









This Quick Reference Guide (QRG) reviews the Beacon Health Workflows for the Care Manager (CM) and the Care Coordination Team (CCT).

### Common Buttons & Icons

	+ drop-down arrow
	Sign icon
	+ icon
	Communicate drop-down arrow
	Home icon
	Order for Signature icon
	Star icon
	X drop-down arrow

### Filter Case List for New Patients

➤ From the Dashboard:

**STEP 1:** Click the **Case List** tab.

**STEP 2:** Click **Manage Filters**. The Manage Filters window opens.

**STEP 3:** Click the **Case Status** drop-down arrow.

**STEP 4:** Click **New**.

**STEP 5:** Click **Apply**.

### Document Enrollment & Consent

➤ From the Case List:

**STEP 1:** Click the patient name. The patient's chart opens.

**STEP 2:** Click the **Enrollment** tab.

**STEP 3:** Click **Enrollment and Consent** in the navigator pane.

**STEP 4:** Click the + drop-down arrow.

**STEP 5:** Click **Enrollment & Consent**. The Enrollment & Consent PowerForm opens.

**STEP 6:** Click the appropriate response.

**STEP 7:** Click the **Sign** icon.

### **Document a Communication Event**

➤ From the Enrollment tab:

**STEP 1:** Click **Activity Log** in the navigator pane.

**STEP 2:** Click the + icon.

**STEP 3:** Adjust the date and time, if needed.

**STEP 4:** Enter the duration in the **Duration** field.

**STEP 5:** Click the **Method** drop-down arrow; then click the appropriate method.

**STEP 6:** Click the appropriate Type.

**STEP 7:** Click the **Contact type** drop-down arrow; then click the appropriate type.

**NOTE:** If you made an outreach attempt and were unable to connect with the patient, click your role; then select your name.

**STEP 8:** Click the **Outcome** drop-down arrow; then click the appropriate outcome.

**STEP 9:** Click **Save**.

**NOTE:** If you've tried three times to reach a patient, you need to close the case.

### **Send a Welcome Letter**

➤ From the patient's chart:

**STEP 1:** Click the **Communicate** drop-down arrow in the toolbar.

**STEP 2:** Click **Patient Letter**.

**STEP 3:** Use the appropriate Auto text to update the letter.

**NOTE:** A list of appropriate options will be provided by a manager.

**STEP 4:** Click **OK**. A print window opens.

**STEP 5:** Select the appropriate options to print the letter.

**NOTE:** The letter saves to the patient's chart under Documentation.

### **Set Up a Reminder**

➤ From the Enrollment tab:

**STEP 1:** Click **Reminders** in the navigator pane.

**NOTE:** Care managers use reminders for follow up calls. CCT uses reminders to set up home visits. This can be completed by the CRA or the CCT staff.

**STEP 2:** Click the + icon. A Reminder/Task window opens.

**STEP 3:** Select the **Include Me** check box.

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**STEP 4:** Enter what the reminder is for in the **Message** field.

**NOTE:** The **Show up** field indicates when the reminder will show up in your Message Center and can be left as the default.

**STEP 5:** Enter the appropriate duration or a specific date in the **Due on** fields.

**STEP 6:** Click **Send**.

**NOTE:** In one minute, the patient will appear on the Reminder List in Message Center.

## **Manage a Case**

### **Add Secondary Personnel**

➤ From the patient's chart:

**STEP 1:** Assign Yourself to the Click the **Active List** tab.

**STEP 2:** Navigate to the **Manage Case** section.

**STEP 3:** Click **Add Secondary**.

**STEP 4:** Enter the personnel's name in the **Personnel Search** field.

**STEP 5:** Click **Assign**.

### **Care Team**

➤ From the Active Case tab:

**STEP 1:** Click **Care Team** in the navigator pane.

**STEP 2:** Click the + drop-down arrow.

**STEP 3:** Click **Assign Myself**.

**NOTE:** If you know that the patient has another provider that is not listed, click **Assign Provider** to add them to the care team.

### **Document Screenings and Assessments**

➤ From the Active Case tab:

**STEP 1:** Click **Screenings and Assessments** in the navigator pane.

**STEP 2:** Click + drop-down arrow.

**NOTE:** Options above the dividing line open PowerForms while options below the dividing line bring you to iView.

**STEP 3:** Click the appropriate option to document.

**NOTE:** For PowerForms, document all appropriate fields; then click the Sign icon. Yellow highlights indicate required information.

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**NOTE:** For iView, double-click the blue cell and document all appropriate cells; then click the Sign icon. Click the Home icon to return to the Active Case tab.

### **Add a Care Plan**

➤ From the Active Case tab:

**STEP 1:** Click **Care Plan** in the navigator pane.

**STEP 2:** Click the + icon.

**STEP 3:** Enter a key word in the **Goal** field.

**STEP 4:** Click the appropriate goal.

**NOTE:** Fields with a red asterisk indicate required documentation.

**STEP 5:** Enter the target date in the **Target** field.

**STEP 6:** Click **+Intervention**.

**STEP 7:** Enter a key word in the **Interventions** field.

**STEP 8:** Click the appropriate intervention.

**NOTE:** To add another goal, select the Add another goal check box.

**STEP 9:** Click **Save**.

### **Place an Order**

➤ From the Active Case tab:

**STEP 1:** Click **New Order Entry** in the navigator pane.

**STEP 2:** Click the desired order(s).

**STEP 3:** Click the **Orders for Signature** icon.

**NOTE:** To remove an order, click **Remove**.

**STEP 4:** Click **Sign**.

**STEP 5:** Enter the appropriate provider in the **Review Provider** field.

**STEP 6:** Click **OK**.

**STEP 7:** Click **Sign**.

### **Create a Note**

➤ From the Active Case tab:

**STEP 1:** Click the appropriate note template in the navigator pane.

**STEP 2:** Modify or free text any information, as needed.

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**STEP 3:** Click **Sign/Submit**.

**NOTE:** To send the note to a specific provider, enter the provider in the Provider Name field and click the appropriate result.

**NOTE:** To add the provider to your contacts list, click the Star icon.

**STEP 4:** Click **Sign**.

### Close a Case

➤ From the patient's chart:

**STEP 1:** Click the **Close Case** tab.

**STEP 2:** Click **Reminders** in the navigator pane.

**STEP 3:** Verify that all reminders have been completed.

**NOTE:** To save a reminder as complete, click the reminder; then click **Save to Chart/Complete**.

**STEP 4:** Click **Care Plan** in the navigator pane.

**STEP 5:** Verify the care plan is up-to-date and completed.

**NOTE:** To update a goal, click the X drop-down arrow; then click appropriate option.

**STEP 6:** Click **Activity Log** in the navigator pane.

**STEP 7:** Verify all communication events are entered.

**STEP 8:** Click **Case Closure** in the navigator pane.

**STEP 9:** Click the **Closure reason** drop-down arrow; then click the appropriate reason.

**NOTE:** CM staff use "Goals Met." CCT staff use "Graduated." If you are closing the case because you were unable to reach the patient after three attempts, use "unable to reach."

**STEP 10:** Click **Close Case**.

**NOTE:** The patient falls off your list once the case is closed.

## Complete the Patient Declination Workflow

### Document Enrollment & Consent

➤ From the Enrollment tab:

**STEP 1:** Click **Enrollment and Consent** in the navigator pane.

**STEP 2:** Click the + drop-down arrow.

**STEP 3:** Click **Enrollment & Consent**. The Enrollment & Consent PowerForm opens.

**STEP 4:** Click **Refused to enroll in the program**.

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**STEP 5:** Click the **Sign** icon.

#### **Document a Communication Event**

➤ From the Enrollment tab:

**STEP 1:** Click **Activity Log** in the navigator pane.

**STEP 2:** Click the + icon.

**STEP 3:** Adjust the date and time, if needed.

**STEP 4:** Enter the duration in the **Duration** field.

**STEP 5:** Click the **Method** drop-down arrow; then click the appropriate method.

**STEP 6:** Click the appropriate Type.

**STEP 7:** Click the **Contact type** drop-down arrow; then click the appropriate type.

**STEP 8:** Click the **Outcome** drop-down arrow; then click the appropriate outcome.

**STEP 9:** Enter a note in the **Notes** field, if needed.

**STEP 10:** Click **Save**.

#### **Update the Case Status**

➤ From the Enrollment tab:

**STEP 1:** **Manage Case** in the navigator pane.

**STEP 2:** Click **Enrolled**.

**STEP 3:** Click **Pending Closure**.

**STEP 4:** Click **Update Case**.

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### Close the Case

➤ From the Enrollment tab:

- STEP 1:** Click the **Close Case** tab.
- STEP 2:** Click **Case Closure** in the navigator pane.
- STEP 3:** Click the **Closure Reason** drop-down arrow.
- STEP 4:** Click the appropriate Declined reason.
- STEP 5:** Click **Close Case**.

### Send a Declined Services Letter

➤ From the patient's chart:

- STEP 1:** Click the **Communicate** drop-down arrow in the toolbar.
- STEP 2:** Click **Patient Letter**.
- STEP 3:** Click the **Subject** drop-down arrow.
- STEP 4:** Click **Declined Services Letter**.
- STEP 5:** Use the appropriate Auto text to update the letter.
- STEP 6:** Click **OK**. A print window opens.
- STEP 7:** Select the appropriate options to print the letter.

**NOTE:** If you are on the Care Management team, you notify CCT that the patient doesn't agree to care management services so they can do outreach to see if the patient is interested in a home visit.

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**For questions regarding process and/or policies, please contact your unit's Clinical Educator or Clinical Informaticist. For any other questions please contact the Customer Support Center at: 207-973-7728 or 1-888-827-7728.**

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