
From: Credible Behavioral Health, Inc. <anne.hunte@credibleinc.com>
Sent: Monday, June 12, 2017 9:39 AM
To: Credible Documentation
Subject: Credible Update: Upcoming Enhancements & Task Resolutions

CREDIBLE

Behavioral Health Software



UPDATE

Upcoming Enhancements & Task Resolutions

DEAR CREDIBLE,

On **Thursday evening, June 15th, between 10:15 PM - 12:15 AM ET**, Credible's Tech Team will release our latest updates, including **26 enhancements and task ticket resolutions, as well as 32 released PPIs**. In addition, the month's **burn-down rate is 8.8%**, significantly better than projections.

Our current Partner Satisfaction rate is at 92%. As we are continually looking to improve, please be certain to make your voice heard by completing the survey's provided by your Partner Services Coordinator after every task resolution.

For additional notes and configuration details regarding this release, please see individual pages in [Credible Help](#).

Major Releases

999 Acknowledgement Reader

Credible is excited to announce the long awaited 999 Acknowledgement Reader! Billing staff are now able to upload the 999 Acknowledgement files received from payers and validate within Credible that the billing files have been accepted or rejected by a payer. Taking it one step further, should you have a file that has failed, the 999 Reader will tell you where your error is and provide quick access links to correcting the error in the configuration/data.

The 999 functionality fully replaces the *Load/Read 997* link on the Billing tab.

When a billing file such as an 837 is uploaded to a payer or a clearinghouse, the file goes through various checks. The general file structure is checked to ensure compliance with standards. For example, a correctly formatted file will start with an ISA segment and end with an IEA segment. The file will be fully rejected if either segment is missing or incorrectly populated. If the basic structure of the file is accepted, the checking moves to more detailed items, including ensuring the codes (like the diagnosis and CPT codes) are present and valid. The payer may reject the entire file or reject individual claims as a result.

The 999 Acknowledgment file provides information on these checks. If the file is fully correct, the 999 will show it being 'Accepted'. If there are any errors, the 999 will provide a different status and will indicate where the errors are.

Client Portal 2.0

This complete rewrite of the Client Portal system adds enhanced security, easier administration, and a fresh new user experience to Credible's Client Portal. Partners can now have clients complete forms, like the PHQ9, utilizing the portal or have new clients complete admission paperwork prior to their intake appointment.

Other new features include:

- Assign several clients to a single user, or multiple users to a single client.
- The security roles and rights are fully-customizable by the Partner.
- Clients can have designees.
- Forms have been redesigned for use in the portal, and can be always available (e.g., change of address forms) or pushed to clients in advance of a visit (for a pre-assessment, for example).
- Fully compatible with most mobile devices.
- Employee/client messaging is now available.
- Clients can initiate certain requests, such as medication refills.
- And much more.

To enable Client Portal 2.0 for your Domain, please submit a task ticket. Please note: Current Client Portal users will not carry-over to Client Portal 2.0.

eMAR Update

With the fast pace of residential and other programs where eMAR is utilized, becoming more efficient is always beneficial. eMAR is being redesigned to improve the efficiency and effectiveness of your clinicians. This release includes the first deployment phase of the updated eMAR, and includes:

- An updated user interface, allowing new ways to group and sort medications and eMAR schedules
- A preview of the pending eMAR schedule
- A new “Add Medication” screen
- Streamlined and updated workflows
- The ability to specify an end date and maximum number of administrations per day for PRN medications

To enable these enhancements, please submit a task ticket.

Time Zones in Scheduler

Are you outside of the Eastern Time? Do you have clinic locations in more than one time zone? If so, please keep reading. Scheduler is now aware of time zones, allowing the end-user to view scheduled appointments in the relevant time zone.

- **Default Schedule View:** Scheduled appointment views default to the time zone corresponding with the viewing employee, or if no employee default is defined, the Partner’s default time zone.
- **Notifications:** Schedule notifications are now triggered based on the local time instead of Eastern Time.
- **Credible Care:** The time and date display at the top of the Care app now indicates the time zone and time offset (standard time vs daylight saving time).

To enable this feature for your Domain, please open a task ticket.

Enhancements

Client Visit Edit Logging: Credible has improved the logging of visit edits to include the form data that was changed. This allows for logging of edits made to the Client Visit form data and stores this information in the form of a history. This enhancement is highly beneficial for audit trail purposes, providing the option to view historical versions of form data associated with a visit.

Electronic Fax Cover Sheet Text Field: Credible has created a configurable field for the text included on the *Electronic Fax Cover Sheet*, used while faxing visit information out of Credible. This new setting, *Partner Configuration: Electronic Fax Cover Sheet*, provides a text field for

entering custom information for fax cover sheets, addressing Partner requirements while also enhancing adherence to specific State requirements.

The default value for this field is a legal confidentiality clause. However, it is fully customizable, allowing for up to 3000 characters formatted as bold or normal text.

Employee Visit Edit Logging: The logging of visit edits has been expanded to include the form data that was changed. Updates to Employee Forms will be logged as *Update Employee Visit Form*. This new feature allows for logging of edits made to an Employee Form and stores this information in the form of a history. This enhancement is highly beneficial for audit trail purposes, providing the option to view historical versions of form data associated with a visit.

Meaningful Use Messaging Exports

The *spc_export_mu_messaging_summary* and *spc_export_mu_messaging_detail* reports have been updated to reflect CMS changes.

Per current CMS rules for Stage 2, the numerator is “the number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative).

“The original CMS rule for Stage 2 counted how many clients sent a message to the provider (The number of patients or patient-authorized representatives in the denominator who send a secure electronic message to the EP that is received using the electronic messaging function of CEHRT during the EHR reporting period.”

Optical Mark Recognition (OMR) Code for Client Statements 2.0: Letter insert or folding machines can read coded marks on documents (OMR codes) to reliably determine the number and sequence of documents intended for a single addressee. When printing a batch of client statements, some statements may be very long while other are only a few pages. The OMR code keeps each client's statement pages together.

Order Service Lines Based on CPT Code: A new custom post-batch query procedure has been added to address a billing need for Oregon partners. The procedure re-orders service lines within a claim loop. When submitting a multi-service claim, the payer requires services with a T1040 CPT code to appear first in the claim, regardless of the service date.

Patient Responsibility

Patient Responsibility (PR) amounts have been updated to display the total PR amount from the 835 instead of a calculated amount.

Prior to this release, the PR amount only displayed the remaining amount due from the client. Client payments applied to the visit prior to uploading the 835 would cause the PR to be reduced by the client paid amount. This could cause confusion on what the full PR amount was supposed to be.

The full PR amount now displays in the *PATIENT RESPONSIBILITY* ledger line, the *Patient Resp* amount on the visit billing details screen, and in the *Disallowed Amnt* 835 boxes on the *Reconcile Batched Claims* screen.

Pending Ledger Lines Show Payment ID: Prior to this release, when a claim was marked PENDING, the associated payment was not recorded with the PENDING ledger line; the only links available were to the originating batch and the 835 loop details. Pending claims from a paper EOB contained only the originating batch ID. Adding the payment ID allows billing users to more easily track down the pending claims associated with a specific EOB.

Roll Consecutive Days to Limit: The Billing Matrix now allows the *Rollup Week* setting to be used at the same time as the *Roll Consecutive Days to Limit* setting.

By default, *Roll Consecutive Days to Limit* rolls for visits in a calendar month, combining visit durations across multiple days until the date where the total duration reaches the configured amount. (After that point, visits will only continue to roll if they are on that last day.) A visit on the first month can combine with a visit on the last day of the month. With this release, if *Rollup Week* is also checked, only visits that happen in the same calendar week will be eligible to roll together.

Web service-Only Users: Credible has introduced a new function enabling all Web service export connection strings to be viewed at the same time, and to easily manage the accounts that are used in web service exports. The report string is static and permanent, while the user string changes whenever the password or username changes. Adding this capability allows Agencies to view and manage web service exports more efficiently.

Updates

Blank Signature Slots: If some signature slots on visits were left blank while others were completed, not all signatures would display on the print view. This has been corrected.

ClientVisitViewTeam Tooltips: The Security Matrix settings *ClientVisitViewTeam* and *ClientVisitViewTeamOnly* tooltips now display the correct information.

Date Span in 837i: The date span in the 837i file now displays the correct dates for the first claim, even when there is more than one claim in the file.

Deleting Form Categories: Deleting all elements to a form in *Form Builder* prevents the addition of new categories or questions, therefore rendering the form unusable. The Delete function for the top category has now been disabled.

Deleting Tx Plus Parent Elements: When Copying a Tx Plus plan and deleting Child Elements, the parent element could not be deleted. This has been corrected.

Employee Forms List: The Filter button now shows the same results on the Employee Forms list as hitting the Enter key. A warning will not be displayed unless it is a valid warning.

"Has Notes" Radio Button: A radio button field in a web form with the "Has Notes" option can be selected multiple times to show and hide the notes text box without issue.

Indiana Prescription Template Checkboxes: Prescription quantity entered is reflected correctly on the *Indiana Prescription Template* for all checked quantity ranges.

Meaningful Use Export Update: When employee users and clients have identical usernames, Meaningful Use Exports now only collect data on the clients.

Merged Clients and Insurance: When merging client duplicates, all insurance records will be merged to the primary client.

Multi-Select Service Type IDs in Saved Reports: When using the multi-select option and creating a saved report, Service Type IDs did not display in the multi-select window after saving the report, forcing users to reselect the IDs. This has been corrected.

New Tx Plus Elements: When creating a Tx Plus plan, the header start date was being used for all elements added to the plan. Consequently, when a new element was added to an older plan the new element's date would be incorrect. The system now takes the user's current date for all new elements added to existing Tx Plus plans.

Partner Config: OQ Child Default Instrument: Users expecting a default instrument when using the YOQ Kiosk for children clients were not seeing the default setting in the dropdown list. Now, when using the YOQ Kiosk for children clients while a *OQ Child Default Instrument* Partner Config setting has been selected, that default answer will display.

Signatures on View All Visits: When selecting the *View All Visits* button, all signatures should be displayed for each visit being viewed.

SVD Segment Display: When resubmitting a corrected claim, the SVD segment was not showing in the 837 file. This has been corrected.

TWAIN Driver Installation: If a user had installed the newest updates for Google Chrome, Microsoft Edge, or Mozilla Firefox, issues could arise installing the scanner TWAIN driver. This has now been resolved.

Tx Plus Client Profile Printing: Credible has extended the Tx Plus Client Profile printout for the Tx Plus description fields so that the description is no longer truncated.

Credible plans to push these enhancements **Thursday evening, June 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. *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

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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