
From: Credible Behavioral Health, Inc. <anne.hunte@credibleinc.com>
Sent: Monday, September 18, 2017 5:38 PM
To: Credible Documentation
Subject: Credible Update: Upcoming Enhancements & Task Resolutions

CREDIBLE

Behavioral Health Software



UPDATE

Upcoming Enhancements & Task Resolutions

DEAR CREDIBLE,

On **Thursday evening, September 21st, between 10:15 PM - 12:15 AM ET**, Credible's Tech Team will release our latest upgrades and updates, including **2 major new features and 80 enhancements and task ticket resolutions**. This huge release includes many frequently requested functions, features, and initiatives suggested by our Partners, including:

- **eMAR 2.0** update — with **89 product updates** including **36 PPIs**
- **Orders 2.0** – with **46 product updates** including **16 PPIs**

- Plus, an additional **7 PPIs** not included above, for a total of **135 product updates including 59 PPIs!**

Also, the Tech Team's worked diligently to achieve a September **burn-down rate of 2.3%**.

Our current **Partner Satisfaction** rate is at **92.16%**. We are continually looking to improve, so please make your voice heard by completing the surveys 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](#).

Orders 2.0

September sees the release of Credible's updated Orders module — Orders 2.0! It was designed based on Partner feedback and needs, with many requested features and a fresh new user experience. Detailed configuration information and instructions for usage will be found in Credible Help.

New Interface

The interface has been completely redesigned based on Partner input, making it more efficient and effective.

- **Medical Profile** information – including photo, vitals, allergies, and warnings – is now visible above the orders.
- **New List View:** Orders can be quickly grouped by dragging column headers, sorted by clicking those same headers, and filtered with a couple of clicks.
- Staff can **Sign Multiple Orders** at once from the orders list screens.

Orders and Episodes

When entering an order, the client's open episodes are listed in a dropdown for quick association. Additionally, order types can be designated to be automatically closed when the episode is closed.

Employee Assignment

In addition to selecting the Physician for an order, staff can also assign it to a specific eligible employee via a dropdown on the entry form. The order will then appear on the orders screen access via the Orders button on the Employee navbar.

Employee Orders Button

The orders screens are available from the Employee navbar Orders button, allowing staff to see all orders with which they are associated in a single location.

Order Categories and Types

In **Orders 1.0**, all orders except **Medications** and **Standing Orders** were “free text,” allowing the ordering staff to write anything in the field. While this system was flexible, it prevented easy reporting on Orders.

Orders 2.0, while still permitting the free-text entry method, standardizes orders into **Categories** and **Types**. In addition to the existing Categories — **Meds, Labs, Consult, Therapy, Psych, Radiology, Other**, and **Order Set** — four new order categories have been added: **Dietary, ETO** (Emergency Treatment Order), **Intensive Monitoring**, and **Precautions**.

Dietary Orders allow selection of many specific requirements – low sodium, bland, clear liquid, etc. – which are then combined into a single Order. **Labs Orders** allow the selection of specific labs and tests from lists. **Optional Order Types** allow the user to specify several types in the same category, and complete the order if any one of them is done. Lastly, **Free-Text Order Types** are the same as the original system, in which whatever is typed becomes the order.

Order Outcome Types

Agency-defined outcomes – Successful, Unsuccessful, and Administratively Closed, for example – may now be configured for all orders completed, permitting much more detailed orders reporting. Please note: At least one Outcome Type must be created for each Order Type in use at an Agency.

Inpatient Orders Warnings

Partners using the Inpatient module can have the Orders icon change color based on how close the order is to being overdue.

Enhancements

Credible Billing

Payer Config: Custom Notes

As more payers require custom note (NTE) segments, the number of payer settings continues to grow. By replacing multiple, mutually-exclusive checkboxes on the payer Config screen with a single dropdown, Credible has reduced clutter, making it easier to find the setting you need.

Please note: Payers that had **Use Custom Nebraska Reporting Note**, **Use Custom Pennsylvania Reporting Note**, or **Use Custom Washington Reporting Note** checked will automatically be assigned the corresponding dropdown option.

837p NTE: Illinois Custom Notes

The **Payer Config: Use Custom Reporting Note** setting for Illinois custom note content has been added to support compliance with state Medicaid billing rules. Once configured, the Illinois NTE segment appears automatically when batching 837p Professional claims. Full configuration details are available in Credible Help.

837p: NTE Washington Custom Notes

Washington now requires Evidence-Based Practice (EBP) codes in the **SVC101-7 Procedure Code**. The custom NTE has been updated to send **County of Service** and **No Show Type**, as required. The Washington NTE segment appears when batching **837 Professional** claims.

When the payer has **Send Procedure Code Description** checked, and one or more EBP codes have been mapped, the SVC segment will have a pipe-delimited list of EBP codes.

Please note: **Payer Config: Send Procedure Code Description** has changed from a checkbox to a dropdown. Payers that previously had this box checked will now have **"Billing Matrix text1"** pre-selected.

Authorization Entry and Update Checks

Checks have been added to the authorization entry and update processes, ensuring that the **Used** and **Reserved** units are left blank.

Client Statements 2.0: OMR Coding for FPi-2300

Partners with access to an FPi-2300 series folder-inserter machine can use OMR coding to fold and insert statements in Client Statements 2.0. Please note: OMR does not work with previous versions of client statements.

Utah: New Payer Settings

To ensure compliance with Utah billing rules, two new payer settings have been added for Utah billing. **Payer Config: Use Custom Reporting Note** for 837p Professional claims, and **Payer Config: Use Custom Reporting Note (837i)** for 837i Institutional claims. Full configuration details are available in Credible Help.

Client Portal 2.0

Client Appointment Check In

Clients can now check in for appointments through the portal, speeding up Agency intake workflow. This can be done via mobile device, the web, or an in-office kiosk. If an appointment has any associated forms, they will be available to the client when they check in.

Please note: A client can only check in to an appointment which will begin in the next 30 minutes. Also, a new portal security right, **Check in a scheduled visit**, has been created, and will need to be assigned to any appropriate role before this functionality can be used.

Client Registration Batch Review

The **Registration Batches** screen now allows administrators to review the contents of batches. The status of each client is shown, allowing administrators to see which clients had portal accounts created, along with providing the opportunity to correct any issues preventing clients from being registered to the portal (e.g., missing email address, missing phone number).

eMAR 2.0

Titration Schedules

eMAR 2.0 now supports the gradual increase or reduction of medication dosages known as titration. By using the new **Recurrence Type of Titration**, the eMAR system will automatically add eMAR Schedule entries for each step until the desired dosage is reached.

eMAR Schedule Preview

Staff can now preview newly entered eMAR schedules prior to committing them, reducing the potential for error.

eMAR Visit Integration

eMAR now integrates seamlessly with visits and visit forms for custom data collection (e.g., recording pain levels, observations, vitals, etc.), capturing client signatures, and billing for medication administrations.

eMAR Schedule Printing

Staff can now print their administration schedule, as well as those for any staff they supervise. Additionally, eMAR schedules can be printed by client.

eMAR Labeling

Three new and revised labels have been added.

- External providers are now identified with **(External)** on the **Create Medication** screen dropdown.
- When creating an eMAR Schedule, medications originating from a standing order are identified with **(Standing Order)**.
- When viewing a client's eMar schedule, the initials of the administering employee can be displayed, providing better care coordination.

Updates

Billing Matrix and Exports

Exports would occasionally fail when including data from the Billing Matrix. This has been corrected.

Client Activity Report

The Client Activity Report now runs without errors, displaying the proper results.

Client Portal Visits

Client Portal Visits are no longer hidden after being approved.

CO Adjustments on 835s

When CO adjustments on 835s came through in a file with multiple claims, and that had no matches, or errors, they would display as \$0.00 and not process. This has been resolved.

Creating Authorization Levels

When setting up an authorization level for a client, on occasion a different insurance record would be pulled into the authorization. This no longer occurs.

Discontinuing Medications

A client medication can be discontinued by editing the medication and selecting **Discontinued** from the dropdown list in the **Medication Was** field.

Episode/Visit Matching

When an episode was associated with a service under a specific program, and the client was unassigned from the program on the same day as the service, the service association to the episode was improperly removed. Now, when **Link Visits Based on DateTime** is not checked, visits match to episodes by comparing dates.

ICD-10 Recodes and SNOMED

Occasionally, ICD-10 Recodes would generate errors if *ClientAxisDetails* had an invalid SNOMED value. To prevent this, validation was added for SNOMED result sets.

Insurance Names in 271

Only the applicable insurance names are displayed in the 271 response information pop-up.

Multi-Axial Error

An error was displayed when **Partner Config: 'Onset Prior to Admission' default value for new diagnoses** was not selected, **Partner Config: Diagnosis Format for New Assessments** was set to **Problem List**, and the client had an existing diagnosis in multi-axial format. This no longer occurs.

Credible plans to push these enhancements **Thursday evening, September 21st, 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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