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**From:** Credible Behavioral Health, Inc. <Jaclyn.O'donnell@credibleinc.com>  
**Sent:** Friday, December 15, 2017 1:30 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, December 21st, between 10:15 PM - 12:15 AM ET**, Credible's Tech Team will release our latest upgrades and updates, including **2 new features and 20 enhancements and task ticket resolutions, as well as 23 released PPIs**. Also, Credible's Tech Team worked diligently and reached a **burn-down rate of 8.98%**.

Our current **Partner Satisfaction** rate is at **90%**. 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.

## New Features

### Integrated Primary Care (Phase 1)

The December 2017 release implements Phase 1 of the **Integrated Primary Care** initiative. Additional enhancements and updates will continue in subsequent phases throughout 2018. *Please note that all eight of the features listed in this section are part of Integrated Primary Care, which is a **Credible Premium** feature requiring separate contracting. Please contact your Partner Relationship Manager for details.*

#### Clinical Features

- **Encounters:** Users can now group daily visits into Encounters which keeps the visits together for discharge, documentation, and billing.
- **Family History on Medical Profile:** The Medical Profile now allows collection of Family History for Medical Conditions.
- **Discharge Summary:** On discharge from an encounter, the provider can review services provided and generate a discharge summary for the client.
- **Chronic Conditions:** A new checkbox has been added to the client Problem List, allowing any problem to be marked as Chronic. Additionally, any ICD-10 Code can be flagged to be Chronic by default. This is set up via the **ICD-10 Recode** feature.
- **External Orders:** When adding or updating an Order, **External Care Providers** have been added as a possible source for the Order.
- Details can be found in Credible Help at [Integrated Primary Care – Clinical Features](#).

#### Billing Features

- **Superbill:** In conjunction with **Smart Forms** (see below), support for **Superbill** functionality is provided.
- **Predefined Red X:** When billing for primary care encounters, all services provided during an encounter must be billed in the same claim. A **Predefined Red X** rule has been added to ensure all visits in an encounter are approved. If any visit in the encounter is unapproved, the remaining visits will be **Red X'd** for batching.
- **CMS 1500 Encounters:** On the CMS 1500, primary care services will automatically be placed on the same page with the main encounter CPT code listed first. Services from another encounter, or linked to no encounter at all, will appear on separate CMS 1500 pages.
- Details can be found in Credible Help at [Integrated Primary Care – Billing Features](#).

### Smart Forms (Phase 1)

In response to Partner requests and suggestions, the Credible Forms module is being redesigned for improved flexibility and functionality. The first phase of improvements – called Smart Forms – is included in the December release. All Partners currently contracted for Credible Form Builder will have access to these new features. Additional enhancements and updates will continue in subsequent phases throughout 2018.

- **Dynamic Form Groups:** Users can now create form groups during visits without having to pre-define which forms will be included in the group. **Dynamic Form Groups** can be

created manually (where the user adds forms by choosing them from a dropdown) or automatically (where additional forms are added based on the answers to questions).

- **Diagnosis Mapping to Sign & Submit:** Form questions can now be configured to map their answer directly into the visit diagnosis fields on Sign & Submit.
  - **Author Displayed for Form Categories:** Each form category will begin displaying the name of the answering employee and the time the category was last saved. Partners that currently co-author documentation will now be able to track changes more easily among multiple employees.
  - Details can be found in Credible Help at [Smart Forms](#).
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## General Enhancements

### Additional Diagnoses to Send

For electronic claims, **Send Additional Dx When Present** has been split into two settings: **837P Additional Diagnoses to Send** and **837I Additional Diagnoses to Send**. These settings have been changed to dropdowns with the following options: None; All service diagnoses; All service and client diagnoses.

For paper claims using the CMS 1450, *Box 67 Send Additional Dx When Present* has been relabeled as **Box 67 Additional Diagnoses to Send**.

A new setting for the CMS 1500 has been added, **Box 21 Additional Diagnoses to Send**. Like the electronic counterpart, this is a dropdown with the following options: None; All service diagnoses; All service and client diagnoses.

### Employee Config: Default Client Status Filter

An **Employee Config** setting allows the selection of a default **Status** value filter when viewing the **Client List**. Previously it would default to **All Active**.

### Employee Config: Default Problem “Onset Prior to Admission” Value

This **Employee Config** setting allows the user to specify the default value for **Onset Prior to Admission** status on new problems being entered into a client's **Problem List**.

### Medical Profile Vision, Hearing, Mobility Visibility

A setting has been added to the **Medical Profile** allowing the **Vision**, **Hearing**, and **Mobility** status to be displayed or hidden, as desired. To enable this setting for your Agency, please open a task ticket.

### Send Onset Prior to Admission

The setting **Send Onset Prior to Admission Flag (837i and CMS 1450)** has been split into two settings, one for the 837i and one for the CMS 1450.

When the setting is checked, the diagnosis' prior to admission value is sent with the diagnosis code. If there is no prior to admission selected, a **U** for unknown will be sent. When the setting is not checked, no prior to admission values will appear in the claim.

These new settings will automatically be configured as follows to match the pre-release payer configuration.

### **Text Reminders and Time Zones**

Due to the Agency's time zone setting, clients would sometimes receive text reminders hours ahead of schedule if the reminder was set to **0 Days Ahead**. This has been corrected; clients with **0 Days Ahead** for their reminder will receive the appointment reminder 4 hours prior to the service, accounting for the **Partner Config: Time Zone** setting.

### **Units Dosage**

Prescribers may now specify the dosage for a medication by selecting UNIT from the dropdown list. This is useful, for example, when creating a prescription for insulin, when adding a medication, or for Medication Administration via eMAR.

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## **Updates**

### **Billing Updates**

#### **CMS 1450 Duplicate Diagnoses**

Diagnoses no longer duplicate on the CMS 1450.

#### **ISA Length**

There is no longer an extra delimiter in the ISA line.

#### **Visit Type End Age**

The Billing Matrix now checks the ages of a visit type to prevent saving the line if the ages fall inside the range of the Start Age and End Age of another Billing Matrix line. Additionally, the End Age of one can't be the same as the Start Age of another, or vice-versa.

### **Client Portal 2.0 Updates**

#### **Authorizations and Client Portal Visits**

Selecting the **units** link in the Client Authorization tab was displaying Client Portal visits not included in authorization for the selected client. This no longer occurs.

#### **Groups Visits and Client Portal Services**

When selected from the scheduler, signed and submitted group visits were showing client portal visits. Client Portal visits are now excluded when a user selects signed and submitted group visits from the Employee Visit page.

### **Service Page and Client Portal Service Display**

When a user filters the Visit page after selecting Multi-stage or My Multi-stage from the dropdown, this would show non-multi-stage client portal services. This no longer occurs.

### **Other Updates**

#### **Prescriber Agents and Controlled Substance Prescriptions**

Prescriber agents can now complete prescriber-approved controlled substance prescriptions.

#### **Text Reminder Errors**

Occasionally, clients with invalid information in their profile (e.g., an invalid phone number) were scheduled to receive appointment reminders via text message. When the system would process those reminders, errors would occur. Error handling has been added to skip any clients with invalid phone numbers or email addresses, allowing the next client in the queue to receive their appointment reminder as scheduled.

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Credible plans to push these enhancements **Thursday evening, December 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,

**Jaclyn O'Donnell**

*Executive Vice President*

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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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