HOSPICE OFFICE STAFF (INTAKE AND SCHEDULING) TRAINING MANUAL

March 2022

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LOGGING IN TO AXXESS

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

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

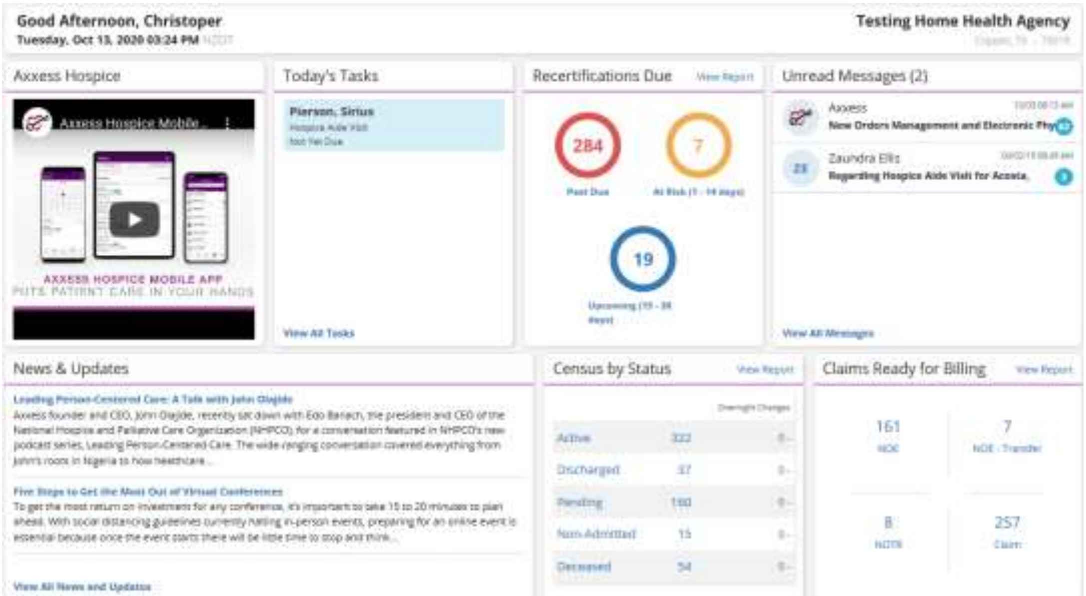
NOTE: For resetting the password, see Axxess Hospice Overview Manual.

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.

If the user forgets their password, select the **Having trouble logging in?** hyperlink, 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 Hospice application on the left side of the page to perform the Intake and Scheduling process.

MY DASHBOARD



Below are the eight tiles that will appear:

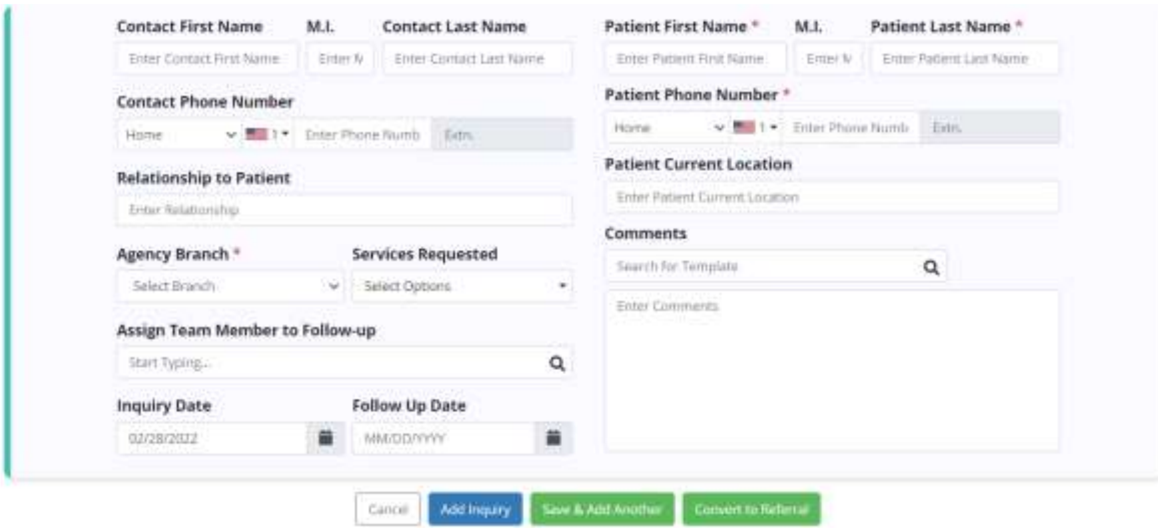
1. <u>Welcome Panel</u> - Displays the username, Date, Name and location of the organization.
2. <u>Video</u> - Built in educational videos uploaded by Axxess.
3. <u>Today's Tasks</u> - Displays the user's daily scheduled tasks. This list is sorted by day and visits distinguished by Scheduled (blue), Completed (green) and Missed (red). There is a hyperlink to **View All Tasks**.
4. <u>Recertifications Due</u> - Shows a visual representation of Recertifications that are Past Due, At Risk and Upcoming. Selecting a circle will take the user to a list of those patients.
5. <u>Unread Messages</u> - This tile shows all unread messages. Users are linked to the messages that are showing and a hyperlink to **View All Messages**, which takes the user to the Message Center.
6. <u>News & Updates</u> - This shows links to Axxess-generated blog posts, educational articles, regulatory updates and other important information.
7. <u>Census by Status</u> - Shows the current active census by status and changes overnight. Selecting the status number will take the user to a list of patients filtered for that status.
8. <u>Claims Ready for Billing</u> - Shows claims that are ready but not yet sent. Selecting the type of claim will take the user to a list of the claims ready for billing of that type.

INQUIRIES

Add Inquiry

Add/Inquiry

Users can enter potential hospice patients to track inquiries or leads without having them be entered as referrals.

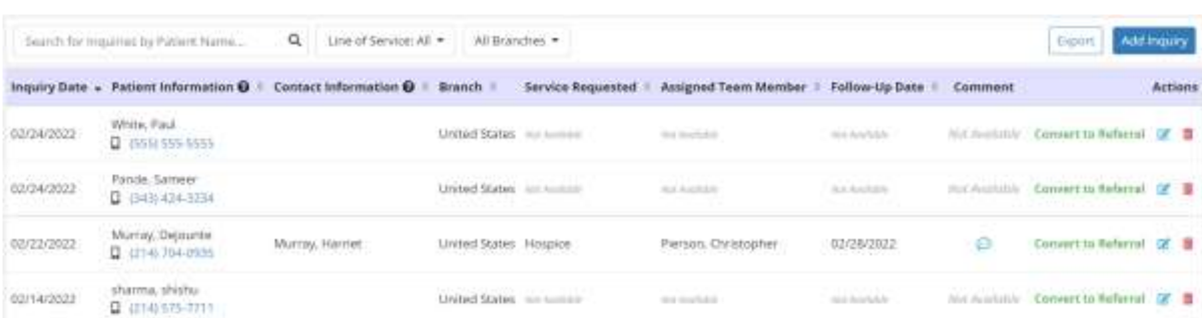


Patient name, phone number, agency branch and comments will flow to the referral (if converted). Enter all available information, then select the **Add Inquiry** button to keep as an inquiry. Select the **Save & Add Another** button for additional inquiries. If the patient needs to be moved forward in the admission process, users can select the **Convert to Referral** button.

View Inquiries

Lists/Inquiries

Once an inquiry has been added it will be housed with all other inquiries in a list.



Search through the inquiry list by using the search bar in the top left or filter by choosing a line of service or branch (if more than one). Add a new inquiry from this screen by selecting the **Add Inquiry** button or export the list as an Excel report by selecting the **Export** button in the top right.

The inquiries are displayed by inquiry date, patient information, contact information, branch, service requested, assigned team member, follow-up date and comments.

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

- \- Enables the ability to modify inquiry details prior to admitting the patient.
- \- Removes the patient from the system completely. Please note, deleting the inquiry means the patient will not be visible in any reports in the database.
- **Convert to Referral** - Generates all information required to enter a referral.

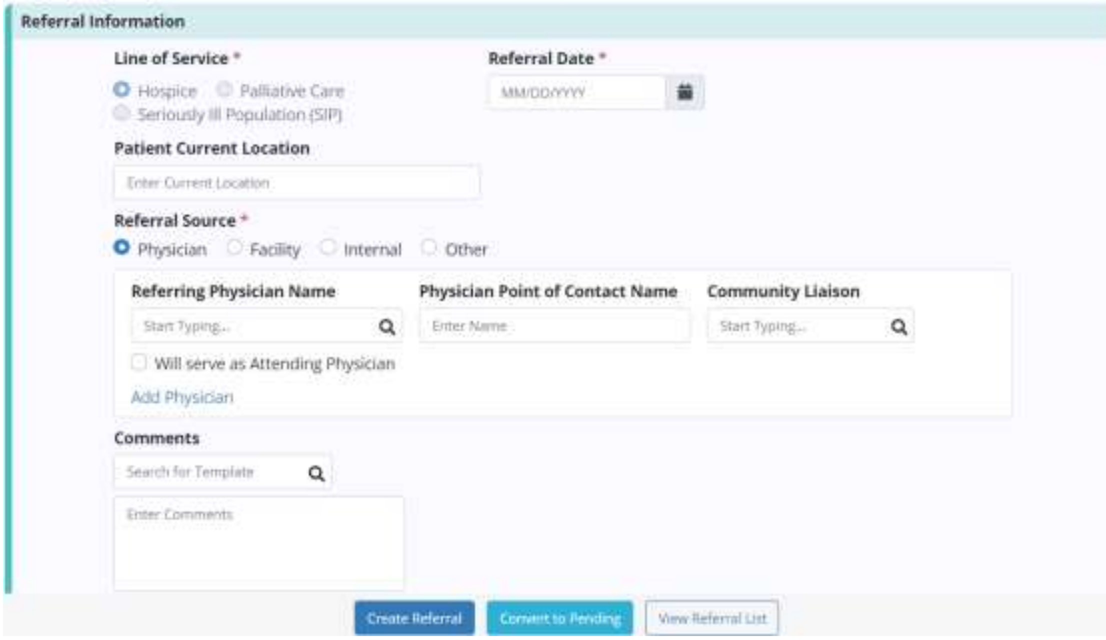
REFERRAL ENTRY

Add/Referral

Search for the patient by name or MRN to confirm the patient is not already in the system. Any patients matching the name or MRN will show in a grid that shows the patient's name, MRN, status and line of service. Select the **Select Patient** hyperlink to continue with the previously discharged patient. If the patient is not found in the system after a search, select the **New Patient** button.

Choose the branch (if more than one) then enter the first and last name. Choose the primary line of service then select the **Add Referral** button.

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



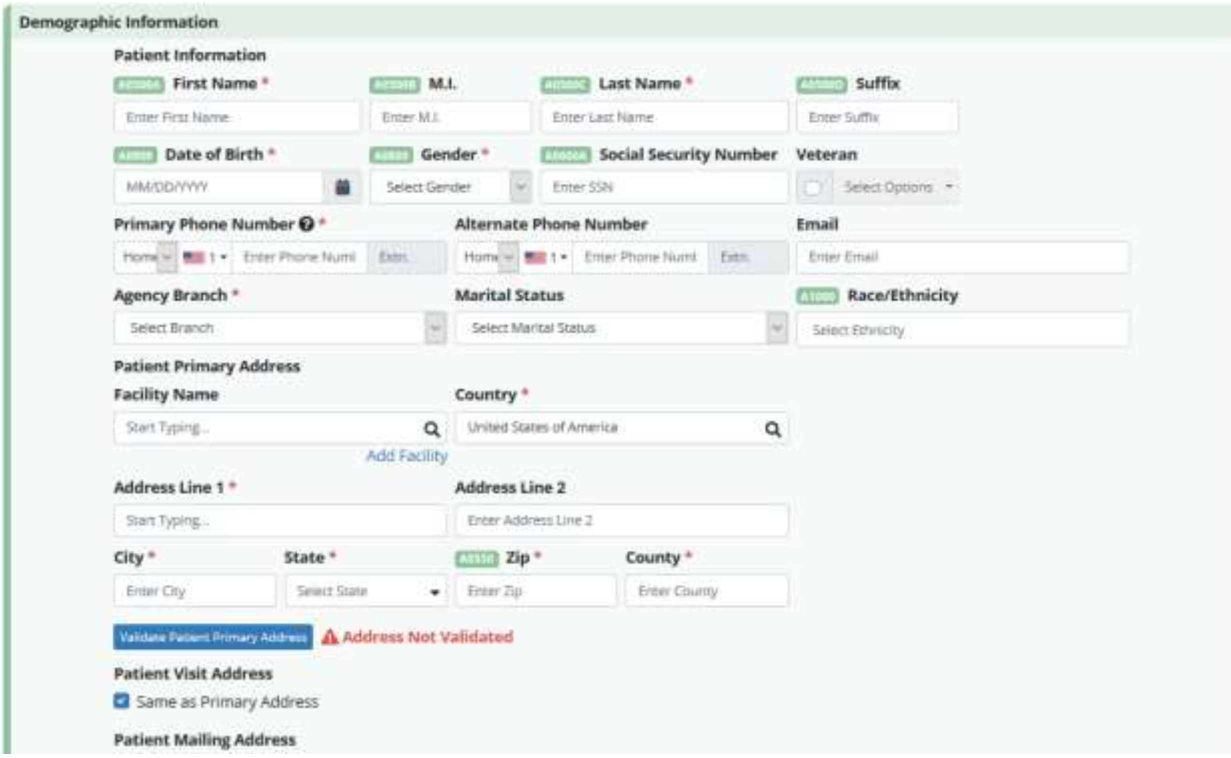
Referral Information - Contains details of the source involved in referring the patient to the organization. The following information is required:

- Line of Service - Choose from Bereavement, Hospice or Palliative Care.
- Referral Date - Enter or choose the date of referral.
- Referral Source - Choose from Facility, Physician, Internal or Other. Then in a later step, enter a specific source, depending on what type is chosen.
    - Referring Physician Name - (Seen above) Start typing the name of the referring physician then select the name. Enter the physician point of contact name. Start typing the name of the community liaison or select the drop-down menu to scroll through the available list. Select the “Will serve as Attending Physician” checkbox if applicable. If physician is not available, select the **Add Physician** hyperlink (permissions based).

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

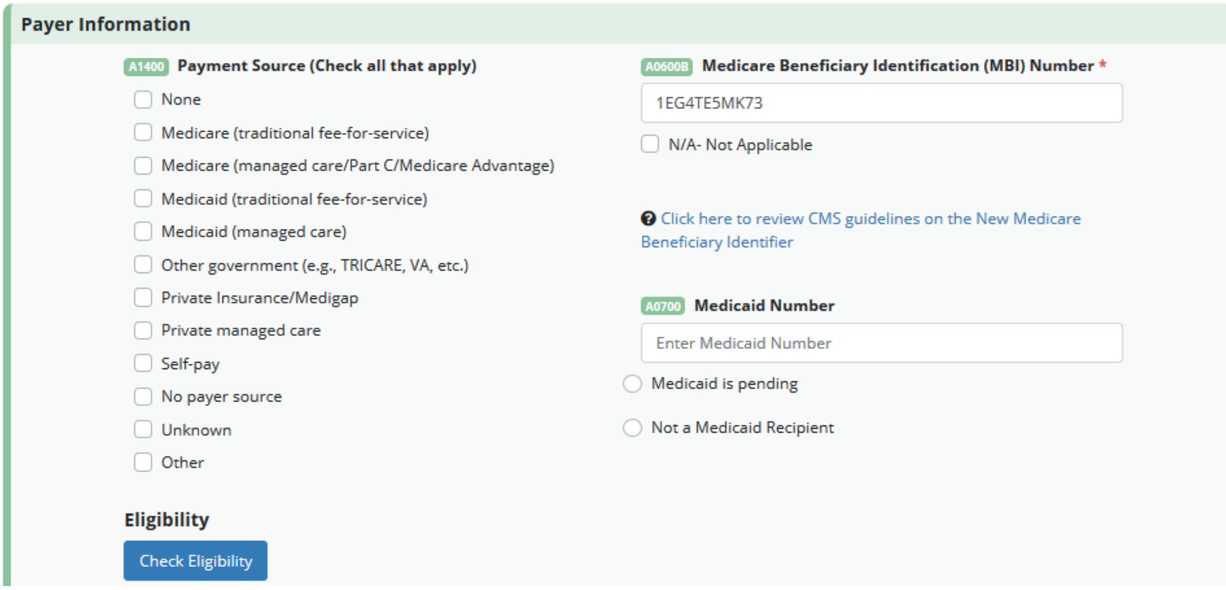
NOTE: Hover over the ? icon to get more insight into the section

Questions with a green HIS locator identifier A0500A **First Name** are Hospice Item Set (HIS) answers that will flow to fill out the HIS document.



- Select the **Validate Patient Primary Address** button after the address has been entered to verify that the details entered are for a valid address. This must be validated before completing the referral. International addresses can be entered (Phone defaults to United States).
- If the patient's mailing and visit address differ 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.
- To assign a tag to a patient, type the name of the desired tag in the search field. As the user types, the list of tags (established in Company Setup) will filter to display tags that match the search. Select the appropriate tag and select **Save.**

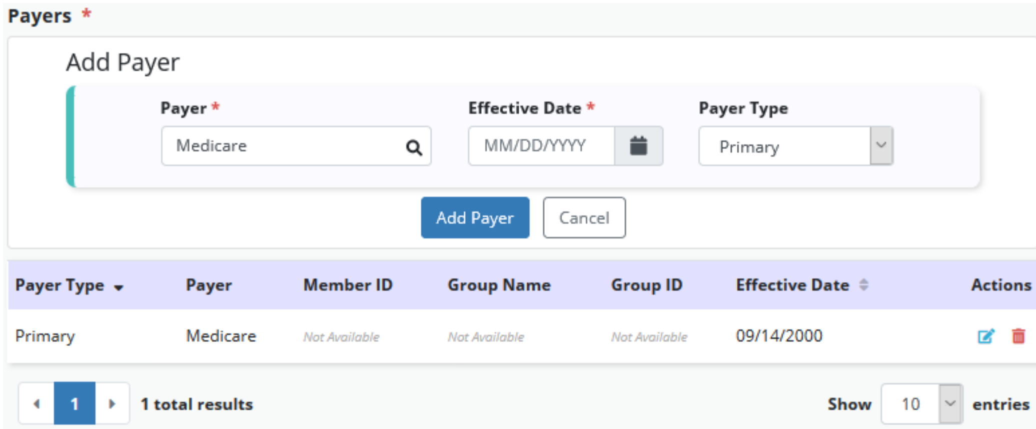
Payer Information - Encompasses details of how the patient will be billed.



- Select a payment source.
- Enter the Medicare Beneficiary Identifier (MBI) or select the “NA - Not Applicable” check box if not appropriate.
- Enter the Medicaid Number and/or indicate if “Medicaid is pending” or “Not a Medicaid Recipient.”

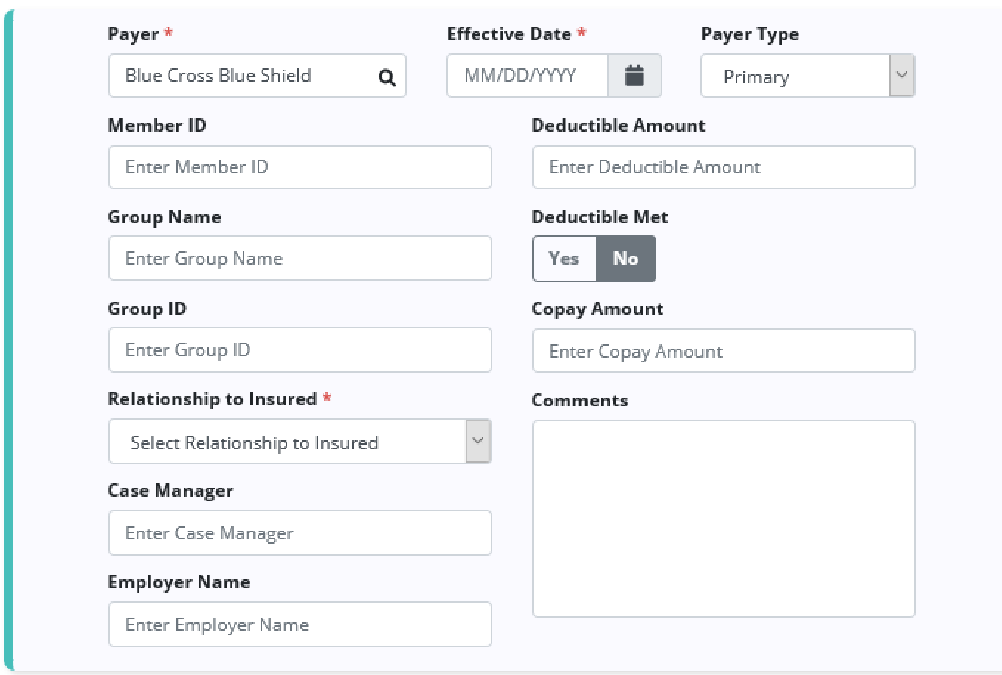
Eligibility - Enter all eligibility fields for eligibility check. This can only be done once per day. Missing information needed for the Medicare Eligibility Check will show with a . Once the check is done, the user will see a full report and when it was last checked:

Payers – Select the **Add Payer** button. Start typing name of payer. If payer is not available, new payers can be entered by employees with permissions.



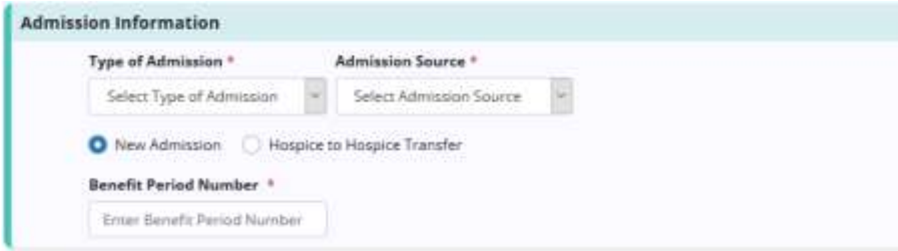
To add an additional payer, select **Add Payer**. Change the payer type by selecting the icon or remove by selecting the icon.

Adding payers other than Medicare will see the following fields:

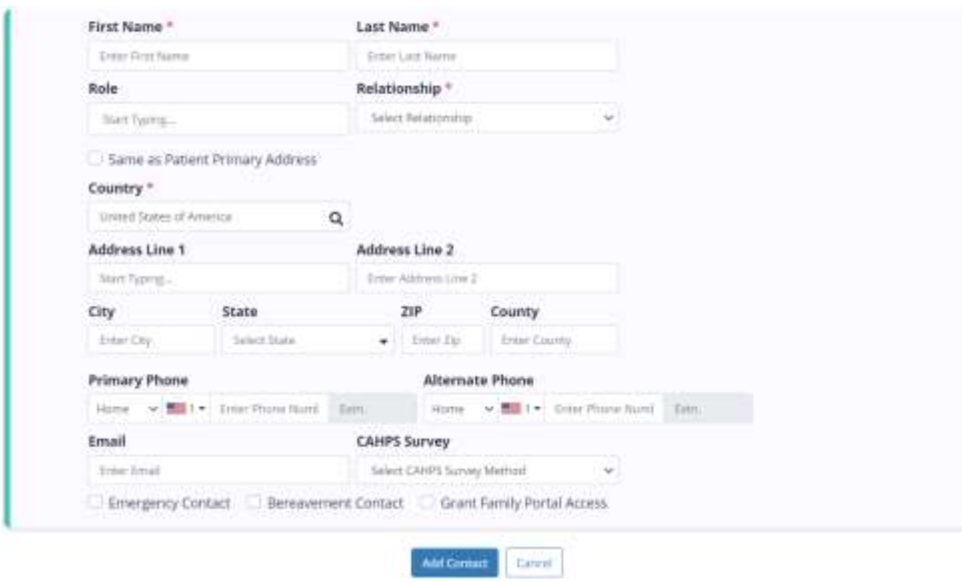


NOTE: Primary payer is not required to save a referral, but it is required for converting a referral to pending status.

Admission Information - Choose the type of admission, admission source, whether admission is new or hospice to hospice transfer and enter the benefit period number.

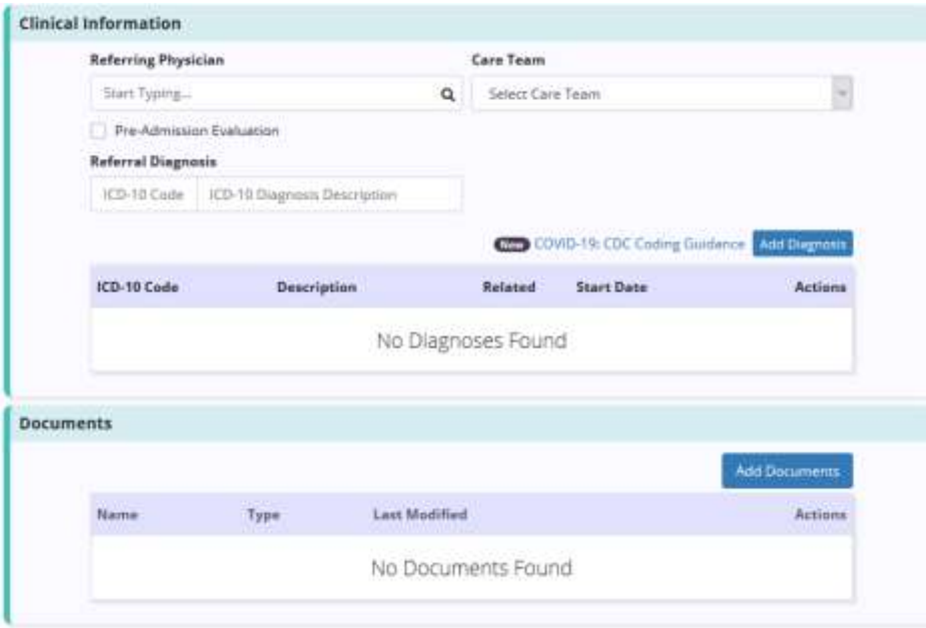


Authorized Contacts – Select the **Add Contact** button. Enter as much patient contact information as available. A name, relationship and address are required to save. If the contact is indicated to receive access to the Family Portal, an email address must be entered. Select the **Add Contact** button to save what has been entered and select **Add Contact** for more contacts.



Previously entered contacts will show the name, role, relationship, phone, emergency contact status, CAHPS survey recipient or a bereavement contact. Edit previously entered contacts by selecting or remove them by selecting .

Clinical Information/Documents - Encompasses patient care information, diagnoses and attach applicable documents.

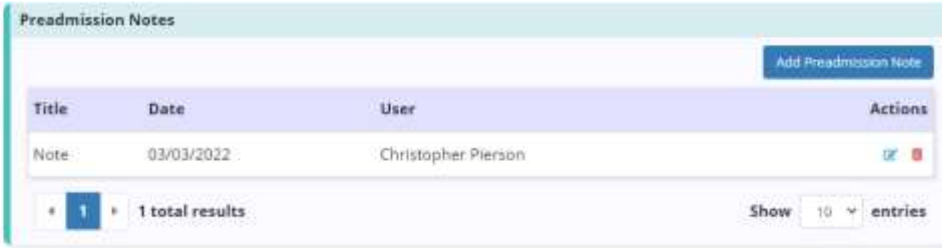


- Referring Physician - Find the physician who referred the patient to hospice.
- Care Team - Choose from the list of different care teams.
- Create Pre-Admission Evaluation - If selected, the user must enter:
  - Clinician to assign to
  - Evaluation date
- Enter Referral Diagnosis - If there are more diagnoses available to document, select the **Add Diagnosis** button.
- Attach applicable scanned documents by selecting the **Add Documents** button. Once uploaded, documents will be listed by name, type.

NOTE: If the document type is not available, users with specific permissions can add new Document Types from the Lists.

Referral Readiness/Preadmission Notes - Indicate whether Consents Completed, Hospice Order Received, Face-to-Face Visit are obtained by selecting the checkbox(es). If Face-to-Face is selected, then indicate whether a copy was obtained by transferring hospice and who completed it and when.

Select **Add Preadmission Note** to add notes. Enter a title, use a template or enter the notes into the free text space. Select **Save** to complete the note.



Preadmission Notes

Add Preadmission Note

Title	Date	User	Actions
Note	03/03/2022	Christopher Pierson	

1 total results Show 10 entries

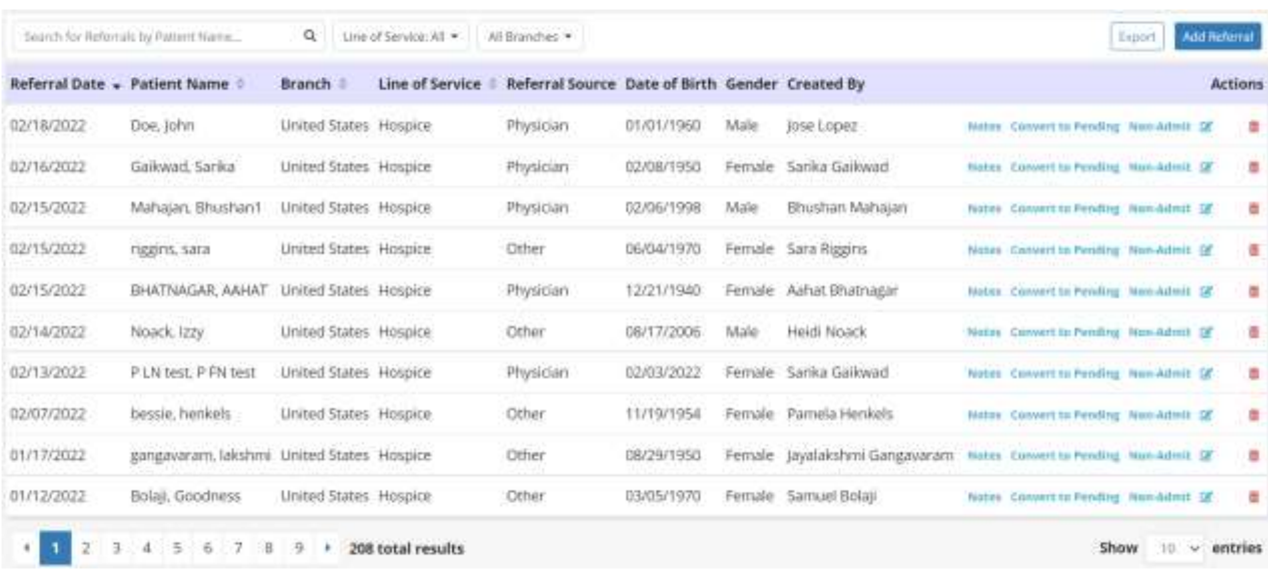
Edit preadmission notes by selecting the icon or remove them by selecting the icon.

After all the Referral sections have been entered, select the **Create Referral** button to save all details entered into the system or **Convert to Pending** to move to the next step of the intake process.

VIEWING EXISTING REFERRALS

Lists/Referrals

The Referrals list will appear with the patient's referral date, patient name, branch, line of service, referral source, DOB, gender and name of the person who entered the initial referral. Search through the list of referrals using the search bar in the top left. Filter by line of service or branch (if more than one). Export the entire list by selecting the **Export** button in the top right.



Search for Referrals by Patient Name... Line of Service: All All Branches Export Add Referral

Referral Date	Patient Name	Branch	Line of Service	Referral Source	Date of Birth	Gender	Created By	Actions
02/18/2022	Doe, John	United States	Hospice	Physician	01/01/1960	Male	Jose Lopez	Notes Convert to Pending Non-Admit
02/16/2022	Gaikwad, Sarika	United States	Hospice	Physician	02/08/1950	Female	Sarika Gaikwad	Notes Convert to Pending Non-Admit
02/15/2022	Mahajan, Bhushan1	United States	Hospice	Physician	02/06/1998	Male	Bhushan Mahajan	Notes Convert to Pending Non-Admit
02/15/2022	riggins, sara	United States	Hospice	Other	06/04/1970	Female	Sara Riggins	Notes Convert to Pending Non-Admit
02/15/2022	BHATNAGAR, AAHAT	United States	Hospice	Physician	12/21/1940	Female	Aahat Bhatnagar	Notes Convert to Pending Non-Admit
02/14/2022	Noack, Izzy	United States	Hospice	Other	08/17/2006	Male	Heidi Noack	Notes Convert to Pending Non-Admit
02/13/2022	P LN test, P FN test	United States	Hospice	Physician	02/03/2022	Female	Sarika Gaikwad	Notes Convert to Pending Non-Admit
02/07/2022	bessie, henkels	United States	Hospice	Other	11/19/1954	Female	Pamela Henkels	Notes Convert to Pending Non-Admit
01/17/2022	gangavaram, lakshmi	United States	Hospice	Other	08/29/1950	Female	Jayalakshmi Gangavaram	Notes Convert to Pending Non-Admit
01/12/2022	Bolaji, Goodness	United States	Hospice	Other	03/05/1970	Female	Samuel Bolaji	Notes Convert to Pending Non-Admit

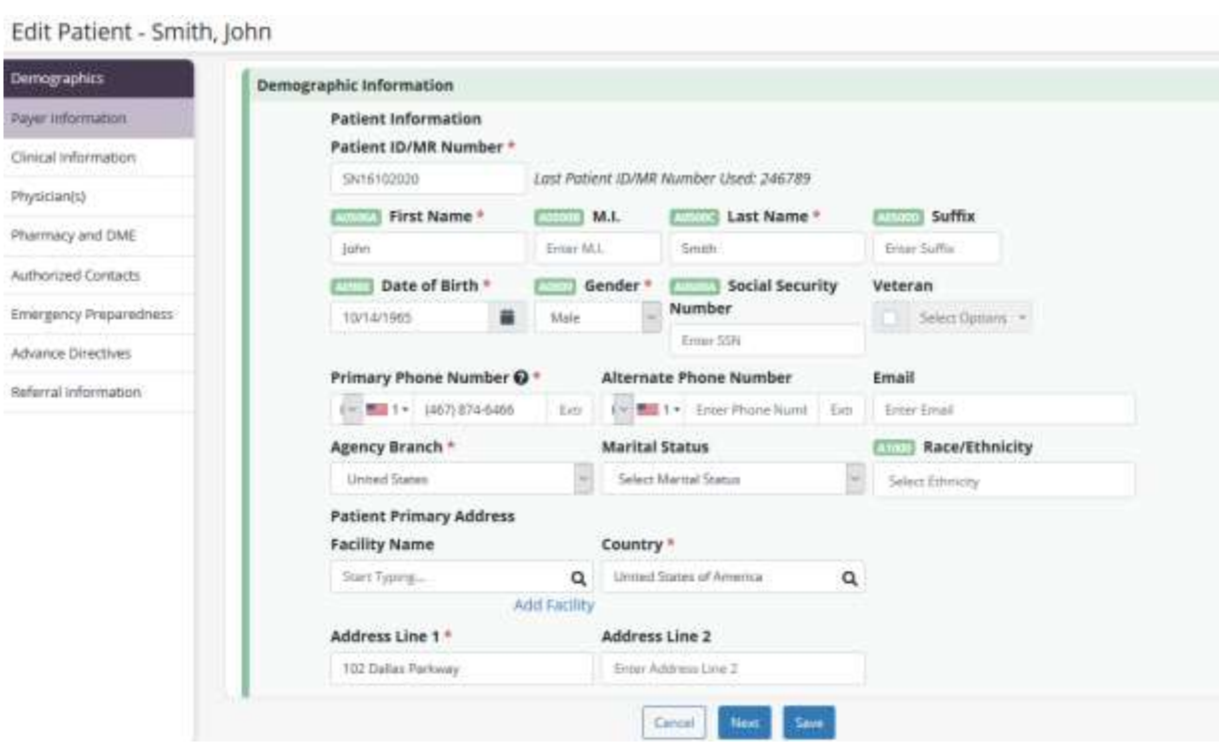
1 2 3 4 5 6 7 8 9 208 total results Show 10 entries

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

- - Enables the ability to modify referral details prior to admitting the patient.
- - 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.
- **Convert to Pending** – Generates all required information required to admit the patient.
- **Non-Admit** – Enter the Non-Admit Date, Reason and then select the **Non-Admit** button.
- **Notes** – View the Preadmission Notes section of the referral.

ADMITTING A REFERRAL

The referral should be converted to pending once a decision has been made to admit a patient and there is an appointment made for admission. In the existing Referral list, select the **Convert to Pending** hyperlink under the Actions column to admit the patient. The patient window will appear with sections on the left side that are pertinent to the admission process.

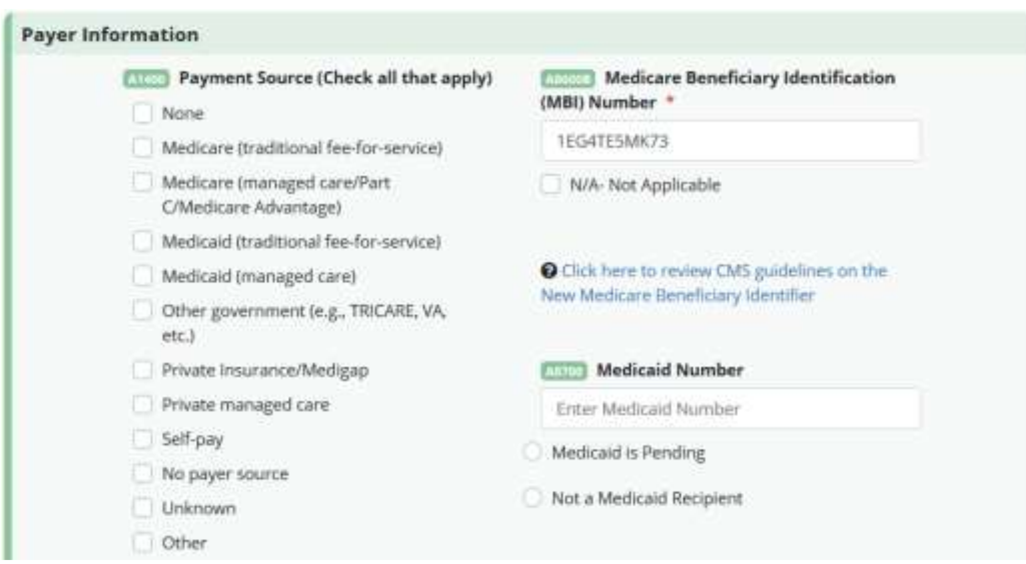


Demographics section will contain mostly information that was entered during the referral process. Below are sections that were not in the referral process and need to be addressed:

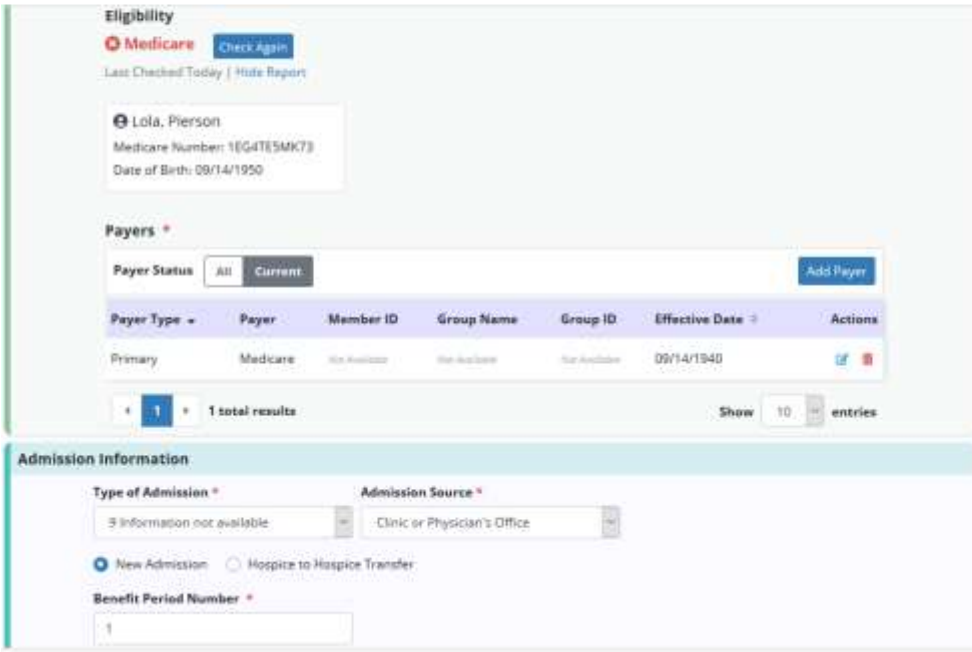
- MRN - Enter a Medical Record Number based on organization specifications.
- Languages - Indicate what language is primarily spoken by the patient and whether there is a need for an interpreter.
- Service Locations - Select the **Add Service Location** button to enter service location information. Once the location is chosen, enter a date then select the **Save** hyperlink. This will flow to billing to allow for the appropriate tracking of Q codes associated with the location of care.
- Face Sheet Comments - Enter face sheet comments for convenient access to the most relevant patient information. Templates may also be used. Face sheet comments appear under the Authorized Contacts section on the face sheet PDF.

Once all required information has been entered, select the **Next** button at the bottom to continue. In addition to the **Demographics** section, the sections listed below will also need to be completed prior to admitting the patient:

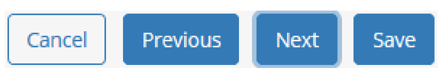
Payer Information - This section requires the Medicare Beneficiary Identification (MBI) Number and/or Medicaid number to be entered if they were not entered during the new referral process.



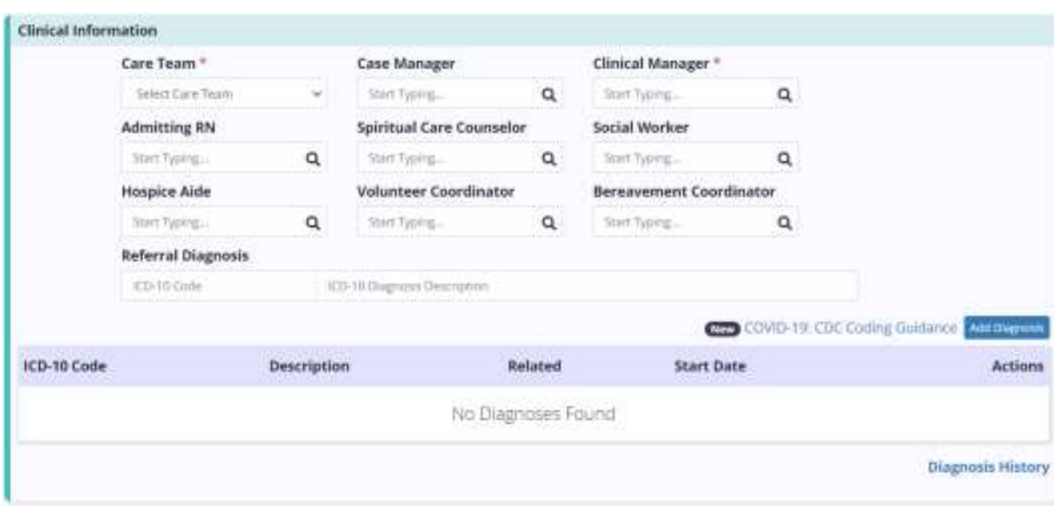
Medicare eligibility can be rechecked, additional payers can be added, and Admission Information can be confirmed or entered.



Navigate through the referral by selecting these buttons:



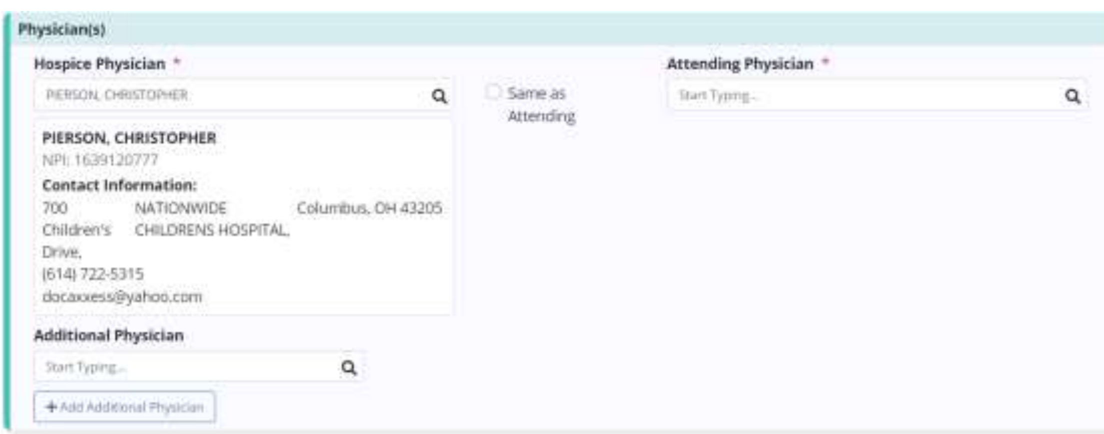
Clinical Information - This section encompasses various clinical details, including the anticipated team members. These details will populate from the new referral process.



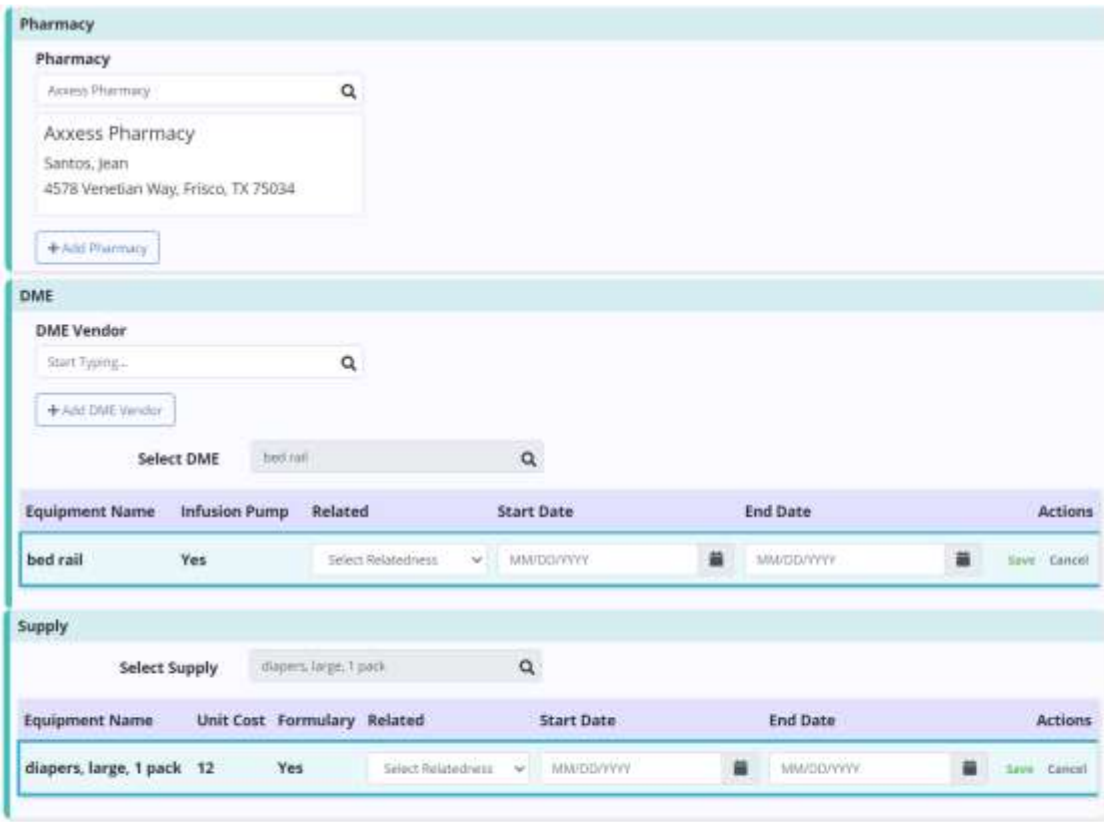
- The organization must choose a care team and clinical manager.
- Once team members have been assigned to the appropriate roles, the assigned team members will receive a message indicating that they have been assigned to a patient's care team. If a team member is assigned to multiple roles, the user will only receive one message with their roles listed. If a user is removed from a patient's care team, the user will receive a message stating that they are no longer assigned to the patient.
- There are two options for searching for the referral diagnosis: by the ICD diagnosis name or by the ICD diagnosis code. Diagnoses can be added by selecting the **Add Diagnosis** button.
  - Enter the code or search by description. Enter a start date then select the **Add** hyperlink. Terminal diagnoses will be indicated by a blue badge.
  - If a second diagnosis is added, choose whether it is related to the terminal diagnosis. If it is not related, a reason must be given.
  - Move diagnoses up and down by selecting the corresponding arrows. Edit diagnoses by selecting the icon or remove them by selecting the icon. Select the to make a diagnosis primary or resolve it.

Select the **Next** button to continue.

Physician(s) - If the referring physician was identified as the attending physician during the new referral process, the physician's name will automatically populate that field. Start typing the physician's name to search. Select the checkbox if it will be the same as the attending physician. Select the **Add Additional Physician** button if there are more physicians involved in patient care. Select the **Next** button to continue.



Pharmacy and DME - This section enable users 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 **Add Pharmacy** button (permissions based).



Enter DME Vendors by typing the name in the search bar or select **Add DME Vendor** to add to the database (permissions based). Add DME by typing the name in the search bar or select to scroll through the list of available DME. Once found, choose if the DME is related, enter the start and/or end date and select **Save**.

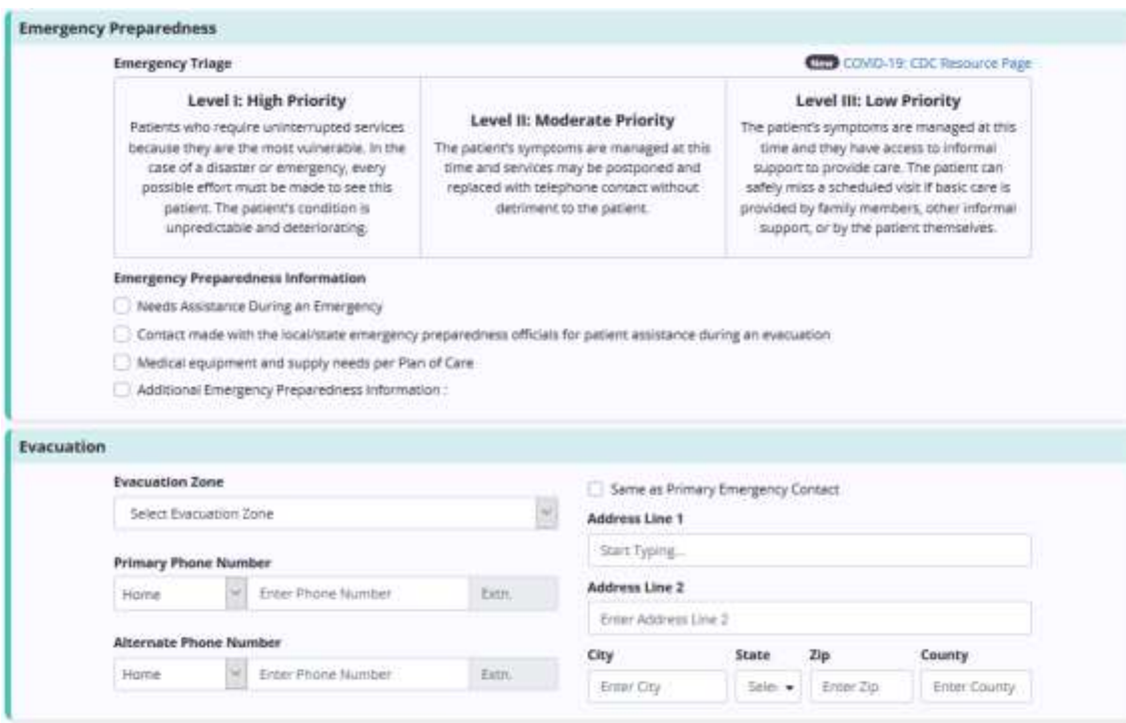
Add Supplies by typing the name in the search bar. Once found, choose if the supply is related, enter the start and/or end Date and select **Save**. Both will flow to the Plan of Care. Select the **Next** button to continue.

Authorized Contacts - At least one authorized 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. Add additional as needed by selecting the **Add Contact**. Enter the name, relationship and confirm the country.

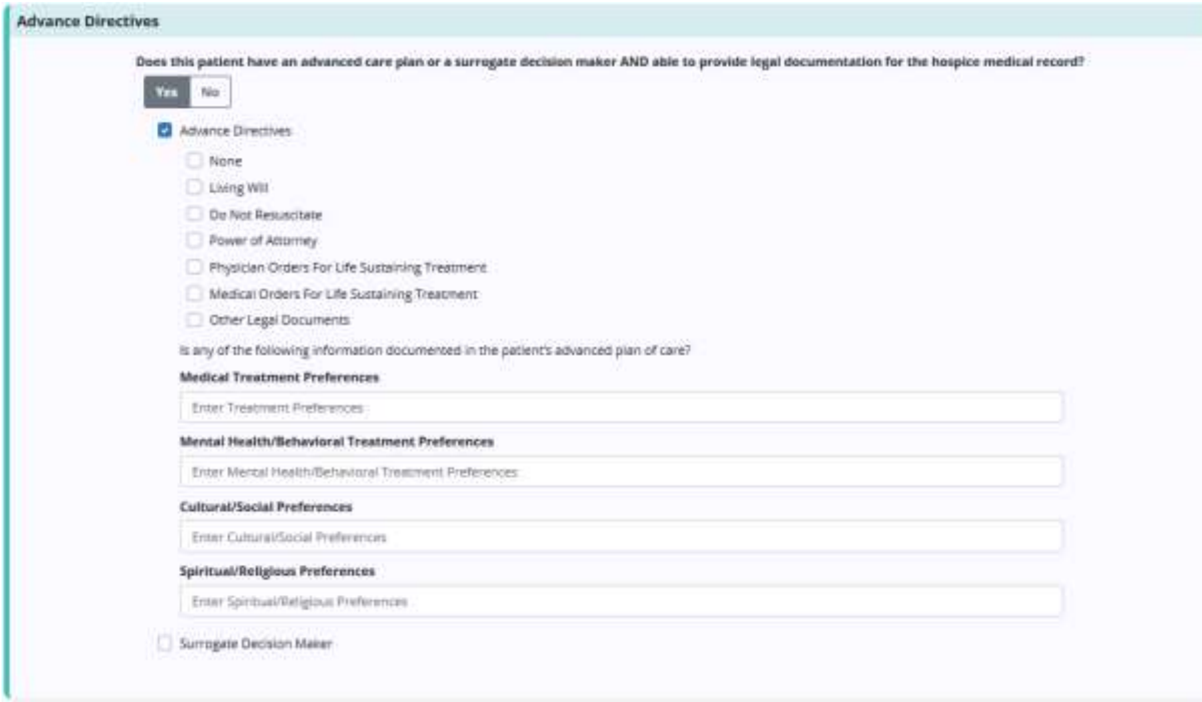
Choose the CAHPS survey method and if Receive CAHPS Survey is selected, the contact will receive the CAHPS survey. When a patient has multiple contacts in their record, only one contact can be chosen to receive the survey. When No Publicity is selected for an authorized contact, the patient will be classified as No Publicity Caregivers on the CAHPS Reporting Data file in the Report Center.

Indicate whether the contact is emergency, bereavement or needs to be granted access to the family portal (if so, include email). Select the **Next** button to continue.

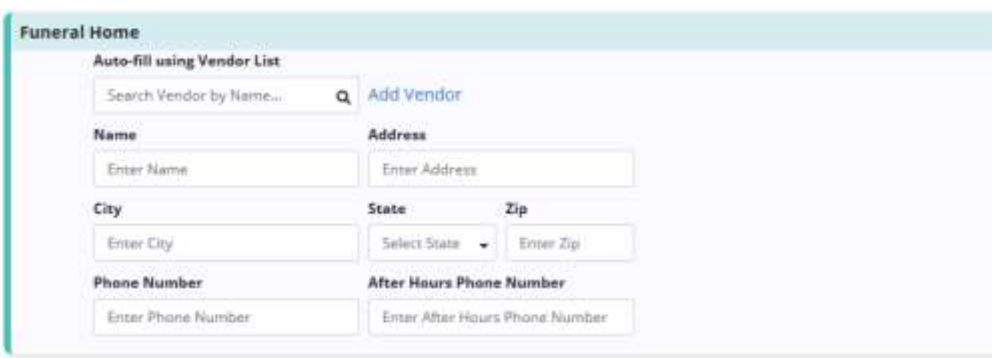
Emergency Preparedness - Choose an Emergency Preparedness level. Decide on Emergency Preparedness Information by selecting the checkbox(es). Choose Evacuation Zone and enter the evacuation phone number and address. Select the **Next** button to continue.



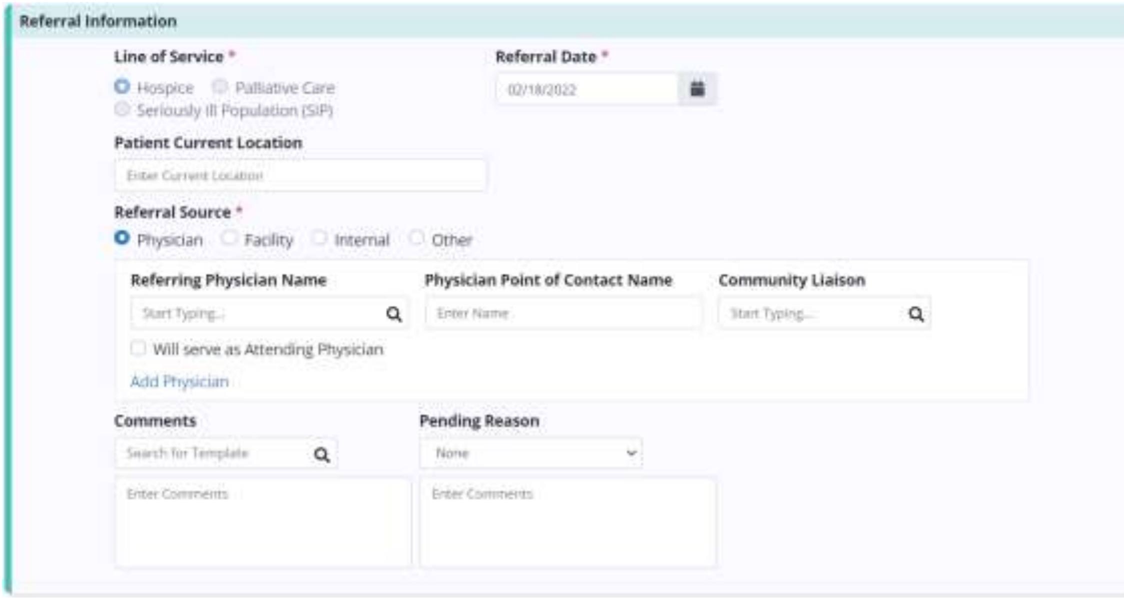
Advanced Directives - If the patient has an Advanced Directive or a Surrogate Decision Maker and can provide legal documentation for the home health medical record, the options are available to enter those details.



Funeral Home information is also entered. Search by vendor (previously added) in order to auto-fill this section. Select the **Add Vendor** hyperlink to add a funeral home to the database (permissions based). Select the **Next** button to continue.



Referral Information - This section assists organizations in tracking referrals including confirming referral details entered during the new referral process.



Confirm the referral date, enter the current location, referral source and comments.

Enter a pending reason in the free text box or use an option from the dropdown menu. When a user is in pending status in the patient chart, pending reason is visible in a purple bar. If changes need to be made, the user can use the **Update Pending Reason** button. If the user selects the **Update Pending Reason** button, then they will be able to document the pending reason and comments**.**

When all required referral information has been entered, select the **Complete** button. A verification pop-up will check that the referral was completed entirely, and if it is, a green confirmation notification will appear. A patient will now be found in the patient chart after the convert to pending process is complete.

INTRODUCTION TO PATIENT CHARTS

Patients/Patient Charts

The main section of the patient charts window will contain a brief synopsis of the patient's details:

- The organization can upload the patient's picture as a form of visual reference by selecting the **Upload** button. Below, the photo shows the patient status, which may also be edited.
- The patient's name (next to the picture) is displayed as last name, first name with the organization assigned MRN next to it. Make changes to the patient by selecting the **Edit Profile** hyperlink
- Patient gender, age and level of care is listed under the name.
    - If the patient is a Do Not Resuscitate or Full Code, an indicator will be visible next to the name along with the level of care and if the patient is active status.
- **Address and Phone number** - Are hyperlinks that when selected on mobile devices, will bring up directions or call respectively. The birth date will also be visible in the middle of the patient chart so that they may be referenced easily.
- The benefit period, admission date, terminal diagnosis, attending physician and Medicare & Medicaid number fill out the synopsis.

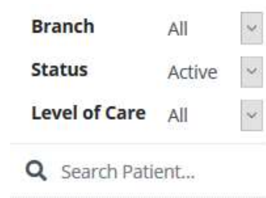
- There are also buttons available to print a patient's facesheet and manage their documents**.**

Patient Chart Filters

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

- <u>Branch</u> - Choose a patient's branch (if there is more than one).

- Status - Choose between active (auto-selects), discharged, pending, non-admitted and deceased.
- Level of Care - Choose between routine, respite, continuous and general inpatient (defaults to all).
- Find - Search the patient's name and a list will appear when typing in letters by first or last name.



Patient Chart Quick Links

- Allergy - This section allows management of allergies.
- Bereavement - Document goals, interventions and services related to bereavement before and after a patient's death.
- Diagnosis - This section shows the list of previously ordered diagnoses.
- Frequency - View active and discontinued frequencies with option to update.
- Infectious Disease - View previous or add COVID-19 screenings.
- Medication - 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. Organizations with integrations can also manage dispensing and delivery of medications.
- Non-Covered Items - Allows users to generate, edit, print, download or remove a Patient Notification of Hospice Non-Covered Items, Services and Drugs addendum.
- eMAR – Track medication administration history in the electronic record.
- Plan of Care - This three-tab section contains details of the evolving POC for the patient that can be updated.
- Vital Signs – View vital sign logs.
- Symptom Ratings - View symptom rating logs.

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

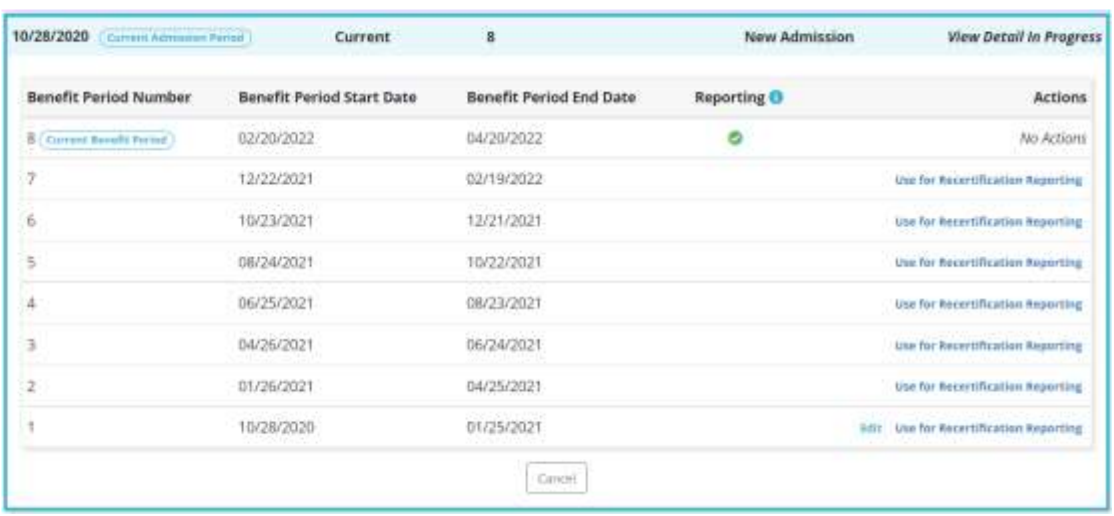
Benefit Period Manager

The Benefit Period Manager displays admission information for the patient and corresponding benefit period details for each of the patient's admissions to the organization. Select the **View** hyperlink next to the benefit period in the patient chart synopsis to view the Benefit Period Manager. This can also be accessed while editing the profile under the **Payer Information** tab or by going to *Patients/Benefit Period Manager*.

For each admission, the admission date, discharge date, associated benefit periods and admission type are identified in the table. The current admission period is identified with a blue **Current Admission Period** badge. The Type field indicates whether the patient was admitted as a new admission or a hospice-to-hospice transfer.

Admission Date	Discharge Date	Associated Benefit Periods	Type	Actions
10/28/2020 Current Admission Period	Current	8	New Admission	View Details

Select **View Details** under Actions to view benefit period details for the selected admission. Details will expand to display the benefit period number, start date and end date for each benefit in the admission. The reporting column indicates which benefit period is linked to the Recertifications Due Report.



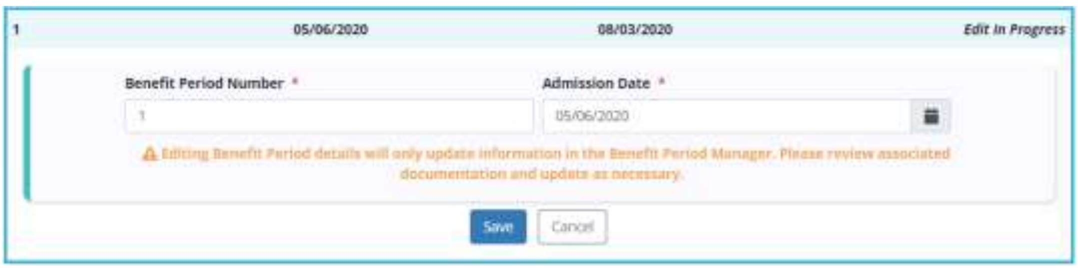
10/28/2020 Current Admission Period	Current	8	New Admission	View Detail In Progress

Benefit Period Number	Benefit Period Start Date	Benefit Period End Date	Reporting	Actions
8 Current Benefit Period	02/20/2022	04/20/2022	✔	No Actions
7	12/22/2021	02/19/2022		Use for Recertification Reporting
6	10/23/2021	12/21/2021		Use for Recertification Reporting
5	08/24/2021	10/22/2021		Use for Recertification Reporting
4	06/25/2021	08/23/2021		Use for Recertification Reporting
3	04/26/2021	06/24/2021		Use for Recertification Reporting
2	01/26/2021	04/25/2021		Use for Recertification Reporting
1	10/28/2020	01/25/2021		Edit Use for Recertification Reporting

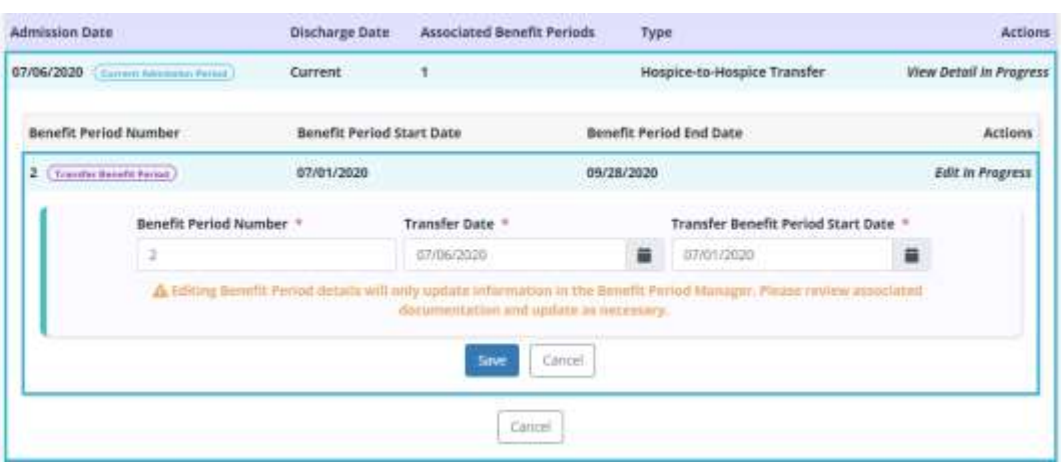
Cancel

Users with permission to edit benefit periods will see an **Edit** hyperlink under Actions in the benefit period details. To facilitate compliance and ease of use, users can only edit the initial benefit period in each admission. When a benefit period is edited, all subsequent benefit periods in the admission will update automatically. Benefit periods associated with other admissions will not be impacted.

For new admissions, users can update the initial benefit period number and admission date for the patient. The patient's benefit period start and end dates will automatically update based on these changes. Select **Save** to confirm your changes or **Cancel** to keep the original data. Edits only appear in the Benefit Period Manager.



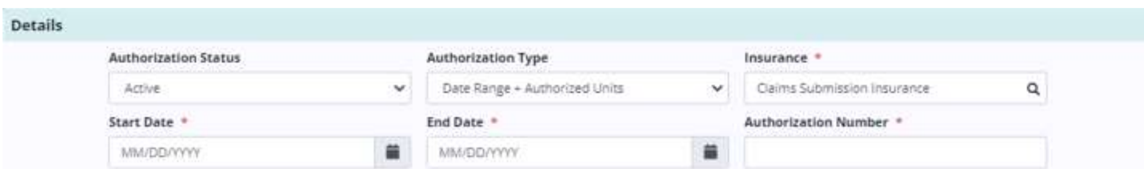
For hospice-to-hospice transfers, users can update the initial benefit period number, transfer date (the date the patient was transferred to your agency), and transfer benefit period start date (the start date of the benefit period the patient transferred in). Based on these changes, the patient's benefit period start and end dates will update automatically. Select **Save** to confirm your changes or **Cancel** to keep the original data. Edits only appear in the Benefit Period Manager.



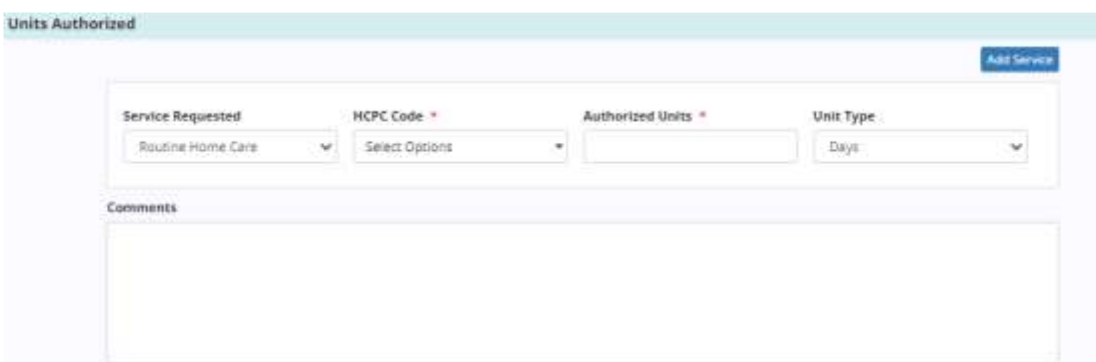
Authorizations

Users identify payers that require authorization and track authorizations seamlessly. To manage insurance/payer authorizations, users must have permission to view, add, edit and delete authorizations and claims. Select a patient from the list and select **Add Authorization**. If the patient does not use a payer that requires authorization, an authorization cannot be added for the patient.

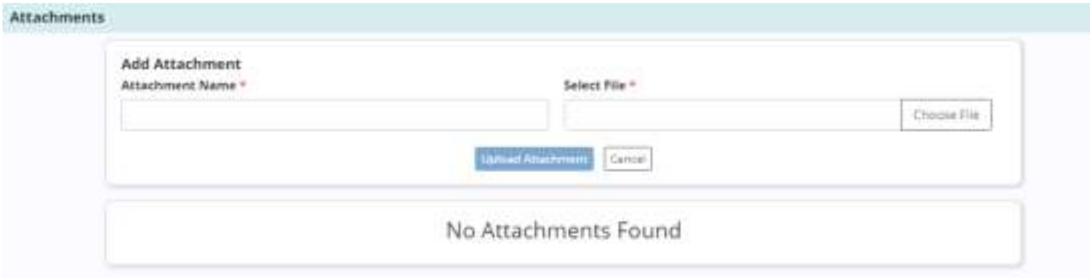
Enter authorization details in the authorization status**,** authorization type**,** insurance and authorization number fields. Based on the authorization type selected, start and end dates may be required.



Once the details have been added, enter the services authorized or requested by the payer. Select the HCPC code based on the service location (Q code) where care will be provided. If authorized units are selected as the authorization type, the authorized units and unit type fields will be added to the service requested. If more than one service is authorized or requested, select **Add Service** and enter the details for each service.



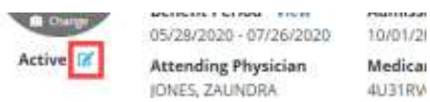
Authorization documents that are received from the payer can be added to each authorization. To add an attachment, select **Add Attachment** in the Attachments section. Enter the name of the file and select a file to attach. Select **Upload Attachment** to add the attachment to the authorization.



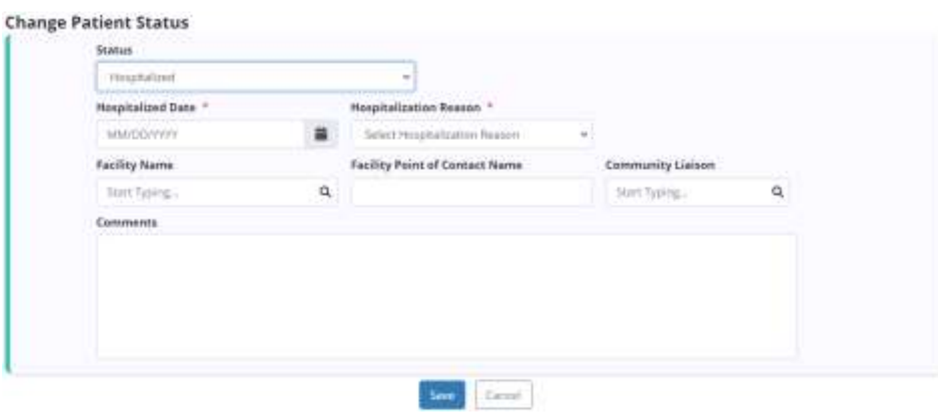
Once authorizations have been added for a patient, users can view, edit or delete authorizations using the options in the Actions column. Select the **Edit** hyperlink to edit an existing authorization. Select **View Services** to view the services included in the authorization. Select the **Delete** hyperlink to remove an authorization.

Hospitalization

To flag a patient as hospitalized, from the patient's chart, select the edit icon next to the patient status indicator.



In the Change Patient Status window, select hospitalized from the status drop-down menu. The hospitalized date and hospitalized reason fields are required. The facility name and contact information can also be entered. Select **Save** to finish changing the patient's status.



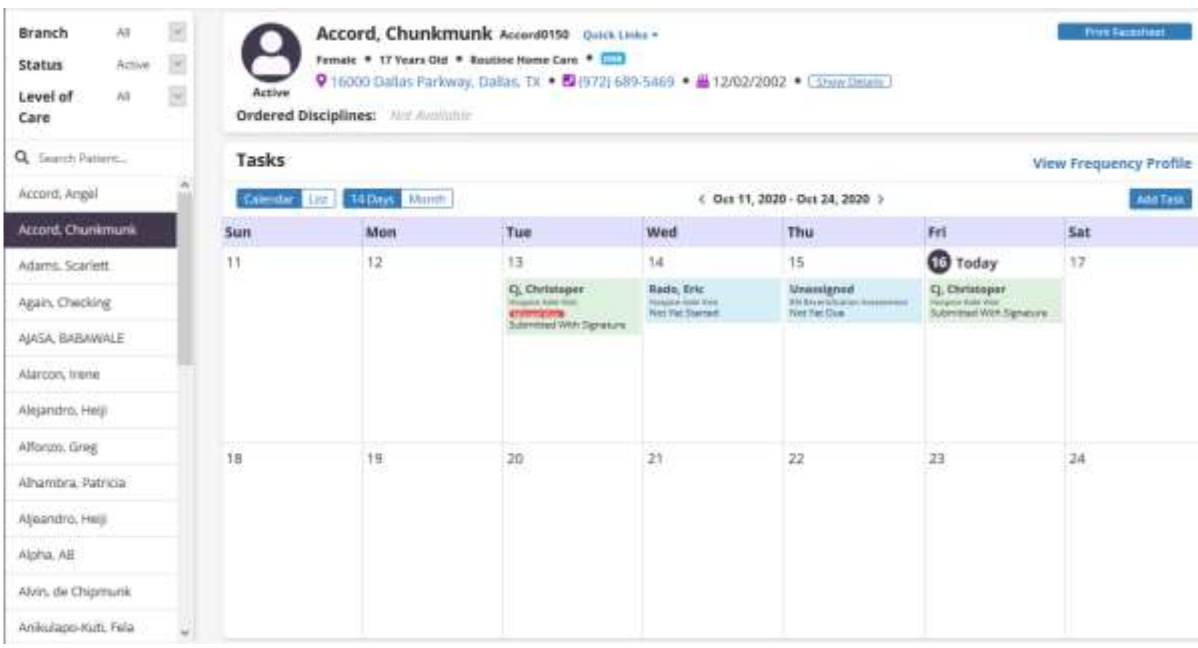
When the information is saved, the user will receive a notification asking if the service location needs to be updated for the patient. Select **Yes** to update the service location, or **No** if the service location does not need to be updated. The **Hospitalized** flag will appear at the top of the patient's chart.

To remove the hospitalized flag, follow the same actions to update the patient status to active. The date selected as the active date will be the date that the system uses as the hospitalization end date for reporting.

INTRODUCTION TO THE PATIENT SCHEDULE

Patient Schedule

The Patient Schedule is a 14-day, Month or Benefit Period (in List View) view of the patient's calendar.



The color legend follows the rules below:

- **Blue** = Scheduled task
- **Green** = Completed task
- **Red** = Missed visit
- **Orange** = Pending co-signature

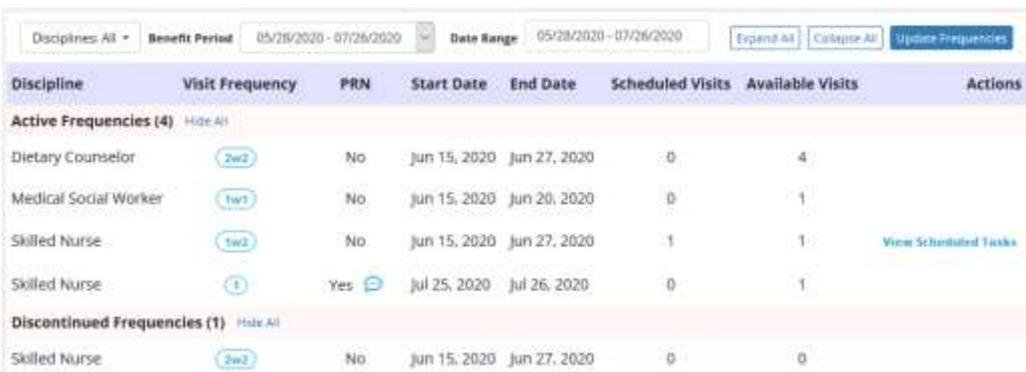
Schedule Center Filters

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

- Branch - Choose a patient's branch (if more than one).
- Status - Choose between active (default), discharged, pending, non-admitted and deceased.
- Level of Care - Choose between routine, respite, continuous and general inpatient. The default is all.
- Find - Search patient's name & list will appear when typing in letters by first or last name.

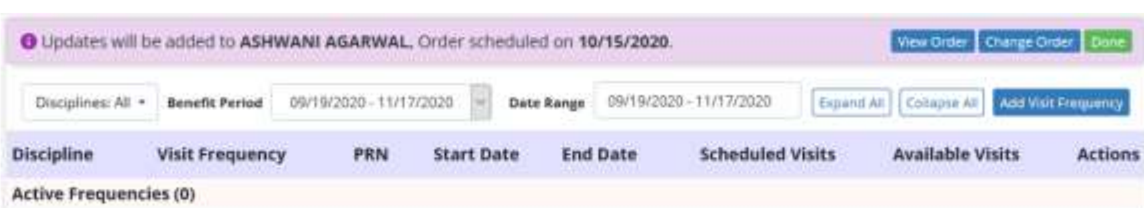
Frequency Profile

View active, inactive and discontinued frequencies by discipline, benefit period or date range by selecting the **View Frequency Profile** hyperlink. The profile can also be access by going to *Patients/Frequency*. See all frequencies by selecting the **Expand All** button or minimizing them by selecting the **Collapse All** button. Select the icon to delete, then select the **Yes, Delete** button to confirm.



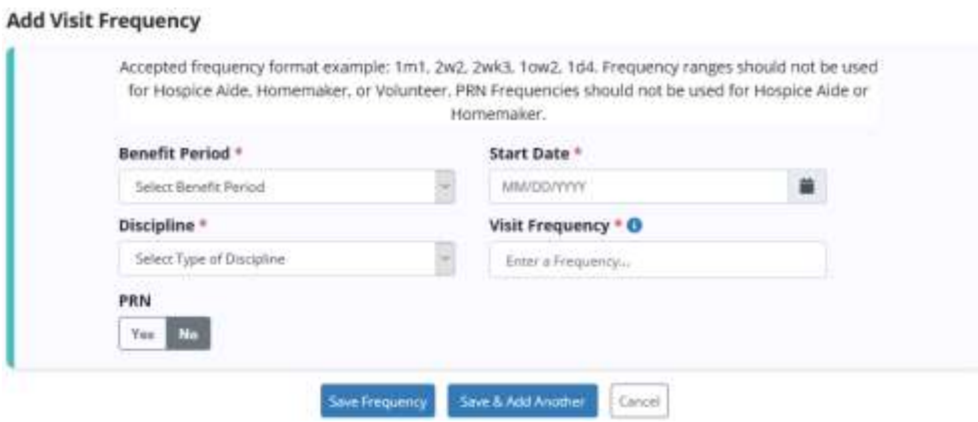
Select the **View Scheduled Tasks** hyperlink to see the list of tasks with hyperlinks to each task and their status. Select the **Update Frequencies** button to begin the order process.

Select the **Create Physician Order** button unless there are other orders to associate. The new physician order date will auto-generate to the date it was created. Find the physician tied to order and select the **Create** button.

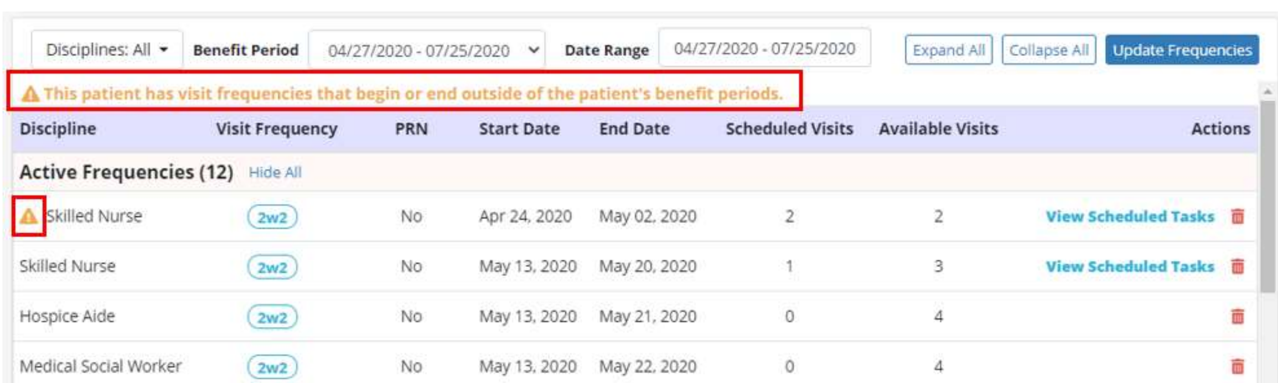


Discontinue - Select the **Discontinue** hyperlink, enter the discontinue date and then select the **Discontinue Frequency** button.

Add Frequency - Select the **Add Visit Frequency** button. Choose the benefit period, discipline, enter the visit frequency, enter the start date and choose whether frequency is PRN. Select the **Save Frequency** button when complete or **Save & Add Another** button for additional frequencies.

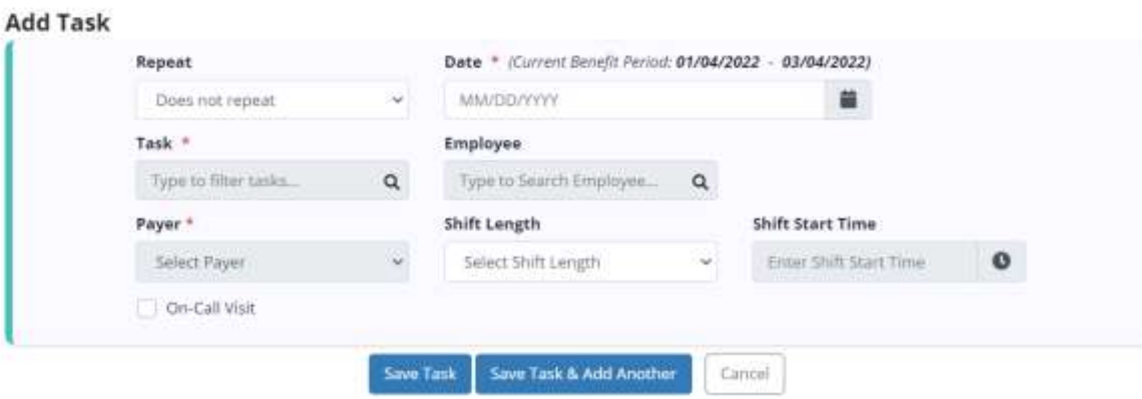


Editing benefit period information can cause visit frequencies to fall outside of a patient's updated benefit period date range. When this happens, users will be alerted on the frequency screen. If an existing visit frequency begins or ends outside of the updated benefit period date range, users will see a warning message at the top of the frequency screen for that patient. The frequencies that fall outside of the updated benefit period will also be labeled with a yellow warning symbol.



Scheduling Visits to A Patient

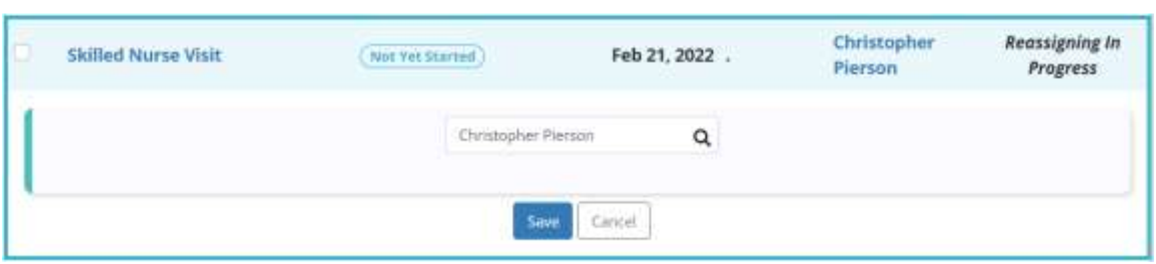
From the Patient Schedule, select the **Add Task** button to schedule a visit.



Repeat the task either weekly, biweekly, flexible or monthly. Choose Flexible under the repeat drop-down to add multiple tasks under the date entry. Enter the date, for reference the current benefit period dates are shown. Once the date is chosen, the payer will auto-generate the patient's primary payer. Start typing the name of the task or choose from the drop-down list. Then start typing the name of the employee and results will narrow for choices. Choose a shift length from 1-12 hours in hour increments. If a shift length is chosen, then a Shift Start Time must be chosen. Select the on-call visit checkbox if applicable. Select the **Save Task & Add Another** button if there is more than one task to add or select **Save Task** for adding a single task.

Manage individual tasks by choosing any of the five options under the Action column next to each task. Reassign, missed visit (current/past due tasks), print, download or delete a task.

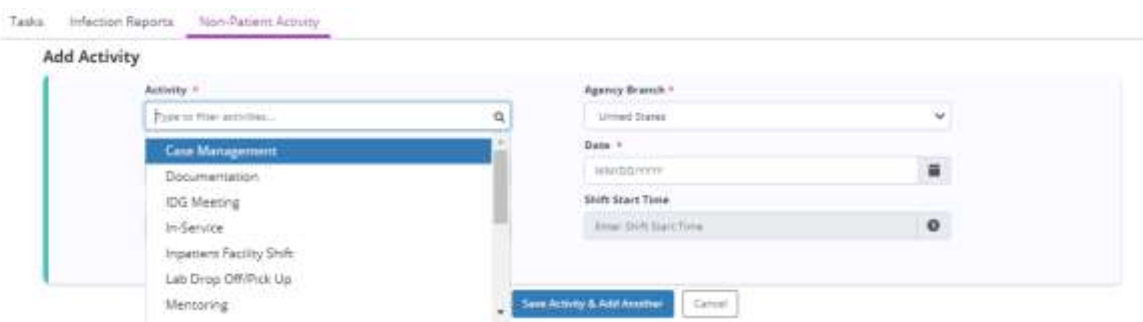
If the user chooses to reassign a single task, select the three-dot button, then choose **Reassign**. A search option will appear to find another clinician. Once found, select the **Save** button to complete.



EMPLOYEE SCHEDULE

Schedule Non-Patient Activities

To schedule a non-patient activity, navigate to the **Non-Patient Activity** tab on the **Employee Schedule** screen. Select **Add Activity** and enter the required activity details. If the activity will be repeated, select the appropriate frequency. By default, activities will not repeat. If the activity is a shift, select a shift length and enter a shift start time.



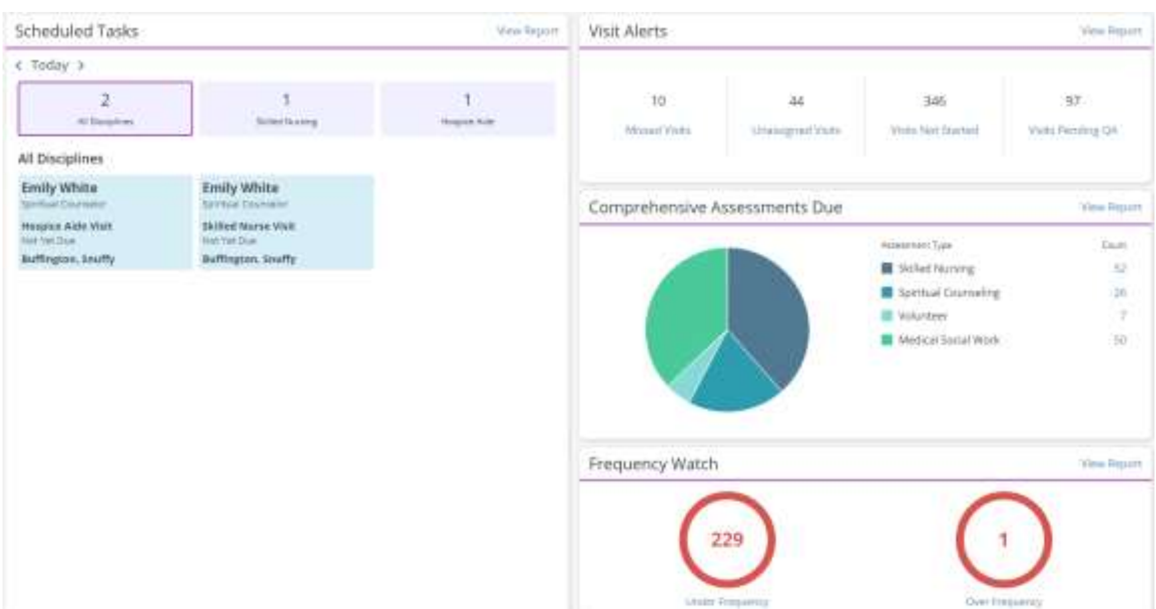
Select **Save Activity** to add it to the schedule or select **Save Activity & Add Another** to continue adding activities. Select **Cancel** to return to the schedule without adding the activity. Once scheduled, non-patient activities will appear in the employee's schedule. Use the filters to toggle between calendar, list, 14-day, and monthly views of the schedule.

SCHEDULE DASHBOARD

The **Schedule Dashboard** (permissions-based) enables users to continuously monitor scheduled tasks, patient frequencies and visit activity, so organizations can streamline scheduling processes, optimize care delivery and stay compliant. The Dashboard can be found by going to *Schedule/Schedule Dashboard*.

- <u>Scheduled Tasks</u> - Displays tasks scheduled for the selected date (defaults to current). Select the arrows in the top left corner of the tile to view tasks scheduled for past or future dates. The top portion of the tile displays the total number of scheduled tasks for each discipline. Task tiles for of all disciplines are listed under the discipline totals. Each task tile shows the assigned user's name and title, the type of visit scheduled, the real-time visit status and the patient's name. Select a task tile to open a task. Select the **View Report** hyperlink to view the full Scheduled Tasks report.

- Visit Alerts - Displays the total number of missed visits, unassigned visits, visits not started and visits pending QA. Select any of the visit tiles to view the Visit Alerts report filtered by the selected visit type or select the **View Report** hyperlink to open the full report.
- Comprehensive Assessments Due - Displays the total number of comprehensive assessments due for each discipline. On this tile, the pie chart provides an at-a-glance view of how many assessments for each discipline comprise the total number of comprehensive assessments due. Hover over any section of the pie chart to view the number of assessments due and the percentage of due assessments that fall under that discipline. Select any section of the pie chart or select a number next to any discipline to view the Comprehensive Assessments Due report filtered by the selected discipline. Select the **View Report** hyperlink to see the full Comprehensive Assessments Due report.
- Frequency Watch - Compares the number of scheduled versus ordered visits and displays a breakdown of tasks scheduled over or under the ordered frequency. Select **Under Frequency** or **Over Frequency** to view the filtered Frequency Watch report or select the **View Report** hyperlink to open the full report.

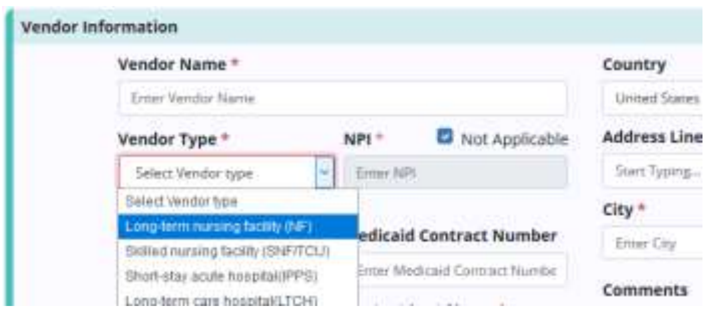


ROOM AND BOARD

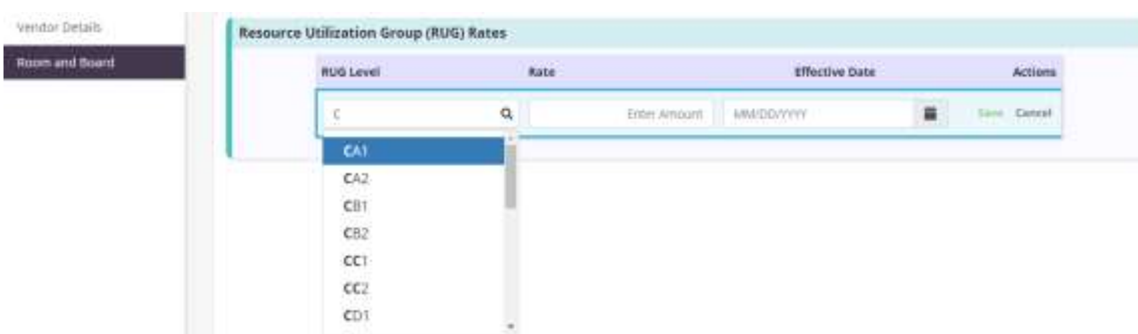
Users must be given permissions in their profile to be able to perform the following Room and Board functions.

Assign to Facility

To add room and board information for an existing facility, navigate to *Lists/Vendors*. On the vendors list, select the vendor to add room and board information. To create a new facility, navigate to *Add/Vendor*. In the new vendor form, document the facility details. On the **Vendor Details** tab, select Skilled Nursing Facility (SNF) or Long-Term Nursing Facility (NF) from the vendor type drop-down menu.



Navigate to the **Room and Board** tab and select **Add RUG Rate** to add resource utilization group (RUG) rates for the vendor. Enter the RUG level, rate and effective date, and select the green **Save** hyperlink on the corresponding row.

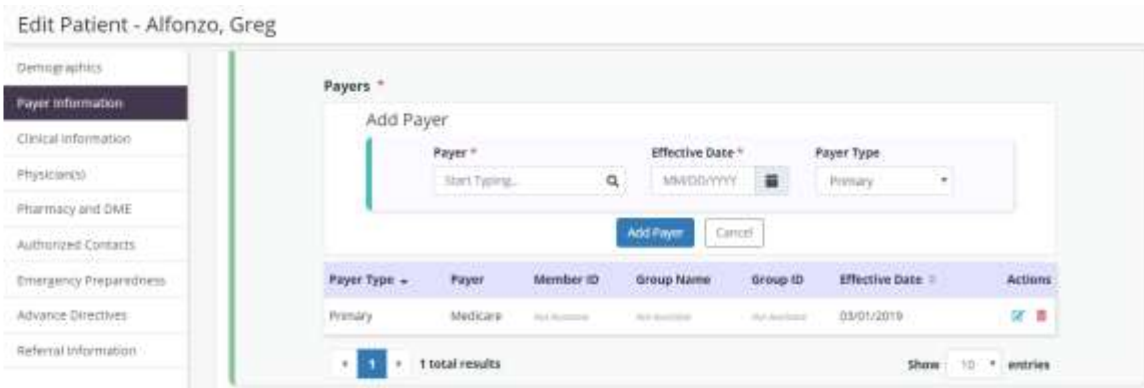


Once all necessary information has been added to the vendor setup, click the blue **Save** button at the bottom of the screen to return to the vendors list.

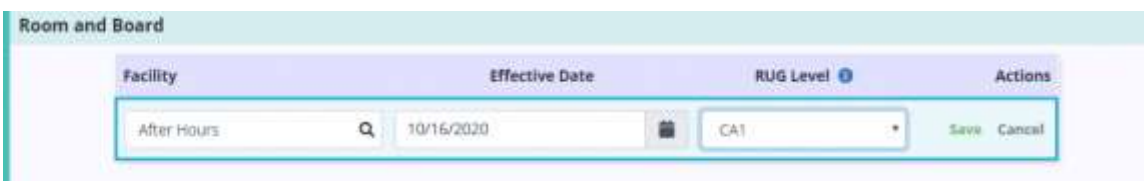
NOTE: If Skilled Nursing Facility (SNF) or Long-Term Nursing Facility (NF) are not selected as the vendor type on the **Vendor Details** tab, add RUG rates will not be available on the subsequent tab.

Assign to Patient

To assign room and board information to a patient, navigate to the **Payer Information** section of the referral screen or patient profile and select **Add Payer.**



Add the payer and effective date and select Room and Board from the payer type drop-down menu. Select **Save** to finish assigning the payer to the patient. Once the payer is assigned to the patient, a new Room and Board section will appear under Payer Information. Select **Add RUG Level** and enter the facility, effective date, and RUG level for the patient. Select **Save** to add the RUG level.



NOTE: Only RUG levels that have been assigned to the selected facility can be assigned to the patient.

The RUG level's effective date must be on or after the room and board payer's effective date for the patient and the facility. To update the RUG level's effective date, select the **Click here** link to navigate to the vendor's profile and update the effective date as needed.

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 on all our Axxess products. Our Help Center can be accessed by selecting *Help/Help Center* or [https://www.axxess.com/help/.](https://www.axxess.com/help/)