

CREDIBLE

Behavioral Health Software



UPDATE

Upcoming Enhancements & Task Resolutions

DEAR JACLYN,

Credible's Software Development, Partner Services, and Product Management teams are continuing their drive to provide you with innovations and enhancements to the software, as well as quick and effective resolutions to task tickets. In March 2017, Credible's Tech Team was able to exceed its goal with a 5.6% burndown of the backlog, which includes 43 Task Ticket resolutions and 8 released PPIs.

Tomorrow, March 23rd, between 10:15 PM - 12:15 AM ET. Credible will push out the specific enhancements and resolutions below, which are categorized by functionality for your convenience.

Client Statements 2.0 Updates and Enhancements

A number of new enhancements and configuration options have been added to Client Statements 2.0.

Program Filter: A *Program* filter has been added to *Generate Client Statement 2.0*. This filter will find the clients that have a client due amount for a least one visit in the selected program, and will then generate a statement for all visits for those clients. Note: the *Program* filter does **not** create a statement limited to visits in that program. For example, John Doe owes \$50 for an Outpatient

program visit and \$25 for a Case Management visit. John also has a Residential visit for \$500 that he has paid in full. Filtering on either Outpatient or Case Management will create a statement for \$75. Filtering on the Residential program will not create a statement for John Doe as he does not have any visits with a client due amount in that program.

Custom Statement Footer: To allow for more Partner options, the standard footer (loyalty message) has been removed from Client Statement 2.0. It has been replaced with a custom footer message, which can be configured as a default in *Configure Statements 2.0*. This default message can also be overridden on a case-by-case basis in *Generate Statements 2.0* by entering new text in the *Footer Message* field.

Address Management: Agency-level address management has been added to Client Statements 2.0. This allows Partners to configure the addresses used for Client Statements 2.0. This functionality also begins the process of future consolidation of Partner addresses into one area for easier maintenance.

Two new links appear under the Admin tab: *Manage Addresses* and *Manage Assigned Addresses*.

- Click *Manage Addresses* to view the list of addresses. Admin users can add, edit, and delete addresses from this page. For Client Statements 2.0 purposes, enter the desired addresses for the *Remittance Address* and *Return Address*.
- Click *Manage Assigned Addresses* to assign a specific address for the *Remittance Address*. Select *Remittance* as the *Usage Type* and *ClientStatements2.0* as the *Module* using the address. Repeat this process for the *Return Address*. Note: the same address can be used for both purposes.

Under *Billing* tab > *Configure Statements 2.0*, the two addresses will now appear as the *Default Return Address* and *Default Remittance Address*. Links are provided to change the return and remittance addresses as needed. When generating statements, the *Default Return Address* and *Default Remittance Address* will be used. If a *Geo Area* is selected when creating the statement, the *Geo Area* address will be used instead.

Aging Details: A configuration option has been added: *Show Details of Balance Owed*. This will show or hide the aging *Details of Balance Owed* section that appears on the second page of the statement.

- When the option is set to *Yes*, the Client Statement 2.0 will print with the 30-60-90 overdue balances (the *Details of Balance Owed* section). When set to *No*, that section will not appear.
- This option can be set as a default on the *Configure Statements 2.0* page and overridden on a case-by-case basis when generating statements.

Payment Details: A configuration option has been added: *Show Details of Payments Received*. This will show or hide the *Details of Payments Received* section that appears on the second page of the statement.

- When the option is set to *Yes*, the Client Statement 2.0 will print the payments received since the last statement (the *Details of Payments Received* section). When set to *No*, this section will not appear.

- This option can be set as a default on the *Configure Statements 2.0* page and overridden on a case-by-case basis when generating statements.

Show/Hide Client Name: A configuration option has been added: *Show Client Name on Payment Slip*. This will show or hide the client's name at the bottom of the first page of the statement.

- When the option is set to Yes, the Client Statement 2.0 will print the client's name with the account number in the Payment Method & Amount section. When set to No, only the account number will print.
- This option can be set as a default on the *Configure Statements 2.0* page and overridden on a case-by-case basis when generating statements.

Geo Area Filter: The logic has been improved on the Client Statement 2.0 *Geo Area* filter. This filter finds clients that have a client due amount for a least one visit tied to the selected Geo Area, and generates statements for all visits for those clients. The *Geo Area* filter does **not** create a statement for only visits in that Geo Area. For example, John Doe owes \$50 for a visit provided in the Main Street Geo Area and \$25 for a visit provided in the Lakeside Geo Area. John has a visit provided in the Uptown Geo Area for \$500 that he paid in full. Filtering on either Main Street or Lakeside will create a statement for \$75. Filtering on the Uptown Geo Area will not create a statement for John Doe as he does not have any visits with a client due amount tied to that Geo Area.

Remit To Address Moved: To help ensure clients know where to send payment once the tear-off section has been removed, the *Remit To* address has been moved to the bottom of page one in the *Payment Method & Amount* area.

Billing Updates and Enhancements

837P: Loop 2310D Send Supervising Provider: Ohio is beginning to require the *Supervising Provider* (Loops 2310D and 2420D) in 837 Professional claims. For Ohio, non-enrolled practitioners (e.g., psychology assistant, counselor trainee, social worker trainee, etc.) need to send either the *General Supervisor NPI* or *Direct Supervisor NPI*. Note: this is different from the existing *Supervising Physician* functionality used for *Incident To* billing.

A new field has been added to the Employees table: *billing_supervisor_emp_id*. Administrators will need to add this to the *Employee Profile* and configure it as a lookup to the Employees table:

- **Lookup Table:** Employees (required)
- **Lookup ID:** emp_id (required)
- **External ID:** external_id (recommended)
- **Lookup Description:** recommended setting is last_name
- **Lookup SQL:** first_name + ' ' + last_name (recommended to provide a full name in the dropdown)
- **Where Clause:** can only contain one criterion. If left blank, the dropdown will contain a list of all employees. Credible recommends using *is_supervisor_flag = 1* to list only people who can be supervisors. Partners can also use one of the generic Boolean fields (*bool1* to *bool15*) to

flag employees who can be supervisors for this specific billing purpose. For example, if *bool3* was used, the Where Clause would then be *bool3 = 1*.

To avoid confusion with the other supervisors in the system, Partners are encouraged to label this field as *Supervisor for Billing*, *Supervisor for Claims*, *Supervisor for 837P*, or a similar label. The employee's billing supervisor will automatically be added to visits upon sign & submit.

There is also a new setting: *Payer Config: Send Billing Supervisor Provider (837P)*. When this setting is checked, the employee's billing supervisor that is saved with the visit information will be sent in the 837 Professional file. If the visit's billing supervisor is blank, it will use the current billing supervisor set on the employee's profile. The billing supervisor will appear in Loop 2310D (claim). The billing supervisor will appear in Loop 2420D (service) when *Multiple services per Claim (837P)* is turned on and the billing supervisor at the service level is different from the claim level.

837P: Loop 2420E Send Ordering Provider: Some states (Ohio and Missouri) and some payers are beginning to require the Ordering Provider (Loop 2420E). Credible has added new functionality to address these requirements.

A new setting has been added – *Partner Config: Allow Ordering Provider Selection*. When this is checked, a new *Ordering Provider* dropdown will be available when sign & submitting a visit, or when updating an existing visit. The list of providers is composed of all employees that have been flagged as doctors, as well as any external providers assigned to the client. Note: this is the same list that appears in the Provider dropdown when adding a medication.

There is another new setting: *Payer Config: Send Ordering Provider in 2420E (837P)*. When this setting is checked, the visit's ordering provider information will be sent in the claim. Partners who will be using this new functionality are encouraged to review their lists of external providers for accuracy. If needed, NPI is publicly available via the [NPI Registry Public Search](#).

Payer Config: Automate Secondary Modifier: When this new setting is checked, visits for this payer will automatically be updated to have a **25** modifier when there are multiple visits in the same day, for the same provider, that all have E/M levels specified. The 25 modifier will be placed in the first empty *CPT Modifier* slot to avoid overwriting any existing modifiers.

The E/M dropdown only appears when the visit type has *Use E/M Level* turned on (*Admin* tab > *Visit Type*). Note from CMS: “Modifier 25 is a Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service.” This modifier is for physicians to indicate that on the day a procedure or service (identified by a CPT code) was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided.

270 Eligibility: Outbound *270 Eligibility* files occasionally had an extra TRN segment, when the client was not the insurance subscriber. This has been corrected.

271 Eligibility: 271 Eligibility results now properly display information related to *M7 Medical Assistance Category*.

Client As-Of Aging Report: The performance has been improved for the *Client As Of Aging* report. The report now displays with pagination, allowing for easier navigation; additionally, the time was removed from the displayed *As-Of Date*.

Claim Adj Codes: In Advanced Ledger Search, the *Claim Adj Codes* field would occasionally be blank for pending claims, even though the 835 had been uploaded. This has been corrected.

E/M Level: Occasionally, *E/M Level* would be ignored as a Billing Matrix matching criterion. This was determined to occur when some matrix lines matching the rest of the visit had an E/M Level specified, but some did not. This has been resolved.

Excess Retractions: System checks have been added to prevent retracting more money from services than is expected, based on the insurance payment's retracted amount. It was previously possible to have an insurance payment with \$100 in retractions, but actually retract more than \$100 from the visits. These retractions will now be blocked, and a warning message will appear: "Service Retraction Amount of \$[x] is greater than the remaining amount (\$[y]) needing to be retracted for payment [id#]."

Other Updates and Enhancements

Inpatient Updates

- **Text Wrap:** A checkbox is now provided, allowing users to choose to display text wrapped or not, as desired.
- **Search Box:** The search box now resizes appropriately based on the level of zoom selected.
- **Bed Board Labels:** Bed Board references have been removed or replaced with *Inpatient/Residential Configuration*.

HIPAA Updates

- **Programs and Teams:** Assigning or unassigning a Program to or from a Team is now recorded in the Global HIPAA Log.
- **Fax Logging:** When faxing, the number to which the fax was sent is saved in the Visit Log and Employee Log under the CLIENT VISIT FAXED action.
- **Employee-Billing Group:** Log actions for related to Employee-Billing Group assignments were properly recorded and would appear when viewing an individual employee's log, but did not always appear in the Global HIPAA Log report.

Cancellation/No-Show Form: When completing a Cancellation/No-Show form on another employee's schedule, that employee's name should appear on the visit, even when filled out by users with the *VisitEntryOtherEmp* Security Matrix right.

Client Email Duplication: Client email is only sent once, even if the button is clicked multiple times.

Clinical Summaries: Clinical summaries can now be output in all listed formats, including plain text.

Diagnosis History: *Default for Programs* in the diagnosis history logs now lists the description and not the diagnosis code, as in the main diagnosis screen.

Episode Status: When a client has a single episode, and that episode's status is then modified to be anything other than *Active*, the page does not return to the episode list, ending up on a blank page, instead. It now redirects the user back to the last episode page, with a note asking if the user would like to go back to the profile.

Idle Logout: To improve security, idle logout time continues to count down while the user's computer is locked or paused, and will still end the user's session.

IE and Calendar Control: Entering the “/” symbol from a numeric keypad in a calendar control should no longer cause an Internet Explorer error.

Injected Episode Dates: Dates injected from *ClientEpisodes* now include the time.

Navbar Location: When the navbar position is set to *Top Menu* it now persists at that location, and no longer reverts to its left-side position.

Notification Triggers: Nightly notification triggers now only fire if the triggering client is active.

Numeric Form Field Validation: Additional checks are now in place to ensure non-numeric values are not saved in numeric form fields.

Outcomes Graph: Information mapped from a Data Dictionary field now populates the Outcomes Graph properly.

Outcomes Information: When removing a program assignment, only episodes where *date_closed_auto* and *discharge_outcome* are both empty are updated.

Required Form Injections: Forms will now allow injected questions to be marked as required. If no data is injected into the form, the question will be considered unanswered and will display an error message indicating that it is required.

Reviewer Comments: Information entered into the *Review Comments* field in Visit is now saved when the update is completed.

Select Team Unassign: When unassigning a client from a team, the *Select Team Unassign Reason* field is no longer blank, and users can continue.

Service Printing: Banner heading font style now prints in the correct color for PDF and non-PDF formats.

Signatures and Credentials: The signing employee's credentials are now consistently passed into the appropriate signature box.

Sorting by State: When the state name is displayed, then sorting will be based on the name, and not on the state abbreviation.

Supervising Physician for Group Visits: When overriding the supervising physician for a group visit, clicking *Sign & Submit All Visits* will now apply the override to all included services.

Tx Plus: Quotation marks now display accurately when viewing Tx Plus information.

Tx Plus Builder: Users without the *TxPlusBuild* security right can now enter Builder mode in a Tx Plus plan via a webform, provided that they have the *TxPlusBuildFromForm* right.

Credible plans to push these enhancements **tomorrow, March 23rd, 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. *Please note: In an effort to continually improve our Partnership and quality of service, a task resolution audit will be emailed to you upon the resolution and closure of every single task you have submitted. We strongly encourage you to utilize this tool so that we can better support you.*

Thank you for your continued Partnership,

Anne Hunte

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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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