIS to support the additional data fields introduced by the adoption of the USCDI standard. In addition, the C-CDA creation, import, display, and export by RIS needs to include new required data fields introduced by the adoption of the USCDI standard.

This functionality was delivered via the Redmine tickets:

- FEATURE #29403 - CURES - 170.315(B)(1) C-CDA - TRANSITIONS OF CARE - USCDI UPDATE
- FEATURE #29404 - CURES - 170.315(B)(2) C-CDA - CLINICAL INFORMATION RECONCILIATION AND INCORPORATION - USCDI UPDATE
- FEATURE #29407 - CURES A - 170.315(G)(6) C-CDA - CONSOLIDATED CDA CREATION PERFORMANCE - USCDI UPDATE

## Background

Previous CEHRT requirements required certain fields to always be included in the C-CDA, but an update to the USCDI standard has revised the set of data to be included.

## Feature Description

With this change, both the C-CDA import and export from RIS have been updated to the new USCDI standard.

When performing a single-patient C-CDA export from the RIS UI, it can now export in both XML and HTML formats. Additionally, the new C-CDA may be saved locally, or transmitted via Direct Message.

Similarly, when exporting multiple patients/studies via the bulk C-CDA export (a back-end scheduled job), they can now be exported in both XML and HTML formats. The new C-CDAs are saved locally.

When performing a single-patient C-CDA import from the RIS UI via Direct Message, it can now import both the old and new C-CDA format.

## Data Field Changes

The following RIS fields have been introduced to support the new USCDI standard:

- The **Allergy** lookup table has been updated with new **Medication Class** and **Export Flag** fields.



Note that the **Export Flag** field is currently not used.

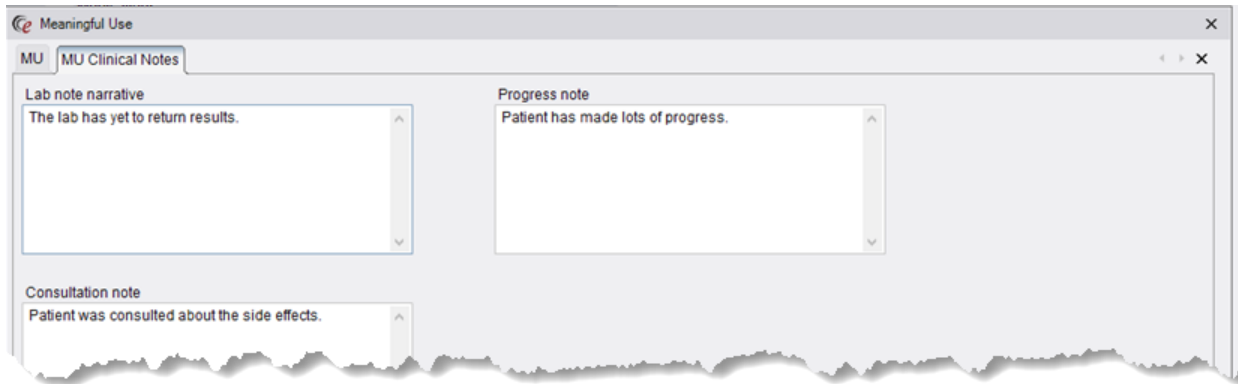
Allergy Code	Description	Display Order	Origin	HI7V3 Value Set Old	HI7V3 Value Set Code	Export Flag	Medication Class	Last Updated	Active
Click here to add a new row									
10264	Poliomyelitis Vaccine Live	10080	FDB			N		12-22-2011 1...	Y
10675	Rubella Vaccine	10130	FDB			N		12-22-2011 1...	Y
10960	Streptomycin	10120	FDB			N		12-22-2011 1...	Y
11750	ROTAVIRUS VACCINE	10110	FDB			N		12-22-2011 1...	Y
14416	MumpsVax (PF)	10040	FDB			N		12-22-2011 1...	Y
16672	Pedvax Hib (PF)	10070	FDB			N		12-22-2011 1...	Y
4209	Pedvax Hib	10060	FDB			N		12-22-2011 1...	Y
5749	Varicella-Zoster Imm Globulin	10140	FDR			N		12-22-2011 1...	Y

- The **Meaningful Use** dialog has been updated with new **BMI percentile**, **Weight for length percentile**, and **Head occipital frontal circumference percentile** fields required for new Vital Signs section entries in the C-CDA.

The screenshot shows the 'Meaningful Use' dialog box with the following fields and values:

- Administered Influenza Vaccine
- Medical Reconciliation
- Electronic Access to Health Record
- Transition of Care to Another Provider
- Transition of Care Summary Provided
- Transition of Care Confirmation Received
- BMI Follow Up Plan
- BMI Dietary Consultation
- Cessation Counseling
- Summary of Care Record Available
- Summary of Care Record Received
- Lab orders placed: 0
- Lab orders received: 0
- Image orders created: 0
- Image orders completed: 0
- Referral type: To radiologist
- Blood pressure: 120 / 70
- Heart rate: 54 BPM
- Respirations: 23 /min
- Body temperature: 102 deg
- Oxygen saturation: 70 %
- Oxygen concentration: 120 mL/dL
- BMI percentile: 34**
- Weight for length percentile: 56**
- Head occipital frontal circumference percentile: 12**
- Conditions: Impaired
- Functional / Cognitive status: The patient is cognitive, but not functional.
- Health concerns: Occasional leg cramps.

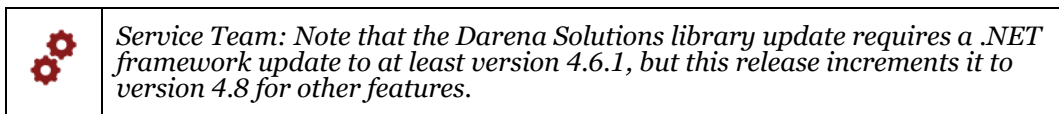
- The **Meaningful Use** dialog has a new **MU Clinical Notes** tab with new **Lab note narrative**, **Progress note**, and **Consultation note** fields.



## C-CDA Generation

From a technical perspective, C-CDA documents were previously created by first turning the patient and study data into an XML document, then running that XML through an XSLT stylesheet to transform the data into a properly structured C-CDA document.

With this change, RIS now switches from using XSLT files to manipulate XML documents into a C-CDA, to now using a C-CDA generator library provided by Darena Solutions. This change is transparent to end users and C-CDAs will still be created, then either transmitted or exported to file by RIS just as before.



## Configuration Instructions

No System Administrator actions are necessary to enable this feature.

## Feature #29405, #29408 - CURES USCDI C-CDA Export Update

This enhancement delivers CURES update 170.315(e)(1) and 170.315(g)(9).

With this change, the C-CDA export from RIS has been updated to support the new fields introduced by adoption of the USCDI standard.

This functionality was delivered via the Redmine tickets:

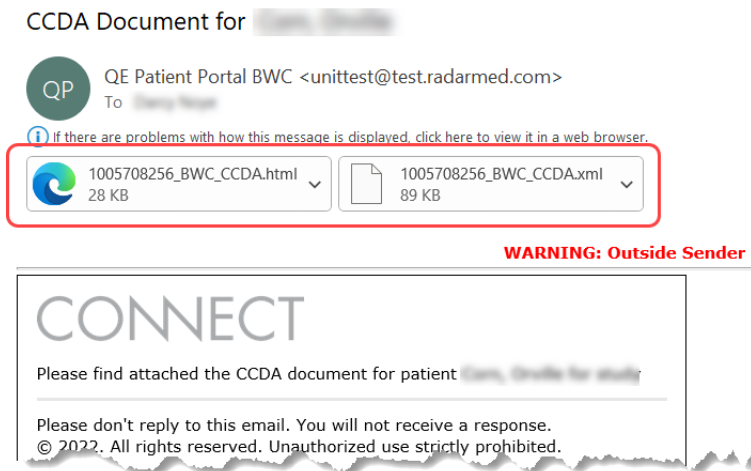
- FEATURE #29405 - CURES - 170.315(E)(1) C-CDA - VIEW, DOWNLOAD, AND TRANSMIT TO A 3RD PARTY - USCDI UPDATE
- FEATURE #29408 - CURES - 170.315(G)(9) C-CDA - APPLICATION ACCESS - ALL DATA REQUEST - USCDI UPDATE

## Export via Patient Portal

With Feature #29405, the single-patient C-CDA export from the RIS Patient Portal was updated to export the updated C-CDA document in both XML and HTML formats.

Select the desired dates and click the submit button to view your personal health summary.  
 THE CONFIRMATION CHECK BOX MUST BE SELECTED BEFORE THE EMAIL CAN BE SENT.

Exported files are attached to the email:



**Export via API**

With Feature #29408, the Patient Access API was also updated to support downloading the updated C-CDA in XML, HTML, or HTML4 formats.

**Configuration Instructions**

No System Administrator actions are necessary to enable this feature.

**Feature #29400, #29401 - CURES Audit Report and Tamper Resistance Update**

This enhancement delivers CURES update 170.315(D)(2) and CURES update 170.315(D)(3).

These two updates ensure that audit entries and report are still produced with the new USCDI elements.

This functionality was delivered via the Redmine tickets:

- FEATURE #29401 - CURES - 170.315(D)(3) AUDIT REPORT(S) - REVISED CRITERIA

- FEATURE #29400 - CURES - 170.315(d)(2) ADJUSTABLE EVENTS AND TAMPER-RESISTANCE - REVISED CRITERIA

With this change, the audit log will show entries for all exported and transmitted CCDAs with details on who exported and when, as well as a SHA-2 checksum.

Filters			
<input type="radio"/> Patient	<input type="radio"/> Order	<input checked="" type="radio"/> Study	<input type="checkbox"/> Include retrievals
Date	Action	Description	
Equals:	Contains:	Contains:	Contains:
07-25-2022 02:26 PM	Exported CCDA	SHA-2: 3EA6D070A633734D7CAD7A09FAFF250501B619144BF11509ED0C69B5E0E96930	Macli...
07-25-2022 02:25 PM	Alert:Alert:CDS_07	You have recorded an allergy to penicillin for this patient.	Macli...
07-25-2022 02:25 PM	UI study updated	Patient updated	Macli...



*Note that the SHA-2 checksum is based on the XML, not the HTML version of the C-CDA.*

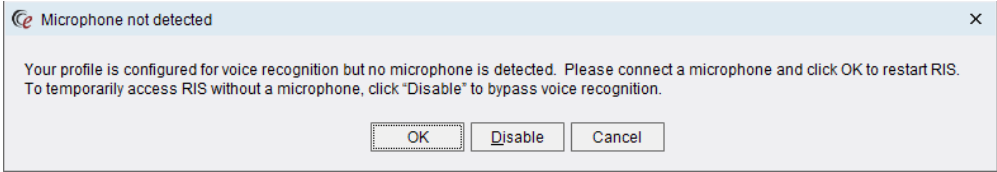
### Configuration Instructions

No System Administrator actions are necessary to enable this feature.

# RESOLVED ISSUES AND KNOWN LIMITATIONS

## Resolved Issues

This release resolves the following issues:

Redmine #	Subject
28458	Resolved RADAR issue where RADAR Quick Message sometimes provided an incorrect site code for a scheduled exam.
30930	Resolved Insurance Management issue where opening outside reads incorrectly displayed the Historical Carrier prompt.
31272	Resolved Patient WF: Authorized Access issue where the Appointment Summary page returned an error.
31406	Resolved Linked Reporting issue where linking studies from the same order failed.
31479	Resolved Worklist filtering error when applying Orders to Schedule filtering.
31566	Resolved Mammography issue where the Mammo Biopsy field for Date performed was incorrect.
31597	Resolved Radiology Reporting memory leak issue in the Radiologist screen.
31775	Resolved Integration issue where PECOS link would display a blank screen.
31795	Resolved Installer issue where RIS Client would not install on Windows 11.
31943	Resolved Patient Portal issue where the Appointment link on the Health Summary page was broken.
32007	Resolved Radiology Reporting memory leak issue in the Patient History control.
32224	Resolved MModal issue where MModal users could not log in without a supported input device attached. Affected users will be presented with a new dialog: 
32306	Resolved Digital Forms issue where saving Digital Forms returned an error.
32328	Resolved Good Faith Estimate issue where GFE Document Download was missing the additional pages.
32514	Resolved intermittent Worklists error when switching between worklist views.
32519	Resolved View Edit issue where RIS was unable to open PACS v8 Quick View studies.
32635	Resolved Inbound Document issue where a future time was shown on Inbound Document Worklist.
32645	Resolved Insurance Eligibility issue where the plan level deductible was not configurable by Availity payer id.
32689	Resolved EMR issue where Cancel Study returned an error.
32707	Resolved Walk-In issue where a walk-in with multiple procedures returned an error.
32721	Resolved RADAR Secure PIC issue where deleting an attachment returned an error.
32729	Resolved Good Faith Estimate document distribution issue.
32756	Resolved CURES issue where Scheduled bulk C-CDA exports were failing.
32819	Resolved CCDA issue where the Schedule C-CDA export for all patients would not complete.
32844	Resolved Provider Portal issue where the incorrect UM Opinion Letter could be displayed.

Redmine #	Subject
32889	Resolved Unknown Reconcile issue where reconciling an unknown referring returned an error.

## New Known Limitations

The following new Known Limitations were identified with this release:


















Redmine #	Subject
33018	Validation for blank description only firing on first row of Fee Schedule grid.
33009	Start button disabled after adding new procedure in Perform Exam screen.
32833	Procedure Code picker control auto-suggest is sorting alphabetically only rather than utilizing the Display Order value.
32774	Display of WL Eligibility Shield Flag tooltip is freezing RIS while hovered when using Multiple Insurance Rules and Billing Code Level Eligibility.
32922	OutboundMessengerResolver used by Wedge and Distribution Engine erroneously tries to expand table level nodes with 'billing_code' in the name. Refer to ticket for workaround.
32745	Additional dictation not appearing when using Dictation Archiving. Refer to ticket for workaround.
33005	C-CDA cannot be viewed when Medical History does not have a Status value.
32927	UM Portal is unreachable when the Medical Group Description is null.
33062	RIS is not closing PACS V7.2 images when expected.
33073	Pediatric values are incorrectly included in C-CDA when patient is between 3 and 4 years old.



# VERSION DETAILS

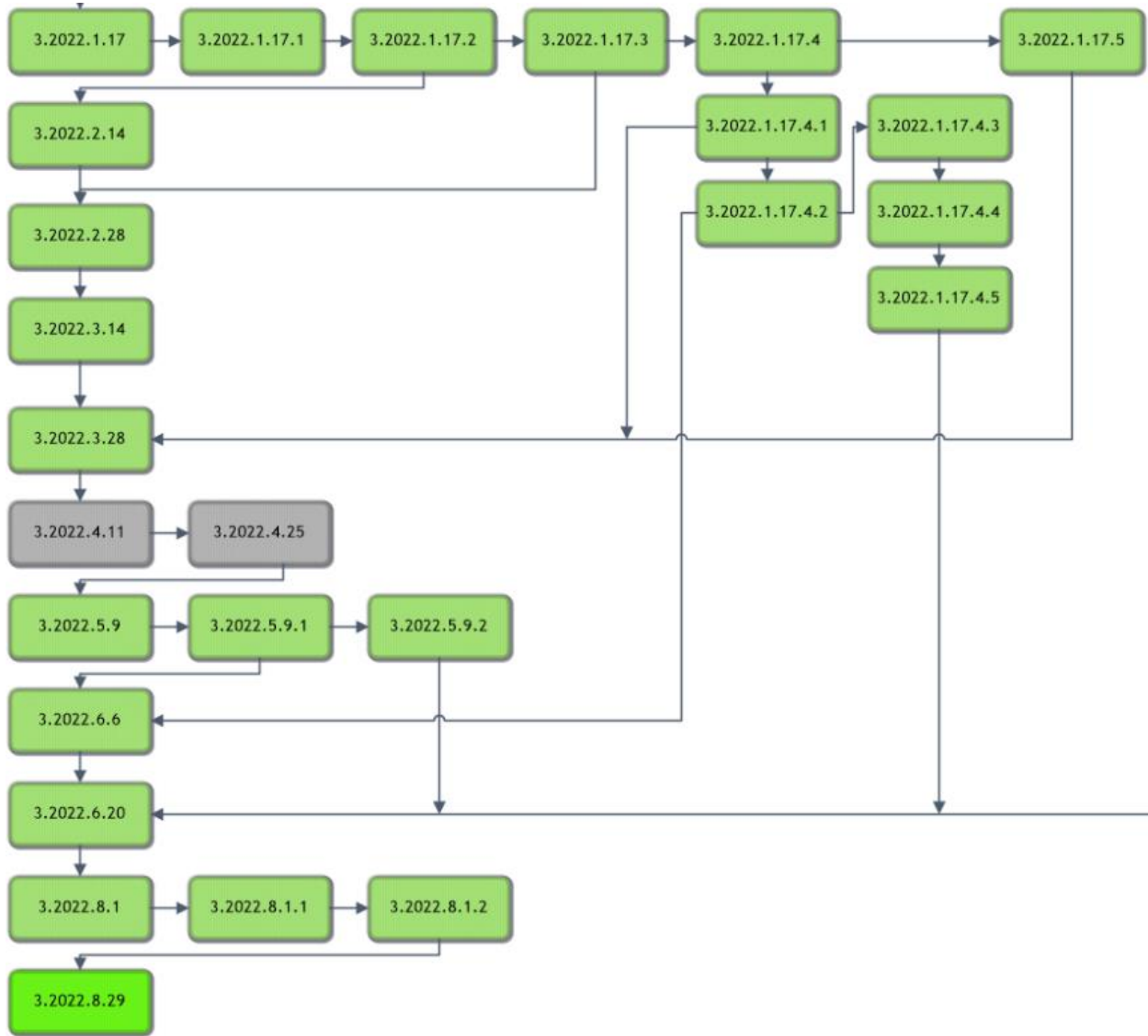
## Package Contents

The release package includes the following folders:

 @Hotfixes	4/20/2012 8:51 AM
 _Documentation	10/25/2022 2:40 PM
 _ReleaseNotes	11/1/2022 10:54 AM
 Client Application	10/25/2022 2:40 PM
 DB	10/25/2022 2:40 PM
 External WebAPI	10/25/2022 2:40 PM
 Identity Service	10/25/2022 2:40 PM
 Management Reports	10/25/2022 2:40 PM
 PACS Citrix Bridge	10/25/2022 2:40 PM
 RIS Service	10/25/2022 2:40 PM
 Service Tools	10/25/2022 2:41 PM
 Web Digital Forms	10/25/2022 2:40 PM
 Web Patient Connect	10/25/2022 2:40 PM
 Web Referring Connect	10/25/2022 2:40 PM
 Web UM Connect	10/25/2022 2:40 PM
 Build_2022.8.29.zip	10/25/2022 2:41 PM
 RISServerMasterCert.pfx	3/31/2016 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
2022.1.17	-	3.22.1.17(3GB)	3.22.1.17	3.22.1.17	3.22.1.17.003185028	3.22.1.17	3.22.1.17.0.1382	3.22.1.17.0.1382	3.22.1.17.0.1382	GUI, Web Services, DB, Patient/Provider/UM portals and Digital Forms
2022.1.17	1	3.22.1.17.1(3GB)	3.22.1.17.1	3.22.1.17.1		3.22.1.17.1				GUI and Web Services
2022.1.17	2	3.22.1.17.2(3GB)	3.22.1.17.2							GUI only
2022.1.17	3	3.22.1.17.3(3GB)	3.22.1.17.3	3.22.1.17.3						GUI and Web Services only
2022.1.17	4	3.22.1.17.4(3GB)	3.22.1.17.4							GUI only
2022.1.17	4.1	3.22.1.17.4.1(3GB)	3.22.1.17.4.1							GUI only
2022.1.17	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
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
2022.8.29	-	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, Patient/Provider/UM portals and Digital Forms