



Merative™ Integrated Care

Product documentation

Note

Before using this information and the product it supports, read the information in [Notices \(on page *mcccxcviii*\)](#)

Edition

This edition applies to Merative™ Integrated Care.

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Contents

Note.....	ii
Edition.....	iii
Chapter 1. Product overview.....	20
Merative™ Integrated Care features and benefits.....	20
Merative™ Integrated Care Service Payment.....	21
Merative™ Integrated Care Community Service Referral.....	22
Merative™ Integrated Care Connect Individuals.....	23
Merative™ Integrated Care Connect Providers.....	23
Add-on component dependencies.....	24
What's new or changed	27
Software prerequisites.....	27
Accessibility.....	27
Keyboard shortcuts.....	27
Glossary.....	32
Chapter 2. Getting started.....	45
Getting started with care management.....	45
Care Team workspace.....	47
Summary view.....	48
Plan.....	52
Program.....	55
Data.....	57
Getting started with supervising	59
Supervisor Workspace.....	61
Getting started with configuration	63
Getting started with administering user accounts.....	65
Checklists: get started with organization units.....	67
Chapter 3. Scenarios.....	74

Scenario: Using Merative™ Integrated Care in a specialty court	74
Scenario: Managing client referrals in Merative™ Integrated Care.....	78
Scenario 1: Managing unassigned client referrals as a Supervisor of the organization unit (June Rafter).....	80
Scenario 2: Managing unassigned client referrals in the organization unit (Susan Brown).....	85
Chapter 4. Administering users.....	89
Merative™ Integrated Care user types.....	89
Administering standard user accounts.....	91
Creating user accounts.....	91
Searching for users.....	93
Modifying user account details.....	94
Suspending user accounts.....	96
Resuming user accounts.....	96
Closing user accounts.....	97
Reopening user accounts.....	98
Associating users with team roles.....	99
Removing team roles.....	100
Adding team skills.....	100
Removing team skills.....	101
Administering Connect Providers user accounts.....	101
Searching for Connect Providers users.....	101
Suspending Connect Providers user accounts	102
Reactivating Connect Providers user accounts.....	102
Closing Connect Providers user accounts.....	103
Administering Connect Individuals user accounts.....	103
Searching for Connect Individuals users.....	103
Suspending Connect Individuals user accounts.....	104
Reactivating Connect Individuals user accounts.....	104
Closing Connect Individuals user accounts.....	105

Chapter 5. Administering security.....	106
Securing protected health information.....	106
Data access options.....	106
Modifying data access.....	108
Configuring data access groups.....	109
Configuring security roles and permissions.....	118
File type restrictions.....	121
Chapter 6. Configuring.....	123
Configuring programs.....	123
Creating programs.....	123
Generating goal suggestions from programs.....	124
Generating tasks from programs.....	125
Modifying programs.....	126
Modifying goal suggestions for programs.....	127
Deleting programs.....	127
Configuring program closure settings.....	128
Configuring program status change reasons.....	128
Configuring assessments.....	130
Creating assessments.....	131
Suggesting goals and actions based on measure classifications.....	149
Generating goals and actions suggestions based on measure classifications.....	150
Suggesting goals and actions based on answers to assessment questions.....	151
Generating goals and actions suggestions based on answers to assessment questions.....	152
Generating tasks based on measure classifications.....	153
Generating tasks based on answers to assessment questions.....	154
Generating alerts based on measure classifications.....	155
Generating alerts based on answers to assessment questions.....	156
Activating assessments.....	157
Sharing assessments with external systems.....	158

Modifying assessments.....	162
Copying assessments.....	163
Modifying goals and actions suggestions for assessments.....	164
Removing goals and actions suggestions from assessments.....	165
Deleting assessments.....	165
Configuring questionnaires.....	165
Creating questionnaires.....	166
Configuring questionnaire question scripts.....	167
Suggesting goals and actions based on questionnaire results.....	178
Generating goals and actions suggestions based on questionnaire results.....	179
Generating tasks from questionnaire results.....	180
Generating alerts from questionnaire results.....	181
Activating questionnaires.....	182
Modifying questionnaires.....	182
Copying questionnaires.....	184
Sharing questionnaires with external systems.....	185
Modifying goals and actions suggestions for questionnaires.....	189
Removing goal and action suggestions from questionnaires.....	190
Deleting questionnaires.....	190
Configuring goals.....	191
Creating goals.....	191
Configuring focus areas for goals.....	192
Configuring outcomes for goals.....	192
Configuring action and service suggestions for goals.....	193
Automatically adding actions to care plans.....	194
Modifying goals.....	195
Modifying suggestions for goals.....	195
Removing goal suggestions.....	196
Deleting goals.....	196

General goals.....	196
Configuring actions.....	197
Creating actions.....	197
Modifying actions.....	198
Deleting actions.....	200
Configuring categories for actions.....	200
Configuring outcomes for actions.....	201
Configuring progress values.....	202
Configuring services.....	203
Creating services.....	203
Modifying services.....	207
Enabling the resource filters feature.....	210
Deleting services.....	211
Configuring barriers.....	211
Creating barriers.....	212
Creating barrier categories.....	212
Modifying barriers.....	213
Modifying barrier categories.....	213
Deleting barriers.....	214
Configuring for Connect applications.....	214
Registering providers and services.....	214
Getting started with registering providers and services.....	215
Enabling the Providers feature.....	217
Configuring identification types for providers.....	218
Searching for providers.....	218
Registering providers.....	219
Adding provider information.....	220
Adding contacts for providers.....	221
Adding addresses for providers.....	222

Managing provider users.....	224
Adding services for providers.....	226
Closing providers.....	238
Deleting providers.....	239
Configuring external inquiry statuses.....	239
Creating inquiry statuses.....	240
Modifying inquiry statuses.....	240
Configuring budgets.....	241
Configuring budget contributors.....	241
Configuring budget approvals.....	242
Configuring payments.....	242
Configuring a PayPal billing agreement.....	242
Granting permissions to receive client contributions.....	244
Configuring a failed client contribution task.....	245
Configuring tasks.....	246
Creating tasks.....	246
Creating task categories.....	247
Modifying tasks.....	247
Modifying task categories.....	248
Deleting tasks.....	248
Configuring task closure reasons.....	249
Adding task closure reasons.....	249
Modifying task closure reasons.....	249
Configuring alerts.....	250
Creating alerts.....	250
Modifying alerts.....	251
Configuring care teams.....	251
Configuring care team skills.....	252
Configuring care team roles.....	254

Configuring care team groups.....	257
Configuring client consent to share information.....	259
Modifying client consent to share information.....	259
Configuring care team visit frequency.....	260
Modifying care team visit frequency.....	261
Configuring client data.....	261
Default non-configurable client data types in Merative™ Integrated Care.....	262
Showing and hiding non-configurable client data types.....	265
Creating client data types.....	266
Defining attributes for a client data type	267
Configuring clusters for a client data type.....	276
Configuring validations for a client data type.....	286
Defining summary description for a client data type.....	295
Defining supporting information for a client data type.....	296
Activating client data type versions	297
Sharing client data types with external systems.....	298
Cloning a client data type version as a template for a new version	300
Maintaining client data type versions.....	301
Configuring data sources.....	305
Associating data types with configured sources.....	306
Configuring sources for data types.....	307
Configuring original source systems for data types.....	310
Configuring consent types.....	313
Creating consent types.....	313
Modifying consent types.....	314
Configuring client summary cards.....	314
Client summary cards.....	315
Configuring the default display of client summary cards for all care team roles.....	318
Customizing the display of client summary cards for specific care team roles.....	319

Copying a role-based summary card configuration.....	320
Resetting role-based summary cards to the default configuration.....	321
Configuring family summary cards.....	321
Configuring client identification types.....	322
Creating identification types.....	322
Modifying identification types.....	323
Configuring client relationship types.....	324
Creating relationships.....	324
Modifying relationships.....	325
Configuring client tags.....	326
Creating client tags.....	326
Modifying client tags.....	326
Configuring client risks.....	327
Creating risks.....	327
Creating risk ranges.....	328
Creating risk categories.....	328
Activating risks.....	329
Modifying risks.....	330
Modifying risk ranges.....	331
Modifying risk categories.....	331
Deleting risks.....	332
Deleting risk ranges.....	332
Deleting risk categories.....	333
Configuring client deactivation reasons.....	333
Adding client deactivation reasons.....	333
Modifying client deactivation reasons.....	334
Configuring client referral reasons.....	335
Adding client referral reasons.....	335
Modifying client referral reasons.....	336

Configuring referral lists.....	336
Configuring client deletion reasons.....	337
Adding client deletion reasons.....	337
Modifying client deletion reasons.....	338
Adding undo client deletion reasons.....	338
Modifying undo client deletion reasons.....	339
Configuring for organizations.....	339
Configuring titles and suffixes for clients and care team members.....	340
Configuring the display format of a client's name.....	343
Configuring organization names.....	343
Configuring a Connect Providers support contact.....	344
Configuring a Connect Individuals support contact.....	344
Configuring languages for organizations.....	344
Configuring organization units.....	345
Configuring client messaging.....	347
Enabling the messaging feature.....	348
Enabling the external messaging feature.....	348
Configuring external roles for integrated systems.....	349
Creating external roles for data access.....	350
Modifying external roles for data access.....	350
Deleting external roles.....	351
Configuring external system references.....	351
Reuse of external system references.....	352
Configuring Share Care Plan templates.....	353
Creating Share Care Plan templates.....	353
Uploading images for a Share Care Plan template.....	355
Managing the content of Share Care Plan templates.....	356
Configuring names of Share Care Plan template recipients.....	370
Upgrading Share Care Plan templates.....	371

Editing Share Care Plan templates.....	372
Deleting Share Care Plan templates.....	373
Configuring resources for the care team.....	373
Configuring Register Client wizard pages.....	373
Configuring for supervisors.....	374
Configuring care team capacity ranges.....	374
Configuring unassigned referral day ranges.....	375
Configuring utilization.....	375
Configuring utilization types.....	376
Configuring utilization locations.....	377
Configuring utilization sources.....	379
Configuring utilization dispositions.....	381
Configuring notes.....	382
Configuring note types.....	383
Configuring reasons for note deletions.....	386
Configuring note sharing with external systems.....	387
Configuring subscribers and managing subscriptions.....	389
Configuring subscribers.....	389
Managing subscriptions.....	396
Configuring external referral recipients.....	398
Creating external referral recipients.....	398
Modifying external referral recipients.....	399
Configuring the PDF footer.....	400
Updating the PDF footer text.....	400
Chapter 7. Care management.....	401
Managing your Merative™ Integrated Care account.....	401
Signing in to your account.....	401
Signing in to your account with SSO.....	402
Managing your user profile.....	404

Setting your preferences.....	405
Applying a workspace.....	406
Resetting your password.....	406
Care Team workspace.....	407
Summary.....	408
Customizing the Summary view.....	411
Summary view.....	412
Managing clients.....	413
Registering clients.....	413
Searching for clients.....	419
Searching for your clients.....	423
Requesting emergency access to clients.....	424
Deactivating clients.....	425
Reactivating clients.....	427
Managing the deletion of a client.....	428
Resetting the health pass for a client.....	430
Resolving duplicate client registrations.....	431
Managing clients between Merative™ Integrated Care and other applications.....	433
Registering clients.....	434
Viewing the Virtual Client Record.....	440
Searching for clients in Merative™ Integrated Care and other applications.....	442
Managing client referrals.....	448
Creating referrals for existing clients.....	448
Assigning client referrals.....	450
Completing your open client referrals.....	453
Completing a client's open referrals.....	455
Rejecting client referrals.....	459
Managing unassigned clients.....	460
Assigning clients to you or other care team members.....	461

Deactivating unassigned clients.....	463
Enrolling clients in programs.....	465
Program lifecycle.....	465
Assigning programs to clients.....	467
Enrolling clients in programs.....	468
Disenrolling clients from programs.....	470
Completing programs for clients.....	472
Modifying program status details.....	474
Running assessments and questionnaires.....	475
Sharing assessments or questionnaires with others.....	482
Capturing consent and documents.....	484
Capturing client consent	484
Capturing client documents.....	491
Updating client photos.....	494
Capturing client data.....	495
Data.....	495
Filtering the client data list view.....	498
Viewing client data.....	499
Adding client data.....	500
Modifying client data.....	502
Deleting client data.....	503
Classifying clients' conditions.....	504
Reviewing clients' current medications.....	505
Reviewing clients' current allergies.....	506
Flagging observation client data.....	507
Capturing notes	508
Notes access.....	508
Adding quick notes.....	509
Adding notes.....	512

Filtering your notes list view.....	515
Editing notes.....	516
Deleting notes.....	518
Notes Highlights.....	520
Notes highlights scenario.....	520
Reviewing notes highlights.....	523
Monitoring notes highlights.....	524
Feedback from your interactions.....	525
Creating care plans.....	525
Plan.....	526
Planning goals.....	528
Planning actions.....	536
Planning care team actions.....	543
Planning services.....	551
Planning provider services.....	560
Planning for clients' barriers.....	662
Sharing care plans with others.....	670
Managing care teams.....	695
Care teams.....	695
Registering care team members for a specific client.....	696
Registering care team members.....	697
Adding care team members individually.....	698
Adding groups of care team members.....	700
Removing care team members.....	700
Modifying care team members' details.....	702
Reviewing current and past members of a care team.....	704
Searching for care team members.....	704
Assigning a care team member's clients to you or other care team members.....	705
Reassigning a care team member's clients to you or other care team members.....	706

Planning care team tasks.....	708
Filtering the care team tasks list view.....	708
Assigning unassigned tasks.....	709
Creating tasks.....	710
Modifying tasks.....	711
Closing tasks.....	712
Deleting tasks.....	712
Monitoring.....	713
Monitoring my alerts.....	713
Capturing alerts.....	713
Updating clients' priority.....	716
Monitoring tasks that apply to clients.....	717
Viewing clients with appointments.....	718
Recording touchpoints.....	719
Recording utilization.....	724
Chapter 8. Engaging clients in their own care.....	727
The Connect Individuals application.....	727
Inviting clients to register for Connect Individuals.....	729
Collaborating with your care team	730
Managing Connect Individuals client accounts.....	736
Suspending Connect Individuals accounts.....	736
Reactivating Connect Individuals accounts.....	737
Closing Connect Individuals accounts.....	737
Chapter 9. Managing client messages.....	739
Managing message notifications.....	739
Filtering your message notifications list view.....	739
Marking message notifications as read.....	740
Clearing message notifications.....	741
Sending messages to clients.....	741

Filtering the client messages list view.....	743
Chapter 10. Providing community services.....	745
Signing up to use the Connect Providers application.....	745
Setting up payments.....	746
Managing your organization's profile.....	747
Listing your services.....	748
Managing inquiries.....	753
Merative™ Integrated Care Community Service Referral.....	757
Chapter 11. Supervising.....	758
Supervisor Workspace.....	758
Managing client referrals.....	760
Client referrals.....	760
Assigning client referrals to care team members.....	761
Reassigning client referrals to care managers.....	764
Rejecting client referrals.....	766
Managing unassigned clients.....	767
Assigning clients to care team members.....	768
Deactivating unassigned clients.....	769
Modifying a care team member's capacity.....	771
Reversing the deletion of a client.....	772
Monitoring clients' program status transitions.....	774
Monitoring my tasks.....	774
Filtering your tasks list view.....	774
Creating tasks.....	775
Modifying tasks.....	776
Deleting tasks.....	777
Closing tasks.....	777
Chapter 12. Reporting.....	779
Merative™ Integrated Care Bring your own tool (BYOT) reporting.....	779

Choosing an integration method.....	780
Merative™ Integrated Care data.....	783
Chapter 13. Integrating.....	787
Merative™ Integrated Care data and integrated systems.....	787
Data summary.....	788
Fields displayed on all client data types.....	791
Contact data.....	793
Demographics data.....	801
Care team actions data.....	815
Configurable client data	822
Assessments data.....	822
Questionnaires data.....	829
Notes data.....	833
Alerts data	842
Referral data.....	846
Integrating via Merative™ Integrated Care REST APIs.....	852
Getting started with REST APIs.....	852
Exploring API use cases (with real-world examples)	866
Using webhooks notifications to retrieve data.....	885
Merative™ Integrated Care REST API catalog.....	890
Integrating Merative™ Integrated Care with your organization's identity provider.....	1396
Required information to integrate with your organization's identity provider.....	1397
Notices.....	mcccxcviii
Trademarks.....	mcccxcix
Index.....	

Chapter 1. Product overview

Merative™ Integrated Care is a cloud-based care management solution to help your organization to focus on individual-centered care. Care teams can capture and assess structured and unstructured information, select targeted programs, and create individualized care plans. Care plans can be adjusted to address changing biological, psychological, and social needs.

Merative™ Integrated Care features and benefits

Merative™ Integrated Care supports care management workflows that can help care teams to change client behavior and improve health across attributed populations.

Merative™ Integrated Care provides the following features and benefits:

- Establishes a central record from information and data that spans across systems and care providers to help create an overview of an individual's health status.
- Supports coordinated care delivery, sharing of care plans, and team-based care.
- Enables the creation of longitudinal and data-driven care plans.
- Enables care managers to provide meaningful, personalized, care pathways for individuals that can drive behavior change that lead to better health and reduced costs.
- Increases care manager productivity, with guided care planning, and follow-up by using integrated tools that can enable care managers to spend more productive time with clients.
- Provides flexible care management workflow tools to support multiple initiatives that include accountable care organizations (ACOs), care transitions, palliative care, complex disease management, and social programs.
- Supports value-based payment models and demonstration of the value of their care team management activities.
- Reporting capabilities help care teams to understand client needs, plan and manage client care, measure the effectiveness of programs and services, and increase organization efficiency. Care managers and supervisors can run reports based on client information that is available in Merative™ Integrated Care. Supervisors can access dashboards to see charts with program and demographic statistics for clients, or create their own custom reports and dashboards, as needed.
- Merative™ Integrated Care Notes® Highlights can help care team members to more quickly access information that is scattered across multiple notes. Notes highlights are a ranked list of relevant words and phrases that are extracted from a client's notes.

Notes® Highlights uses natural language processing and cognitive computing to identify, categorize, and rank notes highlights. Notes highlights are generated from the last year of

unstructured, shared, and published notes and their associated comments, and are updated as new notes or comments are added.

- Optional add-on components give Merative™ Integrated Care the capability to support enhanced workflows:
 - [Merative™ Integrated Care Service Payment \(on page 21\)](#)
 - [Merative™ Integrated Care Community Service Referral \(on page 22\)](#)
 - [Merative™ Integrated Care Connect Individuals \(on page 23\)](#)
 - [Merative™ Integrated Care Connect Providers \(on page 23\)](#)

Merative™ Integrated Care Service Payment

With Merative™ Integrated Care Service Payment, care team members can set a weekly personal budget for a client's provider services and authorize payments for the services.

If your organization licenses the Merative™ Integrated Care Service Payment add-on component, you can create a weekly personal budget for your client's services. The budget is the amount required to pay for services to address the client's needs. The budget amount is contributed from one or more budget contributors, for example, the care organization, a charity, or the client. Budget contributors for your organization are configurable by the administrator.

If your organization is licensed to use Merative™ Integrated Care Connect Individuals and has signed up to receive contributions through PayPal, budget contributions from clients who have signed up to make payments in the Connect application can be automatically processed through PayPal.

So that you can track the budget and understand the total costs of services against the allocated budget, the costs of services on the plan are associated with the budget. If the client's circumstances change, you can add a new budget and replan the client's services and providers. When the budget is approved, you can authorize payments to the providers for the services. When you authorize payments, the provider is paid automatically by Merative™ Integrated Care weekly in arrears for their services through PayPal. To receive the automated payments, the service provider must be a Connect user and have completed their payments sign up in the application. If the client is required to contribute to the cost of their own services, then the client contribution is automatically processed in arrears before the service payment is made.

Merative™ Integrated Care Service Payment requires the following:

- Merative™ Integrated Care with the Providers feature enabled
- Merative™ Integrated Care Connect Providers
- Optionally, if your organization wants to process client contributions, Merative™ Integrated Care Connect Individuals

Budgets and payments for administrators

[Registering providers and services \(on page 214\)](#)

[Configuring budgets \(on page 241\)](#)

[Configuring payments \(on page 242\)](#)

Budgets and payments for care teams

[Planning services with personal budgets and payments \(on page 568\)](#)

Payments for service providers

[Setting up payments \(on page 746\)](#)

Individual contributions

[Collaborating with your care team \(on page 730\)](#)

Merative™ Integrated Care Community Service Referral

With Merative™ Integrated Care Community Service Referral, care team members can send inquiries to community service providers, manage provider responses and offers, and accept or decline offers.

If your organization licenses the Merative™ Integrated Care Community Service Referral add-on component, when you are planning the services that your client needs, you can send inquiries to community service providers asking them to supply the service and manage queries from the providers about the service request. You can also review offers that are sent by providers in response to your inquiry and accept the offer that best meets your client's needs and budget.

Merative™ Integrated Care Community Service Referral requires the following:

- Merative™ Integrated Care with the Providers feature enabled
- Merative™ Integrated Care Connect Providers

Merative™ Integrated Care Connect Providers for administrators

[Registering providers and services \(on page 214\)](#)

[Configuring for Connect applications \(on page 214\)](#)

Service referrals for care teams

[Planning services with provider inquiries \(on page 630\)](#)

Service referrals for service providers

[Managing inquiries \(on page 753\)](#)

Merative™ Integrated Care Connect Individuals

Using the Connect application, clients can engage and collaborate with care team members on their care plans and optionally, contribute to the cost of their services. Their updates are saved to Merative™ Integrated Care.

If your organization licenses the Merative™ Integrated Care Connect Individuals add-on component, care team members can invite clients to register to use the Connect application. Clients can access the application on supported browsers from any Internet-enabled device.

Using the Connect application, clients can send and receive messages from their care team and securely manage their health goals. They can view their active and completed goals and actions, and can mark actions as complete when they are finished with them. Clients can browse service providers and shortlist the providers that best suit their requirements for review with the care team. Updates that are made by a client using the service are saved to Merative™ Integrated Care. Changes that are made by a client and their shortlisted providers can be viewed in the care team application.

If your organization requires clients to contribute to the cost of their services, you can licence Merative™ Integrated Care Service Payment so that you can automatically process budget contributions from clients through PayPal. Clients can sign up to make their contributions in the Connect application.

To collaborate on community provider services, the Providers feature must be enabled.

Merative™ Integrated Care Connect Individuals for administrators

[Configuring for Connect applications \(on page 214\)](#)

Merative™ Integrated Care Connect Individuals for care teams

[Engaging clients in their own care \(on page 727\)](#)

Connect for clients

[Collaborating with your care team \(on page 730\)](#)

Merative™ Integrated Care Connect Providers

Using the Merative™ Integrated Care Connect Providers web application, community service providers that are registered with Merative™ Integrated Care can configure and manage their own profiles and service listings. They can collaborate with care team members and offer their services for selection by care team members.

If your organization licenses the Merative™ Integrated Care Connect Providers add-on component, community service providers can be invited by an organization that uses Merative™ Integrated Care to register as a Connect user. Then, in the Connect application, providers can manage their organizations'

profile and list the services that their organizations offer. Then, care team members can select from the list of available services when they are creating care plans for clients.

If the care organization uses Merative™ Integrated Care Community Service Referral, providers can receive and respond to service inquiries from the care team in the Connect application.

If the care organization uses Merative™ Integrated Care Service Payment, providers can sign up to receive payments in their PayPal accounts.

Merative™ Integrated Care Connect Providers requires Merative™ Integrated Care with the Providers feature enabled.

Merative™ Integrated Care Connect Providers for administrators

[Registering providers and services \(on page 214\)](#)

[Configuring for Connect applications \(on page 214\)](#)

Working with service providers for care teams

[Planning services with personal budgets and payments \(on page 568\)](#)

[Planning services with provider inquiries \(on page 630\)](#)

The Connect application for service providers

[Providing community services \(on page 745\)](#)

Add-on component dependencies

Optional add-on components give Merative™ Integrated Care the capability to support enhanced workflows for specific markets.

Table 1. Add-on components and their dependencies

Add-on component	Description	Requires
Merative™ Integrated Care Community Service Referral	With Merative™ Integrated Care Community Service Referral, care team members can send inquiries to community service providers, manage provider responses and offers, and accept or decline offers.	<ul style="list-style-type: none"> • Merative™ Integrated Care with the Providers feature enabled (on page 217). • Merative™ Integrated Care Connect Providers

Table 1. Add-on components and their dependencies (continued)

Add-on component	Description	Requires
Merative™ Integrated Care Service Payment	<p>With Merative™ Integrated Care Service Payment, care team members can set a weekly personal budget for a client's provider services and authorize payments for the services. The budget allows care teams to plan providers' services with costs within the client's allocated budget. Budgets consist of one or more contributions, which can be configured for your organization in the administrator application.</p> <p>Optionally, if your organization is licensed to use Merative™ Integrated Care Connect Individuals and has signed up to receive contributions through PayPal, budget contributions from clients who have signed up to make payments in the Connect application can be automatically processed through PayPal.</p>	<ul style="list-style-type: none"> • Merative™ Integrated Care with the Providers feature enabled (on page 217). • Merative™ Integrated Care Connect Providers • Optional: Merative™ Integrated Care Connect Individuals
Merative™ Integrated Care Connect Providers	<p>Using the Merative™ Integrated Care Connect Providers web application, community service providers that are registered with Merative™ Integrated Care can configure and manage their own profiles and service listings. They can collaborate with care team members and offer their services</p>	<ul style="list-style-type: none"> • Merative™ Integrated Care with the Providers feature enabled (on page 217).

Table 1. Add-on components and their dependencies (continued)

Add-on component	Description	Requires
	<p>for selection by care team members.</p> <p>Service providers can access the application on any browser from any internet-enabled device.</p>	
Merative™ Integrated Care Connect Individuals	<p>Using the Merative™ Integrated Care Connect Individuals web application, clients can engage and collaborate with care team members on their care plans. Their updates are saved to Merative™ Integrated Care.</p> <p>Clients can sign in to see their planned goals and actions and complete actions on their plans.</p> <p>If Providers are enabled, they can also see their community provider services and search for local service providers for services on their plan. They can shortlist their preferred service providers to review with the care team later.</p> <p>Clients can access the application on any browser from any internet-enabled device.</p>	<ul style="list-style-type: none"> • Merative™ Integrated Care. <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;">  Note: To collaborate on community provider services, you must enable the Providers feature (on page 217) in Merative™ Integrated Care. </div>

Related information

[Enabling the Providers feature \(on page 217\)](#)

What's new or changed

To see what's new and updated in the latest release, as well as resolved defects and known issues, see our Release Notes that are linked from the related information.

Related information

[Merative™ Integrated Care Release Notes](#)

Software prerequisites

Merative™ Integrated Care is a SaaS product and the only software prerequisite is a supported browser.

For a full list of supported browsers, see the related information.

Related information

[Supported Software](#)

Accessibility

Accessibility features help users with physical disabilities, such as restricted mobility or limited vision, to use software products successfully.

The accessibility features in the product enable users to:

- Use assistive technologies, such as screen reader software and digital speech synthesizers, to hear what is displayed on the screen. Consult the product documentation of the assistive technology for details on using the technology with this product.
- Perform tasks with the software by using only the keyboard.

For information about certified screen reader and browser combinations, see the related information.

Related information

[Merative™ Integrated Care System Requirements](#)

Keyboard shortcuts

You can use a combination of keys to perform an action without using a mouse. You can refer to the following guidance to help you with the keyboard shortcuts for Care Manager widgets in the Merative™ Integrated Care application.

Keyboard shortcuts for Care Manager widgets

Table 2. Keyboard shortcuts for Care Manager widgets

Widget	Keyboard shortcuts
Summary page cards	<ol style="list-style-type: none"> 1. Use the tab key to move focus to a card. 2. When you have focus on the first card list item, use up and down arrows to change the focus to different list items. 3. To access actions for a card list item, enter actionable mode by pressing Enter or F2 while focus is on that item. 4. To exit from actionable mode and return focus to the card list item, press the ESC key.
Work List card	<ol style="list-style-type: none"> 1. Use the tab key to move focus to the Work List card. 2. To move focus to tabs on the Work List card, press the Tab key. 3. To navigate through the tabs, use the Up and Down arrow keys. 4. To move focus to the View All button for a tab, press the Tab key while the focus is on the work list tab. 5. To expand or collapse tab panes, use the Space bar or Enter keys.
Unassigned card	<ol style="list-style-type: none"> 1. The Unassigned card contains graphs. For visually impaired users, the accessible alternative to the Unassigned card is the Unassigned page, which lists the same information in text format.

Table 2. Keyboard shortcuts for Care Manager widgets (continued)

Widget	Keyboard shortcuts
	<p>2. To go to the Unassigned page, from the side navigation menu, open Supervisor Workspace > Unassigned.</p> <p>3. On the Unassigned card, to switch between the Priority and Aging graphs on the card, use the left and right arrow keys.</p>
Capacity card	<p>1. The Capacity card contains graphs. For visually impaired users, the accessible alternative to the Capacity card is the Care Managers page, which lists the same information in text format.</p> <p>2. To go to the Care Managers page, from the side navigation menu, open Supervisor Workspace > Care Managers.</p> <p>3. On the Capacity card, to switch between the Care Managers and Total graphs, use the left and right arrow keys.</p>
Client Navigation Menu	<p>1. If the client navigation menu has focus, but the menu is not open use the following keyboard shortcuts:</p> <ul style="list-style-type: none"> ◦ To focus on the first item in the menu, use the Enter or Space bar keys. ◦ To put move focus to the next menu item, use the Up or Down arrow keys. <p>2. When a menu is open and the focus is on a menu item, use the following keyboard shortcuts:</p>

Table 2. Keyboard shortcuts for Care Manager widgets (continued)

Widget	Keyboard shortcuts
	<ul style="list-style-type: none"> ◦ To select the menu item, use the Enter or Space bar keys. ◦ To move focus through the menu items, use the Up or Down arrow keys. ◦ To close the open menu, use the ESC key. Focus returns to the parent menu item.
Side Navigation Menu	<ol style="list-style-type: none"> 1. To open the side navigation menu, press the Space bar or Enter keys while focus is on the menu. 2. To close the side navigation menu, move focus to the Close button and press the Space bar or Enter key. 3. To navigate through the side navigation menu, use the following keyboard shortcuts: <ul style="list-style-type: none"> ◦ Use the Down arrow key to select the next menu item. ◦ Use the Up arrow key to select the previous menu item. ◦ If the currently selected parent menu is expanded, use the Left arrow key to collapse it. If the currently selected parent menu is collapsed, the Left arrow moves focus to the previous parent menu. ◦ Use the Right arrow to expand the currently selected parent menu and move focus to the first child list item. ◦ Use Space bar to select item on the menu.

Table 2. Keyboard shortcuts for Care Manager widgets (continued)

Widget	Keyboard shortcuts
Plan page	<ol style="list-style-type: none"> 1. To focus on a planned goal or action in the Plan page, use the Tab key. 2. To highlight the goal or action, press the Space bar key. 3. To display the Actions Menu for a goal or action, press the F8 key. 4. To move through the menu items, use the Up or Down arrow keys. 5. To select the menu item to open the Goal or Action dialog boxes, press the Space Bar.
Program Contents Pane	<ol style="list-style-type: none"> 1. To focus on an item within the Program contents pane, use the Tab key. 2. To navigate between items in the pane, use the Up arrow or Down arrow keys. 3. To view child content items, press the Space Bar. 4. Use the Tab key to move focus to child content items and use the up arrow and the down arrow keys to navigate items. 5. Use the Space bar to select an item within a pane or the Tab key to move focus out of the pane.
Filter Pane	<ol style="list-style-type: none"> 1. To focus on an item within a Filter Pane, use the Tab key. 2. To navigate between items in the pane, use the Up arrow or Down arrow keys. 3. To view child content items, press the Space Bar.

Table 2. Keyboard shortcuts for Care Manager widgets (continued)

Widget	Keyboard shortcuts
	4. Use the Tab key to move focus to child content items and use the up arrow and the down arrow keys to navigate items. 5. Use the Space bar to select an item within a pane or the Tab key to move focus out of the pane.
Reorder pane	1. To focus on an item within a Reorder Pane , use the Tab key. 2. To navigate between items in the pane, use the Up arrow or Down arrow keys. 3. To drag the card higher in the list, use Ctrl + Shift+ Up arrow keys. 4. To drag the item lower in the list, use Ctrl + Shift+ Down arrow keys.

Glossary

This glossary provides terms and definitions for Merative™ Integrated Care.

The following cross-references are used in this glossary:

- See refers you from a nonpreferred term to the preferred term or from an abbreviation to the spelled-out form.
- See *also* refers you to a related or contrasting term.

A

action

A care plan activity that represents an action that can help a client to achieve a goal. Actions can be assigned to a client or a care team member, and must be directly associated with goals on the care plan. A goal can have a number of associated actions or services. See also [task \(on page 43\)](#).

active client

An individual who is registered in Merative™ Integrated Care, either manually or automatically via a cohort.

alert

An indication that a client needs immediate attention from the care team.

answer type

A pattern for how a question is presented and the available responses. An answer type consists of a display type and the answer options. A number of display types are available, such as a check box, and the answer option text can be configured.

assessment

A set of questions and associated logic to capture and process client information and generate results or scores for specific measures. See also [questionnaire \(on page 40\)](#).

attribution

A configurable section of an assessment or questionnaire that acknowledges the contribution or work of a particular person or persons in the development of the assessment of questionnaire.

B

barrier

A care plan item that represents an issue that can hinder or prevent the achievement of the plan. Barriers can be associated with the client, or with goals, actions, or services.

budget

A weekly personal amount that can be allocated to a client. The budget amount is the sum of all the budget contributions.

budget approval

The mechanism for approving budgets. A budget can be approved manually or automatically.

budget approval role

A care team role that is configured as the role with the authority to approve or reject budgets.

budget contribution

The amount that a budget contributor provides to the budget.

budget contributor

A funding source for a budget, such as the client, an organization, or agency. Care teams enter the contributions from each contributor when they create a client's weekly budget.

budget remainder

The amount that is left to spend on services during the most expensive week of the budget, that is, the budget amount less the budget spend. See also [budget visual \(on page 34\)](#).

budget spend

The amount that is allocated to services during the most expensive week of the budget. See also [budget visual \(on page 34\)](#).

budget visual

A visual indicator of the spend or overspend for the most expensive week in a budget. See also [budget remainder \(on page 34\)](#), [budget spend \(on page 34\)](#).

C

capacity

A calculation that is used to determine the workload of primary care team members. See also [primary care team member \(on page 39\)](#).

care plan

The goals and actions that a client is working towards as part of a program of care. See also [goal \(on page 37\)](#).

care team

Care professionals in an organization who are involved in the care of a client.

care team access

See [restricted access \(on page 41\)](#).

care team member

A member of the care team who might or might not fulfill a specific role in a client's care and has access to the client. A care team member can fulfill multiple roles for a client. Care team members can change over time according to client needs.

care team role

A role that a care team member can fulfill in a care team. Care team member can fulfill multiple roles on a care team and can fulfill different roles on different care teams. See also [primary care team member \(on page 39\)](#).

client

A person who requires care management. Depending on the organization, clients can be called individuals, patients, service users and so on.

client data

The set of information types that organizations can capture and maintain in the application. For example, address or contact information. See also [client data type \(on page 35\)](#).

client data type

A logical grouping of related attributes that defines the specific information to record for client data. A client data type must be defined before client data can be stored. See also [client data \(on page 35\)](#), [client data type version \(on page 35\)](#).

client data type metadata

The attributes and properties that are configured to define the data storage, behavioral, and visual characteristics for each version of a client data type. See also [client data type version \(on page 35\)](#).

client data type version

The attributes and properties for a client data type for a specific period. Client data type metadata is configured at the level of the client data type version. Any changes to a client data type are maintained by configuring a new version. See also [client data type \(on page 35\)](#), [client data type metadata \(on page 35\)](#).

cluster

A container in assessments and questionnaires that groups related questions. There must be a cluster for each measure in an assessment to define which questions are scored for the measure.

cohort

A grouping of clients, based on specific criteria such as age or at-risk priority, who were identified by an external system as requiring care management. Cohorts are typically sent to the application by an electronic interface.

consent

A client's permission for their data to be shared with third parties where required for their care management.

core care team

Care team members who are considered key to the delivery of care for an individual and who typically interact with the individual regularly. See also [extended care team \(on page 36\)](#), [registered care team member \(on page 41\)](#).

D

data access group

A group of users of the care team application who have access to the protected health information (PHI) of clients in the group. Data access groups enable groups of users, such as hospital staff who work with a member of a client's care team, but are not members of the team themselves, to access and update the client's information. For example, all clients of a physician on the care team can be accessed by the physician's team, for example, their reception staff, nurses, and care managers. See also [emergency access \(on page 36\)](#), [registration access \(on page 41\)](#), [restricted access \(on page 41\)](#).

data item

A single piece of information displayed in reports, for example, a client's date of birth.

data set

A group of related data items used to create reports, for example, the Tasks data set contains data items that collectively display task information in reports.

E

electronic medical record (EMR)

An electronic record consisting of many forms of data such as patient demographics, medical history, medicine and allergy lists, laboratory test results, radiology images, billing records, and advanced directives.

emergency access

A data access level where a user of the care team application, who isn't on the client's care team, doesn't have registration access, and is not in a data access group that includes the client is given temporary care team access to a client and their protected health information in a critical situation. See also [data access group \(on page 36\)](#), [registration access \(on page 41\)](#), [restricted access \(on page 41\)](#).

EMR

See [electronic medical record \(on page 36\)](#).

extended care team

Care team members who provide important skills and services for an individual on an intermittent basis. The extended care team often includes professionals from other organizations or friends and family of the individual. See also [core care team \(on page 35\)](#), [registered care team member \(on page 41\)](#).

external system reference

A code that uniquely identifies a configured item when sent or received between Merative™ Integrated Care and an external system through an API, for example, an alert, assessment, or identification type. When sent through an API, the external system reference must match the external system reference that is configured for the relevant item in administration.

F**federated identity management (FIM)**

An arrangement that collaborating enterprises use to allow registered users of one domain share identification data with other domains and securely access information.

FIM

See [federated identity management \(on page 37\)](#).

focus area

A specific area of client behavior or activity that a goal is intended to address, for example, Healthy Coping, Being Active, or Safety.

G**goal**

A care plan item that represents a measurable target that a client can complete on their plan. Multiple actions or services can be associated with a goal. A program can have multiple goals. See also [care plan \(on page 34\)](#), [program \(on page 39\)](#).

H**Health Insurance Portability and Accountability Act (HIPAA)**

A law passed by the U.S. Congress in 1996 with the primary goal of making it easier for people to keep health insurance, protect the confidentiality and security of healthcare information, and help the healthcare industry control administrative costs.

HIPAA

See [Health Insurance Portability and Accountability Act \(on page 37\)](#).

I**identity provider**

An organization that provides user authentication as a service. The identity provider creates, manages and maintains the user's identity information, and authenticates the user's sign in details. Identity providers enable users in an organization to sign in to one or more systems.

inactive client

An individual who is deactivated in Merative™ Integrated Care because they no longer need care management.

inquiry

A request to a service provider to see if they are interested in providing a specific service.

L

library

A set of items that each organization must configure for use in care plans. For example, an organization needs a library of programs, a library of goals and a library of actions.

M

measure

An aspect of a client's circumstances that is to be measured during an assessment. For example, Anxiety, Depression Severity, or Falls Risk. Organizations must configure a library of measures for use in their assessments.

measure classification

A scale of potential assessment results for a measure that shows a client's position in relation to the measure. For example, classifications for a Depression Severity measure might be configured as Mild, Moderate, Moderately Severe, or Severe.

measure threshold

An entry point for a measure. A value below the threshold means that a client is not affected by the measure. A value above the threshold means that a client falls into the range of the measure and a corrective action might be required.

module

A container in a structured program that groups assessments and questionnaires to facilitate guiding care team members through a defined pathway for a program. A module can contain both assessments and questionnaires.

O

open access

A data access level where any user with access to the care team workspace can access all clients and their protected health information. The users can view and update client information and add care team members.

original source system

The system where a client's information was captured for the very first time. Typically, a system external to Merative™ Integrated Care. See also [source \(on page 42\)](#).

P

PHI

See [protected health information \(on page 39\)](#).

PHQ9 questionnaire

A Patient Health Questionnaire that poses 9 questions to measure a client's mood and determine whether they are showing any of the main signs of depression.

primary care team member

A member of a care team who is responsible for a client's care plan and programs. More than one care team member can be assigned as Primary if a client has multiple care needs. For example, if a client's care management needs to be transitioned from one health care setting to another and that client also has geriatric needs, two Care Managers could be designated a Primary role with one responsible for the client's transition of care and the other responsible for the client's geriatric care. See also [capacity \(on page 34\)](#), [care team role \(on page 34\)](#).

primary data set

A data set that must be used when joining data sets in reports. Each data folder in the reporting application contains at least one primary data set. See also [data set \(on page 36\)](#), [data item \(on page 36\)](#).

program

A care delivery strategy that is designed to help clients achieve specified outcomes. See also [goal \(on page 37\)](#).

protected health information (PHI)

Any information about health status, provision of health care, or payment for health care that can be used to identify a specific individual.

provider

An organization or individual who provides services, such as healthcare or community services, to clients under care management. Examples are healthcare providers, community services providers, or charitable organizations. Administrators can register providers in the provider registry.

provider offer

A services provider's response to an inquiry, with the details of the service they can provide in terms of cost, frequency, and timeframe.

provider profile

The information about a provider that is relevant to care teams and shown in the care team application, such as their name, description, a single primary address and their primary contacts.

provider record

The information about a provider and their services that is held in the provider registry in the administrator application.

provider registry

A register of providers of services to an organization and the details of the services that they provide. The provider registry is available only if the optional Providers feature is enabled.

provider service

A service from the service library that is associated with a provider and configured with provider-specific information, such as the provider's service description, rates, addresses, and contacts. See also [service \(on page 42\)](#).

Q

questionnaire

A set of questions to capture client information as part of a program. See also [assessment \(on page 33\)](#).

R

RBAC

Role Based Access Control (RBAC) is an industry **Best Practice** pattern. RBAC controls access based on the roles that users have within the system and on rules stating what access is allowed for what users in given roles.

registered care team member

A care team member who is registered in Merative™ Integrated Care so that they can be added to core or extended care teams. They do not have a user account or access to the application. See also [core care team \(on page 35\)](#), [extended care team \(on page 36\)](#).

registration

The process of adding a client to the system so that their needs can be prioritized and managed. Clients can be manually registered or automatically registered in a cohort.

registration access

A data access level where a user who manually registers a client is given temporary access to the client's protected health information to view and update their information and to add care team members. See also [data access group \(on page 36\)](#), [emergency access \(on page 36\)](#), [restricted access \(on page 41\)](#).

restricted access

A data access level where only individuals who are specifically added to a client's care team as members, or members of a data access group that includes the client, can access the client's protected health information. The care team members can view and update client information and add care team members. See also [data access group \(on page 36\)](#), [emergency access \(on page 36\)](#), [registration access \(on page 41\)](#).

risk category

An indication of where a risk score falls in the overall risk score range. For example low, medium, or high. A risk score is automatically assigned to the appropriate risk category.

risk range

The range of values that can be assigned to a risk score for a specific risk.

risk type

A specific risk that is relevant to an organization, such as the risk of readmission. Risk types can be standard or specific to an organization.

S

score only assessment

An assessment in Merative™ Integrated Care in which a care team records only a score when they conduct a paper-based assessment with a client.

service

A care plan activity that represent the delivery of care or goods to an individual. A service is typically delivered by a provider at a cost per unit. For example, a home care agency can deliver 2 hours of care at an hourly rate, or an equipment provider can deliver a hearing aid at a specified price. See also [provider service \(on page 40\)](#).

service cost

The amount that is actually paid for the delivery of a service. The cost is added by care teams when they add a provider's service to a plan. They can select the advertised rate or manually enter a different rate that was agreed with the provider. See also [service rate \(on page 42\)](#).

service group

A grouping of services that share common information. Services in a service group share their description, languages, addresses, and contacts information. Rates are configured for individual services.

service rate

The provider's advertised rate for a service. The service rate is entered by administrators in the provider record and shown in the provider's profile. See also [service cost \(on page 42\)](#).

short list

A list of potential service providers for a client from which care team members can add services and providers to plans, or send inquiries to multiple providers.

single sign-on (SSO)

An authentication process in which a user can access more than one system or application by entering a single user ID and password.

source

The source or place where a client's information was obtained when it was added to Merative™ Integrated Care. For example, the source of a client's allergy data might be a hospital chart, self reported by the client, or a system external to Merative™ Integrated Care. See also [original source system \(on page 39\)](#).

SSO

See [single sign-on \(on page 42\)](#).

suffix

Words or letters placed after someone's name to provide some additional information about them or to reflect the person's position, educational degree, accreditation, office, or honor.

suggestion

A goal or an action that is suggested for a care worker to review for addition to a client's care plan.

T**task**

A work activity that can relate to a client or to general work that must be done by the care team. Tasks can be assigned to a supervisor or a care team member. Tasks are not directly associated with a client's goals or the care plan. See also [action \(on page 32\)](#).

touchpoint

A record of a contact or attempted contact made with or received from a client or another individual in relation to a client.

U**utilization**

A measure of a client's use of the clinical services that are available to them. Care teams record the utilization of clinical services for clients, such as hospital encounters or specialist visits. Organization can use this information to understand the usage and outcome patterns for services to drive improvements. For example, they can track admissions to reduce readmission.

W**webhook**

An HTTP callback that is usually triggered by an event, such as a data update. Webhooks provide a way for an application to provide other applications with real-time information.

weekly service cost

The value that is calculated from the number of service units, the service frequency per week, and the cost per unit. For example, 2 units weekly at £10 per unit gives a weekly service cost of £20. If any of these values are unavailable, the weekly service cost cannot be calculated or included in the budget visual.

Workspaces

Users are assigned workspaces by the security administrator, the assigned workspaces define which capabilities of the product are available to the user's account.

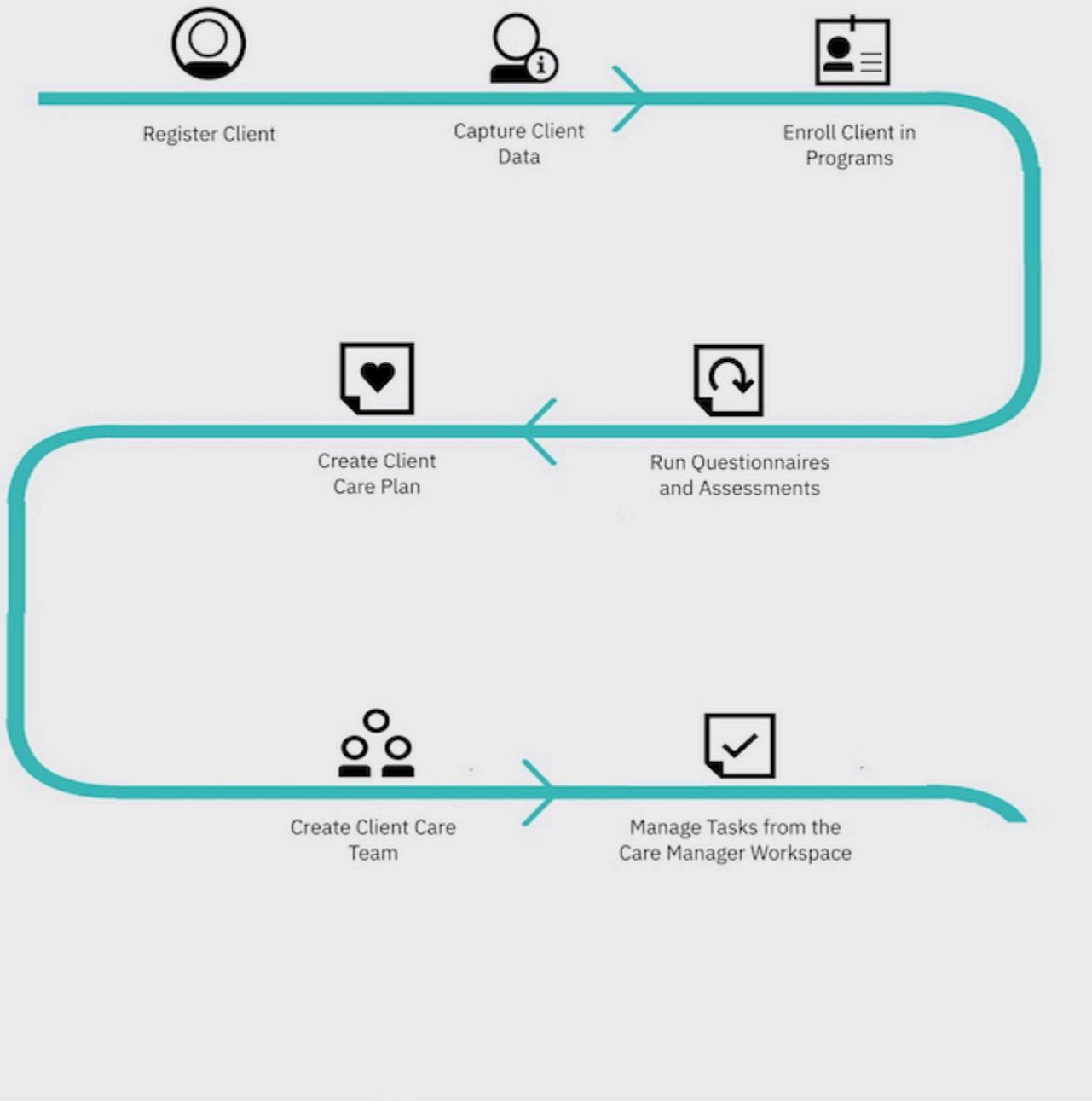
Chapter 2. Getting started

As a security administrator, you can get started with Merative™ Integrated Care by creating and securing user accounts. As an administrator, you can get started by defining and configuring care management entities for use by the care team. As a care team member, you can get started by registering clients and administering their care in the application.

Getting started with care management

As a care team member, you can register clients in Merative™ Integrated Care so that you can record their information and manage their care plan. You can assign clients to programs, then enroll them in programs, and set goals and actions for them based on their assessment results. You can put a care team in place with the appropriate roles and skills to respond to the client's care needs.

Click the interactive image for more information.



1. [Registering clients \(on page 413\)](#)
2. [Capturing client data \(on page 495\)](#)
3. [Enrolling clients in programs \(on page 468\)](#)
4. [Creating care plans \(on page 525\)](#)
5. [Running assessments and questionnaires \(on page 475\)](#)
6. [Managing care teams \(on page 695\)](#)
7. [Care Team workspace \(on page 407\)](#)

Care Team workspace

Use the Care Team workspace to see the work that you need to do today, and access summary information about your clients. Use the side navigation menu to access a full list of your clients, and complete common actions such as registering clients, reviewing referrals, and monitoring tasks.

If you have access to a client's protected health information (PHI), you can click a client name in the cards on the workspace to open the client's Summary view. If you do not have access to a client's PHI, the link to the client's Summary view is not available.

The following cards are displayed.

Calendar

A calendar view that shows open tasks for active clients, which you can manage from the calendar. You can toggle between a day, week, or month view to see your upcoming tasks.

You can see priority tasks for which a completion date and time is set. You can drill down to detailed task information by clicking the name of the task. You can also manage your tasks from the calendar view.

- For the day view, a **Due Tasks** pane, rather than the calendar, shows any tasks that you are expected to complete today that have no set times for completion. The red line shows the current time. A **Due Actions** pane shows any actions that you are expected to complete today.
- The week view shows the total number of tasks for each day of the week, for example, 10 tasks.
- The month view shows the total number of tasks for each day of the month.

Work List

A central view of the work that you need to do today for active clients.

Alerts

Alerts that you were notified about.

Today's Clients

Clients with tasks or actions that are scheduled for today. You can mouse over the client's name to view and link to the detailed task or action information.

Overdue Tasks

Overdue tasks for clients, which are sorted by the longest overdue.

Overdue Actions

Overdue actions for clients, which are sorted by the longest overdue.

Unscheduled

Unscheduled tasks for clients.

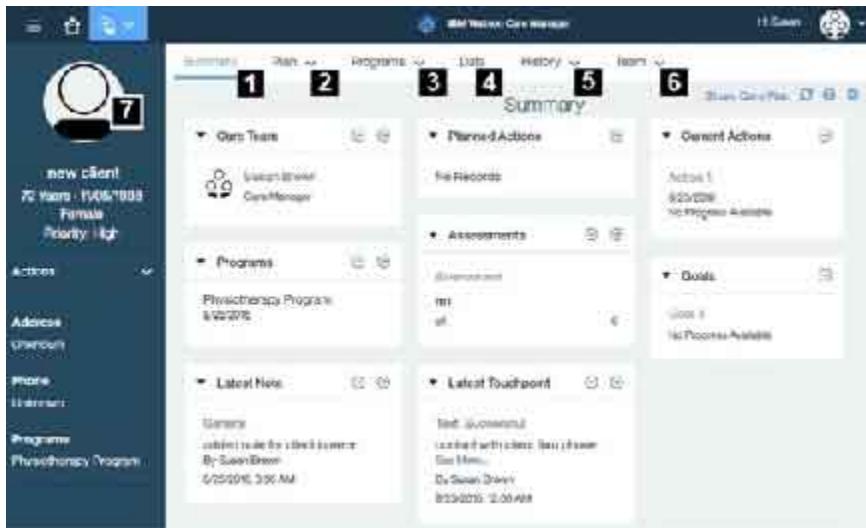
My Referrals

Clients who are referred to your organization unit for care management and assigned to you by your supervisor. This list is only populated if you fulfill the primary role on the care team, typically a care manager.

Tasks are color coded with navy blue for high priority, yellow for medium priority, green for low priority, and grey for priority not set.

Summary view

The Summary view opens when you focus on a client in Merative™ Integrated Care. You can select any of the more detailed views for more information and actions.



1. Select **Summary** to see important summary information.
2. Select **Plan** to work with the plan, and with goals, actions, or barriers.
3. Select **Programs** to work with programs, questionnaires, or assessments.
4. Select **Data** to work with the client data.
5. Select **History** to work with notes, alerts, attachments, consent, and status.
6. Select **Team** to work with care team members and their tasks.
7. The *context pane* is always shown when a client is in focus. It shows priority information and provides a context actions menu that provides quick access to the most important actions that you need. If Merative™ Integrated Care is integrated with another system, the *context pane* might contain a link to client information that is available in the other system. This means that you can see the client's full information in Merative™ Integrated Care and the other system to help you to make decisions about their care.

Related information

[Viewing the Virtual Client Record \(on page 440\)](#)

Summary

You can see a summary of the most important information about a client in Merative™ Integrated Care, and configure the display to show the most relevant information. You can download a PDF summary of the care plan to share with the client or care team members. If your organization is subscribed to Share Care Plan API web hook notifications, you can send the PDF to an external party.

Client summary cards display horizontally across the client's Summary page and wrap the page as required. The default library of client summary cards is as follows: Goals, Actions, Care team, Programs, Assessments, Latest Touchpoint, Latest Note, Conditions, Barriers, Risks, Social Background, Health Background, Personal Background, Notes Highlights, Current Actions, Planned Actions, Latest Private Note, Current Medications and Services.

By default, the Summary page and cards that are configured for your assigned care team role are displayed. If you have no assigned roles or you are not a member of the client's care team, the default Summary view displays which is not specific to any role. If you serve a client in multiple roles, you can generate a customized client Summary page with role-specific cards. The view of the client Summary page will update to show only the summary cards that are relevant to the selected role.

Each client summary card presents priority information relating to the client's care, from which you can go to more detailed information. You can complete many common actions directly from the summary, and go to more actions from cards or from the menus. The latest client data records that you can see on a summary card depends on the number of records that are configured to display.

If the client's address type is Homeless, this will be displayed with the address in the *context pane*.

When a date of death for a client whose care is being actively managed in Merative™ Integrated Care is either manually recorded or received from an external system, a message on the **Summary** page alerts you that the records indicate that the client has died. You can follow your organization's workflow for deceased clients, and for example, confirm that the client has died and deactivate the client in Merative™ Integrated Care.

When you view the Summary page for a deactivated and deceased client, the message tells you that the client is deceased and the recorded date of death.

By default, the following cards are available to be shown on the **Summary**:

Care team

A central view of Active primary care team members (sorted alphabetically) followed by core team members who were most recently assigned to the client's care (sorted alphabetically). A primary care team member is responsible for the client's care plan and programs. Core care team members are considered key to the delivery of care for a client and typically interact with the client regularly. By default, up to five care team members are listed by the dates that they were added to the care team. However, your administrator may have configured the card to display more than five records.

Actions

The numbers of client actions and care team actions on the client's care plan, showing how many actions are open or completed.

Programs

The most recent programs that the client was assigned to or enrolled in. By default, up to five programs are listed by status dates. However, your administrator may have configured the card to display more than five records. Programs that were most recently assigned to the client are listed first, and then programs that the client was most recently enrolled in.

Assessments

The most recent assessments and their scores. By default, up to five assessments are listed by the dates that the assessments were ran. However, your administrator may have configured the card to display more than five records.

Goals

A summary of the most recent goals added to the client's care plan. By default, up to five goals are listed by the dates that they were added to the care plan. However, your administrator may have configured the card to display more than five records.

Barriers

The most recent barriers on the client's care plan. Barriers are issues that can prevent a client from achieving their care plan goals or actions, or from using services. By default, up to five barriers are listed by the dates they were added to the care plan. Active barriers are listed first, and then resolved barriers. However, your administrator may have configured the card to display more than five records.

Risks

A summary of risks on the client's care plan and their most recent scores. By default, up to five risks are listed by alphabetical order. However, your administrator may have configured the card to display more than five records. For risks with multiple scores recorded, the most recent score is displayed.

Conditions

The most recent conditions on the client's care plan. Conditions might be classified as primary or secondary to indicate their level of importance or priority to address. By default, up to five conditions are listed by start dates. However, your administrator may have configured the card to display more than five records.

Latest Note

An excerpt from the most recently modified client note in its most recent state: Draft, Ready for review, or Final.

Latest Touchpoint

An excerpt from the most recent client touchpoint in its most recent state: Draft, Ready for review, or Final. A touchpoint is a contact between the care team and the client or someone in relation to the client.

Health Background

The most recently recorded health background information about a client. By default, up to five records are listed by the dates they were added or updated along with the name of the person who recorded or last updated the information. However, your administrator may have configured the card to display more than five records.

Current Medications

The most recently recorded current medications information about a client. By default, up to five records are listed by medication name, the medication strength and the recommended frequency that the medication is taken. However, your administrator may have configured the card to display more than five records.

Personal Background

The most recently recorded personal background information about a client. By default, up to five records are listed by the dates they were added or updated along with the name of the person who recorded or last updated the information. However, your administrator may have configured the card to display more than five records.

Social Background

The most recently recorded social background information about a client. By default, up to five records are listed by the dates they were added or updated along with the name of the person who recorded or last updated the information. However, your administrator may have configured the card to display more than five records.

Tags

The most recently recorded tags for a client. By default, up to five records are listed by the dates they were added or updated along with the name of the person who recorded or last updated the information. However, your administrator may have configured the card to display more than five records.

Depending on your organization, custom cards might be displayed:

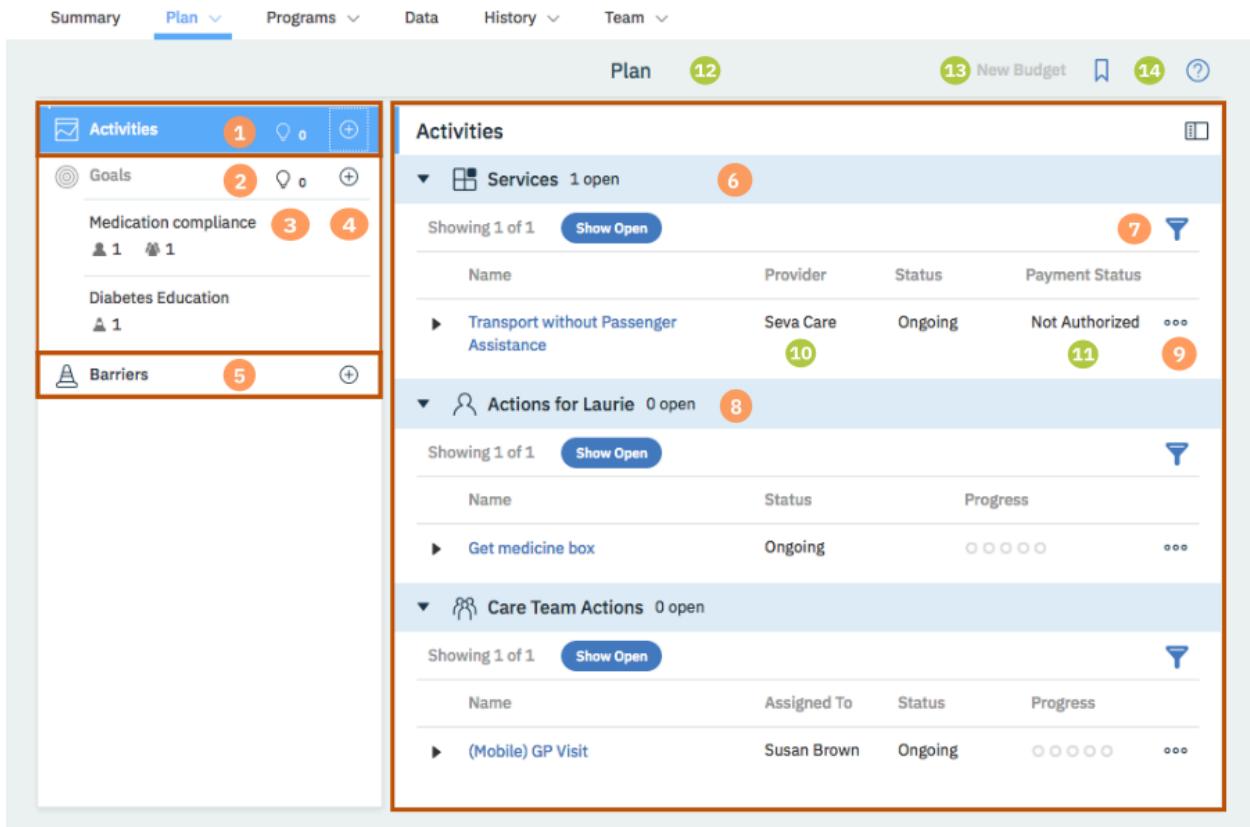
Custom summary cards

Custom cards can be configured to display specific client data.

Plan

From the plan, you can view and manage all goals, activities, and barriers for a client. You have access to all menu actions that you need for planning.

To plan goals and activities, review any suggested goals or activities, search the libraries for goals or activities to add, or create your own goals and activities specifically for the client. You can associate barriers with the client, and with specific goals or activities.



The plan has a navigation pane and a content pane. The navigation pane contains the **Activities** bar, the **Goals** list, and the **Barriers** bar. The content pane shows more information about your selections. You can hide the navigation pane to show more content. To identify a user who created or updated an activity, a goal, or a barrier, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

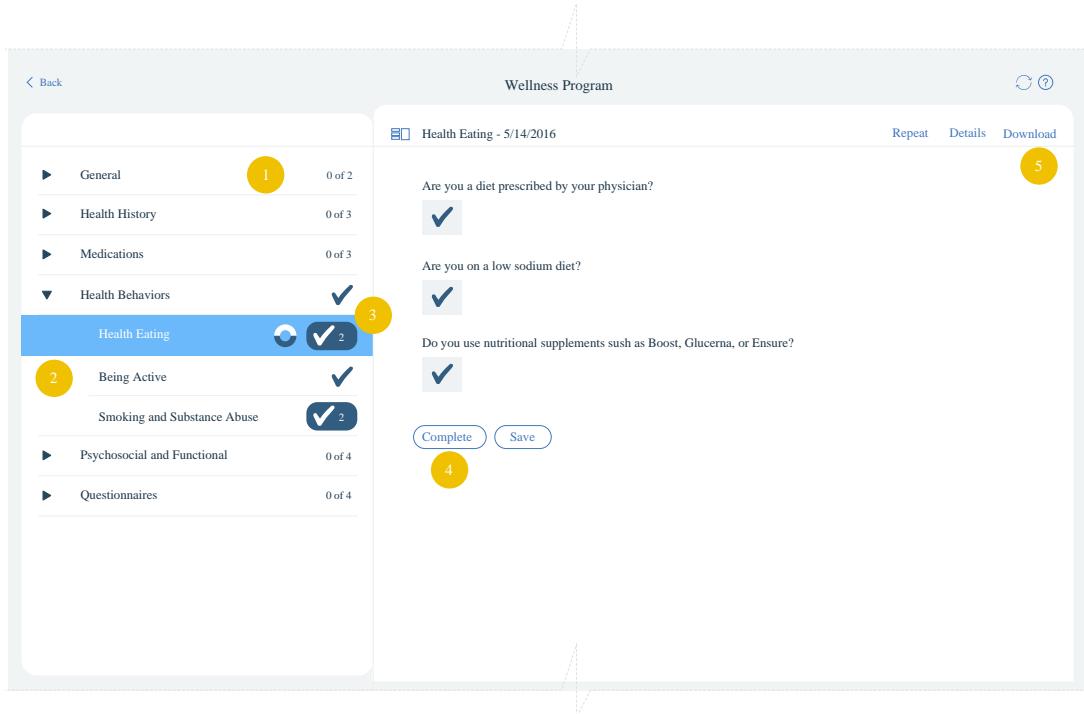
1. Select the **Activities** bar to see and work with all of the services, client actions, and care team actions on the plan in the content pane. You can see how many activities are open, their status and progress, and for care team actions, who they are assigned to. If there are open barriers associated with an activity, you can hover over the Barriers icon to see the detail of the barriers.
2. The **Goals** list shows all of the open goals on the plan, and the number of open client actions, care team actions, services, or barriers that are associated with each goal. Select a goal to see the goal details and to work with the goal in the content pane. You can show completed goals if needed. If there are open barriers associated with a goal, you can hover over the barriers icon to see the detail of the barriers. If there are open activities associated with a goal, you can hover over the Activities icons to see the detail of the activities.

3. Click the suggestions icon for activities or goals to see any suggested activities or goals that are not on the plan. If configured, the current number of suggested actions, services, and service categories, or of suggested goals, are shown.
4. Click the **Add Activity**, **Add Goal**, or **Add Barriers** icons to open the activity, goal, or barrier library searches. Type in the search field to find goals, services, client actions, care team actions, or barriers in the libraries. If you cannot find what you need, create your own ad hoc goals, actions, or barriers specifically for the selected client.
5. Select the **Barriers** bar to see and work with the barriers on the plan.
6. The content pane shows more information about your selection in the navigation pane:
 - When you select a goal, it shows the goal details and all activities that are associated with the goal. You can show or hide the goal details and expand activities to see more details. You have access to all of the menu actions for a goal, such as edit, update progress, or complete.
 - When you select **Activities**, it shows all open activities on the plan. You have access to all of the menu actions for an activity, such as edit, update progress, or complete. The available actions can vary depending on your organization's configuration and optional add-on components.
 - When you select **Barriers**, it shows all open barriers on the plan. You have access to all of the menu actions for barriers, such as edit, associate with goals or activities, or resolve. You can view the details of each barrier, including the goals, services, client actions, and care team actions associated with it.
7. By default, only open goals, activities, and barriers are shown on the plan but you can filter what is shown. Clear the filter to show all items, or apply one of the following filters:
 - **Show Open** (Default selection)
 - **Assigned to me** (Care team actions only)
 - **Due to End in 7 Days** (Activities only)
 - **Due to Start in 7 Days** (Activities only)
 - **Overdue** (Activities only)
 - **Show Completed** (Client and care team actions only)
 - **Show Resolved** (Barriers only)
 - **Show Closed** (Services only)
8. Click any activity to see more details. The activity home page opens over the plan. Click **Back** to return to the plan. If providers are enabled, you can see the provider for each service.
9. Actions menu contain all of the actions for plan items. Some actions might be unavailable depending on the status of the item.
10. If providers are enabled, the service provider is shown.

11. If your organization uses the Merative™ Integrated Care Service Payment add-on component, the payment status is shown.
12. If your organization uses the Merative™ Integrated Care Service Payment add-on component, the budget planning bar is displayed on the plan when you are planning services. For more information, see [The budget planning bar \(on page 586\)](#).
13. If your organization uses the Merative™ Integrated Care Service Payment add-on component, the **New Budget** action is available to create a draft budget when no draft budget exists.
14. If providers are enabled, you can click the shortlist icon () to access a service provider shortlist from the plan. For more information, see [The service provider shortlist \(on page 627\)](#).

Program

You can see the contents of a program and how the program is progressing. You can run the program questionnaires and assessments with clients, and repeat them if needed. The date when an assessment or questionnaire was started or completed is displayed.



The screenshot shows a 'Wellness Program' interface. On the left, a sidebar lists program components: General (1 of 2), Health History (0 of 3), Medications (0 of 3), and Health Behaviors (marked as complete with a checkmark). Below this, a 'Health Eating' module is expanded, showing sub-components: Being Active (2 of 2), Smoking and Substance Abuse (2 of 2), Psychosocial and Functional (0 of 4), and Questionnaires (0 of 4). The 'Health Eating' section has a yellow circle with the number 3 overlaid on it. In the main content area, there are three questions under the 'Health Eating' module, all marked as complete with a checkmark. The questions are: 'Are you a diet prescribed by your physician?' (checked), 'Are you on a low sodium diet?' (checked), and 'Do you use nutritional supplements such as Boost, Glucerna, or Ensure?' (checked). At the bottom of the main content area are 'Complete' and 'Save' buttons, with a yellow circle containing the number 4 overlaid on the 'Save' button. In the top right corner of the main content area, there is a yellow circle containing the number 5.

1. Related questionnaires and assessments are grouped into modules. You can see the number of questionnaires or assessments in each module and how many are complete. The modules, assessments, and questionnaires automatically refresh to show the latest content that is

configured for the program by your Administrator. You are notified when new program content is available.

2. To display a questionnaire or assessment on the page, click the name in the navigation menu.
3. When you complete a questionnaire or assessment, it is marked as complete with a check mark. Completed questionnaires and assessments are saved as read-only. To update information, repeat the questionnaire or assessment.
4. When you repeat a questionnaire or assessment, to improve efficiency, some or all of the answers to the questions might be prefilled with the responses given by the client the last time the assessment was completed (if configured by your Administrator). An information message is shown when some or all of the answers are prefilled.



Note:

If the assessment or questionnaire contains prefilled answers to conditional questions and you change an answer so that the conditional question is hidden, and then change the answer again to show the question, the original prefilled answer to the conditional question is cleared. Before you complete the assessment or questionnaire, you can refresh the page to see all prefilled answers again.

5. When you repeat a questionnaire or assessment, another record is created and a counter is updated. To see a previous record, click the counter, and select the record by completion date.
6. If you complete an assessment or questionnaire and then reassign the program or assign a new program, the newly assigned program is updated with historical completed instances of the assessments or questionnaires (if configured by your Administrator). You can repeat the assessments and questionnaires for each newly assigned program. **Note:** Depending on the configuration that is set by your Administrator, for some assessments and questionnaires, you might only see historical versions when you complete the assessment or questionnaire for the first time on the program.
7. The fields of a completed questionnaire or assessment are read-only. When the status of a program is **Not Enrolled**, **Disenrolled**, or **Completed** the program's questionnaires and assessments are read only.



Note:

If Merative™ Integrated Care is integrated with an external application, the Program page also displays completed assessments and questionnaires for the client that come from the other application. For more information, see [Assessments data \(on page 822\)](#) and [Questionnaires data \(on page 829\)](#).

Data

You can view and manage all the data about a client from a single location. You can filter the data to show only the most recent updates and see a full history of changes. Some read-only data might come from other systems, such as a hospital electronic medical record (EMR) system.



Note:

Coverage and **Observation** data is visible only if received from other systems. This data is read-only and cannot be manually added or modified. Updates to clinical and vitals records from other systems are applied overnight by Merative™ Integrated Care.

Description	Currently Taking	Date	Updated On
Acetaminophen Quantity EMR 250 MG NASAL Injection		7/9/2016 - 8/8/2016	7/6/2017 12:11 AM
Acetaminophen Quantity EMR 250 MG NASAL Injection	Yes	7/9/2016 - 8/8/2016	7/6/2017 12:11 AM
Aztreonam Quantity EMR 250 MG NASAL Injection	Unknown	7/9/2016 - 8/8/2016	7/6/2017 12:08 AM
Aspirin Quantity EMR 250 MG NASAL Injec			7/6/2017 12:08 AM
Benadryl Quantity EMR 250 MG NASAL Injection			7/6/2017 12:08 AM
Benicar Quantity EMR 250 MG NASAL Injection		7/9/2016 - 8/8/2016	7/6/2017 12:11 AM
Bisoprolol Quantity EMR 250 MG NASAL Injection		11/9/2015 - 8/8/2016	7/6/2017 12:14 AM
Bupropion Quantity EMR 250 MG NASAL Injection		2/9/2012 - 8/8/2016	7/6/2017 12:14 AM
Bydone Quantity EMR 250 MG NASAL Injection		7/9/2013 - 8/8/2016	7/6/2017 12:14 AM
Calpol Quantity EMR 250 MG NASAL Injection	Unknown	7/9/2016 - 8/8/2016	7/6/2017 12:07 AM
Cetirizine Quantity EMR 250 MG NASAL Injection		7/9/2016 - 8/8/2016	7/6/2017 12:04 AM
Coldact Quantity EMR 250 MG NASAL Injection		7/9/2016 - 8/8/2016	7/6/2017 12:04 AM
Crocin Quantity EMR 250 MG NASAL Injection		7/9/2016 - 8/8/2016	7/6/2017 12:04 AM

1. You can filter the data to show updates that were made during a specific number of days, for example, in the last 30 days.
2. You can click a general category (**Contact**, **Demographics**, **Background**, **Clinical**, or **Vitals**) to view the details. For each category, the most recently updated records are listed first.

Your organization can configure custom data types for example, **Procedures** or **Contact Tracing**, which can be grouped into one of the general categories or listed after the categories.

3. You can see the details of each record. For example, for a medication you see dosage, strength, route, start date, and date of the most recent update.

4. For most data types, you can sort the data list view by **Description**, **Date**, and **Updated On**. You cannot sort the Vitals data list view by **Description**. The records sort in ascending or descending order based on your selection. To sort the laboratory tests data by date, only use the start date.
5. For medication data, you can sort the values entered in the **Currently Taking** column to identify which medications the client is taking. The values are sorted in the following order: **Yes**, **No**, **Unknown**, blank.
6. By default, the list of medications displays active records in alphabetical order. Active medications are medications with an active status with an end date in the future or today. If more than one medication records exist with the same name, the list displays the record with the most recent date first.
7. For Clinical and Vitals data, you can filter a client's records to display only information that you want to see. By default, preselected filters are applied to the following data types. Click the filter icon and clear the filter to show all items, or apply other filters.
 - **Allergy - Active Allergy** (Default display)
 - **Medication - Active** (Default display)
 - **Blood Pressure - Status is Completed** (Default display)
 - **Body Mass Index - Status is Completed** (Default display)
 - **Body Temperature - Status is Completed** (Default display)
 - **Heart Rate - Status is Completed** (Default display)
 - **Height - Status is Completed** (Default display)
 - **Oxygen Saturation - Status is Completed** (Default display)
 - **Respiratory Rate - Status is Completed** (Default display)
 - **Waist Circumference - Status is Completed** (Default display)
 - **Waist-toHeight Ratio - Status is Completed** (Default display)
 - **Weight - Status is Completed** (Default display)
8. You can expand each record to see full details, including the change history. The date displayed is either the start date of the record or, if the start date is not available, the creation date of the record.



Note:

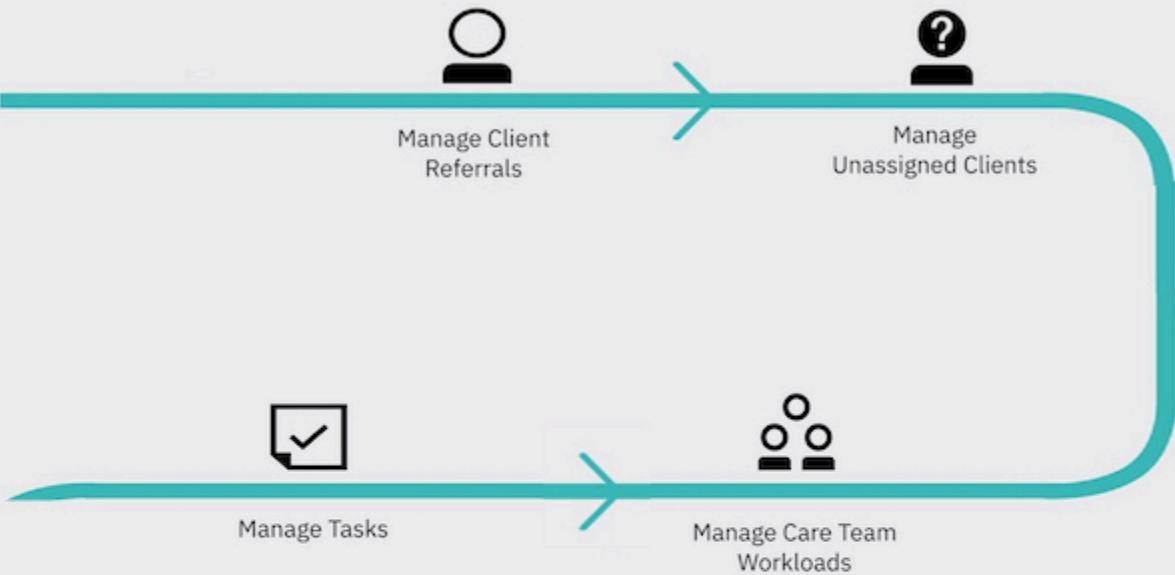
For medication data, if the start date of the medication is not available, the **Date** field displays an appropriate date based on which date is entered in the record. In the following order, the date might be the medication start date, ordered date, prescribed date, fill date, or last refill date, depending on which date is entered. If no date is available, the date is the record creation date.

9. The data list view applies pagination when more than 50 data records are available for a data type.
You can scroll and click the page number links to view the records.
10. You can click the **Add** icon for a particular data type to add a data record.
11. You can use the **New** action to add a record from the list of data types.

Getting started with supervising

As a supervisor, you can use the Supervisor Workspace to manage your work and the work of care managers in your organization.

Click the interactive image for more information.



1. [Managing client referrals \(on page 760\)](#)
2. [Assigning client referrals to care team members \(on page 761\)](#)
3. [Modifying a care team member's capacity \(on page 771\)](#)
4. [Monitoring my tasks \(on page 774\)](#)

Supervisor Workspace

Use the Supervisor workspace to see a snapshot of your daily work. You can see the number of client referrals who are not assigned to care managers, and the available capacity of your organization unit and individual care managers. You can evaluate the performance of programs, and see priority tasks that you need to complete.

Use the side navigation menu to access the full list of unassigned clients and care managers, and to complete common actions such as managing tasks.

The information is presented in cards, with links to detailed information or further actions, if available. The following cards are available.

Unassigned Referrals

A chart that shows the number of client referrals (active and inactive) to your organization unit who are not yet assigned to a primary care team member in your organization unit. You can identify the client referrals by their priority, High, Medium, Low, Not Set, and their length of time in the system. You can assign referrals to a primary care team member in your organization unit based on their available capacity.

Capacity

This chart shows the workload distribution for all active care team members in your organization unit. The Care Team view shows the total number of care team members that are assigned to you and the number among them who are Over capacity, and at High, Medium, and Low capacity. The Total view shows the maximum number of active clients that your organization unit can manage. You can also see the total number of active clients who are currently assigned to care team members, and the total available capacity of all of the care team members in your organization unit. This chart helps you to determine if your organization unit has the available capacity to take on the unassigned clients who are displayed in the Unassigned chart. If you do not specify capacity for a care team member, Not Set is displayed for capacity. But you can change the capacity Not Set to a value based on your knowledge of the care team member's experience or availability etc. The Care Team tab and Total tab in the capacity chart displays all care team members with defined capacity as shown in the following examples where Susan Brown is the care team member.

- If Susan Brown has only one assigned role, say Data entry Operator, with Not Set capacity, then in the capacity card, Susan Brown will not be counted in the Care Team tab and the Total tab capacity.
- If Susan Brown has only one assigned role, say Reviewer with zero (0) capacity, then in the capacity card, Susan Brown will be counted in the Care Team tab as well as the Total tab capacity.
- If Susan Brown has two assigned roles of say Reviewer with zero (0) capacity and say Data Entry Operator with Not Set capacity, then in the capacity card, Susan Brown will be counted in the Care Team tab as well as the Total tab capacity.

Enrollment Status

This chart shows how well the programs that are provided by your organization unit are performing over the last 30 days, based on the program enrollment status of each program. You can see the number of clients that are associated with the programs, and a breakdown of the number of clients by program status over the last 30 days. You can see the numbers of clients who are assigned to programs, and the numbers of clients who are pending enrollment, enrolled, disenrolled, or not enrolled in programs. You can also see the numbers of clients who completed programs. This chart helps you to detect blockages in a program, or determine if the structure of a program needs to be changed. It also helps you to assess the performance of care managers and identify if the same care managers are disenrolling, or not enrolling clients in programs.

Calendar

This calendar view shows open tasks for active clients, which are scheduled for action by day, week, or month. In the **Due Tasks** pane, you can see priority tasks that are due to be completed today that have no set times for completion. The list shows only tasks for clients that you authorized to view as a current member of their care team. The **Due Tasks** pane is not displayed for weekly or monthly views.

You can toggle between the day, week, or month views to see your upcoming tasks. The week view shows your tasks for the week, and the total number of tasks for each day of the week, for example, 10 tasks. The month view shows the total number of tasks for each day of the month. The red line shows the current time. You can see detailed task information by clicking the task name. You can also manage your tasks from the calendar.

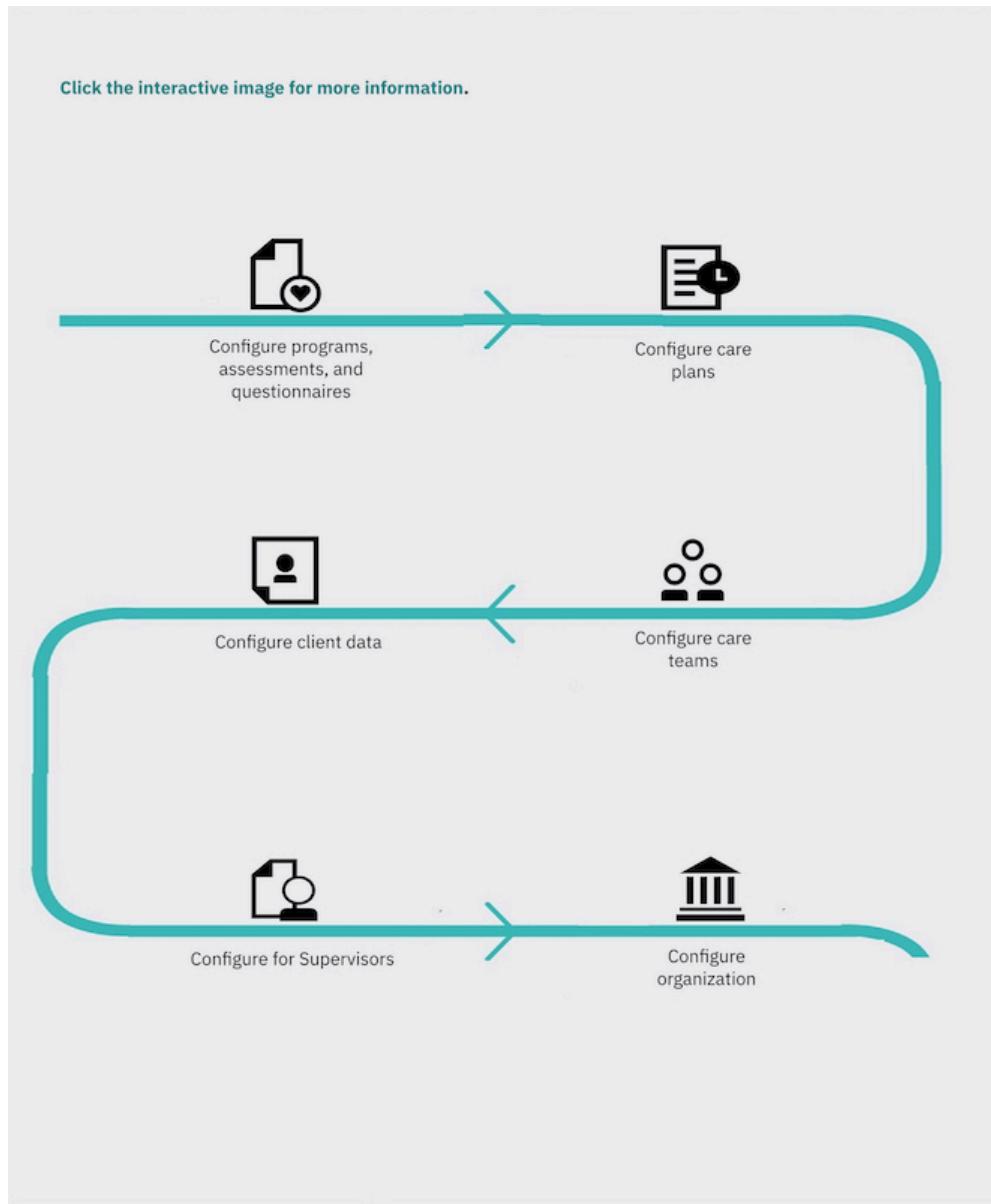
Work List

A central view of your unscheduled and overdue tasks for active clients, assigned referrals, unassigned clients, and referrals for inactive clients. A count of tasks per category is displayed. The list of overdue tasks is sorted by the longest overdue.

Tasks in your calendar and work list are color coded based on their priority. Navy blue indicates high priority, yellow indicates medium priority, green indicates low priority, and gray indicates that a priority is not set.

Getting started with configuration

As an administrator, get started by configuring some fundamental items for care teams. Care teams can then enroll a client in a program, run questionnaires and assessments, capture client data, set up a care team, create a care plan, and assign some care team tasks. User accounts must exist for users before you can configure their details.

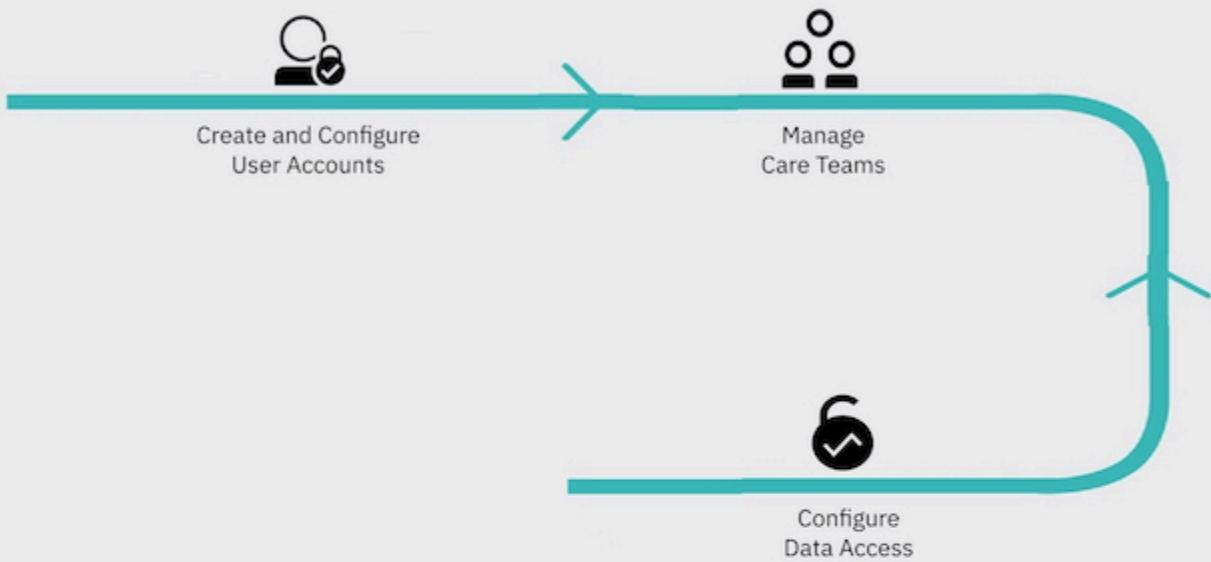


1. [Configuring \(on page 123\)](#)
2. [Configuring \(on page 123\)](#)
3. [Configuring client data \(on page 261\)](#)
4. [Configuring care teams \(on page 251\)](#)
5. [Configuring for supervisors \(on page 374\)](#)
6. [Configuring organization names \(on page 343\)](#)

Getting started with administering user accounts

For enhanced security, only security administrators can create user accounts for Merative™ Integrated Care. By configuring the user accounts and security options in the **Security** workspace, you can give each user access to the applications that are relevant to their role. You can assign appropriate care team roles and skills to each user account.

Click the interactive image for more information.



1. [Administering users \(on page 89\)](#)
2. [Associating users with team roles \(on page 99\)](#)
3. [Securing protected health information \(on page 106\)](#)

Checklists: get started with organization units

The following checklists are role-specific reminders of what to do to configure, deploy, and work with organization units successfully. Links to more detailed information are available for each role: On-site Deployment, Administrator, Care Team Member, Supervisor.

Organization units

Organization units create organization structure that enables care team members and clients to be assigned to different parts of the organization. A care team can direct client referrals to the correct organization unit to meet their needs, and manage organizational workflow such as tasks and care team actions.

Role: Person working with Merative to deploy Merative™ Integrated Care for the organization			
Did you...	Yes	Comment	More Information
1. If organization units are not already enabled for your organization by default, request the feature to be turned on?	<input checked="" type="checkbox"/>	Submit a case on the Merative™ Support Portal .	
2. When organization units are enabled, ensure that all users are associated with an organization unit before they use Merative™ Integrated Care (new implementation) or continue using the application (existing implementation)?	<input type="checkbox"/>	Submit a case on the Merative™ Support Portal .	

Administrator's Configuration Checklist			
Did you...	Yes	Comment	More Information
1. Configure organization units, and specify the external reference?	<input checked="" type="checkbox"/>	Mandatory configuration When you are configuring organization units for integrations, you must enter the reference number or code that the organization unit is assigned by the organization to uniquely identify it.	Configuring organization units (on page 345)
2. Associate users with organization units?	<input type="checkbox"/>	Mandatory configuration	Adding users to organization units (on page 346)
3. Configure the New Referral page to be included in the Register Client wizard?	<input type="checkbox"/>	[Mandatory configuration] You must configure the New Referral page to be shown and available to the care team in the Register Client wizard. Referrals are mandatory so that, when an organization units are enabled for your organization, a referral is created every time a care team member registers a new client in Merative™ Integrated Care and the referral is routed to the correct organization unit.	Configuring Register Client wizard pages (on page 373)
4. Configure consent types for data sharing across organization units?	<input type="checkbox"/>	[Optional configuration] You can configure consent types to enable a care team to categorize consent records that they create for clients by their information type, for example, Medical Records Consent. For each consent type that you configure, you can en-	Creating consent types (on page 313)

Administrator's Configuration Checklist			
		able sharing of consent records of that type across organization units.	
5. Configure display names for organization units?	<input type="checkbox"/>	[Optional configuration] You can configure display names for organization units to be included in organizational reports, for example, a client's Share Care Plan.	Configuring organization names (on page 343)
6. Configure the client Summary view based on care team roles in organization units?	<input type="checkbox"/>	[Optional configuration] You can configure customized Summary views based on care team roles, which enable people with different roles in an organization unit to see the client summary information that is of interest to that role.	Customizing the display of client summary cards for specific care team roles (on page 319)

Care Team Checklist			
Did you...	Yes	Comment	More Information
1. When you registered a new client, create a client referral to the correct organization unit to meet their needs?	<input checked="" type="checkbox"/>	The registration wizard includes a client's referral page where you can refer a client to the current organization unit or to another organization unit.	Registering clients (on page 413)
2. Action a client's referral only when the referral is assigned to your organization unit?	<input type="checkbox"/>	<ul style="list-style-type: none"> • You can review client referrals who are not yet assigned to a care member in your organization unit. You can assign the referral to yourself or any active care team member who has at least one care team role 	Managing client referrals (on page 448)

Care Team Checklist			
		<p>assigned. You can reject the referral if it does not qualify for care management.</p> <ul style="list-style-type: none"> You can review your open client referrals who are assigned to your organization unit for care management in an Open state. You can assign a referred client to a program or accept the referral for care management. If the client referral is invalid or incorrectly assigned, you can reject the referral or reassign it to the Supervisor of your organization unit. 	
3. Action an unassigned client who is not being actively care managed in your organization unit?	<input type="checkbox"/>	You can monitor clients who are not being actively care managed in your organization unit and who have no open referral. You can assign a client to yourself or any active care team member who has at least one care team role assigned.	Assigning clients to you or other care team members (on page 461)
4. When you added client consent records, did you capture the client's agreement to share their consent records (of a specific type) across organization units?	<input type="checkbox"/>	Consent types can be configured in the application for a care team to associate with a client's consent records, for example, Mental Health Information. For each configured consent type, you can register the client's agreement to share their consent records of a particular type across organization units.	Creating consent types (on page 313)

Care Team Checklist			
5. When you added care team members to a client's care team, ensure that the care team member belongs to your organization unit?	<input type="checkbox"/>	You can add a care team member who has a required role or skills to a client's care team. If organization units are enabled for your organization, the care team member must belong to your organization unit. At least one care team member must be a primary care team member.	Adding care team members individually (on page 698)
6. When you created a task or assigned a task to a specific user, ensure that the user belonged to your organization unit?	<input type="checkbox"/>	You can assign tasks to either a specific user or to a care team role in your organization unit.	Assigning unassigned tasks (on page 709)
7. When you assigned a task to a care team role, ensure that the role exists in your organization unit?	<input type="checkbox"/>	If a task is assigned to a care team role, and you have that role on the client's team, you can assign the task to yourself to do. Otherwise, reassign the task to another care team member or care team role in your organization unit.	Assigning unassigned tasks (on page 709)
8. When you created an action or assigned an action to a specific user, ensure that the user belonged to your organization unit?	<input type="checkbox"/>	You can assign actions to either a specific user or to a care team role in your organization unit.	Assigning unassigned actions (on page 544)
9. When you assigned an action to a care team role, ensure that the role exists in your organization unit?	<input type="checkbox"/>	If an action is assigned to a care team role, and you have that role on the client's team, you can assign the action to yourself to do. Otherwise, reassign the action to another care team member or care team role in your organization unit.	Assigning unassigned actions (on page 544)

Supervisor's Checklist			
Did you...	Yes	Comment	More Information
1. Assign an unassigned client referral to a care team member in your organization unit?	<input checked="" type="checkbox"/>	If a care team member registered a client without a referral, or if the client was received without a referral via a cohort from an external system, the Referred To organization unit is unknown. The client displays on the Unassigned Referrals list on the Supervisor's workspace. Unassigned referrals must be referred to a primary care team member in your organization unit.	Assigning client referrals to care team members (on page 761)
2. Reassign an assigned client referral to different care team member in your organization unit?	<input type="checkbox"/>	As the supervisor of an organization unit, you can reassign open client referrals who have yet to be accepted or rejected for care management by their assigned care managers.	Reassigning client referrals to care managers (on page 764)
3. Assign an unassigned client to a care team member in your organization unit?	<input type="checkbox"/>	Clients who are not being actively care managed and who have no open referral must be assigned to a primary care team member in your organization unit.	Assigning clients to care team members (on page 768)
4. Reverse the deletion of clients in your organization unit?	<input type="checkbox"/>	As the supervisor of an organization unit, you can reverse the deletion of clients who meet at least one of the following conditions regardless of whether they are in an inactive or active status:	Reversing the deletion of a client (on page 772)

Supervisor's Checklist		
	<ul style="list-style-type: none"> • Clients that were deleted by care team members in your organization unit. • Deleted clients that were referred to your organization unit. • Deleted clients that were registered by a team member in your organization unit. • Deleted clients that are currently care managed in your organization unit. • Deleted clients for whom your organization has received a referral that is not rejected. 	
5. Review and edit the capacity of care team members in your organization unit?	<input type="checkbox"/> <p>As the supervisor of an organization unit, you can modify the capacity of any active care manager in your organization unit. You might need to do this if the maximum number of clients that they can safely and effectively manage increases or decreases due to their availability, working hours, or skills..</p>	Modifying a care team member's capacity (on page 771)

Chapter 3. Scenarios

Merative™ Integrated Care can be used to support care management work flows that can help care teams to change client behavior and improve health across their attributed populations. In the following scenario, we will look at the care manager work flows that apply to care organizations in different markets and how they can be managed in Merative™ Integrated Care.

Scenario: Using Merative™ Integrated Care in a specialty court

In this scenario, we walk through how a care team that is working in a specialty court can use Merative™ Integrated Care to manage an individual's care journey through a drug court program. We meet a multidisciplinary team working in the court and using Merative™ Integrated Care to collaborate and manage their clients' care. The team that includes the following people and roles, a court intake officer who is called Carrie Smith, a Health Clinician called Susan Jones, a community college counselor called Jason Tucker, a Probation Officer called James Watson, and heading up our care team, Judge John Matthews.

As you follow the work flow, you can review the detailed how-to instructions for each step in the links. When you have reviewed the detailed instructions, return to this topic to carry on with the work flow.

Step 1: Identifying that an individual is suitable for the drug court program

Mark Miller is an individual living in the specialty court district who has been referred to the justice system for non-violent law violations. Before he is accepted into the drug court program, he must be registered, screened and deemed eligible for treatment and supervision by the court.

1. When Mark arrives at the drug court, he is immediately registered by Carrie Smith, the intake officer of the court into Merative™ Integrated Care
 - a. [Registering clients \(on page 413\)](#)
 - b. Carrie takes Mark's photo and uploads it.
[Updating client photos \(on page 494\)](#)
2. So that she can carry out the initial screening of Mark's suitability for the program, Carrie adds herself to Mark's care team.
 - a. [Adding care team members individually \(on page 698\)](#)
3. So that Mark understands the court process, what is expected of him, and consents to participation, Carrie explains the Drug Court program to him. Mark agrees to participate. Carrie records Mark's consent in Merative™ Integrated Care.
 - a. [Capturing client consent \(on page 484\)](#)

4. Carrie now assigns Mark into the Drug Court program. To determine his eligibility, she runs the Screening module of the program. This consists of completing a background questionnaire. As Mark is eligible for the program, Carrie then enrolls him into the program.

- a. [Assigning programs to clients \(on page 467\)](#)
- b. [Running a questionnaire \(on page 476\)](#)
- c. [Enrolling clients in programs \(on page 468\)](#)

5. Carrie adds more team members to Mark's care team, she adds Susan, James, and Judge Matthews.

[Adding care team members individually \(on page 698\)](#)

6. Carrie makes an appointment for Mark to see Susan for an assessment of his needs and so that Susan can create an appropriate care plan for him. To do this, she creates a task and assigns it to Susan.

[Creating tasks \(on page 466\)](#)

Step 2: Creating a care plan for Mark

Susan, the Health Clinician, steps in at this point. She reviews Mark's initial screening information so that she understands Mark's background. Then, she conducts drug, alcohol, and mental health questionnaires and assessments. She creates a care plan for Mark and assigns him some goals to achieve as well as some actions to help him achieve his goals. As Mark is attending community college and will need community support to achieve his goals, Susan registers Jason Tucker, a counselor in the college as care team member.

1. When Susan signs in to Merative™ Integrated Care, she sees the appointment with Mark in her calendar on his **Care Manager Workspace** (the Merative™ Integrated Care home page).
2. Before she meets Mark, Susan needs to understand Mark's background and the context of his offenses, so she reviews Mark's screening data.
 - a. [Reviewing the client's summary \(on page 408\)](#)
3. When Mark arrives for his appointment, Susan runs some assessments and questionnaires and records Mark's responses.
 - a. [Running a questionnaire \(on page 476\)](#)
 - b. [Running an assessment \(on page 478\)](#)
4. Susan creates a note to capture her notes about Mark. During the meeting, Susan creates a care plan for Mark. She sets him a goal to be drug free. She assigns him the action to attend counseling sessions and group meetings to help him achieve his goal. Susan has seen from Mark's background questionnaire that Mark's family have no car, so she records a transport barrier on the care plan. To overcome the barrier, Susan uses the maps feature of Merative™ Integrated Care services to help Mark secure counseling sessions at a counseling location near a bus stop.

- a. [Adding notes \(on page 512\)](#)
 - b. [Creating care plans \(on page 525\)](#)
 - c. [Adding client actions to plans \(on page 536\)](#)
 - d. [Planning for clients' barriers \(on page 662\)](#)
5. At the end of their meeting, Susan makes an appointment for Mark to come back for an assessment in a few weeks. To do this, she creates a client action for Mark of type appointment. She can then see the appointment in her calendar on the **Care Manager Workspace**.
- a. [Adding client actions to plans \(on page 536\)](#)
 - b. [Viewing clients with appointments \(on page 718\)](#)
6. After the meeting, Susan registers Mark's community college counselor, Jason Tucker, as a member of the care team. She does this because Mark is going to need ongoing support from his community to stay drug free. As a registered care team member, Jason will contribute to Mark's care but will not have access to Merative™ Integrated Care. Susan calls Jason to discuss Mark's case and the supports he will need from the college community. Susan records this phone conversation as a touchpoint.
- a. [Registering care team members for a specific client \(on page 696\)](#)
 - b. [Adding touchpoints \(on page 719\)](#)
7. Next, Mark's entire care team, including Judge Matthews meet to review his case. The team can view Mark's information, the planned goals and actions on the care plan. Each team member can capture their own notes or create their own tasks and actions. For example, James the probation officer is responsible for monitoring Mark's drug tests, so he can create actions on the care plan to track the drug testing activity, or Judge Matthews might take notes on the team's impression of Mark's willingness to change and the barriers he faces. Remember, notes can be shared with the team or kept private to the team member who created it.
- a. [Reviewing the client's summary \(on page 408\)](#)
 - b. [Planning care team actions \(on page 543\)](#)
 - c. [Capturing notes \(on page 508\)](#)

Step 3: Ongoing care of the client

While Mark works to achieve his goals, the team monitor his progress and track it in Merative™ Integrated Care.

1. While Mark is in the completing his assigned program, he is subject to random drug tests, James captures the results in Merative™ Integrated Care.
 - a. [Adding client data \(on page 500\)](#)

2. As Mark comes towards the end of the program, Susan the health clinician receives a report on his progress. So that all the team can view the report, she uploads the file to Merative™ Integrated Care.
 - a. [Capturing client documents \(on page 491\)](#)
3. If Mark does not progress well, the team can intervene. Any interventions that are taken to get him back on track with his program are recorded in Merative™ Integrated Care as a touch point.
 - a. [Adding touchpoints \(on page 719\)](#)

Step 4: Assessment and multidisciplinary team review of the client

As Mark completes his court attendances, the team meet to review Mark's progress. They use the Notes Highlights feature of Merative™ Integrated Care to quickly see the notes and observations about Mark that are most relevant to people with their role. Each team member captures their own notes. Mark has made good progress and is expected to complete the program and so he is given a court date.

1. Mark is invited to a meeting with Susan to discuss his progress. Before he arrives Susan reviews his notes and reports.
 - a. [Reviewing the client's summary \(on page 408\)](#)
 - b. [Reviewing the client's summary \(on page 520\)](#)

Note: Notes® Highlights are not available in trial versions of Merative™ Integrated Care.
2. Mark's progress is assessed by Susan by using the assessments in Merative™ Integrated Care.
 - a. [Running an assessment \(on page 478\)](#)
3. Once again Mark's entire care team, including Judge Matthews meet to review his case. The team can view Mark's information, his progress towards the planned goals, and the actions completed and outstanding on the care plan. Each team member can capture their own notes or create their own tasks and actions. Remember, notes can be shared with the team or kept private to the team member who created it.
 - a. [Reviewing the client's summary \(on page 408\)](#)
 - b. [Planning care team actions \(on page 543\)](#)
 - c. [Capturing notes \(on page 508\)](#)

Step 5: Court appearances

Before the court appearance, Judge Matthews reviews Mark's progress. During the appearance, Judge Matthews can discuss Mark's progress with him and refer to Mark's summary view for a quick reminder of key points. If the Judge wants to see more information on any of the items on Mark's summary pages, he can click the item to quickly see the details.

1. Before the judge enters court, he reviews the list of individuals that are scheduled to be in court that day from the calendar on the Care Manager Workspace.
2. During Mark's appearance, Judge Matthews can refer quickly to Mark's summary to remind him of key points about Mark's progress.
 - a. [Reviewing the client's summary \(on page 408\)](#)

Step 6: Program graduation and maintenance

As Mark has successfully completed the drug court program, Judge Matthews updates his notes and graduates Mark from the program.

1. After Mark's court appearance, Judge Matthews updates his notes.
 - a. [Capturing notes \(on page 508\)](#)
2. As Mark has been successful in achieving his goal of being drug free, Judge Matthews can graduate him from the program.
 - a. [Modifying program status details \(on page 474\)](#)
3. Finally, as Mark's care is no longer being actively managed by the court, he can be set to inactive in Merative™ Integrated Care.
 - a. [Deactivating clients \(on page 425\)](#)

Scenario: Managing client referrals in Merative™ Integrated Care

Referrals for care management can enter Merative™ Integrated Care from internal and external sources.

Referrals are created in Merative™ Integrated Care in the following ways.

- A care team user creates a referral while registering a client. See [Registering clients \(on page 413\)](#).
- A care team user creates a referral for a client who they are currently care managing. See [Creating referrals for existing clients \(on page 448\)](#).
- An external system API interfaces with Merative™ Integrated Care. See [Referrals API \(on page 895\)](#).
- A cohort is received in Merative™ Integrated Care. A *cohort* is a grouping of clients based on specific criteria such as age or at-risk priority, who are identified by an external system as requiring care management, and who are sent to the application by an electronic interface.

As a starting point for the scenarios that follow, let's suppose that:

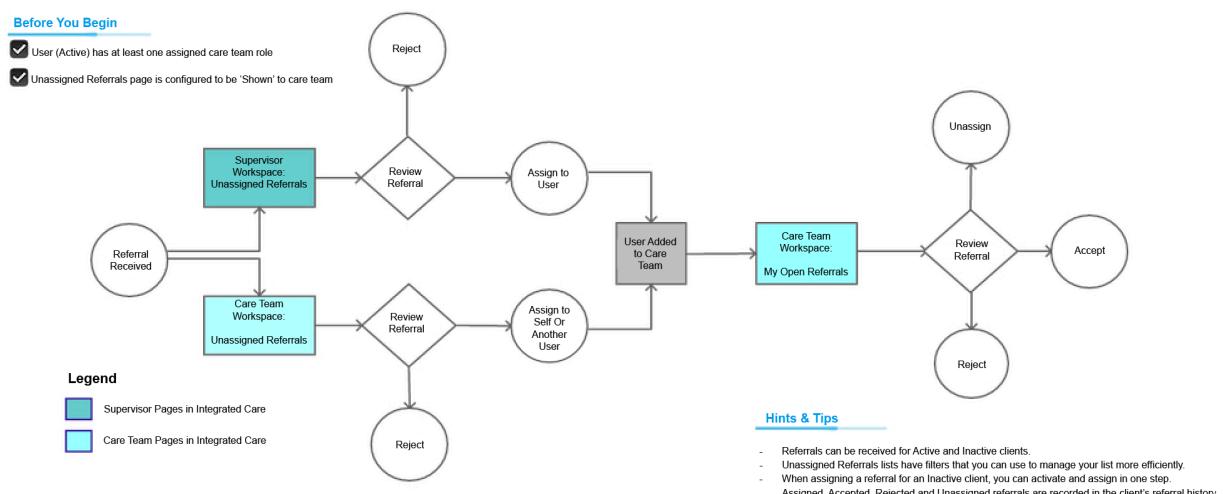
1. Care team user Susan Brown manually refers Mitch Delaney, Ester Mendes, and Maria Hernandez for care management when she registers them in the application. The organization's client registration workflow permits Susan to create a referral during their registration process. By default, Mitch and Ester are now registered as Active clients in the application. Maria is already registered in Merative™ Integrated Care but is an Inactive client after having previously completed a program of care.
2. Client referrals for Laurie Thompson, Melania Song, and Todd Mitchell enter Merative™ Integrated Care via a Diabetic cohort from an external system. When the cohort is received, Laurie and Melania are automatically registered in the application as Active clients. Todd Mitchell, however, is a previous Merative™ Integrated Care client who is currently Inactive in the application because he moved out of the area some time ago and no longer required care management.

The client referrals that are received in Merative™ Integrated Care are not yet confirmed by anyone as being suitable for care management and are not yet assigned to any particular care team user – all are, as yet, unassigned client referrals.

Where do these referrals route to in Merative™ Integrated Care?

As the referral lifecycle shows, Merative™ Integrated Care routes unassigned client referrals to the two roles in the organization who can review the validity of the referral and disposition the referral appropriately, that is, the Supervisor of the organization unit (June Rafter) and the care team user Susan Brown, who has at least one care team role assigned.

Figure 1. The referrals lifecycle





Note:

For this scenario, assume that organization units are not enabled for the organization. This means that users and client referrals cannot be routed to different parts of the organization or another organization. Assignments are restricted to the current organization.

When organization units are enabled, key differences in the workflow are as follows:

1. Client referrals can be received from or sent to another organization.
2. When a Supervisor or care team user views the unassigned referrals, they may only view referrals associated with the clients that are associated with that user's organization.
3. When a Supervisor or care team user assigns referrals, they may only assign the referral to users that are associated to that user's organization.

Continue to explore the end-to-end scenarios from both roles' perspectives and learn how June (Supervisor) and Susan (care team user) handle these referrals.

Scenario 1: Managing unassigned client referrals as a Supervisor of the organization unit (June Rafter)

June Rafter is the Supervisor in the organization. It's June's job to review the client referrals who are not yet assigned and to assign them to a care team user based on a care team user's roles, skills, and capacity. Equally, June can reject invalid client referrals.

Review the high-level [scenario \(on page 78\)](#) that describes the inbound client referrals. The referrals enter Merative™ Integrated Care from an external system cohort and a manually entered referral that is recorded by a care team user.

As you follow the workflow, hyperlinks to detailed how-to instructions are available for each step. Return to this topic to complete the end-to-end workflow.

Step 1: Assessing client referrals that are received

June Rafter, as the Supervisor, assesses the list of inbound client referrals and identifies the ones that are suitable for care management before she assigns or rejects them.

For your information and for the purpose of this scenario, a summary of the list of inbound referrals follows.

Client Referral	Client Refer-ral reason	Cohort or Manu-al Registration?	Active or Inactive?	Assign or Reject?
Laurie Thompson	Diabetes, Conges-tive Heart Failure, Depression	Diabetes Cohort	Active client	<input checked="" type="checkbox"/>
Melania Song	Depression, Anxi-ety, Obesity	Diabetes Cohort	Active client. Added to Diabetes cohort in error. In-coming Referral Reason does not mention diabetes.	No <input checked="" type="checkbox"/>
Todd Mitchell	Diabetes, Hyperten-sion, High Choles-terol, Signs of De-pression	Diabetes Cohort	In an Inactive state in Merative™ Inte-grated Care after having moved out of State and opted out of care man-agement. He is re-ferred to Merative™ Integrated Care again now that he is back living in the area.	Yes <input checked="" type="checkbox"/>
Mitch Delaney	Recently diag-nosed with Type II Diabetes and mild depression.	Referred by care team	Active client	Yes <input checked="" type="checkbox"/>

- From the Unassigned Referrals card in her Supervisor workspace, June [opens her list of Unassigned Referrals \(on page 762\)](#).

The **Unassigned Referrals** page lists all referrals that were referred via a care team referral or an external system cohort.

- June reviews each unassigned client referral by their name, date of referral, priority, name of cohort that referred the client, and the reason that they were referred. She expands the client view to see the risks associated with the client.

June can apply predefined and ad-hoc filters ([on page 762](#)) to narrow the list of Unassigned Referrals to only the name(s) that she wants to review.

3. June decides whether the following client referrals are valid and necessary to assign for care management, or invalid and necessary to reject.

[Step 2: Assigning the Referrals for Laurie Thompson and Mitch Delaney \(Bulk Assignment of Active clients\) \(on page 82\)](#)

Step 2: Assigning the Referrals for Laurie Thompson and Mitch Delaney (Bulk Assignment of Active clients)

June Rafter, as the Supervisor, has decided that Laurie Thompson and Mitch Delaney's client referrals are valid. She's going to accept their referrals and assign them to the care of Susan Brown who is an Active user in Merative™ Integrated Care with these assigned care team roles: Nurse, Care Manager, Trainer. As a Nurse, Susan specializes in Diabetic patients, and understands the unique circumstances that influence a person's health and about working within the Medicaid network.

Remember that Mitch Delaney was referred when he was manually registered in the application while Laurie Thompson entered via an external system cohort. Both Mitch and Laurie are registered in Merative™ Integrated Care as Active clients. Review the high-level scenario ([on page 78](#)) for more context.

As you follow the workflow, hyperlinks to detailed how-to instructions are available for each step.

From the Unassigned Referrals list page, June can [bulk assign more than one client referral at a time \(on page 762\)](#) to Susan Brown (25 max). She does the following:

- a. selects the check box adjacent to Mitch and Laurie's names, and clicks **Assign**.
- b. assesses the current capacity of Susan Brown to take on more work and manage the care of Mitch and Laurie.
- c. from Susan's assigned roles list, selects the roles that are relevant to the care of Mitch and Laurie: Care Manager and Nurse.
- d. designates Susan as the primary care team member on the team due to her extensive expertise as a diabetic nurse. This is an optional step that June completes now rather than later. Primary care team members are responsible for the client's care plan and programs.
- e. assigns Mitch and Laurie to the Merative™ Integrated Care program that will meet their care needs, the Diabetic Program. This is an optional step that June completes now rather than later.
- f. decides not to select a care team group(s) to assign to Mitch and Laurie. This is an optional step that can be completed by Susan later. Care team groups contain predefined members and are

configured by June's administrator. If selected, all members of the group are automatically added to each client's care team when the referral is accepted.

- g. confirms her decision by clicking **Assign**.

When June assigns the referrals for Laurie Thompson and Mitch Delaney to Susan, she is added to both individuals' care teams (if not already added) as the primary care team member and in her roles as a Care Manager and a Nurse. The new referrals are automatically included in Susan's list of open client referrals. Susan can accept the referrals for care management, assign the referred clients to a program (if not already assigned), or reject the referrals. If Susan believes that June was incorrect to assign Laurie and Mitch to her care, she can reassign both referrals back to June. To follow Susan's workflow in more detail, see [Completing your open client referrals \(on page 453\)](#).

[Step 3: Activating and Assigning the Referral for Todd Mitchell \(Single Assignment of an Inactive client\) \(on page 83\)](#)

Step 3: Activating and Assigning the Referral for Todd Mitchell (Single Assignment of an Inactive client)

June Rafter, as the Supervisor, has decided that Todd Mitchell's client referral is valid. She's going to accept his referral and assign him to the care of Vina Harris who is an Active user in Merative™ Integrated Care with one assigned care team role: a registered nurse, with 12 years of experience. She manages patients with multiple chronic conditions. Todd is currently Inactive in the application, so June need to reactivate him in the process of assigning him to Vina's care.

Remember that Todd Mitchell entered Merative™ Integrated Care via an external system cohort and pre-exists as a client in the application in an Inactive state. He is Inactive after having previously moved out of State and opted out of care management. Now he is back living in the area. Review the high-level [scenario \(on page 78\)](#) for more context.

As you follow the workflow, hyperlinks to detailed how-to instructions are available for each step.

1. From the **Unassigned Referrals** list page, June can [singly assign \(on page 762\)](#) Todd to the care of Vina Harris.

She...

- a. clicks the **Actions** menu of Todd's referral, and clicks **Assign**.
- b. provides a reason for-reactivating the client in the **Activation Reason** section of the **Activate and Assign** modal and clicks **Next**.
- c. assesses the current capacity of Vina Harris to take on more work and manage the care of Todd.

- d. from Vina's assigned roles (listed), selects the role that is relevant to Vina's care of Mitch and Laurie: Nurse
- e. decides not to assign Vina as the primary care team member because Susan Brown is already assigned on the team. This is an optional step that June decides not to apply to Vina. Primary care team members are responsible for the client's care plan and programs. Vina can also be assigned as the primary care team member if required, but a nurse will typically not be a primary care team member.
- f. assigns Todd to the Merative™ Integrated Care program that will meet his care needs, the Diabetic Program. This is an optional step that June completes now rather than later.
- g. decides to assign a care team group to Todd, the Diabetic Group. When Vina accepts the referral, all members of the group are automatically added to Todd's care team, in addition to Vina. Care team groups contain predefined members and are configured by June's administrator. This is an optional step that June completes now rather than Vina completing later.
- h. confirms her decision by clicking **Activate and Assign**.

When June assigns the referral for Todd Mitchell to Vina, she is added to Todd's care team (if not already added) in her role as a Nurse. The new referral is automatically included in Vina's list of open client referrals. Vina can accept the referral for care management, assign the referred client to a program (if not already assigned), or reject the referral. In addition, when Vina accepts the referral, the members of the Diabetic Group are automatically added to Todd's care team. If Vina believes that June was incorrect to assign Todd to her care, she can reassign the referral back to June. To follow Vina's workflow in more detail, see [Completing your open client referrals \(on page 453\)](#).

[Step 4: Rejecting the Referral for Melania Song \(on page 84\)](#)

Step 4: Rejecting the Referral for Melania Song

June Rafter, as the Supervisor, has decided that Melania Song's client referral is invalid. June has reason to believe that Melania was included in the Diabetics cohort that was sent to Merative™ Integrated Care by mistake. She's not going to accept her referral for care management.

Remember that Melania Song entered Merative™ Integrated Care via an external system cohort and is Active in the application. Review the high-level [scenario \(on page 78\)](#) for more context.

As you follow the workflow, hyperlinks to detailed how-to instructions are available for each step.

From the Unassigned Referrals list page, June can [singly reject \(on page 767\)](#) the referral of Melania for care management.

She...

- a. clicks the **Actions** menu of Melania's referral, and clicks **Reject**.
- b. provides a reason for rejecting the client in the **Rejection Details** section.
- c. confirms her decision by clicking **Reject**.

Scenario 2: Managing unassigned client referrals in the organization unit (Susan Brown)

Any Active care team user who has at least one assigned care team role can assign and reject referrals. Susan Brown serves clients as a Nurse and a Care Manager. Susan can review the client referrals who are not yet assigned to a care team user and assign referrals to herself or to another care team user based on a care team user's roles, skills, and capacity. Equally, Susan can reject invalid client referrals.

Review the high-level [scenario \(on page 78\)](#) that describes the inbound client referrals. The referrals are manually entered and recorded by a care team user.

- Referral for Ester Mendes (manual referral) – Active client
- Referral for Maria Hernandez (manual referral) – Inactive client

As you follow the workflow, hyperlinks to detailed how-to instructions are available for each step. Return to this topic to complete the end-to-end workflow.

Step 1: Assessing client referrals that are received

Susan Brown assesses the list of inbound client referrals and identifies the ones that are suitable for care management before she assigns or rejects them.

For your information and for the purpose of this scenario, a summary of the list of inbound referrals follows.

Client Referral	Client Referral Reason	Cohort or Manual Registration?	Active or Inactive	Assign or Reject?
Ester Mendes	Post-hip replacement, identified as high risk for readmission.	Referred by care team	Active client	Yes <input checked="" type="checkbox"/>
Maria Hernandez	Recovering from out-patient surgery due to a fall; recent osteoarthritis diagnosis in hands means that she is not able to	Referred by care team	In an Inactive state after having previously completed a program of care. She is referred again	Yes <input checked="" type="checkbox"/>

Client Referral	Client Refer-ral Reason	Cohort or Manu-al Registration?	Active or Inactive	Assign or Reject?
	work currently and is concerned about her job security.		now with different health concerns.	

- From the Unassigned Referrals card in her workspace, Susan [opens her list of Unassigned Referrals \(on page 451\)](#).
The **Unassigned Referrals** page lists all referrals that were referred via a care team referral or an external system cohort.
- Susan reviews each unassigned client referral by their name, date of referral, priority, name of cohort that referred the client, and the reason that they were referred. She expands the client view to see the risks associated with the client.
Susan can apply [predefined and ad-hoc filters \(on page 452\)](#) to narrow the list of **Unassigned Referrals** to only the name(s) that she wants to review.
- Susan decides whether the following client referrals are valid and necessary to assign for care management, or invalid and necessary to reject.

[Step 2: Assigning the Referral for Ester Mendes to Oneself \(Single Assignment of an Active client\) \(on page 86\)](#)

Step 2: Assigning the Referral for Ester Mendes to Oneself (Single Assignment of an Active client)

Susan Brown has decided that Ester Mendes's client referral is valid. She's going to accept her referral and take ownership of the client referral by assigning the referral to herself. In her roles as a registered Nurse, Care Manager, and Trainer, Susan understands the unique circumstances that influence a person's health and, as an added advantage, she speaks Spanish.

Remember that Ester Mendes was referred when she was manually registered in the application. Ester is registered in Merative™ Integrated Care as an Active client. Review the high-level [scenario \(on page 78\)](#) for more context.

As you follow the workflow, hyperlinks to detailed how-to instructions are available for each step. .

From the **Unassigned Referrals** list page, Susan can [singly assign \(on page 452\)](#) the referral of Ester to her own care.

She...

- a. clicks the **Actions** menu of Ester's referral, and clicks **Assign**.
- b. selects **Assign to Me**.
- c. from her assigned roles list, selects the roles that are relevant to the care of Ester: Care Manager and Nurse
- d. does not select to assign herself as primary care team member because her supervisor has already assigned her this role. Primary care team members are responsible for the client's care plan and programs. This is an optional step that Susan does not need to apply again.
- e. does not assign Ester to any program of care at this time. This is an optional step that Susan prefers to do later after further assessment of Ester's hip bone replacement.
- f. does not assign any care team groups to Ester. This is an optional step that can be done later if needed after Susan further assesses Ester's hip bone replacement, and evaluates if a specific group of additional care team members are required to manage Ester's care.
- g. confirms her decision by clicking **Assign**.

[Step 3: Activating and Assigning the Referral for Maria Hernandez to another care team user \(Single Assignment of an Inactive client\) \(on page 87\)](#)

Step 3: Activating and Assigning the Referral for Maria Hernandez to another care team user (Single Assignment of an Inactive client)

Susan Brown has decided that Maria Hernandez's client referral is valid. She's going to accept her referral for care management. However, her own caseload started out with 50 patients and has more than doubled to 120 patients since the company acquired new practices. So Susan is going to assign Maria to the care of another care team user, Vina Harris. Vina is a registered Nurse, with 12 years of experience. She manages patients with multiple chronic conditions. Maria is currently Inactive in the application, so Susan needs to reactivate her in the process of assigning her to Vina's care.

Remember that Maria Hernandez was referred when she was manually registered in the application and pre-exists as a client in the application in an Inactive state. She is Inactive after having previously completed a program of care management. Maria's new referral is for different health concerns. Review the high-level [scenario \(on page 78\)](#) for more context.

As you follow the workflow, hyperlinks to detailed how-to instructions are available for each step.

1. From the **Unassigned Referrals** list page, Susan can [singly assign \(on page 452\)](#) Maria to the care of Vina Harris.
She...

- a. clicks the **Actions** menu of Maria's referral, and clicks **Assign**.
- b. provides a reason for reactivating the client in the **Activation Reason** section of the **Activate and Assign** modal and clicks **Next**.
- c. selects **Assign to Another User**.
- d. assesses the current capacity of Vina Harris to take on more work and manage the care of Maria.
- e. from Vina's assigned roles (listed), selects the role that is relevant to Vina's care of Maria: Nurse
- f. decides not to assign Vina as the primary care team member because she (Susan) is already assigned the role on the team. This is an optional step that Susan decides not to apply to Vina. Vina can also be assigned as the primary care team member if required, but a nurse will typically not be a primary care team member. Primary care team members are responsible for the client's care plan and programs.
- g. assigns Maria to the Merative™ Integrated Care program that will meet her care needs, the General Health Program. This is an optional step that Susan completes now rather than later.
- h. decides not assign any care team groups to Maria. This is an optional step that can be completed later by Susan or Vina if needed.
- i. confirms her decision by clicking **Activate and Assign**.

Chapter 4. Administering users

Administer users to give them access to Merative™ Integrated Care. If Merative™ Integrated Care's default single sign-on (SSO) capability is enabled for your organization, standard users can SSO to other Merative™ Integrated Care applications, including the Reporting application. Alternatively, if your organization has a Federated Identity Management (FIM) arrangement with an identity provider external to IBM, you can request that Merative™ Integrated Care integrate with your organization's own SSO solution.

For enhanced security, only security administrators can create standard user accounts. Then, administrators can assign care team roles and skills to each user account after it is created.



Important:

If you want to request Merative™ Integrated Care's default SSO capability for your organization, please submit a case on the [Merative™ Support Portal](#). Alternatively, to learn more about how Merative™ Integrated Care can integrate with your organization's own identity provider for SSO, see [Integrating Merative Integrated Care with your organization's identity provider \(on page 1396\)](#).



Note:

Merative administrators require access to the Merative™ Integrated Care and Reporting applications to complete essential administrative tasks such as upgrades as needed. These administrators are shown on your users list with a Billing role. For more information, contact your Merative™ client executive.

Merative™ Integrated Care user types

The following table gives an overview of the main user types for Merative™ Integrated Care applications.

Users	Description
Standard users	Members of your organization who use Merative™ Integrated Care applications. By default, the IBM® App ID service verifies the user's identity and manages their password reset process. Users receive an email with instructions to complete their sign-up and set their password. They log in from the Mera-

Users	Description
	<p>Merative™ Integrated Care sign in page with their user-name and password.</p> <p>If single sign-on (SSO) is enabled for your organization, assuming the user is already signed in to a Merative™ Integrated Care application, they are logged directly into another Merative™ Integrated Care application they have access to when they click the URL for that application. For example, Merative™ Integrated Care Reporting.</p> <p>If a third-party identity provider verifies the user's identity not IBM® App ID, no sign-up emails are sent to users. They log in from the identity provider's sign-in page by entering their identity provider credentials. Your organization's identity provider determines and manages the users' password reset process and password rules.</p> <p>If a third-party identity provider verifies your users' access to Merative™ Integrated Care and that identity provider supports SSO, users can SSO between Merative™ Integrated Care and other applications that they have access to.</p>
Reporting users	Members of your organization who use the Reporting application. Reporting users are standard users with access to reporting. An appropriate reporting role must be assigned to each user in the Reporting application to give them access.
Merative™ Integrated Care Connect Individuals users	Clients who use the Merative™ Integrated Care Connect Individuals application. Clients are invited by care team members to register with the application. They receive an email with instructions to complete their sign-up and set their password.
Merative™ Integrated Care Connect Providers users	Community service providers who use the Merative™ Integrated Care Connect Providers Connect.

Users	Description
	Service providers are invited by administrators to register with the application. They receive an email with instructions to complete their sign-up and set their password.

Related information

[Engaging clients in their own care \(on page 727\)](#)

[Managing provider users \(on page 224\)](#)

[Managing your Merative Integrated Care account \(on page 401\)](#)

Administering standard user accounts

You give a standard user access to Merative™ Integrated Care by creating the user's account and associating it with the appropriate workspaces. You can modify a standard user's account details. You can temporarily suspend an account to prevent a user from signing into Merative™ Integrated Care, and resume the account at any time. To permanently deactivate a user's account in the application, you can close their account.

Merative™ Integrated Care uses SendGrid to deliver password reset, password change confirmation, and one-time passcode emails to users. Before users can receive the emails, depending on its setup, you may need to configure your organization's email server to allow all emails from sendgrid.net.

Creating user accounts

You must create a user account to enable users to access Merative™ Integrated Care. When you create an account, you must assign one or more workspaces to determine which applications the user can access in Merative™ Integrated Care.

Depending on your organization's workflow, some fields may not be available. The Security Roles field is displayed only if a user is assigned the Care Team workspace. You can associate an external role with a user only if external roles are configured so that the user can access client information in external systems from Merative™ Integrated Care.

If you are onboarding a user account that is managed and authenticated by an identity provider external to IBM, ensure that the email address you enter matches the email address that is stored by your organization's identity provider. **Note:** when you onboard the user, no password set email is sent to the user by Merative™ Integrated Care. If the user is signed in to your organization's identity provider, they can automatically access Merative™ Integrated Care without entering their credentials again. If the user is not

already signed in to your organization's identity provider, the identity provider's sign-in page is displayed. The user must enter the credentials that are stored by the identity provider and the identity provider authenticates their access to Merative™ Integrated Care.



Note:

The **Auditor** workspace is not currently available in the reporting application. Therefore, we advise you not to assign this workspace to a user.

1. Sign in with your security administrator credentials.

Your home page opens.

2. Click **New User**.

The **New User** window opens.

3. Enter the user details.

- Title
- Name (Mandatory)
- Suffixes
- Phone
- Mobile Phone
- Email Address (Mandatory) - The email address is the username the user enters to sign in to Merative™ Integrated Care.



Important:

Email address details are not case-sensitive.

- Work Address

4. From the **Workspaces** list, assign one or more workspaces to the user account.

Administrator

Assign this workspace to users who configure care plan items such as programs and assessments.

Billing

Assign this workspace to users who need to run the **Clients Receiving Care** report in the reporting application to see a list of clients who are receiving care.

Care Team

Assign this workspace to users who work directly with clients or on a care team.

Security Administrator

Assign this workspace to users who manage security access to the care management application.

Supervisor

Assign this workspace to users who manage care coordinators, or care managers on a care team.

5. **Optional:** Select one or more security roles to determine which resources the user can access.
6. **Optional:** From the **Default Workspace** list, you can select the default workspace to open when the user signs in to Merative™ Integrated Care. The Default Workspace list is displayed only if multiple workplaces are assigned to the account. By default, the most frequently used workspace for your organization is preselected. The user can change their default workspace, if needed.
7. If you don't want the account to become active immediately, you can select the **Account Suspended** check box. Users whose accounts are suspended cannot sign in to Merative™ Integrated Care. You can resume a suspended account at any time.
8. If the **External Role** list is configured, select an external role so that the user can access only client information relevant to their role in an external system.
The external system identifies the user by their external role. Typically, the External Role consists of an organization name and a role in that organization in this format: <AgencyName>|<Role>. Each value is separated by a bar '|'.
9. Click **Save**.

Assuming the IBM® App ID verifies the user's identity, the user receives an email with instructions and a link to set their password. The link in the email has an expiry period. The link is valid for 24 hours by default. However, this period might be different for your organization. The link expiry period for your organization is included in the email sent to each new user. If the link expires before the user completes the instructions, the IBM® App ID service informs the user and they can request a new email.

If an identity provider external to IBM verifies the user's identity, no email is sent by Merative™ Integrated Care to the user. Your organization's identity provider determines the user's password set process and password rules. See **About this task** for more information.

Related information

[Configuring external roles for integrated systems \(on page 349\)](#)

Searching for users

To search for a user in the application, you must enter one or more search criteria.

Searching for users by Name or Email Address returns active users only.

The Security Roles field is displayed only if the user is assigned the care team workspace.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Team > Search Users**.

The **Search Users** page opens.

3. Enter one or more search criteria and click **Search**.

- Name
- Email Address
- Workspace: You can search for only closed users by setting the Workspace criteria to **Inactive**.
- Security Role: You can search for users with a specific security role.



Tip:

The search function supports partial matching. At a minimum, enter two characters. For example, a search for **First Name** Su and **Last Name** Bro can return matches for active clients **Susan Brown** and **Susan Broderick**.

4. Click a user name.

The user's **Home** page is displayed.

Related information

[Creating care team roles \(on page 254\)](#)

[Assigning roles to care team members \(on page 256\)](#)

[Creating care team skills \(on page 252\)](#)

[Assigning skills to care team members \(on page 253\)](#)

Modifying user account details

You can update a user's account details. You can update the user's contact information, with the exception of their email address, and specify which Merative™ Integrated Care application the user can access.

A user's email address is read-only. You can update all other details for a user. One or more workspaces are assigned to each user account. If multiple workspaces are assigned, you can update the default workspace to open each time the user signs in to Merative™ Integrated Care.

The Security Roles field is displayed only if the user is assigned the care team workspace.

Depending on your organization's workflow, some fields may not be available.



Note:

The **Auditor** workspace is not currently available in the reporting application. Therefore, we suggest you do not assign this workspace to a user.



Note:

Any updates made to a user's link to a role will take full effect from the time of the user's next log in. If a user is logged in while their security roles are updated, the effects of these new permissions may not fully take effect until the user's current session ends and they log into the system again.



Important:

Email address details are not case-sensitive.

If configured, you can update the user's external role so that they can access client information in external systems from Merative™ Integrated Care.

1. Sign in with your security administrator credentials.
Your home page opens.
2. From the **Side Navigation Menu**, select **Users**.
3. Click **Search Users** to search for the user.
4. In the user's **User Home** page, from the **Actions** menu, select **Edit**.
The **Edit User** page opens.
5. Update the user details.
 - **Title**
 - **Name** (mandatory)
 - **Suffixes**
 - **Phone**
 - **Mobile Phone**
 - **Work Address**
 - **Workspaces** (mandatory)
 - **Default Workspace** (only displayed if multiple workspaces are assigned to the account).
 - **Security Roles** (optional) Select one or more security roles to determine which resources in the care team workspace the user can access.

6. If you don't want the account to become active immediately, you can select the **Account Suspended** check box. Users whose accounts are suspended cannot access Merative™ Integrated Care. You can resume a suspended account at any time.
7. If the **External Role** list is configured, select an external role so that the user can access only client information relevant to their role in an external system.
The external system identifies the user by their external role. Typically, the External Role consists of an organization name and a role in that organization in this format: <AgencyName>|<Role>. Each value is separated by a bar '|'.
8. Click **Save**.

Suspending user accounts

You can suspend a user account to prevent the user from signing in to Merative™ Integrated Care. For example, you might want to temporarily prevent a user from signing in to Merative™ Integrated Care.

When a user is suspended, their user account is otherwise unaffected and is still associated with care teams and tasks. You can still modify the user account.

You can also suspend an account when you are creating a new user and resume the account to make it active at a later time.

If the user's access to Merative™ Integrated Care is verified by a third-party identity provider and the user tries to sign in after you suspend their account, an error message is displayed.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Click **Search Users** to search for the user.
3. Click the user name.
4. In the user's **User Home** page, from the **Actions** menu, select **Suspend Account**.

The user's account status on their **Home** page is displayed as **Suspended**.

Resuming user accounts

You can resume a user account to enable the user to access Merative™ Integrated Care again.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Click **Search Users** to search for the user.
3. Click a user name.

4. In the user's **User Home** page, from the **Actions** menu, select **Resume Account**.

The user's account status on their **Home** page is displayed as **Active**.

Closing user accounts

You can close a user account to deactivate the account in the application and prevent the user from signing in to Merative™ Integrated Care. For example, you might close an employee's account because they are leaving the organization and no longer require access to Merative™ Integrated Care.

When you close a user account, the user's default workspace is set to **Inactive**. The user's account is closed. However, their user account is otherwise unaffected and is still associated with care teams and tasks. You can reopen the account if needed. For example, you might close a user's account in error.

Closing a user account prevents you from creating another account with the same email address as the closed account. You must enter a different email address to create the account. In addition, you cannot modify a closed user account.



Note:

Searching for users by Name or Email Address returns active users only. The Security Roles field is displayed only if the user is assigned the care team workspace.

If the user's access to Merative™ Integrated Care is verified by a third-party identity provider and the user tries to sign in after you close their account, an error message is displayed.

1. Sign in with your security administrator credentials.

Your home page opens.

2. Click **Search Users** to search for the user.

3. Enter one or more search criteria and click **Search**.

- Name
- Email Address
- Workspace: Setting the Workspace criteria to **Inactive** returns only closed users.
- Security Role: You can search for users with a specific security role.



Tip:

The search function supports partial matching. At a minimum, enter two characters. For example, a search for **First Name** **Su** and **Last Name** **Bro** can return matches for active clients **Susan Brown** and **Susan Broderick**.

4. Click a user name.

5. In the user's **Home** page, from the **Actions** menu, select **Close Account**.
6. Click **Yes** to confirm that you want to close the user's account. The user's account status on their **Home** page is displayed as **Closed**.

Reopening user accounts

You can reopen a user account that was closed in error or for another reason. For example, a user might have left the organization so their account was closed. If the user returns to the organization later, you can reopen their account so that they can access their workspaces again.



Note:

The **Auditor** workspace is not currently available in the reporting application. Therefore, we suggest you do not assign this workspace to a user.



Tip:

To search for only closed users, set the Workspace criteria to **Inactive**. Searching for users by Name or Email Address returns active users only.

The Security Roles field is displayed only if the user is assigned the care team workspace.

Depending on your organization's workflow, some fields may not be available.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Click **Search Users** to search for the user.
3. Enter one or more search criteria and click **Search**.
 - Name
 - Email Address
 - Workspace: Setting the Workspace criteria to **Inactive** returns only closed users.
 - Security Role: You can search for users with a specific security role.



Tip:

The search function supports partial matching. At a minimum, enter two characters. For example, a search for **First Name** **Su** and **Last Name** **Bro** can return matches for active clients **Susan Brown** and **Susan Broderick**.

4. From the Workspaces list, select **Inactive** to search for closed user accounts.
5. Click a user name.

6. In the user's **Home** page, from the **Actions** menu, select **Reopen Account**.
7. From the **Workspaces** list, assign one or more workspaces to the user account.

Administrator

Assign this workspace to users who configure care plan items such as programs and assessments.

Billing

Assign this workspace to users who need to run the **Clients Receiving Care** report in the reporting application to see a list of clients who are receiving care.

Care Team

Assign this workspace to users who work directly with clients or on a care team.

Security Administrator

Assign this workspace to users who manage security access to the care management application.

Supervisor

Assign this workspace to users who manage care coordinators, or care managers on a care team.

8. **Optional:** If the user has more than one assigned workspace, from the **Default Workspace** list, you can select the default workspace to open when the user signs in to Merative™ Integrated Care. By default, the most frequently used workspace for your organization is preselected. The user can change their default workspace, if needed.
9. **Optional:** Select one or more security roles to determine which resources in the care team workspace the user can access.
10. Click **Reopen account**. The user's account status on their **Home** page is displayed as **Active**.

The user is sent an email with instructions to reset their password. When the user resets their password they can sign into their workspaces again and their account is still associated with care teams and tasks.

Associating users with team roles

You can assign team roles to standard users from the library of roles.

On a user's list of team roles, you can see the team roles that are assigned to the user. If the user account is closed, row-level and page level menu actions are not available. You cannot delete the primary team role from a user if clients are currently assigned to the user.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Find the target user's name and click to go to the home page of the user.
3. Click the **Team Roles** tab.
The team roles that are assigned to the user are displayed.
4. Click **Add**.
The **Add Team Role** window opens. A list of predefined roles is displayed.
5. Select the roles that you want to add, and click **Save**. The roles are assigned to the user.

Removing team roles

You can remove a team role from standard users.

On a user's list of team roles, you can see the team roles that are assigned to the user. The appended text, '- Primary', indicates the primary team role. Subsequent roles that you assign to a user are displayed in alphabetical order A-Z.



Restriction:

- If the user account is closed, row-level and page level menu actions are not available.
- If clients are currently assigned to a user who fulfills the primary team role, you cannot delete the role.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Find the target user's name and click to go to the home page of the user.
3. Click the **Team Roles** tab.
The team roles that are assigned to the user are displayed.
4. Click the **Actions** menu of the role, and click **Delete**.
The Delete Team Role page opens.
5. Click **Yes** to confirm that you want to delete the role.

Adding team skills

You can assign skills to users so that teams can find the appropriate users to add to a team.

1. Sign in with your security administrator credentials.
Your home page opens.

2. Find the target user's name and click to go to the home page of the user.

3. Click the **Team Skills** tab.

The team skills that are assigned to the user are displayed.

4. Click **Add**.

The **Add Team Skill** window opens.

5. Enter the name of a skill and click **Search**.

A list of skills that match your search string is displayed.

6. Select the skill that you want to add, and click **Add**.

The skill is added to the user.

Removing team skills

If a skill that is recorded for a user is incorrect or obsolete, you can remove it from the user.

1. Sign in with your security administrator credentials.

Your home page opens.

2. Find the target user's name and click to go to the home page of the user.

3. Click the **Team Skills** tab.

The team skills that are assigned to the user are displayed.

4. Click the **Actions** menu of the skill, and click **Delete**.

The Delete Team Skill page opens.

5. Click **Yes** to confirm that you want to delete the skill.

Administering Connect Providers user accounts

Merative™ Integrated Care Connect Providers is a separately licensed web application from which providers can manage their services. If your organization licenses Merative™ Integrated Care Connect Providers, you can administer Connect Providers users.

Searching for Connect Providers users

As a security administrator, you can search for Merative™ Integrated Care Connect Providers users.

If you don't know the exact details to search for, you can do a partial search by entering the starting characters of the first name, last name, or provider name. You must enter at least 3 characters of the last name or provider name to search.

You can enter special characters in name searches. For example, you can search for the last name of O'Neill. However, searching for O'Neill does not return O Neill or O'Neill in the search results.

1. Sign in with your security administrator credentials.

Your home page opens.

2. Click **Search Connect Providers Users**.

The Search Connect Providers Users page opens.

3. Enter the following search criteria and click **Search**.

- **Name**: If you search for a first name, then you must also enter the last name.

- **Email Address**: The email address search is exact match only.

- **Provider Name**

4. Click **Search**.

In the **Search Results** pane, you can see whether the client has a Connect account.

Suspending Connect Providers user accounts

You can suspend a provider user's account to prevent them from signing in to Connect Providers. For example, you might want to temporarily prevent a provider user from signing in to their account because they are on extended leave.

You can suspend only active provider user accounts. When a provider user is suspended, their user account is otherwise unaffected. The status of the provider user's account changes to Suspended. You can reactivate the provider's user account at any time.

1. Sign in with your security administrator credentials.

Your home page opens.

2. Click **Search Connect Providers Users**.

The **Search Connect Provider Users** page opens.

3. Search for a provider user whose account you want suspend.

4. In the **Search Results** pane, from the **Actions** menu of a selected user, select **Suspend Account** and confirm by clicking **Suspend Account** again.

Reactivating Connect Providers user accounts

You can reactivate a suspended Connect Providers user account to enable the provider user to access Connect Providers again with their onboarding details.

You can reactivate only suspended provider user's accounts.

1. Sign in with your security administrator credentials.

Your home page opens.

2. Click **Search Connect Providers Users**.

The **Search Connect Provider Users** page opens.

3. Search for a provider user whose account you want reactivate.
4. In the **Search Results** pane, from the **Actions** menu of a selected user, select **Reactivate Account** and confirm by clicking **Reactivate Account** again. The status of the provider user's account changes and is displayed as Active again in the Security Administrator workspace.

Closing Connect Providers user accounts

By closing a Merative™ Integrated Care Connect Providers user account, you can prevent that account from accessing the provider's information through the Connect Providers application.

If you close a provider's Connect Providers account, you must recreate the account again to enable them to access their information on the Connect Providers application.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Click **Search Connect Providers Users**.
The Search Connect Providers Users page opens.
3. Search for a user, select **Close Account** from the **Actions** menu of the user, and click **Close Account**.

Administering Connect Individuals user accounts

Merative™ Integrated Care Connect Individuals is a separately licensed web application from which clients can engage with their own information. If your organization licenses Merative™ Integrated Care Connect Individuals, you can administer Connect users.

Related information

[Closing Connect Individuals accounts \(on page 737\)](#)

Searching for Connect Individuals users

As a security administrator, you can find Merative™ Integrated Care Connect Individuals users.

You can enter one or more search criteria. If you don't know the exact details to search for, you can do a partial search by entering the starting characters of the first name or last name. You must enter at least 3 characters of the last name or provider name to search.

You can enter special characters in names searches. For example, you can search for the last name of O'Neill. However, searching for O'Neill will not return O Neill or ONeill in the search results.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Click **Search Connect Individuals Users**.
The Search Connect Individuals Users page opens.
3. Enter the following search criteria and click **Search**.
 - **Name**: If you search for a first name, then you must also enter the last name.
 - **Email Address**: The email address search is exact match only.
 - **Date of Birth**
 - **Gender**
 - **Identification**
4. Click **Search**.
In the **Search Results** pane, you can see whether the client is registered for Connect Individuals.

Suspending Connect Individuals user accounts

You can suspend a client's account to prevent the client from accessing Connect Individuals on a temporary basis, for example, because the client is hospitalized.

You can suspend only active client accounts. When a client is suspended, their account is otherwise unaffected and is still associated with goals, actions, and services. The status of the client's account changes to Suspended. You can reactivate the client's account at any time.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Click **Search Connect Individuals Users**.
The Search Connect Individual Users page opens.
3. Search for a client whose account you want suspend.
4. In the **Search Results** pane, from the **Actions** menu of a selected user, select **Suspend Account** and confirm by clicking **Suspend Account** again.

Reactivating Connect Individuals user accounts

You can reactivate a suspended Connect Individuals client's user account to enable the client to access Connect Individuals again with their onboarding details.

You can reactivate only suspended client's accounts.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Click **Search Connect Individuals Users**.

- The Search Connect Individual Users page opens.
3. Search for a client whose account you want reactivate.
 4. In the **Search Results** pane, from the **Actions** menu of a selected user, select **Reactivate Account** and confirm by clicking **Reactivate Account** again. The status of the client's account changes and is displayed as Active again in the Care Team workspace.

Closing Connect Individuals user accounts

When a client no longer needs access to the Connect Individuals application, you can close the account. Clients can no longer access the application.

If a client has a billing agreement in place for the automatic processing of any contributions the client is required to make towards services, check with the care team that the billing agreement is canceled before closing the Connect Individuals account as contributions might continue to be processed.

If you close a client's Connect account, you must recreate the account again to enable them to access their information in Connect. If closing a client's Connect account meant that outstanding contributions from the client were not processed, the care team can resolve the issue by onboarding the client again so that a new billing agreement can be created and outstanding contributions processed. If the messaging feature is enabled, the care team cannot send messages to the client when their account is closed as the client can no longer access Connect to respond. However, the care team can continue to see the client's prior message history.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Click **Search Connect Individuals Users**.
The Search Connect Individuals Users page opens.
3. Search for a client whose account you want close.
4. In the **Search Results** pane, from the **Actions** menu of a selected user, select **Close Account** and confirm by clicking **Close Account** again.

Chapter 5. Administering security

Security administrators must ensure the security of the application. To secure clients' protected health information (PHI), choose your data access policies to determine which users can access PHI. For security purposes, only certain file types can be uploaded to Merative™ Integrated Care.

Securing protected health information

Merative™ Integrated Care has data access options to provide your organization's required level of security for clients' protected health information (PHI). You can modify the data access for your organization, as needed.



Note:

Security administrators can obtain reports that show which users have accessed a client's PHI.

You can request an audit report by submitting a case on the [Merative™ Support Portal](#).



Note:

As a security administrator, your updates are not fully implemented until the user logs out.

Data access options

Access to protected health information (PHI) is determined by the data access option that is configured for your organization. By default, Merative™ Integrated Care uses the Restricted Access option which prevents unauthorized users from accessing client information. When access is restricted, you can enable temporary access periods and maintain data access groups.

The following table describes the data access options.

Table 3. Data access options

Data access option	Description
Restricted Access	A data access level where only a client's care team members, or users in a data access group that includes the client, can access the client's PHI. Care team members, and users in a group, can view and update client information and add care team members.
Open Access	A data access level where any users with a care team workspace access can access all clients and their PHI. The users

Table 3. Data access options (continued)

Data access option	Description
	can view and update client information and add care team members.

When access is restricted, you can enable temporary access periods.

The following table describes the temporary access periods.

Table 4. Temporary access periods

Temporary access period	Description
Registration access	<p>A type of access where a user who manually registers a client is given temporary access to the client's PHI to view and update client information and to add care team members.</p> <p>By default, the access period is 12 hours and users must complete their work within 12 hours. To extend their access, users must add themselves to the client's care team.</p> <p>If their access period expires, users can request emergency access to the client in a critical situation, if configured.</p>
Emergency access	<p>A type of access where a user who doesn't have registration access, isn't on the client's care team, and isn't in a data access group that includes the client, is given temporary access to a client's PHI in a critical situation.</p> <p>The initial access period is 2 hours. Users must access the client within this period before their access expires. Users can access the client for up to 12 hours provided they continue to access the client every 2 hours. Accessing clients means viewing or updating client information, including viewing information in search results.</p> <p>To extend their access, users must add themselves as a member of the client's care team.</p>

Modifying data access

You can modify your organization's data access options. When access to clients is restricted, you can configure temporary access periods for users who are not members of a client's care team, and are not in a group that includes the client, by giving them registration access or emergency access.



Important:

Ensure that you are aware of the consequences of modifying your organization's data access rules. Familiarize yourself with the access options and how they control access to PHI.

1. Sign in with your security administrator credentials.

Your home page opens.

2. From the **Side Navigation menu**, select **Data Access**.

3. Click **Data Access Settings**.

The **Access Settings** page opens. You see the current access settings for your organization.

4. Click **Edit**.

The **Edit Access Settings** page opens.

5. Select a data access option.

6. For restricted access, you must configure the temporary access periods.

- Duration (Days) - Select how long a user who manually registers a client can access the client before their registration access expires.
- Duration (Hours) - Select how long a user who manually registers a client can access the client before their registration access expires. By default, the value is 12.
- Allow Emergency Access - Select whether a user who is not a member of the client's care team, is not in a group that contains the client, and does not have registration access can request emergency access to the client. If you enable emergency access, users can access the client for up to 12 hours provided they access the client every 2 hours. After 2 hours, their access will expire if they do not access the client in this period. The 12 and 2 hour emergency access periods are not configurable. By default, emergency access is allowed.

- Maximum Concurrent Clients - Enter the maximum number of clients that a user can have emergency access to at a time. By default, this number is 5. The maximum number that you can specify is 20.

**Restriction:**

When the maximum number of clients is reached, a user cannot request emergency access to another client until a current emergency access expires.

7. Click **Save** to apply your updates.

Configuring data access groups

You can give a group of users access to a group of clients. Maintain data access groups and users in the group. Depending on the business needs of your organization, a group can contain both clients who are automatically added to the group and clients who you manually add to the group.

You can give a group of users access to a care team member's clients when none of the users are on the client's care team. For example, you might want to give a group of care professionals who work with a physician access to a client when they are not members of the client's care team.

You might also want to give a certain group of users access to clients when specific data exists on the clients' records. For example, all clients with a **Food** allergy.

By adding configured data access groups to a group, you can create a hierarchy of groups that reflect your organization structure. This enables users in different parts of your organization to view client information. For example, specific individuals in your organization might need to access all clients whose needs are met by care professionals who work in different departments of your organization.

Creating data access groups

Create a data access group, then define the clients and users in the group. Depending on the needs of your organization, a group can consist of criteria that automatically adds clients to the group, and clients who you manually add to the group.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Click **Data Access > Data Access Groups**.
The **Data Access Groups** page opens. Existing data access groups are displayed.
3. Click **New**.
The **Create Data Access Group** page opens.

4. Enter a unique name for the group of up to 150 characters.
5. Choose the group status from the **Status** field. By default, the status is **Active** to indicate that users in the group can access clients in the group. Select **Inactive** to prevent users in this group from accessing clients in the group. If you do not want to activate a new group immediately, you can change its status to Inactive and activate later. For example, you might want to wait until you have configured the group's criteria and users before you activate it.
6. Click **Save** to create the data access group.

Automatically adding clients to data access groups

Automatically add clients to data access groups based on criteria that you specify. You can specify that clients are added to a group if they are a particular care team member's clients or if specific client data is recorded on their records. In addition, you can specify criteria to add a previously configured group to a data access group. All users in the parent group can access all clients in any child groups that you add.

Client data is information that is captured in respect of client data types that are configured by your administrator, and non-configurable client data types that are included in Merative™ Integrated Care.

To add clients based on client data, you must be familiar with the configured attributes for client data types, and the values that may be captured for that data in the Care Team application. For example, the attribute `conditionName` is the technical name for the **Condition Name** field on a condition record. The care team may enter a value of `Diabetes` in the **Condition Name** field in the Care Team application.



Important:

If you add clients based on client data, you must enter the exact value that the care team must enter for clients to be added to the group. If the value is a date, you must enter the date in the format **YYYYMMDD**. For example, if you want to add all clients to a data access group based on a condition start date of 19 February 2014, you must add the `startDate` attribute for the **Condition Client Data Type** to the criteria, and enter an attribute value of `20140219`.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Click **Data Access > Data Access Groups**.
The **Data Access Groups** page opens. Existing data access groups are displayed.
3. Click the data access group name. The data access group home page opens.
4. Select the **Criteria** tab. Existing criteria are displayed.
5. Click **Add**.
The **Add Criteria** page opens.
6. Enter a name of up to 100 characters for the criteria.

7. Select the type of criteria.

Type	Description	Steps
Care Team	<p>The Care Team criteria type adds a care team member's clients to the group.</p> <p>When the care team member is added to a client's care team, the client is automatically added to the group. When the care team member is removed, the client is automatically removed from the group.</p> <p>For example, Dr Smith leads a care team. You can create a group called <code>Dr. Smith's Clients</code> and automatically add all Dr. Smith's clients to the group. All clients with Dr. Smith as a care team member are added to the group, and all users in the group can access the client's information. When Dr. Smith is added to a client's care team, the client is automatically added to Dr. Smith's group.</p> <p>When Dr. Smith is removed from a client's care team, the client is removed from the group, and users in the group can no longer access the client's information.</p>	<ol style="list-style-type: none"> a. Select Care Team. b. Enter a description of the criteria of up to 500 characters. c. Click Next to add the care team member. d. In the Care Team Member field, click the search icon. e. Specify a care team member name, or role, and click Search. f. Select the care team member's name and click Add.
Client Data	<p>The Client Data type adds clients to the group when specific data exists on their record.</p> <p>For example, you can add all clients with a <code>Diabetes</code> condition. If the <code>Diabetes</code> condition data exists or is added</p>	<ol style="list-style-type: none"> a. Select Client Data. b. Enter a description of the criteria of up to 500 characters. c. Click Next to add the group. d. In the Attribute field, click the search icon to search for the attribute that must be populated

Type	Description	Steps
	<p>to the client's record, the client is automatically added to the group. If the condition data is deleted from the client's record, the client is removed from the group.</p>	<p>for clients to be added to the group.</p> <p>e. To narrow your search, you can enter some of the attribute name. The search supports partial matches. Optionally, select the category to which the data type that displays the attribute belongs.</p> <p>f. Click Search.</p> <p>g. Select the name of the attribute and click Add.</p> <p>h. In the Attribute Value field, enter the exact name of the value that the attribute must have for clients to be added to the group, in free form text. For example, Diabetes. The value can be up to 100 characters.</p> <div style="border: 1px solid orange; padding: 10px; margin-top: 10px;"> <p>! Important: If the value you enter has spelling mistakes, the clients will not be added to the group. In addition, the attribute value is case-sensitive. When the care team enters the value for the data, the case must exactly match the attribute value that you specify, otherwise the clients</p> </div>

Type	Description	Steps
		<p> will not be added to the group.</p> <p> Note: If the value is a date, you must enter the date in the format YYYYMMDD.</p>
Group	<p>The Group criteria type adds a previously configured group to the data access group.</p> <p>For example, you can create a group called <code>Hospital</code> and add child groups to it where each group represents a department in the hospital. The clients and users in each group are automatically added to the <code>Hospital</code> group using the Group criteria type.</p> <p>When you add a user to the parent <code>Hospital</code> group, the user can access all clients in its child groups. If you update a data access group that associated with the <code>Hospital</code> group, your changes are automatically reflected in the <code>Hospital</code> group.</p>	<ol style="list-style-type: none"> a. Select Group. b. Enter a description of the criteria of up to 500 characters. c. Click Next to add the group. d. In the Group field, click the search icon. e. Specify a group name, and optionally, its status, and click Search. f. Select the group name and click Add.

8. Click **Save** to add the criteria to the group.

Depending on the type you specified, the care team member's clients, clients with the data you specified, or the data access group is automatically added to the group.



Note:

Your changes may take might take a few minutes to complete and be reflected in the group. If the member is added or removed from a client's care team or the client data you specified is added or



removed from a client's record, the criteria might take a few minutes to add or remove the client from the group.

If you add a group to a data access group, the criteria might take a few minutes to add the group.

If you delete a group that is associated with a data access group, the criteria might take a few minutes to remove the group from its parent group.

Deleting data access group criteria

You can delete data access group criteria if it is no longer valid. When you delete a data access group criteria, any clients who were automatically added to the group by the criteria are removed from the group. Deleting criteria prevents users in the group from accessing the clients who were added to the group by the criteria.



Note:

When you delete criteria, your changes might take a few minutes to complete and be reflected for all users in the group.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Click **Data Access > Data Access Groups**.
The **Data Access Groups** page opens. Existing data access groups are displayed.
3. Click the data access group name.
The data access group home page opens.
4. Select the **Criteria** tab. Existing group criteria is displayed.
5. Click the **Actions** menu of the criteria, and click **Delete**.
The **Delete Criteria** page opens.
6. Click **Yes** to confirm that you want to delete the criteria.

Manually adding clients to data access groups

Clients in a data access group are automatically added by group criteria, if specified. You can also manually add clients to the group, if needed. For example, a client who was not automatically added by group criteria might later give consent for users to access their information.



Note:

Your changes may take might take a few minutes to complete and be reflected in the group.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Click **Data Access > Data Access Groups**.
The **Data Access Groups** page opens. Existing data access groups are displayed.
3. Click the data access group name. The data access group home page opens.
4. Select the **Selected Clients** tab.
Existing clients who were manually included and excluded from the group are displayed.
5. Click **Include**.
The **Include Client** page opens.
6. Enter your search criteria for the client and click **Search**. You can search by using any of the following criteria:
 - Name
 - Date of Birth
 - Gender
 - Identification - Select the appropriate identification type, and enter the client's unique identifier.
7. If the client is found when you search, select the client and click **Save** to include the client in the group.

Excluding clients from data access groups

You can exclude a client from a group to prevent users in the group from accessing the client's protected health information. For example, a client in a group might revoke consent for users to access their information. If a client was automatically added or manually added to the group, excluding the client prevents users in the group from accessing their information.



Note:

When you exclude clients, your changes might take a few minutes to complete and be reflected for all users in the group.



Note:

If an excluded client belongs to another group, users in that group will still be able to access the client's information. To ensure users can no longer access a particular client's information, review existing data access groups and exclude the clients from those groups, as needed.

1. Sign in with your security administrator credentials.
Your home page opens.

2. Click **Data Access > Data Access Groups**.

The **Data Access Groups** page opens. Existing data access groups are displayed.

3. Click the data access group name. The data access group home page opens.

4. Select the **Selected Clients** tab.

Existing clients who were manually included and excluded from the group are displayed.

5. Click **Exclude**.

The **Exclude Client** page opens.

6. Enter your search criteria for the client and click **Search**. You can search by using any of the following criteria:

- Name
- Date of Birth
- Gender
- Identification - Select the appropriate identification type, and enter the client's unique identifier.

7. If the client is found when you search, select the client and click **Save** to exclude the client from the group.

Adding users to data access groups

Add users to data access groups so that they can access the protected health information of clients in the group.

1. Sign in with your security administrator credentials.

Your home page opens.

2. Click **Data Access > Data Access Groups**.

The **Data Access Groups** page opens. Existing data access groups are displayed.

3. Click the data access group name. The data access group home page opens.

4. Select the **Users** tab.

Existing users in the group are displayed.

5. Click **Add**.

The **Add User** page opens.

6. Enter the following search criteria and click **Search**.

- Name
- Workspaces: The search results show only active users by default. You can search for closed user accounts by setting the Workspace criteria to **Inactive**.

7. Select the user.

8. Click **Add** to add the user to the group.

Removing users from data access groups

You can remove users from a data access group if you no longer want them to access the protected health information of clients in the group.

**Note:**

When you remove users, your changes might take a few minutes to complete and prevent the users from accessing the clients.

**Note:**

If you remove a user from a group, and the user also belongs to another group that includes the client, they will still be able to access the client's information. To ensure users can no longer access particular clients, review existing data access groups and remove the users from those groups, as needed.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Click **Data Access > Data Access Groups**.
The **Data Access Groups** page opens. Existing data access groups are displayed.
3. Click the data access group name. The data access group home page opens.
4. Select the **Users** tab.
Existing users in the group are displayed.
5. Click the **Actions** menu of a user, and click **Remove**.
The **Remove User** page opens.
6. Click **Yes** to confirm that you want to remove the user.

Modifying data access groups

You can edit the name, status, and description of a data access group.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Click **Data Access > Data Access Groups**.
The **Data Access Groups** page opens. Existing data access groups are displayed.
3. Click the data access group name.
The data access group home page opens.
4. Click **Edit**.
The **Edit Data Access Group** page opens.

5. Modify the name, status, and description.
6. Click **Save**.

Deleting data access groups

You can delete a data access group if it is no longer valid. When you delete a data access group, users in the group can no longer access clients in the group.



Note:

Your changes might take a few minutes to complete and prevent users from accessing clients via the deleted group.



Note:

If users in a deleted group also belong to another group that includes the client, they will still be able to access the client's information. To ensure users cannot access particular clients, review existing data access groups and remove the users from those groups, or delete the groups, as needed.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Click **Data Access > Data Access Groups**.
The **Data Access Groups** page opens. Existing data access groups are displayed.
3. Click the data access group name.
The data access group home page opens.
4. Click the **Actions** menu of the data access group, and click **Delete**.
The **Delete Data Access Group** page opens.
5. Click **Yes** to confirm that you want to delete the data access group.

Configuring security roles and permissions

You can manage a library of security roles and resource permissions so that you can control a Care Team member's access to specific resources.

A security role defines which resources are available to a user in the Care Team workspace. A resource is a page or action that users can access. You can add and modify security roles.

**Note:**

Any updates made to a security role will take full effect from the users next log in. If a user is logged in while the permissions of their roles are updated, the effects of these new permissions may not fully take effect until the user's current session ends and they log into the system again.

Care Team Standard Access security role

A Care Team Standard Access security role is provided by default, which gives users access to standard care team workspace functions.

You can assign the Care Team Standard Access role to new users, if needed. You cannot edit or delete the name of the Care Team Standard Access security role, or allow or deny access to its resources.

Care Team Standard Access grants permission to the following resources: [Activate Client \(on page 427\)](#), [Deactivate Client \(on page 425\)](#), [Delete Client \(on page 428\)](#), [Delete Goals \(on page 535\)](#), [Emergency Access \(on page 424\)](#), [Register Client \(on page 413\)](#), [Unassigned Clients \(on page 460\)](#), [Unassigned Referrals \(on page 450\)](#).

Care Team Standard Access denies permission to the following resources: Delete Notes, Sensitive Notes.

For more information about deleting notes, see [Deleting notes \(on page 518\)](#) or [Deleting touchpoints \(on page 722\)](#).

For more information about accessing sensitive notes, see [Access to Notes \(on page 508\)](#).

To deny a user with the Care Team Standard Access role access to a resource, you can create a new security role, set the access level to No Access for the relevant resource and assign the new security role to the user. You must also remove the Care Team Standard Access Security Role from the user to deny the user access to the resource.

Creating security roles

You can add a security role so that so you can control which resources are available to users who are assigned the security role.

A resource is a page or action that users can access and use. You can create a security role and assign it to a user so that they can access only resources that are appropriate to their role in the organization.

Name the security role and select one or more resources to make available to users with the security role. Select from the following resources in the Care Team workspace: Activate Client, Deactivate Client,

Delete Client, Delete Goals, Delete Notes, Register Client, Request Emergency Access, Unassigned Clients, Unassigned Referrals, Sensitive Notes.

If you do not select a resource, users with the security role cannot access or use that resource.

1. Sign in with your security administrator credentials. Your home page opens.
2. Click **Users > Security Roles and Permissions**. The **Security Roles and Permissions** page opens.
3. Click **New**.

The **New Security Role** modal opens.

4. Enter a security role name to a maximum length of 100 characters.
5. Select **Allow Access To** to grant resources to a user.
You can select more than one resource, or none.

6. Click **Save**.

The security role is displayed on the **Security Roles and Permissions** page.

Modifying security roles

You can edit a security role name in the library so you can give the role an appropriate title.

You can edit only security role names that you created. You cannot edit the default Care Team Standard Access security role that gives users access to standard care team workspace functions.

1. Sign in with your security administrator credentials. Your home page opens.
2. Click **Users > Security Roles and Permissions**. The **Security Roles and Permissions** page opens.
3. In the **Actions** menu of a security role, click **Edit**.
The **Edit Security Role** modal opens.
4. Update the security role name to a maximum length of 100 characters.
5. Click **Save**.

The selected security role is displayed with the new name.

Deleting security roles

If a configured security role is incorrect or obsolete, you can delete it.

You can delete only security roles that you created. You cannot delete security roles that are assigned to users. You cannot delete the Care Team Standard Access security role, which is provided by default and gives users access to standard care team workspace functions.

1. Sign in with your security administrator credentials. Your home page opens.
2. Click **Users > Security Roles and Permissions**. The **Security Roles and Permissions** page opens.
3. In the **Actions** menu of a security role that you want to delete, click **Delete**.

The **Delete Security Role** modal opens.

4. Click **Delete**.

The selected security role is removed from the **Security Roles and Permissions** page.

Modifying permissions

You can control access to resources for users who are assigned a security role.

If you allow access to a resource, all Active users who are assigned the security role can access the resource to manage their workflow.

1. Sign in with your security administrator credentials. Your home page opens.
2. Click **Users > Security Roles and Permissions**. The **Security Roles and Permissions** page opens.
3. Click the security role for which you want to change permission.

The resources associated with the security role are displayed with their current permission status.

4. From the **Actions** menu, use the **Access** and **No Access** actions to grant or deny the user permission to the resource. Choose the appropriate option:

- To grant permission to the resource, click **Access** and click **Confirm**.
- To deny permission to the resource, click **No Access** and click **Confirm**.

The selected resource is displayed on the **Security Roles and Permissions** page with the updated permission status.

File type restrictions

A care team can attach consent forms and assessment documentation that relate to a client's care management. The types of files that they can upload or attach is restricted to ensure that viruses and malware do not enter the system by mistake. Merative™ Support can modify the list of permitted file types, according to the security policy of your organization.

By default, the care team can upload and attach the following types of files. By default, the maximum file size is 25 MB.

- .bmp
- .csv
- .dicom
- .doc
- .docx
- .dot
- .gif
- .jpeg

- .jpg
- .ods
- .pdf
- .png
- .rtf
- .tif
- .tiff
- .txt
- .xls
- .xlsx

Chapter 6. Configuring

As an administrator, you must configure all of the items and settings that are required for your organization's programs, care plans, data capture, care teams, and work items for care managers and supervisors.

Configuring programs

You can configure a library of programs for use in care plans. A program is a care delivery strategy that is designed to deliver a specific client outcome.

Related information

[Default non-configurable client data types in Merative Integrated Care \(on page 262\)](#)

Creating programs

You can create a program and define the structure and content of the program, which consists of modules, assessments, and questionnaires. You can specify whether program graduation applies to the program.

As you create programs, you can configure a program graduation option to enable the care team to graduate individuals from programs when they complete certain parts of the program. Program graduation does not necessarily coincide with an individual completing the entire program. Individuals can graduate from a program when their participation in the program is complete, even if that occurs before the care team finalize their actions and tasks to complete the program.

You can associate an external system reference with a program that you are creating so that incoming program data from an external API can be mapped to the configured program in Merative™ Integrated Care.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Programs**.
The list of programs is displayed.
3. Click **New** to create a program.
The **New Program** page is displayed.
4. Enter a name for the program, and a description.
5. In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters.

When sending a program as an API attribute, the external system identifies the program by its external system reference.

6. Select **Graduation Applies** to indicate that a client can graduate from the program when the client's participation is complete.

7. Click **Save**.

8. Select the program in the list of programs.

The program home page opens.

9. Select the **Content** tab, and add program content by completing the following steps.

- a. Click **New Module** and enter a name and description for the new module.
- b. Click **Add Content** in the **Actions** menu of the module.
- c. Select some content to add to the module, such as assessments and questionnaires.

10. To reorder the sequence of modules, or questionnaires or assessments in a module, do one of the following steps:

- Click **Reorder** to reorder the sequence of modules in a program. In the **Reorder Modules** page, drag and drop modules to position them in your preferred order.
- Click **Reorder** in the **Actions** menu of any module. In the **Reorder Module Content** page, drag and drop content items to position them in your preferred order.

This action is not available if no content or only one content item is associated with the module.

Generating goal suggestions from programs

You can configure goal suggestions to be automatically added to a program in a client's care plan.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Programs**.

The list of programs is displayed.

3. Select a program.

The program home page opens.

4. Select the **Suggestions** tab, and add goal suggestions by completing the following steps.

- a. Click **Recommend Goal** and search for and select a goal to suggest from a predefined list of goals.
- b. Select **Automatically Add** to cause the goal to be automatically added to the program.
- c. Enter a reason for the goal.

5. Click **Save**.

Generating tasks from programs

You can configure tasks to be automatically created based on any program status. Tasks are added to the appropriate task lists when the program is set to that status for the client.

Tasks are not added for existing clients where programs are already in the status. If you want new tasks to be applied to existing clients, you must complete the program and enroll the client again.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Programs**.

The list of programs is displayed.

3. Select a program.

The program home page opens.

4. Select the **Tasks** tab, and trigger tasks to be created based on program status by completing the following steps.

- a. Click **Add**.

- b. Search for and select a task.

- c. Set the task to be created as open or closed. For example, the task **Request client to start program** can be closed as a result of enrolling a client in a program. By default, tasks are created as open.

- d. Select a program status to trigger the creation of the task:

- Assigned
- Pending
- Enrolled
- Completed
- Disenrolled
- Not Enrolled

- e. From the list of available care team roles, select a role to assign the task to. Only care team roles that are currently assigned to users are available to choose. Tasks are added to the unassigned list for users with that care team role who can accept and complete the task.

- f. Click **Add**.

You can remove a task by clicking the **Actions** menu of the task, and selecting **Remove**.

Related information

[Program lifecycle \(on page 465\)](#)

Modifying programs

You can update the name and description of a program, and revise the structure and content of the program, which consists of modules, assessments, and questionnaires. You can specify whether program graduation applies to the program.

For updated modules, assessments, and questionnaires to become available in the guided flow for existing clients, a care team member must complete the program and assign it to the client again. The progress through the program is maintained, any assessments and questionnaires that were run in the previous version are preserved.

As you create programs, you can configure a program graduation option to enable the care team to graduate individuals from programs when they complete certain parts of the program. Program graduation does not necessarily coincide with an individual completing the entire program. Individuals can graduate from a program when their participation in the program is complete, even if that occurs before the care team finalize their actions and tasks to complete the program.

You can associate an external system reference with a program that you are creating so that incoming program data from an external API can be mapped to the configured program in Merative™ Integrated Care.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Programs**.

The list of programs is displayed.

3. Select a program.

The program home page opens.

4. To modify the program details, click **Edit**.

- a. Modify the name and description.

- b. In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters.

When sending a program as an API attribute, the external system identifies the program by its external system reference.

- c. Select **Graduation Applies** to indicate that a client can graduate from the program when the client's participation is complete.

- d. Click **Save**.

5. To modify the program content, select the **Content** tab and do one or more of the following steps:

- Click **Reorder** to reorder the sequence of modules in a program. In the **Reorder Modules** page, drag and drop modules to position them in your preferred order.
- Choose an option in the **Actions** menu of a module:
 - Click **Edit Module**, update the module name or description, and click **Save**.
 - Click **Add Content**, and select the check box of modules to add them. Click **Save**.
 - Click **Reorder** to reorder the sequence of questionnaires or assessments in a module. In the **Reorder Module Content** page, drag and drop content items to position them in your preferred order.

This action is not available if no content or only one content item is associated with the module.

- Click **Delete** to delete the module.
- Expand a module and click **Remove** to remove the content item.

Modifying goal suggestions for programs

You can update suggested goals for a program. Your changes do not affect existing clients.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Programs**.

3. Select a program.

The list of programs is displayed.

4. To modify the suggested goals for the program, select the **Suggestions** tab.

- a. Click **Edit** in the **Actions** menu of the suggestion.
- b. Select or clear the **Automatically Add** option, as needed.
- c. Modify the reason for the goal, as needed.
- d. Delete a goal suggestion by clicking the **Actions** menu of the goal suggestion, and click **Delete**.

Deleting programs

You can delete a program from the library. The program is no longer available for new clients. For existing clients, the program remains in the same state.

For existing clients, the program content is unaffected and any assessments or suggestions that were previously conducted are preserved. Any suggested goals or actions for that program are no longer suggested, unless they are also suggested by a different program.

1. Sign in with your administrator credentials.
Your home page opens.
2. Under **Care Planning**, click **Programs**.
The programs library is displayed.
3. Select the **Actions** menu of the program that you want to delete, and click **Delete**.
4. Click **Yes** to confirm.

Configuring program closure settings

Enable the program closure settings so a care team member can close any open items a client may have when they are updating a client's program status.

Manage program closure settings to enable the care team to quickly remove care team members and their open assigned/unassigned items when updating a client's program status to Disenrolled, Completed or Not Enrolled. Use the Show and Hide actions to display the additional program closure options to the care team for each applicable status, or to hide them from view.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Programs > Program Closure Settings**. The **Display** state indicates whether configured closure settings are currently Shown and available to the care team to use, or Hidden and unavailable. By default, **Display** is set to Hidden
3. Use the **Show** and **Hide** actions to display the program closure settings to users or hide it from view.
 - To hide the program closure settings, from the row **Actions** menu, select **Hide**.
 - To show the program closure settings, from the row **Actions** menu, select **Show**.

Configuring program status change reasons

When a care team member changes the program status of a client in Merative™ Integrated Care, a reason can be recorded. You can configure and manage a library of reasons that indicate why a client's program status is changed in the application. You can configure program status change reasons for certain program statuses. For instance Completed, Re-enrollment (when you are re-enrolling a client), Not Enrolled and Disenrolled.

Creating client program status change reasons

If a suitable client program status change reason does not exist in the library of configured reasons that come with the product, you can add a new reason. The reasons that you configure become available to the care team to select when they change the program status of a client.

The program status change reasons that are available by default when re-enrolling a client in a program are as follows: Opted In, Other.

**Note:**

these reasons are available when a care team member changes a client's program status to **Enrolled** during re-enrollment.

The program status change reasons that are available by default when a client is not enrolled in the program are as follows: Assigned In Error, Deceased, Declined, Met Exclusion Criteria, Non-Responder, Error.

The program status change reasons that are available by default when a client is disenrolled from the program are as follows: Assigned In Error, Deceased, Declined, Met Exclusion Criteria, Non-Responder, Error.

If a client completes a program, you can record a reason for their completion.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Programs > Program Status Change Reasons**. The **Display** state indicates whether configured reasons are currently **Shown** and available to the care team to use, or **Hidden** and unavailable.
3. To add a new program status change reason, click **New**.
4. Enter a unique reason that does not duplicate any existing program status change reason in the library. From the Program Status list options, you can categorize the reason that you are adding as Completed, Re-Enrolled, Not Enrolled, or Disenrolled.
5. In the External System Reference field, you can associate an external system reference with the reason you are creating; enter a unique reference number of up to 20 alphanumeric characters. When sending program details in an API, the external system identifies the program status change reason by its external system reference.
6. Click **Save** to add the program status change reason to the library. The Program Status Change Reason list refreshes.
7. Use the **Show** and **Hide** actions to display the program status change reason to users or hide it from view.
 - To hide the program status change reason, from the row **Actions** menu, select **Hide**.
 - To show the program status change reason, from the row **Actions** menu, select **Show**.

You cannot show or hide the Other reason so that a user can always enter a reason in the Other field.

8. To reorder the sequence of program status change reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Modifying client program status change reasons

You can update a program status change reason. When you change a program status change reason in the library of configured reasons, all existing instances in client records are updated.

The default program status change reasons that come with the product can be edited: Opted-In, Assigned In Error, Deceased, Declined, Met Exclusion Criteria, Non-Responder.



Note:

The Other program status change reason cannot be edited.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Programs > Program Status Change Reasons**. The **Display** state indicates whether configured reasons are currently **Shown** and available to the care team to use, or **Hidden**. The External System Reference displays the external system reference that is associated with the reason. When you send a program status change reason as an API attribute, the external system identifies the reason by its external system reference.
3. To modify an existing program status change reason, from the row-level actions menu, click **Edit**. The program status change reason page opens. If you click **Save**, the list page is refreshed to display the updated program status change reason with corresponding External System Reference, if it is updated. You cannot edit the Other reason.
4. If required, you can create a new reason to add to the library of configured reasons within each category. See [Creating client program status change reasons \(on page 128\)](#).
5. Use the **Show** and **Hide** actions to display the program status change reason to the care team or hide it from view.
 - To hide the reason, from the Actions menu, select **Hide**.
 - To show the reason, from the Actions menu, select **Show**.
6. To reorder the sequence of program status change reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Configuring assessments

You can configure a library of assessments that care teams can use to help them to assess a client's needs. Assessments capture client information to generate results or scores. You can configure an

assessment with or without a script. You can configure the assessments, scripts, conditional questions, measures, and assessment suggestions.

Configure assessments with a script to capture questions and answers and generate scores for specific measures. Configure assessments without a script so that only an assessment score can be recorded when the assessment is conducted outside Merative™ Integrated Care. When an assessment is configured without a script, a score is manually entered for specific measures and the overall assessment score and results are generated. You can work with a draft version of an assessment without affecting the current active version.

Related information

[Configuring programs \(on page 123\)](#)

Creating assessments

Assessments are versioned so that you can work on assessments without affecting the current active version. When you create an assessment, a draft version of the assessment is automatically created.

Draft assessment versions are in an **In Edit** state and the current active versions are in an **Active** state. You can configure only a version of a questionnaire that is in the **In Edit**, or draft, state. Only one **In Edit** version can exist.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Assessments**.
The list of assessments is displayed.
3. Click **New**.
The **New Assessment** page is displayed.
4. Enter a name for the assessment and a description, as needed.
Descriptions can be up to 500 characters long.
5. If applicable, in the **External System Reference** field, associate an external system reference with the assessment record that you are creating. Enter a unique reference number of up to 20 alphanumeric characters.
When sending an assessment as an API attribute, the external system identifies the assessment by its external system reference.
6. Choose an appropriate version type for this assessment.
 - Choose **Script** if this assessment version is a script that will contain questions and answers.
 - Choose **Score Only** if this assessment is configured without a script so that the care team can record an assessment score only. A care team might want to configure a Score Only

assessment version if they're conducting a paper-based assessment with a client and only want to record a score for the assessment without running a script in Merative™ Integrated Care.

7. In the **Display History Across Programs** field, enter the time period (in days) in which to display historical completed assessments to the care team.

This option restricts the historical completed assessments that are available to a care team before they complete the assessment on a program, when the assessment was previously completed for the client on another program. For example, if you enter 0, no completion history prior to the program assignment date is displayed when the care team access the assessment from the new program. If you enter 10, the completion history for the previous 10 days (program assignment date - 10 days) is displayed when the care team access the assessment on a new program. **Note:** Depending on the value that you enter, some or all historical versions of the assessment might be unavailable to the care team until they complete the assessment for the first time on the program. When completed, all historical versions of the assessment are displayed.

8. You can select the **Prefill Answers** check box to prefill the assessment answers with the most recent answers when care teams repeat the assessment. You can override this configuration at the question level in the configured assessment.

9. Click **Save**.

After you finish configuring an assessment version, you must activate the version to make the assessment available for use.

Related information

[Configuring external system references \(on page 351\)](#)

Configuring assessment question scripts

You can script the assessment questions and answers, and configure their sequence and answer type. You can also add an attribution for the assessment, if required.

Configuring assessment questions

You can add assessment questions and flag a question to make it optional or conditional. You can edit and delete questions.

Adding assessment questions

Create the assessment questions, associate them with the correct answer types, and configure them as optional or conditional. You can use color to emphasize assessment questions or information, and you can provide links to external websites for more information.

It is important to enter the questions in the correct sequence. Questions are displayed in the order that you enter them. You must enter conditional questions directly after the questions that call them. To call conditional questions, you must choose a user-defined answer type. The default answer types cannot be used to call conditional questions.

You can enter up to 80 questions, and you can use color to highlight the importance of certain questions or information in the assessment.



Important:

If your organization interacts with individuals who are visually impaired, do not use color to highlight the importance of the question or information. State the importance of the question or information in the text.

For each question, you can see the answer type and whether the question is optional or conditional. You can expand a question to see more details. For user-defined answer types, the answer options are displayed.

For each question, you can configure up to three hyperlinks to external websites so that a care team can link individuals to supplementary reference information.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.

- If an **In Edit** version exists, click the assessment name to open the in-edit version.
- If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

The assessment's **Script** tab is displayed.

5. Click **New Question** to create a question.

The **New Questions** page opens.

- a. Enter the question text.

- b. From the **Question Color** list, choose the color in which to display the question text for added emphasis.

Text color defaults to black. You can change the color.

c. Select options as needed:

- From the **Answer Type** list, choose **Check Box**, **Date**, **Decimal**, **Multiple Line Text**, **Number**, **Text**, **Text (No Answer)**, or a user-defined answer type. **Multiple Line Text** fields have a limit of 4000 characters.

A user-defined answer type consists of the answer options and the display type. The display type defines how the options are displayed, for example, as radio buttons. Only user-defined answer types can be used to call conditional questions.



Note:

You can leave the **Answer Type** field blank. Later, you can associate any answer type with the question.

- If you selected **Prefill Answers** when you created the assessment, by default all answers to the assessment questions are prefilled with the most recent responses when care teams repeat the assessment. The **Prefill Answer** option allows you to override the assessment level configuration for the answer to this question if needed. You can choose to always prefill the answer to this question, never prefill the answer to this question, or choose the assessment configuration. If you choose the assessment configuration, the answer to this question will be prefilled (if previously answered) or not based on the assessment configuration. Your selection is effective the next time care teams repeat the assessment.
- **Optional** makes the question optional. Clear the check box to make the question mandatory.
- **Conditional** makes the question display only if a client answers in a certain way to a previous question that drives the condition. (You associate a conditional question with a specific question. Go to the **Conditions** tab to associate the conditional question with a principal question.)

d. Enter information about the question, as needed.

e. From the **Information Color** list, choose the color in which to display the informational text for added emphasis.

f. In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: `https://www.example.com.`

The hyperlinks that you define to support a question are displayed in plain text and are not clickable. To the care team, the links display as clickable links.

- g. Select **Add** to add each question and **Save** to save your questions when complete.

Adding read-only instructional text to an assessment

When running an assessment with a client, the care team might need read-only instructional text to be displayed in any sequence on the assessment script. You can configure an assessment script to include instructional text in the place of a question, and specify that no answer is required of the client.

For example, suppose that a client with diabetes need not answer some questions in an assessment script because those questions don't apply to individuals with that medical condition. In the place of a question in the script, you can specify the read-only instructional text to inform the client about which questions to skip.

No answer type is required to follow the instructional text that you specify.

1. Sign in with your administrator credentials.
Your home page opens.
 2. Click **Assessments**.
The list of assessments is displayed.
 3. Expand an assessment. The assessment versions are displayed.
 4. Open a draft version.
 - If an **In Edit** version exists, click the assessment name to open the in-edit version.
 - If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.
- The assessment's **Script** tab is displayed.
5. Click **New Question** in the drop-down menu to open the **New Questions** page.
 - a. In the **Question** field, enter the read-only instructional text instead of a question.
 - b. From the **Answer Type** list, choose **Text (No Answer)**.
 - c. Select **Optional** because the answer type of **Text (No Answer)** means that a client's answer is not mandatory.
 - d. Enter information about the instructional text, as needed.
 - e. Select **Add** to add the read-only text and **Save** to save the assessment when complete.
 6. **Optional:** Select **Validate** to validate the assessment version.

Editing assessment questions

You can update the questions or information in an assessment, and reorder the sequence in which the questions are displayed. You can use color to emphasize questions or information, and you can provide links to external websites for more information.

It is important to enter the questions in the correct sequence. Questions are displayed in the order that you enter them. You must enter conditional questions directly after the questions that call them. To call conditional questions, you must choose a user-defined answer type. The default answer types cannot be used to call conditional questions.

You can enter up to 80 questions, and you can use color to highlight the importance of certain questions or information in the assessment.



Important:

If your organization interacts with individuals who are visually impaired, do not use color to highlight the importance of the question or information. State the importance of the question or information in the text.

For each question, you can see the answer type and whether the question is optional or conditional.

You can expand a question to see more details. For user-defined answer types, the answer options are displayed.

For each question, you can configure up to three hyperlinks to external websites so that a care team can link individuals to supplementary reference information.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.

- If an **In Edit** version exists, click the assessment name to open the in-edit version.
- If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

The assessment's **Script** tab is displayed.

5. Select **Edit** in the **Actions** menu of any row in the **Questions** section.

The **Edit Question** page opens.

- Modify the question text, and to emphasize a question as important, from the **Question Color** list, choose the color in which to display the text.
- Modify the answer type for the question. Available answer types are **Check Box, Date, Decimal, Multiple Line Text, Number, Text, Text (No Answer)**, or user-defined answer types.

A user-defined answer type consists of the answer options and the display type. The display type defines how the options are displayed, for example, as radio buttons. Only user-defined answer types can be used to call conditional questions.

- If you selected **Prefill Answers** when you created the assessment, by default all answers to the assessment questions are prefilled with the most recent responses when care teams repeat the assessment. You can choose to always prefill the answer to this question, never prefill the answer to this question, or choose the assessment configuration. If you choose the assessment configuration, the answer to this question will be prefilled (if previously answered) or not based on the assessment configuration. Your selection is effective the next time care teams repeat the assessment.
- **Optional** makes the question optional. Clear the check box to make the question mandatory.
- **Conditional** makes the question display only if a client answers in a certain way to a previous question that drives the condition. (You associate a conditional question with a specific question. Go to the **Conditions** tab to associate the conditional question with a principal question.)
- Enter information about the question, as needed.
- From the **Information Color** list, choose the color in which to display informational text for added emphasis.
- In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: `https://www.example.com.`

The hyperlinks that you define to support a question are displayed in plain text and are not clickable. To the care team, the links display as clickable links.

6. To reorder the sequence of questions in the assessment, click **Reorder Questions**.

The **Reorder Questions** page opens. Drag and drop the questions to position them in your preferred order.

Editing read-only instructional text in an assessment

When running an assessment with a client, the care team might need read-only instructional text to be displayed in any sequence on the assessment script. You can update an assessment script to include instructional text in the place of a question, with no answer required of the client by design.

For example, suppose that a client with diabetes need not answer some questions in an assessment script because those questions don't apply to individuals with that medical condition. In the place of a question in the script, you can specify the read-only instructional text to inform the client about which questions to skip.

No answer type is required to follow the instructional text that you specify.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Assessments**.
The list of assessments is displayed.
3. Expand an assessment. The assessment versions are displayed.
4. Open a draft version.
 - If an **In Edit** version exists, click the assessment name to open the in-edit version.
 - If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.The assessment's **Script** tab is displayed.
5. Click **Edit** in the **Actions** menu of the instructional text entry to open the **Edit Question** page.
6. In the **Question** field, update the details of the instructional text as needed.
7. From the **Answer Type** list, select **Text (No Answer)**.
8. Select **Optional** because the answer type of **Text (No Answer)** means that a client's answer is not mandatory.
9. Select **Add** to add the updated text and **Save** to save the assessment when complete.
10. **Optional:** Select **Validate** to validate the assessment version.

Deleting assessment questions

You can delete questions from an assessment.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Assessments**.
The list of assessments is displayed.
3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.

- If an **In Edit** version exists, click the assessment name to open the in-edit version.
- If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

The assessment's **Script** tab is displayed.

5. Click **Delete** in the **Actions** menu of any row in the **Questions** section.

The selected question is removed from the version of the assessment that you are working on.

6. **Optional:** Select **Validate** to validate the assessment version.

Configuring user-defined answer types for assessment answers

In addition to the default answer types, you can configure user-defined answer types for your assessment answers. You must create the answer types and define the associated answer options and scores, and define how the answer options are displayed. You can edit or delete user-defined answer types, and associate answer types with questions.

You can define answer types Drop down, Multiple Select and Radio Button. You can define answer values for each of these types.

The following default answer types are available.

- Check Box
- Date
- Decimal
- Multiple Line
- Number
- Text

For other answers, create your own user-defined answer types. A user-defined answer type consists of the answer options and the display type. The display type defines how the options are displayed, for example, as radio buttons. Only user-defined answer types can be used to call conditional questions.

The **Answers** section shows the user-defined answer types that are configured for the assessment. You can view the answer types and the associated answers and scores.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.

- If an **In Edit** version exists, click the assessment name to open the in-edit version.
- If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

The assessment's **Script** tab is displayed.

5. Create an answer type and associated answers for use in the assessment.

a. Select **New Answer Type**.

b. Enter a name.

c. Select the display type for the answer options.

The available display types are drop-down list, multiple selection list, or radio button.

d. Enter the answer texts (200 characters maximum) for each answer option in the order that you want them to display. Enter a numerical **Score** value, and click **Add**.

- The **Answer** text is visible to the user when they run the assessment.
- Available answers include **Yes**, **No**; and **Never**, **Sometimes**, **Always**.
- The score value is used to score a completed assessment.

e. Click **Save** to create the answer type.

The answers are displayed in the order that you enter them.

6. To reorder the sequence of answers in the questionnaire, click **Reorder Answers** in the **Actions** menu of any answer. In the **Reorder Answers** page, drag and drop the answers to position them in your preferred order.

7. Do the following tasks in the **Actions** menu of rows in the **Answers** section.

- You can make these selections in an **Answer Type** row.
 - Click **Associate with Questions** to associate an answer type with any questions that do not have an assigned answer type.
 - Click **Edit**. The **Edit Answer Type** page is displayed. Modify name or type, and add answers, as needed.
 - Click **Delete**. When you delete an answer type, the associated answers are deleted. The association with questions is also removed.
- In an **Answer** row, click **Edit** or **Delete**.

8. **Optional:** Select **Validate** to validate the assessment version.

Configuring assessment clusters

You can add, edit, and delete clusters to configure the layout and scoring of assessments. If an assessment has more than one measure, clusters are required to score the measures separately.

You can use color to highlight the importance of information in the cluster.



Important:

If your organization interacts with individuals who are visually impaired, do not use color to highlight the importance of information. State the importance of the information in the text.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.

- If an **In Edit** version exists, click the assessment name to open the in-edit version.
- If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

The assessment's **Script** tab is displayed.

5. Click **New Cluster**. The **New Cluster** page opens.

- a. Give the cluster a title and select **Display Title** if you want users to see the title when they use the assessment.

- b. Enter more information about the assessment, if needed.

- c. From the **Information Color** list, choose the color in which to display informational text for added emphasis.

- d. Select questions to associate with the cluster.

- Only questions that are not conditional are available to select.
- Whenever you add a parent question to a cluster, all of the parent's child questions are added.

6. Do the following tasks in the **Actions** menu of any row in the **Clusters** section.

- Click **Edit** to open the **Edit Cluster** page.

- a. As needed, update the cluster title.

- b. Select or clear the **Display Title** option to control whether users see the title when they use the assessment.

- c. Enter more information about the assessment, if needed.

- d. From the **Information Color** list, choose the color in which to display informational text for added emphasis.

- e. Select questions to associate with the cluster.
 - Only questions that are not conditional are available to select.
 - Whenever you add a parent question to a cluster, all of the parent's child questions are added.
 - Click **Delete** to remove the selected cluster.
7. To remove a question from the cluster, click **Remove** in the **Actions** menu of any question row in the **Clusters** section.
- If the question is included in a condition, any conditional questions that are linked to it are also removed.
8. **Optional:** Select **Validate** to validate the assessment version.

Configuring assessment attributions

You can view, add, and edit attribution details that are associated with an assessment. The **Attribution** section displays the attribution or copyright text for the assessment.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Assessments**.
The list of assessments is displayed.
3. Expand an assessment. The assessment versions are displayed.
4. Open a draft version.
 - If an **In Edit** version exists, click the assessment name to open the in-edit version.
 - If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.
The assessment's **Script** tab is displayed.
5. Select **Edit Attribution** in the drop-down menu.
The **Edit Attribution** page is displayed.
6. Enter the attribution text and save it.
For example, an attribution can specify the source patient health questionnaire, like the PHQ-9 assessment:

“Developed by Doctors Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer, Inc.”

Configuring conditional questions for assessments

You can configure extra conditional questions to display in response to client answers in an assessment. To do this, you must create a condition that associates the conditional questions with a specific question and answer.

Before you can create conditions, you must configure at least one non-conditional question and one conditional question on your assessment. The order of the questions in the assessment is important, the conditional question must follow the question with no other questions between them. A conditional question can call another conditional question, again only when it is next in order. Only questions that have user-defined answer types and that are on the currently selected assessment are available.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.

- If an **In Edit** version exists, click the assessment name to open the in-edit version.
- If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

The assessment's **Script** tab is displayed.

5. Click the **Conditions** tab.

The list of conditions is displayed.

6. Click **New**.

The configuration wizard is displayed. The first wizard page lists the questions that exist in the assessment.

- a. Select a question, and click **Next**.
- b. Select the answer that will drive the condition, and click **Next**.
- c. Select the conditional questions to associate with your question and answer. You see only the questions that immediately follow the parent question.
- d. Click **Save**.

7. Manage conditional questions as follows.

- Click the **Add Conditional Questions** action to add more questions to a condition.
 - Click the **Remove** action on a question-answer pair to remove the question, answers, and all associated conditional questions from the list.
 - Click the **Remove** action on a conditional question to remove the conditional question from the list.
8. **Optional:** Select **Validate** to validate the assessment version.

Configuring assessment measures

A measure is an aspect of a client's circumstances that is to be measured during an assessment for example, Anxiety, Depression Severity, or Falls Risk. You can add, edit, and delete the measures for an assessment.

Adding measures

You can only add measures to In-Edit versions of existing assessments that are not in an Active state. Each assessment must have one or more measures, for example, measures of a client's Anxiety, Depression Severity, or Falls Risk.

1. Sign in with your administrator credentials.
Your home page opens.
 2. Click **Assessments**.
The list of assessments is displayed.
 3. Expand an assessment. The assessment versions are displayed.
 4. Open a draft version.
 - If an **In Edit** version exists, click the assessment name to open the in-edit version.
 - If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.
- The assessment's **Script** tab is displayed.
5. Click the **Measures** tab.
The list of measures is displayed.
 6. Click **New** to specify the details of a new measure.

Name

Enter a name for the new measure.

External System Reference

Associate an external system reference with the measure that you are creating.

Enter a unique reference number of up to 20 alphanumeric characters. When sending

a measure as an API attribute, the external system identifies the measure by its external system reference.

Range

Enter the minimum number (typically 0) and a maximum number for the range. The maximum is the sum of all of the classifications on the assessment.

Threshold

You can enter a threshold, which is an entry point for a measure during an assessment.



Note:

Measure values are always displayed on the care team application even if they are below the Threshold value. When a team member interprets the measure displayed, a value below the threshold means that a client is not affected by the measure and a value above the threshold means that a client falls into the range of the measure and a corrective action might be required.

Description

You can enter a description for the measure.

Scored From Cluster

This setting is available when the assessment type is **Script** and multiple clusters have been configured for the assessment script. Use this setting for scoring purposes, in multiple measure assessments. The setting associates questions in an individual cluster with a particular measure. You select from a list of all clusters that are not currently associated with a measure. When multiple measures are configured for the assessment, each measure must be associated with a separate cluster.

7. Click **Save**.

Editing measures

You can only update measures in In-Edit versions of existing assessments that are not in an Active state. Each assessment must have one or more measures, for example, measures of a client's Anxiety, Depression Severity, or Falls Risk.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.
4. Open a draft version.
 - If an **In Edit** version exists, click the assessment name to open the in-edit version.
 - If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

The assessment's **Script** tab is displayed.

5. Click the **Measures** tab.

The list of measures is displayed.

6. Select **Edit** in the **Actions** menu of a measure. The **Edit Measure** page opens.

Name

Update the name of the new measure.

External System Reference

Associate an external system reference with the measure that you are updating.

Enter a unique reference number of up to 20 alphanumeric characters. When sending a measure as an API attribute, the external system identifies the measure by its external system reference.

Range

Update the minimum number (typically 0) and the maximum number for the range.

The maximum is the sum of all of the classifications on the assessment.

Threshold

You can update the threshold, which is an entry point for a measure during an assessment.



Note:

Measure values are always displayed on the care team application even if they are below the Threshold value. When a team member interprets the measure displayed, a value below the threshold means that a client is not affected by the measure and a value above the threshold means that a client falls into the range of the measure and a corrective action might be required.

Description

You can update the description for the measure.

Scored From Cluster

This setting is available when the assessment type is **Script** and multiple clusters have been configured for the assessment script. Use this setting for scoring purposes, in multiple measure assessments. The setting associates questions in an individual cluster with a particular measure. You select from a list of all clusters that are not currently associated with a measure. When multiple measures are configured for the assessment, each measure must be associated with a separate cluster.

7. Click **Save**.

Deleting measures

You can delete the measures from an assessment.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Assessments**.
The list of assessments is displayed.
3. Expand an assessment. The assessment versions are displayed.
4. Open a draft version.
 - If an **In Edit** version exists, click the assessment name to open the in-edit version.
 - If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.
 The assessment's **Script** tab is displayed.
5. Click the **Measures** tab.
The list of measures is displayed.
6. Select **Delete** from the **Actions** menu of a measure.
The **Delete Measure** page opens.
7. Click **Yes**. The measure is removed from the assessment version that you are working on.

Configuring assessment measure classifications

Classifications divide an assessment measure into ranges. When a client is assessed, the scores that are associated with the information they provide are summed. The score that is achieved by the client places that client in a particular classification, for example, Mild, Moderate, or Severe.

Adding classifications

You can add classifications to measures so that you can identify client needs based on how they are classified when they are assessed.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.

- If an **In Edit** version exists, click the assessment name to open the in-edit version.

- If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

The assessment's **Script** tab is displayed.

5. Click the **Measures** tab.

The list of measures is displayed.

6. Select **New Classification** in the **Actions** menu of a measure to specify the details of a new classification.

Classification

Enter a name for the new classification.

Range

You can enter the minimum and maximum numbers for the range. These values are defined by the assessment instrument classifications.

Description

You can enter a description of the classification.

7. Click **Save**.

Editing classifications

You can edit the measure ranges for the scores and add classifications that cover the range.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.

- If an **In Edit** version exists, click the assessment name to open the in-edit version.

- If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

The assessment's **Script** tab is displayed.

5. Click the **Measures** tab.

The list of measures is displayed.

6. Select **Edit** in the **Actions** menu of a classification to edit the details of a classification.

Classification

You can modify the name of the new classification.

Range

You can update the minimum and maximum numbers for the range. These values are defined by the assessment instrument classifications.

Description

You can update the description of the classification.

7. Click **Save**.

Deleting classifications

You can delete classifications that are associated with an assessment measure.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.

- If an **In Edit** version exists, click the assessment name to open the in-edit version.
- If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

The assessment's **Script** tab is displayed.

5. Click the **Measures** tab.

The list of measures is displayed.

6. Select **Delete** in the **Actions** menu of a classification. The **Delete Classification** page opens.

7. Click **Yes**. The classification is removed from the measure that you are working on.

Suggesting goals and actions based on measure classifications

You can configure specific goals or actions to be suggested for an individual based on their assessment results. If their assessment results match a specified measure classification, the goal or action is suggested for their care plan.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Click an assessment.

The assessment opens.

4. Click **Suggestions > Measure Suggestions**.

The measure suggestions list is displayed.

5. Add the suggestions as follows:

a. Click **Suggestion**.

The **Suggestion** wizard opens.

b. If the assessment has multiple measures, select a measure and click **Next**.

c. Select the classifications to associate with the suggestions, and click **Next**.

d. Select the suggestions.

- **Goal** - Search for and select the goal that you want to suggest.
- **Action** - Search for and select an action that you want to suggest. If you select an action, you must select a goal.
- **Reason** - Enter the reason for the suggestions, as needed.

e. Click **Save**.

Generating goals and actions suggestions based on measure classifications

You can automatically add goals or actions to an individual's plan based on their assessment results. If their results match a specified measure classification, the goal or action is added to the plan.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Click an assessment.

The assessment opens.

4. Click **Suggestions > Measure Suggestions**.

The measure suggestions list is displayed.

5. Automatically add suggestions as follows:

a. Click **Automatically Add**.

The **Automatically Add** wizard opens.

b. If the assessment has multiple measures, select a measure and click **Next**.

c. Select the measure classifications for which you want to automatically add suggestions and click **Next**.

d. Select the suggestions.

- **Goal** - Search for and select a goal.
- **Action** - Search for and select an action. If you select an action, you must select a goal.
- **Action Status** - Select whether the action is added as open or completed. You can select to have actions automatically added as completed for any actions that care teams complete by completing an assessment so that care team members do not have to manually add and complete them. For example, a completed action of “*Assess for signs of depression*” might be added after a user runs a PHQ9 depression assessment.
- **Assign Action to Role** - By default, client actions are assigned to the individual and care team actions are assigned to the user who completed the assessment. You can assign care team actions to a specific care team role. The care team actions are added to the unassigned list for users with that care team role who can accept and complete the actions. Only care team roles that are currently assigned to users are available for selection.
- **Reason** - You can enter a suggestion reason.

e. Click **Save**.

Suggesting goals and actions based on answers to assessment questions

You can configure goals or actions to be suggested for a clients plan based on answers they provide to a question.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Click an assessment.

The assessment opens.

4. Click **Suggestions > Question Suggestions**.

The question suggestions list is displayed.

5. Add the suggestions as follows:

a. Click **Suggest**.

The **Suggest** wizard opens.

b. Select a question and click **Next**.

Only questions that have associated user-defined or text answers are displayed.

c. Select the answer to associate with the question, and click **Next**.

d. Select the suggestions.

A goal or action must be preconfigured to be available to you to suggest.

- **Goal** - Search for and select the goal that you want to suggest.
- **Action** - Search for and select an action that you want to suggest. If you select an action, you must select a goal.
- **Reason** - Enter the reason for the suggestions, as needed.

e. Click **Save**.

Generating goals and actions suggestions based on answers to assessment questions

You can configure goals or actions to be automatically suggested for a clients plan based on answers they provide to a question.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Click an assessment.

The assessment opens.

4. Click **Suggestions > Question Suggestions**.

The question suggestions list is displayed.

5. Automatically add suggestions as follows:

a. Click **Automatically Add**.

The **Automatically Add** wizard opens.

b. Select a question and click **Next**.

Only questions that have associated user-defined or text answers are displayed.

c. Select the answer to associate with the question, and click **Next**.

d. Select the suggestions.

You must have already configured a goal or action for it to be available to you to suggest.

- **Goal** - Search for and select a goal.
- **Action** - Search for and select an action. If you select an action, you must select a goal.
- **Action Status** - Select whether the action is added as open or completed. You can select to have actions automatically added as completed for any actions that care teams complete by completing an assessment so that care team members do not have to manually add and complete them. For example, a completed action of “Assess for signs of depression” might be added after a user runs a PHQ9 depression assessment.
- **Assign Action to Role** - By default, client actions are assigned to the individual and care team actions are assigned to the user who completed the assessment. You can assign care team actions to a specific care team role. The care team actions are added to the unassigned list for users with that care team role who can accept and complete the actions. Only care team roles that are currently assigned to users are available for selection.
- **Reason** - You can enter a suggestion reason.

e. Click **Save**.

Generating tasks based on measure classifications

You can automatically add tasks to an individual's plan based on their assessment results. If their results match a specified measure classification, the task is added to the plan.

You can assign the tasks to a care team role or care team member to complete. If you do not assign the task to a care team role, the task is created for the care team member who completes the assessment with the client.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Click an assessment.

The assessment opens.

4. Click **Tasks > Measure Tasks**.

The tasks for the assessment measure are displayed.

5. Choose the appropriate option:

- Add a task to an assessment.

- a. Click **Add Task**.

- For single-measure assessments, search for the name of the task, and select a task name in the **Results** list.
- For multiple-measure assessments.

- i. Select a measure, and click **Next**.

- ii. Search for the name of the task, and select a task name in the **Results** list.

- b. From the **Tasks Status** list, set the task to be created as **Open** or **Closed**. By default, tasks are created as open. You might record tasks that were completed while a client was progressing through the assessment as closed.

- c. From the list of available care team roles, select a role to assign the task to. Only care team roles that are currently assigned to users are available to choose.

Tasks are added to the unassigned list for users with that care team role who can accept and complete the task. If you do not select a role, the task is assigned to the user who completed the assessment.

- d. Select the classifications that trigger task creation, and click **Save**.

- Remove a task by clicking **Remove** in the **Actions** menu of a task row.

Related information

[Configuring tasks \(on page 246\)](#)

Generating tasks based on answers to assessment questions

You can configure tasks to be generated for an individual's plan based on answers they provide to an assessment question.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Click an assessment.

The assessment opens.

4. Click **Tasks > Question Tasks**.

The question task list is displayed.

5. Add the task as follows:

a. Click **Add Task**.

The **Add Task to Question** wizard opens.

b. Select a question and click **Next**.

Only questions that have associated user-defined or text answers are displayed.

c. Select the answer to associate with the question, and click **Next**.

d. Search for and select the task to add.

A task must be preconfigured to be available to you to add.

e. Click **Save**.

Generating alerts based on measure classifications

You can automatically add alerts to an individual's plan based on their assessment results. If their results match a specified measure classification, the alert is added to the plan.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Click an assessment.

The assessment opens.

4. Click **Alerts > Measure Alerts**.

The alerts for the assessment measure are displayed.

5. Choose the appropriate option:

◦ Add an alert to an assessment.

a. Click **Add Alert**.

- For single-measure assessments, search for the name of the alert, and select an alert name in the **Results** list.
- For multiple-measure assessments.

- i. Select a measure, and click **Next**.
 - ii. Search for the name of the alert, and select an alert name in the **Results** list.
- b. From the list of available alerts, select one to be automatically added to the care team member's alert list.
 - c. Select a **Priority** value.
 - d. Optionally, enter a note.
 - e. Optionally, select **Care Team** or leave blank. If **Care Team** is selected, all individuals who are Care Team members at the time of the assessment completion are notified of the alert. If **Care Team** is not selected, the alert will appear on the clients context pane.
 - f. Select the classifications that trigger alert creation, and click **Save**.
 - Remove an alert by clicking **Remove** in the **Actions** menu of an alert row.

Generating alerts based on answers to assessment questions

You can configure alerts to be generated for an individual's plan based on answers they provide to an assessment question.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Assessments**.
The list of assessments is displayed.
3. Click an assessment.
The assessment opens.
4. Click **Alerts > Question Alerts**.
The question alert list is displayed.
5. Add the alert as follows:
 - a. Click **Add Alert**.
The **Add Alert to Question** wizard opens.
 - b. Select a question and click **Next**.
Only questions that have associated user-defined or text answers are displayed.
 - c. Select the answer to associate with the question, and click **Next**.
 - d. From the list of available alerts, select one to be automatically added to the care team member's alert list.

- e. Optionally, enter a note.
- f. Optionally, select **Care Team** or leave blank. If **Care Team** is selected, all individuals who are Care Team members at the time of the assessment completion are notified of the alert. If **Care Team** is not selected, the alert will appear on the clients context pane.
- g. Select the answers that you want to generate the alert.
- h. Click **Save**. Each question and answer for which you configure an automatic alert is listed.
 - Remove an alert by clicking **Remove** in the **Actions** menu of an alert row.

Activating assessments

When you finish working on an assessment, you must activate your draft version to make your changes available for use. Validate the assessment version and correct any issues before you activate it.

When you activate a draft version, if a previous version of the assessment is shared with external systems, Merative™ Integrated Care automatically shares your new version and stops sharing the previous version. For more information, see [Sharing assessments with external systems \(on page 158\)](#).

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Assessments**.
The list of assessments is displayed.
3. Expand an assessment. The assessment versions are displayed.
4. Open a draft version.
 - If an **In Edit** version exists, click the assessment name to open the in-edit version.
 - If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.
 The assessment's **Script** tab is displayed.
5. Click the **Measures** tab.
The measures for the assessment are displayed.
6. Select **Validate** in the drop-down menu to validate the assessment version.
7. Select **Activate** in the drop-down menu to activate the assessment version.
By setting the **Effective From** date, you can specify a date in the future when care teams can start to use the new version.
8. In the activation modal, enter comments that describe your changes to the version, and then click **Yes**.
The comments are displayed with the version's activation date in the assessment's Details cluster.

Sharing assessments with external systems

Set sharing options to share *Completed* client assessments between Merative™ Integrated Care and external systems (via an API) so that users of both systems have the client's latest assessment information. Download the API document for a shared assessment and distribute it to the systems integrator for your organization so that they can update integrations to use the latest version of the assessment. You can stop sharing an assessment to prevent the sharing of its data with external systems.

Sharing assessment versions

You can allow assessment sharing with a system external to Merative™ Integrated Care, for example, a hospital information system.

Ensure that you associate an external system reference with the assessment. The external system reference is required so that the external system can uniquely identify the assessment when it is sent between Merative™ Integrated Care and an external system.

In addition, ensure that you configure source and original source systems for assessments if needed. Source and original source systems values confirm where assessments come from. For more information, see [Configuring data sources \(on page 305\)](#).

External systems can retrieve completed client assessments that they are notified about. The completed assessments are shared from Merative™ Integrated Care by using the Assessments API. For Merative™ Integrated Care to send a notification to the external system when the assessment is completed by care teams, you must subscribe to notifications about the Assessment data type by [Subscribing to notifications \(on page 396\)](#).

You can share only **Active** assessments. In addition, only one shared version of a single assessment can exist. When you share a new assessment version, Merative™ Integrated Care automatically stops sharing any existing version that is already shared.

After you share an assessment version, you can share its API definition document with the systems integrator for your organization.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Assessments**.
The list of assessments is displayed.
3. Expand an assessment.
4. Click the **Actions** menu of an **Active** assessment version, and select **Share**.

The **Share Assessment Version** page opens.

5. Click **Share** to share the assessment version.

[Sharing the API document for an assessment \(on page 159\)](#)

Sharing the API document for an assessment

When you share an assessment, Merative™ Integrated Care generates an API document in JSON format. You can download the document to distribute to the relevant integrator for your organization.

The API document contains the REST API calls and structure that Merative™ Integrated Care requires for external systems to share completed client assessments with Merative™ Integrated Care and for Merative™ Integrated Care to share completed client assessments with external systems. Your integrator uses the API document to understand what data is expected from the receiving system and the format of the data.



Note:

The option to download an API document for an assessment is available only when a version is **Active** and shared. The API document is compatible only with Version 2.0 of the Swagger Editor.



Important:

Whenever you modify or create a new version of an assessment that is shared with external systems, you may need to redistribute its API document to your organization's integrator. Otherwise, existing integrations might fail.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Assessments**.
The list of assessments is displayed.
3. From the **Actions** menu for an **Active** assessment that is shared, click **Share Document** to download its API document.
4. Click **Download**.
5. Browse to where you want to store the file on your computer.
6. Distribute the document to the systems integrator for your organization.

Stopping assessment version sharing

You can stop sharing an assessment version to prevent sharing of client information captured in respect of the assessment with external systems.

If you stop sharing an assessment version that is already in use in existing integrations, you might cause existing integrations to fail. Client information that is recorded in respect of the assessment will no longer be shared between Merative™ Integrated Care and external systems.

When you stop sharing an assessment, you can allow sharing again of any active version of the assessment, if needed.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Assessments**. The list of assessments is displayed.
3. Expand an assessment.
4. Click the **Actions** menu of an **Active** and shared assessment version, and select **Stop Sharing**.
The **Stop Sharing Assessment Version** page opens.
5. Click **Stop Sharing** to stop sharing the assessment version with external systems.

Updates to assessments and external systems

Occasionally, you might need to create a new version of an assessment or modify an existing version. If the assessment is shared with an external system, some updates require you to redistribute its API document to your organization's integrator.



Important:

If your changes impact existing integrations, you must follow your organization's internal process to make the latest version of the assessment API document available to your organization's integrator. Your integrator uses the document to sync the information that is captured in respect of your latest assessment version with the external system.

Which assessment updates impact integrations?

The table lists the updates that you can make when you modify an assessment and whether they impact existing integrations.

Table 5. Assessment updates

Category	Update	Does this update impact integrations? (Yes/No)	More information
Layout	Adding, updating, or deleting clusters	No	Configuring assessment clusters (on page 140)

Table 5. Assessment updates (continued)

Category	Update	Does this update impact integrations? (Yes/No)	More information
Questions	Adding a mandatory question	Yes	Adding assessment questions (on page 132)
	Deleting a mandatory question	Yes	Deleting assessment questions (on page 138)
	Adding an optional question	No	Adding assessment questions (on page 132)
	Deleting an optional question	Yes	Deleting assessment questions (on page 138)
	Adding a conditional question	No	Adding assessment questions (on page 132)
	Deleting a conditional question	No	Deleting assessment questions (on page 138)
Assessment type	Changing an assessment type from Script to Score Only	Yes	Modifying assessments (on page 162)
Versioning	Configuring one version of an assessment for display in Merative™ Integrated Care and a different version for integration purposes.	No Do not configure separate versions. Configure only one version of an assessment for display in both Merative™ Integrated Care and for integration purposes.	

Troubleshooting

If existing integrations fail because you did not make the API document for a new assessment version available to your organization's integrator, stop sharing your new version, then share a previous version of the assessment that you know works.

Modifying assessments

You can update an assessment that is in an **In Edit**, or draft, state. Only one **In Edit** version can exist.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Click the Actions menu of the assessment, and click **Edit**. The **Edit Assessment** page opens.

4. Update the name of the assessment and the description, as needed.

Descriptions can be up to 500 characters long.

5. If applicable, in the **External System Reference** field, associate an external system reference with the assessment record that you are updating. Enter a unique reference number of up to 20 alphanumeric characters.

When sending an assessment as an API attribute, the external system identifies the assessment by its external system reference.

6. In the **Display History Across Programs** field, enter the time period (in days) in which to display historical completed assessments to the care team.

This option restricts the historical completed assessments that are available to a care team before they complete the assessment on a program, when the assessment was previously completed for the client on another program. For example, if you enter 0, no completion history prior to the program assignment date is displayed when the care team access the assessment from the new program. If you enter 10, the completion history for the previous 10 days (program assignment date - 10 days) is displayed when the care team access the assessment on a new program. **Note:** Depending on the value that you enter, some or all historical versions of the assessment might be unavailable to the care team until they complete the assessment for the first time on the program.

When completed, all historical versions of the assessment are displayed.

7. You can select the **Prefill Answers** check box to prefill the assessment answers with the most recent answers when care teams repeat the assessment. You can override this configuration at the question level in the configured assessment.

8. Click **Save**.

After you finish configuring an assessment version, you must activate the version to make the assessment available for use.

Copying assessments

You can copy an assessment that is in an **Active** state so you can reuse elements of the existing assessment when configuring another similar assessment.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Click the Actions menu of the assessment, and click **Copy**. The **Copy Assessment** page opens. The Copy option is available for the latest active version of the assessment. If there is no active version, then the Copy option is not enabled.

4. Update the name of the assessment and the description, as needed.

Description is pre-populated with the value from the original assessment and can be up to 500 characters long. The Name value is per-populated from the original assessment with the word 'copy' appended.

5. If applicable, in the **External System Reference** field, associate an external system reference with the assessment record that you are updating. Enter a unique reference number of up to 20 alphanumeric characters.

When sending an assessment as an API attribute, the external system identifies the assessment by its external system reference.

6. Choose an appropriate version type for this assessment. Pre-populated with the value that was selected on the original assessment.

- Choose **Script** if this assessment version is a script that will contain questions and answers.
- Choose **Score Only** if this assessment is configured without a script so that the care team can record an assessment score only. A care team might want to configure a Score Only assessment version if they're conducting a paper-based assessment with a client and only want to record a score for the assessment without running a script in Merative™ Integrated Care.

7. **Display History Across Programs** - Pre-populated with the value from the original assessment. You can enter the time period (in days) in which to display historical completed assessments to the care team.

This option restricts the historical completed assessments that are available to a care team before they complete the assessment on a program, when the assessment was previously completed for the client on another program. For example, if you enter 0, no completion history prior to the

program assignment date is displayed when the care team access the assessment from the new program. If you enter 10, the completion history for the previous 10 days (program assignment date - 10 days) is displayed when the care team access the assessment on a new program. **Note:** Depending on how your administrator has configured the assessment, some or all historical versions of the assessment may be hidden until the care team completes the assessment for the first time on the program. Once completed, all historical versions of the assessment are displayed.

8. You can select the **Prefill Answers** check box to prefill the assessment answers with the most recent answers when care teams repeat the assessment. You can override this configuration at the question level in the configured assessment. Pre-populated with the value from the original assessment.
9. Click **Save**. Creates a copy of the latest active version of the original assessment. The copy is created as an In Edit version.

After you finish configuring an assessment version, you must activate the version to make the assessment available for use.

Modifying goals and actions suggestions for assessments

You can edit the suggested goals or actions for assessments.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Assessments**.
The list of assessments is displayed.
3. Click an assessment.
The assessment opens.
4. Click the **Suggestions** tab.
The suggestions list is displayed. Expand measures to see the suggestions.
5. To edit a suggestion, click the **Actions** menu of a suggested goal or action and click **Edit**.
 - For goals, you can edit whether the goal is automatically added to an individual's care plan, and the reason for the suggestion.
 - For actions, you can edit the following details:
 - Select whether the action is automatically added to an individual's care plan. For automatically added actions, you can edit the following details:
 - Select whether you want the action to be added to the plan as open or closed. Add an action as closed when the action is completed by being added to the plan.
 - Select whether you want the action to be assigned to a care team role.

- Change the associated goal.
- Change the reason for the suggestion.

Removing goals and actions suggestions from assessments

You can remove a suggested goal or action from an assessment.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Assessments**.
The list of assessments is displayed.
3. Click an assessment.
The assessment opens.
4. Click the **Suggestions** tab.
The suggestions list is displayed. Expand measures to see the suggestions.
5. Click the **Actions** menu of a measure, goal, or action and click **Remove**.
6. Click **Remove** to confirm.
 - For measures, all associated suggestions are removed.
 - For goals or actions, the suggestion is removed.

Deleting assessments

You can delete an assessment or an in-edit assessment version.

You can delete an in-edit assessment version, but not the active version.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Assessments**.
The list of assessments is displayed.
3. Choose one of the following options:
 - a. To delete an assessment, click **Delete** in the **Actions** menu of the assessment.
 - b. To delete an in-edit assessment version, expand the assessment to see the versions, and click **Delete** in the **Actions** menu of an in-edit assessment version.

Configuring questionnaires

You can view the questionnaires that are defined in the application, create and manage existing questionnaires, and add new questionnaires.

Creating questionnaires

Questionnaires are versioned so that you can work on questionnaires without affecting the current active version. When you create a questionnaire, a draft version of the questionnaire is automatically created.

Draft questionnaire versions are in an **In Edit** state and the current active versions are in an **Active** state. You can configure only a version of a questionnaire that is in the **In Edit**, or draft, state. Only one **In Edit** version can exist.

You can associate an external system reference with the report template that you are creating or copying. When sending or receiving a questionnaire as an API attribute, the external system identifies the questionnaire by its external system reference.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Questionnaires**. The list of questionnaires is displayed. The **External System Reference** displays the reference that the external system uses to identify the questionnaire.
3. Click **New**.
4. Enter a name for the questionnaire and a description, as needed.
Descriptions can be up to 500 characters long.
5. Optional: In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters to associate with the questionnaire that you are adding.
6. In the **Display History Across Programs** field, enter the time period (in days) in which to display historical completed questionnaires to the care team.
This option restricts the historical completed questionnaires that are available to a care team before they complete the questionnaire on a program, when the assessment was previously completed for the client on another program. For example, if you enter 0, no completion history prior to the program assignment date is displayed when the care team access the questionnaire from the new program. If you enter 10, the completion history for the previous 10 days (program assignment date - 10 days) is displayed when the care team access the questionnaire on a new program. **Note:** Depending on the value that you enter, some or all historical versions of the questionnaire might be unavailable to the care team until they complete the questionnaire for the first time on the program. When completed, all historical versions of the questionnaire are displayed.
7. You can select the **Prefill Answers** check box to prefill all questionnaire answers with the most recent answers when care teams repeat the questionnaire. You can override this configuration at the question level in the configured questionnaire.
8. Click **Save**.

After you finish configuring a questionnaire version, you must activate the version to make the questionnaire available for use.

Configuring questionnaire question scripts

You can script the questions and answers for a questionnaire, and configure their sequence and answer type. You can also add an attribution for the questionnaire, if required.

The **Questions** section of the **Script** tab contains the questionnaire questions and answer types, and indicates whether the questions are optional or conditionally displayed. You can expand the row to see question information. If the answer type is user-defined, the answer options are also displayed here.

In the **Clusters** section, you can view questionnaire clusters, which are used for layout purposes. You can expand a row to view the questions that are associated with each cluster.

Configuring questionnaire questions

You can add questionnaire questions and flag a question to make it optional or conditional. You can edit and delete questions.

Adding questionnaire questions

Create the questionnaire questions, associate them with the correct answer types, and configure them as optional or conditional. You can use color to emphasize questions or information, and you can provide links to external websites for more information.

It is important to enter the questions in the correct sequence. Questions are displayed in the order that you enter them. You must enter conditional questions directly after the questions that call them. To call conditional questions, you must choose a user-defined answer type. The default answer types cannot be used to call conditional questions.

You can enter up to 100 questions, and you can use color to highlight the importance of certain questions or information in the questionnaire.



Important:

If your organization interacts with individuals who are visually impaired, do not use color to highlight the importance of the question or information. State the importance of the question or information in the text.

For each question, you can see the answer type and whether the question is optional or conditional. You can expand a question to see more details. For user-defined answer types, the answer options are displayed.

For each question, you can configure up to three hyperlinks to external websites so that a care team can link individuals to supplementary reference information.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Questionnaires**.

The list of questionnaires is displayed.

3. Expand a questionnaire. The questionnaire versions are displayed.

4. Open a draft version.

- If an **In Edit** version exists, click the questionnaire name to open the in-edit version.
- If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire to create an in-edit version.

The questionnaire's **Script** tab is displayed.

5. Click **New Question** to create a question.

The **New Questions** page opens.

- a. Enter the text for the question.

- b. From the **Question Color** list, choose the color in which to display the question text for added emphasis.

Text color defaults to black. You can change the color.

- c. Select options as needed:

- From the **Answer Type** list, choose **Check Box**, **Date**, **Decimal**, **Multiple Line Text**, **Number**, **Text**, **Text (No Answer)**, or a user-defined answer type. **Multiple Line Text** fields have a limit of 4000 characters.

A user-defined answer type consists of the answer options and the display type. The display type defines how the options are displayed, for example, as radio buttons. Only user-defined answer types can be used to call conditional questions.

- **Prefill Answer** - If you select **Prefill Answers** when you create the questionnaire, by default all answers to the questionnaire questions are prefilled with the most recent responses when care teams repeat the questionnaire. You can override the questionnaire level configuration for the answer to this question if needed. You can choose to always prefill the answer to this question, never prefill the answer to this

question, or choose the questionnaire configuration. If you choose the questionnaire configuration, the answer to this question will be prefilled (if previously answered) or not based on the questionnaire configuration. Your selection is effective the next time care teams repeat the questionnaire.

- **Optional** makes the question optional. Clear the check box to make the question mandatory.
- **Conditional** makes the question display only if a client answers in a certain way to a previous question that drives the condition. (You associate a conditional question with a specific question. Go to the **Conditions** tab to associate the conditional question with a principal question.)

- d. Enter information about the question, as needed.
- e. From the **Information Color** list, choose the color in which to display the informational text for added emphasis.
- f. In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: `https://www.example.com.`

The hyperlinks that you define to support a question are displayed in plain text and are not clickable. To the care team, the links display as clickable links.

- g. Select **Add** to add each question and **Save** to save your questions when complete. Questions are displayed in the order that you enter them.

Adding read-only instructional text to a questionnaire

When running a questionnaire with a client, the care team might need read-only instructional text to be displayed in any sequence on the questionnaire. You can configure a questionnaire to include instructional text in the place of a question, and specify that no answer is required of the client.

For example, suppose that a client with diabetes need not answer some questions in the questionnaire because those questions don't apply to individuals with that medical condition. In the place of a question in the script, you can specify the read-only instructional text to inform the client about which questions to skip.

No answer type is required to follow the instructional text that you specify.

1. Sign in with your administrator credentials.
Your home page opens.

2. Click **Questionnaires**.

The list of questionnaires is displayed.

3. Expand a questionnaire. The questionnaire versions are displayed.

4. Open a draft version.

- If an **In Edit** version exists, click the questionnaire name to open the in-edit version.
- If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire to create an in-edit version.

The questionnaire's **Script** tab is displayed.

5. Click **New Question** in the drop-down menu to open the **New Questions** page.

- a. In the **Question** field, enter the read-only instructional text instead of a question.
- b. From the **Answer Type** list, choose **Text (No Answer)**.
- c. Select **Optional** because the answer type of **Text (No Answer)** means that a client's answer is not mandatory.
- d. Enter information about the instructional text, as needed.
- e. Select **Add** to add the read-only text and **Save** to save the assessment when complete.

6. **Optional:** Select **Validate** to validate the questionnaire version.

Editing questionnaire questions

You can update the questions or information in a questionnaire, and reorder the sequence in which the questions are displayed. You can use color to emphasize questions or information, and you can provide links to external websites for more information.

It is important to enter the questions in the correct sequence. Questions are displayed in the order that you enter them. You must enter conditional questions directly after the questions that call them. To call conditional questions, you must choose a user-defined answer type. The default answer types cannot be used to call conditional questions.

You can enter up to 80 questions, and you can use color to highlight the importance of certain questions or information in the questionnaire.



Important:

If your organization interacts with individuals who are visually impaired, do not use color to highlight the importance of the question or information. State the importance of the question or information in the text.

For each question, you can see the answer type and whether the question is optional or conditional.

You can expand a question to see more details. For user-defined answer types, the answer options are displayed.

For each question, you can configure up to three hyperlinks to external websites so that a care team can link individuals to supplementary reference information.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Questionnaires**.

The list of questionnaires is displayed.

3. Expand a questionnaire. The questionnaire versions are displayed.

4. Open a draft version.

- If an **In Edit** version exists, click the questionnaire name to open the in-edit version.
- If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire to create an in-edit version.

The questionnaire's **Script** tab is displayed.

5. Select **Edit** in the **Actions** menu of any row in the **Questions** section.

The **Edit Question** page opens.

- Modify the question text, and to emphasize a question as important, from the **Question Color** list, choose the color in which to display the question.
- Modify the answer type for the question. Available answer types are **Check Box**, **Date**, **Decimal**, **Multiple Line Text**, **Number**, **Text**, **Text (No Answer)**, or user-defined answer types.

A user-defined answer type consists of the answer options and the display type. The display type defines how the options are displayed, for example, as radio buttons. Only user-defined answer types can be used to call conditional questions.

- If you selected **Prefill Answers** when you created the questionnaire, by default all answers to the questionnaire questions are prefilled with the most recent responses when care teams repeat the questionnaire. The **Prefill Answer** option allows you to override the questionnaire level configuration for the answer to this question if needed. You can choose to always prefill the answer to this question, never prefill the answer to this question, or choose the questionnaire configuration. If you choose the questionnaire configuration, the answer to this question will be prefilled (if previously answered) or not based on the questionnaire configuration. Your selection is effective the next time care teams repeat the questionnaire.
- **Optional** makes the question optional. Clear the check box to make the question mandatory.
- **Conditional** makes the question display only if a client answers in a certain way to a previous question that drives the condition. (You associate a conditional question with a specific question. Go to the **Conditions** tab to associate the conditional question with a principal question.)

- Modify information about the question, and to emphasize information as important, from the **Information Color** list, choose the color in which to display the information.
- In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: `https://www.example.com`.

The hyperlinks that you define to support a question are displayed in plain text and are not clickable. To the care team, the links display as clickable links.

6. To reorder the sequence of questions in the questionnaire, click **Reorder Questions** in the drop-down menu to open the **Reorder Questions** page. Drag and drop the questions to position them in your preferred order.

Editing read-only instructional text in a questionnaire

When running a questionnaire with a client, the care team might need read-only instructional text to be displayed in any sequence on the questionnaire. You can update a questionnaire to include instructional text in the place of a question, with no answer required of the client by design.

For example, suppose that a client with diabetes need not answer some questions in the questionnaire because those questions don't apply to individuals with that medical condition. In the place of a question in the script, you can specify the read-only instructional text to inform the client about which questions to skip.

No answer type is required to follow the instructional text that you specify.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Questionnaires**.
The list of questionnaires is displayed.
3. Expand a questionnaire. The questionnaire versions are displayed.
4. Open a draft version.
 - If an **In Edit** version exists, click the questionnaire name to open the in-edit version.
 - If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire to create an in-edit version.
5. The questionnaire's **Script** tab is displayed.
6. Click **Edit** in the **Actions** menu of the instructional text entry to open the **Edit Question** page.
7. In the **Question** field, update the details of the instructional text as needed.
8. From the **Answer Type** list, select **Text (No Answer)**.

8. Select **Optional** because the answer type of **Text (No Answer)** means that a client's answer is not mandatory.
9. Select **Add** to add the updated text and **Save** to save the questionnaire when complete.
10. **Optional:** Select **Validate** to validate the questionnaire version.

Deleting questionnaire questions

You can delete a questionnaire.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Questionnaires**.
The list of questionnaires is displayed.
3. Expand a questionnaire. The questionnaire versions are displayed.
4. Open a draft version.
 - If an **In Edit** version exists, click the questionnaire name to open the in-edit version.
 - If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire to create an in-edit version.The questionnaire's **Script** tab is displayed.
5. Click **Delete** in the **Actions** menu of any row in the **Questions** section to remove the selected question.
6. **Optional:** Select **Validate** to validate the questionnaire version.

Configuring user-defined answer types for questionnaire answers

In addition to the default answer types, you can configure user-defined answer types for your questionnaire answers. You must create the answer types, define the associated answer options, and define how the answer options are displayed. You can edit or delete user-defined answer types, and associate answer types with questions.

You can define answer types Drop down, Multiple Select and Radio Button. You can define answer values for each of these types.

The following default answer types are available.

- Check Box
- Date
- Decimal
- Multiple Line

- Number
- Text

For other answers, create your own user-defined answer types. A user-defined answer type consists of the answer options and the display type. The display type defines how the options are displayed, for example, as radio buttons. Only user-defined answer types can be used to call conditional questions.

The **Answers** section shows the user-defined answer types that are configured for the questionnaire. You can view the answer types and the associated answers.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Questionnaires**.

The list of questionnaires is displayed.

3. Expand a questionnaire. The questionnaire versions are displayed.

4. Open a draft version.

- If an **In Edit** version exists, click the questionnaire name to open the in-edit version.
- If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire to create an in-edit version.

The questionnaire's **Script** tab is displayed.

5. Create an answer type and associated answers for use in the questionnaire.

- a. Select **New Answer Type** in the drop-down menu to open the **New Answer Type** page.

- b. Enter a name.

- c. Select the display type for the answer options.

The available display types are drop-down list, multiple selection list, or radio button.

- d. Enter the answer texts (200 characters maximum) for each answer option in the order that you want them to display, and click **Add**.

- The **Answer** text is visible to the user when they run the questionnaire.
- Available answers include **Yes**, **No**; and **Never**, **Sometimes**, **Always**.

- e. Click **Save** to create the answer type.

The answers are displayed in the order that you enter them.

6. To reorder the sequence of answers in the questionnaire, click **Reorder Answers** in the **Actions** menu of any answer. In the **Reorder Answers** page, drag and drop the answers to position them in your preferred order.

7. Do the following tasks in the **Actions** menu of rows in the **Answers** section.

- You can make these selections in an **Answer Type** row.
 - Click **Associate with Questions** to select multiple questions to associate with the answer type.
 - Click **Edit**. The **Edit Answer Type** page is displayed. Modify name or type, and add answers, as needed.
 - Click **Delete**. When you delete an answer type, the associated answers are deleted. The association with questions is also removed.
 - In an **Answer** row, Click **Edit** or **Delete**.
8. **Optional:** Select **Validate** to validate the questionnaire version.

Configuring questionnaire attributions

You can view, add, and edit attribution details that are associated with a questionnaire. The **Attribution** section displays the attribution or copyright text for the questionnaire.

1. Sign in with your administrator credentials.
Your home page opens.
 2. Click **Questionnaires**.
The list of questionnaires is displayed.
 3. Expand a questionnaire. The questionnaire versions are displayed.
 4. Open a draft version.
 - If an **In Edit** version exists, click the questionnaire name to open the in-edit version.
 - If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire to create an in-edit version.
 - The questionnaire's **Script** tab is displayed.
 5. Select **Edit Attribution** from the **Actions** menu.
The **Edit Attribution** page opens.
 6. Enter the attribution text and save it.
- An attribution can specify the source patient health questionnaire, as in this example:

“Developed by Doctors Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer, Inc.”

Configuring questionnaire clusters

You can add, edit, and delete clusters to configure the layout of questionnaires.

You can use color to highlight the importance of information in the cluster.

**Important:**

If your organization interacts with individuals who are visually impaired, do not use color to highlight the importance of information. State the importance of the information in the text.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Questionnaires**.

The list of questionnaires is displayed.

3. Expand a questionnaire. The questionnaire versions are displayed.

4. Open a draft version.

- If an **In Edit** version exists, click the questionnaire name to open the in-edit version.
- If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire to create an in-edit version.

The questionnaire's **Script** tab is displayed.

5. Click **New Cluster**.

The **New Cluster** page opens.

- a. Give the cluster a title and select **Display Title** if you want users to see the title when they use the questionnaire.

- b. Enter more information about the questionnaire, if needed.

- c. From the **Information Color** list, choose the color in which to display informational text for added emphasis.

- d. Select questions to associate with the cluster.

- Only questions that are not conditional are available to select.
- Whenever you add a parent question to a cluster, all of the parent's child questions are added.

6. Do the following tasks in the **Actions** menu of any row in the **Clusters** section.

- Click **Edit** to open the **Edit Cluster** page.

- a. You can update the cluster title.

- b. Select or clear the **Display Title** option to control whether users see the title when they use the questionnaire.

- c. Enter more information about the questionnaire, if needed.

- d. From the **Information Color** list, choose the color in which to display informational text for added emphasis.

- e. Select questions to associate with the cluster.

- Only questions that are not conditional are available to select.
 - Whenever you add a parent question to a cluster, all of the parent's child questions are added.
- Click **Delete** to remove the selected cluster.
7. To remove a question from the cluster, click **Remove** in the **Actions** menu of any question row in the **Clusters** section.
- If the question is included in a condition, any conditional questions that are linked to it are also removed.
8. **Optional:** Select **Validate** to validate the questionnaire version.

Configuring conditional questions for questionnaires

You can configure extra conditional questions to display in response to client answers in a questionnaire. To do this, you must create a condition that associates the conditional questions with a specific question and answer.

Before you can create conditions, you must configure at least one non-conditional question and one conditional question on your questionnaire. The order of the questions in the questionnaire is important, the conditional question must follow the question with no other questions between them. A conditional question can call another conditional question, again only when it is next in order. Only questions that have user-defined answer types and that are on the currently selected questionnaire are available.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Questionnaires**.
The list of questionnaires is displayed.
3. Expand a questionnaire. The questionnaire versions are displayed.
4. Open a draft version.
 - If an **In Edit** version exists, click the questionnaire name to open the in-edit version.
 - If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire to create an in-edit version.
- The questionnaire's **Script** tab is displayed.
5. Click the **Conditions** tab.
The list of conditions is displayed.
6. Click **New**.
The configuration wizard is displayed. The first wizard page lists the questions that exist in the questionnaire.
 - a. Select a question, and click **Next**.
 - b. Select the answer that will drive the condition, and click **Next**.

- c. Select the conditional questions to associate with your question-answer pairs. You see only the questions that immediately follow the parent question.
 - d. Click **Save**.
7. Manage conditional questions as follows.
- Click the **Add Conditional Questions** action to add more questions to a condition. An informational message displays if no more conditional questions are available to add. Irrespective of the number of questions, the maximum number of conditions that can be configured is 250.
 - Click the **Remove** action on a question-answer pair to remove the question, answers, and all associated conditional questions from the list.
 - Click the **Remove** action on a conditional question to remove the conditional question from the list.
8. **Optional:** Select **Validate** to validate the questionnaire version.

Suggesting goals and actions based on questionnaire results

You can configure goals and actions to be suggested for an individual's care plan based on specific questionnaire responses.

You can add suggestions only for questions with user-defined or text answer types. Repeat the procedure to generate multiple suggestions for the same question and answer.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Questionnaires**.
The list of questionnaires is displayed.
3. Click a questionnaire.
The questionnaire opens.
4. Click the **Suggestions** tab.
The suggestions list is displayed.
5. To add a suggestion, click **Suggest**.
The **Suggest** wizard opens and displays any questions in the questionnaire that have user-defined or text answer types.
 - a. Select a question and click **Next**.
 - b. Select the answers that you want to generate the suggestions and click **Next**.
 - c. Select the suggestion.

- **Goal** - Search for and select a goal that you want to suggest.
- **Action** - Search for and select an action to suggest for the goal.
- **Reason** - Enter a reason for the suggestions, as needed.

d. Click **Save**.

Generating goals and actions suggestions based on questionnaire results

You can configure goal and action suggestions to be automatically added to an individual's care plan based on specific questionnaire responses.

You can automatically add suggestions only for questions with user-defined answer types or text answer types. You can generate multiple suggestions for a single question and answer by running the wizard again.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Questionnaires**.

The list of questionnaires is displayed.

3. Click a questionnaire.

The questionnaire opens.

4. Click the **Suggestions** tab.

The suggestions list is displayed.

5. To add a suggestion, click **Automatically Add**.

The **Automatically Add** wizard opens and displays any questions in the questionnaire that have user-defined or text answer types.

a. Select a question and click **Next**.

b. Select the answers that you want to generate the suggestions and click **Next**.

c. Select the suggestions.

- **Goal** - Search for and select the goal.
- **Action** - Search for and select an action. If you select an action, you must select a goal.
- **Action Status** - Select a status of open or completed for a suggested action. You can select to have actions automatically added as completed for any actions that care teams complete by completing an questionnaire so that care team members do not have to manually add and complete them. For example, a completed action of "Call

individual to discuss program” might be added when the care team finishes running an outreach questionnaire.

- **Assign Action to Role** - By default, client actions are assigned to the individual and care team actions are assigned to the user who completed the questionnaire. You can assign care team actions to a specific care team role. The care team actions are added to the unassigned list for users with that care team role who can accept and complete the actions. Only care team roles that are currently assigned to users are available for selection.
- **Reason** - You can enter a suggestion reason.

d. Click **Save**.

Generating tasks from questionnaire results

You can configure a task to be automatically created for users based on specific questionnaire responses.

Tasks can be generated only for questions with user-defined answer types or text answer types. You can generate multiple tasks for a single question and answer by running the wizard again.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Questionnaires**.
The list of questionnaires is displayed.
3. Click a questionnaire.
The questionnaire opens.
4. Click the **Tasks** tab.
The tasks for the questionnaire are displayed.
5. Choose the appropriate option.
 - Add a task to a questionnaire.
 - a. Click **Add Task**. The **Add Task** wizard opens and displays the questions in the questionnaire that have user-defined or text answer types.
 - b. Select a question and click **Next**.
 - c. Click the Search icon, search for and select the task that you want to create, and click **Select**.
 - d. From the **Tasks Status** list, set the task to be created as **Open** or **Closed**. By default, tasks are created as open. You might record tasks that were completed while a client was progressing through the questionnaire as closed.

- e. From the list of available care team roles, select a role to assign the task to. Only care team roles that are currently assigned to users are available to choose.

Tasks are added to the unassigned list for users with that care team role who can accept and complete the task. If you do not select a role, the task is assigned to the user who completed the questionnaire.

- f. Select the answers that you want to generate the task.
- g. Click **Save**. Each question and answer for which you configure an automatic task is listed.

- Remove all automatic tasks for a specific question and answer by clicking the **Actions** menu of the question and answer, and selecting **Remove**.
- Remove an automatic task for a specific question and answer by clicking the **Actions** menu of the task, and selecting **Remove**.

Related information

[Configuring tasks \(on page 246\)](#)

Generating alerts from questionnaire results

You can configure an alert to be automatically created for users based on specific questionnaire responses.

Alerts can be generated only for questions with user-defined answer types or text answer types. You can generate multiple alerts for a single question and answer by running the wizard again.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Questionnaires**.
The list of questionnaires is displayed.
3. Click a questionnaire.
The questionnaire opens.
4. Click the **Alerts** tab.
The alerts for the questionnaire are displayed.
5. Choose the appropriate option.
 - Add an alert to a questionnaire.
 - a. Click **Add Alert**. The **Add Alert** wizard opens and displays the questions in the questionnaire that have user-defined or text answer types.
 - b. Select a question and click **Next**.

- c. From the list of available alerts, select one that you want to create.
- d. Select a **Priority** value.
- e. Optionally, enter a note.
- f. Optionally, select **Care Team** or leave blank. If **Care Team** is selected, all individuals who are Care Team members at the time of the questionnaire completion are notified of the alert. If **Care Team** is not selected, the alert will appear on the clients context pane.
- g. Select the answers that you want to generate the alert.
- h. Click **Save**. Each question and answer for which you configure an automatic alert is listed.
 - Remove all automatic alerts for a specific question and answer by clicking the **Actions** menu of the question and answer, and selecting **Remove**.
 - Remove an automatic alert for a specific question and answer by clicking the **Actions** menu of the alert, and selecting **Remove**.

Activating questionnaires

When you finish working on a questionnaire, you must activate your draft version to make your changes available for use. Validate the questionnaire version and correct any issues before you activate it.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Questionnaires**.
The list of questionnaires is displayed.
3. Click the questionnaire.
The draft in-edit version of the questionnaire opens.
4. Select **Validate** in the menu to validate the questionnaire version.
5. Select **Activate** in the menu to activate the questionnaire version.
By setting the **Effective From** date, you can specify a date in the future when care teams can start to use the new version.
6. In the activation modal, enter comments that describe your changes to the version, and then click **Yes**.
The comments are displayed with the version's activation date in the questionnaire's Details cluster.

Modifying questionnaires

You can update a questionnaire that is in an **In Edit**, or draft, state. Only one **In Edit** version can exist.

You can rename a questionnaire and if not previously configured, you can associate a new external system reference with the questionnaire. When sending or receiving a questionnaire as an API attribute, the external system identifies the questionnaire by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

In addition, if you modify an external system reference that is associated with a questionnaire, you cannot reuse the old external system reference when configuring other questionnaires.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Questionnaires**.

The list of questionnaires is displayed.

3. Click the Actions menu of the questionnaire, and click **Edit**. The **Edit Questionnaire** page opens.

4. Update the name of the questionnaire and the description, as needed.

Descriptions can be up to 500 characters long.

5. In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters.

6. In the **Display History Across Programs** field, enter the time period (in days) in which to display historical completed questionnaires to the care team.

This option restricts the historical completed questionnaires that are available to a care team before they complete the questionnaire on a program, when the assessment was previously completed for the client on another program. For example, if you enter 0, no completion history prior to the program assignment date is displayed when the care team access the questionnaire from the new program. If you enter 10, the completion history for the previous 10 days (program assignment date - 10 days) is displayed when the care team access the questionnaire on a new program. **Note:** Depending on the value that you enter, some or all historical versions of the questionnaire might be unavailable to the care team until they complete the questionnaire for the first time on the program. When completed, all historical versions of the questionnaire are displayed.

7. You can select the **Prefill Answers** check box to prefill all questionnaire answers with the most recent answers when care teams repeat the questionnaire. You can override this configuration at the question level in the configured questionnaire.

8. Click **Save**.

After you finish configuring a questionnaire version, you must activate the version to make the questionnaire available for use.

Copying questionnaires

You can copy a questionnaire that is in an **Active** state so you can reuse elements of the existing questionnaire when configuring another similar questionnaire.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Questionnaires**.

The list of questionnaires is displayed.

3. Click the Actions menu of the questionnaire, and click **Copy**. The **Copy Questionnaire** page opens.

The Copy option is available for the latest active version of the questionnaire. If there is no active version, then the Copy option is not enabled.

4. Update the name of the questionnaire and the description, as needed.

Description is pre-populated with the value from the original questionnaire and can be up to 500 characters long. The Name value is pre-populated from the original questionnaire with the word 'copy' appended.

5. If applicable, in the **External System Reference** field, associate an external system reference with the questionnaire record that you are updating. Enter a unique reference number of up to 20 alphanumeric characters.

When sending a questionnaire as an API attribute, the external system identifies the questionnaire by its external system reference.

6. Choose an appropriate version type for this questionnaire. Pre-populated with the value that was selected on the original questionnaire.

- Choose **Script** if this questionnaire version is a script that will contain questions and answers.
- Choose **Score Only** if this questionnaire is configured without a script so that the care team can record a questionnaire score only. A care team might want to configure a Score Only questionnaire version if they're conducting a paper-based questionnaire with a client and only want to record a score for the questionnaire without running a script in Merative™ Integrated Care.

7. **Display History Across Programs** - Pre-populated with the value from the original questionnaire.

You can enter the time period (in days) in which to display historical completed questionnaires to the care team.

This option restricts the historical completed questionnaires that are available to a care team before they complete the questionnaire on a program, when the questionnaire was previously completed for the client on another program. For example, if you enter 0, no completion history prior to the program assignment date is displayed when the care team access the questionnaire from the new program. If you enter 10, the completion history for the previous 10 days (program

assignment date - 10 days) is displayed when the care team access the questionnaire on a new program. **Note:** Depending on how your administrator has configured the questionnaire, some or all historical versions of the questionnaire may be hidden until the care team completes the questionnaire for the first time on the program. Once completed, all historical versions of the questionnaire are displayed.

8. You can select the **Prefill Answers** check box to prefill all questionnaire answers with the most recent answers when care teams repeat the questionnaire. You can override this configuration at the question level in the configured questionnaire.
9. Click **Save**. Creates a copy of the latest active version of the original questionnaire. The copy is created as an In Edit version.

After you finish configuring a questionnaire version, you must activate the version to make the questionnaire available for use.

Sharing questionnaires with external systems

You can set sharing options to share *Completed* client questionnaires between Merative™ Integrated Care and external systems (via an API) so that users of both systems have the client's latest questionnaire information. Download the API document for a shared questionnaire and distribute it to the systems integrator for your organization so that they can update integrations to use the latest version of the questionnaire. You can stop sharing a questionnaire to prevent the sharing of its data with external systems.

Sharing questionnaire versions

You can allow questionnaire sharing with a system external to Merative™ Integrated Care, for example, a hospital information system.

Ensure that you associate an external system reference with the questionnaire. The external system reference is required so that the external system can uniquely identify the questionnaire when it is sent between Merative™ Integrated Care and the external system.

In addition, ensure that you configure source and original source systems for questionnaires. Source and original source systems values confirm where questionnaires come from. For more information, see [Configuring data sources \(on page 305\)](#).

External systems can retrieve completed questionnaires from Merative™ Integrated Care that they are notified about. The completed questionnaires are shared from Merative™ Integrated Care through the Questionnaires API. For Merative™ Integrated Care to send a notification to the external system when the

questionnaire is completed by care teams, you must subscribe to notifications about the Questionnaire data type by [Subscribing to notifications \(on page 396\)](#).

You can share only **Active** questionnaires. When you share a version of a questionnaire, Merative™ Integrated Care automatically stops sharing any existing version that is already shared.

After you share a questionnaire version, you can share its API document with the systems integrator for your organization.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Questionnaires**.
The list of questionnaires is displayed.
3. Expand a questionnaire
4. Click the **Actions** menu of an **Active** questionnaire version, and select **Share**.
The **Share Questionnaire Version** page opens.
5. Click **Share** to share the questionnaire version.

[Sharing the API document for a questionnaire \(on page 186\)](#)

Sharing the API document for a questionnaire

When you share a questionnaire, Merative™ Integrated Care generates an API document in JSON format. You can download the document to share with the relevant integrator for your organization.

The API document contains the REST API calls and structure that Merative™ Integrated Care requires for external systems to share completed client questionnaires with Merative™ Integrated Care and for Merative™ Integrated Care to share completed client questionnaires with external systems. Your integrator uses the API document to understand what data is expected from the receiving system and the format of the data.



Note:

The option to download an API document for a questionnaire version is available only when a questionnaire version is **Active** and shared. The API document is compatible only with Version 2.0 of the Swagger Editor.

**Important:**

Whenever you modify or create a new version of a questionnaire that is shared with external systems, you may need to redistribute its API document to your organization's integrator. Otherwise, existing integrations might fail.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Questionnaires**.

The list of questionnaires is displayed.

3. From the **Actions** menu for an **Active** questionnaire that is shared, click **Share Document** to download its API document.

4. Click **Download**.

5. Browse to where you want to store the file on your computer.

6. Distribute the document to the systems integrator for your organization.

Stopping questionnaire sharing

You can stop sharing a questionnaire version to prevent sharing of client information captured in respect of the version with external systems.

If you stop sharing a questionnaire version that is already in use in existing integrations, you might cause existing integrations to fail. Client information that is recorded in respect of the questionnaire will no longer be shared between Merative™ Integrated Care and external systems.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Questionnaires**. The list of questionnaires is displayed.

3. Expand a questionnaire.

4. Click the **Actions** menu of an **Active** questionnaire version, and select **Stop Sharing**.

The **Stop Sharing Questionnaire Version** page opens.

5. Click **Stop Sharing** to stop sharing the questionnaire version with external systems.

Updates to questionnaires and external systems

Occasionally, you might need to create a new version of a questionnaire or modify an existing version. If the questionnaire is shared with an external system, some updates require you to redistribute its API document to your organization's integrator.

**Important:**

If your changes impact existing integrations, you must follow your organization's internal process to make the latest version of the questionnaire API document available to your organization's integrator. Your integrator uses the document to sync the information that is captured in respect of your latest questionnaire version with the external system.

Which questionnaire updates impact integrations?

The table lists the updates that you can make when you modify a questionnaire and whether they impact existing integrations.

Table 6. Questionnaire updates

Category	Update	Does this update impact integrations? (Yes/No)	More information
Layout	Adding, updating, or deleting clusters	No	Configuring questionnaire clusters (on page 175)
Questions	Adding a mandatory question	Yes	Adding questionnaire questions (on page 167)
	Deleting a mandatory question	Yes	Deleting questionnaire questions (on page 173)
	Adding an optional question	No	Adding questionnaire questions (on page 167)
	Deleting an optional question	No	Deleting questionnaire questions (on page 173)
	Adding a conditional question	No	Adding questionnaire questions (on page 167)

Table 6. Questionnaire updates (continued)

Category	Update	Does this update impact integrations? (Yes/No)	More information
	Deleting a conditional question	No	Deleting questionnaire questions (on page 173)
Versioning	Configuring one version of a questionnaire for display in Merative™ Integrated Care and a different version for integration purposes.	No Do not configure separate versions. Configure only one version of a questionnaire for display in Merative™ Integrated Care and for integration purposes.	

Troubleshooting

If integrations fail because you did not make the API document for a new questionnaire version available to your organization's integrator, stop sharing your new version, then share a previous version of the questionnaire that you know works.

Modifying goals and actions suggestions for questionnaires

You can edit the suggested goals or actions for a questionnaire.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Questionnaires**.
The list of questionnaires is displayed.
3. Click a questionnaire.
The questionnaire opens.
4. Click the **Suggestions** tab.
The suggestions list is displayed. Expand questions to see the suggestions.
5. To edit a suggestion, click the **Actions** menu of a suggested goal or action and click **Edit**.
 - For goals, you can edit whether the goal is automatically added to an individual's care plan, and the reason for the suggestion.
 - For actions, you can edit the following details:

- Select whether the action is automatically added to an individual's care plan. For automatically added actions, you can edit the following details:
 - Select whether the action is automatically added to an individual's care plan.
- For automatically added actions, you can edit the following details:
 - Select whether you want the action to be added to the plan as open or closed. Add an action as closed when the action is completed by being added to the plan.
 - Select whether you want the action to be assigned to a care team role.
 - Change the associated goal.
 - Change the reason for the suggestion.

Removing goal and action suggestions from questionnaires

You can remove a suggested goal or action from a questionnaire.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Questionnaires**.
The list of questionnaires is displayed.
3. Click a questionnaire.
The questionnaire opens.
4. Click the **Suggestions** tab.
The suggestions list is displayed. Expand questions to see the suggestions.
5. Click the **Actions** menu of a question, goal, or action, and click **Remove**.
6. Click **Remove** to confirm.
 - For questions, all associated suggestions are removed.
 - For goals or actions, the suggestion is removed.

Deleting questionnaires

You can delete a questionnaire on the **Questionnaires** page.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Questionnaires**.
The list of questionnaires is displayed.
3. Choose one of the following options:

- Click **Delete** to delete the questionnaire, and then click **Delete** to confirm your choice. The questionnaire is deleted from the **Questionnaires** page and is not available for selection by users.
- To delete an in-edit questionnaire version, expand the questionnaire to see the versions, and click **Delete** in the **Actions** menu of an in-edit questionnaire version.

Configuring goals

You can configure a library of goals for use in programs and care plans. A goal is a measurable target that a client can complete to move towards successfully completing a program. You can create, modify, and delete goals. You can tag a goal with multiple focus areas, which are groupings for goals that assist with reporting and evaluation.

Related information

[Creating care plans \(on page 525\)](#)

Creating goals

You can create goals for the care team to use in programs and clients' care plans. A goal is a measurable target that a client can complete to move towards successfully completing a program.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Goals**.

Existing goals are displayed.

3. Click **New**.

The **New Goal** page opens.

4. Name the goal.



Tip:

Enter a name of 3 characters or more to enable searches for the name.

5. Complete the following information.

- a. Select one or more focus areas to associate the goal with.

Focus areas are specific areas of client behavior or activity that a goal is intended to address, for example, Healthy Coping, Being Active, or Safety.

- b. **Description** - Enter the goal description.

- c. In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: `https://www.example.com`.

The hyperlinks that you define to support a goal are displayed in plain text and are not clickable. To the care team, the links display as clickable links.

6. Click **Save**.

Configuring focus areas for goals

Focus areas are a specific area of client behavior or activity that a goal is intended to address, for example, Healthy Coping, Being Active, or Safety.

Focus areas help an organization to evaluate and report about the types of goals that are in use in care plans. You can reorder the sequence in which focus areas are displayed.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Goals**, and select **Focus Areas**.
The existing focus areas are displayed. The focus areas that come with the product are enabled by default.
3. Click **New** to add a focus area.
4. Manage the display of a focus area by completing the following steps in the **Actions** menu of the focus area:
 - Select **Edit** to modify the name of a focus area.
 - Select **Show** to make a focus area available for the care team to use.
 - Select **Hide** to make a focus area unavailable in the goal library. This hiding of the focus area does not affect any uses of this focus area in existing care plans.
 - Select **Reorder** to reorder the sequence of focus areas. Drag and drop the focus areas to position them in your preferred order.

Configuring outcomes for goals

Outcomes are the expected results of a goal, for example **Successful**, or **Abandoned**.

Access the outcomes for a goal to update them, or to verify that they are correct. You can also reorder the sequence in which outcomes are displayed.

1. Sign in with your administrator credentials.

Your home page opens.

2. Select **Care Planning > Goals**, and select **outcome**.

The existing outcomes are displayed. The outcomes that come with the product are enabled by default and cannot be edited.



Note:

The list of outcomes applies to both client goals and family goals.

3. Select **New** to add an outcome.

4. Enter a name for the outcome in the **Name** field and select **Save**.

5. Manage the display of an outcome by completing the following steps in the **Actions**  menu of the outcome:

- Select **Edit** to modify the name of an outcome.
- Select **Show** to make an outcome available for the care team to use.
- Select **Hide** to make an outcome unavailable in the goal library. Hiding the outcome does not affect any uses of this outcome in existing care plans.



Note:

The **Pending** outcome value is disabled and cannot be used by the care team. If you were to configure the **Pending** goal outcome with a display value of **Shown**, a goal cannot be completed when care team members select **Pending** as the goal.

6. Select **Reorder** to reorder the sequence of outcomes. Then, select the  icon of the outcome that you want to reorder and drag it to a new location on the **Reorder Outcomes** page.

Configuring action and service suggestions for goals

You can suggest actions, services, and service categories that can help an individual to achieve a goal. When the goal is added to an individual's care plan, the actions, services, and service categories are suggested for the individual.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Goals**.

The goals library is displayed.

3. Click the **Actions** menu of a goal, and click **Suggest**.

The **Suggest** page opens.

4. Click the search icon for actions, services, or service categories, enter your search terms and click **Search**.
 - For actions, enter a name or description.
 - For services, enter a name, description, or category.
 - For service categories, enter a name.
5. Select an action, service, or service category in the **Results** list, and click **Select**.
6. **Optional:** Enter a reason for the suggestion of up to 300 characters.
7. Click **Save**.

Automatically adding actions to care plans

You can configure actions to be automatically added to an individual's care plan when a specified goal is added to their plan.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Goals**.
The goals library is displayed.
3. Click the **Actions** menu of the goal, and click **Automatically Add**.
The **Automatically Add** page opens.
4. To automatically add an action, complete the following steps:
 - a. Click the search icon for actions.
 - b. Enter a name or description and click **Search**.
 - c. Select an action in the **Results** list, and click **Select**.
 - d. Use **Action Status** to select whether you want the action to be added to the plan as open or completed.
Add an action as completed when the action is completed by being added to the plan.
 - e. By default, client actions are assigned to the individual and care team actions are assigned to the user who added the goal. To have care team actions added to the unassigned list of users with a care team role, from the **Assign Action to Role** list, select a specific role. All of the configured care team roles are available for selection irrespective of whether a user is currently assigned to the care team role. Whenever users are assigned to the selected role, they can accept and complete the actions.

f. Enter a reason if required.

g. Click **Save**.

Modifying goals

You can update a goal in the library of configured goals.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Goals**.

Existing goals are displayed.

3. Click the **Actions** menu of the goal, and click **Edit**.

The **Edit Goal** page opens.

4. **External System Reference**- If applicable, associate an external system reference with the goal that you are creating so that an integrated system can identify the goal when it is sent from Merative™ Integrated Care. Enter a unique reference number of up to 20 alphanumeric characters.

When sending an action as an API attribute, the external system identifies the goal by its external system reference.

5. Select one or more focus areas to associate the goal with.

Focus areas are specific areas of client behavior or activity that a goal is intended to address, for example, Healthy Coping, Being Active, or Safety.

6. **Description** - Update the goal description.

7. In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: <https://www.example.com>.

The hyperlinks that you define to support a goal are displayed in plain text and are not clickable. To the care team, the links display as clickable links.

8. Click **Save**.

Modifying suggestions for goals

You can edit the suggested actions, services, or service categories for a goal.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Goals**.

The goals library is displayed.

3. Expand a goal to see the suggestions:

4. Click the **Actions** menu of a suggestion and click **Edit**.
 - For actions, you can edit whether the action is automatically added to an individual's care plan, whether you want the action to be added to the plan as open or closed, whether you want the action to be assigned to a role, or the reason.
 - For services and service categories, you can edit the reason.

Removing goal suggestions

You can remove a suggested action, service, or service category for a goal.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Goals**.
The goals library is displayed.
3. Expand a goal to see the suggestions and click the **Actions** menu of a suggestion and click **Remove**.
4. Click **Remove** to confirm.

Deleting goals

If a configured goal is incorrect or obsolete, you can delete it. Note, however, that if you delete a goal, you also delete any suggested actions that are associated with the goal.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Goals**.
Existing goals are displayed.
3. Click the **Actions** menu of the goal, and click **Delete**.
4. Click **Yes** to confirm that you want to delete the goal.
Deletion does not affect instances of the goal that are already part of a care plan.

General goals

When care team actions are received from third-party applications, a **General** ad hoc goal is generated and associated with all of the received care team actions. The **General** goal that is generated in this way is not part of the configured library of goals.

If you require it, you can still configure a goal called **General** for the library of configured goals. All care team actions received from third-party applications are associated with this configured goal.

If a care team member has already created an ad hoc goal called **General** on a client's plan and the goal is in the status *In Progress*, then all care team actions received from third-party applications are associated with this goal.

The **General** goal whether configured or ad hoc cannot be modified by a care team member. Care team members can only remove actions from the **General** goal and delete it from a plan once all actions are removed from it.

Configuring actions

You can configure a library of actions for your organization. You can create, modify, and delete actions, and assign categories to actions to assist with managing various types of actions. Actions must be associated with at least one goal on a care plan. You can add actions to goals to associate them with achieving that goal.

Related information

[Creating care plans \(on page 525\)](#)

Creating actions

You can create a library of client or care team actions for use by care teams. For actions that are automatically added, you can set a lead time for the start date, and an expected period for the action.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Actions**.
Existing actions are displayed.
3. Expand an action to see the details of that action.
4. Click **New**.
The **New Action** page opens.
5. Enter a name for the action. You must enter 3 characters or more to enable searches for the name.
6. Complete the following information.
 - a. **External System Reference**- If applicable, associate an external system reference with the action that you are creating so that an integrated system can identify the action when it is sent from Merative™ Integrated Care. Enter a unique reference number of up to 20 alphanumeric characters.
When sending an action as an API attribute, the external system identifies the action by its external system reference.

b. Responsibility-

- Select **Client** if the individual who is receiving care is to take the action.
- Select **Care Team Member** if a care team member is to do the work but the action is unassigned to any member.

c. Category - Select a category for the action, for example, Appointment, Education, or Reunification.

d. Date settings, which are applied to an action only when you automatically add that action to a goal, assessment, or questionnaire.

- **Start date (Days)** - Set a lead time for starting an action. Enter the number of days after the action is added to the care plan that you want to set the start date, for example, entering 5 means that the start date of the action is 5 days after the action is added to the care plan. If you do not enter a value or if you enter 0, the start date is the day that the action is added to the care plan.
- **Expected End Date (Days)** - Set a expected duration for the action, this is time period in days within which you expect the action to be completed. The expected end date is then calculated by adding the value for **Expected End Date (Days)** to the start date. If you do not set an expected end date or if you enter 0, there is no expected duration for the action and no due date.

e. Description - Enter a description for the action.

7. In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: <https://www.example.com>.

The hyperlinks that you define to support an action are displayed in plain text and are not clickable. To the care team, the links display as clickable links.

8. Click **Save**.

Related information

[Configuring external system references \(on page 351\)](#)

Modifying actions

You can update client or care team actions in the actions library. For actions that are automatically added to the care plan from a goal, assessment, or questionnaire, you can delay the start date, or set how long you expect the action to take.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Actions**.

The library of actions is displayed.

3. Click **Edit** in the **Actions** menu of an action.

The **Edit Action** page opens.

4. Update the following information.

- **Name** - Enter a name of 3 characters or more.
- **External System Reference** - If applicable, associate an external system reference with the action that you are updating so that an integrated system can identify the action when it is sent from Merative™ Integrated Care. Enter a unique reference number of up to 20 alphanumeric characters. When sending an action as an API attribute, the external system identifies the action by its external system reference.
- **Responsibility** - You can change the responsibility for a care team action to either User Creating Action or Care Team Member. If you want to change the responsibility for an action from client to care team, or from care team to client, you must delete the action and create it again.
- **Category** - Select a category for the action, for example, Appointment, Education, or Reunification.
- Date settings, which are applied to an action only when you automatically add that action to a goal, assessment, or questionnaire.
 - **Start date (Days)** - The date that an action must be started, based on a specific number of days after the action is added to a care plan. When a number of days is not defined, the start date becomes the day that the action is added to the care plan.
 - **Expected End Date (Days)** - The date that an action is expected to be completed, based on a specific number of days after the start date for the action. When you do not specify days in this field, the user sees a blank field for Expected End Date.
- **Description** - Enter a description for the action.

5. In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: <https://www.example.com>.

The hyperlinks that you define to support an action are displayed in plain text and are not clickable. To the care team, the links display as clickable links.

6. Click **Save**.

Deleting actions

You can delete an action from the actions library. When you delete an action, you delete any association between the action and goals. Deleting an action does not affect any instances of the action on care plans.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Actions**.
The library of actions is displayed.
3. Click the **Actions** menu of the action, and click **Delete**.
4. Click **Yes** to confirm.

Configuring categories for actions

Use *categories* to group actions into categories, for example, Screening or Education. A library of categories come with the product by default and are displayed for care teams to select.

Access the categories for an action to update them, or to verify that they are correct. You can also reorder the sequence in which categories are displayed.

1. Sign in with your administrator credentials.
Your home page opens.
2. Select **Care Planning > Actions**, and select **Category**.
The existing categories are displayed. The categories that come with the product are enabled by default and cannot be edited.



Note:

The list of categories applies to both client actions and family actions.

You cannot hide the Appointment category so all actions for the category are disabled.

3. Select **New** to add a category.
 - a. Enter a name for the category in the **Name** field.
 - b. Enter an optional alphanumeric external system reference in the **External System Reference** field

External System Reference is a value that is intended for external API users.

For example, if you configure an external system reference as **101** for category value **Reunification**. Then if an external system wants to send a completed action to Merative™ Integrated Care through the API, it could specify an attribute of

```
Action Name = Reunification
Action Status = Completed
Action Outcome = 101
```

c. Select **Save**.

4. Manage the display of a category by completing the following steps in the **Actions**  menu of the category:
 - Select **Edit** to modify the name of a category.
 - Select **Show** to make a category available for the care team to use.
 - Select **Hide** to make a category unavailable in the actions library. Hiding the category does not affect any uses of this category in existing care plans.
5. Select **Reorder** to reorder the sequence of categories. Then, select the  icon of the category that you want to reorder and drag it to a new location on the **Reorder Category** page.

Configuring outcomes for actions

Outcomes are the expected results of an action, for example **Successful**, or **Abandoned**.

Access the outcomes for an action to update them, or to verify that they are correct. You can also reorder the sequence in which outcomes are displayed.

1. Sign in with your administrator credentials.
Your home page opens.
2. Select **Care Planning > Actions**, and select **Outcomes**.
The existing outcomes are displayed. The outcomes that come with the product are enabled by default and cannot be edited.



Note:

The list of outcome values applies to both client actions and family actions.

3. Select **New** to add an outcome.

- a. Enter a name for the outcome in the **Name** field.
- b. Enter an optional alphanumeric external system reference in the **External System Reference** field

External System Reference is a value that is intended for external API users.

For example, if you configure an external system reference as **101** for outcome value **Successful**. Then if an external system wants to send a completed action to Merative™ Integrated Care through the API, it could specify an attribute of

```
Action Name = Completed
Action Status = Completed
Action Outcome = 101
```

- c. Select **Save**.
4. Manage the display of an outcome by completing the following steps in the **Actions**  menu of the outcome:
 - Select **Edit** to modify the name of an outcome.
 - Select **Show** to make an outcome available for the care team to use.
 - Select **Hide** to make an outcome unavailable in the actions library. Hiding the outcome does not affect any uses of this outcome in existing care plans.



Note:

The **Pending** outcome value is disabled and cannot be used by the care team. If you were to configure the **Pending** action outcome with a display value of **Shown**, an action cannot be completed when care team members select **Pending** as the outcome.

5. Select **Reorder** to reorder the sequence of outcomes. Then, select the  icon of the outcome that you want to reorder and drag it to a new location on the **Reorder Outcomes** page.

Configuring progress values

View and edit progress values so that they reflect your organization's requirements.

Access the progress values to verify that they are correct. The default progress list is as follows: **None**, **Unacceptable**, **Poor**, **Satisfactory**, **Good**, and **Excellent**.

1. Sign in with your administrator credentials.

Your home page opens.

2. Select **Care Planning > Progress**.



3. Select the **Actions** icon on the progress you want to edit and then select **Edit**.
4. Edit the progress and select **Save**.

Configuring services

Services are the delivery of care or goods to an individual, typically delivered by a provider at a cost per unit. You can configure a library of services for your organization, configure unit types for the delivery of services, configure service categories to group related services, and configure the outcomes that care teams can select when they close a service. Services do not need to be manually registered in Merative™ Integrated Care. Using the provider registry APIs (inbound API), you can automatically register providers and services in Merative™ Integrated Care from an existing record in an external system and ensure that the data is accurately reflected in Merative™ Integrated Care.

Related information

[Creating care plans \(on page 525\)](#)

[Planning services \(on page 551\)](#)

Creating services

You can create a library of services for your organization, define the units in which each service is delivered, and categorize related services.

External System Reference is only displayed for providers that are registered in Merative™ Integrated Care by external systems.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Services**.

The services list is displayed. **External System Reference** displays the reference that the external system uses to identify the provider. The **Added on** field displays the date/time the record was added.

3. Click **New**.

The **New Service** page opens.

4. **Optional:** Select one or more categories that best describe the nature of the service. The list of service categories is populated from the configured service categories.
5. **Optional:** Select the default unit in which the service is delivered.
For example, hour, meal, or session.
The unit can be changed by the care team later.



Note:

Services that are created by the tenant administration user cannot be associated with categories or units that were created by an external system (Provider APIs).

6. **Optional:** Select one or more categories that best describe the nature of the service. The list of service categories is populated from the configured service categories.



Note:

If your organization uses Merative™ Integrated Care Connect Providers, it is important to select a category. When service providers are listing their service offerings in Connect, first they select the category that their service belongs to and then they choose a service from within that category. If a service is not categorized, Connect users cannot select it.

7. **Optional:** Select one or more resource categories that best describe the nature of resources for the service. The category values are populated from the resource categories library.
If a resource category is not associated with a service, providers cannot select it when they create a group of resources for the service.
8. **Optional:** Enter a description of up to 250 characters.
9. Click **Save**.

Creating service categories

Service categories describe the nature of a service, for example, Independent Living or Health and Wellness. Use service categories to group related services. If your organization uses Merative™ Integrated Care Connect Providers, it is important to create service categories. Providers using Connect can only list services that are categorized. Categories do not need to be manually registered in Merative™ Integrated Care. Using the provider registry APIs (service API), you can automatically register service offerings for a provider and the services, categories, and units' information from the service offering are added to the services library in Merative™ Integrated Care.

External System Reference is only displayed for providers that are registered in Merative™ Integrated Care by external systems.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Services** and select the **Categories** tab.

The service categories are displayed. **External System Reference** displays the reference that the external system uses to identify the provider. The **Added on** field displays the date/time the record was added.

3. Click **New**.

The **New Service Category** page opens.

4. Enter a unique name that is at least 3 characters.

5. Click **Save**.

The new service category becomes available for you to associate with services.

Creating service unit types

Services are delivered in units, such as hours or meals. The units in which a service is delivered, and the number of units of a service that a client needs, are recorded on their care plan by the care team. Units do not need to be manually registered in Merative™ Integrated Care. Using the provider registry APIs (service API), you can automatically register service offerings for a provider and the services, categories, and units' information from the service offering are added to the services library in Merative™ Integrated Care.

External System Reference is only displayed for providers that are registered in Merative™ Integrated Care by external systems.

By default, the following unit types are available:

- Hour
- Meal
- Session

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Services** and select the **Unit Types** tab.

The unit types are displayed.

3. Click **New**.

The **New Unit Type** page opens.

4. Enter a unique name.

5. Click **Save**.

The unit becomes available to select when care teams or administrators create or edit services.

Creating service outcomes

Service outcomes are the outcomes that the care team can choose when they are closing a client service. You can create extra service outcomes for your organization.

The following service outcomes are available by default:

- Abandoned
- Not Successful
- Successful

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Services** and select the **Outcomes** tab.

The service outcomes are displayed.

3. Click **New**.

The **New Outcome** page opens.

4. Enter a unique name for the service outcome.

5. Click **Save**.

The outcome becomes available to select when care teams close services.

Creating service resource categories

Service resource categories can be chosen by providers when they record resource information for their services. You can create extra service resource categories for your organization.

Resource categories help providers to categorize resources for their services. For example, beds for a homelessness service.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Services** and select the **Resources** tab.

The service resources are displayed.

3. Click **New**.

The **New Resource Category** page opens.

4. Enter a unique name for the service category.

5. Click **Save**.

Creating client types

You can add client types to the services library so that providers can choose the types of individuals that are eligible for their resources.

Adding a client type makes it available to providers to select when creating resource groups and for care teams to filter by when they search for services with available resources.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Services**, then select the **Resources** tab.
3. From the **Actions** menu of a client type, select **New**.
The **New Client Type** page opens.
4. Enter a unique name.
5. Click **Save**.

Modifying services

You can edit services in the services library. Your changes are applied immediately to services in the services library, however, existing services on care plans are not affected. Services that are created by an external system using the provider registry APIs are read-only in the tenant admin application and cannot be modified.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Services**.
The services library opens.
3. From the **Actions** menu of a service, select **Edit**.
The **Edit Service** page opens.
4. You can edit the following service information.
 - Name - You can update the service name. Use 3 characters or more.
 - Category - You can update the service category.
 - Unit Type - You can update the default units in which the service is delivered.
 - Resource Category - You update the resource category.
 - Description - You can update the service description.
5. Click **Save**.

Modifying service categories

You can edit the name of a service category. Your changes are applied immediately throughout the application. Service categories that are created by an external system using the provider registry APIs are read-only in the tenant admin application and cannot be modified.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Services** and select the **Categories** tab.
The service categories are displayed.
3. From the **Actions** menu of a service category, select **Edit**.
The **Edit Service Category** page opens.
4. Enter a unique name of 3 characters or more.
5. Click **Save**.

Modifying service unit types

You can edit the name of a service unit type and show or hide unit types. In the library of configured service unit types, you can reorder the sequence in which unit types are displayed. Your changes are applied immediately throughout the application. Units that are created by an external system using the provider registry APIs are read-only in the tenant admin application and cannot be modified.

You show a service unit type to make it available for use by care teams, or hide a unit type to make it unavailable. Unit types for existing services on care plans are not affected.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Services** and select the **Unit Types** tab.
The unit types are displayed.
3. To rename a unit type, from the **Actions** menu of a unit type, select **Edit**.
The **Edit Unit Type** page opens.
 - a. Enter a unique name.
 - b. Click **Save**.
4. To hide a unit type, from the **Actions** menu of a unit type, select **Hide**.
5. To show a unit type, from the **Actions** menu of a unit type, select **Show**.
6. To reorder the sequence of service unit types, click **Reorder**. Drag and drop the service unit types to position them in your preferred order.

Modifying service outcomes

You can edit the name of a service outcome and show or hide outcomes. In the library of configured service outcomes, you can reorder the sequence in which outcomes are displayed. Your changes are applied immediately throughout the application.

You show a service outcome to make it available for use by care teams, or hide an outcome to make it unavailable. Outcomes for existing services on care plans are not affected.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Services** and select the **Outcomes** tab.
The service outcomes are displayed.
3. To rename a service outcome, from the **Actions** menu of an outcome, select **Edit**.
The **Edit Outcome** page opens.
 - a. Enter a unique name.
 - b. Click **Save**.
4. To hide a service outcome, from the **Actions** menu of a outcome, select **Hide**.
5. To show a service outcome, from the **Actions** menu of a outcome, select **Show**.
6. To reorder the sequence of service outcomes, click **Reorder**. Drag and drop the service outcomes to position them in your preferred order.

Modifying service resource categories

You can edit the name of a resource category. Your changes are applied immediately throughout the application.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Services** and select the **Resources** tab.
The service resources are displayed.
3. From the **Actions** menu of a resource category, select **Edit**.
The **Edit Resource Category** page opens.
4. Enter a unique name.
5. Click **Save**.
6. To hide a resource category, from the **Actions** menu of a resource category, select **Hide**.
7. To show a resource category, from the **Actions** menu of a resource category, select **Show**.

Deleting service categories

You can delete a service category that is no longer needed. Deleting a service category makes it unavailable for selection when creating or editing services. The service category is removed from services in the service library, however, existing services on care plans are not affected.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Services** and select the **Categories** tab.
The service categories are displayed.
3. From the **Actions** menu of a service category, select **Delete**.

Modifying client types

You can update the name of a client type. Providers use client types to choose which types of individuals are eligible for their resources.

Providers can select a client type when creating resource groups and care teams can filter by client type when they search for services with available resources.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Services**, then select the **Resources** tab.
3. From the **Actions** menu of a client type, select **Edit**.
The **Edit Client Type** page opens.
4. Enter a unique name.
5. Click **Save**.
6. To hide a client type, from the **Actions** menu of a client type, select **Hide**.
7. To show a client type, from the **Actions** menu of a client type, select **Show**.
8. To reorder the sequence of client types, click **Reorder**. Drag and drop the client types to position them in your preferred order.

Enabling the resource filters feature

You can show or hide all pages, actions, buttons, fields, and columns that relate to the resource filters feature in the care team Community Resources page.

To show resource filter options on the Community Resources page in the care team application, your organization must license the Connect Providers web application and you must show the Providers functionality.

You can show the resource filters feature whenever it is suitable for your organization. You might choose to only show the resource filter options when resource information is available in the Connect Providers application. Care team members can use the resource filter options to search for provider services with available resources for clients. When the resource filters feature is shown, care team members can access the resource availability, category, gender, and client type filter options. When the resource filters feature is hidden, care team members cannot access the resource availability, category, gender, and client type filter options.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Plan**.
The **Plan** page opens.
3. From the **Actions** menu of the Resource Filters plan setting, select **Show**.
4. From the **Actions** menu of the Resource Filters plan setting, select **Hide**.

Deleting services

You can delete a service from the services library. The deleted service is no longer available for care teams to add to care plans. Existing services on care plans are not affected. Services that are created by an external system using the provider registry APIs are read-only in the tenant admin application and cannot be deleted.

You cannot delete a service that is associated with a provider until the provider service is closed.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Services**.
The services library is displayed.
3. From the **Actions** menu of a service, select **Delete**.

Configuring barriers

A barrier is an issue that can prevent an individual from achieving their care plan goals, actions, or services. An individual who is without transportation, for example, has a barrier that the care team must consider when they are assessing and managing their care plan. You can configure a library of barriers for the care team to associate with clients, goals, actions, or services.

Related information

[Creating care plans \(on page 525\)](#)

Creating barriers

You can create barriers for the care team to associate with a client, or their goals and actions.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Barriers**.

Existing barriers are displayed.

3. Click **New**.

The **New Barrier** page opens.

4. Enter a name and description for the goal.



Tip:

Enter a name of 3 characters or more to enable searches for the name.

5. In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: `https://www.example.com`.

The hyperlinks that you define to support a barrier are displayed in plain text and are not clickable.

To the care team, the links display as clickable links.

6. Click **Save**.

The barrier status is set to Active in the application.

Creating barrier categories

Barrier categories divide barriers into certain groups that the care team can assign when they are creating a barrier. Barrier categories give the team a way to filter barriers. If a suitable barrier category does not exist in the library of configured categories, you can create a new barrier category for the team to use.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Barriers** and select the **Categories** tab.

The barrier categories are displayed.

3. Click **New**.

The **New Barrier Category** page opens.

4. Enter a unique name that is at least 3 characters.

5. Click **Save**.

The new barrier category becomes available for the care team to associate with barrier.

Modifying barriers

You can update a barrier in the library of configured barriers.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Barriers**.
Existing barriers are displayed.
3. Click the **Actions** menu of the barrier, and click **Edit**.
The **Edit Barrier** page opens.
4. Update the name or description of the barrier.



Tip:

Enter a name of 3 characters or more to enable searches for the name.

5. In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: `https://www.example.com`.
The hyperlinks that you define to support a barrier are displayed in plain text and are not clickable.
To the care team, the links display as clickable links.
6. Click **Save**.

Modifying barrier categories

You can edit the name of a barrier category and show or hide categories. You can reorder the sequence in which barrier categories are displayed. Your changes are applied immediately throughout the application.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Barriers** and select the **Categories** tab.
The barrier categories are displayed.
3. To rename a barrier category, from the **Actions** menu of a category, select **Edit**.
The **Edit Barrier Category** page opens.
 - a. Enter a unique name.
 - b. Click **Save**.
4. To hide a barrier category, from the **Actions** menu of a category, select **Hide**.
5. To show a task category, from the **Actions** menu of a category, select **Show**.
6. To reorder the sequence of barriers, click **Reorder**. Drag and drop the barriers to position them in your preferred order.

Deleting barriers

If a configured barrier is incorrect or obsolete, you can delete it. If you delete a barrier, however, the barrier is unavailable for selection when the care team create a new barrier. The care team can continue to work with existing instances of the barrier that are already associated with clients, goals, or actions.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Barriers**.

Existing barriers are displayed.

3. Click the **Actions** menu of the barrier, and click **Delete**.

4. Click **Yes** to confirm that you want to delete the barrier.

The barrier status is set to Canceled in the application, and cannot be reactivated.

Configuring for Connect applications

If your organization uses Merative™ Integrated Care Connect Individuals or Merative™ Integrated Care Connect Providers, there are some mandatory configurations that you must make in Merative™ Integrated Care before any clients or providers can be onboarded to the Connect Individuals or Connect Providers applications. Optionally, you can configure client messaging so that clients can send and receive messages from their care teams from the Connect Individuals application. If the provider was registered by an external system, the Send Onboarding Request function is disabled.

1. Sign in with your administrator credentials.

Your home page opens.

2. From the **Quick Links** page or the side navigation menu, click **Organization**.

3. [Configure your organization name \(on page 343\)](#).

4. If your organization uses the Connect Providers application, [configure the Connect Providers Support Contact \(on page 344\)](#).

5. If your organization uses the Connect Individuals application, [configure the Connect Individuals Support Contact \(on page 344\)](#).

6. If your organization uses the Connect Individuals application, optionally you can [configure client messaging \(on page 347\)](#).

Registering providers and services

If you plan to manage your organization's providers in Merative™ Integrated Care, use the Providers feature to create and maintain a provider registry for your organization. A provider is an organization

or individual who provides services, such as healthcare or community services, to clients under care management.

Configure a library of services for your organization. For each provider, select the services that they provide and add their provider-specific information. Activate the provider's services to make them available for care teams.

You can manually register providers and maintain a registry of providers for your organization. Alternatively, providers can be registered automatically in Merative™ Integrated Care by external systems.

You cannot maintain providers that are registered by an external system, all actions for the provider record are read-only. You cannot delete providers who are registered from external systems, closed providers, or providers with associated services.

Only providers who are manually registered can access the Connect Providers application. If Connect Providers is used, you must delete the provider user account before you can close the provider.

You can search community services for providers with available resources, so that you know which providers have availability before you contact them to secure the service for your client. You can filter the search on resource category, availability, resource gender & client type. Information about resource availability for a service is added to the search results and to the Service page.

Related information

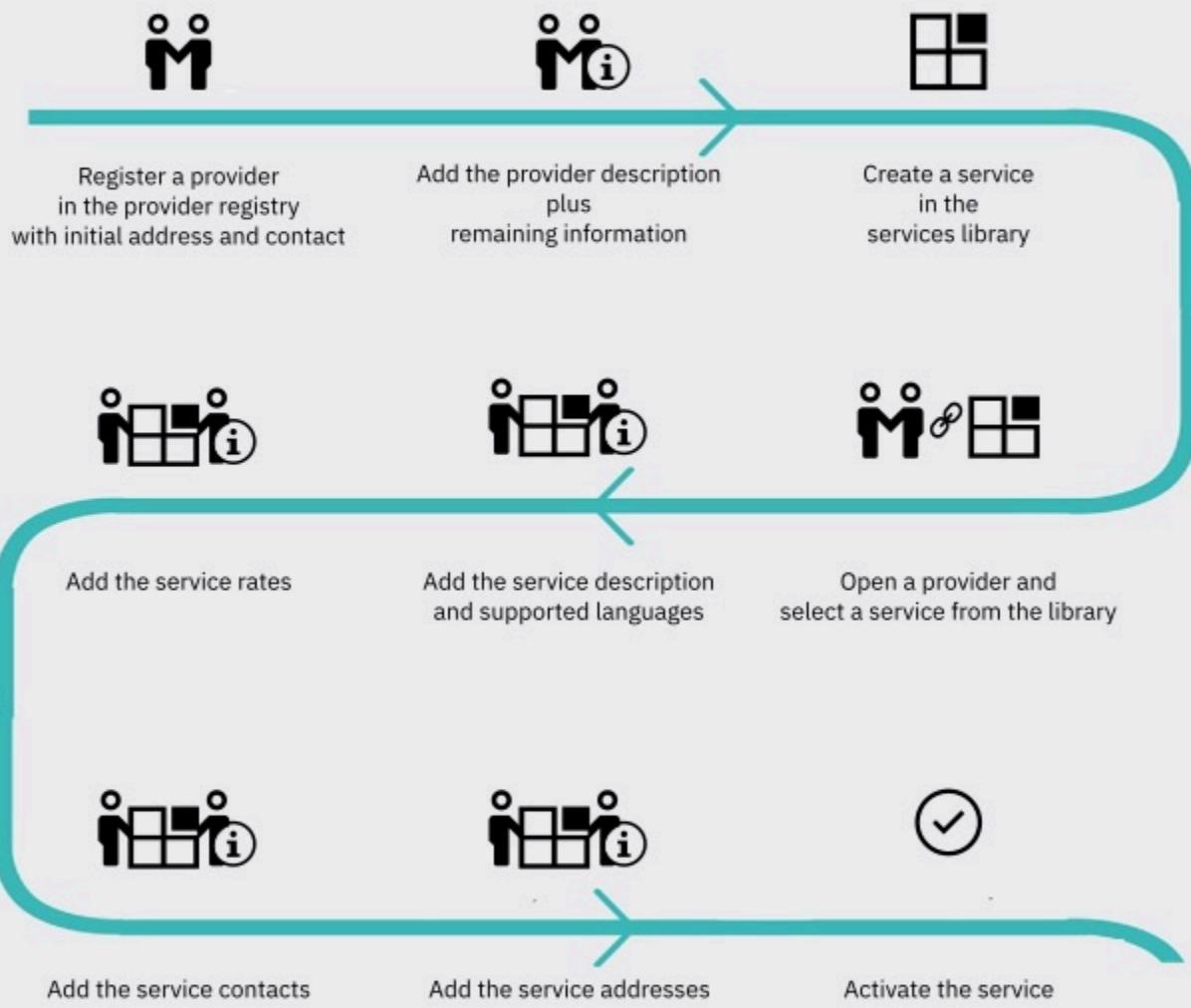
[Configuring languages for organizations \(on page 344\)](#)

Getting started with registering providers and services

To make services available to care teams, you must register community service providers, configure a library of services, and for each provider, select services from the library and add their provider-specific information, such as their rates.

For example, you might want to configure a taxi service to provide transportation. Register *Example Taxi* as a service provider, and create a *Transportation* service. Open *Example Taxi*, select the *Transportation* service, and add Example Taxi's service information, such as their service description and rates. Then, activate Example Taxi's taxi service to make the transportation service available to care teams.

Click the interactive graphic for more information



1. [Registering providers \(on page 219\)](#)
2. [Adding provider information \(on page 220\)](#)
3. [Creating services \(on page 203\)](#)
4. [Creating provider services \(on page 227\)](#)
5. [Adding descriptions and languages for provider services \(on page 229\)](#)
6. [Adding rates for provider services \(on page 230\)](#)
7. [Adding contacts for provider services or service groups \(on page 231\)](#)
8. [Adding addresses for provider services or service groups \(on page 233\)](#)
9. [Activating provider services added by care teams \(on page 235\)](#)

Enabling the Providers feature

The Providers feature enables you to add and manage service providers and their services in Merative™ Integrated Care and is hidden by default in the care team application. Depending on your organization's requirements, you can show or hide the Providers feature for care teams. Provider settings for the administrator are always shown.

The Providers feature resides in Merative™ Integrated Care and is not an add-on component. However, some Merative™ Integrated Care add-on components, such as Merative™ Integrated Care Service Payment, depend on Providers. If any of these add-on components are licensed, you cannot hide the Providers feature. If the provider was registered by an external system, you cannot maintain its details because it is maintained by an external provider registry. If the provider was manually registered, you can maintain its details.

Depending on your selection, all pages, actions, buttons, fields, and columns that relate to providers are shown or hidden in the care team application.

If your organization does not want to register and manage service providers in Merative™ Integrated Care, then the Providers feature can remain hidden. Care teams can still manage services in the care team application.

If your organization wants to manage service providers in Merative™ Integrated Care, you can show the Providers feature whenever it is suitable for your organization. You can show your configured providers and provider services to care teams from the start, or delay showing them until a more suitable time. For example, you might hide Providers while you migrate providers from another system.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Plan > Plan**.
The **Plan** page opens.

3. Show Providers by selecting **Actions > Show**.
4. Hide Providers by selecting **Actions > Hide**.

Configuring identification types for providers

Configure the different types of identification that you can capture for providers, for example, their Employee ID, Passport Number, or Insurance Number. Create a provider identification type to make it available for selection in a menu when you are adding providers. You can edit, show, or hide the identification types, and set their order in the menu.

1. Sign in with your administrator credentials.
Your home page opens.
2. Select **Providers > Provider Registry Settings** from the **Side Navigation Menu**.
The existing identification types are displayed.
3. Click **New**.
The **New Identification Type** page opens.
4. Enter an identification type name and click **Save**.
By default, new identification types are shown in the menu.
5. Select **Show** or **Hide** from the **Actions** menu to make it available or unavailable in the menu.
6. Select **Reorder** to reorder the identification types in the menu, and click **Reorder**.
7. Select **Edit** from the **Actions** menu of an identification type, rename the identification type and click **Save**.

Searching for providers

You can search for providers in the provider registry.

You can search by name and identification number. Partial matching is supported for names.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation Menu**, select **Providers > Search for a Provider**.
The **Search Providers** page opens.
3. Enter your search criteria and click **Search**.
The search results are displayed, including primary addresses. If a primary address is not set for a provider, no address is displayed in the search results.
4. Click the provider's name to open their details.
The provider's record opens.

Registering providers

You must register providers so that they can provide services for your organization. Registered providers are added to the provider registry as active providers. To avoid duplicate registrations, ensure that you search for existing providers before you register a provider.

A unique reference number is generated for each registered provider, which cannot be modified or deleted. The name **Reference Number** is reserved for the generated reference number.

The provider record is the complete set of information about a provider that is available in the administrator application. The provider profile is information about a provider that is relevant to care teams and available in the care team application.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.
The provider registry opens.
3. Click **Register**.
The **Register Provider** wizard opens.
4. Search for the provider to ensure that they are not already registered. Partial matches are supported for names and full matches for identification numbers.
5. If the provider is not registered, click **Next**. If the provider is already registered, click **Cancel**.
6. Enter these details for the provider:
 - **Name** - You must enter a provider name of at least 3 characters. The provider's name is mandatory.
 - **Phone** - Enter the provider's phone number.
 - **Email Address** - Enter the provider's email address.
 - **Identification Type** - Select the identification number type.
 - **Identification Number** - Enter an identification number.
 - **Website** - Enter the full web address for the provider's website. For example, `http://www.example.com` or `https://www.example.com`.
7. Enter the provider's Care Quality Commission (CQC) Provider ID.
 - **Provider ID** - Enter a CQC provider identification number in the format `1-1XXXXXXX`. If you enter a CQC provider ID, it must be verified with a CQC service before it is saved. If the CQC service is not available, the ID number cannot be saved. You can add the CQC provider ID later. The CQC Provider ID applies only in the UK and the option is available in the UK only.
8. Enter an address for the provider.

- **Confirm Location** - You can confirm the map location of the address before saving. When you enter an address, a default map location is automatically assigned to the address based on the address information. Ensure that the address information is as accurate as possible for a more precise location. The map opens at the default location of the address. Drag the map to change the location of the address. If needed, you can reset the map to the default location. If you do not change the location, the default location is saved.
- **Primary** - A provider can have a single primary address, which is displayed on the provider's profile. If you want this address to be the primary address, select the **Primary** check box.

9. Enter a contact for a provider.

- **Name** - Enter the contact's name.
- **Role** - Enter the contact's role.
- **Phone** - Enter the contact's phone number.
- **Mobile Phone** - Enter the contact's mobile phone number.
- **Email Address** - Enter the contact's email address.
- **Primary** - A provider can have multiple primary contacts that are displayed on the provider's profile. If you want this contact to be a primary contact, ensure that the check box is selected. If not, clear the check box.

10. Click **Save** to register the provider.

The provider is added to the provider registry. A unique reference number is generated for the provider and provider information is added to the provider record.

Adding provider information

You can add and update the details, identification numbers, description, and CQC Provider ID for providers in the provider registry.

You cannot modify or delete the unique reference number that is generated for each registered provider, and the name **Reference Number** is reserved for the generated reference number.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.
3. Click a provider name.
The provider's record opens.
4. Edit a provider's details by clicking **Actions > Edit Details**, edit the details, and then click **Save**.
 - **Name** - Enter the provider's name.
 - **Phone** - Enter the provider's phone number.

- **Email Address** - Enter the provider's email address.
 - **Website** - Enter the full web address for the provider's website. For example, `http://www.example.com` or `https://www.example.com`.
5. Click **Actions > Add Identification** to add an identification number and then click **Save**.
- **Identification Type** - Select the type of identification number.
 - **Identification Number** - Enter an identification number.
- a. Click **Edit** from the **Actions** menu of an identification to edit the identification.
 - b. Click **Delete** from the **Actions** menu of an identification to delete the identification.
6. Click **Actions > Edit Description** to add or edit a provider's description of up to 2000 characters and click **Save**.
7. Click **Actions > Edit CQC Provider ID** to add or update the provider's Care Quality Commission identification number and then click **Save**.
- **Provider ID** - Enter a CQC provider identification number in the format `1-1xxxxxxxx`. If you enter a CQC provider ID, it must be verified with a CQC service before it is saved. If the CQC service is not available, the ID number cannot be saved. You can add the CQC provider ID later. The CQC Provider ID applies only in the UK and the option is available in the UK only.
8. Click **Actions > Delete CQC Provider ID** to delete the provider's Care Quality Commission identification number and then click **Delete**.

Adding contacts for providers

You can add and update contacts and set one or more primary contacts for a provider.

The provider record is the complete set of information about a provider that is available in the administrator application. The provider profile is information about a provider that is relevant to care teams and available in the care team application.

You can have multiple contacts for a provider in the provider record. You can have multiple primary contacts, which are shown on the provider's profile.

In the provider record, you can see any provider services that are associated with contacts.

External System Reference is only displayed for providers that are registered in Merative™ Integrated Care by external systems.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.
3. Click a provider name.

The provider's record opens. **External System Reference** displays the reference that the external system uses to identify the provider. **Added on** and **Updated on** display the date/time the record was added. **Source** and **Original Source System** are conditionally displayed.

4. Select **Contacts** to open the contacts list, click **New**, enter the contact details, and click **Save**.
 - **Name** - Enter the contact's name.
 - **Role** - Enter the contact's role.
 - **Phone** - Enter the contact's phone number.
 - **Mobile Phone** - Enter the contact's mobile phone number.
 - **Email Address** - Enter the contact's email address.
 - **Primary** - A provider can have multiple primary contacts that are displayed on the provider's profile. If you want this contact to be a primary contact, ensure that the check box is selected. If not, clear the check box.
 - a. From the **Contacts** list, click **Edit** from the **Actions** menu of a contact to edit the contact.
 - b. From the **Contacts** list, click **Delete** from the **Actions** menu of a contact to delete the contact.

Adding addresses for providers

You can add and update addresses, confirm the map location of addresses, and set a primary address for providers in the provider registry.

You can have multiple addresses for a provider in the provider record, but each provider can have only a single primary address, which is shown on the provider's profile.

In the provider record, you can see any provider services that are associated with addresses.

External System Reference is only displayed for providers that are registered in Merative™ Integrated Care by external systems.

1. Sign in with your administrator credentials.
Your home page opens.
2. Select **Providers > Provider Registry** from the **Side Navigation menu**.
3. Click a provider name.
The provider's record opens.
4. Select **Addresses**.
The **Addresses** page opens. **External System Reference** displays the reference that the external system uses to identify the provider. **Added on** and **Updated on** display the date/time the record was added. **Source** and **Original Source System** are conditionally displayed.
5. Add a provider address:

a. Select **New**.

The **New Address** page opens.

b. Enter the address as accurately as possible for a more accurate location.

When you enter an address, a default map location is automatically assigned to the address based on the address information.

c. **Optional:** Confirm the map location of the address before saving. Select **Confirm Location**.

The map opens at the default location of the address. If needed, drag the map to the correct location of the address. If needed, you can reset the map to the default location. Click **Confirm**.

If you do not change the location, the default location is saved.

d. Select the **Primary** check box to set this address to be the primary address.

e. Click **Save**.

6. Edit a provider address:

a. Select **Edit** from the **Actions** menu of the address.

The **Edit Address** page opens.

b. Update the address. Ensure that the address information is as accurate as possible for a more precise location.

If a location for an address was previously confirmed, this location is retained for the updated address unless you manually change it. Otherwise, when you edit an address, a default location is automatically assigned to the address based on the new address information.

c. **Optional:** Confirm the map location of the address by selecting **Confirm Location**. The map opens at the previously confirmed or default location of the address. If needed, drag the map to the correct location of the address. If needed, you can reset the map to the previously opened location. Click **Confirm**.

If you do not change the location, the previously confirmed or default location is saved.

d. Select the **Primary** check box to set this address to be the primary address.

e. Click **Save**.

7. Click **Delete** from the **Actions** menu of an address to delete the address.

Deleting an address deletes it from the provider and any associated services.

Managing provider users

Merative™ Integrated Care Connect Providers is a separately licensed add-on component for Merative™ Integrated Care. Users of Merative™ Integrated Care Connect Providers are members of service provider organizations. You can add users for the service provider organizations that are registered in Merative™ Integrated Care. Then, using the Connect application, users from the service provider organizations can manage their organizations' profile, list their organizations' service offerings, and receive and respond to service inquiries that are sent by care team members.

Inviting providers to register

You can invite a member of a service provider organization to be the Connect user for that organization. Connect users can manage the organization's profile and list the organization's service offerings. They also receive and respond to service inquiries from care team members.

The provider organization the person belongs to must be registered in the Merative™ Integrated Care provider registry.

You can send one person in the provider organization an invitation to register as a Connect Providers user. When you create the invitation, you enter a secret code that the invited user enters when they register in the Connect Providers.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.
The provider registry opens.
3. Click a provider name. The provider's record opens. Open the **user** tab and click **Send Onboarding Request**.
If a user is already invited or registered for the organization, the **Send Onboarding Request** is disabled.
4. Enter these details for the user and send the invitation.
 - **Name** - You must enter the user's name of at least 3 characters. The user's name is mandatory.
 - **Phone** - Enter the user's phone number. The phone number is optional.
 - **Email Address** - Enter the user's email address. The user's email address is mandatory.
 - **Secret Code** - Enter a secret code to be shared with the user. The secret code must have 6 - 256 alphanumeric characters. It is a single use code.

The user receives an email invitation to register. When the invitation is sent, you can view the status of the user's account on the Connect Providers user tab. Until the user registers, the account is in a Pending status. When the user completes registration, the account is in an Active status.

Resending invitations to providers

The email that invites users to register with Merative™ Integrated Care Connect Providers contains URLs that expire after a certain amount of time. To resend an invitation to a user, you must first close the existing Pending account for that user and send a new invitation.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.
The provider registry opens.
3. Click a provider name. The provider's record opens. Open the **Connect Providers Users** tab. Click **Close** to close the Pending account for the user.
4. Click **Send Onboarding Request**.
5. Enter these details for the user and send the new invitation.
 - **Name** - You must enter the user's name of at least 3 characters. The user's name is mandatory.
 - **Phone** - Enter the user's phone number. The phone number is optional.
 - **Email Address** - Enter the user's email address. The user's email address is mandatory.
 - **Secret Code** - Enter a secret code to be shared with the user. The secret code must have 6 - 256 alphanumeric characters. It is a single use code.

The user receives a new email invitation.

Suspending Connect Providers user accounts

You can suspend a provider user's account to prevent them from signing in to Connect Providers, for example, because the user is temporarily on extended leave.

You can suspend only active provider user accounts. When a provider user is suspended, their user account is otherwise unaffected. The status of the provider user's account changes to Suspended. You can reactivate the provider's user account at any time.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.
The provider registry opens.

3. Click a provider name. The provider's record opens. Open the **Connect Providers Users** tab.
4. Select **Suspend Account** from the **Actions** menu and confirm by clicking **Suspend Account** again.

Reactivating Connect Providers user accounts

You can reactivate a suspended Connect Providers user account to enable the provider user to access Connect Providers again with their onboarding details.

You can reactivate only suspended provider user's accounts.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.
The provider registry opens.
3. Click a provider name. The provider's record opens. Open the **Connect Users** tab.
4. Select **Reactivate Account** from the **Actions** menu and confirm by clicking **Reactivate Account** again.

Closing Connect Providers user accounts

If an account is no longer required, for example, if the user has left the provider organization, you can close the Merative™ Integrated Care Connect Providers account for the user.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.
The provider registry opens.
3. Click a provider name. The provider's record opens. Open the **Connect Providers Users** tab. Use the **Close** row action to close the account for the user.

The account is closed and the user can no longer access their Connect account.

Adding services for providers

Configure a library of the services that are needed for your organization. For each provider, select services from the services library and add the provider-specific information, including the provider service description, available languages, rates, and contacts. If providers are using the Merative™ Integrated Care Connect Providers application, they can configure and submit their own services for you to review and approve in the provider registry. Activate services to make them available to care teams.

Configuring your organization's service library

Services can be delivered by multiple providers. Before you can configure services for specific service providers, you must configure services for your organization. Then, for each provider, you can select services from the services library, and configure them with the specific provider details for their services.



Note:

Services that are created by the tenant administration user cannot be associated with categories or units that were created by an external system (Provider APIs).

Related information

[Configuring services \(on page 203\)](#)

[Creating provider services \(on page 227\)](#)

Creating provider services

Services can be offered by multiple providers. For each provider, select services from the services library, and add them to the provider so you can configure the provider-specific information. Providers and services can be added by external systems. Service offerings created in external systems are active by default.

External System Reference is only displayed for providers that are registered in Merative™ Integrated Care by external systems.

1. Sign in with your administrator credentials.
Your home page opens.
2. Select **Providers > Provider Registry** from the **Side Navigation menu**.
3. Click a provider name.
The provider's record opens. **External System Reference** displays the reference that the external system uses to identify the provider. **Added on** displays the date/time the record was added.
4. Click the **Services** tab.
The provider's services and groups are displayed.
5. If configured, add a service by clicking **Add Service**.
The **Add Service** page opens.
6. If configured, add a service group by clicking **Add Service Group**.
The **Add Service Group** page opens.
7. Search for services by name, category, or description, select one or more services and click **Add**.
A draft provider service is added for the provider.

Grouping provider services

You can group provider services that share common information, such as their description, languages, addresses, or contacts, to help you to maintain service information for multiple services. Create a service group and add and remove services as needed. You can rename a service group if needed.

You can define the following information for a service group. The service group information applies to all services in the group and the group information is retained for a service if you remove it from a group.

- Description
- Languages
- Addresses
- Contacts

You define rates for individual provider services, rather than for service groups.

1. Sign in with your administrator credentials.
Your home page opens.
2. Select **Providers > Provider Registry** from the **Side Navigation menu**.
3. Click a provider name.
The provider's record opens.
4. Select **Services**.
The provider's services and service groups are displayed.
5. Add a service group by clicking **Add Service Group**, entering the group name, and clicking **Save**.
6. Add services to a service group:
 - Add a draft or active provider service by selecting **Add to Group** from the **Actions** menu of the service. The service group description, languages, addresses, and contacts are applied to the service, but the service rates for the individual service are retained.
 - Search for and add services:
 - a. Select a service group. The service group page opens.
 - b. Click **Add Service**, search for services by name, category, or description, select one or more services and click **Add**. The services are added as draft provider services.
7. Remove provider services from a service group.
Removing a service from a service group does not remove the service from the provider and retains its status and the group information for the service.
 - a. Select a service group.
The service group page opens.
 - b. Select **Remove** from the **Actions** menu of the service.

The **Remove Service** page opens.

- c. Click **Remove**.
 - d. Review and update the details for the provider service.
8. Rename a service group by clicking **Edit** from the **Actions** menu of the service group, updating the name and clicking **Save**.

Adding descriptions and languages for provider services

You can add a provider service description and select the available languages. Your changes are applied immediately throughout the application.

External System Reference is only displayed for providers that are registered in Merative™ Integrated Care by external systems.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.
3. Click a provider name.
The provider's record opens.
4. Click the **Services** tab.
The provider services list opens.
5. Click a provider service name.
The provider service home page opens. **External System Reference** displays the reference for the service offering sent in by the external system. **Added on** and **Updated on** display the date/time the record was added. **Source**, **Original Source System** and **External System Status** are conditionally displayed.
6. Edit the provider service details by clicking **Edit Details** from the **Details** section.
The **Edit Details** page opens.
 - Enter the provider service description.
 - Select a language.
7. Click **Save**.

Related information

[Configuring languages for organizations \(on page 344\)](#)

Adding rates for provider services

Add one or more rates for each provider service. Use start and end dates to specify the rates for current and future periods. You can edit or delete service rates. Rates are set individually for services in service groups.

Rates have a start date and an optional end date. Care teams are shown the current rates, that is, any rates that are started and are not yet ended.

Rates consist of a charge per unit. Rates with the same unit cannot overlap, but you can have overlapping rates with different units. Use start and end dates to ensure that rates with the same unit do not overlap.

External System Reference is only displayed for providers that are registered in Merative™ Integrated Care by external systems.

1. Sign in with your administrator credentials.

Your home page opens.

2. Select **Providers > Provider Registry** from the **Side Navigation menu**.

3. Click a provider name.

The provider's record opens.

4. Click the **Services** tab.

The provider's services and service groups are displayed. **External System Reference** displays the external system reference for the externally entered service offering rate.

5. Select a service or service group and add a provider service rate by completing the following steps:

- a. Click **Add Rate** for the service.

The **Add Rate** page opens.

- b. Enter the rate to two decimal places, and select a unit, start date and end date.

- c. Add the rate by clicking **Add**.

- d. Add another rate or click **Save**.

6. Edit a rate by completing the following steps:

- a. Click **Edit** from the **Actions** menu of the rate.

The **Edit Rate** page opens.

- b. Update the rate, unit, start date, or end date.

- c. Click **Save**.

7. Delete a rate by completing the following steps:

- a. Click **Delete** from the **Actions** menu of the rate.

The **Delete Rate** page opens.

- b. Click **Delete**.

Adding CQC location IDs for provider services

In the UK only, you can add or edit the Care Quality Commission (CQC) location ID for a service. You can delete an unwanted CQC location ID.

This action is available in the UK only.

The location ID you enter is validated with the CQC before it is saved. Also, if you entered a CQC provider ID for the provider, it is validated against the provider ID linked to that location ID. If the CQC server is unavailable, the location ID cannot be saved and you must try again later.

1. Sign in with your administrator credentials.

Your home page opens.

2. Select **Providers > Provider Registry** from the **Side Navigation menu**.

3. Click a provider name.

The provider's record opens.

4. Click the **Services** tab.

The provider's services and service groups are displayed.

5. Choose one of the following options:

- a. Select a service or service group and add or edit a CQC location ID by selecting **Edit CQC Location ID** from the **Actions** menu of the service, entering or updating the location ID, and clicking **Save**.

- b. Select a service or service group and delete a CQC ID by selecting **Delete CQC Location ID** from the **Actions** menu of the service and clicking **Delete**.

Adding contacts for provider services or service groups

You can add one or more contacts for provider services or service groups. Add existing provider contacts, or create a provider contact that is associated with the provider service or service group. You can edit or delete service or service group contacts, or remove a contact from a service or service group.

When you edit or delete a service or service group contact, your changes apply immediately to the provider contact throughout the application. When you remove a contact from a service or service group, the provider contact itself is not affected.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.
3. Click a provider name.
The provider's record opens.
4. Click the **Services** tab.
The provider's services and service groups are displayed.
5. Select a service or service group.
6. Add a contact by clicking **Add Contact** from the **Contacts** section, choosing one of the following options, and clicking **Save**.
 - Select one or more existing provider contacts.
 - Create a provider contact by expanding **New Contact** and entering the contact details. You must enter at least one of the following options:
 - Phone
 - Mobile phone
 - Email
7. Edit a contact by completing the following steps:
 - a. Click **Edit** from the **Actions** menu of the contact.
The **Edit Contact** page opens.
 - b. Update the contact details.
You must have at least one of the following options:
 - Phone
 - Mobile phone
 - Email
 - c. Click **Save**.
Your changes apply to the provider contact throughout the application.
8. Remove a contact from the service or service group by completing the following steps:
 - a. Click **Remove** from the **Actions** menu of the contact.
The **Remove Contact** page opens.
 - b. Click **Remove**.
9. Delete a contact that is associated with the service or service group by completing the following steps:

- a. Click **Delete** from the **Actions** menu of the contact.

The **Delete Contact** page opens.

- b. Click **Delete**.

The provider contact is deleted throughout the application.

Adding addresses for provider services or service groups

Add one or more addresses for each provider service or service group. Service group addresses apply to all services in the group. You can add existing provider addresses, or create a provider address that is associated with the provider service or service group. You can edit or delete provider service addresses, or remove an address from the provider service or service group.

- When you create an address for a provider service or service group, you are creating a provider address.
- When you delete a provider service address, the provider address is deleted from services and from the provider.
- When you delete a service group address, the provider address is deleted from the service group, from services, and from the provider.
- When you remove a provider service address, the provider address itself is not affected.
- When you edit a provider service or service group address, the provider address is updated throughout the application.

1. Sign in with your administrator credentials.

Your home page opens.

2. Select **Providers > Provider Registry** from the **Side Navigation menu**.

3. Click a provider name.

The provider's record opens.

4. Click the **Services** tab.

The provider's services and service groups are displayed.

5. Select a service or service group.

6. Add a provider service address by clicking **Add Address** from the **Addresses** section, choosing one of the following options, and clicking **Save**.

- Select one or more existing provider addresses. You can select all the addresses by clicking the check box beside the **Addresses** column.
- Create and add a provider service address by expanding **New Address** and entering the address details.

Confirm Location - You can confirm the map location of the address before saving. When you enter an address, a default map location is automatically assigned to the address based on the address information. Ensure that the address information is as accurate as possible for a more precise location. The map opens at the default location of the address. Drag the map to change the location of the address. If needed, you can reset the map to the default location. If you do not change the location, the default location is saved.

Primary - A provider can have a single primary address, which is displayed on the provider's profile. If you want this address to be the primary address, select the **Primary** check box.

7. Edit an address by completing the following steps:

- a. Click **Edit** from the **Actions** menu of the address and update the address. Ensure that the address information is as accurate as possible for a more precise location.

Confirm Location - You can confirm the map location of the address before saving. When you enter an address, a default map location is automatically assigned to the address based on the address information. If a location for an address was previously set manually, this location is retained for the updated address unless you manually change it. The map opens at the previously set or default location of the address. Drag the map to change the location of the address. If needed, you can reset the map to the previously opened location. If you do not change the location, the default location is saved.

Primary - A provider can have a single primary address, which is displayed on the provider's profile. If you want this address to be the primary address, select the **Primary** check box.

- b. Click **Save**.

8. Remove an address from the provider service by completing the following steps:

- a. Click **Remove** from the **Actions** menu of the address.

The **Remove Address** page opens.

- b. Click **Remove**.

9. Delete a provider address that is associated with a provider service by completing the following steps:

- a. Click **Delete** from the **Actions** menu of the address.

The **Delete Address** page opens.

- b. Click **Delete**.

Activating provider services added by care teams

You must activate draft provider services to make them available to care teams. You can activate draft services individually, or activate all draft services in a group.

1. Sign in with your administrator credentials.
Your home page opens.
2. Select **Providers > Provider Registry** from the **Side Navigation menu**.
The provider registry is displayed.
3. Click a provider name.
The provider's record opens.
4. Select **Services**.
The provider's services and service groups are displayed.
5. Activate a draft service by selecting **Activate** from the **Actions** menu of the service, and clicking **Activate**.
6. Activate all draft services in a group by selecting **Activate All Services** from the **Actions** menu of the service group, and clicking **Activate**.
7. Activate a draft service in a service group by selecting the service group, selecting **Activate** from the **Actions** menu of the service, and clicking **Activate**.

Approving provider services submitted by providers

If providers are using the Merative™ Integrated Care Connect Providers application, they can submit their own services for you to review in the provider registry. If you approve of the service, activate the service. The provider can see in the provider application that the service is approved and the service becomes available to the care team members in your organization when they search for services.

If payments are used and the service has a cost, check the provider's home page to see if the provider has successfully signed up to PayPal and can receive payment for their services before you activate the services.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.
The provider registry opens.
3. Select **Services Pending Approval**.
4. Select **Activate** from the **Actions** menu of a service.

Rejecting provider services

If providers are using the Merative™ Integrated Care Connect Providers application, they can submit their own services for you to review in the provider registry. If the service is not appropriate or requires changes before it can be activated, reject the service. The service returns to draft status so the provider can make changes.

If you reject a service, the provider can see in the provider application that the service is rejected and the reason why it was rejected. The provider can update the service and resubmit it. Rejected services are not available to care team members when they search for services.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.
The provider registry opens.
3. Select **Services Pending Approval**.
4. Select **Reject** from the **Actions** menu of a service.
5. Enter the reason why you are rejecting the service. The reason is displayed in the Connect application so that the Provider can resolve the issue with the service.
6. Click **Reject**.

Closing provider services

You can close active provider services that are no longer needed to make them unavailable to the care teams. You can close all active services in a group. If there are draft services in a group, you must activate or delete them before you can close all services in the group.

1. Sign in with your administrator credentials.
Your home page opens.
2. Select **Providers > Provider Registry** from the **Side Navigation Menu**.
The provider registry is displayed.
3. Click a provider name.
The provider's record opens.
4. Select **Services**.
The provider's services and service groups are displayed.
5. Close an active service by selecting **Close** from the **Actions** menu of the service, entering an end date and reason, and clicking **Save**.
The provider service is closed and the service status history is updated.
6. Close all active services in a group by selecting **Close All Services** from the **Actions** menu of the service group, entering an end date and reason, and clicking **Save**.

All active provider services in the group are closed and their service status history is updated.

7. Close an active service in a service group by selecting the service group, selecting **Close** from the **Actions** menu of the service, entering an end date and reason, and clicking **Save**.

The provider service is closed and the service status history is updated.

Reopening provider services

You can reopen a closed provider service if the provider of the closed service is active. The service is reopened as an active service.

1. Sign in with your administrator credentials.

Your home page opens.

2. Select **Providers > Provider Registry** from the **Side Navigation Menu**.

The provider registry is displayed.

3. Click a provider name.

The provider's record opens.

4. Select **Services**.

The provider's services and service groups are displayed.

5. Reopen a closed service by selecting **Reopen** from the **Actions** menu of the service, entering a reason as needed, and clicking **Reopen**.

The provider service is reopened as an active service.

6. Reopen a closed service in a service group by expanding the service group, selecting **Reopen** from the **Actions** menu of the service, entering a reason as needed, and clicking **Reopen**.

The service is reopened and the service status history is updated.

Amending the provider service status history

You can edit the service status history for a service to correct errors or omissions in the end date or reason. Where a service was reopened and closed again, you can update the end date for the most recently closed status only.

1. Sign in with your administrator credentials.

Your home page opens.

2. Select **Providers > Provider Registry** from the **Side Navigation Menu**.

The provider registry is displayed.

3. Click a provider name.

The provider's record opens.

4. Select **Services**.

The provider's services and service groups are displayed.

5. Amend the status history for a service by selecting the service, and selecting **Edit** from the **Actions** of the service status. Update the end date or reason, and clicking **Save**.
The service status history is updated.
6. Amend the status history for a service in a service group by selecting the service group, expanding the service, and selecting **Edit** from the **Actions** of the service status. Update the end date or reason, and click **Save**.
The service status history is updated.

Deleting provider services and service groups

You can delete service groups and draft provider services. After services are activated, you must close them instead. Deleting a service group deletes all draft services in the group. If a service group contains any active or closed services, you must remove them from the group before you can delete it.

1. Sign in with your administrator credentials.
Your home page opens.
2. Select **Providers > Provider Registry** from the **Side Navigation menu**.
The provider registry is displayed.
3. Click a provider name.
The provider's record opens.
4. Select **Services**.
The provider's services and service groups are displayed.
5. Delete a service by selecting **Delete** from the **Actions** menu of the service, and clicking **Delete**.
6. Delete a service group by selecting **Delete** from the **Actions** menu of the service group, and clicking **Delete**.
The service is deleted and the service status history is updated.
7. Delete a service in a service group by selecting the service group, selecting **Delete** from the **Actions** menu of the service, and clicking **Delete**.
The service is deleted and the service status history is updated.

Closing providers

You can close providers who no longer provide services for your organization. Closing a provider closes any active services that are associated with the provider. A closed provider is no longer available to the care teams for selection. You can amend the closure details for a closed provider.

Closing a provider or active provider services does not affect existing service deliveries.

1. Sign in with your administrator credentials.
Your home page opens.

2. Select **Providers > Provider Registry** from the **Side Navigation Menu**.

The provider registry is displayed.

3. Click a provider name.

The provider's record opens.

4. Click **Actions > Close** to close the provider. Enter the mandatory end date and an optional reason and click **Save**.

The provider and any associated services are closed.

5. Click **Actions > Update Closure Details** to amend the closure details for a closed provider. Edit the end date or reason and click **Save**.

Deleting providers

You can delete active providers from the provider registry. The provider is removed from the provider registry, and is no longer available to the care teams for selection. You cannot delete closed providers, or providers with associated provider services.

Deleting providers deletes their identification records, addresses, contacts, and service groups.

1. Sign in with your administrator credentials.

Your home page opens.

2. Select **Providers > Provider Registry** from the **Side Navigation menu**.

The provider registry is displayed.

3. Select **Delete** from the **Actions** menu of a provider.

Configuring external inquiry statuses

If external inquiries are enabled for your organization, use the Inquiries API to manage a library of inquiry statuses that can be received from an external system.

You can add inquiry statuses to the library to suit the needs of your organization. You can edit an inquiry status, and associate an external system reference.

When sending an inquiry status as an API attribute, the external system identifies the inquiry status by its external system reference.



Note:

Your organization must request to have either the internal inquiries/Connect P feature enabled, or the External Inquiries/External Registry feature enabled. You cannot use both internal and external inquiries together.

Creating inquiry statuses

Create inquiry statuses so that the inquiry status list is updated with the latest details.

When receiving an inquiry status as an API attribute, the external system identifies the inquiry status by its external system reference.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Inquiries**.

Existing inquiry statuses are displayed.

3. Click **New**.

The **New Inquiry Status** page opens.

4. Enter a name for the inquiry status.



Tip:

Enter 3 characters or more to enable searches for the name.

5. Optionally, enter an external system reference up to a maximum of 20 characters.

6. Click **Save**.

Modifying inquiry statuses

Update the details of a configured inquiry status. When you edit an inquiry status, the inquiry status list is updated with the latest details.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Inquiries**.

Existing inquiry statuses are displayed.

3. To rename an inquiry status, click the **Actions** menu of the inquiry statuses.

The **Edit Inquiry Status** page opens.

- a. Enter a unique name.

- b. Click **Save**.

4. To hide an inquiry status category, from the **Actions** menu of an inquiry status, click **Hide**.

5. To show an inquiry status, from the **Actions** menu of an inquiry status, click **Show**.

Configuring budgets

Merative™ Integrated Care Service Payment is a separately licensed add-on component that enables care teams to manage services for clients within a weekly personal budget. If your organization has licensed Merative™ Integrated Care Service Payment, you can configure the weekly budget settings for your organization.

Configuring budget contributors

Budget contributions for a client's personal budget can come from a number of sources, such as client, the organization, or other funding sources. You can configure up to 10 budget contributors for your organization. Care teams can select the appropriate contributors when they create a client's weekly budget.

The current list of contributors is available for selection when care teams create a budget. However, new or removed contributors are not applied to existing budgets. To ensure that they choose from the current list of contributors, care teams are prompted to create a new budget if they edit an existing budget after you change the budget contributors.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Budgets**.
The **Budgets** page opens.
3. Click **New Contributor**, enter a contributor name, and click **Save**.
The contributor(s) that you configure are displayed when care teams create and view a budget.
4. If one of the contributors is a client budget contributor, click **Update** in the **Client Contributions** box and select the client budget contributor from the drop down list.



Note:

When you select a client contributions budget contributor, you enable the client contributions feature in the Connect Individuals and Care Team applications. Merative™ Integrated Care uses the client contributions budget contributor that you specify when it processes client contributions. You can change an existing client contributor by selecting a new contributor from the list. If you no longer have a business need to process client contributions, disable the client contribution feature by selecting a blank value from the list. Selecting a blank value disables the client contributions feature in the Connect Individuals and Care Team applications and means that Merative™ Integrated Care will no longer process contributions from clients. The Client Contributions section updates with the selected contributor or blank value.

5. Click **Edit** from the **Actions** menu of a contributor to edit the contributor's name and click **Save**.
6. Click **Delete** from the **Actions** menu of a contributor and click **Delete** to delete the contributor.
The contributor is no longer available to care teams when they create a budget. Existing contributors on budgets are not removed.

If you are processing payments using Merative™ Integrated Care, you can now grant permissions to receive payments from the client contributor into your organization's PayPal account.

Configuring budget approvals

Configure whether budgets are approved automatically or manually. For manual budget approvals, you must select a care team role as a budget approval role. Care team members with that role can then approve or reject budget submissions in the care team application. For automatic approvals, budgets are approved on submission.



Note:

If you switch from manual to automatic approvals, you must leave the approval role selected until all pending budgets are approved in the care team application.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Budgets**.
The **Budgets** page opens.
3. Click **Edit Approval**.
4. Select whether budgets are approved automatically or manually.
5. For manual budget approvals, you must select a care team role to be the budget approval role.

Configuring payments

Merative™ Integrated Care Service Payment is a separately licensed add-on component. With Merative™ Integrated Care Service Payment, care teams can make payments to service providers with PayPal. You must configure the billing agreement for payments to service providers for your organization. To use payments, your instance of Merative™ Integrated Care must have the Providers feature enabled and have licensed Merative™ Integrated Care Connect Providers.

Configuring a PayPal billing agreement

For Merative™ Integrated Care to process payments to providers on your organization's behalf, an active billing agreement must exist between Merative™ Integrated Care and your organization's PayPal account.

You must create a PayPal billing agreement to process payments. You are redirected to the PayPal website to create the agreement.

You must have the login credentials for the PayPal account that your organization will use to make payments to providers. If your organization does not have a business account, you can create a business account with a linked bank card as part of the billing agreement creation work flow in PayPal.

If there has never been a billing agreement created, the billing agreement details are blank, and the **PayPal** button is shown.

When an active billing agreement is in place, the billing agreement details are shown, including the billing agreement ID. The **PayPal** button is hidden.

If an existing billing agreement was canceled, the billing agreement details are shown with a canceled status, and the **PayPal** button is shown.

1. Sign in with your administrator credentials.

Your home page opens.

2. From the **Side Navigation menu**, select **Payments**.

The **Payments** page opens. A **PayPal** button is available only if there is no active billing agreement.

3. Click the **PayPal** button.

The PayPal merchant store log-in page opens.

4. Log in with the appropriate PayPal governing authority funding account credentials.

5. Review the information and click **Agree and Continue** on the PayPal billing agreement.

The PayPal billing agreement is created. The **Payment** page is updated with the agreement details and the agreement status is set to active.

6. If you want to cancel a billing agreement, click **Cancel**.



Important:

If you cancel a billing agreement, you must create a new agreement before the next payment due date or all payments to providers will fail. An active billing agreement must be in place to so that payments can be made successfully.

When there is an active billing agreement in place, care team members can authorize payments to providers who have on boarded their PayPal accounts to receive payments.

Related information

[Setting up payments \(on page 746\)](#)

Granting permissions to receive client contributions

Your organization might require clients to contribute financially towards the cost of their care. You can configure your organization's PayPal account so that client contributions can be received.



Note:

Signing up for contributions using Internet Explorer 11 is not supported, use one of the [supported browsers](#).

You must have the login credentials for the PayPal account that your organization will use to receive contributions. If your organization does not have a PayPal business account, when you click PayPal, you will be prompted to create a business account with a linked bank card and guided through the process.

If permissions are already granted, the **Permissions To Receive Contributions** section displays but **PayPal** button is hidden. To revoke permission, you must log in to PayPal.

If permissions have been revoked in PayPal, *No* displays in the **PayPal Permissions Granted** field and the PayPal button displays so that you can grant permissions again.



Important:

If you revoke the permissions to receive contributions, you must grant permissions again before the next contribution due date or no contributions will be processed.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Payments** and open the **Contributions** tab.
A **PayPal** button is available in the **Permissions to Receive Contributions** tab.
3. Click the **PayPal** button.
The PayPal merchant store log-in page opens.
4. Log in with the appropriate PayPal governing authority funding account credentials.
5. Review the information and click **Agree and Continue** on the PayPal billing agreement.
Permissions are granted to receive contributions into the organization's PayPal account. The **Permissions to Receive Contributions** section refreshes to show that permissions are granted.

The organization can now receive contributions from clients into the PayPal account. The organization will receive contributions from individual clients when the client has signed up in Connect to make contributions towards their services and when the client's budgets and services have been approved and authorized by the care team.

Related information

[Setting up payments \(on page 746\)](#)

Configuring a failed client contribution task

So that the appropriate care team members can take action if a client's contribution is not processed successfully, you can configure a task to be generated when the contribution fails. You can configure the user or role that the task is assigned to. So that action to resolve the issue with the contribution is taken in a timely fashion, you can select if the task should fall due on the day that the contribution fails.

You must configure the client contribution task in the Task library. For more information, see [Creating tasks \(on page 246\)](#).

Only one task can be configured for failed client contributions at a time.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Payments**, and open the **Tasks** tab.
3. Click **Add Task**.
4.
 - a. Click **Add**.
 - b. Search for and select the client contribution task that you configured in the Task library.
 - c. Optionally, check **Assign to Primary Care Team Member** if the task should be assigned to a primary care team member on the client's care team.
 - d. From the list of available care team roles, select a role to assign the task to. If you assign a task to a role that is not assigned to a user, an informational displays. Tasks are added to the unassigned list for users with that care team role who can accept and complete the task.
 - e. Optionally, check **Due on Creation Date**, if the task is to be due on the day that the task is generated, that is the day that the client's contribution failed. This setting overrides any due date set when you configured the task in the Task library.
 - f. Click **Add**.

The task is added and is generated for the specified users or roles when a client's contribution fails. After you add the task, you can update the configured task if required. You can remove the configured task if it is no longer required.

Configuring tasks

A task is an item of work that care team members and supervisors must complete. You can create a library of tasks for your organization and make them available for use by care teams. You can create, modify, and delete tasks. You can configure tasks that you add to the library to be automatically generated for care team members to action when they complete program enrollments, questionnaires, or assessments.

Automatically generated tasks are displayed in a care team member's My Tasks list for completion. First, add the tasks to the library. Then, associate the tasks with the appropriate programs, assessments, and questionnaires.

Related information

[Generating tasks from questionnaire results \(on page 180\)](#)

[Generating tasks based on measure classifications \(on page 153\)](#)

Creating tasks

You can create tasks for a supervisor or a care team member to complete that relate to a client or a general item of work.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Tasks**.

Existing tasks are displayed.

3. Click **New**.

The **New Task** page opens.

4. Enter a name and description for the task.



Tip:

Enter 3 characters or more to enable searches for the name.

5. Select a category that best describes the nature of the task.

6. Select a priority that ranks the importance of the task in the client's care.

7. Enter a **Due Date (Days)** value to configure the due date for the task. This value sets the due date for the task to be a specific number of days after the task is added.

8. Click **Save**.

Creating task categories

Task categories divide tasks into certain groups that the care team can assign when they are creating a task. Task categories give the team a way to filter tasks. If a suitable task category does not exist in the library of configured categories, you can create a new task category for the team to use.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Tasks** and select the **Categories** tab.

The tasks categories are displayed.

3. Click **New**.

The **New Task Category** page opens.

4. Enter a unique name that is at least 3 characters.

5. Click **Save**.

The new task category becomes available for the care team to associate with tasks.

Modifying tasks

You can update a task in the library of configured tasks.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Tasks**.

Existing tasks are displayed.

3. Click the **Actions** menu of the task, and click **Edit**.

The **Edit Task** page opens.

4. Update the name or description of the task.



Tip:

Enter 3 characters or more to enable searches for the name.

5. Select a category that best describes the nature of the task.



Restriction:

If a previously configured category is set to be hidden from view, you cannot select the option in the Category list.

6. Select a priority that ranks the importance of the task in the client's care.

7. Update the **Due Date (Days)** value to set the due date for the task to be a specific number of days after the task is added.
8. Click **Save**.

Modifying task categories

You can edit the name of a task category and show or hide categories. In the library of configured service task categories, you can reorder the sequence in which categories are displayed. Your changes are applied immediately throughout the application.

You show a task category to make it available for use by care teams, or hide a category to make it unavailable. Categories for existing tasks on care plans are not affected.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Tasks** and select the **Categories** tab.
The task categories are displayed.
3. To rename a task category, from the **Actions** menu of a category, select **Edit**.
The **Edit Task Category** page opens.
 - a. Enter a unique name.
 - b. Click **Save**.
4. To hide a task category, from the **Actions** menu of a category, select **Hide**.
5. To show a task category, from the **Actions** menu of a category, select **Show**.
6. To reorder the sequence of task categories, click **Reorder**. Drag and drop the task categories to position them in your preferred order.

Deleting tasks

If a configured task is incorrect or obsolete, you can delete it. Note, however, that if you delete a task, you also delete any associations between the task and programs, questionnaires, and assessments.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Tasks**.
Existing tasks are displayed.
3. Click the **Actions** menu of the task, and click **Delete**.
The **Delete Task** page opens.
4. Click **Yes** to confirm that you want to delete the task.

Configuring task closure reasons

When a care team member or supervisor closes a task that is related to their work or clients from Merative™ Integrated Care, a reason must be recorded. You can configure and manage a library of reasons for why a task was closed.

Adding task closure reasons

If a suitable task closure reason does not exist in the library of configured reasons, you can add a new reason. The reasons that you configure become available to the care team to select when they attempt to close a task.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Tasks > Closure Reasons**.
The tabs in the Closure Reasons library contain a list of reasons for closing a task.
3. To add a new task closure reason, from the **Closure Reasons** tab, click **New**. The **New Closure Reason** page opens.

Modifying task closure reasons

You can update a task closure reason. When you change a task closure reason in the library of configured reasons, all existing instances in client records are updated.

The default task closure reasons that come with the product cannot be edited: Successful, Unsuccessful, Disenrolled from program, Completed program, Did not enroll in program.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Tasks > Closure Reasons**.
The tabs in the Closure Reasons library contain a list of reasons for closing a task.
3. To update a task closure reason, from the **Actions** menu, click **Edit**.
The **Edit Closure Reason** page opens
4. Update the closure reason. Ensure the updated reason is a unique reason that does not duplicate any existing task closure reason in the library. Click **Save** to add the closure reason to the library.
The Task Closure Reasons list opens.
5. Use the **Show** and **Hide** actions to display the reason to the care team or hide it from view.
 - To hide the reason, from the Actions menu, select **Hide**.
 - To show the reason, from the Actions menu, select **Show**.

For users who configured to show the program closure options that allow a user to remove care team members, tasks, referrals, alerts and care team actions when completing, disenrolling or updating a program status to Not enrolled, please note the following:

- The task closure reasons Disenrolled from program, Completed program and Did not enroll in program will continue to be set on any tasks that are closed when the program status is updated, even if you set the task closure values to Hidden.
 - The task closure reasons Disenrolled from program, Completed program and Did not enroll in program will not be available to users who are manually closing tasks using the Close Task action, if you set them to Hidden.
6. To reorder the sequence of task closure reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Configuring alerts

You can configure a library of alerts that highlight different aspects of a client's care that needs action or attention from the care team, for example, a Blood Pressure alert. An alert indicates that a client needs immediate attention from the care team. You can create and modify alerts for the care team to associate with clients.

Creating alerts

You can create alerts for the care team to highlight some aspect of a client's care that needs their action or attention, for example, a Blood Pressure alert.

You can associate an external system reference with the alert record that you are creating. When sending an alert as an API attribute, the external system identifies the alert name by its external system reference.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Alerts**.
Existing alerts are displayed.
3. Click **New**.
The **New Alert** page opens.
4. Name the alert.



Tip:

Enter a name of 3 characters or more to enable searches for the name.

5. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.
6. Click **Save**.

Related information

[Configuring external system references \(on page 351\)](#)

Modifying alerts

You can update an alert in the library of configured alerts. An alert highlights some aspect of a client's care that needs action or attention from the care team, for example, a Blood Pressure alert.

You can update the alert name and if not previously configured, you can associate a new external system reference with the alert record. When sending an alert as an API attribute, the external system identifies the alert name by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Alerts**.
Existing alerts are displayed.
3. From the **Actions** menu of an alert, modify the alert by choosing from the following options:
 - Select **Edit**.
 - In the **Name** field, rename the alert. Enter a name of 3 characters or more to enable searches for the name.
 - In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters.
 - Click **Save**.
 - Select **Show** or **Hide** to show or hide the alert to the care team.
4. To reorder the sequence of consent types, click **Reorder**. Drag and drop the alerts to position them in your preferred order.

Configuring care teams

You can configure care teams for effective work assignment.

Configuring care team skills

You can configure a library of care team skills and assign the skills to members of the care team who have those skills. For example, you can create the Spanish skill and apply it to care team members who speak Spanish. You can remove a care team skill from a care team member as needed.

When they create care teams, care managers can check the skills that are assigned to potential care team members to work on a client's care plan.

Creating care team skills

You must create care team skills before you can add the skills to members of the care team.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Team > Care Team Skills**.
The **Care Team Skills** library opens.
3. Click **New**.
The **New Care Team Skill** page opens.
4. Enter the skill, to a maximum of 64 characters.
5. Click **Save**.

Related information

[Searching for users \(on page 93\)](#)

Modifying care team skills

You can update a care team skill in the library of configured skills.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Team > Care Team Skills**.
The **Care Team Skills** library opens.
3. Click the **Actions** menu of the skill, and click **Edit**.
The **Edit Care Team Skill** page opens.
4. Update the name of the skill, to a maximum of 64 characters.
5. Click **Save**.

Deleting care team skills

If a configured care team skills is incorrect or obsolete, you can delete it. Note, however, that you cannot delete a skill that is already assigned to a care team member.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Team > Care Team Skills**.
The **Care Team Skills** library opens.
3. Click the **Actions** menu of the skill, and click **Delete**.
The **Delete Care Team Skill** page opens.
4. Click **Yes** to confirm that you want to delete the skill.

Assigning skills to care team members

You can assign care team skills to care team members from the library of configured skills.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Team > Search Users**.
The **Search Users** page opens.
3. Search for target care team member and go to their **Home** page.
4. Click the **Care Team Skills** tab.
Existing skills that the care team member has are displayed.
5. Click **Add**.
The **Add Care Team Skill** window opens.
6. Enter the partial or complete name of a skill and click **Search**.
A list of skills that match your search string is displayed.
7. Select skill that you want to add, and click **Add**.
The skill is assigned to the care team member.

Related information

[Searching for users \(on page 93\)](#)

Removing skills from care team members

If a skill no longer applies to a member of the care team, you can remove the skill.

1. Sign in with your administrator credentials.
Your home page opens.

2. Click **Care Team > Search Users**.

The **Search Users** page opens.

3. Search for target care team member and go to their **Home** page.

4. Click the **Care Team Skills** tab.

Existing skills that the care team member has are displayed.

5. Click the **Actions** menu of the skill, and click **Delete**.

6. Click **Yes** to confirm that you want to remove the skill from the care team member.

Configuring care team roles

You can configure a library of care team roles and assign the roles to members of the care team who can fulfill those roles. You can remove a care team role from a care team member as needed.

When they create care teams, care managers can check the roles that are assigned to potential care team members to work on a client's care plan.

Creating care team roles

You must create care team roles before you can add the roles to members of the care team.

You can associate an external system reference with the care team role that you are creating. When sending a care team role as an API attribute, the external system identifies the care team role by its external system reference.

You can view and configure the capacity for new care team roles. Capacity is a non-mandatory attribute for care team roles. The default capacity for all care team roles is 150. The total capacity of a user is 300 clients with two assigned roles. However, your supervisor will be able to update the capacity of the care team user. You can only insert numerals in the capacity field. The capacity column is sorted in ascending and descending order. If no capacity is configured for the care team role, Not Set is displayed.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Team > Care Team Roles**.

The **Care Team Roles** library opens.

3. Click **New**.

The **New Care Team Role** page opens.

4. Enter the role, to a maximum of 64 characters.

5. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.

6. In the Capacity field, enter a capacity for the care team role. You can enter numerals up to a maximum of four digits.
7. Click **Save**.

Related information

[Searching for users \(on page 93\)](#)

[Configuring external system references \(on page 351\)](#)

Modifying care team roles

You can update a care team role in the library of configured roles.

You can rename the care team role and if not previously configured, you can associate a new external system reference with the care team role record. When sending a care team role as an API attribute, the external system identifies the care team role by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Team > Care Team Roles**.
The **Care Team Roles** library opens.
3. Click the **Actions** menu of the role, and click **Edit**.
The **Edit Care Team Role** page opens.
4. Update the name of the role, to a maximum of 64 characters.
5. Update the capacity of the role, to a maximum of four digits. If you do not enter any value, **Not Set** is displayed.
6. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.
7. Click **Save**.

Deleting care team roles

If a configured care team role is incorrect or obsolete, you can delete it. However, you cannot delete a care team role if a task is configured to be automatically added to the care team role while running an assessment, questionnaire, or program with a client. In addition, you cannot delete a care team role that is assigned to a care team member.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Team > Care Team Roles**.
The **Care Team Roles** library opens.
3. Click the **Actions** menu of the role, and click **Delete**.
4. Click **Yes** to confirm that you want to delete the role.

Assigning roles to care team members

You can assign care team roles to care team members from the library of configured skills.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Team > Search Users**.
The **Search Users** page opens.
3. Search for target care team member and go to their **Home** page.
4. Click the **Care Team Roles** tab.
Existing roles that the care team member has are displayed.
5. Click **Add**.
The **Add Care Team Role** window opens.
6. Select the role that you want to add, and click **Save**. The role is assigned to the user.

Related information

[Searching for users \(on page 93\)](#)

Removing roles from care team members

If a role no longer applies to a member of the care team, you can remove the role.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Team > Search Users**.
The **Search Users** page opens.
3. Search for target care team member and go to their **Home** page.
4. Click the **Care Team Roles** tab.
Existing roles that the care team member has are displayed.
5. Click the **Actions** menu of the role, and click **Delete**.
6. Click **Yes** to confirm that you want to remove the role from the care team member.

Configuring care team groups

Configure a library of care team groups for use by care managers and supervisors so that they do not need to add multiple members to a client's care team individually. When a care manager or supervisor selects a care team group, all members of the group are added to the client's care team.

You can add, modify, and delete care team groups. In addition, you can manage specific members of a group.

**Note:**

If your organization uses organization units, do not configure care team groups. The care team groups feature is not currently supported for use with organization units.

Creating care team groups

You must create a care team group before you can add members to the group.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Team > Care Team Groups**.
The Care Team Groups library opens.
3. Click **New**.
The **New Care Team Group** page opens.
4. Name the care team group, to a maximum of 100 characters. Each care team group must have a unique name.
5. Optional: Enter a care team group description, to a maximum of 5000 characters.
6. Click **Save**.

Adding members to care team groups

Add members to a care team group so that they are automatically added to care teams when the group is used by care managers and supervisors.

Search for a member to add to the care team group by entering some search criteria. Full and partial matches are returned and special characters are supported, for example, you can add a member with a last name of O'Neill. However, note that searching for O'Neill will not return O Neill or O'Neill in the search results and vice versa. You can search for members by name, care team role, or skill. For example, you might want to add only users with a specific care team role to the group.

Only active users with a care team role(s) are returned in your search results.

You can add up to 30 members to a group.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Team > Care Team Groups**. The Care Team Groups library opens.
3. Click the **Actions** menu of a care team group, and click **Add Care Team Members**. The Add Care Team Members page opens.
4. Specify a name, role, or skill and click **Search** to search.
5. Select one or more users.
6. Click **Add** to add the users as members of the group.

Removing members from care team groups

You can remove a member from a care team group, for example, if their care team role is no longer required in the group.

If a member has multiple roles in the group, you must select each role to fully remove the member. Existing groups that are associated with clients and include that member are unaffected.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Team > Care Team Groups**. The Care Team Groups library opens.
3. Expand a care team group to see its members.
4. Click the row **Actions** menu for a member, and click **Remove**. The Remove Care Team Member page opens.
5. If the member has multiple care team roles, select each role that is no longer required in the group.
6. Click **Remove**.

Modifying care team groups

You can update the name and description of a care team group.

1. Sign in with your security administrator credentials.
Your home page opens.
2. Click **Care Teams > Care Team Groups**.
The Care Team Groups library opens.
3. Click the **Actions** menu of a care team group, and click **Edit**.
The **Edit Care Team Group** page opens.
4. Modify the name, to a maximum of 100 characters.

5. Modify the description, to a maximum of 5000 characters.
6. Click **Save**.

Deleting care team groups

If a configured care team group is incorrect or obsolete, you can delete it. Deleted care team groups are no longer available for use by care managers and supervisors.

Deleting a care team group has no impact on existing care teams that are assigned the care team group. Members of the care team group remain members of the client's care team unless a care manager removes them manually.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Team > Care Team Groups**.
The care team groups library opens.
3. Click the **Actions** menu of a care team group, and click **Delete**.
4. Click **Yes** to confirm that you want to delete the care team group.

Configuring client consent to share information

An individual must consent to share their personal health information with a member of the care team, for example, their lab results or mental health history. If a suitable consent does not exist in the library of configured consent records, you can create a new consent record for the team to use.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Team > Consent Records Covered**.
The **Consent Records Covered** page opens.
3. Click **New**.
The **New Consent Record Covered** page opens.
4. Enter a consent record that does not duplicate any existing record in the library.
5. Click **Save**.

Modifying client consent to share information

You can update consent records to capture the personal health information that an individual is willing to share with a care team member.

If you update a consent record that is used in existing relationships between care team members and clients, the existing instances of the consent record are affected.

In the library of configured consent records, you can reorder the sequence in which consents are displayed. You can edit the name of the consent and show or hide consents. Your changes are applied immediately throughout the application.

When consents records are shown, they are available for care teams to select when they register an individual in the application. You can hide a consent record that is not needed and it becomes unavailable for selection.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Team > Consent Records Covered**.
The **Consent Records Covered** page opens.
3. Except for the **All** records option, you can edit existing consent records. Click the **Actions** menu of a consent, and click **Edit**.
The **Edit Consent Record Covered** page opens.
4. Update the consent name.
5. Click **Save**.
6. To hide a consent record, from the **Actions** menu of a record, select **Hide**.
7. To show a consent record, from the **Actions** menu of a record, select **Show**.
8. To reorder the sequence of consent records, click **Reorder**. Drag and drop the consent records to position them in your preferred order.

Configuring care team visit frequency

You can set the frequency of visits or meetings that the care team can have with individuals. You can add new frequency values to the library of configured frequencies to suit the needs of your organization. For example, a care team member might only need to visit a client once every quarter.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Team > Frequency**.
The **Frequency** library opens.
3. Click **New**.
The **New Frequency** page opens.
4. Enter a frequency value that does not duplicate any existing frequency in the library.
5. Click **Save**.

Modifying care team visit frequency

In the library of configured frequencies, you can update any frequency that captures how often the care team visit or meet with individuals.

If you update a frequency that is used in existing relationships between care team members and clients, the existing instances of the frequency are affected.

You can reorder the sequence in which frequencies are displayed. You can edit the name of the frequency and show or hide frequencies. Your changes are applied immediately throughout the application.

When frequencies are shown, they are available for care teams and administrators to select when they register an individual in the application and build their team. You can hide a frequency that is not needed and it becomes unavailable for selection.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Team > Frequency**.
The **Frequency** library opens.
3. Click the **Actions** menu of the frequency, and click **Edit**.
The **Edit Frequency** page opens.
4. Update the frequency value.
5. Click **Save**.
6. To hide a frequency, from the **Actions** menu of a frequency, select **Hide**.
7. To show a frequency, from the **Actions** menu of a frequency, select **Show**.
8. To reorder the sequence of frequencies, click **Reorder**. Drag and drop the frequencies to position them in your preferred order.

Configuring client data

In Merative™ Integrated Care, *client data* is the information that an organization wants to record and maintain about clients, for example, address or contact information.

Before a care team can record and maintain client data, a *client data type* must be configured to define the exact information that can be captured and stored. A client data type represents the logical grouping of related attributes about which the organization wants to record information in respect of a client.

A library of non-configurable client data types is included in Merative™ Integrated Care. As an administrator, you can also define and configure other client data types that your organization requires.

Client data types are versioned so that you can work on a data type without affecting the current active version. A *client data type version* is essentially a version of the client data type at a particular point in time. When you create a client data type, a draft version of the data type is automatically created. After you finish configuring a client data type, you must activate the version to make the client data type available for use. You can configure only a version of a client data type that is in the In Edit, or draft, state. Only one In Edit version can exist.

**Note:**

Depending on your organization's required level of security, your security administrator can specify configurable and non-configurable client data as data access group criteria. When your security administrator enters a value for the attribute in the security administration application, only free form values are supported. For more information, see [Automatically adding clients to data access groups \(on page 110\)](#).

**Note:**

When you add a record for a data type that contains the condition '**a Date Time attribute that must be on or after the current date time**', the care manager can enter any time entry between 12:00am and 11:59:59pm when the date is the current date to meet the date time condition.

You can allow or prevent client data type version sharing with external systems. You can download an API definition document for an active and shared client data type and make it available to the systems integrator for your organization who is responsible for syncing external systems with Merative™ Integrated Care.

Default non-configurable client data types in Merative™ Integrated Care

By default, a library of client data types is included in the application so that a care team can quickly capture and maintain client data across several common areas. If a suitable client data type does not exist in the library of configured data types, you can create a new client data type for the team to use.

A list follows of the default client data types and the preconfigured categories that they are grouped into. You cannot modify or delete these data types or categories. These client data types are non-configurable.

Contact data type category

Address

Records address information for the client such as their home and mailing address.

Contact Preferences

Records the preferred contact type and language to use when you are communicating with the client.

Email Address

Records email addresses to use when you are communicating with the client.

Phone Number

Records phone numbers such as home and mobile numbers.

Social Network Contact

Records details about a client's social network of friends, family, neighbors, and carers.

Demographic data type category

Birth and Death

Records the client's birth and death details.

Gender

Records the gender of the client.

Identification

Records different types of identification for the client.

Marital Status

Records the marital status of the client.

Name

Records any names that the client uses such as their registered name or alternative names.

Background data type category

Health background

Records background information about a client's health.

Personal background

Records background information about a client.

Social background

Records background information about a client's social environment.

Clinical data type category

Allergy

Records allergy information for the client.

Condition

Records condition information for the client.

Coverage

Records medical insurance or insurance plan information for the client that is received from an external system. This data type is visible by the care team only if your instance of Merative™ Integrated Care is integrated with an external system.

Laboratory Test

Records laboratory test information for the client.

Medication

Records medication information for the client.

Observation

Records observation information for the client that is received from an external system. This data type is visible by the care team only if your instance of Merative™ Integrated Care is integrated with an external system.

Risk

Records risk information for the client.

Vitals data type category

Blood Pressure

Records blood pressure information for the client.

Body Mass Index

Records body mass index information for the client.

Body Temperature

Records body temperature information for the client.

Heart Rate

Records heart rate information for the client.

Height

Records height information for the client.

Oxygen Saturation

Records blood oxygen level information for the client.

Respiratory Rate

Records the respiratory rate information for the client.

Waist Circumference

Records waist circumference information for the client.

Waist-to-Height Ratio

Records the waist-to-height ratio information for the client.

Weight

Records weight information for the client.

You can configure more client data types to suit your requirements. Examples of other client data types that you can configure are a client's addiction counseling visits or family history information.

Related information

Getting started with configuring client data (*on page*)

Showing and hiding non-configurable client data types

Show or hide non-configurable client data types so that you can allow the care teams to include only the relevant client data type data for a client.



Note:

If you choose to hide non-configurable client data types, you must hide the client data type in the share care plan template to ensure the data is not printed in the Share Care Plan PDF document.

You cannot hide the following data types because they are required on registration or in another part of the application:

- Name
- Address
- Gender
- Birth and Death
- Identification
- Phone
- Marital Status
- Email Address
- Tag

1. Sign in with your administrator credentials.
Your home page opens.
 2. Select **Client Data**.
 3. In the **Client Data** pane, select **Client Data**.
 4. In the **Client Data** page, select the **Non-Configurable** tab.
5. Manage the display of data types by completing the following steps in the **Actions**  menu of the data type:
- To make a hidden data type available for the care team, select **Show**, then select **Show** in the **Show Client Data** page.
 - To make a shown data type unavailable for the care team, select **Hide**, then select **Hide** in the **Hide Client Data** page.

Creating client data types

A client data type defines the exact information that can be recorded and stored in the application and must be defined before the care team can capture client data.

If the non-configurable client data types that come with the product are not suitable, you can create more client data types for your organization. A client data type is required for each type of information that you want to capture about clients. You can associate an external system reference with the client data type that you are configuring so that incoming data from an external API can be mapped to the configured client data type in Merative™ Integrated Care.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data**.
The tabs in the **Client Data** library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.



Restriction:

You cannot modify the client data types that are provided by default with the application.

3. Click **New**.
4. Enter a name, and a logical name for the client data type.



Tip:

A logical name is a unique name that other configuration components use to identify and reference the client data type. Logical names must start with a lowercase or uppercase



English alphabetic character, and can contain only alphabetic characters, numerals, and underscores. No spaces are allowed.

5. From the category list, select the information category in which the client data type belongs: Contact, Demographics, Background, Clinical, or Vitals. The Category field governs the category that the data type belongs to and where the data type is displayed to the user.
6. Optionally, in the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters to associate with the client data type that you are creating. When sending a client data type as an API attribute, the external system identifies the client data type by its external system reference.
7. Optionally, select the **Include in Share Care Plan** check box to include the client data type in the Share Care Plan PDF. The check box is unselected by default.
8. Optionally, enter a description of the client data type.
9. Click **Save**. The first version of the client data type is automatically created in an `In Edit` state.

Configuring metadata for client data types (*on page* [\)](#)

Related information

[Default non-configurable client data types in Merative Integrated Care \(on page 262\)](#)

Defining attributes for a client data type

An *attribute* is a single piece of information that you want to record for a client data type version. You can define Data Attributes, Address Attributes, and Comment Attributes.

Metadata is the attributes and properties of the client data type that you must configure to define how the data type looks, behaves, and stores data in the application. Attribute types can include String, Integer, Date, DateTime, Money, Boolean, Float, Value Set.

Adding data attributes

You can configure different types of data attributes in the Metadata tab on the Client Data page. Data attributes can be of type String, Integer, Date, DateTime, Money, Boolean, Float, Value Set.

You must configure at least one data attribute or a comments attribute for a client data type version. Otherwise, care teams cannot create records in respect of the client data type.

Depending on your organization's required level of security, your security administrator can specify configurable and non-configurable client data as data access group criteria. When your security

administrator enters a value for the attribute in the security administration application, only free form values are supported. For example, if you configure a data attribute of type `valueSet` that contains a list of selectable values, and later your security administrator specifies one of the values as criteria in a data access group, your security administrator must enter the value as free form text. For more information, see [Automatically adding clients to data access groups \(on page 110\)](#).

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**

The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- If no **In Edit** version exists, select **New Version** from the client data type row level **Actions**menu to create an in-edit version.

3. Click **Metadata > Actions > New Data Attribute**

The **New Data Attribute** page opens.

4. Set the data attribute options in the following table.

Table 7. Data Attribute options

Options name	Action
Attribute Name	<p>Specify a unique name for the data attribute, and comply with the following naming conventions:</p> <ul style="list-style-type: none"> ◦ Be equal to or fewer than 40 characters in length for all types except value set which is 14 ◦ Start with a lowercase English alphabetical character ◦ Contain only lowercase or uppercase English alphabetical characters and numerical characters ◦ Exclude any reserved words such as <code>comments</code> because this keyword is a reserved identifier in the client data page

Options name	Action
	 Note: Attribute names do not display on the generated client data page. In addition, data attribute names cannot contain underscores.
Attribute Type	<p>From the list of attribute types, select the type that applies to the data attribute from the following list.</p> <ul style="list-style-type: none"> ◦ String (default) - any character value ◦ Integer - whole numbers ◦ Date - a calendar date ◦ DateTime - a calendar date and time ◦ Money - a currency value ◦ Boolean - true or false ◦ Float - a floating-point number ◦ ValueSet - a set of values from which users can select at runtime
Default Value	<p>Optional: Enter a default value to display for the data attribute on the generated client data page.</p> <p>In most cases, the Default Value is a free form field, except for the following attributes.</p> <ul style="list-style-type: none"> ◦ Boolean lists that contain <code>true</code> and <code>false</code> values ◦ ValueSet lists that contain selectable values for a data attribute ◦ For <code>String</code> data types, a default value must be equal to or less than the maximum length value for the string.
Mandatory	<p>Select the check box to indicate that the attribute is a mandatory field to be completed on the generated client data page. An asterisk will confirm to the care team member that field value input is required.</p>
<<Data Type>> Options	<p>To control attribute behavior, apply data attribute options by attribute type. See the options for each data type -</p>

Options name	Action
	String, Integer, Float, Money, Date, Date Time, and Value Set - in the topics that follow.
Attribute Note	Only for annotative purposes, enter an attribute note. The note is not globalized and care team members do not see it at run time. The maximum number of characters for all attribute notes is 2000.

5. Click **Save** to save your configuration in the client data type.

String data type

For Data Attributes with a data type of `String`, you can set a range of string options such as the minimum and maximum number of characters in the attribute string. At run time, care managers cannot enter more characters in a field than you specify in the string option value.

The following table identifies the string options that you can set for Data Attributes with a data type of `String`.

Table 8. String Type Options

String option name	Description
Minimum Length	<p>Sets the minimum number of characters that the care manager can enter for the string value. Locale-specific format can be specified.</p> <p>If the care manager enters a value that is less than the value that you set for this property, a validation error occurs when the client data record is saved.</p>
Maximum Length	<p>Sets the maximum number of characters that the care manager can enter for the string value. Locale-specific format can be specified.</p> <div style="border: 2px solid red; padding: 5px; margin-top: 10px;">  Restriction: Specify to a maximum value of 20. </div>

Table 8. String Type Options (continued)

String option name	Description
	If the care manager enters a numerical value that exceeds the value that you set for this property or 20, a validation error occurs when the client data record is saved.
Remove Leading Spaces	If the check box is selected, specifies to remove leading white space from the attribute string value that the care manager enters before they save the client data record.
Remove Trailing Spaces	If the check box is selected, specifies to remove trailing white space from the attribute string value that the care manager enters before they save the client data record.
Convert to Uppercase	If the check box is selected, specifies to convert the attribute string value that the care manager enters to uppercase before they save the client data record.

Integer, Float, or Money data types

For Data Attributes with a number data type of `Integer`, `Float`, or `Money`, you can set a range of numeric options such as the minimum and maximum values in the attribute value. At run time, care team managers cannot enter numerical values in the field that are not in the range that you specify in the numeric option value.

The following table identifies the numeric options that you can set for Data Attributes with a data type of `Integer`, `Float`, or `Money`:

Table 9. Numeric Type Options

Numeric option name	Description
Minimum Value	<p>Sets the minimum value that the care team manager can enter for the attribute value.</p> <p>If the care team manager enters a numerical value that is less than the value that you set for this numeric option, a validation error occurs when the client data record is saved.</p>
Maximum Value	Sets the maximum value that the care team manager can enter for the attribute value.

Table 9. Numeric Type Options (continued)

Numeric option name	Description
	If the care team manager enters a numerical value that is higher than the value that you set for this property, a validation error occurs when the client data record is saved.

Date data type

For Data Attributes with a number data type of `Date`, you can set date options, for example, to compare the current date with the attribute date value.

The following table identifies the options that you can set for Data Attributes with a data type of `Date`:

Table 10. Date Type Options

Date options	Description
None	If selected, validates that no date comparison is required.
Current® Date Comparison	If selected, compares the date attribute value that the care team member enters with the current date.
Must be	Validates that the value that the care team member enters for the attribute date is before, after, equal to, not equal to, on or before, on or after, the current date. You can select the comparison operators from the list.
Custom Message	Only if Current Date Comparison is selected, you can add a custom validation message.

DateTime data type

For Data Attributes with a number data type of `DateTime`, you can set date options, for example, to compare the current date and time with the attribute date and time value.

The following table identifies the date options that you can set for Data Attributes with a data type of `DateTime`:

Table 11. DateTime Type options

Date options	Description
None	If selected, validates that no date and time comparison is required.
Current® Date Comparison	If selected, compares the attribute value that the care team member enters with the current date and time.
Must be	Validates that the value that the care team member enters for the attribute date and time is before, after, on or before, on or after, the current date. You can select the comparison operators from the list.
Custom Message	Only if Current Date Comparison is selected, you can add a custom validation message.

ValueSet data type

For data attributes with a data type of `ValueSet`, you can specify the values that an attribute can have from a minimum of 1 value to a maximum of 200 values. By defining the value set for an attribute, you enable care team members who are processing client data to select from these values at run time.

You must add at least one value if adding a value set.

The following table identifies the Value Set options that you can set for data attributes with a data type of `ValueSet`:

Table 12. ValueSet Type Options

Options name	Description
Value	Specifies the name of the value to a maximum of 40 characters.
Default Value	Sets a selected value as the default value in the ValueSet.
Add	Select Add to add the value to the ValueSet.
Attribute Note	Only for annotative purposes, enter an attribute description. The description is not globalized and care team members do not see it at run time. The maximum number of characters for all attribute notes is 2000.

Adding address attributes

You can configure an address attribute so that care teams can record the relevant address information for their client in the care team workspace.

If you add an address attribute, ensure that you define at least one data attribute or a comments attribute so that care teams can create records in respect of the client data type.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**

The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- If no **In Edit** version exists, select **New Version** from the client data type row level **Actionsmenu** to create an in-edit version.

3. Click **Metadata > Actions > New Address Attribute**

The **New Address Attribute** page opens.

4. Enter a unique name up to a maximum of 40 characters.

5. Optionally, select the check box to indicate that the attribute is a mandatory field to be completed on the generated client data page.

6. In the **Attribute Note** field, optionally enter an attribute note. Attribute notes do not display on the generated client data page. The maximum number of characters for all attribute notes is 2000.

7. Click **Save** to save your configuration in the client data type.

Adding comments attributes

You can configure comments attributes so that at run time, the care team member can enter a comment in a multi-line free form text **Comments** field on the generated client data pages.

Define only one comments attribute for a client data type version.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**

The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
 - If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.
3. Click **Metadata > Actions > New Comments Attribute**
- The **New Comments Attribute** page opens.
4. In the **Attribute Note** field, optionally enter an attribute note. Attribute notes do not display on the generated client data page. The maximum number of characters for all attribute notes is 2000.
5. Click **Save** to save your configuration in the client data type.

Adding related person attributes

You can configure a related person attribute so that care team members can associate a registered person with the client. For example, you can configure a related person attribute for care team members to link registered family members, or to associate a client's registered friend with the client.

Define only one related person attribute for a client data type version. In addition, ensure that you define at least one data attribute or a comments attribute so that care teams can create records in respect of the client data type.



Note:

The related person attribute can be used to link registered clients only.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data**
The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.
Open a draft version.
 - If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
 - If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.
3. Click **Metadata > Actions > New Related Person Attribute**
The **New Related Person Attribute** page opens.
4. Enter a unique name up to a maximum of 40 characters.
5. Optionally, select the check box to indicate that the attribute is a mandatory field to be completed on the generated client data page.
6. In the **Attribute Note** field, optionally enter an attribute note. Attribute notes do not display on the generated client data page. The maximum number of characters for all attribute notes is 2000.

7. Click **Save** to save your configuration in the client data type.



Important:

After you configure a related person attribute, ensure that you create the required client relationship types that care team members can use to link registered clients. For more information, see [Creating relationships \(on page 324\)](#).

Configuring clusters for a client data type

You can configure data, address and comments clusters in your client data type. A cluster is a container for attribute fields that display on create, modify and view pages at run time.

Creating data clusters

Configure a data cluster to group the data attributes in your client data type.

If you don't enter a title, no cluster title will display in the generated client data page. Specify a label for each attribute selected and specify if it should be modifiable on the second page of the New Data Cluster wizard.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**

The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > New Data Cluster**.

The **New Data Cluster** page opens.

4. Enter the title of the cluster.

5. Select **On Create** checkbox to display data cluster on the create page of your client data type. By default, the checkbox is selected.

6. Select the **On View** checkbox to display data cluster on the view page of your client data type. By default, the checkbox is selected.

7. Select the **On Modify** checkbox to display data cluster on the modify page of your client data type. By default, the checkbox is selected.

8. Optionally, enter a description.
9. Select the data attributes to associate with the data cluster.
10. Click **Next** to move to the next page.
11. In the **Label** fields, enter the names for each attribute to be displayed on the generated client data page.
12. Select one or more **Modifiable** checkboxes to permit attribute modification on the generated client data page. By default, the checkbox is selected.
13. Select the **Use Default** check box to use the default value that is specified for the Default Value property for the related Source Attribute. If you select the Use Default check box and no default value is provided in the Data Attribute properties, the field is populated with the appropriate default values for the data type. For example, the current date is the default value for Data Attributes of type Date and Date Time, and 0 is the default value for Data Attributes of type Integer, Float and Money. By default, the check box is selected.
14. Select the **Use Blank** check box to display a blank value in the value set list on the generated client data page. Only shown for Value Set attributes.
15. Click **Back** to return to the previous page.
16. Click **Save** to add the data cluster to the client data type page.

Creating address clusters

Configure an address cluster for each address attribute in your client data type.

If you don't enter an address cluster title, no cluster title will display on the generated client data page.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data**
The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.
Open a draft version.
 - If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
 - If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.
3. Click **Metadata tab > New Address Cluster**.
The **New Address Cluster** page opens.
4. In the **Title** field, enter the name of the cluster.
5. Select the **On Create** check box to display the address cluster on the create page of your client data type. By default, the check box is selected.

6. Select the **On View** check box to display the address cluster on the view page of your client data type. By default, the check box is selected.
7. Select the **On Modify** check box to display the address cluster on the modify page of your client data type. By default, the check box is selected.
8. Optionally, enter a description of the address cluster.
9. Select an address attribute to associate with the address cluster. Only one address attribute can be selected for each address cluster.
10. Click **Save** to add the address cluster to the client data type.

Creating comments clusters

Configure a comment cluster for a comments attribute in your client data type.

You can only have one comments attribute and one comments cluster per data type.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data**
The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.
Open a draft version.
 - If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
 - If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.
3. Click **Metadata tab > New Comments Cluster**.
The **New Comments Cluster** page opens.
4. In the **Label** field, enter the label of the cluster. By default, **Comments** is displayed. This label will display on the generated client data page.
5. Select **On Create** check box to the display the comments cluster on the create page of your client data type. By default, the check box is selected.
6. Select the **On View** check box to display the comments cluster on the view page of your client data type. By default, the check box is selected.
7. Select the **On Modify** check box to display the comments cluster on the modify page of your client data type. By default, the check box is selected.
8. Optionally, enter a description.
9. Click **Save** to add the comments cluster to the client data type page.

Creating related person clusters

Configure a related person cluster for a related person attribute in your client data type.

You can only have one related person attribute and one related person cluster per data type.

1. Sign in with your administrator credentials. Your home page opens.

2. Click **Client Data**

The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > New Related Person Cluster**.

The **New Related Person Cluster** page opens.

4. In the **Title** field, enter the name of the cluster.

5. Select **On Create** check box to display the related person cluster on the create page of your client data type. By default, the check box is selected.

6. Select the **On View** check box to display the related person cluster on the view page of your client data type. By default, the check box is selected.

7. Select the **On Modify** check box to display the related person cluster on the modify page of your client data type. By default, the check box is selected.

8. Optionally, enter a description of the related person cluster.

9. Select a related person attribute to associate with the related person cluster.

10. Click **Save** to add the related person cluster to the client data type page.

Reordering clusters

You can reorder clusters so they are presented in your client data type in the required order.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**

The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Clusters Action menu > Reorder Clusters**.

The **Reorder Clusters** page opens.

4. To reorder the clusters list, drag and drop the cluster upwards or downwards in to the required order.

5. Click **Save** to update the new order of clusters.

Modifying data clusters

Update the Data Cluster that groups the data attributes in your client data type.

If you don't enter a title, no cluster title will display on the generated client data page. Specify a label for each attribute selected and specify if it should be modifiable on the second page of the Edit Data Cluster wizard.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**

The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Data cluster Action menu > Edit**.

The **Edit Data Cluster** page opens.

4. Enter the title of the cluster.

5. Select **On Create** check box to display data cluster on the create page of your client data type. By default, the check box is selected.

6. Select the **On View** check box to display data cluster on the view page of your client data type. By default, the check box is selected.

7. Select the **On Modify** check box to display data cluster on the modify page of your client data type. By default, the check box is selected.

8. Optionally, enter a description.

9. Select data attributes to associate with each data cluster.

10. Click **Next** to move to the next page.

11. In the **Label** fields, enter the names for each attribute to be displayed on the generated client data page.

12. Select one or more **Modifiable** check boxes to permit attribute modification on the generated client data page.

13. Select the **Use Default** check box to use the default value that is specified for the Default Value property for the related Source Attribute. If you select the Use Default check box and no default value is provided in the Data Attribute properties, the field is populated with the appropriate default values for the data type. For example, the current date is the default value for Data Attributes of type Date and Date Time, and 0 is the default value for Data Attributes of type Integer, Float and Money.
14. Select the **Use Blank** check box to display a blank value in the value set list on the generated client data page. Only shown for Value Set attributes.
15. Click **Back** to return to the previous page.
16. Click **Save** to update the data cluster on the client data type page.

Modifying address clusters

Update the address cluster in your client data type.

If you don't enter a title, no cluster title displays on the generated client data page.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data**
The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.
Open a draft version.
 - If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
 - If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.
3. Click **Metadata tab > Address cluster Action menu > Edit**.
The **Edit Address Cluster** page opens.
4. Enter the title of the cluster.
5. Select **On Create** check box to display the address cluster on the create page of your client data type. By default, the check box is selected.
6. Select the **On View** check box to display the address cluster on the view page of your client data type. By default, the check box is selected.
7. Select the **Modify** check box to display the address cluster on the modify page of your client data type. By default, the checkbox is selected.
8. Optionally, enter a description.
9. Select an address attribute to associate with the address cluster. Only one address attribute can be selected for each address cluster.
10. Click **Save** to update the address cluster in the client data type page.

Modifying comments clusters

Update the comments cluster in your client data type so the correct information is displayed for care team members.

You can only have one comments attribute and one comments cluster per data type.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**

The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Comments cluster Action menu > Edit**.

The **Edit Comments Cluster** page opens.

4. Enter the label of the cluster.

5. Select the **On Create** checkbox to display the comments cluster on the create page of your client data type. By default, the checkbox is selected.

6. Select the **On View** checkbox to display the comments cluster on the view page of your client data type. By default, the checkbox is selected.

7. Select the **On Modify** checkbox to display the comments cluster on the modify page of your client data type. By default, the checkbox is selected.

8. Click **Save** to update the comments cluster in the client data type page.

Modifying related person clusters

Update the related person cluster in your client data type.

If you don't enter a title, no cluster title displays on the generated client data page.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**

The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
 - If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.
3. Click **Metadata tab > Related Person cluster Action menu > Edit**.
- The **Edit Related Person Cluster** page opens.
4. Enter the title of the cluster.
5. Select **On Create** check box to display the related person cluster on the create page of your client data type. By default, the check box is selected.
6. Select the **On View** check box to display the related person cluster on the view page of your client data type. By default, the check box is selected.
7. Select the **Modify** check box to display the related person cluster on the modify page of your client data type. By default, the checkbox is selected.
8. Optionally, enter a description.
9. Select a related person attribute to associate with the related person cluster.
10. Click **Save** to update the related person cluster in the client data type page.

Deleting clusters

Delete a cluster in your client data type so the correct information is displayed for care team members.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data**
The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.
Open a draft version.
 - If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
 - If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.
3. Click **Metadata tab > Clusters Action menu > Delete**.
The **Delete Cluster** page opens.
4. Click **Delete** to delete the cluster from the client data type.

Removing attributes from a data cluster

Remove attributes from a data cluster in a client data type so the correct information is displayed to care team members.

By using the **Remove** action, the attribute is removed from the cluster and is available again to associate with another cluster. The attribute is not deleted from the client data type.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**

The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Expand the data cluster > Attribute Action menu > Remove**.

The **Remove Attribute** page opens.

4. Click **Remove** to remove the attribute from the cluster.

Adding an information message

Information messages display in the form of read-only labels on clusters that the care team see on client data screens at run time.

You can add information messages to data clusters but not to an address or comments cluster.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**

The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Data cluster Action menu > Add Information Message**

4. Enter the information message.

5. Click **Save** to add the information message to the client data type page.

Updating an information message

Update an information message in the client data type.

The updated information message displays as a read-only label in a cluster on the generated client data page.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**

The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Expand the data cluster > Information message Action menu > Edit**

4. Update the information message.

5. Click **Save** to update the information message on the client data type page.

Removing an information message

Remove an information message from a data cluster a client data type so care team members are presented with the correct information.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**

The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Expand the data cluster > Information message Action menu > Remove**.

The **Remove Information Message** page opens.

4. Click **Remove** to remove the information message from the cluster in the client data type.

Reordering attributes in a data cluster

Reorder attributes and information messages in a data cluster in the client data type to present them in the required order.

The address attributes cannot be reordered.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**

The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Expand the data cluster > Reorder.**

4. To reorder the attributes and information messages, drag and drop them upwards or downwards in the required order.

5. Click **Save** to update the new order.

Configuring validations for a client data type

Validations are data validity checks on client data types that must be satisfied before the client data record can be saved in the application. Merative™ Integrated Care provides a default set of configurable validations called *standard validations*.

In Merative™ Integrated Care, standard validations consist of comparison validations, dependency validations, date of birth validations, and duplicate validations. You can configure standard validations to start when care team members enter and save data on a client data Create or Modify page.

Standard validations

By using the default set of configurable standard validations in Merative™ Integrated Care, you can configure comparison validations, dependency validations, date of birth validations, and duplicate validations.

The following sections describe each type of standard validation in detail.

Comparison Validation

In a Comparison Validation, a data attribute is compared with another data attribute or a literal by using comparison operators.

Table 13. Comparison Validation Options

Comparison Validation Option	Description
Source Field	The attribute whose value is to be compared with another data attribute value or a literal. The Source field is a Data Attribute.
Comparison	The operator to use in the comparison.
Target Field	<p>The attribute whose value is to be compared with another data attribute value or a literal.</p> <p> Restriction:</p> <ul style="list-style-type: none"> • The Target field must not point to the same attribute as the Source field • As a rule, the Target field must be of the same type (either Attribute Type or Attribute Data Type) to be comparable, and the Target field list is filtered to display only attributes that are valid for comparison with the Source field. <p>One exception to this rule is for data attributes with a data type of <code>Integer</code>, <code>Money</code>, or <code>Float</code>. Numerical data types are mutually comparable.</p> <ul style="list-style-type: none"> • You cannot use Address Attributes and Comments Attributes in Comparison Validations.

The following table describes valid combinations of operators and data types for Data Attributes.

Table 14. Supported operators and applicable Data Attribute data types in Comparison Validations

Operator	Applicable Data Types	Description
<code>==</code>	Boolean, String, Integer, Float, Money, ValueSet, and Date.	The <i>equal to</i> operator checks that Source and Target fields have the same value. If values differ, the validation check fails. More information follows about the use of this operator for Date fields.

**Table 14. Supported operators and applicable Data Attribute data types in Comparison Validations
(continued)**

Op- era- tor	Applicable Data Types	Description
<>	Boolean, String, Integer, Float, Money, Value Set, Date.	The <i>not equal to</i> operator checks that Source and Target fields do not have the same value. If values are the same, the validation check fails. More information follows about the use of this operator for Date fields.
<	Integer, Float, Money.	The <i>less than</i> operator checks that the Source field value is less than the Target field value. If the Source field value is greater than or equal to the Target field value, the validation check fails.
<=	Integer, Float, Money.	The <i>less than or equal to</i> operator checks that the Source field value is less or equal to than the Target field value. If the Source field value is greater than the Target field value, the validation check fails.
>	Integer, Float, Money.	The <i>greater than</i> operator checks that the Source field value is greater than the Target field value. If the Source field value is less than or equal to the Target field value, the validation check fails.
>=	Integer, Float, Money.	The <i>greater than or equal to</i> operator checks that the Source field value is greater than or equal to the Target field value. If the Source field value is less than the Target field value, the validation check fails.
<code>be-</code> <code>fore</code>	Date and Date Time.	The <i>before</i> operator checks that the Source field value is before the Target field value. If the Source field value is on or after the Target field value, the validation check fails.
<code>on</code> <code>or</code> <code>be-</code> <code>fore</code>	Date and Date Time.	The <i>on or before</i> operator checks that the Source field value is on or before to the Target field value. If the Source field value is after the Target field value, the validation check fails.
<code>af-</code> <code>ter</code>	Date and Date Time	The <i>after</i> operator checks that the Source field value is after the Target field value. If the Source field value is on or before to the Target field value, the validation check fails.
<code>on</code> <code>or</code>	Date and Date Time	The <i>on or after</i> operator checks that the Source field value is after or equal to the Target field value. If the Source field value is before the Target field value, the validation check fails.

Table 14. Supported operators and applicable Data Attribute data types in Comparison Validations (continued)

Op- era- tor	Applicable Data Types	Description
af- ter		

The following table describes more options for Comparison Validation.

Table 15. More options for Comparison Validation

Options	Description
Literals	<p>Select Use Literal to compare a source attribute (Data Attributes) against literal values. Then, type the literal value in the Target Field or select the value <code>Boolean</code> or <code>Date</code> data types.</p> <div style="border: 2px solid red; padding: 10px;"> <p> Restriction: Specify literal values only for data attributes. As a rule, the literal value must be the same data type as the selected source attribute to be comparable.</p> </div> <p>If the data type of the Source field is <code>Boolean</code>, specify values of <code>true</code> or <code>false</code>. If the data type of the Source field is <code>Date</code>, specify the date value or select the date by using the Date Picker.</p>
Multiple Clauses	<p>Select to compare a source attribute against multiple clauses. Then, create or delete clauses as follows:</p> <ul style="list-style-type: none"> Click Add to add a clause to the current validation based on the source, target, and operator fields that are selected. Click Delete to remove multiple clauses from the comparison validation. You can delete a clause only if the clause is selected in the Clause list.

Table 15. More options for Comparison Validation (continued)

Options	Description
	<p> Tip: You can control whether one or all clauses must succeed for the overall validation check to succeed. For more information, see the following table.</p>
Custom Message	<p>Click the Custom Message check box to set a custom validation message for the care team. See the Custom Validation Message section below for more information.</p>

The following table describes the mandatory options for Multiple Clauses in Comparison Validations.

Table 16. Multiple Clause Options

Multiple Clause Options	Description
Conjunctions	<p>Control whether any clause or all the clauses in a group are validated at run time.</p> <ul style="list-style-type: none"> If you select the Any Clause option and if any one of the clauses passes at run time, the entire validation check succeeds. If you select the All Clauses option, all clauses must succeed for the entire validation check to succeed.

Dependency Validation

Use the Dependency Validation to enforce a dependency of a particular type between two attributes.

Table 17. Dependency Validation Options

Dependency Validation Option	Description
First Attribute	Select the Data Attribute, Address Attribute, or Comments Attribute on which the Second Attribute depends.

Table 17. Dependency Validation Options (continued)

Dependency Validation Option	Description
Second Attribute	Select the Data Attribute, Address Attribute, or Comments Attribute that depends on the First Attribute.
Dependency	<p>Select the nature of the dependency that can include one of the following values:</p> <ul style="list-style-type: none"> • Must enter second attribute <p>If you select this value, and then the care team member enters a field value for the attribute pointed to by the First Attribute, they must also enter a field value for the attribute pointed to by the Second Attribute. If the care team member enters a value in the first field but not in the second field, this validation check fails.</p> • Must not enter second attribute <p>If you select this value, and then the care team member enters a field value for the attribute pointed to by the First Attribute, they must not enter a field value for the attribute pointed to by the Second Attribute. If the care team member enters values in both fields, this validation check fails.</p> • At least one attribute <p>If you select this value, then the care team member must enter a value into either or both fields pointed to by First Attribute and Second Attribute. If the care team member leaves both fields empty, the validation check fails.</p> • Only one attribute <p>If you select this value, then the care team member must enter a value into one or other fields pointed to by First Attribute and Second Attribute. If the care team member enters values in both fields or does not enter values in either field, this validation check fails.</p>
Bidirectional	Select this check box to apply a bidirectional dependency validation for a defined dependency of Must enter second attribute and Must not enter Second Attribute .

Table 17. Dependency Validation Options (continued)

Dependency Validation Option	Description
	 Restriction: You cannot apply this property when the other dependency values are selected.

The following table describes more options in Dependency Validation.

Table 18. More options in Dependency Validation

Options	Description
Custom Message	Click the Custom Message check box to set a custom validation message for the care team. See the Custom Validation Message section below for more information.

Date of Birth Validation

In Date of Birth Validations, the date of birth of the client is verified to be on or before a specific date.

Table 19. Date of Birth Validation Option

Date of Birth Validation Option	Description
Input Date	Select the data attribute with a data type of <code>Date</code> to be used in the comparison.

The following table describes more options in Date of Birth Validation.

Table 20. More options in Date of Birth Validation

Options	Description
Custom Message	Click the Custom Message check box to set a custom validation message for the care team. See the Custom Validation Message section below for more information.

Duplicate Validation

In Duplicate Validations, client data records that are considered to be duplicated according to specified criteria are not recorded on the system.

Table 21. Duplicate Validation Options

Duplicate Validation Option	Description
Start Date, End Date	<p>In the Start Date and End Date fields, select the record start date and the record end dates. The values must point to a data attribute with data type of Date.</p> <p>If duplicate records are returned at run time, the validation check fails.</p>
Other Attributes	<p>Optional: specify a list of other attributes whose values are to be compared for duplicates with any Date Range provided.</p> <p>If records in the selection set have attribute values that are equal to the values for the attributes in the Other Attributes list (specified in the Client Data Create or Modify screens), the validation check fails.</p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;">  Note: If multiple attributes are in the list, can take the following actions to check for duplicates: <ul style="list-style-type: none"> • To check each attribute in the select list, select Check each attributes individually. • To check that all the attributes in the selection list are unique, select Check attributes together. </div>
Validate Date Range and Other Attributes together	<p>If you select this property, at run time, the Duplicate Validation checks for client data records that have overlapping Start and End dates and attribute values that are equal to the values for attributes in the Other Attributes list (specified in the Client Data Create or Modify screens). If duplicate client data records are returned, the validation check fails.</p> <p>If you do not select this property, at run time, the Duplicate Validation either checks for client data records that have overlapping Start and End dates or attribute values that are</p>

Table 21. Duplicate Validation Options (continued)

Duplicate Validation Option	Description
	equal to the values for attributes in the Other Attributes list (specified in the Client Data Create or Modify screens). If duplicate client data records are returned, the validation check fails.

The following table describes some additional available options in Duplicate Validation.

Table 22. More options in Duplicate Validation

Options	Description
Custom Message	Click the Custom Message check box to set a custom validation message for the care team. See the Custom Validation Message section below for more information.

Custom Validation Message

To set a custom validation message for a validation type, specify the following options:

Table 23. Custom validation message options

Validation Messaging Options	Description
Message	Enter the text to be used in the validation message. You can use parameters with attribute names to be placeholders in the validation message. Use this format: opening curly brace, parameter number, closing curly brace, for example {0}, {1}.
Message ID	Enter the string to use to identify the Message property value. Locale-specific formats can be specified. <ul style="list-style-type: none"> • The string identifier that you specify must be a unique and valid for the client data type version, for example, <code>My_EvidenceTypeVersion.ComparisonValidation.Message</code> • The string identifier that you specify must not contain the equals character (=) or white space characters.
Message Parameters	Select from an ordered list of Data Attributes, Address Attributes, or Comment Attributes to be used in the message.

At run time, message parameter values replace the parameter placeholders that you specify in the message, for example:

Suppose that you set the **Message** property to the following values:`Earns ${0} {1} working for {2}` and you set the **Message Parameters** property to the following values: `incomeAmount, incomeFrequency, employerName`, the runtime message (given the appropriate data in the client data record) is similar to the following display: `Earns $123.50 weekly working for Midway Services Inc.`

To display an apostrophe in a message, you must enter quotation marks as follows:`{0}'s DOB {1} is after the attribute date {2}`. The message output displays as in the following example: `John's DOB 01/01/1992 is after the attribute date 01/01/1991`. If you enter an apostrophe instead of quotation marks, the apostrophe and the variables are not displayed in the message output: `Seans DOB {1} is after the attribute date {2}`.

Defining summary description for a client data type

Good summary text helps care team members to review client data records with more insight. You can add and edit a summary description for the client data type version that will be displayed on the generated client data page and the summary card, if configured.

Configure Summary Description for every client data type version to enable care team members to differentiate versions of client data records by description.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**

The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Summary Description cluster > Edit**

The **Edit Summary Description** page opens.

4. In the **Start Date** field, select the value to be displayed for the period start date of the client data type on the Client Data page.
5. In the **End Date** field, select the value to be displayed for the period end date of the client data type on the Client Data page.
6. Select from a list of data attributes to be used in the message. Select **Add** to add the parameter to the table.
7. To delete a parameter from the summary description, select one or more check boxes beside the parameter and select **Delete**.

8. In the **Message** field, enter the message you want displayed at run time. You can specify client data attribute values to include as parameters in the summary message by adding the order number inside curly brackets, for example {0}.
9. In the **Message ID** field, enter a valid Summary Description ID. String must not contain '=', ':' or white space characters.
10. Click **Save** to add the summary description.

Defining supporting information for a client data type

You can define the online help on the create and modify pages of the client data so users can understand the purpose of the client data type and its attributes.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data**
The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.
Open a draft version.
 - If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
 - If no **In Edit** version exists, select **New Version** from the client data type row level **Actions**menu to create an in-edit version.
3. Click
Supporting Information > Online Help cluster > Edit
The **Edit Online Help** page opens.
4. Optionally, specify the online help text to display on the Create and Modify Pages for a client data type.
5. Click **Save**.

Editing notes for a client data type

You can add and edit a note so that other administrators can understand the purpose of the client data type. This property is for administrative annotation purposes only. The client data infrastructure does not use the property and the Client Data screens do not display it at run time.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data**

The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- If no **In Edit** version exists, select **New Version** from the client data type row level **Actions**menu to create an in-edit version.

3. Click **Supporting Information > Note cluster > Edit**

The **Edit Note** page opens.

4. Optionally, edit or enter a note for a client data type.

5. Click **Save**.

Activating client data type versions

After you model the metadata of a client data type and create the user interface page to contain the data fields and labels that you want to display at run time, you're ready to activate the current version of the client data. An activated client data type version is immediately available to the care team to use.

Client data types are versioned with different effective dates where each version of a client data type is effective from a particular date, and remains effective until the next version is created. Versioning client data types allows information that is recorded for a client data type to evolve over time. By creating different versions of a client data type, you can capture discrete changes in the client's data and maintain that information for particular time periods.

Multiple versions of client data types can exist in the application if each version has a different effective date. Only one client data type version can be active for a particular effective date.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**.

The tabs in the **Client Data** library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

3. From the **Actions** menu for the client data type version, click **Activate**.

Alternatively, if you open the in edit version of the client data type, you can select **Activate** from the action menu on the metadata or supporting information tabs.

4. In the activation modal, enter comments that describe your changes to the version, and then click **Yes**.

The comments are displayed with the version's activation date in the data type's Details cluster.

Sharing client data types with external systems

You can set sharing options to allow Merative™ Integrated Care to receive, and share, client information that is captured in respect of a client data type with external systems. You can download the API definition document for a shared client data type and distribute it to the systems integrator for your organization, so that they can update integrations to use the latest version of the client data type. You can stop sharing a configurable client data type to prevent the sharing of its data with external systems.



Important:

Depending on your changes, each time you modify or create a new version of a shared client data type version, you may need to redistribute its API definition document to your organization's integrator. Otherwise, existing integrations might fail. For more information, see [Updates to client data types and external systems \(on page 301\)](#).

Sharing a client data type version

You can allow client data type version sharing with a system external to Merative™ Integrated Care, for example, a hospital information system.

Before you share a client data type version, ensure that an external system reference is associated with the client data type so that external systems can uniquely identify the client data type when sharing data with Merative™ Integrated Care via an API.

You can share only client data types with an **Active** status. In addition, only one shared version of a particular client data type can exist. When you share a new version, Merative™ Integrated Care automatically stops sharing any existing version of the client data type that is already shared.

After you share a client data type version, Merative™ Integrated Care, you can share its API definition document with the systems integrator for your organization.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data**. The tabs on the **Client Data** page contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.
3. Expand a configurable client data type.
4. Click the **Actions** menu of an **Active** configurable client data type version, and select **Share**.
The **Share Client Data Version** page opens.
5. Click **Share** to share the client data type version.

[Sharing the API document for a client data type \(on page 299\)](#)

Sharing the API document for a client data type

When you share a configurable client data type version, Merative™ Integrated Care generates an API definition document in JSON format. You can download the API document to distribute to the relevant systems integrator for your organization.

The document contains the REST API calls and structure that Merative™ Integrated Care requires to receive client information captured in respect of the client data type from external systems. Your integrator uses the API document to understand what data is expected from the receiving system and the format of the data.



Note:

The option to share the API document for a configurable client data type version is available only when the client data type version is **Active** and shared. The API document is compatible only with Version 2.0 of the Swagger Editor.



Important:

Whenever you modify or create a new version of a client data type that is shared with external systems, you may need to redistribute its API definition document to your organization's integrator. Otherwise, existing integrations might fail. For more information, see [Updates to client data types and external systems \(on page 301\)](#).

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data**.
The tabs in the **Client Data** library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.
3. From the **Actions** menu for a configurable client data type that is **Active** and shared, click **Share Document**. The **Share Document** page opens.
4. Click **Download**.
5. Browse to where you want to store the file on your computer.
6. Distribute the document to the systems integrator for your organization.

Stopping client data type version sharing

You can stop sharing a configurable client data type version to prevent sharing of client information captured in respect of the version with external systems.

If you stop sharing a client data type version that is already in use in existing integrations, you might cause existing integrations to fail. Merative™ Integrated Care will no longer share information that is recorded for clients in respect of the client data type version with external systems.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data**. The tabs on the **Client Data** page contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.
3. Expand a configurable client data type.
4. Click the **Actions** menu of an **Active** and shared configurable client data type version, and select **Stop Sharing**.
The **Stop Sharing Client Data Version** page opens.
5. Click **Stop Sharing** to stop sharing the client data type version with external systems.

Cloning a client data type version as a template for a new version

You can copy an existing, active client data type version as a baseline for a new version of the data type. The metadata of the active client data type version is cloned in the new In-Edit version that you create. You can subsequently modify the modeled attributes for that client data type in In-Edit version.

Client data types are versioned with different effective dates where each version of a client data type is effective from a particular date, and remains effective until the next version is created. Versioning client data types allows information that is recorded for a client data type to evolve over time. By creating different versions of a client data type, you can capture discrete changes in the client's data and maintain that information for particular time periods.

Multiple versions of client data types can exist in the application if each version has a different effective date. Only one client data type version can be active for a particular effective date.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data**.
The **Client Data** page opens.
3. Select a client data type, and from the **Actions** for the data type, click **New Version**.
The new version of the client data type is created in a draft or **In Edit** state that you can modify. The metadata of the new version is cloned from the existing version. Alternatively, if you open the activated version of the client data type, you can select **New Version** from the action menu on the metadata or supporting information tabs.

4. To configure the metadata for the new client data type version, modify the cloned data attributes and properties.

Follow the steps in previous topics to define the attributes for the client data type.

5. Activate the client data type version.

Maintaining client data type versions

As an organization's requirements change, you might want to modify or delete some of the attributes, clusters or fields that you defined in the existing client data type version. You can revise the structure of the client data type version so long as it is still in an In-Edit draft state.

Updates to client data types and external systems

Occasionally, you might need to create a new version of a client data type or modify an existing version. If the client data type version is shared with an external system, some changes that you make to the client data type version require you to redistribute its API definition document to your organization's integrator.

Overview



Important:

If your changes impact existing integrations, you must follow your organization's internal process to make the latest version of the client data type API definition document available to your organization's integrator. Your integrator uses the API definition document to sync the information that is captured in respect of your latest client data type version with the external system.

Which updates impact integrations?

The table lists updates that you can make to a client data type version and whether they impact existing integrations.

Table 24. Client data type updates

	Update	Does this update impact integrations? (Yes/No)	More information
Attributes	Adding a mandatory attribute	Yes	Defining attributes for a client data type (on page 267)

Table 24. Client data type updates (continued)

	Update	Does this update impact integrations? (Yes/No)	More information
	Deleting a mandatory attribute	Yes	Deleting attributes from a client data type version (on page 304)
	Adding an optional attribute	Yes	Defining attributes for a client data type (on page 267)
Validations	Adding a new validation	Yes	Configuring validations for a client data type (on page 286)
	Updating an existing validation	Yes	
	Deleting a validation	No	

Troubleshooting

If existing integrations fail because you did not make the API document for a new client data type version available to your organization's integrator, stop sharing your new version, then share a previous version of the client data type that you know works.

Modifying client data types

You can modify the details of configurable client data types that you have defined in the application. You cannot modify the client data types that come with the product by default.

After a client data type is created, you cannot modify its logical name. The logical name is a unique name that other configuration components use to identify and reference the client data type. With the exception of its logical name, you can update all details for a client data type.



Important:

If not previously configured, you can associate a new external system reference with the client data type. When sending a client data type as an API attribute, the external system identifies the client data type by its external system reference. You cannot associate an external system reference with a client data type that was previously used for another client data type.



If you update an existing external system reference that was previously configured, and is already in use in existing integrations, you might cause existing integrations to fail.

**Note:**

When a custom client data type Name that is marked to be included in the Share Care Plan and has at least one active version is updated, the custom client data type updated name is not reflected in the Share Care Plan template home page. Your organization must manually update the Display Name in order to accommodate the updates.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**.

The tabs on the **Client Data** page contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

3. Click the **Actions** menu of a configurable client data type, and click **Edit**. The **Edit Client Data Type** page opens. Alternatively, if you open the in edit version of the client data type, you can select **Edit** from the Details cluster.
4. Optionally, select a **Category**, which is used for reporting and evaluation purposes.
5. Optionally, enter an **External System Reference** number, which is a unique reference number of up to 20 alphanumeric characters.
6. Select the **Include in Share Care Plan** check box to include the custom client data type on the printed Share Care Plan PDF.
7. Optionally, enter a **Description**.
8. Click **Save**.

Related information

[Creating client data types \(on page 266\)](#)

Deleting client data types

If a configured client data type is incorrect or obsolete, you can delete it. However, you can delete a client data type only if it has no active versions.

Ensure that you delete any custom summary card configuration that uses a client data type before you delete a client data type that is displayed in a custom summary card.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**.

The tabs on the **Client Data** page contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.



Restriction:

You cannot modify the client data types that are provided by default with the application.

3. Click the **Actions** menu of the client data type, and click **Delete**. The **Delete Client Data Type** page opens.
4. Click **Yes** to confirm that you want to delete the client data type.

Related information

[Creating client data types \(on page 266\)](#)

Configuring an Addiction Counseling client data type (on page)

Deleting attributes from a client data type version

You can remove attributes of any type from a client data type version.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data**.

The tabs in the **Client Data** library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

3. Expand the client data type and click the Effective From hyperlink to open the In Edit draft version of the data type.

4. Click

Metadata tab > Attribute cluster > Delete

The **Delete Attribute** page opens.

5. Click **delete** to delete the attribute.

If you delete an attribute that is referenced in validations or summary information, validations, fields that reference the attributes, related default values, and data type options are removed from the client data type version.

Related information

[Creating client data types \(on page 266\)](#)

Deleting client data type versions

If a configured client data type version is incorrect or obsolete, you can delete it. However, you cannot delete a client data type version if the version contains client data that is in use in the application.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data**.
3. Select a client data type, and from the **Actions** for the data type, click **Delete**.
4. Click **Yes** to confirm that you want to delete the client data type version.

Related information

[Activating client data type versions \(on page 297\)](#)

[Configuring an Addiction Counseling client data type \(on page 298\)](#)

Configuring data sources

You can configure a library of client data types to define the exact client data that can be captured and stored in Merative™ Integrated Care. So that the care team knows where data types originated, you can associate configured sources and original source systems with each data type.

A library of non-configurable client data types comes with the product to contain the attributes that the organization wants to record in respect of a client's contact details, demographic information, personal and health background, clinical records, and vitals. In addition, you can configure General client data types (for example, Alerts, Assessments) and configured client data types (for example, Family History) to add to the library.

So that the care team knows where client data types originated, you can associate configured sources and original source systems with each data type (non-configurable, general, configured). If required, you can configure new sources to add to the library of configured sources that comes with the product by default. You can also add to the default library of original source systems that comes with the product.

Related information

[Default non-configurable client data types in Merative Integrated Care \(on page 262\)](#)

[Getting started with configuring client data \(on page 298\)](#)

Associating data types with configured sources

For each data type that is listed in the library, you can manage and maintain its source by associating the source and original source system (if applicable) with each data type.

You can enable or disable the association between sources and data types so that care team members can or cannot select the source information when they work with data types.

Modifying configured sources for data types

So that you maintain current data sources for data types, you can update the source and original source system for a selected data type.

General data types relate to data types that are configured for your organization in Merative™ Integrated Care, for example, Alerts, or Assessment. Non-configured client data types come with the product by default and define the data that can be captured and stored for a client's contact details, demographic information, personal and health background, clinical records, and vitals. Configured client data types are custom data types that are created to enable the care team to capture specific client information, for example, their Family History.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **General > Source Systems**.

Configured data types are listed. The **Display** state indicates whether sources for the listed data types are currently **Shown** and available to the care team to use, or **Hidden** and unavailable.

3. From the **Actions** menu of a data type, update the sources for the data type by choosing from the following options:

- Select **Edit**.

From the **Sources** menu, select one or more of the configured values that indicate the source of the data, for example, Reported by team. This selection is mandatory.

From the **Original Source Systems** menu, if applicable, select one or more of the configured values to indicate where the data originated external to Merative™ Integrated Care. This selection is optional.

Click **Save**. After you save the updated sources for the data type, the configured data type with related source information can be made available to team to select when creating data types. Sources associated with existing data types remain unchanged in the application.

- Select **Show** or **Hide** to make the sources for the data type available or unavailable to the care team.

Configuring sources for data types

Care team members can select a data source for a data type. You can manage a configurable list of sources of data to associate with data types in the library.

General data types relate to data types that are configured for your organization in Merative™ Integrated Care, for example, Alerts, or Assessment. Non-configured client data types come with the product by default and define the data that can be captured and stored for a client's contact details, demographic information, personal and health background, clinical records, and vitals..

You can create or update a source to associate with data types, and you can reorder the list of configured sources for display. For the data types that can be captured during a client's registration (example: Address, Phone Number, Email Address), we suggest that you create common Source values for each of the data types for the care team to apply. Use the **Show** and **Hide** actions to display a source to the care team or hide it from view.

Adding sources

By default, a library of sources comes with the product to allow the care team to associate sources with a data type that they are creating. If a source that is already configured does not suit the needs of your organization, you can add new sources to the library.

The sources list items that are available by default are as follows: Analytics (External), Analytics (Internal), Chart, Encounter, Hospital Information System, Lab, Other, Outside Provider, Payer, Practice Management System, Provider Management System, and Self Reported.

You can associate an external system reference with the source that you are adding so that incoming data from an external API can be mapped to the configured source in Merative™ Integrated Care.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **General > Source Systems**.

The tabs on the **Source Systems** page contain a list of data types, sources, and original source systems. Data types are displayed by default.

3. Select the **Source** tab.

The library of configured sources displays. The **Display** state indicates whether configured sources are currently **Shown** and available to the care team to use, or **Hidden** and unavailable.

4. Click **New**.

The **New Source** page opens.

5. Enter a unique name that does not duplicate any existing source in the library.

6. In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters to associate with the source that you are adding.
When sending a source as an API attribute, the external system identifies the source by its external system reference.
7. From the **General** menu, associate the source that you are creating with one or more general data types that are configured for your organization. Select All to associate the source with all the configured data types in the General category, including custom data types that are created to enable the care team to capture specific client information, or select individual data types from the list.



Note:

Choosing the Assessments data type associates the source with both Score Only and Script assessment types.

8. From the **Non-configured client data** menu, associate the source that you are creating with one or more of the client data types that come with the product by default. Select All to associate the source with all the non-configured client data types in the list, or select individual data types in the list.
9. Click **Save** to add the sources for the selected data types to the library of sources.

Related information

[Configuring external system references \(on page 351\)](#)

Modifying sources

So that you can maintain current sources for data types, you can edit the name of a configured source and apply it to one or more data types.

You can associate an external system reference with the source that you are adding so that incoming data from an external API can be mapped to the configured source in Merative™ Integrated Care.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **General > Source Systems**.
The tabs on the **Source Systems** page contain a list of data types, sources, and original source systems. Data types are displayed by default.
3. Select the **Source** tab.

The library of configured sources displays. The **Display** state indicates whether configured sources are currently **Shown** and available to the care team to use, or **Hidden** and unavailable.

4. From the **Actions** menu of a listed source, choose from the following options:

- Select **Edit**. The **Edit Source** page opens.

Enter a unique name that does not duplicate any existing source in the library.

In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters to associate with the source that you are updating. When sending a source as an API attribute, the external system identifies the source by its external system reference.

From the **General** menu, associate the source that you are creating with one or more general data types that are configured for your organization. Select All to associate the source with all the configured data types in the General category, including custom data types that are created to enable the care team to capture specific client information, or select individual data types from the list.



Note:

Choosing the Assessments data type associates the source with both Score Only and Script assessment types.

From the **Non-configured client data** menu, associate the source that you are creating with one or more of the client data types that come with the product by default. Select All to associate the source with all the non-configured client data types in the list, or select individual data types in the list.

From the **Configured client data** menu, associate the source that you are creating with one or more of the data types in the Configured category. Select All to associate the source with all the configured client data types in the list, or select individual data types in the list.

Click **Save**. After you save the updated sources for the data type, the configured data type with related source information can be made available to team to select when creating data types. Sources associated with existing data types remain unchanged in the application.

- Select **Show** or **Hide** to make the sources for the data type available or unavailable to the care team.

5. To reorder the sequence of sources, click **Reorder**.

Drag and drop the sources to position them in your preferred order.

Configuring original source systems for data types

Care team members can select an original source system to indicate where data originated external to Merative™ Integrated Care, for example, via a hospital information system. You can manage a configurable list of original source systems to associate with data types in the library.

General data types relate to data types that are configured for your organization in Merative™ Integrated Care, for example, Alerts, or Assessment. Non-configured client data types come with the product by default and define the data that can be captured and stored for a client's contact details, demographic information, personal and health background, clinical records, and vitals.

You can create or update an original source system to associate with data types, and you can reorder the list of original source systems for display. For the data types that can be captured during a client's registration (example: Address, Phone Number, Email Address, Goals), we suggest that you create common Original Source System values for each of the data types for the care team to apply. Use the **Show** and **Hide** actions to display an original source system to the care team or hide it from view.

Adding original source systems

By default, a library of original source systems come with the product to allow the care team to associate data types with the system where the data was recorded for the very first time. If an original source system that is already configured does not suit the needs of your organization, you can add new original source systems to the library.

The original source systems list items that are available by default are as follows: Merative™ Integrated Care, Other.

You can associate an external system reference with the original source system that you are adding so that incoming data from an external API can be mapped to the configured original source system in Merative™ Integrated Care.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **General > Original Source Systems**.

The tabs on the **Source Systems** page contain a list of data types, sources, and original source systems. Data types are displayed by default.

3. Select the **Original Source Systems** tab.

The library of configured original source systems displays. The **Display** state indicates whether configured original source systems are currently **Shown** and available to the care team to use, or **Hidden** and unavailable.

4. Click **New**.

The **New Original Source System** page opens.

5. Enter a unique name that does not duplicate any existing source system in the library.
6. In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters to associate with the original source system that you are adding.
When sending an original source system as an API attribute, the external system identifies the original source system by its external system reference.
7. From the **General** menu, associate the original source system that you are creating with one or more general data types that are configured for your organization. Select All to associate the original source system with all the configured data types in the General category, including custom data types that are created to enable the care team to capture specific client information, or select individual data types from the list.



Note:

Choosing the Assessments data type associates the original source system with both Score Only and Script assessment types.

8. From the **Non-configured client data** menu, associate the original source system that you are creating with one or more of the client data types that come with the product by default. Select All to associate the original source system with all the non-configured client data types in the list, or select individual data types in the list.
9. Click **Save** to add the original source system for the selected data types to the library of original source systems.

Related information

[Configuring external system references \(on page 351\)](#)

Modifying original source systems

So that you can maintain current original source systems for data types, you can edit the name of a configured original source system and apply it to one or more data types.

General data types relate to types of client data that are configured for your organization in Merative™ Integrated Care, for example, Alerts, or Assessments.

You can associate an external system reference with the original source system that you are updating so that incoming data from an external API can be mapped to the configured original source system in Merative™ Integrated Care.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **General > Source Systems**.

The tabs on the **Source Systems** page contain a list of data types, sources, and original source systems. Data types are displayed by default.

3. Select the **Original Source System** tab.

The library of configured original source systems displays. The **Display** state indicates whether configured original source systems are currently **Shown** and available to the care team to use, or **Hidden** and unavailable.

4. From the **Actions** menu of a listed original source system, choose from the following options:

- Select **Edit**. The **Edit Original Source System** page opens.

Enter a unique name that does not duplicate any existing original source system in the library.

In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters to associate with the original source system that you are updating. When sending an original source system as an API attribute, the external system identifies the original source system by its external system reference.

From the **General** menu, associate the original source system that you are creating with one or more general data types that are configured for your organization. Select All to associate the original source system with all the configured data types in the General category, including custom data types that are created to enable the care team to capture specific client information, or select individual data types in the General category list.



Note:

Choosing the Assessments data type associates the original source system with both Score Only and Script assessment types.

From the **Non-configured client data** menu, associate the original source system that you are creating with one or more of the client data types that come with the product by default. Select All to associate the original source system with all the non-configured client data types in the list, or select individual data types in the list.

Click **Save**. After you save the updated original source system for the client data type, the configured data type with related source information can be made available to team to

select when creating data types. Original source systems associated with existing data types remain unchanged in the application.

- Select **Show** or **Hide** to make the original source system for the data type available or unavailable to the care team.

5. To reorder the sequence of original source systems, click **Reorder**.

Drag and drop the source systems to position them in your preferred order.

Configuring consent types

Consent types enable a care team to categorize consent records that they create for clients by their information type. You can create a library of consent types for your organization and, for each consent type, you can set a flag that enables sharing of consent records of that type across organization units (assuming organization units are enabled). You can edit the name of a consent type that you create. You can make a consent type available to care teams to use, or hide it from view.

To support the migration of existing consent records, and consent records that are sent to Merative™ Integrated Care, the following consent types come with the product by default: **Not Set** and **Community Consent**. You cannot edit the **Not Set** consent type.

Creating consent types

You can configure a consent type for a care team to associate with a client's consent records, for example, Medical Records Consent. For each consent type, you can enable sharing of consent records of that type across organization units (assuming organization units are enabled).

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Consent Types**.

Configured consent types are listed. The **Display** state indicates whether consent types that are configured in the application are currently available for use by the care team. By default, the **Not Set** type is hidden.

3. Click **New**.

The **New Consent Type** page opens.

4. Name the type of consent, and check **Share with Organization** to enable the care team to record the client's agreement to share consent documents of this type across organization units.

Each consent type must have a unique name.

5. Click **Save**.

Modifying consent types

Except for the **Not Set** consent type, you can rename a configured consent type that needs correction or more context. For each consent type, you can enable or prevent sharing of consent records of that type across organization units (assuming organization units are enabled).

You cannot edit the **Not Set** consent type that comes with the product by default. The **Not Set** consent type is automatically applied to the migration of existing consent records and is hidden from view by default.

You can show or hide each consent type to make the type available or unavailable to the care team to use. You can reorder the sequence in which consent types are displayed.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Consent Types**.

Configured consent types are listed. The **Display** state indicates whether consent types that are configured in the application are currently available to the care team to use.

3. From the **Actions** menu of a consent type, modify the type by choosing from the following options:
 - Select **Edit**. Rename the consent type and check **Share with Organization** to enable the care team to record the client's agreement to share consent documents of this type across organization units. Prevent sharing of consent records of specific types by clearing the check box. Click **Save**. After you save the consent type, the name is applied to all existing client records associated with that consent type.
 - Select **Show or Hide** to show or hide the consent type to the care team. The **Show or Hide** action is available only when the consent type is hidden or shown respectively.
4. To reorder the sequence of consent types, click **Reorder**. Drag and drop the consent types to position them in your preferred order.

Configuring client summary cards

You can review the care team roles that are configured in the application and manage the client summary cards that are displayed for each care team role. Cards are displayed on the client's **Summary** page.

Related information

[Summary \(on page 408\)](#)

Client summary cards

Summary cards summarize important information about a client for the care team, and can be shown or hidden to show the most relevant information.

The following cards are available to be shown on the Summary and are displayed by default.

Care team

A central view of Active primary care team members (sorted alphabetically) followed by core team members who were most recently assigned to the client's care (sorted alphabetically). A primary care team member is responsible for the client's care plan and programs. Core care team members are considered key to the delivery of care for a client and typically interact with the client regularly. By default, up to five care team members are listed by the dates that they were added to the care team. However, your administrator may have configured the card to display more than five records.

Actions

The numbers of client actions and care team actions on the client's care plan, showing how many actions are open or completed.

Programs

The most recent programs that the client was assigned to or enrolled in. By default, up to five programs are listed by status dates. However, your administrator may have configured the card to display more than five records. Programs that were most recently assigned to the client are listed first, and then programs that the client was most recently enrolled in.

Assessments

The most recent assessments and their scores. By default, up to five assessments are listed by the dates that the assessments were ran. However, your administrator may have configured the card to display more than five records.

Goals

A summary of the most recent goals added to the client's care plan. By default, up to five goals are listed by the dates that they were added to the care plan. However, your administrator may have configured the card to display more than five records.

Barriers

The most recent barriers on the client's care plan. Barriers are issues that can prevent a client from achieving their care plan goals or actions, or from using services. By default, up to five barriers are listed by the dates they were added to the care plan. Active barriers are

listed first, and then resolved barriers. However, your administrator may have configured the card to display more than five records.

Risks

A summary of risks on the client's care plan and their most recent scores. By default, up to five risks are listed by alphabetical order. However, your administrator may have configured the card to display more than five records. For risks with multiple scores recorded, the most recent score is displayed.

Conditions

The most recent conditions on the client's care plan. Conditions might be classified as primary or secondary to indicate their level of importance or priority to address. By default, up to five conditions are listed by start dates. However, your administrator may have configured the card to display more than five records.

Latest Note

An excerpt from the most recently modified client note in its most recent state: Draft, Ready for review, or Final.

Latest Touchpoint

An excerpt from the most recent client touchpoint in its most recent state: Draft, Ready for review, or Final. A touchpoint is a contact between the care team and the client or someone in relation to the client.

Health Background

The most recently recorded health background information about a client. By default, up to five records are listed by the dates they were added or updated along with the name of the person who recorded or last updated the information. However, your administrator may have configured the card to display more than five records.

Current Medications

The most recently recorded current medications information about a client. By default, up to five records are listed by medication name, the medication strength and the recommended frequency that the medication is taken. However, your administrator may have configured the card to display more than five records.

Personal Background

The most recently recorded personal background information about a client. By default, up to five records are listed by the dates they were added or updated along with the name of

the person who recorded or last updated the information. However, your administrator may have configured the card to display more than five records.

Social Background

The most recently recorded social background information about a client. By default, up to five records are listed by the dates they were added or updated along with the name of the person who recorded or last updated the information. However, your administrator may have configured the card to display more than five records.

Tags

The most recently recorded tags for a client. By default, up to five records are listed by the dates they were added or updated along with the name of the person who recorded or last updated the information. However, your administrator may have configured the card to display more than five records.

The following cards are available to be shown on the Summary, but are hidden by default:

Latest Private Note

An excerpt from the most recently modified Private or Private to Role type note that relates to the client. The name of the author who created the note is displayed. You can click the **See More** link to view the complete note and comments.

Current Actions

A summary of client and care team actions that are in progress. Up to five actions are listed. Actions with end dates are listed first by the nearest end dates, and then actions with no end dates listed by the start dates.

Planned Actions

A summary of client and care team actions that have not started. Up to five actions are listed by their start dates.

Services

A summary of services and providers that have been scheduled for the client. By default up to five records are configured to be shown. The service name is displayed, followed by the provider name.

Configuring the default display of client summary cards for all care team roles

You can manage the display of a library of summary cards on the client's Summary page. Unless you configure cards to be hidden from view, all care team roles can see the client summary cards that you set to display.

Client summary cards display horizontally across the client's Summary page and wrap the page as required. The default library of client summary cards is as follows: Goals, Actions, Care team, Programs, Assessments, Latest Touchpoint, Latest Note, Conditions, Barriers, Risks, Social Background, Health Background, Personal Background, Notes Highlights, Current Actions, Planned Actions, Latest Private Note and Tags. Summary cards are shown in the order that they are listed but you can reorder the cards if required.

To show configurable client data on the client's Summary page, add your own configurable summary cards (custom cards). For most of the cards in the library, you can specify the configured number of client data records that displays on the card on the client's Summary page. A **Not Applicable** value on cards means that you cannot specify the number of records for the card.

You can configure summary cards to be shown to all care team roles on the client's Summary page or to be hidden from view.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data > Client Summary Cards**.

On the **Default Configuration** tab, the library of default summary cards that come with the product are displayed.

3. To add a custom card to the library, complete the following steps.

- a. Click **New**. The **New Card** page opens.
- b. Select a type of client data to display.



Note:

This list displays only the *active* client data types that are not displayed on a card already. If no new data types are configured in the system, this list is blank.

- c. From the **Number of Records** menu, select the number of data records to display on the client summary card. The default selection is 5 records in a range from 1 to 10.
- d. Click **Save**.

4. Edit the number of records that displays on a summary card by selecting **Edit** from the **Actions** menu of the card. Then, select the number of records to display in the range of 1 to 10.
You cannot edit these cards: Actions, Latest Note, Latest Touchpoint, Note Highlights, and Latest Private Note.
5. Delete an incorrect or obsolete summary card by selecting **Delete** from the **Actions** menu of the card.
You can only delete configurable client summary cards (custom cards).
6. To hide or show a client summary card to all care team roles, from the **Actions** menu of a card, select **Hide** or **Show** respectively.
You can change the card display for a specific role on the **Role-based Configurations** tab.
7. To reorder the sequence of summary cards, click **Reorder**. Drag and drop the summary cards to position them in your preferred order.

Customizing the display of client summary cards for specific care team roles

If the default configuration does not suit the card display for a specific care team role, you can configure a customized display of summary cards for the role. Unless you configure cards to be hidden from view, the care team role can see the client summary cards that you set to display.

Client summary cards display horizontally across the client's Summary page and wrap the page as required. The default library of client summary cards is as follows: Goals, Actions, Care team, Programs, Assessments, Latest Touchpoint, Latest Note, Conditions, Barriers, Risks, Social Background, Health Background, Personal Background, Notes Highlights, Current Actions, Planned Actions, Latest Private Note and Tags.

By default, each listed care team role inherits the client summary card configuration in the **Default Configuration** tab. On this page, you can change the default display status of a card so that a card is hidden or displays to care team members with a specific role.

Summary cards are shown on the client's Summary page in the order that they are listed but you can reorder the cards if required.

For most of the cards in the library, you can specify the configured number of client data records that displays on the card on the client's Summary page. A **Not Applicable** value on cards means that you cannot specify the number of records for the card.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data > Client Summary Cards**.

3. Click the **Role-based Configuration** tab.

The list of care team roles that displays on this page refreshes as roles are created, edited, or deleted on the **Care Team Roles** page.

4. Click any listed role name hyperlink to view and modify the shown or hidden cards that are configured for that role.

The home page for the selected care team role opens.

5. Edit the number of records that displays on a summary card by selecting **Edit** from the **Actions** menu of the card. Then, select the number of records to display in the range of 1 to 10.

You cannot edit these cards: Actions, Latest Note, Latest Touchpoint, Note Highlights, and Latest Private Note.

6. To hide or show a client summary card to a specific care team role, from the **Actions** menu of a card, select **Hide** or **Show** respectively.

7. To reorder the sequence of summary cards, click **Reorder**. Drag and drop the summary cards to position them in your preferred order.

Copying a role-based summary card configuration

If you customize the display of summary cards for a specific care team role, you can replicate that configuration for another care team role by creating a copy.

If other care team roles need to have the same card configuration, copy a configuration from one care team role to another care team role. You can copy a card configuration only if multiple care team roles are configured in the application.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data > Client Summary Cards**.

3. Click the **Role-based Configuration** tab.

The list of care team roles that displays on this page refreshes as roles are created, edited, or deleted on the **Care Team Roles** page.

4. From the **Actions** menu of the care team role, click **Copy from role**.

The **Copy from Role** page opens.

5. Of the listed roles that are configured in the application, select the one to which you want to copy the configuration.

6. Click **Save**.

Resetting role-based summary cards to the default configuration

If you customize the display of summary cards for a specific care team role, you can revert that display to be the same as the default card configuration.

For any configured care team role, you can reset the summary card display to the default card configuration.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data > Client Summary Cards**.
3. Click the **Role-based Configuration** tab.
The list of care team roles that displays on this page refreshes as roles are created, edited, or deleted on the **Care Team Roles** page.
4. From the **Actions** menu of the care team role, click **Reset to default**.
The **Reset to Default** page opens.
5. Click **Save** to confirm your action.

Configuring family summary cards

View and maintain the library of cards that display by default on the **Family Summary** page. The default family summary cards are: **Team**, **Latest Note**, and **Latest Touchpoint**.

Access the family summary cards to verify that the number of records that are displayed is correct. You can also reorder the sequence in which cards are displayed.

1. Sign in with your administrator credentials.
Your home page opens.
2. Select **Families > Families**, and select **Family Summary Cards**.
By default, the number of records that are shown is five and the display value is set to **Shown**.
3. Manage the display of an outcome by completing the following steps in the **Actions**  menu of the outcome:
 - Select **Edit** to modify the number of records shown.



Note:

The Edit function is disabled if the **Records Shown** field is set to **Not applicable**.

- Select **Show** to make a card available for the care team to use.
 - Select **Hide** to make a card unavailable.
4. Select **Reorder** to reorder the sequence of cards. Then, select the  icon of the card that you want to reorder and drag it to a new location on the **Reorder Family Summary Cards** page.

Configuring client identification types

Care teams can capture different types of identification for clients, for example, their Employee ID, Passport Number, or Insurance Number. You can create a library of identification types for your organization and edit the name of an identification type after you create it. You can also configure whether an identification type is made available to care teams to use, or hidden from view.

Creating identification types

You can configure an identification type to make it available for use by care teams.

You can associate an external system reference with the identification type record that you are creating. When sending an identification type as an API attribute, the external system identifies the identification type by its external system reference. You can configure only one preferred identification type.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data > Identification Types**.

Existing identification types are displayed. The **State** indicates whether identification types that are configured in the application are available to the care team to use. The **External System Reference** displays the reference that the external system uses to identify the identification type. **Preferred Identification** indicates whether the identification type is the preferred identification type to display throughout the application for all clients, for example, in the client context pane and downloaded PDFs.

3. Click **New**.

The **New Identification Type** page opens.

4. Name the type of identification.

5. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.

6. You can indicate whether this is the preferred identification type to display for all clients. Care teams can override this configuration for individual clients in the Care Team workspace if needed.

7. Click **Save**.

Related information

[Configuring external system references \(on page 351\)](#)

Modifying identification types

You can update an identification type in the library of configured identification types.

You can reorder the sequence in which types are displayed. You can also show an identification type to make it available for use by care teams, or hide an identification type to make it unavailable. Your changes are applied immediately throughout the application.

You can rename an identification type and if not previously configured, you can associate a new external system reference with the identification type record. When sending an identification type as an API attribute, the external system identifies the identification type by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

In addition, if you modify an external system reference that is associated with an identification type, you cannot reuse the old external system reference when configuring other identification types. You can configure only one preferred identification type.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data > Identification Types**.

Existing identification types are displayed. The **State** indicates whether identification types that are configured in the application are available to the care team to use. The **External System Reference** displays the reference that the external system uses to identify the identification type. **Preferred Identification** indicates whether the identification type is the preferred identification type to display throughout the application for all clients, for example, in the client context pane and downloaded PDFs.

3. From the **Actions** menu of an identification type, modify the type by completing the following steps:

- - a. Rename the identification type.
 - b. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.
 - c. You can indicate whether this is the preferred identification type to display for all clients. Care teams can override this configuration for individual clients in the Care Team workspace if needed.

- d. Click **Save**. After you save the identification type, the name is applied to all existing client records where that identification type is captured.
 - e. Select **Show** or **Hide** to show or hide the identification type to the care team. The **Show** or **Hide** action is available only when the identification type is hidden or shown respectively.
4. To reorder the sequence of identification types, click **Reorder**. Drag and drop the identification types to position them in your preferred order.

Configuring client relationship types

Care teams can capture relationship information a client and those individuals that the client has a relationship with, for example if client is a roommate or a parent of the client. The relationships that you enter must be gender neutral. For example, Parent - Child, rather than Father - Son. You can add relationships to the library to suit the needs of your organization, and you can reorder the list of relationships that the care team will see. You can configure whether a relationship type is made available to care teams to use, or hidden from view. You can add and edit a relationship, and associate an external system reference with the relationship record.

Creating relationships

You can configure a relationship to make it available for use by care teams.

The relationships that you enter must be gender neutral. For example, Parent - Child, rather than Father - Son. The values for Relationship to client and Reciprocal Relationship can be the same. For example, Spouse - Spouse or Classmate - Classmate. By default, each new relationship is made available to the team to select. You can associate an alphanumeric external system reference with the relationship record that you are creating. When sending a relationship as an API attribute, the external system identifies the relationship by its external system reference. The Relationship to client and Reciprocal Relationship attributes share the same external system reference.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data > Relationships**.

Existing relationships are displayed. The **External System Reference** displays the reference that the external system uses to identify the relationship.

3. Click **New**.

The **New Relationship** page opens.

4. Name the relationship to client.

5. Name the reciprocal relationship.

6. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.
7. Click **Save**.

Modifying relationships

You can update a relationship in the library of configured relationships.

You can reorder the sequence in which relationships are displayed. You can also show a relationship to make it available for use by care teams, or hide a relationship to make it unavailable. Your changes are applied immediately throughout the application.

The relationships that you enter must be gender neutral. For example, Parent - Child, rather than Father - Son. By default, each new relationship is made available to the team to select. You can rename a relationship and if not previously configured, you can associate a new external system reference with the relationship record.

When sending a relationship as an API attribute, the external system identifies the relationship by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

In addition, if you modify an external system reference that is associated with a relationship, you cannot reuse the old external system reference when configuring other relationships.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data > Relationships**.

Existing relationships are displayed. The **External System Reference** displays the reference that the external system uses to identify the relationship.

3. From the **Actions** menu of a relationship, modify the relationship by completing the following steps:

- - a. Rename the Relationship to client.
 - b. Rename the Reciprocal Relationship.
 - c. In the System Reference field, enter a unique reference number of up to 20 alphanumeric characters.

- d. Click **Save**. After you save the relationship, the name is applied to all existing client records where that relationship is captured.
 - e. Select **Show** or **Hide** to show or hide the relationship to the care team. The **Show** or **Hide** action is available only when the relationship is hidden or shown respectively.
4. To reorder the sequence of relationships, click **Reorder**. Drag and drop the relationships to position them in your preferred order.

Configuring client tags

Manage the types of tags that your organization captures for clients. Tags can be used to record information about a client that is important to your organization, for example if a client is a member of an organization or group. If configured to be shown, you should select the source of the tag information and optionally, the name of the original source system where the tag information originated. You can reorder the list of tags that the care team will see. You can also configure whether a client tag is made available to the care team to use or is hidden from view.

Creating client tags

You can configure a client tag to make it available for use by care teams.

Tags can be used to record information about a client that is important to your organization, for example if a client is a member of an organization or group.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data > Tags**.
Existing client tags are displayed. The **Display state** indicates whether client tags that are configured in the application are available to the care team to use.
3. Click **New**.
The **New Client Tag** page opens.
4. Name the client tag.
5. Click **Save**.

Modifying client tags

You can update a client tag in the library of configured client tags.

You can reorder the sequence in which client tags are displayed. You can rename a client tag. You can also show a client tag to make it available for use by care teams, or hide a client tag to make it unavailable. Your changes are applied immediately throughout the application.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data > Tags**.
Existing client tags are displayed. The **Display state** indicates whether client tags that are configured in the application are available to the care team to use.
3. From the **Actions** menu of a client tag, modify the tag by completing the following steps:
 - a. Rename the client tag.
 - b. Click **Save**. After you save the client tag, the name is applied to all existing client records where that client tag is captured.
 - c. Select **Show** or **Hide** to show or hide the client tag to the care team. The **Show** or **Hide** action is available only when the client tag is hidden or shown respectively.
4. To reorder the sequence of client tags, click **Reorder**. Drag and drop the client to position them in your preferred order.

Configuring client risks

You can configure a library of risks that can be created for clients. For example, the risk of readmission. Risks can be standard or specific to your organization. You can configure the library of risks and the overall range that a risk score must be in. You can configure categories for risk ranges, so that risk scores are assigned to an appropriate category when they are entered by the care team.

Creating risks

You can create a library of risks for your organization. After you create a new risk, a draft version of the risk automatically opens for you to continue configuring the risk. Activate the draft version to make it available for use.

You can configure risks that are in a draft, or **In Edit**, state only. Only one **In Edit** version can exist.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data > Risks**.
Existing risks are displayed.
3. Click **New**.
The **New Risk** page opens.
4. Enter a unique name for the risk of up to 100 characters.
5. Enter a description for the risk of up to 2000 characters.
6. Click **Save** to add the risk to the library. An editable version of the risk automatically opens.
7. Continue configuring the risk by creating the risk range and categories.

Creating risk ranges

Care teams enter scores for risks to indicate the probability that a risk will happen. You can create the overall range of values that the score must be in when care teams create the risk.



Restriction:

A risk can have only one overall range. You can create a range for a draft risk only if the risk does not already have a range defined. Otherwise, create a new risk or you can delete the range of an existing **In Edit** risk and add a new range, if needed.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data > Risks**.
Existing risks are displayed.
3. Expand a risk. The risk versions are displayed.
4. Click the effective from date of an **In Edit** version of a risk to open the in-edit version.
5. Click **New**.
The **New Risk Range** page opens.
6. Enter the overall range for the risk score. Enter a minimum number and a maximum number for the range.
7. Click **Save**.

Creating risk categories

Risk categories indicate where a risk score falls in the overall risk range. For example, high, medium, or low. Add categories to the risk range so that the score achieved by a client can be automatically assigned to the appropriate category if it falls within its range.

For each category, you must configure the range that the score must be in to be assigned to the category.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data > Risks**.
Existing risks are displayed.
3. Expand a risk. The risk versions are displayed.
 - If an **In Edit** version exists, click the effective from date of the risk to open the in-edit version.
 - If no **In Edit** version exists:

- a. Click **New Version** in the risk **Actions** menu to create an in-edit version.
- b. Click **Yes** to confirm that you want to create a new version of the risk. An editable version of the risk automatically opens.
4. Click **New Category** in the **Actions** menu for the risk range to open the **New Category** page.
5. Enter a unique name for the category of up to 64 characters.
6. Enter the range that the risk score must be in to be assigned to the category. Enter a minimum number and a maximum number for the range.

**Tip:**

Ensure that the range is within the overall risk range and there are no gaps between the category ranges and the risk range.

7. Click **Save**.

Activating risks

Activate draft risk versions to ensure they are complete and to make them available for use in the application. Validate the risk and correct any issues before you activate it. Activated risks are automatically made available to care teams to create.

You can validate and activate a risk from either the **Risks** list or the home page of a risk.

A risk is complete when there are no gaps in the ranges that are specified for its categories, if configured, and the ranges are within the overall risk range. The category ranges must be consecutive and must not overlap with the ranges of any existing categories.

**Tip:**

Correct any issues with your category ranges. Otherwise, care teams can still create the risk but the risk displays a message stating that no category is defined.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data > Risks**.
Existing risks are displayed.
 - To activate a risk from the **Risks** list, complete the following steps:
 - a. Expand a risk. The risk versions are displayed.
 - b. From the **Actions** menu of an **In Edit** version, select **Validate** to validate the risk before you activate it. The **Validate Risk** page opens.
 - c. Click **Validate**.

- d. To activate the risk, from the **Actions** menu of the **In Edit** version, select **Activate**. The **Activate Risk Version** page opens. By setting the Effective From date, you can specify a date when care teams can start to use the new version.
- e. Click **Activate** to activate the risk.
- To activate the risk from the risk home page, complete the following steps:
 - a. Expand a risk. The risk versions are displayed.
 - b. Click the effective from date of an **In Edit** version to open the risk.
 - c. From the **Actions** menu of the risk range, select **Validate Risk** to validate the risk before you activate it. The **Validate Risk** page opens.
 - d. Click **Validate** to validate the risk.
 - e. To activate the risk, from the **Actions** menu of the risk range, select **Activate Risk**. The **Activate Risk Version** page opens. By setting the Effective From date, you can specify a date when care teams can start to use the new version.
 - f. Click **Activate** to activate the risk.

Modifying risks

You can edit the name and description of a risk, or create a new version of a risk to make further changes. A new version of a risk is always in the **In Edit**, or draft, state until you activate it. You can show and hide risks as needed to make them available for use by the care team.

When risks are shown, they are available for care teams to select when they create or edit risks. You can hide a risk that is not needed and it becomes unavailable for selection. Existing risks for clients are not affected.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data > Risks**.
Existing risks are displayed.
3. To update the name and description of a risk, click **Edit** in the **Actions** menu of a risk.
 - a. Modify the name and description.
 - b. Click **Save**.
4. To create a new editable version of an existing risk, complete the following steps:
 - a. Click **New Version** in the **Actions** menu of an active risk.
 - b. Click **Yes** to confirm that you want to create a new version of the risk.
5. Modify the risk range and categories that are associated with the risk range, if configured.
6. To hide the risk, from the **Actions** menu of a risk, select **Hide**.
7. To show the risk, from the **Actions** menu of a risk, select **Show**.

Modifying risk ranges

You can update the overall range of a risk. A risk score must fall within the overall range of values when care teams create the risk.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data > Risks**.
Existing risks are displayed.
3. Expand a risk. The risk versions are displayed.
 - If an **In Edit** version exists, click the effective from date of the risk to open the in-edit version.
 - If no **In Edit** version exists:
 - a. Click **New Version** in the risk **Actions** menu to create an in-edit version.
 - b. Click **Yes** to confirm that you want to create a new version of the risk. An editable version of the risk automatically opens.
4. Click **Edit** in the **Actions** menu for the risk range to open **Edit Risk Range** page.
5. Update the range of the risk. Enter a minimum and a maximum number for the range.
6. Click **Save**.

Modifying risk categories

You can rename a risk category and its range. When you activate the risk, your updates are immediately applied to new risks that are created for clients by care teams.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data > Risks**.
Existing risks are displayed.
3. Expand a risk. The risk versions are displayed.
 - If an **In Edit** version exists, click the effective from date of the risk to open the in-edit version.
 - If no **In Edit** version exists:
 - a. Click **New Version** in the risk **Actions** menu to create an in-edit version.
 - b. Click **Yes** to confirm that you want to create a new version of the risk. An editable version of the risk automatically opens.
4. Click **Edit** in the **Actions** menu of any row in the **Category** section to open the **Edit Category** page.
5. Rename the category or update its range. Enter a minimum number and a maximum number to update the range.



Tip:

Ensure that the updated range is within the overall risk range and there are no gaps between the category ranges and the risk range.

6. Click **Save**.

Deleting risks

You can delete an in-edit version of a risk but not the active version.

Existing risks for clients are not affected when you delete them. The care team can continue to work with these risks. Deleted risks are unavailable for selection when the care team create a new risk.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data > Risks**.
Existing risks are displayed.
3. Expand the risk to see the versions, and click **Delete** in the Actions menu of an in-edit version.
4. Click **Yes** to confirm that you want to delete the risk version.

Deleting risk ranges

You can delete the risk range from an in-edit version of a risk but not from an active version.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data > Risks**.
Existing risks are displayed.
3. Expand a risk. The risk versions are displayed.
 - If an **In Edit** version exists, click the effective from date of the risk to open the in-edit version.
 - If no **In Edit** version exists:
 - a. Click **New Version** in the risk **Actions** menu to create an in-edit version.
 - b. Click **Yes** to confirm that you want to create a new version of the risk. An editable version of the risk automatically opens.
4. Click **Delete** in the **Actions** menu for the risk range to open **Delete Risk Range** page.
5. Click **Yes** to confirm that you want to delete the risk range.

Deleting risk categories

If a risk category is obsolete or not required, you can delete it from the risk range. You can delete a risk category from an in-edit version of a risk but not from an active version.

Existing categories that are already in use in the application are not affected when you delete them. The care team can continue to work with any risks with these categories. However, scores for new risks are not assigned to the category.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data > Risks**.
Existing risks are displayed.
3. Expand a risk. The risk versions are displayed.
 - If an **In Edit** version exists, click the effective from date of the risk to open the in-edit version.
 - If no **In Edit** version exists:
 - a. Click **New Version** in the risk **Actions** menu to create an in-edit version.
 - b. Click **Yes** to confirm that you want to create a new version of the risk. An editable version of the risk automatically opens.
4. Expand the risk range.
5. Click **Delete** in the **Actions** menu of any row in the **Category** section to open the **Delete Category** page.
6. Click **Yes** to confirm that you want to delete the risk category.

Configuring client deactivation reasons

When a care team member or supervisor deactivates a client in Merative™ Integrated Care, a reason must be recorded. You can configure and manage a library of reasons that indicate why a client is deactivated in the application.

Adding client deactivation reasons

If a suitable client deactivation reason does not exist in the library of configured reasons that come with the product, you can add a new reason. The reasons that you configure become available to the care team and supervisors to select when they deactivate a client.

The deactivation reasons that are available by default are as follows: Deceased, Duplicate, Graduated/Completed, Ineligible, Non Responder, Opt Out, Referral Rejected, Other, and Duplicate Registration.

Merative™ Integrated Care automatically associates the Duplicate Registration deactivation reason

with clients who are deactivated automatically when a duplicate registration is resolved by a care team member. By default, the Duplicate Registration reason is hidden from view and cannot be shown.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **General > Client Deactivation Reasons**.

The Client Deletion Reasons library opens. The **Display** state indicates whether configured reasons are currently Shown and available to the care team to use, or Hidden and unavailable.

3. To add a new deactivation reason, click **New**. The **New Deactivation Reason** page opens.
4. Enter a unique reason that does not duplicate any existing deactivation reason in the library. Click **Save** to add the deactivation reason to the library. The Client Deactivation Reasons list refreshes.
5. Use the **Show** and **Hide** actions to display the reason to users or hide it from view.

- To hide the reason, from the Actions menu, select **Hide**.

- To show the reason, from the Actions menu, select **Show**.

You cannot show or hide the **Other** reason so that a user can always enter a reason in the Other field.

6. To reorder the sequence of client deactivation reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Modifying client deactivation reasons

You can update a client deactivation reason. When you change a client deactivation reason in the library of configured reasons, all existing instances in client records are updated

The default deactivation reasons that are come with the product cannot be edited: Deceased, Duplicate, Graduated/Completed, Ineligible, Non Responder, Opt Out, Referral Rejected, Other, and Duplicate Registration. Merative™ Integrated Care automatically associates the Duplicate Registration deactivation reason with clients who are deactivated automatically when a duplicate registration is resolved by a care team member. By default, the Duplicate Registration reason is hidden from view and cannot be shown.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **General > Client Deactivation Reasons**.

The Client Deactivation Reasons library opens. The **Display** state indicates whether configured reasons are currently Shown and available to the care team to use, or Hidden and unavailable.

3. To modify an existing client deactivation reason, from the row-level actions menu, click **Edit**. The **Edit Deactivation Reason** page opens.

4. Update the deactivation reason. Ensure the updated reason is a unique reason that does not duplicate any existing client deactivation reason in the library. Click **Save**. The Client Deactivation Reasons list refreshes.
5. Use the **Show** and **Hide** actions to display the reason to the care team or hide it from view.
 - To hide the reason, from the Actions menu, select **Hide**.
 - To show the reason, from the Actions menu, select **Show**.

You cannot show or hide the **Other** reason so that a user can always enter a reason in the Other field.
6. To reorder the sequence of client deactivation reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

When you update a reason for a client deactivation, any existing instances of the deactivation reason are updated in the application. If the client's deactivation is later reversed, the original reason for the deactivation is updated in the client's history to capture the reversal reason.

Configuring client referral reasons

When a care team member or supervisor refers a client in Merative™ Integrated Care, a reason must be recorded. You can configure and manage a library of reasons that indicate why a client is referred in the application.

Adding client referral reasons

If a suitable client referral reason does not exist in the library of configured reasons, you can add a new reason. The reasons that you configure become available to the care team to select when they refer a client. You can add an external system reference so Merative™ Integrated Care can identify the referral reason by its external system reference when it receives a referral.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **General > Client Referral Reasons**.

The **Client Referral Reasons** library opens. The Display state indicates whether configured reasons are currently **Shown** and available to the care team to use, or **Hidden** and unavailable.

3. To add a new referral reason, click **New**. The **New Referral Reasons** page opens.
4. Enter a unique reason that does not duplicate any existing client referral reason in the library. Optionally, enter an alphanumeric external system reference to a maximum of 20 characters. Click **Save** to add the referral reason to the library. The Referral Reasons list refreshes.
5. Use the **Show** and **Hide** actions to display the reason to the care team or hide it from view.

You cannot show or hide the Other reason so that a user can always enter a reason in the Other field.

- To hide the reason, from the Actions menu, select **Hide**.
 - To show the reason, from the Actions menu, select **Show**.
6. To reorder the sequence of referral reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Modifying client referral reasons

You can update a client referral reason. When you change a client referral reason in the library of configured reasons, all existing instances in client records are updated. You can add an external system reference so Merative™ Integrated Care can identify the referral reason by its external system reference when it receives a referral.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **General > Client Referral Reasons**.
The **Client Referral Reasons** library opens.
3. To modify an existing client referral reason, click **Edit**. The **Edit Referral Reason** page opens.
4. Update the referral reason. Ensure that the updated reason is a unique reason that does not duplicate any existing client referral reason in the library. Optionally, enter an alphanumeric external system reference to a maximum of 20 characters. Click **Save** to add the referral reason to the library. The Referral Reasons list refreshes.
5. Use the **Show** and **Hide** actions to display the reason to the care team or hide it from view.

You cannot show or hide the **Other** reason so that a user can always enter a reason in the **Other** field.

- To hide the reason, from the Actions menu, select **Hide**.
 - To show the reason, from the Actions menu, select **Show**.
6. To reorder the sequence of referral reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Configuring referral lists

Manage and configure the columns that are displayed on the referral list pages in the Supervisor and Care Team workspaces. You can configure the display columns for the Open Unassigned Referrals, My Open Referrals, and Open Assigned Referrals list pages.

You can configure all available values for display except Name and Referred On which are mandatory. Including Name and Referred On, you can configure a maximum of 6 values to display as columns on the list pages or in the expanded view.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **General > Referrals > Referrals Lists**.

The **Client Referral Lists** library opens. The Display state indicates whether a value is currently **Shown as a column** or **Shown in expanded view** and available to the care team to use, or **Hidden** and unavailable.

3. From the Actions menu, select **Show as column** to display the value as a column header to the care team.

The referral list pages are updated in the Care Team and Supervisor workspaces.

4. From the Actions menu, select **Show in expanded view** to display the value in an expanded view to the care team at run time.

The referral list pages are updated in the Care Team and Supervisor workspaces.

5. From the Actions menu, select **Hide** to hide the value from the care team.

The referral list pages are updated in the Care Team and Supervisor workspaces.

Configuring client deletion reasons

When a team member deletes a client from Merative™ Integrated Care or when a supervisor undoes the deletion of a client, a reason must be recorded. You can configure and manage a library of reasons for why a client was deleted or why the deletion was reversed.

Adding client deletion reasons

If a suitable client deletion reason does not exist in the library of configured reasons, you can add a new reason. The reasons that you configure become available to the care team to select when they delete a client.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Client Data > Client Deletion Reasons**.

The tabs in the Client Deletion Reasons library contain a list of reasons for deleting or undoing the deletion of a client.

3. To add a new client deletion reason, from the **Deletion Reasons** tab, click **New**. The **New Deletion Reason** page opens.

4. Enter a unique reason that does not duplicate any existing delete client reason in the library. Click **Save** to add the delete reason to the library. The Client Deletion Reasons list opens.
5. Use the **Show** and **Hide** actions to display the reason to the care team or hide it from view.
 - To hide the reason, from the Actions menu, select **Hide**.
 - To show the reason, from the Actions menu, select **Show**.
6. To reorder the sequence of delete client reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Modifying client deletion reasons

You can update a client deletion reason. When you change a client deletion reason in the library of configured reasons, all existing instances in client records are updated

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data > Client Deletion Reasons**.
The tabs in the Client Deletion Reasons library contain a list of reasons for deleting or undoing the deletion of a client.
3. To modify an existing client deletion reason, from the **Deletion Reasons** tab, click **New**. The **Edit Deletion Reason** page opens.
4. Update the deletion reason. Ensure the updated reason is a unique reason that does not duplicate any existing delete client reason in the library. Click **Save** to add the delete reason to the library. The Delete Client Reasons list opens.
5. Use the **Show** and **Hide** actions to display the reason to the care team or hide it from view.
 - To hide the reason, from the Actions menu, select **Hide**.
 - To show the reason, from the Actions menu, select **Show**.
6. To reorder the sequence of delete client reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Adding undo client deletion reasons

If a suitable undo client deletion reason does not exist in the library of configured reasons, you can add a new reason. The reasons that you configure become available to supervisors to select when they undo the deletion of a client.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data > Client Deletion Reasons**.

The tabs in the Client Deletion Reasons library contain a list of reasons for deleting or undoing the deletion of a client.

3. To add a new client deletion reason, from the **Undo Deletion Reasons** tab, click **New**. The **New Undo Deletion Reason** page opens.
4. Enter a unique reason that does not duplicate any existing undo client deletion reason in the library. Click **Save** to add the delete reason to the library. The Undo Client Deletion Reasons list opens.
5. Use the **Show** and **Hide** actions to display the reason to the care team or hide it from view.
 - To hide the reason, from the Actions menu, select **Hide**.
 - To show the reason, from the Actions menu, select **Show**.
6. To reorder the sequence of delete client reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Modifying undo client deletion reasons

You can update an undo client deletion reason. When you change a reason in the library of configured reasons, all existing instances in client records are updated.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Client Data > Client Deletion Reasons**.
The tabs in the Client Deletion Reasons library contain a list of reasons for deleting or undoing the deletion of a client.
3. To modify an existing undo client deletion reason, from the **Undo Deletion Reasons** tab, click **New**. The **Edit Undo Deletion Reason** page opens.
4. Update the reason. Ensure the updated reason is a unique reason that does not duplicate any existing reason in the library. Click **Save** to add the undo client delete reason to the library.
5. Use the **Show** and **Hide** actions to display the reason to the care team or hide it from view.
 - To hide the reason, from the Actions menu, select **Hide**.
 - To show the reason, from the Actions menu, select **Show**.
6. To reorder the sequence of reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Configuring for organizations

You can configure the titles and suffixes that apply to your organization's clients and care team members. You can configure organization names to display in reports and the languages that are available for selection in your organization.

Configuring titles and suffixes for clients and care team members

To address someone correctly, you can create a library of titles or suffixes to add before or after their name. A client or care team member can be associated with a single title and one or more suffixes.

Creating titles

A title is a prefix to someone's name that might be required to address the person correctly. You can create titles to associate with care team members or clients.

The following titles are provided in the application by default: Dr., Miss, Mr., Mrs., Ms., and Prof. You can add more titles to the library to suit the needs of your organization.

You can associate an external system reference with the title record that you are creating. When sending an alert as an API attribute, the external system identifies the title by its external system reference.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Organization > Titles**.
The **Titles** page opens.
3. Click **New**.
The **New Title** page opens.
4. In the **Title** field, enter a unique title to a maximum of 100 characters.
5. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.
6. Click **Save**.
The Titles page lists the new title.

Related information

[Configuring external system references \(on page 351\)](#)

Creating suffixes

A *suffix* is appended to someone's name to reflect the person's position, educational degree, accreditation, office, or honor. You can create suffixes to associate with care team members or clients.

The following suffixes are provided in the application by default: Esquire, Junior, Senior, First, Second, Third, Fourth, Fifth. You can add more suffixes to the library to suit the needs of your organization.

You can associate an external system reference with the suffix record that you are creating. When sending a suffix as an API attribute, the external system identifies the suffix by its external system reference.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Organization > Suffixes**.
The **Suffixes** page opens.
3. Click **New**.
The **New Suffix** page opens.
4. In the **Suffix** field, enter a unique suffix to a maximum of 100 characters.
For example, M.D. might follow a doctor's name.
5. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.
6. Click **Save**.
The Suffixes page lists the new suffix.

Related information

[Configuring external system references \(on page 351\)](#)

Updating titles and title display

To maintain relevant titles, you can edit any existing title in the library of titles. You can configure the library to show or hide specific titles. You can reorder titles so that the most relevant titles display first according to your organization's needs.

You cannot edit the following titles that are provided in the application by default: Dr., Miss, Mr., Mrs., Ms., and Prof.

You can update a title and if not previously configured, you can associate a new external system reference with the title record. When sending a title as an API attribute, the external system identifies the title by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

In addition, if you modify an external system reference that is associated with a title, you cannot reuse the old external system reference when configuring other titles.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Organization > Titles**.
The **Titles** page opens.
3. To update an existing title, from the Actions menu, select **Edit** and enter a unique title.

4. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.
5. Click **Save**.
6. Use the **Show** and **Hide** actions to display a title to the care team or hide one from view. By default, newly-created titles are configured to be shown.
 - To show the title, from the Actions menu, select **Show**.
 - To hide the title, from the Actions menu, select **Hide**.
7. To reorder the sequence of titles, click **Reorder**.

The **Reorder Titles** page opens. Drag and drop the titles to position them in your preferred order, and click **Save**.

Updating suffixes and suffix display

To maintain relevant suffixes, you can edit any existing suffix in the library of suffixes. You can configure the library to show or hide specific suffixes. You can reorder suffixes so that the most relevant suffixes display first according to your organization's needs.

You cannot edit the following suffixes that are provided in the application by default: Esquire, Junior, Senior, First, Second, Third, Fourth, Fifth.

You can update a suffix and if not previously configured, you can associate a new external system reference with the suffix record. When sending a suffix as an API attribute, the external system identifies the suffix by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

In addition, if you modify an external system reference that is associated with a suffix, you cannot reuse the old external system reference when configuring other suffixes.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Organization > Suffixes**.
The **Suffixes** page opens.
3. To update an existing suffix, from the Actions menu, select **Edit** and enter a unique suffix.
4. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.
5. Click **Save**.
6. Use the **Show** and **Hide** actions to display a suffix to the care team or hide one from view. By default, newly-created suffixes are configured to be shown.

- To show the suffix, from the Actions menu, select **Show**.
 - To hide the suffix, from the Actions menu, select **Hide**.
7. To reorder the sequence of suffixes, click **Reorder**.
- The **Reorder Suffixes** page opens. Drag and drop the suffixes to position them in your preferred order, and click **Save**.

Configuring the display format of a client's name

You can configure the display format for client names that determines how Merative™ Integrated Care users will see client names displayed in the application.

The default display format on list pages and in client search pages is: Last Name, First Name. You can change the display format if you prefer to reflect a First Name Last Name display. The display format applies to list pages and Client Name filters in search pages but does not apply to all places in the application where a client's name is displayed.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **General > Client Name Display Format**.
The **Client Name Display Format** page opens.
3. To change the default display format from **Last Name, First Name**, click **Edit** and select **First Name Last Name** to update the display format.

Configuring organization names

You can configure the name of your organization, which is published in organizational reports, for example, a client's share care plan. You can specify a display name for the organization that differs from the organization name.

If you change a configured organization name or display name, the updated name is displayed in reports that are generated by care team members after you complete your update.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Organization > Organization**.
The **Organization Name** page opens.
3. To add, update, or delete an organization name, click **Edit Name** and enter, update, or remove the name and associated display name.

Configuring a Connect Providers support contact

If your organization has licensed the Merative™ Integrated Care Connect Providers add-on component, you can configure the Connect Providers support contact details for your organization. The support details are shown in emails to service provider organizations, directing providers to where they can get help with the application.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Organization > Organization**.
The **Organization Name** page opens.
3. To add, update, or delete a Configuring a Connect Providers support contact support contact, click **Edit Connect Providers Support Contact** and enter, update, or remove the contact details.

Configuring a Connect Individuals support contact

If your organization has licensed the Merative™ Integrated Care Connect Individuals add-on component, you can configure the Connect Individuals support contact details for your organization. The support details are shown in emails to clients, directing them to where they can get help with the application.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Organization > Organization**.
The **Organization Name** page opens.
3. To add, update, or delete a Configuring a Connect Individuals support contact support contact, click **Edit Connect Individuals Support Contact** and enter, update, or remove the contact details.

Configuring languages for organizations

Configure the languages that are available from the language selection menus for your organization. You can select from these languages when you create a contact preference. If providers are enabled, you can select from these languages when you configure a provider service. You can edit, show, or hide the languages, and set their order in the menu.

1. Sign in with your administrator credentials.
Your home page opens.
2. Select **Client Data > Languages** from the **Side Navigation menu**.
The existing languages are displayed.
3. Click **New** to create a new language option, enter a language name and click **Save**.
By default, new languages are shown in the menu.

4. Select **Show** or **Hide** from the **Actions** menu of a language to make it available or unavailable in the menu.
5. Select **Reorder** to reorder the languages in the menu, and click **Reorder**.
6. Select **Edit** from the **Actions** menu of a language, rename the language and click **Save**.

Related information

[Registering providers and services \(on page 214\)](#)

Configuring organization units

Assuming that organization units are enabled for your organization, you can configure organization units to create organization structure and to assign users and clients to different parts of the organization. A care team can direct client referrals to the correct organization unit to meet their needs, and manage organizational workflow such as tasks and care team actions.



Important:

New implementations of Merative™ Integrated Care that are using organizational units should ensure that all users are associated with a organizational unit before they use the application.



Note:

The care team groups feature that allows you to predefine groups of care team members is not currently supported for use with organization units.

Creating organization units

You can add an organization unit to the library of organization units in the application. You can register the contact and address details of the new organization unit.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Organization > Organization Units**.
The **Organization Units** page opens.
3. Click **New**.
The **New Organization Unit** page opens.
4. In the **Details** section, provide details to identify and contact the organization unit.
 - **Name**- Enter a unique name for the organization unit to a maximum of 200 characters.
 - **External System Reference**- Enter the reference number or code that the organization unit is assigned by the organization to uniquely identify it.

- **Display Name**- Enter the display name for the organization unit, which can be included in organizational reports, for example, a client's share care plan.
 - **Area Code**- If you enter an area code, enter a phone number.
 - **Phone**
5. In the **Address** section, enter the address of the organization unit.
6. Click **Save**.

The **Organization Units** page lists the new organization unit.

Modifying organization units

You can edit any existing organization unit in the library to maintain the latest contact and address details.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Organization > Organization Units**.
The **Organization Units** page opens.
3. Click the **Name** hyperlink of the organization unit that you want to edit.
The home page of the selected organization unit opens.
4. Click **Edit**.
The **Edit Organization Unit** home page opens.
5. In the **Details** section, update details to identify and contact the organization unit.
 - **Name**- Enter a unique name for the organization unit to a maximum of 200 characters.
 - **External System Reference**- Enter the reference number or code that the organization unit is assigned by the organization to uniquely identify it.
 - **Display Name**- Enter the display name for the organization unit, which can be included in organizational reports, for example, a client's share care plan.
 - **Area Code**- If you enter an area code, enter a phone number.
 - **Phone**
6. In the **Address** section, update the address of the organization unit.
7. Click **Save**.

The **Organization Units** page lists the updated organization unit.

Adding users to organization units

You can add users to an organization unit to manage clients, referrals, and workflow for that organization unit such as tasks and care team actions. However, note that a user can only belong to one organization unit and cannot be removed after you add them.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Side Navigation menu**, select **Organization > Organization Units**.
The **Organization Units** page opens.
3. Click the **Name** hyperlink of the organization unit that you want to edit.
The home page of the selected organization unit opens.
4. Select the **Users** tab to see a list of users who currently belong to the organization unit.
5. Click **Add**.
The **Add User** page opens.
6. Search for and select one or more listed users to add to the organization unit.
Only active users who are not already associated with an organization unit are listed and available for selection. The user's Login ID can help you to differentiate between users with the same name, and you can further identify users by their assigned workspaces.
7. Click **Add**.
The **Users** page lists the user or users that you added.

Configuring client messaging

The client messaging functionality enables clients and their care teams to send and receive messages about the client's care through Merative™ Integrated Care.

You can enable client messaging in the care team application through the following features:

- **Messaging**

To use the messaging feature, your organization must use the Merative™ Integrated Care Connect Individuals application, which resides in Merative™ Integrated Care. You can show or hide the messaging feature in the Connect Individuals and care team applications.

- **External messaging**

The external messaging feature uses the external messaging API to facilitate messaging between care teams and clients, and does not require the use of the Connect Individuals application. You can show or hide the external messaging feature in the care team application.

-  **Note:**

You can either show the messaging feature or the external messaging feature in the care team application, but not both.

Enabling the messaging feature

You can show or hide all pages, actions, buttons, fields, and columns that relate to the messaging feature in the care team and Connect Individuals applications.

The messaging feature resides in Merative™ Integrated Care and Merative™ Integrated Care Connect Individuals and is not an add-on component.

You can show the messaging feature whenever it is suitable for your organization. For example, you might choose to show the messaging feature only if care teams in your organization have capacity to respond to messages from their clients. If care teams do not have capacity to respond to messages, you can hide messaging. When the messaging feature is hidden, care teams and clients can no longer access, send, or receive messages in the care team and Connect Individuals applications.



Note:

If you want to show the messaging feature, you must first hide the external messaging feature if the external messaging feature was previously configured to show in the care team application.

For more information, see [Enabling the external messaging feature \(on page 348\)](#).

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Plan**.

The **Plan** page opens.

3. To show or hide the messaging feature, choose one of the following options, as applicable.

- From the **Actions** menu of the Messaging plan setting, select **Show**.
- From the **Actions** menu of the Messaging plan setting, select **Hide**.

Enabling the external messaging feature

You can show or hide all pages, actions, buttons, fields, and columns that relate to the external messaging feature in the care team application.

The external messaging feature uses the external messaging API to facilitate messaging between the care team and the client's external portal. To use the external messaging feature, you must enable the external messaging API. For more information, see [External Messaging API \(on page 893\)](#).

The external messaging feature does not require the use of the Connect Individuals application, and can be enabled for any organization whether they use the Connect Individuals application or not.

You can show the external messaging feature in the care team application whenever it is suitable for your organization. For example, you might choose to show the external messaging feature only if care teams in your organization have capacity to respond to messages from their clients. If care teams do not have capacity to respond to messages, you can hide external messaging. When the external messaging feature is hidden, care teams and clients can no longer access, send, or receive messages in the care team application.

**Note:**

If you want to show the external messaging feature, you must first hide the messaging feature if the messaging feature was previously configured to show in the care team application. For more information, see [Enabling the messaging feature \(on page 348\)](#).

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Plan**.
The **Plan** page opens.
3. To show or hide the external messaging feature, choose one of the following options, as applicable.
 - From the **Actions** menu of the External Messaging plan setting, select **Show**.
 - From the **Actions** menu of the External Messaging plan setting, select **Hide**.

Configuring external roles for integrated systems

For a user to view client information in Merative™ Integrated Care that is recorded on an external system, an external role can be preconfigured and associated with a user. The configuration is necessary for security reasons in the external system to determine the data that an external role is permitted to view when accessing a client's information.

This configuration is available only for Merative™ Integrated Care integrations with external systems. If the external role feature is not already enabled for your organization, you must submit a case on the [Merative™ Support Portal](#) to request this configuration.

Manage a configurable list of external roles to associate with users in the library. You can create or update an external role to associate with users. You can delete an external role if it is no longer needed.

Creating external roles for data access

You can add an external role to share with external systems when users access client information recorded in those systems from Merative™ Integrated Care. The external system identifies the user by their external role.

By adding an external role, users with the role can access only client information relevant to that role in the external system. Typically, the **External Role** field attribute indicates an organization name and a role in that organization in this format: <AgencyName>|<Role> (200 maximum characters). Each value is separated by a bar '|'.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Quick Links** page or the side navigation menu, click **External Roles**.
The **External Roles** page opens.
3. Click **New**.
The **New External Role** page opens.
4. In the **External Role** field, enter a unique value in the format <text> | <text>.
For example, an external role might consist of an organization name and role, such as 'Midway Health Center | Care Management'.
5. Click **Save**.
The **External Roles** page lists the new external role.

Modifying external roles for data access

You can update an external role so that users with the role can access only client information relevant to that role in an external system. The external system identifies the user by their external role.

Typically, the **External Role** field attribute indicates an organization name and a role in that organization in this format: <AgencyName>|<Role> (200 maximum characters). Each value is separated by a bar '|'.

1. Sign in with your administrator credentials.
Your home page opens.
2. From the **Quick Links** page or the side navigation menu, click **External Roles**.
The **External Roles** page opens.
3. From the **Actions** menu of a listed external role, click **Edit**.
The **Edit External Role** page opens.
4. In the **External Role** field, update the value to reflect a unique value in the format <text> | <text>.
For example, an external role might consist of an organization name and role, such as 'Midway Health Center | Care Management'.

5. Click **Save**.

The **External Roles** page lists the updated external role.

Deleting external roles

You can delete a configured external role to remove it from the library of roles.

1. Sign in with your administrator credentials.

Your home page opens.

2. From the **Quick Links** page or the side navigation menu, click **External Roles**.

The **External Roles** page opens.

3. From the **Actions** menu of a listed external role, click **Delete**.

The **Delete External Role** page opens.

4. Confirm that you want to delete the role by clicking **Delete**.

The **External Roles** page no longer lists the external role.

Configuring external system references

An *External System Reference* is an alphanumeric code that uniquely identifies items sent and received between Merative™ Integrated Care and an external system through an API. You can configure an external system reference for multiple items in the Administration application so that they can be matched with a configured value in Merative™ Integrated Care.

For example, you might configure an action **Meal Plan Assistance** to have an External System Reference **CAMP1**. When action data is received from an external application for Laurie Thompson, in addition to the information that identifies Laurie and the action details, if the action data includes the External System Reference **CAMP1**, Merative™ Integrated Care matches the action data to the configured **Meal Plan Assistance** action.

You can use the same external system reference to identify different items in administration. For example, you can associate the External System Reference **CAMP1** with an action and an alert. However, external system references must be unique when associated with more than one item of the same type, for example, multiple alerts.

You can configure external system references for the following items:

- Alerts
- Actions
- Assessments
- Care team roles

- Configurable client data
- Client referral reasons
- External referrals
- Identification types
- Notes
- Original source systems
- Programs
- Share care plan templates
- Sources
- Suffixes
- Titles

For more information on how to configure external system references, see the relevant configuration topic for each of the listed items. For example, [Creating actions \(on page 197\)](#).

Related information

[External system reference identifiers \(on page 863\)](#)

Reuse of external system references

If you modify an external system reference, for most items, you can subsequently reuse the original external system reference and associate it with another item. However, for security reasons, you cannot reuse an external system reference that was previously associated with an item that relates to clients' protected health information.

If you modify an external system reference that is associated with any of the following items, you can subsequently associate the original external system reference with another item, if required:

- Alerts
- Actions
- Assessments
- Care team roles
- Client referral reasons
- Configurable client data
- Notes
- Original source systems
- Programs
- Share care plan templates
- Sources

**Important:**

You cannot reuse any external system reference that was previously associated with an item that relates to the capture of clients' protected health information by the care team. Therefore, you cannot reuse external system references when configuring the following items:

- Identification types
- Titles
- Suffixes

For example, if you configure an identification type to have an External System Reference **ID1000** and you subsequently change it to **ID2000**, you cannot use **ID1000** again when configuring other identification types.

Configuring Share Care Plan templates

You can configure a library of templates for the care team to choose when they generate Share Care Plans for clients. You can add an uploaded image or organization logo to the template to show that the Share Care Plan is from a particular organization. If configured, you can view active custom client data types in the Share Care Plan.

The subsequent activated version of a custom client data type is automatically added to the existing templates. The display value for this version is the same as the display value of the last added version. If the custom client data type name is more than 80 characters, the extra characters are truncated, and the effective date is appended.

If the effect version is available, it is also appended. If your organization chooses to delete active versions of client data types, then they do not display as a section in the share care plan. If a client data type is marked to be included in the share care plan, the versions of such a custom client data type is available in Configured Client Data Types drop down or template list page only when the version is activated.

You can't specify a separate order for configurable client data in the share care plan template. You can only reorder the other general sections of a share care plan template.

Creating Share Care Plan templates

Merative™ Integrated Care comes with a default Share Care Plan template that you cannot edit. You can add new report templates as needed, or you can copy an existing report template as a baseline for a new template. You can configure the library to show or hide specific report templates.

Care teams use report templates to generate Share Care Plan templates to download and share with others, or to share with external parties (via webhooks integration). If you hide a template that is used in existing integrations, you might cause existing integrations to fail.

You can associate an external system reference with the template that you are creating or copying. When sending a care plan template as an API attribute, the external system identifies the template by its name or by its external system reference.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Share the Care Plan**.

The **Templates** page opens.

3. Complete one of the following actions.

- Create a new template.
 - a. Click **New**. The **New Template** page opens.
 - b. Name the template to a maximum of 100 characters, and provide a description.
 - c. From the listed images, select an image to include in the template
 - d. In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters.
 - e. To include or exclude the content sections of the template, select or clear each checkbox. By default, all listed sections are selected.
 - f. Optionally, to include or exclude the configured client data types on the template, select or clear each checkbox. By default, all listed client data types are selected.
 - g. Click **Save**.
- Copy an existing template as the baseline for a new template.
 - a. From the Actions menu of a template, select **Copy**. The **Copy Template** page opens.
 - b. Rename the template to make it different from the copied template name.
 - c. If configured, you can give the template a new external system reference. Enter a unique reference number of up to 20 alphanumeric characters.
 - d. Any image or organizational logo that is used in the existing template is displayed. Select another image or organizational logo from the list of available images.
 - e. Click **Save**.

The Templates page includes the new template.

4. Use the **Show** and **Hide** actions to display the template to the care team or hide it from view. By default, newly created templates are configured to be hidden.

- To show the template, from the Actions menu, select **Show**.
- To hide the template, from the Actions menu, select **Hide**.

**Note:**

You can hide the default Share Care Plan template. When all templates are hidden, the **Share Care Plan** link does not display in the Summary view for a client. For more information, see [Sharing care plans with others \(on page 670\)](#).

Related information

[Using webhooks notifications to retrieve data \(on page 885\)](#)

[Configuring external system references \(on page 351\)](#)

Uploading images for a Share Care Plan template

You can upload organizational images or corporate logos to give Share Care Plan templates a brand identity. Such images show clients that a Share Care Plan generated from a particular organization.

Upload only the following types of file formats: jpg, jpeg, tif, tiff, gif, bmp or png. Uploaded files must be less than 500 KB in size.

For best results, upload images with dimensions of exactly 120 pixels by 40 pixels (width x height). If you upload images that exceed these dimensions, a distorted image might display in the Share Care Plan output.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Share the Care Plan**.
The **Templates** page opens.
3. Select the **Images** tab.
4. Search for and select an image to upload.
5. Give the image a unique name, and you can provide a description.
6. Click **Save**.
The Images page includes the new image.
7. To update an existing image, from the Actions menu, select **Edit** and repeat the previous steps.

Managing the content of Share Care Plan templates

You can configure the contents of a Share Care Plan to show or hide specific content sections and section attributes. A care team member can download the Share Care Plan for a client with the required details.

Showing or hiding Share Care Plan sections

You can configure the content of a Share Care Plan to show or hide specific content sections.

You can reorder content sections in the Share Care Plan template.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Share the Care Plan**.

The **Templates** page opens.

3. Click the Name hyperlink of a Share Care Plan.

The **Content** page of the template opens.

4. Review the available templates sections and determine which sections to include or exclude.

5. Use the **Show** and **Hide** actions to display the template section to the care team or hide it from view.

By default, templates sections are configured to be shown.

- To show a section of the template, from the **Actions** menu, select **Show**.
- To hide a section of the template, from the menu, select **Hide**.

6. To reorder the sequence of content sections in the template, click **Reorder**.

The **Reorder Content** page opens. Drag and drop the content sections to position them in your preferred order.

Modifying report section attribute criteria

You can configure attribute criteria within sections of the Share Care Plan template to be shown or hidden from view so that the client or care team member recipient is not distracted by content that is no longer relevant.

In the upgraded template, you can use the Show and Hide actions to display attribute criteria to the care team within a section such as Conditions or Goals or hide the attribute criteria from view. In this way, the Share Care plan can focus on what's most relevant. For example you might want to only include Conditions that are Active or Primary.

Modifying the Conditions section attribute criteria

You can modify the Conditions section attribute criteria so that only the most relevant information for a client is displayed in the Conditions section of the downloaded share care plan PDF.

You can configure the display name for the Conditions section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Conditions section, and configure which condition records are shown. For example, all conditions regardless of their status, or only Resolved conditions.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Conditions section, click **Edit**. The Edit Conditions page opens.
5. The name of the section is read-only. By default, this is the name that displays in Merative™ Integrated Care and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
 - Source
 - Status
 - Classification
8. Optionally, specify Status Display Criteria options to filter the conditions records shown by Status, Active, Resolved, or both. By default, only Active conditions are displayed.
9. Optionally, specify Classification Display Criteria options to filter the conditions records shown by classification, Primary, Secondary, Unknown, or a combination of these classifications. By default, Primary, Secondary and Unknown conditions are displayed.
10. Click **Save**.

Modifying the Goals section attribute criteria

You can modify the Goals section attribute criteria so that only the most relevant information for a client is displayed in the Goals section of the downloaded share care plan PDF.

You can configure the display name for the Goals section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Goals section.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Goals section, click **Edit**. The Edit Goals page opens.
5. The name of the section is read-only. The name displays in Merative™ Integrated Care and the share care plan by default. You can specify a different display name of up to 50 characters to show in the share care plan report.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
 - Description
 - Start Date
 - Target Date
 - Status
 - Latest Progress Note
8. Click **Save**.

Modifying the Client Actions section attribute criteria

You can modify the Client Actions section attribute criteria so that only the most relevant information for a client is displayed in the Client Actions section of the downloaded share care plan PDF.

You can configure the display name for the Client Actions section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Client Actions section. You can include client actions within related goals or they can be displayed as a separate section.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Client Actions section, click **Edit**. The Edit Client Actions page opens.
5. The name of the section is read-only. The name displays in Merative™ Integrated Care and the share care plan by default. You can specify a different display name of up to 50 characters to show in the share care plan report.

6. From the Shown As field, click **Separate Section** or **Within Related Goals**. By default, client actions are set to separate section if you create a new template. By default client actions are set within related goals if an existing template is copied or edited for the first time.
7. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
8. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
 - Description
 - Reason
 - Start Date
 - Target Date
 - Status
 - Latest Progress Note
 - Associated Goals (displayed only if it is Shown As = Separate Section)
9. Click **Save**.

Modifying the Care Team Actions section attribute criteria

You can modify the Care Team Actions section attribute criteria so that only the most relevant information for a client is displayed in the Care Team Actions section of the downloaded share care plan PDF.

You can configure the display name for the Care Team Actions section that appears in the share care plan PDF. You can show or hide specific attributes from view. You can include care team actions within related goals or they can be displayed as a separate section.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Care Team Actions section, click **Edit**. The Edit Care Team Actions page opens.
5. The name of the section is read-only. The name displays in Merative™ Integrated Care and the share care plan by default. You can specify a different display name of up to 50 characters to show in the share care plan report.
6. From the Shown As field, click **Separate Section** or **Within Related Goals**. By default, care team actions are set to separate section if you create a new template. By default care team actions are set within related goals if an existing template is copied or edited for the first time.
7. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.

8. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
 - Description
 - Assigned To
 - Reason
 - Start Date
 - Target Date
 - Status
 - Latest Progress Note
 - Associated Goals (displayed only if it is Shown As = Separate Section)
9. Optionally, you can specify Assigned To Display Criteria options to filter the care team records shown by User Sharing Care Plan (My Actions), Care Team Member, Care Team Role, or a combination of the values. By default, all values are selected.
10. Click **Save**.

Modifying the Services section attribute criteria

You can modify the Services section attribute criteria so that only the most relevant information for a client is displayed in the Services section of the downloaded share care plan PDF.

You can configure the display name for the Services section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Services section, and configure which Services records are shown. For example, all services regardless of their status, or only Open services.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Services section, click **Edit**. The Edit Services page opens.
5. The name of the section is read-only. By default, this is the name that displays in Merative™ Integrated Care and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
 - Description
 - Associated Goals
 - Provider

- Provider Phone Number
 - Start Date
 - Expected End Date
 - Status
8. Optionally, specify Status Display Criteria options to filter the services records shown by Status, Open, Closed, or both. By default, both values are displayed.
9. Optionally, specify Outcome Display Criteria options to filter the services records shown by classification, Successful, Not Successful, Abandoned, or a combination of these classifications. By default, all values are displayed.
10. Click **Save**.

Modifying the Barriers section attribute criteria

You can modify the Barriers section attribute criteria so that only the most relevant information for a client is displayed in the Barriers section of the downloaded share care plan PDF.

You can configure the display name for the Barriers section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Barriers section, and configure which barriers records are shown. For example, all barriers regardless of their status, or only Resolved barriers.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Barriers section, click **Edit**. The Edit Barriers page opens.
5. The name of the section is read-only. By default, this is the name that displays in Merative™ Integrated Care and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
 - Status
 - Status Date
 - Note
 - Comments
8. Optionally, specify Status Display Criteria options to filter the barriers records shown by Open, Resolved, or both. By default, both records are displayed.
9. Click **Save**.

Modifying the Care Team section attribute criteria

You can modify the Care Team section attribute criteria so that only the most relevant information for a client is displayed in the Care Team section of the downloaded share care plan PDF.

You can configure the display name for the Care Team section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Care Team section, and configure which care team records are shown. For example, all care teams regardless of their status, or only Primary care teams.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Care Team section, click **Edit**. The Edit Care Team page opens.
5. The name of the section is read-only. By default, this is the name that displays in Merative™ Integrated Care and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. Optionally, specify Care Team Display Criteria options to filter the care team records shown by Primary, Core, or both. By default, both records are displayed.
8. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
 - Roles
 - Primary
 - Core
 - Phone Number
9. Click **Save**.

Modifying the Social Networks section attribute criteria

You can modify the Social Networks section attribute criteria so that only the most relevant information for a client is displayed in the Social Networks section of the downloaded share care plan PDF.

You can configure the display name for the Social Networks section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Social Networks section, and configure which social networks records are shown.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Social Networks section, click **Edit**. The Edit Social Networks page opens.
5. The name of the section is read-only. By default, this is the name that displays in Merative™ Integrated Care and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
 - Role
 - Relationship To Client
 - Phone Number
 - Primary Contact
8. Optionally, specify Primary Contact Display Criteria options to filter the social networks records shown by Primary, Non Primary or both. By default, both records are displayed.
9. Click **Save**.

Modifying the Programs section attribute criteria

You can modify the Programs section attribute criteria so that only the most relevant information for a client is displayed in the Programs section of the downloaded share care plan PDF.

You can configure the display name for the Programs section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Programs section, and configure which program records are shown. For example, all programs regardless of their status, or only Enrolled programs.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Programs section, click **Edit**. The Edit Programs page opens.
5. The name of the section is read-only. By default, this is the name that displays in Merative™ Integrated Care and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.

7. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
 - Status
 - Status Date
 - Assigned On
8. Optionally, specify Status Display Criteria options to filter the programs records shown by Assigned, Pending, Enrolled, Disenrolled, Not Enrolled, Completed or a combination of the records. By default, all records are displayed.
9. Click **Save**.

Modifying the Assessments section attribute criteria

You can modify the Assessments section attribute criteria so that only the most relevant information for a client is displayed in the Assessments section of the downloaded share care plan PDF.

You can configure the display name for the Assessments section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Assessments section, and configure which assessments records are shown. For example, all assessments regardless of their completed date, or only assessments completed in the last two weeks.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Assessments section, click **Edit**. The Edit Assessments page opens.
5. The name of the section is read-only. By default, this is the name that displays in Merative™ Integrated Care and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. Optionally, specify Type Display Criteria options to filter the assessments records shown by Score Only, Script, or both. By default, both records are displayed.
8. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
 - Completed By
 - Completed Date
9. Optionally, specify Completed Date (In Weeks) Display Criteria. Enter a value less than or equal to 26. If you don't enter a value, assessments completed in the last two years are displayed.
10. Click **Save**.

Modifying the Notes section attribute criteria

You can modify the Notes section attribute criteria so that only the most relevant information for a client is displayed in the Notes section of the downloaded share care plan PDF.

You can configure the display name for the Notes section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Notes section, and configure which notes records are shown. For example, all notes or only notes that are not sensitive.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
The **Templates** page opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Notes section, click **Edit**. The Edit Notes page opens.
5. The name of the section is read-only. By default, this is the name that displays in Merative™ Integrated Care and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. If configured, in the **Include Sensitive Notes** field, select **Yes** or **No**. Selecting Yes makes the sensitive note visible to you and other users who have been granted a security role with access to the client's sensitive notes.
8. Optionally, specify one or more Status Display Criteria from **Draft**, **Ready for review** and **Final** options. By default, all values are selected. You cannot unselect **Final** value.
9. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
 - Type Display Criteria.
 - Source
 - Status
 - Created Date
 - Created By
 - Updated Date
 - Updated By
 - Comments
10. Optionally, select a value in the **Created/Updated Date (In Weeks) Display Criteria** field. By default, the value is 26.
11. Click **Save**.

Modifying Touchpoints section attribute criteria

You can modify the Touchpoints section attribute criteria so that only the most relevant information for a client is displayed in the Touchpoints section of the downloaded share care plan PDF.

You can configure the display name for the Touchpoints section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Touchpoints section, and configure which notes records are shown. For example, all Touchpoint regardless of their status, or only **Ready for review** touchpoints.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Touchpoints section, click **Edit**. The Edit Touchpoints page opens.
5. The name of the section is read-only. By default, this is the name that displays in Merative™ Integrated Care and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. If configured, in the **Include Sensitive Notes** field, select **Yes** or **No**. Selecting Yes makes the sensitive note visible to you and other users who have been granted a security role with access to the client's sensitive notes.
8. Optionally, specify one or more Status Display Criteria from **Draft**, **Ready for review** and **Final** options. By default, all values are selected. You cannot unselect **Final** value.
9. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
 - Source
 - Status
 - Duration
 - Programs
 - Validated Identity
 - Created By
 - Updated Date
 - Updated By
 - Comments
10. Optionally, select a value in the **Created/Updated Date (In Weeks) Display Criteria** field. By default, the value is 26.
11. Click **Save**.

Modifying the Allergies section attribute criteria

You can modify the Allergies section attribute criteria so that only the most relevant information for a client is displayed in the Allergies section of the downloaded share care plan PDF.

You can configure the display name for the Allergies section that appears in the share care plan PDF.

You can show or hide specific attributes from view in the Allergies section, and configure which allergies records are shown. For example, all allergies regardless of their status, or only Active allergies.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
The **Templates** page opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Allergies section, click **Edit**. The Edit Allergies page opens.
5. The name of the section is read-only. By default, this is the name that displays in Merative™ Integrated Care and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. Optionally, specify Display Criteria options to filter the allergies records shown by Current, Other, or both. By default, Current is selected in new templates. In existing templates, the previous selection is displayed.
8. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
 - Reaction
 - Severity
 - Source
 - Current
 - Status
9. Optionally, specify Status Display Criteria options to filter the allergies records shown by Active, Unknown, or both. By default, both records are displayed.
10. Click **Save**.

Modifying the Medications section attribute criteria

You can modify the Medications section attribute criteria so that only the most relevant information for a client is displayed in the Medications section of the downloaded share care plan PDF.

You can configure the display name for the Medications section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Medications section, and configure which

medication records are shown. For example, all medications regardless of their status, or only Unknown medications.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Medications section, click **Edit**. The Edit Medications page opens.
5. The name of the section is read-only. By default, this is the name that displays in Merative™ Integrated Care and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. Optionally, specify Display Criteria options to filter the medications records shown by Currently Taking, Other, or both. By default, Currently Taking is selected in new templates. In existing templates, the previous selection is displayed.
8. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
 - SIG
 - Start Date
 - Source
 - Currently Taking
 - Status
9. Optionally, specify Status Display Criteria options to filter the medication records shown by Active, Unknown, or both. By default, both records are displayed.
10. Click **Save**.

Modifying the Recent Vitals section attribute criteria

You can modify the Recent Vitals section attribute criteria so that only the most relevant information for a client is displayed in the Recent Vitals section of the downloaded share care plan PDF.

You can configure the display name for the Recent Vitals section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Recent Vitals section.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
The **Templates page** opens.
3. Click the name of a share care plan template.

4. From the **Actions** for the Recent Vitals section, click **Edit**. The Edit Recent Vital page opens.
5. The name of the section is read-only. By default, this is the name that displays in Merative™ Integrated Care and the share care plan PDF. You can specify a different display name of up to 100 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
 - Measurement Date
 - Source
8. Optionally, specify Measurement Date (In Weeks) Display Criteria. Enter a value less than or equal to 26. If you don't enter a value, then only the latest record is displayed. If no vitals records exists, then this attribute criteria does not display.
9. Click **Save**.

Modifying the Custom Client data types section attribute criteria

You can modify the Custom Client data types section attribute criteria so that only the most relevant information for a client is displayed in the Custom Client data types section of the downloaded share care plan PDF.

You can configure the display name for the Custom Client data types section that appears in the share care plan PDF.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
The **Templates page** opens.
3. Click the name of a share care plan template.
4. Select a configured client data type version.
5. From the **Actions** for the Custom Client data types section, click **Edit**. The Edit Custom Client data types page opens.
6. The name of the section is **Display Name**. You can specify a different display name of up to 100 characters to show in the share care plan PDF. By default, the Name is the custom client data type, its version and if available, its effection version. The Name is read-only.
7. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.

8. Select the number of custom client data types records. By default the number of records is set to 20. Click the vertical stepper to increase or decrease the count. The minimum value is 1 and the maximum value is 20.
9. Click **Save**.

Configuring names of Share Care Plan template recipients

Configure a library of names of intended recipients of a Share Care Plan template for the care team to choose when they send a client's share care plan to external parties (via an API). You can edit a name after you create it. You can configure whether a name is made available to the care team to select when they send the Share Care Plan template.

Creating Share Care Plan template recipient names

You can create a library of names of intended recipients for a Share Care Plan template to make available for use by care teams when they send the template to external parties (via an API).

You can associate an external system reference with the name that you are adding. When sending the name as an API attribute, the external system identifies the name by its external system reference.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Share Care Plan**.
The **Templates** page opens.
3. Select the **Share With** tab.
Configured names are listed. The **Display** state indicates whether names that are configured in the application are available to the care team to use. The External System Reference displays the reference that the external system uses to identify the name.
4. Click **New**.
The **New Name** page opens.
5. Enter a unique name of up to 100 characters.
6. **Optional:** In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters.
7. Click **Save**.

Modifying Share Care Plan template recipient names

In the library of configured Share Care Plan template recipient names, you can update a name for the care team to choose when they send a client's template to external parties (via an API). You can configure the

library to show or hide specific names. You can reorder names so that the most relevant names display first according to your organization's needs.

You can update a name and if not previously configured, you can associate a new external system reference with the name record. When sending a name as an API attribute, the external system identifies the name by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Share Care Plan**.
The **Templates** page opens.
3. Select the **Share With** tab.
Configured names are listed.
4. To update an existing name, from the Actions menu, select **Edit** and enter a unique name.
5. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.
6. Click **Save**.
7. Use the **Show** and **Hide** actions to display a name to the care team or hide one from view. By default, newly-created names are configured to be shown.
 - To show the name, from the Actions menu, select **Show**.
 - To hide the name, from the Actions menu, select **Hide**.
8. To reorder the sequence of names, click **Reorder**.
The **Reorder Names** page opens. Drag and drop the names to position them in your preferred order, and click **Save**.

Upgrading Share Care Plan templates

You can upgrade the default Share Care Plan template in the library of configured templates to a newer format. Existing templates remain as they are unless you edit or copy them. When you edit or copy an existing template, the upgraded template is applied but the existing content is retained. Any future enhancements to the Share Care Plan report template only affects the upgraded template.

Upgrading the default Share Care Plan template cannot be undone.

Until you upgrade a template to the newer version, the care team can use the existing template to generate a share care plan. When you upgrade an existing template, the share care plan content and display status is retained. In addition, upgrading the template adds a new Services section to the template and updates some section names.

After you upgrade an existing template, activated custom client data type versions that are marked to be included in the Share Care Plan is also included. You can only add custom client data types to upgraded templates.

When your organization marks an activated custom client data type to be included in the share care plan as 'Yes' and creates a new version for the client data type that is marked to be included in the share care plan and activates this version, all these active custom data type versions are added to the existing custom created share care plan with a display status set to Hidden. The attributes for the active versions of client data type are set to Shown always. The care manager can mark the relevant version of custom client data type sections as Shown.

Upon upgrading the Default Share Care Plan, if there are custom client data types with at least one active version and it is indicated to be included in the share care plan, then all custom client data type versions will be added as a section with display value set to Hidden. If the share care plan is copied, if there are custom client data types with at least one active version and it is indicated to be included in the share care plan, then all custom client data type versions will be added as a section with display value set to Hidden.

1. Sign in with your administrator credentials. Your home page opens.
2. Click **Care Planning > Share Care Plan > Templates > Default Share Care Plan**.
3. Click **Upgrade** in the row-level action menu. The existing template format is updated to the latest template configuration while retaining the information contained in the existing template.
4. Click **Save**.

Editing Share Care Plan templates

You can edit a configured template in the library of Share Care Plan templates. The care team can select the template when they generate a Share Care Plan for a client.

When you edit an existing template, the current template content is mapped to the modified content in the new template and is available for selection or removal. The Select Sections drop down displays the updated sections in the new template. You can add an uploaded image or organization logo to the template to show that the Share Care Plan is from that organization. If you want to publish Client Actions or Care Team Actions on the Share Care Plan, you must select Goals.

1. Sign in with your administrator credentials. Your home page opens.
2. Click **Care Planning > Share Care Plan**. The Templates page opens.
3. Click the name of a share care plan template.
4. Review the template Name, External System Reference, Image and Description and determine what updates you want to make.

5. Review the available template sections and determine which sections to include or exclude.
6. Optionally, include custom client data types that were configured to be included in the Share Care Plan. Client data types are selected by default. If the custom client data type name is more than 80 characters, the extra characters are truncated, and the effective date is appended. If the effecton version is available, it is also appended.
7. Click **Save** to save changes and return to the Templates home page.
8. Click **Cancel** to return to the Templates home page.

Deleting Share Care Plan templates

If a configured Share Care Plan template is incorrect or obsolete, you can delete it.

Care teams use templates to generate Share Care Plan templates to download and share with others or to send to external parties (via an API). If you delete a Share Care Plan template that is use in existing integrations, you might cause existing integrations to fail.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Share the Care Plan**.
The **Templates** page opens.
3. From the **Actions** menu of the template, click **Delete**. The Delete Template page opens.
4. Click **Delete**.

Configuring resources for the care team

You can configure pages to enable a care team to capture consent records and create a referral for a client during the client registration process.

Configuring Register Client wizard pages

You can configure the following pages for the care team to complete with clients as a mandatory or optional step in the client registration process: **Capture Consent Records** and **New Referral**.

The **Capture Consent Records** page is required by a care team to categorize a client's consent records by information type, for example, Consent for Disclosure. The **New Referral** page is required by a care team who want to refer a client for care management as they are registering them in the application.

By default, the listed pages are configured to be hidden from the care team's view and excluded from the **Register Client** wizard. Use the row-level **Show as Mandatory/Optional** and **Hide** actions to control the display of each resource in the context of the **Register Client** wizard.

If organization units are enabled for your organization, the **New Referral** page must be included in the **Register Client** wizard so that a referral is created every time a care team member registers a new client in Merative™ Integrated Care and the referral is routed to the correct organization unit.

1. Sign in with your administrator credentials.

Your home page opens.

2. Select **Client Data > General>Client Registration**.

The **Client Registration** page opens.

3. Use the **Show** and **Hide** actions to display or hide the list pages.

- To include a list page in the Register Client wizard and to require the care team to complete it with clients, from the **Actions** menu, select **Show as Mandatory**. Confirm the action. When configured as mandatory, care team members must capture consent records or create a new referral while registering a client in the application.
- To include a list page in the Register Client wizard and allow the care team to optionally complete it with clients, from the **Actions** menu, select **Show as Optional**. Confirm the action. When configured as optional, care team members can but are not required to capture consent records or create a new referral while registering a client in the application.

If organization units are enabled for your organization, you cannot configure the New Referral page to be shown as optional in the Register Client wizard. Referrals are mandatory while registering a client.

- To exclude a list page from the Register Client wizard, from the **Actions** menu, select **Hide**. Confirm the action.

If organization units are enabled for your organization, you cannot configure the New Referral page to be hidden and unavailable to the care team in the Register Client wizard. Referrals are mandatory while registering a client.

Configuring for supervisors

You can configure the capacity ranges that govern the workload distribution for care managers in the organization. You can also configure unassigned day ranges to help supervisors identify any clients who are unassigned to a care team for care management.

Configuring care team capacity ranges

Capacity ranges are used to group care managers into categories by their capacity. You can modify the start and end range values for each category to suit the needs of your organization. Capacity ranges are

displayed in a capacity chart on the Supervisor workspace and show the workload distribution for care managers in the organization.

Capacity is organized in four categories: Low, Medium, High, and Over Capacity. Each care manager is assigned an individual capacity. The Supervisor workspace capacity chart groups and displays care managers in the relevant category according to their individual capacity. For example, care managers who have a capacity that is greater than 100 percent belong in the Over Capacity category.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Supervisor > Capacity Ranges**.

Configured capacity ranges are displayed.

3. Modify the range values for any capacity category by completing the following steps:

- a. Click **Edit**.

- b. Update the start and end range values for each category, as a percentage.

- c. Click **Save**.

Configuring unassigned referral day ranges

You can configure ranges to show a supervisor how many days client referrals remain unassigned to a care manager since their referral was received in the application. Unassigned referral day ranges are displayed on the Unassigned Referrals chart in the Supervisor workspace.

Three default ranges are available in the application: 0 - 6 days, 7 - 13 days, and equal to or greater than 14 days. You can modify the start and end values in each range to suit the needs of your organization.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Supervisor > Unassigned Referral Day Ranges**.

Configured referral day ranges are displayed.

3. Modify the values for any day range by completing the following steps:

- a. Click **Edit**.

- b. Update the start and end values for each range, in days.

- c. Click **Save**.

Configuring utilization

Utilization is the measure of a client's use of the clinical services that are available to them. Care teams record the utilization of clinical services for clients, such as hospital encounters or specialist visits.

Organization can use this information to understand the usage and outcome patterns for services to drive improvements. For example, they can track admissions to reduce readmission.

You can configure utilization types, sources, and dispositions for your organization and make them available for use by care teams.

Configuring utilization types

Care team members can select a type when they record the utilization of a clinical service for clients. You can configure a library of types for use by care teams.

Utilization types indicate the types of services that clients can visit for clinical care, for example, an Emergency Room, acute hospital, or hospice. You can add, edit, and delete types.

Creating types

By default, only one type, *Other*, comes with the product to allow the care team to record a specific type of clinical service that is not already configured. You can add new types to the library to suit the needs of your organization.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Utilization**.

The tabs in the **Utilization Types** library contain a list of configurable types, sources, and dispositions. Types are displayed by default.

3. Click **New**.

The **New Utilization Type** page opens.

4. Enter a unique name that does not duplicate any existing type in the library.



Tip:

Enter a minimum of three characters.

5. Click **Save** to add the type to the library.

Modifying types

With the exception of the *Other* type, you can edit the name of existing types.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Utilization**.

Configured types are displayed by default.

3. Click the **Actions** menu of the type, and click **Edit**.

The **Edit Utilization Type** page opens.

4. Enter a unique name that does not duplicate any existing type in the library.



Tip:

Enter a minimum of three characters.

5. Click **Save** to update the type in the library.

Deleting types

If a configured type is incorrect or obsolete, you can delete it with the exception of the *Other* type.

When you delete a type, the care team can no longer select that type when they create a new utilization. However, any existing utilization that references the deleted type are not affected. The care team can continue to add comments to those notes.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Utilization**.

Configured types are displayed by default.

3. Click the **Actions** menu of the type, and click **Delete**.

The **Delete Utilization Type** page opens.

4. Confirm that you want to delete the type by clicking **Delete**.

Configuring utilization locations

Care team members can select a location when they record the utilization of a clinical service for clients.

You can configure a library of locations for use by care teams.

A utilization location is the name of the facility where a client availed of health services, for example, the name of a hospital, hospice, or rehabilitation center. You can add, edit, and delete locations.

Creating locations

By default, only one location, *Other*, comes with the product to allow the care team to record a specific clinical service location that is not already configured. You can add new locations to the library to suit the needs of your organization.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Utilization**.

The tabs on the **Utilization** page contain a list of configurable types, locations, sources, and dispositions. Types are displayed by default.

3. Select the **Locations** tab.

4. Click **New**.

The **New Utilization Location** page opens.

5. Enter a unique name that does not duplicate any existing location in the library.



Tip:

Enter a minimum of three characters.

6. Click **Save** to add the location to the library.

Modifying locations

With the exception of the *Other* location, you can edit the name of existing locations.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Utilization**.

Configured types are displayed by default.

3. Select the **Locations** tab.

4. Click the **Actions** menu of the location, and click **Edit**.

The **Edit Utilization Location** page opens.

5. Enter a unique name that does not duplicate any existing location in the library.



Tip:

Enter a minimum of three characters.

6. Click **Save** to update the location in the library.

Deleting locations

If a configured location is incorrect or obsolete, you can delete it with the exception of the *Other* location.

When you delete a location, the care team can no longer select that location when they create a new utilization. However, any existing utilization that references the deleted location are not affected. The care team can continue to add comments to those notes.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Utilization**.
Configured types are displayed by default.
3. Select the **Locations** tab.
4. Click the **Actions** menu of the location, and click **Delete**.
The **Delete Utilization Location** page opens.
5. Confirm that you want to delete the location by clicking **Delete**.

Configuring utilization sources

Care team members can select a source when they record the utilization of a clinical service for clients. You can configure a library of sources for use by care teams.

The utilization source indicates who is providing information about the clinical services that clients use. For example, your organization might receive service utilization information from the client, a caregiver, or a hospital. You can add, edit, and delete sources.

Creating sources

By default, only one type, *Other*, comes with the product to allow the care team to record a specific source that is not already configured. You can add new sources to the library to suit the needs of your organization.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Utilization**.
The tabs in the **Utilization Types** library a list of configurable types, sources, and dispositions.
Types are displayed by default.
3. Select the **Sources** tab.
4. Click **New**.
The **New Utilization Source** page opens.
5. Enter a unique name that does not duplicate any existing source in the library.



Tip:

Enter a minimum of three characters.

6. Click **Save** to add the source to the library.

Modifying sources

With the exception of the *Other* source, you can edit the name of existing sources.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Utilization**.
Configured types are displayed by default.
3. Select the **Sources** tab.
4. Click the **Actions** menu of the source, and click **Edit**.
The **Edit Utilization Source** page opens.
5. Enter a unique name that does not duplicate any existing source in the library.



Tip:

Enter a minimum of three characters.

6. Click **Save** to update the source in the library.

Deleting sources

If a configured source is incorrect or obsolete, you can delete it with the exception of the *Other* source.

When you delete a source, the care team can no longer select that source when they create a new utilization. However, any existing utilization that references the deleted source are not affected. The care team can continue to add comments to those notes.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Utilization**.
Configured types are displayed by default.
3. Select the **Sources** tab.
4. Click the **Actions** menu of the source, and click **Delete**.

The **Delete Utilization Source** page opens.

5. Confirm that you want to delete the source by clicking **Delete**.

Configuring utilization dispositions

Care team members can select a disposition when they record the utilization of a clinical service for clients. You can configure a library of dispositions for use by care teams.

Utilization dispositions indicate the outcomes for clients after they avail of clinical services. For example, after a stay in a hospital, a client might go home or go to a skilled nursing facility (SNF). You can add, edit, and delete dispositions.

Creating dispositions

By default, only one type, *Other*, comes with the product to allow the care team to record a specific type of disposition that is not already configured. You can add new dispositions to the library to suit the needs of your organization.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Utilization**.

The tabs on the **Utilization** page contain a list of configurable types, sources, and dispositions.

Types are displayed by default.

3. Select the **Dispositions** tab.

4. Click **New**.

The **New Utilization Disposition** page opens.

5. Enter a unique name that does not duplicate any existing disposition in the library.



Tip:

Enter a minimum of three characters.

6. Click **Save** to add the disposition to the library.

Modifying dispositions

With the exception of the *Other* type, you can edit the name of existing dispositions.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Utilization**.

Configured types are displayed by default.

3. Select the **Dispositions** tab.
4. Click the **Actions** menu of the disposition, and click **Edit**.

The **Edit Utilization Disposition** page opens.

5. Enter a unique name that does not duplicate any existing disposition in the library.



Tip:

Enter a minimum of three characters.

6. Click **Save** to update the disposition in the library.

Deleting dispositions

If a configured disposition is incorrect or obsolete, you can delete it with the exception of the *Other* disposition.

When you delete a disposition, the care team can no longer select that disposition when they create a new utilization. However, any existing utilization that references the deleted disposition are not affected. The care team can continue to add comments to those notes.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Utilization**.
Configured types are displayed by default.
3. Select the **Dispositions** tab.
4. Click the **Actions** menu of the disposition, and click **Delete**.
The **Delete Utilization Disposition** page opens.
5. Confirm that you want to delete the disposition by clicking **Delete**.

Configuring notes

Care teams record notes about clients in different places in the application to address different aspects of client care. You can configure a library of note types for the care team to associate with client notes, and set options to allow or prevent note editing and note sharing with external parties.

You can configure the note types, external systems, and delete note reasons for your organization and make them available for care teams to use.

Configuring note types

You can configure a library of note types for a care team to associate with a client note.

Note types classify the nature of the note and can be categorized by activity as follows: Access and Continuity, Assessment, Care Management, Care Plan Update, Chart Review, Comprehensive Assessment, Comprehensiveness and Coordination, Educational Information, General, Letters, Population Health, Private, Private to Role, Quality Review, Touch point, or Wellness.

You can add note types and edit the attributes of existing types.

Default note types

The following notes types are available, and with the exception of the Touchpoint note type, can be shown or hidden from the care team.



Note:

Private and Private To Role notes types are hidden by default. So if you configure this note type to be shown, you must show the Private Note summary card also. For more information, see [Configuring the default display of client summary cards for all care team roles \(on page 318\)](#).

Note types for Services and Barriers can't be shown or hidden. Team members can't add a note with the note type Services or Barriers. When team members add a note for a service, the Note Type is set to Service. When team members add a note for a barrier, the Note Type is set to Barrier. You can configure note sharing options, associate an external system reference, and configure Barrier and Service note types so that team members can edit them.

By default, the Touchpoint note type is always shown and cannot be hidden.

By default, the Form note type is always shown and is only available for use with families. The reason is that a care team member can't conduct a stand-alone questionnaire with a client and add a note of type Form to that questionnaire. As a result, ensure that the Form note type is set to hidden when you are working with clients.

- Access and Continuity
- Assessment
- Care Management
- Care Plan Update
- Chart review
- Comprehensive assessment

- Comprehensiveness and Coordination
- Educational Information
- External
- Form
- General
- Intake
- Letters
- Population Health
- Private
- Private To Role
- Quality Review
- Touchpoint
- Wellness
- Barrier
- Service

Creating types

If a suitable note type does not exist in the library of configured types, you can create a new note type for the care team to use. You can configure options to allow or prevent editing of the note type or note sharing with external systems. You can allow or prevent the team from overriding your configuration.

You can configure note sharing options for all note types except Private and Private to Role note types.

You can associate an external system reference with the note type that you are configuring so that incoming data from an external API can be mapped to the configured note type in Merative™ Integrated Care.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Notes**.

The tabs in the **Notes** library contain a list of configurable note types, external systems for note sharing, and delete note reasons. Note types are displayed by default.

3. Click **New**.

The **New Note Type** page opens.

4. Enter a unique name that does not duplicate any existing note type in the library.

5. To allow or prevent editing of the note type by the care team, select or clear the **Editable** check box.

By default, a note type is not selected for editing.

6. In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters to associate with the note type that you are creating.
When sending a note type as an API attribute, the external system identifies the note type by its external system reference.
7. To allow or prevent sharing of notes of this type with external parties, select or clear the **Share** check box.
By default, a note type is not selected for sharing.
8. If you selected to allow note sharing, choose one or more of the configured external parties with whom the care team can share the note type.
9. To allow or prevent overriding of your note sharing options, select or clear the **Share with Override** check box.
10. Click **Save** to add the type to the library.

Related information

[Configuring external system references \(on page 351\)](#)

Modifying types

You can update the attributes of a note type in the library of configured types.

You can configure note sharing options for all note types except Private and Private to Role note types.

You can associate an external system reference with the note type that you are configuring so that incoming data from an external API can be mapped to the configured note type in Merative™ Integrated Care.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Notes**.
The tabs in the **Notes** library contain a list of configurable note types, external systems for note sharing, and delete note reasons. Note types are displayed by default.
3. Click the **Actions** menu of the type, and click **Edit**.
The **Edit Note Type** page opens.
4. Enter a unique name that does not duplicate any existing type in the library.
5. Change the previous setting to allow or prevent editing of the note type by the care team. Select or clear the **Editable** check box.
When you make a note type editable or not editable, existing note types that are in a **Final** state are not affected.

6. In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters to associate with the note type that you are updating.
When sending a note type as an API attribute, the external system identifies the note type by its external system reference.
7. To allow or prevent sharing of notes of this type with external parties, select or clear the **Share** check box.
By default, a note type is not selected for sharing.
8. If you selected to allow note sharing, choose one or more of the configured external parties with whom the care team can share the note type.
9. To allow or prevent overriding of your note sharing options, select or clear the **Share with Override** check box.
10. Click **Save** to update the type in the library.

Configuring reasons for note deletions

Care team members can select a reason for deleting a client note in the application. You can configure a library of delete note reasons for use by care teams.

For example, a care team member might want to delete a client note that was mistakenly entered. By default, the application comes with the following delete note reasons: Incorrect information, Entered for incorrect client, Care Manager request, and Other.

You can add and edit reasons for deleting client notes.

Adding reasons

If a suitable delete note reason does not exist in the library of configured reasons, you can add a new reason. The reasons that you configure become available to the care team to select when they delete client notes.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Care Planning > Notes**.
The tabs in the **Notes** library contain a list of configurable types, external systems, and delete reasons. Types are displayed by default.
3. Select the **Delete Reasons** tab.
4. Click **New**.
The **New Delete Note Reason** page opens.
5. Enter a unique reason that does not duplicate any existing delete note reason in the library.
6. Click **Save** to add the delete reason to the library.

The **Delete Note Reasons** list opens.

7. Use the **Show** and **Hide** actions to display the delete note reason to the care team or hide it from view.
 - a. To hide the reason, from the Actions menu, select **Hide**.
 - b. To show the reason, from the Actions menu, select **Show**.

Modifying reasons

You can update a delete note reason. When you change the name of a delete note reason in the library of configured reasons, all existing instances in client records are updated.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Notes**.

The tabs in the **Notes** library contain a list of configurable types, external systems, and delete reasons. Types are displayed by default.

3. Select the **Delete Note Reasons** tab.

4. Click the **Actions** menu of the delete note reason, and click **Edit**.

The **Edit Delete Note Reason** page opens.

5. Enter a unique reason that does not duplicate any existing reason in the library.

6. Click **Save** to update the delete note reason in the library.

The **Delete Note Reasons** list opens.

7. Use the **Show** and **Hide** actions to display the delete note reason to the care team or hide it from view.

- a. To hide the reason, from the Actions menu, select **Hide**.

- b. To show the reason, from the Actions menu, select **Show**.

8. To reorder the sequence of delete note reasons, click **Reorder**.

Drag and drop the delete note reasons to position them in your preferred order.

Configuring note sharing with external systems

With the exception of private note types, you can configure note types to be shared with external systems.

You can configure a library of external system types to associate with note sharing options in the application.

A Virtual Private Network (VPN) is required for notes sharing. Contact Merative to provide the VPN.

For example, your organization might want to share notes with an External Medical Record (EMR) system outside of the organization. By default, the application comes with the following external system type: EMR. You can add and edit external systems.

Adding external systems

By default, only one external system, *EMR*, comes with the product. You can add more external system types to the library to suit the needs of your organization.

The external systems that you configure become available to the care team to select when they share client notes.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Notes**.

The tabs in the **Notes** library contain a list of configurable types, external systems, and delete reasons. Types are displayed by default.

3. Select the **External Systems** tab.

4. Click **New**.

The **New External System Type** page opens.

5. Enter a unique name that does not duplicate any existing external system in the library.

6. Click **Save** to add the external system to the library.

The **External Systems Type** list opens.

7. Use the **Show** and **Hide** actions to display the external system type to the care team or hide it from view.

a. To hide the type, from the Actions menu, select **Hide**.

b. To show the type, from the Actions menu, select **Show**.

Modifying external systems

You can update configured types of external systems to associate with note sharing options in the application. When you change the name of an external system in the library of configured systems, all existing instances in client records are updated.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Notes**.

The tabs in the **Notes** library contain a list of configurable types, external systems, and delete reasons. Types are displayed by default.

3. Select the **External Systems** tab.

4. Click the **Actions** menu of the external system, and click **Edit**.

The **Edit External System** page opens.

5. Enter a unique name that does not duplicate any existing type in the library.

6. Click **Save** to update the external system in the library.

The **External Systems Type** list opens.

7. Use the **Show** and **Hide** actions to display the external system type to the care team or hide it from view.
 - a. To hide the type, from the Actions menu, select **Hide**.
 - b. To show the type, from the Actions menu, select **Show**.

Configuring subscribers and managing subscriptions

Configure subscribers and manage their subscriptions so that external systems can receive notifications when data updates occur in Merative™ Integrated Care. A subscriber represents an external system that Merative™ Integrated Care notifies when the care team updates a client's information.

To see the option to configure subscribers, webhooks notifications must be turned on for your organization by Merative™ Integrated Care. You must work with your Merative™ client executive to ensure that notifications are turned on. In addition, to receive notifications, certain information is required by Merative™ Integrated Care to enable outbound flow of data to your external system. For more information, see [Required information for API flows \(on page 853\)](#).

When the care team updates a client's program status and an external system is subscribed to notifications for the Program data type, Merative™ Integrated Care sends a notification to the external system about the update. Then, assuming the you can retrieve the latest version of the data so that users of the external system can view the updated program status.

After receiving a notification, you must retrieve the updates via a suitable API in the [Merative Integrated Care REST API catalog \(on page 890\)](#) so that external system users who do not have access to Merative™ Integrated Care, but are involved in the client's care, can see the latest information.

Configuring subscribers

Configure a subscriber to register an external system for notifications. You can configure a library of subscribers. You can create, modify, and delete subscribers and create, modify, and delete their authentication details.

Creating subscribers

You must create a subscriber so that Merative™ Integrated Care can identify the external system to send notifications to.

Merative™ Integrated Care combines the protocol, host, port and path values and uses them to generate the endpoint URL for the external system that receives the notifications.

Sleep window, error count window, and maximum error count values enable the circuit breaker system. Merative™ Integrated Care initiates the circuit breaker if notifications fail because the external system is unavailable. If the number of notifications that you enter in the Maximum Error Count field fail in the number of milliseconds that you enter in the Error Count Window field, Merative™ Integrated Care stops sending notifications. Merative™ Integrated Care pauses communication with the external system for the number of milliseconds that you enter in the Sleep Window field.

**Note:**

In addition to you configuring the external system host and port values, your Merative™ client executive must also provide these values to Merative™ Integrated Care for allowlist purposes. Otherwise, notifications will not be sent. For more information, see [Required information. \(on page 853\)](#)

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Integration > Subscribers**.
Existing subscribers are displayed.
3. Click **New**.
The **New Subscriber** page opens.
4. Enter the subscriber endpoint details.
 - **Name** - Optional: Enter a name to easily identify the subscriber in Administration. For example, you might record a nickname for the subscriber.
 - **Protocol** - Select the protocol that is used by the subscriber.
 - **Host** - Enter the hostname of up to 200 characters.
 - **Path** - Enter the path of up to 200 characters.
 - **Port** - Enter the port number of up to 200 characters.
 - **Sleep Window** - Enter the number of milliseconds that Merative™ Integrated Care must wait before attempting to reconnect connect to the external system after the circuit breaker is initiated. You can enter up to 604800000 milliseconds (7 days). The recommended value range is 1800000 - 3600000 (30 - 60 minutes).
 - **Error Count Window** - Enter the number of milliseconds during which notification failures can occur before Merative™ Integrated Care determines that the external system is unavailable. You can enter up to 604800000 milliseconds (7 days). The recommended value range is 600000 - 1200000 (10 - 20 minutes).
 - **Maximum Error Count** - Enter the maximum number of consecutive notification failures that must occur within the milliseconds you enter in the Error Count Window before Merative™

Integrated Care initiates the circuit breaker. You can enter up to 1000. The recommended value range is 3 - 5.

- **URI Headers** - Optional: Enter a comma-separated list of URI headers of up to 1000 characters.
- **URI Header Values** - Optional: Enter a comma-separated list of values for the URI headers of up to 1000 characters.

5. Click **Save**.

Creating subscriber authentications

Add a subscriber's authentication details so that Merative™ Integrated Care can authenticate with the external system when sending notifications in respect of its subscriptions.

Adding the subscriber authentication details enables Merative™ Integrated Care to access the external system.

You can add only one authentication record for each subscriber.

If the subscriber's authentication type is OAuth (Open Authentication) 2, you must enter values for protocol, host, port, and path. If the subscriber's authentication type is Basic Authentication, these values are not required.



Note:

If you choose the OAuth 2 authentication type, your Merative™ client executive must also provide the external system host and port values to Merative™ Integrated Care for allowlist purposes. Otherwise, notifications will not be sent. For more information, see [Required information. \(on page 853\)](#)

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Integration > Subscribers**.

Existing subscribers are displayed.

3. Click a subscriber hostname.

The subscriber **Home** page opens.

4. Select **Add Subscriber Authentication** in the **Actions** menu.

The **Add Subscriber Authentication** page opens.

5. Add the subscriber authentication details.

- **Client Identifier** - Enter the external system's client identifier of up to 200 characters. The client identifier is the username that Merative™ Integrated Care must use to authenticate with the external system.
- **Client Secret** - Enter the external system's client secret of up to 200 characters. The client secret is the password that Merative™ Integrated Care must use to authenticate with the external system.
- **Authentication Type** - Select the authentication type that the external system uses. **Basic Authentication** type means that the external system requires a valid username and password to access it. **OAuth 2** means that the external system requires a valid username and password, and Merative™ Integrated Care must access the external system authentication server to obtain a token. If the authentication type is OAuth 2, you must enter the external system authentication server details (protocol, host, path, and port).
- **Protocol** - Select the protocol that the external system authentication server uses.
- **Host** - Enter the hostname of the external system authentication server, of up to 200 characters.
- **Path** - Enter the path of the external system authentication server.
- **Port** - Enter the port number of the external system authentication server, of up to 200 characters.

6. Click **Save**.

Modifying subscribers

If a subscriber's endpoint details change, you can update the subscriber. When you update a subscriber, Merative™ Integrated Care sends notifications to the updated endpoint details.

Merative™ Integrated Care combines the protocol, host, port and path values and uses them to generate the endpoint URL for the external system that receives the notifications.

Sleep window, error count window, and maximum error count values enable the circuit breaker system. Merative™ Integrated Care initiates the circuit breaker if notifications fail because the external system is unavailable. If the number of notifications that you enter in the Maximum Error Count field fail within the number of milliseconds that you enter in the Error Count Window field, Merative™ Integrated Care stops sending notifications. If this occurs, Merative™ Integrated Care pauses communication with the external system for the number of milliseconds that you enter in the Sleep Window field.



Note:

If you modify the subscriber host or port values, your Merative™ client executive must also provide the updated values to Merative™ Integrated Care for allowlist purposes. Otherwise,



notifications will no longer be sent. For more information, see [Required information. \(on page 853\)](#)

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Integration > Subscribers**.

Existing subscribers are displayed.

3. Click a subscriber hostname.

The subscriber Home page opens.

4. Select **Edit Details** in the **Actions** menu.

The **Edit Subscriber** page opens.

5. Update the subscriber endpoint details.

- **Name** - Optional: Enter a name to easily identify the subscriber in Administration. For example, you might record a nickname for the subscriber.
- **Protocol** - Select the protocol that is used by the subscriber.
- **Host** - Enter the hostname of up to 200 characters.
- **Path** - Enter the path of up to 200 characters.
- **Port** - Enter the port number of up to 200 characters.
- **Sleep Window** - Enter the number of milliseconds that Merative™ Integrated Care must wait before attempting to reconnect connect to the external system after the circuit breaker is initiated. You can enter up to 604800000 milliseconds (7 days). The recommended value range is 1800000 - 3600000 (30 - 60 minutes).
- **Error Count Window** - Enter the number of milliseconds during which notification failures can occur before Merative™ Integrated Care determines that the external system is unavailable. You can enter up to 604800000 milliseconds (7 days). The recommended value range is 600000 - 1200000 (10 - 20 minutes).
- **Maximum Error Count** - Enter the maximum number of consecutive notification failures that must occur within the milliseconds you enter in the Error Count Window before Merative™ Integrated Care initiates the circuit breaker. You can enter up to 1000. The recommended value range is 3 - 5.
- **URI Headers** - Optional: Enter a comma-separated list of URI headers of up to 1000 characters.
- **URI Header Values** - Optional: Enter a comma-separated list of values for the URI headers of up to 1000 characters.

6. Click **Save**.

Modifying subscriber authentications

You can update the subscriber's authentication details if the subscriber client identifier or authentication type changes.

If the subscriber's authentication type is OAuth (Open Authentication) 2, you must enter values for protocol, host, port, and path. If the subscriber's authentication type is Basic Authentication, these values are not required.



Note:

If you update the external system authentication server host or port values, your Merative™ client executive must also provide the updated values to Merative™ Integrated Care for allowlist purposes. Otherwise, notifications will no longer be sent. For more information, see [Required information. \(on page 853\)](#)

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Integration > Subscribers**.
Existing subscribers are displayed.
3. Click a subscriber hostname.
The subscriber **Home** page opens.
4. From the row **Actions** menu for an authentication, click **Edit**.
The **Modify Authentication** page opens.
5. Add the subscriber authentication details.
 - **Client Identifier** - Enter the external system's client identifier of up to 200 characters. The client identifier is the username that Merative™ Integrated Care must use to authenticate with the external system.
 - **Authentication Type** - Select the authentication type that the external system uses. **Basic Authentication** means that the external system requires a valid username and password to access it. **OAuth 2** means that the external system requires a valid username and password, and Merative™ Integrated Care must access the external system authentication server to obtain a token. If the authentication type is OAuth 2, you must enter the external system authentication server details (protocol, host, path, and port).
 - **Protocol** - Select the protocol that the external system authentication server uses.
 - **Host** - Enter the hostname of the external system authentication server, of up to 200 characters.

- **Path** - Enter the path of the external system authentication server.
 - **Port** - Enter the port number of the external system authentication server, of up to 200 characters.
6. Click **Save**.

Modifying subscriber client secrets

If a subscriber's client secret changes, you can update it so that Merative™ Integrated Care uses a valid client secret when accessing the external system.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Integration > Subscribers**.
Existing subscribers are displayed.
3. Click a subscriber hostname.
The subscriber **Home** page opens.
4. From the row **Actions** menu for an authentication, click **Update Client Secret**.
The **Update Client Secret** page opens.
5. Enter the external system's client secret of up to 200 characters.
6. Click **Save**.

Deleting subscribers

If a subscriber is obsolete or was created in error, you can delete it. When you delete a subscriber, Merative™ Integrated Care stops sending notifications to the subscriber in respect of their subscriptions (if configured).

Deleting a subscriber deletes the subscriber, their authentications, and unsubscribes them from notifications relating to their active subscriptions.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Integration > Subscribers**.
Existing subscribers are displayed.
3. From the row **Actions** menu for a subscriber, click **Delete**.
The **Delete Subscriber** page opens.
4. Confirm that you want to delete the subscriber by clicking **Delete**.

Deleting subscriber authentications

If a subscriber authentication is obsolete or was created in error, you can delete it.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Integration > Subscribers**.
Existing subscribers are displayed.
3. Click a subscriber hostname.
The subscriber Home page opens.
4. From the row **Actions** menu for a subscriber authentication, click **Delete**.
The **Delete Subscriber Authentication** page opens.
5. Confirm that you want to delete the subscriber authentication by clicking **Delete**.

Managing subscriptions

Manage subscriptions so that a subscriber can receive notifications about updates to specific data types. You can subscribe and unsubscribe from notifications.

Subscribing to notifications

Subscribe to notifications about data type updates when they occur in Merative™ Integrated Care.

You can add multiple subscriptions for a subscriber. However, for each subscriber, you can add only one subscription per data type. The option to select an external system reference is displayed only when you choose a client data subscription.



Note:

Under data privacy regulations, you are automatically subscribed to client status data notifications in Merative™ Integrated Care when you create a subscriber. This subscription notifies you about client deletions in Merative™ Integrated Care, so that you can take any required actions to delete the client from other systems. You cannot unsubscribe from client status data notifications.

You can subscribe to notifications for configurable client data types only. An example is a custom Family History client data type that your organization configures to capture a client's family history information. You cannot subscribe to notifications about updates to non-configurable client data types, for example, Address, Phone Number, and Email Address.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Integration > Subscribers**.
Existing subscribers are displayed.
3. Click a subscriber hostname.
The subscriber **Home** page opens.
4. Select **Add Subscription** in the **Actions** menu.
The **Add Subscription** page opens.
5. Choose which data type you want receive notifications about.
6. If you selected **Client Data**, select the external system reference that uniquely identifies a specific configurable client data type.
7. Click **Save**.

When the care team creates, updates, or deletes client information in respect of the data type, Merative™ Integrated Care sends a notification to the subscriber. Review the notification message to determine whether to retrieve the data updates by using a suitable API in the [Merative Integrated Care REST API catalog \(on page 890\)](#).

[Reviewing the notification message \(on page 887\)](#)

[Retrieving data updates \(on page 889\)](#)

Unsubscribing from notifications

If you want Merative™ Integrated Care to stop sending notifications in respect of data type updates, you can unsubscribe from the notifications.

By unsubscribing, Merative™ Integrated Care cancels the subscription and no longer sends notifications when the care team updates client information in respect of the data type.

When you create a subscriber, Merative™ Integrated Care automatically subscribes the external system to notifications when a client is deleted in Merative™ Integrated Care. You cannot unsubscribe from client deletion notifications.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Integration > Subscribers**.
Existing subscribers are displayed.
3. Click a subscriber hostname.
The subscriber **Home** page opens. Existing subscriptions are displayed.

4. From the row **Actions** menu for a subscription, click **Unsubscribe** for the relevant data type.
The **Unsubscribe** page opens.
5. Click **Confirm** to confirm that you want to unsubscribe from notifications for the data type.

Configuring external referral recipients

Configure a library of intended recipients of an external referral for the care team to choose when they send a client referral to an external party (via an API). You can edit an external referral recipient after you create it. You can configure whether an external referral recipient is made available to the care team to select when they send the referral.

Creating external referral recipients

You can create a library of intended recipients for a client referral to make available for use by care teams when they send the referral to an external party (via an API).

A configured external referral record represents a recipient to route an external client referral to. For example, an external system, group, or organization.

By default, newly-created external referral recipients are configured to be **Shown**. However, to make the recipient available to care teams, and for Merative™ Integrated Care to notify the external system about the client referral, ensure that you subscribe to notifications about the External Referral data type by [Subscribing to notifications \(on page 396\)](#).

You can associate an external system reference with the external referral recipient value that you are adding. When receiving the external referral recipient as an API attribute, the external system identifies the recipient by its external system reference.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Integration > External Referrals**.
Existing external referrals are displayed.
3. Click **New**.
The **New External Referral** page opens.
4. In the **External Referral To** field, enter a unique external recipient name of up to 200 characters.
5. **Optional:** In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters.
6. Click **Save** to add the external referral recipient to the library. The External Referrals list opens.
7. Use the **Show** and **Hide** actions to display the external referral recipient to the care team or hide it from view.

- To hide the external referral recipient, from the Actions menu, select **Hide**.
 - To show the external referral recipient, from the Actions menu, select **Show**.
8. To reorder the sequence of external referral recipients, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Modifying external referral recipients

In the library of configured external referrals, you can update an external referral recipient for the care team to choose when they send a client referral to an external party (via an API). You can configure the library to show or hide specific external referral recipients. You can reorder the recipients so that the most relevant ones display first according to your organization's needs.

You can update the external referral recipient name and if not previously configured, you can associate a new external system reference with the external referral recipient name. When receiving an external referral recipient as an API attribute, the external system identifies it by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

1. Sign in with your administrator credentials.
Your home page opens.
2. Click **Integration > External Referrals**.
Existing external referrals are displayed.
3. From the Actions menu for an external referral, click **Edit**.
The **Edit External Referral** page opens.
4. In the **External Referral To** field, update the external recipient name.
5. **Optional:** In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters.
6. Click **Save**.
7. Use the **Show** and **Hide** actions to display the external referral recipient to the care team or hide it from view.
 - To hide the external referral recipient, from the Actions menu, select **Hide**.
 - To show the external referral recipient, from the Actions menu, select **Show**.
8. To reorder the sequence of external referral recipients, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Configuring the PDF footer

Configure the footer text that displays on PDF documents downloaded from the application so that it is more relevant to your organization. You can view, add and edit the footer text in the downloaded PDFs. You cannot edit the Disclaimer text.

Updating the PDF footer text

You can edit the footer text that displays on downloaded PDF documents in the application. You cannot edit the Disclaimer text.

The updated PDF Footer text is displayed on all PDF documents generated within the application.

1. Sign in with your administrator credentials. Your home page opens.
2. Click **Care Planning > PDF Footer**.
The PDF Footer page open and displays default text.
3. Update the PDF Footer text up to a maximum of 300 characters.
4. Click **Save** to save changes and return to the PDF Footer home page.
5. Click **Cancel** to return to the PDF Footer home page.

Chapter 7. Care management

As a care manager, use Merative™ Integrated Care to plan personalized care for your clients. Merative™ Integrated Care can help you to assess your client's needs, and to develop, implement, and monitor a care plan to address the identified needs.

Managing your Merative™ Integrated Care account

You can sign in to your account. When you sign in, you can review and update your personal profile and preferences.

Merative™ Integrated Care provides role-based access through user accounts. When you sign in, only the features and actions that are appropriate to your role are displayed.

If you are a standard user, you can reset your password from the sign in page. If you have single sign-on (SSO) access, you can sign in to Merative™ Integrated Care applications once without having to enter your credentials each time.



Note:

By default, if you are inactive for 30 minutes, you will be signed out of your account. However, this period might be different for your organization. In addition, for security purposes, you will be signed out of your account after 12 hours of working. You can click **Log in** to sign in again and continue working.

Related information

[Merative Integrated Care user types \(on page 89\)](#)

Signing in to your account

Your sign in workflow depends on the identity provider that verifies your access to Merative™ Integrated Care. By default, the IBM® App ID service verifies your access and you can sign in when you complete the instructions that you receive by email to set up your account and password. If an identity provider external to IBM verifies your access, see [Signing into your account with SSO](#).

If you are signing in for the first time, follow the instructions in the email and the on-screen prompts to set your password. The email contains a link to set your password which expires after 24 hours. If the link expires, click **Forgot password?** on the Merative™ Integrated Care sign in page to set your password.



Important:

You password must be at least 8 characters, and include at least 1 lowercase letter, 1 uppercase letter, 1 number, and 1 of the following special characters: \s! "#\$%&`()^*+, -./:;<=>?@[\]_`{|}~.

After you set your password, sign in to Merative™ Integrated Care applications by entering your email address and password. Your email address is not case-sensitive. For example, if your address is

`John.Smith@[name of organization].com`, you can enter `John.Smith@[name of organization].com` or

`john.smith@[name of organization].com`. The password that you enter must be an exact match of the password that you set when you received your account details.



Important:

If you incorrectly enter your one-time passcode more than 3 times when signing in, you are locked out of your account for 30 minutes. You can try again after 30 minutes. By default, if you incorrectly enter your password more than 3 times when signing in, you will be locked out of your account for 15 minutes. However, this might be different for your organization. You can try again after 15 minutes.

1. Open the URL that is associated with your account details. The Merative™ Integrated Care sign in page opens.
2. Enter your email address and password.
3. If you are prompted to enter a one-time passcode, you will be sent an email with a code.
4. Enter the code. **Note:** The code expires after 15 minutes. If the code expires, click **Resend Code** to request another email with a new code.
5. Click **Continue** to sign in. **Note:** If you are not prompted to enter a one-time passcode, after you enter your username and password, click **Sign in**. Your home page opens.

Signing in to your account with SSO

With single sign-on (SSO), you can sign in to Merative™ Integrated Care applications once with a single username and password in a session. This means that you don't have to sign in separately to each application.

If SSO is enabled for your organization by the default IBM® App ID service, you can SSO to your Merative™ Integrated Care applications. When you sign in to Merative™ Integrated Care and then open the URL for another Merative™ Integrated Care application, for example, Merative™ Integrated Care Reporting, you are automatically signed into the second application. You do not need to reenter your credentials.

If your access is verified by an identity provider external to Merative that supports SSO such as Keycloak, you can also SSO to your Merative™ Integrated Care applications. **Note:** In this particular setup, SSO between Merative™ Integrated Care applications and the Connect applications is not supported.

Follow the procedure to sign in with SSO when an external identity provider verifies your access.

1. Choose an option.
 - Sign in to Merative™ Integrated Care with SSO.
 - a. Open the URL that is associated with your Merative™ Integrated Care application. If you are already signed into your organization's identity provider, you are automatically signed in to Merative™ Integrated Care.
 - b. If you are not already signed in, you are redirected to the sign-in page for your organization's identity provider.
 - Sign in to Merative™ Integrated Care Reporting with SSO.
 - a. Open the URL that is associated with your Reporting application. The Merative™ Integrated Care sign-in page opens. If you are already signed in to your organization's identity provider, click **Login with identity provider**. You are automatically signed in to the Reporting application.
 - b. If you are not already signed in, ignore the prompt to enter your username and password. Click **Login with identity provider**. You are redirected to the sign-in page for your organization's identity provider.

Note: A **Forgot password?** link is displayed on the Merative™ Integrated Care sign-in page. Ignore this link as it applies only when your access is managed by the IBM® App ID service. Your identity provider verifies your credentials and manages the process for resetting your password not the IBM® App ID service.

2. Enter the username and password for your identity provider. Depending on the application that you are signing into, either your Merative™ Integrated Care home page or your Merative™ Integrated Care Reporting home page opens.



Note:

When you sign in to Merative™ Integrated Care for the first time with your identity provider, the Merative copyright notice is displayed. To dismiss the notice, you can manually close it at any time. The copyright notice is automatically displayed every 30 days.

Related information

[Merative Integrated Care user types \(on page 89\)](#)

Managing your user profile

Your user profile contains information about you, such as your name, skills, roles, and contact details. You can add or remove a photo from your user profile. If your access to Merative™ Integrated Care is verified by the IBM® App ID service by default, you can request to change your user password.

If your access to Merative™ Integrated Care is verified by a third-party identity provider, the option to reset your password is not available because your password reset process is managed by your organization's identity provider, not Merative™ Integrated Care.

Adding or removing a photo from your user profile refreshes your workspace and clears your list of recently visited pages.

1. Open the URL that is associated with your account details.

The Merative™ Integrated Care sign in page opens.

2. Sign in to your account.

Your **Home** page opens.

3. From the menu next to your name on the menu bar, select **Profile**.

4. Complete the following steps to choose a photo or request a new password.

Task	Action
Upload a photo	<p>a. Click Upload Photo. Only you can upload your photo.</p> <p>b. In the Upload Photo window, click Browse to select a file to upload, and click Save.</p> <div style="border: 2px solid red; padding: 5px; margin-top: 10px;">  Restriction: You can upload only .JPEG, or .JPG files that do not exceed 500 KB. </div>
Remove your photo	<p>a. Click Remove Photo. Only you can remove your photo.</p> <p>b. In the Remove Photo window, click Yes to remove the photo.</p>

Task	Action
Change your user password	<p>a. Select the link to request a password change. A password set or reset email is sent to your email address.</p> <p>b. To complete changing your user password, follow the instructions in the email that you receive.</p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;">  Note: This option is available only when your access to Merative™ Integrated Care is verified by IBM® App ID. </div>

Setting your preferences

You can select your preferred time zone to ensure that your time is displayed in all contexts. If you have access to more than one workspace, you can change the default workspace that opens each time you sign in to Merative™ Integrated Care.

Your preferred time zone is used to time stamp items, for example, notes, attachments, and assessments.

If you use a particular workspace more frequently than the one that opens when you sign in, you can make it your default workspace. Your preferences are applied immediately to your current open workspace.



Note:

The option to select a default workspace is available only when you have more than one workspace.

1. Open the URL that is associated with your account details.
The Merative™ Integrated Care sign in page opens.
2. Sign in to your account.
Your home page opens.
3. From the list next to your name on the menu bar, select **Preferences**.
4. From the **My Time Zone** list, select the time zone that you want to use.
5. From the **Default Workspace** list of available workspaces, select a workspace to open by default when you sign in.
6. Click **Save** to update your preferences.

Applying a workspace

If you have access to more than one workspace, you can switch between them without having to sign in again to each.

You cannot apply a workspace if you have access to only one workspace. Applying a workspace immediately replaces your current open workspace with your chosen workspace.



Note:

The workspace that opens by default each time you sign in to Merative™ Integrated Care is unaffected when you apply a workspace. You can change your default workspace in your preferences, if needed.

1. Open the URL that is associated with your account details.
The Merative™ Integrated Care sign in page opens.
2. Sign in to your account.
Your **Home** page opens.
3. From the menu next to your name on the menu bar, select **Workspaces**.
Your available workspaces are displayed.
4. Select a workspace to apply.
5. Click **Apply** to apply to the workspace.

Resetting your password

If you are a standard user whose access to Merative™ Integrated Care is verified by the IBM® App ID service by default and you forget your password, you can reset it directly from the sign in page.

You can reset your password once per hour. If you attempt to reset it more than once an hour, an error message is displayed. Wait for the time indicated in the message, then try to reset again.



Important:

If your access to Merative™ Integrated Care is managed by a third-party identity provider, this procedure does not apply to you. Your password reset process and password rules are determined by your identity provider.



Important:

Your password must be at least 8 characters, and include at least 1 lowercase letter, 1 uppercase letter, 1 number, and 1 of the following special characters: \s! "#\$%&`()^*+, -./:;<=>?@[\]^_`{|}~.

1. Open the URL that is associated with your account details. The sign in page opens.
2. Click the **Forgot password?** to reset your password.
3. Enter the email address that is associated with your account.
4. Click **Reset password**.
5. A password reset email is sent to your email address.
6. To complete resetting your user password, follow the instructions in the email that you receive.
The email subject is Your password has been changed. The email provides a link to set a new password. The link is valid for 24 hours only. However, this period might be different for your organization.

Care Team workspace

Use the Care Team workspace to see the work that you need to do today, and access summary information about your clients. Use the side navigation menu to access a full list of your clients, and complete common actions such as registering clients, reviewing referrals, and monitoring tasks.

If you have access to a client's protected health information (PHI), you can click a client name in the cards on the workspace to open the client's Summary view. If you do not have access to a client's PHI, the link to the client's Summary view is not available.

The following cards are displayed.

Calendar

A calendar view that shows open tasks for active clients, which you can manage from the calendar. You can toggle between a day, week, or month view to see your upcoming tasks. You can see priority tasks for which a completion date and time is set. You can drill down to detailed task information by clicking the name of the task. You can also manage your tasks from the calendar view.

- For the day view, a **Due Tasks** pane, rather than the calendar, shows any tasks that you are expected to complete today that have no set times for completion. The red line shows the current time. A **Due Actions** pane shows any actions that you are expected to complete today.
- The week view shows the total number of tasks for each day of the week, for example, 10 tasks.
- The month view shows the total number of tasks for each day of the month.

Work List

A central view of the work that you need to do today for active clients.

Alerts

Alerts that you were notified about.

Today's Clients

Clients with tasks or actions that are scheduled for today. You can mouse over the client's name to view and link to the detailed task or action information.

Overdue Tasks

Overdue tasks for clients, which are sorted by the longest overdue.

Overdue Actions

Overdue actions for clients, which are sorted by the longest overdue.

Unscheduled

Unscheduled tasks for clients.

My Referrals

Clients who are referred to your organization unit for care management and assigned to you by your supervisor. This list is only populated if you fulfill the primary role on the care team, typically a care manager.

Tasks are color coded with navy blue for high priority, yellow for medium priority, green for low priority, and grey for priority not set.

Summary

You can see a summary of the most important information about a client in Merative™ Integrated Care, and configure the display to show the most relevant information. You can download a PDF summary of the care plan to share with the client or care team members. If your organization is subscribed to Share Care Plan API web hook notifications, you can send the PDF to an external party.

Client summary cards display horizontally across the client's Summary page and wrap the page as required. The default library of client summary cards is as follows: Goals, Actions, Care team, Programs, Assessments, Latest Touchpoint, Latest Note, Conditions, Barriers, Risks, Social Background, Health Background, Personal Background, Notes Highlights, Current Actions, Planned Actions, Latest Private Note, Current Medications and Services.

By default, the Summary page and cards that are configured for your assigned care team role are displayed. If you have no assigned roles or you are not a member of the client's care team, the default Summary view displays which is not specific to any role. If you serve a client in multiple roles, you can

generate a customized client Summary page with role-specific cards. The view of the client Summary page will update to show only the summary cards that are relevant to the selected role.

Each client summary card presents priority information relating to the client's care, from which you can go to more detailed information. You can complete many common actions directly from the summary, and go to more actions from cards or from the menus. The latest client data records that you can see on a summary card depends on the number of records that are configured to display.

If the client's address type is Homeless, this will be displayed with the address in the *context pane*.

When a date of death for a client whose care is being actively managed in Merative™ Integrated Care is either manually recorded or received from an external system, a message on the **Summary** page alerts you that the records indicate that the client has died. You can follow your organization's workflow for deceased clients, and for example, confirm that the client has died and deactivate the client in Merative™ Integrated Care.

When you view the Summary page for a deactivated and deceased client, the message tells you that the client is deceased and the recorded date of death.

By default, the following cards are available to be shown on the **Summary**:

Care team

A central view of Active primary care team members (sorted alphabetically) followed by core team members who were most recently assigned to the client's care (sorted alphabetically). A primary care team member is responsible for the client's care plan and programs. Core care team members are considered key to the delivery of care for a client and typically interact with the client regularly. By default, up to five care team members are listed by the dates that they were added to the care team. However, your administrator may have configured the card to display more than five records.

Actions

The numbers of client actions and care team actions on the client's care plan, showing how many actions are open or completed.

Programs

The most recent programs that the client was assigned to or enrolled in. By default, up to five programs are listed by status dates. However, your administrator may have configured the card to display more than five records. Programs that were most recently assigned to the client are listed first, and then programs that the client was most recently enrolled in.

Assessments

The most recent assessments and their scores. By default, up to five assessments are listed by the dates that the assessments were ran. However, your administrator may have configured the card to display more than five records.

Goals

A summary of the most recent goals added to the client's care plan. By default, up to five goals are listed by the dates that they were added to the care plan. However, your administrator may have configured the card to display more than five records.

Barriers

The most recent barriers on the client's care plan. Barriers are issues that can prevent a client from achieving their care plan goals or actions, or from using services. By default, up to five barriers are listed by the dates they were added to the care plan. Active barriers are listed first, and then resolved barriers. However, your administrator may have configured the card to display more than five records.

Risks

A summary of risks on the client's care plan and their most recent scores. By default, up to five risks are listed by alphabetical order. However, your administrator may have configured the card to display more than five records. For risks with multiple scores recorded, the most recent score is displayed.

Conditions

The most recent conditions on the client's care plan. Conditions might be classified as primary or secondary to indicate their level of importance or priority to address. By default, up to five conditions are listed by start dates. However, your administrator may have configured the card to display more than five records.

Latest Note

An excerpt from the most recently modified client note in its most recent state: Draft, Ready for review, or Final.

Latest Touchpoint

An excerpt from the most recent client touchpoint in its most recent state: Draft, Ready for review, or Final. A touchpoint is a contact between the care team and the client or someone in relation to the client.

Health Background

The most recently recorded health background information about a client. By default, up to five records are listed by the dates they were added or updated along with the name of the

person who recorded or last updated the information. However, your administrator may have configured the card to display more than five records.

Current Medications

The most recently recorded current medications information about a client. By default, up to five records are listed by medication name, the medication strength and the recommended frequency that the medication is taken. However, your administrator may have configured the card to display more than five records.

Personal Background

The most recently recorded personal background information about a client. By default, up to five records are listed by the dates they were added or updated along with the name of the person who recorded or last updated the information. However, your administrator may have configured the card to display more than five records.

Social Background

The most recently recorded social background information about a client. By default, up to five records are listed by the dates they were added or updated along with the name of the person who recorded or last updated the information. However, your administrator may have configured the card to display more than five records.

Tags

The most recently recorded tags for a client. By default, up to five records are listed by the dates they were added or updated along with the name of the person who recorded or last updated the information. However, your administrator may have configured the card to display more than five records.

Depending on your organization, custom cards might be displayed:

Custom summary cards

Custom cards can be configured to display specific client data.

Related information

[Configuring client summary cards \(on page 314\)](#)

Customizing the Summary view

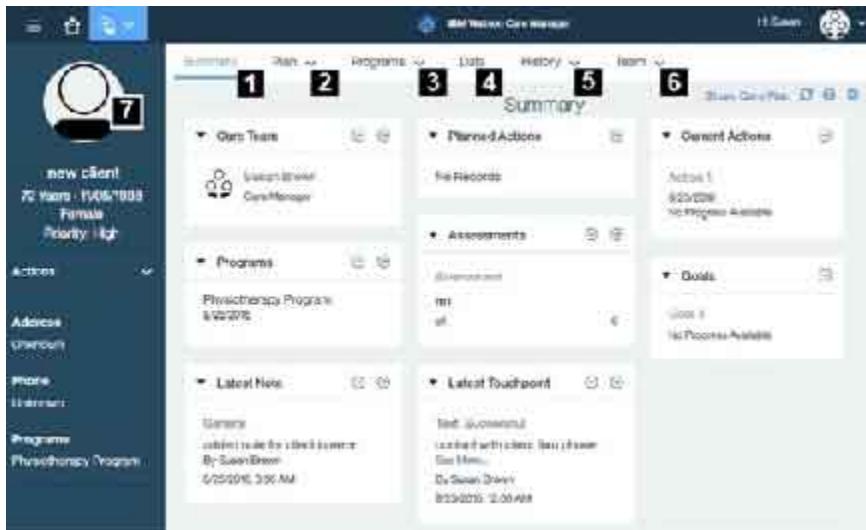
You can generate a customized client Summary page with role-specific cards. The view of the client Summary page will update to show only the summary cards that are relevant to the selected role.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Select a client from the list of clients. The client's **Summary** view opens.
4. Select **Customize Summary**.
5. From the list of configured care team member roles that apply to you, select the role for which you want to generate a customized client Summary page view and click **Apply Role**.
If you serve a client in multiple roles, the Care Team Role list defaults to an alphabetical display of your roles (order A-Z). If you have no assigned roles or you are not a member of the client's care team, the default Summary view displays which is not specific to any role.

The Summary view that is configured for the selected role displays.

Summary view

The Summary view opens when you focus on a client in Merative™ Integrated Care. You can select any of the more detailed views for more information and actions.



1. Select **Summary** to see important summary information.
2. Select **Plan** to work with the plan, and with goals, actions, or barriers.
3. Select **Programs** to work with programs, questionnaires, or assessments.
4. Select **Data** to work with the client data.
5. Select **History** to work with notes, alerts, attachments, consent, and status.
6. Select **Team** to work with care team members and their tasks.

7. The *context pane* is always shown when a client is in focus. It shows priority information and provides a context actions menu that provides quick access to the most important actions that you need. If Merative™ Integrated Care is integrated with another system, the *context pane* might contain a link to client information that is available in the other system. This means that you can see the client's full information in Merative™ Integrated Care and the other system to help you to make decisions about their care.

Related information

[Viewing the Virtual Client Record \(on page 440\)](#)

Managing clients

You can register new clients, search for existing clients, and request emergency access to clients. You can deactivate clients and reactivate them again whenever they need care management. You can resolve duplicate registrations if a client is registered more than once.

Registering clients

All clients must be registered in the application. To avoid duplicate registrations, ensure that you search for existing clients before you register a client. If organization units are enabled for your organization, you can register a new client with a referral to the correct organization unit to meet their needs.

If Merative™ Integrated Care is integrated with an external application that utilizes the Virtual Client Record, the registration process is different for your organization. For more information, see [Verifying clients are not already registered \(on page 434\)](#).

When you register a client, complete the registration before your access to the client's protected health information (PHI) expires.

Your organization's data access policy determines whether you have access to a client's PHI after registration. If your access is restricted, you might only have temporary client registration access to the client's PHI to view and update the information and add care team members. Your access period is 12 hours by default. However, this period might be different for your organization. To extend your registration access, add yourself to the client's care team before your access period expires. If your access period expires, you can request temporary emergency access to the client in a critical situation, if configured by your organization.



Note:

If you are not assigned a security role which grants access to the register client resource, you cannot register the client.

When you register a client, Merative™ Integrated Care requests the client's clinical and vitals information from other systems. Ensure that you uniquely identify the client by entering as many details as possible during registration.

To manually register a client, you must have at least the client's full name, date of birth, and gender. You can also provide additional information such as an identification type and number, an address, address type and contact details. The default name display format is: Last Name, First Name. The display format might be configured to reflect a First Name Last Name display.

If configured to be shown, you can select the source of the client (mandatory) and the name of the original source system where the client (optional) originated. The Source value represents the platform that is sharing data, for example, Merative™ Integrated Care. The Original Source System is the name of the system where the data was entered for the very first time.

All of the types of identification that are configured for the care team to associate with clients are available to select. For example, if an Employee ID type is configured, you are able to specify those identification details. One identification type, Reference Number, is automatically assigned to a client when the client is registered. The Reference Number identification type cannot be modified or deleted. However, you can specify a different identification to be the client's preferred identification data later by adding new identification data from the **Data** page.



Note:

Clinical and vitals data from other systems refreshes overnight in Merative™ Integrated Care.

When the first data record is available, the primary care manager who is associated with the client is alerted.

1. Sign in to your account.
Your home page opens.
2. From the **Side Navigation menu**, select **Clients > Register**.
The **Register Client** wizard opens.

Register Client Wizard	Steps
(Page 1 of 4) Search for client	<p>a. Search for the client to verify whether they are already registered for care management.</p> <p>b. If the client is not already registered, click Next.</p> <div data-bbox="605 430 1428 705" style="background-color: #e0f2ff; padding: 10px;">  Note: PHI that you are not authorized to see, such as address and status, is indicated by asterisks in the Search Results pane. In addition, the link to the client's Summary View in the results is not available. </div>
(Page 2 of 4) Add client demographic information	<p>a. Enter the client's details, residential address, phone number, and email address. If configured, the following fields are mandatory:</p> <ul style="list-style-type: none"> ▪ Name. Enter a birth last name only if it is different than the client's last name. ▪ Date of Birth ▪ Gender ▪ Registration Date. By default, the registration date is the current date. You can set an earlier registration date but not a future registration date. ▪ Source You must select one of the configured values that indicate the source of the client's registration information. <p>b. Original Source System. If applicable, you can select one of the configured values to indicate where the client's registration information originated.</p> <p>c. Select the appropriate identification type, and enter the client's identification number.</p> <p>d. Ensure that the address information that you enter is as accurate as possible for a more precise location. When you enter an address, a default map location is automatically assigned to the address based on the address information. Confirm the location of the address before saving. Clicking 'Confirm Location' opens the map at the default location of the address. Drag the map to change the location of the address. You can</p>

Register Client Wizard	Steps
	<p>reset the map to the default location if needed. If you do not change the location, the default location is saved.</p> <p>e. Click Save to register the client in the application, or Next to proceed to the next page of the wizard. You can capture consent records and referrals if the registration workflow is configured to include capturing consent records and referrals.</p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;">  Note: The Source and Original Source System that is captured during registration are replicated to the relevant data types when saved. The demographic data types are Birth and Death, Gender, Identification, Marital Status, Name. The contact data types are Address, Email, Phone Number. If needed, these values can be changed for each data type after the client is registered. </div>
(Page 3 of 4) Capture Consent Records	<p>This page in the wizard displays only if the Capture Consent Records page is configured for your organization's client registration workflow to allow you to specify the types of consent to associate with a client's consent records.</p> <p>Consent types are configured in the application to enable you to capture consent records for clients by their information category, for example, Medical Records. Your administrator might configure data sharing of specific consent types across organization units (if enabled) and they can make it optional or mandatory for you to capture types of consent records during a client's registration process. The elements of this page display dynamically according to the configuration in the application.</p>

Register Client Wizard	Steps
	<p>a. If the Share with Organization section displays, you see all consent types that are configured to be shared across organization units.</p> <ul style="list-style-type: none"> ▪ For each listed consent type, select Consents to Share to record the client's agreement to share their consent records of that type. This step is optional or mandatory depending on the configuration in the application. <p>b. In the Consent Records section, you see all consent types that are configured as Not Shared in the application.</p> <ul style="list-style-type: none"> ▪ Select from the configured consent types to capture a client's consent records of that type. This step is optional or mandatory depending on the configuration in the application. <p>c. Depending on the configuration, click Save to register the client in the application with the consent records, or click Next to proceed to the next page of the wizard. You can create referrals only if organization units are enabled for your organization or the registration work flow is configured to include capturing referrals.</p>
(Page 4 of 4) New Referral	<p>This page in the wizard displays only if the New Referral page is configured for your organization's client registration workflow to allow you to create a referral for the client that you are registering.</p> <p>Your administrator might make it optional or mandatory for you to create a referral for a client during a client's registration process. The elements of this page displays dynamically according to the configuration in the application.</p> <ul style="list-style-type: none"> a. If client referrals are configured as optional, select Yes to create a referral for the client or No to proceed with the client registration without creating a referral. The Referral Details section displays with a Yes response. If organization units are enabled for your organization, you are required to create a referral and complete the referral details. b. Enter the client referral details.

Register Client Wizard	Steps
	<ul style="list-style-type: none"> ▪ Client Referral Reasons - Select a reason for referring the client. ▪ Other Referral Reasons - Enter a Referral Reason that is not displayed on the Client Referral Reasons list, to a maximum of 200 characters. Conditionally displayed if you select Other in the Client Referral Reasons field. ▪ Source - If configured, you must select one of the configured values that indicate the source of the referral. ▪ Original Source System - If applicable, you can select one of the configured values to indicate where the referral originated external to Merative™ Integrated Care. ▪ Referred On - Enter the date of the referral. ▪ Referred To - Assuming that organization units are enabled for your organization, the current organization unit is displayed by default. If more than one organization unit is configured in the application, you can search for and select another organization for the client referral. ▪ External Referral To - If configured you can select an external recipient to send the referral to. The referral is routed to an external system for management and can no longer be managed in Merative™ Integrated Care. ▪ Priority - Select the priority level that indicates how urgently the client requires care management, for example, High priority. ▪ Comments - Enter more notes about the client referral if necessary. <p>c. Click Save to register the client in the application with or without the referral. If you created a client referral, the referral is routed to the Supervisor's Unassigned Open Referrals list page and the Referrals list page in the Care Manager Work-space.</p>

Related information

[Understanding your search results \(on page 444\)](#)

Searching for clients

You can search all of the clients who are registered and active in the application.

If Merative™ Integrated Care is integrated with an external application that uses the Virtual Client Record, the search workflow is different for your organization. For more information, see [Searching for clients in Merative Integrated Care and other applications \(on page 442\)](#)

You must enter some search criteria. Search supports partial matching. For example, a search for **First Name** `Al` and **Last Name** `Smi` can return matches for active clients **Alison Smith** and **Alan Smith-Baker**. Searches for a client's first name, address, or gender need extra search criteria to uniquely identify a client. You can search for a record by identification number without any other search criteria.

All of the types of identification that are configured for the care team to associate with clients are displayed. For example, if an Employee ID type is configured, you are able to search for the client by entering those specific identification details. Only one identification type, Medical Record Number, comes with the product and is available to use by default. A Medical Record Number is a unique alphanumeric value that your organization can assign to each client.

Protected health information (PHI) that you are not authorized to see, such as a client's address and status, is indicated by six asterisks '*****' in the **Search Results** pane. In addition, the link to the client's **Summary View** is not available. If you need access to this information, ensure that you are a member of the client's care team or you can request emergency access to the client in critical circumstances only, if configured by your organization.

1. Sign in to your account.

Your home page opens.

2. Choose from one of the following steps to search for a client.

- a. If you are using a tablet or mobile device, from the **Side Navigation Menu**, select **Clients > Search**.
- b. If you are using a desktop computer or laptop, click the **Search Client** icon on the application menu bar.

The **Search Client** page opens.

3. Enter your search criteria for the client. Search by using any of the following criteria:

- Name - The default display format in client search pages is: Last Name, First Name. The display format might be configured to reflect a First Name Last Name display.
- Date of Birth
- Gender
- Identification type and number - Select the appropriate identification type, and enter the client's unique identifier.

4. Click **Search**.

In the **Search Results** pane, you can see whether the client is actively receiving care management.

5. Click the client name.

Their **Summary View** opens. If the client is not actively receiving care management, their status is set to **Inactive** in the **Client Context** pane.

Client name search results by example

More than one name may be recorded for a client in the application, for example, a client's registered name and possibly a preferred name, alias name, maiden name, stage name, or old name.

|

For illustrative purposes, let's suppose that these assumptions are true.

- Multiple names are recorded for a registered client, Elizabeth-Ann O'Neill, in Merative™ Integrated Care.
- The format of the client name display, which is based on administrator configuration in Merative™ Integrated Care, is set to reflect a First Name Last Name display in Client Search results and list pages.

Name Types	Recorded Client Name
Registered name	Elizabeth-Ann O'Neill
Preferred name	Liz O'Neill
Alias name1	Beth O'Neill
Alias name 2	Betty O'Neill
Stage name	Lily O'Neill
Maiden name	Elizabeth Jones
Old name	Elizabeth Jones

A single record is returned in the search results even when the search criteria matches with multiple Name records for the client. Explore the following examples.

- Example: Search for a client's preferred name ([on page 421](#))
- Example: Search for a client's name other than their preferred name ([on page 421](#))

- Example: Partial search for a client's name ([on page 421](#))
- Example: Partial search for a client name type that has multiple matches within a type ([on page 422](#))

Example: Search for a client's preferred name

If a client has a preferred name (Liz O'Neill) when you search for a preferred name (Liz O'Neill), the search results returns the name that exactly matches your search criteria. Search results: Liz O'Neill.

Search Criteria		Search Result
First Name	Last Name	
Liz	O'Neill	Liz O'Neill

In the Search Results expanded view (if available), any other names that are recorded for the client are displayed in first name alphabetical order: Beth O'Neil, Betty O'Neill, Elizabeth-Ann O'Neill, Elizabeth Jones, Lily O'Neill,

Example: Search for a client's name other than their preferred name

If a client has a preferred name (Liz O'Neill) when you search for any other recorded name types (example, Elizabeth-Ann O'Neill), the search results returns the name that matches your search criteria followed by the client's preferred name in brackets. Search results: Elizabeth-Ann O'Neill (Liz O'Neill).

Search Criteria		Search Result	Comment
First Name	Last Name		
Elizabeth-Ann	O'Neill	Elizabeth-Ann O'Neill (Liz O'Neill)	Registered name (Preferred name)

In the Search Results expanded view (if available), any other names that are recorded for the client are displayed in first name alphabetical order: Beth O'Neil, Betty O'Neill, Elizabeth Jones, Lily O'Neill.

Example: Partial search for a client's name

If you do not know the exact details to search for, you can complete a partial search by entering one or more starting characters of the client's first name and/or last name. Examples:

- If a client has a preferred name (Liz O'Neill) when you search for only their last name (O'Neill), the search results returns the client's preferred name.
- If a client has a preferred name (Liz O'Neill) when you do a partial search of their first name, last name as follows (Eliz, O'Neill), the search results returns the client's registered name followed by the client's preferred name in brackets. Search results: Elizabeth-Ann O'Neill (Liz O'Neill).
- If a client has a preferred name (Liz O'Neill) when you do a partial search of only their first name (Eliz) and their date of birth, the search results returns the client's registered name followed by the client's preferred name in brackets. A registered name takes precedence in the search results over a client's maiden/old name (Elizabeth Jones). Search results: Elizabeth-Ann O'Neill (Liz O'Neill).

Search Criteria		Search Result	Comment
First Name	Last Name		
	O'Neill	Liz O'Neill	Preferred name
Eliz	O'Neill	Elizabeth-Ann O'Neill (Liz O'Neill)	Registered name (Preferred name)
Eliz		Elizabeth-Ann O'Neill (Liz O'Neill)	You cannot search by a client's First Name alone but you can do a partial search by First Name and any other attribute, for example, the client's date of birth. The client's registered name, Elizabeth-Ann O'Neill, is returned and reflects the order of precedence: Registered, Alias, Maiden, Stage, Old.

In the Search Results expanded view (if available), any other names that are recorded for the client are displayed in first name alphabetical order: Beth O'Neil, Betty O'Neill, Elizabeth Jones, Lily O'Neill.

Example: Partial search for a client name type that has multiple matches within a type

A client can have more than one recorded alias, stage, maiden, or old names. When multiple client names are recorded within a type, the name that is returned in the search results is the latest name of the type that was recorded for a client. For example, if a client has a preferred name (Liz O'Neill) when you do a partial search for Bet O'Neill, the search results returns the latest alias 2 name that was recorded for the

client (Betty O'Neill) followed by the client's preferred name in brackets. Search results: Betty O'Neill (Liz O'Neill).

Search Criteria		Search Result	Comment
First Name	Last Name		
Bet	O'Neill	Betty O'Neill (Liz O'Neill)	Alias name 2 (Preferred name) Alias name 2 is the latest updated alias for the client.

In the Search Results expanded view (if available), any other names that are recorded for the client are displayed in first name alphabetical order: Beth O'Neill, Elizabeth-Ann O'Neill, Elizabeth Jones, Lily O'Neill.

Searching for your clients

You can search for and review all of the clients who you care manage as a member of their care team.
You can filter your client list view to display only the clients that you want to see.

By changing the filters on the page, you can change your client list view. For example you can apply a filter to view only your High Priority clients.

1. Sign in to your account.
Your home page opens.
2. From the **Side Navigation Menu**, select **Clients > My Clients >**.
The **My Clients** page opens.
3. Optionally filter the My Clients list view based on specific search criteria.
 - Click the filter icon to open the **Filter** page.
 - Select one or more check boxes that correspond to your search criteria. You can search for your High Priority clients, or your clients who are not assigned to a program, or your clients who you have not interacted with over several days (no Touchpoint in last 7, 14, 30, 30+ days).
 - Optionally click **Add Filter** to add another filter to the predefined filters that you already selected or independently of predefined filters. You can further refine your list view by Name, Date of Birth, Priority, Program, or Phone Number. Enter the details for your filter selection. You can add only one new filter to each column.
 - Click **Apply** to apply the filter. You can remove page filters by clicking **Reset**. The predefined filters are retained.



Note:

When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered.

4. To go to the Summary view of any listed client, click their name hyperlink.

Requesting emergency access to clients

If you are not on a client's care team, do not have client registration access, and do not belong to a configured data access group, you can request temporary access to a client's information in critical circumstances, if configured by your organization. With emergency access, you can view and update the client's information, or care team members.



Note:

If you are not assigned a security role which grants access to the emergency access resource, you cannot request emergency access to the client.

The most clients that you can have emergency access to at a time is 5. Your initial access period is 2 hours but you can access the client for up to 12 hours provided you access the client every 2 hours. Accessing the client means viewing or editing client information, including viewing information in search results. If you need extended access, add yourself to the client's care team before your access period expires.

1. Sign in to your account.
Your home page opens.
2. Choose from one of the following steps to search for a client.
 - a. If you are using a tablet or mobile device, from the **Side Navigation Menu**, select **Clients > Search**.
 - b. If you are using a desktop computer or laptop, click the **Search Client** icon on the application menu bar.

The **Search Client** page opens.
3. Click **Request Emergency Access**.
The **Request Emergency Access to Client** page opens. You see a list of clients that you currently have emergency access to. For each client, you can see the date and time on which your access

expires. The list is ordered, with the Emergency access requests with the least time remaining before they expire shown first.

4. Enter your search criteria for the client. You can search by using any of the following criteria:
 - Name - The default display format in client search pages is: Last Name, First Name. The display format might be configured to reflect a First Name Last Name display.
 - Date of Birth
 - Gender
 - Identification type and number - Select the appropriate identification type, and enter the client's unique identifier.
5. Select the check box to acknowledge the terms of use.
6. Click **Search**.
7. In the **Search Results** pane, select the client that you need emergency access to.



Note:

Any protected health information that you are not authorized to see, such as address and status is indicated by asterisks '*****' in the **Search Results** pane.

8. Click **Request** to get emergency access to the client. The client's **Summary View** opens.

Deactivating clients

If a client no longer needs care management, you can deactivate the client. Also, if a client was manually registered more than once, you must deactivate the duplicate registration.

If you are using Merative™ Integrated Care Service Payment, you should ensure all payments are complete before you deactivate the client.



Note:

If you are not assigned a security role which grants access to the deactivate resource, you cannot deactivate the client.

You might need to deactivate a client if, for example, the client is deceased, moved location, or declines further care management. When you are deactivating the client, you can remove care team members from the client's care team. For your clients, the system removes the client from your list of clients and automatically updates your workload capacity.

When you deactivate a client, the client's status is set to inactive. However, any open alerts, tasks, actions, services, inquiries, budgets, goals, barriers, or programs for that client are not closed or reassigned. If the client has a Merative™ Integrated Care Connect Individuals account, you can choose to close it. A

deactivated client cannot access Connect. If the messaging feature is enabled, messages between the client and the care team remain visible in Merative™ Integrated Care. However, you cannot send new messages to a deactivated client because they cannot respond as they can no longer access Connect.

You can reinstate access by reactivating the client. If you are not going to reactivate the client in the next 12 months, you should close the account.

If the client has an active billing agreement, and you close the client's Connect account, then deactivating the client sets the billing agreement to inactive so that no contributions from the client are processed.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

Their **Summary** view opens.

4. From the **Actions** menu in the **Context** pane, select **Deactivate**.

The **Deactivate** window opens. All open items and care team members that are associated with the client are displayed.

5. Review the list of open items, and optionally close them. You can determine whether to accept or reject any incomplete assigned referrals. If there are ongoing payments, close the services to end the payments. Do not deactivate the client until the payments are complete.

6. Optionally, close the client's Connect Individuals account.

7. Select the care team members to remove from the client's care team when they are deactivated.

8. Select a reason. If none of the provided reasons for deactivating the client is suitable, you can enter a reason of up to 50 characters.

9. Note any other comments, and click **Deactivate**.

The client's status is set to inactive.

Related information

[Resolving duplicate client registrations \(on page 431\)](#)

Reactivating clients

You can reactivate clients who are inactive in the application whenever they require care management. When you reactivate a client, you must review and manage any open alerts, tasks, actions, or programs that are associated with the client.



Note:

If you are not assigned a security role which grants access to the activate resource, you cannot reactivate the client. If your Administrator added additional program content, for example, modules, tasks, assessments, or questionnaires since the client was deactivated, on reactivation, the client's programs (assigned, enrolled, and pending) are refreshed to include the new content.

If users who are no longer on the care team have open items for the client, manage these items to ensure continuity of care. To manage the items, complete the following actions:

- Notify another care team member of any open alerts or close them.
- Assign open tasks to another care team member or to another user, or close them.
- Assign open actions to another care team member or complete them.

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, select **Clients > Search**.

The **Search Clients** page opens.

3. Search for the client who you want to reactivate, and in the **Results** list, click the name of the client.

Their **Summary View** opens.

4. From the **Actions** menu in the **Context** pane, select **Activate**.

The **Activate** window opens. All open items that are associated with the client are displayed.

5. If you do not select one of the provided reasons, enter a reason for reactivating the client.

The reason cannot be longer than 50 characters.

6. Note extra comments, if any, and click **Activate**.

Managing the deletion of a client

You might be required to delete a client's personal data from Merative™ Integrated Care, for example, if a client requests that their data is removed from the system under data privacy regulations, or if your organization has work flows that require the removal of personal data. You must close a client's open items before you delete the client. In addition, if you've shared the client's personal data with third parties, inform them that the client's information is being deleted from Merative™ Integrated Care.

Informing third party organizations when a client requests deletion

If the data of a client who has requested deletion is shared with third parties, you must inform the client that the data has been shared with the third parties. You must also inform the third party that the client has requested deletion. You should use these steps as a guide to identifying the third parties.

Service providers of planned services for the client should be informed that the client has requested to be deleted which means that the services that were planned for that client will no longer be processed in Merative™ Integrated Care. To identify the providers,

- a. Select **Plan > Services**.
- b. For each open service on the list, identify the provider.
- c. Provide the list of providers to the client.
- d. Contact each provider and inform them that the client has requested to be deleted.

Actions to take before deleting a client

Before you delete a client from Merative™ Integrated Care, close the client's open inquiries, open services, budgets, and Connect account. Ensure that all payments for the client's services have been made before you delete the client. This means that you should wait to delete the client until all payments are completed.

1. Sign in to your account.
Your home page opens.
2. To find the client that is to be deleted, from the **Side Navigation Menu**, select **Clients > My Clients**.
Click the client's name to open the **Summary** view.
3. If you use Merative™ Integrated Care Community Service Referral, you must remove supporting information files from all inquiries and close any open inquiries.
 - a. Select **Plan > Inquiries**.
 - b. Expand the sent inquiries list and select an inquiry.
 - c. If the inquiry has a Supporting Information file attached, click **Remove Supporting Information** from the **Actions** menu of the inquiry.

- d. If the inquiry is open, click **Close** from the **Actions** menu of the inquiry.
 - e. Select a closure reason and optionally, enter a comment and **Close**.
 - f. Repeat for all of the client's inquiries.
4. Close the client's planned services as follows:
- a. Select **Plan > Services**.
 - b. Select **Close** from the row menu of an open service. The **Close Service** page opens.
 - c. Enter the closure details and **Save**.
If you use Merative™ Integrated Care Service Payment and the client has services with payments authorized, enter a end date for the service that both ensures the provider is paid as required and that the client can be deleted in your organization's compliance time frame.
5. If you use Merative™ Integrated Care Service Payment, there might an approved budget that is associated with the client, in additions there might be draft, pending approval, or reopened budgets that are associated with the client. You must close the client's pending approval, approved, and reopened budgets and delete the client's draft budgets as follows.
Note: any service that has costs associated with it must be closed or deleted before you close or delete the budget.
- a. Select **Plan > Budget**.
 - b. Delete any draft budgets.
 - c. Reject and delete any budgets that are pending approval.
 - d. Close an approved budget by selecting **Close** from the **Actions** menu of the budget and entering the closure details.
 - e. Submit reopened budgets and approve them. Then, close the approved budget.
6. To close the client's Connect, select **History > Connect > Close Account**.
When the client's account is closed, the client cannot sign in to the Connect. If the client tries to sign in, an error message displays.

Related information

[Closing services on plans \(on page 557\)](#)

Deleting a client from Merative™ Integrated Care

You can delete a client from Merative™ Integrated Care, after which the application can no longer access any underlying records relating to the client in the data store (virtual deletion). When a client is deleted, to ensure that their details are no longer accessible, the client's Summary view closes and the you are navigated to the **Care Team workspace**.

Ensure you have completed the prerequisite actions and that all the client's service payments are completed.

If the client had an active billing agreement so that budget contributions could be processed, the billing agreement is canceled. If the client's information was shared with any provider on the Connect Providers application, the provider will no longer see the information. An information message will display to inform the provider that the client's personal information has been deleted. Only a supervisor can reverse the client deletion.



Note:

If you are not assigned a security role that grants access to the delete resource, you cannot delete the client.

1. Sign in to your account.
Your home page opens.
2. To find the client that is to be deleted, from the **Side Navigation Menu**, select **Clients > My Clients**.
Click the client's name to open the **Summary** view.
3. To check that all payments for the client's services are complete, select **Plan > Payments**, and verify that all payments are in the status *Final Payment Made*.
If there are still payments due, wait until after the final payment due date to delete the client.
4. From the **Actions** menu in the Context pane, select **Delete Client**.

The client's details are no longer accessible. If the client had an active billing agreement so that budget contributions could be processed, the billing agreement is canceled. If the client's information was shared with any provider on the Connect Providers application, the provider will no longer see the information. An information message will display to inform the provider that the client's personal information has been deleted. If the client has a Connect Individuals account, the client's account is automatically closed and the client will no longer be able to access Connect.

Related information

[Reversing the deletion of a client \(on page 772\)](#)

Resetting the health pass for a client

Reset a client's health pass to they can resubmit it in an external system.

You can reset a client's health pass status to neutral so that they can resubmit it in an external system, such as IBM Return to Campus Advisor. Resetting a client's health pass status to neutral shares it with the external system so that the client can complete their health check again in that system

1. Sign in to your account.
Your home page opens.
2. From the **Side Navigation Menu**, select **Clients > Search**.
The **Search Clients** page opens.
3. Search for the client whose health pass you want to reset, and in the **Results** list, click the name of the client.
Their **Summary View** opens.
4. From the **Actions** menu in the Context pane, select **Reset Health Pass**.
The **Reset Health Pass** page opens.
5. Click **Reset Health Pass** to reset the client's health pass.

Resolving duplicate client registrations

Each client must have a unique registration in Merative™ Integrated Care. If a client is registered more than once, you must resolve the duplicate client registration. If clients were manually registered, then you can deactivate the duplicate registration. If clients were automatically registered by an integrated referral system, for example, by referral from a cohort, the referring system can also detect duplicate registrations. The referring system automatically merges data into both client registrations and you are alerted to choose a registration.

When duplicate client registrations were manually registered, you must choose a client registration, make any required updates, and deactivate the duplicate client registration.

When a duplicate registration is detected by an integrated referring system, data in the registrations are automatically merged and the primary care manager who is associated with each client registration is alerted. If you are a primary care manager for one of the clients, you must choose a client registration, typically the one with the most complete information, and make any required updates.

Related information

[Deactivating clients \(on page 425\)](#)

Duplicate registrations from integrated referral systems

When a duplicate registration is detected in an integrated referral system, the primary care managers who are associated with the clients are alerted.

Duplicate registrations can be resolved only by a care team member who has a primary care manager role for at least one of the clients, and is a member of the other client's care team. The primary care manager must review the duplicate registrations and determine which one to retain and which to close.

For example, suppose that Laurie is the client and she has duplicate registrations: Laurie and Lauren. If Susan is the primary care manager for the Laurie registration and is a member of Lauren's care team, and Jane is the primary care manager for the Lauren registration and is a member of Laurie's care team, both Susan and Jane receive alerts. Either Jane or Susan can resolve the duplicate after which no other user can do it again for either registration.

Typically, the primary care manager chooses to close the registration with less associated care management data. If the retained registration is in an Inactive state in the application, it is reactivated. By selecting one registration to be used for future interactions with the client, the primary care manager causes the other registration to be automatically deactivated. Any referrals are transferred to the selected registration before the duplicate registration is permanently closed. Other information that is associated with the duplicate, such as care plans or client notes, is not moved.

Resolving duplicate registration from alerts

Duplicate registrations alerts require the attention of the primary care managers who are associated with the clients to resolve the duplication.

Resolving duplicate registrations requires you to decide which registration to retain and which one to permanently close. To inform your decision, you can branch from the page in the application where you resolve the duplicate and go to each client's **Summary View** for their details. From either **Summary View**, you can return to the page where you resolve the duplicate.

1. Sign in to your account.
Your home page opens.
2. In your Work List card, expand **Alert Notifications**.
Any alerts about duplicate client registrations are listed.
3. Click the name of the client who is identified as a duplicate registration.
Their Summary View opens.
4. From the **Context** pane, select **Alerts**.
The **Alerts** page opens, and includes the alert about the registrations who refer to the same client.
5. Click **History > Status** to access more information.
The **Status** page for the client opens.
6. Expand the **Duplicate Registrations** section and decide which registration to keep.
 - a. Review the information for each registration by clicking either client name to go to their **Summary View**.
 - b. Return to the **Status** page by clicking **History > Status** in either client's **Summary View**.
7. Click **Resolve Duplicate**.
The **Resolve Duplicate Registrations** wizard opens.

- a. Select the client registration to keep based on your previous review of both clients.
- b. Click **Next**, and click **Confirm** to resolve the duplicate.

**Remember:**

When you confirm that you want to keep one registration, any referrals are transferred to the selected registration before the duplicate registration is permanently closed. You cannot undo the action. Other information that is associated with the duplicate, such as care plans or client notes, is not moved to the selected registration.

- c. Click **Finish**.
8. Review the care plan for the selected registration and make any necessary changes.
9. **Optional:** To verify the status of the alert, from the **Context** pane, select **Alerts**.
The **Alerts** page opens. Expand the alert to see a comment about whether the registration was retained or closed, and by whom on the care team.

Managing clients between Merative™ Integrated Care and other applications

If Merative™ Integrated Care is integrated with an external application, like an EMR system or IBM® Health and Human Services Connect 360, you can manage clients between both applications.

If your organization has a requirement for care teams to be able to view client records that are available in an external application that is integrated with Merative™ Integrated Care, you can request that the Virtual Client Record feature be enabled. To do this, you must contact your Merative™ client executive. Customers must then work with their Merative™ client executive to integrate the Virtual Client Record feature with the external application data.

**Note:**

These topics apply only to care teams whose Merative™ Integrated Care application is integrated with an external application and the integration utilizes the Virtual Client Record.

You can register clients in Merative™ Integrated Care so that you can manage their care.

Review the **Virtual Client Record** to see extra client information that is available in the external application, but might not be recorded in Merative™ Integrated Care.

From Merative™ Integrated Care, you can search for clients in both applications to verify that you are dealing the correct person based on the available information in Merative™ Integrated Care and the external application.

Related information

[Managing client referrals \(on page 448\)](#)

Registering clients

All clients must be registered in Merative™ Integrated Care so that you can manage their care needs. Before you register clients, verify that they are not already registered first by searching for them. You can manually register clients who are not already registered. If clients are registered only in another application external to Merative™ Integrated Care, you can automatically register them with limited information from the other application.

Verifying clients are not already registered

To avoid duplicate registrations, ensure that you search for existing clients before you register a client. You can search only Merative™ Integrated Care for clients or you can extend your search to an external application that is integrated with Merative™ Integrated Care. By searching both applications, you can find clients who are registered only in the external application who may need to be registered for care management in Merative™ Integrated Care.

The default display format in client search pages is: Last Name, First Name. The display format might be configured to reflect a First Name Last Name display

Searches for a client's gender or date of birth need extra search criteria to uniquely identify the client. You can search for a client by identification type and number, email, phone number, or the last four digits of their social security number without any other search criteria.



Important:

When searching both applications for clients by identification type and number, only searches by Reference Number identification type, and configured identification types that apply to the external application will find clients who are registered in that application.

If you search for clients who are registered only in Merative™ Integrated Care, you can search by all of the types of identification that are configured by your organization. For example, if a Passport identification type is configured, you are able to search for the client by entering those specific identification details.

- From the **Side Navigation menu**, select **Clients > Register**.

The **Register Client** wizard (**Page 1**) opens.

- Enter your search criteria to verify that the client is not already registered in Merative™ Integrated Care.

- Choose a **Search Type**.
 - All** (Default) - Searches for clients in Merative™ Integrated Care and an application external to Merative™ Integrated Care.
 - Merative™ Integrated Care** - Searches for clients who are registered in Merative™ Integrated Care only.

- In the Search Results pane, the **Registered** column indicates whether the client is already registered in Merative™ Integrated Care. **Yes** means the client already registered. **No** means the client is not already registered.



Note:

PHI that you are not authorized to see, such as address and status is indicated by asterisks in the **Search Results** pane. In addition, the link to the client's **Summary View** in the results is not available when the client is not registered in Merative™ Integrated Care.

For more information on the search results, see [Understanding your search results \(on page 444\)](#).

- Choose an option.

- If the client is not already registered in Merative™ Integrated Care or the other application, click **Next** and complete the steps in [Manually registering clients \(on page 435\)](#).
- If the client is registered in the other application only, you can automatically register the client.
 - In the **Search Results** pane, click the **Actions** menu for the client that you want to register.
 - Click **Register Client**.
 - Complete the steps in [Automatically registering clients \(on page 439\)](#).

Manually registering clients

Manually register a client who is not already registered so that their care needs can be managed in Merative™ Integrated Care.

Before you manually register a client, ensure you follow the steps in [Verifying clients are not already registered \(on page 434\)](#) to verify whether they are already registered.

To register a client, you must have at least the client's full name, date of birth, and gender. You can also provide additional information such as an identification type and number, an address, address type and contact details.

When you register a client, complete the registration before your access to the client's protected health information (PHI) expires. If organization units are enabled for your organization, you can register a new client with a referral to the correct organization unit to meet their needs.

Your organization's data access policy determines whether you have access to a client's PHI after registration. If your access is restricted, you might only have temporary client registration access to the client's PHI to view and update the information and add care team members. Your access period is 12 hours by default. However, this period might be different for your organization. To extend your registration access, add yourself to the client's care team before your access period expires. If your access period expires, you can request temporary emergency access to the client in a critical situation, if configured by your organization.

1. When you click **Next** on the Register Client wizard. **Page 2** of the wizard opens.
2. Complete the pages in the Register Client wizard to add the client information. Follow the steps from (**Page 2 of 4**).

Register Client Wizard	Steps
(Page 2 of 4) Add client demographic information	<p>a. Enter the client's details, residential address, phone number, and email address. If configured, The following fields are mandatory:</p> <ul style="list-style-type: none"> ▪ Name. Enter a birth last name only if it is different than the client's last name. ▪ Date of Birth ▪ Gender ▪ Registration Date. By default, the registration date is the current date. You can set an earlier registration date but not a future registration date. ▪ Source You must select one of the configured values that indicate the source of the client's registration information. <p>b. Original Source System. If applicable, you can select one of the configured values to indicate where the client's registration information originated.</p>

Register Client Wizard	Steps
	<p>c. Select the appropriate identification type, and enter the client's identification number.</p> <p>d. Ensure that the address information that you enter is as accurate as possible for a more precise location. When you enter an address, a default map location is automatically assigned to the address based on the address information. Confirm the location of the address before saving. Clicking 'Confirm Location' opens the map at the default location of the address. Drag the map to change the location of the address. You can reset the map to the default location if needed. If you do not change the location, the default location is saved.</p> <p>e. Click Save to register the client in the application, or Next to proceed to the next page of the wizard. You can capture consent records and referrals if the registration workflow is configured to include capturing consent records and referrals.</p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;">  Note: The Source and Original Source System that is captured during registration are replicated to the relevant data types when saved. The demographic data types are Birth and Death, Gender, Identification, Marital Status, Name. The contact data types are Address, Email, Phone Number. If needed, these values can be changed for each data type after the client is registered. </div>
(Page 3 of 4) Capture Consent Records	<p>This page in the wizard displays only if the Capture Consent Records page is configured for your organization's client registration workflow to allow you to specify the types of consent to associate with a client's consent records.</p> <p>Consent types are configured in the application to enable you to capture consent records for clients by their information category, for example, Medical Records. Your administrator might configure data sharing of specific consent types across organization units (if enabled) and they can make it optional or mandatory for you to capture types of consent records during a client's registration process. The el-</p>

Register Client Wizard	Steps
	<p>lements of this page display dynamically according to the configuration in the application.</p> <ul style="list-style-type: none"> a. If the Share with Organization section displays, you see all consent types that are configured to be shared across organization units. <ul style="list-style-type: none"> ▪ For each listed consent type, select Consents to Share to record the client's agreement to share their consent records of that type. This step is optional or mandatory depending on the configuration in the application. b. In the Consent Records section, you see all consent types that are configured as Not Shared in the application. <ul style="list-style-type: none"> ▪ Select from the configured consent types to capture a client's consent records of that type. This step is optional or mandatory depending on the configuration in the application. c. Depending on the configuration, click Save to register the client in the application with the consent records, or click Next to proceed to the next page of the wizard. You can create referrals only if organization units are enabled for your organization or the registration work flow is configured to include capturing referrals.
(Page 4 of 4) New Referral	<p>This page in the wizard displays only if the New Referral page is configured for your organization's client registration workflow to allow you to create a referral for the client that you are registering.</p> <p>Your administrator might make it optional or mandatory for you to create a referral for a client during a client's registration process. The elements of this page displays dynamically according to the configuration in the application.</p> <ul style="list-style-type: none"> a. If client referrals are configured as optional, select Yes to create a referral for the client or No to proceed with the client registration without creating a referral. The Referral Details section displays with a Yes response. If organization units are enabled for your organization, you are required to create a referral and complete the referral details.

Register Client Wizard	Steps
	<p>b. Enter the client referral details.</p> <ul style="list-style-type: none"> ▪ Referral Reason - Enter a reason for referring the client to a maximum of 200 characters. ▪ Source - If configured, you must select one of the configured values that indicate the source of the referral. ▪ Original Source System - If applicable, you can select one of the configured values to indicate where the referral originated external to Merative™ Integrated Care. ▪ Referred On - Enter the date of the referral. ▪ Referred To - Assuming that organization units are enabled for your organization, the current organization unit is displayed by default. If more than one organization unit is configured in the application, you can search for and select another organization for the client referral. ▪ External Referral To - If configured you can select an external recipient to send the referral to. The referral is routed to an external system for management and can no longer be managed in Merative™ Integrated Care. ▪ Priority - Select the priority level that indicates how urgently the client requires care management, for example, High priority. ▪ Comments - Enter more notes about the client referral if necessary. <p>c. Click Save to register the client in the application with or without the referral. If you created a client referral, the referral is routed to the Supervisor's Unassigned Open Referrals list page and the Referrals list page in the Care Manager Work-space.</p>

Automatically registering clients

You can automatically register clients who are currently only registered in an application external to Merative™ Integrated Care so that you do not need to manually enter their registration information.

Before you automatically register clients, ensure you follow the steps in [Verifying clients are not already registered \(on page 434\)](#) to ensure that they are not already registered.

During the automatic registration process, Merative™ Integrated Care registers the client with the following information from the other application (if available):

- First Name
- Last Name
- Date of Birth
- Gender
- Address
- Phone Number
- Email Address



Note:

If the client's date of birth or gender is not available in the other application, a message displays. If you know this information, you must manually register the client.



Important:

The registration process takes up to 15 minutes to complete. The client becomes available in Merative™ Integrated Care when the registration process is fully complete. If you or another user tries to automatically register the client again before 15 minutes elapse, a message displays and the **Register** action is disabled.

A client may also be automatically registered in Merative™ Integrated Care from an external application via the referrals process. After client registration, no updates to the client's information are received from the other application. However, if you add, modify, or delete demographics or contact data for the client, your updates are shared with the other application so that the latest client information is available in both systems.

1. When you click **Register Client** from the **Actions** menu for the relevant client in the **Search Results** pane, the Register Client page opens.
2. Click **Register**.

The client is automatically registered and their Summary page opens.

[Managing client referrals \(on page 448\)](#)

Viewing the Virtual Client Record

If Merative™ Integrated Care is integrated with an external application, you can view information about clients that is available in that application, but might not be available in Merative™ Integrated Care.

Assuming Merative™ Integrated Care is integrated with an external system, and the Virtual Client Record is enabled for your integration, you can see client information that is captured in the external application.

Depending on the external application and your organization's requirements, the Virtual Client Record can display information retrieved from multiple systems or from one application to give a complete view of the client and their needs.



Important:

The Virtual Client Record displays only client information that you are permitted to view, based on your configured role in your organization. The client information that displays in the Virtual Client Record is read-only and cannot be modified in Merative™ Integrated Care. You can switch between a client's **Summary View** and their **Virtual Client Record** to see their full information and make decisions about their care.

The information that you see in the Virtual Client Record is grouped into categories that describe the nature of the information. For example, you might see a category called **Extended Demographics** that contains extra demographics information for a client that is not available in Merative™ Integrated Care. The **Virtual Client Record** refreshes automatically based on the available information. If no information is available for a category, only the category name displays.

Some categories might contain further subcategories of information. For example, a category called **Demographics** might contain a subcategory called **Phone** that contains multiple phone number records for the client. In addition, some data might display in a table so that you can quickly identify related information. If the information in a table cell exceeds 270 characters, an ellipsis (...) displays in the cell. Click the cell to see the full information.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Choose an option.
 - View a client's Virtual Client Record from your My Clients list.
 - a. Click a client name. Their **Summary View** opens.
 - b. In the **Context** pane, click **Virtual Client Record**. The client's **Virtual Client Record** opens.
 - Search for a client.

- a. Enter your search criteria for the client.
 - b. In the **Search Type** list, select **All** to search for the client in an external application and Merative™ Integrated Care.
 - c. Click **Search**.
 - d. In the **Search Results** pane, you can see whether the client is actively receiving care management in Merative™ Integrated Care. If the client is not actively receiving care management, their status is set to **Inactive** in the client's Context pane.
 - e. Click the **Actions** menu for the client.
 - f. Select **Virtual Client Record**. The client's **Virtual Client Record** opens.
4. Expand a category to see its information.
 5. If available, expand a subcategory to see more information.

Searching for clients in Merative™ Integrated Care and other applications

Search for clients in Merative™ Integrated Care and an application external to Merative™ Integrated Care. By searching both applications, you can find clients who are registered only in the external application and may need to be registered in Merative™ Integrated Care for care management.

By default, your search returns clients who are registered in:

- Merative™ Integrated Care and an external application.
- An external application only.
- Merative™ Integrated Care only.

You can narrow your search to only return clients who are registered in Merative™ Integrated Care if you prefer.

You must enter some search criteria. If you search for clients by name, you must enter their **First Name** and **Last Name**. Search supports partial matching. For example, a search for **First Name A1** and **Last Name Smi** can return matches for active clients **Alison Smith** and **Alan Smith-Baker**.

Searches for a client's gender or date of birth need extra search criteria to uniquely identify the client. You can search for a client by identification type and number, email, phone number, or the last four digits of their social security number without any other search criteria.



Important:

When searching Merative™ Integrated Care and an external application for clients by their identification type and number, only searches by Reference Number identification type, and



configured identification types that are specific to the external application will find clients who are registered in that application.

If you search for clients who are registered only in Merative™ Integrated Care, you can search by all of the types of identification that are configured by your organization. For example, if a Passport identification type is configured, you are able to search for the client by entering those specific identification details.

Protected health information (PHI) that you are not authorized to see, such as a client's address and status, is indicated by asterisks '*****' in the **Search Results** pane. In addition, the link to the client's **Summary View** is not available. If you need access to this information, ensure that you are a member of the client's care team or you can request [emergency access \(on page 424\)](#) to the client in critical circumstances only, if configured by your organization.

1. Sign in to your account.

Your home page opens.

2. Choose from one of the following steps to search for a client.

- a. If you are using a tablet or mobile device, from the **Side Navigation Menu**, select **Clients > Search**.
- b. If you are using a desktop computer or laptop, click the **Search Client** icon on the application menu bar.

The **Search Client** page opens.

3. Enter your search criteria for the client. Search by using any of the following criteria:

- Name - The default display format in client search pages is: Last Name, First Name. The display format might be configured to reflect a First Name Last Name display.
- Date of Birth
- Gender
- Identification type and number - Select the appropriate identification type, and enter the client's unique identifier.
- Phone
- Email
- SSN (Last four digits) - Enter the last four digits of the client's social security number.

4. Choose a **Search Type** and click **Search**.

- **All** (Default) - Searches for clients in Merative™ Integrated Care and an external application.
- **Merative™ Integrated Care** - Searches for clients who are registered only in Merative™ Integrated Care.

In the Search Results pane, you can see clients who match the criteria entered. For more information, see [Understanding your search results \(on page 444\)](#).

Choose an option.

- If the client is not already registered in Merative™ Integrated Care or another application, you can [manually register the client \(on page 435\)](#).
- If the client is registered in an external application but not in Merative™ Integrated Care, you can [automatically register the client \(on page 439\)](#) with limited information from the other application.
- If the client is registered in Merative™ Integrated Care, you can click their name and manage their care from their Summary view. For example, you can refer the client for care management, by following the [referrals process \(on page 760\)](#).

Understanding your search results

The client information that you can see and access from the search results depends on which application the client is found in, and whether you have access to the client's protected health information (PHI).

In the examples that follow, let's suppose the following assumptions are true:

- The format of the client name display, which is based on an administrator configuration in Merative™ Integrated Care, is set to reflect a **First Name Last Name** display in **Client Search** results and list pages.
- One name only is recorded for each client who is registered in Merative™ Integrated Care.



Remember:

A client may be registered in:

- Merative™ Integrated Care and another application (external to Merative™ Integrated Care).
- An external application only.
- Merative™ Integrated Care only.

Example 1: Laurie Thompson (registered in Merative™ Integrated Care and an external application)

Let's suppose you search for a client by **Name** `Laurie Thompson` and **Date of Birth** `12/12/1940`.

- Laurie is registered in both Merative™ Integrated Care and an external application.
- You are authorized to see Laurie's PHI in Merative™ Integrated Care.

You see the following search results.

Search Results					
Name	Registered	Address	Date of Birth	Phone	Consent
1 Laurie Thompson	2 Yes	3 1301, W Main St, Denv...	12/12/1940	Yes	4

1. A link to Laurie's Summary view is available. Click Laurie's name to see her Summary view.
2. **Yes** displays in the **Registered** column because Laurie is registered in Merative™ Integrated Care.
3. Because you are authorized to see Laurie's PHI, you see her address, date of birth, phone number (if available) and consent (Yes or No).
4. Click the virtual client record icon to see Laurie's information that is captured in the other application. To capture consent for Laurie, a configurable action link called **Update Consent** is available. You must log a support ticket to configure a display name for the action link and the corresponding URL that the link directs the user to.

Example 2: Todd Mitchell (registered only in an external application)

Let's suppose you search for a client by **Name** Todd Mitchell and **Phone Number** 303555555.

Todd is registered in an external application, but not in Merative™ Integrated Care.

You see the following search results.

Search Results					
Name	Registered	Address	Date of Birth	Phone	Consent
1 Todd Mitchell	2 No	3 195 Darby Ave,...	06/08/1952	303555555	4 No

5
6 Register Client
Virtual Client Record
Update Consent ...

7

1. Todd is not registered in Merative™ Integrated Care so a link to Todd's Summary view is not available.
2. **No** displays in the **Registered** column because Todd is not registered in Merative™ Integrated Care.
3. You see Todd's address, date of birth, and phone number (if available in the other application).
4. Todd does not have consent on file in IBM® Health and Human Services Connect 360, so No is displayed.

5. To automatically register Todd in Merative™ Integrated Care, click the **Actions** menu and select **Register Client**.
6. To see more information for Todd, (if available in the other application), click the **Actions** menu and select **Virtual Client Record**
7. To capture consent for Todd, a configurable action link called **Update Consent** is available. You must log a support ticket to configure a display name for the action link and the corresponding URL that the link directs the user to.

Example 3: Mitch Delaney (registered only in Merative™ Integrated Care)

Let's suppose you search for a client by **Name** Mitch Delaney and **Date of Birth** 06/08/1952.

- Mitch is registered in Merative™ Integrated Care, but not in an external application.
- You are not authorized to see Mitch's PHI in Merative™ Integrated Care.

You see the following search results.

Search Results					
Name	Registered	Address	Date of Birth	Phone	Consent
1 Mitch Delaney	2 Yes	3 *****	06/08/1952	*****	4 No 

Request emergency access
Cancel

1. You are not authorized to see Mitch's PHI so a link to Mitch's Summary view is not available.
2. **Yes** displays in the **Registered** column because Mitch is registered in Merative™ Integrated Care.
3. Because you are not authorized to see Mitch's PHI, his address and phone number information is indicated by asterisks.



Tip:

To see Mitch's PHI, add yourself to his care team, or you can request temporary [emergency access \(on page 424\)](#) to the client in a critical situation, if configured by your organization.

4. Mitch does not have consent on file, so **No** is displayed.
5. Mitch is not registered in the external application. If you click the virtual client record icon and expand a category, no information is available.

**Note:**

If more than one name is recorded for a client who is registered in Merative™ Integrated Care, a single record is returned in the search results even when the search criteria matches multiple name records. For more information, explore the examples in [Client name search results by example \(on page 420\)](#).

Example 4: Jane Kelly (registered in an external application and deleted in Merative™ Integrated Care)

Let's suppose a client, **Jane Kelly**, is registered in Merative™ Integrated Care and Jane's record also exists in an external application that is integrated with Merative™ Integrated Care. Jane requests that her data be removed from Merative™ Integrated Care under data privacy regulations so a care team member deletes Jane's record in Merative™ Integrated Care.

You search Merative™ Integrated Care and the external application for Jane by **Name** **Jane Kelly** and **Date of Birth** **6/19/1966**. You see the following search results.

Search Results					
Name	Registered	Address	Date of Birth	Phone	Consent
1 Jane Kelly	Yes 2	3 Rose Park, 3 San Francisco, CA, 94114	6/19/1966	14153743401	No 4 5

Cancel

1. Jane is deleted from Merative™ Integrated Care so a link to Jane's Summary view is not available.
2. **Yes** displays in the **Registered** column because Jane is registered in Merative™ Integrated Care, however her Merative™ Integrated Care record is not available to view because it is deleted.
3. You see Jane's address, date of birth, phone number as recorded in the external application.
4. Jane does not have consent on file in the external application, so **No** displays.
5. You can click the virtual client record icon to see Jane's available information in the external application.

**Important:**

Because Jane's record is deleted in Merative™ Integrated Care, the action to automatically register Jane with her available information from the external application is not available. To



avoid manually registering a deleted client, contact your supervisor to confirm that the client is deleted and should not be re-registered.



Note:

If more than one name is recorded for a client who is registered in Merative™ Integrated Care, a single record is returned in the search results even when the search criteria matches multiple name records. For more information, explore the examples in [Client name search results by example \(on page 420\)](#).

Related information

[Viewing the Virtual Client Record \(on page 440\)](#)

Summary view (on page)

Managing client referrals

If an existing client has care needs, you can manually refer the client for care management. You can create a referral for any client who is active or inactive in the application, and assuming that organization units are enabled for your organization, you can route the referral to the correct organization unit. You can review and disposition open client referrals. Clients that are received from an external system via an API or via a cohort can be managed in the same way.



Note:

If you are not assigned a security role which grants access to the unassigned referrals resource, you cannot access the unassigned referrals page.

Creating referrals for existing clients

You can refer an existing client to the correct organization unit that will meet their care management needs. You can refer the client to a different organization unit only if multiple units are configured in the application. If configured, you can refer the client to an external recipient for management in a system external to Merative™ Integrated Care.

If a referral is routed to an organization unit by mistake, the care team in that organization unit can manually reject the referral but cannot redirect the referral to another organization unit.

**Note:**

If you are not assigned a security role which grants access to the unassigned referrals resource, you cannot access the unassigned referrals page.

1. Sign in to your account.
Your home page opens.
2. From the Side Navigation menu, select **Referrals > New Referral**.
The **New Referral** page opens.
3. Search for and select the registered client who needs care management.
4. Enter the following information for the referred client.
 - **Referral Reason** - Select a reason for referring the client.
 - **Other Referral Reason** - Enter a Referral Reason that is not displayed on the Referral Reason list, to a maximum of 200 characters. Conditionally displayed if you select Other in the Referral Reason field.
 - **External Referral To** - If configured you can select an external recipient to send the referral to. The referral is routed to an external system for management and can no longer be managed in Merative™ Integrated Care.
 - **Source** - If configured, you must select one of the configured values that indicate the source of the referral.
 - **Original Source System** - If applicable, you can select one of the configured values to indicate where the referral originated external to Merative™ Integrated Care.
 - **Referred On** - Enter the date of the referral.
 - **Referred To** - If more than one organization unit is configured in the application, you can search for and select another organization for the client referral.
 - **Priority** - Select the priority level that indicates how urgently the client requires care management, for example, High priority.
 - **Comments** - Enter more notes about the client referral if necessary.
5. Click **Save**. Assuming that you did not send the client referral to an external recipient for management, the referral is routed to the supervisor's **Open Unassigned Referrals** list page and the **Open Unassigned Referrals** list page in the Care Manager workspace. If you sent the referral to an external recipient, the referral is visible in the **Referral History** cluster on the client's **Referrals** list page.



Note:

You can also refer a client from the client's **Referrals** list page. From the Side Navigation menu, select **Clients > My Clients**, or search for other clients. Select the client who you want to refer, and on their Summary view, click **History > Referrals**. This opens the client's **Referrals** list page. Click **New Referral** to create a new referral for the client.

Related information

Requesting emergency access to clients (*on page* [450](#))

Assigning client referrals

If you have the skills and capacity to improve the client's care, you can take ownership of a client referral by assigning the referral to yourself. Otherwise, assuming that organization units are enabled for your organization, assign the client referral to another care team member in your organization unit based on their roles, skills, and capacity.



Note:

If you are not assigned a security role which grants access to the unassigned referrals resource, you cannot access the unassigned referrals page.

- The **Open Unassigned Referrals** page must be configured to display to the care team. Otherwise, you cannot access the page in the application.
- You cannot assign a referral that is already assigned, rejected, or deleted in the application.



Note:

When one or more referrals are assigned to you, you must complete each referral by accepting it for care management or you can choose to dispose the referral in a different way. For more information, see [Completing your open client referrals \(on page 453\)](#).

Referrals (25 max) can be assigned to you or any active care team member who has at least one care team role assigned. If you are using organization units, the care team member who receives the referral assignment must be in your organizational unit. When Inactive clients are among the selected referrals for assignment, you are guided through a 2-step wizard. Otherwise, the second step that follows is the only step.

1. [Wizard page 1 - Activate and Assign]. The Inactive Client Referrals list and the Activation Reason cluster are displayed conditionally. You can reactivate listed inactive clients as you assign them to you or another care team member. You must specify a reason for doing so, which is applied to all selected Inactive clients.
2. [Wizard page 2 - Assign] You proceed to assign the client referrals to you or one of the listed care team members who has the capacity to take on more work. In the process, you can assign the clients who are being referred to one of the listed programs that suits their needs. Further, you can designate yourself or the care team member to be the primary care team member with a lead or management role in the team. When you assign the client referrals, you or the selected care team member is automatically added to the client's care team in the selected role(s).

The options to select Source and Original Source are displayed only when you select a program and if configured to be shown by your administrator. If configured to be shown, you can select the source of the program (mandatory) and the name of the original source system where the program (optional) originated. The Source value represents the configured platform that is sharing data, for example, Merative™ Integrated Care. The Original Source System is the name of the system where the data was entered for the very first time.

The option to select Care Team Groups is displayed only if care team groups are configured by your administrator. When the referral is accepted by the referral assignee, all members of the care team group(s) are added as additional members of each referred client's care team.

1. Sign in to your account.
Your home page opens.
2. From the **Side Navigation Menu**, select **Referrals > Unassigned Referrals**.
The **Open Unassigned Referrals** page opens.
3. Review each unassigned client referral by their name, date of referral, priority, and if available, the name of the cohort that referred the client, and the reason that they were referred.

Expand the client view to see more information. You can see the client referral's assignment history. If the referral was previously assigned, you can see who the referral was assigned to. You can also see the date when the referral was assigned or unassigned, who assigned or unassigned the referral, including reasons for unassigning the referral if the referral was unassigned.

When a referral is received from an external system, you can see the source of the referral (mandatory) and the name of the original source system where the referral originated (optional). This information might also be available if a care team member manually recorded the Source and Original Source System when they created a referral. You can add only one new filter to each column.

By clicking the filter icon and selecting from the Quick Filters on the page, you can narrow your list view based on specific criteria. For example, you can choose to view only referral priority (High, Medium, Low, Not Set), unassigned referral day ranges, or client status (Active, Inactive). You can further refine your list view as follows.

- a. Optionally click **Add Filter** to add another filter to the Quick Filters that you already selected. You can further refine your list view by Name, Referred On date, Priority, Cohort, Referral Reason, Other Referral Reason, Client Status, Risk Name, Source, Original Source System, Suggested Program, Risk Category, Date of Birth, Tag or Address. Filters are only available for a configured attribute, where it is displayed as a column or in the expanded view. Enter the details for your filter selection. You can add only one new filter to each column.
- b. Click **Add** to apply the additional filter. You can remove a filter by clicking **Clear**. The predefined Quick Filters are retained.
- c. Click **Apply** to apply the filters that you selected. You can remove page filters by clicking **Reset**.

The **Unassigned Referrals** list page refreshes to show only the client referrals who correspond to the filters that you applied. You can further change your filter selection on the list page by checking or clearing the check boxes to suit your needs.

4. Assign a single client referral to yourself or another a care team member, or assign up to 25 referrals at a time in a bulk assignment. Do one of the following:

- To assign a single referral, click the **Actions** menu of the referral, and click **Assign**.
- To process up to 25 client referral assignments in one step, select more than one individual client referral or to assign all listed referrals, select the checkbox adjacent to the Name column. Click **Assign**.

If Inactive clients are among the selected referrals for assignment, you complete the next step. Otherwise, you go directly to [step 6 \(on page 452\)](#).

5. In the **Activate and Assign** modal, (page 1 of wizard), complete the following steps.

- a. In the **Activation Reason** section, give a reason for reactivating the client(s) in the application. Select a reason from the list or enter another reason, and provide additional comments if needed.
- b. Click **Next** to reactivate the Inactive client(s) in the application as you assign their referral(s) to a care team member.

The **Assign** page opens (page 2 of wizard).

6. In the **Assign** page, toggle between these actions as needed.

- **Assign to Me**
 - **Assign to Another User.** Review a list of care team members who belong to your organization unit and have at least one assigned role. Based on their current capacity, select a care team member to manage the care of the client(s). You can use the Quick Filters to narrow the list view.
7. **Optional:** Enter comments of up to 2000 characters.
 8. Optionally, by selecting **Assign as Primary**, you can designate yourself or the selected care team member to be the primary care team member.
Primary care team members are responsible for the client's care plan and programs.
 9. If you or the selected care team member has more than one assigned Role (see the **Role(s)** list), select the role(s) that you or they do that is relevant to the assignment.
 10. Optionally, from the **Programs** list, select one of the configured programs to assign to the client(s) in the referral assignment.
 11. Enter the program assignment date.
 12. If the **Source Systems** section is configured to display, do one or more of the following steps:
 - From the **Source** list, you must select one of the configured values that indicate the source of the program.
 - From the **Original Source System** list, you can select one of the configured values to indicate where the program originated.
 13. Optionally, from the **Care Team Groups** list, you can select one or more care team groups to add to each referred client's care team when the referral is accepted.
Care team groups and their members are predefined by your administrator.
 14. Do one of the following to complete the referral assignment. The action that you can take depends on whether the referral assignment contains Active and/or Inactive clients.
 - Click **Assign** (conditional display, for Active referrals)
 - Click **Activate and Assign** (conditional display, for Inactive referrals)

Completing your open client referrals

You can review your open client referrals who are assigned to your organization unit for care management in an Open state. You can accept the referral for care management or assign a referred client to a program. By assigning the client to a program, you automatically accept the referral. If the client referral is invalid or incorrectly assigned, you can reject the referral or reassign it to the Supervisor of your organization unit.

You can see which referred clients are already enrolled on programs and based on that information and the referral reason, you can determine whether to assign them to a new program.

**Note:**

If you are not assigned a security role which grants access to the unassigned referrals resource, you cannot access the unassigned referrals page.

If one or more care team groups were added to the referral when it was assigned, all members of the group(s) are automatically added to each referred client's care team when you accept the referral.

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, select **Referrals > My Referrals**.

The **My Open Referrals** page opens.

3. Review your open client referrals by their name, date of referral, cohort, priority status, reason for their referral, and existing program enrollments.

Expand the client view to see more information. You can see the client referral's assignment history, such as who the referral is assigned to, date when the referral was assigned or unassigned, who assigned or unassigned the referral, including reasons for unassigning the referral if the referral was unassigned.

When a referral is received from an external system, you can see the source of the referral (mandatory) and the name of the original source system where the referral originated (optional). This information might also be available if a care team member manually recorded the Source and Original Source System when they created a referral. By applying page filters, you can change your My Open Referrals list view based on specific search criteria.

- a. Click the filter icon to open the **Filter** page.
 - b. Select one or more check boxes that correspond to your search criteria. You can search for client referrals based on their priority (High), or client referrals within the last 30 days.
 - c. Optionally click **Add Filter** to add another filter to the predefined filters that you already selected or independently of predefined filters. You can filter your list view by Name, Referred On date, Priority, Cohort, Referral Reason, Other Referral Reason, Source, Original Source System, Suggested Program, Program, Date of Birth, Tag or Address. Filters are only available for a configured attribute, where it is displayed as a column or in the expanded view. Enter the details for your filter selection. You can add only one new filter to each column.
 - d. Click **Apply** to apply the filter. You can remove page filters by clicking **Reset**. The predefined filters are retained.
4. Click the **Actions** menu of a client referral and dispose of the referral in one of the following ways.

- **Accept and Assign Program** - Assigns the referred client to a program. The client referral is automatically accepted by you. If the client referral includes one or more care team groups, all members of the group(s) are automatically added to the client's care team.
- **Accept** - Accepts the referral that is assigned to you for care management. If the client referral includes one or more care team groups, all members of the group(s) are automatically added to the client's care team.
- **Reject** - Rejects the referral as invalid, and removes the referral from care management work lists. If you reject a referral as invalid, select a reason.
- **Unassign** - Reassigns the referral to the Supervisor of your organization unit. When you click **Unassign**, the referral is listed on the **Open Unassigned Referral** list in the Care Manager workspace and the Supervisor workspace. If the client referral includes one or more care team groups, they are automatically removed from the referral when you reassign it.

Completing a client's open referrals

You can review all of the client's open referrals since they were first registered in the application and check the detail of the client's referral history. Then you can take actions to disposition unassigned client referrals and referrals that are specifically assigned to you.

If organization units are enabled for your organization, you can verify whether a client has been referred across different organization units for the same referral reason or whether previous referrals of the client were rejected.

To complete actions on a client's referrals, the referral must be assigned to your organization unit and you must be a care team member that has at least one assigned care team role.

- For unassigned client referrals, you can assign the referral to your care or to another primary care team member (if an active client), or you can reactivate the client in the application and assign the referral to you or to another primary care team member (if an inactive client).
- For client referrals that are specifically assigned to you, you can accept the referral for care management or assign the referred client to a program. By assigning the client to a program, you automatically accept the referral.
- For client referrals that are incorrect or incorrectly assigned, you can reject the referral.



Note:

If you are not assigned a security role which grants access to the unassigned referrals resource, you cannot access the unassigned referrals page.

You cannot action client referrals that care teams send to external recipients for management. These referrals are managed in a system external to Merative™ Integrated Care and are displayed in the client's **Referral History** with a status of Requested.

If one or more care team groups were added to the referral when it was assigned, all members of the group(s) are automatically added to the client's care team when you or another primary care team member accepts the referral.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the Side Navigation Menu, select **Clients > My Clients**.

The **My Clients** page opens.

3. Review your list of clients by their name, priority, date of birth, and phone number.

By applying page filters, you can change your client list view based on specific search criteria.

- a. Click the filter icon to open the **Filter** page.
- b. Select one or more check boxes that correspond to your search criteria. You can search for client referrals based on their priority (High), those with no program assignment, or those with no touchpoint encounters in the last 7, 14, 30, or more days.
- c. Optionally click **Add Filter** to add another filter to the predefined filters that you already selected or independently of predefined filters. You can further refine your list view by Name, Date of Birth, Priority, Program, or Phone Number. Enter the details for your filter selection.

You can add only one new filter to each column.



Restriction:

To filter by Name, enter the first name of the client followed by their last name. No client records are returned if you search for their last name followed by first name.

- d. Click **Apply** to apply the filter. You can remove page filters by clicking **Reset**. The predefined filters are retained.
4. Click a client name.
- Their **Summary** view opens.
5. Click **History > Referrals**.
- The client's **Referrals** page opens.

 6. Do one or more of the following actions:
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- Expand the **Open Referrals** cluster to see the date the client was referred and sent as a cohort, what they were referred for, the referral priority, and who the referral is assigned to.

**Note:**

Cohorts only display if they are enabled for your organization unit.

Within the **Open Referrals** cluster, you can also see the client referral's assignment history, such as who the referral is assigned to, date when the referral was assigned or unassigned, who assigned or unassigned the referral, including reasons for unassigning the referral if the referral was unassigned.

- Expand the client's **Referral History** cluster to see a record of their previous referrals to your organization unit and whether previous referrals were accepted or rejected. You can see the client referral's assignment history since they were first received in the application.

**Note:**

When a referral is received from an external system, you can see the source of the referral (mandatory) and the name of the original source system where the referral originated (optional). This information might also be available if a care team member manually recorded the Source and Original Source System when they created a referral.

7. Manage an unassigned client's open referrals in one of the following ways. Click the **Actions** menu of the unassigned referral and, depending on whether the referral is for a client who is active or inactive in the application, choose one of the following actions.

- **Assign** - Displays only for active clients. Assigns the client referral to you as the care team member who is currently logged into the application, or to another care team member. The **Assign** page opens.
 - a. Toggle between actions to **Assign to Me** and **Assign to Another User**.
 - Choose **Assign to Me** and confirm the self assignment.
 - Choose **Assign to Another User** to review a list of care team members in your organization unit who have the capacity to manage another client's care. You can assign a referral to only one care team member, who is automatically added to the client's care team.
 - b. If you or the selected care team member has one or more assigned role (see the **Role(s)** list), select the role(s) that you or they do that is relevant to the assignment.
 - c. **Optional:** Enter comments of up to 2000 characters.

- d. Optionally, by selecting **Assign as Primary**, you can designate yourself or the selected care team member to be the primary care team member. Primary care team members are responsible for the client's care plan and programs.
 - e. Optionally, from the **Programs** list, select one of the configured programs to assign to the client(s) in the referral assignment.
 - f. Enter the program assignment date.
 - g. If configured, from the **Source** list, you must select one of the configured values that indicate the source of the program.
 - h. If configured, from the **Original Source System** list, you can select one of the configured values to indicate where the program originated.
 - i. If configured, from the **Care Team Groups** list, you can select one or more care team groups to add to each referred client's care team when the referral is accepted. Care team groups and their members are predefined by your administrator.
 - j. Click **Assign** to assign a client referral to you or to a selected care team member in your organization unit.
- **Activate and Assign** - Displays only for inactive clients. Reactivates inactive clients in the application and assigns the client referral to you as the care team member who is currently logged into the application, or to another care team member. The **Activate and Assign** page opens.
 - a. In the Activation Reason section, give a reason for reactivating the client in the application. Select a reason from the list or enter another reason, and provide additional comments if needed, and click **Next**.
 - b. Complete steps **a - g** in [step 7 \(on page 457\)](#) as these steps are common to this procedure.
 - c. Click **Activate and Assign** to automatically activate the client and assign the referral to you or to the selected care team member.
 - **Reject** - Rejects the unassigned client's open referral as invalid. When an unassigned referral is rejected, the referral is removed from care management work lists. If you reject a referral as invalid, select a reason.
8. Manage open client referrals that are assigned to you in one of the following ways. Click the **Actions** menu of the assigned referral and choose one of the following actions.
 - **Accept and Assign Program** - Assigns the referred client to a program. The client referral is automatically accepted by you for care management. If the client referral includes one or more care team groups, all members of the group(s) are automatically added to the client's care team.

- **Accept** - Accepts the referral that is assigned to you for care management. If the client referral includes one or more care team groups, all members of the group(s) are automatically added to the client's care team.
- **Reject** - Rejects the client's open referral as invalid. When an assigned referral is rejected, the referral is removed from care management work lists. If you reject a referral as invalid, select a reason.
- **Unassign** - Reassigns the referral to the Supervisor of your organization unit. When you click **Unassign**, the referral is listed on the **Open Unassigned Referral** list in the Care Manager workspace and the Supervisor workspace. If the client referral includes one or more care team groups, they are automatically removed from the referral when you reassign it.

Rejecting client referrals

Assuming that organization units are enabled for your organization, you can reject referrals of active or inactive clients who are manually referred to your organization unit or are received from an external system via an API or via a cohort.

- The **Open Unassigned Referrals** page must be configured to display to the care team. Otherwise, you cannot access the page in the application.
- You cannot reject a referral that is already assigned or deleted in the application.

Review the client referrals who are not yet assigned to a care manager in your organization unit. Manage such client referrals by rejecting the referrals (either singly or as a bulk rejection) and provide a reason for doing so. You might reject a client referral if, for example, the client declined to avail of further care management, is deceased, or was added to a cohort in error.



Note:

If you are not assigned a security role which grants access to the unassigned referrals resource, you cannot access the unassigned referrals page.

1. Sign in to your account.
Your home page opens.
2. From the **Side Navigation Menu**, select **Referrals > Unassigned Referrals**.
The **Open Unassigned Referrals** page opens.
3. Review each unassigned client referral by their name, date of referral, priority, and if available, the name of the cohort that referred the client, and the reason that they were referred. Expand the client view to see risks associated with the client. When a referral is received from an external system, you can see the source of the referral (mandatory) and the name of the original source

system where the referral originated (optional). This information might also be available if a care team member manually recorded the Source and Original Source System when they created a referral.

By clicking the filter icon and selecting from the Quick Filters on the page, you can narrow your list view based on specific criteria. For example, you can choose to view only referral priority (High, Medium, Low, Not Set), unassigned referral day ranges, or client status (Active, Inactive). You can further refine your list view as follows.

- a. Optionally click **Add Filter** to add another filter to the Quick Filters that you already selected. You can further refine your list view by Name, Referred On date, Priority, Cohort, Referral Reason, Client Status, Risk Name, Source, Original Source System, Suggested Program, or Risk Category. Enter the details for your filter selection. You can add only one new filter to each column.
- b. Click **Add** to apply the additional filter. You can remove a filter by clicking **Clear**. The predefined Quick Filters are retained.
- c. Click **Apply** to apply the filters that you selected. You can remove page filters by clicking **Reset**.

The **Unassigned Referrals** list page refreshes to show only the client referrals who correspond to the filters that you applied. You can further change your filter selection on the list page by checking or clearing the check boxes to suit your needs.

4. Reject a single client referral, or reject up to 25 referrals at a time in a bulk assignment. Do one of the following:

- To reject a single referral, click the **Actions** menu of the referral, and click **Reject**.
- To process up to 25 referral rejections in one step, select more than one individual client referral or to reject all listed referrals, select the checkbox adjacent to the Name column. Click **Reject**.

The **Reject Referral** page opens.

5. In the **Rejection Details** section, give a reason for rejecting the client referral(s) in the application. Select a reason from the list or enter another reason, and provide additional comments if needed.
6. Click **Reject** to reject the referral(s).

When an unassigned client referral is rejected, the referral is removed from care management work lists.

Managing unassigned clients

If organization units are enabled, you can monitor clients who are not being actively care managed in your organization unit and who have no open referral. You can assign a client to your care, to another member of the care team and/or to a group of care team members (if configured). In addition, you can deactivate the client in the application.

**Note:**

If you are not assigned a security role which grants access to the unassigned clients resource, you cannot access the unassigned clients page.

Unassigned clients can occur in the application in these instances:

- When a client, who is manually registered, is not assigned a care team member (primary or non-primary)
- When a referral is rejected for the client, and the client is not assigned a care team member (primary or non-primary)
- When an inactive client, who has no open referrals and who is not assigned a care team member (primary or non-primary), is reactivated

Assigning clients to you or other care team members

Unassigned clients are clients who do not have any care team member assigned to manage their care. Assuming that organization units are enabled for your organization, you can assign clients to you, to or another care team member with the roles, skills, and capacity to manage the client's care, and/or to a predefined group of care team members.

- The **Unassigned Clients** page must be configured to display to the care team. Otherwise, you cannot access the page in the application.
- You cannot assign a client that is already assigned, deactivated, or deleted in the application.
- You can assign a client to you, another selected care team member, a care team group, or a combination of all three.

**Note:**

If you are not assigned a security role which grants access to the unassigned clients resource, you cannot access the unassigned clients page.

Care team members can be primary or non-primary. The primary care team member is responsible for the client's care plan and programs. Non-primary care team members have other care team roles that are associated with users with that specific responsibility, for example, a Physician role. You can assign a client only to an active care team user who has at least one assigned care team role.

The option to select Care Team Groups, is only displayed if one or more care team groups are configured by your administrator.

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, select **Clients > Unassigned Clients**.

The **Unassigned Clients** page opens.

3. Review each unassigned client by their name, priority, and date of birth.

By clicking the filter icon and selecting from the Quick Filters on the page, you can narrow your list view based on specific criteria. For example, you can choose to view only high priority unassigned clients, clients for whom referrals were accepted within the past 30 days, or clients who have open programs or no associated programs. You can further refine your list view as follows.

a. Optionally click **Add Filter** to add another filter to the Quick Filters that you already selected.

You can further refine your list view by Name, Date of Birth, Priority, Risk Name, or Risk Category. Enter the details for your filter selection. You can add only one new filter to each column.

b. Click **Add** to apply the additional filter. You can remove a filter by clicking **Clear**. The predefined Quick Filters are retained.

c. Click **Apply** to apply the filters that you selected. You can remove page filters by clicking **Reset**.

The **Unassigned Clients** list page refreshes to show only the clients who correspond to the filters that you applied. You can further change your filter selection on the list page by checking or clearing the check boxes to suit your needs.

4. Assign a single client to you, to another a care team member, and/or to a group of care team members. Alternatively, assign up to 25 clients at a time in a bulk assignment. Do one of the following:

- To assign a single client, click the **Actions** menu of the client, and click **Assign**.
- To process up to 25 client assignments in one step, select more than one individual client or to assign all listed clients, select the checkbox adjacent to the Name column. Click **Assign**.

5. In the **Assign** page, use the following options to assign the client(s) to you, another care team member based on their capacity, roles, and skills, and/or one or more care team groups.

- **Assign to Me**
- **Assign Care Team Groups**. If configured, you can select to assign the client(s) to one or more care team groups. All members of the selected group(s) are added to each client's care team. Care team groups and their members are predefined by your administrator.
- **Assign to Another User**. Review a list of care team members who belong to your organization unit and have at least one assigned role. Based on their current capacity, select a care team member to manage the care of the client(s). You can use the Quick Filters to narrow the list view.

6. Optionally, by selecting **Assign as Primary**, you can designate yourself or the selected care team member to be the primary care team member.
7. If you have more than one assigned care team role (see the **Role(s)** list), select the role(s) that you do that is relevant to the assignment.
8. If the selected care team member has more than one assigned care team role (see the **Care Team Role(s)** list), select the role(s) that they do that is relevant to the assignment.
9. Click **Assign** to assign the client(s) to you, the selected care team group(s), and/or the selected care team member in your organization unit.
When you assign a client, you, a selected care team member, and/or the selected care team group(s) are automatically added to the client's care team.

Related information

[Configuring care team groups \(on page 257\)](#)

Deactivating unassigned clients

Assuming that organization units are enabled for your organization, you can deactivate Active clients who do not have an assigned care team member. You might deactivate a client if, for example, the client declined to avail of further care management, is deceased, or was added to a cohort in error.

When you are selecting clients to deactivate, note the following caveats:

- The **Unassigned Clients** page must be configured to display to the care team. Otherwise, you cannot access the page in the application.
- You cannot deactivate a client that is already assigned or deleted in the application.
- You cannot deactivate any clients who are associated with ongoing payments for services in Merative™ Integrated Care.
- When you deactivate a client, the client's status is set to Inactive. However, any open alerts, tasks, actions, inquiries, budgets, goals, barriers, or programs for that client are not closed or reassigned. If the client has a Connect Individuals account, you can choose to close it. If the client has an active billing agreement, and you close the client's Connect account, then deactivating the client sets the billing agreement to inactive so that no contributions from the client are processed. A deactivated client cannot access Connect. You can reinstate access by reactivating the client (another onboarding request will be required for the client to access Connect). If you are not going to reactivate the client in the next 12 months, you should close the account.

**Note:**

If you are not assigned a security role which grants access to the unassigned clients resource, you cannot access the unassigned clients page.

Review the clients who are not yet assigned to a care manager in your organization unit. Deactivate clients singly or in bulk (25 max) and provide a reason for doing so.

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, select **Clients > Unassigned Clients**.

The **Unassigned Clients** page opens.

3. Review each unassigned client by their name, priority, and date of birth.

By clicking the filter icon and selecting from the Quick Filters on the page, you can narrow your list view based on specific criteria. For example, you can choose to view only high priority unassigned clients, clients for whom referrals were accepted within the past 30 days, or clients who have open programs or no associated programs. You can further refine your list view as follows.

- a. Optionally click **Add Filter** to add another filter to the Quick Filters that you already selected.

You can further refine your list view by Name, Date of Birth, Priority, Risk Name, or Risk Category. Enter the details for your filter selection. You can add only one new filter to each column.

- b. Click **Add** to apply the additional filter. You can remove a filter by clicking **Clear**. The predefined Quick Filters are retained.

- c. Click **Apply** to apply the filters that you selected. You can remove page filters by clicking **Reset**.

The **Unassigned Clients** list page refreshes to show only the clients who correspond to the filters that you applied. You can further change your filter selection on the list page by checking or clearing the check boxes to suit your needs.

4. Deactivate a single client, or deactivate up to 25 clients at a time. Do one of the following:

- To deactivate a single client, click the **Actions** menu of the client, and click **Deactivate**.
- To deactivate up to 25 clients in one step, select more than one client or check the **Select all Name** check box. Click **Deactivate**.

The **Deactivate Clients** page opens.

5. Clients with ongoing service payments cannot be deactivated, so if you have selected clients with ongoing payments and/or services, make a note of these clients. Then click **Next** to proceed with deactivating the selected clients that can be deactivated.

6. Note any listed clients who are associated with Connect accounts and optionally select to close the client accounts.

7. To proceed, in the **Deactivation Reason** section, select a deactivation reason.

Select a reason from the list or enter another reason, and provide additional comments if needed.

8. Click **Deactivate** to deactivate the client(s).

When an unassigned client is deactivated, their status remains as Inactive in the application.

Enrolling clients in programs

You can select the appropriate programs for clients, and assign, enroll, or disenroll clients in the program.

When a program's goals are achieved, you can complete the program for the client.

Program lifecycle

A program is a care delivery strategy that is designed to deliver a specific client outcome. An organization can build up a library of programs to meet the needs of their clients. The status of a program changes based on the decisions and actions that are taken during the program lifecycle.

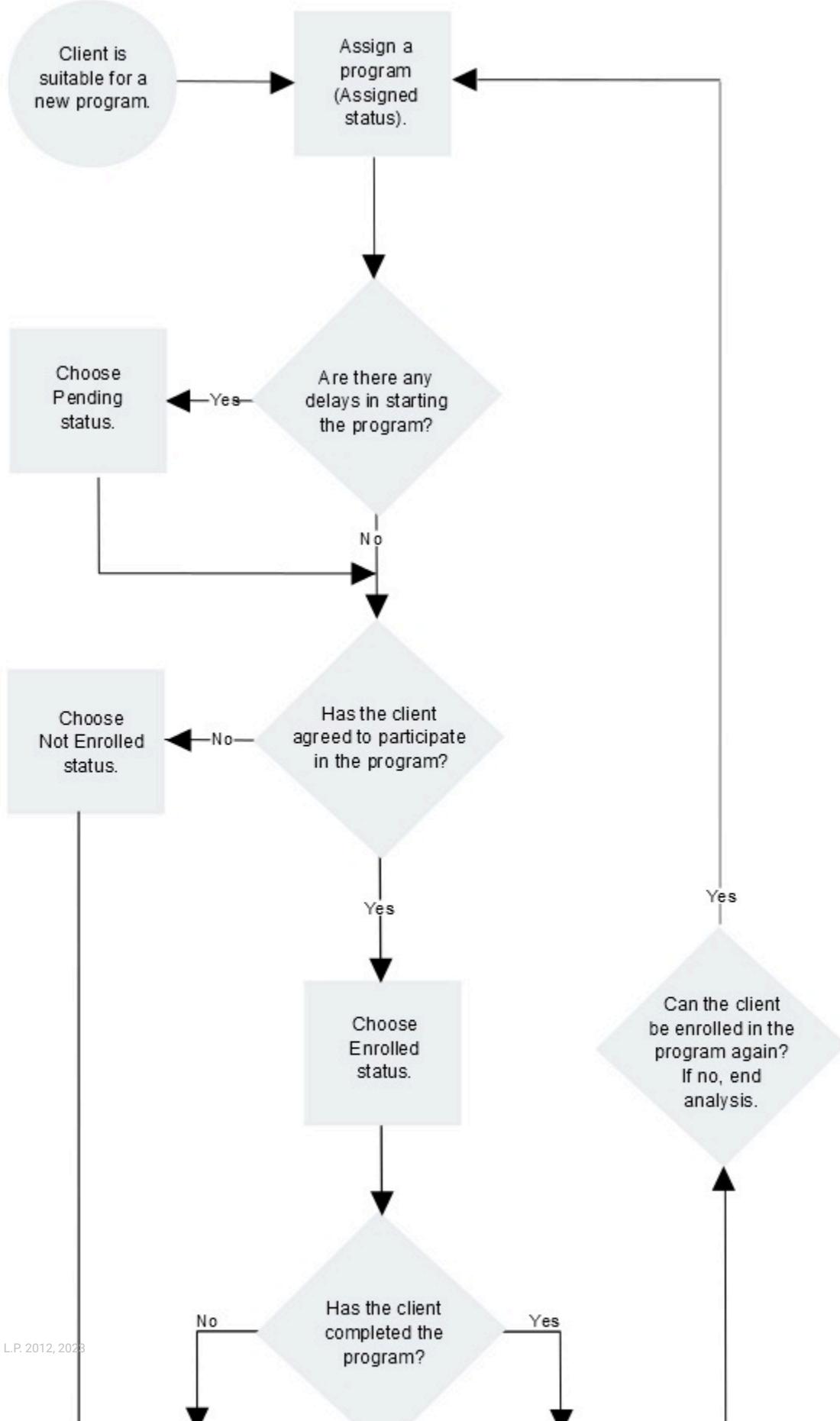
You use the **Programs** list to monitor and manage a client's programs. The **Programs** list also shows all of a client's programs by status. You can also see each program's goals and a history for each program.



Note:

If program content changes, the changes are not immediately reflected in programs for existing clients. To take advantage of updates to program modules, assessments, and questionnaires, you must compete the program and re-enroll the client. The progress through the program is maintained, any assessments and questionnaires that were run in the previous version are preserved.

The program status reflects its stage in the program lifecycle, which is shown in this diagram:



**Note:**

If program content changes, the changes are not immediately reflected in programs for existing clients. To take advantage of updates to program modules, assessments, and questionnaires, you must compete the program and re-enroll the client. The progress through the program is maintained, any assessments and questionnaires that were run in the previous version are preserved.

Assigning programs to clients

You must assign a program to a client before you can enroll them in the program. You can then get consent or gather any required information to decide if you can proceed to enroll the client.

The options to select Source and Original Source are displayed only when you select a program and if configured to be shown by your administrator. If configured to be shown, you can select the source of the program (mandatory) and the name of the original source system where the program (optional) originated. The Source value represents the configured platform that is sharing data, for example, Merative™ Integrated Care. The Original Source System is the name of the system where the data was entered for the very first time.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.
Their **Summary** view opens.
4. Click **Programs > Programs** from the navigation menu.

The **Programs** list opens.

5. Click **Assign**.

The **Assign Program** page opens.

6. Select a program from the list.

7. Enter the program assignment date.

8. **Optional:** Enter a comment.

9. If the **Source Systems** section is configured to display, do one or more of the following steps:

- From the **Source** list, you must select one of the configured values that indicate the source of the program.
- From the **Original Source System** list, you can select one of the configured values to indicate where the program originated.

10. Click **Save**.

The program is assigned.

11. Review any tasks that program assignment has generated for the care team. Complete tasks, as needed.

12. Add goals that the program suggests for the care plan. Review the actions that might be associated with such goals

13. If the program stays in **Assigned** status longer than is typical for your organization, you can change the program status to **Pending**.

Enrolling clients in programs

After a program is assigned to a client, you gather information to decide whether to enroll, or not enroll, the client in the program. Enrollment means that the client has agreed to participate in the program and begin the activities of the care plan.

After you assign a program to a client, all program questionnaires and assessments become available.

You can use the Care Team and Other Items clusters to quickly remove care team members and their open assigned/unassigned items when updating a client's program status to Not Enrolled. The Care Team and Other Items clusters are conditionally displayed depending on the selection in the New Status field. The Care Team cluster displays when at least one active care team member is on the care team list. The Other Items cluster displays if there is at least one open unassigned active referral or open tasks that are assigned to a role or assigned to other users who are not on the care team, or open care team actions that are assigned to a role or assigned to other users who are not on the care team.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

Their **Summary** view opens.

4. Click **Programs > Programs** in the navigation menu.

The **Programs** list is displayed.

5. Click **Update Status** in the **Actions** menu for a program.

The **Update Program Status** dialog box is displayed.

6. When you update the status of a program, you can select a reason from the configured list of program status change reasons that are specific to the status selected.

- a. Select **Enrolled** or **Not Enrolled**.

- b. Enter the date and time of this update.

The current date and time is entered by default. You can enter a prior date and time if the status change happened earlier.

- c. If you update the status of the program to **Not Enrolled**, you must select a **Reason** for not enrolling the client in the program.

- d. If you re-enroll a client in a program which is previously completed or disenrolled, you must select a reason.

- e. If you select **Other** as a reason, **Other Reason** is displayed and you must enter a reason.

- f. Add comments, as needed.

7. When changing a client's status, check the boxes beside one or more care team members' names from the **Care Team** cluster to remove them from the client's care team.

When a care team member is selected to be removed, the care team member is removed and -

- All assigned tasks are closed with the closure reason, Did not enroll in program.
- All assigned referrals are rejected with the reason, Did not enroll in program.
- All care team actions are completed with the outcome, Did not enroll in program.
- The selected care team members will no longer be subscribed to the client's Alerts.

8. When changing a client's status, check one or more boxes in the **Other Items** cluster so items such as Unassigned Referrals, Open Tasks and Open Care Team Actions are no longer associated with the client.

9. Click **Save**.

10. Review any tasks that program enrollment has generated for the care team. Complete tasks, as needed.

11. Add goals that the program suggests for the care plan. Review the actions that might be associated with such goals.

Disenrolling clients from programs

You can disenroll a client from a program when work on the program has stopped, and goals and actions for the program are closed.

You can apply this action to active clients and to inactive clients who are already enrolled in programs. Only for active clients, you can change a **Disenrolled** program status to **Enrolled**.

You can use the Care Team and Other Items clusters to quickly remove care team members and their open assigned/unassigned items when updating a client's program status to Disenrolled. The Care Team and Other Items clusters are conditionally displayed depending on the selection in the New Status field. The Care Team cluster displays when at least one active care team member is on the care team list. The Other Items cluster displays if there is at least one open unassigned active referral or open tasks that are assigned to a role or assigned to other users who are not on the care team, or open care team actions that are assigned to a role or assigned to other users who are not on the care team.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly

matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

Their **Summary** view opens.

4. Click **Programs > Programs** in the navigation menu.

The **Programs** list is displayed.

5. Click **Update Status** in the **Actions** menu for a program.

The **Update Program Status** dialog box is displayed.

6. Update the status of the program.

- a. Select **Disenrolled**.

Prior to disenrollment, any goals that are associated with this program must be removed, as in these examples:

- You can remove the program's association with a goal if the goal continues to be associated with another program.
- You can complete the goals associated with a program.

- b. Enter the date and time of this update.

The current date and time is entered by default. You can enter a prior date and time if the status change happened earlier.

- c. If you update the status of program to **Disenrolled**, you must select a **Reason** for disenrolling the client from the program.

- d. If you select **Other** as a reason, **Other Reason** is displayed and you must enter a reason.

- e. Add comments, as needed.

7. When changing a client's status, check the boxes beside one or more care team members' names from the **Care Team** cluster to remove them from the client's care team.

When a care team member is selected to be removed, the care team member is removed and -

- All assigned tasks are closed with the closure reason, Disenrolled from program.
- All assigned referrals are rejected with the reason, Disenrolled from program.
- All care team actions are completed with the outcome, Disenrolled from program.
- The selected care team members will no longer be subscribed to the client's Alerts.

8. When changing a client's status, check one or more boxes in the **Other Items** cluster so items such as Unassigned Referrals, Open Tasks and Open Care Team Actions are no longer associated with the client.
9. Click **Save** to disenroll the client from the program.
10. Review any tasks that program disenrollment has generated for the care team. Complete tasks, as needed.

Completing programs for clients

You can complete a program for active clients, and for inactive clients who are already enrolled in a program.

If program graduation is configured to apply to a program, you can graduate individuals from programs when they complete certain parts of the program. Program graduation does not necessarily coincide with an individual completing the entire program. Individuals can graduate from a program when their participation in the program is complete, even if that occurs before the care team finalize actions and tasks to complete the program.

After a program is completed for a client, you can enroll them in the program again, as long as the client is active.

You can use the Care Team and Other Items clusters to quickly remove care team members and their open assigned/unassigned items when updating a client's program status to Completed. The Care Team and Other Items clusters are conditionally displayed depending on the selection in the New Status field. The Care Team cluster displays when at least one active care team member is on the care team list. The Other Items cluster displays if there is at least one open unassigned active referral or open tasks that are assigned to a role or assigned to other users who are not on the care team, or open care team actions that are assigned to a role or assigned to other users who are not on the care team.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results

might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

Their **Summary** view opens.

4. Click **Programs > Programs**.

The **Programs** list is displayed.

5. Click **Update Status** in the **Actions** menu for a program.

The **Update Program Status** page opens.

6. Update the status of the program.

- a. Select the **Completed** status, and specify the **Reason** for the program completion.

- b. Enter the date and time of this program status update.

The current date and time is set by default. You can set a prior date and time if the status change happened earlier.

- c. If graduation applies to the program, you can set the date on which the client graduated to indicate when the client's activities on the program were completed.

- d. Add comments, as needed.

7. When changing a client's status, check the boxes beside one or more care team members' names from the **Care Team** cluster to remove them from the client's care team.

When a care team member is selected to be removed, the care team member is removed and -

- All assigned tasks are closed with the closure reason, Completed program.
- All assigned referrals are rejected with the reason, Completed program.
- All care team actions are completed with the outcome, Completed program.
- The selected care team members will no longer be subscribed to the client's Alerts.

8. When changing a client's status, check one or more boxes in the **Other Items** cluster so items such as Unassigned Referrals, Open Tasks and Open Care Team Actions are no longer associated with the client.

9. Click **Save** to complete the client's participation in the program.

10. Review any tasks that program completion has generated for the care team. Complete tasks, as needed.

Modifying program status details

Depending on the status of the program, you can modify comments or reason for a change in program status. If program graduation is configured to apply to a program, you can update when the client graduated from the program.

You can modify comments for programs in any status. If the program status is not **Not Enrolled** or **Disenrolled**, you can also modify the reason for not enrolling or disenrolling the client from the program.

Program graduation does not necessarily coincide with a client completing the entire program. Individuals can graduate from a program when their participation in the program is complete, even if that occurs before the care team finalize actions and tasks to complete the program.

If configured to be shown, you can select the source of the program (mandatory) and the name of the original source system where the program (optional) originated. The Source value represents the configured platform that is sharing data, for example, Merative™ Integrated Care. The Original Source System is the name of the system where the data was entered for the very first time.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Programs > Programs** in the navigation menu.

The **Programs** list is displayed.

5. Select **Edit** in the row **Actions** menu for a program.

The **Edit Status Details** page opens.

6. Edit the program status details.

For example, you can:

- modify comments for an assigned program.
- update the reason for the client completing a program.
- if graduation applies to the program, update the date on which the client graduated to indicate when the client's activities on the program were completed.
- if the **Source Systems** section is configured to display, select from the configured values to indicate the source of the program (mandatory) and the original source system where the program originated (optional).

7. Click **Save**.

Running assessments and questionnaires

You can choose appropriate assessments and questionnaires to help you to create and maintain a care plan.

Program

You can see the contents of a program and how the program is progressing. You can run the program questionnaires and assessments with clients, and repeat them if needed. The date when an assessment or questionnaire was started or completed is displayed.

1. Related questionnaires and assessments are grouped into modules. You can see the number of questionnaires or assessments in each module and how many are complete. The modules, assessments, and questionnaires automatically refresh to show the latest content that is configured for the program by your Administrator. You are notified when new program content is available.
2. To display a questionnaire or assessment on the page, click the name in the navigation menu.
3. When you complete a questionnaire or assessment, it is marked as complete with a check mark. Completed questionnaires and assessments are saved as read-only. To update information, repeat the questionnaire or assessment.
4. When you repeat a questionnaire or assessment, to improve efficiency, some or all of the answers to the questions might be prefilled with the responses given by the client the last time the

assessment was completed (if configured by your Administrator). An information message is shown when some or all of the answers are prefilled.

**Note:**

If the assessment or questionnaire contains prefilled answers to conditional questions and you change an answer so that the conditional question is hidden, and then change the answer again to show the question, the original prefilled answer to the conditional question is cleared. Before you complete the assessment or questionnaire, you can refresh the page to see all prefilled answers again.

5. When you repeat a questionnaire or assessment, another record is created and a counter is updated. To see a previous record, click the counter, and select the record by completion date.
6. If you complete an assessment or questionnaire and then reassign the program or assign a new program, the newly assigned program is updated with historical completed instances of the assessments or questionnaires (if configured by your Administrator). You can repeat the assessments and questionnaires for each newly assigned program. **Note:** Depending on the configuration that is set by your Administrator, for some assessments and questionnaires, you might only see historical versions when you complete the assessment or questionnaire for the first time on the program.
7. The fields of a completed questionnaire or assessment are read-only. When the status of a program is **Not Enrolled**, **Disenrolled**, or **Completed** the program's questionnaires and assessments are read only.

**Note:**

If Merative™ Integrated Care is integrated with an external application, the Program page also displays completed assessments and questionnaires for the client that come from the other application. For more information, see [Assessments data \(on page 822\)](#) and [Questionnaires data \(on page 829\)](#).

Running a questionnaire

You can run a questionnaire to gather information about a client.

If configured to be shown, you can select the source of the questionnaire (mandatory) and the name of the original source system where the questionnaire originated (optional).

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Access the Program page by using one of the following options.

- In the **Programs** card on the **Summary** page, click the name of the program.
- On the **Programs** page, click the name of the program.

The Program page is displayed, including a list of all modules for the program.

5. Identify the modules that you want to work with.

Expand modules to find questionnaires.

6. Click the questionnaire that you want to run.

The questions of the questionnaire are displayed. Color might be configured to let you emphasize the importance of certain questions or information with clients. Hyperlinks to external websites might be configured to let you direct clients to supplementary reference information.

- The first time that you run the questionnaire, it is blank and ready to run.
- If the questionnaire was run previously, previous answers are displayed for your reference.

Click **Repeat** to start a new instance of a completed questionnaire.

7. From the **Source** menu, if applicable, select one of the configured values that indicate the source of the questionnaire.

8. From the **Original Source System** menu, if applicable, select one of the configured values that indicate where the questionnaire originated.

9. Enter the client's answers to the questions. If you are entering a multiple-line answer type, the character limit is 4,000.

10. Click **Save**.

The answers are saved on the questionnaire, and you can return later to complete it.

11. Click **Complete** to finalize the questionnaire.

Assessments

An assessment is a custom or industry-standard set of questions which produces a result that can be used to assess a client's needs. You can run an assessment by completing questions. If an assessment was conducted on paper or does not have questions configured in Merative™ Integrated Care, you can capture a score only for the assessment.

Assessments can be configured to make suggestions for goals or actions based on the assessment results. Assessment results and suggestions can help you to plan the optimum care for your clients. You can repeat assessments to capture updated information. You can also review assessment results, including previous results, to monitor a client's progress.

You can add notes and attachments to an assessment. These items are displayed on the home page for each assessment, which includes a history of all assessments that are run. In addition to manually running assessments, assessments can be received by Merative™ Integrated Care from other applications. For more information, see [Assessments data \(on page 217\)](#).

Running an assessment on the Program page

Complete the following steps to run an assessment from the Program page.

If configured to be shown, you can also capture the source of the assessment and the name of the system where the assessment originated.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Open the Program page:

- In the **Programs** card on the **Summary** page, click the name of the program.
- On the **Programs** page, click the name of the program.

The Program is displayed, including a list of all modules for the program.

5. Identify the modules that you want to work with.

Expand modules to find mandatory assessments.

6. Click the assessment that you want to run.

If the assessment type is **Script**, the assessment questions are displayed. If the assessment type is **Score Only**, you capture the assessment score only and generate the assessment result by entering a score for each measure that is assessed.

- The first time that you run the assessment, it is blank and ready to run.
- If the assessment was run previously, prior results are displayed for your reference. Click **Repeat** to start a new instance of a completed assessment.

Color might be configured to let you emphasize the importance of certain questions or information with clients. Hyperlinks to external websites might be configured to let you direct clients to supplementary reference information.

7. From the **Source** menu, if applicable, select one of the configured values that indicate the source of the assessment.
8. From the **Original Source System** menu, if applicable, select one of the configured values that indicate where the assessment originated.

9. Click **Save** to save the assessment.

You can return to a saved assessment later and complete it, or you can complete it immediately.

10. Click **Complete** to calculate results and generate suggestions.

The results are displayed on the page. You can see the suggestions generated for an assessment on the Plan page.

11. To see the suggestions:

- a. Go to the Plan page by clicking **Plan > Plan** in the navigation menu.
- b. The suggested goals and actions are displayed on the Plan page.

Running an assessment on the **Assessments** page

Complete the following steps to run an assessment from the Assessments page. Complete the assessment questions to generate the assessment score and results.

If configured to be shown, you can also capture the source of the assessment and the name of the system where the assessment originated.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Programs > Assessments**.

5. Click **New Assessment**.

The **New Assessment** page opens.



Tip:

When completed assessments exist for the client, you can select the **Actions > Repeat** action in the row of any assessment to run a new instance of the assessment.

6. Select an assessment from the list and click **Start**.

The questions are displayed.

Color might be configured to let you emphasize the importance of certain questions or information with clients. Hyperlinks to external websites might be configured to let you direct clients to supplementary reference information.

7. From the **Source** menu, if applicable, select one of the configured values that indicate the source of the assessment.

8. From the **Original Source System** menu, if applicable, select one of the configured values that indicate where the assessment originated.
9. Enter the answers to the questions. If you are entering a multiple-line answer type, the character limit is 4,000.
10. Click **Save** to save the assessment.
A saved assessment has the **In Progress** status.
11. **Optional:** Click **Cancel** to close the assessment without saving.
12. **Optional:** Click **Back** to return to the previous page.
13. **Optional:** To resume an in-progress assessment:
 - a. Go to the Assessments page by clicking **Programs > Assessments** in the navigation menu.
 - b. Click **Resume** in the row **Actions** menu for the assessment to return to the **assessment** page and complete the assessment.
14. **Optional:** To delete an in-progress assessment:
 - a. Go to the Assessments page by clicking **Programs > Assessments** in the navigation menu.
 - b. Click **Delete Current** in the row **Actions** menu for the assessment, then click **Yes** to confirm the deletion of the assessment.
15. Click **Complete** to calculate results and generate suggestions.
The results are displayed on the page. You can see the suggestions that are generated for an assessment on the Plan page.
16. To see the suggestions:
 - a. Go to the Plan page by clicking **Plan > Plan** in the navigation menu.
 - b. The suggested goals and actions are displayed on the Plan page.

Capturing assessment scores only

Complete the following steps to capture an assessment score only. Enter a score for each measure that is assessed to generate the overall assessment score and results.

If configured to be shown, you can also capture the source of the assessment score and the name of the system where the assessment score originated. When you capture a score for an assessment only, the assessment is completed when you save. You can repeat a completed assessment. You cannot resume completed assessments.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.

4. Click **Programs > Assessments**.

5. Click **New Assessment Score**.

The **New Assessment Score** page opens.



Tip:

When completed assessments exist for the client, you can select the **Actions > Repeat** action in the row of any assessment to run a new instance of the assessment.

6. Select an assessment from the list and click **Next**.

The assessment opens.

7. Enter the date when the assessment was conducted.

8. From the **Source** menu, if applicable, select one of the configured values that indicate where the assessment was obtained from.

9. From the **Original Source System** menu, if applicable, select one of the configured values that indicate where the assessment originated.

10. For each measure that was assessed, enter the score that was achieved by the client when the assessment was conducted.

11. Click **Save** to generate results and suggestions.

The results are displayed on the page. You can see the suggestions generated for an assessment on the Plan page.

12. **Optional:** Click **Cancel** to close the assessment without saving.

13. **Optional:** Click **Back** to return to the previous page.

14. To see the suggestions:

- Go to the Plan page by clicking **Plan > Plan** in the navigation menu.
- The suggested goals and actions are displayed on the Plan page.

Reviewing completed questionnaires or assessments

You can review a completed assessment and questionnaire to better understand the client's condition and needs.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Review completed questionnaires or assessments by completing either of the following sets of steps.
 - For both questionnaires and assessments.
 - a. Select **Programs > Programs**. The list of programs is displayed.
 - b. Click the name of the program whose questionnaires or assessments you want to review. You see a list of the program's modules, which are containers that can include questionnaires and assessments.
 - c. Expand a module, and open the questionnaire or assessment that you want to review.
 - Click the name to see the most recent version.
 - If configured to be shown, you can also see the source of the questionnaire or assessment and the name of the system where the questionnaire or assessment originated.
 - Click and hold the counter icon to select prior versions, which are labeled by date of completion.
 - For assessments only.
 - a. Select **Programs > Assessments**. The list of assessments is displayed.
 - b. Click the name of the assessment that you want to review. The assessment home page is displayed.
 - c. Review the most current version which is displayed first, and go to the **History** section to review prior versions.
 - d. Expand the row for any assessment to see details about the most recent assessment. Details include start and completion date, status, measure, classification, and score. If configured to be shown, you can also see the source of the assessment and the name of the system where the assessment originated.
 - e. Enter notes and comments.



Note:

Deletion of a note prevents further commenting, but the note and comments continue to be visible.

Sharing assessments or questionnaires with others

You can download a client's completed or saved assessment or questionnaire in PDF format to share with the client or others.

To include the client's answers to questions in the PDF file, ensure you save the assessment or questionnaire. Otherwise, the most recently saved version is downloaded.

To accurately identify the client, you can include the client's contact and demographics information in the header section of the file when you download. In addition to the assessment or questionnaire details, the following information is included:

- Name: The client's preferred name. If no preferred name is entered, then the registered name is displayed.
- Client ID: The client's preferred identification (if available). Otherwise the client's reference number..
- Gender: The client's gender.
- Date of Birth: The client's date of birth and age.
- Address: The client's physical visit address.
- Phone Number: The client's phone number.

By default, the file includes a footer section which displays on every page. The footer section displays the following information:

- Prepared By: The organization name.
- Downloaded By: The care team member that downloaded the assessment or questionnaire and the date and time it was downloaded.
- Disclaimer
- Page number in the format: X of X, for example 1 of 3.

The downloaded file is named *Assessment/Questionnaire Name_ClientID_Date_Time.pdf*.

Assessment/Questionnaire Name is the name of the assessment or questionnaire, *ClientID* is the client's primary identifier, and *Date_Time* is the date and time of the download.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **Programs > Programs**. The list of programs is displayed.
5. Click the name of the program whose questionnaires or assessments you want to download. You see a list of the program's modules, which are containers that can include questionnaires and assessments.
6. Expand a module to open the questionnaire or assessment you want to download.

- Click the name to see the most recent version.
 - Click and hold the counter icon to select prior versions, which are labeled by date of completion.
7. Click **Download**.
8. **Optional:** Select **Include contact and demographics information for <client's name>** to indicate that you want to include the client's name, client ID, gender, date of birth, address, and phone number in the PDF.
9. Browse to where you want to store the PDF and save the document.
10. Distribute the document to the relevant parties.

Capturing consent and documents

Client consent represents a client's permission for their data to be captured and used to improve their care. Note that you are only maintaining consent records in the application and are not enforcing client consent in any way.

Capturing client consent

To support a client's consent status, you can create consent records in Merative™ Integrated Care and capture supporting documentation that they provide you. Note, however, that you are only maintaining consent records in the application and are not enforcing client consent in any way.

You can add, edit, and delete consent records and you can delete file attachments from consent records. Except for the Community Consent type (if configured), you can record when a client withdraws their consent agreement.

Adding consent records

You can create a new consent record to capture different types of consent documents that clients provide you. If a client is incapable of providing consent themselves, you can select a representative on their care team to give consent on their behalf. Note that you are only maintaining consent records in the application and are not enforcing client consent in any way.

Attaching documents to a consent record is optional. You can attach multiple signed consent forms to record a client's agreement to share their personal health information (PHI) in line with your organization's consent policies. When a client confirms their consent in writing, you must attach a copy of the consent document that is signed by the client.

**Restriction:**

Most common file attachment types are supported, but for security reasons, you cannot attach certain file types. Only Merative can grant more file type extensions. If you need support for another file type, contact Merative Support.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **History > Consent Records**.
All the consent records for the client are listed, starting with the most recent updates. If a client's consent is not yet received, a **No Records** status is displayed. You can see who created or updated a consent record by clicking the tooltip on a user name.
5. Click **Add Consent Record**.
The **Add Consent Record** window opens.
6. From the **Type** menu, select from a list of configured consent types that categorize the different types of consent documents that clients can provide.
7. From the **Share with Organization** menu, select **Consents to Share** to indicate the client's agreement to share their consent records (of the selected Type) across organization units. This option is available only when organization units are enabled and the selected consent type is configured to be shared.
8. Select the date on which the organization receives the client consent in writing.
You can also select an expiry date for the consent document.

**Tip:**

The consent received date must be on or before the current date, and the consent expiry date must be after the current date.

9. Next to the **Received By** field, you can search for and select another user by their name or role on the care team.
The user who is currently signed into the application is shown by default.
10. From the **Consent Records Covered** menu, do one of the following steps.

- Select one or more configured values that describe the nature of the consent documents that the client provides. For example, Lab results or Mental health information.
 - Select **All** to indicate that the client is providing all of the types of consent records that are configured in the application, which will display on the client's Consent Records list page after you save the page. If you select **All**, you cannot select individual items in the Consent Records Covered list.
11. From the **Representative** menu, select from a list of members on the client's care team who can provide consent on behalf of a client who is incapable of giving consent themselves, for example, due to mental health issues.
 12. Click **Browse** to open the window where you can select one or more signed consent documents to upload.
If you upload a file, file names must not exceed 64 characters. Files cannot have the same file name as an existing attachment.
 13. Click **Save**.
The client's consent status indicates that the consent is Received on the **Consent Records** list page.
 14. To view the detail of the client's consent document, in the **Attachments** section, click the Name hyperlink.

Updating consent records

You can update a consent record that is incorrect or superseded. If a client is incapable of providing consent themselves, you can select a representative on their care team to give consent on their behalf. Note that you are only maintaining consent records in the application and are not enforcing client consent in any way.

Attaching documents to a consent record is optional. You can attach multiple signed consent forms to a client consent record for the type of consent that the client is agreeing to. To change a consent document that is attached to a consent record, delete the attachment and upload a new one. For example, you can replace a consent document that is about to expire or is already expired, or you can replace an old version with a new version that your organization requires.



Restriction:

Most common file types are supported, but for security reasons, you cannot attach certain file types. Only Merative can grant more file type extensions. If you need support for another file type, contact Merative™ Support.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **History > Consent Records**.
All the consent records for the client are listed, starting with the most recent updates. If a client's consent is not yet received, a **No Records** status is displayed. You can see who created or updated a consent record by clicking the tooltip on a user name.
5. Click the **Actions** menu of a consent record, and click **Edit**.
6. From the **Type** menu, select from a list of configured consent types that categorize the different types of consent documents that clients can provide.
7. From the **Share with Organization** menu, select **Consents to Share** to indicate the client's agreement to share their consent records (of the selected Type) across organization units. This option is available only when organization units are enabled and the selected consent type is configured to be shared.
8. Select the date on which the organization receives the client consent in writing.
You can also select an expiry date for the consent document.

**Tip:**

The consent received date must be on or before the current date, and the consent expiry date must be after the current date.

9. Next to the **Received By** field, you can search for and select another user by their name or role on the care team.
The user who is currently signed into the application is shown by default.
10. From the **Consent Records Covered** menu, do one of the following steps.
 - Select one or more configured values that describe the nature of the consent documents that the client provides. For example, Lab results or Mental health information.
 - Select **All** to indicate that the client is providing all of the types of consent records that are configured in the application, which will display on the client's Consent Records list page after you save the page. If you select **All**, you cannot select individual items in the Consent Records Covered list.
11. From the **Representative** menu, select from a list of members on the client's care team who can provide consent on behalf of a client who is incapable of giving consent themselves, for example, due to mental health issues.

12. Update the consent record description if needed.

13. Click **Save**.

The client's consent status indicates that the consent is Received on the **Consent Records** list page.

Deleting consent records

You can delete consent records that are no longer relevant to a client. You can delete the last consent record that is in a Received state, or a consent record that is in a Withdrawn state.

When you delete a consent record, the record is marked as Canceled in the application but it is still listed for auditing purposes.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **History > Consent Records**.

All the consent records for the client are listed, starting with the most recent updates. If a client's consent is not yet received, a **No Records** status is displayed. You can see who created or updated a consent record by clicking the tooltip on a user name.

5. Click the **Actions** menu for the consent record, and click **Delete**.

6. Confirm that you want to delete the consent record by clicking **Yes**.

The status of a deleted consent record changes to **Canceled** and the consent details are retained for auditing purposes.

Adding file attachments to consent records

Attaching documents to a consent record is optional. You can attach multiple signed consent forms to a client's consent record. Signed consent documents record a client's agreement to share their personal health information (PHI) in line with your organization's consent policies.



Restriction:

Most common file attachment types are supported, but for security reasons, you cannot attach certain file types. Only Merative™ can grant more file type extensions. If you need support for another file type, contact Merative™ Support.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **History > Consent Records**.
All the consent records for the client are listed, starting with the most recent updates. You can see who created or updated a consent record by clicking the tooltip on a user name.
5. To attach one or more signed client consent documents, from the **Actions** menu of the consent record, select **Add Attachment** and browse to the documents to upload.

Deleting file attachments from consent records

You can delete a consent document that is attached to a consent record if, for example, the document is incorrect or a later version supersedes it.

Deleted file attachments are marked as Canceled in the application but are still listed for auditing purposes.

1. Sign in to your account.
Your home page opens.
 2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
 3. Click a client name.
Their **Summary** view opens.
 4. Click **History > Consent Records**.
All the consent records for the client are listed, starting with the most recent updates. If a client's consent is not yet received, a **No Records** status is displayed. You can see who created or updated a consent record by clicking the tooltip on a user name.
 5. Click the **Actions** menu for a file attachment in a consent record, and click **Delete**.
 6. Confirm that you want to delete the file attachment by clicking **Yes**.
- The status of a deleted file attachment changes to **Canceled** and the consent details are retained for auditing purposes.

Recording withdrawn client consent

Community Consent confirms that a client agrees to share their personal health information (PHI) in line with your organization's consent policies. For all other consent types except Community Consent (if

configured in the application), clients can request in writing to withdraw their consent. You can record when a client withdraws their consent agreement by attaching a copy of the consent document that is signed by the client.



Restriction:

Most common file attachment types are supported, but for security reasons, you cannot attach certain file types. Only Merative can grant more file type extensions. If you need support for another file type, contact Merative™ Support.

Consent records that exist in previous product releases might be upgraded in Merative™ Integrated Care to be consistent with the format of new records. For upgraded consent records, you can record withdrawn consent only for the last consent record in a Received state.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **History > Consent Records**.
All the consent records for the client are listed, starting with the most recent updates. If a client's consent is not yet received, a **No Records** status is displayed. You can see who created or updated a consent record by clicking the tooltip on a user name.
5. Assuming that you are selecting a consent record in a Received state, click **Record Withdrawn Consent**.
The **Record Withdrawn Consent** window opens.
6. Select the date on which the organization receives the client's withdrawal of consent in writing.
This date must be on or before the current date.
7. If not you, search for and select the member of the care team who received the consent withdrawal document.
8. Click **Browse** to open the window where you can select one or more signed consent documents to upload.



Tip:

File names must not exceed 250 characters. Files cannot have the same file name as an existing attachment.

9. Click **Save**.

The client's consent status indicates that the consent is Withdrawn.

10. To view the client's consent withdrawal, select the file attachment hyperlink on the **Consent Records** list page.

Capturing client documents

You can attach documents that relate to a client in different places in the application to address different aspects of client care. You can add attachments, edit the attachment description, and with the exception of attachments that are uploaded from messages, you can delete attachments. You can see the details of each attachment and the context in which the attachment was uploaded.

Attachment restrictions

The types of files that you can upload or attach is restricted to ensure that viruses and malware do not enter the system by mistake.

File names must not exceed 250 characters. Files cannot have the same file name as an existing attachment.

By default, the maximum file size is 25 MB.

By default, the care team can upload and attach the following types of files. Merative™ Support can modify the list of permitted file types, according to the security policy of your organization. Talk to your organization's security administrator if you require any changes.

- .bmp
- .csv
- .dicom
- .doc
- .docx
- .dot
- .gif
- .jpeg
- .jpg
- .ods
- .pdf
- .png
- .rtf
- .tif

- .tiff
- .txt
- .xls
- .xlsx

Adding attachments

You can attach documents to client records.



Restriction:

Most common file types are supported, but for security reasons, you cannot attach certain file types. Only Merative can grant more file type extensions. If you need support for another file type, contact Merative™ Support.

By default, the maximum file size is 25 MB

The **Attachments** list view provides context information so that you know the place in the application where the document was added. For example, the context is displayed as **Assessment** if a document is added during a client's assessment. The context is displayed as **Message** if an attachment is uploaded from a message. Otherwise, the context is displayed as **General**.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **History > Attachments**.
Starting with the most recent attachments, the list displays all the documents that are recorded for the client and the place in the application where the attachment was uploaded.
5. Click **New Attachment**.
The **New Attachment** window opens.
6. Click **Browse** to open the window where you can select the document to upload.



Tip:

File names must not exceed 250 characters.

7. Describe the attachment, as needed.

8. Click **Save**.
9. To view an attachment, select the file hyperlink in the **Name** column. To read a description of the attachment, expand the attachment in the list view.

Modifying attachments

You can modify the description of documents that are attached to client records.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **History > Attachments**.
Starting with the most recent attachments, the list displays all the documents that are recorded for the client and the place in the application where the attachment was uploaded.
5. Click the **Actions** menu for the attachment, and click **Edit**.
6. Update the description of the attachment, and click **Save**.
7. To view an attachment, select the file hyperlink in the **Name** column. To read a description of the attachment, expand the attachment in the list view.

Deleting attachments

If a document that is attached to a client record is incorrect or obsolete, you can delete it.

You cannot delete attachments that are automatically uploaded by Merative™ Integrated Care from messages that are sent between the care team and clients.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **History > Attachments**.
Starting with the most recent attachments, the list displays all the documents that are recorded for the client and the place in the application where the attachment was uploaded.
5. Click the **Actions** menu for the attachment, and click **Delete**.

6. Confirm that you want to delete the attachment by clicking **Yes**.

The deleted attachment is removed from the list view.

Updating client photos

You can upload a photo of a client so that you can recognize the client in the Context pane. You can replace an existing photo directly, by uploading a new one. You can remove a client's photo at any time so that it does not display.



Restriction:

You can upload only .JPEG, or .JPG files that do not exceed 500MB. The photo must be square and the image resolution must be a minimum of 216 x 216 pixels or greater. The photo should be a full frontal close-up of the client's face. Although you can upload a photo greater than 216 x 216 pixels, it shouldn't exceed these dimensions by too much to ensure the client's profile is properly aligned in the center of the viewing area.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

Their **Summary** view opens.

4. From the **Actions** menu in the **Context** pane, select **Update Photo**.

The **Update Photo** window opens.

5. Click **Browse** to open the window where you can select a file to upload, and click **Save**.

The client's photo is displayed in the **Context** pane.

6. Remove an existing client photo by selecting **Remove Current Photo**.

The client's photo is removed from the **Context** pane.

Capturing client data

Client data is the set of information that your organization can record and maintain for a client, such as contact details or clinical information. The data conforms with standard coding systems for clinical data. Data can be entered manually in Merative™ Integrated Care or it might come from other systems, such as a hospital electronic medical record (EMR) system.



Important:

You can add, modify, or delete most manually added client data. Clinical and vitals data that comes from other systems is read-only. You can modify most client demographics and contact data that comes from other systems.

When you add, modify, or delete demographics or contact data, your updates are shared with other Merative products that are integrated with your Merative™ Integrated Care application.

Demographics and contact data is **Name**, **Gender**, **Birth and Death**, **Marital Status**, **Identification Address**, **Phone Number**, and **Email Address** information.

Related information

[Merative Integrated Care data and integrated systems \(on page 787\)](#)

Data

You can view and manage all the data about a client from a single location. You can filter the data to show only the most recent updates and see a full history of changes. Some read-only data might come from other systems, such as a hospital electronic medical record (EMR) system.



Note:

Coverage and **Observation** data is visible only if received from other systems. This data is read-only and cannot be manually added or modified. Updates to clinical and vitals records from other systems are applied overnight by Merative™ Integrated Care.

1. You can filter the data to show updates that were made during a specific number of days, for example, in the last 30 days.
2. You can click a general category (**Contact**, **Demographics**, **Background**, **Clinical**, or **Vitals**) to view the details. For each category, the most recently updated records are listed first.

Your organization can configure custom data types for example, **Procedures** or **Contact Tracing**, which can be grouped into one of the general categories or listed after the categories.

3. You can see the details of each record. For example, for a medication you see dosage, strength, route, start date, and date of the most recent update.
4. For most data types, you can sort the data list view by **Description**, **Date**, and **Updated On**. You cannot sort the Vitals data list view by **Description**. The records sort in ascending or descending order based on your selection. To sort the laboratory tests data by date, only use the start date.
5. For medication data, you can sort the values entered in the **Currently Taking** column to identify which medications the client is taking. The values are sorted in the following order: **Yes**, **No**, **Unknown**, blank.
6. By default, the list of medications displays active records in alphabetical order. Active medications are medications with an active status with an end date in the future or today. If more than one medication records exist with the same name, the list displays the record with the most recent date first.

7. For Clinical and Vitals data, you can filter a client's records to display only information that you want to see. By default, preselected filters are applied to the following data types. Click the filter icon and clear the filter to show all items, or apply other filters.

- **Allergy - Active Allergy** (Default display)
- **Medication - Active** (Default display)
- **Blood Pressure - Status is Completed** (Default display)
- **Body Mass Index - Status is Completed** (Default display)
- **Body Temperature - Status is Completed** (Default display)
- **Heart Rate - Status is Completed** (Default display)
- **Height - Status is Completed** (Default display)
- **Oxygen Saturation - Status is Completed** (Default display)
- **Respiratory Rate - Status is Completed** (Default display)
- **Waist Circumference - Status is Completed** (Default display)
- **Waist-toHeight Ratio - Status is Completed** (Default display)
- **Weight - Status is Completed** (Default display)

8. You can expand each record to see full details, including the change history. The date displayed is either the start date of the record or, if the start date is not available, the creation date of the record.



Note:

For medication data, if the start date of the medication is not available, the **Date** field displays an appropriate date based on which date is entered in the record. In the following order, the date might be the medication start date, ordered date, prescribed date, fill date, or last refill date, depending on which date is entered. If no date is available, the date is the record creation date.

9. The data list view applies pagination when more than 50 data records are available for a data type.

You can scroll and click the page number links to view the records.

10. You can click the **Add** icon for a particular data type to add a data record.

11. You can use the **New** action to add a record from the list of data types.

Related information

[Default non-configurable client data types in Merative Integrated Care \(on page 262\)](#)

[Merative Integrated Care data and integrated systems \(on page 787\)](#)

Filtering the client data list view

You can filter the data list view to display only data that you want to see. For example, you can filter the **Allergy** list to display only a client's active drug allergies. For some data types, you can further filter the list view based on specific search criteria.

You can filter the list view for all **Clinical** and **Vitals** data based on specific search criteria, with the exception of **Coverage** data. You can choose from one or more predefined filters and add custom filters. For example, you can use predefined filters to search for only active medications and medications that a client is currently taking. Predefined filters are available for all **Clinical** and **Vitals** data, with the exception of **Observation**, **Coverage**, and **Risk**.

When you add a custom filter, you can filter by dates, lists of values, or text, depending on the filter options that are available for the data. For example, you can filter the **Blood Pressure** list by date to display only blood pressure records with a measurement date between 9/5/2016 and 9/18/2016 (inclusive of those dates). You can filter by lists of values. For example, you can filter the **Allergy** list by **Type** to display only food allergy records. You can search for certain data (**Laboratory Test**, **Medication**, and **Risk**), by name or class of medication. For example, you can search for laboratory tests with the name `Hemoglobin A1c`. You can search for medications with the name `Ventolin` or class of `Beta Blocker`. When you add the filter, you must enter some of the name or medication class as search criteria.



Tip:

If you want to add a filter to search for any term that contains special characters, for example, `- . ^ * ?`, use the **Contains** option in the **Where** list to find matches.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Data**.
The **Data** page opens.
5. Expand the data category for the appropriate client data type.
6. Click the client data type to see the list view of data records for the data type.
For Clinical and Vitals data, the following preselected filters are applied by default.
 - **Allergy - Active Allergy** (Default display)
 - **Medication - Active** (Default display)

- **Blood Pressure - Status is Completed** (Default display)
- **Body Mass Index - Status is Completed** (Default display)
- **Body Temperature - Status is Completed** (Default display)
- **Heart Rate - Status is Completed** (Default display)
- **Height - Status is Completed** (Default display)
- **Oxygen Saturation - Status is Completed** (Default display)
- **Respiratory Rate - Status is Completed** (Default display)
- **Waist Circumference - Status is Completed** (Default display)
- **Waist-toHeight Ratio - Status is Completed** (Default display)
- **Weight - Status is Completed** (Default display)

7. Choose from the following options to filter a client's records to display only information that you want to see.

- To filter the data list view to show updates that were made during a specific number of days, choose the appropriate option in the **Updates** menu.
- Clear a preselected filter to show all items, or apply other filters. You can remove the page filters by clicking **Reset** at any time.
- To filter the data list view based on specific search criteria, complete the following steps:
 - a. Click the filter icon to open the **Filter** page.
 - b. Select one or more check boxes that correspond to your search criteria.
 - c. Optionally, click **Add Filter** to add a custom filter. You can combine custom filters with predefined filters, if needed. Enter the details for your filter selection.
 - d. Click **Apply** to apply the filter.

Viewing client data

As a Care Manager, you can view manually created client data records and records from other systems, from the **Data** page in the Care Team application.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results

might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.
Their **Summary** view opens.
4. Expand the appropriate data category to see the types of data in the category. For example, expand **Clinical** to see a client's **Allergy** data.
5. Click the appropriate data type to see the list of records. The list displays both manually created records and records from other systems.
6. Expand a record to see the details.

Adding client data

The information that you can capture and maintain about clients is defined by the data types that are configured for your organization in Merative™ Integrated Care. For example, you can capture clinical data and contact information.

Where data types have only one possible value, you must edit them rather than adding records. For example, Birth and Death details.

To add an Allergy, Condition, or Medication data type, you must first search for it by name, then enter the details. If the name that you are looking for is not available in the search, you can manually record the data by using the **Record other** option. When your search returns more than one result, this is the last option you see in the results. Allergies, conditions, and medications that you record using this option are not added to the search, or available for other clients.

A data type is a logical group of related attributes that is configured in the application for you to record data about an individual. The data types conform with standard coding systems for clinical data.

You can specify which identification is the client's preferred identification information if they have multiple identifications. If you do not specify a preferred identification, the preferred identification type that is configured by your Administrator for all clients is used (if set). The preferred identification is shown in the client's Context pane and downloaded care plan, assessment, and questionnaire PDFs.

When you add Address, Phone Number, Email Address data, you can specify which data is the client's preferred contact information if multiple types of each contact method exist. For example, a client might have more than one address. You can also specify whether a client opts out of you contacting them using a particular address, phone number, or email address.

A client's preferred phone number is shown by default in the Context pane, search results, and My Clients list.

If you specify a physical address for a client, this address is shown in the Context pane, search results, and My Clients list. If no physical visit address is entered, then an appropriate address is displayed based on the active address types in this order: residential, mailing, work, temporary, old, other.

When you add an address, a default location is automatically assigned to the address based on the address information. You can confirm the map location of the address before saving. Clicking 'Confirm Location' opens the map at the previously set or default location of the address. Drag the map to change the location of the address. You can reset the map to the originally opened location if needed. If you do not change the location, the previously set or default location is saved.

If configured, you can add related person data to the Related Persons cluster in a custom client data type. You can search for and add the related person's name, the relationship to the client and the start date and end date of the relationship.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.
Their **Summary** view opens.
4. Click **Data**.
The **Data** page opens.
5. Expand the general category that contains the data type that you want to add.
6. Click the **Add** icon for the data type. For data types with search complete the following steps:

- a. Search for the data by name by entering a minimum of 3 characters. Partial matches are supported.
 - b. Select the appropriate name. If the name that you are looking for is not available, select the Record other option to manually record the data.
 - c. Click **Next**.
7. Enter the information for the selected data type and click **Save**.

Modifying client data

You can update manually entered client data with new information or to correct mistakes. You can edit some data that was received from other systems.

The date of any update is recorded in the system so that the care team can see when the update occurred, who updated the data, and the original value.

You can specify which identification is the client's preferred identification information if they have multiple identifications. If you do not specify a preferred identification, the preferred identification type that is configured by your Administrator for all clients is used (if set). The preferred identification is shown in the client's Context pane and downloaded care plan, assessment, and questionnaire PDFs.

When you update Address, Phone Number, Email Address data types, you can specify which data is the client's preferred contact information if multiple types of each contact method exist. For example, a client might have more than one address. You can also specify whether a client opts out of you contacting them using a particular address, phone number, or email address.

A client's preferred phone number is shown by default in the Context pane, search results, and My Clients list. If you specify a physical address for a client, this address is shown in the Context pane, search results, and My Clients list. If no physical visit address is entered, then an appropriate address is displayed based on the active address types in this order: residential, mailing, work, temporary, old, other.

When you update an address, a default location is automatically assigned to the address based on the address information. If a location for an address was previously confirmed, this location is retained for the updated address unless you manually change it. Clicking 'Confirm Location' opens the map at the previously confirmed or default location of the address. Drag the map to change the location of the address. You can reset the map to the originally opened location if needed. If you do not change the location, the previously confirmed or default location is saved.

If configured, you can edit related person data in the Related Persons cluster in a custom client data type. You can search for and add the related person's name. You can add the relationship to the client and the start date and end date of the relationship.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

Their **Summary** view opens.

4. Click **Data**.

The **Data** page opens.

5. Expand the general category that contains the data type that you want to modify.

6. Select the data type to see the list of records.

7. Click **Edit** in the **Actions** menu of a record.

The **Edit Client Data** page opens.

8. Update the data and click **Save**.

Deleting client data

You can delete only client data that was manually entered in the application, with the exception of notes data. Data that was received from other systems is read-only.



Restriction:

You cannot delete the following client data from the system:

- Registered name
- Gender
- Birth and Death



- Social Network Contact (primary contact)
- Address and Identification information, only where a single record exists. If multiple records exist, you can delete Address and Identification data.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

Their **Summary** view opens.

4. Click **Data**.

The **Data** page opens.

5. Expand the general category that contains the data type that you want to delete.

6. Select the data type to see the list of records.

7. Click **Edit** in the **Actions** menu of a record.

The **Delete Client Data** page opens.

8. Confirm that you want to delete the data by clicking **Delete**.

Classifying clients' conditions

You can classify a client's conditions to indicate if they are primary or secondary conditions. For example, a secondary condition might be less important for the care team and client to address than a primary condition.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

Their **Summary** view opens.

4. Click **Data**.

The **Data** page opens.

5. Expand the **Clinical** general category to see the clinical data types.

6. Click **Condition** to see the list of conditions.

You can expand each condition to see the full details of the condition and a history of changes.

7. Click **Classify Condition** in the **Actions** menu of a condition.

- If you are classifying a condition for the first time, the **New Classification** page opens.
- If you are updating the classification for a condition, the **Edit Classification** page opens.

8. Select a classification.

9. Click **Save**.

Reviewing clients' current medications

You can indicate whether a client currently takes a particular medication to indicate which medications are in use. Typically, a client might confirm that they currently take a medication in a review with the care team. To easily find a client's current medications, you can sort the **Medication** list to display the currently taken medications at the top of the list.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

Their **Summary** view opens.

4. Click **Data**.

The **Data** page opens.

5. Expand the **Clinical** data category.

6. Click **Medication** to see the list of the client's medication records.

7. Click the pencil icon or the current value, if available, for a particular medication record.

The **Currently Taking Medication** page opens.

8. Select the appropriate option.

9. Click **Save**.

10. You can click the **Currently Taking** column to display the medications that a client currently takes at the top of the **Medication** list.

Reviewing clients' current allergies

You can indicate whether a client has explicitly confirmed that an allergy is currently active. Typically, a client might confirm that an allergy is currently active in a review with the care team. To easily find a client's currently active allergies, you can sort the allergy list to display currently active allergies at the top of the list.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you

filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

Their **Summary** view opens.

4. Click **Data**.

The **Data** page opens.

5. Expand the **Clinical** data category.

6. Click **Allergy** to see the list of the client's allergy records.

7. Click the pencil icon or the current value, if available, for a particular allergy record.

The **Currently Active Allergy** page opens.

8. Select an appropriate option.

- Select **Yes** to confirm that the allergy is currently active.
- Select **No** to confirm that the allergy is not currently active.
- Select **Unknown** to confirm that the current status of the allergy is unknown.

9. Click **Save**.

10. You can click the **Currently Active** column to display currently active allergies at the top of the **Allergy** list.

Flagging observation client data

Observation data comes from integrated systems and is read-only. A client might have many observation records. To make the records easier to find, you can flag and sort observations that you are most interested in.

When Merative™ Integrated Care receives an observation record from an integrated system, it maps the data to an appropriate data type, typically a **Laboratory Test** or a **Vital** type. For example, if Merative™ Integrated Care receives blood pressure data that was classified as a vital in the integrated system, Merative™ Integrated Care creates a **Blood Pressure** record in the **Vitals** data category. If the data is not classified in the integrated system, and cannot be mapped by Merative™ Integrated Care, an **Observation** record is created. An observation might be vitals data, laboratory test data, or other data that could not be mapped to a Merative™ Integrated Care data type.



Note:

The observation data that you see matches the data that was received from the external system. In the **Description** column on the **Observation** list, you see the observation name and value, if available. If a unit of measurement applies to the observation, the value also includes the unit, if available. For example, for a laboratory test observation record that measures a client's Hemoglobin A1c, you might see a value of 6, 6%, or < 6%, depending on the data that is received from the external system.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Expand the **Clinical** general category to see the clinical data types.
5. Click **Observations** to see the list of the client's observations.
6. Click the star icon or the current flagged value, if available, for a particular observation record.
The **Flag Observation** page opens.
7. Click **Yes** to flag the observation.
8. Click **Save**.
9. You can click the **Flagged** column to display flagged observations at the top of the **Observation** list.

Capturing notes

You can capture quick notes, notes in general, or in specific contexts, such as in relation to an assessment, or notes might come from an integrated system. You can comment on notes as needed, and delete notes that are no longer relevant.

Related information

Monitoring notes highlights (*on page* [\)](#)

Notes access

When you add a note, if configured, you can specify options to control who sees the note. You can indicate that the note is Private, Private to Role, or Sensitive.

Table 25. Options for notes access

Option	Description
Private	The note is visible only to the author of the note. You can create a Private note by selecting the Private note type when you add a note.
Private to Role	The note is visible to users with the same care team role as the author of the note. You can create a Private to Role note by selecting the Private to Role note type when you add a note.
Sensitive	The note is visible to users who are assigned a security role with access to sensitive notes. You can write a note containing sensitive content such as substance abuse information. You can create a sensitive note by clicking the Add Sensitive Note link when you add a note.

Related information

[Configuring note types \(on page 383\)](#)

Adding quick notes

You can add quick notes about a client. If you go to different places in the application, your quick note stays open and retains your information so that you can add to it without losing context.

You can minimize a quick note at any time and return to it later. Saving completes your quick note and displays it on the client's Notes list. From the Notes list, you can edit or delete a quick note in the same way that you manage other notes that you add in different parts of the application.

**Tip:**

To avoid losing a quick note, ensure you save it. Any unsaved quick notes for a client are not retained if you visit more than five application pages while you draft your notes. In addition, unsaved quick notes are not retained if you sign out, or you are automatically signed out due to inactivity.



Important:

A warning message displays if you navigate away from a client's context without saving a quick note. For example, if you view a different client's information, a warning message displays to remind you about the unsaved quick note for the previous client. Click **View** in the warning message to review the quick note, and save as needed.

If you are assigned a security role with access to the Sensitive Notes resource, you can indicate a note is sensitive to make it only visible to other users with access to sensitive notes.

You cannot mark a private or private to role note as sensitive.

If note types are configured to be editable by the care team, you can save a quick note that you want to return to later as a draft or ready for review version, or as the final version.

- Draft version - adds the note with a **Draft** status, which allows you to edit the note.
- Ready for review version - adds the note with a **Ready for review** status, which allows you to edit the note to incorporate the review outcome.
- Final version - adds a note with a **Final** status, which prevents you further editing the note.



Note:

To allow you to record a contact with a client, Touchpoint note type fields display conditionally by default. A *touchpoint* is an inbound or outbound contact or attempted contact between the care team and either the client or another individual in relation to a client. If your note does not relate to a client contact, select one of the other available note types.

The available note types let you categorize the note by client activity as follows: Access and Continuity, Assessment, Care Management, Care Plan Update, Chart Review, Comprehensive Assessment, Comprehensiveness, and Coordination, Educational Information, General, Letters, Population Health, Private, Private to Role, Quality Review, Touchpoint, Wellness.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click the pen icon.

5. Choose one of the following options.

- If the note type is a touchpoint (default), enter the following details about the touchpoint. If you are assigned a security role that grants access to sensitive notes, you can indicate that a note is sensitive. :
 - **Note** - Enter the note text.
 - **Sensitive** Click to indicate that the note is sensitive and only users that are assigned a security role with access to the Sensitive Notes resource can view it.
 - **Type** - Select the category that best describes the nature of the note.
 - **Subject** - Enter a subject. The touchpoint subject cannot be longer than 120 characters.
 - **Contact With** - Select who you contacted in the touchpoint. You can select one or more people.
 - **Method** - Select the method of communication, such as telephone.
 - **Direction** - Specify the direction of communication.
 - **Outcome** - Select whether the contact attempt was successful or unsuccessful.
 - **Contact Date** - Enter the date of the touchpoint.
 - **Duration** - You can specify the touchpoint duration in minutes.
 - **Programs** - You can select relevant programs from any programs that the client is assigned to or enrolled in. The list also displays programs that were completed in the last 30 days.
 - **Validated Identity** - You can select the check box to indicate that you validated the identity of person that you contacted.
 - **Source** - If configured, you must select one of the configured values that indicate the source of the touchpoint.
 - **Original Source System** - If applicable, you can select one of the configured values to indicate where the touchpoint originated.
- For all other note types, enter the following details about the note. If you are assigned a security role that grants access to sensitive notes, you can also indicate that a note is sensitive.
 - **Note** - Enter the note text.
 - **Sensitive** - Click to indicate that the note is sensitive and only users that are assigned a security role with access to the Sensitive Notes resource can view it.
 - **Type** - Select the category that best describes the nature of the note.
 - **Subject** - Enter a subject. The note subject cannot be longer than 120 characters.
 - **Creation Date** - Enter the date of the quick note.
 - **Duration** - You can specify the note duration in minutes.

- **Source** - If configured, you must select one of the configured values that indicate the source of the note
- **Original Source System** - If applicable, you can select one of the configured values to indicate where the note originated.
- Optionally, if configured to display, you can specify note sharing options. From the **Share** list, select **Yes**.
- From the **Share With** list, select one or more options from the list of configured external systems.

6. **Optional:** If configured to be editable, set the appropriate **Save As** status for the note: Draft, Ready for review, Final.



Restriction:

You cannot set note types of Private and Private to Role to Ready for Review status because such notes are visible only to the author of the note, or the author and any user with the same care team role who has access to the client.



Note:

You can minimize an unsaved quick note by clicking the pen icon. A red dot displays to indicate that the quick note is unsaved or no note information is recorded. To reopen your quick note, click the pen icon again.

7. Click **Save** to complete your quick note.

8. Select **History > Notes** to view the latest quick note and prior notes.

The change history on the Notes page indicates who added the quick note and when. To identify a user who created or updated a note, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

Adding notes

You can add standard notes about clients in different places in the application to address different aspects of client care.

With the exception of Private and Private to Role types, note types can be configured to be shared with integrated systems.

If you have access to sensitive notes for the client, you can add a sensitive note to make it visible to any user that is assigned a security role with access to the Sensitive Notes resource.

If you create a note and a sensitive note, two separate notes are saved. You can use one for sensitive content and the other one for non-sensitive content. If you create a sensitive note, the shared details, for example, Type, Subject and Duration are common to both notes. A private or private to role cannot be sensitive.

If note types are configured to be editable by the care team, you can save a note that you want to return to later as a draft or ready for review version, or as the final version.

- Draft version - adds the note with a **Draft** status, which allows you to edit the note.
- Ready for review version - adds the note with a **Ready for review** status, which allows you to edit the note to incorporate the review outcome.
- Final version - adds a note with a **Final** status, which prevents you further editing the note.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **History > Notes**.

The **Notes** list opens. You can see the type of note that was added and its current status, details of each note, and any comments on the note. If there are comments, a comments icon and counter are displayed in the Subject field. Starting with the most recent notes, all the notes that are recorded for the client are displayed. To identify a user who created or updated a note, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

5. Click **New Note**.

The **New Note** page opens.

6. Enter a subject and your note.



Tip:

The subject cannot be longer than 120 characters, and the note cannot be longer than 30,720 characters.

7. If you are assigned a security role that grants access to sensitive notes, you can also add a note that is sensitive:

- **Add Sensitive Note** - Click to create a sensitive note and only users that are assigned a security role with access to the Sensitive Notes resource can view it.
 - **Sensitive Note** - Enter the note text.
 - **Remove Sensitive Note** - Click to remove the sensitive note.
8. From the **Type** list, select the client activity category that best describes the nature of the note. The categories that you can choose include Access and Continuity, Assessment, Care Management, and many more.



Note:

To enable you to quickly create a private note, when you launch the **New Note** page from the Latest Private Note card on the client's Summary view, the note **Type** defaults to **Private**.

9. In the **Creation Date** field, enter the date of the note.
10. In the **Duration** field, enter how many minutes the client activity took to complete.
11. **Optional:** If configured to display, set these note sharing options:
 - a. From the **Share** list, select **Yes**.
You must select **Yes** to specify the Share With options.
 - b. From the **Share With** list, select one or more options from the list of configured external systems.
12. If configured to be shown, select the source of the note (mandatory) and the name of the original source system where the note originated (optional).
13. **Optional:** If configured to be editable, set the appropriate **Save As** status for the note: Draft, Ready for review, Final.



Restriction:

You cannot set note types of Private and Private to Role to Ready for Review status because such notes are visible only to the author of the note, or the author and any user with the same care team role who has access to the client's file.

14. Click **Save**.
The **Notes** list updates to provide context information so that you know the type of note that was captured. For each listed note, you can see who added the note and when, the note type, and its current status. For example, the note type is displayed as **General** if you add a general client note, or as **Assessment** if you add a note relating to a client's assessment.

Filtering your notes list view

By applying one of the predefined page filters or by adding a new one, you can filter the Notes list to display only those notes that you want to see. For example, you can filter the list to display only notes that you last updated.

Notes about clients can originate in different places in the application to address different aspects of client care. For example, a care team member might record a general client note while capturing barriers or alerts in the application, or a note that relates to a client assessment. The **Notes** list provides context information so that you know the type of note that was captured.

Note types are categorized by activity as follows: Access and Continuity, Assessment, Care Management, Care Plan Update, Chart Review, Comprehensive Assessment, Comprehensiveness and Coordination, Educational Information, General, Letters, Population Health, Private, Private to Role, Quality Review, Touchpoint, or Wellness.



Restriction:

All notes are available to view by any care team member who has access to the client's file, except the following:

- Notes of type Private are visible only to the author of the note.
- Note of type Private to Role are visible to the author and any user with the same care team role who has access to the client's file.
- Sensitive notes are visible to users with access to the client's file and who are assigned a security role with access to the Sensitive Notes resource.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **History > Notes**.

The **Notes** list opens. Starting with the most recent notes, all the notes that are recorded for the client are displayed. For each listed note, you can see the note type and its current status: Draft, Ready for review, Final, Canceled. You can view the detail of a note, or comments on the note, by expanding the note in the list.

5. Filter your Notes list view based on your specific search criteria.

- a. Click the filter icon to open the **Filter** page.
- b. Select one or more check boxes that correspond to your search criteria. You can search for notes of a particular type (Touchpoints, Barriers, Alerts, Private, Private to Role), notes that are in a **Final** state, or notes that you were the last user to update.
- c. Optionally click **Add Filter** to add another filter to the predefined filters that you already selected. You can further refine your list view by Notes, Subject, Type, Latest Update, Status, Source, or Original Source System. Enter the details for your filter selection. You can add only one new filter to each column.
- d. Click **Apply** to apply the filter. You can remove the page filters by clicking **Reset** at any time.

Editing notes

You can update a client note to change the note subject, note body, note type, and the duration of the client activity, provided the note was manually added. If configured, you can update the current note status and note sharing options for manually added notes. Notes from integrated systems cannot be modified. If the original note record is modified in the integrated system, the corresponding Merative™ Integrated Care record is updated.

With the exception of Private and Private to Role types, note types can be configured to be shared with integrated systems.

If note types are configured to be editable, you can save a note that you want to return to later as a draft or ready for review version, or as the final version.

- Draft version - adds the note with a **Draft** status, which allows you to edit the note.
- Ready for review version - adds the note with a **Ready for review** status, which allows you to edit the note to incorporate the review outcome.
- Final version - adds a note with a **Final** status, which prevents you further editing the note.

You can add comments to manually added notes and notes that came from integrated systems at any time.

If you have access to sensitive client notes, you can update a note to indicate that it is sensitive or non-sensitive. If you indicate that the note is sensitive, it is only visible to users who are assigned a security role with access to the Sensitive Notes resource.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **History > Notes**.

The **Notes** list opens. Starting with the most recent notes, all the notes that are recorded for the client are displayed. To identify a user who created or updated a note, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

5. Assuming that the note that you want to update is configured as an editable note type, select the **Actions** menu of the note, and click **Edit**. The **Edit Note** page is displayed.

a. In the **Subject** field, enter the note title.

b. From the **Type** list, select the category that best describes the nature of the note.

You can categorize the note by client activity as follows: Access and Continuity, Assessment, Care Management, Care Plan Update, Chart Review, Comprehensive Assessment, Comprehensiveness and Coordination, Educational Information, General, Letters, Population Health, Private, Private to Role, Quality Review, Wellness.

c. In the **Note** field, enter the note text.

d. If you have access to sensitive client notes, click the **Sensitive** check box to indicate that this note is sensitive. Only users with sensitive notes access for the client can view it.

e. In the **Creation Date** field, enter the date of the note.

f. In the **Duration** field, enter how many minutes the client activity took to complete.

g. If configured to display, set these note sharing options:

i. From the **Share** list, select **Yes**. You must select **Yes** to specify the Share With options.

ii. From the **Share With** list, select one or more options from the list of configured external systems.

h. If configured to be shown, select the source of the note (mandatory) and the name of the original source system where the note originated (optional).

i. If configured to be editable, set the appropriate **Save As** status for the note: Draft, Ready for review, Final.



Restriction:

You cannot set note types of Private and Private to Role to Ready for Review status because such notes are visible only to the author of the note, or the author and any user with the same care team role who has access to the client's file.

j. Click **Save**.

The **Notes** list updates to provide context information so that you know the type of note that was captured. For example, the note type is displayed as **General** if you add a general client note, or as **Assessment** if you add a note relating to a client's assessment.

If you edit the note **Type** or note **Status**, the **History** section of the **Notes** list records the type or status change, and the user who updated the note.

6. For any note that you want to comment on except for a previously deleted note in a **Canceled** state, select the **Actions** menu of the note, and click **Comment**.

- Add your comment and click **Save**. The change history on the **Notes** list displays the last comment in the comment section of the note, and indicates who added the comment and when.

Deleting notes

Except for alert-related note types, you can delete Draft, Ready for review, or Final versions of notes from a client's record.

Deleting a note has a different result depending on whether or not you have access to the Delete notes resource, and the status of the note:

If you do not have access to the delete notes resource:

- When you delete a note with a status of Draft or Ready for review, the note is set to Discarded and is no longer displayed in the client's plan.
- When you delete a note with a status of Final, the note is set to Canceled and it is still visible. The **History** section of the **Notes** view records the status change and confirms that the note was a final version that was subsequently deleted.
- You cannot delete a canceled note.

If you have access to the delete notes resource:

- When you delete a note with a status of Draft or Ready for review, the note is set to Discarded and is no longer displayed in the client's plan.
- When you delete a note with a status of Final, the note is set to Discarded and it is no longer displayed in the client's plan.
- You can delete a note with a status of Canceled. The note is set to Discarded and it is no longer displayed in the client's plan.

Notes can come from integrated systems. If the original note record is deleted in the integrated system, the note status of the corresponding record in Merative™ Integrated Care is set to Canceled.

1. Sign in to your account.
Your home page opens.
2. From the **Side Navigation Menu**, click **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary View** opens.
4. Click **Notes**.
The **Notes** view opens.

**Note:**

All the notes that are recorded for the client are displayed. By default, they are presented in order of most recent note first. Details of each note include Subject, Interaction, Participants, Type, and Last Update. To maintain privacy, notes of type Private are displayed only if the current user is the author of the note. Notes of type Private to Role are displayed only if the current user has the same care team role as the author of the note. You can view the detail of a note, or comments on the note, by expanding the note in the list.

**Note:**

If you do not have access to sensitive notes, any sensitive notes associated with the client are not displayed. If you cannot see the note that you need to delete, you may not have the required security access. Contact a security administrator to request assistance.

5. In the **Actions** menu of the note you want to delete, click **Delete**.
The **Delete Note** modal appears.
6. From the list of configured reasons, select a reason for deleting the client note.
7. Add a comment to explain the reason for deleting the note.
8. Click **Yes** to confirm.

- If you do not have access to the delete notes resource, the note is either removed from the client's plan or set to Canceled, depending on the status of the note.
- If you have access to the delete notes resource, the note is removed from the client's plan.

Notes Highlights

Merative™ Integrated Care Notes Highlights can help you, as a care team member, to more quickly access information that is scattered across multiple notes. *Notes highlights* are a ranked list of relevant words and phrases that are extracted from a client's notes. You can quickly scan notes highlights, filter them by time and category, see all references for a particular highlight, and read an excerpt or the full note text for the highlight.

Merative™ Integrated Care Notes Highlights uses natural language processing and cognitive computing to identify, categorize, and rank notes highlights. Notes highlights are generated from the last year of unstructured notes and their associated comments, and are updated as new notes or comments are added. Your private notes, sensitive notes and notes that are draft, ready for review, or deleted, are not included.

Notes highlights scenario

Susan is Laurie's care manager and opens Laurie's summary view to see her progress over the last month. Before Susan reads Laurie's recent notes, she looks at the highest ranking notes highlights for Laurie, which are ranked by overall relevance to Laurie.

Figure 2. The Notes Highlights card on Laurie's Summary View

The screenshot shows a card titled "Notes Highlights". At the top right is a close button. Below the title are several small icons: a blue circle with a white document, a blue square with a white folder, a blue square with a white person, a blue square with a white plus sign, and a blue star. A dropdown arrow icon is also present. Below these icons is a dropdown menu labeled "Month". Underneath the dropdown is a section titled "All" with the subtext "Last updated on 2/20/2018, 10:21 AM". The main list of highlights includes:

- + fall
- + surgery
- + feeling isolated
- + Will
- + Laurie
- + moderately depressed
- + ankle pain

Susan can quickly see that Laurie fell and has a fracture, and other relevant information about Laurie.

Susan wants to find out more about the fall, so she clicks *fall* to see all notes that mention *fall*, and expands the excerpt to see the full note.

Figure 3. Notes mentioning *fall*

Notes Mentioning 'fall'

Subject	Note Excerpt	Updated
▼ fall	Laurie presented at the emergency room yesterday with ankle pain following a fall getting out of the shower. Films show a fracture of the medial malleoli of the right tibia. Referred to...	1/24/2018 by Susan Brown

Laurie presented at the emergency room yesterday with ankle pain following a **fall** getting out of the shower. Films show a fracture of the medial malleoli of the right tibia. Referred to Orthopedist for evaluation.

▼ Comments

Comment	Date	Added by
No Records		

Close

Susan wants to monitor information about Laurie's fall, so she stars *fall* to indicate that this is a key word that she is interested in at this time. Starring a highlight moves that highlight to the **Starred** category. The highlight is also shown on Laurie's Notes Highlights summary card, to remind Susan to follow up.

Susan checks the other highlights and clicks *Will*, it is not a name, so she dismisses the highlight.

Figure 4. Notes mentioning *Will*

Notes Mentioning 'Will'

Subject	Note Excerpt	Updated
▼ Post Fall Update	...help getting information about rehabilitation facilities for Laurie. Jean asked that I send info to her via e-mail at Jean@example.com. Will follow up with her later this week.	2/20/2018 by Susan Brown

Left a message for both Laurie and Jean yesterday. Jean gave me a call back today and updated me about Laurie's fall and her current condition. Family is trying to decide whether surgery to stabilize Laurie's ankle is the best course of action or not. I recommended Jean to get in touch with Dr. Deepa Ganeshan for a second opinion. Jean said she'll do this. Also mentioned she may want to ask about a stress x-ray. Family would like help getting information about rehabilitation facilities for Laurie. Jean asked that I send info to her via e-mail at Jean@example.com. **Will** follow up with her later this week.

▼ Comments

Comment _____ Date _____ Added by _____

Close

Susan then opens the Notes Highlights list to see all of Laurie's highlights. The highlights are organized into the following categories and ranked by relevance in the category.

Starred

Highlights that Susan stars for monitoring and quick access are displayed here. The category was empty until Susan starred *fall*.

Clinical

Clinical information is highlighted, such as *fall* and *surgery*.

Contacts and Places

Contact details, such as telephone numbers, and geographical places, such as the names of hospitals or care centers, are highlighted.

Social

Social highlights include activities of daily living, such as eating, dressing, or bathing.

People

People's names are highlighted.

Dismissed

Highlights that Susan dismisses are displayed here for Susan to review or restore them at any time. The category was empty until Susan dismissed *Will*.

Figure 5. Laurie's updated highlights

The screenshot shows a user interface for managing highlights. At the top, there is a search bar with placeholder text "Search highlights". Below the search bar, there are several sections:

- Notes Highlights**: A title bar with a magnifying glass icon and a refresh icon.
- Starred**: A section containing one highlight entry:

Highlight	Latest note excerpt	Updated
fall	...a message for both Laurie and Jean yesterday. Jean gave me a call back today and updated me about Laurie's fall and her current condition. Family is trying to decide whether surgery to stabilize Laurie's ankle is the best course...	2/20/2018 by Susan Brown ★
- Clinical**: A collapsed section.
- Contacts and Places**: A collapsed section.
- People**: A collapsed section.
- Social**: A collapsed section.
- Dismissed**: A section containing one highlight entry:

Highlight	Latest note excerpt	Updated
Will	...help getting information about rehabilitation facilities for Laurie. Jean asked that I send info to her via e-mail at Jean@example.com. Will follow up with her later this week.	2/20/2018 by Susan Brown ↻

Notes Highlights is constantly learning from what Susan does. In this brief scenario, it has learned that *fall* is particularly relevant to Laurie, and that care managers might find words like *fall* interesting. It uses this learning to present Susan, and others, with the highlights that are most likely to be relevant to them, and display them more prominently, in highlights lists, and on the client's summary page.

Reviewing notes highlights

Use notes highlights on the client summary to quickly scan for relevant issues from the last year before you read a client's detailed notes. You can quickly open a summary of notes that mention a particular highlight. Star relevant highlights to add them to your own personal shortlist as a reminder and for quick access. Dismiss highlights that are not relevant to the client or are not generally useful.

You can star highlights to get quick access to any new notes that contain that highlight. The highlights are added to your **Starred** category on the client's **Notes Highlights** page. The seven highest ranking highlights are shown on the **Notes Highlights** card on the client's **Summary**.

You can dismiss highlights to focus on relevant highlights only. The highlights are moved to the **Dismissed** category.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Review the seven highest ranking highlights for the client in the **Notes Highlights** card on the client's **Summary** view.
You can filter the highlights by category or by time.
5. Click a highlight to see the full list of notes that mention that highlight.
The list of relevant notes opens.
6. To star a highlight, click the **Star** icon and click **Ok**. The highlight is added to your **Starred** category for that client.
7. To dismiss a highlight, click the **Dismiss** icon and click **Ok**. Dismissed highlights are not deleted, but moved to the **Dismissed** category for that client.
8. To see all of the highlights in more detail, from the **Note Highlights** card, click the **View All** icon.
The **Notes Highlights** page opens.

Monitoring notes highlights

Check notes highlights on a client's summary to remind yourself of the issues that you are tracking, and to see new notes that mention your highlights. Highlights are generated from the client's notes for the last year, you can further filter the highlights to the period you are interested in, for example, highlights for the last month. When you no longer need to track a highlight, you can unstar the highlight.

The **Notes Highlights** card shows the seven highest ranking highlights, with starred highlights shown first. The **Notes Highlights** page shows the full list of highlights.

You can restore a highlight that you dismissed by mistake.

1. Check your highlights in the **Notes Highlights** card on the client's **Summary** view.
You can filter the highlights by category or by time.
2. Click a highlight to see all notes that mention that highlight.

The list of relevant notes opens.

3. Click the **View All** icon on the **Note Highlights** card to see the full list of highlights.

The **Notes Highlights** page opens.

4. To unstar a highlight, click the **Unstar** icon on the highlight and click **Ok**.

The highlight is removed from the **Starred** category for that client.

5. To restore a highlight from the **Dismissed** category, click the **Restore** icon on the highlight and click **Ok**.

Restored highlights are returned to their original category.

Feedback from your interactions

By just doing your job in the care team, looking at highlights of interest, starring important highlights, and dismissing irrelevant ones, you help the system to learn what type of highlights are relevant to you and your peers. The system learns from your interactions with highlights and adjusts the ranking of highlights accordingly.

When you star highlights, it indicates that they are relevant to a client. The system learns what is potentially relevant to people like you, that is, people with the same care team role. For example, if many of the doctors in an organization star *surgery*, then *surgery* is ranked higher for other doctors in the organization.

Occasionally, highlights are identified that are not useful or relevant to a client. For example, *fall* might be highlighted in a sentence that says “...*did not fall*...”. If you do not want to see that highlight for a client, you can dismiss it and it is moved to dismissed for you only. For other care team members, the highlight is still shown, although its rank might decrease. When you dismiss highlights, you indicate that they are not relevant to that client or to you. As a result, highlights that are not useful become less visible over time.



Note:

Notes highlights are not a substitute for reading detailed notes. Merative™ Integrated Care can learn to identify information that is important to care managers, but is not expected to identify all information that a diverse group of care managers would find important. You still need to read the notes to ensure that important information is not missed, based on your own expertise, knowledge, and intuition.

Creating care plans

A client's care plan consists of goals, client actions, care team actions, services, and barriers. Care plan goals and activities can be suggested or automatically added from programs that the client is enrolled in

or questionnaires or assessments that the client completes. Start by reviewing the existing plan, and then add any items that the client needs.

Related information

- [Configuring goals \(on page 191\)](#)
- [Configuring actions \(on page 197\)](#)
- [Configuring barriers \(on page 211\)](#)
- [Configuring services \(on page 203\)](#)

Plan

From the plan, you can view and manage all goals, activities, and barriers for a client. You have access to all menu actions that you need for planning.

To plan goals and activities, review any suggested goals or activities, search the libraries for goals or activities to add, or create your own goals and activities specifically for the client. You can associate barriers with the client, and with specific goals or activities.

The plan has a navigation pane and a content pane. The navigation pane contains the **Activities** bar, the **Goals** list, and the **Barriers** bar. The content pane shows more information about your selections. You can

hide the navigation pane to show more content. To identify a user who created or updated an activity, a goal, or a barrier, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

1. Select the **Activities** bar to see and work with all of the services, client actions, and care team actions on the plan in the content pane. You can see how many activities are open, their status and progress, and for care team actions, who they are assigned to. If there are open barriers associated with an activity, you can hover over the Barriers icon to see the detail of the barriers.
2. The **Goals** list shows all of the open goals on the plan, and the number of open client actions, care team actions, services, or barriers that are associated with each goal. Select a goal to see the goal details and to work with the goal in the content pane. You can show completed goals if needed. If there are open barriers associated with a goal, you can hover over the barriers icon to see the detail of the barriers. If there are open activities associated with a goal, you can hover over the Activities icons to see the detail of the activities.
3. Click the suggestions icon for activities or goals to see any suggested activities or goals that are not on the plan. If configured, the current number of suggested actions, services, and service categories, or of suggested goals, are shown.
4. Click the **Add Activity**, **Add Goal**, or **Add Barriers** icons to open the activity, goal, or barrier library searches. Type in the search field to find goals, services, client actions, care team actions, or barriers in the libraries. If you cannot find what you need, create your own ad hoc goals, actions, or barriers specifically for the selected client.
5. Select the **Barriers** bar to see and work with the barriers on the plan.
6. The content pane shows more information about your selection in the navigation pane:
 - When you select a goal, it shows the goal details and all activities that are associated with the goal. You can show or hide the goal details and expand activities to see more details. You have access to all of the menu actions for a goal, such as edit, update progress, or complete.
 - When you select **Activities**, it shows all open activities on the plan. You have access to all of the menu actions for an activity, such as edit, update progress, or complete. The available actions can vary depending on your organization's configuration and optional add-on components.
 - When you select **Barriers**, it shows all open barriers on the plan. You have access to all of the menu actions for barriers, such as edit, associate with goals or activities, or resolve. You can view the details of each barrier, including the goals, services, client actions, and care team actions associated with it.
7. By default, only open goals, activities, and barriers are shown on the plan but you can filter what is shown. Clear the filter to show all items, or apply one of the following filters:

- **Show Open** (Default selection)
 - **Assigned to me** (Care team actions only)
 - **Due to End in 7 Days** (Activities only)
 - **Due to Start in 7 Days** (Activities only)
 - **Overdue** (Activities only)
 - **Show Completed** (Client and care team actions only)
 - **Show Resolved** (Barriers only)
 - **Show Closed** (Services only)
8. Click any activity to see more details. The activity home page opens over the plan. Click **Back** to return to the plan. If providers are enabled, you can see the provider for each service.
 9. Actions menu contain all of the actions for plan items. Some actions might be unavailable depending on the status of the item.
 10. If providers are enabled, the service provider is shown.
 11. If your organization uses the Merative™ Integrated Care Service Payment add-on component, the payment status is shown.
 12. If your organization uses the Merative™ Integrated Care Service Payment add-on component, the budget planning bar is displayed on the plan when you are planning services. For more information, see [The budget planning bar \(on page 586\)](#).
 13. If your organization uses the Merative™ Integrated Care Service Payment add-on component, the **New Budget** action is available to create a draft budget when no draft budget exists.
 14. If providers are enabled, you can click the shortlist icon () to access a service provider shortlist from the plan. For more information, see [The service provider shortlist \(on page 627\)](#).

Planning goals

A goal is a measurable target that a client can achieve. You can set and manage the goals for clients on their care plan.

A goal can have multiple actions. A program can have multiple goals and a goal can be used in multiple programs.

Automatically added goals

Goals can be configured by your administrator to be automatically added to plans if certain conditions are met, for example when a client is enrolled in a program. In addition, when care team actions are received from other systems, a **General** goal is generated and associated with the received care team actions.

When a goal is automatically added to the client, if there is an existing goal with the same name for the client in an **In Progress** state, it is reused and the new goal is not automatically added. If you need to associate new focus areas and programs to the goal, you must manually add these.

When Merative™ Integrated Care receives an action from another system, it creates a goal called **General** and associates the action with that goal. If the other system sends more actions relating to the same client, Merative™ Integrated Care associates each new action with the **General** goal.

You can remove care team actions from the **General** goal. However, you must first associate the care team action with another goal on the care plan. If all care team actions are removed from the **General** goal, you can delete the goal if you wish.

You cannot edit the **General** goal, update client progress for the goal, or associate the **General** goal with programs, actions, services, or barriers.

Adding goals to plans

You can add a goal to the client's plan. You can add a suggested goal, add a goal from the library, or create an ad hoc goal.

Use existing goals where possible, but if a suitable goal does not exist, you can create an ad hoc goal. Ad hoc goals are specific to a client and are not available for care team members to add for other clients. You can add a goal that was previously added to the plan, if the previous goal was completed and the time frames for the goals do not overlap.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**.
5. Choose one of the following steps to add a goal:
 - a. Click the **Suggested Goals** icon under Goals to see all suggested goals and click the **Add Suggestion** icon to add a suggested goal.
The add goal window opens.
 - b. Click the **Add Goal** icon under Goals.
The goal search opens. Choose one of the following options:

- Type a goal name to find a goal in the library and select a goal. The add goal window opens.
- To add an ad hoc goal, select the **New Goal** menu option. The **New Goal** window opens.

6. Enter the goal details:

- **Name** - For a new goal only, enter the goal name.
- **Programs** - Choose a program to associate with the goal. If the client is assigned to one program, that program is selected by default. When the client is enrolled in multiple programs, you can select one or more programs to associate with the goal.
- **Source** - If configured, you must select one of the configured values that indicate the source of the goal.
- **Original Source System** - If applicable, you can select one of the configured values to indicate where the goal originated.
- **Focus Areas** - You can associate the goal with one or more focus areas, which are categories for reporting and evaluation purposes.
- **Type** - You can indicate whether the goal is a long-term or short-term goal.
- **Start Date** - You can set the start date in the past, present, or future or accept the default value.
- **Target Value** - You can enter a value that represents achievement of the goal.
- **Target Date** - You can set the target completion date, which must be later than the start date.
- **Stage of Change** - You can select a value to indicate the client's readiness or motivation.
- **Confidence** - You can indicate the client's confidence about the goal, on a scale of 1 (low) to 10 (high).
- **Importance** - You can indicate the importance of the goal to the client, on a scale of 1 (low) to 10 (high).
- **Reason** - You can enter a reason for the goal.

7. Click **Save**.

The goal is added to the plan.

8. Click any goal name to see the goal details.

If hyperlinks are configured for the goal in the goal **Details** section, you can click the links to the external websites to review more reference information.

Filtering the goals list view

You can review the list of goals assigned to a client. The list can include open and completed goals.

By applying one or more of the predefined page filters, you can further filter the list to display only those goals that you want to see. For example, you can filter the list to display only goals that were created by you.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Goals**

The **Goals** list opens. The page opens with the predefined **Show Open** filter applied by default.

5. Optionally change or further filter the Goals list based on specific search criteria.

- a. Click the filter icon to open the **Filter** page.

- b. Refine the Goals list view by selecting one or more of the following check boxes that correspond to your search criteria:

- **Show Open** (All goals that the client has not yet completed).
- **Created By Me** (All goals created by you).
- **Show Short-Term** (All goals with Type set to Short-Term).
- **Show Long-Term** (All goals with Type set to Long-Term).
- **Show Completed** (All completed goals).

- c. Click **Apply** to apply the filter. You can remove the page filters by clicking **Reset** at any time.

Modifying goals

You can modify a goal on a client's plan.



Note:

You cannot modify the **General** goal that is created and associated with care team actions that are received from third-party applications.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Plan**.

5. Select a goal and select **Edit Goal** from the **Action Menu**.

The **Edit Goal** page opens.

6. Modify the following goal details:

- Name - You can rename ad hoc goals but not library goals.
- Source - If configured, you must select one of the configured values that indicate the source of the goal.
- Original Source System - If applicable, you can select one of the configured values to indicate where the goal originated.
- Focus Areas - You can associate the goal with one or more focus areas, which are categories for reporting and evaluation purposes.
- Type - You can indicate whether the goal is a long-term or short-term goal.
- Start Date - You can set the start date in the past, present, or future or accept the default value.
- Target Value - You can enter a value that represents achievement of the goal.
- Target Date - You can set the target completion date, which must be later than the start date.
- Stage of Change - You can select a value to indicate the client's readiness or motivation.
- Confidence - You can indicate the client's confidence about the goal, on a scale of 1 (low) to 10 (high).
- Importance - You can indicate the importance of the goal to the client, on a scale of 1 (low) to 10 (high).
- Reason - You can enter a reason for the goal.

7. Click **Save**.

The goal is updated.

8. Click any goal name to see the goal details.

If hyperlinks are configured for the goal in the goal **Details** section, you can click the links to the external websites to review more reference information.

Updating progress for goals

You can update progress for a goal. The updated progress is displayed on the Summary page and the Plan page.

Your changes are stored as update records. If required, you can edit or delete an active progress record.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**.
5. Select a goal and select **Update Progress** from the **Action Menu** to update a client's progress.
The **Add Progress** page is displayed.
 - a. Select the appropriate value in the **Progress** menu, and add a comment.
 - b. Click **Save**.
6. To delete an edit or delete a progress record, go to the **Goals** card on the **Summary** page, and click the View All icon.
The **Goals** page is displayed.
7. Select a goal.
The **Goal** page is displayed.
8. Go to the **Progress** section, and select an option in the **Actions** menu of a progress record.
 - Click **Edit** to update the **Progress** value and comment, as needed. Then, click **Save**.
 - Click **Delete** to delete the record. Then, click **Yes** to confirm.

Removing actions from goals

You can remove an action that is associated with a goal. The action is not removed from the care plan, but it is no longer associated with the goal. You cannot remove an action that is complete or in progress.

An action must be associated with at least one goal on a care plan. If an action is only associated with one goal, you cannot remove the action.

If you cannot remove the action, you can choose to associate the action with another goal if applicable, or compete the action with an appropriate status, for example, abandoned.



Note:

You can remove care team actions from the **General** goal that is created and associated with care team actions that are received from third-party applications. However, you must first associate the care team action with another goal on the care plan.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Plan**.
5. Select a goal and expand the client or care team actions that are associated with the goal.
6. From the **Actions** menu of an action, click **Remove**.

The **Remove Action** page opens.

7. Click **Yes** to remove the action.

Associating goals with programs

A goal can be relevant to more than one of a client's programs. You can associate one goal with multiple programs.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**.
5. Select a goal and click **Add Programs** from the **Action Menu**.
6. Select the programs that you want to associate and click **Save**. The goal is now associated with the other programs.

Removing associations between programs and goals

You can remove an association between a program and an open goal when the association is no longer relevant. You cannot remove the association for a completed goal. This change applies for the currently selected client only. Goals on the client's plan are not affected.

You can remove the association while the client is still assigned to or enrolled in the program. You cannot remove the association after they complete the program or are disenrolled from the program.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Goals**.
The goals list is displayed.

5. Select a goal.

The goal home page is displayed.

6. In the **Programs** section, select **Remove** from the **Actions** menu of the program.

Completing goals

When goals no longer apply to a client, you can complete the goal. After a goal is completed, you can amend the completion details.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Plan**.

5. Select a goal:

◦ Complete a goal by completing the following steps:

a. Click **Complete** from the **Action Menu**. The **Complete Goal** page is displayed.

b. Select the appropriate values for outcome and date of completion.

c. You can add a comment.

d. Click **Save**.

◦ Update the completion details by completing the following steps:

a. Click **Update Completion Details** from the **Action Menu**. The completion page is displayed.

b. You can update the values for outcome and date of completion.

c. You can update the comment.

d. Click **Save**.

Deleting goals from plans

You can delete open goals from the client's plan. You cannot delete a completed goal, or goals that have progress updates. You cannot delete a goal that has an associated action without closing or removing the action.



Note:

To delete a **General** goal that is created and associated with care team actions that are received from third-party applications, you must first remove or close the associated care team actions.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**.
5. Select a goal and select **Delete** from the **Actions** menu. The goal is removed from the client's care plan.



Note:

The **Delete** action is displayed only if you are assigned a security role, which grants you access to the Delete Goals role-based access control (RBAC) resource.

Planning actions

Client actions are care plan activities that clients can complete to help them to achieve a goal. Client actions must be associated with one or more goals. You can view and manage client actions on the care plan and associate them with the appropriate goals.

Actions must be associated with at least one goal. You can associate multiple actions with a goal and multiple goals with an action.

Actions can be configured to be automatically associated with a goal as a result of completing an assessment or questionnaire on a program.

Actions can be configured to be added to the plan as completed when a care team member completes the action by completing the assessment or questionnaire. For example, a completed action of Call client to discuss care plan can be added when a care team member completes an outreach questionnaire.

Adding client actions to plans

You can add a client action to a plan. You can add a suggested action, add an action from the library, or create an ad hoc action.

Actions must be associated with goals, so at least one open goal must be on the plan before you can add a client action.

Use existing library actions where possible, but if a suitable action does not exist, you can create an ad hoc action. Ad hoc actions are specific to a client and are not available for care team members to add

for other clients. You can add an action that was previously added to the plan, if the previous action was completed or the time frame for the actions do not overlap.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Plan**.

5. Add a client action by selecting one of the following options:

- a. Click the **Suggested Activities** icon on the **Activities** bar to see any suggested client actions.

Click the **Add Suggested Client Action** icon to add a suggested client action.

The add client action window opens.

- b. Click the **Add Activity** icon on the **Activities** bar.

The activities library search opens. Choose one of the following options:

- Type a client action name to find a client action in the library and click the client action. The add client action window opens.
- To add an ad hoc action, select **New Client Action**. The **New Client Action** window opens.

6. Complete the following details:

- **Name** You must enter a name for new client actions only.
- **Assigned To:** For client actions, the action is assigned to the client by default.
- **Start Date:** An action must have a start date, by default the current date. Enter a start date for the action.
- **Expected End Date:** You can enter an end date for the action.
- **Category:** You can select one of the configured action categories for reporting purposes.
- **Associate Goals:** An action must be associated with at least one goal. Select one or more goals to associate with the action.
- **Reason:** Enter a reason for the action.

7. Click **Save**.

Filtering the client actions list view

You can review the list of client actions assigned to a client. The list can include open client actions, overdue client actions, client actions due to start in the future, and completed client actions.

By applying one or more of the predefined page filters, you can further filter the list to display only those client actions that you want to see. For example, you can filter the list to display only client actions that are overdue.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Client Actions**

The **Client Actions** list opens. The page opens with the predefined **Show Open** filter applied by default.

5. Optionally, change or further filter the Client Actions list based on specific search criteria.

- a. Click the filter icon to open the **Filter** page.

- b. Refine the Client Actions list view by selecting one or more of the following check boxes that correspond to your search criteria:

- **Show Open** (All client actions that the client has not yet completed).
- **Due to Start in 7 days** (All client actions with a start date 7 days from the current date).
- **Due to End in 7 days** (All client actions with an expected end date 7 days from the current date).
- **Overdue** (All client actions that are overdue).
- **Show Completed** (All completed client actions).

- c. Click **Apply** to apply the filter. You can remove the page filters by clicking **Reset** at any time.

Modifying client actions

You can modify a client action in the care plan.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further

refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Plan**.

5. Select **Edit** from the **Actions** menu of the client action.

6. Modify the following client action details, as needed.

- **Name:** You can rename ad hoc actions but not library actions.
- **Assign To:** Client actions are assigned to the client by default.
- **Start Date:** Update the start date for the action.
- **Expected End Date:** Update the expected end date for the action.
- **Category:** Select one of the configured action categories for reporting purposes.
- **Reason:** Update the reason for the action.

7. Click **Save**.

Updating progress for client actions

You can add a progress update for a client action. A progress record is created, which you can modify or delete.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered.

Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Plan**.

5. Choose from the following options.

- Add a progress update by completing the following steps:
 - a. Select **Edit** from the **Actions** menu of the client action.
 - b. Select one of the configured values in the **Progress** menu, add a comment, and click **Save**.
- Modify a progress update by completing the following steps:
 - a. Click a client action. The client action page opens.
 - b. Go to the **Progress** section.
 - c. Select **Edit** from the **Actions** menu of the client action.
 - d. Update the progress or comment and click **Save**.
- Delete a progress update by completing the following steps:
 - a. Click a client action. The client action page opens.
 - b. Go to the **Progress** section.
 - c. Select **Delete** from the **Actions** menu of the client action and click **Yes**.

Associating client actions with goals

Client actions can be relevant to more than one goal. You can associate actions with other goals on the care plan by adding the goals to the action.

At least one goal that is not associated with the action must be on the plan.

An action must be associated with at least one goal.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly

matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Plan**.

5. Select **Add Goals** from the **Actions** menu of a client action.

The **Add Goals** page opens showing only the goals that are available to select.

6. Select the goals that you want to add and click **Save**.

The action is associated with the goals and is shown in the care plan under each goal.

Removing associated goals from client actions

You can remove the association between a goal and a client action. The goal is not removed from the care plan, but it is no longer associated with the action.

An action must be associated with at least one goal on a care plan. If an action is only associated with one goal, you cannot remove that goal.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Plan**.
5. Click a client action.

The client action page opens.
6. Go to the **Goals** section to see any goals that are currently associated with the action.
7. Select **Remove** from the **Actions** menu of a goal and click **Yes**.

Completing client actions

When individuals complete, or no longer need, an action, you can complete the action. After an action is completed, you can update the completion details.

1. Sign in to your account.

Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.

Their **Summary** view opens.
4. Click **Plan > Plan**.
5. Choose the appropriate option:
 - Complete a client action by completing the following steps:
 - a. Select **Complete** from the **Actions** menu of a client action. The **Complete Action** page is displayed.
 - b. Select an outcome, a date of completion, add a comment if needed, and click **Save**.
 - Update the completion details by completing the following steps. By default, completed activities are hidden.
 - a. Expand actions and select the filter icon to open the client actions filter.
 - b. Select the **Show Completed** check box and click **Apply**.
 - c. Select **Update Completion Details** from the **Actions** menu of a completed action. The **Update Completion Details** page is displayed.
 - d. Update the outcome, the date of completion, or the comment, and click **Save**.

Deleting client actions from plans

You can delete a pending client action from the care plan. You cannot delete actions that are complete or in progress.

If you no longer need an in-progress action, you can complete the action with a status of abandoned, and add a comment with an explanation.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**.
5. Select **Delete** from the **Actions** menu of the client action and click **Yes**.

Planning care team actions

Care team actions are care plan activities that care team members can complete to help a client to achieve a goal. Care team actions must be associated with one or more goals. You can view and manage care team actions on the plan. To track care team work that is not directly related to specific goals, use tasks.

Actions must be associated with at least one goal. You can associate multiple actions with a goal and multiple goals with an action.

Actions can be configured to be automatically associated with a goal as a result of completing an assessment or questionnaire on a program.

Actions can be configured to be added to the plan as completed when a care team member completes the action by completing the assessment or questionnaire. For example, a completed action of Call client to discuss care plan can be added when a care team member completes an outreach questionnaire.

Managing care team actions

A Quick View is available in the application where you can view and manage all open care team actions for active clients. You or other members of the care team must take responsibility for listed actions.

In the **My Actions** section, you can edit, add progress, and complete actions that are currently assigned to you. The **My Actions** list shows all actions for active clients where you are a current member of their care team. Actions for inactive clients are not listed.

In the **Unassigned** section, you can view care team actions associated with your care team role, which are not yet assigned and you are potentially responsible for. The **Unassigned** list shows all unassigned actions for active clients. Actions for inactive clients are not listed. You can assign a care team action to yourself or to another care team member, or you can edit, add progress, and complete unassigned actions.

1. Sign in to your account.
Your home page opens.
2. Select **Actions** from the **Side Navigation menu**.
The **Actions** page opens.
3. For any action in the **My Actions** section or **Unassigned** section, choose from the following tasks.
 - Select **Actions > Edit** to modify the details of the care team action.
 - Select **Actions > Add Progress** to add a progress update.
 - Select **Actions > Complete** to complete an action. The action is removed from the **My Actions** or **Unassigned** lists.
4. To review the details of an action, click an action name.
The **Care Team Actions** page for the associated client opens.

Assigning unassigned actions

Assuming that organization units are enabled for your organization, you can assign actions to either a specific care team member or to a care team role in your organization unit.

If an action is assigned to a care team role, and you have that role on the client's team, you can assign the action to yourself to do. Otherwise, reassign the action to another care team member or care team role in your organization unit.

1. Sign in to your account.
Your home page opens.
2. From the **Side Navigation Menu**, select **Actions**.

3. In the My Actions section, review actions that are currently assigned to you. In the Unassigned section, review care team actions that users in your organization unit created for care team member roles in your organization to do.
4. In the **Unassigned** section, click the **Actions** menu of an action, and click **Assign**.
The **Assign Action** page open, with the name of the user who is currently signed into the application as the owner of the action.
5. If you do not want to own the action, choose to assign the action to either a specific care team member or to a care team role.
 - Assign To - Select another care team member who is active on the client's team to reassign the action to.
 - Assign To Role - Select a role from the list of active care team roles in your organization unit that are qualified to complete the action.
6. Click **Save**.

Adding care team actions to plans

Assuming that organization units are enabled for your organization, you can add a care team action to a plan and assign the action to either a specific care team member or to a care team role in your organization unit.

You can add a suggested action or add an action from the library, or you can create an action. Actions must be associated with goals, so at least one open goal must be on the plan before you can add a care team action.

Use existing actions where possible, but if a suitable action does not exist, you can create an action.

Actions that you create are specific to a client and are not available for care team members to add for other clients. You can add an action that was previously added to the plan, if the previous action was completed or the time frame for the actions do not overlap.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**.
5. Add a care team action by selecting one of the following options.

- a. Click the **Suggested Activities** icon on the **Activities** bar to see any suggested care team actions. Click the **Add** icon to add a suggested care team action.
The add care team action window opens.

- b. Click the **Add Activity** icon on the **Activities** bar.

The activities library search opens. Choose one of the following options:

- Type a care team action name to find a care team action in the library and click the care team action. The add care team action window opens.
- Select **New Care Team Action**. The **New Care Team Action** window opens.

6. Complete the following details:

- **Name:** You must enter a name for new care team actions only.
- **Source** - If configured, you must select one of the configured values that indicate the source of the action.
- **Original Source System** - If applicable, you can select one of the configured values to indicate where the action originated.
- **Assign To:** Select the care team member to assign the action to.
- **Assign To Role:** Select a role from the list of active care team roles that are qualified to complete the action. Only roles that are associated with users in the organization unit are shown.
- **Start Date:** An action must have a start date, by default the current date. Enter a start date for the action.
- **Expected End Date:** You can enter an end date for the action.
- **Category:** You can select one of the configured action categories for reporting purposes.
- **Associate Goals:** An action must be associated with at least one goal. Select one or more goals to associate with the action.
- **Reason:** Enter a reason for the action.

7. Click **Save**.

Filtering the care team actions list view

You can review the list of care team actions assigned to a client. The list can include open care team actions, overdue care team actions, care team actions that are due to start in the future and care team actions that are completed.

By applying one or more of the predefined page filters, you can further filter the list to display only those care team actions that you want to see. For example, you can filter the list to display only care team actions that are assigned to you.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Care Team Actions**
The **Care Team Actions** list opens. The page opens with the predefined **Show Open** filter applied by default.
5. Optionally, change or further filter the Care Team Actions list based on specific search criteria.
 - a. Click the filter icon to open the **Filter** page.
 - b. Refine the Care Team Actions list view by selecting one or more of the following check boxes that correspond to your search criteria:
 - **Show Open** (All care team actions that are not yet completed).
 - **Assigned To Me** (All care team actions assigned to you).
 - **Due to Start in 7 days** (All care team actions with a Start Date 7 days from the current date).
 - **Due to End in 7 days** (All care team actions with an expected end date 7 days from the current date).
 - **Overdue** (All care team actions which have an expected end date in the past when compared to the current date).
 - **Show Completed** (All completed care team actions).
 - c. Click **Apply** to apply the filter. You can remove the page filters by clicking **Reset** at any time.

Modifying care team actions

You can modify any care team action in the care plan. Assuming that organization units are enabled for your organization, you can assign the action to either a specific care team member or to a care team role in your organization unit.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**.

5. Select **Edit** from the **Actions** menu of the care team action.
6. Modify the following care team action details, as needed.
 - **Name:** You can rename actions that you create but not library actions.
 - **Source** - If configured, you must select one of the configured values that indicate the source of the action.
 - **Original Source System** - If applicable, you can select one of the configured values to indicate where the action originated.
 - **Assign To:** Select a care team member to assign the action to.
 - **Assign To Role:** Select a role from the list of active care team roles that are qualified to complete the action. Only roles that are associated with users in the organization unit are shown.
 - **Start Date:** Update the start date for the action.
 - **Expected End Date:** Update the expected end date for the action.
 - **Category:** Select one of the configured action categories for reporting purposes.
 - **Reason:** Update the reason for the action.
7. Click **Save**.

Updating progress for care team actions

You can update progress for a care team action. Your changes are stored as update records.

You can add progress to care team actions regardless of whether the action is assigned to you or another care team member or role. Even when an action is assigned to a care team role, rather than a specific care team member, you can add progress for the action on the Care Team Actions list.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**.
5. Choose from the following options:
 - Add a progress update by completing the following steps:
 - a. Select **Add Progress** from the **Actions** menu of the care team action.
 - b. Select one of the configured values for **Progress**, add a comment, and click **Save**.
 - Modify a progress update by completing the following steps:
 - a. Click a care team action. The care team action page opens.
 - b. Go to the **Progress** section.

- c. Select **Edit** from the **Actions** menu of the care team action.
 - d. Update the progress or comment and click **Save**.
- Delete a progress update by completing the following steps:
 - a. Click a care team action. The care action page opens.
 - b. Go to the **Progress** section.
 - c. Select **Delete** from the **Actions** menu of the care team action and click **Yes**.

Associating care team actions with goals

Care team actions can be relevant to more than one goal and must be associated with at least one goal.

You can associate actions with other goals on the care plan by adding the goals to the action.

At least one goal that is not associated with the action must be on the plan.

You can add goals to care team actions regardless of whether the action is assigned to you or another care team member or role. Even when an action is assigned to a care team role, rather than a specific care team member, you can associate goals with the action on the Care Team Actions list.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**.
5. Select **Add Goals** from the **Actions** menu of a care team action.
The **Add Goals** page opens showing only the goals that are available to select.
6. Select the goals that you want to add and click **Save**.
The action is associated with the goals and is shown in the care plan under each goal.

Removing associated goals from care team actions

You can remove a goal that is associated with a care team action. The goal is not removed from the care plan, but it is no longer associated with the action.

An action must be associated with at least one goal on a care plan. If an action is only associated with one goal, you cannot remove that goal.



Note:

You can remove the **General** goal that is created and associated with care team actions that are received from third-party applications from a care team action. However, you must first associate the care team action with another goal on the care plan.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**.
5. Click a care team action.
The care team action page opens.
6. Go to the **Goals** section to see any goals that are currently associated with the action.
7. Select **Remove** from the **Actions** menu of a goal and click **Yes**.

Completing care team actions

When care teams complete, or the individual no longer needs, a care team action, you can complete the action. After a care team action is completed, you can update the completion details. By default, completed care team actions are hidden.

You can complete care team actions regardless of whether the action is assigned to you or another care team member or role. Even when an action is assigned to a care team role, rather than a specific care team member, you can complete the action on the Care Team Actions list.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Care Team Actions**.
Care team actions for the individual are displayed.
5. Click **Plan > Plan**.
6. Choose the appropriate option:

- Complete a care team action by completing the following steps:
 - a. Select **Complete** from the **Actions** menu of a care team action. The **Complete Action** page is displayed.
 - b. Select an outcome, a date of completion, add a comment if needed, and click **Save**.
- Update the completion details by completing the following steps. By default, completed activities are hidden.
 - a. Expand actions and select the filter icon to open the care team actions filter.
 - b. Select the **Show Completed** check box and click **Apply**.
 - c. Select **Update Completion Details** from the **Actions** menu of a completed action. The **Update Completion Details** page is displayed.
 - d. Update the outcome, the date of completion, or the comment, and click **Save**.

Deleting care team actions from plans

You can delete a pending care team action from the care plan. You cannot delete actions that are complete or in progress.

If you no longer need an in-progress action, you can complete the action with a status of abandoned, and add a comment with an explanation.

You can delete care team actions regardless of whether the action is assigned to you or another care team member or role. Even when an action is assigned to a care team role, rather than a specific care team member, you can delete the action on the Care Team Actions list.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**.
5. Select **Delete** from the **Actions** menu of the care team action and click **Yes**.

Planning services

By default in Merative™ Integrated Care, you can view and manage services on the plan. You can plan services and associate them with goals on the plan.

Related information

[Configuring services \(on page 203\)](#)

Services

Services are care plan activities that can help a client achieve a goal. In addition to the standard workflow for planning services, optional add-on components give Merative™ Integrated Care the capability to support enhanced workflows for services and providers.

A service is typically delivered by a provider at a cost per unit. For example, a home care agency can deliver 2 hours of care at an hourly rate, or an equipment provider can deliver a hearing aid at a specified price.

Adding services

You can add services to the plan. You can choose a suggested service, or search the library of existing services.

Set the start and expected end dates for the service and the frequency of the service. Set the number of units of the service that the client needs and the units in which the service is delivered. If the service can help a client to achieve a goal, associate the service with one or more goals.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Plan**.

5. Add a service by selecting one of the following options:

- a. Click the **Suggested Activities** icon on the **Activities** bar to see any suggested services or service categories. Click the **View All** icon to see the suggested services in a category. Click the **Add** icon to add a suggested service.

The add service window opens.

- b. Click the **Add** icon on the **Activities** bar.

The activities library search opens. Type a service or service category name to find a service in the library and select a service. The add service window opens.

6. Enter the service details:

- **Start Date:** Enter the start date.
- **Expected End Date:** You can enter an expected end date.
- **Frequency:** Select the frequency of the service.

- **Units:** Enter the number of units of the service that the client needs and select the unit in which the service is delivered.
 - **Associate Goals:** Select one or more goals to associate with the service.
7. Click **Save** to add the service to the plan.

Related information

[Adding services and providers from the Plan page \(on page 655\)](#)

Filtering the services list view

You can review the list of services assigned to a client. The list can include open and closed services.

By applying one or more of the predefined page filters, you can further filter the list to display only those services that you want to see. For example, you can filter the list to display all open services.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Services**
The **Services** list opens. The page opens with the predefined **Show Open** filter applied by default.
5. Optionally, change or further filter the Services list based on specific search criteria.
 - a. Click the filter icon to open the **Filter** page.
 - b. Refine the Services list view by selecting one or more of the following check boxes that correspond to your search criteria:
 - **Show Open** (All active services).
 - **Due to Start in 7 days** (All services due to start date in 7 days time).
 - **Due to End in 7 days** (All services due to end in 7 days time).
 - **Overdue** (All services with an expected end date in the past).
 - **Show Closed** (All closed services).
 - c. Click **Apply** to apply the filter. You can remove the page filters by clicking **Reset** at any time.

Modifying services

You can edit the start and expected end dates for the service and the frequency of the service. You can edit the units in which the service is delivered and number of units the client needs.

If budgets are used, you must have a draft or reopened budget to modify services with costs. Values for frequency, units, and cost per unit are needed for the service to be included in budget calculations. To avoid affecting previous budgets, you cannot edit the cost of a service that was included in a previously approved budget. To edit the cost, close the service with an appropriate date and create the service again with the new cost.

If payments are used, you can modify the expected end date of the service only after payment for the service is authorized, so that an accurate payment history for the service is maintained.

If Providers are enabled and a provider is associated with the service, you can update the cost per unit.

If payments are used and payment is authorized for the service, you can edit only the expected end date.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**.
5. Select **Edit** from the **Actions** menu of a service.
The **Edit Services** page is displayed.
6. Modify the following service details, as needed.
 - **Start Date:** Update the start date.
 - **Expected End Date:** Update the expected end date.
 - **Frequency:** Update the frequency of the service.
 - **Units:** Update the unit in which the service is delivered or the number of units of the service that the client needs.
 - **Cost per Unit:** Update the cost per unit for the service. This option is available only if a provider is associated with the service.
7. Click **Save**.

Updating services with notes and comments

Add notes or comments to services to capture information about services.

You can add one or more notes to a service, and can then add comments to the note to provide further continuous updates.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, click **Clients > My Clients**, or search for other clients.
3. Click **Plan > Plan**. The plan opens.
4. Select **Services**.
The client's services are shown.
5. From the **Actions** menu of a service, click **Add Note**, enter a note, and click **Save**.
A note is appended to the service.
6. Click **Add Sensitive Note** to add a sensitive note. Only users that have access to the client and are assigned a security role with access to the Sensitive Notes resource can add a sensitive note.
7. Assuming that the note type is configured as editable, select to save the note as a draft version, ready for review, or final version. When you mark a note as the final version, you can no longer edit it.
8. If configured, you must select one of the configured values that indicate the source of the note.
9. **Optional:** If applicable, you can select one of the configured values to indicate where the note originated.
10. For a service with an existing note, from the **Actions** menu, click **Comment**, enter a comment, and click **Save**.
The comment is appended to the note.
11. **Optional:** Click **History > Notes** to see notes about services.

Modifying service notes

You can edit a note that is associated with a service.

The note can be edited only if the note that is recorded for the service has a status of either Draft or Ready for Review.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, click **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**. The plan opens.

5. Click **Services**.

The client's services are shown.

6. Expand a service, then click **Edit** from the **Actions** menu of the service note.

7. Update the service note.

8. Assuming that the note type is configured as editable, select to save the note as a draft version, ready for review, or final version. When you mark a note as the final version, you can no longer edit it.

9. If configured, you must select one of the configured values that indicate the source of the note.

10. **Optional:** If applicable, you can select one of the configured values to indicate where the note originated.

11. Click **Save**.

The service note is updated.

Associating services with goals

You can associate services with one or more goals on a plan by adding goals to the service. Goals must be open and not previously associated with the service.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Plan**.

5. Expand **Activities > Services** and select **Add Goals** from the **Actions** menu of the service.

The **Add Goals** page opens and displays the available goals.

6. Select the goals that you want to add and click **Save**.

The service is associated with the selected goals.

Removing associated services from goals

You can remove the association of a service with a goal. The service is not removed from the care plan, but is no longer associated with the goal.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Plan**.

5. Select a service.

The service page opens.

6. Expand **Activities > Services** and select **Remove** from the **Actions** menu of the service.

7. Click **Remove** to remove the goal from the service.

Closing services on plans

You can close services when clients finish or no longer need them. You must specify the outcome of the service, and the date that the service is closing.

If budgets are used, closing services with costs can affect the budget. The expected end date is used in budget calculations. Entering a closure date that is later than the expected end date might cause the service to go over budget. In addition, the following restrictions apply:

- A service with a cost cannot be closed or the end date modified while a newer budget is pending approval. Cancel the budget approval request, close the service or update the end date, and submit the budget again.
- When a closed budget is the most recent budget on the plan, the service closure date cannot be later than the budget closure date.

If you use payments, closing a service ends payments to the provider of the service. If you are closing the service with a start date before the first payment due date of the service, you can choose to cancel the payment.

Payments to providers are made weekly on a Monday in arrears. For services with a frequency of 4-weekly, the weekly payment to the provider is a quarter of the 4-weekly payment and for services with a 2-weekly frequency, the weekly payment is half of the 2-weekly payment. So if you are using payments, enter a closing date for the service that ensures that the full final payment is made to the provider.

For example, a service with a 4-weekly frequency, that finishes delivery on the 30th April 2018, the payments due dates for the final service delivered on the 30th April are the 7th May, 14th May, 21st May, and 28th May. You should set the end date of the service to Sunday 27th May 2018 when closing the service to ensure that the provider receives full payment for the final service delivery.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary View** opens.

4. Click **Plan > Plan**.

5. Expand **Activities > Services** and complete the following steps to close a service.

a. Select **Close** from the **Actions** menu of an open service.

The **Close Service** window opens, or if payments are used, the **Close Service** wizard opens.

b. Enter the closure details:

- **Outcome:** Select an outcome from the list of available options.

- **End Date:** Enter a closing date. By default, the closure date is the current date.

c. Click **Save** to close the service, or if payments are enabled, click **Next**.

d. If you are closing the service with an end date that is before the first payment due date, you can choose to cancel the payment to the provider.

The payments summary shows the end date, and details of the most recent payment and the final payment.

- Most recent payment:

- Date

- Period

- Amount

- Final payment:

- Due Date

- Period

- Amount

For once-off services, the once-off payment summary shows the end date, the payment date and the payment amount.

Related information

[Authorizing payment for services \(on page 615\)](#)

Updating closed services

After a service is closed, you can update the closure details if needed, for example, if the service was provided for longer than was originally recorded. You can view a history of changes to closed services on the **Service** homepage.

If you use budgets, you cannot update the closure details while the budget is pending approval.

You can update the closure details when the most recent budget is closed. You can update the outcome or move the end date back, but you cannot extend the end date. To avoid potential budget overspend, if a service was ended before the end date of a closed budget, you cannot update the service end date to a later end date. To update the closure details while the budget is pending approval, cancel the budget approval request, change the closure date, and submit the budget again.

If you are using payments, the following applies when you update the closure details:

- If the payments are authorized for the service and the payment authorization status is Final Payment Authorized, when you update the closure date the final payment period, final payment date, and final payment amount is recalculated and payment is made based on the updated information. If the updated end date is before the most recent payment date then no further payments are made.
- If payments are authorized for the service and the final payment has been made, updating the service closure details will not result in additional payments to the provider.
- If the service was closed before the first payment was made and the payment was canceled, changing the date will not trigger any payment.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Services**.

5. Expand **Activities > Services** and complete the following steps to update the closure details for a closed service.

You may need to change the active filter so that closed services are displayed.

6. Select **Update Closure Details** from the **Actions** menu of a closed service.

The **Update Closure Details** page opens.

7. Enter the closure details:

- **Outcome:** Select an outcome from the list of available options.
 - **End Date:** Enter a closing date. By default, the closure date is the current date.
8. Click **Save**.

The service closure details are updated with the changes that you have made. Check the Service homepage to view a history of updates to the service closure, for example, so that you can check which end date was in effect when the final payment for the service was made,

Deleting services from plans

You can delete services from plans.

If payments are used, you can only delete a service for which payment is authorized if you first close the service and cancel payment before the first payment is made.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**.
5. Expand **Activities > Services**, select **Delete** from the **Actions** menu of a service, and click **Delete**.
The service is removed from the plan.

Planning provider services

As a care manager, you can manage services and service providers in Merative™ Integrated Care if the Providers feature is enabled. If you use Merative™ Integrated Care add-on components, you can also manage services within a client's weekly budget, make payments for services, and manage inquiries to providers who use the Merative™ Integrated Care Connect Providers application. You can also collaborate with clients who use the Merative™ Integrated Care Connect Individuals application. If you are using an external provider registry, you can create a provider service inquiry for a client in Merative™ Integrated Care if external inquiries is enabled.

The external inquiry can be retrieved (via API) by an external system which is interested in viewing, managing and responding to the provider service inquiry for the client. If the external system responds to the inquiry, the response will be updated on the inquiries list page. Customers can either use the Connect Providers inquiries flow or the external registry inquiries flow but not both.

If the Providers feature is enabled in the care team workspace, you see extra provider-related pages, fields, columns, and actions when you work with services. For example, the **Community Resources** search page is shown and you can add and remove providers for services. If add-on components are licensed, other enhanced services workflows are available.

Services

Services are care plan activities that can help a client achieve a goal. In addition to the standard workflow for planning services, optional add-on components give Merative™ Integrated Care the capability to support enhanced workflows for services and providers.

A service is typically delivered by a provider at a cost per unit. For example, a home care agency can deliver 2 hours of care at an hourly rate, or an equipment provider can deliver a hearing aid at a specified price.

Example provider service scenarios

Optional Merative™ Integrated Care add-on components provide more capabilities and enhanced workflows for services and providers. Use the following scenarios to understand the enhanced workflows that are provided by add-on components.

Related information

[Basic scenarios for planning with budgets and payments \(on page 568\)](#)

[Basic scenario for planning with inquiries \(on page 630\)](#)

Basic scenario for services planning with add-on components

Here is a basic scenario to introduce you to planning with budgets, payments, and inquiries. The scenario covers creating a budget, choosing services, sending inquiries to service providers, adding the services to the plan, and submitting the budget for approval. After the budget is approved, provider offers can be accepted and payment authorized for the services.

The scenario assumes that the following add-on components are licensed and that an administrator has enabled Providers for the care team application.

- Merative™ Integrated Care Service Payment
- Merative™ Integrated Care Community Service Referral
- Merative™ Integrated Care Connect Providers

Plan services with budgets, payments, and inquiries

Susan Brown is Liam Smyth's care manager and is creating his care plan. Liam was assessed and qualifies for a budget of £100 per week. This budget consists of a social fund contribution of £100. Susan must find community service providers and send inquiries to them on Liam's behalf to see whether they can provide the home care that Liam needs.

Liam's assessment indicated that he might benefit from 4 - 6 hours per week of home care to help him manage his diabetes. Also, Liam might benefit from a mobility aid and three swimming classes a week to help with his mobility.

From the **Budget** page, Susan creates a budget with a single contributor, **Social Fund**, and the reason **New Budget**. Susan sets the start date to 9th April 2018, as budgets must start on a Monday, the financial start day of the week. The budget planning bar is shown to help Susan stay within budget and the **New Budget** action is disabled.

The screenshot shows the 'Budget' section of the software interface. On the left, there is a sidebar with Liam Smyth's profile picture, name, age (60 Years), birthdate (26/01/1958), gender (Male), and priority (Not Set). Below this are sections for 'Actions', 'Address' (1 Main Street), and 'Phone'. The main area has tabs for 'Summary', 'Plan' (which is selected), 'Programs', 'Data', 'History', and 'Team'. Under 'Plan', the 'Budget' tab is active, showing a summary row with 'Budget £100.00', 'Spend: £0.00', and 'Remainder: £100.00'. A detailed view of the budget follows, showing '£100.00 per week' starting on '09/04/2018' with 'No end date'. It is marked as 'Draft'. The 'Contributions' section lists 'Social Fund' contributing '£100.00' and 'Client'.

From the **Community Resources** page, Susan searches for **Home Care**, **Mobility Aid**, and **Swimming** services.

Susan finds a number of providers for the **Home Care** service and the other services. As she browses, she adds potential providers to a shortlist.

Shortlist

- ▶ Cooking Lessons
- ▼ Home Care
- ▶ Mobility Aid
- ▶ Swimming Lessons
- ▶ Yoga

My Selection

Care Provider A
£20.00 per Hour

Add to plan Remove

When Susan is ready, she opens the shortlist, creates an inquiry for each service, and selects the service providers that she wants send inquiries to. She adds a response required by date so that providers can know how soon they need to make an offer.

Solomon is the Merative™ Integrated Care Connect Providers user for the community service provider **Care Provider A**. When he opens the Connect, he sees the inquiry. He has a question and requests more information about the inquiry.

Inquiries Organisation Services Payments Solomon ▲

Home Care
6 Hour · Weekly
Expected start date Apr 13, 2018

New Ref: 2826 · Sent by Susan Brown · Respond by Feb 20, 2018

16:58

SA Solomon Akarele 16:58
Do you need the care on any particular days?

Offer Decline Request more information

Susan sees Solomon's comment requesting more information on the **Inquiries** page, and responds with a comment at the inquiry level. All providers who received the inquiry can see the additional information. If Susan wants to reply directly to a provider only, she can add a comment to the provider's offer. Only the specific provider will see this comment.

A number of providers, including **Care Provider A**, send offers to deliver the **Home Care** service and the other services. Susan reviews all provider offers received, looks at the details such as rates and availability, and determines that **Care Provider A** is the most suitable provider to deliver the home care service for Liam. Susan adds the services that Liam's needs to the plan:

- Susan chooses **Care Provider A** to provide the **Home Care** service and adds the service to the plan, starting on the 13th April 2018, the Friday after the budget starts. They charge £10 per hour and can provide 6 hours weekly. The weekly cost of this service is £60.

The service is delivered for only 3 days during the week of the 9th April, as the service only starts on Friday 13th April. This means that the cost of first week of this service will be prorated as follows:

Weekly cost =Number of hours*Cost per hour = 6 hours*£10=£60 per week

Cost for 1 day = Weekly cost/7 = £8.57

Cost for 3 days = £8.57*3 = £25.71

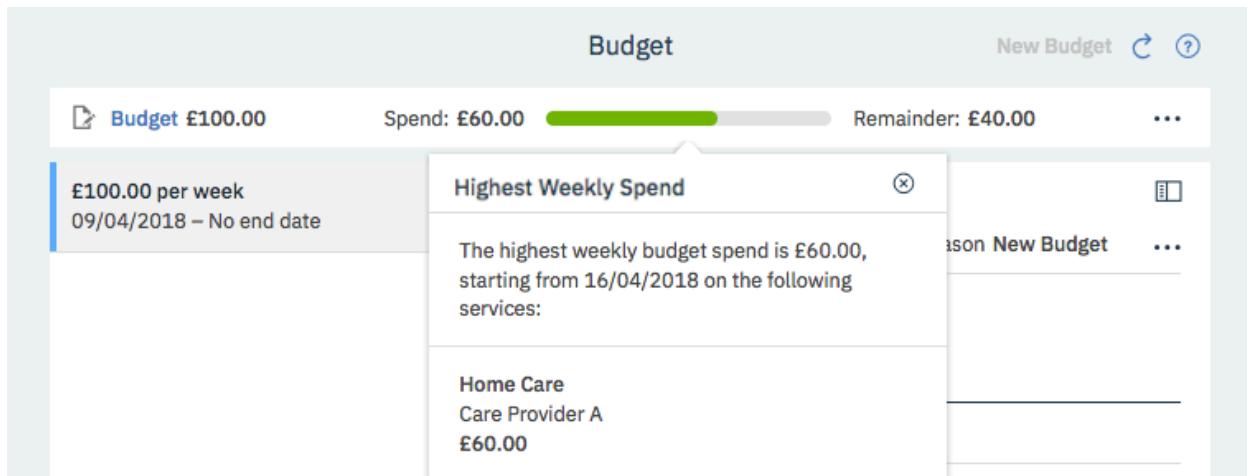
Cost of the first week is £25.71



Note:

During the first and last weeks of a service, adjust your service start or end dates based on whether the provider will deliver a full or partial service that week. If the provider will deliver a full service in the first week, set the start date of the budget to the Monday of the week to ensure that the full weekly cost of the service is calculated in the budget and that the cost is not prorated. For example, where a service is being delivered as a single weekly class and the provider has confirmed that the class is delivered on a Wednesday, start the service on the Monday of the week to include the full weekly cost in the budget and to ensure that the provider is paid in full for that week.

The budget visual shows that Liam's highest weekly spend is £60 starting 16th April 2018 as this week includes the full weekly cost of the Home Care service.



- Susan reviews the offers and chooses **Mobility Services A** to provide a mobility aid for Liam at £100:00. Once-off services are not included in budget calculations so this service is not reflected in the visual. However, once-off services are approved as part of the budget.
- Susan reviews the offers and chooses the local swimming club, **Swimming Instructors A**, to provide the **Swimming** service starting on Monday 30th April 2018. They offer sessions for older members for swimming at £12:50 per class, so Susan adds three classes per week.

Weekly cost of Swimming =Number of units *Cost per unit = 3*£12.50= £37.50

Liam's total spend per week = £60 per week on Home Care + £37.50 on Swimming = £97.50

The budget visual shows that Liam's highest weekly spend is £97.50 per week, which means that his services are under budget for each week in the budget. As you can see, the highest weekly spend is now the week starting 30th April 2018, as the spend this week includes the swimming and the Home Care Service.

Plan

Budget £100.00 Spend: £97.50 Remainder: £2.50

Highest Weekly Spend

The highest weekly budget spend is £97.50, starting from 30/04/2018 on the following services:

- Home Care
Care Provider A
£60.00
- Swimming Lessons
Swimming Instructors A
£37.50

Actions for Liam 0 open

Care Team Actions 0 open

Susan submits the budget for approval and it is approved by a team member with the budget approval role. The budget planning bar is hidden. The status history is updated, and the **New Budget** action is enabled again.

Summary Plan Programs Data History Team

Budget New Budget [?](#)

£100.00 per week
09/04/2018 – No end date Approved

£100.00 per week

Start Date 09/04/2018 Status Approved

Reason New Budget [...](#)

Added on 26/01/2018 by Susan Brown

Contributions

Contributor	Contribution
Social Fund	£100.00
Client	

Status History

Updated	Status	Comment	...
26/01/2018 by Susan Brown	Approved	Approved, thanks	...
26/01/2018 by Susan Brown	Pending Approval	Ready for approval.	...
26/01/2018 by Susan Brown	Draft		...

Now that the budget is approved, Susan can accept Solomon's offer.

Summary Plan Programs Data History Team

Inquiries

Sent 1

Home Care 2826 · Sent by Susan Brown

Units 6 Hour Sent on 20/02/2018 Response Required by 23/02/2018 Expected Start Date 13/04/2018

Provider	Status	Updated	Offer Expiry ...	Units	Offered Rate
Seva Care	Accepted	20/02/2018 12...	20/03/2018	6	£10.00

Listed Rates £10.00 per Hour Susan Brown · 20/02/2018 06:02

Susan Brown · 20/02/2018 06:02
Accepted

Susan Brown · 20/02/2018 06:02
Pending Acceptance

Solomon Akarele · Seva Care · 20/02/2018 05:59
Offer Made

Start Date	01/03/2018	Units	6
Offered Rate	£20.00	Total Offered Rate	£120.00

Susan Brown · 20/02/2018 05:56
Any days are fine, just as long as there isn't too much of a gap between visits.

Solomon Akarele · Seva Care · 20/02/2018 05:53
Do you need the service on any particular days?

When Solomon signs in to the Connect, he sees that his offer is accepted, and can see Liam's contact details.

CareConnect

Inquiries Organisation Services Payments Solomon

Enquiries All (15)

Home Care 6 Hour - Weekly
Expected start date Apr 13, 2018
Offer Accepted Ref: 2826 · Accepted by Vina Davis · Respond by Feb 23, 2018

Transport with Passenger Assistance 10 Quarter Hour total -
Weekly (Monday, Tuesday, Wednesday, Thursday, Friday)
Ref: 2824 · Sent by STEPHEN PRICE · Respond by Feb 20, 2018

Home Care 4 Hour total - Weekly
Ref: 2823 · Sent by Susan Brown · Respond by Feb 23, 2018

Transport with Passenger Assistance 14 Half Hour total -
Weekly (Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday)
Ref: 2822 · Accepted by Susan Brown · Respond by Feb 26, 2018

Bingo 1 Session total - Weekly (Wednesday)
Ref: 1801 · Sent by Susan Brown

Home Care 10 Quarter Hour total -
Weekly (Monday, Tuesday, Wednesday, Thursday, Friday)
Ref: 2821 · Sent by Susan Brown · Respond by Feb 20, 2018

Transport without Passenger Assistance 10 Quarter Hour total -
Weekly (Monday, Tuesday, Wednesday, Thursday, Friday)
Ref: 2817 · Sent by Susan Brown · Respond by Feb 20, 2018

Transport without Passenger Assistance 10 Quarter Hour total -
Weekly (Monday, Tuesday, Wednesday, Thursday, Friday)
Ref: 2816 · Sent by Susan Brown · Respond by Feb 20, 2018

Home Care 6 Hour - Weekly
RESIDENTIAL ADDRESS 1 Main St.
PHONE NUMBER

SA Solomon Akarele 16:58
Do you need the care on any particular days?

VD Vina Davis 16:59
No, as long as there is not too much of a gap between visits.

Offer sent
SA Solomon Akarele 17:03
We can provide this service as requested, I'll look forward to hearing from you.

Units	Rate	Date you can start	Offer expiry
6	£10.00	Apr 13, 2018	Mar 20, 2018

Offer Accepted
VD Vina Davis 17:08

Susan closes the inquiry as it is no longer needed.

Susan opens Liam's plan and authorizes payment for each of his services.

For more information about the tasks in this scenario, see the following links:

- [Creating a weekly budget \(on page 611\)](#)
- [Searching for services and providers \(on page 626\)](#)
- [Shortlisting providers \(on page 629\)](#)
- [Creating internal service inquiries \(on page 637\)](#)
- [Commenting on service inquiries \(on page 638\)](#)
- [Accepting provider offers and adding services to plans \(on page 640\)](#)
- [Submitting budgets for approval \(on page 613\)](#)
- [Accepting provider offers and adding services to plans \(on page 640\)](#)
- [Approving budgets \(on page 614\)](#)
- [Closing service inquiries \(on page 642\)](#)
- [Authorizing payment for services \(on page 615\)](#)

Planning services with personal budgets and payments

Your organization might use budgets when planning a client's care. The budget is the amount of money required to pay for services to address the client's needs. As a care manager or care team member, you can assess the needs of the client and determine the weekly budget required to meet those needs. If your organization requires the client to contribute to the cost of their services, you can include this contribution in the budget calculations.

If your organization licenses the Merative™ Integrated Care Service Payment add-on component, you can set a weekly personal budget for a client's services. As you plan services, any services with costs are associated with the budget. The budget allows care teams to plan providers' services with costs and ensure that they are within the client's allocated budget. Budgets consist of one or more contributions, which can be configured for your organization in the administrator application. Depending on how your organization works, clients might contribute to their own budgets. When the budget is approved, you can authorize payments to the provider. When service payments are authorized, if the client is contributing to the cost of their care, then the client's weekly contribution can be automatically processed. All payments are made weekly, in arrears on a Monday.

Basic scenarios for planning with budgets and payments

Here are some basic scenarios to introduce you to budgets and payments. The first scenario covers the initial planning of provider services within a budget, the approval of the budget and provider services, and

the authorization of payments to service providers. The second scenario covers reopening an approved budget to replan services and providers within the approved budget. The third scenario covers replanning services and providers with a new budget which includes contributions from the client and the care organization and which replaces the previous budget.

The scenarios assume that the budget, budget contributors, services, providers, the billing agreement, and permissions to receive client contributions are already configured in the administrator application, and that manual approvals are configured for each of the scenarios.

Related information

[Example provider service scenarios \(on page 561\)](#)

Plan services within a budget

Susan Brown is Liam Smyth's care manager and is creating his care plan. Liam was assessed and qualifies for a budget of £100 per week. This budget consists of a social fund contribution of £100.

Liam's assessment indicated that he might benefit from 4 - 6 hours per week of home care to help him manage his diabetes. Also, Liam might benefit from a mobility aid and 3 swimming classes a week to help with his mobility.

From the **Budget** page, Susan creates a budget with a single contributor, **Social Fund**, and the reason **New Budget**. Susan sets the start date to 9th April 2018, as budgets must start on a Monday, the financial start day of the week. The budget planning bar is shown to help Susan stay within budget and the **New Budget** action is disabled.

The screenshot shows the Merative Integrated Care software interface. On the left, there is a sidebar with a user icon and the name "Liam Smyth" along with his details: 60 Years, 26/01/1958, Male, Priority: Not Set. Below this are sections for Actions, Address (1 Main Street), and Phone. The main area is titled "Budget" and shows a summary: Budget £100.00, Spend: £0.00, Remainder: £100.00. A table lists the budget details: £100.00 per week, Start Date 09/04/2018, Status Draft, Reason New Budget. Below the table, it says "Added on 26/01/2018 by Susan Brown". On the right, there is a "Contributions" section with a table showing Social Fund (£100.00) and Client.

Contributor	Contribution
Social Fund	£100.00
Client	

From the **Community Resources** page, Susan searches for **Home Care** and **Swimming** services and reviews the provider's availability and pricing. Susan adds the services that meet Liam's needs to the plan:

- Susan chooses **Care Provider A** to provide the **Home Care** service starting on the 13th April 2018, the Friday after the budget starts. They charge £10 per hour and can provide 6 hours weekly. The weekly cost of this service is £60.

The service is delivered for only 3 days during the week of the 9th April, as the service only starts on Friday 13th April. This means that the cost of first week of this service will be prorated as follows:

Weekly cost =Number of hours*Cost per hour = 6 hours*£10=£60 per week

Cost for 1 day = Weekly cost/7 = £8.57

Cost for 3 days = £8.57*3 = £25.71

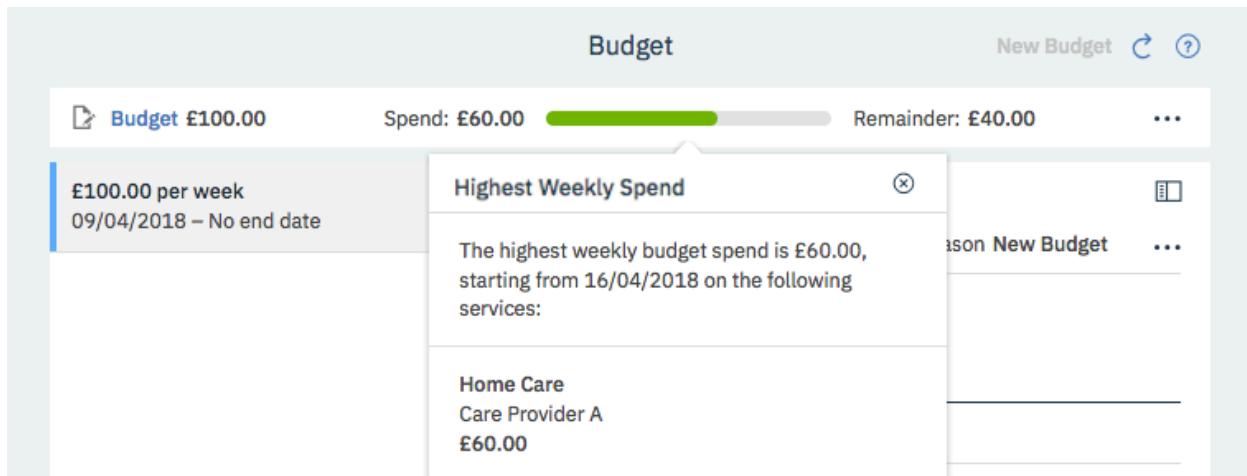
Cost of the first week is £25.71



Note:

During the first and last weeks of a service, adjust your service start or end dates based on whether the provider will deliver a full or partial service that week. If the provider will deliver a full service in the first week, set the start date of the budget to the Monday of the week to ensure that the full weekly cost of the service is calculated in the budget and that the cost is not prorated. For example, where a service is being delivered as a single weekly class and the provider has confirmed that the class is delivered on a Wednesday, start the service on the Monday of the week to include the full weekly cost in the budget and to ensure that the provider is paid in full for that week.

The budget visual shows that Liam's highest weekly spend is £60 starting 16th April 2018 as this week includes the full weekly cost of the Home Care service.



- Susan selects Mobility Services A to provide a mobility aid for Liam at £100:00. Once-off services are not included in budget calculations so this service is not reflected in the visual. However, once-off services are approved as part of the budget.
- Susan chooses the local swimming club, **Swimming Instructors A**, to provide the **Swimming** service starting on Monday 30th April 2018. They offer sessions for older members for swimming at £12:50 per class, so Susan adds 3 classes per week.

Weekly cost of Swimming =Number of units *Cost per unit = 3*£12.50= £37.50

Liam's total spend per week = £60 per week on Home Care + £37.50 on Swimming = £97.50

The budget visual shows that Liam's highest weekly spend is £97.50 per week, which means that his services are under budget for each week in the budget. As you can see, the highest weekly spend is now the week starting 30th April 2018, as the spend this week includes the swimming and the Home Care Service.

Plan

Budget £100.00 Spend: £97.50 Remainder: £2.50

Highest Weekly Spend

The highest weekly budget spend is £97.50, starting from 30/04/2018 on the following services:

- Home Care
Care Provider A
£60.00
- Swimming Lessons
Swimming Instructors A
£37.50

Actions for Liam 0 open

Care Team Actions 0 open

Susan submits the budget for approval and it is approved by a team member with the budget approval role. The budget planning bar is hidden. The status history is updated, and the **New Budget** action is enabled again.

The screenshot shows the Merative Integrated Care software interface. At the top, there are navigation tabs: Summary, Plan (which is highlighted with a blue border), Programs, Data, History, and Team. Below the tabs, the main content area is titled "Budget". A button "New Budget" with a refresh icon and a question mark icon is located in the top right corner. On the left, there is a sidebar with the text "£100.00 per week" and "09/04/2018 – No end date". To the right of this, the word "Approved" is displayed. The main content area contains the following sections:

- Budget:** Shows "£100.00 per week" and "Start Date 09/04/2018 Status Approved". It also includes a "Reason New Budget" field and a "..." button.
- Contributions:** A table showing contributions from "Social Fund" (£100.00) and "Client".
- Status History:** A table showing three status updates:

Updated	Status	Comment	...
26/01/2018 by Susan Brown	Approved	Approved, thanks	...
26/01/2018 by Susan Brown	Pending Approval	Ready for approval.	...
26/01/2018 by Susan Brown	Draft		...

Susan opens Liam's plan and authorizes payment for each of his services. To see when the first payments will be made, she checks the Payments page. Once the first payment is made, payments to the providers will continue weekly until the services are closed.

For more information about the tasks in this scenario, see the following links:

- [Creating a weekly budget \(on page 611\)](#)
- [Adding services and providers from search results \(on page 653\)](#)
- [Submitting budgets for approval \(on page 613\)](#)
- [Approving budgets \(on page 614\)](#)
- [Authorizing payment for services \(on page 615\)](#)

Reopen a budget and replan services

Before the swimming classes start, the swimming club contacts Susan to say that they cannot provide 3 swimming classes per week. They no longer have an instructor for Tuesdays.

Susan must update the plan to reflect this change so she reopens the approved budget from the Budget page. The budget planning bar is shown again to help Susan stay within budget.

Contributor	Contribution
Social Fund	£100.00
Client	

Updated	Status	Comment
26/01/2018 by Susan Brown	Reopened	Reopening to adjust swimming lessons.
26/01/2018 by Susan Brown	Approved	Approved, thanks



Note:

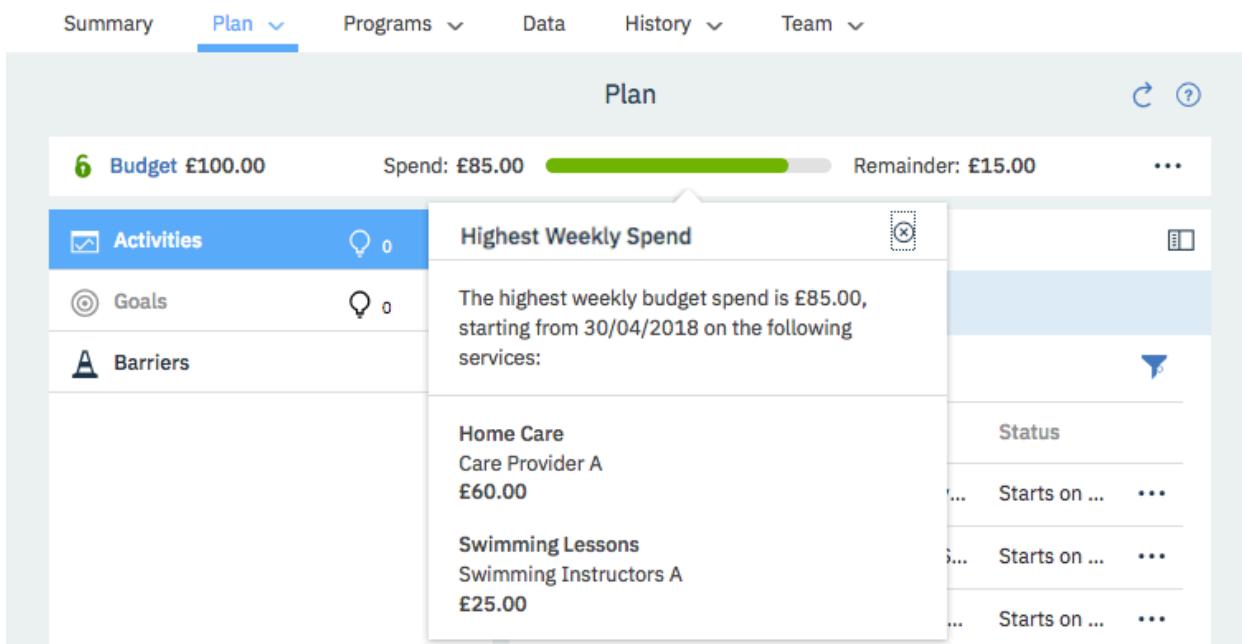
You can make a number of changes on reopened budgets if the cost of the change does not exceed the budget. In addition to adding and closing services, change a start date if a provider can't start on time, or change service costs, units, or frequency. You can also edit services that are not associated with the previous budget.

Susan makes the following changes to the plan:

- As the swimming class service is not associated with a previous budget, Susan can edit the service on the plan to update the units from 3 per week at £12.50 per class to 2 per week, leaving the start date at 30th April 2018.

The weekly cost of the swimming lessons is now = $2 \times 12.50 = £25$

The budget visual shows the highest weekly spend of £85 (consisting of £60 home care and £25 swimming lessons) with £15 remaining for the week of the 30th April 2018.



- From the **Community Resources** page, Susan searches for other swimming classes in the vicinity that match Liam's needs. Susan finds a swimming class run by **Swimming Instructors 2** that is suitable and adds this service and provider to the plan starting the same week as the other swimming classes.

The class costs £15 and Liam can attend 1 class per week.

The weekly cost of the swimming lessons is now = $1 \times 15 = £15$

The budget visual shows the highest weekly spend for Liam is now £100 for the week of the 30th April 2018.

Budget

New Budget [New Budget](#) [?](#)

6 Budget £100.00 Spend: £100.00 Remainder: £0.00 ...

£100.00 per week 09/04/2018 – No end date Reopen

Highest Weekly Spend [X](#)

The highest weekly budget spend is £100.00, starting from 30/04/2018 on the following services:

Home Care
Care Provider A
£60.00

Swimming Lessons
Swimming Instructors A
£25.00

Swimming Lessons
Swimming Instructors B
£15.00

When Susan submits the budget for approval, it is automatically approved as the cost of services does not exceed the previously approved budget. The budget planning bar is hidden.

Budget

£100.00 per week
09/04/2018 – No end date

Approved

Start Date 09/04/2018 **Status** Approved

Reason New Budget ...

Added on 26/01/2018 by Susan Brown

Contributions

Contributor	Contribution
Social Fund	£100.00
Client	

Status History

Updated	Status	Comment
26/01/2018 by Susan Brown	Approved	Added another swimming lesson.

Susan opens Liam's plan and authorizes payment for the new swimming lessons service from **Swimming Instructors 2**.

For more information about the tasks in this scenario, see the following links:

- [Reopening approved budgets \(on page 620\)](#)
- [Modifying services \(on page 554\)](#)
- [Adding services and providers from search results \(on page 653\)](#)
- [Submitting budgets for approval \(on page 613\)](#)
[Authorizing payment for services \(on page 615\)](#)

Replan with a new budget

After a number of months, Liam gets some extra income and reports this change of circumstances to the organization. After a reassessment, it is found that Liam can now contribute £30 per week to his budget, so the social fund contribution can decrease to £80. Liam's reassessment also shows that his needs have changed.

So that Liam's contribution to his budget can be processed through PayPal, he signs up to make payments in the Connect Individuals application.

Liam can still benefit from Home care but at a reduced level of 4 hours per week. Another type of exercise, such as Yoga, might be more beneficial for his mobility. Cooking lessons are suggested to help him learn how to manage his diabetes.

Susan creates a draft budget with a start date of the 8th August 2018 with two contributors, **Social Fund** with a contribution of £80, and **Client** with a contribution of £30. The budget planning bar is shown.

The screenshot shows the Merative Integrated Care software interface. At the top, there are navigation tabs: Summary, Plan (which is selected and highlighted in blue), Programs, Data, History, and Team. Below the tabs, a 'Budget' section is displayed. It includes a summary bar with the total budget of £110.00, current spend of £85.00, and remainder of £25.00. A progress bar indicates the spending status. To the right of the summary bar are 'New Budget' and help icons. The main area lists budgets:

- Budget £110.00**: £110.00 per week, Start Date 06/08/2018 – No end date, Status Draft, Reason Change in Circumstances, Added on 26/01/2018 by Susan Brown.
- Budget £100.00**: £100.00 per week, Start Date 09/04/2018 – No end date, Status Approved.

Below the budgets, a 'Contributions' section lists the contributors and their contributions:

Contributor	Contribution
Social Fund	£80.00
Client	£30.00

- Susan looks at the **Home Care** service. She wants to stay with **Care Provider A**, but the service cannot be edited without affecting the previous budget. To make the changes required, she must close the service that provides 6 units a week on a date before the new draft budget start date, for example on the 5th August 2018, and open a new service that provides 4 units a week starting on 6th August 2018.

The Weekly cost for the re-planned Home Care service = $4 \times £10 = £40$ per week

The budget visual shows a highest weekly spend of £80, consisting of £40 on home care, and £25 + £15 on swimming lessons that are still ongoing.

- Susan searches for local Yoga providers to provide 1 session per week. She finds a suitable provider, **Yoga Provider A**, and adds them to the plan to provide 4 sessions on a 4 weekly basis at a cost of £20 per session starting on 6th August 2018.

The Weekly cost for the Yoga sessions= $(4 \times 20)/4 = £20$

The budget visual shows a highest weekly spend for the week of the 6th August 2018 of £100, consisting of £40 on home care, £25 + £15 on swimming lessons, and £20 on Yoga.

Budget

Budget £110.00 Spend: £85.00 Remainder: £25.00

Start Date	Status
06/08/2018 – No end date	Draft
09/04/2018 – No end date	Approved

£110.00 per week
Start Date 06/08/2018 Status Draft
Reason Change in Circumstances

Added on 26/01/2018 by Susan Brown

Contributions

Contributor	Contribution
Social Fund	£ 80.00
Client	£ 30.00

- Liam no longer wants to attend swimming lessons at **Swimming Instructors B** as he is now doing Yoga, so Susan closes the service with a future end date, the 6th August 2018 which is the day before Yoga service starts.

The budget visual now shows a total spend of £85, £40 on home care, £25 on swimming lessons, and £20 on Yoga for the week starting 6th August 2018.

Budget

New Budget

Budget	Spend: £85.00	Remainder: £25.00	...
£110.00 per week 06/08/2018 – No end date	Draft	£110.00 per week	
£100.00 per week 09/04/2018 – No end date	Approved	Start Date 06/08/2018 Status Draft	

Reason Change in Circumstances

Added on 26/01/2018 by Susan Brown

Contributions

Contributor	Contribution
Social Fund	£80.00
Client	£30.00

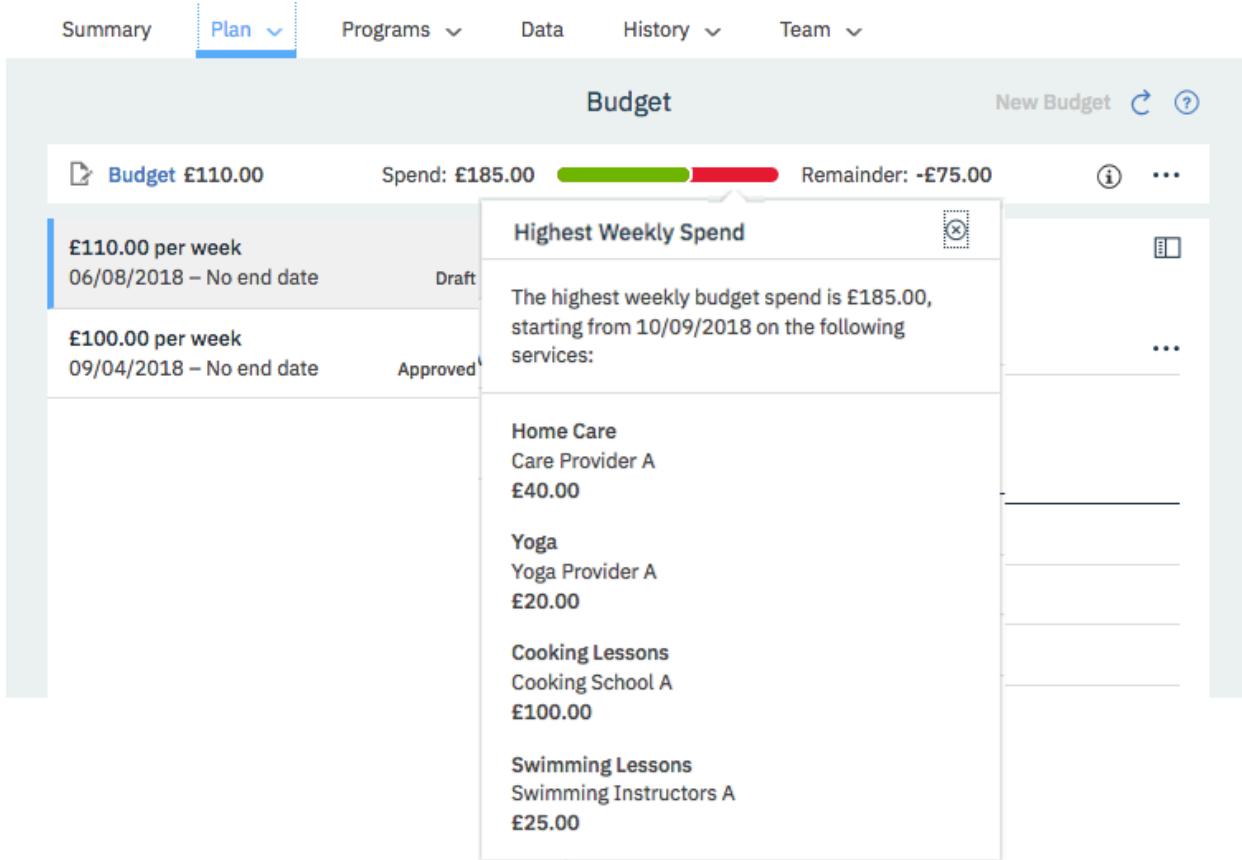
- Susan searches for cooking lessons for Liam and adds the **Cooking Lessons** service from the **Cooking School A** provider to the plan. She adds 2 classes a week, starting 6th September 2018, at a cost of £50 per class.

Weekly cost of **Cooking Lessons** = $2 * £50 = £100$ per week

The cost for the first week of **Cooking Lessons** is prorated as the lessons start on a Thursday.

The cost of the first week of **Cooking Lessons** = $(100/7) * 4 = £57.14$

The budget visual shows a total spend of £185 for the week starting 10th September 2018, consisting of £40 on home care, £25 on swimming lessons, £20 on Yoga, and £100 per week on cooking lessons.



- As this cost pushes the plan over budget, Susan removes the **Cooking School A** provider from the plan and searches for another provider. She finds the **Cooking School B** provider with a cost per class of £40 and adds them to the plan starting 6th September 2018 for 1 class every 2 weeks.

Weekly cost of **Cooking Lessons** = $1 * £40 / 2 = £20$ per week

The cost for the first week of **Cooking Lessons** is prorated as the lessons start on a Thursday.

The cost of the first week of **Cooking Lessons** = $(20/7) * 4 = £11.42$

Now, the budget visual shows a total spend of £105 for the week starting 10th September 2018, consisting of £25 on swimming lessons, £40 on home care, £20 on Yoga, and £20 per week on cooking lessons.

Budget £110.00 Spend: £105.00 Remainder: £5.00

£110.00 per week 06/08/2018 – No end date	Highest Weekly Spend The highest weekly budget spend is £105.00, starting from 06/08/2018 on the following services: Swimming Lessons Swimming Instructors A £25.00 Home Care Care Provider A £40.00 Yoga Yoga Provider A £20.00 Cooking Lessons Cooking School B £20.00
£100.00 per week 09/04/2018 – No end date	

Susan sets the closure date of the existing budget to 5th August 2018, the closure date must be on a Sunday and there must be no gaps between budgets as services are being delivered continuously across the two budgets, for example the Swimming Lessons provided by Swimming Instructor A started in the original budget that started on the 9th April and continues to be delivered in the new budget starting on the 6th August 2018. She submits the new budget for approval. It is approved by a team member with the budget approval role. When the budget is approved, the budget visual is hidden.

Budget

£110.00 per week
06/08/2018 – No end date Approved

£100.00 per week
09/04/2018 – 05/08/2018 Closed
Reason Change in Circumstances ...

Added on 26/01/2018 by Susan Brown

Contributions

Contributor	Contribution
Social Fund	£ 80.00
Client	£30.00

Status History

Updated	Status	Comment	...
26/01/2018 by Susan Brown	Approved	Approved, thanks	...
26/01/2018 by Susan Brown	Pending Approval	Revised budget for approval.	...
26/01/2018 by Susan Brown	Draft		...

Susan opens Liam's plan and authorizes payment for each of the new services on the plan.

Liam's first client contribution is processed (in arrears) on 13th August. The full client contribution is processed as Liam's service payments for the period are greater than his client contribution amount.

Once Liam's weekly contribution is received, his weekly service payments are processed. His contributions and the service payments continue weekly. Susan can view them on the **Payments** page.

For more information about the tasks in this scenario, see the following links:

- [Collaborating with your care team \(on page 730\)](#)
- [Creating a weekly budget \(on page 611\)](#)
- [Closing services on plans \(on page 557\)](#)
- [Adding services and providers from search results \(on page 653\)](#)
- [Removing providers from services \(on page 657\)](#)

- Adding providers for services ([on page 656](#))
- Submitting budgets for approval ([on page 613](#))
- Authorizing payment for services ([on page 615](#))

The Budget page

Use the **Budget** page to manage a client's budget. Budgets that were added for the client are listed along with their status, and you can select a budget to see more details about the budget.

The screenshot shows the 'Budget' page in the Merative Integrated Care software. At the top, there are navigation tabs: Summary, Plan (which is selected), Programs, Data, History, and Team. Below the tabs, the word 'Budget' is displayed. On the right side, there is a 'New Budget' button and a help icon. The main content area is divided into several sections:

- Budget Overview:** Shows a summary budget of £125.00, current spend of £110.00, and a remainder of £15.00.
- Budget List:** A table showing three budgets:
 - £125.00 per week (Draft):** Start Date 31/12/2018, No end date.
 - £110.00 per week (Approved):** Start Date 25/06/2018, Status Approved, Reason Change in Circumstances. This row is highlighted with a blue border.
 - £100.00 per week (Closed):** Start Date 22/01/2018, End Date 24/06/2018.
- £110.00 per week Details:** Shows the budget details for the approved budget, including start date, status, and reason.
- Contributions:** A table showing contributions from the Social Fund (£90.00) and Client (£20.00).
- Status History:** A table showing the status history entry: '10/01/2018 by Susan Brown' with status 'Approved' and comment 'Approved, thanks.'
- Change History:** A table showing the change history entry: '10/01/2018 by Susan Brown' with status 'Approved' and comment 'Approved, thanks.'

Only services with costs are associated with budgets. The service cost is derived from the number of service units, the frequency, and the cost per unit. If any of these values are omitted, the service cost cannot be calculated. Any open services are automatically associated with a new draft budget.

1. You can have only one draft budget at a time. When a draft budget exists, the **New Budget** action is unavailable.
2. When the budget is in a planning or replanning status, that is in draft, pending approval or reopened, the budget planning bar is shown. For more information, see [The budget planning bar \(on page 586\)](#)
3. Select a budget to see the budget details.

4. The actions menu shows the budget actions. Actions are available or unavailable depending on the status of the selected budget and the role of the user. For example, when manual approvals are configured, only care team members with the budget approvals role can see the **Approve** or **Reject** actions. For more information, see [The budget lifecycle \(on page 584\)](#).
5. All of the available budget contributors are listed, and the contributions for each of the contributors to this budget are shown.
6. The status history shows you all changes to the budget status and any associated comments.
7. The change history shows you all changes to the budget amount and any associated comments.



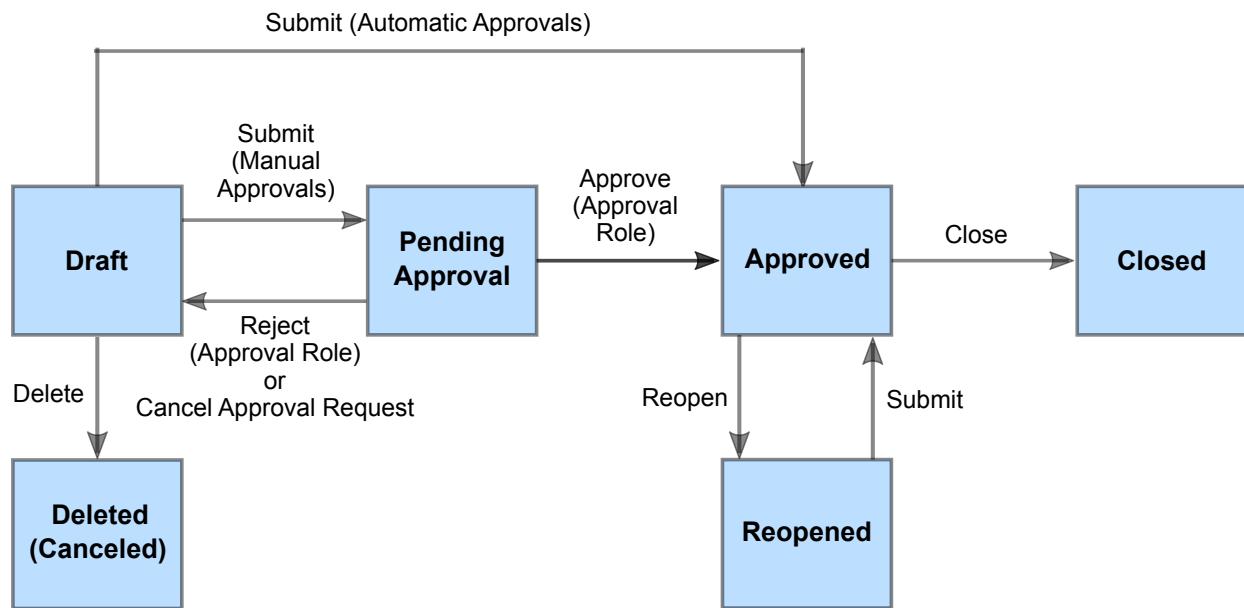
Note:

To identify a user who created or updated a budget, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

The budget lifecycle

Create a draft budget, add services with costs to the plan, and submit the budget and services for approval. Reopen an approved budget to switch services or providers within the approved budget amount. To replan with a changed budget or service costs, create a new draft budget and add, close, or edit services on the plan. Close the previous budget, and submit the new budget.

Figure 6. The budget lifecycle



Budgets can be configured to be approved automatically or manually, according to your organization's requirements. For manual approvals, submit your budget so that a user with a budget approval role can approve it. If you have the budget approval role, you can approve or reject submitted budgets. For automatic approvals, budgets are approved on submission.

To prevent changes to previously approved budgets, budgets introduce some restrictions on adding, editing, closing, or deleting services, and adding or removing providers. These restrictions apply only to services with costs and not to free services.

Draft

You can have one draft budget at a time. You can add providers' services with costs to the plan and edit the budget. Note: Once off services with costs are not included in the budget. When you create a draft budget, any ongoing providers' services with costs are automatically included in the draft budget.

Pending Approval

Pending approval applies only when you have manual approvals. Approvers must review both the budget amount and the planned services, so you cannot add services with costs, or providers for services with costs, to the plan while the budget is pending approval. You

cannot edit budgets that are pending approval, and you cannot delete services or modify the cost of planned services.

Approved

You can have only one approved budget at a time and you cannot edit approved budgets. You cannot change or edit services with costs, or providers for services with costs, on the plan. You can reopen an approved budget to switch planned services or providers within the approved budget amount. When a budget is approved, payments can be authorized to providers for the planned services.

Reopened

After a budget is approved, you can reopen an approved budget to modify services or providers within the approved budget amount. However, to change the budget amount, you must create a new draft budget. You can edit the cost of services, except where those services were associated with previous budgets to prevent changes to previously approved budgets. When you submit a reopened budget, it is approved automatically for both automatic and manual approvals.

Closed

Services or providers cannot be added, edited, or deleted on closed budgets. You cannot edit closed budgets, but you can update the closure date. To avoid affecting subsequent approved budgets, you can update the closure date only where the closed budget is the only budget, or when the subsequent budget is still draft or pending approval.

Deleted

A draft budget can be deleted.

The budget planning bar

When a budget is draft, pending approval, or reopened, the budget planning bar is shown to help you keep the planned services within budget. You can see summary information about the budget, and a visual indicator of the spend or overspend for the most expensive week in the planned budget. By focusing on the most expensive weeks in turn, you can balance the budget.

Figure 7. The Budget Planning Bar



It is shown on the **Budget**, **Inquiries**, and **Plan** pages.

The weekly cost of planned services can be calculated only for services that specify frequency, units, and the cost per unit. Also, services must be open, or closed with future closure dates within the budget period. Otherwise, the services are not included in the budget calculations or reflected in the budget visual.

Once off services are not included in the budget calculations.

The budget planning bar shows the following information about the budget.



Draft



Pending approval



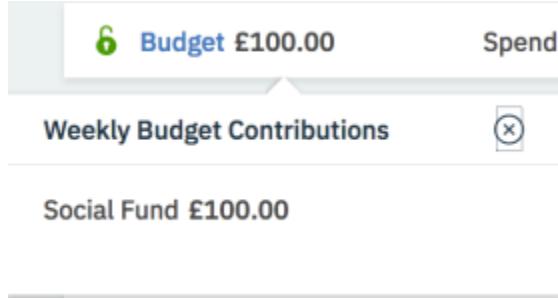
Reopened

Budget

The full budget amount is the sum of all the budget contributions. You can click **Budget** on the bar to go to the **Budget** page.

Weekly Budget Contributions

Hover over the budget amount to see the budget contributors and their contributions.



Spend

The spend for the most expensive week is calculated by using the financial week start day, which is on a Monday. Budgets must start on a Monday and end on a Sunday. If services start or end on different days, the cost is prorated by the daily cost of the service. If a service starts before the budget, only the cost for the portion of the service that overlaps the budget is included in the budget.



Note:

During the first and last weeks of a service, adjust your service start or end dates based on whether the provider will deliver a full or partial service that week. If the



provider will deliver a full service in the first week, set the start date of the budget to the Monday of the week to ensure that the full weekly cost of the service is calculated in the budget and that the cost is not prorated. For example, where a service is being delivered as a single weekly class and the provider has confirmed that the class is delivered on a Wednesday, start the service on the Monday of the week to include the full weekly cost in the budget and to ensure that the provider is paid in full for that week.

Budget calculations use the following values:

- Start and end dates for the budget. Ensure that a budget has a start date. Where the budget start date is not set, the nearest financial week start date is used.
- Start and expected end dates for open services and start and end date for closed services. or closed with future closure dates within the budget period. Ensure that all planned services have a start date where known. Where a start or end date is not set, the full weekly cost of the service is included.
- The weekly cost of planned services can be calculated only for services that specify the service frequency, units, and the cost per unit. If any of these values are not available, the service is not included in the budget calculations or reflected in the budget visual.
- Once off services are not included in the budget calculations.

Visual indicator

A proportional representation of the most expensive week in the budget period by percentage. The spend is indicated in green, the remainder in gray, and any overrun in red. For example, if the budget is 100 and the spend is 200, the indicator is 50% red to represent an overrun of 100%.

Highest Weekly Spend

Hover over the visual to see a summary of the highest weekly spend. You can see the spend, the start date, and each of the services that are associated with that week together with their provider and cost. Once off services are not shown.

Highest Weekly Spend

The highest weekly budget spend is £97.50, starting from 30/04/2018 on the following services:

Home Care Care Provider A £60.00
Swimming Lessons Swimming Instructors A £37.50

Reminder

The amount that is left to spend on services, that is, the budget amount less the spend.

Existing Budget

While you are working with draft, pending approval, or reopened budgets, an information icon is shown when an existing approved budget applies to the current period, including a budget that was closed with a future closing date. Hover over the Information  icon to see details of the existing budget that applies to the current period.

Remainder: £120.00  

Existing Budget

There is an existing approved budget of £100.00.

For draft budgets, you can access some budget actions from the budget bar.

Edit

Edits a draft budget. You can make corrections to the budget and increase or decrease the budget.

Submit

Submits a draft budget.

The Payments page

Use the **Payments** page to view payments to service providers for services that they provide to clients. If your organization requires clients to contribute to the cost of their services, you can view details of the contributions that the client has made.

When the client's budget is approved and the payment for a service is authorized then payments to providers begin based on the service start date or the start date of the earliest approved budget for the service, whichever is later. If the client is required to make contributions to the service costs, the budgeted client contribution payment from the client is also processed when the client's budget is approved and the payment for a service is authorized.

All payments are made weekly in arrears. The payments are made early on Monday morning before the start of business. There must be one or more approved budgets (a budget in a status of Approved, Reopened or Closed) to cover the entire payment period. No client contributions or service payments will be processed for the client if there is a draft or pending approval budget overlapping with any of the contribution cover periods where contribution is due.

If there are gaps in approved budgets for the payment period, then the payment will not be processed, that is if there is a time during the payment period where an approved budget is closed, and the new budget for the period is not yet approved, then payments will not be processed until the new budget is approved. Client contributions are processed before payments to the providers. If a client contribution is not successfully received then the provider payment will not be made. Provider payments will be delayed until the client's contribution is made or canceled.

To identify a user who created or updated a payment, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

Client contribution information

Client Contribution information displays if your organization requires clients to contribute to the weekly cost of their services. It displays the contributions that the client is due to pay and a list of the past contributions received so that you can manage any queries that arise in relation to the payments. This section is expanded by default. However, if your administrator has not configured a client budget contributor, then this section does not display.

Client

Billing Agreement Active Date Created 14/02/2019 05:38

Next Contribution

Total Amount	£140.00 (2 weeks)	Due Date	11/03/2019
Contribution Period	Amount		
04/03/2019 – 10/03/2019	£70.00		
25/02/2019 – 03/03/2019	£70.00		

Contribution History

Showing 3 of 3

Due D...	Amount	Contribution Stat...	Contribution Period
25/02/2019	£120.00	Successful	18/02/2019 – 24/02/2019
18/02/2019	£120.00	Successful	11/02/2019 – 17/02/2019

Clients are not required to make contributions towards payments for once-off services.

The title that displays on the detailed client contribution information is the configured name of the budget contributor that is selected as the client budget contributor by your administrator.

The status of the client's billing agreement displays as follows:

- **Active**- if the client has a billing agreement already set up.
- **Inactive**- if the client has canceled or removed their billing agreement.
- If there is no billing agreement status displayed this means that the client had no billing agreement in place. Work with your client to set up an agreement.



Note:

If your client cancels their billing agreement by removing their PayPal account details from the Connect application, then provider payments that require the contribution will not be attempted.

The content displayed when you open the **Client Contribution** can vary as follows.

- If the client does not have an approved budget contribution to make or if the client has an approved budget contribution but the service payments have not been authorized, then a message displays telling you that you must authorize payments before the client contributions will be processed.
- If the client has an approved budget contribution and the service payments are authorized but the first contribution has not been made, then the **First Contribution Details** display. If the first contribution is backdated over a number of weeks, the contribution for each backdated week displays.
- After the first contribution is made, you can see the **Next Contribution Details**, which shows details of the next contribution due. If the next contribution covers more than one week, the contribution for each week displays.

If the client is not required to make any further contributions, a message displays to let you know that there are no contributions due. The next contribution will display if the client has an approved budget with a client contribution and weekly payments for services have been authorized.

The **Contribution History** shows the history of the client's contributions. By default, it is sorted by due date, with the most recent record displayed first. When Merative™ Integrated Care processes the weekly contribution, a contribution record is created. The contribution record indicates the status of the contribution. The Contribution status can be Pending, Successful, Unsuccessful, or Canceled. Where a client had to make backdated payments, a separate contribution record displays for each backdated week.

So that you can view a record of unsuccessful attempts for a contribution record, a transaction history is displayed, along with the error information returned from PayPal. The transaction history is displayed for any unsuccessful contribution that have been retried or canceled from Merative™ Integrated Care

Pending

For each contribution due in the weekly processing of contributions, a contribution record is created with a status of Pending. Expand a contribution in a Pending status to view the **Contribution Status Updated** date.

Usually, a contribution will not stay in the Pending status for very long, but sometimes it might if, for example, there are technical issues connecting to PayPal or if PayPal delays the payments. The status is checked for updates daily until the status changes from Pending to Successful or Unsuccessful.

In case the status has changed since it was last checked with PayPal, for payments in a Pending status you can use the **Check Status** row action to request the latest status from PayPal.

Successful

The contribution amount was transferred successfully into the organization's account.

Expand a contribution in a Successful status to view the **Contribution Transaction ID**, the **Contribution Received Date**, and the **Contribution Status Updated** date.

Unsuccessful

The contribution was not successful due to a PayPal issue. For example, the client might not have had funds available, have canceled the billing agreement, or there might be an issue with the receiving account. Expand a contribution in an unsuccessful status to view the **PayPal Error**, the **Error Description**, and the **PayPal Debug ID**. The date and time that the status updated is also displayed.

To troubleshoot an unsuccessful contribution, you can contact PayPal support and they can use the **PayPal Debug ID** information to identify the problem.

When the problem is resolved, you can make the contribution manually. For more information see [Retrying unsuccessful client contributions \(on page 616\)](#).

If configured by your administrator, a task generates when a client contribution fails so that the care team is notified to take appropriate action to resolve any issues.

Canceled

A member of the care team canceled the contribution, for example, if the client cannot or would not make contribution using PayPal. The reason why the contribution was canceled is displayed, for example, the client could not afford to make the payment or the client no longer wants to receive the service. Any comments added by the care team member that canceled the contribution are also displayed.

Ongoing service payments and completed service payments to providers

Expanding **Ongoing Service Payments** displays a list of open services and services with a future closing date for which payments are authorized and ongoing. Expand the list and select a service to see more details. Expanding **Completed Service Payments** displays a list of closed services for which payments were authorized and for which there are no further payments due. Expand the list and select a service to see more details.

When you select a service, you see its details. For recurring services, you see the following:

- Before the first payment is made for the service, you can see the **First Payment Details**.
- After the first payment is made, you can see the **Next Payment Details**, which shows details of the next payment due.
- If the next payment due is the final payment for the service or if the final payment for the service is made, the **Final Payment Details** displays.

For once-off payments, you can see the **Payment Details**, which shows the details of the one payment that is due for the service.

The weekly payment due = cost per unit * number of units/ frequency. For more information and examples on how the due date and the amount due is calculated for first payments, ongoing weekly payments and final payments, see [Payment periods and payments calculations for service provider payments \(on page 607\)](#)

The payment history shows the history of payments for the service. You can filter the list so that you can see the transactions that you are interested in. When Merative™ Integrated Care processes the weekly payments, a payment record is created for each service that has payments due. The payment record indicates the status of the payment. The Payment status can be Pending, Successful, or Unsuccessful, Not Attempted, or Scheduled. So that you can view a record of unsuccessful attempts for a payment record, the **Payment Status History** displays, along with the error information returned from PayPal. The **Payment Status History** is displayed for any unsuccessful payments that have been retried from Merative™ Integrated Care.

Pending

For each service with a payment due in the weekly payment run, a payment record is created with a payment status of pending.

Expand a payment in a pending status to view the **PayPal Status** and the **Debug ID**. If the transaction remains in a Pending status, you can contact PayPal support and they can use the **Debug ID** information to troubleshoot the problem.

In case the status has changed since it was last checked with PayPal, for payments in a Pending status you can use the **Check Status** row action to request the latest status from PayPal.

Successful

When Merative™ Integrated Care receives confirmation from PayPal that the payment is in the Provider's account, the payment status updates to successful. Expand a payment in a successful status to view the **Provider Transaction ID** and the **Actual Payment Date**.

Unsuccessful

If the payment fails, the payment status updates to unsuccessful.

You can expand a payment in an unsuccessful status to view the **PayPal Error**, the **Error Description**, and the **PayPal Debug ID**.

To troubleshoot an unsuccessful payment, you can contact PayPal support and they can use the **PayPal Debug ID** information to identify the problem.

When the problem is resolved, you can make the payment manually. For more information see [Retrying unsuccessful payments \(on page 618\)](#)

Not Attempted

If the client is required to contribute to the cost of their service and if the associated client contribution record has a status of **Pending** or **Unsuccessful** when the weekly payments process runs, the payment is not attempted and the payment record displays as **Not Attempted**. Expand to see the reason why the payment was not attempted.

Scheduled

If the client is required to contribute to the cost of their service and if the associated client contribution record updates from **Pending** or **Unsuccessful** to **Successful** or **Canceled**, then the payment record goes into a **Scheduled** status, and will be processed during the next payment process.



Note:

If a payment is unsuccessful and you see an error message, PayPal may have declined the payment or there might be an issue with your organization's PayPal account, or an issue with the provider's PayPal account.

The provider can check their Connect and PayPal accounts for any issue that would prevent payments from being received. For example, if consent for Merative™ Integrated Care to make payments was removed.

Your organization might also need to check their PayPal account, for example to see if the backup funding source may have been removed

You can contact PayPal support at: <https://www.paypal.com/uk/selfhelp/home>

Related information

[Payment periods and payments calculations for service provider payments \(on page 607\)](#)

Client contributions

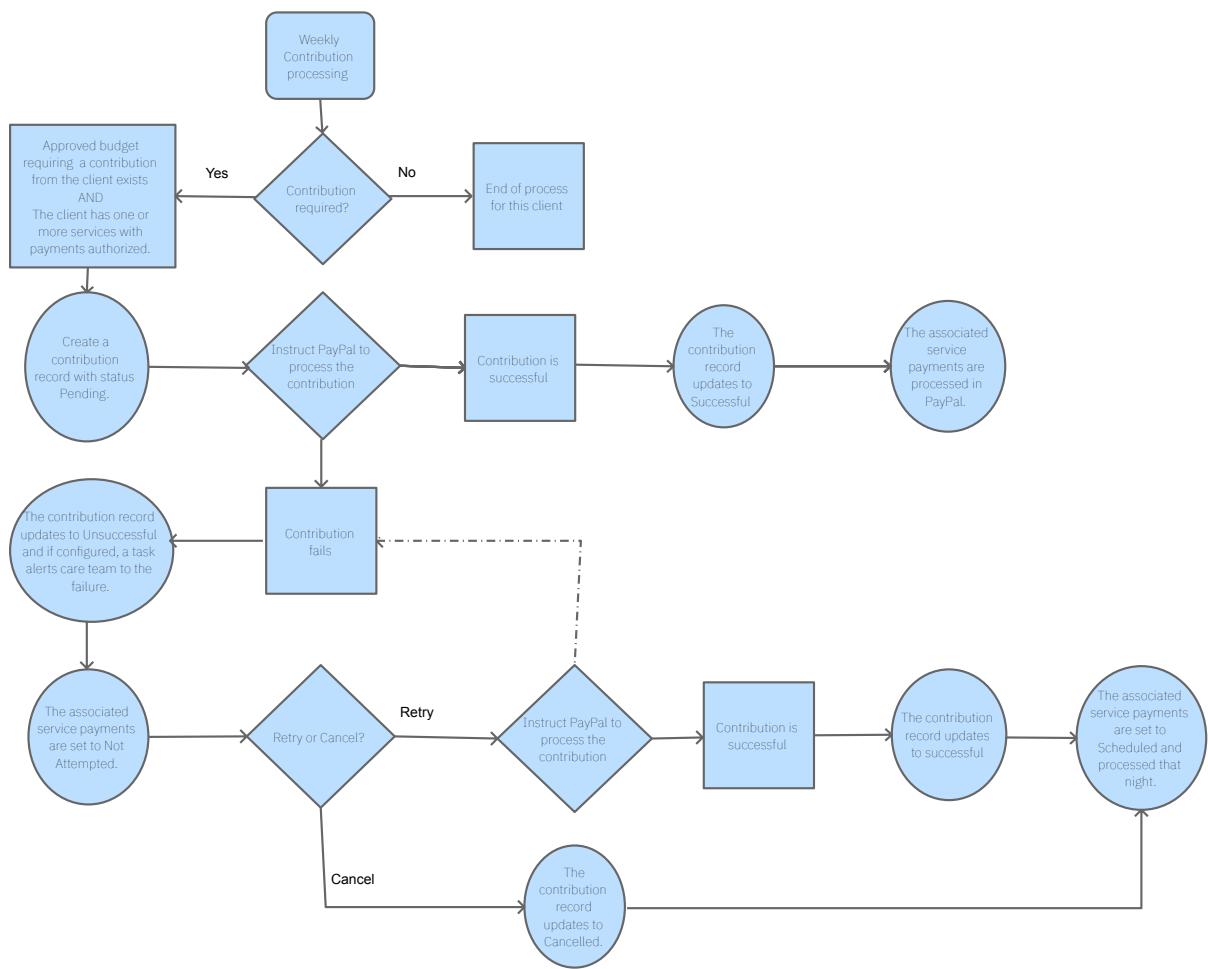
Your organization might require clients to contribute to the cost of their services. Using Merative™ Integrated Care, you can automatically process contributions from clients so that you can keep within budget and pay providers for the services that they deliver. Your organization's processes will determine the contribution amount for each individual client, for example, the amount required might be based on an assessment of the client's means. Then, when a budget is created for services that are being planned for the client, the client is added to it as a contributor and the required contribution amount is added.

If the client is not required to contribute, then no contributions are processed.

If there are backdated contributions to be processed in one week, the contribution for each of the backdated weeks is processed separately, starting with the earliest first. If a contribution fails, service payments are withheld until the client contribution is successful.

Retrospective budgets with updated client contribution amount are not permitted if the budget overlaps with a previous client contribution or service payment cover period.

Processing of client contributions



Client contribution calculations

Client contributions are processed weekly on a Monday before business hours begin. A client's first contribution is processed when a budget requiring the client's contribution is approved and payments are authorized for the client's services and there is payment due. Ongoing contributions are processed as long as the client has an approved budget with a client contribution, and have a payment for a service due, or who have backdated service payments due for previous weeks based on the approved budget.

If the client is not required to contribute, then no contributions are processed.

**Note:**

An approved budget is a budget with a status of **Approved**, **Reopened**, or **Closed**, as both **Reopened** and **Closed** budgets are approved. Therefore any client contributions due based on budgets in these statuses are processed.

**Note:**

Once-off services are not included in the budget and the client does not contribute towards them. This means that the dates and costs of once-off services are not taken into account when client contribution due dates and amounts due are calculated.

Example contribution scenario 1: Contributions for services with payments authorized and different start dates

Client contributions are processed weekly in arrears on Mondays. Before a client's contribution is processed the system checks if the client has the following:

- at least one authorized service that has payments due
- an approved budget that requires the client's contribution and covers the service payment period

If both of these conditions are met, then the contribution is processed. The client contributes either their budgeted contribution or the total cost of authorized services on the plan, whichever is lower.

Diane Johnson is a client who is receiving care from the HHS Agency. When planning the services that Diane requires to achieve her care goals, her care manager, Vina Harris, assessed Diane's means and has determined that she can contribute \$120 per week towards the cost of her care services. The HHS Agency will contribute \$10 per week to Diane's care. This means that the total weekly budget for Diane's services is \$130.

Table 26. Diane's budget

Budget	Amount	Budget start date
Diane	\$120	Monday 8th October
HHS Agency	\$10	

Vina plans two services for Diane and submits the budget for approval. The budget is approved on Friday 12th October and Vina authorizes payment for Diane's services on the same day.

Service name	Start Date	Cost per week	Payment authorized
Befriending service	Monday 15th October	\$50	Friday 12th October
Home help service	Monday 8th October	\$80	Friday 12th October

Diane's first contribution

Diane's first contribution is processed on Monday 15th October as she has an approved budget and a service with payment due. If the cost of services for a week is less than the client's full budget contribution then the client is required to contribute the cost of the services. In this scenario, only Diane's home help service has started and has a payment due for this period. Therefore, Diane's first contribution amount is \$80.

Date: Monday 15th October

Payment period: 8th October- 14th October

Service Payment Due: \$80

As the Payment due is less than Diane's full contribution, her first contribution= weekly cost of the home help service= \$80

Diane's second and ongoing weekly contributions

Diane's second contribution is processed on Monday 22nd October. As her befriending service started the previous Monday, there is payment due for both services this week. This means that Diane must contribute the full budget contribution this week. Diane's contributions will continue weekly at this level as long as her services are ongoing and her budget is not closed.

Date: Monday 22th October

Payment period: 15th October- 21st October

Service Payment Due: \$80+\$50= \$130

As the Payment due is more than Diane's full contribution, her second contribution= her full budget contribution= \$120

Example contribution scenario 2: Backdating contributions for services that have started but are not authorized for payment

Clients' payments can be backdated where the budget and service payments are backdated, this means that if the clients budget is approved with a start date in the past and services for the client have payments authorized for weeks previous to this week then the contributions will be processed this week.

Laurie Thompson is a client who is receiving care from the HHS Agency. When planning the services that Laurie requires to achieve her care goals, Vina assesses her means and has determined that she can contribute \$50 per week towards the cost of her care services. The HHS Agency will contribute \$50 per week to Laurie's care. This means that the total weekly budget for Laurie's services is \$100.

Table 27. Laurie's budget

Budget contributors	Amount	Budget start date
Laurie	\$50	Monday 8th October
HHS Agency	\$50	

Vina plans two services for Laurie and submits the budget for approval. The budget is approved on Friday 12th October. However, due to delays, the services are not authorized for payments until October 30th.

Table 28. Laurie's planned services

Service name	Start date	Cost per week	Payment authorized date
Home help service	Monday 8th October	\$50	30th October
Befriending service	Monday 15th October	\$50	30th October

Laurie's first contribution

Laurie's first contribution is processed on Monday 5th November as she has an approved budget and a service with payment authorized with payments due. Payment is owed for the previous week's service plus 3 weeks backdated service delivery. As the cost of services for a week is more than the client's full budget contribution then the client is required to contribute the full budgeted amount. As her contributions were not processed in for the backdated weeks, they can be processed now.

Date: Monday 5th November

Payment period: 8th October- 4th November

Service Payment Due= \$350, which can be broken down as follows:

- for the home help service the previous week plus 3 weeks backdated payments= $\$50+\$50+\$50+\$50=\$200$
- for the befriending service, the previous week plus 2 backdated weeks= $\$50+\$50+\$50=\150

Laurie's contribution= her full weekly contribution plus the 3 week's backdated contribution= $\$50+\$50+\$50+\$50=\$200$



Note:

So that you have a clear view of the amount contributed by the client for each week, the backdated transactions are displayed as individual contribution records on Laurie's **Contribution History** on the **Payments** page after the contributions are processed.

Laurie's second and ongoing weekly contributions

Laurie's second contribution is processed on Monday 12th November. There is payment due for both her services. This means that Laurie must contribute the full budget contribution this week. Laurie's contributions will continue weekly at this level as long as her services are ongoing and her budget is not closed.

Date: Monday 12th November

Payment period: 5th November- 11th November

Service Payment Due: $\$50+\$50=\$100$

Laurie's second and ongoing contribution= her full budget contribution= \$50

Example contribution scenario 2a: Updating the budget before the first contribution is made

Supposing Vina has set up Laurie's initial budget and services as in scenario 2, but before the first contribution is processed, Laurie's required contribution is reduced. The existing budget is closed on the Sunday 28th October and the new budget is approved from Monday 29th October.

Table 29. Laurie's new budget

Budget contributors	Amount	Budget start date

Table 29. Laurie's new budget (continued)

Budget contributors	Amount	Budget start date
Laurie	\$10	Monday 29th October
HHS Agency	\$90	

Vina authorizes payments on October 30th.

Table 30. Laurie's planned services

Service name	Start Date	Cost per week	Payment authorized date
Home help service	Monday 8th October	\$50	30th October
Befriending service	Monday 15th October	\$50	30th October

Laurie's first contribution

Laurie's first contribution is processed on Monday 5th November as she has an approved budget and a service with payment authorized with payments due. Contributions are due for the previous week's service plus 3 weeks backdated service delivery.

The contribution for the 3 backdated weeks is based on the original budget which is now closed. So Laurie contributes \$50 for each of these weeks. The contribution for the previous week is based on the new budget and Laurie contributed \$10.

As the cost of services for a week is more than the client's full budget contribution then the client is required to contribute the full budgeted amount. As her contributions were not processed in for the backdated weeks, they can be processed now.

Date: Monday 5th November

Payment period: 8th October- 4th November

Service Payment Due, the previous week plus 3 weeks backdated payments: \$350

Laurie's contribution= her full weekly contribution for the new budget plus the 3 week's backdated contribution based on the closed budget = \$50+\$50+\$50+\$10= \$110

**Note:**

So that you have a clear view of the amount contributed by the client for each week, the backdated transactions are displayed as individual contribution records on **Laurie's Contribution History** on the **Payments** page after the contributions are processed.

Laurie's second and ongoing weekly contributions

Laurie's second contribution is processed on Monday 12th November. There is payment due for both her services. This means that Laurie must contribute the full budget contribution this week. Laurie's contributions will continue weekly at this level as long as her services are ongoing and her budget is not closed.

Date: Monday 12th November

Payment period: 5th November- 11th November

Service Payment Due: \$50+\$50= \$100

Laurie's second and ongoing contribution= her full budget contribution= \$10

Example contribution scenario 3: Contributions when there are a mix of authorized and unauthorized services on the plan

Client contributions that have been processed are not recalculated when there are retrospective changes to the total cost of authorized services on the plan that overlap with the paid contribution, for example if a service is added to the clients plan with a start date in the past and is authorized for weeks in which a client contribution has already been processed.

Todd Mitchell is another of Vina's clients receiving care from the HHS Agency. When planning the services that Vina requires to achieve her care goals, Vina assessed his means and has determined that he can contribute \$100 per week towards the cost of his care services. The HHS Agency will contribute \$50 per week. This means that the total weekly budget for Todd's services is \$150.

Table 31. Todd's budget

Budget contributors	Amount	Budget start date
Todd	\$100	Monday 8th October
HHS Agency	\$50	

Vina plans two services for Todd and submits the budget for approval. The budget is approved on Friday 12th October and Vina authorizes payment for only one of Todd's services on the same day.

Table 32. Todd's planned services

Service Name	Start Date	Cost per week	Payment authorized
Meals service	Monday 8th October	\$50	Friday 12th October
Transport service	Monday 8th October	\$100	Friday 19th October

Todd's first contribution

Todd's first contribution is processed on Monday 15th October as he has an approved budget and a service with payment due. If the cost of services for a week is less than the client's full budget contribution then the client is required to contribute the cost of the services. In this scenario, although both of Todd's services have started, only his meal service has payments authorized. Therefore, his first contribution amount is \$50.

Date: Monday 15th October

Payment period: 8th October- 14th October

Service Payment Due: \$50

As the Payment due is less than Todd's full contribution, hi first contribution= weekly cost of the home help service= \$50

Todd's second contribution

Todd's second contribution is processed on Monday 22nd October. In addition to the payment due for the meals service, as Vina has now authorized the Transport service, there are now two weeks of payments due for this service. The contribution from Todd was not processed for the first week of the Transport service delivery as the service payment was not authorized, so the HHS agency will have to cover the contribution to this payment and, if the organization's processes require it, Vina can work offline with Todd to reconcile the contributions.



Note:

To avoid a scenario where the client does not have their required level of contribution processed due to having a mix of authorized and unauthorized services



on their care plan, care team members should authorize all services when the budget is approved.

Todd must contribute the full budget contribution this week as the service costs are more than his budgeted contribution.

Date: Monday 22nd October

Payment period: 15th October- 21st October

Service Payment Due: $\$50+\$100+\$100= \250

As the Payment due is more than Todd's full contribution, his second contribution= his full budget contribution= $\$100$

Todd's third and ongoing payments

Todd's third contribution is processed on Monday 29th October. As all his services are authorized and have payments due this week, Todd must contribute the full budget contribution this week. Todd's contributions will continue weekly at this level as long as his services are ongoing and his budget is not closed.

Date: Monday 22nd October

Payment period: 22nd October- 28th October

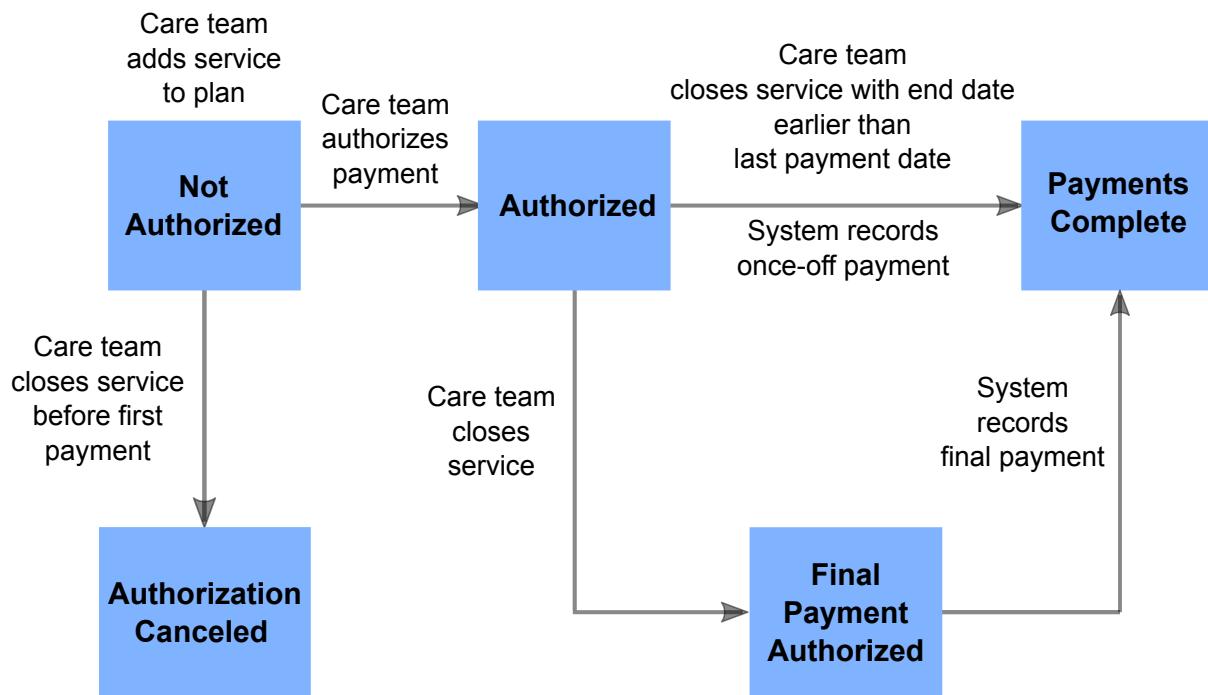
Service Payment Due: $\$50+\$100= \$150$

As the Payment due is more than Todd's full contribution, his third and ongoing weekly contribution= his full budget contribution= $\$100$

The payments authorization lifecycle

The payment authorization status helps you understand whether payments for a service are ongoing, cancelled, due to complete, or completed.

Figure 8. The payments authorization lifecycle



The payment authorization statuses for services are as follows:

Not Authorized

By default, services are added to the plan as not authorized and care teams must authorize payment for each service. There must be an approved budget in place before payment for a service can be authorized.

Authorization Canceled

Care teams can cancel a payment only if they close services before the first payment is made.

Authorized

Care teams authorize payment for services and the system can start paying providers:

Final Payment Authorized

When care teams close a service or when the system records that the next payment for a service is the final payment the status is set to Final Payment Authorized.

Payments Complete

Payment for services are set to Payments Complete when the system records that the final payment for a service based on its end dates has been made, or when the system records a once-off payment for services, or when the care team closes services with an end date that is earlier than the most recent payment date.

Payment periods and payments calculations for service provider payments

Payments are calculated based on the frequency, the cost per unit, and the number of units. When a service has payments authorized, the periods for which payments are due is calculated based on the start and end dates of the service and the start date of the earliest approved budget for the service. Closing a service ends payments to a provider.

Payments for once-off services

The payment due for a once-off service is = cost per unit * number of units. Payment for a once-off service is due the first Monday after the start date of the service. For once-off services that were delivered either before or during the current week, the payment due date is next Monday. For once-off services with a start date in the future, the payment will be due the Monday after the start date.

You can choose to cancel payment for a once-off service if you close it before its payment due date.

Once off services are not included in the budget and the client does not contribute towards them.

Payments for recurring services

First payments

When the budget is approved and the payment for a service is authorized, payments begin based on the service start date or the start date of the earliest approved budget for the service, whichever is later. Payments to providers are made weekly in arrears on a Monday. There must be one or more approved budgets (a budget in a status of Approved, Reopened or Closed) to cover the entire payment period. If there are gaps in approved budgets for the payment period, then the payment will not be processed, that is if there is a time during the payment period where an approved budget is closed, and the new budget for the period is not yet approved, then payments will not be processed until the new budget is approved.

The payment due to a provider for the first week of the service might be prorated. Prorating occurs if a full week's service was not delivered in those weeks or if the service started more than one week ago.

If the provider is due a full weeks payment for the first week of the service, set the start date of the service to the Monday of the week that the service starts.

Example: Prorating of the first payment to a provider

A Home care service is being planned to a client as follows:

- Budget Start Date: 9 July 2018, the budget is approved
- Service Start Date: 10 July 2018
- Cost per unit = £10
- Number of units = 14
- Frequency= Weekly
- Weekly cost of the service = £140

Payment is authorized for the service on the 9 July 2018. As the Service Start Date is after the Budget Start Date, the first day of the first payment period is the Start Date. The first payment due date is 16 July, which is the first Monday after the payments. Payment is due for 6 days of service so the first payment amount is £120.

Weekly payments for recurring services

Once the first payment is made for a recurring service, weekly payments are made every Monday until the service closes.

The next payment due date is the Monday after the most recent payment for the service.

Unless the next payment is the final payment, the payment period is one week.

The weekly payment amount for services with a frequency of weekly, 2-weekly, or 4-weekly is calculated as follows:

Services with a weekly frequency

If the service frequency is weekly, the weekly payment due = cost per unit * number of units.

Services with a 2-weekly frequency

Payments for services with a 2-weekly frequency are split into weekly payments. The weekly payment is half of the 2-weekly payment. That is, payment is split over 2 weeks in arrears.

If the service frequency is 2-weekly, the weekly payment due = cost per unit * number of units/2.

Services with a 4-weekly frequency

Payments for services with a 4-weekly frequency are split into weekly payments. The weekly payment is a quarter of the 4-weekly payment. That is, payment is split over 4 weeks in arrears.

If the service frequency is 4-weekly, the weekly payment due = cost per unit * number of units/4.

For example, for a 4-weekly service with a start date of Monday 5 March that is authorized on the 5 March, payments are made weekly. The payment dates for the service are the 12 March, 19 March, 26 March, and the 2 April.

Example: Ongoing weekly payments to the provider

Once the first payment was made on 16 July, payments for the Home care service continue as follows:

Table 33. Payment schedule for Home care service

Payment Due	Payment Amount
16 July 2018	£120 (first payment)
23 July 2018	£140
30 July 2018	£140
6 August 2018	£140
13 August 2018	£140

Payment is authorized for the service on the 9 July 2018. As the Service Start Date is after the Budget Start Date, the first day of the first payment period is the Start Date. The first payment due date is 16 July, which is the first Monday after the payments

Closing services and ending payments

Payments to a provider are ended by closing the service on the plan. When you close the service, you enter an end date. The end date that you enter is used to calculate the final payment amount due to the provider, and when it is due. You can close a service with an end date in the past, that is before the financial start date of the current week, in the current financial week, or in the future, that is after the current financial week. If the service is closed with a future end date, Merative™ Integrated Care will continue to pay the weekly amount to the provider, up until the final payment is made to that provider.

If you close a service with an end date before the first payment due date, you can choose to cancel any payment to the provider.

The final payment might be pro-rated if it is not for a full week of service. To ensure that the provider is paid for a full week of service, close the service on a Sunday.

The final payment period start date and the final payment due date are determined as follows:

- If service end date is before the previous payment cover period end date, then there is no further payment due. No further payments are made for this service.
- If service end date is on the previous payment period end date. Then there is no further payment due, the provider was fully paid for the previous week. Payments are complete, with the final payment occurring on the most recent payment due date.
- If service delivery end date is in the week that the user is closing it, then the final payment cover period start date is the day after the end date of the previous payment period. The final payment due date is the following Monday.
- If service delivery end date is on or after the next payment due date, then final payment cover period start date is the Monday of the week in which the service closes and the final payment due date is the Monday of the following week.

The final payment period end date is the end date of the service.

The final payment amount due is the weekly cost/7*number of days the service is delivered in the final week.



Note:

Closing payments for 2-weekly and 4-weekly services

When you close a 2-weekly or 4-weekly service, you must set an end date that ensures that the full final payment is made to the provider. For example, for a service with a 4-weekly frequency, that finishes delivery on the 30 April 2018, the payments due dates for the final service that is delivered on the 30 April are the 7 May, 14 May, 21 May, and 28 May. Set the end date of the service to Sunday 27 May 2018 when you close the service to ensure that the provider receives full payment for the final service delivery.

Example: Prorating of the final payment to a provider

A is being delivered to a client as follows:

The client no longer requires the Home care service, so the care team member closes it on 17 August 2018, setting the end date of the service to a Friday this means that the final payment to the provider would be pro-rated as follows:

The final payment is due on 20 August 2018, the Monday following the service end date.

Weekly cost/7*number of days the service is delivered in the last week = £140/7*5 = £100. So the final payment to the provider is £100.

Creating a weekly budget

You must create a weekly budget before you can add providers' services with costs to the care plan.

Budgets are created as draft budgets, and you can have one draft budget at a time.

Services with costs must be associated with a budget. There cannot be a gap between budgets if there are ongoing services with costs on the plan. A new budget must start the day after the previous budget ends so that the cost of ongoing services continues to be covered by a budget. Alternatively, you must close ongoing services if there is a gap in the budgets.

The service cost is derived from the service units, the service frequency, and the cost per unit for the service from the selected provider.

After you create the budget, you can add providers' services with costs to the plan and edit the budget. When you create a draft budget, any ongoing providers' services with costs that were previously added to the plan are automatically included in the draft budget.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Budget**.

5. Create a budget by selecting **New Budget**.

This action is available only when no budget exists or existing budgets are approved or closed, and when one or more contributors are configured for the budget.

- a. Enter an amount for each contributor to the clients budget. You must enter at least one amount. Leave the contribution blank for non-contributors.

- b. Enter the remaining budget information:

- **Start Date:** Enter a start date, which must be on a Monday, the financial week start day. Budgets cannot be approved without a start date.

Where a previous budget is closed, the start date must be after the previous budget closure date. Where a previous budget exists, the start date must be after the previous budget start date.

- **Reason:** Enter a reason for the budget.
- **Comments:** Enter comments as needed.

c. Click **Save**.

Modifying draft budgets

You can edit a draft budget to update the contributor amounts, the start date, or the reason. You can edit draft budgets only.

Services with costs must be associated with a budget. Services that were not approved with the previous budget must start after the new budget start date.

A maximum of 10 budget contributors is supported. Changes to the budget contributors over time might result in the configuration of more than 10 contributors, some active, and some that were removed over time. In this case, you are prompted to create a new budget when you edit a budget so you can choose from the full list of active contributors.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Budget**.
5. Edit a draft budget by selecting **Edit** from the **Actions** menu of the budget.
Only draft budgets can be edited.
 - a. Update the contributor amounts.
 - b. Update the budget details:
 - **Start Date:** Enter a start date, which must be on a Monday, the financial week start day. Budgets cannot be approved without a start date.

Where a previous budget is closed, the start date must be after the previous budget closure date. Where a previous budget is open, the start date must be after the previous budget start date.
 - **Reason:** Enter a reason for the budget.
 - **Comments:** Enter comments as needed.

c. Click **Save**.

Submitting budgets for approval

You can submit draft or reopened budgets for approval. Ensure that the cost of your planned services does not exceed the budget before you submit. If your organization has manual approvals, someone with the budget approval role must approve the budget. For automatic approvals, or for reopened budgets where the costs do not exceed the budget, your budget is approved on submission.

A start date is needed before a draft budget can be approved. Where a previous budget exists, the start date must be after the previous budget start date. For automatic approvals, if an approved budget exists, you must close it before you submit the new draft budget.

All services with costs must be associated with a budget. If a gap exists between the start of the new budget and the end of the previous budget, you must close all services with costs for this period.

If the client is required to contribute to the budget, ensure that the client has an active billing agreement. If there is no billing agreement, the client's contribution cannot be processed and provider payments will not be made.

If the client is required to contribute to the budget, you cannot make retrospective updates to the amount that the client contributes when client contributions have started or if recurring, that is weekly/2weekly/4weekly, service payments are ongoing. Backdated client contributions are only supported for clients that have not contributed already, or where there has been a gap in client contributions or service payments, or if the only service payments made are for once off services.

You can submit budgets with a service that is no longer offered, for example, where a provider accepted the client but has since closed the service to new clients. However, if you are notified on submission that a service is no longer offered, check the service availability before you submit the budget.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Budget**.
5. Submit the budget by selecting **Submit** from the **Actions** menu of the budget and clicking **Submit**.

Canceling approval requests for budgets

If you need to make further changes to a budget, services, or providers while the budget is pending approval, you can cancel the approval request. The budget reverts to draft to allow further updates.

If the budget approval role is your only role on the team, you can approve or reject an approval request, but cannot cancel a request.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Budget**.
5. Cancel the budget approval request by selecting **Cancel Approval Request** from the **Actions** menu of the budget and clicking **Save**.

Approving budgets

If you have the budget approval role, you can approve a budget that is pending approval. The status history is updated. This action is available only if manual approvals are needed and you have the budget approvals role.

If the client is required to contribute to the budget, ensure that the client has an active billing agreement. If there is no billing agreement, the client's contribution cannot be processed and provider payments will not be made.

If the client is required to contribute to the budget, you cannot make retrospective updates to the amount that the client contributes when client contributions have started or if recurring, that is weekly/2weekly/4weekly, service payments are ongoing. Backdated client contributions are only supported for clients that have not contributed already, or where there has been a gap in client contributions or service payments, or if the only service payments made are for once off services.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Budget**.
5. Approve a budget by selecting **Approve** from the **Actions** menu of the budget, entering a comment, and clicking **Approve**.

If your organization requires clients to contribute to the costs of their services, to avoid a scenario in which the client does not have their required level of contribution processed due to having a mix of authorized and unauthorized services on their care plan, care team members should authorize all services on the client's plan when the budget is approved.

Authorizing payment for services

If the Merative™ Integrated Care Service Payment add-on component is licensed, you can authorize payments to a provider for a service. The provider is paid from the later of the service start date or the start date of the earliest approved budget for the service until the service is closed. Payments are made weekly in arrears. After payment is authorized, a service cannot be modified. To end payments, close the service.

If budgets are used, the client must have an approved budget before you can authorize payment for the service. If the client is required to contribute to the cost of their services, they must have set up payments in the Connect application. If they do not have their account set up, their contribution will fail and provider payments will not be processed.

To authorize payments to a provider, your administrator must have created an active PayPal billing agreement. Also, the provider must have signed up, added their PayPal details, and consented to be paid through PayPal in the Connect application. The provider must have a currently active PayPay account.

For services that started before the current week, payments will be backdated to the later of the service start date or the start date of the earliest approved budget for the service.



Note:

If your organization requires clients to contribute to the costs of their services, to avoid a scenario in which the client does not have their required level of contribution processed due to having a mix of authorized and unauthorized services on their care plan, care team members should authorize all services on the client's plan when the budget is approved.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.

4. Click **Plan > Plan**.
5. Authorize payment to a provider by selecting **Authorize Payments** from the **Actions menu** of the service, and clicking **Authorize**.

Related information

[Closing services on plans \(on page 557\)](#)

Retrying unsuccessful client contributions

If a client's contribution fails, for example, if the client cancels their billing agreement by removing their PayPal account details from the Connect application, the contribution status in Merative™ Integrated Care updates to unsuccessful. Once the problem that caused the contribution to fail is resolved, you can make the payment manually. Only unsuccessful contributions can be retried. Payments to providers that require the unsuccessful contribution will not be attempted until the contribution is successful or cancelled.

On the **Payment History** pane of the **Payments** page, expand an unsuccessful payment to view the transaction history including the **PayPal Error**, the **Error Description**, and the **Debug ID**. The **Debug ID** is a comma separated list of the debug IDs received from PayPal. To troubleshoot the payment, you can contact PayPal support and they can use the **Debug ID** information to identify the problem. When the problem is resolved, you can make the payment manually.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. To see the client's contributions, click **Plan > Payments**, expand the **Client Contribution** details.
5. To retry a contribution, click the **Retry** row action for an unsuccessful contribution.

Note: the **Retry Client Contribution** window stays open until the operation completes.

If the contribution is completed successfully, PayPal will update Merative™ Integrated Care with the Contribution Status of successful. If the contribution fails again, you can retry the contribution again once you have resolved the issue. If the contribution remains in a pending status, you can [check the status manually \(on page 617\)](#).

Canceling client contributions

A client's contribution can fail because the client either cannot or will not make the payment via PayPal, for example, the client might pay the contribution for this period offline, the client might not be able to afford a contribution for a specific week, or the client might not wish to receive services anymore. If a client's contribution fails, the contribution status in Merative™ Integrated Care updates to unsuccessful. You have the option to cancel the unsuccessful payment.

Canceling the contribution only cancels this specific contribution and does not remove the requirement for the client to make other planned contributions. Other planned contributions will be attempted as scheduled. To change or remove the requirement for the client to contribute toward the cost of their services, replan the client's budget. When the client's contribution is cancelled, the provider payments for this period are updated to Scheduled and will be processed tonight.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. To see the client's contributions, click **Plan > Payments**, expand the **Client Contribution** details.
5. To cancel a contribution, click the **Cancel** row action for the contribution. Record the reason for the cancellation.

The contribution is cancelled. The provider payments for this period update to Scheduled and will be processed tonight.

Checking the status of pending client contributions

Merative™ Integrated Care automatically checks with PayPal from time to time to see if the status of pending client contributions has updated, that is, to see if pending contributions are now successfully completed or if they were unsuccessful. You can also manually check the status of a contribution. You might want to do this in the scenario where an automated contribution failed in PayPal and you retried the contribution manually. If, after the retry, the contribution remains in a Pending status, you can request the latest status from PayPal.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. To see the client's contributions, click **Plan > Payments**.

5. To check the contribution status, click the **Check Status** row action for a contribution in a pending status.

Note: the **Check Status** window stays open until the operation completes.

The **Payments** page refreshes with the latest contribution status for this contribution transaction that is received from PayPal.

- If PayPal returns a successful status, the contribution record status updates to Successful.
- If PayPal returns a failed status, the contribution record status updates to Unsuccessful. You can [retry the contribution \(on page 616\)](#).
- If PayPal does not return a status, the contribution record remains in the pending status.

Retrying unsuccessful payments

If a payment to a provider fails in PayPal, the payment status in Merative™ Integrated Care updates to unsuccessful. Once the problem that caused the payment to fail is resolved, you can make the payment manually. Only unsuccessful payments can be retried.

On the **Payment History** pane of the **Payments** page, expand an unsuccessful payment to view the **PayPal Error**, the **Error Description**, and the **Debug ID**. The **Debug ID** is a comma separated list of the debug IDs received from PayPal. To troubleshoot the payment, you can contact PayPal support and they can use the **Debug ID** information to identify the problem. When the problem is resolved, you can make the payment manually.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. To see the client's payments for a service, click **Plan > Payments**, and click on the service that you are interested in to see the details of the payments for that service.

5. To retry a payment, click the **Retry** row action for an unsuccessful payment.

Note: the **Retry Payment** window stays open until the operation completes.

If the payment is completed successfully, PayPal will update Merative™ Integrated Care with the Payment Status of successful. If the payment fails again, you can retry the payment again once you have resolved the issue. If the Payment remains in a pending status, you can [check the status manually \(on page 619\)](#).

Checking the status of pending payments

Merative™ Integrated Care automatically checks with PayPal from time to time to see if the status of pending payments has updated, that is, to see if pending payments are now successfully completed or if they were unsuccessful. You can also manually check the status of a payment. You might want to do this in the scenario where an automated payment to a provider failed in PayPal and you retried the payment manually. If, after the retry, the payment remains in a Pending status, you can request the latest status from PayPal.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. To see the client's payments for a service, click **Plan > Payments**, and click on the service that you are interested in to see the details of the payments for that service.
5. To check the payment status, click the **Check Status** row action for a payment in a pending status.
Note: the **Check Status** window stays open until the operation completes.

The **Payments** page refreshes with the latest payment status for this payment transaction received from PayPal.

- If PayPal returns a successful status, the payment record status updates to Successful.
- If PayPal returns a failed status, the payment record status updates to Unsuccessful. You can [retry the payment \(on page 618\)](#).
- If PayPal does not return a status, the payment record remains in the pending status.

Rejecting budgets

If you have the budget approval role, you can reject a budget that is pending approval. The status history is updated and the budget goes back to draft status. This action is available only if manual approvals are needed and you have the budget approvals role.

1. Sign in to your account.
Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Budget**.
5. Reject a budget by selecting **Reject** from the **Actions** menu of the budget, entering a comment, and clicking **Reject**.

Reopening approved budgets

You can reopen approved budgets to change services or providers within the approved budget amount or to edit their costs. You cannot exceed the approved budget amount. While the changes do not exceed the approved budget amount, the budget is automatically approved on submission.

You can change providers for services, and add, edit, or close services that are associated with the budget, except where those services are associated with previous budgets. To change the cost of a service that is associated with a previous budget, close the service with an appropriate date and create the service again with the new cost.

If the client is required to contribute to the budget, you cannot make retrospective updates to the amount that the client contributes when client contributions have started or if recurring, that is weekly/2weekly/4weekly, service payments are ongoing. Backdated client contributions are only supported for clients that have not contributed already, or where there has been a gap in client contributions or service payments, or if the only service payments made are for once off services.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Budget**.
5. Reopen a budget by selecting **Reopen** from the **Actions** menu of an approved budget and clicking **Submit**.
This action is not available where a draft budget exists.

Closing approved budgets

You can close budgets when they are no longer needed. When you are replanning and an approved budget exists, you must close the approved budget before you can submit the new draft budget.

When you close a budget, you must ensure that all planned services with costs remain associated with a budget. Where a draft budget exists, all open services are automatically associated with the draft budget. In the following cases, you must ensure that any open services with costs are closed before you can close the budget:

- Where a draft budget does not exist.
- Where a gap exists between the start of the new draft budget and the closure date of the budget.

If your organization has licensed Merative™ Integrated Care Service Payment and there are ongoing payments to providers for the client's services and optionally, client contributions towards the cost of the services, you should ensure that a new budget is approved so that the payments continue.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Budget**.
5. Close an approved budget by selecting **Close** from the **Actions** menu of the budget and entering the closure details:
 - **End Date** The financial week start date is Monday so the end date must be on a Sunday.
 - **Comments** Enter a comment.
6. Click **Close**.

Updating budget closure details

You can update the end date and comment for the most recently closed budget. For example, when the approval of a new budget is taking longer than expected. Depending on the dates of planned services, changing the end date might affect the cost of the plan.

Depending on the dates of planned services, changing the end date might affect the cost of the plan. To avoid affecting subsequent approved budgets, you can update the end date only where the closed budget is the only budget, or when the subsequent budget is still draft or pending approval.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Budget**.
5. Update the end date of a closed budget by selecting **Update Closure Details** from the **Actions** menu of the budget:
 - **End Date** Update the end date. The financial week start date is Monday so the end date must be on a Sunday.
 - **Comment** Enter a comment.

Amending budget change history comments

You can edit comments in the budget change history to add information or correct errors. The previous comment is replaced.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Budget**.
5. Select a budget.
6. Amend a comment in the change history by selecting **Edit Comment** from the **Actions** menu of the change history record, amending the comment, and clicking **Save**.

Deleting draft budgets

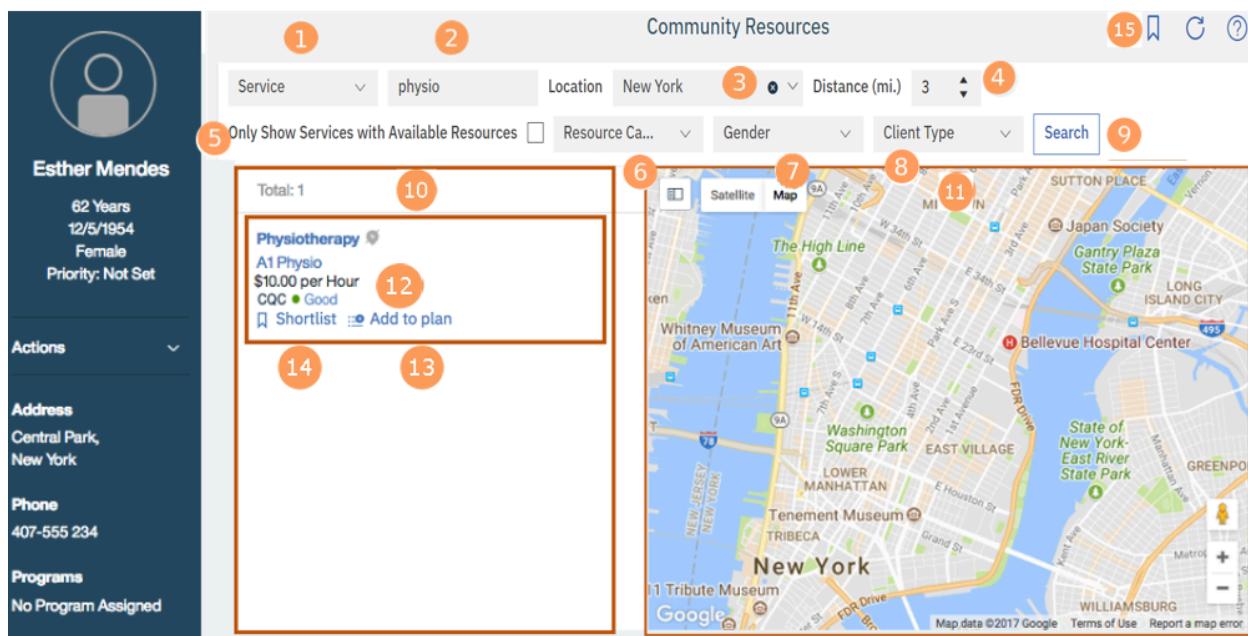
You can delete an unwanted draft budget. If any services with costs are unique to the draft budget, you must close them before you can delete the budget.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Budget**.
5. Delete a draft budget by selecting **Delete** from the **Actions** menu of the budget and clicking **Delete**.
This action is available only for draft budgets.

Service and provider search (Community Resources)

Use the **Community Resources** page to search for active services and their providers in the provider registry. You can find services to add to a client's care plan and find providers for services that are already on their plan. The **Community Resources** page is available only if Providers are enabled in the care team application.

If the Resource Management feature is enabled and you search the resource management fields, the search results only display provider/service offerings that were created by your administrator or Connect P user. Externally registered provider/service offerings do not display.



1. If you are selecting a provider for a service, the service is preselected. Otherwise, you can search for providers for any open services on the plan with no associated provider. Providers that provide all of the selected services, and any entered keywords, are returned.
2. You can search by one or more keywords. You must enter at least 3 characters to search and you can enter up to 7 keywords. Keywords are not case-sensitive. Provider services that match all of the keywords, and any selected services, are returned.

Depending on how search is configured for your organization, you might need to enter a second keyword if you are searching on keywords alone.

Keyword searches look for full or partial word matches in the provider name and description, service name and description, and the provider's service description across the provider registry and service library. For example, the keyword *care* would match the words *care*, *carer*, *caregiver*,

and so on. A score is applied for keywords based on the full or partial matches and the keyword search results for provider's services are ranked based on that score.

**Note:**

If your search returns more than 150 records, an error message that requests you to refine your search criteria is displayed.

3. Filter your service and keyword searches by location and distance. You can select a client address, manually enter another address, or select your current location to see all provider services within the selected distance of the location. Clear the location if location is not relevant for your search. You cannot search by location and distance alone, you must enter a service or keyword.

The location defaults to the client's address in order of priority:

- Physical visit
- Residential
- Mailing
- Work

The current location takes you to your browser location on the map. Your browser location is also the default location if an address is not recorded for the client.

4. Select the distance from the location for your search. By default, the distance is 3 miles, and you can change it within a range of 0 to 50 miles. No distance limitation applies to the actual addresses themselves, you can enter addresses more than 50 miles away. The distance is ignored if you clear the location.
5. Optionally, if configured, select the **Only Show Services with Available Resources** check box to return provider services that have at least one resource group with one or more resources marked as **Available** by the provider.
6. Optionally, if configured, select **Resource Category** to filter your search by one or more **Resource Categories, up to a maximum of five categories. For instance if you select a single value, for example, Beds, provider services are displayed that have at least one resource group associated with Beds.**
7. Optionally, if configured, select **Gender** to filter your search by one or more genders. For example, if you select **Female**, provider services are displayed that have at least one resource group associated with Female.
8. Optionally, if configured, select **Client Type** to filter your search by one or more client types up to a maximum of five client types. For example, if you select **Adult**, provider services are displayed that have at least one resource group associated with Adult.
9. Click **Search** when you enter your search criteria.

10. The search results list the provider's services that match all of your search criteria. Each service is listed once in the search results, but if it is available in multiple locations, the multiple locations are shown on the map. If a service has an address, the location icon is blue. If a service does not have an address, the address icon is gray. The number of available resources are shown or the search result indicates that there are no available resources.
11. The details pane shows more information about selected items. A triangle icon indicates the client's address.
 - The locations of services that are returned in the search results are shown on a map after a search.
 - The service locations for a specific provider are marked on the map when you select a search result. If a provider's service has multiple locations within the selected distance, the multiple locations are marked. If a service has no address, no marker is shown.
 - The service details are shown when you select a service name. The service page shows the provider service's location, rates, available resources, description, contact details for the service contacts, and any other services offered by the provider. In the UK only, the Care Quality Commission (CQC) rating for that service location is shown where available. You can add the service to the shortlist or remove it from the shortlist from the service detail view.
 - The provider profile is shown when you select a provider name. The provider profile shows the provider's description, location, contact details for both the provider and the provider's contacts, and all of the provider's active services.
 - Resource information is displayed for provider services that have a resource category configured. The resource information displayed varies depending on whether the provider has entered resource information in the Connect P application for the service, and whether the provider has available resources.
12. In the UK only, the Care Quality Commission (CQC) rating for that service location is shown where available.
 - Outstanding
 - Good
 - Inadequate
 - Requires Improvement
13. You can add a service and provider to the plan. If the service is already on the plan, the provider is associated with the service.
14. You can shortlist provider services from your search results. The icon indicates whether a service is on the shortlist.

15. Click the shortlist () icon to see the service provider shortlist. For more information, see [The service provider shortlist \(on page 627\)](#).

16. Click the download () icon to download the service provider shortlist.

Searches are ranked as follows:

- Searches that include a keyword are ranked with the best match with the keyword first.
- Searches that include service, location, and distance, but no keywords, are ranked with the nearest first.
- Searches that include only a service are ranked alphabetically by provider name.

Searching for services and providers

You can search all of the active services and providers that are registered in your organization's provider registry from the **Community Resources** page. From your results, you can look at the service information and the provider profile and work with the provider services.

You can search by services and keywords, and refine your search to see all services within a specified distance from a location. Only results that match all of your search criteria are returned. You can search community services for providers with available resources, so that you know which providers have availability before you contact them to secure the service for your client. You can filter the search on resource category, availability, resource gender & client type. Information about resource availability for a service is added to the search results and to the Service page.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Select **Plan > Community Resources**.

The **Community Resources** page opens.

5. Search services and providers by entering one or more keywords.

You must enter at least 3 characters and you can enter up to 7 keywords. Partial matching is supported.

6. Optionally, if configured, select **Resource Category** to filter your search by one or more configured **Resource Categories**, up to a maximum of five categories. For instance if you select a single

value, for example, Beds, provider services are displayed that have at least one resource group associated with Beds.

7. Optionally, if configured, select **Gender** to filter your search by one or more genders. For example, if you select **Female**, provider services are displayed that have at least one resource group associated with Female.
8. Optionally, if configured, select **Client Type** to filter your search by one or more client types up to a maximum of five client types. For example, if you select **Adult**, provider services are displayed that have at least one resource group associated with Adult.
9. **Optional:** Refine your search by location and distance, or clear the location selection. Provider services within the selected distance from the selected location are shown.

By default, the client's address is selected. If the client has no address, your current location is shown if you agree to share your location. You can select another client address, enter an address, or select your current location, and select a distance.

10. Click **Search**. Services that match all of the keywords, and any specified location and distance information, are returned.
11. **Optional:** Sort your results by provider, service, distance, best match, or lowest rate.
12. Select any service in your results to see its location on the map. Click a service name to see its details, or click a provider name to see the provider profile.

The service provider shortlist

The care team and client can shortlist potential providers for services. Shortlisted providers are grouped first by service, then by the person who shortlisted them.

If Connect Providers is enabled

Open the shortlist by clicking the shortlist icon  on the **Plan**, **Community Resources**, or **Inquiries** pages.

Figure 9. An opened shortlist

The screenshot shows a user interface for managing a shortlist of services. At the top right are three icons: a red circle with the number 6, a blue square with a downward arrow, and a green circle with a close symbol. Below these are two numbered circles: a red one with 1 and a green one with 5, followed by three dots.

Shortlist

▶ DietCounselling 1

▼ Home Care 5 ...

2 Selected by Vina Davis
Care Provider B
£25.00 per One Hour

3 =+ Add to plan ⊖ Remove 4

My Selection

Care Provider A
£20.00 per One Hour
=+ Add to plan ⊖ Remove

▶ OutpatientCare ...

▶ PreventiveCare ...

Note:
The **Create Inquiry** action is disabled in the Shortlist for all service offerings that are offered by an externally registered provider as these providers do not have access to the Connect Providers application.

1. The shortlisted services and providers are listed by service.
2. Expand a service to see the shortlisted providers. You can see who shortlisted the service and provider.
3. You can add a shortlisted service and provider to the plan.
4. You can remove services and providers from the shortlist.
5. If inquiries are used, you can create an inquiry for the service.
6. You can download a PDF of the shortlisted service providers.

Shortlisting providers

Care team members and clients can shortlist providers for a service. Shortlisted providers are listed first by service, and then by the client or care team member who shortlisted them. From the shortlist, you can create an inquiry for a service that includes each of the providers in the shortlist for that service.



Note:

When external inquiries is enabled, you can create an inquiry for a service that includes a single service and provider in the shortlist for that service.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **Plan > Community Resources**.
5. Search for services or providers and, from a service in your search results, click **Shortlist**.
The provider of the service is shortlisted.

Removing providers from shortlists

Care team members can remove providers who are shortlisted by the care team, but not providers who are shortlisted by the client.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Choose an option:
 - Select **Plan > Plan**.
 - Select **Plan > Community Resources**.
 - Select **Plan > Inquiries**.
5. Click the **Shortlist** icon to open the shortlist.
6. Select the **Remove** icon for a provider and confirm removal by clicking Remove.
The provider is removed from the shortlist. The **Remove** icon is available only for providers who are shortlisted by care team members.

Planning services with provider inquiries

As a care manager, you can send inquiries to service providers, manage responses and offers, and accept or decline offers by using the Merative™ Integrated Care Community Service Referral and Merative™ Integrated Care Connect Providers add-on components. Providers can view and respond to inquiries and make offers to provide services in the Connect application.

Basic scenario for planning with inquiries

Here's a basic scenario to introduce you to planning with inquiries. The scenario covers choosing services for a client, sending inquiries to service providers, accepting the preferred provider offers, and adding the services to the plan.

The scenario assumes that the following add-on components are licensed and that an administrator has enabled Providers for the care team application.

- Merative™ Integrated Care Community Service Referral
- Merative™ Integrated Care Connect Providers

Related information

[Example provider service scenarios \(on page 561\)](#)

Plan services with inquiries

Susan Brown is Liam Smyth's care manager and is creating his care plan. Liam was assessed and requires home care. Susan must find home care providers and send inquiries to them on Liam's behalf to see whether they can provide the home care that Liam needs.

From the **Community Resources** page, Susan searches for Home Care services.

Susan finds a number of providers for the **Home Care** service. As she browses, she adds potential providers to a shortlist.

The screenshot shows a 'Shortlist' interface. At the top, there's a header 'Shortlist' with a close button (X). Below it is a section titled 'My Selection' which includes 'Care Provider A' with a rate of '£20.00 per Hour'. There are buttons for 'Add to plan' and 'Remove'. The list then continues with other services: 'Mobility Aid', 'Swimming Lessons', and 'Yoga', each with a three-dot ellipsis icon.

When Susan is ready, she opens the shortlist, creates an inquiry, and selects the service providers that she wants to send inquiries to. She adds a response required by date so that providers can know how soon they need to make an offer.

Solomon is the Merative™ Integrated Care Connect Providers user for the community service provider **Care Provider A**. When he opens the Connect, he sees the inquiry. He has a question and requests more information about the inquiry.

The screenshot shows the 'Inquiries' page. The top navigation bar includes 'Inquiries', 'Organisation', 'Services', 'Payments', and 'Solomon'. The main content area shows an inquiry for 'Home Care' with a duration of '6 Hour · Weekly' and a 'Expected start date Apr 13, 2018'. A timestamp '16:58' is in the top right. A message from 'SA' (Solomon Akarele) at 16:58 asks if care is needed on particular days. Below the message are buttons for 'Offer', 'Decline', and 'Request more information'.

Susan sees Solomon's comment requesting more information on the **Inquiries** page, and responds with a comment at the inquiry level. All providers who received the inquiry can see the additional information. If Susan wants to reply directly to the provider only, she can add a comment to the provider's offer. Only the specific provider will see this comment.

A number of providers, including **Care Provider A**, send offers to deliver the service. Susan reviews all provider offers received, looks at the details such as rates and availability, and determines that **Care Provider A** is the most suitable provider to deliver the home care service for Liam.

Susan selects accept and add to plan on the offer from **Care Provider A**. The service and provider is added to the plan and **Care Provider A** is notified that they have been accepted to deliver the **Home Care** service for Liam.

When Solomon signs in to the Connect, he sees that his offer is accepted, and can see Liam's contact details.

The screenshot shows the CareConnect software interface. At the top, there is a navigation bar with tabs: Inquiries, Organisation, Services, Payments, and Solomon. The Inquiries tab is selected. Below the navigation bar, there is a search bar labeled "All (15)" and a dropdown arrow. On the left, there is a sidebar titled "Enquiries" with a list of messages. The messages are as follows:

- Home Care** (17:08) - Ref: 2826 • Accepted by Vina Davis • Respond by Feb 23, 2018
- Transport with Passenger Assistance** (16:07) - Ref: 2824 • Sent by STEPHEN PRICE • Respond by Feb 20, 2018
- Home Care** (16:19) - Ref: 2823 • Sent by Susan Brown • Respond by Feb 23, 2018
- Transport with Passenger Assistance** (14:37) - Ref: 2822 • Accepted by Susan Brown • Respond by Feb 26, 2018
- Bingo** (14:09) - Ref: 1801 • Sent by Susan Brown
- Home Care** (12:59) - Ref: 2821 • Sent by Susan Browne • Respond by Feb 20, 2018
- Transport without Passenger Assistance** (11:50) - Ref: 2817 • Sent by Susan Browne • Respond by Feb 20, 2018
- Transport without Passenger Assistance** (11:43) - Ref: 2816 • Sent by Susan Browne • Respond by Feb 20, 2018

On the right side of the screen, there is a detailed view of the accepted offer for Home Care. It shows the following information:

- Home Care** 6 Hour - Weekly
- Expected start date Apr 13, 2018
- Offer Accepted** Ref: 2826 • Accepted by Vina Davis • Respond by Feb 23, 2018
- CLIENT NAME**: Liam Smyth
- RESIDENTIAL ADDRESS**: 1 Main St.
- PHONE NUMBER**: (not visible)
- SA**: Solomon Akarele 16:58
Do you need the care on any particular days?
- VD**: Vina Davis 16:59
No, as long as there is not too much of a gap between visits.
- Offer sent**
Solomon Akarele 17:03
We can provide this service as requested, I'll look forward to hearing from you.
- Units**: 6
- Rate**: £10.00
- Date you can start**: Apr 13, 2018
- Offer expiry**: Mar 20, 2018
- Offer Accepted**
Vina Davis 17:08

Susan closes the inquiry as it is no longer needed. Any provider who has made an offer that has not already been accepted or rejected is automatically rejected when the inquiry is closed.

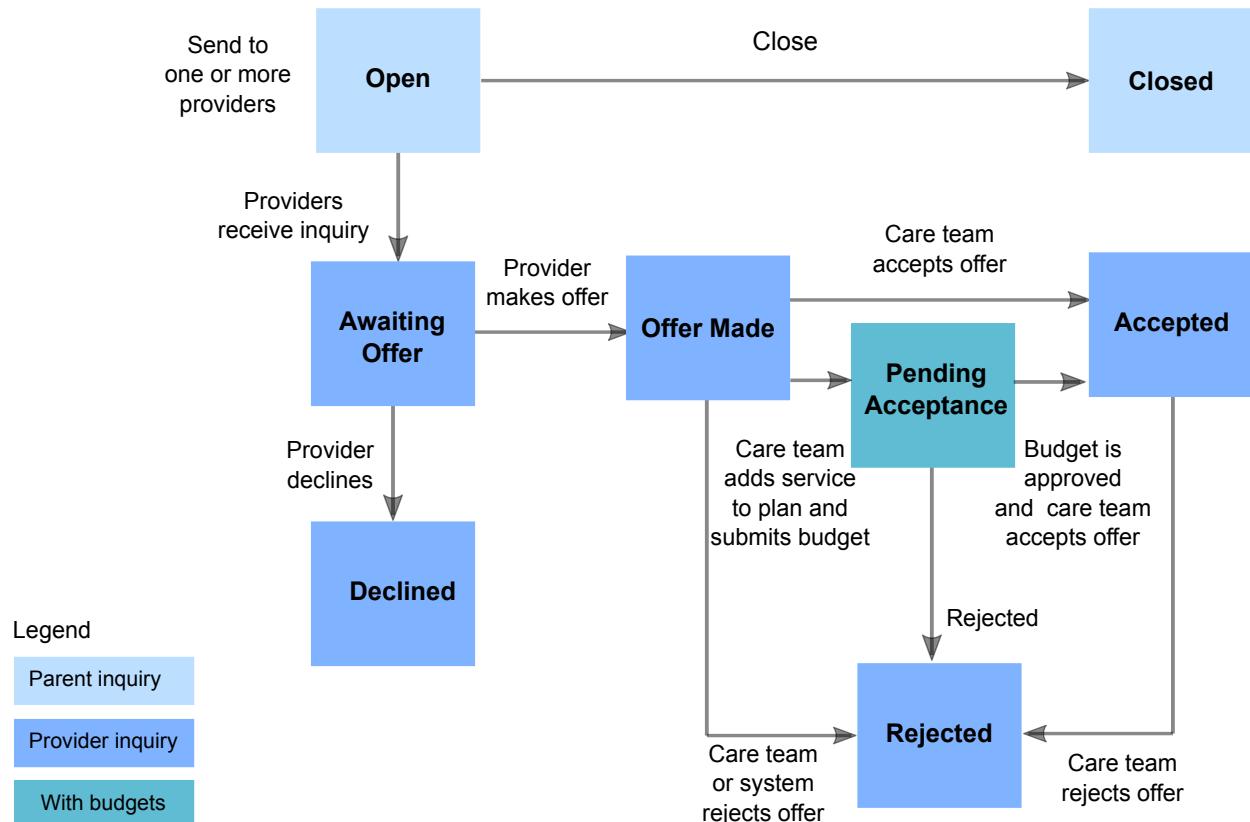
For more information about the tasks in this scenario, see the following links:

- [Searching for services and providers \(on page 626\)](#)
- [Shortlisting providers \(on page 629\)](#)
- [Creating internal service inquiries \(on page 637\)](#)
- [Managing inquiries \(on page 641\)](#)
- [Commenting on service inquiries \(on page 638\)](#)
- [Accepting provider offers and adding services to plans \(on page 640\)](#)
- [Closing service inquiries \(on page 642\)](#)

The inquiries lifecycle

Care team members can create inquiries for services in Merative™ Integrated Care and send them to one or more providers. In the Merative™ Integrated Care Connect Providers application, Providers can view and respond to inquiries and can make offers to provide services.

Figure 10. The inquiries lifecycle



Open

Select a service and create an inquiry to send to service providers. While the inquiry is open and awaiting offers from providers, you can add comments to the inquiry and all providers who received the inquiry can see your comments. You can close an open inquiry, and for reporting purposes, you can choose one of the following closure reasons and enter a closure comment.

Table 34. Closure reasons

Merative™ Integrated Care	Connect
Offer Accepted	Inquiry withdrawn
Offer Withdrawn	Offer Withdrawn
Other	The inquiry has been closed

Providers can see the closure reason, but not your closure comment.

Deleted

You can delete a draft inquiry only. You cannot delete an inquiry after it is sent.

The following list shows the Merative™ Integrated Care status followed by Merative™ Integrated Care Connect Providers status in parentheses.

Closed (Closed)

No further action can be taken on closed inquiries.

Awaiting Offer (New)

Providers receive the inquiry in Merative™ Integrated Care Connect Providers, and can make an offer to provide the service or decline to make an offer. Providers can request more information about an inquiry without making an offer.

Offer Made (Offer sent)

After providers make an offer, you cannot edit the offer

A provider can withdraw an offer and reset the status to awaiting offer so that care team members or providers can add more information in comments.

A care team member can accept the offer. The service and provider are added to the plan. When the care team member accepts an offer, they can manually close the parent inquiry, which automatically rejects all offers with an offer made or pending acceptance status.

A care team member can reject an offer and add an optional comment. The provider is notified of the rejection and can see the rejection comment.

If the client has a budget, the care team adds the service and provider to the plan and submits the budget for approval. When the budget is approved, the care team member accepts the offer.

Pending Acceptance (Offer sent)

A care team member can accept the offer where the budget is approved or reject the offer where the budget is not approved.

Accepted (Accepted)

A care team member can reject an accepted offer. For example, if the provider is no longer able to fulfill the request.

Declined (Declined)

A provider can decline to make an offer for a service. After an inquiry is declined, no more actions can be taken on that inquiry and no more comments can be added by the provider.

Rejected (Offer unsuccessful)

Care team member or providers can no longer add comments or take any action on rejected offers.

The Inquiries page

Use the **Inquiries** page to manage a client's service provider inquiries. The **Inquiries** page is available only if your organization licenses the Merative™ Integrated Care Community Service Referral add-on component.

To identify a user who created or updated a payment, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

Resource Category	Room	Resource	Room group
Number of Resources	1	Location	Seva Care, 33 Pinner View, Harrow
Start Date	6/10/2021	Units	3
Offered Rate	\$9.00		

1. Add potential service providers to a shortlist, from which you can create inquiries to send to multiple service providers. For more information about the shortlist (), see #unique_750 (on page).
2. You can see existing inquiries, categorized by sent or closed inquiries. Select a category to see the inquiries.
3. When you select an inquiry, you can see the inquiry status and details, and a list of the providers that the inquiry was sent to. Expand the inquiry to see more details and a link to download the file containing additional supporting information, if a file is attached to the inquiry. **Resource Category** is displayed only when there is at least one resource category selected for the service. If you select an inquiry where an offer was made, you can see the following information:

Resource Category

The resource category. Displays only when a provider has reserved resource(s) when making an offer.

Resource

Description of the resource. Displays only when a provider has reserved resource(s) when making an offer.

Number of Resources

Displays only when a provider has reserved resource(s) when making an offer.

Location

Displays only when a provider has reserved resource(s) when making an offer.

Units

The number of units and the unit type.

Frequency

The service frequency.

Offered Rate

The offered rate.

Start Date

The start date.

4. From the **Actions** menu of the inquiry, you can access available actions such as adding a comment. You can add, update, or remove the file of supporting information attached to the inquiry. The available actions vary based on the status of the inquiry.

5. From the **Actions** menu of a provider's inquiry, you can access available actions such as accepting or rejecting offers. The available actions vary based on the status of the provider's inquiry. For example, whether the provider has made an offer or not.
6. Expand a provider's inquiry to see more information. You can see any status changes on the inquiry and any comments or questions that the provider has added.
7. If your organization has licensed the Merative™ Integrated Care Service Payment add-on component, the budget planning bar is shown depending on the budget status. For more information, see [The budget planning bar \(on page 586\)](#).

Creating internal service inquiries

From the providers shortlist, you can create an inquiry for a service and send the inquiry to multiple providers of the service. By default, only shortlisted providers with an active Connect P account for the service are included. The inquiry is sent to the email addresses that are held for the providers' Connect users. You can include additional information as an attachment to the inquiry so that providers have enough information to assess the offer and respond to it quickly.

Only one attachment of additional information can be saved per inquiry. Any updates to this file overwrite the file that was previously uploaded.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Choose an option:
 - Select **Plan > Plan**.
 - Select **Plan > Community Resources**.
 - Select **Plan > Inquiries**.
5. Select the shortlist icon  to open the shortlist.
6. Select **Create Inquiry** from a shortlisted service.
7. Enter the inquiry details.
 - **Service:** The read-only name of the service.
 - **Shortlisted Providers:** By default, only shortlisted providers with an active Connect P account for the service are included. Review the providers and clear the check box for any providers that you want to exclude.

- **Response Required By:** You can enter a date by which a response is required. You can enter a time by which a response is required.
- **Units Required:** Enter the number of units that are needed and select the unit. Decimal values are supported.
- **Frequency:** Enter the required frequency for the service.
- **Days:** You can select which days of the week the service is required.
- **Expected Start Date:** Enter the expected start date, which must be on or after the response required by date.
- **Expected End Date:** Enter the expected end date.
- **Supporting Information:** Browse for and select a file containing additional information to upload and attach to the inquiry. The maximum file name size is 250 characters and the maximum file size is 2 MB. If your organization or your providers require that the supporting information file is accessible to screen readers, you should take steps to ensure that the file meets this requirement.
- **Comment:** You can enter a comment for the inquiry. Do not include any of the client's personal health information (PHI) in the comments.

So that you are not delayed authorizing payments for services, an information message will let you know if one or more of the selected providers have not completed their PayPal sign up. You can remind them to complete sign up.

8. Click **Send**.

Commenting on service inquiries

You can add more information to inquiries by commenting on the parent inquiry. All providers who received the inquiry can see the comment, except providers who have declined the inquiry. If you want to reply directly to a provider only, you can add a comment to the provider's offer. Only the specific provider will see this comment.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **Plan > Inquiries**.
5. Expand the sent inquiries and select an inquiry.
6. Select **Comment** from the **Actions** menu of the inquiry, enter your comment, and click **Save**.

Updating supporting information

So that you can ensure that the provider has the most up to date and relevant information when they review your inquiry, you can update the inquiry by adding a new file of additional information. The new file overwrites the existing file of supporting information.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **Plan > Inquiries**.
5. Expand the sent inquiries and select an inquiry.
6. Select **Update Supporting information** from the **Actions** menu of the inquiry, browse for and select a file containing additional information to upload and attach to the inquiry and click **Update**.
The maximum file name size is 250 characters and the maximum file size is 2 MB. If your organization or your providers require that the supporting information file is accessible to screen readers, you should take steps to ensure that the file meets this requirement.

Removing supporting information from an inquiry

You can remove a file of supporting information from an inquiry if the information is no longer required, or if the client is being deleted from Merative™ Integrated Care.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **Plan > Inquiries**.
5. Expand the sent inquiries and select an inquiry.
6. Select **Remove Supporting information** from the **Actions** menu of the inquiry.

The supporting information file is removed from the inquiry.

Accepting provider offers and adding services to plans

You can accept a provider's offer and add the provider's service to the plan. Providers can then see the client's name, phone number, and address in the Merative™ Integrated Care Connect Providers application when they sign in to Connect. In addition, an email that accepts the offer is sent to the Connect user email address that is held for the provider.

The service and provider are added to the plan. Set the expected end date for the service. If the service can help a client to achieve goals, you can associate the service with one or more goals.

If budgets are used, two steps are needed. Add the service to the plan pending budget approval and, when the budget is approved, accept the service. The service must be on the plan before you can accept the provider offer.



Note:

During the last weeks of a budget, adjust your service end dates if you know that the service can be fully delivered in a partial week based on its frequency. In this case, record the service dates to span the full service frequency to ensure that the weekly cost is not prorated unnecessarily.

For example, where a service has a frequency of two classes per week that are delivered on Wednesday and Friday, end the service on Sunday to include the full weekly cost in the budget.

If payments are used, payments to providers are made weekly on a Monday in arrears. Payments for services with a 2-weekly or 4-weekly frequency are split into weekly payments. For 2-weekly and 4-weekly services, set the start date of the service to the Monday of the week that the service starts to ensure that the first weekly payment is not prorated and that the provider is paid the full weekly amount.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **Plan > Inquiries**.
5. Expand the sent inquiries and select an inquiry where an offer was made.
6. Choose one of the following options based on whether the client has a budget, and enter the service details if available.

- a. If the client has a budget, select **Add to Plan** from the **Actions** menu of the service to add the service to the plan pending budget approval.
 - b. If the client doesn't have a budget, select **Accept and Add to Plan** from the **Actions** menu of the service to accept the offer and add the service to the plan.
 - **Provider** - The provider name.
 - **Service** - The service name.
 - **Resource Category** - The resource category. Displays only when a provider has reserved resource(s) when making an offer.
 - **Resource** - Description of the resource. Displays only when a provider has reserved resource(s) when making an offer.
 - **Number of Resources** - Displays only when a provider has reserved resource(s) when making an offer.
 - **Location** - Displays only when a provider has reserved resource(s) when making an offer.
 - **Units** - The number of units and the unit type.
 - **Frequency** - The service frequency.
 - **Offered Rate** - The offered rate.
 - **Start Date** - The start date.
 - **Expected End Date** - You can enter an expected end date for the service.
 - **Associate Goals** - You can select one or more goals to associate the service with.
7. After the client's budget is approved, select **Accept** from the **Actions** menu of the service to accept the offer.

The budget that the service is associated with must be approved before you can accept the budget.

Rejecting provider offers

Reject the providers offer and optionally enter a comment for the provider and care team. You can reject an offer at the offer made or accepted status. To protect client's privacy, ensure that you don't enter personal information about clients in the comments.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.

4. Select **Plan > Inquiries**.
5. Expand the sent inquiries and select an inquiry where an offer was made.
6. Click **Reject** from the **Actions** menu of the offer.

Closing service inquiries

Close an inquiry that is no longer needed. You must select a reason, and can enter a comment if needed.

Before you close an inquiry, you are told if a provider who made an offer for a service is no longer providing the service. You can then decide if you want to keep the inquiry open to find another provider.

When you close an inquiry, if the inquiry was accepted, the reason defaults to Offer Accepted. Offers that are Offer Made, and if you are using budgets, offers that are Pending Acceptance, are updated to a status of Rejected. Otherwise, the offer status is unchanged when the inquiry closes. No actions are available on closed inquiries, and providers cannot respond to a closed inquiry.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **Plan > Inquiries**.
5. Expand the sent inquiries and select an inquiry.
6. Click **Close** from the **Actions** menu of the inquiry.
7. Select a closure reason. If the inquiry was accepted, the reason defaults to **Offer Accepted**.
8. **Optional:** Enter a comment. Your comments are not shown to providers.
9. Click **Close**.

Sharing service providers shortlist with others

You can download a client's service providers shortlist in PDF format to share with the client or others.

You can download a client's shortlisted providers in PDF format to share with your client or others. The PDF contains client contact and demographics information in the header section to accurately identify the client the providers have been shortlisted for. The following information is included:

- Name: The client's preferred name. If no preferred name is entered, then the registered name is displayed.
- Client ID: The client's primary identifier.
- Gender: The client's gender.

- Date of Birth: The client's date of birth and age.
- Phone Number: The client's phone number.

The file includes the following information about providers:

- Service name: Name of the service. The count of the providers that are shortlisted for the service is displayed in brackets after the service name.
- Categories: Displays one or more categories the provider service is assigned to.
- Provider Name: Displays the shortlisted provider name for the service.
- Phone: Display the phone number recorded for the provider during registration.
- Email: Displays the email for the provider if recorded during registration.
- Website: Displays the website for the provider if recorded during registration.
- Addresses: Displays the addresses that are recorded for the provider services.
- Contacts: Displays the name, phone, and email contacts for the provider services, if recorded.

By default, the file includes a footer section, which is displayed on every page. The footer section displays the following information:

- Prepared By: The organization name.
- Downloaded By: The care team member that downloaded the services and providers shortlist and the date and time it was downloaded.
- Disclaimer
- Page number in the format: X of X, for example 1 of 3.

The downloaded file is named *Shortlist_Name_ClientID_Date_Time.pdf*. *Shortlist Name* is the name of the service provider, *ClientID* is the client's primary identifier, and *Date_Time* is the date and time of the download.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **Plan > Community Resources**. The service providers shortlist is displayed. This can only be accessed from the Plan and Inquiries page.
5. Click the name of the service provider whose shortlist you want to download. You see a list of the shortlist's modules, which are containers that can include service providers.
6. Expand a module to open the service provider you want to download.

- Click the name to see the most recent version.
 - Click and hold the counter icon to select prior versions, which are labeled by date of completion.
7. Click **Download**.
8. Browse to where you want to store the PDF and save the document.
9. Distribute the document to the relevant parties.

Planning services with external provider inquiries

As a care manager, you can send inquiries to service providers by using the external registry inquiries flow. This inquiry can be retrieved (via API) by an external system which is interested in viewing, managing and responding to the provider service inquiry for the client. If the external system responds to the inquiry, the response will be updated on the inquiries list page.

The external service provider shortlist

The care team and client can shortlist a potential providers for a service if external inquiries is enabled.

Open the shortlist by clicking the shortlist icon  on the **Plan**, **Community Resources**, or **Inquiries**

Shortlist 6  

 **Adult Home Care** 1

My Selection 5

Care Provider B
Rates Not specified

  Add to plan Remove

 **Home Care**

2 **My Selection** :

Care Provider A
Rates Not specified

  Add to plan Remove

Care Provider B :

Rates Not specified

3   Add to plan Remove 4

pages.

1. The shortlisted services and providers are listed by service.
2. Expand a service to see the shortlisted providers. You can see who shortlisted the service and provider.
3. You can add a shortlisted service and provider to the plan.
4. You can remove services and providers from the shortlist.
5. If inquiries are used, you can create an inquiry for the service.
6. You can download a PDF of the shortlisted service providers.

Plan services with external inquiries

Here's a basic scenario to introduce you to planning with inquiries. The scenario covers choosing services for a client, sending inquiries to service providers, viewing provider response, adding the services to the plan and closing the inquiry.

Susan Brown is a care manager and is creating a care plan. Susan wants to find home care providers and send inquiries to them.

From the **Community Resources** page, Susan searches for Home Care services.

Susan finds a number of providers for the **Home Care** service. As she browses, she adds potential providers to a shortlist.

Shortlist



^ Counselling

My Selection

Care Provider B

Rates Not specified

[≡+ Add to plan](#) [⊖ Remove](#)



^ Home Care

My Selection

Care Provider A

Rates Not specified

[≡+ Add to plan](#) [⊖ Remove](#)



▼ Outpatient Care

▼ Preventive Care

When Susan is ready, she opens the shortlist and creates an inquiry.

Create Inquiry



* required field

Service Adult Home Care

Provider Care Provider B

Expected Start Date * 07 / 20 / 2021 Add To Plan

Comment Remember, do not enter any of the client's personal information here.

Susan can view the details of the inquiry on the Inquiry list page and see if the provider has responded.

She can also view the history of the inquiry in the expanded view.

Susan can add the Provider Service information to the client's plan from the inquiries list page.

Susan closes the inquiry as it is no longer needed.

Inquiry Number	Sent On	Service	Provider	Expected Start Date	Status
2565	6/28/2021 4:46 AM by Susan Brown	Preventive Care	Care Provider B	6/28/2021	Rejected
2564	6/28/2021 4:46 AM by Susan Brown	Outpatient Care	Care Provider A	6/28/2021	Accepted

Latest Comments: Comments updated from API

History:

Status	Updated
Accepted	6/28/2021 4:48 AM by Protected API User

Open:

Received	Expected Start Date	Updated
Source: Chart	Original Source System: Watson Care Manager	6/28/2021 4:46 AM by Susan Brown

For more information about the tasks in this scenario, see the following links:

- [The external service provider shortlist \(on page 644\)](#)
- [Creating external service inquiries \(on page 650\)](#)
- [The external inquiries page \(on page 649\)](#)
- [Adding services to plans \(on page 651\)](#)
- [Accepting provider offers and adding services to plans \(on page 640\)](#)
- [Closing external service inquiries \(on page 652\)](#)

The external Inquiries page

Use the **Inquiries** page to manage a client's service provider external inquiries. The **Inquiries** page is available only if your organization licenses the Merative™ Integrated Care Community Service Referral add-on component.

To enable Provider Inquiries APIs for your organization, a ticket must be submitted to Merative Ops.

The screenshot shows the 'Inquiries' page in the Merative Integrated Care platform. At the top, there are navigation tabs: Summary, Plan (selected), Programs, Data, History, and Team. Below the tabs, a header bar includes a search icon, a refresh icon, and a pencil icon. The main area is titled 'Inquiries' and shows a table with 4 rows of data. The columns are: Inquiry Number, Sent On, Service, Provider, Expected Start Date, and Status. Row 1 (2565) has status 'Rejected'. Row 2 (2564) has status 'Accepted'. Below the table, there's a summary section with 'Updated' and 'Source' details. At the bottom, there's a 'History' section and a navigation bar with a left arrow, a right arrow, and a plus sign.

Inquiry Number	Sent On	Service	Provider	Expected Start Date	Status
2565	6/28/2021 4:46 AM by Susan Brown	Preventive Care	Care Provider B	6/28/2021	Rejected
2564	6/28/2021 4:46 AM by Susan Brown	Outpatient Care	Care Provider A	6/28/2021	Accepted
Updated 6/28/2021 4:48 AM by Protected API User		Received	6/28/2021		
Source	Chart	Original Source System	Watson Care Manager		

Latest Comments: Comments updated from API

History

Status	Updated
Accepted	6/28/2021 4:48 AM by Protected API User
Received	6/28/2021
Source	Chart
Comments	Comments updated from API

Open

Received	Expected Start Date	6/28/2021
Source	Care Manager	Original Source System
Comments	Watson Care Manager	

1. Add potential service providers to a shortlist, from which you can create inquiries to send to a provider. For more information about the shortlist (��), see [The external service provider shortlist \(on page 644\)](#).
2. When you select an inquiry, you can see the inquiry status and details.

3. From the **Actions** menu of the inquiry, you can access available actions such as adding the provider and service information to the client's plan or closing the inquiry.
4. Expand a provider's inquiry to see more information. You can see any status changes on the inquiry and any comments or questions that the provider has added.

Creating external service inquiries

From the providers shortlist, you can create an inquiry for a service and send the inquiry to an external provider of the service. The inquiry is sent to an external provider registry using an API. You can include additional information in the comments on the inquiry so the provider has enough information to assess the offer and respond to it quickly.

You can send an inquiry for a service to a provider of the service. Organizations who have subscribed to receive inquiry notifications are notified of the inquiry and can call back to retrieve the details, if interested.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, click **Clients > My Clients**, or search for other clients.
3. Click a client name.
The client's summary view opens.
4. Choose one of the following options:
 - Select **Plan > Plan**.
 - Select **Plan > Community Resources**.
 - Select **Plan > Inquiries**.
5. Click the shortlist icon  to open the shortlist.
6. From the shortlisted service, select **Create Inquiry**.
7. Enter the inquiry details.

Service

The read-only name of the service.

Provider

Displays the provider from the shortlist.

Expected Start Date

Enter the expected start date, which must be on or after the response required by date. By default, is set to current date.

Comment

You can enter a comment for the inquiry. Do not include any of the client's personal health information (PHI) in the comments.

Source

If configured, you can select a value. By default, the first option is selected.

Original Source System

If configured, you can select a value. By default, the first option is selected.

8. Click **Send**.

Adding services to plans

You can add the provider's service to the plan. The provider sends the response using an API.

The service and provider are added to the plan. If the service can help a client to achieve goals, you can associate the service with one or more goals.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Select **Plan > Inquiries**.

5. Expand the sent inquiries. Select the action menu to add the provider and service information to the client's plan.

6. Select from one or more attributes -

Provider

The provider name.

Service

The service name.

Start Date

You can enter an expected start date for the service.

Expected End Date

You can enter an expected end date for the service.

Units

The number of units and the units type.

Frequency

The service frequency.

Associate Goals

You can select one or more goals to associate the service with.

Closing external service inquiries

Close an inquiry that is no longer needed. You can enter a comment if needed.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **Plan > Inquiries**.
5. Expand the sent inquiries and select an inquiry.
6. Click **Close** from the **Actions** menu of the inquiry.
7. **Optional:** Enter a comment. Your comments are not shown to providers.
8. Click **Close**.

Adding services and providers

If Providers are enabled in the care team application, you can add services and their providers to the plan.

If budgets are used, the most recent budget must be draft or reopened to add services with costs to the plan, or to add providers for services with costs to the plan. The service cost is derived from the number of service units, the frequency, and the cost per unit. If any of these values are omitted, the service cost cannot be calculated.



Note:

During the first and last weeks of a service, adjust your service start or end dates based on whether the provider will deliver a full or partial service that week. If the provider will deliver a full service in the first week, set the start date of the budget to the Monday of the week to ensure that the full weekly cost of the service is calculated in the budget and that the cost is not prorated. For example, where a service is being delivered as a single weekly class and the provider has



confirmed that the class is delivered on a Wednesday, start the service on the Monday of the week to include the full weekly cost in the budget and to ensure that the provider is paid in full for that week.

If payments are used, payments to providers are made weekly on a Monday in arrears. Payments for services with a 2-weekly or 4-weekly frequency are split into weekly payments. For 2-weekly and 4-weekly services, set the start date of the service to the Monday of the week that the service starts, to ensure that the first weekly payment is not prorated and that the provider is paid the full weekly amount.

Adding services and providers from search results

You can search all of the active services and providers that are registered in your organization's provider registry from the **Community Resources** page. From your results, you can look at the service information and the provider profile, and add services and providers to the plan.

If the service is already on the plan, the provider is associated with the service. Set the start and expected end dates for the service and the frequency of the service. Set the cost per unit, the unit type, and the number of units of the service that the client needs. If the service can help a client to achieve goals, you can associate the service with one or more goals.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **Plan > Community Resources**.
The **Community Resources** page opens.
5. Search services and providers by entering one or more keywords and clicking **Search**.
Services that match all of the keywords, and any specified location and distance information, are returned.
6. Click **Add to plan** on a service.
7. **Optional:** Enter the service details now or later:
 - **Start Date** - Enter a start date for the service.
 - **Expected End Date** - Enter an expected end date for the service.
 - **Frequency** - Select a frequency for the service.
 - **Cost per Unit** - Select from the active provider rates. If you want set a different cost per unit, select **Other**.

- **If other, please specify** - Update the cost per unit. This option is available only if you select **Other** for **Cost per Unit**.
 - **Number of Units** - Enter how many units of the service that the client needs.
 - **Associate Goals** - Select one or more goals to associate the service with.
8. Click **Save** to add the service to the plan.

Adding services and providers from shortlists

You can add services and providers to the plan from the shortlist.

Add a service and provider to the plan. If the service is already on the plan, the provider is associated with the service. Set the start and expected end dates for the service and the frequency of the service. You can set the cost per unit, the unit type, and the number of units of the service that the client needs. If the service can help a client to achieve goals, you can associate the service with one or more goals.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Choose an option:
 - a. Select **Plan > Plan**
 - b. Select **Plan > Community Resources**
 - c. Select **Plan > Inquiries**
5. Click the Shortlist () icon.
6. Click **Add to plan** on a service.
7. **Optional:** Enter the service details now or later:
 - **Start Date** - Enter a start date for the service.
 - **Expected End Date** - Enter an expected end date for the service.
 - **Frequency** - Select a frequency for the service.
 - **Cost per Unit** - Select from the active provider rates. If you want set a different cost per unit, select **Other**.
 - **If other, specify** - Update the cost per unit. This option is available only if you select **Other** for **Cost per Unit**.
 - **Number of Units** - Enter how many units of the service that the client needs.
 - **Associate Goals** - Select one or more goals to associate the service with.
8. Click **Save** to add the service to the plan.

Adding services and providers from the **Plan** page

You can choose to add a suggested service, or a service from a suggested service category, or to search the library of existing services. You can choose to select the provider when you add the service, or to add the provider later.

You can set start and expected end dates for the service and the frequency of the service. You can set the unit type, and the number of units of the service that the client needs. If the service can help a client to achieve goals, you can associate the service with one or more goals.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Plan**.

5. Add a service by selecting one of the following options:

- a. Click the **Suggested Activities** icon on the **Activities** bar to see any suggested services or service categories. Click the **View All** icon to see the suggested services in a category. Click the **Add** icon to add a suggested service.

The add service window opens.

- b. Click the **Add** icon on the **Activities** bar.

The activities library search opens. Type a service or service category name to find a service in the library and select a service. The add service window opens.

6. Enter the service details:

- **Start Date:** Enter a start date for the service.
- **Expected End Date:** Enter an expected end date for the service.
- **Frequency:** Select the frequency of the service.
- **Units:** Enter the number of units the client needs and select the unit.
- **Associate Goals:** Select one or more goals to associate with the service.

7. Add a provider now or add the service and add a provider later:

- To add the service now and add a provider later, click **Save**. The service is added to the plan. You can select **Add Provider** to add a provider for the service at any time.
- To add a provider for the service, click **Save and Select Provider**. The community resources page opens and shows all of the providers that are associated with that service.

8. **Optional:** Refine the search by entering one or more keywords and clicking **Search**.

You must enter at least 3 characters in the keyword search and you can enter up to 7 keywords.

Partial matching is supported in keyword searches.

9. **Optional:** Refine your search by location and distance, or clear the location selection.

Services and providers within the selected distance from the selected location are shown. The distance is ignored if you clear the location.

By default, the client's address is selected. If the client has no address, your current location is shown if you agree to share your location. You can select another client address, enter an address, or select your current location, and select a distance.

10. **Optional:** Sort your results by provider, service, distance, best match, or lowest rate.

11. Click **Add to plan** on a service.

12. **Optional:** Confirm or update the service details, including the cost per unit.

- **Start Date** - Enter a start date for the service.
- **Expected End Date** - Enter an expected end date for the service.
- **Frequency** - Select a frequency for the service.
- **Cost per Unit** - Select from the active provider rates. If you want set a different cost per unit, select **Other**.
- **If other, please specify** - Update the cost per unit. This option is available only if you select **Other** for **Cost per Unit**.
- **Number of Units** - Enter how many units of the service that the client needs.
- **Associate Goals** - Select one or more goals to associate the service with.

13. Click **Save** to add the provider for the service.

Adding providers for services

Add a provider for a service that is already on the plan. You can search by service or keyword or both, and refine your search to see all services within a specified distance from a location. From your results, you can look at the service information and the provider profile and add the provider to the service on the plan.

If budgets are licensed, you must have a draft or reopened budget to add a provider for a service with costs to the plan.

All open services on the plan with no associated provider are available to select.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Community Resources**.

5. Select **Add Provider** from the **Actions** menu of the service.

The **Community Resources** page opens and shows all of the provider services that are associated with that service.

6. **Optional:** On the **Community Resources** page, refine the search by entering one or more keywords and clicking **Search**.

You must enter at least 3 characters in the keyword search and you can enter up to 7 keywords.

Partial matching is supported in keyword searches.

7. **Optional:** Refine your search by location and distance, or clear the location selection.

Provider services within the selected distance from the selected location are shown. The distance is ignored if you clear the location.

By default, the client's address is selected. If the client has no address, your current location is shown if you agree to share your location. You can select another client address, enter an address, or select your current location, and select a distance.

8. **Optional:** Sort your results by provider, service, distance, best match, or lowest rate.

9. Click **Add to plan**.

10. **Optional:** Enter the service details now or later:

- **Start Date** - Enter a start date for the service.
- **Expected End Date** - Enter an expected end date for the service.
- **Frequency** - Select a frequency for the service.
- **Cost per Unit** - Select from the active provider rates. If you want set a different cost per unit, select **Other**.
- **If other, please specify** - Update the cost per unit. This option is available only if you select **Other** for **Cost per Unit**.
- **Number of Units** - Enter how many units of the service that the client needs.
- **Associate Goals** - Select one or more goals to associate the service with.

11. Click **Save** to add the provider for the service.

Removing providers from services

You can remove the provider from services on the plan. Because the service cost is associated with the provider, removing providers from services removes the cost per unit from the services. The cost per unit is no longer displayed for the service. You can then add another provider for the service.

If budgets are licensed, you must have a draft or reopened budget to remove a provider from services with costs on the plan.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**.
5. Select **Remove Provider** from the **Actions** menu of the service.
6. Click **Remove**.
The provider is removed from the service.

Modifying services

You can edit the start and expected end dates for the service and the frequency of the service. You can edit the units in which the service is delivered and number of units the client needs.

If budgets are used, you must have a draft or reopened budget to modify services with costs. Values for frequency, units, and cost per unit are needed for the service to be included in budget calculations. To avoid affecting previous budgets, you cannot edit the cost of a service that was included in a previously approved budget. To edit the cost, close the service with an appropriate date and create the service again with the new cost.

If payments are used, you can modify the expected end date of the service only after payment for the service is authorized, so that an accurate payment history for the service is maintained.

If Providers are enabled and a provider is associated with the service, you can update the cost per unit.

If payments are used and payment is authorized for the service, you can edit only the expected end date.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**.
5. Select **Edit** from the **Actions** menu of a service.
The **Edit Services** page is displayed.
6. Modify the following service details, as needed.

- **Start Date:** Update the start date.
- **Expected End Date:** Update the expected end date.
- **Frequency:** Update the frequency of the service.
- **Units:** Update the unit in which the service is delivered or the number of units of the service that the client needs.
- **Cost per Unit:** Update the cost per unit for the service. This option is available only if a provider is associated with the service.

7. Click **Save**.

Associating services with goals

You can associate services with one or more goals on a plan by adding goals to the service. Goals must be open and not previously associated with the service.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**.
5. Expand **Activities > Services** and select **Add Goals** from the **Actions** menu of the service.
The **Add Goals** page opens and displays the available goals.
6. Select the goals that you want to add and click **Save**.
The service is associated with the selected goals.

Removing associated services from goals

You can remove the association of a service with a goal. The service is not removed from the care plan, but is no longer associated with the goal.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**.
5. Select a service.

The service page opens.

6. Expand **Activities > Services** and select **Remove** from the **Actions** menu of the service.
7. Click **Remove** to remove the goal from the service.

Closing services on plans

You can close services when clients finish or no longer need them. You must specify the outcome of the service, and the date that the service is closing.

If budgets are used, closing services with costs can affect the budget. The expected end date is used in budget calculations. Entering a closure date that is later than the expected end date might cause the service to go over budget. In addition, the following restrictions apply:

- A service with a cost cannot be closed or the end date modified while a newer budget is pending approval. Cancel the budget approval request, close the service or update the end date, and submit the budget again.
- When a closed budget is the most recent budget on the plan, the service closure date cannot be later than the budget closure date.

If you use payments, closing a service ends payments to the provider of the service. If you are closing the service with a start date before the first payment due date of the service, you can choose to cancel the payment.

Payments to providers are made weekly on a Monday in arrears. For services with a frequency of 4 weekly, the weekly payment to the provider is a quarter of the 4-weekly payment and for services with a 2-weekly frequency, the weekly payment is half of the 2-weekly payment. So if you are using payments, enter a closing date for the service that ensures that the full final payment is made to the provider.

For example, a service with a 4-weekly frequency, that finishes delivery on the 30th April 2018, the payments due dates for the final service delivered on the 30th April are the 7th May, 14th May, 21st May, and 28th May. You should set the end date of the service to Sunday 27th May 2018 when closing the service to ensure that the provider receives full payment for the final service delivery.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary View** opens.
4. Click **Plan > Plan**.

5. Expand **Activities > Services** and complete the following steps to close a service.

- Select **Close** from the **Actions** menu of an open service.

The **Close Service** window opens, or if payments are used, the **Close Service** wizard opens.

- Enter the closure details:

- **Outcome:** Select an outcome from the list of available options.
- **End Date:** Enter a closing date. By default, the closure date is the current date.

- Click **Save** to close the service, or if payments are enabled, click **Next**.

- If you are closing the service with an end date that is before the first payment due date, you can choose to cancel the payment to the provider.

The payments summary shows the end date, and details of the most recent payment and the final payment.

- Most recent payment:

- Date
- Period
- Amount

- Final payment:

- Due Date
- Period
- Amount

For once-off services, the once-off payment summary shows the end date, the payment date and the payment amount.

Deleting services from plans

You can delete services from plans.

If payments are used, you can only delete a service for which payment is authorized if you first close the service and cancel payment before the first payment is made.

- Sign in to your account.

Your home page opens.

- To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

- Click a client name.

Their **Summary** view opens.

4. Click **Plan > Plan**.
5. Expand **Activities > Services**, select **Delete** from the **Actions** menu of a service, and click **Delete**.
The service is removed from the plan.

Planning for clients' barriers

Barriers are issues that affect clients, and that can hinder or prevent clients from achieving their goals, completing actions, or from using services. For example, you must consider how clients without transportation can access the required locations when you are assessing and managing their care plans. You can add, edit, resolve, and delete barriers, and associate barriers with goals, actions, or services.

Adding barriers

You can associate barriers with a client. You can select an existing barrier, or create an ad hoc barrier that is specific to the client.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**. The plan opens.
5. Add a barrier by clicking the **Add Barrier** icon.
The barrier search opens. Choose one of the following options:
 - Type a barrier name to find a barrier in the library and select a barrier. The add barrier window opens.
 - Select **New Barrier**. The **New Barrier** window opens.
6. From the **Category** list, select the barrier category that best describes the nature of the barrier.
7. Enter a note about the barrier.
A general note is created and associated with the barrier.
8. Click **Save**.
An open barrier is associated with the client.
9. **Optional:** Select **History > Notes** to see notes about barriers.

Filtering the barriers list view

You can review the list of barriers associated with a client. The list can include both open and resolved barriers.

By applying one or more of the predefined page filters, you can further filter the list to display only those barriers that you want to see. For example, you can filter the list to display only open barriers.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Barriers**

The **Barriers** list opens. The page opens with the predefined **Show Open** filter applied by default.

5. Optionally change or further filter the Barriers list based on specific search criteria.

- a. Click the filter icon to open the **Filter** page.

- b. Refine the Barriers list view by selecting one or more of the following check boxes that correspond to your search criteria:

- **Show Open** (All unresolved barriers).
 - **Show Resolved** (All resolved barriers).

- c. Click **Apply** to apply the filter. You can remove the page filters by clicking **Reset** at any time.

Editing barriers

You can edit the barrier category and you can edit the barrier name for ad hoc barriers.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Plan**. The plan opens.

5. Select **Barriers**.

The client's barriers are shown.

6. Select **Edit** from the **Actions** menu of a barrier.

7. Update the barrier name for ad hoc barriers only, or select another category to best describe the nature of the barrier.

8. Click **Save**.

The barrier is updated.

9. **Optional:** Select **History > Notes** to see notes about barriers.

Updating barriers with notes and comments

Add notes or comments to barriers to capture information about barriers.

You can add one or more notes to a barrier, and can then add comments to the note to provide further continuous updates.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Plan > Plan**. The plan opens.

5. Select **Barriers**.

The client's barriers are shown.

6. From the **Actions** menu of a barrier, select **Add Note**, enter a note and click **Save**.

A general note is appended to the barrier.

7. Click **Add Sensitive Note** to add a sensitive note. Only users that have access to the client and are assigned a security role with access to the Sensitive Notes resource can add a sensitive note.

8. Assuming that the note type is configured as editable, select to save the note as a draft version, ready for review version, or final version. When you mark a note as the final version, you can no longer edit it.

9. If configured, you must select one of the configured values that indicate the source of the note.

10. If applicable, you can select one of the configured values to indicate where the note originated.

11. For a barrier with an existing note, from the **Actions** menu, select **Comment**, enter a comment and click **Save**.

The comment is appended to the note.

12. **Optional:** Select **History > Notes** to see notes about barriers.

Editing barrier notes

You can edit a barrier note that is associated with a barrier.

The note can be edited only if the note that is recorded for the barrier has a status of either Draft or Ready for Review.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, click **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**. The plan opens.
5. Select **Barriers**.
The client's barriers are shown.
6. Expand a barrier, then click **Edit** from the **Actions** menu of the barrier.
7. Update the note.
8. Assuming that the note type is configured as editable, select to save the note as a **Draft, Ready for Review**, or **Final** version. When you mark a note as the final version, you can no longer edit it.
9. If configured, in the **Source** field, you must select one of the configured values that indicate the source of the note.
10. If applicable, in the **Original Source System** field, you can select one of the configured values to indicate where the note originated.
11. Click **Save**.
The barrier note is updated.

Associating barriers with goals

A barrier can hinder or prevent a client from achieving a goal. You can associate open barriers with goals on the care plan by adding the goal to the barrier.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**. The plan opens.
5. Select **Barriers**.
The client's barriers are shown.
6. From the **Actions** menu of a barrier, select **Add Goals**.
The **Add Goals** page shows active goals on the client's care plan.

7. Select one or more goals to associate with the barrier, and click **Save**.

The barrier is associated with the selected goals, but not with any actions that are associated with those goals.

Removing associated barriers from goals

You can remove a barrier that is associated with a goal when the barrier is no longer relevant. The barrier is no longer associated with the goal, or any actions that are associated with that goal.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**. The plan opens.
5. Select **Barriers**.
The client's barriers are shown.
6. Select a barrier to view the details.
7. From the **Goals** list, select **Remove** from the **Actions** menu of a goal, and click **Remove**.

Associating barriers with actions

A barrier can hinder or prevent a client or care team member from completing an action. You can associate open barriers with client or care team actions on the care plan by adding the action to the barrier.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**. The plan opens.
5. Select **Barriers**.
The client's barriers are shown.
6. Complete the following steps to associate client actions with the barrier.

- a. From the **Actions** menu of a barrier, select **Add Client Actions**. Client actions on the plan are displayed.
 - b. Select one or more client actions to associate with the barrier, and click **Save**. The barrier is associated with the selected client actions, and with the parent goal of those actions.
7. Complete the following steps to associate care team actions with the barrier.
- a. From the **Actions** menu of a barrier, select **Add Care Team Actions**. Client actions on the plan are displayed.
 - b. Select one or more care team actions to associate with the barrier, and click **Save**. The barrier is associated with the selected care team actions, and with the parent goal of those actions.

Removing associated barriers from actions

You can remove a barrier that is associated with a client or care team action when the barrier is no longer relevant. The barrier is no longer associated with the action, but any association with the parent goal of the action is not removed.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**. The plan opens.
5. Select **Barriers**.
The client's barriers are shown.
6. Select a barrier to view the details.
7. Complete the following steps to remove the association between the barrier and client actions.
 - a. From the **Client Actions** list, select **Remove** from the **Actions** menu of a client action.
 - b. Confirm that you want to remove the client action from the barrier by clicking **Remove**.The association between the barrier and the client action is removed, but not the association with its parent goal.
8. Complete the following steps to remove the association between the barrier and care team actions.

- a. From the **Care Team Actions** list, select **Remove** from the **Actions** menu of a care team action.
- b. Confirm that you want to remove the care team action from the barrier by clicking **Remove**.

The association between the barrier and the care team action is removed, but not the association with its parent goal.

Associating barriers with services

A barrier can hinder or prevent a client from using services. You can associate open barriers with services on the care plan by adding the barrier to the service.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**. The plan opens.
5. Select **Barriers**.
The client's barriers are shown.
6. From the **Actions** menu of a barrier, select **Add Services**.
Open services on the plan are displayed.
7. Select one or more services to associate with the barrier, and click **Save**.
The barrier is associated with the selected services.

Removing associated barriers from services

You can remove a barrier that is associated with a service when the barrier is no longer relevant. The barrier is not removed from the care plan, but it is no longer associated with the service.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**. The plan opens.
5. Select **Barriers**.
The client's barriers are shown.

6. Select a service to view the details.
7. From the **Barriers** list, select **Remove** from the **Actions** menu of a barrier and click **Remove**.

Resolving barriers

You can resolve barriers that are no longer an issue. After you resolve a barrier, you can no longer edit the barrier details.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**. The plan opens.
5. Select **Barriers**.
The client's barriers are shown.
6. Select **Resolve** from the **Actions** menu of a barrier.
The **Resolve Barrier** page opens.
7. Enter a comment to describe how the barrier is resolved, and click **Save**.
If the barrier does not have a note, a note is created with your comment. If the barrier already has a note, your comment is appended to the note.
8. Click **Add Sensitive Note** to add a sensitive note. Only users that have access to the client and are assigned a security role with access to the Sensitive Notes resource can add a sensitive note.
9. Assuming that the note type is configured as editable, select to save the note as a draft version, ready for review version, or final version. When you mark a note as the final version, you can no longer edit it.
10. If configured, you must select one of the configured values that indicate the source of the note.
11. If applicable, you can select one of the configured values to indicate where the note originated.
12. If you entered a comment about the barrier, you can select **History > Notes** to view the most recent note about the barrier.

Deleting barriers

You can delete barriers that are obsolete or incorrect. All existing instances of the barrier are removed and are no longer associated with the client, or with their goals, actions, or services. Deleted barriers are no longer available for use.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Plan > Plan**. The plan opens.
5. Select **Barriers**.
The client's barriers are shown.
6. Select **Delete** from the **Actions** menu of a barrier, and click **Delete** to confirm.
The barrier status is set to Canceled and the barrier cannot be reactivated. If the barrier has a note, the note is canceled and a comment appended to say that the barrier was deleted.

Sharing care plans with others

You can download a client's care plan in PDF format to manually share with your client or others. If your organization is subscribed to notifications about Share Care Plan updates, you can send the PDF to an external party, to your client or to a registered care team member who does not have access to Merative™ Integrated Care. You can specify a specific time period when creating the Share Care Plan, so that you have access to more concise information. You can also determine which sections the Share Care Plan includes. The Share Care Plan report includes the demographic, core care team, programs, goals, care team actions, and client actions information. In addition, the client's current medications, allergies, assessments, and conditions are included. You can use the information to assess the progress of the plan and make informed decisions about the client's care.

You can download or send the default Share Care Plan report template or a different report template, if configured. The options to download or send a Share Care Plan report are displayed only when you select a template name.

A history of all client-related care plan reports sent from Merative™ Integrated Care to an external party is maintained. You can see a complete history of dates and times when a report was sent, the intended recipients, and any notes that were documented relating to the client. This information can help you to determine when an external party was most recently updated about a client and whether it is necessary to send them another report.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Select **Summary** for a snapshot of the most important information about the client.

5. To generate the Share Care Plan report, select **Share Care Plan**.

The **Share Care Plan** page opens.



Note:

The **Share Care Plan** link is displayed in the Summary view only if one or more Share Care Plan templates are configured to be shown by the administrator. If all templates are hidden, the **Share Care Plan** link does not display. For more information, see [Creating Share Care Plan templates \(on page 353\)](#).

6. Select a report template.

The **Sections** list is displayed. The list includes only those sections that your administrator has configured to be shown for the selected template.

7. In the **Sections** list, select or clear sections as needed.

8. **Optional:** Use the **From Date** and **To Date** fields to generate the Share Care Plan report for a specific time period.



Note:

You cannot set a time period greater than 6 months. If no dates are specified, the existing logic configured by the tenant administrator is used. If a date range is specified, the existing logic configured by the tenant administrator still applies, only the specified time period overwrites the time period that was previously configured by your administrator, and the information generated only includes data between the two dates.

9. Choose one of the following options:

- Download the Share Care Plan report.
 - a. Select the **Download** action and then click **Download** button.
 - b. Browse to where you want to store the PDF on your computer, and save the document.
 - c. Distribute the care plan to relevant parties.
- Send the Share Care Plan report to an external party.
 - a. Select the **Send** action.
 - b. **Optional:** From the **Share With** list, select one or more external parties to receive the Share Care Plan report. The Share With options are configured by your administrator. If no values are configured or the list is configured to be hidden, the Share With list

- does not display and the Share Care Plan report is sent to a relevant external party as configured by your organization.
- c. Optional: Enter additional notes for the recipient that relate to the reason you are sending them the Share Care Plan report. You can enter a note of up to 2000 characters.
 - d. Click **Send** to send the details that you entered and the Share Care Plan report in PDF format.



Note:

The **Send** option is only available if your organization is subscribed to notifications about updates to Share Care Plan updates via webhooks.

10. Select **Include Sensitive Notes** checkbox to include any sensitive notes in the PDF. By default, the checkbox is unselected.

The **Include Sensitive Notes** field is only displayed if configured and if you are granted a security role with access to sensitive notes.

Related information

[Using webhooks notifications to retrieve data \(on page 885\)](#)

The Share Care Plan PDF

The application generates a Share Care Plan in a PDF file format that you can download to share with others. If configured, the organization name or a different display name for the organization is published in the report.

Share Care Plan

The downloaded file is named `CarePlanSummary_ClientID_date.pdf` where *ClientID* is the client's preferred identification (if available) or the client's reference number and the *date* is the date that the Share Care Plan was downloaded.



Note:

The count of the items in each section is displayed in brackets after the section name.



Note:

If no dates are specified, the existing logic configured by the tenant administrator is used.



If a date range is specified, the existing logic configured by the tenant administrator still applies, only the specified time period overwrites the time period that was previously configured by your administrator, and the information generated only includes data between the two dates. For example, the time period specified in the date range takes precedence over the number of weeks that were previously configured by your administrator for assessments, notes, touchpoints, or recent vitals.

Table 35. Fields on the Share Care Plan

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
Header section	<ul style="list-style-type: none"> • Name: Displays the client's name and preferred name. If no preferred name is entered, then the registered name is displayed. • Client ID: The client's preferred identification. Otherwise, the client's reference number. • Gender: The client's gender. • Date of Birth: The client's date of birth and age. • Phone Number: The client's phone number. 	Displays on every page.	Not applicable	Not applicable
Conditions	<ul style="list-style-type: none"> • Condition: Displays the full name of the condition. • Source: Where the information about the condition origi- 	The Conditions section contains a list of all Active and Resolved conditions.	<p>Primary: Displays Active conditions at the top, followed by Resolved.</p> <p>Secondary: For Active and Resolved Condi-</p>	When a date range is specified, results matching one of the following criteria are displayed:

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
	<ul style="list-style-type: none"> • Notes: Chart, Encounter, Lab, Self reported and EMR • Status: Displays the status of the condition, Active or Resolved. • Classification: Displays the Condition classification: Primary, Secondary, Unknown. 		tions, displays Primary at the top followed by Secondary.	<ol style="list-style-type: none"> 1. Conditions with a start date or end date within the specified time period. 2. Conditions with a start date before the specified from date along with: <ul style="list-style-type: none"> ◦ no end date or, ◦ an end date within the specified time period or, ◦ an end date after the specified to date. 3. Conditions with no start date or end date.
Goals	<ul style="list-style-type: none"> • Goal: Displays the full goal name. • Status: Displays the current status for the goal. 	This section lists all goals.	<p>Goals are displayed in the following order:</p> <ol style="list-style-type: none"> 1. Active goal 2. Completed goals 	When a date range is specified, results matching one of the following criteria are displayed:

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
	<ul style="list-style-type: none"> • Start: Displays the start date for the goal. • Target: Displays the latest target date for the goal. Note: The most recent target date for the goal is displayed. • Description: displays a description of the goal. Displayed only if a value is specified. • Progress: Displays the progress of the goal. Displayed only if a value is specified. • Latest Progress Note: Displays latest progress note for the goal. Displayed only if a value is specified. 		The list is sorted by the goal start date with the most recent start date displayed first. Goals that have the same status and start date are listed alphabetically.	<ol style="list-style-type: none"> 1. Goals with a start date or completed date within the specified time period. 2. Goals with a start date before the specified from date along with: <ul style="list-style-type: none"> ◦ no completed date or, ◦ a completed date within the specified time period or, ◦ a completed date after the specified to date. 3. Goals with no start date or completed date.

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
Client Actions	<ul style="list-style-type: none">• Action: Displays the full name of the action.• Status: Displays the current status for the action.• Start: Displays the start date for the action.• Target: Display the latest target date for the action.• Description: displays a description of the Client Action. Displayed only if a value is specified.• Reason: displays a reason for the Client Action. Displayed only if a value is specified.• Progress: Displays the progress of the goal. Displayed only if a value is specified.• Latest Progress Note: Displays progress note for the	<p>This section displays the following:</p> <ul style="list-style-type: none">• Actions in Goals that are set to be shown within associated Goals.• If a client action is associated with multiple goals, the action is listed under all associated goals.• Client Actions are displayed separately if Client Actions are Shown As = Separate Section.	<p>Actions are listed in the following order:</p> <ol style="list-style-type: none">1. Overdue actions by start date with the most recent date first. Actions with the same status and start date display alphabetically.2. Active actions by start date with the most recent date first. Actions with the same status and start date display alphabetically.3. Planned actions by start date with the most recent	<p>When a date range is specified, results matching one of the following criteria are displayed:</p> <ol style="list-style-type: none">1. Client actions with a start date or completed date within the specified time period.2. Client actions with a start date before the specified from date along with:<ul style="list-style-type: none">◦ no completed date or,◦ a completed date within the specified time period or,◦ a completed date after the specified to date.

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
	<p>goal. Displayed only if a value is specified.</p> <ul style="list-style-type: none"> • Associated Goals: displays associated goals. Only displayed if Client Actions are Shown As = Separate Section and if a value is specified. 	If no Actions are associated with the goal, this section does not display.	<p>date first. Actions with the same status and start date display alphabetically.</p> <p>4. Completed actions by start date with the most recent date first.</p> <p>Actions with the same status and start date display alphabetically.</p>	
Care Team Actions	<ul style="list-style-type: none"> • Action: Displays the full name of the action. • Assigned to: Displays the full name of the assigned care team member. • Status: Displays the current status for the action. 	This section displays Actions in Goals that are set to be shown within associated Goals. If no Actions are associated with the goal, this section does not display. Care Team Actions	<p>Actions are listed in the following order:</p> <ol style="list-style-type: none"> 1. Overdue actions by start date with the most recent date first. Actions with the same sta- 	<p>When a date range is specified, results matching one of the following criteria are displayed:</p> <ol style="list-style-type: none"> 1. Care team actions with a start date or completed date within the specified time period.

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
	<ul style="list-style-type: none">• Start: Displays the start date for the action.• Target: Display the latest target date for the action.• Description: Displays a description of the Care Team Action. Displayed only if a value is specified.• Reason: Displays a reason for the Care Team Action. Displayed only if a value is specified.• Progress Value: Displays the progress value of the care team actions. Displayed only if a value is specified.• Latest Progress Note: Displays progress note for the care team actions. Displayed only if a value is specified.• Associated Goals: displays associated goals. Only dis-	are displayed separately if Client Actions are Shown As = Separate Section.	<p>tus and start date display alphabetically.</p> <p>2. Active actions by start date with the most recent date first. Actions with the same status and start date display alphabetically.</p> <p>3. Planned actions by start date with the most recent date first. Actions with the same status and start date display alphabetically.</p> <p>4. Completed actions by start date with the most re-</p>	<p>2. Care team actions with a start date before the specified from date along with:</p> <ul style="list-style-type: none">◦ no completed date or,◦ a completed date within the specified time period or,◦ a completed date after the specified to date.

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
	played if Care Team Actions are Shown As = Separate Section and if a value is specified.		cent date first. Actions with the same status and status date display alphabetically.	
Services	<ul style="list-style-type: none"> • Service: Displays the full name of the service. • Provider: Displays the provider name if available, and the provider phone number if available. • Start: Displays the start date for the service. 	This section displays open and closed services by default.	<p>Services are listed in the following order:</p> <ol style="list-style-type: none"> 1. Primary Sort Order: Services with an Open status, followed by services with a Closed status. 	<p>When a date range is specified, results matching one of the following criteria are displayed:</p> <ol style="list-style-type: none"> 1. Services with a start date or closed date within the specified time period. 2. Services with a start date before the specified from date along with:

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
	<ul style="list-style-type: none">• Expected End: Displays the date when the service is expected to end.• Status: Displays the service status, Open or Closed.• Description: Displays the description of the service. Displayed only if a value is specified.• Associated Goals: Displays the goal(s) associated with the service. Display only if goals are associated with a service.• Note: Displays the note(s) associated with the service. Displayed only if enabled by your organization.• Comments: Displays the comment(s) associated with the service.		<p>2. Secondary Sort Order: Services are sorted alphabetically by Service name.</p>	<ul style="list-style-type: none">◦ no closed date or,◦ a closed date within the specified time period or,◦ a closed date after the specified to date. <p>3. Services with no start date or closed date.</p>

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
Barriers	<ul style="list-style-type: none"> • Barrier: Displays the full barrier name. • Note: Displays note associated with the barrier. • Comments: If configured, displays any comments. • Status: Displays the current status for the barrier. Status Date is displayed in brackets. 	This section displays Active and Resolved barriers by default.	<p>Barriers are listed in the following order:</p> <ol style="list-style-type: none"> 1. Primary sort order: Displays Active barriers at the top, followed by Resolved. 2. Secondary sort order: Displays by barrier name alphabetically a- z (case - insensitive) 	<p>When a date range is specified, results matching one of the following criteria are displayed:</p> <ol style="list-style-type: none"> 1. Barriers created or resolved within the specified time period. 2. Barriers created before the specified from date along but: <ul style="list-style-type: none"> ◦ not resolved or, ◦ resolved within the specified time period or, ◦ resolved after the specified to date.
Care Team	<ul style="list-style-type: none"> • Name/Roles: Displays the care team member's full name and their roles. • Primary: Displays Yes or No. 	This section lists the primary, core care team members on the client's care team.	Sort by first name, alphabetically a- z (case - insensitive).	When a date range is specified, results matching one of the following criteria are displayed:

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
	<ul style="list-style-type: none">• Core: Displays Yes or No.• Phone number: Displays the care team member's phone number if available.			<ol style="list-style-type: none">1. Team members added within the specified time period.2. Team members added before the specified from date, but not yet removed.
Social Network Contact	<ul style="list-style-type: none">• Name: Displays the name of the social network contact.• Role/Relationship to client: Displays the role the social network contact plays in the client's care, for example care giver; and how the social network contact is related to the client, for example, parent, child, neighbor.	This section lists primary and non-primary social network contacts.	Sort by primary, followed by secondary.	All active social network contacts are displayed.

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
	<ul style="list-style-type: none"> • Phone: Displays the social network contact's phone number • Primary Contact: Displays Yes or No. 			
Programs	<ul style="list-style-type: none"> • Program: Displays the full program name. • Status: Displays the current status for the named program. Status Date is displayed in brackets. • Assigned On: Displays the date on which the program was assigned. 	<p>This section displays programs. Current status can be Assigned, Enrolled, Dis-enrolled, Completed, Pending and Not Enrolled. Only the last status of each instance of a program is displayed. Any programs that have other statuses will not display. If no programs with these statuses exist, this section does not display.</p>	<p>Programs that the client is enrolled in are listed first, followed by assigned programs. The list is sorted by Assigned On date with the most recent assigned on dates displaying first.</p>	<p>When the from and to dates are specified, programs with status dates falling between the specified time period are displayed.</p>

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
Assessments	<ul style="list-style-type: none"> • Assessment: Displays the full name of the assessment. • Outcome/Score: Displays the outcome/score of the assessment. • Completed By: The full name of the care team member who completed the assessment. Assessment date is displayed in brackets. 	This section lists all complete assessments.	Assessments are sorted by name, alphabetically a-z (case - insensitive).	When the from and to dates are specified, assessments that were completed within the specified time period are displayed.
Allergies	<ul style="list-style-type: none"> • Allergy: The full name of the allergy. • Reaction/Severity: Displays the reaction and severity. 	Displays all allergies that satisfy the display criteria. If no allergies exist, this section does not display.	Allergies are sorted by name, alphabetically a-z (case - insensitive).	When a date range is specified, results matching one of the following criteria are displayed:

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
	<ul style="list-style-type: none"> • Source: Where the information about the medication originates: Chart, Encounter, Lab, Self Reported and EMR. • Status: Displays the status of the allergy, Current, Resolved or Unknown. 			<ol style="list-style-type: none"> 1. Allergies with a start date or end date within the specified time period. 2. Allergies with a start date before the specified from date along with: <ul style="list-style-type: none"> ◦ no end date or, ◦ an end date within the specified time period or, ◦ an end date after the specified to period. 3. Allergies with no start date or end date.
Medications	<ul style="list-style-type: none"> • Medication: The full name of the medication. • SIG: The SIG code for the medication. There are two 	Displays all medications that satisfy the applied criteria. If no client medications exist in Merative	Medications are sorted alphabetically by name, alphabetically a- z (case-insensitive)	When a date range is specified, results matching one of the following criteria are displayed:

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
	<p>SIG code fields depending upon the data source, one that comes in with integration (SIG code EMR) and other one is calculated when the medication is manually input (SIG code). As this field is not mandatory in Merative™ Integrated Care, it may be blank.</p> <ul style="list-style-type: none"> • Source: Where the information about the medication originates: Chart, Encounter, Lab, Self Reported and EMR. • Start: The date that the client started the medication was started. If this date was not captured in Merative™ Integrated Care, a - displays. • Current: Displays Yes, No or Unknown values. If value is 	TM Integrated Care, this section does not display.		<ol style="list-style-type: none"> 1. Medications with a start date or end date within the specified time period. 2. Medications with a start date before the specified from date along with: <ul style="list-style-type: none"> ◦ no end date or, ◦ an end date within the specified time period or, ◦ an end date after the specified to date. 3. Medications with no start date or end date.

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
	<p>not entered, then No is displayed.</p> <ul style="list-style-type: none"> • Status: Displays the status of the medication, Active or Unknown. 			
Recent Vital	<ul style="list-style-type: none"> • Recent Vital: The full name of the vital measure, for example, Heart Rate or Blood Pressure. The recent vital's corresponding value is displayed in brackets. • Source: Where the information about the vital originates: Chart, Encounter, Lab, Self reported and EMR. • Measured on: The date and time that an EMR is received in Merative™ Integrated Care, 	<p>Displays only the latest record of each client vital. For example, if eight records of a client's heart rate exists, only the latest record displays. If no vital records exist, this section does not display.</p>	<p>Vitals are sorted by Measurement Date, from the most recent record to the oldest.</p>	<p>When the from and to dates are specified, the client's vitals with measurement dates within the specified time period are displayed. Only the latest record for each vital is displayed.</p>

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
	or the date and time that a user entered in the application.			
Notes	<ul style="list-style-type: none">• Notes: The full name of the section. The notes count is displayed in brackets.• Subject: Displays the subject of the note. If the note is sensitive, this is indicated in brackets.• Type: Displays the note type.• Source: Displays the source of the note.• Status: Displays the status of the note, Ready for Review, Draft and Final.• Created: Displays the creation date of the note and the name of the care team mem-	Private note types are not displayed. Sensitive notes are displayed if configured and if the user is granted a security role with access to sensitive notes.	Notes are sorted by the latest updated note displaying first. If the note was not updated, then the latest created note displays first.	When the from and to dates are specified, notes that were updated within the specified time period are displayed.

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
	<p>ber who created the note in brackets.</p> <ul style="list-style-type: none"> • Updated: Displays the updated date of the note and the name of the user that updated the note in brackets. • Note: Displays the note. • Comment: Displays any comments. 			
Touchpoints	<ul style="list-style-type: none"> • Touchpoints: The full name of the section. The touchpoints count is displayed in brackets. • Subject: Displays the subject of the touchpoint. If the note is sensitive, this is indicated in brackets. • Source: Displays the source of the touchpoint. 	<p>Sensitive notes are displayed if configured and if the user is granted a security role with access to sensitive notes.</p>	<p>Touchpoints are sorted by the latest updated touchpoint displaying first. If the touchpoint was not updated, then the latest created touchpoint displays first.</p>	<p>When the from and to dates are specified, touchpoints that were updated within the specified time period are displayed.</p>

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
	<ul style="list-style-type: none"> • Status: Displays the touchpoint status, Ready for Review, Draft and Final. • Outcome: Displays the touchpoint outcome, Successful and Unsuccessful. • Created: Displays the creation date of the touchpoint and the name of the care team member who created the touchpoint in brackets. • Updated: Displays the updated date of the touchpoint and the name of the user that updated the note in brackets. • Contact With: Displays contact(s) selected for the touchpoint. • Method: Displays the touchpoint method 			

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
	<ul style="list-style-type: none"> • Direction: Displays the directions of the touchpoint, inbound or outbound. • Duration: Displays the duration of the touchpoint in minutes. • Programs: Displays the program(s) selected for the touchpoint. • Validated Identity: Displays Yes or No if the identity was validated. • Note: Displays the added note for the touchpoint. • Comment: Displays any comments. 			
Custom Client Data Type	Attributes in the Share Care Plan PDF are configured by the client.	The attributes displayed are those configured for each custom client data type that is set to be shown in the share	Custom Client Data Types are sorted by date, from the most recent to the oldest.	When the from and to dates are specified, custom client data types that were updated within the specified time period are displayed.

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
		care plan. The maximum number of records displayed is 20 per custom client data type that is printed on the share care plan. The version of the share care plan that is the printed is the one that is the client is working on and is set to Shown. The Updated Date record is added for each record. All relevant configurable client data details are ordered alphabetically after the general sections details in the Share Care Plan PDF.		

Table 35. Fields on the Share Care Plan (continued)

Section	Field names	Results displayed when no date range is specified	Sorting	Results displayed for a date range
Footer section	<ul style="list-style-type: none"> • Prepared by: Displays the organization name. • Created by: The care team member that downloaded the summary and the date and time it was downloaded. • Disclaimer • Page number in the format: X of X, for example 1 of 3. 	Displays on all pages of the summary.	Not applicable	Not applicable

Managing care teams

You can create and manage a care team to ensure that all the needs of an individual are met.

Care teams

Care teams are care professionals in an organization who are involved in the care of a client. A care team member might or might not fulfill a specific role in a client's care and has access to the client. Care team members can change over time according to client needs.

Primary and non-primary care team members

Care team members can be primary or non-primary. The primary care team member is responsible for the client's care plan and programs. More than one care team member can be assigned as Primary if a client has **multiple** care needs. For example, if a client's care management needs to be transitioned from one health care setting to another and that client also has geriatric needs, two Care Managers could be designated as Primary care team members with one responsible for the client's transition of care and the other responsible for the client's geriatric care. A member of the client's care team can designate themselves or any other care team member as the primary care team member (within the organization unit if organization units are enabled for the organization). Supervisors in your organization can assign a client only to an active care team member who has at least one assigned care team role.

Non-primary care team members have other care team roles that you create and associate with users with that specific responsibility. For example, you can create the Physician role and apply it to users who are qualified physicians.

Core care team members

Core care team members are considered key to the delivery of care for an individual and typically interact with the individual regularly, for example, the client's family physician.

Other care team members

The care team can optionally include care team members who are not members of the core team. Non-core care team members provide important skills and services for an individual on an intermittent basis for example, a housing specialist might advise a client from time to time.

Registered care team members

Care team members do not have to be Merative™ Integrated Care users. Care professionals that are not Merative™ Integrated Care users can be registered as a member of a client's care team. If registered care team members are very involved in the client's care, they can be

added to the core team, but as they have no access to Merative™ Integrated Care, it is not possible to assign them tasks, actions, or alerts. Registered care team members can also be designated by any user (within the organization unit if organization units are enabled for the organization) as the primary care team member with responsibility for a client's care plan and programs.

A history of all care team changes is maintained. In the History cluster, you can see the history of care provided by past team members and if needed, you can reinstate those members on the team to keep the client's relationship with the care team they had previously.

Registering care team members for a specific client

You can register care team members for a specific client. You must register care team members who do not have an Merative™ Integrated Care account so that they can be added to care teams. To avoid duplicate registrations, ensure that you search for existing care team members before registration.

Care team members either have Merative™ Integrated Care accounts or are registered care team members. Registered care team members do not have access to the Merative™ Integrated Care application. To register a care team member, you must know at least their name and role.

You search for a care team member to add to the care team by entering some search criteria. Full and partial matches are returned and special characters are supported, for example, you can add a care team member with a last name of O'Neill. However, note that searching for O'Neill will not return O Neill or ONeill in the search results and vice versa.

If your search results do not list the care team member, you can register them in the application.

1. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
2. Click a client name.
Their **Summary** view opens.
3. Select **Team > Care Team** and then click **Add**.
The **Add Care Team Member** wizard opens.
4. To avoid duplicate registrations, search for the care team member to ensure that they are not already registered. If they are already registered, select the care team member and click **Add Selected** to add them to the care team.

If the care team member is not already registered, click **Register New**.
5. Enter the care team member details:

- **Title**
- **Name** (mandatory)
- **Suffixes** - Choose one or more suffixes to append to a care team member's name to reflect that person's position, educational degree, accreditation, office, or honor.
- **Gender**
- **Roles** (Mandatory) - Choose one or more care team roles to add for the care team member.
- **Add as Primary**- Select to associate the care team member with the primary or lead role in a client's care management.
- **Add as Core** - Select to add the care team member to the core care team. Core care team members are considered key to the delivery of an individual's care and typically interact regularly with the individual.
- **Relationship** - Select the relationship between the registered team member and the individual. For example, a caregiver might be a friend or a family member.
- **Skill** - Search for and select a skill to add for the care team member.
- **Phone Numbers**
- **Email Address**
- **Frequency** - Choose from listed frequency values that represent the number of visits or meetings the care team member has with an individual.
- **Consent Records** - Either select **All**, or choose one or more listed consent records that represent the personal health information an individual is willing to share with the care team member. You cannot do both. The **All** option indicates that the client is providing all of the types of consent records that are configured in the application.
- **Distance** - Enter the distance between the location of the care team member and individual, in miles or kilometers.
- **Address**

6. Click **Save** to register the care team member.

Registering care team members

You must register care team members who do not have an Merative™ Integrated Care account so that they can be added to care teams. To avoid duplicate registrations, ensure that you search for existing care team members before registration.

Care team members either have Merative™ Integrated Care accounts or are registered care team members. Registered care team members do not have access to the Merative™ Integrated Care application. To register a care team member, you must know at least their name and role.

In the first page of a two-page wizard, you search for a care team member to verify whether they are already registered. You must enter some search criteria. Full and partial matches are returned and special

characters are supported, for example, you can add a care team member with a last name of O'Neill. However, note that searching for O'Neill will not return O Neill or ONeill in the search results and vice versa.

If your search results do not list the care team member, use the next page of the wizard to register them in the application.

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation menu**, select **Care Team > Register**.

The **Register Care Team Member** wizard opens.

3. To avoid duplicate registrations, search for the care team member to ensure that they are not already registered.

If the care team member is not already registered, click **Next**.

4. Enter the care team member details:

- **Title**
- **Name** (mandatory)
- **Suffixes** - Choose one or more suffixes to append to a care team member's name to reflect that person's position, educational degree, accreditation, office, or honor.
- **Gender**
- **Roles** (Mandatory) - Choose one or more care team roles to add for the care team member.
- **Skill** - Search for and select a skill to add for the care team member.
- **Phone numbers**
- **Email address**
- **Address**

5. Click **Save** to register the care team member.

Adding care team members individually

You can add an individual care team member who has a required role or skills to a client's care team.

If organization units are enabled for your organization, the care team member must belong to your organization unit.

Search for a care team member to add to the care team by entering some search criteria. Full and partial matches are returned and special characters are supported, for example, you can add a care team member with a last name of O'Neill. However, note that searching for O'Neill will not return O Neill or ONeill in the search results and vice versa.

You can record the specific attributes of their relationship with a client. For example, you can set the frequency of client visits and the physical distance between the care team member and the client.

If your search results do not list the care team member, you can register them in the application.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Team > Care Team**.

The **Care Team** page opens.

5. Click **Add Care Team Member**.

The **Add Care Team Member** page opens.

6. Specify a name, role, or skill and click **Search**.

- If the care team member is found when you search, the search results indicates whether the team member can access Merative™ Integrated Care. Select the name and click **Add Selected** to open the next page in the wizard. Record details of the relationship between the care team member and a client.

a. **Add as Primary:** Select to associate the care team member with the primary or lead role in a client's care management.

b. **Add as Core:** Select to add the care team member to the core care team. Core care team members are considered key to the delivery of an individual's care and typically interact regularly with the individual.

c. **Distance:** Enter the distance to the client, in miles or kilometers.

d. **Frequency:** Choose from frequency values that represent the number of visits or meetings the care team member has with the client.

- If the care team member is not found when you search, click **Register New** to register the user.

A history of all care team changes is maintained. In the Previous cluster on the **Care Team** page, you can see the history of care provided by past team members and if needed, you can reinstate those members on the team to keep the client's relationship with the care team they had previously.

Related information

[Care teams \(on page 695\)](#)

[Registering care team members for a specific client \(on page 696\)](#)

Adding groups of care team members

To save time, instead of adding care team members individually, you can add one or more groups of care team members to a care team, if configured. When you add a care team group, all members of the group are added to the client's care team.

Care team groups are configured by your administrator. Your administrator adds members to each configured group based on their required roles and skills. All care team group members can access Merative™ Integrated Care.

You can add more members individually or remove members if needed.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Team > Care Team**.

The **Care Team** page opens.

5. Click **Add Care Team Groups**.

The **Add Care Team Groups** page opens.

6. Select one or more care team groups from the list of preconfigured groups (if available).

7. Click **Save**.

Removing care team members

You can remove care team members from a care team.

Before you remove any care team member, reassign any open actions, tasks, or alert notifications for the care team member to a current or new care team member. If a care team member fulfills multiple roles on the team, and any of those roles are still required, do not remove the care team member.

When you reassign open items to another care team member, former care team members can still see open tasks for inactive individuals on their **My Tasks** list. Care team members can no longer see open items for active individuals on their **My Actions, Work List, or My Tasks** lists.

If you remove a care team member with a primary role from the care team, and that team member has a client with pending referrals but no open tasks, actions, or alerts, the client is added to the Unassigned Referrals list with the referral details retained (Referred On, Priority, Cohort, Referral Reason). You can remove care managers whose user accounts are closed or suspended from the care team at any time.

If you remove a care team member and they have a client with a Connect Individuals account, the former care team member can no longer see the client's Messages list (if configured). In addition, they no longer receive notifications about unread messages from the client.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Click **Team > Care Team**.
The **Care Team** list shows the current care team members by role.
5. Select the **Actions** menu of a care team member, and click **Remove**.
The **Remove Care Team Member** page opens.
6. To remove the care team member, choose one of the following options.
 - For a care team member who has no open items, or who has open items for an inactive individual, click **Remove**.
 - For a care team member who has open items for an active individual:
 - a. Review the list of open items that are shown on the page.
 - b. Choose one of the following options:
 - Select a current care team member.
 - Add and select a new care team member. Click **Search**, specify a name, role, or skill and click **Search**. Select a user in the search results and click **Select**.

A history of all care team changes is maintained. In the Previous cluster on the **Care Team** page, you can see the history of care provided by past team members and if needed, you can reinstate those members on the team to keep the client's relationship with the care team they had previously.

Modifying care team members' details

You can update the details of care team members, including their care team roles and membership of the core care team. For registered care team members only, you can add skills, specify their relationship with the individual, and update their demographic information.

Care team members either have Merative™ Integrated Care accounts or are registered care team members. Registered care team members do not have access to the Merative™ Integrated Care application. To update demographic information or skills for care team members with Merative™ Integrated Care accounts, you must contact your administrator.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **Team > Care Team**.
5. From the **Actions** menu for a care team member, select **Edit**.

For registered care team members, you can update the following information:

- **Title**
- **Name (Mandatory)**
- **Suffixes** - Choose one or more suffixes to append to a care team member's name to reflect that person's position, educational degree, accreditation, office, or honor.
- **Gender**
- **Roles** - Choose one or more care team roles to add for the care team member.
- **Add as Primary**- Select to associate the care team member who is responsible for the client's care plan and programs.
- **Add as Core**: Select to add the care team member to the core care team. Core care team members are considered key to the delivery of an individual's care and typically interact regularly with the individual.
- **Relationship** - Select the relationship between a registered team member and an individual.
For example, a caregiver might be a friend or a family member.
- **Skill** - Search for and select a care team skill to add to the care team member.
- **Phone Numbers**
- **Email Address**
- **Frequency** - Choose from listed frequency values that represent the number of visits or meetings the care team member has with an individual.

- **Consent Records Covered** - Either select **All**, or choose one or more listed consent records that represent the personal health information an individual is willing to share with the care team member. You cannot do both. The **All** option indicates that the client is providing all of the types of consent records that are configured in the application.
- **Distance** - Enter the distance between the location of the care team member and individual, in miles or kilometers.
- **Address**

For care team members with Merative™ Integrated Care accounts, you can update the following information.

- **Roles**- Select additional care team roles for the care team member to fulfill on the team from the care team member's available roles.
- **Add as Primary**- Select to associate the care team member who is responsible for the client's care plan and programs.
- **Add as Core**- By default, care team members with Merative™ Integrated Care accounts are on the core care team. Clear the check box to remove care team members from the core care team or select the check box to add them.
- **Distance** - Enter the distance between the location of the care team member and individual, in miles or kilometers.
- **Frequency** - Choose from listed frequency values that represent the number of visits or meetings the care team member has with an individual.
- **Consent Records Covered** - Either select **All**, or choose one or more listed consent records that represent the personal health information an individual is willing to share with the care team member. You cannot do both. The **All** option indicates that the client is providing all of the types of consent records that are configured in the application.

6. Click **Save**.

A history of all care team changes is maintained. In the Previous cluster on the **Care Team** page, you can see the history of care provided by past team members and if needed, you can reinstate those members on the team to keep the client's relationship with the care team they had previously.

Related information

[Care teams \(on page 695\)](#)

[Registering care team members for a specific client \(on page 696\)](#)

Reviewing current and past members of a care team

You can view and maintain the core team members who are currently involved in the care of an individual and determine who has a primary or lead role in a client's care management. You can also see the history of care that is provided by past team members and if needed, you can reinstate those members on the team to keep the client's relationship with the care team they had previously.

You can manage an individual's care team. Care team members must either have Merative™ Integrated Care accounts or be registered care team members. Registered care team members do not have access to the Merative™ Integrated Care application.

1. Sign in to your account.
2. Your home page opens.
3. To see the care team members, click **Client > Team > Care Team >**.
4. In the Current cluster and Previous cluster, you can expand the **Details** section for care team member specifics. For example, care team members who have a Merative™ Integrated Care account can see the organization unit that users belong to assuming that organization units are enabled for the organization. In the Current cluster, you can view and maintain the core team members who are currently involved in the care of an individual and determine who has a primary or lead role in a client's care management.
5. From the **Actions** menu for a care team member, select **Edit** to edit a care team member's details, such as add more roles, add as primary or add as core.
6. In the Current cluster and Previous cluster, you can expand the **Change History** section to see when a member was added to the care team, or updated, or removed from the team.
A change history record is created when a care team member is added, any subsequent updates made and when the care team member is removed. Removed care team members are listed under the Previous cluster. If a member who was previously removed is added back to the team, he is displayed under the Current cluster, along with the history of when he was previously removed and then added back in.

Searching for care team members

Search for care team members who either have Merative™ Integrated Care accounts or are registered care team members. Registered care team members do not have access to the Merative™ Integrated Care application.

You must enter some search criteria such as the care team member's name, role, and skill.

Status values available are based on Merative™ Integrated Care access settings.

Select if a care team member has access to Merative™ Integrated Care in your search. Full and partial matches are returned. For example, a search for **First Name A1** and **Last Name Smi** can return matches for active clients **Alison Smith** and **Alan Smith-Baker**.

You can enter special characters in names searches, for example you can search for the last name of O'Neil with an active status. However, note that searching for O'Neill will not return O Neill or O'Neill in the search results and vice versa.

1. Sign in to your account.
Your home page opens.
2. From the **Side Navigation Menu**, select **Care Team > Search**.
The **Search Care Team Members** page opens.
3. Enter your search criteria and click **Search**.
4. In the search results, click the team member's name to open their profile.

Assigning a care team member's clients to you or other care team members

Assign a selected care team member's clients (single or bulk selection) to you, another care team member based on their capacity, roles, and skills, and if configured, one or more care team groups (if configured).

Care team members can be primary or non-primary. The primary care team member is responsible for the client's care plan and programs. Non-primary care team members have other care team roles that are associated with users with that specific responsibility, for example, a Physician role. You can assign a care team member's client(s) only to an active care team user who has at least one assigned care team role.

The option to select Care Team Groups, is only displayed if one or more care team groups are configured by your administrator.

1. Sign in to your account.
Your home page opens.
2. From the **Side Navigation Menu**, select **Care Team > Search**.
The **Search Care Team Members** page opens.
3. Select care team member.
The care team member's page opens.
4. Click the **Clients** tab.
A list of the care team member's clients opens.

5. Assign a single client to you, to another care team member, and/or to a group of care team members. Alternatively, assign up to 25 clients at a time in a bulk assignment. Do one of the following:
 - To assign a single client, click the **Actions** menu of the client, and click **Assign**.
 - To process up to 25 client assignments in one step, select more than one individual client or to assign all listed clients, select the checkbox adjacent to the Name column. Click **Assign**.
6. In the **Assign** page, use the following options to assign the client(s) to you, another care team member based on their capacity, roles, and skills, and/or one or more care team groups.
 - **Assign to Me**
 - **Assign Care Team Groups.** If configured, you can select to assign the client(s) to one or more care team groups. All members of the selected group(s) are added to each client's care team. Care team groups and their members are predefined by your administrator.
 - **Assign to Another User.** Review a list of care team members who belong to your organization unit and have at least one assigned role. Based on their current capacity, select a care team member to manage the care of the client(s).
7. Expand the **Filter** icon and use the **Quick Filters** on the page to refine the list by, for example, a care team member's name, role, or skills.
8. Optionally, by selecting **Assign as Primary**, you can designate yourself or the selected care team member to be the primary care team member.
9. If you have more than one assigned care team role (see the **Role(s)** list), select the role(s) that you do that is relevant to the assignment.
10. If the selected care team member has more than one assigned care team role (see the **Care Team Role(s)** list), select the role(s) that they do that is relevant to the assignment.
11. Click **Assign** to assign the client(s) to you, the selected care team group(s), and/or the selected care team member in your organization unit.
When you assign a client, you, a selected care team member, and/or the selected care team group(s) are automatically added to the client's care team.

Reassigning a care team member's clients to you or other care team members

Reassign a selected care team member's clients (single or bulk selection) to you or another care team member based on their capacity, roles, and skills.

Care team members can be primary or non-primary. The primary care team member is responsible for the client's care plan and programs. Non-primary care team members have other care team roles that are associated with users with that specific responsibility, for example, a Physician role. You can reassign a care team member's client(s) only to an active care team user who has at least one assigned care team role.

1. Sign in to your account.
Your home page opens.
2. From the **Side Navigation Menu**, select **Care Team > Search**.
The **Search Care Team Members** page opens.
3. Select care team member.
The care team member's page opens.
4. Click the **Clients** tab.
A list of the care team member's clients opens.
5. Reassign a single client to you or another care team member. Alternatively, assign up to 25 clients at a time in a bulk assignment. Do one of the following:
 - To assign a single client, click the **Actions** menu of the client, and click **Reassign**.
 - To process up to 25 client assignments in one step, select more than one individual client or to assign all listed clients, select the checkbox adjacent to the Name column. Click **Reassign**.
6. In the **Reassign** page, use the following options to assign the client(s) to you or another care team member based on their capacity, roles, and skills. The reassign action removes the care team member from the care team and all their open items are assigned to the selected care team member.
 - **Reassign to Me**
 - **Reassign to Another User**. Review a list of care team members who belong to your organization unit and have at least one assigned role. Based on their current capacity, select a care team member to manage the care of the client(s).
7. Expand the **Filter** icon and use the **Quick Filters** on the page to refine the list by, for example, a care team member's name, role, or skills.
8. Optionally, by selecting **Reassign as Primary**, you can designate yourself or the selected care team member to be the primary care team member.
9. If you have more than one assigned care team role (see the **Role(s)** list), select the role(s) that you do that is relevant to the assignment.
10. If the selected care team member has more than one assigned care team role (see the **Care Team Role(s)** list), select the role(s) that they do that is relevant to the assignment.
11. Click **Reassign** to assign the client(s) to you or a selected care team member.

The **Reassign** action removes the care team member from the selected client's care team and reassigns their open items (care teams actions, tasks, alerts), and referrals to the selected care team member.

Planning care team tasks

Tasks are work activities that can relate to an individual or to general work that must be done by the care team. Tasks can be assigned to a supervisor or a care team member. Tasks are not directly associated with a client's goals or the care plan. You can add, modify, and delete tasks for the care team. For care team plan activities that are directly related to achieving a goal, use care team actions.

Filtering the care team tasks list view

You can review tasks that are assigned to you, your care team role, or any other care team user or care team role. All open and closed tasks that are associated with a client are displayed by task name, priority, assigned care team member or role, category, status, and due date.

By applying one of the predefined page filters or by adding a new one, you can change or further filter your Tasks list. For example, you might apply a filter to display only your overdue tasks.

Tasks are categorized by activity as follows: Admin, Care Opportunity, Clinical Discharge Follow Up, Documentation, Follow Up, Other, Physical Contact, or Referral. The **Tasks** list provides context information so that you know the task category.

You can see who created or updated a task by clicking the tooltip on a user name.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Team > Tasks**.

The **Team Tasks** list opens. The page opens with these predefined filters applied by default: My Open Tasks, Open Tasks Assigned to my Role.

5. Change or further filter your Tasks list view based on specific search criteria.

- Click the filter icon to open the **Filter** page.
- Select one or more check boxes that correspond to your search criteria. You can search for only your tasks in a specific state (Open, Closed, Overdue), or tasks that are assigned to your role in a specific state (Open, Closed, Overdue), or all tasks in a specific state (Open, Closed, Unscheduled).
- Optionally click **Add Filter** to add another filter to the predefined filters that you already selected or independently of predefined filters. You can further refine your list view by

Assigned To, Category, Due Date, Priority, or Status. Enter the details for your filter selection. You can add only one new filter to each column.

- Click **Apply** to apply the filter. You can remove page filters by clicking **Reset**. The predefined filters are retained.
6. To identify a user who created or updated a task, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

Assigning unassigned tasks

Assuming that organization units are enabled for your organization, you can assign tasks to either a specific user or to a care team role in your organization unit.

If a task is assigned to a care team role, and you have that role on the client's team, you can assign the task to yourself to do. Otherwise, reassign the task to another care team member or care team role in your organization unit.

1. Sign in to your account.
Your home page opens.
2. From the **Side Navigation Menu**, select **Tasks**.
The **Tasks** list opens. By default, the Tasks list view shows your Open tasks that are assigned to you alone.
3. Apply the Open Unassigned Tasks filter to retrieve the list of tasks.
 - a. Click the filter icon to open the **Filter** page.
 - b. Select Open Unassigned Tasks.
 - c. Click **Apply** to apply the filter. You can remove the page filters by clicking **Reset** at any time.
You can add only one new filter to each column.
4. Click the **Actions** menu of a task, and click **Assign**.
The **Assign Task** page opens, with the name of the user who is currently signed into the application as the owner of the task.
5. If you do not want to own the task, choose to assign the task to either a specific user or to a care team role.
 - Assign To - Search for another user in your organization unit to reassign the task.
 - Assign To Role - Select a role from the list of active care team roles in your organization unit that are qualified to complete the task.
6. Click **Save**.

Creating tasks

Assuming that organization units are enabled for your organization, you can create general tasks or tasks that relate to a client in your organization unit. You can reassign a task to another user or a care team role in your organization unit if you are not best placed to complete it.

Assign the task to a specific user or to a care team role in a pool of qualified people or qualified roles. You can select a user or a care team role in your organization unit but not both.

A task status is **Open** when the task is created with a due date that is on or after the current date. A task status is **Overdue** when the task due date is before the current date. If you change the task due date to a future date, the status of the overdue task changes to **Open**. Completed tasks with a **Closed** status cannot be modified.

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, select **Tasks**.

The **Tasks** list opens. By default, the Tasks list view shows your Open tasks that are assigned to you alone.

3. Click **New**.

The **New Task** page opens.

4. Enter the following task details.

- Name - Enter a task name.
- Assign To - By default, the task is assigned to you as the team member who is currently signed into the application. You can reassign the task to another user in the same organization unit.
- Assign To Role - Select a role from the list of active care team roles in your organization unit that are qualified to complete the task.
- Category - You can select a task category.
- Priority - You can select a priority for the task.
- Due date - You can enter a due date and time.
- Duration - You can enter a duration in minutes.
- Client - The name of the client to whom this task relates might be automatically shown. Otherwise, you can search for a client to associate with the task. To protect client information, you must select a client if you want to enter client-specific information in the description.
- Related Programs - You can select a program to associate with the task.
- Description - You can enter a description for the task.

5. Click **Save**.

Depending on the information that you entered, the task status in your task list might be **Open** or **Overdue**.

Modifying tasks

Assuming that organization units are enabled for your organization, you can update a task that is already associated with a client in your organization unit. You can reassign the task to another user or a care team role in your organization unit if you are not best placed to complete it.

Assign the task to a specific user or to a care team role in a pool of qualified people or qualified roles. You can select a user or a care team role in your organization unit but not both.

A task status is **Open** when the task is created with a due date that is on or after the current date. A task status is **Overdue** when the task due date is before the current date. If you change the task due date to a future date, the status of the overdue task changes to **Open**. Completed tasks with a **Closed** status cannot be modified.

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, select **Tasks**.

The **Tasks** list opens. By default, the Tasks list view shows your Open tasks that are assigned to you alone.

3. Click the **Actions** menu of the task, and click **Edit**.

The **Edit Task** page opens.

4. Edit the following task details.

- Name - Enter a task name.
- Assign To - By default, the task is assigned to you as the team member who is currently signed into the application. You can reassign the task to another user in the same organization unit.
- Assign To Role - Select a role from the list of active care team roles in your organization unit that are qualified to complete the task.
- Category - You can select a task category.
- Priority - You can select a priority for the task.
- Due date - You can enter a due date and time.
- Duration - You can enter a duration in minutes.
- Client - You can select the client that the task relates to. You must select a client if you enter client-specific information in the description.



Tip:

If the task relates to a specific client, the client's name is automatically populated as read-only.

- Related Programs - You can select a program to associate with the task.
- Description - To protect client information, if you enter information about a client, you must select a client.

5. Click **Save**.

Depending on the information that you entered, the task status in your task list might be **Open** or **Overdue**.

Closing tasks

You can close an open or overdue task that is already associated with a client, or a general work item, when it is completed. For tasks that are associated with clients, you can close the task in the care plan regardless of whether it is assigned to you or another care team member or role.

When a task status is set to **Closed**, you cannot reopen the task.

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, select **Tasks**.

The **Tasks** list opens. By default, the Tasks list view shows your Open tasks that are assigned to you alone.

3. Click the **Actions** menu of the task, and click **Close**.

The **Close Task** page opens.

4. Specify whether or not the task was successfully completed, and note your reason for closing the task. You can choose from the list of out of the box reasons for closing the task, for example, Successful or Unsuccessful. If configured, you can also choose other closure reasons.

5. Click **Save**.

Deleting tasks

You can delete an incorrect or obsolete task that is already associated with a client, or a general work item. For unwanted tasks that are associated with clients, you can delete the task in the care plan regardless of whether it is assigned to you or another care team member or role.

You cannot delete tasks that are in a **Closed** status. When you delete a task and set its task status to **Canceled**, you cannot reopen the task.

1. Sign in to your account.
Your home page opens.
2. From the **Side Navigation Menu**, select **Tasks**.
The **Tasks** list opens. By default, the Tasks list view shows your Open tasks that are assigned to you alone.
3. Click the **Actions** menu of the task, and click **Delete**.
The **Delete Task** page opens.
4. Click **Yes** to confirm that you want to delete the task.
5. Click **Save**.

Monitoring

You can monitor your clients, respond to alerts, and continually update their information and status. You can track your work and update your planned work according to any changes.

Monitoring my alerts

You can see a list of all alerts that you were notified about on the Care Manager Workspace. You can edit, close, or comment on the alerts.

1. Sign in to your account.
Your home page opens.
2. From the **Side Navigation Menu**, select **Alert Notifications**.
The **My Alert Notifications** page opens.
3. Use the **Actions** menu of an alert to access the following options.
 - Select **Edit** to modify the alert.
 - Select **Comment** to add a comment.
 - Select **Close** to close the alert.
4. Click the name of any client's alert to access the **Summary View** for that client.

Capturing alerts

You can create, modify, and close alerts, which alert care team members to something that needs action or attention from the care team. Alerts are shown in the **context pane**, and alert notifications, which display the open alerts that you have been notified of, are shown on the Care Manager Workspace.

Adding alerts

You can associate an alert with a client by adding the alert from the library of configured alerts. Create an alert to highlight some aspect of a client's care that needs action or attention from the care team, for example, a Blood Pressure alert.

If configured to be shown, you can select the source of the alert (mandatory) and the name of the original source system where the alert originated (optional). You can select one or more members of the care team to be notified of the alert.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Select **History > Alerts**. Existing client alerts are displayed.

You can see who created or updated an alert by clicking the tooltip on a user name. Review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

5. Click **New**.

The **New Alert** page opens.

6. Select a name and priority for the alert.

7. From the **Source** menu, select one of the configured values that indicate the source of the alert.

8. From the **Original Source System** menu, if applicable, select one of the configured values to indicate where the alert originated.

9. Enter a note about the alert.

To see alert notes in the context of all notes for the care plan, select **History > Notes**.

10. Select any care team members that you want to notify of the alert.

The alert is displayed in the **Alerts** section of that team member's **Work List**.

Modifying alerts

You can update an alert that is associated with a client.

When an alert is received from an integrated system, the alert priority is read-only. You cannot modify closed alerts.

If configured to be shown, you can select the source of the alert (mandatory) and the name of the original source system where the alert originated (optional). You can select one or more members of the care team to be notified of the alert.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **History > Alerts**. Existing client alerts are displayed.
You can see who created or updated an alert by clicking the tooltip on a user name. Review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).
5. Click the **Actions** menu of the alert, and click **Edit**.
The **Edit Alert** page opens.
6. Modify the priority, as needed.
7. From the **Source** menu, select one of the configured values that indicate the source of the alert.
8. From the **Original Source System** menu, if applicable, select one of the configured values to indicate where the alert originated.
9. **Optional:** Select any care team members that you want to notify of the alert update. Unselect members of the care team to remove them from the notifications list.
The **Notified** list identifies which care team members received the alert already.
10. Click **Save**.

Updating alerts with comments

You can continually add comments to existing client alerts.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **History > Alerts**. Existing client alerts are displayed.
You can see who created or updated an alert by clicking the tooltip on a user name. Review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).
5. Click the **Actions** menu of the alert, and click **Comment**.
The **Comment** page opens.
6. Enter a comment, and click **Save**.
7. **Optional:** To see alert notes and comments in the context of all comments for the care plan, select **History > Notes**.

Closing alerts

If no further action is required to address a client alert, you can close the alert.

You must enter a comment when you close an alert.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Select **History > Alerts**. Existing client alerts are displayed.

You can see who created or updated an alert by clicking the tooltip on a user name. Review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

5. Click the **Actions** menu of the alert, and click **Close**.

The **Close Alert** page opens.

6. Enter a comment, and click **Save**.

When you close an alert, the alert goes to the **Closed** status and is no longer displayed in these places in the application:

- Context pane for a client
- **Work List** of the Care Manager Workspace

Updating clients' priority

Client priority indicates the level of importance of a client's care. For example, High, Medium, Low, or Not Set. You can update a client's priority at any time if their care needs increase or decrease.

The priority of a client is set when the client is registered in the application, either manually or automatically from a cohort. By default, the priority is **Not Set** if the client is manually registered. or if no priority is available for that client during automatic registration.

If a client enters the application multiple times through multiple cohorts and a priority is available, only the highest priority is displayed. If you update the priority of a client, the updated priority supersedes the latest priority available for that client.

The updated priority is shown on the **Context** pane, on a care manager's Referrals page and Work List if populated with the client's referral details, and on the My Clients page. For supervisors, the updated priority is shown on the Unassigned Clients page, if populated with the client's details.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.
Their **Summary** view opens.
4. From the **Actions** menu in the **Context** pane, select **Update Priority**.
The **Update Priority** window opens.
5. Select the appropriate value in the **Priority** menu.
6. Click **Save**.

The client's priority is updated.

Monitoring tasks that apply to clients

If organization units are enabled for your organization, you can view a list of tasks that users of your organization unit created. Tasks can also be automatically generated from a program, assessment, or questionnaire. By default, the Tasks list page shows your open tasks.

The Tasks list can change dynamically to show only the tasks that you clicked to see on the Care Manager workspace, for example, only the tasks that you must complete today or for a selected calendar date, only your overdue tasks, or only your unscheduled tasks.

By applying one of the predefined page filters or by adding a new one, you can change or further filter your Tasks list. For example, you might apply a filter to display only open tasks that are assigned to your role.

Tasks are categorized by activity as follows: Admin, Care Opportunity, Clinical Discharge Follow Up, Documentation, Follow Up, Other, Physical Contact, or Referral. The **Tasks** list provides context information so that you know the task category.

You can see who created or updated a task by clicking the tooltip on a user name.

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, select **Tasks**.

The **Tasks** page opens.

3. Review each task by name, priority, associated client, category, the user that the task is assigned to, and its due date.

4. To identify a user who created or updated a task, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

5. Change or further filter your Tasks list view based on specific search criteria.

- Click the filter icon to open the **Filter** page.
- Select one or more check boxes that correspond to your search criteria. You can search for only your tasks in a specific state (Open, Closed, Overdue, Unscheduled), or tasks that are assigned to your role in a specific state (Open, Closed, Overdue), or all tasks in a specific state (Open, Closed, Created by Me).
- Optionally click **Add Filter** to add another filter to the predefined filters that you already selected or independently of predefined filters. You can further refine your list view by Assigned To, Category, Due Date, Priority, or Status. Enter the details for your filter selection. You can add only one new filter to each column.
- Click **Apply** to apply the filter. You can remove the page filters by clicking **Reset** at any time. If you clear applied filters, the task list reverts to show a complete list of open and closed tasks that you and other users of your organization unit created.

6. Click a client's name.

Where tasks relate to a client, the individual's name is displayed. If you have access to their protected health information, you can click a name to access the client's Summary View.

Otherwise, the link to the Summary View is not available. If you need access to the information, you must be added to the client's care team. Alternatively, if configured by your organization, you can request emergency access to that individual in critical circumstances. If a member is removed from the care team, any outstanding tasks for the client that are currently assigned to the care team member must be reassigned to another care team member.

Viewing clients with appointments

For clients where you are a member of their care team, you can see which clients have appointments so that you can prepare for upcoming appointments with your care team.

You can search for clients with actions in their care plan that are categorized as appointments. Only clients where you are a member of their care team are displayed in the search results.

1. Sign in to your account.
Your home page opens.
2. From the **Side Navigation Menu**, select **Clients > Appointments**.
The **Client Appointments** page opens.
3. Enter the date on which the action is due to start.
4. Select the name of the action from the list and click **Search**.
The list displays actions that are categorized as appointments. A list of all clients who have that appointment scheduled for the date that you entered is displayed.
5. Click a client name in the **Results** area.
Their **Summary View** opens.

Recording touchpoints

You can record all contacts with a client. A *touchpoint* is an inbound or outbound contact or attempted contact between the care team and either the client or another individual in relation to a client. You can edit and delete manually added touchpoints. You can delete touchpoints that come from integrated systems, but they cannot be edited.

Adding touchpoints

You can record a direct touchpoint with a client, or a touchpoint with others about the client.

If touchpoints are configured to be editable by the care team, you can save a touchpoint that you want to return to later as a draft or ready for review version, or as the final version.

If you have access to sensitive client notes, you can indicate that the note is sensitive to make it visible to you and other users with access to the client's sensitive notes.

If you create touchpoint and a sensitive note, the shared details, for example, Type, Subject and Duration are common to both notes. You cannot mark a private or private to role note as sensitive.

- Draft version - adds the touchpoint with a **Draft** status, which allows you to edit the note.
- Ready for review version - adds the touchpoint with a **Ready for review** status, which allows you to edit the note to incorporate the review outcome.
- Final version - adds a touchpoint with a **Final** status, which prevents you further editing the touchpoint.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click the plus-sign icon (+) on the **Latest Touchpoint** card.

The **New Touchpoint** page is displayed.

5. You can enter the following details about the touchpoint. If you have access to client sensitive notes, you can indicate that the note is sensitive.

- **Sensitive** - Select to indicate that this note is sensitive and only users with sensitive notes access for the client can view it.
- **Subject** - Enter a subject.
- **Contact With** - Select who you contacted in the touchpoint. You can select one or more people.
- **Method** - Select the method of communication, such as telephone.
- **Direction** - Specify the direction of communication.
- **Outcome** - Select whether the contact attempt was successful or unsuccessful.
- **Contact Date** - Enter the date of the touchpoint.
- **Duration** - You can specify the touchpoint duration in minutes.
- **Programs** - You can select relevant programs from any programs that the client is assigned to or enrolled in. The list also displays programs that were completed in the last 30 days.
- **Validated Identity** - You can select the check box to indicate that you validated the identity of person that you contacted.
- **Source** - If configured, you must select one of the configured values that indicate the source of the touchpoint.
- **Original Source System** - If applicable, you can select one of the configured values to indicate where the touchpoint originated.
- **Save As** - If configured to be editable, you can set the appropriate status for the touchpoint: Draft, Ready for review, Final.
- **Note** - Enter a note. Your note is saved without overwriting prior notes.
- Click **Save**.

6. Select **History > Notes** to view the latest touchpoint and prior touchpoints.

The change history on the Notes page indicates who added the touchpoint and when. To identify a user who created or updated a touchpoint, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

Editing touchpoints

You can update a direct touchpoint with a client, or a touchpoint with others about the client, provided the touchpoint was manually added. Touchpoints from integrated systems cannot be edited. If the original

touchpoint record is modified in the integrated system, the corresponding Merative™ Integrated Care record is updated.

- Draft version - adds the touchpoint with a **Draft** status, which allows you to edit the note.
- Ready for review version - adds the touchpoint with a **Ready for review** status, which allows you to edit the note to incorporate the review outcome.
- Final version - adds a touchpoint with a **Final** status, which prevents you further editing the touchpoint.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click the arrow icon on the **Latest Touchpoint** card.

The **Notes** list opens. Starting with the most recent notes, all the notes that are recorded for the client are displayed.

5. Assuming that a touchpoint is configured as an editable note type, select the **Actions** menu of a touchpoint, and click **Edit**.

The **Edit Touchpoint** page is displayed.

6. Edit the following details about the touchpoint:

- **Note** - Enter a note. Your note is saved without overwriting prior notes.
- **Subject** - Enter a subject.
- **Contact With** - Select who you contacted in the touchpoint. You can select one or more people.
- **Method** - Select the method of communication, such as telephone.
- **Direction** - Specify the direction of communication.
- **Outcome** - Select whether the contact attempt was successful or unsuccessful.
- **Contact Date** - Enter the date of the touchpoint.
- **Duration** - You can specify the touchpoint duration in minutes.
- **Programs** - You can select relevant programs from any programs that the client is assigned to or enrolled in. The list also displays programs that were completed in the last 30 days.
- **Validated Identity** - You can select the check box to indicate that you validated the identity of person that you contacted.
- **Source** - If configured, you must select one of the configured values that indicate the source of the touchpoint.

- **Original Source System** - If applicable, you can select one of the configured values to indicate where the touchpoint originated.
- **Save As** - If configured to be editable, you can set the appropriate status for the touchpoint: Draft, Ready for review, Final.
- **Note** - Enter a note. Your note is saved without overwriting prior notes.
- Click **Save**. The **Notes** list updates to provide context information about the touchpoint update. If you edit the touchpoint **Status**, the **History** section of the **Notes** list records the status change, and the user who updated the touchpoint.

7. Enter a new comment about a touchpoint by completing the following steps:

- Select the **Actions** menu of a touchpoint, and click **Comment**. The **Comment** page is displayed.
- Enter a comment, and click **Save**. Your comment is saved without overwriting prior comments. The change history on the touchpoint displays the last comment in the comment section of the touchpoint, and indicates who added the comment and when. To identify a user who created or updated a touchpoint, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

Deleting touchpoints

You can delete Draft, Ready for review, or Final versions of touchpoints from a client's record.

Deleting a touchpoint has a different result depending on whether or not you have access to the delete notes resource, and the status of the touchpoint:

If you do not have access to the delete notes resource:

- When you delete a touchpoint with a status of Draft or Ready for review, the touchpoint is set to Discarded and is no longer displayed in the client's plan.
- When you delete a touchpoint with a status of Final, the touchpoint is set to Canceled and it is still visible. The **History** section of the **Notes** view records the status change and confirms that the touchpoint was a final version that was subsequently deleted.
- You cannot delete a canceled touchpoint.

If you have access to the delete notes resource:

- When you delete a touchpoint with a status of Draft or Ready for review, the touchpoint is set to Discarded and is no longer displayed in the client's plan.
- When you delete a touchpoint with a status of Final, the touchpoint is set to Discarded and it is no longer displayed in the client's plan.
- You can delete a touchpoint with a status of Canceled. The touchpoint is set to Discarded and it is no longer displayed in the client's plan.

Touchpoints can come from integrated systems. If the original touchpoint record is deleted in the integrated system, the touchpoint status of the corresponding record in Merative™ Integrated Care is set to **Canceled**.

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, click **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary View** opens.

4. Click the arrow icon on the **Latest Touchpoint** card.

The **Notes** page opens.



Note:

Starting with the most recent notes, all the notes that are recorded for the client are displayed and the type of note. You can view the detail of a touchpoint, or comments on the touchpoint, by expanding the touchpoint in the list.

5. In the **Actions** menu of the note you want to delete, click **Delete**.

The **Delete Touchpoint** modal appears.

6. Add a comment to explain the reason for deleting the touchpoint.

7. Click **Yes** to confirm.

- If you do not have access to the delete notes resource, the touchpoint is either removed from the client's plan or set to Canceled, depending on the status of the touchpoint. Additionally, the change history on the touchpoint displays the last comment in the comment section of the touchpoint, and indicates who added the comment and when.
- If you have access to the delete notes resource, the touchpoint is removed from the client's plan.

Recording utilization

Utilization is the measure of a client's use of the clinical services that are available to them. You can record a client's use of clinical services, such as hospital encounters or specialist visits. Your organization can then use this information to understand the usage and outcome patterns for services to drive improvements. You can add, edit, and delete utilization records, and update a utilization record with notes and comments.

Adding utilization

You can create a utilization to record the client's use of a clinical service.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Select **History > Utilization**.

Existing utilization is displayed.

5. Click **New**.

The **New Utilization** page opens.

6. Enter the following utilization details.

- Type - Select the type of service utilization, such as a hospital admission. The Type list also contains a value of Other.
- Other Type - If you selected Other as the type, record the specific service type.
- Location - Select the name of the facility where a client availed of health services, for example, the name of a hospital, hospice, or rehabilitation center.
- Other Location - If you selected Other as the location, record the facility name where the client received health services.
- Visit/Admit Date - You can select the date on which the client was admitted to a service, or completed their visit.
- Admitted - You can select the check box to confirm that the client was admitted.
- Discharge Date - If the service lasted longer than one day, you can indicate the discharge or end date.
- Disposition - Select the outcome of a utilization, for example, a successful discharge from hospital. The Disposition type list also contains a value of Other.
- Other Disposition - If you selected Other as the disposition type, record the specific disposition.

- Program - If the service is associated with any existing program that the client is assigned, enrolled or completed in last 30 days, you can select the relevant program.
- Source - Select the source of the information about a utilization. For example, your organization might receive information from the client, a caregiver, or a hospital. The source type list also contains a value of Other.
- Other Source - If you selected Other as the source type, record the specific source.
- Note - You can enter a note about the utilization.

7. Click **Save**.

Editing utilization

You can edit a utilization to update the clinical services that a client used.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **History > Utilization**.
Existing utilization is displayed.
5. Click the **Actions** menu of the utilization, and click **Edit**.
The **Edit Utilization** page opens.
6. Update the following utilization details.
 - Type - Select the type of service utilization, such as a hospital admission. The Type list also contains a value of Other.
 - Location - Select the name of the facility where a client availed of health services, for example, the name of a hospital, hospice, or rehabilitation center.
 - Other Location - If you selected Other as the location, record the facility name where the client received health services.
 - Visit/Admit Date - You can select the date on which the client was admitted to a service, or completed their visit.
 - Admitted - You can select the check box to confirm that the client was admitted.
 - Discharge Date - If the service lasted longer than one day, you can indicate the discharge or end date.
 - Disposition - Select the outcome of a utilization, for example, a successful discharge from hospital. The Disposition type list also contains a value of Other.

- Other Disposition - If you selected Other as the disposition type, record the specific disposition.
- Program - If the service is associated with any existing program that the client is assigned, enrolled or completed in last 30 days, you can select the relevant program.
- Source - Select the source of the information about a utilization. For example, your organization might receive information from the client, a caregiver, or a hospital. The source type list also contains a value of Other.
- Other Source - If you selected Other as the source type, record the specific source.
- Note - You cannot edit previous notes. If a note is already associated with the utilization, enter comments to append to the existing note. Otherwise, a new note is added to the utilization.

7. Click **Save**.

Adding utilization notes and comments

You can add a note to a utilization record to capture information, and amend the note with comments.

You can add a single note per utilization. You can continually amend the note with any number of comments.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **History > Utilization**.
Existing utilization is displayed.
5. From the **Actions** menu of a utilization, select **Add Note**.
The **Add Note** page opens.
6. Enter the note about the utilization, and click **Save**.
The note is appended to the utilization record on the Utilization page.
7. For any utilization that has an existing note, from the **Actions** menu, select **Comment**.
The **Comment** page opens.
8. Enter more comments about the utilization, and click **Save**.
The comments are appended to an existing note in the utilization record on the Utilization page.

Chapter 8. Engaging clients in their own care

Encourage your clients to use the Merative™ Integrated Care Connect Individuals web application, which is linked to Merative™ Integrated Care, to collaborate with you and the rest of their care team on their care plan. Clients can sign in to Connect Individuals to see their planned goals and actions, complete their actions, and send messages to their care team. If their service providers are registered in Merative™ Integrated Care, clients can also collaborate with their care team on provider services on their plans.

The Connect Individuals application

Clients can use Connect Individuals to see the goals and actions on their plans, and to complete actions. If the Messaging feature is enabled in Merative™ Integrated Care, clients and care teams can send messages to each other. If service providers are registered in Merative™ Integrated Care and the Providers feature is enabled by an administrator in Merative™ Integrated Care, clients can see the provider services on their plan, and search for local services and providers. They can shortlist their preferred service providers to review with their care team. If your organization uses Merative™ Integrated Care Service Payment to manage budgets and payments and if clients are required to contribute to the cost of their care services, they can set up their payment contributions using PayPal. Connect Individuals is a responsive web application that you access from the Internet.

Care teams can plan goals, actions, and provider services for clients in Merative™ Integrated Care and clients can see them in Connect Individuals.

The Connect Individuals home page

Actions

The client's open actions are listed. Clients can select an action to see its details, mark an action as completed, or open a list of their closed actions.

Goals

The client's open goals are shown on cards. Clients can select a goal to see the associated actions, or open a list of their closed goals.

Services

If the Providers feature is enabled in Merative™ Integrated Care, the provider services on the client's plan are shown on cards. If the service already has a provider, the provider's name, and the service start date, units, and frequency are shown where available. Clients can select a service to see more details. Clients can search the available services and providers

and shortlist their preferred provider services to discuss with their care team. Care teams can add agreed services to the client's plan.

A shortlist card shows clients how many services are currently shortlisted, if any.

Care team

The client's care team members and their phone numbers are listed.

Payments

Clients can make payment contributions towards the cost of their services using PayPal. Using Connect, the client can grant permissions to allow payments to be made from their PayPal account to the organization. If the client does not have a PayPal account, when they set up payments in Connect, they will be prompted to create one and guided through the process.



Note:

Clients must create and use a personal PayPal account and not a business account.

Payments from the client start when the client's budget is approved and services authorized.



Note:

The **Payments** page displays only if the administrator has configured one budget contributor to be the client contributor.

The Messages page

If the messaging with the Connect Individuals application feature is enabled in Merative™ Integrated Care, clients and their care teams can send and receive messages about the client's care. The client can see the messages in Connect Individuals, and the care team can see the messages in Merative™ Integrated Care.

The Find Services page

If the Providers feature is enabled in Merative™ Integrated Care, clients can search all of the available services by service name, and filter their search by keyword and distance. Clients can add their preferred provider services to their shortlist for the care team to discuss with the care team.

The Shortlist page

Clients and their care teams can shortlist services that might be of interest to the client for later discussion. The shortlist shows the services and the person who shortlisted them. The client can see the shortlist in Connect Individuals, and the care team can see the shortlist in Merative™ Integrated Care.

Inviting clients to register for Connect Individuals

Invite your clients to register to use the Connect Individuals application to collaborate with you on planning their goals, actions, and community services. Clients receive an email with instructions on how to register.

Before you can invite a client, a date of birth and an email address must be registered for the client in Merative™ Integrated Care.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for O'Neill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

Their **Summary** view opens.

4. Click **History > Connect**.

The Connect page opens and displays the email address that is linked to the client's Connect Individuals account and the account status. If the client is not yet invited to register with Connect Individuals, no information is displayed.

5. From the **Actions** menu, select **Send Onboarding Request**.

The **Send Onboarding Request** page opens.

6. Select the client's email address and click **Send** to send the client an email with instructions on how to register for the Connect Individuals application.

Collaborating with your care team

As a client, you can use the Connect Individuals web application (if licensed) to securely collaborate with your care team on your care plan. You can access the application from your browser on the Internet. You can see and send messages to your care team, see your goals and actions, complete actions, and see your care team's contact information. If you use provider services, you can see the service on your plan, and can search for and shortlist your preferred services and providers to review with your care team.

Registering and signing in to Connect Individuals

Your care team discusses your health goals with you and invites you to use Connect Individuals. You receive an email with instructions on how to sign up for Connect Individuals and set a password. After you set your password, you can sign in to the application.

When you are entering your date of birth as part of the registration process, the date of birth format is taken from your browser's locale settings.

By default, if you are inactive for 30 minutes, you will be signed out of your account. You can sign in again to continue working.

If you forget your password, you can reset it from the sign in page. By default, you can reset your password once per hour.

The inactivity and password reset periods are determined by your care team's organization and might be different for you.

1. Open the application in a browser window.



Tip:

You can find the application link in your welcome email.

2. The Merative™ Integrated Care sign-in page opens. If your care organization's Merative™ Integrated Care application is integrated with a third-party identity provider external to IBM, you see an option to **Log in with identity provider**. Ignore this option as it does not apply to your access to Connect Individuals.
3. Enter your email address and password and click **Sign in**. Your home page opens.

4. To sign out, select **your name > Sign out**.

To protect your privacy, ensure that you sign out when you are finished. After you sign out, no one else can see your personal information, even if they start the application on your device.

Viewing your messages

Your care team can send you messages about your plan that you can view in Connect. You receive an email to notify you about each new message.

View your messages by opening the **View message** link in the email or sign in to Connect at any time to see your messages.



Note:

Your Messages page does not refresh in real-time. You can also see new messages by refreshing your browser, sending a new message, or navigating away from your messages and returning to them.

If you have new messages, the number of new messages is displayed on the Messages menu option.

Your history of sent and received messages is shown in a single thread. The order of the messages shown is oldest to latest. You cannot delete messages from your messages thread. Unread messages from your care team are shown in the **Unread messages** section of your messages thread.



Note:

If you have unread messages, no additional email notifications about new messages are sent. Email notifications will resume when you read your messages. We advise you to regularly check your messages so that you do not miss important communications from your care team. You can turn off email notifications at any time in your account settings.

1. Do one of the following.

- View your messages from an email notification.
 - a. In the email that you receive, click **View message**. The email subject is **New message from your care team**.
 - b. The application opens in a browser window.
 - c. If you are not already signed in, enter your username and password to sign in, then select **Messages** from the menu. Your Messages page opens
 - d. If you are already signed in, your Messages page opens when you click **View message** in the email. Existing messages are shown in your messages thread.

- View your messages when you sign in.
- a. Open the application in a browser window.
- b. Enter your username and password.
Your home page opens.
- c. Select **Messages** from the menu. Existing messages are shown in your Messages thread.

2. To see new messages, go to the **Unread messages** section of your Messages thread.

If the message is from your care team, you see the details of the care team member who sent the message and the message details.

Sending messages to your care team

If you need to contact your care team, or have questions or issues regarding your plan, you can send them a message.

When you open your Messages page, you are presented with a disclaimer and a link to the [Terms of use](#) for messaging. Review them so that you can abide by the terms when you use the messaging feature. You can collapse the disclaimer to hide it from view and expand it to reveal the disclaimer again, if needed.

All members of your care team can see your sent messages. Do not use messaging for urgent matters. In a medical emergency, call your care provider.



Note:

You can optionally attach a file to a message. Most file attachment types are supported, but for security reasons, you cannot attach certain file types. For more information, see [Attachment restrictions \(on page 491\)](#). You can attach only a single file to a message. You can send an attachment without a message, if needed. File attachment names must not exceed 250 characters. The file attachment size must not exceed 25 MB. Merative™ Integrated Care scans the selected file to ensure that viruses and malware do not enter the system by mistake. If a file is potentially harmful, you cannot attach it to the message.

1. Open the application in a browser window.
2. Select **Messages** from the menu.
The Messages page opens.
3. Enter your message in the message field. You can enter up to 4000 characters.
4. Optional: Browse to the file attachment that you want to send by clicking the attachment  icon and select it.

5. Click the send icon  to send the message to your care team.

Your sent message is displayed in your Messages thread.

Setting up payments

You might be required to contribute to the cost of your care services. Your care organization may use Connect to collect your contribution. You can make your contribution using PayPal.

If you are required to contribute, your care team will discuss how much you are required to pay. Payments from your account begin when your budget is approved and your services are authorized.



Note:

You must use a personal PayPal account and not a business account.

1. If you are required to set up Payments, when you sign into Connect, a message will alert you that you need to set up Payments. Click the link in the message to open the **Payments** page.
2. Click the PayPal button,

PayPal guides you through the process and gives you the option to log into your existing account or sign up for a new account. Clients must create and use a personal PayPal account and not a business account.

When you complete the PayPal process, you are returned to the Connect **Payments** page. Your account name and the date you signed up to make payments with that account display.

When you are no longer required to make payment contributions towards the cost of your services, you can remove your PayPal account information from Connect using the **Remove** link on the **Payments** page. Note: If you remove your account when you are still required to make contributions, your payments will not be processed and your services may be affected.

Viewing your next payment

If you are required to contribute to the cost of your care, you can view the amount that you have to make for your next contribution so that you can ensure that you have sufficient funds available in your account to cover the cost.

If you are required to contribute, your care team will discuss how much you are required to pay.



Note:

Contribution payments from your account only begin when your budget is approved and your services are authorized.

1. Go to the **Payments** page to view the details of your next contribution payment.
2. To view the services that require your contribution, click the **Services** link.

Viewing and completing your actions

You can see all of the actions on your plan. As you finish actions, you can complete them so you and your care team can track your progress. You can also see all of the actions that are associated with a goal by looking at the goal.

Completing actions cannot be undone. If you complete an action by mistake, you can ask your care team to add the action to your plan again.

1. Go to the **Actions** section on the home page to see a list of your open actions.
2. Click an action to see its details. To close this view, click **Back**.
3. When you finish an action, complete the action by selecting the action check box.
4. Select **See completed actions** to see actions that you previously completed.
5. You can also select a goal card to see all the actions for a goal.

All open and completed actions for that goal are displayed. To close this view, click **Back**.

Viewing your goals

You can see all of the goals on your plan and see the actions that are associated with a goal.

1. Go to the **Goals** section of the home page to see your open goals displayed in cards, one card per goal.
2. Select a goal card to see all the actions for a goal.
All open and completed actions for that goal are displayed. To close this view, click **Back**.
3. Select **See completed goals** to see goals that you previously completed.

Viewing your care team

Go to the **Care Team** section of the home page to see your care team members and their phone numbers. If your device can make calls, select the phone number to call the care team member.

Viewing your services

If you are using provider services, you can see all of the services on your plan in the **Services** section of the home page. The number of shortlisted services is also shown on a card.

1. Go to the **Services** section of the home page to see the currently open services on your plan that is displayed in cards, one card per service.
If the service has a provider, you see the provider name, and the service start date, units, and frequency.
2. If a service has a provider, you can select the service to see more information on the service page.
You can see the service description, locations, rates, available languages. You can also see the service provider's contacts and the provider's description.

Searching for providers for services on your plan

If you are using provider services, you can search for providers for the services on your plan. Search the available providers and shortlist your preferred providers. Review the shortlisted providers and discuss them with your care team, who can add them to your plan.

1. Go to the **Services** section of the home page.
The currently open services on your plan are shown.
2. Select **See Providers** to search for providers of that service.
All of the providers for that service are shown in the search results.
3. **Optional:** To refine your search, enter up to 7 keywords, an address, or a post code.
The keyword search is based on the provider name, provider description, provider service description, the service name, and the service description.
4. Select a service from the search results to see the full provider and service details.
5. To shortlist a provider service, select the shortlist icon .
The service is shortlisted.

Searching for and shortlisting services

If you are using provider services, you and your care team can shortlist provider services to review for addition to your plan. Search the available services and shortlist your preferred services. Review the shortlisted services and discuss them with your care team, who can add them to your plan.

You can search the available services by using the service name and keywords, and refine your search by location. You can access more information about the service and provider from your search results, and see whether the service is already on your shortlist.

1. Select **Find Services** from the menu.

The services search page opens.

2. Select a single service, or enter up to 7 keywords, or both, and if needed, enter an address or a post code to refine your search.

The keyword search is based on the provider name, provider description, provider service description, the service name, and the service description.

3. Select a provider service in your results to see more information.

4. To shortlist a service, select the shortlist icon  to add the provider to your shortlist.

Setting your preferences

If you no longer want to receive emails about new messages from your care team, you can turn the notifications off. You can turn them back on at any time. If you do not want to use Connect, you can close your account.

By default, email notifications about new messages are turned on. Your preferences are applied immediately to your account.

1. Select **Account settings** from the menu.

2. Choose an option.

- a. To close your account, click **Close account**.
- b. To turn on or off email notifications about new messages, check or uncheck the **New messages** check box.

Managing Connect Individuals client accounts

If a client no longer needs access to Connect Individuals, you can temporarily suspend their account and reactivate it later. If the client is unlikely to need access to Connect Individuals again, you can close their account which deactivates it in the application. If you close an account and the client needs access to Connect Individuals again, you must send the client a new onboarding request.

Suspending Connect Individuals accounts

If a client no longer needs access to Connect Individuals on a temporary basis, for example, because they are hospitalized, you can suspend their account in Merative™ Integrated Care.

You can suspend only active client accounts. The client's account is otherwise unaffected and is still associated with goals, actions, and services. You can reactivate a suspended account at any time without needing to re-onboard the client.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **History > Connect**. The **Connect** page opens and displays the email address that is linked to the client's Connect Individuals account and the current status of their account.
5. From the **Actions** menu, select **Suspend Account** and confirm by clicking **Suspend Account** again.
The status of the client's account changes to **Suspended**.

Reactivating Connect Individuals accounts

You can reactivate a suspended Connect Individuals client's account to enable the client to access Connect Individuals again with their onboarding details.

You can reactivate only suspended client's accounts.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **History > Connect**. The **Connect** page opens and displays the email address that is linked to the client's Connect Individuals account and the current status of their account.
5. From the **Actions** menu, select **Reactivate Account** and confirm by clicking **Reactivate Account** again. The status of the client's account changes and is displayed as **Active** again.

Closing Connect Individuals accounts

When a client no longer needs access to the Merative™ Integrated Care Connect Individuals application, you can close their Connect Individuals account in Merative™ Integrated Care. Clients can no longer access the application to see their information. If your organization uses Merative™ Integrated Care Service Payment, and the client has a billing agreement in place then the billing agreement is canceled when you close the Connect Individuals account.

If clients want to access their information in Connect Individuals after you close the account, you must create their Connect Individuals account again. Clients are sent a new welcome email.



Note:

If a client has a billing agreement in place for the automatic processing of any contributions the client is required to make towards services, then the billing agreement is canceled when the Connect Individuals account is closed and no further contributions are processed. If contribution issues arise when you close an account, you can resolve the issues by onboarding the client again so that a new billing agreement can be created and outstanding contributions processed.

If the messaging feature is enabled, the care team cannot send messages to the client when their account is closed as the client can no longer access Connect to respond. However, the care team can continue to see the client's prior message history.

1. Sign in to your account.
Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.
3. Click a client name.
Their **Summary** view opens.
4. Select **History > Connect**. The **Connect** page opens and displays the email address that is linked to the client's Connect Individuals account and the current status of their account.
5. From the **Actions** menu, select **Close Account** and confirm by clicking **Close Account** again.

Related information

[Administering Connect Individuals user accounts \(on page 103\)](#)

Chapter 9. Managing client messages

Your clients can send you, and all other members of their care team, messages about their care. A client can send messages either from the Connect Individuals application or their external portal, but not both. For more information on the Connect Individuals application, see [The Connect Individuals application \(on page 727\)](#). If you have unread messages from your clients, Merative™ Integrated Care notifies you. You can manage your message notifications, send new messages to clients, and filter the list of messages between a single client and their care team.

Managing message notifications

Manage your message notifications so that you do not miss important communications from your clients. You can filter your message notifications, mark notifications as read, and clear notifications to tidy up your notifications list view.

Each notification relates to a message from a single client. Starting with the most recently received notification, the list shows notifications about messages from all of your clients. You can quickly see which messages require a response and manage your message notifications list accordingly.



Note:

The message notifications list displays message notifications that are associated with only those clients who are assigned to you and you are a member of their care team.

Filtering your message notifications list view

You can filter your list of notifications about messages from your clients. For example, you can filter the list to show only unread notifications.

Starting with the most recent, your message notifications list view shows all notifications by default. You can see the details of the client who sent the most recent message, a preview of the most recent message, and other message details.

By applying one or more of the predefined filters, you can filter the list to display only notifications that you want to see.

1. Sign in to your account.
Your home page opens.
2. From the **Side Navigation menu**, click **Message Notifications**. Alternatively, if you have unread messages from your clients, a notification is shown on your home page that shows the number of unread messages. Click **Message Notifications** in the notification.

The **Message Notifications** page opens.

3. Filter the message notifications list by selecting one or more of the following predefined filters.
 - **Read**
 - **Unread**



Note:

By default, the predefined filters are displayed on the **Message Notifications** page. You can click the filter icon to see or hide the filters.

Your chosen filters are immediately applied to the message notifications list. You can remove your applied page filters by clicking **Reset** at any time.

Marking message notifications as read

If you have read one or more notifications, you can mark them as read. For example, you might mark a notification as read because you actioned a response to it or to distinguish it from other unread notifications on your list.

Marking one or more notifications as read only marks them as read on your list of notifications. Other care team members' message notifications lists are unaffected.

You can mark a single notification as read or mark multiple notifications as read at a time. Marking notifications as read does not remove them from your message notifications list. To remove notifications from your list, you must clear them. For more information see, [Clearing message notifications \(on page 741\)](#).



Note:

To see the full message, click the notification or the name of the client who is associated with that notification. If you click the notification or the client's name, Merative™ Integrated Care automatically marks the notification as read.

1. Sign in to your account.
Your home page opens.
2. From the **Side Navigation Menu**, click **Message Notifications**. Alternatively, if you have unread messages from your clients, a notification is displayed on your home page that shows the number of unread messages. Click **Message Notifications** in the notification.
The **Message Notifications** page opens.
3. Mark a single notification as read or mark multiple notifications as read at a time in bulk.

- To mark a single notification as read, click the **Actions** menu of the notification and click **Mark as Read**.
- To mark multiple notifications as read, select the checkbox next to one or more client names and click **Mark as Read**.

The **Mark as Read** dialog box opens.

4. Click **Mark as Read** to mark the notifications as read.

Clearing message notifications

You can clear one or more notifications to remove them from your message notifications list. For example, you might want to clear a notification that you know you do not need to action because another care team member is dealing with it.

Clearing one or more notifications removes the notifications only from your message notifications list. Messages that are associated with those notifications remain visible on the client's messages list. Other care team members' message notifications lists are unaffected.

1. Sign in to your account.
Your home page opens.
2. From the **Side Navigation Menu**, click **Message Notifications**. Alternatively, if you have unread messages from your clients, a notification is displayed on your home page that shows the number of unread messages. Click **Message Notifications** in the notification.
The **Message Notifications** page opens.
3. Clear a single notification or clear multiple notifications at a time in bulk.
 - To clear a single notification, click the **Actions** menu of the notification and click **Clear**.
 - To clear multiple notifications, select the checkbox next to one or more client names and click **Clear**.
The **Clear** dialog box opens.
4. Click **Clear** to remove the notifications from your message notifications list.

Sending messages to clients

You can send messages to clients about their care by using the messaging with the Connect Individuals application feature or the external messaging feature.

If your administrator has enabled messaging with the Connect Individuals application for your organization, you can send messages to your client if the client has an active Connect account. The client can see and reply to your messages from their Connect application.

If your administrator has enabled external messaging for your organization, you can send messages to your client, which are sent and received through the external messaging API. The client can see and reply to your messages from their external portal.

When you open the messages list, you are presented with a disclaimer and a link to the [Terms of use](#) for messaging. Review them so that you can abide by the terms when you use the messaging with the Connect Individuals application feature or the external messaging feature. All members of the client's care team can see all messages, sent or received.



Note:

You can send messages to only those clients who are assigned to you and you are their care team member.

Depending on what feature your administrator has enabled for your organization, you can either use the messaging with the Connect Individuals application feature or the external messaging feature to send messages to a client. You cannot use both messaging with Connect Individuals and external messaging at the same time.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Messages**.

The **Messages** page opens. All existing messages between the client and the care team are displayed.

5. Click **New Message**.

The **New Message** dialog box opens.



Note:

If your administrator has enabled the messaging with the Connect Individuals application feature, and if a client is deactivated or their Connect Individuals account is closed, the action to send a new message to the client is disabled as they can no longer access their Connect account to respond.



If your administrator has enabled the external messaging feature, the action to send a new message is available to you for all of your active clients, as messages are sent and received through the external messaging API and not through the Connect account.

6. Enter a message of up to 4000 characters.
7. Browse to the file attachment that you want to upload and select it.



Note:

Most file attachment types are supported, but for security reasons, you cannot attach certain file types. For more information, see [Attachment restrictions \(on page 491\)](#). You can attach only a single file to a message and you can send an attachment without a message if needed. File attachment names must not exceed 250 characters. The file attachment size must not exceed 25 MB. Merative™ Integrated Care scans the selected file to ensure that viruses and malware do not enter the system by mistake. If a file is potentially harmful, you cannot attach it to the message.

8. Click **Send** to send the message to your client.

The client will receive an email to notify them about the new message or they can see your message at any time by signing in to their Connect account. Alternatively, if the client is using external messaging, they can see your message in their external portal.

Filtering the client messages list view

You can filter the list of messages that are sent between the care team and a single client.

If your administrator has enabled the messaging with the Connect Individuals application feature, the list of messages shows the following:

- All messages sent by the client to the care team from the Connect Individuals application.
- All messages sent by the care team to the client from Merative™ Integrated Care.

If your administrator has enabled the external messaging feature, the list of messages shows the following:

- All messages sent by the client to the care team from their external portal.
- All messages sent by the care team to the client from Merative™ Integrated Care.

Starting with the most recent, the list shows all messages that are sent and received. You can see the details of the sender (you, the client, or a care team member) and the message details.

By applying one or more of the predefined page filters, you can filter the list to display only messages that you want to see. For example, you can filter the list to show only those messages that you sent to the client.

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients > My Clients**, or search for other clients.

3. Click a client name.

Their **Summary** view opens.

4. Click **Messages**.

The **Messages** page opens.

5. Filter the messages list based on specific filter criteria.

- **Sent By** : All messages sent by you, the client, or a care team member.
- **Sent On**: All messages sent during the specified date range.



Note:

You cannot filter by a specific date.

6. Click **Apply** to apply the filter.

You can remove your applied page filters by clicking **Reset** at any time.

Chapter 10. Providing community services

As a service provider, you can collaborate with care teams on your services by using the Merative™ Integrated Care Connect Providers web application, which is linked to Merative™ Integrated Care. You can register and sign in to Connect Providers to list your services, respond to service inquiries from care teams, and update your organization's profile. Care teams can select listed services in Merative™ Integrated Care when they are creating care plans for clients, and collaborate with providers on service inquiries.



Note:

The functionality described in this section is only applicable to providers who are registered in Merative™ Integrated Care and who are using the Connect Providers application. The functionality is not applicable to organizations who are using the external inquiries process.

Signing up to use the Connect Providers application

As a service provider, you will receive an email inviting you to sign up to Connect Providers. Links in the email direct you to where you can complete your sign up by confirming your identity and setting a password.

1. Confirm your identity by clicking the link in the email. The link will expire within 24 hours of being sent. If it is over 24 hours since you received the email, request a new link from the support contact given in the email.
2. Enter your secret code.
When your identity has been confirmed by entering the correct secret code, a link to set your password will be sent to you by email. The email is from Merative™ Integrated Care and the subject is Password Set or Reset for <*provider name*>.
3. Open the link to set your password.
This link will expire after 24 hours. If the link expires, you are notified and can request a new password set or reset email.
4. Set a password for your account. After you set your password, you can sign into your account. If the set password link expires, follow the link in the message displayed to request a new set password link. Enter your email address, check that it is correct, and click **Send reset instructions**. You will receive an email with the set password information. If you forget your password, you can reset it from the sign in page. By default, you can reset your password every 24 hours. However, this period is determined by the care organization that you collaborate with, and might be different for your organization.

5. When you go to your organization's Connect Providers URL, the Merative™ Integrated Care sign-in page opens. If your organization's Merative™ Integrated Care application is integrated with a third-party identity provider external to Merative, you see an option to **Log in with identity provider**. Ignore this option as it does not apply to your access to Connect Providers.
6. Enter your email address and password and click **Sign in**.
Your home page opens.

When you have completed sign up and have signed into the application, you are presented with the terms and conditions of use. Review them and accept to start working with Connect Providers. If the terms and conditions are updated, you will be informed when you next sign in to Connect Providers. Note: If you do not accept the terms and conditions, you will not be able to use Connect Providers and your account will be closed. You can withdraw your consent and close your account at any time from the Profile menu.

Then, add your services and submit them for approval so that they become available for selection by the care team. In addition, add your PayPal information so that you can receive payments for services provided.



Note:

By default, if you are inactive for 30 minutes, you will be signed out of your account. However, this period is determined by the care organization that you collaborate with, and might be different for your organization. You can sign in again to continue working.

Setting up payments

To get paid for the services that you provide, you must set up a PayPal payment method through Connect Providers. You must give Connect Providers permission to transfer payment into your PayPal business account for the services that you deliver. You can change your account details if required.



Note:

Signed up for payments using Internet Explorer 11 is not supported, use one of the [supported browsers](#).

1. Open the **Payments** page. If this is the first time that you are setting up a payment method, you are prompted that you can choose one of the following options to receive payments:
 - Use an existing PayPal business account and grant Connect Providers permission to the account.
 - Upgrade an existing personal account to a business account, and grant Connect Providers permission to the account.
 - Create a new business account and grant Connect Providers permission to the account.
2. To set up a payment method, click the PayPal button. PayPal guides you through the process and gives you the option to log into your existing account or sign up for a new account.
When you complete sign up in PayPal, you are returned to the Connect Providers application.

Managing your organization's profile

You can update your organization's profile. Care team members that use Merative™ Integrated Care can view your organization's profile when they are selecting service providers for clients. Care team members cannot see your identification numbers.

1. The existing information that is recorded about your organization in Merative™ Integrated Care is displayed on the **About** tab of the **Organization** page. To modify or to add more details, update or add a phone number, email address, or website as required. You cannot update your organization name. You cannot edit or add identification numbers. Identification numbers might be your Company number or Charity number.
2. The existing organization Description is displayed on the **About** tab of the **Organization** page. You can update the text description as required.
3. For organizations that are operating in the UK if your **CQC ID**, or Care Quality Commission Provider ID is not already recorded on the **About** tab of the **Organization** page, you can enter it. If it was previously recorded and was validated against the CQC records, then you cannot edit it.
4. The existing addresses that are recorded for your organization are listed on the **Location** tab of the **Organization** page. You can manage your addresses as follows,

Option	Description
Update an address	You can modify the details of an existing address, for example, you can set it to be the Primary address for the organization or you can correct any errors in how it was recorded. Edit the address manually or by searching for it. If the map location displayed is incorrect, you can drag the pin to the correct location. Only your

Option	Description
	primary address appears on your organization's profile.
Delete an address	You can delete an existing address, for example, if your organization no longer operates from the address.
Add an address	You can add an address for your organization. Enter the address manually or by searching for it. If the map location displayed is incorrect, you can drag the pin to the correct location.

5. Your existing organization contacts are listed on the **Contacts** tab of the **Organization** page. You can manage your contacts as follows:

Option	Description
Update an existing contact	You can modify the contact details of an existing contact, for example if they have changed role or are working at a different address. You can indicate if a contact is the primary contact for the organization.
Delete a contact	You can delete an existing contact, for example if the person has changed role or has left your organization.
Add a new contact	To add a person as a contact for your organization, click Add contact and enter the person's details and Save .

Listing your services

You can add a service listing and when it is approved and published, it is available for selection by care team members when they are planning a client's services. When you add your services, you search the organization's service library to find and add each type of service that is delivered by your organization. So that you can differentiate your services from those of other providers who offer similar services, you can customize your service details and add your rates. If you are in the UK, you can add your CQC (Care Quality Commission) identifier. The card displays the service name and description. If resources apply to the service, you see the number of available resources and the number of resources in all resource groups

that are associated with the service. You can click **View resource details** to see the resource group details by service location. By clicking a resource group, you can see the details of each resource in the group. If the service is closed, the date and time that the service was closed by the administrator is shown.

When you create a service, it is in a draft status. You can view and modify draft services. The administrator can also view and modify your draft services. When you feel that a draft service is ready to be listed, you can submit it for approval to the administrator. A service must have a description and at least one rate before you can submit it. When a service is submitted, it is in the pending approval status and cannot be edited. However, if you want to make changes, you can withdraw the service, update it and then submit it for approval again. When a service is approved, it has a published status and is available for selection by care team members when they are planning clients' services. If the service is rejected by the administrator, it returns to the draft status. You can view the reason why it was rejected. Then, you can update it and resubmit it for approval. The administrator can close a service that your organization no longer provides.

Related information

[Approving provider services submitted by providers \(on page 235\)](#)

[Rejecting provider services \(on page 236\)](#)

Adding services

As you add a service, the navigation bar shows your completed steps and what step you are on currently.

1. On the **Services** page, click or tap **Add new service**.
2. Identify your service type as follows:
 - a. From the list of available service categories, select the service category that your service belongs to. Services that have not been categorized are added to the **Uncategorized Services** section.
 - b. From the services that are recorded for the selected service category, select your service type.
3. Customize your service. The information that you add for each substep is saved when you click or tap **Save & Continue**. If you click or tap **Done** during the substeps, any steps completed so far are saved. **Note:** If resources apply to the service, you must add at least one location where you offer the service before you can add a group of resources.

- a. Add a description of your service.
- b. Depending on your organization's locale, you can enter a quality system identifier. For example, if you are in the UK, you have the option to enter a Care Quality Commission (CQC) ID. If you are in another location, this field is not shown.
- c. Enter the contact information for the service and the locations where you offer the service.
- d. If resources apply to the service, you see a **Resources** tab. From this tab, you can add and manage groups of resources to assign to clients.
 - i. Click **Add resource group**.
 - ii. From the list of resource categories, select the category that resources in this group belong to. For example, Beds.
 - iii. Select the service location where resources in the group are offered.
 - iv. Enter a name that describes the nature of the resources in this group to a maximum of 50 characters. For example, Bed.
 - v. Enter the number of resources in this group in the range 1 - 100. The number determines how many resources will be automatically added to the group for you to manage. For example, if you enter 10, 10 resources are automatically added.
 - vi. Optionally, select one or more genders and client types who are eligible for the resources.
 - vii. Optionally, enter a description for the resource group to a maximum of 2000 characters.
 - viii. Click **Save**.
- e. Enter the rates for the service. For a free service, enter a rate of 0.00.

Your draft service is created. A card with the draft service details displays on the **Services** page. If you added a resource group, you see the resource group on the Resources tab. Click a group to see and manage its resources. Each resource name/ID matches the resource category name. A number is automatically appended to each name to identify the resource, for example, Bed 1, Bed 2, Bed 3. Newly created resources are not available to care teams for assignment to clients until you modify them to make them available.

Modifying services

You can modify the service description. You can update or add an address, contact, resource group, resources in a resource group, or rates for the service. You cannot change the service type. You cannot modify a service that is submitted for approval.

On the **Services** page, click or tap **Edit** on a service card to modify the details. Changes are saved when you click or tap **Save & Continue** on each page.

Adding more resources to a group

When you add a group of resources, the number of resources that you specify are automatically created. You can add more resources to a group as they become available. You can manage each resource after you add it.

1. On the **Services** page, click or tap **Edit** on a service card.
2. Click or tap **Resources**.
3. Click or tap the arrow icon for a listed resource group to go to its home page. Existing resources in the group are shown.
4. Click **Add resource**. The new resource is appended to the existing resources in the group.
5. Optional: Click **Done** to return to the **Resources** tab.

Modifying resources

You can edit the details of a resource so that the resource capacity for the service is up to date. To mark a resource as available so that care team members can view an accurate count of your current available resources, you must change its status to Available. When a resource is assigned to a client, you can change its status to Unavailable and enter the client's name.



Tip:

To quickly change the status of an unavailable resource to Available and clear its details, you can choose the **Reset to available** option.

1. On the **Services** page, click or tap **Edit** on a service card.
2. Click or tap **Resources**.
3. Click or tap the arrow icon for a listed resource group to go to its home page. Existing resources in the group are shown.
4. Choose an option.
 - Click **Edit** for a resource to update its details.
 - a. Optionally, update the name or ID of the resource to a maximum of 60 characters.
 - b. Select the resource status, Available or Unavailable. The care team can see the resource availability for services that you provide.
 - c. Optionally, enter the name of the client who is assigned the resource to a maximum of 150 characters.

- d. Optionally, enter the expected start date and end date that the client is assigned to the resource. If you make an offer to provide the service, the start date defaults to the expected start date that you entered in your offer.
- e. Optionally, enter additional information about the client who is assigned the resource to a maximum of 2000 characters.
- f. Click **Save**.
 - To make an unavailable resource available for assignment to clients and clear its details, click **Reset to available**. Then click **Reset**.

Deleting resources

If a resource is no longer valid, you can delete it from a resource group. Deleted resources are not included in the total and available resource counts for this resource group. If the resource is assigned to a client, you are informed when you confirm the deletion.

1. On the **Services** page, click or tap **Edit** on a service card.
2. Click or tap **Resources**.
3. Click or tap the arrow icon for a listed resource group to go to its home page.
4. Click or tap **Delete** for a listed resource.
5. Confirm the deletion of the resource by clicking or tapping **Delete**.

Deleting resource groups

If a group of resources no longer apply to a service, you can delete the resource group. Deleting a resource group deletes the group and all of its resources. Deleted resource groups are not displayed to care team application users. If any resources in the group are assigned to clients, you are informed when you confirm the deletion.

1. On the **Services** page, click or tap **Edit** on a service card.
2. Click or tap **Resources**.
3. Click or tap a resource group to go to its home page.
4. From the **Actions** menu, click or tap **Delete resource group**.
5. Confirm the deletion of the resource group by clicking or tapping **Delete**.

Deleting services

You can delete only draft services. If you delete a service, it is no longer available for selection by care team members. If the service includes resources or if the resources are unavailable and assigned to a client, you are informed when you confirm the deletion.

On the **Services** page, click or tap **Delete** on a service card to delete the service.

Submitting services for approval

When you feel that your services are ready to be activated and become available for selection by the care team, you can submit one or more services for approval to the Merative™ Integrated Care administrator. You cannot edit services when they are submitted for approval. However, you can withdraw services that you have submitted for approval so that you can update them. You can resubmit withdrawn services when you are happy with the content.

1. On the **Services** page, check each service that you want to submit for approval and click **Submit for approval**.
2. If you want to update a submitted service, withdraw it by selecting the service and clicking **Withdraw**. Modify the service information and then click **Submit for approval**.

The services are submitted for approval to the Merative™ Integrated Care administrator. When a service is approved, it has an published status and is available for selection by care team members when they are planning clients' services. If the service is rejected by the administrator, it returns to the draft status. You can view the reason why it was rejected. Then, you can update it and resubmit it for approval.

Managing inquiries

Care team members send inquiries to one or more service providers to solicit services for their clients that meet their clients' needs and is within their clients' budgets. You can respond to inquiries from the care team regarding services that your organization provides by either making an offer to provide the service or by declining to make an offer to provide the service. When a care team member receives offers from provider organizations to provide a service, the offers are reviewed and the offer from the most suitable provider to deliver the service is accepted. Unsuccessful offers are rejected.

A care team member can send one inquiry to multiple service providers. The care team member can receive an offer from all providers that receive the inquiry. Care teams can then select the best offering for the client's needs.

You receive email notifications to tell you that a care team member made an inquiry about your services or if the care team member accepted your offer to provide a service. You can then review the inquiry in the Connect application. The email notification is sent to the email address that is associated with your Connect account. To ensure that emails sent to you are not treated as spam by your email application, add the Merative™ Integrated Care sender email address to your email address book.

So that you have all the information that you need when considering an inquiry, the care team member may attach a file containing supporting information to the inquiry. If the care team member updates the supporting information file, the updated file replaces the original one and an updated supporting information event displays on the inquiry time line. If the supporting information file is removed, the time line displays the date and time that the file was removed.

Viewing inquiries

To track the inquiries that are sent to you by care team members, you can view and filter the **Inquiries** page.

1. Open the **Inquiries** page. To see the inquiries that you want to see, filter your inquiries by selecting one of the following filters:
 - **All** - displays all inquiries.
 - **New** - displays all new inquiries.
 - **Offer sent** - displays all inquiries that you responded to with an offer to provide the service.
 - **Offer accepted** - displays all of your offers that are accepted by the care team.
 - **Offer unsuccessful** - displays all of your offers that were not accepted by the care team.
 - **Declined** - displays all inquiries that you declined to make an offer for.
 - **Closed** - displays all inquiries that are closed.
2. Select an inquiry to see its details. Comments from you and the care team about the inquiry display with the options to **Offer**, **Decline**, or **Request more information**. You can open the supporting information file so that you can review the contents. **Note:** If you allocated resources to an offer, and the offer expires or is not accepted by the care team, you are prompted to review the allocated resources for the inquiry. You can update the allocated resources as needed to make them available again.

Requesting additional information about an inquiry

If you need more information about an inquiry, you can add comments to the inquiry that request additional information from the care team. All providers who receive the inquiry can see comments that are entered by the care team member. Only the care team member who made the inquiry can see comments that you make on the inquiry. Other providers that received the inquiry cannot see your comments.

1. In the **Inquiries** page, select the inquiry to see its details.
2. To ask the care team for more information, select **Request more information**. Enter your request into the comment field and select **Request** to submit the request.

Your request is sent to the care team member that sent the inquiry. Your request displays in the details pane of the inquiry. When a care team member responds, you can see the response in inquiry details.

You can request further information, make an offer based on the information, or decline the inquiry.

Making an offer

On receiving an inquiry, you can submit an offer to the care team member that outlines the rate at which your organization can deliver the service and when you can start delivering the service.

1. In the **Inquiries** page, select the inquiry to see its details.
2. To make an offer, select **Offer** and enter the number of units that you can deliver, your rate, the date you can start delivering the service, and an expiry number of weeks or a date, or hours for the offer. If you enter custom (hours), 0.5 is the lowest value that you can enter which means 30 minutes.
3. If the inquiry is a request for resources that the service provides, you can reserve one or more resources.
 - a. You can choose to not reserve a resource before your offer is accepted. You can edit the resource details later to reserve it for a client if needed.
 - b. You can reserve available resources so that another client is not assigned the resource after you send your offer. If you choose to reserve a resource, you must select the resource category, resource group, and one or more resources.
4. Optionally, enter a comment about the offer.
5. Click **Send offer**. The inquiry ID is added to reserved resources when you make the offer.

The inquiry updates to a status of **Offer made**. The offer is sent to the care team member. The care team member can accept or reject your offer. If a care team member accepts your offer, the offer status updates to **Offer accepted** and you can see the client's name and contact details. If the care team member rejects your offer, the status updates to **Offer unsuccessful**.

Withdrawing an offer

After you make an offer, you can withdraw the offer at any time before a care team member has accepted or rejected the offer. For example, if you no longer want to provide the service, or if you want to make changes, such as you or the care team members adding more information in comments. After you withdraw an offer, you can submit another offer for the inquiry if needed.

If you are using budgets, you cannot withdraw an offer after a budget has been submitted for approval.

1. In the **Inquiries** page, select the inquiry to see its details.
2. To withdraw an offer, select **Withdraw**, enter a withdrawal reason, and click **Withdraw offer**.

The inquiry reverts to a status of **Awaiting offer**, and is updated with the details of the person who withdrew the offer, the withdrawal reason, and the date and time of withdrawal.

Updating resource allocation

If you allocated one or more resources when you made an offer, you can update the allocated resources. For example, you might need to update the resource availability because the offer expired.

1. In the **Inquiries** page, select the inquiry to see its details.
2. To update the resource allocation, select **Update allocated resources**.

The inquiry reverts to a status of **Awaiting offer**, and is updated with the details of the person who withdrew the offer, the withdrawal reason, and the date and time of withdrawal.

Editing an offer

You can edit the expiry date on a sent offer so that a care team member can have more time to consider accepting it.

When a offer is in the status 'Offer Made', you cannot edit any details except the expiry date or time. To update any other details, contact the care team directly.

1. In the **Inquiries** page, select the inquiry to see its details.
2. To update the expiry date or time, enter a new expiry date or time, and click **Save**.

The expiry date/time is updated to the new date/time. The inquiry page refreshes to display the updated date/time.

Declining an inquiry

You can decline the inquiry without making an offer if for some reason your organization cannot deliver the service as requested.

1. In the **Inquiries** page, select the inquiry to see its details.
2. To decline the inquiry, select **Decline**. You can optionally enter a comment that says why you cannot or do not want to make an offer.

The inquiry updates to a status of **Declined**. The care team member can see that you declined to make an offer and any comments that you made. After you decline an inquiry, you cannot see further care team comments on the inquiry.

Merative™ Integrated Care Community Service Referral

With Merative™ Integrated Care Community Service Referral, care team members can send inquiries to community service providers, manage provider responses and offers, and accept or decline offers.

If your organization licenses the Merative™ Integrated Care Community Service Referral add-on component, when you are planning the services that your client needs, you can send inquiries to community service providers asking them to supply the service and manage queries from the providers about the service request. You can also review offers that are sent by providers in response to your inquiry and accept the offer that best meets your client's needs and budget.

Merative™ Integrated Care Community Service Referral requires the following:

- Merative™ Integrated Carewith the Providers feature enabled
- Merative™ Integrated Care Connect Providers

Merative™ Integrated Care Connect Providers for administrators

[Registering providers and services \(on page 214\)](#)

[Configuring for Connect applications \(on page 214\)](#)

Service referrals for care teams

[Planning services with provider inquiries \(on page 630\)](#)

Service referrals for service providers

[Managing inquiries \(on page 753\)](#)

Chapter 11. Supervising

As a supervisor, you can use the Supervisor Workspace to manage your workload, and assess the ability of your organization and care managers to take on more clients. You can manage care manager capacity and assign clients to care managers based on their available capacity.

Supervisor Workspace

Use the Supervisor workspace to see a snapshot of your daily work. You can see the number of client referrals who are not assigned to care managers, and the available capacity of your organization unit and individual care managers. You can evaluate the performance of programs, and see priority tasks that you need to complete.

Use the side navigation menu to access the full list of unassigned clients and care managers, and to complete common actions such as managing tasks.

The information is presented in cards, with links to detailed information or further actions, if available. The following cards are available.

Unassigned Referrals

A chart that shows the number of client referrals (active and inactive) to your organization unit who are not yet assigned to a primary care team member in your organization unit. You can identify the client referrals by their priority, High, Medium, Low, Not Set, and their length of time in the system. You can assign referrals to a primary care team member in your organization unit based on their available capacity.

Capacity

This chart shows the workload distribution for all active care team members in your organization unit. The Care Team view shows the total number of care team members that are assigned to you and the number among them who are Over capacity, and at High, Medium, and Low capacity. The Total view shows the maximum number of active clients that your organization unit can manage. You can also see the total number of active clients who are currently assigned to care team members, and the total available capacity of all of the care team members in your organization unit. This chart helps you to determine if your organization unit has the available capacity to take on the unassigned clients who are displayed in the Unassigned chart. If you do not specify capacity for a care team member, Not Set is displayed for capacity. But you can change the capacity Not Set to a value based on your knowledge of the care team member's experience or availability etc. The Care Team tab and Total tab in the capacity chart displays all care team members with defined capacity as shown in the following examples where Susan Brown is the care team member.

- If Susan Brown has only one assigned role, say Data entry Operator, with Not Set capacity, then in the capacity card, Susan Brown will not be counted in the Care Team tab and the Total tab capacity.
- If Susan Brown has only one assigned role, say Reviewer with zero (0) capacity, then in the capacity card, Susan Brown will be counted in the Care Team tab as well as the Total tab capacity.
- If Susan Brown has two assigned roles of say Reviewer with zero (0) capacity and say Data Entry Operator with Not Set capacity, then in the capacity card, Susan Brown will be counted in the Care Team tab as well as the Total tab capacity.

Enrollment Status

This chart shows how well the programs that are provided by your organization unit are performing over the last 30 days, based on the program enrollment status of each program. You can see the number of clients that are associated with the programs, and a breakdown of the number of clients by program status over the last 30 days. You can see the numbers of clients who are assigned to programs, and the numbers of clients who are pending enrollment, enrolled, disenrolled, or not enrolled in programs. You can also see the numbers of clients who completed programs. This chart helps you to detect blockages in a program, or determine if the structure of a program needs to be changed. It also helps you to assess the performance of care managers and identify if the same care managers are disenrolling, or not enrolling clients in programs.

Calendar

This calendar view shows open tasks for active clients, which are scheduled for action by day, week, or month. In the **Due Tasks** pane, you can see priority tasks that are due to be completed today that have no set times for completion. The list shows only tasks for clients that you authorized to view as a current member of their care team. The **Due Tasks** pane is not displayed for weekly or monthly views.

You can toggle between the day, week, or month views to see your upcoming tasks. The week view shows your tasks for the week, and the total number of tasks for each day of the week, for example, 10 tasks. The month view shows the total number of tasks for each day of the month. The red line shows the current time. You can see detailed task information by clicking the task name. You can also manage your tasks from the calendar.

Work List

A central view of your unscheduled and overdue tasks for active clients, assigned referrals, unassigned clients, and referrals for inactive clients. A count of tasks per category is displayed. The list of overdue tasks is sorted by the longest overdue.

Tasks in your calendar and work list are color coded based on their priority. Navy blue indicates high priority, yellow indicates medium priority, green indicates low priority, and gray indicates that a priority is not set.

Managing client referrals

Clients who are referred to your organization for care management can enter Merative™ Integrated Care from both internal and external sources. Clients can be manually referred to your organization unit, or can be received from an external system via an API, or via a cohort from an external system. As a supervisor, you must accept or reject referrals. Your workflow is different depending on whether the client is active or inactive.

Client referrals

Clients are manually registered in Merative™ Integrated Care, or are automatically registered when they enter the application from an external system (via an API) or from one or more cohorts.

A *cohort* is a grouping of clients based on specific criteria such as age or at-risk priority, who are identified by an external system as requiring care management, and who are sent to the application by an electronic interface.

If organization units are enabled for your organization when clients are registered in Merative™ Integrated Care, they automatically subscribe to the principle of *community consent* where they agree to share their personal health information (PHI) in line with your organization's consent policies.

Active and Inactive Clients

By default, clients are registered in Care Manager as active clients. The care team might mark a client as inactive if the client is deceased, does not respond to care management, moved out of state, or declined to avail of further care. Occasionally a client might be marked as inactive in error.

If an inactive client is referred to the organization again from an external system via an API or cohort, the client is not automatically activated in the application. The supervisor must manually review each client referral to assess its validity before they activate the client or reject the client referral in the application.

Assigning client referrals to care team members

Assuming that organization units are enabled for your organization, you can manage unassigned referrals for clients who are in an Active or Inactive state in the application. You can assign referrals (either singly or as a bulk assignment) to an appropriate care team member based on their roles, skills, and capacity.

You cannot assign a referral that is already assigned, rejected, or deleted in the application.

Referrals (25 max) can be assigned to any active care team member who has at least one care team role assigned. If you are using organization units, the care team member who receives the referral assignment must be in your organizational unit. When Inactive clients are among the selected referrals for assignment, you are guided through a 2-step wizard. Otherwise, the second step that follows is the only step.

1. [Wizard page 1 - Activate and Assign]. The Inactive Client Referrals list and the Activation Reason cluster are displayed conditionally. You can reactivate listed inactive clients as you assign them to a care team member. You must specify a reason for doing so, which is applied to all selected Inactive clients.
2. [Wizard page 2 - Assign] You proceed to assign the client referrals to one of the listed care team members who has the capacity to take on more work. In the process, you can assign the clients who are being referred to one of the listed programs that suits their needs. Further, you can designate the care team member to be a primary care team member who is responsible for the client's care plan and programs. When you assign the client referrals to the selected care team member, the care team member is automatically added to the client's care team in their selected role(s).

The options to select Source and Original Source are displayed only when you select a program and if configured to be shown by your administrator. If configured to be shown, you can select the source of the program (mandatory) and the name of the original source system where the program (optional) originated. The Source value represents the configured platform that is sharing data, for example, Merative™ Integrated Care. The Original Source System is the name of the system where the data was entered for the very first time.

The option to select Care Team Groups is displayed only if care team groups are configured by your administrator. Your administrator defines the members of the care team group(s) based on their care team roles and skills. When the referral is accepted by the referral assignee, all members of the care team group(s) are automatically added as additional members of each client's care team.

1. Sign in to your account.

Your home page opens.

2. From the **Unassigned Referrals** card, click the arrow icon.

The **Open Unassigned Referrals** page opens. By default, every referral record for active and inactive clients is displayed.

3. Review each unassigned client referral by their name, date of referral, priority, and if available, the name of the cohort that referred the client, and the reason that they were referred.

Expand the client view to see more information. You can see the client referral's assignment history. If the referral was previously assigned, you can see who the referral was assigned to. You can also see the date when the referral was assigned or unassigned, who assigned or unassigned the referral, including reasons for unassigning the referral if the referral was unassigned.

When a referral is received from an external system, you can see the source of the referral (mandatory) and the name of the original source system where the referral originated (optional). This information might also be available if a care team member manually recorded the Source and Original Source System when they created a referral.

By clicking the filter icon and selecting from the Quick Filters on the page, you can narrow your list view based on specific criteria. For example, you can choose to view only referral priority (High, Medium, Low, Not Set), unassigned referral day ranges, or client status (Active, Inactive). You can further refine your list view as follows.

- a. Optionally click **Add Filter** to add another filter to the Quick Filters that you already selected.

You can further refine your list view by Name, Referred On date, Priority, Cohort, Referral Reason, Other Referral Reason, Client Status, Risk Name, Source, Original Source System, Suggested Program, Risk Category, Date of Birth, Tag or Address. Filters are only available for a configured attribute, where it is displayed as a column or in the expanded view. Enter the details for your filter selection. You can add only one new filter to each column.

- b. Click **Add** to apply the additional filter. You can remove a filter by clicking **Clear**. The predefined Quick Filters are retained.

- c. Click **Apply** to apply the filters that you selected. You can remove page filters by clicking **Reset**.

The **Unassigned Referrals** list page refreshes to show only the client referrals who correspond to the filters that you applied. You can further change your filter selection on the list page by checking or clearing the check boxes to suit your needs.

4. Assign a single client referral to a care team member, or assign up to 25 referrals at a time in a bulk assignment. Do one of the following:

- To assign a single referral, click the **Actions** menu of the referral, and click **Assign**.
- To process up to 25 client referral assignments in one step, select more than one individual client referral or to assign all listed referrals, select the checkbox adjacent to the Name column. Click **Assign**.

If Inactive clients are among the selected referrals for assignment, you complete the next step.

Otherwise, you go directly to [step 6 \(on page 763\)](#).

5. In the **Activate and Assign** modal, (page 1 of wizard), complete the following steps.
 - a. In the **Activation Reason** section, give a reason for reactivating the client(s) in the application. Select a reason from the list or enter another reason, and provide additional comments if needed.
 - b. Click **Next** to reactivate the Inactive client(s) in the application as you assign their referral(s) to a care team member.

The **Assign** page opens (page 2 of wizard).

6. In the **Assign** page, optionally, from the **Programs** list, select one of the configured programs to assign to the client(s) in the referral assignment.
7. Enter the program assignment date.
8. If the **Source Systems** section is configured to display, do one or more of the following steps:
 - From the **Source** list, you must select one of the configured values that indicate the source of the program.
 - From the **Original Source System** list, you can select one of the configured values to indicate where the program originated.
9. Optionally, from the **Care Team Groups** list, you can select one or more care team groups to add to each client's care team when the referral is accepted.
10. Optionally, by selecting **Assign as Primary**, you can designate a selected care team member to be a primary care team member in the team.
The primary care team member is responsible for the client's care plan and programs.
11. Select a care team member to manage the care of the client(s) based on their current capacity. You can use the Quick Filters to narrow the list view.
Only care team members who belong to your organization unit and have at least one assigned role are listed.
12. If the selected care team member has more than one assigned care team role (see their **Care Team Role(s)** list), select the role(s) that they do that is relevant to the assignment.
13. **Optional:** Enter comments of up to 2000 characters.
14. Do one of the following to complete the referral assignment. The action that you can take depends on whether the referral assignment contains Active and/or Inactive clients.
 - Click **Assign** (conditional display, for Active referrals)
 - Click **Activate and Assign** (conditional display, for Inactive referrals)

Reassigning client referrals to care managers

You can review a list of client referrals who have yet to be accepted or rejected for care management by their assigned care managers. Manage such client referrals by reassigning the referrals (either singly or as a bulk assignment) to another appropriate care manager based on the care manager's roles, skills, and capacity.

You cannot assign a referral that is already rejected or deleted in the application.

Referrals (25 max) can be assigned to any active care team member who has at least one care team role assigned. If you are using organization units, the care team member who receives the referral assignment must be in your organizational unit. In the process of assigning referrals, you can assign the clients who are being referred to one of the listed programs that suits their needs. Further, you can designate the care team member to be a primary care team member who is responsible for the client's care plan and programs. When you assign the client referrals to the selected care team member, the care team member is automatically added to the client's care team in their selected role(s).

The options to select Source and Original Source are displayed only when you select a program and if configured to be shown by your administrator. If configured to be shown, you can select the source of the program (mandatory) and the name of the original source system where the program (optional) originated. The Source value represents the configured platform that is sharing data, for example, Merative™ Integrated Care. The Original Source System is the name of the system where the data was entered for the very first time.

The option to select Care Team Groups is displayed only if care team groups are configured by your administrator. Your administrator defines the members of the care team group(s) based on their care team roles and skills. When the referral is accepted by the referral assignee, all members of the care team group(s) are automatically added as additional members of each client's care team.

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, select **Referrals > Assigned Referrals**.

The **Open Assigned Referrals** page opens. The following preselected filter is automatically applied when the page opens: High (priority).

3. Review each assigned client referral by their name, date of referral, priority, and if available, the name of the cohort that referred the client, and the reason that they were referred.

Expand the client view to see more information. You can see the client referral's assignment history, such as who the referral is assigned to, date when the referral was assigned or unassigned,

who assigned or unassigned the referral, including reasons for unassigning the referral if the referral was unassigned.

When a referral is received from an external system, you can see the source of the referral (mandatory) and the name of the original source system where the referral originated (optional). This information might also be available if a care team member manually recorded the Source and Original Source System when they created a referral.

By clicking the filter icon and selecting from the Quick Filters on the page, you can narrow your list view based on specific criteria. For example, you can choose to view referral priority (High, Medium, Low, Not Set). You can further refine your list view as follows.

- a. Optionally click **Add Filter** to add another filter to the Quick Filters that you already selected. You can further refine your list view by Name, Assigned To, Assigned On, Referred On date, Cohort, Referral Reason, Other Referral Reason, Source, Original Source System, Suggested Program, Risk Name, Risk Category, Date of Birth, Tag or Address. Filters are only available for a configured attribute, where it is displayed as a column or in the expanded view. Enter the details for your filter selection. You can add only one new filter to each column.
- b. Click **Add** to apply the additional filter. You can remove a filter by clicking **Clear**. The predefined Quick Filters are retained.
- c. Click **Apply** to apply the filters that you selected. You can remove page filters by clicking **Reset**.

The **Open Assigned Referrals** list page refreshes to show only the client referrals who correspond to the filters that you applied. You can further change your filter selection on the list page by checking or clearing the check boxes to suit your needs.

4. Assign a single client referral to a care team member, or assign up to 25 referrals at a time in a bulk assignment. Do one of the following:
 - To assign a single referral, click the **Actions** menu of the referral, and click **Assign**.
 - To process up to 25 client referral assignments in one step, select more than one individual client referral or to assign all listed referrals, select the checkbox adjacent to the Name column. Click **Assign**.
5. In the Assign page, optionally, from the **Programs** list, select one of the configured programs to assign to the client(s) in the referral assignment.
6. Enter the program assignment date.
7. If the **Source Systems** section is configured to display, do one or more of the following steps:
 - From the **Source** list, you must select one of the configured values that indicate the source of the program.
 - From the **Original Source System** list, you can select one of the configured values to indicate where the program originated.

8. Optionally, from the **Care Team Groups** list, you can select one or more care team groups to add to each client's care team when the referral is accepted.
9. Optionally, by selecting **Assign as Primary**, you can designate a selected care team member to be a primary care team member in the team.

The primary care team member is responsible for the client's care plan and programs.
10. You can select a care team member to manage the care of the client(s) based on their current capacity. You can use the Quick Filters to narrow the list view.

Only care team members who belong to your organization unit and have at least one assigned role are listed.
11. If the selected care team member has more than one assigned Role (see their **Care Team Role(s)** list), select the role(s) that they do that is relevant to the assignment.
12. **Optional:** Enter comments of up to 2000 characters.
13. Click **Assign** to assign the client referral(s) to the selected care team member in your organization unit.

Rejecting client referrals

Assuming that organization units are enabled for your organization, you can reject referrals of active or inactive clients who are manually referred to your organization unit or are received from an external system via an API or via a cohort.

Review the client referrals who are not yet assigned to a care manager in your organization unit. Manage such client referrals by rejecting the referrals (either singly or as a bulk rejection) and provide a reason for doing so. You might reject a client referral if, for example, the client declined to avail of further care management, is deceased, or was added to a cohort in error.

1. Sign in to your account.

Your home page opens.
2. From the **Unassigned Referrals** card, click the arrow icon.

The **Open Unassigned Referrals** list opens.
3. Review each unassigned client referral by their name, date of referral, priority, and if available, the name of the cohort that referred the client, and the reason that they were referred. Expand the client view to see risks associated with the client. When a referral is received from an external system, you can see the source of the referral (mandatory) and the name of the original source system where the referral originated (optional). This information might also be available if a care team member manually recorded the Source and Original Source System when they created a referral.

By clicking the filter icon and selecting from the Quick Filters on the page, you can narrow your list view based on specific criteria. For example, you can choose to view only referral priority (High,

Medium, Low, Not Set), unassigned referral day ranges, or client status (Active, Inactive). You can further refine your list view as follows.

- a. Optionally click **Add Filter** to add another filter to the Quick Filters that you already selected. You can further refine your list view by Name, Referred On date, Priority, Cohort, Referral Reason, Client Status, Risk Name, Source, Original Source System, Suggested Program, or Risk Category. Enter the details for your filter selection. You can add only one new filter to each column.
- b. Click **Add** to apply the additional filter. You can remove a filter by clicking **Clear**. The predefined Quick Filters are retained.
- c. Click **Apply** to apply the filters that you selected. You can remove page filters by clicking **Reset**.

The **Unassigned Referrals** list page refreshes to show only the client referrals who correspond to the filters that you applied. You can further change your filter selection on the list page by checking or clearing the check boxes to suit your needs.

4. Reject a single client referral, or reject up to 25 referrals at a time in a bulk assignment. Do one of the following:
 - To reject a single referral, click the **Actions** menu of the referral, and click **Reject**.
 - To process up to 25 referral rejections in one step, select more than one individual client referral or to reject all listed referrals, select the checkbox adjacent to the Name column. Click **Reject**.

The **Reject Referral** page opens.

5. In the **Rejection Details** section, give a reason for rejecting the client referral(s) in the application. Select a reason from the list or enter another reason, and provide additional comments if needed.
 6. Click **Reject** to reject the referral(s).
- When an unassigned client referral is rejected, the referral is removed from care management work lists.

Managing unassigned clients

If organization units are enabled for your organization, you can monitor clients who are not being actively care managed in your organization unit and who have no open referral. You can assign one or more clients to a care team user (who has at least one assigned role) or you can deactivate the client in the application.

Unassigned clients can occur in the application in these instances:

- When a client, who is manually registered, is not assigned a care team member (primary or non-primary)
- When a referral is rejected for the client, and the client is not assigned a care team member (primary or non-primary)
- When an inactive client, who has no open referrals and who is not assigned a care team member (primary or non-primary), is reactivated

Assigning clients to care team members

Unassigned clients are clients who do not have any care team member assigned to manage their care. Assuming that organization units are enabled for your organization, you can assign clients to a group of care team members (if configured) and/or to a selected care team member who has the role, skills, and capacity to manage the client's care.

You cannot assign a client that is already assigned, deactivated, or deleted in the application.

Care team members that you select can be primary or non-primary. The primary care team member is responsible for the client's care plan and programs. Non-primary care team members have other care team roles that are associated with users with that specific responsibility, for example, a Physician role. You can assign a client only to an active care team user who has at least one assigned care team role.

The option to select Care Team Groups displays only if care team groups are configured by your administrator. Your administrator defines the members of the care team group(s) based on their care team roles and skills.

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, select **Clients > Unassigned Clients**.

The **Unassigned Clients** page opens.

3. Review each unassigned client by their name, priority, and date of birth.

By clicking the filter icon and selecting from the Quick Filters on the page, you can narrow your list view based on specific criteria. For example, you can choose to view only high priority unassigned clients, clients for whom referrals were accepted within the past 30 days, or clients who have open programs or no associated programs. You can further refine your list view as follows.

a. Optionally click **Add Filter** to add another filter to the Quick Filters that you already selected.

You can further refine your list view by Name, Date of Birth, Priority, Risk Name, or Risk Category. Enter the details for your filter selection. You can add only one new filter to each column.

- b. Click **Add** to apply the additional filter. You can remove a filter by clicking **Clear**. The predefined Quick Filters are retained.
- c. Click **Apply** to apply the filters that you selected. You can remove page filters by clicking **Reset**.

The **Unassigned Clients** list page refreshes to show only the clients who correspond to the filters that you applied. You can further change your filter selection on the list page by checking or clearing the check boxes to suit your needs.

4. Assign a single client to a care team member, or assign up to 25 clients at a time in a bulk assignment. Do one of the following:
 - To assign a single client, click the **Actions** menu of the client, and click **Assign**.
 - To process up to 25 client assignments in one step, select more than one individual client or to assign all listed clients, select the checkbox adjacent to the Name column. Click **Assign**.
5. In the **Assign** page, if configured, you can select one or more care team groups to assign to the client(s). All members of the selected group(s) are added to each client's care team.
6. Review a list of care team members who belong to your organization unit and have at least one assigned role. Based on their current capacity, you can select a care team member to manage the care of the client(s). You can use the Quick Filters to narrow the list view.
7. Optionally, by selecting **Assign as Primary**, you can designate the selected care team member to be the primary care team member in the team.
The primary care team member is responsible for the client's care plan and programs.
8. If the selected care team member has more than one assigned care team role (see the **Care Team Role(s)** list), select the role(s) that they do that is relevant to the assignment.
9. Click **Assign** to assign the client(s) to the selected care team group(s) and/or the selected care team member in your organization unit.
When you assign a client, the selected group of members and/or the selected care team member are automatically added to the client's care team.

Related information

[Care teams \(on page 695\)](#)

[Configuring care team groups \(on page 257\)](#)

Deactivating unassigned clients

Assuming that organization units are enabled for your organization, you can deactivate Active clients who do not have an assigned care team member. You might deactivate a client if, for example, the client declined to avail of further care management, is deceased, or was added to a cohort in error.

When you are selecting clients to deactivate, note the following restrictions:

- You cannot deactivate a client that is already assigned or deleted in the application.
- You cannot deactivate any clients who are associated with ongoing payments and/or services in Merative™ Integrated Care.
- When you deactivate a client, the client's status is set to Inactive. However, any open alerts, tasks, actions, inquiries, budgets, goals, barriers, or programs for that client are not closed or reassigned. If the client has a Connect Individuals account, you can choose to close it. A deactivated client cannot access Connect. You can reinstate access by reactivating the client (another onboarding request will be required for the client to access Connect). If you are not going to reactivate the client in the next 12 months, you should close the account.

Review the clients who are not yet assigned to a care manager in your organization unit. Deactivate clients singly or in bulk (25 max) and provide a reason for doing so.

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, select **Clients > Unassigned Clients**.

The **Unassigned Clients** page opens.

3. Review each unassigned client by their name, priority, and date of birth.

By clicking the filter icon and selecting from the Quick Filters on the page, you can narrow your list view based on specific criteria. For example, you can choose to view only high priority unassigned clients, clients for whom referrals were accepted within the past 30 days, or clients who have open programs or no associated programs. You can further refine your list view as follows.

- a. Optionally click **Add Filter** to add another filter to the Quick Filters that you already selected.

You can further refine your list view by Name, Date of Birth, Priority, Risk Name, or Risk Category. Enter the details for your filter selection. You can add only one new filter to each column.

- b. Click **Add** to apply the additional filter. You can remove a filter by clicking **Clear**. The predefined Quick Filters are retained.

- c. Click **Apply** to apply the filters that you selected. You can remove page filters by clicking **Reset**.

The **Unassigned Clients** list page refreshes to show only the clients who correspond to the filters that you applied. You can further change your filter selection on the list page by checking or clearing the check boxes to suit your needs.

4. Deactivate a single client, or deactivate up to 25 clients at a time. Do one of the following:

- To deactivate a single client, click the **Actions** menu of the client, and click **Deactivate**.
- To process up to 25 deactivations in one step, select more than one individual client or to deactivate all listed clients, select the checkbox adjacent to the Name column. Click **Deactivate**.

The **Deactivate Clients** page opens.

5. If there are clients with ongoing payments for services selected, note that those listed clients that cannot be deactivated and click **Next** to proceed to deactivate the remaining eligible clients that can be deactivated.
6. Note any listed clients who are associated with Connect accounts and optionally select the client accounts to close. To proceed, in the **Deactivation Reason** section, give a reason for deactivating the client(s) in the application.
Select a reason from the list or enter another reason, and provide additional comments if needed.
7. Click **Deactivate** to deactivate the client(s).

When an unassigned client is deactivated, their status remains as Inactive in the application.

Modifying a care team member's capacity

If organization units are enabled for your organization, you can modify the capacity of any active care team member who has at least one assigned role. You might need to do this if the maximum number of clients that they can safely and effectively manage increases or decreases, due to their availability, working hours, or skills.

Capacity is a calculation that is used to determine the workload of care team members (for example, care managers) and their ability to manage their existing workload or take on new work. By default, a care team member has a maximum capacity of 150. However, you can modify capacity for care team members. But you can only modify the capacity of care team members in your organization unit whose status is Active and only those who have at least one assigned care team role. You cannot modify the capacity of care team members whose status is Suspended or Closed.

From your workspace, use the Care Team view in the Capacity chart to see the total number of active care team members in your organization units and the number among them who are Over capacity, and at High, Medium, and Low capacity. In the Total view, you can see the total number of clients who are assigned to care team members and the total available capacity of all of the care team members in your organization.

Assign clients to care team members based on their available capacity. When you assign a client to a care team member, you see the care team member's capacity that is displayed as a percentage and a ratio. For example, 67% (100/150) indicates that the care team member is at 67% capacity and has 33% available capacity. (100/150) indicates that the care team member has 100 active clients and the maximum number of clients that the care team member can manage is 150.

If a care team member fulfills multiple care team roles, their capacity is the maximum number of clients that they can manage across all roles that they fulfill. For example, if a care team member serves in a

nurse role for 10 clients and a dietitian role for 30 clients, the care team member's capacity is 80/300, where the capacity is 150 per role.

When you modify a care team member's capacity, the maximum capacity number is updated in the Assigned column on the Care Team list page. You are notified of the modified capacity with an information icon. Assign more clients or fewer clients to a care team member based on the updated capacity value.

1. Sign in to your account.

Your home page opens.

2. From the **Capacity** card, click the **Capacity** arrow icon.

The Care Team list includes all Active, Suspended and Closed care team members in the organization unit with or without client assignments. You can see their care team roles and their capacity to manage clients in a given role, their skills, and whether their status is active, closed, or suspended.

3. In the **Actions** menu for a care team member, click **Edit Capacity**.

The **Edit Capacity** window opens.



Note:

The configured capacity of the assigned role of the care team member is displayed. If no capacity is configured for the care team role, Not Set is displayed (where your administrator has not added any capacity value for the role in configuration).

4. In the **New Capacity** column, update the capacity of the care team member to a value between 0 - 9,999.
5. Click **Save**.

Reversing the deletion of a client

Care team members can delete a client from Merative™ Integrated Care for example, if a client requests that their data is removed from the system under data privacy regulations, or if your organization has work flows that require the removal of personal data. If a client was deleted in error or if the client requests that their data be restored, as a supervisor, you can undo the deletion and restore the client to their previous state in the application.

If organization units are enabled for your organization, and you are the supervisor that is assigned to an organization unit, you can reverse the deletion of clients who meet at least one of the following conditions regardless of whether they are in an inactive or active status:

- Clients that were deleted by care team members in your organization unit.
- Deleted clients that were referred to your organization unit.
- Deleted clients that were registered by a team member in your organization unit.
- Deleted clients that are currently care managed in your organization unit.
- Deleted clients for whom your organization has received a referral that is not rejected

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation menu**, select **Clients > Deleted Clients**.

A list of deleted clients displays. Only the first letter of the client's first name and last name displays. In the list of deleted clients, you can identify the user who deleted each client.

3. Take one of the following actions:

- For a listed client that you want to restore, from the **Actions** menu, select **Undo Deletion**.
- As a precaution before you reverse a client deletion, find a client who was deleted in the application and verify their identity. Click **Search** and enter mandatory search criteria and optional search criteria. At a minimum, enter the client's first name and last name in full and their date of birth. You cannot do a partial search. The search results return an exact match of the client by name and date of birth, and additional search criteria, that you specify. When you verify the client's identity in the search results, click **Undo Deletion** to reverse their deletion in the application.

The Undo Deletion modal with the client's details displays for your information.

4. You must specify a reason for reversing the client's deletion. Select a reason for reversing the client's deletion from the list of configured reasons, or enter another reason that is not listed. The **Other** field is limited to 50 characters.

The client and the deleted data, including data from integrated systems is restored to Merative™ Integrated Care and can be viewed and modified as normal. The client status is the same as it was before the client was deleted. The clients **History** view contains a record of the clients deletion and the reversal. If your organization uses Merative™ Integrated Care Connect Individuals, you can activate the client's Connect Individuals account. If the client's data was shared with third parties before it was deleted, inform the third parties that the client is restored in Merative™ Integrated Care. The deletion reversal and the reason for the reversal is recorded in the audit log.

Monitoring clients' program status transitions

In the Supervisor workspace, the Enrollment Status card can change dynamically to show you how many clients moved into a selected program status within the last 30 days, for example, Enrolled, Not Enrolled, or Pending. You can track the movement of client through the different program statuses.

Note that the list shown in the <Program-status> page is not a summary of all clients in the selected status since the beginning of the program. For example, if the program status for a client did not change for more than 30 days, they are not listed.

1. Sign in to your account.
Your home page opens.
2. On the Supervisor workspace, in the Enrollment Status card, select the **Total** link next to any program status for which you want to see the total number of client transitions within the last 30 days.
By default, all of the clients who moved into the selected program status within the last 30 days are listed when the <**Program - Status**> page opens.
3. By clicking the filter icon, you can narrow the client list view to see client status transitions within a different day range. In the **Days in Status** range, specify permitted values between 0 to 29 days.
Click **Apply** to apply the filter. You can remove page filters by clicking **Reset**.

Monitoring my tasks

You can see all of your current tasks in the **My Tasks** page. You can see the priority, client name, category, status, and the due date and time for each task. Tasks that you work on can be in different statuses depending on your progress in completing the task. You can create, edit, close, or delete a task.

Filtering your tasks list view

By default, your Tasks list view shows your Open tasks that are assigned to you alone. The Tasks list can change dynamically to show only the tasks that you clicked to see on the Supervisor workspace, for example, only the tasks that you must complete today or for a selected calendar date, only your overdue tasks, or only your unscheduled tasks.

By applying one of the predefined page filters or by adding a new one, you can change or further filter your Tasks list. For example, you might apply a filter to display only your overdue tasks.

Tasks are categorized by activity as follows: Admin, Care Opportunity, Clinical Discharge Follow Up, Documentation, Follow Up, Other, Physical Contact, or Referral. The **Tasks** list provides context information so that you know the task category.

1. Sign in to your account.

Your home page opens.

2. On the Supervisor workspace, select the arrow next to any task set on the Calendar or Work List, for example, Due Tasks, Overdue, or Unscheduled.

The following preselected filter is automatically applied when the page opens: My Open Tasks.

3. Change or further filter your Tasks list view based on specific search criteria.

- Click the filter icon to open the **Filter** page.
- Select one or more check boxes that correspond to your search criteria. You can search for only your tasks in a specific state (Open, Closed, Overdue, Unscheduled), or all tasks in a specific state (Open, Closed, Created by Me).
- Optionally click **Add Filter** to add another filter to the predefined filters that you already selected or independently of predefined filters. You can further refine your list view by Assigned To, Category, Due Date, Priority, or Status. Enter the details for your filter selection. You can add only one new filter to each column.
- Click **Apply** to apply the filter. You can remove page filters by clicking **Reset**. The predefined filters are retained.

Creating tasks

Assuming that organization units are enabled for your organization, you can create tasks to assign to the care team in your organization unit to do. You can associate the task with a client.

A task status is **Open** when the task is created with a due date that is on or after the current date. A task status is **Overdue** when the task due date is before the current date. If you change the task due date to a future date, the status of the overdue task changes to **Open**. Completed tasks with a **Closed** status cannot be modified.

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, select **Tasks**.

The **Tasks** list opens.

3. Click **New**.

The **New Task** page opens.

4. Enter the following task details.

- Name - Enter a task name.
- Assign To - The name of the care team member in your organization unit who is currently assigned the task is automatically shown. You can reassign the task to another active care team member in the same organization unit.
- Category - You can select a task category.

- Priority - You can select a priority for the task.
- Due date - You can enter a due date and time.
- Duration - You can enter a duration in minutes.
- Client - You can search for a client to associate with the task. To protect client information, you must select a client if you want to enter client-specific information in the description.
- Related Programs - You can select a program to associate with the task.
- Description - You can enter a description for the task.

5. Click **Save**.

Depending on the information that you entered, the task status in your task list might be **Open** or **Overdue**.

Modifying tasks

You can update a task that is already associated with a client, or a general work item. If organization units are enabled for your organization, you can reassign the task to another user in your organization unit.

A task status is **Open** when the task is created with a due date that is on or after the current date. A task status is **Overdue** when the task due date is before the current date. If you change the task due date to a future date, the status of the overdue task changes to **Open**. Completed tasks with a **Closed** status cannot be modified.

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, select **Tasks**.

The **Tasks** list opens.

3. Click the **Actions** menu of the task, and click **Edit**.

The **Edit Task** page opens.

4. Edit the following task details.

- Name - Enter a task name.
- Assign To - The name of the care team member in your organization unit who is currently assigned the task is automatically shown. You can reassign the task to another active care team member in the same organization unit.
- Category - You can select a task category.
- Priority - You can select a priority for the task.
- Due date - You can enter a due date and time.
- Duration - You can enter a duration in minutes.
- Client - You can search for a client to associate with the task. To protect client information, you must select a client if you want to enter client-specific information in the description.

- Related Programs - You can select a program to associate with the task.
- Description - To protect client information, if you enter information about a client, you must select a client.

5. Click **Save**.

Depending on the information that you entered, the task status in your task list might be **Open** or **Overdue**.

Deleting tasks

You can delete an incorrect or obsolete task that is already associated with a client, or a general work item. For unwanted tasks that are associated with clients, you can delete the task in the care plan regardless of whether it is assigned to you or another care team member or role.

You cannot delete tasks that are in a **Closed** status. When you delete a task and set its task status to **Canceled**, you cannot reopen the task.

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, select **Tasks**.

The **Tasks** list opens. By default, the Tasks list view shows your Open tasks that are assigned to you alone.

3. Click the **Actions** menu of the task, and click **Delete**.

The **Delete Task** page opens.

4. Click **Yes** to confirm that you want to delete the task.

5. Click **Save**.

Closing tasks

You can close an open or overdue task that is already associated with a client, or a general work item, when it is completed. For tasks that are associated with clients, you can close the task in the care plan regardless of whether it is assigned to you or another care team member or role.

When a task status is set to **Closed**, you cannot reopen the task.

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, select **Tasks**.

The **Tasks** list opens. By default, the Tasks list view shows your Open tasks that are assigned to you alone.

3. Click the **Actions** menu of the task, and click **Close**.

The **Close Task** page opens.

4. Specify whether or not the task was successfully completed, and note your reason for closing the task. You can choose from the list of out of the box reasons for closing the task, for example, Successful or Unsuccessful. If configured, you can also choose other closure reasons.
5. Click **Save**.

Chapter 12. Reporting

As a Merative™ Integrated Care user, there are two methods available to access your data to create reports. You can use the bring your own tool (BYOT) option or if you are an existing customer, you can use IBM® Cognos® Analytics.

You can use BYOT to create reports by using your business intelligence (BI) tool of choice to access data to create custom reports and dashboards from the database views.

Related information

[IBM Cognos Analytics 11.1.x documentation](#)

Merative™ Integrated Care Bring your own tool (BYOT) reporting

Bring your own tool (BYOT) reporting enables you to choose a business intelligence (BI) tool. Use your chosen Business Intelligence (BI) tool to analyze Merative™ Integrated Care data and create custom reports and dashboards.

Using BYOT reports makes it easier to access your data and also gives you the flexibility to use the reporting tools that best suit the needs of your organization. In addition, by using BYOT, there is no need to up skill to use external reporting tools and you can choose the frequency of report generation.

You can use the Merative™ Integrated Care database to facilitate the generating of reports by using many different reporting tools. The Merative™ Integrated Care data is hosted in the Merative™ Integrated Care reporting data warehouse and can be accessed by using reporting tools such as Power BI, Jasper Soft, or BIRT.

You have a choice of three BYOT integration methods. Use one of these connection methods to connect your BI Tool to the Merative™ Integrated Care reporting data warehouse and generate reports. To help you choose the correct integration method for your organization, use the evaluation criteria that are outlined in [Choosing an integration method \(on page 780\)](#). The following are the BYOT integration methods.

Direct BI tool connection

The client BI tool reads directly from the Merative™ Integrated Care reporting data warehouse.

Federated

Customer BI tool reads from their own federated database to the Merative™ Integrated Care reporting data warehouse.

Data download

Create a program to extract the report data from the Merative™ Integrated Care reporting data warehouse.

Choosing an integration method

You can choose from three BYOT integration methods to connect your business intelligence (BI) tool of choice to the Merative™ Integrated Care reporting data warehouse, and generate reports in your BI tool.

To help you decide which BYOT method is most appropriate for your organization, see the following table.

Table 36. Evaluation criteria

Integration method	Data volumes	Latency	Report execution time	Resources
1. Direct integration	Lower	Based on client-geographical region	Medium	Low
2. Federated data	Lower	Medium	Medium	Medium
3. Data download	Higher	Fast	Quickest	High

Review the following descriptions to give you a better understanding of the evaluation criteria:

Latency

To understand the latency of your data, you must first understand your geographical location in relation to the location of the data center in which the reporting warehouse is deployed. Encrypted data is sent from the Merative™ Integrated Care reporting data warehouse to the BI tool by the public internet. Latency is the time that it takes for data to transfer from the Merative™ Integrated Care reporting data warehouse to the BI tool, for example, from the IBM Dallas data center to a client who is located in California. Contact your client representative who can provide an example of latency test results. For US customers, the Merative™ Integrated Care application and Merative™ Integrated Care reporting data warehouse are both deployed in the IBM Dallas data center.

Data volumes

Data volumes refer to the number of first-class business records that you report against, for example, the number of patients, the number of notes or touchpoint records, or the number of assessment records. Reports or dashboards that display aggregated data only result in a few records that are sent to the client's BI tool. However, if you have many reports that list raw transaction data, it is an important consideration. Smaller clients might have less than

2,000 lives under care, medium-sized clients 2,000 - 5,000 lives under care and larger clients over 5,000 lives under care.

Reporting execution time

Reporting execution time refers to the time it takes to run a report. Some reports are run interactively where the data is rendered directly on your client work station and in some cases your BI tool might support running reports in batch mode. Organizations have different requirements on report execution time. Some organizations mainly run reports nightly, or daily, and in these cases reports taking over 30 + seconds are acceptable. Other organizations who embed reports into applications might require some reports to run within a 5-second window. You must understand your report requirements in terms of report execution time.

Skills and staff availability (resources)

Skills and staff availability refers to your organization's availability of skill resources for your BI tools. What rational database management system (RDBMS) administrator skills are available to review the federation option? Do you have skills in data integration in the form of ETL skills and skills to create a client download program? The availability of skills and resources influences the choices of your initial integration method.

Examples to help choose the best integration method for your organization

Direct integration

Direct integration is appropriate for the smaller client, for example, who has one staff member who allocates 50 percent of their time to run reports for the practice manager. The data volumes are smaller and report execution times are not critical as the staff member prepares report in advance for the practice manager.

Federated data

Federated data is appropriate for the medium-sized client with a local relational database that can be configured as a federated database system. The federated data integration method enables you to join existing data to Merative™ Integrated Care data. A federated database management system (DBMS) consists of a database instance that operates as a federated server, and a database that acts as the federated database, in this case the Merative™ Integrated Care reporting database. When configured, the federated database presents the database objects (known as nicknames) locally through a remote connection to the Merative™ Integrated Care reporting database. Federated data can also be used to present data locally from other client databases.

Data download

Data download is appropriate for the larger client who needs the greatest flexibility to use and mix Merative™ Integrated Care data with other local data. Data download provides the fastest report execution time possible. It is appropriate for an organization with skilled resources available to craft both a client download program and a local database schema. You can download only changed data to avoid large daily data transfer volumes.

How data is refreshed in the warehouse

The Merative™ Integrated Care SaaS offering includes a warehouse for BYOT workloads. A data refresh cycle runs every 2 hours that copies data from the application to the warehouse. The refresh is run every two odd hours, for example 9AM and 11AM.

The application data that is recorded after the last refresh date is not available. Coordinated Universal Time (UTC) is the time standard that is used in all reports that display a time.

Click [here](#) to see the Data Refresh view.

Configuring integration method options

The Db2 user ID and password authorize your access to the Merative™ Integrated Care reporting data warehouse. Before you can interact with the data warehouse, you must form a connection that uses the URL, port number, database name, and schema name. Your client executive provides all the relevant information.

Depending on the method used to run reports, certain information is required to integrate your external system with the Merative™ Integrated Care reporting data warehouse.

For setting up the flow from your system to the Merative™ Integrated Care reporting data warehouse, you must configure a specific Merative™ Integrated Care reporting data warehouse (URL), port number, database name, and schema name in your application. Your client executive provides you with the information once you submit a case on the [Merative™ Support Portal](#).

For inbound TLS authentication purposes, you are provided with a user ID and password to secure the connection.

For secure network connectivity and allowlist purposes, you must provide the static IP address of your application to your client executive.

To form a connection with the Merative™ Integrated Care reporting data warehouse, choose the appropriate option to retrieve the report data:

- **Direct connection:**

1. Obtain your Merative™ Integrated Care data warehouse (URL), port number, database name, and schema name from your client executive.
2. Using the IBM Db2 database connector within your selected tool, enter the required information. A successful response provides access to the data views within your schema name.

- **Federated data:**

1. Obtain your Merative™ Integrated Care data warehouse (URL), port number, database name, schema name, and list of views from your client executive.
2. Using a federated database, enter the required information to set up the federation server.
3. Create a nickname for each view that is required from the list of views. See the Merative™ Integrated Care reporting data catalog [here](#). A successful response provides access to the view within your schema name.

- **Data Download**

1. Obtain your Merative™ Integrated Care data warehouse (URL), port number, database name, and schema name from your client executive.

2.



Note:

You must download only changed data to avoid large data transfer volumes. You can use the ingestion time attribute on each view to manage downloading only the data that was changed since the last download.

Enter the required information into your development script. A successful response provides access to the data views within your schema name.

Merative™ Integrated Care data

Use the views available in the Merative™ Integrated Care data warehouse to create custom reports and dashboards. A view is a group of related attributes that are used to create reports, for example, the Tasks views contain attributes that collectively display task information in reports.

The following are the views available in the Merative™ Integrated Care reporting data catalog, which is available [here](#).

Alerts

Groups attributes that relate to a client's alert details such as the alert name, priority, names of teams members who are notified about the alert, and the team member who created the alert. Use the attributes in the Alerts views to create Alert reports.

Assessments and questionnaires

Groups assessments and questionnaires attributes, for example, questions or answers. Use the attributes in the Assessments and Questionnaires views to create Assessments and Questionnaires reports.

Barrier

Groups barrier attributes, for example, category or status. Use the attributes in the Barrier views to create Barrier reports.

Client actions

Groups attributes that relate to client actions, such as the name, category, status, and completion details for the action. Client actions also includes the Barrier and Progress comments views that enable you to identify barriers that are associated with the action and progress comments that are recorded for the action. Use the attributes in the Client actions view to create Client actions reports.

Client data

Groups attributes that relate to a client's demographic information, address, and contact information along with referral and utilization information for the client. The Client data views include a view that groups data that relates to tags recorded for clients, and a view that groups data that shows who requested emergency access to a client and when. The Client data views also include a view that groups attributes that relate to clients who actively receive care management from your organization. Use the attributes in the Client data views to create Client data reports.

Clinical and Vital

Groups attributes that relate to clinical and vital data recorded for a client, for example, medication, allergy, health conditions, height, and heart rate. Use the attributes in the Clinical and Vital views to create Clinical and Vital reports.

Consents

Groups attributes that relate to the client's consent, such as the consent type, status, expiry, and description of the consent record. Consents also includes the Consent attachment and Consent histories views. The Consent attachment view enables you to identify attachments that are provided to support the client's consent. The Consent histories view enables you to view when the consent record was updated, by whom, and the current status of the consent record. Use the attributes in the Consents views to create Consents reports.

Custom data

Groups attributes that relate to information captured in respect of a custom client data type, such as the custom data type name, attribute name, or position. Use the attributes in the Custom data view to create Custom data reports.

Data Refresh

Groups attributes that relate to when data was last refreshed such as the date and time of the last refresh and the status of the refresh. Use the attributes in the Data Refresh view to understand when data was last copied from the application to the reporting warehouse.

Goals

Groups attributes that relate to information captured in respect of a client's goals, such as the goal type, source, and progress, along with team action, client action and progress comments views that allow you to identify team and client actions that are associated with the goal and progress comments recorded for the goal. Use the attributes in the Goals view to create Goals reports.

Inquiries

Groups attributes that relate to inquiries, such as the inquiry ID, service name, expected start date, frequency of the service, and the number of units to be delivered, sent by the care team to providers to solicit services for their clients. The Inquiries views include the Inquiry Comments and Inquiry Responses views that group attributes related to inquiry comments and inquiry responses from providers. The Inquiries views also include the Shortlisted Providers view that groups attributes related to providers that are shortlisted by the client or the care team for consideration. Use the attributes in the Inquiries view to create Inquiries reports.

Notes

Groups attributes that relate to a note such as the priority, subject, status, and content text for the note and comments recorded for the note. Use the attributes in the Notes view to create Notes reports.

Program

Groups attributes that relate to a client's programs such as the program name, program enrollment status, and the completion date, along with goal, team action, client action, touchpoint and barriers views that allow you to identify goals, team actions, client actions, touchpoints and barriers that are associated with the program. Use the attributes in the Program views to create Program reports.

Providers

Groups attributes that relate to a provider's details such as the provider name, status, contact details, and the team member who created the provider. The Providers views include a view that groups attributes that relate to users of the Connect Provider application, such as the user's name, phone number, and email address. The Providers views also include the Provider Services views that group attributes related to the provider's service, such as the service details, address, contacts, rates, and status history of the service. Use the attributes in the Providers views to create Providers reports.

Services

Groups attributes that relate to services details such as the service name, description, status, start date, and the team member who created the service along with goal and barrier views that allow you to identify goals and barriers that are associated with the service. Use the attributes in the Services views to create Services reports.

Task

Groups attributes that relate to a task's details such as the task name, priority, category and whether the attributes are assigned to a role or a user. Use the attributes in the Tasks views to create Tasks reports.

Team and users

Groups attributes that relate to a user's details, such as their login ID, which workspaces they have access to, or what team role they are assigned. Use the attributes in the Team and user views to create Team and user reports.

Team actions

Groups attributes that relate to team actions, such as the name, category, status, and completion details for the action. Team actions also includes Barrier and Progress comments views that enable you to identify barriers that are associated with the action, and progress comments that are recorded for the action. Use the attributes in the Team actions view to create Team actions reports.

Touchpoints

Groups attributes that relate to a touchpoint such as the subject, who the contact was with, the contact method, status, content text for the touchpoint and comments recorded for the touchpoint. Use the attributes in the Touchpoints view to create Touchpoints reports.

Chapter 13. Integrating

As an integrator, use the Merative™ Integrated Care REST APIs to integrate third-party applications with Merative™ Integrated Care so that data can be shared between the applications. For security and user authentication purposes, if an identity provider external to Merative stores your organization's user accounts, you can request that Merative™ Integrated Care integrate with that identity provider.

You can integrate Merative™ Integrated Care with IBM systems, or third-party applications, such as an electronic medical record (EMR) application through REST APIs. When Merative™ Integrated Care is integrated with other applications, Merative™ Integrated Care can receive data from those applications through APIs. For example, Merative™ Integrated Care can receive client data that is captured in another application so that the latest client information is available in all applications.

Note: The option to integrate Merative™ Integrated Care with your organization's identity provider optionally involves the use of REST APIs. Third-party identity provider integration relates to the authentication of users when they access Merative™ Integrated Care.

Merative™ Integrated Care data and integrated systems

The information that is recorded and maintained for a client in Merative™ Integrated Care can be manually captured or it might come from integrated systems through APIs.



Remember:

Merative™ Integrated Care data can be received from IBM systems, such as IBM® Health and Human Services Connect 360 applications, or third-party applications, such as an EMR system.

Client referrals can be manually created or received from integrated systems. Client contact, demographics, clinical, and vitals data can be manually created, or it can be received from integrated systems when clients are registered. Notes and alerts can be manually added, or they can come from third-party applications. Assessments can be manually run for registered clients, or they can come from third-party applications.



Note:

All date/time attributes received by the API process are stored in the GMT timezone. An offset timezone is applied based on the care team member's preference when the date/time attributes display in Merative™ Integrated Care.

Data summary

The table summarizes the data that can be manually captured in Merative™ Integrated Care, and which integrated systems can send and update each type of data.

For Clinical and Vitals data, you can see whether manual data capture is supported by a terminology search or a drop-down coded list of values that you select from. With terminology search, when you search for the data by name, Merative™ Integrated Care searches a coded list of values and you select from your results. When capturing other data, you select from a drop-down list of coded values without searching.



Note:

Coded lists are preconfigured by Merative™ Integrated Care and cannot be configured by Administrators.

Where data capture is supported by a terminology search or a drop-down coded list, the table shows the coding system that Merative™ Integrated Care uses.

Category	Data	Manual data capture	Received	Updated	Terminology search/drop-down coded list
Contact	Address	✓	Third-party applications	Third-party applications	Not applicable
	Contact Preferences	✓	✗	✗	Not applicable
	Email Address	✓	Third-party applications	Third-party applications	Not applicable
	Phone Number	✓	Third-party applications	Third-party applications	Not applicable
	Social Network Contact	✓	✗	✗	Not applicable
Demographics	Birth and Death	✓	Third-party applications	Third-party applications	Not applicable
	Marital Status	✓	Third-party applications	Third-party applications	

Category	Data	Manual data capture	Received	Updated	Terminology search/drop-down coded list
	Gender	✓	Third-party applications	Third-party applications	Not applicable
	Identification	✓	Third-party applications	Third-party applications	Not applicable
	Marital Status	✓	Third-party applications	Third-party applications	Not applicable
	Name	✓	Third-party applications	Third-party applications	Not applicable
	Tag	✓	Third-party applications	Third-party applications	Not applicable
Background	Health Background	✓	✗	✗	Not applicable
	Personal Background	✓	✗	✗	Not applicable
	Social Background	✓	✗	✗	Not applicable
Clinical	Allergy	✓	✗	✗	Terminology search (SNOMED)
	Condition	✓	✗	✗	Terminology search (SNOMED)
	Coverage	✗			Not applicable
	Laboratory Test	✓	✗	✗	Preconfigured list (LOINC)

Category	Data	Manual data capture	Received	Updated	Terminology search/drop-down coded list
	Medication	✓	✗	✗	Terminology search (NDC-11 digit)
	Observation	✗	✗	✗	Not applicable
	Risk	✓	✗	✗	Not applicable
Vitals	Blood Pressure	✓	✗	✗	Not applicable
	Body Mass Index	✓	✗	✗	Not applicable
	Body Temperature	✓	✗	✗	Not applicable
	Heart Rate	✓	✗	✗	Not applicable
	Height	✓	✗	✗	Not applicable
	Oxygen Saturation	✓	✗	✗	Not applicable
	Respiratory Rate	✓	✗	✗	Not applicable
	Waist Circumference	✓	✗	✗	Not applicable
	Waist-to-Height Ratio	✓	✗	✗	Not applicable
	Weight	✓	✗	✗	Not applicable
Configurable data category	Configurable client data type	✓	Third-party applications	Third-party applications	Not applicable
Care Team Actions	Care Team Actions	✓	Third-party applications	Third-party applications	Not applicable

Category	Data	Manual data capture	Received	Updated	Terminology search/drop-down coded list
Programs	Assessments	✓	Third-party applications (Completed assessments, script and score only)	✗	Not applicable
	Questionnaires	✓	Third-party applications (Completed questionnaires)	✗	Not applicable
History	Notes	✓	Third-party applications	✗	Not applicable
	Alerts	✓	Third-party applications	Third-party applications	Not applicable
	Referrals	✓	Third-party applications	Third-party applications	Not applicable

Fields displayed on all client data types

Certain fields are displayed on all client data types that you access from the **Data** page. The fields are common to both manually created records and records from integrated systems. Some of these fields are automatically populated by Merative™ Integrated Care.

Field	Mandatory	When manually created	When received from integrated systems
Updated On	Not applicable.	This field is automatically populated by Merative™ Integrated Care. Displays the date and time that the record was	Not applicable. This field is automatically populated by Merative™ Integrated Care.

Field	Mandatory	When manually created	When received from integrated systems
		created or last updated in Merative™ Integrated Care	Displays the date and time that the record was created or last updated in Merative™ Integrated Care.
Updated By	Not applicable.	<p>This field is automatically populated by Merative™ Integrated Care.</p> <p>Displays the name of the user who created or last updated the record in the system</p>	<p>Not applicable.</p> <p>This field is automatically populated by Merative™ Integrated Care.</p> <p>Depending on how your Merative™ Integrated Care application is integrated, this field displays one of the following values:</p> <ul style="list-style-type: none"> • Health Data User • System User <p>By default, Merative™ Integrated Care populates the Updated By field with System User when data is received from third-party applications. This value might be different for your organization.</p>
Comments	No	Displays comments that were manually added to the record.	Comments for some data types are received from integrated systems if they are sent to Merative™ Integrated Care.

Contact data

Contact data includes address, email address, and phone number data. The table for each data type shows the available data, whether the data is mandatory, and the differences in the data when it is manually created or received from integrated systems.

Common patterns for contact data

You can manually add contact data when you register a client. Contact data is also received from integrated systems when a client is automatically registered.



Important:

You can manually modify most contact data. In general, if a client's contact data is modified or deleted in an integrated system, their corresponding contact record in Merative™ Integrated Care updates. However, if you modify contact data that was received from an integrated system, Merative™ Integrated Care becomes the system of record for the data, and Merative™ Integrated Care no longer receives updates to the record from the integrated system. For exceptions to these patterns, see the relevant section for each data type.

If a client's contact data is modified or deleted by a third-party application that is integrated with Merative™ Integrated Care, their corresponding contact record in Merative™ Integrated Care updates, provided the client's status is Active. For exceptions to these patterns, see the relevant section for each data type.



Note:

Merative™ Integrated Care receives contact data updates for active and inactive clients. Merative™ Integrated Care does not receive updates for deleted clients.

Address data

You can add, modify and delete client address data. In addition, address records can be created, updated and deleted by integrated systems. When a client is manually registered, you can optionally choose an address type.



Restriction:

You can modify all address data, with the exception of the address type. If you want to specify a different address type for a client, you must create new address data.

The table lists the fields that are displayed on an address record.

Field	Mandatory	When manually created	When received from integrated systems
Type	Yes	<p>Displays one of the following types:</p> <ul style="list-style-type: none"> • Residential • Mailing • Work • Temporary • Old • Other <p>If no type is entered, displays a blank value.</p>	<p>As per manually created records. Displays one of the following types, depending on the type that is received:</p> <ul style="list-style-type: none"> • Residential • Mailing • Work • Temporary • Old • Other <p>If no type is received, displays a blank value.</p>
Start Date	Yes	Displays the start date that was entered when the record was created.	If no Start Date is received from an integrated system, Merative™ Integrated Care automatically populates this field with the date the record was created.
End Date	No		
Physical Visit Address	No	<p>Indicates that this is the client's address for physical visits.</p> <p>If you specify a physical address for a client, this address is shown in the Context pane, search results, and My Clients list.</p> <p>Otherwise, the client's</p>	<p>Not applicable</p> <p>You must edit the record to indicate whether this is the client's physical visit address.</p>

Field	Mandatory	When manually created	When received from integrated systems
		preferred address is shown, if specified.	
Preference	No	<p>Displays one of the following preferences:</p> <ul style="list-style-type: none"> • blank • Preferred • Opt out 	<p>Not applicable.</p> <p>You must edit the address record to indicate the client's preference for communications to this address.</p>
Apt/Suite	No		
Street 1	No		
Street 2	No		
City	No		
State	No		
Zip	No		
Comments			<p>Not applicable</p> <p>Comments are not received from integrated systems. You must edit the address record to add a comment to the record.</p>
Source	Yes	<p>Displays the source of the address that was selected from a configured list.</p>	<p>Displays the source of the address as received from the integrated system.</p> <p>The integrated system identifies the source by</p>

Field	Mandatory	When manually created	When received from integrated systems
			its external system reference.
Original Source System	No	<p>Displays the original source system where the address originated that was selected from a configured list. The following default values are available for selection:</p> <ul style="list-style-type: none"> • Merative™ Integrated Care • Other 	<p>Displays the original source system where the address originated as received from the integrated system.</p> <p>The integrated system identifies the source by its external system reference.</p>

Email address data

You can add, modify and delete client email address data. In addition, email address records can be created, updated and deleted by integrated systems.

The table lists the fields that are displayed on an email address record.

Field	Mandatory	When manually created	When received from integrated systems
Email Address	Yes		
Type	No	<p>Displays one of the following types:</p> <ul style="list-style-type: none"> • Personal • Business • Other • Temporary • Old 	<p>As per manually created records. Displays Personal, Business, Other, Temporary, or Old, depending on the type that is received.</p> <p>By default, displays Personal if no type is received.</p>

Field	Mandatory	When manually created	When received from integrated systems
		 Note: When a client is manually registered, Merative™ Integrated Care automatically sets the client's email address type to Personal .	
Preference	No	Displays one of the following preferences: <ul style="list-style-type: none"> • blank • Preferred • Opt out 	Not applicable You must manually edit the email address record to indicate the client's preference for communications to this email address.
Comments	No	Not applicable Comments are not received from integrated systems. You must edit the email address record to add a comment to the record.	Not applicable Comments are not received from integrated systems. You must manually edit the email address record to add a comment to the record.
Source	Yes	Displays the source of the email address that was selected from a configured list.	Displays the source of the email address as received from the integrated system.

Field	Mandatory	When manually created	When received from integrated systems
			The integrated system identifies the source by its external system reference.
Original Source System	No	<p>Displays the original source system where the email address originated that was selected from a configured list.</p> <p>The following default values are available for selection:</p> <ul style="list-style-type: none"> • Merative™ Integrated Care • Other 	<p>Displays the original source system where the email address originated as received from the integrated system.</p> <p>The integrated system identifies the source by its external system reference.</p>

Phone number data

You can add, modify and delete client phone number data. In addition, phone number records can be created, updated and deleted by integrated systems.

The table lists the fields that are displayed on a phone number record.

Field	Mandatory	When manually created	When received from integrated systems
Country Code	No		If Merative™ Integrated Care receives a phone number record with a country code from a third-party application, this value prefixes the

Field	Mandatory	When manually created	When received from integrated systems
			phone number shown in the Phone Number field.
Area Code	No		If Merative™ Integrated Care receives a phone number record with an area code from a third-party application, this value prefixes the phone number shown in the Phone Number field.
Phone Number	Yes	Displays the phone number that was manually entered.	Displays the phone number that was received from the integrated system.
Extension	No		If Merative™ Integrated Care receives a phone number record with an extension from a third-party application, this value prefixes the phone number displayed in the Phone Number field.
Phone Type	Yes (For manually created phone numbers)	Displays one of the following types: <ul style="list-style-type: none"> • Home • Mobile • Work • Other • Temporary • Old 	As per manually created records. Displays Home, Mobile, Work, Other, Temporary, or Old, depending on the type that is received.

Field	Mandatory	When manually created	When received from integrated systems
			By default, displays Home if no type is received.
Start Date	Yes (Manually created records only)	Displays the start date of the record that was entered.	If no Start Date is received from an integrated system, Merative™ Integrated Care automatically populates this field with the date the record was created.
End Date	No		
Preference for Calls	No		Not applicable A client's preference for calls is not received from integrated systems. You must edit the phone number record to indicate the client's preference for calls.
Preference for Texts	No		Not applicable A client's preference for texts is not received from integrated systems. You must edit the phone number record to indicate the client's preference for texts.
Comments	No		Not applicable Comments are not received from integrat-

Field	Mandatory	When manually created	When received from integrated systems
			ed systems. You must edit the phone number record to add a comment to the record.
Source	Yes	Displays the source of the phone number data that was selected from a configured list.	Displays the source of the phone number as received from the integrated system. The integrated system identifies the source by its external system reference.
Original Source System	No	Displays the original source system where the phone number originated that was selected from a configured list. The following default values are available for selection: <ul style="list-style-type: none">• Merative™ Integrated Care• Other	Displays the original source system where the phone number originated as received from the integrated system. The integrated system identifies the source by its external system reference.

Demographics data

Client demographics data includes birth and death, gender, marital status, identification, and name data. The table for each data type shows the available data, whether the data is mandatory, and the differences in the data when it is manually created or received from integrated systems.

Common patterns for demographics data

You can manually add demographics data when you register a client. Demographics data is also received from integrated systems when a client is registered either manually or automatically.



Important:

You can manually modify most demographics data. In general, if a client's demographic data is modified or deleted in an integrated system, their corresponding demographic record in Merative™ Integrated Care updates. However, if you modify demographics data that was received from an integrated system, Merative™ Integrated Care becomes the system of record for the data, and Merative™ Integrated Care no longer receives updates to the record from the integrated system. For exceptions to these patterns, see the relevant section for each data type.



Note:

Merative™ Integrated Care receives demographics data updates for active and inactive clients. Merative™ Integrated Care does not receive updates for deleted clients.

Birth and death data

A client has only one birth and death record. You can modify the birth and death record that was created when the client was registered. You cannot manually create or delete a birth and death record. In addition, a client's birth and death record can be updated by an integrated system, but not deleted. If the client was manually registered, updates to the client's date of birth and date of death are not received from integrated systems.

The table lists the fields that are displayed on a client's birth and death record.

Field	Mandatory	When manually created	When received from integrated systems
Birth Last Name	No		<p>Displays the last name value that was received from the integrated system.</p> <p>You must manually edit the birth and death record to modify a</p>

Field	Mandatory	When manually created	When received from integrated systems
			client's last name at birth.
Mother's Birth Last Name	No	You must manually edit the record that was created when the client was registered to enter their mother's last name at birth.	Not applicable You must manually edit the record to enter a client's mother's last name at birth.
Date of Birth	Yes		
Date of Death	No		If no date of death is received but the integrated system indicates that the client is deceased, the date that the record was created in Merative™ Integrated Care is displayed.
Comments	No		Not applicable Comments are not received from integrated systems. You must edit the birth and death record to add a comment to the record.
Source	Yes	Displays the source of the birth and death data that was selected from a configured list.	Displays the source of the birth and death data as received from the integrated system. The integrated system identifies the source by

Field	Mandatory	When manually created	When received from integrated systems
			its external system reference.
Original Source System	No	<p>Displays the original source system where the birth and death data originated that was selected from a configured list.</p> <p>The following default values are available for selection:</p> <ul style="list-style-type: none"> • Merative™ Integrated Care • Other 	<p>Displays the original source system where the birth and death originated as received from the integrated system.</p> <p>The integrated system identifies the source by its external system reference.</p>

Gender data

You can manually create gender data and a client's gender can be received from integrated systems. A client has only one current gender record, which is the record with the most recent Start Date. If the client was manually registered, updates to the client's gender are not received from integrated systems.

If you create new gender data, or new gender data is received from an integrated system, Merative™ Integrated Care automatically end dates the old gender record. You cannot delete gender records. In addition, gender records can only be added and updated by integrated systems, but not deleted.

The table lists the fields that are displayed on a gender record.

Field	Mandatory	When manually created	When received from integrated systems
Gender	Yes	<p>Displays one of the following types:</p> <ul style="list-style-type: none"> • Male • Female 	As per manually created records. Displays Male, Female, Other, Unknown, depending on the type

Field	Mandatory	When manually created	When received from integrated systems
		<ul style="list-style-type: none"> • Other • Unknown 	that is received from the integrated system.
Start Date	Yes (Manually created records only)	<p>Displays the start date that was entered when the record was manually created.</p> <p>By default, when a client is registered this field displays the client's date of birth.</p>	<p>If no start date is received, Merative™ Integrated Care populates this field with the date the record was created in Merative™ Integrated Care.</p> <p>By default, when a client is registered this field displays the client's date of birth.</p>
End Date	No		
Comments	No		<p>Not applicable</p> <p>Comments are not received from integrated systems. You must edit the gender record to add a comment to the record.</p>
Source	Yes	<p>Displays the source of the gender data that was selected from a configured list of sources.</p>	<p>Displays the source of the gender as received from the integrated system.</p> <p>The integrated system identifies the source by its external system reference.</p>

Field	Mandatory	When manually created	When received from integrated systems
Original Source System	No	<p>Displays the original source system where the gender data originated that was selected from a configured list.</p> <p>The following default values are available for selection:</p> <ul style="list-style-type: none"> • Merative™ Integrated Care • Other 	<p>Displays the original source system where the gender originated as received from the integrated system.</p> <p>The integrated system identifies the source by its external system reference.</p>

Marital Status data

You can manually create marital status data and a client's marital status can be received from integrated systems. A client has only one current marital status record, which is the record with the most recent Start Date. If the client was manually registered, updates to the client's marital status are not received from integrated systems.

If you create new marital status data, or new marital status data is received from an integrated system, Merative™ Integrated Care automatically end dates the old marital status record. You can delete marital status records. In addition, marital status records can be created, updated and deleted by integrated systems.

The table lists the fields that are displayed on a marital status record.

Field	Mandatory	When manually created	When received from integrated systems
Marital Status	Yes	<p>Displays one of the following types:</p> <ul style="list-style-type: none"> • Married • Single • Life Partner • Divorced 	As per manually created records, depending on the type that is received from the integrated system.

Field	Mandatory	When manually created	When received from integrated systems
		<ul style="list-style-type: none"> • Legally Separated • Annulled • Widowed • Interlocutory • Polygamous • Not Disclosed/Unknown 	
Start Date	Yes (Manually created records only)	Displays the start date that was entered when the record was manually created.	If no start date is received, Merative™ Integrated Care populates this field with the date the record was created in Merative™ Integrated Care.
End Date	No		
Comments	No		<p>Not applicable</p> <p>Comments are not received from integrated systems. You must edit the marital status record to add a comment to the record.</p>
Source	Yes	Displays the source of the marital status data that was selected from a configured list.	<p>Displays the source of the marital status as received from the integrated system.</p> <p>The integrated system identifies the source by its external system reference.</p>

Field	Mandatory	When manually created	When received from integrated systems
Original Source System	No	<p>Displays the original source system where the marital status data originated that was selected from a configured list.</p> <p>The following default values are available for selection:</p> <ul style="list-style-type: none"> • Merative™ Integrated Care • Other 	<p>Displays the original source system where the marital status originated as received from the integrated system.</p> <p>The integrated system identifies the source by its external system reference.</p>

Identification data

Client identification data from integrated systems is shared with Merative™ Integrated Care when the client is automatically registered. A client can have multiple identification records. If another identification record is created in the integrated system for the client, a corresponding record is created in Merative™ Integrated Care. If the record is updated or deleted in the integrated system, the corresponding record in Merative™ Integrated Care is updated or deleted.



Restriction:

If an identification record is received from a third-party application, you can modify the identification number. The identification type is read-only.



Note:

A system-generated identification, **Reference Number**, is automatically assigned to each client when the client is registered. The **Reference Number** cannot be updated or deleted. Merative™ Integrated Care automatically sets the **Reference Number** identification to be the client's preferred identification details.

The table lists the fields that are displayed on an identification record.

Field	Mandatory	When automatically created	When manually created	When received from integrated systems
Type	Yes	Displays Reference Number	Displays the type that was selected from the list of configured identification types for your organization.	As per manually created types. The integrated system identifies the identification type by its external system reference.
Identification Number	Yes	Displays the numeric value that is associated with the Reference Number identification type.	Displays the numeric, alphabet, or alphanumeric value that is associated with the identification type.	As per manually created records.
Start Date	No		If a start date is not entered, Merative™ Integrated Care automatically populates this field with the record creation date.	If a start date was received from a third-party application, the start date is displayed. If no start date is received, Merative™ Integrated Care populates this field with the record creation date.
End Date	No			
Preferred Identification	No	Displays Yes by default.	You can specify a preferred identification for manually added identifications only.	Not applicable Preferred identification data is not received from integrated systems.

Field	Mandatory	When automatically created	When manually created	When received from integrated systems
			<p>A client can have only one preferred identification.</p> <p>By default, the application automatically sets the Reference Number as the client's preferred identification when it is created.</p> <p>You can change this to different Identification Number and Type by editing an existing record, or adding a new one, and checking the Preferred Identification check box.</p>	<p>You can specify a preferred identification for manually added identifications only.</p>
Comments	No	Not applicable		<p>Not applicable</p> <p>Comments are not received from integrated systems.</p>
Source	Yes	Not applicable	<p>Displays the source of the identification data that was selected from a configured list.</p>	<p>Displays the source of the identification as received from the integrated system.</p>

Field	Mandatory	When automatically created	When manually created	When received from integrated systems
				The integrated system identifies the source by its external system reference.
Original Source System	No	Not applicable	<p>Displays the original source system where the identification data originated that was selected from a configured list.</p> <p>The following default values are available for selection:</p> <ul style="list-style-type: none"> • Merative™ Integrated Care • Other 	<p>Displays the original source system where the identification originated as received from the integrated system.</p> <p>The integrated system identifies the source by its external system reference.</p>

Name data

Merative™ Integrated Care automatically sets a client's name type to **Registered** when the client is registered.



Restriction:

If you want to specify a different type of name for a client, you must add new name data.

**Note:**

Merative™ Integrated Care automatically populates the **Initials** field with the first letter of a client's first name, middle name (if available), and last name. You can modify the initials data by editing the name record, if needed.

The table lists the fields that are displayed on a name record.

Field	Mandatory	When manually created	When received from integrated systems
Title	No	Displays the client's title that was selected from the list of configured titles for your organization.	If the record was received from a third-party application, the integrated system identifies the title by its external system reference.
First Name	Yes		
Middle Name	No		
Last Name	Yes		
Suffix	No	Displays the client's suffix that was selected from the configured list of suffixes for your organization.	If the record was received from a third-party application, the integrated system identifies the suffix by its external system reference.
Initials	No		Not applicable Initials data is not received from integrated systems.
Type	Yes	Displays one of the following types:	To change the Registered type that is assigned to each client at

Field	Mandatory	When manually created	When received from integrated systems
		<ul style="list-style-type: none"> • Registered • Preferred • Maiden • Alias • Stage Name • Old 	<p>registration to a different type, you must add a new name record.</p> <p>If the record was received from a third-party application, one of the following types is displayed:</p> <ul style="list-style-type: none"> • Alias • Preferred • Registered • Stage Name • Old • Maiden • Temporary • Anonymous
Comments	No		<p>Not applicable</p> <p>Comments are not received from integrated systems. You must edit the name record to add a comment to the record.</p>
Source	Yes	<p>Displays the source of the name data that was selected from a configured list.</p>	<p>Displays the source of the name data as received from the integrated system.</p> <p>The integrated system identifies the source by its external system reference.</p>

Field	Mandatory	When manually created	When received from integrated systems
Original Source System	No	<p>Displays the original source system where the name data originated that was selected from a configured list.</p> <p>The following default values are available for selection:</p> <ul style="list-style-type: none"> • Merative™ Integrated Care • Other 	<p>Displays the original source system where the name data originated as received from the integrated system.</p> <p>The integrated system identifies the source by its external system reference.</p>

Tag data

Care teams use tags to record information about a client that is important to your organization, for example, whether a client is a member of an organization or group. You can manually create, modify, and delete tag data for clients. In addition, tag data can be automatically created, updated, and deleted for registered clients by third-party applications through the Demographics: Tag API.



Note:

Third-party party application that are integrated with Merative™ Integrated Care can also retrieve a client's tag data from Merative™ Integrated Care through the Tag API.

The table lists the fields that are displayed on a tag record.

Field	Mandatory	When manually created	When received from integrated systems
Name	Yes	Displays the name of the client's tag that was selected from the list of configured tags for your organization.	Displays the name of the tag as received from the integrated system.

Field	Mandatory	When manually created	When received from integrated systems
Source	Yes	Displays the source of the tag data that was selected from a configured list.	Displays the source of the tag data as received from the integrated system. The integrated system identifies the source by its external system reference.
Original Source System	No	Displays the original source system where the tag data originated that was selected from a configured list. The following default values are available for selection: <ul style="list-style-type: none">• Merative™ Integrated Care• Other	Displays the original source system where the tag data originated as received from the integrated system. The integrated system identifies the source by its external system reference.

Care team actions data

Care team actions can be manually created and received from third-party applications. The table shows the available care team action data, whether the data is mandatory, and the differences in the data displayed when a care team action is manually created or received from third-party applications.

Common patterns for care team actions data

If a care team action is manually created or received from a third-party application, you can edit the action, update its progress and associate it with goals and barriers. Some care team action data is not received from integrated systems. You must edit the action to add these details.

**Important:**

You can manually modify care team actions data. If a care team action is modified in a third-party application, the corresponding record in Merative™ Integrated Care updates.

If you modify a care team action that was received from a third-party application by editing, assigning, or completing the action, Merative™ Integrated Care becomes the system of record for the care team action, and Merative™ Integrated Care no longer receives updates to the care team action from the third-party application.

However, if you maintain progress or goals for a care team action that was received from another system, Merative™ Integrated Care continues to receive updates to the action from the third-party application.

General goal

When Merative™ Integrated Care receives a care team action from a third-party application, by default, it creates a goal named **General** and associates the action with that goal. If the third-party application sends additional actions relating to the same client, Merative™ Integrated Care associates each new action with the **General** goal.

You can remove care team actions from the **General** goal. However, you must first associate the care team action with another goal on the care plan. If all care team actions are removed from the **General** goal, you can delete the goal if you wish.

You cannot edit the **General** goal, update client progress for the goal, or associate a **General** goal with programs, actions, services, or barriers.

Care team actions view

You can view care team actions on multiple pages in the application. For example, care team actions are displayed on a client's care plan and on the Care Team Actions list page. This topic focuses only on care team action details that you see on a care team action home page.

View a care team action home page by clicking **Care Plan > Care Team Actions** on the client's **Summary** view. You see a list of the client's care team actions. Click the name of an action to view the care team action home page.

**Important:**

If a role is specified in a care team action from a third-party application, the action is assigned to all care team members with that role. If no role is specified, the action is assigned to the primary care team member for the client. If there are multiple primary care team members, the action is



assigned to the most recent primary care team member. If there is no primary care team member, the care team action is assigned to the first role based on alphabetical order of the available roles.

The table lists the fields that are displayed on a care team action home page.

Field	Mandatory	When manually created	When received from integrated systems
Care Team Action Name	Yes	Displays the name of the care team action	As per manually created records. The integrated system identifies the care team action name by its external system reference. When the record is received electronically, the care team action names that are displayed might be different to the care team action names for manually created goal records.
Source	Yes	Displays the source of the care team action that was selected from a configured list.	Displays the source of the care team action as received from the integrated system. The integrated system identifies the source by its external system reference.
Original Source System	No	Displays the original source system where the care team action originated that was selected from a configured list.	Displays the original source system where the care team action originated as received from the integrated system. The integrated sys-

Field	Mandatory	When manually created	When received from integrated systems
		<p>The following default values are available for selection:</p> <ul style="list-style-type: none"> • Merative™ Integrated Care • Other 	<p>tem identifies the original source system by its external system reference.</p>
Assigned To	<p>Yes (Manually created actions only)</p>	<p>Displays the care team member's name or the care team role that the action is assigned to.</p>	<p>Displays the care team member's name or the care team role that the action is assigned to. The integrated system identifies the role by its external system reference.</p> <p>If a role is specified in a care team action from a third-party application, the action is assigned to all care team members with that role. If no role is specified, the action is assigned to the primary care team member for the client.</p> <p>If there are multiple primary care team members, the action is assigned to the most recently added primary care team member. If there is no primary care team member, the care</p>

Field	Mandatory	When manually created	When received from integrated systems
			team action is assigned to the first role based on alphabetical order of the available roles.
Category	Optional	Displays the selected category for the action.	If received from an integrated system, it must be one of the configured categories.
Added On	Not applicable.	This field is automatically populated by Merative™ Integrated Care. Displays the date that the care team action was added.	Displays the date that the care team action was created in Merative™ Integrated Care. By default, Merative™ Integrated Care displays by System User to indicate that the care team action was received from an integrated system. If your organization configures a different value to be displayed, for example, the name of an individual or organization, that value is displayed.
Added Reason	Optional	Displays the reason that the care team action was added to the plan.	Not applicable. This data is not received from integrated systems.

Field	Mandatory	When manually created	When received from integrated systems
Start Date	No	Displays start date for the care team action.	Displays start date for the care team action as received from the integrated system.
Expected End Date	No	Displays expected end date for the care team action.	Displays expected end date for the care team action as received from the integrated system.
Added By	No	<p>This field is automatically populated by Merative™ Integrated Care.</p> <p>Displays the name of the user who added the care team action.</p>	<p>Displays System User to indicate that the care team action was received from an integrated system.</p> <p>If your organization configures a different value to be displayed, for example, the name of an individual or organization, that value is displayed.</p>
Status	No	<p>This field is automatically populated by Merative™ Integrated Care based on the outcome of the care team action. Displays one of the following statuses:</p> <ul style="list-style-type: none"> • Current • Planned • Overdue • Completed 	As per manually created records.

Field	Mandatory	When manually created	When received from integrated systems
References	No	Displays hyperlinks to external web sites for supplementary reference information, if configured.	Not applicable. This data is not received from integrated systems.
Completed On	No	Displays the care team action completion date.	Displays completed date for the care team action as received from the integrated system.
Outcome	No, as received via API	Displays one of the following outcomes: • Successful • Not Successful • Abandoned	Displays the outcome for the care team action as received from the integrated system.
Comment	Optional, as received via API		
Completed By	Not applicable	This field is automatically populated by Merative™ Integrated Care. Displays the name of the user who completed the care team action.	Displays by System User to indicate that the care team action was received from an integrated system. If your organization configures a different value to be displayed, for example, the name of an individual or organization, that value is displayed.

Configurable client data

Client data that is captured in respect of data types that are configured by your administrator can be manually recorded in Merative™ Integrated Care and shared between external systems and Merative™ Integrated Care via an API.

By receiving client data records captured in respect of configurable client data types from external systems, the latest version of the data becomes automatically available in Merative™ Integrated Care and does not need to be manually recorded by care teams.



Important:

Before Merative™ Integrated Care can receive client data records captured in respect of configurable client data types from external systems, the data type must be configured and activated by your administrator. Then, your administrator must complete the tasks in the following topic: [Sharing client data types with external systems \(on page 298\)](#).



Note:

The exact information that is shared between Merative™ Integrated Care and external systems in respect of configured client data depends on the attributes your administrator configures for the client data type. For more information, see [Configuring metadata for client data types \(on page 298\)](#).

Common patterns for configurable client data

In general, if a client data record that corresponds to a configured client data type is modified or deleted in an external system, the corresponding record in Merative™ Integrated Care updates. However, if the care team modifies a client data record that was received from an external system, Merative™ Integrated Care becomes the system of record for the data, and Merative™ Integrated Care no longer receives updates to the record from the external system.

Assessments data

Client assessments can be manually run by care teams and a client's *Completed* assessments can be sent and received between Merative™ Integrated Care and third-party applications (through the Assessments API).

Common patterns for assessments data

By sending assessments between Merative™ Integrated Care and third-party applications, the latest version of the client's assessment information becomes available in all applications so that care teams do not need to manually record it. Merative™ Integrated Care sends and receives Script and Score Only assessments for active and inactive clients. Merative™ Integrated Care does not send or receive a client's in progress assessments, or assessments for deleted clients..



Note:

Before Merative™ Integrated Care can send and receive client assessment data from third-party applications, the assessment must be configured, activated, and associated with one or more programs. Then, your administrator must share the assessment by completing the tasks in [Sharing questionnaires with external systems \(on page 185\)](#).

Completed assessments that are sent to Merative™ Integrated Care through the API can optionally be associated with a program. Assuming the client is associated with that program, care teams can run new instances of the received assessments and repeat the assessments.

Table 37. Assessment behavior when associated with a program

Is the received assessment associated with program?	Assessment behavior
Yes	<p>Merative™ Integrated Care matches the program external system reference (ESR) that is sent via the API with a configured program and checks if the client is associated with the program.</p> <ul style="list-style-type: none"> • If the program ESR does not match a configured program, the assessment is not received from the external system. • If the program ESR matches a configured program and the client is associated with the program, Merative™ Integrated Care completes or repeats the assessment in the context of each program. Note: The program must be in the Assigned, Enrolled, or Pending status. • If the program ESR matches a configured program, but the client is not associated with the program in Merative™ Integrated Care, Merative™ Integrated Care completes or repeats a standalone assessment.

Table 37. Assessment behavior when associated with a program (continued)

Is the received assessment associated with program?	Assessment behavior
No	<ul style="list-style-type: none"> • Merative™ Integrated Care checks if the client has one or more programs that are already associated with the assessment in application. Depending on the program status (Assigned, Enrolled, or Pending), Merative™ Integrated Care completes or repeats the received assessment for the most recent program. • If the client has no programs to associate the assessment with, Merative™ Integrated Care creates a completed standalone assessment

If a received assessment already exists for the client in Merative™ Integrated Care, Merative™ Integrated Care repeats the existing assessment when received through the API. Merative™ Integrated Care appends the repeated assessment to the original assessment. If no assessment exists for the client, Merative™ Integrated Care adds the new assessment. If an in progress assessment of the same type already exists, Merative™ Integrated Care adds the new assessment and the in progress assessment remains unaffected.

When Merative™ Integrated Care receives an assessment through the API, any care plan activities, tasks, and suggestions that are configured for the questionnaire in Administration are automatically added and linked to the most recently updated program. In addition, when received from an external application, historical versions of assessments are displayed in Merative™ Integrated Care based on the Display History Across Programs setting that is configured for the assessment by your Administrator.

To see the assessment data that is sent from Merative™ Integrated Care to third-party applications for a configured assessment through the Assessments API, your Administrator must download its API document by [Sharing the API document for an assessment \(on page 159\)](#).

Assessments data view

You can view a client's assessment data in Merative™ Integrated Care by clicking **Programs > Assessments** from the client's **Summary** view. By clicking the assessment name, you see the home page for each assessment.

The table lists the columns and fields on the **Assessments** page that display data for an assessment record.

Column/field	Mandatory	When manually created	When received from integrated systems
Name	Yes	Displays the name of the assessment. Clicking the assessment name displays more assessment details.	As per manually created records. The third-party application identifies the assessment name by its external system reference.
Assessed	Not applicable.	This column is automatically populated by Merative™ Integrated Care Displays the date and time that the assessment was started or completed and the name of the user who ran the assessment.	Displays the date and time that the assessment was completed in the third-party application, and the name or username of the person who completed the assessment (as received via the API).
Type	Yes	Displays one of the following assessment types: <ul style="list-style-type: none">• Script• Score Only	As per manually created records.
Status	Yes	Displays one of the following statuses: <ul style="list-style-type: none">• Completed• In Progress	Displays Completed .
Measure	Yes	Displays the name of the configured measure that was assessed.	As per manually created records. The integrated system identifies the measure name by its external system reference.

Column/field	Mandatory	When manually created	When received from integrated systems
Classification	Yes	<p>Displays the name of the configured classification achieved by the client based on their assessment score.</p>	<p>As per manually created records.</p> <p>The classification is not received from third-party applications.</p> <p>Merative™ Integrated Care calculates the classification based on the configuration of the assessment in Administration and the client's assessment score.</p>
Score	Not applicable.	<p>This column is automatically populated by Merative™ Integrated Care. Displays the assessment score achieved by the client for each assessed measure.</p> <p>To calculate the total score, Merative™ Integrated Care adds the scores achieved for each assessed measure.</p>	<p>As per manually created assessments. Displays the assessment score achieved by the client for each assessed measure.</p> <p>Merative™ Integrated Care calculates the total assessment score based on the score for each assessed measure and the configuration of the assessment in Administration.</p>
Date (Displayed only for score only assessments.)	No	<p>This column is automatically populated by Merative™ Integrated Care. Displays date that the</p>	<p>Displays the date that the assessment was completed in the third-party application.</p>

Column/field	Mandatory	When manually created	When received from integrated systems
		assessment score was captured.	
Source	Yes	Displays the source of the assessment that was selected from the preconfigured list of sources.	Displays the source of the assessment that was received from the third-party application. The third-party application identifies the source by its external system reference.
Original Source System	No	Displays the original source system where the assessment originated that was selected from the preconfigured list of original source systems.	Displays the original source system where the assessment originated. The third-party application identifies the source system by its external system reference.
Started	Not applicable	This field is automatically populated by Merative™ Integrated Care. Displays the date and time that the assessment was started and the name of the user who started the assessment.	Displays the date and time that the assessment was completed in the third-party application, and the name or username of the person who completed the assessment (as received via the API).
Completed	Not applicable	This field is automatically populated by Merative™ Integrated Care. Displays the date and time that the assessment was completed	Displays the date and time that the assessment was completed in the third-party application, and the name or username of the person

Column/field	Mandatory	When manually created	When received from integrated systems
		and the name of the user who completed the assessment.	who completed the assessment (as received via the API).

Assessment home page data view

You can see the home page for each assessment by clicking an assessment name on the Assessments page. Most of the data that is displayed on the home page is the same as the data that is displayed on the Assessments page. However, question and answer data for assessments with a script assessment is available only the assessment home page.

The table lists the columns on an assessment home page that displays extra data for a script assessment.

Column	Mandatory	When manually created	When received from integrated systems
Question	Yes	Displays a question asked in relation to a specific assessment measure.	As per manually created.
Answer	Yes	Displays the client's answer to the question asked in relation to a specific measure.	As per manually created.



Note:

Notes and attachments data for assessments is also displayed on the assessment home page. This data is not received from third-party applications. However, care teams can manually add notes and attachments to assessments that are received via the API, if needed. The assessment home page also included a history of all assessments that are run.

Questionnaires data

Client questionnaires can be manually run by care teams and a client's *Completed* questionnaires can be sent and received between Merative™ Integrated Care and third-party applications (through the Questionnaires API).

Common patterns for questionnaires data

By sending questionnaires between Merative™ Integrated Care and third-party applications, the latest version of the client's questionnaire information becomes available in all applications so that care teams do not need to manually record it. Merative™ Integrated Care sends and receives questionnaires for active and inactive clients. Merative™ Integrated Care does not send or receive a client's in progress questionnaires or questionnaires for deleted clients.



Note:

Before Merative™ Integrated Care can send and receive client questionnaire data from third-party applications, the questionnaire must be configured, activated, and associated with one or more programs. Questionnaires that are received from other applications are applied to a client's record *only* if each questionnaire is associated with a program and the client is associated with that program. Then, your administrator must share the questionnaire by completing the tasks in [Sharing questionnaires with external systems \(on page 185\)](#).

Completed questionnaires that are sent to Merative™ Integrated Care through the API can optionally be associated with a program. Assuming the client is associated with that program, care teams can run new instances of the questionnaires and repeat those questionnaires.

Table 38. Questionnaire behavior when associated with a program

Is the received questionnaire associated with program?	Questionnaire behavior
Yes	Merative™ Integrated Care matches the program external system reference (ESR) that is sent via the API with a configured program and checks if the client is associated with the program.

Table 38. Questionnaire behavior when associated with a program (continued)

Is the received questionnaire associated with program?	Questionnaire behavior
	<ul style="list-style-type: none"> • If the program ESR does not match a configured program, Merative™ Integrated Care does not receive the questionnaire. • If the program ESR matches a configured program and the client is associated with the program, Merative™ Integrated Care completes or repeats the questionnaire in the context of each program. Note: The program must be in the Assigned, Enrolled, or Pending status. • If the program ESR matches a configured program, but the client is not associated with the program in Merative™ Integrated Care, Merative™ Integrated Care does not receive the questionnaire.
No	<ul style="list-style-type: none"> • Merative™ Integrated Care checks if the client has one or more programs that are already associated with the questionnaire in the application. Depending on the program status (Assigned, Enrolled, or Pending), Merative™ Integrated Care completes or repeats the received questionnaire for the most recent program. • If the client has no programs to associate the questionnaire with, Merative™ Integrated Care does not receive questionnaire.

If a received questionnaire already exists for the client in Merative™ Integrated Care, Merative™ Integrated Care repeats the existing questionnaire when received through the API. Merative™ Integrated Care appends the repeated questionnaire to the original questionnaire. If no questionnaire exists for the client, Merative™ Integrated Care adds the new questionnaire.

If an in progress questionnaire of the same type already exists, Merative™ Integrated Care adds the new questionnaire and the in progress questionnaire remains unaffected.

When Merative™ Integrated Care receives a questionnaire, any care plan activities, tasks, and suggestions that are configured for the questionnaire are automatically added and linked to the most recently updated program. In addition, when received from an external application, historical versions of questionnaires are displayed in Merative™ Integrated Care based on the Display History in Program (Days) setting that is configured for the questionnaire by your Administrator.

To see the questionnaire data that is sent from Merative™ Integrated Care to third-party applications for a configured questionnaire through the Questionnaires API, your Administrator must download its API document by [Sharing the API document for a questionnaire \(on page 186\)](#).

Questionnaire data view

You can view a client's questionnaire from their **Summary** view.

1. Click **Programs > Programs > <program name>**. You see the contents of the program. Related questionnaires are grouped into modules.
2. Click a module, then click the name of a questionnaire to display it on page.
3. Click **Details** to see the full details of the questionnaire.

The table lists the data that displays for a questionnaire record.

Data	Mandatory	When manually created	When received from integrated systems
Questionnaire name	Yes	Displays the name of the questionnaire.	As per manually created records. The third-party application identifies the questionnaire name by its external system reference.
Assessed	Not applicable	This data is automatically populated by Merative™ Integrated Care Displays the date and time that the questionnaire was started or completed.	Displays the date and time that the questionnaire was completed in the third-party application, and the name or username of the person who completed the questionnaire (as received via the API).
Started	Not applicable	This field is automatically populated by Merative™ Integrated Care. Displays the date and time that the question-	Displays the date and time that the questionnaire was completed in the third-party application, and the name or username of the per-

Data	Mandatory	When manually created	When received from integrated systems
		naire was started and the name of the user who started the questionnaire.	son who completed the questionnaire (as received via the API).
Completed	Not applicable	<p>This field is automatically populated by Merative™ Integrated Care.</p> <p>Displays the date and time that the questionnaire was completed and the name of the user who completed the questionnaire.</p> <p>Note: If the questionnaire is in progress, no value displays.</p>	Displays the date and time that the questionnaire was completed in the third-party application, and the name or username of the person who completed the questionnaire (as received via the API).
Description	Not applicable	<p>This field is automatically populated by Merative™ Integrated Care.</p> <p>Displays a description of the questionnaire (if configured in Administration).</p>	As per manually created.
Original Source System	No	Displays the original source system where the questionnaire originated that was selected from the preconfigured list of original source systems.	Displays the original source system where the questionnaire originated. The third-party application identifies the source system by its external system reference.
Source	Yes	Displays the source of the questionnaire that	Displays the source of the questionnaire that

Data	Mandatory	When manually created	When received from integrated systems
		was selected from the preconfigured list of sources.	was received from the third-party application. The third-party application identifies the source by its external system reference.
Question	Yes	Displays a question asked in the questionnaire.	As per manually created.
Answer	Yes	Displays the client's answer to the question asked.	As per manually created.

Notes data

Client notes data can be manually created, received, and shared only with third-party applications. The table shows the available notes data, whether the data is mandatory, and the differences in the data when it is manually created or received from third-party applications.

Client notes

You can view notes that are manually created and received from integrated systems by clicking **History > Notes** on a client's **Summary** view.



Note:

You can update manually created notes. However, notes from integrated systems cannot be manually modified in Merative™ Integrated Care. In addition, Merative™ Integrated Care does not receive updates to notes from integrated systems. You can delete notes that are manually created and notes that are received from integrated systems. If the note record is deleted in the integrated system, the note status of the corresponding record in Merative™ Integrated Care changes to **Canceled**.

The table lists the columns and fields that display notes data on a note record.

**Note:**

Some fields are displayed only when the note type is a touchpoint.

Column/Field	Mandatory	When manually created	When received from integrated systems
Subject	Yes (Manually created records only.)	Displays the subject of the note.	As per manually created records.
Note	Yes	Displays the note text.	As per manually created records.
Type	Yes	<p>Displays one of the following default note types, or a note type that is configured by your organization:</p> <ul style="list-style-type: none"> • Access and Continuity • Assessment • Care Management • Care Plan Update • Comprehensive Assessment • Comprehensiveness and Coordination • Educational Information • General • Letters • Population Health • Private • Private to Role 	<p>As per manually created records.</p> <p>If the integrated system has different note types, Merative™ Integrated Care maps each type to one of the default types or a note type that is configured by your organization.</p>

Column/Field	Mandatory	When manually created	When received from integrated systems
		<ul style="list-style-type: none"> • Quality Review • Touchpoint • Wellness 	
Status	No	<p>Depending on whether the note type is configured to be editable, displays one of the following statuses:</p> <ul style="list-style-type: none"> • Draft • Ready for Review • Final • Canceled <p>If the note type is not configured to be editable, the status is Final.</p>	<p>Displays Final when the note record came from an integrated system.</p> <p>Displays Canceled when the corresponding note is deleted.</p>
Comments	Not applicable	<p>This column is automatically populated by Merative™ Integrated Care.</p> <p>Displays the number of comments that are added to a note.</p>	<p>Not applicable.</p> <p>This column is automatically populated by Merative™ Integrated Care</p>
Latest Update (When received from an integrated system only.)	Yes	<p>This column is automatically populated by Merative™ Integrated Care</p> <p>Displays the date and time that the note or touchpoint was last updated and the name of</p>	<p>Displays the date and time that the note or touchpoint was received.</p> <p>In addition, displays the username associated with the organization's API account or the name of the user who added</p>

Column/Field	Mandatory	When manually created	When received from integrated systems
		the user who made the update.	<p>the note in the external system.</p> <p>If a username is received, Merative™ Integrated Care checks that the username is associated with a valid Merative™ Integrated Care account and displays the user's full name in Merative™ Integrated Care. Otherwise, the value received is displayed.</p>
Duration	No	Displays how long the client activity is expected to take, in minutes.	As per manually created records.
Comment	No	Displays comments added to the note or No Records if a note has no associated comments.	<p>Displays comments associated with the notes received from the integrated system.</p> <p>If a note that was received from an integrated system is later deleted in the integrated system, this field is automatically populated by Merative™ Integrated Care with Canceled by an external system.</p>
Deletion Reason	Yes	Displays one of the following deletion reasons:	Not applicable.

Column/Field	Mandatory	When manually created	When received from integrated systems
(This field is displayed in the user interface for all note types except Touchpoint.)	(Manually created records only.)	<ul style="list-style-type: none"> • Care Manager request • Entered for incorrect client • Incorrect Information • Other 	<p>This field is automatically populated by Merative™ Integrated Care.</p> <p>Displays Other to indicate that the record came from an integrated system.</p>
Date (Displayed only for associated comments.)	Yes (When received from an integrated system only.)	<p>This column is automatically populated by Merative™ Integrated Care.</p> <p>Displays the date and time the comment was added to the note.</p>	Displays the date and time that the comment was added to the note.
Added by (Displayed only for associated comments.)	Yes (When received from an integrated system only.)	<p>This column is automatically populated by Merative™ Integrated Care.</p> <p>Displays the name of the user who added the comment to the note.</p>	Displays the username associated with the organization's API account or the name of the user who added the comment to the note in the external system. If a username is received, Merative™ Integrated Care checks that the username is associated with a valid Merative™ Integrated Care account and displays the user's full name in Merative™ Integrated Care. Otherwise, the value received is displayed.

Column/Field	Mandatory	When manually created	When received from integrated systems
Updated	Yes (When received from an integrated system only.)	<p>This column is automatically populated by Merative™ Integrated Care.</p> <p>Displays the date and time that the note or touchpoint was updated and the name of the user who made the update.</p>	<p>Displays the date and time that the note or touchpoint was updated.</p> <p>By default, Merative™ Integrated Care displays by System User to indicate that the update was received from an integrated system.</p> <p>If your organization configures a different value to be displayed, for example, the name of an individual or organization, that value is displayed.</p>
Contact Date (Displayed only for Touchpoint note types.)	Yes	Displays the contact date for the touchpoint.	Displays the contact date for the touchpoint.
Contact With (Displayed only for Touchpoint note types.)	Yes (Manually created records only.)	<p>Displays one or more of the following people who were interacted with during the touchpoint:</p> <ul style="list-style-type: none"> • Care Giver • Care Team • Client • Family Member • Medical • Other 	<p>Displays one or more of the following:</p> <ul style="list-style-type: none"> • Care Giver • Care Team • Client • Family Member • Medical • Other <p>If the integrated system has different values, Merative™ Integrated</p>

Column/Field	Mandatory	When manually created	When received from integrated systems
			Care maps each value to one of these values.
Direction (Displayed only for Touchpoint note types.)	Yes (Manually created records only.)	Displays one of the following directions: • Outbound • Inbound	Displays one of the following directions: • Outbound • Inbound If the integrated system has different directions, Merative™ Integrated Care maps each direction to one of these directions.
Validated Identity (Displayed only for Touchpoint note types.)	No	Indicates whether the identity of the person who was contacted was validated.	As per manually created records.
Method (Displayed only for Touchpoint note types.)	Yes (Manually created records only.)	Displays one of the following methods: • Email • Face to Face Home • Face to Face Home • Face to Face Other • Mail • Other • Phone • Text	Displays one of the following methods: • Email • Face to Face Home • Face to Face Home • Face to Face Other • Mail • Other • Phone • Text

Column/Field	Mandatory	When manually created	When received from integrated systems
			If the integrated system has different methods, Merative™ Integrated Care maps each method to one of these methods.
Outcome (Displayed only for Touchpoint note types.)	Yes (Manually created records only.)	Displays one of the following outcomes: • Successful • Unsuccessful	Displays one of the following outcomes: • Successful • Unsuccessful If the integrated system has different outcomes, Merative™ Integrated Care maps each outcome to one of these outcomes.
Program(s) (Displayed only for Touchpoint note types.)	No	Displays one or more programs associated with the touchpoint.	As per manually created records. If the integrated system has different programs, Merative™ Integrated Care maps each program to one of the configured programs.
Share	No	Displays whether the note can be shared.	Not applicable. This data is not received from integrated systems.

Column/Field	Mandatory	When manually created	When received from integrated systems
Share With	No	Displays the external system the note can be shared with.	Not applicable. This data is not received from integrated systems.
Source	Yes	Displays the source of the note that was selected from a configured list.	Displays the source of the note as received from the integrated system. The integrated system identifies the source by its external system reference.
Original Source System	No	Displays the original source system where the note originated that was selected from a configured list. The following default values are available for selection: <ul style="list-style-type: none"> • Merative™ Integrated Care • Other 	Displays the name of the original source system where the note originated as received from the integrated system. The integrated system identifies the original source system by its external system reference.

Related information

[Integrating via Merative Integrated Care REST APIs \(on page 852\)](#)

Alerts data

Alerts that you are notified about can be manually created and can be received from third-party applications. The table shows the available alerts data, whether the data is mandatory, and the differences in the data when it is manually created or received from third-party applications.

Alert data views

Alerts for a client are shown in the context pane. You can view all alerts for a client by clicking **History > Alerts** on the client's **Summary** view. From the **Care Manager Workspace**, you can see a list of all alerts you were notified about by clicking the **Side Navigation Menu**, then clicking **Alert Notifications**.



Note:

You can modify open alerts. An alert priority, is read-only when the alert came from an integrated system. If the alert is modified or closed in the integrated system, the corresponding Merative™ Integrated Care alert record is updated. You can comment on alerts and close alerts.



Important:

If a role is specified in an alert from a third-party application, all care team members with that role are notified of the alert. If no role is specified, or a role is specified but no care team members fulfill that role, all primary care members for the client are notified. Otherwise, no one is notified of the alert.

The table lists the columns on the **My Alerts** and the **Alerts** pages that display alert data.

Column	Mandatory	When manually created	When received from integrated systems
Client (Displayed only on the My Alerts page)	Yes	Displays the name of the client who the alert relates to.	As per manually created records.
Name	Yes	Displays the name of the alert.	As per manually created records. The integrated system identifies the alert name by its external system reference.

Column	Mandatory	When manually created	When received from integrated systems
Priority	Yes	Displays one of the following default priorities: <ul style="list-style-type: none"> • Critical • High • Medium • Low 	As per a manually created alert. Depending on the priority status that was received from the integrated system, displays Critical , High , Medium , or Low .
Source	Yes	Displays the source of the alert that was selected from a configured list of sources.	Displays the source of the alert that was received from the integrated system. The integrated system identifies the source by its external system reference.
Original Source System	No	Displays the original source system where the alert originated that was selected from a configured list of original source systems.	Displays the original source system where the alert originated. The integrated system identifies the source system by its external system reference.
Created	Yes (When received from an integrated system only.)	This column is automatically populated by Merative™ Integrated Care. Displays the date and time that the alert was created, and the name of the care team member who created the alert.	Displays the date and time that the alert was created in Merative™ Integrated Care. By default, Merative™ Integrated Care displays the text by System User to indicate that the alert was received from an integrated system.

Column	Mandatory	When manually created	When received from integrated systems
			If your organization configures a different value to be displayed, for example, the name of an individual or organization, that value is displayed.
Closed	Yes	<p>This column is automatically populated by Merative™ Integrated Care.</p> <p>Displays the date and time that the alert was closed, and the name of the care team member who closed the alert.</p>	<p>Displays the date and time that the alert was closed in Merative™ Integrated Care.</p> <p>By default, Merative™ Integrated Care displays the text by System User to indicate that the alert was closed by an integrated system.</p> <p>If your organization configures a different value to be displayed, for example, the name of an individual or organization, that value is displayed.</p>
Status	No	<p>This column is automatically populated by Merative™ Integrated Care.</p> <p>Displays one of the following statuses:</p> <ul style="list-style-type: none"> • Open • Closed 	<p>Displays one of the following statuses:</p> <ul style="list-style-type: none"> • Open • Closed <p>If Merative™ Integrated Care does not receive a</p>

Column	Mandatory	When manually created	When received from integrated systems
			status, this column displays Open .
Comment	Yes	Displays a comment added by a care team member to the alert.	As per manually created records.
Added	Yes	This column is automatically populated by Merative™ Integrated Care. Displays the date and time that the comment was added to the alert and the name of the care team member who commented.	Displays the date and time that the comment was received in Merative™ Integrated Care. By default, Merative™ Integrated Care displays the text by System User to indicate that the comment was received from an integrated system. If your organization configures a different value to be displayed, for example, the name of an individual or organization, that value is displayed.
Care Team Member	No	Displays the name of the care team member who was notified of the alert.	As per manually created records.
Role	No	Displays the role of the care team member who was notified of the alert from the configured list of roles.	As per manually created records. The integrated system identifies the role by its external system reference

Column	Mandatory	When manually created	When received from integrated systems
			If a role is specified in an alert, all care team members with that role are notified of the alert. If no role is specified, or a role is specified but no care team members fulfill that role, all primary care members for the client are notified. Otherwise, no one is notified of the alert.

Referral data

Referral data can come from both internal sources and integrated systems. The tables show the referral data that is received from integrated systems, and the differences in the data when it is manually created or received.

Referral data views

You can view referral data on multiple pages in the application. As a Supervisor, you view referral data on the **Open Unassigned Referrals** and **Open Assigned Referrals** pages. As a care team member, you view referral data on multiple pages, which include the **Referrals**, **Open Unassigned Referrals**, and **My Open Referrals** pages.

Referrals that are received from integrated systems are displayed on the **Open Unassigned Referrals** page where a Supervisor assigns them to a suitable care team member. In addition, a care team member can assign a referral to themselves. The **Open Unassigned Referrals** shows referrals for active and inactive clients.

Referrals from integrated systems that are in an **Open** status, and are not yet assigned to a care team member, can be updated by the originating integrated system.

The table lists the columns and fields on the Merative™ Integrated Care pages that display referral data.

Column/field	Mandatory	When manually created	When received from integrated systems
Name (This data is not displayed on the Referrals page.)	Yes	Displays the referred client's first name and last name.	Displays the referred client's first name and last name.
Referred On	Yes	Displays the date that the referral was manually created in the system.	Displays the date of the referral.
Referred From (Displayed only on the Referrals page.)	No	When a client is referred between organization units, this is the name of the organization unit that referred the client. This value is populated by the system and not entered by a user.	As per a manually created referral.
Referred To (Displayed only on the Referrals page.)	No	When a client is referred between organization units, this is the name of the organization unit that the client was referred to.	As per a manually created referral.
Priority	Yes	Displays one of the following priority statuses: Displays Not Set , Low , Medium , or	As per a manually created referral. Displays Not Set , Low , Medium , or

Column/field	Mandatory	When manually created	When received from integrated systems
		<ul style="list-style-type: none"> • Not Set • Low • Medium • High 	High , depending on the priority status that is received.
Referral Reason	Yes	<p>Displays the reason for referring the client that was selected from a list of referral reasons configured by your Administrator.</p> <p>By default, a reason of Other is available for selection if one of the other reasons is not suitable.</p>	<p>Displays the reason that was received from the integrated system.</p> <p>If Merative™ Integrated Care receives an external system reference for the referral reason, the referral reason is identified by its external system reference.</p>
Other Referral Reason	No	<p>Displays the value entered when Other is selected for the referral reason.</p>	<p>Displays the value received if no external system reference is received for the referral reason or if the external system reference received is associated with the default Other referral reason in Administration.</p>

Column/field	Mandatory	When manu-ally created	When received from integrat-ed systems
Source	Yes	If configured to be shown, displays the configured source of the referral.	<p>Displays the source of the referral that was received from the integrated system.</p> <p>When the record is received, the sources that are displayed might be different to the sources that are available for manually created referrals.</p>
Original Source System	No	If configured to be shown, displays the configured system where the referral originated.	<p>Displays the source system where the referral originated.</p> <p>When the record is received, the original source systems that are displayed might be different to the original source systems that are available for manually created referrals.</p>
Suggested Pro-gram	No	Not applicable.	Displays the name of a suggested pro-gram to assign the client to.

Column/field	Mandatory	When manually created	When received from integrated systems
Assigned To Displayed only on the Referrals page.	No	Displays the name of the care manager who is assigned the referral.	Not applicable. This data is not received from integrated systems.
Status Displayed only on the Referrals page (Referrals History).	Yes	Displays one of the following referral statuses: • Accepted • Rejected	Not applicable. This data is not received from integrated systems.
Reason Displayed only on the Referrals page (Referrals History).	Yes	Displays the reason for rejecting the referral or the reason the referral was unassigned, that was selected from the preconfigured list of reasons. When a referral is rejected, displays one of the following reasons: • Deceased • Non responder • Opt Out • Other	Not applicable. This data is not received from integrated systems.

Column/field	Mandatory	When manually created	When received from integrated systems
		<p>When a referral is unassigned, displays one of the following reasons:</p> <ul style="list-style-type: none"> • Assigned in error • No capacity • Unavailable • Other 	
Other Reason Displayed only on the Referrals page (Referrals History).	Yes	<p>Displays the reason for rejecting the referral or reassigning the referral, that was entered because none of the reasons in the preconfigured list were suitable for selection.</p>	<p>Not applicable. This data is not received from integrated systems.</p>
Accepted On Displayed only on the Referrals page (Referrals History).	Yes	<p>Displays the date that the referral was accepted for care management.</p>	<p>Not applicable. This data is not received from integrated systems.</p>
Date Displayed only on the Referrals page (Referrals History).	Yes	<p>Displays the date that the referral was rejected for care management.</p>	<p>Not applicable. This data is not received from integrated systems.</p>
Comments	No	<p>Displays comments relating to the referral.</p>	<p>Displays comments relating to</p>

Column/field	Mandatory	When manually created	When received from integrated systems
			the referral, if received.
Program (Displayed only on the My Open Referrals page.)	No	Displays the name of the program that was manually associated with the client.	No applicable. This data is not received from integrated systems.

Related information

[Completing a client's open referrals \(on page 455\)](#)

Integrating via Merative™ Integrated Care REST APIs

A REST API is a set of URL resources that you can use to integrate Merative™ Integrated Care with external systems. Merative™ Integrated Care APIs enable third-party applications to communicate with Merative™ Integrated Care and access real-time data.

Merative™ Integrated Care APIs are designed primarily to help developers manage REST API calls from outside the Merative™ Integrated Care application. By using the protected APIs listed in the API Catalog section, you can sync external system data with the latest client-related data in Merative™ Integrated Care. From an external system, you can create and update client-related data records in Merative™ Integrated Care.

**Note:**

Before you can access and use the protected APIs, certain information is required by Merative™ Integrated Care to allow inbound and outbound flow of data between Merative™ Integrated Care and third-party applications. For more information, see [Required information for API flows \(on page 853\)](#).

Getting started with REST APIs

Start here if you're new to APIs, or you want a more comprehensive understanding of how to integrate with Merative™ Integrated Care APIs. Otherwise, you can skip directly to the API Catalog that lists the protected APIs.

API security and access

To access the Merative™ Integrated Care REST API services and resources, you must have valid authorization permissions and be authenticated.

With IBM Cloud, you can directly connect to the Merative™ Integrated Care API endpoints from any internet routable location (over TCP/IP). Assuming you can route from your location to the internet, and your network perimeter device is configured appropriately, Merative™ Integrated Care can expose the API endpoints.



Before you begin:

Before you can access API resources, Merative™ Integrated Care requires certain information about your external system. In addition, Merative™ Integrated Care may also need to share certain information with you.

You must agree the method of exchange for confidential information, like endpoints and certificates, with your Merative™ client executive at the time of engagement.

The IBM® App ID service authorizes your access to the API resources. To achieve this, you must obtain tokens using IBM® App ID. In addition, mutual transport layer security (TLS) must be set up between your external system and Merative™ Integrated Care so that the API calls are sent and received securely.

Required information for API flows

Depending on the direction of the API flow (inbound or outbound), certain information is required to integrate your external system with Merative™ Integrated Care.

Required information for inbound API flow

For an inbound API flow from your external system to Merative™ Integrated Care, you must configure a specific Merative™ Integrated Care endpoint (URL) and port number in your application. Your client executive provides you with this information.

For inbound mutual TLS authentication purposes, you must provide a client certificate to Merative™ Integrated Care that includes its public key, any parent intermediate certificates, and the parent public root certificate to store in our environment.

Required information for outbound API flow

To enable an outbound API flow from Merative™ Integrated Care to your external system, you must work with your client executive to establish network connectivity between Merative™ Integrated Care and your application, and configure subscribers and subscriptions.

For network connectivity and allowlist purposes, you must provide the domain name or IP address of your application to your client executive.

In addition, you must register your application endpoint details and port number, by [Configuring subscribers and managing subscriptions \(on page 389\)](#).

For outbound mutual TLS authentication purposes, Merative™ Integrated Care provides you with a client certificate that includes its public key, any parent intermediate certificates, and the parent public root certificate that you must store in your external system environment.

Obtaining tokens using IBM® App ID

The IBM® App ID service authorizes your access to the Merative™ Integrated Care APIs by using the OAuth (Open Authorization) 2 protocol. Before you can make Merative™ Integrated Care REST API calls, you must obtain a token so that IBM® App ID can authorize your access.

After you obtain a token, you must include it in all subsequent calls to access Merative™ Integrated Care REST API services.



Note:

You can reuse tokens.

For more information about the concepts and technologies used by the IBM® App ID service, see the [IBM Cloud App ID documentation](#).

1. Obtain your tenant ID, client secret, and OAuth server URL from your credentials.
2. Encode your client ID and secret.
 - a. Copy your client ID and secret that you obtained in step 1.
 - b. Use a base64 encoder to encode your authorization information.
 - c. Copy the output.
3. Make a request to the API to obtain a token. The data section of your request varies depending on the type of grant type that you're using.

Example request:

```
curl -X POST \
https://{{region}}.appid.cloud.ibm.com/oauth/v4/{{tenant_id}}/token \
-H 'Authorization: Basic base64encode({{client-id}}:{{client-secret}})' \
-H 'Content-Type: application/x-www-form-urlencoded' \
-H 'Host: {{region}}.appid.cloud.ibm.com' \
-d grant_type=client_credentials
```

Example response:

```
{  
  "access_token": "eyJhbGciOiJSUzI1NiIsInR",  
  "expires_in": 43200,  
  "token_type": "Bearer"  
}
```

A successful response contains an `access_token` that you must include in all subsequent requests to access the Merative™ Integrated Care APIs.

4. Include the following header in all subsequent requests.

```
Authorization: Bearer {{access_token}}
```

For more information about obtaining tokens, see [Obtaining tokens](#) in the IBM Cloud App ID documentation.

Authentication

REST APIs are subject to the security controls that are implemented in the application. Most of the Merative™ Integrated Care REST API services require you to authenticate before you can access the APIs. Requesting a REST API resource before authentication, or without valid credentials, always results in an HTTP response status code of 401 - Unauthorized. If you encounter this error, reauthenticate by following the procedure to obtain a token.

Token Reuse

Tokens have a set lifespan and you can continuously reuse them until they expire. Generate a new token only when the previous token is no longer valid. IBM® App ID provides an endpoint for you to check if a token is still valid. Before you make a request to the Merative™ Integrated Care REST API, we advise you to check that your token is still valid.

Example token validation request:

```
curl 'https://{{region}}.appid.cloud.ibm.com/oauth/v4/{{tenant_id}}/introspect' \
-H 'Authorization: Basic base64encode({{client-id}}:{{client-secret}})' \
-H 'Content-Type: application/x-www-form-urlencoded' \
-d 'token=<your_access_token>'
```

Example token validation response:

```
{  
    "active": true  
}
```

For more information about validating tokens, see [Validating tokens](#) in the IBM Cloud App ID documentation.

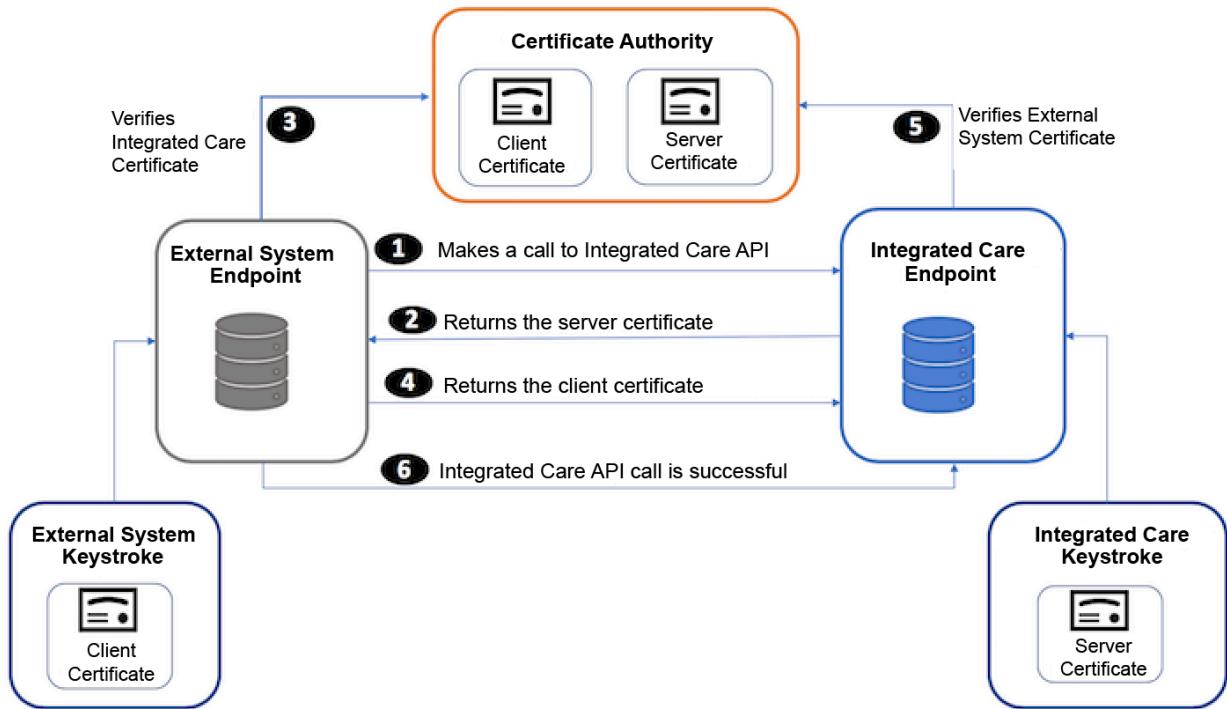
Mutual TLS authentication

Merative™ Integrated Care requires that all external API connections occur over a mutually encrypted connection, with certificate exchange between the endpoints.

The standard TLS protocol ensures that a client trusts the server that it is communicating with by verifying the server's certificate. In addition, mutual TLS ensures that the server only accepts connections from trusted clients through certificate verification. With mutual TLS, both parties authenticate each other by verifying a digital certificate that issued by a trusted Certificate Authority. The presence of the certificate assures each party of the others' identity.

A client (web browser or client application) authenticates itself to a server (website or server application). Then, the server authenticates itself to the client by verifying the provided certificate.

Figure 11. How mutual TLS authentication works between Merative™ Integrated Care and external systems



1. The external system makes an API call to a Merative™ Integrated Care API endpoint.
2. Merative™ Integrated Care presents its certificate to the external system.
3. The external system verifies Merative™ Integrated Care's certificate.
4. If successful, the external system sends its certificate to Merative™ Integrated Care.
5. Merative™ Integrated Care verifies the external system's certificate.
6. If successful, Merative™ Integrated Care allows the API call to proceed.

Versions

Whenever Merative™ Integrated Care changes the API in a backwards-incompatible way, Merative™ releases a new version of the API. Therefore, API requests require the API version number in the URL. The version number of the REST API resources that you are using is included in the URL.

For example, <https://<host>:<port>/Rest/v1/individuals> where v1 is the version number and usually the first path parameter after the context path, <https://<host>:<port>/Rest>.

Request and response handling

You can verify the integrity of HTTP requests and responses by ensuring your JSON is correct, that you are correctly connecting to a running instance of Merative™ Integrated Care, and that you manage the volume of results via pagination.

Requests

In Merative™ Integrated Care, the HTTP requests only support JSON and require a valid JSON object for the body. The API catalog section includes complete examples for each request and `CURL` code examples so that you know how to format your requests and can anticipate what kind of data to expect in return.

Response

All Merative™ Integrated Care APIs connect to a specific instance of Merative™ Integrated Care that is already running. The Merative™ Integrated Care instance is identified by a combination of the Tenant ID and Instance Type attributes in the message header.

Each HTTP request will return a `tenantDetails` object, which lets you verify that the API you are connecting to is the correct instance and tenant.

Pagination

Some API requests might return a large number of results. To avoid performance issues, these results are returned one page at a time, with a limited number of results on each page.

The default and maximum page size is 1000 objects. To use a different page size, use the `limit` query parameter.

For any request that uses pagination, the response includes a `pagination` object that specifies pagination information. This object includes two URLs that you can use to make subsequent requests:

- `previous`: the URL for requesting the previous page of results if any exists.
- `next`: the URL for requesting the next page of results. The `next` property is omitted if there no more results.

If no previous or next link exists, the entire results set is returned. These URLs retain the same `limit` parameter that were used for the initial request.

Related reference

[Merative Integrated Care REST API catalog \(on page 890\)](#)

Error codes

In response to each API call, Merative™ Integrated Care returns a message with an appropriate HTTP status code. Each API contains a detailed list of error codes that can be returned.

The following HTTP response status codes confirm that the HTTP method completed successfully or that something went wrong with the client request.

- 200 - the message was processed successfully.
- 400 - an error occurred when processing the message. If the message fails, typically, it's because the message content failed a business validation rule, a required parameter was omitted, or the syntax was invalid in some way that caused the server to be unable to process the request sent by the client. The caller can resolve the issue by correcting the data and resubmitting.
- 401 - authentication was unsuccessful because the request to access a REST API resource was made before authentication or without valid credentials. The caller can resolve this issue by following the steps in [Obtaining tokens \(on page 853\)](#).
- 500 - a server-side error happened during processing. This is a rare occurrence.

In addition to the HTTP status code, failure responses include a body with fields that provide a more detailed breakdown of the error.

- Code - the HTTP status code (usually “400”)
- Message - the failure message consists of the code and a string description separated by a hyphen (-). Example: `EESERR520 - A valid reference for a source system must be provided.`
- Level - the failure level (usually “error”).

For each Merative™ Integrated Care API, you can review the API Swagger documentation and see the detailed list of error codes that are returned. Go to the API library referenced in the related topic link, select an API to try out (Swagger output), and review the error codes in the Responses section of each HTTP method (GET, POST, PUT, DELETE). The following list is not intended to be an exhaustive list but a subset of the most common failure messages with explanations why API calls can fail.

EESERR610 – Expected resourceType is Patient

Each message has a mandatory `resourceType` field that must match the endpoint that the message is sent to. In this case, the `v1/ees/individuals` resource expects that all messages sent to it will have a `resourceType` of `Patient`.

EESERR504 – A subject reference must be provided

Merative™ Integrated Care uses the subject/reference field to identify the individual that the message relates to. This field must be populated correctly.

EESERR161 – There are no matching individuals based on the ID entered

The identifiers provided in the subject/reference field of the message do not match any individual in Merative™ Integrated Care.

EESERR180 – The identification details provided match multiple clients

The identifiers provided in the subject/reference field of the message match more than one client in Merative™ Integrated Care. Therefore, the update cannot proceed because the client cannot be uniquely identified.

EESERR351 – The resource id provided doesn't exist for a <type> record for this person

POST messages will return a Merative™ Integrated Care resource id that uniquely identifies the record that is created in Merative™ Integrated Care. This resource can then be used as a path parameter for Updates (PUT) and Delete HTTP methods. This message will be returned if the resource id does not match a valid record in Merative™ Integrated Care.

EESERR624 – The record was updated by a Care Manager, so it can't be deleted by an external system

Records that were created via API calls are visible in the UI to the Care Manager and can be edited. Once a Care Manager updates the record, however, it is assumed that they have the latest version and that no further updates or deletes are allowed from external systems.

EESERR625 – The record was deleted by a Care Manager, so it can't be reactivated by an external system

If the Care Manager deleted the record through the UI, no further updates or deletes will be allowed from external systems.

EESERR630 – External system reference provided for name prefix matches no record

When the Merative™ Integrated Care administrator configures a name prefix, they must also enter an External System Reference code. This code can then be passed in the message body to identify the correct prefix. In this case, the External System Reference does not match the code in Merative™ Integrated Care.

Related reference

[Merative Integrated Care REST API catalog \(on page 890\)](#)

Client matching and identification

Attributes that are sent via an API are used to identify the correct client in Merative™ Integrated Care. Client matching occurs in Merative™ Integrated Care when the API passes either a client reference number or an Identifier Type and Identifier value as a key-value pair.

Each API includes a Subject field to link the message to an individual in Merative™ Integrated Care. This field includes a Reference object that supports two formats: (i) Reference Number (ii) Key-Value pair of Public Identifiers.

Reference number

The reference number is the unique identifier that is automatically generated and assigned to each client when they are registered in Merative™ Integrated Care. If the reference number is known, include it as follows:

```
"subject": {
    "reference": "Patient/28416"
},
```



Tip:

In the Merative™ Integrated Care UI, you can see the client's Reference Number on their Data page. Example:

The screenshot shows the Merative™ Integrated Care Data page for a client named Mitch Delaney. The page has a navigation bar with tabs: Summary, Plan, Programs, Data (which is selected), History, and Team. On the left, there is a sidebar with a profile picture, the client's name, age (71 Years), birth date (05/10/1947), gender (Male), and priority (Priority: Not Set). Below this is an Actions section with Address and Phone options. The main content area is titled 'Data' and shows an 'Identification' section. Under 'Identification', there is a table with columns for Description, Date, and Updated On. One row in the table is 'Reference Number 28416' with a timestamp of '23/11/2018 - 23/11/2018 06:59'. There are also sections for Contact and Demographics, with 'Identification' expanded to show fields for Gender, Marital Status, and Name.

Public identifiers

All other identifiers are referred to as public identifiers. These are values that are added in Merative™ Integrated Care by a care team member or are received via the Demographics API. Typically, these

Identifiers are ones that are used on other systems such as a Court System ID, medical record number (MRN), and so on. To use a public identifier, include the system and value as follows:

```
subject": {  
    "reference": "Patient/identifier=passport, identifiervalue=P123"  
},
```

In some cases, two clients might have the same public identifier type and value. In this instance, the API call will return a [4XX response code \(on page 859\)](#) to confirm that the client cannot be uniquely identified. To prevent this happening, add a third attribute, the client's date of birth in 'YYYYMMDD' format as follows:

```
"subject": {  
    "reference": "Patient/identifier=passport, identifiervalue=P123,  
    birthdate=19400312"  
},
```

Related information

[Exploring API use cases \(with real-world examples\) \(on page 866\)](#)

Source and Original Source System identifiers

For users to have confidence in the validity and reliability of incoming data from external systems and outgoing data from Merative™ Integrated Care, the APIs can pass Source and Original Source System values that confirm where data records come from.

When externally received via an API, the Source value represents the platform that is sharing data with Merative™ Integrated Care for example, Phytel external system. The Original Source System is the name of the system where the data was entered for the very first time, for example, Quest Diagnostics.

```
"source": {  
    "coding": [  
        {  
            "system": "http://wcm/source",  
            "code": "PHYTEL"  
        }  
    ]  
},  
  
"originalsource": {  
    "coding": [  
        {  
            "system": "http://wcm/originalsource",  
            "code": "QUEST"  
        }  
    ]  
},
```

Equally, some outbound APIs from Merative™ Integrated Care can pass Source and Original Source System values to help users of external applications understand whether data was created internally in Merative™ Integrated Care or where it originated. For example, the outbound Notes and Touchpoints API includes Source and Original Source System values.

The Merative™ Integrated Care administrator configures the source and original source systems in the application. For more information, see [Configuring data sources \(on page 305\)](#).

Related information

[Exploring API use cases \(with real-world examples\) \(on page 866\)](#)

External system reference identifiers

Merative™ Integrated Care enables an Administrator to customize the product by adding configurations for many different data types. Attributes in the API calls can include references to one or more of those data types, for example, an Assessment Type, Note type or Alert type. A code must be included in the message body to link the data type to the correct configuration. The Merative™ Integrated Care Administrators can enter their own code - an External System Reference - to match data types sent in the API calls to their configured data types.

External System Reference identifier

The external system reference is the code that represents the type of information that is sent externally via an outbound API, or is received via an inbound API from an external application. Data matching of information types occurs when the API passes an external system reference in the body of the message when making the API call, and the reference code matches the configured value for the information type in Merative™ Integrated Care.

```
coding: [
  {
    system: 'http://wcm/assessment',
    code: 'AS1234'
```

In this instance, let's suppose a score-only assessment type is configured by the Merative™ Integrated Care administrator to have this External System Reference: AS1234. When the score-only assessment result is received for Laurie Thompson via the API, the application stores the data as a result of an assessment of type AS1234.



Tip:

In the Merative™ Integrated Care UI, you can see how an administrator can associate an External System Reference with each new assessment type that they configure. Example:

The screenshot shows a 'New Assessment' form. At the top right are a help icon (question mark) and a close button (X). Below the title, a note says '* required field'. The form fields are:

- Name *: Exercise
- External System Reference: AS1234
- Version Type *: Score Only
- Display History in Program (Days): 0
- Description: (empty text area)

At the bottom right are 'Save' and 'Cancel' buttons.

Related information

[Exploring API use cases \(with real-world examples\) \(on page 866\)](#)

Record identifiers

Merative™ Integrated Care APIs allows an API caller to include a record identifier with each record that is sent from an external system via an inbound API. The external API caller uses this identifier to uniquely identify the record on their external system. This enables the API caller to interact with records in Merative™ Integrated Care without needing to store the internal Merative™ Integrated Care record id.

External record identifier

The external record identifier is passed in the message body as a key value pair.

```
"identifier": [{"  
    "value": "CS100225098",  
    "type": {  
        "text": "COURTID"  
    }  
}],
```

In this example, the ID of the record on the Court System is `CS100225098`, which can be stored with the record in Merative™ Integrated Care as its external identifier. The API caller can pass the external record identifier to Merative™ Integrated Care for Create and Update API calls. However, the record identifier cannot be used to delete a record. In this instance, the internal Merative™ Integrated Care identifier must be used.

Related information

[Exploring API use cases \(with real-world examples\) \(on page 866\)](#)

Exploring API use cases (with real-world examples)

What can your organization do with each API in the REST API catalog? The following real-world scenarios demonstrate how each API can be used to deliver care for clients and create value in an organization.

The use cases show potential implementations of the API rather than being an exhaustive list that exactly matches your reason for interest in the API.

To illustrate work flow from an external system to Merative™ Integrated Care, a subset of **inbound API use cases** follows for Alerts, Client Registrations and Demographics (Address).

To illustrate work flow from Merative™ Integrated Care to an external system, an **outbound API use case** follows for Share Care Plan (including webhooks).

Alerts API usage (inbound)

When specific information that could influence a client's care management is recorded in an external system, you can use the Alerts API (inbound API) to create an alert in Merative™ Integrated Care. For example, an external system might use the Alerts API to send an alert to Merative™ Integrated Care when a client is admitted to or discharged from hospital.

The following business scenario is for illustrative purposes only. You can apply many additional use cases to suit your specific needs, for example, in a healthcare space or specialty court environment.

Business problem

Let's suppose that a specialty court team is using an external system to assess individuals who have been referred to the justice system for law violations. Carla Jean is an individual living in the specialty court district who has been referred to the justice system for pre-trial assessment - but she fails to appear in court.

Susan Brown, as the Care Manager who is managing Carla in Merative™ Integrated Care, needs to be made aware that she did not appear in court.

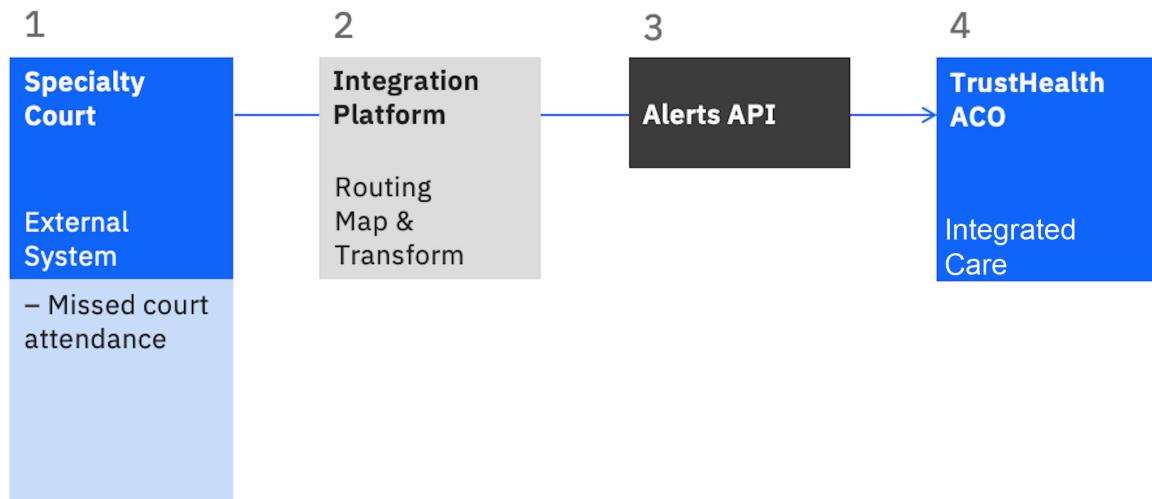
Why integrate Merative™ Integrated Care with an external system?

The court's external risk assessment system interfaces with Merative™ Integrated Care so that a multidisciplinary team can manage Carla Jean's care (and you can presume that the necessary administrator configuration is already complete in Merative™ Integrated Care to facilitate the integration).

In this scenario, when Carla Jean's failure to appear in court is entered in the court's external system, that action triggers the sending of an Alert to Merative™ Integrated Care via the Alerts API. In Merative™ Integrated Care, Care Manager Susan is alerted about Carla Jean's non-appearance in court without having to log into the external court system to retrieve this information. The time savings benefit Susan in her role and the clients she cares for.

The following diagram shows the end-to-end workflow:

Figure 12. Alerts API Example: Court System Alert



1. A team member in the specialty court team records that Carla Jean missed her court attendance, and clicks the action to send the alert record to Merative™ Integrated Care.
2. The Integration Platform layer receives the data and builds a message to send to Merative™ Integrated Care.
3. The message is sent to the Alerts API.
4. The alert about Carla Jean's non-attendance in court is received in Merative™ Integrated Care and displayed on the client's Summary page.

How is the client, Carla Jean, identified in Merative™ Integrated Care?

For more information about the API attributes that enable the correct client to be identified, see [Client matching and identification \(on page 861\)](#).

Inputs to the Alerts API: mandatory and optional attributes

To send an alert from an external system to Merative™ Integrated Care, the Alerts API must receive certain attributes and associated values. Other API attribute values are optional. The following table highlights the mandatory attributes (*) and the optional attributes that are passed in the Alerts API call.

API attributes	Description
<pre>{ "resourceType": "Flag",</pre>	Resource type * - Flag is the FHIR resource for Alert.
<pre>"source": { "coding": [{ "system": "http://wcm/source", "code": "COURTS" }] },</pre>	Source * - COURTS indicates that the court system is the source of the alert. This code is configured as an External System Reference on the Sources page for the Alerts data type (Administrator Workspace). See Source and Original Source System identifiers (on page 862) .
<pre>"originalsource": { "coding": [{ "system": "http://wcm/originalsource", "code": "PROBMGR" }]</pre>	Original Source System - PROBMGR indicates that the Probation Manager reported Carla Jean's absence. This code is configured as an External System Reference on the Original Source Systems page for the Alerts data type (Administrator Workspace). See Source and Original Source System identifiers (on page 862) .

API attributes	Description
},	
<pre data-bbox="192 327 812 728"> "identifier": [{ "value": "CS100225098", "type": { "text": "COURTID" } }], </pre>	Identifier - CS100225098 is the reference that uniquely identifies this record in the Court System. Merative™ Integrated Care stores this ID and uses it when an Alert update occurs as described in Record identifiers (on page 865) .
<pre data-bbox="192 728 812 908"> "status": "active", </pre>	Status - FHIR lists two possible Statuses - Active, Inactive. These statuses are mapped to Open or Closed in Merative™ Integrated Care.
<pre data-bbox="192 908 812 1320"> "category": [{ "coding": [{ "system": "http://wcm/alerttype", "code": "NONAPPEARANCE" }] }], </pre>	Category * - Specifies the type of Alert to be displayed in Merative™ Integrated Care. See External system reference identifiers (on page 863) .
<pre data-bbox="192 1320 812 1689"> "code": { "text": "Failed to appear in Court - warrant issued" }, </pre>	Code - Description that is displayed on the Alert.
<pre data-bbox="192 1689 812 1900"> "subject": { "reference": "Patient/30283" }, </pre>	Subject * - 30283 is Carla Jean's Merative™ Integrated Care Reference number that is used to associate the Alert with her as described in Client matching and identification (on page 861) .

API attributes	Description
<pre>"priority": "low",</pre>	Priority * - The priority that the alert is assigned in Merative™ Integrated Care - low, medium, high, critical.
<pre>"notifyrole": ["coding": [{ "system": "http://wcm/careteamroles", "code": "CT001" }] }</pre>	NotifyRole - A reference to one of the care team roles that the Administrator configured. Any team member with this role will receive this alert.



Tip:

In the REST API catalog that is referenced below, go to the Alerts API (Swagger output). Try out the API calls and see the detail of this topic in action!

Error Handling

For more information about the HTTP status codes that indicate success or failure in API calls, see [Error codes \(on page 859\)](#).

Related reference

[Merative Integrated Care REST API catalog \(on page 890\)](#)

Client Registration API usage (inbound)

Clients do not need to be manually registered in Merative™ Integrated Care. Using the Client Registration API (inbound API), you can automatically register clients in Merative™ Integrated Care from an existing record in an external system and ensure that their demographic data is accurately reflected in Merative™ Integrated Care. The demographic details that can be sent in the registration record include the client's name, date of birth, gender, marital status, address, phone number, identification. A maximum of 5 names, 5 addresses, 10 identifications, and 5 phone numbers can be sent for one client.

The following business scenario is for illustrative purposes only. You can apply many additional use cases to suit your specific needs, for example, in a healthcare space or specialty court environment.

Business problem

Let's suppose that an addiction and rehab clinic, One Step Medical Center, is engaging with Joe Lopez who has a history of alcoholism. Due to a recent leg injury that occurred at home, Joe cannot work and was evicted from his apartment for not paying rent. He is currently in temporary shelter. One Step Medical Center is helping Joe to get his substance use under control but he needs wider care management expertise to address his housing need and his leg injury.

Joe's Primary Care Physician (PCP) wants him to start working with a multidisciplinary team and Joe has agreed to this. The PCP has documented his agreement to be referred to TrustHealth ACO in Joe's Electronic Medical Record (EMR).

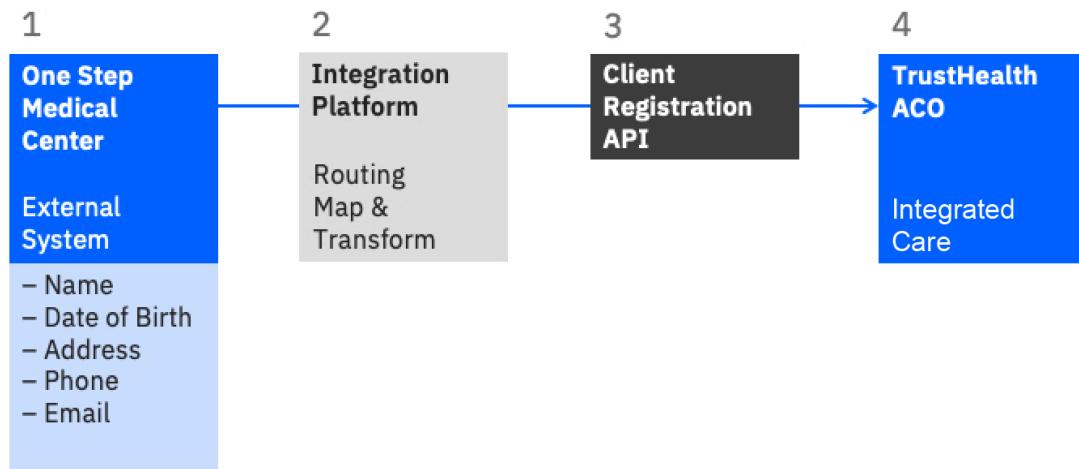
Why integrate Merative™ Integrated Care with an external system?

The One Step Medical Center interfaces with Merative™ Integrated Care so that a multidisciplinary team can manage Joe's care needs (and you can presume that the necessary administrator configuration is already complete in Merative™ Integrated Care to facilitate the integration). Using the API to register Joe is a time-efficient method that saves someone in TrustHealth ACO having to manually register his details in Merative™ Integrated Care.

A member of the One Step team initiates the action to refer Joe Lopez to TrustHealth ACO and via the Client Registration API, Joe's demographic, contact, and ID data is recorded in Merative™ Integrated Care in his registration record.

The following diagram shows the end-to-end work flow and you can see that in the API call, the `Patient` resource contains all of the demographic data relating to the client.

Figure 13. Client Registration API Example: Joe Lopez



1. A team member in the One Step Medical Center clicks the action to send Joe's registration record to Merative™ Integrated Care.
2. The Integration Platform layer receives the data and builds a message to send to Merative™ Integrated Care.
3. The message is sent to the Client Registration API.
4. The registration details for Joe are received in Merative™ Integrated Care and displayed on the client's Summary page when accepted in the application.



Note:

Depending on the details that are registered for the client in the external system, you can expect the following data to be populated at a minimum in Merative™ Integrated Care:

- Name
- Birth and Death details
- Gender
- Status

Optionally, these attributes can be populated: Address, Phone number, Email, IDs, Marital Status

Inputs to the Client Registration API: mandatory and optional attributes

To send a client registration record from an external system to Merative™ Integrated Care, the Client Registration API must receive certain attributes and associated values. Other API attribute values are

optional. The following table highlights the mandatory attributes (*) and the optional attributes that are passed in the Client Registration API call.

API attributes	Description
<pre>{ "resourceType" : "Patient",</pre>	Resource type * - Patient is the FHIR resource for a client.
<pre>"source" : { "text" : "One Step Medical", "coding" : [{ "system" : "http://wcm/source", "code" : "ONESTEP" }] },</pre>	Source * - This is the top-level Source object, which is applied to all records that are created as part of this transaction (Names, Addresses, and so on) unless those records separately include their own Source object. See Source and Original Source System identifiers (on page 862) .
<pre>"active" : true,</pre>	Active * - Indicates whether the client should be Active in Merative™ Integrated Care. Note that for inbound registration calls, the client must be Active and not Deceased.
<pre>"gender" : "male",</pre>	Gender * - The gender status, for example, Male, Female, Other, Unknown.
<pre>"birthDate" : "1977-09-26",</pre>	BirthDate * - required format: YYYY-MM-DD
<pre>"deceasedBoolean" : false,</pre>	DeceasedBoolean - true or false flag
<pre>"deceasedDate" : "",</pre>	DeceasedDate - required format: YYYY-MM-DD. Note that for inbound registration calls, the client must be Active and not Deceased.
<pre>"maritalStatus" : { "coding" : [{ "system" : "http://hl7.org/fhir/v3/MaritalStatus",</pre>	MartialStatus - the code that is defined in the FHIR marital status codeset. In this example, the client's status is Unknown.

API attributes	Description
<pre> "code" : "UNK" }], </pre>	
<pre> "period" : { "start" : "2018-10-09", "end" : "" } }, </pre>	Period - a date range that is associated with the client's current marital status. Required format: YYYY-MM-DD
<pre> "name" : [{ "use" : "official", "family" : "Lopez", "given" : "Joe", "prefix" : "", "suffix" : "", "middle" : "", "period" : { "start" : "2018-10-09", "end" : "" } }, { "use" : "old", "family" : "Lopez", "given" : "Joseph", "prefix" : "", "suffix" : "", "middle" : "M", "period" : { "start" : "2018-10-09", "end" : "" } }]], </pre>	Name* - In this example, Joe has 2 name records. A maximum of 5 names can be provided but one of these must be for official use. Name fields are defined per the FHIR HumanName datatype.

API attributes	Description
<pre> "address" : [{ "use" : "temp", "city" : "Santa Rosa", "line1" : "2437 Forse LN", "line2" : "", "line3" : "", "state" : "CA", "postalCode" : "95404-7806", "country" : "", "period" : { "start" : "2018-10-09", "end" : "" } }, { "use" : "home", "city" : "Santa Rosa", "line1" : "600 Morgan Street", "line2" : "", "line3" : "", "state" : "CA", "postalCode" : "95401", "country" : "", "period" : { "start" : "2011-10-09", "end" : "2018-10-09" } }], </pre>	<p>Address - List of addresses for the client. A maximum of 5 records can be provided.</p> <p>Address fields are defined per the FHIR Address data type.</p>
<pre> "telecom" : [{ "system" : "phone", "value" : "(707) 494-2472", "use" : "home", "period" : { </pre>	<p>Telecom - the contact details for the client, which can consist of phone numbers or email addresses as defined per the FHIR ContactPoint datatype.</p>

API attributes	Description
<pre> "start" : "2018-01-01", "end" : "2018-01-02" } }, { "system" : "phone", "value" : "(707) 494-2472", "use" : "temp", "period" : { "start" : "2018-01-01", "end" : "2018-01-02" } }, { "system" : "email", "value" : "lopez.joe@anymail.com", "use" : "home", "period" : { "start" : "2018-01-01", "end" : "2018-01-02" } }], </pre>	
<pre> "identifier" : [{ "value" : "220398B4", "type" : { "coding" : [{ "system" : "http://wcm/identification", "code" : "ONESTEPID" }] }, "period" : { "start" : "2018-10-09", "end" : "" } }] </pre>	<p>Identifier - Public identifiers for Joe can be recorded. In this example, the IDs from One Step and EPIC are included, which can be used to identify Joe as described in Client matching and identification (on page 861).</p>

API attributes	Description
<pre data-bbox="225 276 698 931"> }, { "value" : "SJM1092677", "type" : { "coding" : [{ "system" : "http://wcm/identification", "code" : "EPICID" }] }, "period" : { "start" : "2018-10-09", "end" : "" } }] } </pre>	

**Tip:**

In the REST API catalog that is referenced below, go to the Client Registration API (Swagger output). Try out the API calls and see the detail of this topic in action!

Error Handling

For more information about the HTTP status codes that indicate success or failure in API calls, see [Error codes \(on page 859\)](#).

Related reference

[Merative Integrated Care REST API catalog \(on page 890\)](#)

Address API usage (inbound)

A Merative™ Integrated Care record and an Electronic Medical Record (EMR) on an external system must reflect the same details about a client. When a change occurs in a client's address in the external system, this API synchronizes the client's data in Merative™ Integrated Care with the latest update that is recorded for the client in the external system.

The following business scenario is for illustrative purposes only. You can apply many additional use cases to suit your specific needs, for example, in a healthcare space or specialty court environment.

Business problem

Let's suppose that Joe Lopez is already registered in Merative™ Integrated Care (via the Client Registration API) for reasons that are described [here \(on page 870\)](#). At the time of his registration, no address was recorded for Joe because he had no fixed abode after having been evicted from his apartment.

During a recent visit with his Primary Care Physician (PCP) in One Step Medical Center, Joe mentioned that he moved in with his parents to help him get back on track. This news prompted his PCP to enter Joe's new address in his EMR on the external system, which triggers an address update to be sent to Merative™ Integrated Care via the Address API.

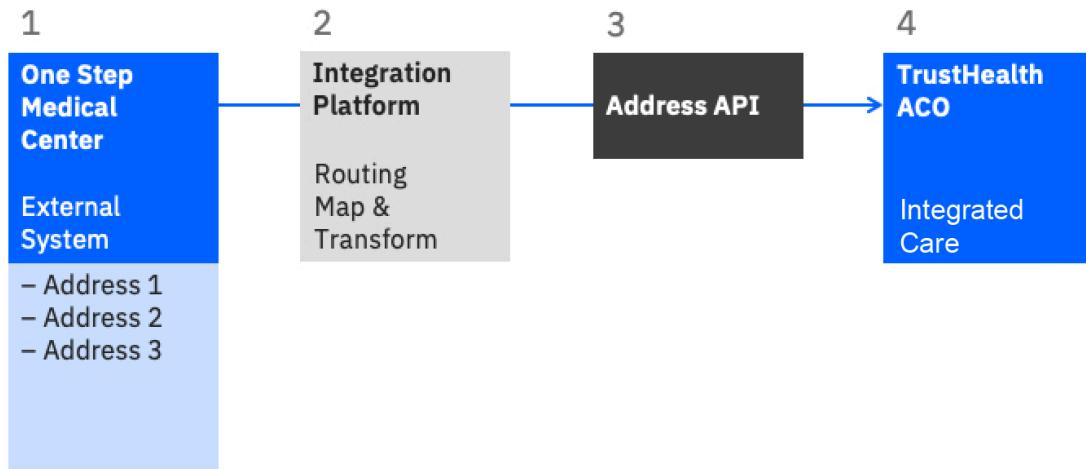
Why integrate Merative™ Integrated Care with an external system?

The external system interfaces with Merative™ Integrated Care so that a multidisciplinary team in TrustHealth ACO can access Joe's latest demographic details and contact him when needed (and you can presume that the necessary administrator configuration is already complete in Merative™ Integrated Care to facilitate the integration). Being able to update a client's demographic details using an API means that someone in TrustHealth ACO does not have to manually record the data that already exists on the external system. The process is automated so that the client's address details in Merative™ Integrated Care and the record update in the external system are in sync, which for the care team, saves them considerable time and assures them of accurate and reliable data.

In this scenario, Joe's PCP initiated an action to update Joe's address record on their system and his address details in Merative™ Integrated Care synchronized with the update via this API.

The following diagram shows the end-to-end work flow and you can see that in the API call, the `Address` resource contains all of the demographic data relating to the client.

Figure 14. Address API (inbound) Example: Joe Lopez address update



1. A team member in the One Step Medical Center clicks the action to update Joe's address and send the address record to Merative™ Integrated Care.
2. The Integration Platform layer receives the data and builds a message to send to Merative™ Integrated Care.
3. The message is sent to the Address API.
4. The address details for Joe is received in Merative™ Integrated Care and displayed on the client's Summary page when accepted in the application.

How is the client, Joe Lopez, identified in Merative™ Integrated Care?

For more information about the API attributes that enable the correct client to be identified, see [Client matching and identification \(on page 861\)](#).

Inputs to the Address API: mandatory and optional attributes

To send an address record from an external system to Merative™ Integrated Care, the Address API must receive certain attributes and associated values. Other API attribute values are optional. The following table highlights the mandatory attributes (*) and the optional attributes that are passed in the Address POST call to create the new address record for Joe Lopez.

API attributes	Description
<pre>{ "resourceType": "Address",</pre>	Resource type * - Address. Note there is no Address resource type in FHIR - this represents a sub-resource.

API attributes	Description
<pre>"identifier": [{ "value": "103399884", "type": { "text": "TRUSTCOID" } }],</pre>	<p>Identifier - An External record identifier for this record can be shared as described in Record identifiers (on page 865). In this example, the ID of this record on the Trust Co system is 103399884 .</p>
<pre>"source": { "coding": [{ "system": "http://wcm/source", "code": "TRUSTCO" }, { "text": "TrustCo" } },</pre>	<p>Source - The source for this Address is TRUSTCO. See Source and Original Source System identifiers (on page 862).</p>
<pre>"originalSource": { "coding": [{ "system": "http://wcm/originalsource", "code": "ALLSCRIPT" }], "text": "AllScripts EMR" },</pre>	<p>Original Source System - The Address record was originally recorded in the AllScripts system before being aggregated by TrustCo. See Source and Original Source System identifiers (on page 862).</p>
<pre>"use": "work", "state": "NJ", "country": "US", "city": "Trenton", "line1": "Apt 1234", "line2": "Greenfields Rise", "line3": "Esker Road", "postalCode": "NJ8899",</pre>	<p>Address - A single address record for Joe Lopez. The Address fields are defined as per the FHIR datatype.</p>

API attributes	Description
<pre data-bbox="192 261 812 642"> "period": { "start": "", "end": "" }, </pre>	
<pre data-bbox="192 642 812 963"> "subject": { "reference": "Patient/identifier=ONESTEPID, identifiervalue=220398B4" } </pre>	<p>Subject * - Joe Lopez can be identified as the subject for this Address by using the Identifier that is recorded for him during registration. For more information, see Client matching and identification (on page 861).</p>



Tip:

In the REST API catalog that is referenced below, go to the Address API (Swagger output). Try out the API calls and see the detail of this topic in action!

Error Handling

For more information about the HTTP status codes that indicate success or failure in API calls, see [Error codes \(on page 859\)](#).

Related reference

[Merative Integrated Care REST API catalog \(on page 890\)](#)

Care Plan API usage (outbound)

Care managers need to share their client's care plan details with other team members who may not be users of Merative™ Integrated Care. With this API, when a care team member takes the action to send a care plan from Merative™ Integrated Care, a PDF version is transmitted to the specified external recipient in a series of automated push notifications and callbacks between Merative™ Integrated Care and the external system (Webhooks implementation).

The following business scenario is for illustrative purposes only. You can apply many additional use cases to suit your specific needs, for example, in a healthcare space or specialty court environment.

Business problem

Let's suppose that Joe Lopez is already registered in Merative™ Integrated Care (via the Client Registration API) for reasons that are described [here \(on page 870\)](#). Joe was referred to Trusthealth ACO by his Primary Care Physician (PCP), who is based in One Step Medical Center. Joe attends his first care management session in Trusthealth ACO and meets his care manager Susan Brown.

To better understand his care needs, Susan completes the initial intake assessment with Joe and together, they prioritize the need for him to find a new home and to recover from his leg injury so that he can get back to work. They agree on a set of goals for Joe to work towards over the next 7 days before their next touchpoint occurs. Susan is keen to let Joe's referring PCP know about his care plan but the PCP is not a user of Merative™ Integrated Care.

After Susan finishes her updates to Joe's care plan in Merative™ Integrated Care, the Care Plan is sent to subscribed external systems in electronic PDF format. The EMR used in One Step Medical Center is one of the subscribing external systems, which means that Joe's PCP is able to view the Merative™ Integrated Care Care Plan in the system that he typically uses for client care management.'

Why integrate Merative™ Integrated Care with an external system?

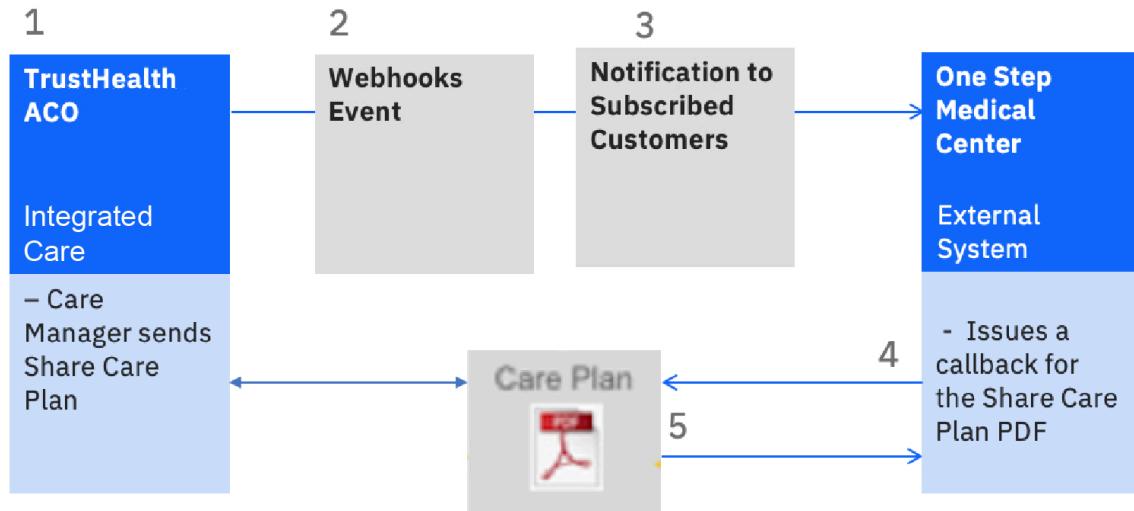
Merative™ Integrated Care interfaces with the external system so that a multidisciplinary team can manage Joe's care needs (and you can presume that the necessary administrator configuration is already complete in Merative™ Integrated Care to facilitate the integration). Using the Care Plan API to send Joe's Care Plan PDF electronically is a time-efficient method that saves someone having to manually share the document or to rely on printed hard copy versions. Susan would otherwise have to download and share the PDF each time that she needed to inform Joe's PCP about his care plan and progress. With this API, Susan simply selects the Send option in Merative™ Integrated Care and the API does the rest in an automated process.

When the team in One Step Medical Center receive the Care Plan PDF from Merative™ Integrated Care, they have the complete picture of Joe's care plan progress and can assess his outstanding needs.

Sharing of the care plan PDF between Merative™ Integrated Care and an external system facilitates the team's optimum collaboration in a person's holistic care.

The following diagram shows the end-to-end workflow:

Figure 15. Care Plan API Example: Joe Lopez



1. Susan Brown, the Care Manager in TrustHealth ACO, clicks the action to send the Joe Lopez care plan PDF to his PCP in One Step Medical Center. Note that the Merative™ Integrated Care administrator can configure **Share With** values to specify intended recipients for the Care Plan.
2. Clicking **Send** in Merative™ Integrated Care causes the Webhooks framework to trigger an event for Share Care Plan data (to which One Step Medical Center is subscribed and registered to receive notifications). For more information about the Webhooks framework in the context of Merative™ Integrated Care integrations, see [Using webhooks notifications to retrieve data \(on page 885\)](#).
3. The subscribed customer, One Step Medical Center, is notified of this event via a notification message. The subscribed customer must use the URL in the notification message to call back Merative™ Integrated Care for the updated Care Plan PDF. Because the Care Plan PDF is a snapshot in time of a client's care plan, if an external system user wants to access the most recent care plan for a client, the URL in the most recent webhook event must be used. The URL link that gives the customer access to the care plan PDF does not expire.
4. When the external system user, Joe's PCP, issues the call back, the PDF is generated in Merative™ Integrated Care and sent to the external system user.

**Remember:**

The Care Plan PDF is not generated when the care manager triggers the share care plan event. When the callback occurs from the external system user, the Care Plan is sent from Merative™ Integrated Care to the specified recipient in the external system.

Inputs to the Care Plan API: mandatory and optional attributes

To receive a client's care plan from Merative™ Integrated Care, the external system user must make two separate API calls to get all of the information related to the client's Share Care Plan PDF.

The first callback is initiated via the URL provided in the notification message and returns certain attributes and associated values to the external system user. Other API attribute values are optional. The following table highlights the mandatory attributes that are returned in response to the first call back from the external system.

Attribute Name	Mandatory or Optional	Comment
Record ID	Mandatory	Mandatory
Original Source System	Mandatory	Defaults to Merative™ Integrated Care. For more information about the Source and Original Source System attributes, see External system reference identifiers (on page 863) .
Source	Mandatory	
Originator	Mandatory	The name of the Merative™ Integrated Care user who generated the Share Care Plan event from Merative™ Integrated Care.
Requested DateTime	Mandatory	The date and time that the Merative™ Integrated Care user generated the Share Care Plan event from Merative™ Integrated Care.
Template Name	Mandatory	The name of the Share Care Plan report template that is selected to be shared with the external system user.
External System Reference for 'Report Template'	Optional	For more information about the External System Reference attribute, see External system reference identifiers (on page 863) .

Attribute Name	Mandatory or Optional	Comment
Share With	Optional	The name of the intended recipient of the Share Care Plan report template in the external system.
External System Reference for 'Share With'	Optional	For more information about the External System Reference attribute, see External system reference identifiers (on page 863) .
Note	Optional	
URL	Mandatory	The URL that must be used when making the second callback to access the Care Plan PDF.

The second callback is initiated via the URL provided from the first callback, and returns the PDF to the external system user. The PDF is generated in Merative™ Integrated Care when the second callback from the external system occurs.



Tip:

In the REST API catalog that is referenced below, go to the Care Plan API (Swagger output). Try out the API calls and see the detail of this topic in action!

Error Handling

For more information about the HTTP status codes that indicate success or failure in API calls, see [Error codes \(on page 859\)](#).

Related reference

[Merative Integrated Care REST API catalog \(on page 890\)](#)

Using webhooks notifications to retrieve data

Webhooks extends the REST API infrastructure to enable you to further integrate your applications with Merative™ Integrated Care. Merative™ Integrated Care uses webhooks to send notifications in real-time when data updates occur in Merative™ Integrated Care so that you can retrieve the latest version of the data.

Before you can receive notifications, certain information is required by Merative™ Integrated Care to allow outbound flow of data from Merative™ Integrated Care to your external application. For more information, see [Required information for API flows \(on page 853\)](#).

Merative™ Integrated Care shares only the following data via notifications and REST APIs:

- Assessments
- Client care plans
- Client deletions

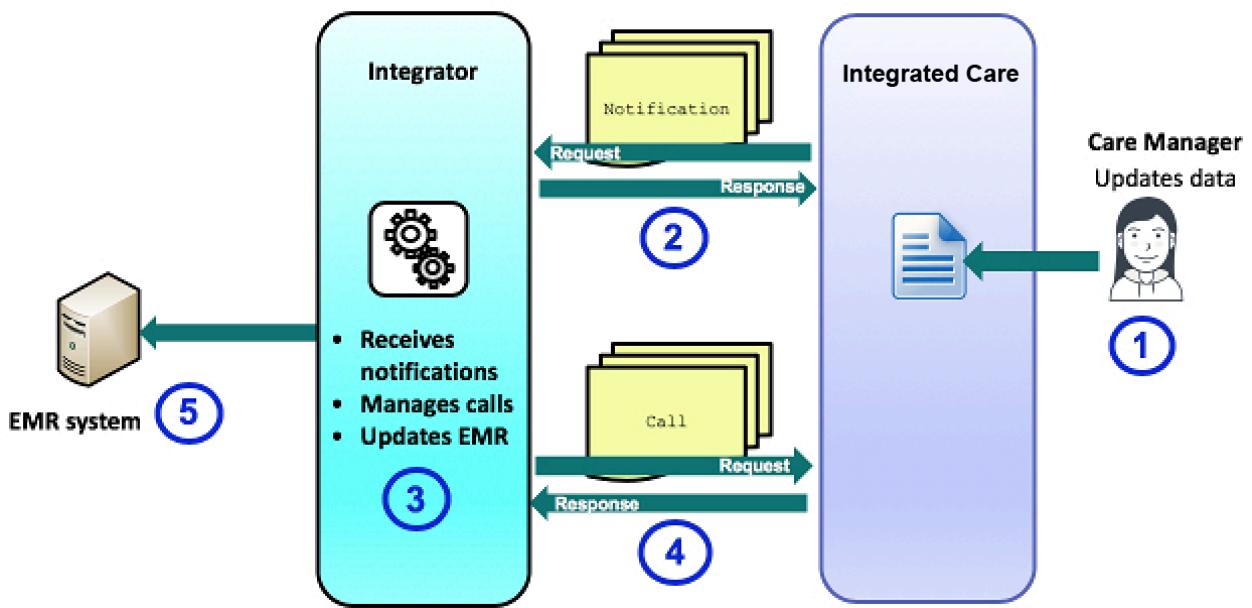


Note:

Under data privacy regulations, you are automatically subscribed to client status data notifications, which notify you about client deletions in Merative™ Integrated Care. For more information, see [Subscribing to notifications \(on page 396\)](#).

- Configurable client data types
- External inquiries
- External messaging
- External referrals
- New client
- Programs
- Questionnaires

How Merative™ Integrated Care uses webhooks to interact with your application



When a Care Manager enters or updates data in Merative™ Integrated Care, you receive a HTTP POST notification from Merative™ Integrated Care. After you receive the notification, you must make a HTTP GET request to retrieve the information and update the record in the EMR.

Reviewing the notification message

When a relevant event occurs for a data type that you are subscribed to, Merative™ Integrated Care sends an HTTP POST notification message to the endpoint that you configured for the subscriber. Use the message to determine whether to make an HTTP GET call to retrieve the data.

Example notification message

The following shows an example notification message that is sent by Merative™ Integrated Care. The notification is specific to a create event for a configurable client data type.

```
{
  "dateTime" : "2019-05-30 14:43:33",
  "source" : "S10000",
  "originalSource" : "OS10000",
  "url" : "/Rest/v1/ees/customdata/ln/520215",
  "type" : "WHDT130003",
  "externalSystemReference": "ESR123FH"
  "action" : "CRUD400000"
}
```

dateTime

Date and time when the event occurred.

source

Configured external system reference that uniquely identifies the source of the event, for example, Merative™ Integrated Care. This value is optional and might not be set.

originalSource

Configured external system reference that uniquely identifies the original source system where the event occurred for the very first time, for example, Quest Diagnostics. This value is optional and might not be set.

url

URL for the correct API to use to retrieve the data. **Important:** The URL does not contain the entire path and must be prefixed with a valid Merative™ Integrated Care production instance URL. Sample prefix path: <https://{{watson-care-manager-URL}}/{{tenant-instance}}>.

type

Code for the data type that is subscribed to. The external system identifies the event that relates to the notification by its type.

- WHDT130000 - Client Status Data

**Note:**

The client status data subscription triggers a notification when a client is deleted in Merative™ Integrated Care.

- WHDT130001 - Share Care Plan

- WHDT130002 - Program
- WHDT130003 - Client Data Type
- WHDT130004 - External Referral
- WHDT130005 - Assessment
- WHDT130006 - Questionnaire
- WHDT130007 - External Inquiry
- WHDT130008 - External Messaging
- WHDT130009 - New Client

externalSystemReference

Configured external system reference that uniquely identifies a client data type that the subscription relates to. Only displayed for messages that relate to configurable client data type updates.

action

Code for the action that generated the event. For example, Create, Read, Update, or Delete.

- CRUD400000 - Create
- CRUD400001 - Read
- CRUD400002 - Update
- CRUD400003 - Delete



Note:

If `source` and `originalSource` values are available, you can determine whether to retrieve data based on where the event occurred. For example, your third-party application might send data updates to Merative™ Integrated Care through another Merative™ Integrated Care API. If your application is also subscribed to notifications for the data type, Merative™ Integrated Care will notify you about the update when your application already has the latest version of the data. Therefore, you might decide to only retrieve data updates that occurred in another application.

Related information

[External system reference identifiers \(on page 863\)](#)

Retrieving data updates

To retrieve the data updates, you must use a suitable API from the Merative™ Integrated Care REST API catalog. Currently, only certain APIs are supported for use with webhooks.

See the [Merative Integrated Care REST API catalog \(on page 890\)](#) for the APIs that are supported for use with webhook notifications.

Merative™ Integrated Care REST API catalog

The available REST APIs are documented here in Swagger so that you can review and try out the API calls before you integrate your application with Merative™ Integrated Care. You can download the JSON files [here](#).

Alerts API

Use this API to receive alerts in Merative™ Integrated Care when specific information that could influence care management is recorded for a client in the external system.

[Try it out \(on page 895\)](#)

Assessments API

Use this API to share completed client assessment data between an external system and Merative™ Integrated Care.

Before you begin: To see the REST API calls for a configured assessment, you must download the API document for the assessment in the Administration application. Then, open the downloaded file in a Swagger editor (Version 2.0) to see the available calls. For more information, see [Sharing the API document for an assessment \(on page 159\)](#).

Care Plan API

This API can be called only after receiving a webhooks notification that relates to a Share Care Plan event.

Before you begin: Before you can retrieve a client's care plan via this API, you must first subscribe to notifications for the Share Care Plan data type. For more information, see [Configuring subscribers and managing subscriptions \(on page 389\)](#). Two API calls are required.

First, the Get Care Plan Metadata API provides the metadata related to the share care plan event and a call-back URL to retrieve the PDF document for the client. Then, the Get Care Plan Report as PDF API uses the returned URL to generate and return the PDF.

[Try it out \(on page 920\)](#)

Care Team Actions API

Use this API to receive an action from an external system that a required care team role must do for client who is registered in Merative™ Integrated Care. Care team actions help a client to achieve their goals and enhance their behavior, skills, or overall well-being.

[Try it out \(on page 933\)](#)

Client Deletions and Reversals API

Use this API to expose client deletions and reversals that occur in Merative™ Integrated Care to any external system that is integrated with Merative™ Integrated Care.

[Try it out \(on page 961\)](#)

Client Registration API

Use this API to share client registration data between Merative™ Integrated Care and external systems. An external system can receive client registration data, such as the client's demographic and identification information, through the client registration API when a new client is registered in Merative™ Integrated Care. Similarly, an external system can register a new client in Merative™ Integrated Care through the client registration API.

[Try it out \(on page 971\)](#)

Configurable Client Data API

Use this API to share configurable client data that is created, updated, and deleted for a client in an external system with Merative™ Integrated Care. In addition, you can use this API to retrieve updates to configurable client data from Merative™ Integrated Care (via webhooks).

Before you begin: To see the REST API calls for a configurable client data type, you must download its API document in the Administration application. Then, open the downloaded file in a Swagger editor (Version 2.0) to see the available calls. For more information, see [Sharing the API document for a client data type \(on page 299\)](#).



Note:

You can make a GET call only after receiving a webhooks notification that relates to a configurable client data type. For more information, see [Configuring subscribers and managing subscriptions \(on page 389\)](#).

Contact: Address API

Use this API to share a client's address data that is created, updated, or deleted in an external system with Merative™ Integrated Care.

[Try it out \(on page 1008\)](#)

Contact: Telecoms API

Use this API to share a client's phone or email contact data that is created, updated, or deleted in an external system with Merative™ Integrated Care.

[Try it out \(on page 1053\)](#)

Demographics: Client Demographics API

Use this API to receive updates to a client's demographic details in Merative™ Integrated Care from a external system, which includes a client's date of birth, date of death, marriage, gender, and status.

[Try it out \(on page 1093\)](#)

Demographics: Identification API

Use this API to share a client's identification data that is created, updated, or deleted in an external system with Merative™ Integrated Care.

[Try it out \(on page 1116\)](#)

Demographics: Name API

Use this API to share a client's name that is created, updated, or deleted in an external system with Merative™ Integrated Care.

[Try it out \(on page 1152\)](#)

Demographics: Tag API

Use this API to share a client's tag data that is created, updated, or deleted in an external system with Merative™ Integrated Care.

[Try it out \(on page 1205\)](#)

External Messaging API

Use this API to facilitate external messaging between Merative™ Integrated Care and external systems. Care team members can send messages associated with clients through Merative™ Integrated Care, and the external messaging API makes the messages available to external systems, such as the client's external portal. Similarly, clients can send messages from their external portals, and the external messaging API makes the messages available for viewing in Merative™ Integrated Care to clients' care teams. You must enable external messaging to allow the exchange of messages between Merative™ Integrated Care and the client's external portal. For more information, see [Enabling the external messaging feature \(on page 348\)](#).

[Try it out \(on page 1190\)](#)

External Provider: Contact API

Use this API to share provider contact records that are created, updated, or deleted in an external system with Merative™ Integrated Care.

[Try it out \(on page 1230\)](#)

External Provider: Fee API

Use this API to retrieve provider services inquiries that are created for a client in Merative™ Integrated Care.

[Try it out \(on page 1247\)](#)

External Provider: Inquiry API

Use this API to share provider service inquiries that are created in Merative™ Integrated Care with an external system. The external system can update the inquiries and send the update to Merative™ Integrated Care.

Before you begin: To retrieve a client's provider service inquiries using this API, you must first subscribe to notifications for the External Inquiries type. For more information, see [Configuring subscribers and managing subscriptions \(on page 389\)](#).

[Try it out \(on page 1261\)](#)

External Provider: Location API

Use this API to share provider location records that are created, updated, or deleted in an external system with Merative™ Integrated Care.

[Try it out \(on page 1273\)](#)

External Provider: Provider API

Use this API to share provider records that are created, updated, or closed in an external system with Merative™ Integrated Care.

[Try it out \(on page 1290\)](#)

External Provider: Service API

Use this API to share provider service offering records that are created, updated, closed, or reopened in an external system with Merative™ Integrated Care.



Note:

You can only reopen a closed service offering for an active provider.

[Try it out \(on page 1305\)](#)

Federated Users API

Federated Users API

Use this API to create federated user accounts in Merative™ Integrated Care that are stored in an identity provider system so that the identity provider can authenticate the user's access to Merative™ Integrated Care.

[Try it out \(on page 1325\)](#)

Notes API

Use this API to share client notes and deletions that are recorded in an external system for a client who is registered in Merative™ Integrated Care. In addition, you can use this API to retrieve the latest notes information for clients.

[Try it out \(on page 1333\)](#)

Program API

This API can be called only after receiving a webhooks notification that relates to a Program Status event.

Before you begin: Before you can retrieve a client's program details via this API, you must first subscribe to notifications for the Program data type. For more information, see [Configuring subscribers and managing subscriptions \(on page 389\)](#).

[Try it out \(on page 1360\)](#)

Questionnaires API

Use this API to share completed client questionnaire data between an external system and Merative™ Integrated Care.

Before you begin: To see the REST API calls for a configured questionnaire, you must download the API document for the questionnaire in the Administration application. Then, open the downloaded file in a Swagger editor (Version 2.0) to see the available calls. For more information, see [Sharing the API document for a questionnaire \(on page 186\)](#).

Referrals API

Use this API to receive open unassigned referrals (including suggested programs) that are captured in the external system for a client who is registered in Merative™ Integrated Care.

[Try it out \(on page 1368\)](#)

Alerts API

Version:v1

By using the protected APIs that follow, you can create and update alert notifications for the care team when specific information that could influence care management is recorded for a client in the external system. For example, a care team member might be alerted in Merative Integrated Care when a client is arrested and charges are entered in the external system.

Servers

`https://host/Rest`

API methods: Create an alert.

POST /v1/ees/flags

Create alerts for a client who is registered in Merative Integrated Care.

Create a client alert based on an event in the external system that initiates a transfer of valid data to Merative Integrated Care.

Example request

CURL

```
curl -X POST "https://host:port/Rest/v1/ees/flags" -H "accept: application/json" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json" -d "{\"resourceType": \"Flag\", \"id\": \"12345679\", \"source\": { \"coding\": [{ \"system\": \"http://wcm/source\", \"code\": \"T123\" }], \"text\": \"Source\" }, \"originalSource\": { \"coding\": [ { \"system\": \"http://wcm/originalsource\", \"code\": \"wcm123\" } ], \"text\": \"OriginalSource\" }, \"identifier\": [{ \"value\": \"1198\", \"type\": { \"text\": \"CourtSystem\" } }], }, \"status\": \"active\", \"category\": { \"coding\": [{ \"system\": \"http://wcm/alerttype\", \"code\": \"BP123\" }], \"text\": \"Arrested\" }, }, \"code\": { \"text\": \"Individual has been arrested by County updated\" }, } } \"subject\": { \"reference\": \"Patient/identifier=Passport & Driving licence, identifierValue=P123\" }, } \"priority\": \"critical\", \"notifyRole\": { \"coding\": [ { \"system\": \"http://wcm/careteamroles\", \"code\": \"CM123\" } ] } } } } } } }
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/ees/flags")
    .header("accept", "application/json")
    .header("Authorization", "access_token")
    .header("X-GRANT-TYPE", "client_credentials")
    .header("X-WCM-TENANT-INSTANCE", "Tenant Instance")
    .header("X-WCM-TENANT-ID", "Tenant ID")
    .header("Referer", "curam://foundational.app")
```

```

.header("Content-Type", "application/json")

.body(" {"resourceType": "Flag", "id": "12345679", "source": { "coding": [{ "system": "http://wcm/source",
"code": "T123" }], "text": "Source" }, } "originalSource": { "coding": [ { "system": "http://wcm/originalsource",
"code": "wcm123" } ], "text": "OriginalSource" }, } "identifier": [{ "value": "1198", "type": { "text": "CourtSystem" } } ]} "status": "active", "category": { "coding": [{ "system": "http://wcm/alerttype", "code": "BP123" }], "text": "Arrested" }, } "code": { "text": "Individual has been arrested by County updated" }, } }
"subject": { "reference": "Patient/identifier=Passport & Driving licence, identifierValue=P123" }, } "priority": "critical", "notifyRole": { "coding": [{ "system": "http://wcm/careteamroles", "code": "CM123" }] } } ] } ]
} }) .asString();

```

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(header)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(header)

type string

array The tenant instance.

required true

Authorization(header)

type string

array The Access Token.

required true

X-GRANT-TYPE(header)

type string
array client_credentials
required true

Request body

The inbound message that contains the information required to create an alert.

Required:true

Media types

application/json

Schema [NewAlertEntry](#)

(*on page*
909)

Responses

201

The post request was successful.

Headers

Name	Description	Schema
Location	The location of the new resource.	type string

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

The possible error codes are -

EESERR420 - It is mandatory to specify 'priority'.

EESERR421 - It is mandatory to specify 'source'.

EESERR422 - It is mandatory to specify 'status'.

EESERR423 - It is mandatory to specify 'category'.

EESERR424 - It is mandatory to specify 'code'.

EESERR425 - Invalid 'status' entered.

EESERR426- Invalid 'system' entered for 'category'.

EESERR427 - Invalid 'system' entered for 'notifyRole'.

EESERR428 - Invalid 'priority' entered.

EESERR429 - Invalid 'code' entered for 'category'.EESERR430 - Invalid 'code' entered for 'notiyfyRole'.

EESERR431- The note for this alert has a status of 'Canceled'. A comment must not be added to a 'Canceled' note.

EESERR432 - The 'text' entered for 'code' is too long, maximum allowed characters is 2000.

EESERR433 - Alerts created by Merative Integrated Care users can not be updated by external system API.

EESERR434 - Attributes of an alert with Inactive status can not be updated except 'text' associated with 'code'.

EESERR435 - Invalid 'resourceType' entered.

EESERR436 - Mismatch in category specified at the time of creation and the category specified during update.

EESERR437 - The 'source' entered is too long, maximum allowed is 100.

EESERR438 - The 'originalSource' entered is too long, maximum allowed is 100.

EESERR439 - Invalid 'system' entered for 'source'.

EESERR440 - Invalid 'code' entered for 'source'.

EESERR441 - It is mandatory to specify 'code' for 'source'.

EESERR442 - Invalid 'system' entered for 'originalSource'.

EESERR443 - Invalid 'code' entered for 'originalSource'.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 919](#))

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 919](#))

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 919](#))

API methods: Update an alert.

PUT /v1/ees/flags

Updates alerts for a client who is registered in Merative Integrated Care.

Updates a specific client alert in Merative Integrated Care that matches the record ID sent from an external system. If no matching record is found when the external system initiates a transfer of data to Merative Integrated Care, Merative Integrated Care creates a new alert for the client.

Example request

CURL

```
curl -X POST "https://host:port/Rest/v1/ees/flags" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json" -d "{\"resourceType":
```

```

"Flag", "id": "12345679", "source": { "coding": [{ "system": "http://wcm/source", "code": "T123" }], "text": "Source" }, } "originalSource": { "coding": [ { "system": "http://wcm/originalsource", "code": "wcm123" } ], "text": "OriginalSource" }, } "identifier": [{ "value": "1198", "type": { "text": "CourtSystem" } } ]}, } ]} "status": "active", "category": { "coding": [{ "system": "http://wcm/alerttype", "code": "BP123" }], "text": "Arrested" }, } "code": { "text": "Individual has been arrested by County updated" }, } } "subject": { "reference": "Patient/identifier=Passport & Driving licence, identifierValue=P123" }, } "priority": "critical", "notifyRole": { "coding": [{ "system": "http://wcm/careteamroles", "code": "CM123" }] } ]} ]} ]} ]} ]} ]} })

```

JAVA

```

HttpResponse response = Unirest.post("https://host:port/Rest/v1/ees/flags")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body(" {\"resourceType\": \"Flag\", \"id\": \"12345679\", \"source\": { \"coding\": [{ \"system\": \"http://wcm/source\", \"code\": \"T123\" }], \"text\": \"Source\" }, } \"originalSource\": { \"coding\": [ { \"system\": \"http://wcm/originalsource\", \"code\": \"wcm123\" } ], \"text\": \"OriginalSource\" }, } \"identifier\": [{ \"value\": \"1198\", \"type\": { \"text\": \"CourtSystem\" } } ]}, } ]} \"status\": \"active\", \"category\": { \"coding\": [{ \"system\": \"http://wcm/alerttype\", \"code\": \"BP123\" }], \"text\": \"Arrested\" }, } \"code\": { \"text\": \"Individual has been arrested by County updated\" }, } } \"subject\": { \"reference\": \"Patient/identifier=Passport & Driving licence, identifierValue=P123\" }, } \"priority\": \"critical\", \"notifyRole\": { \"coding\": [{ \"system\": \"http://wcm/careteamroles\", \"code\": \"CM123\" }] } ]} ]} ]} ]} ]} ]} })\n\n.asString();

```

Parameters

Referer(*header*)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

Request body

The inbound message that contains the information required to create an alert.

Required:true

Media types

application/json

Schema [ModifiedAlertEntry](#)

([on page 914](#))

Responses

200

The put request was successful.

Media types

application/json

Schema [ModifiedAlertEntry](#)

([on page 914](#))

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

The possible error codes are-

EESERR420 - It is mandatory to specify 'priority'.

EESERR421 - It is mandatory to specify 'source'.

EESERR422 - It is mandatory to specify 'status'.

EESERR423 - It is mandatory to specify 'category'.

EESERR424 - It is mandatory to specify 'code'.

EESERR425 - Invalid 'status' entered.

EESERR426 - Invalid 'system' entered for 'category'.

EESERR427 - Invalid 'system' entered for 'notifyRole'.

EESERR428 - Invalid 'priority' entered.

EESERR429 - Invalid 'code' entered for 'category'. EESERR430 - Invalid 'code' entered for 'notiyfyRole'.

EESERR431 - The note for this alert has a status of 'Canceled'. A comment must not be added to a 'Canceled' note.

EESERR432 - The 'text' entered for 'code' is too long, maximum allowed characters is 2000.

EESERR433 - Alerts created by Merative Integrated Care users can not be updated by external system API.

EESERR434 - Attributes of an alert with Inactive status can not be updated except 'text' associated with 'code'.

EESERR435 - Invalid 'resourceType' entered.

EESERR436 - Mismatch in category specified at the time of creation and the category specified during update.

EESERR437 - The 'source' entered is too long, maximum allowed is 100.

EESERR438 - The 'originalSource' entered is too long, maximum allowed is 100.

EESERR439 - Invalid 'system' entered for 'source'.

EESERR440 - Invalid 'code' entered for 'source'.

EESERR441 - It is mandatory to specify 'code' for 'source'.

EESERR442 - Invalid 'system' entered for 'originalSource'.

EESERR443 - Invalid 'code' entered for 'originalSource'.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 919](#))

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 919](#))

default

An unexpected error occurred. Check the error message for further information.

Media types**application/json****Schema DefaultModelError***(on page 919)***API methods: Update alert (by ID)****PUT /v1/ees/flags/{id}**

Updates alerts for a client who is registered in Merative Integrated Care.

Updates a specific client alert in Merative Integrated Care that matches the record ID sent from an external system. If no matching record is found when the external system initiates a transfer of data to Merative Integrated Care, Merative Integrated Care creates a new alert for the client.

Example request**CURL**

```
curl -X POST "https://host:port/Rest/v1/ees/flags/{id}" -H "accept: application/json" -H "X-WCM-TENANT-ID: TenantID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json" -d "{\"resourceType": "Flag", "id": "12345679", "source": { "coding": [ { "system": "http://wcm/source", "code": "T123" } ], "text": "Source" }, } "originalSource": { "coding": [ { "system": "http://wcm/originalsource", "code": "wcm123" } ], "text": "OriginalSource" }, } "identifier": [ { "value": "1198", "type": { "text": "CourtSystem" } } ] }, } "status": "active", "category": { "coding": [ { "system": "http://wcm/alerttype", "code": "BP123" } ], "text": "Arrested" }, } "code": { "text": "Individual has been arrested by County updated" }, } } "subject": { "reference": "Patient/identifier=Passport & Driving licence, identifierValue=P123" }, } "priority": "critical", "notifyRole": { "coding": [ { "system": "http://wcm/careteamroles", "code": "CM123" } ] } } ] } ] } ] }
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/ees/flags/{id}")
```

```

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body(" {"resourceType": "Flag", "id": "12345679", "source": { "coding": [ { "system": "http://wcm/source",
"code": "T123" }], "text": "Source" }, } "originalSource": { "coding": [ { "system": "http://wcm/originalsource",
"code": "wcm123" }], "text": "OriginalSource" }, } "identifier": [ { "value": "1198", "type": { "text": "CourtSystem" } } ], } ]} "status": "active", "category": { "coding": [ { "system": "http://wcm/alerttype", "code": "BP123" }], "text": "Arrested" }, } "code": { "text": "Individual has been arrested by County updated" }, } }

"subject": { "reference": "Patient/identifier=Passport & Driving licence, identifierValue=P123" }, } "priority": "critical", "notifyRole": { "coding": [ { "system": "http://wcm/careteamroles", "code": "CM123" } ] } } } } } }

.asString();

```

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(header)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)**type** string**array** The tenant instance.**required** true**Authorization(*header*)****type** string**array** The Access Token.**required** true**X-GRANT-TYPE(*header*)****type** string**array** client_credentials**required** true***id*(*path*)**

Internal record ID/Merative Integrated Care ID of the alert.

type string**required** true**Request body**

The inbound message that contains the information required to create an alert.

Required:true**Media types****application/json****Schema** [ModifiedAlertEntry](#)*(on page 914)***Responses****200**

The put request was successful.

Media types

application/json

Schema [ModifiedAlertEntry](#)

(on page 914)

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 919)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 919)

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 919)

Components

Schemas

NewAlertEntry

Properties

resourceType string

description

All alerts are of resource type flag. This is a mandatory field.

maxLength 300

id string

description

Internal record ID of the alert. This is an optional field.

status string

description

Alert status - active,inactive. This is a mandatory field.

maxLength 300

priority string

description

Priority of the alert - low, medium, high, critical. This is a mandatory field.

maxLength 300

category object

description

Stores the external system reference of the alert that indicates the alert type. This is a mandatory field.

\$ref [NewAlertCategory \(on page 913\)](#)

code object

description

Note associated with the alert. It is a mandatory field.

\$ref [NewAlertCode \(on page 912\)](#)

notifyRole object

description	Stores the external system reference of the care team roles that are to be notified of the alert. This is an optional field.
\$ref	NewAlertRoles (on page 911)
source	object
description	Contains the source details.System and code corresponding to the Source of the note.System would be http://wcm/sourcecode would be the external system reference of the Source. This is a mandatory field.
\$ref	NewCodeableConceptPR (on page 913)
originalSource	object
description	Contains the original source system details.System and code corresponding to the Original Source System of the note.System would be http://wcm/originalsourcecode would be the external system reference of the Original Source System. This is an optional field.
\$ref	NewCodeableConceptPR (on page 913)
identifier	array
items \$ref	NewIdentifier (on page 911)
	Stores the external record id of the alert. This is an optional field.
description	Stores the external record id of the alert. This is an optional field.
subject	object
description	Stores the identification details of the client for whom the alert is created. This is a mandatory field.
\$ref	NewSubject (on page 912)
type	object
array	priority

NewAlertRoles

Properties

coding array

items \$ref NewCoding
(on page 911)

type object

NewCoding

Properties

system string

maxLength 900

description Should be http://wcm/alerttype when used within category and http://wcm/careteamroles when used within notifyRole.

code string

maxLength 900

description Stores the external system reference of the alert when used within category, and the external system reference of the care team role when used within notifyRole. When used in the context of source systems, it represents the external system reference for the source or original source as applicable.

type object

NewIdentifier

Properties

value string

description Optional. Stores the external record id of the alert.

maxLength 900

type object

description

Optional. This object holds the value for the Identifier type.

\$ref

[NewCodeableConcept \(on page 912\)](#)

type object

NewCodeableConcept

Properties

text string

description

Optional. This attribute holds the value for the Identification type.

It must be provided if an identifier value is provided.

maxLength 900

type object

NewAlertCode

Properties

text string

maxLength 30720

type object

NewSubject

Properties

reference string

maxLength 150

type object

NewCodeableConceptPR

Properties

text string

maxLength 900

coding array

items \$ref NewCodingPR

*(on page
913)*

type object

NewCodingPR

Properties

system string

maxLength 900

code string

maxLength 900

type object

NewAlertCategory

Properties

text string

maxLength 900

coding array

items \$ref NewCoding

*(on page
911)*

type object

ModifiedAlertEntry

Properties

resourceType string

description

All alerts are of resource type flag. This is a mandatory field.

maxLength 300

id string

description

Internal record ID of the alert. This is an optional field if identifier is specified.

status string

description

Alert status - active, inactive. This is a mandatory field.

maxLength 300

priority string

description

Priority of the alert - low, medium, high, critical. This is a mandatory field.

maxLength 300

category object

description

Stores the external system reference of the alert that indicates the alert type. This is a mandatory field.

\$ref [ModifiedAlertCategory \(on page 919\)](#)

code object

description

Note associated with the alert. This is a mandatory field.

\$ref [ModifiedAlertCode \(on page 917\)](#)

notifyRole object

description

Stores the external system reference of the care team roles that are to be notified of the alert. This is an optional field.

	\$ref	ModifiedAlertRoles (on page 915)
source	object	
	description	Contains the source details.System and code corresponding to the Source of the note.System would be http://wcm/sourcecode would be the external system reference of the Source. This is a mandatory field.
	\$ref	ModifiedCodeableConceptPR (on page 919)
originalSource	object	
	description	Contains the original source system details.System and code corresponding to the Original Source System of the note.System would be http://wcm/originalsourcecode would be the external system reference of the Original Source System. This is an optional field.
	\$ref	ModifiedCodeableConceptPR (on page 919)
identifier	array	
	description	Optional. Stores the external record id of the alert. This is an optional field if id is specified.
	items	\$ref ModifiedIdentifier (on page 916)
subject	object	
	description	Stores the identification details of the client for whom the alert is created. This is a mandatory field.
	\$ref	ModifiedSubject (on page 917)
type	object	
array	priority	

ModifiedAlertRoles

Properties

coding array

items \$ref ModifiedCoding

(*on page*
916)

type object

ModifiedCoding

Properties

system string

maxLength 900

code string

maxLength 900

type object

ModifiedIdentifier

Properties

value string

description

Optional. External record ID of the alert.

maxLength 900

type object

description

Opional. This object holds the value for
the Identifier type.

\$ref

ModifiedCodeableConcept (*on page*
916)

type object

ModifiedCodeableConcept

Properties

text string

description

Optional. This attribute holds the value for the Identification type.

It must be provided if an identifier value is provided.

maxLength 900

type object

ModifiedAlertCode

Properties

text string

maxLength 30720

type object

ModifiedSubject

Properties

reference string

description

The Subject object is used to identify an individual in Merative Integrated Care.

The "reference" String is expected to contain identifier details that will be used to match an individual in Merative Integrated Care.

The string is parsed to extract query parameters and associated values.

It can contain a combination of

- (1) Merative Integrated Care Patient ID (i.e. Merative Integrated Care Reference Number),

- (2) Merative Integrated Care Identification External System Reference and Identification number,

- (3) Merative Integrated Care Identification Type and Identification number,

- (4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

(5) Merative Integrated Care Identification Type and Identification number and birthDate.

For example:

(1) Merative Integrated Care Patient ID

```
"subject":{  
  
    "reference" : "patient/123      " }
```

(2) Merative Integrated Care Identification External System Reference and Identification number

```
"subject":{  
  
    "reference" : "patient/identifiercode=xwz, identifiervalue=239" }
```

(3) Merative Integrated Care Identification External System Reference and Identification number,

```
"subject":{  
  
    "reference" : "patient/identifier=Passport, identifiervalue=239" }
```

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

```
"subject":{  
  
    "reference" : "patient/identifiercode=xwz, identifiervalue=239,  
    birthDate=19380821" }
```

(5) Merative Integrated Care Identification Type and Identification number and birthDate,

```
"subject":{  
  
    "reference" : "patient/identifiercode=Passport, identifiervalue=239,  
    birthDate=19380821" }
```

maxLength 150

type object

ModifiedCodeableConceptPR

Properties

text string

maxLength 900

coding array

items \$ref ModifiedCodingPR

(on page 919)

type object

ModifiedCodingPR

Properties

system string

maxLength 900

code string

maxLength 900

type object

ModifiedAlertCategory

Properties

text string

maxLength 900

coding array

items \$ref ModifiedCoding

*(on page
916)*

type object

DefaultModelError

Properties

Error array

```
items $ref Error (on  
page  
920)
```

type object

Error

Properties

code integer(*int32*)

description

A machine-readable code that identifies the problem. This code does not vary with the Accept-Language setting.

message string

description

A human-readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text may change over time.

level string

description

The level of the error.

type object

required

- code
- message
- level

Care Plan API

Version:v1

By using the protected APIs that follow, you can retrieve a client's care plan in PDF format so that extended care team members (who are not Merative Integrated Care users) can view their client's care plan in an external system. Two API calls are necessary to retrieve the client's care plan PDF. The first API

call to Get Care Plan Metadata returns the 'Share With' values and the 'Note' details along with a URL to get the Share Care Plan PDF. The second call to Get Care Plan Report triggers the SHARE CARE PLAN event in Merative Integrated Care that generates and returns the PDF to subscribers. Merative Integrated Care uses webhooks to notify subscribers so that they can call back for the Share Care Plan PDF. The notification is triggered by an action of the Care Manager in the application, when they click "Send" in the Share Care Plan modal.

Servers

<https://host/Rest>

API methods: Get care plan metadata

GET /v1/ees/sharecareplan_sharewith/{id}

Get metadata about the care plan.

A Merative Integrated Care client might experience changes of circumstances in their care plan, for example, risk factors, assessments, social network contacts and so on. In this case, a Merative Integrated Care user can generate the client's care plan in Merative Integrated Care, select external entities with whom to share the client's care plan, add a note with relevant information, and send a notification to the external systems that are subscribing to the Share Care Plan data type. The external system receives a notification with a URL that contains the ID of the generated Care Plan. For example, if the ID of the Care Plan is 123, the url contained in the notification is /Rest/v1/ees/sharecareplan_sharewith/123.

The external system must call this URL to receive the care plan "share with" and "note" metadata, and the URL to get the care plan in a PDF format. See the Get care plan report as PDF API that follows this API.

Example request

CURL

```
curl -X GET "https://host:port/Rest/v1/ees/sharecareplan_sharewith/123" -H "X-WCM-TENANT-ID: Tenant ID" -H
"X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H
"accept: application/json"
```

JAVA

```
HttpResponse response = Unirest.get("https://host:port/Rest/v1/ees/sharecareplan_sharewith/123")
```

```
.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.asString();
```

Parameters

Referer(*header*)

type string
array curam://foundational.app
required true

X-WCM-TENANT-ID(*header*)

type string
array The tenant ID.
required true

X-WCM-TENANT-INSTANCE(*header*)

type string
array The tenant instance.
required true

Authorization(*header*)

type string
array The Access Token.
required true

X-GRANT-TYPE(header)

type string
array client_credentials

required true

id(path)

The Care Plan resource id, which uniquely identifies the Care Plan report.

type integer

required true

Responses**200**

The Get request was successful.

Media types

application/json

Schema [ShareCarePlanWithDetails](#)

(*on page 928*)

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error message:

EESERR903 - Errors occurred on retrieving Share Care Plan metadata.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 932*)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 932](#))

404

The resource requested was not found. Check the error message for more information and resend the request with a valid resource id.

Possible error message:

EESERR900 - Share Care Plan metadata not found.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 932](#))

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 932](#))

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 932](#))

API methods: Get care plan report as PDF

GET /v1/ees/sharecareplan/{id}

Get the Care Plan report as a PDF.

The first API call to Get Care Plan Metadata is generated by a Merative Integrated Care user when they click Send in the Share Care Plan modal. The Get Care Plan Report as PDF API uses the URL that is returned in the first API call to generate and return the PDF to subscribers. This API returns a PDF that contains a client's Care Plan as configured by the Merative Integrated Care user.

Example request

CURL

```
curl -X GET "https://host:port/Rest/v1/ees/sharecareplan/123" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "accept: application/octet-stream" --output careplan_name.pdf
```

JAVA

```
HttpResponse<InputStream> response = Unirest.get("https://host:port/Rest/v1/ees/sharecareplan/123")

.header("accept", "application/octet-stream")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.asBinary();
```

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(header)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

id(*path*)

The Care Plan resource id, which uniquely identifies the Care Plan report.

type integer

required true

Responses

200

The Get request was successful.

Media types

application/octet-stream

Schema [ShareCarePlanPDF](#)*(on page 928)***400**

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error message:

EESERR902 - Errors occurred on downloading the Share Care Plan.

Media types**application/octet-stream****Schema** [DefaultErrorModel](#)*(on page 932)***401**

Invalid authentication credentials for the target resource entered.

Media types**application/octet-stream****Schema** [DefaultErrorModel](#)*(on page 932)***404**

The resource requested was not found. Check the error message for more information and resend the request with a valid resource id.

Possible error message:

EESERR901 - Share Care Plan not found.

500

An internal server error occurred. Contact your administrator for more information.

Media types**application/octet-stream**

Schema [DefaultErrorModel](#)
(on page 932)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/octet-stream

Schema [DefaultErrorModel](#)
(on page 932)

Components

Schemas

ShareCarePlanPDF

Properties

data string(*byte*)

description The Care Plan report in a PDF format.

maxLength 512000

fileName string

description The filename that is associated with the Care Plan report in PDF format.

maxLength 2000

type object

required

- data
- fileName

ShareCarePlanWithDetails

Properties

id	integer
	<p>description The Care Plan resource id.</p> <p>This id uniquely identifies the Care Plan instance for which the details are requested.</p>
note	string
	<p>description A note that is added by the Merative Integrated Care user.</p> <p>When sending a notification to external systems, the Merative Integrated Care user might want to add details about the Care Plan they are sharing in a free text format.</p>
	<p>maxLength 2000</p>
url	string
	<p>description The URL to use for a GET request to retrieve the Care Plan report in a PDF format.</p> <p>For example, if the id of the Care Plan is 123, the url is</p>
	<p style="padding-left: 20px;">/Rest/v1/ees/sharecareplan/123</p>
	<p>maxLength 300</p>
originator	string
	<p>description The originator field contains the name of the Merative Integrated Care user who sent the notification to external systems.</p>
	<p>maxLength 64</p>
shareWith	\$ref CodeableConceptSCP <i>(on page 930)</i>
template	\$ref CodeableConceptTN <i>(on page 931)</i>
type	object

required

- id
- url
- template

CodeableConceptSCP

Properties

coding array

description

Representation of a Share With value.

When creating a Care Plan report and sending a notification to external systems, the Merative Integrated Care user can select a number of entities that the Care Plan can be shared with.

The Share With values are configured by an Administrator user in Merative Integrated Care. The Administrator user can configure an external system reference for each Share With value. If an External System Reference is configured, this is returned to the external system.

items \$ref CodingSCP

*(on page
930)*

type object

CodingSCP

Properties

code string

description

The External System Reference for the Share With value as configured in Merative Integrated Care by an Administrator user.

maxLength 20

display string

description

The display value of the Share With entry. This field contains the value as it is displayed in the application to the Merative Integrated Care user.

maxLength 100

system string

description

The system that the code belongs to.

External System Reference codes are codes that are configured in Merative Integrated Care. Therefore the system for a Share With value is always http://wcm/sharecareplan_sharewith.

maxLength 150

array http://wcm/sharecareplan_sharewith

type object

CodeableConceptTN

Properties

text string

description

The Merative Integrated Care Care Plan template name.

When creating a Care Plan report to be shared with external systems, the Merative Integrated Care user must select a Share Care Plan template.

Templates are configured by an Administrator user.

maxLength 100

coding array

maxItems 1

description

Representation of the External System References for the selected Share Care Plan template.

items \$ref CodingTN

(*on page*
932)

type object

array text

CodingTN

Properties

system string

description

The system that the code belongs to.

External System Reference codes are codes configured in Merative Integrated Care. Therefore, the system for a Template name value is always http://wcm/sharecareplan_template.

maxLength 150

array http://wcm/sharecareplan_template

code string

description

External System Reference for the Template name. The external system reference is configured in Merative Integrated Care by an Administrator user. Not yet available, so the value returned is empty.

maxLength 20

type object

DefaultModelError

Properties

Error array

items \$ref [Error \(on](#)

[page](#)

[932\)](#)

type object

Error

Properties

code integer(*int32*)

description

A machine-readable code that identifies the problem. This does not vary with the Accept-Language setting.

message string

description

A human-readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text may change over time.

level string

description

The level of the error

type object

required

- code
- message
- level

Care Team Actions API

Version:v1

By using the protected APIs that follow, you can send actions from an external system to a specific care team role in Merative Integrated Care so that the assigned role can take the action on behalf of the client to help them achieve their goals. The API sends an assigned care team role an action with a valid reason and an expected completion date. The client is identified when Merative Integrated Care receives the Merative Integrated Care client ID or the external ID and type. In Merative Integrated Care, goals are mandatory to create an action. Merative Integrated Care links the inbound care team action to default goal. Each time an action is received for the client, the default goal is reused provided it already exists on the client's care plan. Otherwise, a new goal is created and linked to the action.

A completed action that is received by the external system can be updated to include completion details.

Servers

<https://host/Rest>

API methods: Create a care team action

POST /v1/ees/goalActions

Create an action for a client who is registered in Merative Integrated Care and assign the action to a specific care team role to complete.

Creates a care team action record based on an event in the external system that initiates a transfer of valid data to Merative Integrated Care.

Example request

CURL

```
curl -X POST "https://host:port/Rest/v1/ees/goalActions" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "accept: application/json" -H "Referer: curam//foundational.app" -H "Content-Type: application/json" -d '{"resourceType": "goalaction", "id": "123456", "identifier": [{"value": "1234", "type": {"text": "Intervention System"}}], "actionName": "Action Name", "startDate": "", "completionDate": "", "reason": "Test Reason adding for action through update action api test test test", "subject": {"reference": "Patient/identifier=Reference Number, identifierValue=28416"}, "action": {"coding": [{"system": "http://wcm/action", "code": "TestAction"}], "text": "Action" }, "source": {"coding": [{"system": "http://wcm/source", "code": "chart123"}]}, "text": "Source"}, "originalSource": {"coding": [{"system": "http://wcm/originalsource", "code": "wcm123"}]}, "text": "OriginalSource"}, "role": {"coding": [{"system": "http://wcm/careteamroles", "code": "Cm"}]}, "expectedEndDate": "", "completionComment": "completed", "outcome": "successful", "category": "appointment"}
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/ees/goals")
    .header("accept", "application/json")
    .header("Authorization", "access_token")
    .header("X-GRANT-TYPE", "client_credentials")
    .header("X-WCM-TENANT-INSTANCE", "Tenant Instance")
```

```

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body("{\"resourceType\":\"goalaction\",\"id\": \"123456\", \"identifier\": [{\"value\": \"1234\", \"type\": {\"text\": \"Intervention System\"}}], \"actionName\": \"Action name\", \"startDate\": \"2018-09-01\", \"completionDate\": \"\", \"reason\": \"Test Reason adding for action through update action api test test test\", \"subject\": {\"reference\": \"Patient/identifier=Reference Number, identifierValue=28416\"}, \"action\": {\"coding\": [{\"system\": \"http://wcm/action\", \"code\": \"TestAction\"}], \"text\": \"Action\"}, \"source\": {\"coding\": [{\"system\": \"http://wcm/source\", \"code\": \"chart123\"}], \"text\": \"Source\"}, \"originalSource\": {\"coding\": [{\"system\": \"http://wcm/originalsource\", \"code\": \"wcm123\"}], \"text\": \"OriginalSource\"}, \"role\": {\"coding\": [{\"system\": \"http://wcm/caretteamroles\", \"code\": \"Cm\"}]}, \"expectedEndDate\": \"\", \"completionComment\": \"completed\", \"outcome\": \"successful\", \"category\": \"appointment\"}").asString();

```

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(header)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(header)

type string

array The tenant instance.

required true

Authorization(header)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

Request body

The inbound message that contains the information required to create an action.

Required:true

Media types

application/json

Schema [NewGoalActionEntry](#)

(on page 949)

Responses

201

The post request was successful

Headers

Name	Description	Schema
Location	The location of the new resource	type string

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Possible error messages:

EESERR800 - It is mandatory to specify 'source'.

EESERR802 - The 'actionName' entered is too long, maximum allowed is 100.

EESERR804 - The 'text' entered for 'reason' is too long, maximum allowed characters is 2000.

EESERR805 - The 'source' entered is too long, maximum allowed is 100.

EESERR806 - The 'originalSource' entered is too long, maximum allowed is 100.

EESERR807 - Invalid 'resourceType' entered.

EESERR808 - The 'text' entered for 'action comment' is too long, maximum allowed characters is 2000.

EESERR809 - It is mandatory to specify 'actionName' or 'code' for 'action'.

EESERR810 - 'action name' and 'action external reference' are not matching.

EESERR812 - Invalid 'code' entered for 'action'.

EESERR814 - Invalid 'outcome' entered.

EESERR815 - Invalid 'category' entered.

EESERR816 - Invalid 'system' entered for 'role'.

EESERR817 - Invalid 'code' entered for 'role'.

EESERR818 - Invalid 'system' entered for 'source'.

EESERR819 - Invalid 'code' entered for 'source'.

EESERR820 - Invalid 'system' entered for 'originalSource'.

EESERR821 - Invalid 'code' entered for 'originalSource'.

EESERR822 - Invalid 'code' entered for 'source'.

EESERR823 - Invalid 'code' entered for 'originalSource'.

EESERR825 - Invalid 'system' entered for 'action'.

EESERR826 - 'completionDate' must be on or after the 'startDate'.

EESERR827 - There are no care team members currently on the client to assign the care team action to.

EESERR828 - The action is already updated by a care team in Merative Integrated Care, and cannot be further updated.

EESERR829 - The configured action name cannot be updated.

EESERR830 - The Action is already completed. You can only update completion details - Completion Date, Outcome and Completion Comments.

EESERR831 - The Action is already cancelled.

EESERR832 - The action code that was originally specified does not match the updated action code.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 960*)

500

An internal server error occurred. Contact your administrator for more information

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 960*)

default

An unexpected error occurred. Check the error message for further information

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 960*)

API methods: Update a care team action

PUT /v1/ees/goalActions

Updates a care team action for a client who is registered in Merative Integrated Care.

Updates a care team action record based on an event in the external system that initiates a transfer of valid data to Merative Integrated Care. Only completion details (Completed On, Outcome, Completed Comments) can be updated if the care team action is complete. If the external system sends a care team action update that is already updated internally by a Merative Integrated Care user (via row-level actions Edit, Assign To, Delete, Complete, Update Completion Details), the care team action record cannot be further updated via the API.

Example request

CURL

```
curl -X PUT "https://host:port/Rest/v1/ees/goalActions" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Referer: curam//foundational.app" -H "Content-Type: application/json" -d
  {"resourceType": "goalaction", "id": "123456", "identifier": [{"value": "1234", "type": {"text": "Intervention System"}}, {"actionName": "Action Name", "startDate": "", "completionDate": "", "reason": "Test Reason adding for action through update action api test test test"}, {"subject": {"reference": "Patient/identifier=Reference Number, identifierValue=28416"}, "action": {"coding": [{"system": "http://wcm/action", "code": "TestAction"}], "text": "Action"}, "source": {"coding": [{"system": "http://wcm/source", "code": "chart123"}], "text": "Source"}, "originalSource": {"coding": [{"system": "http://wcm/originalsource", "code": "wcm123"}], "text": "OriginalSource"}, "role": {"coding": [{"system": "http://wcm/careteamroles", "code": "Cm"}]}, "expectedEndDate": "", "completionComment": "completed", "outcome": "successful", "category": "appointment"}]
```

JAVA

```
HttpResponse response = Unirest.put("https://host:port/Rest/v1/ees/flags")
  .header("accept", "application/json")
  .header("Authorization", "access_token")
  .header("X-GRANT-TYPE", "client_credentials")
  .header("X-WCM-TENANT-INSTANCE", "Tenant Instance")
  .header("X-WCM-TENANT-ID", "Tenant ID")
  .header("Referer", "curam://foundational.app")
```

```

.header("Content-Type", "application/json")

.body("{"resourceType":"goalaction","id": "123456","identifier": [{"value": "1234","type": {"text": "Intervention System"} }],"actionName": "Action name","startDate": "2018-09-01","completionDate": "", "reason": "Test Reason adding for action through update action api test test test","subject": {"reference": "Patient/identifier=Reference Number, identifierValue=28416"}, "action": {"coding": [{"system": "http://wcm/action","code": "TestAction"}],"text": "Action" }, "source": {"coding": [{"system": "http://wcm/source","code": "chart123"}]}, "text": "Source"}, "originalSource": {"coding": [{"system": "http://wcm/originalsource","code": "wcm123"}]}, "text": "OriginalSource"}, "role": {"coding": [{"system": "http://wcm/careteamroles","code": "Cm"}]}}, "expectedEndDate": "", "completionComment": "completed", "outcome": "successful", "category": "appointment"}").asString();

```

Parameters

Referer(header)

type string
array curam://foundational.app
required true

X-WCM-TENANT-ID(header)

type string
array The tenant ID.
required true

X-WCM-TENANT-INSTANCE(header)

type string
array The tenant instance.
required true

Authorization(header)

type string
array The Access Token.
required true

X-GRANT-TYPE(header)

type string
array client_credentials
required true

Request body

The inbound message that contains the information required to create an action.

Required:true

Media types

application/json

Schema [ModifiedGoalActionEntry](#)
(*on page 954*)

Responses**200**

The put request was successful

Media types

application/json

Schema [ModifiedGoalActionEntry](#)
(*on page 954*)

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages:

EESERR800 - It is mandatory to specify 'source'.

EESERR802 - The 'actionName' entered is too long, maximum allowed is 100.

EESERR804 - The 'text' entered for 'reason' is too long, maximum allowed characters is 2000.

EESERR805 - The 'source' entered is too long, maximum allowed is 100.

EESERR806 - The 'originalSource' entered is too long, maximum allowed is 100.

EESERR807 - Invalid 'resourceType' entered.

EESERR808 - The 'text' entered for 'action comment' is too long, maximum allowed characters is 2000.

EESERR809 - It is mandatory to specify 'actionName' or 'code' for 'action'.

EESERR810 - 'action name' and 'action external reference' are not matching.

EESERR812 - Invalid 'code' entered for 'action'.

EESERR814 - Invalid 'outcome' entered.

EESERR815 - Invalid 'category' entered.

EESERR816 - Invalid 'system' entered for 'role'.

EESERR817 - Invalid 'code' entered for 'role'.

EESERR818 - Invalid 'system' entered for 'source'.

EESERR819 - Invalid 'code' entered for 'source'.

EESERR820 - Invalid 'system' entered for 'originalSource'.

EESERR821 - Invalid 'code' entered for 'originalSource'.

EESERR822 - Invalid 'code' entered for 'source'.

EESERR823 - Invalid 'code' entered for 'originalSource'.

EESERR825 - Invalid 'system' entered for 'action'.

EESERR826 - 'completionDate' must be on or after the 'startDate'.

EESERR827 - There are no care team members currently on the client to assign the care team action to.

EESERR828 - The action is already updated by a care team in Merative Integrated Care , and cannot be further updated.

EESERR829 - The configured action name cannot be updated.

EESERR830 - The Action is already completed. You can only update completion details - Completion Date, Outcome and Completion Comments.

EESERR831 - The Action is already cancelled.

EESERR832 - The action code that was originally specified does not match the updated action code.

Media types

application/json

Schema [DefaultErrorModel](#)
(*on page 960*)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)
(*on page 960*)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)
(*on page 960*)

API methods: Update a care team action (by ID)

PUT /v1/ees/goalActions/{id}

Updates a care team action for a client who is registered in Merative Integrated Care.

Updates a specific care team action in Merative Integrated Care that matches the record ID sent from an external system. Only completion details (Completed On, Outcome, Completed Comments) can be

updated if the care team action is complete. If the external system sends a care team action update that is already updated internally by a Merative Integrated Care user (via row-level actions Edit, Assign To, Delete, Complete, Update Completion Details), the care team action record cannot be further updated via the API.

Example request

CURL

```
curl -X PUT "https://host:port/Rest/v1/ees/goalActions" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Content-Type: application/json" -d
{
  "resourceType": "goalaction",
  "id": "123456",
  "identifier": [
    {
      "value": "1234",
      "type": {
        "text": "Intervention System"
      }
    }
  ],
  "actionName": "Action Name",
  "startDate": "",
  "completionDate": "",
  "reason": "Test Reason adding for action through update action api test test test",
  "subject": {
    "reference": "Patient/identifier=Reference Number, identifierValue=28416"
  },
  "action": {
    "coding": [
      {
        "system": "http://wcm/action",
        "code": "TestAction"
      }
    ],
    "text": "Action"
  },
  "source": {
    "coding": [
      {
        "system": "http://wcm/source",
        "code": "chart123"
      }
    ],
    "text": "Source"
  },
  "originalSource": {
    "coding": [
      {
        "system": "http://wcm/originalsource",
        "code": "wcm123"
      }
    ],
    "text": "OriginalSource"
  },
  "role": {
    "coding": [
      {
        "system": "http://wcm/careteamroles",
        "code": "Cm"
      }
    ]
  },
  "expectedEndDate": "",
  "completionComment": "completed",
  "outcome": "successful",
  "category": "appointment"
}
```

JAVA

```
HttpResponse response = Unirest.put("https://host:port/Rest/v1/ees/flags")
  .header("accept", "application/json")
  .header("Authorization", "access_token")
  .header("X-GRANT-TYPE", "client_credentials")
  .header("X-WCM-TENANT-INSTANCE", "Tenant Instance")
  .header("X-WCM-TENANT-ID", "Tenant ID")
  .header("Referer", "curam://foundational.app")
  .header("Content-Type", "application/json")
```

```
.body("{
  \"resourceType\": \"goalaction\",
  \"id\": \"123456\",
  \"identifier\": [
    {
      \"value\": \"1234\",
      \"type\": {
        \"text\": \"Intervention System\"
      }
    }
  ],
  \"actionName\": \"Action name\",
  \"startDate\": \"2018-09-01\",
  \"completionDate\": \"\",
  \"reason\": \"Test Reason adding for action through update action api test test test\",
  \"subject\": {
    \"reference\": \"Patient/identifier=Reference Number, identifierValue=28416\"
  },
  \"action\": {
    \"coding\": [
      {
        \"system\": \"http://wcm/action\",
        \"code\": \"TestAction\"
      }
    ],
    \"text\": \"Action\",
    \"source\": {
      \"coding\": [
        {
          \"system\": \"http://wcm/source\",
          \"code\": \"chart123\"
        }
      ],
      \"text\": \"Source\"
    },
    \"originalSource\": {
      \"coding\": [
        {
          \"system\": \"http://wcm/originalsource\",
          \"code\": \"wcm123\"
        }
      ],
      \"text\": \"OriginalSource\"
    },
    \"role\": {
      \"coding\": [
        {
          \"system\": \"http://wcm/careteamroles\",
          \"code\": \"Cm\"
        }
      ]
    }
  },
  \"expectedEndDate\": \"\",
  \"completionComment\": \"completed\",
  \"outcome\": \"successful\",
  \"category\": \"appointment\"
}").asString();
```

Parameters

Referer(*header*)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string
array client_credentials
required true

id(*path*)

Internal record ID/Merative Integrated Care ID of the action.

type string
required true

Request body

The inbound message that contains the information required to create an action.

Required:true

Media types

application/json

Schema [ModifiedGoalActionEntry](#)
(*on page 954*)

Responses

200

The put request was successful

Media types

application/json

Schema [ModifiedGoalActionEntry](#)
(*on page 954*)

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages:

EESERR800 - It is mandatory to specify 'source'.

- EESERR802 - The 'actionName' entered is too long, maximum allowed is 100.
- EESERR804 - The 'text' entered for 'reason' is too long, maximum allowed characters is 2000.
- EESERR805 - The 'source' entered is too long, maximum allowed is 100.
- EESERR806 - The 'originalSource' entered is too long, maximum allowed is 100.
- EESERR807 - Invalid 'resourceType' entered.
- EESERR808 - The 'text' entered for 'action comment' is too long, maximum allowed characters is 2000.
- EESERR809 - It is mandatory to specify 'actionName' or 'code' for 'action'.
- EESERR810 - 'action name' and 'action external reference' are not matching.
- EESERR812 - Invalid 'code' entered for 'action'.
- EESERR814 - Invalid 'outcome' entered.
- EESERR815 - Invalid 'category' entered.
- EESERR816 - Invalid 'system' entered for 'role'.
- EESERR817 - Invalid 'code' entered for 'role'.
- EESERR818 - Invalid 'system' entered for 'source'.
- EESERR819 - Invalid 'code' entered for 'source'.
- EESERR820 - Invalid 'system' entered for 'originalSource'.
- EESERR821 - Invalid 'code' entered for 'originalSource'.
- EESERR822 - Invalid 'code' entered for 'source'.
- EESERR823 - Invalid 'code' entered for 'originalSource'.
- EESERR825 - Invalid 'system' entered for 'action'.
- EESERR826 - 'completionDate' must be on or after the 'startDate'.
- EESERR827 - There are no care team members currently on the client to assign the care team action to.

EESERR828 - The action is already updated by a care team in Merative Integrated Care , and cannot be further updated.

EESERR829 - The configured action name cannot be updated.

EESERR830 - The Action is already completed. You can only update completion details - Completion Date, Outcome and Completion Comments.

EESERR831 - The Action is already cancelled.

EESERR832 - The action code that was originally specified does not match the updated action code.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 960)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 960)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 960)

Components

Schemas

NewGoalActionEntry

Properties

resourceType	string
	description Resource type is always goalaction.
	maxLength 300
id	string
	description Internal record ID/Merative Integrated Care ID of the action.
actionName	string
	description Action name.
	maxLength 250
completionComment	string
	description Action completion comment.
	maxLength 2000
reason	string
	description Action reason.
	maxLength 2000
category	string
	description Category of the action -appointment, coaching, coordination, education, individualtask, other, referral,reunification, screening, tracking

	maxLength 300
startDate	string(<i>date</i>)
	description Action start date.
expectedEndDate	string(<i>date</i>)
	description Action expected end date.
completionDate	string(<i>date</i>)
	description Action completion date.
outcome	string
	description Outcome of the action - successful, unsuccessful, pending, abandoned
	maxLength 300
action	object
	\$ref NewActionExternalReference (on page 953)
originalSource	object
	\$ref NewActionOriginalSource (on page 953)
source	object
	\$ref NewActionSource (on page 953)
role	object
	\$ref NewCareTeamRole (on page 952)
identifier	array
	description Optional.

The Identifier object holds values of an external identifier for the enclosing record.

The external system can provide up to 3 identifiers per record.

Identifier objects can be used to create and update records.

items [\\$ref NewIdentifier](#)
(on page 951)

subject object

description A Subject object stores the reference to the Patient that the record belongs to.

\$ref [NewSubject \(on page 952\)](#)

type object

NewIdentifier

Properties

value string

description Optional This attribute stores the external identifier value.

If provided, a type.text value must be provided.

maxLength 900

type object

description Optional. This object stores the value for the Identifier type.

\$ref [NewCodeableConcept \(on page 952\)](#)

type object

NewCodeableConcept

Properties

text string

description

Optional. This attribute stores the value for the Identification type.

It must be provided if an identifier value is provided.

maxLength 900

type object

NewCareTeamRole

Properties

text string

maxLength 900

coding array

items \$ref NewCoding

(*on page*
952)

type object

NewCoding

Properties

system string

maxLength 900

code string

maxLength 900

type object

NewSubject

Properties

reference string

maxLength 150

type object

NewActionExternalReference

Properties

text string

maxLength 900

coding array

items \$ref NewCoding

*(on page
952)*

type object

NewActionSource

Properties

text string

maxLength 900

coding array

items \$ref NewCoding

*(on page
952)*

type object

NewActionOriginalSource

Properties

text string

maxLength 900

coding array

items \$ref NewCoding

*(on page
952)*

type object

ModifiedGoalActionEntry

Properties

resourceType string

description
Resource type is always goalaction.

maxLength 300

id string

description
Internal record ID/Merative
Integrated Care ID of the action.

actionName string

description
Action name.

maxLength 250

completionComment string

description
Action completion comment.

maxLength 2000

reason string

description
Action reason.

maxLength 2000

category string

description
Category of the action
-appointment, coaching,
coordination, education,

	individualtask, other, referral, reunification, screening, tracking
	maxLength 300
startDate	string(<i>date</i>)
	description Action start date.
expectedEndDate	string(<i>date</i>)
	description Action expected end date.
completionDate	string(<i>date</i>)
	description Action completion date.
outcome	string
	description Outcome of the action - successful, unsuccessful, pending, abandoned
	maxLength 300
action	object
	\$ref ModifiedActionExternalReference (on page 959)
originalSource	object
	\$ref ModifiedActionOriginalSource (on page 960)
source	object
	\$ref ModifiedActionSource (on page 960)
role	object
	\$ref ModifiedCareTeamRole (on page 957)
identifier	array

	description Optional.
	The Identifier object stores values of an external identifier for the enclosing record.
	The external system can provide up to 3 identifiers per record.
	Identifier objects can be used to create and update records.
items	\$ref ModifiedIdentifier (on page 956)
subject	object
	description A Subject object stores the reference to the Patient that the record belongs to.
\$ref	ModifiedSubject (on page 958)
type	object

ModifiedIdentifier

Properties

value string

description	Optional This attribute stores the external identifier value.
	If provided, a type.text value must be provided.

maxLength 900

type object

description	Opional. This object stores the value for the Identifier type.
\$ref	ModifiedCodeableConcept (on page 957)

type object

ModifiedCodeableConcept

Properties

text string

description

Optional. This attribute stores the value for the Identification type.

It must be provided if an identifier value is provided.

maxLength 900

type object

ModifiedCareTeamRole

Properties

text string

maxLength 900

coding array

items \$ref ModifiedCoding

(on page

957)

type object

ModifiedCoding

Properties

system string

maxLength 900

code string

maxLength 900

type object

ModifiedSubject

Properties

reference string

description

The Subject object is used to identify an individual in Merative Integrated Care.

The "reference" String is expected to contain identifier details that will be used to match an individual in Merative Integrated Care.

The string is parsed to extract query parameters and associated values.
It can contain a combination of

(1) Merative Integrated Care Patient ID (i.e. Merative Integrated Care Reference Number),

(2) WMerative Integrated CareCM Identification External System Reference and Identification number,

(3) Merative Integrated Care Identification Type and Identification number,

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

(5) Merative Integrated Care Identification Type and Identification number and birthDate.

For example:

(1) Merative Integrated Care Patient ID

```
"subject": {  
  
    "reference" : "patient/123      " }
```

(2) Merative Integrated Care Identification External System Reference and Identification number

```

"subject":{

    "reference" : "patient/identifiercode=xwz, identifiervalue=239"
}

```

(3) Merative Integrated Care Identification External System Reference and Identification number,

```

"subject":{

    "reference" : "patient/identifier=Passport, identifiervalue=239"
}

```

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

```

"subject":{

    "reference" : "patient/identifiercode=xwz, identifiervalue=239,
    birthDate=19380821"
}

```

(5) Merative Integrated Care Identification Type and Identification number and birthDate,

```

"subject":{

    "reference" : "patient/identifiercode=Passport, identifiervalue=239,
    birthDate=19380821"
}

```

maxLength 150

type object

ModifiedActionExternalReference

Properties

text string

maxLength 900

coding array

items \$ref ModifiedCoding

*(on page
957)*

type object

ModifiedActionSource

Properties

text string

maxLength 900

coding array

items \$ref ModifiedCoding

*(on page
957)*

type object

ModifiedActionOriginalSource

Properties

text string

maxLength 900

coding array

items \$ref ModifiedCoding

*(on page
957)*

type object

DefaultErrorModel

Properties

Error array

items \$ref Error *(on*

*page
961)*

type object

Error

Properties

code integer(*int32*)

description

A machine-readable code that identifies the problem. This does not vary with the Accept-Language setting.

message string

description

A human-readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text may change over time.

level string

description

The level of the error.

type object

required

- code
- message
- level

Client Deletions and Reversals API

Version:v2

By using the protected APIs , you can retrieve a list of individuals who were deleted in Merative Integrated Care and whose deletions were reversed.

Servers

`http://host/Rest`

API methods: Get deleted client list

GET /v2/ees/list/clients/deletedClients

Get all deleted clients.

Retrieve all individuals who were deleted in Merative Integrated Care.

Parameters

Referer(*header*)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

since(*query*)

The date from which you want to return records for the deleted clients. Specify dates in ISO 8601 combined format. The default returns the entire results set. Example - YYYYMMDDTHHMMSS. Sample - 20170824T141417.

type string
maxLength 20
required false

Responses

200

The get request was successful.

Media types

application/json

Schema [DClientListResponse](#)

(*on page 967*)

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 969*)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 969*)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 969](#))

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 969](#))

API methods: Get reversed client deletions list

GET /v2/ees/list/clients/reversedClients

Get all clients whose deletions were reversed.

Retrieve all clients who were deleted in Merative Integrated Care and whose deletions were subsequently reversed.

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(header)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)**type** string**array** The tenant instance.**required** true**Authorization(*header*)****type** string**array** The Access Token.**required** true**X-GRANT-TYPE(*header*)****type** string**array** client_credentials**required** true**since(*query*)**

The date from which you want to return records for the deletion reversed clients. Specify dates in ISO 8601 combined format. The default returns the entire results set. Example - YYYYMMDDTHHMMSS. Sample - 20170824T141417.

type string**maxLength** 20**required** false**Responses****201**

The get request was successful

Media types**application/json****Schema** [DClientListResponse](#)*(on page 967)*

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 969)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 969)

500

An internal server error occurred. Contact your administrator for more information

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 969)

default

An unexpected error occurred. Check the error message for further information

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 969)

Components

Schemas

DClientListResponse

Properties

dtls object

\$ref [DClientListResponseDetails](#)

(on page 967)

client array

items \$ref [DClientResponse](#)

(on page 967)

reversedClient array

items \$ref [DRClientResponse](#)

(on page 968)

type object

DClientListResponseDetails

Properties

description string

endDateTime string

maxLength 20

startDateTime string

maxLength 20

type object

DClientResponse

Properties

concernRoleName string

description

The "concernRoleName" represents the name of the deleted client.

maxLength 150

dateOfBirth string(*date*)

description
The "dateOfBirth" represents the date of birth of the deleted client. Accepted format is yyyy-MM-dd.

reason string

description
The "reason" attribute is used to describe the reason for which the client is deleted.

enum

- Client Request
- Other

maxLength 50

deletedDateTime string(*datetime*)

description
The "deletedDateTime" attribute is used to describe the exact datetime when the client was deleted.

maximum 99991231

userName string

description
The "userName" attribute is used to describe the user who deleted the client.

maxLength 200

type object

DRClientResponse

Properties

dateOfBirth string(*date*)

description
The "dateOfBirth" represents the date of birth of the client whose deletion is reversed. Accepted format is yyyy-MM-dd.

reason string

description

The "reason" attribute is used to describe the reason for which the client is deleted.

enum

- Deleted in error
- Other

maxLength 50**userName** string**description**

The "userName" attribute is used to describe the user who reverted the client deletion.

maxLength 200**reversedDateTime** string(*datetime*)**description**

The "reversedDateTime" attribute is used to describe the exact datetime when the client deletion was reversed.

maximum 99991231**concernRoleName** string**description**

The "concernRoleName" represents the name of the client whose client deletion is reversed.

maxLength 150**type** object**DefaultModelError****Properties****Error** array

```
items $ref Error (on
  page
  970)
```

type object

Error

Properties

code integer(*int32*)

description

A machine readable code identifying the problem. This will not vary with the Accept-Language setting

message string

description

A human readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text may change over time

level string

description

The level of the error

type object

required

- code
- message
- level

CodeTableType

Properties

tableName string

description

Read only. The name of the code table

readOnly true

value string

description

The code value associated with a code table entry

maxLength 10

description string

description

Read only. The description of the code. Based on the language set in the 'Accept-Language' header, a localized description may be returned

readOnly true

parentCodeTable string

description

Read only. The parent codetable of this codetable, if this codetable is part of a hierarchy

readOnly true

type object

array value

Frequency

Properties

value string

description

The code value representation of the frequency

description string

description

Read only. The localized text description of the frequency code value

readOnly true

type object

array value

Client Registration API

Version:v1

By using the protected APIs that follow, client registration data can be shared between Merative Integrated Care and external systems. An external system can receive client registration data, such as the client's demographic and identification information, through the client registration API when a new client is registered in Merative Integrated Care. Similarly, an external system can register a new client in Merative Integrated Care through the client registration API, thereby eliminating the need for the care team to manually register the client in Merative Integrated Care.

Servers

host/Rest

API methods: Register a client

POST /v1/ees/individuals

Create a client registration in Merative Integrated Care.

Register a client in Merative Integrated Care based on an update in the external system that initiates a transfer of valid data to Merative Integrated Care.

Example request

CURL

```
curl -X POST "https://host:port/Rest/v1/ees/individuals" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json" -d "{ \"resourceType\": \"Patient\", \"active\": true, \"gender\": \"male\", \"birthDate\": \"1970-01-03\", \"deceasedBoolean\": false, \"deceasedDate\": \"\", \"source\": { \"text\": \"Office\", \"coding\": [ { \"system\": \"http://wcm/source\", \"code\": \"ABC\" } ] }, \"originalSource\": { \"text\": \"Mentioned by client\", \"coding\": [ { \"system\": \"http://wcm/originalsource\", \"code\": \"DEF\" } ] }, \"address\": [ { \"use\": \"home\", \"state\": \"NY\", \"country\": \"US\", \"source\": { \"text\": \"Office\", \"coding\": [ { \"system\": \"http://wcm/source\", \"code\": \"ABC\" } ] }, \"originalSource\": { \"text\": \"Mentioned by client\", \"coding\": [ { \"system\": \"http://wcm/originalsource\", \"code\": \"DEF\" } ] }, \"city\": \"New York\", \"line1\": \"31\", \"line2\": \"Park Avenue\", \"line3\": \"\", \"postalCode\": \"12345678\", \"identifier\": [ { \"value\": \"123\", \"type\": { \"text\": \"ExternalIdentifier\" } } ], \"period\": { \"start\": \"2019-01-03\", \"end\": \"\" } }, \"maritalStatus\": { \"coding\": [ { \"system\": \"http://hl7.org/fhir/v3/MaritalStatus\", \"code\": \"D\" } ] }, \"period\": { \"start\": \"2019-01-03\", \"end\": \"\" } }, \"telecom\": [ { \"system\": \"phone\", \"value\": \"090909\", \"use\": \"home\", \"source\": { \"text\": \"Office\", \"coding\": [ { \"system\": \"http://wcm/source\", \"code\": \"ABC\" } ] } } ] }
```

```

\"code\": \"ABC\" } ] }, \"originalSource\": { \"text\": \"Mentioned by client\", \"coding\": [ { \\"system\": \"http://wcm/originalsource\", \\"code\": \"DEF\" } ] }, \\"identifier\": [ { \\"value\": \"456\", \\"type\": \"ExternalIdentifier\" } ], \\"period\": { \\"start\": \"2019-01-03\", \\"end\": \"\" } ] }, \\"name\": [ { \\"use\": \"official\", \\"family\": \"Smith\", \\"given\": \"Carl\", \\"prefix\": \"\", \\"suffix\": \"\", \\"middle\": \"\", \\"source\": { \\"text\": \"Office\", \\"coding\": [ { \\"system\": \"http://wcm/source\", \\"code\": \"ABC\" } ] }, \\"originalSource\": { \\"text\": \"Mentioned by client\", \\"coding\": [ { \\"system\": \"http://wcm/originalsource\", \\"code\": \"DEF\" } ] }, \\"identifier\": [ { \\"value\": \"789\", \\"type\": \"ExternalIdentifier\" } ] } ], \\"identifier\": [ { \\"value\": \"12349876\", \\"source\": { \\"text\": \"Office\", \\"coding\": [ { \\"system\": \"http://wcm/source\", \\"code\": \"ABC\" } ] }, \\"originalSource\": { \\"text\": \"Mentioned by client\", \\"coding\": [ { \\"system\": \"http://wcm/originalsource\", \\"code\": \"DEF\" } ] }, \\"identifier\": [ { \\"value\": \"12349876\", \\"source\": { \\"text\": \"Office\", \\"coding\": [ { \\"system\": \"http://wcm/source\", \\"code\": \"ABC\" } ] }, \\"originalSource\": { \\"text\": \"Mentioned by client\", \\"coding\": [ { \\"system\": \"http://wcm/originalsource\", \\"code\": \"DEF\" } ] }, \\"type\": { \\"coding\": [ { \\"system\": \"http://wcm/identification\", \\"code\": \"GHIL\" } ] }, \\"period\": { \\"start\": \"2019-01-03\", \\"end\": \"\" } } ], \\"headerSources\": { \\"birthDeathSource\": { \\"text\": \"Office\", \\"coding\": [ { \\"system\": \"http://wcm/source\", \\"code\": \"ABC\" } ] }, \\"genderSource\": { \\"text\": \"Office\", \\"coding\": [ { \\"system\": \"http://wcm/source\", \\"code\": \"ABC\" } ] }, \\"maritalStatusSource\": { \\"text\": \"Office\", \\"coding\": [ { \\"system\": \"http://wcm/source\", \\"code\": \"ABC\" } ] }, \\"birthDeathOriginalSource\": { \\"text\": \"Mentioned by client\", \\"coding\": [ { \\"system\": \"http://wcm/originalsource\", \\"code\": \"DEF\" } ] }, \\"genderOriginalSource\": { \\"text\": \"Mentioned by client\", \\"coding\": [ { \\"system\": \"http://wcm/originalsource\", \\"code\": \"DEF\" } ] }, \\"maritalStatusOriginalSource\": { \\"text\": \"Mentioned by client\", \\"coding\": [ { \\"system\": \"http://wcm/originalsource\", \\"code\": \"DEF\" } ] } } }

```

JAVA

```

HttpResponse response = Unirest.post("https://host:port/Rest/v1/ees/individuals")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

```

```

.header("Content-Type", "application/json")

.body("{
  \"resourceType\": \"Patient\",
  \"active\": true,
  \"gender\": \"male\",
  \"birthDate\": \"1970-01-03\",
  \"deceasedBoolean\": false,
  \"deceasedDate\": \"\",
  \"source\": {
    \"text\": \"Office\",
    \"coding\": [
      {
        \"system\": \"http://wcm/source\",
        \"code\": \"ABC\"
      }
    ]
  },
  \"originalSource\": {
    \"text\": \"Mentioned by client\",
    \"coding\": [
      {
        \"system\": \"http://wcm/originalsource\",
        \"code\": \"DEF\"
      }
    ]
  },
  \"address\": [
    {
      \"use\": \"home\",
      \"state\": \"NY\",
      \"country\": \"US\",
      \"source\": {
        \"text\": \"Office\",
        \"coding\": [
          {
            \"system\": \"http://wcm/source\",
            \"code\": \"ABC\"
          }
        ]
      },
      \"originalSource\": {
        \"text\": \"Mentioned by client\",
        \"coding\": [
          {
            \"system\": \"http://wcm/originalsource\",
            \"code\": \"DEF\"
          }
        ]
      },
      \"city\": \"New York\",
      \"line1\": \"31\",
      \"line2\": \"Park Avenue\",
      \"line3\": \"\",
      \"postalCode\": \"12345678\",
      \"identifier\": [
        {
          \"value\": \"123\",
          \"type\": {
            \"text\": \"ExternalIdentifier\"
          }
        }
      ],
      \"period\": {
        \"start\": \"2019-01-03\",
        \"end\": \"\"
      }
    },
    {
      \"maritalStatus\": {
        \"coding\": [
          {
            \"system\": \"http://hl7.org/fhir/v3/MaritalStatus\",
            \"code\": \"D\"
          }
        ]
      },
      \"period\": {
        \"start\": \"2019-01-03\",
        \"end\": \"\"
      },
      \"telecom\": [
        {
          \"system\": \"phone\",
          \"value\": \"090909\",
          \"use\": \"home\",
          \"source\": {
            \"text\": \"Office\",
            \"coding\": [
              {
                \"system\": \"http://wcm/source\",
                \"code\": \"ABC\"
              }
            ]
          },
          \"originalSource\": {
            \"text\": \"Mentioned by client\",
            \"coding\": [
              {
                \"system\": \"http://wcm/originalsource\",
                \"code\": \"DEF\"
              }
            ],
            \"identifier\": [
              {
                \"value\": \"456\",
                \"type\": {
                  \"text\": \"ExternalIdentifier\"
                }
              }
            ],
            \"period\": {
              \"start\": \"2019-01-03\",
              \"end\": \"\"
            }
          }
        }
      ],
      \"name\": [
        {
          \"use\": \"official\",
          \"family\": \"Smith\",
          \"given\": \"Carl\",
          \"prefix\": \"\",
          \"suffix\": \"\",
          \"middle\": \"\",
          \"source\": {
            \"text\": \"Office\",
            \"coding\": [
              {
                \"system\": \"http://wcm/source\",
                \"code\": \"ABC\"
              }
            ]
          },
          \"originalSource\": {
            \"text\": \"Mentioned by client\",
            \"coding\": [
              {
                \"system\": \"http://wcm/originalsource\",
                \"code\": \"DEF\"
              }
            ],
            \"identifier\": [
              {
                \"value\": \"789\",
                \"type\": {
                  \"text\": \"ExternalIdentifier\"
                }
              }
            ],
            \"period\": [
              {
                \"start\": \"2019-01-03\",
                \"end\": \"\"
              }
            ],
            \"identifier\": [
              {
                \"value\": \"12349876\",
                \"source\": {
                  \"text\": \"Office\",
                  \"coding\": [
                    {
                      \"system\": \"http://wcm/source\",
                      \"code\": \"ABC\"
                    }
                  ],
                  \"originalSource\": {
                    \"text\": \"Mentioned by client\",
                    \"coding\": [
                      {
                        \"system\": \"http://wcm/originalsource\",
                        \"code\": \"DEF\"
                      }
                    ],
                    \"identifier\": [
                      {
                        \"value\": \"456\",
                        \"type\": {
                          \"coding\": [
                            {
                              \"system\": \"http://wcm/identification\",
                              \"code\": \"GHIL\"
                            }
                          ]
                        }
                      },
                      {
                        \"period\": {
                          \"start\": \"2019-01-03\",
                          \"end\": \"\"
                        },
                        \"headerSources\": {
                          \"birthDeathSource\": [
                            {
                              \"text\": \"Office\",
                              \"coding\": [
                                {
                                  \"system\": \"http://wcm/source\",
                                  \"code\": \"ABC\"
                                }
                              ],
                              \"genderSource\": {
                                \"text\": \"Office\",
                                \"coding\": [
                                  {
                                    \"system\": \"http://wcm/source\",
                                    \"code\": \"ABC\"
                                  }
                                ],
                                \"maritalStatusSource\": {
                                  \"text\": \"Office\",
                                  \"coding\": [
                                    {
                                      \"system\": \"http://wcm/source\",
                                      \"code\": \"ABC\"
                                    }
                                  ],
                                  \"birthDeathOriginalSource\": {
                                    \"text\": \"Mentioned by client\",
                                    \"coding\": [
                                      {
                                        \"system\": \"http://wcm/originalsource\",
                                        \"code\": \"DEF\"
                                      }
                                    ],
                                    \"genderOriginalSource\": [
                                      {
                                        \"text\": \"Mentioned by client\",
                                        \"coding\": [
                                          {
                                            \"system\": \"http://wcm/originalsource\",
                                            \"code\": \"DEF\"
                                          }
                                        ]
                                      }
                                    ]
                                  }
                                }
                              }
                            }
                          ]
                        }
                      }
                    ]
                  }
                }
              }
            ]
          }
        }
      ]
    }
  ]
}
.asString();

```

Parameters

Referer(*header*)

type string
array curam://foundational.app
required true

X-WCM-TENANT-ID(*header*)

type string
array The tenant ID.
required true

X-WCM-TENANT-INSTANCE(*header*)

type string
array The tenant instance.
required true

Authorization(*header*)

type string
array The Access Token.
required true

X-GRANT-TYPE(*header*)

type string
array client_credentials
required true

Request body

The inbound message that contains the information required to create a client registration.

Required:true

Media types

application/json**Schema** [PatientRegistration](#)*(on page 983)*

Responses

201

The post request was successful.

Headers

Name	Description	Schema
Location	The location of the new resource.	type string

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages:

EESERR610 - Expected resourceType is Patient.

EESERR605 - Can't register a dead patient.

EESERR606 - Maximum number of names to be provided is 5.

EESERR607 - Maximum number of addresses to be provided is 5.

EESERR608 - Maximum number of patient identifiers to be provided is 10.

EESERR609 - Maximum number of contact points to be provided is 5.

EESERR503 - Patient's status must be active.

EESERR485 - Patient's birth date must be provided.

EESERR486 - Patient's birth date must be before today's date.

EESERR488 - Deceased date can't be before the date of birth.

EESERR489 - Deceased date can't be in the future.

EESERR490 - A gender value must be provided.

EESERR491 - Invalid code provided for 'gender'.

EESERR492 - Patient's status must be active.

EESERR493 - Only accepted system for marital status code is FHIR marital status.

EESERR494 - A marital status code must be provided when marital status is provided.

EESERR495 - Invalid code provided for 'marital status'.

EESERR480 - A name must be provided.

EESERR481 - Period start date must be before today's date.

EESERR482 - Period end date must be after start date.

EESERR483 - Period start date must be provide if end is provided.

EESERR484 - Period start date must be after patient's birth date.

EESERR357 - Values for identifier text and identifier value must be provided if identifier is provided.

EESERR358 - Maximum number of identifiers to be provided per record is 3.

EESERR350 - Identifiers for a client's record of the same type must be unique.

EESERR353 - Identifier ... - ... matches multiple ... records for this person.

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR635 - Failed to create a record.

EESERR651 - Failed to create a record: ...

EESERR641 - Failed to map values provided to Merative Integrated Care address type.

EESERR518 - Only US addresses are supported.

EESERR519 - Address details must be provided if an address is provided.

EESERR600 - Invalid 'use' provided for address.

EESERR601 - Invalid 'state' provided for address.

EESERR628 - External system reference value provided for patient identifier code matches no record.

EESERR646 - Failed to map values provided to Merative Integrated Care identification type.

EESERR513 - An identification external system reference 'code' is mandatory for patient identifier.

EESERR514 - Only 1 coding object can be provided for patient identifier.

EESERR515 - Only Merative Integrated Care system is supported for patient identifier codes.

EESERR516 - A 'value' must be provided if patient identifier is provided.

EESERR517 - The 'value' for patient identifier must not exceed 18 characters.

EESERR520 - A valid reference for a source system must be provided.

EESERR504 - A subject reference must be provided.

EESERR603 - The 'code' for patient identifier must not exceed 20 characters.

EESERR639 - Failed to map values provided to Merative Integrated Care name type.

EESERR629 - External system reference value provided for the name suffix matches no record.

EESERR630 - External system reference value provided for the name prefix matches no record.

EESERR496 - Values must be provided for 'family', 'given', and 'use' name attributes.

EESERR497 - An 'official' name must be provided.

EESERR498 - Only 1 'preferred' name can be provided.

EESERR499 - Only 1 'official' name can be provided.

EESERR500 - Invalid 'use' value provided for name.

EESERR640 - Failed to map values provided to Merative Integrated Care birth/death type.

EESERR634 - Invalid request.

EESERR644 - Failed to map values provided to Merative Integrated Care gender type.

EESERR645 - Failed to map values provided to Merative Integrated Care marital status type.

EESERR642 - Failed to map values provided to Merative Integrated Care email type.

EESERR509 - The 'use' provided for contact point 'email' is not supported.

EESERR505 - Invalid 'system' provided for contact point record.

EESERR506 - The 'system' provided for contact point is not supported.

EESERR507 - A 'value' must be provided if contact point is provided.

EESERR508 - A 'use' for contact point must be provided if contact point is provided.

EESERR602 - A 'system' must be specified if contact point is provided.

EESERR643 - Failed to map values provided to Merative Integrated Care phone type.

EESERR511 - The 'use' provided for contact point 'phone' is not supported.

EESERR512 - The 'value' for contact point 'phone' must not exceed 20 characters.

EESERR505 - Invalid 'system' provided for contact point record.

EESERR506 - The 'system' provided for the contact point is not supported.

EESERR507 - A 'value' must be provided if a contact point is provided.

EESERR602 - A 'system' must be specified if a contact point is provided.

EESERR616 - A valid reference for a source system must be provided.

EESERR617 - A valid reference for an original source system must be provided.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1007)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1007)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1007)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1007)

API methods: Client registration details

GET /v1/ees/individuals/{id}

Retrive the registration details of a client in Merative Integrated Care.

Retrive the registration details of a client in Merative Integrated Care based on the input ID.

Example request

CURL

```
curl -X POST "https://host:port/Rest/v1/ees/individuals/12345" -H "X-WCM-TENANT-ID: Tenant ID" -H  
"X-WCM-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Referer: curam://foundational.app" -H  
"Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json" "
```

JAVA

```

HttpResponse response = Unirest.post("https://host:port/Rest/v1/ees/individuals/12345")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.asString();

```

Parameters

Referer(*header*)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

id(*path*)

The resource ID, which uniquely identifies the program record.

type string

required true

Responses

201

The get request was successful.

Media types

application/json

Schema [GetPatientRegistration](#)

(*on page 987*)

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages:

EESERR161 - There are no matching individuals based on the ID entered.

Media types

application/json

Schema [DefaultErrorModel](#)
(on page 1007)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)
(on page 1007)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)
(on page 1007)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)
(on page 1007)

Components

Schemas

PatientRegistration

Properties

resourceType string

description

Mandatory.

For Individual registration, the expected resource type is "patient". Any other value is rejected.

array

Patient

active

boolean

description

Mandatory.

The "active" boolean attribute stores the status of the individual.

Only individuals with an Active status are accepted on registration in Merative Integrated Care.

default

true

gender

string

description

Mandatory.

The "gender" attribute is used to submit the individual's gender.

enum

- male
- female
- other
- unknown

birthDate

string(*date*)

description

Mandatory.

The "birthDate" represents the date of birth of the individual.

Accepted format is yyyy-MM-dd.

deceasedBoolean boolean

description

Optional.

The "deceasedBoolean" boolean attribute communicates the deceased status of an individual. Merative Integrated Care supports registration of live individuals only.

default false

deceasedDate string(*date*)

description Optional.

The "deceasedDate" is the date of death of the individual.

Merative Integrated Care supports registration of live individuals only. Accepted format is yyyy-MM-dd.

default

source \$ref [CodeableConceptSource \(on page 1004\)](#)

originalSource \$ref [CodeableConceptOriginalSource \(on page 1005\)](#)

address array

maxItems 5

description Optional.

List of addresses for the individual. Up to 5 records can be provided.

items \$ref [Address \(on page 991\)](#)

maritalStatus object

description Marital (civil) status of an individual.

\$ref [CodeableConceptMS \(on page 1002\)](#)

telecom array

maxItems 5

description Optional.

A contact detail for the individual. Up to 5 records can be provided.

items \$ref [ContactPoint](#)

*(on page
999)*

name array

maxItems 5

description Mandatory.

Name records for the individual.

Up to 5 records can be provided.

One of the name records must be of 'official' use.

items \$ref [HumanName](#)

*(on page
996)*

identifier array

maxItems 10

description Optional.

List of identification records to be created when registering an individual.

Up to 10 identifications can be provided on registration.

items \$ref [PatientIdentifier](#)

*(on page
988)*

headerSources \$ref [HeaderSources](#)

*(on page
1006)*

type object

required

- active
- gender
- resourceType
- name
- birthDate
- source

GetPatientRegistration**Properties****resourceType** string**description**

Mandatory.

For individual registration, the expected resource type is "patient".
Any other value is rejected.

array Patient**gender** string**description**

Mandatory.

The "gender" attribute is used to submit the individual's gender.

enum

- male
- female
- other
- unknown

birthDate string(*date*)**description**

Mandatory.

The "birthDate" represents the date of birth of the individual.
Accepted format is yyyy-MM-dd.

name array

maxItems 5

description

Mandatory.

Name records for the individual.

Up to 5 records can be provided.

One of the name records must be of 'official' use.

items \$ref [HumanName](#)

(*on page*
996)

identifier array

maxItems 1

description

This list of identifications will include one record, the reference number for the client.

items \$ref [PatientIdentifier](#)

(*on page*
988)

type object

required

- gender
- resourceType
- name
- birthDate

PatientIdentifier

Properties

value string

description

Optional.

The identification value corresponds to the identification number in Merative Integrated Care.

If an identification resource is provided, a value must be provided.

maxLength	18
source	\$ref CodeableConceptSource <i>(on page 1004)</i>
originalSource	\$ref CodeableConceptOriginalSource <i>(on page 1005)</i>
type	object
	\$ref CodeableConceptPI <i>(on page 990)</i>
period	object
description	Optional.
	A period object stores the start and the end date of the enclosing record.
\$ref	Period (on page 989)

type object

Period

Properties

start string(*date*)

description	Optional.
	The start date of the record.

The expected format is yyyy-MM-dd.

end string(*date*)

description	Optional.
	The end date of the record.

If provided, the start date must also be provided.

The expected format is yyyy-MM-dd.

type object

CodeableConceptPI

Properties

coding array

maxItems 1

description

Optional.

The coding object stores the details of the identification type to be created for an individual.

It must be provided if an identification value is provided.

One coding per identification record can be provided.

items \$ref [CodingPI](#)

(on page

990)

type object

CodingPI

Properties

system string

description

Optional.

If provided, it must be "http://wcm/identification".

array

http://wcm/identification

code string

description

Optional.

This value stores the identification external system reference that a Merative Integrated

Care administrator user configured for an identification type.

It must be provided if an identification value is provided.

maxLength 20

type object

Address

Properties

use string

description
Optional.

The "use" value describes the purpose of the address record.

The values provided map to Merative Integrated Care address type attribute, as follows:

"home" > Residential

"work" > Work

"temp" > Temporary

"old" > Old

"mailing" > Mailing

"other" > Other

If no value is provided, the Merative Integrated Care default value of Residential will be applied.

enum

- home
- work
- temp
- old

- mailing
- other

state string

description
Optional.

This attribute stores the value for the US State. If provided, it must match one of the values of the enumeration.

enum

- AL
- AK
- AZ
- AR
- AS
- CA
- CT
- CO
- DE
- DC
- FL
- GA
- GU
- HI
- ID
- IL
- IN
- IA
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MS

- MO
- MP
- MT
- NE
- NV
- NH
- NJ
- NM
- NY
- NC
- ND
- OH
- OK
- OR
- PA
- PR
- RI
- SC
- SD
- TN
- TX
- UT
- VI
- VT
- VA
- WA
- WV
- WI
- WY

country string

description
Optional.

This attribute stores the value for country.

If provided, it must be US.

array US

source \$ref [CodeableConceptSource](#)

(on page 1004)

originalSource \$ref [CodeableConceptOriginalSource](#)

(on page 1005)

city string

description

Optional.

This attribute stores the value for city. This value is displayed in Merative Integrated Care with the same name.

maxLength 100

line1 string

description

Optional.

This attribute stores the value for the first of the 3 lines provided for address details.

maxLength 100

line2 string

description

Optional.

This attribute stores the value for the second of the 3 lines provided for address details.

maxLength 100

line3 string

description

Optional.

This attribute stores the value for the third of the 3 lines provided for address details.

maxLength 100

postalCode string

description

Optional.

This attribute stores the value for the postal code.

maxLength 100

identifier array

maxItems 3

description

Optional.

The identifier list of objects stores values of external identifiers for the enclosing record.

Identifier objects can be used to create and update records.

An external system can provide up to 3 identifiers for a record on registration.

For Example:

An address record that is created on registration, providing the following identifier:

```
identifier.type.text = "ExtSys1"
```

```
identifier.value = "698368"
```

can then be updated by invoking the Address PUT API and providing the identifier.

items [\\$ref Identifier](#)

(*on page*

996)

period object

description

Optional.

A period object stores the start and the end date of the enclosing record.

\$ref [Period \(*on page* 989\)](#)

type object

Identifier

Properties

value string

description

Optional.

This attribute stores the external identifier value. If provided, a type.text value must be provided.

maxLength 100

type object

description

Optional. This object stores the value for the identifier type.

\$ref [CodeableConcept \(on page 996\)](#)

type object

CodeableConcept

Properties

text string

description

Optional.

This attribute stores the value for the identification type. It must be provided if an identifier value is provided.

maxLength 100

type object

HumanName

Properties

use string

description

Mandatory.

The "use" value describes the purpose of the name record.

Available values to be used for the corresponding corresponding Merative Integrated Care name type values are listed below. The Merative Integrated Care name type values are displayed as they appear on the Client Data page when you view the name record:

"usual" > Preferred

"official" > Registered

"temp" > Temporary

"nickname" > Alias

"anonymous" > Anonymous

"old" > Old

"maiden" > Maiden

An individual who is registered in Merative Integrated Care must have 1 registered name. A POST request for registering an individual fails if a name with 'official' use is not provided.

An individual who is registered in Merative Integrated Care can have only 1 preferred name. A POST request for registering an individual fails if more than 1 names with 'usual' use are provided.

enum

- usual
- official
- temp
- nickname
- anonymous
- old
- maiden

family string

description

Mandatory.

The "family" attribute stores the value for the Merative Integrated Care "Last Name".

maxLength 65

given string

description

Mandatory.

The "given" attribute holds the value for the Merative integrated Care "First Name".

maxLength 65

prefix string

description

Optional.

The "prefix" attribute stores the title external system reference that a Merative Integrated Care administrator user configured.

maxLength 20

suffix string

description

Optional.

The "suffix" attribute stores the suffix external system reference that a Merative Integrated Care administrator user configured.

maxLength 20

middle string

description

Optional.

The "middle" attribute stores the value for the Merative Integrated Care "Middle Name".

maxLength 65

source \$ref [CodeableConceptSource](#)

(on page 1004)

originalSource \$ref [CodeableConceptOriginalSource](#)

(on page 1005)

identifier array

maxItems 3

description

Optional.

The identifier list of objects stores values of external identifiers for the enclosing record.

Identifier objects can be used to create and update records.

An external system can provide up to 3 identifiers for a record on registration.

For Example:

A name record that is created on registration, providing the following identifier:

```
identifier.type.text = "ExtSys1"
```

```
identifier.value = "698368"
```

can then be updated by invoking the Names PUT API and providing the identifier.

items	\$ref Identifier <i>(on page 996)</i>
--------------	--

type object

required

- family
- given
- use

ContactPoint

Properties

system string

description

Optional.

This attribute defines the communications system that is required to make use of the contact.

It must be provided if a telecom record is provided.

The "system" determines whether the record is a Merative Integrated Care email or phone data type.

If 'phone' is provided, this corresponds to a Merative Integrated Care phone record.

If 'email' is provided, this corresponds to a Merative Integrated Care email record.

enum

- phone
- email

value string

description

Optional.

It must be provided if a telecom record is provided.

This attribute holds the actual contact point details. If the "system" is 'phone', the value must not exceed 20 characters.

maxLength 256

use string

description

Optional.

The "use" attribute describes the purpose of the telecom record.

If the "system" is 'phone', the use value is mapped to a phone type, as follows:

"home" > Home

"work" > Work

"temp" > Temporary

"mobile" > Mobile

"old" > Old

If no value is provided, the Merative Integrated Care default value of Home is applied to the phone type.

If the "system" is 'email', the use value is mapped to an email type, as follows:

"home" > Personal

"work" > Work

"temp" > Temporary

"old" > Old

If no value is provided, the Merative Integrated Care default value of Personal is applied to the email type. A mobile "use" for an email is rejected.

enum

- home
- work
- temp
- mobile
- old

source \$ref [CodeableConceptSource](#)

(*on page 1004*)

originalSource \$ref [CodeableConceptOriginalSource](#)

(*on page 1005*)

identifier array

maxItems 3

description

Optional.

The identifier list of objects stores values of external identifiers for the enclosing record.

Identifier objects can be used to create and update records.

An external system can provide up to 3 identifiers for a record on registration.

For Example:

An email record that is created on registration, providing the following identifier:

```
identifier.type.text = "ExtSys1"
```

```
identifier.value = "698368"
```

can then be updated by invoking the Telecoms PUT API and providing the identifier.

items [\\$ref Identifier](#)

(on page 996)

period object

description Optional.

A period object stores the start and the end date of the enclosing record.

[\\$ref Period](#) *(on page 989)*

type object

CodeableConceptMS

Properties

coding array

maxItems 1

items [\\$ref CodingMS](#)

(on page 1003)

period object

description

Optional.

A Period
object stores

the start
and the end
date of the
enclosing
record.

\$ref [Period \(on page 989\)](#)

type object

CodingMS

Properties

system string

description
Optional.

If provided, it must be "http://hl7.org/fhir/v3/MaritalStatus".

array <http://hl7.org/fhir/v3/MaritalStatus>

code string

description
Optional.

The "code" value describes the civil marital status of the individual.

The value provided maps to Merative Integrated Care marital status attribute, as follows:

"L" > Legally Separated

"M" > Married

"T" > Life Partner

"S" > Single

"U" > Single

"W" > Widowed

"UNK" > Not Disclosed / Unknown

"A" > Annulled

"I" > Interlocutory

"P" > Polygamous

enum

- D
- L
- M
- T
- S
- U
- W
- UNK
- A
- I
- P

type object

CodeableConceptSource

Properties

text string

description
Optional

Textual description of codeable concept.

coding array

maxItems 1

items \$ref [CodingSource](#)
*(on page
1005)*

type object

CodingSource

Properties

system string

description
Required.

"http://wcm/source" for source.

array http://wcm/source

code string

description
Required.

The "code" value describes the source system.

The value provided maps to Merative Integrated Care source system.

maxLength 20

type object

array code

CodeableConceptOriginalSource

Properties

text string

description
Optional

Textual description of codeable concept.

coding array

maxItems 1

items \$ref CodingOriginalSource
(on page 1006)

type object

CodingOriginalSource

Properties

system string

description Required.

"http://wcm/originalsource" for orginal source.

array http://wcm/originalsource

code string

description Required.

The "code" value describes the original source system.

The value provided maps to Merative Integrated Care original source system.

maxLength 20

type object

array code

HeaderSources

Properties

birthDeathSource \$ref [CodeableConceptSource \(on page 1004\)](#)

genderSource \$ref [CodeableConceptSource \(on page 1004\)](#)

maritalStatusSource \$ref [CodeableConceptSource \(on page 1004\)](#)

birthDeathOriginalSource \$ref [CodeableConceptOriginalSource \(on page 1005\)](#)

genderOriginalSource \$ref CodeableConceptOriginalSource
(on page 1005)

maritalStatusOriginalSource \$ref CodeableConceptOriginalSource
(on page 1005)

type object

DefaultModelError

Properties

Error array

items \$ref Error (on
page 1007)

type object

Error

Properties

code integer(*int32*)

description A machine-readable code that identifies the problem. This does vary with the Accept-Language setting.

message string

description A human-readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text may change over time.

level string

description The level of the error.

type object

required

- code
- message
- level

(Demographics) Address API

Version:v1

By using the protected APIs that follow, you can send address updates for a client from an external system to Merative Integrated Care so that Merative Integrated Care accurately reflects the external system data. The API sends Merative Integrated Care updates for a client's residential, work, or mailing address. The client is identified when Merative Integrated Care receives the Merative Integrated Care client ID or the external ID and type (with or without the client's date of birth). The client's address record is identified when Merative Integrated Care receives an identifier type and record id for each address type.

Servers

<https://host/Rest>

API methods: Create an address

POST /v1/ees/individual_addresses

Create an address record for a client who is registered in Merative Integrated Care.

Creates a client address record based on an event in the external system that

initiates a transfer of valid data to Merative Integrated Care.

Example request

CURL

```
curl -X POST "https://host:port/Rest/v1/ees/individual_addresses" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Content-Type: application/json" -d "{ \"use\": \"home\", \"state\": \"NM\", \"country\": \"US\", \"resourceType\": \"Address\", \"source\": \"Dep. of Justice\", \"originalSource\": \"Officer\", \"city\": \"Santa Fe\", \"line1\": \"Apt. 9\", \"line2\": \"Park Avenue\", \"line3\": \"Cherrywood\", \"postalCode\": \"68954632\", \"identifier\": [ { \"value\": \"67974\"},
```

```

\"type\": {          \"text\": \"System 6\"      }    ],  \"period\": {      \"start\": \"2018-06-06\",      \"end\": \"\"
\"},  \"subject\": {      \"reference\": \"patient/identifiercode=ext, identifiervalue=12345\"  }}}"

```

JAVA

```

HttpResponse response = Unirest.post("https://host:port/Rest/v1/ees/individual_addresses")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body("{  \"use\": \"home\",  \"state\": \"NM\",  \"country\": \"US\",  \"resourceType\": \"Address\",
\"source\": \"Dep. of Justice\",  \"originalSource\": \"Officer\",  \"city\": \"Santa Fe\",  \"line1\": \"Apt.
9\",  \"line2\": \"Park Avenue\",  \"line3\": \"Cherrywood\",  \"postalCode\": \"68954632\",  \"identifier\": [
{
  \"value\": \"67974\",
  \"type\": {          \"text\": \"System 6\"      }    },  \"period\": {
      \"start\": \"2018-06-06\",      \"end\": \"\",
      \"subject\": {      \"reference\": \"patient/identifiercode=ext,
identifiervalue=12345\"  }}}")

```

```

.asString();

```

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

Request body

The inbound message that contains the information required to create a client address record.

Required:true

Media types

application/json

Schema [NewAddressCr](#)

(on page

1041)

Responses

201

The post request was successful.

Headers

Name	Description	Schema
Location	The location of the new resource.	type string

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible errors message:

EESERR161 - There are no matching individuals based on the ID entered.

EESERR165 - The individual ID value provided, ..., is invalid and not in the correct format.

EESERR180 - The identification details provided match multiple clients.

EESERR182 - The date value provided, ..., is invalid and not in the correct format.

EESERR183 - The date value provided, ..., is invalid.

EESERR193 - A valid reference number or 'identifier' and 'identifierValue' or or 'identifiercode' and 'identifierValue' must be provided.

EESERR641 - Failed to map values provided to Merative Integrated Care address type.

EESERR611 - Expected resourceType is Address.

EESERR518 - Only US addresses are supported.

EESERR519 - Address details must be provided if an address is provided.

EESERR600 - Invalid 'use' provided for address.

EESERR601 - Invalid 'state' provided for address.

EESERR504 - A subject reference must be provided.

EESERR635 - Failed to create a record.

EESERR651 - Failed to create a record: ...

EESERR357 - Values for identifier text and identifier value must be provided if identifier is provided.

EESERR358 - Max number of identifiers to be provided per record is 3.

EESERR350 - Identifiers for a client's record of the same type must be unique.

EESERR353 - Identifier ... - ... matches multiple Address records for this person.

EESERR354 - Resource id and identifier(s) match different Address records for this person.

EESERR352 - Address record with identifier ... - ... already exists for this person.

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR649 - Error:

EESERR650 - Error:

EESERR481 - Period start date must be before today's date.

EESERR482 - Period end date must be after start date.

EESERR483 - Period start date must be provide if end is provided.

EESERR484 - Period start date must be after patient's birth date.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1052](#))

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)
(*on page 1052*)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)
(*on page 1052*)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)
(*on page 1052*)

API methods: Update an address

PUT /v1/ees/individual_addresses

Update an address record for a client who is registered in Merative Integrated Care.

Updates a client's address assuming that a matching record is found when the external system initiates a transfer of valid data to Merative Integrated Care.

Merative Integrated Care identifies the record to be updated based on the external identifiers that the external system provides in the body. If no matching address record is found, Merative Integrated Care creates a new address record for the individual.

Example request

cURL

```
curl -X PUT "https://host:port/Rest/v1/ees/individual_addresses" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H
```

```
"X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Content-Type: application/json"
-d "{ \"use\": \"home\", \"state\": \"NM\", \"country\": \"US\", \"resourceType\": \"Address\", \"source\": \"Dep. of Justice\",
\"originalSource\": \"Officer\", \"city\": \"Santa Fe\", \"line1\": \"Apt. 9\", \"line2\": \"Park Avenue\",
\"line3\": \"Cherrywood\", \"postalCode\": \"68954632\", \"identifier\": [ { \"value\": \"67974\", \"type\": { \"text\": \"System 6\" } }, { \"period\": { \"start\": \"2018-06-06\", \"end\": \"\" } }, { \"subject\": { \"reference\": \"patient/identifiercode=ext, identifiervalue=12345\" } } ] }
```

JAVA

```
HttpResponse response = Unirest.put("https://host:port/Rest/v1/ees/individual_addresses")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("Referer", "curam://foundational.app")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Content-Type", "application/json")

.body("{ \"use\": \"home\", \"state\": \"NM\", \"country\": \"US\", \"resourceType\": \"Address\", \"source\": \"Dep. of Justice\",
\"originalSource\": \"Officer\", \"city\": \"Santa Fe\", \"line1\": \"Apt. 9\", \"line2\": \"Park Avenue\",
\"line3\": \"Cherrywood\", \"postalCode\": \"68954632\", \"identifier\": [ { \"value\": \"67974\", \"type\": { \"text\": \"System 6\" } }, { \"period\": { \"start\": \"2018-06-06\", \"end\": \"\" } }, { \"subject\": { \"reference\": \"patient/identifiercode=ext, identifiervalue=12345\" } } ] }")

.asString();
```

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

Request body

The inbound message that contains the information required to update a client address record.

Required:true

Media types

application/json

Schema [ModifiedAddressCr](#)

(on page 1036)

Responses

200

The put request was successful.

Media types

application/json

Schema [ModifiedAddressExt](#)

(*on page 1046*)

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages:

EESERR161 - There are no matching individuals based on the ID entered.

EESERR165 - The individual ID value provided, ..., is invalid and not in the correct format.

EESERR180 - The identification details provided match multiple clients.

EESERR182 - The date value provided, ..., is invalid and not in the correct format.

EESERR183 - The date value provided, ..., is invalid.

EESERR193 - A valid reference number or 'identifier' and 'identifierValue' or 'identifiercode' and 'identifierValue' must be provided.

EESERR631 - Address 'use' can't be updated with a value different from the existing one.

EESERR641 - Failed to map values provided to Merative Integrated Care address type.

EESERR611 - Expected resourceType is Address.

EESERR518 - Only US addresses are supported.

EESERR519 - Address details must be provided if an address is provided.

EESERR600 - Invalid 'use' provided for address.

EESERR601 - Invalid 'state' provided for address.

EESERR504 - A subject reference must be provided.

EESERR357 - Values for identifier text and identifier value must be provided if identifier is provided.

EESERR358 - Max number of identifiers to be provided per record is 3.

EESERR350 - Identifiers for a client's record of the same type must be unique.

EESERR353 - Identifier ... - ... matches multiple Address records for this person.

EESERR354 - Resource id and identifier(s) match different Address records for this person.

EESERR623 - The record was updated by a Care Manager, so it can't be updated by an external system.

EESERR637 - Failed to update a record.

EESERR652 - Failed to update a record: ...

EESERR351 - The resource id provided doesn't exist for a Address record for this person.

EESERR625 - The record was deleted by a Care Manager, so it can't be reactivated by an external system.

EESERR648 - Error reading the existing record .

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR647 - Error reading the existing record .

EESERR649 - Error:

EESERR650 - Error:

EESERR626 - The record doesn't exist.

EESERR356 - Resource ... doesn't exist.

EESERR481 - Period start date must be before today's date.

EESERR482 - Period end date must be after start date.

EESERR483 - Period start date must be provide if end is provided.

EESERR484 - Period start date must be after patient's birth date.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1052)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1052)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1052)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1052)

API methods: Update an address (by ID)

PUT /v1/ees/individual_addresses/{id}

Update an address record for a client who is registered in Merative Integrated Care.

Updates a client's address assuming that a matching record is found when the external system initiates a transfer of valid data to Merative Integrated Care.

Merative Integrated Care identifies the record to be updated based on the resource ID that the external system provides in the path and body.

Example request

CURL

```
curl -X PUT "https://host:port/Rest/v1/ees/individual_addresses/912" -H "accept: application/json" -H
"X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Referer: curam://foundational.app"
-H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json" -d
"{
  \"id\": \"912\",
  \"use\": \"home\",
  \"state\": \"NM\",
  \"country\": \"US\",
  \"resourceType\": \"Address\",
  \"source\": \"Dep. of Justice\",
  \"originalSource\": \"Officer\",
  \"city\": \"Santa Fe\",
  \"line1\": \"Apt. 9\",
  \"line2\": \"Park Avenue\",
  \"line3\": \"Cherrywood\",
  \"postalCode\": \"68954632\",
  \"identifier\": [
    {
      \"value\": \"67974\",
      \"type\": {
        \"text\": \"System 6\"
      }
    }
  ],
  \"period\": {
    \"start\": \"2018-06-06\",
    \"end\": \"\",
    \"subject\": {
      \"reference\": \"patient/identifiercode=ext,
      identifiervalue=12345\"
    }
  }
}"
```

JAVA

```
HttpResponse response = Unirest.put("https://host:port/Rest/v1/ees/individual_addresses/912")
  .header("accept", "application/json")
  .header("Authorization", "access_token")
  .header("X-GRANT-TYPE", "client_credentials")
  .header("X-WCM-TENANT-INSTANCE", "Tenant Instance")
  .header("X-WCM-TENANT-ID", "Tenant ID")
```

```
.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body("{  \"id\": \"912\",  \"use\": \"home\",  \"state\": \"NM\",  \"country\": \"US\",  \"resourceType\": \"Address\",  \"source\": \"Dep. of Justice\",  \"originalSource\": \"Officer\",  \"city\": \"Santa Fe\",  \"line1\": \"Apt. 9\",  \"line2\": \"Park Avenue\",  \"line3\": \"Cherrywood\",  \"postalCode\": \"68954632\",  \"identifier\": [    {      \"value\": \"67974\",      \"type\": {        \"text\": \"System 6\"      }    },    {      \"start\": \"2018-06-06\",      \"end\": \"\",      \"subject\": {        \"reference\": \"patient/identifiercode=ext, identifiervalue=12345\"      }    }  ],  \"period\": {    \"start\": \"2018-06-06\",    \"end\": \"\",    \"subject\": {      \"reference\": \"patient/identifiercode=ext, identifiervalue=12345\"    }  }}")

asString();
```

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(header)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(header)

type string

array The tenant instance.

required true

Authorization(header)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

id(*path*)

Mandatory. The "id" attribute stores the resource ID of the Address resource ID to be updated.

type string

maxLength 900

required true

Request body

The inbound message that contains the information required to update a client address record.

Required:true

Media types

application/json

Schema [ModifiedAddressExt](#)

(on page 1046)

Responses

200

The put request was successful.

Media types

application/json

Schema [ModifiedAddressExt](#)

(on page 1046)

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages:

EESERR161 - There are no matching individuals based on the ID entered.

EESERR165 - The individual ID value provided, ..., is invalid and not in the correct format.

EESERR180 - The identification details provided match multiple clients.

EESERR182 - The date value provided, ..., is invalid and not in the correct format.

EESERR183 - The date value provided, ..., is invalid.

EESERR193 - A valid reference number or 'identifier' and 'identifierValue' or or 'identifiercode' and 'identifierValue' must be provided.

EESERR631 - Address 'use' can't be updated with a value different from the existing one.

EESERR641 - Failed to map values provided to Merative Integrated Care address type.

EESERR611 - Expected resourceType is Address.

EESERR518 - Only US addresses are supported.

EESERR519 - Address details must be provided if an address is provided.

EESERR600 - Invalid 'use' provided for address.

EESERR601 - Invalid 'state' provided for address.

EESERR504 - A subject reference must be provided.

EESERR357 - Values for identifier text and identifier value must be provided if identifier is provided.

EESERR358 - Max number of identifiers to be provided per record is 3.

EESERR350 - Identifiers for a client's record of the same type must be unique.

EESERR353 - Identifier ... - ... matches multiple Address records for this person.

EESERR354 - Resource id and identifier(s) match different Address records for this person.

EESERR623 - The record was updated by a Care Manager, so it can't be updated by an external system.

EESERR637 - Failed to update a record.

EESERR652 - Failed to update a record: ...

EESERR351 - The resource id provided doesn't exist for a Address record for this person.

EESERR625 - The record was deleted by a Care Manager, so it can't be reactivated by an external system.

EESERR648 - Error reading the existing record .

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR647 - Error reading the existing record .

EESERR649 - Error:

EESERR650 - Error:

EESERR626 - The record doesn't exist.

EESERR356 - Resource ... doesn't exist.

EESERR481 - Period start date must be before today's date.

EESERR482 - Period end date must be after start date.

EESERR483 - Period start date must be provide if end is provided.

EESERR484 - Period start date must be after patient's birth date.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 1052*)

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1052](#))

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1052](#))

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1052](#))

API methods: Delete an address

DELETE /v1/ees/individual_addresses/{id}

Delete an address record for a client who is registered in Merative Integrated Care.

Deletes a client's address based on a delete event in the external system that

initiates a transfer of information to Merative Integrated Care. Merative Integrated Care identifies the record to be deleted based on the resource ID that the external system provides.

Example request

CURL

```
curl -X DELETE "https://host:port/Rest/v1/ees/individual_addresses/123" -H "accept: application/json" -H
"X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Referer: curam://foundational.app"
```

JAVA

```
HttpResponse response = Unirest.delete("https://host:port/Rest/v1/ees/individual_addresses/123")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.asString();
```

Parameters

Referer(*header*)

type string
array curam://foundational.app
required true

X-WCM-TENANT-ID(*header*)

type string
array The tenant ID.
required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

id(*path*)

Mandatory. The "id" attribute stores the resource ID of the ContactPoint record to be deleted.

type string

maxLength 64

required true

Responses

204

The delete request was successful.

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages returned:

EESERR627 - The address record can't be deleted if only 1 exists.

EESERR624 - The record was updated by a Care Manager, so it can't be deleted by an external system.

EESERR638 - Failed to delete a record.

EESERR653 - Failed to delete a record:

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR647 - Error reading the existing record .

EESERR649 - Error:

EESERR650 - Error:

EESERR626 - The record doesn't exist.

EESERR356 - Resource ... doesn't exist.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1052)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1052)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1052)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 1052*)

Components

Schemas

NewPeriod

Properties

start string(*date*)

description

Optional.

The start date of the record. The expected format is yyyy-MM-dd.

end string(*date*)

description

Optional.

The end date of the record. If provided, also the Start date must be provided. The expected format is yyyy-MM-dd.

type object

ModifiedPeriod

Properties

start string(*date*)

description

Optional.

The start date of the record. The expected format is yyyy-MM-dd.

end string(*date*)

description

Optional.

The end date of the record. If provided, also the Start date must be provided. The expected format is yyyy-MM-dd.

type object

NewIdentifier

Properties

value string

description

Optional.

This attribute stores the external identifier value. If provided, a type.text value must be provided.

maxLength 100

type \$ref [NewCodeableConcept](#)

(on page 1029)

type object

NewCodeableConcept

Properties

text string

description

Optional.

This attribute stores the value for the identifier type.

It must be provided if an identifier value is provided.

maxLength 100

type object

CodeableConceptSource

Properties

text string

description Optional

Textual description of codeable concept.

coding array

maxItems 1

items \$ref CodingSource

(*on page
1030*)

type object

CodingSource

Properties

system string

description Required.

"http://wcm/source" for source.

array http://wcm/source

code string

description Required.

The "code" value describes the source system.

The value provided maps to Merative Integrated Care Source System

maxLength 20

type object**array** code

CodeableConceptOriginalSource

Properties

text string**description**
Optional

Textual description of codeable concept.

coding array**maxItems** 1**items** \$ref CodingOriginalSource
*(on page 1031)***type** object

CodingOriginalSource

Properties

system string**description**
Required.

"http://wcm/originalsource" for orginal source.

array http://wcm/originalsource**code** string**description**
Required.

The "code" value describes the original source system.

The value provided maps to Merative Integrated Care Original Source System

maxLength 20

type object

array code

ModifiedSubject

Properties

reference string

description

The Subject object is used to identify an individual in Merative Integrated Care.

The "reference" String is expected to contain identifier details that will be used to match an individual in Merative Integrated Care.

The string is parsed to extract query parameters and associated values.
It can contain a combination of

(1) Merative Integrated Care Patient ID (i.e. Merative Integrated Care Reference Number),

(2) Merative Integrated Care Identification External System Reference and Identification number,

(3) Merative Integrated Care Identification Type and Identification number,

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

(5) Merative Integrated Care Identification Type and Identification number and birthDate.

For example:

(1) Merative Integrated Care Patient ID

```
"subject": {  
  
    "reference" : "patient/123      " }
```

(2) Merative Integrated Care Identification External System Reference and Identification number

```

"subject":{

    "reference" : "patient/identifiercode=xwz, identifiervalue=239"
}

```

- (3) Merative Integrated Care Identification External System Reference and Identification number,

```

"subject":{

    "reference" : "patient/identifier=Passport, identifiervalue=239"
}

```

- (4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

```

"subject":{

    "reference" : "patient/identifiercode=xwz, identifiervalue=239,
    birthDate=19380821"
}

```

- (5) Merative Integrated Care Identification Type and Identification number and birthDate,

```

"subject":{

    "reference" : "patient/identifiercode=Passport, identifiervalue=239,
    birthDate=19380821"
}

```

maxLength 150

type object

array reference

NewSubject

Properties

reference string

description

The Subject object is used to identify an individual in Merative Integrated Care.

The "reference" String is expected to contain identifier details that will be used to match an individual in Merative Integrated Care.

The string is parsed to extract query parameters and

associated values. It can contain a combination of

(1) Merative Integrated Care Patient ID (i.e. Merative Integrated Care Reference Number),

(2) Merative Integrated Care Identification External System Reference and Identification number,

(3) Merative Integrated Care Identification Type and Identification number,

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

(5) Merative Integrated Care Identification Type and Identification number and birthDate.

For example:

(1) Merative Integrated Care Patient ID

```
"subject":{  
  
    "reference" : "patient/123      " }
```

(2) Merative Integrated Care Identification External System Reference and Identification number

```
"subject":{  
  
    "reference" : "patient/identifiercode=xwz, identifiervalue=239" }
```

(3) Merative Integrated Care Identification External System Reference and Identification number,

```
"subject":{  
  
    "reference" : "patient/identifier=Passport, identifiervalue=239" }
```

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

```
"subject":{

    "reference" : "patient/identifiercode=xwz, identifiervalue=239,
    birthDate=19380821" }
```

(5) Merative Integrated Care Identification Type and Identification number and birthDate,

```
"subject":{

    "reference" : "patient/identifiercode=Passport, identifiervalue=239,
    birthDate=19380821" }
```

maxLength 150

type object

array reference

ModifiedIdentifier

Properties

value string

description

Optional.

This attribute stores the external identifier value.

If provided, a type.text value must be provided.

maxLength 100

type object

description

Optional.

This object stores the value for the Identifier type.

\$ref [ModifiedCodeableConcept \(on page 1036\)](#)

type object

ModifiedCodeableConcept

Properties

text string

description

Optional.

This attribute stores the value for the Identification type.

It must be provided if an identifier value is provided.

maxLength 100

type object

ModifiedAddressCr

Properties

resourceType string

description

Mandatory.

For Addresses APIs, the expected resource type is "Address".

array

Address

use

string

description

Optional.

The "use" value describes the purpose of the address record.

The values provided map to Merative Integrated Care Address Type attribute, as follows:

"home" > Residential

"work" > Work

"temp" > Temporary

"old" > Old

"mailing" > Mailing

"other" > Other

If no value is provided for 'use' in the PUT request, the 'use' value of the existing record will be applied.

In Merative Integrated Care, the Address Type value can't be updated. If in the PUT request a 'use' value provided different from the one of the existing record is provided, the update request will be rejected.

enum

- home
- work
- temp
- old
- mailing
- other

state string

description

Optional.

This attribute stores the value for the US State. If provided, it must match one of the values of the enumeration.

enum

- AL
- AK
- AZ
- AR
- CA
- CO
- CT
- DE
- DC
- FL
- GA

- HI
- ID
- IL
- IN
- IA
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MS
- MO
- MT
- NE
- NV
- NH
- NJ
- NM
- NY
- NC
- ND
- OH
- OK
- OR
- PA
- PR
- RI
- SC
- SD
- TN
- TX
- UT
- VT
- VA

- WA
- WV
- WI
- WY

country string

description
Optional.

This attribute stores the value for country.

If provided, it must be valid for the USA.

array US

source \$ref [CodeableConceptSource \(on page 1030\)](#)

originalSource \$ref [CodeableConceptOriginalSource \(on page 1031\)](#)

city string

description
Optional.

This attribute stores the value for city. It is displayed in Merative Integrated Care with the same name.

maxLength 100

line1 string

description
Optional.

This attribute stores the value for the first out of the 3 lines provided for address details.

maxLength 100

line2 string

description
Optional.

This attribute stores the value for the second line of 3 lines provided for address details.

maxLength 100

line3 string

description

Optional.

This attribute stores the value for the third line of 3 lines provided for address details.

maxLength 100

postalCode string

description

Optional.

This attribute stores the value for the postal code.

maxLength 100

identifier array

maxItems 3

description

Optional.

The Identifier list of objects stores values of external identifiers for the enclosing record.

Identifier objects can be used to create and update records.

An external system can create record identifiers when creating or updating a record. An external system can provide up to 3 identifiers for a record, for each REST call.

An individual's record can be identified using external identifiers.

When invoking this PUT API, if identifiers provided match an address record for this individual, the record is updated. If no address record is matched, a new address record is created.

For Example:

An Address record that was created providing this identifier:

```
identifier.type.text = "ExtSys1"
```

```
identifier.value = "698368"
```

can then be updated invoking this API and providing the same identifier.

items [\\$ref ModifiedIdentifier](#)

(on page 1035)

period object

description

Optional. A Period object stores the start and the end date of the enclosing record.

\$ref [ModifiedPeriod \(on page 1028\)](#)

subject object

description

A Subject object stores the reference to the Patient the record belongs to.

\$ref [ModifiedSubject \(on page 1032\)](#)

type object

required

- resourceType
- subject

NewAddressCr

Properties

resourceType string

description

Mandatory.

For Addresses APIs, the expected resource type is "Address".

array Address

use string

description

Optional.

The "use" value describes the purpose of the address record.

The values provided map to Merative Integrated Care Address Type attribute, as follows: "home" > Residential "work" > Work "temp" > Temporary "old" > Old "mailing" > Mailing "other" > Other

If no value is provided, the Merative Integrated Care default value of Residential is applied.

enum

- home
- work
- temp
- old
- mailing
- other

state string

description

Optional.

This attribute stores the value for the US State. If provided, it must match one of the values of the enumeration.

enum

- AL
- AK
- AZ
- AR
- CA
- CO
- CT
- DE
- DC
- FL
- GA
- HI

- ID
- IL
- IN
- IA
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MS
- MO
- MT
- NE
- NV
- NH
- NJ
- NM
- NY
- NC
- ND
- OH
- OK
- OR
- PA
- PR
- RI
- SC
- SD
- TN
- TX
- UT
- VT
- VA
- WA

- WV
- WI
- WY

country string

description
Optional.

This attribute stores the value for country.

If provided, it must be US.

array US

source \$ref [CodeableConceptSource](#)

(*on page 1030*)

originalSource \$ref [CodeableConceptOriginalSource](#)

(*on page 1031*)

city string

description
Optional.

This attribute stores the value for city. It gets displayed in Merative Integrated Care with the same name.

maxLength 100

line1 string

description
Optional.

This attribute stores the value for the first of 3 lines provided for address details.

maxLength 100

line2 string

description
Optional.

This attribute stores the value for the second of 3 lines provided for address details.

	maxLength 100
line3	string
	description
	Optional.
	This attribute stores the value for the third of 3 lines provided for address details.
	maxLength 100
postalCode	string
	description
	Optional.
	This attribute stores the value for the postal code.
	maxLength 100
identifier	array
	maxItems 3
	description
	Optional.
	The Identifier list of objects stores values of external identifiers for the enclosing record.
	Identifier objects can be used to create and update records.
	An external system can create record identifiers when creating or updating a record. An external system can provide up to 3 identifiers for a record, for each REST call.
	An individual's record can be identified using external identifiers.
	When invoking this PUT API, if identifiers provided match an address record for this individual, the record is updated. If no address record is matched, a new address record is created.
	For Example:
	An Address record that was created providing this identifier:

```
identifier.type.text = "ExtSys1"
```

```
identifier.value = "698368"
```

can be updated by invoking this API and providing the same identifier.

items [\\$ref NewIdentifier](#)

([on page 1029](#))

period object

description

Optional.

A Period object stores the start and the end date of the enclosing record.

\$ref [NewPeriod \(\[on page 1028\]\(#\)\)](#)

subject [\\$ref NewSubject](#)

([on page 1033](#))

type object

required

- resourceType
- subject

ModifiedAddressExt

Properties

resourceType string

description

Mandatory.

For Addresses APIs, the expected resource type is "Address". Any other value is rejected.

array Address

id string

description

Mandatory.

The "id" attribute stores the Address resource ID for the record.

maxLength 64

use string

description

Optional.

The "use" value describes the purpose of the address record.

The values provided map to Merative Integrated Care Address Type attribute, as follows:

"home" > Residential

"work" > Work

"temp" > Temporary

"old" > Old

"mailing" > Mailing

"other" > Other

If no value is provided for 'use' in the PUT request, the 'use' value of the existing record is applied.

In Merative Integrated Care, the Address Type value can't be updated. If in the PUT request, a 'use' value provided different from the one of the existing record is provided, the update request is rejected.

enum

- home
- work
- temp
- old
- mailing
- other

state string

description

Optional.

This attribute stores the value for the US State. If provided, it must match one of the values of the enumeration.

enum

- AL
- AK
- AZ
- AR
- CA
- CO
- CT
- DE
- DC
- FL
- GA
- HI
- ID
- IL
- IN
- IA
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MS
- MO
- MT
- NE
- NV
- NH

- NJ
- NM
- NY
- NC
- ND
- OH
- OK
- OR
- PA
- PR
- RI
- SC
- SD
- TN
- TX
- UT
- VT
- VA
- WA
- WV
- WI
- WY

country string

description
Optional.

This attribute stores the value for country. If provided, it must be US.

array US

source \$ref [CodeableConceptSource](#)
(*on page 1030*)

originalSource \$ref [CodeableConceptOriginalSource](#)
(*on page 1031*)

city string

description
Optional.

This attribute stores the value for city. It is displayed in Merative Integrated Care with the same name.

maxLength 100

line1 string

description

Optional.

This attribute stores the value for the first of 3 lines provided for address details.

maxLength 100

line2 string

description

Optional.

This attribute stores the value for the second of 3 lines provided for address details.

maxLength 100

line3 string

description

Optional.

This attribute stores the value for the third of 3 lines provided for address details.

maxLength 100

postalCode string

description

Optional.

This attribute stores the value for the postal code.

maxLength 100

identifier array

maxItems 3

description

Optional.

The Identifier list of objects stores values of external identifiers for the enclosing record.

Identifier objects can be used to create and update records.

An external system can create record identifiers when creating or updating a record. An external system can provide up to 3 identifiers for a record, for each REST call.

An individual's record can be identified using external identifiers.

When invoking this PUT API, if identifiers provided match an address record for this individual, the record is updated. If no address record is matched, a new address record is created.

For Example:

An Address record that was created providing this identifier:

```
identifier.type.text = "ExtSys1"  
identifier.value = "698368"
```

can then be updated invoking this API and providing the same identifier.

items \$ref [NewIdentifier](#)
(on page 1029)

period object

description
Optional.

A Period object stores the start and the end date of the enclosing record.

\$ref [ModifiedPeriod \(on page 1028\)](#)

subject object

description
A Subject object stores the reference to the Patient that the record belongs to.

\$ref [ModifiedSubject \(on page 1032\)](#)

type object

required

- resourceType
- subject
- id

DefaultModelError

Properties

Error array

items \$ref [Error \(on page 1052\)](#)

type object

Error

Properties

code integer(*int32*)

description

A machine-readable code that identifies the problem. This does not vary with the Accept-Language setting.

message string

description

A human-readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text may change over time.

level string

description

The level of the error.

type object

required

- code
- message
- level

(Demographics) Telecoms API

Version:v1

By using the protected APIs that follow, you can send email and phone contact updates for a client from an external system to Merative Integrated Care so that Merative Integrated Care accurately reflects the external system data. The API sends Merative Integrated Care updates for a client's phone contact (home, mobile, work, other) or email address contact (personal, business, other). The client is identified when Merative Integrated Care receives the Merative Integrated Care client ID or the external ID and type (with or without the client's date of birth). The client's email or phone contact record is identified when Merative Integrated Care receives an identifier type and record id for each contact type.

Servers

<https://host/Rest>

API methods: Create a contact point

POST /v1/ees/individual_telecoms

Create a contact point record for a client who is registered in Merative Integrated Care.

Creates a client's contact point record based on an event in the external system that initiates a transfer of valid data to Merative Integrated Care.

Example request

CURL

```
curl -X POST "https://host:port/Rest/v1/ees/individual_telecoms" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json" -d
"{
  \"system\": \"phone\",
  \"value\": \"09090909\",
  \"use\": \"home\",
  \"resourceType\": \"ContactPoint\",
  \"source\": \"Dept. of Justice\",
  \"originalSource\": \"Officer\",
  \"identifier\": [
    {
      \"value\": \"DepJu\"
    }
  ]
}"
```

```

  \\"type\\": {          \\\"text\\": \\\"345672\\\"      }    ],  \\\"period\\": {     \\\"start\\": \\\"2015-12-12\\\",     \\\"end\\\":
\\\"2016-12-12\\\"  },  \\\"subject\\": {      \\\"reference\\": \\\"patient/identifiercode=RTSD, identifiervalue=693\\\"  }\\}}

```

JAVA

```

HttpResponse response = Unirest.post("https://host:port/Rest/v1/ees/individual_telecoms")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body("{
  \\\"system\\": \\\"phone\\\",  \\\"value\\": \\\"09090909\\\",  \\\"use\\\": \\\"home\\\",  \\\"resourceType\\\":
\\\"ContactPoint\\\",  \\\"source\\\": \\\"Dept. of Justice\\\",  \\\"originalSource\\\": \\\"Officer\\\",  \\\"identifier\\\": [
    {
      \\\"value\\\": \\\"DepJu\\\",      \\\"type\\\": {          \\\"text\\": \\\"345672\\\"      }    ],  \\\"period\\\": {     \\\"start\\":
\\\"2015-12-12\\\",     \\\"end\\\": \\\"2016-12-12\\\"  },  \\\"subject\\\": {      \\\"reference\\": \\\"patient/identifiercode=RTSD,
identifiervalue=693\\\"  }\\"})
}

.asString();

```

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)**type** string**array** The tenant ID.**required** true**X-WCM-TENANT-INSTANCE(*header*)****type** string**array** The tenant instance.**required** true**Authorization(*header*)****type** string**array** The Access Token.**required** true**X-GRANT-TYPE(*header*)****type** string**array** client_credentials**required** true**Request body**

The inbound message that contains the information required to update a client's contact point record.

Required:true**Media types****application/json****Schema** [NewContactPointCr](#)*(on page 1082)***Responses****201**

The post request was successful.

Headers

Name	Description	Schema
Location	The location of the new resource.	type string

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible errors message:

EESERR161 - There are no matching individuals based on the ID entered.

EESERR165 - The individual ID value provided, ..., is invalid and not in the correct format.

EESERR180 - The identification details provided match multiple clients.

EESERR182 - The date value provided, ..., is invalid and not in the correct format.

EESERR183 - The date value provided, ..., is invalid.

EESERR193 - A valid reference number or 'identifier' and 'identifierValue' or or 'identifiercode' and 'identifierValue' must be provided.

EESERR612 - Expected resourceType is ContactPoint.

EESERR505 - Invalid 'system' provided for contact point record.

EESERR642 - Failed to map values provided to Merative Integrated Care email type.

EESERR509 - The 'use' provided for contact point 'email' is not supported.

EESERR506 - The 'system' provided for contact point is not supported.

EESERR507 - A 'value' must be provided if contact point is provided.

EESERR508 - A 'use' for contact point must be provided if contact point is provided.

EESERR602 - A 'system' must be specified if contact point is provided.

EESERR643 - Failed to map values provided to Merative Integrated Care phone type.

EESERR511 - The 'use' provided for contact point 'phone' is not supported.

EESERR512 - The 'value' for contact point 'phone' must not exceed 20 characters.

EESERR504 - A subject reference must be provided.

EESERR635 - Failed to create a record.

EESERR651 - Failed to create a record: ...

EESERR357 - Values for identifier text and identifier value must be provided if identifier is provided.

EESERR358 - Max number of identifiers to be provided per record is 3.

EESERR350 - Identifiers for a client's record of the same type must be unique.

EESERR353 - Identifier ... - ... matches multiple ContactPoint records for this person.

EESERR354 - Resource id and identifier(s) match different ContactPoint records for this person.

EESERR352 - ContactPoint record with identifier ... - ... already exists for this person.

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR649 - Error:

EESERR650 - Error:

EESERR481 - Period start date must be before today's date.

EESERR482 - Period end date must be after start date.

EESERR483 - Period start date must be provided if end is provided.

EESERR484 - Period start date must be after patient's birth date.

Media types

application/json

Schema DefaultErrorModel

(on page 1081)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1081)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1081)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1081)

API methods: Update a contact point

PUT /v1/ees/individual_telecoms

Update a contact point record for a client who is registered in Merative Integrated Care.

Updates a client's contact point record assuming that a matching record is found when the external system initiates a transfer of valid data to Merative Integrated Care.

Merative Integrated Care identifies the record to be updated based on the external identifiers that the external system provides in the body. If no matching contact point record is found, Merative Integrated Care creates a new contact point record for the individual.

Example request

cURL

```
curl -X PUT "https://host:port/Rest/v1/ees/individual_telecoms" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json" -d "{ \"system\": \"phone\", \"value\": \"05059595\", \"use\": \"home\", \"resourceType\": \"ContactPoint\", \"source\": \"Local Office\", \"originalSource\": \"Officer\", \"identifier\": [ { \"value\": \"OffID\" }, { \"text\": \"33677\" } ], \"period\": { \"start\": \"2018-06-06\", \"end\": \"\" }, \"type\": { \"text\": \"33677\" } }, { \"subject\": { \"reference\": \"patient/identifiercode=STID, identifiervalue=7772346537\" } }"
```

JAVA

```
HttpResponse response = Unirest.put("https://host:port/Rest/v1/ees/individual_telecoms")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body("{ \"system\": \"phone\", \"value\": \"05059595\", \"use\": \"home\", \"resourceType\": \"ContactPoint\", \"source\": \"Local Office\", \"originalSource\": \"Officer\", \"identifier\": [ { \"value\": \"OffID\" }, { \"text\": \"33677\" } ], \"period\": { \"start\": \"2018-06-06\", \"end\": \"\" }, \"type\": { \"text\": \"33677\" } }, { \"subject\": { \"reference\": \"patient/identifiercode=STID, identifiervalue=7772346537\" } } )"

.asString();
```

Parameters

Referer(*header*)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

Request body

The inbound message that contains the information required to update a client's contact point record.

Required:true

Media types

application/json

Schema [ModifiedContactPointCr](#)
(*on page 1085*)

Responses

200

The put request was successful.

Media types

application/json

Schema [ModifiedContactPointExt](#)
(*on page 1089*)

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages:

EESERR161 - There are no matching individuals based on the ID entered.

EESERR165 - The individual ID value provided, ..., is invalid and not in the correct format.

EESERR180 - The identification details provided match multiple clients.

EESERR182 - The date value provided, ..., is invalid and not in the correct format.

EESERR183 - The date value provided, ..., is invalid.

EESERR193 - A valid reference number or 'identifier' and 'identifierValue' or 'identifiercode' and 'identifierValue' must be provided.

EESERR612 - Expected resourceType is ContactPoint.

EESERR505 - Invalid 'system' provided for contact point record.

EESERR642 - Failed to map values provided to Merative Integrated Care email type.

EESERR509 - The 'use' provided for contact point 'email' is not supported.

EESERR506 - The 'system' provided for contact point is not supported.

EESERR507 - A 'value' must be provided if contact point is provided.

EESERR508 - A 'use' for contact point must be provided if contact point is provided.

EESERR602 - A 'system' must be specified if contact point is provided.

EESERR643 - Failed to map values provided to Merative Integrated Care phone type.

EESERR511 - The 'use' provided for contact point 'phone' is not supported.

EESERR512 - The 'value' for contact point 'phone' must not exceed 20 characters.

EESERR357 - Values for identifier text and identifier value must be provided if identifier is provided.

EESERR358 - Max number of identifiers to be provided per record is 3.

EESERR350 - Identifiers for a client's record of the same type must be unique.

EESERR353 - Identifier ... - ... matches multiple ContactPoint records for this person.

EESERR354 - Resource id and identifier(s) match different ContactPoint records for this person.

EESERR623 - The record was updated by a Care manager, so it can't be updated by an external system.

EESERR637 - Failed to update a record.

EESERR652 - Failed to update a record: ...

EESERR351 - The resource id provided doesn't exist for a ContactPoint record for this person.

EESERR625 - The record was deleted by a Care manager, so it can't be reactivated by an external system.

EESERR648 - Error reading the existing record .

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR647 - Error reading the existing record .

EESERR649 - Error:

EESERR650 - Error:

EESERR626 - The record doesn't exist.

EESERR356 - Resource ... doesn't exist.

EESERR481 - Period start date must be before today's date.

EESERR482 - Period end date must be after start date.

EESERR483 - Period start date must be provide if end is provided.

EESERR484 - Period start date must be after patient's birth date.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1081)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1081)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1081)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json**Schema DefaultErrorModel***(on page 1081)*

API methods: Update a contact point (by ID)

PUT /v1/ees/individual_telecoms/{id}

Update a contact point record for a client who is registered in Merative Integrated Care.

Updates a client's contact point record assuming that a matching record is found when the external system initiates a transfer of valid data to Merative Integrated Care.

Merative Integrated Care identifies the record to be updated based on the resource ID that the external system provides in the path and body.

Example request

cURL

```
curl -X PUT "https://host:port/Rest/v1/ees/individual_telecoms/13427653876" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json" -d "{ \"system\": {\"email\": \"mypersonal@email.com\", \"use\": \"home\", \"id\": \"13427653876\", \"resourceType\": \"ContactPoint\", \"source\": \"self Reported\", \"originalSource\": \"Self reported\", \"identifier\": [ { \"value\": \"265486578\", \"type\": { \"text\": \"System7\" } } ], \"period\": { \"start\": \"2016-09-09\", \"end\": \"\", \"subject\": { \"reference\": \"patient/identifiercode=RTCD, identifiervalue=87546\" } } }
```

JAVA

```
HttpResponse response = Unirest.put("https://host:port/Rest/v1/ees/individual_telecoms/13427653876")

.header("accept", "application/json")

.header("Authorization", "access_token")
```

```

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body("{ \"system\": {\"email\": \"value\": \"mypersonal@email.com\", \"use\": \"home\", \"id\": \"13427653876\", \"resourceType\": \"ContactPoint\", \"source\": \"self Reported\", \"originalSource\": \"Self reported\", \"identifier\": [ { \"value\": \"265486578\", \"type\": { \"text\": \"System7\" } } ], \"period\": { \"start\": \"2016-09-09\", \"end\": \"\", \"subject\": { \"reference\": \"patient/identifiercode=RTCD, identifiervalue=87546\" } } } }")

.asString();

```

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(header)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(header)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

id(*path*)

Mandatory.

The "id" attribute holds the resource ID of the ContactPoint record.

type string

maxLength 900

required true

Request body

Required:true

Media types

application/json

Schema [ModifiedContactPointExt](#)

(*on page 1089*)

Responses

200

The put request was successful.

Media types

application/json

Schema [ModifiedContactPointExt](#)
(on page 1089)

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages:

EESERR161 - There are no matching individuals based on the ID entered.

EESERR165 - The individual ID value provided, ..., is invalid and not in the correct format.

EESERR180 - The identification details provided match multiple clients.

EESERR182 - The date value provided, ..., is invalid and not in the correct format.

EESERR183 - The date value provided, ..., is invalid.

EESERR193 - A valid reference number or 'identifier' and 'identifierValue' or or 'identifiercode' and 'identifierValue' must be provided.

EESERR612 - Expected resourceType is ContactPoint.

EESERR505 - Invalid 'system' provided for contact point record.

EESERR642 - Failed to map values provided to Merative Integrated Care email type.

EESERR509 - The 'use' provided for contact point 'email' is not supported.

EESERR506 - The 'system' provided for contact point is not supported.

EESERR507 - A 'value' must be provided if contact point is provided.

EESERR508 - A 'use' for contact point must be provided if contact point is provided.

EESERR602 - A 'system' must be specified if contact point is provided.

EESERR643 - Failed to map values provided to Merative Integrated Care phone type.

EESERR511 - The 'use' provided for contact point 'phone' is not supported.

EESERR512 - The 'value' for contact point 'phone' must not exceed 20 characters.

EESERR357 - Values for identifier text and identifier value must be provided if identifier is provided.

EESERR358 - Max number of identifiers to be provided per record is 3.

EESERR350 - Identifiers for a client's record of the same type must be unique.

EESERR353 - Identifier ... - ... matches multiple ContactPoint records for this person.

EESERR354 - Resource id and identifier(s) match different ContactPoint records for this person.

EESERR623 - The record was updated by a Care manager, so it can't be updated by an external system.

EESERR637 - Failed to update a record.

EESERR652 - Failed to update a record: ...

EESERR351 - The resource id provided doesn't exist for a ContactPoint record for this person.

EESERR625 - The record was deleted by a Care manager, so it can't be reactivated by an external system.

EESERR648 - Error reading the existing record.

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR647 - Error reading the existing record.

EESERR649 - Error:

EESERR650 - Error:

EESERR626 - The record doesn't exist.

EESERR356 - Resource ... doesn't exist.

EESERR481 - Period start date must be before today's date.

EESERR482 - Period end date must be after start date.

EESERR483 - Period start date must be provide if end is provided.

EESERR484 - Period start date must be after patient's birth date.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1081](#))

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1081](#))

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1081](#))

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1081](#))

API methods: Delete a contact point

DELETE /v1/ees/individual_telecoms/{id}

Delete a contact point record for a client who is registered in Merative Integrated Care.

Deletes a client's contact point record based on a delete event in the external system that initiates a transfer of information to Merative Integrated Care. WMerative Integrated Care identifies the record to be deleted based on the resource ID that the external system provides.

Example request

CURL

```
curl -X DELETE "https://host:port/Rest/v1/ees/individual_telecoms/586789" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials"
```

JAVA

```
HttpResponse response = Unirest.delete("https://host:port/Rest/v1/ees/individual_telecoms/586789")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("Referer", "curam://foundational.app")

.asString();
```

Parameters

Referer(*header*)

type string

array curam://foundational.app

requiredtrue

X-WCM-TENANT-ID(*header*)**type** string**array** The tenant ID.**required** true**X-WCM-TENANT-INSTANCE(*header*)****type** string**array** The tenant instance.**required** true**Authorization(*header*)****type** string**array** The Access Token.**required** true**X-GRANT-TYPE(*header*)****type** string**array** client_credentials**required** true**id(*path*)**

Mandatory.

The "id" attribute holds the resource ID of the ContactPoint record to be deleted.

type string**maxLength** 64**required** true**Responses****204**

The delete request was successful.

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages returned:

EESERR624 - The record was updated by a Care Manager, so it can't be deleted by an external system.

EESERR638 - Failed to delete a record.

EESERR653 - Failed to delete a record:

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR647 - Error reading the existing record .

EESERR649 - Error:

EESERR650 - Error:

EESERR626 - The record doesn't exist.

EESERR356 - Resource ... doesn't exist.

Media types

application/json

Schema [DefaultModelError](#)

(*on page 1081*)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultModelError](#)

(*on page 1081*)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 1081*)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 1081*)

Components

Schemas

NewPeriod

Properties

start `string(date)`

description

Optional.

The start date of the record. The expected format is yyyy-MM-dd.

end `string(date)`

description

Optional.

The end date of the record. If provided, the start date must also be provided. The expected format is yyyy-MM-dd.

type object

ModifiedPeriod

Properties

start string(*date*)

description

Optional.

The start date of the record. The expected format is yyyy-MM-dd.

end string(*date*)

description

Optional.

The end date of the record. If provided, the start date must also be provided. The expected format is yyyy-MM-dd.

type object

NewIdentifier

Properties

value string

description

Optional.

This attribute stores the external identifier value. If provided, a type.text value must be provided.

maxLength 100

type \$ref [NewCodeableConcept](#)

(*on page 1074*)

type object

NewCodeableConcept

Properties

text string

description

Optional.

This attribute stores the value for the identifier type. It must be provided if an identifier value is provided.

maxLength 100

type object

CodeableConceptSource

Properties

text string

description
Optional

Textual description of codeable concept.

coding array

maxItems 1

items \$ref CodingSource
*(on page
1075)*

type object

CodingSource

Properties

system string

description
Required.

"http://wcm/source" for source.

array http://wcm/source

code string

description
Required.

The "code" value describes the source system.

The value provided maps
to Merative Integrated Care
Source System

maxLength 20

type object

array code

CodeableConceptOriginalSource

Properties

text string

description
Optional

Textual description of codeable concept.

coding array

maxItems 1

items \$ref [CodingOriginalSource](#)
(on page 1076)

type object

CodingOriginalSource

Properties

system string

description
Required.

"http://wcm/originalsource" for orginal source.

array http://wcm/originalsource

code string

description
Required.

The "code" value describes the original source system.

The value provided maps to Merative Integrated Care Original Source System

maxLength 20

type object

array code

ModifiedSubject

Properties

reference string

description

The Subject object is used to identify an individual in Merative Integrated Care.

The "reference" String is expected to contain identifier details that are used to match an individual in Merative Integrated Care.

The string is parsed to extract query parameters and associated values.
It can contain a combination of

(1) Merative Integrated Care Patient ID (i.e. Merative Integrated Care Reference Number),

(2) Merative Integrated Care Identification External System Reference and Identification number,

(3) Merative Integrated Care Identification Type and Identification number,

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

(5) Merative Integrated Care Identification Type and Identification number and birthDate.

For example:

(1) Merative Integrated Care Patient ID

```
"subject":{  
  
    "reference" : "patient/123      " }
```

(2) Merative Integrated Care Identification External System Reference and Identification number

```
"subject":{  
  
    "reference" : "patient/identifiercode=xwz, identifiervalue=239"}
```

(3) Merative Integrated Care Identification External System Reference and Identification number,

```
"subject":{  
  
    "reference" : "patient/identifier=Passport, identifiervalue=239" }
```

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

```
"subject":{  
  
    "reference" : "patient/identifiercode=xwz, identifiervalue=239,  
    birthDate=19380821" }
```

(5) Merative Integrated Care Identification Type and Identification number and birthDate,

```
"subject":{  
  
    "reference" : "patient/identifiercode=Passport, identifiervalue=239,  
    birthDate=19380821" }
```

maxLength 150

type object

NewSubject

Properties

reference string**description**

The Subject object is used to identify an individual in Merative Integrated Care.

The "reference" String is expected to contain identifier details that are used to match an individual in Merative Integrated Care.

The string is parsed to extract query parameters and associated values.
It can contain a combination of

(1) Merative Integrated Care Patient ID (i.e. Merative Integrated Care Reference Number),

(2) Merative Integrated Care Identification External System Reference and Identification number,

(3) Merative Integrated Care Identification Type and Identification number,

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

(5) Merative Integrated Care Identification Type and Identification number and birthDate.

For example:

(1) Merative Integrated Care Patient ID

```
"subject": {
    "reference" : "patient/123"
}
```

(2) Merative Integrated Care Identification External System Reference and Identification number

```
"subject": {
    "reference" : "patient/identifiercode=xwz, identifiervalue=239"
}
```

(3) Merative Integrated Care Identification External System Reference and Identification number,

```
"subject":{  
  
    "reference" : "patient/identifier=Passport, identifiervalue=239" }
```

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

```
"subject":{  
  
    "reference" : "patient/identifiercode=xwz, identifiervalue=239,  
    birthDate=19380821" }
```

(5) Merative Integrated Care Identification Type and Identification number and birthDate,

```
"subject":{  
  
    "reference" : "patient/identifiercode=Passport, identifiervalue=239,  
    birthDate=19380821" }
```

maxLength 150

type object

ModifiedIdentifier

Properties

value string

description
Optional.

This attribute stores the external identifier value. If provided, a type.text value must be provided.

maxLength 100

type object

description
Optional. This object stores the value for the Identifier type.

\$ref [ModifiedCodeableConcept \(on page 1081\)](#)

type object

ModifiedCodeableConcept

Properties

text string

description
Optional.

This attribute stores the value for the Identification type. It must be provided if an identifier value is provided.

maxLength 100

type object

DefaultErrorModel

Properties

Error array

items \$ref Error ([on page 1081](#))

type object

Error

Properties

code integer(*int32*)

description
A machine-readable code that identifies the problem. This does not vary with the Accept-Language setting.

message string

description
A human-readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text may change over time.

level string

description

The level of the error.

type object

required

- code
- message
- level

NewContactPointCr

Properties

resourceType string

description

Mandatory.

The expected resource type for Telecoms API is "ContactPoint". Any other value is rejected.

array ContactPoint

system string

description

Mandatory.

This attribute defines the communications system that is required to make use of the contact.

The value that is provided for this attribute determines whether the ContactPoint record is a Merative Integrated Care Email or Phone data type.

If 'phone' is provided, this corresponds to a Merative Integrated Care Phone record.

If 'email' is provided, this corresponds to a Merative Integrated Care Email record.

enum

- phone
- email

value string

description

Mandatory.

This attribute stores the actual contact point details.

If the "system" for the ContactPoint record is 'phone', the value must not exceed 20 characters.

maxLength 256

use string

description

Optional.

The "use" attribute describes the purpose of the ContactPoint record.

If the "system" for the ContactPoint record is 'phone', the use value will be mapped to a Phone Type, as follows:

"home" > Home

"work" > Work

"temp" > Temporary

"mobile" > Mobile

"old" > Old

If no value is provided, the Merative Integrated Care default value of Home will be applied to Phone Type.

If the "system" for the ContactPoint record is 'email', the use value will be mapped to a Email Type, as follows:

"home" > Personal

"work" > Work

"temp" > Temporary

"old" > Old

If no value is provided, the Merative Integrated Care default value of Personal will be applied to Email type. A mobile "use" for an email will be rejected.

enum

- home
- work
- temp
- mobile
- old

source \$ref [CodeableConceptSource](#)

(on page 1075)

originalSource \$ref [CodeableConceptOriginalSource](#)

(on page 1076)

identifier array

description

Optional.

The Identifier list of objects stores values of external identifiers for the enclosing record.

Identifier objects can be used to create and update records.

An external system can provide up to 3 identifiers for a record.

When a record is created with an external identifier, the same identifier that is provided can be used to identify a record. Therefore send a PUT request to update the record.

For Example:

A contactPoint record is created providing an identifier with the following values:

```
identifier.type.text = "ExtSys1"
```

```
identifier.value = "698368"
```

A PUT request with an updated content and identifier as follows:

```
identifier.type.text = "ExtSys1"
```

```
identifier.value = "698368"
```

can be sent using the following url:

```
/Rest/v1/ees/individual_telecoms
```

The contactPoint record will be updated.

maxItems 3

items \$ref [NewIdentifier](#)

(*on page 1074*)

period object

description

Optional.

A Period object stores the start and the end date of the enclosing record.

\$ref [NewPeriod \(on page 1073\)](#)

subject object

description

A Subject object stores the reference to the Patient the record belongs to.

\$ref [NewSubject \(on page 1078\)](#)

type object

required

- system
- resourceType
- subject
- value

ModifiedContactPointCr

Properties

resourceType string

description

Mandatory.

The expected resource type for Telecoms API is "ContactPoint". Any other value is rejected.

array ContactPoint

system string

description

Mandatory.

This attribute defines the communications system that is required to make use of the contact.

The value provided for this attribute determines whether the ContactPoint record is a Merative Integrated Care Email or Phone data type.

A ContactPoint record that is created as an Email can't be updated providing a 'phone' system.

enum

- phone
- email

value string

description

Mandatory.

This attribute stores the actual contact point details.

If the "system" for the ContactPoint record is 'phone', the value must not exceed 20 characters.

maxLength 256

use string

description

Optional.

The "use" attribute describes the purpose of the ContactPoint record.

If the "system" for the ContactPoint record is 'phone', the use value will be mapped to a Phone Type, as follows:

"home" > Home

"work" > Work

"temp" > Temporary

"mobile" > Mobile

"old" > Old

If no value is provided, the Merative Integrated Care default value of Home is applied to Phone Type.

If the "system" for the ContactPoint record is 'email', the use value will be mapped to a Email Type, as follows:

"home" > Personal

"work" > Work

"temp" > Temporary

"old" > Old

If no value is provided, the Merative Integrated Care default value of Personal is applied to Email type. A mobile "use" for an email is rejected.

enum

- home
- work
- temp
- mobile
- old

source \$ref [CodeableConceptSource](#)
(on page 1075)

originalSource \$ref [CodeableConceptOriginalSource](#)

(on page 1076)

identifier array

description Optional.

The Identifier list of objects stores values of external identifiers for the enclosing record.

Identifier objects can be used to create and update records.

An external system can create record identifiers when creating or updating a record. An external system can provide up to 3 identifiers for a record, for each REST call.

An individual's record can be identified using external identifiers.

When invoking this PUT API, if identifiers that are provided match a contactPoint record for this individual, the record is updated. If no contactPoint record is matched, a new contactPoint record is created.

For Example:

A contactPoint record that was created providing this identifier:

```
identifier.type.text = "ExtSys1"
```

```
identifier.value = "698368"
```

can then be updated invoking this API and providing the same identifier.

maxItems 3

items \$ref [ModifiedIdentifier](#)

(on page 1080)

period object

description Optional.

A Period object stores the start and the end date of the enclosing record.

\$ref [ModifiedPeriod \(on page 1074\)](#)

subject object

description

A Subject object stores the reference to the Patient the record belongs to.

\$ref [ModifiedSubject \(on page 1077\)](#)

type object

required

- system
- resourceType
- subject
- value

ModifiedContactPointExt

Properties

resourceType string

description

Mandatory.

The expected resource type for Telecoms API is "ContactPoint". Any other value is rejected.

array ContactPoint

id string

description

Mandatory.

The "id" attribute stores the resource ID of the ContactPoint record.

maxLength 900

system string

description

Mandatory.

This attribute defines the communications system that is required to make use of the contact.

The value that is provided for this attribute determines whether the ContactPoint record is a Merative Integrated Care Email or Phone data type.

A ContactPoint record created as an Email can't be updated providing a 'phone' system.

enum

- phone
- email

value string

description

Mandatory.

This attribute stores the actual contact point details.

If the "system" for the ContactPoint record is 'phone', the value must not exceed 20 characters.

maxLength 256

use string

description

Optional.

The "use" attribute describes the purpose of the ContactPoint record.

If the "system" for the ContactPoint record is 'phone', the use value will be mapped to a Phone Type, as follows:

"home" > Home

"work" > Work

"temp" > Temporary

"mobile" > Mobile

"old" > Old

If no value is provided, the Merative Integrated Care default value of Home is applied to Phone Type.

If the "system" for the ContactPoint record is 'email', the use value will be mapped to a Email Type, as follows:

"home" > Personal

"work" > Work

"temp" > Temporary

"old" > Old

If no value is provided, the Merative Integrated Care default value of Personal is applied to Email type. A mobile "use" for an email will be rejected.

enum

- home
- work
- temp
- mobile
- old

source \$ref [CodeableConceptSource](#)

(*on page 1075*)

originalSource \$ref [CodeableConceptOriginalSource](#)

(*on page 1076*)

identifier array

maxItems 3

description

Optional.

The Identifier list of objects stores values of external identifiers for the enclosing record.

Identifier objects can be used to create and update records.

An external system can create record identifiers when creating or updating a record. An external system can provide up to 3 identifiers for a record, for each REST call.

An individual's record can be identified using external identifiers.

When invoking this PUT API, identifiers are evaluated before they are added to the record to be updated:

- If no other contactPoint record exists with any of these identifiers exist for this individual, the identifiers are added to this record in Merative Integrated Care.
- If another contactPoint record already exists in Merative Integrated Care for this individual with one of the identifiers provided, the request fails.
- If identifiers already exist for a contactPoint record for this individual and the resource ID provided is the one of the contactPoint record, the update is successful.

items \$ref [ModifiedIdentifier](#)
(on page 1080)

period object

description
Optional.

A Period object stores the start and the end date of the enclosing record.

\$ref [ModifiedPeriod \(on page 1074\)](#)

subject object

description
A Subject object stores the reference to the Patient the record belongs to.

\$ref [ModifiedSubject \(on page 1077\)](#)

type object

required

- system
- resourceType
- subject
- value

Client Demographics API

Version:v1

By using the protected APIs that follow, you can send updates to a client's demographics details from an external system to Merative Integrated Care, which includes a client's date of birth and death, gender, and marital status. The client is identified when Merative Integrated Care receives the Merative Integrated Care client ID or the external ID and type. The client's demographics record is identified when Merative Integrated Care receives an identifier type and record id for each data type.

Servers

[host/Rest](#)

API methods: Update a client's demographic details (by ID)

PUT /v1/ees/individual_headers/{id}

Update the demographic details of a client who is registered in Merative Integrated Care.

Updates a client's date of birth/death, gender, and marital status records assuming that a matching record is found when the external system initiates a transfer of valid data to Merative Integrated Care. Merative Integrated Care identifies the record to be updated based on the individual's resource ID that the external system provides in the path and the body.

Example request

cURL

```
curl -X PUT "https://host:port/v1/ees/individual_headers/375476597" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "accept: application/json" -H "Content-Type: application/json" -d "{ \"id\": \"375476597\", \"active\": true, \"birthDate\": \"1999-03-03\", \"deceasedBoolean\": false, \"deceasedDate\": \"\", \"resourceType\": \"Patient\", \"source\": \"Reported by Care Assistant\", \"originalSource\": \"Self\" }
```

```

reported\", \"maritalStatus\": { \"coding\": [ { \"system\": \"http://hl7.org/fhir/v3/MaritalStatus\",
  \"code\": \"D\" } ], \"period\": { \"start\": \"2018-02-03\", \"end\": \"\" } },
  \"gender\": { \"gender\": \"male\", \"period\": { \"start\": \"\", \"end\": \"\" } } }"
}

JAVA

HttpResponse response = Unirest.put("https://host:port/Rest/v1/ees/individual_headers/375476597")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body("{ \"id\": \"375476597\", \"active\": true, \"birthDate\": \"1999-03-03\", \"deceasedBoolean\": false,
  \"deceasedDate\": \"\", \"resourceType\": \"Patient\", \"source\": \"Reported by Care Assistant\",
  \"originalSource\": \"Self reported\", \"maritalStatus\": { \"coding\": [ { \"system\": \"http://hl7.org/fhir/v3/MaritalStatus\",
    \"code\": \"D\" } ], \"period\": { \"start\": \"2018-02-03\", \"end\": \"\" } }, \"gender\": { \"gender\": \"male\", \"period\": { \"start\": \"\",
      \"end\": \"\" } } } }

.asString();

```

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

id(*path*)

Mandatory.

The "id" attribute holds the Individual resource ID. This corresponds to the Merative Integrated Care Client Reference Number.

type string

maxLength 900

required true

Request body

The inbound message that contains the information required to update a client's demographic details.

Required:true

Media types

application/json

Schema [PatientUpdateExt](#)

(on page 1104)

Responses

200

The put request was successful.

Media types

application/json

Schema [PatientUpdateExt](#)

(on page 1104)

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages:

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR647 - Error reading the existing record .

EESERR481 - Period start date must be before today's date.

EESERR482 - Period end date must be after start date.

EESERR483 - Period start date must be provide if end is provided.

EESERR484 - Period start date must be after patient's birth date.

EESERR610 - Expected resourceType is Patient.

EESERR503 - Patient's status must be active.

EESERR485 - Patient's birth date must be provided.

EESERR486 - Patient's birth date must be before today's date.

EESERR488 - Deceased date can't be before date of birth.

EESERR489 - Deceased date can't be in the future.

EESERR493 - Only accepted system for marital status code is fhir Marital status.

EESERR494 - A marital status code must be provided when Marital status is provided.

EESERR495 - Invalid code provided for 'marital status'.

EESERR501 - A gender value must be provided.

EESERR502 - Invalid code provided for 'gender'.

EESERR633 - ... record can't be updated or created if the care manager doesn't add an end date.

EESERR634 - Invalid request.

EESERR644 - Failed to map values provided to Merative Integrated Care gender type.

EESERR645 - Failed to map values provided to Merative Integrated Care marital status type.

EESERR635 - Failed to create a record.

EESERR651 - Failed to create a record: ...

EESERR640 - Failed to map values provided to Merative Integrated Care birth/death type.

EESERR623 - The record was updated by a Care manager, so it can't be updated by an external system.

EESERR637 - Failed to update a record.

EESERR652 - Failed to update a record: ...

EESERR648 - Error reading the existing record .

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1113)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1113)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1113)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1113)

API methods: Update a client's demographic details

PUT /v1/ees/individual_headers

Update the demographic details of a client who is registered in Merative Integrated Care.

Updates a client's date of birth/death, gender, and marital status records assuming that a matching record is found when the external system initiates a transfer of valid data to Merative Integrated Care. Merative

Integrated Care identifies the record to be updated based on the individual's identification details that the external system provides in the Subject reference field.

Example request

CURL

```
curl -X PUT "https://host:port/Rest/v1/ees/individual_headers" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json" -d "{ \"resourceType\": \"Patient\", \"active\": true, \"birthDate\": \"1998-09-01\", \"deceasedBoolean\": false, \"deceasedDate\": \"\", \"source\": \"Self reported\", \"originalSource\": \"N.a.\", \"maritalStatus\": { \"coding\": [ { \"system\": \"http://hl7.org/fhir/v3/MaritalStatus\", \"code\": \"D\" } ], \"period\": { \"start\": \"2018-03-01\", \"end\": \"\" } }, \"gender\": { \"gender\": \"male\", \"period\": { \"start\": \"\", \"end\": \"\" } }, \"subject\": { \"reference\": \"patient/identifiercode=YUTR\", identifiervalue=7838984 } }"
```

JAVA

```
HttpResponse response = Unirest.put("https://host:port/Rest/v1/ees/individual_headers/375476597")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body("{ \"resourceType\": \"Patient\", \"active\": true, \"birthDate\": \"1998-09-01\", \"deceasedBoolean\": false, \"deceasedDate\": \"\", \"source\": \"Self reported\", \"originalSource\": \"N.a.\", \"maritalStatus\": { \"coding\": [ { \"system\": \"http://hl7.org/fhir/v3/MaritalStatus\", \"code\": \"D\" } ], \"period\": { \"start\": \"2018-03-01\", \"end\": \"\" } }, \"gender\": { \"gender\": \"male\", \"period\": { \"start\": \"\", \"end\": \"\" } }, \"subject\": { \"reference\": \"patient/identifiercode=YUTR\", identifiervalue=7838984 } }")
```

```
{
    "coding": [
        {
            "system": "http://hl7.org/fhir/v3/MaritalStatus",
            "code": "D"
        }
    ],
    "period": {
        "start": "2018-03-01",
        "end": "\u2022"
    },
    "gender": {
        "male"
    },
    "period": {
        "start": "\u2022",
        "end": "\u2022"
    },
    "subject": {
        "reference": "patient/identifiercode=YUTR",
        "identifiervalue": 7838984
    }
}

.asString();
```

Parameters

Referer(*header*)

type string
array curam://foundational.app
required true

X-WCM-TENANT-ID(*header*)

type string
array The tenant ID.
required true

X-WCM-TENANT-INSTANCE(*header*)

type string
array The tenant instance.
required true

Authorization(*header*)

type string
array The Access Token.
required true

X-GRANT-TYPE(*header*)

type string
array client_credentials
required true

Request body

The inbound message that contains the information required to update a client's demographic details.

Required:true

Media types

application/json

Schema [PatientUpdate](#)

([on page
1108](#))

Responses

200

The put request was successful.

Media types

application/json

Schema [PatientUpdateRet](#)

([on page 1106](#))

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages:

EESERR161 - There are no matching individuals based on the ID entered.

EESERR193 - A valid reference number or 'identifier' and 'identifierValue' or or 'identifiercode' and 'identifierValue' must be provided.

EESERR182 - The date value provided, %1s, is invalid and not in the correct format.

EESERR183 - The date value provided, %1s, is invalid.

EESERR165 - The individual ID value provided, %1s, is invalid and not in the correct format.

EESERR180 - The identification details provided match multiple clients.

EESERR359 - Resource %1s is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR647 - Error reading the existing record .

EESERR481 - Period start date must be before today's date.

EESERR482 - Period end date must be after start date.

EESERR483 - Period start date must be provide if end is provided.

EESERR484 - Period start date must be after patient's birth date.

EESERR610 - Expected resourceType is Patient.

EESERR503 - Patient's status must be active.

EESERR485 - Patient's birth date must be provided.

EESERR486 - Patient's birth date must be before today's date.

EESERR488 - Deceased date can't be before date of birth.

EESERR489 - Deceased date can't be in the future.

EESERR493 - Only accepted system for marital status code is fhir Marital status.

EESERR494 - A marital status code must be provided when Marital status is provided.

EESERR495 - Invalid code provided for 'marital status'.

EESERR501 - A gender value must be provided.

EESERR502 - Invalid code provided for 'gender'.

EESERR633 - ... record can't be updated or created if the care manager doesn't add an end date.

EESERR634 - Invalid request.

EESERR644 - Failed to map values provided to Merative Integrated Care gender type.

EESERR645 - Failed to map values provided to Merative Integrated Care marital status type.

EESERR635 - Failed to create a record.

EESERR651 - Failed to create a record: ...

EESERR640 - Failed to map values provided to Merative Integrated Care birth/death type.

EESERR623 - The record was updated by a Care manager, so it can't be updated by an external system.

EESERR637 - Failed to update a record.

EESERR652 - Failed to update a record: ...

EESERR648 - Error reading the existing record .

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1113)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1113)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1113)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1113](#))

Components

Schemas

PatientUpdateExt

Properties

resourceType string

description Mandatory.

For updates, the expected resource type is "Patient". Any other value is rejected.

array Patient

id string

description Mandatory.

The "id" attribute stores the individual resource ID. This corresponds to the Merative Integrated Care Client Reference Number.

maxLength 900

active boolean

description Mandatory.

The "active" boolean attribute stores the status of the individual. Only updates with an active status are accepted.

default true

birthDate string(*date*)

description Mandatory.

The "birthDate" represents the date of birth of the individual.
Accepted format is yyyy-MM-dd.

deceasedBoolean boolean

description

Optional.

The "deceasedBoolean" boolean attribute communicates the deceased status of an individual. If a "true" value is received and no deceasedDate is provided, the date of death is set to the date of the received update.

deceasedDate string(*date*)

description

Optional.

The "deceasedDate" is the date of death of the individual.
Accepted format is yyyy-MM-dd.

source string

description

Optional.

The "source" attribute stores the source value for birth date, gender, marital status records.

maxLength 100

originalSource string

description

Optional.

The "originalSource" attribute stores the source value for birth date, gender, marital status records.

maxLength 100

maritalStatus object

description

Marital (civil) status of a Patient.

\$ref CodeableConceptMS (*on page 1111*)

gender object

\$ref [Gender](#)
(on page
1113)

type object

required

- id
- active
- birthDate
- resourceType
- gender

PatientUpdateRet

Properties

resourceType string

description Mandatory.

For updates, the expected resource type is "Patient". Any other value is rejected.

array Patient

active boolean

description Mandatory.

The "active" boolean attribute stores the status of the individual. Only updates with an active status are accepted.

default true

birthDate string(*date*)

description Mandatory.

The "birthDate" represents the date of birth of the individual. Accepted format is yyyy-MM-dd.

deceasedBoolean boolean

description

Optional.

The "deceasedBoolean" boolean attribute communicates the deceased status of an individual. If a "true" value is received and no deceasedDate is provided, the date of death is set to the date of the received update.

deceasedDate string(*date*)

description

Optional.

The "deceasedDate" is the date of death of the individual.
Accepted format is yyyy-MM-dd.

source string

description

Optional.

The "source" attribute stores the source value for birth date, gender, marital status records.

maxLength 100

originalSource string

description

Optional.

The "originalSource" attribute stores the source value for birth date, gender, marital status records.

maxLength 100

maritalStatus object

description

Marital (civil) status of an individual.

\$ref

[CodeableConceptMS \(on page 1111\)](#)

gender object

\$ref [Gender](#)

(*on page
1113*)

subject object

description

A Subject object stores the reference to the individual the record belongs to.

\$ref [Subject \(*on page 1114*\)](#)

type object

required

- active
- birthDate
- resourceType
- gender
- subject

PatientUpdate

Properties

resourceType string

description

Mandatory.

For updates, the expected resource type is "Patient". Any other value is rejected.

array Patient

active boolean

description

Mandatory.

The "active" boolean attribute stores the status of the individual. Only updates with an active status are accepted.

default true

birthDate string(*date*)

description
Mandatory.

The "birthDate" represents the date of birth of the individual.
Accepted format is yyyy-MM-dd.

deceasedBoolean boolean

description
Optional.

The "deceasedBoolean" boolean attribute communicates the deceased status of an individual. If a "true" value is received and no deceasedDate is provided, the date of death is set to the date of the received update.

deceasedDate string(*date*)

description
Optional.

The "deceasedDate" is the date of death of the individual.
Accepted format is yyyy-MM-dd.

source string

description
Optional.

The "source" attribute stores the source value for birth date, gender, marital status records.

maxLength 100

originalSource string

description
Optional.

The "originalSource" attribute stores the source value for birth date, gender, marital status records.

maxLength 100

maritalStatus object

description
Marital (civil) status of an individual.

	\$ref	CodeableConceptMS (<i>on page 1111</i>)
gender		object
	\$ref	Gender (<i>on page 1113</i>)
subject		object
	description	A Subject object holds the reference to the individual the record belongs to.
	\$ref	Subject (<i>on page 1114</i>)
type		object
required		<ul style="list-style-type: none">• active• birthDate• resourceType• gender• subject

Period

Properties

start string(*date*)

description
Optional.

The start date of the record.

The expected format is yyyy-MM-dd.

end string(*date*)

description
Optional.

The end date of the record.

If provided, the start date must also be provided.

The expected format is yyyy-MM-dd.

type object

CodeableConceptMS

Properties

coding array

maxItems 1

items \$ref [CodingMS](#)

([on page 1111](#))

period object

description

Optional.

A Period object stores the start and the end date of the enclosing record.

\$ref

[Period \(on page 1110\)](#)

type object

CodingMS

Properties

system string

description

Optional.

If provided, it must be "http://hl7.org/fhir/v3/MaritalStatus".

array http://hl7.org/fhir/v3/MaritalStatus
code string

description
Optional.

The "code" value describes the civil marital status of the individual.

The value provided maps to Merative Integrated Care Marital Status attribute, as follows:

"D" > Divorced

"L" > Legally Separated

"M" > Married

"T" > Life Partner

"S" > Single

"U" > Single

"W" > Widowed

"UNK" > Not Disclosed / Unknown

"A" > Annulled

"I" > Interlocutory

"P" > Polygamous

enum

- D
- L
- M
- T
- S
- U
- W
- UNK

- A
- I
- P

type object

Gender

Properties

gender string

description
Mandatory.

The "gender" attribute is used to submit the individual's gender.

enum

- male
- female
- other
- unknown

period object

description
Optional.

A Period object stores the start and the end date of the enclosing record.

\$ref [Period \(on page 1110\)](#)

type object

array gender

DefaultModelError

Properties

Error array

items \$ref [Error \(on page 1114\)](#)

type object

Error

Properties

code integer(*int32*)

description

A machine-readable code that identifies the problem. This does vary with the Accept-Language setting.

message string

description

A human-readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text may change over time.

level string

description

The level of the error.

type object

required

- code
- message
- level

Subject

Properties

reference string

description

The Subject object is used to identify the individual using identification details.

The "reference" String is expected to contain details that are used to match an individual in Merative Integrated Care.

The string is parsed to extract query parameters and associated values. It can contain a combination of

- (1) Merative Integrated Care Individual ID (i.e. Merative Integrated Care Reference Number),
- (2) Merative Integrated Care Identification External System Reference and Identification number,
- (3) Merative Integrated Care Identification Type and Identification number,
- (4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,
- (5) Merative Integrated Care Identification Type and Identification number and birthDate.

For example:

- (1) Merative Integrated Care Individual ID

```
"subject":{  
  
    "reference" : "patient/123      " }
```

- (2) Merative Integrated Care Identification External System Reference and Identification number

```
"subject":{  
  
    "reference" : "patient/identifiercode=xwz, identifiervalue=239"}
```

- (3) Merative Integrated Care Identification External System Reference and Identification number,

```
"subject":{  
  
    "reference" : "patient/identifier=Passport, identifiervalue=239" }
```

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

```
"subject":{  
  
    "reference" : "patient/identifiercode=xwz, identifiervalue=239,  
    birthDate=19380821" }
```

(5) Merative Integrated Care Identification Type and Identification number and birthDate,

```
"subject":{  
  
    "reference" : "patient/identifiercode=Passport, identifiervalue=239,  
    birthDate=19380821" }
```

maxLength 150

type object

array reference

(Demographics) Identification API

Version:v1

By using the protected APIs that follow, you can send identification updates for a client from an external system to Merative Integrated Care so that Merative Integrated Care accurately reflects the external system data. The client is identified when Merative Integrated Care receives the Merative Integrated Care client ID or the external ID and type (with or without the client's date of birth). The client's identification record is identified when Merative Integrated Care receives an identifier type and record id for each identification.

Servers

<https://host/Rest>

API methods: Create an identification

POST /v1/ees/individual_identities

Create an identification record for a client who is registered in Merative Integrated Care.

Create a client's identification record based on an event in the external system that initiates a transfer of valid data to Merative Integrated Care.

Example request

CURL

```
curl -X POST "https://host:port/Rest/v1/ees/individual_identifications" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Content-Type: application/json" -d "{ \"resourceType\": \"Identification\", \"value\": 69365799, \"source\": { \"text\": \"string\", \"coding\": [ { \"system\": \"http://wcm/source\", \"code\": \"XWZS\" } ] }, \"originalSource\": { \"text\": \"string\", \"coding\": [ { \"system\": \"http://wcm/originalsource\", \"code\": \"OSSXWZ\" } ] }, \"type\": { \"coding\": [ { \"system\": \"http://wcm/identification\", \"code\": \"IDESR\" } ] }, \"identifier\": [ { \"value\": 698368, \"type\": { \"text\": \"ExtSys1\" } }, { \"period\": { \"start\": \"2019-01-14\", \"end\": \"\" }, \"subject\": { \"reference\": \"patient/identifiercode=xwz, identifiervalue=239\" } } ] }
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/ees/individual_identifications")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body("{ \"resourceType\": \"Identification\", \"value\": 69365799, \"source\": { \"text\": \"string\", \"coding\": [ { \"system\": \"http://wcm/source\", \"code\": \"XWZS\" } ] }, \"originalSource\": { \"text\": \"string\", \"coding\": [ { \"system\": \"http://wcm/originalsource\", \"code\": \"OSSXWZ\" } ] }, \"type\": { \"coding\": [ { \"system\": \"http://wcm/identification\", \"code\": \"IDESR\" } ] }, \"identifier\": [ { \"value\": 698368, \"type\": { \"text\": \"ExtSys1\" } }, { \"period\": { \"start\": \"2019-01-14\", \"end\": \"\" }, \"subject\": { \"reference\": \"patient/identifiercode=xwz, identifiervalue=239\" } } ] }
```

```
\\"string\\", \\"coding\\": [ { \\"system\\": \\"http://wcm/originalsource\\", \\"code\\": \\"OSSXWZ\\" } ] }, \\"type\\":\n{ \\"coding\\": [ { \\"system\\": \\"http://wcm/identification\\", \\"code\\": \\"IDESR\\" } ] }, \\"identifier\\": [ { \\"value\\":\n698368, \\"type\\": { \\"text\\": \\"ExtSys1\\" } } ], \\"period\\": { \\"start\\": \\"2019-01-14\\", \\"end\\": \\"\\" },\n\"subject\\": { \\"reference\\": \\"patient/identifiercode=xwz, identifiervalue=239\\" } } })\n\n.asString();
```

Parameters

Referer(*header*)

type string
array curam://foundational.app
required true

X-WCM-TENANT-ID(*header*)

type string
array The tenant ID.
required true

X-WCM-TENANT-INSTANCE(*header*)

type string
array The tenant instance.
required true

Authorization(*header*)

type string
array The Access Token.
required true

X-GRANT-TYPE(*header*)

type string
array client_credentials
required true

Request body

The inbound message that contains the information required to create a client identification record.

Required:true

Media types

application/json

Schema [IdentificationCr](#)

([on page](#)
1137)

Responses

201

The post request was successful.

Headers

Name	Description	Schema
Location	The location of the new resource.	type string

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible errors message:

EESERR161 - There are no matching individuals based on the ID entered.

EESERR165 - The individual ID value provided, ..., is invalid and not in the correct format.

EESERR180 - The identification details provided match multiple clients.

EESERR182 - The date value provided, ..., is invalid and not in the correct format.

EESERR183 - The date value provided, ..., is invalid.

EESERR193 - A valid reference number or 'identifier' and 'identifierValue' or 'identifiercode' and 'identifierValue' must be provided.

EESERR628 - External system reference value provided for patient identifier code matches no record.

EESERR646 - Failed to map values provided to Merative Integrated Care identification type.

EESERR615 - Expected resourceType is Identification.

EESERR513 - An Identification External System Reference 'code' is mandatory for patient Identifier.

EESERR514 - Only 1 coding object can be provided for patient Identifier.

EESERR515 - Only Merative Integrated Care system is supported for patient Identifier codes.

EESERR516 - A 'value' must be provided if patient Identifier is provided.

EESERR517 - The 'value' for patient Identifier must not exceed 18 characters.

EESERR603 - The 'code' for patient Identifier must not exceed 20 characters.

EESERR504 - A subject reference must be provided.

EESERR635 - Failed to create a record.

EESERR651 - Failed to create a record: ...

EESERR357 - Values for identifier text and identifier value must be provided if identifier is provided.

EESERR358 - Max number of identifiers to be provided per record is 3.

EESERR350 - Identifiers for a client's record of the same type must be unique.

EESERR353 - Identifier ... - ... matches multiple ContactPoint records for this person.

EESERR354 - Resource id and identifier(s) match different ContactPoint records for this person.

EESERR352 - ContactPoint record with identifier ... - ... already exists for this person.

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR649 - Error:

EESERR650 - Error:

EESERR481 - Period start date must be before today's date.

EESERR482 - Period end date must be after start date.

EESERR483 - Period start date must be provided if end is provided.

EESERR484 - Period start date must be after patient's birth date.

EESERR616 - A valid reference for a source system must be provided.

EESERR617 - A valid reference for an original source system must be provided.

Media types

application/json

Schema [ModelError](#)

(on page 1145)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [ModelError](#)

(on page 1145)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [ModelError](#)

(on page 1145)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1145](#))

API methods: Update an identification

PUT /v1/ees/individual_identifications

Update an identification record for a client who is registered in Merative Integrated Care.

Updates a client's identification record assuming that a matching record is found when the external system initiates a transfer of valid data to Merative Integrated Care.

Merative Integrated Care identifies the record to be updated based on the external identifiers that the external system provides in the body. If no matching identification record is found, Merative Integrated Care creates a new identification record for the individual.

Example request

CURL

```
curl -X PUT "https://host:port/Rest/v1/ees/individual_identifications" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Content-Type: application/json" -d "{ \"resourceType\": \"Identification\", \"value\": 69365799, \"source\": { \"text\": \"string\", \"coding\": [ { \"system\": \"http://wcm/source\", \"code\": \"XWZS\" } ] }, \"originalSource\": { \"text\": \"string\", \"coding\": [ { \"system\": \"http://wcm/originalsource\", \"code\": \"OSSXWZ\" } ] }, \"type\": { \"coding\": [ { \"system\": \"http://wcm/identification\", \"code\": \"IDESR\" } ] }, \"identifier\": [ { \"value\": 698368, \"type\": { \"text\": \"ExtSys1\" } }, { \"period\": { \"start\": \"2019-01-14\", \"end\": \"\" }, \"subject\": { \"reference\": \"patient/identifiercode=xwz, identifiervalue=239\" } } ] }
```

JAVA

```
HttpResponse response = Unirest.put("https://host:port/Rest/v1/ees/individual_identifications")  
    .header("accept", "application/json")
```

```

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body( "{ \"resourceType\": \"Identification\", \"value\": 69365799, \"source\": { \"text\": \"string\", \"coding\": [ { \"system\": \"http://wcm/source\", \"code\": \"XWZS\" } ] }, \"originalSource\": { \"text\": \"string\", \"coding\": [ { \"system\": \"http://wcm/originalsource\", \"code\": \"OSSXWZ\" } ] }, \"type\": { \"coding\": [ { \"system\": \"http://wcm/identification\", \"IDESR\": \"string\" } ] }, \"identifier\": [ { \"value\": 698368, \"type\": { \"text\": \"ExtSys1\" } }, { \"period\": { \"start\": \"2019-01-14\", \"end\": \"\" }, \"subject\": { \"reference\": \"patient/identifiercode=xwz, identifiervalue=239\" } } ] }

.asString();

```

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(header)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(header)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

Request body

The inbound message that contains the information required to update a client identification record.

Required:true

Media types

application/json

Schema ModifiedIdentificationCr

(on page 1146)

Responses

200

The put request was successful.

Media types

application/json

Schema ModifiedIdentification

(on page 1148)

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages:

EESERR161 - There are no matching individuals based on the ID entered.

EESERR165 - The individual ID value provided, ..., is invalid and not in the correct format.

EESERR180 - The identification details provided match multiple clients.

EESERR182 - The date value provided, ..., is invalid and not in the correct format.

EESERR183 - The date value provided, ..., is invalid.

EESERR193 - A valid reference number or 'identifier' and 'identifierValue' or or 'identifiercode' and 'identifierValue' must be provided.

EESERR628 - External system reference value provided for patient identifier code matches no record.

EESERR632 - Patient Identifier 'use' can't be updated with a value different from the existing one.

EESERR646 - Failed to map values provided to Merative Integrated Care identification type.

EESERR615 - Expected resourceType is Identification.

EESERR513 - An Identification External System Reference 'code' is mandatory for patient Identifier.

EESERR514 - Only 1 coding object can be provided for patient Identifier.

EESERR515 - Only Merative Integrated Care system is supported for patient Identifier codes.

EESERR516 - A 'value' must be provided if patient Identifier is provided.

EESERR517 - The 'value' for patient Identifier must not exceed 18 characters.

EESERR504 - A subject reference must be provided.

EESERR603 - The 'code' for patient Identifier must not exceed 20 characters.

EESERR357 - Values for identifier text and identifier value must be provided if identifier is provided.

EESERR358 - Max number of identifiers to be provided per record is 3.

EESERR350 - Identifiers for a client's record of the same type must be unique.

EESERR353 - Identifier ... - ... matches multiple Identification records for this person.

EESERR354 - Resource id and identifier(s) match different Identification records for this person.

EESERR623 - The record was updated by a Care manager, so it can't be updated by an external system.

EESERR637 - Failed to update a record.

EESERR652 - Failed to update a record: ...

EESERR351 - The resource id provided doesn't exist for a Identification record for this person.

EESERR625 - The record was deleted by a Care manager, so it can't be reactivated by an external system.

EESERR648 - Error reading the existing record .

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR647 - Error reading the existing record .

EESERR649 - Error:

EESERR650 - Error:

EESERR626 - The record doesn't exist.

EESERR356 - Resource ... doesn't exist.

EESERR481 - Period start date must be before today's date.

EESERR482 - Period end date must be after start date.

EESERR483 - Period start date must be provide if end is provided.

EESERR484 - Period start date must be after patient's birth date.

EESERR616 - A valid reference for a source system must be provided.

EESERR617 - A valid reference for an original source system must be provided.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1145)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1145)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1145)

default

An unexpected error occurred. Check the error message for further information

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1145)

API methods: Update an identification (by ID)

PUT /v1/ees/individual_identifications/{id}

Update an identification record for a client who is registered in Merative Integrated Care.

Updates a client's identification record assuming that a matching record is found when the external system initiates a transfer of valid data to Merative Integrated Care.

Merative Integrated Care identifies the record to be updated based on the resource ID that the external system provides in the path and body.

Example request

CURL

```
curl -X PUT "https://host:port/Rest/v1/ees/individual_identifications/12345678910" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Content-Type: application/json" -d "{ \"resourceType\": \"Identification\", \"id\": \"3333333\", \"value\": 69365799, \"source\": { \"text\": \"string\", \"coding\": [ { \"system\": \"http://wcm/source\", \"code\": \"XWZS\" } ] }, \"originalSource\": { \"text\": \"string\", \"coding\": [ { \"system\": \"http://wcm/originalsource\", \"code\": \"OSSXWZ\" } ] }, \"type\": { \"coding\": [ { \"system\": \"http://wcm/identification\", \"code\": \"IDESR\" } ] }, \"identifier\": [ { \"value\": 698368, \"type\": { \"text\": \"ExtSys1\" } } ], \"period\": { \"start\": \"2019-01-14\", \"end\": \"\" }, \"subject\": { \"reference\": \"patient/identifiercode=xwz, identifiervalue=239\" } }"
```

JAVA

```
HttpResponse response = Unirest.put("https://host:port/Rest/v1/ees/individual_identifications/456745")
    .header("accept", "application/json")
    .header("Authorization", "access_token")
    .header("X-GRANT-TYPE", "client_credentials")
    .header("X-WCM-TENANT-INSTANCE", "Tenant Instance")
    .header("X-WCM-TENANT-ID", "Tenant ID")
```

```

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body("{
  \"resourceType\": \"Identification\",
  \"id\": \"3333333\",
  \"value\": 69365799,
  \"source\": {
    \"text\": \"string\",
    \"coding\": [
      {
        \"system\": \"http://wcm/source\",
        \"code\": \"XWZS\"
      }
    ]
  },
  \"originalSource\": {
    \"text\": \"string\",
    \"coding\": [
      {
        \"system\": \"http://wcm/originalsource\",
        \"code\": \"OSSXWZ\"
      }
    ]
  },
  \"type\": {
    \"coding\": [
      {
        \"system\": \"http://wcm/identification\",
        \"code\": \"IDESR\"
      }
    ]
  },
  \"identifier\": [
    {
      \"value\": 698368,
      \"type\": {
        \"text\": \"ExtSys1\"
      }
    }
  ],
  \"period\": {
    \"start\": \"2019-01-14\",
    \"end\": \"\",
    \"subject\": {
      \"reference\": \"patient/identifiercode=xwz, identifiervalue=239\"}
    }
  }
}

.asString();

```

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(header)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(header)

type string

array The tenant instance.

required true

Authorization(header)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string
array client_credentials
required true

id(*path*)

Mandatory.

The "id" attribute stores the Identification resource ID.

type string
maxLength 64
required true

Request body

The inbound message that contains the information required to update a client identification record.

Required:true

Media types

application/json

Schema ModifiedIdentification
(on page 1148)

Responses

200

The put request was successful.

Media types

application/json

Schema ModifiedIdentification
(on page 1148)

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages:

EESERR161 - There are no matching individuals based on the ID entered.

EESERR165 - The individual ID value provided, ..., is invalid and not in the correct format.

EESERR180 - The identification details provided match multiple clients.

EESERR182 - The date value provided, ..., is invalid and not in the correct format.

EESERR183 - The date value provided, ..., is invalid.

EESERR193 - A valid reference number or 'identifier' and 'identifierValue' or or 'identifiercode' and 'identifierValue' must be provided.

EESERR628 - External system reference value provided for patient identifier code matches no record.

EESERR632 - Patient Identifier 'use' can't be updated with a value different from the existing one.

EESERR646 - Failed to map values provided to Merative Integrated Care identification type.

EESERR615 - Expected resourceType is Identification.

EESERR513 - An Identification External System Reference 'code' is mandatory for patient Identifier.

EESERR514 - Only 1 coding object can be provided for patient Identifier.

EESERR515 - Only Merative Integrated Care system is supported for patient Identifier codes.

EESERR516 - A 'value' must be provided if patient Identifier is provided.

EESERR517 - The 'value' for patient Identifier must not exceed 18 characters.

EESERR504 - A subject reference must be provided.

EESERR603 - The 'code' for patient Identifier must not exceed 20 characters.

EESERR357 - Values for identifier text and identifier value must be provided if an identifier is provided.

EESERR358 - Max number of identifiers to be provided per record is 3.

EESERR350 - Identifiers for a client's record of the same type must be unique.

EESERR353 - Identifier ... - ... matches multiple Identification records for this person.

EESERR354 - Resource id and identifier(s) match different Identification records for this person.

EESERR623 - The record was updated by a Care manager, so it can't be updated by an external system.

EESERR637 - Failed to update a record.

EESERR652 - Failed to update a record: ...

EESERR351 - The resource id provided doesn't exist for a Identification record for this person.

EESERR625 - The record was deleted by a Care manager, so it can't be reactivated by an external system.

EESERR648 - Error reading the existing record .

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR647 - Error reading the existing record .

EESERR649 - Error:

EESERR650 - Error:

EESERR626 - The record doesn't exist.

EESERR356 - Resource ... doesn't exist.

EESERR481 - Period start date must be before today's date.

EESERR482 - Period end date must be after start date.

EESERR483 - Period start date must be provide if end is provided.

EESERR484 - Period start date must be after patient's birth date.

EESERR616 - A valid reference for a source system must be provided.

EESERR617 - A valid reference for an original source system must be provided.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1145)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1145)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1145)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1145)

API methods: Delete an identification

DELETE /v1/ees/individual_identifications/{id}

Delete an identification record for a client who is registered in Merative Integrated Care.

Deletes a client's identification based on a delete event in the external system that initiates a transfer of information to Merative Integrated Care. Merative Integrated Care identifies the record to be deleted based on the resource ID that the external system provides.

Example request

CURL

```
curl -X DELETE "https://host:port/Rest/v1/ees/individual_identifications/8675876" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials"
```

JAVA

```
HttpResponse response = Unirest.delete("https://host:port/Rest/v1/ees/individual_identifications/8675876")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.asString();
```

Parameters

Referer(*header*)

type string
array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string
array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string
array The tenant instance.

required true

Authorization(*header*)

type string
array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string
array client_credentials

required true

id(*path*)

Mandatory.

The "id" attribute stores the Identification resource ID to be deleted.

type string
maxLength 64
required true

Responses

204

The delete request was successful.

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

EESERR624 - The record was updated by a Care Manager, so it can't be deleted by an external system.

EESERR638 - Failed to delete a record.

EESERR653 - Failed to delete a record:

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR647 - Error reading the existing record .

EESERR649 - Error:

EESERR650 - Error:

EESERR626 - The record doesn't exist.

EESERR356 - Resource ... doesn't exist.

Media types

application/json

Schema [DefaultModelError](#)

(*on page 1145*)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)
(on page 1145)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)
(on page 1145)

Components

Schemas

IdentificationCr

Properties

resourceType string

description
Mandatory.

The expected resource type for Identifications API is "Identification".
Any other value will be rejected.

array Identification

value string

description
Mandatory.

The identification value corresponds to the Identification number in
Merative Integrated Care.

maxLength 18

example 69365799

source [\\$ref CodeableConceptSource](#)

(on page 1143)

originalSource \$ref [CodeableConceptOriginalSource](#)

(on page 1144)

type \$ref [CodeableConceptPI](#)

(on page 1142)

identifier array

description

Optional.

The Identifier list of objects stores values of external identifiers for the enclosing record.

Identifier objects can be used to create and update records.

An external system can provide up to 3 identifiers for a record.

When a record is created with an external identifier, the same identifier provided can be used to identify a record. Therefore send a PUT request to update the record.

For Example: An Identification record is created providing an identifier with the following values:

```
identifier.type.text = "ExtSys1"
```

```
identifier.value = "698368"
```

A PUT request with an updated content and identifier as follows:

```
identifier.type.text = "ExtSys1"
```

```
identifier.value = "698368"
```

can be sent using the following url:

```
/Rest/v1/ees/individual_identifications
```

The Identification record is updated.

maxItems 3

items \$ref [Identifier](#)

*(on page
1139)*

period \$ref [Period](#)
*(on page
1139)*

subject \$ref [Subject](#)
*(on page
1140)*

type object

required

- resourceType
- value
- type
- subject
- source

Period

Properties

start string(*date*)

description
 Optional.

The start date of the record. The expected format is yyyy-MM-dd.

end string(*date*)

description
 Optional.

The end date of the record. If provided, the start date must also be provided. The expected format is yyyy-MM-dd.

type object

Identifier

Properties

value string

description

Optional.

This attribute stores the external identifier value.

If provided, a type.text value must be provided.

maxLength 100

example 698368

type \$ref [CodeableConcept](#)

(*on page 1142*)

type object

Subject

Properties

reference string

description

The Subject object is used to identify an individual in Merative Integrated Care.

The "reference" String is expected to contain identifier details that will be used to match an individual in Merative Integrated Care.

The string is parsed to extract query parameters and associated values.
It can contain a combination of

(1) Merative Integrated Care Patient ID (i.e. Merative Integrated Care Reference Number),

(2) Merative Integrated Care Identification External System Reference and Identification number,

(3) Merative Integrated Care Identification Type and Identification number,

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

(5) Merative Integrated Care Identification Type and Identification number and birthDate.

For example:

(1) Merative Integrated Care Patient ID

```
"subject":{  
  
    "reference" : "patient/123      " }
```

(2) Merative Integrated Care Identification External System Reference and Identification number

```
"subject":{  
  
    "reference" : "patient/identifiercode=xwz, identifiervalue=239"}
```

(3) Merative Integrated Care Identification External System Reference and Identification number,

```
"subject":{  
  
    "reference" : "patient/identifier=Passport, identifiervalue=239" }
```

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

```
"subject":{  
  
    "reference" : "patient/identifiercode=xwz, identifiervalue=239,  
    birthDate=19380821" }
```

(5) Merative Integrated Care Identification Type and Identification number and birthDate,

```
"subject":{  
  
    "reference" : "patient/identifiercode=Passport, identifiervalue=239,  
    birthDate=19380821" }
```

maxLength 150

example patient/identifiercode=xwz, identifiervalue=239

type object

array reference

CodeableConcept

Properties

text string

description

Optional.

This attribute stores the value for the identifier type. It must be provided if an identifier value is provided.

maxLength 100

example ExtSys1

type object

CodeableConceptPI

Properties

coding array

maxItems 1

description

Mandatory.

The Coding object stores the details of the Identification type to be created for an Individual.

Must be provided if an Identification value is provided.

1 Coding per Identification can be provided.

items

\$ref [CodingPI](#)

(*on page*

1142)

type object

array coding

CodingPI

Properties

system string

description
Optional.

If provided, it must be "http://wcm/identification".

array http://wcm/identification

code string

description
Mandatory.

This value stores the Identification External System reference that the Merative Integrated Care Admin user configured for an Identification Type.

maxLength 20

example IDESR

type object

array code

CodeableConceptSource

Properties

text string

description
Optional

Textual description of codeable concept.

coding array

maxItems 1

items \$ref CodingSource

(on page
1144)

type object

array coding

CodingSource

Properties

system string

description

Required.

"http://wcm/source" for source.

array

http://wcm/source

code string

description

Required.

The "code" value describes the source system.

The value provided maps to Merative Integrated Care Source System

maxLength 20

example XWZS

type object

array code

CodeableConceptOriginalSource

Properties

text string

description

Optional

Textual description of codeable concept.

coding array

maxItems 1

items \$ref CodingOriginalSource

(on page 1145)

type object

CodingOriginalSource

Properties

system string

description Optional. If provided, must be

"http://wcm/originalsource"

for original source.

array http://wcm/originalsource

code string

description Required.

The "code" value describes
the original source system.

The value provided maps
to Merative Integrated Care
Original Source System

maxLength 20

example OSSXWZ

type object

array code

DefaultModelError

Properties

Error array

items \$ref [Error \(on page 1146\)](#)

type object

Error

Properties

code integer(*int32*)

description

A machine-readable code that identifies the problem. This will not vary with the Accept-Language setting

message string

description

A human-readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text may change over time.

level string

description

The level of the error.

type object

required

- code
- message
- level

ModifiedIdentificationCr

Properties

resourceType string

description

Mandatory.

The expected resource type for Identifications API is "Identification". Any other value is rejected.

array

Identification

value string

description

Mandatory.

The identification value corresponds to the Identification number in Merative Integrated Care.

maxLength 18
example 69365799
source \$ref [CodeableConceptSource](#)
(on page 1143)

originalSource \$ref [CodeableConceptOriginalSource](#)
(on page 1144)

type \$ref [ModifiedCodeableConceptPI](#)
(on page 1150)

identifier array

maxItems 3
description Optional.

The Identifier list of objects stores values of external identifiers for the enclosing record.

Identifier objects can be used to create and update records.

An external system can create record identifiers when creating or updating a record. An external system can provide up to 3 identifiers for a record, for each REST call.

An individual's record can be identified using external identifiers.

When invoking this PUT API, if identifiers provided match an Identification record for this individual, the record is updated. If no record is matched, a new Identification record is created.

For Example:

An Identification record that was created providing this identifier:

```
identifier.type.text = "ExtSys1"
```

```
identifier.value = "698368"
```

can then be updated invoking this API and providing the same identifier.

items	\$ref Identifier (on page 1139)
period	\$ref Period (on page 1139)
subject	\$ref Subject (on page 1140)
type	object
required	<ul style="list-style-type: none">• resourceType• value• subject• source

ModifiedIdentification

Properties

resourceType string

description
Mandatory.

The expected resource type for Identifications API is "Identification".
Any other value is rejected.

array Identification

id string

description
Mandatory.

The "id" attribute stores the Identification resource ID.

maxLength 64

example 3333333

value string

description

Mandatory.

The identification value corresponds to the Identification number in Merative Integrated Care.

maxLength 18**example** 69365799**source** \$ref [CodeableConceptSource](#)

(*on page 1143*)

originalSource \$ref [CodeableConceptOriginalSource](#)

(*on page 1144*)

type \$ref [ModifiedCodeableConceptPI](#)

(*on page 1150*)

identifier array**maxItems 3****description**

Optional.

The Identifier list of objects stores values of external identifiers for the enclosing record.

Identifier objects can be used to create and update records.

An external system can create record identifiers when creating or updating a record. An external system can provide up to 3 identifiers for a record, for each REST call.

An individual's record can be identified using external identifiers.

When invoking this PUT API, identifiers are evaluated before they are added to the record to be updated:

- If no other Identification record exists with any of these identifiers for this individual, the identifiers are added to this record in Merative Integrated Care.
- If another Identification record already exist in Merative Integrated Care for this individual with one of the identifiers provided, the request fails.
- If identifiers already exist for a Identification record for this individual and the resource ID provided is the one of the Identification record, the update is successful.

items \$ref [Identifier](#)

(*on page*
1139)

period \$ref [Period](#)

(*on page*
1139)

subject \$ref [Subject](#)

(*on page*
1140)

type object

required

- resourceType
- id
- value
- subject
- source

ModifiedCodeableConceptPI

Properties

coding array

maxItems 1

description
Optional.

The Coding object stores the details of the Identification type.

1 Coding per Identification can be provided.

items \$ref [ModifiedCodingPI](#)
(on page 1151)

type object

ModifiedCodingPI

Properties

system string

description
Optional.

If provided, it must be "http://wcm/identification".

array http://wcm/identification

code string

description
Optional.

This value stores the Identification External System reference that the Merative Integrated Care Admin user configured for an Identification Type.

In Merative Integrated Care an Identification Type can't be updated.

On a PUT request, if the "code" is not provided, the existing Identification type is used for the update. If the "code" is provided and matches a different Identification Type, the update request fails.

maxLength 20

example IDESR

type object

(Demographics) Name API

Version:v1

By using the protected APIs that follow, you can send name updates for a client from an external system to Merative Integrated Care so that Merative Integrated Care accurately reflects the external system data. The API sends Merative Integrated Care updates for a client's first, middle, and last name, and suffix. The client is identified when Merative Integrated Care receives the Merative Integrated Care client ID or the external ID and type (with or without the client's date of birth). The client's name record is identified when Merative Integrated Care receives an identifier type and record id.

Servers

<https://host/Rest>

API methods: Create a name

POST /v1/ees/individual_names

Create a name record for a client who is registered in Merative Integrated Care.

Creates a client name record based on an event in the external system that initiates a transfer of valid data to Merative Integrated Care.

Example request

cURL

```
curl -X POST "https://host:port/Rest/v1/ees/individual_names" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json" -d "{ \"use\": \"old\", \"family\": \"Smith\", \"given\": \"John\", \"prefix\": \"Mr\", \"suffix\": \"Junior\", \"middle\": \"Walter\", \"resourceType\": \"HumanName\", \"source\": \"Hospital\", \"originalSource\": \"Doctor\", \"identifier\": [ { \"value\": \"765\", \"type\": { \"text\": \"System 1\" } } ], \"subject\": { \"reference\": \"patient/123\" } }"
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/ees/individual_names")
```

```

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body("{ \"use\": \"old\", \"family\": \"Smith\", \"given\": \"John\", \"prefix\": \"Mr\", \"suffix\": \"Junior\", \"middle\": \"Walter\", \"resourceType\": \"HumanName\", \"source\": \"Hospital\", \"originalSource\": \"Doctor\", \"identifier\": [ { \"value\": \"765\", \"type\": { \"text\": \"System 1\" } } ], \"subject\": { \"reference\": \"patient/123\" } }")

.asString();

```

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(header)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(header)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

Request body

The inbound message that contains the information required to create a client name record.

Required:true

Media types

application/json

Schema [NewHumanNameCr](#)

(on page 1178)

Responses

201

The post request was successful.

Headers

Name	Description	Schema
Location	The location of the new resource.	type string

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Possible errors message:

EESERR161 - There are no matching individuals based on the ID entered.

EESERR165 - The individual ID value provided, ..., is invalid and not in the correct format.

EESERR180 - The identification details provided match multiple clients.

EESERR182 - The date value provided, ..., is invalid and not in the correct format.

EESERR183 - The date value provided, ..., is invalid.

EESERR193 - A valid reference number or 'identifier' and 'identifierValue' or or 'identifiercode' and 'identifierValue' must be provided.

EESERR614 - Expected resourceType is HumanName.

EESERR620 - An 'official' name record already exists.

EESERR621 - A 'usual' name record already exists.

EESERR639 - Failed to map values provided to Merative Integrated Care name type.

EESERR629 - External system reference value provided for name suffix matches no record.

EESERR630 - External system reference value provided for name prefix matches no record.

EESERR504 - A subject reference must be provided.

EESERR496 - Values must be provided for 'family', 'given' and 'use' name's attributes.

EESERR500 - Invalid 'use' value provided for name.

EESERR635 - Failed to create a record.

EESERR651 - Failed to create a record: ...

EESERR357 - Values for identifier text and identifier value must be provided if identifier is provided.

EESERR358 - Max number of identifiers to be provided per record is 3.

EESERR350 - Identifiers for a client's record of the same type must be unique.

EESERR353 - Identifier ... - ... matches multiple Name records for this person.

EESERR354 - Resource id and identifier(s) match different Names records for this person.

EESERR352 - Name record with identifier ... - ... already exists for this person.

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR649 - Error:

EESERR650 - Error:

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1189)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1189)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1189)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1189)

API methods: Update a name

PUT /v1/ees/individual_names

Update a name record for a client who is registered in Merative Integrated Care.

Updates a client's name assuming that a matching record is found when the external system initiates a transfer of valid data to Merative Integrated Care.

Merative Integrated Care identifies the record to be updated based on the external identifiers that the external system provides in the body. If no matching name record is found, Merative Integrated Care creates a new name record for the individual.

Example request

CURL

```
curl -X PUT "https://host:port/Rest/v1/ees/individual_names" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Content-Type: application/json" -d "{ \"use\": \"old\", \"family\": \"Smith\", \"given\": \"John\", \"prefix\": \"Mr\", \"suffix\": \"Junior\", \"middle\": \"Walter\", \"resourceType\": \"HumanName\", \"source\": \"Hospital\", \"originalSource\": \"Doctor\", \"identifier\": [ { \"value\": \"765\", \"type\": { \"text\": \"System 1\" } }, { \"subject\": { \"reference\": \"patient/123\" } } ] }
```

JAVA

```
HttpResponse response = Unirest.put("https://host:port/Rest/v1/ees/individual_names")
    .header("accept", "application/json")
    .header("Authorization", "access_token")
```

```

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body("{ \"use\": \"old\", \"family\": \"Smith\", \"given\": \"John\", \"prefix\": \"Mr\", \"suffix\": \"Junior\", \"middle\": \"Walter\", \"resourceType\": \"HumanName\", \"source\": \"Hospital\", \"originalSource\": \"Doctor\", \"identifier\": [ { \"value\": \"765\", \"type\": { \"text\": \"System 1\" } } ], \"subject\": { \"reference\": \"patient/123\" } } )"

.asString();

```

Parameters

Referer(*header*)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

Request body

The inbound message that contains the information required to update a client name record.

Required:true

Media types

application/json

Schema [ModifiedHumanNameCr](#)

(on page 1182)

Responses

200

The put request was successful.

Media types

application/json

Schema [ModifiedHumanNameExt](#)

(on page 1185)

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages:

EESERR161 - There are no matching individuals based on the ID entered.

EESERR165 - The individual ID value provided, ..., is invalid and not in the correct format.

EESERR180 - The identification details provided match multiple clients.

EESERR182 - The date value provided, ..., is invalid and not in the correct format.

EESERR183 - The date value provided, ..., is invalid.

EESERR193 - A valid reference number or 'identifier' and 'identifierValue' or or 'identifiercode' and 'identifierValue' must be provided.

EESERR631 - Name 'use' can't be updated with a value different from the existing one.

EESERR639 - Failed to map values provided to Merative Integrated Care name type

EESERR629 - External system reference value provided for name suffix matches no record.

EESERR630 - External system reference value provided for name prefix matches no record.

EESERR614 - Expected resourceType is HumanName.

EESERR504 - A subject reference must be provided.

EESERR496 - Values must be provided for 'family', 'given' and 'use' name's attributes.

EESERR498 - Only 1 'preferred' name can be provided.

EESERR499 - Only 1 'official' name can be provided.

EESERR500 - Invalid 'use' value provided for name.

EESERR357 - Values for identifier text and identifier value must be provided if identifier is provided.

EESERR358 - MAX number of identifiers to be provided per record is 3.

EESERR350 - Identifiers for a client's record of the same type must be unique.

EESERR353 - Identifier ... - ... matches multiple Name records for this person.

EESERR354 - Resource id and identifier(s) match different Name records for this person.

EESERR623 - The record was updated by a Care Manager, so it can't be updated by an external system.

EESERR637 - Failed to update a record.

EESERR652 - Failed to update a record: ...

EESERR351 - The resource id provided doesn't exist for a %1s record for this person.

EESERR625 - The record was deleted by a Care Manager, so it can't be reactivated by an external system.

EESERR648 - Error reading the existing record .

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR647 - Error reading the existing record .

EESERR649 - Error:

EESERR650 - Error:

EESERR626 - The record doesn't exist.

EESERR356 - Resource ... doesn't exist.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1189)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1189)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1189](#))

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1189](#))

API methods: Update a name (by ID)

PUT /v1/ees/individual_names/{id}

Update a name record for a client who is registered in Merative Integrated Care.

Updates a client's name assuming that a matching record is found when the external system initiates a transfer of valid data to Merative Integrated Care.

Merative Integrated Care identifies the record to be updated based on the resource ID that the external system provides in the path and body.

Example request

CURL

```
curl -X PUT "https://host:port/Rest/v1/ees/individual_names/123" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Content-Type: application/json" -d "{ \"use\": \"old\", \"id\": \"123\", \"family\": \"Smith\", \"given\": \"John\", \"prefix\": \"Mr\", \"suffix\": \"Junior\", \"middle\": \"Walter\", \"resourceType\": \"HumanName\", \"source\": \"Hospital\", \"originalSource\": \"Doctor\", \"identifier\": [ { \"value\": \"765\" }, { \"text\": \"System 1\" } ], \"subject\": { \"reference\": \"patient/123\" } }"
```

JAVA

```
HttpResponse response = Unirest.put("https://host:port/Rest/v1/ees/individual_names/123")
```

```

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body( "{\"use\": \"old\", \"id\": \"123\", \"family\": \"Smith\", \"given\": \"John\", \"prefix\": \"Mr\", \"suffix\": \"Junior\", \"middle\": \"Carl\", \"resourceType\": \"HumanName\", \"source\": \"Hospital\", \"originalSource\": \"Doctor\", \"identifier\": [ {\"value\": \"3674873772\", \"type\": {\"text\": \"Sys3\"}} ], \"subject\": {\"reference\": \"Patient/683629\"} } )"

.asString();

```

Parameters

Referer(header)

type string
array curam://foundational.app
required true

X-WCM-TENANT-ID(header)

type string
array The tenant ID.
required true

X-WCM-TENANT-INSTANCE(header)

type string

array The tenant instance.

required true

Authorization(header)

type string

array The Access Token.

required true

X-GRANT-TYPE(header)

type string

array client_credentials

required true

id(path)

Mandatory. The "id" attribute stores the Name resource ID value.

type string

maxLength 64

required true

Request body

The inbound message that contains the information required to update a client name record.

Required:true

Media types

application/json

Schema [ModifiedHumanNameExt](#)

(*on page 1185*)

Responses

200

The put request was successful.

Media types

application/json

Schema [ModifiedHumanNameExt](#)

([on page 1185](#))

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages:

EESERR161 - There are no matching individuals based on the ID entered.

EESERR165 - The individual ID value provided, ..., is invalid and not in the correct format.

EESERR180 - The identification details provided match multiple clients.

EESERR182 - The date value provided, ..., is invalid and not in the correct format.

EESERR183 - The date value provided, ..., is invalid.

EESERR193 - A valid reference number or 'identifier' and 'identifierValue' or or 'identifiercode' and 'identifierValue' must be provided.

EESERR631 - Name 'use' can't be updated with a value different from the existing one.

EESERR639 - Failed to map values provided to Merative Integrated Care name type

EESERR629 - External system reference value provided for name suffix matches no record.

EESERR630 - External system reference value provided for name prefix matches no record.

EESERR614 - Expected resourceType is HumanName.

EESERR504 - A subject reference must be provided.

EESERR496 - Values must be provided for 'family', 'given' and 'use' name's attributes.

EESERR498 - Only 1 'preferred' name can be provided.

EESERR499 - Only 1 'official' name can be provided.

EESERR500 - Invalid 'use' value provided for name.

EESERR357 - Values for identifier text and identifier value must be provided if identifier is provided.

EESERR358 - Max number of identifiers to be provided per record is 3.

EESERR350 - Identifiers for a client's record of the same type must be unique.

EESERR353 - Identifier ... - ... matches multiple Name records for this person.

EESERR354 - Resource id and identifier(s) match different Name records for this person.

EESERR623 - The record was updated by a Care Manager, so it can't be updated by an external system.

EESERR637 - Failed to update a record.

EESERR652 - Failed to update a record: ...

EESERR351 - The resource id provided doesn't exist for a %1s record for this person.

EESERR625 - The record was deleted by a Care Manager, so it can't be reactivated by an external system.

EESERR648 - Error reading the existing record .

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR647 - Error reading the existing record .

EESERR649 - Error:

EESERR650 - Error:

EESERR626 - The record doesn't exist.

EESERR356 - Resource ... doesn't exist.

Media types

application/json

Schema [DefaultErrorModel](#)
(*on page 1189*)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)
(*on page 1189*)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)
(*on page 1189*)

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)
(*on page 1189*)

API methods: Delete a name

DELETE /v1/ees/individual_names/{id}

Delete a name record for a client who is registered in Merative Integrated Care.

Deletes a client's name based on a delete event in the external system that initiates a transfer of information to Merative Integrated Care. Merative Integrated Care identifies the record to be deleted based on the resource ID that the external system provides.

Example request

cURL

```
curl -X DELETE "https://host:port/Rest/v1/ees/individual_names/123" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Referer: curam://foundational.app"
```

JAVA

```
HttpResponse response = Unirest.delete("https://host:port/Rest/v1/ees/individual_names/123")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.asString();
```

Parameters

Referer(*header*)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

id(*path*)

Mandatory.

The "id" attribute stores the resource ID of the Name record to be deleted.

type string

maxLength 64

required true

Responses

204

The delete request was successful.

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages returned:

EESERR622 - The 'official' name record cannot be deleted.

EESERR624 - The record was updated by a Care Manager, so it can't be deleted by an external system.

EESERR638 - Failed to delete a record.

EESERR653 - Failed to delete a record:

EESERR359 - Resource ... is locked by another process.

EESERR355 - Concurrent processing, please retry.

EESERR636 - Failed to retrieve case ID for the patient.

EESERR647 - Error reading the existing record .

EESERR649 - Error:

EESERR650 - Error:

EESERR626 - The record doesn't exist.

EESERR356 - Resource ... doesn't exist.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1189)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1189)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1189](#))

default

An unexpected error occurred. Check the error message for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1189](#))

Components

Schemas

NewIdentifier

Properties

value string

description

Optional.

This attribute stores the external identifier value.

If provided, a type.text value must be provided.

maxLength 100

type [\\$ref NewCodeableConcept](#)

([on page 1171](#))

type object

NewCodeableConcept

Properties

text string

description

Optional.

This attribute stores the value for the identifier type. It must be provided if an identifier value is provided.

maxLength 100

type object

CodeableConceptSource

Properties

text string

description

Optional

Textual description of codeable concept.

coding array

maxItems 1

items \$ref CodingSource

(on page
1172)

type object

CodingSource

Properties

system string

description

Required.

"http://wcm/source" for source.

array http://wcm/source

code string

description
Required.

The "code" value describes the source system.

The value provided maps to Merative Integrated Care Source System

maxLength 20

type object

array code

CodeableConceptOriginalSource

Properties

text string

description
Optional

Textual description of codeable concept.

coding array

maxItems 1

items \$ref CodingOriginalSource
(on page 1173)

type object

CodingOriginalSource

Properties

system string

description
Required.

"http://wcm/originalsource" for orginal source.

array http://wcm/originalsource

code string

description

Required.

The "code" value describes the original source system.

The value provided maps to Merative Integrated Care Original Source System

maxLength 20

type object

array code

ModifiedSubject

Properties

reference string

description

The Subject object is used to identify an individual in Merative Integrated Care.

The "reference" String is expected to contain identifier details that will be used to match an individual in Merative Integrated Care.

The string is parsed to extract query parameters and associated values.

The string can contain a combination of

(1) Merative Integrated Care Patient ID (that is, the Merative Integrated Care Reference Number),

(2) Merative Integrated Care Identification External System Reference and Identification number,

(3) Merative Integrated Care Identification Type and Identification number,

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

(5) Merative Integrated Care Identification Type and Identification number and birthDate.

For example:

(1) Merative Integrated Care Patient ID

```
"subject":{  
  
    "reference" : "patient/123      " }
```

(2) Merative Integrated Care Identification External System Reference and Identification number

```
"subject":{  
  
    "reference" : "patient/identifiercode=xwz, identifiervalue=239"}
```

(3) Merative Integrated Care Identification External System Reference and Identification number,

```
"subject":{  
  
    "reference" : "patient/identifier=Passport, identifiervalue=239" }
```

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

```
"subject":{  
  
    "reference" : "patient/identifiercode=xwz, identifiervalue=239,  
    birthDate=19380821" }
```

(5) Merative Integrated Care Identification Type and Identification number and birthDate,

```
"subject":{  
  
    "reference" : "patient/identifiercode=Passport, identifiervalue=239,  
    birthDate=19380821" }
```

maxLength 150

type object

array reference

NewSubject

Properties

reference string

description

The Subject object is used to identify an individual in Merative Integrated Care.

The "reference" String is expected to contain identifier details that are used to match an individual in Merative Integrated Care.

The string is parsed to extract query parameters and associated values.
The string can contain a combination of

(1) Merative Integrated Care Patient ID (that is, the Merative Integrated Care Reference Number), (2) Merative Integrated Care Identification External System Reference and Identification number,

(3) Merative Integrated Care Identification Type and Identification number,

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

(5) Merative Integrated Care Identification Type and Identification number and birthDate.

For example:

(1) Merative Integrated Care Patient ID

```
"subject": {  
  
    "reference" : "patient/123      " }
```

(2) Merative Integrated Care Identification External System Reference and Identification number

```

"subject":{

    "reference" : "patient/identifiercode=xwz, identifiervalue=239"
}

```

(3) Merative Integrated Care Identification External System Reference and Identification number,

```

"subject":{

    "reference" : "patient/identifier=Passport, identifiervalue=239"
}

```

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

```

"subject":{

    "reference" : "patient/identifiercode=xwz, identifiervalue=239,
    birthDate=19380821"
}

```

(5) Merative Integrated Care Identification Type and Identification number and birthDate,

```

"subject":{

    "reference" : "patient/identifiercode=Passport, identifiervalue=239,
    birthDate=19380821"
}

```

maxLength 150

type object

array reference

ModifiedIdentifier

Properties

value string

description
Optional.

This attribute stores the external identifier value. If provided, a type.text value must be provided.

maxLength 100

type object

description

Optional. This object stores the value for the Identifier type.

\$ref

[ModifiedCodeableConcept \(on page 1178\)](#)

type object

ModifiedCodeableConcept

Properties

text string

description

Optional.

This attribute stores the value for the Identification type. It must be provided if an identifier value is provided.

maxLength 100

type object

NewHumanNameCr

Properties

resourceType string

description

Mandatory.

The expected resource type for Name API is "HumanName". Any other value is rejected.

array

HumanName

use

string

description

Mandatory.

The "use" value describes the purpose of the name record.

Available values to be used are listed below, on the left is the corresponding Merative Integrated Care name Type value, which is displayed in the Client Data page when viewing the Name record:

"usual" > Preferred

"official" > Registered

"temp" > Temporary

"nickname" > Alias

"anonymous" > Anonymous

"old" > Old

"maiden" > Maiden

An individual who is registered in Merative Integrated Care can have only 1 Registered name, which must be provided when registering a Client. A POST request for creating an "official" name record will fail.

An individual who is registered in Merative Integrated Care can have only 1 Preferred name. A POST request for creating a "usual" name record will fail if the individual already has a preferred name.

enum

- usual
- official
- temp
- nickname
- anonymous
- old
- maiden

family string

description

Mandatory.

The "family" attribute stores the value for the Merative Integrated Care "Last Name".

	maxLength 65
given	string
	description
	Mandatory.
	The "given" attribute stores the value for the Merative Integrated Care "First Name".
	maxLength 65
prefix	string
	description
	Optional.
	The "prefix" attribute stores the Title External System Reference that is configured by an Admin user in Merative Integrated Care.
	maxLength 20
suffix	string
	description
	Optional.
	The "suffix" attribute stores the Suffix External System Reference that is onfigured by an Admin user in Merative Integrated Care.
	maxLength 20
middle	string
	description
	Optional.
	The "middle" attribute stores the value for the Merative Integrated Care "Middle Name".
	maxLength 65
source	\$ref CodeableConceptSource <i>(on page 1172)</i>
originalSource	\$ref CodeableConceptOriginalSource <i>(on page 1173)</i>
identifier	array
	maxItems 3

description

Optional.

The Identifier list of objects stores values of external identifiers for the enclosing record.

Identifier objects can be used to create and update records.

An external system can provide up to 3 identifiers for a record.

When a record is created with an external identifier, the same identifier that is provided can be used to identify a record. Hence send a PUT request to update the record.

For Example:

A name record is created, which provides an identifier with the following values:

```
identifier.type.text = "ExtSys1"
```

```
identifier.value = "698368"
```

A PUT request with an updated content and identifier as follows:

```
identifier.type.text = "ExtSys1"
```

```
identifier.value = "698368"
```

can be sent using the following url:

/Rest/v1/ees/individual_names

The name record is updated.

items \$ref [NewIdentifier](#)

(*on page
1171*)

subject \$ref [NewSubject](#)

(*on page
1176*)

type object

required

- subject
- resourceType
- family
- given
- use

ModifiedHumanNameCr

Properties

resourceType string

description

Mandatory.

For Name APIs, the expected resource type is "HumanName". Any other value will fail the validation.

array HumanName

use string

description

Mandatory.

The "use" value describes the purpose of the name record.

Available values to be used are listed below, on the left is the corresponding Merative Integrated Care name Type value, as it will be displayed in the Client Data page when viewing the Name record:

"usual" > Preferred

"official" > Registered

"temp" > Temporary

"nickname" > Alias

"anonymous" > Anonymous

"old" > Old

"maiden" > Maiden

A name Type cannot be updated in Merative Integrated Care.

Therefore, if the 'use' value provided for a PUT request is different from the one used when creating the record, the request fails.

An individual who is registered in Merative Integrated Care can have only 1 Registered name, which must be provided when registering a client. A PUT request for an "official" name that results in a Create operation will fail.

An individual who is registered in Merative Integrated Care can have only 1 Preferred name. A PUT request for a "usual" name that results in a Create operation will hence fail if the individual already has a preferred name.

enum

- usual
- official
- temp
- nickname
- anonymous
- old
- maiden

maxLength 900

family string

description

Mandatory.

The "family" attribute stores the value for the Merative Integrated Care "Last Name".

maxLength 65

given string

description

Mandatory.

The "given" attribute stores the value for the Merative Integrated Care "First Name".

	maxLength 65
prefix	string
	description Optional.
	The "prefix" attribute stores the Title External System Reference that is configured by an Admin user in Merative Integrated Care.
	maxLength 20
suffix	string
	description Optional.
	The "suffix" attribute stores the Suffix External System Reference that is configured by an Admin user in Merative Integrated Care.
	maxLength 20
middle	string
	description Optional.
	The "middle" attribute stores the value for the Merative Integrated Care "Middle Name".
	maxLength 65
source	\$ref CodeableConceptSource (on page 1172)
originalSource	\$ref CodeableConceptOriginalSource (on page 1173)
identifier	array
	description Optional.
	The Identifier list of objects stores values of external identifiers for the enclosing record.
	Identifier objects can be used to create and update records.

An external system can create record identifiers when creating or updating a record. An external system can provide up to 3 identifiers for a record, for each REST call.

An individual's record can be identified using external identifiers.

When invoking this PUT API, if identifiers provided match a name record for this individual, the record is updated. If no name record is matched, a new name record is created.

For Example:

A name record that was created providing this identifier:

```
identifier.type.text = "ExtSys1"
```

```
identifier.value = "698368"
```

can be updated by invoking this API and providing the same identifier.

maxItems	3
items	\$ref ModifiedIdentifier <i>(on page 1177)</i>
subject	\$ref ModifiedSubject <i>(on page 1174)</i>

type object

required

- subject
- resourceType
- family
- given

ModifiedHumanNameExt

Properties

resourceType string

description	Mandatory.
--------------------	------------

For Name APIs, the expected resource type is "HumanName". Any other value fails the validation.

array HumanName
use string

description Optional.

The "use" value describes the purpose of the name record.

Available values to be used are listed below, on the right. On the left is the corresponding Merative Integrated Care name Type value, as it will be displayed in the Client Data page when viewing the Name record:

"usual" > Preferred

"official" > Registered

"temp" > Temporary

"nickname" > Alias

"anonymous" > Anonymous

"old" > Old

"maiden" > Maiden

If no value is provided for 'use' when invoking this API, the value of the existing record will be applied for the update.

A name Type cannot be updated in Merative Integrated Care. Therefore, if the 'use' value provided for a PUT request is different from the one used when creating the record, the request fails.

enum

- usual
- official
- temp
- nickname
- anonymous

- old
- maiden

family string

description
Mandatory.

The "family" attribute stores the value for the Merative Integrated Care "Last Name".

maxLength 65

given string

description
Mandatory.

The "given" attribute stores the value for the Merative Integrated Care "First Name".

maxLength 65

prefix string

description
Optional.

The "prefix" attribute stores the Title External System Reference configured by an Admin user in Merative Integrated Care.

maxLength 20

suffix string

description
Optional.

The "suffix" attribute stores the Suffix External System Reference configured by an Admin user in Merative Integrated Care.

maxLength 20

middle string

description
Optional.

The "middle" attribute stores the value for the Merative Integrated Care "Middle Name".

maxLength 65

source [\\$ref CodeableConceptSource](#)

(on page 1172)

originalSource [\\$ref CodeableConceptOriginalSource](#)

(on page 1173)

id string

description

Mandatory.

The "id" attribute stores the Name resource ID that is generated in Merative Integrated Care when a resource is created.

maxLength 64

identifier array

description

Optional.

The Identifier list of objects stores values of external identifiers for the enclosing record.

Identifier objects can be used to create and update records.

An external system can create record identifiers when creating or updating a record. An external system can provide up to 3 identifiers for a record, for each REST call.

An individual's record can be identified using external identifiers.

When invoking this PUT API, identifiers are evaluated before they are added to the record to be updated:

- If no other name record exists with any of these identifiers exist for this individual, the identifiers are added to this record in Merative Integrated Care.
- If another name record already exists in Merative Integrated Care for this individual with one of the identifiers provided, the request fails.
- If identifiers already exist for a name record for this individual and the resource ID provided is the one of the name record, the update is successful.

maxItems 3**items** \$ref [ModifiedIdentifier](#)

(on page 1177)

subject \$ref [ModifiedSubject](#)

(on page 1174)

type object**required**

- id
- subject
- resourceType
- family
- given

DefaultModelError**Properties****Error** array**items** \$ref [Error](#) (on

page

1190)

type object

Error

Properties

code integer(*int32*)

description

A machine-readable code that identifies the problem. This will not vary with the Accept-Language setting.

message string

description

A human-readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text may change over time.

level string

description

The level of the error.

type object

required

- code
- message
- level

External Messaging API

Version:v1

By using the protected APIs that follow, you can enable external messaging between Merative Integrated Care and external systems, for example, the client's external portal. Care team members can send messages associated with clients through Merative Integrated Care, and the external messaging API makes the messages available to the client's external portal. Similarly, clients can send messages from their external portals, and the external messaging API makes the messages available for viewing in Merative Integrated Care to clients' care teams. Outbound messages from Merative Integrated Care to external systems can be sent with or without attachments.

Servers

<https://host/Rest>

API methods: Get message (by ID)

GET /v1/ees/externalmessaging/{id}

Share messaging records associated with a client and make them available to an external system, for example, the client's external portal.

Retrieves a specific message in Merative Integrated Care that matches the record ID sent from an external system.

Example request

CURL

```
curl GET -v -k -H  
  
'Content-Type: application/json' -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H  
"Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H 'Referer: curam//foundational.app'  
  
http://host:port/Rest/v1/ees/externalmessaging{id}
```

JAVA

```
HttpResponse response = Unirest.put("https://host:port/Rest/v1/ees/externalmessaging/{id}"  
  
.header("accept", "application/json")  
  
.header("X-WCM-TENANT-ID", "Tenant ID")  
  
.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")  
  
.header("Authorization", "access_token")  
  
.header("X-GRANT-TYPE", "client_credentials")  
  
.header("Referer", "curam//foundationalapp") .asString();
```

Parameters

Referer(*header*)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

id(*path*)

The internal record ID of the message.

type string

required true

Responses

200

The get request was successful.

Media types

application/json

Schema [GetExternalMessage](#)

(on page 1201)

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error message:

EESERR2107 - External message not found.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1204)

404

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Possible error messages:

EESERR2107 - External message not found.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1204)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1204](#))

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1204](#))

API methods: Get an attachment linked to the message

GET /v1/ees/externalmessage_attachment/{id}

Get an attachment linked to the message.

Views the attachment linked to the message by using the message ID.

Example request

cURL

```
curl -X GET "https://host:port/Rest/v1/ees/externalmessage_attachment/1234" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "accept: application/octet-stream" --output xyz.pdf
```

JAVA

```
HttpResponse<InputStream> response = Unirest.get("https://host:port/Rest/v1/ees/externalmessage_attachment/123")  
  
.header("accept", "application/octet-stream")  
  
.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")
```

```
.header("X-WCM-TENANT-ID", "Tenant ID")
.asBinary();
```

Parameters

Referer(header)

type string
array curam://foundational.app
required true

X-WCM-TENANT-ID(header)

type string
array The tenant ID.
required true

X-WCM-TENANT-INSTANCE(header)

type string
array The tenant instance.
required true

Authorization(header)

type string
array The Access Token.
required true

X-GRANT-TYPE(header)

type string
array client_credentials
required true

id(path)

The internal record ID of the message.

type integer

required true

Responses

200

The get request was successful.

Media types

application/octet-stream

Schema [GetMessageAttachment](#)

(*on page 1204*)

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error message:

EESERR2116 - External message attachment not found.

Media types

application/octet-stream

Schema [DefaultErrorModel](#)

(*on page 1204*)

404

The resource requested was not found. Check the error message for more information and resend the request with a valid resource ID.

Possible error message:

EESERR2107 - External message not found.

500

An internal server error occurred. Contact your administrator for more information.

Media types**application/octet-stream****Schema** [DefaultErrorModel](#)*(on page 1204)***default**

An unexpected error occurred. Check the error message for more information.

Media types**application/octet-stream****Schema** [DefaultErrorModel](#)*(on page 1204)***API methods: Create an external message****POST /v1/ees/client_externalmessage**

Create a message for a client who is registered in Merative Integrated Care.

Creates a message for a client who is registered in Merative Integrated Care.

Merative Integrated Care identifies the client record to create the message based on the client reference number that the external system provides in the body.

cURL

```
curl -X POST "https://host:port/Rest/v1/ees/client_externalmessage" -H "X-WCM-TENANT-ID: Tenant ID" -H
"X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials"
-H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H
"X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json" -d " { "resourceType": "externalmessaging",
"messageText": "message", "createdDateTime": "20230112T085000", "identifier": "12345" } " )"
```

)

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/ees/client_externalmessage")
```

```

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body(" { \"resourceType\": \"externalmessaging\", \"messageText\": \"message\", \"createdDateTime\": \"20230112T085000\", \"identifier\": \"12345\"} } ")

.asString();

```

Parameters

Referer(*header*)

type string
array curam://foundational.app
required true

X-WCM-TENANT-ID(*header*)

type string
array The tenant ID.
required true

X-WCM-TENANT-INSTANCE(*header*)

type string
array The tenant instance.
required true

Authorization(*header*)**type** string**array** The Access Token.**required** true**X-GRANT-TYPE(*header*)****type** string**array** client_credentials**required** true**Request body**

Create external message details.

Required:true**Media types****application/json****Schema** [CreateExternalMessage](#)*(on page 1204)***Responses****201**

The post request was successful.

Headers

Name	Description	Schema
Location	The location of the new resource.	type string

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

The possible error codes are:

EESERR2100 - Invalid 'resourceType' entered.

EESERR2101 - The date value provided, %1s, is invalid and not in the correct format.

EESERR2102 - The 'createdDateTime' is in the future.

EESERR2103 - A 'senderUserName' must be provided for this operation.

EESERR2104 - Maximum size for the 'MessageText' field is 4000 characters.

EESERR2105 - It is mandatory to specify 'createdDateTime'.

EESERR2114 - Identifier not found.

EESERR2115 - It is mandatory to specify 'messageText'.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1204)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1204)

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1204)

Components

Schemas

GetExternalMessage

Properties

id integer

description The unique identifier of the message.

createdDateTime string

description The date and time when a message record is submitted.

messageText string

description The message text.

maxLength 4000

senderUserName string

description The user name of the message's sender.

fileName string

description The filename of the attachment included in the message.

attachmentURL string

description The attachment URL of the message to retrieve the attachment content.

identifier string

description The client reference number.

source \$ref [Source](#)
*(on page
1202)*

originalSource \$ref [OriginalSource](#)
*(on page
1202)*

senderType \$ref [SenderType](#)
*(on page
1203)*

type object

OriginalSource

Properties

text string

description
Description of the original source system.

maxLength 300

coding array

items \$ref [CodingPR](#)
*(on page
1203)*

description

The name of the original source system where the message first originated. The external system identifies the original source system by its external system reference.

type object

Source

Properties

text string

description
Description of the source.

maxLength 300

coding array**items \$ref** CodingPR*(on page
1203)***description**

The source of the message. The external system identifies the source by its external system reference.

type object**SenderType****Properties****text** string**description**

The type of sender who created the message in Merative Integrated Care, for example, care team.

maxLength 300**coding** array**items \$ref** CodingPR*(on page
1203)***type** object**CodingPR****Properties****system** string**maxLength** 900**code** string**maxLength** 900**type** object

GetMessageAttachment

Properties

id integer

description

The unique identifier of the message.

type object

CreateExternalMessage

Properties

resourceType string

description

External message as a resource type. This is a mandatory field.

maxLength 300

createdDateTime string

description

The date and time when a message record is submitted. This is a mandatory field.

messageText string

description

The message text. This is a mandatory field.

maxLength 4000

identifier string

description

The client reference number. This is a mandatory field.

maxLength 10

type object

DefaultModelError

Properties

Error array

items \$ref [Error \(on page 1205\)](#)

type object

Error

Properties

code integer(*int32*)

description

A machine-readable code that identifies the problem. This code does not vary with the Accept-Language setting.

message string

description

A human-readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text may change over time.

level string

description

The level of the error.

type object

required

- code
- message
- level

(Demographics) Tag API

Version:v1

By using the protected APIs that follow, you can create, update, and delete tag records that are sent to Merative Integrated Care for a client from an external system so that Merative Integrated Care accurately reflects the external system data. In addition, you can retrieve tag data captured in respect of a client from Merative Integrated Care. The client is identified when Merative Integrated Care receives the Merative

Integrated Care client ID or the external ID and type. The client's tag record is identified when Merative Integrated Care receives an identifier type and record id.

Servers

<https://host/Rest>

API methods: Create a tag

POST /v1/ees/customdata/Tag

Create a tag record for a client who is registered in Merative Integrated Care.

Creates a client tag record based on an event in the external system that initiates a transfer of valid data to Merative Integrated Care.

Example request

CURL

```
curl -X POST "https://host:port/Rest/v1/ees/customdata/Tag" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json" -d "{\"externalSystemReference\": \"tag\", \"customDataType\": \"Tag\", \"subject\": { \"reference\": \"patient/28416\" }, \"identifier\": [ { \"value\": \"1234533\", \"type\": { \"text\": \"HospitalSys\" } } ], \"source\": { \"text\": \"Source\", \"coding\": [ { \"system\": \"http://wcm/source\", \"code\": \"s\" } ] }, \"originalSource\": { \"text\": \"OriginalSource\", \"coding\": [ { \"system\": \"http://wcm/originalsource\", \"code\": \"os\" } ] }, \"attributes\": [ { \"name\": \"tag\", \"value\": { \"valueString\": \"Private\" } } ] }
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/ees/customdata/Tag")  
  
.header("accept", "application/json")  
  
.header("Authorization", "access_token")  
  
.header("X-GRANT-TYPE", "client_credentials")
```

```

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body("{
  \"externalSystemReference\": \"tag\",
  \"customDataType\": \"Tag\",
  \"subject\": {
    \"reference\": \"patient/28416\",
    \"identifier\": [
      {
        \"value\": \"1234533\",
        \"type\": {
          \"text\": \"HospitalSys\"
        }
      }
    ],
    \"source\": {
      \"text\": \"Source\",
      \"coding\": [
        {
          \"system\": \"http://wcm/source\",
          \"code\": \"s\"
        }
      ]
    },
    \"originalSource\": {
      \"text\": \"OriginalSource\",
      \"coding\": [
        {
          \"system\": \"http://wcm/originalsource\",
          \"code\": \"os\"
        }
      ]
    }
  },
  \"attributes\": [
    {
      \"name\": \"tag\",
      \"value\": {
        \"valueString\": \"Private\"
      }
    }
  ]
}")

.asString();

```

Parameters

Referer(*header*)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials.

required true

Request body

The inbound message that contains the information required to create a client tag.

Required:true

Media types

application/json

Schema [CreateCustomData](#)

(on page 1224)

Responses

201

The post request was successful.

Headers

Name	Description	Schema
Location	The location of the new resource.	type string

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages returned:

EESERR352 - Custom Client Data record with identifier HospitalSystem - 123456 already exists for this person.

EESERR649 - Invalid 'unknownattribute' attribute name provided.

EESERR651 - Failed to create a record: Invalid value provided for data attribute 'exampleAttributeName'.

EESERR651 - Failed to create a record: Invalid 'test invalid code' value provided for 'valueSet'.

EESERR1000 - No shared version found for this Custom Data Type.

EESERR1001 - 'externalSystemReference' doesn't match with the given 'customDataType'.

EESERR1002 - The Custom Data Type record pay load is missing the following attributes: [exampleAttributeName].

500

An internal server error occurred. Contact your administrator for more information.

default

An unexpected error occurred. Check the error message for more information.

API methods: Update a tag

PUT /v1/ees/customdata/Tag

Update a tag record for a client who is registered in Merative Integrated Care.

Updates a client's tag record assuming that a matching record is found when the external system initiates a transfer of valid data to Merative Integrated Care. Merative Integrated Care identifies the record to be updated based on the external identifiers that the external system provides in the body. If no matching tag record is found, Merative Integrated Care creates a new tag record for the individual.

Example request

cURL

```
curl -X PUT "https://host:port/Rest/v1/ees/customdata/Tag" -H "X-WCM-TENANT-ID: Tenant ID" -H
"X-WCM-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Referer: curam://foundational.app"
-H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json"
-d "{ \"externalSystemReference\": \"tag\", \"customDataType\": \"Tag\", \"subject\": { \"reference\":
\"patient/28416\" }, \"identifier\": [ { \"value\": \"1234533\", \"type\": { \"text\": \"HospitalSys\" } } ], \"source\":
{ \"text\": \"Source\", \"coding\": [ { \"system\": \"http://wcm/source\", \"code\": \"s\" } ] }, \"originalSource\":
```

```
{
  "text": "OriginalSource",
  "coding": [
    {
      "system": "http://wcm/originalsource",
      "code": "os"
    }
  ],
  "attributes": [
    {
      "name": "tag",
      "value": {
        "valueString": "Private"
      }
    }
  ]
}
```

JAVA

```
HttpResponse response = Unirest.put("https://host:port/Rest/v1/ees/customdata/Tag")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body( {
  "externalSystemReference": "tag",
  "customDataType": "Tag",
  "subject": {
    "reference": "patient/28416",
    "identifier": [
      {
        "value": "1234533",
        "type": {
          "text": "HospitalSys"
        }
      }
    ],
    "source": {
      "text": "Source",
      "coding": [
        {
          "system": "http://wcm/source",
          "code": "s"
        }
      ],
      "originalSource": {
        "text": "OriginalSource",
        "coding": [
          {
            "system": "http://wcm/originalsource",
            "code": "os"
          }
        ],
        "attributes": [
          {
            "name": "tag",
            "value": {
              "valueString": "Private"
            }
          }
        ]
      }
    }
  }
}.asString();
```

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)**type** string**array** The tenant ID.**required** true**X-WCM-TENANT-INSTANCE(*header*)****type** string**array** The tenant instance.**required** true**Authorization(*header*)****type** string**array** The Access Token.**required** true**X-GRANT-TYPE(*header*)****type** string**array** client_credentials.**required** true**Request body**

The inbound message that contains the information required to create a client tag.

Required:true

Media types

application/json

Schema [CreateCustomData](#)

(*on page 1224*)

Responses

200

The put request was successful.

Media types

application/json

Schema [UpdateCustomData](#)

([on page 1229](#))

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages returned:

EESERR352 - Custom Client Data record with identifier HospitalSystem - 123456 already exists for this person.

EESERR649 - Invalid 'unknownattribute' attribute name provided.

EESERR651 - Failed to create a record: Invalid value provided for data attribute 'exampleAttributeName'.

EESERR651 - Failed to create a record: Invalid 'test invalid code' value provided for 'valueSet'

EESERR1000 - No shared version found for this Custom Data Type.

EESERR1001 - 'externalSystemReference' doesn't match with the given 'customDataType'.

EESERR1002 - The Custom Data Type record pay load is missing the following attributes: [exampleAttributeName].

500

An internal server error occurred. Contact your administrator for more information.

default

An unexpected error occurred. Check the error message for more information.

API methods: Update a tag (by ID)

PUT /v1/ees/customdata/Tag/{id}

Update a tag record for a client who is registered in Merative Integrated Care.

Updates a client's tag record assuming that a matching record is found when the external system initiates a transfer of valid data to Merative Integrated Care. Merative Integrated Care identifies the record to be updated based on the resource ID that the external system provides in the path and body.

Example request

CURL

```
curl -X PUT "https://host:port/Rest/v1/ees/customdata/Tag/12345" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json" -d "{ \"id\": \"12345\", \"externalSystemReference\": \"tag\", \"customDataType\": \"Tag\", \"subject\": { \"reference\": \"patient/28416\" }, \"identifier\": [ { \"value\": \"1234533\", \"type\": { \"text\": \"HospitalSys\" } }, { \"text\": \"Source\", \"coding\": [ { \"system\": \"http://wcm/source\", \"code\": \"s\" } ] }, { \"text\": \"OriginalSource\", \"coding\": [ { \"system\": \"http://wcm/originalsource\", \"code\": \"os\" } ] }, { \"name\": \"tag\", \"value\": { \"valueString\": \"Private\" } } ] }"
```

JAVA

```
HttpResponse response = Unirest.put("https://host:port/Rest/v1/ees/customdata/Tag/12345")
```

```
.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")
```

```

.body("{
  \"id\": \"12345\",
  \"externalSystemReference\": \"tag\",
  \"customDataType\": \"Tag\",
  \"subject\": {
    \"reference\": \"patient/28416\",
    \"identifier\": [
      {\"value\": \"1234533\", \"type\": {\"text\": \"HospitalSys\"}}
    ],
    \"source\": {\"text\": \"Source\", \"coding\": [{\"system\": \"http://wcm/source\", \"code\": \"s\"}]},
    \"originalSource\": {\"text\": \"OriginalSource\", \"coding\": [{\"system\": \"http://wcm/originalsource\", \"code\": \"os\"}]},
    \"attributes\": [
      {\"name\": \"tag\", \"value\": {\"valueString\": \"Private\"}}
    ]
  }
}.asString();

```

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(header)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(header)

type string

array The tenant instance.

required true

Authorization(header)

type string

array The Access Token.

required true

X-GRANT-TYPE(header)

type string

array client_credentials.

required true

id(*path*)

Mandatory. The "id" attribute stores the resource ID of the client data resource ID to be updated.

type string

maxLength 900

required true

Request body

The inbound message that contains the information required to create a client tag.

Required:true

Media types

application/json

Schema [UpdateCustomData](#)

(on page 1229)

Responses

200

The put request was successful.

Media types

application/json

Schema [UpdateCustomData](#)

(on page 1229)

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages returned:

EESERR351 - The resource id provided doesn't exist for a Custom Client Data record for this person.

EESERR352 - Custom Client Data record with identifier HospitalSystem - 123456 already exists for this person.

EESERR354 - Resource id and identifier(s) match different Custom Client Data records for this person.

EESERR356 - Resource Custom Client Data/123 doesn't exist.

EESERR623 - The record was updated by a care manager and cannot be updated by an external system.

EESERR626 - The record doesn't exist.

EESERR649 - Invalid 'unknownattribute' attribute name provided.

EESERR652 - Failed to update a record: Invalid value provided for data attribute 'exampleAttributeName'.

EESERR652 - Failed to update a record: Invalid 'test invalid code' value provided for 'valueSet'.

EESERR653 - Failed to delete a record: EESERR624 - The record was updated by a care manager and cannot be deleted by an external system.

EESERR1000 - No shared version found for this Custom Data Type.

EESERR1001 - 'externalSystemReference' doesn't match with the given 'customDataType'.

EESERR1002 - The Custom Data Type record pay load is missing the following attributes: [exampleAttributeName].

500

An internal server error occurred. Contact your administrator for more information.

default

An unexpected error occurred. Check the error message for more information.

API methods: Get a tag

GET /v1/ees/customdata/Tag/{id}

Get a tag record for a client who is registered in Merative Integrated Care.

Get a tag record based on its ID. The URL contains the ID of the tag record. For example, if the ID of the tag record is 123, the URL contained in the notification is /Rest/v1/ees/customdata/Tag/123. The external system must call this URL to retrieve the tag details.

Example request

CURL

```
curl -X GET "https://host:port/Rest/v1/ees/customdata/Tag/123" "X-WCM-TENANT-ID: Tenant ID" -H
"X-WCM-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Referer: curam://foundational.app" -H
"Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json"
```

JAVA

```
HttpResponse response = Unirest.get("https://host:port/Rest/v1/ees/customdata/Tag/123")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.asString();
```

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials.

required true

id(*path*)

Mandatory. The "id" attribute stores the resource ID of the client data resource ID to be retrieved.

type string

maxLength 900

required true

Responses

200

The get request was successful.

Media types

application/json

Schema [UpdateCustomData](#)

(*on page 1229*)

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages returned:

EESERR626 - The record doesn't exist.

500

An internal server error occurred. Contact your administrator for more information.

default

An unexpected error occurred. Check the error message for more information.

API methods: Delete a tag

DELETE /v1/ees/customdata/Tag/{id}

Delete a tag record for a client who is registered in Merative Integrated Care.

Deletes a client's tag based on a delete event in the external system that initiates a transfer of information to Merative Integrated Care. Merative Integrated Care identifies the record to be deleted based on the resource ID that the external system provides.

Example request

cURL

```
curl -X DELETE "https://host:port/Rest/v1/ees/customdata/Tag/123" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json"
```

JAVA

```
HttpResponse response = Unirest.delete("https://host:port/Rest/v1/ees/customdata/Tag/123")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.asString();
```

Parameters

Referer(*header*)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials.

required true

id(*path*)

Mandatory. The "id" attribute stores the resource ID of the client data resource ID to be deleted.

type string

maxLength 900

required true

Responses

204

The delete request was successful.

400

The data request is invalid. Check the error message for more information and resend the request with the corrected data.

Possible error messages returned:

EESERR626 - The record doesn't exist.

500

An internal server error occurred. Contact your administrator for more information.

default

An unexpected error occurred. Check the error message for more information.

Components

Schemas

Value

Properties

valueString string

maxLength 100

description

Mandatory. The string value of the tag. It must match a configured tag value in Merative Integrated Care.

type object

Subject

Properties

reference string

description

Mandatory. The Subject object is used to identify an individual in Merative Integrated Care.

The "reference" String is expected to contain identifier details that will be used to match an individual in Merative Integrated Care.

The string is parsed to extract query parameters and associated values.

The string can contain a combination of

(1) Merative Integrated Care Patient ID (that is, the Merative Integrated Care Reference Number),

(2) Merative Integrated Care Identification External System Reference and Identification number,

(3) Merative Integrated Care Identification Type and Identification number,

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

(5) Merative Integrated Care Identification Type and Identification number and birthDate.

For example:

(1) Merative Integrated Care Patient ID

```
"subject": {  
  
    "reference" : "patient/123      " }
```

(2) Merative Integrated Care Identification External System Reference and Identification number

```
"subject": {  
  
    "reference" : "patient/identifiercode=xwz, identifiervalue=239" }
```

(3) Merative Integrated Care Identification External System Reference and Identification number,

```
"subject": {  
  
    "reference" : "patient/identifier=Passport, identifiervalue=239" }
```

(4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

```
"subject": {  
  
    "reference" : "patient/identifiercode=xwz, identifiervalue=239,  
    birthDate=19380821" }
```

(5) Merative Integrated Care Identification Type and Identification number and birthDate,

```
"subject":{  
  
    "reference" : "patient/identifiercode=Passport, identifiervalue=239,  
    birthDate=19380821"  }  

```

example patient/28416

type object

Attribute

Properties

name string

maxLength 3

description

Mandatory. The name of the attribute. The expected name is always 'tag'.

value \$ref Value

([on page](#)
1222)

type object

CreateCustomData

Properties

externalSystemReference string

description

Mandatory. The external system reference for the client data type that Merative Integrated Care uses to store tag data. The expected external system reference is always 'tag'.

maxLength 3

example tag

customDataType string

description	Mandatory. The name of the client data type that Merative Integrated Care uses to store tag data. The expected name is always 'Tag'.
maxLength	3
example	Tag
subject	\$ref Subject <i>(on page 1222)</i>
identifier	\$ref identifier <i>(on page 1227)</i>
source	\$ref CodeableConceptSource <i>(on page 1225)</i>
originalSource	\$ref CodeableConceptOriginalSource <i>(on page 1226)</i>
attributes	array items \$ref Attribute <i>(on page 1224)</i> array name tag value valueString Private
type	object
required	<ul style="list-style-type: none"> • name • photoUrls

CodeableConceptSource

Properties

text string

description
Optional

Textual description of codeable concept.

coding array

maxItems 1

items \$ref [CodingSource](#)
(*on page*
1226)

type object

CodingSource

Properties

system string

description
Mandatory.

"http://wcm/source" for source.

array http://wcm/source

code string

description
Mandatory.

The "code" value describes the
source system.

The value provided maps
to Merative Integrated Care
Source System

maxLength 20

type object

CodeableConceptOriginalSource

Properties

text string

description Optional

Textual description of codeable concept.

coding array

maxItems 1

items \$ref [CodingOriginalSource](#)
(on page 1227)

type object

CodingOriginalSource

Properties

system string

description
Mandatory.

"http://wcm/originalsource" for orginal source.

array http://wcm/originalsource

code string

description
Mandatory.

The "code" value describes the original source system.

The value provided maps to Merative Integrated Care Original Source System

maxLength 20

type object

identifier

type array

description Optional.

The Identifier list of objects stores values of external identifiers for the enclosing record.

Identifier objects can be used to create and update records.

An external system can provide up to 3 identifiers for a record.

When a record is created with an external identifier, the same identifier provided can be used to identify a record. Therefore send a PUT request to update the record.

For Example:

An Identification record is created providing an identifier with the following values:

```
identifier.type.text = "ExtSys1"
```

```
identifier.value = "698368"
```

A PUT request with an updated content and identifier as follows:

```
identifier.type.text = "ExtSys1"
```

```
identifier.value = "698368"
```

can be sent using the following url:

/Rest/v1/ees/Tag

The Tag record is updated.

maxItems 3

items \$ref [Identifier](#)

(*on page*

1228)

Identifier

Properties

value string

description

Optional.

This attribute stores the external identifier value.

If provided, a type.text value must be provided.

maxLength 100
example 698368
type \$ref [CodeableConcept](#)
(on page 1229)

type object

CodeableConcept

Properties

text string

description
Optional.

This attribute stores the value for the identifier type. It must be provided if an identifier value is provided.

maxLength 100
example ExtSys1

type object

UpdateCustomData

Properties

externalSystemReference string

description
Mandatory. The external system reference for the client data type that Merative Integrated Care uses to store tag data. The expected external system reference is always 'tag'.

maxLength 3

example tag

customDataType string

description
Mandatory. The name of the client data type that Merative Integrated Care uses to store tag data. The expected name is always 'Tag'.

```
        maxLength 3
        example Tag
id string

        example 12345
        maxLength 64
        description
            The "id" attribute stores the Identification resource ID.

subject $ref Subject
            (on page 1222)
identifier $ref Identifier
            (on page 1227)
source $ref CodeableConceptSource
            (on page 1225)
originalSource $ref CodeableConceptOriginalSource
            (on page 1226)
attributes array

            items $ref Attribute
            (on page 1224)
            array name tag
            value valueString Private

type object
required
    • name
    • photoUrls
```

(External Provider) Contact API

Version:1.0

By using the protected APIs that follow, you can create, update, or close provider contact records in Merative Integrated Care so that Merative Integrated Care accurately reflects the external system data.

When a contact is created, an external identifier is provided as part of the API. The identifier is then used to identify the contact whose records are to be updated or closed.

A contact can be associated with a provider. For example, the organization's main contact. If only the provider identifier is provided, the contact is only associated with the provider. A contact can be associated with a provider and a service offering for that provider. For example, the contact responsible for a specific service offering for the provider. If the provider external identifier and the service external identifier is provided, the contact is associated with the provider and the service offering. The contact records that the API creates are read-only in the Merative Integrated Care Tenant Administration application.

`you@your-company.com`

Servers

`http://host/Rest https://host/Rest`

API methods: Contact

POST /v1/epa/contact

Create contact records for providers and provider service offerings in Merative Integrated Care.

Creates contact records for providers and provider service offerings based on an update in the external system that initiates a transfer of valid data to Merative Integrated Care. Merative Integrated Care identifies the record to update based on the provider ID and service ID (if applicable) that the external system provides in the path and the body.

cURL

```
curl -X POST "https://host:port/Rest/v1/epa/contact" -H "accept: application/json" -H "Content-Type: application/json" -d " { "messageID" : "123", "id" : "extContactESR1", "organization_id": "extProvider466000", "service_id": "extService466000", "name": "Ext contact name1", "title": "Manager", "email": "extContact1@example.com", "mobile_phone": { "id": "extMobileESR1", "number": "9342389951" }, "personal_phone": { "id": "extPhoneESR1", "number": "9342389952" }, "source": { "coding": [ { "system": "http://wcm/source", "code": "ExtSS466000" } ], "text": "Acme Systems" }, "originalSource": { "coding": [ { "system": "http://wcm/originalsource", "code": "ExtSS466001" } ], "text": "Acme Systems" } }
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/epa/contact")

.header("accept", "application/json")

.header("Content-Type", "application/json")

.body(" { \"messageID\" : \"123\", \"id\" : \"extContactESR1\", \"organization_id\": \"extProvider466000\", \"service_id\": \"extService466000\", \"name\": \"Ext contact name1\", \"title\": \"Manager\", \"email\": \"extContact1@example.com\", \"mobile_phone\": { \"id\": \"extMobileESR1\", \"number\": \"9342389951\" }, \"personal_phone\": { \"id\": \"extPhoneESR1\", \"number\": \"9342389952\" }, \"source\": { \"coding\": [ { \"system\": \"http://wcm/source\", \"code\": \"ExtSS466000\" } ], \"text\": \"Acme Systems\" }, \"originalSource\": { \"coding\": [ { \"system\": \"http://wcm/originalsource\", \"code\": \"ExtSS466001\" } ], \"text\": \"Acme Systems\" } } } ")

.asString();
```

Parameters

body(*body*)

The request body in the JSON format.

Schema: [NewContactInfo \(on page 1238\)](#)

requiredtrue

Responses

201

The post request was successful.

Headers

Name	Description	Schema
Location	The location of the new resource.	type string

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

The following list outlines the possible error messages:

EPAERR3301 - Phone, mobile phone, or email address must be entered.

EPAERR3302 - The 'name' entered is too long. The maximum characters that is allowed is 65.

EPAERR3303 - The 'title' entered is too long. The maximum characters that is allowed is 100.

EPAERR3304 - The contact ID is invalid.

EPAERR3305 - The contact ID exists.

EPAERR3306 - The contact ID is not associated with the service ID.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1246)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1246)

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1246)

PUT /v1/epa/contact

Update contact records for providers and provider service offerings in Merative Integrated Care.

Updates contact records for providers and provider service offerings based on an update in the external system that initiates a transfer of valid data to Merative Integrated Care. Merative Integrated Care identifies the record to update based on the provider ID and service ID (if applicable) that the external system provides in the path and the body.

cURL

```
curl -X POST "https://host:port/Rest/v1/epa/contact" -H "accept: application/json" -H "Content-Type: application/json" -d " { "messageID" : "123", "id" : "extContactESR1", "organization_id": "extProvider466000", "service_id": "extService466000", "name": "Ext contact name1", "title": "Manager", "email": "extContact1@example.com", "mobile_phone": { "id": "extMobileESR1", "number": "9342389951" }, "personal_phone": { "id": "extPhoneESR1", "number": "9342389952" } } "
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/epa/contact")

.header("accept", "application/json")

.header("Content-Type", "application/json")

.body(" { "messageID" : "123", "id" : "extContactESR1", "organization_id": "extProvider466000", "service_id": "extService466000", "name": "Ext contact name1", "title": "Manager", "email": "extContact1@example.com", "mobile_phone": { "id": "extMobileESR1", "number": "9342389951" }, "personal_phone": { "id": "extPhoneESR1", "number": "9342389952" } } ")

.asString();
```

Parameters

body(*body*)

The request body in the JSON format.

Schema: [ModifiedContactInfo \(on page 1240\)](#)

requiredtrue

Responses

200

The put request was successful.

Media types

application/json

Schema [UpdateContactResponse](#)

(on page 1243)

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

The following list outlines the possible error messages:

EPAERR3301 - Phone, mobile phone or email address must be entered.

EPAERR3302 - The 'name' entered is too long. The maximum characters that is allowed is 65.

EPAERR3303 - The 'title' entered is too long. The maximum characters that is allowed is 100.

EPAERR3304 - The contact ID is invalid.

EPAERR3305 - The contact ID exists.

EPAERR3306 - The contact ID is not associated with the service ID.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1246)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1246](#))

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1246](#))

POST /v1/epa/contact/close

Delete contact records for providers and provider service offerings in Merative Integrated Care.

Deletes contact records for providers and provider service offerings based on an update in the external system that initiates a transfer of valid data to Merative Integrated Care. Merative Integrated Care identifies the record to update based on the provider ID and service ID (if applicable) that the external system provides in the path and the body.

cURL

```
curl -X POST "https://host:port/Rest/v1/epa/contact/close" -H "accept: application/json" -H "Content-Type: application/json" -d " { \"messageID\" : \"123\", \"id\" : \"extContactESR1\", \"organization_id\": \"extProvider466000\", \"service_id\": \"extService466000\"} "
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/epa/contact/close")

.header("accept", "application/json")

.header("Content-Type", "application/json")

.body(" { \"messageID\" : \"123\", \"id\" : \"extContactESR1\", \"organization_id\": \"extProvider466000\", \"service_id\": \"extService466000\"} "
```

```
.asString();
```

Parameters

contactID(*body*)

The JSON object that contains the reference ID of a contact..

Schema: [DeleteContact \(on page 1244\)](#)

required true

Responses

200

The post request was successful.

Media types

application/json

Schema type array

items \$ref [ActionCountResponse](#)

(on page 1245)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1246)

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1246)

Components

Schemas

NewContactInfo

Properties

messageID integer(*int64*)

example 1552641913250

description The internal record ID for a contact. The field is optional.

id string

example extcontactESR1

description The unique identifier of a contact. The field is mandatory.

minLength 0

maxLength 20

organization_id string

example extOrg466000

description The reference identifier for an organization. The field is mandatory.

minLength 0

maxLength 20

service_id string

example extService466000

description The reference identifier for a service. The field is optional.

minLength 0

maxLength 20

name \$ref [NewContactName](#)

(on page 1241)

title	string
	<p>example Manager</p> <p>description The role or title of the contact member. The field is optional.</p>
	<p>minLength 0</p> <p>maxLength 100</p>
email	string
	<p>example extContact1@example.com</p> <p>description The email ID of the contact member. Either of the contact numbers or the email ID must be provided.</p>
	<p>minLength 0</p> <p>maxLength 256</p>
mobile_phone	<p>\$ref MobilePhoneInfo <i>(on page 1242)</i></p>
personal_phone	<p>\$ref PersonalPhoneInfo <i>(on page 1242)</i></p>
originalSource	object
	<p>description Contains the original source system details. The system and the code that corresponds to the original source system of the note. The system reference of the source is http://wcm/originalsourcecode. The field is optional.</p>
	<p>\$ref ExternalContactSource (on page 1243)</p>
source	object
	<p>description Contains the original source details. The system and the code that corresponds to the source of the note. The system http://wcm/sourcecode is the external system reference of the source. The field is optional.</p>
	<p>\$ref ExternalContactSource (on page 1243)</p>
type	object

ModifiedContactInfo

Properties

messageID integer(*int64*)

example 1552641913250

description

The internal record ID for a contact. The field is optional.

id string

example extcontactESR1

description

The unique identifier of a contact. The field is mandatory.

minLength 0

maxLength 20

organization_id string

example extOrg466000

description

The reference identifier for an organization. The field is mandatory.

minLength 0

maxLength 20

service_id string

example extService466000

description

The reference identifier for a service. The field is optional.

minLength 0

maxLength 20

name \$ref [ModifiedContactName](#)

(*on page 1241*)

title string

example Manager

description

The role or title of the contact member. The field is optional.

minLength 0**maxLength** 100**email**

string

example extContact1@example.com**description**

The email ID of the contact member. Either of the contact numbers or the email ID must be provided.

minLength 0**maxLength** 256**mobile_phone** \$ref [MobilePhoneInfo](#)*(on page 1242)***personal_phone** \$ref [PersonalPhoneInfo](#)*(on page 1242)***type** object**NewContactName****type** string**example** Ext contact name1**description**

The full name of the contact member. The field is optional.

minLength 0**maxLength** 65**ModifiedContactName****type** string**example** Ext contact name2**description**

The full name of the contact member. The field is optional.

minLength 0**maxLength** 65

MobilePhoneInfo

Properties

id string

example extMobileESR1

description

The reference identifier for an external contact number. Either of the contact numbers or the email ID must be provided.

minLength 0

maxLength 20

number number

example 9123456789

description

The mobile phone number. The field is mandatory.

minLength 0

maxLength 20

type object

PersonalPhoneInfo

Properties

id string

example extPhoneESR1

description

The reference identifier for an external contact number. Either of the contact numbers or the email ID must be provided.

minLength 0

maxLength 20

number number

example 9123456789

description

The mobile phone number. The field is mandatory.

minLength 0

maxLength 20

type object

ExternalContactSource

Properties

text string

example Acme Systems

description The source details.

minLength 0

maxLength 100

coding \$ref [SourceCoding](#)

(*on page*

1244)

type object

UpdateContactResponse

Properties

message string

example OK

description The response message from the API.

entries array

description The Merative Integrated Care internal ID of the contact is updated.

uniqueItems true

items \$ref [ModifiedContactInfo](#)

(*on page* 1240)

type object

DeleteContact

Properties

messageID integer(*int64*)

example 1552641913250

description

The internal record ID for a contact. The field is optional

id string

example extcontactESR1

description

The unique identifier of a contact. The field is mandatory.

minLength 0

maxLength 20

organization_id string

example extOrg466000

description

The reference identifier for an organization. The field is mandatory.

minLength 0

maxLength 20

service_id string

example extService466000

description

The reference identifier for a service. The field is optional.

minLength 0

maxLength 20

type object

SourceCoding

Properties

system string

example http://wcm/originalsource

description
The FHIR system details.

minLength 0

maxLength 100

code string

example ExtSS466001

description
The FHIR code reference details.

minLength 0

maxLength 100

type object

GenericResponse

Properties

message string

example OK

description
The response message from the API.

type object

ActionCountResponse

Properties

successCount integer(*int32*)

example 8

description
The success count.

failureCount integer(*int32*)

example 2

description
The failure count.

totalCount integer(*int32*)

example 10

description
The total number
of entries.

type object

DefaultModelError

Properties

Error array

items \$ref [Error \(on page 1246\)](#)

type object

Error

Properties

code integer(*int32*)

description
A machine-readable code that identifies the problem. This code does not vary with the Accept-Language setting.

message string

description
A human-readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text can change over time.

level string

description
The level of the error.

type object

required

- code
- message
- level

(External Provider) Fees API

Version:1.0

By using the protected APIs that follow, you can create, update, or close provider service offering, unit, and fee information in Merative Integrated Care so that Merative Integrated Care accurately reflects the external system data. All units that are created by using the API are created as unit list page entries in the tenant admin service library (if they do not already exist). Fee and unit information can influence the provider service offering that is added to a client's plan. For example, Provider A offers home help at \$30 per hour and Provider B offers home help at \$17 per half hour. As the client needs two half hour sessions per week, Provider B is more suitable for the client. The unit and fee records that the API creates are read-only in the Merative Integrated Care Tenant Administration application.

you@your-company.com

Servers

`http://host/api https://host/api`

API methods: Fee

POST /v1/epa/fee

Create unit and fee records for provider service offerings in Merative Integrated Care.

Creates unit and fee records for a provider service offering based on an update in the external system that initiates a transfer of valid data to Merative Integrated Care. Merative Integrated Care identifies the record to update based on the provider ID and service ID (if applicable) that the external system provides in the path and the body. The units that the API creates are also mapped to the Merative Integrated Care Tenant Admin Services library to create unit type records (if they do not already exist).

CURL

```
curl -X POST "https://host:port/Rest/v1/epa/fee" -H "accept: application/json" -H "Content-Type: application/json"  
-d " { \"messageID\" : \"123\", \"id\" : \"extFeeESR2\", \"organization_id\": \"extProvider466000\", \"service_id\":  
\"extService466000\", \"fees\": \"21\", \"unit\" : { \"id\": \"extUnitESR2\", \"name\": \"ext Unit2 name\" }, \"start_date\":  
\"2012-02-21\", \"end_date\": \"\", \"source\": { \"coding\": [ { \"system\": \"http://wcm/source\", \"code\": \"ExtSS466000\" } ],  
\"text\": \"Acme Systems\" }, \"originalSource\": { \"coding\": [ { \"system\": \"http://wcm/originalsource\", \"code\":  
\"ExtSS466001\" } ], \"text\": \"Acme Systems\" } } "
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/epa/fee")  
  
.header("accept", "application/json")  
  
.header("Content-Type", "application/json")  
  
.body(" { \"messageID\" : \"123\", \"id\" : \"extFeeESR2\", \"organization_id\": \"extProvider466000\", \"service_id\":  
\"extService466000\", \"fees\": \"21\", \"unit\" : { \"id\": \"extUnitESR2\", \"name\": \"ext Unit2 name\" }, \"start_date\":  
\"2012-02-21\", \"end_date\": \"\", \"source\": { \"coding\": [ { \"system\": \"http://wcm/source\", \"code\": \"ExtSS466000\" } ],  
\"text\": \"Acme Systems\" }, \"originalSource\": { \"coding\": [ { \"system\": \"http://wcm/originalsource\", \"code\":  
\"ExtSS466001\" } ], \"text\": \"Acme Systems\" } } ")  
  
.asString();
```

Parameters

body(*body*)

The request body in the JSON format.

Schema: [NewFeeInfo \(on page 1253\)](#)

required true

Responses

201

The post request was successful.

Headers

Name	Description	Schema
Location	The location of the new resource.	type string

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Media types**application/json****Schema** [DefaultErrorModel](#)*(on page 1260)***500**

An internal server error occurred. Contact your administrator for more information.

Media types**application/json****Schema** [DefaultErrorModel](#)*(on page 1260)***default**

An unexpected error occurred. Check the error message for further information.

Media types**application/json****Schema** [DefaultErrorModel](#)*(on page 1260)***PUT /v1/epa/fee**

Update unit and fee records for provider service offerings in Merative Integrated Care.

Updates unit and fee records for provider service offerings based on an update in the external system that initiates a transfer of valid data to Merative Integrated Care. Merative Integrated Care identifies the record to update based on the provider ID and service ID (if applicable) that the external system provides in the path and the body.

CURL

```
curl -X POST "https://host:port/Rest/v1/epa/fee" -H "accept: application/json" -H "Content-Type: application/json"
-d " { "messageID" : "123", "id" : "extFeeESR2", "organization_id": "extProvider466000", "service_id":
"extService466000", "fees": "21", "unit" : { "id": "extUnitESR2", "name": "ext Unit2 name" }, "start_date":
"2012-02-21", "end_date": ""} "
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/epa/fee")

.header("accept", "application/json")

.header("Content-Type", "application/json")

.body(" { "messageID" : "123", "id" : "extFeeESR2", "organization_id": "extProvider466000", "service_id":
"extService466000", "fees": "21", "unit" : { "id": "extUnitESR2", "name": "ext Unit2 name" }, "start_date":
"2012-02-21", "end_date": ""} ")

.asString();
```

Parameters

body(*body*)

The request body in the JSON format.

Schema: [ModifiedFeeInfo \(on page 1255\)](#)

requiredtrue

Responses

200

The put request was successful.

Media types

application/json

Schema [UpdateFeeResponse](#)
(*on page 1256*)

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Media types

application/json

Schema [DefaultErrorModel](#)
(*on page 1260*)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)
(*on page 1260*)

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)
(*on page 1260*)

POST /v1/epa/fee/close

Delete unit and fee records for provider service offerings in Merative Integrated Care.

Deletes unit and fee records for provider service offerings based on an update in the external system that initiates a transfer of valid data to Merative Integrated Care. Merative Integrated Care identifies the record to update based on the provider ID and service ID (if applicable) that the external system provides in the path and the body.

CURL

```
curl -X POST "https://host:port/Rest/v1/epa/fee/close" -H "accept: application/json" -H "Content-Type: application/json" -d " { \"messageID\" : \"123\", \"id\" : \"extFeeESR2\", \"organization_id\": \"extProvider466000\", \"service_id\": \"extService466000\"} "
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/epa/fee/close")

.header("accept", "application/json")

.header("Content-Type", "application/json")

.body(" { \"messageID\" : \"123\", \"id\" : \"extFeeESR2\", \"organization_id\": \"extProvider466000\", \"service_id\": \"extService466000\"} ")

.asString();
```

Parameters

serviceID(*body*)

The JSON object that contains the reference ID of a service..

Schema: [DeleteFeeDetails \(on page 1258\)](#)

required true

Responses

200

The post request was successful.

Media types

application/json

Schema type array

items \$ref [ActionCountResponse](#)

(*on page 1260*)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 1260*)

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 1260*)

Components

Schemas

NewFeeInfo

Properties

messageID integer(*int64*)

example 1552641913250

description

The internal record ID for a location. The field is optional.

id string

example extFeeESR1

description

The unique identifier of the location. The field is mandatory.

minLength 0
maxLength 20

organization_id string

example extOrgID466000

description The reference identifier for an organization. The field is mandatory.

minLength 0
maxLength 20

service_id string

example extServiceID466000

description The service identifier for a location. The field is mandatory.

minLength 0
maxLength 20

fees string(*money*)

description The fee for the service. The field is mandatory.

unit \$ref [NewUnitList](#)
(*on page 1257*)

start_date string(*date*)

example 2012-02-21

description The start date. The field is optional.

end_date string(*date*)

example 2012-02-21

description The end date. The field is optional.

originalSource object

description	Contains the original source system details. The system and code that corresponds to the original source system of the note. The external reference of the original source system is http://wcm/originalsourcecode . The field is optional.
\$ref	ExternalFeesSource (on page 1258)
source	object
description	Contains the source details. The system and code that corresponds to the source of the note. The external reference of the original system is http://wcm/sourcecode . The field is optional.
\$ref	ExternalFeesSource (on page 1258)

type object

ModifiedFeeInfo

Properties

messageID integer(*int64*)

example 1552641913250

description

The internal record ID for a location. The field is optional.

id string

example extFeeESR1

description

The unique identifier of the location. The field is mandatory.

minLength 0

maxLength 20

organization_id string

example extOrgID466000

description

The reference identifier for an organization. The field is mandatory.

minLength 0

maxLength 20

service_id

string

example extServiceID466000

description

The service identifier for a location. The field is mandatory.

minLength 0

maxLength 20

fees

string(*money*)

description

The fee for the service. The field is mandatory.

unit

\$ref [ModifiedUnitList](#)

(on page 1257)

start_date

string(*date*)

example 2012-02-21

description

The start date. The field is optional.

end_date

string(*date*)

example 2012-02-21

description

The end date. The field is optional.

type object

UpdateFeeResponse

Properties

message string

example OK

description

The response message from the API.

entries array

description

The list of fee details.

uniqueItems true

items \$ref [ModifiedFeeInfo](#)
(on page 1255)

type object

NewUnitList

Properties

id string

example extFeeUnitESR1

description

The unique identifier of a category. The field is mandatory.

maxLength 20

name string

example ext unit name

description

The name of the unit. The field is mandatory.

maxLength 2000

type object

ModifiedUnitList

Properties

id string

example extFeeUnitESR1

description

The unique identifier of a category. The field is mandatory.

maxLength 20

name string

example ext unit name updated

description

The name of the unit. The field is mandatory.

maxLength 2000

type object

ExternalFeesSource

Properties

text string

example Acme Systems

description

Source details

maxLength 100

coding \$ref [SourceCoding](#)

(*on page*

1259)

type object

DeleteFeeDetails

Properties

messageID integer(*int64*)

example 1552641913250

description

The internal record ID for reference. The field is optional.

id string

example extLocationESR1

description

The unique identifier of the fee service. The field is mandatory.

minLength 0

maxLength 20

organization_id string

example extOrgID466000

description The reference identifier for an organization. The field is mandatory.

minLength 0

maxLength 20

service_id string

example extServiceID466000

description The service identifier for a location. The field is mandatory.

minLength 0

maxLength 20

type object

SourceCoding

Properties

system string

example http://wcm/originalsource

description The FHIR system details.

maxLength 100

code string

example ExtSS466001

description The FHIR code reference details.

maxLength 100

type object

ActionCountResponse

Properties

successCount integer(*int32*)

example 8

description
The success count.

failureCount integer(*int32*)

example 2

description
The failure count.

totalCount integer(*int32*)

example 10

description
The total number
of entries.

type object

DefaultModelError

Properties

Error array

items \$ref Error (*on*

page

1260)

type object

Error

Properties

code integer(*int32*)

description

A machine-readable code that identifies the problem. This code does not vary with the Accept-Language setting.

message string**description**

A human-readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text can change over time.

level string**description**

The level of the error.

type object**required**

- code
- message
- level

Inquiries API

Version:v1

By using the protected APIs that follow, you can retrieve provider service inquiries created for a client from Merative Integrated Care so that extended care team members (who are not Merative Integrated Care users) can view and manage the inquiry in an external system. In addition, you can send updated inquiries from an external system to Merative Integrated Care.

Servers

<https://host/Rest>

API methods: Get inquiry (by ID)

GET /v1/ees/inquiry/{id}

Get provider service inquiry details for a client who is registered in Merative Integrated Care.

Retrieves a specific inquiry in Merative Integrated Care that matches the record ID sent from an external system.

Example request

CURL

```
curl GET -v -k -H  
'Content-Type: application/json' -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H  
"Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H 'Referer: curam//foundational.app'  
  
http://host:port/Rest/v1/ees/inquiry/{id}
```

JAVA

```
HttpResponse response = Unirest.put("https://host:port/Rest/v1/ees/inquiry/{id}"  
  
.header("accept", "application/json")  
  
.header("X-WCM-TENANT-ID", "Tenant ID")  
  
.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")  
  
.header("Authorization", "access_token")  
  
.header("X-GRANT-TYPE", "client_credentials")  
  
.header("Referer", "curam://foundationalapp") .asString();
```

Parameters

Referer(*header*)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

id(*path*)

Internal record ID/Merative Integrated Care ID of the inquiry.

type string

required true

Responses

200

The get request was successful.

Media types

application/json

Schema [GetInquiryMessage](#)

(*on page 1269*)

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Possible error messages:

EESERR2056 - Inquiry not found.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 1272*)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 1272*)

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 1272*)

API methods: Update inquiry

PUT /v1/ees/inquiry

Update a provider service inquiry for a client who is registered in Merative Integrated Care.

Updates a specific inquiry in Merative Integrated Care. Merative Integrated Care identifies the record to be updated based on the inquiry identifiers that the external system provides in the body.

CURL

```
curl -X POST "https://host:port/Rest/v1/ees/inquiry" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json" -d " { \"resourceType\": \"Parameters\", \"parameter\": [ {\"name\": \"inquiry\", \"resource\": { \"resourceType\": \"Parameters\", \"implicitRules\": \"Inquiry\", \"id\": \"1126999418470656\", \"parameter\": [ { \"name\": \"ExpectedStartDate\", \"valueString\": \"2021-09-10\" }, { \"name\": \"Status\", \"valueString\": \"openesr\" }, { \"name\": \"ReceivedDate\", \"valueString\": \"2020-10-29\" }, { \"name\": \"LastUpdatedBy\", \"valueString\": \"Susan Brown\" }, { \"name\": \"LastUpdated\", \"valueString\": \"2021-05-29T12:43:45+02:00\" }, { \"name\": \"Comments\", \"valueString\": \"update Comment\" }, { \"name\": \"Source\", \"valueString\": \"\", \"valueCodetableConcept\": { \"text\": \"description of source\", \"coding\": [ { \"system\": \"http://wcm/source\", \"code\": \"code of source\" } ] } }, { \"name\": \"OriginalSource\", \"valueString\": \"\", \"valueCodetableConcept\": { \"text\": \"description of original source\", \"coding\": [ { \"system\": \"http://wcm/originalsource\", \"code\": \"code of original source\" } ] } ] } ] } }
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/ees/inquiry")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")
```

```
.header("Content-Type", "application/json")  
  
.asString();
```

Parameters

Referer(*header*)

type string
array curam://foundational.app
required true

X-WCM-TENANT-ID(*header*)

type string
array The tenant ID.
required true

X-WCM-TENANT-INSTANCE(*header*)

type string
array The tenant instance.
required true

Authorization(*header*)

type string
array The Access Token.
required true

X-GRANT-TYPE(*header*)

type string
array client_credentials
required true

Request body

The inquiry details.

Required:true

Media types

application/json

Schema [ModifiedInquiry](#)

([on page](#)
1269)

Responses

200

The put request was successful.

Media types

application/json

Schema [ModifiedInquiry](#)

([on page](#)
1269)

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Possible error messages:

EESERR2051 - It is mandatory to specify 'inquiry ID'.

EESERR2052 - It is mandatory to specify 'status'.

EESERR2054 - It is mandatory to specify 'last updatedBy'.

EESERR2055 - It is mandatory to specify 'last updated'.

EESERR2056 - Inquiry not found.

EESERR2057 - The value string entered for 'Inquiry ID' is too long, maximum allowed characters is 18.

EESERR2058 - Invalid value entered for 'status'.

EESERR2059 - The value string entered for 'status' is too long, maximum allowed characters is 20.

EESERR2060 - The value string entered for 'Comments' is too long, maximum allowed characters is 2000.

EESERR2061 - The 'source' entered is too long, maximum allowed is 100.

EESERR2062 - The 'originalSource' entered is too long, maximum allowed is 100.

EESERR2063 - Invalid 'system' entered for 'source'.

EESERR2064 - Invalid 'code' entered for 'source'.

EESERR2065 - Invalid 'system' entered for 'originalSource'.

EESERR2066 - Invalid 'code' entered for 'originalSource'.

EESERR2067 - Invalid date string entered for 'expectedStartDate'.

EESERR2068 - Invalid date string entered for 'receivedDate'.

EESERR2069 - The value string entered for 'lastUpdatedBy' is too long, maximum allowed characters is 64.

EESERR2070 - Invalid 'Date Time' entered for 'lastUpdated'.

EESERR2071 - Invalid 'value' entered for 'ResourceType'.

EESERR2072 - Invalid 'value' entered for 'Parameter Name'.

EESERR2073 - Invalid 'value' entered for 'implicitRules'.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 1272*)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1272](#))

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1272](#))

Components

Schemas

GetInquiryMessage

Properties

resourceType string

description

All inquiries are of resource type Parameters.

parameter object

description

Parameter of inquiry response holds inquiry details.

\$ref

[ModifiedParameter \(on page 1270\)](#)

type object

ModifiedInquiry

Properties

resourceType string

description

All inquiries are of resource type Parameters. This is a mandatory field.

maxLength 300

parameter object

description

Contains the inquiry details. This is a mandatory field.

\$ref [ModifiedParameter \(on page 1270\)](#)

type object

ModifiedParameter

Properties

name string

description

All inquiries parameter are of name inquiry. This is a mandatory field.

maxLength 300

resource object

description

Mandatory. This object holds the resource for the Parameter.

\$ref [ModifiedResource \(on page 1270\)](#)

type object

ModifiedResource

Properties

resourceType string

description

All inquiries are of resource type Parameters. This is a mandatory field.

maxLength 300

implicitRules string

description

All implicitRules are Inquiry. This is a mandatory field.

maxLength 300

id string

description

Identifier to retrieve the inquiry to update. This is a mandatory field.

maxLength 18

parameter array

items \$ref ModifiedParameters

(*on page 1271*)

type object

ModifiedParameters

Properties

name string

description

This attribute holds the name for the Parameter. List of Mandatory names for PUT Rest call are Status LastUpdatedBy and LastUpdated.

list of optional names are ExpectedStartDate ReceivedDate Comments Source OriginalSource .

maxLength 2000

valueString string

description

This attribute holds the value for the Parameter. List of Mandatory values for PUT Rest call are Status LastUpdatedBy and LastUpdated.

list of optional names are ExpectedStartDate ReceivedDate Comments Source OriginalSource .

maxLength 2000

valueCodableConcept object

description

Object to hold source and original source details.

\$ref

[Sources \(on page 1272\)](#)

type object

Sources

Properties

text string

maxLength 100

coding object

description

Mandatory. This object holds the resource for the Parameter.

\$ref [ModifiedCoding \(on page 1272\)](#)

type object

ModifiedCoding

Properties

system string

maxLength 100

code string

maxLength 100

type object

DefaultModelError

Properties

Error array

items \$ref [Error \(on](#)

page

1273)

type object

Error

Properties

code integer(*int32*)

description

A machine-readable code that identifies the problem. This code does not vary with the Accept-Language setting.

message string

description

A human-readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text may change over time.

level string

description

The level of the error.

type object

required

- code
- message
- level

(External Provider) Location API

Version:1.0

By using the protected APIs that follow, you can create, update, or delete provider location records in Merative Integrated Care so that Merative Integrated Care accurately reflects the external system data. When a location is created, an external identifier is provided as part of the API. The identifier is then used to identify the location whose records are to be updated or closed. The location records that the API creates are read-only in the Merative Integrated Care Tenant Administration application.

A location can be associated with a provider. For example, the location of an organization's headquarters. If only the provider identifier is provided, only the location is associated with the provider. A location can be associated with a provider and a service offering for that provider. For example, the location where a

service is offered, such as a food bank. If the provider external identifier and the service external identifier are provided, the location is associated with the provider and the service offering.

you@your-company.com

Servers

`http://host/Rest https://host/Rest`

API methods: Location

POST /v1/epa/location

Create location records for providers and provider service offerings in Merative Integrated Care.

Creates location records for providers and provider service offerings based on an update in the external system that initiates a transfer of valid data to Merative Integrated Care. Merative Integrated Care identifies the record to update based on the provider ID and service ID (if applicable) that the external system provides in the path and the body.

CURL

```
curl -X POST "https://host:port/Rest/v1/epa/location" -H "accept: application/json" -H "Content-Type: application/json" -d " { "messageID" : "123", "id" : "extLocationESR1", "organization_id": "extProvider466000", "service_id": "extService466000", "address_1": "1645 Corinth Ave # 201", "city": "Los Angeles", "state_province": "CA", "postal_code": "90021", "country": "US", "location": { "id": "extGeoCodeRef1", "latitude": "", "longitude": "" }, "source": { "coding": [ { "system": "http://wcm/source", "code": "ExtSS466000" } ], "text": "Acme Systems" }, "originalSource": { "coding": [ { "system": "http://wcm/originalsource", "code": "ExtSS466001" } ], "text": "Acme Systems" } }
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/epa/location")  
    .header("accept", "application/json")  
    .header("Content-Type", "application/json")
```

```
.body(" { \"messageID\" : \"123\", \"id\" : \"extLocationESR1\", \"organization_id\": \"extProvider466000\", \"service_id\": \"extService466000\", \"address_1\": \"1645 Corinth Ave # 201\", \"city\": \"Los Angeles\", \"state_province\": \"CA\", \"postal_code\": \"90021\", \"country\": \"US\", \"location\": { \"id\": \"extGeoCodeRef1\", \"latitude\": \"\", \"longitude\": \"\" }, \"source\": { \"coding\": [{ \"system\": \"http://wcm/source\", \"code\": \"ExtSS466000\" }], \"text\": \"Acme Systems\" }, \"originalSource\": { \"coding\": [{ \"system\": \"http://wcm/originalsource\", \"code\": \"ExtSS466001\" }], \"text\": \"Acme Systems\" } } \" ) .asString();
```

Parameters

body(*body*)

The request body in the JSON format.

Schema: [NewLocationInfo \(on page 1281\)](#)

requiredtrue

Responses

201

The post request was successful.

Headers

Name	Description	Schema
Location	The location of the new resource.	type string

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

The following list outlines the possible error messages:

EPAERR3401 - The location ID is invalid.

EPAERR3402 - The location ID exists.

EPAERR3403 - It is mandatory to specify 'address_1'.

EPAERR3405 - It is mandatory to specify 'city'.

EPAERR3407 - It is mandatory to specify 'state_province'.

EPAERR3409 - It is mandatory to specify 'postal_code'.

EPAERR3411 - It is mandatory to specify 'country'.

EPAERR3404 - The 'address_1' entered is too long. The maximum characters that is allowed is 65.

EPAERR3406 - The 'city' entered is too long. The maximum characters that is allowed is 256.

EPAERR3412 - The 'country' entered is too long. The maximum characters that is allowed is 20.

EPAERR3410 - The 'postal_code' entered is too long. The maximum characters that is allowed is 100.

EPAERR3408 - The 'state_province' entered is too long. The maximum characters that is allowed is 256.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1289)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1289)

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema DefaultErrorModel
(on page 1289)

PUT /v1/epa/location

Update location records for providers and provider service offerings in Merative Integrated Care.

Updates location records for providers and provider service offerings based on an update in the external system that initiates a transfer of valid data to Merative Integrated Care. Merative Integrated Care identifies the record to update based on the provider ID and service ID (if applicable) that the external system provides in the path and the body.

CURL

```
curl -X POST "https://host:port/Rest/v1/epa/location" -H "accept: application/json" -H "Content-Type: application/json" -d " { "messageID" : "123", "id" : "extLocationESR1", "organization_id": "extProvider466000", "service_id": "extService466000", "address_1": "1645 Corinth Ave # 202", "city": "Los Angeles", "state_province": "CA", "postal_code": "90021", "country": "US", "location": { "id": "extGeoCodeRef1", "latitude": "", "longitude": "" } } "
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/epa/location")

.header("accept", "application/json")

.header("Content-Type", "application/json")

.body(" { "messageID" : "123", "id" : "extLocationESR1", "organization_id": "extProvider466000", "service_id": "extService466000", "address_1": "1645 Corinth Ave # 202", "city": "Los Angeles", "state_province": "CA", "postal_code": "90021", "country": "US", "location": { "id": "extGeoCodeRef1", "latitude": "", "longitude": "" } } ")

.asString();
```

Parameters

body(*body*)

The request body in the JSON format.

Schema: [ModifiedLocationInfo \(on page 1283\)](#)

required true

Responses

200

The put request was successful.

Media types

application/json

Schema: [UpdateLocationResponse](#)

(on page 1287)

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

The following list outlines the possible error messages:

EPAERR3401 - The location ID is invalid.

EPAERR3402 - The location ID exists.

EPAERR3403 - It is mandatory to specify 'address_1'.

EPAERR3405 - It is mandatory to specify 'city'.

EPAERR3407 - It is mandatory to specify 'state_province'.

EPAERR3409 - It is mandatory to specify 'postal_code'.

EPAERR3411 - It is mandatory to specify 'country'.

EPAERR3404 - The 'address_1' entered is too long. The maximum characters that is allowed is 65.

EPAERR3406 - The 'city' entered is too long. The maximum characters that is allowed is 256.

EPAERR3412 - The 'country' entered is too long. The maximum characters that is allowed is 20.

EPAERR3410 - The 'postal_code' entered is too long. The maximum characters that is allowed is 100.

EPAERR3408 - The 'state_province' entered is too long. The maximum characters that is allowed is 256.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1289)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1289)

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1289)

POST /v1/epa/location/close

Delete location records for providers and provider service offerings in Merative Integrated Care.

Deletes location records for providers and provider service offerings based on an update in the external system that initiates a transfer of valid data to Merative Integrated Care. Merative Integrated Care identifies the record to update based on the provider ID and service ID (if applicable) that the external system provides in the path and the body.

cURL

```
curl -X POST "https://host:port/Rest/v1/epa/location/close" -H "accept: application/json" -H "Content-Type: application/json" -d " { \"messageID\" : \"123\", \"id\" : \"extLocationESR1\", \"organization_id\": \"extProvider466000\", \"service_id\": \"extService466000\" } "
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/epa/location/close")  
  
.header("accept", "application/json")  
  
.header("Content-Type", "application/json")  
  
.body(" { \"messageID\" : \"123\", \"id\" : \"extLocationESR1\", \"organization_id\": \"extProvider466000\", \"service_id\": \"extService466000\" } ")  
  
.asString();
```

Parameters

locationID(*body*)

The JSON object that contains the location ID..

Schema: [DeleteLocation \(on page 1288\)](#)

required true

Responses

200

The post request was successful.

Media types

application/json

Schema type array

items \$ref [ActionCountResponse](#)

(on page 1289)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 1289*)

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 1289*)

Components

Schemas

NewLocationInfo

Properties

messageID integer(*int64*)

example 1552641913250

description

The internal record ID for a location. The field is optional.

id string

example extLocationESR1

description

The unique identifier of the location. The field is mandatory.

minLength 0

maxLength 20

organization_id string

	example	extOrgID466000
	description	The reference identifier for an organization. The field is mandatory.
	minLength	0
	maxLength	20
service_id	string	
	example	extServiceID466000
	description	The service identifier for a location. The field is optional.
	minLength	0
	maxLength	20
address_1	\$ref	NewAddressLocation <i>(on page 1285)</i>
city	string	
	example	Los Angeles
	description	The name of the city. The field is mandatory.
	maxLength	100
	minLength	0
state_province	string	
	example	CA
	description	The name of the state. The field is mandatory.
postal_code	string	
	example	90021
	description	The location PINCODE.
	maxLength	100
country	string	
	example	US
	description	The name of the country. The field is mandatory.

location object

description

The field that specifies the location coordinates.

\$ref [ExternalGeoLocation \(on page 1285\)](#)

originalSource object

description

Contains the original source system details. The system and code that corresponds to the original source system of the note. The external system reference of the original source system is <http://wcm/originalsourcecode>. The field is optional.

\$ref [LocationSource \(on page 1286\)](#)

source object

description

Contains the source details. The system and code that corresponds to the source of the note. The external system reference of the source is <http://wcm/sourcecode>. The field is optional.

\$ref [LocationSource \(on page 1286\)](#)

type object

ModifiedLocationInfo

Properties

messageID integer(*int64*)

example 1552641913250

description

The internal record ID for a location. The field is optional.

id string

example extLocationESR1

description

The unique identifier of the location. The field is mandatory.

minLength 0
maxLength 20

organization_id string

example extOrgID466000

description The reference identifier for an organization. The field is mandatory.

minLength 0
maxLength 20

service_id string

example extServiceID466000

description The service identifier for a location. The field is optional.

minLength 0
maxLength 20

address_1 \$ref [ModifiedAddressLocation](#)
(on page 1285)

city string

example Los Angeles

description The name of the city. The field is mandatory.

minLength 0
maxLength 100

state_province string

example CA

description The name of the state. The field is mandatory.

minLength 0
maxLength 256

postal_code string

example 90021

description The location PINCODE. The field is mandatory.

minLength 0
maxLength 100

country string

example US

description The name of the country. The field is mandatory.

minLength 0
maxLength 20

location object

description The field that specifies the location coordinates.

\$ref [ExternalGeoLocation \(on page 1285\)](#)

type object

NewAddressLocation

type string

example 1645 Corinth Ave # 201

description The address field. The field is mandatory.

minLength 0
maxLength 65

ModifiedAddressLocation

type string

example 136 Corinth Ave # 202

description The address field. The field is mandatory.

minLength 0
maxLength 65

ExternalGeoLocation

Properties

id string

example extGeoCodeRef1

description

The unique identifier for an external geolocation. The field is mandatory.

minLength 0

maxLength 20

latitude number

example double

description

The latitude coordinates. The field is optional.

longitude number(*double*)

description

The longitude coordinates. The field is optional.

type object

LocationSource

Properties

text string

example Acme Systems

description

The source details.

minLength 0

maxLength 100

coding \$ref SourceCoding

(*on page*

1286)

type object

SourceCoding

Properties

system string

example http://wcm/originalsource

description The FHIR system details.

minLength 0

maxLength 100

code string

example ExtSS466001

description The FHIR code reference details.

minLength 0

maxLength 100

type object

GenericResponse

Properties

message string

example OK

description The response message from the API.

type object

UpdateLocationResponse

Properties

message string

example OK

description Response message from API.

entries array

description The list of locations.

uniqueItems true

items \$ref [ModifiedLocationInfo](#)
(on page 1283)

type object

DeleteLocation

Properties

messageID integer(*int64*)

example 1552641913250

description

The internal record ID for a location. The field is optional.

id string

example extLocationESR1

description

The unique identifier of the location. The field is mandatory.

minLength 0

maxLength 20

organization_id string

example extOrgID466000

description

The reference identifier for an organization. The field is mandatory.

minLength 0

maxLength 20

service_id string

example extServiceID466000

description

The service identifier for a location. The field is optional.

minLength 0

maxLength 20

type object

ActionCountResponse

Properties

successCount integer(*int32*)

example 8

description
The success count.

failureCount integer(*int32*)

example 2

description
The failure count.

totalCount integer(*int32*)

example 10

description
The total number
of entries.

type object

DefaultErrorModel

Properties

Error array

items \$ref [Error \(on](#)

page

1289)

type object

Error

Properties

code integer(*int32*)

description

A machine-readable code that identifies the problem. This code does not vary with the Accept-Language setting.

message string

description

A human-readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text can change over time.

level string

description

The level of the error.

type object

required

- code
- message
- level

(External Provider) Provider API

Version:1.0

By using the protected APIs that follow, you can create, update, or close provider records in Merative Integrated Care so that Merative Integrated Care accurately reflects the external system data. When a provider is created, an external identifier is provided as part of the API. The identifier is then used to identify the provider whose records are to be updated or closed. For example, an external registry can send a copy of their community service providers to Merative Integrated Care. By default, the provider data is set to active and is available for care team members to access and to add to individuals' plans. The provider records that the API creates are read-only in the Merative Integrated Care Tenant Administration application.

you@your-company.com

Servers

`http://host/Rest https://host/Rest`

API methods: Provider

POST /v1/epa/provider

Create a provider in Merative Integrated Care.

Create a provider in Merative Integrated Care that is based on an update in the external system that initiates a transfer of valid data to Merative Integrated Care.

cURL

```
curl -X POST "https://host:port/Rest/v1/epa/provider" -H "accept: application/json" -H "Content-Type: application/json" -d " { "messageID" : "123", "id" : "extProviderESR1", "name": "ext provider1 name", "description": "ext provider1 desc", "email": "extprovider1@example.com", "url": "http://www.extprovider1.com", "source": { "coding": [ { "system": "http://wcm/source", "code": "ExtSS466000" } ], "text": "Acme Systems" }, "originalSource": { "coding": [ { "system": "http://wcm/originalsource", "code": "ExtSS466001" } ], "text": "Acme Systems" } } "
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/epa/provider")

.header("accept", "application/json")

.header("Content-Type", "application/json")

.body(" { "messageID" : "123", "id" : "extProviderESR1", "name": "ext provider1 name", "description": "ext provider1 desc", "email": "extprovider1@example.com", "url": "http://www.extprovider1.com", "source": { "coding": [ { "system": "http://wcm/source", "code": "ExtSS466000" } ], "text": "Acme Systems" }, "originalSource": { "coding": [ { "system": "http://wcm/originalsource", "code": "ExtSS466001" } ], "text": "Acme Systems" } } ")

.asString();
```

Parameters

body(*body*)

The request body in the JSON format.

Schema: [NewProviderInfo \(on page 1298\)](#)

required true

Responses

201

The post request was successful.

Headers

Name	Description	Schema
Location	The location of the new resource.	type string

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

The following list outlines the possible error messages:

EPAERR3101 - It is mandatory to specify 'name'. EPAERR3102 - The 'name' entered is too small.

The minimum characters that is allowed is 3.

EPAERR3103 - The 'name' entered is too long. The maximum characters that is allowed is 100.

EPAERR3104 - It is mandatory to specify 'description'.

EPAERR3105 - The 'description' entered is too small. The minimum characters that is allowed is 3.

EPAERR3106 - The 'description' entered is too long. The maximum characters that is allowed is 2000.

EPAERR3107 - The 'source' entered is too long. The maximum characters that is allowed is 100.

EPAERR3108 - The 'originalSource' entered is too long. The maximum characters that is allowed is 100.

Invalid provider ID.

EPAERR3110 - The provider ID exists.

EPAERR3111 - The 'reason' entered is too long. The maximum characters that is allowed is 2000.

Media types

application/json**Schema** [DefaultErrorModel](#)*(on page 1304)***500**

An internal server error occurred. Contact your administrator for more information.

Media types**application/json****Schema** [DefaultErrorModel](#)*(on page 1304)***default**

An unexpected error occurred. Check the error message for further information.

Media types**application/json****Schema** [DefaultErrorModel](#)*(on page 1304)*

PUT /v1/epa/provider

Update a provider in Merative Integrated Care.

Updates a provider's name, description, email, and URL details where a matching record is found when the external system initiates a transfer of valid data to Merative Integrated Care. Merative Integrated Care identifies the record to update based on the ID that the external system provides in the path and the body.

cURL

```
curl -X POST "https://host:port/Rest/v1/epa/provider" -H "accept: application/json" -H "Content-Type: application/json" -d " { "messageID" : "123", "id" : "extProviderESR1", "name": "ext provider1 name", "description": "ext provider1 desc", "email": "extprovider1@example.com", "url": "http://www.extprovider1.com" } "
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/epa/provider")

.header("accept", "application/json")

.header("Content-Type", "application/json")

.body(" { \"messageID\" : \"123\", \"id\" : \"extProviderESR1\", \"name\": \"ext provider1 name\", \"description\": \"ext provider1 desc\", \"email\": \"extprovider1@example.com\", \"url\": \"http://www.extprovider1.com\" } " )

.asString();
```

Parameters

body(*body*)

The request body in the JSON format.

Schema: [ModifiedProviderInfo \(on page 1299\)](#)

required true

Responses

200

The put request was successful.

Media types

application/json

Schema [UpdateProviderResponse](#)

(*on page 1301*)

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

The following list outlines the possible error messages:

EPAERR3101 - It is mandatory to specify 'name'.

EPAERR3102 - The 'name' entered is too small. The minimum characters that is allowed is 3.

EPAERR3103 - The 'name' entered is too long. The maximum characters that is allowed is 100.

EPAERR3104 - It is mandatory to specify 'description'.

EPAERR3105 - The 'description' entered is too small. The minimum characters that is allowed is 3.

EPAERR3106 - The 'description' entered is too long. The maximum characters that is allowed is 2000.

EPAERR3107 - The 'source' entered is too long. The maximum characters that is allowed is 100.

EPAERR3108 - The 'originalSource' entered is too long. The maximum characters that is allowed is 100.

Invalid provider ID.

EPAERR3110 - The provider ID exists.

EPAERR3111 - The 'reason' entered is too long. The maximum characters that is allowed is 2000.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1304)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1304)

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)
(on page 1304)

POST /v1/epa/provider/close

Close a provider in Merative Integrated Care.

Closes an externally managed provider record in Merative Integrated Care. Care team members do not see closed providers when they search for providers or services in Merative Integrated Care.

CURL

```
curl -X POST "https://host:port/Rest/v1/epa/provider/close" -H "accept: application/json" -H "Content-Type: application/json" -d " { \"messageID\" : \"123\", \"id\" : \"extProviderESR1\", \"end_date\" : \"2021-04-09\", \"reason\" : \"some reason\" } "
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/epa/provider/close")  
  
.header("accept", "application/json")  
  
.header("Content-Type", "application/json")  
  
.body(" { \"messageID\" : \"123\", \"id\" : \"extProviderESR1\", \"end_date\" : \"2021-04-09\", \"reason\" : \"some reason\" } ")  
  
.asString();
```

Parameters

providerID(*body*)

The JSON object that contains the reference ID of a provider..

Schema: [DeleteProvider](#) (*on page 1302*)

required true

Responses

200

The post request was successful.

Media types

application/json

Schema type array

items \$ref [ActionCountResponse](#)

(on page 1303)

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

The following list outlines the possible error messages:

EPAERR3111 - The 'reason' entered is too long. The maximum characters that is allowed is 2000.

Media types

application/json

Schema [ModelError](#)

(on page 1304)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [ModelError](#)

(on page 1304)

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1304](#))

Components

Schemas

NewProviderInfo

Properties

messageID integer(*int64*)

example 1552641913250

description The internal record ID for a provider. The field is mandatory.

id string

example extProviderESR1

description The unique identifier of a provider. The field is mandatory.

minLength 0

maxLength 20

name \$ref [NewProviderName](#)

([on page 1300](#))

description string

example ext provider description

description The provider description. The field is mandatory.

minLength 3

maxLength 2000

email string

example extProvider1@example.com

description The email ID of the provider member. The field is optional.

minLength 0

maxLength 100

url string

example <http://www.extprovider1.com>

description The URL for the provider. The field is optional.

minLength 0

maxLength 100

originalSource object

description Contains the original source system details. The system and code that corresponds to the original source system of the note. The external system reference of the original source system is <http://wcm/originalsourcecode>. The field is optional.

\$ref [ExternalProviderSource \(on page 1301\)](#)

source object

description Contains the source details. The system and code that corresponds to the source of the note. The external system reference of the source is <http://wcm/sourcecode>. The field is optional.

\$ref [ExternalProviderSource \(on page 1301\)](#)

type object

ModifiedProviderInfo

Properties

messageID integer(*int64*)

example 1552641913250

description The internal record ID for a provider. The field is mandatory.

id string

example extProviderESR1

description

The unique identifier of a provider. The field is mandatory.

minLength 0

maxLength 20

name \$ref [ModifiedProviderName](#)

(*on page 1301*)

description string

example ext provider description

description

The provider description. The field is mandatory.

minLength 3

maxLength 2000

email string

example extProvider1@example.com

description

The email ID of the provider member. The field is optional.

minLength 0

maxLength 100

url string

example http://www.extprovider1.com

description

The URL for the provider. The field is optional.

minLength 0

maxLength 100

type object

NewProviderName

type string

example ext provider1 name

description

The name of the provider. The field is mandatory.

minLength 3

maxLength 100

ModifiedProviderName

type string
example ext provider name updated
description The name of the provider. The field is mandatory.
minLength 3
maxLength 100

ExternalProviderSource

Properties

text string
example Acme Systems
description The source details.
maxLength 100
coding \$ref [SourceCoding](#)
(on page 1302)

type object

UpdateProviderResponse

Properties

message string
example OK
description The response message from the API.
entries array
description The list of providers.
uniqueItems true
items \$ref [ModifiedProviderInfo](#)
(on page 1299)

type object

DeleteProvider

Properties

messageID integer(*int64*)

example 1552641913250

description The internal record ID for a provider. This field is mandatory.

id string

example extProviderESR1

description The unique identifier of a provider. The field is mandatory.

minLength 0

maxLength 20

end_date string(*date*)

example 2021-04-09

minLength 0

description The end date of the provider. The field is optional.

reason string

example No longer needed.

description The reason to delete the provider details. The field is optional.

minLength 0

maxLength 2000

type object

SourceCoding

Properties

system string

example http://wcm/originalsource

description The FHIR system details.

maxLength 100

code string

example ExtSS466001

description The FHIR code reference details.

maxLength 100

type object

GenericResponse

Properties

message string

example OK

description The response message from the API.

type object

ActionCountResponse

Properties

successCount integer(*int32*)

example 8

description The success count.

failureCount integer(*int32*)

example 2

description The failure count.

totalCount integer(*int32*)

example 10

description

The total number
of entries.

type object

DefaultModelError

Properties

Error array

items \$ref Error (*on*
page
1304)

type object

Error

Properties

code integer(*int32*)

description

A machine-readable code that identifies the problem. The code does not vary with the Accept-Language setting.

message string

description

A human-readable message. The message text is localized based on the Accept-Language setting of the request. The contents of the message text can change over time.

level string

description

The level of the error.

type object

required

- code
- message
- level

(External Provider) Service API

Version:1.0

By using the protected APIs that follow, you can create, update, close, or reopen provider service offering records in Merative Integrated Care so that Merative Integrated Care accurately reflects the external system data. When a service is created, an external identifier is provided as part of the API. The identifier is then used to identify the service whose records require updating, closing, or reopening. The provider's external identifier must also be included to identify the provider service record to create, update, close, or reopen. For example, an external registry can send newly offered services for providers to Merative Integrated Care. By default, the services are set to active and are then available for care team members to access and to add to individuals' plans. The service offerings that the API creates are read-only in the Merative Integrated Care Tenant Administration application.

As part of the API, the service and category attributes are added to the service library in the Tenant Admin as service list page entries and category list page entries (if they do not already exist). Service and category names must be unique. Languages must adhere to ISO-639-2 standards in accordance with the Open Referral HSDA standard.

you@your-company.com

Servers

`http://host/Rest https://host/Rest`

API methods: Service

POST /v1/epa/service

Create service offering records for an externally registered provider in Merative Integrated Care.

Creates service offering records for a provider based on an update in the external system that initiates a transfer of valid data to Merative Integrated Care. Merative Integrated Care identifies the record to update based on the provider ID that the external system provides in the path and the body. Service offerings that are created by using the API are set to active by default and are immediately available to care team

members to search for and add to a client's plans. The taxonomies and services that are created by using the API are also mapped to the Merative Integrated Care Tenant Admin Services library to create services and categories records (if they do not already exist).

curl

```
curl -X POST "https://host:port/Rest/v1/epa/service" -H "accept: application/json" -H "Content-Type: application/json" -d " { "messageID" : "123", "id" : "extServiceESR1", "organization_id": "extProvider466000", "name": "ext service1 name", "description": "ext service1 desc", "status": "active", "fees": "21", "taxonomys": [ { "id": "extCategoryESR1", "term": "ext category1 name" }, { "id": "extCategoryESR2", "term": "ext category2 name" }], "languages": [ { "id": "extLangESR1", "language": "en" }, { "id": "extLangESR2", "language": "kn" }, { "id": "extLangESR3", "language": "es" }, { "id": "extLangESR4", "language": "sa" }], "source": { "coding": [ { "system": "http://wcm/source", "code": "ExtSS466000" }], "text": "Acme Systems" }, "originalSource": { "coding": [ { "system": "http://wcm/originalsource", "code": "ExtSS466001" }], "text": "Acme Systems" } } "
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/epa/service")

.header("accept", "application/json")

.header("Content-Type", "application/json")

.body(" { "messageID" : "123", "id" : "extServiceESR1", "organization_id": "extProvider466000", "name": "ext service1 name", "description": "ext service1 desc", "status": "active", "fees": "21", "taxonomys": [ { "id": "extCategoryESR1", "term": "ext category1 name" }, { "id": "extCategoryESR2", "term": "ext category2 name" }], "languages": [ { "id": "extLangESR1", "language": "en" }, { "id": "extLangESR2", "language": "kn" }, { "id": "extLangESR3", "language": "es" }, { "id": "extLangESR4", "language": "sa" }], "source": { "coding": [ { "system": "http://wcm/source", "code": "ExtSS466000" }], "text": "Acme Systems" }, "originalSource": { "coding": [ { "system": "http://wcm/originalsource", "code": "ExtSS466001" }], "text": "Acme Systems" } } ")

.asString();
```

Parameters**body(body)**

Request body in the JSON format.

Schema: [NewServiceInfo \(on page 1315\)](#)

required true

Responses

201

The post request was successful.

Headers

Name	Description	Schema
Location	The location of the new resource.	type string

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

The following list outlines the possible error messages:

EPAERR3201 - It is mandatory to specify 'name'.

EPAERR3202 - The 'name' entered is too small. The minimum characters that is allowed is 3.

EPAERR3203 - The 'name' entered is too long. The maximum characters that is allowed is 100.

EPAERR3204 - It is mandatory to specify 'status'.

EPAERR3205 - The 'status' entered is too long. The maximum characters that is allowed is 20.

EPAERR3206 - The 'description' entered is too long. The maximum characters that is allowed is 2000.

EPAERR3207 - The 'source' entered is too long. The maximum characters that is allowed is 100.

EPAERR3208 - The 'originalSource' entered is too long. The maximum characters that is allowed is 100.

EPAERR3209 - The service ID is invalid.

EPAERR3210 - The service ID exists.

EPAERR3211 - The service ID is already associated with the provider ID.

EPAERR3212 - The 'reason' entered is too long. The maximum characters that is allowed is 2000.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1325)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1325)

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1325)

PUT /v1/epa/service

Update a provider's service offering record in Merative Integrated Care.

Updates the details of a service offering, that is, the name, description, status, fees, taxonomy, and languages where a matching record is found when the external system initiates a transfer of valid data to Merative Integrated Care. Merative Integrated Care identifies the record to update based on the provider ID and service ID that the external system provides in the path and the body.

CURL

```
curl -X POST "https://host:port/Rest/v1/epa/service" -H "accept: application/json" -H "Content-Type: application/json" -d " { "messageID" : "123", "id" : "extServiceESR1", "organization_id": "extProvider466000", "name": "ext service1 name", "description": "ext service1 desc", "status": "active", "fees": "21", "taxonomys": [ { "id": "extCategoryESR1", "term": "ext category1 name" }, { "id": "extCategoryESR2", "term": "ext category2 name" }], "languages": [ { "id": "extLangESR1", "language": "en" }, { "id": "extLangESR2", "language": "kn" }, { "id": "extLangESR3", "language": "es" }, { "id": "extLangESR4", "language": "sa" }]} "
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/epa/service")

.header("accept", "application/json")

.header("Content-Type", "application/json")

.body(" { "messageID" : "123", "id" : "extServiceESR1", "organization_id": "extProvider466000", "name": "ext service1 name", "description": "ext service1 desc", "status": "active", "fees": "21", "taxonomys": [ { "id": "extCategoryESR1", "term": "ext category1 name" }, { "id": "extCategoryESR2", "term": "ext category2 name" }], "languages": [ { "id": "extLangESR1", "language": "en" }, { "id": "extLangESR2", "language": "kn" }, { "id": "extLangESR3", "language": "es" }, { "id": "extLangESR4", "language": "sa" }]} ")

.asString();
```

Parameters

body(*body*)**Request body in the JSON format.****Schema:** [ModifiedServiceInfo \(on page 1317\)](#)**required** true

Responses

200

The put request was successful.

Media types

application/json

Schema [UpdateServiceResponse](#)

(*on page 1321*)

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

The following list outlines the possible error messages:

EPAERR3201 - It is mandatory to specify 'name'.

EPAERR3202 - The 'name' entered is too small. The minimum characters that is allowed is 3.

EPAERR3203 - The 'name' entered is too long. The maximum characters that is allowed is 100.

EPAERR3204 - It is mandatory to specify 'status'.

EPAERR3205 - The 'status' entered is too long. The maximum characters that is allowed is 20.

EPAERR3206 - The 'description' entered is too long. The maximum characters that is allowed is 2000.

EPAERR3207 - The 'source' entered is too long. The maximum characters that is allowed is 100.

EPAERR3208 - The 'originalSource' entered is too long. The maximum characters that is allowed is 100.

EPAERR3209 - The service ID is invalid.

EPAERR3210 - The service ID exists.

EPAERR3211 - The service ID is already associated with the provider ID.

EPAERR3212 - The 'reason' entered is too long. The maximum characters that is allowed is 2000.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 1325*)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema DefaultErrorModel

(*on page 1325*)

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema DefaultErrorModel

(*on page 1325*)

POST /v1/epa/service/close

Close a service offering for a provider in Merative Integrated Care.

Closes an externally managed service offering record for a provider in Merative Integrated Care. Merative Integrated Care identifies the record to update based on the provider ID and service ID that the external system provides in the path and the body. Care team members do not see the closed service offering when they search for providers or services in Merative Integrated Care.

cURL

```
curl -X POST "https://host:port/Rest/v1/epa/service/close" -H "accept: application/json" -H "Content-Type: application/json" -d " { "messageID" : "123", "id" : "extServiceESR1", "organization_id": "extProvider466000", "end_date": "2021-04-09", "reason" : "reason to close" } "
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/epa/service/close")
```

```

.header("accept", "application/json")

.header("Content-Type", "application/json")

.body(" { \"messageID\" : \"123\", \"id\" : \"extServiceESR1\", \"organization_id\": \"extProvider466000\", \"end_date\": \"2021-04-09\", \"reason\" : \"reason to close\" }  ")

.asString();

```

Parameters

serviceID(*body*)

JSON object containing the reference id of a service..

Schema: [DeleteService \(on page 1321\)](#)

required true

Responses

200

The post operation was successful.

Media types

application/json

Schema type array

items \$ref [ActionCountResponse](#)

(on page 1324)

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data. A possible error message is EPAERR3212 - The 'reason' entered is too long. The maximum characters that is allowed is 2000.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1325)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema DefaultErrorModel

(*on page 1325*)

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema DefaultErrorModel

(*on page 1325*)

POST /v1/epa/service/open

Reopen a service offering for a provider in Merative Integrated Care.

Reopens an externally managed service offering record for a provider in Merative Integrated Care.

Merative Integrated Care identifies the record to reopen based on the provider ID and service ID that the external system provides in the path and the body.

cURL

```
curl -X POST "https://host:port/Rest/v1/epa/service/open" -H "accept: application/json" -H "Content-Type: application/json" -d " { "messageID" : "123", "id" : "extServiceESR1", "organization_id": "extProvider466000", "reason" : "reason to open" } "
```

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/epa/service/open")  
  
.header("accept", "application/json")
```

```
.header("Content-Type", "application/json")

.body(" { \"messageID\" : \"123\", \"id\" : \"extServiceESR1\", \"organization_id\": \"extProvider466000\", \"reason\" : \"reason to
open\" }   ")

.asString();
```

Parameters

serviceID(*body*)

JSON object containing the reference id of a service..

Schema: [OpenService \(on page 1322\)](#)

requiredtrue

Responses

200

The post operation was successful.

Media types

application/json

Schema type array

items \$ref [ActionCountResponse](#)

(on page 1324)

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data. A possible error message is EPAERR3212 - The 'reason' entered is too long. The maximum characters that is allowed is 2000.

Media types

application/json

Schema [ModelError](#)

(on page 1325)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1325](#))

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1325](#))

Components

Schemas

NewServiceInfo

Properties

messageID integer(*int64*)

example 1552641913250

description

The internal record ID for a service. The field is optional.

id string

example extServiceESR1

description

The unique identifier of a service. The field is mandatory.

minLength 0

maxLength 20

organization_id string

example extService466000

description	The reference identifier for an organization. The field is mandatory.
	minLength 0
	maxLength 20
name	\$ref NewServiceName <i>(on page 1320)</i>
description	string
	example ext service description
description	The description of the service. The field is optional.
	minLength 0
	maxLength 2000
status	string
	example Status of the service
description	The status of the provider. This field is mandatory
	minLength 0
	maxLength 20
fees	string(<i>money</i>)
	description
	The fee for the service. This field is optional.
taxonomies	array
	items \$ref NewTaxonomyList <i>(on page 1319)</i>
languages	array
	items \$ref LanguagesList <i>(on page 1319)</i>
originalSource	object
	description
	Contains the original source system details. The system and code that

corresponds to the original source system of the note.

The external

reference of the original source system is

<http://wcm/originalsourcecode>. The field is optional.

source object

description

Contains the source details. The system and code that corresponds to the source of the note. The external reference of the original system is <http://wcm/sourcecode>. The field is mandatory.

\$ref [ExternalServiceSource \(on page 1320\)](#)

type object

ModifiedServiceInfo

Properties

messageID integer(*int64*)

example 1552641913250

description

The internal record ID for a service. The field is optional.

id string

example extServiceESR1

description

The unique identifier of a service. The field is mandatory.

minLength 0

maxLength 20

organization_id string

example extService466000

description	The reference identifier for an organization. The field is mandatory.
	minLength 0
	maxLength 20
name	\$ref ModifiedServiceName <i>(on page 1320)</i>
description	string
	example ext service description
description	The description of the service. The field is optional.
	minLength 0
	maxLength 2000
status	string
	example Status of the service
description	The status of the provider. The field is mandatory.
	minLength 0
	maxLength 20
fees	string(<i>money</i>)
	description
	The fee for the service. The field is optional.
taxonomies	array
	items \$ref UpdatedTaxonomyList <i>(on page 1319)</i>
languages	array
	items \$ref LanguagesList <i>(on page 1319)</i>
type	object

NewTaxonomyList

Properties

id string

example extCategoryESR1

description
The unique identifier of a category.

maxLength 20

term string

example ext category name

description
The name of a service category.

type object

UpdatedTaxonomyList

Properties

id string

example extCategoryESR1

description
The unique identifier of a category.

maxLength 20

term string

example ext category name updated

description
The name of a service category.

type object

LanguagesList

Properties

id string

example extLangESR1

description

The unique identifier of a category.

maxLength 20

term string

example en

description

The code of the language. The code is case sensitive. It is mandatory that the code is in lower case.

type object

NewServiceName

type string

example ext service name

description

The name of the service. The field is mandatory.

minLength 3

maxLength 100

ModifiedServiceName

type string

example ext service name updated

description

The name of the service. The field is mandatory.

minLength 3

maxLength 100

ExternalServiceSource

Properties

text string

example Acme Systems

description The source details.

maxLength 100

coding \$ref [SourceCoding](#)

(*on page*
1323)

type object

UpdateServiceResponse

Properties

message string

example OK

description The response message from the API.

entries array

description The list of services.

uniqueItems true

items \$ref [ModifiedServiceInfo](#)

(*on page* 1317)

type object

DeleteService

Properties

messageID integer(*int64*)

example 1552641913250

description The internal record ID for a service. The field is optional.

id string

example extServiceESR1

description

The unique identifier of a service. The field is mandatory.

minLength 0

maxLength 20

organization_id string

example extService466000

description

The reference identifier for an organization. The field is mandatory.

minLength 0

maxLength 20

end_date string(*date*)

example 2021-04-09

description

The end date of the service. The field is optional.

reason string

example No longer needed.

description

The reason to delete the service details. The field is optional.

minLength 0

maxLength 2000

type object

OpenService

Properties

messageID integer(*int64*)

example 1552641913250

description

The internal record ID for a service. The field is optional.

id string

example extServiceESR1

description The unique identifier of a service. This field is mandatory.

minLength 0

maxLength 20

organization_id string

example extService466000

description The reference identifier for the organization. The field is mandatory.

minLength 0

maxLength 20

reason string

example Closed by mistake.

description The reason to open the service details. The field is optional.

minLength 0

maxLength 2000

type object

SourceCoding

Properties

system string

example http://wcm/originalsource

description The FHIR system details.

maxLength 100

code string

example ExtSS466001

description
The FHIR code reference details.

maxLength 100

type object

GenericResponse

Properties

message string

example OK

description
The response message from the API.

type object

ActionCountResponse

Properties

successCount integer(*int32*)

example 8

description
The success count.

failureCount integer(*int32*)

example 2

description
The failure count.

totalCount integer(*int32*)

example 10

description
The total number
of entries.

type object

DefaultModelError

Properties

Error array

```
items $ref Error (on
page
1325)
```

type object

Error

Properties

code integer(int32)

description

A machine-readable code that identifies the problem. This code does not vary with the Accept-Language setting.

message string

description

A human-readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text can change over time.

level string

description

The level of the error.

type object

required

- code
- message
- level

Federated Users API

Version:v1

By using the protected API that follows, you can create federated user accounts in Merative Integrated Care that are stored in an external identity provider. When received, Merative Integrated Care security administrators can manage the user account in the same way that manually created accounts are in the Merative Integrated Care security workspace.

Servers

<https://host/Rest>

API methods: Create a federated user

POST /v1/federatedidentity/usermanagement/user

Create a federated user in Merative Integrated Care.

Creates a federated user account record based on an event in the external system that initiates a transfer of valid data to Merative Integrated Care.

Example request

CURL

```
curl POST -X "http://host:port/Rest/v1/federatedidentity/usermanagement/user" -H  
"Content-Type: application/json" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance"  
-H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Referer: curam//foundational.app"  
-d "{\"firstName\": \"Jane\", \"lastName\": \"Doe\", \"email\": \"jane@example.com\", \"workspaces\": \"Security  
Administrator,Care Team\", \"securityRoles\": \"Care Team Standard Access\"}"
```

JAVA

```
HttpResponse response = Unirest.get("https://host:port/Rest/v1/federatedidentity/usermanagement/user")  
  
.header("accept", "application/json")  
  
.header("Authorization", "access_token")  
  
.header("X-GRANT-TYPE", "client_credentials")
```

```
.header("Referrer", "curam://foundational.app")

.body("{\"firstName\": \"Jane\", \"lastName\": \"Doe\", \"email\": \"jane@example.com\", \"workspaces\": \"Security
Administrator,Care Team\", \"securityRoles\": \"Care Team Standard Access\"}").asString();
```

Parameters

Referer(header)

type string
array curam://foundational.app
required true

X-WCM-TENANT-ID(header)

type string
array The tenant ID.
required true

X-WCM-TENANT-INSTANCE(header)

type string
array The tenant instance.
required true

Authorization(header)

type string
array The Access Token.
required true

X-GRANT-TYPE(header)

type string
array client_credentials
required true

Request body

Required:true

Media types

application/json

Schema [NewCreateUserDetails](#)

(*on page 1329*)

Responses

200

The post request was successful.

Media types

application/json

Schema [NewCreateUserDetailsResponseJsonResponse](#)

(*on page 1332*)

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Possible error messages:

1. The email address entered has already been assigned to another user. Please enter a different email address.
2. Invalid user email.
3. Invalid user email. 'Email Address' must be entered.
4. 'Default Workspace' must be entered.
5. User name cannot be empty. Please enter first name and surname.

Media types

application/json

Schema [DefaultErrorModel](#)
(on page 1332)

500

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Possible error messages:

1. An un-handled server exception occurred. Please contact your administrator.

Note: This error is caused by inputting an unsupported value for the workspaces or not authenticating correctly.

Media types

application/json

Schema [DefaultErrorModel](#)
(on page 1332)

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)
(on page 1332)

Components

Schemas

NewCreateUserDetails

Properties

email string

description
The user's login ID.

maxLength 256

firstName string

description
The name of the person.

maxLength 65

lastName string

description
The surname of the person.

maxLength 65

workspaces string

description
A comma-separated list of workspaces for the user account. The order of the list is important. The first entry is the user's default workspace. The workspace names must match the values configured in Merative Integrated Care.

maxLength 500

securityRoles string

description
An optional parameter to specify a comma-separated list of security roles for

user accounts assigned to the Care Team workspace.

Merative Integrated Care includes 1 default security role called Care Team Standard. Access on all deployments with role based access control enabled.

If additional security roles are configured by a security administrator, you can specify them here. Alternatively, if you want to create a user only with the Care Team workspace assigned and but no security role, leave this field blank. The security role names must match the values configured in Merative Integrated Care.

maxLength 500

type object

required

- email
- firstName
- lastName
- workspaces

NewCreateUserDetailsResponseJsonResponse

Properties

username string

description

The unique ID of the user account created in the system. Merative Integrated Care uses this ID internally to identify the user accounts and it is not displayed in the user interface.

maxLength 64

type object

DefaultErrorModel

Properties

Error array

items \$ref Error (on

page

1332)

type object

Error

Properties

code integer(int32)

description

A machine readable code identifying the problem. This will not vary with the Accept-Language setting.

message string**description**

A human readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text may change over time.

level string**description**

The level of the error.

type object**required**

- code
- message
- level

Notes API

Version:v1

By using the protected APIs that follow, you can create notes, delete notes, and retrieve the latest notes information for clients who are registered in Merative Integrated Care.

Servers

<https://host/Rest>

API methods: Get notes

GET /v1/ees/notes

Get a client's notes based on their identification type and number.

Retrieve a client's notes based on their identification type and number, for example, their passport and passport number. You can further refine the search by providing the client's date of birth.

Example request

```
cURL
```

```
curl -X GET

"https://host:port/Rest/v1/ees/notes?PatientIdentifierValue=&PatientIdentifier=&since=&page=&limit=&birthDate="

-H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Authorization: access_token" -H
"X-GRANT-TYPE: client_credentials" -H "accept: application/json" -H "Referrer: curam://foundational.app"

JAVA

HttpResponse response =
    Unirest.get("https://
host:port/Rest/v1/ees/notes?PatientIdentifierValue=&PatientIdentifier=&since=&page=&limit=&birthDate=' ")
        .header("accept", "application/json")
        .header("Authorization", "access_token")
        .header("X-GRANT-TYPE", "client_credentials")
        .header("X-WCM-TENANT-INSTANCE", "Tenant Instance")
        .header("X-WCM-TENANT-ID", "Tenant ID")
        .header("Referrer", "curam://foundational.app")
        .asString();
```

Parameters

Referer(*header*)

type string
array curam://foundational.app
required true

X-WCM-TENANT-ID(*header*)

type string
array The tenant ID.
required true

X-WCM-TENANT-INSTANCE(*header*)**type** string**array** The tenant instance.**required** true**Authorization(*header*)****type** string**array** The Access Token.**required** true**X-GRANT-TYPE(*header*)****type** string**array** client_credentials**required** true**PatientIdentifierValue(*query*)**

The identification number that is provided for the PatientIdentifier.

type string**maxLength** 200**required** true**PatientIdentifier(*query*)**

The type of identification that is provided for the individual.

type string**maxLength** 200**required** false**since(*query*)**

The date and time from which you want to return records for an individual with associated added or updated notes. Specify the date and time in ISO 8601 combined format

YYYYMMDDTHHMMSS. For example, 20170824T141417. The default returns the entire results set.

type string

maxLength 20

required false

page(query)

The parameter to allow the pagination persist through the API results set.

type number

maxLength 1000000

required false

limit(query)

The number of records to return in each page of results. The default page limit is 1000.

type number

maxLength 4

required false

birthDate(query)

The date of birth of the individual. Specify date in ISO 8601 format YYYYMMDD. For example, 20010824.

type string

maxLength 20

required false

Responses

200

The get request was successful.

Media types

application/json

Schema [INResponseDetails](#)*(on page 1345)***400**

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Media types**application/json****Schema** [DefaultErrorModel](#)*(on page 1359)***401**

Invalid authentication credentials for the target resource entered.

Media types**application/json****Schema** [DefaultErrorModel](#)*(on page 1359)***500**

An internal server error occurred. Contact your administrator for more information.

Media types**application/json****Schema** [DefaultErrorModel](#)*(on page 1359)***default**

An unexpected error occurred. Check the error message for further information.

Media types**application/json****Schema** [DefaultErrorModel](#)*(on page 1359)*

API methods: Create notes

POST /v1/ees/notes

Create notes for a client who is registered in Merative Integrated Care.

Example request

CURL

```
curl POST -X "http://host:port/Rest/v1/ees/notes" -H  
"Content-Type: application/json" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H  
"Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "Referer: curam//foundational.app"
```

JAVA

```
HttpResponse response = Unirest.get("https://host:port/Rest/v1/ees/notes")  
  
.header("accept", "application/json")  
  
.header("Authorization", "access_token")  
  
.header("X-GRANT-TYPE", "client_credentials")  
  
.header("Referrer", "curam://foundational.app")  
  
  
.body("{\"resourceType\":\"string\",\"id\":\"string\",\"noteSubject\":\"string\",\"note\":\"string\",\"duration\":  
\"string\",\"context\":\"string\",\"creationDate\":\"string\",\"addedBy\":\"string\",\"contactWith\":\"string\",  
\"method\":\"string\",\"direction\":\"string\",\"outcome\":\"string\",\"validated\":true,\"latestUpdateDate\":  
\"string\",\"updatedBy\":\"string\",\"comments\":[{\"datetime\":\"string\",\"comment\":\"string\",\"addedBy\":  
\"string\"}],\"identifier\":[{\"value\":\"string\",\"type\":[{\"text\":\"string\"}]},{\"source\":{\"text\":\"string\",  
\"coding\":[{\"system\":\"string\",\"code\":\"string\"]}],\"originalSource\":{\"text\":\"string\",\"coding\":[  
{\"system\":\"string\",\"code\":\"string\"]]},\"programs\":[{\"program\":\"string\"]},\"subject\":{\"reference\":  
\"string\"},\"type\":{\"coding\":[{\"system\":\"string\",\"code\":\"string\"]}}}],\"asString()";
```

Parameters

Referer(*header*)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

Request body

Required:true

Media types

application/json

Schema [INRequestNotesPayload](#)
(on page 1351)

Responses

201

The post request was successful.

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Media types

application/json

Schema [DefaultErrorModel](#)
(on page 1359)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)
(on page 1359)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)
(on page 1359)

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json**Schema DefaultErrorModel***(on page 1359)*

API methods: Delete notes

DELETE /v1/ees/notes/{noteID}

Delete notes for a client who is registered in Merative Integrated Care based on the note identification number.

Example request

cURL

```
curl -X DELETE "http://host:port/Rest/v1/ees/notes/{noteID}" -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H "accept: application/json" -H "Referer: curam://foundational.app" -H "Content-Type: application/json"
```

JAVA

```
HttpResponse response = Unirest.get("https://host:port/Rest/v1/ees/notes/{notesID}")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("Referrer", "curam://foundational.app")

.body("{\"noteID\":\"string\", \"deleteReason\":\"string\", \"comment\":\"string\", \"originalSource\":{\"text\":
\"string\", \"coding\":[{\"system\":\"string\", \"code\":\"string\"}]}, \"source\":{\"text\":\"string\", \"coding\":[
{\"system\":\"string\", \"code\":\"string\"}]}}")
```

```
.asString();
```

Parameters

Referer(*header*)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

noteID(*path*)

The unique note identifier.

type string

required true

Request body

Required: false

Media types

application/json

Schema [INRequestCancelNotesPayload](#)

(*on page 1355*)

Responses

204

The delete request was successful.

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 1359*)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

(*on page 1359*)

500

An internal server error occurred. Contact your administrator for more information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1359](#))

default

An unexpected error occurred. Check the error message for further information.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1359](#))

Components

Schemas

Paging

Properties

previous string

description

Previous.

maxLength 150

next string

description

Next.

maxLength 150

type object

TenantDetails

Properties

tenantID string

description
The tenant identifier.

maxLength 500

instanceType string

description
The tenant instance
type.

maxLength 500

type object

INResponseDetails

Properties

notes array

items \$ref [INResponseDetailsNote](#)
(*on page 1345*)

paging \$ref [Paging](#)
(*on page
1344*)

tenantDetails \$ref [TenantDetails](#)
(*on page
1344*)

type object

INResponseDetailsNote

Properties

noteID string

description
The note unique identifier.

subject string

description
The subject text for the
note.

	maxLength 120
note	string
	description The text for the note.
	maxLength 30720
status	string
	description The status of the note. The status is always Final as the note is not editable by users of Merative Integrated Care. If the note is deleted by the external system, the status is Canceled.
	maxLength 500
duration	string
	description Indicates how long the client activity is expected to take, in minutes.
	maxLength 4
context	string
	description The note context details.
	maxLength 500
creationDate	string
	description The creation date of the note.
	maxLength 20
addedBy	string

description

The username associated with the organization's API account or the name of the user who added the note in the external system. If a username is received, Merative Integrated Care checks that the username is associated with a valid Merative Integrated Care account and displays the user's full name in Merative Integrated Care. Otherwise, the value entered is displayed.

maxLength 131**contactWith** string**description**

One or more people who were interacted with when the touchpoint was recorded.

maxLength 500**method** string**description**

The communication method recorded when the touchpoint was created.

maxLength 500**direction** string**description**

The direction of the communication when the

touchpoint was created,
Outbound or Inbound.

maxLength 500

outcome string

description

The outcome of the
contact, Successful or
Unsuccessful.

maxLength 500

validated boolean

description

Indicates whether the
identity of the person
who was contacted was
validated.

latestUpdateDate string

description

maxLength 20

updatedBy string

description

maxLength 131

sensitiveInd boolean

description

Indicates whether the note
is sensitive.

shareWith string

description

The name of the external
system the note can be
shared with.

maxLength 256

share boolean

description	Indicates whether the note can be shared.
deleteReason	string
description	The reason for the note deletion.
	maxLength 256
comments	array
	items \$ref INResponseDetailsComment <i>(on page 1349)</i>
originalSource	array
	items \$ref OriginalSource <i>(on page 1356)</i>
programs	array
	items \$ref INResponseDetailsPrograms <i>(on page 1350)</i>
source	array
	items \$ref Source <i>(on page 1356)</i>
type	array
	items \$ref Type <i>(on page 1357)</i>

type object

INResponseDetailsComment

Properties

datetime	string
-----------------	--------

description The timestamp of the comment.

maxLength 20

comment string

description Comments that are added to the note or No Records if the note has no associated comments.

maxLength 300

addedBy string

description The username associated with the organization's API account or the name of the user who added the comment in the external system. If a username is received, Merative Integrated Care checks that the username is associated with a valid Merative Integrated Care account and displays the user's full name in Merative Integrated Care. Otherwise, the value entered is displayed.

maxLength 131

description The number of comments that are added to a note.

type object

INResponseDetailsPrograms

Properties

program string

description

One or more programs associated with the touchpoint.

maxLength 500

type object

INRequestNotesPayload**Properties**

resourceType string

description

Mandatory. The resource type. This attribute accepts one of the following values:

note

id string

description

Mandatory. The unique identifier for the note.

noteSubject string

description

Mandatory. The subject text for the note.

maxLength 120

note string

description

Mandatory.

The note text.

maxLength 30720

duration string

description

Optional. Indicates how long the client activity is expected to take, in minutes. This attribute accepts a numeric value up to a maximum of 4 digits.

maxLength 4

context string

description

Mandatory. The note context details. This attribute accepts one of the following values:

Assessment

General

Review

Alert

Barrier

External

maxLength 500

creationDate string

description

Mandatory. The creation date of the note. The expected format is ISO 8601 standard date-time format.

maxLength 20

addedBy string

description

Mandatory. The username associated with the organization's API account or the name of the user who added the note in the external system. If a username is received, Merative Integrated Care checks that the username is associated with a valid Merative Integrated Care account and displays the user's full name in Merative Integrated Care. Otherwise, the value entered is displayed.

maxLength 131

contactWith string

description

Mandatory. Applies only touchpoints. The people who were interacted with when the note was recorded. This attribute accepts one or more of the following values (Use a comma-separated list if providing more than one value).

Client

Care Giver

Care Team

Family Member

Medical

Other

maxLength 500

method string

description

Mandatory. The communication method recorded when the touchpoint was created. This attribute accepts one of the following values:

Phone

Email

Face to Face Home

Face to Face Other

Mail

Other

Text

maxLength 500

direction string

description

Mandatory. The direction of the communication when the touchpoint was created, Outbound or Inbound. This attribute accepts one of the following values:

Outbound

Inbound

	maxLength 500
outcome	string
	description
	Mandatory. Applies only to touchpoints. The outcome of the touchpoint. This attribute accepts one of the following values:
	Successful
	Unsuccessful
	maxLength 500
validated	boolean
	description
	Optional. Applies only to touchpoints. Indicates whether the identity of the person who was contacted was validated. This attribute accepts one of the following values:
	TRUE
	FALSE
sensitiveInd	boolean
	description
	Optional. Indicates whether the note is sensitive. If not specified, the note is created in Merative Integrated Care as non-sensitive.
	default false
serviceDeliveryID	string
	description
	Optional. Receives a note that is associated with a service. This attribute associates the note with the correct service.
	maxLength 500
comments	array
	items \$ref INResponseDetailsComment <i>(on page 1349)</i>
identifier	array

	items \$ref Identifier <i>(on page 1359)</i>
source	description Mandatory.
	\$ref Source <i>(on page 1356)</i>
originalSource	description Optional.
	\$ref OriginalSource <i>(on page 1356)</i>
programs	array
	items \$ref INResponseDetailsPrograms <i>(on page 1350)</i>
subject	\$ref SubjectIdentifier <i>(on page 1358)</i>
type	\$ref INRequestNotesType <i>(on page 1357)</i>
type object	

INRequestCancelNotesPayload

Properties

noteID	string
	description Mandatory. The unique note identifier assigned by the external system.
deleteReason	string
	description Optional. The note deletion reason.
	maxLength 256
comment	string

description

Optional. The comment added when the note was deleted.

maxLength 300

originalSource \$ref [OriginalSource](#)

*(on page
1356)*

source \$ref [Source](#)

*(on page
1356)*

type object

OriginalSource

Properties

text string

description

Description of the original source system.

maxLength 300

coding array

items \$ref [CodingPR](#)

*(on page
1358)*

description

The name of the original source system where the note first originated. The external system identifies the original source system by its external system reference.

type object

Source

Properties

text string

description

Description of the source.

maxLength 300

coding array**items \$ref CodingPR***(on page
1358)***description**

The source of the note. The external system identifies the source by its external system reference.

type object**INRequestNotesType****Properties****coding** array**items \$ref CodingPR***(on page
1358)***type** object**Type****Properties****text** string**description**

Description of the note type details.

maxLength 300**coding** array**items \$ref Coding***(on page
1357)***type** object**Coding****Properties**

system string
maxLength 900
version string
maxLength 900
code string
description Mandatory.
maxLength 900
display string
maxLength 900
userSelected boolean

type object

CodingPR

Properties

system string
maxLength 900
code string
maxLength 900

type object

SubjectIdentifier

Properties

reference string
description The string value for this attribute must be provided in the following format: "Patient/{IndividualID}".

The {IndividualID} must either be the Reference Number recorded for the client in Merative Integrated Care or two identifier properties (Key=value). The allowed properties are:

identifier={Existing identifier in Merative Integrated Care}

identifierValue={Value for the existing identifier for the client}

The identifier must map to a configured identification in Merative Integrated Care created by an Administrator. Example custom identifier for the Reference attribute: "Patient/identifier=Passport Number, identifierValue=LI23451".

maxLength 150

type object

DefaultErrorModel

Properties

Error array

items \$ref Error (*on*

page

1360)

type object

Identifier

Properties

value string

description

The Identifier object holds the values of an external identifier for the enclosing record.

maxLength 300

type array

items \$ref CodetableConcept

(*on page 1360*)

type object

CodableConcept

Properties

text string

maxLength 900

type object

Error

Properties

code integer(*int32*)

description

A machine readable code identifying the problem. This will not vary with the Accept-Language setting.

message string

description

A human readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text may change over time.

level string

description

The level of the error.

type object

required

- code
- message
- level

Program

Version:v1

By using the protected API that follows, you can retrieve a client's program details so that extended care team members (who are not Merative Integrated Care users) can view the information in external systems. The API sends program assignment details and updates like program status changes. The Get Program Details call returns the program details along with a URL to get the information. Merative Integrated Care uses webhooks to notify subscribers so that they can call back for the updated program details.

Servers

http://host/Rest

API methods: Get program

GET /v1/ees/programstatus/{id}

Get client program details.

When a care team member assigns a program to a client, updates a program status, or updates program details in Merative Integrated Care, a notification is sent to the external systems that are subscribed to the program data type in Merative Integrated Care. The external system receives a notification with a URL that contains the ID of the program record. For example, if the ID of the program record is 123, the URL contained in the notification is /Rest/v1/ees/programstatus/123. The external system must call this URL to retrieve the program details.

Example request

CURL

```
curl -X GET https://host:port/Rest/v1/ees/programstatus/123 -H "X-WCM-TENANT-ID: Tenant ID" -H  
"X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H  
"accept: application/json"
```

JAVA

```
HttpResponse response = Unirest.get("https://host:port/Rest/v1/ees/programstatus/123")  
  
.header("accept", "application/json")
```

```
.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID"

.asString();
```

Parameters

Referer(*header*)

type string
array curam://foundational.app
required true

X-WCM-TENANT-ID(*header*)

type string
array The tenant ID.
required true

X-WCM-TENANT-INSTANCE(*header*)

type string
array The tenant instance.
required true

Authorization(*header*)

type string
array The Access Token.
required true

X-GRANT-TYPE(*header*)

type string
array client_credentials
required true

id(*path*)

The resource id, which uniquely identifies the program record.

type string
required true

Responses

200

The get request was successful.

Media types

application/json

Schema [ProgramDetailsResponse](#)
(on page 1364)

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Media types

application/json

Schema [DefaultErrorModel](#)
(on page 1367)

401

Invalid authentication credentials for the target resource entered.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1367)

404

The resource requested was not found. Check the error message for further information and resend the request with a valid resource id. Possible error message: EESERR1030 - Program not found

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1367)

500

An internal server error occurred. Contact your administrator for more information

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1367)

default

An unexpected error occurred. Check the error message for further information

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1367)

Components

Schemas

ProgramDetailsResponse

Properties

id	string
description	The program resource id. This id uniquely identifies program record for which the details are requested.
program	object \$ref CodeableConceptPR (on page 1366)
description	string
description	Description of the program.
	maxLength 5000
created	string(<i>datetime</i>)
description	The date of the program update or program status update.
	maximum 99991231
graduationDate	string
description	The date of the client's graduation from the program.
	maxLength 30
note	string
description	Comments added by a user when updating the program status or editing the program details.
	maxLength 300
status	string
description	The status of the program, Assigned, Pending, Enrolled, Not Enrolled, Disenrolled, Completed.
	maxLength 200
programStatusReason	object

\$ref [CodeableConceptPR](#)

(*on page 1366*)

otherReason string

description

The reason entered by a user for changing the program status.

maxLength 100

source object

\$ref [CodeableConceptPR](#)

(*on page 1366*)

originalSource object

\$ref [CodeableConceptPR](#)

(*on page 1366*)

subject object

description

A Subject object holds the reference to the Patient the record belongs to.

\$ref [Subject](#) (*on page 1366*)

type object

Subject

Properties

reference string

maxLength 150

type object

CodeableConceptPR

Properties

text string

maxLength 900

coding array

items \$ref CodingPR
(*on page*
1367)

type object

CodingPR

Properties

system string

maxLength 900

code string

maxLength 900

type object

DefaultModelError

Properties

Error array

items \$ref Error (*on*
page
1367)

type object

Error

Properties

code integer(*int32*)

description

A machine readable code identifying the problem. This will not vary with the Accept-Language setting.

message string

description

A human readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text may change over time.

level string

description

The level of the error.

type object

required

- code
- message
- level

Referrals API

Version:v1

By using the protected APIs that follow, you can send unassigned referrals (with program suggestions) from an external system to Merative Integrated Care, for individuals who are registered in Merative Integrated Care. When received in Merative Integrated Care, the supervisor or a care team member can process the referrals and use the suggested program as a reference to assign or enroll the client on a program. In addition, you can retrieve a client referral so that extended care team members (who are not Merative Integrated Care users) can view and manage the referral in an external system.

Servers

`https://host/Rest`

API methods: Create referral

POST /v1/ees/referralrequests

Create a referral for a client who is registered in Merative Integrated Care.

Create client referral based on an event in the external system that initiates a transfer of valid data to Merative Integrated Care. A referral reason value must be provided using the text, referralReasonEsr, or otherReferralReason fields.

CURL

```
curl -X POST "https://host:port/Rest/v1/ees/referralrequest" -H "X-WCM-TENANT-ID: Tenant ID" -H
"X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials"
-H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H
"X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json" -d " { "resourceType": "ReferralRequest",
"source": { "coding": [{ "system": "http://wcm/source", "code": "T123" }], "text": "Source" }, "originalSource":
{ "coding": [{ "system": "http://wcm/originalsource", "code": "wcml23" }], "text": "OriginalSource" },
"date": "2018-01-01", "identifier": [ { "value": "1234", "type": { "text": "PHQ9" } } ], "referredToOrgUnit":
"extid123", "referredFromOrgUnit": "extid123", "reason": { "text": "Hypertension", "referralReasonEsr":
"Hypertension", "otherReferralReason": "Hypertension" }, "description": "", "subject": { "reference":
"PatientIdentifier=Passport&PatientIdentifierValue=P101" }, "priority": "medium", "date": "2018-02-02",
"serviceRequested": { "text": "Fitness Management Program" } } }
```

)

JAVA

```
HttpResponse response = Unirest.post("https://host:port/Rest/v1/ees/referralrequest")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.body(" { "resourceType": "ReferralRequest", "source": { "coding": [{ "system": "http://wcm/source", "code":
"T123" }], "text": "Source" }, "originalSource": { "coding": [{ "system": "http://wcm/originalsource", "code":
"wcml23" }], "text": "OriginalSource" }, "date": "2018-01-01", "identifier": [ { "value": "1234", "type": { "text": "PHQ9" } } ], "referredToOrgUnit":
"extid123", "referredFromOrgUnit": "extid123", "reason": { "text": "Hypertension", "referralReasonEsr":
```

```
"referralReasonEsr": "Hypertension", "otherReferralReason": "Hypertension" }, "description": "", "subject":  
{ "reference": "PatientIdentifier=Passport&PatientIdentifierValue=P101" }, "priority": "medium", "date":  
"2018-02-02", "serviceRequested": { "text": "Fitness Management Program" } } } )  
  
.asString();
```

Parameters

Referer(header)

type string
array curam://foundational.app
required true

X-WCM-TENANT-ID(header)

type string
array The tenant ID.
required true

X-WCM-TENANT-INSTANCE(header)

type string
array The tenant instance.
required true

Authorization(header)

type string
array The Access Token.
required true

X-GRANT-TYPE(header)

type string
array client_credentials
required true

Request body

The referral details.

Required:true

Media types

application/json

Schema [NewReferralMessage](#)

(on page 1381)

Responses

201

The post request was successful

Headers

Name	Description	Schema
Location	The location of the new resource	type string

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1395)

500

An internal server error occurred. Contact your administrator for more information

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1395)

default

An unexpected error occurred. Check the error message for further information

Media types**application/json****Schema DefaultErrorModel***(on page 1395)***API methods: Update referral****PUT /v1/ees/referralrequests**

Update a referral for a client who is registered in Merative Integrated Care.

Updates a specific client referral in Merative Integrated Care. Merative Integrated Care identifies the record to be updated based on the external identifiers that the external system provides in the body. A referral reason value must be provided using the text, referralReasonEsr, or otherReferralReason fields.

cURL

```
curl -X POST "https://host:port/Rest/v1/ees/referralrequest" -H "X-WCM-TENANT-ID: Tenant ID" -H
"X-WCM-TENANT-INSTANCE: Tenant Instance" -H "Authorization: access_token" -H "X-GRANT-TYPE: client_credentials"
-H "accept: application/json" -H "Referer: curam://foundational.app" -H "Authorization: access_token" -H
"X-GRANT-TYPE: client_credentials" -H "Content-Type: application/json" -d " { "resourceType": "ReferralRequest",
"source": { "coding": [ { "system": "http://wcm/source", "code": "T123" } ], "text": "Source" }, "originalSource":
{ "coding": [ { "system": "http://wcm/originalsource", "code": "wcm123" } ], "text": "OriginalSource" },
"date": "2018-01-01", "identifier": [ { "value": "1234", "type": { "text": "PHQ9" } } ], "referredToOrgUnit":
"extid123", "referredFromOrgUnit": "extid123", "reason": { "text": "Hypertension", "referralReasonEsr": "Hypertension", "otherReferralReason": "Hypertension" }, "description": "", "subject": { "reference": "PatientIdentifier=Passport&PatientIdentifierValue=P101" }, "priority": "medium", "date": "2018-02-02",
"serviceRequested": { "text": "Fitness Management Program" } } }
```

JAVA

```

HttpResponse response = Unirest.post("https://host:port/Rest/v1/ees/referralrequest")

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")

.header("X-WCM-TENANT-ID", "Tenant ID")

.header("Referer", "curam://foundational.app")

.header("Content-Type", "application/json")

.asString();

```

Parameters

Referer(*header*)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

Request body

The referral details.

Required:true

Media types

application/json

Schema [ModifiedReferralMessage](#)

(*on page 1388*)

Responses

200

The put request was successful

Media types

application/json

Schema [ModifiedReferralMessage](#)

(*on page 1388*)

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1395](#))

500

An internal server error occurred. Contact your administrator for more information

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1395](#))

default

An unexpected error occurred. Check the error message for further information

Media types

application/json

Schema [DefaultErrorModel](#)

([on page 1395](#))

API methods: Update referral (by ID)

PUT /v1/ees/referralrequests/{id}

Update a referral for a client who is registered in Merative Integrated Care.

Updates a specific client referral in Merative Integrated Care that matches the record ID sent from an external system. A referral reason value must be provided using the text, referralReasonEsr, or otherReferralReason fields.

Example request

CURL

```
curl PUT -v -k -H
```

```
'Content-Type: application/json' -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H
"Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H 'Referer: curam//foundational.app'

http://host:port/Rest/v1/ees/referralrequest/{id}

JAVA

HttpResponse response = Unirest.put(https://host:port/Rest/v1/ees/referralrequest/{id}

.header("accept", "application/json")

.header("Authorization", "access_token")

.header("X-GRANT-TYPE", "client_credentials")

.header("Referer", "curam//foundationalapp")

.body(" { \"resourceType": "ReferralRequest", "source": { "coding": [ { "system": "http://wcm/source", "code": "T123" }, "text": "Source" }, "originalSource": { "coding": [ { "system": "http://wcm/originalsource", "code": "wcm123" } ], "text": "OriginalSource" }, "date": "2018-01-01", "identifier": [ { "value": "1234", "type": { "text": "PHQ9" } } ], "referredToOrgUnit": "extiD123", "referredFromOrgUnit": "extid123", "reason": { "text": "Hypertension", "referralReasonEsr": "Hypertension", "otherReferralReason": "Hypertension" }, "description": "", "subject": { "reference": "PatientIdentifier=Passport&PatientIdentifierValue=P101" }, "priority": "medium", "date": "2018-02-02", "serviceRequested": { "text": "Fitness Management Program" } } } " ) .asString();
```

Parameters

Referer(*header*)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)**type** string**array** The tenant instance.**required** true**Authorization(*header*)****type** string**array** The Access Token.**required** true**X-GRANT-TYPE(*header*)****type** string**array** client_credentials**required** true**id(*path*)**

Internal record ID/Merative Integrated Care ID of the referral.

type string**required** true**Request body**

The referral details.

Required:true**Media types****application/json****Schema** [ModifiedReferralMessage](#)*(on page 1388)***Responses****200**

The put request was successful

Media types

application/json

Schema [ModifiedReferralMessage](#)

(on page 1388)

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1395)

500

An internal server error occurred. Contact your administrator for more information

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1395)

default

An unexpected error occurred. Check the error message for further information

Media types

application/json

Schema [DefaultErrorModel](#)

(on page 1395)

API methods: Get referral (by ID)

GET /v1/ees/referralrequests/{id}

Get external referral details for a client who is registered in Merative Integrated Care.

Retrieves a specific client referral in Merative Integrated Care that matches the record ID sent from an external system.

Example request

cURL

```
curl GET -v -k -H
'Content-Type: application/json' -H "X-WCM-TENANT-ID: Tenant ID" -H "X-WCM-TENANT-INSTANCE: Tenant Instance" -H
"Authorization: access_token" -H "X-GRANT-TYPE: client_credentials" -H 'Referer: curam//foundational.app'

http://host:port/Rest/v1/ees/referralrequest/{id}
```

JAVA

```
HttpResponse response = Unirest.put("https://host:port/Rest/v1/ees/referralrequest/{id}")
    .header("accept", "application/json")
    .header("X-WCM-TENANT-ID", "Tenant ID")
```

```
.header("X-WCM-TENANT-INSTANCE", "Tenant Instance")
```

```
.header("Authorization", "access_token")
```

```
.header("X-GRANT-TYPE", "client_credentials")
.header("Referer", "curam//foundationalapp") .asString();
```

Parameters

Referer(header)

type string

array curam://foundational.app

required true

X-WCM-TENANT-ID(*header*)

type string

array The tenant ID.

required true

X-WCM-TENANT-INSTANCE(*header*)

type string

array The tenant instance.

required true

Authorization(*header*)

type string

array The Access Token.

required true

X-GRANT-TYPE(*header*)

type string

array client_credentials

required true

id(*path*)

Internal record ID/Merative Integrated Care ID of the referral.

type string

required true

Responses

200

The get request was successful

Media types

application/json

Schema [GetReferralMessage](#)
(*on page 1384*)

400

The data request is invalid. Check the error message for further information and resend the request with the corrected data.

Media types

application/json

Schema [DefaultErrorModel](#)
(*on page 1395*)

500

An internal server error occurred. Contact your administrator for more information

Media types

application/json

Schema [DefaultErrorModel](#)
(*on page 1395*)

default

An unexpected error occurred. Check the error message for further information

Media types

application/json

Schema [DefaultErrorModel](#)
(*on page 1395*)

Components

Schemas

NewReferralMessage

Properties

resourceType string

description	All referrals are of resource type ReferralRequest. This is a mandatory field.
maxLength	300
id	string
description	Internal record ID/Merative Integrated Care ID of the referral. This is an optional field.
priority	string
description	Priority of the referral - not set, high, medium, low. This is a mandatory field.
maxLength	300
referredFromOrgUnit	string
description	External system reference of the organization unit from where the referral was received. This is a mandatory field if organization units are enabled.
maxLength	100
referredToOrgUnit	string
description	External system reference of the organization unit to where the referral is sent. This is a mandatory field if organization units are enabled.
maxLength	100
date	string(<i>date</i>)
description	The referral date. This is a mandatory field.
description	string
description	Comments. This is an optional field.
maxLength	2000
source	object

	description	Contains the source details.System and code corresponding to the Source of the note.System would be http://wcm/sourcecode would be the external system reference of the Source. This is a mandatory field.
	\$ref	NewCodeableConceptPR (on page 1387)
originalSource	object	
	description	Contains the original source system details.System and code corresponding to the Original Source System of the note.System would be http://wcm/originalsourcecode would be the external system reference of the Original Source System. This is an optional field.
	\$ref	NewCodeableConceptPR (on page 1387)
identifier	array	
	description	The external ID of the referral record. This is an optional field.
	items	\$ref NewIdentifier (on page 1386)
reason	object	
	description	The referral reason. This is a mandatory field.
	\$ref	NewReferralReason (on page 1386)
serviceRequested	object	
	description	The program suggestion for the referral. This is an optional field.
	\$ref	NewServiceRequested (on page 1388)
subject	object	
	description	A Subject object holds the reference to the Patient the record belongs to.

\$ref [NewSubject \(on page 1387\)](#)

type object

GetReferralMessage

Properties

referralID string

description

The referral resource id. This id uniquely identifies referral record for which the details are requested.

priority string

description

Priority of the referral - not set, high, medium, low.

maxLength 300

referredFromOrgUnit string

description

External system reference of the organization unit from where the referral was received.

maxLength 100

referredToOrgUnit string

description

External system reference of the organization unit to where the referral is sent.

maxLength 100

referredOn string(*date*)

description

The referral date.

comments string

description

Comments.

maxLength 2000

otherReferralReason string

	description Other referral reason.
	maxLength 200
source	object
	description Contains the source details. System and code corresponding to the Source of the note. System would be http://wcm/sourcecode would be the external system reference of the Source.
	\$ref NewCodeableConceptPR (on page 1387)
originalSource	object
	description Contains the original source system details. System and code corresponding to the Original Source System of the note. System would be http://wcm/originalsourcecode would be the external system reference of the Original Source System.
	\$ref NewCodeableConceptPR (on page 1387)
referralReason	object
	description The referral reason. System and code corresponding to the referral reason. System would be http://wcm/referralreason would be the external system reference of the referral reason.
	\$ref NewCodeableConceptPR (on page 1387)
externalReferral	object
	description The external referral. System and code corresponding to the external referral. System would be http://wcm/externalreferral would be the external system reference of the external referral.
	\$ref NewCodeableConceptPR (on page 1387)
subject	object
	description A Subject object holds the reference to the Patient the record belongs to.

\$ref [NewSubject \(on page 1387\)](#)

type object

NewIdentifier

Properties

value string

description

Optional. This attribute holds the external identifier value.

If provided, a type text value must be provided.

maxLength 900

type object

description

Optional. This object holds the value for the Identifier type.

\$ref [NewCodeableConcept \(on page 1386\)](#)

type object

NewCodeableConcept

Properties

text string

description

Optional. This attribute holds the value for the Identification type.

It must be provided if an identifier value is provided.

maxLength 900

type object

NewReferralReason

Properties

text string

description

The referral reason. This field is currently available to support existing integrations. New integrations should use only the referralReasonEsr or otherReferralReason fields. If you use this field, any values that you provide in the referralReasonEsr or otherReferralReason fields are ignored. In addition, the Other Referral Reason in Merative Integrated Care is set to the value that you provide in this field and the Referral Reason field is set to 'Other'.

maxLength 200**referralReasonEsr** string**description**

External system reference of the referral reason configured in Merative Integrated Care.

maxLength 20**otherReferralReason** string**description**

Another reason for the referral if no external system reference is provided, or if the provided external system reference is associated with the default Other referral reason configured in Merative Integrated Care. Use this field to provide the other referral reason text.

maxLength 200**type** object**NewSubject****Properties****reference** string**maxLength** 150**type** object**NewCodeableConceptPR****Properties**

text string

maxLength 900

coding array

items \$ref NewCodingPR

(on page
1388)

type object

NewCodingPR

Properties

system string

maxLength 900

code string

maxLength 900

type object

NewServiceRequested

Properties

text string

description

The suggested program.

maxLength 200

type object

ModifiedReferralMessage

Properties

resourceType string

description	All referrals are of resource type ReferralRequest. This is a mandatory field.
maxLength 300	
id	string
description	Internal record ID/Merative Integrated Care ID of the referral. This is an optional field if identifier is specified.
priority	string
description	Priority of the referral - not set, high, medium, low. This is a mandatory field.
maxLength 300	
referredFromOrgUnit	string
description	External system reference of the organization unit from where the referral was received. This is a mandatory field if organization units are enabled.
maxLength 100	
referredToOrgUnit	string
description	External system reference of the organization unit to where the referral is sent. This is a mandatory field if organization units are enabled.
maxLength 100	
date	string(<i>date</i>)
description	Referral date. This is a mandatory field.
description	string
description	Comments. This is an optional field.
maxLength 2000	
source	object

	description	Contains the source details.System and code corresponding to the Source of the note.System would be http://wcm/sourcecode would be the external system reference of the Source. This is a mandatory field.
	\$ref	ModifiedCodeableConceptPR (on page 1394)
originalSource	object	
	description	Contains the original source system details.System and code corresponding to the Original Source System of the note.System would be http://wcm/originalsourcecode would be the external system reference of the Original Source System. This is an optional field.
	\$ref	ModifiedCodeableConceptPR (on page 1394)
identifier	array	
	description	The external ID of the referral record. This is an optional field if id is specified.
	items	\$ref ModifiedIdentifier (on page 1391)
reason	object	
	description	The referral reason. This is a mandatory field.
	\$ref	ModifiedReferralReason (on page 1391)
serviceRequested	object	
	description	The program suggestion for the referral. This is an optional field.
	\$ref	ModifiedServiceRequested (on page 1395)
subject	object	
	description	A Subject object holds the reference to the Patient the record belongs to.

\$ref [ModifiedSubject \(on page 1392\)](#)

type object

ModifiedIdentifier

Properties

value string

description

Optional This attribute holds the external identifier value.

If provided, a type.text value must be provided.

maxLength 900

type object

description

Opional. This object holds the value for the Identifier type.

\$ref

[ModifiedCodeableConcept \(on page 1391\)](#)

type object

ModifiedCodeableConcept

Properties

text string

description

Optional. This attribute holds the value for the Identification type.

It must be provided if an identifier value is provided.

maxLength 900

type object

ModifiedReferralReason

Properties

text string

description

The referral reason. This field is currently available to support existing integrations. New integrations should use only the referralReasonEsr or otherReferralReason fields. If you use this field, any values that you provide in the referralReasonEsr or otherReferralReason fields are ignored. In addition, the Other Referral Reason in Merative Integrated Care is set to the value that you provide in this field and the Referral Reason field is set to 'Other'.

maxLength 200

referralReasonEsr string

description

External system reference of the referral reason configured in Merative Integrated Care.

maxLength 20

otherReferralReason string

description

Another reason for the referral if no external system reference is provided, or if the provided external system reference is associated with the default Other referral reason configured in Merative Integrated Care. Use this field to provide the other referral reason text.

maxLength 200

type object

ModifiedSubject

Properties

reference string

description

The Subject object is used to identify an individual in Merative Integrated Care.

The "reference" String is expected to contain identifier details that will be used to match an individual in Merative Integrated Care.

The string is parsed to extract query parameters and associated values.

It can contain a combination of

- (1) Merative Integrated Care Patient ID (i.e. Merative Integrated Care Reference Number),
- (2) Merative Integrated Care Identification External System Reference and Identification number,
- (3) Merative Integrated Care Identification Type and Identification number,
- (4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,
- (5) Merative Integrated Care Identification Type and Identification number and birthDate.

For example:

- (1) Merative Integrated Care Patient ID

```
"subject":{  
  
    "reference" : "patient/123      " }
```

- (2) Merative Integrated Care Identification External System Reference and Identification number

```
"subject":{  
  
    "reference" : "patient/identifiercode=xwz, identifiervalue=239" }
```

- (3) Merative Integrated Care Identification External System Reference and Identification number,

```
"subject":{  
  
    "reference" : "patient/identifier=Passport, identifiervalue=239" }
```

- (4) Merative Integrated Care Identification External System Reference and Identification number and birthDate,

```
"subject":{  
  
    "reference" : "patient/identifiercode=xwz, identifiervalue=239,  
    birthDate=19380821" }
```

(5) Merative Integrated Care Identification Type and Identification number and birthDate,

```
"subject":{  
  
    "reference" : "patient/identifiercode=Passport, identifiervalue=239,  
    birthDate=19380821" }
```

maxLength 150

type object

ModifiedCodeableConceptPR

Properties

text string

maxLength 900

coding array

items \$ref ModifiedCodingPR

(on page 1394)

type object

ModifiedCodingPR

Properties

system string

maxLength 900

code string

maxLength 900

type object

ModifiedServiceRequested

Properties

text string

description

The suggested program.

maxLength 200

type object

DefaultModelError

Properties

Error array

items \$ref [Error \(on page 1395\)](#)

type object

Error

Properties

code integer(*int32*)

description

A machine-readable code that identifies the problem. This code does not vary with the Accept-Language setting.

message string

description

A human-readable message. This message text is localized based on the Accept-Language setting of the request. The contents of this message text may change over time.

level string

description

The level of the error.

type object

required

- code
- message
- level

Integrating Merative™ Integrated Care with your organization's identity provider

By default, the IBM® App ID service authenticates users when they sign in to Merative™ Integrated Care applications. If your organization has a Federated Identity Management arrangement with a third-party SAML identity provider like Keycloak, you can request that Merative™ Integrated Care integrate with your identity provider. This means that your identity provider authenticates users' access to Merative™ Integrated Care and other applications used by your organization, not IBM® App ID.

You can request that Merative™ Integrated Care integrate with a single identity provider for your organization. With this integration, users can sign in to Merative™ Integrated Care with the user ID or email address that is stored by your organization's identity provider. For example, a username that is associated with your organization and not Merative™ Integrated Care only. Your identity provider determines and manages users' password reset process and password rules.

Assuming they have access to both applications, users can SSO between Merative™ Integrated Care and the Merative™ Integrated Care Reporting applications, without having to sign in separately to each. **Note:** This integration does not support SSO between Merative™ Integrated Care applications and the Connect applications.

To take advantage of this integration, complete the procedure.

1. Request that Merative™ Integrated Care integrate with your identity provider by submitting a case on the [Merative™ Support Portal](#).
2. Ensure that the items in [Required information to integrate with your organization's identity provider \(on page 1397\)](#) are exchanged between you and Merative™ Integrated Care. You must work with your Merative™ client executive to do this.
3. In addition, you must provide your Merative™ client executive with the details of a Security Administrator user for Merative™ Integrated Care. You can nominate any user in your identity provider.
4. Then, onboard the user accounts from your identity provider to Merative™ Integrated Care. Choose an option.

- Automatically onboard the user accounts by using the Federated Users API.
 - a. Familiarize yourself with [Integrating via Merative Integrated Care REST APIs \(on page 852\)](#). In particular, [API security and access \(on page 853\)](#).
 - b. Review the Federated Users API swagger documentation in the [Merative Integrated Care REST API catalog \(on page 890\)](#).
- Alternatively, as a Security Administrator, you can manually onboard the user accounts to the Security Administrator workspace instead of using the API. For more information, see [Creating user accounts \(on page 91\)](#). The user's email address must match the email address that is stored by your identity provider.

Onboarded users can sign in to Merative™ Integrated Care with their credentials that are stored by your organization's identity provider. For more information see [Signing in to your account with SSO \(on page 402\)](#).

Required information to integrate with your organization's identity provider

For Merative™ Integrated Care to complete this integration, you must provide information about your identity provider to us and we need to share information with you. You must agree the method of exchange for confidential information with your Merative™ client executive at the time of engagement.

Information about your identity provider

You must provide the following information to us about your organization's identity provider:

- SAML entity ID - The globally-unique SAML entity ID for your organization's identity provider. To obtain the SAML entity ID, see your identity provider's user documentation.
- Sign-in URL - The URL to redirect users to for authentication purposes. When redirected to this URL, users are presented with your identity provider's sign-in page. To obtain this information, see your identity provider's user documentation.
- SAML certificate - The signing certificate from your organization's identity provider. Download the certificate from your identity provider and ensure that it is in .pem format.

Information that you require from Merative™ Integrated Care

Merative™ Integrated Care provides App ID SAML XML metadata to you which includes its entity ID, App ID call back URL, and certificate. Use the information in the XML snippet to configure your organization's identity provider. For information about how to do this, see your identity provider's user documentation.

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