12/2013

Release 8.3 New Features

CREDIBLE

Behavioral Health Software

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CREDIBLE
Behavioral Health Software

Contents

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Meaningful Use continued

Client

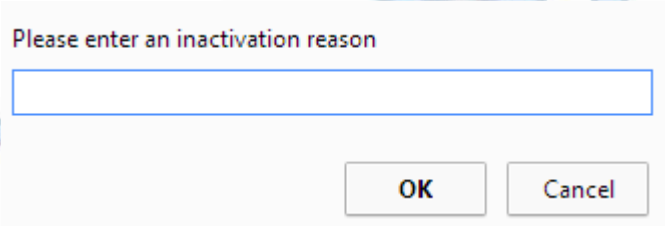
Printing Tx Plus Plans Without the Documentation

If your organization needs to print out Tx Plus treatment plans without the documentation, you can take advantage of the new Partner Config setting *Print Tx Plus Shell Only*. When the setting is selected, the treatment plan printview generated via the print button on the Client Tx Plus screen will exclude documentation entered during visits.

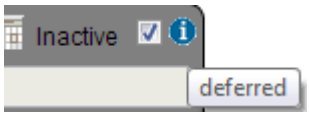
The one exception is documentation in "builder only" extended fields – it will be included in the shell-only treatment plan printview. Builder only extended fields (Form Documentation Only = False) can only be documented against when the plan is accessed via the Client nav bar. "Web form only" extended fields (Form Documentation Only = True) will not be included in the printview.

Reason Prompt when Inactivating Individual Tx Plus Plan Element

If you have configured Tx Plus to have an Inactive checkbox for each element in a plan, your staff will now be prompted for an inactivation reason each time they select one.



You can view an inactivation reason by hovering over the info icon.

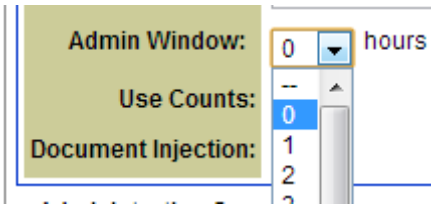


Credible eRx: Display/Print Required Text for Substitutions Allowed/Not Allowed

If your state requires standard wording on a prescription when substitutions are allowed and/or not allowed (dispense as written), you can enter that text in the two new Partner Config fields.

For example, in Massachusetts, when the Dispense as Written checkbox is selected on a prescription, the following text must appear below it: "Interchange is mandated unless the practitioner indicates 'no substitution' in accordance with the law."

Setting Up PRN Medications for “Any Time” Administration



If your organization has a need to administer a PRN medication more frequently than every hour (for example, epinephrine for bee stings), you can take advantage of the new 0 option in the Admin Window dropdown. When selected, the Administer button will always be available for the PRN medication on the Client Medication Schedule screen. The 0 option is only available in the Admin Window dropdown when the PRN checkbox is selected.

Billing

Billing Matrix Option: Approval Date As Service Date

By default, the service date – the date a service is signed and submitted – is used as the billing date. If you have a payer that bases its payment time frame on the approval date, you can now configure a Billing Matrix entry to send a visit’s approval date as its service date. For example, in Florida, Medicaid does not consider a treatment plan service valid (and therefore ready for reimbursement) until it has been approved – and the approval date is often a few days later than the service date.

Credible Client Portal

Profile Print View and Immunizations Added to Client Portal

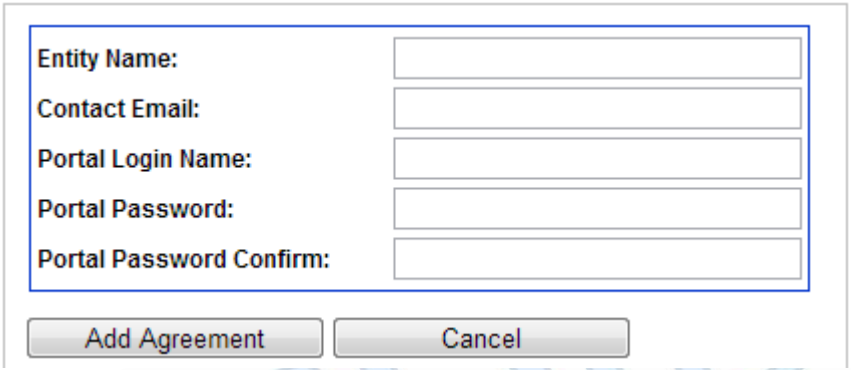
With the new Print View button on the Profile screen in the Client Portal, a client user can generate a print view of the client’s record. The client user will use the same Print Options popup that your staff uses to select the parts of the record to include in the profile print view.

You can also give client users the right to view a client’s immunization records in the Client Portal. In addition, you can configure the Client Portal home page to include a client’s immunizations.

Provider Portal

Partner Control Over Agreements with Non-Credible Entities

The ability to configure an agreement with a non-Credible entity (external organization) has been added to the Agreements function. Previously, you had to provide the configuration information to your Implementation Manager or Partner Services Coordinator. You can specify the type of agreement you are configuring with a new radio button. The fields for an exchange with an external organization are shown below.



In the Agreement Matrix table, a graphic indicates the agreement type and the type of exchange – Provider Portal or Form Sharing – is listed. The sending and receiving organizations have been combined into one column as have the confirmation indications.

Agreement Matrix

Agreement	Exchange	Organizations	Confirmed
CREDIBLE	Provider Portal Exchange	CREDIBLE: BHealth Systems (send) CREDIBLE: Credible Development (receive)	Yes Yes Click to Cance
CREDIBLE	FormSharing	CREDIBLE: Credible Development (send) CREDIBLE: BHealth Systems (receive)	Yes No Click to Cance
External	Provider Portal Exchange	CREDIBLE: Credible Development (send/receive) EXTERNAL: jil (send/receive)	No Yes Click to Confi

For external agreements, Agreement Matrix lists the contact name and has a button to change his/her password if necessary.

Meaningful Use

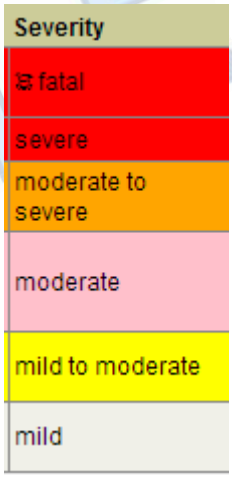
Credible's goal is to obtain formal Meaningful Use Stage 2 certification on or before March 30, 2014, which according to Centers for Medicare & Medicaid Services will be retroactive to January 1, 2014. This approach will enable all MU qualifying EHR activity beginning January 1, 2014 to be used for Meaningful Use Stage 2 attestation purposes.

Viewing Active and Discontinued Allergies on Same Screen

You can now view a client's active and discontinued allergy records on the same screen. The Show Discontinued/Show Current toggle button has been replaced with an ALL/ACTIVE/DISCONTINUED filter dropdown.

Specifying the Severity Level for Allergies

When adding an allergy, you can provide more detail about the severity by selecting from the six options shown on the right. The fatal severity is indicated with a skull and crossbones icon.



The severities are coded to SNOMED for use in the C-CDA document:

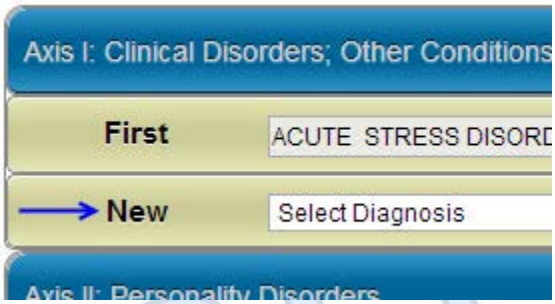
- Mild = 255604002
- Mild to moderate = 371923003
- Moderate = 6736007
- Moderate to severe = 371924009
- Severe = 24484000
- Fatal = 399166001

Existing allergy records that were set to True for Severe will have severe as their severity level. If Severe was set to False, the Severity level will be blank as it is no longer a required field.

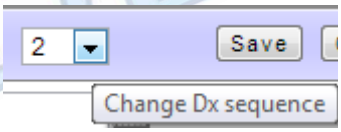
Diagnosis Screen Revamped and Enhanced

As part of the revamping, the Multiaxial Assessment screen has been renamed the Multiaxial Diagnoses screen and the Axis II section is now just referred to as "Personality Disorders." The enhancements to the functionality are as follows:

- If a client does not have an existing diagnosis, the screen will be in "add mode" when first accessed (assuming you have the DxAdd right).
- There is no longer a limit on the number of Axis I, II, or III diagnoses – a "New" field will always be available to add another diagnosis.



- Each Axis I, II, and III diagnosis has its own save and edit functionality. Separate Edit buttons have also been added for the Axis IV and V sections and the Effective Date field.
- You can change the sequence of a diagnosis as you are adding it or through the Edit function. There is also a Resequence button for the Axis I, II, and III sections to remove gaps that have been created by deleting diagnoses.



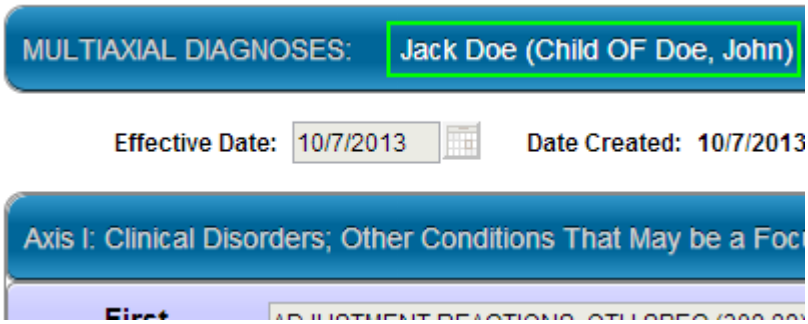
- The system will prevent you from assigning the same default program to multiple diagnoses.
- With the addition of the SNOMED Description dropdown for each Axis I, II, and III diagnosis, your staff can select the SNOMED code that matches the ICD-9 code. All problems (diagnoses) have to be coded to SNOMED for Meaningful Use Stage 2.

  If there is a one-to-one correspondence between a SNOMED code and ICD-9 code, the linking of the two codes will be done automatically behind the scenes (there will only be one option in the dropdown). If the system cannot find a SNOMED code that corresponds to a diagnosis, the dropdown will function as a search box so you can locate the appropriate SNOMED code.

  SNOMED stands for Systematized Nomenclature of Medicine; ICD stands for International Classification of Diseases. The mapping from ICD9 to SNOMED is provided by data from the US National Library of Medicine: www.nlm.nih.gov/research/umls/mapping_projects/icd9cm_to_snomedct.html.

Diagnosis Function Added for Family Members

To help you capture the family health history of a client, the Multiaxial Diagnoses screen is now available for each family member.



The diagnoses recorded will be included in the Family Member export.

New Client Profile Fields to Record Multiple Races

If your staff needs to be able to record more than one race for a client, you can add the new fields race_omb2 and race_omb3 to the Clients table. The system will use these two fields and the existing race_omb and ethnicity_omb fields for HL7 messaging (for example, when you generate an immunization export, syndromic surveillance data file, client summary, or Clinical Quality Measurement report).

Date of Death Field Added to Client and Family Member Tables

With a new date_of_death field, you can record when a client or client's family member dies. The Age field – now available for the ClientDependent table as well as the Clients table– will calculate a deceased client's or family member's age based on the dob and date_of_death fields.

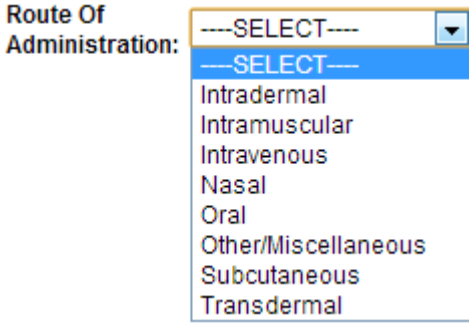
PD1-13 Protection Indicator Effective Date Field Added to Clients Table

The Protection Indicator Effective Date field is used to indicate the effective date for the Immunization Protection Indicator field. The Immunization Protection Indicator field identifies whether a client's immunization information can be shared with others. Both of these fields are part of the Patient Demographic Segment in an HL7 immunization message. Updates to both fields are recorded in the HIPAA logs.

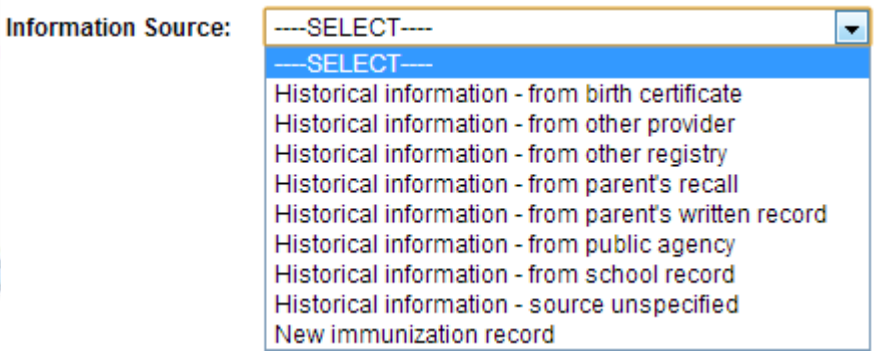
Immunization Enhancements

The enhancements to the Immunizations screen are as follows:

- HL7-preferred Amount unit – units that are not valid for HL7 messaging have been removed from the dropdown; currently, the only valid option is MilliLiter [SI Volume Units].
- Standardized routes of administration – the dropdown has been updated to only include the standard eight options shown on the right.



- New Presumed Disease Immunity dropdown – when "no vaccine administered (998)" is selected from the Immunization dropdown, a Presumed Disease Immunity dropdown will display so you can select the disease the client is immune to.
- New Information Source dropdown – you can now identify the source of the immunization record; available options are as follows:



- Page nav bar added – If a client has more than 10 immunizations, a page number link will display at the bottom of the screen so you can navigate to the next page of immunizations.

Context-Sensitive Info Buttons Added for Medications and Lab Results

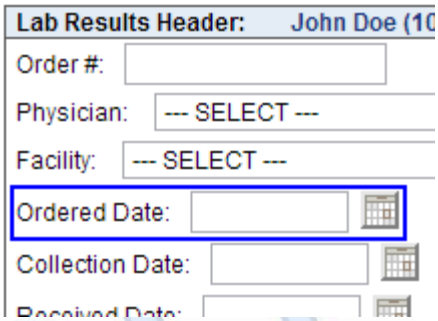
If your system is configured to display info buttons, they will now be available on the Client Medications and Lab Result Details screens. Previously, the info buttons were only available on the Multiaxial Diagnoses screen. Clinicians can use the buttons to access context-sensitive information about a medication or lab procedure from the MedlinePlus database.

Route Dropdown Added to Client Medications Screen

When you add a medication to a client's record, you can now specify the administration route. The dropdown has the same options that are available when you create a prescription.

Dates, Facility Address, and Specimen Info Added to Lab Results

When manually entering a lab result, your staff will be required to specify the date the lab was ordered on the Lab Results Header screen.



To give your staff more information about a lab result, the system will now display following information in the Lab Result Details screen:

- Lab facility address
- Received Date, Result Date, and Collection Date
- Specimen Source and Specimen Condition

Improved Support for Manually Uploaded Lab Results

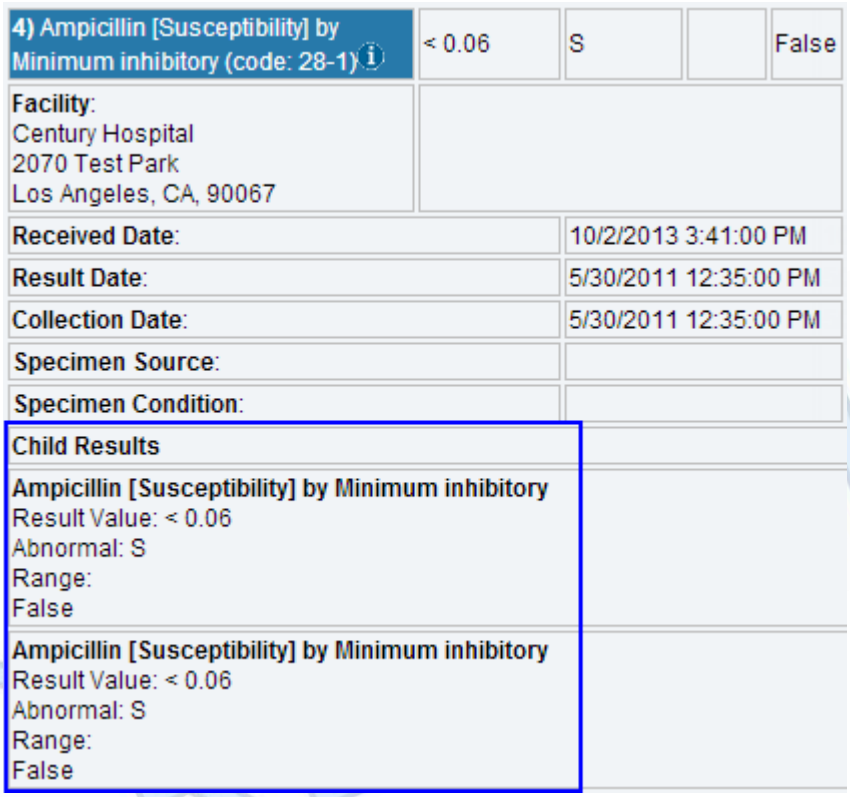
If the following information exists in an uploaded lab results file, the system will display it in the Lab Result Details screen:

- Laboratory name from the Clinical Laboratory Improvement Amendment (CLIA) certification (OBX-23)
- Physical location of laboratory facility or location within the facility where testing was performed (OBX-24)
- Date the test report/status change was finalized by the laboratory (OBR-22)
- Type of specimen submitted for testing and/or the collection site/method of collection as applicable (SPM-4)
- Laboratory's additional/miscellaneous notes, comments, and interpretations regarding the test/report (NTE-3)
- Laboratory's defined comments denoting specimen suitability or not for testing (OBX-5/NTE-3/SPM-21)
- Laboratory's comment(s) denoting the condition of the specimen (OBX-5/NTE-3/SPM-24)

If an uploaded lab results file has the same test as an existing file but with a different result, the system will update the record with the latest result.

Uploading Lab Results with Parent-Child Structure

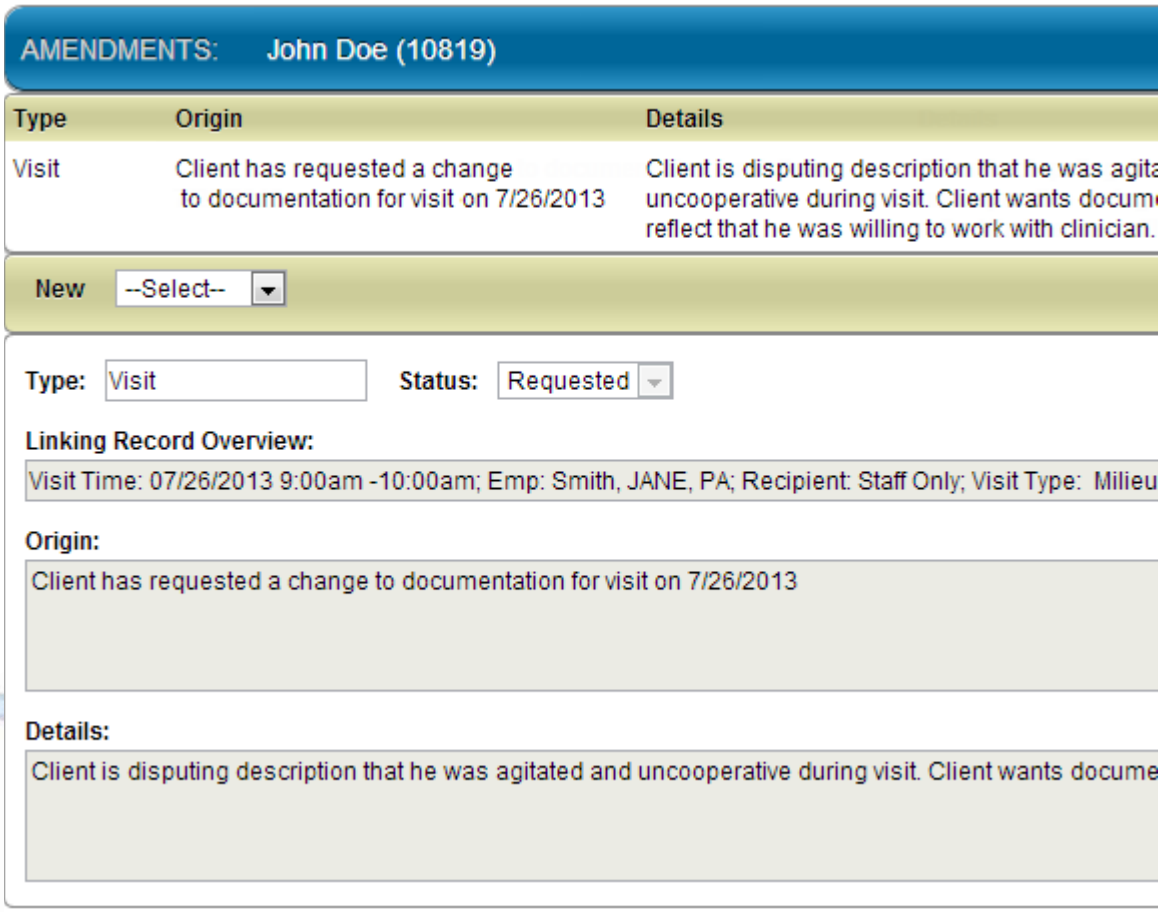
The manual upload function for lab results has been updated to accommodate files with a parent-child structure. This type of file has a header (parent) and several lab results associated with it (children).



4) Ampicillin [Susceptibility] by Minimum inhibitory (code: 28-1)	< 0.06	S		False
Facility: Century Hospital 2070 Test Park Los Angeles, CA, 90067				
Received Date:		10/2/2013 3:41:00 PM		
Result Date:		5/30/2011 12:35:00 PM		
Collection Date:		5/30/2011 12:35:00 PM		
Specimen Source:				
Specimen Condition:				
Child Results				
Ampicillin [Susceptibility] by Minimum inhibitory Result Value: < 0.06 Abnormal: S Range: False				
Ampicillin [Susceptibility] by Minimum inhibitory Result Value: < 0.06 Abnormal: S Range: False				

Recording Client Requests for Amendments

With the new Amendments function, you can record client requests to amend the information about a specific diagnosis, lab, medication, or completed visit.



Once an amendment request is entered, the appropriate staff can review it and then accept or deny it. If a request is accepted, staff will have to manually update the corresponding diagnosis, lab, medication, or visit record. The actions of adding, updating, and deleting amendments are recorded in the HIPAA logs.

Flagging Employees As Eligible Providers and Licensed Healthcare Professionals

With the new field is_mu_provider, your organization can now flag employees as eligible providers (EPs) and then report on this subset of employees for Meaningful Use purposes.

You can also flag employees as licensed health professionals with the new field is_licensed_health_prof. This designation is necessary for the computerized physician order entry (CPOE) objective since it distinguishes between orders entered by licensed healthcare professionals/credentialed medical assistants and those entered by data entry personnel.

If your organization does not have EPs pursuing Meaningful Use incentive payments, you do not have to utilize the two new fields.

New Actions with Details in the HIPAA Logs

The actions below will now be recorded in your HIPAA logs. You can use the details button provided to view additional information about each action. For the ADVANCED SEARCH actions, the log details will include the filtering criteria selected.

- ACCESS CLIENT ADVANCED SEARCH
- ACCESS EMPLOYEE ADVANCED SEARCH
- ACCESS EXPORT
- ACCESS LEDGER ADVANCED SEARCH
- ACCESS VISIT ADVANCED SEARCH

Log details – report name and filtering criteria – have also been added for the existing action ACCESS REPORT.

Hashing Added to Client Notes and Client/Employee Messages

To verify the integrity of public client notes (viewable in the Credible Client Portal) and client/employee messages, the system will generate a "Message Hash" each time a note or message is generated. When the note is viewed in the Client Portal or message is received, a "Received Hash" is generated. If the two hash values match, it means the content sent was the same as the content received. If they don't match, an error message displays instead of the public note/message. Credible uses the SHA-1 algorithm.

Demonstrating that a Message Hash and Received Hash match may be necessary for Meaningful Use Stage 2 attestation. Previously, hash values were only available for Continuity of Care records and documents.

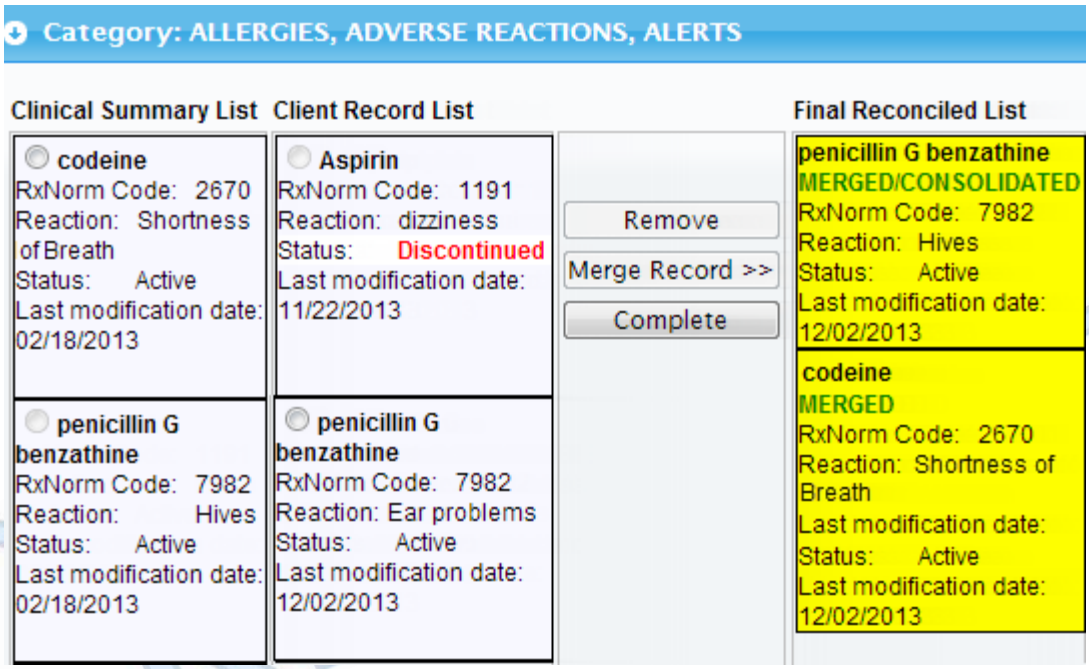
Client Summary Renamed and C-CDA Format Added

To align with industry terminology, the Client Summary is now referred to as the Clinical Summary. When generating a clinical summary, you now have a choice of formats: the existing Continuity of Care Record (CCR) or the new Consolidated Clinical Document Architecture (C-CDA). With the C-CDA format, you specify the information that will be included via the Summary detail checkboxes. With the Reason for Referral text box, the clinical summary can now serve as a Transition of Care/Referral Summary. There is also a third output option "Enclose summary as text in ZIP file."

You can also give clients and client representatives using the Credible Client Portal the right to generate a client summary.

Updating Client Record with Imported Clinical Summary Information

You can now compare the allergy, medication, and diagnosis information in an imported client summary to the existing information in the client's record. If a matching record does not exist (matching is based on the RxNorm code for allergies and meds and SNOMED code for diagnoses), you can add (merge) the clinical summary record to the client's record. If a matching record exists, you can update (merge/consolidate) it with the data in the clinical summary record.



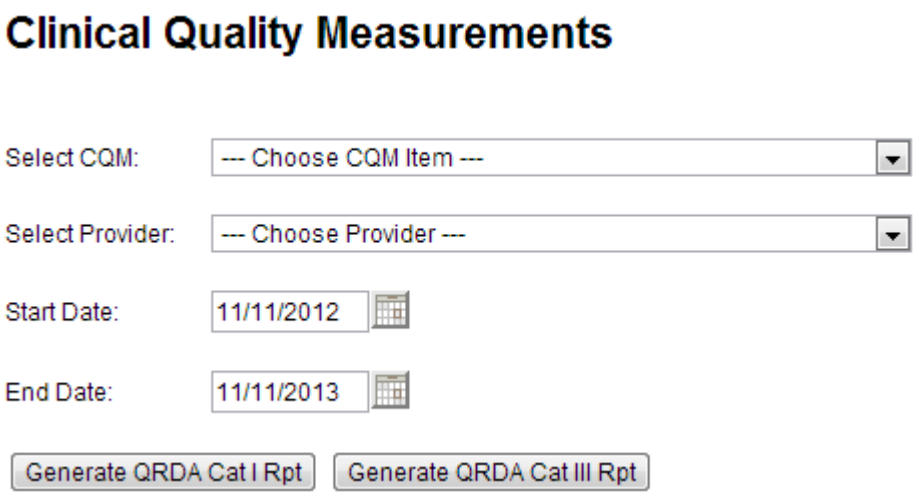
You can also discontinue/delete an existing allergy, medication, or diagnosis record from the Clinical Summary Detail View screen with the Remove button.

Two notes:

- The "compare-to-existing" functionality only works for clinical summaries that use the CCD or C-CDA format.
- Previously uploaded client summaries will need to be re-uploaded to take advantage of the compare-to-existing functionality.

Module for Calculating and Reporting Quality Measurement Information

Beginning in 2014, all eligible providers will be required to report on 9 of the 64 approved Clinical Quality Measurements (CQMs). Credible has developed a CQM module to help you meet this reporting requirement.



The new module pulls visit data from your system, makes the necessary calculations, and presents the results in one of two reports. The Category I report contains quality measurement data for a single client while the Category III report aggregates the data from individual Category I reports. Both reports use the Quality Reporting Document Architecture (QRDA), the HL7 standard for communicating healthcare quality measurement information.

Source of Payment Typology Added to Payer Config

To help you meet a Clinical Quality Measure (CQM) reporting requirement, a Source of Payment Typology dropdown has been added to the Payer Config screen. The Source of Payment Typology, developed and maintained by the Public Health Data Standards Consortium (PHDSC), "is a payer type standard to allow for consistent reporting of payer data for health care services." For more information on the typology, go to www.phdsc.org/standards/payment-typology-source.asp.

The Source of Payment Typology you select for each payer will be used when you generate the CQM QRDA reports.