

May 2014

# Release 9.1 Configuration

Version 1.0



# CREDIBLE

Behavioral Health Software

# Release 9.1 Configuration

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**Note:** an updated version of this document will be available on Friday, May 16<sup>th</sup>.  
It will include the Patch List for Release 9.1.

## GENERAL

### System Clock Updated to Show Seconds

If your Agency uses the System Clock feature in Credible, you will notice that it now shows running seconds. The system clock is displayed in the banner to the right of username.



**Settings** Partner Config: Use System Clock, Time Zone

**Configuration** N/A

**Use** N/A

## CLIENT

### Time Entry Added for Episode Admit and Discharge Dates

When entering the admission or discharge date for a client episode, staff can now specify the time of the admission or discharge. The default time is 12:00 AM. The date/time combination is required in some CMS 1450 and 837 Institutional billing situations.

Episode Discharge Date	<input type="text"/>
patient_status	<input type="text"/>
admission_type	<input type="text"/>

May 2014

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Time 12:00 AM

Hour

Minute

**Settings**      **Partner Config:** Use Client Episodes; optional settings are Parent Program Driven Episodes, Episodes per Program Assignment, Redirect to Update on Last Episode, Check Future Schedule for Episode before Closing

**Security Matrix:** ClientEpisodeUpdate

**Configuration**      For payers that require the date and time for episodes: Billing or Admin tab > Billing Payer > *Use Episodic Dates in 837i and CMS 1450* > Save Settings.

Note that prior to this release, the Billing Payer setting only addressed the 837i.

- Use**
1. Episodes button on Client nav bar.
  2. Update an existing episode or click new episode to add a new one.
  3. Enter the admission or discharge date/time manually or click the calendar picker, select the date/time, and click Done. If adding a new episode, select a program and status and fill out other fields as appropriate.
  4. Click Update Episode or Save Episode.

## Dropdown Format for Active/Inactive Flag for Individual Tx Plus Elements

If you have configured Tx Plus so individual elements in a plan can be deactivated, you will notice that the Inactive checkbox has been replaced with an “element status” dropdown. By default, the dropdown has an active status and inactive status. You can rename the two default options and add additional statuses via the new custom lookup category txplus\_level\_status.

For treatment plan elements that were inactivated prior to Release 9.1, the dropdown will default to – *Select an Option* – so staff can select the appropriate inactive status (assuming you add additional inactive statuses). As before, you can view the inactivation reason entered for an element by hovering over the info icon.

When a user reactivates an inactive element by selecting an active status, a new reactivate confirmation prompt displays.

**Settings**      **Partner Config:** Use Tx Plus, Inactivate Individual Tx Plus Elements

**Security Matrix:** TxPlusInactive, TxPlusBuild or TxPlusBuildFromForm

*Configuration* To rename the default statuses or add an additional status:

1. Admin tab > Custom Lookup Items.
2. Select txplus level status from the dropdown and click Display.
3. To rename an existing status, click edit, change the description, and click save.
4. To add a new status:
  - a. Click Add a New txplus\_level\_status Entry.
  - b. Enter the name of the status in the Description field.
  - c. If you are adding an active status, select True from the Is Active dropdown.
  - d. Click Add txplus\_level\_status button.

*Use*

1. Tx Plus on Client nav bar > edit button.
2. In the bottom right corner of the treatment plan element, select the appropriate option from the element status dropdown.
3. If you selected an inactive status, enter the inactivation reason and click OK.

To reactivate a treatment plan element, select an active status from the dropdown and click OK when the confirmation prompt displays.

## Ohio Partners: Custom Prescription Printout and Prescription Positive Identification Report

With a custom prescription printout for Ohio Partners and the new Prescription Positive Identification Report, Credible eRx is now an approved “electronic prescription transmission system” in the state of Ohio (click [here](#) for more info). Ohio Partners can use Credible eRx to generate electronic and printed prescriptions. The custom Ohio prescription printout:

- Does not have the Credible logo in the top right hand corner
- Includes the prescriber’s Certificate to Prescribe number (CTP#) if one exists in his/her Employee Profile
- Does not list the Prescriber Agent (employee with the PrescriptionCreateNonSPI security right who creates the script and prints/sends it prior to prescriber approval)
- Does not include “Substitutions Allowed” or “Dispense As Written” regardless of the selection made on the “finalize prescription” screen

- Does not include the prescriber's electronic signature
- Includes "If DAW is required, please note such in wet-ink" below the signature line

For prescriptions to be valid in the state of Ohio, a prescriber must sign and date a "Prescription Positive Identification Report" that lists the prescriptions he/she created for a specific date or date range. This report has been added to the canned Credible eRx reports available via the Reports tab; click [here](#) for more info.

## *Settings*

Refer to Library reference 33043 for Credible eRx signup documents.

Your Implementation Manager or Partner Services Coordinator must turn on Credible eRx in your system and enable the custom Ohio prescription printout and non-SPI prescription function. Note that e-faxing controlled substances in Credible eRx is not allowed in the state of Ohio.

## *Configuration*

1. Use the Data Dictionary to add the ctp (Certificate to Prescribe number) field to the Employee table (View and Update types).
2. If an employee has a Certificate to Prescribe, update his/her Employee Profile, add the CTP number to the corresponding field, and click Update Employee.

Refer to the following Library references:

- 32908 for Credible eRx Setup document
- 33110 for configuration notes for Credible eRx Formulary and Benefits module

## *Use*

Refer to "Creating a Prescription" in the online help.

## BILLING

### Payer Config: New Electronic Claim Overrides for 837P

Three new electronic claim overrides for the 837P have been added to Payer Config.

- *Batch Post Query Name* – Enables an “Apply custom post query to batched claims” checkbox on the Generate Batch screen when the 837 Professional claim format is selected. If the checkbox is selected, the custom procedure specified in the Batch Post Query Name field will run against the newly created batch. Do not use this option unless Tech has added a procedure specifically for this purpose to your system.
- *Use Custom Washington Reporting Note* – Sends the NTE segment with the Episode ID, Episode Type Code, Admission Type, Provider Type Code, and Facility Code.
- *Do Not Send Provider Taxonomy in 2420A loop* – Prevents the provider’s taxonomy code from being sent in the PRV segment.

**Settings**      [Payer Config](#): *Batch Post Query Name, Use Custom Washington Reporting Note, Do Not Send Provider Taxonomy in 2420A loop*

**Configuration**      For payers that require one or more of the new settings:

1. Billing or Admin tab > Billing Payer > edit.
2. Select the appropriate settings and click Save Settings.

**Use**

1. Billing tab > Generate Batch Claim File.
2. Select the payer, 837 Professional as the claim format, and other filters as appropriate and click Filter Batch.

## Payer Config: Suppress Leading Zeros on CAS L2430 Updated to Apply to 837P

The Payer Config flag Suppress Leading Zeros on CAS L2430 837i has been updated to also apply to the 837P.

**Settings**      [Payer Config: Suppress Leading Zeros on CAS L2430 837](#)

**Configuration**      For payers that require the new setting:

1. Billing or Admin tab > Billing Payer > edit.
2. Select Suppress Leading Zeros on CAS L2430 837 and click Save Settings.

**Use**

1. Billing tab > Generate Batch Claim File.
2. Select the payer, 837 Professional or 837 Institutional as the claim format, and other filters as appropriate and click Filter Batch.

## Payer Config: Directional Report Alignment Options for CMS 1500 in 10 Point

If your Agency prints the CMS 1500 in 10 point and you need to adjust the directional alignment left, right, up, or down to accommodate the printer you use, you can take advantage of the new report alignment options.

**Settings**      [Payer Config: CMS 1500 \(02/12\) Report Alignment > CMS 1500 \(02/12\) 10 pt Left/Right/Up/Down](#)

**Configuration**      For each payer that requires the CMS 1500:

1. Billing or Admin tab > Billing Payer > edit.
2. Select the appropriate option from the CMS 1500 (02/12) Report Alignment dropdown and click Save Settings.

**Use**

1. Select the payer, CMS 1500 as the claim format, and other filters as appropriate and click Filter Batch.
2. Generate Text File for Batch > [Click here to open CMS 1500 Report](#).
3. Select PDF from format dropdown and click Export.
4. Open the PDF and print it out on the CMS 1500 claim form. For best results, select the "Shrink oversized pages" option on the Print screen.

## Payer Config: Electronic Claim Overrides Updated to Apply to CMS 1450

Three 837I Payer Config settings have been updated to also apply to the CMS 1450. See below for the specific settings.

**Settings** **Billing Payer:** Send Onset Prior to Admission Flag (837i and CMS 1450), No CPT on 837i and CMS 1450, Use Episodic dates in 837i and CMS 1450

**Configuration** For the appropriate payers:

1. Billing or Admin tab > Billing Payer > edit.
2. Select the appropriate CMS 1450 electronic claim override settings and click Save Settings.

Note that No CPT on 837i and CMS 1450 is also available as a payer-specific setting for Billing Matrix entries; see below.

**Use**

1. Billing tab > Generate Batch Claim File.
2. Select the payer, CMS 1450 as the claim format, and other filters as appropriate and click Filter Batch.
3. Generate Text File for Batch > Click here to open CMS 1450 Report.
4. Select PDF from format dropdown and click Export.
5. Open the PDF and print it out on the CMS 1450 claim form. For best results, select the “Shrink oversized pages” option on the Print screen.

## Payer Config: New Box-Specific Settings for CMS 1450

Four new box-specific settings have been added to the CMS 1450 section in Payer Config. See below for the specific settings.

**Settings** **Billing Payer:** Box 12 to 17 Blank, Box 38 Billing Payer Info, Box 63 Authorization Id, Box 69 Blank

**Configuration** For the appropriate payers:

1. Billing or Admin tab > Billing Payer > edit.
2. Select the appropriate box-specific settings for the CMS 1450 and click Save Settings.

- Use*
1. Billing tab > Generate Batch Claim File.
  2. Select the payer, CMS 1450 as the claim format, and other filters as appropriate and click Filter Batch.
  3. Generate Text File for Batch > Click here to open CMS 1450 Report.
  4. Select PDF from format dropdown and click Export.
  5. Open the PDF and print it out on the CMS 1450 claim form. For best results, select the “Shrink oversized pages” option on the Print screen.

## Billing Matrix: Payer-Specific Option to Not Send CPT Code Extended to CMS 1450

The Billing Matrix payer-specific setting No CPT 837i has been updated to also apply to the CMS 1450.

*Settings*      [Billing Matrix Payer Specific Payer Config: No CPT 837i & CMS 1450](#)

- Configuration*      For the appropriate Billing Matrix entries:
1. Billing or Admin tab > Billing Matrix > edit > Payer Specific Rates & Codes.
  2. For the appropriate existing payers: click select, select the No CPT 837i & CMS 1450 checkbox, and click Update.
  3. For a new payer:
    - a. Click New Payer Settings.
    - b. Select the payer from the dropdown, select the No CPT 837i & CMS 1450 checkbox, select/enter other rates and codes as appropriate, and click Save.

*Use*                      N/A

## REPORTS

### New Prescription Positive Identification Report

With the new Prescription Positive Identification Report, your Agency can generate a list of all the Credible eRx prescriptions created by an employee on a specific date or during a date range. Since the report is a “24-hour report,” there is not a second in any given day in the reporting period that goes unreported. Designed for prescriber attestation purposes, the Prescription Positive Identification Report includes the statement below followed by signature and date lines.

“Prescriber Attestation: This list of prescriptions is a complete and accurate listing of all medications I prescribed during the referenced date range.”

The report can only be run for a previous date/date range; the default is the previous day. The system prevents users from entering the current date or a future date in the Start Date and End Date fields.

**Note for Ohio Partners:** to comply with your state’s rules and regulations, you must run this report regularly and have it signed by the prescriber.

#### *Settings*

*Security Matrix:* ReportList

*Report Security:* Prescription Positive Identification Report

#### *Configuration*

N/A

#### *Use*

1. Reports tab > Credible eRx button on nav bar > Prescription Positive Identification Report.
2. If necessary, change the start date and end date for the report.
3. Select the employee you want to run the report for and click Run Report.

## MEANINGFUL USE

### Stored Procedures for Recording/Reporting Percentage-Based Measures

For each meaningful use objective with a percentage-based measure, you need to electronically record the numerator and denominator and generate a report that includes the numerator, denominator, and resulting percentage (numerator ÷ denominator). The resulting percentage must meet the specified measure requirement.

In Credible, the recording and reporting is done through summary stored procedures that you run via the Export tool (or optionally, the Reports tab). Your system also has detail versions of the stored procedures that you can use to see where corrections are needed (for example, which clients are missing allergies, problems, and so on).

In the *Meaningful Use Guide for Credible Software*, the summary stored procedure you need to use for each percentage-based measure is indicated in the Attestation section for the measure.

#### Settings

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

#### Configuration

To create a "stored procedure export" for a meaningful use measure:

1. Reports tab > Export Tool on nav bar.
2. Enter the name of the measure in the Export Name field and select Custom Query from the Form/Table Name dropdown.
3. Copy and paste the stored procedure name from the Meaningful Use guide into the Custom Query field and click New Export.
4. To set up the export so it can be run from the Reports tab, select the Show on Reports Tab checkbox and the desired report category from the Category dropdown.
5. Enter Start Date and End Date in the Custom Param 1 and Param 2 fields respectively so a date range can be entered when the export is run.
6. Select all custom columns displayed.
7. Click Next Step and then click Finish.

8. If you selected the Show on Reports Tab checkbox, give the appropriate profiles the right to run the export from the Reports tab: Admin tab > Report Security > select the export for the appropriate profiles > Save All.

## *Use*

When running an MU export, select the Header Row checkbox and enter the appropriate dates in the Start Date and End Date fields.