

## Release 7.2 Configuration

This document describes the new features and enhancements included in Credible 7.2 release. It lists the settings necessary to enable each release item along with the steps for configuration and use. Settings that are new and specifically needed for a release item are emphasized with *italics*.

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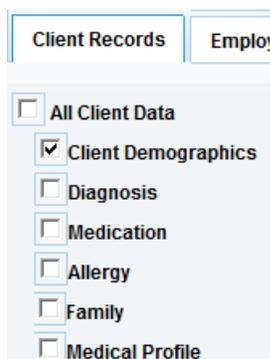
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## CREDIBLE PROVIDER PORTAL

With the Credible Provider Portal, you can securely exchange client and employee records in your Credible system with another Credible Partner or a non-Credible entity such as a primary care physician. If a client relocates or needs services that your agency doesn't provide, such as residential care, you can use the Provider Portal to get the client's information to the appropriate agency quickly and cost-effectively.



When you send client records, you specify which parts of the record you want to send. Currently, you can exchange the elements shown on the left. Additional elements, such as visit information and contacts, will be available for exchange in future releases.

The default exchange is Client Demographics, which is the data in the Client Profile. Note that historical data in a client's record is not included in the Provider Portal exchange.

When you send employee records, the default exchange is the data in the Employee Profile. You can also include credentials in the exchange.

When you receive client records from a Credible Partner, the Provider Portal maps the incoming data fields with the corresponding fields in your Clients table. You can configure the mapping for any custom Data Dictionary field.

Add Mapping Field +

| Source Data Field                          | Credible Destination Field |
|--|----------------------------|
| <input type="checkbox"/> Client.First_Name | Name, First                |
| <input type="checkbox"/> Client.Last_Name  | Name, Last                 |
| <input type="checkbox"/> Client.dob        | Date of Birth              |
| <input type="checkbox"/> Client.address1   | Address Line 1             |
| <input type="checkbox"/> Client.address2   | Address Line 2             |

When you receive client records from a non-Credible entity, you need to create the mapping by adding the source fields and selecting the appropriate destination fields in your Clients table. You can use a saved data map (if one exists) and save mappings you create for future use.

Add Mapping Field +

| Source Data Field | Credible Destination Field |
|-------------------|----------------------------|
|-------------------|----------------------------|

Once the fields are mapped, you review the incoming data for each client and select the entire record or just certain parts of it. Optionally, you can assign each incoming client to one or more programs and/or teams.

When you accept the incoming data, the system creates a *new* record for each client. As a best practice, you should check for duplicate records since there is no automatic duplicate record check.

If necessary, you can try to delete (roll back) client records added via an exchange.

| Exchanges Received & Completed |                        |
|--------------------------------|------------------------|
| Record Count                   | Transfer Complete Date |
| 2                              | 8/14/2012              |

The deletion will only be successful if the client data has not changed. For example, you cannot roll back an exchange after a client has had a visit. Note that if the deletion is successful, it cannot be undone.

The send and receive data exchange actions are recorded in the HIPAA logs.

*Settings*

Before any exchange can take place, you need to establish an agreement with each Credible Partner/non-Credibile entity you will be exchanging data with and provide the following information to your Implementation or Account Manager:

- Credible Partner: Partner name and start and end dates of the agreement
- Non-Credibile entity: organization name, contact email, and start and end dates of the agreement

If exchanging data with another Credible Partner, find out what status they use for an active status. If it is a status your system won't recognize, you will have to update the status after the new records are added to your system.

**Security Matrix:** *ProviderPortalOperate* (controls availability of  Provider Portal on Reports nav bar and Provider Portal Orchestration as an export format)

*Configuration*

Your Implementation Manager (IM) or Account Manager (AM) needs to turn on the Provider Portal in your system and configure the agreements you have established.

If you have agreements with one or more non-Credibile entities:

- Your IM/AM will provide the contact at each one with the Provider Portal URL and a username and password to log in. User documentation will also be provided.
- You need to determine what file format (if any) each organization requires. For example, if the data is going to be manually manipulated in an Excel file, a specific file format typically isn't required. If a "machine" is going to read the data, a particular file format will probably be required. Defining the file format is one of the "orchestration" steps.

 Define File Format ✕

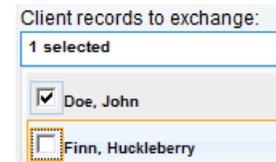
| Field # | Source    | Max Length | Format | Default                            |
|---------|-----------|------------|--------|------------------------------------|
| 1       | client_id |            |        | <span style="color: red;">✕</span> |

Use

### Sending Client Records to Another Credible Partner

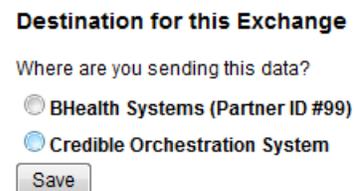
1. Reports tab >  > .
2. Click the ellipsis button and then search for and select the first client record you need to exchange (click his or her ID).
3. Repeat step 2 for each record you need to exchange.

Tip: to view the selected clients, click  (to the left of the ellipsis). If necessary, you can remove a record from the data exchange by unchecking the client name checkbox.

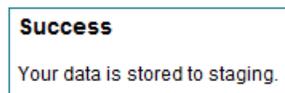


4. Specify the parts of the records you want to exchange by selecting the corresponding checkboxes. Note that selected record parts apply to all clients in the exchange.
5. Click Next Step.

6. Select the appropriate Credible Partner as the exchange destination. (Credible Orchestration System is for sending records to a non-Credible entity; see below for more info.)



7. Click Save.



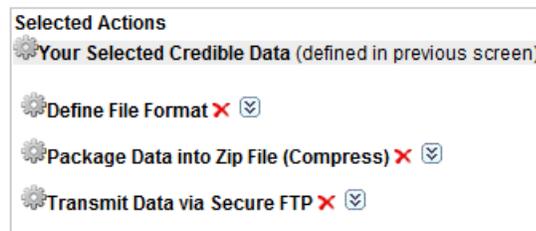
### Sending Client Records to a Non-Credible Entity

You can send records to a non-Credible entity via the Provider Portal or the Export tool. With both, you use the Orchestration Designer to set up the exchange and the exchange method is secure FTP. With the Export tool, you are not limited to sending client records since you can use a custom query to pull non-client data. The only caveat about using an export is that it cannot have user-defined parameters.

#### Provider Portal Method

1. Follow steps 1 – 5 above.
2. Select Credible Orchestration System for the exchange destination and click Save. The Orchestration Designer screen displays.
3. If there is a saved orchestration you want to use, select it from the dropdown and click Load. (After loading a saved orchestration, you can delete it with the Delete the Selected Saved Orchestration button.)

4. To create a new orchestration:
  - a. If a specific file format is required by the non-Credible entity:
    - i. Select Define File Format in the Available Actions box, click Select Action, and click the Expand Properties icon.
    - ii. For the field displayed, enter the required order, maximum length, and default (Format field is not currently in use).
    - iii. Click the ellipsis and select the next field from the Source dropdown. Enter the required order, maximum length, and default.
    - iv. Repeat step iii for each field in the Source dropdown. If you need to delete a field, click the red x. When done, click the Collapse Properties icon.
  - b. If you need to compress the client records in zip file, select Package Data into Zip File (Compress) and click Select Action.
  - c. Select Transmit Data via Secure FTP and click Select Action.  
Note that if a file format is defined, it must be the first action in the list and the transmission method must be the last. You can drag the actions to put them in the correct order.



- d. To save the orchestration for future use, select the corresponding checkbox and enter a name in the Orchestration Name field.
5. Click Next. The conversion engine steps are displayed as the output file is generated and sent.

- Step 1, Collected Credible Data
- Step 2, Converted result into file
- Setting up Step 3, Formatting Data Output in File
- Step 4, submitting all steps for execution
- Complete  
Result : Output File

### Export Tool Method

1. Reports tab > .
2. Create a new export with the desired custom query or find the existing query you want to run. Make sure the export does not have any user-defined parameters in it.
3. Click the run button.

Tip: to make sure the export will return the desired data, click Run Export (using default format of HTML table). If needed, edit the export to return the desired data. Click the back button in your browser to return to the Run Export screen.

6. From the Format dropdown, select Provider Portal Orchestration and click Run Export. The Orchestration Designer screen displays.
7. Follow Steps 3 – 6 in the Provider Portal Method.

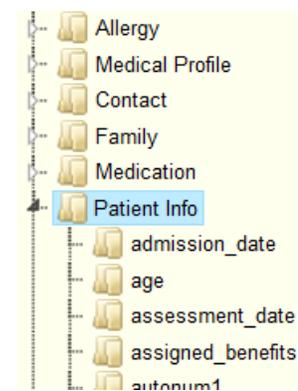
### Receiving Client Records from a Credible Partner or non-Credible Entity

1. Reports tab > . New exchanges that are ready to be received are listed in the top part of the Provider Portal Manager screen.
2. Click Receive/Process to accept the client records(s) (or Delete to decline the exchange). The Mapping screen displays.
3. Map the transferred data.
  - If the records are from a Credible Partner, review the default mapping.
    - If it is accurate, click Next Step and go to Step 4.
    - If you need to make changes:
      - a. Click the red x to remove fields and the green plus sign to add fields.
      - b. Save the modified mapping: select the corresponding checkbox and enter a mapping name. Click Next Step and go to Step 4.
    - If you want to use a different saved data map, select it from the dropdown. Click Next Step and go to Step 4.

- If the records are from a non-Credible entity:
  - Load an existing mapping (if available) and click Next Step.
  - Create a new mapping:
    - a. Click the green plus sign and then select the first field from the Source Data Field dropdown.

| Add Mapping Field +                      |                            |
|--|----------------------------|
| Source Data Field                        | Credible Destination Field |
| <input type="checkbox"/> Client.address1 | [ Select Destination ]     |

- b. Click Select Destination, open the appropriate folder, and select the field you want to map to in your Clients table. Make sure that the format of the two fields is the same.
- c. Save the new mapping for reuse later on: select the corresponding checkbox and enter a mapping name.
- d. Click Next Step.



4. To review the data for a specific client, click the Expand Related Data button.
5. To accept all the data, select the client name checkbox. To accept only parts of the client record, select the corresponding checkboxes.
6. Click Next Step. The Assign to a Program screen displays.
7. To assign a client to one or more programs, open the dropdown and select the appropriate checkboxes.
8. Click Next Step. The Assign to a Team screen displays.
9. To assign a client to one or more teams, open the dropdown and select the appropriate checkboxes.
10. Click Next Step. The Final Review screen displays.
11. Click Finish bring the new records into your system.
12. Click the Return to Provider Portal home button.

Note: if your system doesn't recognize the active status of a client record you received, edit the client's profile to have an active status. Click the view button in the Exchanges Received & Completed section and then click View for the client on the 'Clients added via this data exchange' screen to access his or her profile.

### Received Exchanges: Completed and In-Progress

Received exchanges that you completed are listed in the bottom part of the Provider Portal Manager screen.

- To view a completed exchange, click the View button and then click the View link for a specific client. The Client Overview screen for the client displays.
- To delete (undo) the records added via a completed exchange, click the Delete & Rollback button and click OK when the confirmation prompt displays. Remember that the *deletion cannot be undone*.

To view in-progress or interrupted received exchanges, click . You can review and delete in progress data exchanges.

## TASK TRACKER 2.0 – PARTNER ACCESS INTO TASKS

With the new Tasks Portal, you have dynamic access to information about each task you submit to Credible. In addition to viewing notes added to a task, you can view and add attachments. There is also a Contacts function so you have access to contact information for staff on your Credible team. Note that the Tasks Portal will be available the week of August 27<sup>th</sup>.

*Settings* Your Account Manager needs set you up as a Tasks Portal user.

[Security Matrix](#): Submit Task Ticket

*Configuration* N/A

*Use* To submit a task ticket:

1. Admin tab > Submit Task Ticket.
2. Create a new ticket and click Submit Task Ticket.

To view tasks in the Tasks Portal:

1. Go to [tasks.credibleportal.com](https://tasks.credibleportal.com). If you get a security alert, click the button/link to proceed/continue. Enter the username and password your Account Manager gave you.
2. Enter TASKS in the domain field and click Login.
3. If this is your initial login, change your password when prompted.

The Tasks Portal Home Page displays with overview information about your main/parent task that your Account Manager set up for you. When you submit a task, it automatically becomes a child task to this parent task.

4. Click the Family button on the nav bar to view all active tasks your organization has with Credible. By default, the tasks are ordered by Entry Date. You can also sort by Task Summary by clicking the corresponding header.
5. Click the task name to go to the Overview screen for that task.
6. Use the nav bar buttons to view additional information about the task.
7. Click Return to Main User link to return to Tasks Portal Home Page.

## CREDIBLE CLIENT PORTAL: VIEW FAMILY MEMBER RECORDS

With a new Client User Security Matrix right, client users can view family member records in the Credible Client Portal if they are existing clients. The links between them have been created via the Family/Link to Existing Client functionality (for more information, see [Family](#) in the help).

### *Settings*

You need to have your Implementation or Account Manager turn on the Credible Client Portal for your system and enable the Show All Families functionality.

**Partner Config:** Use Client Family

**Client User Security Matrix:** *ClientUserShowAllFamilies*

### *Configuration*

See [Setting Up the Credible Client Portal](#) in the help.

### *Client User Use*

1. Log into the Client Portal.
2. Click the Family button on the nav bar. If a family member is an existing client and you have the ClientUserShowAllFamilies right, his or her name will be a link.
3. Click the family member's name to view his or her record.
4. When done viewing the family member's record, click Return to Main User.

## GENERAL

### Wider Program/Team and Payer Dropdowns

The Program/Team dropdown in the Client, Employee, and Client Visit list screens has been widened so you can read the full program and team names. The Payer dropdown in the Select Visits for Batch and Edit Batched Claims screens has also been widened.

|                      |   |
|----------------------|---|
| <i>Settings</i>      | <b>Security Matrix:</b> ClientList/ClientListAll, EmployeeList/EmployeeListAll, ClientVisitList or some variation such as ClientVisitListTeam, BillingModule  |
| <i>Configuration</i> | N/A   |
| <i>Use</i>           | See the following topics in the help:<br><a href="#">Client Tab – Client List Screen</a><br><a href="#">Employee Tab – Employee List Screen</a><br><a href="#">Client Visit List – Visit Tab</a><br><a href="#">Generating a Batch Claim File</a><br><a href="#">Batch Lists and Edits: Updating Batched Claims</a> |

### Print Icon for Appointment Cards and Client Profile/Meds Print View

A Print icon is now available in the Scheduled Visit Appointment Card popup (for multiple appointments or a single visit), the print view popup for a client's profile, and the print view screen for a client's medications. A Close icon was also added to the popups. Previously, the only way to access the print function was to right click and select Print.

|                      |   |
|----------------------|---|
| <i>Settings</i>      | N/A   |
| <i>Configuration</i> | N/A   |
| <i>Use</i>           | See the following topics in the help:<br><a href="#">Begin a Visit from a Schedule</a><br><a href="#">Client Profile</a><br><a href="#">Medications</a> |

## CREDIBLE ELABS

Effective with this release, Emdeon will be providing the middleware for Credible eLabs. With this module, you can create a lab order and print it or print a hardcopy for the client and send the order electronically to the lab. When the lab sends the results back, they automatically become part of the client’s record.

Credible eLabs is integrated with the existing manual entry/upload processes for lab results. You will notice a slightly different look and feel to the Lab Results screen. In addition, the Add Manual Result function is now in its own tab -- you click the tab instead of the Add Result button to access the Lab Results Header screen.

| CLIENT LABS: John Doe (1) |           |                   |           |        |
|---------------------------|-----------|-------------------|-----------|--------|
| Lab Results               |           | Add Manual Result |           |        |
| Results                   |           |                   |           |        |
|                           | Order Num | Collected At      | Result At | Source |
| Details   Edit   Delete   | 1222      | 8/11/2012         | 8/12/2012 | Manual |

**Settings** Separate contracting is required for Credible eLabs. For more information, please send an email to [contracts@credibleinc.com](mailto:contracts@credibleinc.com). In addition, configuration and testing is required prior to using Credible eLabs.

Your Implementation or Account Manager needs to turn on eLabs in your system.

**Security Matrix:** eLabs

**Configuration** We recommend installing the MeadCo’s ScriptX from Mead & Company Limited when prompted as this allows for better printing options.

**Use** To create an order for one or more lab tests:

1. Click the eLabs button on the Client nav bar.
2. Click the New Order tab. The Order – Patient Info popup displays. The fields with the blue bullets are required fields.
3. Select the appropriate order type from the dropdown at the top of the screen.
4. Change the bill type if necessary (the default is Client).
5. Confirm the client's demographic information. Note that any changes you make to the information will just apply to the lab order – the client’s profile will not be updated.
6. Update the details in the Order Information section as necessary.
7. Click Next. The Order – Tests popup displays.

8. In the Test Codes field, enter one or more test codes. (Separate multiple test codes with spaces or commas).
9. To search for a test code, click the binoculars icon. The Test Code Search popup displays.
  - a. Enter the test name (or a partial test name) in the Description field and click Search. Tests meeting the criteria are returned.
  - b. To get details about a test, click the test code.
  - c. To select a test, select the checkbox and click Use Selected (or Use Selected & Save to Preferences).
10. If you have entered/select multiple tests and want to save them as a test group, click the corresponding button.
11. Enter the appropriate ICD-9 code(s) for the tests. You can search for the correct via the binoculars icon.
12. Click Add to Order.
13. Click Validate Order. A requisition for the lab order displays.
14. Click Print & Send.

To view lab orders sent and lab results (received electronically and entered manually/uploaded), click the corresponding tab.

See the [eLabs](#) topic in the help for information on manually entering lab results.

## CREDIBLE eRx: PRINT DIAGNOSIS CODE ON PRESCRIPTION

If your state has certain drugs that require a diagnosis on the prescription, you can make that association when creating a prescription with Credible eRx.

|  |  |
|--|--|
| Prescription for: <b>John Doe (10274)</b>          |  |
| Provider:  | TEST, MARY   |
| Start Date:  | 8/2/2012   |
| Medication:  | Xanax 0.25 mg Tab  |
| Dosage:  | Take 1 tablet (0.25 MG) By Oral Route 3 times p  |
| Quantity:  | 20 Tablet(s)   |
| Refills:   | 0  |
| Addtl. Comments:                                   |  |
| Geo Area:  | -- Geo Area --   |
| Associate Dx:                                      | <div style="border: 1px solid black; padding: 2px;"> -- Associated Diagnosis --<br/> -- Associated Diagnosis --<br/> <b>300.21 - AGORAPHOBIA WITH PANIC DI</b><br/> 780.97 - AGE RELATED COGNITIVE DEC<br/> 301.20 - SCHIZOID PERSONALITY DISO<br/> 680.0 - CARBUNCLE OF FACE6801 </div> |
| <input checked="" type="radio"/> Substitutions all |  |
| <input type="radio"/> Dispense as written          |  |

|   |                          |
|---|--------------------------|
| <b>Xanax 0.25 mg Tab</b>                              |                          |
| Take 1 tablet (0.25 MG) By Oral Route 3 times per day |                          |
| NDC# 00009002901                                      | <b>Diagnosis: 300.21</b> |
| Quantity: 20 Tablet(s)                                |                          |
| Refills: 0  |                          |
| Prescription Date: 8/2/2012                           |                          |
| Substitutions Allowed                                 |                          |

Note that if you are using Safari, the ability to print the diagnosis code on a prescription is not currently supported.

### Settings

Partner Config: [Associate Diagnosis to Med](#)

Security Matrix: [RxUpdate](#), [DxAdd](#) or [DxFormsAdd](#)

### Configuration

N/A

### Use

For information on adding one or more diagnoses to a client's record, see [Diagnosis](#) in the help.

To print a diagnosis code on a prescription:

1. Create a prescription. For more information, see [Creating a Prescription](#) in the help.
2. On the Finalize screen, select the appropriate diagnosis from the Associate Dx dropdown and complete the script or submit it for approval.

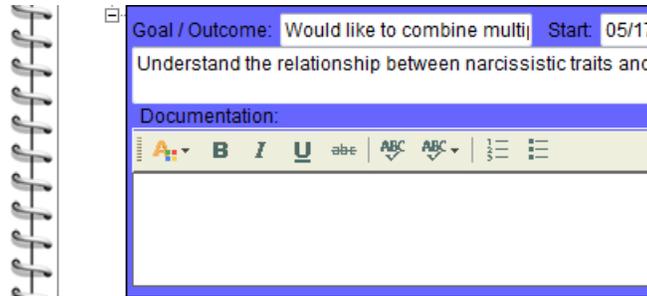
Two notes:

- Only active diagnoses are listed in the Dx dropdown.
- If you are using a custom Credible eRx print template, you will need to manually add the Diagnosis field.

## CLIENT

### Spell Check and Format Treatment Plan Documentation

The spell checker and formatting tools that you are familiar with from other text boxes in Credible have been added to the Documentation field for treatment plans. A treatment plan – and the Documentation field – is only available in a form that has a Tx Plus category.



Note that if you are using Chrome or Safari, the ability to spell check documentation in a treatment plan is not currently supported.

#### Settings

**Partner Config:** Use Tx Plus

**Security Matrix:** TxPlusView, TxPlusDocument

**Configuration/Use** See [Tx Plus](#) in the help.

### New Notification Based on Treatment Plan Target Date

You can now notify staff when the target date for a treatment plan is entered or updated. Note that the new notification TxPlus Target Date triggers based on the target date for the treatment plan – not the target date for the problems/goals/objectives/interventions in the plan.

#### Settings

**Partner Config:** Use Tx Plus

**Security Matrix:** NotificationTriggers

**Configuration/Use** See [Notification Triggers](#) in the help.

## Documentation Check when Deleting Items in a Tx Plus Plan

When deleting an item (level) in an existing Tx Plus plan, the system now checks if it has documentation or if any of its “children” (sublevels) have documentation. If neither exists, you can delete the item and all of its children.

*Settings*      [Partner Config: Use Tx Plus](#)

[Security Matrix: TxPlusBuild](#)

*Configuration*      N/A

*Use*

1. Tx Plus on Client nav bar.
2. Click edit for the appropriate treatment plan.
3. Click the red x for the item you want to delete. If the item has children, they will be deleted as well.

## Wider Facility Dropdown in Bed Board Search Screen

The Facility dropdown in the Bed Board Search popup/screen has been widened to make it easier to select the appropriate facility.

*Settings*      [Partner Config: Use Bed Board](#)

[Security Matrix: ClientBedBoardAssign](#)

*Configuration*      N/A

*Use*      See [Bed Assign](#) and [Bed Board Search](#) in the help.

## SCHEDULE

### Set Maximum Client Capacity for Schedule Groups

With a new Maximum Client Capacity field, you can control the number of clients allowed in a schedule group. The maximum you set and the current capacity are displayed to staff when they are assigning a client to a schedule group. If you try to assign a client to a full schedule group, an error message displays.

**\* ERROR: Unable to add client to group. The Max Client Capacity for this group has been exceeded.**

| SCHEDULE GROUP ASSIGNMENT: John Doe (10274) |                           |                               |   |
|---|---------------------------|-------------------------------|---|
| ID  | Schedule Group Name       | Current / Max Client Capacity | Assign                                  |
| 60  | AAA Group                 | 106 / 106                     | <input type="button" value="unassign"/> |
| 64  | AAAA-MAM                  | 5 / N/A                       | <input type="button" value="assign"/>   |
| 15  | Children's Emotional Well | 9 / 9                         | <input type="button" value="assign"/>   |
| 8   | Dialect Behav Therapy     | 3 / 12                        | <input type="button" value="assign"/>   |

If no maximum is entered, there is no limit (the previous limit of 100 clients has been removed).

#### Settings

Partner Config: *Lock EDIT FULL VISIT*

Security Matrix: ClientVisitUpdateForm

#### Configuration

1. Admin tab > Schedule Groups.
2. Add a new schedule group or edit an existing one.
3. Enter the appropriate value in the Max Client Capacity field and save/update.

#### Use

1. Schedule Grp on Client nav bar.
2. If the schedule group you want to assign the client to still has room, click the assign button.

## Add Copay Available for Scheduled Group Visit

With the addition of the Add Copay button to the Scheduled Group Visit popup, you can now easily add a copay for each client in a group visit. The button lets you access a group version of the Add Client Payment/Copay screen.

Previously, the only way to enter a copay for each client in a group visit was to add it to each completed visit.

*Settings*

**Security Matrix:** PlannerAdd, BillingAddCopay

*Configuration*

N/A

*Use*

1. Open the Scheduled Visit popup for the group visit and click the Add Copay button.
2. Select a client from the dropdown, fill out the copay details, and click Save Payment. Repeat for each client in the dropdown.
3. When there are no longer any clients in the dropdown, click Cancel. The Scheduled Visit popup for the group visit displays. The total copay amount paid by all clients in the group displays along with an info icon.
4. Hover over the info icon to see the copay amount paid by each client.

Copay: \$55.00 Paid i

| Group Copay               |         |
|---------------------------|---------|
| Doe, John (10274)         | \$25.00 |
| Finn, Huckleberry (10507) | \$15.00 |
| Golightly, Holly (10506)  | \$15.00 |

## VISIT

### Hide Edit Full Visit for RECONCILED/REJECTED/TRANSFERRED Visits

With a new Partner Config setting, you can set up your system to hide the Edit Full Visit button when the status of a visit changes to RECONCILED, REJECTED, or TRANSFERRED. *Lock EDIT FULL VISIT* is a companion setting to Block Updates for BATCHED or PAID Services. These settings prevent changes to form data even if the user has the ClientVisitUpdateLocked right.

|                      |  |
|----------------------|--|
| <i>Settings</i>      | <p>Partner Config: <i>Lock EDIT FULL VISIT</i></p> <p>Security Matrix: ClientVisitUpdateForm</p> |
| <i>Configuration</i> | N/A  |
| <i>Use</i>           | N/A  |

## ADMIN

### Send Schedule Update Notification to Scheduled Employee

With a new Send To option, you can notify the scheduled employee when the status of a scheduled visit is changed. Note that notification only goes to the main scheduled employee and not to any secondary employees assigned to the visit.

|                      |  |
|----------------------|--|
| <i>Settings</i>      | Security Matrix: NotificationTriggers  |
| <i>Configuration</i> | See <a href="#">Notification Triggers</a> in the help.   |
| <i>Use</i>           | See <a href="#">Client-Employee Assignment</a> in the help for information on the primary employee assignment. |

### Export Security Rights Assigned to Different Profiles

With the new Export button in the Security Matrix and Client User Security Matrix, you can create a spreadsheet that lists the rights assigned to the different login/security profiles. The spreadsheet lists the role, the category the right is in, the right, and the tooltip. For the Client User Security Matrix, there is only one category (CLIENT USER).

|                      |  |
|----------------------|--|
| <i>Settings</i>      | N/A  |
| <i>Configuration</i> | N/A  |
| <i>Use</i>           | <ol style="list-style-type: none"> <li>Admin tab &gt; Security Matrix or Client User Security Matrix.</li> <li>Click the export button and open or save the csv file.</li> </ol> |

### New Right to Just Add Client Payments – Reconciling Not Allowed

If you want to give staff the right to add client payments but not reconcile them, use the new Security Matrix right *ClientPaymentAdd* and uncheck BillingModule and ClientPayments. The functionality of the original right ClientPayments remains unchanged – it lets you add payments and reconcile them.

|                      |  |
|----------------------|--|
| <i>Settings</i>      | Security Matrix: <i>ClientPaymentAdd</i> , ClientPaymentView |
| <i>Configuration</i> | N/A  |
| <i>Use</i>           | See <a href="#">Client Payments</a> in the help.             |

## Employee-Level Billing for Building Tx Plans with Wiley

Wiley charges on a per-employee basis for using Wiley data to a build treatment plan. If your Implementation or Account Manager has turned on Wiley in your system, Wiley will count each employee that has the TxPlusBuild security right for billing purposes.

### *Settings*

**Partner Config:** Use Tx Plus, Force Wiley (optional)

**Security Matrix:** TxPlusBuild

### *Configuration*

See [Force Wiley](#) in the help.

### *Use*

See [Tx Plus](#) in the help for information on using Wiley data when building a treatment plan.

## BILLING

### Restrict Access to Just Bed Board and Foster Home Billing

Bed Board Billing and Foster Home Billing are now in their own section on the Billing tab. This means that you no longer have to give staff access to the general Billing section on the Billing tab to use these functions.



*Settings*

Partner Config: Use Bed Board, Use Foster Care

Security Matrix: BedBoardBilling, FosterCareBilling (uncheck BillingModule if you don't want staff to have access to the general Billing section on the Billing tab)

*Configuration*

N/A

*Use*

See [Bed Board Billing](#) and [Foster Home Billing](#) in the help.

### Billing Group Default Used in Bed Board & Foster Home Billing

When a default billing group is assigned to an employee via his or her profile or the Employee Billing Groups screen, that billing group now displays as the default in the Enter Visit screen for Bed Board Billing and Foster Home Billing.

*Settings*

Partner Config: Use Bed Board, Use Foster Care

Security Matrix: EmployeeAdd/Employee Update or BillingGroupsEdit, BedBoardBilling, FosterCareBilling

*Configuration*

N/A

*Use*

See [Billing Groups Assignment](#), [Bed Board Billing](#), and [Foster Home Billing](#) in the help.

## Send New Onset Prior to Admission Flag in 837i

If you work with payers that need to know if the onset of a diagnosis happened prior to admission, you can now provide that information via the new Onset Prior to Admission field. If documenting a client's diagnoses via a form, you can map to the new field. And Onset Prior to Admission is included when the full diagnosis is injected into a form.

To send the Onset Prior to Admission flag to a payer (837i only), you need to select the corresponding setting in the payer's config file. If no value is selected for a diagnosis, the system sends U for Unknown.

|   |   |
|---|---|
| MULTIAXIAL ASSESSMENT: John Doe (1027)            |   |
| Effective Date:                                   | 5/4/2012  |
| Axis I: Clinical Disorders; Other Conditions That |   |
| Primary   | AGORAPHOBIA WITH I  |
| Diagnosed By:                                     |   |
| Onset Date:                                       |   |
| Onset Prior to Admission:                         | <input type="button" value="v"/>  |
| Notes:  | <input type="button" value="Yes"/><br><input type="button" value="No"/><br><input type="button" value="Unknown"/> |

### Settings

**Partner Config:** Include Axis III for Billing (optional)

**Security Matrix:** BillingConfig, BillingModule, DxAdd/DxUpdate or DxFormsAdd

**Payer Config:** *Send Onset Prior to Admission Flag (837i)*

### Configuration

1. Billing tab > Billing Payer
2. For each payer that requires the Onset Prior to Admission flag: edit the config file, select *Send Onset Prior to Admission Flag (837i)*, and save.

### Use

See [Diagnosis](#) and [Generating a Batch Claim File](#) in the help.

## Send NDC and Dosage for Administered Medication in 837

To facilitate billing for administered medications, you can now associate an eMAR administration with a visit. Based on this association, the system can send the National Drug Code (NDC) and dosage for the administered medication to the payer. Note that the NDC code can only be pulled in if the medication was selected from the dropdown when it was added to the client's record. If you don't have payers that require the NDC and dosage, you can still associate administered medication with visits for reporting purposes.

If you are using a web form to document a visit, you can select an eMAR administration when you sign and submit the visit. You can also make the association by updating the completed visit (web form or data entry).

*Settings*

**Partner Config:** Use eMAR Functionality

**Security Matrix:** BillingCPTCodes, BillingConfig, RxUpdate, eMar, eMarCreateMedSchedule, eMarAdministerMeds, VisitEntryWeb

*Configuration*

1. Admin tab > Visit Type
2. For each visit type that you want to be able to associate administered medications with: click edit, select *Associate eMAR*, and save.

To send the NDC and dosage to a payer:

1. Billing tab > Billing Payer
2. For each payer that requires the NDC and dosage for a “med visit”: edit the config file, select *Send 2410 - Associated eMAR Info*, and save.

For eMAR configuration, see [Setting Up eMAR](#) in the help.

*Use*

1. Use the Medications function on Client nav bar to add the medication to the client’s record. Make sure you select the medication from the dropdown.
2. Use the eMAR function on Client nav bar to set up an eMAR schedule for the medication. For more information, see [eMAR – Client Nav Bar](#) in the help.
3. Administer the medication and document the administration in eMAR.
4. Add a visit (using a web form) and complete it.

On the Sign & Submit screen, the Associated eMAR dropdown is populated with all medications administered on the visit date. (Note that scheduled administrations are not included and the dropdown will not be available if there weren’t any medications administered on that date.)

5. If you need to associate an administered medication with the visit (for example, an injection), select it from the Associated eMAR dropdown.

Note: if you need to change the visit date, change it and click Save Billing Info to repopulate the dropdown with administered medications for the new date.

6. Fill out the other fields as appropriate and click Sign and Submit.

You can also select or change the associated eMAR for the completed visit in the Visit Details screen.

To send the NDC and dosage to the payer, you need to batch the visit. For more information, see [Generating a Batch Claim File](#) in the help.

To report on the administered medications associated with visits, use the Export tool (Custom Ad Hoc) or Credible BI (applicable tables are ClientVisit, Meds, MedSchedule, and MedScheduleData2).

## Option to Change ICN via Dropdown

ICN is the internal control/claim number for a resubmit or void that comes in the 835. If the current payer has multiple services with multiple payments, you can change the ICN via a dropdown in the Change of Status Service section in the Billing Details screen.

The screenshot shows a web form with two main sections. The top section is labeled 'Transfer Balance:' and contains a dropdown menu with 'Client' selected and a 'submit' button. The bottom section contains a dropdown menu with an arrow pointing down and an 'ICN:' field with the value '0209363066190 (Batch:8289)' and a dropdown arrow.

### Settings

**Security Matrix:** BillingConfig, ClientVisitView

**Payer Config:** Can Resubmit Voids

### Configuration

N/A

### Use

1. Access the Visit Details screen for a reconciled visit that has had an insurance payment applied and then click Billing.
2. In the Change Status of Service section, select Resubmit and then select the new ICN from the dropdown.
3. Select the Resubmission Type and Reason from the dropdowns and click submit.

## Include Full Partner Name on Client Statements

With the new Partner Name field in the Remit To section in Provider Config, you can now include your full Partner name on client statements. If the field is not filled in, the Provider Name will print on client statements.

### Settings

**Security Matrix:** BillingConfig

### Configuration

N/A

### Use

1. Billing tab > Provider Config.
2. Edit the appropriate provider record.
3. Enter your full Partner name in the corresponding field in the Remit To section and click Save Settings.

## Select Multiple Programs for Client Statements

To help you generate client statements for multiple programs at the same time, the Program dropdown in the Client Statement screen has been changed to a multi-select list.

|                      |  |
|----------------------|--|
| <i>Settings</i>      | <b>Security Matrix:</b> BillingConfig  |
| <i>Configuration</i> | N/A  |
| <i>Use</i>           | <ol style="list-style-type: none"> <li>1. Billing tab &gt; Generate Client Statements.</li> <li>2. To generate client statements for one or more specific programs, select them from the Program(s) list (default is all programs).</li> <li>3. Fill out the other fields as appropriate.</li> <li>4. Click Preview Statement.</li> <li>5. Click Print Statement.</li> </ol> |

## Option to Send Paperwork Information in 2300 Loop

If a payer needs the paperwork (PWK) segment in the Claim segment (instead of the Service Line segment), you can now meet that requirement with the new Payer Config setting *Send Paperwork in 2300 Loop*.

With this new setting, the options are now PWK in the 2300 loop only, PWK in the 2400 loop only, or PWK in both 2300 and 2400 loops (if both Send Paperwork settings are checked).

|                      |   |
|----------------------|---|
| <i>Settings</i>      | <b>Partner Config:</b> Use Paperwork Segment for Visit Attachments<br><b>Security Matrix:</b> BillingConfig, ClientVisitFileAdd, ClientVisitUpdate<br><b>Payer Config:</b> <i>Send Paperwork in 2300 Loop</i>   |
| <i>Configuration</i> | <ol style="list-style-type: none"> <li>1. Billing tab &gt; Billing Payer.</li> <li>2. If a payer accepts the paperwork information and needs it in the 2300 loop, edit its config file, select <i>Send Paperwork in 2300 Loop</i>, and save.</li> </ol> |
| <i>Use</i>           | See <a href="#">Adding an Attachment to a Visit</a> in the help.  |

## REPORTS

### New Patch Report to Keep Abreast of Hot Fixes and Release Patches

With the new Patch Report, you can now keep abreast of all hot fixes and release patches. A hot fix is a task that is pushed out to Partners outside of a release cycle while a release patch is a fix scheduled to occur with a release.

Hot fixes are added to the report after they are pushed out. Release patches are added to the report once they are assigned to a release and are removed after the release goes out. You can filter back up to three months to review the hot fixes or view the release patches for the release currently in progress. Once released, you can review all actions taken on release patch items in the configuration notes for the release.

#### *Settings*

[Security Matrix: Report List](#)

[Report Security: Patch Report](#)

#### *Configuration*

N/A

#### *Use*

1. Reports tab > Admin button on nav bar > Patch Report.
2. If desired, change the time frame for the report.
3. If desired, select one or more categories and click Run Report.

### Billable/Non-Billable Filter Added to Appointment History Report

To help you monitor billable services that are in a SCHEDULED status, a Billable/Non-Billable filter has been added to the Appointment History report. The default is to include both billable and non-billable visits.

#### *Settings*

[Security Matrix: Report List](#)

[Report Security: Appointment History Report](#)

#### *Configuration*

N/A

#### *Use*

1. Reports tab > Visit button on nav bar > Appointment History Report.
2. From the Billable/Non-Billable dropdown, select the appropriate option.
3. Select other filter criteria as appropriate and click Run Report.

## Logging Insert Action for Resource Schedule Blocks

When an employee inserts a block on the schedule for a resource, the action will be logged in his/her Employee Log and in the Global HIPAA report. It appears in the log as INSERT RESOURCE PLANNER BLOCK.

|                      |  |
|----------------------|--|
| <i>Settings</i>      | <a href="#">Security Matrix</a> : ScheduleResources, PlannerResourceView, PlannerResourceSchedule, PlannerResourceDelete |
| <i>Configuration</i> | N/A  |
| <i>Use</i>           | See <a href="#">Resource Schedule</a> and <a href="#">Employee Log</a> in the help.                                      |

## Three New Tables in Admin Logging Report

BillingMatrixPayerType & BillingMatrixPayers – Report on changes made to allowed payer types and payers for Billing Matrix entries.

Misc:

**Auto Approve:**

**Authorization Required:**

**Blanket Authorization:**

**Force Client Pay:**

**Allowed Payer Type:** Blues  
Client Fees  
Commercial  
County

**Allowed Payers:**  ⓘ Edit Allowed Payers

ClinicalSupport – Report on changes made to clinical supports.

|                      |   |
|----------------------|---|
| <i>Settings</i>      | <a href="#">Security Matrix</a> : Report List<br><a href="#">Report Security</a> : Admin Logging  |
| <i>Configuration</i> | N/A   |
| <i>Use</i>           | <ol style="list-style-type: none"> <li>1. Reports tab &gt; Admin button on nav bar &gt; Admin Logging</li> <li>2. From the Tables list, select the desired tables.</li> <li>3. Select other filter criteria as appropriate and click Run Report.</li> </ol> |

## Importing Clients with Date of Birth Prior to 1901

To accommodate older clients, you can now import client records with a date of birth from 1890 or later. Two notes:

- You cannot manually update a client profile if the DOB is earlier than 1901.
- When you manually enter a DOB via the Client Profile, the year still has to be 1901 or later.

*Settings*      [Security Matrix](#): ReportList, ImportBuild, ImportRun

*Configuration*      N/A

*Use*      When creating the import, select the Clients table and save in comma separated format. For more information on creating an import, see [Import Tool](#) in the help.

## PATCH LIST

### General

#### **Program/Team Dropdown Inconsistent in Client and Employee List Screens**

*Task #* 28588

*What was the issue?* In the Client List screen, the Program/Team dropdown listed programs by their codes. In the Employee List screen, the Program/Team dropdown listed programs by their descriptions.

*The patch* The Program/Team dropdown lists programs by their descriptions in both the Client and Employee List screens.

### Cross-Browser Compatibility

#### **Error when Running “Reports Tab” Export via Recent Reports on Home Page**

*Task #* 29091

*What was the issue?* When using Internet Explorer, a “403 – Forbidden: Access is denied” error displayed when trying to run a “Reports tab” export from the Recent Reports section on the Home Page. Note that exports only appear on the Home Page if run from the Other report list (Show on Reports Tab is selected in Export Builder).

*The patch* You can now successfully run Reports tab exports from the Recent Reports section on the Home Page.

#### **Script Error when Printing Multiple Visits Individually from Visit List**

*Task #* 28879

*What was the issue?* When using Internet Explorer or Chrome, a script error displayed when multiple visits were printed *one after the other* from the Visit List. Note that the error did not display when the Print All function was used.

*The patch* You can now click the print button repeatedly from the Visit List without closing the print window.

### Unable to Print Schedule when Using Chrome

*Task #* 25839

*What was the issue?* When using the Chrome browser, unable to print schedule.

*The patch* Print view for Client, Employee, and Resource schedules now displays in a popup and a Printer icon is available.

### Signature Capture Issues when Using Chrome

*Task #* 27898, 28386, 28184, 28728

*What was the issue?*

- Errors were received when using a signature pad to collect signatures.
- When a popup was generated on the Sign & Submit page (for example, when incorrect password was entered), client signatures were not being saved.
- All signature boxes were populating with the client signature.

*The patch* Signature pad functionality for Chrome (and Firefox) has been updated to correct the above issues. Note that you cannot currently use a signature pad to capture signatures when using Safari. If you experience issues using a signature pad with Chrome or Firefox, refer to the new [troubleshooting topic](#) in the Help.

## Client Portal

### Temporary Changes Allowed in Medical Profile in Client Portal

*Task #* 29115

*What was the issue?* When viewing a medical profile in the Credible Client Portal, a client user could make *temporary* changes and then print out the incorrect information.

*The patch* All fields in medical profile in Client Portal are read-only.

## Client

### Text in Informational Popup Is Cut Off

*Task #* 27915

*What was the issue?* When hovering over an info icon in a client screen like External Providers, the text was cut off on the left side of the screen.

*The patch* Text in informational popups now wraps so all content is visible.

**Expired Authorizations in Search Results for Current Authorizations**

*Task #* 29139

*What was the issue?* When Current status was selected as filtering option, authorizations that had expired (Period End was less than the current date) were returned in the search results.

*The patch* Only current authorizations are returned in the search results when the Current status filter is used.

**Axis V Previous GAF Score Not Updating Correctly via Mapping**

*Task #* 28940

*What was the issue?* When a client’s current Global Assessment of Functioning (GAF) score was updated via form mapping, the previous GAF score was not changed.

For example:

Before mapping, Current = 50, Previous = 45, Highest = 80. When the form was filled out, 70 was entered as the current Axis V value.

After mapping, Current = 70, Previous = 45, Highest = 80. Previous should have been 50.

*The patch* When a Current GAF score is updated via form mapping, the Previous GAF score will be updated with the previous Current GAF score.

**Expected Results Not Returned when Filtering Client Medications**

*Task #* 28456

*What was the issue?* When you entered a medication name in the Medication filtering field and/or manually entered a date in the date filtering fields (vs using the calendar picker) and clicked Filter, the expected search results were not returned. If you pressed Enter after entering data in these filtering fields, the Client Medications print view displayed with all active meds.

*The patch* The Medication and Start Date/End Date filtering fields return the expected results.

**Unable to Filter by Name/ID in eMAR Group Assignment Screen**

*Task #* 27610

*What was the issue?* Manage eMAR Groups (on Admin tab) > Edit link for Employees or Clients

When you entered an employee or client name in the Name/ID filtering field and clicked Filter, the system did not return any search results (the filtering only worked if you clicked Return).

*The patch* The Filter button works in conjunction with the Name/ID filtering field.

**Need Additional Dosage Action and Route for eMAR Schedules**

*Task #* 28753

*What was the issue?* Partner needed Crushed as a dosage action and Via J-Tube as a route in the Create/Edit Med Schedule screen.

*The patch* Requested options were added to the corresponding dropdowns.

**Bad Assigned Employee MORE Link and Missing Geo Areas Edit Button**

*Task #* 29059

*What was the issue?* In the Assignments section on the Client Overview Screen:

- Assigned Employee: clicking the MORE link brings up the Client Profile screen instead of the Assigned Employees screen. Note that the More link is only available if the client is assigned to several employees.
- GeoAreas: edit button is not available.

Note that the Assignments section only appears on the Client Overview screen if configured (Admin tab > Home Page Config > Client Home Page Admin).

*The patch* In the Assignments section on the Client Overview screen, the MORE link for Assigned Employees brings up the Assigned Employees screen and an edit button was added for GeoAreas.

**Lapsed Insurance Attached to Eligibility/Benefit Inquiry (270) Eligibility Check**

*Task #* 28204

*What was the issue?* When generating a 270 file, a lapsed insurance record would be used if the client had multiple instances of that payer in his/her insurance list.

*The patch* For Unscheduled Check, the system makes sure that the insurance is valid for 'today' -- the date the batch is generated. For the other options (For the Next/Previous N Days), it checks to see if that insurance record was valid for that specific date.

**Internet Explorer "Resend Needed" Error After Adding Columns to List View**

*Task #* 29522

*What was the issue?* After filtering the Client List, changing the columns displayed (via ice cube tray icon), and refiltering, an Internet Explorer error displayed indicating the web browser needed to resend the information you previously submitted.

*The patch* Client List screen was updated to prevent the Internet Explorer error from happening when changing the columns in the client list.

## Employee

### Not Enough Characters in Save Name Field in Advanced Employee Search

*Task #* 27458

*What was the issue?* Only 20 characters were allowed in the Save Name field (for a saved report) in Advanced Employee Search.

*The patch* The maximum number of characters allowed in the Save Name field is now 30 for all advanced searches.

### Client Visit List Link in Employee Form Notification on To Do List

*Task #* 28313

*What was the issue?* When a notification based on an employe form was added to the To Do List, the notification link brought you to the Client Visit List instead of the Employee Form List.

*The patch* The employee form notification is no longer linked in the To Do List.

## Schedule

### Error when Using Outlook Calendar Integration Function

*Task #* 28652

*What was the issue?* The error "Cannot verify or add the calendar to Outlook. Make sure the following link is a valid calendar link..." error occurred when trying to add Credible schedule to Outlook. Error occurred due to a "non-existent user" in the schedule file – when a user is removed from the system, a blank record exists in the database.

*The patch* Outlook Calendar Integration function has been updated to disregard blank records and move onto the next record in the file.

**Group Visits Remain Blue (Incomplete) on Schedule After Completion**

- Task #* 28201 (28413, 29260, 28169, 29032, 29238)
- What was the issue?* After entering group notes and completing the group visit, the visit remained blue on the schedule indicating it was incomplete. The same issue came up when a no-show cancellation form was filled out for all clients in a scheduled group visit.
- The patch* When all clients in a group visit have completed a cancellation or non-cancellation type visit, the visit status is set to completed and the visit color changes to black on the schedule. If all clients in the group cancelled, the scheduled visit will not show when you click the Hide Cancellations icon.

Visit

**Unable to Verify when Employee Approval Roles Are Assigned/Unassigned**

- Task #* 28684
- What was the issue?* Not able to verify visit approval “stamp” (employee name/date/time) via log.
- The patch* Assigning and unassigning approval roles to visit types and adjustment types is now recorded in the HIPAA logs.

Admin

**Internet Explorer Crashes when Uploading Multiple Attachments**

- Task #* 28144
- What was the issue?* When using the Upload Multiple Attachments function, Internet Explorer crashed after Start Upload button was clicked.
- The patch* The Upload Multiple Attachments function now works with Internet Explorer. In addition, the following file types are now supported: .doc, .docx, .pdf.

**Not Enough Space in Partner Re-Schedule Phone # and Appointment Card Message Fields**

- Task #* 24966 (21026, 21543, 24554)
- What was the issue?* Cannot fit desired messages in Partner Re-Schedule Phone # and Appointment Card Message fields in Parnter Config.
- The patch* Maximum number of characters allowed for both fields is now 250.

## Billing

### No Default Value for Required Deaf Rate Field in Billing Matrix

*Task #* 25869

*What was the issue?* When Deaf Rate is not applicable for a Billing Matrix entry, a value of zero has to be manually entered in the field because it is a required field.

*The patch* Deaf Rate field defaults to 0.00.

### CMS 1500 Denied Due to No Agency NPI in Box 24J

*Task #* 27387

*What was the issue?* Payer denied CMS 1500 claim forms due to no agency NPI in box 24J.

*The patch* When using the CMS 1500, the system now checks to see if the billing provider for rendering is used. If it is, the billing provider NPI will be sent in Box 24J.

### Need to Pull Claim Format from Payer Specific when Insurance Cascades

*Task #* 27040

*What was the issue?* When Billing Matrix entry was set to Update CPT on Cascade, submission type did not pull from payer specific settings when the claim's balance transferred from a primary payer to a secondary payer.

*The patch* Claim format for current payer will always be pulled from payer-specific settings – not just when Update CPT on Cascade is selected.

## Financial

### Adjustment Reasons Not Displaying in ALS Reports

*Task #* 29225

*What was the issue?* In Advanced Ledger Search (ALS), Adjustment Reason was selected as a custom field but adjustment reasons for service adjustments were not displaying.

*The patch* Adjustment reasons now display in ALS reports when the corresponding custom field is selected.

## Reports

### Inactivate/Activate Action Not Logged for Client Insurance

|                            |  |
|----------------------------|--|
| <i>Task</i>                | 15509  |
| <i>What was the issue?</i> | Partner was not able to determine when a client's insurance coverage was inactivated/activated.  |
| <i>The patch</i>           | When an insurance coverage is inactivated or activated, the UPDATE CLIENT INSURANCE action will be logged and old/new values available in the Log Details popup. |

## Forms

### Group Visit Web Form: Wrong Incomplete Visit View Displayed

|                            |   |
|----------------------------|---|
| <i>Task #</i>              | 27930   |
| <i>What was the issue?</i> | After a form was filled out for first client in the group visit, the Incomplete View for subsequent clients in the visit was from the first client. |
| <i>The patch</i>           | When documenting a group visit via a web form, the Incomplete View will now correspond to the client currently selected via the Switch dropdown.    |

### Answer Order in Form Doesn't Match Order in Completed Visit

|                            |   |
|----------------------------|---|
| <i>Task #</i>              | 28592   |
| <i>What was the issue?</i> | When answers to a Check Box question were reordered in a form, the new order was reflected when filling out the form but the selected answers were not in the correct order in the completed visit. |
| <i>The patch</i>           | Form Builder was updated so the order of selected answers in a completed visit corresponds to the order of the answers in the form.   |

**Client Overview Screen: Unauthorized Access to Start Scheduled Visit Icon**

*Task #* 28922

*What was the issue?* By clicking the Start Visit icon in the Client Schedule section on the Client Overview screen, an employee was able to start and complete a visit when he/she was not assigned to the program associated with the visit. The Start Visit icon is a piece of paper to the left of the employee name.

*The patch* The Start Visit icon in the Client Schedule section on the Client Overview screen is only available in the following scenarios:

- Employee is the main employee for the visit and has the VisitEntryWeb right
- Employee has the VisitEntryOtherEmp or VisitEntryOtherEmpAsSelf right