Secure. Proven. Easy To Use.

Release 8.2 New Features

Contents

Important reminder for Partners using Internet Explorer (IE) 8: due to Microsoft's plan to end support for Windows XP/IE 8, Credible will no longer support IE 8 after Release 9.0 in February 2014.

GENERAL

Task Ticket Submitters Limited to Three Authorized Individuals

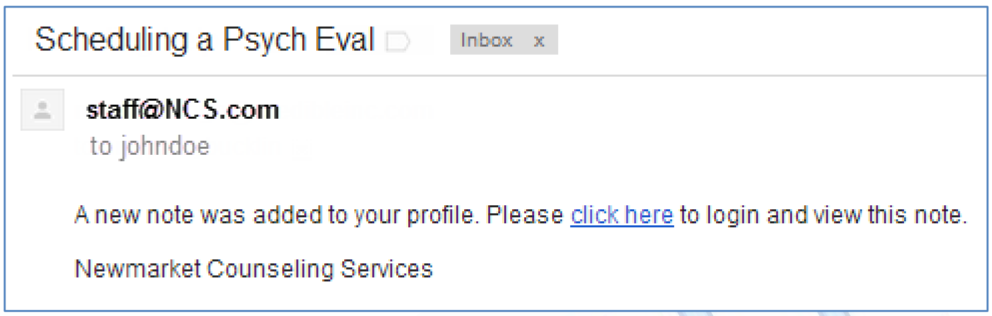
In an effort to streamline and secure the Task Ticket flow, the ability to submit Task Tickets will be restricted to no more than three Credible users. If you have not done so already, please update the Partner domain with your three authorized Task Ticket Submitters or provide your Partner Services Coordinator (PSC) with the names of your Task Ticket Submitters. Your PSC will then register the designated individuals so they will have access to the Submit Task Ticket function when Release 8.2 is installed.

Please notify your staff that effective with Release 8.2, access to the Submit Task Ticket function will be restricted to the three individuals that you designate.

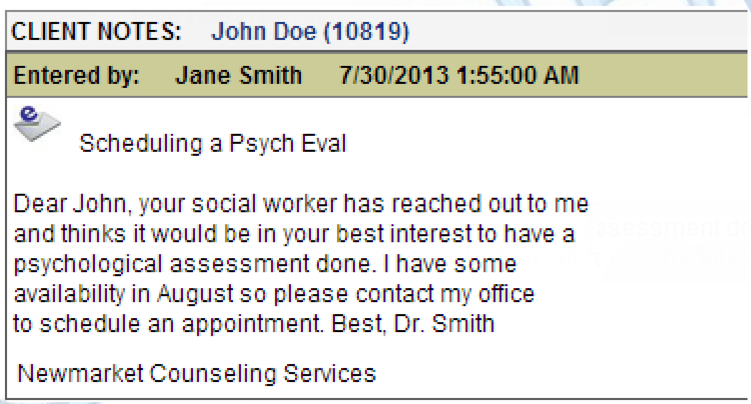
CLIENT

Secure Communication via Client Email Notes Function & Client Portal

With a new Partner Config setting, you can now use the Client Email Notes function to send a secure communication to a client. When *Send Client Portal Link in Client Email* is checked, the system sends a notification email that contains a link to the Credible Client Portal login screen.



Once logged in (client user setup is required), the client can view the body of the email in the Notes screen.

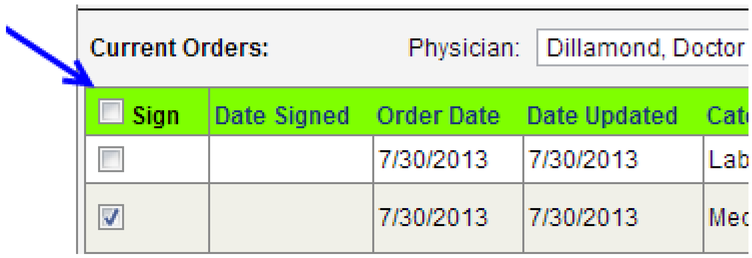


As a reminder, if you delete the “email note” in the client’s record, it will be removed from the Client Portal as well.

Note that Send Client Portal Link in Client Email does not have any impact on Messaging Hub messages sent from/to the Client Portal.

Ability to Sign Individual Physicians Orders

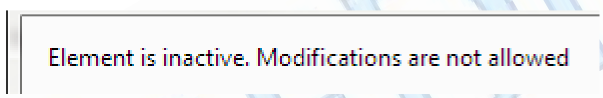
With the addition of a Sign column in the Physician Orders screen, you can now sign individual orders. Previously, when you clicked the Sign button, it would apply to all current orders.



If you need to sign all current orders, select the checkbox next to the Sign column header and then click the Sign button.

Inactivating a Tx Plus Level and Its "Children"

If your organization has the need to defer individual elements (levels) in a Tx Plus plan, you can now configure your system so an Inactive checkbox is available for each level. When you inactivate a Tx Plus level, the system greys out the level and any child levels so you cannot edit or document against them.

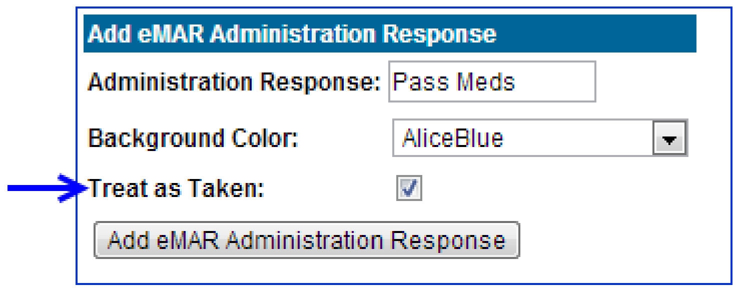


Ability to Process Refill Requests Added to PrescriptionCreateNonSPI

If you have non-prescribers with the "prescriber right" PrescriptionCreateNonSPI, they will now be able to process electronic refill requests that come into your system from pharmacies (status is REFILL REQUEST in the Medication list). Previously, only the prescriber could accept or decline refill requests.

"Treat As Taken" Flag Added to eMAR Administration Responses

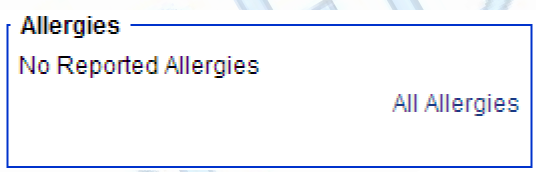
With a new "Treat as Taken" flag, you can now set up positive (taken) responses for eMAR administration. The new flag is useful for situations where a client takes medication independent of staff supervision – while an employee may not witness a client taking a medication, compliance is assumed.

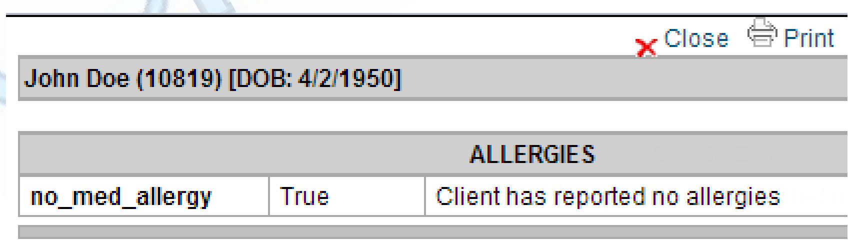


When an employee selects a "Treat as Taken" administration result, the system removes the Refusal Reason text box from the Log Medication Administration popup.

No Reported Allergies/Meds on Client Overview Screen & Profile Print View

If the "Client has reported no allergies" checkbox is selected for a client, it will be indicated in the Allergies section on the Client Overview screen and Client Profile print view if the Allergies print option was selected.





Likewise for the "Client has reported no current medications" checkbox.

Linking Episode Deletion and Outcome Graphs

If your organization uses client episodes and client episode fields to track outcomes, you will notice that outcome graphs now reflect episode deletions – data points are removed from the graph when the episode is deleted. Previously, when an episode was deleted, associated outcomes would remain as data points in the outcome graph.

Episode Close via Program Unassign Added to "Check Future Schedule" Setting

If you have enabled the Partner Config settings Episodes per Program Assignment and Check Future Schedule for Episode before Closing, the system will now perform the check when an episode is closed via a program unassign (or a team unassign that results in a program unassign).

Any future appointments are now presented in a list so you can review/resolve them before unassigning the program.

Contacts: Improved ROI Obtained Status & Deleted Contacts History

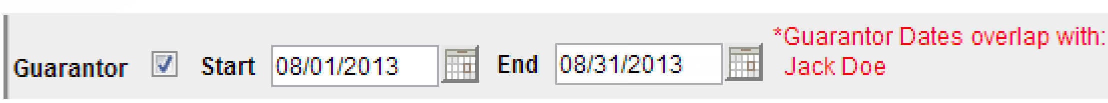
The ROI Obtained status has been expanded beyond True/False. If ROI has not been obtained, the status is Inactive. If it has been obtained, the status will be Active or Expired based on the ROI Expires Date.

ROI Obtained
Active
Inactive
Expired

When you delete a contact, the system now retains it as an inactive record so you can review a client's contact history. Note that you cannot make updates to an inactive contact record.

Family: Guarantor Start/End Dates & Rights Terminated Filter

You can now enter the time period that a guarantor is financially responsible for a client. Since a client can only have one guarantor at a time, the system prevents you from having two guarantors with overlapping time frames.



With the addition of guarantor time periods, the system can automatically assign the correct guarantor when late visits are entered.

Another enhancement to the Family function is the ability to filter on family members whose rights have been terminated. The default Family Members screen will only list active family members.

Updating and Deleting Active and Inactive Medical Profiles

The ability to update a medical profile has been extended to inactive medical profiles. In addition, you can now delete the active medical profile or an inactive one. With two new Security Matrix rights, you control which employees can update inactive medical profiles and delete active/inactive medical profiles. The actions will be recorded in the HIPAA logs.

New Immunization Fields, Ability to Edit Existing Records, and More

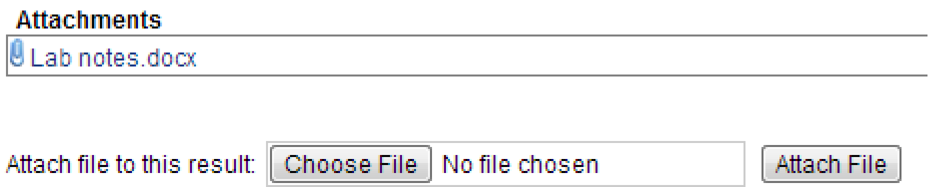
The first change you will notice is that “Immunizations” has its own button on the Client nav bar. The Immunization fields and functions (add/delete/export) have been pulled out of the Medical Profile and are now accessed via the new Client nav bar button.

When adding an immunization (or editing an existing one), you can provide additional detail with the 11 fields that have been added.
And with the new edit button, you can make updates to existing immunization records when necessary.

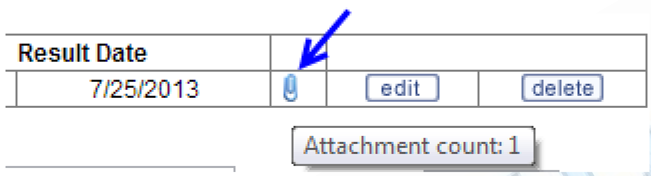
The HL7 Immunization export has also been revamped to meet new Meaningful Use requirements.

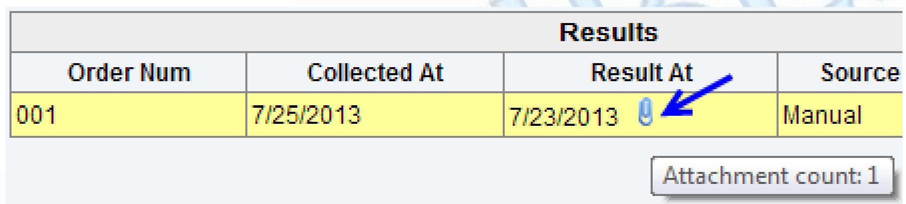
Adding Attachments to Manual Lab Results

When entering a manual lab result or editing an existing one, you can now upload one or more attachments.



Once an attachment is made, a blue paperclip is added to the lab results list for the order and the overall Results list; hovering over the paperclip displays the number of attachments.



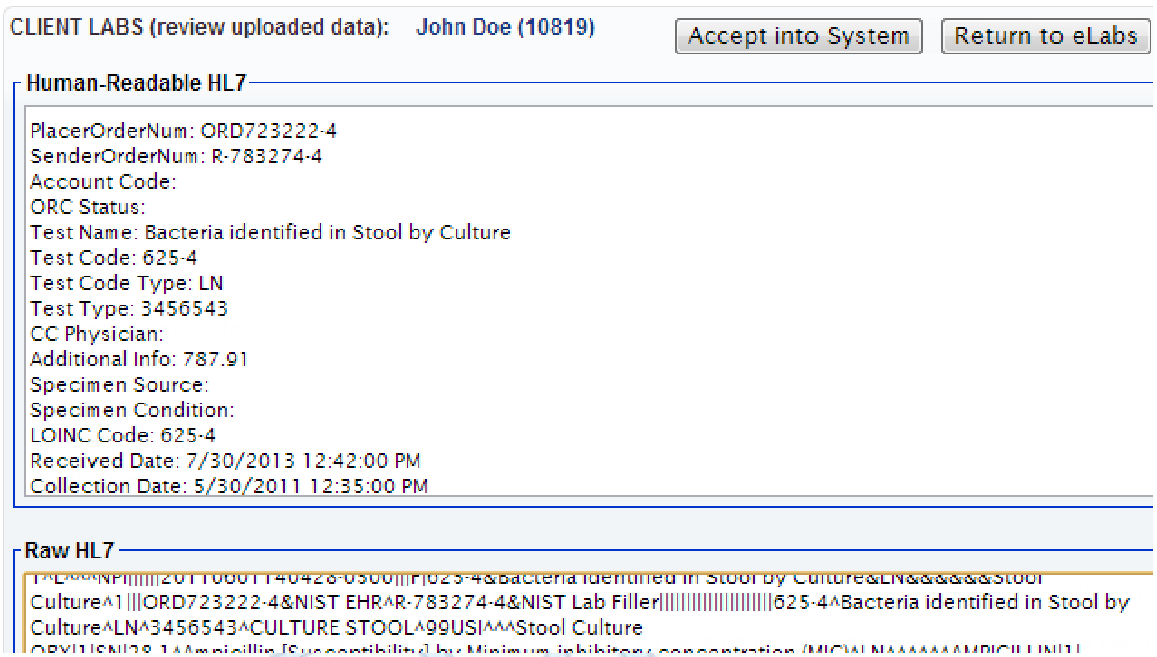


The file cannot exceed 5 MB and must be one of the following file types:

- Access (mdb)
- BMP
- CSV
- Email (msg and mso)
- Excel (xls, xlsm, xlsx, xlw)
- GIF
- HTM and HTML
- JPEG (jpg and jpeg)
- Max
- MP3
- Mpeg (mpeg and mpg)
- PDF
- PNG
- PowerPoint (ppt and pptx)
- Report (rpt)
- RTF
- Text (txt and dat)
- TIFF (tif and tiff)
- Video (avi)
- Wave (wav)
- Word doc (doc, docm, docx, dot, dotx)
- XML
- ZIP

HL7 Viewer and Validation Added to Upload Labs Function

When you manually upload lab results to a client's record, you can now view the content before accepting it into the system. The system displays a human-readable version of the HL7 content and the raw HL7.

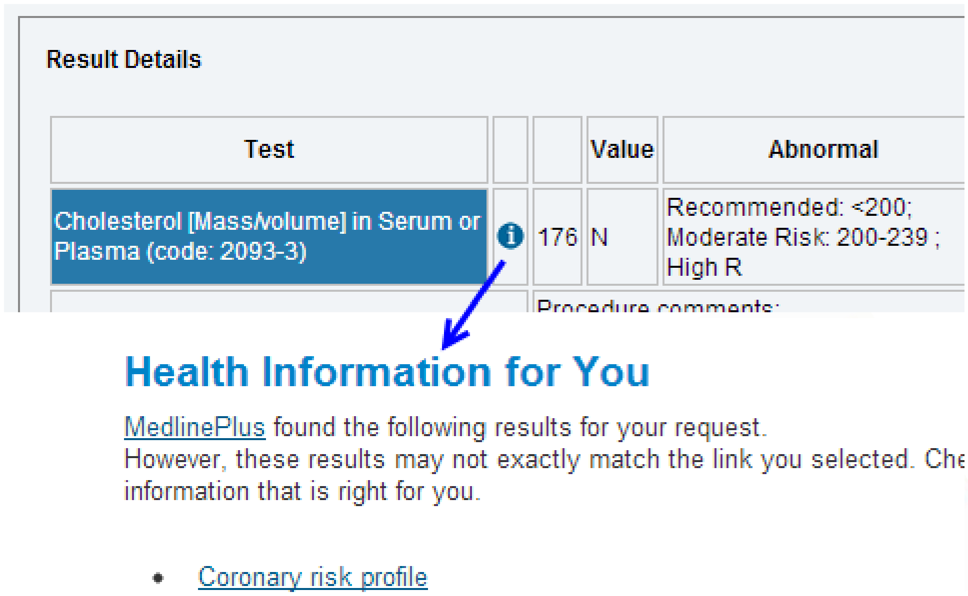


When you accept the uploaded data, the system checks the Placer Order Number and Sender Order Number in the file and displays a message if they are already associated with different client.

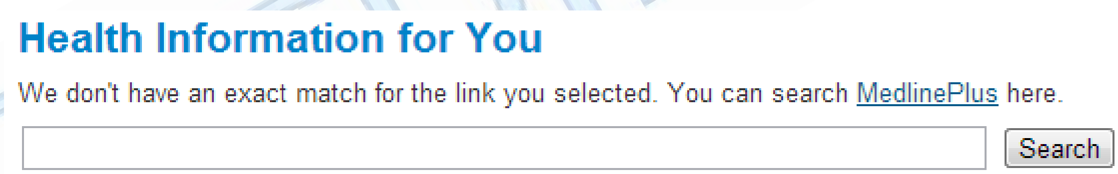
Placer Order Number 'ORD723222' and Sender Order Number 'R-783274' are already associated with a different client

Context-Sensitive Info Buttons Added to Labs

With the new info buttons in the Result Details screen, you can view context-sensitive health information about the lab tests from MedlinePlus.



If there is no exact match, you can search the MedlinePlus database.

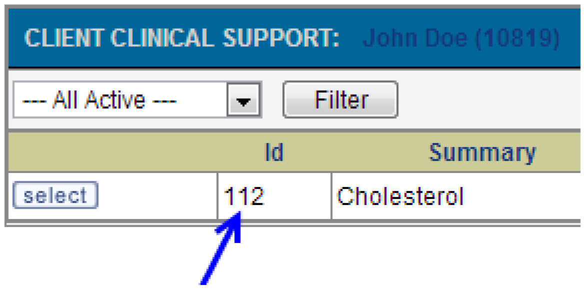


Note that no personal health information is transmitted as part of the info button.

Credible accepts no responsibility for the content/accuracy of the information provided by Medline Plus. For more information about MedlinePlus, click here.

Clinical Support ID Added to Display and HIPAA Logs

When a clinical support is triggered for a client, the ID will now be included in the Client Clinical Support screen.

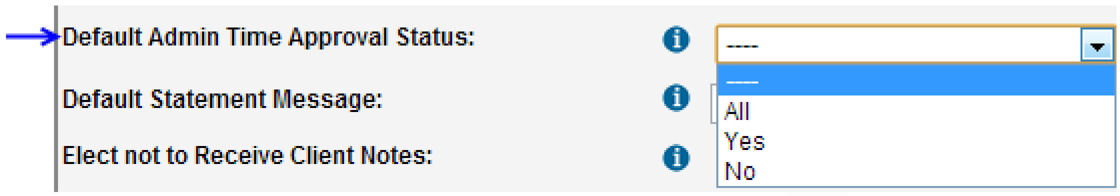


The ID will also be referenced in the different clinical support actions in the HIPAA logs.

EMPLOYEE

Setting Default Approval Status for Admin Time List

With a new Employee Config setting, employees can set the default approval status used for entries in the Admin Time List.

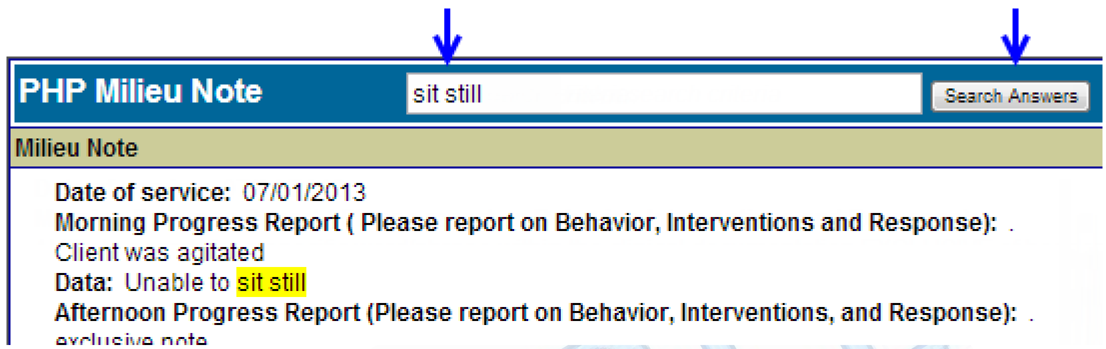


As a reminder, you can access the Admin Time List via the Admin Time button on the Employee nav bar or Admin Time Queue function on the Admin tab. The system default for the employee-specific Admin Time List is all admin time entries; for the Admin Time Queue function, the default is unapproved admin time entries. The new Employee Config setting will change the default in both places.

VISIT

Search Function Added for Visit Documentation

You can now search for a specific word or word sequence in the documentation for a completed visit. If there is a match, the word is highlighted in yellow. The system does not include headings (category names) or question text in the search.



Automatically Populating Non-Primary Axis I Diagnoses in Client Visits

If you need the non-primary Axis I diagnoses in client visit records for billing purposes (that is, to send them in the 837), you can use a new Partner Config setting to make this happen automatically. The default behavior is for the system to pull the non-primary Axis 1 diagnoses through a nightly process, which delays billing by one day.

When you check *Automatically Update Visit Dx*, the system automatically pulls in all Axis I diagnoses from the active assessment when you sign and submit the visit, update the visit, or reprocess it. Note that the system will not overwrite diagnosis codes that are already populated in the client visit record.

New Right Controls Availability of Approve Column

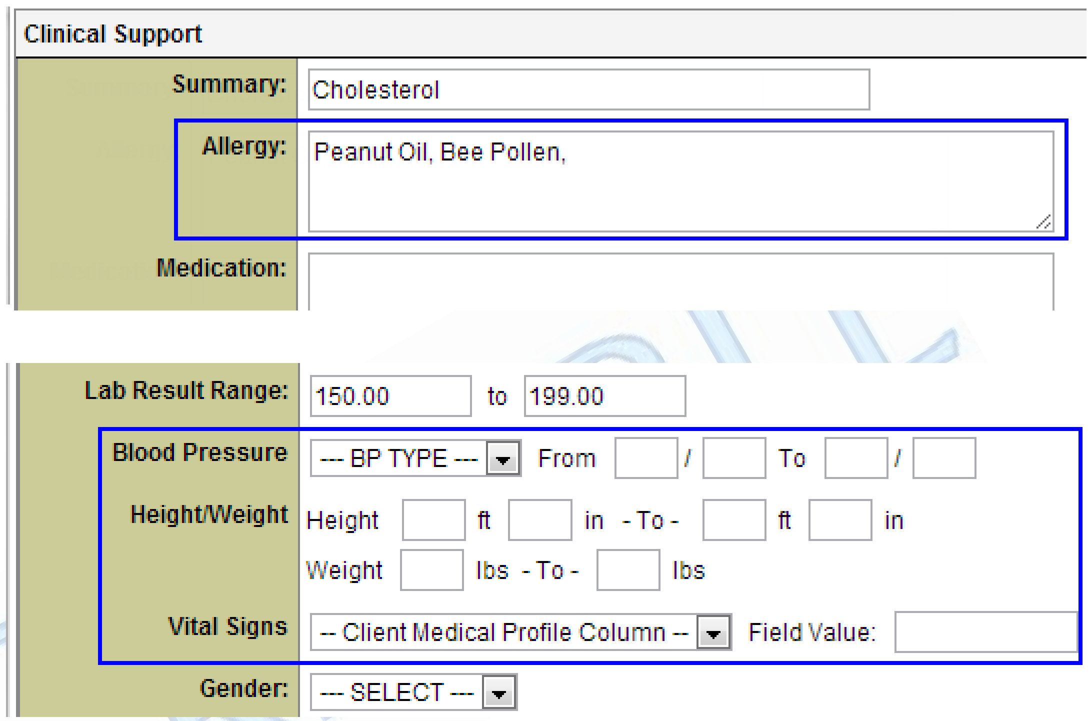
With the new right ClientVisitApproveColumn, you can now control which employees have access to the Approve column in the Client Visit List screen.

- When ClientVisitApproveColumn is checked (the default), employees have access to the Approve column; ClientVisitApprove/ClientVisitApproveOwn controls which visits have an approval checkbox.
- When ClientVisitApproveColumn is unchecked, the Approve column is hidden on the Client Visit List screen. In addition, the Approve checkbox in Advanced Visit Search is hidden so the Approve column cannot be added to the search results.

Admin

Allergies & Medical Profile Fields Added to Clinical Support Criteria

You can now include allergies and/or medical profile fields in the criteria that will trigger a clinical support for clients. In addition to blood pressure and height/weight, you can select another Medical Profile field from the Vital Signs dropdown and specify the trigger value.



Additional Axis I Fields and "Last Updated" Fields Added to Clients Table

You can now include the fourth (axis_1d), fifth (axis_1e), and sixth (axis_1f) Axis I diagnoses in the Client Profile screen. In addition, there are four new "last updated" fields you can add to track the date when a client's allergies, medications, diagnoses, and labs were last added, updated, or deleted: date_allergy_last_updated, date_medication_last_updated, date_diagnosis_last_updated, and date_lab_last_updated. Use the Data Dictionary to add the fields to the Client Profile screen.

Generic Date and Text Fields Added to ClientMedicalProfile Table

To help you capture additional information about a client in the Medical Profile screen, generic date and text fields – date1 through date30 and text1 through text30 – have been added to the ClientMedicalProfile table. Use Data Dictionary to define the date and text fields so they meet the needs of your organization.

Recording New Actions in the HIPAA Logs

To help you monitor user actions in your Credible system, the actions below will now be recorded in the HIPAA logs. Several of the actions will have log details (accessed via the details button).

ACCESS ADMIN PAGE

ACCESS BILLING PAGE

ACCESS CLIENT ADVANCED SEARCH

ACCESS CLIENT PAGE

ACCESS CLIENT VISIT TEMPLATE

ACCESS EMPLOYEE ADVANCED SEARCH

ACCESS EMPLOYEE PAGE

ACCESS EXPORT (log details)

ACCESS FORMS PAGE

ACCESS FUNDS PAGE

ACCESS HOME PAGE

ACCESS LEDGER ADVANCED SEARCH

ACCESS REPORT (for canned reports; log details)

ACCESS REPORTS PAGE

ACCESS SCHEDULE PAGE

ACCESS VISIT ADVANCED SEARCH

ACCESS VISIT PAGE

CLONE CLIENT AUTHORIZATION

CLONE CLIENT VISIT

EXPORT CLIENT CONTACTS

EXPORT CLIENT FAMILY

PRINT CLIENT MEDICATIONS

PRINT CLIENT PLANNER

PRINT CLIENT PROFILE

PRINT EMPLOYEE PLANNER

PRINT LIABILTY BASIC

PRINT LIABILTY FORM

PRINT LIABILTY SCALE

PRINT LIABILTY SLIDING FEE

PRINT MEDICATION SCHEDULE

PRINT PAYMENT RECEIPT

PRINT TXPLUS PLAN

UPDATE SAVED VISIT (log details)

Restricting Tx Plus Top Level Building to Within Web Form & by Visit Type

You can now configure your system to restrict Tx Plus top level building and updating so it can only be done from within a web form and only for certain visit types. This restriction is useful if the top level in a treatment plan needs to stem directly from information in a specific form such as an assessment form.

If you enable the new Partner Config setting *Restrict Tx Plus Creation to Certain Forms*, the top level will no longer be available to select from the Tx Plus Items box in the Client Tx Plus Builder screen. If a top level already exists in the plan, you will not be able to update it.

To be able to add a top level to a Tx Plus plan or update an existing top level, you must build/access the plan from within a web form (add a visit) and the visit type has to be flagged as *Tx Plus Creation Visit* (a new visit type config setting). When these conditions are met, the Add New <Top Level> button will be available and you can update existing top levels.

The expected scenario is that the top level can only be added/updated via one visit type like the original assessment. All follow-ups/updates will be done via another visit type that does not allow the addition or updating of a top level – to prevent modifications outside of the original assessment.

Start/End Dates, Automatic Archiving, and a Delete Button for Foster Homes

If your organization uses the Foster Care functionality in Credible, you will notice enhancements in Manage Foster Homes. You can now enter start and end dates for each foster home and take advantage of automatic archiving. When the end date for foster home precedes the current date, the system archives the home and employees can no longer assign clients to it.

If an active foster home does not currently have clients assigned to it, you can flag the home for deletion via a new delete button. The date you delete the foster home becomes the end date. Employees cannot assign clients to a deleted foster home.

You can view deleted and archived foster homes via a new Deleted checkbox in the filtering row or a Show Deleted/Archived button.

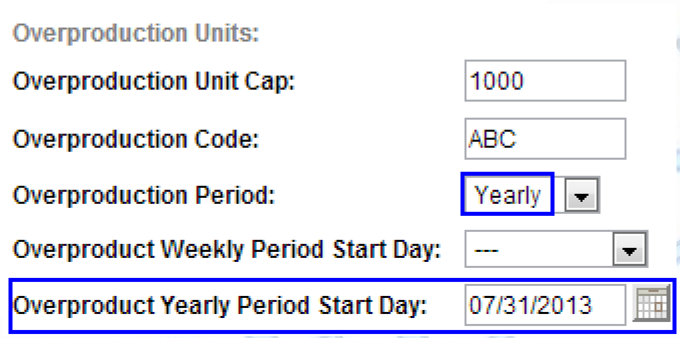
BILLING

Displaying All CPT Modifiers in Billing Matrix List Screen

A Billing Matrix entry can have up to four CPT modifiers. The Billing Matrix list screen has been enhanced to show all modifiers for each entry instead of just the first one. Previously, you had to click the edit button to see CPT modifiers 2 through 4.

Billing Matrix: Yearly Time Period for Overproduction Units

If you have a payer that caps overproduction units on a yearly basis, you can take advantage of the new Yearly Overproduction Period in the Billing Matrix. There is also a new date field to specify the month and day when the yearly period starts.



Note that the system will ignore the year value of the date you enter. For example, if you enter 07/31/13, the yearly period will be from 12:01 am on July 31st to 11:59 pm on July 30th of the next year.

Duplicate Billing Report: Excluding Merged Time from Overlapping Times

If your organization includes merged visits in your duplicate visit check and considers visits with overlapping times as duplicates, you can now exclude merged time from the check. If you select the new filter *Overlapping Times (excluding merged time)*, the system will only consider the actual visit time and not the combined (merged) visit time.

When Overlapping Times (excluding merged time) is selected, split visits will not be included in the results.

New "Include Inactive Clients" Filter for 270 Batch Generation

When you generate a 270 file, the default behavior is to only include active clients. With a new filter, you can now add inactive clients to the 270 batch. This is useful if you have inactive clients that have active insurance records.

A Client Status column has been added to the 270 Batch Generation results.

CMS 1500: State Tax ID in Box 25 & Agency Tax ID in Box 26

A Payer Config setting has been added to accommodate payers that have the following two requirements:

1. Box 25: state tax ID instead of the agency tax ID
2. Box 26: agency tax ID instead of the client ID

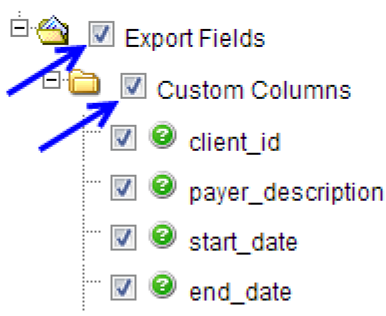
REPORTS

Sorting Added to Client and Employee HIPAA Logs

When you access the HIPAA log for an individual client or employee, you can now sort it by Date, User, Action, or Record. Sorting by Record was also added to the Global HIPAA Log.

"Select All" Checkboxes Added for Export Fields

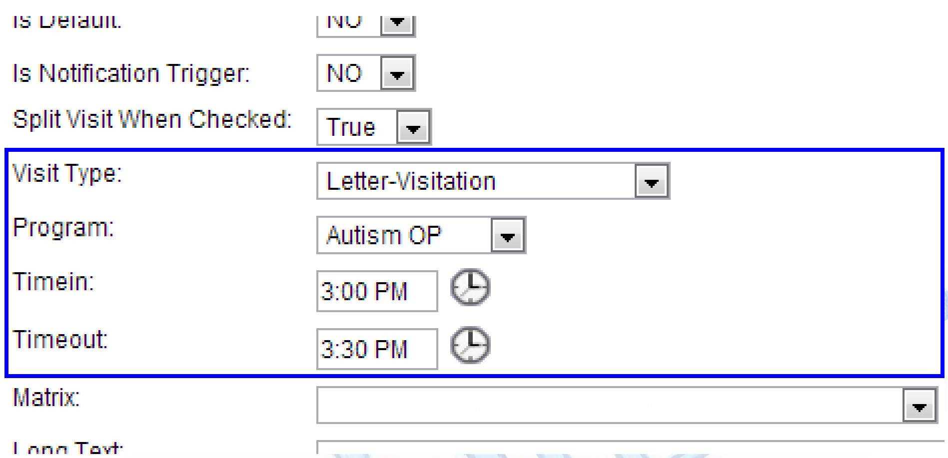
"Select all" checkboxes have been added at the top level and folder level for export fields to make it easier to select all fields (columns) available or all fields in a specific folder.



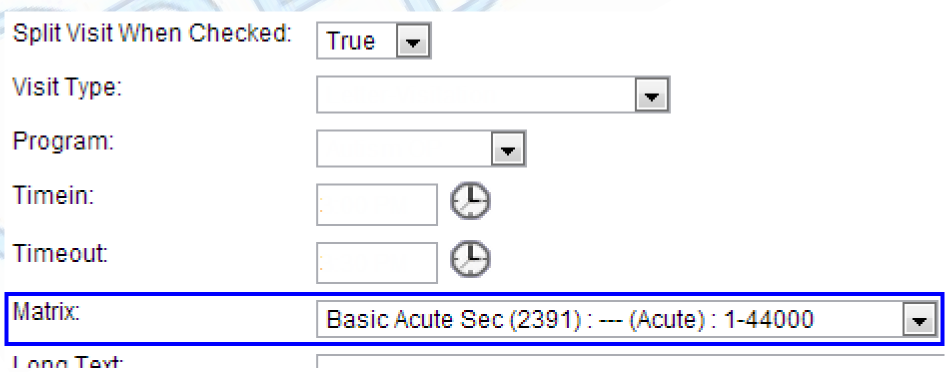
FORMS

Specifying Visit Details or Billing Matrix Entry for “Split Visit When Checked”

The Split Visit When Checked setting for checkbox and radio button answers has been enhanced so you can specify the visit type, program, time in, and time out for the secondary visit. If time in/time out values are not entered, the secondary visit will inherit the start and end times entered on the Sign & Submit screen.



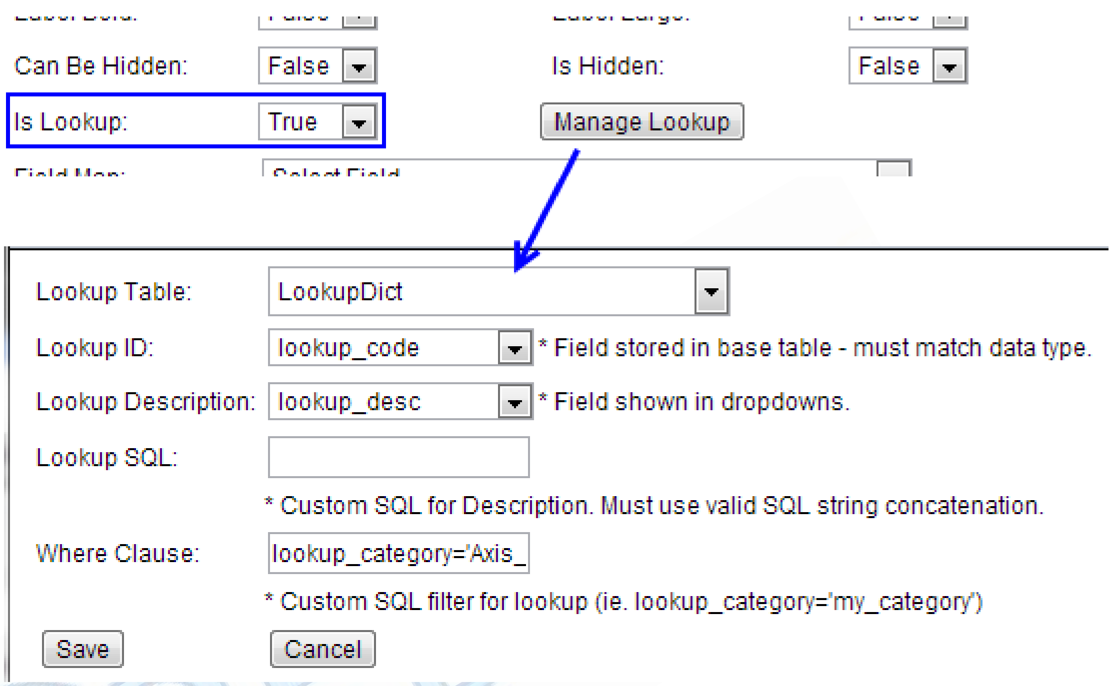
Another option is to select a secondary visit Billing Matrix entry that you want the secondary visit to match.



If you specify visit details and select a Billing Matrix entry and there is a mismatch, the visit details will trump the matching criteria in the matrix entry and the secondary visit will not match it. For Timein/Timeout, the mismatch would be based on calculated duration – if it does not fall within the Start/End Minutes calculated duration, the secondary visit will not match the matrix entry.

Setting Up a Dropdown Question As a Lookup

If you have a form question that uses the Dropdown answer format, you can now set it up as a lookup. When you select True for the new Is Lookup field, a Manage Lookup button displays that lets you access the “lookup config” popup.



You can link the lookup to a custom lookup category (as shown above) or a hard coded lookup in a table.

Option for Yes/No Answers when Injecting Boolean Fields

By default, when a Boolean field is injected into a form, the answer appears as True or False. If you prefer, you can now configure your system to display the injected answers as Yes or No. Enabling the new Partner Config setting will result in a consistent presentation since Boolean answers display as Yes or No on screens such as the Client Profile and Client Extended Info.

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