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**From:** Credible Behavioral Health, Inc. <anne.hunte@credibleinc.com>  
**Sent:** Thursday, December 15, 2016 10:36 AM  
**To:** Credible Education  
**Subject:** Credible Update: Upcoming Enhancements & Task Resolutions

# CREDIBLE

Behavioral Health Software



## UPDATE

### Upcoming Enhancements & Task Resolutions

DEAR PARTNER,

Credible's Technical Team plans to push enhancements and resolutions for the following items this evening, **December 15th, between 10:15 PM - 12:15 AM ET.**

### Billing Enhancements and Updates

#### Send Transportation and Ambulance Information

Credible had added the ability to send transportation and ambulance information in 837 Professional Claims. To have the transportation information appear in claims, the new setting, **Visit Type:**

**Transportation Services**, must be checked. Payers must also have another new setting, **Payer: Send Ambulance Transportation (837P)**, checked.

### **Sending Authorization Number as a Referral Number**

Some payers require a Referral Number (9F) instead of an Authorization Number (G1). To accommodate this, Credible has added new settings: **Billing Matrix: Loop to send auth as referral number (837P)** and **Billing Matrix Payer Specific: Loop to send auth as referral number (837P)**. The referral number is derived from the visit's authorization *Auth Number*.

### **Undo All Auto Contract Rate Adjustments When Uploading 835**

The setting **Partner Config: Undo Auto Contract Rate Adjustments For 835** only reversed adjustments that were greater than or equal to the CO disalloweds. This checkbox setting has been changed to a dropdown, providing more flexibility.

- **N/A**: No contract rates will be auto-reversed. Partners that had *Undo Auto Contract Rate Adjustments For 835* unchecked prior to the release will automatically be set to N/A.
- **All Auto Contract Rates**: All contract rates will be auto-reversed when uploading the 835.
- **Contract Rates Greater Than/Equal To CO**: This is the existing functionality. Partners that had *Undo Auto Contract Rate Adjustments For 835* checked prior to the release will automatically be set to this.
- **Contract Rates Less Than/Equal to CO**: Only contract rates that are the same or less than the CO disallowed amounts will be reversed.

### **Notification Triggers for Split Secondary Visits**

Split secondary visits can now trigger their own notifications when their visit type and/or program differs from the primary visit. Previously, split secondary visits were excluded from triggering notifications, as they are the same visit type and program as the primary visit, resulting in duplicate notifications. However, if **Partner Config: Use Medical Billing** is checked, forms can be configured to create split secondary visits that have a different visit type and/or program.

### **Client Statements Credit Card Security Code**

Additional boxes were added to the *Payment Method & Amount* section of Client Statements for writing in the credit card security code.

### **Employee Logging**

- Copying billing matrix lines no longer records the previous employee in the Admin Log.
- When a user updated a client insurance record that was tied to batched visits and the *Update Insurance Failed* page displayed with a list of affected visits, the previously updating employee would be logged. Now when this page is displayed, the insurance changes are reversed, and will be logged with the correct employee as a 'ROLLBACK CLIENT INSURANCE' action.

### **Payer ID in Ledger**

Ledger lines occasionally recorded the Payment ID as the Payer ID when processing some disalloweds from an 835. This has been corrected.

### Duplicate Bed Board Intervals

If two users are simultaneously attempting to check in the same client, duplicate bed board intervals could be created. Credible has added additional checks to the process to prevent this.

### 834 File Processing Notification

As large 834 files can take a while to process, the user who uploads the file will now receive a message once the processing has completed.

### Account Codes and Deleted Negative Payments

An issue was corrected wherein deleting a negative insurance payment would debit and credit the same accounts as the initial entry of the payment, causing the accounts to be out of balance.

### Authorizations Report

When setting both "Show Auths ended in last 60 days" and "Show All" to yes, "closed" authorizations are no longer excluded from the Authorizations report.

### Client Statement Footer Message

- The default client statement footer has been removed.

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## Clinical Enhancements and Updates

### Non-SPI Users & ID Proofing

Non-SPI users no longer have to go through the ID Proofing process, and will no longer be prompted for Knowledge-Based Authentication (KBA). However, prescriptions can still only be printed/faxed/transmitted if the selected prescriber has completed KBA. If the selected prescriber needs to complete KBA, a Non-SPI user will only be able to submit for approval.

### CCD: Add ICD-10 Coding

The CCD Summary now includes ICD-10 codes and descriptions for client diagnosis information.

### Employee Navbar Client Note Log

A new link has been added to the Employee navbar: **Client Note Log**. This allows quick access to all client notes created by or sent to the employee. The list of notes is sortable by the entering employee, the message date, and the recipient list.

### Discontinuing Medication Added via Orders

When a Medication is added from the Physician's Orders page, an order is created as well as a medication record. If the order was later discontinued, the order was kept and moved to the history, while the medication record was deleted. Discontinuing the physician's order no longer deletes the medication record; instead its status will change to Discontinued.

### eLabs Client Matching

Credible Improved the process used to identify the correct client for unmatched labs to help reduce the number of labs that need to be manually linked.

### KBA Fraud Alert

During the KBA process, some users receive a 'fraud alert,' typically when the person was found in the IDology system, but was connected to multiple records. The message screen now provides the specific reasons the user is not eligible for questions, for example, ZIP Code Does Not Match, Multiple Records Found, Newer Record Found.

### Tx Plus Logging

When editing a Tx Plus plan in an incomplete visit, log actions could become linked to a different visit, while the Tx Plus information itself remained linked to the correct visit and client. This has been resolved.

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## General Enhancements and Updates

### Advanced Login: Bypassing Two-Factor Authentication

An advanced login setting has been added, **Advanced Authentication Configuration: Bypass Two-Factor if user is in Whitelist**. When **Use Two-Factor Authentication**, **Use Whitelist**, and **Bypass Two-Factor if user is in Whitelist** are all checked, users accessing Credible from an approved, whitelisted IP address will not be prompted for two-factor authentication. Users accessing Credible from any other IP address must still complete the two-factor authentication process. Please note: employee-level opt-outs will still override these settings.

### Manual Assignment of Teams to Visits

A new setting, **Partner Config: Allow Manual Assignment of Visit Team**, and a new permission, **Security Matrix: AssignVisitTeam**, have been added to provide an override to the automatic team assignment functionality. When **Allow Manual Assignment of Visit Team** is checked, users with **AssignVisitTeam** will now have a Team dropdown visible when Sign and Submitting and updating a visit. This dropdown will be an alphabetical list of all the teams to which the client, employee, and visit program are assigned. A team must be selected before the visit can be saved.

### New Zoom Levels for Schedule

Two new zoom levels have been added for the Schedule. The Schedule can now be viewed in 60 minute, 30 minute, 20 minute, 15 minute, 10 minute, and 5 minute intervals. The **Employee Config:**

**Preferred Schedule Zoom** dropdown has been updated to show these minute-based intervals, rather than a zoom level number.

### Employee-Client Assignment Log Actions

When the program is changed for an existing Employee-Client assignment, extraneous actions were being logged: ASSIGN CLIENT PROGRAM, ASSIGN CLIENT PRIMARY EMPLOYEE, and UNASSIGN CLIENT PROGRAM. This caused the Client Program Admission and Closing Reports to be inaccurate. This has been eliminated. However, existing log records have not been altered.

### Claim ID in Advanced Visit Search

When searching for a visit using the Claim ID, the visit would only appear if the Claim ID was for the most recent claim. Older claim IDs would not show any results, unless Show All Claims was checked. This has been updated to display the visit if any of its claims matches searches for Claim ID.

### Home Page Panels

Home Page has been updated to correct a display issue in order to have all the proper information displayed.

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Credible plans to push these enhancements this evening, **December 15th, between 10:15 PM - 12:15 AM ET**. There may be intermittent service during this time.

Should you have any questions, please do not hesitate to contact a Partner Service Coordinator for assistance at 301-652-9500.

Thank you for your continued Partnership,

**Anne Hunte**

*Director of Partner Services*

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

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