UPDATE
Upcoming Enhancements & Task Resolutions

DEAR CREDIBLE,

On **Thursday evening, October 19th, between 10:15 PM - 12:15 AM ET**, Credible's Tech Team will release our latest upgrades and updates, including **2 major new features representing more than 100 product updates.** This release includes many frequently requested functions, features, and initiatives suggested by our Partners, including:

- **Credible Plan** — with **99 product updates** including **48 PPIs;**
- **Real Time Eligibility;**

- Plus, an additional **9 PPIs** not included above, for a total of **132 products updates including 55 PPIs!**

Also, the Tech Team's worked diligently to achieve a October **burn-down rate of 5.06%**

Our current **Partner Satisfaction** rate is at **92.1%**. 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.

Credible Plan

Treatment plans are one of the most important clinical documents that make up a client's medical record. They outline the issues the person is dealing with, and the steps that will be taken to resolve them. The services a client receives — therapy, case management, medications, etc. — should be in sync with the treatment plan. Additionally, services that don't align with the treatment plan are more likely to be denied for payment.

The Credible Plan:

- guides and documents the client's treatment;
- satisfies regulatory and compliance requirements; and
- enhances data gathering capabilities with custom fields and elements which are targeted to only the relevant areas.

The treatment plan is the "Golden Thread" that ties together everything that happens for a client at an Agency. Credible Plan gives Agencies the opportunity to note which form questions are part of this thread, and pull that information directly into a plan — without any retyping necessary!

Thoughtful and careful configuration of Credible Plan is essential for the most efficient use and deployment of Credible Plan. Before you begin the process of implementing it at your Agency, you will want to consider how it should be configured to maximize your efficiency, improve your effectiveness, and deliver outstanding quality of care.

Features available in Credible Plan include: **Golden Thread** flags for form questions, allowing information to be pulled directly into plans without retyping; **Disciplines**, which allow for "plans-within-plans" based on the various roles of providers involved in a client's care; reusable **Rule Sets**, built around state and payer regulatory and compliance requirements; universally available **Custom Extended Fields** featuring a very broad range of data types, including the much-requested **Rating Scales**; and freeform **Custom Elements**, allowing the creation of fields to capture common items like **Strengths**, **Barriers to Treatment**, and **Plan for Discharge**.

More information about the use and configuration of Credible Plan is available in *Credible Help*.

Real-Time Eligibility Verification

Agencies now have the option of verifying a client's insurance eligibility in real-time. Payers listed with Change Healthcare can now have their *Change Healthcare Payer IDs* entered in their payer configurations. A **Real-Time Eligibility** link will appear when viewing a client's insurance

records; clicking that link will display a popup which contacts Change Healthcare immediately to verify the status of the client's insurance. For more information, please see *Credible Help*.

Please note: *Real-Time Eligibility Verification* is a *Credible Premium* feature. Contact your Partner Relationship Manager or Implementation Manager for more information.

Enhancements

Billing

Client Overpayment Adjustments

When a client payment had been applied, disallowed amounts were being reduced to the remaining balance. For example, on a $100 service, a client had made a copay of $20, leaving an $80 balance. The 835 from the primary payer indicates a $75 insurance payment, $20 disallowed, and $5 patient responsibility. Previously, the system would reduce the $20 disallowed to $5 making it unclear that the client had overpaid.

With this update, a SERVICE RATE ADJUSTMENT occurs, allowing the full amount of the disallow to be applied. The visit's total disallowed amount will then become negative.

Partners should regularly search for services with negative disalloweds, reviewing them for potential client payment refunds or retractions.

EPCS

DEA Numbers and Ohio Prescriptions

Per regulations, Ohio Partners are prevented from sending the DEA numbers of providers when electronically transmitting controlled substance prescriptions.

Enhanced APRN Workflow for Arkansas

This enhancement prevents certain prescribers who may not be authorized to prescribe Schedule II medications, such as APRNs and PAs, from sending those prescriptions electronically. Such prescribers may create the Schedule II prescription on behalf of another prescriber, submitting it to them for approval. The prescriber will be selected from the dropdown list as a prescriber agent.

This workflow only applies to EPCS, and does not affect the current capability for these users to create a Schedule II prescription and print or fax it.

To use this feature, the **Security Matrix: Block Schedule II Prescriptions** should be checked for the login profile used by the employee.

Hard Token Message Updates

The message displayed when the *DEA Registered EPCS Admin* grants EPCS rights to a prescriber and places an order for ID Proofing has been changed. Previously it read "Please note: Additional fees will be incurred per prescriber for Identify Proofing Service and Hard Token for EPCS"; it now reads "Please note: Your organization will incur additional fees per prescriber for Identify Proofing Service and Hard Token for EPCS".

When the user orders spare or replacement hard tokens, the message has been changed from "Please note: Additional fees will be incurred for each hard token ordered" to "Please note: Your organization will incur additional fees for each hard token ordered".

Interface Updates

To reduce confusion, the **Initiate Webcam Proofing** button now reads **Register for Webcam Proofing**.

NDC & Drug Quantity for Methadone Billing Visit

The Visit import process has been updated to allow for importing NDC and Quantity Administered. This allows for billing medication administrations in the 837 Loop 2410 without requiring an actual eMAR record. The NDC and Quantity Administered also display in the visit details.

Configuration of this feature involves adding fields to the *Data Dictionary*. For details, please see *Importing Client Visits* in *Credible Help*.

Spare Token Order Quantity Restrictions

Users are now limited to ordering a single spare or replacement EPCS hard tokens for themselves in one order. Previously, a prescriber with the **Security Matrix: OrderSpareTokenForSelfForEPCS** right could order multiple tokens simply by selecting the number from a dropdown.

If the user also has the **Security Matrix: OrderSpareTokenForEPCS** right checked, then the restriction of ordering one token per order is removed, allowing the user to order multiple tokens at the same time.

Orders 2.0

Orders 2.0 Interface Adjustments

Several enhancements and modifications to the Orders 2.0 interface are included in the October update, such as formatting changes, moving field labels, increasing the default number of orders displayed to 100, and more.

Updates

Billing

837P: HI Segment when Multiple Services Per Claim 837P is Checked

The HI segment is now displayed correctly when multiple services per claim are present in 837P files

Billing Matrix History Interaction with Payer Specific

When an employee clicked the *Payer Specific* button in a billing matrix line, then exits without updating, the history for the matrix line would indicate that the employee updated the matrix line. This no longer occurs.

Billing Matrix History Link

Previously, if an employee viewed a billing matrix line and clicked **Save** without actually updating anything, the *History* still indicated an update made by that employee. Now the *History* only reflects the employee name if there was an actual update made to the billing matrix line or the payer specific line.

BillingMatrixRevCode Table Error

An error occurred when running an export using the stored procedure *sp_export_output2*, causing the export to fail. This was due to a now corrected error on the *BillingMatrixRevCode* table.

CMS1450 Alignment Tool

When **Box 55 Blank** has been checked for CMS 1450, an error was generated by the downloaded file for alignment tool. The files now open as intended.

CMS1500 Alignment Tool

When more than one claim per page is included in CMS 1500 files, the pages were duplicated when using the alignment tool. This has been resolved.

Duplicate Clients and Merged Services

When duplicate clients are found, merged services are created on one, the service is batched and paid in full, and then the clients are merged to the one that did not have the visits on their record, the secondary visit showed an erroneous balance due. This has been addressed; when merged services exist on a duplicate client and those clients are merged, any payments made on the services still appear, and the balances on the services remain as they were before the merge.

ICD-10 Codes and Red X Batching Error

When a Partner had created a Custom Red X rule for ICD-10, an error was being generated on the batch screen. This was due to Credible having a pre-set Red X rule for ICD-10. This error is no longer generated.

Inactive Insurance when Creating an Auth

When an insurance is deactivated by clicking the *Inactive* button when updating the client's insurance, that insurance record was remaining available for selection when creating an *Authorization*. Only active insurance records are now displayed in the *Available* multi-select window when creating an *Authorization* for a client.

Manage Insurance Payments in Internet Explorer

When entering a client payment amount, the *Dollar Amount* field was counting the comma separator as part of the character count. For example, *$11,457.89* should only count as 8 characters, but Internet Explorer was counting it as 9. This has been resolved.

PA Liability Form: Max Liability

- When the *Income* section of the PA form is completed, a calculation runs to determine the amount in the *Max Liability* When the *Skip Form* box was unchecked, a user was erroneously able to save a manually entered amount. Now, when the *Income* section of the form is completed and the *Max Liability* field has the calculated amount in it, manually entered amounts will not be retained when the form is saved unless the *Skip Form* box has been checked.
- When a *Max Liability* amount is entered manually, but the form already has a calculated amount in that field, the manually entered amount is not stored. However, the Client Overview Print screens still displayed the manually entered amount. This no longer occurs.

Scheduled Insurance Fails to Update

A client with valid insurance, payer, and coverage dates scheduled a visit in the future (but before the insurance expiration), and subsequently changed employment and thus insurance payers. At the time of the service they submitted the new insurance information, which is entered in Credible, and then began the previously scheduled service. Previously the planner did not update the insurance with the new information, meaning that the planned services would have the wrong insurance. Now the planned service will update the insurance.

Subscriber State vs Client State when Printing CMS1500

When subscriber information is set up in a client insurance record, the subscriber's *State* is sometimes different from the client's *State*. When this occurred, the client's *State* was pulled into the *State* section for the subscriber on the CMS 1500. (The subscriber address was correct, but using the client's state.) This has been corrected.

Client Portal 2.0

Creating New Services with Client Portal 2.0 Activated

With Client Portal 2.0 activated, creating a new service via *Sign & Submit* did not display it at the top of the Service List page. Now when a user clicks the service tab, the visits are sorted

beginning from the most recently submitted visit across Client Visits, Provider Portal Visits, and Client Portal Visits.

Error Viewing "My Team"

Viewing *My Team* in Client Portal 2.0 generated an error when a Partner had an external provider with *Global View* checked. The *My Team* page now displays all providers, including those with the *Global View* checked.

Orders

Approved Rx Completion by Authorized Non-Prescriber

The *Security Matrix: PhysicianOrderLineComplete* right now fully controls a user's ability to complete an order, regardless of whether that user is a physician or not.

General

Active Directory Users

Active Directory users were not excluded from a Domain's inactivity settings. As a result, Active Directory users were not able to log in without responding to an inactivity message, preventing their login. Active directory users no longer see the inactivity message, and will be able to login.

Advanced Search Error with Restricted Client

Restricted Clients caused errors in Advanced Search and Short List Column Config, rendering users unable to use Advanced Search or to add additional fields to the Short List. Advanced Search now excludes Restricted Clients to prevent this issue.

eMAR 2.0 Client Header Medical Profile

In some cases, earlier versions of *Medical Profile* data would be displayed on the client eMAR header, potentially displaying inaccurate information. This has been resolved.

Employee Credentials Change Updating Previous Services

When an employee's *Credentials* or *Title* was changed, it would change the *Title* and *Credentials* on past services for the *Title* field, and the *Title* and *Credentials* on signatures of a service. As a result, past services that had already been potentially billed may have contained the changed information. Going forward, updating these fields will no longer change the title or credentials of employees for the title field on the visit overview screen or the title and credential fields on visit signatures. Please note: This is not a retroactive fix; only new services recognize this updated logic.

Partner Config Settings

Occasionally, after changing certain Partner Config settings, other, unrelated settings would be enabled. This no longer occurs.

Two-Factor Authentication SMS Messages

Two-factor Authentication text messages no longer display HTML code.

Credible plans to push these enhancements **Thursday evening, October 19th, 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,

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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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