

August 2014

Certified Version 9.1 Configuration

Version 1.1



CREDIBLE

Behavioral Health Software

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GENERAL

Telephone Number Needed when Submitting Task Ticket

To make it easier for Credible to contact your Agency regarding a submitted task ticket, Telephone Number has been added to the submittal screen as a required field. Two other enhancements are an on-screen reminder to not enter protected health information (PHI) in the task ticket and updated priority descriptions and guidelines.

Settings Credible must enable “task ticket submittal” functionality for a user. Your Agency can have up to three authorized Task Ticket Submitters.

Configuration N/A

Use See “Submitting a Task Ticket” in Credible Help.

CLIENT

Dropdown Format for Active/Inactive Flag for Individual Tx Plus Elements

If you have configured Tx Plus so individual elements in a plan can be deactivated, you will notice that the Inactive checkbox has been replaced with an Element Status dropdown.

Element Status: ACTIVE

By default, the dropdown has an active status and inactive status. You can rename the two default options and add additional statuses via the Manage Tx Plus Element Status Type function in Partner Config.

When an inactive status is selected, a reason field in the element has replaced the Inactivation Reason popup.

Element Status: INACTIVE

For treatment plan elements that were inactivated prior to the August Release, the dropdown defaults to INACTIVE and the inactive reason displays in the new Inactive Reason field.

Element Status: INACTIVE
Inactive Reason: Deferred

When a user reactivates an inactive element by selecting an active status, a new reactivate confirmation prompt displays.

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

Security Matrix: TxPlusInactive, TxPlusBuild or TxPlusBuildFromForm

- Configuration**
1. Admin tab > Partner Config > Manage Tx Plus Element Status Types.
 2. To rename an existing status, click edit, change Tx Plus Status name, and click save.
 3. To add a new status:
 - a. Click Add a New Tx Plus Element Status Types Entry.
 - b. Enter the name of the status in the Tx Plus Status field.
 - c. Optional: enter a code in the Code field.
 - d. If you are adding an active status, select True from Is Active dropdown. Otherwise use default of False to add an inactive status.
 - e. Click Add Tx Plus Element Status Types button.

- Use**
1. Tx Plus on Client nav bar > edit button.
 2. To deactivate an element, select the appropriate inactive status from the Element Status dropdown and enter the reason in the field that displays.
 3. To reactivate an element, select an active status from the Element Status dropdown and click OK when confirmation prompt displays.
 4. Click Save in the Tx Plus Items box to save the changes.

Fixed Position for Treatment Plan Header in Builder Screen

To make it easier to see the summary information for a treatment plan when building or editing it, the header will now remain at the top of the screen when you are scrolling through the plan elements. If you are using Internet Explorer® 10, we recommend you select the new Expand View checkbox to have the treatment box header (and Tx Plus Items box) scroll with the plan elements.

Settings **Partner Config:** Use Tx Plus

Security Matrix: TxPlusBuild or TxPlusBuildFromForm

Configuration N/A

Use See “Building a Tx Plus Plan” in Credible Help.

Credible eRx: Partner Config Printout Address Fields Updated for eRx Use

The Printout Address Line 1/2 and Printout City/State/Zip Code fields in Partner Config are now used in Credible eRx prescription printouts. The legacy Printout Address field will be retired in the future.

Effective with this release, a printout address is necessary to enable the Create Prescription button on the Client Medications and Providers Orders screens. Note that the Physicians Orders screen and report have been renamed Providers Orders screen/report.

Settings Separate contracting is required for the Credible eRx module. Please contact contracts@credibleinc.com if you would like to add this module to your Agency's domain. Once purchased, your Implementation Manager (IM) or Partner Services Coordinator (PSC) needs to turn it on.

Security Matrix: PartnerConfig

Configuration

1. Admin tab > Partner Config.
2. Fill out Printout Address Line 1, Printout Address Line 2 (if appropriate), and Printout City/State/Zip Code fields. Maximum number of characters in the Address Line 1/2 fields is 35.
3. Click Save Partner Config.

Use See "Printing a Prescription" in Credible Help.

Credible eRx: New Security Right for "Supervising Provider on Script" Requirement

If a Credible eRx Prescriber ("provider") requires a supervising provider on prescriptions when they are printed/sent to the pharmacy, *you need to select the new Security Matrix right RequireSupervisingProvidereRx for his/her profile*. When a provider has the right and he/she is selected from the Provider dropdown on the Create Prescription screen (or the provider is creating the script himself/herself), the Supervising Provider dropdown displays and selecting one becomes a requirement.

Previously, the only option was to display/hide the Supervising Provider dropdown for all providers via the Partner Config setting Show Two Provider Names On eRx Scripts; this setting has been removed.

Settings **Security Matrix:** *RequireSupervisingProvidereRx*

Configuration Your IM/PSC needs to set up your Agency's prescribers as Credible eRx Prescribers in your Agency's domain. For more information, refer to reference 32908 in the Credible Library and "Credible eRx Admin" in Credible Help.

For supervising providers:

1. Profile on Employee nav bar > Update.
2. Select Yes for Is Supervisor and click Update Employee.

Use See "Creating a Prescription" in Credible Help.

Credible eRx: Client Zip Code Validated Against U.S. Requirements

In accordance with Surescripts® requirements, client zip codes are now validated against U.S. requirements when creating a script with Credible eRx. Valid formats are 12345, 12345-0987, and 12345 0987. If the Client Profile zip code is present but not in a valid format, the Send to Pharmacy button is disabled and the button tooltip indicates that a valid U.S. format is required.

Note that Credible eRx does not require a client zip code; if the client's zip code is left blank, no validation check is performed and the prescription can be sent electronically.

Settings [Security Matrix](#): PrescriptionCreate, PrescriptionCreateNonSPI

Configuration See "Credible eRx Admin" in Credible Help.

Use See "Creating a Prescription" in Credible Help.

Credible eRx: New Fields Added to “Finalize Prescription” Screen

In accordance with Surescripts requirements and to help ensure the accuracy of a prescription before you submit it, the following fields have been added to the “finalize prescription” screen: Client gender/DOB, Provider phone/address, date/time script was written, and Pharmacy phone/address. In addition, the screen now has a reminder that Additional Comments entered go to the Pharmacy – they are not viewable by the client.

Prescription for: **John Doe (10819)**

Gender:	M
Date of Birth:	4/2/1950
Provider:	Tech Team, Credible
Provider Phone:	6036036034
Provider Address:	123 test st, somewhere, NH , 03037

Prescribed Medication Info:

Written Date:	8/8/2014 11:16:01 AM
Medication:	Benadryl 25 mg capsule
Dosage:	Take 1 capsule (25 MG) By Oral Route 3 time
Quantity:	3 Capsule
Refills:	0
Addtl. Comments: *Notes to the Pharmacy.	Please put pills in a blue bottle
Geo Area: ⓘ	-- Geo Area -- ▼
Associate Dx: ⓘ	-- Associated Diagnosis -- ▼
Pharmacy:	Test000 Pharmacy Store 10.6
Pharmacy Phone:	9523337777
Pharmacy Address:	6000 E. Broadway, Bloomington, MN, 55425

Settings Security Matrix: PrescriptionCreate, PrescriptionCreateNonSPI

Configuration See “Credible eRx Admin” in Credible Help.

Use See “Creating a Prescription” in Credible Help.

Credible eRx: “Screen Flow” Updates for Refills

When an employee with Is Doctor = Yes in his/her profile clicks the Refill button on the Providers Orders or Client Medications screen, there are two possible “screen flow” scenarios:

- If the employee is not the original provider, the Create Prescription screen displays.
- If employee is the original provider, the “finalize prescription” screen displays; the Edit button is available.

When an employee with Is Doctor = No in his/her profile clicks the Refill button on the Providers Orders or Client Medications screen, the “finalize prescription” screen displays. If employee has RxRefill right, the Edit button will be available.

Settings **Security Matrix:** PrescriptionCreate, PrescriptionCreateNonSPI, RxRefill (as appropriate for Is Doctor = No employees)

Configuration Make sure Is Doctor field in Employee Profile is set to Yes/No as appropriate.
See “Credible eRx Admin” in Credible Help.

Use See “Current, Pending, and Completed Orders” or “Managing Prescriptions in the Medications List” in Credible Help.

Credible eRx: Two New Fields on Printout/Fax for Controlled Substance Refill Request

In accordance with Surescripts requirements, when the “Decline Refill Request & Start New” option is used for a controlled substance refill request, the printout/fax will now have a line indicating that the printout/fax is in response to an electronic refill request for a controlled substance. It will also have the Rx Reference number supplied by Surescripts.

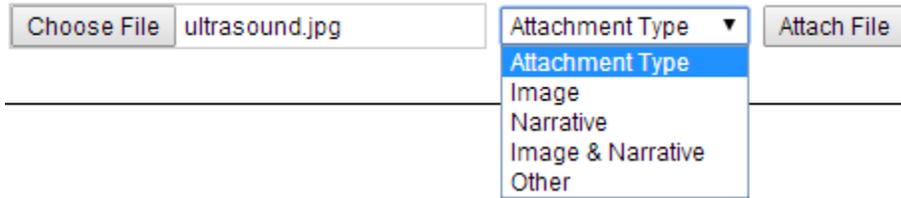
Settings **Security Matrix:** PrescriptionCreate, PrescriptionCreateNonSPI, RxRefill

Configuration See “Credible eRx Admin” in Credible Help.

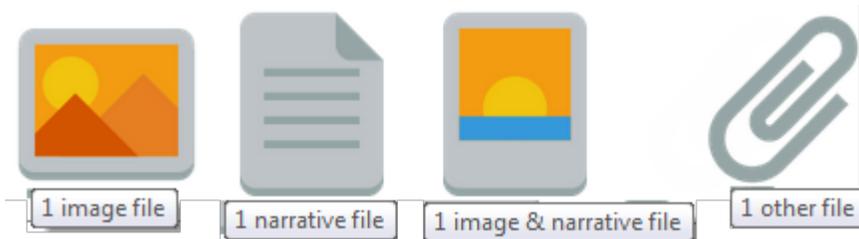
Use See “Managing Prescriptions in the Medications List” in Credible Help.

eLabs: Specifying Attachment Type for Lab Results Attachment

The Lab Results function in eLabs has been enhanced with the addition of an Attachment Type dropdown. When adding an attachment to a lab result, you now have to identify what type it is by selecting the corresponding option from the Attachment Type dropdown.



Once a file is attached, it will have an icon that corresponds to its attachment type. Hovering over the icon displays the attachment type and the number of attachments.



The icons are displayed in the summary and detail lab results screens.

If a lab result had an attachment prior to this release, it will be assigned the “Other” attachment type.

Settings

Separate contracting is required to use the Credible eLabs module. Please contact contracts@credibleinc.com if you would like to add this module to your Agency’s domain. Once purchased, your IM/PSC needs to turn on the eLabs Result Entry feature.

[Security Matrix: eLabs](#)

Configuration

See “Setting Up eLabs” in Credible Help.

Use

1. eLabs on Client nav bar > Add Manual Result tab.
2. Fill out the Lab Results Header screen and click Save Result Header.
3. Fill out the fields in the Lab Results section.
4. In the Attachments box, click Choose File and find/select the file you need to attach to the lab result.
5. Select the corresponding type from the Attachment Type dropdown and click Attach File.
6. Click Save Lab Result.

See “eLabs” and “Lab Result Attachment: Supported File Types” in Credible Help for more information.

Viewing Clinical Summary After Download via XSL Style Sheet

With the addition of an XSL style sheet in the CCD/CCR summary zip file, you can now view the clinical summary on your computer after downloading it.

CONTINUITY OF CARE DOCUMENT(CCD)

Patient	John Doe
Date of birth	February 2, 1950
Sex	Male
Page	

While a style sheet is provided in each CCD/CCR summary zip file, it is the same style sheet every time and will work with any CDA document.

Important: the clinical summary contains protected health information – follow HIPAA guidelines to protect it.

Settings

[Partner Config](#): Use Clinical Summary Features

[Security Matrix](#): PatientSummaryGenerator

Configuration

N/A

Use

1. Profile button on Client nav bar > Generate Clinical Summary button at bottom of profile.
2. Adjust summary detail information as necessary.

3. Use default output option **Enclose CCD / CCR Summary in Zip File**.
4. Click Generate Clinical Summary.
5. Save zip file to folder on your computer.
6. Extract the files from the zip file into a folder (the XSL style sheet and clinical summary have to be in the same folder).
7. Click the clinical_summary XML file to view it.

Name	Type
 cda	XSL Stylesheet
 clinical_summary_1081920140806T...	XML Document
 hash	Text Document

Viewing Imported CCD Clinical Summaries in “Browser Mode”

Browser view functionality has been added for imported clinical summaries that are Continuity of Care Documents (CCDs). Clicking the new browser icon displays the clinical summary in your browser.



Below the demographic information, there is a hyperlinked table of contents that you can use to jump to the different sections in the clinical summary.

Table of Contents

- [CARE PLAN](#)
- [VITAL SIGNS](#)
- [Results](#)
- [ALLERGIES](#)
- [PROBLEMS](#)
- [REASON FOR REFERRAL](#)

The browser view is available for CCD clinical summaries imported prior to this release.

Settings Partner Config: Use Clinical Summary Features

Security Matrix: ClientFileView

Configuration N/A

- Use**
1. Attachments on Client nav bar.
 2. Click browser icon to left of PDF icon to view clinical summary in your browser.

EMPLOYEE

Initiating Electronic Conversation with Client’s Authorized Users

To improve Agency-client communication, New Message functionality has been added to the Messaging Hub. If an assigned client has one or more client users, you can use the Messaging Hub to send the first message in a conversation to the Credible Client Portal. If the client has a client user with the MessagingCU right, he/she will be able to view and reply to the message.

MESSAGING HUB: Jane Smith

Message Recipient: Doe, John 02/02/1950

Type of Message: General Message

Subject: Need to schedule appt

Rich text editor toolbar: A (font color), A (background color), ABC (text color), B (bold), I (italic), U (underline), S (strikethrough), ☰ (bulleted list), ≡ (numbered list)

Dear John, please contact our office to schedule y

Settings Partner Config: Check Message Interval, Message Disclaimer Text for Client Portal

Security Matrix: MessagingHubAnswerMessages

Client User Security Matrix: MessagingCU

Configuration Assigned client must have at least one client user with MessagingCU right. See “Setting Up the Credible Client Portal” in Credible Help for more information.

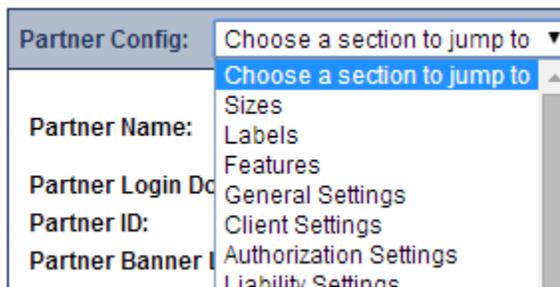
Use

1. Messaging Hub button on Employee nav bar > New Message button.
2. Select the client from the Message Recipient dropdown and General Message as the message type.
3. Enter the subject and body of the message in the corresponding fields. You can format and spell check the message with the tools in the text box.
4. Click Send Message.

ADMIN

“Jump to” Dropdown Added to Partner Config

To help you navigate the different sections in Partner Config, a “Jump to” dropdown has been added.



Settings

Security Matrix: PartnerConfig

Configuration

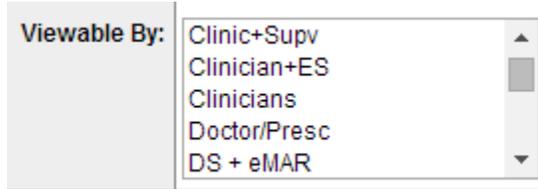
N/A

Use

1. Admin tab > Partner Config.
2. Select desired section from “Jump to” dropdown.

Restricting “Viewability” of Clinical Supports

With the new “Viewable By” setting in the Clinical Support Admin screen, you can limit which employees can view a clinical support when it is triggered.



You can select one or more security profiles from the list provided. An employee with a selected profile also needs to have the ClinicalSupportView right.

Settings [Security Matrix: ClinicalSupportAdmin](#)

Configuration N/A

- Use*
1. Admin tab > Clinical Support.
 2. Edit an existing clinical support or add a new one; see “Clinical Support (Admin)” help topic for more information.
 3. Select one or more security profiles from Viewable By list (press and hold Shift/Ctrl and click to select range or multiple profiles).
 4. Click Update/Add Clinical Support Tool.

BILLING

CMS 1500: Payer Config Setting to Send CLIA Number in Box 23

A paper claim for laboratory testing requires the CLIA number of the lab performing the testing in Box 23. To meet this requirement, a Payer Config setting has been added that will send the CLIA number from Provider Config in the corresponding box in the CMS 1500.

CLIA stands for Clinical Laboratory Improvement Amendments – they “regulate laboratory testing and require clinical laboratories to be certificated by their state as well as the Center for Medicare and Medicaid Services (CMS) before they can accept human samples for diagnostic testing” (source: www.fda.gov/medicaldevices/deviceregulationandguidance/ivdregulatoryassistance/ucm124105.htm).

Settings **Billing Matrix:** Send CLIA Number

Payer Config: *Use CLIA Number in Box 23*

- Configuration**
1. Make sure CLIA number is populated in appropriate Provider Configs and Send CLIA Number is selected in appropriate Billing Matrix lines.
 2. For the appropriate payers:
 - a. Billing or Admin tab > Billing Payer > edit.
 - b. Select Use CLIA Number in Box 23 and click Save Settings.

- Use**
1. Billing tab > Generate Batch Claim File.
 2. Select the payer, CMS 1500 as the claim format, and other filters as appropriate and then click Filter Batch.

CMS 1500: Payer Config Setting to Send Resubmit Type Code

For a payer that accepts voids and adjustments in the CMS 1500 and requires the Resubmit Type Code, use the new Payer Config setting *Use Resubmit Type Code in Box 22*. By default, the system sends the Resubmit Reason Code.

Note that the Resubmit Type Code is sent in the 837P.

Settings **Payer Config:** Can Resubmit Voids and *Use Resubmit Type Code in Box 22*

- Configuration** For the appropriate payers:
1. Billing or Admin tab > Billing Payer > edit.
 2. Select Use Resubmit Type Code in Box 22 and click Save Settings.

- Use**
1. Billing tab > Generate Batch Claim File.
 2. Select the payer, CMS 1500 as the claim format, and other filters as appropriate and then click Filter Batch.

CMS 1500: Grouping Claims by Rendering Employee NPI (Box 24j)

The CMS 1500 functionality has been updated so a client’s visits will be separated based on Rendering Employee NPI. Note that each visit requires a rendering NPI to be included in the CMS 1500.

Settings N/A

Configuration N/A

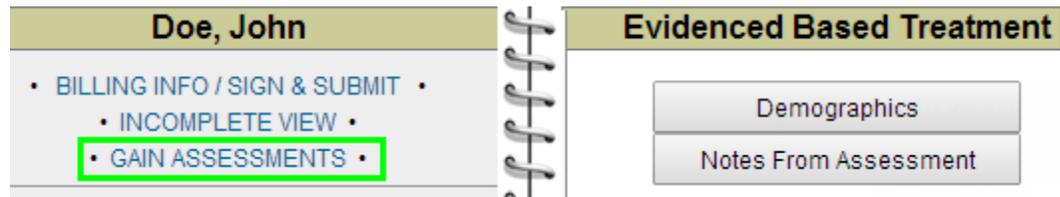
Use See “Generating a Batch Claim File” and “Printing the CMS 1450/1500” in Credible Help.

FORMS

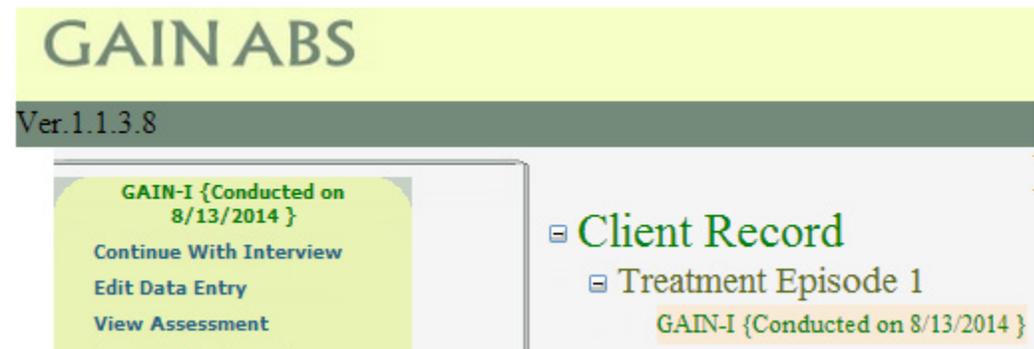
Administering GAIN Assessments from Within a Web Form

If your Agency uses the Global Appraisal of Individual Needs (GAIN) Assessment Building System (ABS), you can take advantage of Credible-GAIN integration and administer GAIN instruments while in a web form. GAIN ABS is a HIPAA-compliant, web-based system hosted by Chestnut Health Systems that allows for computer-based and interactive administration of the GAIN instruments.

Clicking the GAIN ASSESSMENTS link in a web form gives you access to the GAIN ABS web application and displays the client’s record.



If the client does not exist in GAIN ABS, Credible will create a record for him/her. You can work with treatment episodes, assessments, and reports in the GAIN ABS native user interface.



Settings

Separate contracting is required for Credible-GAIN Integration functionality. Please contact contracts@credibleinc.com if you would like to add this functionality to your Agency's domain. Once purchased, your IM/PSC will perform the necessary configuration steps, including behind-the-scenes login access to the employees you designate.

Configuration

1. Edit an existing form or add a new one and select Show GAIN checkbox to enable GAIN ASSESSMENTS link in the form. The checkbox is not available in Form Builder until GAIN integration has been configured by your IM/PSC.



Form

Form ID:	1660
Form Name:	Evidenced Based Treatment
Employee Form:	<input type="checkbox"/>
Show Physicians Orders:	<input type="checkbox"/>
Show Intake Nav Bar:	<input type="checkbox"/>
Show GAIN:	<input checked="" type="checkbox"/>
Is Incident Form:	<input type="checkbox"/>
Mo Convr:	<input type="checkbox"/>

2. If the form is new, link it to a visit type and make sure the visit type has a Billing Matrix line.

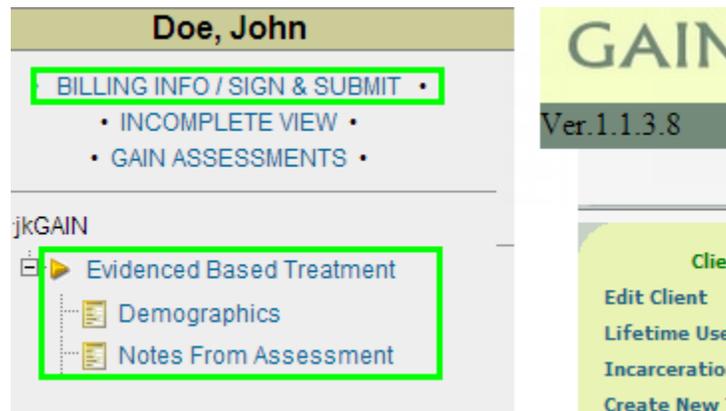
Use

1. Schedule/begin visit that is linked to a form set up to show GAIN ASSESSMENTS link.
2. Complete categories in the form as appropriate.
3. Click GAIN ASSESSMENTS link on left side of the form.
4. Once the GAIN ABS screen displays, use the functions in the Client Record box to work create a new treatment episode and run reports. You can export a GAIN report and save it to your computer; you can attach it to the visit when signing and submitting (see next step).



While you can use the question mark icon on the GAIN ABS screen to access the help system for the application, *you should not use the Main, Search, and Logout buttons.*

5. When done in GAIN ABS, navigate back to a form category or the Sign & Submit screen via links on the left side of the form.



6. Sign and submit the visit. Use the ATTACHMENTS link on the Sign & Submit screen to attach any GAIN reports that you exported and saved locally.

PATCH LIST

Client

Inconsistent Display of “Client has reported no current medications” Checkbox

Task # 54717

What was the issue? When Client Medications screen was filtered by DISCONTINUED status, “Client has reported no current medications” checkbox displayed even though client had active medications.

The patch Fix has been made so “Client has reported no current medications” checkbox will only display when no active medications exist – regardless of status filter.

Medications Disappear from PBM Medication History After Rx Eligibility Update

Task # 53335

What was the issue? When doctor viewed PBM medication history, it showed client had been on three medications. After doctor updated Rx Eligibility to check current history, the three medications disappeared from PBM medication history even though client still had insurance prescription coverage.

The patch A fix has been made to Rx Eligibility update functionality so previous retail history will be retained after an update.

eMAR Print View Taken/Total Stats Do Not Reflect Actual Number of Doses Taken

Task # 59011

What was the issue? Administration result was not taken into account when calculating “taken” portion of the taken/total stats displayed at the bottom of eMAR Print View. For example, client had 15 days of medication and took 10 days worth, refused 4 days, and missed 1 day; taken count incorrectly indicated client had taken all of the medications (15).

The patch Fix has been made so “taken” number only reflects administration responses that have Treat As Taken set to True (Admin tab > eMAR Setup).

Attempt to Refill from Orphan Refill Request Fails with Comment “Maximum Refills Reached”

<i>Task #</i>	53543
<i>What was the issue?</i>	Attempt to refill from orphan refill request failed; comment was “Maximum Refills Reached” and Surescripts error was “1 errors validating against SureScripts Xml 4.20 .xsd.”
<i>The patch</i>	Fix has been made so number of refills entered will be retained so processing refill request will be successful.

Immunizations Not Displaying for Certain Clients

<i>Task #</i>	46688
<i>What was the issue?</i>	Immunizations were not displaying for clients that did not have active medical profiles.
<i>The patch</i>	Fix has been made so that immunizations will display for clients regardless of whether they have an active medical profile.

Schedule

Incorrect Times when Exporting Schedule to Outlook/Using Outlook Calendar Integration

<i>Task #</i>	43635, 49910, 56045, 28652
<i>What was the issue?</i>	When employee schedule was exported to Outlook format, the calendar was one to four hours off from Agency’s instance of Outlook. Outlook Calendar Integration exported appointments and blocked times but at the wrong times.
<i>The patch</i>	A fix has been made to time zone functionality so different versions of Outlook will interpret dates without time zones correctly.

Clients Not Receiving Email and Text Appointment Reminders

<i>Task #</i>	42532, 38806
<i>What was the issue?</i>	Several clients reported they had not received email/text appointment reminders.
<i>The patch</i>	A fix has been made to ensure text and email appointment reminders will be automatically sent to clients as expected.

Visit

Error Occurs when Trying to Clone Visits with Certain Visit Types

<i>Task #</i>	59102
<i>What was the issue?</i>	Server error occurred when trying to clone visits with visit types #Monthly MH or #Monthly SA.
<i>The patch</i>	A fix has been made so you can clone data entry visits with visit types that do not pull in forms.

Billing

Reprocessing Moves Insurance Due Balance to Client Due and Writeoff Due to Liability

<i>Task #</i>	47559
<i>What was the issue?</i>	Scenario: system is set up for spend down, client's monthly liability has been used up by initial visit, and additional visits provided in same month. When additional visits were reprocessed, Insurance Due balance was moved to Client Due and then written off due to liability. Staff had to undo "liability" service adjustment on affected visits to correct.
<i>The patch</i>	To prevent "liability" service adjustments on reprocess, select new Payer Config setting <i>Spend Down</i> .

Paid Service with Zero Balance Shows on 121+ Day A/R Report with \$84 Balance

<i>Task #</i>	28886
<i>What was the issue?</i>	Service that was paid and had a zero balance showed up on 121+ Day A/R Report with a balance of \$84.
<i>The patch</i>	<p>When applying an insurance payment to a visit where the payment payer is not the current payer, the system automatically creates ledger lines to move the revenue between the two payers (INSURANCE REVENUE). If the payment's deposit date (or check date if there is no deposit date) was updated, the INS PAYMENT ledger line got an updated accounting date but the INSURANCE REVENUE ledger lines did not. This caused inaccuracies in the ledger when doing As Of reporting using Accounting Date as the date basis.</p> <p>A fix has been made so the updated accounting date will be applied to the INS PAYMENT and INSURANCE REVENUE lines in the scenario described above.</p>

Note that Accounting Period and ledger batch (Revenue/AR export batch) rules still apply. To be updatable, the ledger line accounting date must correspond to an existing, open accounting period and not be batched into a ledger batch.

Reports

Error when Running Export with Excel (XLSX) Format

Task # 59066

What was the issue? When trying to run an export with Excel (XLSX) format selected, staff got error message "This page cannot be displayed."

The patch A fix has been made so the error will no longer occur.

Ad Hoc Report Is Incorrectly Populating 1-1-1900 for Med Profile Dates

Task # 54896

What was the issue? Ad hoc report that pulls in medical profiles is populating 1-1-900 when actual medical profile date is null.

The patch A fix has been made to Query Builder so a medical profile date field will be blank in an ad hoc report when it is null in actual medical profile record.

Payer As Of Aging By Client Report Takes Too Long to Complete

Task # 58735

What was the issue? It took the system over six minutes to complete the Payer As Of Aging by Client Report.

The patch Performance improvements have been made so the Payer As Of Aging reports will run in a more timely manner.

Forms

Short Description Answer for Race Questions Does Not Display in Visit Details

Task # 56561

What was the issue? Form visit answers that used LookupDict functionality displayed Lookup ID instead of short description when viewed in Visit Details screen.

The patch Software has been updated as follows: if the form question is set to be a lookup where Lookup Table = LookupDict AND Lookup ID = lookup_id, *the first one that exists of* the lookup description, lookup short description, lookup code, or stored SavedVisitAnswer.answer value will be displayed in the completed form.

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