# Release Notes
# Version Aurora 4.6.0-beta

## Updated BETA release for PDF Assessment

**New!** **Biopsychosocial and Assessments now available as a PDF** (S2K-989)

Users can now access a PDF of an Assessment directly from the Case History screen. This PDF is an easy, print-friendly way to view all information entered on the Assessment, and it's available for any service with the ASU type designation - namely Assessments and Biopsychosocial Assessments.

Along with the Assessment PDF, we implemented a robust signature workflow that formalizes the process for reviewers to sign or request changes to an Assessment. At each step of the way, the Assessment PDF provides a record of the data entered into the Assessment, signatures added, and who requested changes, if applicable.
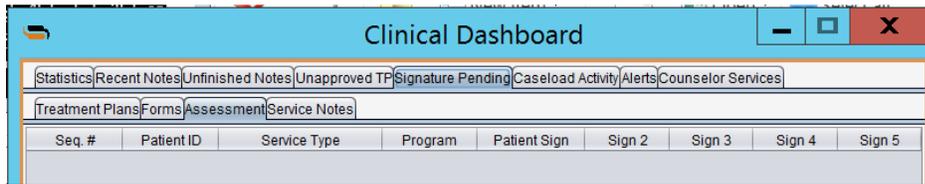
For more specific information on this new feature, please check out the user guide on our Support Portal [here](here).

BEFORE YOU UPDATE, PLEASE CONSIDER:

Before choosing to update to this version, please consult with your Partner Success Manager regarding any ASUs for patients that are saved complete and pending signatures. You will need to decide how your clinic wishes to handle the migration of these documents. There will be two options to consider **and** you must choose one:

## Option 1

Complete the signing of any assessments that have already been saved complete **before** you update to this version. Choosing this option means you only need to capture the remaining signatures on these documents; however the finalized version of the assessment will be saved in the traditional way in SMART (no PDF version corresponding to it.) You can determine how many are in this state by reviewing the list from the Tx module in SMART under the Assessment tab in Signature Pending of the Clinical Dashboard:

**IMPORTANT:** You must complete all signatures prior to your software update or the remaining assessments will be in a static state indefinitely.

**OR**

## Option 2

Have SMART migrate them to the PDF service for you. This will delete any signatures that have been captured already and will require that they be signed again. The benefit to this option is that these assessments will then also be saved as a PDF.

You can also plan to complete as many as possible before the update to preserve the signatures that have already been captured, and then SMART can convert the remaining as prescribed in Option 2.

> **This feature is currently in BETA and therefore we would appreciate partner feedback!**
> **Please work with your PSM or send it directly to the product team:  productmanagement@smartmgmt.com.**

# Version Aurora 4.5.5

## Enhancements

**New Report! EPIC Integration Message Log Available** (S2K-1797) - SMART will soon have the capability of integrating with facilities that leverage EPIC as their master patient management system. With this integration, we are introducing a new report that catalogs all messages received from the parent EPIC system. This report will provide users with a troubleshooting and audit tool to know not just what message types were received and when but will also identify the sending facility, and how SMART handled the message. Partners must be licensed for our EPIC ADT interface to see this report.

*Please note:* The first time a new facility sends a message to SMART the facility code may not be selectable on the FACILITY drop down in the report selector. Users will see the facility when they run the report for all programs. To select just that new facility, simply log off and back on again to SMART and the new facility code will be added to the drop down.

This feature is now available to beta test; if you are interested in learning more, please contact your Partner Success Manager.

**Improved! Infrastructure Expanded to Accommodate Multiple Integration Options** (S2K-2555) - Customers that are leveraging our integration options will now be able to seamlessly add more than one to their database.   This is important as SMART continues to expand our integration suite to include state compliance, EPIC compliance and work with outside functional software such as billing and more.   This change is transparent to the user but enables our infrastructure to support more than one integration on a database.   Please note that it is critical that partners leveraging MADPH and/or EPIC integrations are updated to SMART version 4.5.5 and have SMARTBridge updated per the Q4 2020 release notes.   Integrations for lab results and MOTS are not affected by this change.

## Resolved Issues

| Dosing | |
| --- | --- |
| **Dosing Signature is saving Blank for Doses that are Split Between Bottles** (S2K-2139) | Users of the Accuvert pump would often observe that patient signatures in dose history were blank when a patient received a dose that was split between two bottles. This happened despite having captured the signature while dosing. We have resolved this issue to ensure the signatures remain intact regardless of if the dose must be covered by two different bottles during dispensing. |

| Billing | |
|---|---|
| **IncludeLineItemOnClaim setting was not copied over to accounts table correctly when HCPCSRate is used** (S2K-2559) | An issue was identified where, 'when Include Line Item Control Number' is selected on the billable services for dispensary and take home dose services, the Line Item Control Number was not included in the claim file. This has been resolved so that the claims will include the Line Item Control Number for any billable service that has this setting selected. |
| **System time-out when posting a large amount of claims** (S2K-2557) | An issue was identified that the application may time out when posting a large amount of claims. The performance of the posting processes has been improved in order to increase the efficiency of the claims posting process. |

| Reports | |
|---|---|
| **Patient transactions when no program assigned added to Balance Due Summary and Patient Aging** (S2K-2228) | The Balance Due Summary Report did not include all open transactions for all programs and patient statuses. This has been corrected such that all patients with a balance due (regardless of status or program assignment) will show on this report.<br><br>The Patient Aging reports were also modified such that they will now show all open transactions when a program exists and all **active** patient balances when a program does not exist. Patient statuses other than Active are still not included in the Patient aging report when no program is assigned. See the Reports section in SMART Training Materials for more information on these reports. |
| **Medication for Inventory Detail Report shows too Many Decimal Places for Zubsolv** (S2K-2569) | We have resolved an issue on the Medication Inventory Detail report that led to the Balance to display excessive decimal places for the medication Zubsolv only. This has been fixed by limiting the decimal places displayed and allowing the report to consistently show units as it should. |

# Version Aurora 4.5.4

## Enhancements

**Phone Type added to Patient Contact Information Screen** (S2K-2509) - We have added a new field to the Patient Information Management screen (accessed through the clipboard). Users will now see that they can record the Telephone Number Type to patient records; this is an important field for future features that will leverage patient notifications via text message. This field will appear blank for all existing patients and records can be updated to record if this is a landline, primarily mobile phone or secondary mobile phone number.



## Resolved Issues

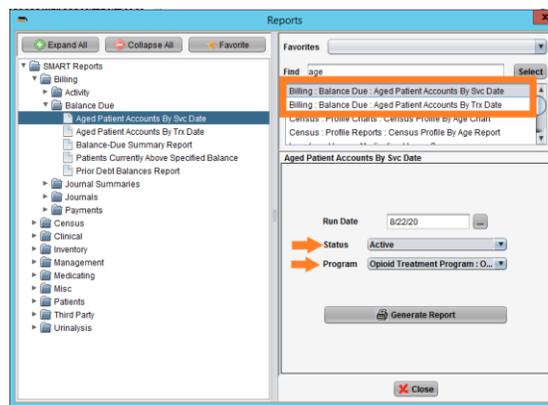| Dosing | |
|---|---|
| **Dosing skips dispensary does to takehome dose** (S2K-2533) | We have resolved an issue that was introduced in SMART release 4.5.2 that caused the takehome dose to be the default selection for patients instead of the dispensary dose. Some users noticed the screen flickering, and then had to manually go back to the dispensary dose to properly dose the patient. This has been solved such that the dispensary dose will be highlighted first when a patient appears to dose. |

| | |
|---|---|
| **"Patient already dosed" message coming up before the patient is dosed** (S2K-2532) | Users were seeing this message: "Medication Notice This patient was medicated at the clinic earlier today" before the patient was dosed. This was introduced in error in SMART release 4.5.2 and is resolved with this release. |
| Clinical | |
| **"Patient Discharged" status message after readmitting patient into same program** (S2K-2542) | We have solved an problem with the data behind the patient episode that resulted in patients being prevented from dosing. Users that experienced this problem had to call SMART support to change the patient episode flag in the data before the patient was allowed to receive a dose. This is now solved so that the episode flag responsible for the problem is being properly set and patient function should resume to expected behavior.<br><br>This issue was introduced with SMART release 4.5.3. Users that did not update to that version would not have seen this problem. |
| **Extension not saving on Release Authorization** (S2K-1964) | When entering an extension associated with a Requestor's phone number, SMART would drop this data from the form after the user clicks Finish Later or Save Complete on the Release Authorization. This issue has been resolved such that the extension will now save in the Release Authorization form. Please note, the extension is still omitted from the printed version. A future bug has been logged to correct this. |
| **Inaccurate notation at the bottom of Release Authorization** (S2K-937) | We have removed the errant text that appeared at the bottom of the release authorizations when in print view. |
| For NY Customers Only: **Discharge Disposition answer rephrased for NY PAS consistency** (S2K-2534) | In compliance with the New York OASAS PAS-45N Discharge requirements, we have added the word "illegal" to the substance abuse discharge disposition. This entry will now read "Discharged due to non-compliance: illegal substance use." |

| Administration | |
|---|---|
| **Prevent leading and trailing spaces when adding a new User ID in SMART** (S2K-261) | Users will now be prompted to remove any leading or trailing spaces when creating new users. These were previously allowed by the software and would occasionally trigger other problems to occur for the users that had spaces at the beginning or end of their UserID or Last Name. New user profiles can no longer be saved if either of these fields includes spaces before or after the text. <br><br> *Note:* This solution was implemented for new users only. Existing users that have leading or trailing spaces can still exist. It is our recommendation that when these users encounter software problems due to this, they have a new UserID created and transfer their caseload to that one after the problematic UserID is retired. |
| Reports | |
| **Services Due and Quantitative Services Reports are showing services under wrong counselor name** (S2K-2531) | Several variants of the Services Due reports (by Counselor, by Medical provider) as well as the Quantitative Services Review were not looking at the correct episode when run and this resulted in patient services showing up under incorrect (former) counselor names. This has been fixed with this release. |
| **Current Attendance List showing patient that was already medicated** (S2K-2525) | Patients that had already been dosed were appearing on the Current Attendance List under the reports module; this report is titled Dispensary Attendance Checklist. This issue has been resolved for this report such that now only patients expected to attend the clinic on the day the report is run will appear. <br><br> <u>Note:</u> There are two other versions of this report which will still show patients that have been dosed beyond the current date. These are the Current Attendance List - Emergency O/S and the Dispensary Attendance Checklist by TxUnit. These will be resolved in a future release. |

# Version Aurora 4.5.3

## Enhancements

**New Filter on Report! Aged Patient Accounts Reports Can Now Be Run By Status and Program** (S2K-2435)

We have added two new filters to allow users to better sort the Aged Patient Account Reports for the information they need. These new filters were applied to both the "by Svc Date" and "by Trx Date" variants. You can now choose patient status in addition to the program and the selected patient status will appear first on the report results:



For more information about the content of this report, please visit our Support Help articles:

- What is the Aged Patient Accounts by Svc Date Report?
- What is the Aged Patient Accounts by Trx Date Report?

**Improved! Ability to transfer Claims When Processing Payments** (S2K-2346)

A change was made so that when transferring claims to the next responsible insurance the invoice will transfer with the same information that was in the original invoice.

Although this work was done to accommodate the new bundle billing, users will now be able to deselect billable services when the service is no longer billable to that insurance. Formerly, they would need to leave the service marked as billable and change the UCR and Expected payment to $0.00.

**Better Pump Response! Accuvert Pumps May See an Improvement in Dispense Time** (S2K-2498)

We have greatly improved the dispensing time for Accuvert pumps.

In addition to the improved dispensing time, a new Reset Pump button has been added to the dispensing screen to allow the user to reset the pump under certain circumstances. For more information be sure to review our HelpDesk article: What are some tips for using my Accuvert Pump?

**Important Note:** According to the manufacturer, the Accuvert pump door should be closed during the dispensing process.

**More Accurate! Direct Service Analysis Reports Hours To Two Decimal Places** (S2K-2482)

We expanded the decimal places allowed on the Direct Service Analysis report. Users will now see these hours displayed out to two decimal places. This resolved a problem where the math appeared incorrect due to rounding the hours to just one decimal place when in fact the report was accurate. This improvement will help with accurate tracking and reporting of the time staff members spend with patients.

To learn more about this report, visit our HelpDesk article: What is the Direct Services Analysis Report?

## Resolved Issues

| Inventory | |
|---|---|
| **Prepour Doses for Solid Medication Dispensed is not Deducting from Inventory** (S2K-2499) | An issue where the inventory was not recording when solid medications were pre-poured has been resolved. This did not effect the inventory for the normal dispensing process and was introduced in 4.5.2. Users on previous versions of SMART would not have been affected by this issue. |
| Clinical | |
| **Null reference on Printed Release Auth Signature Annotation for a minor** (S2K-1089) | We have fixed an issue in the software that caused a null reference to print on the signature line of release authorization forms for minors. The signature blocks associated with these release authorizations will now show legible text documenting the intended signer. |

| | |
|---|---|
| **Release Authorization 'Print Open Items Only' Button Showing All Items** (S2K-178) | We have resolved an issue that was causing the Release Auths screen in Patient Information Management in SMART to print all release authorizations regardless of their status regardless of which print option the user chose. With this fix, the Print Open Items Only will indeed restrict the print job to only the Open release authorizations. If a user needs to print all a patient's release authorizations, they can do this by clicking the Print All Items button. |
| **AWL Orders cause issues when Overlapping** (S2K-200) | If multiple AWL orders were associated to a patient, and one of them was canceled, it was impacting the dates on the other orders for that patient. We have solved this problem by improving the logic for AWL orders such that the system will verify that the dates do not overlap with another AWL order that's already set for the patient. Users will be warned to cancel the existing AWL order before they can proceed. This does not impact AWL orders that are entered with dates that do not overlap; those can still be freely entered. |
| | Forms |
| **Redo button on forms becoming unavailable** (S2K-2483) | On forms, under certain circumstances, the redo button was not enabled. This has been resolved. |
| | Calendar |
| **Limited ability to edit Existing Events** (S2K-2502) | A change made in SMART version 4.5.2 led to a problem for users trying to edit existing events in their Calendar, causing them to need to delete the event and create a new-corrected one. We have resolved that issue with this release such that existing events and newly scheduled events can now be edited in the SMART Calendar.<br><br>Note: This problem also impacts the new SMART Scheduler. Users will be required to update to this SMART version in order to resolve the issue in the new Scheduler (fixed in Scheduler version 3.2.0). |

| MADPH Electronic Integration | |
|---|---|
| **(Only relevant for partners in Massachusetts)** | |
| **Answer for "Interest in Stopping Tobacco Use" Reverts Back to Default** (S2K-2506) | From the Fact Sheet, users in Massachusetts are required to provide DPH with information about the patient's interest level in stopping tobacco use. This question generally appears on the DPH Required tab of the Fact Sheet or Assessment. We have resolved an issue that led to this question reverting back to its default answer when the user saved the form. |
| **Resent Failed MADPH messages could have the incorrect Episode** (S2K-2153) | An issue with the episode identification was resolved such that if a message fails to pass successfully to the state, and the patient is discharged and readmitted, the correct episode number will now be recorded in their MADPH Messages tab in Case History (Tx). |
| **Intake Message for MADPH will pull Script Info from Modality** (S2K-2501) | The state of Massachusetts requires information about the patient's prescription drug for any medicating program they are enrolled in. We've improved the way we deliver this information in our electronic message by deriving the patient's Script from the modality assigned to the program. It will be important that the clinic ensures their modalities are set up accurately prior to enabling the MA DPH feature as the SMART software depends on that being the represented drug that the patients in that program are prescribed. |

# Version Aurora 4.5.2

## Enhancements

**Enhanced! SMART can now support billing in the state of Tennessee** (S2K-2371)

Tennessee's billing expectations required several modifications to SMART's standard billing processes. These have been implemented in this release to bring the expected level of system automation to the clinics in this state. The changes included:

- Allowing encounter claims to be included in the claim file
- Ensure proper Medication Reimbursement billing aligned to the TN specification of one dose per week, every week
- Automate the Medication Administration codes based on the number of take-homes
- Allow user to choose the BHT 06 Transaction type to be included in the EDI file (either CH for a chargeable service or RP for a re portable service)

Please reach out to your PSM or Billing Specialist to learn more about these changes.

**More room! Increased Progress Note character limit** (S2K-2463)

As a result of the way that our new SMART Scheduler was designed, we have expanded the character limit that can be entered into a standard Case History Progress Note. This will affect any form that uses the basic Progress Note functionality in SMART and users will find that they can now enter notes up to 65,000 characters in any progress note recorded. The previous limit was 10,000 characters so this represents a substantial increase to help properly document the complex patient records when necessary.

**Updated! Added Date of Birth to the Dosing Summary by Carrier Report** (S2K-2351)

We have made a modification to the Dosing Summary for Carrier report to allow for improved and more accurate matching of patient records by adding the date of birth as an additional column on this report. Users will see this as the third column in the heading of the report and can run this from the Reports icon in SMART and from Third Party: Services: Dosing Summary by Carrier.

**Dosing Summary Report By Carrier**
for the period 06/01/20 through 06/30/20

07/08/20
15:31:01

Page 1 of 1

| Patient | | | | | # of Doses | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ID | Name | DOB | Recipient # | MIS # | Disp | Tkhm | Total | AWOL | Travel | Susp | Other |

## Resolved Issues

| Billing | |
|---|---|
| **Claims not respecting 'group by week' setting** (S2K-435) | From the Produce New Claims screen in Third Party Billing, we have resolved the issue that led to the claims from multiple weeks displaying as a single claim on this view. Now, with the 'group by week' setting on, the Produce New Claims screen will show each week's claims on a separate line with corresponding invoices that respect the start and end date of the claim week. |
| **Clinical** | |
| **Unable to transfer to a different treatment unit or change level of care** (S2K-2474) | This issue was introduced with SMART version 4.5.0 and only affected that release and subsequent versions. Partners who did not update were not affected. We have restored the ability to transfer patients to a new treatment unit or change their level of care with no errors resulting. |
| **Unable to retire Discharge Type Options** (S2K-2431) | Certain Discharge Types were not able to be retired due to case sensitivity in our software. We have resolved this problem and now any entry in the DischargeTypes lookup table that is marked with a "N" in the permanent flag column can be retired by an admin user. (Reminder: these are in the Lookup Table Management under the Gears icon in SMART and only accessible to administrators of the database). |
| **Prior episode's information displaying on active episodes orders** (S2K-2456) | Under some circumstances, patients that were admitted, discharged, and admitted to a new program within a single day could see the incorrect episode information show up when viewing orders from the Inquiry screen. This has been resolved by looking at the latest episode based on date and time stamp. |
| **Suspension/Reinstatement information not populating per Thru Date on Suspensions tab in Patient Inquiry** (S2K-2452) | An issue on the suspensions tab from the Patient Inquiry screen was resolved so that now any suspension or reinstatement of a patient will reflect immediately on this tab per the thru date set as a default (today). |

| Reports | |
|---|---|
| **Prepared Dose Inventory Surplus Report Tablet Totals Don't Add up to Dispensed Amount** (S2K-2451) | An issue was resolved that caused a surplus dose to be reported twice on the Prepared Dose Inventory Surplus Report in SMART. The issue caused the total dose volume in surplus inventory to be correct but the pill breakdown for solid medication to be incorrectly distributed. This issue has been resolved and now pill total and medication dose totals will match. |
| **Direct Services By Counselor Report Generating Individual Services with 0 Totals** (S2K-2438) | An issue was discovered with the Direct Services by Counselor report that led to incorrect totals for individual services showing on the report. This has been resolved such that users will now see the correct minutes and hours reflected for staff services on this report. |
| **Services by Staff Detail report Shows Same Services under Different Patient IDs** (S2K-2472) | An issue has been resolved that would, on occasion, result in the wrong services appearing for patients in the Services by Staff Detail report. This happened due to faulty report grouping logic that would confuse patients with the same name. Patient services are now sorted in this report based on the patient ID to resolve this issue. |
| Labs & Alerts | |
| **Today's UA Pending Not Showing on UA Tab** (S2K-767) | From the patient inquiry screen, the Thru Date was not capturing the correct entries per the UA requested date on the UA tab. This has been resolved such that any urinalyses requested will be reflected as of the date selected in the "Thru Date" field. |

# Release Notes
# Version Aurora 4.5.1
## Enhancements

**Now supporting Medicare! SMART Billing can now support Medicare with new Bundle Billing Feature** (S2K-2251)

We're pleased to announce our new feature for creating insurance bundles that allow for billing to be executed when a collection of service requirements are met for a patient. This feature will be useful to any billing department required to bill by the bundle but unlocks more automated billing in compliance with Medicare's needs. SMART's brand new Bundle feature allows users to:

- Configure as many bundles as you require
- Choose the exact services required to satisfy minimum billing requirements per insurance
- Support add-on codes required for controlling billing for items such as takehome doses
- Enforce weekly or monthly billing limits when codes requiring such limits are entered as services
- Institute start and end dates for the bundle to allow users to set up new bundles in advance of their implementation and retire them in accordance with insurance guidelines

For more information and detailed setup instructions, please visit our support portal to view the documentation on this new feature. You may also reach out to your PSM and one of our trainers will gladly assist with any questions you have.

**New Report! Expected Attendance Report now available** (S2K-2307)

A new report is available to help clinics organize the patients expected to return on future dates. The report will give a listing of patients (by patient ID, name and birth date) and will list each patients expected dose, medication type, and the number of doses they will be given when they arrive. The data will be organized by date that the patient is expected to come back to the clinic (titled "Return Date") and can be run for one program or all programs.

The report also indicates the type of order the patient is on by designating in the column titled "Takehome/AWL":

- a "/" for patients that receive a daily dose at the clinic

- a "T/" for patients that are on takehome orders
- a "/A" for patients on an AWL order

This report can be run for the current day, future dates or a range of dates and is available under Medicating -> Attendance. To learn more, visit the support portal here.

*Note*: This report builds from several areas in SMART and therefore can take several minutes to open.

**Redesigned! Locate files more easily on the Stored Documents tab in Case History** (S2K-2309)

The stored images tab has received a makeover and is now called Stored Documents! This is the second tab you will see behind the patient's case history (from Tx) and partners can use this tab to upload and save supporting documentation (images and PDF files) pertinent to the patient's medical record. Partners will now see that this tab is organized as a list view where the most recent files uploaded will appear at the top of the list. Each of the three columns displayed can be sorted to make finding what you're looking for quick and easy.

This improvement helped solve a few problems that existed with the previous look of the Stored Images tab including that files were created as icons that were challenging or impossible to see on the tab itself and gave the user no ability to sort based on the key data associated with the file.



All files previously stored on this tab will now be available in this list view following the update to this version. To learn more, visit the support portal here.

**Improved! Expanded Aging categories on Aged Open Claims Summary Report** (S2K-2280)

We have expanded the aging buckets that report out on the headings of several of SMART's Aged Open Claims Summary reports past 120 days. These reports will now reflect aging categories out to a full year and lump any accounts beyond a year in the 365+ Days category. We've applied this to the following SMART reports:

- Third Party: Open Claims by Svc Date: Aged Open Claims Summary Report
- Third Party: Open Claims by Trx Date: Aged Open Claims Summary Report

The new column headings are shown below:

| Current | 31-60 Days | 61-90 Days | 91-120 Days | 121-150 Days | 151-180 Days | 181-270 Days | 271-365 Days | Over 365 Days | Unapplied Credits | Unapplied Payments | Total |
|---------|------------|------------|-------------|--------------|--------------|--------------|--------------|---------------|-------------------|--------------------|-------|
|         |            |            |             |              |              |              |              |               |                   |                    |       |

# Resolved Issues

| Dosing | |
|---|---|
| **Prepare Dose in advance missing doses when two users are on** (S2K-2379) | In clinics where two pharmacists are preparing takehome doses in advance, the software could occasionally collide with itself causing a dose to be missed (not recorded) even though it was physically poured. We have resolved this issue by changing the order of where we generate the record for this prepared dose so that this issue will not continue to occur when multiple users are preparing (pre-pouring) at the same time. |
| **Multi Program Archived Dispensary Attendance Checklists getting overlaid** (S2K-141) | The Dispensary Attendance Checklist will now save unique files to the export folder for users with multiple programs. These files are generated during the End-of-Day processes. Clinic staff will now see unique files appended with the program codes in the export folder and be able to view these for each program in their database. |
| **Unable to Print Label for Prepour Doses from the Prepare Takehome Labels screen unless there is a bottle primed** (S2K-2426) | An issue that required that a liquid methadone bottle be primed on the pump in order to print takehome labels has been resolved. Users can now expect to print takehome labels from any station where a label printer is installed regardless of the pump status.<br><br>This issue was introduced with release version 4.5.0. Users that did not receive this release will not have seen this problem. |

| Clinical | |
|---|---|
| **Signatures are not saving when confirmed on expired forms** (S2K-2430) | We have resolved the issue that led to an inability to capture patient signatures on forms that had been unexpired following a patient discharge and re-admittance. This occurred only on forms that did not have the patient signature already captured during the original admission period. Users can now un-expire any forms from a previous patient episode and move forward with capturing the patient signature. |
| **Patient appointments not respecting date range from Inquiry screen** (S2K-133) | When printing appointment listings from the Patient Inquiry tab, the resulting report will now respect the dates for which the query was made. We have resolved a bug that led to the printed version showing all patient appointment results when choosing print from this screen.  |
| **Hard Counselor Hold Alert shows incorrect time when session is recorded through calendar** (S2K-2155) | We have resolved an issue that was causing alerts to be cleared with the incorrect time recorded in the patient inquiry screen. This impacted patient appointments that were recorded as no-show for the patient from the old Calendar module. Users will now see that the alert shows as cleared at the time that the no-show was recorded in the appointment and saved complete. |

| Reports | |
|---|---|
| **Dr. First Prescriptions Not Showing MG Level on Listing of Validated Prescriptions for Patients** (S2K-2366) | Several changes were implemented to the new prescription screen and corresponding reports to reflect the dosage, unit and strength slightly differently than in prior versions of the software. For users that are not licensed for Dr. First, they will now notice that the strength field has been added to the U/A Prescription Information screen. This field was already in SMART for those that leverage our Dr. First tool.<br><br>This resolved a bug that was reported that was causing a discrepancy with the way that units were displayed on the Listing of Validated Prescriptions reports (accessible through the Scripts tab in both the patient Profile and Inquiry screens in the software). These improvements will also now allow prescribers to explicitly set the dose, unit and strength for each prescription they write and maintain prescription consistency whether issuing scripts through SMART or through Dr. First.<br><br>Finally, the tool-tips were updated in this fix to provide users with the guidance necessary to accurately fill out these fields in SMART when they hover over the dose, strength or unit fields. |
| **DOB Format should be mm/dd/yyyy on Active Patients Serviced Report** (S2K-393) | The Active patients serviced in the last (n) months report will now display birth dates in the MM/DD/YYYY format to remain consistent with other reports in SMART. |
| **Services By Staff Detail Report Displaying Incorrect Time in Minutes** (S2K-2420) | The Services by Staff Detail report was not reflecting the proper number of minutes for certain services after the time out was updated. This issue has been resolved and the report will now reflect the minutes as calculated from the service Time In to the service Time Out. |
| **Detailed Activity Tracer Comes up with No Pages due to Long Check Number** (S2K-2369) | The Detailed Account Activity Tracer was not opening for patient records with extremely long check numbers. This issue has been resolved. When print Full Detail is selected on the Profile>Accounts this report will now open. It is also available in the Reports module under Billing → Activity. |

| | |
|---|---|
| **Unapplied Payments and Credits are not showing on the Aging Summary Totals and Aged Open Claims Summary Report by Transaction Date** (S2K-2442) | An incorrect query was resolved that had led to unapplied payments and credits to be omitted from the most recent version of the Aging Summary Reports. This impacted the Aging Summary Totals by Trx Date and the Aged Open Claims Summary Report. |

# Version Aurora 4.5.0.1

**IMPORTANT!** An issue with incremental orders was inadvertently introduced with our 4.5.0 release. This updated version of the software resolves that issue. This issue only occurred with the 4.5.0 release; all prior versions were not affected. (S2K-2400)

# Version Aurora 4.5.0

## Enhancements

**New! Introducing the next generation Scheduler in SMART!**

The calendar function has been completely updated and is now available from the same icon in SMART as the brand new Scheduler! A few of the key improvements to this new Scheduler are:

- A modern interface that allows you to view your calendar by day, week or month
- Ability to view multiple staff member calendars at the same time
- Easily reschedule and update meetings
- Revised workflow for recording a session
- Expanded repeating events options
- Scheduler-specific privileges that gives clinics better control

To learn more, please visit our Training Materials available on the SMART Support Portal: https://support.smartmgmt.com/hc/en-us/sections/360003977020-Scheduler. The SMART Scheduler will require a couple of very simple set up and migration steps. Please contact your Partner Success Manager to learn how to access this great new module.

**Improved! Quantitative Services Review matched with Services Due reports** (S2K-1959)

We have resolved a couple of issues that were causing certain services to be omitted from the Services Due reports. These modifications help to ensure that the Service Due variations match the numbers shown on the Quantitative Services Review Report, when run for equivalent time periods. The benefit to these changes is that now clinic staff can accurately track down which services are still outstanding by using the Services Due set of reports. These include:

- Services Due by Counselor
- Services Due by Medical Provider
- Services Due by Tx Unit
- Services Due by Type

**Updated! Medication Strength will now print on standard takehome labels** (S2K-2291)

Medication strength will now print on our standard Takehome labels for liquid methadone at the required 10mg per mL strength. This will populate on the label just below the indicated dosage. Partners will also now notice that this strength is reflected in the Medication setup for liquid methadone and when receiving inventory for this drug. Because this is the standard strength for this drug, this is a non-editable field in those locations of the software.

For clinics that prescribe Suboxone, we can now support showing the full strength of this medication as well. Prior versions would only show the buprenorphine portion for this field. If your clinic is interested in this feature, please coordinate with your PSM as we will need to migrate your existing inventory such that the accurate strengths can be displayed. Once that is complete users will see the appropriate split of these medications print below the dosage of the takehome label (i.e. 2mg/0.5mg, 4mg/1mg, 8mg/2mg).

Special note: clinics that do not use our standard label will not see a change to their version.

## Resolved Issues

| Clinical | |
|---|---|
| **Patient allowed to be admitted into the same program when already Active** (S2K-2333) | In the event that a patient is already admitted to a program, but a user attempts to admit them again, an error will now appear to let them know that this action is not allowed and inform the user of the program that the patient is already enrolled in. While this did not fully address the issue of duplicate admissions, it should make an improvement on the frequency of occurrence while we continue to pursue the root cause of this issue. |
| Medical | |
| **Zubsolv: Split dose displays incorrectly preventing ability to dose** (S2K-2363) | Clinics prescribing Zubsolv will no longer see a rounding error that prevents them from entering split dose orders for a new regimen particular to this medication. This issue has been resolved so now split doses will accurately represent the strength prescribed from the doses available to that clinic. |
| **Amendment note not visible on orders to staff other than doctors** (S2K-175) | Amendments that are added to medical orders by doctors can now be viewed by any user from the patient inquiry module. The amendment is the second tab under the one labeled "Orders." Important to note that this screen is for viewing only and therefore amendments can not be edited here by any user. |

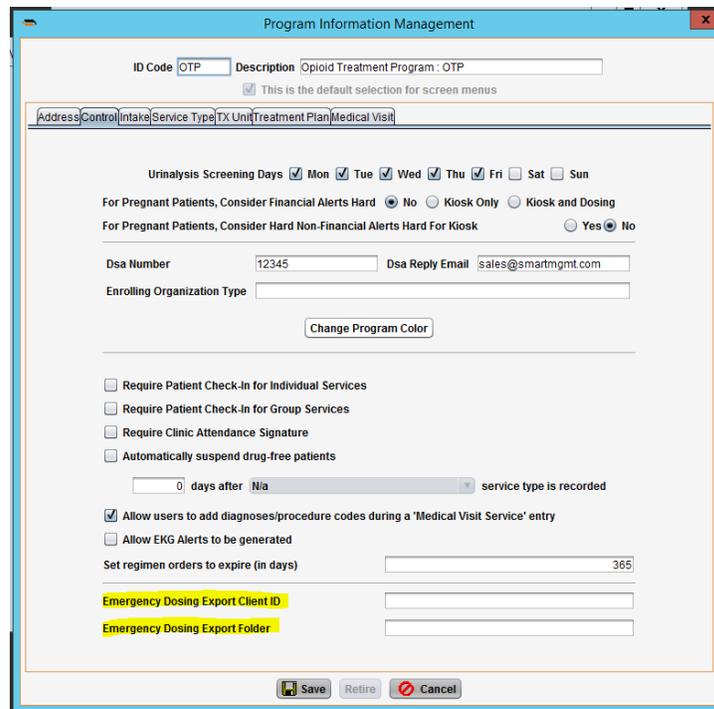| Reports | |
|---|---|
| **Dispensing log generates very slowly** (S2K-2103) | We have greatly improved the speed at which the dispensing log will generate in the software. Users that were used to waiting many minutes should now see this generated in less than a seconds. Variation will exist depending on the size of your database. |

| *Important Notes* |
|---|
| Updating from versions **prior to 4.4.14.0**, requires UA setting adjustments for Fentanyl. |
| Updating from versions **prior to 4.4.13.0**, may require signature pad configurations. |

Details on the above can be found in the respective release notes.   Contact your Partner Success Manager with any questions or for assistance.

# Version Aurora 4.4.22.0

## Enhancements

**Updates! Lighthouse Central Registry Emergency Dosing Critical Updates** (S2K-2305, S2K-2250)

*For clinics that are in states that leverage the Lighthouse Central Registries:* The daily emergency dosing output file will now generate on a program level to allow multiple daily dosing records to be created from within a single SMART database. This is primarily applicable for our multi-program sites however all users must now configure their file name in the Controls tab in program settings (under the Gears icon). See the screenshot below. Clinic administrators will need to know their location's site ID and the destination path for the file (these can be provided by your Lighthouse contact) and must take care to enter this using forward slashes in the destination name. For more information on that, you can watch a short overview video and review the user guide <u>here</u>.



In addition to that, updates have been implemented in SMART to support a revised specification from our central registry partner, Lighthouse. For partners using this feature, the export file will now include the patient's birthday and the clinic ID in the export table for improved matching of patient records when that data is uploaded to the central registry. These changes do mean that any patient with missing or inaccurate data in their birthday recorded in SMART will not properly synchronize with the central registry. Users will be made aware of these issues by their central registry error report and must resolve

them in order to ensure all patient emergency dose records can be exported from SMART and saved to the central registry.

**Improved! All column headings appear on several Aging Reports** (S2K-2279)

Further improvements to standardize the export format of several Aging Summary reports were implemented in this release. The reports listed below will now show all columns consistently when running the reports even if there is no value in a category. This improvement should help when merging reports across time frames to ensure column consistency. The reports impacted by this change are:

- Third Party: Open Claims by Svc Date: Aging Summary Totals
- Third Party: Open Claims by Trx Date: Aging Summary Totals
- Billing: Balance Due: Aged Patient Accounts by Svc Date (New Report)
- Billing: Balance Due: Aged Patient Accounts by Trx Date

**Important Update! For MA clinics - Last Needle Use answers in the Fact Sheet and Assessments have changed** (S2K-2306)

In preparation for MA DPH electronic data transfer, we have updated the Last Needle Use answers to include an option for "Never" by creating a new version of the fact sheet and assessment (FSU and ASU service types). For those with administrator knowledge, this change was made by pointing this question to the answers in the NeedleLastUse table. Previoulsy, this question used the LastUseCodes table in Lookup Table Management under gears.

# Resolved Issues

## Inventory

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|---|---|
| **Unable to delete a Surplus Dose** (S2K-2076) | Deleting a surplus dose was prohibited by character limits in the "reason" field the user fills out when performing the deletion. We have improved and expanded that field to allow enough space for explanations up to 255 characters in length in both the reasons to add and reasons to delete the dose. |

## Medical

| | |
|---|---|
| For Dr. First users: **"Processing, Please Wait" dialog box does not close after clicking "Refresh" from Dr. First button** (S2K-2254) | Allergies will now refresh in SMART after being entered in Dr. First without a log-off required. It is important that Dr. First authorized users enter allergies in that platform so that the full cross-allergy interaction checks can be performed efficiently. Prior to this fix, refreshing those allergies so they accurately reflect in SMART sometimes caused a "Processing" dialog to show that did not resolve on its own. We have resolved that issue so that allergies are now reflected in SMART's "Allergies" tab from the profile screen seamlessly with no dialog box stalling. |

## Reports

| | |
|---|---|
| **"Takehome Doses to be Prepared" report is not properly date sorted** (S2K-142) | From the Inventory Management screen, the Takehome Doses to be Prepared report will now show doses by patient and medication type sorted by date. |
| **Totals not accurately reporting on some Aging reports by Transaction Date** (S2K-2245) | In certain cases, the aging summary report totals were not consistently represented across reports. We have resolved this problem so that aging totals for carriers by transaction dates should now match (keeping in mind that not all reports reflect payments and credits in the total). The following reports will now match at the carrier and grand total level for aging categories defined:<br><br>• Third Party: Open Claims by Trx Date: Aged Open Claims Detail Report |

| | |
|---|---|
| | • Third Party: Open Claims by Trx Date: Aged Open Claims Summary Report<br><br>Third Party: Open Claims by Trx Date: Aging Summary Totals |
| **Quantitative Services Review showing null results** (S2K-2286) | The Quantitative Services Review would occasionally show a NULL result in the percent complete column under specific circumstances. We have resolved these issues to ensure that when no services have been completed the report now shows 0% rather than a NULL value in this column. |

# Version Aurora 4.4.21.0

## Enhancements

**Improved! Expanded Aging categories on Patient and Third Party Summary Totals** (S2K-2224, S2K-2225, S2K-2236, S2K-2249)

We have expanded the aging buckets that report out on the headings of several of SMARTs reports to view aged accounts past 120 days. These reports will now reflect aging categories out to a full year and lump any accounts beyond a year in the 365+ Days category. We've applied this to the following SMART reports:

- Third Party: Open Claims by Svc Date: Aging Summary Totals
- Third Party: Open Claims by Trx Date: Aging Summary Totals
- Billing: Balance Due: Aged Patient Accounts by Trx Date
- Billing: Balance Due: Aged Patient Accounts by Svc Date

The Aged Patient Accounts by Svc Date report is a new report that mimics its cohort but anchors the data based on the service date.

The new column headings are shown below:

| Current | 31-60 Days | 61-90 Days | 91-120 Days | 121-150 Days | 151-180 Days | 181-270 Days | 271-365 Days | Over 365 Days | Unapplied Credits | Unapplied Payments | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

**New! Clinic administrators can now have more control over city, state and zip code combinations allowable in their data** (S2K-2269)

SMART generally adopts the standard zip code listing from the United States Postal Service and defaults the zip code relationship to the city, state and county to whatever the primary for that code is per the USPS. Sometimes, local zip codes change or have more specific city and county relationships that are known and accepted by mail carriers. Clinics can now control which of these is allowed in their data with the zip code information management feature. Users can still enter any combination to a patient record but if that combination is not recognized by the software they will get an error message and will be prompted to consider adding that as a formally accepted combination by this new feature. This will prevent future errors from showing when entering patient data for that city, state, zip code and county.



**Improved!  Support for check numbers (TRN02 EDI segment) up to 50 characters in length** (S2K-843)

SMART has expanded the allowable number of characters in the Reference Identification number field in our software to match the maximum specified in the EDI standard for this field (TRN02). Users can now successfully store up to 50 characters in this field in SMART for any returned check number without suffering performance issues. This change resolves an issues some partners have experienced when filtering on the Ref ID and finding that the SMART application will freeze. With this change, we have also updated several report formats to allow for displaying the full 50 characters in this field.

During this change in the software, we were also able to resolve issues previously observed when trying to capture long-character length bottle numbers within inventory management.   Users should expect to see improvements in this area as well.

**New! Doctors and nurses can now save incomplete blood test results from the lab** (S2K-2187)

When blood test results are returned automatically from the lab, SMART populates those results in the patients records and requires a doctor, nurse or other authorized user to save those complete. We now allow that action even when not all results have been returned. Clinics should be careful to train their staff to review the results and not save any that are still pending; but this gives staff members the control to close out orders in a more time efficient way when they are not expecting further results to post. Upon attempting to save a test result that is not

complete, the user will get a warning before they can proceed to help ensure the quality of work remains high.

**Updated! Update MA DPH to coincide with state requirements** (S2K-2171)

*For clinics in Massachusetts only:* An update to the state specification now requires that patient insurance information be sent to the state of Massachusetts with every enrollment and update message type. We made the necessary changes in SMART to support that our outbound transmission of information now includes the patient's insurance for any clinic planning to deploy our MA DPH electronic messaging feature. This feature is ready for pilot testing; please reach out to your PSM if you are interested in learning more about utilizing this time-saving feature for your clinic.

# Resolved Issues

## Administration

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|---|---|
| **Program keeps reappearing after being retired** (S2K-249) | We have resolved a problem where retired programs came back during the Start of Day Process. |
| **Channel status screen for SMARTBridge is incorrectly reflecting the number of errors that need to be resolved** (S2K-1829) | When managing UA errors on the SMARTBridge website, the amount of Unresolved Errors did not always match the errors listed when Manage Errors was clicked. We have resolved an issue that was causing this so UA error counts will be displayed accurately. This is a helpful tool to allow clinics to resolve UA error issues with their labs now that the data is presented consistently. |

## Billing

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|---|---|
| **Billing Edit List and Non-Billable Edit list are not including 'reasonnotbilled'** (S2K-2230) | The Billing Edit List and Non-Billable Edit List now show services that will not bill with a reason !Unable to render embedded object: File (Transaction Amount Nets Zero) not found.!. This reason will alert the billing staff to potential configuration problems that should be addressed. Once the configuration problems are addressed, the billing staff should prepare the billing again and the edit lists reviewed to ensure all services are billable prior to posting the billing. |
| **Unable to create a valid claim file** (S2K-2239) | An error box will now alert the billing staff to coverage issues that will prevent the claim file from completing. The user should correct the |

| | coverage issue or deselect the identified patient in order to create a valid claim file. |
|---|---|
| **Account History displays only 30 days when it should show 90 days** (S2K-2219) | When viewing a patient's account history from the Patient Inquiry Screen, if you choose the radio button next to the "90 days" you will now see a full 90 days of history for this patient. Previously there were examples that would only provide 30 days visibility. |
| **Detailed Account Activity Tracer and Detailed Account Activity Listing ending balance is not correct** (S2K-2260) | We have resolved an issue with the Detailed Activity Tracer where the Ending Balance was not displaying. The Ending balance for the Detailed Activity Tracer now displays the sum amount of all self-pay transactions that are within the date range of the report and beginning running balance. |

## Clinical

| | |
|---|---|
| **Unable to capture required signatures on Treatment Plans when the patient is discharged before all signatures are captured** (S2K-407) | When a patient was discharged before all signatures were captured on Treatment Plans, the Treatment Plan no longer was available on the Signature Pending Tab. This has been resolved by adding a checkbox selection to include discharged patients. |
| **Signatures should be enabled after the form is saved complete** (S2K-2188) | An issue was discovered that allowed clinic staff and patients to sign documents before they were saved complete.  This resulted in signature invalidation when the form was actually finished and saved complete.   We have improved the workflow such that forms must be saved complete prior to the signatures being enabled to avoid unnecessary duplicate signing.   The fix for this issue has resolved the following additional tickets:  S2K-252 and S2K-2185. |
| **User unable to edit Treatment Plans that are marked Yes for completed from the Unapproved Treatment Plan tab** (S2K-510) | We have resolved an issue where the Unapproved TP tab Edit Button was not available even when the user setting was set with the appropriate user privileges of Approve Treatment Plan and Can Override Caseload Security. |
| **Issue generating next Treatment Plan when Last Complete Date setting is used to generate** (S2K-1747) | For customers who are not using the configuration to "Mark Tx Plans Done When All Signatures are Captured" (its unchecked) and DO use schedule plans based on the Last Completed Date we have resolved a problem that was preventing the software from scheduling the next treatment plan in the patients' case history. These services will now generate based on the last completed date. |

| | |
|---|---|
| **Users unable to save diagnosis code to Case History if duplicate primary keys exist for the code** (S2K-2243) | We have resolved an error that was being created in the user logs which stemmed from old diagnosis codes being linked to the same actual diagnosis but entered with an upper or lower case. This inadvertently would cause occasional conflicts if the software was expecting an upper case code to be associated with it. This issue was important for data integrity but largely transparent to the user. |
| **Unable to open MTQAS for discharged patients** (S2K-2264) | We have modified the setup of discharge codes to not allow edits that will de-stabilize access to discharged patient records. |
| **Fact sheet stuck due to date invalidation error** (S2K-2266) | A user experienced an error in the fact sheet that led to SMART freezing; the root cause identified showed that they had entered a text string into the fact sheet date field; causing a disruptive back end error. This has been resolved with a software fix that will now prevent the user from entering anything other than a date field into the fact sheet. |

## Labs and Alerts

| | |
|---|---|
| **Multiple Alerts for Positive UA's when confirmatory results post** (S2K-603) | For confirmatory results, we have resolved an issue that was generating excessive alerts for positive UA results after modifying the original result using the "Edit/Correct UA History" feature in settings or when such results were automatically updated from the lab result. This problem only occurred when the "Retain original results, display most recent" setting was turned on for confirmatory UA results (under the Controls 5 tab in Clinic Settings). |

## Medical

| | |
|---|---|
| **Dr. First (Rcopia 4) generating failure-to-save messages in user logs** (S2K-2233, S2K-1557) | Several improvements were made to the way that SMART is handling error logging for Dr. First patient records. These improvements included recording responses from the Dr. First system more comprehensively which will aid in our ability to trouble shoot future potential problems. These changes are transparent to the user but will help SMART support our partners by directing more specific troubleshooting steps when issues with patient medications and prescriptions arise. |

## Reports

| | |
|---|---|
| For NY Customers:  **PAS-45N form is missing sections when printed**  (S2K-2162) | The PAS45-N form now properly shows the Trauma section on the printed version. |
| For NY Customers: **PAS-45N form printing incorrect answers in the Trauma section** (S2K-2220) | An issue was resolved that led to some answers on the printed version of the PAS-45N form to show incorrectly mapped answers to questions.   All answers print accurately with this release. |
| For NY Customers: **PAS 44 Generating Redundant Pages** (S2K-163) | An intermittent issue would sometimes cause the PAS 44 form to print multiple pages redundantly. An issue with the software was identified as the trigger for this duplication and resolved. PAS 44 will now print only the necessary number of pages with no duplication. |
| For NY Customers: **PAS 48 Printer Dialog Box shows up behind report** (S2K-170) | When a user tried to print the Monthly PRU Service (PAS-48N) from the Management section of the Reports module in SMART, the print dialog box was not appearing as it was hidden behind the report screen. This has been resolved so that the user can more intuitively see the print dialog and choose to print their report. |
| **Dosing Summary by Carrier report Total Column does not show full result** (S2K-2272) | We have resolved an issue with the Dosing Summary by Carrier Report where some of the columns were not wide enough to display the calculated results. |

## Other

| | |
|---|---|
| **Channel status screen for SMARTBridge is incorrectly reflecting the number of errors that need to be resolved** (S2K-1829) | When managing UA errors on the SMARTBridge website, the amount of Unresolved Errors did not always match the errors listed when Manage Errors was clicked. We have resolved an issue that was causing this so UA error counts will be displayed accurately. This is a helpful tool to allow clinics to resolve UA error issues with their labs now that the data is presented consistently. |

# Release Notes
# Version Aurora 4.4.19.0

## Enhancements

**New!  Central Registry (Lighthouse) Emergency Dosing File Upload** (S2K-2011)

For users in states that leverage the Lighthouse Central Registry, we are pleased to inform you that we can now automate the delivery of your clinic's emergency dosing file.   The central registry serves several purposes for your state's management and successful treatment of methadone patients; one is to ensure no dual enrollment will put them at risk and the other is to better prepare for emergency situations.  To comply, clinics are required to upload a weekly snapshot of their full patient census' dosing schedules for the coming week.   SMART is happy to announce that we can make this easier on clinic administrative staff by automating the creation and delivery of that file to your state's central registry.  With this feature enabled, clinics will automatically generate the file (with no intervention required by the user) and SMART will save it to the corresponding secure server at Lighthouse.   You will then see a 13-day forward looking dosing plan for every patient in your clinic that has a Central Registry ID saved to SMART by logging into your registry.  For more detailed information on managing this, please see the Lighthouse Emergency Dosing File Upload user guide on our Support Portal.

Please note:

- States currently included in this central registry system include:  Alabama, Florida, Georgia, Idaho, Kentucky, Mississippi, New York, North Carolina, Ohio, Tennessee, Utah, and Wisconsin.
- To leverage this feature, the patient must have a Central Registry ID saved in SMART that matches the ID in your state's registry.  SMART can help set this up initially and newly admitted patients can easily be added as you verify their dual enrollment status.  See our release notes for Version 4.4.18.0 or the user guide for more information.
- This feature will require a data channel agreement; please reach out to your Partner Success Manager to learn more and ensure your clinic is set up correctly to leverage this feature.

## Resolved Issues

### Dosing

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|---|---|
| **Signature pad disconnecting during slow internet connection times in dosing** (S2K-2154) | In clinics with slow internet connections (latency greater than 50 ms), an issue has been resolved that resulted in signature pads disconnecting sporadically during the process of dosing patients. The disconnections were not uniform and would often happen during random times of internet slowness. A configuration setting was added that allows for more graceful handling when internet connection times are slow.<br><br>*Note:* Users may still see the issue when a patient signs for a dose but then the nurse hits "Cancel" on the signature and then chooses "Abort". In this scenario, the nurse must log off of SMART and log back in to allow the dosing and signing process to continue smoothly. |

## Dosing

| | |
|---|---|
| **Sales Journal Summary with Period Information does not match Sales Journal Summary of the same date range**  (S2K-2169) | Credits which were not partially or fully applied were being inconsistently recognized in the Sales Journal Summary and the Sales Journal Summary with Period Information reports.   This has been resolved to consistently represent credits such that the reports pull information from the same source and will match. |
| **Incorrect patient claims showing on the Resubmit Denied and Voided Claims Grid**  (S2K-2180) | Resubmit Denied and Voided Claims grid will no longer show duplicate claims. |

# Release Notes

## Version Aurora 4.4.18.0

## Enhancements

**New!  Dr. First Upgrade** (S2K-1657)

Dr. First users must read!   If your clinic participates in our e-prescribe service through Dr. First, it is essential that you upgrade to this version as soon as possible.   Dr. First has updated their interface to Rcopia4 including several nice enhancements and will be retiring their old interface as of December 31 of this year.  Failure to update before then will mean that you no longer can leverage Dr. First.

Upgrading will including improvements to:

- The interface and design - easier navigation through a single view of all things related to the patient on the main screen
- Patient demographics made in SMART will now automatically synchronize to Dr. First
- Patient allergies can be cross referenced to Dr. First's drug database for leveraging full cross-allergy interaction alerts
- Prescription status in SMART is now auto-linked to a full view of any pending and active prescriptions in Dr. First
- Single sign-on allowing users to avoid multiple log-in screens once authenticated by Dr. First from SMART

For more information on these improvements and links to the updated Dr. First documentation, please see our Rcopia4 update notes here.

**New!  Central Registry Users can now enter their Central Registry IDs in SMART** (S2K-2052)

A new field has been added to the Patient Information Management screen that allows clinics that are in states leveraging a central registry to store their Central Registry ID (CRID) in this unique field.   Clinics with Lighthouse-provided central registries are strongly urged to leverage this field in preparation for an upcoming release of compatibility with the Emergency Dosing file upload feature.   Please contact your Partner Success Manager for more information on the timing of this feature and to arrange for an initiation data sync to allow the Registry ID field in SMART to be populated with any patients that are currently in the registry.   After this initial data synchronization, Clinics will be responsible to keep this field updated after their patients'

Lighthouse enrollment by manually entering the CRID in this field.



**New!  Custom Regimen Order Expiration Setting** (S2K-1921)

A new setting is available to allow clinics to customize the standard time (in days) for the regimen order to be valid. This setting will default to one year but can be set to any number of days that the clinic or state requires.

This setting is available from SMART settings (gears icon). To access it:

- Select Settings from the upper left corner
- In programs, click the Edit/Retire/Delete button

- Choose the "Control" tab and the setting will be on the very bottom of this screen
- Edit the field to the number of days you want regimen orders to expire within (by default) then click "Save"



**Improved! Reversing Account History will show cash adjustments but will not reverse them** (S2K-2040)

To ensure financial reporting is correct, users will no longer be able to reverse the application of Cash Adjustments. If a user attempts to "reverse all" from this screen, the transaction will proceed for anything that is not a cash adjustment and they will be prompted to correct the cash adjustments with an error to instruct them to enter a new payment to offset these. The error will show as:

**Just Added!  For clinics in Massachusetts only:  Setting for patient opt-in or out to sharing data with DPH** (S2K-2146)

For clinics taking advantage of our electronic enrollment, updates, and discharge into Massachusetts DPH, a setting has been added to the patient information screen that will opt a particular patient into or out of sharing their data with the state.  As this is managed by the clinic through patient consent, this setting must be marked as "yes" for the state to being receiving data about the patients in your clinic.   DPH data sharing is required for all OTPs and will be available soon as an automated service in SMART.

# Resolved Issues

## Clinical

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|---|---|
| **Duplicate suspensions are causing issues with reinstatement and dosing** (S2K-132) | Users will now be able to reinstate if a patient has more than one suspension. This will correct the suspension record. |
| **Search results return the same patient more than once when the patient has more than one tracker entry open** (S2K-2145) | Searching for a patient that has two open entries in the tracker returned duplicate search results. This has been resolved and the search will be limited to single results. |
| **Incorrect patient signatures inadvertently attaching to the wrong service** (S2K-1141) | In order to prevent clinical staff from entering notes for the incorrect client, the user will now be prompted to close all open case history service notes prior to opening for a different client. |
| **ASUs and FSUs are not saving information correctly when changes are made to the user interface** (S2K-1961) | An issue was resolved that resulted in data being deleted from certain fields when the user had already filled it out and chosen to "Finish Later" or "Save Complete" and then subsequently a data element on the FSU or ASU form was altered to a different type. This issue has been resolved so that data is preserved in any completed field regardless of modifications to the elements that are configured to be on the assessment or fact sheet. |
| **Duplicate listings on Services by Staff Detail Report** (S2K-2159) | Services by Staff Detail Report was incorrectly duplicating patient's service listing. There are no longer duplicates showing on this report. |
| **DSM4 displaying incorrect diagnosis for patients that have old diagnosis codes associated** (S2K-1405) | An issue was resolved that caused old and retired DSM4 codes to result in the wrong diagnosis to be entered on that tab in the patient's case history. |

## Billing

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|---|---|
| **Concurrent Medical Visits are billing when patients primary carrier is not configured to bill them during 3rd Party Billing** (S2K-97) | Medical visits will now pull correctly during the concurrent billing process. |
| **Patient Inquiry Screen - Account not ordered by sequence number** (S2K-1015) | Patient Inquiry Account Screen default view will be by sequence number which will accurately show reflect the sequence that transactions were entered. |
| **Transactions not duplicating in the account screen** (S2K-1019) | Patient Inquiry Account Screen will no longer show duplicate transactions. |

## Reports & Administration

| | |
|---|---|
| **Duplicate suspensions are causing issues with reinstatement and dosing** (S2K-132) | Users will now be able to reinstate if a patient has more than one suspension. This will correct the suspension record. |
| **Direct Services by Counselor displaying null values** (S2K-1966) | When no data is available, we now display zeros on the Direct Services by Counselor report instead of "null" in the duration and time columns. |

| | |
|---|---|
| **For New York Customers:  PAS 48 form was showing inaccurate group counseling counts**  (S2K-166) | The PAS 48 form now reflects the number of groups in the group counseling field rather than in previous versions where this count reflected the number of patients per group. The update maintains consistency with OASAS reporting standards. |
| **Alphabetical list by Medical Provider is showing UUID instead of medication description** (S2K-2157) | Alphabetical List by Medical Provider now correctly shows the medication description. |

# Release Notes
# Version Aurora 4.4.17.0

| *Important Notes* |
|---|
| Updating from versions **prior to 4.4.14.0**, requires UA setting adjustments for Fentanyl. |
| Updating from versions **prior to 4.4.13.0**, may require signature pad configurations. |

Details on the above can be found in the respective release notes.   Contact your Partner Success Manager with any questions or for assistance.

# Enhancements

**New!  MA DPH Electronic Enrollment & Compliance**

For clinics in Massachusetts, we have introduced the first phase of compliance with the new fully electronic enrollment and patient management message structure the state is requiring for all OTPs.  This project will be deployed in stages and therefore careful coordination is required with your PSM to leverage this feature but it will dramatically streamline clinic compliance steps through automatically transmitting required patient data through admission, maintenance and discharge to the state.  Reach out to your PSM to learn more!  (S2K-1095)

**New! Cash Adjustment Improvements**

In order to ensure accurate reporting of payments, credits will no longer be available to cash adjust on the patient and Third Party Billing Cash Adjustment screens.  (S2K-1017)

# Resolved Issues

## Dosing

| | |
|---|---|
| **From the Dosing Prime Screen, the default ordering of bottle numbers does not reflect a logical sequence** (S2K-1090) | The Dosing > Prime screen will now list inventory of liquid medication first by medication type, then by manufacturer, then by lot number and finally by bottle number.  This change will reduce the number of errors for users who accidentally selected the wrong bottle or lot. |

## Clinical

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|---|---|
| **Answers on print out of Discharge Summary appear blank even when provided in SMART** (S2K-241) | An issue has been resolved that was causing the print- out of the Discharge Summary to show a blank box instead of printing the answers that were provided in SMART. |
| **Printer calibration does not work causing UA labels to print mis-aligned with their sticker** (S2K-2014) | For certain printer models, an issue has been resolved that did not allow for proper calibration of the printer resulting in labels being mis-aligned. The calibration method now works robustly for the Advantage model LBD24-2043-012G. These have been in production since 2012. |
| **Clinical Users Unable to add General Note as Service to Case History** (S2K-2063) | An issue was fixed that prevented users from creating a general note as a service on a patient's case history when the patient was not admitted or discharged. SMART users can now create a general note regardless of the patient's status in SMART to better manage documentation for patients who are on the waiting list or have already been discharged. |
| **Unable to scroll down on ASU and FSU** (S2K-1873) | In certain screens of the FactSheet and ASU, the scroll bar would mistakenly disappear which did not allow the user to see the full set of questions and answers. This has been resolved such that the scroll bar is available on any window where the full screen is not view-able in a single pane. |
| **The Fact Sheet button should always be enabled unless there is an unfinished Assessment/ASU** (S2K-2051) | Resolved an issue that was causing the Fact Sheet (update or new) button to be disabled in the patient's Case History in conditions when it should be available to the user. The user can now create or update a fact sheet as long as there is no unfinished Assessment in the patient record. |

## Medical

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|---|---|
| **Retired Strength's Still Reflecting in Inventory Management** (S2K-2058) | Retired strengths will no longer show when receiving a shipment on the Medication Information Management screen. |
| **Users should be allowed to post a 0 mg medical order** (S2K-2097) | An issue was resolved that was preventing users from entering a zero dose order in the medical order. This was a capability previously allowed in SMART that had been removed in a past release. |
| **Nurses should be required to dose the dispensary dose first before dispensing the split take-home** (S2K-1099) | From the dosing screen, when a patient requires a split take home dose, the software will now force nurses to fill the dispensary dose first. If they attempt to do the split take home first, an error message will tell them to handle the dispensary and then move on to the take home second and they will return to the screen with the dispensary selected to avoid repeating this step again. |

## Billing

| | |
|---|---|
| **Users are unable to de-select the auto-transfer checkbox for SECONDARY PAYER** (S2K-2089) | On the patient's coverage profile, the auto-transfer checkbox will save correctly as checked or unchecked. |
| **Sales Journal Summary with Period Information Credits should not defer** (S2K-1161) | Sales Journal Summary with Period Information has been revised and will no longer report credits (adjustments) as deferred or realized. |
| **Incorrect data displayed in Reprint Adjustment Journal, Reprint Adjustment Journal in Date Range and Adjustment Journal in Date Range with Service Period Information** (S2K-1384) | Financial transactions are now accurately reported on the following adjustment journals: Reprint Adjustment Journal, Reprint Adjustment Journal in Date Range and Adjustment Journal with Service Period Information. |

## Reports & Administration

| | |
|---|---|
| **Patients Who Attended Services and Patients Who Did Not Attend Services are not reporting data correctly** (S2K-1002) | Three issues were resolved with the Patients Who Attended Services and Patients Who Did Not Attend Services reports:<br><br>1. These reports are only available if the Require Clinic Attendance Signature setting is checked in Program Information Management controls.<br>2. The report will now accurately reflect attendance at programs even when a service note on the patient record is not saved complete.<br>3. On the Patients Did Not Attend report, patients who have checked in but have not attended services will now show on the report. Previous behavior was not capturing any patient that had checked in even if they neglected to attend their scheduled service. |
| **Users are unable to edit Substance Usage in the lookup table management** (S2K-2057) | Resolved an error that was not allowing users to manage the Substance Usage table in their lookup table management.   Fields can now be added or retired from this table for when it is applied to the ASU or FSU services in SMART. |
| **Medication Inventory Detail report error log producing lot balance flags** (S2K-2032) | Medication Inventory Report will run without errors and will provide an accurate account of the inventory detail. |

| | |
|---|---|
| **NJ GEMS export not available in all New Jersey sites** (S2K-1328) | Several retired buttons were preventing the NJ GEMS export from being accessible in all sites.  We have streamlined this so that obsolete areas of the software are not impeding the export capability. |
| **Unable to retire fields that have a special character in the lookup table** (S2K-2123) | For lookup tables that utilize special characters (apostrophes are the most common), we have resolved an issue that prevented retiring these to create newly corrected ones. Retiring any lookup field entry that does not match the users needs is recommended to prevent signature loss on services that use that field and therefore this was a critical issue for partners. |

# Release Notes – Version Aurora 4.4.16.0

## Important Notes

- If updating from versions prior to 4.4.14.0, it is important to review the release notes regarding the UA setting adjustments required for the implementation of Fentanyl.
- If updating from versions prior to 4.4.13.0, it is important to review release notes instructions as signature pad configuration may be required with the update. Contact your Partner Success Manager for any questions.

## Enhancements

### New! Clinical Fields Added!

Two new fields have been added to SMART:

- Overdoses over the past 3 months has been added to the MTQAS periodic in SMART (S2K-2017).  This field will automatically appear on the MTQAS form.
- "Does the patient rent or own their house or apartment" has been added to the patient fact sheet (S2K-2008).  Partners who wish to utilize this field should add it to their fact sheet form.

Partners in Massachusetts should pay special attention to these fields as they will be required for compatibility with the new DPH standards.   This functionality is due out in a subsequent release but collecting this information now will help with the data quality that the state guidelines will expect.


### New Billing Features!

**Users now have the ability to enter a manual invoice for an insurance carrier with a countersigning provider for services rendered by a non-credentialed provider.** (S2K-1439)

To enable this feature, go to the Invoice Entry Screen and select:

1. Service Type
2. Rendering Provider – By Whom in Case History note
3. Countersigning Provider – Clinical Supervisor in Case History Note
4. Enter Service Start Date and Service End Date
5. Units

6. Select Carrier from drop-down.  Once the carrier is selected, the software will auto-populate:
    a. Procedure Code
    b. Modifier
    c. Charge Carrier (application will calculate the units by the UCR amount.)
    d. Expected payment (application will auto-populate)
7. Click "Save"

Once the invoice is saved, it is on the Produce New Claims Grid.

**Claims with active coverage record are red lined because the provider NPI does not exist** (S2K-604)

When manually invoicing services for carriers that require rendering provider NPI and the selected rendering provider does not have an NPI entered on the user settings, the non-billable claim will now show as green instead of red.

# Resolved Issues

## Clinical

**Verbal Order Doctor options not showing Nurse Practitioner on the list when the DoctorPostsFirstOrderFlag is off** (S2K-1726)

- An issue with the NP appearing in the Verbal Doctor Order options list has been resolved.  This issue appeared inconsistently and now presents the correct doctor names associated when entering a regimen, take home or incremental order.

**Random Urine Screening not showing patients who need to be screened due to Nurse-Forced Test initiation (NFT)** (S2K-1962)

- For random urine screening, patients with a pending NFT (Nurse Forced Test) will still get picked up for Random UA screening.

**Discharge Summary By Whom Dropdown Defaulting to Alphabetical for Generated Service** (S2K-733)

- When a user that completed the Discharge Summary is retired, the historical information will be retained when viewing and printing. Discharge Summary case history services that were started by a retired user and not completed will show the signed in user as the By Whom.

**Compliance Vital Signs are not functioning properly** (S2K-1529)

Several issues have been resolved with the Compliance Vital Signs report including:
- The report is now appropriately available through the Admin and Reports modules

- It now accurately compiles UA results for the selected program and respects the through date that is selected
- When the report is run for all programs, the urine testing results compiled are respecting all programs and the selected through dates

**Prepared Dose Details are not always recorded correctly for solid medications** (S2K-1853)

- For clinics that prepare take home doses in advance, there were some instances (for pills only), where a dose that was prepared recorded incorrectly on the Dose Inventory Detail Report. This has been resolved.

**Unfinished notes list printing for all programs when only one is selected** (S2K-1963)

- Clinical Reports: Unfinished Notes Report respects program selection when viewing and printing.

## Billing

**Claims are not populating correctly on the Reproduce Existing Claims Grid** (S2K-1925)

- New claims will populate correctly on the Reproduce Existing Claims Grid resolving an issue that was leading to more than one patient being included in one claim.

**Unable to apply patient payments to invoices created during the 835-payment transfer process** (S2K-408)

- Patient invoices that were transferred during the 835-payment process will now be assigned to the correct program.

**Payment posting (835) not matching on the check** (S2K-1754)

- When processing an 835 that contains 2 payments and a take-back for the same invoice, the software now correctly processed that paid amount

## Reports

**Incidents are duplicating on the Incident Report Listing** (S2K-1757)

- Incident report no longer shows the incident more than once.

**Quantitative Services Report takes a long time to generate** (S2K-2046)

- Performance has been improved when running the following reports Quantitative Services Review Report, Quantitative Summary Report, and Quantitative Services Review by Treatment Unit. The user will notice a significant improvement in speed when pulling up these reports.

## Other

**From Settings, in the Clinic Information Management Screen, the Dispensary Reports has Daily Alerts checkbox which is missing.** (S2K-2056)

- This issue caused the daily reports to automatically print even when set not to print.
- Both issues have been resolved so that the user can now check or uncheck the box and the report print behavior matches the settings.

**Holiday setting is not saving** (S2K-2059)

- In the Holiday Information Management screen, Holiday Setting 'Collections is closed on this holiday' now successfully saves the selected setting.

# Release Notes – Version Aurora 4.4.15.0

## Release Highlights

- **Update!** New York customers can now leverage updated PAS forms which align with all 2018 required fields.

## Important Notes

- Users updating from versions prior to 4.4.13.0 should be advised of the signature pad configuration issues that may result from their upgrade. See special instructions related to the 4.4.13.0 release for more information.

## Enhancements

### Updated PAS Forms for New York State

- PAS form 44 (Admission) was brought up to 2018 standards such that any form initiated in SMART with a date of October 1, 2018 or later will be compliant with New York state guidelines. Changes to this form included:
  - Modified selections for "Child of Alcoholic/Substance Abuser" to include:
    - Both COA and COSA to Both
    - COA to Child of Alcoholic
    - COSA to Child of Substance Abuser
- PAS form 45 was brought up to 2018 standards such that any form initiated in SMART with a date of October 1, 2018 or later will be in compliance with New York state guidelines. Changes to this form included:
  - Added the field for "Orientation to change" including responses of:
    - Ambivalent
    - Change Oriented
    - Planning Change
    - Active Early Recovery
    - Ongoing Recovery and Relapse Prevention
  - Added several responses to the "referral" category including:
    - Recovery Community and Outreach Center
    - Youth Clubhouse
    - Peer Advocate
    - Open Access Center
    - Family Support Navigator
    - Regional Addiction Resource Center

o   Removed "Discharged due to regulatory requirements (note: crisis programs)" from Discharge Disposition

# Resolved Issues

## Clinical

### Dose History date range did not reflect 90 days (S2K-1931)

- Within the Patient Inquiry screen, the dose history tab was showing inconsistent results when selecting to view the 90-day window.   The intention of this view is to see the patient dose history sixty days in the past from the current date, and 29 days in the future (today being day 1) for a total 90-day view.  This has been resolved so that it performs as intended.

### Patient Form Screen signatures incorrectly enabled when the form was saved as "finish later" (S2K-1855)

- Patient signatures were enabled when the Patient Form screen was saved as "finish later."   The patient signature should only be allowed when the form is "saved complete" so this issue was addressed and resolved to work properly.

### Prepared doses incorrectly subtracting from inventory (S2K-1634)

- Prepared doses are now excluded in the calculation on the Manage Medication Inventory Screen. As the inventory is moved to the prepared dose inventory, this screen and the summary report will not include that inventory. The Medication Inventory Summary report and the Manage Medication Inventory Screen will now match at the medication level.

## Billing

### Rendering Provider's NPI output is flawed in claim file (S2K-1922)

- Rendering provider's NPI and taxonomy did not output correctly in the 837-5010-P 2310B loop of the claim file.  When billing by rendering provider:

  1. The rendering provider's user setting needs to include an NPI and taxonomy code.
  2. On the General Tab of the Edit Carrier Detail, Separate Claims by Provider is selected. Dispensing Rendering provider should be selected, Medical Director will include the Medical Director's NPI and Taxonomy and Dispensing Nurse will include the dispensing nurse's NPI and taxonomy. For UA services, the rendering provider is the medical director.

**Carrier Configuration – ProviderID Required cannot be saved unchecked** (S2K-1737)
- On the Edit Carrier Detail General Tab, the Provider ID Required checkbox showed as checked regardless of what was saved in the data. The screen reflects the actual setting. This checkbox should only be used when the insurance carrier requires the rendering provider's secondary provider ID to be included in the Ref segment of the rendering provider loop in the 837-5010-P claim file. The secondary provider ID and qualifier are configured on the Provider Numbers tab on the user settings.

## Reports

**Roll Forward realized revenue not captured on unless within the date range** (S2K-1901)
- An issue has been corrected with the Roll Forward report where realized revenue and credits were not showing on the report unless there was a transaction for revenue or adjustments (credits) within the report date range.

**Amounts Collected report gathering incorrect data for large date ranges** (S2K-1955)
- An issue was resolved which prevented accurate payment data from being displayed in the Amount Collected report when the user selected a long-term date range such as a year. The report now generates accurate information.

## Other

**Label layout improvements to BLASTER label** (S2K-1872)
- For users of the BLASTER label: variations of this label were discovered to include too much information to fit on the label. Improvements were made to re-locate the barcode for certain label configurations to ensure that it can be scanned at the clinic or lab. For users who do not currently scan, provisions were made to ensure their text fields were legible and included on the printable area of the label.

**Dr. First Error log improvements** (S2K-1886)
- Excess error logs have been corrected in the Dr. First embedded application which will allow for more consistent and streamlined data to be displayed in the historical records within Dr. First. Users should notice improved run times and consistency when using the e-prescribe and other functions of Dr. First.

# Release Notes – Version Aurora 4.4.14.0

## Release Highlights

- New! Orlaam has been replaced with Fentanyl for Urine Toxicology
- New Report!   Billing departments can now view roll-forward balances for self-pay patients in an integrated report
- Various bug fixes

## Important Notes

- Users updating from versions prior to 4.4.13.0 should be advised of the signature pad configuration issues that may result from their upgrade.   See special instructions related to the 4.4.13.0 release for more information.

## Enhancements and Fixed Issues

**Orlaam has been replaced with Fentanyl for Urine Toxicology**

Orlaam drug for Urine Toxicology test results has been removed from the SMART Software. It has been replaced with Fentanyl for Urine Toxicology. Users will now be able to configure Fentanyl for one or more UA Panels, receive results in its own category on the UA Panel, and have reports that reflect the data.

Please note: It is recommended to watch the overall UA test results closely after the software update when confirmatory results are posting. Fentanyl test results are returned.

**Following are some key points:**

- Orlaam has been replaced with Fentanyl for Urine Toxicology in SMART software.
- UI and legends on the U/A tab and reports have been updated to display Fentanyl in SMART Software.
- If the patients in the past had Orlaam test results, those historical drug test results for Orlaam will still exist in SMART Software under column 10 on UA Tab in Patient Inquiry.
- Historical UA drug test results for Fentanyl will remain in the Other column
- Following the software update to 4.4.14.0 (and drug mapping update for SMARTBridge), Fentanyl test results will be in Column 10
- If an over result remains positive due to prior fentanyl result in column 16 as positive, even though the confirmatory for fentanyl result is negative, System administrator can go to Edit/Correct UA History to edit the latest row to remove

the Fentanyl drug test from column 16, so that the overall test result is displayed accurately.

Example:



| | Seq. # | ID | U/A Panel | Requested | Specimen Given | Observed | Posted | By | Updated | By | Program | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | Result |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 29577 | RMO | Standard | 2/19/19 10.. | 2/19/19 10:50:22 | No | 2/23/19 .. | UALAB | 2/23/19 .. | UALAB | ETC | + | - | - | - | - | - | - | - | - | | + | - | - | | | | Pos |
| ▼ | 28055 | RMO | Standard | 1/16/19 06.. | 1/16/19 06:58:05 | No | 1/18/19 .. | shorne | 1/18/19 .. | UALAB | ETC | + | - | - | - | - | - | - | - | - | | + | - | - | | | | Pos |
| | 27901 | | | | | | 1/16/19 .. | shorne | | | | | | | | | | | | | | | | | | | | WR |

- **Reports:**
  - Initially the reports will reflect data for Fentanyl under Other column but eventually as data builds for Fentanyl under column 10, the reports will be more useful for the users.
  - After the software update 4.4.14.0, following reports will display data for Fentanyl in its own category in column 10.
    - Negative Results Posted Report
    - Patient UA Result Posted Report
    - Positive Drug by Type Report
    - Positive Results Posted by Medical Provider
    - Positive Results Posted Report
    - Substance Summary
  - Following picture displays the Legend on the reports:

*Legend:*

| 1:Methadone | 2:Amphetamines | 3: Barbiturates | 4:Opiates | 5:Benzodiazepines | 6:Alcohol | 7:Cocaine | 8:Cannabis |
|---|---|---|---|---|---|---|---|
| 9:Propoxyphene | 10:Fentanyl | 11:Metabolites | 12:Creatinine | 13:Oxycodone | 14:PCP | 15:Suboxone | 16:Other |

**\*\* RESULT DETAILS -- ENTIRE CENSUS \*\***

**Treatment Center**

| ID # | Name | Request Date | Specimen Date | Result Date | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8237 | | 02/21/19 | 02/21/19 | 02/26/19 | Result: | + | . | . | . | . | . | . | . | . | + | . | . | | | | |
| | | | | | Rx: | Y | N | N | N | N | N | N | N | N | Y | N | N | N | N | | |
| | 2 negative results posted for | | | | | | | | | | | | | | | | | | | | |
| 5321 | | 01/07/19 | 01/07/19 | 01/10/19 | Result: | + | . | . | . | . | . | . | . | . | + | . | . | | | | |
| | | | | | Rx: | Y | N | N | N | N | N | N | N | N | Y | N | N | N | N | | |
| 5321 | | 02/04/19 | 02/04/19 | 02/06/19 | Result: | + | . | . | . | . | . | . | . | . | + | . | . | | | | |
| | | | | | Rx: | Y | N | N | N | N | N | N | N | N | Y | N | N | N | N | | |
| | 2 negative results posted for | | | | | | | | | | | | | | | | | | | | |
| 5331 | | 01/14/19 | 01/14/19 | 01/17/19 | Result: | + | . | . | . | . | . | . | . | . | + | . | . | | | | |
| | | | | | Rx: | Y | N | N | N | N | N | N | N | N | Y | N | N | N | N | | |
| 5331 | | 02/11/19 | 02/11/19 | 02/13/19 | Result: | + | . | . | . | . | . | . | . | . | + | . | . | | | | |
| | | | | | Rx: | Y | N | N | N | N | N | N | N | N | Y | N | N | N | N | | |
| | 2 negative results posted for | | | | | | | | | | | | | | | | | | | | |
| 5344 | | 02/04/19 | 02/04/19 | 02/06/19 | Result: | + | . | . | . | . | . | . | . | . | + | . | . | | | | |
| | | | | | Rx: | Y | N | N | P | N | N | N | N | N | Y | N | N | N | N | | |
| | 1 negative results posted for | | | | | | | | | | | | | | | | | | | | |
| 5364 | | 01/29/19 | 01/29/19 | 01/31/19 | Result: | + | . | . | . | . | . | . | . | . | + | . | . | | | | |
| | | | | | Rx: | Y | N | N | N | N | N | N | N | N | Y | N | N | N | N | | |
| 5364 | | 02/11/19 | 02/11/19 | 02/13/19 | Result: | + | . | . | . | . | . | . | . | . | + | . | . | | | | |
| | | | | | Rx: | Y | N | N | N | N | N | N | N | N | Y | N | N | N | N | | |
| | 2 negative results posted for | | | | | | | | | | | | | | | | | | | | |
| 232 | | 02/07/19 | 02/07/19 | 02/12/19 | Result: | + | . | . | . | . | . | . | . | . | + | . | . | | | | |
| | | | | | Rx: | Y | N | N | N | N | N | N | N | N | Y | N | N | N | N | | |
| | 1 negative results posted for | | | | | | | | | | | | | | | | | | | | |
| 5382 | | 01/16/19 | 01/16/19 | 01/18/19 | Result: | + | . | . | . | . | . | . | . | . | + | . | . | | | | |
| | | | | | Rx: | Y | N | N | N | N | N | N | N | N | Y | N | N | N | N | | |
| 5382 | | 02/06/19 | 02/06/19 | 02/08/19 | Result: | + | . | . | . | . | . | . | . | . | + | . | . | | | | |
| | | | | | Rx: | Y | N | N | N | N | N | N | N | N | Y | N | N | N | N | | |
| | 2 negative results posted for | | | | | | | | | | | | | | | | | | | | |
| | 478 negative results posted | | | | | | | | | | | | | | | | | | | | |

Legend:

| 1:Methadone | 2:Amphetamines | 3: Barbiturates | 4:Opiates | 5:Benzodiazepines | 6:Alcohol | 7:Cocaine | 8:Cannabis |
|---|---|---|---|---|---|---|---|
| 9:Propoxyphene | 10:Fentanyl | 11:Metabolites | 12:Creatinine | 13:Oxycodone | 14:PCP | 15:Suboxone | 16:Other |

**Ensure the following steps have been taken to ensure Fentanyl drug is tested and drug test results are posted accurately:**

- Ensure the System Administrator for each database has configured the U/A Panel in Administration (Gears) module for Fentanyl. This setting is in Admin module > Settings > Other Tab > U/A Panel Information Management.
- Fentanyl can be added to an existing panel or a new panel can be created with Fentanyl in it. Ensure the lab test codes are correct and match what the respective laboratories has provided to identify what drugs will be tested in the panel.



- The following screenshot displays historical result with Fentanyl being added to the existing panel. The prior test results will have Fentanyl in it with radio button selected but no results for it.

- **Non-present yet prescribed yields to positive setting:** Ensure the system administrator has configured the 'Non-present yet prescribed yields to positive' setting if it is needed for Fentanyl for your clinic or database.
    - This setting checks if the drug as 'yes' should yield a positive result if they are not present in the specimen but are prescribed to the patient.
    - This setting is in Admin module > Clinic Settings > Controls 5 Tab.

- Fentanyl can be configured as a U/A drug that can be prescribed:
- This setting is in Gears > Other Tab > U/A Drugs > Add New



- User can add Fentanyl as a prescribed U/A drug:
  - It's located in Tx > Find a patient > Select a patient > Profile button > Scripts Tab > Add New.

- U/A Tab: UA Tab on Patient Inquiry will now reflect Fentanyl test results in its own category – column 10.
    - Following screenshot displays the updated legend on the UA tab.



**New Financial Report!**

**Roll Forward balances available in a report for Self-Pay patients**

- The roll-forward summary report for self-pay rolls the accounts receivable balance from the prior period (Beginning AR) adds the sales, credits, payments, cash adjustments and bad debt which results in the current period accounts receivable balances (Ending AR) and Ending AR Credit Balance.
- Who will benefit from using this report?
    - Finance departments
    - Accountants
    - Auditors
- What are the benefits of using this report?
    - The Roll forward Summary for Self-Pay Report can be used in addition to or replacing other financial reports including:
        - Balance Due Summary
        - Sales Journal Summary with Period Information
        - Sales Journal Summary and Receipts Journal Summary by Carrier
            - Note: The Receipts Journal by Carrier includes self-pay.
- How to run the report?
    - The report is found in the Reports Menu > Management > Roll Forward Summary Self-pay
    - Select a From and Thru Date for the desired reporting period
    - Select program: the report can be run by a single selected program, multiple selections or all programs
    - Then click Generate Report

# Resolved Issues

**Periodic Dosing Summary Limiting Medication Names** (S2K-1856)

- On the Periodic Dosing Summary, medication names greater than thirty-five characters in length would previously not display properly.   Changes were made so that the software will now wrap medication names up to 100 characters in length.  Medication names with more than 100 characters should be shortened in order to display properly.

**Unable to save MTQAS Periodic in Massachusetts** (S2K-444)

- The Employment Reason Field on MTQAS is no longer grayed out.  The field can now be used and saved.

**Discharge Summaries are not printing for customers in Massachusetts** (S2K-1858)

- Partners affected are only those that are licensed for MA DPH.   This issue has been resolved such that discharge summaries can now print.

## Quantitative Services Review could not run for partners in New York (S2K-1697)

- Several reports have been resolved so that they can now run for New York partners. The following reports now run and can be displayed properly:
    - Quantitative Services Review - New York
    - Quantitative Services Review by Provider - New York
    - OASAS Units of Service Detail
    - OASAS Units of Service Program Summary
    - OASAS Unit of Service Provider Summary

## 271 Eligibility response file generates errors and times out (S2K-1640, S2K-107)

- An issue was discovered that did not allow the application to match on the patient's social security number which resulted in the 271 Eligibility response to error and eventually time out.   This issue has been corrected so that the 271 can process.

## Duplicate Invoices on the Apply Payment or Credit Screen (S2K-607)

- An issue was identified and corrected where the apply payment and credit grids were showing duplicate invoices.

## Roll Forward (Self Pay and Third-Party versions) now include services that do not have service dates entered (S2K-1874)

- An issue with the Roll Forward Self Pay and Third-Party reports was identified where sales and credits that were entered without a start and/or end date were not included in the report calculations.
- The report now includes all realized and deferred revenue and credits that have service date ranges within the report parameters regardless of the transaction date.
    - Sales and Credits that do not have a service start and/or end date.
    - When there is no service start or end date, the transaction date will be used.
    - When there is a service start date and no service end date, the service start date will be used for the service end date.

## Roll Forward (Third Party Report) not accurately accounting for partial sales and credits due to transaction date (S2K-1854)

- An issue with the Roll Forward Self Pay and Third-Party reports was identified where all realized and/or deferred revenue and credits were not always included in the summary calculation when the transaction dates were outside of the report parameters.
- The report now includes all realized and deferred revenue and credits that have service date ranges within the report parameters regardless of the transaction date.

**Active Patients Reports listing different total Active Patient Amounts** (S2K-1871)

- The Alphabetical Listing by Level of Care was not including patients that did not have an initial Level of Care History, leading to inaccuracies in the total active patient amounts. This report now includes patients without an initial Level of Care History and will display them on the report.

**Positive Results by Medical Provider Report does not generate when run for all programs** (S2K-1870)

- The Positive Results Posted by Medical Provider Report now runs for all programs

**Positive Results Posted by Medical Provider can mistakenly include negative patient results (**S2K-1869)

- The Positive Results Posted by Medical Provider now only shows patients with positive results

# Release Notes – Version Aurora 4.4.13.0

## Release Highlights

- New report! Billing departments can now view roll-forward balances for third party carriers in an integrated report.
- Many improvements were made to the handling of structural communication in the SMART platform to yield more efficient process execution for users.
- Enhanced application security by updating to a more current version of Java
- Improvements to the handling of disconnected signature pads
- Various bug fixes

## Enhancements and Fixed Issues

## New! Roll Forward Summary Third Party Report

The roll-forward summary report for third party rolls the accounts receivable balance from the prior period (Beginning AR) adds the sales, credits, payments, cash adjustments and bad debt which results in the current period accounts receivable balance (Ending AR).

**Who will benefit from using this report?** Finance departments accountants and auditors.

**What are the benefits of using this report?** The Roll forward Summary for Third Party Report can be used in addition to or replacing other financial reports: Aging Summary Totals by Transaction Date, Sales Journal Summary with Period Information or Sales Journal Summary and Receipts Journal Summary by Carrier

**How to run the report?**

1. The report is found in the Reports Menu > Management > Roll Forward Summary Third Party
2. From and Thru Date for the desired reporting period.
3. Select program: the report can be run by a single selected program, multiple selections or all programs.
4. Generate Report

**Report Definitions**

- **Payer:** This column displays the carrier name
- **Type:** This column displays the Carrier Type
- **Beginning Accounts Receivable Balance (A/R):** This column displays the accounts receivable balance.
    - This amount is calculated total of all transactions as of the day before the From Date.
- **Sales:** Sales column includes the sum total of invoices with a transaction date in the current reporting period.
    - Realized revenue, deferred in previous month/s, are included in Sales when realized within the reporting period.
        - Realized revenue is defined as invoices with a transaction date prior to the current report period and with service dates within the current reporting period.
        - Realized revenue is calculated: Amount divided by total number of days in service date range multiplied by the number of days in the current reporting period.
    - Deferred sales are included in the Deferred column and will not be included in the Sales column.
    - Invoices to bad debt are included in the Uncollectible column and will not be not be included in the Sales column.
- **Adjustments to Sales (Credits):** Adjustment to Sales column includes the sum total of credits with a transaction date in the current reporting period.
    - All categories and subcategories are included except for:
        - Category Uncollectible and Sub-Category Bad Debt.

- **Payments:** Payments column includes sum total of payments with a transaction date in the current reporting period.
- **Cash Adjustments:** Cash Adjustments column includes all cash adjustments with a transaction date in the current reporting period.
- **Uncollectible:** Uncollectible column includes the sum total of invoices and credits with a Transaction Category of Uncollectible and Transaction Sub-Category of Bad Debt and a transaction date in the current reporting period.
- **Ending A/R:** This column displays the accounts receivable balance.
  - This amount is calculated total of all transactions as of the thru date (last day of current period).
- **Deferred:** Deferred column includes invoices and credits with a transaction date prior to the Thru Date of the current reporting period and service dates after the current reporting period.
    - Deferred revenue is calculated: Amount divided by total number of days in service date range multiplied by the number of days after the current reporting period.

# Billing

## Incorrect Rendering Provider During Concurrent Billing (S2K-1603)

**Description:** For clinics that are configured to use concurrent billing, the software does not respect the 'Separate Claims by Provider' setting for each of the Manual Carriers when the Automated Carrier is not set to 'Separate Claims by Provider'. This caused the claims to have incorrect information on them, including rendering provider.

**Solution:** This issue has been resolved. Now, when the clinic is configured to use Concurrent Billing, the software will respect the 'Separate Claims by Provider' setting for each carrier during the prepare billing process. The rendering provider's information should be displayed on the claims when the carrier is set to 'Separate Claims by Provider'.

# Clinical

## All UA's Generating as Standard (S2K-594)

**Description:** The U/A panel drop down on all the screens were defaulting to the 'Standard' Panel regardless of the panel configured on the patient's individual UA Status Tab in patient's Profile.

**Solution:** This issue has been resolved. Now the software will display the panel that the patient's individual UA status is set up as and not the standard panel in the U/A panel drop down field.

## Reports

### Balance Due Summary Report (S2K-1725)

**Description:**  Balance Due Summary Report was not showing the correct patient status as of the run date of the report.

**Solution:**  The Balance Due Summary Report correctly identifies the patient status as of the run date of the report. Additionally, the report shows future discharge dates for patients who were discharged after the run date of the report.

## Stability

### Connection Pooling (S2K-1678)

**Description:**  SMART's legacy platform architecture included a system that required discrete connections between the data base and the application to run tasks that the user was requesting of it. Managing these discrete connections has led to a slow-down in performance across various tasks as the connections take time and overhead from the system. We set out to reduce that overhead by pooling connections in such a way that users could gain from speed improvements across the application.

**Solution:** Improvements were made to the time SMART's operations take to process across a variety of tasks in the application including start of day, end of day and various billing tasks. Depending on a user's workflow, time savings will vary. Updates to the infrastructure of SMART are now allowing us to manage our internet connections across customer sites in a more controlled manner.

**Known Issue:** To accomplish the speed enhancements across the application, users will notice that the log-in window to access SMART will open slightly slower than prior releases. The slowness will be offset by various speed improvements throughout the rest of the day's operations.

### Signature Pads will be available after a disconnection (S2K-1704)

**Description:**  Signature pads can occasionally become disconnected within the clinic environment for accidental or intentional reasons. When this happens, SMART would crash and the user would have to log back in to resume work causing a delay in their daily tasks.

**Solution:**  We updated the drivers of the signature pad and improved other connection processes between SMART and the pad to improve the performance such that SMART will not crash during intentional or accidental disconnects.

**Workaround:**

Only if dosing pump is connected to COM1 and the Serial Signature Pad is connected to COM2

- On checking the Device Manager > Ports (COM & LPT):
- COM1 is connected to the Dosing Pump
- COM2 is connected to the Serial Signature Pad

On Smart2K, perform the following

- Click on Administration > Settings
- Click Edit against Clinic
- Click on Controls 4
- Click on Workstation Comm Settings

On the Input Signature Settings Dialog

- The Workstation is name of the Computer being used
- The Type is Topaz
- The Port Name is COM2
- Click Save:



- Log out of the application and log back in.


## Upgrade Java (S2K-1833)

**Description:**  This release includes work to upgrade to a more recent version of the JAVA library which runs our application. The update includes security enhancements for the latest protection against risks and also includes background bug fixes to the underlying JAVA operations.

**Solution:**  Code updates were implemented to align to an updated Java release. While this change is transparent to the user, the upgrade allowed SMART to leverage best-practice security for the application. It is a necessary action in our software maintenance strategy.

# Release Notes – Version Aurora 4.4.12.0

## Fixed Issues and Enhancements

### Reports

### S2K-387: Events Scheduled report shows Completed Event Status as Pending

**Description:** Partner reported that when the event has occurred, session has been recorded, and signatures have been captured, the event still showed as Pending on the Event Scheduled Report instead of being shown as Completed Event.

**Solution:** The issue was with the services that required counter signatures to be configured. Those services were not showing the correct status on the Event Scheduled report. This has been fixed. After the signatures were captured and it's marked saved complete, the service should appear as complete and not pending on the report.

### S2K-447: Solid Medication Breakdown on Periodic Dosing Summary, Totals Only Report

**Description:** The Periodic Dosing Summary, Totals Only Report has been enhanced. This report is used for monthly and DEA audits.

- For solid medication it will now provide the strength breakdown.
  - Medication Column now displays medication strength for all solid medications.
  - 'Unit(s)' column has been added to reflect the number of medication per each strength that has been dispensed.

**Example report before enhancement:**

## Example report after enhancement:



- During the development of this report, it was found that in rare and unusual cases, a discrepancy might exist between the total dosage dispensed and the units recorded.
- To account for these unusual circumstances, an "Unspecified" row was included in the report specification, but only to be shown if a discrepancy exists, as reflected in this example:

**Clinic Name**
**Periodic Dosing Summary, Totals Only**

| Medication | Unit(s) | # of Doses | Average Dose | Total mgs |
|---|---|---|---|---|
| **Inventory Location: Program Name** | | | | |
| **Buprenorphine** | | | | |
| 2mgs | 361 | | | 722.00 |
| 8mgs | 647 | | | 5,176.00 |
| Total | 1,008 | 414 | 14.25 | 5,898.00 |
| **BuprenorphineNalox** | | | | |
| 2mgs | 74 | | | 148.00 |
| 8mgs | 83 | | | 664.00 |
| Total | 157 | 66 | 12.30 | 812.00 |
| **Methadone Liquid** | | 1,337 | 74.93 | 100,179.00 |
| **Zubsolv** | | | | |
| 1.4mgs | 142 | | | 198.80 |
| 5.7mgs | 232 | | | 1,322.40 |
| Unspecified | | | | 0.10 |
| Total | 374 | 174 | 8.74 | 1,521.30 |

04/19/19 01:50 PM   from 03/01/19 thru 03/31/19   Page 1 of 1

In the example circumstance shown below, after the patient with a 2.8mg order for Zubsolv received their medication, their order was increased to 5.7mg starting that same day, which called for a 2.9mg supplemental dose.

The closest Zubsolv strength is a 2.8mg tablet, one of which was used to provide the patient with the additional medication. This caused the discrepancy shown here, which results in the "Unspecified" amount of 0.1mg:



**S2K-1000:** Add "Unspecified" row when medication strength is not specified on Dispensing Log and Dosing Summary by Type of Dose Report, to address circumstances as shown above.

## The following is the screenshot from Dispensing Log Report:

Following is an example from Dispensing Log Report with Unspecified Row.

| | |
|---|---|
| TOTAL FOR Lot # 103117D | 86.8 |
| TOTAL DOSES @ 1.4 mgs | 9.0 |
| TOTAL DOSES @ 5.7 mgs | 13.0 |
| TOTAL Unspecified mgs | 0.1 |
| TOTAL FOR Disp 1 | 86.8 |

Following is an example from Dispensing Log Report without Unspecified Row.

| | |
|---|---|
| TOTAL FOR Lot # 103117D | 85.3 |
| TOTAL DOSES @ 1.4 mgs | 8.0 |
| TOTAL DOSES @ 5.7 mgs | 13.0 |
| TOTAL FOR Disp 3 | 85.3 |
| TOTAL FOR Zubsolv | 182.0 |

## The following is the screenshot from Dosing Summary by Type of Dose Report:

Following is an example from Dosing Summary by Type of Dose report with Unspecified Row.

| | |
|---|---|
| Total Doses @ 1.40 mgs: | 142.0 |
| Total Doses @ 5.70 mgs: | 232.0 |
| Total Unspecified mgs: | 0.1 |

Following is an example from Dosing Summary by Type of Dose report without Unspecified Row.

| | |
|---|---|
| Total Doses @ 1.40 mgs: | 751.0 |
| Total Doses @ 5.70 mgs: | 1122.0 |

# Release Notes – Version Aurora 4.4.11.0

## Fixed Issues and Enhancements

### Administrative

**S2K-1272: Redesigned toolbar buttons Images**

**Description -** The SMART toolbar was designed with grey icons which implied to new users that the buttons were unavailable. Also, under some circumstances (like on older monitors), the icons were difficult to see.

**Solution -** The icons have been redesigned to be more visible and indicate their availability status more clearly.

### Billing

**S2K-1155 – Missing Claims When Deny claims and Resubmitting Claims**

**Description -** When denying and resubmitting medication reimbursement claims, only the first medication reimbursement claim was available on the Resubmit Denied and Voided claims grid and the Reproduce Existing claims grid.

**Solution –** When denying and resubmitting claims including medication reimbursement services, all claims will be available to resubmit on the Resubmit Denied and Voided claims grid.

### Dr. First

**S2k-1173 - Dr. First data not presenting in portal**

**Description -** When patient's medication was entered in SMART and sent to Dr. First, the medication was not displayed in the Dr. First portal.

**Solution –** Patient medication entered in SMART is now presenting in the Dr. First portal.

## Labels

**S2K-1610 – Blaster 2 Label - Changes to Caution Statement on the Take Home Label**

**Description -** The label on liquid and solid medications stated:

> "CAUTION: State and Federal Law prohibits transfer of this drug to any person other than the patient for whom it was prescribed."

**Solution -** The label on liquid and solid medications was changed to:

> "WARNING: State or federal law prohibits transfer of this drug to any person other than the person for whom it was prescribed,"

to adhered to WA Pharmacy Board regulations.

## Reports

**S2K-188 – Active Certificate Reports days left column displays incorrect data**

**Description –** The number of days left on the Active Certificates report were incorrect.

**Solution –** The report has been corrected. Now it displays accurate data in the Days Left column on the Active Certificates Report.

## Stability

**S2k-1560 - Stabilize database processes to maximize data integrity**

**Description –** Data integrity at risk when completing database operations.

**Solution -** Enhance data integrity by optimizing processes of saving updates to the database.

# Release Notes – Version Aurora 4.4.10.0

**Billing Note:** When a service is no longer billable to the insurance carrier, do not move to available services. Change the UCR and Expected Amount to $0.

## Fixed Issues and Enhancements

## Administration

**S2K-592:  DHPA- Generate Random Quality Reviews**

**Description:** Earlier, the Generate Random Quality Review button in the Administration module, when clicked, processed indefinitely and did not complete the process.

**Solution:** When the user clicks on the "Generate Random Quality Review" button in the Administration module, it will complete the process and will generate "CQ - Clinical Quality Review" service in randomly selected patient's case history charts.

## Billing

**S2K-247: Ensure the claim# has delimiters when being printed on CMS1500 and UB04**

**Description:** The claim number being sent out on paper claims (CMS-1500 and UB-04) was being generated in a different format than in EDIs (5010-837), but when 835s were received back, the processing only handled the EDI format and not the paper claim format. Therefore, the paper claims were not matched up successfully.

**Solution:** The claim number field on the CMS1500 form's Box 26 and UB-04 form's Box 3a is formatted correctly to allow the 835 file to match and process for paper claims.

**S2K-408: Software is unable to apply patient payments to invoices created during the 835 payment transfer process**

**Description:** During 835 payment processing, any balance transferred to the patient did not have a program ID assigned. This caused issues with applying payments and credits to the patient invoices and the invoices did have a program assigned on the Sales Journals.

**Solution:** The program ID of the original carrier invoice is now assigned to patient invoices that are created during the 835 payment processing allowing the application of the payments and credits. Note that patient invoices created prior to the update will not be corrected.

**S2K-412: Unable to configure Comprehensive Fee-for-Service detail for Vermont Medicaid Health Homes**

**Description:** Customers who use Vermont Medicaid Health Homes were unable to select N/A as a Primary Service on the Browse Comprehensive Rate Details in Third-Party Billing.

**Solution:** All sites in need of Vermont Medicaid Health Homes can configure the services on the Browse Comprehensive Rate Details screen. Various combinations are available now:

- N/A as a Primary Service and service as a Secondary Service.
- Service as a Primary Service and N/A as a Secondary Service.
- The software prevents users from entering N/A for both primary and secondary service.

During testing, we discovered that users can add duplicate combinations on the Browse Comprehensive Rate Details Screen. It has been logged and will be resolved soon. (Ticket # S2K-1486)

**S2K-1327/1385: Incorrect information is going in the EDI file for Loop 2400 - SV104 and SV105 for Medication Reimbursement services.**

**Description:** Medication Reimbursement Service screen does not have the units pane selection like other services such as Fee-For-Service, Medication Administration, and Comprehensive Service. The software was defaulting to "minutes" instead of "occurrence"; therefore, the claims were outputted with "MJ" instead of "UN" which caused the claims to be rejected.

**Solution:** This issue has been resolved by defaulting the medication reimbursement service to "occurrence" and not "minutes". Upon software update, if there are any medication reimbursement services that are defaulted incorrectly, they will be corrected automatically.

**S2K-1435: Search and Credit Open Invoices feature causing error when create credit on the same screen**

**Description:** While not visible to end users, the Third-Party Billing's "Search and Credit Open Invoices" feature was causing multiple errors in error logs when user tried to create credits on the same screen.

**Solution:** This issue has been resolved.

**S2K-1468: Prevent the user from entering a service end date which is prior to the service start date on credit entry screen**

**Description:** During research of S2K-477, it was discovered that the issue was caused by incorrect data entry on the Credit Entry tab. Specifically, an end date that was prior to the start date.

**Solution:** The user is now prevented from entering or selecting a service end date that is prior to the service start date on the Credit Entry Tab.

**S2K-1496: Comprehensive Service has no default unit selected when the service is saved/added to the carrier**

**Description:** When a new carrier is configured with Comprehensive Service and if the user did not select the occurrence radio button upon saving, the software allowed the service to be saved with no occurrence selected. The software also did not allow the user to edit the comprehensive service and prevented the billing of comprehensive service.

**Solution:** The comprehensive service is always configured to have "Occurrence" as the unit selection. The radio button has been removed from the screen and the "occurrence" selection will be selected by default. This removes the option for user error and makes it one fewer click for the user during the configuration of Comprehensive Service for Third Party Billing. Please see the before and after screenshots of Comprehensive Service below.

**Before:**

**After:**



# Reports

**S2K-983:** Direct Services Analysis Report by TX reporting inflated hours provided

**Description:** Previously, the hours on the Direct Services Analysis Report by Tx Unit were inflated for the same data as Direct Services Analysis Report.

**Solution:** The data on the report now matches given the input parameters.

**S2K-1465:** "Aged Open Claims Detail by Trx Date" report does not pull data in 31-60 day range

**Description:** Aged Open Claim Detail Report was not displaying the open invoice balances for category 31-60.

**Solution:** The SQL statement for the report has been corrected and the report now displays the 31-60 category on the Aged Open Claims Detail by Trx Date report.

**S2K-1346 and S2K-1481:** Check-in time on the Patient Check-in Report is not accurate

**Description:** Previously, the check-in time could display as 00:00:00 regardless of the actual time the patient was checked in.

**Solution:** This issue has been corrected and the check-in time will be accurately represented in 24hr format.

**S2K-1508: Dispensing report does not report correctly when "all" is chosen for a location**

**Description:** When running the Dispensing Log Report and selecting "All" as the location, the report generated with null values.

**Solution:** The SQL statement for the report has been corrected and the report will generate correctly when "all" is selected for location.