

---

**From:** Credible Behavioral Health, Inc. <Jaclyn.O'donnell@credibleinc.com>  
**Sent:** Thursday, January 25, 2018 12:24 PM  
**To:** Credible Documentation  
**Subject:** Credible Update: Upcoming Enhancements & Task Resolutions

# CREDIBLE

Behavioral Health Software



## UPDATE

### Upcoming Enhancements & Task Resolutions

DEAR CREDIBLE,

**This evening, January 25th, between 10:15 PM - 12:15 AM ET**, Credible's Tech Team will release our latest enhancements and updates. January's release includes 18 task resolutions and 21 enhancements.

Our current **Partner Satisfaction** rate is at **92.3%**. We are continually looking to improve, so please make your voice heard by completing the surveys provided by your Partner Services Coordinator after every task resolution.

For additional details on any of the items listed below, please see Credible Help.

## Product Release News

### Meaningful Use Stage 3

In December 2017, Credible was certified for Meaningful Use Stage 3. Many of the features and enhancements released this month are the result of that initiative. Those items are indicated with **[MU3]** at the end of the title.

### Credible Plan

Credible Plan is now in testing as part of our Early Adopters program.

---

## Enhancements

### Billing

#### Ability to Send Group/Plan Name in 837P

Some payers require the client's insurance **Group/Plan Name** in addition to the **Group Number** in the **Loop 2000B - SBR** segment. A setting has been added to support this.

If a client's insurance has a **Group/Plan Name**, enter it in the **Group Name** field. The logic which will be used automatically is in keeping with the *837 Professional and Institutional Implementation Guides*.

The **Group Number** and **Group/Plan Name** will only be sent together when the payer has **Payer Config: Always Send Plan Name** checked.

#### CMS 1500 and 837P Encounters

On the CMS 1500, primary care services will automatically be placed on the same page with the main encounter CPT code listed first. Services from another encounter, or linked to no encounter at all, will appear on separate CMS 1500 pages.

When billing primary care multi-service claims with the 837 Professional (837P) format, all the services in a claim will be for the same encounter. The main encounter CPT code will be the first service line (SVC) in the claim. Services from another encounter, or linked to no encounter at all, will appear in separate claims (CLM loops).

#### Predefined Red X

When billing for primary care encounters, all services provided during an encounter must be billed in the same claim. A **Predefined Red X** rule has been added to ensure all visits in an encounter are approved. If any visit in the encounter is unapproved, the remaining visits will be Red X'd for batching.

## Visit Type SNOMED Codes [MU3]

Visit Types can now be linked to SNOMED codes and descriptions. This enables visit types to be associated with procedures, which is required to generate a valid Health Exchange Document.

## Clinical

### Allergy Enhancements [MU3]

The Allergies system has been enhanced to allow use of standard SNOMED descriptions for allergic reactions. Existing allergy records are not affected by this change.

### Client Links [MU3]

Previously, the **Client Links** function was solely for use with Youth Outcome Questionnaire (YOQ). The function has now been expanded to allow specialized links to external medical information for each individual client.

Note: The only impact this has on the existing YOQ/Client Links feature is its name – it has been relabeled as **Global Client Links**.

### Client Portal 2.0 Updates [MU3]

Client Portal 2.0 has been enhanced to match the new **Health Exchange Document** (HED) formats replacing the previous **Clinical Summaries**.

- The **Health Exchange Document Type** dropdown allows the client to select the type of HED they wish to generate. At launch, only **Continuity of Care** documents (CCDs) will be available.
- The **Start Date** and **End Date** are now available for filtering the client's information.
- The ability to **Send summary via email** has been added, along with a warning that this will be an unsecured transmission.

### Client Program Check for Group Visits

When scheduling or adding a group visit, all members of the group are now checked to ensure they have been assigned to the visit's program. Clients who are not assigned to the program will not have the appointment or visit added, preventing clients from inadvertently receiving services in the wrong program. This parallels the functionality when creating appointments and visits for individual clients.

### Health Exchange Documents [MU3]

Credible has expanded the range of client health information documents supported for generation and exporting, as well as the options available when generating them. The system has been upgraded to bring it in compliance with new health information exchange standards, and has been retitled **Health Exchange Documents (HEDs)**.

- **Import Configuration:** A section has been added to the Admin tab for configuration of the import layout and parameters needed for your Agency. Sections can be added, removed, and reordered, as needed for your workflows.
- **Generating HEDs:** The **Generate Clinical Summary** button on the Client Profile screen has been relabeled **Generate Health Exchange Document**. Additionally, a few features and functions have been updated:
  - Users can now select from a dropdown of HED Types, including **Continuity of Care** and **Referral Note**. More types will be added in the future.
  - The data included can now be based on a **Date Range**, or a selectable **Number of Visits**.
  - A user can also Mark Document as Private, which will automatically include the **Standard Privacy Disclaimer Statement** (see below) in the HED.
- **Standard Privacy Disclaimer Statement:** To allow for the inclusion of your Agency's privacy disclaimer in any HEDs generated, the setting **Partner Config: Standard Privacy Disclaimer Statement** was created.
- **Attaching HEDs to a Client Record:** Through the **File Attachments** function, users can now use the **Import Health Exchange Document** button to import a document in a variety of formats and attach it to a client.

### Immunization Updates [MU3]

A National Drug Code (NDC) field has been added to the Immunizations screen. Using this code (if available) reduces user entry error, as it is linked to the correct Immunization code and manufacture for the drug code that was entered.

When the **NDC** is entered, the system checks it for validity. If it is valid, the **Immunization** and **Manufacturer** fields are automatically filled in, and "Valid NDC" appears under the **NDC** field.

Additionally, the **VIS Barcode** (Vaccine Information Statement) field has been changed from a single selection to a multi-select, allowing the user to give the client more than one document.

### Implantable Devices [MU3]

Agencies can now track any implantable medical devices (e.g., pacemakers, insulin pumps, joint replacements, etc.) used by their clients with the **Implantable Devices** feature found on the Client navbar. The devices can be added via either **Device UDI** or **Device Identifier**.

## Medications/eRx/EPCS Enhancements

### Display Associated Diagnosis with PBM Med History

Any diagnosis associated with a prescription is now displayed when imported via PBM History using the Update History feature on the Client Medications page.

### ID Proofing Renewals

When the ID Proofed account of a prescriber is revoked — for example, when the prescriber has registered only the hard token and subsequently loses it, or if it expires before the prescriber renews the subscription — a new ID Proofing subscription must be ordered for the prescriber.

If the prescriber has either the **Security Matrix: OrderIDProofingForEPCS** right or the **Security Matrix: OrderIDProofingForSelfForEPCS** right they can order a new ID proofing subscription. The latter right will allow the user to place an order for ID proofing subscription for themselves, as well as for other prescribers whose account has been revoked or expired.

### Specify Days Supply

Prescribers are now able to send a **Days Supply** value with their prescriptions.

When users create prescriptions from the **Client Orders** page or the **Client Medications** page, they can specify the **Days Supply** intended for the prescription. **Days Supply** must be a whole number.

**Ohio-Specific Note:** In Ohio, **Days Supply** is required when prescribing Gabapentin, medications in which Gabapentin is a component, and for controlled substance medications (Schedule II through V). If no **Days Supply** value is entered, the pharmacy will be unable to fill the prescription. This feature is automatically enabled when **Partner Config: Use custom Ohio Rx Printout & Rules** has been checked.

---

## General Enhancements

### Global HIPAA Log Updates [MU3]

The **Global HIPAA Log** report has been updated to add new selection and sorting features.

A **Category** dropdown has been added to the report filters screen, allowing the user to select a narrower range of log entries. Additionally, the **Start Date** and **End Date** selectors have been changed to provide more granularity.

The report display now includes several new features.

- A **Category** dropdown has been added to the filters.
- The **Start Date** and **End Date** have granular selectors.
- The **Date** column now includes the time the **Action** occurred down to the second.
- A sortable **Category** column has been added.
- A **Date UTC** column has been added.

### Web Service Importing

Credible now provides a method for Agencies to import data into their Credible Domain via a web service. To enable this feature, please open a task ticket.

# Updates

## General Updates

### Billable Appointment History

The Billable-only Appointment History Report erroneously included non-billable appointments, confusing users and causing errors. The report has been modified so that it now provides the same results on screen and in exports, only including billable appointments.

### Foster Homes Matching

Previously, Partners were setting their Boolean values for **Foster Home Lookups** to a variety of values: 0 or 1, true or false, yes or no, etc. The system now adjusts the values so that matching is possible.

## Billing

### 834 Processing Notification

The 834 upload process occasionally timed-out, causing the failure of the user notification that the processing was completed. Optimizations now prevent the process from timing out.

### CMS 1450 Pagination

When printing a multipage CMS 1450, the legend would state "Page 1 of 1" on all pages. This has been corrected.

### Contract Rate Adjustment

When a secondary insurance is added after a visit has been batched and an 835 has been uploaded and processed for it, at the time that the secondary insurance is attached to the visit a second contract rate adjustment occurs. This only occurred for visits with where a contract rate adjustment was reversed due to the 835 upload. This will no longer occur.

## Medications/eRx/EPCS Updates

### Refreshes to Pharmacy Lists

The automated nightly refreshing of the lists was occasionally failing due to time outs. This has been corrected.

---

Credible plans to push these enhancements **this evening, January 25th, 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**

*Executive Vice President*

o. 301-652-9500 | f. 240-744-3086

e. [jaclyn.o'donnell@credibleinc.com](mailto:jaclyn.o'donnell@credibleinc.com) | w. [www.credibleinc.com](http://www.credibleinc.com)

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

301.652.9500 | [info@credibleinc.com](mailto:info@credibleinc.com) | [www.credibleinc.com](http://www.credibleinc.com)

*This communication is proprietary and confidential to Credible and its Partners. No part of this document may be disclosed to a third party or published externally without prior consent of Credible Behavioral Health, Inc.*