
From: Credible Behavioral Health, Inc. <anne.hunte@credibleinc.com>
Sent: Monday, July 17, 2017 1:14 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, July 20th, between 10:15 PM - 12:15 AM ET**, Credible's Tech Team will release our latest updates, including **71 enhancements and task ticket resolutions, as well as 8 released PPIs**. During the month of June the **burn-down rate was 4%**.

Our current **Partner Satisfaction** rate is at **91.86%**. 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](#).

System Status

To aid our Partners in troubleshooting, Credible will begin posting a **System Status** message on our [Credible Partner Forums](#). Should you experience connectivity trouble, latency, or other system-wide concerns, log into the forums. The status message will help you determine if the problem is specific to your Agency, or if it affects all Partners.

New Features

277 Claim Status Reader

When an 837 is uploaded to a payer, it undergoes various file validation checks. Claims that are accepted then move into the payer's review and adjudication process. Some payers will then provide a *277 Claim Status* file. This file may contain information on missing or invalid data, as well as more detailed information: benefits being exceeded for a claim, service not authorized, eligibility being reviewed, etc.

Please note: The *277 Claim Response* provides information on where a claim is in the payer's processing workflow, and may provide claim details that could prevent payment. A claim that has been *Accepted* only means that it has been accepted into the adjudication system. Partners cannot assume that *Accepted* means the claim will be paid.

Configuration: Users only need the *Security Matrix: BillingModule* right. This is the same security right needed to create batches and upload 835 files.

Usage: Uploading a 277 file is similar to uploading an 835 file. To view the results, go to the *277 Response File List*.

The *Claim Status* page shows the details as provided in the 277. The information will vary based on the detail provided by the payer and the status of the claim. Hovering over the *Status Codes* displays a tooltip with the descriptions of the codes.

Employee Form Logging

Credible has improved the logging of visit edits to include the form data that was changed. Updates to Employee Forms will be logged as *Update Employee Visit Form*.

Benefit: 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.

Usage: When a visit is signed and submitted, this becomes version 1, even without any form documentation. Each time the visit is edited and saved, the prior version of the form data is also saved, incrementing the version number. Viewing and printing a visit will always show the current (most recent) data. If a user has the appropriate rights to view the employee form (see *Configuration*, below), a *Documentation Version History* section will appear between the

Attachments section and the form data. Clicking *View* will open a popup showing that version of the form data. Please note: Prior form versions are **not** editable.

Configuration: Profiles which need the ability to view the documentation history should be given the new security right *EmployeeFormViewHistory* in addition to *EmployeeFormView*, *EmployeeFormViewAll*, and/or *EmployeeFormViewTeam*.

OMR Coding

Optical Mark Recognition (OMR) code functionality has been added for *Client Statements 2.0*.

Benefit: Letter insert and 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, the length of any single statement will vary from a single page to many pages. The OMR code ensures that each client's statement pages stay together.

Configuration: OMR functionality is only available for *Client Statements 2.0*, and must be set in *Configure Statements 2.0* by selecting the OMR software in use by the Agency's hardware. At this time, we support *Pitney Bowes DataMatrix* barcode software only. However, Credible plans to expand the software supported in the future, based on Partner needs.

Enhancements

Billing Enhancements

837i Occurrence Code 51

837i claims will automatically include the client episode discharge date as an *Occurrence Code* of 51 ('HI*BH:51') when *Payer Config: Use Episodic dates in 837i and CMS 1450* is checked. This non-standard *Occurrence Code* is required by some payers, but can cause rejections in other situations. A new setting, *Payer Config: Send Episode Discharge Date as Occurrence Code 51 (837i)*, has been added to control the sending of the discharge date as an *Occurrence Code*.

The client's episode discharge date will now only be sent as *HI*BH:51* when the payer has both *Payer Config: Use Episodic dates in 837i and CMS 1450* and *Payer Config: Send Episode Discharge Date as Occurrence Code 51 (837i)* checked, and *Payer Config: Send Occurrence Codes, Occurrence Span Codes, and Value Codes* is not checked.

Payers with *Use Episodic dates in 837i and CMS 1450* checked and *Send Occurrence Codes, Occurrence Span Codes, and Value Codes* unchecked will automatically have the new *Send Episode Discharge Date as Occurrence Code 51 (837i)* checked. Batches will continue to function the same as they did prior to the release.

If a payer does not want the *Occurrence Code* of 51, simply uncheck *Send Episode Discharge Date as Occurrence Code 51 (837i)*.

No Payer Address on CMS 1500

A new setting has been added, *Payer Config: Send blanks for payer name & address*, to disable printing the payer's address on CMS1500 claims.

Only CMS1500 batches created after activating this new setting will be affected. Clicking *Regen* on a batch created prior to the activation of this setting will not update the format, and will continue to show the payer's address in the upper-right corner.

Benefit: The upper right-hand corner of the CMS1500 is typically used for the payer's name and address. Some payers, including the Department of Public Welfare in Pennsylvania, are requiring this space be left blank for administrative purposes.

Configuration: Update the relevant payers by checking *Payer Config: Send blanks for payer name & address*.

eRx Enhancements

Automatic Cancellation of Refill

When a provider sends a refill request for an active prescription originally created by another provider, the original prescription is cancelled and a new prescription with the new provider's name is created automatically. Please note: this action is logged.

Indiana Prescription Template

Several changes were made to the *Indiana Prescription Template*: "NR" is now circled when no refills are available; the NADEA number now displays when prescriber has one available in their Provider Profile for the selected clinic state; the refill wording was corrected.

Print and Fax Controlled Substance Prescriptions with Supervisor's DEA

Users may print or fax a controlled substance prescription, even if the selected provider is not a DEA registrant, provided that there is a supervisor who is a DEA Registrant. This feature must be activated by Credible; please open a task ticket to turn on this feature.

General Enhancements

Advanced Search Saved Reports

Credible has increased the allowed length of Advanced Search fields to 1024 characters when saving reports, thus enabling longer lists to be saved correctly on Advanced Searches. Users can multi-select the complete list of items for a field, e.g., a user should be able to filter on all desired items from a multi-select box and still save the report. When the saved report is later accessed, all previously selected items will be correctly highlighted. No additional configuration is needed.

Please note: If the maximum length of the selected field exceeds 1024 characters, the following error message will display: *"Error: Maximum length exceeded for search fields"*. If the length exceeds 1024, the report must not be saved.

Updates

Billing Updates

835 Amounts Appearance on Reconcile Screen

When a payer sends a rate adjustment increase in the same file as a retraction and a new payment at a new rate, some of the adjustment code processing failed. All adjustment codes are now processed appropriately.

837i: Multiple Episodes Under One CLM Envelope

When a client had two different episodes for the same program, with visits belonging to both episodes, the 837i file was not properly pulling the visits into separate CLM envelopes based on the episode ID.

This has now been resolved; when the episodes are separate, even if they are for the same program, but with different admission and discharge dates, the 837i file will build the CLM envelopes appropriately.

Client Payment Export Columns Shifted

The Client Payment Export was shifting data into incorrect columns; additionally, checks were combined in the export rather than being listed separately. These matters have been resolved.

Client Statement 2.0 Footers

Client Statements generate as expected when single quotes are in the statement footer.

CMS1500 Timeout Threshold

Partners are now able to run large paper batches without encountering timeout issues.

CO Adjustment with Overpayments and *Allow Negative Balance = TRUE*

When *Allow Negative Balance on Visit = TRUE*, the CO adjustment amount will reduce the balance where appropriate.

OA:23 Display Issue

The OA:23 now displays in the ledger lines for all appropriate instances.

Tx Plus

Entering Builder Mode from a WebForm

Security Matrix: TxPlusBuildFromForm allows a user to create and edit Tx Plus plans from a webform. Previously, *Security Matrix: TxPlusBuild* rights were required to access these functions.

Tx Plus Element Start Dates

When creating a Tx Plus plan, the header start date was being used for all elements added to the plan, even new elements added to older plans, resulting in an incorrect date. The current server date is now used for all new elements added to existing Tx Plus plans. For future-dated start dates, *Problem* elements take the plan *Start Date*, while all other elements take their parent's *Start Date*.

Tx Plus Primary Element Deletion

When a Tx Plus plan was copied and then the child elements were deleted, the parent element could not be deleted. This has been corrected, allowing deletion of the parent element.

Tx Plus Printing

When a user tries to print a Tx Plus plan containing a long description from the client's profile, the printout would truncate the description. The client profile printout for the Tx Plus description fields has been extended to prevent this.

General Updates

Change Password Log Entry

When a staff member updates another employee's password, the HIPAA log entry now indicates the employee whose password was changed in the *Employee Name/ID* column, and the user changing the password under the *User* column. The *Action* will be shown as *CHANGE PASSWORD PROCESS COMPLETED*.

Credible Locked Fields and *is_lookup*

When editing an *IS LOOKUP = TRUE* Data Dictionary field to *Credible Locked*, changing the order of the field caused *IS LOOKUP* to be set to *FALSE*, potentially removing the lookup. This no longer occurs.

Deleting Form Levels in Form Builder

Deleting all elements of a form in Form Builder blocks the ability to add categories or questions. The *Delete* function has been disabled for the top Category to prevent this.

Deletion of Merged Client Duplicates

When a duplicate client was merged with the primary client, the duplicate client could not be deleted, and remained in the system. Users are now able to delete duplicate clients.

Duplicate Services on *Sign and Submit*

If a user hit the *Enter* key multiple times when signing and submitting a service, duplicate services could be created. This no longer occurs.

E/M Level Mapping

When two fields were set to map to the *E/M Level* field on the *Sign & Submit* page, the mapping would not occur or function correctly if the user did not check the mapped field before signing and submitting the service. This has been updated, and now maps correctly.

Embedded Signature Labels

Embedded signatures include a field allowing you to manually create a label associated with the signature. These labels now appear on the *Visit Overview* and *Print* screens.

Injected Diagnosis Switch Button

When the diagnosis on an “Injected Full Diagnosis” field in a webform is changed via the *Switch* button, the changed diagnosis is retained.

Inpatient Tab eMAR

On the Inpatient tab, eMAR schedules were not showing the *Administration* button. Additionally, navigation through the eMAR link displays an invalid security message, “*Due to Security Matrix rights, you cannot view any information on this section*”. These have been resolved.

Service Templates and *is_lookup*

The *islookup* question types can now be mapped properly to templates on services. They did not previously appear on service templates.

Updating Services and Multi-Stage Approval

When updating a service with multi-stage approval, selecting the *Approve* checkbox and clicking the *Update Service* button several times quickly could allow a user without the correct role(s) to approve all steps. (This could also occur with the *Approve* button on the *Visit Details* screen.) Safeguards have been added to prevent this.

Credible plans to push these enhancements **Thursday evening, July 20th, 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

o. 301-652-9500 | f. 240-744-3086

e. anne.hunte@credibleinc.com | www.credibleinc.com

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

301.652.9500 | info@credibleinc.com | www.credibleinc.com

This communication is proprietary and confidential to Credible and its Partners. No part of this document may be disclosed to a third party or published externally without prior consent of Credible Behavioral Health, Inc.