

## Release 7.1 Configuration

This document describes the new features and enhancements included in Credible 7.1 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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## CREDIBLE CLIENT PORTAL

### Two-Way Communication Between Client & Agency

With the new Messaging function in the Credible Client Portal, a client user can send a general message to your agency or one about an active medication or scheduled appointment. As a reminder, a client user can be the client or a client representative such as a parent. If the message type is Medication Refill or Scheduled Appointment, a dropdown displays with the client’s active meds or appointments scheduled for the current date and future dates.



Note that the new function utilizes *offline* messaging and the messages are *not* delivered via email. As shown in the screenshot below, you can configure “disclaimer text” to convey the offline nature of the messaging function to client users – it displays above the Messaging screens in the Client Portal.

In case of an Emergency, call 9-1-1. Don't send a message as it may not be checked until the next business day!

**MESSAGING: John Doe (10274)**

Compose Message

Type of Message: Medication Refill

Medication in Reference: Xanax 0.5 mg Tab

Subject: Low on Xanax

Rich text editor with content: Can you please refill my son's script for Xanax? Thanks, Ginny Doe

Buttons: Cancel, Send Message

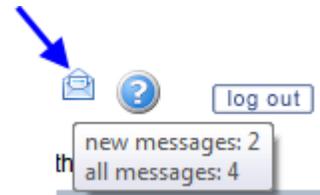
A client user does not pick the recipient for the message. By default, it goes to the client’s case manager. If one is not assigned, the message goes to all primary employees for the client. If there are no primary employees, it goes to all employees assigned to the client.

Once a message has been sent, the client user can reply to it or discard it.

MESSAGING: John Doe (3044)		New Message	
	Subject	Date	Options
	Low on Xanax (Medication Refill - Xanax 0.5 mg Tab)	05/15/2012 09:46 PM	

Note that with the first release of the messaging functionality, messages can only originate from a client user.

In your Credible system, an envelope icon displays in the banner to notify employees that a message has been sent from the Client Portal. Hover over the icon to see the number of new messages and replies. You can control how frequently the system checks for new messages with the Check Message Interval setting in Partner Config.



Employees access the Messaging Hub screen by clicking the envelope icon or the new Messaging Hub button on the Employee nav bar.

In both the Client Portal and employee Messaging Hub, the number of replies for a message is indicated via a speech bubble. In the message thread, the original message is at the top followed by the most recent reply.

<b>MESSAGING: John Doe (3044)</b>	
<b>Subject</b>	
	<b>Low on Xanax (Medication Refill - Xanax 0.5 mg Tab) <sup>2</sup></b>
Can you please refill my son's script for Xanax?	
Thanks, Ginny Doe	
<b>On: 05/15/2012 10:01 PM, Doe, John ( 3044 )</b>	
Using the Portal is a great idea!	
<b>On: 05/15/2012 10:00 PM, Smith, Jane</b>	
John needs to come in for a new appointment before I can refill his Xanax script. Feel free to use the Portal to schedule an appointment.	

*Settings*

You need to have your Implementation or Account Manager turn on the Credible Client Portal for your system.

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

**Security Matrix:** *MessagingHubAnswerMessages*

**Client User Security Matrix:** *MessagingCU*

*Configuration*

See [Setting Up the Credible Client Portal](#) in the help.

*Client User Use* To create and send a message:

1. Messaging button on nav bar > New Message button on Messaging screen.
2. Select the message type and the med/scheduled appointment if applicable.
3. Enter the subject and body of the message in the corresponding fields. You can format and spell check the message with the tools in the text box.
4. Click Send Message.

To view a conversation, click the envelope icon, the subject, or the reply speech bubble.

Use the icons in the Options column to reply to or discard a message.

*Employee Use* To reply to a message:

1. Click the envelope icon in the banner or the Messaging Hub button on the Employee nav bar.
2. Click the reply icon  in the Options column.
3. Enter your reply and click Send Message.

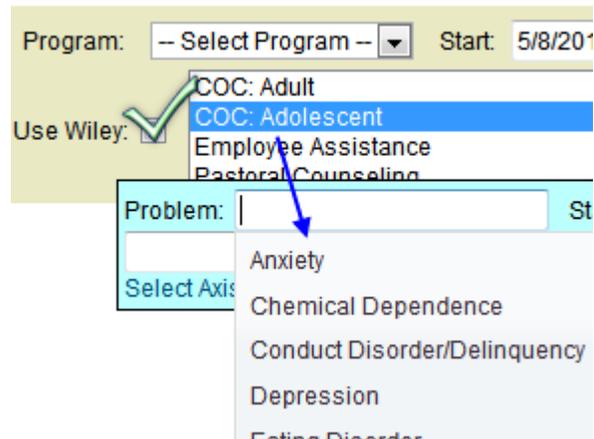
To view a conversation, click the envelope icon, the subject, or the reply speech bubble.

To discard a message or mark it as unread, use the corresponding icons in the Options column. Note that when you discard, it only removes your view of the message – the client user and other employees included on the message can still view it.

## CLIENT

### Use Wiley Problems/Goals/Objectives/Interventions in Tx Plus Plans

To achieve consistency in the problems/goals/objectives/interventions in Tx Plus plans – which ones are used and how they are described – you can now contract to use the Wiley treatment planning “library” as part of Tx Plus. If you select “Use Wiley” when you are building a Tx Plus plan, the predefined problems/goals/objectives/interventions for the treatment plan you select are available via dropdowns.



You can set up your system to use Wiley exclusively or let staff use Wiley and free-form entry for the different components in a Tx Plus plan.

#### Settings

Using the Wiley treatment planning library requires an addendum to your contract. For more information, contact [contracts@credibleinc.com](mailto:contracts@credibleinc.com). Once you have contracted to use Wiley, your IM/AM needs to turn on the functionality in your system.

**Partner Config:** Use Tx Plus, *Force Wiley* (optional)

**Security Matrix:** TxPlusBuild

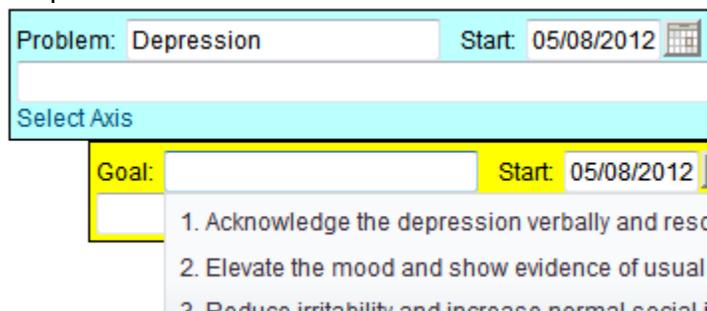
#### Configuration

See [Tx Plus](#) in the help.

#### Use

1. Tx Plus on Client nav bar > New TxPlus button.
2. Select Use Wiley checkbox and select a treatment plan from the list.
3. Click Problem in the TxPlus Items box to add it to the plan.
4. Click the Problem name field to display a list of problems associated with the treatment plan you selected.
5. Select the appropriate problem. Note: if Force Wiley is not selected, staff can edit the actual problem (goal, and so on) text. When the Partner Config setting is selected, staff can only use the text as is.
6. Change the start date if necessary and enter a target date.

7. If applicable, use the Select Axis link to associate the problem with one of the client’s diagnoses.
8. Click the Problem to make it the active level (color changes to yellow).
9. Click Goal in the TxPlus Items box to add it to the problem.
10. Click the Goal name field to bring up predefined goals associated with the problem.



11. Select the appropriate problem.
12. Add objectives and interventions in a similar fashion.
13. Add additional problems and sublevels as necessary.
14. Click Save.

## Creating & Using Tx Plus Templates

To save time when building Tx Plus plans, you can now save existing plans as templates and have staff use them instead of building the treatment plan structure on the fly. When you save an existing Tx Plus plan as a template, the system does not retain the program selected, any dates entered, or any documentation entered against the plan. In addition, start dates are not required like they are when you save a Tx Plus plan for a client.

You can also use the new Admin function TxPlus Templates to build a template and manage existing templates.

### Settings

**Partner Config:** Use Tx Plus

**Security Matrix:** TxPlusView, TxPlusBuild

### Configuration

See [Tx Plus](#) in the help.

*Use*

To create a template from an existing Tx Plus plan:

1. Tx Plus on Client nav bar > edit button for Tx Plus plan you want to save as a template.
2. Select the Save Tx as Template checkbox, enter a name in the Tx Name field, and click Save.

To view, edit, or delete an existing template: Admin tab > TxPlus Templates. Use appropriate button for existing template. Note that deleting a TxPlus template merely removes it from the Load Template dropdown – it does not affect client Tx Plus plans built off of that template. The same holds true for when you edit a template.

To use a template when building a Tx Plus plan for a client:

1. Tx Plus button on Client nav bar > New TxPlus button.
2. Select the template from the Load Template dropdown.
3. Select a program (if applicable) and enter the appropriate Start and Target dates.
4. If applicable, select a method (visit type group) for the Tx Plus plan.
5. Make any necessary changes to the structure of the plan and click Save.

## Active Flag to Control Availability of Tx Plus Plan in Form

If your agency needs to approve a Tx Plus plan before making it available in a Tx Plus form, you can set up your system to show only active Tx Plus plans in forms. Once a Tx Plus plan has been approved, you can flag it as Active and then it will be available to document against. You can control which employees can flag a Tx Plus plan as active with the new Security Matrix right TxPlusActivate.

Notes:

If a Tx Plus plan is used for a visit and then set to “inactive,” it will still show up for that visit.

*Settings*

**Partner Config:** Use Tx Plus, *Show Active Tx Plus Plans In Forms*

Note: if Show Active Tx Plus Plans In Forms is not selected, all Tx Plus plans added default to active status.

**Security Matrix:** *TxPlusActivate*

*Configuration* See [Tx Plus](#) in the help.

*Use* After a Tx Plus plan has been approved:

1. Tx Plus on Client nav bar > edit button for the plan.
2. Select the Active checkbox and click Save.

Notes:

- If you don't have the TxPlusActivate right and you edit an active TxPlus plan, the plan will automatically become inactive.
- If you do have the TxPlusActivate right and you edit an active TxPlus plan, it will remain active unless you specifically uncheck the Active checkbox.

## Existing Tx Plus Visits Locked Against Tx Plus Plan Edits

When a Tx Plus plan is edited, existing visits based on the original version will not be affected. Only new Tx Plus visits will reflect the new structure. Note that if a Tx Plus plan is edited, cloning a visit will now display the new version. And as a reminder, you can only have one Tx Plus plan per program per time frame regardless of its active/inactive status.

*Settings* **Partner Config:** Use Tx Plus

**Security Matrix:** TxPlusView, TxPlusDocument

*Configuration/Use* See [Tx Plus](#) in the help.

## Notification Triggers

With a new notification trigger, TxPlus Problem Add, you can inform the appropriate staff when a problem (the highest level) is added to a Tx Plus plan. In addition, the TxPlan Add and Treatment Plan End Date notifications have been updated to work with Tx Plus plans. TxPlan Add will trigger when a new Tx Plus plan is added to a client record. Note that it will not trigger when documentation is added to an existing Tx Plus plan.

*Settings* **Partner Config:** Use Tx Plus

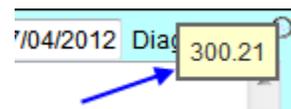
**Security Matrix:** NotificationTriggers

*Configuration/Use* See [Notification Triggers](#) in the help.

## Viewing Tx Plus Treatment Plans in Client Portal

You now have the option of making Tx Plus treatment plans available to client users via the Client Portal.

Note: if one of the client’s diagnoses is linked to a problem in a Tx Plus plan, a client user will be able to view the diagnosis code by hovering over the Diagnosis magnifying glass.



**Settings** Partner Config: Use Client Portal, Use Tx Plus  
 Security Matrix: ClientUserView  
 Client User Security Matrix: TxPlusViewCU

**Configuration** See [Setting Up the Client Portal](#) in the help.

**Use** See [Credible Client Portal](#) in the help.

## Active Tx Plus Plans Added to Client Profile Print View

You can now select Tx Plus as a print option when generating a client profile print view. When selected, the system prints the structure but not the documentation for all Tx Plus plans that have do not have an end date or have a future end date.

**Settings** Partner Config: Use Tx Plus, Use Tx Plan Methods (optional)

**Configuration** See above.

- Use**
1. Profile button on Client nav bar > Print View button.
  2. Select Tx Plus and any other print options as appropriate.
  3. Click Print View.

## End Date Autopopulates in Sublevels Without One

To save time when end dating levels in a Tx Plus plan, the system autopopulates the date you enter in the End Date field for a level in any sublevel *that does not have an end date*. For example, if you enter an end date in a Problem level, it autopopulates for any goal, objective, or intervention level that does not have one.

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

**Security Matrix:** TxPlusDocument

*Configuration/Use* See [Tx Plus](#) in the help.

## Collapse All/Expand All Toggle Added to Tx Plus Category

When you are documenting against a Tx Plus plan in a form, a Collapse All/Expand All link is available to make it easy to show and hide all sublevels for all problems.

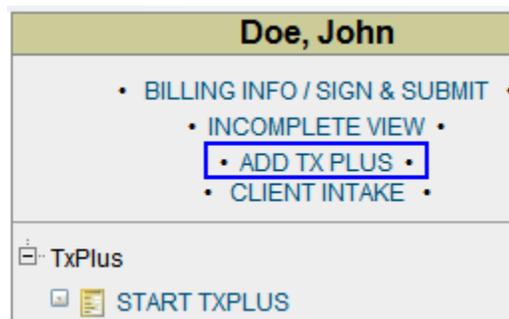
*Settings* **Partner Config:** Use Tx Plus, Problem/Goal/Objective/Intervention Label, Problem/Goal/Objective/Intervention Background Color, Use Tx Plan Methods (optional)

**Security Matrix:** TxPlusDocument

*Configuration/Use* See [Tx Plus](#) in the help.

## Build Tx Plus in Web Form Without Intake Nav Bar

If a client does not have an active Tx Plus plan, you can use the new ADD TX PLUS link in a web form to build one. Note that the link only displays in forms that have a Tx Plus category.



*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, TxPlusDocument

*Configuration* See [Tx Plus](#) in the help.

- Use* For any client without a Tx Plus template:
1. Begin a visit linked to a form with a Tx Plus category.
  2. Click ADD TX PLUS in left side of form. The Client Tx Plus Builder screen displays.
  3. Build the Tx Plus plan as you normally would and save. The Tx Plus tree structure displays in the left side of the form.
  4. Document against the Tx Plus plan and complete the visit.

Note that the ADD TX PLUS link is not available when you edit the full visit via the Visit Details screen. It is also not available when a client has an active Tx Plus plan that is applicable to the visit (a client can have multiple active Tx Plus plans for different programs).

## Green Checkmark for Completed Tx Plus Category

When documenting against a Tx Plus plan in a web form, a green checkmark now displays when you complete the Tx Plus category.

*Settings* **Partner Config:** Use Tx Plus  
**Security Matrix:** TxPlusDocument

*Configuration/Use* See [Tx Plus](#) in the help.

## Process for Tx Plus Plans and Late Entry Visits

The system can only prevent a user from documenting against an inactive Tx Plus plan when the Add Visit (or Quick Visit) function is used. If the visit date entered in the Enter Visit screen precedes the start date for a Tx Plus plan, it will not be available. For this reason, staff should be trained to use the Add Visit/Quick Visit functions vs beginning a visit from the Schedule when documenting against a Tx Plus plan.

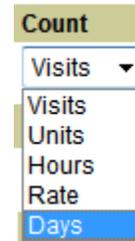
*Settings* **Partner Config:** Use Tx Plus  
**Security Matrix:** TxPlusDocument

*Configuration/Use* See [Tx Plus](#) in the help.

## Days Added As Count Type for Authorizations

With Days as a new Count type, you can accommodate a payer that has an authorization with a unit type of days. While there can be multiple visits in a day, they only count as one “auth day.”

The Days Count type is available when adding an authorization or authorization level.



<i>Settings</i>	<p><b>Partner Config:</b> Use Authorization Levels (optional)</p> <p><b>Security Matrix:</b> AuthorizationView, AuthorizationAdd</p>
<i>Configuration</i>	N/A
<i>Use</i>	See <a href="#">Authorizations</a> and <a href="#">Authorization Levels</a> in the help.

## Monthly By Day Period Type in Client Authorizations Screen

The MONTHLY BY DAY period type is now available in the Client Authorization screen. Previously, it was only available when setting up an authorization level.

<i>Settings</i>	<b>Security Matrix:</b> AuthorizationView, AuthorizationAdd
<i>Configuration</i>	N/A
<i>Use</i>	See <a href="#">Authorizations</a> in the help.

## Second Phone Number Field Added to Family Members Screen

With the new Phone2 field, you can now enter two phone numbers for each family member. For a more consistent look and feel in the Family Members screen, the fields have been reengineered.

<i>Settings</i>	<p><b>Partner Config:</b> Use Client Family</p> <p><b>Security Matrix:</b> ClientUpdateContactsFamily</p>
<i>Configuration</i>	N/A
<i>Use</i>	<ol style="list-style-type: none"> <li>1. Family button on Client nav bar &gt; Add Family Members button (or select button to update an existing record)</li> <li>2. Fill out (or update) fields and click Add New Family Member (or Save Family Member if updating).</li> </ol>

## YOQ: Access Client Links via Client and Intake Nav Bars

With a new Security Matrix right, you can make a Client Links button available on the Client nav bar and Intake nav bar. (The Intake nav bar is a subset of the Client nav bar that you can make available within a web form.) Currently, the Client Links function is only in use for Youth Outcome Questionnaire (YOQ) and the links are hardcoded into your system.

### *Settings*

YOQ is for agencies that have a contract with YOQ, which is separate from Credible.

**Security Matrix:** [ViewClientLinks](#)

### *Configuration*

1. Admin tab > Home Page Config.
2. Click Client Navigation, select Include in Intake for Client Links, and save.
3. To activate the Intake nav bar in a form: edit the form, select Show Intake Nav Bar, save the change, and build and activate the updated form.

### *Use*

Client tab > Client name or view button to access Client Overview screen > Client Links on Client nav bar

From within a web form: Client Intake link on left side of form > Client Links button on Intake nav bar

## EMPLOYEE

### Assigning Billing Groups to Employees

With the new Billing Groups assignment function, you can control which billing groups are available to each employee when they enter, sign and submit, and update a visit. If you do not assign billing groups to an employee, all groups will be available in the Billing Group dropdown. If you assign one or more billing groups, only the assigned ones will be available.

As shown on the right, there is one exception to this. If you assign one or more billing groups and have an unassigned billing group set as the default, the default plus the assigned ones will be in the Billing Group dropdown.

EMPLOYEE BILLING GROUPS: Jane Smith		
Billing Group	Assign	Default
Addiction Psych	<input type="button" value="assign"/>	<input type="button" value="no"/>
Autism	<input type="button" value="unassign"/>	<input type="button" value="no"/>
BH 123	<input type="button" value="assign"/>	<input type="button" value="no"/>
General Services	<input type="button" value="unassign"/>	<input type="button" value="no"/>
Group Services	<input type="button" value="assign"/>	<input type="button" value="no"/>
Integrated	<input type="button" value="assign"/>	<input type="button" value="yes"/>

When the default billing group is set or changed in the Employee Billing Groups screen, it will be reflected in the Employee Profile and vice versa.



You can assign a default to an employee without assigning any billing groups (all billing groups will be available in the Billing Groups dropdown). The new Billing Groups function does not affect the functionality behind the billing group assignment for Billing Matrix entries.

#### Settings

**Partner Config:** Billing Group Dropdown

**Security Matrix:** *BillingGroupsView, BillingGroupsAssign*

#### Configuration

To set up billing groups: Billing tab > Billing Groups Table > Add a New Billing Group Entry

#### Use

 **Billing Groups** on the Employee nav bar.

To assign/unassign a billing group, click the assign/unassign button.

To set or change the default billing group, click the no button to change it to yes.

## VISIT

### Reporting e-Prescribing G-Codes

With the new ability to report on G-codes, it will be easier for your organization to obtain the Medicare incentive for e-prescribing. When you sign and submit a visit or update a completed visit, you can flag the visit for an eRx G-Code. Behind the scenes, the system creates a secondary visit for billing purposes. If you follow the best practice of

setting the eRx G-code Billing Matrix entry to Auto Approve, it will free up your clinical staff from having to approve the secondary visit.

Because the eRx G-code visit is a secondary visit, it will not decrement an authorization.

To use the eRx G-code functionality, you have to create the visit via a web form. You can control which employees can create eRx G-code visits with a new Security Matrix right. Note that you cannot undo (roll back) an eRx G-code primary/secondary split.

For more information on the Medicare eRx Incentive Program, click [here](#).

SIGN & SUBMIT	
Program:	Autism Outpatient
Visit Type:	Diagnosis
Location:	In_Home
Diagnosis:	300.21 - AGORAPHOBIA
Recipient:	StaffOnly
Billing Group:	General Services
Is Fund:	<input type="checkbox"/>
Cotherapy:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Non-Billable:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Create eRx G-Code:	<input type="radio"/> No <input checked="" type="radio"/> Yes
Files:	ATTACHMENTS

#### Settings

**Partner Config:** *Flag for G-code*

**Security Matrix:** *ClientVisitCreateGCode*

#### Configuration

1. Copy the appropriate Billing Matrix line.
2. Make any necessary CPT code changes for the copied entry, select “Is e-Prescribing G Code,” select “Auto Approve,” and save.

Use

When signing and submitting a visit, select the Yes radio button for Create eRx G-Code. When updating a completed visit, select the Create eRx G-Code checkbox.

Status:	COMPLETED
Schedule Date:	5/4/2012
Form : Version:	757 : 3436
Create eRx G-Code:	<input type="checkbox"/>
Set Manual Red X:	<input type="checkbox"/>

If the matching Billing Matrix line for the primary visit was *not* set to auto approve, it displays in the default “Not Approved” Client Visit List with an Rx icon.

Client Visit List:

1 to 8 of 8	Not Approved	Visit Type	ID	
ID	Approve	Client	Employee Type	CPT
581625	<input type="checkbox"/>	Doe, John	Smith Incident	<input type="checkbox"/> 55555

To view the secondary visit that was created, filter the Client Visit List by the Approved status. It will also have an Rx icon.

In the Visit Details screen, you can click the Secondary (or Primary) link in the Merged/GCode field to view the details for that visit.

Billing Matrix:	
Authorization ID:	X
Merged / GCode :	/ Secondary
MobileForm Version:	Web Entry

### Signature Count Field Counts Actual Number of Signatures in Visit

To help you monitor whether a visit has the expected number of signatures, the Signature Count (signature\_cnt) field now reflects the actual number of signatures in a visit. Previously the field indicated the number of the highest signature box in a visit.

Note that this change has no impact on visits with previously saved signatures.

Settings

Security Matrix: AdvSearch, AdvSearchExport

Configuration

To make signature\_cnt available as a custom field, use Data Dictionary to add to the Client Visit table.

- Use*
1. Visit tab > advanced search button.
  2. Click Custom Fields > More Fields.
  3. Select Signature Count (in the ClientVisit section) and click Save List
  4. Select other search criteria as appropriate and click Filter.

## Block Overlapping Visits Based on Employee & Visit Type

With a new Partner Config setting, you can prevent an employee from submitting a visit if it overlaps a completed visit on his or her schedule and has one of the visit types specified. The block occurs for data entry and web form visits and you can exclude non-billable visits from the block.

This new setting is similar to Block Overlapping Clients by Visit Types that blocks the submission if the visit overlaps a completed visit on the client's schedule and has one of the visit types specified.

*Settings*                      [Partner Config: Block Overlapping Employees by Visit Types](#)

[Security Matrix: VisitDataEntry or VisitEntryWeb](#)

*Configuration*              N/A

*Use*                              N/A

## ADMIN

### Generate Notifications Based on Employee Profile Date

With the new Employee Profile Date Field trigger, you can send out notifications based upon any date field set up in the Employee profile through Data Dictionary. For example, you can base the trigger on a performance evaluation date or CPR training expiration date.

<i>Settings</i>	<a href="#">Security Matrix: NotificationTriggers</a>
<i>Configuration</i>	N/A
<i>Use</i>	<ol style="list-style-type: none"> <li>1. Admin tab &gt; Notification Triggers &gt; Add a New Trigger Entry.</li> <li>2. Select Employee Profile Date Field Trigger and select field.</li> <li>3. Enter a title for the notification and select desired Send To options.</li> <li>4. In the Occur field, enter the number of days before or after the date entered in the Employee profile field that you want the notification to go out. For example, for a CPR expiration date, enter -30 so the notification is sent 30 days before the expiration date.</li> <li>5. Select the desired notification checkboxes and click Save.</li> </ol>

### Notification Triggers: Assignment Not Required for Profile

If you need to send a notification to employees with a specific profile regardless of client assignment (for example, Billing Staff), select the profile in the corresponding dropdown and select the new checkbox "Assignment Not Required." This feature is recommended for security profiles that have the ClientListAll and ClientViewAll rights, as these people can already see every client regardless of assignment.

<i>Settings</i>	<a href="#">Partner Config: Assignment Not Required</a> <a href="#">Security Matrix: NotificationTriggers</a>
<i>Configuration</i>	N/A
<i>Use</i>	See <a href="#">Notification Triggers</a> in the help.

## Task Ticket Enhancements

The notes for a task ticket are now ordered chronologically with the most current note at the top. Area and Submitted By filters have been added to the Credible Task Tracker Report. In addition, the Task Ticket submission form has a new field Web Browser & Version.

### *Settings*

**Security Matrix:** SubmitTaskTicket, ReportList

**Report Security:** Credible Task Tracker Report

### *Configuration*

1. Admin tab > Home Page Config > Home Page Admin.
2. Select Links and save.

### *Use*

Home Page > Submit Task Ticket link in Links section  
Reports tab > Admin > Credible Task Tracker Report

## BILLING

### Send Paperwork Type/ID & Transmission Type with 837

When you add an attachment to a visit, you can specify the paperwork type, transmission type, and paperwork ID and have that information sent with the 837 in a PWK loop.

Note that if paperwork type and transmission type have not been entered for a file, the PWK segment will not be sent. If paperwork ID is not entered, the PWK loop will not be sent. The exception to this is the At Provider Site transmission type – it does not require a paperwork ID and the ID will not be sent if entered. Since the fields are not required in the Attach File screen, you will need to train staff to enter the information.

Paperwork information for the most recent attachments (up to 10) will be sent. In the example below, the visit has three attachments.

**PWK\*13\*EL\*\*\*AC\*9847~PWK\*\*XP\*AA~PWK\*\*A3\*FT\*\*\*AC\*2342~<**

If the visit is a merged visit, the system will send paperwork information for all visits in the merge.

Attach File: John Doe Visit: 581625

Paperwork Type: Continued Treatment  
 Transmission Type: Electronically Only  
 Paperwork ID:  
 1234567

Description:  
 Doc from Referring Provider

Select File:  
 C:\Users\Amy\Documents\7.1 Re Browse...

Upload File



Attachments:  
 Doc from Referring Provider (Continued Treatment/Electronic/1234567)

#### Settings

Partner Config: Use Paperwork Segment for Visit Attachments

Security Matrix: BillingConfig, ClientVisitFileAdd, ClientVisitUpdate

#### Configuration

1. Billing tab > Billing Payer
2. If a payer accepts the paperwork information, edit its config file, select *Send Paperwork*, and save.

- Use*
1. Access Attach File screen for the visit: ATTACHMENTS link in Sign & Submit page in a web form or Attach New button in Visit Details screen for completed visit.
  2. Select the paperwork type and transmission type from the dropdowns.
  3. Enter the paperwork ID (up to 80 characters). Do not use the tilde symbol (~) in the ID.
  4. Enter a description (or select from dropdown if available).
  5. Use the Browse button to select the file and click Upload File.
- When batching this visit to a payer that accepts the PWK segment, the paperwork information will automatically be included in the batch file.

### Send Occurrence Information in the 837I

With a new Payer Config setting, you can send occurrence information in the 837I. When “Send Occurrence Information” is selected, the system sends the HI\*BI & HI\*BE loops with default qualifiers of M0 and 80. You should only select this setting when required by the payer.

HI\*BI\*M0 & HI\*BE\*80

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

- Configuration*
1. Billing tab > Billing Payer.
  2. If a payer requires occurrence information, edit the payer’s config file, select *Send Occurrence Information*, and save.

*Use*              N/A

## Maximum Claims Per Client Per 837 Batch & Visits Per Claim

If a payer has a maximum number of claims that it allows per client per 837 batch, you can enter the amount in a new setting in Payer Config. When the amount specified in “Max Claims Per Client Per Batch” is reached, the system no longer includes the client in the batch and prompts the user to generate another batch to cover the remaining claims.

A payer may also have a maximum number of visits it allows in one claim when submitting multiple visits per claim. To avoid rejections based on this maximum, enter the amount in the new setting “Max Visits Per Claim.” If the maximum amount is reached, the system creates another claim (2300 loop).

Note that the existing “Max” Payer Config setting, Max Visits Per Batch, remains unchanged.

### Settings

[Security Matrix: BillingConfig](#)

### Configuration

1. Billing tab > Billing Payer.
2. If a payer has a maximum for the number of claims per client per batch or the number of visits per claim when submitting multiple visits per claim, enter the amount in the corresponding field and save.

### Use

1. Billing tab > Generate Batch Claim File.
2. Select the appropriate criteria and click Filter Batch.
3. Click Generate Text File for Batch. If the maximum number of claims per client per batch for this payer has been exceeded, the HIPAA 837 Batch File Download screen displays as follows:

**HIPAA 837 Batch File Download**

---

- [Click here to download and save 837 batch file.](#)
- [Click here to view 837 batch on screen.](#)

**The max number of claims per client for this payer has been exceeded. An additional batch for this criteria is necessary.**

- [Return to Generate Batch page.](#)
  - [Return to Billing page.](#)
4. Click Return to Generate Batch page and repeat steps 2 and 3 to generate another batch to address the claims that were excluded.

## Billing Matrix Payer Setting: Opt Out of Scheduling Block

If you assign employees to a payer and block non-assigned employees from scheduling visits (via Block Not Assoc Employee Scheduling in Partner Config), you can now opt out of the block for that payer for specific Billing Matrix entries. If the payer-specific Block Emp Opt Out is selected and a schedule item matches on the Billing Matrix entry and payer, an employee not associated with the payer can schedule the visit.

### Settings

[Security Matrix: BillingConfig](#)

### Configuration

1. Billing tab > Billing Matrix.
2. Edit the appropriate Billing Matrix entry and click the Payer Specific Rates & Codes button.
3. Select a payer that has assigned employees.
4. Select *Block Emp Opt Out* and click Update.

### Use

N/A

## Custom Rate & CPT Modifier for Payer Based on Custom Roll

With new fields in the Billing Matrix Payer Rates and Codes screen, you can set up a payer to use a custom rate and CPT modifier when a custom roll is reached. The custom roll consists of two values:

- Custom min total – minimum total of visits that need to be included in the roll
- Custom min line – minimum number of visits that have been rolled together to “make” the primary visit that equals the Billing Matrix line. As a result, the only ones that count are the ones that match the Billing Matrix line.

If both values are not met, the system uses the Billing Matrix or payer-specific rate and CPT modifier. You should only use this feature when the payer requires a rate or modifier change for this specific scenario.

### Settings

[Security Matrix: BillingConfig](#)

### Configuration

1. Billing tab > Billing Matrix.
2. Edit the appropriate Billing Matrix entry and click the Payer Specific Rates & Codes button.
3. Select the appropriate payer.

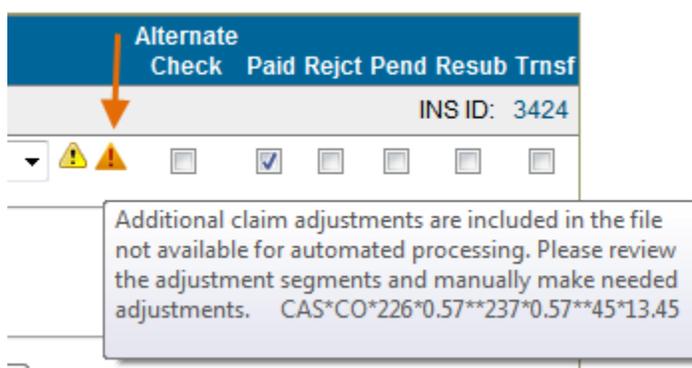
4. Enter the payer-specified values in the Custom Min Total/Line fields and the Custom Rate/Mod 1 fields and click Update.

*Use* N/A

### Processing Additional CAS : CO Segments & Third CAS : PR Segment

Functionality for the 835 has been updated to support a second and third CAS : CO segment and a third CAS : PR segment. In addition, a warning now displays on the Reconcile screen when there is more than one adjustment per segment – because the adjustment segments need to be processed manually. In a future release, functionality will be added to automate this process.

The warning tooltip lists the adjustment segments that need manual processing.



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

*Configuration* N/A

*Use* Once you upload an 835, you can access the Reconcile screen by clicking ‘Click here to continue processing claim records.’ Otherwise:

1. Billing tab > 835/EOB Claim Payment Advice > Display Previous 835/EOB Batches.
2. Click view claims button or the 835 ID to get to the Reconcile screen.
3. Hover over orange warning icon to view adjustment segments that need to be processed manually.

## REPORTS

### Importing Agency Information

With the new Agency table in Data Dictionary, you can import agency information such as agency name, contact info, address, and whether or not the agency accepts data in HL7 format.

#### *Settings*

[Security Matrix](#): DataDictionary, ReportList, ImportBuild, ImportRun

#### *Configuration*

1. Admin tab > Data Dictionary.
2. Table Source = Agency and Type = View.
3. Add the columns (fields) that correspond to the data you will be importing.
4. Click Match Update to View or add the same fields manually to the Update type for this table.

#### *Use*

1. Reports tab > Import tool.
2. Select Agency from Table dropdown.
3. Select Delimited as the format of import file, enter a comma as the Delimiter, and click Add New Import.
4. In the Import Builder screen, enter a name for your import, select the appropriate import settings, and then select the fields that are in your import file. Two notes:
  - Application Name field is not used.
  - To use Agency ID, you need to select the Use Internal ID checkbox and know the ID.
5. Click Next Step.
6. Using the Column Order dropdowns, order the selected fields so there is an exact match with the order of the fields in the import file and click Reorder.
7. Click Finish.

See [Import Tool](#) in the help for more information.

## Importing Medical Profile Information

With new fields in the Client Medical Profile table, you can now import medical profile information for clients. New fields include `client_id`, `clientmedicalprofile_id`, `active`, `effective_date`, and `createdby_emp_id`.

### Settings

**Security Matrix:** DataDictionary, ReportList, ImportBuild, ImportRun

### Configuration

1. Admin tab > Data Dictionary.
2. Table Source = Client Medical Profile and Type = View.
3. Add the columns (fields) that correspond to the data you will be importing.
  - `clientmedicalprofile_id` is only needed to update an existing medical profile. If updating an existing medical profile record, you must select Use Internal ID when building the import. When updating, `client_ID` is not needed unless the client associated with the medical profile is being changed.
  - `client_id` is needed to create a new medical profile for a client. When building the import, it is important that you do *not* select Use External ID or Use Internal ID in this situation. Do not include `clientmedicalprofile_id`.
4. Click Match Update to View or add the same fields manually to the Update type for this table.

When creating new medical profile records, `active` defaults to true. The best practice is to import them in as inactive (0) to avoid having multiple active medical profiles. The minimum fields for creating a new record (in addition to any vital sign fields) are as follows:

- a. `client_id`
- b. `active` (0)
- c. `effective_date` (the date the vitals were taken, appears in the upper left of the medical profile)
- d. `createdby_emp_id` (ID of the employee who took the vitals)

### Use

1. Reports tab > Import tool.
2. Select Client Medical Profile from Table dropdown.
3. Select Delimited as the format of import file, enter a comma as the Delimiter, and click Add New Import.

4. In the Import Builder screen, enter a name for your import, select the appropriate import settings, and then select the fields that are in your import file. Two notes:
  - If `clientmedicalprofile_id` is included (for updating an existing medical record), you must select Use Internal ID.
  - If `client_id` is included (to create a new medical profile for a client), do *not* select Use Internal ID.
5. Click Next Step.
6. Using the Column Order dropdowns, order the selected fields so there is an exact match with the order of the fields in the import file and click Reorder. The first column in the source import must be `clientmedicalprofile_id`.
7. Click Finish.

See [Import Tool](#) in the help for more information.

## Duplicate Visits Blocked on Import to Client Visit Table

To prevent you from importing the same visit more than once, the system now checks for and blocks duplicate visits from being imported. If a visit in the import file has the same external ID as an existing visit, the import is blocked and the error is indicated in the import log.

Post Query Error: External\_id already present: 12345; row will be ignored.

To accomplish the duplicate block, the `external_id` field was added to the Client Visit table and the post query process for the ImportClientVisit table was updated.

The ImportClientVisit table is typically used with a flex rate visit type to import client balances. For more information on the ImportClientVisit table, see Reference 33050 in the Library.

### Settings

**Security Matrix:** ReportList, ImportBuild

### Configuration

Use Data Dictionary to add the fields for ImportClientVisit. If the internal Credible IDs are not being used for the import (for example, the Program Code is in the import file instead of the numeric autoassigned Program ID), you need to set up the lookups accordingly.

### Use

1. Reports tab > Import Tool on nav bar.

2. Select ImportClientVisit from Table dropdown and Comma Separated from the Format dropdown.
3. Click Add New Import and enter an Import Name in the Import Builder screen.
4. Leave the default values for Format, Delimiter, Replace/Delete ALL, and Post Query as is. Select other settings as appropriate.
5. To enable the duplicate visit block, select external\_id from the list of available columns (fields). You also have to have an external ID from the other system.
6. Select all other fields that are in the import file.
7. Click Next Step and then click Finish in the Import Details screen.
8. In Import List, click run for the import you created above.
9. Use Browse button to find/select your import file and click Upload File Now.

## Labs Tables Added to Credible BI

When building a view in Credible BI, you can now include the following tables: lab.Facility, lab.Report\_Accession, lab.Report\_Accession\_Comment, lab.Report\_Image, lab.Report\_Procedure, lab.Report\_Procedure\_Comment, lab.Report\_Result, lab.Report\_Result\_Comment, lab.Report\_Test

<i>Settings</i>	Your IM/AM needs to turn on Credible BI functionality in your system.
<i>Configuration</i>	N/A
<i>Use</i>	Refer to Library reference 33124 for user documentation.

## CROSS-BROWSER COMPATIBILITY

### Structure for Signature Pad Cross-Browser Support

The structure to support signature pad use with Safari<sup>®</sup>, Chrome<sup>™</sup>, and Firefox<sup>®</sup> has been developed and incorporated into Release 7.1. We are working directly with Topaz to develop the applet (a Java program) necessary to enable signature pad use with your non-IE browser. Because the signature pad cross-browser structure already exists, you can start using the signature pad when the applet becomes available – you won't have to wait for the next Credible release.

This release also contains patches for known cross-browser issues when signing with a tablet. As a result, you can use Tablet Signature with a supported browser while waiting for the "Sig Pad" applet.

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

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Chrome is a trademark of Google Inc.

Firefox is a registered trademark of the Mozilla Foundation.

## FUNDS

### Add Allocation via Sign & Submit

When a visit type is set up to work with the Funds module, an “Is Fund” checkbox is now available on the Sign & Submit screen. Previously, the only way to allocate a fund to a service was via the Add Allocation button on the Visit Details screen (button is only available if the visit is unapproved).

Once an allocation has been added, you can view it via the Funds button on the Client nav bar or the Funds Activity Report (Funds tab).

The screenshot shows a form titled "SIGN & SUBMIT" with the following fields:

- Program: Autism Outpatient
- Visit Type: \_Sample
- Location: In\_Home
- Diagnosis: 300.21 - AGORAPHC
- Recipient: ClientOnly (dropdown)
- Billing Group: Autism
- Is Fund:  (checkbox)
- Fund: --SELECT-- (dropdown)
- Fund Type: --SELECT-- (dropdown)
- Amount: \$ (text input)

A blue rectangular box highlights the "Is Fund" checkbox, "Fund", "Fund Type", and "Amount" fields.

#### Settings

A contract addendum is necessary to use the Funds module. For more information, contact [contracts@credibleinc.com](mailto:contracts@credibleinc.com). Once contracted, your IM/AM needs to turn on the Funds module in your system.

**Security Matrix:** FundsAdd, FundsModule, FundsPayment, FundsView

#### Configuration

1. Admin tab > Visit Type.
2. Edit an existing visit type or create a new one, select Is Fund, and save.

#### Use

To add an allocation via the Sign & Submit screen:

1. Select the Is Fund checkbox.
2. Select the appropriate fund/fund type and enter the amount of the allocation.
3. Enter your password and click Sign and Submit.

## Assign Start and End Dates to Funds

To accommodate funds that start and end mid-calendar year, you can now assign Start and End dates to each Fund/Fund Type. To help you search for a Fund/Fund Type, Start Date and End Date have been added as filtering fields to the Funds Budget and Budget Report screens.

### Funds Budget

The screenshot shows the 'Funds Budget' interface. At the top, there is a 'Budget Year' dropdown set to '2012'. To its right are 'Start Date' and 'End Date' input fields, each with a calendar icon. These fields are highlighted with a blue box. Below this is a table with columns 'Fund', 'Fund Type', 'Start Date', and 'End Date'. The table is also highlighted with a blue box. The first row shows 'Blue Fund' with 'Bus Fare' as the Fund Type, a Start Date of '1/31/2012', and an End Date of '8/21/2012'. Below this are rows for 'Deposit' and 'Ev' with their respective Start and End Date fields.

Fund	Fund Type	Start Date	End Date
Blue Fund	Bus Fare	1/31/2012	8/21/2012
	Deposit		
	Ev		

While the dates are optional, if you enter a Start or End Note, the other date is required. The same applies to searching for funds – leave both fields blank or enter a date range.

Note that the Budget Year is the primary search criteria for the Funds Budget and Budget Report screens – if you enter a date range, it has to include the selected budget year.

### Settings

[Security Matrix](#): FundsBudget, FundsModule, FundsReport

### Configuration

N/A

### Use

To add start and end dates to a fund/fund type:

1. Funds tab > Funds Budget.
2. Enter the start and end dates for one or more fund/fund types and click Update Budget.

To search for a fund/fund type:

1. Funds tab > Funds Budget or Budget Report.
2. Enter the start and end date in the corresponding filtering fields.
3. Select a fund if appropriate and click Filter.

## Delete Button Added to Funds List Screen

When a fund is no longer available, you can now remove it from the system via the delete button on the Funds List screen.

[Add a New Fund Entry](#)

### Fund List:

	Fund	Fund Description	
<input type="button" value="edit"/>	Blue Fund	Test Blue Fund	<input type="button" value="delete"/>
<input type="button" value="edit"/>	Green Fund	Test Green Fund	<input type="button" value="delete"/>
<input type="button" value="edit"/>	Orange Fund	Test Orange Fund	<input type="button" value="delete"/>



*Settings* Security Matrix: FundsBudget, FundsModule, FundsReport

*Configuration* N/A

*Use* Funds tab > Funds List > delete button.

## PATCH LIST

### General

#### Clicking logout Button when Intention Is Help Icon

*Task #* 25866

*What was the issue?* Due to the proximity of the Help icon and logout button in the banner, users clicked logout button by mistake when trying to access online help (reported at the Partner Conference).

*The patch* Amount of space between the help icon and logout button has been increased.

### Credible eRx

#### Only First Drug Class Displayed in Credible eRx Report

*Task #* 23650

*What was the issue?* Prescribed medication was in multiple drug classes but only first drug class in list displayed.

*The patch* To help you audit medications prescribed to clients, the Credible eRx Report now displays all drug classes that a med belongs to.

#### Refill by Nurse: Submit for Approval vs Send to Pharmacy

*Task* 23791

*What was the issue?* When nurse clicked Refill button, script went directly to pharmacy instead of going to physician for approval.

*The patch* Submit for Approval button will be available for refills for non-prescribers and non-prescribers with prescriber right (PrescriptionCreateNonSPI). Refill button is only available for prescribers, non-prescribers with prescriber right, and employees with RxRefill right.

## Client

### Canceling Update to Cloned Authorization Results in Deletion

*Task #* 25143

*What was the issue?* Added an auth and then cloned it. Updated the cloned auth but then clicked cancel. Auth was deleted.

*The patch* After an auth is cloned, the Cancel button behaves in the expected way.

### Adding or Deleting an Insurance with Batched Visits

*Task #* 15173

*What was the issue?* When you add an insurance to a client's record and a BATCHED service exists, the payer is an allowed payer on the service but if it should be the next payer, it is bypassed unless you update the service. In other words, if you added or deleted an insurance from the client's record and there were BATCHED visits that should match to this insurance, the insurance was not attaching or unattaching to the visit.

*The patch* If you add or delete a client insurance with a billing order greater than the current billing order that the visit is batched to, the insurance will properly attach to the visit or detach if deleting.

### Dropdown with File Attachment Names Available in Edit Mode

*Task #* 25357

*What was the issue?* When editing an attachment, the dropdown with predefined file attachment names was not available. The only way to update the name was to enter a new name in the corresponding field.

*The patch* The dropdown with predefined file attachment names is now available when editing a client or employee attachment.

### Unable to Move Attachment to New Folder

*Task #* 26131

*What was the issue?* Unable to move a client attachment from its current folder to another folder when file name had special characters in it (for example, # and ?).

*The patch* Move attachment functionality has been updated to accommodate file names with special characters. Patch applies to client, employee, and clinical support attachments.

**Case Manager Not Showing After Employee Unassignment**

*Task #* 24897

*What was the issue?* When any employee was unassigned from a client, the Case Manager assignment would no longer show in the Client Overview screen unless the case manager was unassigned and reassigned.

*The patch* The case manager employee ID field will only be updated when the employee unassigned is the case manager.

**Injected Case Manager Only Displays First Name**

*Task #* 25446

*What was the issue?* When injecting a client's case manager into a form, only the first name populates.

*The patch* When a case manager is injected into a form, the system will pull the employee's first name and last name.

**eMAR Record Not Retained when Med Order Discontinued**

*Task #* 25415

*What was the issue?* Medication was added to a client's record via the Physicians Orders screen, scheduled for administration, and administered. When the med was discontinued via the Physicians Orders screen, the administration record was removed from eMAR and the database.

*The patch* When a med is added via the Client Medication screen and has an associated eMAR schedule, a Discontinue button will be available on the Client Medications screen instead of a Delete button.

When a med is added via the Physicians Orders screen and has an associated eMAR schedule that has not yet been administered, the Discont button will be available on the Physicians Orders screen.

When a med is added via the Physicians Orders screen and has an associated eMAR schedule that has been administered, the Discont will not be available on the Physicians Orders screen.

Note that the patch does not affect prescriptions created via the Physicians Orders screen.

**Last Dispensed Column Header Renamed**

*Task #* 24747

*What was the issue?* The column heading Last Dispensed in the eMAR Schedule Administration screen was not appropriate since Dispensed is the term used when a pharmacy fills out a prescription.

*The patch* The column heading has been changed to Last Administered.

**Client Program Assigned Notification Not Firing for Indirect Assignment**

*Task #* 24681

*What was the issue?* The Client Program Assigned trigger was not firing when a client was assigned to a program indirectly through a team assignment.

*The patch* The Client Program Assigned notification triggers for an indirect program assignment when the following conditions are met:

1. Program specified in trigger is assigned to the selected team
2. Client is not already assigned to the program
3. Employee is assigned to the client

**Partner Config Time Zone Not Used when Creating Orders**

*Task #* 25643

*What was the issue?* When an order was created, the system used Eastern Standard Time instead of the time zone specified in Partner Config.

*The patch* The date/time an order is created reflects the time zone specified in Partner Config.

**Order Refill Does Not Pull Current Physician**

*Task #* 25559

*What was the issue?* An order was refilled and the physician from the original order was not autopopulated in the new order.

*The patch* When refilling an order, the Physician name is set to the original prescriber.

**Tx Plus Section Not Printing Where Expected**

*Task #* 26218

*What was the issue?* When printing visit details in HTML or PDF, the Tx Plus section is printing at the top instead of in the order it appears in the form.

*The patch* The Tx Plus section prints in the same order it is presented in when filling out the form.

**Edit Function in Bed Board: Overlapping Intervals & Initial Type Not Retained**

*Task #* 22657

*What was the issue?* During edit of existing Bed Board interval, system allowed change to In Date that resulted in overlapping intervals (client was already assigned to a bed). If Initial Type was selected after the bed was initially assigned, the system did not retain the selection.

*The patch* Bed Board edit functionality updated so overlapping intervals are no longer possible and the Initial Type is retained. When attempting to edit or add an interval that precedes an existing one, the following message will now display:

Interval cannot be created when it is less than existing intervals

**Error Screen when Client Team Assignments Exceed 100**

*Task* 26466

*What was the issue?* Got “Subscript out of range: 101” error message when trying to view the teams assigned to two clients. Both clients were assigned to all teams in the system.

*The patch* The system can now display up to 300 team assignments for a client. The number of program assignments that can display has also been increased to 300.

## Employee

### Same Notification Fired Three Times

*Task* 24999

*What was the issue?* Notification fired three times for the same event.

*The patch* When a Partner Config notification removal setting is enabled, all future notifications of the type being deleted will be removed from the Notifications table. Previously, only existing notifications on employees' schedules were removed.

## Schedule

### Schedule Print Not an Option when Using Chrome

*Task #* 25839

*What was the issue?* Unable to print the schedule when using Chrome.

*The patch* When using Chrome, a print icon is available in the schedule.

### Unable to Write "No Show" Progress Notes

*Task* 23207

*What was the issue?* Unable to write No Show progress notes for group visit – the whole group notes came up instead.

*The patch* Group visits can now use the Cancellation/No-Show form. You can begin the Cancellation/No-Show form from the Employee or Client schedule. When you begin it from the Employee schedule, the system displays the form for the first client in the group.

When you complete the Cancellation/No-Show form, the "no show" visit is added to the client's record and a cancellation entry that points to the no show visit is added to the both the Employee and Client Schedule. The client is removed from the group visit.

**View Client Page Tooltip Missing when Using Firefox**

<i>Task #</i>	24936
<i>What was the issue?</i>	When using Firefox, View Client Page tooltip does not display when hovering over client icon.
<i>The patch</i>	Tooltip now displays in non-IE browsers.

**Visit****Bad Visit ID Link in To Do List Notification for Employee Form**

<i>Task #</i>	25484
<i>What was the issue?</i>	When a notification was added to a To Do List for visit completion and the visit used an employee form, clicking the visit ID displayed the Client Visit List instead of the employee's visit list.
<i>The patch</i>	If the visit type is an employee visit, the system displays the employee's visit list.

**PRINT CLIENT VISIT in PDF Action Not Logged**

<i>Task #</i>	26009
<i>What was the issue?</i>	When the system is set up to print client visit documentation in PDF, the PRINT CLIENT VISIT action was not logged.
<i>The patch</i>	PRINT CLIENT VISIT action is logged when printing in HTML and PDF.

**Begin Visit Button Only Enabled After Eligibility Hover Over**

<i>Task #</i>	24954
<i>What was the issue?</i>	In Scheduled Visit popup, Begin Visit button not enabled until after you hover over the "e" for eligibility.
<i>The patch</i>	Functionality for eligibility tooltip changed so hover over is not necessary for Begin Visit button to work.

**Group Notes in Header Portion in PDF Truncated on Print View**

<i>Task #</i>	25558
<i>What was the issue?</i>	The note field in the PDF version of the print view only displays the first 100 characters.
<i>The patch</i>	The system calculates the appropriate row height for the notes field in HTML and PDF.

**Section in Form Repeats Unexpectedly in Print View**

<i>Task #</i>	24781
<i>What was the issue?</i>	Section in form repeated multiple times in print view but not in Visit Details screen.
<i>The patch</i>	Client visit print view functionality updated so when a question has more than one answer and notes, notes only appear once for the question (vs being repeated for each answer given).

**Print View Error on Approved Tx Plus Visits**

<i>Task</i>	26163
<i>What was the issue?</i>	Error message "Conversion from type 'DBNull' to type 'String' is not valid." displayed when printing a visit with Tx Plus data.
<i>The patch</i>	The system checks for null values and replaces them with spaces.

**Billing****Incorrect CPT Code when TRANSFER INSURANCE Is Undone**

<i>Task #</i>	23189
<i>What was the issue?</i>	When service was transferred to another payer, CPT code and modifiers updated correctly. However, when TRANSFER INSURANCE action was undone, CPT and modifiers did not revert back to those associated with the original payer.
<i>The patch</i>	UNDO function on TRANSFER INSURANCE line will now reprocess the CPT code matching.

### Allowed Payer Types Not Included Billing Matrix Copied Entry

<i>Task #</i>	25495
<i>What was the issue?</i>	When you used the Copy New Entry function in the Billing Matrix, allowed payer types were not copied into the new entry.
<i>The patch</i>	Allowed Payer Types will now copy to the new Billing Matrix line when you use the Copy New Entry function.

### Incorrect Insurance Attached to Visits

<i>Task #</i>	24600
<i>What was the issue?</i>	Updating a payment to have a new payer resulted in a mismatch between the payer of record for previously applied money and the payer of record for the payment itself.
<i>The patch</i>	The system does not allow changing a payment payer once the payment has been reconciled to visits. However, you can update the payer if you undo all the applied payments. Patch also changes how a payment update is recorded in the ledger. If you change the payer on a payment, there will be two ledger entries: a negative amount against the original payer and a positive amount against the new payer.

### Denials Received for Partial Payments from Primary Payers

<i>Task</i>	24055
<i>What was the issue?</i>	When payer paid a partial amount AND did not include any adjudication information as to why only a partial was paid amount, claim was denied for the following reason: "The COB information does not balance at the service level."
<i>The patch</i>	Note that the following patch <b>is only applicable when a payer requires Non Covered Amount</b> . New Payer Config setting to show the non-covered amount. When <i>Send Non-Covered Amount</i> is selected, the system will send the AMT*A8 amount when 1) no amount was paid by payer and 2) there are no CAS segments included in the 837.

## Reports

### Monthly Visit Totals by Client Not Displaying All Applicable Clients

<i>Task</i>	25844
<i>What was the issue?</i>	If a visit did not have a payer, it was not included in the Monthly Visit Totals by Client report.
<i>The patch</i>	The system will now include visits that are not associated with a payer in the report.

### eMAR Tables Not Accessible via Ad Hoc for Export

<i>Task</i>	26327
<i>What was the issue?</i>	Unable to create ad hoc eMAR reports since eMAR tables are not “visible.”
<i>The patch</i>	The MedSchedule and MedScheduleData2 tables have been added to the list of tables available for ad hoc reporting. MedSchedule is the actual administration of the med and MedScheduleData2 is the eMAR schedule for a med.

### Export Dropping Fields & Will Not Save Them when Put Back In

<i>Task</i>	26457
<i>What was the issue?</i>	Custom fields that had more than 50 characters did not store properly due to a 50-character limit in the ExportBuilderItem table.
<i>The patch</i>	You can now select custom fields that are up to 150 characters long.

### Credible BI User Not Removed when Credible User Login Deleted

<i>Task</i>	23724
<i>What was the issue?</i>	Employee had Credible BI access. When employee’s user login was deleted, his/her name still showed up in Credible BI.
<i>The patch</i>	User login delete functionality updated so when you delete an employee’s user login, his/her access to Credible BI is also removed.

## Cross-Browser Compatibility

### Error when Clicking Attachment in Chrome

*Task #* 24679

*What was the issue?* On intermittent basis, error message displayed when clicking a client attachment: “Duplicate headers received from server The response from the server contained duplicate headers. This problem is generally the result of a misconfigured website or proxy...”

*The patch* File names are now “wrapped” in quotes to prevent error.

### No Blue Multi Stage Approval Outline in Client Visit List in Non-Browsers

*Task #* 25333

*What was the issue?* When a visit is at the stage of employee’s approval role, he/she did not see the blue outline around Approval checkbox when using a non-IE browser.

*The patch* Styling functionality updated for non-IE browsers so blue border will display.

### Injected Fields Not Working when Using Firefox

*Task #* 25267

*What was the issue?* When using Firefox, injected fields are not displaying correctly in form when documenting a visit.

*The patch* When Firefox is the browser, the system will make the fields for injected data larger so they can hold and display the data.

### No Right-Click Print Option in Firefox & No Sig Box or Active X Support in Chrome

*Task #* 25826

*What was the issue?* Right-click print option for printing receipts or reminders not allowed in Firefox. When using a signature pad, Chrome does not show signature boxes and does not support Active X.

*The patch* Software updated to fix printing issue. Other issues will be resolved once Topaz applet for cross-browser signature pad is in use.

## Forms

### **Odd Characters Are Displaying in the Form**

*Task #* 23784

*What was the issue?* Odd characters are showing in the form.

*The patch* The system removes all non-printable characters before saving form data to the database (only characters between ASCII 32 and 126 are allowed).