

## Version 4.8 Updates

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## Admin

### Role Configuration

#### *Employee Document Deletion Rights*

Any role granted the right to delete uploaded documents can also delete employee documents.

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## General

### Toolkit

#### *Admit Date Display*

Admit date now visible in the toolkit under the patient photo. Visibility is configurable per employee under Admin > Employee Registration.

#### *Split Dose Information*

If you have Last Dose visible in your toolkit, this will display the total amount dispensed to a patient, now including any extra dose amounts. We have also added an expansion for patients that have split doses. When viewing a patient with a split dose, directly below the Last Dose field a Split field will appear detailing the split amounts.

Last Dose : 60mg  
Split : 10mg/ 20mg/ 30mg  
Last Dosed : 11/09/2025

### Profile

#### *Preferred Contact*

The system will now abide by your selection in preferred contact for admin authorizations and remote user security codes. If your preferred contact is email, codes will be emailed. If text is selected, you must also elect to allow text messages, as described below.

#### *Allow Text Messaging*

Due to regulations in our 10DLC registration, you must opt in to allow text messages to be sent to you. This is completed in your profile page by checking off to Allow Text Messages.

☒ Allow Text Messaging

Checking this box indicated that you agree to receive text messages from this program.  
Message Frequency Varies. Messaging & Data Rates may apply. You can opt out at any time by unchecking this box.



## Patient Chart

### *AWOL Follow-Up / TH Call Backs*

These 2 contact types now appear in the patient chart.

## Queue

### *Improved Refreshing*

In the Kiosk Queue configuration, we replaced right-click refresh with a dedicated “Refresh” link in the Queue interface.

## Text Messaging

### *Enhanced Logging*

Now displays the sender and exact message sent in the Messaging section.

### *Preferred Contact*

Please note that security codes will now abide by what is selected as your preferred contact set in your Employee Registration or Profile.

### *Opting In*

Employees must check off to allow text messaging in their profile screen to receive messages.

## Signoff

### *Lab Signoff Access*

Expanded Access: Lab Signoff Queue is now available to any role authorized to sign treatment plans in the role configuration (previously limited to only role of Doctor).

### *Multi-Document Signoff*

Employees can sign off on multiple documents at once using a PIN and attestation that you have reviewed the selected documents. Available on:

- Session Notes
- Custom Forms
- Labs
- Prescriptions
- Discharge Summaries
- Treatment Plans
- Transition Plans

## Stops

### *Bulk Deletion of AWL Stops*

Users with rights to delete AWL stops in the role configuration can now delete multiple AWL stop entries at once.



## Front Desk

### Manage Patient

#### *Document Category Column Added*

Patient Documents tab now shows the category selected during upload.

#### *Billing Episode Updates*

See section under Billing and Financial Changes, page 11.

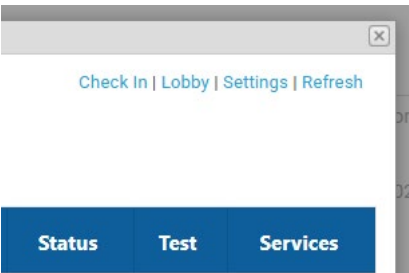
### Check-In

#### *Queue Check-In for Already Medicated Patients*

Staff can now check patients into the medication queue when they already have medication for today, bypassing previous errors. This is only available in the advanced Kiosk/Queue Configuration.

To check in a patient already medicated for today, Open the queue, Click the Check In link.

You are presented with a message that allows you to check them in for either medication or to see the Front Desk.



Patient ID  
4

SUBMIT CANCEL

Patient is not due for any services today. What would you like to check them in for?

☐ **Daily Medication**

☐ **Visit Front Desk**

CHECK IN



## Counselor

### Treatment Plans

#### *Patient Rights Acknowledgement*

The printed plan now only states that rights were reviewed if the checkbox was selected during signing.

#### *Treatment Plan Review Report*

Fixed duplication issues. Multiple entries may still appear if an unsigned plan is still awaiting review.

#### *Signatures on Printed Plans*

Signature labels have been updated to include the signer's name.

For plans sent to a single user, their name appears while pending signature. Multiple signers selected in a single area do not display at this time.

#### *Deleting Problems from Treatment Plans*

We've improved the workflow for deleting Problems in Treatment Plans to prevent issues that previously blocked users from continuing to the signature page.

When deleting a Problem that has Goals, Measurable Objectives, or Interventions tied to it, the system will now display a warning message:

*"You are about to delete a problem from this treatment plan.  
By deleting this problem, you will also delete all associated Goals,  
Measurable Objectives and Interventions."*

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## Dispensing

### Medical Inventory

#### *Medication Names Added*

Your inventory screen previously displayed only the description portion of your medication. This has been updated to include the medication names and Dose Type.

#### *Delete Reconciliations*

Users can now delete inventory reconciliations (previously required offsetting transactions). These appear in the Transfers section of Today's Log. Deletion rights are required.



## Guest Dosing

### *Information Added*

Current dosing schedule and dose through-date now displayed.

## Guest Dosing Info

### *Improved Navigation*

Added a permanent link to Guest Dosing from the Guest Dosing Info page. System will retain Guest ID you are on when traveling from Dose Guest to Guest Dosing Info

### *Multi-Select Delete*

You can now delete multiple records in the guest dosing info.

## Medical Dosing

### *Dispense Remaining Take Homes*

When returning to the medical dosing page if a patient has not been dispensed all of the scheduled take homes, the system will now prompt you that patient is due additional take homes and reload the take home box to continue to dispense. This will reduce the number of times that nurses are forced to use the exception take home function to continue dispensing take homes. If you accidentally close the take home box, simply click Go under the patient picture and you will be prompted to dispense the remaining take homes.

### *Error Handling for Non-Daily Medication Patients*

Patients not on daily medication services now show a clear message:  
"Unable to dispense: Patient primary service is not a daily medication."

### *Time Offset Fix*

Offset now correctly applies to both medication and dispensed dates.

### *New Orders Alert*

Effective dates are now bolded in red when an order is being dispensed for the first time.

### *Future Order/ Change in Dose Type.*

Future orders that change the dose type are now possible. For example, if you are giving a patient a liquid window dose and want to dispense a number of take homes as tablets, the take home screen will now adjust to allow for a bulk label and the labels printed will reflect the correct medication form.

### *Employee Initials on Labels*

Labels now display the dispensing employee's initials instead of their full name.



## Pump

### *Accuvert/Methaspense Enhancements*

Updates and new functionality has been introduced for those that are using the Ivek Accuvert or the Methaspense pumps. As the only pump that can talk back to the software, we have introduced new commands during dispensing to ensure accuracy and reduce the time it takes when a dose fails to pump.

Please note, these updates to the pump code are currently only available in the Medical Dosing and Guest Dosing pages. Future enhancements will include the Pharmacy/Pre-Pour page. There has been no change made to the SciLog or Digispense pumps.

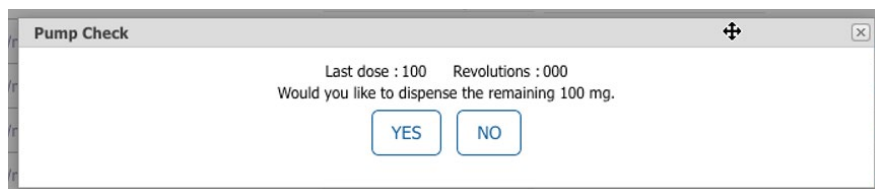
**Forward/Dispense:** To prevent any unintended extra medication from flowing out of your pump, when the medical dosing page is loaded, we are sending a command to put the pump in forward and dispense mode. This will prevent anyone from accidentally being in prime mode while trying to dispense medication to patients.

**Pump Check Feature:** A new Check Pump option is now available once the pump reports a Ready status after dispensing a dose. This pump provides feedback on the number of revolutions completed (with 1 mg dispensed per revolution), allowing us to compare the actual dispensed volume with the target amount.

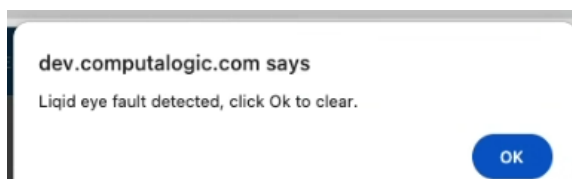
Before each dispensing command, the system now sends a command to clear the totalizer, followed by the volume-specific dispensing command.

**Important:** While the pump is actively dispensing a dose, no other commands can be issued. The system will lock further inputs until the pump returns a Ready status. In our testing, the most common cause of dispensing failure was issuing new commands before the pump had completed its previous task.

Once the pump is ready, you can use the Check Pump command to view both the volume sent and the revolutions recorded. If the pump fails to dispense, you may reissue the dispensing command.



**Pump Fault Handling:** pump may experience caused by issues such detector identifying a

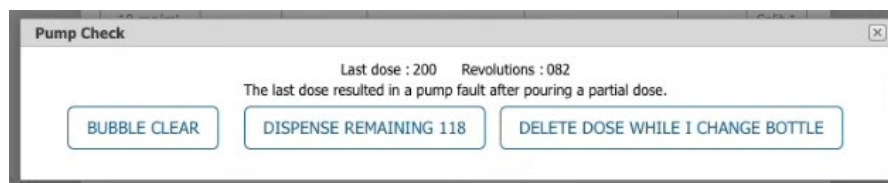


Occasionally, the a fault—commonly as the liquid eye bubble in the line.



When this occurs, the pump will emit a loud beeping sound and a message will display in MethodOne allowing you to clear the fault and silence the alarm.

After clearing the error, you'll be presented with three options:



**Bubble Clear:** If your methadone bottle still contains a sufficient amount of liquid, you can select Bubble Clear. This sends a command to the pump to push the methadone back and forth through the line, clearing any detected bubbles. Once the bubble has been cleared, you can proceed to dispense the remaining portion of the dose.

**Dispense Remaining:** After clearing the bubble, you can then select the Dispense Remaining option to complete the dose amount.

**Delete Dose While I Change Bottle:** If you need to replace the methadone bottle, choose this option. It will remove the 200 mg dose record from the patient's dosing information and redirect you to the pump screen to change the bottle. After the change, when you return to the dosing page, you'll be prompted to resume dispensing the remaining take-home doses, including the full amount of the dose that faulted.

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## Medical

### Dosing Orders

#### *DOB on Printouts*

Date of Birth now appears on printed order.





### *Restabilization Order Update*

Removed warning message about increases applying only to window doses, as take-home increases are supported.

## Patient Dosing Info

### *“No Dose” Error Fixed*

Issue causing next-day errors after a “no dose” event has been resolved.

## Labs

### *Comments on Imported Labs*

Users can now add comments to imported lab results for better clarity, e.g., false positives.

### *Unmapped Lab Results*

Streamlined Test Insertion: Users can now insert missing lab tests directly from the Unmapped Results screen, avoiding complex navigation.

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## Reports

## Ad-Hoc

### *Patient Dates View Update*

Now includes both active and inactive records, with status field visible.

### *“Not Taken” from Patient Dosing Info*

The Patient Dosing View ("Entity") in Ad-Hoc reporting now includes a field for doses marked as "Not Taken," along with any related comments.

## Deleted Doses

### *Split Doses*

Resolved issue where split doses were being reported twice.

## All Notes

### *Employee Filter Enhancement*

Active employees now appear at the top of the dropdown (alphabetically). Deleted employees appear at the bottom.

## Bottles

### *Date Range Fix*

Bottles added on the "to" date are now correctly included.



## Cash Balance

### *Updated Fields*

Correct last payment date now shown. Check payments are now included.

## Daily Intake

### *Guest Payment Timestamp Offset*

The report now correctly reflects the local time for all guest payments.

## Dispensing & Admin Record

### *Duplicate Entry Fix*

Resolved error where different nurses dispensing caused duplicate lines due to grouping logic. Now grouped by nurse.

## Changes to Billing and Financials

## Payor Surveys

### *Institutional Payor Surveys*

Rate codes are no longer required to be entered into the payor surveys. If your payor does not require them, removal from the payor survey will skip that segment in the 837 Institutional files. Rate codes do not affect 837 professional files.

Rate codes, when entered to be the same for medication and services, will now combine medication and services into one claim. If the rate codes are different in the payor survey, the claims will still split. Applicable to Institutional files only.

Payor addresses were not being sent in the 837s. They are now included.

### *Medicare-Type Payor Surveys*

New option to have claim dates span the entire week rather than a single date.

If billing non-G codes alongside G codes, you can choose to have non-G codes reflect the actual service date instead of the first day of the week.

When generating your 837 using this billing method, select the last day of your billing week when pulling claims (e.g., if G codes are dated Monday, select Sunday when pulling claims).

### *NY OPRA Support*

When billing services for a provider without an NPI, and if you are a New York facility, the system will now include the segment REF\*G2\*02249145~ in the 837 file. Additionally, the referring provider listed on your payor survey will be added.



To trigger this behavior, ensure the “Bill services with referring provider” option is checked in your payor survey and the service is set to bill by Creator.

If the claim contains services from multiple providers, the attending provider will still come from the setup selected in the payor survey.

## Billing Episode Updates

Improvements have been made to the re-evaluate functions in the billing episodes. When ending a billing episode, you will see new options available.

### *Voiding Submitted Claims*

A new option has been added to void submitted claims when ending a billing episode.

By default, all charges included on submitted claims will remain in financial activity.

This is intentional: when a claim returns (e.g., with a payment or denial), the system needs to match it to the original charge that was submitted. Keeping the charge active under the original insurance ensures proper reconciliation.

### *Important Note:*

If you choose to not void the submitted claim and then enter a new overlapping billing episode, the system will generate a duplicate charge:

- One charge will be associated with the previous insurance (for the original claim).
- The second charge will be associated with the new insurance (for the new claim).

This behavior is intentional and allows your billing team to:

- Continue working the original claim (e.g., follow up, post payments).
- Simultaneously bill out the new claim under the updated insurance.

This feature provides flexibility for managing overlapping billing scenarios while maintaining accurate financial tracking.

However, in some cases, you may not want the charge to remain under the previous insurance. For example, if you're transitioning a patient to a new insurance and do not expect or do not need to record the denial, you can now check the option to void the submitted claim. This will remove the charge from financial activity under the previous insurance.

### *Deleting Billing Episodes*

Clicking delete on a single billable service line will now prompt if you want to delete all of the billable services.



We are now removing charges when a billing episode is deleted. We have added an option that can be selected to retain the charges for cases when you may just need to re-enter the same billing episode.

#### *Re-evaluate*

When entering a billing episode by clicking NEW, you will still need to click the re-evaluate to enter the charges. This will fully evaluate all possible charges for that insurance.

If editing a single service in a billing episode, the system will automatically re-evaluate for that one service.

A great example and use case for this is when you add a new service. Adding it to the payor survey enters that service into every billing episode.

If there are patients that have received this service already and you need to backdate, you can now backdate that one service and only that service will be evaluated for past charges.

## 835 Import Enhancements

#### *Matching Checks to Specific Payors*

Recent updates have improved how the system matches incoming checks to the correct payor when a charge has been billed to multiple payors.

When a charge is associated with more than one payor, the system may struggle to determine which payor a check was intended for, moving it into the un-processable section.

To address this, we've added the ability to select the payor or payors that a check is coming from during the import process. This selection is optional, but highly recommended when dealing with complex billing scenarios involving multiple payors.

Why This Matters:

- If you do not select a payor, and the charge is linked to multiple payors, the system may not be able to apply the payment to the correct charge.
- If you do select the payor, the system will use that information to accurately match the payment to the appropriate payor, reducing errors and manual corrections.

This enhancement ensures smoother processing of 835 files and helps your billing team maintain accuracy when reconciling payments across multiple payors.

