

## Release 7.0 Configuration

This document describes the new features and enhancements included in Credible 7.0 release. It lists the settings necessary to enable each release item along with the steps for configuration and use. Settings that are new and specifically needed for a release item are emphasized with *italics*.

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**Version 1.3** of the *Release 7.0 Configuration Notes* was generated to correct an error in the Configuration section for “Automatic Emailing & Texting of Appointment Reminders.” The Employee table was referenced when the correct table to add the new fields to is the Clients table.

## NEXT GENERATION OF CREDIBLE MOBILE



This release marks the introduction of Next Generation of Credible Mobile for the iPad® and iPhone® (full release) and for laptops and desktops that have Chrome™ installed (beta version). A beta version of Credible Mobile for Android™ tablets and phones will be available later.

In connected mode, you can download scheduled appointments and up-to-date client data, add unscheduled visits, “perform” visits, enter and upload admin time entries, and upload completed visits. When offline, you can review downloaded client data, “perform” visits, and queue them up for upload.

For ease of use, the user interface for Next Generation of Credible Mobile is the same across all platforms.

Partners currently using Mobile can use Next Generation of Credible Mobile for no additional cost/contract. If your organization is not currently using Mobile and are interested in using Next Generation of Credible Mobile, send an email to [contracts@credibleinc.com](mailto:contracts@credibleinc.com) for more information.

### *Settings*

N/A

### *Configuration*

The mobile device must have a WiFi connection or strong 3G connection for initial download.

- Credible Mobile for iPad & iPhone – the device must have operating system (iOS) version 4.3 or greater
- Credible Mobile for Laptop/Desktop – the device must have Chrome installed

Refer to reference 33148 in the Credible Library for the links to download the different versions.

### *Use*

Training for Next Generation of Credible Mobile will be available during the Preconference on April 3, 2012. Click [here](#) for details about the 5<sup>th</sup> Annual Partner Conference.

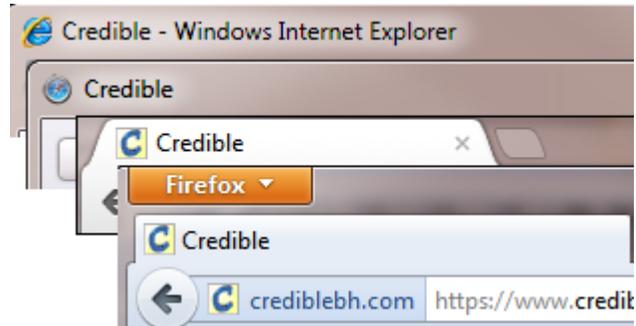
User documentation for Next Generation of Credible Mobile can be found in reference 33148 in the Credible Library.

Full release of Credible Mobile for Android and Credible Mobile for Laptop/Desktop will be on or before Release 7.1 (May 19, 2012).

## CROSS-BROWSER COMPATIBILITY

Effective with this release, Credible software is cross-browser compatible. You can run Credible software on the following browsers:

- Internet Explorer®
- Safari®
- Chrome
- Firefox®



A few notes:

- Reconciliation is currently only supported in Internet Explorer. Cross-browser support for this function will be available in the future.
- Uploading attachments is not supported in Chrome.
- Ad hoc reporting via the Export tool is only supported in Internet Explorer.
- Credible BI is optimized for Firefox and Internet Explorer.
- Next Generation of Credible Mobile for Laptop/Desktop only runs on Chrome.

*Settings* N/A

*Configuration* N/A

*Use* Credible software has been carefully tested on the above browsers. However, if you encounter an issue with a supported browser, please submit a Priority 4 Task Ticket. Browser issues will be addressed inside of the normal release structure.

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Chrome and Android are trademarks of Google Inc.

Internet Explorer is a registered trademark of Microsoft Corporation in the United States and other countries.

Firefox is a registered trademark of the Mozilla Foundation.

## Tx PLUS

To help you improve client care, a new treatment plan module, Tx Plus, is available in this release. Tx Plus uses the four-level hierarchical structure shown on the right. With Partner Config settings, you can change the name and background color for each level.

### TxPlus Items

- Problem
- Goal
- Objective
- Intervention

Each Tx Plus plan can have multiple problems and each problem can have multiple goals. Each goal can have multiple objectives and each objective can have multiple interventions.

The screenshot displays a treatment plan interface with a hierarchical structure of items. The items are organized into two main problem categories, each with its own Start, Target, and End dates. The first problem is 'Unable to hold down job d' (Start: 2/15/2012, Target: 3/16/2012). Under this problem, there is a goal 'Get a part-time job' (Start: 2/15/2012, Target: 3/16/2012), which has an objective 'John will put together resu' (Start: 2/16/2012, Target: [blank]). This objective has two interventions: 'Help John identify his skill' (Start: 2/16/2012, Target: 2/16/2012) and 'John will get at least two ji' (Start: 2/17/2012, Target: 2/24/2012). The second intervention has two sub-interventions: 'Review want ads for appro' (Start: 2/16/2012, Target: 2/17/2012) and 'Discuss effective interviewi' (Start: 2/17/2012, Target: 2/17/2012). The second problem is 'Difficulty assuming parents' (Start: 2/15/2012, Target: 4/19/2012), with a goal 'Provide balanced meals to' (Start: 02/15/2012, Target: [blank]).

A treatment plan and each item in it has its own Start, Target, and End dates.

For reporting purposes, you can associate each problem with one or more of the client's diagnoses via the Select Axis link.

When building a treatment plan, you can move items *within a parent category* via drag-and-drop. If an item has sublevels (for example, an objective has interventions), they will be moved as well.

You use forms exclusively to document against a Tx Plus treatment plan. A Tx Plus form has a single category that is flagged for a Tx Plus treatment plan with a new checkbox.

Notes:

- If using Internet Explorer, do not include crediblebh.com in your Compatibility View settings.
- Tx Plus is only supported in the web-based version of Credible.
- You cannot access existing treatment plans in the Tx Plus module.

Settings

**Partner Config:** Use Tx Plus, Problem/Goal/Objective/Intervention Label, Problem/Goal/Objective/Intervention Background Color, Use Tx Plan Methods (optional)

**Security Matrix:** TxPlusBuild, TxPlusDelete, TxPlusDocument, TxPlusView, FormBuilder, FormBuilderEdit

Use caution when selecting the TxPlusDelete right for a profile as it lets staff delete entire Tx Plus plans.

Configuration

The default background colors are as follows:

- Problem: #BBFFFF (pale turquoise)
- Goal: #FFDEAD (Navajo white)
- Objective: #9999FF (purple)
- Intervention: #FF9999 (light salmon pink)

To change a background color, enter the appropriate hex code in the Partner Config field. Do not use yellow as that is the “active level” color used by the system.

To add a Tx Plus form:

1. Select the Forms tab and add a new form (link it to a visit type via the Visit Type field).
2. Edit the form and click the category container name in the tree structure on the left.
3. In the Category Container screen, select the TxPlus checkbox and click Save Category.

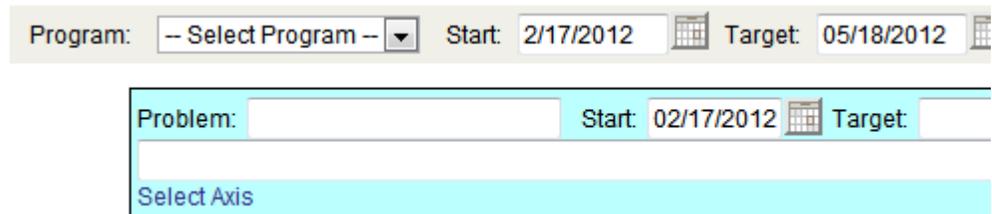
|                             |                                     |
|-----------------------------|-------------------------------------|
| Has Notes:                  | <input type="text" value="NO"/>     |
| Page Break Before Category: | <input type="text" value="NO"/>     |
| Embedded Signatures:        | <input type="text" value="0"/>      |
| <b>TxPlus:</b>              | <input checked="" type="checkbox"/> |

Do *not* add a child category to the form.

4. Click the Blue Arrow to return to the Form List.
5. Build and activate the form.
6. Make sure the visit type is associated with a Billing Matrix line.

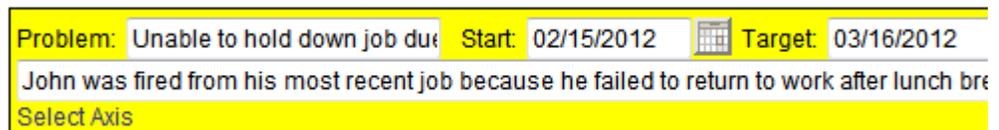
To build a Tx Plus plan:

1. Client nav bar >  > . Note that the Client nav bar is not available when building a Tx Plus plan.
2. Optional: select the program the Tx Plus plan applies to (if a program is not specified, the plan will apply to all programs a client is in).
3. Enter the Start and Target dates for the Tx Plus plan.
4. Optional: if your organization uses applied methods with treatment plan, select the appropriate ones from the Methods list. For more information on applied methods, click [here](#).
5. Click “Problem” in the TxPlus Items box to add it to the plan. The Start Date defaults to the current date.



6. Enter the problem (max 50 characters), change the Start Date if necessary, and enter a Target date. When documenting against the Tx Plus plan, an employee can change the Target date if necessary and enter an End date.
7. Optional: use the field below the Problem field for a more detailed description of the problem. Like the problem statement, it will display in read-only mode when documenting against the Tx Plus plan.
- Optional: associate the problem with the client’s diagnoses by clicking Select Axis, selecting the appropriate diagnoses, and clicking Save.

The background color of the problem is now yellow indicating it is the *active parent level* and ready to receive a child level.



9. If you did not select a diagnosis, click the problem to change the background color to yellow and make it the active level.
10. Click “Goal” in the TxPlus Items box. It is nested under the problem.
11. Enter the goal, change the Start Date if necessary, and enter a Target date. Optionally, enter a more detailed description of the goal in the field below.
12. Click the goal to make it the active parent level and then click “Objective” in the TxPlus Items box. It is nested under the goal.
13. Enter the objective, change the Start Date if necessary, and enter a Target date. Optionally, enter a more detailed description of the objective in the field below.
14. Click the objective to make it the active level and then click “Intervention” in the TxPlus Items box. It is nested under the objective.
15. Enter a description of the intervention, change the Start Date if necessary, and enter a Target date. Optionally, enter a more detailed description of the intervention in the field below.
16. To add an additional goal, objective, or intervention to the existing problem, click the parent item it corresponds to and then click the appropriate item in the TxPlus items box. Repeat as necessary until the problem has the necessary goals, objectives, and interventions.
17. To add an additional problem to the Tx Plus plan, click “Problem” in the TxPlus Items box and then repeat steps 6-16.
18. When you are done building the structure, click Save in the TxPlus Items box. The Client TxPlus screen displays with the new plan. As a Tx Plus builder, you have the right to build, edit, and view Tx Plus plans. There is a separate right for deleting Tx Plus plans and there is a view only right.

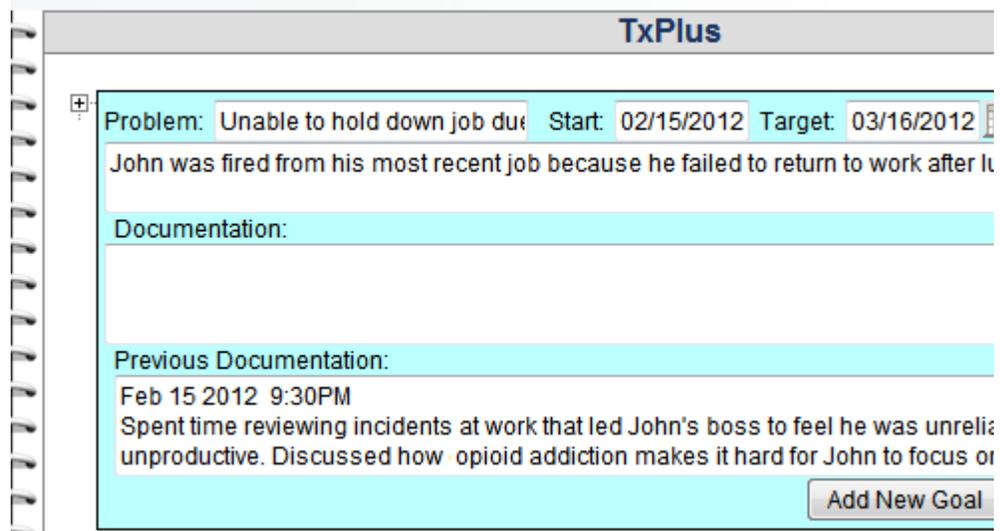
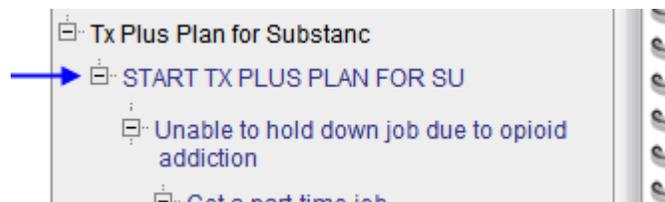
| CLIENT TxPlus: John Doe (2931)        |                                     |                                       |            |
|---------------------------------------|-------------------------------------|---------------------------------------|------------|
|                                       |                                     | Program Description                   | Start Date |
| <input type="button" value="select"/> | <input type="button" value="edit"/> | <input type="button" value="delete"/> | 02/15/2012 |

If you have the TxPlusDocument right in addition to the TxPlusBuild right, you can also add to the structure of a Tx Plan when documenting against it via a form (see the Use section).

Use

To document against a Tx Plus plan for a client:

1. Go to the Schedule and click an open time slot to bring up the Add to Schedule popup.
2. Select the appropriate program/visit type and click Begin Visit to access the form. The system looks for a Tx Plus plan that is associated with the program selected. If no match is found, it calls up a Tx Plus plan that is not assigned to a program.
3. Click the link in the tree structure (left side of the form) that corresponds to the item you want to document against. To display all problems in the Tx Plan, click the second link in the tree structure.



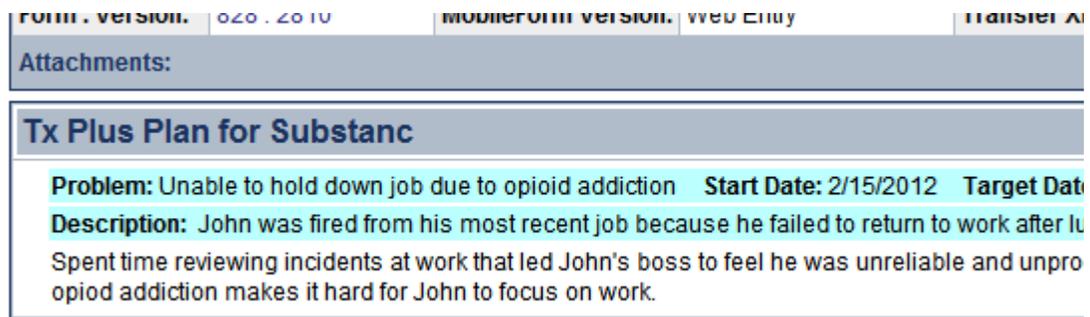
Use the plus/minus buttons to expand/collapse child items in a problem. If the item was documented against in a previous visit, the existing notes display in a Previous Documentation field for reference purposes.

4. If appropriate, change or fill out the Target and End date fields.
5. Enter details about the problem/goal/objective/intervention in the Documentation field and click Complete.

6. If you have the TxPlusBuild right, you can add problems and child items while in the form. While in a problem (or goal, objective, or intervention), click the appropriate Add New “Item” button in the bottom right corner. An Extra “Item” popup displays. Fill out the fields and click Save. The extra item is added to the tree structure on the left side of the form.
7. Complete the form and sign and submit the visit. (If you cannot complete the visit right now, you can reaccess it in the Incomplete Client Visit List.)

You can view documentation made against a Tx Plus plan in the Visit Details screen, print view, and Client Tx Plus screen.

In the Visit Details screen:



Form Version: 020.2010      MobileForm Version: Web Entry      Transfer A

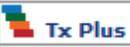
Attachments:

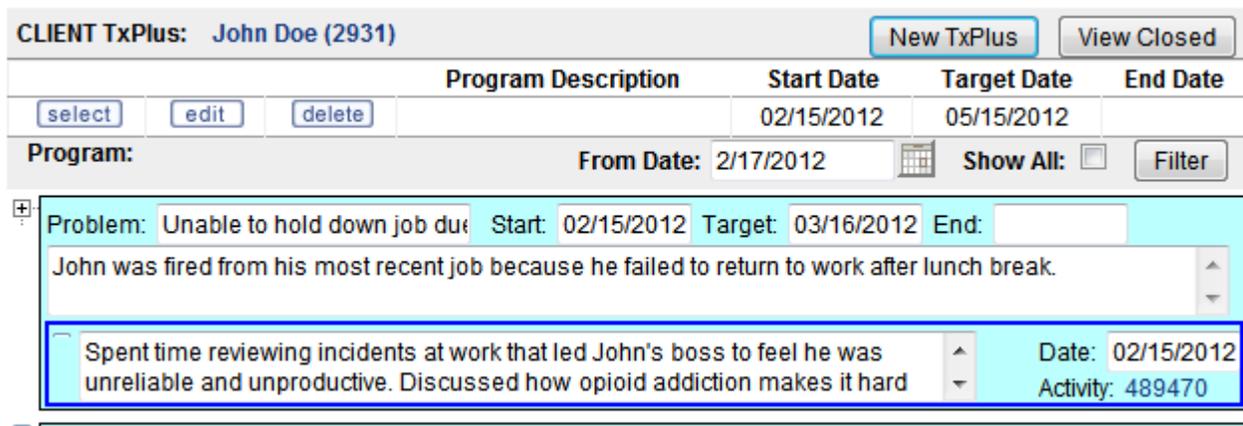
**Tx Plus Plan for Substance**

**Problem:** Unable to hold down job due to opioid addiction    **Start Date:** 2/15/2012    **Target Date:** 03/16/2012

**Description:** John was fired from his most recent job because he failed to return to work after lunch. Spent time reviewing incidents at work that led John's boss to feel he was unreliable and unproductive. Opioid addiction makes it hard for John to focus on work.

To view the documentation in the Client Tx Plus screen:

1. Client nav bar >  Tx Plus
2. Click select for the appropriate Tx Plus plan.



CLIENT TxPlus: John Doe (2931)      New TxPlus      View Closed

|                                       | Program Description | Start Date | Target Date | End Date |
|---------------------------------------|---------------------|------------|-------------|----------|
| <input type="button" value="select"/> |                     | 02/15/2012 | 05/15/2012  |          |

Program:      From Date: 2/17/2012      Show All:       Filter

**Problem:** Unable to hold down job due to opioid addiction    **Start:** 02/15/2012    **Target:** 03/16/2012    **End:** [ ]

John was fired from his most recent job because he failed to return to work after lunch break.

Spent time reviewing incidents at work that led John's boss to feel he was unreliable and unproductive. Discussed how opioid addiction makes it hard for John to focus on work.    **Date:** 02/15/2012    **Activity:** 489470

3. Click the plus/minus sign to expand/collapse different items in the Tx Plus plan. Each entry made via the form will have the date the visit was signed and submitted and the visit ID. Click the visit ID to view the Visit Details screen for the visit.

## EMAR

### Community-Based eMAR via Pillbox Administration

With the new Pillbox Admin feature, you can now use Credible to support community-based eMAR. From the Client Medication Schedule screen, you can add, administer, and reconcile pillboxes that you give to clients to administer themselves.

When adding a pillbox, you specify information such as start date and duration and then select meds for the pillbox from a list of all meds that are set up for administration during the time frame you specified. You can select a med's full schedule or select specific administration times only to be included in pillbox if you are going to administer some of them during an office visit.

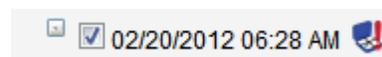
If an administration has been flagged for a pillbox, it will have a pillbox icon in the client and employee eMAR schedule screens.



Hovering over the icon displays the pillbox

description. You can still administer a med when it is flagged for a pillbox. The med schedule print view also indicates if an administration is in a pillbox.

If an administration schedule for a med in the pillbox is changed or deleted, a warning is added to the affected administration in the client's med schedule and in the pillbox screen.



When a client comes back in for a new pillbox, you can account for all meds in the previous pillbox with the Reconcile function.

If there are leftover pills or the client reports that he or she did not take them all, you update the quantity and result in the eMAR Pillbox Reconcile screen (default is full amount taken on scheduled dispense time/date). There is also an Admin Notes field that maps to the Dosage Notes field in the Log Medication Administration popup.

Once an administration is reconciled, the reconciliation date and time is added to the pillbox screen.

#### Settings

**Partner Config:** Use eMAR Functionality

**Security Matrix:** *eMarPillBoxAdmin*, *eMarPillBoxReconcile*, eMar, eMarAdministerMeds, eMARCreateMedSchedule

#### Configuration

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

Use

Before you can add a pillbox, you need to add the administration schedules for the pills. See [Adding a Med Schedule](#) in the help for the steps to do this.

To add a pillbox:

1. Client nav bar >  > [Pillbox Admin](#) > [Add Pillbox](#).
2. Enter the header information for the pillbox (description and start date are required) and click save. If you don't know the delivery details yet, you can edit the pillbox later on and add the information.

The eMAR Pillbox screen displays with the meds scheduled for the time frame you entered.

3. For each med, select the checkboxes for specific administrations or select them all by selecting the checkbox to the left of the med name.
4. Click save. The pillbox is added to the eMAR Pillbox Administration screen.

To reconcile a pillbox:

1. Client nav bar >  > [Pillbox Admin](#) > [reconcile](#).

| eMAR PILLBOX RECONCILE: John Doe (2931) Pillbox: Wk 1 of 4 week regimen |   |                      |          |   |
|---|---|----------------------|----------|---|
| <input type="checkbox"/>  | Dispense On   | Medication           | Quantity | Result  |
| <input type="checkbox"/>  | 02/17/2012 06:28 AM  | Paxil 40 mg Tab      | 1        | Taken  |
| <input type="checkbox"/>  | 02/17/2012 06:30 AM  | Synthroid 25 mcg Tab | 1        | Taken  |

2. Do one of the following:
  - If the client took the full amount for all pills in the pillbox on the scheduled dispense time/date, select the checkbox in the header row to select all administrations.
  - If there are leftover pills or the client reports that he or she did not take them all, select the checkbox for each med you are reconciling and update the dispensed date/time, quantity taken, and result. Enter an admin note if necessary.

3. Click [Reconcile Pillbox](#).

Editing and discontinuing (closing) pillboxes – use the corresponding buttons on the eMAR Pillbox Administration screen. Note that you cannot edit a pillbox administration after it has been reconciled. Use [View Closed](#) to view discontinued pillboxes.

## Icons Added to Client & Employee eMAR Schedules

To make it easier to identify meds set up for a one-time emergency administration, a STAT icon has been added to the med details box in the Client Medication Schedule and employee eMAR Schedule screens.



The icon that warns that a medication was edited or edited on refill has also been added to the employee eMAR Schedule screen.



*Settings*

**Partner Config:** Use eMAR Functionality

**Security Matrix:** eMar

*Configuration*

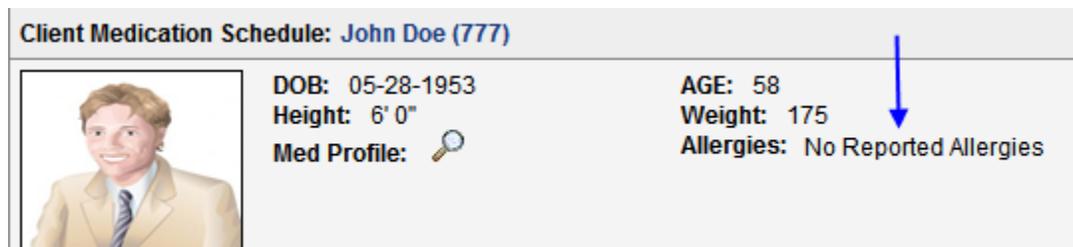
See [Adding a Med Schedule](#) in the help.

*Use*

eMAR button on the Client or Employee nav bar

## “No Reported Allergies” Indicated in eMAR

If the “Client has reported no allergies” checkbox has been selected for a client, “No Reported Allergies” displays in the Allergy field on the Client Medication Schedule screen.



If a client does not have any allergy records but the checkbox has not been selected, “none” displays instead of No Reported Allergies.

*Settings*

**Partner Config:** Use eMAR Functionality

**Security Matrix:** eMar

*Configuration*

N/A

*Use*

eMAR button on Client nav bar

## CREDIBLE eRX

### Controlled Substance Check for All Electronic Refill Requests

The controlled substance check for electronic refill requests has been expanded to include requests that do not involve editing the actual prescription. If an electronic refill request is for a controlled substance, the standard message that it cannot be sent electronically will display along with the steps to process it.

---

Decline Refill Request
Decline Refill Request & Start New
Back

This medication is a controlled substance and can not be sent electronically. Controlled substance prescriptions must be printed or faxed.

To process this refill request:

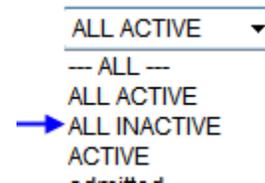
- Select Decline Refill Request
- Then select Decline Refill Request & Start New
- Print the Prescription
- Verify it is signed by Provider
- Then manually fax the prescription to the pharmacy

|                      |  |
|----------------------|--|
| <i>Settings</i>      | <p><a href="#">Security Matrix: RxRefill</a> (for non-prescribers)</p> <p>Your Implementation or Account Manager needs to turn on the Refill functionality for each Credible eRx prescriber.</p> |
| <i>Configuration</i> | N/A  |
| <i>Use</i>           | On the Client Medications screen, click the view button for the refill request and then follow the steps listed on the screen.   |

## CLIENT

### ALL INACTIVE As New Status Filter for Client List

When searching for clients in the Client List, you can now search for all clients that have an inactive status. An inactive status is any client status not flagged as active on the Client Status List screen.



**Settings** Security Matrix: ClientList or ClientListAll

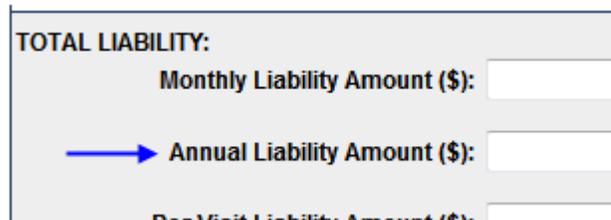
**Configuration**

1. Admin tab > Client Status Types.
2. Add a new client status entry and use the default Is Active setting of False.

**Use** Client tab > ALL INACTIVE from Status filter > Filter button

### Annual Liability Amount Added to Basic Liability Form

The Annual Liability Amount works similar to the Monthly Liability Amount except the liability period can span a year.



If you enter an Effective Date, this date starts the year period and the period restarts every year on that date. If you leave the Effective Date field blank, the year starts on 1/1. Note that when calculating liability due for a given visit, it will only consider client due amounts on visits prior to the given visit.

**Settings** Partner Config: Use Basic Liability Worksheet  
Security Matrix: ClientLiabilityView, ClientLiabilityUpdate

**Configuration** N/A

**Use** See [Liability](#) in the help.

## PA Liability Form: Residential & Skip Flags Added to History

If your organization uses the PA Liability form, you will notice two new columns in Client Liability History: Residential and Skip. Each column has a True or False value indicating whether the corresponding checkbox -- Residential or Skip Form -- was selected in the liability form.

### *Settings*

**Partner Config:** Use PA Client Liability

**Security Matrix:** ClientLiabilityView

### *Configuration*

N/A

### *Use*

Liability button on Client nav bar >History button in Client Liability screen

## EMPLOYEE

### Advanced Employee Search Enhancements

You can now select multiple credential types and login profiles as part of your Advanced Employee Search criteria. To make room for the Credentials and Profile Login dropdowns when they are in multi select mode, they have been moved to the second row on the screen.

With new Sort by dropdowns, you can control how the search results are sorted. You can change the default of an ascending sort to descending with the checkboxes provided.

To help you generate totals for the first Sort By selection in your search results, Group Total and Group Total Only checkboxes have been added to Advanced Employee Search.

|                      |   |
|----------------------|---|
| <i>Settings</i>      | <a href="#">Security Matrix: AdvSearch</a>  |
| <i>Configuration</i> | N/A   |
| <i>Use</i>           | <p>Employee tab &gt; <a href="#">advanced search</a></p> <p>For the multi select dropdowns: click  <b>Multi Select</b> and use the shift key (range) and/or ctrl key to select multiple credentials and profiles.</p> <p>To sort your search results: select the desired fields from the Sort By and Sort By 2<sup>nd</sup> dropdowns. To sort the results in descending order, select the corresponding checkboxes.</p> <p>To view the search results along with group totals, select the Grp Total checkbox. To view just the groups totals, select Grp Total Only. If a first Sort By selection is not made, the system uses the Employee Last Name as the default display order.</p> |

### Created By Added to To Do List Screen and Report

With the new Created By field in the To Do List screen and report, you can see who created each To Do List item without have to view the Employee Log.

|                      |  |
|----------------------|--|
| <i>Settings</i>      | <a href="#">Security Matrix: ReportList</a>   <a href="#">Report Security: To Do List Report</a> |
| <i>Configuration</i> | N/A  |
| <i>Use</i>           | See <a href="#">To Do List</a> and <a href="#">To Do List Report</a> in the help.                |

## Employee-Specific Default State for Client Attachment Folders

To accommodate the situation where some employees prefer client attachment folders to be open initially and some prefer them to be closed, a Default Client Folders setting has been added to Employee Config. If the default value of N/A is used, the Partner Config setting “Default Client Attachment Folders Closed” determines the default state (if not selected, folders are open initially). If Yes or No is selected, the Partner Config setting is overridden (if different).

### *Settings*

**Security Matrix:** ClientFileView

**Employee Config:** *Default Client Folders*

### *Configuration*

N/A

### *Use*

1. Config button on Employee nav bar
2. Select the desired value from Default Client Folders and click Update Employee Config.
3. Log out and back in for change to take effect.
4. Attachments button on Client nav bar.

## SCHEDULE

### Automatic Emailing & Texting of Appointment Reminders

To reduce your no-show rate and late arrivals for appointments, you can now have the system automatically email and/or text appointment reminders to clients. By default, appointment reminders are sent once a day at 8 pm EST. The email/text message includes the name of the clinician associated with the visit and your organization’s name.

With fields in the Client Profile, a client can specify his or her notification preferences or opt out of receiving the appointment reminders.

|                          |                      |                              |                                       |
|--------------------------|----------------------|------------------------------|---------------------------------------|
| <b>mobile_phone</b>      | <input type="text"/> | <b>reminder_notification</b> | ----- ▾                               |
| <b>client_email</b>      | <input type="text"/> | <b>reminder_days_ahead</b>   | -----                                 |
| <b>Emergency Contact</b> | <input type="text"/> | <b>Emergency Phone</b>       | Email<br>Email & Text<br>None<br>Text |

With a new Visit Type Config setting, you can also prevent appointment reminders from being sent for a specific visit type.

#### Settings

A separate contract is required for the texting functionality (send an email to [contracts@credibleinc.com](mailto:contracts@credibleinc.com) for more information). Once the signed contract is received, your Implementation or Account Manager will turn on the texting functionality in your system and enter the “From Phone Number” for text messages that you specify.

**Partner Config:** *Enable Appointment Reminders*, Client eMail From Address

**Security Matrix:** DataDictionary, ClientUpdate

#### Configuration

Use Data Dictionary to add the following fields to the Clients table (View and Update versions): client\_email (set Max Length to 100), mobile\_phone (set Max Length to 20), reminder\_days\_ahead, and reminder\_notification (set as a lookup using the values below).

**Source:** Clients      **Column Name:** reminder\_notification

**Lookup Table:** ClientNotificationType ▾

**Lookup ID:** client\_notification\_type\_id ▾ \* Field stor

**External ID:** client\_notification\_type\_id ▾ \* Lookup fi

**Lookup Description:** Label ▾ \* Field sho

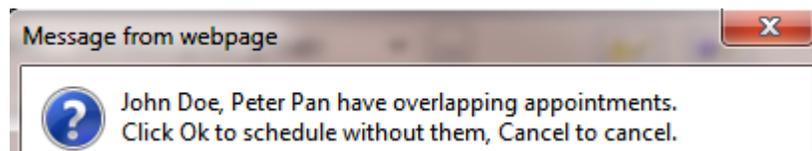
If there is a visit type that you do not want appointment reminders sent out for, select **Exclude from Reminder Notifications:**   in the Visit Type Config screen (Admin tab > Visit Type).

*Use*

Update each client's profile with the appropriate values in the client\_email, mobile\_phone, reminder\_days\_ahead, and reminder\_notification fields.

## Schedule Group Visits Without Overlapping Clients

You can now block overlapping visits when scheduling a group activity or schedule group visit. If clients in the group activity/schedule group have scheduled visits that overlap, a message displays giving you the option of scheduling the visit without them.



*Settings*

**Partner Config:** *Schedule Group Without Overlapping Clients*

*Configuration*

N/A

*Use*

On an employee schedule:

1. Click the Add icon or an open time slot on the schedule.
2. If the visit is for a schedule group, select the group from the Client dropdown. If you are creating the group, select the Group Activity checkbox to change the Client dropdown into a Client list and select the clients in the group.
3. Select the visit type and location and if necessary, adjust the date, time, and duration for the visit.
4. If appropriate, select the group activity type (if you selected a schedule group, select the Group Activity checkbox to enable the Activity Type dropdown).
5. Click Schedule.

If any clients in the group have overlapping appointments, a message displays. Click OK to schedule the group visit without those clients or click Cancel and then click Cancel again to close the Add to Schedule popup.

## ADMIN

### New Right to Prevent Staff from Assigning Their Own Credentials

With the addition of AssignEmployeeCredentialsOwn to the Security Matrix, you can now prevent staff from assigning their own credentials. The existing AssignEmployeeCredentials right only controls an employee’s ability to assign credentials to other employees. The new right is useful for a read-only profile (to view credentials, the corresponding field can be included in the Employee Info section on the Employee Home Page).

To prevent staff from assigning their own credentials *and* the credentials of other employees (Credentials button is not available on Employee nav bar)

|                              |  |                          |
|------------------------------|--|--------------------------|
| AssignEmployeeCredentials    |  | <input type="checkbox"/> |
| AssignEmployeeCredentialsOwn |  | <input type="checkbox"/> |

To let staff assign their own credentials but not the credentials of other employees (Credentials button is only available on employee’s own nav bar)

|                              |  |                                     |
|------------------------------|--|-------------------------------------|
| AssignEmployeeCredentials    |  | <input type="checkbox"/>            |
| AssignEmployeeCredentialsOwn |  | <input checked="" type="checkbox"/> |

To let staff assign their own credentials *and* the credentials of other employees (Credentials button is available on Employee nav bar). In second scenario, AssignEmployeeCredentials set to True trumps AssignEmployeeCredentialsOwn set to False.

|                              |  |                                     |
|------------------------------|--|-------------------------------------|
| AssignEmployeeCredentials    |  | <input checked="" type="checkbox"/> |
| AssignEmployeeCredentialsOwn |  | <input checked="" type="checkbox"/> |

---

|                              |  |                                     |
|------------------------------|--|-------------------------------------|
| AssignEmployeeCredentials    |  | <input checked="" type="checkbox"/> |
| AssignEmployeeCredentialsOwn |  | <input type="checkbox"/>            |

All profiles that previously had AssignEmployeeCredentials will automatically have the new AssignEmployeeCredentialsOwn right.

|               |   |
|---------------|---|
| Settings      | Security Matrix: AssignEmployeeCredentialsOwn |
| Configuration | N/A   |
| Use           | N/A   |

## New Rights to Control Ability to Add & Delete Allergies

With two new Security Matrix rights, you can control which employees can add and delete allergies. All profiles that previously had AllergyUpdate will automatically have the new AllergyAdd and AllergyDelete rights.

If you remove the two new rights from a profile, users with that profile will not see the Add Allergy and delete buttons.

*Settings*                      [Security Matrix: AllergyAdd, AllergyDelete](#)

*Configuration*                N/A

*Use*                                N/A

## New Right to Prevent Staff from Deleting Scheduled Appointments

With the new right PlannerDelete, you can now control the availability of the Delete button in the Scheduled Visit popup. If you do not want staff to be able to delete schedule entries, make sure the new PlannerDelete right is *not* selected for the corresponding profiles. All profiles that previously had PlannerUpdate will automatically have PlannerDelete.

*Settings*                      [Security Matrix: PlannerDelete](#)

*Configuration*                N/A

*Use*                                N/A

## Enable System Clock in Credible Banner

With the new Partner Config setting, you can add the time to the Credible banner. If Use System Clock setting is selected, a digital clock in the format HH:MM AM/PM displays next to the “Logged in as” field. The clock will always be present with the tabs on the Credible screen.

The clock uses the time zone that is set in Partner Config.

*Settings*                      [Partner Config: Use System Clock, Time Zone](#)

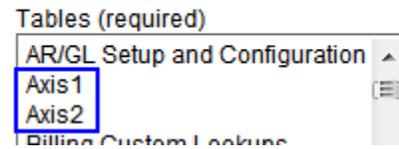
*Configuration*                N/A

*Use*                                N/A

## Logging of Axis I and II Additions, Changes, & Deletions

You can now track who adds, changes, and deletes Axis I and II diagnoses options from the Admin screen.

### Filters for Admin Logging:



### Settings

Security Matrix: ReportList

Report Security: Admin Logging

### Configuration

N/A

### Use

1. Reports tab > Admin button on nav bar > Admin Logging
2. Select Axis I and/or Axis 2 from the Tables list.
3. Select other filters as appropriate and click Run Report.

## BILLING

### Send Taxonomy Code Based on Payer and/or Program

If your organization has employees with multiple taxonomy codes for different payers and/or programs, you can now add all the codes to an employee's profile and associate each one with a different payer and/or program. For each "Alt ID," you can enter an NPI instead of or in addition to a taxonomy code.

When you generate a batch claim file for a payer set up to *use rendering*, the system checks for the more specific match of payer and program for an employee. If that does not exist, it looks for the more general match of payer or program. The system sends the taxonomy code and NPI (if entered) that corresponds to the match found.

```
NM1*71*1*Smith*Jane****XX*4444444444~
PRV*AT*PXC*103TC0700X~
```

If Alt IDs are not created, the system uses the taxonomy code and NPI from the employee's profile.

#### Settings

[Security Matrix](#): BillingConfig, EmployeeUpdate

#### Configuration

For the appropriate payers, set Use Rendering to TRUE (Billing tab > Billing Payer).

#### Use

1. Access the Profile for the employee.
2. In the Assignments, section, click .
3. In the Employee Alt IDs screen, click .
4. Fill out the fields in the screen and click Save. A taxonomy code or NPI is required; you can enter both. NPI must be 10 characters long.
5. Repeat steps 3 and 4 for each program, payer, or program-payer combination that the employee has a unique taxonomy code for.

## Service Location Added to 2400 Level for Multiple Services per Claim

By default, the service location will now be sent at the 2400 Claim level for claims with multiple services. If you select the Send Multi Service Locations at 2310 setting for a payer, then it will always send there (it trumps the default of the 2400 level).

*Settings*                      [Security Matrix](#): Billing Config (if you want to select Send Multi Service Locations at 2310 for a payer)

*Configuration*              N/A

*Use*                              N/A

## New Simple Client Statement

With a new Partner Config setting, you can generate simple client statements. The simplified version does not include detailed information such visit ID, CPT code, unapplied credits, and past due time frames for amounts due. Note that the Adjusted column will reflect adjusted and disallowed amounts.

| STATEMENT  |              |       |          |          |       |         |
|------------|--------------|-------|----------|----------|-------|---------|
| DATE       | SERVICE TYPE | RATE  | INS PAID | ADJUSTED | COPAY | AMT DUE |
| 10/19/2011 | Mapped Dx    | 14.00 | 0.00     | 0.00     | 0.00  | 14.00   |
| 12/5/2011  | Mapped Dx    | 14.00 | 0.00     | 0.00     | 0.00  | 14.00   |

MESSAGE:

**PLEASE REMIT: \$28.00**

*Settings*                      [Partner Config](#): Use Simple Client Statement

[Security Matrix](#): BillingModule

*Configuration*              N/A

*Use*                              See [Generate Client Statements](#) in the help.

## View Statement Date on Client Statement Batches Screen

A Statement Date column has been added to the Client Statement Batches screen.

Client Statement Batches: 1 to 20 of 348. Start Date:   End Date:

| ID  | Date Generated | Created By | Total Amount | Total Clients | Total Services | Statement Date | Re |
|-----|----------------|------------|--------------|---------------|----------------|----------------|----|
| 371 | 1/26/2012      | Smith      | \$113,330.95 | 214           | 1164           | 1/3/2012       | R  |
| 370 | 1/25/2012      | Boak       | \$07.40      | 1             | 5              | 1/25/2012      | D  |

The Statement Date is the date entered in the Statement Display Date field when the client statement batch was generated. If a date was not entered, the date the statement was generated is displayed.

The start/end date filter fields will continue to filter on the Date Generated value.

|                      |   |
|----------------------|---|
| <i>Settings</i>      | N/A   |
| <i>Configuration</i> | N/A   |
| <i>Use</i>           | Billing tab > Generate Client Statements > Display Previous Statement Batches |

## Submitter and Receiver Name Fields Lengthened for 5010

The Submitter Name and Receiver Name fields in the HIPAA Config screen have been updated to accept up to 60 characters – the maximum length for submitter and receiver names in Version 5010.

|                      |  |
|----------------------|--|
| <i>Settings</i>      | <a href="#">Security Matrix: BillingConfig</a>   |
| <i>Configuration</i> | N/A  |
| <i>Use</i>           | <ol style="list-style-type: none"> <li>1. Billing tab &gt; Billing Office/Claim Config.</li> <li>2. Edit an existing entry or add a new one.</li> <li>3. Enter the submitter and receiver names in the corresponding fields and save.</li> </ol> |

## Use Same Visit Type in Multiple Groups for Insurance & Auths

If you use Grouping Codes to associate multiple visit types with authorizations and insurance records, you can now include the same visit type in multiple groups. To support this change, you will now use the Visit Type Group Admin function to set up a visit type group for use with authorizations and insurance. The Grouping Code field has been removed from the Visit Type Config screen.

When your system is updated with the new release, there will be a one-time automatic setup for any grouping codes that you are currently using. They will be set up as visit type groups with the appropriate visit types assigned for use with insurance and authorizations.

Note that visit type groups now appear at the top of the Visit Type dropdown in the Insurance Coverage and Authorizations screens.

### *Settings*

[Partner Config: Use Visit Type in Client Ins](#)

[Security Matrix: BillingCPTCodes](#)

### *Configuration*

N/A

### *Use*

You cannot add a new visit type group (or update an existing one) that has the same name as an existing visit type group.

To set up a new visit type group for use with insurance records and/or authorizations:

1. Admin tab > Visit Type Groups.
2. Enter the name of the visit type group and click Add Visit Type Group.
3. Click the Edit link in the Assigned Types column and assign the visit types you want in the group. Click the visit type group name at the top of the assignment screen to return to the Visit Type Group Admin screen.
4. Click the edit button, select the For Authorizations and/or For Insurance checkboxes, and click update.

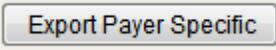
## Export Payer-Specific Information from Billing Matrix

With a new button in the Billing Matrix, you can export the payer-specific information associated with each Billing Matrix entry. The new export makes it easy to review the contract rates and other information for each payer.

| Matrix ID   | Description      | CPT4 Code      | Other Code    | Modifier 1   | Modifier 2 | Modifier 3 | Modifier 4    | E |
|---|------------------|----------------|---------------|--------------|------------|------------|---------------|---|
| 1857  | Prog: Clinic Grp | 90853          |               |              |            |            |               |   |
| <div style="display: flex; align-items: center;"> <span style="color: blue; font-size: 20px; margin-right: 5px;">→</span> <span>Payer Specific:</span> </div> |                  |                |               |              |            |            |               |   |
|   |                  | MatrixPayer ID | Payer Code    | Claim Format | CPT4 Code  | Rate       | Contract Rate | M |
|   |                  | 424            | BCBP          | P            | 90853      | 55         | 55            |   |
|   |                  | 428            | Medicare Pa H |              | 90853      | 55         | 55            |   |
|   |                  | 427            | UCARE/BUA C   |              | 90853      | 55         | 55            |   |

*Settings* Partner Config: Billing Config

*Configuration* N/A

- Use*
1. Billing tab > Billing Matrix.
  2. To export payer-specific information for a subset of Billing Matrix entries, use the filtering fields and click Filter.
  3. Click .

## POS (EDI) Code Added for Service Locations

If your employees are more familiar with POS codes than the descriptions, adding a service location will be easier since the codes have been added to the POS (EDI) dropdown. The codes are also displayed in the POS (EDI) field in the Service Location List screen.

**POS(EDI):**   
**Geo Area:**   
**Revenue Code:** Office (11)  
 Home (12)  
 Inpatient Hospital (21)  
 Outpatient Hospital (22)

*Settings* Security Matrix: BillingCPTCodes

*Configuration* N/A

- Use*
1. Admin tab > Locations > Add a New Service Location Entry.
  2. Enter a code and description for the location.
  3. Select the appropriate POS(EDI) from the dropdown.
  4. Fill out the remaining fields and click Add Service Location.

## New Payer Settings for Spend Down

With the three new settings below, the system can use liability for calculating the client’s portion and keeps any excess at the payer (amount due hits the payer; the system sees the 100% copay and moves everything to the client until the liability is met and then moves it to the insurance).

- Send Insurance Due as Rate in 837P – sends the Insurance Due amount as the rate instead of the full visit amount. This is the billing rate minus the copay minus client paid – so that it will show the full insurance responsibility (even if another insurance has paid some).
- Do Not Batch If No Insurance Due – prevents visits that are 100% client due from showing up in the Select Visits for Batch screen (Generate Batch Claim File).
- Merge (Roll) on Secondary Payer –merges (rolls) on cascading to a secondary payer. If a payer-specific roll code exists for a secondary payer and the visit cascaded down to that secondary payer, it is eligible to now merge, assuming the visit is not already merged by the Primary payer.

### Settings

**Partner Config:** Use Basic Liability Worksheet, Set Zero Rate for Merged Secondaries (make sure that the following settings are *not* selected: Auto Process Self Pay And Liability, Auto Adj Copays Exceeding Liability, and Process Liability for Uninsured)

**Security Matrix:** BillingConfig

**Billing Payer:** Recalculate Copay if Secondary, Self Pay 100% Copay (make sure Auto Write-off Ins Balance is *not* selected)

### Configuration

1. Billing tab > Billing Payer
2. Select one or more of the new settings and save.

### Use

N/A

## FINANCIAL

### Name Changes to Reflect Accurate Accounting Terminology

On Billing tab:

- |   |   |   |
|---|---|---|
| • <a href="#">Rev to GL Setup and Configuration</a> | → | • <a href="#">Revenue/AR Setup and Config</a> |
| • <a href="#">Revenue Code Matrix</a>               |   | • <a href="#">Revenue/AR Code Matrix</a>      |
| • <a href="#">Service Ledger Advanced Search</a>    |   | • <a href="#">Advanced Ledger Search</a>      |
| • <a href="#">Revenue to GL Export</a>              | → | • <a href="#">Revenue/AR Export</a>           |
| • <a href="#">Revenue to GL Export List</a>         |   | • <a href="#">Revenue/AR Export List</a>      |

In Advanced Ledger search:

- |  |                                    |   |   |                                      |
|--|------------------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> Reverse Amounts | <input type="checkbox"/> Show ARGL | → | <input type="checkbox"/> Negative Amounts | <input type="checkbox"/> Show Rev/AR |
|--|------------------------------------|---|---|--------------------------------------|

Regenerate Revenue/AR export batch (separate export files for revenue/adjustments and payments):

#### AR/GL Export Batch File Download

- [Click here to download and save Receivables AR/GL Export batch file.](#)
- [Click here to download and save Revenue AR/GL Export batch file.](#)
- [Return to AR/GL Export Batch list page.](#)

#### Revenue/AR Export Batch File Download

- [Click here to download and save Cash Payments Export batch file.](#)
- [Click here to download and save Revenue Export batch file.](#)
- [Return to Revenue/AR Export Batch list page.](#)

|                      |     |
|----------------------|-----|
| <i>Settings</i>      | N/A |
| <i>Configuration</i> | N/A |
| <i>Use</i>           | N/A |

## Revenue/AR Code Matrix: Match Ledger Line on Disallowed Code

The Revenue/AR Code Matrix can now match a Revenue Code Matrix (RCM) line on a disallowed code and pull the appropriate debit/credit account for that DISALLOWED ledger line. To configure this, you need to group disallowed adjustment codes together with the new RCM Group field and then select the appropriate Disallowed Group for each RCM line. For example, you might want to group contractual obligation adjustment codes.

### *Settings*

[Security Matrix: Billing Config](#)

### *Configuration*

1. Billing tab > 835 Adjustment Codes
2. Edit multiple adjustment code entries so they have the same value in the RCM Group field.
3. Click Back to Billing Admin and then click Revenue/AR Code Matrix.
4. Edit each RCM line, select the appropriate Disallowed Group, and click update.

### *Use*

N/A

## REPORTS

### New “As Of” Reports

Taking advantage of the improved back-end structure implemented in the last release, Credible has developed three “As Of” reports — you will find them in the new Financial reports category. The reports provide the aged balance of a visit as of a specific date. The age of the balance is the number of days between the Aging From Date and As Of Date specified. See the Use section for the different Aging From Dates you can select.

Only visits that have a non-zero balance as of the As Of Date specified are included. Deleted and merged secondary visits are included.

The As Of reports use the aging bucket intervals set up via the new Aging Intervals function. The four default aging bucket intervals are Less Than 30 Days, 31-60 Days, 61-90 Days, and 91-120 Days. An additional interval that increments the last interval defined will display in the As Of reports. For example, if the maximum age of the last interval is 120, the additional interval in the reports will be 120+.

Client As Of Aging report:

- Provides the total Insurance (Ins), Client (Resp), and Other Due as of the specified date.
- Includes Orphan visits from Credible Mobile (visits that need to be linked to clients) at the beginning of the report (header row will not have a client name or last service date).

Payer As Of Aging reports:

- Are Payer-centric so only include Payer balance.
- Provide the Current Balance (balance of all transactions up to the running of the report) to compare to the As Of Balance.

Note: these reports involve processing what can be an extremely large amount of data and can take several minutes to run.

#### *Settings*

[Security Matrix: ReportList](#)

[Report Security: Client As Of Aging, Payer As Of Aging by Client, Payer As Of Aging by Program](#)

Configuration

To change or remove existing aging intervals or add new ones:  
Billing tab > Aging Intervals.

- Use the edit and/or delete buttons to change or remove an existing aging interval.
- Use the Add Aging Bucket section to add an aging interval: enter a name and the number of days for the maximum and click Add Aging Bucket.

Use

1. Reports tab >  on nav bar

2. Select the As Of report you want to run.

3. Select the desired filters and click Run Report.

- Accounting Method: determines whether transactions are counted based on the Accounting Date or Posting Date of the transaction (inclusive of the As Of Date).

Note: if you are going to compare the report results with a Revenue/AR Export, use the same accounting method selected for the Export Filter Date in Revenue/AR configuration.

- Aging From Date:
  - Date of Service – start date of a visit (clientvisit.rev\_timein).
  - Date of Approval – approval date of a visit. The visit must be in an approved state at the time of running the report to be included. Since there is no ledger action related to the approval/unapproval/reapproval of a visit, the report *will not* reflect the balance of a visit that was approved prior to the As Of Date but no longer is approved.
  - Revenue Init *for Client As Of Aging* – Accounting Date or Posting Date of the first REVENUE ledger action in the visit.
  - Revenue Init *for Payer As Of Aging* – Accounting Date or Posting Date of the payer’s first INSURANCE REVENUE ledger action in the visit.
  - Service Batch *for Payer As Of Aging* – Accounting Date or Posting Date of the first batching of a visit to the payer (BATCHED CLAIM line).

4. Use the plus/minus signs to expand/collapse a row. To bring up the billing details for a visit, click the Service/Visit ID.

## New eMAR Month View Administered Report

Grouped by client and then by medication, the eMAR Month View Administered Report lists medications administered via eMAR for the time period you specify. It lists administration date, med/script status, administration status, med/script instructions, and dosage notes/refusal reason entered during administration. It also indicates if the med is a PRN med.

If a client is being discharged, you can use this report to give a new facility/staff a history of the medications administered to the client for the past month.

### Settings

**Security Matrix:** ReportList

**Report Security:** eMAR Month View Administered

### Configuration

N/A

### Use

1. Reports tab > Credible eRx button on nav bar > eMAR Month View Report
2. Select the desired filters and click Run Report.

## New eMAR Reminder Report

Grouped by client, the eMAR Reminder Report provides details about administered or missed meds including a Notes column to help you determine if dosage notes were entered. An info icon appears in the Notes column if dosage notes were entered.

### Settings

**Security Matrix:** ReportList

**Report Security:** eMAR Reminder Report

### Configuration

N/A

### Use

1. Reports tab > Credible eRx button on nav bar > eMAR Reminder Report.
2. Select the desired filters and click Run Report. If you need to run the report for a specific client, enter the Credible ID in the Client ID field.

You can hover over an info icon in the Notes column to view dosage notes. To add or edit dosage notes, click the Admin Date to go to the Day view of the client's eMAR schedule and then edit the missed or taken administration (requires eMarAdminMissed or eMarAdminRecordEdit).

## FORMS

### Flagging a Visit Type As “Form Group Only”

If your organization uses form groups and you have visit types that are only used in form groups, you can now flag them as “Form Group Only.” Once flagged, these visit types will no longer be in the Visit Type dropdown in the Add to Schedule or Scheduled Visit popup. They will only be available in the Form Group Visit Type Link screen and the Form Groups screen.

#### *Settings*

[Partner Config](#): Use Form Groups

[Security Matrix](#):BillingCPTCodes

#### *Configuration*

For information on creating form groups, see [Form Groups \(Admin\)](#) in the help.

#### *Use*

1. Admin tab >Visit Type.
2. For each visit type that is only used in a form group: edit it, select **Form Group Only:**   , and click Save.

## PATCH LIST

### Credible eRx

#### **Change Action Not Indicated when Script Edited on Refill**

|                            |  |
|----------------------------|--|
| <i>Task #</i>              | 22915  |
| <i>What was fixed?</i>     | Change logging when script was edited on refill  |
| <i>What was the issue?</i> | If you refilled a script and made a change to it, “Refilled” did not appear in Change column on Client Medications screen. |
| <i>The patch</i>           | When a scripted is edited on refill, Change action will be indicated.  |

### Client

#### **Warning Without End Date Not Displayed in Employee eMAR Schedule**

|                            |  |
|----------------------------|--|
| <i>Task #</i>              | 23824  |
| <i>What was fixed?</i>     | Display of warnings without end dates in employee eMAR Schedule screen   |
| <i>What was the issue?</i> | If a client warning did not have an end date, it did not display when you hovered over the Warnings magnifying glass in the employee eMAR Schedule screen. |
| <i>The patch</i>           | Warnings without end dates now display in employee eMAR Schedule screen  |

#### **Case Manager in Client Profile after Unassign in Client Assignment Screen**

|                            |  |
|----------------------------|--|
| <i>Task #</i>              | 23700  |
| <i>What was fixed?</i>     | Unassign function in Client Assignment screen  |
| <i>What was the issue?</i> | If the employee assigned to a client as the case manager was unassigned via the Client Assignment screen (Employee nav bar > Client button), the assignment was still displaying when the field was a part of the client’s profile view. |
| <i>The patch</i>           | Case manager is now removed from the Client Profile when unassigned via Client Assignment screen.  |

### Sorting Client Attachments when Folders Default to Closed

|                            |   |
|----------------------------|---|
| <i>Task #</i>              | 22348   |
| <i>What was fixed?</i>     | Ability to sort attachments in a folder that was initially closed   |
| <i>What was the issue?</i> | If an attachment folder was initially closed (default state set in Partner Config), you could not sort the attachments in it after opening the folder -- the folder would close when you clicked a column header. |
| <i>The patch</i>           | You can now sort attachments in a folder that was initially closed  |

### Physician Assigned to Current Order Not Retained

|                            |  |
|----------------------------|--|
| <i>Task #</i>              | 23072  |
| <i>What was fixed?</i>     | Physician assignment made to a current order   |
| <i>What was the issue?</i> | When a physician was assigned to a current order through the edit function, the system was not retaining the assignment. (To notice that the physician assignment was not being saved, you had to navigate away from the Physicians Orders screen and then reaccess it.) |
| <i>The patch</i>           | When an employee edits a current order and selects a physician, the assignment will be saved. In addition, a physician assignment is required when signing the order.  |

### Notes Tooltip Missing on Contacts Screen

|                            |   |
|----------------------------|---|
| <i>Task #</i>              | 22093   |
| <i>What was fixed?</i>     | Missing Notes column on Contacts screen   |
| <i>What was the issue?</i> | In the last release, the layout of the Contacts screen was enhanced by presenting the records in a table. The Notes column was not included in the table. |
| <i>The patch</i>           | Notes column has been added to the Contacts table. Hover over the info icon to view the notes.  |

**Order Error & Order Discontinue Due to Deleted Med**

|                            |  |
|----------------------------|--|
| <i>Task #</i>              | 22262  |
| <i>What was fixed?</i>     | Orders associated with deleted meds  |
| <i>What was the issue?</i> | Credible error screen displayed for orders associated with deleted meds. Also, if a med was created via the Physicians Orders screen and then later deleted on the Client Medications screen, the order for that med was discontinued. |
| <i>The patch</i>           | Issues fixed so error and automatic discontinue no longer happen.  |

Visit

**Wrong Employee Signature and Name on Service**

|                            |  |
|----------------------------|--|
| <i>Task #</i>              | 12648  |
| <i>What was fixed?</i>     | VisitEntryOtherEmp and VisitEntryOtherEmpAsSelf  |
| <i>What was the issue?</i> | <p>When an employee with VisitEntryOtherEmp started a visit for another employee (an incomplete visit was created) and the employee it was for completed it, the wrong employee signature was on the visit.</p> <p>When an employee with VisitEntryOtherEmpAsSelf completed a visit for another employee (an incomplete visit was not created), the wrong employee name was on the visit.</p>  |
| <i>The patch</i>           | <p>When an employee has VisitEntryOtherEmp and completes or starts a visit for another employee, the signature of the employee the visit is for will be on the visit.</p> <p>When an employee has VisitEntryOtherEmpAsSelf and completes a visit for another employee, the name of the employee who completed the visit will be on the visit.</p> <p>Note that VisitEntryOtherEmp and VisitEntryOtherEmpAsSelf worked correctly for other scenarios (see <a href="#">Employee Names &amp; Signatures on Visits: VisitEntryOtherEmp vs VisitEntryOtherEmpAsSelf</a> in the help).</p> |

**Oversized Mobile Signature Image in PDF Print View**

|                            |  |
|----------------------------|--|
| <i>Task #</i>              | 22982  |
| <i>What was fixed?</i>     | Signature image that originates from Mobile Version 3.14   |
| <i>What was the issue?</i> | When an employee signed a visit using Mobile Version 3.14, the signature stored was too large and appeared outside of the signature box when printing in PDF mode. |
| <i>The patch</i>           | When a signature image originates from Mobile Version 3.14 (or greater), it will be scaled down to properly fit on a template.                                     |

**Unintentional Access to Full Client Nav Bar via Intake Nav Bar**

|                            |   |
|----------------------------|---|
| <i>Task #</i>              | 23216   |
| <i>What was fixed?</i>     | Functions on the Intake nav bar that gave users access to the full Client nav bar   |
| <i>What was the issue?</i> | Clicking some of the buttons on the Intake nav bar gave users access to the full Client nav bar making it possible to add a service in the middle of documenting another service. |
| <i>The patch</i>           | The Allergy, Warnings, Medications, Contacts, and External Provider functions on the Intake nav bar no longer give access to the full Client nav bar.                             |

**Inaccurate Report Counts Due to Inclusion of Split Secondaries**

|                            |   |
|----------------------------|---|
| <i>Task #</i>              | 22212   |
| <i>What was fixed?</i>     | Reports that included split secondary visits in the counts  |
| <i>What was the issue?</i> | Counts in several reports were inaccurate because split secondary visits were included with split primary visits.   |
| <i>The patch</i>           | Split secondaries are excluded from the following reports: <ul style="list-style-type: none"> <li>• Client: Client Activity Report</li> <li>• Employee: Units per Day Analysis, Monthly Unit Totals</li> <li>• Billing: Monthly Visit Totals by Client, Monthly Visit Totals by Employee, Uncovered Visits</li> <li>• Visit: Daily Tracker, Provider Summary by Team, Units Completed, Visit Conflict Report, Visit per Day Analysis</li> </ul> |

**Wrong Client for Cancellation/No-Show Form for Group Visit**

|                            |  |
|----------------------------|--|
| <i>Task #</i>              | 23311  |
| <i>What was fixed?</i>     | Client that comes up when filling out Cancellation/No-Show form for a no-show client in a group visit  |
| <i>What was the issue?</i> | If you changed the status for a client to NOSHOW and then completed the service for another client in the group, the wrong client came up when went you back to fill out the Cancellation/No-Show form for the no-show client. |
| <i>The patch</i>           | When you access the Cancellation/No-Show form for a no-show client in a group visit, it will be for the correct client.  |

**Billing**

**Bill 1 Unit Not Working for CMS 1450**

|                            |  |
|----------------------------|--|
| <i>Task #</i>              | 22466  |
| <i>What was fixed?</i>     | Bill 1 Unit in Billing Matrix Payer Rates and Codes screen for CMS 1450  |
| <i>What was the issue?</i> | When Bill 1 Unit was selected as a payer-specific Billing Matrix setting and CMS 1450 was the batch claim file format, the system was not sending a 1 for total units. |
| <i>The patch</i>           | Logic added to CMS 1450 to support Bill 1 Unit setting   |

**Days Since Last Billed Logic Not Working in Client Statements**

|                            |  |
|----------------------------|--|
| <i>Task #</i>              | 22128  |
| <i>What was fixed?</i>     | Last billed date when client statement is run  |
| <i>What was the issue?</i> | Days Since Last Billed value was ignored and statements generated in previous batch came up again in subsequent batch.                 |
| <i>The patch</i>           | Last billed date updated to be last time a client statement was run for a particular client (not when it was batched to a payer last). |

**5010: Managed Care Providers No Longer Displaying**

|                            |   |
|----------------------------|---|
| <i>Task #</i>              | 23403   |
| <i>What was fixed?</i>     | New data available in the 5010 version of the 271   |
| <i>What was the issue?</i> | Eligibility responses received were not displaying in Results tooltip in the Eligibility Report (270/271).                                      |
| <i>The patch</i>           | Managed care providers are displayed with payers, all service types applicable are now listed, and PCPs are displayed when information is sent. |

**Provider NPI Not Sent when No NPI for Rendering Provider**

|                            |   |
|----------------------------|---|
| <i>Task #</i>              | 23505   |
| <i>What was fixed?</i>     | NPI default when no NPI for Rendering Provider  |
| <i>What was the issue?</i> | If you sent the Rendering Provider on a claim and there was not an NPI in the employee’s profile, the Provider’s NPI was not being sent in its place. |
| <i>The patch</i>           | Provider NPI will be sent by default when Rendering Provider does not have an NPI.  |

**Blocking NPI and XX Qualifier in 2010AA**

|                            |  |
|----------------------------|--|
| <i>Task #</i>              | 23831  |
| <i>What was fixed?</i>     | Ability to block the sending of NPI and XX in a claim  |
| <i>What was the issue?</i> | 5010 will only allow NPIs to identify the payer in NM109.  |
| <i>The patch</i>           | New payer setting <i>No ID (NPI) for Provider</i> added to automatically block NPI and XX qualifier (Billing tab > Billing Payer). |

### Non-Billable Adjustments for Rate Changes Keeps Balance at Zero

|                            |  |
|----------------------------|--|
| <i>Task #</i>              | 20884  |
| <i>What was fixed?</i>     | Application of a non-billable adjustment whenever a non-billable visit gets a rate change  |
| <i>What was the issue?</i> | A non-billable adjustment only occurred if a visit initially had a rate and was set to non-billable. If additional rate increases occurred, the balance did not continue to be written off and the non-billable visit ended up with a balance. |
| <i>The patch</i>           | A non-billable adjustment is applied whenever a non-billable visit gets a rate change.   |

### Sub Alt IDs Limited to Three

|                            |  |
|----------------------------|--|
| <i>Task #</i>              | 20980  |
| <i>What was fixed?</i>     | Ability to enter multiple alternate IDs for an employee via geo area assignments   |
| <i>What was the issue?</i> | Due to system limit of three sub alt IDs, correct alternate ID could not always be sent and claims had to be manually updated with correct alternate IDs.  |
| <i>The patch</i>           | <p>Two new Payer Config settings and one new Partner Config setting.</p> <ol style="list-style-type: none"> <li>1. In Payer Config (Billing tab &gt; Billing Payer), select <i>Send Rendering Alt ID from Geo Area Assignment</i> and <i>Send Rendering Alt ID in 5010</i> (or just select the 5010 setting). Do not use these settings unless specifically required by the payer's implementation guide.</li> <li>2. In Partner Config select, <i>Use Alt Employee IDs by GeoArea</i> to enable Alt Qual and Alt ID fields in the Employee GeoAreas screen.</li> <li>3. For each applicable employee: GeoAreas on Employee nav bar &gt; select alternate qualifier from dropdown, enter alternate ID, and click assign. Repeat as necessary.</li> </ol> <p>If there is a geo area, the system will use the ID associated with it as the additional ID for the rendering provider (loop 2310b REF 01/REF02).</p> |

## Financial

### Advanced Ledger Search: Alphabetized Sort By Options

|                            |   |
|----------------------------|---|
| <i>Task #</i>              | 22904   |
| <i>What was fixed?</i>     | Options in Sort By dropdown in Advanced Ledger Search   |
| <i>What was the issue?</i> | Because the options were not alphabetized, it was difficult to find the one you wanted to use |
| <i>The patch</i>           | Sort By options are now alphabetized for ease of use  |

### Undoing TRANSFER INSURANCE and INSURANCE CHANGE Ledger Lines

|                            |   |
|----------------------------|---|
| <i>Task #</i>              | 22450   |
| <i>What was fixed?</i>     | Ability to undo TRANSFER INSURANCE and INSURANCE CHANGE ledger lines  |
| <i>What was the issue?</i> | Previously, you could not undo TRANSFER INSURANCE or INSURANCE CHANGE. As a result, you also could not undo any ledger lines that came before them. |
| <i>The patch</i>           | You can now undo a TRANSFER INSURANCE or INSURANCE CHANGE ledger action.  |

### Actions that Set Insurance Age Date to Use Time Zone

|                            |  |
|----------------------------|--|
| <i>Task #</i>              | 11132  |
| <i>What was fixed?</i>     | Actions that set the Insurance Age Date  |
| <i>What was the issue?</i> | If a Partner in a non-Eastern time zone had an action occur after midnight Eastern time but before midnight local time that set the Insurance Age Date, the date was incorrectly set to the next day.  |
| <i>The patch</i>           | Apply Copay Adjustment, Apply Disallowed, Apply Insurance Payment, Apply Otherdue Adjustment, Transfer to Client, Apply Visit Adjustment, Apply Visit Retraction, Insurance Init, Resubmit Claim, Resubmit Visit, and Insurance Change actions were updated. |

### Posting Date As Retraction Accounting Date Regardless of Accounting Period

|                            |   |
|----------------------------|---|
| <i>Task #</i>              | 15214/15324/13065   |
| <i>What was fixed?</i>     | Controlling accounting date for retractions   |
| <i>What was the issue?</i> | When the accounting period for the payment's date (check or deposit date) is open, a retraction is getting the posting date as the accounting date.   |
| <i>The patch</i>           | A new Revenue/AR Setup and Config setting. When <i>Retraction Acct Date</i> is selected, the system will use the check date or deposit date of the payment being used for the insurance or client payment retraction for the accounting date of the ledger line. When unchecked, the ledger will use the posting date as the accounting date for all payment retractions. Selecting the new setting is recommended. |

## Reports

### Data in Wrong Columns in Notifications Report Export

|                            |   |
|----------------------------|---|
| <i>Task #</i>              | 22997   |
| <i>What was fixed?</i>     | Fields that had commas in them  |
| <i>What was the issue?</i> | If a field had a comma in it, text after the comma was moved to the next column and data in subsequent columns was out of sync as a result. |
| <i>The patch</i>           | Fields that contain commas will display correctly in the export.  |

## Forms

### Full Injected Diagnosis Renamed to Injected Diagnosis Full

|                            |  |
|----------------------------|--|
| <i>Task #</i>              | 23762  |
| <i>What was fixed?</i>     | Injection type was renamed   |
| <i>What was the issue?</i> | Two related injection types were not next to each other in the Answer Format dropdown in Form Builder due to the naming.       |
| <i>The patch</i>           | Full Injected Diagnosis was renamed to Injected Diagnosis Full so it now comes right after Injected Diagnosis in the dropdown. |

**Form Data Not Saved**

|                            |   |
|----------------------------|---|
| <i>Task #</i>              | 20570   |
| <i>What was fixed?</i>     | Message that displays when you navigate away from an incomplete form (you have the option of staying in the form to avoid data loss)  |
| <i>What was the issue?</i> | If you started a form and then clicked out of the form, data was not saved and you were not adequately warned that it would not be.   |
| <i>The patch</i>           | When you navigate away from an incomplete form, the message that displays asks if you really want to leave because your changes will not be saved. You can now stay on the page and fill out the remaining fields to avoid data loss. |