



CREDIBLE

Secure. Proven. Easy To Use.

Mission: Improve the **quality of care** and lives in Behavioral Health for clients, families, providers, and management.

Contents

This document describes the new features and enhancements included in the Credible 8.1 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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GENERAL

Remove Zip Code Validation in Billing Payer Screen

By default, the system requires a numeric value in the zip code field in the Billing Payer screen. If your organization needs to accommodate alphanumeric zip codes for payers, for example, for Canadian addresses, you should enable the new Partner Config setting *Remove Zip Code Validation*. Note that this setting does not override any zip code settings configured in Data Dictionary.

Settings Partner Config: *Remove Zip Code Validation*

Configuration N/A

Use See [Billing Payer](#) in the help.

CLIENT

Automatically Activate Tx Plus Plan Based on Approval

With a new Partner Config setting, you can set up your system to automatically activate a Tx Plus plan when the visit in which it was built is approved. Because the feature is tied to visit approval, you must build the Tx Plus plan from within a web form. Once built, the plan will only be available to view in the visit in which it was built until it is activated. If your system is set up to use multi-stage approval and the Tx Plus plan visit type is set up for multi-stage approval, the plan will not become active until after the last approval.

Settings Partner Config: *Use Tx Plus, Activate Tx Plus On Approval, Use Approval Date As Tx Plus Plan Start Date (optional; see below), Show Active Tx Plus Plans In Forms*

Security Matrix: TxPlusBuild, TxPlusView

Configuration N/A

Use See [Building a Tx Plus Plan](#) in the help.

Use Approval Date As Tx Plus Plan Start Date

If you have enabled Activate Tx Plus On Approval, you can also configure your system to automatically use the visit approval date as the Tx Plus plan start date. The Tx Plus plan start entered when the plan was created will be overwritten.

Settings Partner Config: Use Tx Plus, Activate Tx Plus On Approval, *Use Approval Date As Tx Plus Plan Start Date*, Show Active Tx Plus Plans In Forms

Security Matrix: TxPlusBuild

Configuration N/A

Use See [Building a Tx Plus Plan](#) in the help.

Cascade Tx Plus Plan Start Date After Selecting Template

If your organization uses Tx Plus templates, you can now configure your system to use the Tx Plan start date you enter for all items in the plan after you select a template. If you change the plan start date after having saved the plan, it will no longer cascade down to the items in the plan.

Settings Partner Config: Use Tx Plus, *On Template Change Children Dates*

Security Matrix: TxPlusBuild

Configuration See [Creating & Using Tx Plus Templates](#) in the help.

Use

1. Access the Client Tx Plus Builder screen.
2. Select the appropriate template from the Load Template dropdown.
3. Enter the start date for the plan in the Start field. The system automatically populates the Start fields for all items in the plan with the date.
4. Proceed as you normally would to build the Tx Plus plan. See [Building a Tx Plus Plan](#) in the help for more information.

Document Against Tx Plus Extended Fields via Client Nav Bar

If you are using Tx Plus extended fields, you can now configure the fields so users can document against them when a plan is accessed via the Client nav bar. By default, users can only document against an extended field when the plan is accessed via a web form – this is now indicated by a new Form Documentation Only setting in the Tx Plus Extended Fields popup.

When Form Documentation Only is checked, the extended field will be “grayed out” when the plan is accessed via the Client nav bar and enabled when accessed from within a web form. When you uncheck this setting, the “documentation venue” *switches* from a web form to the Client Tx Plus Builder screen when accessed via the Client nav bar.

Settings

Partner Config: Use Tx Plus Extended Fields, Manage Tx Plus Extended Fields

Security Matrix: TxPlusBuild

Configuration

1. Admin tab > Partner Config > Manage Tx Plus Extended Fields.
2. Uncheck the Form Documentation Only setting for any extended field that should be documented against via the Client nav bar vs from within a web form.

Use

1. Tx Plus button on Client nav bar > edit button for plan.
2. Document against the extended fields that are enabled and save. If an extended field is grayed out, it means that it is configured for Form Documentation Only.

Import Tx Plans into Tx Plus Plans

With a new ImportTxPlus table, you can now import a treatment plan created with the original Tx Plan module into a Tx Plus plan. Since Tx Plan categories do not have a hierarchical structure, you will indicate the Tx Plus level each one corresponds to (problem, goal, objective, intervention) when you create the import file in Excel.

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

Configuration Tx Plus needs to be enabled. See the Settings section in the [Tx Plus](#) help topic.

- Use**
1. Create the new import:
 - a. Reports tab > Import Tool button on nav bar.
 - b. Select ImportTxPlus from Table dropdown and click Add New Import.
 - c. Enter an import name, select all fields under “Select all columns that will be in the import file,” and click Next Step.
 - d. In the Import Details screen, change the order of the fields to match the order shown below and click Finish.

Import Details: ImportTxPlus

| Column Order | Column |
|--------------|---------------|
| 1 | type |
| 2 | client_id |
| 3 | program_id |
| 4 | txSummary |
| 5 | txdescription |
| 6 | [order] |
| 7 | start_date |
| 8 | target_date |
| 9 | end_date |

2. Create the import file in Excel. Include the following treatment plan data, with the columns in the order indicated:
 - a. type – h for header file (each plan in the spreadsheet needs a header file row), p for problem, g for goal, o for objective, or i for intervention
 - b. client_id

- c. program_id
- d. name – required for treatment plan elements; not required for header row. Max 100 characters.
- e. description -- required for treatment plan elements; not required for header row. Max 1024 characters.
- f. order – physical order of the header file or treatment plan element. Order number needs to be unique for each header file row and for multiple elements within the same Tx Plus item category.
- g. start_date -- required
- h. target_date – required
- i. end_date – required

The order of the rows should correspond to the hierarchy used by Tx Plus: problem > goal > objective > intervention.

3. Run the new import in test mode.
4. Review the results of the test mode, make corrections, and rerun in test mode.
5. Run the new import as a true import.

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

Crosswalk for SNOMED and ICD-9 Codes Added for Axis 1, 2, and 3

A SNOMED Description field has been added to Axis 1, Axis 2, and Axis 3 List screens. (SNOMED stands for Systematized Nomenclature of Medicine and ICD stands for International Classification of Diseases.) If there is a SNOMED code that matches an ICD-9 code for a diagnosis and it is a one-to-one correspondence, the linking of the two codes will be done automatically behind the scenes. If multiple SNOMED codes match an ICD-9 code, you can select the appropriate one from the SNOMED Description dropdown on the Axis 1, Axis 2, and Axis 3 List screens.

Settings N/A

Configuration N/A

Use

1. Admin tab > Axis 1, Axis 2, or Axis 3.
2. Click the edit button for a diagnosis.
3. Select the appropriate SNOMED description from the corresponding dropdown and click update. If an ICD-9 code does not have a corresponding SNOMED description, the dropdown will be empty. If there is a one-to-one correspondence, there will only be one option in the dropdown.

Reporting Functionality Added for Family Function

To help you report on the family relationships a client has, you can now associate an export code and external ID with each relationship type. Once that is done, use the new Export button on the Family Members screen to create a spreadsheet with the family member records. The export will include the export code and external ID for each relationship type.

Settings

Partner Config: Use Client Family, Hide additional family fields (optional)

Configuration

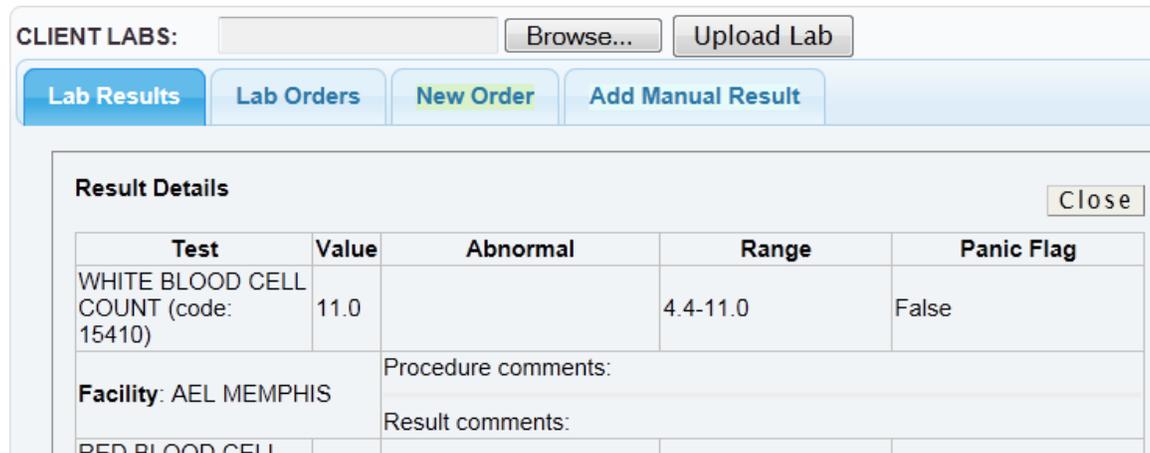
1. Admin tab > Relationship Types.
2. Edit an existing relationship type.
3. Enter the appropriate Export Code and External ID and save.

Use

1. Family button on Client nav bar > Export button.
2. Open or save the csv file.

View “Integrated” In-Range/Out-Of-Range Lab Results Received Electronically

Credible eLabs has been enhanced to display in-range/out-of-range lab results that are received electronically as an integrated part the client’s lab result record.



Previously, when you received lab results electronically, you could only view the electronic report sent from the lab facility.

Settings

Separate contracting is required to use Credible eLabs to electronically order lab tests and receive the results; the average lead time is 12 weeks. For more information, please send an email to contracts@credibleinc.com.

Your Implementation Manager (IM) or Partner Services Coordinator (PSC) needs to turn on eLabs in your system.

[Security Matrix: eLabs](#)

Configuration

Configuration and testing details will be provided after you have contracted to use the module.

Use

1. eLabs button on the Client nav bar > Lab Results tab on Client Labs screen.
2. Click the details button for labs results received electronically. The Result Details screen displays.

Import Lab Results into Credible eLabs

With a new ImportELabs table, you can now import lab results from an external source into Credible eLabs. Note that this new feature is in addition to and does not affect the existing functionality of uploading an HL7 lab file to a client's record. Using the ImportELabs table and a standard delimited file, you can upload lab results for multiple clients at one time.

Settings

Separate contracting is required to use Credible eLabs to electronically order lab tests and receive the results; the average lead time is 12 weeks. For more information, please send an email to contracts@credibleinc.com.

Your Implementation Manager (IM) or Partner Services Coordinator (PSC) needs to turn on eLabs in your system.

Security Matrix: ReportList, ImportBuild, ImportRun, eLabs

Configuration

Configuration and testing details will be provided after you have contracted to use the module.

Use

1. Create the new import:
 - a. Reports tab > Import Tool button on nav bar.
 - b. Select ImportELabs from Table dropdown and click Add New Import.
 - c. Enter an import name, select all fields under "Select all columns that will be in the import file," and click Next Step.
 - d. Click Finish in the Import Details screen.
2. Create the import file in Excel. Include the data shown on the next page, with the columns in the order indicated.

Import Details: ImportELabs -

| Column Order | Column |
|--------------|----------------------|
| 1 | accession_id |
| 2 | procedure_id |
| 3 | report_id |
| 4 | client_id |
| 5 | emp_id |
| 6 | place_order_number |
| 7 | sender_order_number |
| 8 | status |
| 9 | fasting |
| 10 | collectedat |
| 11 | resultat |
| 12 | collection_date_p |
| 13 | received_date_p |
| 14 | result_date_p |
| 15 | status_p |
| 16 | additional_info_p |
| 17 | action_code_p |
| 18 | specimen_source_p |
| 19 | specimen_condition_p |
| 20 | test_type_p |
| 21 | report_test_id_r |
| 22 | result_value_r |
| 23 | status_r |
| 24 | result_date_r |
| 25 | abnormal_r |
| 26 | abnormal_flag_r |
| 27 | units_r |
| 28 | range_r |
| 29 | panic_flag_r |
| 30 | facility_id_r |

3. Run the new import in test mode.
4. Review the results of the test mode, make corrections, and rerun in test mode.
5. Run the new import as a true import.

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

15-Minute Increments Added to eMAR Administration

When creating a med administration schedule for a client, you can use the new plus button to expand the administration times to include one or more 15-minute increments for each hour. Each time you click the plus button, an additional 15-minute increment is added for each hour. The minus button removes the 15-minute increments from the display.

Settings Partner Config: Use eMAR Functionality

Security Matrix: eMar, eMarCreateMedSchedule

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

- Use*
1. eMAR button on Client nav bar > Admin Schedule button on Create Medication Schedule screen.
 2. Select the medication from the dropdown and click Add Med Schedule.
 3. Fill out the fields in the Medication Administering section, add administration comments if necessary, and set the recurrent pattern.
 4. In the Recurrence Times section, select the Administration Times radio button.
 5. Click the plus sign button to display the first 15-minute increment for each hour. Click again as needed to display additional 15-minute increments. To hide the 15-minute increments, click the minus sign button.
 6. Select the appropriate administration times.
 7. Set the range of recurrent and click Create Med Administration Schedule.

View PBM Medication History on Physicians' Orders Screen

A client's medication history for the past two years from the PBMs will now be displayed on the Physicians Orders screen.

Settings

Separate contracting is required to use the Credible eRx Formulary and Benefits module. For more information, please send an email to contracts@credibleinc.com.

Your IM or PSC needs to turn on Credible eRx Formulary and Benefits in your system. Your organization must be participating in electronic prescribing and the client must be enrolled in a drug plan to retrieve medication history.

Security Matrix: DataDictionary, ClientUpdate, RxView

Configuration

See [Rx Eligibility: Steps to Configure](#) in the help and reference 33110 in the Credible Library.

Use

1. Orders button on the Client nav bar.
2. See [PBM Medication History](#) in the help for more information.

Change Assigned Physician for Current Order for Signing Purposes

A physician will now have the option of changing the assigned physician before he/she signs a current order (the Physician dropdown will be enabled). The action will be recorded in the physician's log as CHANGE ASSIGNED PHYSICIAN and the old and new employee IDs can be viewed via the details button.

Settings

N/A

Configuration

"Is Doctor" field in the Employee Profile must be set to Yes

Use

1. Orders button on the Client nav bar.
2. In the Current Orders section, select yourself from the Physician dropdown and then click the Sign button.

Imported Client Summaries: Section-by-Section View

With a new detail button on the Attachments List screen, you can now view each section in an imported client summary (Continuity of Care Record or Document).

Client Summary Detail View

| Condition | Effective Dates | Condition Status |
|-----------------------|-----------------|------------------|
| Asthma | 1950 | Active |
| Pneumonia | Jan 1997 | Resolved |
| " | Mar 1999 | Resolved |
| Myocardial Infarction | Jan 1997 | Resolved |

Note that previously uploaded client summaries will need to be re-uploaded to make the detail button available.

Settings Partner Config: Use Client Summary Features

Security Matrix: ClientFileView

Configuration N/A

- Use**
1. Import a client summary (see [Importing a Continuity of Care Record or Document \(CCR and CCD\)](#) in the help).
 2. Click the detail button to access the Client Summary Detail View screen and then click the individual section you want to view.

Ability to Sign Existing Liability Form to Acknowledge Changes

If a change occurs to a client's liability details – for example, an increase in his/her monthly liability amount, you can now get the client to sign off on the updated liability form. With the new Update Signature button, you can clear the client's signature associated with the previous version of the liability form and have him/her sign each time a change is made. The updated signature gives you "documentation" that the client has seen and agreed to the new liability level and understands his/her responsibility for payment of services. There is also an Update Signature Button for the employee signature.

Settings

Partner Config: Use Basic Liability Worksheet (or one of the other "Use Liability" worksheet settings)

Security Matrix: ClientLiabilityUpdate, ClientLiabilityView

Configuration

Config on Employee nav bar > Signature Pad or Tablet Signature as appropriate and save.

Use

1. For a client with an existing liability form, click Liability on the Client nav bar and make the necessary changes to the form.
2. Click the Update Signature button for the client signature and have the client sign the form again to acknowledge the changes made.
3. Repeat step 2 for the employee signature.
4. Click Save Liability Form.

EMPLOYEE

Adding Multiple Time Frames for Same Employee Credential

With a new Add Credential Time Frame function on the Employee Credentials screen, you can add multiple time frames for the same credential. Two other enhancements are the ability to edit an assigned credential and add a note to each credential “record.” If you make a change to an existing credential assignment, it will now be logged as UPDATE CREDENTIAL.

If you link a credential to a Billing Matrix entry (via the Credential Group field), the system will use existing red X functionality to check all time frames for that credential. If a visit occurs during an expired time frame, it will red X (No Match on the Credential Group in the Billing Matrix) and will not be pulled into the Generate Batch screen as a result.

Settings

Security Matrix: AssignEmployeeCredentials or AssignEmployeeCredentialsOwn

Configuration

1. Set up credential types and credential groups (see [Credential Types \(& Credential Groups\)](#) in the help).
2. Link the appropriate credential to a Billing Matrix entry via the Credential Group field.

Use

1. Credentials on the Employee nav bar. Note that the assign/unassign button has changed to No/Yes button and an “Assigned” column.
2. To update an existing credential assignment, click edit, make the necessary changes, and click Save.
3. To add another time frame for a credential:
 - a. Click the Add Credential Time Frame button.
 - b. Select the appropriate credential and fill out other the fields as appropriate, and click Save.

VISIT

Flagging Non-Physicians for Incident to Billing at Sign & Submit

With the addition of the `is_incident` field to the Employee table, you can now flag non-physicians for incident to billing without using the `is_doctor` field. To support the need to report non-physician employees as rendering providers on a service-by-service level, employees with `is_incident` set to Yes will also appear in the Supervising Physician dropdown on the Sign & Submit screen.

Settings

Partner Config: Allow Supervising Physician Selection

Security Matrix: DataDictionary, EmployeeUpdate or EmployeeUpdateOwn, VisitEntryWeb

Configuration

1. Use Data Dictionary to add the `is_incident` field to the Employee table (View and Update; see [Data Dictionary](#) in the help for more information).
2. Edit the profiles for non-physicians and set `is_incident` to Yes.

Use

When completing a web form, select the appropriate non-physician from the Supervising Physician dropdown on the Sign & Submit screen (see [Documenting a Visit with a Web Form](#) in the help for more information).

Option to Force Visit Time Entry During Sign & Submit

By default, the Start & End Time fields on the Sign & Submit screen are populated – with current times or scheduled times if it was a scheduled visit. If you want to ensure that your staff enters the actual start and end time, you can now configure your system to force visit time entry during sign and submit. The Start & End Time fields will be blank and the system will require that valid times are entered before allowing sign and submit.

There are two exceptions:

- Add Visit function and Web Forms method: if a time in and/or time out is entered on the Enter Visit screen, the times entered will be retained on the Sign & Submit screen.

- If Actual Times on Webforms is enabled in Partner Config, current times will be retained on the Sign & Submit screen for scheduled visits.

Settings Partner Config: Force Visit Time Entry on Sign and Submit Screen, Actual Times on Webforms (optional and trumps new setting for scheduled visits)

Security Matrix: VisitEntryWeb

Configuration N/A

Use When completing a web form, enter the actual start and end times on the Sign & Submit screen (see [Documenting a Visit with a Web Form](#) in the help for more information).

Creating eRx G-Codes by Default Based on Visit Type

If your system is configured to flag for G-codes, you may want to take advantage of the new visit type config setting *Default to 'Create eRx G-Code.'* When this setting is selected, the Create eRx G-Code field on the Sign & Submit screen will default to Yes for all visits associated with the visit type. This will eliminate the need for clinicians to determine when they need to create an eRx G-code and help ensure that your organization meets the requirements of the [eRx Incentive Program](#).

Settings Partner Config: Flag for G-code

Security Matrix: VisitEntryWeb, ClientVisitCreateGCode

Configuration & Use See [Creating eRx G-Codes for Reporting Purposes](#) in the help.

ADMIN

Identifying Information and Availability Fields Added to Clinical Support

With new fields in the Clinical Support screen, you can add identifying information for a clinical support and indicate when it became available. The new fields are Bibliographic Citation, Developer, Funding Source, and Release. After adding the fields via the Clinical Support Admin function, staff can view them when the clinical support is added to a client's record. Client users can also view the four fields via the Credible Client Portal.

Settings *Security Matrix:* ClinicalSupportAdmin, ClinicalSupportView

Client User Security Matrix: ClinicalSupportCU

Configuration See [Clinical Support \(Admin\)](#) in the help.

Use See [Clinical Support](#) in the help.

BILLING

Client Statements: Configurable Past Due Messages and New Due Date Field

With a new Manage Past Due Messages function on the Billing tab, you can set up the past due messages you want the system to include on client statements. The overdue time periods are 30 to 59 days, 60 to 89 days, 90 to 119 days, and 120+ days and each message can be up to 255 characters long.

The past due messages are tied to a new Statement Due Date field on the Client Statement screen. If a statement is past due, the appropriate message will appear above the Remit To area on the statement. If you do not configure a message or the statement is not past due, the due date will appear instead. Previously, only canned past due messages such as "Past Due" or "Delinquent" were available.

Settings *Partner Config (optional):* Show Last Paid on Statements, Use Simple Client Statement, Show Logo on Client Statement

Security Matrix: ManagePastDueMessages

- Configuration**
1. Billing tab > Manage Past Due Messages.
 2. Click Edit, enter a past due message in each overdue time period field, and click Update.

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

Setting Up Your System to Allow Negative Balances on Visits

Your system can now be configured to allow a negative balance on a visit for the following scenarios: rate changes, insurance payment, client retraction, and visit retraction. The alternative – the way your system currently works – is to apply an overpayment adjustment instead.

Settings If you want to allow negative balances on visits, contact your IM/PSC and he/she will turn on the new feature.

Configuration & Use N/A

Payer Trace Number Added to Eligibility Results

When viewing the eligibility results for a client in a 270 batch, you will now see the Payer Trace Number. The number is from the payer and appears in the TRN02 segment.

| Name | Plan Date | Visit Type | Ins ID | Plan Status | Response Received | Rejected | Results |
|--|-----------|------------|--------|-------------|-------------------|----------|---------|
| | 3/20/2013 | | ALPHA | | NO | | e |
| <p>Name: John Doe(10458) Batch Date: 3/20/2013 2:58:00 PM Payer Trace Number: 656305</p> <p>No response has been received to the submitted eligibility request.</p> | | | | | | | |

Settings N/A

Configuration N/A

- Use**
1. Billing tab > Eligibility(270) Batch List > view button for a batch.
 2. Hover over “orange e” in Results column to view Payer Trace Number.

Visit Type, Payer, and Program Filters Added to “Red X on Auth Number not Auth ID”

You can now base the billing rule “Red X on Auth Number not Auth ID” on specific visit types, payers, and/or programs.

Settings Security Matrix: BillingConfig

Configuration N/A

Use

1. Billing tab > Custom Red X.
2. In the Predefined Red X List, select one or more visit types, payers, and/or programs for Red X on Auth Number not Auth ID.
3. Select the For Batching checkbox and click Saved Predefined.

Keeping Primary and Secondary/Add-On CPT Code Visits in Same Claim

To help you meet payer requirements, a behind-the-scenes change was made to ensure that a secondary/add-on CPT code visit will be included in the same claim as the primary visit that it split from. In addition, the primary visit will be listed before the secondary/add-on CPT code visit in the claim.

Settings N/A

Configuration & Use N/A

Sending Client Due Instead of Client Paid in the 837

With a new Payer Config setting, you can have the system send the Client Due amount in place of the Client Paid amount in the 2300 Loop, AMT*F5 segment.

Settings Security Matrix: BillingConfig

Billing Payer: Send Client Due for Patient Paid Amount

Configuration

1. Billing tab > Billing Payer.
2. For each payer that requires the Client Due amount in the 2300 Loop, AMT*F5 segment, click edit, and select the new setting. Make sure No Patient Paid Amount is **not** selected and save.

Use See [Generating a Batch Claim File](#) in the help.

Sending the HCP Segment in the 837

With new settings in the Payer Config screen, Oklahoma Partners can send the HCP segment in the 837P or 837I. The segment is required by Oklahoma SoonerCare when reporting the contract source code for DMH Behavioral Health claim types.

Settings

Security Matrix: BillingConfig

Billing Payer: *Send HCP Segment in loop 2400, HCP Pricing Methodology Code, HCP Repricing Organization Identifier*

Configuration

1. Billing tab > Billing Payer.
2. For each payer that requires the HCP segment, click edit, fill out the three HCP fields, and save.

Use

See [Generating a Batch Claim File](#) in the help.

New Payer Config Settings to Support CBHNP Requirements

To minimize claims denials for Pennsylvania Partners submitting paper claims to CBHNP, three Payer Config settings were added. The first new setting prevents alternate IDs and qualifiers from being sent on the 1500 electronic claim format. The new CMS 1500 Claim Override settings will add a space between the qualifier and ID in Box33b and send blanks in Boxes 32a and 32b.

Settings

Security Matrix: BillingConfig

Billing Payer: *Do Not Send Alternate Billing Provider IDs, Add space between Box33b qualifier and id, Send blanks for Boxes 32a and 32b*

Configuration

1. Billing tab > Billing Payer.
2. For each payer that requires the new settings, click edit, select the settings, and save.

Use

See [Generating a Batch Claim File](#) in the help.

FINANCIAL

Add/Edit Accounting Periods Prior to 1/1/2000

If your system is configured to use accounting periods (recommended if you do any reporting based on Accounting Date), you can now create one with a start date prior to 1/1/2000. This feature is useful when bringing old visits/payments into Credible – so you can get an old accounting date that matched your pre-Credible system.

Settings [Partner Config: Use Accounting Periods](#)

[Security Matrix: BillingConfig](#)

Configuration N/A

Use

1. Billing tab > Accounting Periods.
2. In the Add Accounting Period section, enter a period name and the appropriate pre-1/1/2000 date as the start date.
3. Enter the appropriate end date and click Add Accounting Period.

REPORTS

New Fax Logging Report for Meds and Visits

Fax Logging is a new Admin report you can run to get details about meds and visits faxed from your Credible system for a specific time period (default is the first of the month to the current date).

Settings *Security Matrix: ReportList*
Report Security: Fax Logging

Configuration N/A

Use

1. Reports tab > Admin button on nav bar > Fax Logging.
2. If necessary, change the default date range and select a fax type (med or visit) and/or result (success or failure).
3. Click Run Report.

Multi Select Team Filter for Scheduled Visits Status Report

Multi select capability has been added to the Team filter for the Scheduled Visits Status report so you can now run the report for than one team.

Settings *Security Matrix: ReportList*
Report Security: Scheduled Visits Status

Configuration N/A

Use

1. Reports tab > Visit button on nav bar > Scheduled Visits Status.
2. If necessary, change the default date range.
3. Select one or more teams from the list provided.
4. Select other filters as necessary and click Run Report.

Export Builder Option to Allow Unbatching Exported Items

With the new *Can Unbatch Exported Items* setting in the Export Builder screen, you can set up a batch mode export so one or more records can be flagged as unbatched.

To actually exclude (logically delete) the unbatched records, you need to modify your SQL code to include the new *is_deleted* flag in the *ExportBatchItem* table (select where *ExportBatchItem.is_deleted = 0*). Note that if a record is excluded from a batch, it will be included the next time you create a batch.

If you want to take advantage of the new *is_deleted* field in existing state reports or custom exports created by Credible, you will need to submit a task.

To report on the records flagged as unbatched, create an ad hoc query where the SQL statement selects on *ExportBatchItem.is_deleted = 1*.

Manage Export Items:

| Key | Unbatched | |
|--------|-----------|-------------------------------------|
| 598981 | True | <input type="button" value="Edit"/> |
| 599213 | True | <input type="button" value="Edit"/> |
| 599214 | True | <input type="button" value="Edit"/> |
| 599215 | False | <input type="button" value="Edit"/> |
| 599216 | False | <input type="button" value="Edit"/> |
| 599217 | False | <input type="button" value="Edit"/> |

Settings [Security Matrix: ReportList, ExportBuild, ExportRun](#)

Configuration N/A

- Use**
1. Reports tab > Export Tool.
 2. Edit an existing custom query export or create a new one.
 3. In the Export Builder screen, select Batch Mode and Can Unbatch Exports Items. Build/finish the export as you normally would.
 4. On the Export List screen, click the run button for your export.
 5. On the Export Parameters screen, make sure Create Batch is selected, enter any parameters, and click Run Export.
 6. On the Export List screen, click the batch button for your export.
 7. On the Export Batch List screen, click the detail button to access the Manage Export Items screen.
 8. Click Edit for the record you want to unbatch, select the Unbatched checkbox, and click Update.
 9. Repeat as necessary. Click Return to Batch List when done.

FORMS

“No Copy” Flag for Copyrighted Forms

If you have copyrighted forms in your domain, you should take advantage of the new “No Copy” flag. Copying a copyrighted form to another domain such as the Credible Library could result in copyright infringement. The No Copy feature is useful if your organization shares forms with other Partners via the Credible Provider Portal.

Form

| | |
|--|-------------------------------------|
| Form ID: | 1063 |
| Form Name: | *TEST |
| Employee Form: | <input checked="" type="checkbox"/> |
|  No Copy: | <input checked="" type="checkbox"/> |
| Category and Answer Popup Notes Size: | 500 |
| Version Number: | ? |

When the new flag is set for a form, the copy button will not be available. While you can view the No Copy flag, only a Credible employee can set it.

Settings

Contact your IM/PSC to have him/her set the new “No Copy” flag for each of your copyrighted forms.

Configuration & Use

N/A

CLIENT PORTAL

Ability to Select Recipient for Client Portal Message

A client or a client's representative using the Credible Client Portal can now select a primary employee to send his/her message to. If a recipient is not selected from the new Message Recipient dropdown, the existing default recipient rules apply: if a client has a case manager, the message goes to him/her. If a case manager 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.

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

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

Use N/A

CREDIBLE

