



## Release Notes Version UnifiMD 2.0.61

### **Bug fixes:**

#### Faxing:

- In some workflows in the Faxing tool, Copy to Patient Text / Image button occasionally does not do the action it should and instead opens multiple windows, this has been fixed.

#### Scanning:

- Some users were reporting memory errors and/or freezing after scanning 10+ documents in a row into charts. This has been addressed in this version.
- Instead of an Unhandled exception error when scanning, if the issue is that the program cannot communicate with the scanner, it will pop up and tell you that is the issue so you can verify the connection / reboot the scanner.
- Users were getting an Unhandled exception error when clicking Scan Now more than once while it was working, so a "Please wait" window will now appear to avoid causing errors.

#### Notes:

- Unsigned Notes were going to the Updox patient portal, this has been corrected, and they only upload after being signed.
- In the last production version an issue appeared where printing letters and notes from the Note or Letter tab was printing the font slightly larger than when printed from inside the Note or Letter itself. This has been corrected to print the same size regardless of method.

#### Bulk Image Importer:

- In bulk image importer, you are now able to type a date using numbers and "/" button on your keyboard without clicking the calendar tool.
- When selecting a category to put the document in, users can now type the first few letters of the category and arrow down and hit enter (to avoid clicking and scrolling).
- Users are now able to click the red X to remove the user you may have mistakenly added to Assign To for signing off.

#### Clinical Assessments:

- In prior versions, if macros were used in multiple places inside a Note to push information to Clinical Assessments, multiple Clinical Assessment entries would be created, one per macro used. Now if there is more than one macro on a note for the same date, the system will create a single (or add to an already existing) Clinical Assessment entry column.

#### PM Interface:

- A few offices with custom PM interfaces were having patients duplicated. This has been corrected.

#### Care Plans:

- In Care plans screens, the date fields were defaulting to 01/01/0001 if not populated, causing errors, this has been corrected.

## **New features/enhancements:**

Throughout system:

- Every update to UnifiMD, the superuser in each client's office has always been made aware of the Release Notes being available for review. However, we have found many office staff are not aware of them. As of this version, there is a new button called Read Release Notes on the Dictionaries tab that will bring you to the online page to review those notes and any videos available as well. It will be red for each user the first time you log in after an update to alert you to new information there. Once you click on it to launch the page for review, the button will return to its default color.
- All areas of the program where you click a magnifying glass to search for something have been made larger, like the patient search window in the last update. More columns can be viewed at one time and more rows visible for searching.
- Not all data columns previously could be seen on the summary tab. If there were items you wished you could add, they should be available now. Please call for assistance if you need.

Chart tabs:

- The font on the chart tab you are currently working on is now bold to make it more obvious which tab you are actively working on.
- The information on the main chart tab for the open patient has been modified to show the most relevant information while taking up less space:

**SMITH0000 | SMITH, JANE | 01/01/1977 | 48 Y | F**

Patient Demographics:

- Several new fields required for EMR certification have been added to the demographics area of the chart:
  - Pronouns (drop down choices)
  - Name to Use (free text field)
  - Sex Parameter for Clinical Use (drop down choices)
  - Tribal Affiliation
  - To make them fit in a sensible order, the window was made wider, and some current fields were rearranged:
    - Multiple Birth Indicator and Birth Order moved up
    - Employment Status moved up
    - Immunization Reporting and Modified Date moved down - swapped with Preferred Language and Interpreter Needed
  - Also added to the Associations tab of Demographics:
    - Occupation
    - Occupation Industry
- To store all these new fields in a clear manner under Configuration > Defaults > Patient Data, some items were moved to be subtabs under a new group tab called "Demographics".
- When searching for a Referring Physician on the Associations tab in Demographics, work and fax # are now in the search window by default for all users and the column chooser allows for additional fields from that file to be added to the search window.

Notes:

- Some data entry points in the chart were missing from the History Buttons to be able to pull into notes, and have been added. If there were items you wished you could choose from in the past, they should be available now. Please call for assistance if you need.
- Notes can now be set as Confidential:

- Note Types now have a column to mark that type Confidential, practices should either go in and modify Note types that currently exist or make a new note type that is confidential.
- When a note of that type is signed, that note will be excluded from:
  - Exported CCDAs if you check the box to exclude them during export
  - Print Full Chart if you check the box to exclude them during printing
  - Uploading to the Updox patient portal always
- Note that these types of notes will still upload to an HIE and to MeldRx FHIR server if you have either or both of those connected to your database.
- Note and Letter guides have been renamed Smart Guides in all areas of the program.
- The Smart Guides area on the menu ribbon has been reorganized into a more logical order.

#### Multimedia review bin:

- In the last production update, the multimedia review bin was added for providers to sign off on scans, faxes, etc. A few offices had a workflow where they wanted to be able to have other staff who are not providers sign off on those, yet the drop-down menu only displayed providers in it to assign for sign off. This version has been updated so that if you have users who should be added to that sign off list who are not providers, you can go to: Configurations > Users > Users, open their user, go to the "Note, Lab, Text Lab Signature" tab and check the box that says "user is authorized to sign multimedia". This will add that user to the list of people able to sign off on multimedia items.

#### Electronic Superbill:

- CPT codes in Orders can now be pushed to the electronic superbill:
  - A new checkbox has been added to Order Guides to default that this order should push CPT to Superbill (bottom right of window).
  - Checking this box on an Order will apply the following logic and combine CPT codes from a day's note with CPT codes from a day's order/s:
    - If the superbill was created by the order, any CPT codes added to the note must be appended to the existing superbill, provided it has not been sent and the dates match.
    - If a superbill was already started for that date and that patient from a Note, when the Order is saved the CPT codes from that order should be appended to the superbill that already exists if it has not been sent yet.
- A New tool has been added to allow users to archive superbills that have been sent to their billing system.
  - The Archive Patients button on the Tools menu has been renamed "Archive / Unarchive", with choices below it: Archive patients, Unarchive patients, Archive Superbills, and Unarchive superbills.
  - This allows superbills sent to your billing system to be removed from view in your superbill report.
  - To be archived, superbills must have a status of Completed, have a sent date recorded, and be within the range specified in the window that opens. ALWAYS be sure you have a recent backup before performing this action.
  - By default, only users in the User Groups of Office Administrator and Biller have security to use this tool.

#### Messages:

- In messaging, when the user clicks Reply or Reply All, the cursor defaults to being in the body of the email so the user can start typing immediately without needing to click there. When using Forward, the cursor will be in the To box.

#### Faxing:

- Changes have been made to format a fax in the inbox, so that it allows opens that allows for deleting of individual pages before saving it to the chart.
- Fax All and Fax Selected have been added to the Lab Results and Text/Image Results tabs inside the chart to allow faxing without opening the result.

#### MeldRx FHIR Portal:

- The MeldRx program used for FHIR Compliancy for customers who report for MIPS has been updated with a smoother workflow. Inviting a patient to access the FHIR server program from inside the demographics tab has fewer clicks and does not require leaving UnifiMD to invite the patient and upload information anymore. If you are not using this area and want more information, please reach out to CHS.

#### Past Medical History:

- When adding Past Illness or Past Medical Surgery, the system no longer defaults today's date and age but instead starts blank for the user to fill in either field. If you do wish to use Today's date, a button has been added to the right of Age that can be clicked to populate it without needing to type.

#### Dashboard

- In the last production update a feature was added that keeps the user on the current time on the dashboard appointment list. A few providers did not like this new feature and would rather the screen stay on the appointment they were last charting. A check box has been added to the bottom of the appointment pod on the dashboard that reads "Do not jump to current time". This allows users to have it the way they prefer. If you check that box (it will be unchecked by default) then your calendar will stay on the last patient you touched on the list.

#### User:

- The user look-up screen had 2 columns added to easily display the users who are set as providers and who have Health Language active (for searching for Dx codes). This is internally required for CHS to track providers per practice.