HOME HEALTH ADMINISTRATOR TRAINING MANUAL

August 2022

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COMPANY SETUP

Admin/Company Setup

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

NOTE: For updating Signature, see Office Overview.

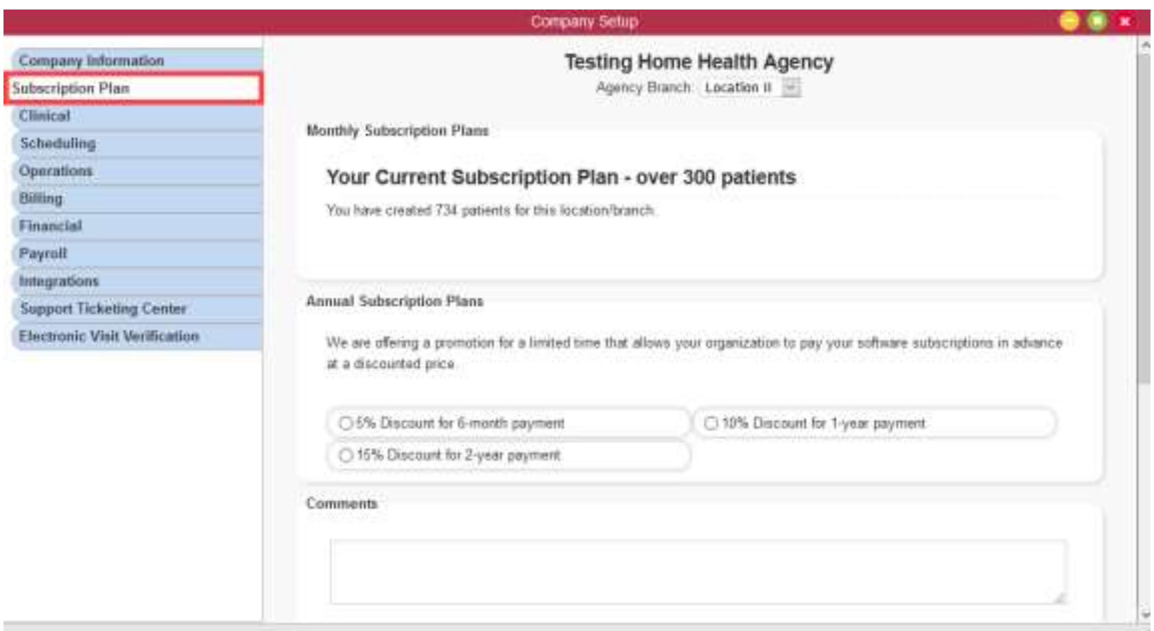
Company Setup is split up into 11 tabs found on the left side of the window:

1. **Company Information** – Where users enter the organization's information, ID's, and Provider Numbers (retrieved outside of Axxess).

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

Address of the location tied to the submitter information should be entered. Selecting the **Activity Logs** button will open a new window showing which users have changed data in the Company Information tab and when the change was made. Any changes made should be followed by selecting the **Save** button.

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



3. **Clinical** – Organizations can choose to **Enable** the Wound Manager which is a system that tracks wounds and wound orders. The Wound Manager also provides administrative access to wound history, notifications, photos, characteristics, and flowsheet documentation.

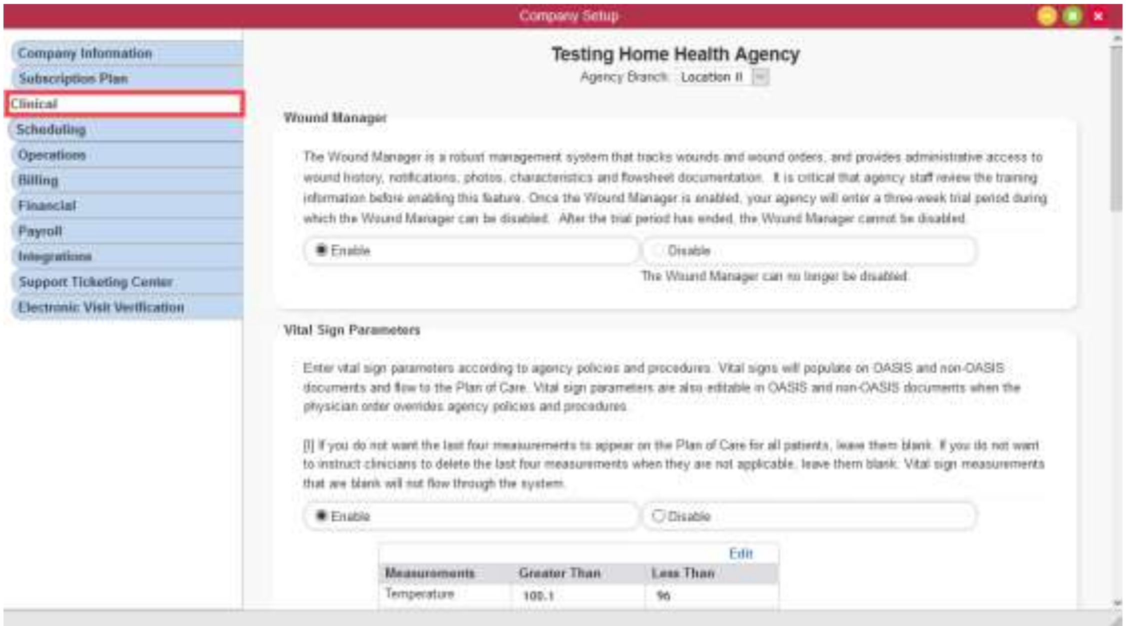
Enable Vital Sign Parameters according to organizational policies and procedures. After enabling, enter a greater than and/or less than limit by selecting the **Edit** hyperlink. Organizations can have their OASIS Assessments validated in real-time by selecting the **Enable** bullet that requires clinicians to change inconsistent clinical answers.

Visit and Travel Time Validations:

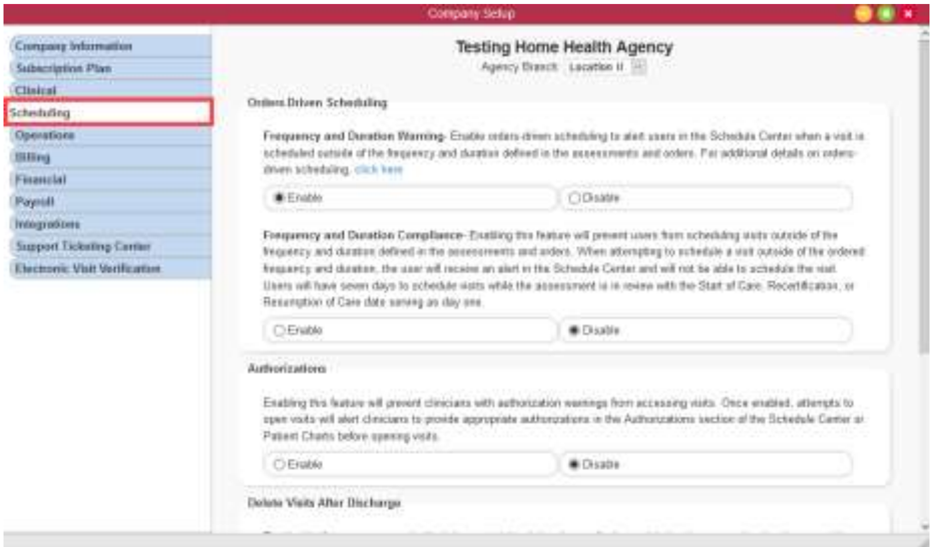
- Visit and Travel Time Discrepancies - When enabled, users will receive an alert when the visit time overlaps with the travel time or when the times are not in chronological order. Visit and assessment notes will require users to correct the times before completing.
- Partial Travel Time - When enabled, users will receive an alert when the travel start time or travel end time has not been entered. Visit and assessment notes will require users to correct the times before completing.
- Visit Time Duration - When enabled, users will receive an alert when the visit time is outside of your company’s specified parameters. Click Enable to set the visit time parameters. This validation will warn clinicians if their visit times are outside of the set parameters.
- Travel Time Duration - When enabled, users will receive an alert when the travel time exceeds your company’s specified parameter. Click Enable to set the travel time parameter. This validation will warn clinicians if their travel times exceeds the set parameter.

Choosing any of the tasks to bypass QA will cause all documents associated with the chosen task to bypass the QA center for all users. The default setting will not be selected. The organization has the option to check and uncheck specific Audit Types that the Axxess scrubber can look for when verifying OASIS visits. The Plan of Care Summary generates in the Patient Chart. Default enabled. Additional Regulatory Requirements, such as Require Time Entry for Documentation and Require Therapist License Number with Signature can be enabled or disabled. To save, select **Submit Request**.

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

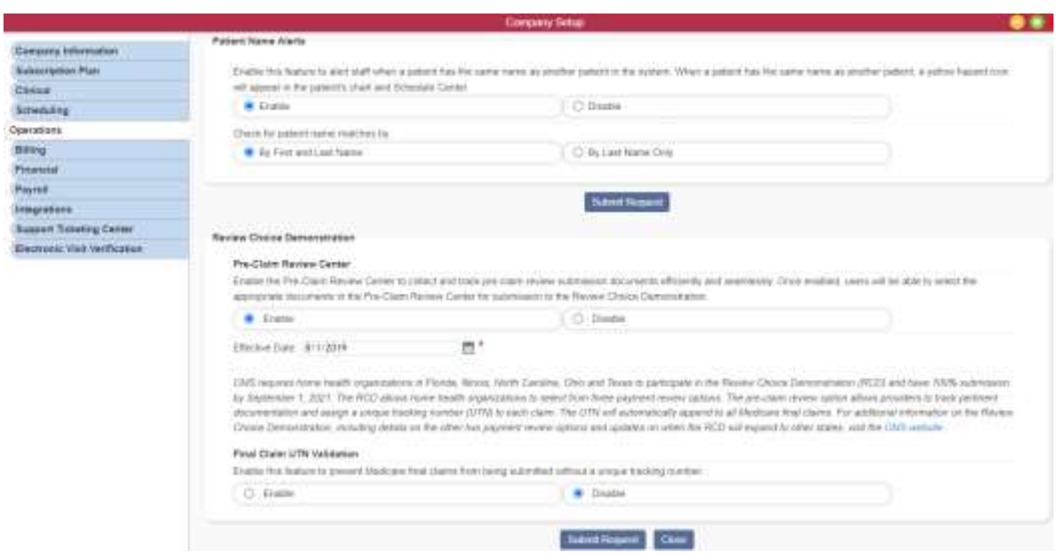


4. **Scheduling** – This window allows organizations to decide whether scheduling will be driven by orders. **Enable** or **Disable** warnings for visits scheduled outside of visit frequency and duration. Also **Enable** or **Disable** users from scheduling visits outside of frequency and duration altogether. Organizations can choose to **Enable** the Authorizations feature preventing clinicians with authorization warnings from accessing visits. The Delete Visits After Discharge feature can **Enable** automatically deleting remaining visits when a discharge visit has been completed and approved by QA or a patient has been manually discharged. The last feature organizations can choose to **Enable** is Auto-Generate Recert Episodes. This feature automatically generates a recert episode when a patient with a scheduled recert visit reaches the last five days of the current episode. Select the **Submit Request** button after any changes have been made.

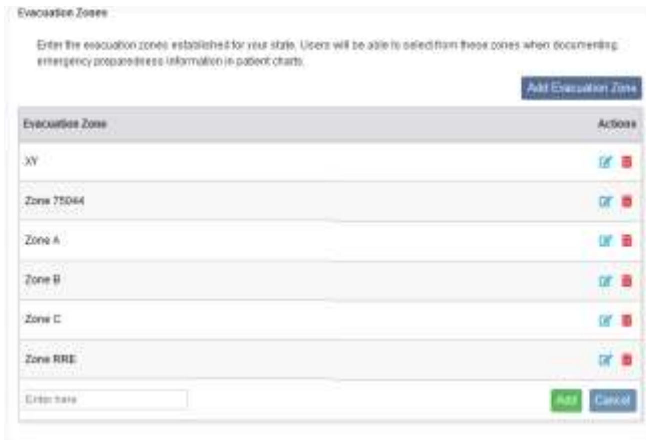


5. **Operations** – The Patient Name Alerts notifies users when a patient's name already exists in the system. This helps eliminate duplicate records when adding new patients to the system. After enabling, users must decide if the patient's name matches are made by first and last name or last name only. Enable the organization to have access to the Pre-Claim Review Center (PCR). The PCR Center enables organizations to collect and track their PCR submission documents efficiently and seamlessly. Select **Yes** to enable and enter an Effective Date. Then select the **Submit Request** button.

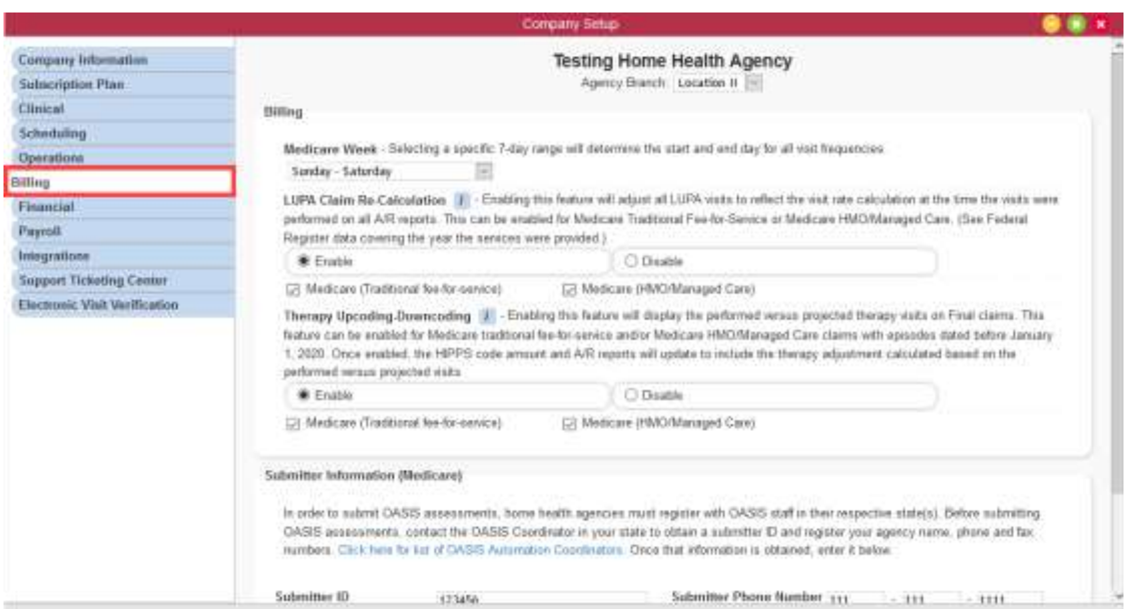
NOTE: Any user that need access to the PCR Center will need the Manage Pre-Claim Review (PCR) permission.



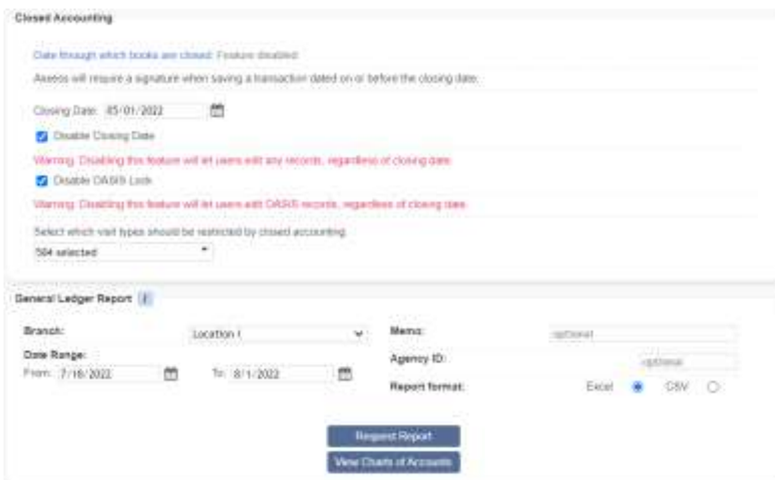
Organizations can enter the evacuation zones established for their state. Select the **Add Evacuation Zone** button to do this. Enter the name of the evacuation zone then select the **Add** button. Make edits to previously entered zones by selecting the icon or remove them by selecting the icon.



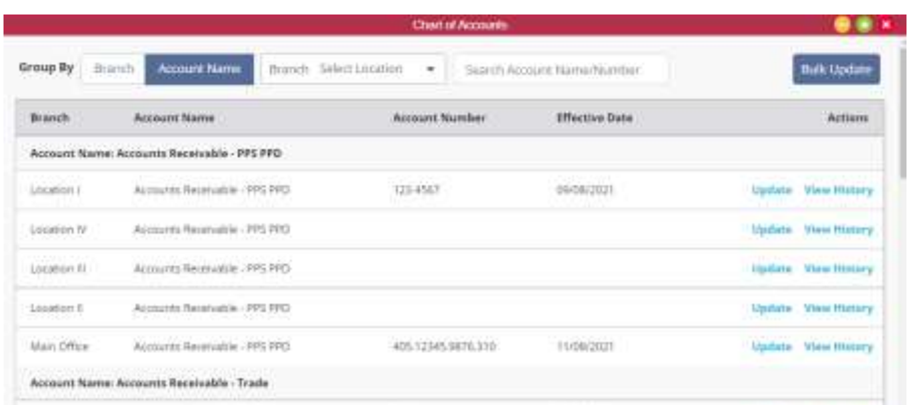
6. **Billing** – This allows organizations to choose the Medicare Week from the drop-down; default setting is Sunday-Saturday. Users must decide if they would like LUPA Claim Re-Calculation and Therapy Upcoding-Down-coding to be enabled or disabled for traditional Medicare and/or HMO/Managed Care Medicare. Once Submitter Information has been received from Medicare, it should be entered (if claims are being downloaded).



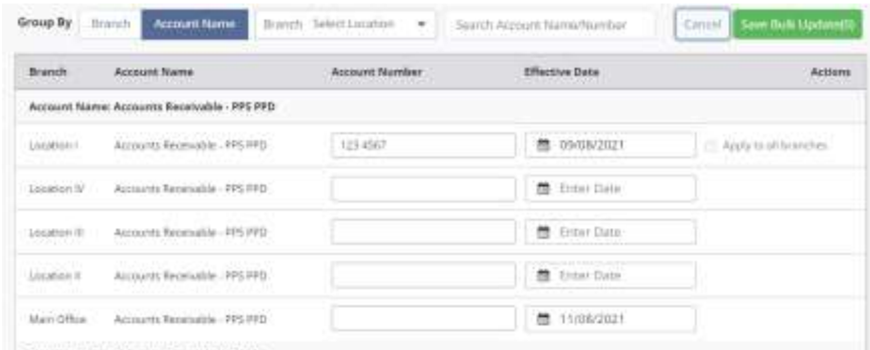
7. **Financial** – The organization must set the date that books are closed by selecting a date on the calendar. A signature will be required for saving transaction dates on or before the closing date. If the **Disable Closing Date** check box is selected, users will be able to edit any records (permission-based), regardless of closing date. The Disable OASIS Lock setting, when selected, will allow users to edit and return OASIS assessments from the QA Center regardless of closing date. When this setting is **not** selected, the OASIS will remain locked and users must provide an electronic signature to edit or return the OASIS during a closed accounting period. The double entry General Ledger accounting report shows debit and credit balances. This report can be requested and viewed in the Completed Reports area.



Select the **View Charts of Accounts** button to open the Chart of Accounts window. Users can group accounts by branch or account name. To group by branch, select **Branch** next to group by. To group by account name, select **Account Name** next to group by.



Select **Bulk Update** to update the account numbers and/or effective dates for multiple accounts. If accounts are grouped by branch, select **Apply to All Branches** on each row to apply the corresponding account number to all branches. If accounts are grouped by account name, select **Apply to All Branches** next to the first account to apply the account number to all subsequent branches.



Once all the appropriate updates have been made, select **Save Bulk Update**. Select **Yes** in the confirmation pop-up to finish saving your changes. Users can also update accounts individually by selecting **Update** in the Actions column. To view an account's history, select **View History**.

The Average Discipline Cost Per Visit allows users to enter the average amount the organization pays their workers per visit. Based off the location and discipline, the organization can decide the average cost per visit and its effective date.

Average Discipline Cost Per Visit :

Cost per visit is a metric used to determine agency cost by each role. Home Health Agencies may choose to enter direct or indirect costs by role. This metric is used to determine whether the agency is operating at a gain or a loss per episode of care. Enter cost per visit for each role where appropriate along with the effective date of the cost.

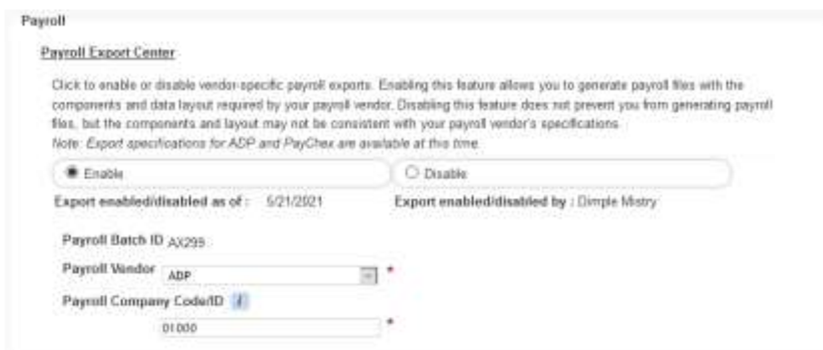
Location Name	RN	LPN/LVN	HHA	MSW	PT	PTA	OT	OTA	ST	Dietician	Homemaker	Effective	Action
Location III	$90.00	$60.00	$25.00	$90.00	$100.00	$55.00	$100.00	$65.00	$100.00	$75.00	$25.00	02/16/2021	Edit
Location II	$80.00	$60.00	$50.00	$75.00	$100.00	$75.00	$125.00	$75.00	$90.00	$75.00	$50.00	01/26/2021	Edit
Location V	$50.00	$30.00	$15.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	07/13/2020	Edit
Main Office	$90.00	$60.00	$45.00	$100.00	$100.00	$75.00	$100.00	$75.00	$75.00	$80.00	$25.00	01/17/2021	Edit
Location IV	$71.00	$72.00	$73.00	$74.00	$75.00	$76.00	$77.00	$78.00	$79.00	$80.00	$81.00	04/30/2021	Edit

Submit Request | Close

This amount can be edited by selecting the hyperlink **Edit** under the Actions column. Once all updates have been made, select the **Update** button to save.

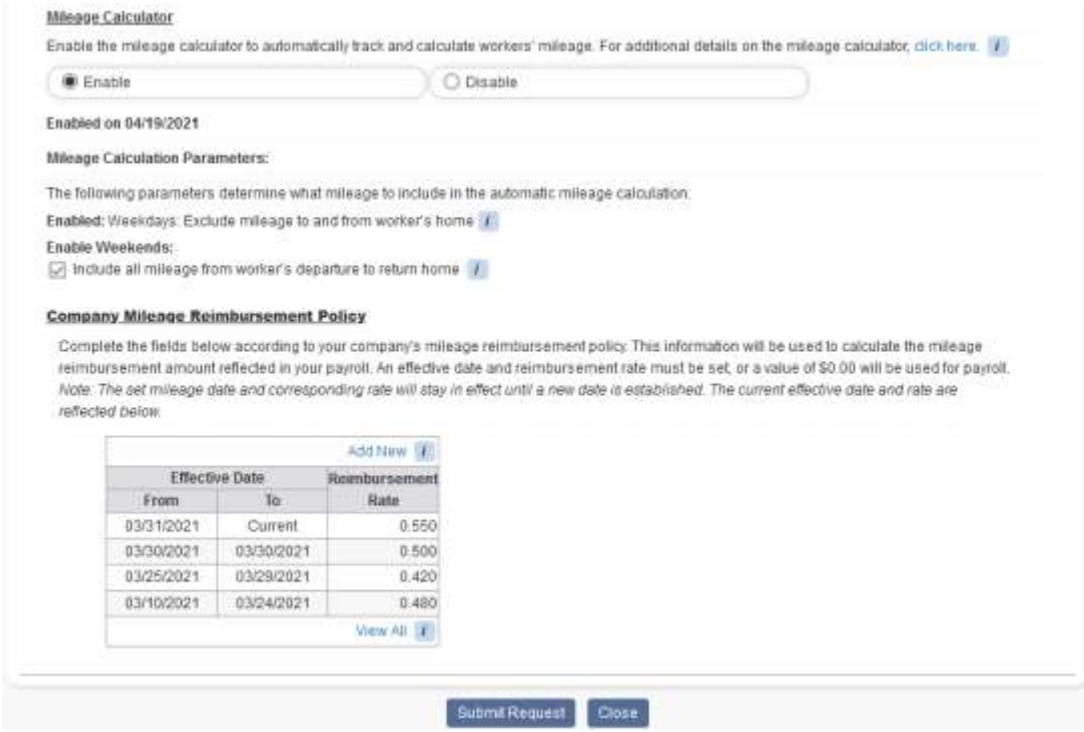
Once all updates have been made on the Financial tab, select the **Submit Request** button to save.

8. **Payroll** – The organization must choose to **Enable** or **Disable** vendor-specific payroll exports. Enabling the feature allows organizations to generate payroll files with the components and data layout required by the organization's payroll vendor. The section shows when and which user enabled or disabled the Payroll Export Center. Then select a Payroll Vendor and enter the ID.

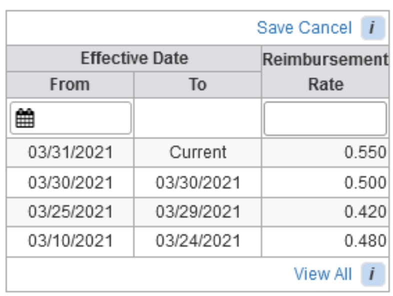


If the Advanced Payroll Setting of Task Approval is enabled, users can navigate to the **Payroll Export Center** to identify which tasks should be approved for payroll and exported for payment.

Enable the Mileage Calculator so mileage and time between visits will be tracked for all users with more than one visit on weekdays. The date will populate and an additional functionality will become available under Enable Weekends. Check the box to enable the mileage calculator for weekend visits. Enter the organization's Company Mileage Reimbursement Policy. This information will be used to calculate the mileage reimbursement amount reflected in the payroll.



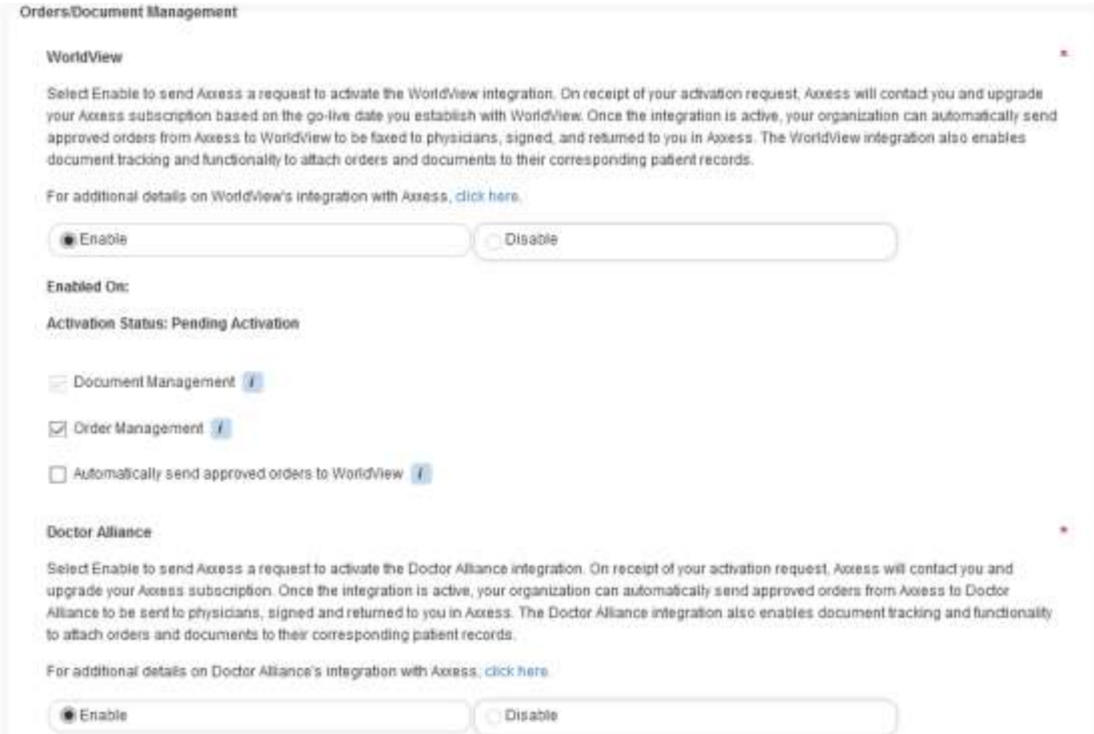
Select the **Add New** hyperlink to add a new Reimbursement Rate. Enter the Effective Date, Reimbursement Rate and select the **Save** hyperlink to complete.



Effective Date From	Effective Date To	Reimbursement Rate
03/31/2021	Current	0.550
03/30/2021	03/30/2021	0.500
03/25/2021	03/29/2021	0.420
03/10/2021	03/24/2021	0.480

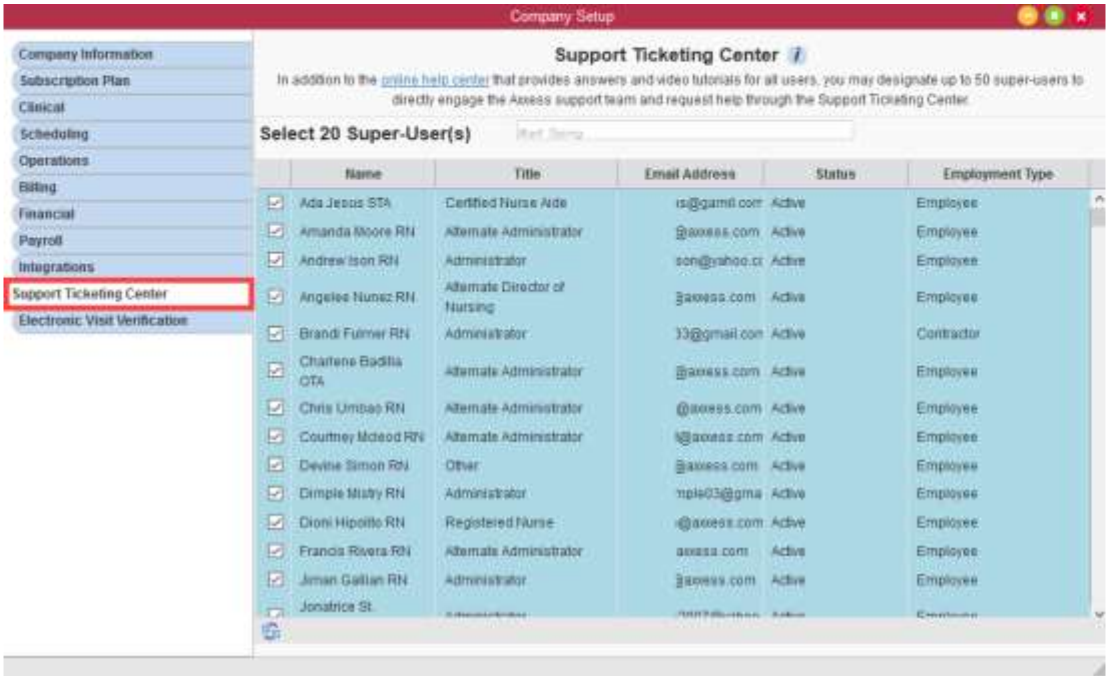
Once all updates have been made on the **Payroll** tab, select the **Submit Request** button to save.

9. **Integrations** – Select **Enable** to send Axxess a request to activate the WorldView, Doctor Alliance or Forcura document management integrations. Once the integrations are active, the organization can automatically send approved orders from Axxess to the respective company. There are additional settings that can be selected per integration partner.

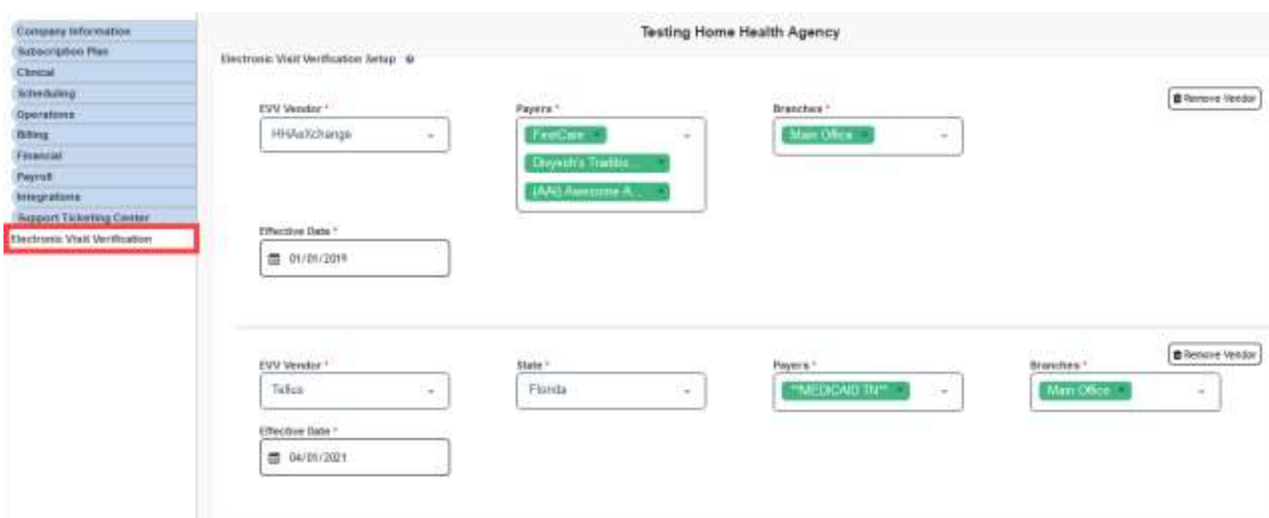


Another integration is Surescripts Clinical Direct Messaging. Once enabled and active, organizations will automatically receive Surescripts messages in the Axxess Alert Center. Axxess also has a telehealth service integration with Health Recovery Solutions that can be enabled. For any details on any of the Axxess integrations, select the **click here** hyperlink for more information. Select the **Submit Request** button once any selections have been made.

10. **Support Ticketing Center** – Organizations may designate super users (number is based on subscription) to directly engage the Axxess support team and request help through the Support Ticketing Center. Search through the list of users in the text box at the top of the page. Select the check box to the left of the users to designate chosen Super Users. Select the **online help center** hyperlink to go directly to the ticketing center.



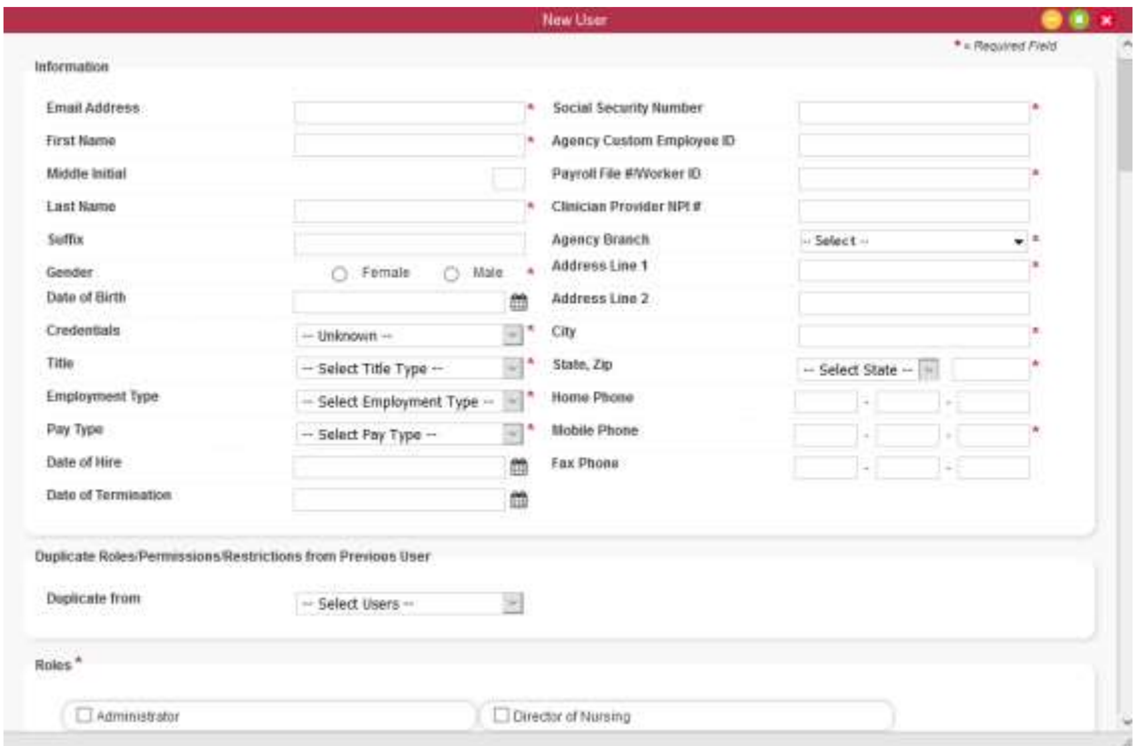
11. **Electronic Visit Verification Setup** – If organizations are using Electronic Visit Verification (EVV), they can set up their vendors in Company Setup. Choose your EVV Vendor and choose and/or enter any required information. Select the **Remove Vendor** button to delete the EVV account. Further testing will need to be completed with the Axxess team.



ADDING A NEW USER

Admin/New/User

Once selecting **User**, a window will open, and the user's information must be entered. All asterisked items are required. The roles, permissions and restrictions can be copied from a previously entered user using the **Duplicate from** drop-down menu. For example, if the organization is entering a new RN, a current on-staff RN can be selected that will have the same software access.



Roles are important in the software because they determine what a user can or cannot see, select, delete, or undo. For example, when a user is assigned the Case Manager role in Axxess Home Health, the user will now see only patients for whom they have been scheduled to provide case management services.

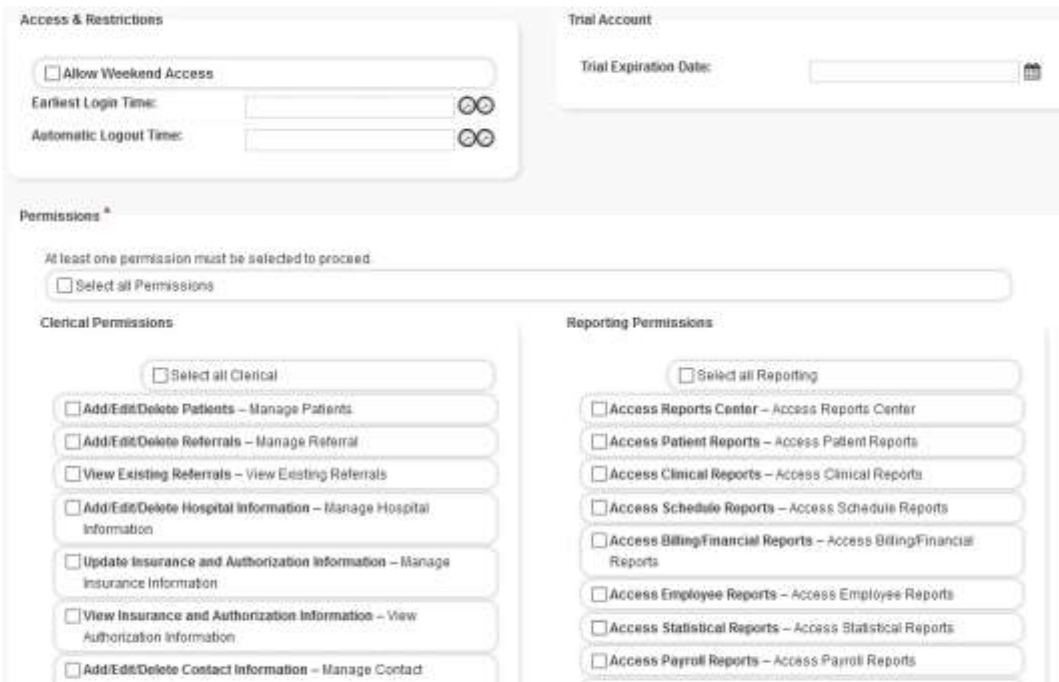
There is also a restriction function that will allow organizations to limit the times that users can be using the software. For example, if the **Allow Weekend Access** box is not checked and a user attempt to login on a Saturday, it will not allow entry.

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

Permissions will allow organizations to manually select which Clerical, Reporting, QA, Clinical, Billing, OASIS, Administration, People, Schedule Management and State Surveyor permissions they wish their users to have. See *Roles/Permissions Manual* for details.

To save time, there is also a **Select all Permissions** option that will check every permission box below.

NOTE: Under Clinical Permissions – organizations can choose either the ability or require check boxes for both notes and orders. If both are checked, the user will not be able to do either.

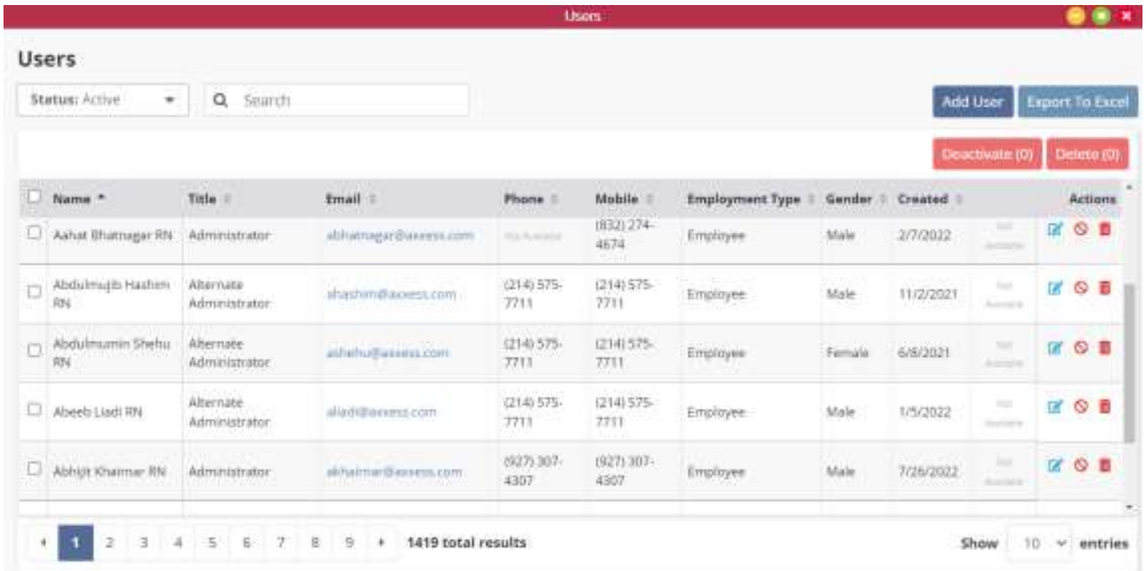


At the bottom of the window, there is a free text space for any comments related to the user. Once finished, select the **Add User** button to complete.

EDITING A USER

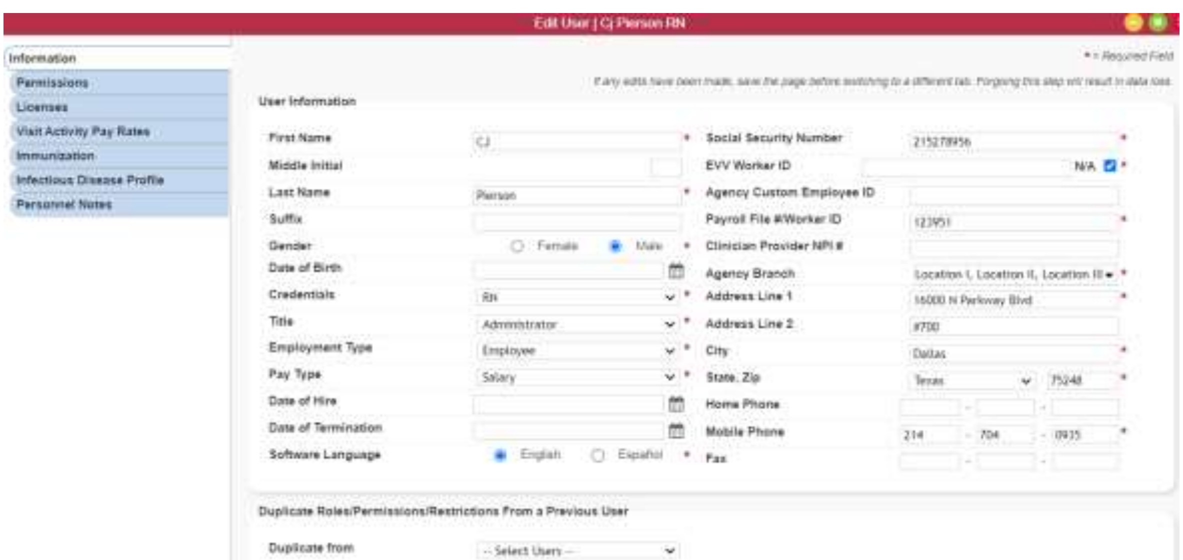
Admin/Lists/Users

A window will show a list of all current users. To add a new user, select the **Add User** button in the top right. Organizations can export the list of all users to an Excel spreadsheet by selecting the **Export to Excel** button in the top right. The organization can **Deactivate** or **Delete** users individually by selecting their respective and icons to the far right under the Action column. The organization can also check the box(es) to the left of each employee name and **Delete** or **Deactivate** (red buttons at the top) to remove multiple users at once. To edit a user, select the icon under the action column.



The Edit User window is split into six tabs:

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

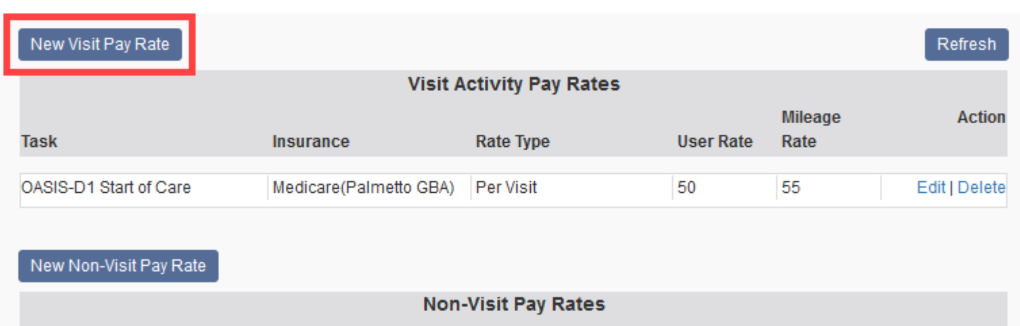


2. **Permissions** – *See above*

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

Select the **New License** button and a window will open where license information can be entered. Choose the license type from the drop-down menu. Write in the license number. Select from the calendar or write in the issue and expiration dates. The organization can also add a scanned copy of any license by adding it as an attachment. Select the **Add** button to save.

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

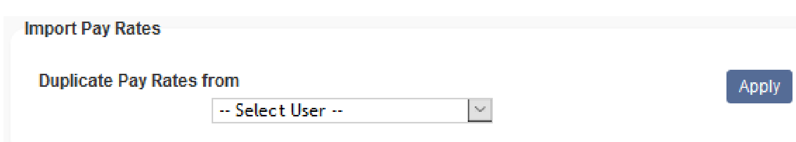


A new window will open, and the Insurance, Task and Pay Type must be chosen from their corresponding drop-down menus. A User Rate must then be added, along with an optional Mileage Rate. Then select the **Add** button to save.

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

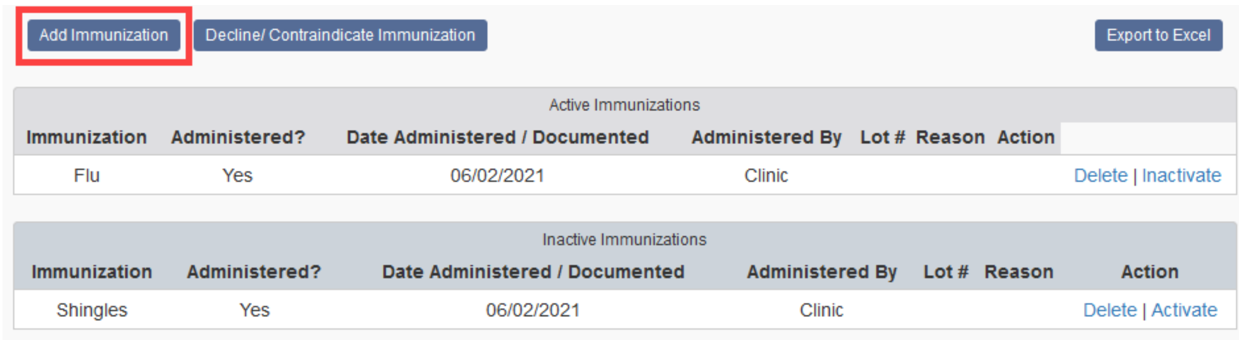
Below are the Non-Visit Pay Rates for documenting any expenses paid out to users that are not related to visits. Select the **New Non-Visit Pay Rate** button on the left side to add. A Non-Visit Activity and Rate Type must be chosen from their corresponding drop-down menus. A User Rate must be entered,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

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

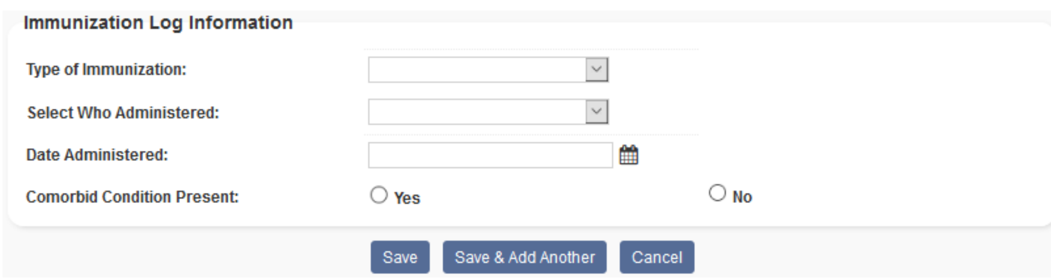


5. **Immunization** – User immunizations are tracked in this section. Immunization lists can be exported to an Excel spreadsheet by selecting

the **Export to Excel** button in the top right. To add an immunization, select the **Add Immunization** button in the top left.



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



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

Immunization Log Information

Type of Immunization:

Date Documented:

Comorbid Condition Present: ○ Yes ○ No

○ Declined

○ Contraindication

Save | Save & Add Another | Cancel

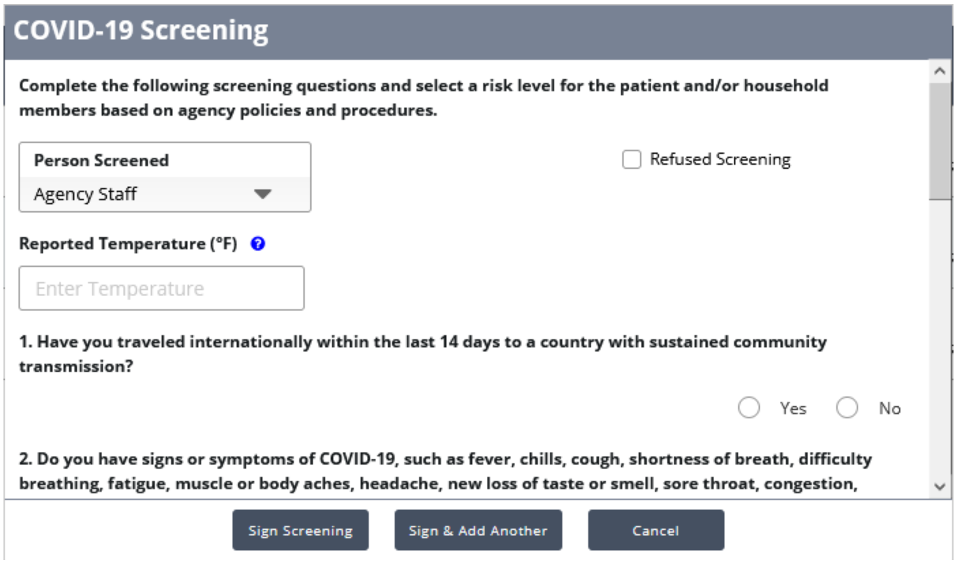
There is also an option to **Delete** or **Inactivate** an immunization by selecting the hyperlinks in the far right under Action. Once an immunization is inactivated, it falls under the Inactive Immunizations section, where it then can also be Deleted or Reactivated.

6. **Infectious Disease Profile** – This is designed to help organizations easily track infectious diseases and screening tools used to detect them.

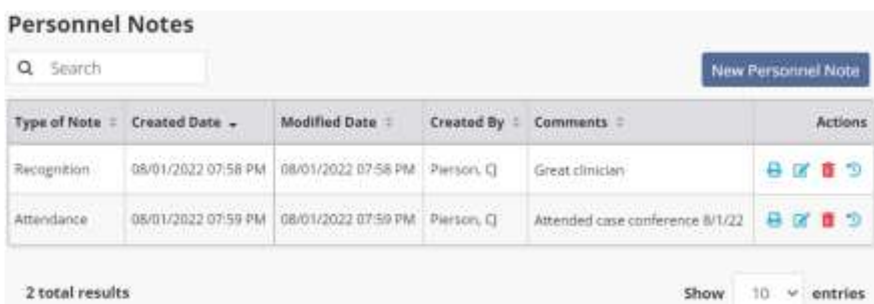
COVID-19 Screening | COVID-19 Resources

Entered By	Type of Screening	Date/Time	Person Screened	Name of Person Screened	COVID-19 Risk Level	Screening Results	Actions
Pierson, CJ, Administrator	Coronavirus (COVID-19)	06/02/2021 09:43 PM	Agency Staff	Pierson, CJ	Low	Yes - 0/4 questions	View | Delete
Pierson, CJ, Administrator	Coronavirus (COVID-19)	06/16/2020 03:32 PM	Agency Staff	Pierson, CJ	Low	Yes - 0/4 questions	View | Delete
Pierson, CJ, Administrator	Coronavirus (COVID-19)	06/16/2020 03:32 PM	Agency Staff	Pierson, CJ	Low	Yes - 0/4 questions	View | Delete

Select the **View** hyperlink to see the previous screenings or select the **Delete** hyperlink to remove. Select the **COVID-19 Screening** button to add a new screening. Choose the Person Screened from the drop-down menu. There is a checkbox if the user Refused Screening. Enter the Reported Temperature. Answer the Yes or No questions and choose a Risk Level. Templates and Additional Screening Requirements may be entered. Select the Screening Acknowledgment checkbox. Enter the Clinician Signature and confirm the Signature Date and Time (both auto-generate the time the window was opened). Users can then **Sign Screening**, or if there is more than one screening to add, select the **Sign & Add Another** to continue with another blank COVID-19 Screening window.



7. **Personnel Notes** – The Personnel notes tab allows organizations to document information that will help evaluate staff. To add a new personnel note, select the **New Personnel Note** button.



Choose the type of note, enter comments, and select **Save Note** to finish or select **Save and Add Another** for additional notes. Notes can be printed by selecting the icon, editing by selecting the icon, deleted by selecting the icon and view the history of the note by selecting the icon

DELETED USERS

Admin/Deleted Users

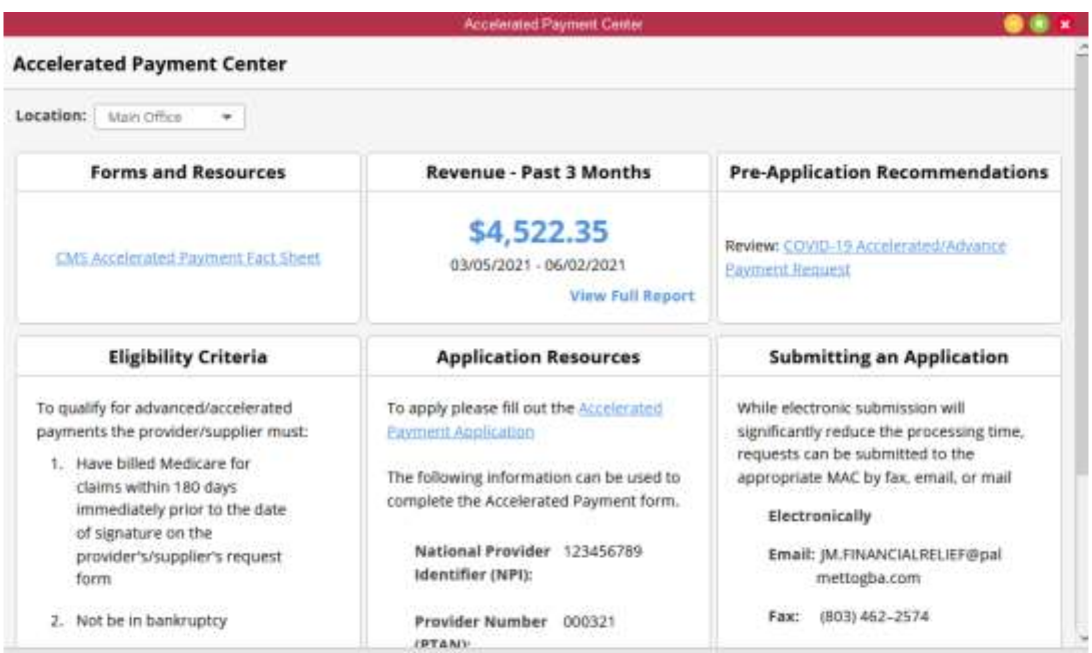
In the new window, individual users can be restored back to active status by selecting the **Restore** hyperlink on the far right under the Action column. Check one or more boxes to the left of users' Names, then select the **Restore** button at the bottom of the window to restore multiple users. Select the **Excel Export**

(Deleted) button in the top right to create an Excel spreadsheet with all deleted users listed.

ACCELERATED PAYMENT CENTER

Admin/Accelerated Payment Center

In the Accelerated Payment Center, select a location to apply for accelerated payment. The Forms and Resources and Revenue sections will automatically update based on the location's data and Medicare intermediary.



The center is broken down into the following sections:

Forms and Resources **-** This section provides all forms and resources distributed by CMS related to accelerated payments.

Revenue – Past 3 Months **-** This section collects payment postings for the selected location over the past 90 days. This data provides a reference point for deciding how much an organization may want to request in their accelerated payments application.

NOTE: CMS has stated that an organization can request up to 100% of its estimated revenue for the next 90 days. For some organizations, using historical payment information may not be the most accurate way to determine future predicted revenue. This section should only be used as a **guideline** and is only as accurate as the payment details posted in Axxess Home Health.

Pre-Application Recommendations **-** This section provides useful tips and guidance published by the intermediary assigned to the selected location.

Eligibility Criteria **-** This section provides all current eligibility guidelines for the provider's eligibility as published by CMS.

Application Resources **-** This section provides application forms that correspond to the selected location's intermediary and includes the selected location's provider information.

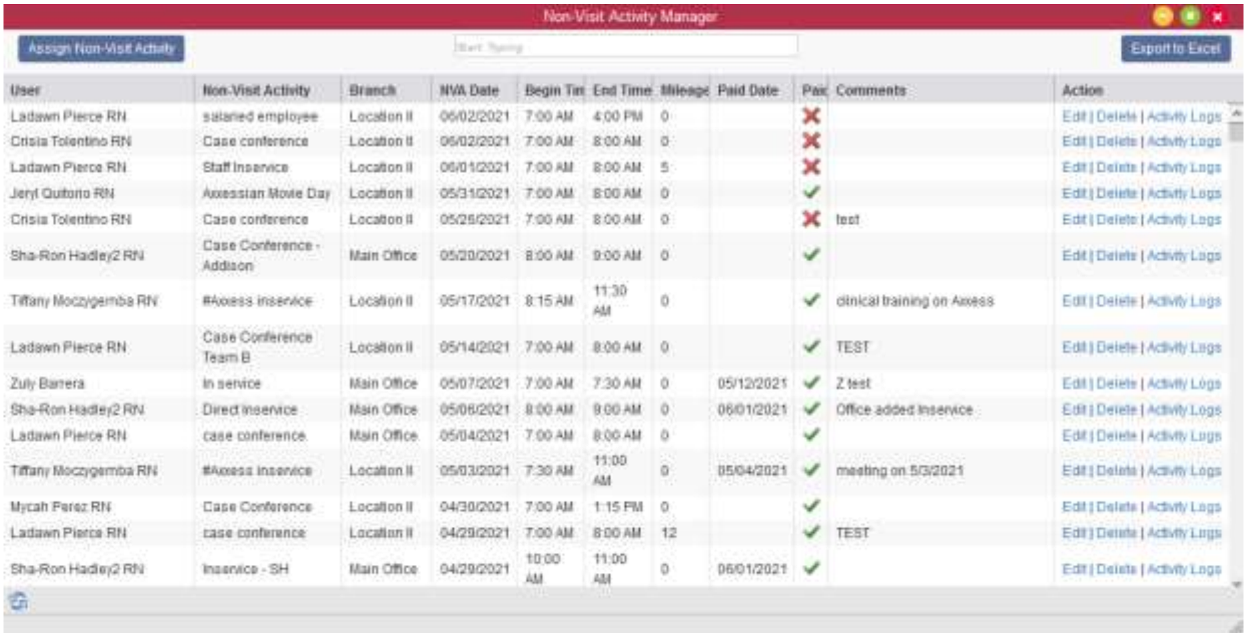
Submitting an Application **-** This section provides all application submission methods published by the selected location's intermediary.

NON-VISIT ACTIVITY MANAGER

Admin/Non-Visit Activity Manager

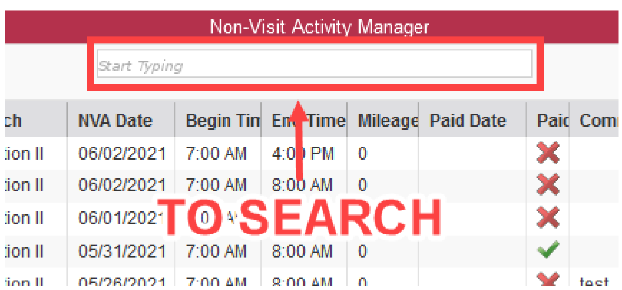
NOTE: Non-Visit Activity tasks needs to be created/added first. Go to *Admin/List/Non-Visit Activity* and create the activity types/task.

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

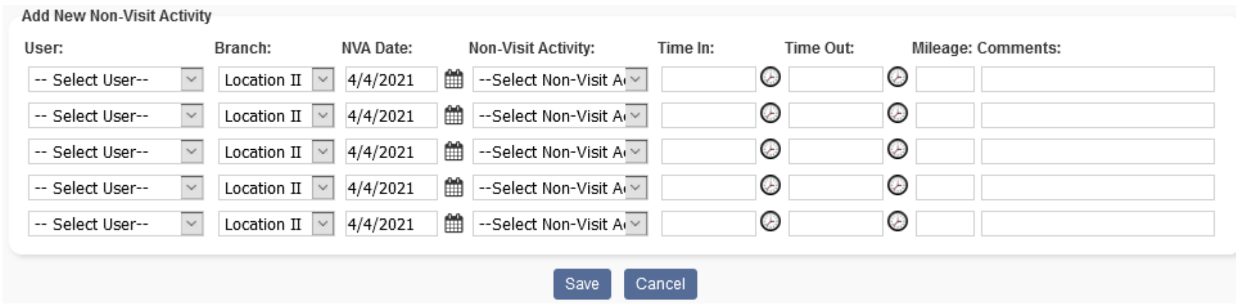


User	Non-Visit Activity	Branch	NVA Date	Begin Tim	End Time	Mileage	Paid Date	Paid	Comments	Action
Ladawn Pierce RN	salaried employee	Location II	06/02/2021	7:00 AM	4:00 PM	0		✗		Edit | Delete | Activity Logs
Crisia Tolentino RN	Case conference	Location II	06/02/2021	7:00 AM	8:00 AM	0		✗		Edit | Delete | Activity Logs
Ladawn Pierce RN	Staff Inservice	Location II	06/01/2021	7:00 AM	8:00 AM	5		✗		Edit | Delete | Activity Logs
Jeryl Quitorio RN	Axxessian Movie Day	Location II	05/31/2021	7:00 AM	8:00 AM	0		✓		Edit | Delete | Activity Logs
Crisia Tolentino RN	Case conference	Location II	05/26/2021	7:00 AM	8:00 AM	0		✗	test	Edit | Delete | Activity Logs
Sha-Ron Hadley2 RN	Case Conference - Addison	Main Office	05/20/2021	8:00 AM	9:00 AM	0		✓		Edit | Delete | Activity Logs
Tiffany Moczygemba RN	#Axxess inservice	Location II	05/17/2021	8:15 AM	11:30 AM	0		✓	clinical training on Axxess	Edit | Delete | Activity Logs
Ladawn Pierce RN	Case Conference Team B	Location II	05/14/2021	7:00 AM	8:00 AM	0		✓	TEST	Edit | Delete | Activity Logs
Zuly Barrera	In service	Main Office	05/07/2021	7:00 AM	7:30 AM	0	05/12/2021	✓	Z test	Edit | Delete | Activity Logs
Sha-Ron Hadley2 RN	Direct inservice	Main Office	05/06/2021	8:00 AM	9:00 AM	0	06/01/2021	✓	Office added inservice	Edit | Delete | Activity Logs
Ladawn Pierce RN	case conference	Main Office	05/04/2021	7:00 AM	8:00 AM	0		✓		Edit | Delete | Activity Logs
Tiffany Moczygemba RN	#Axxess inservice	Location II	05/03/2021	7:30 AM	11:00 AM	0	05/04/2021	✓	meeting on 5/3/2021	Edit | Delete | Activity Logs
Mycah Perez RN	Case Conference	Location II	04/30/2021	7:00 AM	1:15 PM	0		✓		Edit | Delete | Activity Logs
Ladawn Pierce RN	case conference	Location II	04/29/2021	7:00 AM	8:00 AM	12		✓	TEST	Edit | Delete | Activity Logs
Sha-Ron Hadley2 RN	Inservice - SH	Main Office	04/29/2021	10:00 AM	11:00 AM	0	06/01/2021	✓		Edit | Delete | Activity Logs

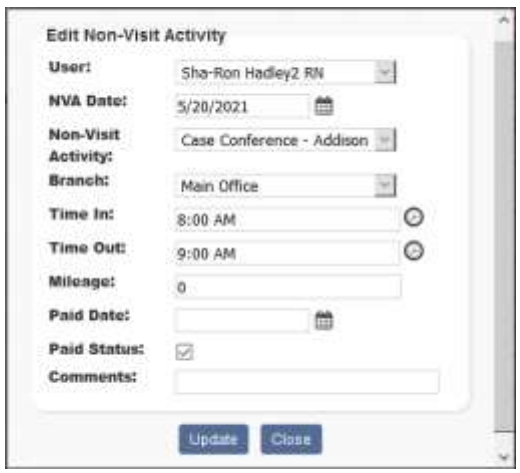
To search through the list, start typing in the text space at the top of the page. Search by Users, Non-Visit Activity, Branch, NVA Date, Begin and End Time, Mileage, Paid Date and Comments.



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



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



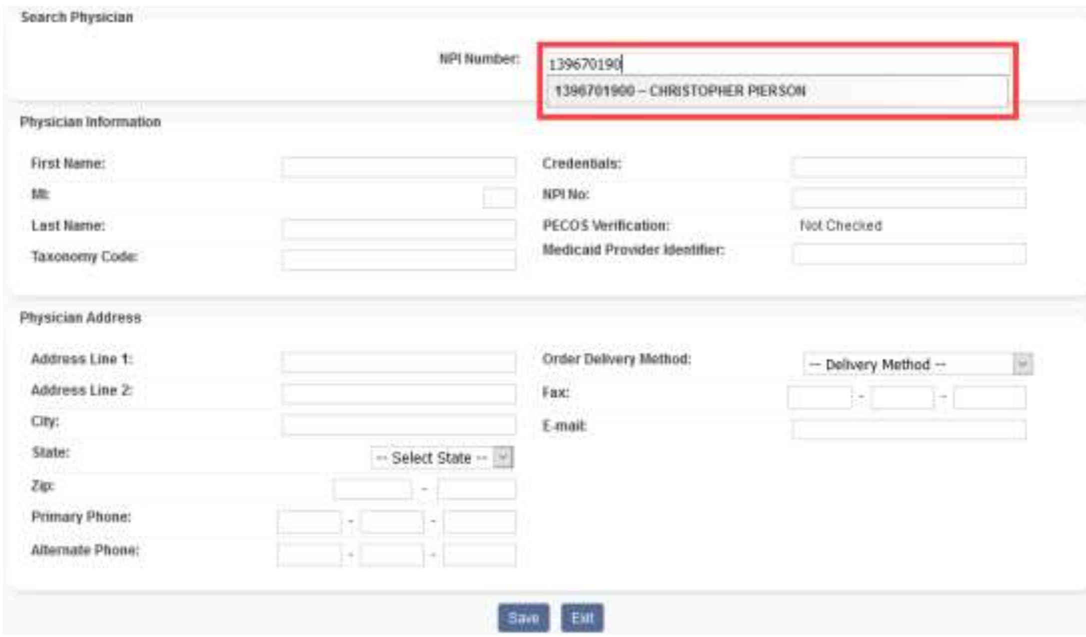
Selecting the **Activity Logs** hyperlink under the Action column will show which users have edited the activity entry and when. Choosing the **Delete** hyperlink under the same column will allow organizations to remove each entry individually.

List of User Task Logs		
User Name	Action Description	Date
Hadley2, Sha-Ron	User Non-Visit Task Added.	05/20/2021 01:10 PM
Gooch, Mason	Status changed to (ADP payroll export batch ID AX298)	05/24/2021 01:31 PM

ADDING A PHYSICIAN

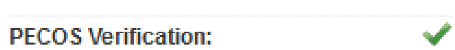
Admin/New/Physician or *Admin/Lists/Physicians/New Physician*

The quickest way to enter a new physician is by entering their NPI Number. As the number is typed, physicians and their corresponding NPI numbers will appear below for selection. After selecting the physician and pressing the **Tab** key on the keyboard, the Physician Information and Physician Address sections will auto-fill based on the information that is in the NPI registry, however, this information can still be edited.



NOTE: If the NPI number is unknown, use the following website: https://npiregistry.cms.hhs.gov/registry/

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

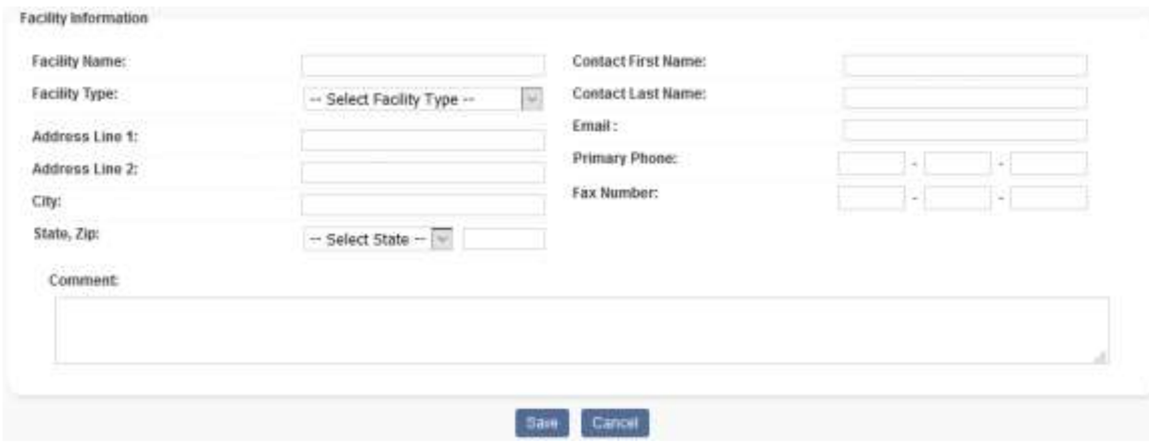


Once completed, select the **Save** button at the bottom.

ADDING A NEW FACILITY

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

In the new window, enter the required facility name, city, state, zip and primary phone and all other information available. When finished, select the **Save** button at the bottom.



ADDING A NEW PHARMACY

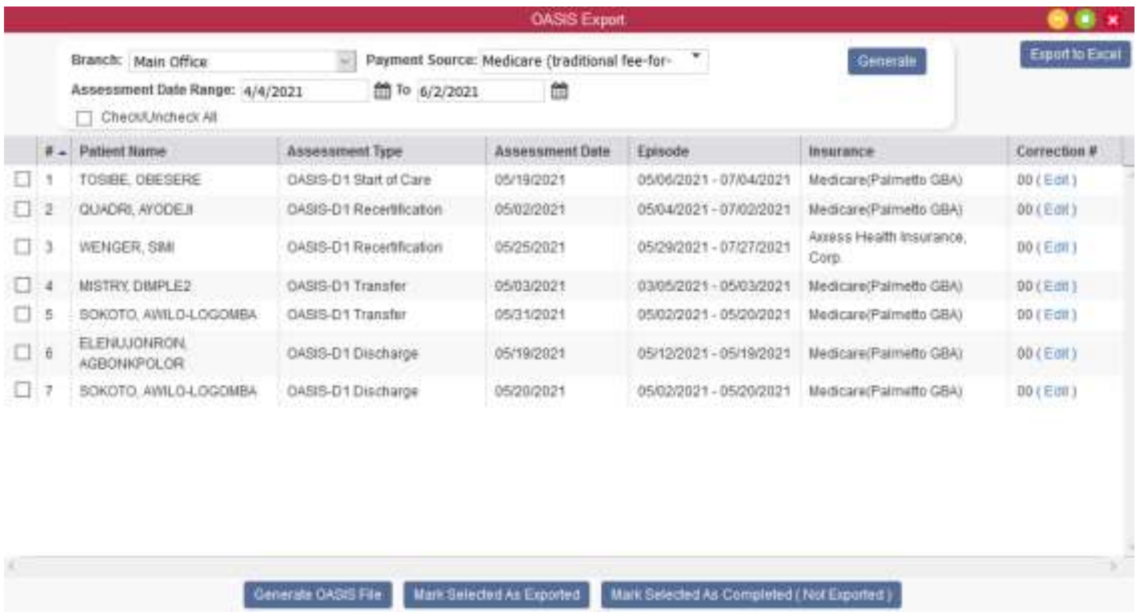
Admin/New/Pharmacy or *Admin/Lists/Pharmacies/New Pharmacy*

In the new window, enter the required Pharmacy Name, Primary Phone and all other information available. When finished, select the **Save** button at the bottom.

OASIS TRANSMISSION

Create/OASIS Export

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



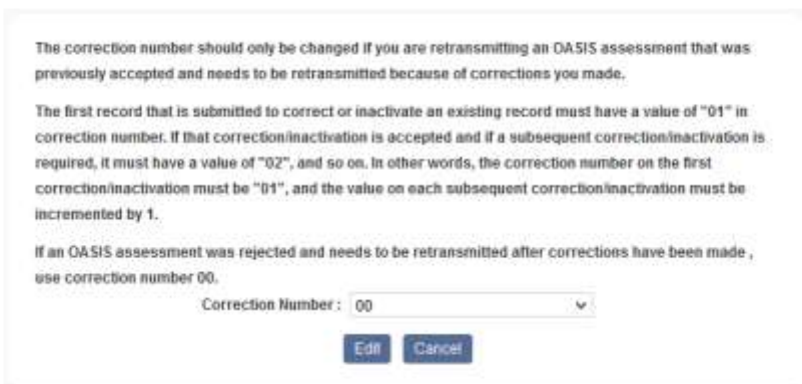
There are check boxes to the left of every patient name listed. Select one or multiple, then choose one of the buttons below. If **Generate OASIS File** is selected, the system will download the raw OASIS file on the computer to be uploaded to Center for Medicare Services (CMS). There is a **Check/Uncheck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

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

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

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

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



ORDERS MANAGEMENT

View/Orders Management.

This is split up into four sections:

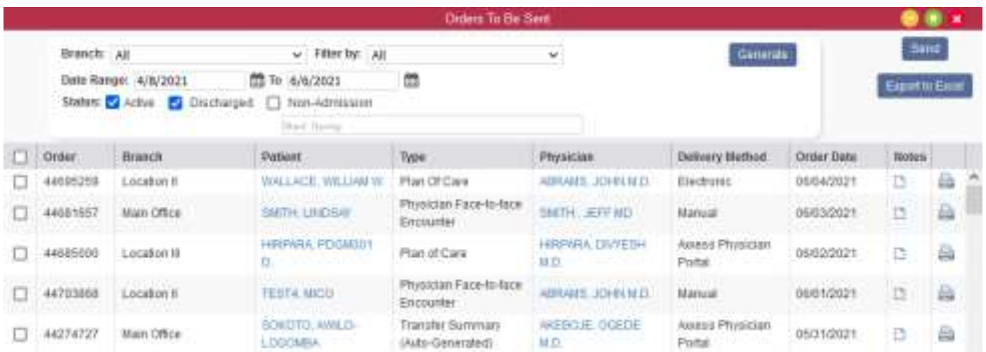
1. **Orders Pending Co-Signature** – This is the section where orders are housed that need a co-signature because the user who signed the order requires a co-signature (per their permissions). To find a specific order, choose the branch (if more than one) from the drop-down menu, select a date range, then select the **Generate** button. Input any order

(number), patient, physician or clinician name in the text space to narrow down the order list. The list of orders can also be exported to an Excel spreadsheet by selecting the **Export to Excel** button in the top right of the window.

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

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

2. **Orders To Be Sent** – This window houses orders that are ready to be sent to the physician for signature. Filtering for orders begins with the branch (if more than one) from the drop-down menu. Then choose the delivery method. Choose the date range of the orders to be sent, then decide whether the orders are from patients with a status of active, discharged and/or non-admission. Start typing any order (number), patient, type, or physician name in the text space to narrow down the order list even further.

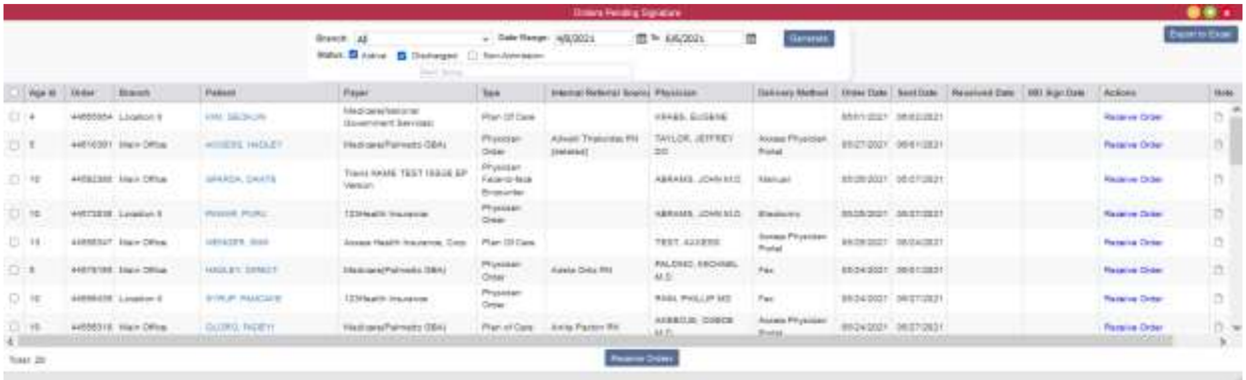


Select the icon to view or write any notes attached to that specific order. Orders with added notes are filled blue. To print an order, select the printer icon on the far right of the order. Once printed, check the boxes to the left of the order and select the **Send** button (in the top right). They will be marked as sent to the physician with a green notification.

If the organization's physicians have access to the Axxess Portal, orders can be sent electronically/internally. This can be done by checking the boxes to the left of the Axxess Portal Delivery Method and selecting the **Send** button in the top right. To export the list of orders that meet the search parameters, select the **Export to Excel** button in the top right.

3. **Orders Pending MD Signature** - This window shows orders that are ready to be electronically signed by the physician. Filtering for orders begins with the branch (if more than one) from the drop-down menu. Choose the date range of the orders planning to be signed, then decide whether the orders are from patients with a status of active, discharged

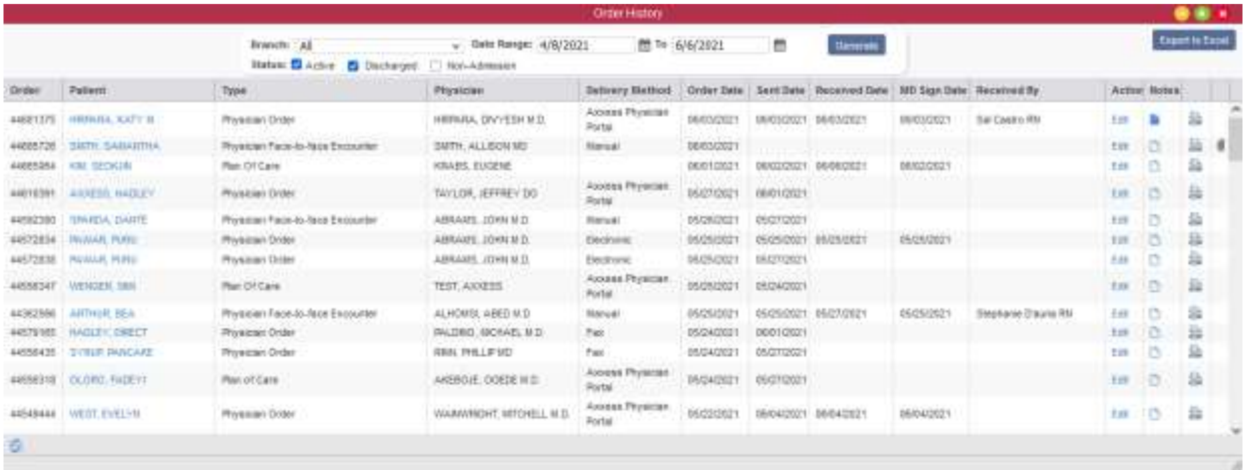
and/or non-admission. start typing any order (number), branch, patient, payer, type, internal referral source or physician name in the free text space to narrow down the order list even further.



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

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

4. **Orders History** – This is where all orders in every status can be seen. Filtering for orders begins with the branch (if more than one) from the drop-down menu and choose the date range. Then decide whether the orders are from patients with a status of active, discharged and/or non-admission. Then select the **Generate** button. The results can be sorted by nine different columns by selecting the column heading: Order, Patient, Type, Physician, Delivery Method, Order Date, Sent Date, Received Date, MD Sign Date and Received By.



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

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

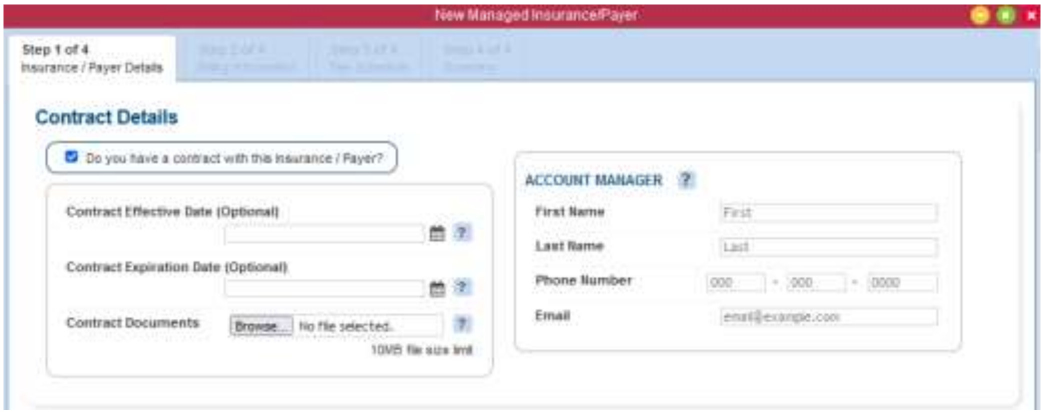
ADDING AN INSURANCE/PAYER

Admin/New/Insurance_Payer or *Admin/Lists/Insurances_Payers/New Insurance*

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

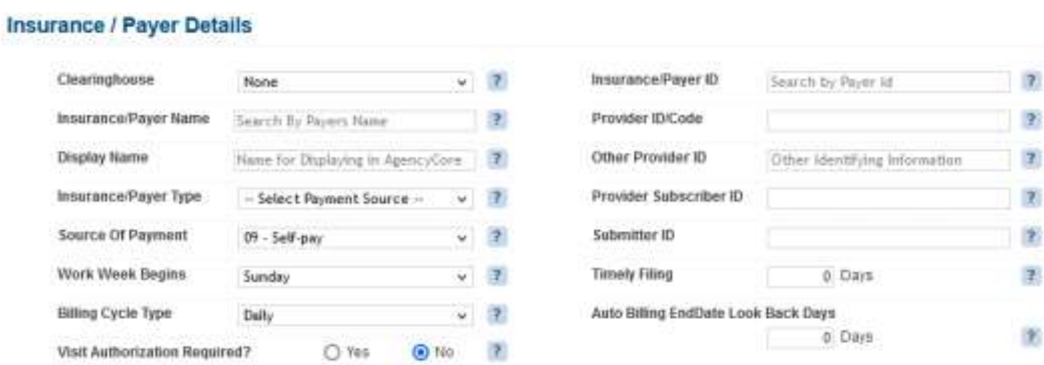
1. **Insurance/Payer Details** – If there is not a contract with the insurance, uncheck the very top box and the Contract Details section will collapse. If there is a contract, enter the contract effective and expiration date by either writing in or selecting the calendar icon. Add any documentation related to the payer as an attachment by selecting the

Browse… button. Find the document saved on the computer, then select the **Open** button (10mb file size limit). Enter the Account Manager information in the next section, including first and last name, phone number and email. None of the Contract Details section is required.



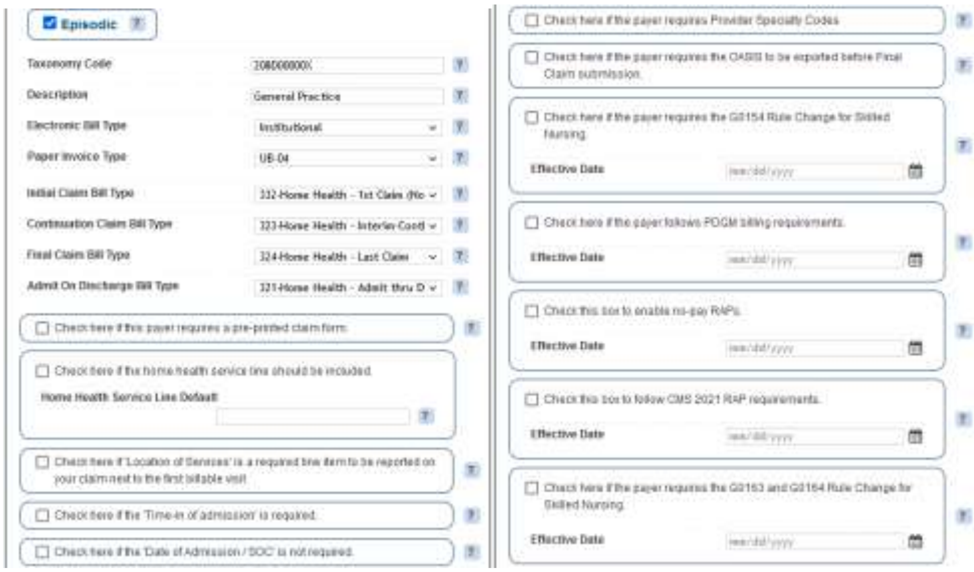
NOTE: The question mark icon ? is a reference. Hover over the icon for more insight about that question or section.

The next section is for payer details. Below are the selections that auto-populate when adding a new payer. It is required to enter an Insurance/Payer Name, Type, ID and Source of Payment. If claims are submitted electronically through Axxess Select Availity as the clearinghouse, enter Submitter ID “00000.”



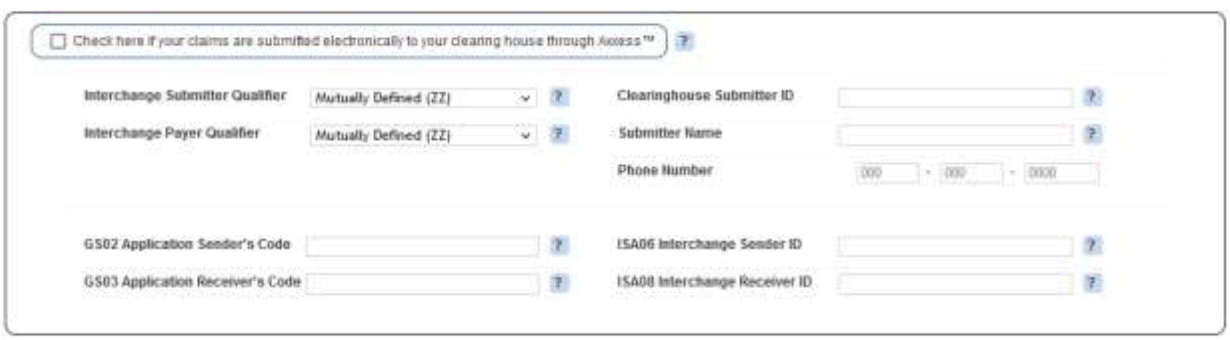
Select whether the payer pays episodic, per visit or both by checking the corresponding boxes. The Episodic and Per Visit columns both ask the same questions seen below. Taxonomy Code should be for Home Health, and if it is Episodic, the Initial Claim Bill type should be 322, Continuation 323, Final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

Claim Bill type should be 322, Continuation 323, Final 324 and Admit through Discharge must be 321.

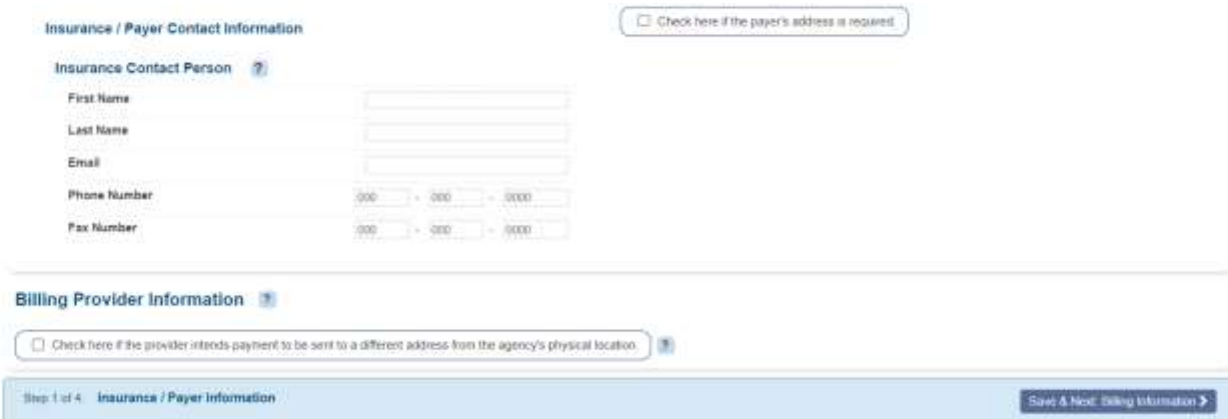


NOTE: If the payer follows PDGM billing requirements, make sure to check the corresponding box and enter effective date for episodic payers.

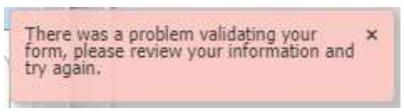
The next section will be entering the clearinghouse information. If Axxess is used for the clearinghouse, check the box at the top of the section and it will collapse.



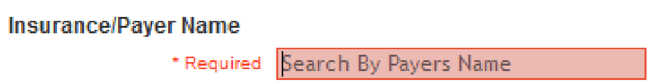
In the next section, enter the contact information of the person with whom the organization communicates at the insurance company. If the payer's address is required, check the box to the right and enter that address. If the insurance wants their payments to be sent to a different address from their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



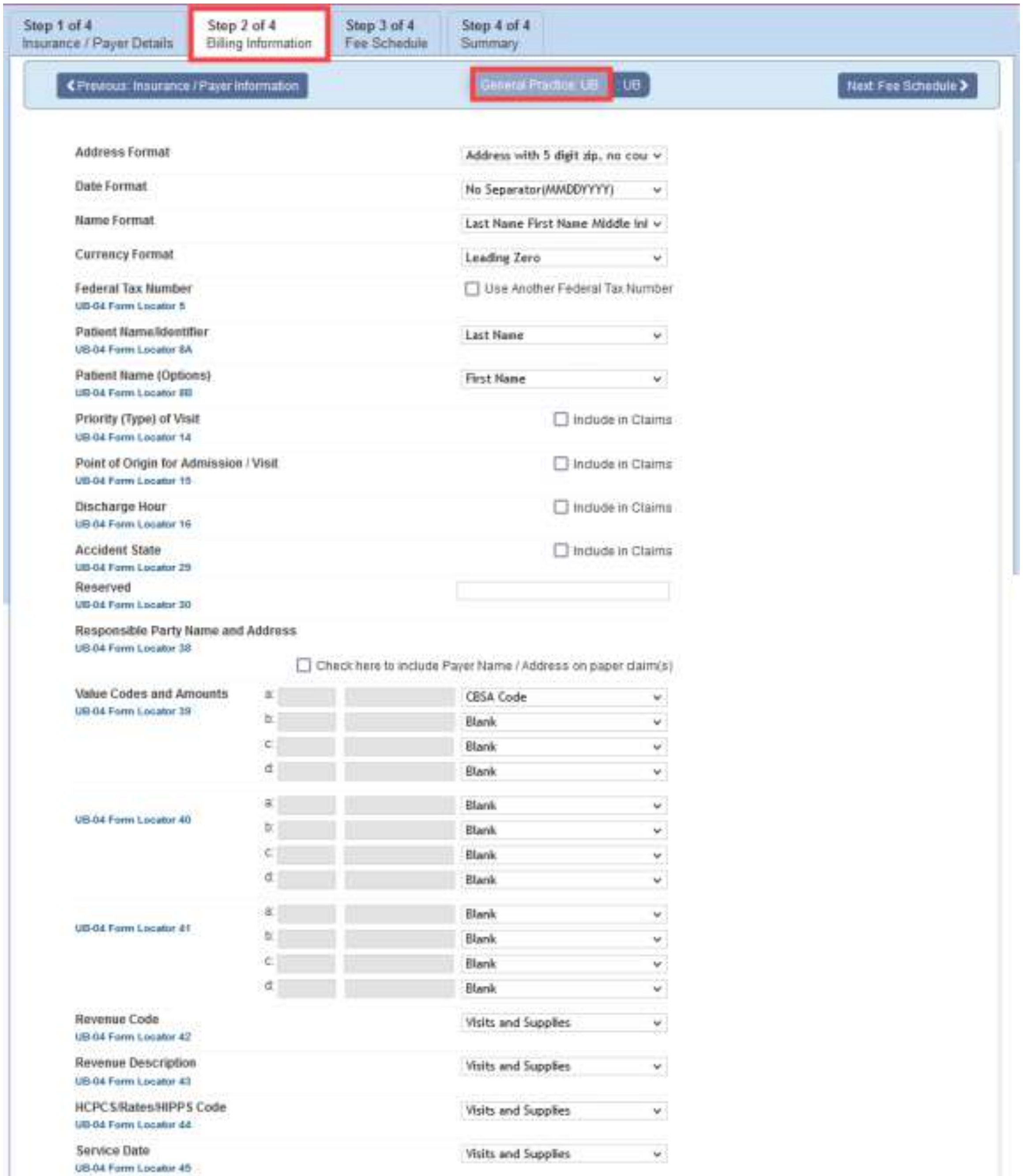
NOTE: If all required information is not entered, the following notification will appear:

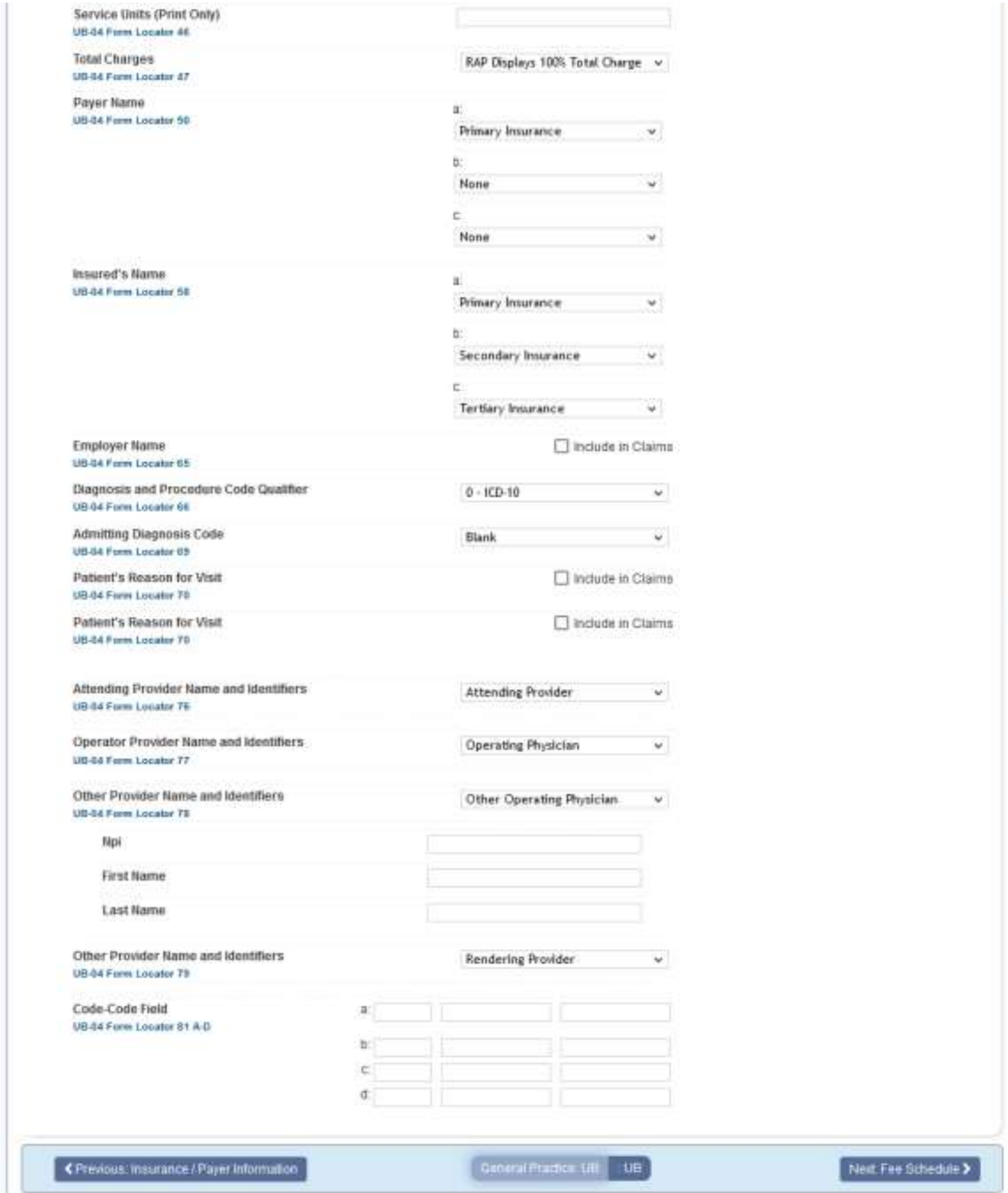


The required sections that are missing information will be highlighted in red:

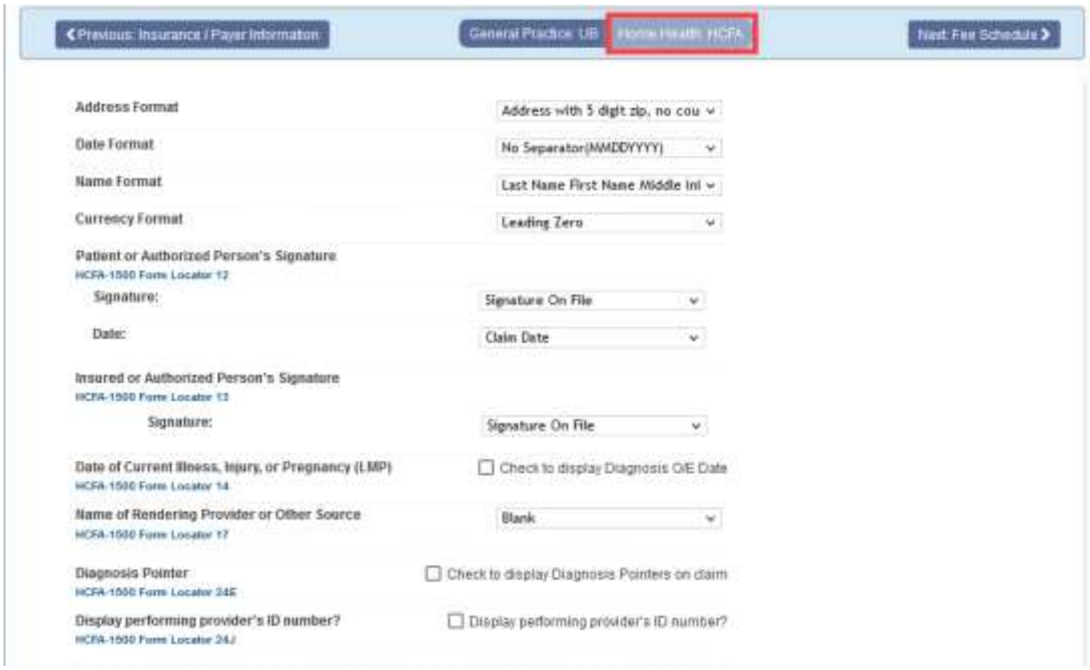


2. **Billing Information** – Depending on how the insurer pays, whether episodic or per visit, will determine which sections will show here. The payer being added in the screenshot below is both episodic and per visit, so it shows both the “General Practice: UB” and “Home Health: HCFA” sections, starting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

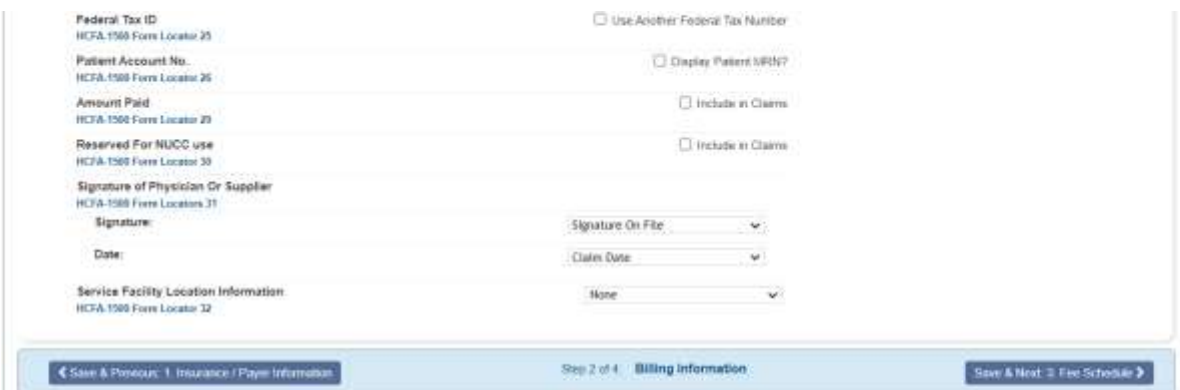

Step 1 of 4 Insurance / Payer Details
Step 2 of 4 Billing Information
Step 3 of 4 Fee Schedule
Step 4 of 4 Summary
Previous: Insurance / Payer Information
General Practice UB
UB
Next Fee Schedule
Address Format
Address with 5 digit zip, no cou
Date Format
No Separator(MMDDYYYY)
Name Format
Last Name First Name Middle Ini
Currency Format
Leading Zero
Federal Tax Number
UB-04 Form Locator 5
Use Another Federal Tax Number
Patient Name/Identifier
UB-04 Form Locator 8A
Last Name
Patient Name (Options)
UB-04 Form Locator 8B
First Name
Priority (Type) of Visit
UB-04 Form Locator 14
Include in Claims
Point of Origin for Admission / Visit
UB-04 Form Locator 15
Include in Claims
Discharge Hour
UB-04 Form Locator 16
Include in Claims
Accident State
UB-04 Form Locator 29
Include in Claims
Reserved
UB-04 Form Locator 30
Responsible Party Name and Address
UB-04 Form Locator 38
Check here to include Payer Name / Address on paper claim(s)
Value Codes and Amounts
UB-04 Form Locator 39
CBSA Code
Blank
UB-04 Form Locator 40
UB-04 Form Locator 41
Revenue Code
UB-04 Form Locator 42
Visits and Supplies
Revenue Description
UB-04 Form Locator 43
HCPCS/Rates/HIPPS Code
UB-04 Form Locator 44
Service Date
UB-04 Form Locator 45



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



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



3. **Fee Schedule** – In this step, the organization can add the fees for all visits by either loading visit information from other payers or adding new visit information. Delete any rates that were manually added if the organization plans to copy insurance rates from another. This can be done by selecting the **Delete Rates** button (this will delete *all* rates listed below). Copy the rates from another insurance, select the Existing Insurance from the drop-down menu, then confirm the Taxonomy Code

from that drop-down menu. Then select the **Load Rates** button. Copy Medicare rates by choosing a branch to copy, confirm the Taxonomy Code and select the **Load Medicare Rates** button. The rates will then display at the bottom of the page in the grid.

If visit information is being added per visit, select the **Add Visit Information** button. A New Visit Information window will open. Confirm the taxonomy code, select the task from the drop-down menu, input a preferred description and revenue code. There are some suggestions about G-codes. Enter the HCPCS code, rate, modifier and choose the service unit type. Service units per visit will auto-generate to 1. Once completed, select the **Add & Exit** button at the bottom of the form.

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

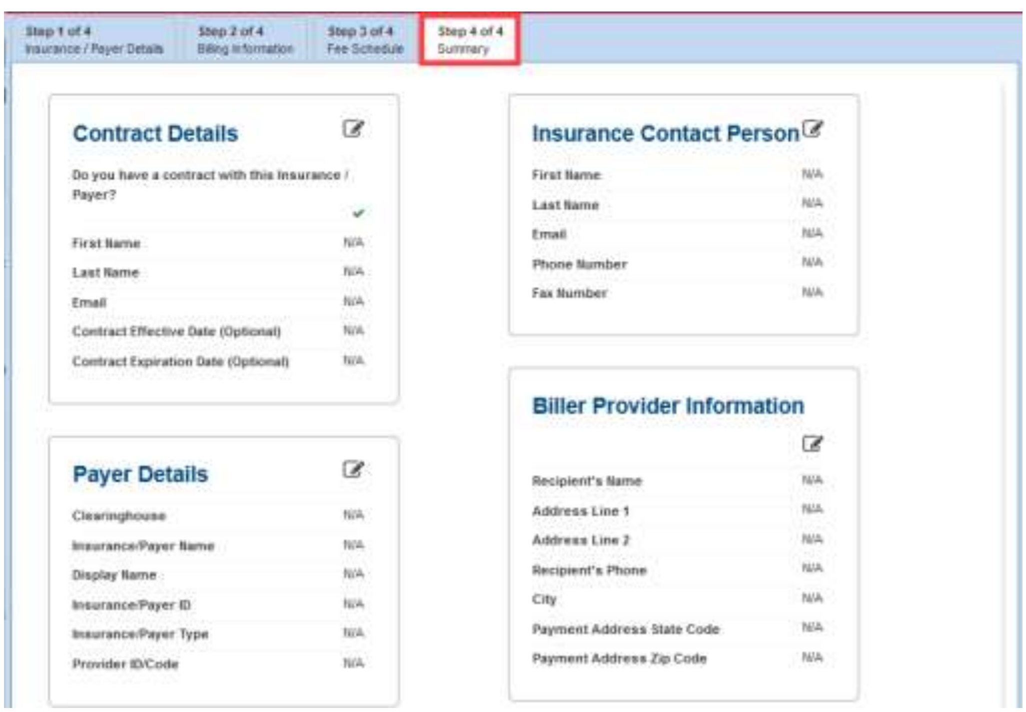

Add Visit Information

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

Task	Description	Rev. Code	HCPCS	Exp. Rate	Rate	Modifiers	Unit Type	Time Limit	Action
Taxonomy Code: 208D00000X									
Skilled Nurse Visit	Skilled Nurse Visit	0551	G0154	$0.00	$150.00		Per Visit		Edit | Delete
HHA Visit	HHA Visit	123		$0.00	$22.00		Hourly		Edit | Delete
OASIS-C Recertification	OASIS-C Recertification	G0154	0551	$0.00	$200.00		Per Visit		Edit | Delete
SN Insulin Noon Visit	Wound Vac	0551	G0154	$0.00	$187.25		Per Visit		Edit | Delete
OASIS-C2 Start of Care	OASIS-C2 Start of Care	0551	G0154	$0.00	$200.00		Per Visit		Edit | Delete
OASIS-C1 Start of Care	SN SOC Visit	0551	G0493	$0.00	$100.00		Per 15 Min		Edit | Delete
RN Visit	dc	0551	g299	$0.00	$250.00		Per 15 Min		Edit | Delete

Previous: Billing Information | Step 3 of 4: Fee Schedule | Next: Summary

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

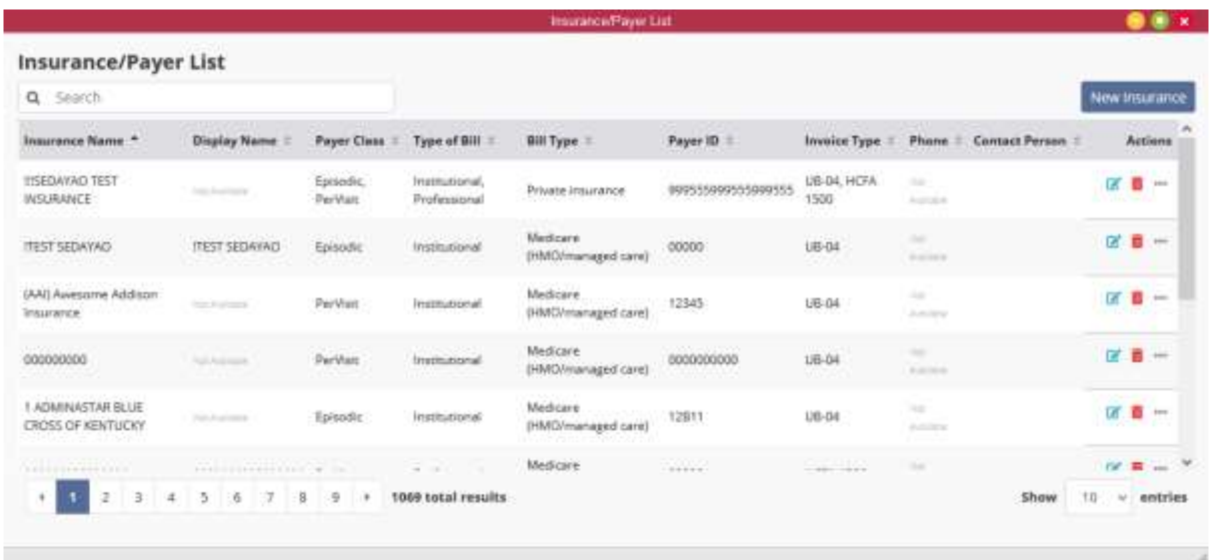


Once completed, select the **Complete** button at the bottom of the page. A green notification will state that the payer has been saved successfully.

EDITING AN EXISTING PAYER

Admin/Lists/Insurances_Payers

Select the icon to the far right of the screen under the Actions column to make edits. Select the icon to delete. Select the three-dot icon under Actions to **View Activity Log** that lists which users have made any changes to the payer and when they were made. To search for a payer, use the search box and list any part of the insurance name, display name, payer class, type of bill, bill type, payer id, invoice type, phone or contact person. Payers can also be added here by selecting the **New Insurance** button.



PAYROLL EXPORT CENTER

Admin/Payroll Export Center

The following are the filter options at the top of the window:

- Date Range – Enter or select the calendar icon.

- Employees – Search and/or choose specific employee. More than one can be selected. Once selected, employees will be bolded.
- Branch – Choose from dropdown menu (if more than one).
- Task Type - Search and/or choose specific task type. More than one can be selected. Once selected, types will be bolded.

To see additional filters, select the **+ More Filters** button:

- Insurance/Payer – Search and/or choose specific payer. More than one can be selected. Once selected, payers will be bolded.
- Task Status – Search and/or choose task statuses. More than one can be selected. Once selected, statuses will be bolded.
- Employee Credentials - Search and/or choose credentials. More than one can be selected. Once selected, credentials will be bolded.
- Employment Type – Choose from Contractor, Employee and Student/Trainee or Volunteer and All. More than one can be selected. Once selected, employment types will be bolded.
- Visit Pay Type - Choose from all, none, per hour, per visit and single payment. More than one can be selected. Once selected, pay types will be bolded.
- Late Tasks – Decide to include results or not.

Once criteria have been chosen, select **Generate**. A summary will display on the screen.

Export/Paid Status	Export/Paid Date	Batch ID	Employee Name	Patient Branch	Patient Name	Visit Date	Visit/NVA Task Type	Visit Time
Pending Approval			Turner, Arnie	Location I	TEST, BBA	05/11/2022	OASIS-D1 Start of Care	07:00 AM - 08:00 AM
Exported/Paid	05/20/2022	AX401	West, Tony	Location I	West, Neil	05/11/2022	HHA Visit	
Exported/Paid	N/A	AgencyCore Payroll	Hadley2, Sha-Ron	Main Office	CareStat, Rachel	05/12/2022	Skilled Nurse Visit	07:00 AM - 08:00 AM
Pending Approval			Muczy, Tiffany	Location I	N/A	05/12/2022	[illegible]	11:15 AM - 01:00 PM
Pending Approval			Morris, Pamela	Location II	Morris, Pamela	05/12/2022	HHA Visit	
Pending Approval			Pana, Krystal	Location I	LEE, SEUNG UI	05/12/2022	OASIS-D1 Recertification	07:00 AM - 08:00 AM
Pending Approval			Riggins, Sara	Main Office	Couch, Hudson	05/12/2022	OASIS-D1 Start of Care	08:00 AM - 09:00 AM

Change from a summary (All) view to look at just Pending Approval, Pending Export or Exported/Paid entries by selecting the respective tab.

Under the payroll parameter filters, the Additional Columns drop-down menu enables users to generate more robust payroll data. Users can select any or all the 18 additional column options:

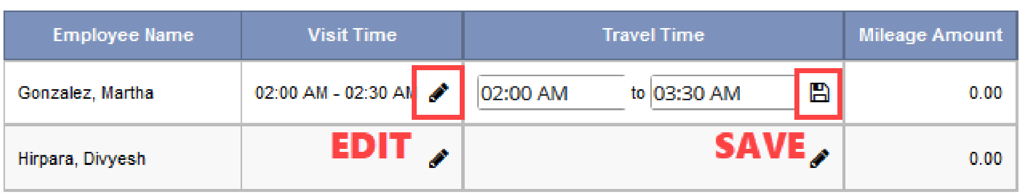
Additional Columns	**Description**
Associated Mileage	Generates the value noted in the visit documentation.
Auto-Calculated Mileage	Displays the number of miles driven, as determined by the system's automated calculation of the distance between the starting and ending visit address. (This calculation only populates for visits with completed statuses.)
Auto-Calculated Mileage Amount	Displays the mileage reimbursement amount, as determined by the auto-calculated mileage above and the reimbursement rate entered in the user/company profile.
Auto-Calculated Travel Hours	Displays the average travel time to and from the point of care, based on the user and patient addresses in the system. (This calculation only populates for visits with completed statuses.)
Employee Credentials	Displays employee credentials entered in the user profile.
EVV Hours	Displays the total number of EVV hours.
EVV Time	Displays total EVV time.
Employment Pay Type	Displays employment type entered in the user profile.
Employment Type	Displays employment type entered in the user profile.
Insurance/Payor	Displays insurance/payer affiliated with the episode and visit information.
Patient MRN	Displays patient Medical Record Number (MRN) entered in the patient profile.
Pay Rate	Displays pay rate entered in the user profile.
Payroll File #/Worker ID	Displays payroll file/worker ID entered in the user profile.
Travel Hours	Generates the value noted in the visit documentation.
Visit Hours	Payroll hours calculated based on the visit time in and visit time out components entered in the visit documentation.
Visit Pay Type	Displays pay type entered in the payer profile.
Visit Status	Displays the visit's status in the Schedule Center.
Visit Units	Displays the total number of visits.

Payroll Functionality

Edit functionality enables the payroll processor to change values in specific fields as needed. Modifications can be made in the following four fields:

Editable Field	Description
Visit Time	Displays the visit time in and visit time out as noted in the visit. Any edits made to these times in the Payroll Export Center will automatically update the visit time information in the visit and visit log (both of which can be accessed through the Schedule Center).
Travel Time	Displays the number of miles driven, as determined by the system's automated calculation of the distance between the starting and ending visit address. This calculation only populates for visits with completed statuses.
Associated Mileage	Displays the mileage reimbursement amount, as determined by the auto-calculated mileage above and the reimbursement rate entered in the user/company profile.
Surcharge Amount	Displays the average travel time to and from the point of care, based on the user and patient addresses in the system. This calculation only populates for visits with completed statuses.

Select the pencil icon to edit a field and the save icon to save changes.



Reports can be generated in the Payroll Export Center by using the following buttons:

Export Generated - Generates an Excel file with basic payroll information for the selected time frame. This report provides a summary overview, rather than a detailed report. It does not include any information from the Additional Columns menu.

Export Details - Generates an Excel file with over 25 columns of data, including items selected from the Additional Columns menu. Organizations that do not use ADP or Paychex as a payroll vendor can use this report to manually create an export file that meets their vendor's specific requirements.

ADP Payroll Export – Generates a .csv or .txt file as applicable to the vendor for processing payroll.

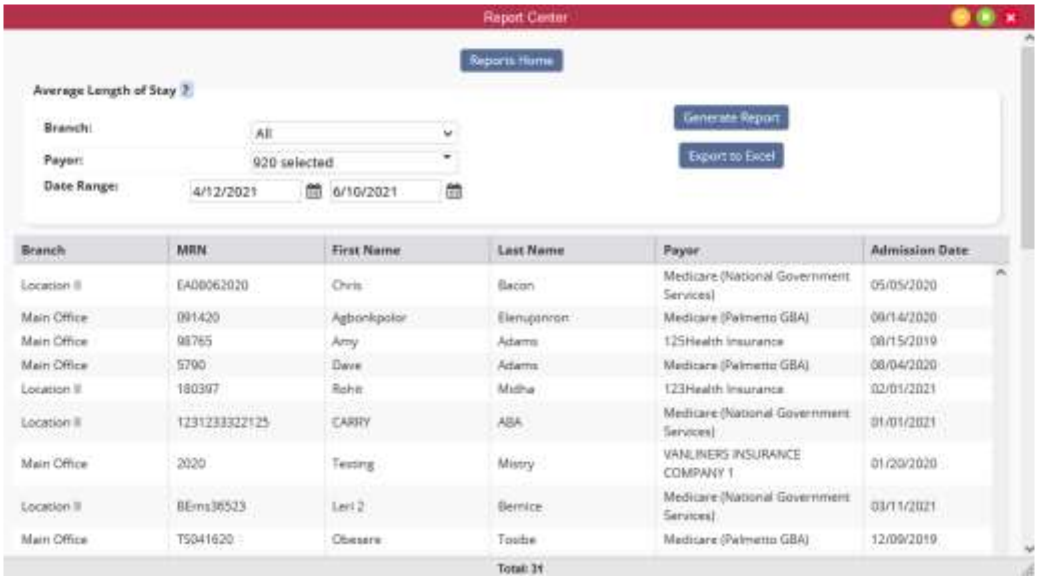
Select the checkbox(es) of individual payroll entries and select an **Export** button or select the select all checkbox in the blue header to export all pending entries.

REPORT CENTER

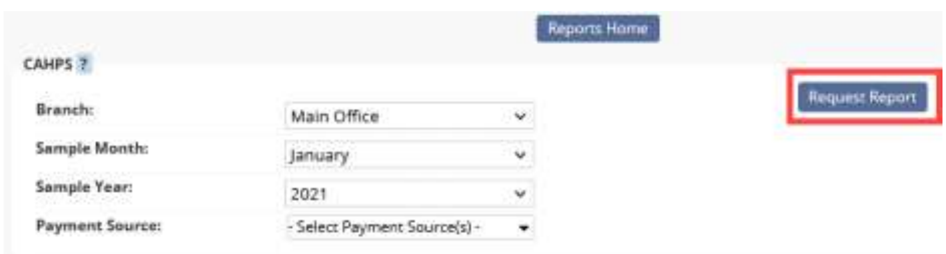
Reports/Report Center

This is the place all Axxess Home Health reports are found. They are separated into eight categories (with two additional for Missouri and California) and listed alphabetically. The categories are Patient, Billing/Financial, Statistical, Clinical, Payroll, Employee, Schedule Reports and Electronic Visit Verification. Hovering over the report will show what the report entails, its description, parameters and what the report includes.

Most of the reports function the same way. In the example report below, Average Length of Stay parameters must be chosen, then select the Generate Report button to the right. The results will display below with a grand total at the very bottom. Selecting the **Export to Excel** will load the information into an Excel spreadsheet. Selecting the **Reports Home** button at the very top of the page will return to the list of all reports.



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



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

List of Reports

Name	Format	Status	Requested By	Started	Completed	Action
CAHPS Report	Excel/CSV	Completed	Cj Pierson RN	06/10/2021 10:23:31 PM	06/10/2021 10:23:34 PM	Delete
Claim Activity Report	Excel	Failed	Cj Pierson RN	03/18/2021 09:48:15 PM	03/19/2021 02:21:31 AM	Delete
Productivity Report (RN)	Excel	Completed	Cj Pierson RN	03/17/2021 09:17:13 PM	03/17/2021 09:17:13 PM	Delete
Month-End Payment and Adjustment Activity Report	Excel	Completed	Cj Pierson RN	03/17/2021 03:19:53 PM	03/17/2021 03:21:02 PM	Delete

ADDING TEMPLATES

Admin/New/Template

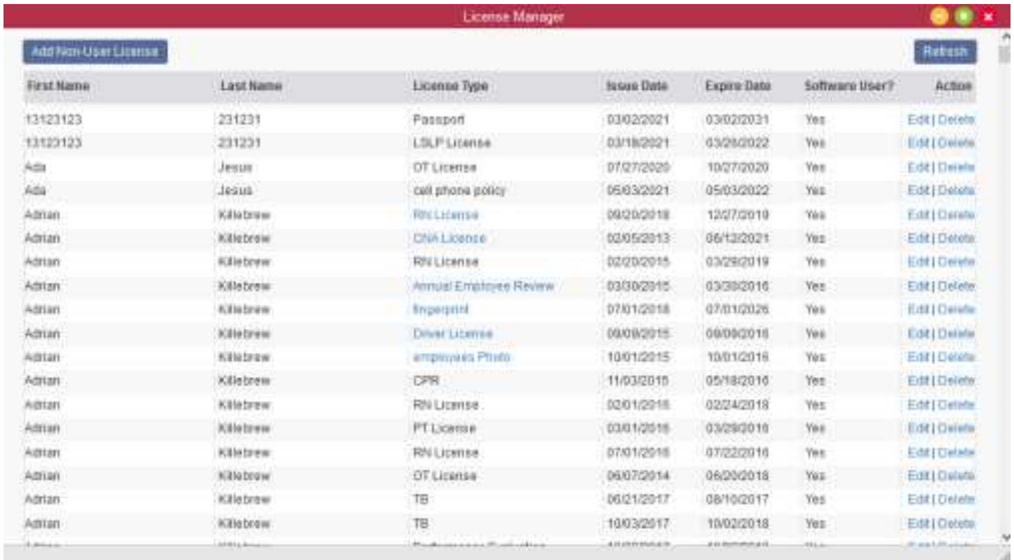
The window below will appear. Create a Name for the template then write the template inside the Text section. The section is limited to 5,000 characters. Once completed, select the **Save** button.

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

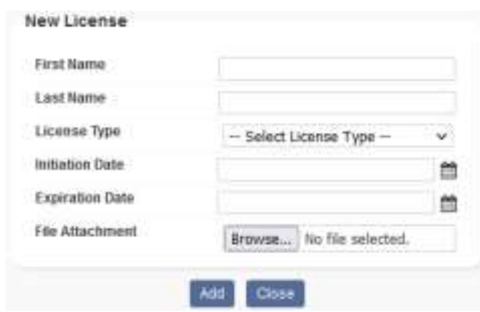
LICENSE MANAGER

Admin/License Manager

A window will open that will list all current user licenses. Select the **Refresh** button in the top right to ensure the list is completely up to date.



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



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

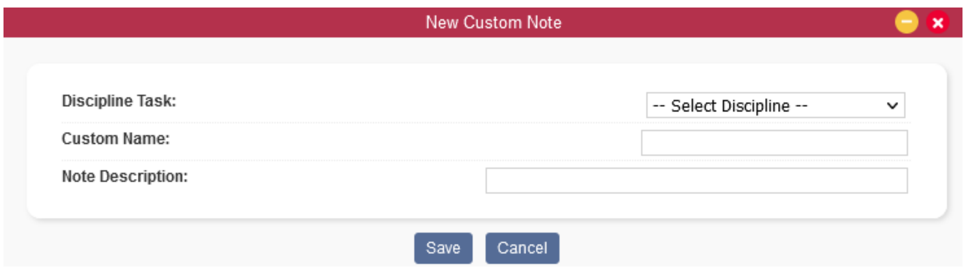
CUSTOM NOTE MANAGER

Admin/Custom Note Manger

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

Original Task Name	Custom Name	Note Description	Created Date	Action
HHA Supervisory Visit	Holiday Pay Stub	Pay Rate for HHA Stub	1/23/2017 1:48:15 PM	Edit | Delete
Physician Order	PT Order		1/25/2017 11:00:24 AM	Edit | Delete
Communication Note	Therapy Referral form		3/1/2017 11:59:02 AM	Edit | Delete
HHA Visit	HHA Visit- Private Pay	HHA Visit- Private Pay	3/21/2017 2:05:54 PM	Edit | Delete
Driver/Transportation Log	Test	Test	3/22/2017 9:10:13 AM	Edit | Delete
Physician Order	TEST Order	test	3/30/2017 10:55:48 AM	Edit | Delete
Physician Order	Recert Order		4/25/2017 10:39:13 AM	Edit | Delete
Communication Note	SOC Dr Update		5/12/2017 3:39:36 PM	Edit | Delete
HHA Visit	Mary - HHA Visit	Mary - HHA	6/5/2017 12:58:55 PM	Edit | Delete
HHA Visit Waiver	KESHIA HHA T1019 1st VISIT		6/30/2017 10:54:04 AM	Edit | Delete
10-Day Summary/Case Conference	Mid Episode Case Conference	Mid Episode Case Conference	6/30/2017 4:16:08 PM	Edit | Delete
Coordination of Care	Coordination of care dialysis	Dialysis	7/12/2017 10:24:59 AM	Edit | Delete

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



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/Help Center* or https://www.axxess.com/help/