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October Enhancements

Inpatient/Residential Module

Credible eRx: Additional Route options for Creating Prescriptions

Users now will be able to select **Via G-Tube** or **Via J-Tube** for route options when creating a prescription. These options will show in the route drop-down list when the user checks **Show All Options**. These options already appear on the route drop-down list when adding medications and when creating eMAR schedules.

Days Supply on Refill Prescriptions

When the optional "days supply" field is filled for a prescription, it is saved and included in any refill messages.

Episodes: Add Episode to Bed Assignment

When assigning a bed interval, users may now select a current Episode for tracking purposes.

Episodes: Restrict Outcome Graph

The Outcome Graph accessible from the Client Overview screen has been updated to include an episode dropdown. If an episode is selected, then graphable values on Episodes are filtered to only show the ones on the selected episode, and graphable values on the Client Profile are filtered to just those within the time range of the selected episode.

Expiring Authorizations Report

The **RIS Pre-Cert Report** has been renamed to **Expiring Authorizations Report**, and now includes new options. The **Max Days** filter has been replaced with **Start Date** and **End Date**, and additional columns have been added. The output columns now include: **Facility Type, Facility, Wing, Room, Bed, Client ID, Client Name, Admit Date, Est. Discharge Date, Payer, Auth #, Auth Expiration, Time until Expiration, and # Units Remaining**.

Please note:

- **Time until Expiration** is expressed in days:hours:minutes.
- **# Units Remaining** is defined as (auth units - used units).

Additionally, the **Time** has been added after the **Date Run** in the header, and the **Agency Name** to the report footer.

Inpatient Billing: "On Hold" Bed Rules

A checkbox has been added to the hold interval entry screen indicating whether the hold is billable or non-billable. At this time, this does not bill out the hold; instead it enables the end-user to run a report for which holds should be billed.

Inpatient/Residential Report Output

All inpatient/residential reports have been updated to support simple CSV, MS Excel (xlsx), and PDF output, in addition to standard printing.

RIS Out Reason Report

The **RIS Out Reason** report now defaults to an expanded detail view.

Billing Module

837P: Always send referring in 2420F

Value Behavioral Health/Beacon now requires **Ordering, Referring, and Prescribing** (ORP) providers to always be sent in the service loop. Earlier this year, additional fields and functionality were added to record ORP providers on the client episode; the **Send Referring Provider in Loop 2420F (837P)** payer setting uses these same fields. Please note: 2420F is the loop for **Referring Provider (DN)** qualifier). If the **DQ** qualifier is used, the loop will technically be **2420D for Supervising Provider** and if **DK** is used, the loop will technically be **2420E for Ordering Provider**.

Workflow

Review all clients receiving services in a program requiring an ORP provider and ensure that the correct provider information has been entered on the episode corresponding to that program.

Configuration

1. Go to the **Admin** tab > **Billing Payer**.
2. Click **Edit** for the applicable payers.
3. Check **Sending Referring Provider** and **Send Referring Provider in Loop 2420F (837P)**.
4. **Save** the updated settings.

CVV Code Boxes on Payment Slip

A configuration option has been added to Client Statements 2.0 allowing Partners to display or hide the CVV boxes appearing in the Payment Slip section of the statement. Upon release, all Partners using Client Statements 2.0 will default to displaying the CVV boxes.

Workflow

1. Go to the **Billing** tab > **Generate Statements 2.0** link.
2. Click **Preview Statement**, then **Generate Statement**.
3. Once the processing is complete, click the link for **Display Previous Statement Batches**.
4. Click **View** for the generated statement. The CVV boxes will display (or not) based on the **Show Boxes for CVV Code** setting.

Configuration

1. Go to the **Billing** tab > **Configure Statements 2.0** link.
2. For **Show Boxes for CVV Code**, select either **Yes** or **No**. The default setting is **Yes**, displaying the CVV boxes.

Please note: Virginia law prohibits some providers from asking for the CVV code from a person's credit card. Affected Agencies are strongly encouraged to take advantage of this enhancement.

eMAR Information on Split Secondary Visits

Some Partners use split visits to record two services when administering medication: one for the specific medication and another for the administration fee. However, the Medication information must be present on both services for billing purposes; Partners had to manually update the secondary visit to include it.

With this new functionality, the medication administration information is automatically added to the secondary visit, improving efficiency and accuracy.

Workflow

Administer the medication using eMAR.

- In eMAR 1.0:
 - a. Complete a visit for the client where the visit date is the same as the medication administration.
 - b. On the Sign & Submit page, select the medication that was administered.
- In eMAR 2.0:
 - a. Administer the medication.
 - b. Click **Begin Form**. The medication administration will automatically be linked to the visit.

Configuration

The visit type used must have both **Split Visit** and **Associate eMAR** checked. The medication administration information will then be automatically linked to the split secondary visit.

See Credible Help for more information on eMAR 1.0 and eMAR 2.0.

Payment Plan Report

The **Payment Plan Report** provides a global report of all payment plans. It allows for filtering based on the percentage paid as well as the amount overdue. The total client due amount is the total of client due amounts on all services up through the entered date, minus any unapplied client payments. This allows for a comparison between the payment plan and the value of services being provided to the client.

Workflow

Billing supervisors should run the report regularly to monitor client compliance with payment plans.

Configuration

1. Go to the **Admin** tab > **Security Configuration** section > **Report Security** link.
2. Check the boxes for all **Login Profiles** that should have access to the **Payment Plans Report**.
3. The **Case Manager** column of the report will indicate the employee designated as that client's case manager.

See Credible Help for more information on the Case Manager functionality.

Validate Overlapping Times to the Minute

A new setting has been added – **Partner Config: Validate Overlapping times to the minute**. This new flag validates to the minute to avoid Medicaid audit issues. The default status for this setting is unchecked. Checking

it will enforce validation of overlapping times to the minute. For example, a visit with an end time of 2:00 pm and another with a start time 2:00 pm would be flagged as overlapping.

Credible Plan

Credible Plan Printing

To save space and provide consistency between the look of printed visits and plans, **Partner Config: PDF Header font size** and **Partner Config: PDF Body font size** will be used when printing a Credible Plan from the navbar. Please note: If **Partner Config: Print in PDF Format** is not checked the settings will be ignored.

Element Order in Printing

Elements should always print in the order they are configured in the Plan Structure. When using **Print Selected**, the order of elements in the pop-up should be the same as configured in the Plan Structure and should print in the same order.

Expanded Dropdowns

The size of Credible Plan dropdown lists now varies based on the space available on the display screen.

Navbar View of Previous Documentation

Previous documentation is now accessible in both the HTML and PDF versions of a Credible Plan printout.

Rating Scale Default Selection

Prior to a user selecting a value in a rating scale, the indicator dot will be hidden.

Text Field Spellcheck

In all free text boxes within a Credible Plan, spellcheck is active by default. It may be disabled for a field (if needed) by clicking the **Spellcheck** button on the text editor toolbar and deselecting **Enable Spellcheck**.

Product Updates

Administration Functions

Inactive Employee Shows in HIPAA Log

If an employee was set to inactive and their Profile was updated, the employee's HIPAA log would indicate **REMOVED NOTIFICATION TRIGGERS**. Inactive Employees no longer receive **REMOVED NOTIFICATION TRIGGERS** when the Profile is updated.

Nightly Update Logging

During automated nightly logging, processes performed by the system were occasionally logged as if done by an employee. This no longer occurs.

Password Changes in HIPAA Log

When a user logs in and is required to change their password, the initial login was not being tracked; the password change was tracked, but the login was not recorded. This has been corrected, and logins are now recorded properly.

Billing Module

Authorizations Reports Renamed

The names of the authorization reports did not accurately describe the reports, potentially causing confusion as to how to use the report. The reports have been renamed as follows:

- *Authorization Pacing 2* is now **Authorizations by Primary Employee**
- *Authorization Pacing Report* is now **Authorizations by Employee with the Most Visits**
- *Authorizations* is now **Authorizations by Client**

Also, some typographical errors were corrected.

Authorize.Net

The Authorize.Net **API Key** and **Transaction ID** fields in **Partner Config** now save consistently.

Client Statement 2.0 Changes

Using Client Statements 2.0, service rate adjustments have been moved from the **Other Payments** section to the **Charges and Discounts** section of the statement.

CMS 1500 Printing Issue

On the HCFA 1500 paper claim, if the date used the XX/XX/XXXX format, the final digit would wrap to the bottom of the field. This has been addressed.

Group Visit Units

When signing and submitting all services in a group visit, the units entered on the **Sign and Submit** page were only added to one service, not all services. The units entered on the **Sign and Submit** page for a group service are now placed on all services, if all services are signed and submitted together.

Liability Notes

The text in the **NOTES:** field on the **Liability** screen now prints properly.

Loss of Navigation Arrows After Signing a Service

Previously, after signing a service and then clicking the **Return to Visit Details** link, the user returned to the Visit Details page, but the navigation arrows were gone. As a result, users could not easily move to other services. This no longer occurs; the navigation arrows remain in place.

Payer-Specific Flag and Provider for Rendering

When a billing matrix line was set with **Provider for Rendering**, and there was also a payer-specific matrix line unchecked, the payer-specific flag was treated as **FALSE** and overriding the setting on the main matrix line; this caused the Agency information to be omitted in the 837 file. The payer-specific flag is no longer evaluated as **FALSE** when turned off; it will be a **NULL** value as intended.

Client Portal 2.0

Client Portal Security Rights

Via Client Portal 2.0 Administration, the **Client Portal Visit Type** uses security settings to determine the Roles allowed to submit and view the visit type. Occasionally, editing the visit type would cause the roles to reset to empty. This has been corrected.

Client User Registration

Occasionally, errors would occur when registering new clients to the portal in Chrome or Firefox, primarily if there were spaces at the end of the user's first or last name. Now, if there are any trailing spaces in the first name or last name, they will be removed when clicking **Save** or **Save and Close**, allowing registration to complete as intended.

Visit Summaries

In some instances, **Visit Summaries** were not being displayed properly in Client Portal 2.0. This has been resolved.

Inpatient/Residential Module

Controlled Substance Rx Report

Users are now able to run the **Controlled Substance Rx Report** without errors, no matter how many records contained in the report.

Deleting an eMAR Admin

When an eMAR administration had been linked to a visit, the **Remove** button was disabled, preventing the user from deleting the administration. This is now resolved.

Duplicates in eMAR Admin Schedules

On the eMAR schedule administration page, users would only see one eMAR schedule for a medication, no matter how many occurrences were scheduled. This has been resolved.

Other Functions

Advanced Client Search

An issue was resolved which could prevent all active clients from being displayed in the search results.

Client Status Notifications

When checked, **Partner Config: When Client Status Is Inactive** was not restricting the **Client Ext Update** notification trigger from firing for inactive clients. The notifications system now properly respects the Partner Config setting.

Custom Lookups on Credible Plan Rating Scales

Custom List Categories do not contain the proper information to be used as the basis for rating scales. Therefore, when creating a rating scale type of Custom Element, the items in the scale **must** be individually created.

eFax Cover Sheet Error

When sending a visit via fax, the **Attention** and **Notes** fields (if filled out) were not included on the hard copy of the fax. As a result, users were not able to send these fields via fax. Now, when sending a visit via fax, the **Attention** and **Notes** fields (if filled out) will appear on the hard copy of the fax.

eLabs Manual Uploads

After manual upload of a lab, sometimes users would get a **Data Not Found** message. This occurred when a tab character was included in the uploaded file. The system now handles the tab character and the details of a manually uploaded lab.

A similar error would occasionally occur when first clicking the **eLabs** button on the Client navbar. This was also due to special characters included in files; it is also resolved.

Employee Dashboard

When the dashboard filter is set to Units, the total displayed was sometimes incorrect. It is now displayed properly.

Employee Overview Schedule

When updating the revised time in and time out on a visit, it now displays correctly on the **Employee Schedule** section of the **Employee Overview** screen.

Export to CSV Error

When an export had **Header Row** checked, the **Expand Multi** option checked, and was being exported to CSV format, an error was generated. The CSV format export code has been revised account for **Header Row** and **Expand Multi** options in the **Export Tool**.

Forms Calculated Field Rounding

An error has been corrected which occasionally resulted in rounding errors on calculated fields.

Group Visits

When a group visit included more than 75 clients, errors would be generated. This no longer occurs.

Managing Approval Roles

When assigning employees to an approval role, occasionally the **Show All** button did not display all active assigned employees. This occurred when more than 103 assigned employees were assigned. Now, clicking the **Show Assigned Only** button on the **Manage Approval Role** employee assignment screen will display all active employees assigned to the role.

Medical Profile Security Rights

The permission **Security Matrix: MedicalProfileUpdateInactive** was controlling the ability to see and use the **Start New Medical Profile** button. **Security Matrix: MedicalProfileAdd** now controls the ability to see and use the button, as intended.

Prescription Creation Error

When a Prescriber without an NPI tried to create a prescription and performed an eligibility check, a blank page would be displayed. This no longer occurs.