

Release 6.1 Configuration

May 2011

This document describes the enhancements included in Credible 6.1 release. It lists any settings required to enable a new feature along with the steps for configuration and use. Settings that are new and specifically needed for a feature are in *italics*.

eMAR	4
Client	7
Changing Active Assessment.....	7
Axis III & ICD-9 CM Selector Enhancements.....	7
New Authorization Filters.....	8
Changing the Status of a Pending Authorization to Denied.....	9
Outcome Tracking.....	9
Adding Last Visit Type & Last Billed Visit Type Fields to Client Profile	10
Overriding Block Scheduling for Debt for Individual Clients.....	11
Linking a Bed Board Assignment to a Team.....	12
Agency-Contact Association & More Contact Fields for Mapping.....	12
Foster Family Members & Birth Parents As New Relationship Types	13
Showing Date & Time in Profile Date Field in Medical Profile.....	14
Advanced Search Filter in Advanced Client Search Includes Allergies.....	14
New Payer Type Filter in Advanced Client & Advanced Visit Searches	15
Employee	16
Changing the Order in the Employee Nav Bar	16
Setting a Default Location for an Employee	16
Admin Time ID Filtering Field & Revised Date Field	16
Controlling Idle Timeout & Redirect.....	17

Visit.....	19
Switching the Assessment when Full Diagnosis Is Injected.....	19
Preventing the System from Cloning on Diagnosis Mapping.....	19
Generating a Visit Print View in PDF.....	19
Switching the Diagnosis Associated with the Visit for Billing	20
Excluding Non-Billables from Overlapping Block on Visits.....	21
Subtract Overlap Timeframes in Visit Details & Custom Print View.....	21
Admin	22
Yearly Period Type Added for Authorization Levels	22
Three New Nightly Notifications & a Notification Enhancement.....	22
Folder Enhancements	23
New Rights: Access to Credentials & Updates to Contacts & Family	24
Enhancements to Marking Late Entries	24
Additional Generic Fields Added to Clients Ext Table.....	25
Billing.....	26
Mass Write-Off Through Advanced Visit Search	26
Using Reserve Units for Auths on Secondary Payers.....	26
837I: New Payer Config Setting for Institutional Organization ID.....	28
837: Rendering Provider in 2310 Loop for Claims w/ Multiple Services.....	28
837I: New Setting for No CPT Code on 837I	29
CMS 1500: Use Prior Insurance As Other Payer.....	30
CMS 1500: Employer Or School Value Sent in Box 11b	30
Selecting CMS 1450 or 1500 when Generating Batch Claim File	31
Claim Format Added to Payer-Specific Level for Billing Matrix	31
Accounting Date Updated with Deposit Date Change in Ledger Lines.....	32
Current Insurer Switch Button Changes Visit Status to Transferred	32
EOB Date in Ledger Section	32
Making Adjustment Types Unavailable for Manual Adjustments.....	33

New Sort By Fields in Advanced Ledger Search	33
Reports	34
Updated Responses Filter on Eligibility Report (270/271)	34
Custom Query Viewable via Info Icon in Admin Logging Report	34
Date Range & Employee/Team Filters Added to Daily Tracker	35
Forms	36
Signatures 7 Through 12 Injected into PDF Template	36
Credible eRx	37
Links Added to Generic Equivalents for Easier Prescribing	37
Disabling PRN for Refills	37
Displaying Prescription Messages for All Clients You Have Rights To	38
Patch List	39

eMAR

Description

eMAR is an electronic Medication Administration Record module in Credible. It can help your organization administer medications and reduce possible medication errors. eMAR is fully integrated with the rest of your Credible system.

eMAR workflow – Consists of three keys steps:

1. Create a schedule for each medication that needs to be administered. If a client medication has the status of Approved, Current, Concurrent, Electronic-Current, Paper-Current, or Fax-Current, you can create a medication schedule for it.
2. View the existing schedule for the client that combines the individual medication schedules. The medication schedule has identifying information about the client including his/her picture and lists any allergies.
3. Administer the medications according to the schedule and log the details (for example, the actual time the medication was administered and the result such as Taken or Refused).

eMAR groups – To make it easier for staff to administer medications to multiple clients, you can set up eMAR groups. The system combines the schedules of the clients assigned to the group into a single schedule that an employee can access from his/her Employee nav bar.

The system records administering client medications and deleting medication schedules in the HIPAA logs.

Settings

Security Matrix: *eMar, eMarAdministerMeds, eMarClientGroup, eMarCreateMedSchedule, eMarEmployeeGroup, eMarManageGroups*

Partner Config: *Use eMAR Functionality*

Security Matrix Setting	Description
eMar	Behind-the-scenes access to eMAR functionality; no eMAR options show to the user
eMarAdministerMeds	<p>Enables the eMAR button on the Client and Employee nav bars</p> <ul style="list-style-type: none"> • Client nav bar = access to the Client Medication Schedule screen where you can view the existing schedule for the client and administer medications • Employee nav bar = access to the eMAR groups you are assigned to. You can administer medications from a group medication schedule.
eMarClientGroup	Behind-the-scenes control of how clients are displayed in an eMAR group

eMarCreateMedSchedule	Enables the eMar button on the Client Medications screen = access to the Create Med Schedule screen where you create a medication schedule. From this screen, you can also view the existing schedule and delete the schedule.
eMarEmployeeGroup	Behind-the-scenes control of how employees are displayed in an eMAR group
eMarManageGroups	Enables the Manage eMar Groups function on the Admin tab = access to the eMar Groups screen where you can add, edit, and delete eMAR groups

Steps to Configure	<p>Set up one or more eMAR groups to make it easier for staff to administer medications to multiple clients (optional).</p> <ol style="list-style-type: none"> 1. Admin tab > Manage eMar Groups. 2. Enter the group name and click Add New Group. 3. Click the Edit links and assign employees and clients to the group. To search for a specific employee or client, use the filtering fields in the Add to eMar Group popups. 4. Click Done.
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Steps to Use	<p>To create a medication schedule:</p> <ol style="list-style-type: none"> 1. Client nav bar > Medications > eMar button for medication that needs to be administered. The Create Med Schedule screen displays. 2. If necessary, fill out the fields in the Medication Administering section. If the medication was prescribed through Credible eRx, the fields will be filled out automatically. 3. Click the Recurrence pattern radio button that corresponds to how frequently the medication needs to be administered. 4. Fill out the recurrence fields that display. 5. Click in the Administration Times field and then select the radio button that corresponds to the hourly frequency with which the medication needs to be administered. 6. If the client needs the medication administered at specific times of day, click Military Standard Time of Day and select the appropriate checkboxes. 7. In the Range of Recurrence section, enter the Start Date and Time. 8. Enter the End Date or specify the number of times the medication should be administered. 9. Enter any notes in the Additional Comments field and then click Create Med Administration Schedule. The number of scheduled medications added is displayed at the top of the screen before it closes.
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Note that if a medication is deleted or discontinued, it will be removed from the client's medication schedule.

To view the existing medication schedule for a client:

- Client nav bar > **eMar**
- Client nav bar > **Medications** > **eMar** > **View Existing Schedule**

To view your group medication schedule (if applicable):

1. Employee nav bar > **eMar**. Any client assigned to the group who has scheduled medications for today is listed.
2. If you have multiple group schedules, click a group name to expand and collapse schedule details.

Any scheduled medication that is within 2 hours (before or after) of the Administration time has an Administer button. If more than 2 hours have passed since the Administration time and the medication was not administered, the Administer button is replaced with a gray Missed box (on the group schedule, the Administer button is just removed). On the individual client medication schedule, an Rx icon displays instead of the Administer button if the Administration time is farther out in the future than the 2-hour window.

To administer the medications:

1. Click **Administer**.
2. Fill out the Log Medication Administration popup and click **Submit**.

eMAR uses color-coding to indicate the results of an administration: green = taken, red = refused, orange = expelled/vomited, and gray = missed. In the individual client medication schedule, you can click the "results" box to view the Administration Details popup.

CLIENT

Changing Active Assessment

Description	By default, the most recently created diagnosis record is the active assessment for a client. You now have the ability to select an older assessment and make it the active assessment. This is useful if the wrong assessment gets set up as the active assessment. Note that the Effective Date does not control which assessment is active.
Settings	Security Matrix : DxView, DxUpdate
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Client nav bar > Diagnosis. 2. Click the History button. There is a green checkmark next to the active assessment. 3. Click the View button next to the inactive record that you want to make the active assessment. 4. Click the Make This the Active Assessment button at the bottom of the screen.

Axis III & ICD-9 CM Selector Enhancements

Description	<p>This release includes enhancements to Axis III diagnoses and the ICD-9 CM Selector that you use to select an Axis III diagnosis for a client.</p> <ul style="list-style-type: none"> • Axis III record now includes a Long Description field; maximum length is 255 characters. • New “commonly used” designation for Axis III diagnoses for improved searches – use new Common Only search filter in the ICD-9 CM Selector. Certain diagnoses have been premarked as common. Descriptions of common diagnoses display in green. • If applicable, additional diagnosis notes display in a tooltip when you hover over the diagnosis description in the ICD-9 CM Selector. • New Search Notes filter in the ICD-9 CM Selector. • Multiword search in the ICD-9 CM Selector that does not require an exact match. For example, "lymphoma neck" will now return "Nodular lymphoma, lymph nodes of head, face, and neck." • Missing codes and subcategories have been added and all codes now have a subcategory <p>Currently, you can only add one custom Axis 3 major category (group). Once you add the custom category and at least one Axis 3 record to it, the Add Axis 3 Major Group box at the bottom of the Axis III Category List screen will be removed.</p>
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Note: if your organization uses a custom Axis III list, your Axis III table will not be updated with the features described above.

Settings	Security Matrix: AdminLookupUpdate, DxView, DxUpdate
Steps to Configure	<ol style="list-style-type: none"> 1. Admin tab > Axis 3. 2. Click the appropriate category. 3. Edit an existing Axis 3 record or add a new one. 4. Change/add the description and long description as necessary. 5. To designate the diagnosis as a commonly used one, select the Common checkbox. 6. Click update or Add Axis 3.
Steps to Use	<ol style="list-style-type: none"> 1. Client nav bar > Diagnosis. 2. Click Update Assessment or Start New Assessment. 3. In Axis III section, click the ellipsis button to access ICD-9 CM Selector popup. 4. Click the appropriate category and diagnosis or use the Search field and Common Only/Search Notes filters to find a specific diagnosis.

New Authorization Filters

Description	<p>You can now filter a client's authorizations by Effective Date (returns any active auths on that date) and/or Payer. If a client has an authorization that is based on an authorization level, there will also be a Level filtering field.</p> <p>The Show All/Show Open filtering button is now a dropdown with Current (Open), All, Pending, and Denied as status options. Note that pending auths will be included in the results for all Current and All.</p>
Settings	Security Matrix: AdminLookupUpdate, AuthorizationView Partner Config: Use Authorization Levels
Steps to Configure	Click here for information on adding an authorization level.
Steps to Use	Click here for information on authorizations.

Changing the Status of a Pending Authorization to Denied

Description	With this release, you can now indicate when a pending authorization has been denied. Like pending auths, denied auths do not attach to visits and are not included in the authorization reports.
Settings	Security Matrix : AuthorizationAdd Partner Config : Use Auth Pending
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Client nav bar > Authorization. 2. Click update button for pending auth. 3. Select DENIED from Auth Pending dropdown and click Save Changes.

Outcome Tracking

Description	<p>With a new setting in Data Dictionary, you can set up fields in the Client Profile, Client Extended, and Client Episodes screens for outcome tracking. In addition to accessing outcome graphs on these screens, you can add a graph that summarizes all client outcome measures to the Client Overview screen.</p> <p>Two notes about the Client Outcomes graph on the Client Overview screen:</p> <ul style="list-style-type: none"> • Points will not connect if an outcome is added/updated from another screen in between the updates of the first. For example: Day 1 - Outcome values are added on the Client Profile and Client Extended screens. Day 2 - the Client Extended value is changed. Day 3 -the Client Profile value is changed. The Client Profile points from Day 1 and Day 3 will not connect on the graph. • Order of the outcome value labels in the top right corner of the graph cannot be changed <p>If an outcome value is changed within 2 minutes, only the second selection is saved.</p> <p>Note: to use outcomes, you need to set them up in Data Dictionary exactly as described below in Steps to Configure, with the lookup category that has an outcome value.</p>
Settings	Security Matrix : DataDictionary, AdminLookupUpdate Partner Config : Use Client Episodes, Show Client Extended Fields

Steps to Configure	<ol style="list-style-type: none"> 1. Add outcome lookup categories and items: <ol style="list-style-type: none"> a. Edit an existing lookup category or create a new one for each outcome lookup (Admin tab > Custom Lookup Category). b. Add items to the outcome lookup categories, specifying an outcome value for each item (Admin tab > Custom Lookup Items). An outcome value must be numeric, but can be negative and have decimals. 2. Set up outcome fields in the Clients, Client Ext, and/or Client Episode tables: <ol style="list-style-type: none"> a. Admin tab > Data Dictionary > Table source = Clients, Client Ext, or Client Episode and Type = View b. Update each field you want use for outcome tracking (or add new fields using generic dd, num, or text fields) so it is a lookup; Lookup Table = LookupDict, Lookup ID and External ID = lookup_id, and Lookup Description = lookup_desc. If you edit an existing field, only future changes to the field will be recorded as outcomes. c. Click Match Update to View or add the fields to the Update screen manually. d. Table source = Clients, Client Ext, or Client Episode and Type = Update e. For each field you set up for outcome tracking, select Is Outcome and click update. 3. Add Client Outcomes section to the center bar of the Client Overview screen (Admin tab > Home Page Config > Client Home Page Admin).
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Steps to Use	<ol style="list-style-type: none"> 1. Client nav bar > Profile, Client Ext, or Episodes. A graph icon is displayed next to each outcome field. 2. Update the profile, client extended info, or an episode. 3. Select the appropriate value from each outcome dropdown and save. 4. At the next appropriate interval, update the outcome fields. 5. Click the graph icons to display the outcome graphs. The system connects the original plot points to the new plot points. <p>For additional reporting, use the new ClientOutcome table.</p>
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Adding Last Visit Type & Last Billed Visit Type Fields to Client Profile

Description	If you would like to track the last visit type and last billed visit type for each client, add the following new fields to the Client Profile: last_visit_type_id and last_billed_visit_type_id.
Settings	Security Matrix : Data Dictionary

Steps to Configure	<ol style="list-style-type: none"> 1. Admin tab > Data Dictionary > Table source = Clients and Type = View* 2. Add the fields (columns) last_visit_type_id and last_billed_visit_type_id. For both, select Is Lookup and set up the lookup as follows: <ol style="list-style-type: none"> a. Lookup Table = VisitType b. Lookup ID = visittype_id c. External ID = visittype_id d. Lookup Description = description
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*Since last_visit_type_id and last_billed_visit_type_id are calculated automatically, they are not available on the Update screen.

Steps to Use	<p>To view the fields for an individual client: Client nav bar > Profile.</p> <p>To report on the fields for multiple clients:</p> <ol style="list-style-type: none"> 1. Client tab > advanced search. 2. Add a WHERE statement: select the fields from the Column dropdowns, select the desired operators, and enter the appropriate values. 3. Select the fields as custom fields. 4. Select other search criteria as appropriate and click Filter.
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Overriding Block Scheduling for Debt for Individual Clients

Description	If your organization uses the “block scheduling for debt” feature, you can now add a do_not_block_for_debt field to the Client Profile to override the block for individual clients. If set to Yes, visits can be scheduled for the client even if he or she has a client due balance that exceeds the amount set in Partner Config.
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Settings	Partner Config : Block Scheduling of Visits Where Client Owes More Than
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Steps to Configure	<ol style="list-style-type: none"> 1. Admin tab > Data Dictionary > Table Source = Clients and Type = View 2. Insert the field (column) do_not_block_for_debt. It defaults to Is Boolean. 3. Click Match Update to View or add the fields to the Update screen manually.
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Steps to Use	<p>For each client that you want to override the block schedule for debt feature:</p> <ol style="list-style-type: none"> 1. Client nav bar > Profile > Update. 2. Click Yes for the “do not block debt” field and click Update Client.
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Linking a Bed Board Assignment to a Team

Description	<p>For reporting purposes, you can now link a bed assignment to a client's team. The new Team dropdown in the Client Bed Board screen will list all teams the client is currently assigned to.</p> <p>With the addition of a Team filter to the three Bed Board reports, employees can report on bed board billing activity, counts, or information that is linked to a single team.</p>
Settings	<p>Security Matrix: ClientBedBoardAssign, ReportList</p> <p>Report Security: Bed Board Billing Report, Bed Board Counts, Bed Board Information</p> <p>Partner Config: Use Bed Board</p>
Steps to Configure	<ol style="list-style-type: none"> Using the Bed Board Facilities and Bed Board Rooms functions on the Admin tab, set up the facilities and rooms. Using the Team function on the Client nav bar, assign the client to the appropriate teams.
Steps to Use	<ol style="list-style-type: none"> Client nav bar > Bed Assign. Click Assign Bed to search for and select the bed you are going to assign the client to. Enter the Admission Date and fill out the other fields as appropriate. From the Team dropdown, select the team you want to link the bed assignment to and click Save. <p>Click here for more info on the Bed Assign function.</p>

Agency-Contact Association & More Contact Fields for Mapping

Description	<p>If you have agencies set up in your Credible system, you can now associate an agency with a client contact. Previously, you could only associate an agency with a client's external provider.</p> <p>When setting up a form to map a contact back to the client's record, you can now include the Address2, City, State, Zip, and Release Start Date fields.</p>
Settings	N/A
Steps to Configure	<p>To add one or more agencies to your system:</p> <ol style="list-style-type: none"> Admin tab > Agencies. Enter agency details in the Add Agency section and click Add Agency.

To set up contact questions in a form to map back to the client's record:

1. Add contact type and contact name questions before the other contact field questions.
2. For the contact type question, select Dropdown as the answer format and make sure the answers you add match the contact types set up via the Contact Types function on the Admin tab.
3. Add another question for each contact field you want to map back. For the Release Start Date and Release Expiration Date fields, select Calendar Control as the answer format.
4. Select the same Field Map Group number for each question that will make up a single contact record.
5. Build and activate the form.

Steps to Use	<p>To associate an agency with a client contact:</p> <ol style="list-style-type: none"> 1. Client nav bar > Contacts. 2. Add a new contact or edit an existing one. 3. Select the appropriate option from the Agency dropdown and save. <p>The mapping of contact information happens automatically when the user signs and submits the form.</p>
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Foster Family Members & Birth Parents As New Relationship Types

Description	The following relationship types have been added to the system: Foster Child, Foster Father, Foster Mother, Birth Father, Birth Mother, Step Mother, and Step Father. By default, they are set up to display in the Relation dropdown in the Family screen. You can update or delete them with the Relationship Types function on the Admin screen.
Settings	Security Matrix : AdminLookupUpdate (to update the relationship types)
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Client nav bar > Family. 2. Edit an existing family member or add a new one. 3. From the Relation dropdown, select the relationship type. 4. Fill out the other fields as appropriate and click Add Family Member.

Showing Date & Time in Profile Date Field in Medical Profile

Description	<p>If you would prefer to have the date and time displayed in the Profile Date field in the Client Medical Profile screen, select the new Partner Config setting Show Date & Time in Medical Profile. By default, only the date is displayed.</p> <p>If you view a medical profile record that was created before this setting was selected, the Profile Date will display the effective date along with a time value of 12:00 AM (for example, 01/11/2011 12:00 AM).</p> <p>The timestamp displays military time if the Partner Config setting Display Military Time is selected.</p>
Settings	Partner Config: Show Date & Time in Medical Profile
Steps to Configure/ Steps to Use	N/A

Advanced Search Filter in Advanced Client Search Includes Allergies

Description	<p>In Advanced Client Search, you can now search for clients that have specific allergies using the Advanced Search Filter (accessed via the Medical button).</p> <p>Any/All radio buttons have been added to the Medical Profile section and the new Allergies section. The Any/All only applies to a single section; <i>if both sections are filled in, the client must meet the criteria in both sections.</i></p> <p>For example, assume both sections are filled in and Medical Profile = Any and Allergies = All.</p> <p>(medical profile value 1 OR medical profile value 2) AND (allergy 1 AND allergy 2)</p> <p>Clients must meet either of the profile values AND both allergies.</p> <p>Two notes:</p> <ul style="list-style-type: none"> • If a client's allergy has been discontinued, he/she will not be returned in the search results. • If you enter both medical profile values and allergies, clients must meet the conditions in both sections to be returned in the results.
Settings	Security Matrix: AdvSearch
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Client tab > advanced search > Medical. 2. Enter the appropriate values in the Medical Profile and/or Allergies sections. 3. Select the All radio button in each section to find clients that have all the conditions specified.

4. Click **Save**.
5. Enter additional search criteria and click **Filter**.

New Payer Type Filter in Advanced Client & Advanced Visit Searches

Description	You can now include a payer type as part of your search criteria in Advanced Client Search and Advanced Visit Search. The new Payer Type filter is a multi select dropdown.
Settings	Security Matrix : AdvSearch
Steps to Configure	Set up payer types and then link payers to them (Billing Payer Types and Billing Payer functions are on the Billing tab).
Steps to Use	<ol style="list-style-type: none"> 1. Client or Visit tab > advanced search. 2. Select a payer type from the corresponding dropdown. If you need to select multiple payer types, click Multi Select first. 3. Select other search criteria as appropriate and click Filter.

EMPLOYEE

Changing the Order in the Employee Nav Bar

Description	With the new Employee Navigation function (accessed via the Home Page Admin menu), you can now change the order of the buttons on the Employee nav bar.
Settings	Security Matrix : MyCWAdmin
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Admin tab > Home Page Config > Employee Navigation. 2. Select the desired order for each function from the dropdowns and click Save.

Setting a Default Location for an Employee

Description	<p>The Employee Config screen now includes a Default Location dropdown. If a location is selected, it will be the default location when a visit is scheduled via the Schedule. If your organization limits locations by geo area assignments, the options will be limited in this dropdown as well.</p> <p>Note that if a visit type is configured with a default location, it will trump an employee's default location.</p>
Settings	Security Matrix : EmployeeConfig
Steps to Configure	<ol style="list-style-type: none"> 1. Employee nav bar > Config on Employee nav bar 2. From the Default Location dropdown, select the appropriate option and click Save Employee Config.
Steps to Use	N/A

Admin Time ID Filtering Field & Revised Date Field

Description	You can now filter the Admin Time list by the ID of an admin time record. Another enhancement is the ability to change the date of an existing admin time record. Previously, you could only change the time in and time out.
Settings	Security Matrix : AdminTimeList or AdminTimeListAll, AdminTimeAdd, AdminTimeUpdate
Steps to Configure	N/A

Steps to Use	<p>To filter the Admin Time list by ID:</p> <ol style="list-style-type: none"> 1. Employee nav bar > Admin Time or Admin tab > Admin Time Queue 2. Enter the ID of an admin time record in the ID filtering field and click Filter. <p>To change the date of an admin time record:</p> <ol style="list-style-type: none"> 1. Click update. 2. Enter the new date in the Revised Date field (manually or select it via the calendar picker). 3. Enter the revised time in and time out if applicable and click Update Admin Time.
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Controlling Idle Timeout & Redirect

Description	<p>Previously, when a user's session timed out, he or she was automatically logged out of the system. With two new Partner Config settings, you can now specify how many minutes of inactivity must pass before a user is considered idle and what should happen when that criteria is met. There are two redirect options: logging the user out or clearing (blanking) his or her screen. Inactivity is defined as no clicks, key press, or scrolls.</p> <p>If a user is inactive for the amount of time specified, a timeout warning popup displays: "Your session is about to expire. You will be redirected in X seconds. Do you want to Continue your session?"</p> <p>The Idle Logout functionality applies to the following screens:</p> <ul style="list-style-type: none"> • Client List, Client Overview, Client Profile screens • Treatment Plan screen • Client Episodes • Client Visit List screen • Multiaxial Assessment (Diagnosis) screen • Insurance Coverage screen • Client Medical Profile screen • Client Medications, Client Allergies, and Physicians Orders screens • Notes screen
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Settings	Partner Config: <i>Idle Logout, Idle Logout Redirect</i>
Steps to Configure	By default, Idle Logout is set to No Timeout. To configure, select a duration option from the Idle Logout dropdown and change the Idle Logout Redirect option if necessary.

Steps to Use

If the timeout warning popup displays, do one of the following:

- Click YES to keep your session active.
- Click NO, Log Off to log off or blank your screen – the behavior depends on how your administrator has set up Idle Logout Redirect in Partner Config. If your screen goes blank, click any tab to reactive your session.

The alternatives to clicking NO, Log Off are ignoring the popup or clicking X in the upper right corner.

VISIT

Switching the Assessment when Full Diagnosis Is Injected

Description	When a form is set up to inject diagnoses for a client, the active assessment is injected by default. If the full diagnosis is injected, there will be a switch button that you can use to change the assessment that is injected into the form.
Settings	Security Matrix : FormBuilder, FormBuilderEdit
Steps to Configure	Use Form Builder to set up a form that injects the full diagnosis for a client.
Steps to Use	<ol style="list-style-type: none"> 1. When filling out the web form, click the Switch button in the upper right corner of the injected diagnosis field. 2. Click the switch button next to the assessment you want to inject. 3. Click the complete button in the category to save the injected diagnoses.

Preventing the System from Cloning on Diagnosis Mapping

Description	<p>When a form maps a new diagnosis back to a client record, the active assessment is cloned first. Once the form is completed, any selections made are added to the cloned copy. With a new Partner Config setting, you can prevent the system from cloning the active assessment when mapping a new diagnosis.</p> <p>When <i>No When Cloning on Diagnosis Mapping</i> is selected, a diagnosis added via form mapping will not clone a copy of the active assessment first. Once the form is completed, the new client assessment will only include the values selected in the form.</p>
Settings	Security Matrix : DxAdd or DxFormsAdd Partner Config : <i>No When Cloning on Diagnosis Mapping</i>
Steps to Configure/ Steps to Use	N/A

Generating a Visit Print View in PDF

Description	<p>With a new Partner Config setting, you can set up your system to generate a print view for an individual visit in PDF. If a visit print view spans multiple pages, the visit header will repeat on each page.</p> <p>Note that print view in PDF is not available when printing multiple visits at one time with the Print All button. The default HTML format is used.</p>
Settings	Partner Config : Print in PDF Format

Steps to Configure	Adobe Reader is required.
Steps to Use	Visit tab > print button for visit you want generate a print view for.

Switching the Diagnosis Associated with the Visit for Billing

Description	Previously, the only option available to change the diagnosis associated with a visit for billing was an alternate axis or axis level diagnosis from the same assessment associated with the visit. By default, the diagnoses in the dropdown in the Visit Details screen are from the client's active assessment at the time of service. You can now switch to an alternate assessment and populate the Diagnosis dropdown with diagnoses from that assessment.
Settings	Security Matrix : ClientVisitUpdate Partner Config : Diagnosis Dropdown
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Visit tab > Visit ID or view button for visit that needs updating. 2. Click the update button. 3. Click the switch button next to the Diagnosis dropdown to access the Assessment Switch popup. There is a switch button next to each of the client's inactive assessments. A green checkmark is next to the active assessment. 4. Click the switch button next to any inactive assessment to populate the Diagnosis dropdown in the popup (and in the Visit Update screen) with diagnoses from that assessment. 5. Select the diagnosis you want the visit to bill from and click Select Diagnosis. 6. Click Update Visit to save the change.

Excluding Non-Billables from Overlapping Block on Visits

Description	<p>Currently, you can use Partner Config settings to block overlapping visits:</p> <ul style="list-style-type: none"> • For the same payer • By recipients • By visit types <p>With this new release, an Exclude Non-billables for Overlapping Visits checkbox has been added that applies to all three selections in Partner Config. When selected, you can successfully complete non-billable visits even if they meet the block overlapping criteria.</p>
Settings	Partner Config : Block Overlapping Visits for the Same Payer, Block Overlapping Client Visits by Recipients, Block Overlapping Client Visits by Visit Types, <i>Exclude Non-billables for Overlapping Visits</i>
Steps to Configure/ Steps to Use	N/A

Subtract Overlap Timeframes in Visit Details & Custom Print View

Description	<p>If a Billing Matrix line is set up as a Subtract Overlap and you have the new Partner Config setting Calculate Timeframes selected, the system will calculate and display the timeframes in the Visit Details screen. The timeframes have also been added to a custom print view.</p> <p>You can add the timeframes field to the Visit table and then report on it through Advanced Visit Search (Custom Fields > More Fields) and exports.</p>
Settings	Partner Config : <i>Calculate Timeframes</i> , Visit Printout Popup Page = clientvisit_printout_timeframes.asp
Steps to Configure	<ol style="list-style-type: none"> 1. Make sure Subtract Overlapping Duration or Subtract Overlapping Units must be selected in a Billing Matrix line (Admin or Billing tab > Billing Matrix). 2. Add timeframes to the Visit table (so it can be added as a custom field in Advanced Visit Search): <ol style="list-style-type: none"> a. Admin tab > Data Dictionary > Table source = Visit and Type = View b. Insert Timeframes as a field (column) and then click Match Update to View.
Steps to Use	<p>To view in Visit Details screen: Visit tab > Visit ID or view button. Timeframes field is in header section.</p> <p>To view in the custom print view: Visit tab > print button.</p>

ADMIN

Yearly Period Type Added for Authorization Levels

Description	<p>When adding an authorization level, you can now select Yearly as the period type. Like the Monthly, Weekly, and Biweekly period type options, the system will set up recurring authorizations within the time period entered based on the period type. For example, if the Period Start is 4/1/11 and the Period End is 4/30/12 and the period type is Yearly, two auths will be created: one for 1/1/11 - 12/31/11 and one for 1/1/12 - 12/31/12.</p> <p>Note that to view future auths, you need to filter the list with the All status.</p>
Settings	<p>Security Matrix: AdminLookupUpdate, AuthorizationAdd, AuthorizationView</p> <p>Partner Config: Use Authorization Levels</p>
Steps to Configure	Click here for information on adding an authorization level.
Steps to Use	Click here for information on adding an authorization to a client's record.

Three New Nightly Notifications & a Notification Enhancement

Description	<p>The Visit Not Completed Since N Days nightly notification is triggered when a client has completed a specific visit type in the past but has not completed of visit of the same type again within N days (and the client is still active). The notification only triggers exactly on the Nth day.</p> <p>The two other new nightly notifications alert users about ROI expiration dates.</p> <ul style="list-style-type: none"> External Provider ROI expiring in Nth day triggers based on the ROI Expires Date on the External Care Providers screen. Contact ROI expiring in Nth Day triggers based on the ROI Expires Date on the Client Contacts screen. <p>The notification enhancement is for TxPlan Add. The notification will now also be triggered when a treatment plan is mapped back from a form.</p>
Settings	Security Matrix: NotificationTriggers
Steps to Configure	Click here for information on setting up notification triggers.
Steps to Use	N/A

Folder Enhancements

Description	<p>With new checkboxes in the File Folder Admin function, you can now control whether a folder will be available on the Client, Employee, and/or Clinical Support File Attachment screens.</p> <p>With this new release, the private folder functionality extends to Client folders. To accommodate this enhancement:</p> <ul style="list-style-type: none"> Is Private checkbox in the File Folder Admin screen has been replaced with Is Client Private and Is Emp Private checkboxes ViewPrivateFolders has been replaced with ViewPrivateClientFolders and ViewPrivateEmployeeFolders <p>Another folder enhancement is the ability to let client users view private Client folders in the Client Portal.</p>
Settings	<p>Security Matrix: <i>ViewPrivateClientFolders, ViewPrivateEmployeeFolders</i></p> <p>Client User Security Matrix: <i>ViewPrivateFolderCU</i></p> <p>Your Implementation or Account Manager needs to turn on the Client Portal for your system.</p>
Steps to Configure	<p>When your Credible system is updated with the new release, all existing folders will be updated as follows:</p> <ol style="list-style-type: none"> Is Client and Is Employee checkboxes will be selected. Is Clinical Support will not be selected; if you are using Clinical Support with existing attachments, you will need to select the checkbox manually for the corresponding folders. If the Is Private checkbox was selected, both Is Client Private and Is Emp Private will be selected. <p>To control the folder type and privacy setting:</p> <ol style="list-style-type: none"> Admin tab > File Folders Admin. Edit an existing folder (or add a new one). Select the appropriate checkboxes and click update. <p>To give users access to private folders:</p> <ol style="list-style-type: none"> Admin tab > Security Matrix. Select ViewPrivateClientFolders and ViewPrivateEmployeeFolders for the appropriate profiles. <p>If a user doesn't have these rights, private folders will not be viewable in the Attachments section on a Client/Employee Overview screen or in the File Attachments screen accessed via the Client/Employee nav bar.</p>
Steps to Use	N/A

New Rights: Access to Credentials & Updates to Contacts & Family

Description	<p>With the new AssignEmployeeCredentials right in the Security Matrix, you can control whether or not the Credentials button is available on the Employee nav bar. By default, all profiles that had the EmployeeUpdate right will be automatically assigned the AssignEmployeeCredentials right.</p> <p>The new ClientUpdateContactsFamily right controls the ability to add, edit, and delete contacts and family members to a client's record. Previously, ClientUpdate controlled whether you could update family member. By default, all profiles that had the ClientUpdate right will be automatically assigned the ClientUpdateContactsFamily right.</p>
Settings	Security Matrix : <i>AssignEmployeeCredential, ClientUpdateContactsFamily</i>
Steps to Configure/ Steps to Use	N/A

Enhancements to Marking Late Entries

Description	<p>"1 day" has been added as an option for the Partner Config setting Flag Late When Greater Than. 1 day is anything on the previous day – it is not the same as 24 hours. For example, a visit starting at 5/18/11 11:59 pm and transferred at 5/19/11 12:01 am will be late as the days are different – even though the time difference is just 2 minutes.</p> <p>If you don't select an option from this dropdown, the default timeframe is 2 days.</p> <p>With the new Partner Config setting Use Time Out For Late Entries, you can have the system use the visit time out instead of the default visit time in as the basis for the Mark Late Entries calculation.</p>
Settings	Partner Config : <i>Use Time Out For Late Entries</i> if you don't want to use the default of time in
Steps to Configure/ Steps to Use	N/A

Additional Generic Fields Added to Clients Ext Table

Description	Additional generic fields have been added to the Clients Ext table: 9 more Date fields, 10 more Numeric fields, and 11 more Text fields.
Settings	Security Matrix : Data Dictionary
Steps to Configure	N/A
Steps to Use	Click here for more information on generic fields.

BILLING

Mass Write-Off Through Advanced Visit Search

Description	<p>With a new Security Matrix setting, you can give users the ability to write off the remaining balance of multiple visits at one time through Advanced Visit Search. If a user has the BillingAddAdjustmentMultiple right, there will be a Writeoff checkbox next to the Print, Reprocess, Approve, and Resubmit checkboxes.</p> <p>When selected, each visit in the search results that has a balance will have a Writeoff checkbox. You can specify the type of adjustment (the default is Writeoff) and the accounting date (the default is the current date).</p> <p>Caution: there is not a mass undo. Care must be taken when assigning the BillingAddAdjustmentMultiple right and when using the mass write-off function.</p>
Settings	Security Matrix: <i>BillingAddAdjustmentMultiple</i> , BillingConfig, AdvSearch
Steps to Configure	Make sure there is a Writeoff adjustment type and Not for User Selection = False (Admin tab > Adjustment Types).
Steps to Use	<ol style="list-style-type: none"> 1. Visit tab > advanced search. 2. Enter the appropriate search criteria and then select the Writeoff checkbox. 3. If you want to view the balance due for each visit, select it as a custom field and then click Filter. 4. Select the Writeoff checkbox for visits you want to write off. 5. To use an adjustment type other than Writeoff, select it from the corresponding dropdown. 6. To use an accounting date other than the current date, use the calendar picker to select it or enter it manually. 7. Click Writeoff.

Using Reserve Units for Auths on Secondary Payers

Description	<p>With the new Payer Config setting Use Reserve Units for Auths on Secondary, you can ensure that authorized units will be available for a secondary payer. The setting enables “reserve units” – units on a secondary payer auth that count towards used units but will not red X the visit if they exceed the number of authorized units. Reserve units come into play in two scenarios described below.</p> <p>Auth on a secondary payer but not on the primary payer – Initially, the secondary payer auth will have used units deducted in reserve and they will be represented by the reserve units.</p> <ul style="list-style-type: none"> • If the first payer pays/disallows the full balance so no cascading is necessary, the used and reserve units are removed (released) from the secondary payer auth.
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- If the first payer pays nothing and the visit cascades to the secondary payer, the reserve units are removed from the secondary payer but the used units remain.

Auth on the primary payer and secondary payer – Initially, the primary payer auth will have the used units deducted and the secondary payer auth will have used units deducted in reserve and they will be represented by the reserve units.

- If the primary pays/disallows the full balance so no cascading is necessary, the used units are left on the primary payer and the reserve units are removed from the secondary payer.
- If the primary pays nothing and the visit cascades to the secondary payer, the used units are removed from the primary payer; the reserve units are removed from the secondary payer but the used units remain.

Reserve units only work for one secondary payer. As part of the nightly recalculation of authorizations, the system will check for changes to the Use Reserve Units for Auths on Secondary payer setting and recalculate if necessary.

Settings	<p>Security Matrix: BillingConfig, BillingModule, AuthorizationView</p> <p>Payer Config: <i>Use Reserve Units for Auths on Secondary</i> for both the primary and secondary payers</p>
Steps to Configure	<ol style="list-style-type: none"> 1. Make sure the Authorizations Required setting is selected for the appropriate Billing Matrix lines (Admin or Billing tab > Billing Matrix). 2. Add an authorization for the primary payer if applicable and the secondary payer.
Steps to Use	<p>Complete a visit that matches the authorization.</p> <p>To view the used units and reserve units: Client nav bar > Authorization. The number of units used by the completed visit is indicated in the Units column for both payers. For example, 4/14 for the primary payer and 4/10 for the secondary payer. The number of used units is also the number of reserve units for the secondary payer; it appears in the Reserve column.</p> <p>To release the number of used units from the primary payer:</p> <ol style="list-style-type: none"> 1. Visit tab > Visit ID or view button > Billing button. 2. In the Insurance Details section, select the checkbox in the Auth Released column for the current payer. An Auth Released checkbox appears for the secondary payer. <p>If you go back to the Authorizations screen, you will see that the number of used units has been removed from the primary payer (0/14) and the secondary payer no longer has reserve units.</p> <p>If you select the Auth Released checkbox for the secondary payer, the number of used units is removed (0/10).</p> <p>As mentioned above, the used units and reserve units for a secondary payer are removed automatically if the visit balance = \$0 before cascading to the secondary payer.</p>

837I: New Payer Config Setting for Institutional Organization ID

Description	When an ID is entered in the new Institutional Organization ID field, the system will send it in place of the Organization ID on the 837I (in the 2010B, 2330B, and 2430 loops).
Settings	Security Matrix: BillingConfig Billing Payer: <i>Institutional Organization ID</i>
Steps to Configure	<ol style="list-style-type: none"> 1. Billing tab > Billing Payer (you can also access the Billing Payer function from the Admin tab). 2. Edit an existing entry. 3. In the Electronic Claim Settings section, enter an Institutional Organization ID if it is different than the Organizational ID. 4. Click Save Settings.
Steps to Use	N/A

837: Rendering Provider in 2310 Loop for Claims w/ Multiple Services

Description	<p>With the new Payer Config setting Send Multi Service Rendering at 2310, you can send Rendering Provider information in the 2310 loop, in place of the 2420 loop for claims that include multiple services.</p> <p>The values sent in the 2310 loop are based on the rendering values and settings set in the Billing Matrix/Payer/Provider records associated with the first service in the claim (with the earliest service date).</p>
Settings	Security Matrix: BillingConfig Billing Payer: <i>Send Multi Service Rendering at 2310, Multiple services per Claim, Use Rendering</i>
Steps to Configure	<ol style="list-style-type: none"> 1. Admin or Billing tab > Billing Payer. 2. Edit an existing payer record. 3. In the Electronic Claim Overrides section, select the Send Multi Service Rendering at 2310 checkbox and click Save Settings.
Steps to Use	N/A

837I: New Setting for No CPT Code on 837I

Description	<p>If you have payers who do not want a CPT code sent in the 837I, select the corresponding new setting in Payer Config. The No CPT on 837i setting has also been added to the Billing Matrix Payer Specific Rates & Codes. The Billing Matrix setting will trump the Payer Config setting.</p> <p>When No CPT on 837i is selected, no CPT code or modifiers are sent in the Service Line (L2400) of the 837I.</p> <p>Examples:</p> <ul style="list-style-type: none"> With CPT code: SV2*1234*HC:H0019*132.92*UN*1*33.23~ Without CPT code: SV2*1234**132.92*UN*1*33.23~
Settings	<p>Security Matrix: BillingConfig</p> <p>Billing Payer: <i>No CPT on 837i</i></p> <p>Billing Matrix: <i>No CPT 837i</i></p>
Steps to Configure	<p>To select the setting for a specific payer:</p> <ol style="list-style-type: none"> Admin or Billing tab > Billing Payer. Edit an existing payer record. In the Electronic Claim Overrides section, select the No CPT on 837i checkbox and click Save Settings. <p>To select the setting for a specific payer for a specific Billing Matrix line:</p> <ol style="list-style-type: none"> Admin or Billing tab > Billing Matrix. Edit an existing Billing Matrix line and click Payer Specific Rates & Codes. Select True from the No CPT 837I dropdown and click update.
Steps to Use	N/A

CMS 1500: Use Prior Insurance As Other Payer

Description	<p>When the new Use Prior Insurance as Other setting in Payer Config is left unchecked, the CMS 1500 will send as it does today: box 11d = YES and boxes 9 a-d = data for any subsequent payer. If no subsequent payer exists: box 11d = NO and boxes 9a-d are blank.</p> <p>If the new setting is checked, the CMS 1500 sends box 11d = YES and boxes 9a-d = data for the Prior Payer (for example, if Payer 3, Payer 2 is sent as <i>Other</i>, if Payer 2, Payer 1 is sent as <i>Other</i>). If the payer is Primary, the next payer's information is sent (for example, if Payer 1, Payer 2 is sent as <i>Other</i>).</p>
Settings	<p>Security Matrix: BillingConfig</p> <p>Billing Payer: <i>Use Prior Insurance as Other</i></p>
Steps to Configure	<ol style="list-style-type: none"> Billing tab > Billing Payer. Edit an existing payer or add a new one. From the Override Claim Format dropdown, select CMS 1500 (the alternative is to select Form CMS Format when generating the batch claim file). Select the Use Prior insurance as Other setting (in Electronic Claim Overrides section) and click Save Settings.
Steps to Use	N/A

CMS 1500: Employer Or School Value Sent in Box 11b

Description	<p>There is a new Employer Or School field in the Client Insurance screen. If a value is entered in this field, it will be sent in the CMS 1500 in box 11b. Note that if the client has a subscriber, the subscriber's information will be used instead – even if there is no value in the Employer field for the subscriber.</p>
Settings	<p>Security Matrix: ClientInsuranceView, ClientInsuranceAdd</p>
Steps to Configure	<ol style="list-style-type: none"> Billing tab > Billing Payer. Edit an existing payer or add a new one. From the Override Claim Format dropdown, select CMS 1500 (the alternative is to select Form CMS Format when generating the batch claim file). Click Save Settings.
Steps to Use	<ol style="list-style-type: none"> Client nav bar > Insurance. Edit an existing insurance record. Enter the client's employer or school in the corresponding field and click Save Changes.

Selecting CMS 1450 or 1500 when Generating Batch Claim File

Description	By default, there is a Force CMS Format checkbox available when generating a batch claim file. When selected, the system uses the CMS 1500 for an 837P and the CMS 1450 for an 837I. If you want to give your Billing staff the ability to use the CMS 1450 for an 837P or the CMS 1500 for an 837I, select the new Partner Config setting Show CMS Formats When Generating Batches. This will replace the checkbox with a CMS Format dropdown that has CMS 1500 and CMS 1450 as options.
Settings	<p>Security Matrix: BillingModule</p> <p>Partner Config: <i>Show CMS Formats When Generating Batches</i> if Billing staff needs to override default CMS format behavior</p>
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Billing tab > Generate Batch Claim File. 2. Select the payer and other filtering options as appropriate and click Filter Batch. 3. Select the Force CMS Format checkbox or the appropriate option from the CMS Format dropdown and click Generate Text File for Batch.

Claim Format Added to Payer-Specific Level for Billing Matrix

Description	If you have a payer that requires a different format than the main Billing Matrix record, use the new payer-specific Claim Format field.
Settings	Security Matrix : BillingConfig
Steps to Configure	<ol style="list-style-type: none"> 1. Billing tab > Billing Matrix (you can also access the Billing Matrix from the Admin tab). 2. Click Payer Specific Rates & Codes. 3. Edit an existing payer (or add a new payer line). 4. From the Claim Format dropdown, select the appropriate option and click update (or New Payer Settings).
Steps to Use	N/A

Accounting Date Updated with Deposit Date Change in Ledger Lines

Description	If the deposit date for an insurance or client payment is changed and the service ledger line has not been exported yet (through the AR/GL batch export process), the system will automatically update the accounting date with the new deposit date. Deposit date changes done after an AR/GL export are ignored. If the new deposit date is in a closed Accounting Period, the ledger lines will use the posting date as the accounting date.
Settings	N/A
Steps to Configure/ Steps to Use	N/A

Current Insurer Switch Button Changes Visit Status to Transferred

Description	If the status of a completed visit is Reconciled and you use the switch button in the Billing Details screen to switch the current insurer, the visit status will change to Transferred.
Settings	Security Matrix : BillingModule
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Visit tab > visit ID or view button 2. Click Billing button on Visit Details screen. 3. Click switch button in Insurance Details section to change the current insurer.

EOB Date in Ledger Section

Description	If an EOB Date is included in a claim record, the Billing Details screen will display a new EOB column in the ledger section. The entered EOB date will appear in this new column.
Settings	Security Matrix : BillingModule
Steps to Configure/ Steps to Use	N/A

Making Adjustment Types Unavailable for Manual Adjustments

Description	With the new Not for User Selection setting in the Adjustment Types screen, you can make an adjustment type unavailable to users doing a manual adjustment in the Billing Details, Batch Reconcile, or 835 Reconcile screen. The setting also applies to manual adjustments done via the mass write-off function in Advanced Visit Search.
Settings	Security Matrix : BillingConfig
Steps to Configure	<ol style="list-style-type: none"> 1. Billing tab > Adjustment Types. 2. Edit an entry that you don't want to be available to users for manual adjustments, select True from the Not for User Selection dropdown, and click save.
Steps to Use	N/A

New Sort By Fields in Advanced Ledger Search

Description	You can now sort (and group) your search results by Service Location, CPT Code, Service Employee, Ledger Payer Type, Adjustment Type, Service Type, or Service Recipient.
Settings	Security Matrix : AdvSearch, BillingReports
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Billing tab > Service Ledger Advanced Search. 2. Enter the appropriate search criteria. 3. Select a Sort By field and then select the corresponding field as a custom field. If you are sorting by: <ul style="list-style-type: none"> • Service Location, select Service Location Code as the custom field (if you select Location Place of Svc, your results may be different because multiple location codes can have the same POS). • Service Employee, select Service Employee ID or Service Employee Name • Service Recipient, select Service Recipient Code 4. If you want a sum total for each grouping, select the Group Totals checkbox. 5. Click Filter.

REPORTS

Updated Responses Filter on Eligibility Report (270/271)

Description	<p>The W/Responses Only filter has been renamed Response Received and Either has been added as an option.</p> <ul style="list-style-type: none"> • Either = returns all eligibility requests with and without a response (default selection) • No = returns all eligibility requests with no response • Yes = returns all eligibility requests with a response
Settings	<p>Security Matrix: ReportList</p> <p>Report Security: EligibilityReport (270/271)</p>
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Reports tab > Billing on Reports nav bar > Eligibility Report (270/271). 2. Select the filters you want to use and click Run Report.

Custom Query Viewable via Info Icon in Admin Logging Report

Description	<p>Previously, when you ran the Admin Logging Report on the Exports table, the first 255 characters of a custom query were displayed in the New Value and/or Old Value columns as appropriate. With this release, the query will only display if it is less than 25 characters. If it is greater than 25 characters, there will be an info icon that you can hover over to display the longer custom query (up to 255 characters).</p>
Settings	<p>Security Matrix: ReportList</p> <p>Report Security: Admin Logging</p>
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none"> 1. Reports tab > Admin button on nav bar > Admin Logging. 2. Select Exports from the the appropriate filters and click Run Report.

Date Range & Employee/Team Filters Added to Daily Tracker

Description	The Tracking Date field has been replaced with Tracking Date Start and Tracking Date End fields so you can run the Daily Tracker for a specific time period. With the new Employee and Team filters, you can limit the report to an individual employee and/or to the employees on a specific team.
Settings	Security Matrix: ReportList Report Security: Daily Tracker
Steps to Configure	N/A
Steps to Use	<ol style="list-style-type: none">1. Reports tab > Visit on Reports nav bar > Daily Tracker.2. If appropriate, specify a date range and select an employee and/or team from the dropdowns.3. Click Run Report.

FORMS

Signatures 7 Through 12 Injected into PDF Template

Description	Previously, you could only inject up to six signatures in a PDF template. With this release, you can now inject up to 12 signatures. Adding signature fields to the PDF is the third step in creating a template for a web form.
Settings	Security Matrix : ExportBuild
Steps to Configure	Add the number of signatures needed to the visit type associated with the web form (Admin tab > Visit Type > Visit Sigs field).
Steps to Use	<ol style="list-style-type: none">1. Add text fields to the PDF with the appropriate signature field names. Use sig# as the field name where # is 7, 8, 9, 10, 11, and 12.2. Save the PDF. Click here for more information.

CREDIBLE eRx

Links Added to Generic Equivalents for Easier Prescribing

Description	Previously, to prescribe a generic equivalent, you had to select a medication and then select the Use Generic Equivalent checkbox at the bottom of the Create Prescription screen. With this release, the generic equivalents displayed in the medication search results are links. When you click one, the Create Prescription screen displays with the generic equivalent supplied as the medication you are prescribing.
Settings	Security Matrix : PrescriptionCreate or PrescriptionCreateNonSPI if you are not a prescriber
Steps to Configure	You need to have the Credible eRx module and your Implementation or Account Manager needs to turn it on as well as the Non-SPI prescription ability.
Steps to Use	<ol style="list-style-type: none"> 1. Client nav bar > Medications (or Orders) 2. On the Client Medications screen, click Create Prescription (on Physicians Orders screen, click Add Prescription). 3. Search for the medication you need to prescribe. 4. In the search results, click the appropriate generic equivalent. 5. Fill out the Create Prescription screen and process as appropriate.

Disabling PRN for Refills

Description	If you do not want staff to use the PRN field when prescribing, select the new Partner Config setting Disable PRN for Refills. When selected, the PRN field is removed from the Create Prescription and "finalize" screens.
Settings	<p>Partner Config: <i>Disable PRN for Refills</i></p> <p>You need to have the Credible eRx module and your Implementation or Account Manager needs to turn it on.</p>
Steps to Configure/Steps to Use	N/A

Displaying Prescription Messages for All Clients You Have Rights To

Description	Previously, you could only view a prescription message if you were the prescriber. You can now view prescription messages for any clients you have rights to view as long as you have the new right <i>eRxViewAllMessages</i> selected for your profile. Prescription messages include electronic failures, refill requests, and fax failures.
Settings	Security Matrix: eRxViewAllMessages You need to have the Credible eRx module and your Implementation or Account Manager needs to turn it on.
Steps to Configure	Admin tab > Home Page Config > Home Page Admin. Select Prescription Messages for the left or center bar and click Save .
Steps to Use	N/A

PATCH LIST

Client

Adding an allergy – If there are no possible matches for the allergy entered, “No Matches Found” displays. If you enter an allergy vs selecting one from the list, a warning popup will display to remind you that the selection will not be eRx compliant.

Treatment plan created from a visit (*Is Tx Plan* is selected in Visit Type config) – As long as the visit is not approved and locked, you can modify the visit using the edit form button in the Treatment Plan screen or Update button in the Visit Details screen.

Order date for new orders – Will default to current date if no date is entered.

Redirect to Update on Last Episode and program unassignment – When this Partner Config setting is selected, the Last Episode popup will display if a program is unassigned via the Program function on the Client nav bar and the last episode criteria is met. The popup gives you the option of going to the client's Profile screen to change his or her status.

Show Target Date in Tx Plans – The Target Date will not appear in Tx Plan Add, Edit, or History when the Partner Config setting Show Target Date in Tx Plans is unchecked.

Schedule

Scheduler arrows – Previously, when going from page to page in the Schedule, the arrows would move left or right depending on the size of the month name, day name, and so on. They have been stabilized as much as possible to reduce the position shifting issue.

Admin

Treatment Plan form logging – Insert and update actions related to client treatment plan forms are now recorded in the HIPAA logs.

Billing

CMS 1500 – If the list of services in a batch is less than 2 characters long (for example, a single service with a service ID that is between 1 and 99), the CMS claim format will now work correctly.

Overriding rendering employee & the red cross – If you override the rendering employee with another employee when generating a batch, a red cross icon will now display in the Billing Details screen to indicate the override.

837: P for Primary in the 2000B Subscriber Loop -- When a client's Primary insurance is changed after the service is batched and the batch is not deleted, the system will send a P in the 2000B Subscriber loop of the 837 (that is, SBR***P***) when the service is batched out to the new primary.

Reports

Incomplete Visit Report

- Records will be returned for incomplete visits created on the day they are searched for. For example, if a visit was created on 3/8/2011, entering a Start Date of 3/8/2011 and an End Date of 3/8/2011 will return the visit.
- By Employee – the employee who actually started the visit – has been added to the report. You need to know who started the incomplete visit to be able to reaccess it. The Employee identified in the report is the employee who the visit was scheduled for.
- Width of the report was decreased so it can fit on 8½ by 11 paper without wrapping.
- Report is now sorted by last name.

Export Tool – Eligibility tables have been added to the Query Builder (custom ad hoc).

Form Builder

Radio buttons – Answers that have the format of radio button will now be displayed in web forms with actual radio buttons in place of the checkboxes.

Injected medications – If a medication has been discontinued or rejected, it will not be injected into a form.

Credible eRx

Provider dropdown on Create Prescription screen – The dropdown is now sorted by last name.