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**From:** Credible Behavioral Health Software <marketing@credibleinc.com>  
**Sent:** Thursday, October 11, 2018 2:38 PM  
**To:** Credible Documentation  
**Subject:** Credible Update: Upcoming Enhancements & Task Resolutions

# CREDIBLE

Behavioral Health Software



## October Enhancements & Task Resolutions

DEAR CREDIBLE,

**On Thursday, October 18th, between 10:15 PM - 12:15 AM ET**, Credible's Tech Team will release our latest features, enhancements and updates. October's release includes 22 PPIs, 17 enhancements, and 21 Product Updates.

### Learning Opportunities

On **Friday, October 19th**, from **2:00pm-3:00pm EDT**, there will be a free webinar to demonstrate and review the enhancements and updates included in this release. [Click here to register and reserve your seat!](#)

## Enhancements

### Inpatient/Residential

#### Expiring Authorizations Report

The **RIS Pre-Cert Report** has been renamed to **Expiring Authorizations Report**, and now includes new options. The **Max Days** filter has been replaced with **Start Date** and **End Date**, and additional columns have been added. The output columns now include: **Facility Type, Facility, Wing, Room, Bed, Client ID, Client Name, Admit Date, Est. Discharge Date, Payer, Auth #, Auth Expiration, Time until Expiration**, and **# Units Remaining**.

Please note:

- **Time until Expiration** is expressed in days:hours:minutes.
- **# Units Remaining** is defined as (auth units - used units).

Additionally, the **Time** has been added after the **Date Run** in the header, and the **Agency Name** to the report footer.

#### RIS Out Reason Report

The **RIS Out Reason** report now defaults to an expanded detail view.

#### Inpatient/Residential Report Output

All inpatient/residential reports have been updated to support simple CSV, MS Excel (xlsx), and PDF output, in addition to standard printing.

#### Inpatient Billing: "On Hold" Bed Rules

A checkbox has been added to the hold interval entry screen indicating whether the hold is billable or non-billable. At this time, this does not bill out the hold; instead it enables the end-user to run a report for which holds should be billed.

#### Episodes: Restrict Outcome Graph

The Outcome Graph accessible from the Client Overview screen has been updated to include an episode dropdown. If an episode is selected, then graphable values on Episodes are filtered to only show the ones on the selected episode, and graphable values on the Client Profile are filtered to just those within the time range of the selected episode.

#### Episodes: Add Episode to Bed Assignment

When assigning a bed interval, users may now select a current Episode for tracking purposes.

#### Credible eRx: Additional Route Options for Creating Prescriptions

Users now will be able to select **Via G-Tube** or **Via J-Tube** for route options when creating a prescription. These options will show in the route dropdown list when the user checks **Show All Options**. These options already appear on the route dropdown list when adding medications and when creating eMAR schedule.

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## Billing

### Payment Plan Report

The **Payment Plan Report** provides a global report of all payment plans in use. It allows for filtering based on the percentage paid as well as the amount overdue. The total client due amount is the total of client due amounts on all services up through the entered date, minus any unapplied client payments. This allows for a comparison between the payment plan and the value of services being provided to the client.

#### Workflow

Billing supervisors should run the report regularly to monitor client compliance with payment plans.

#### Configuration

1. Go to the **Admin** tab > **Security Configuration** section > **Report Security** link.
2. Check the boxes for all **Login Profiles** that should have access to the **Payment Plans Report**.
3. The **Case Manager** column of the report will indicate the employee designated as the client's case manager.

*See Credible Help for more information on the Case Manager functionality.*

### eMAR Information on Split Secondary Visits

Some Partners use split visits to record two services when administering medication: one for the specific medication and another for the administration fee. However, the medication information must be present on both services for billing purposes; previously, Partners had to manually update the secondary visit to include it.

With this new functionality, the medication administration information is automatically added to the secondary visit, improving efficiency and accuracy.

#### Workflow

Administer the medication using eMAR.

- In eMAR 1.0:
  - Complete a visit for the client where the visit date is the same as the medication administration date.
  - On the Sign & Submit page, select the medication that was administered.

- In eMAR 2.0:
  - Administer the medication.
  - Click **Begin Form**. The medication administration will automatically be linked to the visit.

## Configuration

The visit type used must have both **Split Visit** and **Associate eMAR** checked. The medication administration information will then be automatically linked to the split secondary visit.

*See Credible Help for more information on eMAR 1.0 and eMAR 2.0.*

## CVV Code Boxes on Payment Slip

A configuration option has been added to the Client Statements 2.0 allowing Partners to display or hide the CVV boxes appearing in the Payment Slip section of the statement. Upon release, all Partners using Client Statements 2.0 will default to displaying the CVV boxes.

## Workflow

1. Go to the **Billing** tab > **Generate Statements 2.0** link.
2. Click **Preview Statement**, then **Generate Statement**.
3. Once the processing is complete, click the link for **Display Previous Statement Batches**.
4. Click **View** for the generated statement. The CVV boxes will display (or not) based on the **Show Boxes for CVV Code** setting.

## Configuration

1. Go to the **Billing** tab > **Configure Statements 2.0** link.
2. For **Show Boxes for CVV Code**, select either **Yes** or **No**. The default setting is Yes, displaying the CVV boxes.

Please note: Virginia law prohibits some providers from asking for the CVV code from a person's credit card. Affected Virginia Partners should use this setting.

## 837P: Always send referring in 2420F

**Value Behavioral Health/Beacon** now requires **Ordering**, **Referring**, and **Prescribing** (ORP) providers to always be sent in the service loop. Earlier this year, additional fields and functionality were added to record ORP providers on the client episode; the **Send Referring Provider in Loop 2420F (837P)** payer setting uses these same fields. Please note: **2420F** is the loop for **Referring Provider** (DN qualifier). If the **DQ** qualifier is used, the loop will technically be **2420D** for **Supervising Provider** and if **DK** is used, the loop will technically be **2420E** for **Ordering Provider**.

## Workflow

Review all clients receiving services in a program requiring an ORP provider and ensure that the correct provider information has been entered on the episode corresponding to that program.

## Configuration

1. Go to the **Admin** tab > **Billing Payer**.
  2. Click **Edit** for the applicable payers.
  3. Check **Sending Referring Provider** and **Send Referring Provider in Loop 2420F (837P)**.
  4. **Save** the updated settings.
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## Credible Plan

### Credible Plan Printing

To save space and provide consistency between the look of printed visits and plans, **Partner Config: PDF Header font size** and **Partner Config: PDF Body font size** will be used when printing a Credible Plan from the navbar. Please note: If **Partner Config: Print in PDF Format** is not checked the settings will be ignored.

### Element Order in Printing

When using **Print Selected**, the elements in the pop-up should display in the same order as configured in the Plan Structure; they and should print in the same order.

### Expanded Dropdowns

The size of dropdown lists now varies based on the space available on the display screen.

### Navbar View of Previous Documentation

Previous documentation is now accessible in both the HTML and PDF versions of a Credible Plan printout.

### Rating Scale Default Selection

Prior to a user selecting a value in a rating scale, the value indicator dot will be hidden.

### Text Field Spellcheck

In all free text boxes within a Credible Plan, spellcheck-as-you-type is now active by default.

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Credible plans to push these enhancements **Thursday evening, October 18th, between 10:15 PM - 12:15 AM ET**. There may be intermittent service during this time.

Should you have any questions, please do not hesitate to contact a Partner Service Coordinator for assistance at 301-652-9500. *Please note: In an effort to continually improve our Partnership and quality of service, a task resolution audit will be emailed to you upon the resolution and closure of every single task you have submitted. We strongly encourage you to utilize this tool so that we can better support you.*

Thank you for your continued Partnership,

**Jaclyn O'Donnell**

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**Mission:** Improve the quality of care and lives in Behavioral Health  
for clients, families, providers and management.

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