



CREDIBLE

Secure. Proven. Easy To Use.

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

Contents

Version 1.1

This document describes the new features and enhancements included in the Credible 8.2 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.

Important reminder for Partners using Internet Explorer (IE) 8: due to Microsoft's plan to end support for Windows XP/IE 8, Credible will no longer support IE 8 after Release 9.0 in February 2014.

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GENERAL

Task Ticket Submitters Limited to Three Authorized Individuals

In an effort to streamline and secure the Task Ticket flow, the ability to submit Task Tickets will be restricted to no more than three Credible users. If you have not done so already, please update the Partner domain with your three authorized Task Ticket Submitters or provide your Partner Services Coordinator (PSC) with the names of your Task Ticket Submitters. Your PSC will then register the designated individuals so they will have access to the Submit Task Ticket function when Release 8.2 is installed.

Please notify your staff that effective with Release 8.2, access to the Submit Task Ticket function will be restricted to the three individuals that you designate.

<i>Settings</i>	N/A
<i>Configuration</i>	N/A
<i>Use</i>	See Submitting a Task Ticket in the help.

CLIENT

Updating and Deleting Active and Inactive Medical Profiles

The ability to update a medical profile has been extended to inactive medical profiles – you can now correct mistakes without having to do an import. In addition, you can now delete the active medical profile or an inactive one. With two new Security Matrix rights, you control which employees can update inactive medical profiles and delete active/inactive medical profiles. The actions will be recorded in the HIPAA logs; details will only be provided for height, weight, and medical profile fields added via the Data Dictionary.

Settings **Security Matrix:** MedicalProfileView, MedicalProfileAdd, MedicalProfileUpdate, *MedicalProfileUpdateInactive*, *MedicalProfileDelete*

Configuration N/A

Use To update an inactive medical profile:

1. Medical Profile button on Client nav bar > History button > view button.
2. Make the necessary changes and click the Save Medical Profile button.

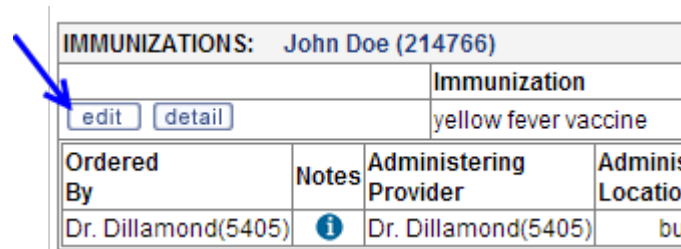
To delete an active or inactive medical profile, access the details for the profile, click the Delete Medical Profile button, and click OK when the confirmation popup displays.

New Immunization Fields, Ability to Edit Existing Records, and More

The first change you will notice is that “Immunizations” has its own button on the Client nav bar. The Immunization fields and functions (add/delete/export) have been pulled out of the Medical Profile and are now accessed via the new Client nav bar button.



When adding an immunization record, you can provide additional detail with several new fields including a Notes field. And with the new edit button, you can make updates to existing immunization records when necessary.



IMMUNIZATIONS: John Doe (214766)			
<input type="button" value="edit"/> <input type="button" value="detail"/>		Immunization	
		yellow fever vaccine	
Ordered By	Notes	Administering Provider	Adminis Location
Dr. Dillamond(5405)		Dr. Dillamond(5405)	bu

Another change you will notice is that the Immunization dropdown is autopopulated – it comes from the PHIN VADS vocabulary maintained by the CDC (<http://phinvads.cdc.gov/>). And a behind-the-scenes change is a revamping of the HL7 Immunization export to meet new Meaningful Use requirements.

With new Security Matrix rights, you control which employees can view, add, edit, and delete immunizations.

Settings

Partner Config: Immunization HL7 Exports (optional; for Meaningful Use purposes)

Note that the Use Immunizations setting is no longer needed and has been removed from Partner Config. You may notice a new setting Immunization Clinic ID; it has been added for Meaningful Use Stage 2 but is not currently in use.

Security Matrix: *ImmunizationView, ImmunizationAdd, ImmunizationEdit, ImmunizationDelete*

Configuration

N/A

Use

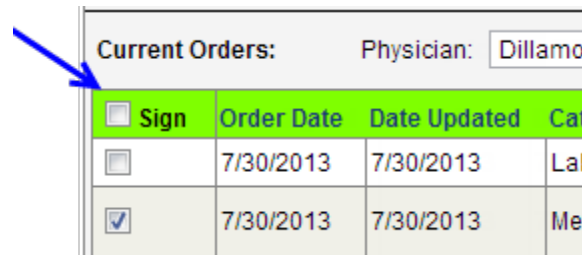
Immunizations button on Client nav bar.

- To add an immunization, click Add New, select/enter the appropriate information, and click Save.
- To edit an immunization, click edit, make the necessary changes, and click Update.
- Use the detail button to view additional information about an immunization record.

The steps to delete an immunization and generate an HL7 export have not changed.

Ability to Sign Individual Physicians Orders

With the addition of a Sign column in the Physician Orders screen, you can now sign individual orders.



Current Orders:		Physician: Dillamo	
<input type="checkbox"/> Sign	Order Date	Date Updated	Cat
<input type="checkbox"/>	7/30/2013	7/30/2013	Lat
<input checked="" type="checkbox"/>	7/30/2013	7/30/2013	Me

This change makes it possible to assign a physician and order type when adding an order and edit the values before signing and sending to Pending Orders. Pending Orders now has a Signed By column and a Physician column.

Settings

Partner Config: Physician Order/Assigned Physician (optional). When checked, Signed By and Physician columns = the selected physician. When unchecked, Signed By column = the user that actually signed the order; Physician column = the selected physician.

Security Matrix: PhysicianOrdersSignAll

Configuration

is_doctor must be set to Yes in your Employee Profile

Use

Orders button on Client nav bar.

- To add an order:
 1. Select the assigned physician and order type from the dropdowns in the Current Orders section.
 2. Select the appropriate tab in the New Order section, enter the order details, and enter an order date if different than the current date.
 3. Click Add Order.
- To sign one or more orders, select the Sign checkboxes and click the Sign button.
- To sign all orders, select the checkbox to the left of the Sign column header and click the Sign button.

Inactivating a Tx Plus Level and Its “Children”

If your organization has the need to defer individual elements (levels) in a Tx Plus plan, you can now configure your system so an Inactive checkbox is available for each level. When you inactivate a Tx Plus level, the system greys out the level and any child levels so you cannot edit or document against them.

Element is inactive. Modifications are not allowed

The system also prevents you from adding additional child levels to an inactive level.

Settings

Partner Config: Use Tx Plus, *Inactivate Individual Tx Plus Elements*

Security Matrix: TxPlusBuild or TxPlusBuildFromForm, TxPlusView, TxPlusInactive

Configuration

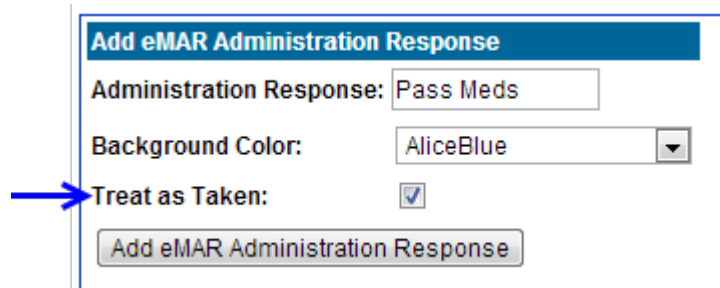
N/A

Use

1. Tx Plus on Client nav bar (or access Tx Plus plan via a web form).
2. Edit an existing treatment plan. (If accessing the plan via a web form, click Tx Plus on Intake nav bar if available or click an Add <Level> button to get into “builder mode”.)
3. Select the Inactive checkbox for the level you want to inactivate. The level and any child levels below it change to gray.
4. Click Save.

“Treat As Taken” Flag Added to eMAR Administration Responses

With a new “Treat as Taken” flag, you can now set up custom positive responses for eMAR administration that can be selected instead of the system-defined “Taken” result. The new flag is useful for situations where a client takes medication independent of staff supervision – while an employee may not witness a client taking a medication, compliance is assumed.



Treat as Taken results will also be available for pillbox reconciliation.

Settings

Partner Config: Use eMAR Functionality

Security Matrix: eMar

Configuration

1. Admin tab > eMAR Setup.
2. In the Add eMAR Administration Response box, enter response, select the background color, select the Treat as Taken checkbox, and click Add eMAR Administration Response.

Use

See [eMAR – Client Nav Bar](#) in the help (look for the sections on administering meds and logging the details).

Family: Guarantor Start/End Dates and Rights Terminated Filter

You can now enter the time period that a guarantor is financially responsible for a client. Since a client can only have one guarantor at a time, the system prevents you from having two guarantors with overlapping time frames.

Guarantor ☒ Start 08/01/2013 End 08/31/2013 *Guarantor Dates overlap with: Jack Doe

With the addition of guarantor time periods, the system can automatically assign the correct guarantor when late visits are entered.

Another enhancement to the Family function is the ability to filter on family members whose rights have been terminated. The default Family Members screen will only list active family members.

Family Members: John Doe (10819)

Filter: Active

select Bobby Blue

Settings

Partner Config: Use Client Family

Security Matrix: ClientUpdateContactsFamily

Configuration

N/A


Use

Family button on Client nav bar.

- To view Rights Terminated family members, select the corresponding option in the status dropdown and click Filter.
- To add a time period to a guarantor's record: click select, enter the appropriate start and end dates, and click Save Family Member.

Contacts: New ROI Status and Deleted Contacts History

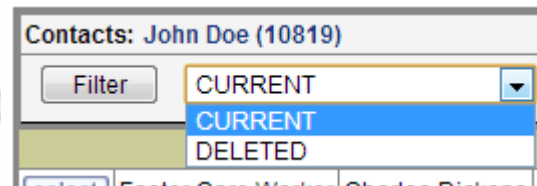
A new ROI Status column has been added to the Contacts list screen to give you additional information beyond the True/False in the ROI Obtained column.



ROI Obtained	ROI Start Date	ROI Expires Date	ROI Status
True	7/27/2012	7/31/2013	ROI OBTAINED BUT EXPIRED
False			ROI NOT OBTAINED
True	7/1/2013	7/1/2014	ROI OBTAINED & ACTIVE
True	8/31/2013	8/31/2014	ROI OBTAINED & NOT YET ACTIVE

The ACTIVE or EXPIRED designation is based on the ROI Expires Date; the NOT YET ACTIVE status is based on the ROI Start Date. You can filter the Contacts list based on ROI Status with a new dropdown.

When you delete a contact, the system now retains it as a deleted record so you can review a client's contact history. Note that you cannot make updates to a deleted contact record.



Settings

Partner Config: ROI Dates Required (optional)

Security Matrix: ClientUpdateContactsFamily

Configuration

N/A

Use


Contacts button on Client nav bar.

- To filter the contacts list by ROI Status, select a status from the filter dropdown and click Filter.
- To view deleted contacts, select DELETED from Status dropdown and click Filter.

Adding Attachments to Manual Lab Results

When entering a manual lab result or editing an existing one, you can now upload one or more attachments.

Attachments

 Lab notes.docx

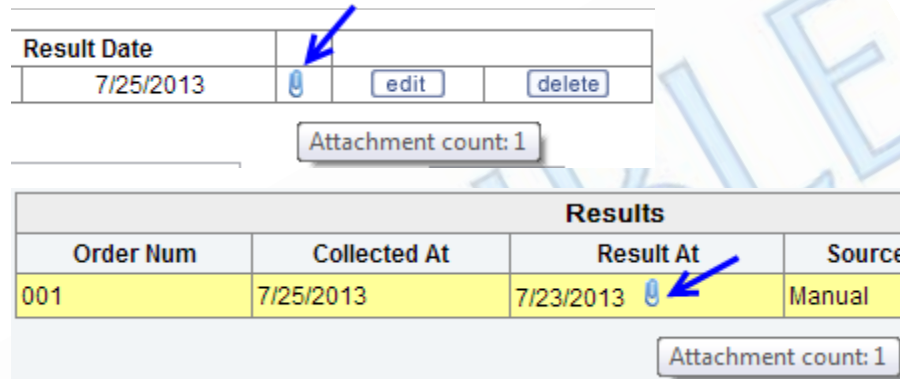
Attach file to this result:


Choose File

No file chosen


Attach File

Once an attachment is made, a blue paperclip is added to the lab results list for the order and the overall Results list; hovering over the paperclip displays the number of attachments.



Result Date		edit	delete
7/25/2013			

Attachment count: 1

Results			
Order Num	Collected At	Result At	Source
001	7/25/2013	7/23/2013 	Manual

Attachment count: 1

The file cannot exceed 5 MB and must be one of the following file types:

- Access (mdb)
- BMP
- CSV
- Email (msg and mso)
- Excel (xls, xlsx, xlsm, xltm)
- GIF
- HTM and HTML
- JPEG (jpg and jpeg)
- Max
- MP3
- Mpeg (mpeg and mpg)
- PDF
- PNG
- PowerPoint (ppt and pptx)
- Report (rpt)
- RTF
- Text (txt and dat)
- TIFF (tif and tiff)
- Video (avi)
- Wave (wav)
- Word doc (doc, docm, docx, dot, dotx)
- XML
- ZIP

Settings

Your Implementation Manager (IM) or PSC needs to turn on eLabs and the manual result entry function in your system. Note that there is no additional cost to using manual result entry and it is not part of eLabs contracting.

[Security Matrix: eLabs](#)

Configuration

See [Setting Up eLabs](#) in the help.

Use

1. eLabs button on Client nav bar.
2. Edit an existing lab result (click edit button > Save Result Header button) or add a new one (click Add Manual Result tab, fill out the Lab Results Header screen, and click Save Result Header.)
3. Edit an existing lab result or add a new one (make sure the required fields Test Code, Test Name, and Result Date are filled out).
4. In the Attachments section, click the Choose File button, select the file, and click Open.
5. Click the Attach File button.
6. If you need to delete an attachment, use the delete button in the Attachments section.
7. When done adding attachments, click Save Lab Result and then click Return to Labs.

HL7 Viewer and Validation Added to Upload Labs Function

When you manually upload lab results to a client's record, you can now view the content before accepting it into the system. The system displays a human-readable version of the HL7 content and the raw HL7.

CLIENT LABS (review uploaded data): **John Doe (10819)** Accept into System

Human-Readable HL7

PlacerOrderNum: ORD723222-4
 SenderOrderNum: R-783274-4
 Account Code:
 ORC Status:
 Test Name: Bacteria identified in Stool by Culture
 Test Code: 625-4
 Test Code Type: LN
 Test Type: 3456543
 CC Physician:
 Additional Info: 787.91
 Specimen Source:
 Specimen Condition:
 LOINC Code: 625-4
 Received Date: 7/30/2013 12:42:00 PM
 Collection Date: 5/30/2011 12:35:00 PM

Raw HL7

```

^L0000NPI|||||201106011404280500|||||625-4^Bacteria identified in Stool by Culture&LN&
Culture^A1|||ORD723222-4&NIST EHR^R-783274-4&NIST Lab Filler|||||625-4^Bacteria
Culture^ALN^3456543^CULTURE STOOL^99USIA^^Stool Culture
OBV115N128.1^Ampicillin [Susceptibility] by Minimum inhibitory concentration (MIC)^NAAAA
  
```

When you click Accept into System, the system checks to see if the lab result has already been uploaded – the same lab result (based on order numbers) cannot be uploaded into the system more than once. If the lab result has already been uploaded, the system displays the order numbers and indicates if the lab result is associated with the current client or a different client.

Placer Order Number 'ORD777888' and Sender Order Number 'R-220713' are already associated with this client

Settings

Your IM or PSC needs to turn on eLabs and the manual upload function in your system. Note that there is no additional cost to using manual upload and it is not part of eLabs contracting.

[Security Matrix: eLabs](#)

Configuration See [Setting Up eLabs](#) in the help.

Use

1. eLabs button on Client nav bar.
2. Click the Choose File button, select the lab results file, and click Open.
3. Click the Upload Lab button. The HL7 viewer displays.
4. Review the lab results information; use the scroll bars to view information not currently visible.
5. To add the lab results to the client's record, click Accept into System. Otherwise, click Return to eLabs.
6. If a Placer Order Number/Sender Order number message displays, it means the lab result file has already been uploaded into your system. If the lab result is associated with a different client, you can click **Client** in the message to go that client's record. Click Return to eLabs to cancel the upload.

Ability to Process Refill Requests Added to PrescriptionCreateNonSPI

If you have non-prescribers with the "prescriber right" PrescriptionCreateNonSPI, they will now be able to process electronic refill requests that come into your system from pharmacies (status is REFILL REQUEST in the Medication list). Previously, only the prescriber could accept or decline refill requests.

Settings Your Implementation Manager (IM) or Partner Services Coordinator (PSC) needs to turn on the non-SPI functionality in your system.

[Security Matrix: PrescriptionCreateNonSPI](#)

Configuration N/A

Use See [Managing Prescriptions in the Medications List](#) in the help; there is a section on Managing Electronic Refill Requests.

No Reported Allergies/Meds on Client Overview Screen and Profile Print View

If the “Client has reported no allergies” checkbox is selected for a client, it will be indicated in the Allergies section on the Client Overview screen and Client Profile print view if the Allergies print option was selected.

Allergies

No Reported Allergies

All Allergies

Close

Print

John Doe (10819) [DOB: 4/2/1950]

ALLERGIES		
no_med_allergy	True	Client has reported no allergies

Likewise for the “Client has reported no current medications” checkbox.

Settings

[Security Matrix](#): MyCWAdmin (only needed to add Meds and/or Allergies sections to Client Overview screen), AllergyView, RxView

Configuration

See [Client Home Page Admin](#) in the help for the recommended position and order for the Allergies and Meds sections.

Use

To access the Client Overview screen: Client tab > client’s name or view button. Look for the Meds and/or Allergies sections.

To generate a Client Profile print view:

1. Profile on Client nav bar > Print View button.
2. Select Medications and/or Allergies (and other desired print options) and click Print View. Look for the Medications and/or Allergies sections.

Linking Episode Deletion and Outcome Graphs

If your organization uses client episodes and client episode fields to track outcomes, you will notice that outcome graphs now reflect episode deletions – data points are removed from the main graph when the episode is deleted. Previously, there was no way to tie an episode back to an outcome – one field set to outcome showed the outcome data entered for all episodes. As a result, if you deleted an episode, the outcome data remained on the one main outcome graph for that field for all the other open episodes.

Note that historical outcome data will pull into every episode as it did before. Outcome data entered after Release 8.2 will be linked to a specific episode. Episode outcomes that preceded Release 8.2 and continue into the future will have a mix of these approaches — historical data will show for every episode and then outcomes created after Release 8.2 will only link to their respective episode.

Settings

Partner Config: Use Client Episodes

Security Matrix: DataDictionary, ClientEpisodeDelete

Configuration

See [Outcome Tracking Setup](#) in the help.

Use

See [Outcome Fields](#) in the help.

Episode Close via Program Unassign Added to “Check Future Schedule” Setting

If you have enabled the Partner Config settings Episodes per Program Assignment and Check Future Schedule for Episode before Closing, the system will now perform the check when an episode is closed via a program unassign (or a team unassign that results in a program unassign).

Any future appointments are now presented in a list so you can review/resolve them before unassigning the program.

Settings

Partner Config: Use Client Episodes, Episodes per Program Assignment, Check Future Schedule for Episode before Closing, Reason for Client Team Unassign (optional)

Security Matrix: AssignClientPrograms, AssignClientTeams

Configuration

N/A

Use

See [Episodes](#) in the help.

Clinical Support ID Added to Display and HIPAA Logs

When a clinical support is triggered for a client, the ID will now be included in the Client Clinical Support screen.

CLIENT CLINICAL SUPPORT: John Doe (10819)		
<div> <div>--- All Active ---</div> <div>Filter</div> </div>		
Id		Summary
<div>select</div>	112	Cholesterol

The ID will also be referenced in the different clinical support actions in the HIPAA logs.

Settings

Security Matrix: ClinicalSupportAdmin, ClinicalSupportView

Client User Security Matrix: ClinicalSupportCU (to make clinical supports available in the Client Portal). Your IM/PSC needs to turn on the Client Portal for your system.

Configuration

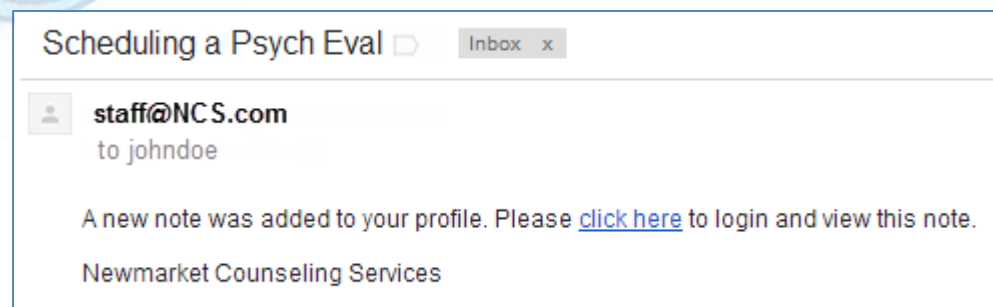
See [Clinical Support \(Admin\)](#) in the help.

Use


See [Clinical Support](#) in the help.

Secure Communication via Client Email Notes Function and Client Portal

With a new Partner Config setting, you can now use the Client Email Notes function to send a secure communication to a client. When *Send Client Portal Link in Client Email* is checked, the system sends a notification email that contains a link to the Credible Client Portal login screen.



Once logged into the Client Portal (client user setup is required), the client can view the body of the email in the Notes screen. While you can copy other people on the client email note, they would need access to the Client Portal to be able to read the body of the email.

CLIENT NOTES: John Doe (10819)	
Entered by: Jane Smith	7/30/2013 1:55:00 AM
 Scheduling a Psych Eval	
<p>Dear John, your social worker has reached out to me and thinks it would be in your best interest to have a psychological assessment done. I have some availability in August so please contact my office to schedule an appointment. Best, Dr. Smith</p> <p>Newmarket Counseling Services</p>	

As a reminder, if you delete the “email note” in the client’s record, it will be removed from the Client Portal as well.

Note that Send Client Portal Link in Client Email does not have any impact on Messaging Hub messages sent from/to the Client Portal.

Settings

Your IM/PSC needs to turn on the Credible Client Portal for your system.

Partner Config: Use Client Notes Email, *Send Client Portal Link in Client Email*, Client Email From Address, Client Email Signature (optional)

Security Matrix: ClientNoteAdd, ClientNoteDelete (optional), ClientUserView

Client User Security Matrix: ClientNotesViewCU

Configuration

Make sure client_email has been added to the Clients table (via the Data Dictionary) and that each client has an email address in the field in his/her Client Profile.

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

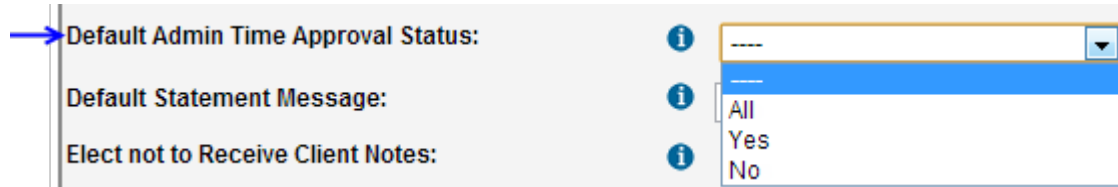
Use

1. Notes button on Client nav bar > Send Client Email button.
2. In the Send Email Message screen, enter the subject of the email, email addresses of individuals you want to copy on the email, and the body of the message.
3. Click Send Email.

EMPLOYEE

Setting Default Approval Status for Admin Time List

With a new Employee Config setting, employees can set the default approval status used for entries in the Admin Time List.



The screenshot shows a configuration interface with three settings on the left and a dropdown menu on the right. The settings are: 'Default Admin Time Approval Status:', 'Default Statement Message:', and 'Elect not to Receive Client Notes:'. Each setting has an information icon (i) to its right. The dropdown menu is open, showing three options: 'All', 'Yes', and 'No'. The 'All' option is currently selected and highlighted in blue.

As a reminder, you can access the Admin Time List via the Admin Time button on the Employee nav bar or Admin Time Queue function on the Admin tab. The system default for the employee-specific Admin Time List is all admin time entries; for the Admin Time Queue function, the default is unapproved admin time entries. The new Employee Config setting will change the default in both places.

Settings [Security Matrix](#): AdminTimeList, AdminTimeListAll or AdminTimeListOwn

Configuration N/A

Use

1. Config on the Employee nav bar.
2. Select the desired option from the Default Admin Time Approval Status dropdown and click Update Employee Config.
3. To access the Admin Time List, click Admin Time on Employee nav bar or Admin tab > Admin Time Queue. The Approved dropdown in the filtering row reflects the Employee Config default you that you set.

VISIT

Search Function Added for Visit Documentation

You can now search for a specific word or word sequence in the documentation for a completed visit. If there is a match, the word is highlighted in yellow. The system does not include headings (category names) or question text in the search.

PHP Milieu Note sit still Search Answers

Milieu Note

Date of service: 07/01/2013
Morning Progress Report (Please report on Behavior, Interventions and Response): .
Client was agitated
Data: Unable to sit still
Afternoon Progress Report (Please report on Behavior, Interventions, and Response): .
exclusive note

Settings Security Matrix: ClientVisitView (or variation such as ClientVisitViewTeam), ClientVisitViewForm

Configuration N/A

Use

1. Visit tab > Visit ID or view button.
2. Scroll down to the visit documentation section.
3. Enter the word or phrase you want to search for in the Enter search criteria box and click Search Answers.
4. Scroll down and look for matches highlighted in yellow.

Up to Five Axis I Diagnoses in Client Visit at Sign and Submit

If you need primary and non-primary Axis I diagnoses in a client visit record for billing purposes (that is, to send them in the 837P), you can configure your system to add them at sign and submit. When *Automatically Update Visit Dx* is enabled, the first five Axis I diagnoses in the active assessment are added at sign and submit.



Non Billable:	False
Copay:	\$0.00 <input type="button" value="add"/>
Diagnosis:	295.50/308.3/309.9/V62.3/309.89
Transferred:	8/7/13 3:35 PM
Signed:	8/7/13 3:35 PM

The default behavior is for the system to add non-primary Axis 1 diagnoses to a visit through a nightly process, which can delay billing by one day.

Settings

Partner Config: *Automatically Update Visit Dx*

Security Matrix: VisitEntryWeb and/or VisitDataEntry, ClientVisitView (or variation such as ClientVisitViewTeam)

Billing Payer: Override Claim Format = 837 Professional, Send Additional Dx When Present

Configuration

1. Billing or Admin tab > Billing Payer.
2. For each payer that requires primary and non-primary Axis I diagnoses: click edit, select 837 Professional from Override Claim format dropdown, select Send Additional Dx When Present checkbox, and click Save Settings.

Use

See [Documenting a Visit with a Web Form](#), [Visit Data Entry](#), and [Generating a Batch Claim File](#) in the help.

New Right Controls Availability of Approve Column

With the new right ClientVisitApproveColumn, you can now control which employees have access to the Approve column in the Client Visit List screen.

- When ClientVisitApproveColumn is checked (the default), employees have access to the Approve column; ClientVisitApprove/ClientVisitApproveOwn controls which visits have an approval checkbox.
- When ClientVisitApproveColumn is unchecked, the Approve column is hidden on the Client Visit List screen. In addition, the Approve checkbox in Advanced Visit Search is hidden so the Approve column cannot be added to the search results.

Settings

Security Matrix: ClientVisitApproveColumn, ClientVisitApprove or ClientVisitApproveOwn, ClientVisitList (or variation), AdvSearch

Configuration

To hide the Approve column in the Client Visit List screen and the Approve checkbox in the Advanced Visit Search screen:

1. Admin tab > Security Matrix.
2. Uncheck ClientVisitApproveColumn and click Save All.

Use

N/A

ADMIN**Allergies and Medical Profile Fields Added to Clinical Support Criteria**

You can now include allergies and/or medical profile fields in the criteria that will trigger a clinical support for clients. In addition to blood pressure and height/weight, you can select another Medical Profile field from the Vital Signs dropdown and specify the trigger value.

Clinical Support	
Summary:	Cholesterol
Allergy:	Peanut Oil, Bee Pollen,
Medication:	
Lab Result Range:	150.00 to 199.00
Blood Pressure	--- BP TYPE --- From / To
Height/Weight	Height ft in - To - ft in Weight lbs - To - lbs
Vital Signs	-- Client Medical Profile Column -- Field Value:
Gender:	--- SELECT ---

Settings

Security Matrix: ClinicalSupportAdmin, ClinicalSupportView

Client User Security Matrix: ClinicalSupportCU (to make clinical supports available in the Client Portal). Your IM/PSC needs to turn on the Client Portal for your system.

Configuration

See [Clinical Support \(Admin\)](#) in the help.

Use

See [Clinical Support](#) in the help.

Additional Axis I Fields and “Last Updated” Fields Available for Clients Table

You can now include the fourth (axis_1d), fifth (axis_1e), and sixth (axis_1f) Axis I diagnoses in the Clients table. In addition, there are four new “last updated” fields you can add to track the date and time when a client’s allergies, medications, diagnoses, and labs were last added, updated, or deleted:

date_allergy_last_updated, date_medication_last_updated, date_diagnosis_last_updated, and date_lab_last_updated. Use the Data Dictionary to add the fields to the Clients table.

Settings [Security Matrix](#): DataDictionary, ClientUpdate

Configuration See [Adding a Field to a Table with Data Dictionary](#) in the help.

Tip: to keep the Client Profile screen “cleaner,” only add the new fields to the Search type of the Clients table. While the fields will not display in the Client Profile screen, they will be available in the Sort By, Where, and Custom Fields sections in Advanced Client Search.

Use If you add the fields to the View/Update types of the Clients table, see [Client Profile](#) in the help.

When including the last_updated fields in a Where clause in Advanced Client Search, you have to use the operator >= or <= because the system records them as date time stamps to the minute. For example, to pull a client’s last allergy update that was on 8/15/2013 at 2:06 pm, the Where clause needs to be >= 8/15/13 to pull everything from midnight 8/15/13 onwards. You can also enter the time in the Where clause. For example, to pull all updates after 2 pm on 8/15/2013, the Where clause needs to be >= 8/15/2013 2:00pm (or 8/15/13 14:00).

Generic Date and Text Fields Added to ClientMedicalProfile Table

To help you capture additional information about a client in the Medical Profile screen, generic date and text fields – date1 through date30 and text1 through text30 – have been added to the ClientMedicalProfile table. Use the Data Dictionary to define the date and text fields so they meet the needs of your organization.

Settings [Security Matrix](#): DataDictionary, MedicalProfileAdd, MedicalProfileUpdate

Configuration N/A

Use See [Standard vs Generic \(Customizable\) Fields](#) in the help.

Recording New Actions in the HIPAA Logs

To help you monitor user actions in your Credible system, the actions below will now be recorded in the HIPAA logs.

ACCESS ADMIN PAGE	ACCESS TEAM SCHEDULE PAGE
ACCESS BILLING PAGE	ACCESS VISIT ADVANCED SEARCH
ACCESS CLIENT PAGE	ACCESS VISIT PAGE
ACCESS CLIENT VISIT TEMPLATE	CLONE CLIENT AUTHORIZATION
ACCESS EMPLOYEE PAGE	CLONE CLIENT VISIT
ACCESS FORMS PAGE	EXPORT CLIENT CONTACTS
ACCESS FUNDS PAGE	EXPORT CLIENT FAMILY
ACCESS HOME PAGE	PRINT CLIENT MEDICATIONS
ACCESS REPORTS PAGE	PRINT CLIENT PLANNER
ACCESS CLIENT SCHEDULE PAGE - DAY	PRINT CLIENT PROFILE
ACCESS CLIENT SCHEDULE PAGE - MONTH	PRINT EMPLOYEE PLANNER
ACCESS CLIENT SCHEDULE PAGE - WEEK	PRINT LIABILITY BASIC
ACCESS EMPLOYEE SCHEDULE PAGE - DAY	PRINT LIABILITY FORM
ACCESS EMPLOYEE SCHEDULE PAGE - MONTH	PRINT LIABILITY SCALE
ACCESS EMPLOYEE SCHEDULE PAGE - WEEK	PRINT LIABILITY SLIDING FEE
	PRINT MEDICATION SCHEDULE
	PRINT PAYMENT RECEIPT
	PRINT TXPLUS PLAN

Settings [Security Matrix: ReportList, ClientViewLog](#)

[Report Security: Global HIPAA Log](#)

Configuration N/A

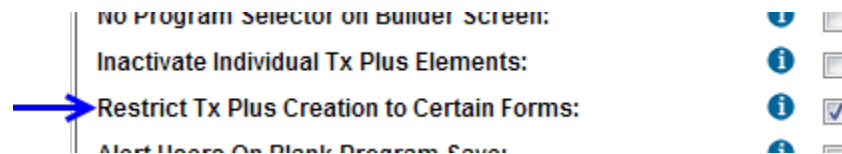
Use For an individual client or employee, click the Log button on the Client or Employee nav bar.

For all clients, employees, and visits:

1. Reports tab > Admin button on nav bar > Global HIPAA Log.
2. Select filters and click Run Report.

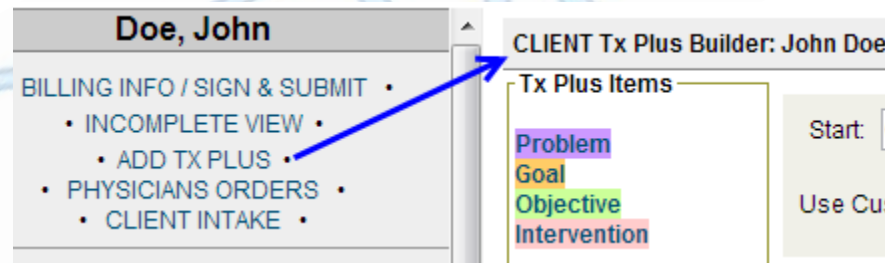
Restricting Tx Plus Plan Creation to Web Forms and Specific Visit Types

You can now configure your system to restrict Tx Plus plan creation so it can only be done from within a web form and only for certain visit types. Once a Tx Plus plan exists, the restriction prevents users from adding/editing top levels but allows them to add/edit child levels.



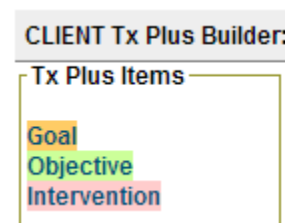
This restriction is useful if the top levels in a treatment plan – for example, Problems – need to stem directly from information in a specific form such as an original assessment. In this scenario, users would be prevented from adding/editing Problems in non-assessment forms but could add/edit child levels – for example, Goals, Objectives, and Interventions – as normal.

When the new Partner Config setting Restrict Tx Plus Creation to Certain Forms is selected, there is only way to create a Tx Plus plan: from within a form that is linked to a visit type flagged as “Tx Plus Creation Visit” – a new visit type config setting. And you have to use the ADD TX PLUS link to access the “creator” version of the Tx Plus Builder screen.



If you access the Tx Plus Builder screen via the Intake nav bar (or the Client nav bar), the “non-creator” version without the top level in the Tx Plus Items box displays.

Once top levels (and optionally child levels) have been added to a Tx Plus plan and it has been saved, users should then access it via “non-creator” visit types – Tx Plus Creation Visit is unchecked. While they cannot add/edit top levels, they can add/edit child levels.



Settings

[Partner Config](#): Use Tx Plus, *Restrict Tx Plus Creation to Certain Forms*

[Visit Type Config](#): *Tx Plus Creation Visit*

[Security Matrix](#): TxPlusBuild, TxPlusView, TxPlusBuildFromForm (optional)

Note that Restrict Tx Plus Creation to Certain Forms is different than the TxPlusBuildFromForm right, which removes the Tx Plus button from the Client nav bar and has no impact on the top level.

Configuration

1. Admin tab > Partner Config.
2. Select Restrict Tx Plus Creation to Certain Forms and click Save Partner Config.
3. Admin tab > Visit Type.
4. Edit the visit type(s) you want to allow top-level editing and adding.
5. Select Tx Plus Creation Visit and click Save.

See [Tx Plus](#) in the help for information on setting up a Tx Plus form.

Use



See [Building a Tx Plus Plan](#) in the help; look for the section on building the plan from within a web form.

When creating the plan, access the form via a “creator” visit type and make sure you use the ADD TX PLUS link to access the Tx Plus Builder screen.

Once the plan is created, have users use a “non-creator” visit type to add/update child levels in the plan.

Start/End Dates, Automatic End Dating, and Archiving Foster Homes

If your organization uses the Foster Care functionality in Credible, you will notice enhancements in Manage Foster Homes. You can now enter start and end dates for each foster home and take advantage of automatic end dating.

Start Date	08/01/2012	
End Date	08/01/2014	
Insert Foster Home		

In addition, you can delete (archive) foster homes you are no longer using as long as clients are not currently assigned to them.

If you enter an end date for a foster home, the system will remove it from the active list when the current date is later than the end date. If necessary, you can change the end date to make the foster home active again.

An Archived checkbox has been added to the filter criteria for the Foster Homes list screen. There is also a Show Archived button so you can view archived and inactive foster homes.

While clients cannot be assigned to an archived or inactive foster home, you can still bill for intervals that occurred prior to the archive date or end date.

Settings

[Partner Config](#): Use Foster Care, Use Client Episodes

[Security Matrix](#): FosterHomeAdmin, ClientEpisodeUpdate, FosterCareBilling

Configuration

N/A

Use

Admin tab > Manage Foster Homes.

- To enter start and dates, click detail > Edit Profile, enter the dates, and click Update > Return to Manage Foster Homes.
- To delete an active foster home, click delete and then click OK when the confirmation popup displays.
- To view deleted and/or archived foster homes, select the Archived checkbox and click Filter or click Show Archived. To return to the active foster home list, click Show Active Only.

BILLING

Displaying All CPT Modifiers in Billing Matrix List Screen

A Billing Matrix entry can have up to four CPT modifiers. The Billing Matrix list screen has been enhanced to show all modifiers for each entry instead of just the first one. Previously, you had to click the edit button to see CPT modifiers 2 through 4.

<i>Settings</i>	Security Matrix: BillingConfig
<i>Configuration</i>	N/A
<i>Use</i>	Billing or Admin tab > Billing Matrix

Billing Matrix: Yearly Time Period for Overproduction Units

If you have a payer that caps overproduction units on a yearly basis, you can take advantage of the new Yearly Overproduction Period in the Billing Matrix. There is also a new date field to specify the month and day when the yearly period starts.

Overproduction Units:

Overproduction Unit Cap:	<input type="text" value="1000"/>
Overproduction Code:	<input type="text" value="ABC"/>
Overproduction Period:	<input type="text" value="Yearly"/>
Overproduct Weekly Period Start Day:	<input type="text" value="---"/>
Overproduct Yearly Period Start Day:	<input type="text" value="07/31/2013"/>

Note that the system will ignore the year value of the date you enter. For example, if you enter 07/31/13, the yearly period will be from 12:00 am on July 31st to 11:59 pm on July 30th of the next year.

<i>Settings</i>	Security Matrix: BillingConfig
<i>Configuration</i>	N/A

Use

1. Billing or Admin tab > Billing Matrix.
2. Edit the existing Billing Matrix entry (or add a new one) that needs the Yearly Overproduction Period.
3. Select Yearly from Overproduction Period dropdown.
4. Use calendar picker to select month and day when yearly period starts and click Save Settings.

Duplicate Billing Report: Excluding Merged Time from Overlapping Times

If your organization includes merged visits in your duplicate visit check and considers visits with overlapping times as duplicates, you can now exclude merged time from the check. If you select the new filter *Overlapping Times (excluding merged time)*, the system will only consider the actual visit time and not the combined (merged) visit time.

When Overlapping Times (excluding merged time) is selected, split visits will not be included in the results.

Settings

[Security Matrix: BillingReports](#)

Configuration

N/A

Use

1. Billing tab > Duplicate Billing Report.
2. Select the Include Merged Visits and Overlapping Time (excluding merged time) checkboxes.
3. Select other filter criteria as appropriate and click View Report.

New “Include Inactive Clients” Filter for 270 Batch Generation

When you generate a 270 file, the default behavior is to only include active clients. With a new filter, you can now add inactive clients to the 270 batch. This is useful if you have inactive clients that have active insurance records.

A Client Status column has been added to the 270 Batch Generation results.

Settings

Security Matrix: BillingModule

Configuration

N/A

Use

1. Billing tab > Generate Eligibility(270) Batch.
2. Select the Include Inactive Clients checkbox.
3. Select other filter criteria as appropriate and click Filter.
4. Review results, deselecting any clients that you do not want to include in the 270 file.
5. Select the appropriate billing group from the dropdown and click Build 270 File.

CMS 1500: State Tax ID in Box 25 and Agency Tax ID in Box 26

A Payer Config setting has been added to accommodate payers that have the following two requirements:

1. State tax ID instead of the agency tax ID in Box 25
2. Agency tax ID instead of the client ID in Box 26

Settings

Security Matrix: BillingConfig

Payer Config: Use State ID in Box 25 / Tax ID in Box 26

Configuration

1. Billing or Admin tab > Billing Payer.
2. Edit the payer that needs the new setting.
3. Select Use State ID in Box 25 / Tax ID in Box 26, enter the state tax ID needed in the External ID field, and click Save Settings.
4. Billing tab > Provider Config.
5. Edit the appropriate provider config record.
6. Enter the agency tax ID in the 2nd ID field and click Save Settings.

Use

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

CREDIBLE

REPORTS

Sorting Added to Client and Employee HIPAA Logs

When you access the HIPAA log for an individual client or employee, you can now sort it by Date, User, Action, or Record. Sorting by Record was also added to the Global HIPAA Log.

Settings [Security Matrix](#): ReportList, ClientViewLog

[Report Security](#): Global HIPAA Log

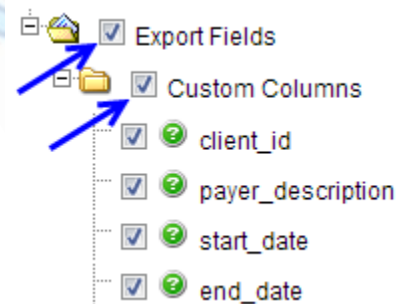
Configuration N/A

- Use*
- For individual client or employee, click Log button on Client or Employee nav bar.
 - For all clients, employees, and visits:
 1. Reports tab > Admin button on nav bar > Global HIPAA Log.
 2. Select filters and click Run Report.

Click a sortable column header to sort in ascending order. Click the column header again to sort in descending order.

“Select All” Checkboxes Added for Export Fields

“Select all” checkboxes have been added at the top level and folder level for export fields to make it easier to select all fields (columns) available or all fields in a specific folder.



Settings[Security Matrix: ExportBuild](#)*Configuration*

N/A

Use

1. Reports tab > Export Tool on nav bar.
2. Edit an existing export where you need to select all export fields or all export fields in one or more folders (or add a new export).
3. Scroll down in the Export Builder screen to the Export Fields section.
4. Do one of the following:
 - To select all fields in all folders, select the Export Fields checkbox.
 - To just select all fields in a specific folder, select the folder name checkbox.
5. Click Next Step and finish the export as you normally would.

FORMS

Creating Multiple Visits from Single Visit with “Split Visit When Checked”

With enhancements to Split Visit When Checked, you can generate multiple visits from a single visit and specify the billing details for each split visit. You specify visit type, program, and/or time in and time out or select an “Is Split Secondary” Billing Matrix entry. As a reminder, split visit creation is tied to specific checkbox and radio button answers in the form.

Specifying the Billing Details

IS Default: NO

Is Notification Trigger: NO

Split Visit When Checked: True

Visit Type: Letter-Visitation

Program: Autism OP

Timein: 3:00 PM

Timeout: 3:30 PM

Matrix:

Long Text:

Selecting an “Is Split Secondary” Billing Matrix Entry

Split Visit When Checked: True

Visit Type:

Program:

Timein:

Timeout:

Matrix: Basic Acute Sec (2391) : --- (Acute) : 1-44000

Long Text:

Outcome reporting is an example of when creating multiple visits from a single visit can be useful. Each split visit answer would be tied to a specific outcome and if selected, a visit with the appropriate CPT code would be created and then reported via an 837.

In the Client Visit List, the split visits are listed after the original visit and are indicated by the double plus sign icon.

ID	Approve	Client	Employee	Type	Team	CPT	Sta
205687	<input type="checkbox"/>	Doe, John	Smith, Jane	1-10 Pain	+ FACT Team	H0039	CO
205686	<input type="checkbox"/>	Doe, John	Smith, Jane	IndivTher	+ Adult Outpatient Therapy	90785	CO
205685	<input type="checkbox"/>	Doe, John	Smith, Jane	CLNonFace	FACT Team	0000	CO

Original visit

Settings

Your IM/PSC needs to turn on the Medical Billing functionality in your system.

[Security Matrix](#): FormBuilder, FormBuilderEdit

Configuration

N/A

Use

1. Access the Forms tab and then edit an existing form or add a new one.
2. Edit an existing checkbox or radio button question or add a new one.
3. Edit an existing answer or add a new one.
4. Select True from the Split Visit When Checked dropdown.
5. Do one of the following:
 - Use the Visit Type, Program, and/or Timein/Timeout fields to specify the billing details for the split visit. The Timein/Timeout fields are useful for school programs/attendance. If you do not enter time in/time out values, the split visit will inherit the start and end times entered on the Sign & Submit screen.

Note: if the answer is selected, the billing details you entered need to match the matching criteria of an “Is Split Secondary” Billing Matrix entry for a CPT code to be assigned to the split visit. For Timein/Timeout, the match is based on calculated duration – it must fall within the calculated duration of the Start/End Minutes of the matrix entry.

- From the Matrix dropdown, select the Billing Matrix entry you want the split visit to match on. Only matrix entries flagged with “Is Split Secondary” are available in the dropdown.

Note: if you are selecting a Billing Matrix entry that does not have a program as part of its matching criteria, you can specify a program for the split visit by selecting one from the Program dropdown. You can also select a Billing Matrix entry and specify Timein/Timeout; the calculated duration must fall within the calculated duration of the matrix entry for a CPT code to be assigned to the split visit.

6. Fill out the other Answer fields as appropriate and click Save/Add Answer.
7. Repeat steps 3 through 6 for each answer you want to set up to create a split visit.
8. Build and activate the form.

Setting Up a Dropdown As a Lookup

If you have a dropdown in a web form, you can now set it up as a lookup like you can with a Data Dictionary field. When you select True for the new Is Lookup field, a Manage Lookup button displays that lets you access the “lookup config” popup. You can set up the dropdown as a standard dropdown such as geo_area or state or as a custom dropdown using custom lookup items.

Can Be Hidden: ☐ False ☐ True ☐ False ☐ True

Is Lookup: ☐ True ☐ False ☐ True ☐ False

Field Map: Select Field

Manage Lookup

Lookup Table: LookupDict

Lookup ID: lookup_desc * Field stored in base table - must match data type.

Lookup Description: lookup_desc * Field shown in dropdowns.

Lookup SQL:

* Custom SQL for Description. Must use valid SQL string concatenation.

Lookup Category: admission_type

Save Cancel

Settings

Security Matrix: FormBuilder, FormBuilderEdit

Configuration

- Standard dropdowns – You specify the options for several standard dropdowns via corresponding functions on the Admin tab. For example, use Geo Areas/Offices function to set up the different geo areas. Other standard dropdowns such as State are predefined.
- Custom dropdowns – You use Custom Lookup Categories and Custom Lookup Items functions on the Admin tab to configure custom dropdowns.

Use

1. Edit an existing form that has a question with the DropDown answer format (or add a new one).
2. Under Advanced Options for the question, select True from the Is Lookup dropdown and then click the Manage Lookup button that displays.
3. Set up the dropdown as a standard or custom dropdown. For standard, select the appropriate lookup table (for example, GeoAreas). For custom, select LookupDict as the lookup table and then select the appropriate lookup category from the corresponding dropdown.
4. From the Lookup Description dropdown, select the option descriptor you want to display in the dropdown. The choices available depend on the table but typically you will select the option itself or a description of the option (for example, geo_area or geo_desc). For a custom lookup, the typical selection is lookup_desc.
5. Click Save to close the popup and then click Save Question.
6. Build and activate the form.

Option for Yes/No Answers when Injecting Boolean Fields


By default, when a Boolean field is injected into a form, the answer appears as True or False. If you prefer, you can now configure your system to display the injected answers as Yes or No. Enabling the new Partner Config setting will result in a consistent presentation since Boolean answers display as Yes or No on screens such as the Client Profile and Client Extended Info.

<i>Settings</i>	<i>Partner Config: Forms Show Yes/No or True/False</i>
<i>Configuration</i>	See Injecting and Mapping Data in the help.
<i>Use</i>	See Documenting a Visit with a Web Form in the help.

PATCH LIST

Cross-Browser Compatibility

IE 9, Firefox, and Chrome: No Auth Notes with Info Icon Hover Over

<i>Task #</i>	42319
<i>What was the issue?</i>	Hovering over the  for an authorization did not produce the detailed information for the auth. Had to click the update button to view the notes.
<i>The patch</i>	A fix was made to the “tooltip” display so authorization notes will now display as expected when hovering over an info icon.

Client

Need “Navigating Away” Warning for Unsaved Documentation in Tx Plus Form

<i>Task #</i>	41799
<i>What was the issue?</i>	Need warning to prevent data loss that can occur when user navigates away from Tx Plus form before saving documentation.
<i>The patch</i>	<p>Validation has been added to Tx Plus forms. If documentation exists in any element and the user attempts to navigate away from the form before saving the data, a confirmation message displays warning that navigating away will result in data loss.</p> <p>Important: the validation will <i>not</i> block Idle Logout functionality in Partner Config. If an Idle Logout time is set and there is unsaved documentation/text in the Tx Plus form (or any form for that matter) when that time is reached, the data will be lost.</p>

Cannot Document Against Tx Plus Plan with Level End Dates of Today

<i>Task #</i>	44420
<i>What was the issue?</i>	When Tx Plus plan had levels with end date of today, the plan would not pull into web form to document against. If the plan had an end date of today but the levels did not have any end dates, the plan was available.
<i>The patch</i>	A fix was made so level end dates will expire at the same time as the plan end date – at 11:59 PM.

Need Tx Plus Top-Level Expand Function to Apply to All Child Levels

<i>Task #</i>	36355
<i>What was the issue?</i>	When accessing Tx Plus from the Client nav bar and viewing an existing plan, clicking the plus sign for a top level only expands the first child level. Need plus sign to expand all child levels for that top level.
<i>The patch</i>	Expand functionality has been updated to include all child levels for a top level.

Truncated Tx Plus Custom Library Content in Client Profile Printview

<i>Task #</i>	41990
<i>What was the issue?</i>	Number of characters allowed in Tx Plus Custom Library elements exceeds characters that can be included in the Client Profile printview.
<i>The patch</i>	Maximum number of characters for the summary fields for goals, objectives, and interventions has been increased to 100 in the Tx Plus Custom Library and when printing treatment plans.

Need Alert When Saving Tx Plus Plan with Blank Program

<i>Task #</i>	42819
<i>What was the issue?</i>	When creating new Tx Plus plan, program was selected before a template was selected. This sequence caused program selection to be cleared (recommended order is to select template first). Need to display confirmation popup when saving a Tx Plus plan with a blank program so user has chance to select or reselect it.
<i>The patch</i>	Partner Config setting <i>Alert Users On Blank Program Save</i> has been added. When checked, the message "Program is blank, are you sure you want to save?" displays when saving a Tx Plus plan with a blank program.

Deleted Custom Lookup Items in Tx Plus Extended Field Dropdowns

<i>Task #</i>	43454
<i>What was the issue?</i>	Custom lookup items marked as deleted were still showing as options in Tx Plus extended field dropdowns.
<i>The patch</i>	A fix has been made so a deleted custom lookup item will no longer be available in the Tx Plus extended field dropdown linked to the corresponding category.

Number in Wiley Description Field Instead of Text

<i>Task #</i>	43054
<i>What was the issue?</i>	When a description did not exist for an element in a Wiley treatment plan, the system populated the Description field with a number.
<i>The patch</i>	The system will populate the Description field with the content in the Summary field if a description for an element does not exist.

Need Client Summary Designation in Client Attachments Screen

<i>Task #</i>	41750
<i>What was the issue?</i>	When viewing the Client Attachments screen, needed a quick way to determine if the attachment was an imported client summary.
<i>The patch</i>	An Is Summary column has been added to Client Attachments screen.

ROI Start and End Dates No Longer on "All Contacts" Screen

<i>Task #</i>	43647
<i>What was the issue?</i>	The screen that used to display when you clicked the All Contacts link on Client Overview screen contained ROI start and end dates. When that screen was changed to the same screen that displays when you click Contacts on the Client nav bar, the dates were no longer displayed.
<i>The patch</i>	ROI start and end dates have been added to the Contacts screen.

Discontinue Med Popup: Incorrect Terminology when Using Med History Notes

Task # 43339

What was the issue? When the Partner Config setting Use Med History Notes was checked, the confirmation popup that displayed when discontinuing a med asked if you wanted to delete the medication. While the med was discontinued if you clicked OK, the incorrect terminology caused confusion.

The patch The wording in the confirmation popup has been changed to "Are you sure you want to discontinue this medication?"

Incorrect Prescription Tab Default on Refills

Task # 42310

What was the issue? A prescription was "written" using the Free Text Sig tab. When the prescription was refilled, the system defaulted to the Sig Builder tab causing the doctor to lose time. Previously, the system had defaulted to the correct tab for refills.

The patch A fix has been made so the "prescription builder" tab used during script creation will be the default when the script is refilled.

Custom Indiana Rx Printout: Incorrect Date for "Do Not Fill Before" Date

Task # 44359

What was the issue? System used the date the script was printed as the Do Not Fill Before date on a custom Indiana script printout instead of the Start Date entered on the Create Prescription screen.

The patch A fix has been made so the Start Date entered when creating a script will be used as the Do Not Fill Before date on the custom Indiana script printout.

System Overrides Test Name Entered for Manual Lab Result

<i>Task #</i>	39281
<i>What was the issue?</i>	When adding a manual result, employee entered “4-panel” in the Test Name field. After saving the lab result, the system changed the test name to “8-panel”.
<i>The patch</i>	<p>In Credible, there is a one-to-one “global” relationship between a test code and test name and it is established the first time the test code/test name combination is entered and saved. If a user enters a test name for a test code that already has a one-to-one relationship and it is different than the established test name, the system will override it.</p> <p>To help users understand the one-to-one test code/test name relationship, existing combinations will be displayed in a list when a test code is entered. The items in the list will start with or contain the first number or letter entered in the Test Code field; the list will be filtered as additional numbers or letters are entered.</p>

Inconsistency with Number of Characters Allowed for Client Portal Username

<i>Task #</i>	41279
<i>What was the issue?</i>	When adding a user for the Credible Client Portal, up to 30 characters were allowed for the username. However, when a client user tried to log into the Client Portal, only 16 characters were allowed.
<i>The patch</i>	The maximum number of characters for a client user username has been increased to 40 in both the User Add screen and Client Portal login screen.

Schedule**Schedule Template Edits Not Reflected Instantaneously in Employee Schedules**

<i>Task #</i>	34065
<i>What was the issue?</i>	Needed to clear browser cache make employee schedule reflect schedule template edits.
<i>The patch</i>	A fix has been made so edits to a schedule template will be reflected instantaneously in employee schedules.

Block Overlapping Clients by Visit Types & Group Activity: Original Date Not Retained

<i>Task #</i>	37336
<i>What was the issue?</i>	When overlapping visits were detected, the system overwrote the original Group Visit Date entered in the Enter Visit screen with the current date.
<i>The patch</i>	A fix has been made so original date entered will be retained when overlapping visit error occurs.

Visit

Editing/Discarding Incomplete Visits Possible Without ClientVisitEditAllIncomplete

<i>Task #</i>	43825
<i>What was the issue?</i>	User without the ClientVisitEditAllIncomplete right was able to access the web forms for all incomplete visits via the Visit ID links. Once a form was displayed, user could edit it or discard the visit on the Sign & Submit page.
<i>The patch</i>	ClientVisitEditAllIncomplete has been updated so if a user does not have the right, the visit IDs on the Incomplete Client Visit List will no longer be links to the web forms.

Random Errors when Printing Certain Visits

<i>Task #</i>	39787
<i>What was the issue?</i>	User experienced random errors such as “cannot obtain font” when printing certain services. Same user using the same computer was able to successfully view and print other visits.
<i>The patch</i>	Issue was tied to Tx Plus documentation – data had been copied and pasted into the form and included special characters. A fix has been made to support special characters in Tx Plus documentation.

Incorrect Format for Diagnosis Values in Visit Printview

<i>Task #</i>	43931
<i>What was the issue?</i>	Certain diagnosis codes displayed in date format (for example, 7/1/0296) in the Diagnosis Code field in the visit printview header.
<i>The patch</i>	Issue was tied to diagnosis codes ending in .1 - .12. A fix was made so all diagnosis codes will now be displayed properly in the visit printview.

Bypassing Required Location at Sign and Submit

<i>Task #</i>	39254
<i>What was the issue?</i>	Even though system was configured to require location for approval, employee was able to sign and submit visits without entering a location.
<i>The patch</i>	Additional validation has been added. If an employee tries to sign and submit without selecting a location, the following message will display: This visit doesn't have a location, but Partner Config setting 'Require Location and Recip for Appr' requires it. Please submit with a location.

Tx Plus: Wrong Client's Plan in Another Client's Visit View

<i>Task #</i>	44271
<i>What was the issue?</i>	When viewing a completed Tx Plus plan visit for Client A, Client B's Tx Plus was displayed. However, when the full visit was edited, the system pulled in the correct Tx Plus plan.
<i>The patch</i>	A fix was made so the correct Tx Plus plan is pulled in when viewing a completed Tx Plus plan visit.

Diagnosis Change on Existing Visit Not Saved

<i>Task #</i>	42877, 43815, 43806
<i>What was the issue?</i>	When updating a visit, no diagnoses were available in dropdown; used switch button to select diagnosis and make it available in dropdown. Selected diagnosis and updated visit but diagnosis change was not retained.
<i>The patch</i>	Issue was tied to diagnoses being deleted from the client's record. A fix has been made so deleting a client's diagnosis will no longer corrupt the switch diagnosis functionality for an existing visit.

Error when Editing Category via Header Link

<i>Task #</i>	44501
<i>What was the issue?</i>	Error screen (Variable is undefined: 'strCalc2') displayed when user clicked specific category header link to edit category in documentation for completed visit. Error did not occur when Edit Full Visit button was used.
<i>The patch</i>	Issue was tied to calculated fields in the category. The variable strCalc2 has been defined for the screen that displays when you edit an individual category so the error will no longer occur.

Need ClientVisitApprove Right to Unapprove Services

<i>Task #</i>	42434
<i>What was the issue?</i>	If user did not have both ClientVisitUnApprove and ClientVisitApprove, Unapprove button was available but nothing happened when he/she clicked it.
<i>The patch</i>	ClientVisitUnApprove has been updated it is now sufficient to unapproved a visit.

Admin

Hide Templates Setting Hides Manage Tx Plus Library on Admin Tab

Task # 44124

What was the issue? When the Partner Config Setting Hide Templates setting was checked, Manage Tx Plus Library was not available on the Admin tab.

The patch A fix has been made so Hide Templates will no longer impact availability of Manage Tx Plus Library.

Manage Client Duplicates: Non-Primary Insurance Records and Tx Plus Plans Do Not Merge

Task # 42455, 38652

What was the issue? When merging duplicate clients, secondary insurance coverage was not included in the merge. In addition, Tx Plus plans for non-primary clients in the merge were not added to the primary client's list of Tx Plus plans.

The patch Fixes have been made so all insurance records and all Tx Plus plans will be included when merging records for duplicate clients. A Tx Plus plan from a non-primary client will be brought in as an inactive plan.

Error when Erasing Data from Boolean Fields

Task # 43265

What was the issue? Script error displayed when attempting to erase data from three generic Boolean fields.

The patch Software has been updated to automatically set value in a Boolean field to False (0) when erased.

Billing

Visit Type Not Available when Generating Bed Board Services

Task # 42713

What was the issue? Visit type needed to generate bed board services was not in the Visit Type dropdown on the Enter Visit screen.

The patch A fix was made so visit types with special characters in their names will not be excluded from the Visit Type dropdown when generating bed board services.

CMS 1500: Need to Turn Off “Signature on File” in Box 31

Task # 40083

What was the issue? For certain payers, needed to prevent the system from adding “Signature on File” to Box 31 on CMS 1500 when employee (provider) has electronic signature on file.

The patch A new Payer Config setting was added so you can toggle the “Signature on File” in Box 31 feature off and on as needed for each payer. It will be selected by default. To turn off the feature:

1. Billing or Admin tab > Billing Payer.
2. Edit for the appropriate payer.
3. Uncheck *Display Signature on File in Box 31* and save.

837: Rejected Claims Due to 0000 in DTP*435 Segment in 2300 Loop

Task # 44834

What was the issue? Payer rejected claims due to having 0000 in the DTP*435 segment in the 837I. Payer did not consider 0000 a valid time.

The patch When the Payer Config setting Use Episodic dates in 837i is unchecked, the system will now use 0001 in the DTP*435 segment instead of 0000.

837: Rejected Claims Due to Provider's ID Qualifier/ID in 2010AA Loop

Task # 43727

What was the issue? Claims were rejected because NPI qualifier and ID from Provider Config were in the 2010AA Loop. This occurred even though No ID (NPI) for Provider was selected in Payer Config.

The patch Software has been updated so Provider IDs will only be included when RSN Code is blank *and* No ID (NPI) for Provider is unchecked. If these two conditions are met, system will then check the Do Not Send Alternate Billing Provider IDs setting. The three possible scenarios are as follows:

- To have no provider ID info show up so that you just see the name: have a value in RSN Code and/or select No ID (NPI) for Provider.
- To have alternate IDs show up: configure the alternate IDs in Provider Config.
- To keep any alternate IDs from showing up: select Do Not Send Alternate Billing Provider IDs.

No “Reason Why” Display with Payer Red X Hover Over

Task # 42474

What was the issue? In the Billing Details screen for a batched service, hovering over the payer red X did produce a tooltip with the reason why the insurance red X'd.

The patch A fix was made to the tooltip display so the reason why will now display as expected when hovering over a payer red X.

Billing Matrix: Need to Prevent Flex Visit Type and Rollup Code Combination

<i>Task #</i>	38553
<i>What was the issue?</i>	System would let you save a Billing Matrix entry that had a flex visit type and rollup code.
<i>The patch</i>	Validation has been added to the Billing Matrix to prevent you from saving an entry with a Flex visit type and a rollup code. In this scenario, the Save Settings and Save and Reprocess buttons will be disabled. In the Payer Specific screen, the Rollup Code field will be disabled if the main entry has a Flex visit type. Hovering over the disabled buttons (or Rollup Code field in the Payer Specific screen) displays a tooltip explaining that a rollup code may not be assigned for a Flex visit type.

Reports**Need to Record Deleting a Client Payment in HIPAA Logs**

<i>Task #</i>	39253
<i>What was the issue?</i>	When a client payment was deleted, the action was not recorded in the HIPAA logs (accessed via Log button on Client nav bar or Admin button on Reports nav bar > Global HIPAA Log).
<i>The patch</i>	DELETE CLIENT PAYMENT has been added to the HIPAA logs. Note that this is in addition to the CLIENT PAYMENT DELETE ledger action that has always existed.

Admin Logging Report: Need Employee Responsible for Adding Form Group

<i>Task #</i>	44241
<i>What was the issue?</i>	Admin Logging Report shows that form group was added but Employee column is not populated.
<i>The patch</i>	<i>Going forward</i> , the employee responsible for adding, updating, or deleting a form group will be recorded in the Admin Logging Report.

Program Admission Report Duplicates with Single-Program Filter and Single-Episode Clients

<i>Task #</i>	41168
<i>What was the issue?</i>	Duplicate entries on Program Admission Report when a single program is selected as filter and the clients only have one episode.
<i>The patch</i>	The report pulls clients based on program assignment and not episode creation. A program assignment can be direct or indirect through a team assignment which is why there may be duplicate entries. A Team column has been added to the report to make it easier to distinguish between a direct and an indirect program assignment.

Cannot Import Second Payer on Authorizations

<i>Task #</i>	43699
<i>What was the issue?</i>	AuthPayer was not available in the Table dropdown when creating an import.
<i>The patch</i>	The AuthPayer table has been added to Data Dictionary and the Import Tool. As a reminder, you need to add the payer_id and auth_id fields to the table in Data Dictionary to make them available in the Import Tool.

Export Tool: Change to Predefined Dropdown Parameter Not Retained

<i>Task #</i>	41601, 39931
<i>What was the issue?</i>	Export was built with a parameter that used the predefined Employee dropdown. During an update, the parameter was changed from the predefined dropdown to a calendar field. When the export was run, the parameter still used the predefined Employee dropdown.
<i>The patch</i>	A fix was made so parameter changes made via the Export Builder will update the ExportBuilder table and be reflected when the export is run.

Forms

No Validation on Allowed Characters when Mapping to Form

Task # 12032

What was the issue? System did not check for allowed characters specified in Data Dictionary when mapping to a profile field. Check only happened when entering/updating a field via the Profile function on Client nav bar.

The patch When data is mapped to a profile field, system will now check to see if it matches the following Data Dictionary settings: Is Update Required, Is Date, Is Numeric, Max Length, Min Length, and Allowed Chars. If there are discrepancies, the data will not be mapped.

Need Multiple Service Split

Task # 40077

What was the issue? Needed a service to split to bill a facility charge and split for interactive complexity.

The patch With enhancements to Split Visit When Checked, you can generate multiple visits from a single visit and specify the billing details for each visit. See [Creating Multiple Visits from Single Visit with "Split Visit When Checked"](#) for more information.

Error Screen when Previewing Category with Numerous Show/Hide Questions

Task # 13039

What was the issue? Error screen displayed when previewing category that had numerous show/hide questions in it.

The patch The limit of 19 conditional questions in a category has been removed.

Employee Forms: Signatures Not Displaying As Expected

Task # 44924

What was the issue? Employee A signed the form in signature box #3 but his/her signature did not display until Employee B signed in signature box #4 – and Employee B's signature did not display in signature box #4.

The patch Employee signatures will now display on employee forms in the order in which they are captured.

CREDIBLE

