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To: Credible Education
Subject: Credible Payer and Billing News: November 2016

CREDIBLE

Behavioral Health Software



Credible Payer and Billing News: November 2016

DEAR PARTNER,

News and Announcements

The SAMSHA Grant submission deadline for phase II CCBHC demonstration has passed. Are you among the twenty-four states that submitted a proposal? Are you getting ready for CCBHC?

As we await the January 2017 announcement of the specific states moving forward with the CCBHC demonstration, Credible is proud to present our first *CCBHC and Credible* webinar scheduled on November 30, 2016 at 1:00pm EST. This webinar will review the CCBHC requirements in changing

your business practices, and well as how best to utilize Credible for your reporting needs. [Click here to register!](#)

Payer Announcements

- **AR Medicaid** announced that they will transition to a new EDI Platform (MMIS) in mid-2017. Credible is currently researching file requirements, changes, and impact for this upcoming transition, and are preparing to assist AR Partners in a smooth transition to file submission to MMIS.
- **AR Medicaid** began accepting the new ICD-10 coding on 11/4/2016, including 14 new Dx codes. No impact has been reported yet following the changes effective on November 4; however, should you receive a rejection, Billing Specialists are available to assist Partners with any issues arising with file submission.

Enhancements and Updates

- **Claim Notes:** In the October 20 release, Credible enhanced the functionality of sending claim notes in electronic files (837P and 837I). You are now able to pull into L2300 or L2400 an NTE segment that is configurable at the Payer level, Client Profile, Employee Profile, and claim level.
- **Advanced Visit Search:** A huge time saver was released for Billing personnel! In the October 20 release, Credible enhanced the functionality of Advanced Visit Search to allow Adjustment Codes (denial information) to appear for services in a Pending status. As the Pending status is the holding bucket medical billers use to complete denial management, this enhancement will allow you to quickly view the denials and sort by denial codes to enhance efficiencies in correcting claims.
- **Revenue Code Matrix Reprocessing:** As of the November 17 release, Partners now have the ability to reprocess their own RCM without opening a task ticket (in most cases). Depending on the number of ledger lines being reprocessed, the process may run immediately, or it may be put in a queue for after-hours processing.

Thank you for reading, and thank you for your Partnership!

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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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