

HEALTH SOURCE

8.13 Release Notes

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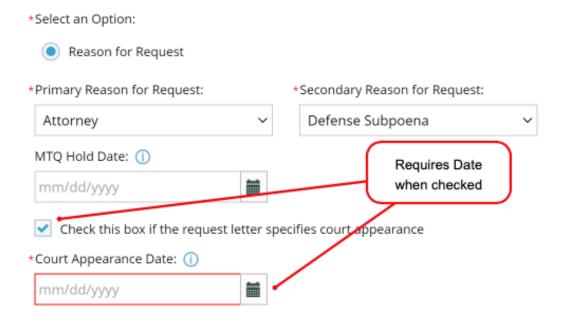
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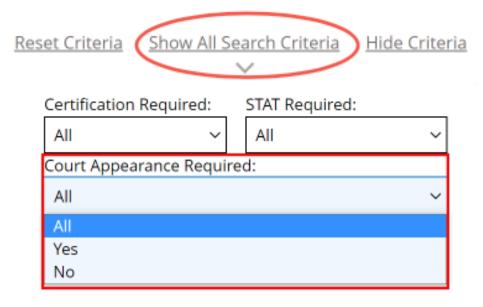


Subpoena new fields: Court Appearance fields

Previously subpoenas that required a court appearance were handled in a manual method which can lead to errors. The Request screen has two new fields added for the User to indicate when the subpoena requires a court appearance, and if so, the date of the appearance. The new fields only display when a primary or secondary Reason for Request contains the term "subpoena". An example is below.



In addition, you can search for requests that have this checkbox indicator when you expand the Search Criteria fields.





Datavant Major Class new Reasons for Request

The Identified Switchboard (IDSB) team has identified new Reason for Requests for the Datavant (DVNT) Major Class /Requester Type. These new Reasons have been added to HealthSource for use only by Datavant requests. These Datavant requests will be sent (in the near future) electronically to HealthSource with a primary & secondary Reason for Request, and a Due Date, through the existing APIs that are already in use for IDSB/Digital Intake requests. If a Due Date is not sent, then the default Due Date Management configuration (global or site specific) is applied.

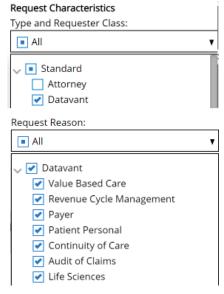
These requests have a **Ready to Fulfill** status and are processed like other electronic requests that need the entire record or abstract record type, except for the following. You cannot change/perform

- Request Type of Standard
- Requester, including the Requester address
- Reason for Request or Due Date
- Record Type
- Resubmit to logging

These Datavant Major Class requests will have one of the new Primary and Secondary reasons as seen below

Primary Reason	Secondary Reason(s)		
Continuity of Care	Provider as a Requester	1	
Patient Personal	Patient Personal	2	
PAYD	HEDIS Audit	5	
Payer	DRG/Payment Integrity, Home Risk Assessment, In Office Assessment	5	
Revenue Cycle Management	Pre-Payment Denials, Post-Payment Denials, Provider as a Requester	4	
Value Based Care	Whole Person Understanding, Switchboard for ACOs	4	

The Search Request criteria options below are available to filter for Datavant requests.





Livanta Patient ID fields- Qio Id and Emr Key format changes

The Livanta requester Patient Identifier fields, Qio ID and EMR Key that were released in HealthSource 8.11, now require the correct format to be entered to submit a request.

Qio ID (required field)

Previously the data entered in this field did not have the format checked. Also, the field allowed a space to be entered instead of a dash (hyphen) because the system would not allow a dash. Now, the field has been changed to:

- require ANNNNN-NN-NNNN
- automatically insert dashes in the correct position upon data entry into the field
- allow the User to enter dashes
- disallow the User from entering spaces



Emr Key (required field)

Previously the data entered in this field did not have the format checked. Now the filed must contain five alphabetic characters to submit the request.

*Emr Key:						
	AAAAA					



User Experience & Technical Enhancements

User Type (End-User,	Area	Problem/Error Solution implemented/amended	Reference #
Administrator,		behavior	
Technical)			
End- User	Parent Request Letter -	The pull list parent eID is now sent to	68584
	Back Office	the Back Office so the parent Request	
		Letter can be retrieved	
End User	Record Hub/Smart Request	Enhancements to Search Services API	68658
		to include available Patient Identifiers	
		such as Order ID, Control ID, CID	
		Number, Contract Number etc. in the	
		response parameter.	
End User	Record Hub/Smart Request	HS indicates the Delivery Type and	68585
		Delivery Method to RH via	
		Requestdetails and Searchservices API	
Technical	Record Hub/Smart Request	Provide support so Requesters will not	68739
		receive emails for downloading MRs	
		when the request is "PRINT AND	
		MAIL"	
Technical	IDSB- Large File API	Support FHIR CDR DocID as optional	68576
		field in Large File API for IDSB. The	68577
		GET Request Details API supports the	
		MR and FHIR CDR DocIDs (each is	
		identified as such).	