

GROUP PROGRESS NOTE CORRECTIONS FOR CLINICAL STAFF



Share of Cost/UMDAP:

Share of Cost/UMDAP may impact a program's ability to make progress note corrections. In most situations, once Share of Cost is cleared, a program will need to follow instructions below as if the encounter has been claimed to the State.

Billing Activity:

If you identify an encounter that is final approved and has billing activity but has not claimed to Medi-Cal, please contact MHBUC for instructions.

Billing Void, Replaces, and Deletion:

Refer to the Financial Billing Manual for additional instructions when submitting the Void, Replace, or Deletion forms.

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Introduction to Progress Notes

Group Progress Notes within CCBH have distinct portions which connect the narrative of the note with an encounter (service), as well as objectives in the client plan. Due to the connection between different portions of the product, making corrections to any portion of the note can be different depending on the status of each of the areas.

The progress note correction process will take collaboration amongst administrative staff, MHBUS, Optum Support Desk and clinical users. Please make sure all staff who touch encounters or progress notes have access to the correction packet for reference.

Group Progress Note FAQ Basics

When can a progress note be deleted?

- A group progress note may be deleted only before it is final approved. Once the note is final approved it may not be deleted. Voiding the note is the only option. Voided progress notes will always remain in the system and will show as "VOIDED." If you want to view voided progress notes, please review your filter settings and change accordingly.

What can I change on a progress note and when?

- Once a note is final approved, nothing can be changed. If you need to update the narrative, a void & replicate with the Optum Support Desk would be necessary.
- The encounter includes all aspects of the service: client assignment, service time, travel time and documentation time, as well as the billing indicators and diagnoses (DAS). Once an encounter has been batched (or pulled for billing) with the MHBUS, no portion of the encounter can be changed. Users must wait for the original encounter to be paid or denied by the State and then void, delete, or replace with the MHBUS.
- The date of the encounter, the selected client(s), and or the group start and stop times cannot be changed once the progress note is opened. Double check the client name(s) and the date of encounter, and the start/stop times of the group before doing any data entry.

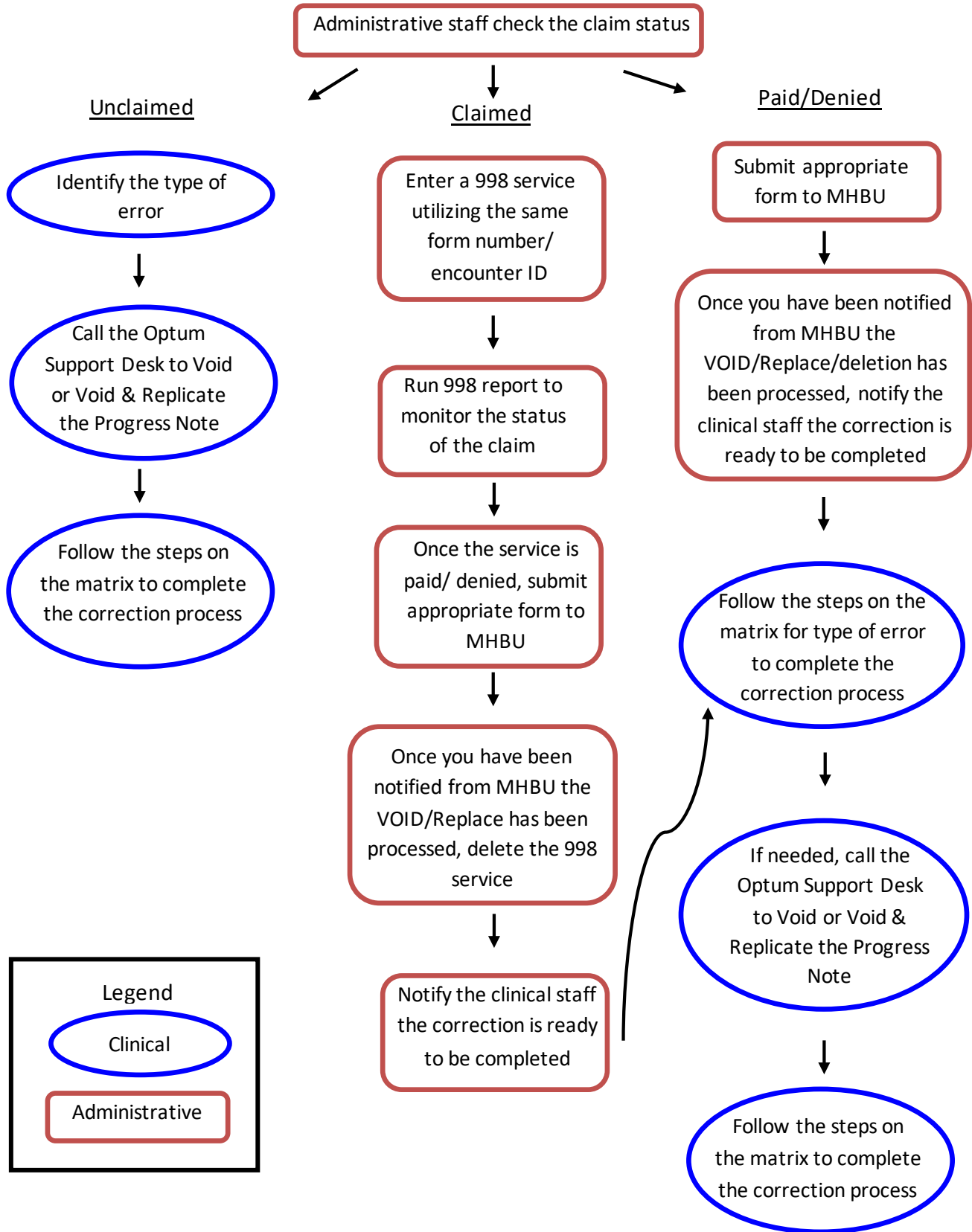
What can I do to prevent the need to void a progress note?

- Double check the client name(s) and the date of encounter before doing any data entry.
- Double check the intervention at the time you enter it into the encounter AND if it is a planned encounter, make sure to select it in the Related Client Plan section of the progress note.
- Double check the server, billing indicators, assignment, and diagnoses (DAS). Do not save the encounter until you have verified the correct server, billing indicators, assignment and diagnosis (DAS).
- Double check the content of the progress note(s). Make sure it supports the intervention and service entry. Do not final approve the note until you have verified all the encounter information and the content of the note. Only final approve when you are certain the note is complete.

What needs to be checked before I request a progress note to be voided or void & replicated?

- Check to see if the note is final approved. If it is not final approved, it may be deleted or edited. If it is final approved, a void or void & replicate may be necessary.
- Check with your administrative staff to check the billing status of each client in the group. If the encounter has been batched or is paid or denied, the encounter may not be edited. If it is still unclaimed, users may call the Optum Support Desk to void/void & replicate the note.
- If you have questions on any of the corrections process, call the Optum Support Desk BEFORE you try to fix it on your own.

It's determined a progress note correction is needed...



****This will be the process for MOST progress note corrections, please consult the matrix or the Support Desk before making any edits.**

CLINICAL GROUP CORRECTIONS 8/2018

GROUP PROGRESS NOTE CORRECTION MATRIX - PROGRESS NOTE USERS

This matrix is used to identify which appendix to use for PN corrections.
Do not use this in place of the appendix instructions! This matrix does not include important items in the appendices.
Using the matrix you should work from left to right.

TYPE OF ERROR	Billing Status				Appendix	BASIC CORRECTION STEPS										
	UNCLAIMED	CLAIMED	PAID	DENIED		Progress Note Users										
Encounter did not occur	Y				CLINICAL APPENDIX 2	CONSULT WITH ADMIN STAFF FOR BILLING STATUS	ADMIN STAFF NOTIFIES YOU NOTE IS READY FOR CORRECTION	CALL THE OPTUM SUPPORT DESK	UNLINK OBJECTIVE FOR EACH CLIENT IN THE GROUP (if planned)	VOID & REPLICATE THE ENCOUNTER LINE OF THE SINGLE CLIENT	VOID & REPLICATE ENTIRE ENCOUNTER	DELETE THE CLIENT FROM THE GROUP	EDIT ENCOUNTER	EDIT PN	RE ENTER NON BILLABLE TIME AS AN INDIVIDUAL NOTE	ENTER INFO PROGRESS NOTE
Encounter did not occur	Y	Y	Y	Y	3	1	2	3								3
Wrong date of encounter	Y				2	1	2	3								
Wrong date of encounter	Y	Y	Y	Y	3	1	2									3
Duplicate progress note & encounter	Y				2	1	2	3								
Duplicate progress note & encounter	Y	Y	Y	Y	3	1	2									3
Change encounter to never billable activity (clerical, etc)	Y				2	1	2	3								4
Change encounter to never billable activity (clerical, etc)	Y	Y	Y	Y	3	1	2									3
Change non-billable service code to an informational progress note	Y				2			1								2
Wrong or insufficient info in client narrative (within 14 days)	Y				4	1	2	3							4	
Wrong or insufficient info in client narrative	Y	Y	Y	Y	-	CONTACT QI MATTERS @ QIMATTERS.HHS.A@SDPCOUNTY.CA.GOV										
Wrong billing indicator, for one client, which affects billing (lockouts, No-Show, DAS)	Y				5	1	2			3					4	
Wrong billing indicator, for one client, which affects billing (lockouts, No-Show, DAS)	Y	Y	Y	Y	3	1	2									3
Wrong billing indicator, for one client, which does NOT affect billing	Y				5	1	2			3					4	
Wrong billing indicator, for one client, which does NOT affect billing	Y	Y	Y	Y	3	1	2									3
Wrong service code for the entire group	Y				6	1	2	3	5							
Wrong service code for the entire group	Y	Y	Y	Y	3	1	2									6
Wrong service code for the entire group	Y				6	1	2	3								5
Time data entry error	Y				-	CONTACT MHBUD @ 619-338-2612										
Time data entry error	Y				-	CONTACT MHBUD @ 619-338-2612										
Time data entry error	Y				-	CONTACT MHBUD @ 619-338-2612										
Time data entry error	Y	Y	Y	Y	-	CONTACT MHBUD @ 619-338-2612										
Change service code for one client to non-billable service code/	Y				7	1	2									3
Change service code for one client to non-billable service code/	Y				7	1	2									
Change service code for one client to non-billable service code/	Y	Y	Y	Y	-	WAIT UNTIL THE ENCOUNTER HAS BEEN PAID/DENIED										
Change service code for one client to non-billable service code/	Y				6	1	2	3	5							
Change service code for one client to non-billable service code/	Y				6	1	2									4
Change service code for one client to non-billable service code/	Y	Y	Y	Y	3	1	2									6
Change service code for one client to non-billable service code/	Y				3	1	2									
Change service code for one client to non-billable service code/	Y	Y	Y	Y	8	1	2	3								5
Change service code for one client to non-billable service code/	Y				8	1	2									
Change service code for one client to non-billable service code/	Y	Y	Y	Y	3	1	2									4
Change service code for one client to non-billable service code/	Y				3	1	2									5
Change service code for one client to non-billable service code/	Y				3	1	2									
Change service code for one client to non-billable service code/	Y	Y	Y	Y	3	1	2									3
Change service code for one client to non-billable service code/	Y				3	1	2									
Change service code for one client to non-billable service code/	Y	Y	Y	Y	3	1	2									3
Change service code for one client to non-billable service code/	Y				3	1	2									

The following pages will outline specific scenarios and will direct you to the correct action steps. Each of the action steps are outlined step by step in the appendix and are meant to walk you through the process. If at ANY time you cannot move forward with the included instructions, please contact the Optum Support Desk for assistance. ***If a client within the encounter is non-Medi-Cal or has billing activity (such as share of cost or other health coverage), contact MHBU for specific instructions.***

Encounter did not occur

If the encounter documented did not occur and was entered in error and the entire note is:

Not final approved (Appendix 1):

- Delete the progress note. This will delete the progress note and encounter at the same time.

Final approved (unclaimed) (Appendix 2):

- Contact your administrative support staff to check the billing status for each client in the group.
- Call the Optum Support Desk to void the entire progress note.

Final approved (claimed/paid/denied) (Appendix 3):

- Contact your administrative support staff to check the billing status for each client in the group.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period.
- Once the corrections are complete, the administrative staff will let you know.
- For each client in the group, enter a “Progress Note Correction” Informational note. Use the same date of service as the original group. The original note will always stay in the system because there is billing activity attached to it.

Wrong date of encounter

If the wrong date of encounter was entered and the note is:

Not final approved (Appendix 1):

- Delete the progress note. This will delete the progress notes and encounter at the same time.

Final approved (unclaimed) (Appendix 2):

- Contact your administrative support staff to check the billing status for each client in the group.
- Call the Optum Support Desk to void the entire progress note.
- Be sure to enter your new note on the correct date.

Final approved (claimed/paid/denied) (Appendix 3):

- Contact your administrative support staff to check the billing status for each client in the group.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period.
- Once the corrections are complete, the administrative staff will let you know.
- For each client in the group, enter a “Progress Note Correction” Informational note. Use the same date of service as the original group. In the body of the note indicate the correct date of service. The original note will always stay in the system because there is billing activity attached to it.

Duplicate progress note and encounter

If a second progress note was written for the same group for the same encounter and the note is:

Not final approved (Appendix 1):

- Delete the progress note. This will delete the progress note and encounter at the same time.

Final approved (unclaimed) (Appendix 2):

- Contact your administrative support staff to check the billing status for each client in the group.
- Call the Optum Support Desk to void the entire progress note.

Final approved (claimed/paid/denied) (Appendix 3):

- Contact your administrative support staff to check the billing status for each client in the group.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period.
- Once the corrections are complete, the administrative staff will let you know.
- For each client in the group enter a "Progress Note Correction" Informational note. Use the same date of service as the original group. The original note will always stay in the system because there is billing activity attached to it.

Change encounter to never billable activity

If never-billable activity (for example: clerical, payee service such as completing forms, filing CPS/APS reports, leaving a voice message or faxing information) was provided and the note is:

Not final approved (Appendix 1):

- Delete the progress note. This will delete the progress note and encounter at the same time.
- Re-enter the information as an informational progress note for each client in the group.

Final approved (unclaimed) (Appendix 2):

- Contact your administrative support staff to check the billing status for each client in the group.
- Call the Optum Support Desk to void the entire progress note.
- For each client in the group enter a "Never Billable Progress Note" Informational note. Use the same date of service as the original group.

Final approved (claimed/paid/denied) (Appendix 3):

- Contact your administrative support staff to check the billing status for each client in the group.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period.
- Once the corrections are complete, the administrative staff will let you know.
- For each client in the group enter a "Never Billable Progress Note" Informational note. Use the same date of service as the original group. The original note will always stay in the system because there is billing activity attached to it.

Change non-billable service code to an informational progress note

If a never-billable activity such as leaving a message or faxing a report is added to a progress note with a non-billable service code (802), and the note is:

Not final approved (Appendix 1):

- Delete the progress note. This will delete the progress note and encounter at the same time.
- Re-enter the information as an informational progress note.

Final approved (unclaimed) (Appendix 2):

- Call the Optum Support Desk to void the progress note.
- For each client in the group enter a “Never Billable Progress Note” Informational note. Use the same date of service as the original group.

The non-billable codes’ series will always be in their original state- never claimed or paid/denied. Therefore, you will never submit a Void Service Request to the MHBU.

Wrong or insufficient information in the client narrative

If there is wrong or insufficient information in the client narrative (for example: incomplete documentation, blank narratives, a different client’s full name is mentioned...) and it is still within 14 days of the DOS, and the note is:

Not final approved (Appendix 1):

- Double click on the client narrative to open the narrative for editing. Complete any needed edits.

Final approved (unclaimed) (Appendix 4) and within 14 days of the DOS:

- Call the Optum Support Desk to void & replicate the progress note.
- Double click on the client narrative to open the narrative for editing. Complete any needed edits before final approving.

Final approved (claimed/paid/denied) or more than 14 days from the DOS:

- Contact your administrative support staff to check the billing status.
- Contact QI Matters @ QIMatters.hhsa@sdcounty.ca.gov

Wrong billing indicator which affects billing (Lockouts, No-Show, DAS)

If the encounter has a wrong billing indicator which affects billing such as it was provided during a lock out, client was a no show and it is not indicated, or service has a wrong diagnosis attached and the note is:

Not final approved (Appendix 1):

- Double click on the client’s name in the encounter to open the encounter for editing. Change the appropriate indicator and final approve the note as normal.

Final approved (unclaimed) (Appendix 5):

- Contact your administrative support staff to check the billing status.
- Open the encounter pane and right click on the client’s name in the encounter line. Select “Void & Replicate Encounter Line.”
- Change the appropriate indicator(s) and post the service.

Final approved (claimed/paid/denied) (Appendix 3):

- Contact your administrative support staff to check the billing status.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period.
- Once the corrections are complete, the administrative staff will let you know.
- For the client that needs an indicator corrected enter a “Progress Note Correction” Informational note. Use the same date of service as the original group. Indicate the

original group encounter has been voided with MHBU and the administrative staff has entered the correct group encounter. The original note will always stay in the system because there is billing activity attached to it. Your administrative staff will correct the billing.

Wrong billing indicator which does NOT affects billing

If the encounter has a wrong billing indicator which does NOT affects billing such as, scheduled vs not scheduled or language used and the note is:

Not final approved (Appendix 1):

- Double click on the client's name in the encounter to open the encounter for editing. Change the appropriate indicator and final approve the note as normal.

Final approved (unclaimed) (Appendix 5):

- Contact your administrative support staff to check the billing status.
- Open the encounter pane and right click on the client's name in the encounter line. Select "Void & Replicate Encounter Line."
- Change the appropriate indicator(s) and post the service.

Final approved (claimed/paid/denied) (Appendix 3):

- Contact your administrative support staff to check the billing status.
- For the client that needs an indicator corrected enter a "Progress Note Correction" Informational note. Use the same date of service as the original group.

Wrong service code (for the entire group):

If the incorrect service code is selected for the entire group and the note is:

Not final approved (Appendix 1):

- If the existing service code was a planned encounter, unlink the intervention and objective in the "Related Client Plan" for each client that has the old service code attached. If the new service code is also a planned encounter, re-link to the correct intervention.
- Double click on the server's name in the encounter to open the encounter for editing. Input the correct service code and save the encounter.

Final approved (unclaimed) (Appendix 6):

- Contact your administrative support staff to check the billing status.
- Void and Replicate the encounter.
- If the existing service code was a planned encounter, unlink the intervention and objective in the "Related Client Plan" for each client that has the old service code attached. If the new service code is also a planned encounter, re-link to the correct intervention.
- Double click on the server's name in the encounter to open the encounter for editing. Input the correct service code and save the encounter.
- Final approve the note as normal.

Final approved (claimed/paid/denied) (Appendix 3):

- Contact your administrative support staff to check the billing status.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period.
- Once the corrections are complete, the administrative staff will let you know.

- For each client in the group enter a “Progress Note Correction” Informational note. Use the same date of service as the original group. The original note will always stay in the system because there is billing activity attached to it.

Travel/ Documentation Time data entry error:

This correction should not be used to fix unsubstantiated time. It should only be used to fix a data entry error when, the amount of time entered on the encounter portion is greater than the time documented within the content of the narrative and the note is:

Not final approved (Appendix 1):

- Double click on the server’s name in the encounter to open the encounter for editing. Edit the time data error and final approve the note as normal.

Final approved (unclaimed) (Appendix 6):

- Contact your administrative support staff to check the billing status.
- Call the Optum Support Desk to void & replicate the progress note.
- Void & Replicate the encounter.
- Double click on the server’s name in the encounter to open the encounter for editing. Input the correct time and save the encounter.
- Final approve the note as normal.

Final approved (claimed/paid/denied):

- Contact your administrative support staff to check the billing status.
- Contact MHBUS for the next steps. It will vary based on the various insurance types included in the group.

Change service code for ONE client to non-billable service code/ One client needs to be disallowed:

If one client in the group needs to be a non-billable service code, or disallowed and the note is:

Not final approved:

- Input the entire group with the original service code. In order for the group time to be allotted correctly all members of the group must be initially added. The correction can only be made after the group has been paid or denied.

Final approved (unclaimed/claimed):

- Contact your administrative support staff to check the billing status.
- In order for the group time to be allotted correctly all members of the group must be paid or denied before the correction process can begin.

Final approved (paid/denied) (Appendix 7):

- Contact your administrative support staff to check the billing status.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period.
- Once the corrections are complete, the administrative staff will let you know.
- Enter an Individual Progress Note (services code 802), for the one client, on the same date of service as the original group.
 - “[NAME] attended group on [DATE], the service was voided with the MHBUS, void batch # ____, due to [REASON]. Reentry is a non-billable service. See original group note, form #_____, for clinical documentation.”
 - The service time entered will be the total time originally claimed for the client’s service. The documentation and travel time will all be included in the service time.

- If necessary, see the Client Services Report for the exact amount of **server hours** claimed. Documentation and travel time will be left blank as it is included in the server time.
- Final approve the individual note as normal.

Change service code for the entire group to a non-billable service code:

If a non-billable service code (i.e. solely payee services, solely transportation, academic, vocational, recreation, or socialization) was provided, or the note was final approved after 14 days, and the note is:

Not final approved (Appendix 1):

- If the existing service code was a planned encounter, unlink the intervention and objective in the “Related Client Plan” for each client that has the old service code attached.
- Double click on the server’s name in the encounter to open the encounter for editing. Input the correct service code (802) and save the encounter. Remember service, travel and documentation time, as well as billing indicators will reflect the actual encounter that took place.

Final approved (unclaimed) (Appendix 6):

- Contact your administrative support staff to check the billing status.
- Call the Optum Support Desk to void & replicate the progress note.
- Void & Replicate the existing encounter.
- If the existing service code was a planned encounter, unlink the intervention and objective in the “Related Client Plan” for each client that has the old service code attached.
- Double click on the server’s name in the encounter to open the encounter for editing. Input the correct service code (802) and save the encounter. Remember service, travel and documentation time, as well as billing indicators will reflect the actual encounter that took place.
- Final approve the note as normal.

Final approved (claimed/paid/denied) (Appendix 3):

- Contact your administrative support staff to check the billing status.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period.
- Once the corrections are complete, the administrative staff will let you know.
- For each client in the group enter a “Progress Note Correction” Informational note. Use the same date of service as the original group. Indicate the original group encounter has been voided with MHBU and the administrative staff has entered the correct group encounter. The original note will always stay in the system because there is billing activity attached to it.

One client was included in the group that should not have been:

If one client was included in the group that should not have been, or the wrong client was included in the group and the note is:

Not final approved (Appendix 1):

- Right click on the client’s name in the list of clients in the group, and select “Delete From Progress Note Event.” This will delete the encounter information as well as any clinical documentation.

- Final approve the note as normal.

Final approved (unclaimed) (Appendix 8):

- Contact your administrative support staff to check the billing status.
- Call the Optum Support Desk to void & replicate the progress note.
- Void & Replicate the existing encounter.
- Right click on the client's name in the list of clients in the group, and select "Delete From Progress Note Event." This will delete the encounter information as well as any clinical documentation.
- Final approve the note as normal.

Final approved (claimed/paid/denied) (Appendix 3):

- Contact your administrative support staff to check the billing status.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period.
- Once the corrections are complete, the administrative staff will let you know.
- For the client that was entered in error enter a "Progress Note Correction" Informational note. Use the same date of service as the original group. Indicate the original group encounter has been voided with MHBU and the administrative staff has entered the correct group encounter. The original note will always stay in the system because there is billing activity attached to it.

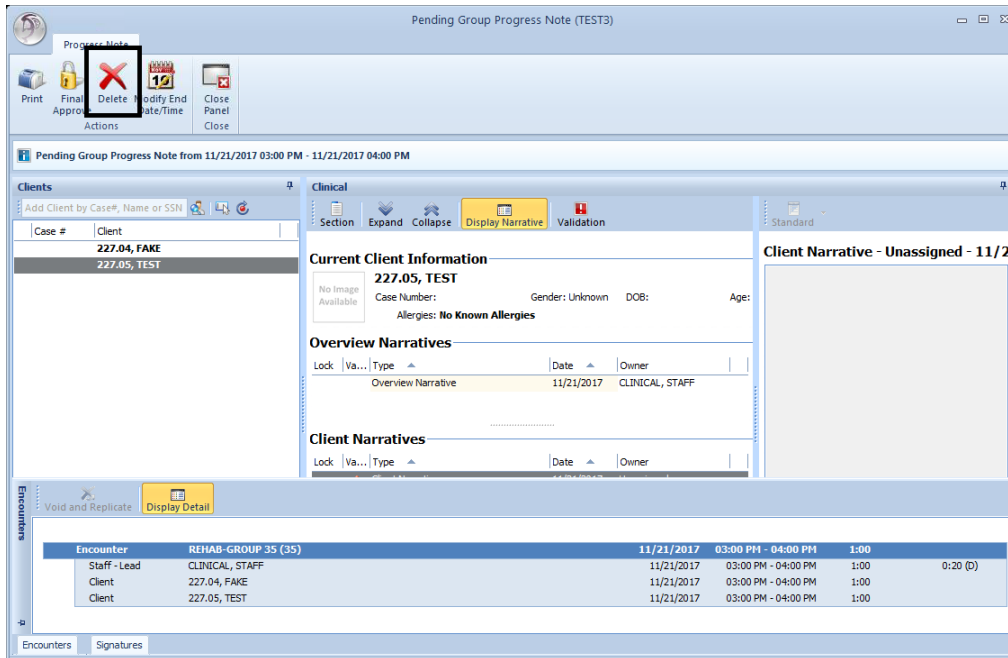
Multiple Scenarios:

Lastly, if a progress note contains more than one of the above factors contact the Optum Support Desk for assistance.

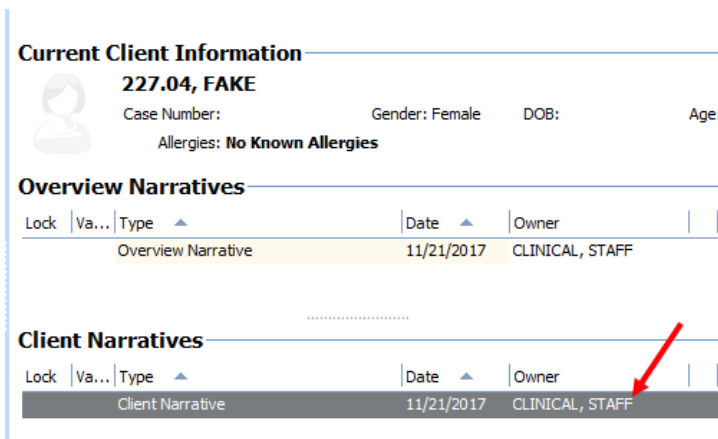
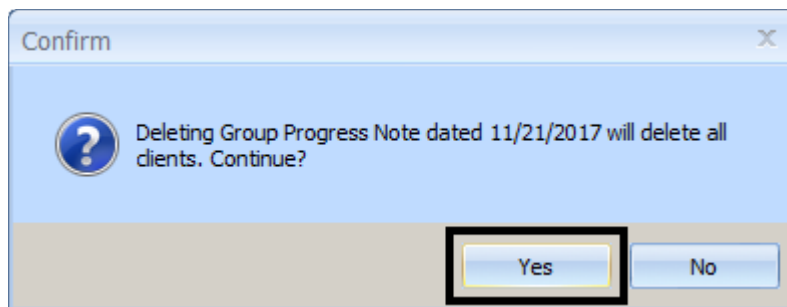
Progress note is not final approved – the entire progress note and encounter can still be edited or deleted if the note is not yet final approved.

To delete the entire progress note:

- Select “Delete” in the ribbon.

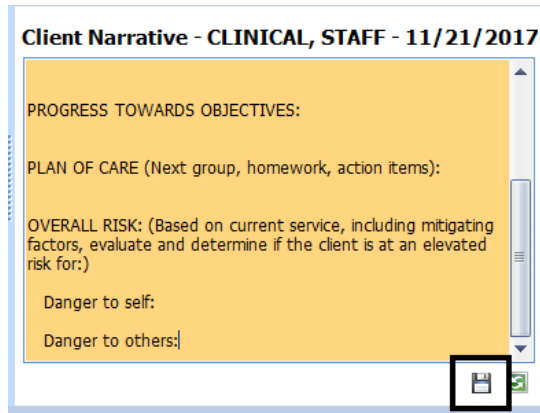


- A message will appear confirming the deletion. Click “Yes”; the progress note and encounter will both be deleted.



To edit the narrative:

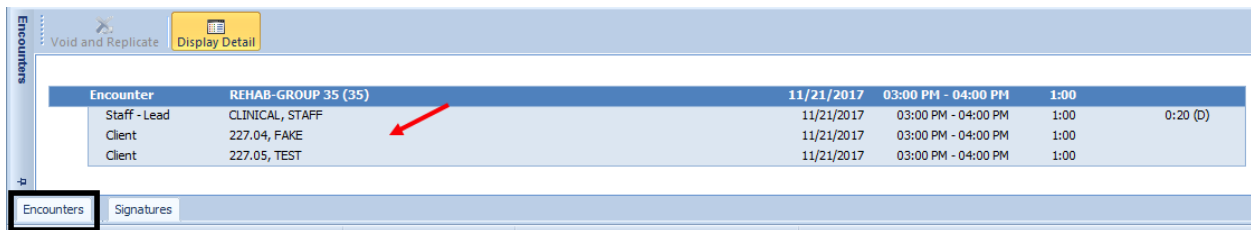
- Double click on the narrative you would to open for editing. The narrative box will become yellow when you are able to type into it.



- Complete any needed edits to the client narrative and then select the save icon.

To edit the encounter:

- Select the “Encounters” pane and double click on the encounter line that needs editing.
 - To edit the originally entered service code or service, travel, or documentation time double click on the server’s name.
 - To edit an individual client’s billing indicator(s) double click on the client that needs editing.

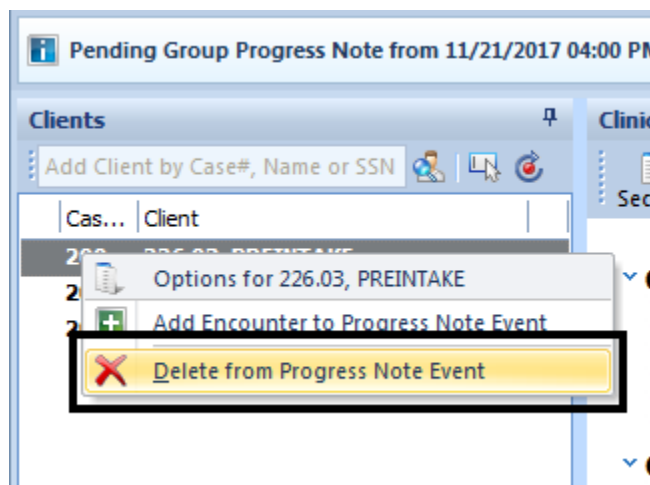


- Complete any needed edits to the service code, service time, travel time, documentation time, assignment, billing indicators, DAS, EBP, and select “Save.”**

***Reminder: If you are changing the service code of a planned encounter, you must unlink the objectives/intervention in the “Related Client Plan” for each client with a planned encounter first, and save. If you are changing the service code to a different planned encounter, you must re-link the objective/interventions in the “Related Client Plan”, and save. See Appendix 6 for more detail.*

To remove a client in the group:

- To remove a client from the group right click on the client’s name on the list of clients and select “Delete from Progress Note Event.” This will delete the encounter information as well as any clinical documentation.



Void the progress note and the encounter- (NOT CLAIMED) it is possible that the entire note and encounter need to be voided. This can occur in the following situations:

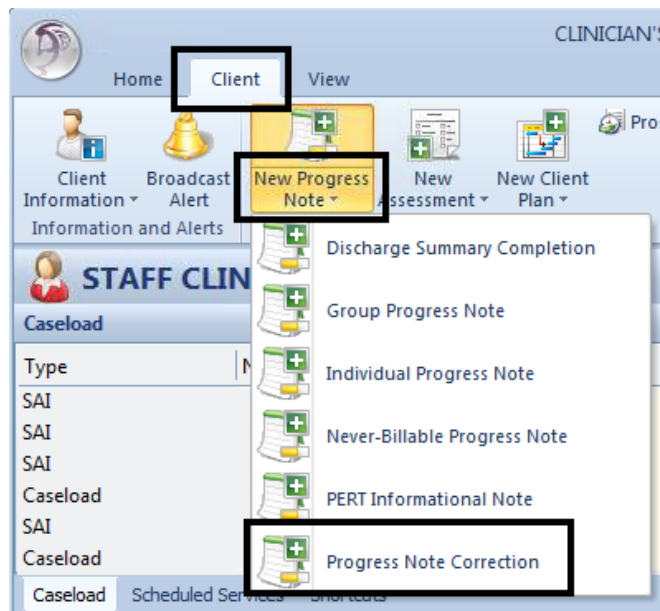
- ✓ Encounter did not occur
 - ✓ Wrong date of encounter
 - ✓ Duplicate progress note and encounter
 - ✓ The encounter should have been entered as NEVER billable activity (I.E. informational note)
 - ✓ The non-billable service code should have been entered as an informational note
 - *If you have a non-billable service code that needs to be an informational note, skip to step 4. Non-billable 800 series codes are never claimed.*
1. Contact your administrative support staff to check the status of the billing.
 2. Your administrative support staff may have to work through their process to take care of the entered encounter.
 3. Once the admin's process is complete, the administrative staff will let you know.
 4. Call the Optum Support Desk to void the progress note.
 5. **If necessary**, enter the information in an informational progress note, or re-enter the information on the correct date.

Complete an informational note- (CLAIMED/PAID/DENIED) it is possible that something is incorrect within the encounter, but it does not require a correction to the original note. Some of the billing corrections are made on the back end between your administrative staff and the MHBU, but still need to be documented on the front end. This can occur in the following situations:

- ✓ Encounter did not occur - when the encounter is claimed/ paid/ denied
 - ✓ Wrong date of encounter - when the encounter is claimed/ paid/ denied
 - ✓ Duplicate progress note and encounter- when the encounter is claimed/ paid/ denied
 - ✓ Change encounter to never billable activity- when the encounter is claimed/ paid/ denied
 - ✓ Wrong billing indicator - when the encounter is claimed/ paid/ denied
 - ✓ Wrong service code- when the encounter is claimed/ paid/ denied
 - ✓ Change service code for the entire group to a non-billable service code- when the encounter is claimed/ paid/ denied
 - ✓ One client was included in the group that should not have been- when the encounter is claimed/ paid/denied
1. Contact your administrative support staff to check the status of the billing.
 2. Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period.
 3. Once the admin’s process is complete, the administrative staff will let you know.
 4. Enter an informational progress note using the “Progress Note Correction”** note for each client in the group.

**If the encounter should have been never billable, enter the “Never-Billable Progress Note” instead of the “Progress Note Correction”.

5. Complete your entry the same day and final approve the note as normal.



Edit the progress note and keep the encounter (NOT CLAIMED)- it is possible that only the narrative needs edits and the encounter is fine. This can occur in the following situations:

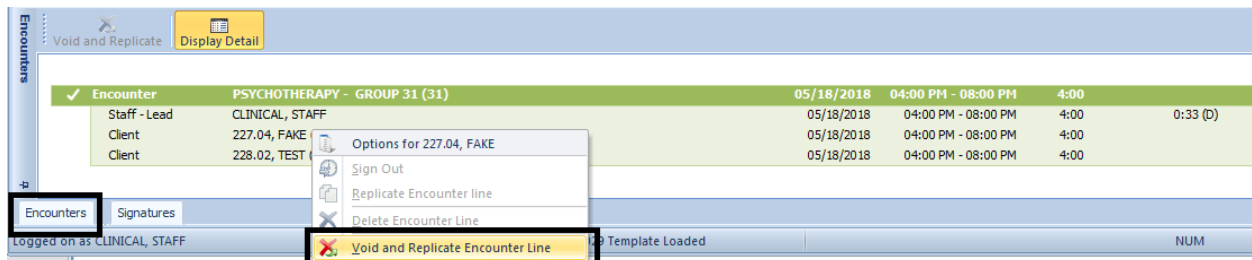
- ✓ Wrong or insufficient information in the narrative and it is still within 14 days from the date of service.
1. Contact your administrative support staff to check the status of the billing.
 - **STOP:** *If there is wrong of insufficient information in the client narrative and the encounter is post 14 days, claimed, paid or denied, contact QIMatters.HHSA@sdcounty.ca.gov.*
 2. Once the admin’s process is complete, the administrative staff will let you know.
 3. Call the Optum Support Desk to void and replicate the progress note.
 4. Double click on the narrative you would like to open for editing. The narrative box will become yellow when you are able to type into it.

5. Complete any needed edits to the client narrative and then select the save icon.

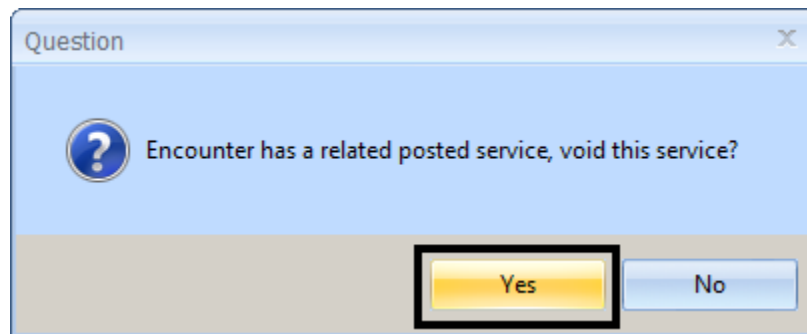
6. Complete your edits the same day and final approve the note as normal. Co-Signatures will be needed again, if applicable.

Keep the progress note and edit the billing indicators (**NOT CLAIMED**) - it is possible that only the client billing indicators need edits and the client narrative, service code, and time is fine. This can occur in the following situations:

- ✓ Wrong billing indicator which affects billing (Lockouts, No-Show, DAS)- when the encounter is **not** claimed
 - ✓ Wrong billing indicator which does NOT affect billing- when the encounter is **not** claimed
1. Contact your administrative support staff to check the status of the billing.
 - *If the encounter is claimed, paid or denied, please refer to the matrix for the applicable appendix.*
 2. Select the “Encounters” pane. Right click on the client’s name that needs edits to the billing indicators, and select “Void and Replicate Encounter Line.”



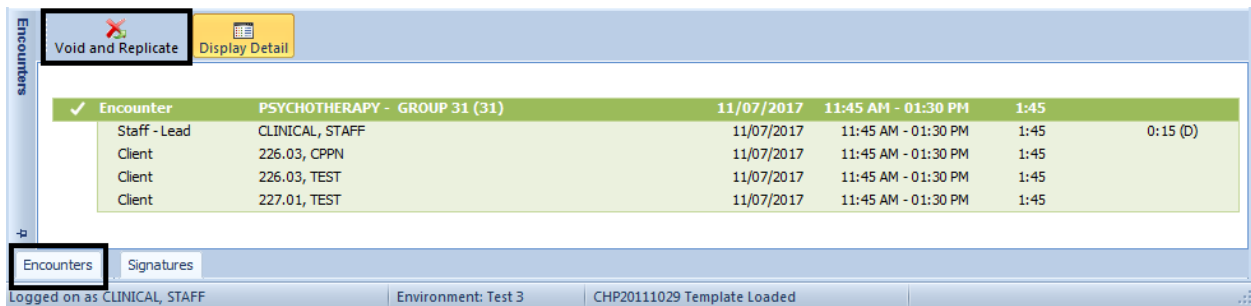
3. This will void the existing encounter and allow you to make a minor change. A confirmation box will appear; select “Yes.”



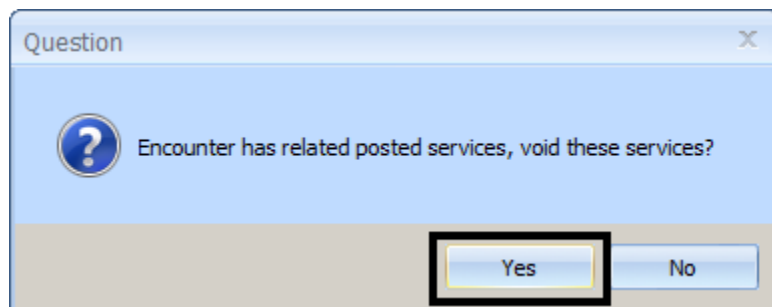
4. Complete any needed edits to the encounter and then select “Save.”
5. Complete your edits the same day and final approve the note as normal. Co-Signatures will be needed again, if applicable.

Keep the progress note and edit the encounter (NOT CLAIMED) - it is possible that only certain portions of the encounter (service code, service time, travel time, documentation time) need edits and the client narrative is fine. This can occur in the following situations:

- ✓ Wrong Service code (for the entire group)- when the encounter is not claimed for any client in the group
 - ✓ Time data entry error- when the encounter is not claimed for any client in the group
 - ✓ Change service code (for the entire group) to a non-billable service code- when the encounter is not claimed for any client in the group
 - ✓ Progress note was final approved after 14 days- when the encounters is not claimed for any client in the group
1. Contact your administrative support staff to check the status of the billing for each client in the group.
 - *If the encounter is claimed, paid or denied, please refer to the matrix for the applicable appendix.*
 2. Call the Optum Support Desk to void and replicate the progress note.
 3. Select the “Encounters” pane. Click “Void and Replicate.”
 - *This option will only be enabled after the note has been voided and replicated by the Optum Support Desk.*



4. This will void the existing encounter for each client and allow you to make changes. A confirmation box will appear; select “Yes.”



To edit the encounter:

- Select the “Encounters” pane and double click on the encounter line that needs editing.
 - To edit the originally entered service code or service, travel, or documentation time double click on the server’s name.
 - To edit an individual client’s billing indicator double click on the client that needs editing.

Encounter	REHAB-GROUP 35 (35)	11/21/2017	03:00 PM - 04:00 PM	1:00
Staff - Lead	CLINICAL, STAFF	11/21/2017	03:00 PM - 04:00 PM	1:00
Client	227.04, FAKE	11/21/2017	03:00 PM - 04:00 PM	1:00
Client	227.05, TEST	11/21/2017	03:00 PM - 04:00 PM	1:00

***Reminder: If you are changing the service code of a planned encounter, you must unlink the objectives/intervention in the “Related Client Plan” for each client with a planned encounter first, and save. If you are changing the service code to a different planned encounter, you must re-link the objective/interventions in the “Related Client Plan”, and save.*

5. If you are changing the service code of a planned encounter, you must unlink the objectives/intervention in the “Related Client Plan.” Select the edit icon.

▼ **Related Client Plan**



Client Plan - AOA Outpt / FSP Client Plan

Revision: 1.02 Start: 08/27/2017 End: 06/01/2018

Intervention(s)

Objective(s)

PSYCHOTHERAPY - GROUP 31 [31]

Develop Recreation/Leisure Activities

Identity Issues: Cultural/G...

6. Unselect the intervention by clicking on the green check box.

▼ **Related Client Plan**

Client Plan - AOA Outpt / FSP Client Plan

Revision: 1.02 Start: 08/27/2017 End: 06/01/2018

Intervention(s)

Objective(s)

COLLATERAL GROUP 40 [40]


Develop Recreation/Leisure Activities Identity Issues: Cultural...

PSYCHOTHERAPY - GROUP 31 [31]

REHAB-GROUP 35 [35]




7. If you are changing the service code to a different **planned** encounter, you must re-link the objectives/intervention in the “Related Client Plan,” and save. If the service code is being changed to an unplanned service code, including the 800 series codes, simply select the save icon.
 - *If this step is not completed, the encounter will be considered ‘Unplanned,’ even if the service code is listed as an intervention in the client plan.*

.....

▼ **Related Client Plan** 

[Client Plan - AOA Outpt / FSP Client Plan](#)

Revision: 1.02 Start: 08/27/2017 End: 06/01/2018

Intervention(s)	Objective(s)	
COLLATERAL GROUP 40 [40] PSYCHOTHERAPY - GROUP 31 [31] REHAB-GROUP 35 [35]		 

.....

8. Complete any needed edits to the encounter and then select “Save.”
9. Complete your edits the same day and final approve the note as normal. Co-Signatures will be needed again, if applicable.

One client in a group is non-billable, needs to be disallowed (PAID/DENIED) - it is possible that **one client** in a group needs to be corrected to be non-billable or disallowed but all the other client services are fine. This can occur in the following situations:

- ✓ One client in the group needs to be disallowed
- ✓ One client in the group needs to be non-billable

1. Contact your administrative support staff to check the status of the billing.
 - *The encounter MUST be paid or denied to complete the correction process. If the encounter is not claimed, or is pending payment you must WAIT.*
2. Your administrative support staff will have to work through their process to take care of the entered encounter. There will be a waiting period.
3. Once the admin’s process is complete, the administrative staff will let you know.
4. Enter in an individual progress note (Service code 802), for the one client, on the same date of service as the original group.
 - “[NAME] attended group on [DATE]. The service was voided with the MHBUS, void batch # _____, due to [REASON]. Reentry is a non-billable service. See original group note, form # _____, for clinical documentation.”
 - The service time entered will be the total time originally claimed for the client’s service.
 - i. If necessary, see the Client Services Report for the exact amount of **server time** claimed. Enter this in the server time. Documentation and travel time should be left blank, as they are already included in the server time.

Client Services Report
SAN DIEGO COUNTY MENTAL HEALTH

Page : 1

*** Selections ***

Client Selection:
Assignment Unit Selection:
Assignment SubUnit Selection:
Service Code Selection: 35 REHAB-GROUP 35
Server Selection:
Service Date Selection:
Travel Time is included with Server Time
Documentation Time is included with Server Time
Collateral Server Time is NOT included

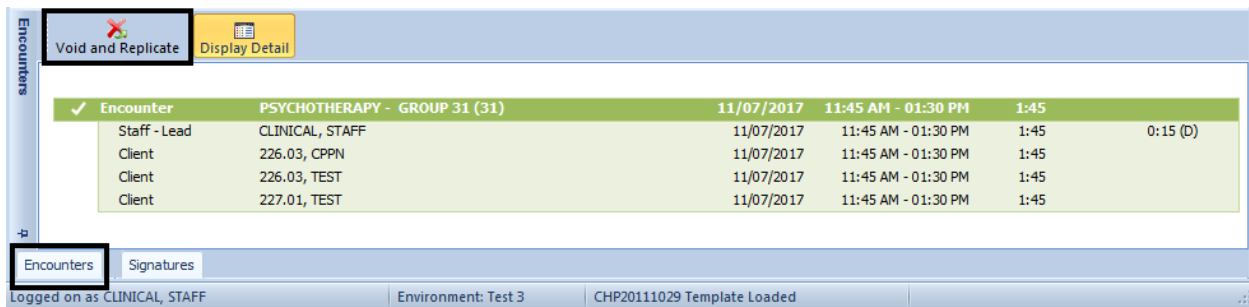
Report Staff : AZ156RAK Date : 12/20/2017
Time : 11:58

Case #	Client Name	Sub-Unit	Server Unit	Svc. ID	Svc. Code	Procedure Code	Svc. CatA	Svc. CatB	S	A	Service Date	Client Hours	Units	Contacts	Server Hours	Client Count
				35	H2017-HE		REHB		E	1	06/22/2017	1.53	1.65	1	0.41	
Report Totals:												1.53	1.65	1	0.41	0

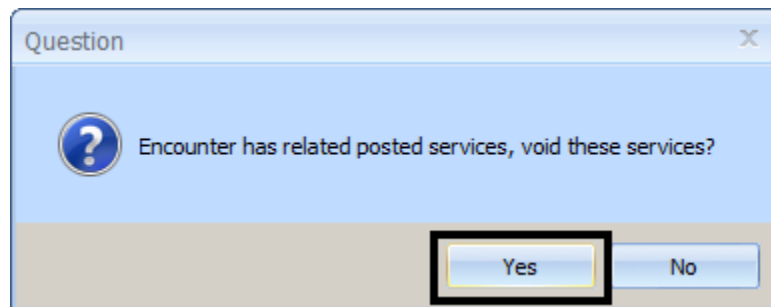
- Final Approve the individual note as normal.

One client was included in the group that should not have been (NOT CLAIMED) - it is possible that **one client** in a group needs to be removed from the group. This can occur in the following situations:

- ✓ One client was included in the group that should not have been
1. Contact your administrative support staff to check the status of the billing.
 - *If the encounter MUST not be claimed for ANY of the clients in the group to complete the correction process.*
 - *If the encounter is claimed, paid or denied, please refer to the matrix for the applicable appendix.*
 2. Call the Optum Support Desk to void and replicate the progress note.
 3. Select the “Encounters” pane. Click “Void and Replicate.”
 - *This option will only be enabled after the note has been voided and replicated by the Optum Support Desk.*



4. This will void the existing encounter for each client and allow you to make changes. A confirmation box will appear; select “Yes.”



5. Right click on the client’s name in the list of clients in the group, and select “Delete from Progress Note Event.” This will delete the encounter information as well as any clinical documentation.
6. Complete your edits the same day and final approve the note as normal. Co-Signatures will be needed again, if applicable.

