UPDATE
Upcoming Enhancements & Task Resolutions

DEAR CREDIBLE,

Tomorrow evening, November 16th, between 10:15 PM - 12:15 AM ET, Credible's Tech Team will release our latest upgrades and updates, including **21 Task Tickets, 41 enhancements and updates** requested by Partners, and **6 PPIs.**

In November, Credible's Tech Team focused on Meaningful Use certification. As a result, we did not hit our 5% burndown goal for the month. However, we are striving to achieve the goal for the December release.

Our current **Partner Satisfaction** rate is at **91.81%**. We are continually looking to improve, so please make your voice heard by completing the surveys provided by your Partner Services Coordinator after every task resolution.

Enhancements

Billing

Age as Matching Criteria

Using age as the matching criteria reduces the complexity of the Billing Matrix and makes it easier to employees to select the correct visit type. Previously, the Well Visit example noted below would have required a minimum of seven separate visit types.

Billing Matrix lines can now be set to have the client's age at the time of service as an optional matching criteria. This allows a single visit type to calculate different rates and CPT codes based how old the client is when they received the service.

Configuration

1. In the Billing Matrix, set **Start Client Age (years)** and **End Client Age (years)** to the desired values.
2. Click **Save** or **Save And Reprocess**.

See additional notes and an example in Credible Help.

Direct Link: [Age as Matching Criteria](#)

Payer Diagnosis Functionality

For some Institutional claims, the **Diagnosis Related Group** (DRG) code needs to be sent. A field is included in the episode to allow for recording a DRG code; two payer settings have been added, as well.

Three new types of diagnosis information can be recorded and billed on institutional claims.

- The **Diagnosis Related Group** (DRG) is recorded on the episode.
- **Patient Reason for Visit** and **External Causes of Injury** are recorded in forms and mapped to new fields.

Configuration

- Fields must be added to the **Data Dictionary** > **ClientVisitDiagnosis**
- Necessary forms must be updated to map to these fields.
- In the **Data Dictionary**, **t**he **diagnosis_related_group** field must be added to **Client Episodes**
- In **Payer Config**, eight new settings must be configured.

Full configuration instructions are found in Credible Help.

Direct Link: [Payer Diagnosis Functionality](#)

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eMAR 2.0

Administer PRN Medications from Employee eMAR

Employees may view and administer PRN medications from the employee eMAR page. PRN medications are still displayed when they are not available to be administered, allowing the employee to view when the next administration will be available.

Direct Link: [Administering from My eMAR](#)

Medications/eRx/EPCS

EPCS - Failed Transmission Message on Ohio Template

After failing to electronically transmit a prescription for a controlled substance, prescribers will often print the prescription. In accordance with Ohio regulations, the date and time of the failed attempt will now be printed on the prescription. No configuration is required for this enhancement.

Direct Link: [EPCS - Failed Transmission Message on Template](#)

eRx - Leading and Trailing Zeros

When creating a prescription in the Free Text Sig, this feature ensures that there are leading zeroes for values less than 1, and that no decimal values have trailing zeros.

For example, when the user enters .1 in any of the numerical fields of the Free Text Sig (e.g., Dosage or Frequency), the value is changed automatically to 0.1. Similarly, when the user enters a value of 1.0 in any of the numerical fields of the Free Text Sig, the value is automatically changed to 1. In both cases a notification is displayed about the change, requiring the user to accept the changes to proceed.

Configuration

- Please open a task ticket with Credible to request activation of this feature.

Direct Link: [Leading and Trailing Zeroes in Free Text Sig](#)

eRx - Massachusetts Prescription Template

This feature enables Massachusetts Partners to print prescriptions in compliance with the requirements of the Massachusetts State Department of Public Health. When it is enabled, the

changes below will apply when the selected pharmacy or clinic location is located in Massachusetts.

The changes when printing a prescription are as follows.

- The language indicating that the pharmacy should dispense the medication without any substitution is changed to '**no substitution**' in both the **Rx Finalize** page and when printing the prescription.
- When printing the prescription, the text "**Interchange is mandated unless the practitioner indicates 'no substitution' in accordance with the law**" is included. This text is also included in the **Notes to the pharmacy** when sending the prescription electronically.

Configuration

- Please open a task ticket to request that this feature be enabled.

Direct Link: MA Prescription Template

Restrict Oral Liquid Medications to Metric Standard Units

This setting ensures that oral liquid medications are always prescribed in milliliters.

When the selected medication is an oral liquid, the dosage defaults to milliliters in the sig builder, and cannot be changed by the user. In this case, the **Show All Choices** checkbox is not displayed.

Please note: This only applies to the sig builder, and not to the free text sig builder.

Configuration

- Please open a task ticket to request this feature.

Direct Link: Oral Medication Dosages

Send Prescription Reason with Prescription Message

The ICD-10 code of the client's diagnosis can be sent as part of an electronic prescription by using this Partner Config setting. The ICD-10 code is sent with **New Prescriptions**, when the user responds to a **Refill Request**, or when **Canceling** a prescription.

When on the **Sig Builder** page, a Partner can choose to include the ICD-10 code of the client's diagnosis by selecting **Diagnosis**. If there is no ICD-10 code associated with the client's diagnosis, the user will be alerted to this, and provide an opportunity to either proceed without including the code, or to cancel the transmission.

Note: For an EPCS prescription, changing the associated diagnosis will cause the prescription to lose its **Mark Ready to be Signed** status. The prescriber must then mark the prescription as ready to be signed again.

Configuration

This feature is enabled by checking **Partner Config: Send Associated diagnosis in electronic prescriptions**.

Direct Link: Send Prescription Reason with Prescription Message

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Reporting

Extended Payroll Report

A Team dropdown has been added to this report, allowing users to easily limit the report to a single team's information. No configuration is required for this enhancement.

Direct Link: Extended Payroll Report

Updates

Billing

Custom Illinois File

The Illinois file was being rejected by the payer due to sending the wrong amount of units when the service is a merged visit. This no longer occurs.

Medications/eRx/EPCS

ID Proofing and Name Changes

When a prescriber who was already ID Proofed changed their last name, the information in the ID proofing section of the Provider Profile was lost. The system has been modified so the ID Proofing information is maintained through name changes.

Inactive Employees in Provider Dropdown

Inactive and deleted employees no longer appear on provider dropdowns for **Med Eligibility**, **Medications** list, or **Orders**.

Incorrect Dosing for Victoza

The medication Victoza displayed incorrect dosing units in the recommended SIG from First Databank; it was specified in milligrams. The dosing is now specified in the correct dosing units: milliliters of liquid concentration.

General

Discharge and Active Episodes

Even when there are no active episodes open at the time of Sign and Submit, the Discharge State and Discharge Date will map correctly.

Editing Services with Tx Plus Plans

When editing a full visit on a service including a Tx Plus plan, adding documentation to an element did not add a log to the service. As a result, a user may not know who added documentation to a plan in a webform after it was signed and submitted. A log entry has been added for adding documentation to a problem, goal, objective, or intervention when editing the full visit on a completed service.

Employee Forms with Calendar Controls and Time Questions

Completing an employee form which included a calendar control as well as time questions would result in an error. This no longer occurs.

Fax Logging Report

Several issues were corrected: Time is now displayed in the Partner's time zone; Client ID links to the correct client; links work in IE11; time is not omitted from the Time Sent column on when the fax fails.

"No Client Signature" Service Type Setting

When the **No Client Signature** Service Type setting was checked, users would still see the client's signature on the Sign and Submit screen. This could potentially lead to users signing in the wrong box. When this setting has been checked, the Client Signature box is no longer shown on the Sign and Submit screen.

Planner Template Display

The Planner template functionality has been modified to correct problems with colors and missing cell boxes, and to ensure that zoom will function without any legibility problems.

Purging Clients

The stored procedure used to purge clients no longer generates an error when it is run.

Credible plans to push these enhancements **tomorrow evening, November 16th, between 10:15 PM - 12:15 AM ET**. There may be intermittent service during this time.

Should you have any questions, please do not hesitate to contact a Partner Service Coordinator for assistance at 301-652-9500. *Please note: In an effort to continually improve our Partnership and quality of service, a task resolution audit will be emailed to you upon the resolution and closure of every single task you have submitted. We strongly encourage you to utilize this tool so that we can better support you.*

Thank you for your continued Partnership,

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