

CREDIBLE

Behavioral Health Software



UPDATE

Upcoming Enhancements & Task Resolutions

DEAR JACLYN,

On **Thursday evening, May 18th, between 10:15 PM - 12:15 AM ET**, Credible's Tech Team will release our latest updates, including **ten enhancements and Task Ticket resolutions, as well as three released PPIs**. For additional notes and configuration details, please see the individual pages in Credible Help.

Credible is pleased to report that our current Partner Satisfaction rate is at 95%. Be certain to make your voice heard by completing the surveys provided by your Partner Services Coordinator after every task resolution.

Due to challenges arising from the April release, some of the enhancements in this release have been reprioritized for subsequent releases, resulting in a temporary decrease in the backlog burndown rate. The smaller size of May's release will return to our standard prioritization, with a related reduction in the backlog.

As a reminder, Credible's new [Restricted Client](#) feature is now available!

Enhancements

837i Attending Providers

Partner Benefit: For Inpatient billing using the CMS 1450, the Attending Provider can now be sent in Box 76.

Recommended Workflow: After configuring the *Client Episode* (see below), select the client's *Attending Provider* prior to billing any claims requiring the *Attending Provider* to be sent in *Box 76*.

For more information, please see [Credible Help](#).

Facility Types for Inpatient Billing

Partner Benefit: Previously, institutional claims used the location *Place of Service (POS)* code to determine the *Facility Type* and *Facility Classification Code*. However, POS codes do not always match up correctly. Locations now have a *Facility Type* dropdown to select the combination of *Facility Type* and *Facility Classification Code*.

Recommended Workflow: Users should continue to select the same *Locations* when providing services. The associated *Facility Type* will be used when batching institutional claims.

For more information, please see [Credible Help](#).

There are also three new override settings corresponding to the existing POS overrides. These settings override the *Facility Type* that is configured for the *Location*.

To avoid billing disruptions, institutional claims will continue to use *POS* codes when no *Facility Types* have been configured.

Send Leading Zero for Box 4

Partner Benefit: The *Type of Bill (Box 4)* on the *CMS 1450* is technically four digits long with a leading zero. While this zero is typically ignored by payers, it can now be printed to ensure compliance. For more information, please see [Credible Help](#).

Visit Queue Content on Visit Entry

Credible has included a new *Employee Config* setting called *Visit Queue Content on Visit Entry* to control the display of information once a visit has been entered for a client, and control display of last visit information from a group of visits.

Partner Benefit: This capability allows for selective display of visit information as specified in the employee configuration. Upon completing or discarding a visit, the user is redirected to the Visit tab, where the visits shown are limited by the *Employee Config* settings.

For more information, please see [Credible Help](#).

Updates

837i Multi-Service Claims: When *Payer Config: Multiple Services per Claim (837i)* and *Payer Config: User PCP as Referring Provider* are both checked, the PCP from each visit will now be sent in its corresponding service line.

837i Single-Service Claims and Service Dates

- When *Payer Setting: Do Not Send Service Date in 837i* is checked, 837i single-service claims will NOT include the service date.
- When *Payer Setting: Do Not send Service Date in 837i* is NOT checked, 837i single-service claims WILL include the service date.

Advanced Visit Search Secondary and Tertiary Payers: When any payer is selected in an Advanced Visit Search, any payers appearing on the visit record will appear in the list. Previously, only visits sitting at the filtered payer would appear in search results.

As-of-Aging Blank Headers: Deleted payer types will no longer cause blank headers in As-of-Aging reports. When a payer type is deleted, a check is automatically performed to ensure that the payer type is not currently being used by any Billing Payers.

Bed Board Facility Filter: When filtering the Bed Board records by Facility, only records related to that facility will be included.

Idle Logout

- The *Idle Logout* logic has been adjusted to better adhere to *Partner Config: Site Configuration: Idle Logout*, and to more closely track user actions in resetting the idle logout timer.
- An additional change has been made to the *Idle Logout* process. The maximum time before idle logout occurs has been set at 55 minutes. If any Partner currently has more than 55 minutes listed in *Partner Config: Idle Logout*, that setting has been reduced to 55 minutes. The 2-minute warning message before users are logged out automatically has not been changed.

Meaningful Use Messaging Exports

The Meaningful Use messaging exports have been updated to reflect CMS changes.

- *spc_export_mu_messaging_summary*

- *spc_export_mu_messaging_detail*

The original CMS rule of 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.").

According to the current CMS rules for Stage 2, the numerator is now "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 exports have been updated to reflect this change.

Credible plans to push these enhancements **Thursday evening, May 18th, 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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