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Release 9.0 Configuration

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CREDIBLE

Behavioral Health Software

Release 9.0 Configuration

Billing

Support for Revised CMS 1500 3

Reports

Logging Added for Generating Time-of-Visit Clinical Summary..... 4

Meaningful Use

Direct Project Support for Sending/Receiving Clinical Summaries to/from Third Parties..... 5

Medication Dosage and Frequency in Clinical Summary Generation and Import..... 9

Uploading Lab Results with Parent-Child Structure..... 11

Nine Clinical Quality Measures for Meaningful Use Attestation 12

Patch List

Cross-Browser Compatibility

Internet Explorer: Cannot Print/Send Prescription for Certain Medications via Free Text Sig Tab ... 13

Client

Able to Save Axis III Diagnosis with Invalid Code..... 13

Access to “Existing Client” Family Member Diagnosis Should Be Read Only 14

Inactive Reason for Tx Plus Element Truncated in Info Icon Hover Over 14

Discontinuing Order (Created Prior to Release 8.3) After Refill Discontinues Both Orders..... 14

Unable to Display/Edit Amendment Record Details..... 15

Error Screen Displays when Trying to Generate Clinical Summary 15

Employee

Clock In/Clock Out Button Not Available on Sunday 15

Visit

Incorrect Results when Using Only RedX Filter with View All or Print All 16

Billing

Incorrect Alternate ID Pulled into 837 16
Need to Include Multiple Diagnoses on CMS 1500 16
CMS 1500: Incorrect Max Length in Override Rendering Provider Name Box 31 and 24j Field 17

Reports

System Allows Import of Authorization with Invalid Visit Type Group 17
Exports Used to Pull Billing Data Are Not Producing Files 17
Run Button Not Available After Using Edit Button for State Report Export 18

BILLING

Support for Revised CMS 1500

This release includes support for the revised CMS 1500 (02/12 1500 Claim Form). The revised version aligns the claim form with changes in the 5010 version of 837P and accommodates ICD-10 reporting needs.

Check with your payers to determine if they are using the 02/12 1500 Claim Form in the dual use period (January 6 through March 31, 2014). Starting on April 1, 2014, payers can only receive and process paper claims on the 02/12 1500 Claim Form.

Settings

Payer Config: *Use CMS 1500 02/12 Form*

The revised CMS 1500 is generated using 8 point font size. Minor alignment adjustments for the revised CMS 1500 can be made using your printer's paper alignment options.

Configuration

For each payer using the revised CMS 1500:

1. Billing or Admin tab > Billing Payer > edit.
2. Select *Use CMS 1500 02/12 Form* (bottom of CMS 1500 Claim Overrides section).
3. Review the existing claim override settings with the payer to determine whether changes and/or additions are needed for the revised CMS 1500; make any necessary updates.

The settings in the CMS 1500 Claims Overrides section and Use PCP as Referring Provider in the Electronic Claim Overrides section apply to the revised CMS 1500. (Use PCP as Referring Provider impacts Box 17.)

4. Click Save Settings.

Use

To generate a batch claim file and print it on the revised CMS 1500:

1. Billing tab > Generate Batch Claim File.
2. Select payer and other filters and click Filter Batch.
3. If payer is set up for 837 Professional or 837 Institutional and you need to force CMS 1500, select it from CMS Format dropdown at the bottom of the screen.
4. Generate Text File for Batch > Click here to open CMS 1500 Report.
5. Select PDF from format dropdown and click Export.
6. Open the PDF and print it out on the 02/12 1500 Claim Form.

REPORTS

Logging Added for Generating Time-of-Visit Clinical Summary

If a user generates a time-of-visit clinical summary, the action will now be recorded in the HIPAA logs. Previously, CLINICAL SUMMARY GENERATED was only recorded when done via the Client Profile.

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

[Report Security: Global HIPAA Log](#)

Configuration N/A

Use For an individual client or employee: Log button on Client or Employee nav bar > Filter on CLINICAL SUMMARY GENERATED action > details button.

For all clients or employees:

1. Reports tab > Admin button on nav bar > Global HIPAA Log.
2. Client or Employee from Entity dropdown > CLINICAL SUMMARY GENERATED from Action dropdown.
3. Enter desired date range > Run Report button > details button.

MEANINGFUL USE

Meaningful Use requirements are viewed as absolutely mandatory for Credible. Numerous enhancements have been added to provide for simplified certification.

Direct Project Support for Sending/Receiving Clinical Summaries to/from Third Parties

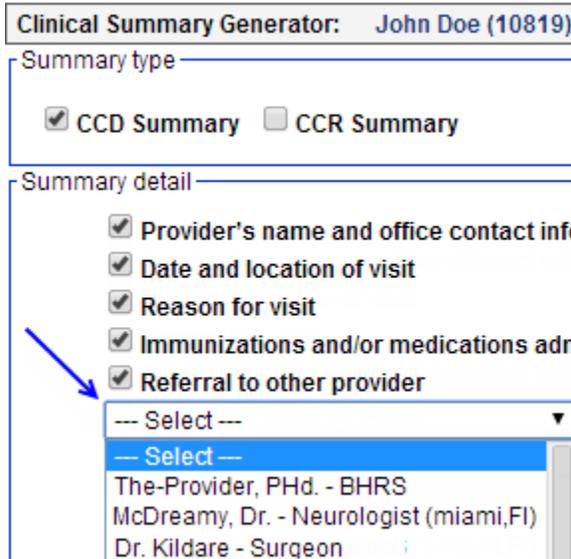
Direct Project defined: the Direct Project is the set of standards, policies, and services enabling simple, secure transport of health information between authorized care providers. The Direct Project enables standards-based health information exchange in support of core Meaningful Use measures, including communication of summary care records, referrals, discharge summaries, and other clinical documents in support of continuity of care and medication reconciliation, and communication of laboratory results to providers.

With newly added support for the Direct Project, Agency staff can now securely send and receive clinical summaries directly to and from *trusted* third-party recipients *from within Credible*. The two-way trust relationship between your Agency and a third party is established by exchanging “credential” certificates and having Credible configure the third-party’s certificate in your system. Credible will generate a Direct certificate for your Agency that you can then give to third parties you want to exchange clinical summaries with.

A Direct certificate can be for an individual (address-specific) or an organization (domain-specific). If a third party has a domain-specific certificate, the clinical summary can be sent to any individual at the organization. For security purposes, the address-specific certificate is the preferred type.

The combination of a clinical summary in C-CDA (CCD) format (released in 8.3) and sending/receiving the summary via Direct Project is necessary to meet certain Meaningful Use interoperability requirements.

Sending – When generating a CCD summary, a user selects the “Referral to other provider” checkbox to activate the new Provider dropdown. All external care providers configured in your Agency domain/site will be available in the dropdown.



Clinical Summary Generator: John Doe (10819)

Summary type

CCD Summary CCR Summary

Summary detail

- Provider's name and office contact info
- Date and location of visit
- Reason for visit
- Immunizations and/or medications admin
- Referral to other provider

--- Select ---

- Select ---
- The-Provider, PHd. - BHRS
- McDreamy, Dr. - Neurologist (miami,FI)
- Dr. Kildare - Surgeon

The new output option “Send summary via Direct” brings up a list of the Direct addresses that your Agency can send the summary to. In the example below, the first two addresses correspond to address-specific certificates and the third corresponds to a domain-specific certificate (only the domain is listed). When a user selects a “domain” address, he/she enters the appropriate username in the field provided.



Print Summary to Screen

Send summary via Direct

Direct Addresses

- credpartner1@dev1.credibledirect-dev.com
- email1@dev2.credibledirect-dev.com
- dev1.credibledirect-dev.com

Chosen Email Address: credpartner1 @dev1.credibledirect-dev.com

Receiving – When a user selects the new Direct Summaries radio button in the Import Clinical Summary screen, a Received Clinical Summaries list displays with all clinical summaries that have been received into your system via Direct Project.

Manual Upload
 Direct Summaries

Import Clinical Summary for John Doe (10819)

File Categorization

Folder OR

Description

↓

Received Clinical Summaries

Client: Doe, John Date: 20140220 Referrer: Dillamond, Dr.
Client: Potter, Harry Date: 20140204 Referrer: Kildare, Dr.
Client: Bond, James Date: 20140204 Referrer: Higgins, Dr.
Client: Doe, John Date: 20140214 Referrer: Goodfellow, Dr.

After filling out the File Categorization section, the user selects the appropriate file and uploads it.

Settings

Partner Config: Use Clinical Summary Features; fill out CCD Author Address fields

Security Matrix: PatientSummaryGenerator, ClientFileAdd

Configuration

1. Submit a Priority 4 Task requesting that Credible configure and enable Direct Project in your system.
 - a. Attach certificates from third parties (in .der or .cer format) that you want to exchange clinical summaries with.
 - b. For each third-party certificate, indicate if it is address-specific (preferred; allows just one address) or domain-specific (allows emails to be sent to entire domain).
 - c. Specify the email address that your Agency wants to use for its address-specific certificate.

2. Once you are notified that your Agency's certificate is ready, download it from the Task and give it to the third parties that you want to exchange clinical summaries with.
3. Update existing external care provider records with the provider's first name and last name; these fields are new with this release (Admin tab > External Care Providers > edit > add first/last names > save).
4. Make sure there is an external provider record for each third party you are going to exchange clinical summaries with (Admin tab > External Care Providers > Add a New Provider Entry).
5. If appropriate, configure visit types so time-of-visit clinical summaries can be generated (Admin tab > Visit Type > edit > select Include Summary > Save).
6. Optional: add a file folder and name it Clinical Summaries (Admin tab > File Folders Admin > fill out Add Folder section).

Use

To generate a clinical summary and send it to a trusted third party via Direct Project:

1. Client tab > Profile on Client nav bar > Generate Clinical Summary or Visit tab > view button for visit > Create Clinical Summary (in Transfer XML CDA/CCR field).
2. If necessary, uncheck one or more Summary detail checkboxes and adjust the number of visits. Make sure Referral to other provider is checked.
3. From Provider dropdown, select External Care Provider that you are sending the clinical summary to.
4. Enter the reason for the referral in the corresponding field.
5. Under Output options, select Send summary via Direct and then select the Direct Address that corresponds to the external provider you selected in step 3.
6. If you selected a domain address, enter the external provider's username in the Chosen Email Address field.
7. Click Generate Summary. A "Successful email send" message displays.

To upload a clinical summary received via Direct Project:

1. Client tab > Attachments on Client nav bar > Import Clinical Summary button > Direct Summaries radio button.
2. Fill out the File Categorization section.
3. Select appropriate clinical summary from Received Clinical Summaries list and click Upload File.
4. Close the “Summary successfully uploaded” popup and click the Attachments button on Client nav bar to view uploaded clinical summary.

Medication Dosage and Frequency in Clinical Summary Generation and Import

When generating a clinical summary for a client – via the Client Profile or Visit Details screen – it will now include the dosage and frequency for each medication.

```

*****
Medications
*****
Medication      Dosage  Instructions/Comments  Start Date  Status
Paxil 10 mg tablet  Take 1 tablet (10 MG) By Oral Route 1 time per day
NO DATA AVAILABLE
20131203
Active
    
```

Likewise, when importing a clinical summary and choosing to update the client record with a medication in the summary (via Merge Record button), the dosage and frequency will be displayed in the Dosage/Frequency field in the Client Medications list.

CLIENT MEDICATIONS: John Doe (10819)		
Filter	ALL ACTIVE	Medication
Medication	Dosage / Frequency	
<input type="checkbox"/> Zoloft 100 mg tablet i	take 1 tablet 1 time per day	

In the medication record (accessed via the edit button), the dosage and frequency appear in the Frequency field; the user needs to manually move the dosage into the Dosage field.

Settings **Partner Config:** Use Clinical Summary Features; fill out CCD Author Address fields
Security Matrix: PatientSummaryGenerator, ClientFileAdd, ClientFileView, RxUpdate

Configuration See [Configuration for Generating Clinical Summaries](#) in the help.

Use See the following topics in the help:

- [Generating a Clinical Summary](#)
- [Importing a Clinical Summary](#)
- [Updating Client Record with Imported Clinical Summary](#)

After updating a client record with a medication from an imported clinical summary:

1. Medications on Client nav bar > edit.
2. Move the dosage from the Frequency field into the Dosage field and click Update Medication.

Uploading Lab Results with Parent-Child Structure

The manual upload function for lab results has been updated to accommodate files with a parent-child structure. In this type of file, the child results appear below the Collection Date field.

Results Close				
Procedure	Value	Abnormal	Range	Panic Flag
1) Bacteria identified in Stool by Culture (code: 625-4) i	103429008 Enterohemorrhagic Escherichia coli, ser	A		False
Facility: Century Hospital 2070 Test Park Los Angeles, CA, 90067 USA	Result comments: Full result value: 103429008 Enterohemorrhagic Escherichia coli, serotype O157:H7			
Ordered Date:				
Received Date:	2/5/2014 11:04:00 AM			
Result Date:	5/30/2011 12:35:00 PM			
Collection Date:	5/30/2011 12:35:00 PM			
Child Results				
Ampicillin [Susceptibility] by Minimum inhibitory concentration (MIC)				
Result Value: < 0.06				
Abnormal: S				
Range:				
Panic Flag: False				
Result Comments:				
Gentamicin [Susceptibility] by Minimum inhibitory concentration (MIC)				
Result Value: 0.05				
Abnormal: S				
Range:				
Panic Flag: False				
Result Comments:				
Ciprofloxacin [Susceptibility] by Minimum inhibitory concentration (MIC)				
Result Value: 0.05				
Abnormal: S				
Range:				
Panic Flag: False				
Result Comments:				

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.

Nine Clinical Quality Measures for Meaningful Use Attestation

In 2014, eligible providers must report on 9 of the 64 approved clinical quality measures (CQMs). To meet the measure selection requirements of the Centers for Medicare & Medicaid Services (CMS), Credible has developed reporting procedures for the following 9 measures:

- CMS2 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- CMS50 Closing the Referral Loop: Receipt of Specialist Report
- CMS62 HIV/AIDS: Medical Visit
- CMS68 Documentation of Current Medications in the Medical Record
- CMS139 Falls: Screening for Future Fall Risk
- CMS149 Dementia: Cognitive Assessment
- CMS155 Weight Assessment
- CMS156 Use of High-Risk Medications in the Elderly
- CMS165 Controlling High Blood Pressure

While your Agency can generate reports for the measures via the CQM module, it cannot submit the results as official results until Credible has completed Stage 2 certification in full. Additional details for reporting on the above measures will be provided in the Meaningful Use Stage 2 Configuration Guide, which will be made available no later than March 31, 2014.

PATCH LIST

Cross-Browser Compatibility

Internet Explorer: Cannot Print/Send Prescription for Certain Medications via Free Text Sig Tab

<i>Task #</i>	51637
<i>What was the issue?</i>	Used Free Text Sig tab to enter dosage information and instructions for prescription. Clicking Print Prescription (or Send to Pharmacy) did not display “finalize prescription” screen as expected and no error message displayed.
<i>The patch</i>	<p>The maximum number of characters allowed in the Free Text Sig text field has been increased to 140. The Free Text Sig builder will not allow you to enter more than 140 characters.</p> <p>In the Sig Builder tab, the message that displays when the Instructions/Comments field exceeds its 70-character max has been updated to convey that only 70 characters are allowed for the field. Previously, the message referred to the 140-character max allowed for the entire prescription.</p> <p>If the 70-character max message displays, you can change the instructions/comments or switch to the Free Text Sig tab.</p>

Client

Able to Save Axis III Diagnosis with Invalid Code

<i>Task #</i>	52085
<i>What was the issue?</i>	Validation process for an Axis III code was circumvented by entering content in diagnosis details field. Once this was done, the Save button became available even when an invalid Axis III code was entered.
<i>The patch</i>	The detail fields for an Axis III diagnosis will not become available until a valid Axis III code has been entered. If an invalid Axis III code is entered after the detail fields have been accessed, the detail fields and Save button will become unavailable and the Invalid Axis 3 code! error message will display.

Access to “Existing Client” Family Member Diagnosis Should Be Read Only

Task # 50542

What was the issue? When the Diagnosis function was added for family members in the last release, it gave staff the ability to update the diagnoses for “existing client” family members when access should have been read only.

The patch DX link will not be available in the Family Members list screen if the family member is an existing client. To view the diagnoses for an existing client family member: click existing client’s name > Diagnosis on Client nav bar. Ability to add and/or update diagnoses for an existing client family member is controlled by corresponding Security Matrix rights.

Inactive Reason for Tx Plus Element Truncated in Info Icon Hover Over

Task # 50317

What was the issue? In Select (view) mode, the inactive reason was truncated when viewed via Info icon hover over.

The patch The truncation occurred because there was an apostrophe in the inactive reason. The inactive reason display functionality has been updated so truncation will no longer occur when an apostrophe is used.

Discontinuing Order (Created Prior to Release 8.3) After Refill Discontinues Both Orders

Task # 51646/50369/50049/50618

What was the issue? Refilled order that was created prior to Release 8.3 and then discontinued original order; refilled order was discontinued as well.

The patch A fix was made so discontinuing an order that has been refilled will not discontinue the refilled order.

Unable to Display/Edit Amendment Record Details

<i>Task #</i>	50945
<i>What was the issue?</i>	After adding an amendment for a visit, the amendment details would not display – and therefore could not be edited – when the amendment was selected in the Amendments list.
<i>The patch</i>	The issue was tied to single quotes being used in the Origin or Details field. The Amendments function has been updated to support the use of single quotes.

Error Screen Displays when Trying to Generate Clinical Summary

<i>Task #</i>	52820
<i>What was the issue?</i>	An error screen displayed when trying to generate a real-time or time-of-visit clinical summary.
<i>The patch</i>	A fix has been made so the Clinical Summary Generator screen will display as expected when you click the Generate Clinical Summary button on the Client Profile screen or the Create CCR link in the Visit Details screen. Since you can generate a CCD (C-CDA) or CCR Summary from the Clinical Summary Generator screen (as of Release 8.3), the Create CCR link has been renamed “Create Clinical Summary.”

Employee

Clock In/Clock Out Button Not Available on Sunday

<i>Task #</i>	51774
<i>What was the issue?</i>	Staff that worked on Sundays were not able to clock in via Work Schedule function because Clock In button was not available.
<i>The patch</i>	Work Schedule function has been updated so the Clock In/Clock Out button will be available for all days of the week.

Visit

Incorrect Results when Using Only RedX Filter with View All or Print All

Task # 51133

What was the issue? When the visit list was filtered with Only RedX and View All or Print All was used, visits that were not red X'd were included in the search results.

The patch Fixes were made to View All and Print All so when either is used in conjunction with the Only RedX filter, the expected results will be returned.

Billing

Incorrect Alternate ID Pulled into 837

Task # 51317

What was the issue? The system pulled the first alternate ID that matched the payer or program of the visit into the 837 instead of the rendering employee's alternate ID that matched the payer/program of the visit. The issue occurred with the following configuration: rendering was used, Send Multi Service Rendering at 2310 was *not* enabled, and alternate IDs were set for employees.

The patch A fix has been made so the system will now pull the alternate ID for the rendering employee into the 837. If the rendering employee does not have an alternate ID, his/her NPI will be used.

Need to Include Multiple Diagnoses on CMS 1500

Task # 51249

What was the issue? If a client had multiple diagnoses, they were only pulled in for electronic billing. Medicaid requires multiple diagnoses on the CMS 1500.

The patch If a payer is configured to use the revised CMS 1500 and a client has multiple diagnoses, they will be included in Box 21. This assumes that your system is configured to support multiple diagnoses (Partner Config settings Update Multi Dx per Visit and/or Automatically Update Visit Dx are enabled). Note that the current CMS 1500 will still only include one diagnosis; as a reminder, this version can no longer be used after April 1, 2014.

CMS 1500: Incorrect Max Length in Override Rendering Provider Name Box 31 and 24j Field

<i>Task #</i>	52845
<i>What was the issue?</i>	Payer Config field Override Rendering Provider Name Box 31 and 24j would not accept 75 characters even though corresponding field in Data Dictionary had max length set to 75.
<i>The patch</i>	A fix was made so Payer Config field Override Rendering Provider Name Box 31 and 24j will now accept up to 75 characters. The fix applies to both the current and revised versions of the CMS 1500.

Reports

System Allows Import of Authorization with Invalid Visit Type Group

<i>Task #</i>	44665
<i>What was the issue?</i>	An authorization assigned to an invalid visit type group was importing without a visit type group assignment.
<i>The patch</i>	<p>When an import file contains an authorization assigned to a visit type group that is not a valid visit type group in the system, the record will be skipped and not import. This will prevent an authorization from being imported without a visit group that was supposed to have a visit group assigned. (To set up a visit type group: Admin tab > Visit Type Groups.)</p> <p>Because there are two parts to the authorization import process, the invalid authorization/visit group record will pass the initial format validation but will fail the second (post) process validation against visit type group and the record will not be imported. Note that the system does not currently display an error message when an authorization record fails the second process validation.</p>

Exports Used to Pull Billing Data Are Not Producing Files

<i>Task #</i>	50958
<i>What was the issue?</i>	Custom ad hoc exports that used custom aliases were not returning data properly.
<i>The patch</i>	A fix was made to the Excel (XLSX) format so custom ad hoc exports that use custom aliases will now return data.

Run Button Not Available After Using Edit Button for State Report Export

Task # 52850

What was the issue? In a few instances, when the edit button was used for a Credible-created state report export (a stored procedure-based export), the export query timed out and the run button for the export became unavailable.

The patch The edit button will no longer be available for Credible-created state report exports. If your Agency needs to edit a Credible-created state report export, please submit a Priority 4 Task detailing the changes that are needed.