



**CRISP**

# eCW OB Authorization SMART Form User Training Guide

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## Topics:

- Creating New Pregnancy
- Documenting in OB Flowsheet
- Accessing OB Authorization SMART Form
- Completing OB Authorization SMART Form
- Saving OB Authorization SMART Form in Patient Documents
- Retrieving OB Authorization SMART Form to Fax
- Faxing OB Authorization SMART Form
- Verifying OB Authorization SMART Form was faxed successfully



# eCW OB Authorization SMART Form

**Step 1:** For your new OB patient, create an appointment using the New OB Visit Type and access the progress note as usual.

**Step 2:** Go to the OB Flowsheet for the patient and create a new pregnancy to start the OB visits for the patient.

Flow Sheet | Form A | History | Risks | Genetics | EDD | **Preg List**

## Pregnancy List

Preg Id	Status	Father of Baby			Details
		First Name	M. Initial	Last Name	

**No active pregnancy exists for this Patient.**

**Please Create a new Pregnancy.**

**Create New Pregnancy**





# eCW OB Authorization SMART Form

**Step 3:** Enter the information requested on Form A and the EDD tabs in the OB Flowsheet as usual.

Flow Sheet | **Form A** | History | Risks | Genetics | EDD

Lock Copy Defaults

**Previous Pregnancies**  
(Enter only numbers in the fields below)

Total Preg.	<input type="text"/>	▼
Full Term	<input type="text"/>	▼
Premature	<input type="text"/>	▼
AB. Induced	<input type="text"/>	▼
AB. Spontaneous	<input type="text"/>	▼
Living	<input type="text"/>	▼

Flow Sheet | Form A | History | Risks | Genetics | **EDD** | Preg List | Problem List

Lock

**Initial EDD (Please enter date in mm/dd/yyyy format only)**

	Date	Weeks	Days	EDD	
LMP	<input type="text"/> ▼	<input type="text"/>	<input type="text"/>	<input type="text"/> ▼	Sel
Initial Exam	<input type="text"/> ▼	<input type="text"/>	<input type="text"/>	<input type="text"/> ▼	Sel
Ultrasound	<input type="text"/> ▼	<input type="text"/>	<input type="text"/>	<input type="text"/> ▼	Sel
Addl.Ultrasound	<input type="text"/> ▼	<input type="text"/>	<input type="text"/>	<input type="text"/> ▼	Sel

Initial EDD **07/09/2018** Make Final EDD

Initials



# eCW OB Authorization SMART Form

**Step 4:** Add a New Visit on the Flowsheet tab and enter patient vitals and other data. Complete other tabs on the OB Flowsheet as usual.

Flow Sheet | Form A | History | Risks | Genetics | EDD | Preg List

Prenatal Flow Sheet [Click to view all visits](#) Vitals:

Date	Weeks Gest.	Fundal ht. (cm)	Blood Pressure	Ht (in.)	Nausea	Weight (lbs.)	BMI	Heart
11/07/2017	5 w 1 d		130/85	65		185		

Add New Visit

**Step 5:** Click the drop-down arrow next to the SMART Form (SF) box and highlight the Obstetrical Auth to open the Obstetrical Authorization & Initial Assessment form.

SF

- Asthma
- Audit-C
- Initial Visit
- M11-O
- Obstetrical Auth
- Patient Progress
- PHQ2
- PHQ9

Scribe Orders



# eCW OB Authorization SMART Form

**Step 6:** The header portion of the form will pre-populate with the patient's demographics data along with data entered on the various tabs of the OB Flowsheet. User will need to complete the Date for the following 4 fields:

- Date Completed/Updated
- Submission Date
- EDC Date (estimated date of conception)
- 1<sup>st</sup> Prenatal Visit

And indicate the patient's preferred facility for delivery.

**Obstetrical Authorization & Initial Assessment**

**1** DATE COMPLETED / UPDATED: [Dropdown]

**2** Submission Date: [Dropdown]

**3** EDC (MM/DD/YYYY): [Dropdown]

**4** 1st Prenatal Visit (MM/DD/YYYY): [Dropdown]

**5** Hospital / Birthing Center for Delivery:  HUH,  Providence,  UMC,  MHC,  GWUH,  Other

Member Information: Gall Testing

Member ID or MA Recipient No. 70000000	Date of Birth (MM/DD/YYYY) 11/25/1965	Age 51 Y	Home Phone 410-328-0505	Alternate Phone 202-210-7099	1st Prenatal Visit (MM/DD/YYYY) [Dropdown]
Primary Language NOT English <input type="checkbox"/>	Language Spoken (if not English) English	EDC (MM/DD/YYYY) [Dropdown]	BMC 30.786	TAB 1	Live Births 1
Gestational Age (weeks) 5	Gravida 2	Para 0			

Current Medications: Artabuse, Lipitor

Amerihealth Fax: 888-603-5526 Phone: 877-759-6883  
HSCSN Fax: 202-721-7193 Phone: 866-937-4549  
MedStar Fax: 202-243-5496 Phone: 855-210-6203  
Trusted Fax: 202-821-1098 Phone: 202-821-1096

DHCF



# eCW OB Authorization SMART Form

**Step 7:** Complete the following sections by checking the appropriate box. Check the N/A or the No box when this situation does not apply to this patient.

**Past OB Complications/Current Risk Factors Check all that apply (P=past pregnancy C=current pregnancy)**

**17-P Administration**

P

C

N/A

**Abnormal Placenta**

C

N/A

**Anemia Hb < 10**

C

N/A

**Asthma**

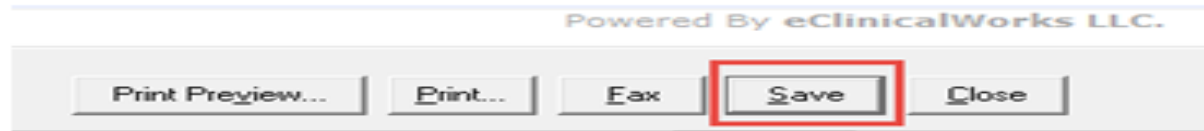
C

N/A



# eCW OB Authorization SMART Form

**Step 8:** Click the SAVE button at the bottom of the form to save the OB Authorization and Initial Assessment form into today's progress note for the patient. The form will display in the Social History section of the progress note. The form is also saved in patient documents.



**Step 9:** Faxing the Form: Locate the form in patient documents and select it. Then click the Fax button.

Patient Documents

Search OCR **Fax** Pt Hub Print Ink MODI Multi Doc eClniForms View < 1 > 1 page(s)

DATE COMPLETED / UPDATED:  
11/07/2017

**Obstetrical Authorization & Initial Assessment**

Amerihealth Fax: 888-603-5526 Phone: 877-759-6883	MedStar Fax: 202-243-5496 Phone: 855-210-6203
HSCSN Fax: 202-721-7193 Phone: 866-937-4549	Trusted Fax: 202-821-1098 Phone: 202-821-1096
Submission Date: <u>11/07/2017</u>	Provider Name: _____
Health Plan:	<u>TEST</u>
Member Information: <u>AMANDA</u>	NPI or Provider Name: _____
<u>TESTING</u>	Phone Number: _____
	Fax Number: _____





# eCW OB Authorization SMART Form

**Step 10:** Find the organization to where the form is to be faxed. (Note: Organizations should be set up as a Referring Provider in the system for easy retrieval and to auto-populate the organization's fax number along with other fields in the Fax To section.)

**Fax Preview**

**To**  
Name: [Ref Physici] [Browse]  
To Fax: [ ] - [ ]  
CC Fax: [Ref Physici] [Browse]  
Subject: Custom Forms  
Company: [ ]

**From**  
Name: [ ]  
Provider: [ ]  
Voice #: [ ]  
Company: [ ]  
Facility: [ ] [Browse...]

**Providers**

Provider Types: [Referring Providers] [All] [My Favorites]  
Search provider: [ ] [All Specialties] [Add] [Update]

Web	Provider Name	Specialty	Telephone	Fax	Address	City
	AmeriHealth, Insurance		877-759-6883	888-603-5526		
	HSCSN, Insurance		866-937-4549	202-721-7193		
	MedStar, Insurance		855-210-6203	202-243-5496		
	Trusted, Insurance		202-821-1096	202-821-1098		

**Fax Preview**

**To**  
Name: AmeriHealth, Insurance [Ref Physici] [Browse]  
To Fax: [ ] - [888-603-5526]  
CC Fax: [Ref Physici] [Browse]  
Subject: OB Authorization Form  
Company: AmeriHealth, Insurance

**From**  
Name: [ ]  
Provider: [ ]  
Voice #: [ ]  
Company: [ ]  
Facility: [ ] [Browse...]

DATE COMPLETED / UPDATED:  
11/07/2017

**Obstetrical Authorization & Initial Assessment**



# eCW OB Authorization SMART Form

**Step 11:** Click the Send Fax button to send the OB Authorization and Initial Assessment form to the select organization.

**Fax Preview**

**To**  
Name: AmeriHealth\_Insurance Ref Physicist [Browse]  
To Fax: [ ] - [888-603-5526]  
CC Fax: [ ] Ref Physicist [Browse]  
Subject: OB Authorization Form  
Company: AmeriHealth\_Insurance

**From**  
Name: [ ]  
Provider: [ ]  
Voice #: [ ]  
Company: [ ]  
Facility: [ ] [Browse...]

**DATE COMPLETED / UPDATED:**  
11/07/2017

**Obstetrical Authorization & Initial Assessment**

**Amerihealth Fax: 888-603-5526 Phone: 877-759-6883**  
**HSCSN Fax: 202-721-7193 Phone: 866-937-4549**

**MedStar Fax: 202-243-5496 Phone: 855-210-6203**  
**Trusted Fax: 202-821-1098 Phone: 202-821-1096**

**Submission Date:** 11/07/2017  
**Health Plan:**  
**Member Information:** AMANDA TESTING

**Provider Name:** Heather Rivasplata, NP TEST  
**NPI or Provider Name:** 1841379252  
**Phone Number:** Ph: 202-386-7020  
**Fax Number:** Fax:202-265-1970

Member ID or MA Recipient No.	Date of Birth (MM/DD/YYYY)	Age	Home Phone	Alternate Phone	1st Prenatal Visit (MM/DD/YYYY)
<u>70000000</u>	<u>01/27/1948</u>	<u>69 Y</u>	<u>202-547-0677</u>	<u>202-552-2309</u>	<u>11/07/2017</u>

Primary Language NOT English	Language Spoken (if not English)	EDC (MM/DD/YYYY)	BMI
<input type="checkbox"/>	<u>English</u>	<u>06/09/2017</u>	<u>25.68</u>

Gestational Age (weeks)	Gravida	Para	TAB	Live Births
<u>15</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>

Schedule    Signature    Print    Preview    Copy    **Send Fax**    Cancel     Show/Hide Panels



# eCW OB Authorization SMART Form

**Step 12:** A copy of sent fax will be stored in the Patient's Fax Logs as confirmation that it had been sent. To view the document, click the View button on the bottom of the screen.

The screenshot shows a window titled "Patient Faxes" with a table containing the following data:

<input type="checkbox"/>	Sent By	Provider	To Name	Fax No	Fax Status	Sent Date
<input type="checkbox"/>	Costello,		AmeriHealth, Insurance	888-603-5526	Logged	

At the bottom of the window, there are navigation buttons: "<<", ">>", "View (Default viewer)", "View (Picture & Fax Viewer)", and "Cancel". The "View (Default viewer)" button is highlighted with a red box, and a red arrow points to it from the right.