

CG Frequently Asked Questions

Clinician's Gateway Operations

- Q. What do I do if I notice that Clinician's Gateway (CG) is not acting "normally"?
- A. Call MIS Help Desk at 681-4006. From a County phone, you may call X4006. Explain the problem to the technician or leave a message. Someone will call you back.

Clinician's Gateway Errors

- Q. What do I do if I find a finalized note that was written with **errors**?
- A. If the error applies to any billing data, the note should be faxed immediately to MIS with a deletion form (see below), and a correct note entered into CG.
- Q. What are the steps for getting a **note deleted**?
- A. Print out the deletion form and complete it. The approved reasons for deleting a note are below and are on the deletion form. Check one or more on the form – these are the **ONLY** approved deletion reasons:
1. Wrong client
 2. Duplicate service**
 3. Wrong procedure code
 4. Wrong staff (on co-staff or multi-staff note)
 5. Wrong facility/program
 6. Wrong service date
 7. Wrong treatment location
 8. Wrong number of clients in group
 9. Wrong service minutes/hours
 10. Wrong Diagnosis (MDs)
 11. Text includes a HIPAA violation
 12. Service is not covered by MediCal – also usually means wrong code

Please NOTE: Incorrect text (other than a HIPAA violation) is not an approved valid deletion reason, but it can often be corrected by writing an addendum at the bottom of the finalized note.

- B. Sign the form – only the primary clinician may sign for their note – no one else. A real signature is required – no stamps. Be sure to block the client NAME before faxing – not the number.
- C. FAX the form and the wrong note to the MIS FAX number on the form. DO NOT include the correct note. DO NOT FAX more than once.

- Q. When do I FAX my note?
- A. FAX the note as soon as the error is discovered. If notes are not submitted until after the service is claimed, the process is lengthened considerably.
- Q. Where do I get the deletion form?
- A. Click on the following link:
http://www.countyofsb.org/uploadedFiles/admhs/Clinician_Gateway/Request%20to%20Delete%20Note%20from%20Clinicians'%20Gateway.dot
- B. Print out and complete, following directions.
- Q. Why is my note still in CG after I FAXed it for **deletion**?
- A. Notes are actually removed from sight in CG only in certain instances. Otherwise, the notes are “flagged” for the error after the service has been removed from the billing system. Open the note you submitted for deletion to the print preview. You will see a **bright pink banner** across the top section of the note. The deletion code and reason will be in that pink banner. If for some reason you do not see the deletion notation, please call the MIS Help Desk.
- B. If you think your note may have not reached the proper location because you still see it in CG without a deletion flag, please call the MIS Help Desk.
- Q. How long does it take for my note to be “**deleted**” after I FAX it?
- A. Generally, the service is removed from the billing system (ShareCare) the same day it is FAXed.
- i. Exceptions: When the note has been finalized the same day it is FAXed, it will not be in the billing system until the next day. It will be removed from billing as soon as it appears in the billing system.
- ii. If the service has been claimed, the process is different. The service will not be removed from the billing system, but will be flagged in CG with an error description and a notation that the service has been claimed. The service will then be backed out of the claim by MIS and Fiscal staff.

Duplicate Services

- Q. Is there anything wrong with a client having **more than one service** on the same date?
- A. Medi-Cal will not pay for services for the same client on the same day, regardless of who provides the service; unless a duplicate override code is entered with the service in CG. Be aware when CG displays a window asking for a duplicate override code. You must enter the correct code for the service to be billed.
- i. These are the codes that you will choose from in CG:
- a. 4892 = Distinct Procedural Service
- b. 4893 = Repeat Procedure by Same Person
- c. 4894 = Repeat Procedure by Different Person

- B. If you are providing multiple services for the same client on the same day, be sure to document the note specifically for each service. Care should be taken to insure the service is billed for actual time down to the minute so that having different service elapsed times should not be too difficult. Never bill for more than the actual number of minutes.

Co-Staff Notes

- Q. Why do the notes that I have co-staffed not display in my **Finalized Service Records**?
 - A. The notes are displayed in the Primary Clinician's Finalized Service Records when there is only one co-staff. With Multi-staff notes, each clinician's note is stored in their Finalized Service Records. The Co-staff services are recorded for the co-clinician in their statistics and are captured in productivity reports.

- Q. How can I get "credit" on a Co-staff note for my facility/program?
 - A. The Primary clinician and Co-clinician must bill to the same facility/program. Therefore, the facility/program of the Co-staff will be paid for the total hours/minutes of the service.
 - i. If the Primary and Co-clinician are not able to bill to the same program, they must each write their own note.

 - B. On a Multi-Staff note, (a note with more than 1 Co-staff) the Primary clinician must select all of the Co-clinicians with their correct facility/program for the note. This method then enables the system to "credit" each facility/program for the appropriate portion of the service billing.

- Q. When I write a co-staff note, CG displays a **timestamp** for when I finalized my note, but when I review a note, CG does not show a timestamp for the review approval. How can I get CG to show when I approve a note?
 - A. When a co-staffed (or multi-staffed) note is finalized, your part of the note is electronically signed when you activate the Finalize or Approve button. However, as a Reviewer, you are not participating in writing the service documentation; approving or rejecting the note indicates you feel the note meets or does not meet Medi-Cal documentation standards. Therefore, the reviewer's timestamp is not necessary on a note.

Note Review

- Q. I am currently on **note review**, but when my supervisor or co-workers co-staff me, the note review doesn't work. What am I doing wrong?
 - A. A person on note review cannot be co-staffed. The system is not designed for that type of process. The person on note review can be a primary clinician with a co-staff, but the note has to go to the reviewer before it can go to the co-staff's pending box for addendum approval.

Treatment Plans

- Q. I am off note review, but CG is still forcing me to submit **treatment plans** (client plans) to my supervisor for review. Why is that?
- A. Treatment plans are not submitted for note review as service notes are. There is no note review for treatment plans. The regulations require that all treatment plans be **Authorized** by an LPHA**. If you are an LPHA, you have the ability to authorize the plan as an LPHA. If your supervisor prefers you to submit the plan to her/him for authorization, then select their name as the LPHA.
- Q. When does an online **treatment plan expire**?
- A. With a client's signature/date, the plan automatically is given an expiration date of 12 months in the future. If the plan is Revised and the previous client signature date is used (acceptable for minor changes), the plan will retain the existing expiration date. When the plan is within 60 days of expiring, the Renew button will appear for use. If you see a Renew button on the plan, ALWAYS use that button. The Renew button will automatically require a client signature/date and will forward the expiration date by 12 months.
- Q. What happens if the **treatment plan expires**?
- A. Every service except Crisis Intervention and Assessment must be covered by a treatment plan. Therefore, if the plan expires, the only services that will be allowed until a renewed plan is finalized are Crisis Intervention and Assessment and Non-Billable.
- Q. What happens to a treatment plan when a consumer transfers from one facility/program to another, or when another program begins additional services for the consumer? Are the services for the new program covered?
- B. A consumer's services must always be covered by a treatment plan, and each consumer may have only one plan at any given time. This means that any new programs that begin treatment must be added to the plan. This can be accomplished in two ways:
- i. The "new provider" (facility/program) may revise or renew the plan and add the interventions that apply to the services which will be provided to the consumer. The plan must be signed and dated by the consumer and authorized by an LPHA no later than day 60 after the admission.
 - ii. The existing or previous provider may make the changes to the plan to include the new provider. The previous provider may also edit the plan for the services they will provide or remove them if the consumer will no longer be receiving services at their program. (For any questions regarding the regulations or ADMHS policies covering treatment plans, contact Ned Wilson in Quality Assurance (newilson@co.santa-barbara.ca.us). For questions regarding the electronic treatment plan and how to complete it, call the MIS help desk at 681-4006.
 - iii. The admitting program may also complete a First Intake note, which, if completed properly, will include medical necessity for treatment. By completing the First Intake, all services, not just Crisis Intervention, Assessment and Non-Billable, will be covered until the plan is finalized.

The plan must still be finalized no later than day 60 after the admission.

- Q. I have updated my consumer's **treatment plan** and finalized it, but the expiration date has not changed.
- A. If the plan is close to expiration, and the Revise button is used instead of the Renew button, and the original client signature/date is used, the plan expiration date will not change. In these cases, if you have a paper plan that was signed and dated by the consumer, call the Help Desk. With a copy of that signed plan, an MIS technician may change the dates of the plan if everything on the plan is in order.
- Q. Our **treatment plan** cannot be finalized because the LPHA is out of the office on extended leave or has left the agency, and they didn't authorize. What can we do?
- A. If the plan is already in "Authorizing" status, call the MIS Help Desk immediately. A technician can change the LPHA for you.
- B. If the plan is still in "New" status, you may open the plan, click on Edit and change the LPHA.
- Q. Our treatment plan has the **wrong start date** because we couldn't get the client's signature/date. How do we change the start date?
- A. It is illegal to backdate a plan. Therefore, CG will not allow users to backdate the treatment plan. If you have the client signature/date on a paper plan that is not reflected in the electronic plan, and the plan is finalized, call the MIS Help Desk.

Electronic Signature Agreement

- Q. There is a **red banner** about my Electronic Signature Agreement message across the top of my CG Home page. What is that about and how do I get rid of it?
- A. That red banner is reminding you that your Electronic Signature Agreement is going to expire soon, and you need to FAX in a new one. As soon as you submit a new form, your account will be updated. The update will be noticeable when you log into CG the next time.
- Q. Where do I get the form to renew my **Electronic Signature Agreement**?
- A. Click on the following link:
http://www.countyofsb.org/uploadedFiles/admhs/Clinician_Gateway/Electronic%20Signature%20Agreement.doc.
- B. Print form, complete and FAX.

*A duplicate service is not the first note written – it is the subsequent note(s). If you are submitting the original, check the correct reason for deletion.

**In Santa Barbara County, an LPHA is defined as: Any MH professional with one of the following licenses: MD (Psychiatrist), PSY license, RN (PMH), LCSW, MFT, IMF, ASW, and waived psychologists.