

## Cx360 SUD USER GUIDE

### Responding to a Request for Services

When an individual requests service at an SUD provider agency, that agency will **call the HealthWest UM team**. The UM team will determine if the individual is already receiving services, whether a chart exists already for that individual, and if appropriate, associate that individual's chart with the requesting agency.

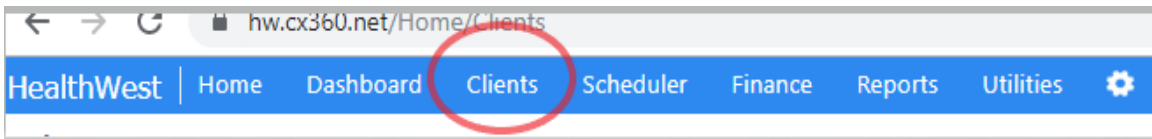
The HealthWest UM team will complete the following forms as part of this process, and will rely on information shared by provider agencies:

- **Call Log** (to document the request and referral info)
- **Client Profile** (demographics, name history, address history)
- **Incoming Referral**
- **Insurance**
- **Intake**
- **Program\***
- **Location\***
- **Staff Assignment\***

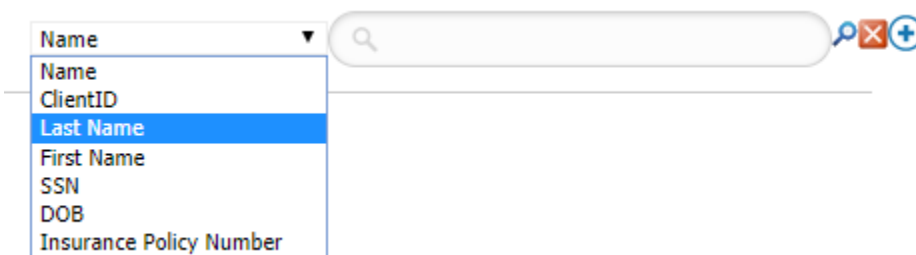
\* These forms are required for an individual to be associated to an agency and accessible by users who work at that agency. Once these forms are completed, provider agency staff can search for the individual and complete documentation in their chart.

### Searching for a Client

Click on "**Clients**" tab on top blue banner



**Search for existing clients in Client Chart** (by Name, Client ID, Last Name, First Name, SSN, DOB or insurance policy number) using the grey search bar in the upper right corner of the screen



\*If you enter an individual's full name when searching by *Name*, use the following format: *Last Name, First Name*

\**Insurance Policy Number* search criteria includes Medicaid ID as well as private insurance policy #, Medicare #, etc.

## Navigating the Client Chart

HealthWest TRAINING | Home Dashboard Clients Scheduler Finance Reports Utilities Welcome Plaska, Matthew

Clients Client Chart

Client Chart | Client Chart View | Facesheet View

McDonald, Ronald (1500538) (12/01/1999) Male

	Admit Date 12/03/2019 Last Visit	Address 123 Hamburger Blvd, Chicago, Cook, IL, 60607	Task	Presenting Problems Co-Dependency	Medications
		Phone			

Client Chart

- ▶ Client Management
- ▶ Medical/Health
- ▶ Assessments
- ▶ Treatment Plans
- ▶ Progress Notes
- ▶ Letters and Correspondence

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Clients Client Chart

Facesheet View | Client Chart View | Facesheet View

Client Profile

	ClientID 1500538
McDonald Ronald	Phone Number
	Date of Birth 12/1/1999
	Age 20 Year(s) 0 Month(s) 2 Day(s)
	SSN 323-23-2323
	Gender Male
	Ethnicity Not of Hispanic or Latino Origin
	Race White
	Preferred Language English
	Client Status Open
	Last Visit
	Primary Insurance Healthy MI - Blue Cross Complete

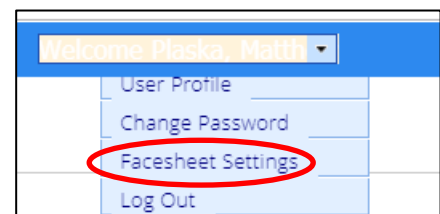
Quick Links

To Do

Client Contacts			To Do		
Last Name	First Name	Relationship	Task Name	Status	To Be Completed By
No records found.			No records found.		

Insurance					Client Name History		
Insurance Name	Priority	Policy Number	Effective Date	Termination Date	First Name	M.I	Last Name
Healthy MI - Blue Cross Complete	First	12321321312	12/2/2019	n/a	Ronald	n/a	McDonald

\* Facesheet View can be customized by the user by hovering over the User Name in the top blue menu bar, clicking on "Facesheet Settings" and selecting/unselecting each of the available items.



## Updating Client Information

Navigate to the desired form within the *Client Management* chart section. Select the icon to add new records and the icon to view a list of existing records for that particular form.

Last updated: 12/3/19

## McDonald, Ronald (1500538) (12/01/1999) Male



Admit Date  
12/03/2019  
Last Visit

Address  
123 Hamburger Blvd, Chicago, Cook, IL, 60607  
  
Phone

### Client Chart

#### ▼ Client Management

- BHTEDS Start
- BHTEDS End
- Call Log
- Client Address History
- Client Contacts
- Client Name History
- Client Profile

Clients McDonald, Ronald (1500538) (DOB: 12/01/1999) > Client Chart > Client Address History

Address Line 1	City	County	State	Zip Code	Valid From	Valid To
123 Hamburger Blvd	Chicago	Cook	IL	60607	12/3/2019	n/a

Showing 1-1 of 1 items | Refresh

### Completing Required Documentation to Begin Services

After the HealthWest UM team creates the client chart and associates that chart with the requesting SUD provider agency, provider staff will then complete the following prior to submitting a service authorization request:

- Review documentation entered by HW UM team to ensure accuracy and update as needed (especially if key pieces of information such as Medicaid ID, insurance info, SSN, etc. was not known at the time of request.
- Complete the remaining required forms:
  - **ASAM** (found in Assessments accordion)
  - **Diagnosis DSM 5**
  - **Population Indicator**
  - **SUD BH-TEDS Start**
- Submit to HW UM:
  - **Service Authorization Request** (found in Treatment Plan accordion)

#### ▼ Treatment Plans

- Service Authorization
- Service Authorization Request

Record - View: **New Service Authorization Request** OK Cancel

\* - indicates a required field

**General**

Request Date\*

Request From\*

Request To\*

For the Plan N/A

\* - indicates a required field OK Cancel

---

Quick Find **New SAR Services** Actions - Report -

Program	Service	Requested Units	Authorized Units	Provider Type	CAP Provider
No records found.					

Refresh

**General**

Program **--Please Select--** ▼

Service\*

Requested Units\*

Provider Type\*

\* - indicates a required field

## Documenting Services

Throughout the duration of services, SUD agencies will then submit encounters one of three ways:

- **SUD CAP Encounter Form** (direct entry into Cx360)
- 837 file import
- Custom invoices/paper claims (submitted to HW for entry into Cx360)

▼ Progress Notes

- CAP Encounter
- CAP Encounter (Manual Entry)
- SUD CAP Encounter**

Navigate to the Progress Note section, and select the icon to add an **SUD CAP Encounter**.

**Claim Information**

Record -

\* - indicates a required field

**CAP Information**

CAP Provider Cherry Health

CAP Service

Location\*

CAP Contract\*

CAP Rendering Provider\*

**Claim Information**

HW CAP ClaimID N/A

CAP Claim ID

Total Bill Amount\*


Place of Service\*

Claim File Type\*

Diagnosis 1\*

View: **New SUD CAP Encounter** -

OK Cancel **Save As Draft**

Click on the  icon to open a form to add Service Information. Complete all required fields, and include applicable modifiers.

### Service Information

Start Date *	<input type="text"/>
End Date	<input type="text"/>
Service Name *	(select)
Program *	(select)
CPT Code *	<input type="text"/>
HCPCS Code *	<input type="text"/>
Modifier 1	<input type="text"/>
Modifier 2	<input type="text"/>
Modifier 3	<input type="text"/>
Modifier 4	<input type="text"/>
Duration *	<input type="text"/>
Units *	<input type="text"/>
Place of Service *	(select)
Service Bill Amount *	<input type="text"/>
Maximum Allowed Payment	N/A
Diagnosis 1 *	(select)

### Ending Services

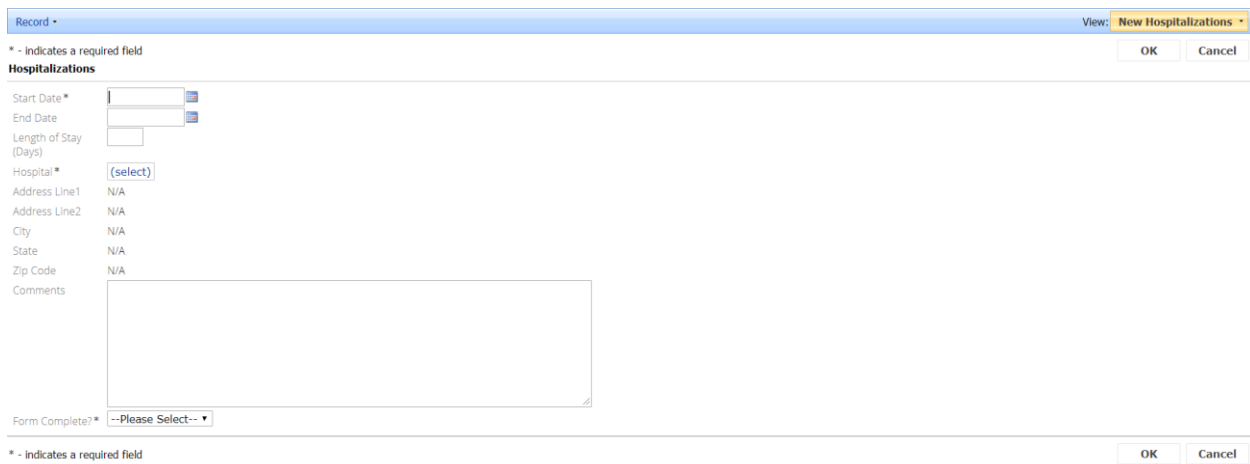
At the conclusion of treatment, SUD agencies will complete the following:

- **SUD BH-TEDS End**
- **Program** (end date)
- **Location** (end date)

If the individual is no longer receiving services from *any* provider, the HW UM team will put an end date on the Intake Form (otherwise, Intake will remain “open”).

### Additional Documentation

The **Hospitalization** form will be used to track all inpatient admissions, including SUD Subacute Detox.



Record - View: New Hospitalizations -

\* - Indicates a required field

**Hospitalizations**

Start Date \*

End Date

Length of Stay (Days)

Hospital \* (select)

Address Line1 N/A

Address Line2 N/A

City N/A

State N/A

Zip Code N/A

Comments

Form Complete? \* --Please Select--

\* - indicates a required field

OK Cancel