




Office Practicum Release Notes

Version 20.17 Build .6
(OP 20.17.6)

Release Availability

 **On-Premise:** July 21, 2022, following the standard availability announcement

 **Cloud:** Cloud Practices will receive email communication regarding the availability of this release. To see which version of OP your Practice is currently running, navigate to **Help tab > About**, and refer to the **Build number** field.

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This release also includes the contents of [OP 20.16.23](#) released to all Practices on July 14, 2022.

Before submitting a case highlighting release issues, we recommend reviewing the [Support Trends](#) to see if your issue has already been reported. If it has, there is no need to create another case.

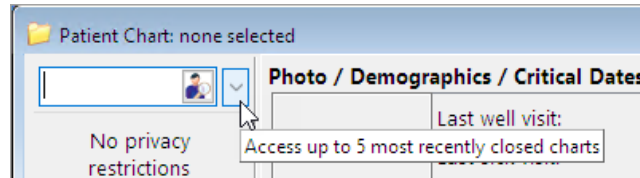
All content is subject to change.

New Features/Functionality

Patient Search: Quick access to the last 5 patients

➤ *Clinical, Practice Management, or Billing tab > Patient Chart button*

You can now quickly access the last five Patient Charts that you've recently closed by clicking the drop-down arrow next to the patient search field. This also features hover-over text that explains the previous patient list.



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New/Updated Vaccine Products

PREHEVBRIO Hepatitis B

The new PREHEVBRIO Hepatitis B vaccine for Adults has been added to the Vaccine Products Table and VacLogic.

- **Vaccine Name:** HepB_3dose_Adult
- **Description:** HepB recombinant, 3-antigen, Al(OH)₃
- **Inventory name:** HEPB3DADLT
- **CVX:** 220
- **CPT Code:** 90759

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Improved Functionality

Provider [P], Clinical [C], Practice Management [M], Billing [B], All [A]

[P] Saving of the OP Suggested Code for MDM

➤ *Admin tab > Global Preferences > Clinic Info tab*

The OP Suggested Code in an Encounter Note is now calculated each time the Encounter is saved rather than each time the Encounter is opened. The calculation of this code is still reliant on the level of the MDM elements for which the documentation supports.

[P] Inclusion of the OP Suggested Code for MDM in the Encounter Note Summary

➤ *Admin tab > Global Preferences > Clinic Info tab*

Practices now have the option to select to **Show the Coding/Audit Support MDM section on the Encounter Note Summary**. By default, this preference is not selected. Once selected, the Coding/Audit Support section of the Encounter Note will include:

- The MDM level selections made in the Coding tab
- The OP Suggested Code

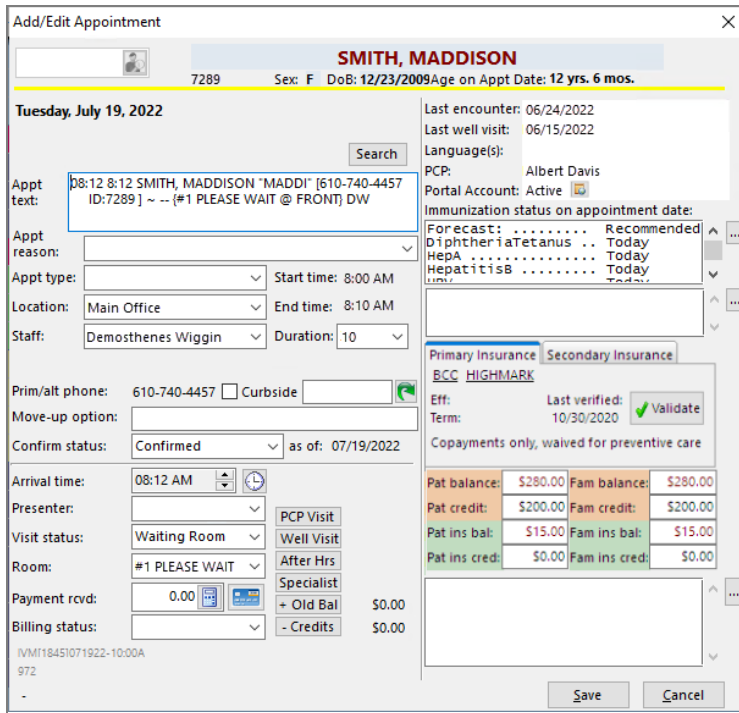
Note: The **Use Suggested Code** button must be clicked in order for the above to be displayed in the Coding/Audit Support section of the Note Summary.

[A] Improved Add/Edit Appointment Window

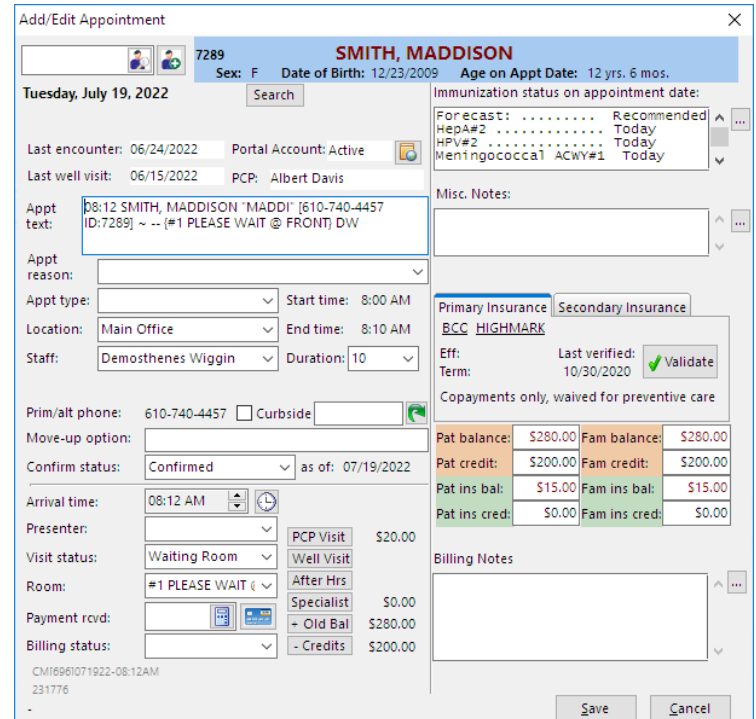
The Add/Edit Appointment window has been improved and reorganized to make the patient's information more visible:

- Name, sex, date of birth, and age on appointment are now shown in a slightly darker blue background
- Last Encounter, Last Well Visit, Portal Account Status, and PCP have been moved to the left side of the window and were separated from the Immunization, Notes (now labeled as Billing and Miscellaneous), Insurance, and credit and balance information which are still displayed on the right side of the window.

Before



After



[P, C] Contraindication field added to Vaccine Refuse/Defer window

> Clinical, Practice Management, or Billing tab > Patient Chart button > Immunizations > Complete list > Refuse/Defer button

Per CDC requirements, a new field for Contraindication has been added to the Immunizations > Complete List > Refuse/Defer window when documenting a Deferral. This is a mandatory field if any of the following combinations are selected in the window:

- Deferral radio button > Medical Reason > Vaccine safety concern
- Deferral radio button > Medical Reason > Vaccine efficacy concern
- Deferral radio button > Medical Reason > Medical Precaution

[M] Tracking of Messaging (and eFax) actions in the Audit Logs

> Admin tab > Audit Trail > Log of Access and Review of Records tab

The Log of Access and Review of Records displays changes made in Messaging and eFax in the Actions Value column. Some of the changes tracked are: forwarding, replying, and associating a message to a chart.

[B] Insurance Contract edits tracked in the Audit trail

➤ *Admin tab > Audit Trail > Audit Trail of Changes to Records tab*

Edits made to Insurance Contracts and/or details are tracked in the Audit Trail. If a Contract is deleted, you're prompted to select a reason for the deletion. You will need to display the Before Changes and After Changes columns to view the details of the edits in the Audit Trail Changes to Records tab.

[A] Password Strength Policy enforced for Strong Passwords

➤ *Admin tab > Global Preferences > Security tab*

A minimum strength policy has been established for strong passwords. Passwords must meet the following minimum requirements:

- Minimum of 8 characters in length
- Characters other than letters
- Cannot include the user's login name as part of the password

[B] Global Preference to match, auto-approve \$0 charge adjudications

➤ *Admin tab > Global Preferences > Billing tab*

A new setting in Global Preferences has been added to allow for adjudications that come into OP for transactions with a \$0 charge to automatically be approved with a matched status. To enable this preference, select the **MATCH and auto-approve non-payment for \$0 charge** checkbox.

[B, C] Date and Time stamps added to the Insurance window

➤ *Clinical, Practice Management, or Billing tab > Patient Chart button > Insurance*

Date and Time stamps have been added to the Insurance window to show when Insurance information has been updated or validated by a user.


[A] Update to Last Update field functionality in Basic Information

➤ *Clinical, Practice Management, or Billing tab > Patient Chart button > Basic Info*

- **Non-InteliChart Practices:** The Last Update field only updates when changes are made to the information and not upon opening the window.
- **InteliChart Practices:** The Last Update field continues to update upon opening the window.

[P, C] Export functionality added to the Financial Analytics Dashboards *(Contracted feature)*

➤ *Tools tab > Financial Analytics*

You can now easily share financial insights about your Practice with our new "Export" feature. The **Export To**  button is accessible by hovering over the right corner of the dashboard you want to export. After selecting an export option (PDF, Image, or Excel), the "Export To" pop-up is displayed in the center of the window, so depending on how many Dashboards are displayed, you may have to scroll up or down to locate the "Export To" pop-up and complete the details. **Note:** The Image option is not available in Worklists.

[A] New Authentication field added to the About - License Agreement window

➤ *Help tab > About*

A **Logged-in via Keycloak?** field has been added to the License Agreement window to authenticate the type of user login.

[B] Simplifications made to the Claims window of the Patient Chart

➤ *Clinical, Practice Management, or Billing tab > Patient Chart button > Claims*

The Claims window in the Patient Chart has been simplified so that it's easier to view the details of claims. These changes include:

- The consolidation of Claim #, Date of Service, and Date of Payment into one column
- The consolidation of Claim Date, CPT code, CPT Description, and Payment Type fields into one column
- A single Payment and Adjustment column has been added that includes the Payer's Name as part of the transaction label

[B] Inactive Insurance Payers hidden by default

➤ *Billing tab > Payers*

By default, all inactive Payers are hidden in the Insurance Carrier lookup window. To display the inactive Payers, simply deselect the **hide inactive** checkbox.

[C, P] Improved Implantable Device search

➤ *Clinical, Practice Management, or Billing tab > Patient Chart button > Implantables*

Users are able to search for an Implantable Device by UDI (Universal Device Identifier). To enable this feature, the **UMLS** record in the Correspondent table must be updated with the API Key assigned by UMLS after credentials are requested/validated. Click [here](#) for detailed steps on how to obtain an API Key.

[A] Improvements to the Add/ Edit Task Window

➤ *Clinical, Practice Management, or Billing tab > Patient Chart > Tasks*

The following enhancements have been added to the Add/Edit Task window:

- Hovering over an ICD-10 code displays the code description
- Editing a task from a patient's chart displays the ICD-10 code
- Tasks can be prioritized as Low, Medium, or High priority
- The Insurance full name is displayed
- The Provider's full name is displayed
- The Description and Special Instructions fields have been expanded to display more text (up to 250 characters) which will automatically be wrapped
- The window header displays as Edit task when editing a task
- The window header displays as Add task instead of Add/Edit when adding a task

[B] Claim Follow-Up Tasks

➤ *Billing tab > Billing Center button > Claims (A/R) tab*

Patient Balance and Insurance Balance are now displayed at the bottom of the Add/Edit Task window when

creating a follow-up task from a claim in the Claims (A/R) tab of the Billing Center.

[A] Additional sorting options added to the Task Management window

➤ *Clinical, Practice Management, or Billing tab > Tasks button*

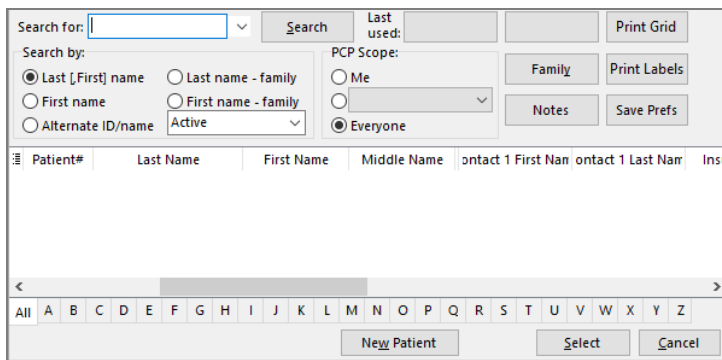
Patient Balance, Insurance Balance, and Priority are new columns that can be added to the Task Management window, making it easier to sort tasks.

[A] Ability to search for patients using multiple search criteria

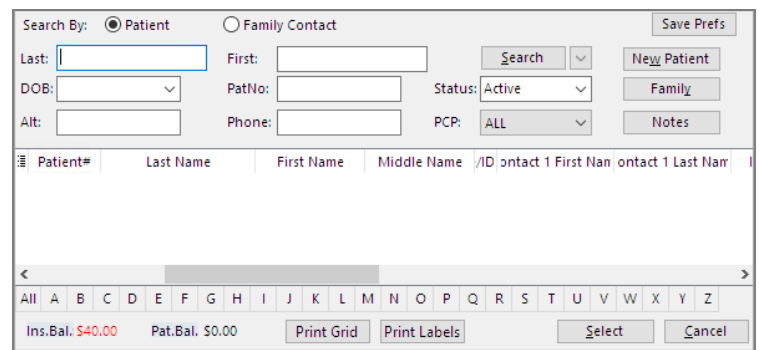
➤ *Clinical, Practice Management, or Billing tab > Patient Chart*

Rather than restricting patient searches by single radio button options, you can now use a combination of search fields when performing a full patient or Family Contact search. The previously searched patient is displayed in the search grid.

Before



After



[B] Auto-saving of Superbill Stage in Tracking

➤ *Clinical, Practice Management, or Billing tab > Schedule > Tracking*

You'll no longer have to click the green checkmark to save the Superbill Stage selection in the Tracking window.

[C] Updates to the Language field in Basic Info

➤ *Clinical, Practice Management, or Billing tab > Patient Chart > Basic Information*

The Language field in Basic Information is now a predictive type-ahead that auto-populates language matches according to the text you enter. Additionally, the list has been expanded to contain over 1,000 language options.

[A] Ability to sort the Message Center by Sender

➤ *Main Navigation > Messages > Message Center*

You can now filter the Message Center by the Sender column, making it easier to locate specific messages.

[C,M] Ability to easily locate the prior Primary Phone number used in Family Contacts

➤ *Clinical, Practice Management, or Billing tab > Patient Chart > Family Contacts*

When you edit and save a patient's Primary Phone number, the Family Address Change window is displayed giving you the option to **Create a 'Prior Address/Phone' contact**. If this checkbox is selected and applied, the new Phone Change record in Family Contacts contains the prior Primary Phone number, for reference.

[B] Prevention of duplicate E/M Codes

➤ *Clinical, Practice Management, or Billing tab > Patient Chart > Well Visit or Encounter*

When in the Coding section of an Encounter or Well Visit Note, you will no longer be able to duplicate the same E/M code, defined as 99201-99205, 99212-99215, 99381-99385, and 99391-99395.


[M] Restrict access for users to send eFax Messages (Contracted feature)

➤ *Admin tab > Security Administration > Users tab*

A new permission, **Messaging_Send_eFax**, has been created to restrict staff access to be able to send eFax Messages.

[M] eFax Message attachment displays an X when it has been deleted (Contracted feature)

➤ *Main Navigation Panel > Unread Fax Tab*

The eFax attachment button displays an **x**  to easily identify when an attached document has been deleted. Hovering over the button displays the following message: "Document # has been deleted".

[C, B, M] Option to separate Consolidated PMX Messages

➤ *Admin tab > Global Preferences > Schedule tab*

A new Global Preferences has been added to allow Practices to separate Consolidated Messages that are scheduled for siblings on the same day. Practices that want to enable this need to make sure that the **Consolidate appointment reminders for siblings on the same day** checkbox remains unchecked.

[A] Ability to Sort Coded Values

➤ *Practice Management tab > Coded Values > Code Tables*

The Code Table can now be sorted by the Code Table Purpose or the Allow Edits column.

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Issue Resolutions

Users copying and pasting columns in **Schedule Templates**, will not need to leave the window to see their changes reflected.

To prevent accidental menu selections, **double right-clicking on an appointment** will no longer select an item in the menu window.

Practices that include more than 9 columns in their Schedule/Calendar view and have the **Show Out of Office** option deselected no longer see Providers who are OOO displayed.

The Tracking window updates as expected when the **Refresh** button is clicked.

While working in the **eLabs Unmatched Received Results** tab of the Clinical Work window, clicking the patient finder only displays possible matches.

The Last Visit Date is populated with the correct date in the Demographic Analysis/Recall (DAR) report.
When a Login Name is changed in the Staff Directory, the change is applied to the Security Settings window rather than a new record being created, which previously required permissions/groups to be reset.
MDM for Data Review/Analysis displays as Minimal or None when the Independent Historian is blank or patient.
The No Show* Billing Status does not insert a Miscellaneous Note into the patient's Chart. That functionality is limited to the use of the No Show (without *) Billing Status, as previously intended functionality.
When updating the Relationship to Subscriber field in a patient's Insurance record, the sex and date of birth update as expected according to the selection that is made.
The Superbill Stage is specific to an individual visit and no longer populates for a patient's future appointments.
An alert that a Diagnosis Code is needed when exiting a superbill is no longer displayed when a primary diagnosis is already present.
OP AWARE 'Remove' rules delete the specified CPT code as expected when the Add/Edit window loads.
In the Main Navigation Panel, the Remits badge is updated to reflect the accurate amount as expected.
The Statements tab of the Billing Center can be searched and filtered using a single date in both date fields.
The Check Status button in the Claims A/R tab of the Billing Center and the Patient claims windows have been removed as they were non-functional.
In the Adjudications tab of the Billing Center, the correct number of claims is displayed below the grid.
Comments added on unposted superbills that only contain one CPT Code in the Patient Chart are saved as expected.
The Unposted ERAs dollar amount in the RCM Report correctly displays the unposted ERA amount.
Clicking Post Payment in the Adjudication screen of the Billing center will no longer display an SQL error.
The Billing Status drop-down consistently displays in the Coding section of a Visit Note.
\$0.01 balances are displayed in the Payments/Adjustments window so that payments or adjustments can be applied.

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