

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

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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.

🔦 Encounter Search														<
Last Name:	Name	Deceased MRN			Sex	Sex Birth Date		Age	CMRN	Primary Care Physician (Lifetime)				
AMBBACON	AMBBACON, KRI	IS P AT4172944; i474		4748836	6 Female		11/10/1948	74 Years		Clark MD, Kelly J				
First Name:														
Phone Number:	FIN NBR	Nurse Unit		Room	Bed	VIP	Disch Date		Enc Type		Med Service	Facility		Reg Date
	AT0056128197	Munson Family P	ractice Center						InBetwee	n Visits		Munson Family Practic	e Center	10/12/2023 11:22 AM
	AT0056128184	Munson Family P						Clinic			Munson Family Practic	e Center	8/17/2023 5:15 PM	
Search	AT0056128110	THV Traverse City					10/17/2022	2 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 S	urgery	10/13/2022
	AT0056127873	Munson Family P	ractice Center						Clinic			Munson Family Practic	e Center	10/3/2022 7:30 AM
Search Quality	MT2187468573	D4		4417	Α				I/P (Inpati	ient)	IED (I/P MEC)	MMC		9/29/2022 10:32 AM
	AT0056127773	Munson Family Practice Center							InBetwee	veen Visits		Munson Family Practice Center		9/21/2022
	AT0056127772	Munson Family P	ractice Center						Clinic			Munson Family Practic	e Center	9/21/2022
Assume Wildcards	<										C	ок	Canc	el Preview

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+ Add

Menu

Nurse View

Results Review

Documentation

- 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



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Ambulatory Nursing Workfl... imes

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Clinical Staff Orders



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P Ordering Physician

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



5. Click on Orders for Signature.

○ Order						
Proposal						
*Physician name						
Test MD, Physician						
*Order Date/Time						
10/12/2023 • V 1502 • EDT						
*Communication type						
Per Protocol/Policy/Existing Order Cosign Required Verbal Order with Read Back Written/Fax						
Proposed Order C						
d OK Cancel						

- 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.

Orders for Signature		×
List View Association View		
Click a cell to associate a This Visit problem with an or	der. 🗹 Always default associat	tion Clear all associations
	Chronic insomnia (F51.04) Associate with all	Annual physical exam (Z00.00) Clear column
✓ Procedures (1)		
Special report/>usual med info 99080 Remove 10/12/2023 15:02 EDT, Dx Chronic in Clear row	a	1
	Sign	Modify Details Cancel
Sava Madify Datails Cance	listed:	

b. If the diagnosis is **NOT** 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.

Orders for Signatu	re							
& \$? 🖳 Y	Order Name	Status	Start	Details			
△ Munson Family Practice Center FIN:A0057865071 Admit: 10/9/2023 4:00 EDT								
⊿ Procedures	5							
i	⊘ ત્રં ⊻	Special report/>usual med info 99080	New Order Proposal		10/12/2023 15:02 EDT, Dx Annual physical exam			
■ Details for Special report/>usual med info 99080								
🚰 Details 🗓 Order Comments 🔯 Diagnoses								
🕂 Add 🖌	MO							
	Available	Diagnoses						
Chronic insomnia (F51.04)								
I I I I I I I I I I I I I I I I I I I								
Click Sign.		Sign						

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- 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.

📲 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.

🗞 New Message — 🗌	Х							
📍 High 🐧 Notify 📓 Message Journal 🔊 Portal Options 🛛 Message View Summary View 🏻 🎇 Laur	ch Orders							
Patient: AMBBACON, KRIS P Caller: AMBBACON, KRIS P Caller #: H (231) 665-6655								
To:	ude me							
CC: M Provider: To consumer Disable further rep	olies							
Subject: General Message-Medicaid HRA Form	\sim							
Attachments								
Transition of Care Browse Documents Other Attachments								
Message								
Arial 🗸 12 🗸 🧐 🔍 🔍 🐰 🗈 🛍 🗞 🖪 🛡 🖊 🔂 🗮 🗮 🐏 🕸								
General Message:								
medicaid Health Risk Assessment form faxed to Meridian Health Plan, fax # XXX-XXX-XXXX								
Actions								
Patient Needs Appointment Remind on: V V V V V V V V V V V V V V V V V V V								
Needs Lab Before Refill								
Please Call Patient with Results Due on:								
Message Left for Patient to Return Call								
Agree with Message								
See Note In Chart E Send	Jancel							

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