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SmartCare

Service Entry for Clinicians

User Guide

This manual will explain how Clinicians can search for and create services and notes. Please see the User Guides on the intranet for more information on related topics: Reference Material > IS Information > Streamline SmartCare > User Manuals.

Table of Contents

In SmartCare, there are several Service-related screens. The Services/ Notes screen was designed for Clinicians to enter their services. Clinicians can also use the My Services QuickLink to view a list of their services. The QuickLink titled 'Services' is used by Clerical Staff and should only be used by Clinicians when making certain error corrections. (See the guide 'Correcting Services and Service Notes' for more information.)

Services can be entered into SmartCare after the service occurred, or they can be scheduled in advance and updated afterwards.

Entering a Service

How to Open the Service/Notes Screen

Open a client and click on the Services/Notes QuickLink from the Client Flyout:
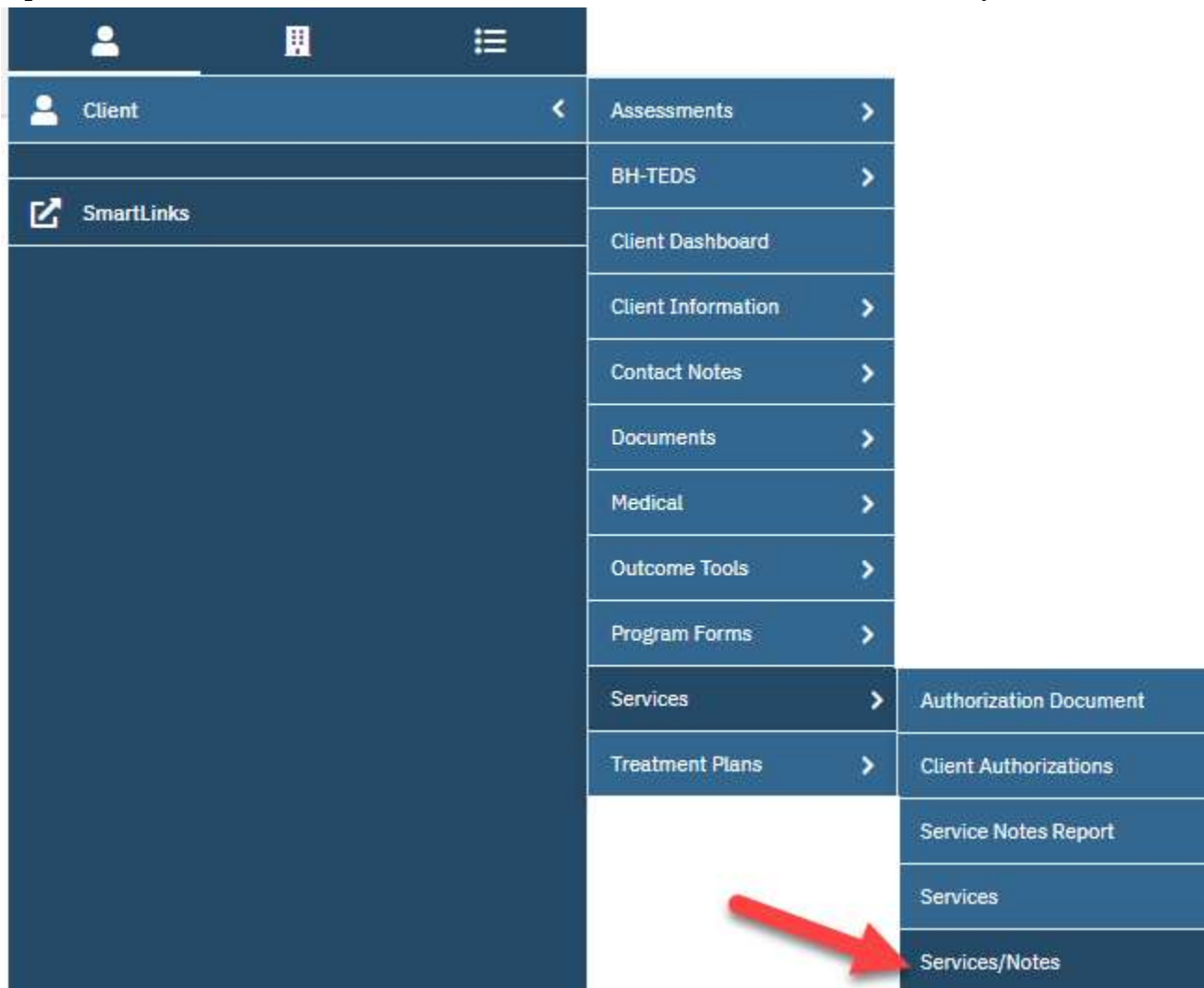
This will bring up the Services/Notes List Page. (Services/Notes List Page information will be covered in a separate section.) Click on the New icon in the upper right corner of the screen to

start a new Services/Notes screen for the client selected:

Once a Service/Note has been created, there are multiple ways of pulling up the screen. Those will be covered in the section: Searching for a Service/Note.

Completing the Service Tab

1. The header ('Service Note' in the snapshot) changes based on the information entered in the Service. When the Procedure is selected, the header will change to display the Note Type (if a note is required for the Procedure Code) or the name of the Procedure (if there is no note.)

The Document Header, which displays just below the header, is the same for all notes and documents. See the Basic Functions User Guide for more information regarding the Documents Header.)

2. Status (Required): The Status will default to Show, indicating that the service took place. These are other Status options:
   o Scheduled: Select this Status to schedule a service in advance. The Start Date must be in the future.
   o Cancel: If the appointment was Canceled, select this Status and select a Cancel Reason.
   o No Show: Select this Status if the client did not show up for the appointment.
   o Completed: The Status will automatically change to Completed once the service has been processed.
   o Error: The Status of Error may be required to edit a service that has been Completed. See the document on Correcting Services and Service Notes for more information. This Status should be used with caution

3. Start Date (Required): Enter or select the Date of the Service.
   Note: If only one service can be reported, even if it spans multiple days (such as H0001), enter the service only for the date that you complete the documentation and sign the note. Notify reimbursementanalysts@ceicmh.org if the combined duration overlaps with another service so that they can override the error.

4. Program (Required): Select the Program for the Service. Only the Programs available to you will display in the dropdown. This must be selected before Procedure or Location.

5. Procedure (Required): Select the Procedure. Only the Procedures associated with the Program selected will display; the options will change if the Program is changed. Also, the Clinician must have the appropriate credentials for the Procedure in order for the Procedure to show. The dropdown displays the Procedure Name.

   Procedures preceded by an * are internal codes that are not reportable to DHHS. Most of the asterisk codes are not billable, either.

6. Start (Required): The Start Time of the service.

7. Unit Type. The Unit Type will display in the box once the Procedure is selected. Following are the Unit Types.
   - o Minutes: Time-based services are usually entered in Minutes (e.g. a service lasting one hour 15 minutes should be entered as 75.)
   - o Day: Day units must be entered as '1'—they cannot be entered for a range of days. See the guide for the Direct Service Entry Tool for information on mass service entry in SmartCare.
   - o Items
   - o mg
   - o Miles

8. Duration (Required): Enter the Duration appropriate for the Unity Type displayed.

9. Location (Required): Select the Location in which the Service took place. Only the Locations associated with the Program selected will display.

10. Clinician (Required): This defaults to the Author of the document and cannot be changed. (Except in cases of Proxy users which is covered in their training.)

11. Attending (Sometimes Required): If Attending is appropriate for the service, select the Attending Staff from the dropdown.

12. Referring (Sometimes Required): If Referring is appropriate for the service, select the Referring Physician from the dropdown.

13. Comment (Optional): Non-clinical comments can be added if desired. Any comments of a clinical nature should be entered on the Note tab.

14. Cancel Reason (Sometimes Required): If the Status is Cancel, a Cancel Reason must be selected.

15. If the Status is Show, Consumer Satisfaction must be selected in order to Save the service.

16. For DD clients, select the method of input.

17. Enter a Consumer Satisfaction Comment, if appropriate.
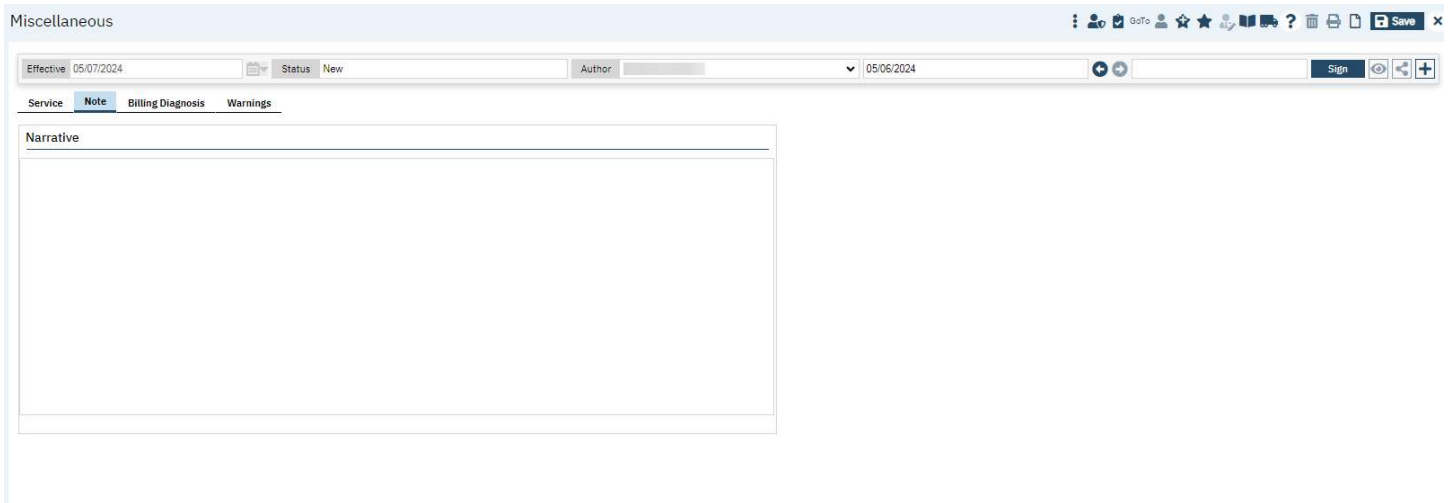
18. Enter a Prescription Number, if appropriate.

19. Select the Alternate Service Location if Location is other than Office and client is on Medicare. (System will provide a pop-up on Save when this is required.)

20. Saving is not required at this step, but it's a good idea to Save between tabs or after you've entered a lot of information.

Completing the Note Tab

Not all Procedures have Notes associated with them. If there is no note associated to the Procedure selected, then no Note tab will display and a note cannot be entered. If there is no note associated, then the Sign button will be grayed out. Service Entry is complete when the Service is saved with any status other than Scheduled.

If a Note is associated, then a note is required and must be signed. The format of the note is also dependent upon the Procedure Code selected.

There are several different types of Notes with various formats. The Miscellaneous Note is simply a text box for free form text:

The General Service Note pulls in Goals and Objectives from the last signed Treatment Plan. Clinicians can identify if which Goals and Objectives, if any, were addressed during. This note contains two tabs:

General Service Note

Effective	05/07/2024		Status	New		Author	Chapman, Rebecca

Service | **Note** | **Billing Diagnosis** | **Warnings**

Goal(s)/Objective(s) | **Note** | **SRA**

Treatment Plan Objectives Addressed by This Service

☐ Not addressed during this visit   [Re-link Plan]

☐ Goal 1: Goal 1
    ☐ Objective 1.01: Objective

Progress Towards Goals/Objectives

$Date_$

General Service Note

Effective	05/07/2024		Status	New		Author	Chapman, Rebecca						Sign

Service | **Note** | **Billing Diagnosis** | **Warnings**

Goal(s)/Objective(s) | **Note** | **SRA**

Today's Presenting Issues

☐ Check if None Indicated

Follow-up/Plan

Additionally, there are several other note formats specific to certain types of procedures, such as the Case Management Note and the Individual Therapy Note. Some notes can have multiple tabs and

sections. Some of these notes, like the General Progress Note, pull in Goals and Objectives from the signed Treatment Plan.

Completing the Billing Diagnosis Tab

A service must have at least one Billing Diagnosis on the Service in order to complete the billing process and get reported to DHHS. If there is a signed Diagnosis Document, the active diagnoses should pull into the service.

If no diagnosis is listed on the Billing Diagnosis tab, click the Refresh Diagnosis link:
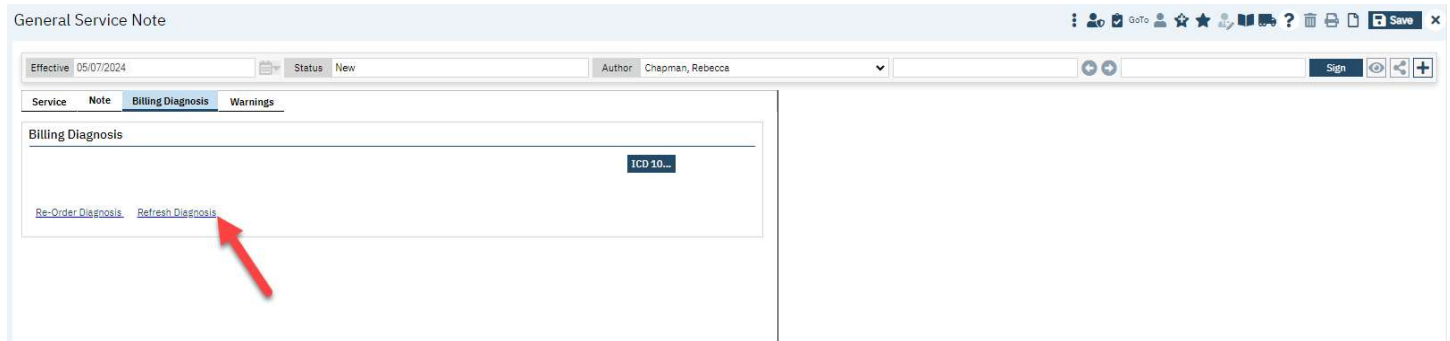
If the diagnoses appear after Refresh and are appropriate for the service, then Save the service. If any changes need to be made to the diagnoses used for billing, click on the ICD10 button* and make any necessary changes. Diagnoses must have an associated order to be included in billing and reporting.**

If no diagnosis appears after Refresh, click on the ICD10 button* and select the appropriate Diagnoses and assign their orders for billing.**

If the service does not have at least one diagnosis with an order, the service will error out during processing.
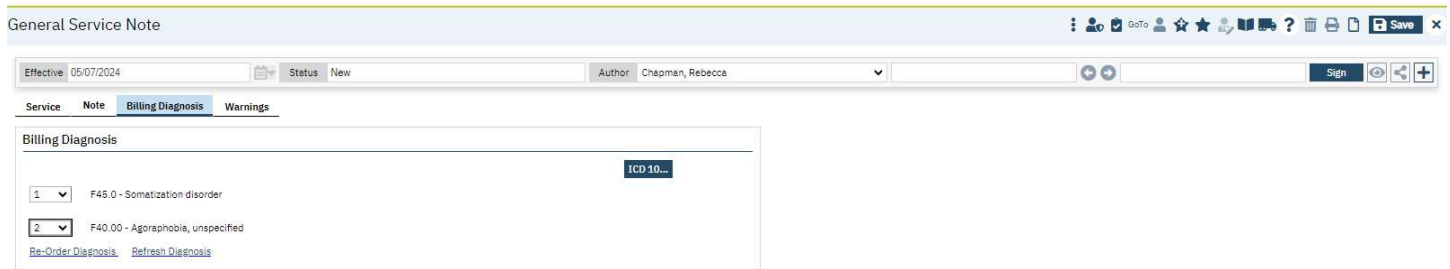
* If Axis I & II and III buttons appear instead of ICD10, the client has an ICD9 diagnosis in the Diagnosis Document that could not be converted to ICD10. That diagnosis needs to be corrected.

** Any changes to diagnosis on this screen affects only this individual service; it does not change the Diagnosis Document or any other services.

The Warnings Tab

Check the Warnings tab for any potential problems. Any errors noted should be corrected before signing the service or the service might error out during processing.

Sign the Note

If there is no Note button, the service will not be signed; the Sign button will not be enabled.

If there is a note and you need to add a co-signer, click on the More Detail button and select the name from the Signer dropdown.
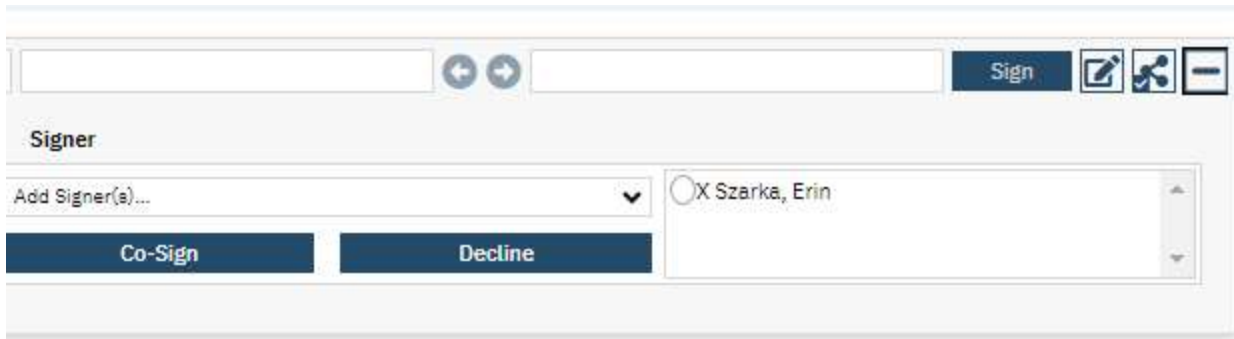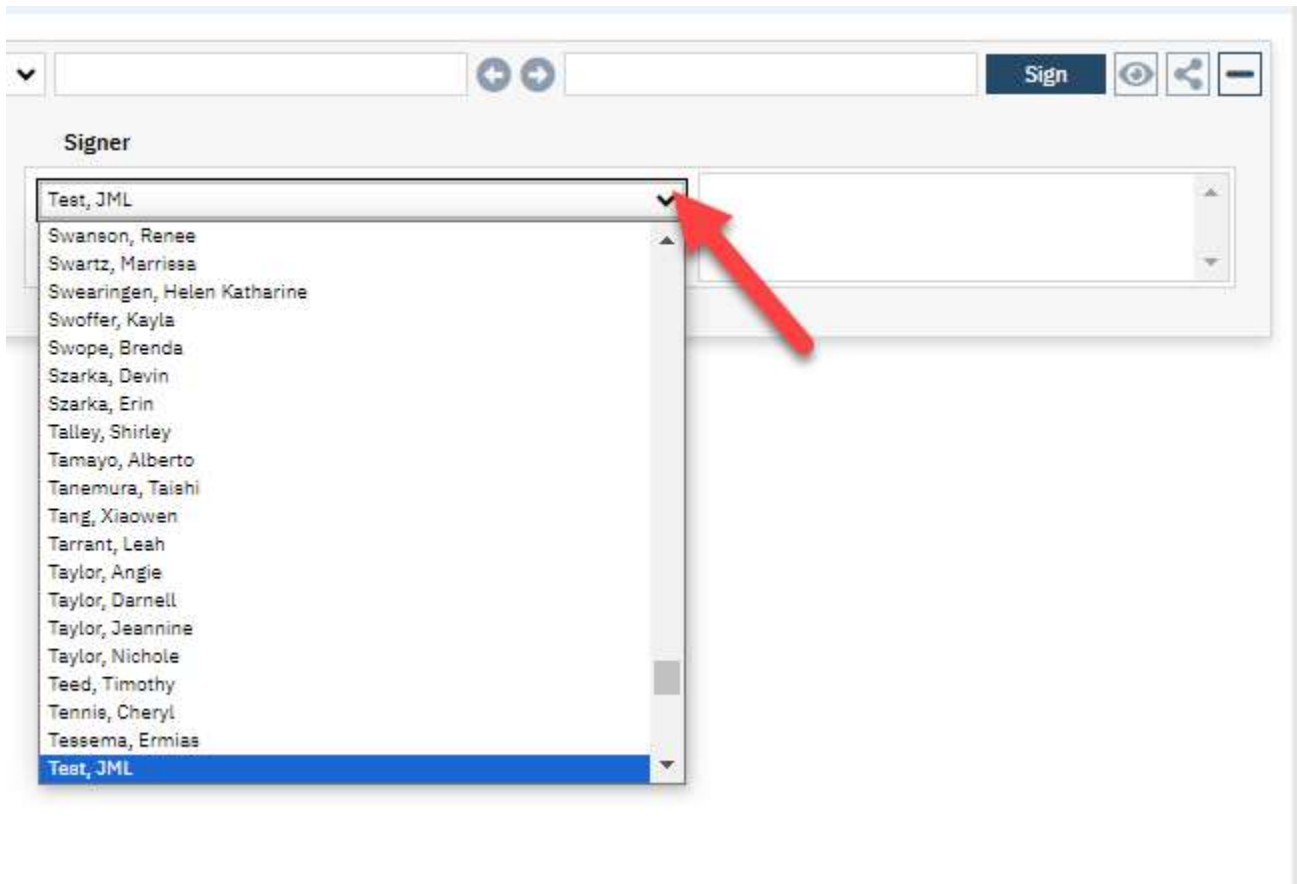
You may want to run Spell Check and fix any typos that are uncovered.
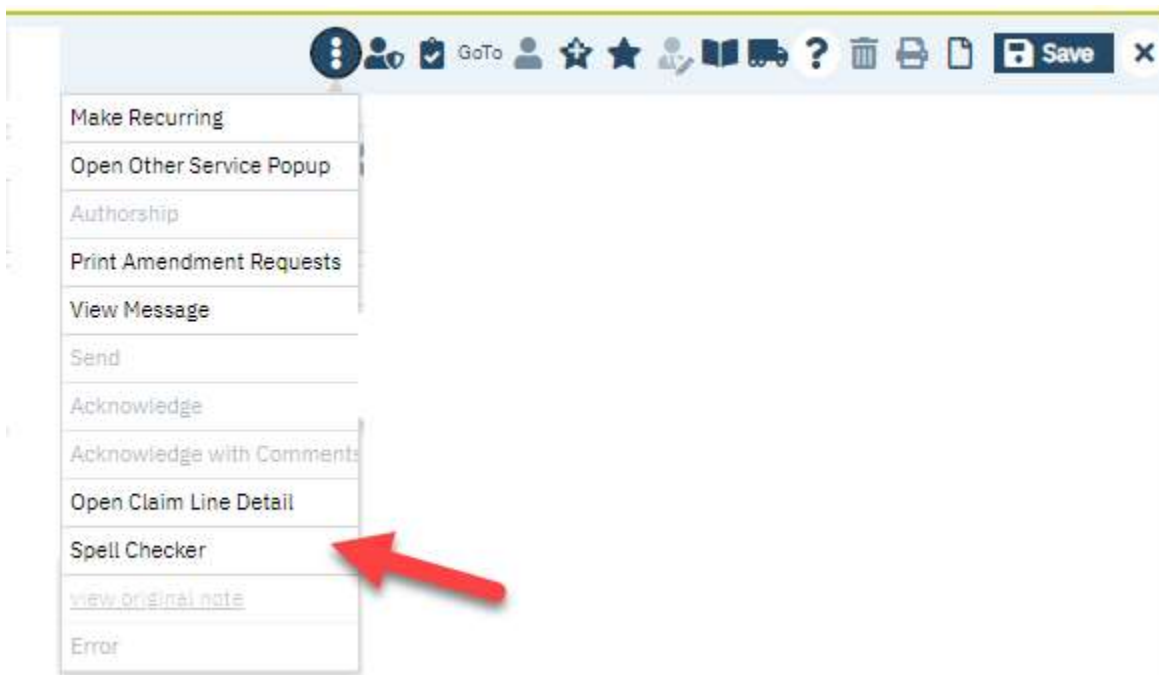
Click Save.

Look over the service and note to make sure that they are accurate and complete. If so, click the Sign button and enter your password. If you identified a co-signer, it will automatically appear on that person's Documents widget To Co-Sign.

Validation

Some validation takes place at Sign. If any fields are missing, they will be listed in a pop-up and you will not be able to sign until they are addressed. Please note that some issues will pass the service validation but will cause the Procedure to error out during processing. The service will appear in the Widget 'Services Needing Attention' if additional errors are present.

Editing a Service

Often, corrections can be made to a service, even after it has been signed. See the User Guide Editing Services and Service Notes for more information.

Add-On Codes

If Add-On Codes are appropriate for a Procedure, an Add-On Code tab will appear in the service once the Procedure has been selected:

In the Add-On Code tab, Add-On Codes appropriate for the Procedure selected will appear in the 'Select Add-On Codes' dropdown.

Select the appropriate code and click the Add button:

You can add more codes if needed by selecting another code and clicking the Add button.
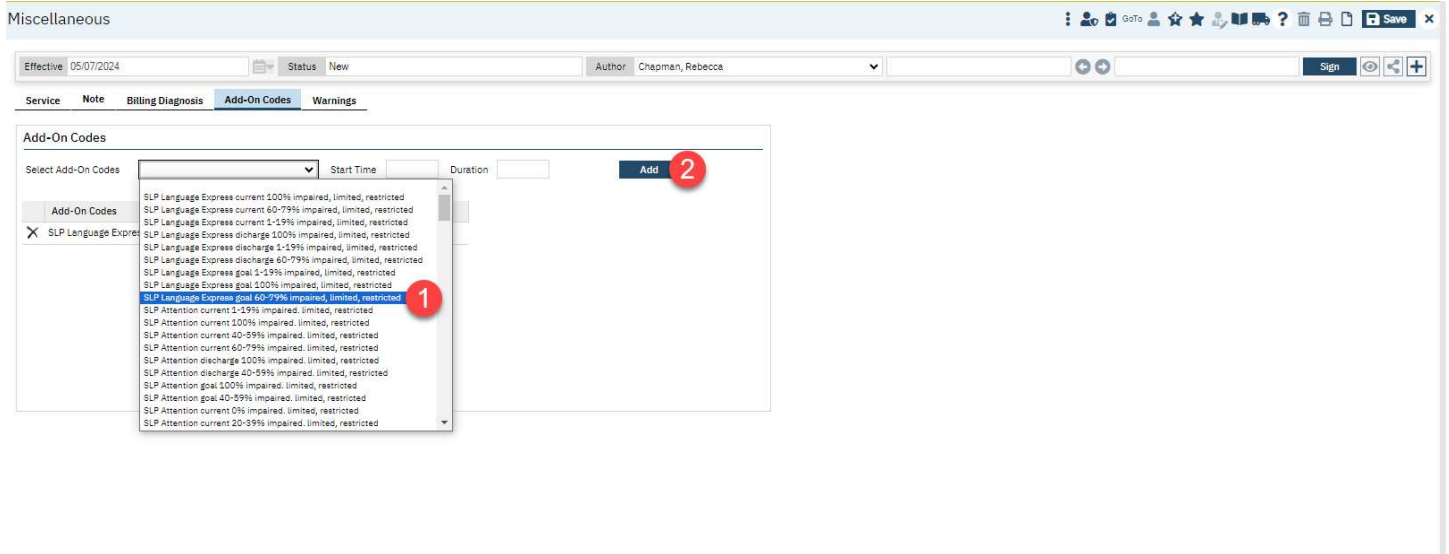
To view the Add-On codes after the note has been signed, click on the Services QuickLink under the Client Flyout and click on the Add-On Code tab.
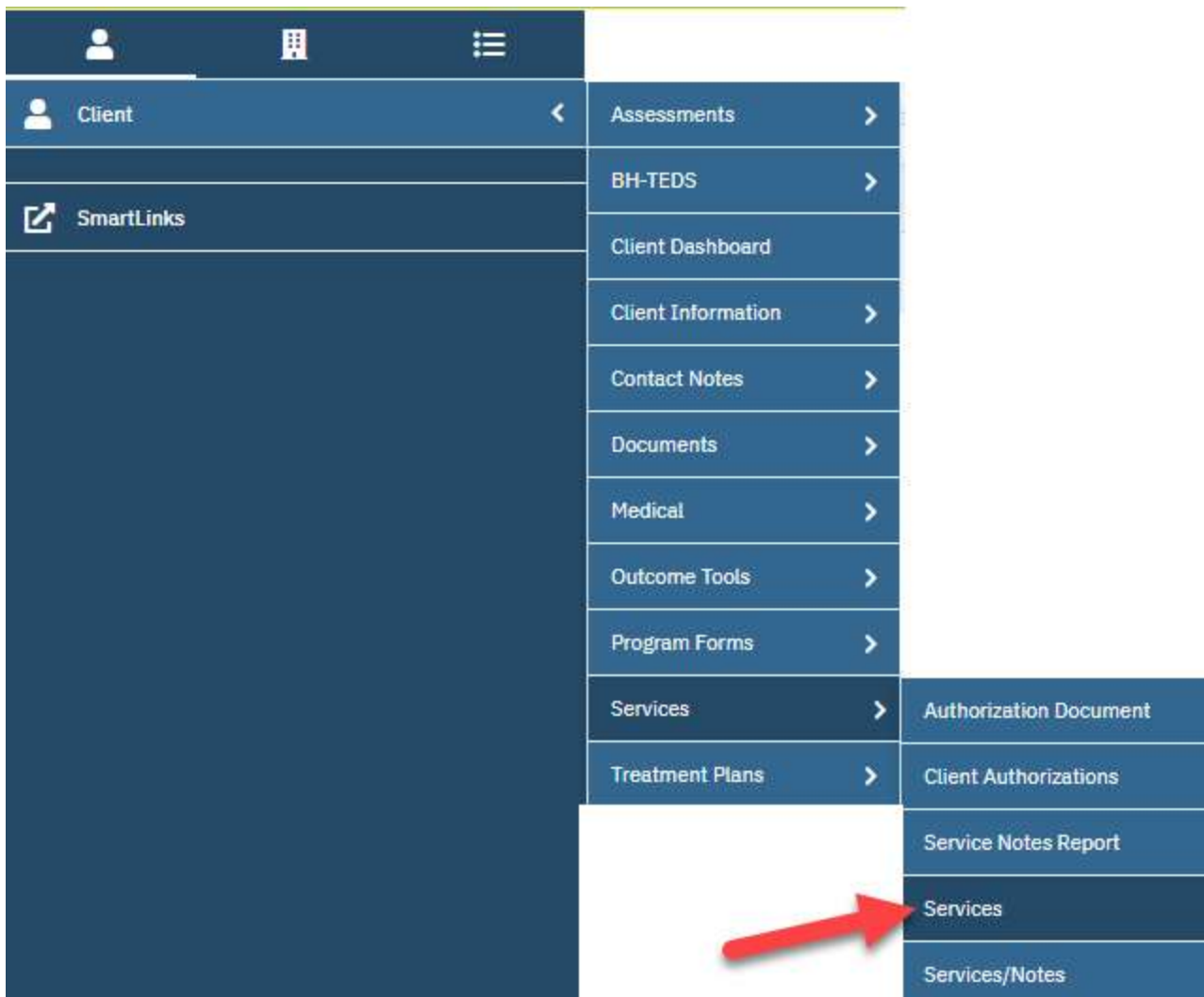
Once the service has been completed by Reimbursement, the Add-On codes will show in the Services/Notes or Services List pages:

Other Methods of Service Entry

Clinicians may find other methods of entering services useful in some cases:

My Calendar

Services can also be created through My Calendar. See the Calendar Guide for more information.
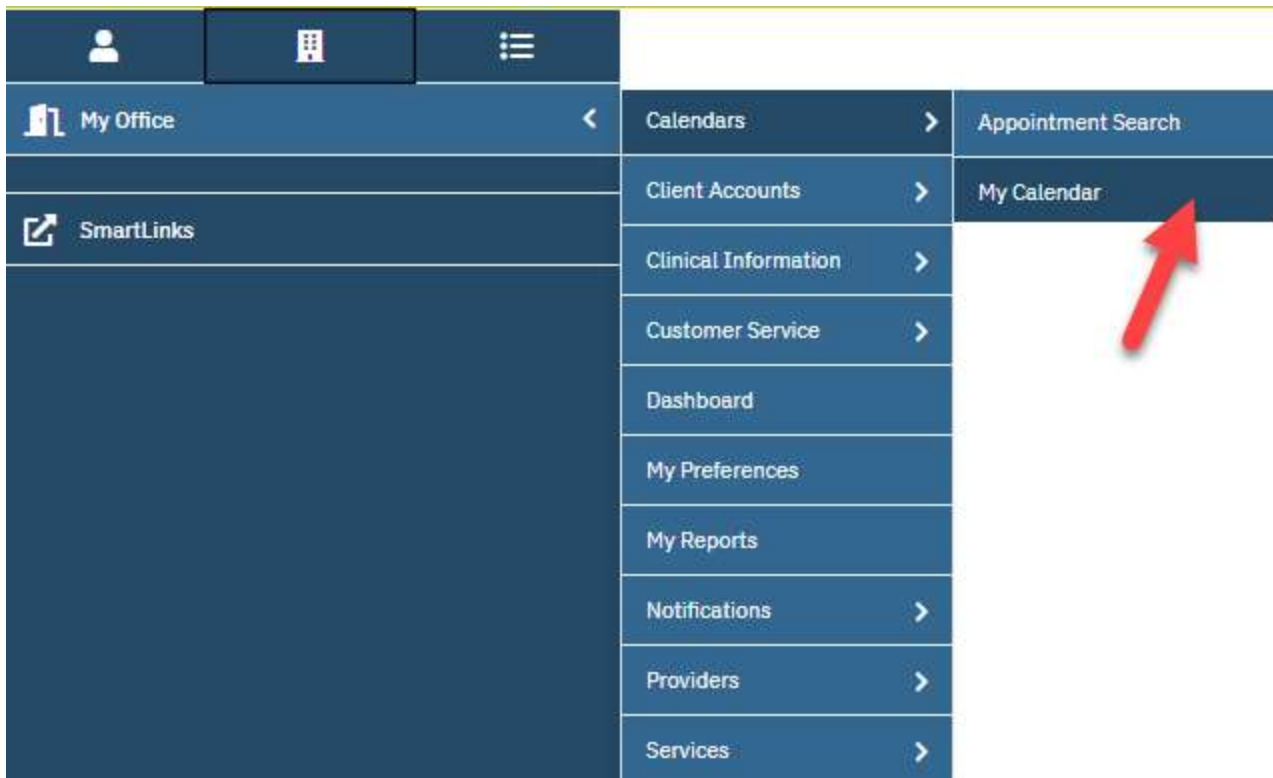
Groups

Group services for which a note is required can also be created through Groups. See the Group Notes User Guide for more information.

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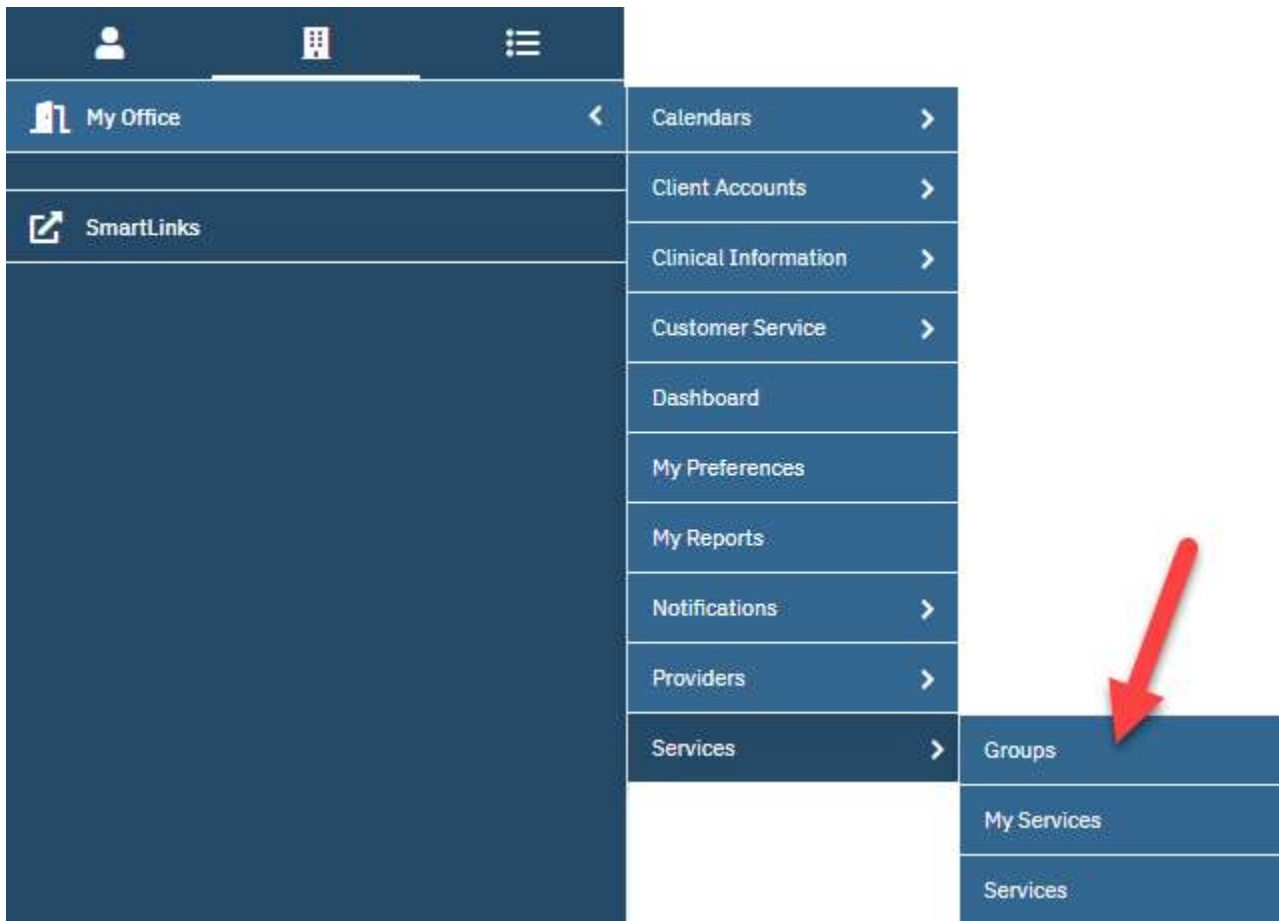
Services Widgets

After a service is created or scheduled, it may affect or appear on some of your Dashboard Widgets:

- Appointments for Today
- Caseload
- Documents
- Services Needing Attention
- Services for Today

Services Needing Attention is especially important. Services appearing in this Widget cannot be billed or reported to DHHS until they are fixed. If they appear on your widget, then you are responsible for following up on corrections.

See the Widget User Guide for more information.

Troubleshooting Service Entry

Some fields on the Service screen are dependent on selections made in other fields. The following fields have some logic built into them. If the dropdown is blank or your item is not included in the dropdown, make sure that the other values you have selected are correct. If you are certain that your entries are correct and your selection is still not available, contact Helpdesk:

- Program
- Procedure (confirm that the Program selected is correct and you have the necessary credentials to perform the service.)
- Location (confirm that the Program selected is correct.)

You will be unable to Save the service if some required fields are missing.

You can click on the Validate button to run the service validation prior to signing. Any issues that would prevent you from signing will display in a pop-up.

Searching for an Existing Service/Note

There are two main methods for searching for an existing service.

From the Client Flyout:

If you have the client selected and want to locate an existing service for that client, click on the Service/Notes QuickLink from Client QuickLinks. This will bring up the Services/Notes List Page.
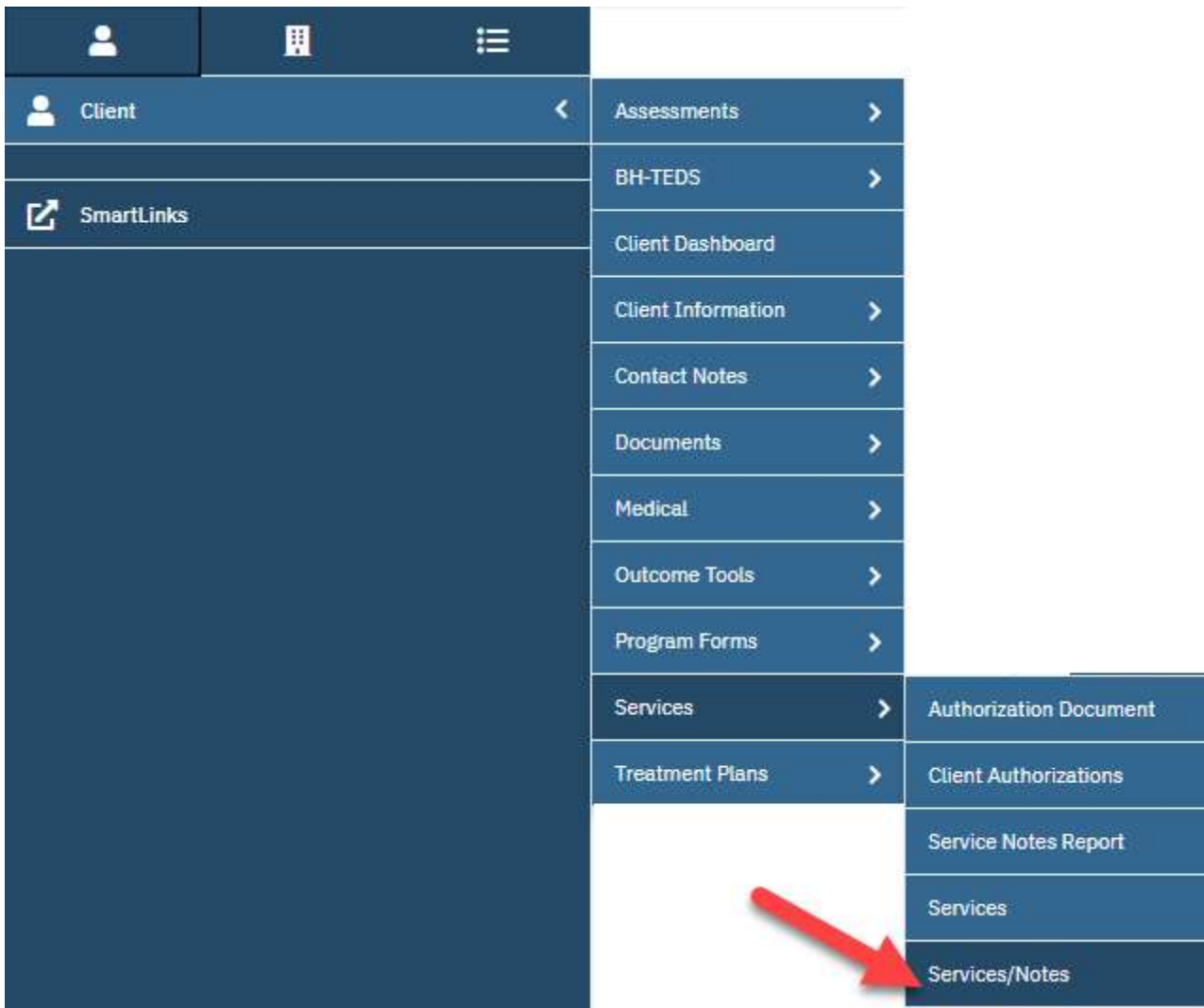
The Services/Notes List Page contains a record of all services for the client. You can use the Filters at the top of the list page to assist in your search. Setting criteria and then clicking on the Filter button will modify the list of services based on the filter criteria. You can also sort on columns.

Services / Notes List Page

1. This is the Filter section. You can filter on any fields displayed. After making your selection, click on the Apply Filter button. Any time your List Page is not showing what you expected, check the Filters.

2. You can click on any Header to sort by that column. Clicking again will sort in reverse order.

3. Click on a DOS (Date of Service) hyperlink to open that service. If the service was performed by another Clinician, you will only be able to open the service if it is Shared or Signed.

4. Click on the Document hyperlink to open the note. If the note was created by another clinician, you will only be able to view it if it is Shared or Signed.

5. A flag on the service indicates that there are issues that might prevent billing. These should be corrected or they will appear in the Services Needing Attention Widget.

From the My Office Flyout

<u>My Services List Page</u>

You can also view services from the My Services QuickLink, located on the My Office flyout.
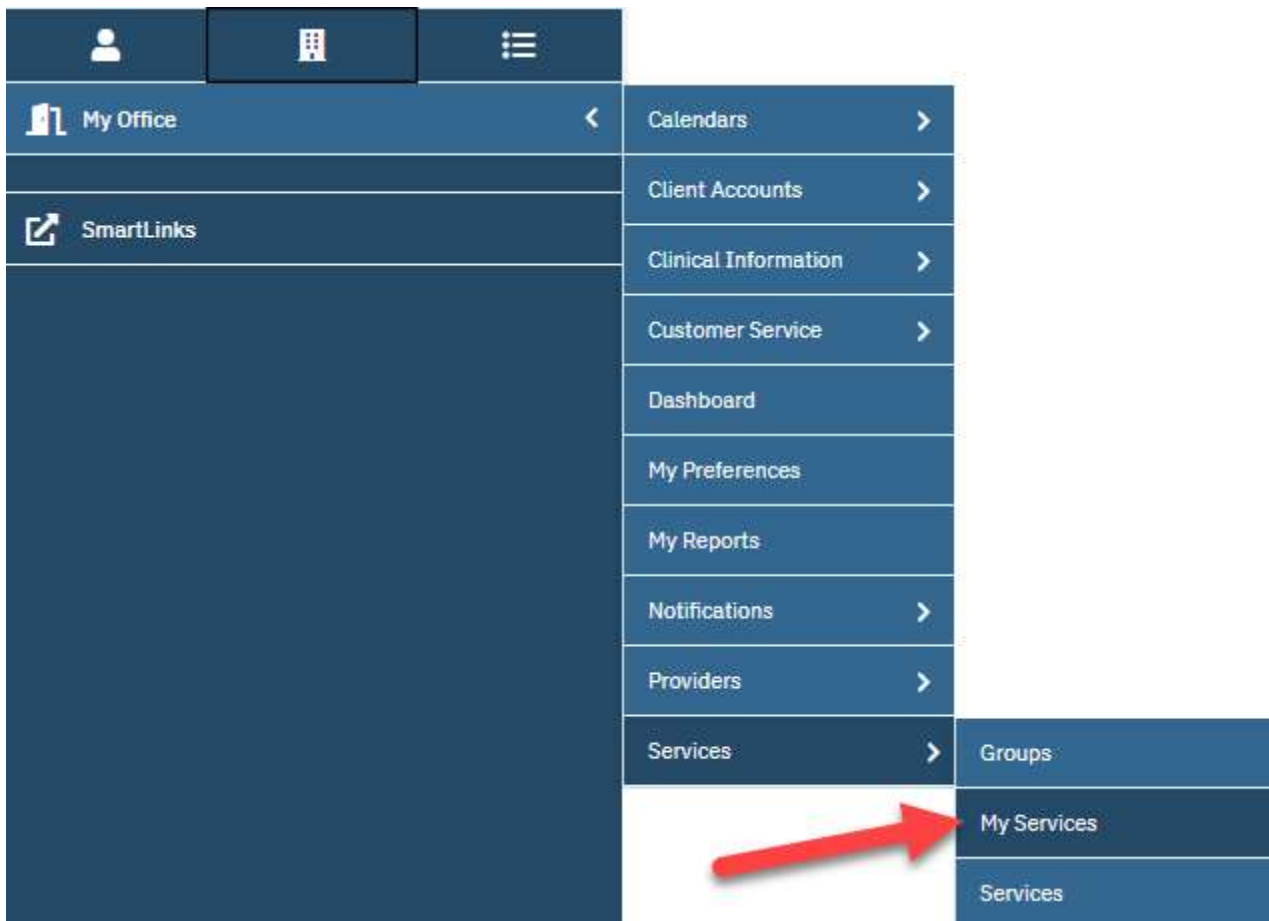
The My Services List Page contains a record of all services for which you are the Clinician. Filters, Sorts, and links work the same as described for the Service/Notes List Page.