
From: Credible Behavioral Health, Inc. <Jaclyn.O'donnell@credibleinc.com>
Sent: Tuesday, June 19, 2018 3:21 PM
To: Credible Documentation
Subject: Credible Update: Upcoming Enhancements & Task Resolutions

CREDIBLE

Behavioral Health Software



June Enhancements & Task Resolutions

DEAR CREDIBLE,

On Thursday, June 21st, between 10:15 PM - 12:15 AM ET, Credible's Tech Team will release our latest enhancements and updates.

Product Release Information

June's Product Release delivers several significant new Credible features and enhancements. These include:

- **Inpatient Billing Enhancements;**
- Integration with **Meducation** patient education materials;
- **Appointment Verification** tracking;

- **Tall Man Lettering** for medications, improving client safety and prescriber accuracy; and
- **Billing Payer Plan Types**, allowing a single payer to use different configurations based on the program selected.

Altogether, Credible is releasing 28 PPIs, 101 PBIs, 5 major features, 17 enhancements and 29 task resolutions, as well as many "behind the scenes" improvements to speed and efficiency.

Learning Opportunities

Back by popular demand! On **Friday, June 22nd**, 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!](#)

New Features

Billing Payer Plan Types

Partners can provide a wide variety of services, e.g., outpatient counseling, case management, residential, inpatient, and primary care. For each of these services, the same insurance company may have different expectations for the claims.

Billing Payer Plan Types provide a seamless approach by linking the payer configuration settings with programs.

- User a single payer (Medicaid).
- Create two Payer Plan Types: Outpatient and Residential.
- Update the relevant programs to use Outpatient or Residential Settings.
- Update the Medicaid payer and configure the Outpatient and Residential settings.
- Generate batches by selecting the desired Payer Plan Type.
- The payer settings used will be from the selected Payer Plan Type.

Billing Payer Plan Types are fully optional, even when the feature is enabled for the Domain. Some payers have simple requirements that only need the default configuration, while other payers may require different settings for every program.

For complete details on the configuration and use of this exciting new feature, please see [Credible Help: Billing Payer Plan Types](#).

Tall Man Lettering

Tall Man Lettering is the practice of writing part of a drug's name in upper case letters to help distinguish sound-alike, look-alike drugs from one another to avoid medication errors. For example, in tall man lettering, "prednisone" and "prednisolone" should be written "predni**S**ONE" and "predni**S**OLONE", respectively.

This new feature gives Partners the ability to display these medications that look and sound similar in tall man lettering, improving medication safety for clients. Agencies can choose to display medication names in tall man lettering in features and functionality used by employees, for the client-facing screens, or for both.

As it provides additional medication safety for clients and improved efficiency for Agency staff, the use of tall man lettering is a **Credible Best Practice**. To enable the use of tall man lettering for staff and clients, check **Partner Config: Use Tall Man Lettering for Employees** and/or **Partner Config: Use Tall Man Lettering for Clients**. (Please note that tall man lettering for clients via Client Portal will become available in a future release.)

When **Partner Config: Use Tall Man Lettering for Employees** is checked, tall man medication names (where available) will be displayed in many features and modules for medications, including: creating prescriptions; adding medications; printing or faxing prescriptions; client medication allergies; PBM history; eMAR; Orders 2.0; facility whiteboards; employee and client homepages; and reports where medication names are displayed.

More information on tall man lettering can be found in Credible Help at [Tall Man Lettering](#).

Coming Soon: Support for tall man lettering is coming soon to **Credible Care** and the **Credible Client Portal!**

Meducation and Patient Education

Meducation Integration

Meducation — a **Credible Premium** module — enables one-click, context-sensitive access to Meducation instructions and videos. This educational material is available to staff across many areas of Credible, including the medication pages, orders pages, and the discharge summary. Additionally, clients using the Credible Client Portal are granted access to documents and videos centered on their medications and clinical support documents.

Discharge Summary: A new **Send to Portal** action on the discharge summary adds a new Meducation document and/or video to the **Clinical Support** page of the **Client Portal**. Additionally, this information is added to the records displayed in **Clinical Support** in Credible Core. The discharge summary also includes a setting to **Print Medication Schedule** (the new Medication Calendar).

Client Preferences: The preferred language and font size for Meducation materials can be set by Partner staff on the client's profile, but patients using the Client Portal can also set their own preferences.

Agency Customization: Meducation information can be customized for your Agency with the use of logos and custom addresses. These customizations can also be varied based on the specific location or geo area.

Enabling Meducation: Meducation is a Credible Premium service requiring separate contracting. For more information, please contact your Partner Relationship Manager.

Medication Calendar

Partners using Meducation will now see a calendar icon on medications pages, orders pages, and the Client Portal. Clicking this icon displays an intuitive, easy to understand, date-based view of the client's active medication list, including dosage instructions. This calendar is displayed in the client's preferred font size and preferred language, as set on the Client Profile. This new, intuitive view of their medications provides a great benefit to clients, enhancing patient adherence to instructions.

Requirements: This calendar is a function of **Meducation**, a Credible Premium feature.

Patient Education

The existing patient information links and functionality are still active in Credible for those Partners who do not use Meducation. However, the display has been changed to use a consistent "graduation hat" icon to indicate patient education material throughout Credible Core and the Client Portal. Clicking the icon will launch a disclaimer popup to warn the user that they are leaving the Credible Client Portal. After 5 seconds, a new tab will open containing the search results from Medline Plus.

Clinical Support Free Text Search

Clients may now do a free text search from the Client Portal, providing access to reliable third-party information on medical conditions, medications, and treatment methods. When searching, a disclaimer will appear to warn the user that they are leaving the Credible Client Portal. After 5 seconds, a new tab will open containing the search results.

You can find more information about these features in Credible Help at [Meducation and Patient Education](#).

Appointment Verification

Appointment Verification Module

The Appointment Verification module was created to track communication with clients about their upcoming appointments. Any time text (SMS) or email appointment reminders are sent, they are automatically added to the Appointment Verification list. Additionally, Agency staff can add contacts to this list, providing the status of the communication.

The **Appointment Verification** icon (a small blue telephone address book) will appear on the Schedule screen next to the **Print View** icon. On the schedule screen, users selecting the **Appointment Verification** option will see any upcoming appointments as well as all appointment notifications sent to the client.

Configuration: To enable this feature, please submit a task ticket to Partner Services.

Requirements: Appointment Verification is part of **Integrated Primary Care**, a Credible Premium module. For more information about adding Integrated Primary Care to your Domain, please contact your Partner Relationship Manager.

Client Portal: Preferred Method of Contact

To facilitate Appointment Verification, clients may now select their preferred method of contact (email, text, etc.) via the Client Portal.

More information about [Appointment Verification](#) is found in Credible Help.

Enhancements

ASAM Integration Enhancements

In May, Credible integrated a clinical support tool which operates under the logic of the ASAM Criteria, guidelines developed by the American Society of Addiction Medicine to help standardize treatment planning, integrated care, and disease management.

Use of this Credible Premium feature adds a new Category/Section to Form Builder which can be added to new or existing forms. Visit forms will then have three new buttons available, allowing approved employees the ability to create or edit ASAM assessments, retrieve ASAM results as raw data or as a PDF report, or complete the ASAM section.

As a Credible Premium item, this feature requires additional contracting. Please contact your Partner Relationship Manager for more information.

ASAM Report PDF Attached to Client Visit

This feature will attach the downloaded PDF Report from ASAM to the client's visit.

1. From a visit form, select **Create new ASAM**.
2. Complete the ASAM and **Submit** it on the Continuum website.
3. From the visit form, select **Receive ASAM Result**.
4. The PDF version of the ASAM report is attached to the visit form in the **Attachments** area.

ASAM Web Form

When an **ASAM Category** is completed in a web form, a **Completed** button is now available. When it is clicked, a green checkmark appears on the ASAM Category, bringing this feature in line with other forms.

May Release Functions

ASAM in Form Builder: A new Category/Section has been added to Form Builder titled **ASAM**. It can be added to new or existing forms by checking the ASAM Category.

ASAM Security: The setting **Security Matrix: EmployeeAsamAccessAdmin** has been added. Users with this permission are granted access to **ASAM Employee Access** link under the Security Configuration section of the Admin tab.

ASAM Visit Form Entry: Agencies with ASAM Integration enabled will have three new buttons added to Visit Forms — **Create New ASAM/Edit Current ASAM; Retrieve ASAM Results; Complete Section**.

Inpatient Enhancements

Payer Config: Box 57a Send Other Provider IDs (CMS 1450)

When submitting institutional claims on the CMS1450, the payer often requires **Billing Provider Alternate IDs** in **Boxes 57a-c**. To accommodate this, Credible has added a new setting, **Payer Config: Box 57 Send Other Provider IDs**. It includes three options: **N/A**, **Attending Provider Taxonomy (57c only)**, and **Billing Provider Alt ID**.

- When **N/A** is selected, boxes 57a-c will be blank.
- When **Attending Provider Taxonomy (57c only)** is selected, Boxes 57a and b will remain blank. The Attending Provider's **Taxonomy** code will appear in Box 57c. If needed, Payer-Program-specific taxonomy codes can be configured for each employee.
- When **Billing Provider Alt ID** is selected, Boxes 57a-c will send the **Billing Provider Alt ID** matching the payer in the corresponding Boxes 50a-c.

Payer Config: Box 76 Send Episode Attending Provider (CMS 1450)

Often when submitting institutional claims on the CMS 1450, the payer requires the alternate ID for the employee identified as the **Attending Provider** in **Box 76**.

- When the payer has **Payer Config: Box 76 Episode Attending Provider** checked, Box 76 will use the name and NPI of the employee identified as the attending provider on the visit's episode.
- **If this setting is checked**, but the visit episode does not have an attending provider (or if the visit doesn't have an episode at all), Box 76 will use the name and NPI of the visit's rendering employee.
- **If this setting is NOT checked**, is turned off, Box 76 will use the name and NPI of the visit's rendering employee.

The setting **Payer Config: Box 76 Send Attending Provider Secondary ID** has three options and uses whichever employee was identified for Box 76.

- **N/A:** no secondary ID information is sent at all
- **ID only:** the qualifier part of Box 76 is left blank the ID part is populated if the employee has a secondary/alternate ID
- **ID & Qualifier:** if the employee has a secondary/alternate ID, both the ID and qualifier will populate Box 76

Additional Method using Geo Areas: When **Partner Config: Use Alt Employee IDs by GeoArea** is checked, employees can have one additional ID and qualifier for each assigned Geo Area. This ID will only be used if **Payer Config: Send Rendering Alt ID from Geo Area Assignment** is checked. The IDs configured in Provider Config will not be used for that payer.

Billing Enhancements

837P: Custom NTE for Washington Evidence-Based Practice (EBP)

Washington now requires **Evidence-Based Practice (EBP)** codes in the **SVC101-7 Procedure Code**. Accordingly, the custom NTE has also been updated to send **County of Service** and **No Show Type**, as required. The Washington NTE segment appears when batching 837 Professional claims.

Please note: **Payer Config: Send Procedure Code Description** has changed from a checkbox to a dropdown. Payers that previously had this box checked will now have “**Billing Matrix text1**” pre-selected.

837I: Custom NTE for Washington

The function of this setting has been updated to ensure payer and reporting compliance. Once **Payer Config: Use Custom Reporting Note (837i)** has been set to 'Washington-2300 Loop', the NTE will automatically appear in the claim. The service related to the claim must be attached to an episode.

837P: Washington Custom Notes admission_type

The episode **admission_type** field is used for institutional billing as well as the Washington custom reporting note. This new version of the 837P custom note uses different fields, allowing WA partners to bill institutional claims and perform state reporting. Once configured, the NTE will automatically appear in the service loop.

837I: Payer Config: Use Episode ID for Claim ID (837I)

When submitting institutional claims using the 837I, some payers require the same ID for all claims submitted in an episode. To support this, the new setting **Payer Config: Use Episode ID for Claim ID (837i)** has been added. Note that Partners may wish to add a **Custom Red X** rule for the visit's episode ID to prevent batching services that have no episode.

837P: Payer Config: Send Custom Information as Prior Authorization (837P - 2300 Loop)

Partners that are Integrated Managed Care (IMC) providers for Molina Healthcare in Washington State are required to send the **Evidenced Based Practice (EBP)** code as **REF*G1** in the claim loop. (This segment is typically used for the authorization number.) **Payer Config: Send**

Custom Information as Prior Authorization (837P - 2300 Loop) has been added to support this requirement.

Staff must document the **EBP** codes in the form. Molina Healthcare only uses one EPB code for the REF*G1 segment which will be the code mapped to the **ClientVisitClaimNote.note_text1** field. (Please note: Other Washington reporting needs allow for up to five EBP codes.)

The EBP code will automatically be formatted to Molina Healthcare's requirements: a nine-digit number beginning with "860", the next three digits being **EBP** mapped from the form, and the last three digits are "000".

Integrated Primary Care Enhancements

Medical Profile Graphing

Credible enhanced the Medical Profile page by adding graphing capabilities to the numeric biometric information. This allows the user to display Medical Profile values in a graphical format.

From the Medical Profile page, click the graph icon next to any values which you would like to see graphed over time.

Medical Condition Age of Onset

The functionality of Medical Conditions has been enhanced by allowing the user to enter an **Age of Onset** for the client whenever adding or editing a Medical Conditions entry.

When entering a Medical Condition, users are now directed to a screen where they can enter **Age of Onset** and/or notes on the Medical Condition. Additionally, clicking on the **Age of Onset** field in the **Medical Conditions** summary directs the user to this screen.

Clinical and Medication Enhancements

Medication Monograph Icon

A new icon has been added for **Monographs**. The new icon is unique to monographs and is easy to identify on the grid. It is available on **Orders 2.0**, the **Medications** table on the **Medications** page, **Med History** (Client and Employee), and the **Client Intake: Medications** page.

Additionally, monographs are now displayed in a popup window when the icon is clicked.

Credible Plan: No Program Selector for Builder Screen

Credible Plan now mirrors the ability to remove the Program selector from the builder screen. When checked, a new setting, **Partner Config: No Program Selector for Builder Screen**, disables the Programs dropdown in the Credible Plan builder.

Configuring Wiley for Treatment Plans

Agencies contracted to use the Wiley Treatment Planning Library may now specify whether they wish to use it with Tx Plus, Credible Plan, or both. All Agencies where Wiley was enabled prior to this release are now configured to use Wiley with Tx Plus. To change this setting, please submit a task ticket to Partner Services.

EPCS: Renew ID Proofing Subscription

Providers with EPCS permissions will now receive a notification whenever their ID proofing subscription is within 30 days of expiring. This warning will appear in several places, including the Rx Sig page and the Digital Signature for the EPCS page. Providers may also initiate their own ID proofing renewals.

Credible plans to push these enhancements **Thursday evening, June 21, 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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