



CREDIBLE

Secure. Proven. Easy To Use.

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

Contents

General

System-Wide Option to Skip Validation on Zip Codes 1

Client

Tx Plus Enhancements 1

Crosswalk for SNOMED and ICD-9 Codes Added to Diagnosis Function 1

Reporting Functionality Added for Family Function 2

Enhancements to Credible eLabs..... 2

15-Minute Increments Added to eMAR Administration..... 2

Enhancements to Physicians Orders Screen..... 3

Imported Client Summaries: Section-by-Section View and Updating Client Records 3

Ability to Sign Existing Liability Form to Acknowledge Changes..... 4

Employee

Adding Multiple Instances of Same Employee Credential..... 4

Visit

Flagging Non-Physicians for Incident to Billing at Sign & Submit 4

Option to Force Visit Time Entry During Sign & Submit 4

Creating eRx G-Codes by Default Based on Visit Type..... 5

Admin

Identifying Information and Availability Fields Added to Clinical Support 5

Billing

Client Statements: Configurable Past Due Messages and New Due Date Field 5

Check All Programs Added to Check Completed Form Group for Billing 5

Setting Up Your System to Allow Negative Balances on Visits 6

| | |
|--|---|
| Payer Trace Number Added to Eligibility Results | 6 |
| New Predefined Red X for No Authorization Number for Specific Visit Types..... | 6 |
| Keeping Primary and Secondary/Add-On CPT Code Visits in Same Claim..... | 6 |
| HCP Segment Added to 837P for Oklahoma Partners | 6 |
| New Payer Config Settings to Support CBHNP Requirements..... | 7 |
| Financial | |
| Create/Edit Accounting Periods Prior to 1/1/2000..... | 7 |
| Reports | |
| New Fax Logging Report for Meds and Visits | 7 |
| Multi Select Team Filter for Scheduled Visits Status Report | 7 |
| Export Builder Option to Allow Unbatching Exported Items..... | 7 |
| Forms | |
| “No Copy” Flag for Copyrighted Forms..... | 8 |
| Client Portal | |
| Ability to Select Recipient for Client Portal Message | 9 |

GENERAL

System-Wide Option to Skip Validation on Zip Codes

By default, the system checks all zip codes to make sure they are numeric. If your organization needs to accommodate alphanumeric zip codes, for example, for Canadian addresses, you can use the new Partner Config setting *Skip Zip Code Validation*.

CLIENT

Tx Plus Enhancements

- Activate Tx Plus Plan on approval – you can now configure your system to activate a Tx Plus Plan on approval. When the new Partner Config setting is selected, inactive Tx Plus plans will be available in a web forms since they need to be reviewed before the visits can be approved. If your system is set up to use multi-stage approval and the Tx Plus plan visit type is set up for multi-stage approval, the plan will not become active until after the last approval.
- Use Approval Date as Tx Plus plan Start Date – if you have enabled the new Activate Tx Plus Plan on Approval, you can also configure your system to automatically use the visit approval date as the Tx Plus plan start date. The Tx Plus plan start entered when the plan was created will be overwritten.
- Import Tx Plans into Tx Plus – with a new ImportTxPlus table, you can now import a Tx Plan into a Tx Plus plan. Since treatment categories do not have a hierarchy, you will need to specify which Tx Plus level they correspond to (problem, goal, objective, intervention).

Crosswalk for SNOMED and ICD-9 Codes Added to Diagnosis Function

If there is a SNOMED code that matches an ICD-9 code for a diagnosis and it is a one-to-one correspondence, the linking of the two codes will be done automatically behind the scenes. (SNOMED stands for Systematized Nomenclature of Medicine and ICD stands for International Classification of Diseases.) If multiple SNOMED codes match an ICD-9 code, you will be prompted to select the appropriate SNOMED code when selecting the diagnosis.

Reporting Functionality Added for Family Function

To help you report on the family relationships a client has, you can now associate an export code and external ID with each relationship type. Once that is done, use the new Export button on the Family Members screen to create a spreadsheet with the family member records. The export will include the export code and external ID for each relationship type.

Enhancements to Credible eLabs

- View “integrated” in-range/out-of-range lab results received electronically via Credible eLabs. Previously, when you received lab results electronically, you could only view a “hardcopy” of the results.

CLIENT LABS:

Result Details

| Test | Value | Abnormal | Range | Panic Flag |
|--------------------------------------|-------|---------------------|----------|------------|
| WHITE BLOOD CELL COUNT (code: 15410) | 11.0 | | 4.4-11.0 | False |
| Facility: AEL MEMPHIS | | Procedure comments: | | |
| | | Result comments: | | |
| RED BLOOD CELL | | | | |

As a reminder, separate contracting is required to use Credible eLabs to electronically order lab tests and electronically receive the results and the average lead time is 12 weeks. For more information, send an email to contracts@credibleinc.com.

- Import lab results into Credible eLabs – With a new ImportELabs table, you can now import lab results from an external source into Credible eLabs.

15-Minute Increments Added to eMAR Administration

When creating a med administration schedule for a client, you can use the new plus button to expand the administration times to include one or more 15-minute increments for each hour. Each time you click the plus button, an additional 15-minute increment is added for each hour. The minus button removes the 15-minute increments from the display.

Enhancements to Physicians Orders Screen

- View PBM medication history – A client’s medication history for the past two years from the PBMs will now be displayed on the Physicians Orders screen. As a reminder, separate contracting is required for the Credible eRx and Credible eRx Formulary and Benefits modules. For more information, send an email to contracts@credibleinc.com.
- Change assigned physician for current order – a physician will now have the option of changing the assigned physician before he/she signs a current order (the Physician dropdown will be enabled). The action will be recorded in the physician’s log as CHANGE ASSIGNED PHYSICIAN and the old and new employee IDs can be viewed via the details button.

Imported Client Summaries: Section-by-Section View and Updating Client Records

With a new detail button on the Attachments List screen, you can now view each section in an imported client summary (Continuity of Care Record or Document).

The screenshot shows a web interface titled "Client Summary Detail View" with a sub-header "Category: Diagnosis". Below this is a table titled "Problems" with columns for "Condition", "Effective Dates", and "Status".

| Condition | Effective Dates | Condition Status |
|-----------------------|-----------------|------------------|
| Asthma | 1950 | Active |
| Pneumonia | Jan 1997 | Resolved |
| " | Mar 1999 | Resolved |
| Myocardial Infarction | Jan 1997 | Resolved |

Note that previously uploaded client summaries will need to be re-uploaded to make the detail button available.

When viewing a section in an imported client summary, you can pull up the client’s existing record for a side-by-side comparison. And if appropriate, you can update the client’s record with data in the imported client summary via drag and drop.

Ability to Sign Existing Liability Form to Acknowledge Changes

If a change occurs to a client's liability details – for example, an increase in his/her monthly liability amount, you can now get the client to sign off on the updated liability form. With the new Update Signature button, you can clear the client's signature associated with the previous version of the liability form and have him/her sign each time a change is made. The updated signature gives you "documentation" that the client has seen and agreed to the new liability level and understands his/her responsibility for payment of services. There is also an Update Signature Button for the employee signature.

EMPLOYEE

Adding Multiple Instances of Same Employee Credential

With a new Add Employee Credential function on the Employee Credentials screen, you can add multiple instances of the same credential and assign different start and end dates to each one. A notes field has also been added to each credential "record."

With existing custom red X and Billing Matrix functionality, you can red X a service associated with an expired credential or set it up to be non-billable.

VISIT

Flagging Non-Physicians for Incident to Billing at Sign & Submit

With the addition of the is_incident field to the Employee table, you can now flag non-physicians for incident to billing without using the is_doctor field. To support the need to report non-physician employees as rendering providers on a service-by-service level, employees with is_incident set to Yes will also appear in the Supervising Physician dropdown on the Sign & Submit screen.

Option to Force Visit Time Entry During Sign & Submit

By default, the Start & End Time fields on the Sign & Submit screen are populated based on the scheduled start time and duration. If you want to ensure that your staff enters the actual start and end time, you can now configure your system to force visit time entry during sign and submit. The Start & End Time fields will be blank and the system will require that valid times are entered before allowing sign and submit.

Creating eRx G-Codes by Default Based on Visit Type

If your system is configured to flag for G-codes, you may want to take advantage of the new visit type config setting *Default to 'Create eRx G-Code.'* When this setting is selected, the Create eRx G-Code field on the Sign & Submit screen will default to Yes for all visits associated with the visit type. This will eliminate the need for clinicians to determine when they need to create an eRx G-code and help ensure that your organization meets the requirements of the [eRx Incentive Program](#).

ADMIN

Identifying Information and Availability Fields Added to Clinical Support

In preparation for Meaningful Use Stage 2, the following fields have been added to the Clinical Support screen: Bibliographic Citation, Developer, Funding Source, and Release. After adding them via the Clinical Support Admin function, staff can view them when the clinical support is added to a client's record. Client users can also view the four fields via the Credible Client Portal.

BILLING

Client Statements: Configurable Past Due Messages and New Due Date Field

With a new Manage Past Due Messages function on the Billing tab, you can set up the past due messages you want the system to include on client statements. The overdue time periods are 30 to 59 days, 60 to 89 days, 90 to 119 days, and 120+ days and each message can be up to 255 characters long.

The past due messages are tied to a new Statement Due Date field on the Client Statement screen. If a statement is past due, the appropriate message will appear above the Remit To area on the statement. If you do not configure a message or the statement is not past due, the due date will appear instead. Previously, only canned past due messages such as "Past Due" or "Delinquent" were available.

Check All Programs Added to Check Completed Form Group for Billing

If a form group visit type is set up to "Check Completed Form Group for Billing," you can now have the system check all programs for visit type completion instead of just the one associated with the form group. The new Check All Programs option is useful if a client completes some visit types under one program and some under another program due to a program switch. The system will check all programs and "see" all the completed visit types, and as a result, will not red X the form group visit type at billing.

Setting Up Your System to Allow Negative Balances on Visits

Your system can now be configured to allow a negative balance on a visit for the following scenarios: rate changes, insurance payment, client retraction, and visit retraction. The alternative – the way your system currently works – is to apply an overpayment adjustment instead. If you want to allow negative balances on visits, contact your IM/PSC and he/she will turn on the new feature.

Payer Trace Number Added to Eligibility Results

When viewing the eligibility results for a client in a 270 batch, you will now see the Payer Trace Number. The number is from the payer and appears in the TRN02 segment.

| Name | Plan Date | Visit Type | Ins ID | Plan Status | Response Received | Rejected Results |
|------|-----------|------------|--------|-------------|-------------------|---|
| | 3/20/2013 | | ALPHA | | NO |  |

Name: John Doe(10458)
Batch Date: 3/20/2013 2:58:00 PM
Payer Trace Number: 656305

No response has been received to the submitted eligibility request.

New Predefined Red X for No Authorization Number for Specific Visit Types

With a new predefined red x rule, you can now flag visits based on visit type and if the authorization has no authorization number.

Keeping Primary and Secondary/Add-On CPT Code Visits in Same Claim

To help you meet payer requirements, a behind-the-scenes change was made to ensure that a secondary/add-on CPT code visit will be included in the same claim as the primary visit that it split from. In addition, the primary visit will be listed before the secondary/add-on CPT code visit in the claim.

HCP Segment Added to 837P for Oklahoma Partners

With a new setting in the Payer Config screen, Oklahoma Partners can add the HCP segment to the 837P. The HCP-Line Pricing/Repricing Information segment is required by Oklahoma SoonerCare when reporting the contract source code for DMH Behavioral Health claim types.

New Payer Config Settings to Support CBHNP Requirements

To minimize claims denials for Pennsylvania Partners submitting paper claims to CBHNP, three Payer Config settings were added. The first new setting prevents alternate IDs and qualifiers from being sent on the 1500 electronic claim format. The new CMS 1500 Claim Override settings will add a space between the qualifier and ID in Box33b and send blanks in Boxes 32a and 32b.

FINANCIAL

Create/Edit Accounting Periods Prior to 1/1/2000

If your system is configured to use accounting periods (recommended if you do any reporting based on Accounting Date), you can now create one with a start date prior to 1/1/2000. This feature is useful when bringing old visits/payments into Credible – so you can get an old accounting date that matched your pre-Credible system.

REPORTS

New Fax Logging Report for Meds and Visits

Fax Logging is a new Admin report you can run to get details about meds and visits faxed from your Credible system for a specific time period (default is the first of the month to the current date). You can also filter the report by fax type (med or visit) and result (success or failure).

Multi Select Team Filter for Scheduled Visits Status Report

Multi select capability has been added to the Team filter for the Scheduled Visits Status report so you can now run the report for than one team.

Export Builder Option to Allow Unbatching Exported Items

With the new *Can Unbatch Exported Items* setting in the Export Builder screen, you can set up a batch mode export so one or more records can be flagged as unbatched. You access the new Manage Export Items screen via a detail button on the Export Batch List screen.

Manage Export Items:

| Key | Unbatched | |
|--------|-----------|-------------------------------------|
| 598981 | True | <input type="button" value="Edit"/> |
| 599213 | True | <input type="button" value="Edit"/> |
| 599214 | True | <input type="button" value="Edit"/> |
| 599215 | False | <input type="button" value="Edit"/> |
| 599216 | False | <input type="button" value="Edit"/> |
| 599217 | False | <input type="button" value="Edit"/> |

To actually exclude (logically delete) the unbatched records, you need to modify your SQL code to include the new `is_deleted` flag in the `ExportBatchItem` table (select where `ExportBatchItem.is_deleted = 0`). Note that if a record is excluded from a batch, it will be included the next time you create a batch.

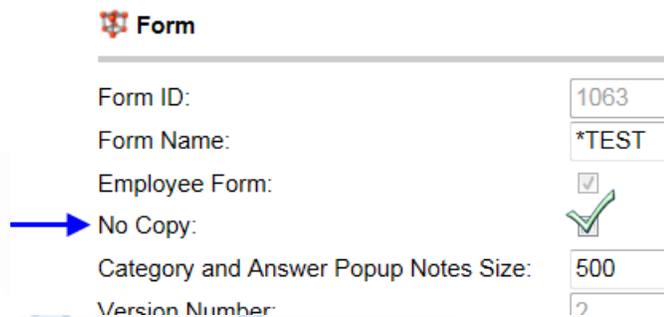
If you want to take advantage of the new `is_deleted` field in existing state reports or custom exports created by Credible, you will need to submit a task.

To report on the records flagged as unbatched, create an ad hoc query where the SQL statement selects on `ExportBatchItem.is_deleted = 1`.

FORMS

“No Copy” Flag for Copyrighted Forms

If you have copyrighted forms in your domain, contact your Implementation Manager or Partner Services Coordinator to have him/her set the new “No Copy” flag for them. Copying a copyrighted form to another domain such as the Credible Library could result in copyright infringement. The No Copy feature is useful if your organization shares forms with other Partners via the Credible Provider Portal.



Form

| | |
|--|-------------------------------------|
| Form ID: | 1063 |
| Form Name: | *TEST |
| Employee Form: | <input checked="" type="checkbox"/> |
|  No Copy: | <input checked="" type="checkbox"/> |
| Category and Answer Popup Notes Size: | 500 |
| Version Number: | ? |

When the new flag is set for a form, the copy button will not be available. While you can view the No Copy flag, only a Credible employee can set it.

CLIENT PORTAL

Ability to Select Recipient for Client Portal Message

A client or a client's representative using the Credible Client Portal can now select a primary employee to send his/her message to. If a recipient is not selected from the new Message Recipient dropdown, the existing default recipient rules apply: if a client has a case manager, the message goes to him/her. If a case manager is not assigned, the message goes to all primary employees for the client. If there are no primary employees, it goes to all employees assigned to the client.

CREDIBLE

