12/2013

Release 8.3 Configuration

version 1.1

CREDIBLE

Behavioral Health Software

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CREDIBLE
Behavioral Health Software

Contents

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Patch List

CREDIBLE

Client

Printing Tx Plus Plans Without the Documentation

If your organization needs to print out Tx Plus treatment plans without the documentation, you can take advantage of the new Partner Config setting *Print Tx Plus Shell Only*. When the setting is selected, the treatment plan print view generated via the print button on the Client Tx Plus screen will exclude documentation entered during visits.

The one exception is documentation in "builder only" extended fields – it will be included in the shell-only treatment plan print view. Builder only extended fields (Form Documentation Only = False) can only be documented against when the plan is accessed via the Client nav bar. "Web form only" extended fields (Form Documentation Only = True) will not be included in the print view.

Settings

Partner Config: Use Tx Plus, Use Tx Plus Extended Fields/Manage Tx Plus Extended Fields (optional), *Print Tx Plus Shell Only*

Security Matrix: TxPlusView

Configuration

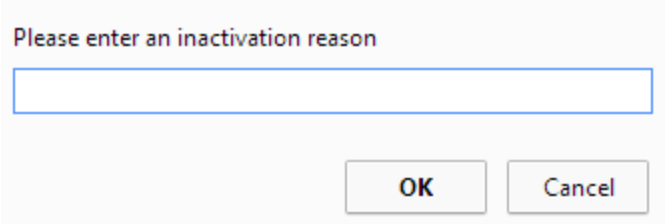
See Tx Plus and Managing Tx Plus Extended Fields (if applicable) in the help.

Use

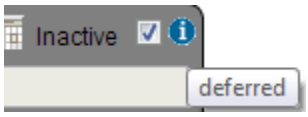
Tx Plus on Client nav bar > print button

Reason Prompt when Inactivating Individual Tx Plus Plan Element

If you have configured Tx Plus to have an Inactive checkbox for each element in a plan, your staff will now be prompted for an inactivation reason each time they select one.



You can view an "inactive reason" by hovering over the info icon. Inactive reasons are also included in the treatment plan print view.



Inactive objective for program: *Make client aware w*
Start Date: *8/2/2013* ***Target Date:*** *12/31/2013* ***End***
Description: *Plastic bags not necessary when item is*
Inactive Reason: *deferred*

Settings

Partner Config: Use Tx Plus, Inactive Individual Tx Plus Elements

Security Matrix: TxPlusBuild, TxPlusInactive

Configuration

See Tx Plus in the help.

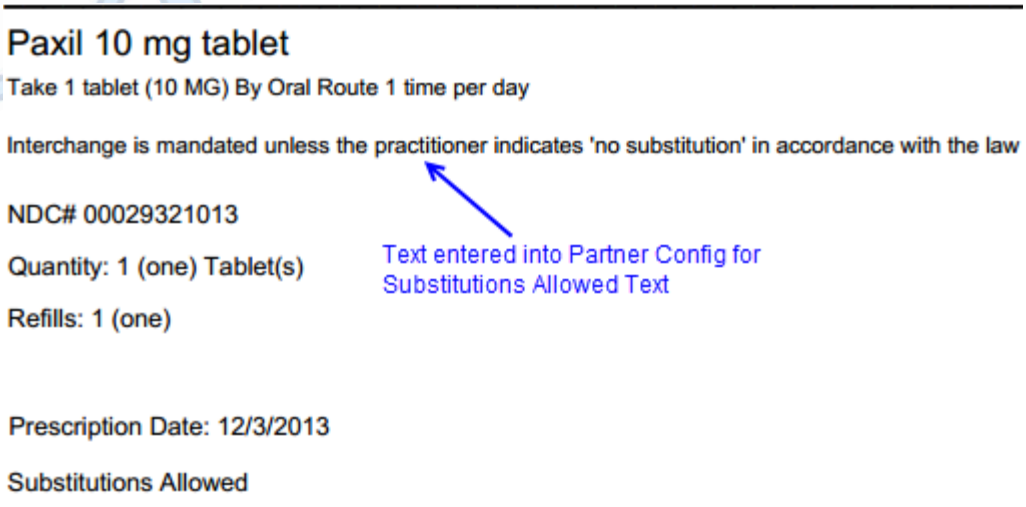
Use

1. Tx Plus on the Client nav bar.
2. Edit an existing Tx Plus plan or create a new one.
3. For the appropriate element, select the Inactive checkbox, enter the inactivation reason (max 300 characters), and click OK.
   To enter an inactivation reason for an element that was inactivated prior to this latest release, uncheck the Inactive checkbox and then select it to bring up the prompt.
4. Click Save.

Credible eRx: Display/Print Required Text for Substitutions Allowed/Not Allowed

If your state requires standard wording on a prescription when substitutions are allowed and/or not allowed (dispense as written), you can now enter that text in Partner Config. The system will include the text that corresponds to the substitution radio button selected on the finalize prescription screen. The text will be included for both printed and electronic prescriptions.

In the example below, the "Substitutions allowed" radio button was selected for the prescription.



Settings

Partner Config: *Substitutions Allowed Text* and/or *Substitutions Not Allowed Text*

Security Matrix: PrescriptionCreate, PrescriptionCreateNonSPI, RxRefill

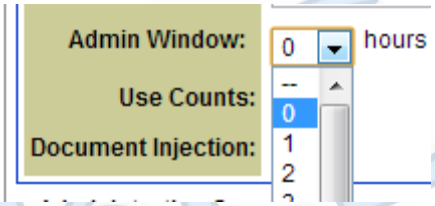
Configuration

You need the Credible eRx module and your Implementation Manager (IM) or Partner Services Coordinator (PSC) needs to turn it on.

Use

See Printing a Prescription in the help.

Setting Up PRN Medications for "Any Time" Administration



If your organization has a need to administer a PRN medication more frequently than every hour (for example, epinephrine for bee stings), you can take advantage of the new 0 option in the Admin Window dropdown. When selected, the Administer button will always be available for the PRN medication on the Client Medication Schedule screen. The 0 option is only available in the Admin Window dropdown when the PRN checkbox is selected.

You can update existing PRN administration schedules with the new 0 hour option if appropriate.

Settings

Partner Config: Use eMAR Functionality

Security Matrix: eMar, eMarCreateMedSchedule, eMarAdministerMeds

Configuration

See Setting Up eMAR in the help.

Use

1. eMAR on the Client nav bar > Admin Schedule button.
2. Edit an existing PRN med schedule or select the appropriate medication from the dropdown and click Add Med Schedule.
   - For an existing PRN med schedule, select 0 from the Admin Window dropdown and click Edit Med Administration Schedule.
   - For a new PRN med schedule, select the PRN checkbox and 0 from the Admin Window dropdown. Fill out the other fields as appropriate and click Create Med Administration Schedule.

See Adding a Med Schedule in the help for more information.

Admin

Unmatched Lab Results Function Accessible via Admin Tab

If your organization is using Credible eLabs to receive lab results electronically, you may be familiar with unmatched "orphan" lab results and the need to resolve them. If the system cannot find a single client that matches an electronic lab result or finds multiple clients that match it, the lab result is flagged as unmatched.

You can now use the Unmatched Lab Results function on the Admin tab to view all unmatched lab results and assign them to the appropriate clients. Previously, the only way to view and resolve an unmatched lab result was via a link in a notification trigger.

With this latest release, when one or more unmatched lab results exist, the message "Attention: Unmatched Lab Results Available" displays on the Client Labs screen for each client.

Settings

Separate contracting is required to use Credible eLabs to electronically send orders and receive results. For more information, please send an email to contracts@credibleinc.com.

Your IM/PSC has to turn on the eLabs electronic send/receive functionality in your system.

Security Matrix: *UnmatchedLabResults*

Configuration

Optional: set up the eLabs Unmatched Result trigger (Admin tab > Notification triggers; enter 0 in the Occur field and select To Do List).

Use

1. Admin tab > Unmatched Lab Results (in the Security Configuration section).
2. For the first unmatched lab result, click the electronic report icon to get information about the client.
3. Click the ellipsis button in the Resolve column and search for/select the appropriate client. The Client Labs screen for the client you selected displays with the lab result added to his/her record.
4. Return to the Unmatched Lab Result screen and resolve any other orphan lab results.

Billing

Billing Matrix Option: Send Approval Date As Service Date

By default, the service date – the date a service is signed and submitted – is used as the billing date. If you have a payer that bases its payment time frame on the approval date, you can now configure a Billing Matrix entry to send a visit's approval date as its service date. The setting is applicable for 837P/I and CMS 1450/1500 claim formats.

For example, in Florida, Medicaid does not consider a treatment plan service valid (and therefore ready for reimbursement) until it has been approved – and the approval date is often a few days later than the service date.

Settings

Security Matrix: BillingConfig

Configuration

1. Billing or Admin tab > Billing Matrix.
2. For each entry that you need to send the approval date as the service date: click edit, select *Send Approval as Service Date* (in the Billing section), and click Save Settings.

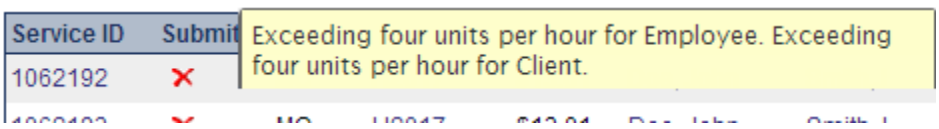
Use

See Generating a Batch Claim File in the help.

Capping Units Per Hour to Four 15-Minute "Slices"

For certain visit types, some Medicaid payers will not reimburse more than 4 units per hour if the units were for the same client or provided by the same employee. With a new Partner Config setting and predefined red X rule, you can prevent the system from billing out more than four 15-minute units per hour for the same client or employee.

If the visits for the same client and/or employee *in any given hour* represent more than four 15-minute slices, all the visits in that hour will red X when generating a batch claim file. If your system is configured to use the Billing Red X Override feature, you can then pick and choose the four visits you want to override and include in the batch.



In Partner Config, you specify the minimum number of minutes that constitutes a 15-minute unit. The “rounded unit time overlap” predefined red X uses this number to determine if a visit should be included in the overlapping calculation.

For example, if the minimum number is 5 minutes, a visit with a duration of 1 to 4 minutes will not be included in the overlapping calculation. If a visit duration is equal to or greater than 5 minutes, it will be included in the overlapping calculation and rounding will occur to the full quarter of an hour to determine the number of 15-minute units the visit represents.

Behind the scenes, the system stores the adjusted start and end times for an overlapping visit in the unit_timein and unit_timeout fields in the Visit table (and in the ClientVisitDeleted table if the visit is deleted). To see the rounding that occurred for the overlapping calculation, you can make these fields available as custom fields in Advanced Visit Search.

Time In	Time Out	Unit Slice Time In	Unit Slice Time Out
12/9/2013 10:00:00 AM	12/9/2013 10:06:00 AM	12/9/2013 10:00:00 AM	12/9/2013 10:15:00 AM
12/9/2013 10:15:00 AM	12/9/2013 10:22:00 AM	12/9/2013 10:15:00 AM	12/9/2013 10:30:00 AM
12/9/2013 10:31:00 AM	12/9/2013 10:37:00 AM	12/9/2013 10:30:00 AM	12/9/2013 10:45:00 AM
12/9/2013 10:45:00 AM	12/9/2013 10:52:00 AM	12/9/2013 10:45:00 AM	12/9/2013 11:00:00 AM
12/9/2013 10:53:00 AM	12/9/2013 11:00:00 AM	12/9/2013 10:45:00 AM	12/9/2013 11:00:00 AM

If a visit spans two hours, the system will assign the units to the appropriate hour for the overlapping calculation.

Predefined red X criteria for the main visit (the one being batched):

1. Start and end on the same calendar day.
2. Have a matching visit type.
3. Have a matching payer.

   If visit types and/or payers were not selected for the predefined red X, the system will check all visit types and payers.

Predefined red X criteria for overlapping visits:

1. Start and end on the same calendar day as the main visit.
2. Have the same employee or same client as the main visit.
3. Be billable.
4. Not be a G-Code split secondary.

5. Not be a split secondary *unless* the visit's start *and* end time are different from the split primary. This exception can come into play if you are using the Medical Billing feature, where you can split a visit based on a form answer and give start/end times different from its parent.
6. Have a matching visit type (unless none were selected for the predefined red X).

   Note that the payer is not part of the criteria for overlapping visits. This is because the visits may be at different payers when you are trying to batch the main visit and therefore would not exceed four units for the main visit payer.

Settings

Partner Config: *Minimum Number of Minutes for Unit Slice Rounding*

Configuration

1. Admin tab > Partner Config
2. Enter the appropriate number in the Minimum Number of Minutes for Unit Slice Rounding field (in the Web Forms section) and click Save Partner Config.

   If this Partner Configuration setting is changed after visits have been completed, the visit unit_timein and unit_timeout will only be changed when visits are updated individually, not when reprocessed from Advanced Visit Search or the Billing Matrix.
3. Billing tab > Custom Red X.
4. Scroll down to the predefined red X "Red X Visits that overlap based on rounded unit time for selected visit type and payer."
5. Select the appropriate visit type(s) and/or payer(s) and click Save Predefined.

Optional: make the unit_timein and unit_timeout fields available as custom fields in Advanced Visit Search. Use the Data Dictionary to add them to the View version of the Visit table; suggested labels are Unit Slice Time In and Unit Slice Time Out. See Adding a Field to a Table with Data Dictionary in the help.

Use

See Generating a Batch Claim File in the help.

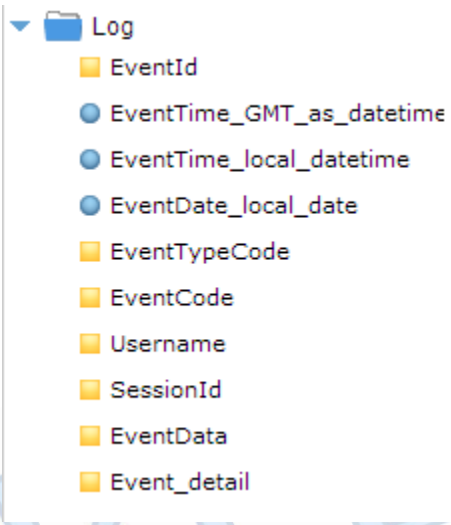
If optional configuration step was done: To see the rounding that occurred for the overlapping visits, use Advanced Visit Search and select unit_timein and unit_timeout as custom fields (Custom Fields > More Fields; fields will be in ClientVisit section).

Reports

Credible BI: New View for Reporting on System and User Actions

If your organization is using Credible Business Intelligence (BI), you can take advantage of the new BI Logging view to report on user and system actions within the enterprise reporting tool. Using the fields shown on the right, you can build a "logging report" report the same way you build other reports in Credible BI.

If you want to include a run date range filter, use the EventDate_local_date field. And since the report will pull all system and user actions, you might want to set up EventCode as "Does not contain" filter for the AUTOREFRESH code.



Settings

Separate contracting is required for Credible BI. For more information, please send an email to contracts@credibleinc.com.

Your IM/PSC needs to turn on the Credible BI tool in your system.

Configuration

N/A

Use

1. Reports tab > Credible BI button on the nav bar > Create tab in Credible BI.
2. Select Credible as the Source System, BI Logging as the Database View, and click the Click here to continue button.
3. Using the fields in the Log folder, build a report as you normally would in Credible BI.

Credible Client Portal

Profile Print View and Immunizations Added to Client Portal

With the new Print View button on the Profile screen in the Client Portal, a client user can generate a print view of the client's record. The client user uses the same Print Options popup that your staff uses to generate client profile print views; the options available in the popup are controlled by the client user's Security Matrix rights.

With three new Client User Security Matrix rights, you can make a client's assignments, authorizations, and/or warnings available in the print view.

You can also give client users the right to view a client's immunization records in the Client Portal.

Settings

Client User Security Matrix: *AuthorizationsCU, AssignmentsCU, WarningsCU, ImmunizationViewCU*

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

Configuration

See Setting Up the Credible Client Portal in the help.

Use

After the client user is logged into the Client Portal, he/she uses the Profile button on the nav bar to access the Print View function or the Immunizations button to view immunization records. A detail button is available for each immunization record.

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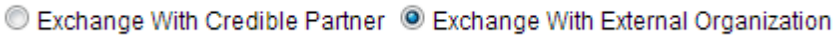
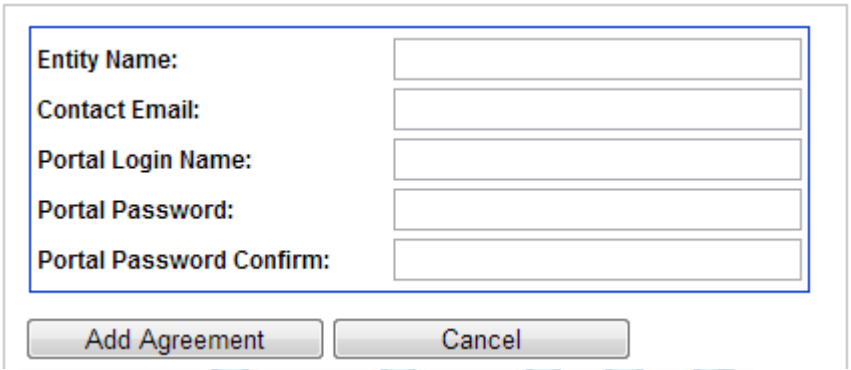
Provider Portal

Partner Control Over Agreements with Non-Credible Entities

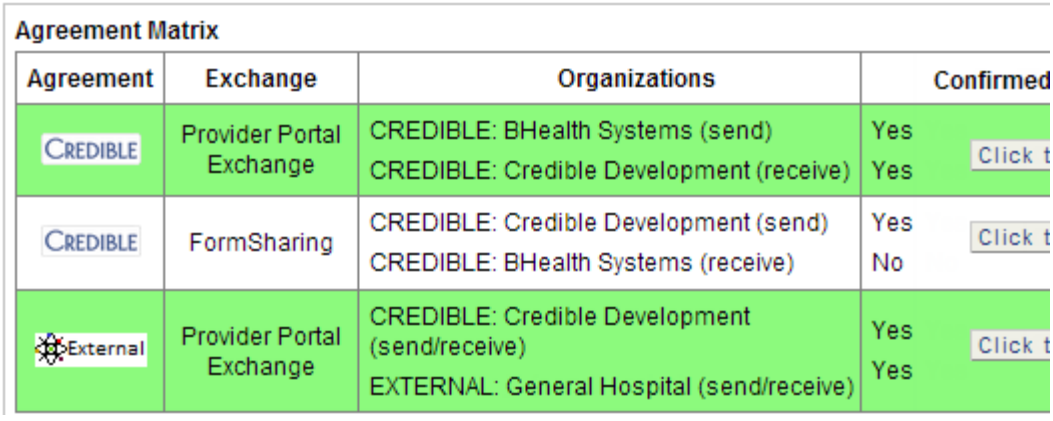
The ability to configure an agreement with a non-Credible entity (external organization) has been added to the Agreements function. Previously, you had to provide the configuration information to your IM or PSC. You specify the type of agreement you are configuring with a new radio button.



The fields for an exchange with an external organization are shown below.



In the Agreement Matrix, a graphic indicates the agreement type and the type of exchange – Provider Portal or Form Sharing – is listed. The sending and receiving organizations have been combined into one column as have the confirmation indications.



Agreement Matrix

Agreement	Exchange	Organizations	Confirmed
CREDIBLE	Provider Portal Exchange	CREDIBLE: BHealth Systems (send) CREDIBLE: Credible Development (receive)	Yes Yes
CREDIBLE	FormSharing	CREDIBLE: Credible Development (send) CREDIBLE: BHealth Systems (receive)	Yes No
External	Provider Portal Exchange	CREDIBLE: Credible Development (send/receive) EXTERNAL: General Hospital (send/receive)	Yes Yes

For external agreements, the Agreement Matrix lists the contact name and has a button to change his/her password if necessary.

If you cancel an agreement with an external organization, the contact will still have access to the Provider Portal but will not be able to send data to your Credible system. If you reject the agreement, it will be removed from the Agreement Matrix and the contact will not be able to log into the Provider Portal.

Settings

Security Matrix: ReportList, ProviderPortalOperate, ProviderPortalAgreements

Your IM/PSC needs to turn on the Provider Portal in your system.

Configuration

See Configuring Credible Provider Portal in the help.

Use

To configure an agreement with an external organization:

1. Reports tab > Provider Portal on nav bar > Agreements on nav bar.
2. Select Exchange With External Organization and click Create New Agreement.
3. Fill out the fields, click Add Agreement, and click OK when the confirmation prompt displays. The Agreement Matrix refreshes with the new agreement; since it is an external agreement, it is confirmed by default.
4. Provide the portal user with the Provider Portal URL (https://providerportal.crediblebh.com/PartnerPortal) and his/her username and password.

To change the password for an external organization contact:

1. Reports tab > Provider Portal on nav bar > Agreements on nav bar.
2. Click the Change Password button for the appropriate external agreement.
3. Enter the new password in both fields, click Change Password, and click OK when the confirmation prompt displays.

To cancel or reject an agreement with an external organization:

Reports tab > Provider Portal on nav bar > Agreements on nav bar.

- To prevent the contact from sending data to your Credible system, click the Click to Cancel button; he/she will still be able to access the Provider Portal.
- To prevent future access to the Provider Portal, click the Reject button.

Meaningful Use

Credible's goal is to obtain formal Meaningful Use Stage 2 certification on or before March 30, 2014, which according to Centers for Medicare & Medicaid Services (CMS) will be retroactive to January 1, 2014. This approach will enable all MU qualifying EHR activity beginning January 1, 2014 to be used for Meaningful Use Stage 2 attestation purposes.

Viewing Active and Discontinued Allergies on Same Screen

You can now view a client's active and discontinued allergy records on the same screen. The Show Discontinued/Show Current toggle button has been replaced with an ALL/ACTIVE/DISCONTINUED filter dropdown. When ALL is the filter, active allergies will be listed at the top.

Settings Security Matrix: AllergyView

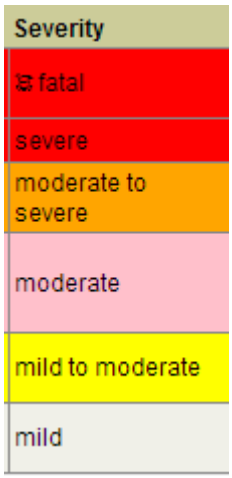
Configuration N/A

Use

1. Allergy button on Client nav bar. By default, the Client Allergies screen lists the active allergy records.
2. Select the desired option from the filter dropdown.
3. If viewing discontinued allergies, hover over the info icon to see why an allergy was discontinued.

Specifying the Severity Level for Allergies

When adding an allergy, you can provide more detail about the severity by selecting from the six options shown on the right. The fatal severity is indicated with a skull and crossbones icon.



The severities are coded to SNOMED CT® for use in the C-CDA document:

- Mild – 255604002
- Mild to moderate – 371923003
- Moderate – 6736007
- Moderate to severe – 371924009
- Severe – 24484000
- Fatal – 399166001

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SNOMED CT stands for Systematized Nomenclature of Medicine – Clinical Terminology. "The Office of the National Coordinator for Health Information Technology (ONC) and CMS have adopted SNOMED CT as one of the key vocabularies for Meaningful Use Stage 2, EHR certification, and health information exchange" (click here for more information).

Existing allergy records that were set to True for Severe will have severe as their severity level. If Severe was set to False, the Severity level will be blank as it is no longer a required field.

Settings

Security Matrix: AllergyAdd, AllergyUpdate

Configuration

N/A

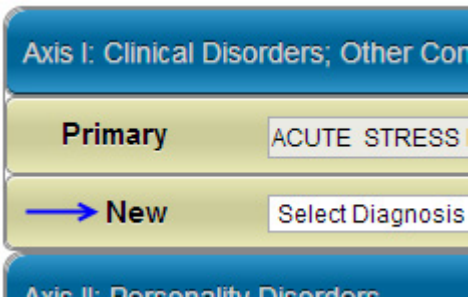
Use

1. Allergy button on Client nav bar.
2. Edit an existing allergy and select the appropriate option from the Severity dropdown.
3. Click Update Allergy.

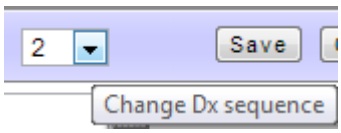
Diagnosis Screen Revamped and Enhanced

As part of the revamping, the Multiaxial Assessment screen has been renamed the Multiaxial Diagnoses screen and the Axis II section is now just referred to as "Personality Disorders." The enhancements to the functionality are as follows:

- If a client does not have any existing diagnoses, the screen will default to "add mode" (assuming you have the DxAdd right). For a client with existing diagnoses, you will notice the Update/Start New Assessment buttons have been renamed Update and Start New Diagnoses and are at the top of the screen. The Update button lets you switch back and forth between update and view modes.
- There is no longer a limit on the number of Axis I, II, or III diagnoses – a "New" field will always be available to add another diagnosis.
- Each Axis I, II, and III diagnosis has its own save and edit functionality. Separate Edit buttons have also been added for the Axis IV and V sections and the Effective Date field.

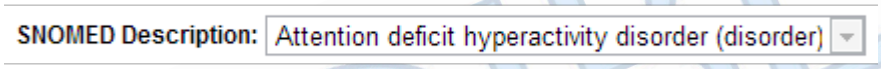


- You can change the order of an Axis I, II, or III diagnosis as you are adding it or through the Edit function. There is also a Resequence button to remove gaps that have been created by deleting diagnoses.



- The system will prevent you from selecting the same program as the default for multiple diagnoses. Once a program has been selected, it will no longer be available in the Default for Programs list for other diagnoses.
- In the details for each Axis I, II, and III diagnosis, there is a new field to specify the SNOMED CT description that corresponds to the ICD-9 description (required for Meaningful Use Stage 2).

  If there is a one-to-one correspondence between the two codes, the dropdown will be preset with the appropriate SNOMED CT description.



  If the system cannot find any possible matches, you can use the SNOMED Picker to search for the appropriate code.

  The mapping from ICD-9 to SNOMED CT is provided by data from the U.S. National Library of Medicine: www.nlm.nih.gov/research/umls/mapping_projects/icd9cm_to_snomedct.html.
- If an Axis III diagnosis has a description and long description, the latter will now be displayed in the ICD9-CM Picker popup and in the Axis III description field.

  If a long description exists, it will be used elsewhere in the system. For example, in the Diagnosis dropdown on the Sign & Submit screen (if your system is configured to include Axis III for billing) and in the Associate Dx dropdown on the finalize prescription screen (if your system is configured to associate diagnoses with prescriptions.)

Settings

Partner Config: Use Axis IV Stressors, Show RO field in Diagnosis, Hide Previous GAF in Diagnosis, Shows Highest GAF in Diagnosis (all are optional)

Security Matrix: DxView, DxAdd, DxUpdate, DxAxisDelete

Configuration

To add or change a long description for an Axis III diagnosis, refer to the Axis 1/Axis 2/Axis 3 help topic.

Use

1. Diagnosis on Client nav bar.
2. For Axis I, II, or III diagnoses, use the Show All Detail/Hide All Detail button to display the detail for all diagnoses in the section. Use the plus/minus sign to show/hide the detail for an individual diagnosis.
3. If the screen does not default to add mode ("Adding new diagnoses" appears at the top), click the Update button.

To add an Axis I, II, or III diagnosis:

a. Select it from the New dropdown. An order dropdown and the detail fields for the diagnosis display.

b. If you need to change the order of the diagnosis, select a different number in the dropdown or select the > # option to manually enter the order number. For the latter scenario, click OK when the confirmation prompt displays and then enter the desired order number in the field.

c. For the SNOMED description:

- If there is a one-to-one correspondence between the SNOMED CT code and ICD-9 code, the dropdown will be preset with the appropriate description and no action is necessary.
- If the dropdown is enabled, it means there are multiple SNOMED CT codes that match the ICD-9 code. Select the appropriate description.
- If there is a SNOMED Picker button, click it. When the picker popup displays, start entering the SNOMED CT code to view matching SNOMED CT descriptions. Click the appropriate code and click Done.

d. Fill out the remaining detail fields as you normally would.

e. Click Save.

To edit an Axis I, II, or III diagnosis, click the edit button, make the necessary changes, and click Save.

To delete an Axis I, II, or III diagnosis, click the delete button and click OK when the confirmation prompt displays.

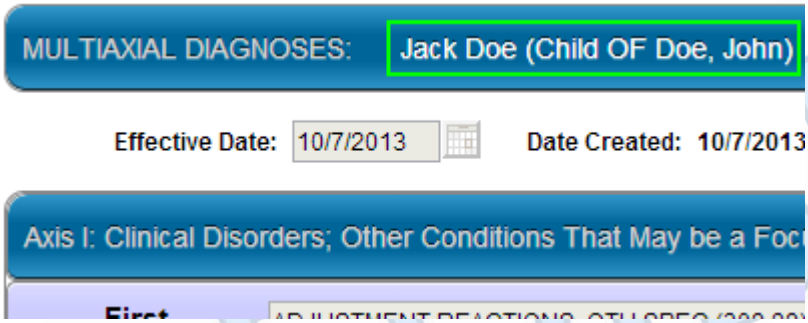
To resequence the diagnoses in the Axis I, II, or III section, click the Resequence button and click OK when the confirmation prompt displays.

To add or edit an Axis IV or V diagnosis, click the Edit button for the corresponding section, enter/change the necessary information, and click Save.

To edit the effective date for the current diagnoses, click the Edit button to the right of the date field, change the date, and click Save.

Diagnosis Function Added for Family Members

To help you capture the family health history of a client, the Multiaxial Diagnoses screen is now available for each family member.



You access the screen via a DX link in the Family Members screen. If the family member is an existing client, the screen will contain that client's existing diagnoses.

Settings

Partner Config: Use Client Family

Security Matrix: ClientUpdateContactsFamily

Configuration

N/A

Use

1. Family button on Client nav bar.
2. For an existing family member, click the DX link in the Diagnosis column.
3. Fill out the Multiaxial Diagnoses screen. Refer to the steps in the Use section above and the "Adding a New Diagnosis" section in the Diagnosis help topic.

New Client Profile Fields to Record Multiple Races

If your staff needs to be able to record more than one race for a client, you can add the new fields race_omb2 and race_omb3 to the Clients table. The system will use these two fields and the existing race_omb and ethnicity_omb fields for HL7 messaging (for example, when you generate an immunization export, syndromic surveillance data file, clinical summary, or Clinical Quality Measurement report).

Settings

Security Matrix: DataDictionary, ClientUpdate

Configuration

Use the Data Dictionary to:

1. Add the race_omb2 and race_omb3 fields to the View and Update versions of the Clients table.
2. For the Update version, set up each field as a lookup with the following parameters: Lookup Table: LookupDict, Lookup Description: lookup_desc, Lookup Category: race_omb.

See Adding a Field to a Table with Data Dictionary in the help.

Use

If a client has more than one racial designation:

1. Profile on Client nav bar > Update button.
2. Select an additional race from one or both of the new Race dropdowns and click Update Client.

Date of Death Field Added to Client and Family Member Tables

With a new date_of_death field, you can record when a client or client's family member dies. The Age field – now available for the ClientDependent table as well as the Clients table – will calculate the deceased client's or family member's age based on the dob and date_of_death fields.

Settings

Partner Config: Use Client Family

Security Matrix: DataDictionary, ClientUpdate, ClientUpdateContactsFamily

Configuration

1. Add the date_of_death field to the View and Update versions of the Clients table.
2. Add the age field to the View version if it is not already there.

   See Adding a Field to a Table with Data Dictionary in the help.

Use

When a client passes away:

1. Profile on Client nav bar > Update button.
2. Enter the date of death in the corresponding field and click Update Client.

When a client's family member passes away:

1. Family on Client nav bar > select button for the appropriate family member.
2. Enter the date of death in the corresponding field and click Save Family Member.

Protection Indicator Effective Date Field Added to Clients Table

With the Protection Indicator Effective Date field, you can specify the date the client (or guardian) indicated if his/her immunization information needs to be protected or can be shared. You use the Immunization Protection Indicator dropdown to indicate the client's wishes:

- N = No, it is not necessary to protect data from other clinicians
- Y = Protect the data

If the client has not indicated his/her wishes regarding the immunization information, the Immunization Protection Indicator dropdown should be left blank.

Both of these fields are part of the Patient Demographic Segment in an HL7 immunization message. Updates to both fields are recorded in the HIPAA logs.

Settings

Security Matrix: DataDictionary, ClientUpdate

Configuration

1. Add immunization_protection as a custom lookup category (Admin tab > Custom Lookup Categories > Add a New Lookup Categories Entry).
2. Add the lookup items in the table below to the immunization_protection lookup category (Admin tab > Custom Lookup Items > Select immunization protection > Display button > Add a New immunization_protection Entry). Note that the codes N and Y must be uppercase.

Code	Description	Short Description
N	No, it is not necessary to protect data from other clinicians.	Sharing is OK
Y	Protect the data. Client (or guardian) has indicated that the information shall be protected.	Do not share data

3. Use the Data Dictionary to add the pd113_pi_effectivedate and immunization_protection_indicator fields to the View and Update versions of the Clients table.
4. For the Update version, set up immunization_protection_indicator as a lookup with the following parameters: Lookup Table: LookupDict, Lookup ID: lookup_code, External ID: hl7_code, Lookup Description: short_desc, Lookup SQL: lookup_code + ' ~ ' + short_desc, Lookup Category: immunization_protection.

   See Adding a Field to a Table with Data Dictionary in the help.

Use

If the client has not indicated his/her wishes regarding the immunization information, no action is necessary.

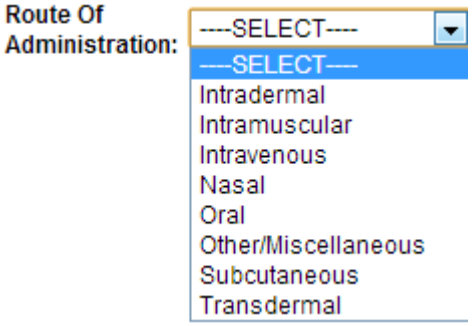
If the client has indicated his/her wishes regarding the information:

1. Profile button on Client nav bar > Update button.
2. From the immunization_protection_indicator dropdown, select the appropriate option.
3. In the pd113_pi_effectivedate field, enter the date the client conveyed his/her wishes regarding the immunization information and click Update Client.

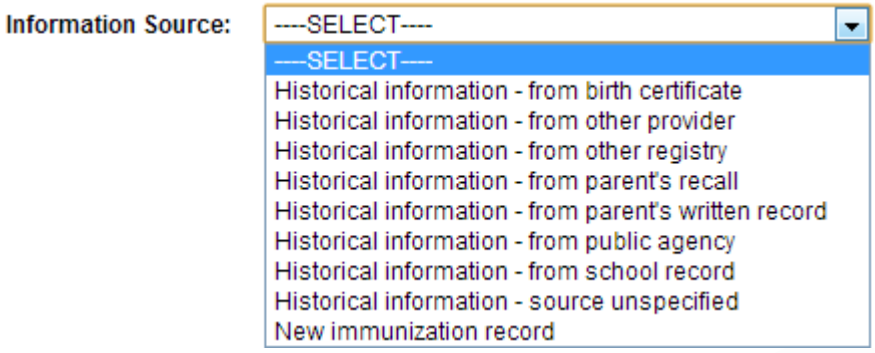
Immunization Enhancements

The enhancements to the Immunizations screen are as follows:

- HL7-preferred Amount unit – units that are not valid for HL7 messaging have been removed from the dropdown; currently, the only valid option is MilliLiter [SI Volume Units].
- Standardized routes of administration – the dropdown has been updated to only include the standard eight options shown below.



- New Information Source dropdown – you can now identify the source of the immunization record; available options are as follows:



- Support for barcodes on Vaccine Information Statements (VISs) – With the new Use VIS 2D Barcode checkbox, you can now enable a VIS Barcode dropdown and select the appropriate barcode. The system supplies the corresponding Vaccine Information Statement date.
- New Presumed Disease Immunity dropdown – when "no vaccine administered (998)" is selected from the Immunization dropdown, a Presumed Disease Immunity dropdown will display so you can select the disease the client is immune to.
- Page nav bar added – If a client has more than 10 immunizations, a page number link will display at the bottom of the screen so you can navigate to the next page of immunizations.

Settings

Security Matrix: ImmunizationAdd, ImmunizationEdit

Configuration

If you will be using VIS 2D barcodes, install a 2D barcode scanner app on your smartphone. There is not a direct scan-to-Credible capability.

Use

1. Immunizations on the Client nav bar.
2. Edit an existing immunization or add a new one.
3. Select/enter the appropriate information.
4. If using the barcode on the Vaccine Information Statement:
   a. Select the Use VIS 2D Barcode checkbox.
   b. Use your smartphone to scan the barcode and get the barcode number.
   c. Select the corresponding barcode number from VIS Barcode dropdown.
5. Click Update or Save.

See Immunizations in the help.

Route Dropdown Added to Client Medications Screen

When you add a medication to a client's record, you can now specify the administration route. The dropdown has the same options that are available when you create a prescription.

Settings Security Matrix: RxUpdate

Configuration N/A

Use See "Adding a Medication" in the Medications help topic.

Context-Sensitive Info Buttons Added for Medications and Lab Results

If your system is configured to display info buttons, they will now be available on the Client Medications and Lab Result Details screens. Previously, the info buttons were only available on the Multiaxial Diagnoses screen. Clinicians can use the buttons to access context-sensitive information about a medication or lab procedure from the MedlinePlus database.

Settings Your IM/PSC needs to turn on the manual result entry and/or upload functions in your system. Note that there is no additional cost to use these functions and they are not part of eLabs contracting.

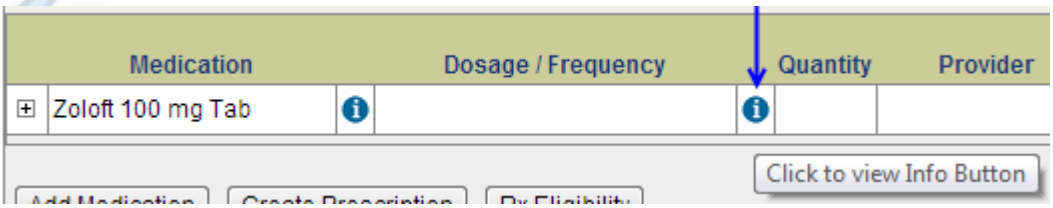
Partner Config: Display Info Buttons

Security Matrix: RxView and/or eLabs

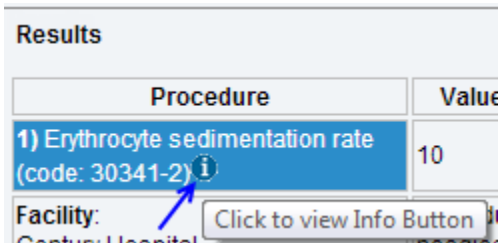
Configuration N/A

Use

- Medications on Client nav bar > second info button icon.

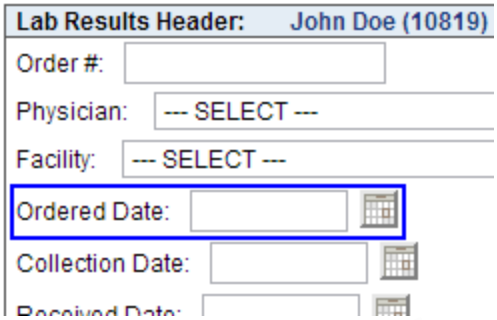


- eLabs on Client nav bar > detail button for lab result > info button icon at the end of the Procedure name



Dates, Facility Address, and Specimen Info Added to Lab Results

When manually entering a lab result, your staff will be required to specify the date the lab was ordered on the Lab Results Header screen.



To give your staff more information about a lab result, the system will now display following information in the Lab Result Details screen:

- Lab facility address
- Received Date, Result Date, and Collection Date
- Specimen Source and Specimen Condition

Settings

Your IM/PSC needs to turn on the manual result entry and/or upload functions in your system.

Security Matrix: eLabs

Configuration

Enter lab facility addresses via Admin tab > Lab Facilities.

Use

See the eLabs help topic.

Improved Support for Manually Uploaded Lab Results

Enhanced Lab Result Details screen – If the following information exists in an uploaded lab results file, the system will display it in the Lab Result Details screen:

- Laboratory name from the Clinical Laboratory Improvement Amendment (CLIA) certification (OBX-23)
- Physical location of laboratory facility or location within the facility where testing was performed (OBX-24)
- Date the test report/status change was finalized by the laboratory (OBR-22)
- Type of specimen submitted for testing and/or the collection site/method of collection as applicable (SPM-4)
- Laboratory's additional/miscellaneous notes, comments, and interpretations regarding the test/report (NTE-3)
- Laboratory's defined comments denoting specimen suitability or not for testing (OBX-5/NTE-3/SPM-21)
- Laboratory's comment(s) denoting the condition of the specimen (OBX-5/NTE-3/SPM-24)

Updating lab results – If an uploaded lab results file has the same procedure as an existing file but has different data in the Value, Abnormal, and/or Notes fields, the existing file will be updated with the new information. The match to an existing lab results file is based on the same Placer Order Number and Sender Order Number.

Settings

Your IM/PSC needs to turn on the manual upload function in your system.

Security Matrix: eLabs

Configuration

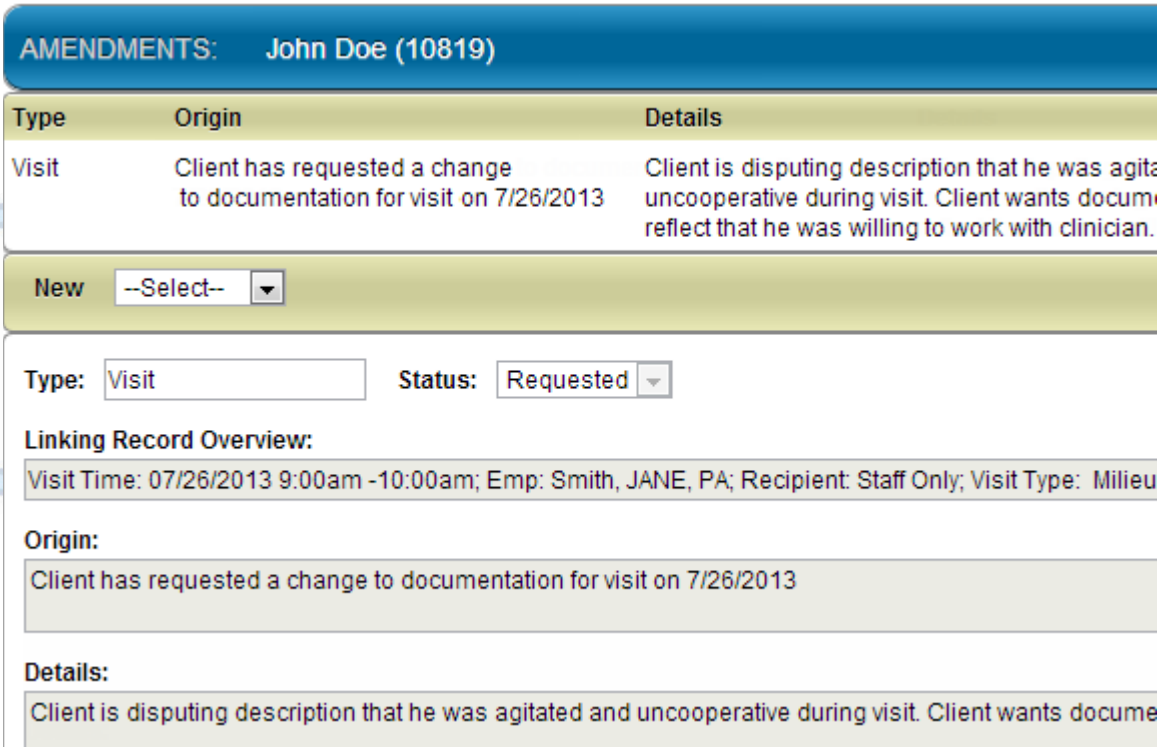
N/A

Use

See "Uploading a Lab Results File" in the eLabs help topic.

Recording Client Requests for Amendments

With the new Amendments function, you can record client requests to amend the information about a specific diagnosis, lab, medication, or completed visit.



Once an amendment request is entered, the appropriate staff can review it and then accept or deny it. If a request is accepted, staff will have to manually update the corresponding diagnosis, lab, medication, or visit record. The actions of adding, updating, and deleting amendments are recorded in the HIPAA logs.

Settings

Security Matrix: *ClientAmendmentView, ClientAmendmentAdd, ClientAmendmentDelete*

Configuration

N/A

Use

To add an amendment request:

1. Amendments on Client nav bar.
2. From the New dropdown, select the type of record (diagnosis, lab, medication, or visit) the amendment request is for.
3. From the diagnosis/lab/medication/visit list that displays, select the specific record the amendment request is for and click Create New.
4. From the Status dropdown, select Requested.
5. Enter information about the requestor and the date of the request in the Origin box.
6. Enter the specifics of the request in the Details box and click Save.

To edit, review, or accept/deny an amendment request:

1. Amendments on Client nav bar.
2. Click the amendment you need to edit/review/accept or deny and then click the Edit button.
    - If editing the request, add to the origin/detail information as necessary and click Save. Note that the system does not currently record change history for amendments.
    - If reviewing the request, select Review from the Status dropdown, add review notes to the Details section (including your name and date/time of the review), and click Save.
    - If accepting or denying the request, select the corresponding option from the Status dropdown, add notes about decision to the Details section (including your name and date/time of the acceptance/denial), and click Save.

Flagging Employees As Eligible Providers and Licensed Healthcare Professionals

With the new field is_mu_provider, your organization can now flag employees as eligible providers (EPs) and then report on this subset of employees for Meaningful Use purposes.

You can also flag employees as licensed health professionals with the new field is_licensed_health_prof. This designation is necessary for the computerized physician order entry (CPOE) objective since it distinguishes between orders entered by licensed healthcare professionals/credentialed medical assistants and those entered by data entry personnel.

If your organization does not have EPs pursuing Meaningful Use incentive payments, you do not have to utilize the two new fields.

Settings

Security Matrix: DataDictionary, EmployeeUpdate or EmployeeUpdateOwn

Configuration

Use the Data Dictionary to add the is_mu_provider and is_licensed_health_prof fields to the View and Update versions of the Employee table. See Adding a Field to a Table with Data Dictionary in the help.

Use

For employees who are eligible providers or licensed health professionals:

1. Profile button on Employee nav bar > Update button.
2. Select the appropriate radio button for the is_mu_provider and is_licensed_health_prof fields and click Update Employee.

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New Actions with Details in the HIPAA Logs

The actions below will now be recorded in your HIPAA logs. You can use the details button provided to view the filtering criteria selected.

- ACCESS CLIENT ADVANCED SEARCH
- ACCESS EMPLOYEE ADVANCED SEARCH
- ACCESS VISIT ADVANCED SEARCH
- ACCESS LEDGER ADVANCED SEARCH

Log details have also been added for the existing actions ACCESS REPORT and ACCESS EXPORT.

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. Click the details button to view additional information about the action.
- For all clients, employees, and visits:
  1. Reports tab > Admin button on nav bar > Global HIPAA Log.
  2. Select the desired filters and click Run Report.
  3. Click the details button to view additional information about the action.

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Hashing Added to Client Notes and Client/Employee Messages

To verify the integrity of public client notes (viewable in the Credible Client Portal) and client/employee messages, the system will generate a "Message Hash" each time a note or message is generated. When the note is viewed in the Client Portal or message is received, a "Received Hash" is generated. If the two hash values match, it means the content sent was the same as the content received. If they don't match, an error message displays instead of the public note/message. Credible uses the SHA-1 algorithm.

Demonstrating that a Message Hash and Received Hash match may be necessary for Meaningful Use Stage 2 attestation. Previously, hash values were only available for Continuity of Care records and documents.

Settings

Partner Config: Show Hashing, Use Public Client Notes, Check Message Interval, Message Disclaimer Text for Client Portal

Security Matrix: ClientNoteAdd, MessagingHubAnswerMessages

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

Configuration

See Setting Up the Credible Client Portal in the help.

Use

For public client notes:

1. Notes on Client nav bar.
2. Enter the note in the text box, select the Is Public checkbox, and click Add Note.
3. Hover over the hash symbol to view the message hash. When the client user views the note in the Client Portal, they can compare the message hash with the received hash.

For client/employee messages:

1. Click the envelope icon in the banner or the Messaging Hub button on Employee nav bar.
2. Click the Reply icon for the message you need to reply to.
3. Enter the reply and click Send Message.
4. Click the Subject to open the message/reply thread.
5. Hover over the hash symbol for your reply to view the matching message hash and received hash.

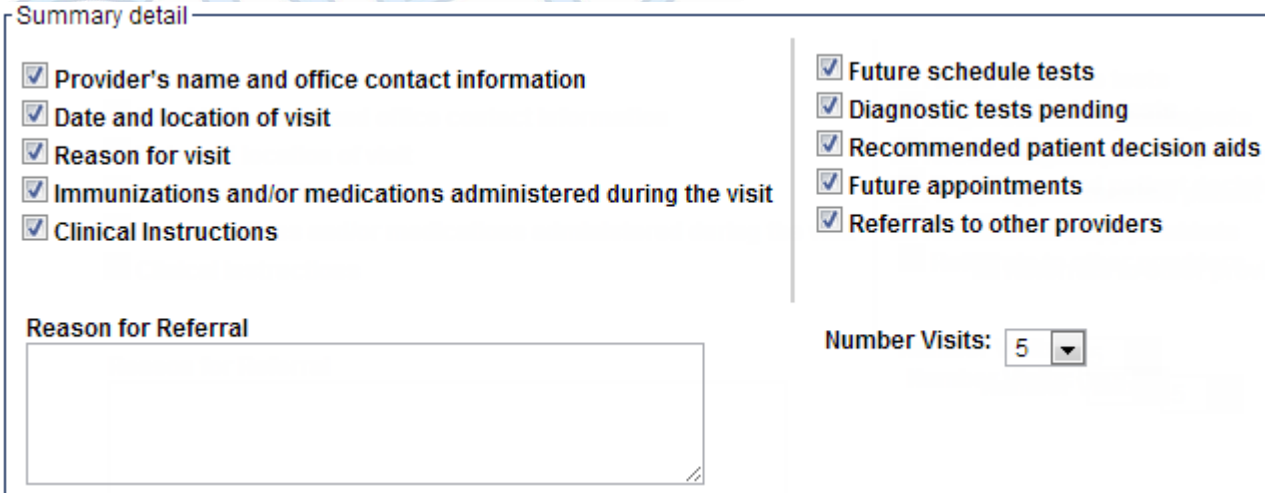
Client Summary Renamed and C-CDA Format Added

To align with industry terminology, “Client Summary” has been renamed “Clinical Summary” throughout the system. When generating a clinical summary, you now have a choice of formats: the existing Continuity of Care Record (CCR) or the new Consolidated Clinical Document Architecture (C-CDA).

A C-CDA clinical summary automatically includes the Common Meaningful Use dataset if the data is present in the client’s record:

- Patient Name, Gender, and DOB
- Race, Ethnicity, Preferred Language
- Smoking Status
- Problems (diagnoses)
- Medications
- Medication Allergies
- Lab Test Results
- Vital Signs
- Care Plans
- Procedures
- Care Team Members

With the Summary detail checkboxes, you can include additional clinical data and visit information.



When a visit type is flagged for Include Summary, two new fields are available to support the C-CDA format: Reason for Visit and Chief Complaint. Staff can populate these fields via form mapping when documenting a visit or by updating a completed visit.

With the Reason for Referral text box, the C-CDA clinical summary can serve as a Transition of Care/Referral Summary. And with the new output option "Enclose summary as text in ZIP file," you can generate a "human readable" version of the clinical summary.

You can give clients and client representatives using the Credible Client Portal the right to generate a clinical summary.

Settings

Partner Config: Use Clinical Summary Features, *CCD Author Address*

Security Matrix: *PatientSummaryGenerator*

Client User Security Matrix: *ClientPortalCreateCCD*

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

Configuration

1. For each visit type that you want to include visit information for in a clinical summary:
    a. Admin tab > Visit Type > edit.
    b. Select Include Summary.
    c. If your organization uses the eMAR module, select Associate eMAR.
    d. To include the visit information in the Procedures section in the clinical summary, select *Is Procedure for CDA documents*. When this setting is unchecked, the visit information will be in the Encounters section.
    e. Click Save.
2. If you want staff to populate Reason for Visit and Chief Complaint fields via form mapping, add the fields to the appropriate forms and set them up for mapping (ClientVisit:reason for visit and ClientVisit:chief complaint).

See Setting Up the Credible Client Portal in the help.

Use

Best practice:

1. Have the client sign an ROI for sending his or her CCD to another agency.
2. Encrypt the CCD. 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.

To generate the CCD summary:

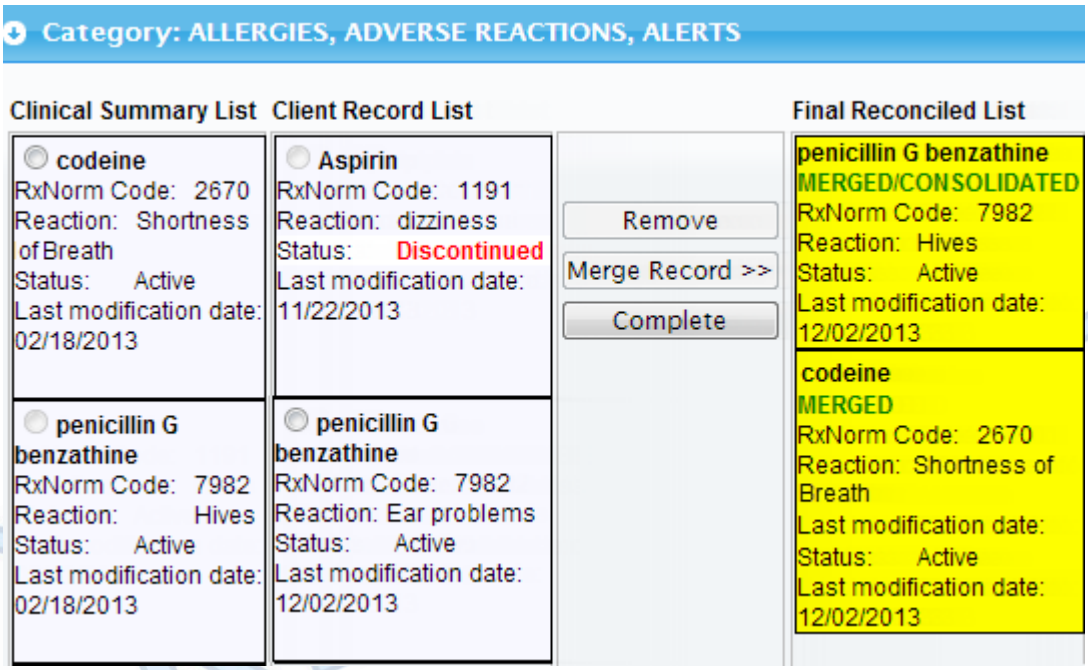
1. Profile button on Client nav bar > Generate Clinical Summary button.

   The Clinical Summary Generator screen defaults to the CCD Summary type. For information on generating a CCR summary, refer to Generating a Continuity of Care Record (CCR) in the help.

2. If there are parts of the client's record you do not want to include in the CCD, uncheck the corresponding checkboxes.
3. If necessary, use the dropdown provided to change the number of visits that will be included.
4. If the CCD is for a referral, enter the reason in the corresponding field.
5. If following best practice, select Encrypt Summary checkbox and enter an encryption key.
6. If you are sending the clinical summary to another agency, select "Enclose summary in ZIP file." For a human readable version, select "Enclose summary as text in ZIP file"). You should only use the "Print summary to screen" option for review purposes.
7. Click Generate Summary. A compressed (zipped) folder is saved to your Downloads folder. It contains the summary in an XML or text document and the hash value in a text document.
8. If you are sending the clinical summary to another agency, upload the zip file and encryption key to the agency – this process occurs outside of Credible.

Updating Client Record with Imported Clinical Summary Information

You can now compare the allergy, medication, and diagnosis information in an imported clinical summary to the existing information in the client's record. If a matching record does not exist (matching is based on the RxNorm code for allergies and meds and SNOMED code for diagnoses), you can add (merge) the clinical summary record to the client's record. If a matching record exists, you can update (merge/consolidate) it with the data in the clinical summary record.



You can also discontinue/delete an existing allergy, medication, or diagnosis record from the Clinical Summary Detail View screen with the Remove button.

Two notes:

- The "compare-to-existing" functionality only works for clinical summaries that use the CCD or C-CDA format.
- Previously uploaded client summaries will need to be re-uploaded to take advantage of the compare-to-existing functionality.

Settings

Partner Config: Use Clinical Summary Features

Client User Security Matrix: ClientFileAdd, ClientFileView, AllergyAdd, RxUpdate, DxAdd, RxDelete, RxDiscontinue (for nonprescribers), DxAxisDelete

Configuration

N/A

Use

1. Attachments on Client nav bar > Import Clinical Summary button.
2. Enter a description for the clinical summary.
3. Click Choose file, select the file, click Open, and then click Upload File.
4. Open the folder the clinical summary was saved to and click the detail button. Headers for the different sections of the clinical summary display.
5. Expand the Allergies, Medications, or Problems category.
6. Review the Clinical Summary List and the Client Record List.
7. If you need to remove an existing client record, select the radio button and click the Remove button. *Note that this action cannot be undone*.
8. To merge a record from the clinical summary, select the radio button and click the Merge Record button. *Note that this action cannot be undone*.
9. When done removing and/or merging records, click Complete.

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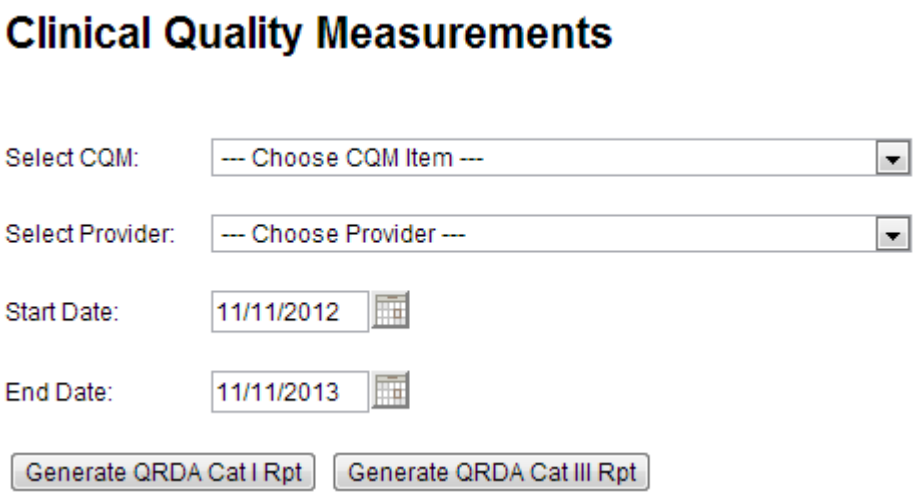
Module for Calculating and Reporting Quality Measurement Information

Beginning in 2014, all eligible providers will be required to report on 9 of the 64 approved Clinical Quality Measurements (CQMs). Credible has developed a CQM module to help you meet this reporting requirement.



The new module pulls visit data from your system, makes the necessary calculations, and presents the results in one of two reports. The Category I report contains quality measurement data for a single client while the Category III report aggregates the data from individual Category I reports. Both reports use the Quality Reporting Document Architecture (QRDA), the HL7 standard for communicating healthcare quality measurement information.

Settings

Security Matrix: ReportList, *ClinicalQualityMeasurements*

Configuration

N/A

Use

1. Reports tab > CQM on the nav bar.
2. Select the CQM and billing provider you want to report on.
3. Use the date fields to specify the time period you are reporting on.
4. Click the button that corresponds to the type of report you need to generate.

Instructions for the specific measures Credible receives certification for will be available in the Meaningful Use Stage 2 configuration document.

Source of Payment Typology Added to Payer Config

To help you meet a Clinical Quality Measure (CQM) reporting requirement, a Source of Payment Typology dropdown has been added to the Payer Config screen. The Source of Payment Typology, developed and maintained by the Public Health Data Standards Consortium (PHDSC), "is a payer type standard to allow for consistent reporting of payer data for health care services." For more information on the typology, go to www.phdsc.org/standards/payment-typology-source.asp.

The Source of Payment Typology you select for each payer will be used when you generate the CQM QRDA reports.

Settings

Security Matrix: BillingConfig

Configuration

N/A

Use

1. Billing or Admin tab > Billing Payer.
2. For each existing payer, click edit, select the appropriate option from the Source of Payment Typology dropdown (in the General Settings section), and click Save Settings.

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Patch List

Cross-Browser Compatibility

Chrome™: Duplicate Note Entries in Billing Details Screen

Task #	46428
What was the issue?	When using Chrome, note was entered in the Billing Details screen and submit was clicked once. In one instance the note was duplicated in the ledger and in another, it was triplicated.
The patch	The issue was tied to using the forward and back buttons in Chrome. A fix has been made to prevent the reposting of notes when the forward and back buttons are used.

Internet Explorer®: Multiple Blank Lines Above Notes Section in Form

Task #	46892
What was the issue?	When using Internet Explorer, multiple blank lines appeared at the beginning of each notes section in a form. The form used blank Label Only questions to create “spacers” before each notes section.
The patch	Issue was tied to the blank Label Only questions used in form. A fix was made so unexpected blank space will not be added when blank Label Only questions are used.

Client

Not Enough Room in Dosage and Frequency Fields in Client Medications Screen

Task #	46228
What was the issue?	When adding or editing a medication, you could only enter 25 characters in the Dosage and Frequency fields. If you entered additional dosage/frequency information in the Instructions field, it was not visible on the Client Medications list screen unless you viewed the additional medication details.
The patch	In the Client Medications screen, you can now enter up to 40 characters in Dosage field and up to 100 characters in the Frequency field.

Immunizations: Ordered By and Administering Provider Dropdowns Not Populating Correctly

Task #	45412
What was the issue?	In the Immunizations screen, employees not flagged as doctors or nurses were included in the Ordered By and Administering Provider dropdowns.
The patch	A fix has been made so the Ordered By dropdown only contains doctors and external providers and the Administering Provider dropdown only contains doctors and nurses assigned to the client.

Difficulty Updating ROI Dates for Client Contact

Task #	46198
What was the issue?	The ROI dates and ROI Obtained flag could not be removed/set to False at the same time when updating a contact. Removal of ROI dates had to be saved before ROI Obtained flag could be set to False.
The patch	The system allows for easier deletion of ROI start and end dates when the Partner Config setting ROI Dates Required is not enabled.

Able to "Null Out" (Delete) Selected Diagnosis with DxUpdate Right

Task #	50349
What was the issue?	Users with DxUpdate set to True and DxAxisDelete set to False were able to delete a diagnosis by selecting the "Choose" (null) option in the Diagnosis dropdown and saving the change.
The patch	In the revamped Diagnosis screen, the --Select-- option goes away after a diagnosis has been selected so the diagnosis cannot be "nulled out." Only users with the DxAxisDelete right will be able to delete a diagnosis.

Default Program for Axis I Primary Diagnosis Not Saved

Task #	47376
What was the issue?	Selected default program for Axis I primary diagnosis and saved assessment. Program selection was not retained. System did save selection for Axis I non-primary diagnoses.
The patch	Issue has been addressed as part of the revamping of the Diagnosis screen.

Cannot Unassign Certain Programs from Certain Clients

Task #	49606
What was the issue?	Could not unassign the last program for a client. After entering the reason for program unassignment in the popup and clicking save, the client was still assigned to program.
The patch	Issue was tied to the fact that all episodes for the client had been closed and the Reason for Client Team Unassign configuration setting was in use. Software has been updated to allow program unassignment when all episodes have been closed and the program unassignment reason feature is in use.

Discrepancy Between Tx Plus "Visit View" and Print View

Task #	47120
What was the issue?	Visit type config setting Show All Questions Tx Plus Only was set to False. In the Tx Plus section in the Visit Details screen, undocumented elements were suppressed as expected. The undocumented elements were not suppressed in the print view.
The patch	A fix was made so when Show All Questions Tx Plus Only is set to False, undocumented Tx Plus elements will be suppressed in both visit view and print view.

Existing "Empty" Tx Plus Plan Does Not Display in Web Form

Task # 42747

What was the issue? A Tx Plus plan was saved with a start date but no elements were added. When the Tx Plus category was accessed in a web form visit, the existing plan was not recognized. However, the existing plan was detected after trying to add a plan via the Add Tx Plus link. Same scenario occurred when all problems in a Tx Plus plan were end dated but the plan was still active.

The patch When the above scenarios occur, the system will now display the message "This Tx Plus contains no active elements. If you continue it will not inject into forms."

Tx Plus: Error when Saving Template with Special Characters in Name

Task # 46465

What was the issue? After building Tx Plus plan, user selected Save Tx as Template checkbox and entered a template name that contained special characters. When Save button was clicked, error occurred.

The patch The Client Tx Plus Builder screen has been updated to allow special characters and spaces.

Difficulty Saving Tx Plus Data in Incomplete Visits

Task # 46133

What was the issue? Entered data in Tx Plus category in web form, completed category, and navigated away from visit. Reaccessed visit via Visit List button on Employee nav bar > incomplete visits button > edit button for visit with Tx Plus category > Tx Plus category in form. Documentation in Tx Plus category was gone.

The patch The issue was tied to the Notes text box repeatedly loading when the Tx Plus category was reaccessed. Because of the repeated loading – which was not visible to the user, the documentation never loaded on the screen. A fix has been made so the Tx Plus category will not display unless the Notes text box loads successfully.

Visit

Green Checkmark Displays when Tx Plus Category Has Not Been Documented Against

Task #	44840
What was the issue?	When completing a web form, the green checkmark displayed next to the Tx Plus category even though it had not been accessed or documented against.
The patch	A fix was made so the green checkmark will only be set for a Tx Plus category if it has documentation.

Need Long Description for Axis I and II in Diagnosis Dropdown on Sign & Submit Screen

Task #	46458
What was the issue?	Due to a state reporting requirement, Axis I and II diagnoses are configured with diagnosis codes in the Short Description field. When both short and long descriptions exist, the default behavior of the system is to use the short description in the Diagnosis dropdown on the Sign & Submit screen. Staff needs the long description to make sure they are selecting the correct diagnosis.
The patch	With the new Partner Config setting *Description Type in Diagnosis Dropdown*, you can configure your system to use the long description for Axis I and II diagnoses in the Diagnosis dropdown when both short and long descriptions exist.

Sign and Submit All Visits Not Working for All Visits

Task #	46374
What was the issue?	Sign and Submit All Visits checkbox was selected before signing and submitting a group visit. The Supervising Physician selected was only recorded on the last visit.
The patch	A fix was made so the Supervising Physician selected will be assigned to all visits in the group when the Sign and Submit All Visits is checked.

Tx Plus Category Not Included in Visit Documentation Search Function

Task #	45212
What was the issue?	When the Search function was used for a completed visit with a Tx Plus category (in the Visit Details screen), the treatment plan data was not included in the search.
The patch	When the Search function is used, all Tx Plus data – dates, summary, description, documentation, extended fields, and so on – will be checked for matching data.

Admin

Employee Unassignment Not Recorded in HIPAA Logs

Task #	44711/44659
What was the issue?	An employee was unassigned from a client and the action was not recorded in the HIPAA logs.
The patch	Additional logging functionality has been added so all employee unassign scenarios are recorded in the HIPAA logs.

Employee Name Not Pulled for CLINICAL SUPPORT CREATE Action

Task #	45737
What was the issue?	In the Client Log and Global HIPAA Report, the user (employee) who performed the CLINICAL SUPPORT CREATE action was not listed. Instead, there was a comma followed by empty parentheses.
The patch	Logging functionality has been updated so the user who creates a clinical support will be recorded.

CREDIBLE

Clinical Support: Need More Room in Developer and Funding Source Fields

Task #	46244
What was the issue?	Unable to enter all of the necessary data into the Developer and Funding source fields due to the maximum field lengths.
The patch	The maximum field lengths for both fields has been increased to 500.

Unable to Import Full Gender Description

Task #	45988
What was the issue?	Unable to import full gender description due to maximum field length of 7. The gender description Transgender was truncated to Transge.
The patch	Maximum Length for Description field in Gender table has been increased to 20.

Need to Hide Immunizations Button when ImmunizationView Right = False

Task #	49264
What was the issue?	When ImmunizationView was unchecked for a profile, users with that profile still saw the Immunizations button on the Client nav bar on certain screens. While clicking the button brought up the insufficient rights message, our preference would be to hide the button in all instances when ImmunizationView is set to False.
The patch	The ImmunizationView right has been updated to control the availability of the Immunizations button on the Client nav bar for all screens. When set to False, the Immunizations button will always be hidden.

Able to Reconcile Payment when ClientPayments Right = False

Task #	45742
What was the issue?	When ClientPayments was unchecked for a profile, users with that profile still had access to the Reconcile button on the Client Payments screen and the Reconcile screen displayed after entering a new payment.
The patch	The ClientPayments right has been updated so it will now work as expected. When set to False, users will not be able to reconcile payments.

Billing

Correct Copay Not Showing in Add Client Payment/Copay Screen

Task #	38040
What was the issue?	Copay was showing as $0 when the client had liability of $125. In another instance, the copay showed as $0 when it should have been $36.
The patch	The software has been updated to pull program-specific liability rates when determining the copay amount for a client.

Need Full Spelling of "Location" on Client Payments Screen

Task #	45231
What was the issue?	If your system is set up to require a location on client payment entries, there is a Location column in the Client Payments screen. The column header was abbreviated to Locatn.
The patch	The Location column header is now spelled out in full.

Sub ID/Interchange Sub ID for Specific Billing Group No Longer Outputting Expected Value

Task #	49501
What was the issue?	Billing group was tied to Billing Office/Claim Config #12. All claims for this billing group were pulling Sub ID/Interchange Sub ID value from Billing Office/Claim Config #6. The claims were tied to a payer that had Multiple Configs by Billing Group selected.
The patch	A fix was made so Multiple Configs by Billing Group will work as expected on single payer types.

Outstanding AR Discrepancy Between Credible and Third-Party Accounting System

Task #	43668
What was the issue?	After importing a Revenue/AR Export batch into our third-party accounting system, there was an outstanding AR discrepancy between Credible and the accounting system.
The patch	The discrepancy resulted because the cash and prepay account codes in Revenue/AR Setup and Config had been changed and the procedure that created the Revenue/AR export pulled the new codes and not the codes in the actual ledger lines. The export creation procedure has been updated to pull the cash and prepay account codes from the actual ledger lines.

Overlapping Not Blocked for Two Different Employees when Split Visit Added First

Task #	32049
What was the issue?	With Block Overlapping Client Visits by Recipients and Block All Overlapping Employee Visits set in Partner Config, expected overlap message did not display when a split visit was added before a single visit. The overlap message did display when the single visit was added first.
The patch	Issue was due to Is Overlap to Subtract being set to True for the Billing Matrix entry for the single visit. The software has been updated so the overlap settings in Partner Config trump the overlap settings in the Billing Matrix. The overlap subtract settings in the Billing Matrix are for calculating time frames and therefore should have no impact on what is allowed to be completed or overlapped.

Reports

Table Naming Issue when Exporting MDB Files from Custom Ad Hoc

Task #	46786
What was the issue?	Prior to Release 8.2, tables were named TempTable when exporting MDB files from a custom ad hoc. After the release, the tables were named CredibleExport, which caused reports to fail.
The patch	The disconnected mode for running exports has been updated so the MDB output file will name the export TempTable.

Forms

Form Builder: Unable to Left Justify "Is Lookup" Dropdowns

Task #	45762
What was the issue?	When a question had the answer format Dropdown and Is Lookup set to True, it would always right justify in the form.
The patch	The Label Position and Control Position fields have been updated to work with an Is Lookup Dropdown.

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