Patch Release

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Enhancement 1: Institutional Claims – Clinical Trial Number Support for UB-04 Paper and EDI Submissions

Module:	**PM**

Type:	**GENERIC**
Case ID:	**530278, 530405, 507467, 534036**
Affected Screen(s):	• **Edit Claims** **Navigation** Claims → ***Edit Claims*** • **Properties** **Navigation** Settings → Configuration → Admin column → ***Properties*** • **Billing Output Templates** **Navigation** Settings → Configuration → Output Templates column → ***Billing***
Description:	PrognoCIS has been enhanced to support structured capture, validation, display, and transmission of Clinical Trial numbers for Institutional (UB-04) claims. This enhancement ensures compliance with institutional billing and EDI 837I submission requirements while preserving existing claim workflows and validations. Previously, Clinical Trial numbers were entered manually through remark fields, resulting in non-standardized data entry and lack of structured EDI mapping. The system now enables standardized Clinical Trial reporting using ***Value Code D4***, allowing users to capture Clinical Trial numbers directly through the ***Edit Claims*** screen while ensuring accurate representation in both paper UB-04 output and electronic EDI submissions. The enhancement maintains backward compatibility with existing configurations and operational behavior. The solution has been implemented specifically for UB-04 institutional claims and supports Clinical Trial number handling across paper claim generation, EDI 837I transmission, ***Edit Claims*** screen functionality, and claim audit tracking. The enhancement applies only to institutional billing workflows and does not introduce any changes to CMS-1500 claims, Professional (837P) EDI transactions, or existing ***Amount*** field labels. Existing billing identification properties, including ***billing.iden.icd10.codes***, ***billing.iden.number***, and ***billing.iden.payer.ids***, are now applicable to UB-04 claims as part of Clinical Trial reporting logic. These properties continue to function without modification, and no updates have been made to property help documentation.

	The ***Edit Claims*** screen → ***UB04 Claim*** *U* button has been enhanced to support ***Value Code D4*** following the latest system update. When ***Value Code D4*** is selected, the ***Amount*** field now conditionally accepts an 8-digit Clinical Trial number. The system enforces numeric-only input and restricts entry strictly to eight digits, preventing additional characters beyond the defined limit. Validation has been implemented to ensure that incomplete entries trigger a system message instructing users to enter an 8-digit number or prepend zeros where necessary. The entered Clinical Trial number is stored exactly as provided and no longer converts into decimal format upon saving the UB-04 form popup. The existing ***Amount*** field label remains unchanged to maintain consistency with current workflows.  **Figure:** *Value Code D4 along with Clinical Trial number in the Amount field on the UB04 Form popup* Where multiple Clinical Trial numbers are derived based on configured billing identification properties, the system automatically displays each Clinical Trial number in separate rows using ***Value Code D4*** after the claim is saved. When value codes other than ***D4*** are selected, existing validation rules continue to apply, and the ***Amount*** field retains its standard decimal conversion behavior, ensuring no impact to previously supported functionality. Backend processing has been enhanced to automatically append a "CT" prefix to the entered Clinical Trial number upon claim save. This prefixed value is utilized internally while ensuring proper formatting during claim generation and transmission. The Clinical Trial number is now displayed appropriately in ***UB-04 Form Locator 39*** and transmitted through ***EDI 837I Loop 2300 REF***

Segment using ***REF*P4*** mapping, ensuring compliance with institutional EDI reporting standards.

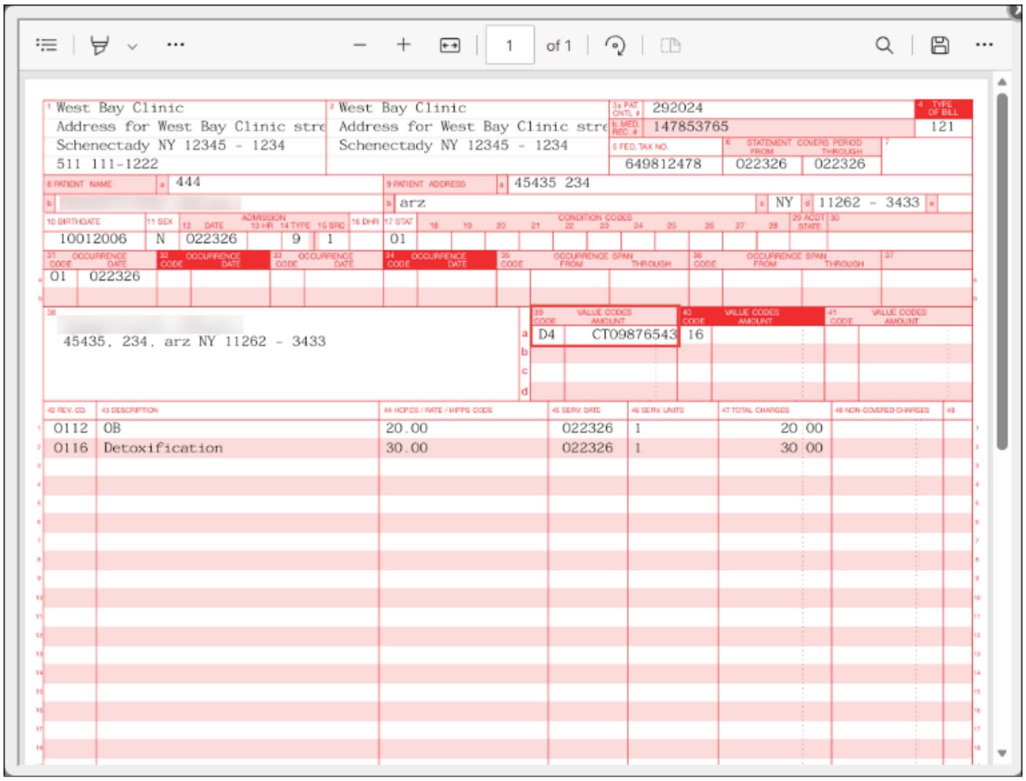

Figure: *UB04 Form Locator 39*

Figure: *EDI 837I Loop 2300 – REF Segment*

Support for existing workflows using the ***UB04 Claim*** button ***Remark*** Field (Form Locator 80) has been retained. Clinics that continue to enter Clinical Trial information within remarks experience no disruption, as the system continues displaying this information on UB-04 Form Locator 80 and transmitting it through the EDI 837I Loop 2300 NTE segment.

Claim History tracking has been expanded to include all Clinical Trial reporting activities. The system now logs Value Code selections, Clinical Trial number entries, and any subsequent modifications or deletions, ensuring complete audit visibility and traceability.

Additional enhancements have been introduced to support customized UB04 templates linked to institutional insurance configurations. When a customized template contains predefined Clinical Trial reporting rows, the system automatically populates ***Value Code D4*** within the ***UB04 Claim*** button during claim save and displays the associated 8-digit Clinical Trial number in the corresponding ***Amount*** field. If the configured template includes a Clinical Trial value prefixed with “CT,” the system automatically ignores the prefix and

	processes only the numeric portion, ensuring consistent validation and transmission behavior.

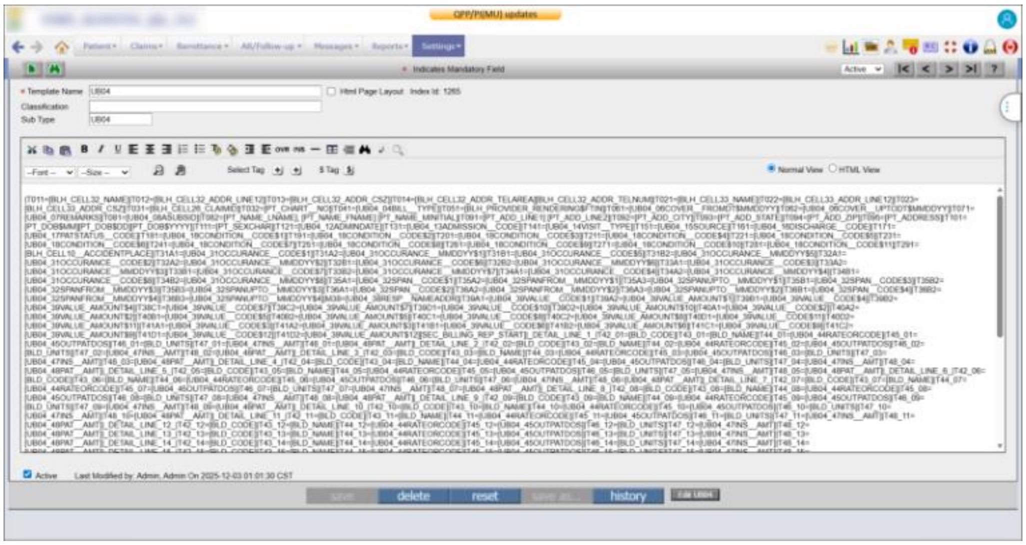

Figure: *Billing Output Template, UB04*

Enhancement 2: Eligibility access from Appointment Schedule

Module:	**EMR+PM**
Type:	**GENERIC**
Case ID:	**506742**
Description:	This enhancement enables users to fetch and view insurance eligibility information directly from the Appointment Schedule pop-up. It also introduces improvements to eligibility visibility, demographic updates, mismatch detection, and AI-driven eligibility summaries.
	Enhancement I: Eligibility access from Appointment Schedule
Affected screens:	**Patient Insurance Eligibility** **Navigation** EMR → Appointment → Schedule → Patient Information → click on Insurance icon → ***Eligibility*** button

Description:

The system provides access to insurance eligibility details within the ***Appointment Schedule*** popup.

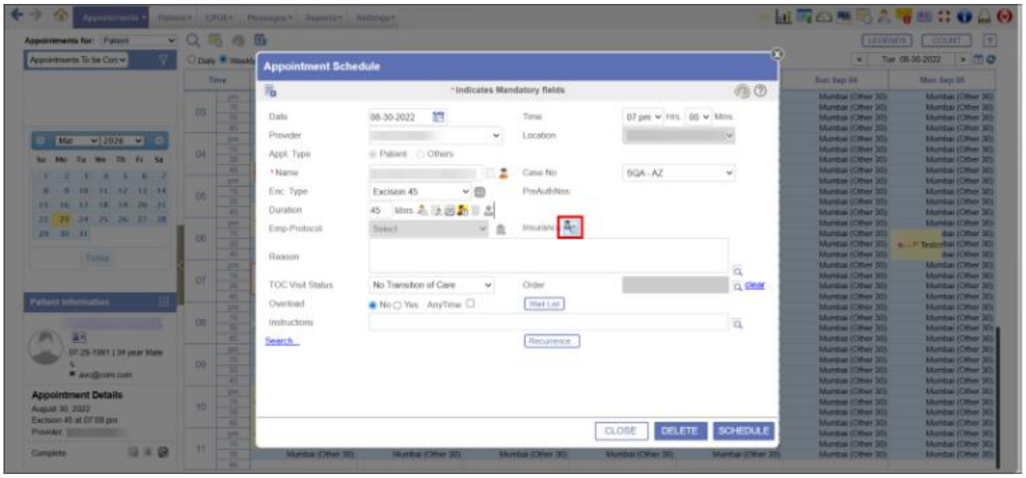

Figure: *Insurance Eligibility Details icon displayed on the Appointment Schedule popup*

UI Changes

- An ***Insurance Eligibility*** icon is displayed next to the Insurance Name field.
- The icon is consistent with the existing icon used in:
  - Appointment → Schedule → Patient Details → Drawer → Insurance Eligibility
- Tooltip:
  - **Enabled:** “Insurance Eligibility Details”
  - **Disabled:** “Insurance Eligibility Details - Eligibility Payer ID Missing”
- Displayed only when:
  - Primary insurance OR WC insurance exists
- Hidden when:
  - No insurance is present
- Enabled when:
  - Eligibility Payer ID is configured
  - OR eligibility was previously fetched (even if payer ID is later removed)
- Disabled when:
  - Eligibility Payer ID is not configured

	Primary vs Secondary Insurance • Icon reflects primary insurance only. • Secondary insurance is not considered in this phase • **Green Tick Displayed when:** o At least one eligibility result exists o Eligibility fetched via: ♣ Manual run ♣ Scheduled batch process • **Default Icon:** o Displayed when no eligibility data exists o Still follows enable/disable rules
Enhancement II: Insurance Eligibility Details pop-up enhancements	
Affected Screen(s):	**Patient Insurance Eligibility** **Navigation** EMR → PrognoCIS Home screen → Patient column → Click on → Insurance Details → ***Eligibility*** button **Navigation** EMR → Patient → Register → Click on → ***Eligibility*** button **Navigation** EMR → Appointment → Schedule → Patient Information → Click on → ***Eligibility*** button **Navigation** Billing → PrognoCIS Home screen → Patient column → Click on → Insurance Details → ***Eligibility*** button **Navigation** Billing → Claims → Edit Claims → Click on → ***Eligibility*** button
Description:	**Displayed Information** • Eligibility Request/Response Date • Eligibility Result Dropdown: o Lists all responses (latest first) o Blank if no results exist **Existing Sections Retained** • Patient Information • Eligibility Response Details • Benefit Details • Coverage Indicators • Plan-Level Information

Enhancement III: Manual Eligibility check enhancement	
Description:	***Manual Eligibility Check*** icon available in pop-up • Triggers real-time eligibility request • **Success:** Dropdown refreshes with new data • **Failure:** Displays message: o “Could not fetch Eligibility” • Icon is disabled if payer ID is removed • Removes previous behavior where validation occurred after click
Enhancement IV: Demographic Update Icon in Insurance Popup	
Description:	Icon displayed before eligibility icon • Enabled only when demographic differences exist. • Opens the same Demographic Update pop-up. • Property ***inseligibility.demographic.update*** is deprecated.
Enhancement V: Demographic Mismatch Detection (Red Dot Indicator)	
Description:	System detects mismatches between PrognoCIS and Clearinghouse data after eligibility response. **Red Dot Display** • Insurance Popup (Umbrella) • Patient Registration Screen • Individual fields with mismatch/missing data • Clicking red dot: o Opens Demographic Update pop-up **User Actions** • Update • Ignore • Modify selections **Post Action** • Red dot removed for that field **Fields Evaluated for Mismatch** **Patient Registration** • Name (First, Last)

	• DOB • Gender • Address • Phone, Fax • Email • SSN **Insurance Popup** • Subscriber ID • Relation • Plan ID • Group Number • Plan Dates **Subscriber Section** • Name • DOB • Address
Enhancement VI: Audit & History Tracking	
Description:	All updates recorded in HISTORY section. • Updated Patient <Full Name> • Field Name Old: <Value> New: <Value> • **Source:** From the Insurance Demographic Update Popup
Enhancement VII: AI-Generated Insurance Eligibility Summary	
Description:	This enhancement introduces AI-generated summaries derived from EDI 271 responses, providing a simplified and structured view of eligibility data. **New Property** • **Name:** ***enable.ai.generated.inseligibility.summary*** • **Type:** Boolean (Admin-level) • **Default:** OFF • **OFF:** Displays standard eligibility flow • **ON:** Enables the AI Summary icon and related functionality

	AI Summary Icon
	• A new icon is introduced (separate from the existing eligibility icon)
	• **Tooltip:** ***"AI Generated – Insurance Eligibility Summary"***
	• On Clicking it opens the AI Summary pop-up
	
	AI Summary Pop-up UI
	• Header displays: ***"AI Generated – Eligibility Summary"***
	• Includes a Help icon.
	• Options
	  ○ **Brief (Default):** Displays a visit-specific summarized view
	  ○ **Detailed:** Displays complete eligibility data
	  ○ **Eligibility Response:** Displays raw eligibility response
	• Additional Features
	  o Print icon
	  o Scrollable content area
	  o Standard system UI styling
	
	Summary Content
	• Patient and Insurance information
	• Coverage details
	• Copay, Deductible, and Coinsurance
	• Authorization requirements
	• Network details
	
	Indicators
	• **Green Dot:** Valid coverage
	• **Red Dot:** Missing data or potential issues
	
	Validations
	• **No Eligibility Present:** Displays: "Eligibility Summary is not available…"
	• **Insurance Changed:** Displays: "Insurance has been changed…"
	
	Disclaimer: Displayed in red:
	
	"This AI generated insurance eligibility summary is for informational purposes only. Please refer to the complete eligibility response for accurate coverage details."

	Supported Clearinghouses • ASSERTUS • INMEDIATA • NAVICURE / WAYSTAR / ZIRMED • Secure Connect • TRIZETTO / GATEWAY / Cognizant (All listed clearinghouses support Eligibility 270/271 transactions and demographic updates).

Enhancement 3: Referral coordinator notification on referral order creation

Module:	**EMR+PM**
Type:	**GENERIC**
Case ID:	**521138**
Affected Screen(s):	• **Message Center** Navigation Messages → ***Message Center*** • **Properties** Navigation Settings → Configuration → Admin column → ***Properties***
Description:	A new enhancement has been introduced to automatically generate and send a notification to the **Referral Coordinator** when a referral order is created and a coordinator is assigned. This functionality is controlled through a configurable property and is available only when explicitly enabled by the client. The enhancement ensures timely communication and improves workflow efficiency by notifying the assigned coordinator immediately upon referral creation or reassignment. Notifications are generated only when all the following conditions are met: • The event code is configured in the ***events.supported*** property. • A new referral order has been created. • A Referral Coordinator is selected in the Referral Add/Edit screen. • If the Referral Coordinator is updated after creation, a new notification is sent to the newly assigned coordinator.

	• No notification is generated if the Referral Coordinator field is unassigned. • No notification is sent if the feature is not enabled, even if a coordinator is selected. **User Eligibility:** • Notifications are sent only to users assigned to the ***ReferralCoordinator*** role. • Only active users receive notifications. • Inactive or disabled users are excluded.

Enhancement 4: Intelligent Auto-Attach capability in Attach Center

Module:	**EMR+PM**
Type:	**GENERIC**
Case ID:	**517885**
Enhancement I: AI-Powered Intelligent Auto-Attach with Smart Document Processing and New Attach Center UI	
Affected screens:	• **Location Master** Navigation Settings → Configuration → Clinic column → ***Locations*** • **Properties** Navigation Settings → Configuration → Admin column → ***Properties***
Description:	An intelligent Auto-Attach feature has been introduced to automate document processing within the Attach Center using AI-powered technologies. This enhancement enables automated document classification, data extraction, and document management, significantly reducing manual effort and improving operational efficiency. The following changes have been introduced: • Automatically categorize documents based on predefined document types • AI-based extraction of key data fields

- Automated document splitting of multi-page document based on patient and document attributes
- Provide confidence-based predictions with visual indicators
- Allow user validation, manual overrides, and feedback for continuous AI model improvement

New UI Enablement

- **Property:** ***prognocis.newui.attach.center***
- **Type:** Boolean (**On/Off**)
- **Description:**
    - Enables the new Attach Center UI when set to *On*
    - Defaults to *Off* (existing UI remains unchanged)
    - Gradual rollout planned where default will be updated to *On*

AI Feature Enablement (Paid Feature)

- **Property:** ***prognocis.ai.attach.center***
- **Type:** Boolean (**On/Off**)
- **Description:**
    - Enables AI-driven document processing within the Attach Center
    - When *Off*, the new UI remains available but without AI processing
    - AI processing is applied only to configured folders

AI Folder Configuration

- A new field ***"AI Attach Center Folders"*** is introduced in the ***Location*** Master.
- Visible only when AI feature is enabled.
- Allows configuration of folders eligible for AI processing.
- Supports Single, Hybrid, and Multi-location setups.
- Folder list is derived from server paths mapped to location configuration.

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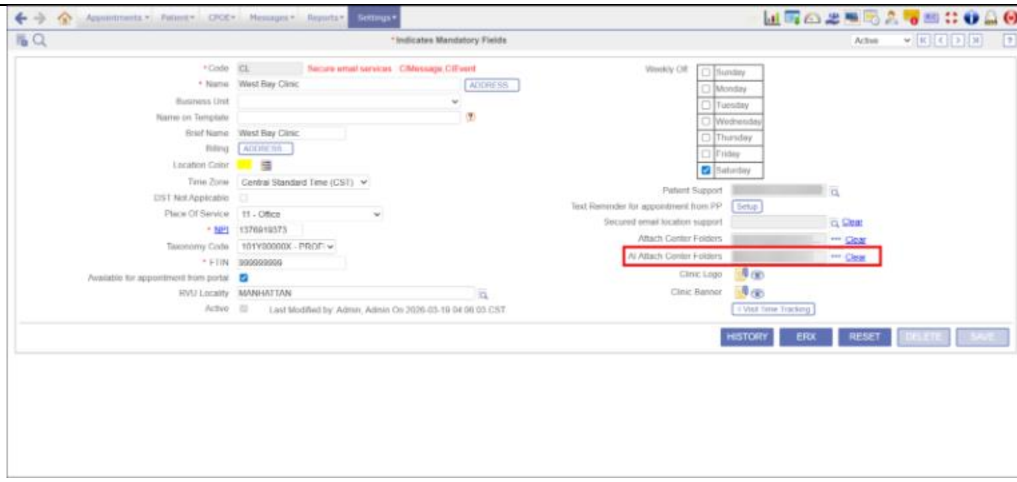
<tr><td></td><td>

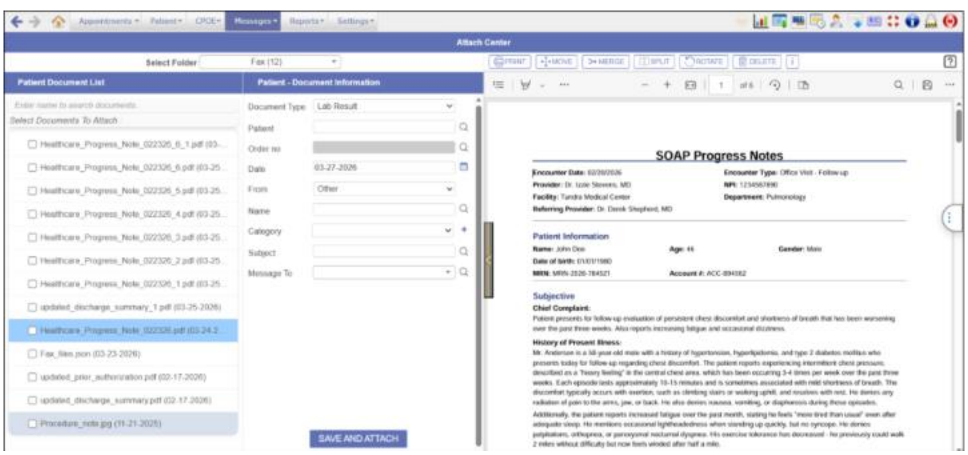
Figure: AI Attach Center Folder field on Location Master screen</td></tr>
<tr><td colspan="2">Enhancement II: Attach Center UI Enhancements</td></tr>
<tr><td>Affected Screen(s):</td><td>Attach Center
Navigation Messages → Attach Center</td></tr>
<tr><td>Description:</td><td>User Interface Enhancements


Figure: Attach Center screen with new UI</td></tr>
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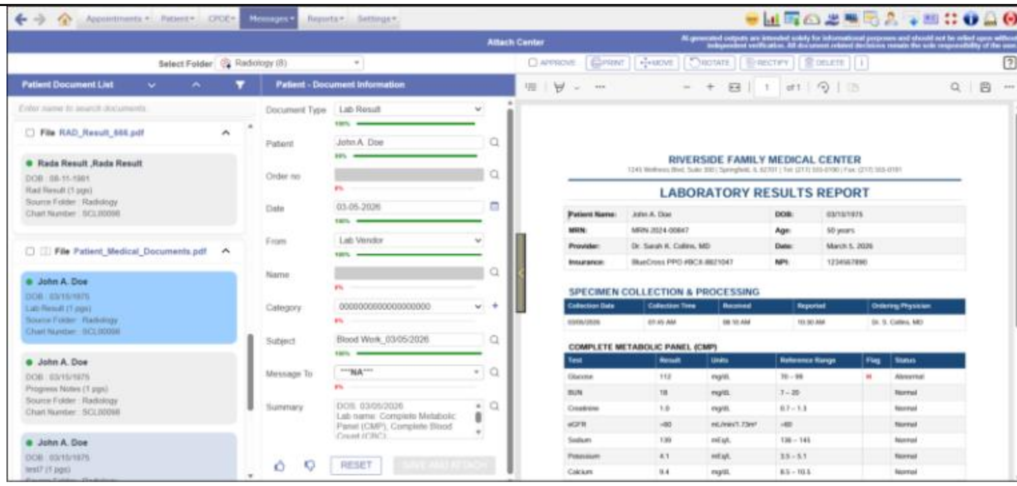

Figure: *Attach Center screen with AI Configured folders*

The Attach Center UI is redesigned into three sections:

1. Left Pane – Patient Document List

- Folder and location-based document filtering
- ***Filter*** icon supports filtering by Patient, Date Range, and Document Type (AI folders only)
- Bulk actions: ***MOVE*** MOVE, ***DELETE*** DELETE, ***MERGE*** MERGE, ***SPLIT*** SPLIT, ***PRINT*** PRINT

AI Configured Folders will have additional functionality:

- AI-enabled folders indicated with an icon.
- Displays document metadata including:
    - Patient Name, DOB, Chart Number
    - Document Type
    - Page Count
    - Source Folder
- **Files Yet to Be Processed** displays the file names that are scheduled for AI processing in the next batch at predefined intervals. These files remain unavailable for any actions until processing is completed.

2. Middle Pane – Patient Document Information

- The document-related fields will be displayed.
- Actions:

	o ***RESET*** RESET – Revert edited values o ***SAVE AND ATTACH*** SAVE AND ATTACH – Attach validated document ***AI Configured Folders will have additional functionality-*** • Displays AI-extracted fields based on document type • Fields include confidence indicators Confidence Score (High / Low) • Manual override available via search option • Feedback mechanism to improve AI learning • Once **SAVE AND ATTACH** is completed, the AI summary is represented as an icon in the document list, which users can access directly from the list. **3. Right Pane – Document Preview** • Displays document preview with highlighted extracted fields • Available actions: o ***APPROVE*** APPROVE , ***PRINT*** PRINT , ***DELETE*** DELETE , ***MOVE*** MOVE , ***MERGE*** MERGE , ***SPLIT*** SPLIT , ***ROTATE*** ROTATE , ***RECTIFY*** RECTIFY . • ***RECTIFY*** RECTIFY button enabled only for AI auto-split documents • The ***MOVE*** MOVE button allows users to transfer the document to a different folder. • ***'i'*** i button: Clicking the ***i*** button invokes the ***Document Details*** popup that displays file details (size, type, timestamp) • Third pane option is expandable and collapsible. **Intelligent Document Categorization** • AI classifies documents into predefined types such as: o Lab Result, Radiology, Progress Notes, Consult, Procedure, Billing, Legal, etc. **Intelligent Data Extraction**

- AI extracts and populates relevant fields including:
  - Patient identifiers (Name, DOB, Gender, Chart #)
  - Document attributes (Order No, Encounter Date, etc.)
  - Provider and document metadata
- Confidence-based validation:
  - High confidence (accurate match)
  - Low confidence (requires review)
- Flags unmatched entities (e.g., patient/provider mismatch)

Note: *Unidentified pages (missing patient level details) are marked as Unverified Documents*

Intelligent Splitting of Multi-page Documents

- Multi-page documents are split based on:
  - Patient Name & DOB
  - Document Type
  - Date of Service
- Original documents are preserved as a reference and accessed through the File hyperlink.
- Only PDF files are eligible for splitting
- The ***RECTIFY*** RECTIFY button is enabled only for AI suggested split of file. To modify the AI splitted documents, the user can either add or remove pages from the source file by assigning appropriate page range. Use 'Add New Row' to create a new split and associate patient name from the Patient Information pane, after all other details have been saved on the Rectify screen.

User Actions & Controls

- Documents must be reviewed and ***Approve*** checked before attachment. The **SAVE AND ATTACH** button is enabled only after approval is completed. If the user approves but navigates to another page or document without clicking **SAVE AND ATTACH**, the approval must be performed again.
- Only one document can be attached at a time to ensure validation
- Users can:
  - Add/remove pages in split documents

	o Modify extracted data o Provide feedback for AI improvement **AI Feedback & Learning** • Users can provide feedback via thumbs up/down. • Negative feedback allows for detailed input. • Feedback is used to retrain and improve model accuracy. • All AI-driven actions are reversible. **Notes:** • *Feature is disabled by default and must be explicitly enabled* • *AI processing is limited to configured folders only* • *No data loss occurs during AI processing or document splitting* • *Manual validation is mandatory before document attachment*

Enhancement 5: Appointment and Encounter Synchronization Improvements

Module:	**EMR+PM**
Type:	**GENERIC**
Case ID:	**532588**
Affected Screen(s):	• **Appointment Schedule** Navigation EMR → Appointments → ***Schedule*** Navigation Billing → Patient → Appointments → ***Schedule*** • **Patient Encounter** Navigation EMR → Patient→ ***Encounter*** • **Document List** Navigation Patient → ***Document List*** Navigation Patient → Encounter → Encounter TOC → ***Document List*** Navigation Patient → Encounter → Encounter TOC → Specialty → Document List icon → ***Document List*** Navigation CPOE→ Procedure → Choose the Order popup → Document List icon → ***Document List*** Navigation Patient → Encounter → Encounter TOC → Order Sheet→

	Procedure Order → Order tab → Document List icon → ***Document List*** **Navigation** Patient → Review →Review TOC → ***Document List*** **Navigation** Billing → AR/ Follow-up →Patient Account → EMR Docs EMR Docs button → ***Document List***
Description:	This enhancement documentation details the updates made to the synchronization, notification, and validation logic within the Appointment and Encounter modules. • **Appointment Workflow Consistency:** The system maintains existing manual selection workflows and validations for cases associated without an employer on the ***Appointment Schedule*** screen (WC/Emp). No changes were made to the fallback logic, ensuring users retain manual control over employer selection. • **Encounter-Appointment Data Synchronization:** For appointments in "Arrived" status, the system now successfully syncs the Employer data from the Encounter table to the ***Appointment Schedule*** popup, resolving previous issues where the field appeared blank. • **Insurance Logic Maintenance:** Following process execution for Arrived Appointments, the system correctly syncs the Employer on the Encounter with the Appointment while preserving Workers' Comp logic to ensure the appropriate insurance remains associated. • **Employer Change Security Alerts:** A new security alert triggers when a user attempts to change an employer. The system now prompts: ***"Some Documents might have already been shared with [Employer Name]. If you change the employer, the shared documents will be unshared from the [Old Employer Name] and will be shared with the new employer selected. Do you still want to change the employer?"*** • **Document Sharing Notifications:** The system now displays a confirmation alert for Letters-In documents to maintain transparency in data sharing. The alert states: ***"This document is already shared with the employer: [Employer Name]. It will continue to remain shared."*** • **Automated Email Notifications:** The Occmed notification engine now successfully triggers and sends email notifications to employers when the "Email Doc Notification" setting is toggled **On**. • **Workers' Comp Encounter Access:** Users can now successfully initiate encounters using the Worker Comp Encounter Type, resolving the previous technical block that prevented these encounters from starting.