

# Health Risk Assessment and Qualification Form Workflow for Clinical and Quality Staff

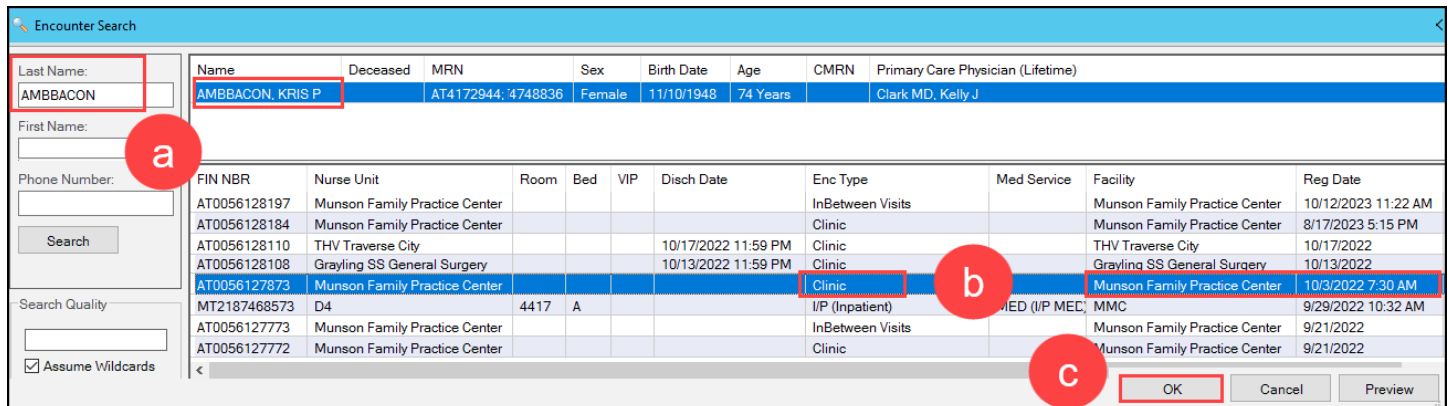
Cerner Ambulatory **EDUCATION**

## Overview

- Patients may bring payer paperwork requiring provider completion to an office visit, including:
  - Medicaid Health Risk Assessment Forms
  - Blue Care Network Qualification Form
- When the provider completes and signs one of the above listed paper forms, clinical staff will submit the form to a quality incentive coordinator.
- After verifying the form is 100% complete prior to submission, the quality incentive coordinator will complete the workflow steps below to charge for the form completion and send the form to the appropriate destination.

## Health Risk Assessment and Qualification Form Workflow

1. Open the patient's chart to the correct Clinic encounter.
  - a. Search for and select the patient.
  - b. Select the correct Clinic encounter. Verify the Location and Date.
  - c. Click OK.

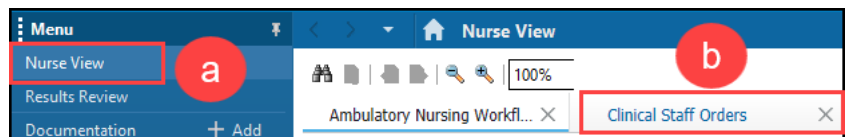


Name	Deceased	MRN	Sex	Birth Date	Age	CMRN	Primary Care Physician (Lifetime)
AMBBACON, KRIS P		AT4172944; 4748836	Female	11/10/1948	74 Years		Clark MD, Kelly J

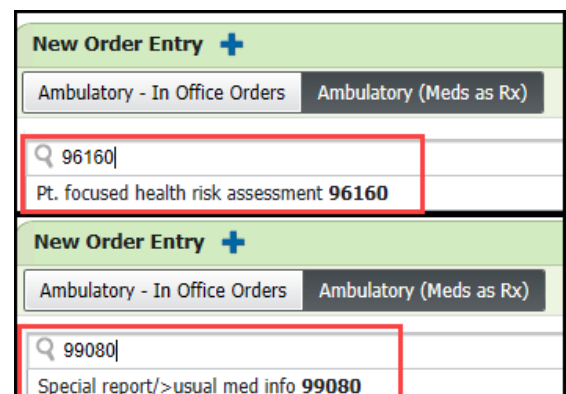
  

FIN NBR	Nurse Unit	Room	Bed	VIP	Disch Date	Enc Type	Med Service	Facility	Reg Date
AT0056128197	Munson Family Practice Center					InBetween Visits		Munson Family Practice Center	10/12/2023 11:22 AM
AT0056128184	Munson Family Practice Center					Clinic		Munson Family Practice Center	8/17/2023 5:15 PM
AT0056128110	THV Traverse City				10/17/2022 11:59 PM	Clinic		THV Traverse City	10/17/2022
AT0056128108	Grayling SS General Surgery				10/13/2022 11:59 PM	Clinic		Grayling SS General Surgery	10/13/2022
AT0056127873	Munson Family Practice Center					Clinic		Munson Family Practice Center	10/3/2022 7:30 AM
MT2187468573	D4	4417	A			I/P (Inpatient)	MED (I/P MEC)	MMC	9/29/2022 10:32 AM
AT0056127773	Munson Family Practice Center					InBetween Visits		Munson Family Practice Center	9/21/2022
AT0056127772	Munson Family Practice Center					Clinic		Munson Family Practice Center	9/21/2022

2. Navigate to the Clinical Staff Orders MPage.
  - a. Select Nurse View in the dark blue PowerChart Menu.
  - b. Click on the Clinical Staff Orders tab.



3. Select the order associated to the form that was filled out:
  - a. **Medicaid Health Risk Assessments (HRAs) – 96160**
  - b. **Blue Care Network (BCN) Qualification Forms – 99080**



# Health Risk Assessment and Qualification Form Workflow for Clinical and Quality Staff

Center Ambulatory EDUCATION

4. Propose the order to the provider performing the office visit.
  - a. Select **Proposal**.
  - b. Enter the provider's name.
  - c. Select **Proposed Order**.
  - d. Click OK.

5. Click on Orders for Signature. 

6. Associate the correct diagnosis (**Z00.00 Annual physical exam**) to the order.
  - a. If the diagnosis is listed, click in the column for the correct diagnosis and select Sign.


Diagnosis	Order Details
Chronic insomnia (F51.04) Associate with all	Annual physical exam (Z00.00) Clear column
Special report/>usual med info 99080 10/12/2023 15:02 EDT, Dx Chronic in...	1

- b. If the diagnosis is **NOT** listed:
  - i. Click Modify Details.
  - ii. Select the Order.
  - iii. Select the Diagnoses tab under Order Details.
  - iv. Search for and select the **Z00.00 Annual physical exam** diagnosis.

- v. Click Sign.

# Health Risk Assessment and Qualification Form Workflow for Clinical and Quality Staff

Cerner Ambulatory **EDUCATION**

7. Send the paper form to the correct Health Plan and create a New Message documenting where and how the form was sent.
  - a. Click Communicate. 
  - b. Verify the patient’s information is listed in the Patient field (or search for and select the correct patient and encounter if needed).
  - c. Select the Subject of General Message and update the Subject with text to indicate the name of the form, for example: “General Message – Medicaid HRA Form” or “General Message – BCN Qualification Form.”
  - d. In the body of the Message, type the name of the form, where it was sent and how. For example, “Medicaid Health Risk Assessment form faxed to Meridian Health Plan, fax # XXX-XXX-XXXX.”
  - e. Click Send to save the message to the patient’s chart.

8. Send the paper form to the designated health care team member to have it scanned into the patient’s EHR.