Rum River - Therapist Workflow rev 1/3/22

Setting Up Your Schedule

Showing Openings for New Clients

Designate time on the schedule when provider is available to see clients. Please keep your schedule updated at all times. Show any availability for intakes 4-5 weeks out, if possible as we always have clients waiting to get in. IF you are "full" but are willing to see clients specifically requesting you, enter "By Referral Only" in the Appointment Name box

Scheduler > **Calendar View**

1. Navigate to the appropriate day using the thumbnail calendar in the upper left
2. **Double-click** on the schedule at the relevant appointment start time to open the **New Appointment** window
3. Select the **Non-Patient appointment** radio button
4. Select the Intake Opening Category (Purple, Blue or Orange)
5. Update the **End** time to reflect the end of the available period
6. Update the **Appointment Name** to "Open" (or By Referral Only" if fully and only taking clients requesting you specifically.
7. Select the relevant **Facility**
8. Click **Save**

The following are the Intake Opening Categories:
Purple is for Teletherapy ONLY

Blue is for In Person OR Teletherapy

Orange is In Person ONLY

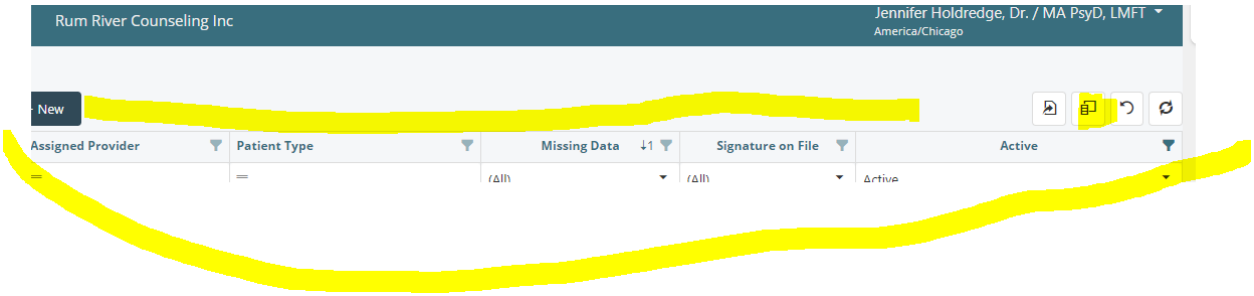
Please be careful in selecting the appropriate category when updating your schedule. Once scheduled, the registration team will indicate in the Appointment Note if the session will be In Person or Teletherapy:

Setting Up Your Patients tab

Showing only your clients and important info

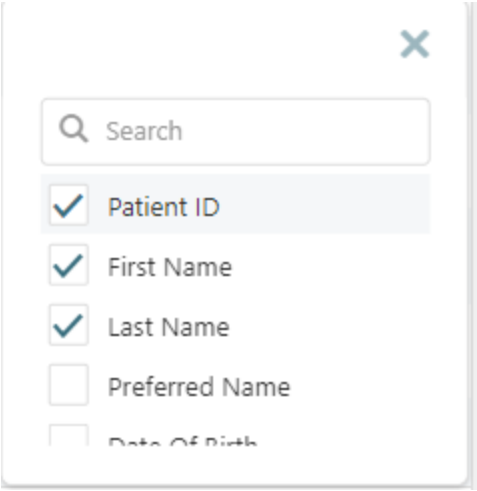
Persons & Institutions > **Patients**

1. To select the columns that you want displayed for your Patients, click on the second box in the upper right corner under your name.



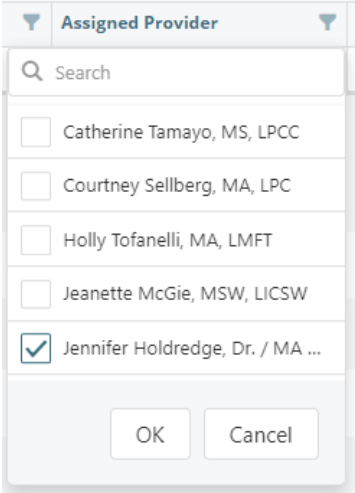
2. Click boxes next to the columns you want displayed. Most important are:

- Patient ID
- First Name
- Last Name
- (Preferred Name might be important, depending on your clients)
- Portal Status
- Assigned Provider
- Patient Type
- Active



3. Once done, you can close this box by clicking the X. You can rearrange your columns by running your cursor over the column and dragging it to where you want it.

4. To see only your clients. Select yourself under Assigned Provider.



5. To see Inactive Clients you need to select Inactive or you can select (All) to see both Active and Inactive. The default is Active.
6. Portal Status – Active or In Progress – Active means that the client has activated their portal.

New Intake – Ahead of Session

Receive Intake Email

Admin staff will send an email to the provider when a new intake comes in. Please "REPLY ALL" to let us know that you received the info.

Intake Email Example
Client Name-
Date & Time-
Therapist-
Office Schedule-
Insurance-
Reason for visit-
Additional info-
Paperwork-
Outstanding items requested for client chart-

*****Send Regular Email about Appt-*** *Please send the client an EMAIL notifying them of the GoogleMeets invite that you send.*

- Counseling Policies have been received & are uploaded in the Patient Chart - Documents.

- The CC info has been entered into the Card Manager. Please be sure to charge the Primary/HSA card first.
- Measures will be on the Home page of the Client Portal for your client to complete once they have activated their portal.
- Measures (Clinical History, diagnostic screening forms), once completed and submitted by your client, are in Uninitialed Documents (under Documents on the main menu).
  **Please do not start a Mobile Note until you see all Measures in Uninitialed Documents. (Before the Mobile Note is started, Measures can be viewed, but NOT initiated, or will not populate into the Mobile Note. Once the Mobile Note is started, the Measures move to the Patient Chart under Documents.)

Once verified:
Insurance is active - In Patients, look for insurance info in Notes/Image. Copays will be shown on the Demographics page and when you click on the appointment on your schedule. Please read and follow instructions in the Patient Notifications that pop up on your screen. These assist with billing or payments. If there is a deductible, collect the estimated payment on the cost estimate chart using Accept Prepayment.

For billing teletherapy visits, click on the Patient tab of the Appointment on your schedule and notice if the Primary insurance company is written one of 3 ways:

- UPPERCASE (AETNA) - you would select the UPPERCASE TH teletherapy codes.
- lowercase (aetna) - you would select the lowercase tele codes.
- Normal Case (Aetna) - you would select the 10 codes (90834-10, for example)

Please check this EVERY time, as it can change. Do not select any Billing codes with GY unless a patient notification instructs you to.

Also, be sure that your start and end times and the Primary code is correct before you Record or Accept Payment. Send Jenny a To Do in Valant if you make any mistakes with billing and reply all to this email if you have any questions about billing or insurance, etc.

Send Google Meet Invitation

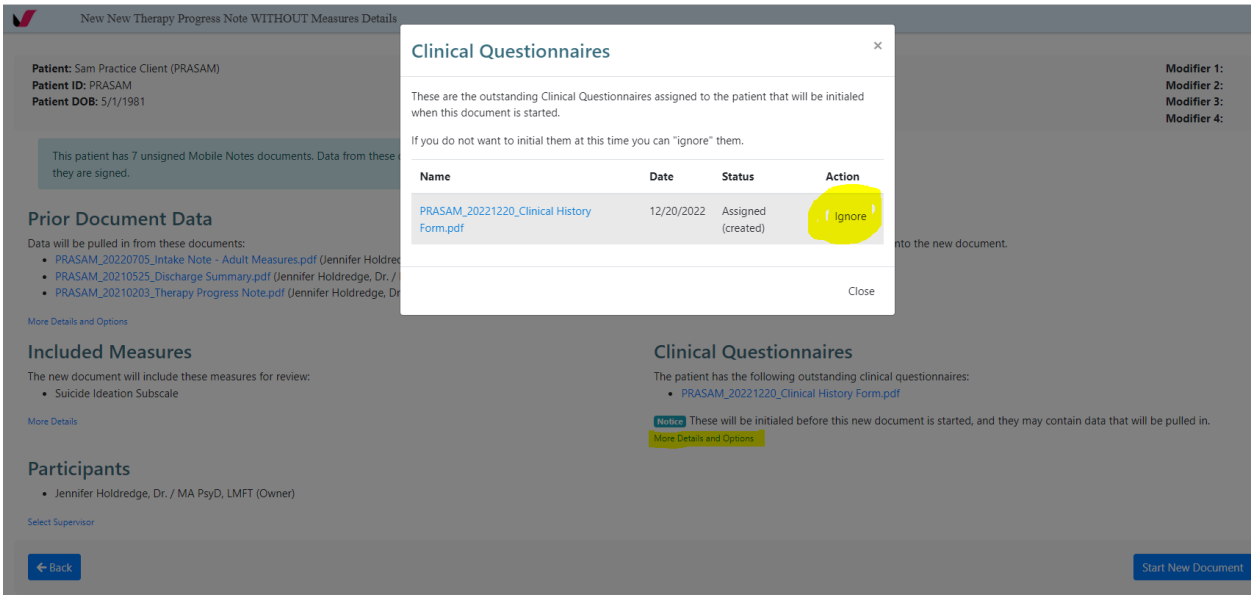
1. Send the Google Meet invitation to the client by setting up an appointment that includes Google Meets in your Gmail calendar. Also, send a separate email to the client to let them you that you sent a Google Meet invite as some clients' emails send the invite to a spam folder or they miss it. See Addendum: Telemedicine via G Suite (Google Meets)

Client Portal & Measures

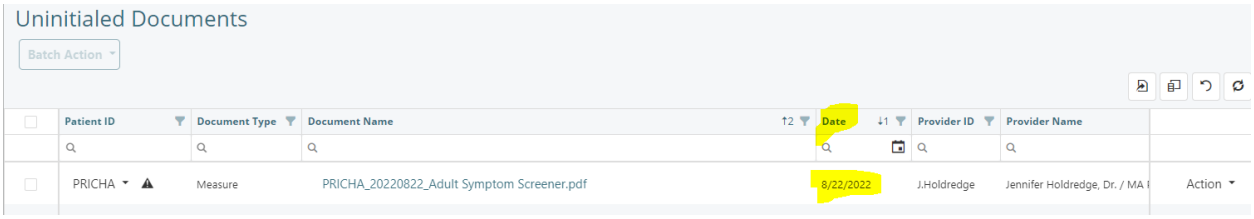
IMPORTANT: Before starting ANY type of Mobile Note to document a Visit using the Measures, therapists must first look in the Uninitialed Documents tab to see if the Measures are there. If so, that means the Measures have been completed by the client.

Documents > **Uninitialed Documents**

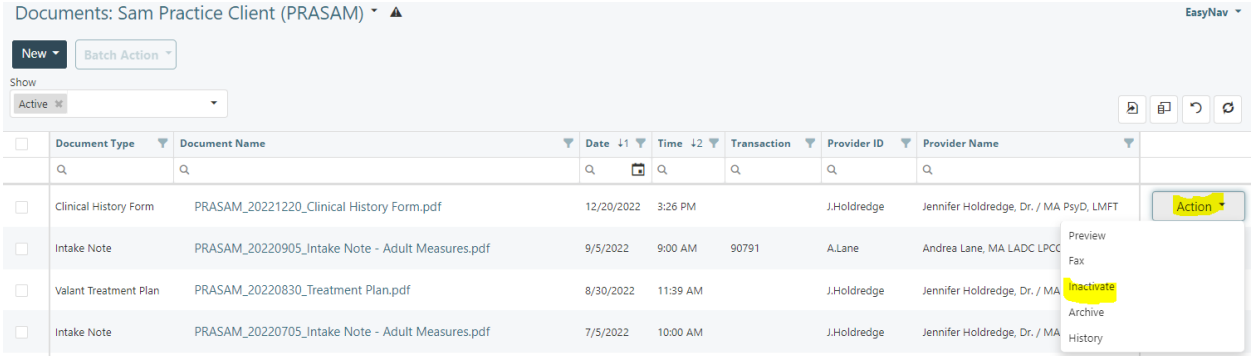
1. **Measures ARE in the Uninitialed Documents tab:** If the Measures are in the Uninitialed Documents tab PRIOR to the start of the Visit, then you can complete the Mobile Note – Intake Note.
2. **Measures are NOT in Uninitialed Documents tab:**If the Measures are NOT in the Uninitialed Documents tab PRIOR to the start of the Visit that is being documented, then a Mobile Note Progress Note (without Measures) must be used AND the Clinical History form MUST be "Ignored" before clicking Start New Document. If both of these steps are not done, then the Measures will be pulled from the Portal and be blank. Using the Mobile Note Progress Note (without Measures) ensures that the Screening forms are not pulled and "Ignoring" the Clinical History form ensures that it is not pulled.



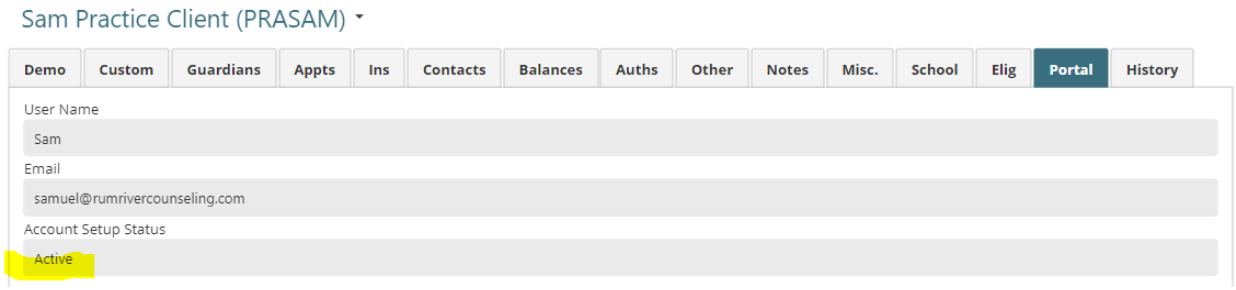
3. **Measures cannot be pulled into a Mobile Note retroactively:** The Mobile Note for a Visit must be created AFTER the date that the Measure is completed. Notice the Date shown next to the Measure as it must be a date that is on or before the Visit that is being documented. If the date is after the Visit that is being documented, then that Visit cannot include the Measures and the Measures NOT in the Uninitialed Documents tab (see above) must be followed for that Visit.

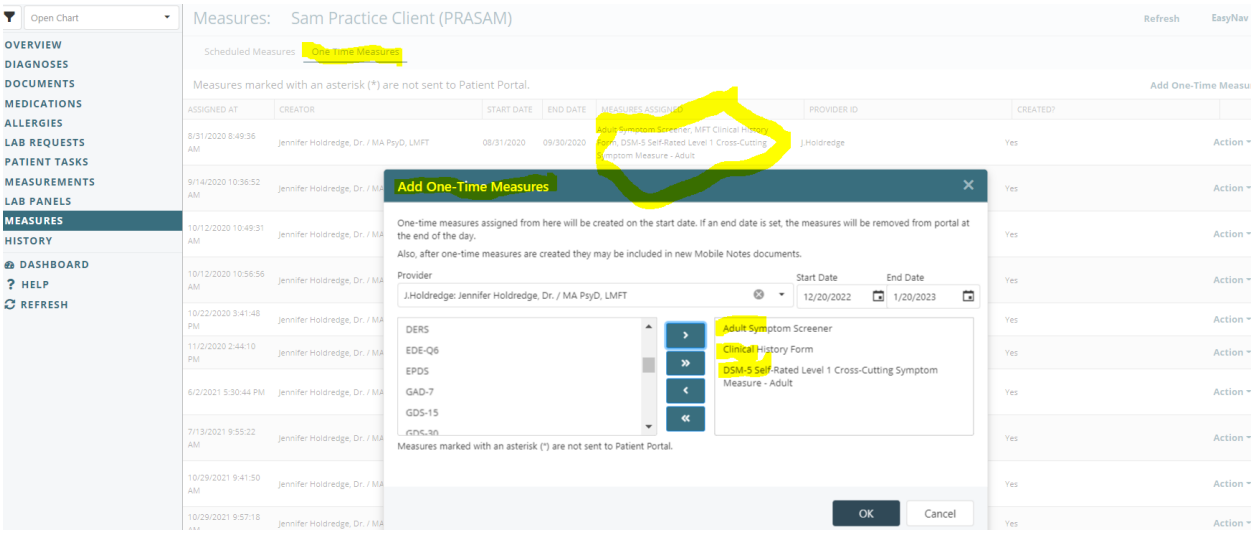


4. **If a Measure is Pulled from the Portal:** If a therapist pulls a Measure out of the Portal, go to Patient Chart – Documents, and click on the PDF of the Document to open/view it to ensure that it is blank. Then, click Action and Inactivate as we want to ensure that blank Measures are not Active or they can impact pulling new Measures into the note. New Measures must be sent to the Portal for the client to complete.



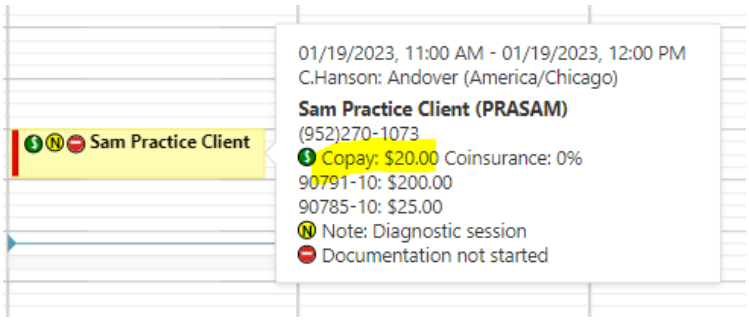
5. **Portal must be Active:**
   The client Portal must be Active in order for the client to complete the Measures. Always look in Patients to see that the Portal is Active, then look in Uninitialed Documents for the completed Measures. If the Portal is active and the client does not see the Measures, you can resend the Measures by going to the Patient Chart – Measures – One Time Measure and assigning the same Measures that were previously sent. There is sometimes a delay from when the portal is Activated to when the Measures show up. Clients may also need to Refresh the Portal page or log out and back in to see the Measures.

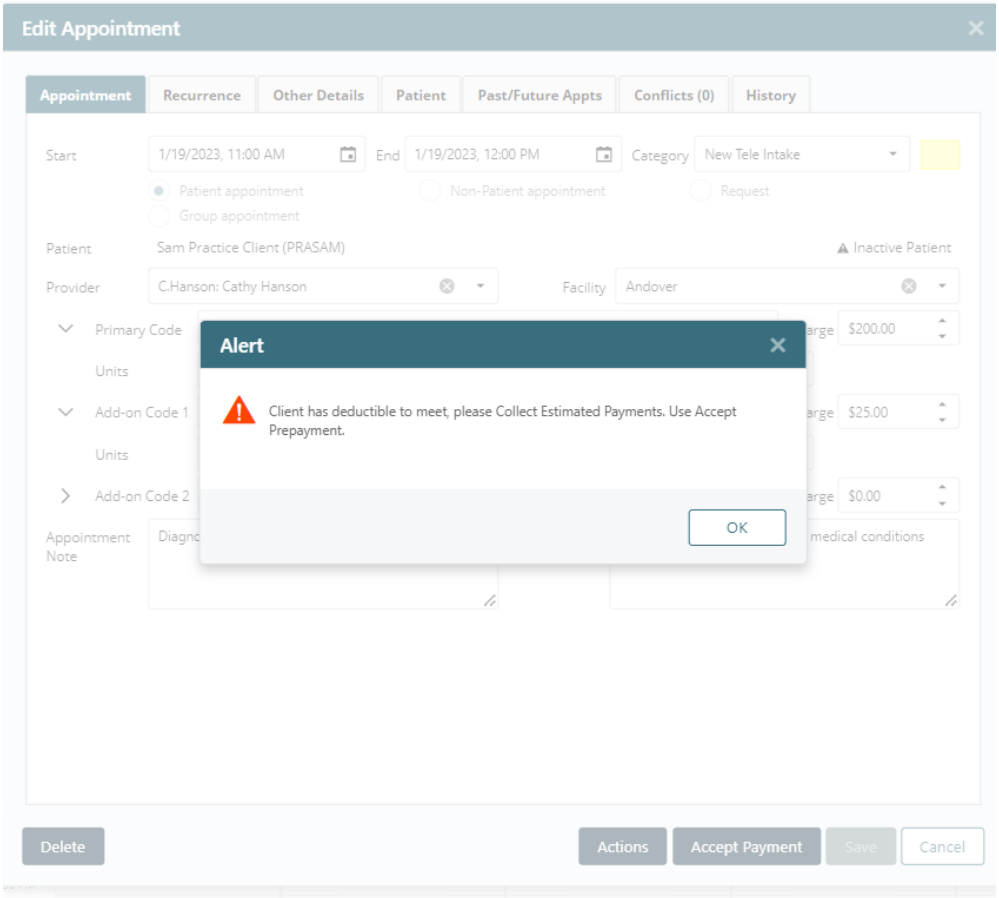




Review Insurance Info Ahead of Session

Confirm the client's responsibility due at session – if there is a copay due, you will see this by left clicking on the Calendar visit. If there is a deductible due, you will see a Patient Notification pop up.





Persons & Institutions > **Patients**

6. Use the **Search** field to find the client in question, then click on their record
7. The copay will be shown on the **Demographics** page
8. Click on the **Notes** tab towards the top of the screen

9. Review the insurance notes that have been entered by the Verification team to confirm how much needs to be collected from the client

Review the Counseling Policies/Consents, Measures (Clinical History and Screening Forms)

The Counseling Policies are completed PRIOR to registering or scheduling an appointment.

Viewing the Counseling Policies

Using **Easy Nav** in the upper right, **Open Patient Chart**

1. Click on **Documents** from the left-hand menu
2. On the **Documents** screen, you can review the Counseling Policies (including the CC auth for non MA/pmap clients) saved to the chart by simply clicking on the **Document Name** (text highlighted in blue)
3. The credit card(s) have been entered by Registration into the Card Manager in **Patients** on the **Balances** page.

The Measures are sent once the appointment is scheduled and are located in the Client Portal for the client to complete.

Measures (clinical questionnaires) that the client has completed online via the Client Portal can also be reviewed ahead of session. These will be viewable during session within the Mobile Notes tool as well.

Documents > **Uninitialed Documents**

1. To preview a document in the queue, click **Action** > **Preview** on the right-hand side or double click on the PDF of the document to open and view the completed form.
2. Note: **DO NOT INITIAL** **(Never "Initial" Measures!!)**
   a. ***Initialing measures in this queue prevents them from automatically populating as narrative into your note. This cannot be undone.***

Confirm Appointment Reminder Preferences

Review the Policies in **Patient Chart - Documents** to see if the client marked "yes" regarding appointment reminders. If they mark Yes, then you will find their preferences in the Appointment Reminders consent at the end of the Policies.

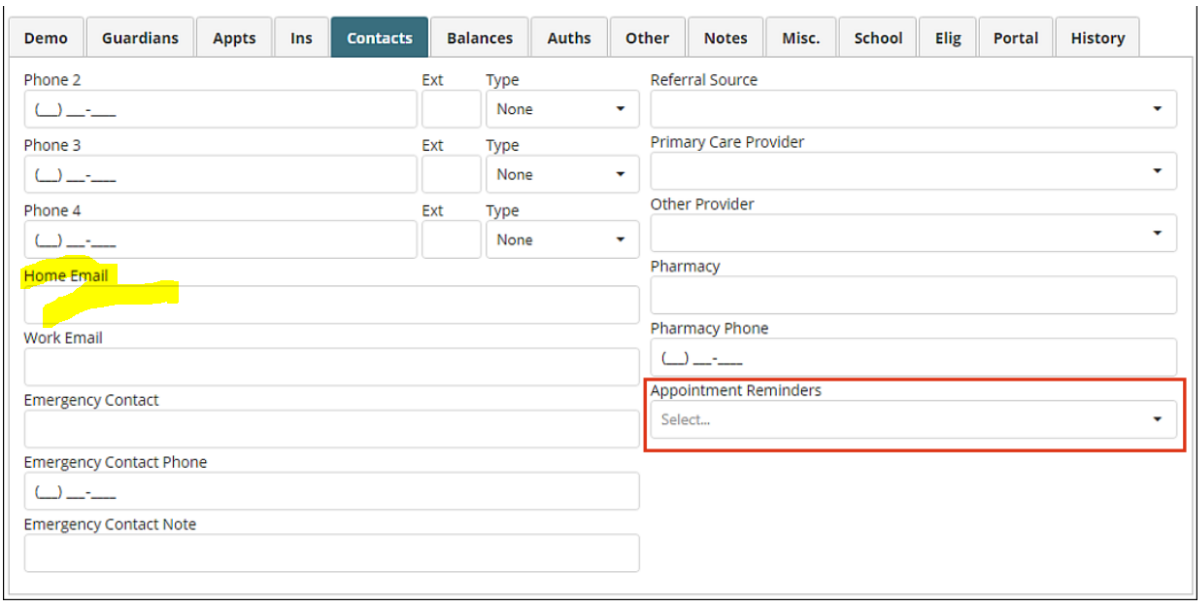
Are you interested in automated appointment reminders?
Yes No

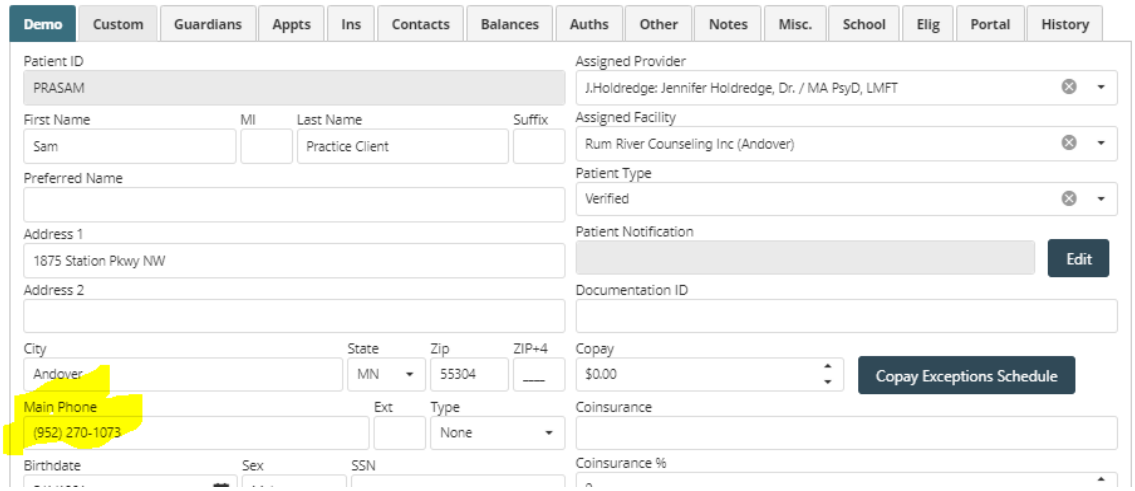
Appointment Reminders

The appointment reminders can be a combination of email reminders to both a listed Home AND Work email address as well as one of the following 1) automated phone call reminder OR 2) an SMS text message sent to the patient.

Scheduler > **Calendar View**

1. **Right-click** on the client's appointment
2. Go to **Easy Nav** > **Patients**
3. In the Patient record, navigate to the **Contacts** tab at the top.
4. Look at the Appointment Reminders consent in the Policies and make sure that the Home Email on the **Contacts** tab and the Main Phone on the **Demo** tab match the client's preferences.
5. To add multiple reminder types, hold Ctrl when selecting.
6. Save





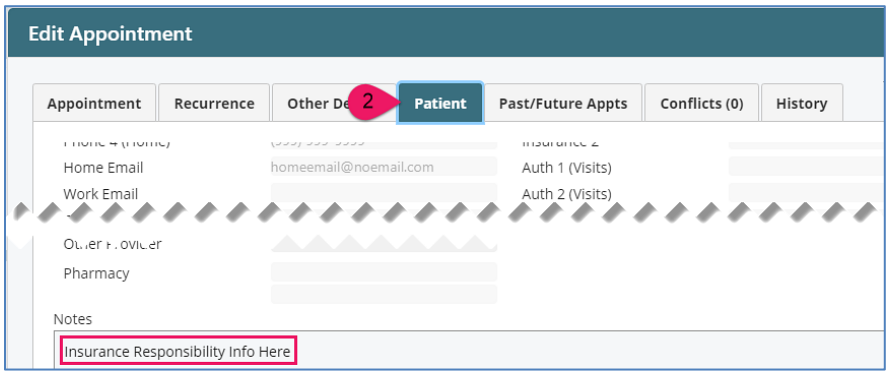
New Intake – At the Time of Session

Review Insurance Info at the Time of Session

Confirm the client's responsibility due

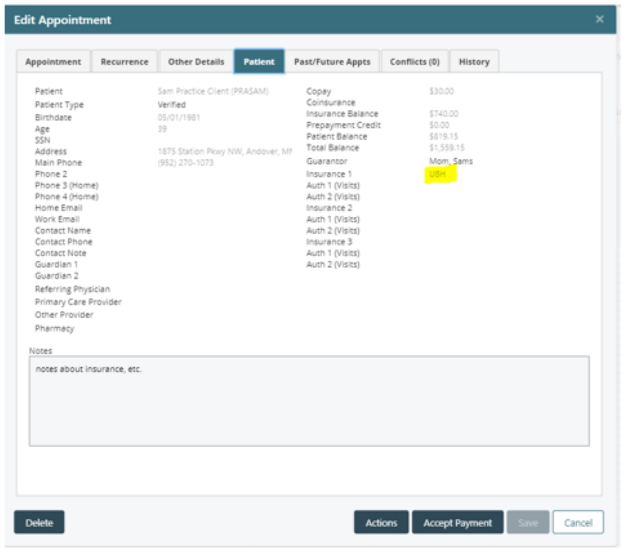
Scheduler > **Calendar View**

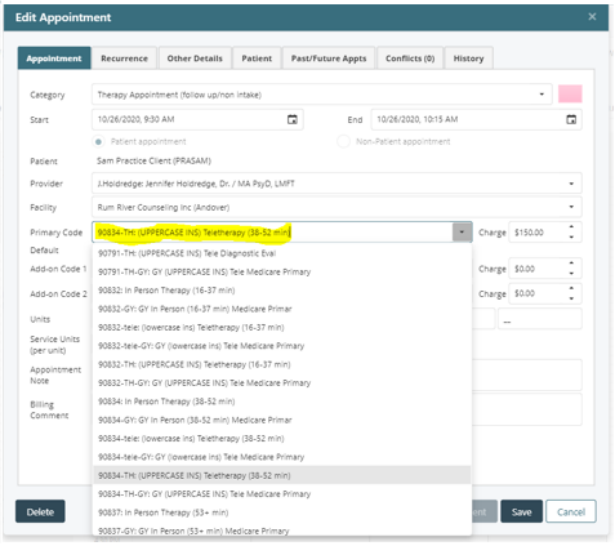
1. **Double-click** on the client's appointment
2. On the **Edit Appointment** screen, click on the **Patient** tab
3. You will see the **Copay (the Copay is also viewable by left clicking on the Visit on your Calendar**
4. Scroll down to the **Notes** field to see any notes from the Notes/Images tab regarding **Deductible** or **Out of Pocket Max (MOOP).**
5. Be sure to read any **Patient Notifications** that pop up with important instructions such as if there is a deductible or any other billing info.



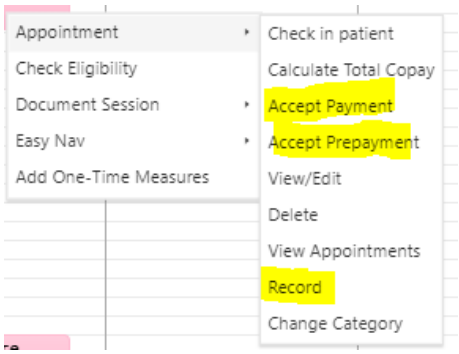
Billing Telemedicine

1. **Double-click** on the client's appointment
2. On the **Edit Appointment** screen, click on the **Patient** tab to determine which type of **Primary Code** to select for billing.
3. You will notice if **Insurance 1** is written one of 3 ways:
   - UPPERCASE (AETNA) - you would select the UPPERCASE TH teletherapy codes.
   - lowercase (aetna) - you would select the lowercase tele codes.
   - Normal Case (Aetna) - you would select the 10 codes (90834-10, for example)
4. Please check this EVERY time, as it can change. Do not select any Billing codes with GY unless a **patient notification** instructs you to.
5. By selecting the UPPERCASE, lowercase or Normal Case billing **Primary Code**, you are ensuring that the correct location code and modifiers are populated for your client's particular insurance company's telemedicine billing requirements.
6. Use the same type of code for the Complexity Add on (90785)
7. It is important that you check the **Patient** tab each and every time you bill a session, as teletherapy location codes and modifiers are constantly changing.





Collect Payment/Record the Visit



Record the session (no payment due)

Scheduler > **Calendar View**

1. **Right-click** on the client's appointment > **Appointment** > **Record**

Accept Payment (copay, self-pay or missed appt fee due) ***No need to Record***

Scheduler > **Calendar View**

1. **Right-click** on the client's appointment > **Appointment** > **Accept Payment**
2. Enter the **Total Payment** you are collecting from the client right now
3. Select Payment Type **Auto Payment CC**
4. Click **Save and Print Receipt**
5. The cc processing screen pops up: Select the cc on file you want to charge and click Submit. A receipt is emailed to the client and a receipt is saved in the Patient Chart.

Accept Prepayment (coinsurance, deductible, or other balance due)

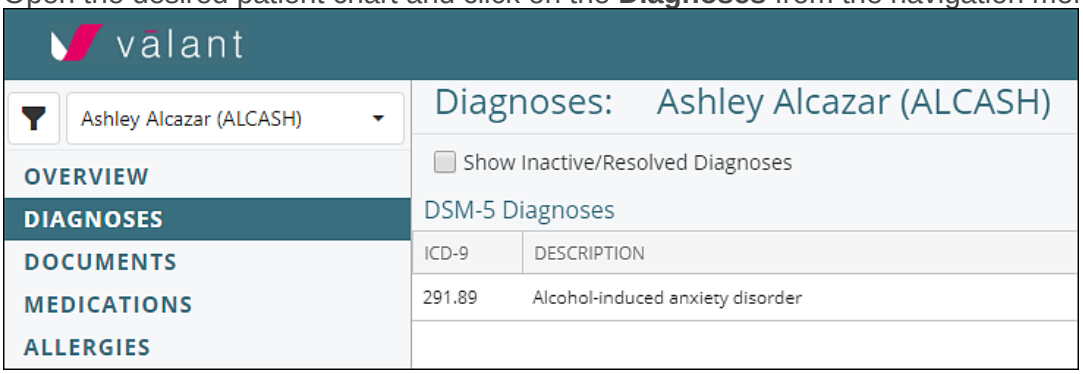
Scheduler > **Calendar View**

1. **Right-click** on the client's appointment > **Appointment** > **Accept Prepayment**
2. Enter the **Total Payment** you are collecting from the client right now
3. Select Payment Type **Auto Payment CC** (another Prepayment screen pops up – enter the **Total Payment** and select **Auto Payment CC** for Payment Type again
4. Click **Save and Print Receipt**
5. The cc processing screen pops up: Select the cc on file you want to charge and click Submit. A receipt is emailed to the client and a receipt is saved in the Patient Chart.
6. **Right-click** on the client's appointment > **Appointment** > **Record**

If you enter a payment prior to completing the Clinical Documentation, you must be sure to Add a Diagnosis

Adding a diagnosis using the **Diagnoses** tab:

1. Open the desired patient chart and click on the **Diagnoses** from the navigation menu



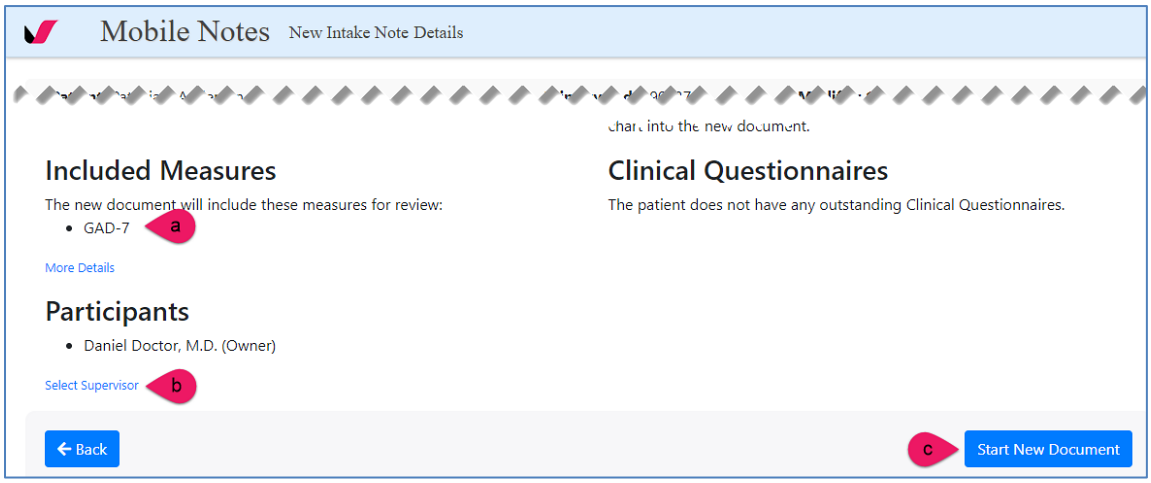
2. Click on the **+ New** button in the upper right corner of the browser window. The Add New Diagnosis Window will appear. Be sure to add the Billing Order: all patients whose services are billed to a payer require a billing order of 1 be attached to a diagnosis.
3. You can also enter the Diagnosis on the Mobile Note Intake Note in the **Assessment-Diagnosis** tab (see below).
4. NEVER use Z or V Codes for a Diagnosis. If you want to indicate a Z or V Code, you may type this into your Intake Note, but be sure that it is not selected as a formal Diagnosis in Valant or claims will deny

Clinical Documentation

Scheduler > **Calendar View**

1. **Right-click** on the client's appointment > **Document Session** > **Use Mobile Notes**
2. In the new browser tab that opens, **Select** the relevant intake note template for today's session. *Once you start your Intake Note (without Measures), Marriage & Family Therapy Intake Note (for couples) or Child Intake Note, the data from the Measures assigned pre-intake to the patient (via Patient Portal) will pre-populate the appropriate sections.* For a list of Measures: https://help.valant.com/80948-documentation-tools/pps-and-io-list-of-mobile-notes-measures?from_search=51077333
   Child Symptom Screener: https://help.valant.com/80948-documentation-tools/child-symptom-screener
   Adult Symptom Screener: https://help.valant.com/80948-documentation-tools/adult-symptom-screener
   Clinical History Forms: https://help.valant.com/80948-documentation-tools/pps-and-io-mobile-notes-clinical-questionnaires
3. On the next screen:
   a. Confirm that the **Included Measures** section lists any Measures you plan to complete during today's session
   b. If applicable, add a supervisor to your note by clicking **Select Supervisor**

c. When you have confirmed the information on this screen is correct, click **Start New Document**



4. On the Mobile Note screen:
   a. Complete the sections relevant to the intake note
   b. On the **Header** tab, confirm the appointment information, including the procedure code(s) and modifiers. Update, if applicable. **PLEASE indicate exact start/end time of appointment.**
   c. On the **Assessment-Diagnosis** tab, you can enter the Diagnosis there. Be sure to select Billing order 1 for primary diagnosis (and if you enter a secondary diagnosis, it would be Billing order 2.)
   d. On the **Review** tab, click **Preview** to confirm your note is complete prior to signing.
   e. Click **Sign & Close** to send the completed note to the chart

Schedule Follow-up Session(s)

Scheduler > **Calendar View**

1. Navigate to the appropriate day using the thumbnail calendar in the upper left
2. **Double-click** on the schedule at the necessary appointment start time to open the **New Appointment** window (if there is an “open intake” at that time, please delete that)
3. Enter the **Patient, Facility,** and **Primary Code**
   a. Modifiers, if necessary, should automatically populate
4. Optional: If this will be a recurring appointment, use the **Recurrence** tab to enter the appointment series details
5. Click **Save**

Set Up Ongoing Measures

List of all Measures: https://help.valant.com/80948-documentation-tools/pps-and-io-list-of-mobile-notes-measures

Scheduler > **Calendar View**

1. **Right-click** on the client's appointment
2. Go to **Easy Nav** > **Open Patient Chart**
3. Click on the **Measures** tab on the left-hand side
4. Select either **Scheduled Measures** or **One Time Measures**
    a. **Scheduled Measures**
        i. Published to the Patient Portal 2 days ahead of every appointment on the schedule going forward.
        ii. For clients without a Patient Portal, the measures will be available in all notes for the client going forward and can be completed by the provider in Mobile Notes.
    b. **One Time Measures**
        i. Published to the Patient Portal once and is available for the client to complete in the Patient Portal immediately.
        ii. Only used for clients who have Patient Portal setup. If a client does not have Patient Portal setup, use Scheduled Measures
5. Click **Change Scheduled Measures** or **Add One-Time Measure**, depending on which option you chose in step 4
6. In the measure selection window, select a measure from the left-hand list, then click the **right arrow** to move it to the right-hand list of selected measures
7. Click **OK**

Current Client – Ahead of Session

Review Balances

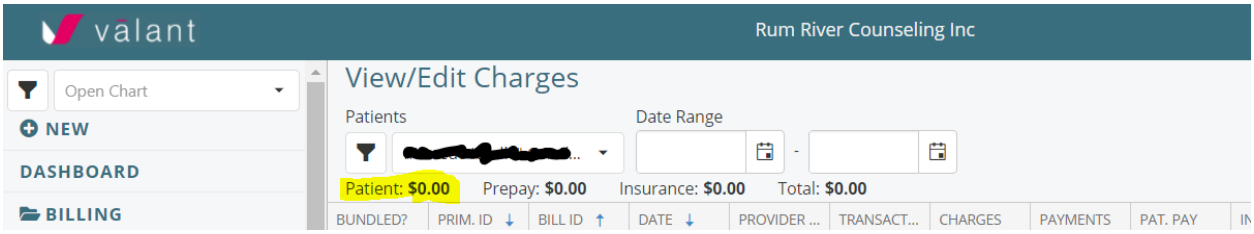
Confirm the client's outstanding account balance due

Persons & Institutions > **Patients**

1. Use the **Search** field to find the client in question, then click on their record
2. Click on the **Balances** tab towards the top of the screen

Billing > **View/Edit Charges**

1. Use the **Search** field to find the client in question, then click on their record
2. Click on the **Balances** tab towards the top of the screen



Review Measures

Measures and clinical questionnaires that the client has completed online via the Patient Portal can be reviewed ahead of session. These will be viewable during session within the Mobile Notes tool as well.

Dashboard > **Action Items** > **Uninitialed Documents**

1. To preview a document in the queue, click **Action** > **Preview** on the right-hand side
2. Note: **DO NOT INITIAL**
    a. Initialing measures in this queue prevents them from automatically populating into your note. This cannot be undone.

Current Client – At the Time of Session

Collect Payment/Record the Visit

Accept payment for today's session

Scheduler > **Calendar View**

1. **Right-click** on the client's appointment > **Appointment** > **Accept Payment**
2. Enter the **Total Payment** you are collecting from the client for today's session
    a. Note: If the client is making a payment towards a prior session, see below.
3. Select the relevant Payment Type **Auto Payment CC**
4. Click **Save and Print Receipt**

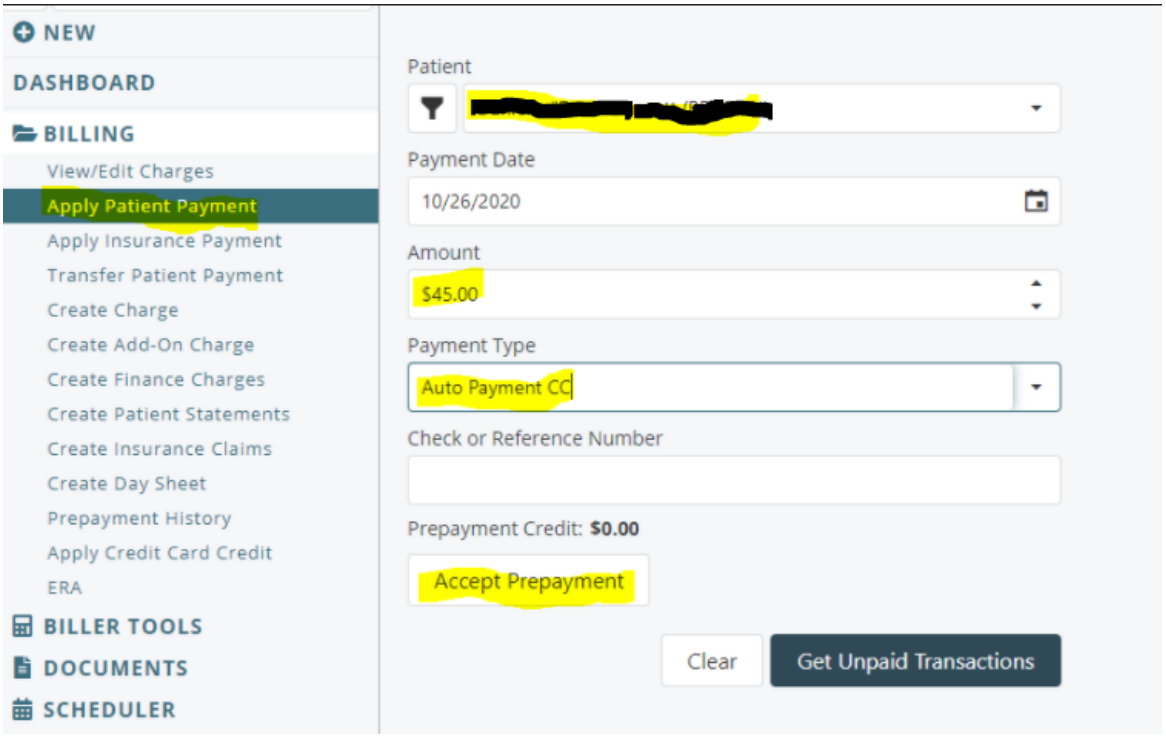
Collect Payment for Prior Sessions/Outstanding Balance

Accept Prepayment for the client's outstanding balance, if applicable

Scheduler > **Calendar View**

1. **Right-click** on the client's appointment > **Easy Nav** > **Apply Patient Payment**
2. Enter the **Amount** you are collecting from the client to be applied towards their outstanding balance for prior sessions
3. Select the relevant Payment Type **Autopayment CC**

4. Click **Accept Prepayment** and the funds bill be applied by admin.



Self Pay

<u>Policies</u>

Clients with NO Insurance Coverage using Self Pay must sign our Self Pay Agreement LINK: https://intakeq.com/new/ZADe77

Clients WITH Insurance Coverage who are electing to use Self Pay must sign our Opt Out of Insurance & Self Pay Agreement LINK:

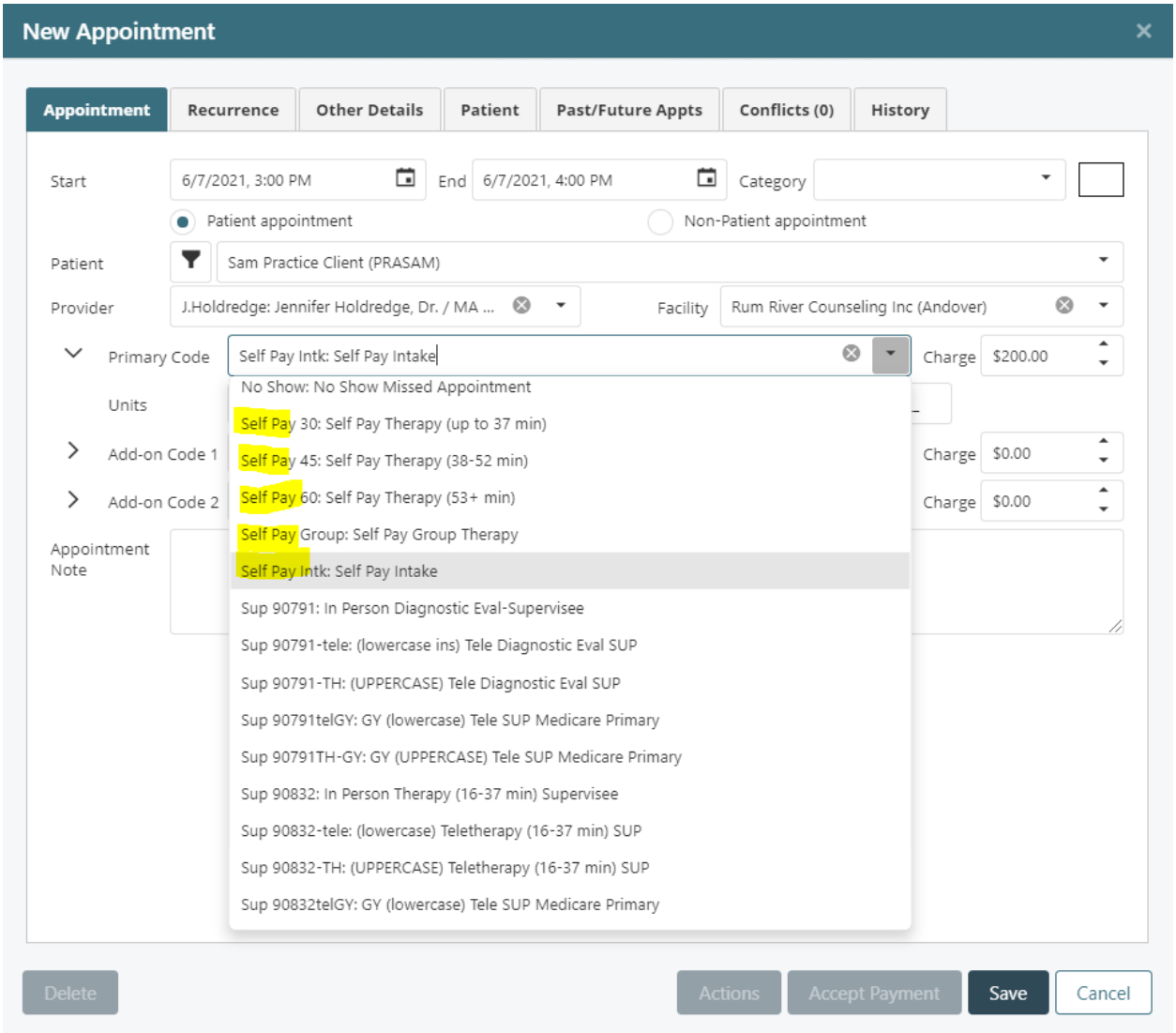
https://intakeq.com/new/HVFEDi

When a client wants to Opt back into use insurance, the Revocation form must be completed. Here is the Revocation of Patient Election to Self-Pay for Services LINK:

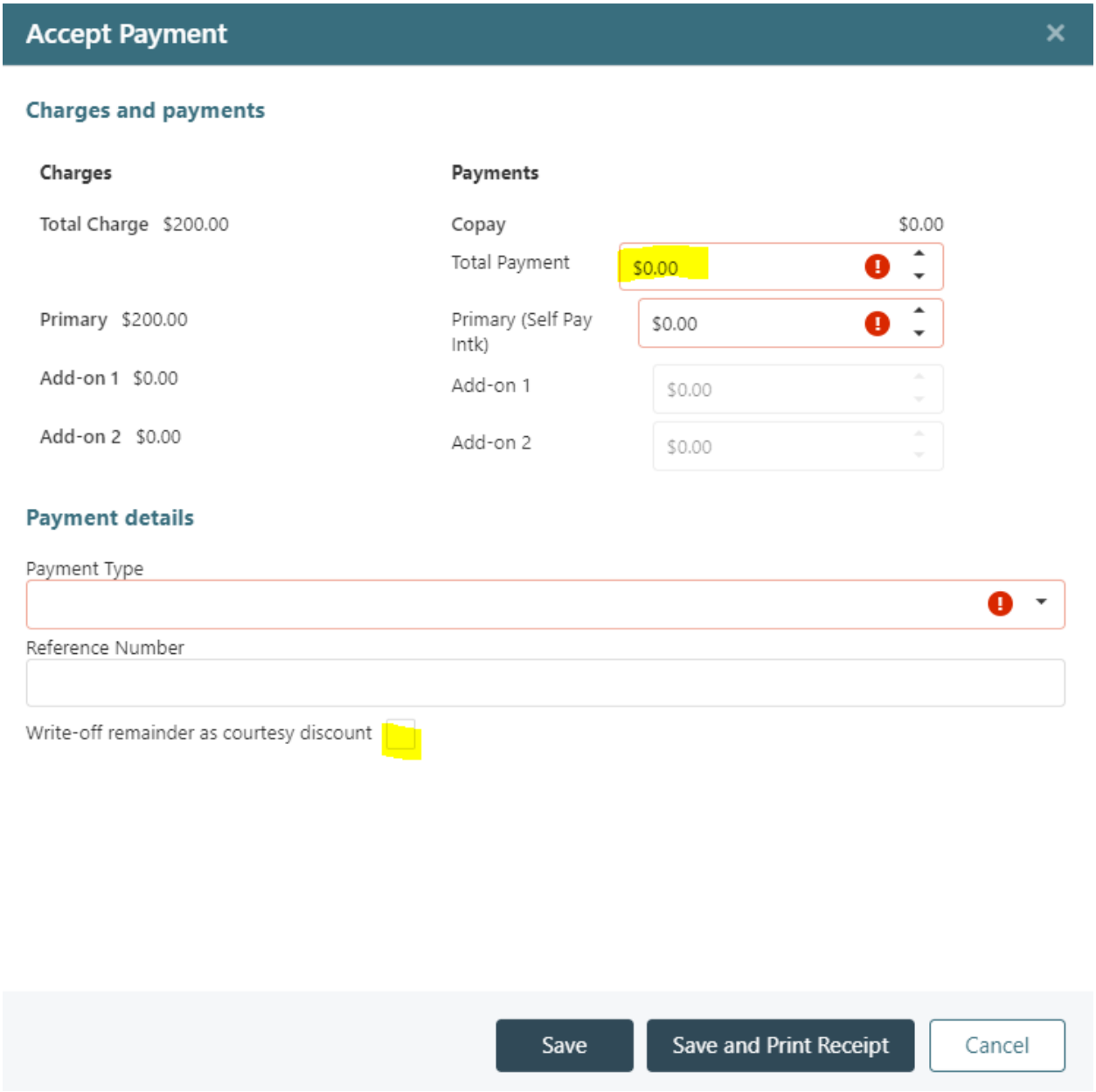
https://intakeq.com/new/PT0dHI

<u>Scheduling/Billing</u>

Use the Self Pay Primary “Billing” Codes. The full rate will automatically populate. ***<u>Do NOT change the rate!!</u>***



Use Accept Payment when running the Credit Card. The full rate will populate again. The amount that the patient is paying for the visit is entered in the Total Payment box. ONLY if this amount is less than our full rate, then you check the Write-off remainder as courtesy discount box.

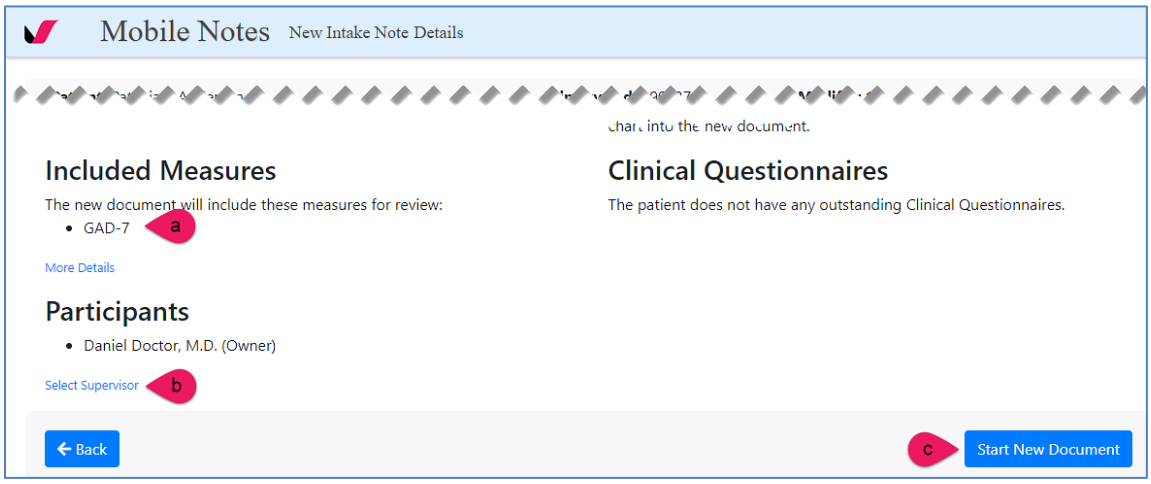


Clinical Documentation

Scheduler > **Calendar View**

1. **Right-click** on the client's appointment > **Document Session** > **Use Mobile Notes**
2. In the new browser tab that opens, **Select** the relevant note template for today's session
3. On the next screen:

a. Confirm that the **Included Measures** section lists any Measures you plan to complete during today's session
b. If applicable, add a supervisor to your note by clicking **Select Supervisor**
c. When you have confirmed the information on this screen is correct, click **Start New Document**



4. On the Mobile Note screen:
   a. Complete the sections relevant to the intake note
   b. On the **Header** tab, confirm the appointment information, including the procedure code(s) and modifiers. Update, if applicable.
   c. On the **Review** tab, click **Preview** to confirm your note is complete prior to signing.
   d. Click **Sign & Close** to send the completed note to the chart

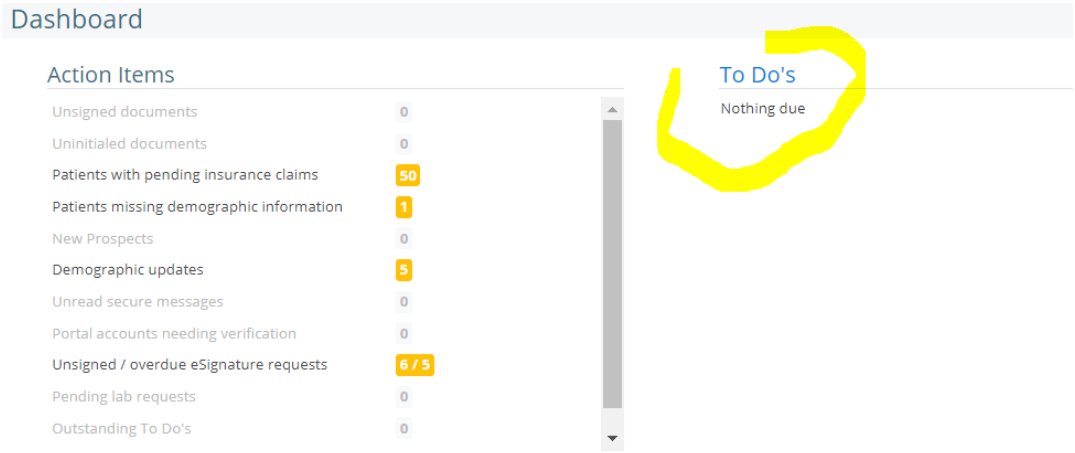
To Do's

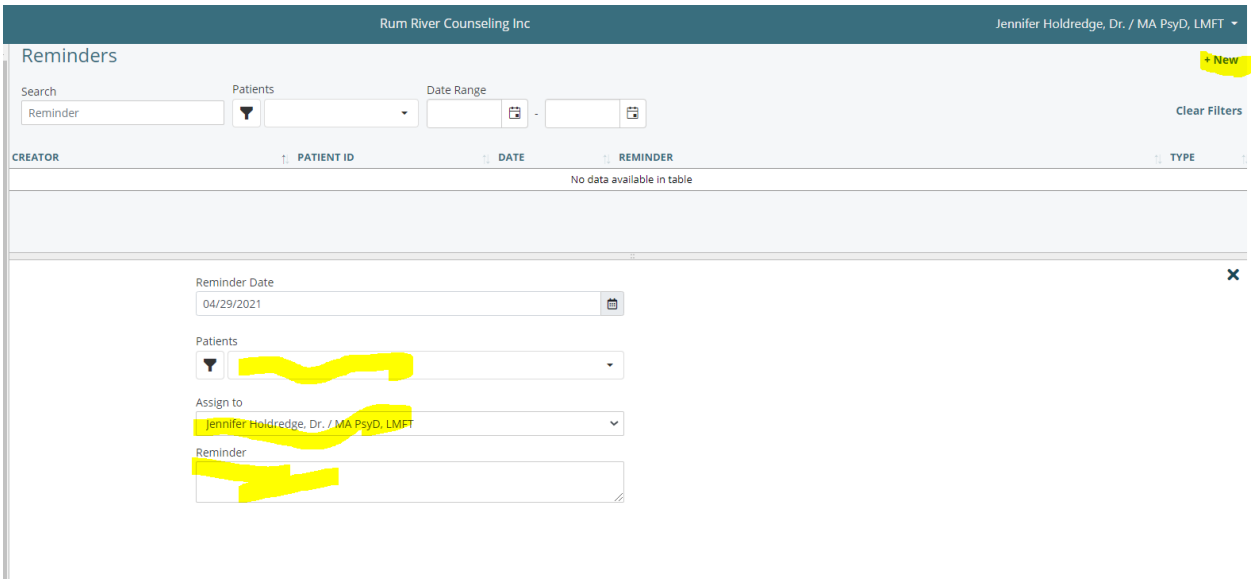
You have the ability to create patient and non-patient tasks or To Do's in Valant. These can be used to remind yourself to do something, to alert me if you make a billing mistake or to request client statements or refunds, etc (see list below):

1. Click +New then select the Patient from Patients box and Assign to the person you are sending the reminder to. Then enter the Reminder info into the box and click Save. The reminder will be sent to the person.
2. Please be sure to delete reminders that you have finished or that do not pertain anymore. Also, be sure to CHECK your reminders please!!
3. We use To Do's in Valant for the following items ***that Jenny is primarily responsible for*:**
   - Statement/Receipt requests
   - Refund requests
   - Account questions - if it is more appropriate for the whole admin team, then use the Original Intake Email String, but if you want me specifically to review a particular question you have, please use Reminders.

- Requests for copies of something from CS uploaded to Valant (only specific requests such as a specific note or similar please, I will not be uploading entire files, etc.)
- Request for a "How To" do a specific task in Valant or otherwise
- Resubmitting claim(s) - this would primarily be a request that the admin team makes
- Closed client - ready to review for deactivation
- Assistance with Records Requests (such as retrieving old notes from CS)
- Anything else that is task oriented that you would normally ask me to follow up on

Please do NOT use reminders for items that the whole admin team should be included on such as registration/insurance changes/updates, etc. or to replace general emails that are more involved. The reminders would only be seen by me and for large changes, we need the whole team on board.





Complete Treatment Plan

Primary Providers – Valant Treatment Plan Tool

Primary providers can access the Treatment Plan Tool either from within Mobile Notes during session or from the left-hand menu at any time. Primary providers are defined as the provider listed in the Patients record as the Assigned Provider.

Access within the Mobile Note

1. Select the **Valant Treatment Plan** tab in the Mobile Notes window
2. Click **Create/View/Update Treatment Plan**
3. The Treatment Plan screen will open in a new browser tab
4. The client should be the only person listed on this screen. Click **Create New Treatment Plan** or **view active**, as applicable

Access Out of Session

1. **Tools** > **Treatment Plan Tool**
2. The Treatment Plan screen will open in a new browser tab
3. Use the **Search** box at the top of the screen to find the client in question
4. Click **Create New Treatment Plan** or **view active**, as applicable

For detailed instructions on how to use the Valant Treatment Plan Tool, please reference Knowledge Base article: http://help.valant.com/80948-documentation-tools/pps-treatment-plan. This article includes a 20-minute video and a 7-page downloadable guide.

Other (Secondary) Providers – Word Treatment Plan

Providers other than the primary provider who are treating the client can use Word templates to create and update their treatment plans.

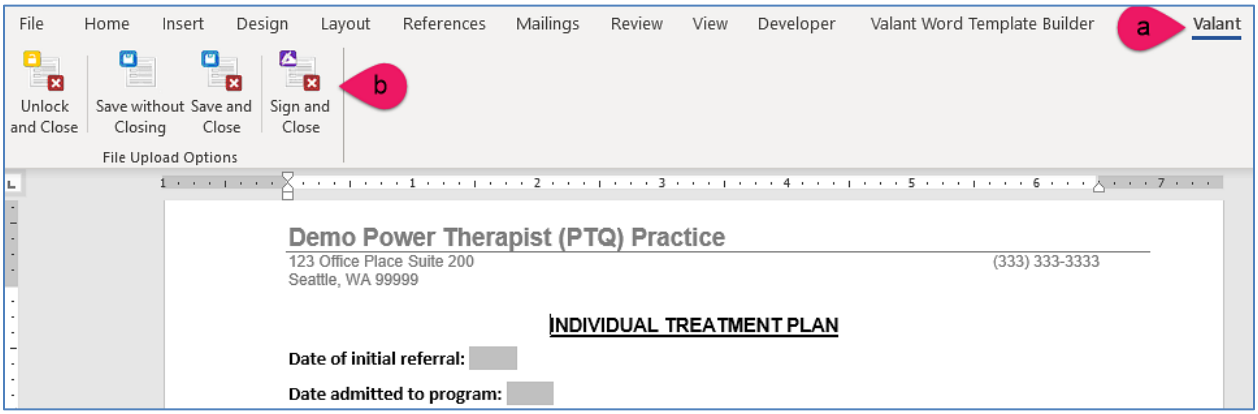
New > **New Templated Clinical Note** – New blank Treatment Plan

OR

New > **New Templated Clinical Note from Last** – Update an existing Treatment Plan

1. In the New Document window, complete the **Patient**, **Date/Time**, and **Primary Code** fields
    a. *Specific primary code they want to use for TPs*
    b. *Add supervisors to TPs*
2. For **Document Template**¸ select **Individual Treatment Plan**
    a. Note: Do NOT select an Undocumented Session. Leave this drop-down blank.
3. Click **OK**

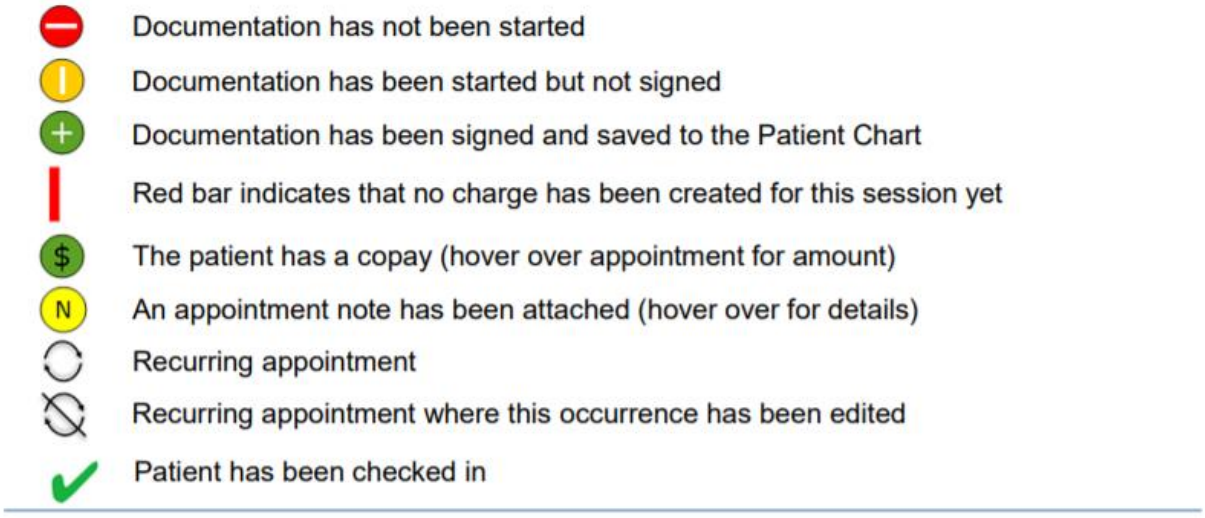
4. The document will open in Microsoft Word on your computer. Complete the relevant text boxes and checkboxes.
5. Click the **Valant** add-in tab in the upper-right, then click **Sign and Close** to complete the Treatment Plan



Note: If you do not have the Valant Word Add-in installed on your computer, it can be downloaded from the Knowledge Base: http://help.valant.com/79965-basics/installing-the-valant-word-add-in-on-a-pc

Other Items:

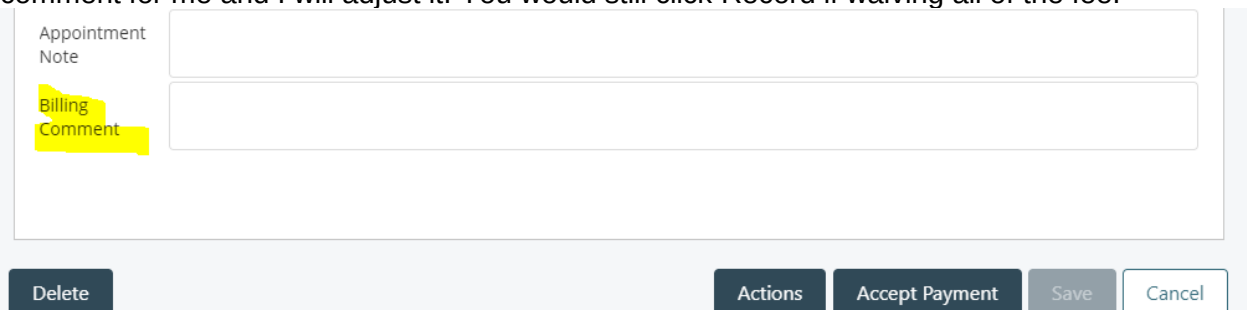
Appointment Icons on the Calendar



Cancellations

If it was an appointment that was cancelled with adequate notice, you can:
- Delete it
- Delete it and re-enter it as a non-patient appointment so you have record of it
- Select that it was a cancellation (not a late cancel/no show), then go to appointment and click Record

If it was a late cancel/no show and you are waiving all or part of the fee, you can add a billing comment for me and I will adjust it. You would still click Record if waiving all of the fee.



If charging all or part of the fee, then you would do Accept Payment and select Auto Payment CC to run the cc in Valant. If waiving part of the fee (our no show fee is $100, but say you are charging $50, you would click the box on the accept payment screen to "Write-off remainder as courtesy discount."

Completing a Discharge Summary

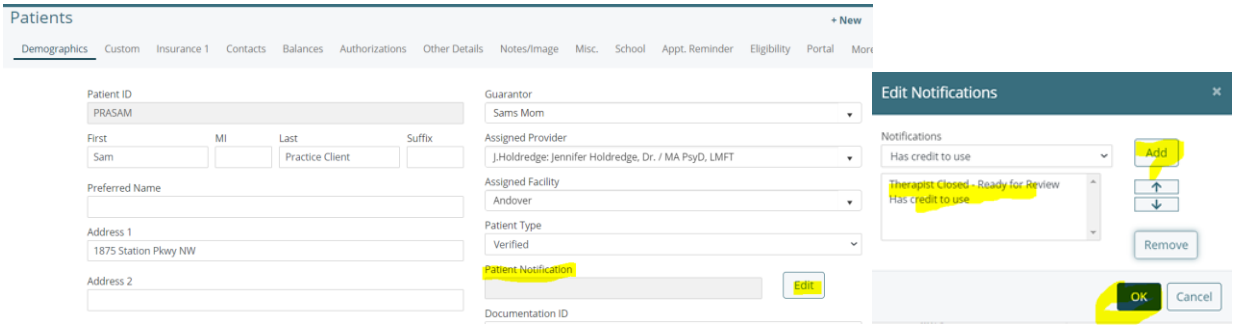
There are 2 ways to complete a Discharge Summary in Valant:

1. The Discharge Summary is NOT associated with a client appointment.
2. The Discharge Summary IS the documentation for the final closing session.

Once the Discharge Summary is complete, add a Patient Notification so Jenny knows to review for deactivation.

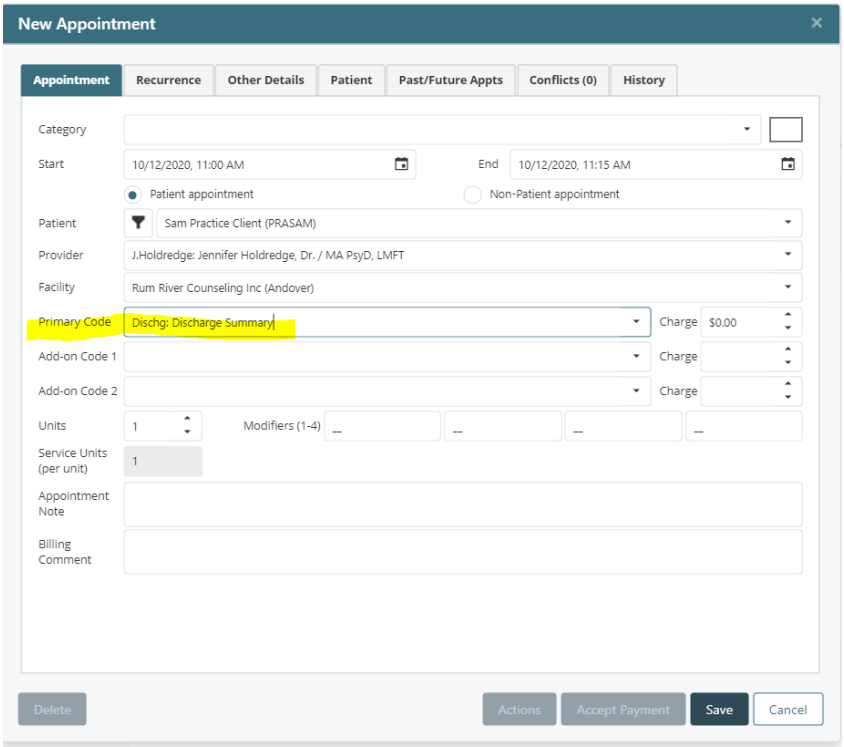
Persons & Institutions > **Patients**

1. Use the **Search** field to find the client in question, then click on their record
2. The **Patient Notifications** will be shown on the **Demographics** page
3. Click on Edit and a window will pop up with Patient Notifications.
4. Select add the Patient Notification "Therapist Closed - Ready for Review" and if there is a credit on the account, also add Patient Notification "Has credit to use"



<u>The Discharge Summary NOT associated with a client appointment:</u>

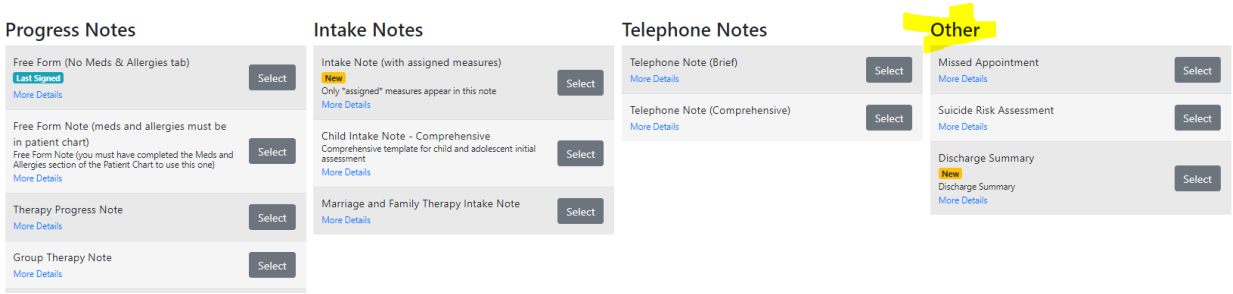
If you are completing a Discharge Summary that is NOT not associated with a closing session, select the Primary Code Dischg: Discharge Summary.



The Discharge Summary IS the documentation for the final closing session:

If your session is the last visit, you may use the Discharge Summary Mobile Note. In that case, you would bill the session normally using the regular billing codes (90834, 90847, 90837, etc.) as the Primary Code and then select the Discharge Summary Mobile Note.

For both types of Discharges in Valant, select Discharge Summary from Other:



You will also need to close any treatment plans in the treatment plan tool.

Go to Tools – Treatment Plan Tool – view active – Update – then scroll to the top and click Close Plan (see screenshot below).

Continue/Close Section (Within Update Treatment Plan)

· Close Plan Button – Opens the Close Plan Window. To initiate the closing of the plan, enter a closing date, select a reason for closing the plan from the drop-down, and click the Yes, Close Plan Button. The plan will need to be signed by all required parties before it closes. Closed plans can be viewed and printed, but they cannot be updated, reviewed or re-opened.

Returning Clients

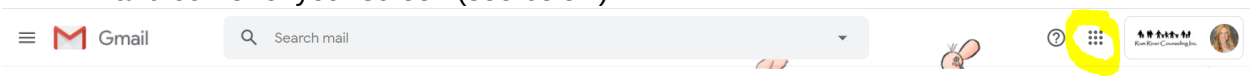
Direct your client to our website to complete a Registration Update form so we can ensure that we have all of the current information and can verify current coverage.- Alert the Registration team by emailing Registration@rumrivercounseling.com and/or emailing reply all to the original intake email - making sure that the Registration email is included.

Closing a client is a clinical step, not necessarily administrative. Any time a client is not actively scheduled, it is important to close them. When a client returns after inactivity, it is best to follow our returning client process.

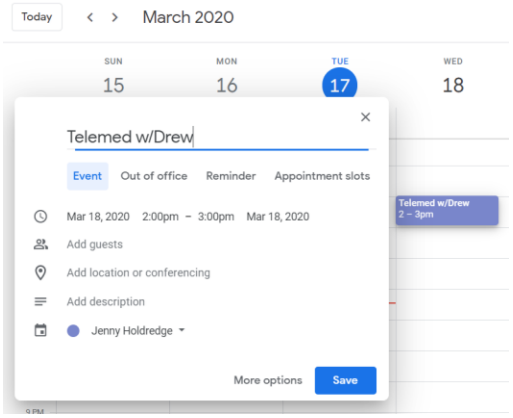
Telemedicine via G Suite (Google Meet)

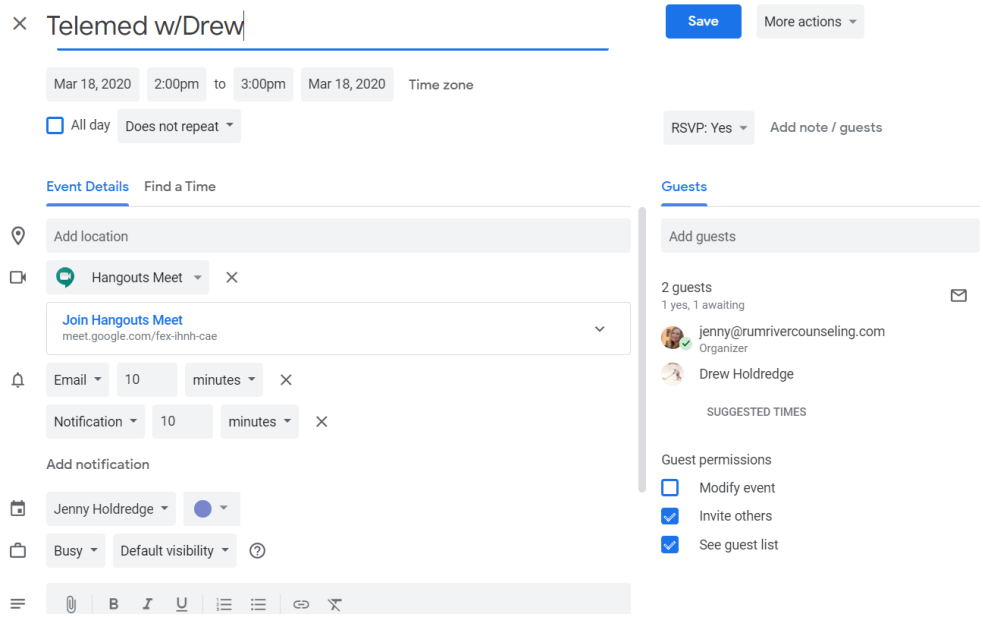
Note: This guide provides an overview and, depending on how your rumrivercounseling.com email account is set up, you may notice some differences from what I am showing here.

1. Login to your RRC Email account as usual and click on Google Apps in the upper right hand corner of your screen (see below):



2. Click on the Calendar to create an appointment.
3. Create an appointment.





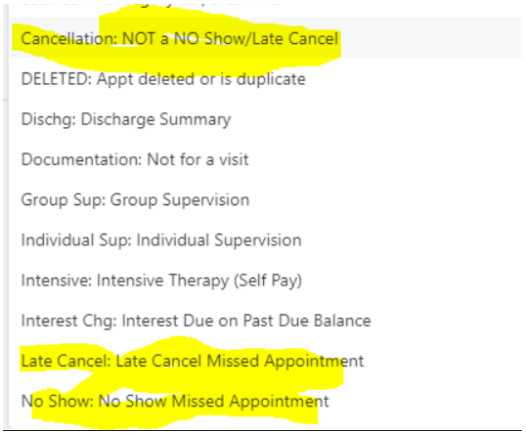
4. Select the date and time to create the telemedicine (TM) appointment. Then click **More Options** and an appointment box will pop up so you can do the following:

    - **Edit in Calendar,** on this screen you can manually adjust the minutes.
    - Title the appointment (for example: “Telemed w/Drew”
    - Click **Add Conferencing** then select **Hangouts Meet**
    - Under **Guests** put in the email address of the recipient you are doing the TM with
    - A reminder will also be sent 10 minutes prior to the appointment to the client. Be sure that **Invite Others or Invite external guests** is checked, as this will allow the client to be invited.
    - It will then ask if you want to send an invitation to guests, click on **Send**

Missed Appointments: Cancellations, Late Cancels & No Shows

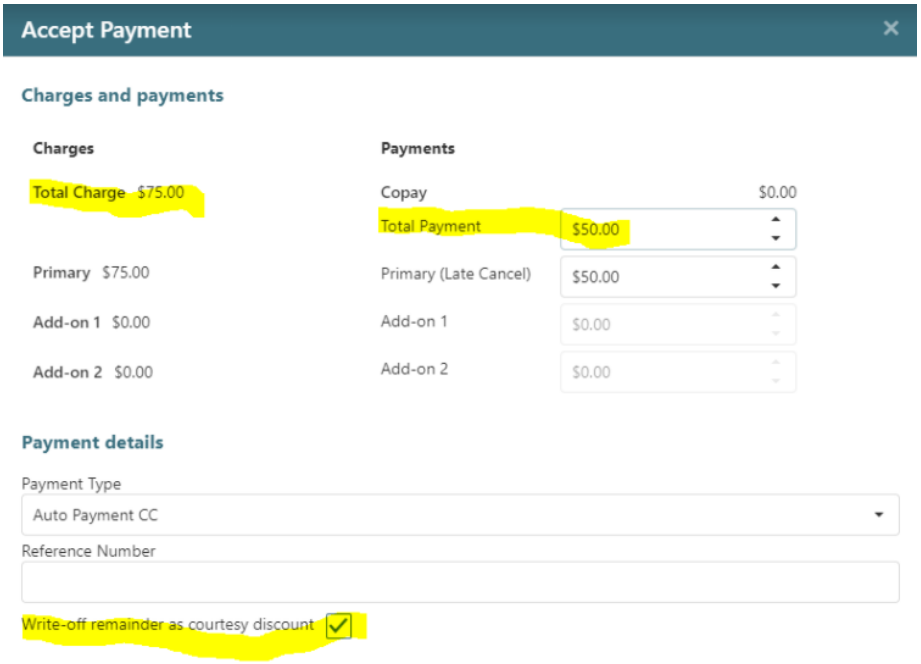
Regarding missed appointments, we will want to be sure to indicate if the appointment was:

Cancellation (not late cancel or no show), Late Cancel or No Show

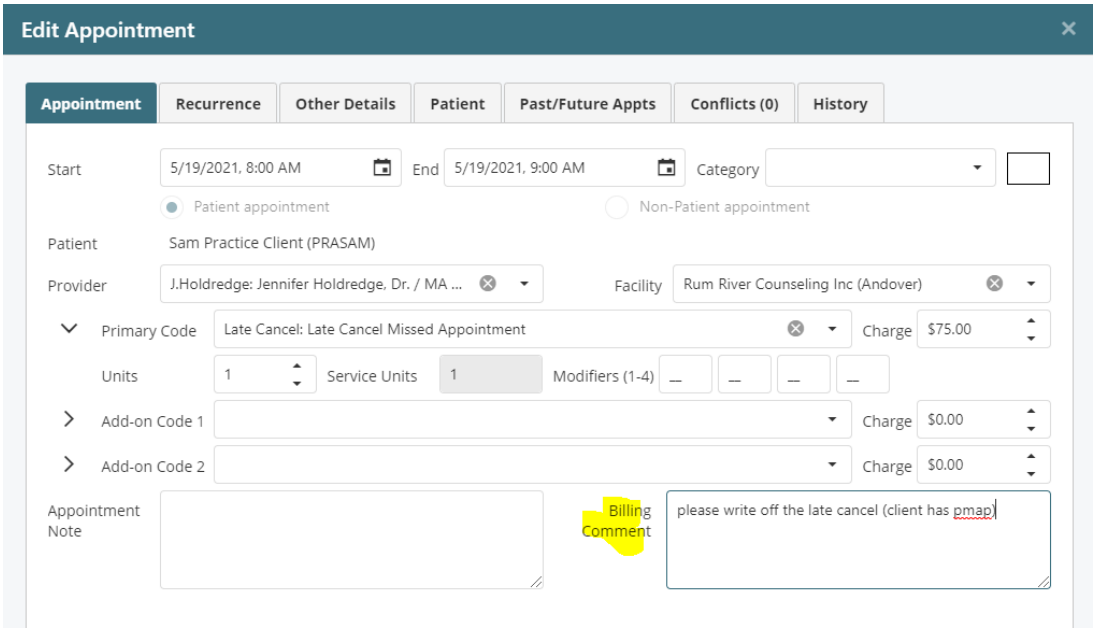


And, if cancellation (as in provided over 24 hours notice) but NOT a late cancel or no show, you can record it, you can delete it from your schedule or you can change it to a non-patient appt so you have some record of it.

For Late Cancels or No Shows, you would select the appropriate code and if you are running a charge that is less than our fee for those, then you would use Accept Payment and then click the box to write off remainder as a courtesy discount (for example, if you only charged $50 for a late cancel rather than our fee of $75).



If you want the full amount written off, then you can add a Billing Comment and I will write it off when I do the billing. *NEVER change the "Charge" amount that automatically populates on the Appointment window.*

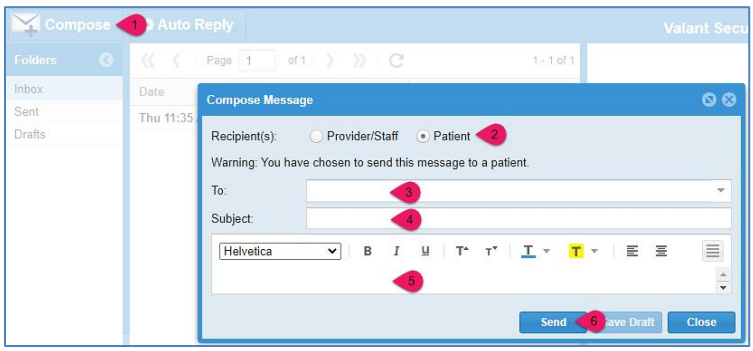


Secure Messaging via the Client Portal: Initiate Outbound Message to Client

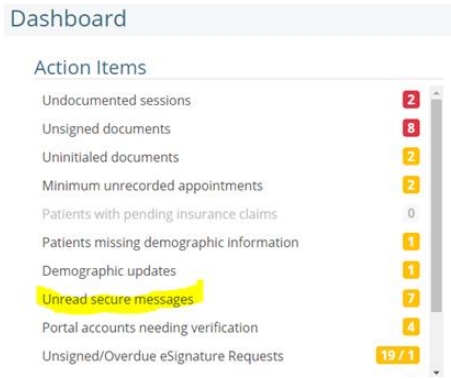
Provider sends a message to the client that the client can reply to in the future to contact the provider directly. Secure Messaging can also be used by the client to communicate with their provider about scheduling.

Tools > **Secure Messaging**

1. Click **Compose** to open the Compose Message window
2. Select the **Patient** radio button
3. Type at least 3 characters of the client's first or last name in the **To** field and select the client
4. Complete the **Subject** field
5. Complete the **Body** field
6. Click **Send**



7. Click on Unread Secure Messages to see the message



Patient Aging Report

I would highly recommend that you run the report for Patient Aging on a WEEKLY basis in order to stay on top of your account balances as this is an important part of your Practice Management.

The admin team runs a report weekly for Insurance Aging so we can help stay on top of slow or non paying claims. You are welcome to run the Ins Aging report also, but the Patient Aging is your top priority.

- Click on Reports - System Reports - Billing - Patient Aging - under 31-day bucket (that is the most accurate).
- Please do not just charge the balance shown on this aging report without confirming it in the View/Edit Charges tab.
- For each client that shows a balance, go to the View/Edit Charges tab to see if there is a Prepayment (Prepay) Credit that has not been applied yet.
- Be sure to adjust the date range in View/Edit Charges so that all DOS are shown.
- We apply credits each business day, so if you see a balance and a there is a prepay credit, you do not need to collect on that balance. If the prepay credit does not cover the balance then you would collect just the difference.

It is also important that you pay close attention to and read the Patient Notifications that pop up as these have valuable information to assist you. We update these VERY frequently as new information becomes available. If you see that a notification does not appear to be accurate, please alert me rather than just ignore it.

And, if questions about a balance or with understanding the Patient Aging Report, please let me know and I am happy to help!