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September Feature Releases

Facility- and Wing-Based Inpatient Access

With this new feature, Agencies will have more fine-grained control of the visibility and actions that users may perform on the beds associated with facilities and wings. Currently, any user with the **Security Matrix: InpatientModule** right can view the status and other information about any beds. This feature will allow EHR Admins to assign specific facilities and wings to individual users.

Security Matrix: InpatientAdministration

Users with the **Security Matrix: InpatientAdministration** right can assign and un-assign facilities and wings for employees. They can access the facility assignments via the **Facility** navbar button or from the new **Facility** button in the user's **Assignment** section (as with **Client, Program, or Team**). From this **Facility** page, any facility or wing can be assigned or un-assigned for the user.

Please note: At launch, any user who has the right **Security Matrix: InpatientModule** will be assigned to all facilities and wings by default; no one will lose access to any beds.

Enhanced Facility Functions

- The metrics displayed on the Inpatient tab (**Utilization, Capacity, Open, Occupied, On Hold, R&S**) are calculated based on the assigned facilities and wings and will be indicated as such. For example, if a user is not assigned all the facilities and wings then **Total** will be displayed as **Total (Assigned)**.
- Users will only be able to select those facilities assigned to them from the **Facilities** dropdown menu. The facilities not assigned to the user will be grayed out and unavailable.
- These assignments also determine which beds the user can perform Bed Board actions on. The user needs to be assigned to the facility and wing the bed is associated with to be able to perform bed board actions (**Move, Hold** etc.) on the bed. The user will not be able to see any information about beds that the user is not assigned to.

The facility assignment actions are logged and can be accessed for auditing and other purposes on the user's log.

Inpatient/Residential Security Matrix

To facilitate Inpatient/Residential bed and floor management, two new Security Matrix items have been added to allow read-only access to Inpatient/Residential features.

Security Matrix: IPCensusViewOnly

Use this permission to give a user read-only access to the Inpatient/Residential census. They will be able to open and view census items but not edit or save them.

Security Matrix: ClientBedAssignView

Use this entry to give a login profile read-only access to bed assignment details. They will be able to open and view bed assignments, but not change them.

Payer Copy

This feature allows existing payers to be copied to create a new payer, saving time and reducing the chance of misconfiguration. This feature is intended for one-off or ad hoc payer creation.

Configuration

Users who will be creating new payers through this feature must have the **Security Matrix: Billing Config** permission.

Workflow

1. Go to the **Billing** tab > **Billing Config** section > **Billing Payer** link.
2. In the **Payer List**, locate the payer you want to copy and click **Edit**.
3. Scroll to the bottom of the screen and click **Copy as New Payer**.
4. A new Payer Config screen will appear with almost all settings copied from the prior payer. This includes any **Billing Payer Type** settings; assigned employees will also be copied.
5. Some elements are not copied.
 - To prevent duplicates, **Name**, **Description**, **Code**, and **835 Payer Number** will not be copied and must be manually entered on the new payer.
 - Custom invoice procedures and templates are also not copied.
6. For the new payer, enter the **Name**, **Description**, and **Code**.
7. The **835 Payer Number** is blank to prevent mismatching incoming files and should be unique across all payers and payer groups. If the new payer sends its own 835s, enter the **835 Payer Number**. If the new payer in Credible is the same insurance company or entity as another payer and claims from both payers will be in the same 835, a **Payer Group Header** should be used.

Payer Template

This new feature allows Agencies to set a payer as a template for creating new payers on a repeat basis. Like the new **Payer Copy** feature (see above), an existing payer can be flagged as a template. When creating new payers, the template can be selected, saving time and reducing the chance of misconfiguration.

Workflow

Creating Templates

1. Go to the **Billing** tab > **Billing Config** section > **Billing Payer** link.
2. In the **Payer List**, locate the payer you want to copy and click **Edit**.
3. Check the **Use Payer As Template** box and then click **Save Settings**.

Using Templates

1. Go to the **Billing** tab > **Billing Config** section > **Billing Payer** link.
2. Click **Add a New Payer Entry**.

3. At the top of the page, select the desired template from the dropdown and click **Apply Template**. The payer settings will be populated based on the template.
 - To prevent duplicates, **Name, Description, Code**, and **835 Payer Number** will not be automatically entered, and must be manually entered for the new payer.
 - Custom invoice procedures and templates are also not copied.
4. Make any edits needed and click **Save Settings**.

Please note:

- Selecting a different template from the dropdown and clicking **Apply Template** a second time will set **all** payer settings to that new template — even if you had made manual edits.
- The template creation functionality is only available when creating a new payer; it is not available when editing an existing payer.

Configuration

The **Security Matrix: BillingConfig** right is required to access the **Billing Payer** page and configuration.

September Product Enhancements

Clinical Modules

Consult Orders

The **Consult Order** in Orders 2.0 has been updated to include structured information specific to consults. The provider who is being consulted, how that consult was transmitted, the purpose of the consult, and any response gathered from the consult can be collected in a structured manner and reported on.

Workflow: When entering a Consult Order, select the Provider who is being consulted and how they are being notified. Optionally, also collect Consult Reason, and how the notification is being sent.

Consult Orders Client Page Widget

Credible has added a new Client page widget for **Consult Orders**. The client's most recent **Consults** can be displayed on the **Client Home Page** along with **Referral Orders**.

Configuration: Turn on the Consult Orders widget on **Admin** tab > **Site Configuration** section > **Home Page Config** link > **Client Home Page** link > **Consults**.

Medications Enhancement

Credible has updated the **Medications** page to ensure compatibility with **eMAR 2.0**. The dosage and frequency information entered for the Medication will display correctly in eMAR 2.0. Agencies using eMAR 2.0 the new **Add Medications** page will be used in the **Meds** sections of **Standing Orders**. Additionally, when the Standing Order is placed, the dosage and frequency information entered for the Medication displays correctly in eMAR 2.0.

Standard Order Sets Enhancements

Credible has expanded **Standing Order Sets** to use all **Orders 2.0** categories and functionality. Standing Order Sets may now be defined to use the expanded **Order Categories** and user-defined **Order Types**.

Additionally, the labels in **Orders 1.0** and **Orders 2.0** have been standardized.

- For **Orders 1.0**, the Standing Order Sets categories **Create Rx** and **Meds** has been renamed to **Create Prescription** and **Add Medication**, respectively.
- For **Orders 2.0**, the **Create Medication** button under **More Actions** has been renamed to **Add Medication** for consistency.

Credible Billing

837I Loop 2010AA: Billing Provider Name uses Geo Area Info

Some 837I payers are requiring service location information in Loop 2010AA instead of the standard billing provider information.

Workflow

If configured to use the Geo Area information for Loop 2010AA, all claims that under that loop will be for the same Geo Area. If the visit's location does not have a Geo Area, or if that Geo Area is missing the needed information, the **Billing Provider** from the Billing Group will be used.

Configuration

Upon release, all payers will be set by default to **Billing Provider from Billing Group** for the following new settings:

- 837I Billing Provider Name (2010AA)
- 837I Billing Provider Address & Contact Number (2010AA)
- 837I Billing Provider NPI (2010AA)

Payers that require the Geo Area information will need to be edited manually.

1. Under the **Admin** or **Billing** tab, select **Billing Payer**.
2. Click **Edit** for the desired payer.
3. In the **Electronic Claim Overrides** section, select **Geo Area from service location** for **837I Billing Provider Name (2010AA)**, **837I Billing Provider Address & Contact Number (2010AA)**, and/or **837I Billing Provider NPI (2010AA)**.
4. Click **Save Settings**.

See Credible Help for more information on **Geo Areas** and **Locations**.

837P Loop 2010AA: Billing Provider Name uses Geo Area Info

Some 837P payers are requiring service location information in Loop 2010AA instead of the standard billing provider information.

Workflow

If configured to use the Geo Area information for Loop 2010AA, all claims that under that loop will be for the same Geo Area. If the visit's location does not have a Geo Area, or if that Geo Area is missing the needed information, the **Billing Provider** from the Billing Group will be used.

Configuration

Upon release, all payers will be set by default to **Billing Provider from Billing Group** for the following new settings:

- 837P Billing Provider Name (2010AA)
- 837P Billing Provider Address & Contact Number (2010AA)
- 837P Billing Provider NPI (2010AA)

Payers that require the Geo Area information will need to be edited manually.

1. Under the **Admin** or **Billing** tab, select **Billing Payer**.
2. Click **Edit** for the desired payer.
3. In the **Electronic Claim Overrides** section, select **Geo Area from service location** for **837P Billing Provider Name (2010AA)**, **837P Billing Provider Address & Contact Number (2010AA)**, and/or **837P Billing Provider NPI (2010AA)**.
4. Click **Save Settings**.

See Credible Help for more information on **Geo Areas** and **Locations**.

CMS 1500 Page Separation

Credible has added a new setting to control which services can appear on the same page of a CMS 1500 based on the employee.

Workflow

Once configured, claims on the CMS 1500 will automatically be grouped together based on the setting **Payer Config: Separate Pages By**. This setting has four options:

- **N/A:** The visits on a single 1500 page can be for different visit employees and different rendering employees.
- **Service Employee:** All the visits on a single 1500 page will be for the same visit employee and can have different rendering employees.
- **Rendering Employee:** All the visits on a single 1500 page will be for the same rendering employee and can have different visit employees.
- **Rendering Employee NPI:** All the visits on a single 1500 page will be for the same rendering NPI and can have different visit and rendering employees.

Examples

- Visit 1
 - visit employee = John Doe
 - rendering employee = John Doe, NPI = 1111111111
- Visit 2
 - visit employee = John Doe
 - rendering employee = Albert Smith, NPI = 2222222222
- Visit 3
 - visit employee = Megan Rogers
 - rendering employee = Albert Smith, NPI = 2222222222
- Visit 4
 - visit employee = John Doe
 - rendering employee = John Doe, NPI = 1111111111
- Visit 5
 - visit employee = Megan Rogers;
 - rendering employee = Megan Rogers, NPI = 1111111111

- Visit 6
 - visit employee = Albert Smith;
 - rendering employee = Albert Smith, NPI = 2222222222
- Visit 7
 - visit employee = John Doe
 - rendering employee = John Doe, NPI = 1111111111

Assuming a maximum of 6 claims per page:

- **N/A**
 - CMS #1 = Visits 1-2-3-4-5-6
 - CMS #2 = Visit 7
- **Service Employee**
 - CMS #1 John Doe: visits 1-2-4-7
 - CMS #2 Megan Rogers: visits 3-5
 - CMS #3 Albert Smith: visit 6
- **Rendering Employee**
 - CMS #1 John Doe: visits 1-4-7
 - CMS #2 Megan Rogers: visit 5
 - CMS #3 Albert Smith: visits 2-3-6
- **Rendering Employee NPI**
 - CMS #1 John Doe & Megan Rogers: visits 1-4-5-7
 - CMS #2 Albert Smith: visits 2-3-6

Configuration

Upon release, existing payers will default to **Service Employee** for the **Payer Config: Separate Pages By** setting. Payers that have different requirements will need to be manually updated.

Payment Plan Display on Client Statement 2.0

Summary information about the client's payment plan will appear in the **Notes** and **Messages** sections of their statement, reminding clients of their agreements. Here are two samples:

- Sample reminder: "Per your payment plan, \$5.00 is due on the 2nd of each month".
- Sample overdue amount: "Per your payment plan, \$5.00 is due on the 2nd of each month. \$75.00 is overdue".

Any additional messages configured in Client Statements 2.0 will appear after the payment plan information.

Workflow

1. Go to the **Billing** tab > **Client Statements and Payments** section > **Generate Statements 2.0** link.
2. Make the desired filter selections.
3. Click the **Preview Statement** button.
4. Click **Generate Statement**. The payment plan information will be automatically added to the statement.

Configuration

- Both **Partner Config: Use Client Statements 2.0** and **Partner Config: Use Client Payment Plans** must be checked.
- Users who will be creating statement must have the **Security Matrix: GenerateStatements** right.

Payment Plan Information in Client Portal 2.0

Clients and their authorized representatives can use Client Portal 2.0 to review their payment plans.

Client Workflow

1. The client logs in to the portal.
2. They then click the **My Payments** button on the navigation panel.
3. By default, a grid of the client's active payment plans will display at the top.
4. Clicking **Show All** will add expired and future plans to the grid.

Configuration

- **Client Portal 2.0** must be activated for your Credible Domain. To request this, please submit a task ticket to Partner Services.
- The portal Role's rights must include **View client's billing history and outstanding bills**.

Visit Summary in Client Portal 2.0

Credible has added the ability for clients and other portal users to view visit summaries from the **My Visits** section of Client Portal 2.0. Visit summaries provide a customized view of documentation for staff, clients, external providers, and families. Clinical summaries can be accessed via the **Visit Details** screen and Credible Client Portal.

Configuration

- **Is Summary** must be checked for the Visit Type.
- For each form question that is to be included in the summary, set **Include in Summary** as **True**.
- The user account in Client Portal 2.0 must have a role with the Assigned Right **View client's clinical summary**.

Workflow

1. The client user logs in to the portal.
2. They click on **My Visits** in the left-hand navigation.
3. A column for Visit Summary is displayed. The user clicks on the View Summary button.
4. The Visit Summary is displayed. Note that only the Category Name and Questions which have been marked **Include in Summary = TRUE** will be shown.
5. If desired, the client can print the visit summary.

Credible Plan

Credible Plan Navbar View

A section has been added to each element in the view of a Credible Plan from the navbar. This section will display the previous documentation as well as with the date of the visit, and the visit ID that is linked to the visit view. This history is also present in the print view.

Please note: The documentation history does not display on the navbar Edit view, nor does it display in the Visit view. For the visit, the only documentation shown is from that visit.

No configuration is required for this enhancement.

Extended Fields Header

To improve the appearance of Credible Plans, the header label **Extended Fields** has been removed. The name of the actual extended field will now display and print in bold, allowing for better contrast between the name and the value of the of the field.

September Product Updates

Credible Billing Updates

Automatically-Assigned Auths

When a one-day auth is created after a visit is created and the auth spans only the day of the visit, the **Auth ID** is now automatically assigned to the visit if at least the **Auth Req** option is TRUE in the Billing Matrix.

Billing Matrix Age Criteria

The billing matrix age matching criteria was not considering the days in the month, causing visits to match to the incorrect matrix line. This has been corrected, and visits are matching to correct matrix lines.

Client Statements 2.0 Label Change

The table in Client Statement 2.0 has two header rows — one for detail records, another for the summary. While the Detail header was previously relabeled from “Copay” to “Client Pay”, the Summary Header was not. This oversight has been corrected.

Client Statement 2.0 Remit and Return Addresses

For some Partners, the address fields were missing from **Admin** tab > **Lookups and Code Tables** section > **Manage Addresses** link. This was preventing them from managing the **Return** and **Remit** addresses for Client Statements 2.0. This has been resolved for the affected Domains.

COB Indicators

If you select a COB indicator when applying additional payments to a visit that didn't have a COB indicator set, the COB was not being updated. The COB indicator is now being updated correctly for the visit.

Large Payments and Retractions

Partner occasionally received error messages when adding large payments with a retraction. This no longer occurs.

Non-Billable Service Balances

On some services that are non-billable with a balance, the balance erroneously increases if you update it or update the visit. This issue has been resolved.

Required Auth Pop-up in Scheduler

When **Billing Matrix Payer Specific** has **Required Auth** set as FALSE, the Auth pop-up in the scheduler wasn't providing the Auth ID, even if the **Billing Matrix** has **Required Auth** as TRUE. This no longer occurs.

Credible Plan Updates

Cursor Jumps

In a Credible Plan Element Title field, the cursor would sometimes jump from the end of the text to the beginning when approaching the 500-character limit, potentially causing text to be saved in the wrong area of the text box. This has been resolved.

Documentation in Webforms

On occasion, documentation in a webform on a Credible Plan was not recognized on the first complete of that category, preventing the completion indicator (green checkmark) from displaying on the webform category list. This could lead to a user not realizing that they had already documented on the plan. This has been resolved, and the indicator displays properly.

Element Title Field Length

Credible Plan elements added via the **Add** link did not have a character limit for the title field. As a result, users adding new elements may have exceeded the element title character limit, causing loss of data when saved. The 500-character limit for Credible Plan element titles is now properly enforced.

Plan-Tree Element Character Limits

A character limit was imposed on **Description** text fields in Credible Plan elements. However, that limit was not displayed when entering text. When the plan was subsequently saved, the text would be truncated after the character limit had been reached. To resolve this issue, there is no longer any character limit on description fields; any information input will be saved properly.

Print View Issues

Previously, when **Partner Config: Print In PDF** was not checked, users could not see a Credible Plan on the Print View for a visit with a Credible Plan, if HTML printing was being used (as opposed to PDF printing). Now, when printing a visit with a Credible Plan in Non-PDF format (i.e., HTML), the Credible Plan is visible in the Print View.

Rule Set and Visit Type

The list of Visit Types was not appearing in the **Visit type to be used for Reviews** dropdown field on the **Rule Set Configuration** page, preventing users from associating a service type to a rule set. The **Visit type to be used for Reviews** dropdown field now contains a list of Visit Types, if they are tied to a billing matrix line.

Tx Plus Field Conversion

Certain fields were not being displayed when converting a Tx Plus plan to a Credible Plan, even if the Credible Plan Structure field had those field types enabled. As a result, some users were not able to see certain fields after a Tx Plus conversion.

- When converting a Tx Plus plan to a Credible Plan the extended fields will not be omitted from the plan structure. There is no need to convert into these fields; they just need to be present if defined on the plan.

- If included on the plan's Structure Config, **Start Date**, **Target Date**, and **End Date** will convert to the Credible Plan.
- **Goal Achievement Status**, **Element Status**, and **Priority Level** settings in the Structure Config are taken into consideration on converted plans, i.e., all defined elements on Plan should be present, even if no data was converted from Tx Plus.

Tx Plus Free Text Conversion

When converting a Tx Plus Plan to a Credible Plan, the free text documentation settings were not retained if they had been configured in the plan's Structure Config prior to conversion. Additionally, when converting a Tx Plus Plan to a Credible Plan the **Add** links under elements used to add new problems, goals, objectives, or interventions displayed as "Add null". This has now been resolved, and newly converted plans now have the proper link labels and free text documentation.

Inpatient Updates

Bed Board Access

Previously, users who did not have the appropriate security right to make bed assignments could do so by going to the client card from the census. To facilitate appropriate Inpatient/Residential bed and floor management, this ability has been removed.

Bed Board Search

Occasionally the bed search screen would generate a timeout error. This has been resolved.

CancelRx Messages

If a user doesn't have the **Cancel Service Level** at the **Clinic Location** where the original prescription was written, then no attempt is made to electronically cancel the prescription, and no alerts are sent to the user.

Controlled Substance Report Error

In cases where the report contained a large number of records, an error could result. Users are now able to run the **Controlled Substance Rx Report** without errors.

Other Updates

Client Portal Information Not Displayed

In some situations, a portal user was not shown any information. Users should now see all information permitted by their Role and Rights.

Cloning Standing Order Sets

An issue has been resolved preventing **Standing Order Sets** from being cloned in some cases.

Credible eRx Security Incident Report

On In certain situations, users were unable to run the **eRx Security Incident Report**. Users are now able to run the report without error.

Security Matrix: VisitEntryOtherEmpNoSubmit

The permission **Security Matrix: VisitEntryOtherEmpNoSubmit** was erroneously being displayed in the security matrix to Partners who had not contracted for the Credible Premium module, **Integrated Primary Care**. As a result, some users attempted to assign this permission even though it was not functional. This setting no longer appears to in Domains without Integrated Primary Care enabled.