



# 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.

### Two notes for Partners using Internet Explorer (IE) 8:

1. Due to Microsoft's plan to end support for Windows XP/IE 8, Credible will no longer support IE 8 after Release 9.0 in February 2014.
2. Known issue: tooltips in Credible display with a slight flicker.

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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.

The screenshot shows the 'CLIENT LABS' section with buttons for 'Browse...', 'Upload Lab', 'Lab Results', 'Lab Orders', 'New Order', and 'Add Manual Result'. The 'Lab Results' tab is active, displaying a 'Result Details' window. The window contains a table with the following data:

Test	Value	Abnormal	Range	Panic Flag
WHITE BLOOD CELL COUNT (code: 15410)	11.0		4.4-11.0	False
Facility: AEL MEMPHIS		Procedure comments:		
		Result comments:		
RED BLOOD CELL				

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](mailto: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.

## Resolving Unmatched Lab Results

If you receive lab results electronically, you can use the new notification trigger eLabs Unmatched Result to alert staff when there is lab result that the system cannot match with a client. An unmatched lab result happens when the system cannot find a single client that matches it or finds more than one client that matches it. From the notification, the employee can access the new Unmatched Lab Result screen and assign the result to the appropriate client.

Summary	For
unmatched result received	<a href="#">Unmatched Lab Result ID: 223</a>

### Unmatched Lab Result

Placer Order #	Sender Order #	Received Date & Time	Facility	Report
BTCBT2383	50670432	4/9/2013 7:44:00 PM		

Assign this result to:



[Assign this Result](#)

You can access the electronic report from the lab facility to determine which client the result should be assigned to.

#### Settings

See above

#### Configuration

Set up the eLabs Unmatched Result notification trigger. Enter 0 in the Occur field and select To Do List. For more information, refer to [Notification Triggers](#) in the help.

#### Use

1. From your To Do List, click the Unmatched Lab Result ID: nnn link.
2. In the Unmatched Lab Result screen, click the electronic report icon to get information about the client.
3. Click the ellipsis button and search for/select the appropriate client.
4. Click Assign this Result.

## 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](mailto: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](mailto: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

Problems		
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	<p>Partner Config: <i>Force Visit Time Entry on Sign and Submit Screen</i>, Actual Times on Webforms (optional and trumps new setting for scheduled visits)</p> <p>Security Matrix: VisitEntryWeb</p>
Configuration	N/A
Use	When completing a web form, enter the actual start and end times on the Sign & Submit screen (see <a href="#">Documenting a Visit with a Web Form</a> 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	<p>Partner Config: Flag for G-code</p> <p>Security Matrix: VisitEntryWeb, ClientVisitCreateGCode</p>
Configuration & Use	See <a href="#">Creating eRx G-Codes for Reporting Purposes</a> 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 change, insurance payment, client retraction, and visit retraction. The alternative – the way your system currently works – is to apply an overpayment adjustment instead.


When applying an insurance payment that will result in a negative balance, the system displays a warning message and asks if you want to continue.

**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	
<p><b>Name:</b> John Doe(10458)  <b>Batch Date:</b> 3/20/2013 2:58:00 PM  <b>Payer Trace Number:</b> 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 more 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:	<input type="text" value="1063"/>
Form Name:	<input type="text" value="*TEST"/>
Employee Form:	<input checked="" type="checkbox"/>
 No Copy:	<input checked="" type="checkbox"/>
Category and Answer Popup Notes Size:	<input type="text" value="500"/>
Version Number:	<input type="text" value="2"/>

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

## PATCH LIST

### General

#### Inconsistent Screen Loading when Using Windows 8 with IE 10

*Task #* 36126

*What was the issue?* When using Windows 8 with IE 10, screens did not always load. This did not happen with Windows 8 using Chrome.

*The patch* Software has been updated to support Windows 8 with IE 10.

Known issue: in Desktop or Tablet (Start Screen) mode, the Upload Multiple Attachments functionality fails to properly display the file selection screen and/or select files.

### Client

#### Tx Plus: Form Tree Does Not Show Up and Documentation Is Duplicated in Printout

*Task #* 37579, 37584

*What was the issue?* When accessing visit with Tx Plus category in web form, the form tree did not show up. In addition, when visit was completed, Tx Plus documentation was duplicated in printout.

*The patch* Issue was due to top level in form and child category both being marked as Tx Plus during form creation. A fix was made so the first category in a form cannot be marked as Tx Plus.

#### Custom Tx Plus Library: Unable to View All Options in “Tx Type” Dropdown

*Task #* 38615

*What was the issue?* When creating a Tx Plus plan using the Custom Library, could not view all options in a Tx type dropdown – for example, the dropdown for predefined Problems – if there were more than 10 options. Dropdown extended below the viewable area of the screen.

*The patch* A fix was made so you can now view all options in all Tx type dropdowns for the Custom Tx Plus Library.



**Custom Tx Plus Library: Element Labels from Partner Config Not Used Consistently**

*Task #* 35662

*What was the issue?* Main labels for Problem, Goal, Objective, and Intervention defined in Partner Config were not used throughout the set up of the Custom Library -- they only appeared after the summary and description had been defined for the element.

*The patch* Main labels for Tx Plus elements set up in Partner Config will display in the dropdowns throughout the Custom Tx Plus Library.

**Selected Visit Types Not Retained on Insurance Update when No Program Assignments**

*Task #* 38088

*What was the issue?* After all programs were unassigned for a client, an update was made to an insurance record for the client. As a result of the update, the visit types previously selected for the insurance record were no longer retained – the Visit Type multi-select list was empty.

*The patch* If a client is unassigned from all programs and an insurance record is updated, the visit types previously selected for the insurance record will be retained after the update. The Visit Type multi-select list will be populated with all visit types and the ones selected for the insurance record will be highlighted.

**No Current Meds Option Is Not Available**

*Task #* 34565

*What was the issue?* If a client had medications in his/her list, but they were all marked 'Discontinued', the "Client has reported no current medications" checkbox would not appear. Clients with no medications at all would have the checkbox to affirm no medications.

*The patch* The "no current medications" checkbox will be available for clients whose medications have all been discontinued.

**Printing Scripts in Internet Explorer Is Not Working Consistently**

*Task #* 35349

*What was the issue?* When trying to print a script in Internet Explorer when the zoom is greater than 100%, the print option is unavailable.

*The patch* Software has been updated to make print option available regardless of zoom.

**Screen Refreshes to Top After Med Administration Instead of Last Med Administered**

*Task #* 39463

*What was the issue?* When you administered a med in eMAR, the screen refreshes to the top of the screen, rather than the location of the last med administered. This did not happen before Release 8.0 and caused medication errors because staff lost their place on the eMAR list.

*The patch* A fix was made so only the administered med shows on the schedule as opposed to all meds.

**ROI End Date Should Not Be Required when ROI Obtained Is Selected**

*Task #* 39687

*What was the issue?* When you entered/updated a new contact or family member and selected ROI Obtained, the system required ROI Start and Expires dates (this was not the case before Release 8.0). When clients sign waivers for the ROI expiration date, there is no ROI Expires date to enter.

*The patch* A Partner Config setting, *ROI Dates Required*, has been added so you can control whether the ROI Start Date and ROI Expires Date are required when ROI Obtained is selected for the contact or family member. By default, the new setting will be selected.

## Employee

### EmpFilesViewOwn Is Not Working As Expected

*Task #* 40188

*What was the issue?* Tooltip states that EmpFilesViewOwn "Restricts an employee to viewing their own attachments". User with this Security Matrix right got the following message when trying to access his/her own attachments: [You do not have sufficient access rights to use this function. Please contact the system administrator or Credible support.](#)

*The patch* A fix was made to an employee with EmpFilesViewOwn can view his/her own attachments.

## Schedule

### Need to View Full Name for Secondary Employees on Visit

*Task #* 30610

*What was the issue?* With multiple employees with the same last name, we were unable to determine which employee was the secondary employee since only last name is shown in Scheduled Visit popup.

*The patch* Last name and first name will be shown for each secondary employee assigned to the visit.

### Authorization Icon in Scheduled Visit Popup when No Matching Authorization

*Task #* 36509

*What was the issue?* Authorization icon was in a Scheduled Visit popup even when client did not have any authorization that matched visit. And when client did have matching authorization, color was purple regardless of pacing rate.

*The patch* Authorization icon will be hidden on Scheduled Visit popup if client does not have any matching authorization. If client does have matching authorization, color of icon will reflect pacing rate.

## Visit

**Need More Information About Assigned Employees in Client Visit List Screen**

*Task #* 30614

*What was the issue?* With multiple employees with the same last name, we were unable to determine which employee performed a visit via the Client Visit List screen since only last name was shown. Also needed to see secondary employees assigned to a visit on the same screen.

*The patch* Last name and first name are now shown for employee who performed visit. *Display Secondary Employees on Visit List* setting was added to Partner Config setting so you can add a Secondary Employees column to the Client Visit List screen. Note that the new setting is only available when the existing setting Secondary Employees on Visits is selected.

**Data from Active Medical Profile Not Injected into Web Form**

*Task #* 38645

*What was the issue?* Data from a client's active medical profile was not injected into a web form.

*The patch* Issue was caused by the client having multiple active medical profiles. To prevent this from happening, the system will automatically set all other medical profiles to inactive when a new medical profile is added to a client's record.

**Most Recently Added Guarantor Not Pulled for Visits**

*Task #* 37494

*What was the issue?* Client had multiple family members flagged as guarantors. The system was not pulling the most recently added or updated guarantor into new visits.

*The patch* A fix was made so the Guarantor/visit association now works as expected.

**Extraneous Information Showing in Visit Details**

*Task #* 39206

*What was the issue?* When a completed visit was viewed, the labels for the fields in the form were repeated at the end of the form. Note that the issue did not affect the visit print view.

*The patch* A fix was made to prevent the category name from appearing twice in a form when the completed visit is viewed. This fix is retroactive.

**Custom Red X Description Not Used in “Hover Over” Tooltip**

*Task #* 34134

*What was the issue?* Description that was entered when adding a custom red X was not used in tooltip that displayed when you hovered over red X on visit. Instead, system-generated message based on the type of custom red X was used.

*The patch* Hover over tooltip will now display text you enter in the Description field for a custom red X.

**Schedule Group Visit: Changes to Clients Attending Not Retained when Providing Visit**

*Task #* 40395

*What was the issue?* Added a visit for a schedule group and changed a client originally scheduled to attend to a different client in Enter Visit screen. Upon accessing the web form, the change was not retained – original client was listed in Switch dropdown instead of new client.

*The patch* A fix has been made so changes to clients attending group visit will be retained when providing the visit.

## Admin

**Cannot Delete Client After Bed Board Billing Entry to Primary**

*Task #* 36417

*What was the issue?* Unable to delete a duplicate client already merged into another primary record after adding Bed Board Billing entry to primary record.

*The patch* A fix was made so the delete functionality works as expected.

## Billing

**Need to Prevent Editing of Certain Fields for True Charge Card Payments**

*Task #* 37548

*What was the issue?* After processing charge card payment through the payment gateway, users were able to edit all fields. Certain fields should not be editable.

*The patch* For a true charge card payment, the following fields will not be editable: Reference Number, Check Date, and Deposit Date.

**Inaccurate Tooltip for Client Statement End Date**

*Task #* 36616

*What was the issue?* The first sentence in the tooltip for the End Date field did not indicate that the client statement would also include visits completed on the date entered. It read *Visits occurred before selected date*.

*The patch* The first sentence in the tooltip has been reworded to *Visits completed on or prior to selected date*.

**Need Full Name/Hyperlink for User in Billing Details Screen**

*Task #* 28131

*What was the issue?* In Billing Details screen, only the employee's last name was listed in User column. Since we have multiple employees with the same last name, we were unable to determine which employee was responsible for the ledger action.

*The patch* The user name is now a link that brings you to the employee's Overview screen. Also, when you hover over the user name, the employee's last name and first name display.

**Unable to Determine Which Employee Deleted the Payment**

*Task #* 37114

*What was the issue?* Employee responsible for deleting a payment was not indicated in the Service Ledger.

*The patch* The employee responsible for deleting a client or insurance payment will be indicated on the corresponding ledger line in the Service Ledger (CLIENT PAYMENT DELETE or INS PAYMENT DELETE). In addition, when an employee deletes a client payment, the new action type DELETE CLIENT PAYMENT will be recorded in his/her log.

**Unable to Delete Insurance Payment**

*Task #* 30033

*What was the issue?* Insurance payment remained after clicking delete and answering Yes to the question "Do you want to delete the Payment record with id=34502 from the database?"

*The patch* The following error message will now display if you try to delete a payment that has been applied: [You can not delete a payment that has been applied. The payment must be adjusted off.](#)



**Need to Record Dual Action of Switching Insurance and Forcing Primary**

*Task #* 33658

*What was the issue?* In the Billing Details screen, when a user switched the current insurer and forced the new insurer to be primary by selecting the Prim checkbox, the action was only recorded as CHANGE INS (SWITCH).

*The patch* The action type CHANGE INS (SWITCH) – Force Primary was added to record the dual action described above.

**Cannot Select from All ICNs Associated with the Service**

*Task #* 32668

*What was the issue?* All of the ICNs associated with a service were not available in the ICN dropdown on the Billing Details screen.

*The patch* ICNs associated with any insurance payments that have not been undone will be available to resubmit. Previously, only the last ICN was available in the dropdown.

**System Creates Extra G-Code Visit**

*Task #* 28836

*What was the issue?* At sign and submit, Create eRx G-Code was set to Yes. System generated main visit, split visit, and two G-Code visits when only one G-code visit was expected.

*The patch* When adding a G-Code to a visit that already splits, the system will no longer split the G-Code visit as well.

**Recalculate Batch Amount Not Working After Red X Override**

*Task #* 38415

*What was the issue?* Red X for service was overridden and then batch amount was recalculated. Amount for service newly added to batch via override was not added to batch amount.

*The patch* Amounts for visits that have been added to the batch via a red X override will now be included in the batch amount when Recalculate Batch Amount is used.

**Billing Matrix Line Shows Updated By/Date when No Changes Were Made**

*Task #* 33443

*What was the issue?* When a user accesses Payer Specific Rates & Codes for view-only purposes (no changes are made), the Updated By and Updated Date fields for the Billing Matrix line are being updated with the user's name and the date the Payer Specific Rates & Codes were viewed.

*The patch* System will only populate Updated By and Updated Date fields if a change has been made to a Billing Matrix entry.

**Custom Red X: Unable to Enter Four-Digit Value in Time Span (Hours) Field**

*Task #* 40160

*What was the issue?* For a custom red X for treatment plans, we need to enter 2160 as the hours (90 days x 24 hours) in Time Span (Hours) field but it currently only allows 3 digits.

*The patch* Time Span (Hours) field was updated to allow four digits.

**Log Info Not Attached to Previous 271 Batches**

<i>Task #</i>	30873
<i>What was the issue?</i>	Several 271 batches did not have log info attached and as a result, did not have overall totals. Concern was that eligibility information did not attach.
<i>The patch</i>	Issue was caused by software appending a D to the plan ID to flag it as the dependent's (client's) transaction and differentiate it from the subscriber's transaction. The D will now be removed before the search.

**Inconsistent Order of 0114 and 0250 Service Codes in 837i Submission Batch**

<i>Task #</i>	33279
<i>What was the issue?</i>	For 837i, when two services had the same time in and both were primary services, the primary of a split was not always ordering first and our payer would not accept the submission.
<i>The patch</i>	Split primaries will be ordered before split secondaries when both are listed under a claim for LX1/LX2.

**No Tie In Between Assigned Benefits Value and Box 27 on CMS 1500**

<i>Task #</i>	29259
<i>What was the issue?</i>	The Assigned Benefits field in a client's profile was set to No but the value was not reflected in the corresponding box in the CMS 1500, Box 27.
<i>The patch</i>	<p>If you are capturing Assigned Benefits in the Client Profile, Box 27 on the CMS 1500 will now reflect Yes or No based on the value in that field (assigned_benefits is the true name of the field). Previously, Box 27 on the CMS 1500 (Accept Assignment?) always showed 'Yes' regardless of what was set for Assigned Benefits on the client's profile.</p> <p>If Assigned Benefits is not part of the Client Profile, the CMS 1500 will continue to show Yes in Box 27.</p>

**Error on 835 Upload**

*Task #* 28401

*What was the issue?* A Microsoft SQL Server Native Client error occurred when posting an 835. While three payments uploaded without issue, the error occurred when trying up upload a larger payment.

*The patch* Issue was caused by an alphanumeric claim ID; the claim was coming from outside of Credible. The software has been updated to allow for alphanumeric claim IDs. With this fix in place, the correct error handling, "Claim not found," can now occur.

**Disallowed Amount on Medicare Payment Not Taken Off Balance**

*Task #* 25530

*What was the issue?* Medicare payment with a code of CO-237 with a disallowed of .57. System did not take the .57 off the balance.

*The patch* Issue was due to multiple disalloweds in the same CAS segment (for example, CO\*45\*10.55\*\*237\*1.53~) – the system only recognized the first one. Software has been updated to pull in five adjustments so that all three insurance payment reconcile screens match (on the visit, via an 835, and batch list and edits).

**Financial****Revenue Changing for Closed Months**

*Task #* 39093

*What was the issue?* Upon closing January, noticed that December A/R total had increased by \$132.50. Checked January before closing February and the January A/R had increased by \$238.50. Both times it is because the revenue is higher.

*The patch* It was discovered that under very limited circumstances, an unbatched ledger line could have the accounting date changed, even when the original accounting period was closed (or the destination accounting period was closed).

- If the date of a payment/visit does not match any open accounting period at all, the posting date will be used. Previously, a non-existent accounting period was treated as open; a payment mis-keyed for 5/1/2031 (instead of 5/1/2013) would end up with an accounting date of 5/1/2031 even when that accounting period did not exist.
- If a ledger line's accounting date is part of a closed accounting period, the ledger line's accounting date will not be changed if you update the date on the visit/payment.
- If a ledger line's accounting date is part of an open accounting period and the visit/payment date is updated to correspond to a closed or non-existent accounting period, today's date will be used.
- If a visit has already had the start date updated and the Revised Time In is removed, the accounting dates for the visit will follow the rules based on the original Time In. Previously, the accounting date would not recalculate at all in this situation and the accounting date would have been based on the 'old' Revised Time In.

## Reports

### Client Axis Detail ID Not Assigned for Imported Client Visits

*Task #* 32208

*What was the issue?* Imported client visits were not getting a client axis detail ID assigned and were getting caught at the Batch Error Report level. Workaround was to manually update each visit and reprocess the claims through Advanced Visit Search.

*The patch* Issue occurred when the Diagnosis dropdown was not being used AND a visit was updated – the system would remove the clientaxisdetail\_id. A fix was made to prevent this from happening.

**No Notification of Credible BI Synchronization**

*Task #* 28255

*What was the issue?* After selecting CredibleBIView for a profile and saving the change or adding/updating a user login for an employee, there was no indication that this caused a user synchronization in Credible BI.

*The patch* When a Credible BI synchronization is triggered by either of the actions described above, a BI Sync Started message will display in the upper right corner of the banner. When the sync is complete, a BI User Sync Results popup will display, listing the users added and removed from Credible BI. Note that an email address in the user login (either Email or Email Office) is required for the Credible BI sync to work.

**Employees' Email Addresses Are Not Pulled into Credible BI**

*Task #* 35974

*What was the issue?* A user login with an email address was set up for each employee. While employees with the CredibleBIView right were able to access and use Credible BI, their email addresses were not pulled into the reporting module.

*The patch* If an employee has the CredibleBIView right, the email address entered in the User Login screen will automatically be pulled into Credible BI. If the email address in this screen is updated, the change will be reflected in Credible BI. Note that entering/updating an email address directly via the Employee Profile has no bearing on Credible BI. If you delete an employee's user login, he/she will be removed from Credible BI.

## Credible Provider Portal

**Unable to Pick and Choose Which Visits to Send**

*Task #* 38631

*What was the issue?* When sending client visits to another Partner or non-Credible entity via the Credible Provider Portal, had to send all of them.

*The patch* If you select Visits as the type of data you want to exchange, a new Filter this Exchange screen will display after you click Next Step.

The first 10 services are automatically selected. You can sort each column by ascending/descending order. You can select individual visits or use the Check All Choices or Clear All Choices buttons.

**No Way to Send Message to Recipient About the Exchange**

*Task #* 38631

*What was the issue?* When sending an exchange to another Partner or non-Credible entity via the Credible Provider Portal, there was no way to include a general message about the exchange.

*The patch* A "Note for recipient" field has been added to the Destination for this Exchange screen.

**Cannot Exchange Employee Data with Another Credible Partner**

*Task #* 34534

*What was the issue?* Employee profile and credential data was only exchangeable Credible to External or External to Credible.

*The patch* Credible Partners that you have agreements with will be available for selection on the Destination for this Exchange screen.



**Diagnosis Description Not Retained If a Mismatch**

*Task #* 38631

*What was the issue?* If diagnosis information was exchanged and there was a discrepancy between the description associated with the diagnosis code, the description was not retained. If you updated the assessment, the diagnosis was cleared and you had to reselect it.

*The patch* Diagnosis information will now be included in the Specific Data Topics to Resolve screen to accommodate the condition where Axis I and II descriptions do not agree between Credible Partners.

- If there is an exact match for the Axis code between the sending and receiving domains, the code and description will be the default in the Store In Our System As dropdown.
- If there is not a match on the Axis code between the two Credible domains, [No suggestion available - must be resolved to continue] will be the default in the Store In Our System As dropdown

After the exchange is received, the diagnosis record will be identified as a Provider Portal record until a local change is made and saved.

**Case Sensitivity on INACTIVE Status and Other Issues when Receiving External Exchange**

*Task #* 39916

*What was the issue?* 1) When employee record already exists, "Create a New Employee" was default, 2) on Receive Data screen, unable to select all employees in the data exchange, 3) due to case sensitivity for INACTIVE status, system did not recognize the status if lowercase.

*The patch* When receiving an external exchange, Choose All Existing and Reset All Choices buttons are now available on the Match to Existing Data screen. On the Receive Data screen, Check All and Clear All Choices buttons have been added. Case sensitivity for the INACTIVE status has been removed.

