OFFICE STAFF (INTAKE AND SCHEDULING) TRAINING MANUAL

July 2020

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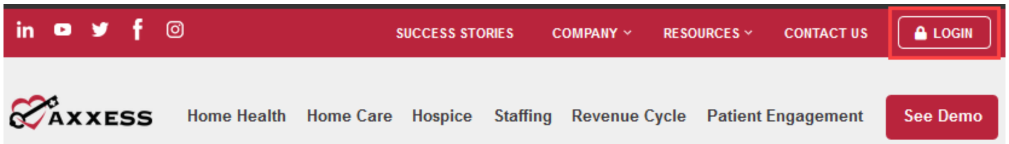
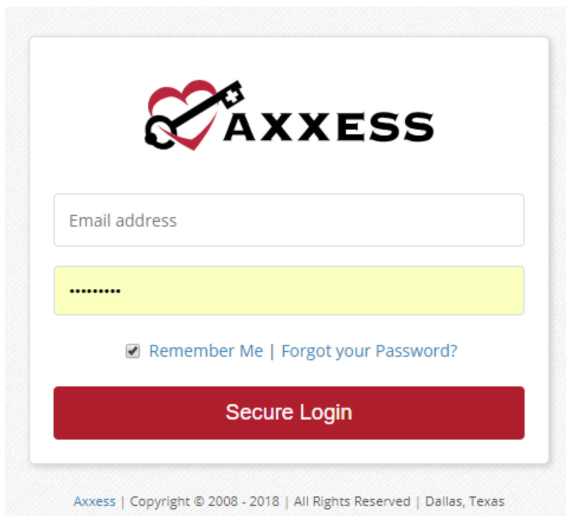
LOGGING IN

Go to www.axxess.com, and select **LOGIN**, located in the upper right-hand corner.



Enter the username and password then select **Secure Login**.



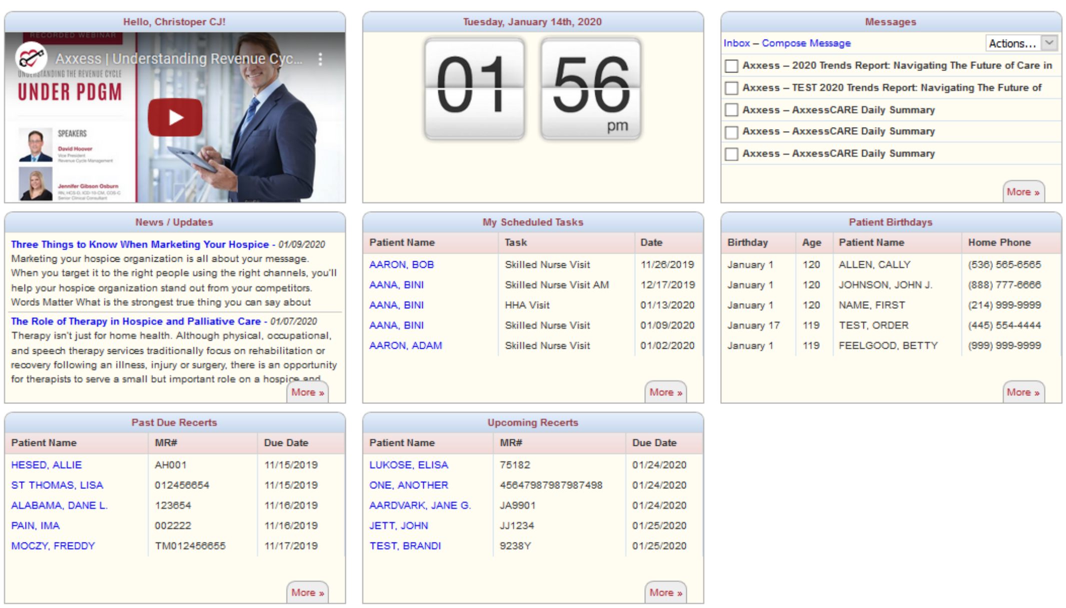
The username is the email address assigned to the user's account when it was created. The password was created by the user, from a link that was sent to this email address. This password will also be the user's electronic signature.

NOTE: For resetting the password, see Overview.

If the user forgets their password, select **Forgot your Password?**, and a link will be sent to this email address. Here the user can reset their password, however the electronic signature will remain the same. After the correct username and password are entered, the following message will display:

Select **OK** and the user will see the Axxess Planner. Select the appropriate Axxess application on the left side of the page to perform the Intake and Scheduling process.

DASHBOARD

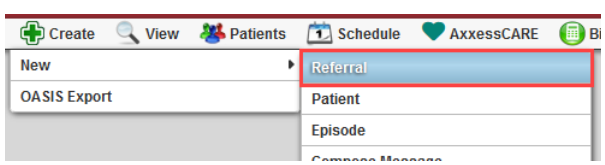


The dashboard can display up to nine tiles. Five of these tiles are default and the remaining four are based on user permissions. The intake/scheduler will usually see the top eight tiles:

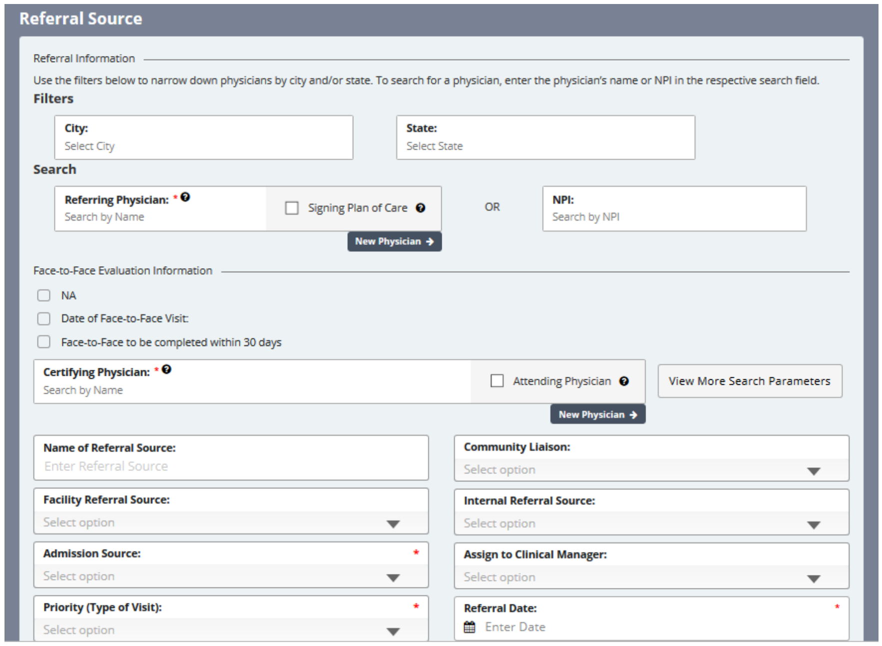
- Welcome Panel – The center of the screen will display items for subscribers to Axxess products. Items will consist of everything from interactive announcements to in-depth training videos.
- Date/Time – This box will display the current date and time for the current location.
- Messages – HIPAA-compliant email messaging center, allowing all agency users to communicate in a secure manner. When the user receives messages, notifications will be sent to the user's email assigned to their account.
- News/Updates – Links to Axxess-generated blog posts, educational articles, regulatory updates, and other important information.
- My Scheduled Tasks – Electronic "to-do" list. Quickly access a patient chart and tasks. The tile will display the five most recent patients and their tasks.
- Patient Birthdays – This is a quick reminder of the patients who will celebrate birthdays in the upcoming week/month, so that birthday cards can be sent out, optimizing positive patient/provider relationships.
- Past Due Recerts – This allows those with permissions a quick view of recertifications that are past due and need immediate action. Select the hyperlink to access the patient record.
- Upcoming Recerts – To assist in preventing patients from showing up in the overdue recertification panel, Axxess Home Health provides quick access to view Upcoming Recerts with permissions that are due within the next 30 days. Selecting **More** opens the panel which allows you to see the entire list and provides the ability to export the list to an Excel spreadsheet.

REFERRAL ENTRY

Create/New/Referral



The referral entry details page will populate. Sections with a red asterisk* indicate that the information is required to save the page.



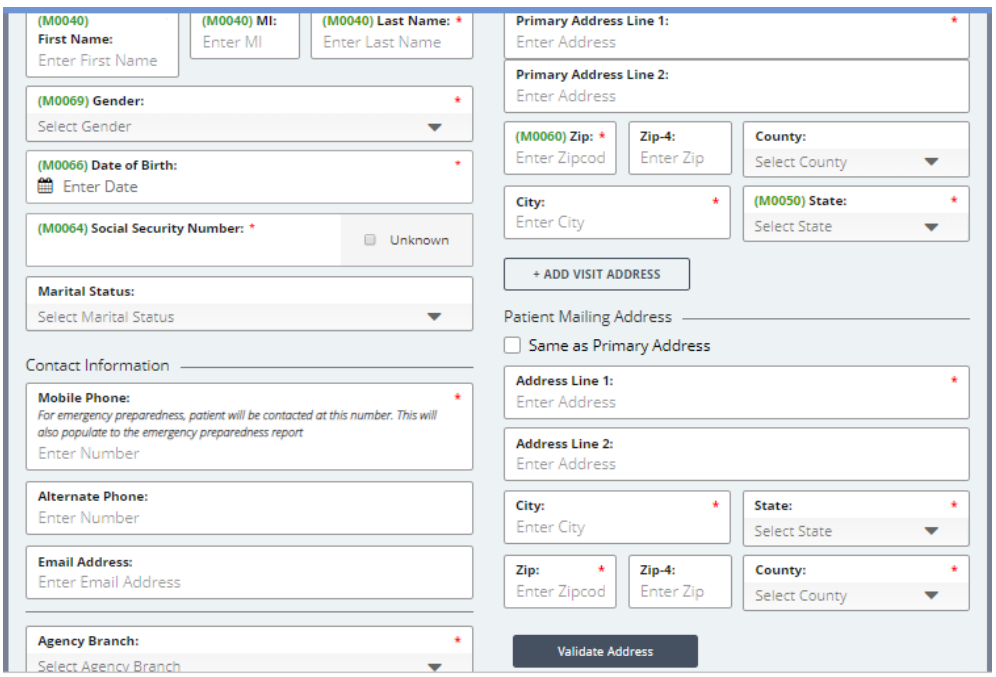
NOTE: Select the icon for further clarity into the section.

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 primarily providing the face-to-face information for this admission. Search by City, State and/or NPI.
- Face to Face (F2F) Evaluation - If this is not applicable, mark it as NA.
    - Enter F2F date. If date is not known, check “F2F completed within 30” box; this is a Medicare requirement.
- Certifying Physician - The Certifying Physician is the physician who certifies that a patient is eligible for Medicare home health services. This physician may be the same as the referring and/or attending physician. Select the **View More Search Parameters** button to search by City, State and/or NPI.
- Name of Referral Source - In this section, indicate if a clinic, hospital or person referred the patient.
- Facility Referral Source - Enter this if the agency has a contract with a facility who provides referrals.
- Admission Source - This is a default list to select where the patient was referred.
- Priority (Type of Visit) - This is based on agency policy of how visits are prioritized.

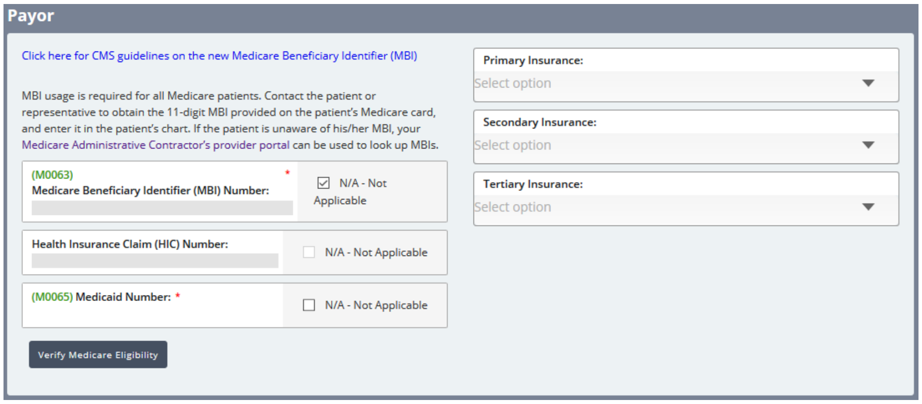
- Community Liaison - This section is to indicate the marketer who promotes agency.
- Internal Referral Source - This is entered if an agency staff member brings on the referral.
- Assign Clinical Manager - Patients must have a clinical manager assigned who oversees patient care.
- Referral Date - This is the date the patient was referred to the agency. It is a required field.

Demographics - Patient details, contact information and address will be entered in this section.



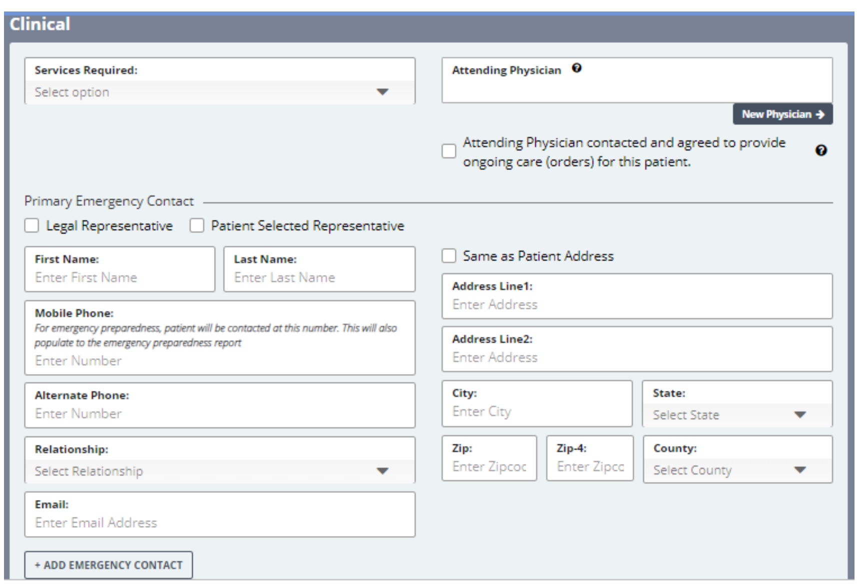
- If the patient has more than one address, the **Add Visit Address** button is available to add an additional address.
- If the patient's mailing address differs from the Physical Address, both must be entered. If the address is the same for both sections, an option to check Same as Primary Address is available.
- Once the patient's address is entered, **Validate Address** can be selected to verify that the details entered are for a valid address.

Payer - Encompasses details of how the patient will be billed.



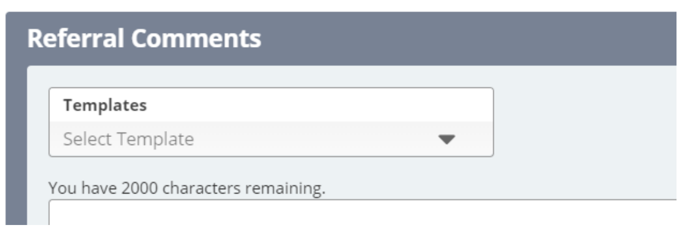
- The Medicare Beneficiary Identifier (MBI) should be entered in this section. If not available, the NA – Not Applicable check box is available.
  - Click here for CMS guidelines on the new Medicare Beneficiary Identifier
- After entering the Medicare Beneficiary Identifier and possibly the Medicare Number (HIC) or Medicaid Number, the **Verify Medicare Eligibility** button can be selected. Please note, the patient's name, gender and date of birth sections must also be completed for results to generate the patient's eligibility details.
- Additional sections for a primary, secondary and tertiary insurance are provided.

Clinical - Encompasses patient care information and contact details.



- Services Required - Indicate the disciplines needed to care for the patient.

  - One or more disciplines may be selected in this section.
- Attending Physician - The primary physician is the physician that is providing care plan oversight.
  - This physician could be the same as the referring and/or the certifying physician.
  - If the physician is not already in the system, the option to add **New Physician** is available.
  - In the case where the referring physician will not provide ongoing orders, the attending physician must be contacted in advance of care. A check box indicating this has been addressed is available in this section.
- Primary Emergency Contact - Indicate if the patient has a Legal Representative or if the patient selected someone to be their legal representative.
  - An option to add additional contacts is available by selecting + **ADD EMERGENCY CONTACT**.
  - If the individual entered has the same address as the patient, select the Same as Patient Address check box. Otherwise, the legal representative's address will need to be entered.
    - Checking the box will automatically populate the patient's address to this section.
- The final section of the referral process is the Referral Comments section**.** This free text box is for narratives, teaching, guides, goals and any other details pertaining to the referral.

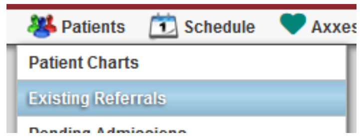


- An option to select a template to complete is available.

After all the referral sections have been entered, select the **ADD REFERRAL** button to save all details entered into the system.

VIEWING EXISTING REFERRALS

View/Lists/Referrals or *Patients/Existing Referrals*



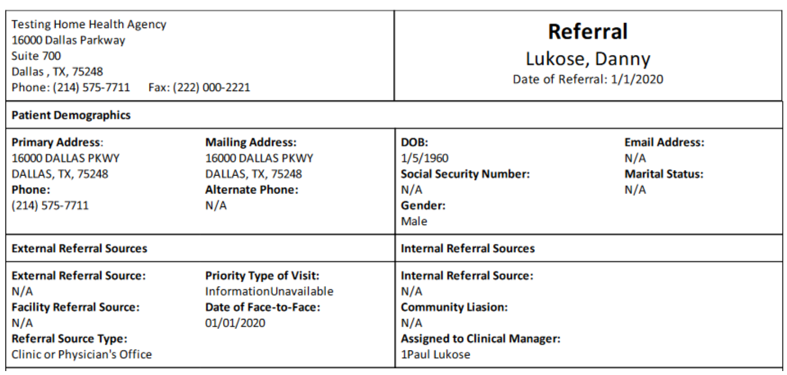
After the patient's referral has been created, the next step is admitting the patient. The Existing Referral List will appear with patient's Referral Date, Name, Referral Source, Date of Birth, Gender, Status and the name of the person who entered the initial referral. Select a column header to sort the list accordingly.

Existing Referral List | Testing Home Health Agency

New Referral — Start Typing

Referral Date	Name	Referral Source	Date of Birth	Gender	Status	Created By
01/01/2020	Lukose, Danny	Clinic or Physician's Office	01/05/1960	Male	Pending	1Paul Lukose RN

The option to add a new referral is available in this window by selecting the **New Referral** button. The Printer icon gives a preview of the referral document. It is the patient's Face Sheet, which is only available in this format prior to admitting the patient. The document can be printed or saved.


Testing Home Health Agency
16000 Dallas Parkway
Suite 700
Dallas , TX, 75248
Phone: (214) 575-7711 Fax: (222) 000-2221

Referral
Lukose, Danny
Date of Referral: 1/1/2020

Patient Demographics

Primary Address:	Mailing Address:	DOB:	Email Address:
16000 DALLAS PKWY DALLAS, TX, 75248	16000 DALLAS PKWY DALLAS, TX, 75248	1/5/1960	N/A
Phone: (214) 575-7711	**Alternate Phone:** N/A	**Social Security Number:** N/A	**Marital Status:** N/A
		Gender: Male	

External Referral Sources / **Internal Referral Sources**

External Referral Source: N/A	**Priority Type of Visit:** InformationUnavailable	**Internal Referral Source:** N/A
Facility Referral Source: N/A	**Date of Face-to-Face:** 01/01/2020	**Community Liasion:** N/A
Referral Source Type: Clinic or Physician's Office		**Assigned to Clinical Manager:** 1Paul Lukose

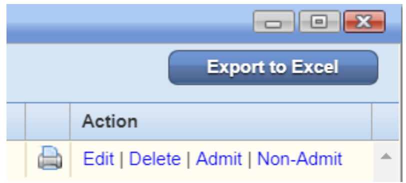
The Action column contains a variety of action items for the patient's referral.

- Edit - Enables the ability to modify referral details prior to admitting the patient.
- Delete - Removes the patient from the system completely.

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 - This removes the patient from the list of referrals available for admission.



ADMITTING A REFERRAL

In the Existing Referral List, select the **Admit** hyperlink under the Action column to admit the patient. The Admit Patient window will appear with sections on the right side that are pertinent to the admission process.

The Demographics section will contain a lot of information that was entered during the referral process. Below are sections that were not in the referral process and need to be addressed:

- Clinical Manager - This role manages all clinical documentation in the database.
- Case Manager - This role oversees the patient's chart.
- Assign to Clinician - This clinician will complete the Start of Care visit.
- Patient ID - This Medical Record number is specific to the patient within the agency.
- Default Service Location - This is tied to the Q-code which impacts billing.
- Race/Ethnicity - Select the patient's biological trait(s).
- Primary Language - Enter the primary verbal communication source.
- Payment Source - This is where the insurance/payer type is identified.
- Admission Source - Choose from which inpatient facilities patient was discharged from in the past 14 days.
- Episode Timing - Choose between Early, Later, Unknown or N/A.
- Start of Care Date - This date is when the patient officially began services.
- Episode Start Date - This date is when the patient's 60-day episode begins.

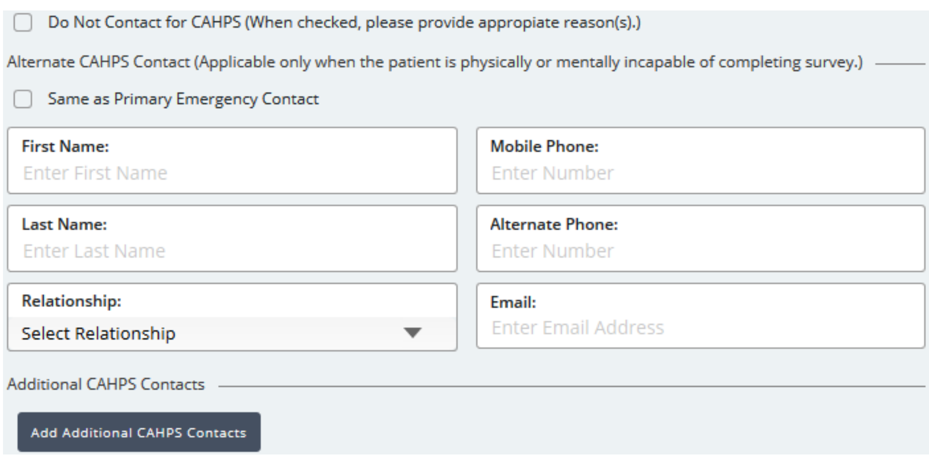
Select the **Save & Continue** button to move onto the next section. In addition to the Demographics section, the sections listed below will also need to be completed prior to admitting the patient:

- Payer - This section requires the MBI (Medicare Beneficiary Number), Medicare (HIC) number and/or Medicaid number to be entered, if they were not entered during the New Referral process. Choose to **Verify Medicare Eligibility** by selecting the button. Enter all other available insurance information. Select the **Save & Continue** button.
- Physician(s) - If the certifying physician was identified as the Attending Physician during the New Referral process, the physician's name will automatically populate in this field. If the Attending Physician field is blank or needs to be modified, type in the free text box. Select the **New Physician** button to add a physician to the database (permission based). Select **Add** for additional physicians involved with care. Select the **Save & Continue** button.
- Clinical/Diagnosis - This section encompasses various clinical details, including the anticipated type of services that patient will require. The discipline list will appear to multi-select the services the patient should receive. These details will populate from the New Referral process.
    - Additionally, the OASIS-based diagnosis questions requiring a Primary Diagnosis and Other Diagnoses will be included in this Clinical/Diagnosis section. There are two options for searching for the diagnosis: by the ICD Diagnosis Name or by the ICD-10 Diagnosis code. Add more diagnoses by selecting the **+ Add Diagnosis** button. Select the **Save & Continue** button.

- Pharmacy - This section allows the user to add the pharmacy where the patient will be receiving medications. Multiple pharmacies may be entered from this window.

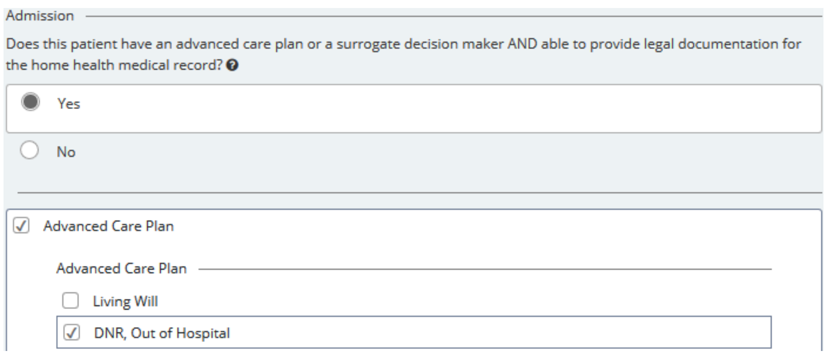
- If the pharmacy is not listed in the system, the option to add a new pharmacy is available by selecting the **New Pharmacy** button. Select the **Save & Continue** button.

- Emergency Contacts - At least one emergency contact must be entered in this section. If an emergency contact was added during the New Referral process, the details of that contact will populate in this window. If not, select the **Add Emergency Contact** button.
  - Also included in Emergency Contact is the CAHPS survey section. If CAHPS services are enabled with Axxess, the user will indicate if this patient should or should not be contacted for CAHPS. If the patient should be contacted for CAHPS, reasons behind this decision must be indicated.

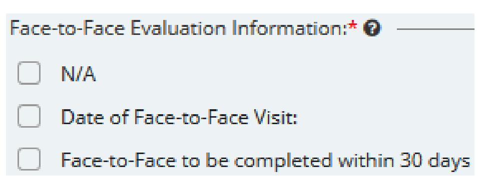


  - If the CAHPS services are enabled and the contacted did not deny services, the contact details should be verified. If the contact is the same as the Emergency Contact, a check Same as box.
  - If additional CAHPS contacts need to be added, the **Add Additional CAHPS Contacts** button will be available to select. Select the **Save & Continue** button.

- Emergency Preparedness - Choose patient Emergency Triage, enter Additional Emergency Preparedness Information (can use template), Evacuation details and any additional comments. Select the **Save & Continue** button.
- Advanced Directives - If the patient has an advanced care plan or a surrogate decision maker and can provide legal documentation for the home health medical record, the options are available to enter those details after selecting the **Yes** bullet.
    - If Advanced Care Plan option DNR, Out of Hospital is selected, the patient will have a DNR indicator next to the name listed in the Patient Charts window.



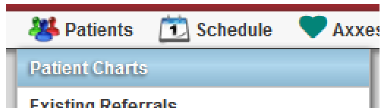
    - Enter Comments then select the **Save & Continue** button.
- Referral Information - This section allows the agency to review physician assignments and confirm referral details entered during the New Referral process.
    - If the patient's Face-to-Face Evaluation Information has been obtained, a section is available to enter that information.



Select the **Admit** button to admit or select the **Save & Exit** button to complete later.

INTRODUCTION TO PATIENT CHARTS

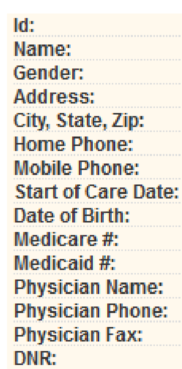
Patient/Patient Charts



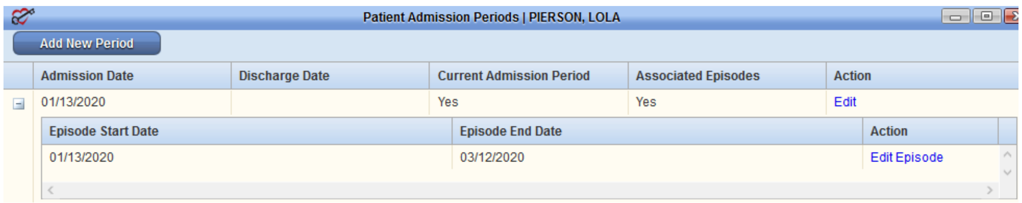
The main section of the Patient Charts window will contain a brief synopsis of the patient’s details:

- The agency can upload the patient’s picture as a form of visual reference. Select the **Change Photo** hyperlink to upload a photo.
- The patient’s name is next to the picture. It will be viewed as Last Name, First Name.
- The agency-assigned Medical Record Number (MR#) will be visible below the patient’s name.
- The Birthday, Start of Care Date and Mobile Phone number will also be visible in the middle of the Patient Chart so that they may be referenced easily.
- The Attending Physician and Primary Insurance/ID will be listed as well.

- Below the patient’s details are hyperlinks:
  - Edit – This link will open the patient’s chart, which contains the referral and admission details that were entered.
  - More – This link displays additional patient details at a glance.



- o [Directions] - A map to the patient's house will appear when this link is selected.
- o [Admission Periods] - If the patient was discharged and readmitted, the admission periods will be listed in this window.
  - ▪ Selecting the icon beside the Admission Date will generate more details pertaining to that admission period.

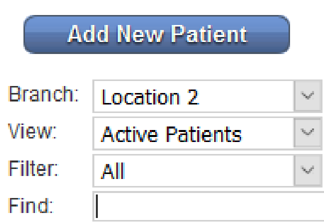


  - ▪ In the Actions column, select **Edit Episode** to generate a window with details for managing the episode (permissions required). For more details, please reference *Managing Episodes* in the *Schedule Center* section within this manual.

Patient Chart Filters

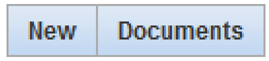
On the right-hand side of the Patient Charts window, there are some parameters available to further narrow the selection when searching for a patient.

- **Add New Patient** button - This is an alternative route for adding a new patient to the database.
- Branch - This option allows the user to pick the patient's branch.
- View - This option is for filtering by patient status.
- Filter - This option allows the user to narrow down the by the payer.
- Find - Search patient's name and list will appear when typing in letters by first or last name.



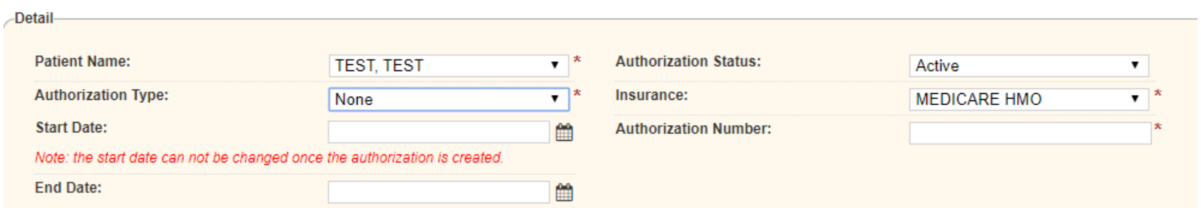
Patient Chart Top Menu

The Patient Charts window has tabs at the top of the window that can be selected when adding details to the patient's record.

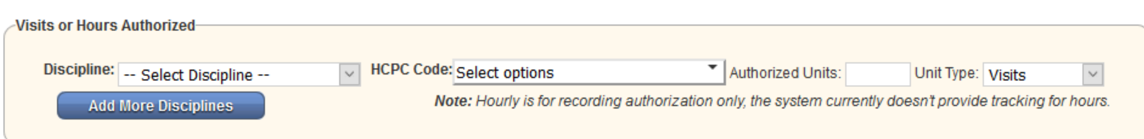


New

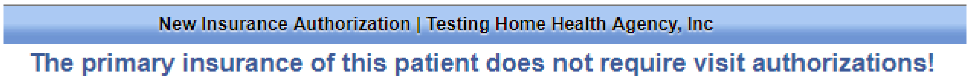
- Order - This section provides the option to add a new order to the patient's chart. An alternative route is *Create/New/Order*.
- Authorization - This section is used for patients with Per Visit insurance payers and authorization is needed to proceed with patient care.
    - The patient's name will automatically appear when inside their patient chart. The authorization options and start and end date ranges will be required, depending on the type of authorization the patient has.



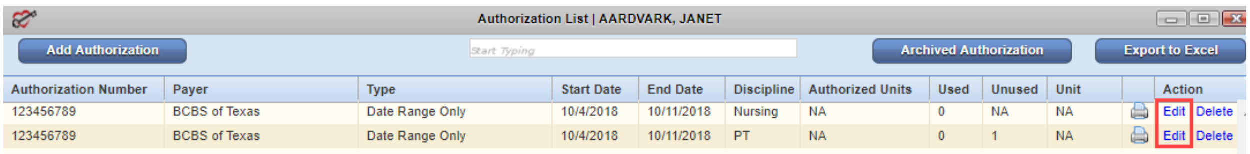
-
    - The status of the authorization can be indicated by selecting either Active, Pending, Obtained, Closed or Denied.
    - The patient's Insurance and Authorization Number are required fields which must be addressed prior to saving the new authorization.
    - Once the top section is completed, the Visits or Hours Authorized section must be addressed by indicating the discipline type, Authorized Units and the Unit Type.



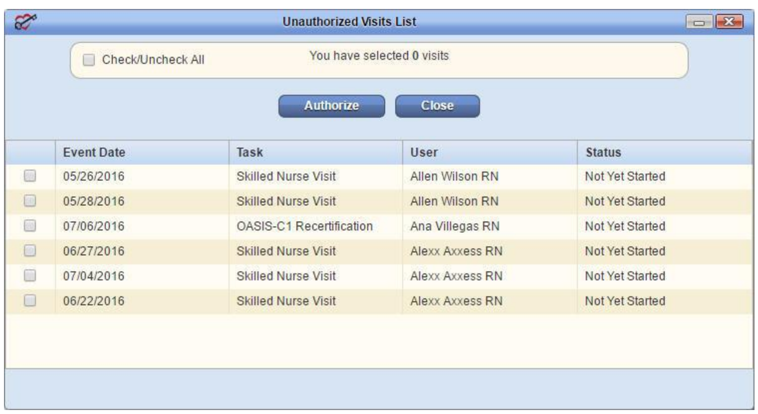
NOTE: If the patient's insurance does not require authorization, the following notification will display. The insurance should be verified in the patient's profile to proceed.



To authorize multiple tasks at one time, select **Edit** on the right of the appropriate authorization.

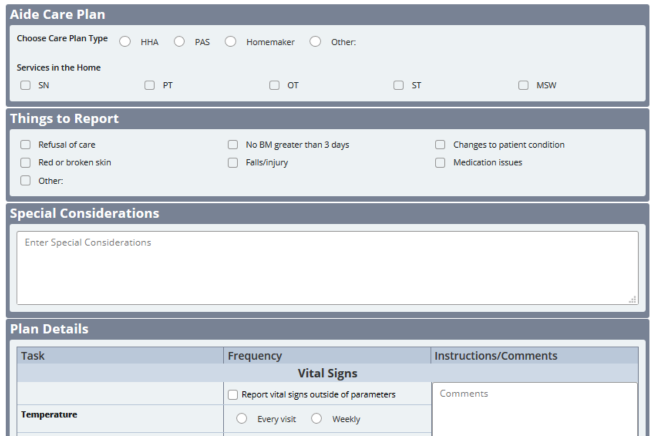


Once in the edit screen, scroll down to the bottom, select **Show Unauthorized Visits.** Select the visits to attach to the authorization and select **Authorize**.

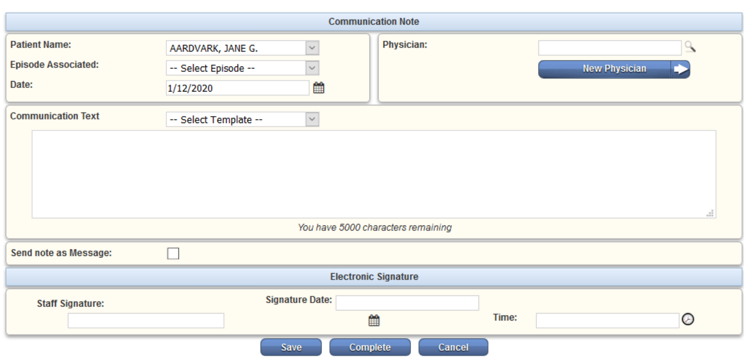


Verify all authorized visits are included and select **Save.**

- Aide Care Plan - This section is used to create Aide Care Plans for patients. All items are option except for the Electronic Signature.
  - Choose Care Plan Type and Services.
  - Choose Things to Report.
  - Enter Special Considerations.
  - Choose Plan Details.
  - Choose Notifications.
  - Enter the Electronic Signature.
  - Select the **CREATE & COMPLETE** button when finished.

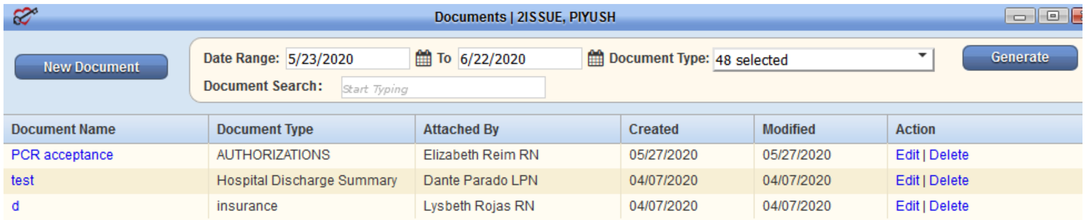


- <u>Communication Note</u> - This section allows a coordination note to be entered into the patient's chart.
  - Choose the Episode Associated.
  - Attach a physician.
  - Confirm the date (auto-generates todays date).
  - Enter Communication Text or use a template.
  - Send the note within the agency by selecting Send Note as Message checkbox.
  - Enter the Electronic Signature.
  - Select the **Save** button to return or select the **Complete** button to finish.

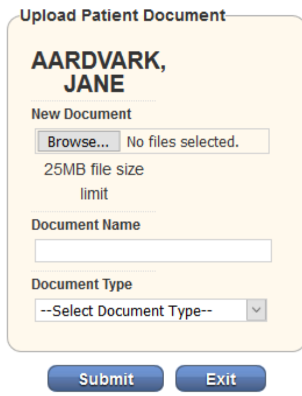


Documents

To manage documents in the patient's chart, select the **Documents** tab at the top of the patient's chart and the window below will appear. Filter by Date Range, Document Type or search by keyword.



Select the **New Document** button to add any documents and attachments to the patient's chart.



Choose files from the computer, give the document a name that will appear in the patient's chart, choose the Document Type and select the **Submit** button when complete. The attached documents will all display with the ability to **Edit** or **Delete** them by selecting the hyperlinks on the far right.

Patient Chart Quick Reports

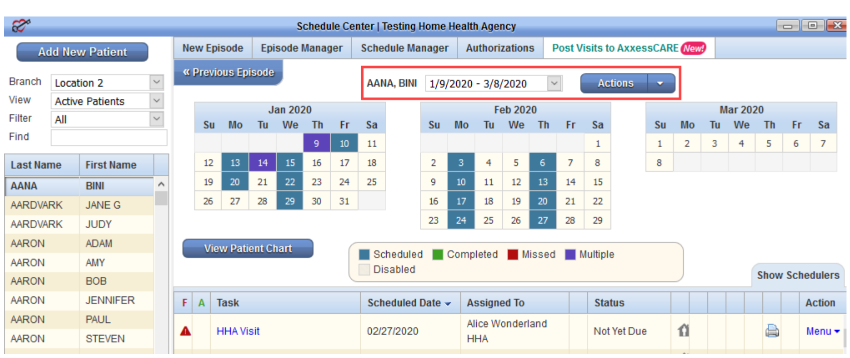
- Patient Profile - This section is the patient's Face Sheet. It is a PDF synopsis of the patient's profile.
- Allergy Profile - This section contains a list of allergies added to the patient's chart.
- Medication Profile - This section contains details of the patient's Medication Profile. New medications can be added, discontinued and drug interactions can be run from this window.
- Immunization Profile - This section contains immunization details inside the patient's chart.
- Infectious Disease Profile - Track infectious diseases and screening tools used to detect them.
- Authorizations Listing - This section houses all authorizations that can be edited, deleted and new authorizations can be added.

- Preadmissions Notes - Document notes in a patient's chart before admitting the patient.
- Communication Notes - This section will house all the communication notes that have been entered in to the patient's chart. New notes can be added by selecting the **New Communication Note** button.
- Orders and Care Plans - This section shows Orders and Care Plans for the desired date range.
- Plan of Care Summary - This section contains details of the evolving Plan of Care Summary for the patient. It will be visible if the system setting is enabled.
- Episode Summaries - This section provides a review of patient's progression when Intra-Episode Summaries are auto-generated and housed here. They can also be created, printed or deleted.
- Vital Signs Charts - This section indicates the changes in patient vitals during the episode, if documented.
- Triage Classification - This section contains information based on answers from patient's profile Emergency Preparedness section.
- Deleted Tasks/Documents - Axxess is a cloud-based software, so most deleted data will remain in the system. Deleted tasks will be found in this section.

The patient's scheduled visits will appear at the bottom of the Patient Charts window. The best way to review patient tasks and schedule further visits is from the Schedule Center.

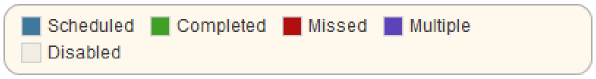
INTRODUCTION TO THE SCHEDULE CENTER

The Schedule Center is an episodic view of the patient's calendar. The calendar displayed will match the episode populated in the episode field, located directly above the calendar.



The color legend is located below the calendar for easy reference:

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



If a task exists and is scheduled, that date will be highlighted in blue. It will stay blue until the task status is either updated to Completed (green) or marked as Missed (red). If there are multiple items scheduled on a day, they are highlighted in purple. Dates with multiple tasks are not updated to another color as tasks change in status. They remain purple.

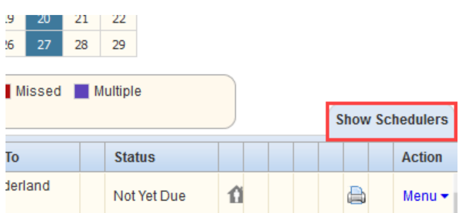
Schedule Center Filters

The filters on the right-hand side of the Schedule Center provide the opportunity to narrow down the search for patients.

- **Add New Patient** button – Select this button for an alternative route to add a new patient to the database.
- Branch - This option allows the user to pick the patient's branch.
- View - This option is for filtering by patient status.
- Filter - This option allows the user to narrow down the by the payer.
- Find – Search by patient's name for a list to generate.

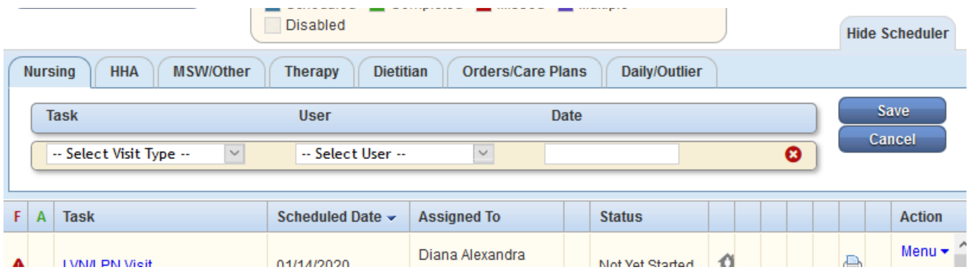
Scheduling Visits to A Patient

When scheduling individual visits for a patient, use the **Show Schedulers** tab to quickly schedule those single task items through the scheduler. Select a date on the calendar and the scheduler will open.

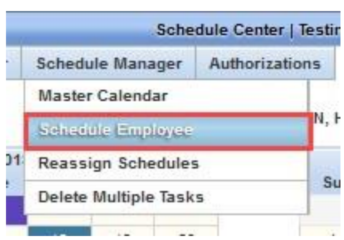


Tabs will appear with discipline categories to select based on the appropriate task. The task list loads according to the discipline selected. Discipline options are as follows:

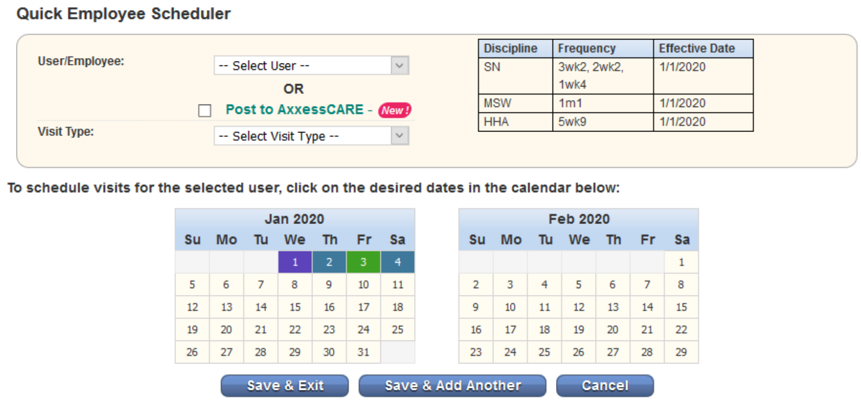
- Nursing
- HHA
- MSW/Other
- Therapy
- Dietician
- Orders/Care Plans
- Daily/Outlier



When scheduling multiple tasks to a patient, the **Schedule Employee** feature is the best source for quick episode scheduling. Select Schedule Employee under the Schedule Manager tab to begin multi-date task scheduling.

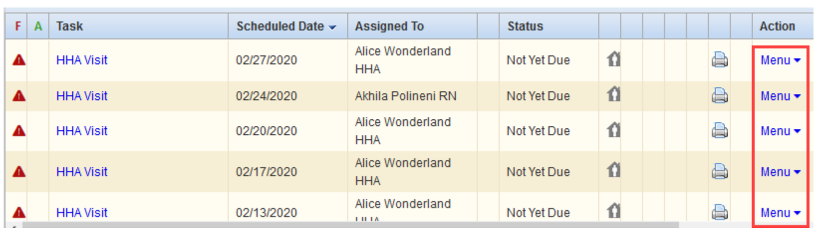


A new window will appear with options to select a clinician for visit(s) and the list of the visit types. Once the User/Employee and Visit Type have been chosen, select the calendar dates when visits will be scheduled. To deselect the visit date, select the date again and the grey selection box will be white. Ordered frequencies are listed in the top right as a reference while scheduling.

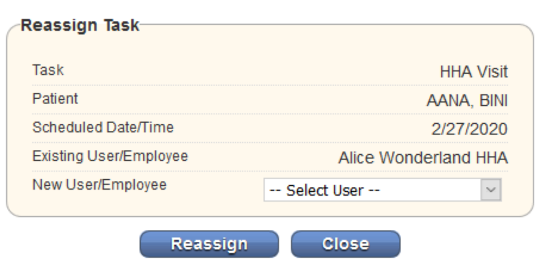


NOTE: Only agencies in specific states will have the option to select the Post to AxxessCARE box. Other states are coming soon.

To reassign just *one* visit to another user, select the **Menu** drop-down on the right-hand side of the visit.



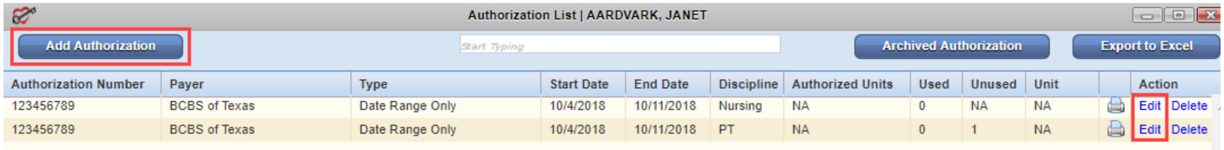
After selecting Menu, select **Reassign** and the box below will appear.



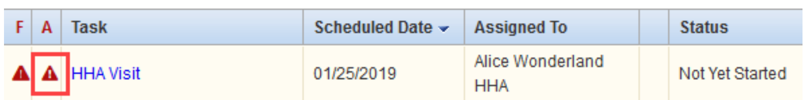
Select the user to reassign the visit to, select **Reassign** and the new user will appear.

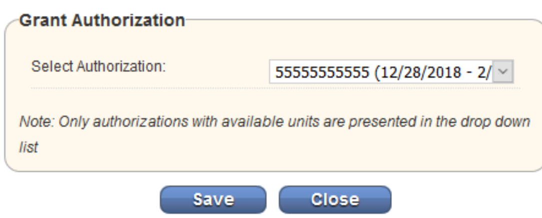
Authorizations

Select the **Authorizations** tab and a new window will open. To add a new authorization, select **Add Authorization** in the top left. To edit an existing authorization, select **Edit** on the right under the Action column.



After adding or updating the authorization, the visit can now be linked to the appropriate authorization. Select the Warning symbol to view and attach to a new authorization.

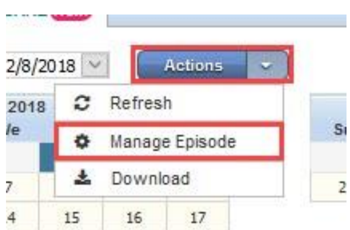




After the visits have been attached to an authorization, the warning will go away. To keep track of authorizations, go to *Reports/Report Center.* Scroll down to the Schedule Reports, located in the middle column at the bottom. Choose **Authorization Utilization**.

Managing Episodes

The **Manage Episode** feature allows users with permission the ability to update the episode information.



A window will appear with options to modify the following sections:

- Start of Care date

- Episode End date
- Case Manager
- Primary Insurance
- Secondary Insurance
- Primary Physician

Users can also inactivate the episode. When inactive, the episode does not show up in the episode list for the patient. Possible reasons to inactivate the episode include:

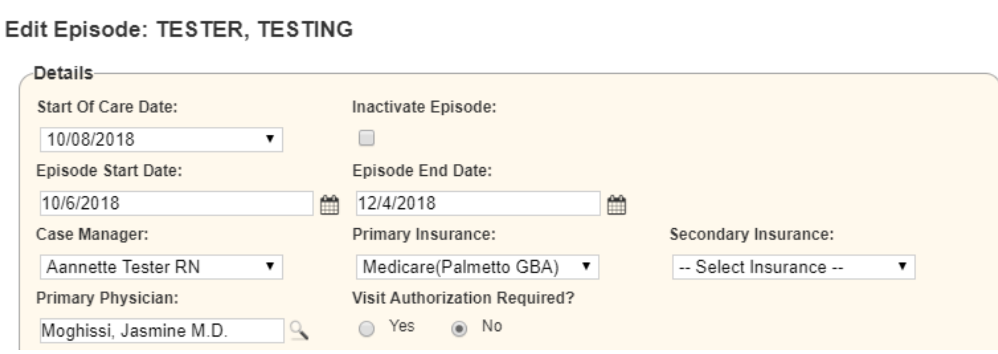
  - Episode was entered in error.
  - Patient is discharged prior to a first billable visit in the episode.

View all inactive episodes for a patient by selecting the **Episode Manager** tab on top of the patient's calendar. Then select **Inactive Episode(s)** and the list below will appear.

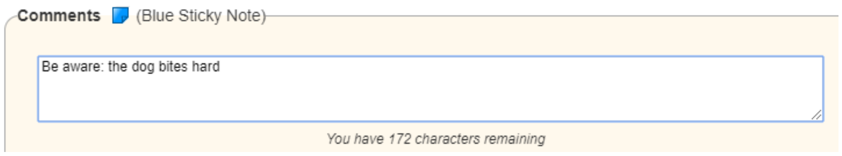
List of In-active episodes	
Inactive Episode(s)	
Episode Range	Action
08/28/2018 - 10/26/2018	Activate | Edit
04/05/2017 - 06/03/2017	Activate | Edit

Activate or **Edit** these episodes by selecting the hyperlink on the right-hand side. Once activated, the episode will then appear on the patient's schedule.

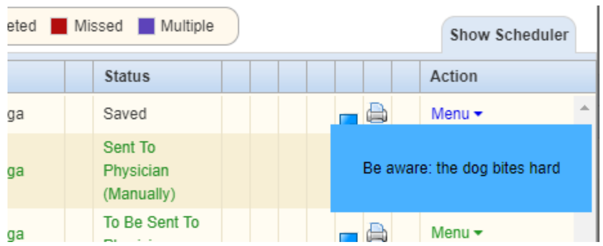
NOTE: For date selections, select the calendar icon to view the dates in a calendar format.



Additionally, there is a Comments section found on the Manage Episode page. Information entered in this section will attach to each scheduled task item as a blue sticky note. This is a useful tool to notify staff of important information for the duration of the episode, such as: gate codes, animals in the home, any vital pre-visit patient needs, etc.

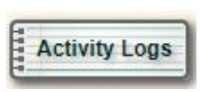


Hovering over the sticky note from the Schedule Center will show its contents.

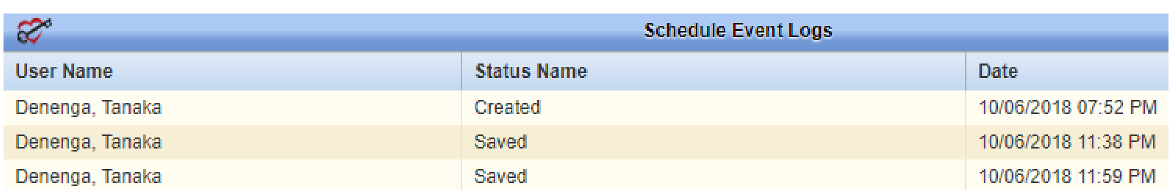


Select the sticky note to enlarge.

At the bottom of the Manage Episode window will be the **Activity Log** button. This button is permission-based and will contain details of changes made inside the episode.



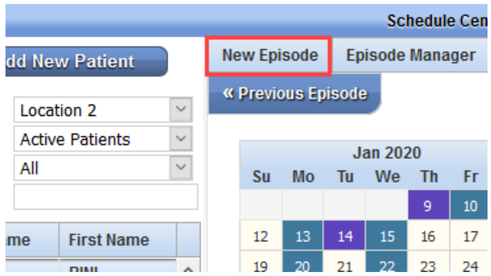
The **Activity Logs** button will be visible throughout different sections of the database and will provide audit trail data.



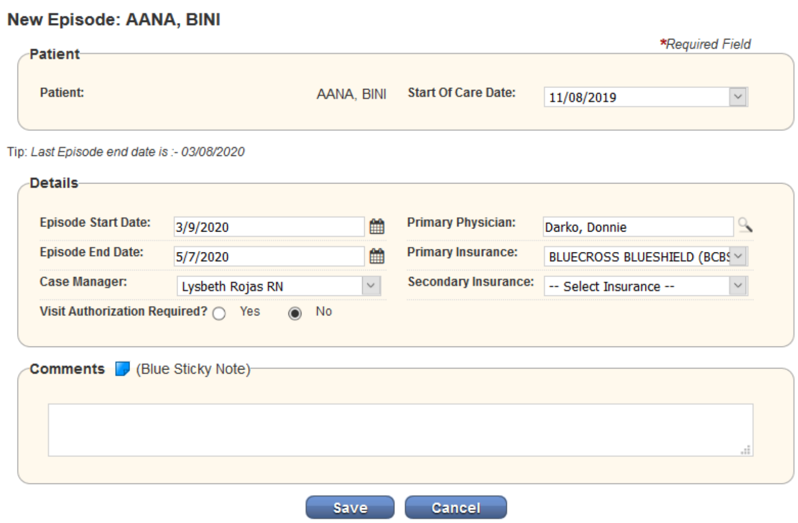
Schedule Event Logs

User Name	Status Name	Date
Denenga, Tanaka	Created	10/06/2018 07:52 PM
Denenga, Tanaka	Saved	10/06/2018 11:38 PM
Denenga, Tanaka	Saved	10/06/2018 11:59 PM

New Episode



The window below will appear:

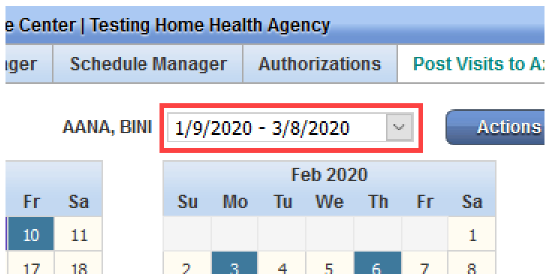


This window will default the following information (updates can still be made):

- Start of Care Date - The Start of Care from the OASIS for this admission period.
- Episode Start Date – Autogenerates with the day immediately following the past episode.
- Episode End Date - Autogenerates date to 60 days after the episode start date.
- Primary Physician - Autogenerates the physician in the chart.
- Primary Insurance - Autogenerates the primary insurance in the chart.
- Secondary Insurance - Autogenerates the secondary insurance in the chart.
- Case Manager - Autogenerates the Case Manager from the chart.

- Visit Authorization Required - Autogenerates based on the answer in the payer setup.
- Comments - Free text space available to enter information for this episode that needs to display on all visits in the episode.

Once a new episode has been created, or if there is more than one episode for a patient, they will display at the top of the calendar. Select the specific episode to schedule by selecting the drop-down menu.



HELP CENTER

A great resource available any time, any day is our Help Center. Get answers to frequently asked questions and watch tutorial videos on all our Axxess products. Our Help Center can be accessed by going to *Help/Support & Training/Help Center* or https://www.axxess.com/help/