OFFICE STAFF
(INTAKE AND SCHEDULING)
QUICK REFERENCE GUIDE

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LOGGING IN TO AXXESS

1. Go to www.Axxess.com Select **Client Login**.
2. Enter username and password.
3. Select **Secure Login**. **NOTE**: For resetting the password, See Overview.
4. A Login Successful window opens.
5. Select **OK** or **Cancel** to exit the application.

DASHBOARD

The dashboard can display up to nine tiles. Five of these tiles are default and the remaining four will be based on permissions. Intake/schedulers will usually see the top eight tiles.

- Welcome Panel – New items or announcements for subscribers to Axxess products.
- Date/Time – Current date and time for the user's current location.
- Messages – HIPAA-compliant email messaging center. Users will be notified about incoming messages through the email that was assigned to the account.
- News/Updates – Links to Axxess blog posts, educational articles, regulatory updates, etc.
- My Scheduled Tasks – Electronic "To-Do" list. Quickly access a patient chart and tasks. Displays tasks for the five most recent patients.
- Patient Birthdays – List of patients who will celebrate birthdays in the upcoming week/month.
- Past Due Recerts (permissions-based) – Quick view of recertifications that are past due.
- Upcoming Recerts (permissions-based) – Quick access to view Upcoming Recerts that are due within the next 30 days.

REFERRAL ENTRY

Create/New/Referral

NOTE: Sections with a red asterisk (*) indicate that the information is required to save the page.

1. **Referral Source** - contains details of the source involved in referring the patient to the agency.

- Referring Physician - The Referring Physician or allowed non-physician practitioner (NPP) is the person that is primarily providing the face to face information for admission.
- F2F Visit - check box & system will schedule a F2F on the Patient chart once Patient is admitted.
  - If date is not known, check "F2F completed within 30" box.
- Certifying Physician - The physician that certifies that a patient is eligible for Medicare home health services. May be same as the referring and/or attending physician.
- Name of Referral Source - Indicate if a clinic, hospital or person referred the patient.
- Facility Referral Source - Enter if the agency has a contract with a facility who provides referrals.
- Admission Source - Default list to select where the patient was referred from.
- Priority Type of Visit - Based on agency policy of how visits are prioritized.
- Community Liaison – Enter Marketer who promotes agency.
- Internal Referral Source - If an agency staff member solicits referral.
- Assign Clinical Manager - Patients must have a Clinical Manager assigned who oversees patient care.
- Referral Date - Date the patient was referred to the agency.

NOTE: Portions with the Question Mark Symbol ❓ contain additional information for further clarity.

2. **Demographics** - Patient details, contact information and address will be entered in this section.
   - Select **Add Visit Address** if the patient has more than one address.
   - If the patient's Mailing Address differs from the physical address, both must be entered. If the address is the same for both sections, check **Same as Primary Address**.
   - Select **Validate Address** to verify that the details entered are for a valid address.

3. **Payer** - encompasses details of how the patient will be billed.
   - Enter Medicare Number (HIC) or the Medicare Beneficiary Identifier (MBI). If neither is appropriate, select **NA – Not Applicable** check box.
     - Click here for CMS guidelines on the new Medicare Beneficiary Identifier
   - Select **Verify Medicare Eligibility**.
   - Enter Secondary and Tertiary Insurance if applicable.

4. **Clinical** - Encompasses patient care information and contact details.
   - Services Required: Indicate the discipline(s) that will see patient.
   - Attending Physician: physician that is providing Care Plan Oversight.
     - Can be the same as the referring and/or certifying physician.
     - Select **New Physician** if the Physician is not in the database.
     - Select check box if referring physician will not provide ongoing orders.
   - Primary Emergency Contact: enter patient Legal Representative or elected Legal Representative.
     - Select **Add Emergency Contact** to add additional contacts.
     - Select **Same as Patient Address** check box if the individual entered has the same address as the patient (automatically populates). Otherwise, enter Legal Representative's address.
   - Referral Comments section - free text box for narratives, teaching, guides, goals and any other details pertaining to the referral. Template option available.
   - Select **Add Referral**.

VIEWING EXISTING REFERRALS
View/Lists/Referrals or *Patients/Existing Referrals*

The Existing Referral List contains patient's referral date, referral source, gender and name of the person who entered the initial referral. Another new referral is available to add by selecting **New Referral**. The Printer icon 🖨 gives a preview of the referral document.
The Action column contains a variety of action items for the patient's referral.
   - **Edit** - Enables the ability to modify referral details prior to admitting the patient.
   - **Delete** - Removes the patient from the system completely. Please note, deleting the referral means the patient will not be visible in any reports in the database.
   - **Admit** - Generates all required information required to admit the patient.
   - **Non-Admit** - Removes the patient from the list of referrals available for admission.

ADMITTING A REFERRAL
Patients/Pending Admissions, Patients/Non-Admissions, View/Lists/Referrals or *Patients/Existing Referrals*

Select **Admit**. Demographics section will contain information that was entered during the referral process. Below are sections that were not in the referral process:

- Clinical Manager - Manages all clinical documentation in Axxess.
- Case Manager - Oversees patient's chart.
- Assign to Clinician - Clinician completing initial assessment.
- Patient ID - This Medical Record number is specific to the patient within the agency.
- Default Service Location - Tied to the Q-code (impacts billing).
- Race/Ethnicity - Enter patient's biological traits.
- Primary Language - Enter primary verbal communication.
- Payment Source – Identify primary insurance/payer type.
- Start of Care date - Date when patient officially began services.
- Episode Start Date – First date of 60-day period.

The sections listed below will also need to be completed prior to admission:

- Payer - if not entered during the Referral.
- Physicians - if the Certifying Physician was identified as the Attending Physician during the New Referral process, physician will automatically populate. To add, type in to the free text box.
- Clinical/Diagnosis - details populate from Referral.
    - Two ways to search for diagnoses: by the ICD Name or ICD code (indicate Severity).
- Pharmacy - if the pharmacy is not listed in the system, select **New Pharmacy**. More than one can be added.
- Emergency Contact - At least one Emergency Contact must be entered. Any contacts added during New Referral will populate.
    - If CAHPS services with Axxess are enabled, the user will indicate is this patient should or should not be contacted for CAHPS (reason required if not).
    - Verify contact details. If the contact is the same as the Emergency Contact, check "Same as" box.
    - Select **Add Additional CAHPS Contacts** if additional CAHPS contacts need to be added.

- Advanced Directives: If "DNR, Out of Hospital" (Do Not Resuscitate) is selected, the patient will have a DNR indicator next to the name listed in the Patient Charts window.
- Referral Information - review physician assignments and confirm referral details entered during the New Referral.
  - o Enter Face-to-Face Evaluation Information if available.

INTRODUCTION TO PATIENT CHARTS
Patient/Patient Charts

The main section of the patient charts window will contain a brief synopsis of the patient's details:
- The patient's picture can be uploaded.
- The patient's name will be indicated next to the picture. It will be viewed as Last name, First name.
  - o If the patient is a Do Not Resuscitate, an indicator will be visible next to the name.
- Agency-generated Medical Record Number (MR#).
- The Birthday, Start of Care Date and Mobile Phone number.
- Attending Physician and Primary Insurance.

Below the patient's details are hyperlinks:
- **Edit** - update referral and admission details.
- **More** - shows additional patient details.
- **Directions** - A map to the patient's house.
- **Admission Periods** - If the patient was discharged and readmitted, the admission periods will be listed in this window.
  - o Selecting the "+" icon beside the Admission Date will generate more details.
  - o Select **Edit Episode** to update details for managing the episode (permissions-based).

Patient Chart Filters
Search parameters found to the left of the Patient Charts window.
Alternative area to select **Add New Patient**.
- Branch – if more than one.
- View - patient status.

- Filter - choose payer.
- Find - start typing in letters of patient's first or last name.

Patient Chart Top Menu

Tabs found at the top of Patient Charts window.

- New Order - Add a new order. Alternative route is *Create/New/Order*.
- New Communication Notes - Add a communication note in patient's chart. Can be sent to another user within the agency by selecting "Send Note as Message."
- New Authorization – Add authorizations for patients with Per Visit insurance payers.
  - o The patient's name and Insurance will populate. Select Authorization Type, Start & End Date, Status. Enter Authorization number.
  - o Choose Discipline, then Authorized Units and the Unit type.

NOTE: If the patient's insurance does not require authorization, a notification will display.

  - o Authorize multiple tasks at one time:
    - ▪ Select **Edit** on the right of the authorization.
    - ▪ Select **Show Unauthorized Visits.**
    - ▪ Select the visits to attach to the authorization and select **Authorize**. Verify all authorized visits are included and select **Save.**
- Reassign Schedules – Move multiple visits from one worker to another.
  - o Choose the employees who are being reassigned from and to, choose date range, select **Reassign**.
- Upload Document - View or add attachments to chart.
  - o Select "New Document." Select **Choose Files** and find document to upload. Enter Document Name and choose Upload Type. Select **Submit**.
  - o "View Documents" will show all patient attachments.

Patient Chart Quick Reports

- Patient Profile – PDF version of Face sheet.
- Medication Profile – Run drug interactions and add, edit, discontinue and delete current meds.

- Allergy Profile – Add, edit or delete allergies.
- Immunization Profile – Add, inactivate, decline or delete immunizations.
- Communication notes - Add, edit or delete communication notes.
- Orders and Care plans – Reprint, delete and search for Orders and care plans.
- Plan of Care Summary - Shows evolving Plan of Care Summary (only visible if system setting is enabled).
- 60-day Summaries – Print and search for 60-day Summary.
- Vital Signs charts – Graph and list view of vital signs taken.
- Triage Classification - Patient's Emergency Preparedness information.
- Deleted Tasks/Documentation – Any task that was removed can be retrieved here (permissions-based).

INTRODUCTION TO THE SCHEDULE CENTER

The Schedule Center is an episodic view of the patient's calendar. Episodes listed in drop-down above calendars.

- **Blue** = Scheduled task
- **Green** = Completed task
- **Red** = Missed visit
- **Purple** = Multiple tasks on one day

SCHEDULE CENTER FILTERS

Filters are located to the left of the Schedule Center.

- **Add New Patient** – Alternative way to add patients.
- Branch – If more than one, choose from drop-down.
- View - Filtering by patient status.
- Filter - Search by payer.
- Find - Start typing in patient first or last name.

SCHEDULING VISITS TO A PATIENT

1. Select **Show Scheduler** tab for single task items or select a date on a calendar for tab to expand.
2. Select from the following Discipline tabs: Nursing, HHA, MSW/Other, Therapy, Dietician, Orders/Care plans, Daily/Outlier.
3. Choose task and user.

4. Write in or select date from calendar.
5. Select **Save.**

Schedule Manager/Schedule Employee for scheduling multiple tasks:
1. Choose User (or select Post to AxxessCare check box).
2. Choose Visit Type.
3. Select desired dates on calendar.
4. Select **Save**.

NOTE: Only agencies in specific states will have the option to "Post to AxxessCARE." Other states are coming soon.

To reassign just *one* visit to another user in the Schedule Center:
1. Select the Menu drop down to the right of the visit.
2. Choose New User/Employee.
3. Select **Reassign**.

AUTHORIZATIONS

Select "Authorizations" tab.
Select **Add Authorization** to add new.
1. Choose the Authorization Type and Status.
2. Enter Authorization Number.
3. Select Start and End Date. **NOTE:** The start date cannot be changed once the authorization is created.
4. Select Discipline, enter Authorized Units and choose Unit Type. **NOTE:** Hourly is for recording authorization only, the system currently doesn't provide tracking hours.
5. Select **Add More Disciplines** (if necessary).
   a. Enter Comment and/or add Attachments.
6. Select **Save.**

Authorize multiple tasks at one time:
1. Select "Edit" hyperlink on the right for the appropriate authorization.
2. Scroll down, select **Show Unauthorized Visits.**
3. Select the visits to attach and select **Authorize**.
4. Verify all authorized visits are included and select **Save.**

After adding/updating authorization(s), link the authorizations to the corresponding visits.

1. Select warning ⚠ icon to the left of visit to view and attach to authorization.
2. Select authorization from drop-down.
3. Select **Save**.
4. After the visits have been attached, the warning icon will disappear.

To keep track of authorizations, go to *Reports/Report Center.* Find the Schedule Reports category. Select "Authorization Utilization" hyperlink.

MANAGING EPISODES

In the Schedule Center, select *Actions/Manage Episode* (permissions-based). Updates can be made to the following sections:

- Start of Care date
- Episode End Date
- Primary Insurance
- Secondary Insurance
- Case Manager
- Primary Physician

To inactivate episode:

1. Check the "Inactivate Episode" box.
2. Select **Save**.
3. To view inactive episodes, select *Episode Manger/Inactive Episodes*. Select **Activate** or **Edit** hyperlinks to reactivate or make updates.
4. Comments can be added in this section represented by the blue sticky note. The information attaches to each scheduled task item. Hovering over the note will show the contents, select the sticky note to enlarge.

Activity Log (permissions-based) will show details of changes in episode. Activity Log buttons are available in different sections of database and provide audit trail data.

HELP CENTER

Our Help Center is a great resource that is available 24/7. Here, you can get answers to frequently asked questions or watch videos of all Axxess solutions. It can be accessed by going to *Help/Support & Training/Help Center o*r also available at https://www.axxess.com/help/