

# **ADMINISTRATOR OVERVIEW TRAINING MANUAL**

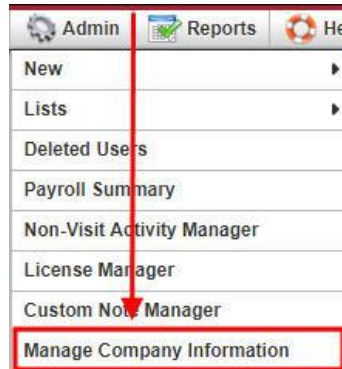
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## MANAGE COMPANY INFORMATION:

*Admin/Manage Company Information*



The following window opens and requires the signature of someone with the Administrator role in their user profile. After entering a signature, select the “Proceed” button.

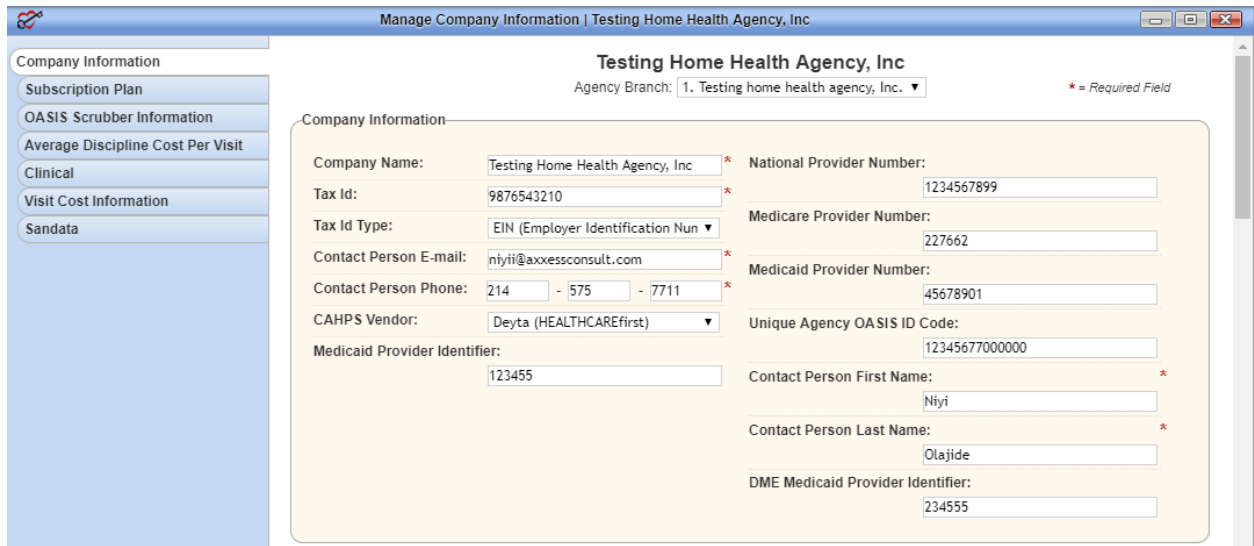


**NOTE:** For updating Signature. See Office Overview.

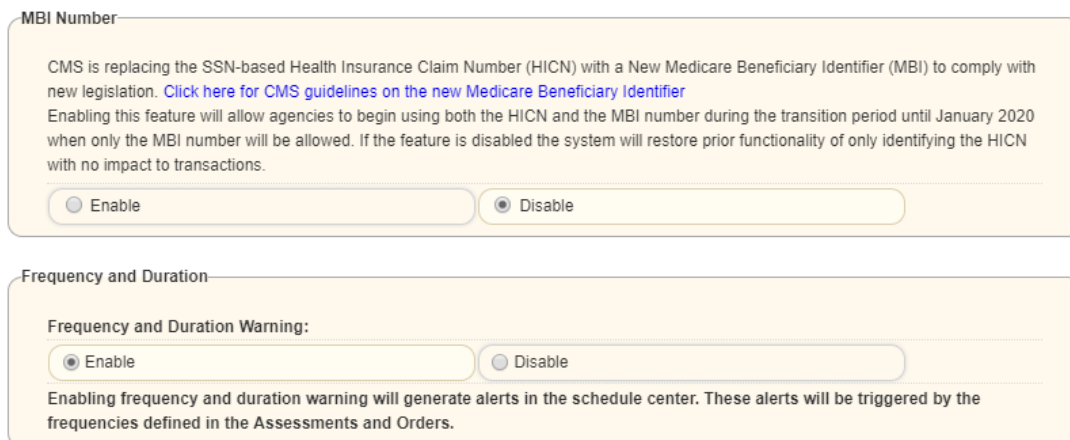
Manage Company Information is split up into 7 tabs found on the left side of the window

1. **Company Information** – Where you enter your agency’s information. ID’s and Provider Numbers are retrieved outside of Axxess.

**NOTE:** Anything with a red asterisk (\*) means the information is required to save the page.



AgencyCore will accept MBI Numbers. This is a setting that must be enabled to use. Default is “Disable.” Alerts can be enabled in the Schedule Center based on frequency and duration according to previously entered orders and assessment answers. Default is “Disable.”



The agency must decide the date that books are closed by selecting a date on the calendar. A signature will be required for saving transactions dates on or before the closing date.

**NOTE:** If the “Disable Closing Date” check box is selected, users will be able to edit any records (permission-based) regardless of closing date.

Choose the Medicare Week from the drop-down. Default is Sunday-Saturday. Then users must decide if they would like “LUPA Claim Re-Calculation” and

“Therapy Upcoding-Downcoding” to be enabled for traditional Medicare and/or HMO/Managed Care Medicare.

Closed Accounting

Date through which books are closed: 06/30/2018

Axxess will require a signature when saving a transaction dated on or before the closing date.


Closing Date: 06/30/2018

☐ Disable Closing Date

**Warning! Disabling this feature will let users edit any records, regardless of closing date.**


Billing

Medicare Week: Sunday - Saturday

LUPA Claim Re-Calculation 

☒ Enable ☐ Disable

☒ Medicare (Traditional fee-for-service) ☒ Medicare (HMO/Managed Care)

Therapy Upcoding-Downcoding 

☒ Enable ☐ Disable

☒ Medicare (Traditional fee-for-service) ☒ Medicare (HMO/Managed Care)

Once Submitter Information has been received from Medicare it should be entered (if claims are being downloaded) along with the address of the location tied to the Submitter Information. Selecting the “Activity Logs” button will open a new window showing which users have changed data in the Company Information tab, and when the change was made. Any changes made should be followed by selecting the “Save” button.

Submitter Information (Medicare)

Submitter Id: SW23071 \* Submitter Phone Number: 111 - 111 - 1111 \*

Submitter Name: Axxess Healthcare Consult \* Submitter Fax Number: 111 - 000 - 1111 \*

Location

Name: 1. Testing home health agency, Inc. \* Primary Phone: 214 - 575 - 2222 \*

Address Line 1: 5410 North Lakewood Ave Fax Number: 222 - 000 - 2222

Address Line 2: Suite 701 Time Zone: Central Time

City: St. Paul

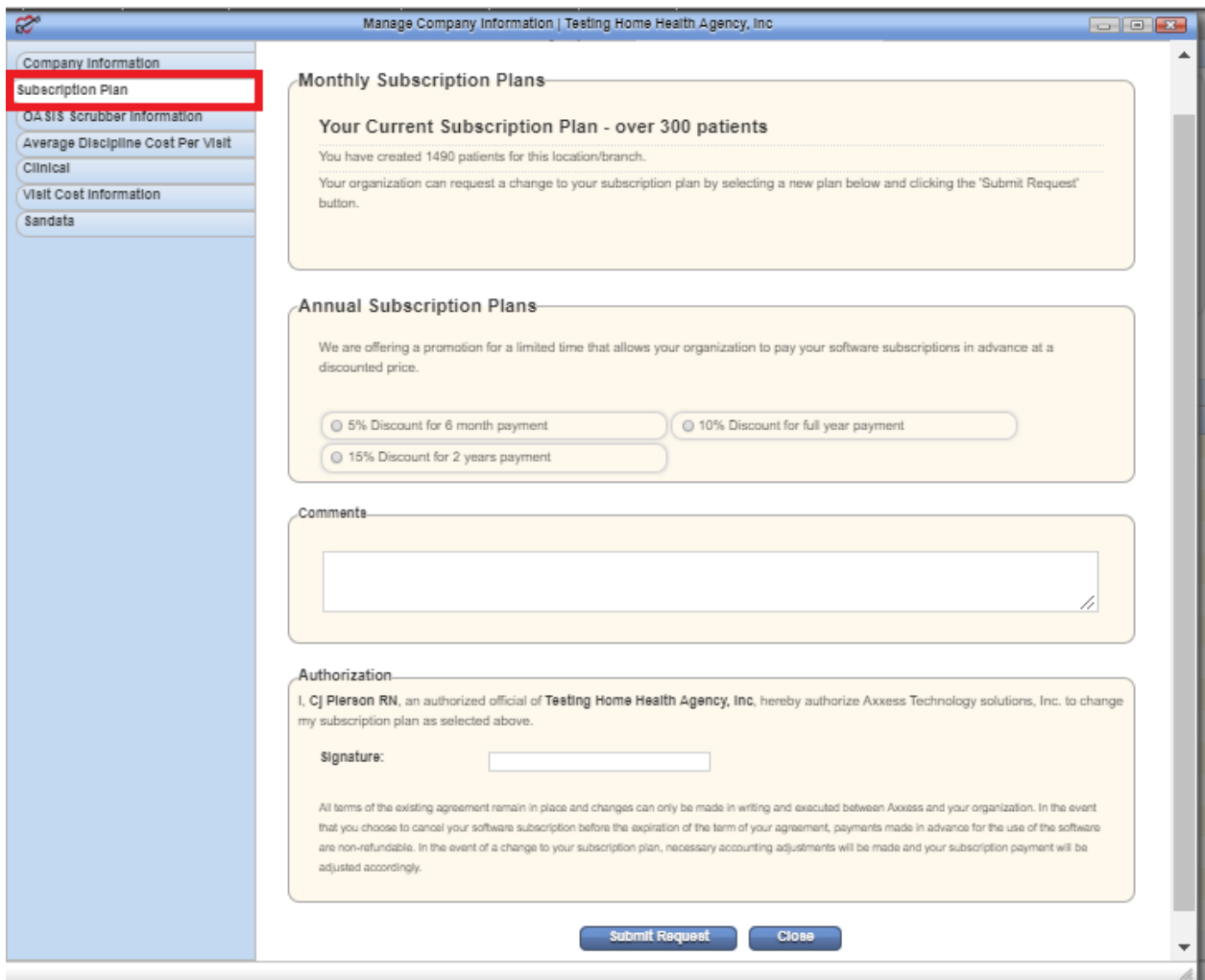
State: Minnesota

Zip: 55104 - 1122

Activity Logs

Save Close

1. **Subscription Plan** – In this section, the current monthly subscription plan is shown. This plan is based on the number of users. Active Census can be adjusted by writing in a request in the Comments section, entering the users electronic signature and selecting the “Submit Request” button. Upgrading the Plan can only be done through the request from here. If users want to downgrade their plan, they must enter a ticket in the Support Ticketing Center.




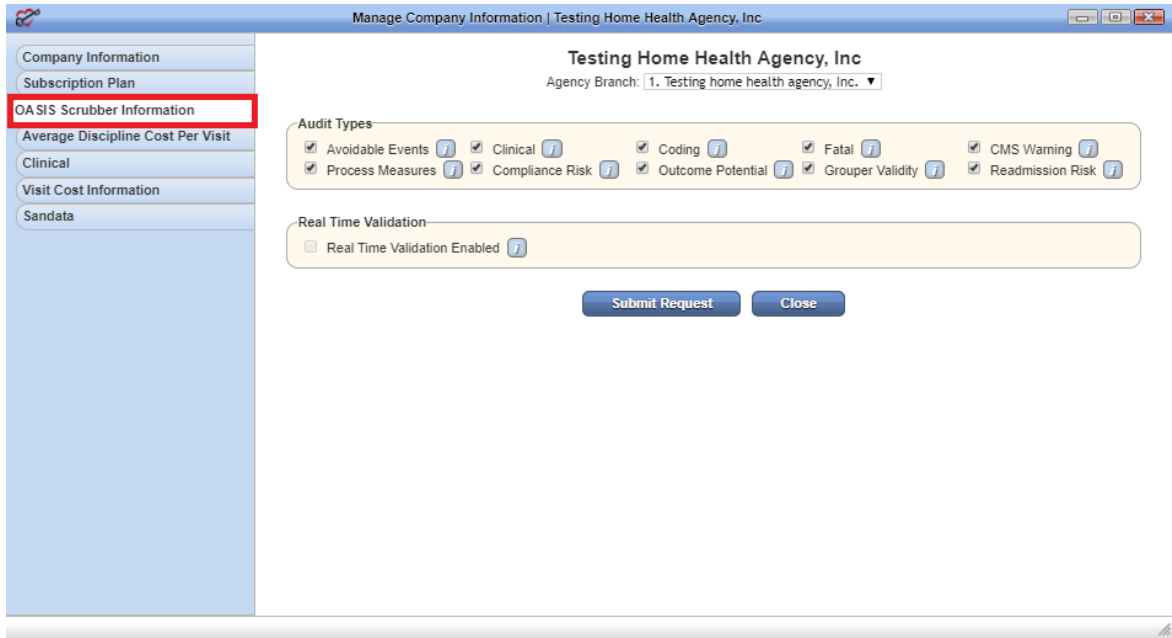
The screenshot displays the 'Manage Company Information' page for 'Testing Home Health Agency, Inc.'. The left sidebar contains a menu with the following items: 'Company Information', 'Subscription Plan' (highlighted with a red box), 'OASIS Scrubber Information', 'Average Discipline Cost Per Visit', 'Clinical', 'Visit Cost Information', and 'Sandata'. The main content area is titled 'Monthly Subscription Plans' and includes the following sections:

- Your Current Subscription Plan - over 300 patients**: A text box stating 'You have created 1490 patients for this location/branch.' and 'Your organization can request a change to your subscription plan by selecting a new plan below and clicking the "Submit Request" button.'
- Annual Subscription Plans**: A section offering a promotion for a limited time. It includes three radio button options: '5% Discount for 6 month payment', '10% Discount for full year payment', and '15% Discount for 2 years payment'.
- Comments**: A text area for providing additional information.
- Authorization**: A section for signing the request. It includes a text box for the signature and a 'Submit Request' button. Below the signature box, there is a disclaimer: 'All terms of the existing agreement remain in place and changes can only be made in writing and executed between Axxess and your organization. In the event that you choose to cancel your software subscription before the expiration of the term of your agreement, payments made in advance for the use of the software are non-refundable. In the event of a change to your subscription plan, necessary accounting adjustments will be made and your subscription payment will be adjusted accordingly.'

At the bottom of the main content area, there are two buttons: 'Submit Request' and 'Close'.

2. **OASIS Scrubber Information** – The agency has the option to check and uncheck specific Audit Types that the Axxess scrubber can look for when verifying OASIS visits. There is also an option to check the box to have this information validated in real time, rather than manually selecting the button to “Check For Errors.”

NOTE: Hovering over the  icon will give more insight into what each specific audit type is searching for.



Manage Company Information | Testing Home Health Agency, Inc

**Testing Home Health Agency, Inc**  
Agency Branch: 1. Testing home health agency, Inc. ▼

**OASIS Scrubber Information**






Average Discipline Cost Per Visit






Clinical

Visit Cost Information


Sandata

**Audit Types**

☒ Avoidable Events  ☒ Clinical  ☒ Coding  ☒ Fatal  ☒ CMS Warning 

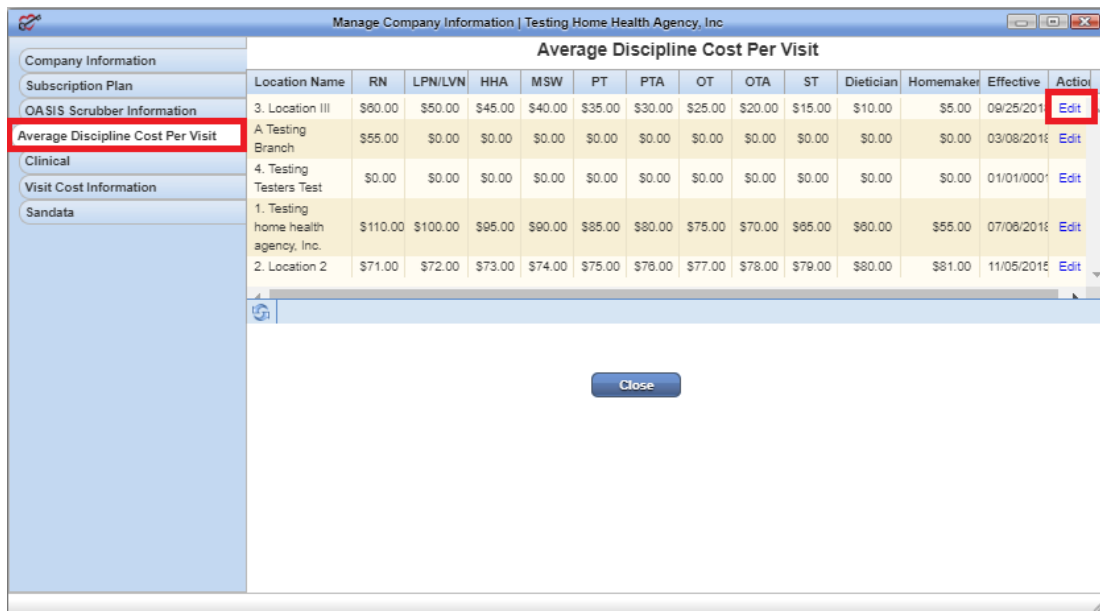
☒ Process Measures  ☒ Compliance Risk  ☒ Outcome Potential  ☒ Grouper Validity  ☒ Readmission Risk 

**Real Time Validation**

☐ Real Time Validation Enabled 

Submit Request Close

- Average Discipline Cost Per Visit** – This window allows users to enter an average the agency pays their workers per visit. Based off the location and discipline, the agency can decide the average cost per visit and its effective date.



Manage Company Information | Testing Home Health Agency, Inc

**Average Discipline Cost Per Visit**

| Location Name                       | RN       | LPN/LVN  | HHA     | MSW     | PT      | PTA     | OT      | OTA     | ST      | Dietician | Homemaker | Effective | Action |
|-------------------------------------|----------|----------|---------|---------|---------|---------|---------|---------|---------|-----------|-----------|-----------|--------|
| 3. Location III                     | \$60.00  | \$50.00  | \$45.00 | \$40.00 | \$35.00 | \$30.00 | \$25.00 | \$20.00 | \$15.00 | \$10.00   | \$5.00    | 09/25/201 | Edit   |
| A Testing Branch                    | \$55.00  | \$0.00   | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00    | \$0.00    | 03/08/201 | Edit   |
| 4. Testing Testers Test             | \$0.00   | \$0.00   | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00    | \$0.00    | 01/01/000 | Edit   |
| 1. Testing home health agency, Inc. | \$110.00 | \$100.00 | \$95.00 | \$90.00 | \$85.00 | \$80.00 | \$75.00 | \$70.00 | \$65.00 | \$60.00   | \$55.00   | 07/08/201 | Edit   |
| 2. Location 2                       | \$71.00  | \$72.00  | \$73.00 | \$74.00 | \$75.00 | \$76.00 | \$77.00 | \$78.00 | \$79.00 | \$80.00   | \$81.00   | 11/05/201 | Edit   |

Close



This can be edited by selecting the hyperlink “Edit” on the far right under the Actions column. Once all updates have been made, select the “Update” button to save.

Edit Average Discipline Cost

|            |                 |
|------------|-----------------|
| Location:  | 3. Location III |
| RN:        | \$ 60.00        |
| LPN/LVN:   | \$ 50.00        |
| HHA:       | \$ 45.00        |
| MSW:       | \$ 40.00        |
| PT:        | \$ 35.00        |
| PTA:       | \$ 30.00        |
| OT:        | \$ 25.00        |
| OTA:       | \$ 20.00        |
| ST:        | \$ 15.00        |
| Dietician: | \$ 10.00        |
| Homemaker: | \$ 5.00         |

Update
Close

- Clinical** – Choosing any of the Tasks to Bypass QA will cause all documents associated with the chosen task to bypass the QA center for all users. The default is none selected. The Plan of Care Summary generates a Plan of Care Summary in the Patient Chart. Default enabled. Additional Regulatory Requirements such as Time Entry for Documentation and Therapist License Number with Signature can be enabled or disabled. To save, select “Submit Request.”

OASIS Scrubber Information  
Average Discipline Cost Per Visit  
**Clinical**  
Visit Cost Information  
Sandata

**Tasks to Bypass QA**

☐ Select All
☐ HHA/PCW/PCA Visit Notes
☐ Case Conference
☐ PTA/COTA Sup Visits
☐ Skilled Nurse Visit Note
☐ HHA Sup Visits
☐ Coordination of Care
☐ PT/ST/OT Visit Notes
☐ LVN/LPN Sup Visits
☐ Transfer/Discharge Summaries
☐ MSW Progress Notes
☐ Communication Notes
☐ Physician Orders

**Plan of Care**  

The Plan of Care Summary is an up-to-date view of the care a patient is receiving. Enabling the Plan of Care Summary will generate a Plan of Care Summary in the Patient Chart and allow access through visit notes.

Plan of Care Summary:

☒ Enable
☐ Disable

**Additional Regulatory Requirements**  

Enabling the following items will allow your Agency to turn on additional compliance requirements within AgencyCore.

**Require Time Entry for Documentation**

Selecting this option will require clinicians to enter a time next to the date field within clinical documents to indicate the time an activity was completed in the medical record.

☐ Enable
☒ Disable

**Require Therapist License Number with Signature**

To automatically print the therapist's license number adjacent to the clinician's signature when documents are signed, please select to enable this option.

☒ Enable
☐ Disable

5. **Visit Cost Information** – This allows agencies to enter the average costs of visits to their agency.

|                                   |  | Average Discipline Cost Per Visit   |          |          |         |         |         |         |         |         |         |           |           |            |                      |
|-----------------------------------|--|-------------------------------------|----------|----------|---------|---------|---------|---------|---------|---------|---------|-----------|-----------|------------|----------------------|
| Company Information               |  | Location Name                       | RN       | LPN/LVN  | HHA     | MSW     | PT      | PTA     | OT      | OTA     | ST      | Dietician | Homemaker | Effective  | Active               |
| Subscription Plan                 |  | 3. Location III                     | \$80.00  | \$50.00  | \$45.00 | \$40.00 | \$35.00 | \$30.00 | \$25.00 | \$20.00 | \$15.00 | \$10.00   | \$5.00    | 09/25/2018 | <a href="#">Edit</a> |
| OASIS Scrubber Information        |  | A. Testing Branch                   | \$55.00  | \$0.00   | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00    | \$0.00    | 03/08/2018 | <a href="#">Edit</a> |
| Average Discipline Cost Per Visit |  | 4. Testing                          | \$0.00   | \$0.00   | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00    | \$0.00    | 01/01/0001 | <a href="#">Edit</a> |
| Clinical                          |  | Testers Test                        | \$0.00   | \$0.00   | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00    | \$0.00    | 01/01/0001 | <a href="#">Edit</a> |
| Visit Cost Information            |  | 1. Testing home health agency, Inc. | \$110.00 | \$100.00 | \$95.00 | \$90.00 | \$85.00 | \$80.00 | \$75.00 | \$70.00 | \$65.00 | \$60.00   | \$55.00   | 07/08/2018 | <a href="#">Edit</a> |
| Sandata                           |  | 2. Location 2                       | \$71.00  | \$72.00  | \$73.00 | \$74.00 | \$75.00 | \$76.00 | \$77.00 | \$78.00 | \$79.00 | \$80.00   | \$81.00   | 11/05/2018 | <a href="#">Edit</a> |

**NOTE:** Even though the formatting is the same as the Average Discipline tab, that tab is for workers while this tab is for agency costs.

6. **Sandata – FOR SELECT STATES ONLY** – Sandata is an Electronic Visit Verification (EVV) vendor that functions in select states. EVV is an electronic system that verifies when provider visits occur and documents the precise time services begin and end. The agency's Sandata (third-party vendor) information is entered in this tab. If the agency is planning on using a vendor other than Sandata, a notification must be entered to the Support Ticketing Center.

Company Information
Subscription Plan
OASIS Scrubber Information
Average Discipline Cost Per Visit
Clinical
Visit Cost Information
**Sandata**

Testing Home Health Agency, Inc

Agency Branch: 1. Testing home health agency, Inc. ▼

Credentials

Username  
 \*

Password  
 \*

Sandata Entity Id  
 \*

Medicaid Entity Id  
 \*

Enable ☐

Save

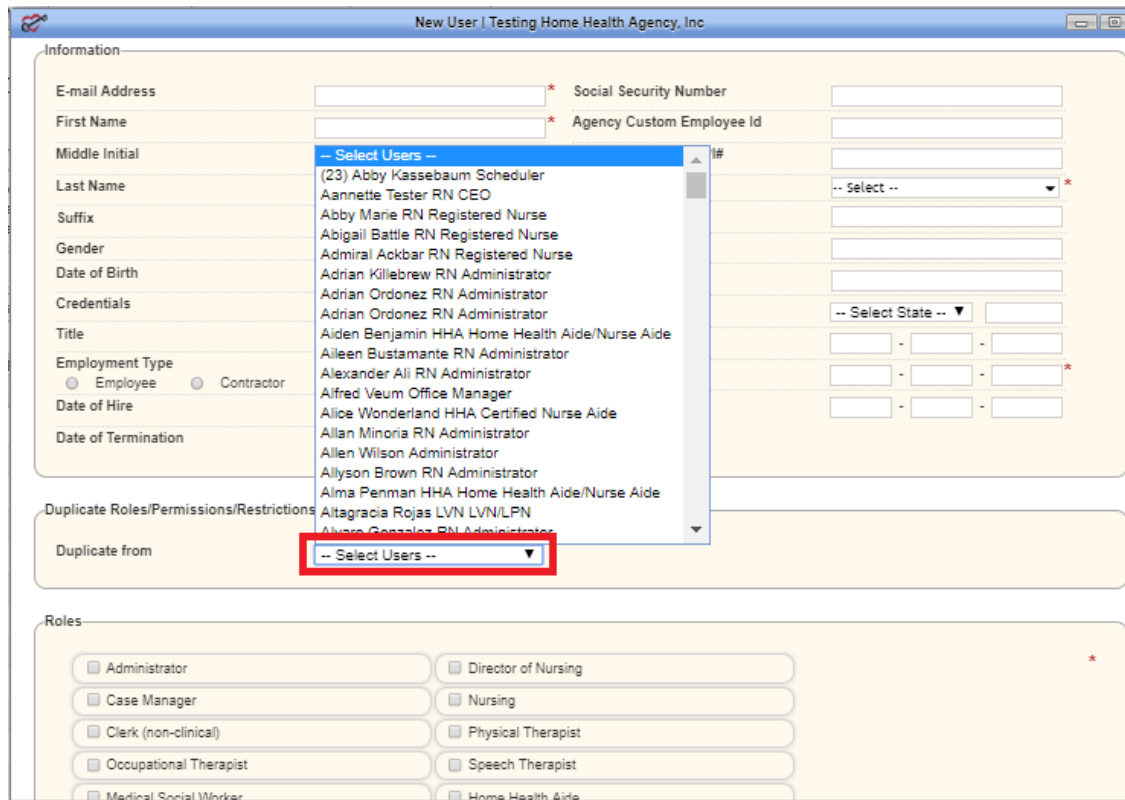
Close

## **ADDING A NEW USER:**

*Admin/New/User*

| Admin                      | Reports | Help | Clinician Planner                | Logout |
|----------------------------|---------|------|----------------------------------|--------|
| New                        |         |      | Referral                         |        |
| Lists                      |         |      | Patient                          |        |
| Deleted Users              |         |      | Episode                          |        |
| Payroll Summary            |         |      | Compose Message                  |        |
| Non-Visit Activity Manager |         |      | Communication Notes              |        |
| License Manager            |         |      | Order                            |        |
| Custom Note Manager        |         |      | Physician Face-to-face Encounter |        |
| Manage Company Information |         |      | Facility                         |        |
|                            |         |      | Pharmacy                         |        |
|                            |         |      | Insurance / Payor                |        |
|                            |         |      | Physician                        |        |
|                            |         |      | Contact                          |        |
|                            |         |      | Non-Visit Activity               |        |
|                            |         |      | Template                         |        |
|                            |         |      | Supply                           |        |
|                            |         |      | <b>User</b>                      |        |

A window will open and the user's information must be entered. All asterisked items are required. The Roles, Permissions and Restrictions can be copied from a previously entered user using the "Duplicate from" drop-down menu. For example, if the agency is entering a new RN, a current on-staff RN can be selected that will have the same software access.



Roles are important in the software because they determine what a user can or cannot see, select, delete or undo.

There is also a restriction function that will allow agencies to limit the times that users can be using the software. For example, if the “Allow Weekend Access” box is not checked and a user attempts to login on a Saturday, it will not allow entry.

Times can also be adjusted for the earliest time a user can login and/or when they are automatically logged out of AgencyCore.

Permissions will allow agencies to manually select which Clerical, Reporting, QA, Clinical, Billing, OASIS, Administration, Schedule Management and State Surveyor permissions they wish their users to have.

To save time, there is also a “Select all Permissions” check box that will check every single permission box below.

**NOTE:** Under Clinical Permissions – Agencies can only choose either Ability or Require check box for both Notes and Orders. If both are checked the user will not be able to do either.

**Access & Restrictions**

☐ Allow Weekend Access

Earliest Login Time:

Automatic Logout Time:

**Permissions**

☐ Select all Permissions

**Clerical Permissions**

☐ Select all Clerical

☐ Add/Edit/Delete Patients – Manage Patients

☐ Add/Edit/Delete Referrals – Manage Referral

☐ View Existing Referrals – View Existing Referrals

☐ Add/Edit/Delete Hospital Information – Manage Hospital Information

**Reporting Permissions**

☐ Select all Reporting

☐ Access Reports Center – Access Reports Center

☐ Access Patient Reports – Access Patient Reports

☐ Access Clinical Reports – Access Clinical Reports

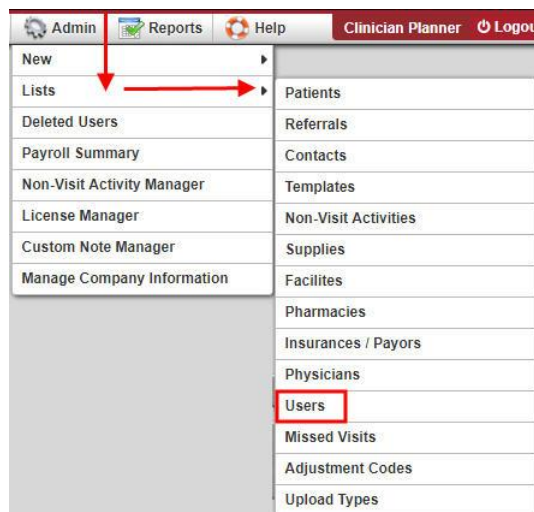
☐ Access Schedule Reports – Access Schedule Reports

☐ Access Billing/Financial Reports – Access Billing/Financial

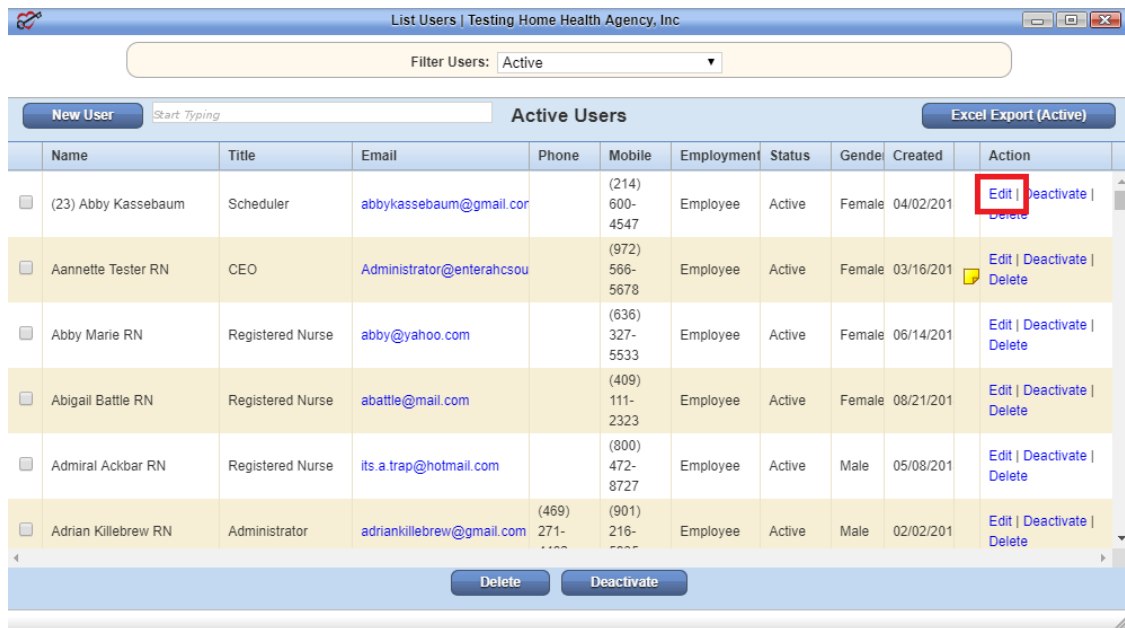
At the bottom of the window there is a free text space for any Comments related to the user. Once finished, select the “Add User” button to complete.

## **EDITING A USER:**

*Admin/Lists/Users*



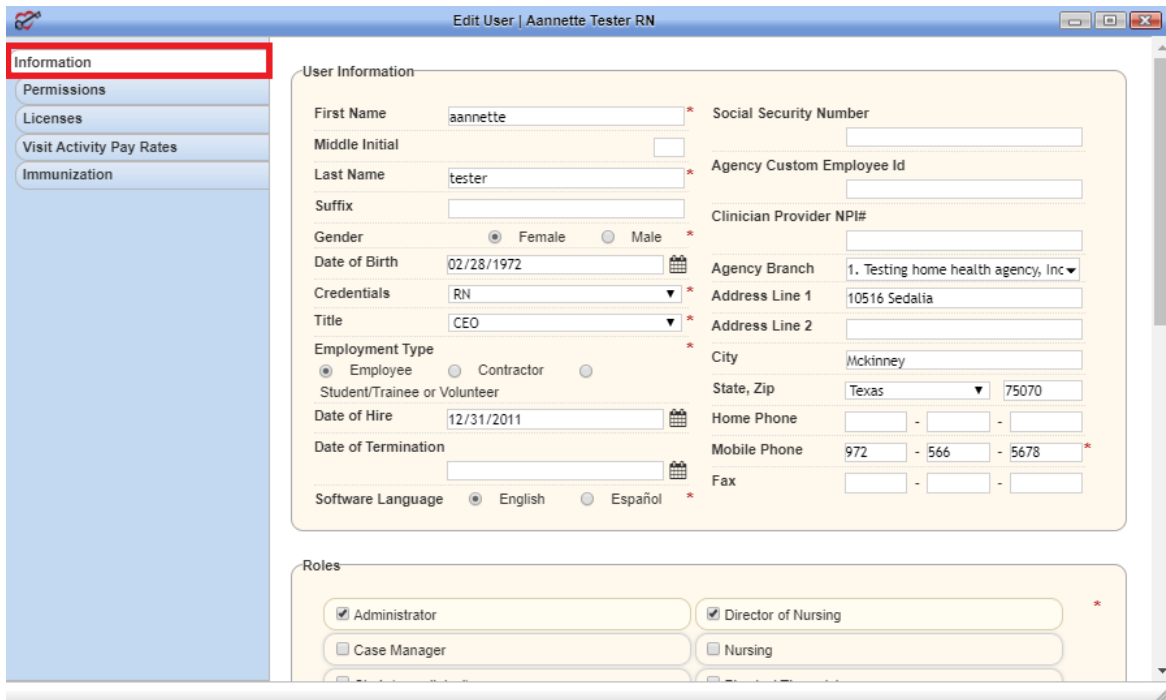
A window will open which will show a list of all current users. A new user can also be added from here selecting the “New User” button in the top left. Agencies can export the list of all users to an Excel spreadsheet by selecting the “Excel Export (Active)” button in the top right. The agency can “Deactivate” or “Delete” users individually by selecting on the hyperlinks to the far right under the Action column. The agency can also check the box(es) to the left of each employee name and “Delete” or “Deactivate” (buttons at the bottom) to remove multiple users at once. To edit a user, select the “Edit” hyperlink under the action column.



| Name                | Title            | Email                     | Phone          | Mobile         | Employment | Status | Gender | Created   | Action   |
|---------------------|------------------|---------------------------|----------------|----------------|------------|--------|--------|-----------|--|
| (23) Abby Kassebaum | Scheduler        | abbykassebaum@gmail.com   | (214) 600-4547 |                | Employee   | Active | Female | 04/02/201 | <a href="#">Edit</a>   <a href="#">Deactivate</a>   <a href="#">Delete</a> |
| Aannette Tester RN  | CEO              | Administrator@enterahcsou | (972) 566-5678 |                | Employee   | Active | Female | 03/16/201 | <a href="#">Edit</a>   <a href="#">Deactivate</a>   <a href="#">Delete</a> |
| Abby Marie RN       | Registered Nurse | abby@yahoo.com            | (636) 327-5533 |                | Employee   | Active | Female | 06/14/201 | <a href="#">Edit</a>   <a href="#">Deactivate</a>   <a href="#">Delete</a> |
| Abigail Battle RN   | Registered Nurse | abattle@mail.com          | (409) 111-2323 |                | Employee   | Active | Female | 08/21/201 | <a href="#">Edit</a>   <a href="#">Deactivate</a>   <a href="#">Delete</a> |
| Admiral Ackbar RN   | Registered Nurse | its.a.trap@hotmail.com    | (800) 472-8727 |                | Employee   | Active | Male   | 05/08/201 | <a href="#">Edit</a>   <a href="#">Deactivate</a>   <a href="#">Delete</a> |
| Adrian Killebrew RN | Administrator    | adriankillebrew@gmail.com | (469) 271-1111 | (901) 216-5555 | Employee   | Active | Male   | 02/02/201 | <a href="#">Edit</a>   <a href="#">Deactivate</a>   <a href="#">Delete</a> |

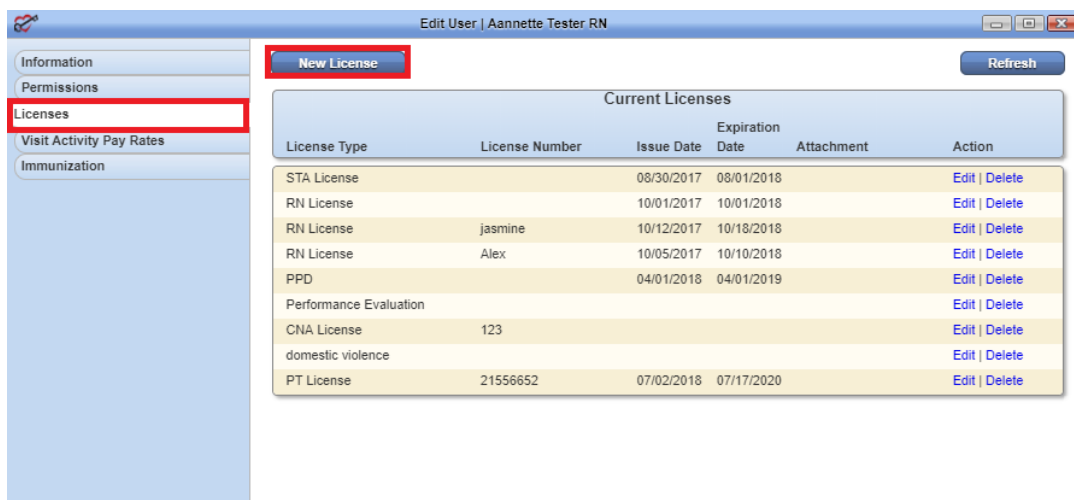
The Edit User window is split up into five tabs:

1. **Information** – The only difference between this screen and the previously mentioned User Information section is the option for the software to be in “English” or “Español” which is the last question in the section.



2. **Permissions** – See adding a new user.

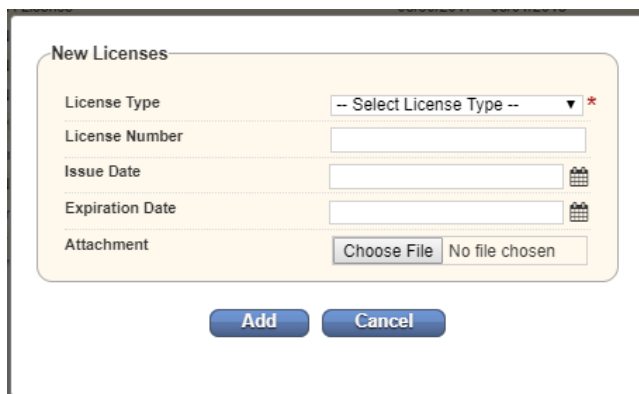
3. **Licenses** – Users licenses are maintained here, by either adding a new, editing a previous or deleting license information.



| License Type           | License Number | Issue Date | Expiration Date | Attachment | Action        |
|------------------------|----------------|------------|-----------------|------------|---------------|
| STA License            |                | 08/30/2017 | 08/01/2018      |            | Edit   Delete |
| RN License             |                | 10/01/2017 | 10/01/2018      |            | Edit   Delete |
| RN License             | jasmine        | 10/12/2017 | 10/18/2018      |            | Edit   Delete |
| RN License             | Alex           | 10/05/2017 | 10/10/2018      |            | Edit   Delete |
| PPD                    |                | 04/01/2018 | 04/01/2019      |            | Edit   Delete |
| Performance Evaluation |                |            |                 |            | Edit   Delete |
| CNA License            | 123            |            |                 |            | Edit   Delete |
| domestic violence      |                |            |                 |            | Edit   Delete |
| PT License             | 21556652       | 07/02/2018 | 07/17/2020      |            | Edit   Delete |

A window will open and license information is entered. Choose the “License Type” from the drop-down menu. Write in the License Number. Select from the

calendar or write in the Issue and Expiration Dates. The agency can also add a scanned copy of any license by adding it as an attachment.



**New Licenses**

License Type: -- Select License Type -- \*

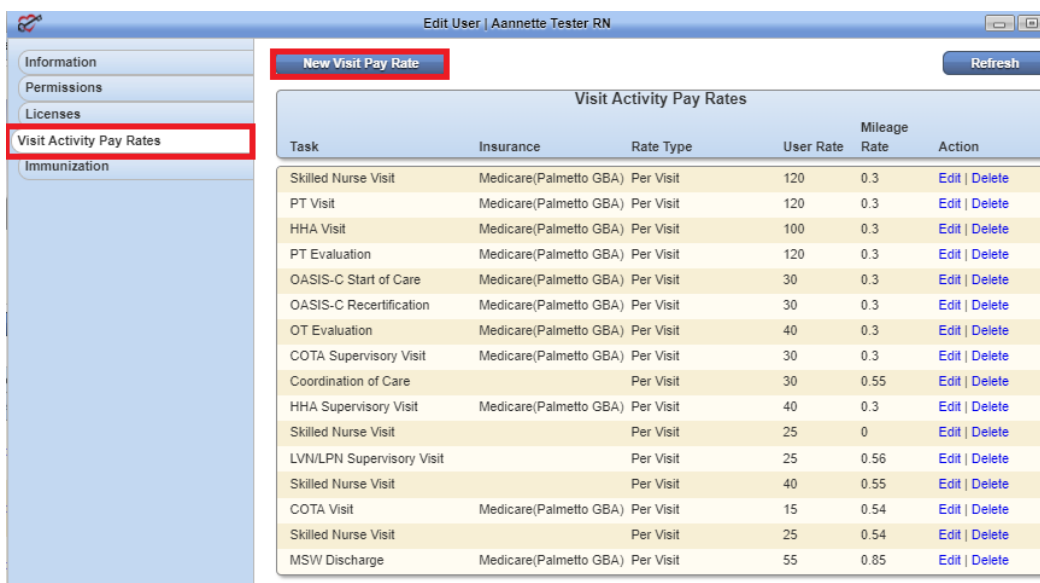
License Number:

Issue Date:

Expiration Date:

Attachment:  No file chosen

- Visit Activity Pay Rates** – If one of the users has a specific pay rate for visits, it can be added here by selecting the “New Visit Pay Rate” button in the top left.

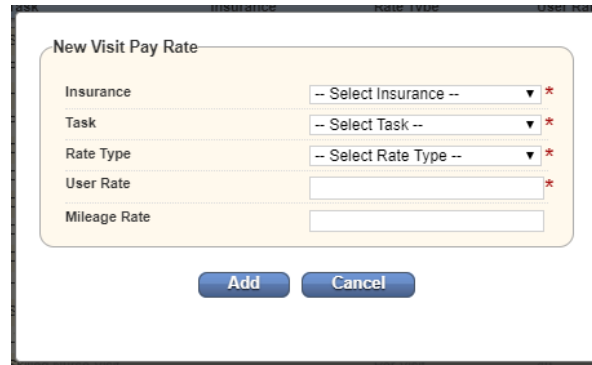


**Visit Activity Pay Rates**

| Task                      | Insurance              | Rate Type | User Rate | Mileage Rate | Action  |
|---------------------------|------------------------|-----------|-----------|--------------|---|
| Skilled Nurse Visit       | Medicare(Palmetto GBA) | Per Visit | 120       | 0.3          | <a href="#">Edit</a>   <a href="#">Delete</a> |
| PT Visit                  | Medicare(Palmetto GBA) | Per Visit | 120       | 0.3          | <a href="#">Edit</a>   <a href="#">Delete</a> |
| HHA Visit                 | Medicare(Palmetto GBA) | Per Visit | 100       | 0.3          | <a href="#">Edit</a>   <a href="#">Delete</a> |
| PT Evaluation             | Medicare(Palmetto GBA) | Per Visit | 120       | 0.3          | <a href="#">Edit</a>   <a href="#">Delete</a> |
| OASIS-C Start of Care     | Medicare(Palmetto GBA) | Per Visit | 30        | 0.3          | <a href="#">Edit</a>   <a href="#">Delete</a> |
| OASIS-C Recertification   | Medicare(Palmetto GBA) | Per Visit | 30        | 0.3          | <a href="#">Edit</a>   <a href="#">Delete</a> |
| OT Evaluation             | Medicare(Palmetto GBA) | Per Visit | 40        | 0.3          | <a href="#">Edit</a>   <a href="#">Delete</a> |
| COTA Supervisory Visit    | Medicare(Palmetto GBA) | Per Visit | 30        | 0.3          | <a href="#">Edit</a>   <a href="#">Delete</a> |
| Coordination of Care      |                        | Per Visit | 30        | 0.55         | <a href="#">Edit</a>   <a href="#">Delete</a> |
| HHA Supervisory Visit     | Medicare(Palmetto GBA) | Per Visit | 40        | 0.3          | <a href="#">Edit</a>   <a href="#">Delete</a> |
| Skilled Nurse Visit       |                        | Per Visit | 25        | 0            | <a href="#">Edit</a>   <a href="#">Delete</a> |
| LVN/LPN Supervisory Visit |                        | Per Visit | 25        | 0.56         | <a href="#">Edit</a>   <a href="#">Delete</a> |
| Skilled Nurse Visit       |                        | Per Visit | 40        | 0.55         | <a href="#">Edit</a>   <a href="#">Delete</a> |
| COTA Visit                | Medicare(Palmetto GBA) | Per Visit | 15        | 0.54         | <a href="#">Edit</a>   <a href="#">Delete</a> |
| Skilled Nurse Visit       |                        | Per Visit | 25        | 0.54         | <a href="#">Edit</a>   <a href="#">Delete</a> |
| MSW Discharge             | Medicare(Palmetto GBA) | Per Visit | 55        | 0.85         | <a href="#">Edit</a>   <a href="#">Delete</a> |

A new window will open, and the “Insurance, Task, Rate Type” must be chosen from their corresponding drop-down menus. A “User Rate” must then be added along with an optional “Mileage Rate.” Then select the “Add” button to save.





**New Visit Pay Rate**

Insurance  \*

Task  \*

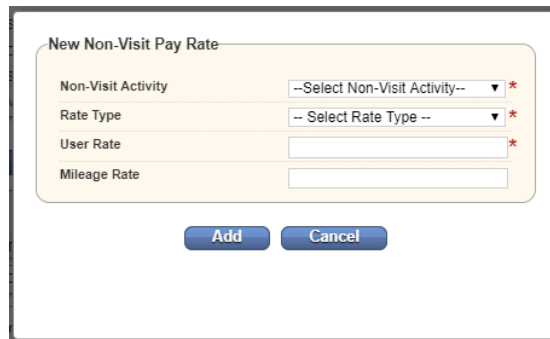
Rate Type  \*

User Rate  \*

Mileage Rate

**NOTE:** Non-Visit Activities tasks needs to be created/added first. Go to *Admin/List/Non-Visit Activity* and create the activity types/task.

Below are the “Non-Visit Pay Rates” for documenting any expenses paid out to users that are not related to visits. Select the “New Non-Visit Pay Rate” button on the left side to add. A “Non-Visit Activity and Rate Type” must be chosen from their corresponding drop-down menus. A “User Rate” must be entered along with an optional “Mileage Rate.” Select the “Add” button to save.



**New Non-Visit Pay Rate**

Non-Visit Activity  \*

Rate Type  \*

User Rate  \*

Mileage Rate

At the bottom of the tab, there is an option to “Import Pay Rates” which will let agencies copy pay rates set up for other users by simply selecting the “Duplicate Pay Rates from” drop-down menu. Then select the “Apply” button to the right.

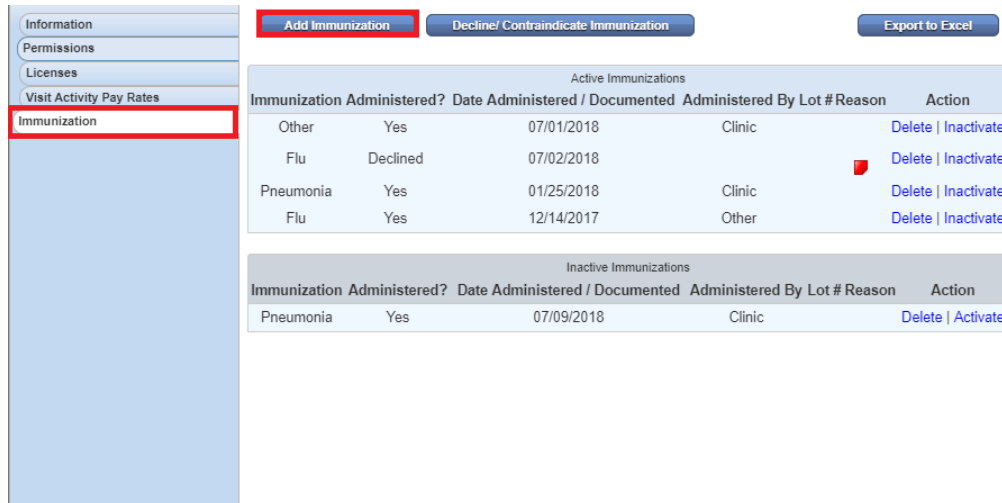


**Import Pay Rates**

Duplicate Pay Rates from

- Immunization** – This is where user immunizations are tracked. The list can be exported to an Excel spreadsheet by selecting the “Export to

Excel” button in the top right. To add an immunization, select the “Add Immunization” button in the top left.



| Active Immunizations |               |                                |                 |       |        |                     |
|----------------------|---------------|--------------------------------|-----------------|-------|--------|---------------------|
| Immunization         | Administered? | Date Administered / Documented | Administered By | Lot # | Reason | Action              |
| Other                | Yes           | 07/01/2018                     | Clinic          |       |        | Delete   Inactivate |
| Flu                  | Declined      | 07/02/2018                     |                 |       |        | Delete   Inactivate |
| Pneumonia            | Yes           | 01/25/2018                     | Clinic          |       |        | Delete   Inactivate |
| Flu                  | Yes           | 12/14/2017                     | Other           |       |        | Delete   Inactivate |

| Inactive Immunizations |               |                                |                 |       |        |                   |
|------------------------|---------------|--------------------------------|-----------------|-------|--------|-------------------|
| Immunization           | Administered? | Date Administered / Documented | Administered By | Lot # | Reason | Action            |
| Pneumonia              | Yes           | 07/09/2018                     | Clinic          |       |        | Delete   Activate |

A new window will open in which agencies must choose the “Type of Immunization” and who it was “Administered By” from their corresponding drop-down menus. Then select the “Date Administered” by writing in or selecting the date in the calendar. Agencies can “Save” this, or if there is more than one immunization to add, select the “Save & Add Another” to continue with another blank “Immunization Log Information” window.



It will then show up under the “Active Immunizations” section. If a user declines an immunization, it can also be added by selecting the “Decline/Contraindicate Immunization” button at the top of the page. It will open another log information window where the “Type of Immunization” must be chosen again. Either write in or select the date from the calendar. Then mark whether the immunization was “Declined” or “Contraindication.” Agencies can “Save” this, or if there are more than one declined immunization to add, select the “Save & Add Another” to continue with another blank “Immunization Log Information” window.

Immunization Log Information

Type of Immunization:  \*

Date Documented:  \*

☐ Declined

☐ Contraindication

Save Save & Add Another Cancel

Also, there is an option to “Delete” or “Inactivate” an immunization by selecting the hyperlinks in the far right under “Action.” Once an immunization is inactivated, it falls under the “Inactive Immunizations” section where it then can also be deleted or reactivated.

## **DELETED USERS:**

*Admin/Deleted Users*

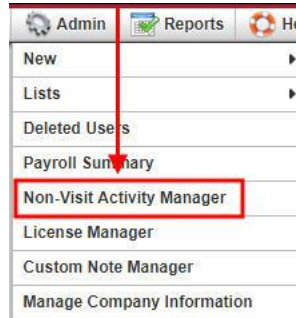


In the new window, individual users can be restored back to active status by selecting the “Restore” hyperlink on the far right under the Action column. Check one or more boxes to the left of user Names, then select the “Restore” button at the bottom of the window to restore multiple users. Select the “Excel Export (Deleted)” button in the top right to create an excel spreadsheet with all deleted users listed.

| Deleted Users   Testing Home Health Agency, Inc. |                                    |                             |                                   |                |        |            |          |        |           |
|--|------------------------------------|-----------------------------|-----------------------------------|----------------|--------|------------|----------|--------|-----------|
| Deleted Users                                    |                                    |                             |                                   |                |        |            |          |        |           |
| Excel Export (Deleted)                           |                                    |                             |                                   |                |        |            |          |        |           |
| <input type="checkbox"/>                         | Name                               | Title                       | Email                             | Phone          | Mobile | Employment | Status   | Gender | Created   |
| <input type="checkbox"/>                         | 1 Example RN [deleted]             | LVN/LPN                     | 1@example.com                     |                |        | Contractor | Inactive | Male   | 03/31/201 |
| <input type="checkbox"/>                         | 1Hannah Jones [deleted]            | Other                       | 1hannah@gmail.com                 |                |        | Employee   | Inactive | Female | 09/27/201 |
| <input type="checkbox"/>                         | 2 Example Office [deleted]         | Office Manager              | 2@example.com                     |                |        | Employee   | Inactive | Male   | 03/31/201 |
| <input type="checkbox"/>                         | 2Hannah Jones [deleted]            | Administrator               | 2hannah@gmail.com                 |                |        | Employee   | Inactive | Female | 09/27/201 |
| <input type="checkbox"/>                         | 3 Example HHA [deleted]            | CEO                         | 3@example.com                     |                |        | Contractor | Inactive | Male   | 03/31/201 |
| <input type="checkbox"/>                         | 3Hannah Jones HHA [deleted]        | Home Health Aide/Nurse Aide | 3hannah@gmail.com                 |                |        | Employee   | Inactive | Female | 09/27/201 |
| <input type="checkbox"/>                         | A Plus Contract Nurse RN [deleted] | Other                       | bogus3@yahoo.com                  |                |        | Contractor | Inactive | Female | 10/16/201 |
| <input type="checkbox"/>                         | Aalian Ani RN [deleted]            | Administrator               | hb22334455@gmail.com              | (214) 222-2222 |        | Employee   | Inactive | Female | 05/09/201 |
| <input type="checkbox"/>                         | Aaron Ashley RN [deleted]          | Director of Nursing         | Aaron.Ashley@myvalleyhomecare.com |                |        | Employee   | Inactive | Male   | 05/16/201 |
| <input type="checkbox"/>                         | Aaron Fiddes RN [deleted]          | Administrator               | aaronafiddes@yahoo.com            |                |        | Employee   | Inactive | Male   | 03/15/201 |
| Restore Exit                                     |                                    |                             |                                   |                |        |            |          |        |           |

## **NON-VISIT ACTIVITY MANAGER:**

*Admin/Non-Visit Activity Manager*



**NOTE:** Non-Visit Activities tasks needs to be created/added first. Go to *Admin/List/Non-Visit Activity* and create the activity types/task.

A window will open in which all currently assigned non-visit activity is shown. Select the “Export to Excel” button in the top right to create an excel spreadsheet with all non-visit activity listed.

| Non-Visit Activity Manager   Testing Home Health Agency, Inc |                    |                                     |            |            |          |         |           |      |          |                               |  |
|--|--------------------|-------------------------------------|------------|------------|----------|---------|-----------|------|----------|-------------------------------|--|
| Assign Non-Visit Activity                                    |                    | Start Typing                        |            |            |          |         |           |      |          | Export to Excel               |  |
| User   | Non-Visit Activity | Branch                              | NVA Date   | Begin Time | End Time | Mileage | Paid Date | Paic | Comments | Action                        |  |
| Lysbeth Rojas RN   | After-hours        | 1. Testing home health agency, Inc. | 09/12/2018 | 7:00 AM    | 7:45 AM  | 0       |           | ✗    |          | Edit   Delete   Activity Logs |  |
| Tamela Phillips RN   | case conference    | 1. Testing home health agency, Inc. | 08/06/2018 | 4:15 PM    | 5:15 PM  | 0       |           | ✗    |          | Edit   Delete   Activity Logs |  |
| Dante Parado RN  | In-Service Use     | 1. Testing home health agency, Inc. | 07/31/2018 | 7:00 AM    | 8:00 AM  | 0       |           | ✗    |          | Edit   Delete   Activity Logs |  |
| David Delorno HHA  | On Call            | 1. Testing home health agency, Inc. | 07/27/2018 | 7:15 AM    | 12:00 AM | 0       |           | ✗    |          | Edit   Delete   Activity Logs |  |
| Elizabeth Martin RN  | Orientation        | 1. Testing home health agency, Inc. | 07/27/2018 | 8:00 AM    | 3:45 PM  | 0       |           | ✗    |          | Edit   Delete   Activity Logs |  |
| Elizabeth Martin RN  | CASE CONFERENCE    | 1. Testing home health agency, Inc. | 07/27/2018 | 7:30 AM    | 8:00 AM  | 0       |           | ✗    |          | Edit   Delete   Activity Logs |  |
| Elizabeth Martin RN  | On Call Week       | 1. Testing home health agency, Inc. | 07/25/2018 | 12:00 AM   | 12:00 AM | 0       |           | ✗    |          | Edit   Delete   Activity Logs |  |
|  |                    | 1. Testing                          |            |            |          |         |           |      |          |                               |  |

To search through the list, start typing in the text space at the top of the page. Search by Users, Non-Visit Activity, Branch, NVA Date, Begin and End Time, Mileage, Paid Date and Comments.

| Non-Visit Activity Manager   Testing Home Health Agency, Inc. |            |            |          |         |           |                                     |          |
|---|------------|------------|----------|---------|-----------|-------------------------------------|----------|
| <input type="text" value="Start Typing"/>                     |            |            |          |         |           |                                     |          |
| Branch  | NVA Date   | Begin Time | End Time | Mileage | Paid Date | Paid                                | Comments |
| 1. Testing home health agency, Inc.                           | 09/12/2018 | 7:00 AM    | 7:45 AM  | 0       |           | <input checked="" type="checkbox"/> |          |
| 1. Testing home health agency, Inc.                           | 08/06/2018 | 4:15 PM    | 5:15 PM  | 0       |           | <input checked="" type="checkbox"/> |          |

To “Assign Non-Visit Activity,” select the button in the top left. A window opens in which new non-visit activity can be added. Select the User from the drop-down menu, then choose the branch (if more than one). Write in or select NVA Date from the calendar, then select the specific Non-Visit Activity from the drop-down menu. Enter the Time In and Out by writing in or by selecting from the clock. Then enter Mileage and any Comments related to the activity. Five non-visit activity entries can be added at once. Once completed, select the “Save” button at the bottom of the window. If more than five entries need to be added, “Save” and select the “Assign Non-Visit Activity” button again.

Add New Non-Visit Activity

| User:            | Branch:      | NVA Date: | Non-Visit Activity:  | Time In: | Time Out: | Mileage: | Comments: |
|------------------|--------------|-----------|----------------------|----------|-----------|----------|-----------|
| -- Select User-- | 1. Testing h | 8/4/2018  | --Select Non-Visit A |          |           |          |           |
| -- Select User-- | 1. Testing h | 8/4/2018  | --Select Non-Visit A |          |           |          |           |
| -- Select User-- | 1. Testing h | 8/4/2018  | --Select Non-Visit A |          |           |          |           |
| -- Select User-- | 1. Testing h | 8/4/2018  | --Select Non-Visit A |          |           |          |           |
| -- Select User-- | 1. Testing h | 8/4/2018  | --Select Non-Visit A |          |           |          |           |

Save Cancel

To edit the non-visit activity, select the “Edit” hyperlink on the far right under the Action column. Unlike the previous seen activity entry, here a Paid Date (write in or calendar select) can be entered and verify the activity’s Paid Status (check box). Checking the Paid Status box will change the icon seen on first Non-Visit Activity window from a red “X” to a green check mark.

Edit Non-Visit Activity

User: Lysbeth Rojas RN

NVA Date: 9/12/2018

Non-Visit Activity: After-hours

Branch: 1. Testing home health age

Time In: 7:00 AM

Time Out: 7:45 AM

Mileage: 0

Paid Date: 10/2/2018

Paid Status: ☒

Comments:

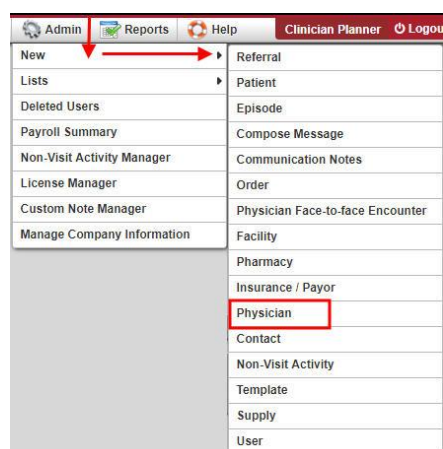
Update Close

Selecting the “Activity Logs” hyperlink under the Action column will show which users have edited the activity entry and when. Choosing the “Delete” hyperlink under the same column will allow agencies to remove each entry individually.

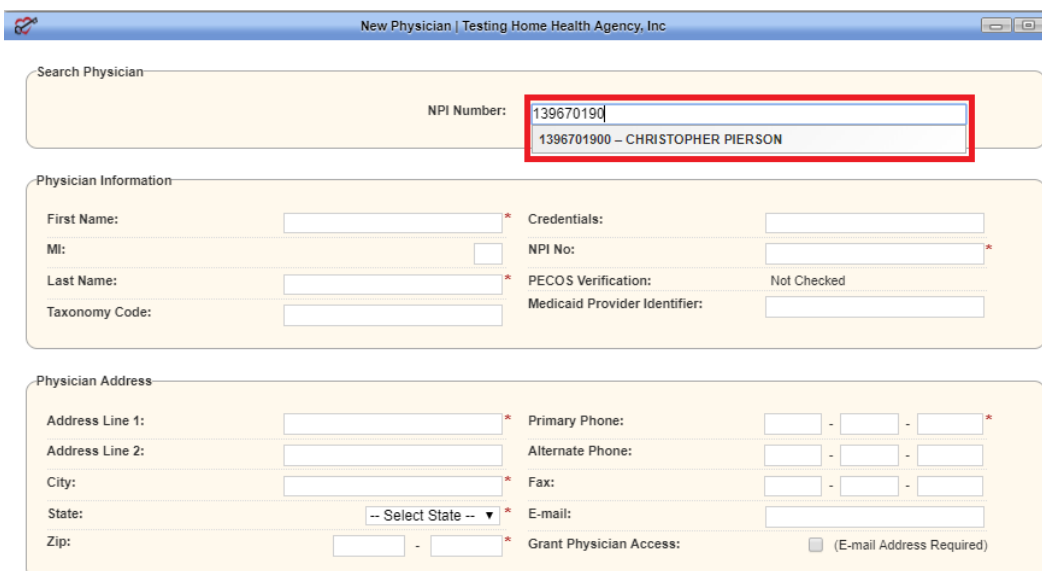
| List of User Task Logs |                              |                     |
|------------------------|------------------------------|---------------------|
| User Name              | Action Description           | Date                |
| Rojas, Lysbeth         | User Non-Visit Task Added.   | 09/12/2018 11:46 AM |
| Kassebaum, (23) Abby   | User Non-Visit Task Updated. | 10/02/2018 11:31 AM |

## **ADDING A PHYSICIAN:**

*Admin/Lists/Physicians/New Physician, Admin/New/Physician or Create/New/Physician.*




A new window will open. The quickest way to enter a physician is by entering their “NPI number.” As the number is typed, physicians and their corresponding NPI numbers will appear below for selection. After selecting the physician and pressing the tab key, the Physician Information and Address will auto-fill based on the information that is in the NPI registry. This can still be edited. Everything with a red asterisk is required.



**NOTE:** If the NPI number is unknown, use the following website:

<https://npiregistry.cms.hhs.gov/registry/>

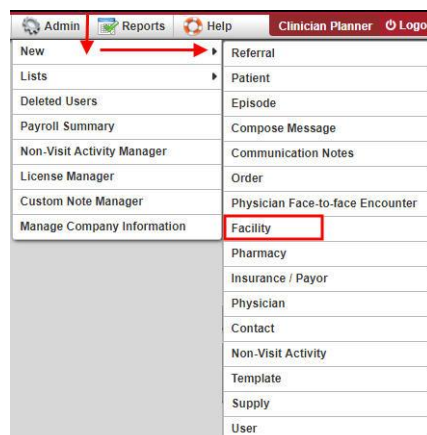
If the physician is already listed in the NPI registry, the system will automatically do a "PECOS Verification." A green check mark indicates they are PECOS-verified, a red "X" indicates they are not.

PECOS Verification: 

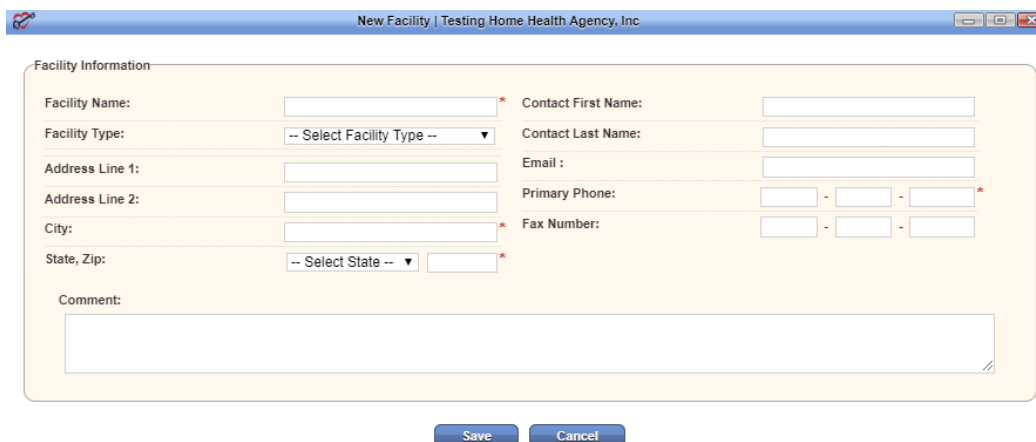
Once completed, select the "Save" button at the bottom.

## **ADDING A NEW FACILITY:**

*Admin/New/Facility, Admin/Lists/Facilities/New Facility or Create/New/Facility*

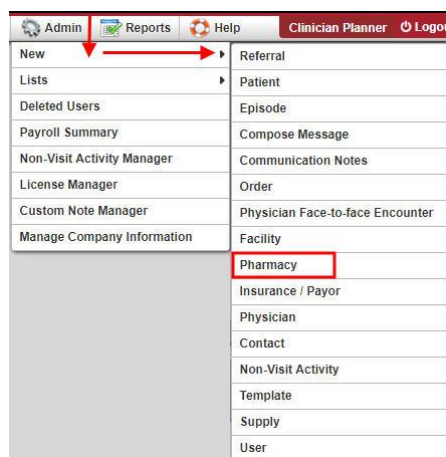


A new window will open. Enter the Facility Name, Address, Primary Phone, and as much information as possible. When finished, select the “Save” button at the bottom.



## **ADDING A NEW PHARMACY:**

*Admin/New/Pharmacy, Admin/Lists/Pharmacies/New Pharmacy or Create/New/Pharmacy.*



|                 |                     |                            |                                  |                            |
|-----------------|---------------------|----------------------------|----------------------------------|----------------------------|
| Admin           | Reports             | Help                       | Clinician Planner                | Logout                     |
| New             | Lists               | Deleted Users              | Payroll Summary                  | Non-Visit Activity Manager |
| License Manager | Custom Note Manager | Manage Company Information | Referral                         | Patient                    |
|                 |                     |                            | Episode                          | Compose Message            |
|                 |                     |                            | Communication Notes              | Order                      |
|                 |                     |                            | Physician Face-to-face Encounter | Facility                   |
|                 |                     |                            | <b>Pharmacy</b>                  | Insurance / Payor          |
|                 |                     |                            | Physician                        | Contact                    |
|                 |                     |                            | Non-Visit Activity               | Template                   |
|                 |                     |                            | Supply                           | User                       |

A new window will open. Input the Pharmacy Name and Primary Phone and all other information available. When finished, select the “Save” button at the bottom.



New Pharmacy | Testing Home Health Agency, Inc.

Pharmacy Information

Pharmacy Name:  \* Primary Phone:  -  -  \*

Address Line 1:  Contact First Name:

Address Line 2:  Contact Last Name:

City:  Email:

State, Zip:  -- Select State --  Fax Number:  -  -

Comment:

## OASIS TRANSMISSION:

### *Create/OASIS Export*



A new window will open. Filter for OASIS by choosing the Branch and Payment Source from the drop-down menus and selecting the desired Assessment Date Range. Then select "Generate." The patient OASIS visits that meet the criteria will appear below.

OASIS Export | Testing Home Health Agency, Inc.

Branch:  1. Testing home health agency Payment Source:  Medicare (traditional fee-for-

Assessment Date Range:  7/31/2018  To  9/28/2018

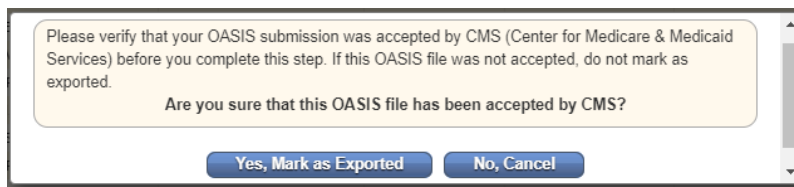
☐ Check/Uncheck All

| #  | Patient Name      | Assessment Type             | Assessment Date | Episode                 | Insurance              | Correction #                |
|----|-------------------|-----------------------------|-----------------|-------------------------|------------------------|-----------------------------|
| 1  | BEAR, KODA        | OASIS-C2 Start of Care (PT) | 09/06/2018      | 09/06/2018 - 11/04/2018 | Medicare(Palmetto GBA) | 00 ( <a href="#">Edit</a> ) |
| 2  | COUGAR, JOHN      | OASIS-C2 Start of Care (PT) | 09/07/2018      | 09/07/2018 - 11/05/2018 | Medicare(Palmetto GBA) | 00 ( <a href="#">Edit</a> ) |
| 3  | BATTLE, AMBER     | OASIS-C2 Start of Care      | 09/12/2018      | 09/12/2018 - 11/10/2018 | Medicare(Palmetto GBA) | 00 ( <a href="#">Edit</a> ) |
| 4  | BEAR, VERONICA    | OASIS-C2 Start of Care (PT) | 08/20/2018      | 08/20/2018 - 10/18/2018 | Medicare(Palmetto GBA) | 01 ( <a href="#">Edit</a> ) |
| 5  | PALMER, MEREDITH  | OASIS-C2 Resumption of Care | 08/20/2018      | 08/03/2018 - 10/01/2018 | Medicare(Palmetto GBA) | 00 ( <a href="#">Edit</a> ) |
| 6  | CUBAN, MARK       | OASIS-C2 Recertification    | 08/07/2018      | 08/12/2018 - 10/10/2018 | Medicare(Palmetto GBA) | 01 ( <a href="#">Edit</a> ) |
| 7  | DALLAS, HENRY     | OASIS-C2 Recertification    | 08/09/2018      | 08/10/2018 - 10/08/2018 | Medicare(Palmetto GBA) | 00 ( <a href="#">Edit</a> ) |
| 8  | PALMER, MEREDITH  | OASIS-C2 Recertification    | 08/01/2018      | 08/03/2018 - 10/01/2018 | Medicare(Palmetto GBA) | 00 ( <a href="#">Edit</a> ) |
| 9  | BOOP, BETTY       | OASIS-C2 Recertification    | 09/04/2018      | 09/08/2018 - 11/06/2018 | Medicare(Palmetto GBA) | 00 ( <a href="#">Edit</a> ) |
| 10 | STARK, NED        | OASIS-C2 Recertification    | 08/06/2018      | 08/10/2018 - 10/08/2018 | Medicare(Palmetto GBA) | 01 ( <a href="#">Edit</a> ) |
| 11 | PALMER, MEREDITH  | OASIS-C2 Transfer           | 08/15/2018      | 08/03/2018 - 10/01/2018 | Medicare(Palmetto GBA) | 00 ( <a href="#">Edit</a> ) |
| 12 | DAVIS, AMANDA     | OASIS-C2 Transfer           | 08/09/2018      | 07/10/2018 - 09/07/2018 | Medicare(Palmetto GBA) | 00 ( <a href="#">Edit</a> ) |
| 13 | CRAWFORD, LISA    | OASIS-C2 Transfer           | 09/21/2018      | 08/19/2018 - 10/17/2018 | Medicare(Palmetto GBA) | 00 ( <a href="#">Edit</a> ) |
| 14 | JOHNSON, JENNIFER | OASIS-C2 Transfer           | 08/20/2018      | 07/25/2018 - 09/22/2018 | Medicare(Palmetto GBA) | 00 ( <a href="#">Edit</a> ) |

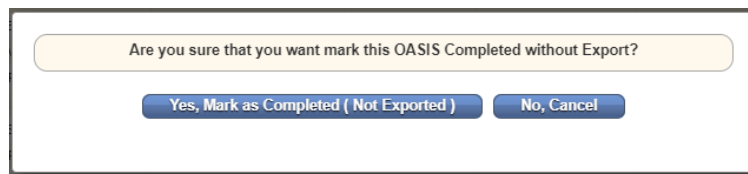
There are check boxes to the left of every patient name listed. Select one or multiple, then choose one of the buttons below. If “Generate OASIS File,” is chosen, the system will download the raw OASIS file on the computer to be uploaded to Center for Medicare Services (CMS). There is a “Check/Uncheck All” check box inside the search criteria that will either check all boxes listed or clear them.

**NOTE: Create a folder on the computer where OASIS files can be stored for easy access.**

Once OASIS file(s) have been sent to CMS, go back inside the window, check the boxes of the OASIS that were submitted again (far left), then select the “Mark Selected As Exported” button at the bottom. A new window will open confirming that the OASIS file(s) have been accepted by CMS. To confirm, select the “Yes, Mark as Exported” button.



Similarly, if an OASIS needs to be marked as completed, but was not exported, check the box next to the Patient Name and then select the “Mark Selected As Completed (Not Exported)” button at the bottom of the page. A new window will open, and then select the “Yes, Mark as Completed (Not Exported)” button.



The list of OASIS can be exported to an Excel Spreadsheet by selecting the “Export to Excel” in the top right of the OASIS Export window. If submissions have been rejected and a corrected OASIS is being resubmitted, users can change the “Correction #” by selecting the “Edit” hyperlink on the far right of each OASIS line. A new window will open, and a warning will appear. Change the “Correction Number” by selecting on the drop-down then selecting the “Edit” button.

The correction number should only be changed if you are retransmitting an OASIS assessment that was previously accepted and needs to be retransmitted because of corrections you made.

The first record that is submitted to correct or inactivate an existing record must have a value of "01" in correction number. If that correction/inactivation is accepted and if a subsequent correction/inactivation is required, it must have a value of "02", and so on. In other words, the correction number on the first correction/inactivation must be "01", and the value on each subsequent correction/inactivation must be incremented by 1.

If an OASIS assessment was rejected and needs to be retransmitted after corrections have been made, use correction number 00.

Correction Number :

## **ORDERS MANAGEMENT:**

*View/Orders Management.*

Split up into four sections:

1. **Orders Pending Co-Signature** – This is the section where orders are housed that need a co-signature because the user who signed the order requires a co-signature (per their permissions). To find a specific order, choose the Branch (if more than one) from the drop-down menu, then select a Date Range, then select the "Generate" button. Input any Order (number), Patient, Physician or Clinician name in the text space to narrow down the order list. The list of orders can also be exported to an Excel spreadsheet by selecting the "Export to Excel" button in the top right of the window.

Orders Pending RN Co-Signature | Testing Home Health Agency, Inc

Branch: 1. Testing home health agency; ▼ Date Range: 9/14/2018 To 9/28/2018 Generate Export to Excel

Start Typing

| Order    | Order Date | Patient              | Type            | Physician    | Clinician           | Sign Date  |
|----------|------------|----------------------|-----------------|--------------|---------------------|------------|
| 26550889 | 09/25/2018 | GOODWIN, JENNIFER L. | Physician Order | ABRAMS, JOHN | Jennifer Higgins RN | 09/25/2018 |
| 26550872 | 09/25/2018 | GOODWIN, JENNIFER L. | Physician Order | ABRAMS, JOHN | Jennifer Higgins RN | 09/25/2018 |
| 26550875 | 09/25/2018 | GOODWIN, JENNIFER L. | Physician Order | ABRAMS, JOHN | Jennifer Higgins RN | 09/25/2018 |
| 26550881 | 09/25/2018 | GOODWIN, JENNIFER L. | Physician Order | ABRAMS, JOHN | Jennifer Higgins RN | 09/25/2018 |
| 26548984 | 09/24/2018 | GOODWIN, JENNIFER L. | Physician Order | ABRAMS, JOHN | Jennifer Higgins RN | 09/24/2018 |
| 26546772 | 09/23/2018 | GOODWIN, SADIE       | Physician Order | ABRAMS, JOHN | Jennifer Higgins RN | 08/16/2018 |

To co-sign an order, select the hyperlink under the column “Type.” A new window will open showing the printed version of the order. The three options with the order are either, “Co-Sign,” “Print” or “Close.”

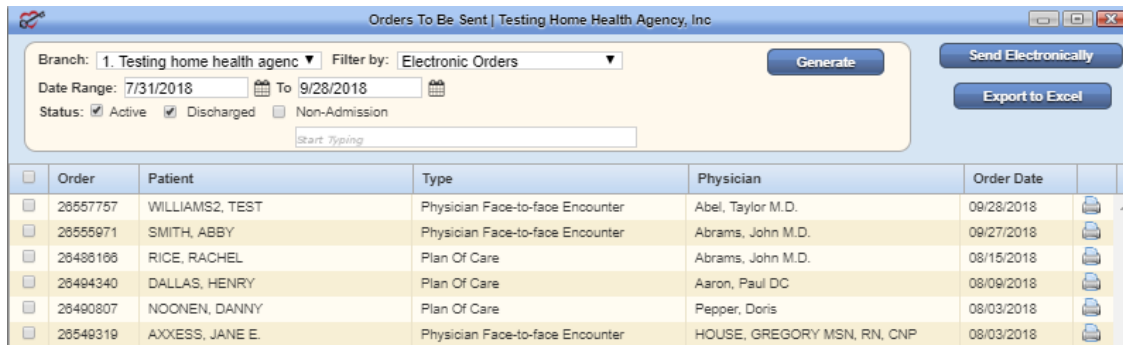
|  |  |   |  |
|--|--|---|--|
| Testing Home Health Agency, Inc<br>5410 North Lakewood Ave Suite 701<br>St. Paul, MN 55104<br>Phone: (214) 575-2222   Fax: (222) 000-2222  |  | <b>PHYSICIAN ORDER</b>  |  |
| <b>Patient: Goodwin, Jennifer L</b><br>123 Any Where Lane<br>Dallas, TX 75248<br>(214) 306-0653<br>HIC: 7134882293   |  | <b>Physician: Abrams, John M.D.</b><br>1548 Professional Pkwy<br>Auburn, AL 36830<br>Phone: (334) 826-2901   Fax: (334) 826-2830<br>NPI: 1891835294 |  |
| <b>Sent To: Abrams, John</b><br>1548 Professional Pkwy<br>Auburn, AL 36830<br>Phone: (334) 826-2901   Fax: (334) 826-2830<br>NPI: 1891835294   |  | <b>Copy To (optional):</b>  |  |
| <b>Order Date:</b> 09/25/2018 <b>Order #:</b> 26550889 <b>Episode Associated:</b> 09/14/2018 - 11/12/2018<br><b>Effective Date:</b> 09/25/2018 <b>Time:</b> 7:45 AM<br><b>Allergies:</b> NKA (Food/Drugs/Latex/Environment)<br><b>Summary:</b> Medications |  |   |  |
| New Medication:<br>TYLENOL<br>325 mg/2 x bid<br>By mouth (PO)  |  |   |  |
| New Medication:<br>ADVIL   |  |   |  |
|  |  | <input type="button" value="Co-Sign"/> <input type="button" value="Print"/> <input type="button" value="Close"/>                                    |  |

The co-signature window will open as shown below. After entering the co-signature, the user can either choose to “Co-Sign” the order or “Co-Sign And Approve.” After co-signing, the order will disappear from the Orders Pending RN Co-Signature window.


Physician Order Co-Signature  
 Order Number: 26550889  
 Patient Name: GOODWIN, JENNIFER  
 Created Date: 09/25/2018  
 Clinician Co-Signature:   
 Clinician Co-Signature Date: 9/28/2018

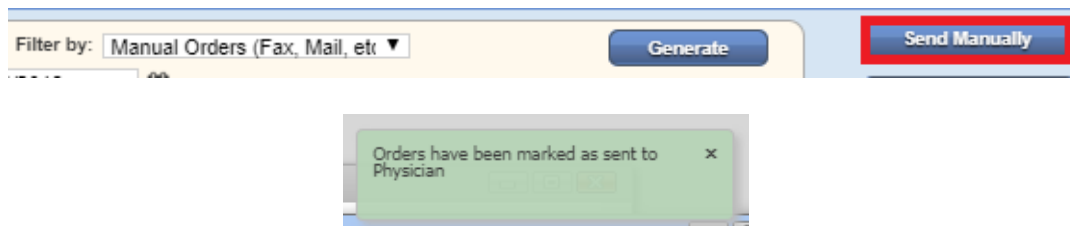
2. **Orders To Be Sent** – This window keeps orders that are ready to be sent to the physician for signature. Filtering for orders begins with the Branch (if more than one) from the drop-down menu. Then choose whether filtering by Electronic Orders or Manual Orders (Fax, Mail, etc.). How users choose to filter will change the button in the top right from

“Send Electronically” to “Send Manually.” Choose the Date Range of the orders to be sent, then decide whether the orders are from patients with a Status of Active, Discharged and/or Non-Admission. Start typing any Order (number), Patient, Type or Physician name in the text space to narrow down the order list even further.

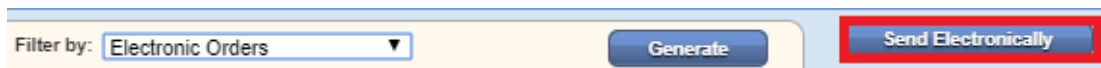


| Order    | Patient         | Type                             | Physician                   | Order Date |
|----------|-----------------|----------------------------------|-----------------------------|------------|
| 26557757 | WILLIAMS2, TEST | Physician Face-to-face Encounter | Abel, Taylor M.D.           | 09/28/2018 |
| 26555971 | SMITH, ABBY     | Physician Face-to-face Encounter | Abrams, John M.D.           | 09/27/2018 |
| 26486166 | RICE, RACHEL    | Plan Of Care                     | Abrams, John M.D.           | 08/15/2018 |
| 26494340 | DALLAS, HENRY   | Plan Of Care                     | Aaron, Paul DC              | 08/09/2018 |
| 26490807 | NOONEN, DANNY   | Plan Of Care                     | Pepper, Doris               | 08/03/2018 |
| 26549319 | AXXESS, JANE E. | Physician Face-to-face Encounter | HOUSE, GREGORY MSN, RN, CNP | 08/03/2018 |

To print an order, select the printer icon  on the far right of the order. Once printed, check the boxes to the left of the order and select the “Send Manually” button (in the top right). They will be marked as sent to the physician with a green notification.



If the agency’s physicians have access to the Physician Portal, orders should be sent electronically. This can be done by checking the boxes to the left of the orders and selecting the “Send Electronically” button in the top right.



To export the list of orders that meet the search parameters, select the “Export to Excel” button in the top right.

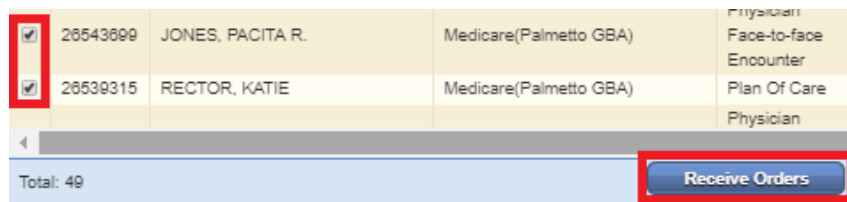
3. **Orders Pending MD Signature** - This window shows orders that are ready to be electronically signed by the physician. Filtering for orders begins with the Branch (if more than one) from the drop-down menu. Choose the Date Range of the orders planning to be signed, then decide

whether the orders are from patients with a Status of Active, Discharged and/or Non-Admission. Start typing any Order (number), Patient, Payor, Type Internal Referral Source or Physician name in the free text space to narrow down the order list even further.



| Order    | Patient                | Payor                  | Type                             | Internal Referral Source | Physician         | Order Date | Sent Date  | Received Date | MD Sign Date | Action        |
|----------|------------------------|------------------------|----------------------------------|--------------------------|-------------------|------------|------------|---------------|--------------|---------------|
| 26557628 | HOBSON, CHARLIE        | 123Health Insurance    | Physician Order                  |                          | Betty, Bart       | 09/28/2018 | 09/28/2018 |               |              | Receive Order |
| 26555755 | BEAR, JENN             | Medicare(Palmetto GBA) | Physician Order                  |                          | Aaron, Paul DC    | 09/27/2018 | 09/27/2018 |               |              | Receive Order |
| 26554585 | GONZALEZ, SEBASTIAN E. | Medicare(Palmetto GBA) | Physician Order                  | Martha Gonzalez RN       | Chill, Padma      | 09/26/2018 | 09/26/2018 |               |              | Receive Order |
| 26553725 | KELLY, JOHN            | 21ST CENTURY INSURANCE | Physician Face-to-face Encounter | Aannette Tester RN       | ACROPOLIS, ADONIS | 09/26/2018 | 09/26/2018 |               |              | Receive Order |
| 26445495 | AARDVARK, JUDY         | 111111111111111        | Physician Order                  |                          | Smith, Allison MD | 09/25/2018 | 09/25/2018 |               |              | Receive Order |
| 26548139 | CRAWFORD, LISA B.      | Medicare(Palmetto GBA) | Physician Order                  |                          | Abrams, John M.D. | 09/24/2018 | 09/24/2018 |               |              | Receive Order |
| 26543099 | JONES, PACITA R.       | Medicare(Palmetto GBA) | Physician Face-to-face Encounter |                          | Kaki, Suma M.D.   | 09/21/2018 | 09/28/2018 |               |              | Receive Order |
| 26539315 | RECTOR, KATIE          | Medicare(Palmetto GBA) | Plan Of Care                     |                          | Andrews, Baxter   | 09/19/2018 | 09/20/2018 |               |              | Receive Order |

When the physician is ready to sign orders, check the box to the left of the order then select the “Receive Orders” button at the bottom of the page.

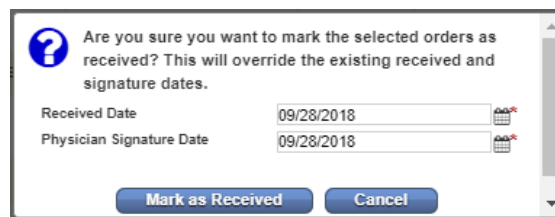


|                                     |          |                  |                        |                                  |
|-------------------------------------|----------|------------------|------------------------|----------------------------------|
| <input checked="" type="checkbox"/> | 26543899 | JONES, PACITA R. | Medicare(Palmetto GBA) | Physician Face-to-face Encounter |
| <input checked="" type="checkbox"/> | 26539315 | RECTOR, KATIE    | Medicare(Palmetto GBA) | Plan Of Care                     |
|                                     |          |                  |                        | Physician                        |

Total: 49

**Receive Orders**

A new window will open where the doctor will confirm the Received and Physician Signature Date then select the “Mark as Received” button. The date auto populates with today’s date. Once marked as signed they will disappear from the Orders Pending Signature window and be in the Orders History section.



**?** Are you sure you want to mark the selected orders as received? This will override the existing received and signature dates.


Received Date: 09/28/2018

Physician Signature Date: 09/28/2018

**Mark as Received** **Cancel**

- Orders History** – This is where all orders in every status can be seen. Filtering for orders begins with the Branch (if more than one) from the drop-down menu. Choose the Date Range, then decide whether the orders are from patients with a Status of Active, Discharged and/or Non-Admission. Then select the Generate button. The results can be sorted by nine different columns by selecting the column heading: Order #, Patient,

Type, Physician, Electronic, Date, Sent Date, Received Date and MD Sign Date.



Order History | Testing Home Health Agency, Inc

Branch: 1. Testing home health agency


Date Range: 8/3/2018 To 10/1/2018

Generate

Export to Excel

Status: ☒ Active ☒ Discharged ☐ Non-Admission

| Order    | Patient                | Type                             | Physician           | Electronic | Order Date | Sent Date  | Received Da | MD Sign Date | Action |
|----------|------------------------|----------------------------------|---------------------|------------|------------|------------|-------------|--------------|--------|
| 26557828 | HOBSON, CHARLIE        | Physician Order                  | Betty, Bart         | No         | 09/28/2018 | 09/28/2018 | 09/30/2018  | 09/30/2018   | Edit   |
| 26558891 | MAHARJAN, SUMI         | Physician Order                  | Sumayang, Amy MD    | Yes        | 09/28/2018 |            |             |              | Edit   |
| 26555755 | BEAR, JENN             | Physician Order                  | Aaron, Paul DC      | Yes        | 09/27/2018 | 09/27/2018 |             |              | Edit   |
| 26556845 | ROJAS, PAOLA A.        | Physician Order                  | Aaron, Paul DC      | Yes        | 09/27/2018 | 09/30/2018 | 09/30/2018  | 09/30/2018   | Edit   |
| 26554585 | GONZALEZ, SEBASTIAN E. | Physician Order                  | Chill, Padma        | No         | 09/26/2018 | 09/28/2018 |             |              | Edit   |
| 26553725 | KELLY, JOHN            | Physician Face-to-face Encounter | ACROPOLIS, ADONIS   | No         | 09/26/2018 | 09/28/2018 |             |              | Edit   |
| 26445495 | AARDVARK, JUDY         | Physician Order                  | Smith, Allison MD   | No         | 09/25/2018 | 09/28/2018 |             |              | Edit   |
| 26548945 | ROJAS, ALEX            | Physician Order                  | Accurso, Brent DDS  | No         | 09/24/2018 | 09/30/2018 | 09/30/2018  | 09/29/2018   | Edit   |
| 26548139 | CRAWFORD, LISA B.      | Physician Order                  | Abrams, John M.D.   | Yes        | 09/24/2018 | 09/24/2018 |             |              | Edit   |
| 26547950 | HOBSON, CHARLIE        | Physician Face-to-face Encounter | George, Dan MBBS    | No         | 09/24/2018 | 09/25/2018 | 09/25/2018  | 09/25/2018   | Edit   |
| 26548854 | STEIN, JENNIFER K.     | Physician Face-to-face Encounter | Meyer, Kathryn M.D. | No         | 09/24/2018 | 09/25/2018 | 09/25/2018  | 09/25/2018   | Edit   |
| 26543699 | JONES, PACITA R.       | Physician Face-to-face Encounter | Kaki, Suma M.D.     | No         | 09/21/2018 | 09/28/2018 | 09/28/2018  | 09/28/2018   | Edit   |
| 26558207 |                        | Physician Order                  | Alexander, John MD  | No         | 09/20/2018 | 09/28/2018 | 09/28/2018  | 09/28/2018   | Edit   |
| 26539315 | RECTOR, KATIE          | Plan Of Care                     | Andrews, Baxter     | Yes        | 09/19/2018 | 09/20/2018 | 09/28/2018  | 09/28/2018   | Edit   |
| 26535620 | JONES, ELLEN           | Physician Face-to-face Encounter | Allen, James        | No         | 09/17/2018 | 09/17/2018 | 09/13/2018  | 09/18/2018   | Edit   |
| 26532716 | WILSON, KRISTA         | Plan Of Care                     | patel, shelly       | No         | 09/16/2018 | 09/16/2018 | 09/16/2018  | 09/16/2018   | Edit   |
| 26530510 |                        | Physician Face-to-face Encounter | Afonja, Richards MD | Yes        | 09/14/2018 | 09/20/2018 | 09/20/2018  | 09/20/2018   | Edit   |
| 26530408 | GOODWIN, JENNIFER L.   | Physician Face-to-face Encounter | Abrams, John M.D.   | Yes        | 09/14/2018 | 09/24/2018 |             |              | Edit   |





Select the "Edit" hyperlink to update an order's Sent, Received or Physician Signature Date. A new window will open. Type in the date or select the calendar icon on the right. Select "Update" to save.

Update Physician Order

Sent Date: 9/28/2018
Received Date: 9/30/2018
Physician Signature Date: 9/30/2018

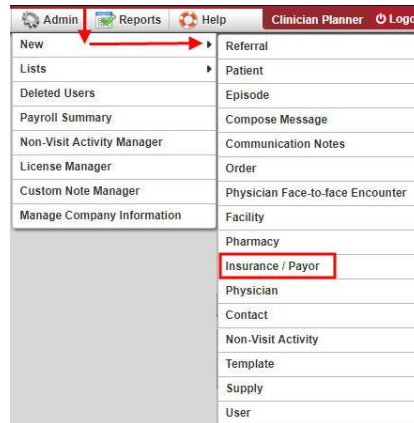
Update
Exit

Select the refresh icon  in the bottom left for the Orders History window to reflect the most recent status of all orders. Select the printer icon  on the far right to re-print any orders that need to be sent/re-sent for signature. Select the "Export to Excel" button in the top right to create an Excel spreadsheet of all orders in the window (based off search parameters).

## **ADDING AN INSURANCE/PAYOR:**

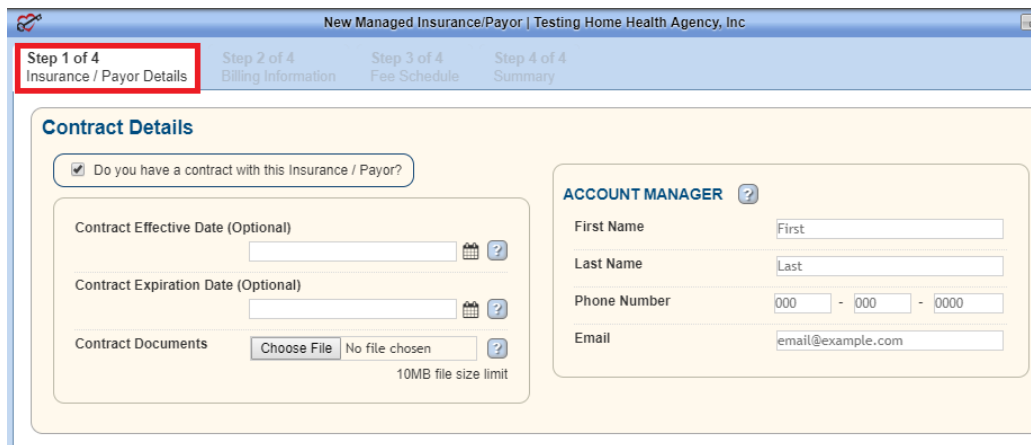
*Admin/New/Insurance\_Payor, Admin/Lists/Insurances\_Payors/New Insurance or View/Lists/Insurances\_Payors/New Insurance.*






A new window will appear. The new payor window is split up into four steps/tabs:

1. **Insurance/Payor Details** – If there is not a contract with the insurance, uncheck the very top box and the Contract Details section will collapse. If there is a contract, enter the Contract Effective and Expiration Date by either writing in or selecting the calendar icon. Add any documentation related to the payor as an attachment by selecting on the “Choose File” button, finding the document saved on the computer, then select the “Open” button (10mb file size limit). Enter the Account Manager information in the next section including First and Last Name, Phone Number and Email. None of the Contract Details section is required.



**NOTE:** The question mark icon  is a reference. Hover over the icon for more insight about that question or section.

The next section is for payor details. Below are the selections that auto-populate when adding a new payor. It is required to enter an Insurance/Payor Name,



Type, ID and Source of Payment. If Claims are submitted electronically through Axxess Select Availability as the clearinghouse, enter Submitter ID "00000."

| Insurance / Payor Details           |   |
|-------------------------------------|---|
| Clearing House                      | None  |
| Insurance/Payor Name                | Search By Payors Name   |
| Display Name                        | Name for Displaying in AgencyCore                             |
| Insurance/Payor Type                | -- Select Payment Source --                                   |
| Source Of Payment                   | 09 - Self-pay   |
| Work Week Begins                    | Sunday  |
| Billing Cycle Type                  | Daily   |
| Visit Authorization Required?       | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Insurance/Payor ID                  | Search by Payor Id  |
| Provider ID/Code                    |   |
| Other Provider ID                   | Other Identifying Information                                 |
| Provider Subscriber ID              |   |
| Submitter ID                        |   |
| Timely Filing                       | 0 Days  |
| Auto Billing EndDate Look Back Days | 0 Days  |

Select whether the payor pays Episodic, Per Visit or both by checking the corresponding boxes. The Episodic and Per Visit columns both ask the same questions seen below. Taxonomy code should be for Home Health, and if it is Episodic, the Initial Claim Bill type should be 322, Continuation 323, Final 329 and Admit thru Discharge must be 321. If it is a Per Visit Claim, make sure the agency is billing HCFA-1500 or UB-04. If it is a HCF-1500, it has to be Professional and UB-04 is an Institutional Claim. For Per Visit Claims, Initial Claim Bill type should be 322, Continuation 323, Final 324 and Admit thru Discharge must be 321.

|   |  |
|---|--|
| <input checked="" type="checkbox"/> <b>Episodic</b>                                     | <input type="checkbox"/> Check here if 'Location of Services' is a required line item to be reported on your claim next to the first billable visit. |
| Taxonomy Code: 208D00000X   | <input type="checkbox"/> Check here if the 'Time-in of admission' is required.   |
| Description: General Practice   | <input type="checkbox"/> Check here if the 'Date of Admission / SOC' is not required.  |
| Electronic Bill Type: Institutional   | <input type="checkbox"/> Check here if the payor requires Provider Specialty Codes.  |
| Paper Invoice Type: UB-04   | <input type="checkbox"/> Check here if the payor requires the G0154 Rule Change for Skilled Nursing.   |
| Initial Claim Bill Type: 332-Home Health - 1st Claim (No)                               | Effective Date: mm/dd/yyyy   |
| Continuation Claim Bill Type: 323-Home Health - Interim-Conti                           | <input type="checkbox"/> Check here if the payor requires the G0163 and G0164 Rule Change for Skilled Nursing.                                       |
| Final Claim Bill Type: 324-Home Health - Last Claim                                     | Effective Date: mm/dd/yyyy   |
| Admit On Discharge Bill Type: 321-Home Health - Admit thru Di                           |  |
| <input type="checkbox"/> Check here if this payor requires a pre-printed claim form.    |  |
| <input type="checkbox"/> Check here if the home health service line should be included. |  |
| Home Health Service Line Default  |  |

The next section will be entering the clearinghouse information. If Axxess is used for the clearinghouse, check the box at the top of the section and it will collapse.

☐ Check here if your claims are submitted electronically to your clearing house through Axxess™

|  |                               |
|--|-------------------------------|
| Interchange Submitter Qualifier<br>Mutually Defined (ZZ) | Clearinghouse Submitter ID    |
| Interchange Payor Qualifier<br>Mutually Defined (ZZ)     | Submitter Name                |
|  | Phone Number 000 - 000 - 0000 |
| GS02 Application Sender's Code                           | ISA06 Interchange Sender ID   |
| GS03 Application Receiver's Code                         | ISA08 Interchange Receiver ID |

In the next section, enter the contact information of the person whom the agency communicates with at the insurance company. If the payor's address is required, check the box to the right and enter that address. If the insurance wants their payments to be sent to a different address from their physical location, check the box at the very bottom of the page. Once completed with all the information in this page/tab, select the "Next: Billing Information >" button in the bottom right. There will be a green notification stating the new Insurance/Payor has been added successfully.

**Insurance / Payor Contact Information**
☐ Check here if the payor's address is required.

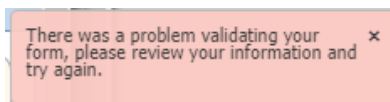
**Insurance Contact Person**

First Name  
Last Name  
Email  
Phone Number 000 - 000 - 0000  
Fax Number 000 - 000 - 0000

**Billing Provider Information**
☐ Check here if the provider intends payment to be sent to a different address from the agency's physical location.

Step 1 of 4: Insurance / Payor Information
 Next: Billing Information >

**NOTE:** If all required information is not entered, the following notification will appear:



The required sections that are missing information will be highlighted in red:

Insurance/Payor Name \*

\* Required Search By Payors Name

2. **Billing Information** – Depending on how the insurer pays, whether episodic or per visit, will determine which sections will show here. The payor being added in the screenshot below is both episodic and per visit so it shows both the “General Practice: UB” and “Home Health: HCFA” sections. Starting with the UB billing information. This can be seen with the selection being a lighter shade of blue. Choose from the drop-downs and select the boxes that will build out the UB-04 Form and the Locator sections on the form.

Step 1 of 4  
Insurance / Payor Details

Step 2 of 4  
Billing Information

Step 3 of 4  
Fee Schedule

Step 4 of 4  
Summary

< Previous: Insurance / Payor Information

General Practice: UB

Home Health: HCFA

Next: Fee Schedule >

Address Format

Address with 5 digit zip, no coun

Date Format

No Separator(MMDDYYYY)

Name Format

Last Name First Name Middle Init

Currency Format

Leading Zero

Federal Tax Number

UB-04 Form Locator 5

Use Another Federal Tax Number

Patient Name/Identifier

UB-04 Form Locator 8A

Last Name

Patient Name (Options)

UB-04 Form Locator 8B

First Name

Priority (Type) of Visit

UB-04 Form Locator 14

Include in Claims

Point of Origin for Admission / Visit

UB-04 Form Locator 15

Include in Claims

Discharge Hour

UB-04 Form Locator 16

Include in Claims

Accident State

UB-04 Form Locator 29

Include in Claims

Reserved

UB-04 Form Locator 30

Responsible Party Name and Address

UB-04 Form Locator 38

Check here to include Payor Name / Address on paper claim(s)

Value Codes and Amounts

UB-04 Form Locator 39

Include in Claims

Revenue Code

UB-04 Form Locator 42

Visits and Supplies

Revenue Description

UB-04 Form Locator 43

Visits and Supplies

HCPCS/Rates/HIPPS Code

UB-04 Form Locator 44

Visits and Supplies

Service Date

UB-04 Form Locator 45

Visits and Supplies

Service Units (Print Only)

UB-04 Form Locator 46

Total Charges

UB-04 Form Locator 47

RAP display 100% total charge

Payor Name

UB-04 Form Locator 50

a:

Primary Insurance

b:

None

c:

None

|  |  |
|--|--|
| Admitting Diagnosis Code<br>UB-04 Form Locator 69                | Blank  |
| Patient's Reason for Visit<br>UB-04 Form Locator 70              | <input type="checkbox"/> Include in Claims   |
| Attending Provider Name and Identifiers<br>UB-04 Form Locator 76 | Attending Provider   |
| Operator Provider Name and Identifiers<br>UB-04 Form Locator 77  | Operating Physician  |
| Other Provider Name and Identifiers<br>UB-04 Form Locators 78    | Other Operating Physician  |
| Npi  |  |
| First Name   |  |
| Last Name  |  |
| Other Provider Name and Identifiers<br>UB-04 Form Locators 79    | Rendering Provider   |
| Code-Code Field<br>UB-04 Form Locators 81 A-D                    | a: <input type="text"/> <input type="text"/> <input type="text"/><br>b: <input type="text"/> <input type="text"/> <input type="text"/><br>c: <input type="text"/> <input type="text"/> <input type="text"/><br>d: <input type="text"/> <input type="text"/> <input type="text"/> |

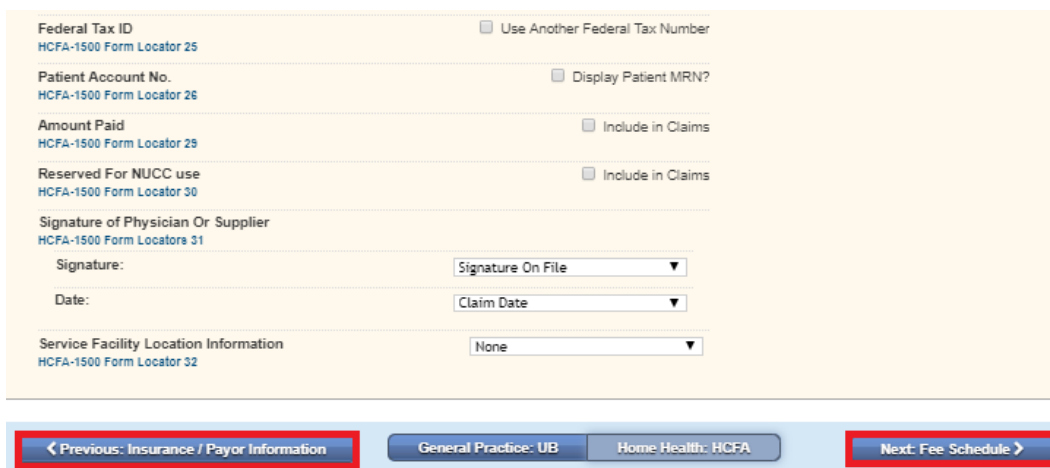
[< Previous: Insurance / Payor Information](#)
[General Practice: UB](#)
[Home Health: HCFA](#)
[Next: Fee Schedule >](#)

The following are the questions related to filling out the HCFA–1500 and the Locators of that form.

[< Previous: Insurance / Payor Information](#)
[General Practice: UB](#)
[Home Health: HCFA](#)

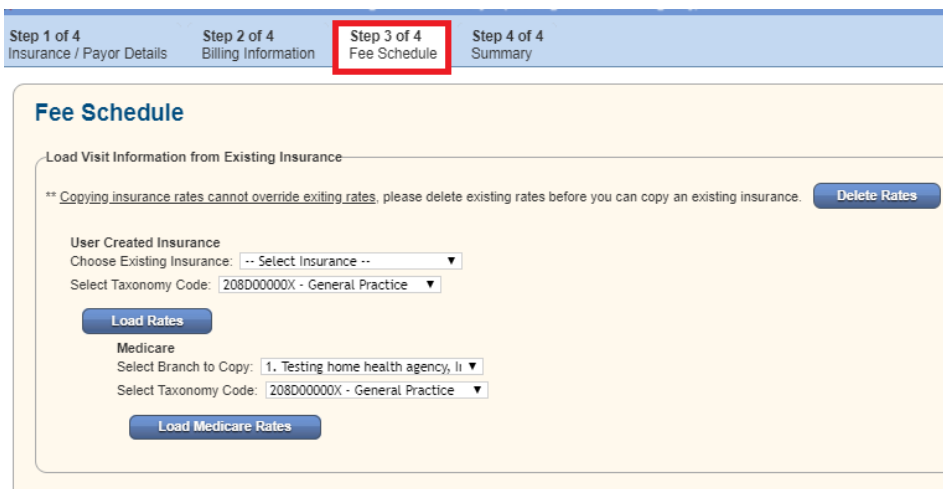
|  |   |
|--|---|
| Address Format   | Address with 5 digit zip, no cour                                     |
| Date Format  | No Separator(MMDDYYYY)  |
| Name Format  | Last Name First Name Middle ini                                       |
| Currency Format  | Leading Zero  |
| Patient or Authorized Person's Signature<br>HCFA-1500 Form Locator 12            | Signature: Signature On File<br>Date: Claim Date                      |
| Insured or Authorized Person's Signature<br>HCFA-1500 Form Locator 13            | Signature: Signature On File  |
| Date of Current Illness, Injury, or Pregnancy (LMP)<br>HCFA-1500 Form Locator 14 | <input type="checkbox"/> Check to display Diagnosis O/E Date          |
| Name of Rendering Provider or Other Source<br>HCFA-1500 Form Locator 17          | Blank   |
| Diagnosis Pointer<br>HCFA-1500 Form Locator 24E                                  | <input type="checkbox"/> Check to display Diagnosis Pointers on claim |
| Display performing provider's ID number?<br>HCFA-1500 Form Locator 24J           | <input type="checkbox"/> Display performing provider's ID number?     |

Toggle in between tabs/steps by selecting the “< Previous: Insurance/Payor Information” and “Next: Fee Schedule >” buttons at the bottom of the page. A green notification will appear stating the Billing Information has been updated successfully.



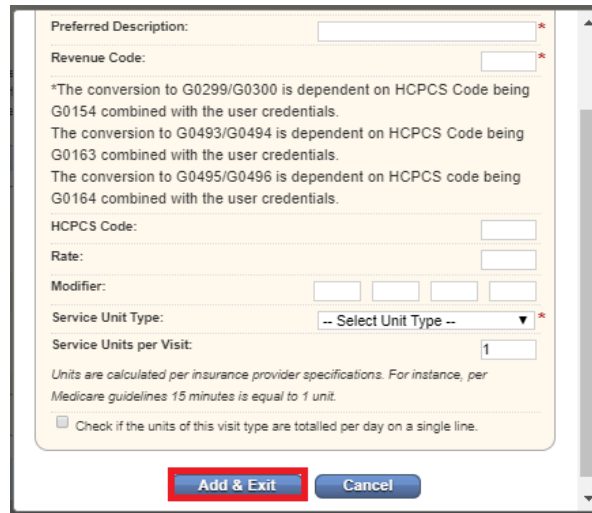
This screenshot shows the 'Billing Information' form. It includes fields for Federal Tax ID (with a checkbox for 'Use Another Federal Tax Number'), Patient Account No. (with a checkbox for 'Display Patient MRN?'), Amount Paid (with a checkbox for 'Include in Claims'), and Reserved For NUCC use (with a checkbox for 'Include in Claims'). There is also a section for 'Signature of Physician Or Supplier' with dropdowns for 'Signature' (set to 'Signature On File') and 'Date' (set to 'Claim Date'). A 'Service Facility Location Information' dropdown is set to 'None'. At the bottom, there are navigation buttons: '< Previous: Insurance / Payor Information' (highlighted with a red box), 'General Practice: UB', 'Home Health: HCFA', and 'Next: Fee Schedule >' (highlighted with a red box).

3. **Fee Schedule** – In this step, the agency can add the fees for all visits by either loading visit information from other payors or adding visit information. Delete any rates that were manually added if the agency plans to copy insurance rates from another. This can be done by selecting the “Delete Rates” button (this will delete *all* rates listed below). To then copy the rates from another insurance, select the Existing Insurance from the drop-down menu, then confirm the Taxonomy Code from that drop-down menu. Then select the “Load Rates” button. The rates will then display at the bottom of the page in the grid.

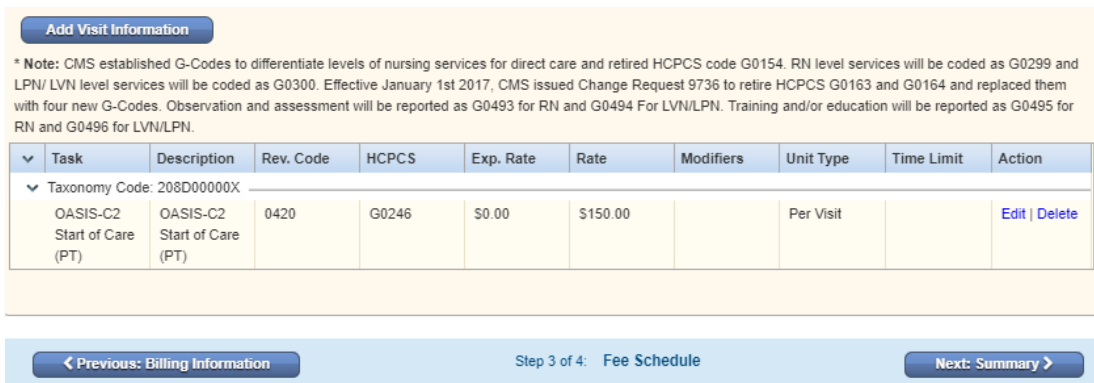


This screenshot shows the 'Fee Schedule' form. At the top, there are four steps: 'Step 1 of 4 Insurance / Payor Details', 'Step 2 of 4 Billing Information', 'Step 3 of 4 Fee Schedule' (highlighted with a red box), and 'Step 4 of 4 Summary'. The main section is titled 'Fee Schedule' and contains a warning: '\*\* Copying insurance rates cannot override exiting rates. please delete existing rates before you can copy an existing insurance.' with a 'Delete Rates' button. Below this, there are dropdowns for 'Choose Existing Insurance' (set to '-- Select Insurance --') and 'Select Taxonomy Code' (set to '208D00000X - General Practice'). There is a 'Load Rates' button. Under the 'Medicare' section, there are dropdowns for 'Select Branch to Copy' (set to '1. Testing home health agency, li') and 'Select Taxonomy Code' (set to '208D00000X - General Practice'), with a 'Load Medicare Rates' button.

If visit information is being added per visit, select the “Add Visit Information” button. A New Visit Information window will open. Confirm the Taxonomy Code, select the Task from the drop-down menu, input a Preferred Description and Revenue Code. There are some suggestions about G-codes. Enter the HCPCS Code, Rate, Modifier and choose the Service Unit Type. Service Units per Visit will auto-generate to 1. Once completed, select the “Add & Exit” button at the bottom of the form.



Manually entered or copied rates now display towards the bottom. To the far right there is a hyperlink option to “Edit” (which will go to the previous screenshot) or the “Delete” which removes the individual rate.



**Add Visit Information**

\* Note: CMS established G-Codes to differentiate levels of nursing services for direct care and retired HCPCS code G0154. RN level services will be coded as G0299 and LPN/ LVN level services will be coded as G0300. Effective January 1st 2017, CMS issued Change Request 9736 to retire HCPCS G0163 and G0164 and replaced them with four new G-Codes. Observation and assessment will be reported as G0493 for RN and G0494 For LVN/LPN. Training and/or education will be reported as G0495 for RN and G0496 for LVN/LPN.

| Task                        | Description                 | Rev. Code | HCPCS | Exp. Rate | Rate     | Modifiers | Unit Type | Time Limit | Action  |
|-----------------------------|-----------------------------|-----------|-------|-----------|----------|-----------|-----------|------------|---|
| Taxonomy Code: 208D00000X   |                             |           |       |           |          |           |           |            |   |
| OASIS-C2 Start of Care (PT) | OASIS-C2 Start of Care (PT) | 0420      | G0246 | \$0.00    | \$150.00 |           | Per Visit |            | <a href="#">Edit</a>   <a href="#">Delete</a> |

[Previous: Billing Information](#)
Step 3 of 4: Fee Schedule
[Next: Summary](#)

4. **Summary** – The last step will show a summary of all previously entered information at a glance.

| Step 1 of 4<br>Insurance / Payor Details   | Step 2 of 4<br>Billing Information | Step 3 of 4<br>Fee Schedule | Step 4 of 4<br>Summary |
|--|------------------------------------|-----------------------------|------------------------|
| <div> <div> <h3>Contract Details</h3> <p>Do you have a contract with this Insurance / Payor? <span>✓</span></p> <p>First Name N/A</p> <p>Last Name N/A</p> <p>Email N/A</p> <p>Contract Effective Date (Optional) N/A</p> <p>Contract Expiration Date (Optional) N/A</p> </div> <div> <h3>Insurance Contact Person</h3> <p>First Name N/A</p> <p>Last Name N/A</p> <p>Email N/A</p> <p>Phone Number N/A</p> <p>Fax Number N/A</p> </div> <div> <h3>Payor Details</h3> <p>Clearing House None</p> <p>Insurance/Payor Name Fake Payor</p> <p>Display Name N/A</p> <p>Insurance/Payor ID 123456789</p> <p>Insurance/Payor Type 8</p> <p>Provider ID/Code N/A</p> </div> <div> <h3>Billor Provider Information</h3> <p>Recipient's Name N/A</p> <p>Address Line 1 N/A</p> <p>Address Line 2 N/A</p> <p>Recipient's Phone N/A</p> <p>City N/A</p> <p>Payment Address State Code N/A</p> <p>Payment Address Zip Code N/A</p> </div> </div> |                                    |                             |                        |

Once completed, select the “Complete” button at the bottom of the page. A green notification will state that the payor has been saved successfully.

### Payor Class Details

Paper Invoice Type UB

Electronic Bill Type Institutional

Taxonomy Code 208D00000X

Description General Practice

Paper Invoice Type HCFA

Electronic Bill Type Professional


Taxonomy Code 251E00000X




Description Home Health

Complete

## **EDITING AN EXISTING PAYOR:**

*Admin/Lists/Insurances\_Payors or View/Lists/Insurances\_Payors*

Select the “Edit” hyperlink to the far right of the screen under the Action column. This is also where the “Delete” function is found. The  icon will show an Activity Log that lists which users have made any changes to the payor and when they were made. To search for a payor, Start Typing any part of the Insurance, Display Name, Payor Class, Type of Bill, Bill Type, Payor ID, Invoice Type, Phone or Contact Person in the white free text space at the very top of the page.

| Insurance/Payor List   Testing Home Health Agency, Inc |                 |              |               |  |          |                  |            |                |   |
|--|-----------------|--------------|---------------|--|----------|------------------|------------|----------------|---|
| New Insurance  |                 | Start Typing |               |  |          |                  |            |                |   |
| Insurance Name   | Display Name    | Payor        | Type of Bill  | Bill Type                              | Payor ID | Invoice Type     | Phone      | Contact Person | Action  |
| Medicare   |                 |              |               | Medicare (traditional fee-for-service) |          |                  |            |                | <a href="#">Edit Visit Rate</a>   |
| PCA (HUMANA) 2345                                      | PCA Humana 1234 | PerVisit     | Professional  | Medicare (traditional fee-for-service) | 95885    | UB-04, HCFA 1500 |            |                |  <a href="#">Edit</a>   <a href="#">Delete</a>   |
| hcfa Test  |                 | PerVisit     | Professional  | None; no charge for current service    | 1234     | HCFA 1500        |            |                |  <a href="#">Edit</a>   <a href="#">Delete</a> |
| Blue Cross Blue Shield of New York                     |                 | PerVisit     | Institutional | Medicare (HMO/care)                    | 96325    | UB-04            | 9722631132 | Milton Bradley |  <a href="#">Edit</a>   <a href="#">Delete</a> |

## **PAYROLL SUMMARY:**

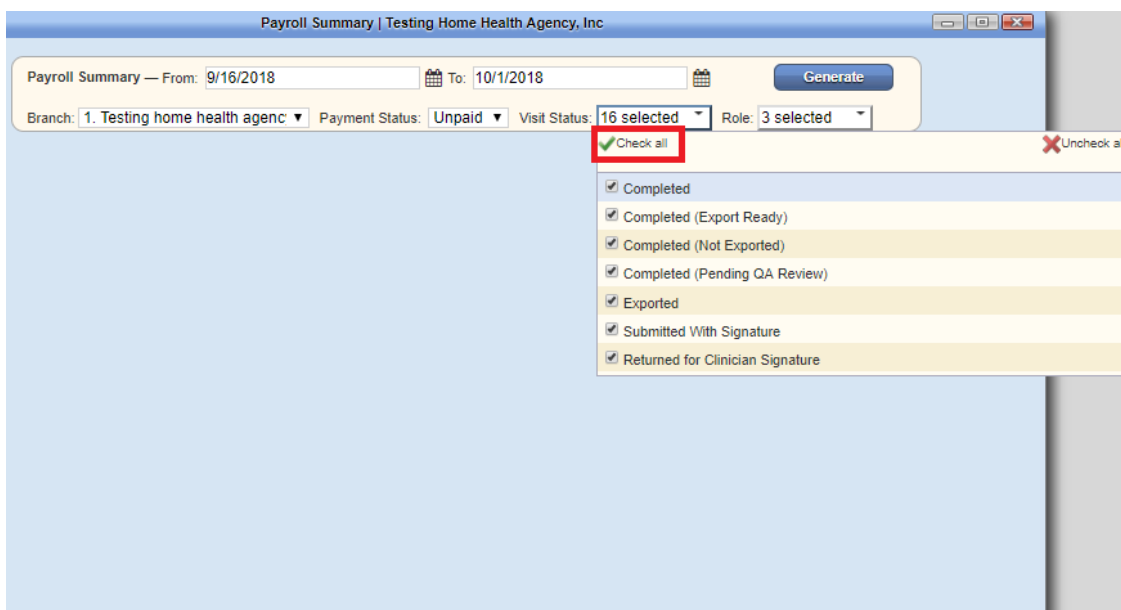
*Admin/Payroll Summary*



The following window will open with only search criteria at the top. Choose the date range in the From and To entries. Select the branch from the drop-down (if



there is more than one). Indicate whether the Payment Status is either Paid, Unpaid or All. Select which types of Visit Status' should be seen by checking the corresponding boxes. Selecting the green check mark will select all statuses and selecting the red X will uncheck all choices. Also choose the Role (category of employee) or combination of roles from Employee, Contractor and Student/Volunteer. Select the "Generate" button in the top right to see the results.



Employees will be listed by name, showing their visit Count, Total Visit Time and Total Travel Time. There are two ways of looking at the detailed version. The first, under Summary-View Details, will show the details of all employees. Selecting the Detail under the Action column on the far right will show the detail of that employee. With this group, users can either View Details of all employee visits at once (next to Summary), "Export to Excel" or CSV to put the information in an Excel spreadsheet, or view a printed version of the data by selecting the "Print PDF."

**NOTE:** CSV is a comma separated value file text file. XLS is Microsoft's Excel format that is far more expressive than CSV, allowing graphs, formulas and the like to be stored, and it is a binary file.

| Summary [ <a href="#">View Details</a> ] [ <a href="#">Export to Excel</a> ] [ <a href="#">Export to CSV</a> ] [ <a href="#">Print PDF</a> ] |            |       |                        |                       |                        |
|--|------------|-------|------------------------|-----------------------|------------------------|
| Last Name  | First Name | Count | Total Visit Time       | Total Travel Time     | Action                 |
| KENDALL  | JENI       | 1     | 60 min = 1.00 hour(s)  | 0 min = 0.00 hour(s)  | <a href="#">Detail</a> |
| ANWELL   | ROSIE      | 1     | 60 min = 1.00 hour(s)  | 0 min = 0.00 hour(s)  | <a href="#">Detail</a> |
| BATTLE   | LAUREL     | 2     | 109 min = 1.82 hour(s) | 25 min = 0.42 hour(s) | <a href="#">Detail</a> |
| BENOIT   | FELICIA    | 2     | 110 min = 1.83 hour(s) | 0 min = 0.00 hour(s)  | <a href="#">Detail</a> |
| CHEEKS   | NAT        | 1     | 60 min = 1.00 hour(s)  | 0 min = 0.00 hour(s)  | <a href="#">Detail</a> |
| COOK   | HOI        | 3     | 127 min = 2.12 hour(s) | 0 min = 0.00 hour(s)  | <a href="#">Detail</a> |
| DENENGA  | TANAKA     | 1     | 60 min = 1.00 hour(s)  | 0 min = 0.00 hour(s)  | <a href="#">Detail</a> |
| FENNELL  | SHANNON    | 2     | 105 min = 1.75 hour(s) | 0 min = 0.00 hour(s)  | <a href="#">Detail</a> |

The following is a detail of just one employee. It shows the Actual Visit Date, Patient Name, Visit/NVA, Payor, Visit and Travel Time, Visit and Travel minimum, Mileage, Visit and Paid Status. To change the Paid Status, check the box to the left of the Actual Visit Date and select the “Mark As Paid” button, which will change the red “X” to a green check mark. If the employee has more than one visit that needs to be marked as paid, select the Select All check box at the top left below the column headers. With this data, either “Export to Excel” to put the information in an Excel spreadsheet and/or view a printed version of the data by selecting the “Print PDF” hyperlink below the employee name. Select the “Back to Search Results” to go back to the full list of employees.

Jeni Kendall RN (Employee)  
[ [Back to Search Results](#) ] [ [Export to Excel](#) ] [ [Print PDF](#) ]

| Actual Visit Date                           | Patient Name      | Visit/NVA           | Payor                  | Visit Time        | Travel Time | Visit Min.          | Travel Min. | Mileage               | Visit Status | Paid Status |
|---|-------------------|---------------------|------------------------|-------------------|-------------|---------------------|-------------|-----------------------|--------------|-------------|
| <input type="checkbox"/> Select All         |                   |                     |                        |                   |             |                     |             |                       |              |             |
| <div><div></div><div>09/18/2018</div></div> | CRAWFORD, LISA B. | Skilled Nurse Visit | Medicare(Palmetto GBA) | 2:59 PM - 3:59 PM |             | 60                  | 0           |                       | Completed    | <div></div> |
|   |                   |                     |                        |                   |             | Total Visit Time :  |             | 60 min = 1.00 hour(s) |              |             |
|   |                   |                     |                        |                   |             | Total Travel Time : |             | 0 min = 0.00 hour(s)  |              |             |
| <div>Mark As Paid</div>                     |                   |                     |                        |                   |             |                     |             |                       |              |             |

## REPORT CENTER:

*Reports/Report Center*



This is the place all AgencyCore reports are found. They are separated into seven categories (with two additional for Missouri and California). The categories are Patient, Billing/Financial, Statistical, Clinical, Payroll, Employee and Schedule Reports. Hovering over the report will show what the report entails, its Description, Parameters and what the Report Includes.



Most of the reports function the same way. In the example report below, Patient Roster, parameters must be chosen, then selecting the button to the right of them to "Generate Report" will display the results below (with a grand total at the very bottom). Selecting the "Export to Excel" will put the information into an Excel spreadsheet. Selecting the "Reports Home" button at the very top of the page will go back to the list of all reports.

Report Center | Testing Home Health Agency, Inc.

[Reports Home](#)

Note: Please utilize the "Survey Census (by Date Range)" to obtain patient reports requiring a date range or a different patient status.

Patient Roster ?

Branch: 1. Testing home health agency

Status: Active

Insurance: Medicare(Palmetto GBA)

[Generate Report](#)

[Export to Excel](#)

| MRN      | Patient     | Status | Start of Care | Policy #    | DOB        | Home Phone     | Gender | Triage |
|----------|-------------|--------|---------------|-------------|------------|----------------|--------|--------|
| AA621979 | AARON, AMY  | Active | 04/11/2017    | 1279579086H | 06/02/1979 | (555) 555-5555 | Female | 2      |
| AP_1234  | AARON, PAUL | Active | 06/02/2016    | 8273689157J | 06/02/1968 | (555) 555-5555 | Male   | 4      |

Total: 894

Some reports do not generate instantaneously. For example, the CAHPS report must be requested. To do this, select the parameters then select the "Request Report" button to the right of the parameters.

[Reports Home](#)

CAHPS ?

Branch: 1. Testing home health agency

Sample Month: January

Sample Year: 2018

Payment Source: Medicare (traditional fee-for-servi

[Request Report](#)

The request then goes to a different window. It can be found in *Reports/Completed Reports*. Here, users can retrieve a copy of the finished report and see who ran the report and when. Search through the completed reports by typing the Name, Format, Requested By, Started and Completed date in the text space at the top of the screen. To view the report, select the hyperlink text listed under the Name column. To remove the report, select the "Delete" hyperlink to the far right under the Action column. The refresh button is available in the bottom left of the window.

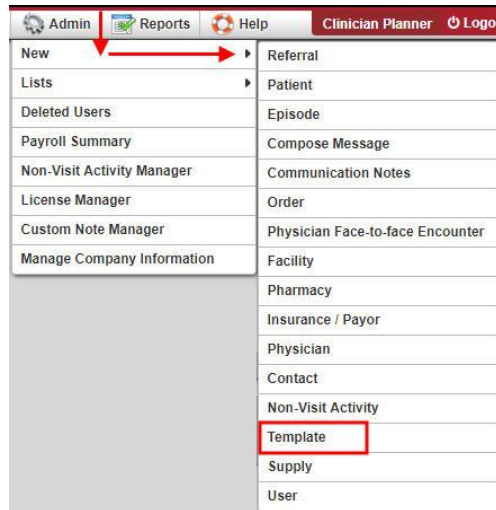
List of Reports | Testing Home Health Agency, Inc.

Start Typing

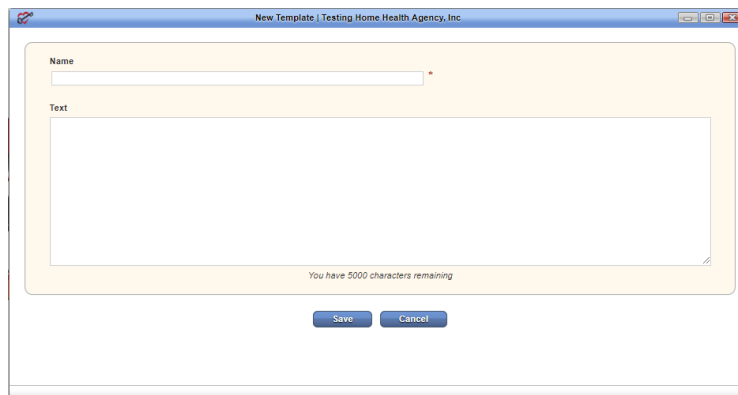
| Name                              | Format    | Status    | Requested By  | Started                | Completed              | Action                 |
|-----------------------------------|-----------|-----------|---------------|------------------------|------------------------|------------------------|
| <a href="#">CAHPS Report</a>      | Excel/CSV | Completed | Cj Pierson RN | 09/04/2018 12:44:28 PM | 09/04/2018 12:44:30 PM | <a href="#">Delete</a> |
| <a href="#">Open Oasis Report</a> | Excel     | Completed | Cj Pierson RN | 07/30/2018 10:25:28 AM | 07/30/2018 10:25:40 AM | <a href="#">Delete</a> |

## ADDING TEMPLATES:

*Admin/New/Template*



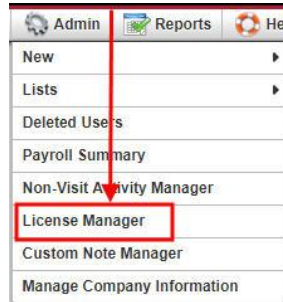
The window below will appear. Create a Name for the template. Then write the template inside the white Text section. The section is limited to 5000 characters. Once completed, select the “Save” button.



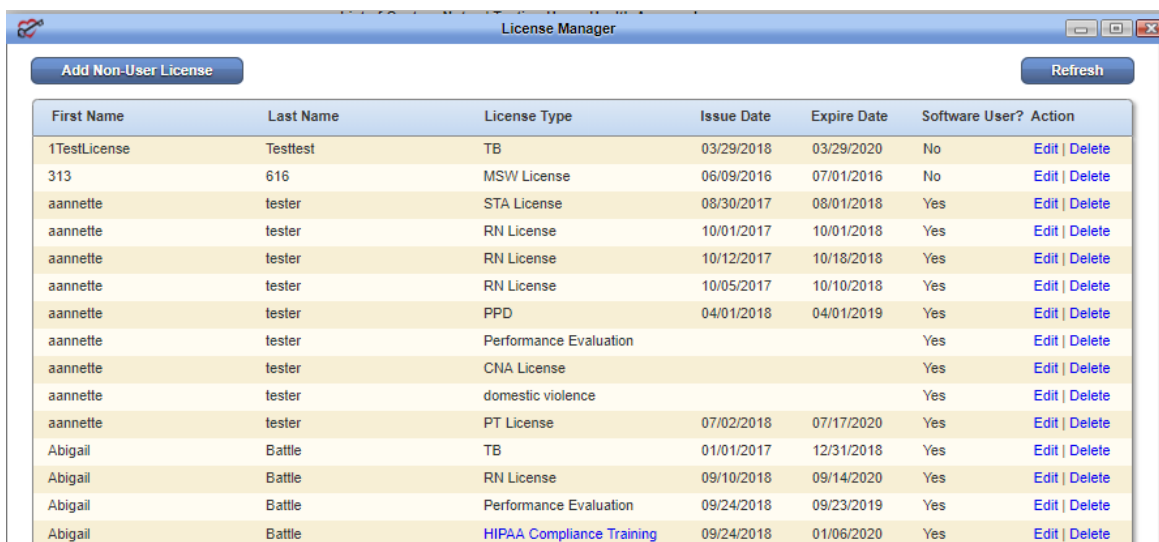
NOTE: Templates can be used to save time for writing orders, goals, care plans, physician statements, narratives and other places inside visits.

## LICENSE MANAGER:

*Admin/License Manager*



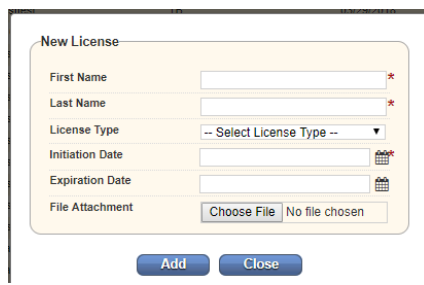
A window will open that will show all current user licenses. Select the “Refresh” button in the top right to make the list completely up to date.



A screenshot of the 'License Manager' window. It features a table with columns: First Name, Last Name, License Type, Issue Date, Expire Date, Software User?, and Action. There are buttons for 'Add Non-User License' and 'Refresh' at the top. The table contains several rows of license data.

| First Name   | Last Name | License Type              | Issue Date | Expire Date | Software User? | Action        |
|--------------|-----------|---------------------------|------------|-------------|----------------|---------------|
| 1TestLicense | Testtest  | TB                        | 03/29/2018 | 03/29/2020  | No             | Edit   Delete |
| 313          | 616       | MSW License               | 06/09/2016 | 07/01/2016  | No             | Edit   Delete |
| aannette     | tester    | STA License               | 08/30/2017 | 08/01/2018  | Yes            | Edit   Delete |
| aannette     | tester    | RN License                | 10/01/2017 | 10/01/2018  | Yes            | Edit   Delete |
| aannette     | tester    | RN License                | 10/12/2017 | 10/18/2018  | Yes            | Edit   Delete |
| aannette     | tester    | RN License                | 10/05/2017 | 10/10/2018  | Yes            | Edit   Delete |
| aannette     | tester    | PPD                       | 04/01/2018 | 04/01/2019  | Yes            | Edit   Delete |
| aannette     | tester    | Performance Evaluation    |            |             | Yes            | Edit   Delete |
| aannette     | tester    | CNA License               |            |             | Yes            | Edit   Delete |
| aannette     | tester    | domestic violence         |            |             | Yes            | Edit   Delete |
| aannette     | tester    | PT License                | 07/02/2018 | 07/17/2020  | Yes            | Edit   Delete |
| Abigail      | Battle    | TB                        | 01/01/2017 | 12/31/2018  | Yes            | Edit   Delete |
| Abigail      | Battle    | RN License                | 09/10/2018 | 09/14/2020  | Yes            | Edit   Delete |
| Abigail      | Battle    | Performance Evaluation    | 09/24/2018 | 09/23/2019  | Yes            | Edit   Delete |
| Abigail      | Battle    | HIPAA Compliance Training | 09/24/2018 | 01/06/2020  | Yes            | Edit   Delete |

Select the “Add Non-User License” button in the top left. A New License window opens. First, Last Name and Initiation Date are required. Choose the License Type from the drop-down menu. Choose an Expiration Date or add a File Attachment by selecting the “Choose File” button (optional). Select the “Add” button when complete.



New License

First Name

Last Name

License Type

Initiation Date

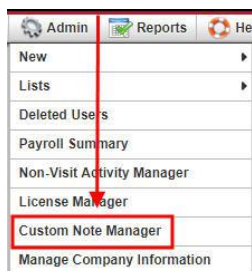
Expiration Date

File Attachment  No file chosen

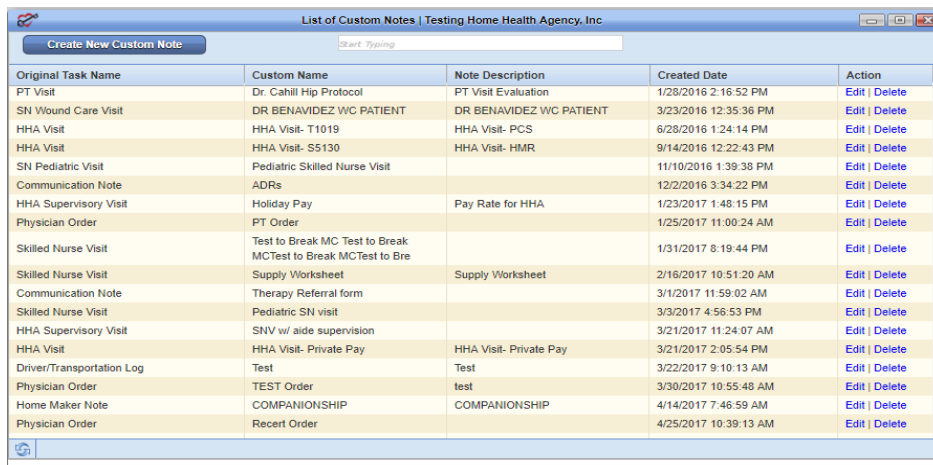
Select the “Edit” hyperlink on the far right under the Action column to edit the information from the previous screenshot or “Delete” to remove the non-user license altogether.

## CUSTOM NOTE MANAGER:

*Admin/Custom Note Manger*



A window will open that will show all active custom notes. To make changes to any currently listed notes, select the “Edit” hyperlink to the right under the Action column. To remove any notes, select the “Delete” hyperlink under the same column.

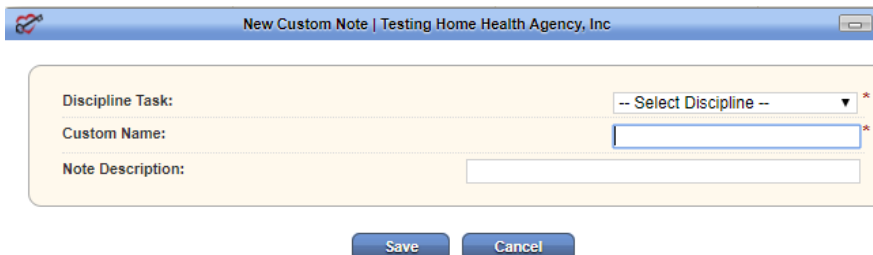


List of Custom Notes | Testing Home Health Agency, Inc.

Create New Custom Note

| Original Task Name        | Custom Name  | Note Description        | Created Date          | Action  |
|---------------------------|--|-------------------------|-----------------------|---|
| PT Visit                  | Dr. Cahill Hip Protocol                                      | PT Visit Evaluation     | 1/28/2016 2:16:52 PM  | <a href="#">Edit</a>   <a href="#">Delete</a> |
| SN Wound Care Visit       | DR BENAVIDEZ WC PATIENT                                      | DR BENAVIDEZ WC PATIENT | 3/23/2016 12:35:36 PM | <a href="#">Edit</a>   <a href="#">Delete</a> |
| HHA Visit                 | HHA Visit- T1019   | HHA Visit- PCS          | 6/28/2016 1:24:14 PM  | <a href="#">Edit</a>   <a href="#">Delete</a> |
| HHA Visit                 | HHA Visit- S5130   | HHA Visit- HMR          | 9/14/2016 12:22:43 PM | <a href="#">Edit</a>   <a href="#">Delete</a> |
| SN Pediatric Visit        | Pediatric Skilled Nurse Visit                                |                         | 11/10/2016 1:39:38 PM | <a href="#">Edit</a>   <a href="#">Delete</a> |
| Communication Note        | ADRs   |                         | 12/2/2016 3:34:22 PM  | <a href="#">Edit</a>   <a href="#">Delete</a> |
| HHA Supervisory Visit     | Holiday Pay  | Pay Rate for HHA        | 1/23/2017 1:48:15 PM  | <a href="#">Edit</a>   <a href="#">Delete</a> |
| Physician Order           | PT Order   |                         | 1/25/2017 11:00:24 AM | <a href="#">Edit</a>   <a href="#">Delete</a> |
| Skilled Nurse Visit       | Test to Break MC Test to Break MCTest to Break MCTest to Bre |                         | 1/31/2017 8:19:44 PM  | <a href="#">Edit</a>   <a href="#">Delete</a> |
| Skilled Nurse Visit       | Supply Worksheet   | Supply Worksheet        | 2/16/2017 10:51:20 AM | <a href="#">Edit</a>   <a href="#">Delete</a> |
| Communication Note        | Therapy Referral form  |                         | 3/1/2017 11:59:02 AM  | <a href="#">Edit</a>   <a href="#">Delete</a> |
| Skilled Nurse Visit       | Pediatric SN visit   |                         | 3/3/2017 4:56:53 PM   | <a href="#">Edit</a>   <a href="#">Delete</a> |
| HHA Supervisory Visit     | SNV w/ aide supervision                                      |                         | 3/21/2017 11:24:07 AM | <a href="#">Edit</a>   <a href="#">Delete</a> |
| HHA Visit                 | HHA Visit- Private Pay                                       | HHA Visit- Private Pay  | 3/21/2017 2:05:54 PM  | <a href="#">Edit</a>   <a href="#">Delete</a> |
| Driver/Transportation Log | Test   | Test                    | 3/22/2017 9:10:13 AM  | <a href="#">Edit</a>   <a href="#">Delete</a> |
| Physician Order           | TEST Order   | test                    | 3/30/2017 10:55:48 AM | <a href="#">Edit</a>   <a href="#">Delete</a> |
| Home Maker Note           | COMPANIONSHIP  | COMPANIONSHIP           | 4/14/2017 7:46:59 AM  | <a href="#">Edit</a>   <a href="#">Delete</a> |
| Physician Order           | Recert Order   |                         | 4/25/2017 10:39:13 AM | <a href="#">Edit</a>   <a href="#">Delete</a> |

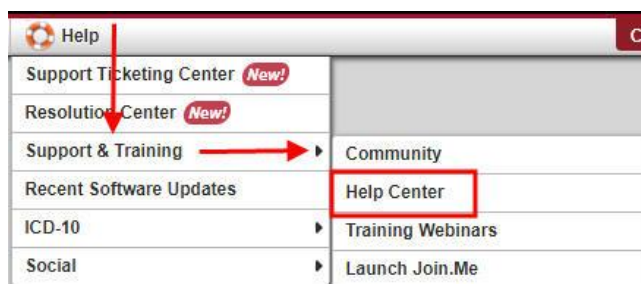
Select the “Create New Custom Note” button in the top left to add a new note. In the New Custom Note window, select the Discipline Task from the drop-down menu and enter the desired Custom Name with an optional Note Description. When complete, select the “Save” button at the bottom.



## **HELP CENTER:**

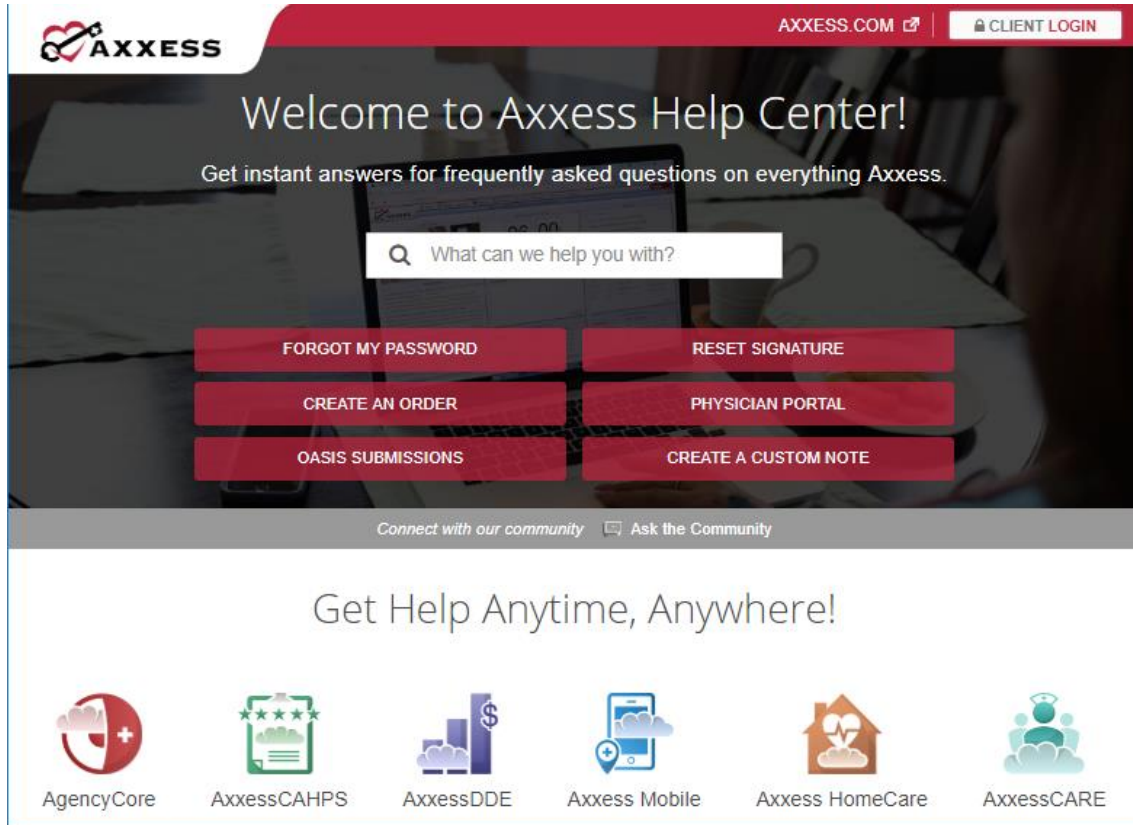
*Help/Support & Training/Help Center*

A great resource that is available 24/7 is our Help Center. It is a place to get answers to frequently asked questions or watch videos of all Axxess products. It can be accessed by going to:





It is also available at <https://www.axxess.com/help/>



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OASIS SUBMISSIONS CREATE A CUSTOM NOTE

Connect with our community Ask the Community

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AgencyCore AxxessCAHPS AxxessDDE Axxess Mobile Axxess HomeCare AxxessCARE