

Release 7.3 Configuration

This document describes the new features and enhancements included in Credible 7.3 release. It lists the settings necessary to enable each release item along with the steps for configuration and use. Settings that are new and specifically needed for a release item are emphasized with *italics*.

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Provider Portal

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PROVIDER PORTAL

Partner Control over Partner-to-Partner Agreements

With a new Agreements function, you can now set up and manage agreements with other Credible Partners to exchange data via the Provider Portal. The Partner-to-Partner agreement functionality has also been expanded to include a form sharing agreement type.

A Provider Portal agreement is two-way and has to be confirmed by each party to become active. At any time, the sender or receiver can cancel an agreement – the agreement becomes inactive but stays in each Partner’s system. If either party rejects an agreement, it is removed from both systems.

Actions related to Provider Portal agreements are recorded in the employee logs. Confirming/canceling an agreement is logged as PROV PORTAL AGREEMENT TOGGLE with “as sender” or “as receiver” indicated.

Settings Your Implementation or Account Manager needs to turn on the Provider Portal in your system.

Partner Config: *Participates in Provider Portal Exchanges*

Security Matrix: *ProviderPortalOperate, ProviderPortalAgreements, ReportList*

Configuration N/A

Use To establish a new agreement with another Credible Partner to exchange data or share forms:

1. Reports tab > Provider Portal button on nav bar > Agreements button on nav bar > Create New Agreement button.
2. Select the appropriate agreement type. See the [Forms](#) section for more information on form sharing.
3. Select your agency as the Data Sender (the system prevents you from selecting another Partner) and the Partner you are establishing the agreement with as the Data Receiver. All Partners that have Participates in Provider Portal Exchanges selected in Partner Config appear in the Data Sender and Receiver dropdowns.
4. Click Save New Agreement. The agreement is added to the Agreement Matrix.
5. To confirm the agreement on your end, click the Click to Confirm button. Once the recipient confirms, the agreement will be shaded in green to indicate it is active.

Note that the data exchange and form sharing follows the direction of the agreement. If you want to share data or forms back and forth, you need to set up another agreement that reverses the Sending and Receiving Organizations.

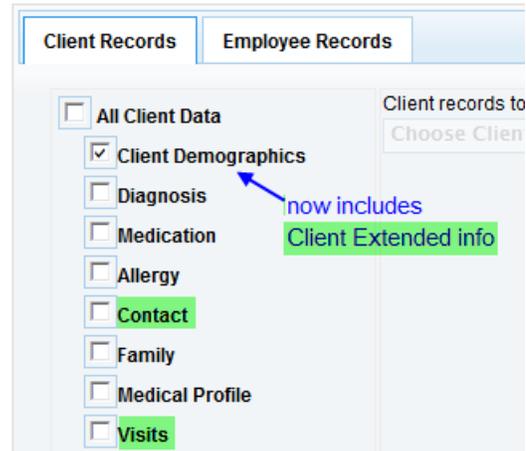
To cancel an active agreement or reject (delete) an agreement: Reports tab > Provider Portal button on nav bar > Agreements button on the nav bar > Click to Cancel or Reject button as appropriate

Exchanging Client Extended Info, Contacts, and Visit Details

The client information that you can exchange through the Provider Portal has been expanded to include client extended info, contacts, and client visit details.

Client extended info is automatically included with the client’s demographic information. The Partner or non-Credible entity receiving the exchange reviews the client extended info and accepts or declines it. Most likely, the recipient will need to make adjustments to the default mapping for the client extended info fields as they vary from one Partner to the next.

Pick which type of data you want to exchange

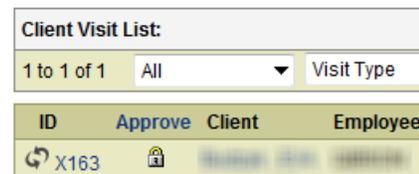


When contact information is exchanged, each contact record in the client’s record is sent. Currently, if the same client is sent more than once and contact information is included, the contact records will be duplicated in the recipient’s system. To avoid this, the recipient can decline contact records in subsequent exchanges.

When you exchange client visit details, it is for view-only purposes in the recipient’s system and can only be accessed via the client’s individual visit list. An exchanged visit is identified by the Provider Portal icon and an X at the beginning of the visit ID.

Since exchanged visits only reside in the ClientVisitExchanged table, they are *not* pulled into any existing reports and have no impact on billing or revenue recognition.

Currently, you cannot select specific visits for exchange – all visits for the client will be sent. The recipient can accept or decline each visit. In a future release, you will be able to exchange the form data associated with client visits.



Provider Portal exchanged Visit

Client Visit:		
Client Name:	Referral	Employee Name:
Visit Type:	Referral	Program:
Time In:	4:02 PM	Time Out:

Settings

Your Implementation or Account Manager needs to turn on the Provider Portal in your system.

Security Matrix: ProviderPortalOperate, ReportList

Configuration

Agreements with the entities you are going to exchange information with need to be configured and activated.

Use

See [Provider Portal Use](#) in the help.

Resolving Data Discrepancies: On the Fly and Permanent Mapping

To help ensure the best fit possible for incoming data, the Provider Portal now compares the source data for the following fields with the corresponding data in your system:

- Contact Type
- Approved By Employee
- Employee Service Performed
- Foster Home
- Location
- Program
- Team
- Visit Type

Due to agency-specific terminology, it is likely that the data in the above fields will be different in the source and destination systems. If there is not a match, you will be prompted to resolve the data discrepancy on the Specific Data Topics to Resolve screen.

You resolve the discrepancy by selecting a corresponding value that exists in your system or leaving the incoming data as is. When "leave as original value" is the resolution, the data will be available for "limited reference purposes" when accepted into your system.

If appropriate for a resolution, you can instruct the system to apply it in all cases. This will save time when you receive another exchange with the same data.

Note: if Diagnosis information is exchanged and there is a discrepancy between the description associated with a diagnosis code, the description will not be retained. If you update the assessment, the diagnosis will be cleared and you will have to reselect it.

With the new administrative Mapping function, you can set up master data maps for the different fields for each Partner-to-Partner agreement you have. Once set up, you will not need to resolve data discrepancies for each individual data exchange.

Diagnosis description and code in Sender's system

MULTIAXIAL ASSESSMENT: JIII TESETER (2336)	
Effective Date:	11/12/2012
Axis I: Clinical Disorders; Other Conditions That May be	
Primary:	DEPRESSIVE DISORDER, OTH (311)
Diagnosed By:	
Onset Date:	

Because description for 311 is different in Recipient's system, only code displays

MULTIAXIAL ASSESSMENT: JIII TESETER (167967)	
Effective Date:	11/12/2012
Axis I: Clinical Disorders; Other Conditions That May	
Primary:	(311)
Diagnosed By:	
Onset Date:	

Settings

Your Implementation or Account Manager needs to turn on the Provider Portal in your system.

[Security Matrix](#): ProviderPortalOperate, ReportList

Configuration Agreements with the entities you are going to exchange information with need to be configured and activated.

Use For a specific data exchange: the Specific Data Topics to Resolve screen displays after you modify/accept the data mapping for the client records.

1. If there are not any fields to resolve, click Next Step. If fields are listed, select the appropriate value from the dropdown provided or go with the default of “leave as original value.”
2. If you need to reset the “store as” values to the default values, click the Reset all Choices button.
3. If you want the system to remember the resolution and apply it to future instances of the same data, click Apply In All Cases.
4. When done, click Next Step.

To set up master data maps for a specific agreement:

1. Mapping button on the Provider Portal nav bar > Master Map Settings for this Agreement button for the desired agreement.
2. Click a master map section.
3. Select a source value, select the destination value you want to map it to or select the Leave as Original Value checkbox, and click Map Source to Destination. Repeat for each source value.
4. Repeat steps 2 and 3 for the different master map sections.
5. Click Save Master Mapping.

Provider Portal Manager Screen Enhanced

To help you keep track of exchanges received, a “received previously” message with a date/time stamp now appears on the Provider Portal Manager screen for each received exchange. The message is preceded by a green checkmark.

Settings Your Implementation or Account Manager needs to turn on the Provider Portal in your system.

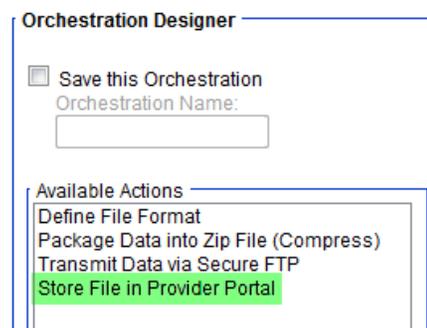
[Security Matrix](#): ProviderPortalOperate, ReportList

Configuration Agreements with the entities you are going to exchange information with need to be configured and activated.

Use N/A

Sending Data to Provider Portal Account for Non-Credible Entity

With a new action in the Orchestration Designer, you can store the data you are sending to a non-Credible entity in the Provider Portal. This way, the non-Credible entity can pick up the data in their Provider Portal account vs pulling it off their FTP server. Sending data via secure FTP is still an option.



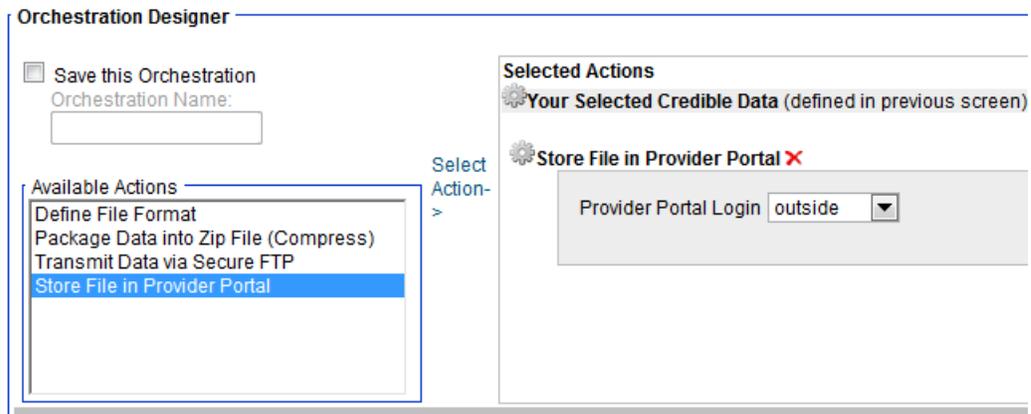
Settings [Security Matrix](#): ProviderPortalOperate, ReportList

Configuration Your Implementation or Account Manager needs to set up any agreements you have with non-Credible entities. See [Credible Provider Portal](#) in the help for more information.

- Use**
1. Reports tab >  > .
 2. Click the ellipsis button and then search for and select the first client record you need to exchange (click his or her ID).
 3. Repeat step 2 for each record you need to exchange.
 4. Specify the parts of the records you want to exchange by selecting the corresponding checkboxes. Note that selected record parts apply to all clients in the exchange.
 5. Click Next Step.
 6. Select Credible Orchestration System for the exchange destination and click Save. The Orchestration Designer screen displays.
 7. If a specific file format is required by the non-Credible entity, select Define File Format in the Available Actions box, click Select Action, and click the Expand Properties icon.
 - a. For the field displayed, enter the required order, maximum length, and default (Format field is not currently in use).
 - b. Click the ellipsis and select the next field from the Source dropdown. Enter the required order, maximum length, and default.
 - c. Repeat step b for each field in the Source dropdown. If you need to delete a field, click the red x. When done, click the Collapse Properties icon.

- Select Store File in Provider Portal in the Available Actions box, click Select Action, and click the Expand Properties icon.

Load a saved Orchestration:



- Select the non-Credible entity from the Provider Portal Login dropdown and click Next. The system generates a .txt file and makes it available for the non-Credible entity to pick up in their Provider Portal account.

New Provider Portal Notifications

With six new Provider Portal notifications, you can keep the appropriate staff informed of agreement transactions and key data exchange events.

- Provider Portal Agreement Rejected (and removed)
- Provider Portal Saved New
- Provider Portal Status Change
- Provider Portal Exchange Rolled Back
- Provider Portal Exchange Sent to Staging
- Provider Portal New Exchange Arrived

You can send the Provider Portal notifications to a specific profile and/or an employee.

<i>Settings</i>	Security Matrix: NotificationTriggers
<i>Configuration</i>	N/A
<i>Use</i>	See Notification Triggers in the help.

CLIENT

Custom Tx Plus Library for Consistency in Treatment Plan Building

With a new administrative function, you can create a custom treatment plan library with clinical areas specific to your organization. Predefine problems and the related goals, objectives, and interventions to standardize treatment plan building.

When an employee selects a clinical area, he or she will only be able to choose from the problems you defined for it. Similarly, when the employee selects a problem, only the goals/objectives/interventions you associated with it will be available.

Settings

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

The Force Wiley Partner Config setting has been updated (and renamed) to apply to the Custom Tx Plus Library. Select the setting if you want to force staff to use the predefined items in the custom library (and Wiley library if applicable) and prevent them from defining treatment plan items on the fly.

Security Matrix: TxPlusBuild

Configuration

1. Admin tab > Manage Tx Plus Library.
2. Click Add Clinical Area, add a description of the clinical area, and save.
3. Select the clinical area and click Add Problem. Add a short description and long description of the problem and save.
4. Select the problem and click Add TxPlus Element. Goal is selected by default. Add a summary and description and save.
5. Repeat step 4, adding more goals, objectives, and interventions to the problem. When done, click Go Back.
6. Add additional problems and related goals, objectives, and interventions as necessary. When done, click Go Back.
7. Add additional clinical areas as necessary. When done, close the popup window.

Use

See [Tx Plus](#) in the help. **Note:** in the CLIENT TxPlus Builder screen, the Use Wiley checkbox will now be Use Wiley Library, Use Custom Library, or Use Custom/Wiley Library depending on how your system is set up.

Add Program-Specific Tx Plus Item Labels

If the terminology you use for the items/levels in a treatment plan changes based on the program the plan is associated with, you can take advantage of the new program-specific Tx Plus labels. You can have program-specific labels for the four items in a Tx Plus plan: Problem, Goal, Objective, and Intervention.

The main labels in Partner Config are used for programs that do not have labels assigned. When using program-specific labels, it is important that you set them up for the same levels that are set for the main labels. For example, if only Problem and Goal are filled out for the main labels, you should only set up program-specific labels for the same two levels. As a reminder, when you leave a level blank, it does not appear when building a treatment plan.

Settings [Partner Config: Custom Tx Plus Program Labels](#)

[Security Matrix: TxPlusView, TxPlusBuild](#)

- Configuration*
1. Admin tab > Partner Config > Custom Tx Plus Program Labels.
 2. Click the Click Here to Add Labels link. The Program-Specific Tx Plus Labels screen displays.
 3. Click the Add Tx Plus Program-Specific Label button.
 4. Select a program from the dropdown.
 5. Enter custom labels for the same levels that are set up with “main labels” in Partner Config and save.
 6. Repeat steps 3 - 5 for each program that needs labels. Since each program can only have one set of labels, an error message displays if you select a program that already has labels.
 7. When you are done setting up program-specific labels, close the popup.

Use See [Tx Plus](#) in the help for the steps to build a treatment plan.

Default Program when Adding Tx Plus Plan via a Form

When building a Tx Plus plan from within a form, the Program dropdown now defaults to the program selected when the visit was scheduled or added.

Settings [Partner Config: Use Tx Plus](#)

[Security Matrix: TxPlusView, TxPlusBuild](#)

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

- Use*
1. Schedule/begin a visit or add a visit that has a Tx Plus category in it, selecting the appropriate program and visit type. If using the Add Visit function, select web forms as the entry method.
 2. Click ADD TX PLUS. Note that the Program dropdown defaults to the program selected in step 1. If the ADD TX PLUS link is not there, it means the client already has an active treatment plan for the program.
 3. If necessary, change the program.
 4. Fill out the other fields in the Tx Plus plan as appropriate and save.

Copy Tx Plus Treatment Plans

To save time when building a Tx Plus plan, you can now copy an existing one. For the Copy button to display on the CLIENT TxPlus Builder screen, the treatment plan you want to copy must have an end date at the plan level.

When you copy a Tx Plus plan, the new version uses the program the original treatment plan is assigned to and the summary field is retained.

Any sublevels in the treatment plan you copy that do *not* have an End date or have an End date in the future are included in the new treatment plan. Sublevels with an expired End date are not copied to the new treatment plan.

- Settings*
- [Partner Config](#): Use Tx Plus
 - [Security Matrix](#): TxPlusView, TxPlusBuild

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

- Use*
- To copy an existing Tx Plus treatment plan:
1. Client nav bar > Tx Plus
 2. Click View Closed and click the edit button for the treatment plan you want to copy. Only treatment plans with a plan End Date in the past will be available for copying.
 3. Identify the levels in the treatment plan you want to copy and make sure they do not have an expired end date.
 4. Click the Copy button.
 5. Enter a new Start Date in the New Start Date popup. Note the new start date should not conflict with an existing treatment plan.
 6. Click Copy.

Show/Hide Expired Tx Plus Plan Levels

When editing a Tx Plus treatment plan, expired levels – levels with end dates prior to the current date – are hidden by default. You can now show and then hide the expired levels with the new Show Expired Groups checkbox on the CLIENT TxPlus Builder screen.

Settings Partner Config: Use Tx Plus
Security Matrix: TxPlusView, TxPlusBuild

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

Use

1. Access CLIENT TxPlus Builder screen via Client nav bar (click edit for the plan) or Intake nav bar from within a Tx Plus form.
2. To show expired levels, select the Show Expired Groups checkbox.
3. To hide the expired levels, uncheck the checkbox.

Make Axis I Primary Default for One or More Programs

To support state-specific reporting requirements, the Default for Program(s) dropdown is now available for the Axis I Primary diagnosis.

Settings Security Matrix: DxAdd and/or DxUpdate or DxFormsAdd

Configuration N/A

Use See [Diagnosis](#) in the help.

One-Step Process to Delete Axis I, II, or III Diagnosis

A Delete Diagnosis button has been added to the Notes section for each Axis I, II, and Axis III diagnosis. You control the availability of the button with the new Security Matrix right DxAxisDelete.

Settings Security Matrix: DxAxisDelete

Configuration N/A

Use

1. Client tab > view button for client > Diagnosis button on Client nav bar.
2. Click Update Assessment button and then click the Notes icon for the diagnosis you need to delete.
3. Click Delete Diagnosis and click OK when confirmation popup displays.

Date of Birth Added to Print View of Medication List

To meet client identification requirements, the client's date of birth is now included at the top the print view of his or her medication list.

<i>Settings</i>	Security Matrix: RxView
<i>Configuration</i>	Make sure each client has a date of birth entered into his or her Client Profile.
<i>Use</i>	Medications button on Client nav bar > print view button. The client's date of birth is at the top of the print view.

Date Enhancements for Printed Credible eRx Scripts

There are two enhancements to dates on a printed Credible eRx script:

- The printed prescription will include the current date as well as the prescription date (start date).
- Both dates will be spelled out in the format Monthname DD, YYYY. For example, 11/17/2012 will be changed to November 17, 2012 on the printed script.

You may want to consult your state's Board of Pharmacy to determine if you need these enhancements before selecting the new Partner Config setting that activates them.

<i>Settings</i>	Partner Config: Spell Prescription Months
<i>Configuration</i>	N/A
<i>Use</i>	See Printing a Prescription in the help.

EMPLOYEE

Change Employee Time Zone

If you have employees that work in multiple time zones, you can take advantage of new functionality that lets employees set their own time zone depending on their location. You can also have the system prompt the employee to switch his or her time zone when logging in.

Once configured, the employee time zone displays in the banner under the log out button. The employee time zone also displays anywhere that a date automatically appears in Credible and can be edited (for example, signing and submitting a visit). Note that this does not include the Schedule, as the time selected will be used, or times that naturally default to 12:00 AM (for example, immunizations in the Client Medical Profile).

Settings

Your Implementation or Account Manager needs to turn on the Employee Time Zone functionality in your system.

[Partner Config](#): Time Zone, Use System Clock

[Security Matrix](#): EmployeeConfig

Use

1. Employee nav bar > Config.
2. Select the appropriate time zone from the *Employee Time Zone* dropdown.
3. Select *Set Employee Time Zone at Login* (optional). When set, you will be prompted at login to change your time zone.

SCHEDULE

Schedule Employee/Client Notification Anytime in the Future

When you create a manual notification on an employee or client schedule and set it to occur only once, you can now pick any day in the future for the event to occur. Previously, you were limited to the week you were viewing or, if in Day or Month view, the current week.

Notification Event for Jane Smith

Title:

Send To: Employee Team Leaders & Supervisors

Reminder:

Occur Once: On

Send Email:

Must Dismiss:

Calendar: Nov 2012

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	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	1

Settings N/A

Configuration N/A

- Use*
1. Access the schedule for the employee or client.
 2. Click the notification icon (red flag on employee schedule, blue flag on client schedule). The Notification Event popup displays.
 3. Fill out the fields as you normally do. When you select Occur Once, the On field displays with a calendar picker icon.
 4. Navigate to the desired date and click to select it.
 5. Save the notification event.

VISIT

Geo Areas Added to Location Filter in Advanced Visit Search

If your organization uses geo areas, you can now use them as a filter when searching for visits in Advanced Visit Search. Similar to Advanced Ledger Search, you select geo areas from the bottom of the Location dropdown.

- Settings** [Security Matrix: AdvSearch](#)
- Configuration** For information on adding a geo area and linking it to service locations, see [Geo Areas/Offices](#) in the help.
- Use**
 1. Visit tab > advanced search button
 2. Select desired search criteria including one or more geo areas from the Location dropdown (to select multiple geo areas, click Multi Select first).
 3. Optionally, select Geo Area as a custom field.
 4. Click Filter.

Option to Display Employee Title in Visit Details Screen

To support state-specific auditing requirements, you can set your system up to display the employee’s title in the Visit Details screen. The system pulls the title from the corresponding field in the employee’s profile.

Tip: with current functionality, you can also add the employee’s title to the visit print view (see [Configuring Header Fields in Visit Print View](#) in the help).

Client Service:		
Client Name:	Inspector Lestrade	Em
Service Type:	Preferred Eval-Initial	Pr
Time In:	9:00 PM	Tin
Revised Time In:		Re
CPT Code:	88888	Ins
Rate:	0.00	Uni
Approved:	✗ False	Ap
Cotherapy:	True	Bill
Status:	COMPLETED	Aut
Schedule Date:	6/18/2012	Me
Form : Version:	973 : 3493	Mo
2nd Employees:		
Additional Fields		
Employee Title:	Clinical Supervisor	su

- Settings** [Partner Config: Display Employee Title](#)
[Security Matrix:](#) ClientVisitView, ClientVisitViewAll, ClientVisitViewTeam, or ClientVisitViewTeamOnly
- Configuration** Make sure the title field is available in the Employee Profile (Data Dictionary; Table Source = Employee) and that the field is filled out for all employees.
- Use** Visit tab > view button for visit. The Employee Title field is in the Additional Fields section in the header.

Editing eFax Cover Sheet for Client Visit Information

With two new fields on the eFax Visit Details popup, you can specify the name of the intended recipient and add other information such as the name and phone number of the sender, date, subject, and the number of pages.

As a reminder, the eFax cover sheet includes a confidentiality clause. You cannot see it because the cover sheet does not display in Credible. Refer to the help to see the wording of the clause.

Settings

An addendum to your contract is required before you can use the eFax visit functionality. For more information, send an email to contracts@credibleinc.com. Once your contract is updated, your Implementation or Account Manager will turn on the eFax visit functionality in your system.

[Security Matrix: ClientVisitFax](#)

Configuration

1. Admin tab > Agencies.
2. Edit an existing agency or add a new one.
3. Make sure the agency has a Site Fax number.
4. Click update (or Add Agency).

Use

1. Visit tab > fax button for the visit you want to eFax or view button > Template button in Visit Details screen. A PDF of the visit details/template displays.
2. Select the agency you are sending the fax to from the corresponding dropdown.
3. Enter one or more contact names in the Attention field (max 50 characters).
4. Enter additional information about the eFax in the Notes field (max 190 characters).
5. Click the Fax button.

ADMIN

Separate Rights for Starting and Updating a Medical Profile

With the addition of the MedicalProfileAdd right, you have greater control over which employees can create medical profiles and which employees can update them. MedicalProfileAdd controls the availability of the Start New Profile button on the Client Medical Profile screen while MedicalProfileUpdate is tied to the Save Medical Profile button.

Settings **Security Matrix:** *MedicalProfileAdd* and/or *MedicalProfileUpdate*

Configuration As part of the Release 7.3 update, MedicalProfileAdd will automatically be selected for profiles that have MedicalProfileUpdate. To restrict employees to just creating/adding a medical profile, uncheck MedicalProfileUpdate for the appropriate profiles.

Use See [Medical Profile](#) in the help.

New Rights for Applying Adjustments to Insurance/Client Payments

You can now control the availability of the adjust button on the Insurance Payments and Client Payments screens with two new Security Matrix rights.

Settings **Security Matrix:** *InsPaymentAdjust*, *ClientPaymentAdjust*

Configuration As part of the Release 7.3 update, InsPaymentAdjust will automatically be selected for profiles that have InsPaymentDelete. ClientPaymentAdjust will be automatically be selected for profiles that have ClientPaymentAdd. Adjust the settings as needed.

Use See [Insurance Payments](#) and [Client Payments](#) in the help.

Send Notification Trigger when Contact Is Added or Updated

With two new notification triggers, Contact Add and Contact Update, you can notify the appropriate staff when an employee adds or updates a contact for a client.

Settings **Security Matrix:** *NotificationTriggers*

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

Purging Client Records

If your organization is required to purge inactive client records after a specified amount of time (for example, after 6 years), you can meet the requirement with the new administrative function Purge Client. Purging permanently removes all non-financial information in a client’s record and “anonymizes”¹ the client’s payment, authorization, claim, and liability information. The information cannot be retrieved. Retaining the deidentified financial information maintains the integrity of your financial reports.

In summary, purging **permanently removes** all traces of a client from your system – and you **cannot restore/retrieve** the data once the client record has been purged.

You control which employees can purge client records with the new Security Matrix right *PurgeClient*. Due to the significance of purging client records, password entry is required as part of the process and the employee’s supervisor(s) is notified when the client records are purged. You can set up a notification trigger to alert the appropriate staff when a purge request has been scheduled.

When an employee schedules a purge, SCHEDULE CLIENT PURGE is recorded in his or her log. When the physical purge is completed as part of a nightly process, the action PURGE CLIENT RECORD(S) is added to the employee’s log.

Settings

Security Matrix: *PurgeClient*

Configuration

Set up the Purge Client Records notification trigger. Do not set a reminder. See [Notification Triggers](#) in the help for more information.

Note: if your system is set up to delete notifications when a client is deleted, the delete process will occur when clients are purged. Be aware that if an employee deletes up to 100 clients, his or her Employee Log will be overwhelmed with the action REMOVED NOTIFICATION TRIGGERS.

Use

1. Admin tab > Purge Clients (in Security Configuration section).
2. Import or manually enter the client IDs of the records you need to purge.
Note: if importing, make sure that the file does not have a header row – a first row with column headers.
3. Review the client information displayed to make sure you are purging the correct records. The client should have an inactive status (such as CLOSED, DISCHARGED, or INACTIVE) and the last visit date should not be recent.
4. Uncheck the Include checkbox if you do not want to purge a specific record.
5. Click Purge Selected Client(s) and click OK when the confirmation popup displays. The Enter Password to Continue screen displays.

6. If you are sure the client records listed should be purged, enter your password and click Continue. A message displays indicating your purge request has been scheduled and will be processed during the night.

To view a report of client records that have been purged, use the [Purge Client Log Report](#).

¹ Anonymizes defined: Previously identifiable data that has been deidentified and for which a code or other link no longer exists. An investigator would not be able to link anonymized information back to a specific individual. For more information, go to <http://www.gpo.gov/fdsys/pkg/CFR-2002-title45-vol1/pdf/CFR-2002-title45-vol1-sec164-514.pdf>

BILLING

837i: Send Client Due + Client Paid Amount with FC Qualifier

If required by a payer, you can now send the total Client Due + total Client Paid in the HI*BE segment with an FC qualifier in the 837i. Note that this cannot be used with sending occurrence information since part of that information is sent out in this field.

Settings

Security Matrix: BillingConfig

Payer Config: *Send Client Total Amount 837i*

Configuration

1. Billing tab > Billing Payer
2. For each payer that requires the total Client Due + total Client Paid in the HI*BE segment, click edit, select *Send Client Total Amount 837i*, and save.

Use

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

837P: Send a Description of the Procedure Code

If required by a payer, you can now send a description of the procedure code in the 837P. The description is sent in the 2400 loop, SV101-7.

Settings

Security Matrix: BillingConfig

Payer Config: *Send Procedure Code Description*

Configuration

1. Configure the text1 field:
 - a. Use Data Dictionary to add the text1 field to the BillingMatrix table. Since the maximum length of the field in the 837 is 80 characters, enter 80 in Max Length field when adding text1.
 - b. Edit existing Billing Matrix lines and enter the appropriate description in the text1 field. The field is in the Custom section at the bottom of the Billing Matrix Config screen.
2. Configure the payers:
 - a. Billing tab > Billing Payer
 - b. For each payer that requires a description of the procedure code in the 837i, click edit, select *Send Procedure Code Description*, and save.

Use

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

CMS 1500: Send Hospital Admit Date

The Use Hospital Admit Date setting in the Billing Matrix Config screen has been updated to include CMS 1500 claims – previously, it was for 837P claims only. When the Billing Matrix setting is checked and the hospital admit date is in the episode associated with the service, it will be sent in the CMS 1500 in box 18.

Settings

Security Matrix: BillingConfig, ClientEpisodeUpdate

Configuration

1. Use Data Dictionary to add the hospital_admit_date field to the Client Episode table.
2. Configure the Billing Matrix:
 - a. Billing tab > Billing Matrix
 - b. For the appropriate Billing Matrix lines, click edit, select Use Hospital Admit Date, and save.

Use

1. Click Episodes on the Client nav bar.
2. Update an existing episode or add a new one.
3. Enter a hospital admit date and then click Update Episode or Save.
4. Conduct a visit that is associated with the episode and then sign and submit it.
5. Batch the visit and create the CMS 1500. The hospital admit date will be included in box 18.

Assign Multiple Diagnoses to Visit and Send in 837P

To support state-specific Medicaid billing requirements, you can now bill for multiple diagnoses on an individual visit. To associate multiple diagnoses with a visit, you need to update the completed visit and select them from the Diagnosis 2/3/4 dropdowns. Adding/changing the additional diagnoses is recorded in the visit log (axis_code2/3/4). The diagnoses available in the dropdowns are determined by the main diagnosis – if you switch it, they will switch as well.

The multiple diagnoses are displayed in the Diagnosis field after main diagnosis.

Settings

Partner Config: *Update Multi Dx per Visit*, Diagnosis Dropdown

Security Matrix: ClientVisitUpdate, Billing Config

Billing Payer: *Send Additional Dx When Present*, 837 Professional as Override Claim Format

- Configuration*
1. Billing tab > Billing Payer.
 2. For each payer that requires multiple diagnoses in the 837P, edit its config file, select *Send Additional Dx When Present*, and save.

Use See [Updating Fields in Visit Header Section](#) and [Generating a Batch Claim File](#) in the help.

E/M Code Support in Visit Type Config and Billing Matrix

To prepare for the CPT code changes that take effect January 1, 2013, Visit Type Config and the Billing Matrix have been updated to support the new E/M coding requirements. When the new E/M setting is selected for a visit type, staff can select the E/M coding level at sign and submit or update the completed visit and select the appropriate level. To ensure that the services are billed correctly, E/M Code has been added to the matching criteria in the Billing Matrix.

Service Matching Criteria:

Service Type: Init Assmt Dx Su

Program: --Select--

Location: --Select--

Recipient: --Select--

Credential Group: --Select--

E/M Level: --SELECT--

Group services: --SELECT--

Start Minutes:

End Minutes:

Effective Date:

Level 1

Level 2

Level 3

Level 4

Level 5

Settings [Security Matrix](#): BillingConfig

- Configuration*
- Visit type config:
1. Admin tab > Visit Type.
 2. Edit an existing visit type or create a new one.
 3. Select Use E/M Level and save.
- Billing Matrix config:
1. Billing tab > Billing Matrix.
 2. Add a Billing Matrix line for each possible E/M Code value.
 3. Enter the appropriate CPT code and save.

Use Select the appropriate E/M level when you sign and submit the document. If necessary, you can select/change the E/M level by updating the completed visit. (See [Documenting a Visit with a Web Form](#) and [Updating Fields in Visit Header Section](#) in the help for more information.)

Red X Primary Service Based on Associated Service

With enhancements to the Custom Red X function, you can now create a billing rule for a “primary” service that involves a check on an “associated” service. When setting up a custom red X, you typically specify the conditions dictated by a payer. For example, to bill for a telephone service to a client, it must be provided at least 7 days after a face-to-face service. The custom red X for this example would be as follows:

1. Telephone service = primary service because you want it to red X if the specified conditions are not met
2. Face-to-face service = associated service – think of it as a contingency
3. At least 7 days after = time span and whether the associated service must precede or follow the primary service. Based on the way the example above is worded, the associated service must precede the primary service.

Two other common conditions that payers specify is that the primary service and associated service cannot be (or must be) provided on the same day and/or by the same employee.

In the example above, the associated service must “exist” (it must have been provided) for the primary service to be billed. The opposite scenario is also a common condition required by payers – that an associated service does not exist (cannot have been provided). For example, a Diagnostic Evaluation service cannot be billed if a Psychotherapy service was provided on the same day.

In some billing rule scenarios, the primary service and the associated service are the same service type.

When configuring a primary service/associated service custom red X, the best practice is to set it to *For Approval*. That way, you can catch a potential billing error early on and remedy the situation or flag the primary service as non-billable to avoid a rejected claim. As a reminder, any visit that is set to Auto Approve via the Billing Matrix will bypass any red X rule for approval. For this reason, we recommend that you do not set these visits up to autoapprove.

After configuring a primary service/associated service custom red X, you need to determine which Billing Matrix entries match the services and then link those entries to the custom red X.

Settings

[Security Matrix: BillingConfig](#)

Configuration

Configure the primary service/associated service custom red X:

1. Billing tab > Custom Red X > Add a New Custom Red X Entry.
2. Enter a description of the custom red X. (Required; when a primary service red Xs, you can mouse over and view the description.)
3. Select the appropriate field type and field name. They will work in conjunction with the primary service/associated service conditions.

4. Select For Approval.
5. Fill out the remaining fields in the top section as appropriate.
6. Specify the conditions for the associated service/matching matrix line and save the entry.
 - a. Associated Matrix Does Exist – select True if the associated service has to be provided for the primary service to be billed; select False (does not exist) for the opposite scenario – the associated service cannot be provided for the primary service to be billed. You must select True or False for the primary service/associated service custom red X functionality to work.
 - b. Time Span (Hours) – enter the time frame in hours specified by the payer. Using the first example above, this would be 168 hours. You must enter a value for the primary service/associated service custom red X functionality to work.
 - c. Must Precede Or Follow – specify whether the associated service must precede or follow the primary service. If the associated service must be *within* a specified time frame in relation to the primary service, use the default of N/A.
 - d. Does Exist Same Day – use the default of False if the associated service cannot be provided on the same day as the primary service; select True if both services have to be performed on the same day.
 - e. Does Exist Same Provider – use the default of False if the associated service cannot be provided by the same employee that provided the primary service; select True if both services have to be performed by the same employee.

Link the custom red X to the appropriate Billing Matrix entries.

1. Billing tab > Billing Matrix.
2. Edit the Billing Matrix lines that correspond to the primary service. Select the custom red X from the Primary for Custom Red X list and save.
3. Edit the Billing Matrix lines that correspond to the associated service. Select the custom red X from the Associated for Custom Red X list and save.

To view the Billing Matrix entries you linked, edit the custom red X record and hover over the info icon for Primary Matrix Lines and Associated Matrix Lines.

Associated Matrix Settings ⓘ

Associated Matrix Does Exist*: True ▾

Time Span (Hours)*: 24

Primary Matrix Lines*: ⓘ

Associated Matrix Lines*: ⓘ

Must Precede: Psych Eval /Use E/M Level (1786) CPT:90791

Does Exist Same Day: True ▾

Does Exist Same Provider: False ▾

Use

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

REPORTS

Purge Client Log Report

Run the new Purge Client Log Report to keep track of the client records that were purged through the [Purge Clients](#) function. While the report lists the client IDs that were purged, client names are no longer associated with them. The report also lists the date/time the purge was run and which employee requested the purge.

Use the Yes filter to view just the records that have purged and the No filter to view those that have not been purged yet (because the purge happens at night). Use the All filter to capture both.

Settings

Security Matrix: ReportList

Report Security: *Purge Client Log Report*

Configuration

N/A

Use

1. Reports tab > Admin button on nav bar > *Purge Client Log Report*.
2. If necessary, change the default date range and the Purged filter.
3. Click Run Report.

FORMS

Sharing Forms with Other Partners

Using Provider Portal agreement functionality, you can now share forms with any Partner that you have an active agreement with.

Settings Your Implementation or Account Manager needs to turn on the Provider Portal in your system.

Partner Config: *Participates in Provider Portal Exchanges*

Security Matrix: *ProviderPortalOperate, ProviderPortalAgreements, ReportList, FormBuilder, FormBuilderCopy*

Configuration Using the Provider Portal, set up a form sharing agreement with another Credible Partner and activate it. Click [here](#) for more information.

Use

1. Click the Forms tab and find the form you want to share.
2. Click the copy button for the form.
3. Select the appropriate Partner from the dropdown and click Copy. All Partners that you have active form sharing agreements with appear in the Select a Partner dropdown.

Show All Questions for Just Tx Plus

With a new Tx Plus-specific Show All Questions setting in Visit Type config, you can restrict the show all functionality to the Tx Plus category in the form. If you want to show all questions in all categories in the form, use the original Show All Questions setting.

Since a Tx Plus category cannot have questions in it, the show all functionality applies to the items in the Tx Plus category – problems, goals, objectives, and interventions. By selecting Show All Questions for Tx Plus Only (or the original Show All Questions setting), the treatment plan can be reviewed and approved prior entering documentation. Previously, you had to enter a character in one of the Documentation fields to make the show all functionality work.

Settings N/A

Configuration

1. Admin tab > Visit type.
2. For the appropriate forms, click edit, select *Show All Questions for Tx Plus Only*, and save.

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

Splitting a Visit Based on a Form Answer

The answers for the Checkbox question format have been updated to include the new field Split Visit When Checked. If you set the field to True for one of the answers to a Checkbox question and that answer is selected when the form is filled out, the visit will split into two when you sign and submit it. The visit can only split once so if the visit type is set to split or another Split Visit When Checked question is answered, the visit will only split the first time.

Answer

Answer: Yes, create split

External Code:

Order: 1

Has Notes: NO * All notes

Is Default: NO

Is Notification Trigger: NO

Split Visit When Checked: True

Long Text:

Settings

Security Matrix: FormBuilder, FormBuilderEdit, BillingConfig

Configuration

- Using Form Builder, create a new form or edit an existing one.
- Add a Checkbox question to the form and add the desired answers, selecting True for Split Visit When Checked for the appropriate answer. (See [Forms](#) in the help for information on using Form Builder.)
- Link the form to a visit type.
- Make sure there are two Billing Matrix entries for the visit type the form is linked to -- a primary entry and one with Is Split Secondary selected. Add the appropriate CPT codes to each entry.

Use

See [Documenting a Visit with a Web Form](#) in the help.

eMAR Added to Intake Nav Bar in Forms

You can now make the eMAR functionality available to staff from within a form. The eMAR button on the Intake nav bar brings up the Client Medication Schedule screen. Accessing this screen while in a form is useful if your organization sends the National Drug Code (NDC) with the visit for billing purposes. This is accomplished by associating an eMAR administration with a visit (click [here](#) for the related help topic).

Settings

Security Matrix: eMar, eMarAdministerMeds

Configuration

- Admin tab > Home Page Config > Client Navigation.
- Select Include in Intake checkbox for eMAR and save.

Make sure Show Intake Nav Bar is selected for form (Forms tab > edit existing form).

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

Use

1. Begin visit and click CLIENT INTAKE on left side of form.
2. Click eMAR button in Intake nav bar.

See [eMAR – Client Nav Bar](#) in the help for more information.

PATCH LIST

General

Word Icon Used for Powerpoint and Outlook Attachments

<i>Task #</i>	32896
<i>What was the issue?</i>	Word icon displays for Powerpoint presentation and Outlook message attachments.
<i>The patch</i>	Two new attachment icons have been added for Powerpoint presentations and Outlook messages.

Cross-Browser Compatibility

Firefox: Lab Results Filter Not Working in Advanced Client Search

<i>Task #</i>	29976
<i>What was the issue?</i>	With the Firefox browser, selecting and saving lab results as a filter in Advanced Client Search (via Medical button and Advanced Search Filter popup) caused the screen to freeze and the filters were not saved.
<i>The patch</i>	The “filter building” functionality has been updated so the error no longer occurs when using Firefox.

Chrome: Home Tab Label Cut Off in Provider Portal Home Page

<i>Task #</i>	30232
<i>What was the issue?</i>	When using Chrome, only the top half of the Home tab label was displaying in the Provider Portal home page.
<i>The patch</i>	A fix was made so all of the Home tab label displays.

Internet Explorer: Employee Cannot Sign Client Liability “Form” with Signature Pad

<i>Task #</i>	32249
<i>What was the issue?</i>	With Internet Explorer, if a client signed Client Liability “form” and the signature was saved, the employee could no longer use the signature pad to sign the form.
<i>The patch</i>	“Exception handling” has been added to the Client Liability function for when a client signature is present but an employee signature is not. Employees can now sign the Client Liability form with the signature pad after a client signature has been obtained and saved.

Internet Explorer: Require Location and Recip for Appr Setting Not Working

Task # 30294

What was the issue? When using Internet Explorer, the system was not requiring a location on the Sign & Submit page even though Require Location and Recip for Appr was selected in Partner Config.

The patch Additional validation has been added to the Sign & Submit page to ensure that a location is required when the corresponding Partner Config setting is selected.

Internet Explorer: Payer Filter Does Not Display on First Click when Generating Batch

Task # 31467

What was the issue? When using Internet Explorer and generating a batch claim file, if the Payer filter dropdown is selected, the dropdown does not display unless selected twice.

The patch The Payer filter dropdown now displays when first selected using Internet Explorer.

Internet Explorer 8: Full Facility/Foster Home/Log Action Names Not Visible in Dropdowns

Task # 24808

What was the issue? When using Internet Explorer 8, it was difficult to view full facility, foster home, and log action names because the dropdowns were too narrow.

The patch The dropdowns have been widened.

Internet Explorer 9: Unable to Upload Multiple Attachments

Task # 32273

What was the issue? When using IE 9, the Upload Multiple Attachments function does not work due to ActiveX problems.

The patch The Upload Multiple Attachments function has been fixed and works as expected when using Internet Explorer 9 32-bit.

Client

Difficulty Finding a Specific Tx Plus Template

Task # 31912

What was the issue? When a building Tx Plus plan, it was difficult to find a specific template in the Load Template dropdown because the options were not alphabetized.

The patch The options in the Load Template dropdown are now alphabetized for ease of use.

ADD TXPLUS Link Not Available in Form Group

Task # 30583

What was the issue? The ADD TX PLUS link was not available in a form with a Tx Plus category when the form was in a form group and was not the first visit type. The client did not already have an active treatment plan for the program associated with the visit so the link was expected.

The patch Form Group functionality has been updated to ensure that the ADD TX PLUS LINK is available if there is a Tx Plus category in the form and the client does not already have an active treatment plan for the program associated with the visit.

Orphan Tx Plus Plan Created After Selecting Template to Build Plan

Task # 27824

What was the issue? When using a template to build a new Tx Plus plan for a client, the system automatically creates and saves an orphan treatment plan after the template is selected from the Load Template dropdown.

The patch The system will not save a treatment plan that is based on a template until the Save button is clicked.

Unable to Remove Tx Plus Templates from Load Template Dropdown

Task # 30780

What was the issue? Tx Plus templates cannot be removed from the Load Template dropdown without deleting them entirely (Admin > TxPlus Templates > delete).

The patch Tx Plus templates are now removed from the Load Template dropdown when an End date is added to the Tx Plus plan. Note that the template is still available to employees that are using it.

Invalid Tx Plus End Dates

Task # 31026

What was the issue? When the End date entered for a Tx Plus plan was prior to the Start date, the Tx Plus plan was automatically closed.

The patch The system now validates the End date entered and issues the error message "End date can not be before start date."

Tx Plus Plan Does Not Work in Group Visit

Task # 28221

What was the issue? When switching between clients in a group visit, if one of the clients in the group had a Tx Plus plan, the same plan displayed for all users in the group.

The patch The correct Tx Plus plan will be pulled up for each client in the group visit. If a client does not have an active Tx Plus plan for the program associated with the group visit, the ADD TX PLUS link will be available on the left side of the form.

Bed Board Marked As Open with No Release Date

Task # 32512

What was the issue? When multiple Board Billing interval lines existed, the system allowed the release of a bed on a prior line, in turn negating other lines though they already existed. For example, if there are three bed board intervals for a particular bed, you should not release a bed until you get down to the last interval.

The patch A fix was made to the system to prevent the release of a bed interval when there are future pending intervals in existence.

Credible eRx: No Log of Employee Approving a Prescription

Task # 30238

What was the issue? Employee approved a prescription but there was no corresponding log action.

The patch APPROVE CLIENT PRESCRIPTION has been added as a log action type.

Drug/Allergy Interaction Check Not Working for “Penicillins”

Task # 26570

What was the issue? The “Penicillins” option was selected from the Allergy dropdown and added as an allergy for a client. When a prescription was created that interacted with a penicillin in the Penicillins “family,” the system did not detect and warn of the interaction.

The patch The drug-allergy interaction check has been updated to recognize the Penicillins option. If Penicillins is an allergy in a client’s record and a script is being created, the system will check for interactions with all of the individual penicillin allergies. The updated functionality also applies to the other “family” entries in the Allergy dropdown. You can tell which ones they are because they are in the plural form.

Nurse Creates Order, Physician Signs, and Nurse Is Unable to Complete

Task # 29164

What was the issue? A nurse created the order and a physician signed it. When the nurse tried to complete the order, the Print/Submission screen redisplayed. Repeating the print process repeated the order process and duplicate details were added to med history.

The patch Software has been updated to support the following: if a medication created by a nonprescriber with the PrescriptionCreate right was submitted for approval and approved, that same nonprescriber will not be able to edit the dosage. Once completed, the available status will be ELECTRONIC - CURRENT, PAPER - CURRENT, or ELECTRONIC PENDING instead of ELECTRONIC - CURRENT UNAPPROVED, PAPER - CURRENT UNAPPROVED, or ELECTRONIC - PENDING UNAPPROVED.

Difficulty Updating Profile Date on Medical Profile Screen

Task # 28840

What was the issue? When updating the Profile Date field on a client's Medical Profile, you can only enter one keystroke before the cursor moves to the end of the date entry, making it difficult to edit the date.

The patch The Profile Date field in the Medical Profile screen has been updated to accommodate manual edits to any value in the date or timestamp.

Client Home Page Stretching out of View

<i>Task #</i>	30756
<i>What was the issue?</i>	When there are long names in the Billing Info and Authorizations sections, the Client Home page screen stretches out of view.
<i>The patch</i>	The Ins (Insurance) field in Billing Info will wrap if long enough and if there are spaces in the name. The Payer and Visit Type fields in the Authorizations section have been updated to allow data wrapping.

Employee

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

<i>Task #</i>	32820
<i>What was the issue?</i>	Clicking the visit ID link in a To Do List notification for an employee form generated a permission error. In another instance, clicking the link brought up an empty Client Visit List screen (Visit tab).
<i>The patch</i>	The visit ID in the For field is no longer a link when the To Do List notification is for an employee form.

Visit

Custom Filter Not Working for Certain Fields in Advanced Visit Search

<i>Task #</i>	31786
<i>What was the issue?</i>	Custom filter set up to exclude clients that have No as the value for a Client Profile field (for example, WHERE Clients:Currently on Probation/Parole NOT = No). Clients who have No in the field were returned in the search results. The Client Profile field in the custom filter was a text field and the system was treating it as a Boolean field.
<i>The patch</i>	Fix has been made so the custom filter functions as expected.

Unable to Approve Services After Making Approval Role Change

<i>Task #</i>	31755
<i>What was the issue?</i>	After changing an approval role for a service type to N/A, attempts to approve services associated with the service type prior to the change were unsuccessful.
<i>The patch</i>	Warning message now displays if you set an approval role to N/A and it has unapproved services associated with it: There are services still using this approval role. Changes will only be reflected in services going forward. The best practice is to approve the services prior to changing the approval role.

AVS: Payer Code/Payer Type Seq# Blank when Visit Has Allowed Payer in Slot

Task # 32523

What was the issue? Payer Code Seq# and Payer Type Seq# are selected as custom fields in Advanced Visit Search (AVS). There was no value in the two custom fields for a visit that had an allowed payer in that slot. The issue occurred because the allowed payer did not have a predefined payer type selected in its Payer Config.

The patch The join type for the relevant where clause was changed so the Payer Code Seq# and Payer Type Seq# custom fields will be populated regardless of whether the allowed payer has a predefined payer type.

Admin

Client Log/Global HIPAA Log: Extra UNASSIGN CLIENT PROGRAM Line with No User

Task # 28957

What was the issue? When a program was unassigned from a client’s record, an extra UNASSIGN CLIENT PROGRAM line was added to the HIPAA log. The User field for the extra line was “, ()” in the Client Log and blank in the Global HIPAA log. Note that the issue only occurred if the Partner Config setting Reason for Client Team Unassign was *not* selected.

The patch The logging functionality has been updated so the extra UNASSIGN CLIENT PROGRAM line no longer occurs.

Misleading Message when Deleting a Schedule Group

Task # 31585

What was the issue? Clicking delete for a schedule group brought up the confirmation popup “Do you want to delete this Group and all assignments to it?” Clicking OK did not delete the schedule group and its client/program assignments. Message did not convey that you have to delete all assignments before you can delete the schedule group.

The patch Messaging has been updated as follows: clicking delete brings up “Do you want to delete this Group?” Clicking OK to that question brings up "Please remove the Client(s)/Program(s) that are associated with Group prior to deleting". After you unassign the clients and programs, you can delete the schedule group.

Billing

Bed Board Billing Pulls Visits Already Completed via Bed Board

Task # 31975

What was the issue? Bed Board Billing picked up client visits that had already been successfully entered and approved. The issue occurred because the back button was used after clicking Add All to create Bed Board Billing visits – the visits became “unlinked” from the billing interval.

The patch The Add All button will be disabled after it has been clicked. The button will also be disabled when a user clicks the back button. The button will also be disabled when a user clicks the back button.

837 Out-of-Balance: Unapplied Disalloweds Added to Claims

Task # 31338

What was the issue? A claim was changed to PENDING due to primary payer denial. The primary payer adjudication information was attached to the 837 and sent to the secondary payer even though the adjustment was not actually applied to the claim. The claim was rejected for being out of balance. There was a similar issue where VOID adjudication information from a primary payer was attached to the 837 and sent to the secondary payer.

The patch Code has been added and updated to remove disalloweds received in an 835 but not applied to claims. Note that this fix will only apply to claims generated on or after November 17, 2012.

837: Claims Coming Back from Secondary Payer

Task # 29698

What was the issue? Primary payer paid and Medicare was billed as secondary. The message “Other Payer Insurance Type Code: Required; Must be entered and must be a valid version 5010 Insurance Type Code for Medicare Secondary claims U0086” was received from Emdeon.

The patch Code for the 837 has been updated to look at the payer that provided the payment (as was associated with the INS PAYMENT ledger action) and not the payer associated with the client insurance ID, that is in turn associated with the claim being paid.

Updated 835 Claim Status Not Retained when 835 Processing Screen Is Reaccessed

Task # 31130, 31028

What was the issue? Claim marked as PENDING when 835 was initially uploaded. When 835 processing screen is reaccessed to update other claims, claim that was previously marked as PENDING reverts to RESUBMIT status.

The patch New setting in Partner Config, *Save Updates to 835 Status Flags*. When set, the system will save the updated status values vs showing the original values on the 835 processing screen. Note that you still need to click ‘update claims’ at the bottom of the screen.

837i: Not Able to Change Submission Code Reason on a Service

Task # 30629

What was the issue? After clicking update, the option to change the Submission Reason Code disappeared. It was determined that you could only change the Submission Reason Code when the reprocess_for_payroll field was set.

The patch The code that handles setting the submission reason has been updated to work without the payroll reprocess flag.

4010A Loop Identifier in Payer Config Screen

Task # 31593

What was the issue? The Payer Config screen referenced the 4010 loop identifier 2310D (Service Facility Location) instead of the 5010 loop identifier 2310C.

The patch All instances of 2310D on the Payer Config screen have been changed to 2310C.

Service Went Back to Primary Payer in Error

Task # 29185

What was the issue? A service went back to the primary payer and there was no record of an update to the service or insurance.

The patch If a payer is changed when generating a batch claim file (by clicking info icon and selecting new payer), the TRANSFER INSURANCE ledger line will be generated to clearly identify when coverage is transferred from one payer to another.

Error Generated when Posting Payment: “Balance by payer is in error”

Task # 29717

What was the issue? Unable to apply payment to service due to “balance by payer” error.

The patch The software has been updated to prevent payers from getting out of balance. The patch only applies to claims created on or after November 17, 2012. For existing claims, perform the following steps to resolve:

1. Identify the "original" payer and payment that you want to apply.
2. Create a new payment for the retracting payer.
 - a. Make the payment amount = the amount you are trying to apply.
 - b. Include a note on the payment indicating that "this payment was originally from payer/payment XXX" (that is, the ID from step 1).
3. Apply this amount to the visit.
4. Update the original payer's payment in the amount of the payment applied in step 3.
 - a. Add a note on the payment for the update/adjustment

List of Closed Payment Controls Slow to Display & Cannot Reopen Payment Control

Task # 32769

What was the issue? It took a long time for the closed payment controls to display after clicking Show Closed button on Payment Controls screen. Also unable to open a closed payment control – after clicking open button and OK at confirmation popup, system prompts for values for a new payment control.

The patch Paging functionality added for closed payments controls and fix made to correct error that occurred when reopening a payment control.

Missing Fields when Adding a New Payer

Task # 30778

What was the issue? When adding a new payer entry, the fields External ID, External Fund Source, PO Number, DFA Number, Grant Number, and Deleted are missing from the Payer Config screen. The fields are present when editing a payer.

The patch The fields referenced above are now available when adding a payer via the Payer Config screen.

Reports

eMAR Month View Administered Report Shows Administered Meds As Missed

<i>Task #</i>	29798
<i>What was the issue?</i>	eMAR Month View Administered report shows missed administrations when eMAR itself shows no missed administrations and the log shows staff administering meds.
<i>The patch</i>	The report will now check data in the MedSchedule table to calculate the administration status of meds. Previously, it was checking the eMARPatientResponse table.

Errors Generated when Importing Data into Special Import Tables

<i>Task #</i>	24659
<i>What was the issue?</i>	When the Use External ID and Use Internal ID checkboxes were selected, errors occurred when importing data into the following special import tables: ImportAuthorizations, ImportClientAxis, ImportClientFile, and ImportClientVisit. Because the special imports initially import into temporary tables, there is no valid internal or External or Internal ID.
<i>The patch</i>	When importing data into the four special import tables listed above, the Use External ID and Use Internal ID checkboxes will not be available.

Forms

INCOMPLETE VIEW for Form Group Always Displays Last Form in Group

<i>Task #</i>	30912
<i>What was the issue?</i>	When documenting a form group, the Client Visit Temp View that displays when you click INCOMPLETE VIEW is always for the last form in the group so you cannot preview the form you are currently documenting.
<i>The patch</i>	Software has been updated so INCOMPLETE VIEW functions as expected when documenting a form group – the Client Visit Temp View will be for the form you are currently documenting.

Red Asterisk for Form Required Questions Does Not Always Display

Task # 32410

What was the issue? A red asterisk was not displaying next to No Label Checkbox questions that were set up as Form Required so staff could not tell they were required until they tried to sign and submit the form. Issue occurred when the Label Position for the No Label Checkbox question was greater than one.

The patch Software has been updated so the red asterisk now displays before the checkbox.

Added White Space in Form Answer Not Preserved in PDF Print View

Task # 30326

What was the issue? When printing a completed visit in PDF format, the white space that was added when the form was filled out (via the Return/Enter key) was not being retained. The white space, added for easier reading, was there when viewing the form data in the Visit Details screen.

The patch The PDF format was only recognizing the first “line break” that was entered. The PDF print view functionality has been updated to include non-breaking space tags for each line break to preserve added white space.

Provider Portal**Partner-to-Partner Exchange: Client Selection Fails After Unchecking Client Demographics**

Task # 33341

What was the issue? When selecting the client information to send to another Partner, Client Demographics checkbox was unchecked. Client selection failed after this.

The patch The Client Demographics checkbox is now a required field.

Error Generated when External Provider Maps to client_ID Field

Task # 33344

What was the issue? External provider received error when mapping to the client_ID field.

The patch client_ID is no longer available as a mappable field since it is a unique value generated in the Credible system once a client has been added. If an external provider wants to specify a client ID, it needs to map the ID to the external ID field.

Error Generated when Sharing Client Through Orchestration System

<i>Task #</i>	33348
<i>What was the issue?</i>	Error received when sharing very simple Client Profile via the Orchestration System – profile was missing basic fields such as DOB, SSN, and primary diagnosis.
<i>The patch</i>	The Orchestration System has been updated to use the latest Provider Portal data format.