
From: Credible Behavioral Health, Inc. <dan.allison@credibleinc.com>
Sent: Tuesday, July 19, 2016 12:45 PM
To: Credible Education
Subject: Credible Update: Upcoming Enhancements & Task Resolutions

CREDIBLE

Behavioral Health Software



UPDATE

16 Upcoming Enhancements & Task Resolutions

DEAR PARTNER,

Credible's Technical Team plans to push enhancements and resolutions for the following items **this Thursday night, July 21st, between 10:15 PM - 12:15 AM ET.**

Bed Board Fields Added to Client Advanced Search: Credible has added the ability to display Bed Board related information in Client Advanced Search. Any field that has been added to the Bed Board table in the Data Dictionary will be available when clicking on the *Custom Fields* link. These files are also available in the custom *WHERE* clause dropdown.

Large Batch Generation: Credible has improved the 837 process to better handle batches of over 2000 visits.

CMS 1450: Box 6 Dates: A new CMS 1450 override has been added: **Box 6 Episode Dates**. When checked, the *Box 6 From and Through* dates will use the admission and discharge dates of the episode related to the visits on the claim form. If there is no discharge date, the date of the most recent visit in that episode will be used. If there is no episode, the date range of the visits being billed will be used.

CMS 1450 Box 6: An issue has been corrected an issue where *CMS 1450 Box 6* would be a date range for all visits in that batch, instead of just the visits being billed on a single page.

Visit Advanced Search - Pending Claims: Occasionally, 835 adjustment codes did not display in Visit Advanced Search results for pending claims. This has been resolved.

837 Institutional Claims: The **837I Submission Reason** will now be sent based on the *Billing Matrix Payer Specific* and *Billing Matrix* settings.

Clinical Summary Reports: Clinical summaries were sometimes under-counted when created from visits. Credible has added the action type 'CLINICAL SUMMARY GENERATED(VISIT)' to the following Meaningful Use reports: *spc_export_mu_clinical_smry_summary* and *spc_export_mu_clinical_smry_detail*.

837 Batching Issue with Secondary Claims: An issue has been corrected where, when batching to a secondary payer, a claim's *AMT*D* amount for the primary payer also appeared for a tertiary payer.

Copay Amount Not Transferring: Processing an 835 would sometimes incorrectly adjust off PR (copay, deductible, coinsurance) amounts, leaving no balance on the visit. This has been corrected.

'Unable to Cast Object' Error When Scanning: The error "Unable to cast object of type 'System.Int32' to type 'System.String'" was sometimes triggered when scanning attachments. This issue has been resolved.

Manually Reconciling Payments: When using contract dates, the disallowed amount now auto-populates as expected.

Entering an Authorization: Entering an authorization that matches no visits no longer displays the error "Cannot insert the value NULL into column 'used_units'."

CMS 1450 Type of Bill on Resubmits: An issue was corrected which caused the type of bill code to end with a 1 even though a resubmission type was selected before batching.

835 Adjustment Code List 'action': A claim was set to PENDING even though it only had one PR disallowed code and that code was set to mark claims as PAID. When uploading an 835, if there is only one PR disallowed on the claim, the claim status will now be correctly set to the status identified in the 'Action' column of the *835 Adjustment Code* list. This list is found under the *Billing tab > 835 Adjustment Codes*.

Completing a Visit: An issue was corrected related to lookups and incomplete visits that would on rare occasions cause a visit to generate an error.

OA:23 Disalloweds Being Applied to Claims: If a claim from a secondary payer contained a OA:23 disallowed amount, it was treated like any other adjustment and applied to the visit. OA:23 disalloweds represent "the impact of prior payer(s) adjudication including payments and/or adjustments" and do not need to be applied for a secondary payer.

OA:23 Disalloweds will no longer appear on the *835 Reconcile Screen* for processing in cases where the claim status (*CLP*02*) is one of the following codes:

2 Processed as Secondary
3 Processed as Tertiary
4 Denied
20 Processed as Secondary, Forwarded to Additional Payer(s)
21 Processed as Tertiary, Forwarded to Additional Payer(s)
22 Reversal of Previous Payment
23 Not Our Claim, Forwarded to Additional Payer(s)
25 Predetermination Pricing Only - No Payment

Credible plans to push these enhancements Thursday, July 21st, 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.

Thank you for your continued Partnership,

Dan Allison

Chief Technology Officer

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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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