

Product Release Information

April 19, 2018

New Features and Enhancements

Billing Enhancements

Inpatient Unit of Measurement of DA in 837I

Sending days (DA) versus units (UN) in 837 Institutional claims can now be controlled in the billing matrix instead of at the payer level. These new settings override the existing payer setting for sending 'DA', reducing the need to change payer settings when batching different types of services

When creating an 837 Institutional batch, SV204 (SV2 - INSTITUTIONAL SERVICE LINE Unit or Basis for Measurement Code) will send as **DA** or **UN** based on the following logic:

- UN or DA based on the setting **Billing Matrix Payer Specific: Override 'Unit/Basis Meas Code'**
- UN or DA based on the setting **Billing Matrix: Override 'Unit or Basis for Measurement Code'**

If both new settings are blank (appearing as **-SELECT-** in the Billing Matrix):

- **DA** will be sent when **Billing Matrix: Is Outpatient 837i /1450** is **not** checked, and **Payer Setting: Use Inpatient Unit of Measurement of DA in 837i** is checked.
- Otherwise, **SV204** will have **UN**.

Configuration

- Under **Billing** tab > **Billing Matrix**, update each matrix line as required.
- Reprocessing the matrix line is not necessary as these settings are only used during batching.

Manual Entry of ICN

Credible has increased the length of ICN fields to handle the maximum length of 50 characters, per 5010 specifications. Manually entered ICN numbers also now allow up to 50 characters. Please note: Per CMS 1500 specifications, **Box 22 Original Reference Number** is limited to 18 characters; only the first 18 characters of the ICN will be sent. (Please see *Submit Void from Paper Remit* and *Resubmitting a Claim* in Credible Help for more information.)

No configuration is needed to allow 50-character ICNs. However, payers must have **Can Resubmit Voids** checked to send out the ICN as a voided/adjusted/replaced claim.

Medications/eRx/EPCS/eMAR Enhancements

eMAR 2.0 with Taken Quantity of Zero

When administering a medication in eMAR 2.0, users are no longer allowed to enter a zero quantity when recording that the patient has taken the medication. The user will record that the patient has taken the medication by selecting the appropriate patient response in the **Administration Result** dropdown list.

EPCS: Improved Distinction Between Credible and Exostar Portal

Messages and graphics have been added to EPCS to enable Partners to more easily recognize when they are leaving the Credible application and entering the Exostar EPCS ID Proofing portal. Notices have been added when entering the portal for ID proofing, as well as logos and branding on the top of the Exostar portal pages. This will make it easier for users to tell when they are outside of Credible during the ID proofing process.

HIPAA Log Action Update

The HIPAA log entry for updating an eMAR administration (MEDICATION ADMIN RECORD UPDATED) now contains the details of the changes that were made to the eMAR record. These include changes to the eMAR administration date/time, the result (patient response), quantity administered, or notes.

Integrated Primary Care Enhancements

External Provider in Orders 2.0

To facilitate recording orders originating from or impacting care providers outside of your Agency, Credible has added the ability to associate orders with external providers. This is an optional selection in Orders 2.0 entry and update.

Internal Orders

A new optional field has been added to Orders 2.0 entry and update screens allowing an order to be marked as internal. This prevents the marked order from appearing in the Discharge Summary for Primary Care Encounters. The field is also available for reporting.

Meaningful Use 3 Enhancements

Client Access Key Generation by Client

This enhancement is part of the ONC 2015 MU3 Certification. Via Client Portal 2.0, a client may generate an access key that an external source may use to pull data pertaining to that client, allowing the client to share their clinical data with a third-party consumer. For example, a client could retrieve CCD (Continuity of Care Document) and other CCDS (Common Clinical Data Set) elements.

Client Workflow

1. Log in to **Client Portal 2.0**.
2. From the navigation pane, click **My Access Keys**.
3. The **My Access Keys** screen will list any existing keys which have been generated. To create a new key, click the **Create New Access Key** button.
4. The client will have two options:
 - **Generate and Share Key Via Email**
 - **Generate Key without Sharing**
5. The client should choose the appropriate option.

Configuration

To activate this feature for your Domain, please submit a task ticket.

Client Access Key Generation by Employee

This feature allows an employee to generate an Access Key for a client at the client's request. This will allow the creation of an access key if the client does not have a portal account, or if the Partner is not using Client Portal 2.0; the employee can generate and send a client access key on their behalf.

To generate a key for a client:

1. Go to **Client** tab > select the client > go the **Client navbar** > and click **Select Access Key**.
2. The **My Access Keys** screen will list any existing keys which have been generated. To create a new key, click the **Create New Access Key** button.
3. The employee will have two options:
 - **Generate and Share Key Via Email**
 - **Generate Key without Sharing**
4. Choose the appropriate option.

Configuration

- The Agency must have enabled Client Access Keys for their Domain by submitting a task ticket.
- The employee must be using a profile which has the permission **Security Matrix: GenerateAccessKeyForClient**.

General Enhancements

Client Family Filters

Credible has now added filters to the Family page, enabling filtering of family members based on **ROI Status**. This new functionality allows Partners to view family members by their ROI Status, which will help determine the family members with whom client information may be shared.

The filters are as shown below:

- ALL
- ROI OBTAINED & ACTIVE
- ROI OBTAINED & NOT YET ACTIVE
- ROI OBTAINED BUT EXPIRED
- ROI NOT OBTAINED

When adding a new family member or editing the information for an existing family member, if the **ROI Obtained** checkbox **has not** been checked, the **ROI Status** appears as **ROI NOT OBTAINED**

When adding a new family member or editing the information of an existing Contact, if the **ROI Obtained** checkbox **has been** checked, but the **ROI Start Date** and **ROI End Date** are not defined, then the **ROI Status** appears as **ROI OBTAINED & NOT YET ACTIVE**

When adding a new family member or editing the information of an existing Contact, if the **ROI Obtained** checkbox **has been** checked, and if the **ROI Start Date** and **Expiry Date** have been defined, and if the **ROI Expiry Date** is equal to or later than the present date, the **ROI Status** appears as **ROI OBTAINED & ACTIVE**.

If the **ROI Obtained** checkbox **has been** checked, and if the **ROI Start Date** and **Expiry Date** have been defined, and if the **ROI Expiry Date** is **earlier** than the present date (i.e. the date has expired), the **ROI Status** appears as **ROI OBTAINED BUT EXPIRED**.

Please note: The Credible Care mobile solution currently does not support filtering on **ROI Status**.

HIPAA Log Filters

When a service is relinked from one employee to another, the **UPDATE CLIENT VISIT RELINK EMPLOYEE** log is now updated.

1. Go to the **Admin** tab > **Daily Activities** > **Relink Visits**.
2. Choose **Relink Client Visit**, enter the **Client Visit ID(s)**, and click **Go**.
3. Enter a new **Employee ID** or browse to select a new employee ID and click **Reassign Visit**.
4. Go to the **Reports** tab > **Admin** and choose **Global HIPAA Log**
5. In the filters for **Global HIPAA Log**, from the dropdown choose **Update Client Visit Relink Employee**. The action is logged under **UPDATE CLIENT VISIT RELINK EMPLOYEE**.

Product Updates and Task Resolutions

Billing Updates

835 Exports

Some 835s were not exporting as they should. All 835s now export as expected.

835 Upload Error

When uploading an 835, occasionally a SQL error would be generated. This has been resolved.

837I Incorrect Date Range

When the Bill End Date of a Roll Group was TRUE (I2300), the **CLM DTP*434*RD8** segment was sometimes setting the start date after the end date. This no longer occurs.

Authorize.net Code Upgrade

Some Partners were receiving error messages when processing credit card payments. This should no longer occur.

Blank Auth IDs in Merged Visits

When **Auth IDs** are used in a merged visit, the secondary visit would Red X due to a blank **Auth ID** when generating the batch file. Subsequently, the secondary visit wouldn't have an **Auth ID** assigned because it was the secondary visit in the merge. The secondary visits in the merge now no longer Red X due to a blank **Auth ID**.

CMS 1500 Box 29 Not Populating

When batching to a secondary payer, the payment from the primary wasn't appearing in Box 29. This now appears as expected.

Disallow Codes Not Displayed on 835

When CLP04 included a value, it prevented the disallow codes from appearing on the 835 reconcile screen; with a blank space where the boxes would normally appear. When claims were updated, the disallows did not post. Now the file will process normally, even when CLP04 has a value.

Duplicate Payments on 835

Duplicate payments would sometimes appear when there was a payment group header. Now when a payer header is used, there will be no duplicate payments when loading an 835.

Visit Transfer to Self Pay

When a visit is transferred to Self Pay insurance, OA:209 now processes it as a disallow.

Client Portal Updates

CP Visits Display

When a user selected **View** on a Client Portal service, the visit list reloaded, rather than displaying the visit. Now when view is selected on a Client Portal service, it loads the selected service details in new window.

CP Visits on Visit Tab

When filtering the visit list by **My Multistage** or **Multistage**, Client Portal visits were erroneously displayed. This no longer occurs.

Integrated Primary Care Updates

Today's Workup Discharge Display

All visits were being displayed in the **Encounter Check-Out** process by default, rather than only those defined as belonging to a Dimension marked as **Use Encounter**. This has been corrected.

Medications/eRx/EPCS/eMAR Updates

Is Prescription Field Defaults to *No*

In Medications 1.0, when editing medications, the **Is Prescription** field defaulted to **No** when no value was selected prior to editing the field. When editing medications now, the **Is Prescription** field retains the value that was selected prior to editing.

Med History Message Time

The **Sent Time** in a **MedHistory** request message sent to SureScripts has been updated to send the UTC time instead of the Partner's local time (as defined in Partner Config). This standard matches the Med Eligibility request.

Med History Request Not Generated for Employee

Med Eligibility requests with reference to providers with last names containing more than 10 letters caused subsequent Med History requests to fail. This has been corrected; following Med History requests are sent successfully and return results.

Usage Tracking Report Data

The Usage Tracking Report was occasionally pulling inaccurate prescriber data. This has been resolved.

General Updates

Appointment History Report

Inactive employees no longer trigger an error on the Appointment History Report.

Color Picker Site

The external color selector site linked in Partner Config has been changed.

Dashboard Login Graph

Logins to the Credible Care mobile app are now counted for the Login Graph of the Dashboard.

Employee Productivity Report

The employee productivity calculation has been corrected.

Incomplete Visit Report

The time on the **Incomplete Visit Report** column “Date Created” was not accounting for the setting **Partner Config: Time Zone**. When the report is run the column “Date Created” now displays a time in the Agency’s time zone. Please note: This does not alter the time in the “Service Start Date” column.

Insert Block on Scheduler

Inserting a Block in the Scheduler now creates an entry in the HIPAA log.

Partner Config: Only Include Workdays for Late Entry

The setting **Partner Config: Only Include Workdays for Late Entry** now works as expected.

Tx Plus Description

The **Tx Plus Description** text now wraps appropriately on Web Forms or in the Client Tx Plus Builder.

Visit Printing Without Client Signature

When printing visits in HTML format, if there weren’t any client signatures, the page did not load properly. This has been resolved.

Wiley Library in Library Dropdown

If a Partner has not contracted for use of the Wiley Library, the Custom Library dropdown no longer displays its entries.