

Certified Version 6.1 Configuration

On June 1, 2011, Credible Behavioral Health Version 6.1 attained ONC-ATCB 2011/2012 Complete EHR certification status from the Certification Commission for Health Information Technology (CCHIT[®]), an Office of the National Coordinator (ONC) Authorized Testing and Certification Body (ATCB).¹

This document describes the features in the certified version that were not released in May 2011. It lists any settings required to enable a new feature along with the steps for configuration and use. Settings that are new and specifically needed for a feature are in *italics*.

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¹ Certificate Number: CC-1112-306540-1. www.cchit.org/products/2011-2012/arrafinalruleeligibleprovider/3112. CCHIT[®] is a registered mark of CCHIT.

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CREDIBLE eLABS AND MANUAL LAB RESULT ENTRY

With Credible eLabs, you can electronically order lab tests, print lab test orders, and electronically receive the results. Separate contracting is required for this module and the average lead time is 12 weeks. For more information, send an email to contracts@credibleinc.com. Configuration notes for Credible eLabs will be available July 29, 2011.

Manual entry of lab results is possible without purchasing the Credible eLabs module. You can make lab results available in the Client Portal, inject them into forms, and use them as a trigger for a clinical support or as criteria in Advanced Client Search. See below for settings and the steps to configure and use.

Settings

Security Matrix: *eLabs*, DataDictionary, EmployeeUpdate

Client User Security Matrix: *eLabsCU*

Your Implementation or Account Manager needs to turn on the lab result entry feature and the Client Portal in your system.

Steps to Configure

1. Admin tab > **Data Dictionary** > Table source = Clients and Type = View
2. Add the is_doctor field and select the Is Boolean checkbox.
3. Click **Match Update to View** or add the field to the Update screen manually.
4. For each physician in your organization, update his or her profile so is_doctor = Yes.

For information on setting up the Client Portal, click [here](#).

Steps to Use

To manually enter lab results associated with an order:

1. Client tab > Client's name > **eLabs** on nav bar > **Add Result**.
2. In the Lab Results header screen:
 - a. Enter the order number (required).
 - b. Select the physician that ordered the lab test (employees with is_doctor = Yes are included in the list).
 - c. Select the lab from the Facility dropdown. If the lab isn't in the list, enter its code and name in the fields provided. It will be added to the list the next time you access the Lab Results header screen. If a lab result doesn't have a facility, it will not be included in the client's [Continuity of Care Record](#).
 - d. Enter the collection and received dates (required; the dates cannot be in the future).
 - e. Optional: enter the specimen source, specimen condition, and test type.
 - f. Click **Save**.

3. In the Lab Results details screen, enter the results of the first lab test associated with the order.
 - a. Click the Lab Picker button to search for and select the lab or enter the code and name of the test in the fields provided. To use lab results as a trigger for a clinical support or as criteria in Advanced Client Search, the test code and name entered must be valid.

To work with the Labs Picker popup: enter the first few numbers of the LOINC code or part of the lab test name, select the appropriate test from the list provided, and click **done**. The Test Code and Test Name fields are autopopulated based on your selection.
 - b. Use the Value, Abnormality, Units, and Range fields to record the details of the lab result.
 - c. If the result is outside of the applicable range, select the Panic checkbox.
 - d. Click the calendar picker icon to select the Result Date (required and cannot be in the future; you can also enter it manually).
 - e. Click **Save Lab Result**.
4. Repeat step 3 for each lab test associated with the order.
 - To edit or remove test results from the client's record, use the corresponding button.
 - To add results for another order, click **Start New Result Header** and repeat steps 2 – 4.
 - To view the results entered, click **Return to Labs**. The system automatically checks the Abnormal checkbox if Abnormality is set to High or Low.

For a client user to view lab results: log into the Client Portal and click **eLabs** on the nav bar.

CREDIBLE eRx

Checking Rx Eligibility for a Client

With the Rx Eligibility function and the formulary data stored in Credible, you can determine a client’s participation in one or more prescription drug plans. A client does not need to have insurance in his or her record to pull Rx eligibility information. Unlike insurance eligibility checks, Rx eligibility is a synchronous process so the data is returned immediately. Due to Surescripts’ requirement that Rx eligibility requests are not sent in batches, you can only request Rx eligibility information for one client at a time.

Credible compares the medication codes in the client-specific eligibility response with the formulary data for the drug plans. It then displays Rx eligibility information for each health plan the client is enrolled in. The information includes plan description/ID, subscriber start/end dates, group number/name, and demographic information. If there isn’t a value in one of the Eligibility fields, it means the PBM/payer did not send anything back in the 271 response. If the client’s demographic information is different from the demographic information in his or her record in Credible, the Demo Different checkbox will be selected.

You can only request Rx eligibility information for a client once every 72 hours (the information doesn’t change that often) and there has to be a service to associate the request with. It can be a completed or incomplete service that was started in the past 24 hours or a service that is scheduled for any time today or tomorrow (this timeframe restriction comes from Surescripts).

If a client wants to know if a certain payer provides eligibility information, he or she will need to contact the payer to find out.

Settings

Security Matrix: RxView

You need to have the Credible eRx and Credible eRx Formulary and Benefits modules and your Implementation or Account Manager needs to turn them on. Separate contracting is required for these modules. For more information, send an email to contracts@credibleinc.com.

Steps to Configure

N/A

Steps to Use

1. Make sure the client has:
 - The following fields filled out in his or her client profile: First Name, Last Name, Address, City, State, Zip, Date of Birth, and Gender.
 - A service to associate the Rx eligibility request with (a completed or incomplete service that was started in the past 24 hours or a service that is scheduled for any time today or tomorrow).
2. Client tab > Client’s name > **Medications** on nav bar > **Rx Eligibility** button.
3. If you are not a prescriber, select the appropriate one from the Provider dropdown.

4. Click **Rx Eligibility**.
5. After reviewing the Rx eligibility information, click **Done**.
6. The Rx Eligibility button reflects the date and time the client's Rx eligibility was last checked. You can click the Rx Eligibility button at any time to review the Rx eligibility information pulled during the last check.

Reviewing Formulary Information when Creating a Prescription

Description	<p>When you create a prescription, Credible uses the medication code from the client's Rx eligibility and the formulary data stored in the system to determine the formulary status. It displays the formulary status and supporting data in the Prescription tab above the Sig Builder/Free Text Sig tabs.</p> <p>A blue font color is used when the medication is on-formulary while a red font color is used if it is off-formulary, unknown, or non-reimbursable. If a medication is on-formulary, the preferred level is indicated. In most instances, a high preferred level and low tier level for the copay means a lower cost medication for the client.</p> <p>If you selected a medication that is non-preferred, has a low preferred level, or is off-formulary, you can:</p> <ul style="list-style-type: none"> • Switch to another plan if the client has multiple drug plans to see if the medication has a higher preferred level or is on-formulary for that plan • Select a different medication from the On Formulary Alternatives list; the alternative medications in the list will have an equal or higher preferred level to the current medication selected <p>At no time will the system prevent a prescriber from selecting an off-formulary medication. Formulary information is merely a tool to assist prescribers.</p> <p>Best practice: check a client's medication history before prescribing a medication.</p>
Settings	<p>Security Matrix: RxView or PhysicianOrdersView, PrescriptionCreate or PrescriptionCreateNonSPI if you are not a prescriber</p> <p>You need to have the Credible eRx and Credible eRx Formulary and Benefits modules and your Implementation or Account Manager needs to turn them on.</p>
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Client tab > Client's name > Medications (or Orders) on nav bar > Create Prescription. 2. Search for and select the medication you want to prescribe in the Medication Search screen. <ul style="list-style-type: none"> • Review the formulary data in the Create Prescription screen. If the client has multiple drug plans and you want to check the medication against the formulary for another plan, select it from the list and click Switch. • If the medication is off-formulary or on-formulary but you want a medication with a higher preferred level, select a different medication from the On Formulary Alternatives list and click Choose Alt Med. 3. Fill out the rest of the Sig Builder tab and print, e-send, or e-fax the prescription.

Pulling Medication History for a Client

Description

Once Rx eligibility for a client has been checked, you can pull his or her medication history for the past two years from the PBMs. The behind-the-scenes request/response process is instantaneous.

Certain information may not be available in the medication history such as medications that the client asked a payer not to disclose due to privacy concerns, over-the-counter medications, low-cost prescriptions, and prescriptions paid for by the client or non-participating sources. In addition, the information may not be accurate due to errors in insurance claims information. As a best practice, the provider should independently verify the medication history with the client.

Every time you update the medication history for a client, system replaces the old list with the new information. The medication history list will include medications prescribed via Credible if they do not fall into the criteria listed above.

Important: the medications in the PBM Medication History list are for informational purposes only. They are not part of the client's record in Credible and therefore are not considered for the drug/drug interaction checks that happen when you create a prescription.

You do have the option of adding a medication in the medication history list to the client's record. Once added, it will be part of the drug/drug interaction checks. Note that adding a medication doesn't delete it from the medication history list; it will be reported every time you pull the medication history if it is within the two-year timeframe.

You must enable the "Show PBM Med History" function at the client level.

Best practice:

1. Set up an ROI for showing medication history in Credible and have the client sign it before turning on the Show PBM Med History function.
2. Pull the medication history for a client and verify with the client the PBM medications that are accurate and should be added.
3. Add verified current medications from the medication history list to the client's record.
4. Ask the client if he or she is taking other medications that aren't on the list (such as self-pay or over-the-counter) and add them to the client's record via the Add Medication function.

Settings

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

You need to have the Credible eRx and Credible eRx Formulary and Benefits modules and your Implementation or Account Manager needs to turn them on. Your organization must also be participating in electronic prescribing.

The client must be enrolled in a drug plan to retrieve medication history.

- Steps to Configure
1. Admin tab > **Data Dictionary** > Table source = Clients, Type = View
 2. Insert the show_pbm_medhistory field.
 3. Click **Match Update to View** or add the field to the Update screen manually.
-

Steps to Use

Have the client sign a “Show Med History” ROI and then update his/her client profile so show_pbm_medhistory = Yes (Client tab > Client’s name > **Profile** on nav bar > **Update**).

To view medication history:

1. Client tab > Client’s name > **Medications** on nav bar. There is a PBM Medication History section at the bottom of the screen.
2. If there isn’t a Last Updated date/time stamp on the Rx Eligibility button, click it to check Rx eligibility for the client (Rx eligibility information has to be pulled once before you can access a client’s medication history).

If the client has medication history records, they are displayed in the PBM Medication History list. You can mouse over the source, prescriber name, and pharmacy name to view additional details.

You can click the Update button at any time to get the latest medication history for the client.

To add a medication in the medication history list to the client’s record:

1. Verify that the client is currently taking the medication.
2. Click the plus sign in the medication record row.
 - If the prescriber is already in your system, the medication is added to the Client Medications list.
 - If the prescriber is not currently in your system, the External Providers screen displays with information about the prescriber populated in the Add New Client Provider section.
 - i. Select a Provider Type, add/update other information as necessary, and then click **Add New Provider**.
 - ii. Click **Medications** to return to the Client Medications screen and then click the plus sign again.

The status of the medication you added is CONCURRENT if the provider is an external provider (provider's name is in blue). The status is CURRENT if the provider is an employee in the system (provider's name is in green).

CLIENT

Generating a Continuity of Care Record (CCR)

Description

To securely exchange a client’s health information with another agency (for example, for transfer of care), you can now generate an encrypted Continuity of Care Record (CCR).

A CCR includes the From/To details you enter in the CCR Generator screen, basic demographics, current allergies and diagnoses, current medications with an internal provider/prescriber, and lab results that have a facility associated with them.

You can generate a CCR that is based on the current information in the client’s profile or the information that was current when a visit was signed and submitted – if the visit type was set up to include a summary. The information in a time-of-visit CCR will not change to reflect updates made to a client’s record after the visit’s Signed date/time. Note that time-of-visit CCRs will not be available for visits created in MobileForm or for visits created before the client summary feature was enabled (the functionality is not retroactive).

Best practice:

1. Have the client sign an ROI for sending his or her CCR to another agency.
2. Encrypt the CCR and enclose it in a zip file. Before you send an encrypted file to another agency, make sure it has the ability to decrypt data protected with Advanced Encryption Standard (AES) 256-bit.

Settings

[Security Matrix](#): ClientVisitViewExt
[Partner Config](#): *Use Client Summary Features*

Steps to Configure

1. Admin > **Visit Type**
2. Select Include Summary and click **Save**.

Steps to Use

- To generate a real-time CCR for a client:
1. Client tab > Client’s name > **Profile** on Client nav bar > **Generate CCR**.
 2. Fill out the Summary detail section:
 - a. In the From field, enter your name or the name of your agency (required).
 - b. In the “from” Role field, enter your job title or information that further identifies your agency (required).
 - c. Optional: use the To field and “to” Role field to identify the person and/or agency receiving the client summary.
 - d. Optional: enter the reason the CCR is being sent.
 3. Encrypt the CCR by selecting the corresponding checkbox and entering a key in the field that displays. Always use a mix of lowercase/uppercase letters, digits, and special characters. Jot down the key as you will need to send it to the receiving agency.

4. Select the zip file output option and click **Generate Summary**. (You should only use the “Print summary to screen” option for review purposes.)
5. Save the file locally. The zip file contains the CCR in an XML document and the [hash value](#) in a text document.
6. Upload the zip file and encryption key to the receiving agency – this process occurs outside of Credible.

To generate a time-of-visit CCR:

1. Complete a visit with the visit type you set up to include a summary.
2. Visit tab > **view** button for visit.
3. Click the **Create CCR** link in the Transfer XML/CCR field.
4. Follow steps 2 – 6 for generating a real-time CCR.

Importing CCRs and Continuity of Care Documents (CCDs)

Description	<p>You can now import a CCR or CCD from another agency into a client’s record as a PDF attachment. If the file is encrypted, you will need the encryption/decryption key from the sending agency.</p> <p>Like other attachments, you can make a CCR or CCD available to client users in the Credible Client Portal.</p>
Settings	<p>Security Matrix: ClientFileView, ClientFileAdd</p> <p>Client User Security Matrix: ClientFileViewCU</p> <p>Partner Config: <i>Use Client Summary Features</i></p> <p>Your Implementation or Account Manager needs to turn on the Client Portal in your system.</p>
Steps to Configure	<p>For information on setting up the Client Portal, click here.</p>
Steps to Use	<p>To import and view a client summary:</p> <ol style="list-style-type: none"> 1. Download the CCR/CCD from the outside agency and save it locally – this process occurs outside of Credible. 2. Client tab > Client’s name > Attachments > Import Client Summary. 3. Select or create the folder you want to upload the client summary to. 4. Enter a description of the client summary. 5. To make the client summary available in the Client Portal, select the Public checkbox. 6. If the file is encrypted, select the Decrypt File checkbox and enter the key the agency gave you in the Decryption Password field.

7. Click **Browse** and navigate to the CCR/CCD you saved in step 1.
8. Click **Upload File**. The newly uploaded file is listed in the File Attachments screen.
9. Click the filename to open and view the PDF version of the CCR/CCD. Note that the system processes and saves the file using the appropriate standardized style sheet. The original “raw” CCR/CCD is removed.

For a client user to view a public CCR/CCD:

1. Log into the Client Portal.
2. Click **Attachments** on the nav bar and then click the filename to open and view the CCR/CCD.

Advanced Client Search Enhancements

Description

In Advanced Client Search, you can now search for clients that have specific lab results using the Advanced Search Filter (accessed via the Medical button). You can combine the Lab Results filter with other search criteria. For example, you can search for clients with liver disease (an Axis III condition) and an INR test result greater than 2.4.

The Any/All radio buttons in the Advanced Search Filter popup only apply to a single section. *If multiple sections are filled in, the client must meet the criteria in all filled-in sections.* For example, assume the Medical Profile and Lab Results sections are filled in and Medical Profile = Any and Lab Results = All.

(medical profile value 1 OR medical profile value 2) AND (lab result 1 AND lab result 2)

Clients must meet either of the profile values AND both lab results.

Another enhancement is the addition of medical profile values (such as weight, LDL, and HDL) and Allergies to the Sort By dropdown and the Column (field) dropdown in the WHERE clause.

Settings

[Security Matrix: AdvSearch](#)

To use lab results as a search criteria, your Implementation or Account Manager needs to turn on the lab result entry feature in your system.

Steps to Configure

1. Admin tab > **Data Dictionary** > Table source = ClientMedicalProfile and Type = View
2. Add the Medical Profile fields that you want to be available in the Sort By and custom filter dropdowns

Steps to Use	<p>To use lab results as search criteria:</p> <ol style="list-style-type: none"> 1. Client tab > advanced search > Medical. 2. Click in the Lab Test 1 field to display the Labs Picker popup. Enter the code or name of the lab test, select the appropriate test from the list provided, and click Done. 3. To base the search on a specific result, select the appropriate operator and enter the desired value. If you selected multiple lab tests, the range will apply to all the tests. 4. To find clients that have all the lab results specified, select the All radio button. 5. Click Save. 6. Enter additional search criteria and click Filter. <p>For information on sorting and using the custom filter, click here.</p>
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Generating a Public Health Surveillance File

Description	<p>You can now generate syndromic surveillance data for one or more visits associated with a client episode. The syndromic data is in HL7 format for interoperability and reflects the diagnosis at the time of service.</p> <p>Best practice: encrypt the syndromic surveillance data and enclose it in a Zip file. Before you send an encrypted file to another agency, make sure it has the ability to decrypt data protected with AES 256-bit.</p>
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Settings	<p>Security Matrix: BillingConfig, DataDictionary, ClientEpisodeUpdate or ClientEpisodeFormsUpdate, VisitDataEntry or VisitEntryWeb</p> <p>Partner Config: <i>Ability to Create Syndromic HL7</i>, Use Client Episodes, Include Axis III for Billing</p>
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Steps to Configure	<ol style="list-style-type: none"> 1. Set up a HIPAA config entry for each submitter/receiver pairing (Billing tab > Billing Office/Claim Config). The Receiver Application Name is the only piece of information from the HL7 Info section that is included in the HL7 file. 2. Add dropdowns for admission_type, admission source, and patient_class to the Client Episode table. Your system has the necessary custom lookup categories and lookup items – with HL7 codes – to set up the dropdowns. <ol style="list-style-type: none"> a. Admin tab > Data Dictionary > Table source = Clients Type = View. b. Insert the admission_type field and set it as a Lookup field (Lookup Table = LookupDict, Lookup ID = hl7_code, External ID = lookup_id, Lookup Description = lookup_desc or lookup_code, Lookup Category = category that corresponds to field). c. Repeat steps above for admission_source and patient_class. d. Click Match Update to View or add the fields to the Update screen manually.
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Steps to Use

1. Make sure the client has:
 - a. Last name, first name, DOB, gender, race, ethnicity, address data (street address, city, state, zip code, country, address type), and home telephone number in his or her client profile. The following fields are hardcoded: Country = USA, Address type = M (for mailing), and Patient ID Number Type = PI.
 - b. An active episode with values in the admission type, admission source, and patient class fields
 - c. One or more visits associated with the active episode that have a diagnosis directly associated with the visit – that is, the diagnosis was selected, not “defaulted in.” Often, public health surveillance data is associated with an Axis III diagnosis.
 2. Client tab > Client’s name > **Episodes** on nav bar > **view** button for active episode > **Generate Syndromic HL7**.
 3. In the Generate Syndromic HL7 screen, select the receiver/submitter pairing from the corresponding dropdown.
 4. Select the type of trigger event that initiated the generation of the method and the processing type. The options for these dropdowns are specified by the CDC. The processing type indicates how to process the message as defined in HL7 processing rules.
 5. To encrypt the data, select the corresponding checkbox and enter an encryption key in the field that displays. Always use a mix of lowercase/uppercase letters, digits, and special characters. Jot down the key as you will need to send it to the receiving agency.
 6. To create a zip file with the data, select the corresponding checkbox. If you don’t select the Create Zip File checkbox, the syndromic data will display below the visit list. You should use the screen display for review purposes only.
 7. Deselect any visits you do not want to generate syndromic data for and then click **Generate Syndromic HL7**. Unchecking and checking the Include checkbox deselects and selects all the visits listed.
 8. Save the file locally. The zip file contains the syndromic data in an XML file.
 9. Upload the zip file and encryption key to the desired agency – this process occurs outside of Credible.
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eMAR Enhancements

Description	<p>When you discontinue a medication for a client, any existing eMAR schedules that have not been administered are deleted. If you delete a concurrent medication, existing Administered eMAR schedules will also be deleted.</p> <p>All eMAR schedules will now be based on the time zone set in Partner Config.</p>
Settings	<p>Security Matrix: eMar, eMarAdministerMeds, eMarClientGroup, eMarCreateMedSchedule, eMarEmployeeGroup</p> <p>Partner Config: Use eMAR Functionality</p>
Steps to Configure	For information on how to set up eMAR, click here .
Steps to Use	For information on how to use eMar, click here .

Outcome Graphs Accessible in Client Extended Info in Profile

Description	If you have Client Extended fields that are set up for outcome tracking, you can now access the outcome graphs for these fields in the Client Extended Info section of the Client Profile screen.
Settings	Partner Config: Show Client Extended Fields
Steps to Configure	For information on how to set up outcome tracking, click here .
Steps to Use	<ol style="list-style-type: none"> 1. Client tab > Client's name > Profile on nav bar. 2. Scroll down to the Client Extended Info section and click the Outcome Graph icon for each outcome field.

EMPLOYEE

Employee Form Signatures and the Partner Config Labels

Description	The Signature Box labels in Partner Config will now only affect Client forms. In an Employee form, the labels for signature boxes 3 and 4 will always be “Signature 3” and “Signature 4.”
Settings	Security Matrix : FormBuilder, FormBuilderEdit You need to have the Form Builder module.
Steps to Configure	<ol style="list-style-type: none"> 1. Employee tab > Employee’s name > Config on nav bar. 2. Select Signature Pad or Tablet Signature as appropriate and click Save Employee Config. 3. Set up an employee form with or without embedded signatures.
Steps to Use	<ol style="list-style-type: none"> 1. Employee tab > Employee’s name > Forms on nav bar > add employee form. 2. Select the appropriate form and click Web Forms. Complete and sign the form.

SCHEDULE

Indicating Company Holidays in the Week & Month Views

Description	<p>With a new Admin function, you can specify which dates are holidays for your organization.</p> <ul style="list-style-type: none"> In the Week view of the Schedule, company holidays are indicated by a lighter shading in the Day/Date header. If you mouse over the header, “Holiday” displays in a tooltip. In the Month view, company holidays have a white background. If you mouse over a holiday in the Client Month view, “Holiday” displays in a tooltip. <p>Marking a day as a holiday has no impact on being able to schedule an appointment for that day. Also, the colors selected for schedule templates trump the white background for company holidays in the Employee Month view.</p>
Settings	<p>Security Matrix: PlannerView, PlannerViewAll, or PlannerViewTeam</p> <p>Partner Config: <i>Use Company Holidays</i></p>
Steps to Configure	<ol style="list-style-type: none"> Admin tab > Company Holidays. Use the Year and Month dropdowns and the Filter button to go to the desired month. Click on a date to mark it as a holiday.
Steps to Use	N/A

Automated Export of Credible Schedule to Outlook via Subscription

Description	<p>With the new Partner Config setting Use Outlook Export, your Outlook calendar can be automatically updated with your schedule items in Credible every 30 minutes.</p> <p>The “CredibleCalendar” in Outlook is a read-only calendar – edits will not go back to Credible. Each appointment that is exported includes the client’s initials and a link to the client’s Overview screen.</p>
Settings	<p>Security Matrix: PlannerView, PlannerAdd</p> <p>Partner Config: <i>Use Outlook Export</i></p> <p>You need to be using Microsoft Outlook.</p>
Steps to Configure	N/A

Steps to Use

1. Make sure Microsoft Outlook is running.
2. Schedule tab > Export to Outlook icon to access the Export schedule popup.
 - a. Click the **Outlook Calendar Integration** link.
 - b. If the prompt “Do you want to allow this website to open a program on your computer?” displays, click **Allow**.
 - c. When the “Add this Internet Calendar to Outlook and subscribe to updates?” prompt displays, click **Yes**. CredibleCalendar is created in Outlook.
3. Access any scheduled visit in the exported calendar.
 - Subject = Visit Type and Location
 - Location = Location
 - Start/End Time = visit date/times

To delete CredibleCalendar from Outlook, click **Calendar** in the left margin (under Mail), right click on CredibleCalendar, and select Delete CredibleCalendar.

Note: if you update your password in Credible, you will need to delete CredibleCalendar in Outlook and export it out again.

VISIT

eFaxing Client Visit Information to Another Agency

Description	<p>With this release, you now have the ability to eFax client visit information to an outside agency. A fax cover sheet will automatically be included with your eFax.</p> <p>An addendum to your contract is required for this functionality. For more information, send an email to contracts@credibleinc.com.</p>
Settings	<p>Security Matrix: ClientVisitViewForm</p> <p>Your Implementation or Account Manager needs to turn on the eFax client visit information function in your system.</p>
Steps to Configure	<ol style="list-style-type: none"> 1. Admin tab > Agencies. 2. Edit an existing agency or add a new one. 3. Make sure the agency has a Site Fax number. 4. Click update (or Add Agency).
Steps to Use	<ol style="list-style-type: none"> 1. Visit tab > fax button for the visit you want to eFax. A PDF version of the visit details displays. Note that the fax cover sheet does not appear on the screen; only the fax recipient will see it. 2. Select the appropriate agency from the corresponding dropdown and click Fax. <p>If the eFax is successful, the message “Service Successfully Faxed” displays. If the agency has an invalid fax number, the message “Service Fax Failed” displays.</p>

Print View in PDF: Embedded Signatures Added & White Space Minimized

Description	<p>If you use a web form to document a visit and it has embedded signatures, the signatures will be included in the PDF print view after all the form data, either at the end of the document or on its own page. They are not embedded in the form data as they are in the HTML version.</p> <p>The visit print view in PDF has also been updated to minimize the amount of white space that was occurring with the initial release of this function.</p> <p>Currently, only single visits can be printed in PDF format.</p>
Settings	<p>Partner Config: Print in PDF Format, Visit Printout Popup Page = blank</p> <p>Note: only the default Credible visit printout can be printed in PDF format. If you have a custom visit printout, do not select Print in PDF Format.</p>
Steps to Configure	<p>Adobe Reader is required.</p>
Steps to Use	<p>Visit tab > print button for visit you want generate a print view for.</p>

ADMIN

Using Lab Results As a Trigger for a Clinical Support

Description	<p>You can now use one or more lab results as the trigger for a clinical support or part of the trigger -- you can combine it with a medication, medication class, and/or diagnosis. If you select a combination of a single medication, medication class, diagnosis, and lab test, it creates an OR matching scenario. If you select multiple options within a category, it creates an AND matching scenario for that category.</p>
Settings	<p>Security Matrix: ClinicalSupportAdmin, ClinicalSupportView, ClientUserView</p> <p>Client User Security Matrix: ClinicalSupportCU</p> <p>To use lab results as a trigger, your Implementation or Account Manager needs to turn on the lab result entry feature in your system.</p> <p>Your Implementation or Account Manager also needs to turn on the Client Portal for your system.</p>
Steps to Configure	<ol style="list-style-type: none"> 1. Admin tab > Clinical Support > Add New Clinical Support Tool. 2. In the Summary field, enter a description of the clinical support (required). 3. Click in the Lab Test field. The Clinical Support Labs Picker popup displays. <ol style="list-style-type: none"> a. Enter the first three digits of the code in the LOINC field or part of the name in the Labs field. b. Select the appropriate lab tests from the list provided. The number of selected items is indicated. c. Click “# selected items” to see a list of the lab tests selected so far. If you need to remove a lab test, click it in the selected items list or uncheck the SELECT checkbox. d. Click done. 4. Optional: to qualify the match further, enter the result range in the fields provided; entries must be numeric. If you selected multiple lab tests, the range will apply to all the tests. 5. If applicable, enter additional clinical support criteria: gender, age range, and/or a specific client field. If you select a client field, enter the appropriate value in the Other Client Field Value field. 6. Use the Clinical Support Text, URL (make sure you include http://), and File fields to provide educational resources. 7. To make the clinical support eligible to be pushed the Client Portal by an employee (it will not go out automatically), select the Push To Client checkbox. 8. Click Add Clinical Support Tool.
Steps to Use	<p>For information on how to view and accept a clinical support, click here.</p>

Comparing File Hash and Received Hash Values

Description	Hash values are used to verify the integrity of files exchanged between different agencies. Credible generates a unique “File Hash” value for each CCR you generate and includes it in a text file when you use the zip file output option. Similarly, when you import a CCR or CCD, Credible generates a “Received Hash” value. For Meaningful Use attestation, you may need to generate a CCR and then import it to demonstrate that the hash values match.
Settings	<p>Security Matrix: ClientFileView, ClientFileAdd</p> <p>Partner Config: <i>Show Hashing, Use Client Summary Features</i></p>
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Generate a CCR from the client’s profile and then import it into the client’s record. 2. In the File Attachments screen, mouse over the Hash icon (a red circle icon next to Date Attached) and verify that the hash values match.

Searching the Transfer Log Archive

Description	The Transfer Log records visits that are transferred from MobileForm to the web version of Credible. Once a record is more than two weeks old, it is moved into the Transfer Log archive through a nightly process. With this release, you can now search for records in the archive.
Settings	Security Matrix: AdminView, TransferLogView, TransferLogList
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Admin tab > View Transfer Log. 2. Enter any date in the Start Date field and click Filter Archive. The End Date field automatically updates to equal the Start Date value.

BILLING

Use Contract Rate for Copay Percentage

Description	With a new Partner Config setting, you can make the system calculate percentage copay amounts (set up in the client's insurance record) as a percentage of the visit's contract rate instead of a percentage of the visit's full rate.
Settings	Security Matrix: ClientInsuranceView, ClientInsuranceAdd, BillingConfig Partner Config: <i>Use Contract Rate for Copay Percentage</i>
Steps to Configure	<ol style="list-style-type: none"> 1. Add or edit an insurance record for a client, setting the copay as a percentage amount. 2. Make sure there is a Billing Matrix entry that has Rate and Contract Rate values.
Steps to Use	N/A

Include Posting Date of Last Client Payment on Statement

Description	With a new Partner Config setting, you can include the posting date (date entered into Credible) of the last payment made by the client on his or her Client Statement. The last client payment will show under the client's name.
Settings	Security Matrix: BillingModule or ClientPayments Partner Config: <i>Show Last Paid on Statements</i>
Steps to Configure	N/A
Steps to Use	<p>Use Manage Client Payments on the Admin tab or Payments on the Client nav bar to add a client payment.</p> <p>For information on how to generate statements, click here.</p>

Longer Fields for Rev to GL Cash Account & Pre-Pay Accounts

Description	You can now enter up to 28 characters in the Primary Cash Account, Client Pre-pay Account, and Insurance Pre-pay Account fields in the Rev to GL Export Settings and Configuration screen.
Settings	Security Matrix: BillingConfig
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Billing tab > Rev to GL Setup and Configuration. 2. Enter the appropriate account numbers in the cash and pre-pay account fields (up to 28 characters) and click Update Settings.

3. Regenerate the export files to update them with the longer codes (Billing tab > **Revenue to GL Export List** > **regen** button).

837P: Send Zero Rate

Description	With a new Payer Config setting, you can make the system send a zero for the claim amount in the 2300 and 2400 loops of the 837P, overriding the actual visit amount. Only use the Send Zero Rate in 837P setting if required by the payer.
Settings	<p>Security Matrix: BillingConfig</p> <p>Billing Payer: Send Zero Rate in 837P</p>
Steps to Configure	<ol style="list-style-type: none"> 1. Billing tab > Billing Payer. 2. Edit an existing payer or add a new one. 3. From the Override Claim Format dropdown, select 837 Professional. 4. Select the <i>Send Zero Rate in 837P</i> setting (in Electronic Claim Overrides section) and click Save Settings.
Steps to Use	N/A

837P and 837I: Do No Send Zero Adjustment Amounts

Description	With a new Payer Config setting, you can prevent the system from sending all zero adjustment amounts in the 2320 or 2430 segments. The setting applies to the payer you are batching to, not the payer the adjustment was for.
Settings	<p>Security Matrix: BillingConfig</p> <p>Partner Config: Do No Send Zero Adjustment Amounts</p>
Steps to Configure	<ol style="list-style-type: none"> 1. Billing tab > Billing Payer. 2. Edit an existing payer record or add a new one. 3. Select the Do No Send Zero Adjustment Amounts and Send Adjudication Info settings (in Electronic Claim Overrides section) and click Save Settings.
Steps to Use	N/A

837P and 837I: 2310D to Multiple Services Per Claim

Description	With a new Payer Config setting, you can make the system send the location (2310D) at the 2300 Claim level for claims with multiple visits.
Settings	<p>Security Matrix: BillingConfig</p> <p>Payer Config: Send Multi Service Locations at 2310, Fill 2310D, Multiple services per Claim</p>
Steps to Configure	<ol style="list-style-type: none"> 1. Billing tab > Provider Config. 2. Make sure that each Provider Config record has values in the Provider Name, Address1, Address2, City, State, and Zip fields.
Steps to Use	N/A

837P and 837I: Longer Alt Sub ID Field for Billing Group

Description	<p>You can now enter up to 16 characters in the Alt Sub ID (Alternate Submitter ID) field for a billing group. When populated, the system sends all 16 characters in the 837P and 837I.</p> <ul style="list-style-type: none"> • 109 Segment of the 1000B Loop • GS segment (GS02) of the 0000B Loop
Settings	<p>Security Matrix: BillingConfig</p> <p>Billing Payer: Use Billing Group Alt Sub ID</p>
Steps to Configure	<ol style="list-style-type: none"> 1. Billing tab > Billing Groups Table. 2. Edit an existing billing group or add a new one. 3. Enter up to 16 characters in the Alt Sub ID field and click save (or Add Billing Group). 4. Billing tab > Billing Payer. 5. Edit an existing payer record or add a new one. 6. Make sure Use Billing Group Alt Sub ID (in Electronic Claim Overrides section) is selected and click Save Settings.
Steps to Use	N/A

CMS 1500: Default Unit Count to 1

Description	With this new release, the Payer Config setting Default Unit Count to 1 also applies to the CMS 1500. When selected, the system sends a unit count of 1 in the 837 and CMS 1500 regardless of the actual number of units. Do not select this setting unless the payer requires a value of 1 always be sent for <i>all</i> claims in the unit count element. This setting does not impact the CMS 1450.
Settings	Security Matrix: BillingConfig Billing Payer: Default Unit Count to 1, Override Claim Format = CMS 1500
Steps to Configure	<ol style="list-style-type: none"> 1. Billing tab > Billing Payer. 2. Edit an existing payer record or add a new one. 3. Select the Default Unit Count to 1 setting (in Electronic Claim Overrides section) and click Save Settings.
Steps to Use	N/A

REPORTS

Medical Profile Add and Update Actions Added to HIPAA Logs

Description	When an employee adds the initial medical profile to a client's record, the system records the action in the HIPAA logs. The actions of updating a medical profile creating a new medical profile, and adding an immunization to a medical profile are also logged.
Settings	<p>Security Matrix: ReportList, ClientViewLog</p> <p>Report Security: Global HIPAA Log</p>
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Reports tab > Admin on nav bar > Global HIPAA Log. 2. Select the entity you want to report on and any filters you want to use and then click Run Report. <p>To access the HIPAA log for an individual client or employee, use the Log function on the nav bar.</p>

Global HIPAA Log Enhancements

Description	<ul style="list-style-type: none"> • When you use a column header to sort the Global HIPAA Log, the sort is based on the entire log vs just the content of the page you are on. • If an employee or client record is deleted after an action has been recorded in the log, the ID will be displayed. • Once you are in the results screen, the actions available in the dropdown are specific to the entity you select • Description column has been enhanced to provide additional detail where appropriate.
Settings	<p>Security Matrix: ReportList</p> <p>Report Security: Global HIPAA Log</p>
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Reports tab > Admin on nav bar > Global HIPAA Log. 2. Select the entity you want to report on and any filters you want to use and then click Run Report.

Prescriber Agent Added to Credible eRx Report

Description	<p>Employees with the PrescriptionCreateNonSPI right are considered prescriber agents by Surescripts. If a prescription was prescribed by a prescriber agent, his or name is listed at the medication detail level in the prescriber agent column.</p> <p>You can also filter the Credible eRx Report by prescriber agent.</p>
Settings	<p>Security Matrix: ReportList</p> <p>Report Security: Credible eRx Report</p>
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Reports tab > Credible eRx button on nav bar > Credible eRx Report. 2. Select the appropriate filters and click Run Report.

Physician Quality Reporting (PQR) Outcomes Tool

Description	<p>With the new PQR Outcomes tool, you can generate XML files for clinical outcome submission. Calculating clinical quality measures and submitting the results is how you demonstrate that you are using Credible in a meaningful way. The Physician Quality Reporting System (Physician Quality Reporting), formerly known as the Physician Quality Reporting Initiative (PQRI), requires that eligible providers report data on quality measures for covered professional services furnished to Medicare beneficiaries. To go to the CMS PQRS website, click here.</p> <p>You use custom exports to calculate all of the clinical quality measures. For some of the measures, you need to use web forms to capture the data. Credible has built forms and queries to help you in this effort – you can copy them from the Credible Library. Refer to the <i>Meaningful Use Guide for Credible Software</i> for descriptions of the clinical quality measures that Credible has been certified for.</p>
Settings	<p>Security Matrix: FormBuilder, FormBuilderEdit, ClientFormsUpdate, DataDictionary, ClientUpdate, ReportList, ExportBuild, ExportRun, AdvSearch</p> <p>Report Security: <i>PQR Outcomes</i></p> <p>You need to have the Form Builder module and your Implementation or Account Manager needs to turn it on in your system.</p>
Steps to Configure	<ol style="list-style-type: none"> 1. Add the npi, tin, and pqri_waiver_signed fields to the Employee Profile: <ol style="list-style-type: none"> a. Admin tab > Data Dictionary > Table source = Employee Type = View. b. Insert the npi field with a max length of 50. c. Insert the tin field with a max length of 9.

- d. Insert the pqri_waiver_signed field and set it as a Boolean field with a max length of 1.
 - e. Click **Match Update to View** or add the field to the Update screen manually.
2. Copy the forms referenced in the *Meaningful Use Guide for Credible Software* from the Credible Library to your system.
 - a. For each form copied, click **New Version** and then **Build** and **Activate**.
 - b. Add a visit type for each form and link the form to it.
 3. Copy the queries referenced in the *Meaningful Use Guide for Credible Software* from the Credible Library or create your own to build the custom exports that will perform the necessary calculations. The queries are attachments in reference # 33111, Clinical Quality Measures (PQRS).

Steps to Use

For each provider you are going to report on:

1. Verify that the PQR waiver has been signed and then update the Employee Profile so the corresponding field = True.
2. Update the Employee Profile with the provider's NPI and tax identification number.

To calculate: when running an export to calculate the measure, select the Header Row checkbox and enter the appropriate dates in the Start Date and End Date fields.

To report on the quality measures and generate a PQR XML file:

1. Reports tab > **Employee** on nav bar > **PQR Outcomes** > **Run Report**. Any existing PQRs will be listed. You can view, edit, or delete an existing PQR with the corresponding buttons.
2. To create a new PQR:
 - a. Click **Start New PQR**.
 - b. Select the submission type and method and click **Save**.
 - Select Test and the 6 months method if you are submitting a test file to the registry.
 - Select Payment and the 12 months method if you are submitting a real production file for an incentive payment.
 - c. Select the Billing Provider/Employee and enter the date range you want to report on.
 - d. Enter the PQR number for the quality measure. If the measure does not have one, use the last three digits of the NQF number.
 - e. Fill in the appropriate values for Eligible Instances, Meet Performance Instances, and Exclusions (Meet Performance Instances must be less than the Eligible Instances).

-
- Eligible Instances is the denominator for the percentage – how many clients did you see that met the basic criteria (age, visit type, and so on)
 - Meet Performance Instances is part of the numerator – of the clients meeting the basic criteria in the Eligible Instances, how many of them met the outcome measure (they had the right number of vaccinations, were asked about smoking, and so on)
 - Exclusions do not apply to every outcome and for outcomes with exclusions, you might not have any clients that meet the exclusion criteria. If you enter a value in the Exclusions field, the system will subtract the value from the Meet Performance Instances value for the numerator. Exclusion example: for the flu vaccine, the exclusions are people aged 50 years and older who cannot take a flu vaccine due to allergies, bad reaction in the past, or personal reasons.
- f. Click **Save PQR Outcome**. The outcome results are displayed.
- Not Met = Eligible Instances - Meet Performance Instances - Exclusions
 - Reporting = (Meet Performance Instances + Exclusions + Not Met)/Eligible Instances, reported as a percentage
 - Performance = Meet Performance Instances / (Eligible Instances - Exclusions)
3. You can edit or delete the outcome results with the buttons provided. If you delete the results, the header information you set up in step 2b will be retained.
4. After you have generated the outcomes for the appropriate providers and measures, click **Create PQR XML** and save the file locally.
5. Upload the file to CMS or a qualified PQR registry – this process occurs outside of Credible.
-

Web Services As a New Export Format

Description	<p>With the new export format Web Services, you can now set up an export as a web service. This implementation is for server-to-server communication, not for individual user authentication. We recommend you set up a user in Credible specifically for web services. Any change to this user’s credentials will change the authentication token necessary to run.</p> <p>When you are building the export, the system provides the WSDL and syntax to pass a query or query parameters in a separate window. There is a choice of two web services method calls – one returns a serialized dataset, the other returns an XML data format.</p>
Settings	<p>Security Matrix: <i>ExportBuildWebServices</i>, ReportList, ExportBuild</p>
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Reports tab > Export Tool on the nav bar. 2. Edit an existing export or create a new one. 3. In the Export Builder screen, select Web Services from the Export Format dropdown. 4. Fill in the other fields and select the export fields as appropriate. 5. Click Next Step. 6. Click the Web Services Info link to access the configuration information. 7. Copy the content and provide it to the appropriate party. 8. Close the window and finish your export as you normally would.

FORMS

Injecting Lab Results Into a Form

Description	With the new answer format Injected Lab Results, you can set up a form to inject a client's lab results when an employee is documenting a visit. This new injection type is currently only available through web forms.
Settings	<p>Security Matrix: FormBuilder, FormBuilderEdit</p> <p>To inject lab results into a form, your Implementation or Account Manager needs to turn on the lab result entry feature in your system.</p>
Steps to Configure	You need to have the Form Builder module.
Steps to Use	<ol style="list-style-type: none"> 1. Forms tab > new version for an existing form or add a new form. 2. Click the edit button for the form. 3. Add a child category if creating a new form. 4. In the Category screen, click Add New Question. 5. In the Question screen: <ol style="list-style-type: none"> a. In the text box, enter text that describes the information that will be injected (for example, "Injected Lab Results"). b. From the Answer Format dropdown, select Injected Lab Results and click Save Question. <p>Click the magnifying glass to preview your form. Note that the data is only injected when the form is used during a visit.</p>

PATCH LIST

eMAR

- There are more required fields in the Create Med Schedule screen.
- When you create a Med Schedule and the start time is the current time, it will now start right away.
- The Sex field in the Client Medication Schedule screen now correctly reflects the client's gender.
- Missed and Refused medications no longer require a quantity.
- In the Add Clients to eMar Group popup, clicking Show Assigned Only now correctly lists clients assigned to group.

Admin

With the new Partner Config setting *Immunizations HL7 Export*, you can enable/disable the Export Immunization HL7 button in the Medical Profile. Previously, your Implementation or Account Manager had to turn on the feature in your system. Note that the button was previously named Export HL7.

Reports

When an export includes params or a select Top X statement, the edit button will be unavailable in the export builder

Credible eRx

The ability to suppress a drug interaction warning based on profile has been removed as it was not needed for Meaningful Use certification.