

HOME HEALTH ADMINISTRATOR TRAINING MANUAL

August 2022

Table of Contents

COMPANY SETUP	4
1. Company Information	4
2. Subscription Plan	5
3. Clinical	5
4. Scheduling	7
5. Operations	8
6. Billing	9
7. Financial.....	10
8. Payroll	12
9. Integrations	13
10. Support Ticketing Center	14
11. Electronic Visit Verification Setup	15
ADDING A NEW USER	16
EDITING A USER	17
1. Information	18
2. Permissions	19
3. Licenses.....	19
4. Visit Activity Pay Rates	19
5. Immunization.....	20
6. Infectious Disease Profile.....	22
7. Personnel Notes.....	23
DELETED USERS	23
ACCELERATED PAYMENT CENTER	24
NON-VISIT ACTIVITY MANAGER.....	25
ADDING A PHYSICIAN	28
ADDING A NEW FACILITY	29
ADDING A NEW PHARMACY	29
OASIS TRANSMISSION.....	30
ORDERS MANAGEMENT	31

1. Orders Pending Co-Signature	31
2. Orders To Be Sent	33
3. Orders Pending MD Signature	33
4. Orders History	34
ADDING AN INSURANCE/PAYER	35
1. Insurance/Payer Details	35
2. Billing Information.....	38
3. Fee Schedule	41
4. Summary.....	43
EDITING AN EXISTING PAYER.....	44
PAYROLL EXPORT CENTER	44
Payroll Functionality	46
REPORT CENTER	48
ADDING TEMPLATES.....	50
LICENSE MANAGER	50
CUSTOM NOTE MANAGER	51
HELP CENTER.....	53

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.



Company Setup

Verify Signature

Before proceeding, enter your signature in the textbox provided below to confirm that you are authorized to make changes to your company information.

Signature:

Proceed **Cancel**

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.



Company Setup

Testing Home Health Agency

Agency Branch: Location II

* = Required Field

Company Information

Company Name: Testing Home Health Agency National Provider Number: 123456789

Tax ID: 371849281 * Medicare Provider Number: 000000

Tax ID Type: EIN (Employer Identification Num) Medicaid Provider Number: 0

Contact Person Email: test * Unique Agency OASIS ID Code: 0

Contact Person Phone: 123 - 456 - 7890 * Contact Person First Name: test *

CARPS Vendor: Axxess Research * Contact Person Last Name: test *

Medicaid Provider Identifier: DBE Medicaid Provider Identifier:

Organization Logo

Upload a logo to appear in the top left corner of orders and invoices

Upload Logo

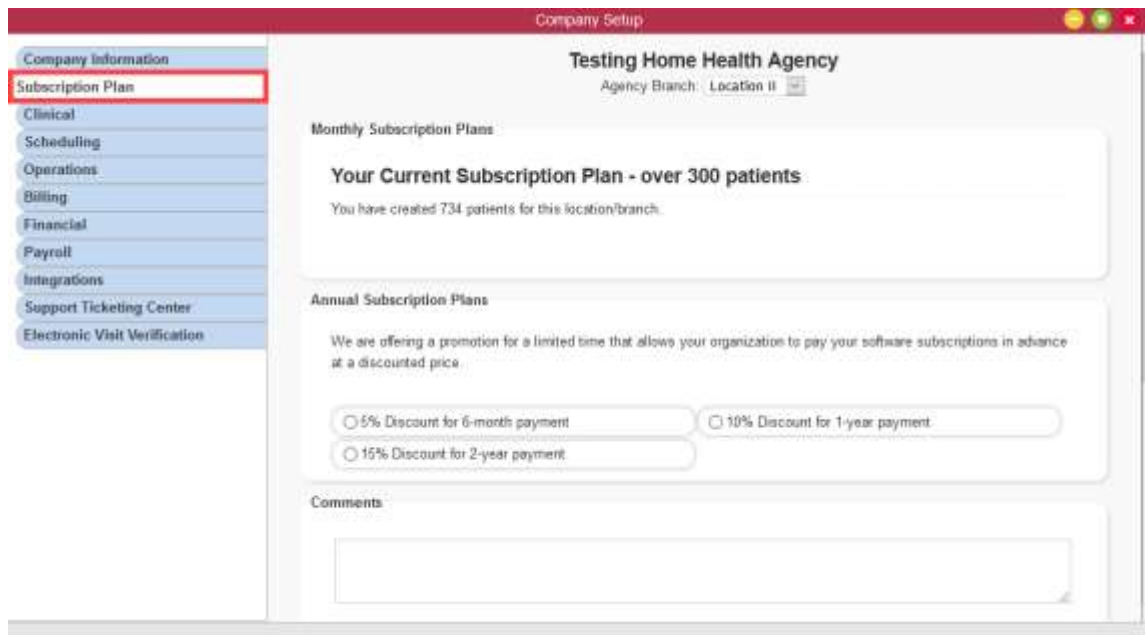
Logo	Branch	Document Title	Actions
	Location V		Edit Delete

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.

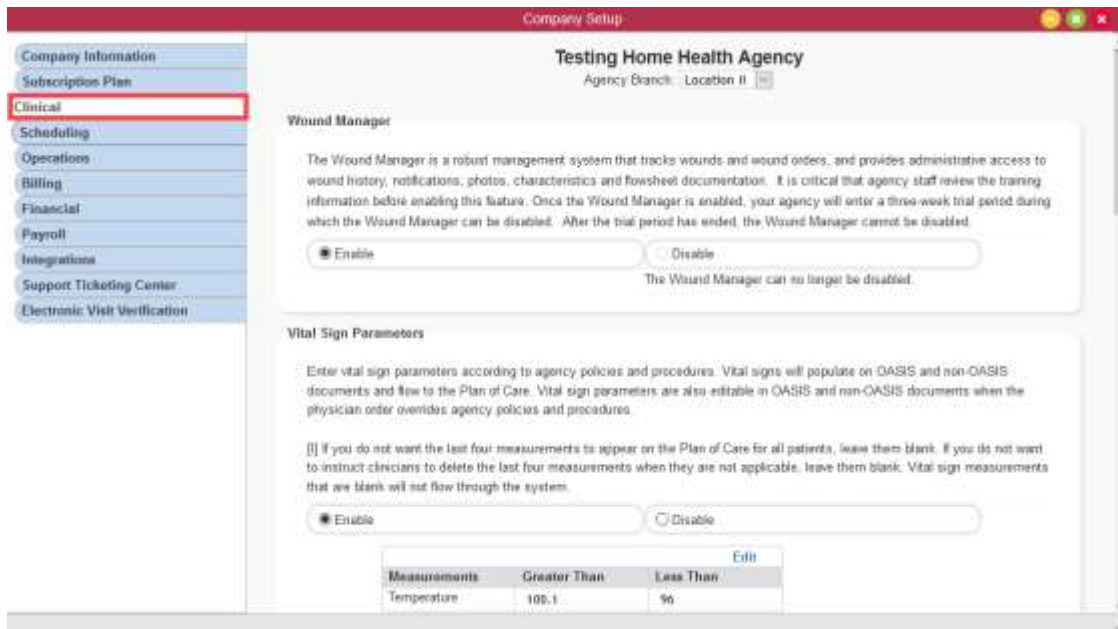
Enable Vital Sign Parameters according to organizational policies and procedures. After enabling, enter a greater than and/or less than limit by selecting the **Edit** hyperlink. Organizations can have their OASIS Assessments validated in real-time by selecting the **Enable** bullet that requires clinicians 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  icon will give more insight into what each specific audit type is searching for.



Company Setup

Testing Home Health Agency
Agency Branch: Location II

Company Information
Subscription Plan
Clinical
Scheduling
Operations
Billing
Financial
Payroll
Integrations
Support Ticketing Center
Electronic Visit Verification

Wound Manager

The Wound Manager is a robust management system that tracks wounds and wound orders, and provides administrative access to wound history, notifications, photos, characteristics and flowsheet documentation. It is critical that agency staff review the training information before enabling this feature. Once the Wound Manager is enabled, your agency will enter a three-week trial period during which the Wound Manager can be disabled. After the trial period has ended, the Wound Manager cannot be disabled.

☒ Enable ☐ Disable
The Wound Manager can no longer be disabled.

Vital Sign Parameters

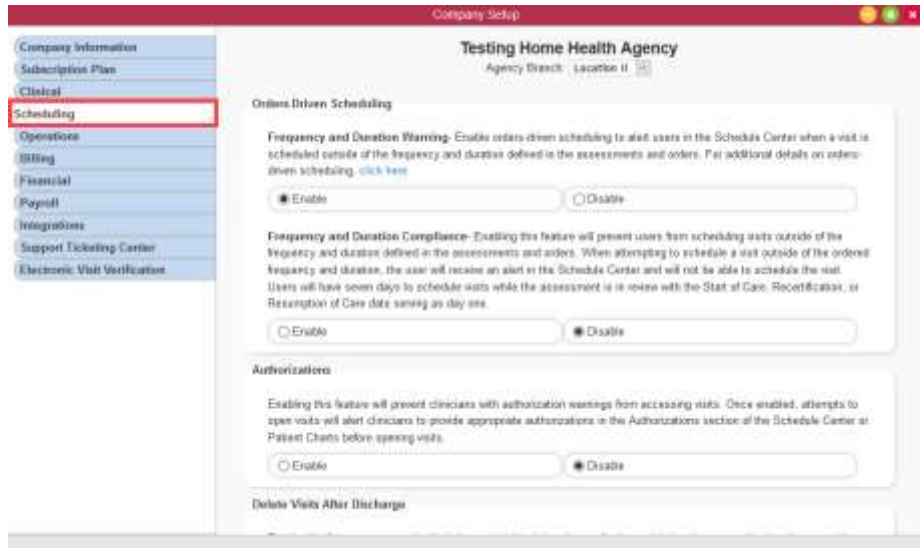
Enter vital sign parameters according to agency policies and procedures. Vital signs will populate on OASIS and non-OASIS documents and flow to the Plan of Care. Vital sign parameters are also editable in OASIS and non-OASIS documents when the physician order overrides agency policies and procedures.

[!] If you do not want the last four measurements to appear on the Plan of Care for all patients, leave them blank. If you do not want to instruct clinicians to delete the last four measurements when they are not applicable, leave them blank. Vital sign measurements that are blank will not flow through the system.

☒ Enable ☐ Disable

Measurements	Greater Than	Less Than	Edit
Temperature	100.1	96	

- 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.



Company Setup

Testing Home Health Agency
Agency Branch: Location II

Online Driven Scheduling

Frequency and Duration Warning: Enable online driven scheduling to alert users in the Schedule Center when a visit is scheduled outside of the frequency and duration defined in the assessments and orders. For additional details on online-driven scheduling, [click here](#).

☒ Enable ☐ Disable

Frequency and Duration Compliance: Enabling this feature will prevent users from scheduling visits outside of the frequency and duration defined in the assessments and orders. When attempting to schedule a visit outside of the ordered frequency and duration, the user will receive an alert in the Schedule Center and will not be able to schedule the visit. Users will have seven days to schedule visits while the assessment is in review with the Start of Care, Recertification, or Resumption of Care date, saving an day fee.

☐ Enable ☒ Disable

Authorizations

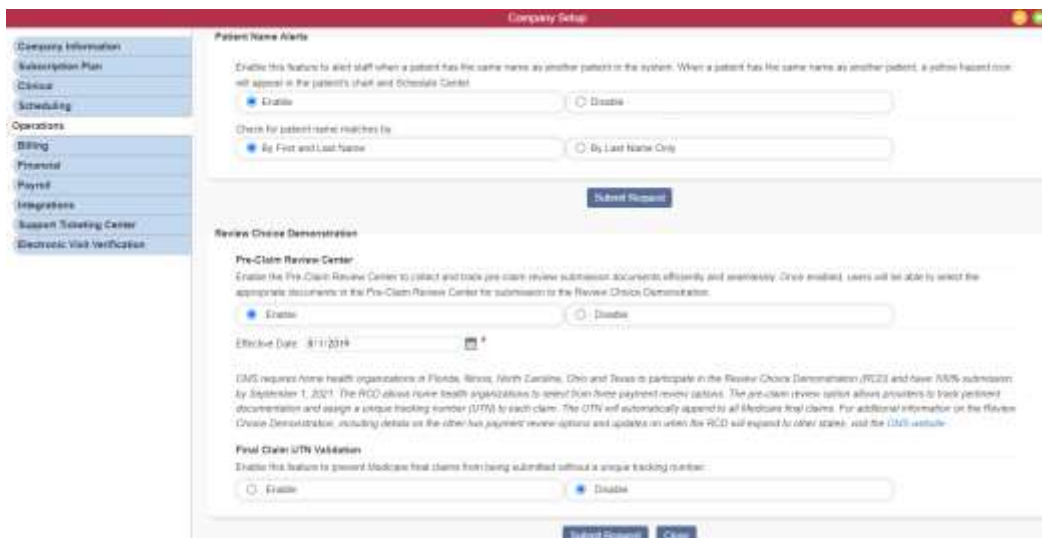
Enabling this feature will prevent clinicians with authorization warnings from accessing visits. Once enabled, attempts to open visits will alert clinicians to provide appropriate authorizations in the Authorizations section of the Schedule Center or Patient Charts before opening visits.

☐ Enable ☒ Disable

Delete Visits After Discharge

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.



Company Setup

Patient Name Alerts

Enable this feature to alert staff when a patient has the same name as another patient in the system. When a patient has the same name as another patient, a yellow banner icon will appear in the patient's chart and Schedule Center.

☒ Enable ☐ Disable

Check for patient name matches by:

☒ By First and Last Name ☐ By Last Name Only

[Submit Request](#)

Pre-Claim Review Center

Enable the Pre-Claim Review Center to collect and track pre-claim review submission documents efficiently and seamlessly. Once enabled, users will be able to select the appropriate documents in the Pre-Claim Review Center for submission to the Review Choice Demonstration.

☒ Enable ☐ Disable

Effective Date: 8/1/2019

[Submit Request](#)



DMS required Home health organizations in Florida, Illinois, North Carolina, Ohio and Texas to participate in the Review Choice Demonstration (RCD) and have IRM submission by September 1, 2021. The RCD allows review health organizations to select from three payment review options. The pre-claim review option allows providers to track payment documentation and assign a unique tracking number (UTN) to each claim. The UTN will automatically append to all Medicare final claims. For additional information on the Review Choice Demonstration, including details on the other two payment review options and updates on when the RCD will expand to other states, visit the [DMS website](#).


Final Claim UTN Validation

Enable this feature to prevent Medicare final claims from being submitted without a unique tracking number.

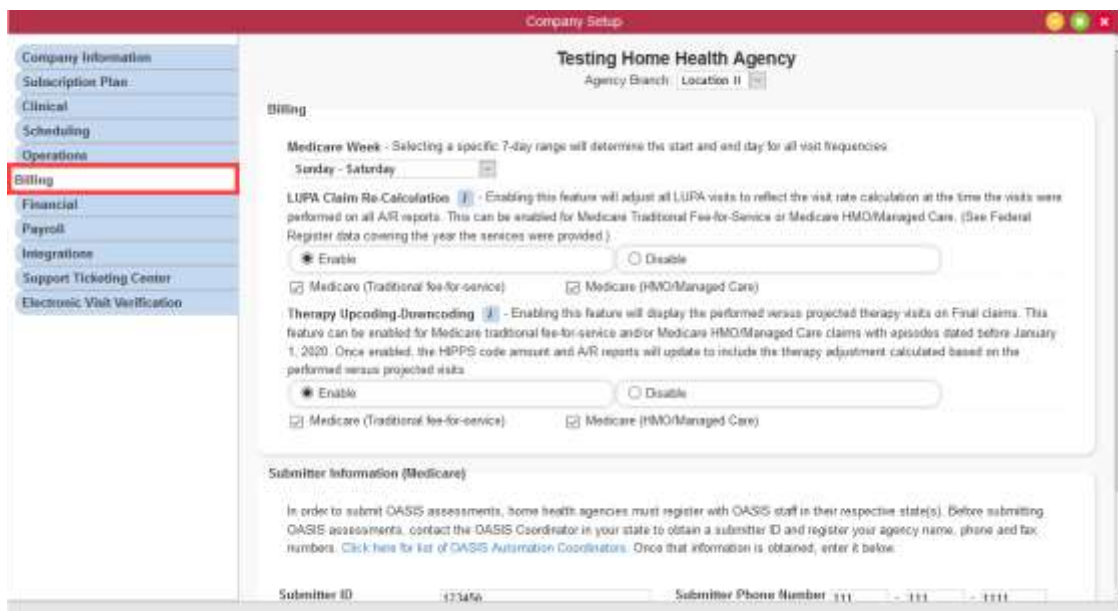
☐ Enable ☒ Disable

[Submit Request](#) [Close](#)

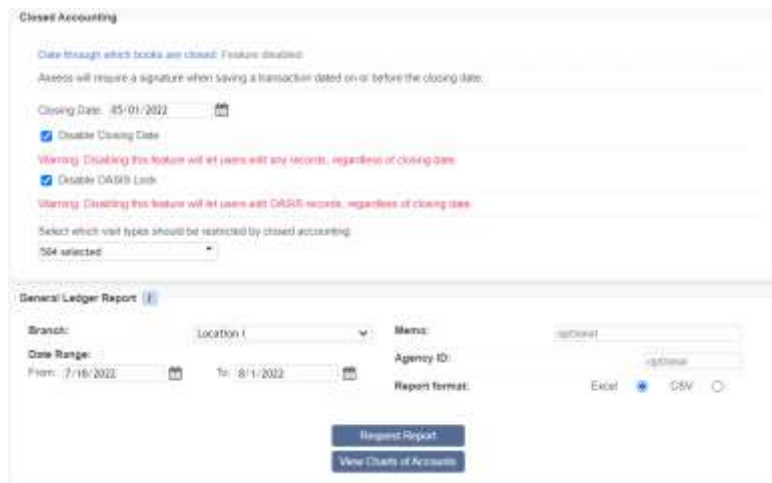
Organizations can enter the evacuation zones established for their state. Select the **Add Evacuation Zone** button to do this. Enter the name of the evacuation zone then select the **Add** button. Make edits to previously entered zones by selecting the  icon or remove them by selecting the  icon.



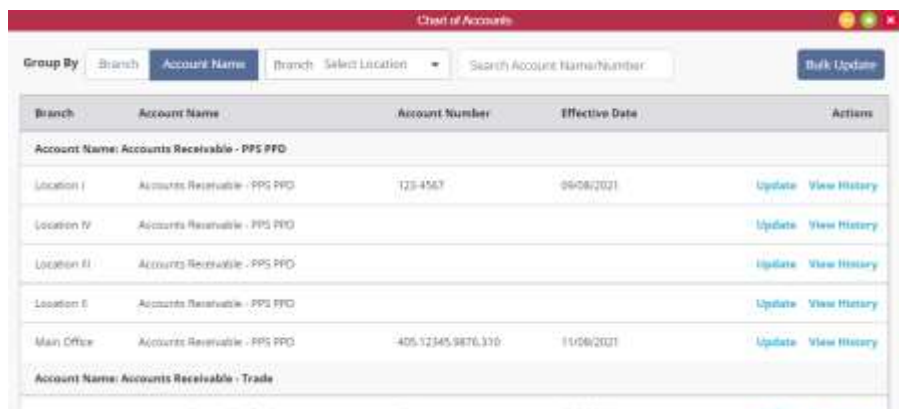
6. **Billing** – This allows organizations to choose the Medicare Week from the drop-down; default setting is Sunday-Saturday. Users must decide if they would like LUPA Claim Re-Calculation and Therapy Upcoding-Downcoding to be enabled or disabled for traditional Medicare and/or HMO/Managed Care Medicare. 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.

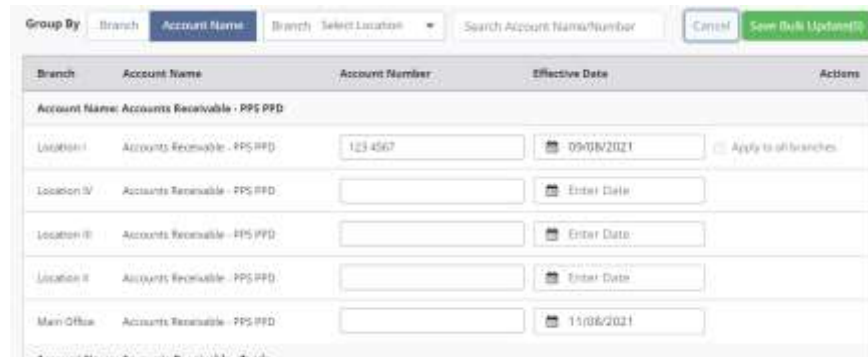


Select the **View Charts of Accounts** button to open the Chart of Accounts window. Users can group accounts by branch or account name. To group by branch, select **Branch** next to group by. To group by account name, select **Account Name** next to group by.



Branch	Account Name	Account Number	Effective Date	Actions
Account Name: Accounts Receivable - PPS PFD				
Location 1	Accounts Receivable - PPS PFD	123-4567	06/08/2021	Update View History
Location IV	Accounts Receivable - PPS PFD			Update View History
Location II	Accounts Receivable - PPS PFD			Update View History
Location E	Accounts Receivable - PPS PFD			Update View History
Main Office	Accounts Receivable - PPS PFD	405.12345.9876.330	11/06/2021	Update View History
Account Name: Accounts Receivable - Trade				

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.



Location Name	RN	LPN/LVN	HHA	MSW	PT	PTA	OT	OTA	ST	Dietician	Homemaker	Effective	Action
Location III	\$90.00	\$50.00	\$25.00	\$30.00	\$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	\$60.00	\$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	\$105.00	\$100.00	\$75.00	\$100.00	\$75.00	\$75.00	\$60.00	\$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

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.

Edit Average Discipline Cost	
Location:	Location ID
RN:	\$ 90.00
LPN/LVN:	\$ 50.00
HHA:	\$ 25.00
MSW:	\$ 90.00
PT:	\$ 100.00
PTA:	\$ 55.00
OT:	\$ 100.00
OTA:	\$ 55.00
ST:	\$ 100.00
Dietician:	\$ 75.00
Homemaker:	\$ 25.00

Update Close

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

- 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.

Payroll

Payroll Export Center

Click to enable or disable vendor-specific payroll exports. Enabling this feature allows you to generate payroll files with the components and data layout required by your payroll vendor. Disabling this feature does not prevent you from generating payroll files, but the components and layout may not be consistent with your payroll vendor's specifications.
 Note: Export specifications for ADP and PayChex are available at this time.

☒ Enable ☐ Disable

Export enabled/disabled as of: 5/21/2021 Export enabled/disabled by: Dimple Mistry

Payroll Batch ID: AX295

Payroll Vendor: ADP *

Payroll Company Code/ID: 01000 *

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.

Mileage Calculator

Enable the mileage calculator to automatically track and calculate workers' mileage. For additional details on the mileage calculator, [click here](#).

☒ Enable ☐ Disable

Enabled on 04/19/2021

Mileage Calculation Parameters:

The following parameters determine what mileage to include in the automatic mileage calculation.

Enabled: Weekdays: Exclude mileage to and from worker's home [i](#)

Enable Weekends:

☒ Include all mileage from worker's departure to return home [i](#)

Company Mileage Reimbursement Policy

Complete the fields below according to your company's mileage reimbursement policy. This information will be used to calculate the mileage reimbursement amount reflected in your payroll. An effective date and reimbursement rate must be set, or a value of \$0.00 will be used for payroll.
Note: The set mileage date and corresponding rate will stay in effect until a new date is established. The current effective date and rate are reflected below.


Effective Date		Reimbursement
From	To	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

[Add New](#) [i](#)

[View All](#) [i](#)

[Submit Request](#) [Close](#)

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		Reimbursement
From	To	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

[Save](#) [Cancel](#) [i](#)

[View All](#) [i](#)

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

- 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.

Orders/Document Management

WorldView

Select Enable to send Axxess a request to activate the WorldView integration. On receipt of your activation request, Axxess will contact you and upgrade your Axxess subscription based on the go-live date you establish with WorldView. Once the integration is active, your organization can automatically send approved orders from Axxess to WorldView to be faxed to physicians, signed, and returned to you in Axxess. The WorldView integration also enables document tracking and functionality to attach orders and documents to their corresponding patient records.

For additional details on WorldView's integration with Axxess, [click here](#).

☒ Enable ☐ Disable

Enabled On:

Activation Status: Pending Activation

☐ Document Management [i](#)

☒ Order Management [i](#)

☐ Automatically send approved orders to WorldView [i](#)

Doctor Alliance

Select Enable to send Axxess a request to activate the Doctor Alliance integration. On receipt of your activation request, Axxess will contact you and upgrade your Axxess subscription. Once the integration is active, your organization can automatically send approved orders from Axxess to Doctor Alliance to be sent to physicians, signed and returned to you in Axxess. The Doctor Alliance integration also enables document tracking and functionality to attach orders and documents to their corresponding patient records.

For additional details on Doctor Alliance's integration with Axxess, [click here](#).

☒ Enable ☐ Disable

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.

Company Setup

Support Ticketing Center

In addition to the [online help center](#) that provides answers and video tutorials for all users, you may designate up to 50 super-users to directly engage the Axxess support team and request help through the Support Ticketing Center.

Select 20 Super-User(s)

Name	Title	Email Address	Status	Employment Type
<input checked="" type="checkbox"/> Ada Jesus STA	Certified Nurse Aide	rs@gamil.com	Active	Employee
<input checked="" type="checkbox"/> Amanda Moore RN	Alternate Administrator	@axxess.com	Active	Employee
<input checked="" type="checkbox"/> Andrew Ison RN	Administrator	son@yahoo.co	Active	Employee
<input checked="" type="checkbox"/> Angeles Nunez RN	Alternate Director of Nursing	@axxess.com	Active	Employee
<input checked="" type="checkbox"/> Brandi Fulmer RN	Administrator	33@gmail.com	Active	Contractor
<input checked="" type="checkbox"/> Charlene Badilla CTA	Alternate Administrator	@axxess.com	Active	Employee
<input checked="" type="checkbox"/> Chris Umbao RN	Alternate Administrator	@axxess.com	Active	Employee
<input checked="" type="checkbox"/> Courtney McLeod RN	Alternate Administrator	@axxess.com	Active	Employee
<input checked="" type="checkbox"/> Devine Simon RN	Other	@axxess.com	Active	Employee
<input checked="" type="checkbox"/> Dimple Misty RN	Administrator	mple03@gma	Active	Employee
<input checked="" type="checkbox"/> Dioni Hipolito RN	Registered Nurse	@axxess.com	Active	Employee
<input checked="" type="checkbox"/> Francis Rivera RN	Alternate Administrator	axxess.com	Active	Employee
<input checked="" type="checkbox"/> Jaman Gallian RN	Administrator	@axxess.com	Active	Employee
<input checked="" type="checkbox"/> Jonatrice St.				

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.

Company Setup

Electronic Visit Verification

Testing Home Health Agency

Electronic Visit Verification Setup

EVV Vendor:

Payers:

Branches:

Effective Date:

EVV Vendor:

State:

Payers:

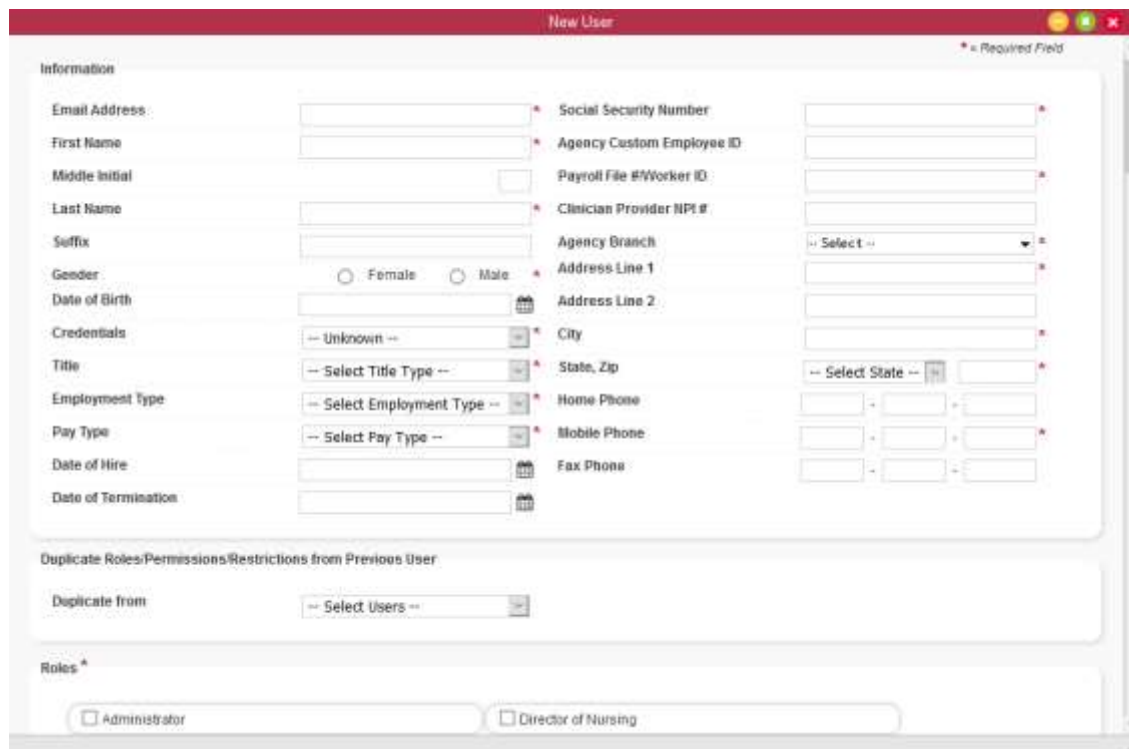
Branches:

Effective Date:

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.

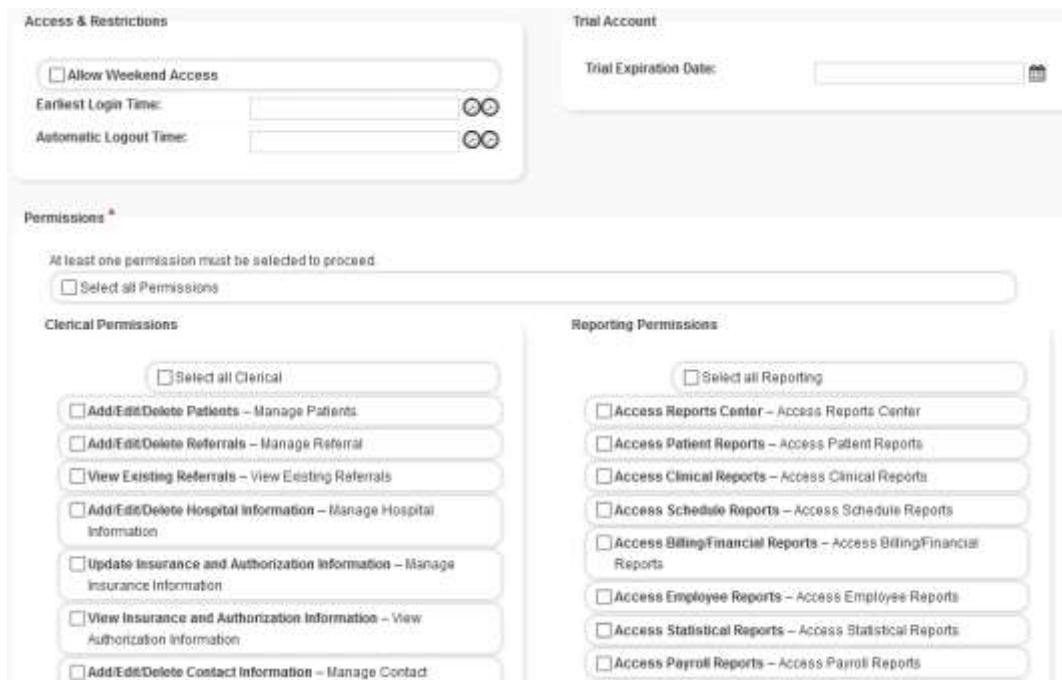
There is also a restriction function that will allow organizations to limit the times that users can be using the software. For example, if the **Allow Weekend Access** box is not checked and a user attempt to login on a Saturday, it will not allow entry.

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.




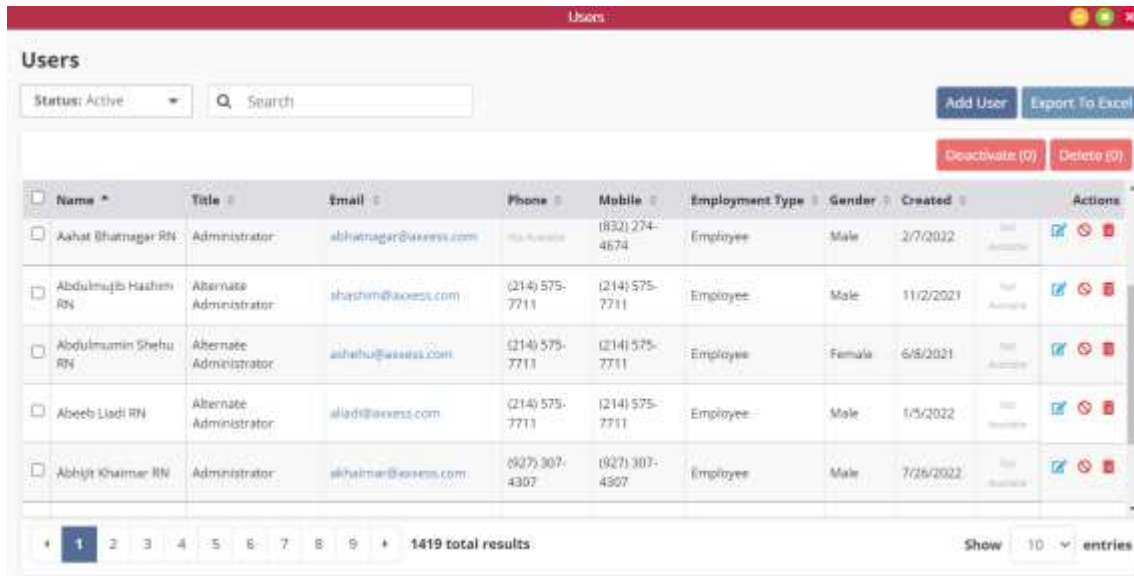
At the bottom of the window, there is a free text space for any comments related to the user. Once finished, select the **Add User** button to complete.

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.

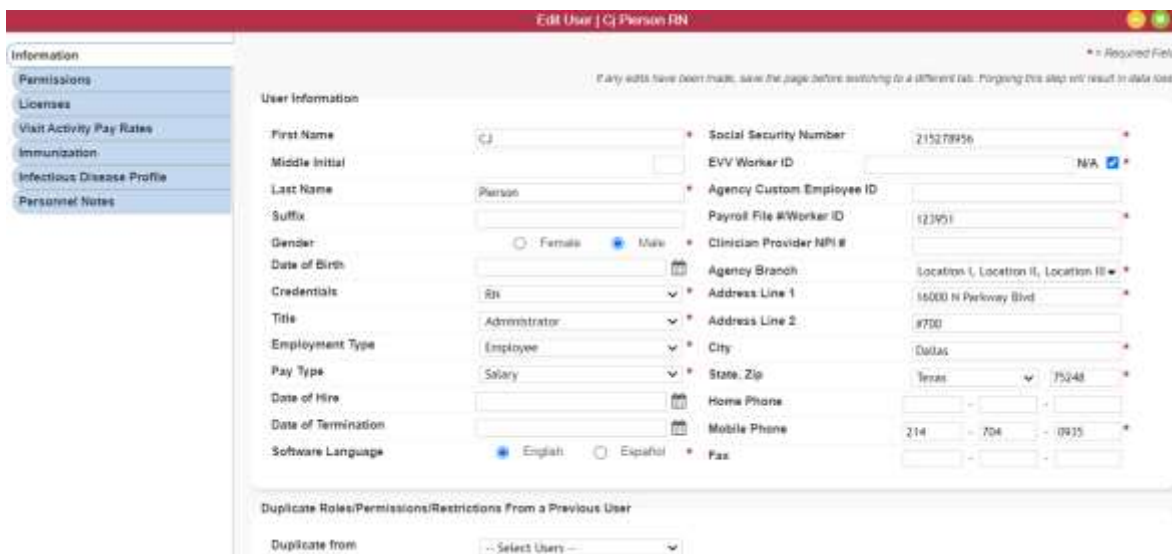


The screenshot shows a web application window titled "Users". It features a search bar, a status filter set to "Active", and buttons for "Add User" and "Export To Excel". Below these are "Deactivate (0)" and "Delete (0)" buttons. The main area is a table with columns: Name, Title, Email, Phone, Mobile, Employment Type, Gender, Created, and Actions. The table lists five users, each with a checkbox in the Name column and action icons (edit, deactivate, delete) in the Actions column. At the bottom, a pagination bar shows "1419 total results" and a "Show 10 entries" dropdown.

<input type="checkbox"/>	Name *	Title	Email	Phone	Mobile	Employment Type	Gender	Created	Actions
<input type="checkbox"/>	Aahat Bhatnagar RN	Administrator	abhatnagar@axxess.com	(832) 274-4674	(832) 274-4674	Employee	Male	2/7/2022	
<input type="checkbox"/>	Abdulmajid Hashem RN	Alternate Administrator	ahashem@axxess.com	(214) 575-7711	(214) 575-7711	Employee	Male	11/2/2021	
<input type="checkbox"/>	Abdulmamin Shehu RN	Alternate Administrator	ashehu@axxess.com	(214) 575-7711	(214) 575-7711	Employee	Female	6/8/2021	
<input type="checkbox"/>	Abeeb Liadi RN	Alternate Administrator	aliadi@axxess.com	(214) 575-7711	(214) 575-7711	Employee	Male	1/5/2022	
<input type="checkbox"/>	Abhijit Khairnar RN	Administrator	akhairnar@axxess.com	(927) 307-4307	(927) 307-4307	Employee	Male	7/26/2022	

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.



The screenshot shows the "Edit User" window for "CJ Person RN". The "Information" tab is selected in the left sidebar. The main form contains fields for user information, with required fields marked with an asterisk. At the bottom, there is a section to "Duplicate Roles/Permissions/Restrictions From a Previous User".

User Information

First Name: CJ * Social Security Number: 215279956 *

Middle Initial: * EVV Worker ID: N/A *

Last Name: Person * Agency Custom Employee ID: *

Suffix: * Payroll File #Worker ID: (2195) *

Gender: ☐ Female ☒ Male * Clinician Provider NPI #: *

Date of Birth: * Agency Branch: Location I, Location II, Location III *

Credentials: RN * Address Line 1: 16000 N Parkway Blvd *

Title: Administrator * Address Line 2: #700 *

Employment Type: Employee * City: Dallas *

Pay Type: Salary * State, Zip: Texas 75248 *

Date of Hire: * Home Phone: * *

Date of Termination: * Mobile Phone: 214 - 704 - 0935 *

Software Language: ☒ English ☐ Español * Fax: * *

Duplicate Roles/Permissions/Restrictions From a Previous User

Duplicate from: -- Select Users --

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

New License		Refresh			
License Type *	License Number	Issue Date	Expiration Date	Attachments	Actions
Driver License	987450123	05/15/2018	05/15/2023	No Attachments	Edit Delete
RN License	123654987	06/02/2021	06/02/2022	No Attachments	Edit Delete
2 total results					
Show 10 entries					

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.

New License

License Type

Select License Type

License Number

Issue Date

Expiration Date

Attachments

Choose Files

No file chosen

10MB file size limit

Add

Cancel

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.

New Visit Pay Rate

Refresh

Visit Activity Pay Rates

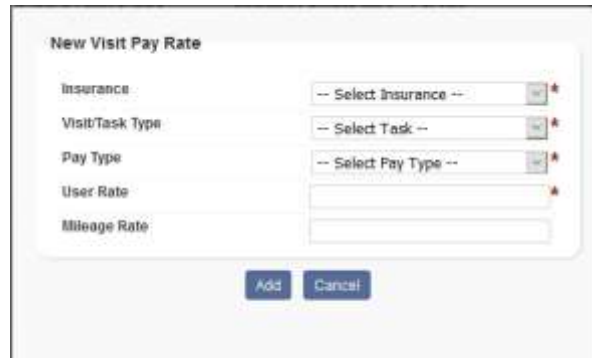
Task	Insurance	Rate Type	User Rate	Mileage Rate	Action
OASIS-D1 Start of Care	Medicare(Palmetto GBA)	Per Visit	50	55	Edit Delete

New Non-Visit Pay Rate

Non-Visit Pay Rates

Task	Insurance	Rate Type	User Rate	Mileage Rate	Action
------	-----------	-----------	-----------	--------------	--------

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.



New Visit Pay Rate

Insurance: -- Select Insurance --

Visit/Task Type: -- Select Task --

Pay Type: -- Select Pay Type --

User Rate:

Mileage Rate:

Add **Cancel**

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.



New Non-Visit Pay Rate

Non-Visit Activity: --Select Non-Visit Activity--

Pay Rate: -- Select Pay Type --

User Rate:

Mileage Rate:

Add **Cancel**

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.



Import Pay Rates

Duplicate Pay Rates from

-- Select User --

Apply

- 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.

Add Immunization

Decline/ Contraindicate Immunization

Export to Excel

Active Immunizations

Immunization	Administered?	Date Administered / Documented	Administered By	Lot #	Reason	Action
Flu	Yes	06/02/2021	Clinic			Delete Inactivate

Inactive Immunizations

Immunization	Administered?	Date Administered / Documented	Administered By	Lot #	Reason	Action
Shingles	Yes	06/02/2021	Clinic			Delete Activate

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.

Immunization Log Information

Type of Immunization:

Select Who Administered:

Date Administered:

Comorbid Condition Present: ☐ Yes ☐ No

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.

COVID-19 Screening

Complete the following screening questions and select a risk level for the patient and/or household members based on agency policies and procedures.

Person Screened

Agency Staff

☐ Refused Screening

Reported Temperature (°F)

Enter Temperature

1. Have you traveled internationally within the last 14 days to a country with sustained community transmission?

☐ Yes
 ☐ No

2. Do you have signs or symptoms of COVID-19, such as fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion,

Sign Screening

Sign & Add Another

Cancel

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.

Personnel Notes





Search

New Personnel Note

Type of Note	Created Date	Modified Date	Created By	Comments	Actions
Recognition	08/01/2022 07:58 PM	08/01/2022 07:58 PM	Pierson, CJ	Great clinician	<input type="button"/> <input type="button"/> <input type="button"/> <input type="button"/>
Attendance	08/01/2022 07:59 PM	08/01/2022 07:59 PM	Pierson, CJ	Attended case conference 8/1/22	<input type="button"/> <input type="button"/> <input type="button"/> <input type="button"/>

2 total results

Show 10 entries

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.

Deleted Users									
Deleted Users									
Excel Export (Deleted)									
Name	Title	Email	Phone	Mobile	Employment	Status	Gender	Created	Action
<input type="checkbox"/> Aaron Ani RN [deleted]	Administrator	@gmail.com	(214) 222-2222		Employee	Inactive	Female	05/09/201	Restore
<input type="checkbox"/> Aaron Ashley RN [deleted]	Director of Nursing	@myvalleyhomecare			Employee	Inactive	Male	05/16/201	Restore
<input type="checkbox"/> Aaron Fiddes RN [deleted]	Administrator	@yahoo.com			Employee	Inactive	Male	03/15/201	Restore
<input type="checkbox"/> Aaron Test LVN [deleted]	LVN/LPN	@test2.com		(214) 545-1258	Employee	Active	Male	09/04/201	Restore
<input type="checkbox"/> Ab C [deleted]	Registered Nurse	@gmail.com			Employee	Inactive	Female	11/29/201	Restore
<input type="checkbox"/> Ab Cd RN [deleted]	Administrator	@axxess.com		(111) 111-1111	Employee	Inactive	Male	11/22/201	Restore
<input type="checkbox"/> Ab Cd RN [deleted]	Registered Nurse	@axxess.com		(111) 111-1111	Employee	Inactive	Female	11/22/201	Restore
<input type="checkbox"/> Abbey Turay RN [deleted]	access 31 10/04/12	@yahoo.com			Employee	Inactive	Female	10/01/201	Restore
<input type="checkbox"/> Abbi Dinidemsaccount RN [deleted]	CEO	@insightstream			Employee	Inactive		04/02/201	Restore
<input type="checkbox"/> Abbi Estrin Clinical [deleted]	Administrator	@comcast.net			Employee	Inactive	Female	03/29/201	Restore

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.

Accelerated Payment Center		
Location: Main Office		
Forms and Resources CMS Accelerated Payment Fact Sheet	Revenue - Past 3 Months <div>\$4,522.35</div> <div>03/05/2021 - 06/02/2021</div> View Full Report	Pre-Application Recommendations Review: COVID-19 Accelerated/Advance Payment Request
Eligibility Criteria To qualify for advanced/accelerated payments the provider/supplier must: <ol style="list-style-type: none"> Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/supplier's request form Not be in bankruptcy 	Application Resources To apply please fill out the Accelerated Payment Application The following information can be used to complete the Accelerated Payment form. National Provider Identifier (NPI): 123456789 Provider Number (PTAN): 000321	Submitting an Application While electronic submission will significantly reduce the processing time, requests can be submitted to the appropriate MAC by fax, email, or mail Electronically Email: JM.FINANCIALRELIEF@palmettogba.com Fax: (803) 462-2574

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.

Non-Visit Activity Manager										
Assign Non-Visit Activity		Start Typing							Export to Excel	
User	Non-Visit Activity	Branch	NVA Date	Begin Time	End Time	Mileage	Paid Date	Paid	Comments	Action
Ladawn Pierce RN	salaries 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 Quitoro RN	Accession 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 Hadley/2 RN	Case Conference - Addison	Main Office	05/20/2021	8:00 AM	9:00 AM	0		✓		Edit Delete Activity Logs
Tiffany Moczygemba RN	#Access 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 Barera	In service	Main Office	05/07/2021	7:00 AM	7:30 AM	0	05/12/2021	✓	2 test	Edit Delete Activity Logs
Sha-Ron Hadley/2 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	#Access 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
Myciah 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 Hadley/2 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.

Non-Visit Activity Manager							
Start Typing							
ch	NVA Date	Begin Time	End Time	Mileage	Paid Date	Paid	Com
ion II	06/02/2021	7:00 AM	4:00 PM	0		✗	
ion II	06/02/2021	7:00 AM	8:00 AM	0		✗	
ion II	06/01/2021	7:00 AM	8:00 AM	5		✗	
ion II	05/31/2021	7:00 AM	8:00 AM	0		✓	
ion II	05/26/2021	7:00 AM	8:00 AM	0		✗	test

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.

Add New Non-Visit Activity

User:	Branch:	NVA Date:	Non-Visit Activity:	Time In:	Time Out:	Mileage:	Comments:
-- Select User--	Location II	4/4/2021	--Select Non-Visit A--				
-- Select User--	Location II	4/4/2021	--Select Non-Visit A--				
-- Select User--	Location II	4/4/2021	--Select Non-Visit A--				
-- Select User--	Location II	4/4/2021	--Select Non-Visit A--				
-- Select User--	Location II	4/4/2021	--Select Non-Visit A--				

Save
Cancel

To edit the non-visit activity, select the **Edit** hyperlink on the far right under the Action column. Unlike the 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.

Edit Non-Visit Activity

User:
Sha-Ron Hadley2 RN

NVA Date:
5/20/2021

Non-Visit Activity:
Case Conference - Addison

Branch:
Main Office

Time In:
8:00 AM

Time Out:
9:00 AM

Mileage:
0

Paid Date:

Paid Status:
☒

Comments:

Update
Close

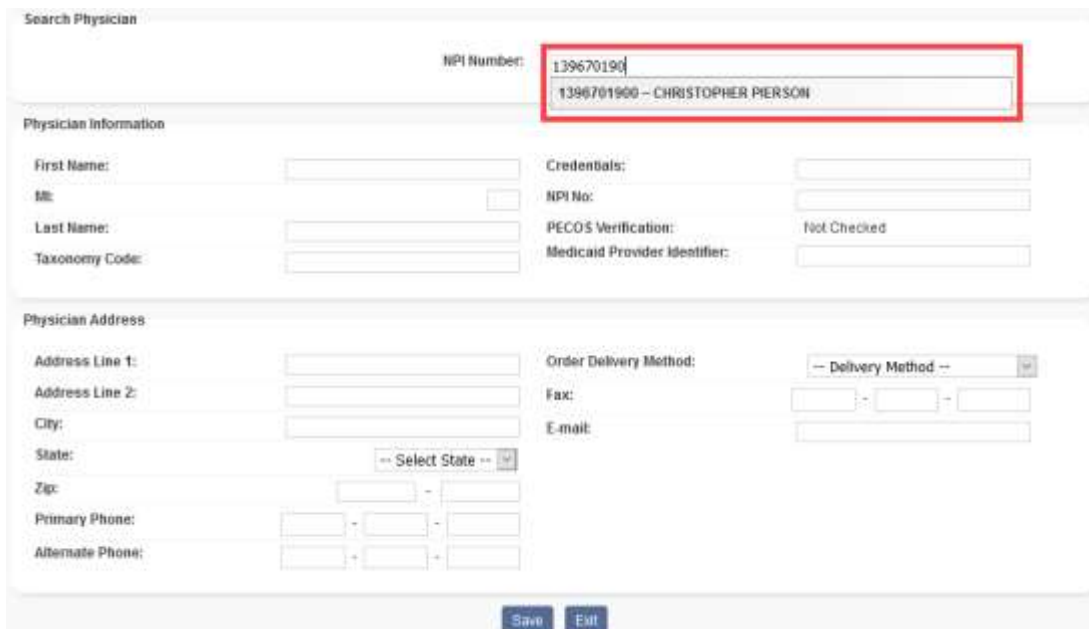
Selecting the **Activity Logs** hyperlink under the Action column will show which users have edited the activity entry and when. Choosing the **Delete** hyperlink under the same column will allow organizations to remove each entry individually.

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.

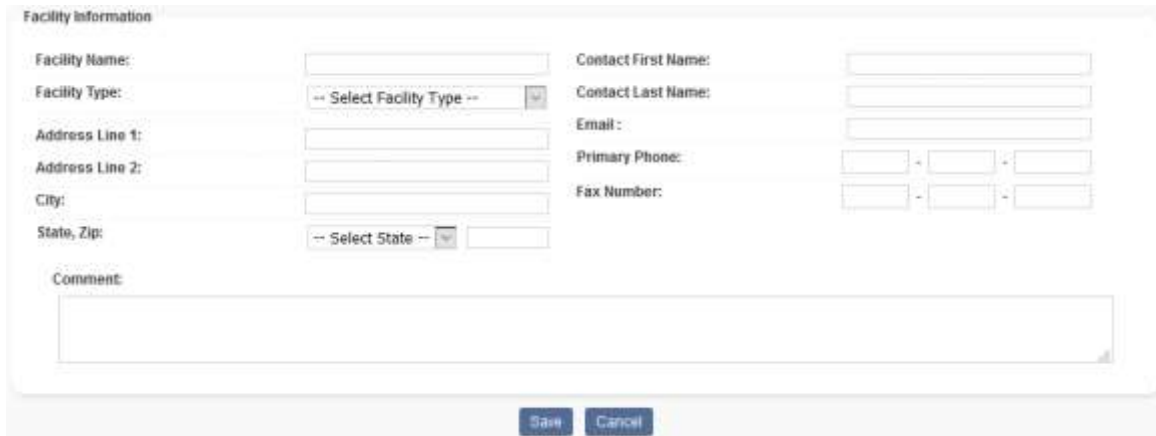
PECOS Verification: 

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.



Facility Information

Facility Name:	<input type="text"/>	Contact First Name:	<input type="text"/>
Facility Type:	-- Select Facility Type --	Contact Last Name:	<input type="text"/>
Address Line 1:	<input type="text"/>	Email:	<input type="text"/>
Address Line 2:	<input type="text"/>	Primary Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>
City:	<input type="text"/>	Fax Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>
State, Zip:	-- Select State -- <input type="text"/>		
Comment: <input type="text"/>			

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.



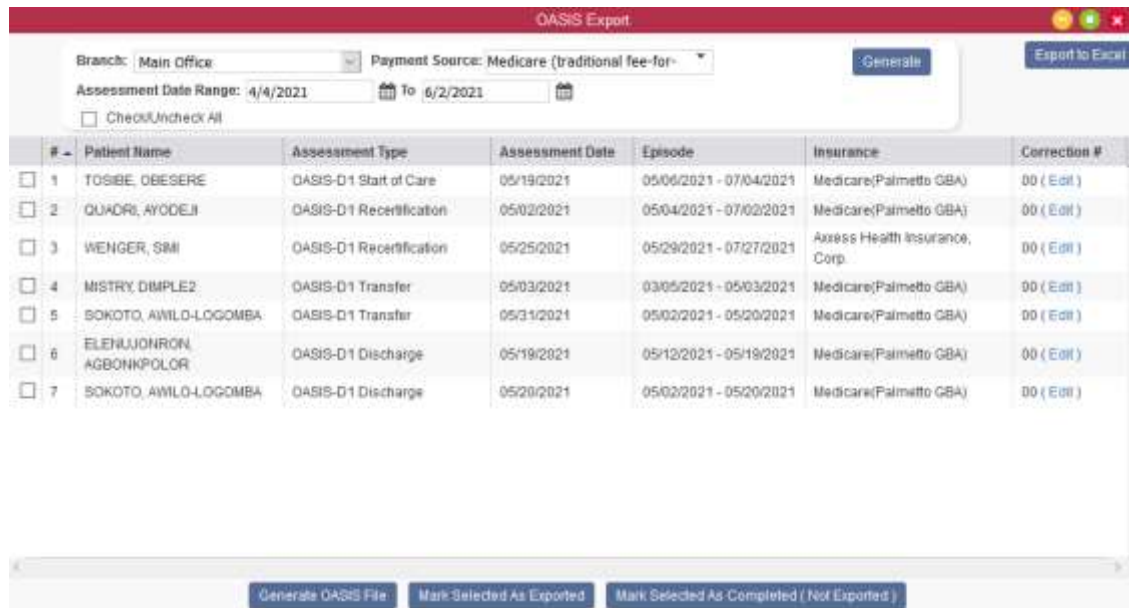
Pharmacy Information

Pharmacy Name:	<input type="text"/>	Primary Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Address Line 1:	<input type="text"/>	Contact First Name:	<input type="text"/>
Address Line 2:	<input type="text"/>	Contact Last Name:	<input type="text"/>
City:	<input type="text"/>	Email:	<input type="text"/>
State, Zip:	-- Select State -- <input type="text"/>	Fax Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Comment: <input type="text"/>			

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.



The screenshot shows the 'OASIS Export' window. At the top, there are dropdown menus for 'Branch: Main Office' and 'Payment Source: Medicare (traditional fee-for-)', a date range selector for 'Assessment Date Range: 4/4/2021 To 6/2/2021', and a 'Generate' button. Below the search criteria is a table with 7 rows of patient OASIS visits. Each row has a checkbox on the left. At the bottom of the window are three buttons: 'Generate OASIS File', 'Mark Selected As Exported', and 'Mark Selected As Completed (Not Exported)'.

#	Patient Name	Assessment Type	Assessment Date	Episode	Insurance	Correction #
<input type="checkbox"/> 1	TOSIBE, OBESERE	OASIS-D1 Start of Care	05/19/2021	05/06/2021 - 07/04/2021	Medicare(Palmetto GBA)	00 (Edit)
<input type="checkbox"/> 2	QUADRI, AYODEJI	OASIS-D1 Recertification	05/02/2021	05/04/2021 - 07/02/2021	Medicare(Palmetto GBA)	00 (Edit)
<input type="checkbox"/> 3	WENGER, SIMI	OASIS-D1 Recertification	05/25/2021	05/29/2021 - 07/27/2021	Axxess Health Insurance, Corp.	00 (Edit)
<input type="checkbox"/> 4	MISTRY, DIMPLE2	OASIS-D1 Transfer	05/03/2021	03/05/2021 - 05/03/2021	Medicare(Palmetto GBA)	00 (Edit)
<input type="checkbox"/> 5	SOKOTO, AWILO-LOGOMBA	OASIS-D1 Transfer	05/31/2021	05/02/2021 - 05/20/2021	Medicare(Palmetto GBA)	00 (Edit)
<input type="checkbox"/> 6	ELENIJONRON, AGBONKPOLOR	OASIS-D1 Discharge	05/19/2021	05/12/2021 - 05/19/2021	Medicare(Palmetto GBA)	00 (Edit)
<input type="checkbox"/> 7	SOKOTO, AWILO-LOGOMBA	OASIS-D1 Discharge	05/20/2021	05/02/2021 - 05/20/2021	Medicare(Palmetto GBA)	00 (Edit)

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.

Do you want to mark this OASIS as exported?

Yes, Mark as Exported No, Cancel

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.

Are you sure that you want mark this OASIS Completed without Export?

Yes, Mark as Completed (Not Exported) No, Cancel

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.

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

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

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

Correction Number : 00

Edit Cancel

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.

Orders Pending RN Co-Signature

Branch: All

▼

Date Range: 03/28/2021

To 6/6/2021

Generate

Export to Excel

Order

Order Date

Patient

Type

Physician

Clinician

Sign Date

44431592

05/12/2021

PATEL, DAMINI

Physician Order

PATEL, AJIT

Damini Patel

05/12/2021

44228943

04/05/2021

ABA, CARRYL

Physician Order

ADAMS, STACIE

Jocel CONSULTA RN

05/14/2021

44085926

04/12/2021

ABLE, TEST

Physician Order

ABRAMS, JOHN

Keshia Moore RN

04/13/2021

43984053

04/05/2021

JIMENEZ, ANGELO

Physician Order

MEDEFF, LISA

Madel Jimenez RN

04/05/2021

44055404

04/05/2021

ABLE, TEST

Physician Order

ABRAMS, JOHN

Keshia Moore RN

04/11/2021

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**.

		Main Office 16000 Dallas Pkwy Suite 700 Dallas, TX 75248 Phone: (215) 327-2603 Fax: (214) 575-7711	Order#: 44431592 Physician Order
Patient: PATEL, DAMINI 16000 DALLAS PKWY DALLAS, TX 75248 (541) 684-6415 Mbi: 1X98V05KQ21	MRN: DAP2021 DOB: 01/01/1950	Physician: Patel, Ajit M.D. Henry Ford Health System 6100 Haggerty Road Canton, MI 48187 Phone: (734) 981-3200 Fax: (734) 981-4354 NPI: 1235207788	
Send To: Patel, Ajit Henry Ford Health System 6100 Haggerty Road Canton, MI 48187 Phone: (734) 981-3200 Fax: (734) 981-4354 NPI: 1235207788		Copy To(optional):	
Order Date: 05/12/2021 Order #: 44431592		Episode Associated: 4/26/2021 - 6/24/2021	
Effective Date: 05/12/2021 Time: 3:03 PM Summary: FX Clarification Order			
Allergies: NKA (Food/Drugs/Latex/Environment)			
Frequency Change:			
		<input type="button" value="Co-Sign"/> <input type="button" value="Print"/> <input type="button" value="Close"/>	



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

Physician Order Co-Signature	
Order Number:	44431592
Patient Name:	PATEL, DAMINI
Created Date:	05/12/2021
Clinician Co-Signature:	<input type="text"/>
Clinician Co-Signature Date:	6/6/2021 
<input type="button" value="Co-Sign"/> <input type="button" value="Co-Sign And Approve"/> <input type="button" value="Exit"/>	

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.



Order	Branch	Patient	Type	Physician	Delivery Method	Order Date	Notes
44085258	Location II	WALLACE, WILLIAM W	Plan of Care	ABRAMS, JOHN M.D.	Electronic	05/04/2021	
44081657	Main Office	SMITH, LINDSAY	Physician Face-to-face Encounter	SMITH, JEFF M.D.	Manual	05/03/2021	
44085500	Location III	HRRPRA, POCASO D	Plan of Care	HRRPRA, DIVYESH M.D.	Axxess Physician Portal	05/02/2021	
44703868	Location II	TESTA, MICO	Physician Face-to-face Encounter	ABRAMS, JOHN M.D.	Manual	05/01/2021	
44274727	Main Office	SOKOTO, AMILO-LDGOBIA	Transfer Summary (Auto-Generated)	AKEEGJE, OGEDE M.D.	Axxess Physician Portal	05/01/2021	

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.



Order	Branch	Patient	Payer	Type	Internal Referral Source	Physician	Delivery Method	Order Date	Sent Date	Received Date	MD Sign Date	Actions	Note
4455504	Location I	WILL, SETHUR	Medicare/Medicaid (Government Services)	Plan Of Care		ABRAMS, GUDENE		06/01/2021	06/01/2021			Receive Order	
4455507	Main Office	WILLIAMS, HIDEY	Medicaid/Palmco (SBA)	Physician Order	Alwell Thelander PH (retired)	TAYLOR, JEFFREY D	AXXESS Physician Referral	06/07/2021	06/07/2021			Receive Order	
4455508	Main Office	WILLIAMS, DAKOTA	Tricare NAME TEST ISSUE SP Version	Physician Referral/Ref Encounter		ABRAMS, JONAS M.D	Manual	06/08/2021	06/07/2021			Receive Order	
4455509	Location I	WILLIAMS, PUNE	123Health Insurance	Physician Order		ABRAMS, JONAS M.D	Electronic	06/08/2021	06/07/2021			Receive Order	
4455510	Main Office	WILLIAMS, BOB	AXXESS Health Insurance, Corp	Plan Of Care		TEST, ALBERT	AXXESS Physician Referral	06/08/2021	06/08/2021			Receive Order	
4455511	Main Office	WILLIAMS, DORIS	Medicaid/Palmco (SBA)	Physician Order	Alwell Thelander PH	WILLIAMS, RICHARD M.D	Fac	06/04/2021	06/01/2021			Receive Order	
4455512	Location I	WILLIAMS, PAMCARE	123Health Insurance	Physician Order		WILLIAMS, PHILLIP MD	Fac	06/04/2021	06/07/2021			Receive Order	
4455513	Main Office	WILLIAMS, HIDEY	Medicaid/Palmco (SBA)	Plan Of Care	Living Patient PH	ABRAMS, GUDENE	AXXESS Physician Referral	06/04/2021	06/07/2021			Receive Order	

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



<input checked="" type="checkbox"/>	10	44555435	Location II	SYRUP, PAMCARE	123Health Insura
<input checked="" type="checkbox"/>	10	44555318	Main Office	OLORO, HIDEY	Medicare(Palmco

Total: 25

Receive Orders

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.



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

Received Date: 06/07/2021

Physician Signature Date: 06/07/2021








































Mark as Received **Cancel**

- Orders History** – This is where all orders in every status can be seen. Filtering for orders begins with the branch (if more than one) from the drop-down menu 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.

Order History

Branch: All Date Range: 4/8/2021 To 6/6/2021 Generate Export to Excel

Status: ☒ Active ☒ Discharged ☐ Not-Admission

Order	Patient	Type	Physician	Delivery Method	Order Date	Sent Date	Received Date	MD Sign Date	Received By	Action	Notes
4482175	HERRERA, XAVY B	Physician Order	HERRERA, DIVYESH M.D.	Access Physician Portal	06/03/2021	06/03/2021	06/03/2021	06/03/2021	Sai Castro RN	1.00	  
44855735	SMITH, SARAHITHA	Physician Face-to-Face Encounter	SMITH, ALLEEN MD	Manual	06/03/2021					1.00	  
44855854	KIM, SEOKJIN	Plan Of Care	KIMBS, EUGENE		06/01/2021	06/03/2021	06/06/2021	06/02/2021		1.00	  
44816391	ARRESE, NADJEV	Physician Order	TAYLOR, JEFFREY DO	Access Physician Portal	05/27/2021	06/01/2021				1.00	  
44952380	INARSA, DARTI	Physician Face-to-Face Encounter	ABRAAMS, JOHN M.D.	Manual	05/26/2021	05/27/2021				1.00	  
44572834	NGUWAR, PUNE	Physician Order	ABRAAMS, JOHN M.D.	Electronic	05/25/2021	05/25/2021	05/25/2021	05/25/2021		1.00	  
44572835	NGUWAR, PUNE	Physician Order	ABRAAMS, JOHN M.D.	Electronic	05/25/2021	05/27/2021				1.00	  
44558247	WENZEL, SBB	Plan Of Care	TEST, AXXESS	Access Physician Portal	05/28/2021	05/24/2021				1.00	  
44362586	ARTHUR, BEA	Physician Face-to-Face Encounter	ALHOMSI, ABED M.D.	Manual	05/25/2021	05/25/2021	05/27/2021	05/25/2021	Stephanie D'Amico RN	1.00	  
44579185	HAGLER, DIRECT	Physician Order	RAUDBERG, MICHAEL M.D.	Fac	05/24/2021	06/01/2021				1.00	  
44555435	STORP, RANCAFE	Physician Order	REBEL, PHILLIP MD	Fac	05/24/2021	05/27/2021				1.00	  
44558318	OLGRO, FIDEYI	Plan of Care	AKERBOJE, OORDE W.D.	Access Physician Portal	05/24/2021	05/27/2021				1.00	  
44548444	WEST, EVELYN	Physician Order	WARRINGT, MITCHELL M.D.	Access Physician Portal	05/23/2021	06/04/2021	06/04/2021	06/04/2021		1.00	  

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

Update Physician Order

Sent Date:

6/3/2021

Received Date:




6/3/2021

Physician Signature Date:

6/3/2021

Update

Exit

Select the refresh icon  in the bottom left for the Orders History window to reflect the most recent status of all orders. Select the  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).

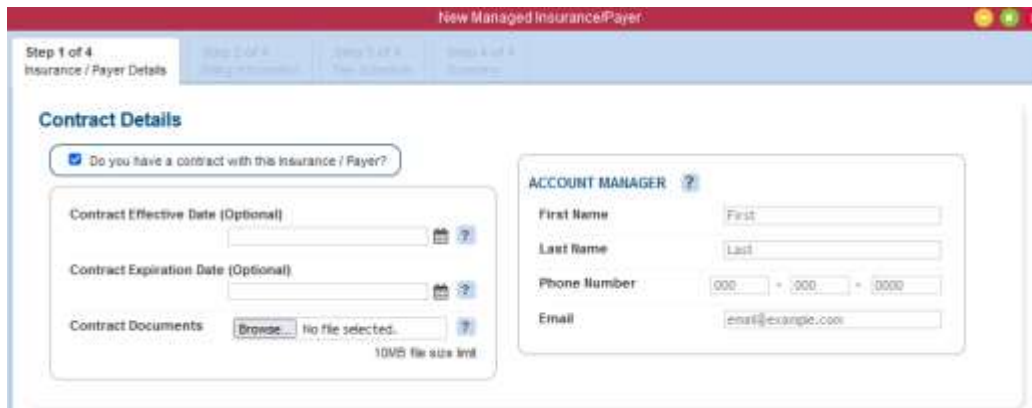
ADDING AN INSURANCE/PAYER


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:

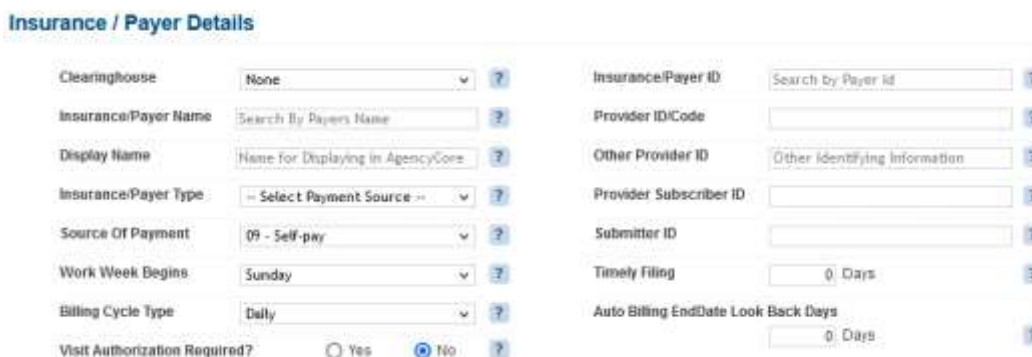
1. **Insurance/Payer Details** – If there is not a contract with the insurance, uncheck the very top box and the Contract Details section will collapse. If there is a contract, enter the contract effective and expiration date by either writing in or selecting the calendar icon. Add any documentation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



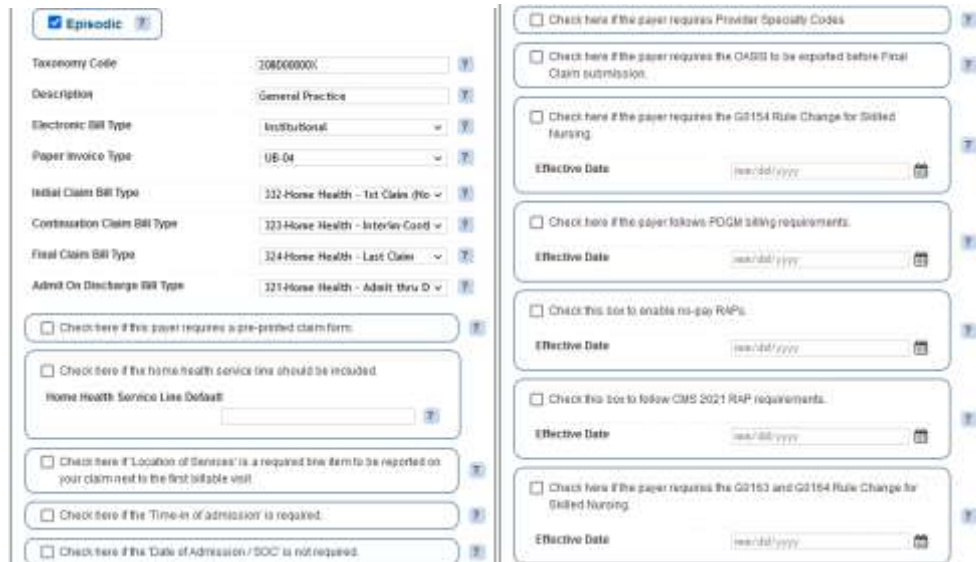
NOTE: The question mark icon  is a reference. Hover over the icon for more insight about that question or section.

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 Availability 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

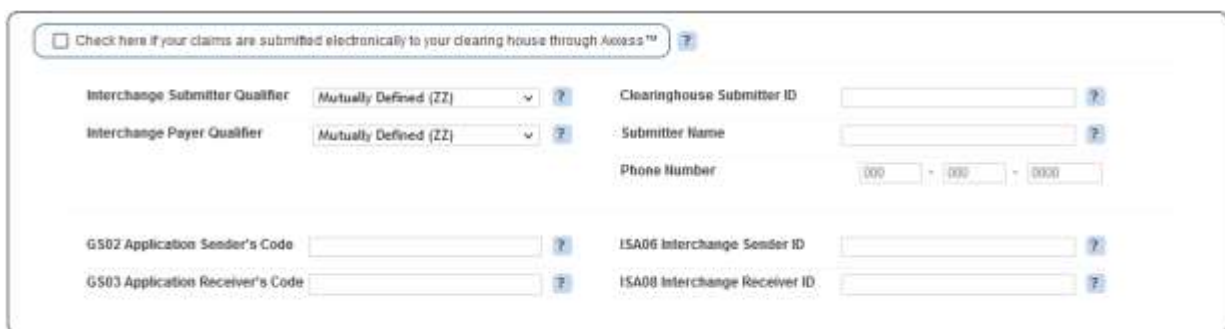
Claim Bill type should be 322, Continuation 323, Final 324 and Admit through Discharge must be 321.



The screenshot shows a form with two main sections. The left section contains dropdown menus for selecting Claim Bill Types: Taxonomy Code (100000000), Description (General Practice), Electronic Bill Type (Institutional), Paper Invoice Type (UB-04), Initial Claim Bill Type (322 Home Health - Test Claim), Continuation Claim Bill Type (323 Home Health - Interim Care), Final Claim Bill Type (324 Home Health - Last Claim), and Admit On Discharge Bill Type (321 Home Health - Admit thru D). The right section contains several checkboxes for payer requirements, each with an Effective Date field: 'Check here if the payer requires Provider Specialty Codes', 'Check here if the payer requires the OASIS to be reported before Final Claim submission', 'Check here if the payer requires the G0154 Rule Change for Skilled Nursing', 'Check here if the payer follows PDGM billing requirements', 'Check this box to enable no-pay RAPs', 'Check this box to follow CMS 2021 RAP requirements', and 'Check here if the payer requires the G0153 and G0154 Rule Change for Skilled Nursing'.

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.



The screenshot shows a form section for Clearinghouse Information. It starts with a checkbox 'Check here if your claims are submitted electronically to your clearing house through Axxess™'. Below this are fields for Interchange Submitter Qualifier (Mutually Defined (ZZ)), Interchange Payer Qualifier (Mutually Defined (ZZ)), Clearinghouse Submitter ID, Submitter Name, and Phone Number. At the bottom, there are fields for GS02 Application Sender's Code, GS03 Application Receiver's Code, ISA06 Interchange Sender ID, and ISA08 Interchange Receiver ID.

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.

Insurance / Payer Contact Information
☐ Check here if the payer's address is required

Insurance Contact Person ⓘ

First Name

Last Name

Email

Phone Number
000 - 000 - 0000

Fax Number
000 - 000 - 0000

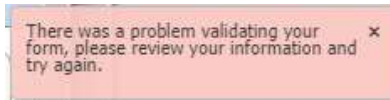
Billing Provider Information ⓘ

☐ Check here if the provider intends payment to be sent to a different address from the agency's physical location ⓘ

Step 1 of 4 Insurance / Payer Information

Save & Next: Billing Information >

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



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

Insurance/Payer Name

* Required Search By Payers Name

- 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

a:

CSEA Code

b:

Blank

c:

Blank

d:

Blank

UB-04 Form Locator 40

a:

Blank

b:

Blank

c:

Blank

d:

Blank

UB-04 Form Locator 41

a:

Blank

b:

Blank

c:

Blank

d:

Blank

Revenue Code
UB-04 Form Locator 42

Visits and Supplies

Revenue Description
UB-04 Form Locator 43

Visits and Supplies

HCPCS/Rates/SHIPS Code
UB-04 Form Locator 44

Visits and Supplies

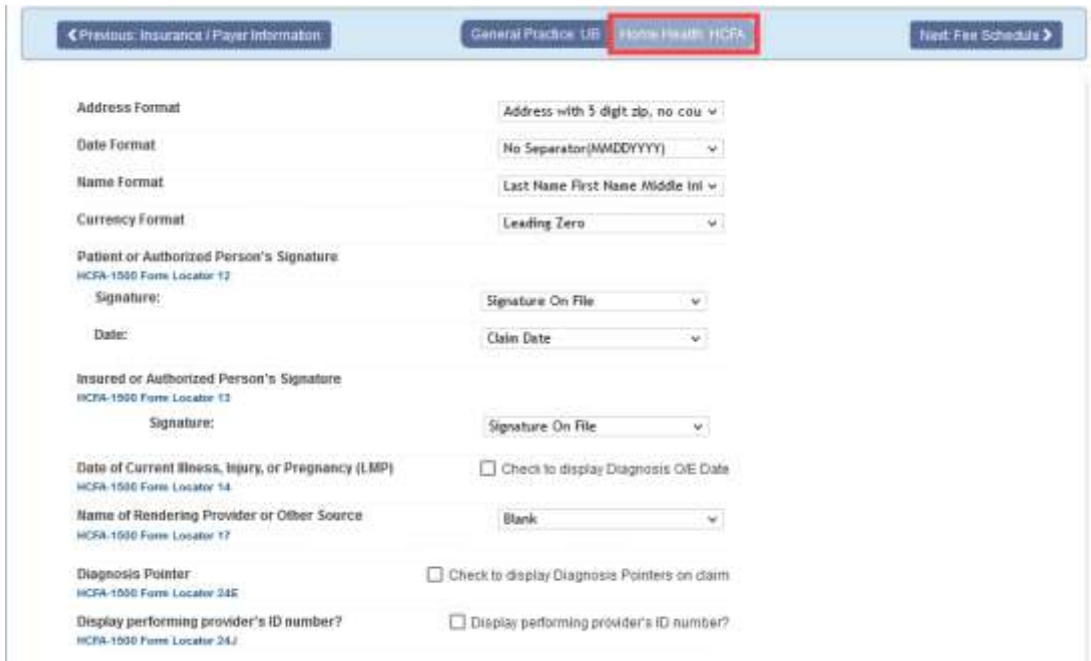
Service Date
UB-04 Form Locator 45

Visits and Supplies

Service Units (Print Only) UB-04 Form Locator 46	
Total Charges UB-04 Form Locator 47	RAP Displays 100% Total Charge ▾
Payer Name UB-04 Form Locator 50	a: Primary Insurance ▾ b: None ▾ c: None ▾
Insured's Name UB-04 Form Locator 58	a: Primary Insurance ▾ b: Secondary Insurance ▾ c: Tertiary Insurance ▾
Employer Name UB-04 Form Locator 65	<input type="checkbox"/> Include in Claims
Diagnosis and Procedure Code Qualifier UB-04 Form Locator 68	0 - ICD-10 ▾
Admitting Diagnosis Code UB-04 Form Locator 69	Blank ▾
Patient's Reason for Visit UB-04 Form Locator 70	<input type="checkbox"/> Include in Claims
Patient's Reason for Visit UB-04 Form Locator 70	<input type="checkbox"/> Include in Claims
Attending Provider Name and Identifiers UB-04 Form Locator 76	Attending Provider ▾
Operator Provider Name and Identifiers UB-04 Form Locator 77	Operating Physician ▾
Other Provider Name and Identifiers UB-04 Form Locator 78	Other Operating Physician ▾
NPI	
First Name	
Last Name	
Other Provider Name and Identifiers UB-04 Form Locator 79	Rendering Provider ▾
Code-Code Field UB-04 Form Locator 81 A-D	a: <input type="text"/> <input type="text"/> <input type="text"/> b: <input type="text"/> <input type="text"/> <input type="text"/> c: <input type="text"/> <input type="text"/> <input type="text"/> d: <input type="text"/> <input type="text"/> <input type="text"/>

◀ Previous: Insurance / Payer Information
General Practice: UB UB
Next: Fee Schedule ▶

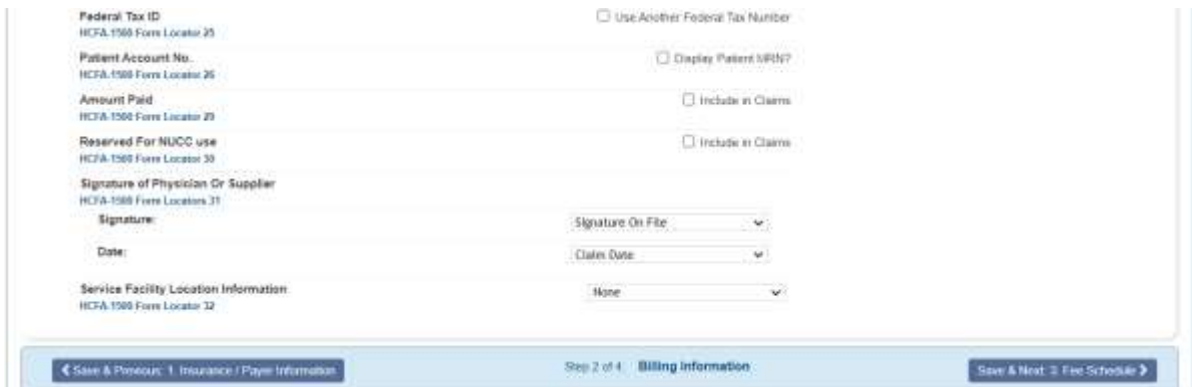
The following are questions related to filling out the HCFA–1500 and the Locators of that form.



< Previous: Insurance / Payer Information General Practice: IJB **Home Health: HCFA** 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
 Patient or Authorized Person's Signature
 HCFA-1500 Form Locator 12
 Signature: Signature On File
 Date: Claim Date
 Insured or Authorized Person's Signature
 HCFA-1500 Form Locator 13
 Signature: Signature On File
 Date of Current Illness, Injury, or Pregnancy (LMP)
 HCFA-1500 Form Locator 14
☐ Check to display Diagnosis O/E Date
 Name of Rendering Provider or Other Source
 HCFA-1500 Form Locator 17
 Blank
 Diagnosis Pointer:
 HCFA-1500 Form Locator 24E
☐ Check to display Diagnosis Pointers on claim
 Display performing provider's ID number?
 HCFA-1500 Form Locator 24J
☐ Display performing provider's ID number?

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.



Federal Tax ID
 HCFA-1500 Form Locator 25
☐ Use Another Federal Tax Number
 Patient Account No.
 HCFA-1500 Form Locator 26
☐ Display Patient NPI/N?
 Amount Paid
 HCFA-1500 Form Locator 29
☐ Include in Claims
 Reserved For NUCC use
 HCFA-1500 Form Locator 30
☐ Include in Claims
 Signature of Physician Or Supplier
 HCFA-1500 Form Locators 31
 Signature: Signature On File
 Date: Claim Date
 Service Facility Location Information
 HCFA-1500 Form Locator 32
 None

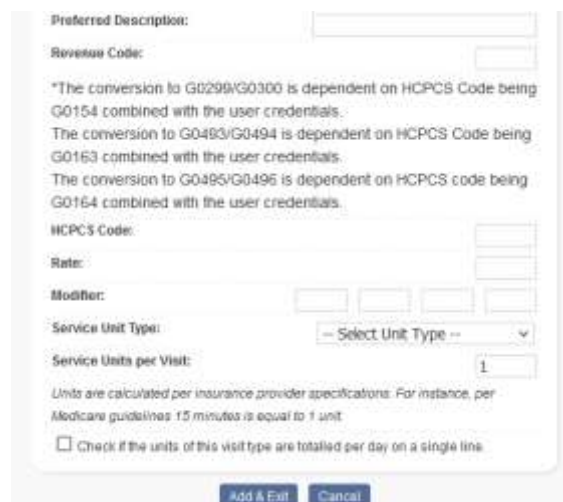
< Save & Previous: 1. Insurance / Payer Information Step 2 of 4: **Billing Information** Save & Next: 3. Fee Schedule >

- 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.

Step 1 of 4: Insurance / Payer Details
Step 2 of 4: Billing Information
Step 3 of 4: Fee Schedule
Step 4 of 4: Summary

Contract Details
Do you have a contract with this insurance / Payer? ☒
First Name: N/A
Last Name: N/A
Email: N/A
Contract Effective Date (Optional): N/A
Contract Expiration Date (Optional): N/A

Payer Details
Clearinghouse: N/A
Insurance/Payer Name: N/A
Display Name: N/A
Insurance/Payer ID: N/A
Insurance/Payer Type: N/A
Provider ID/Code: N/A



Insurance Contact Person
First Name: N/A
Last Name: N/A
Email: N/A
Phone Number: N/A
Fax Number: N/A

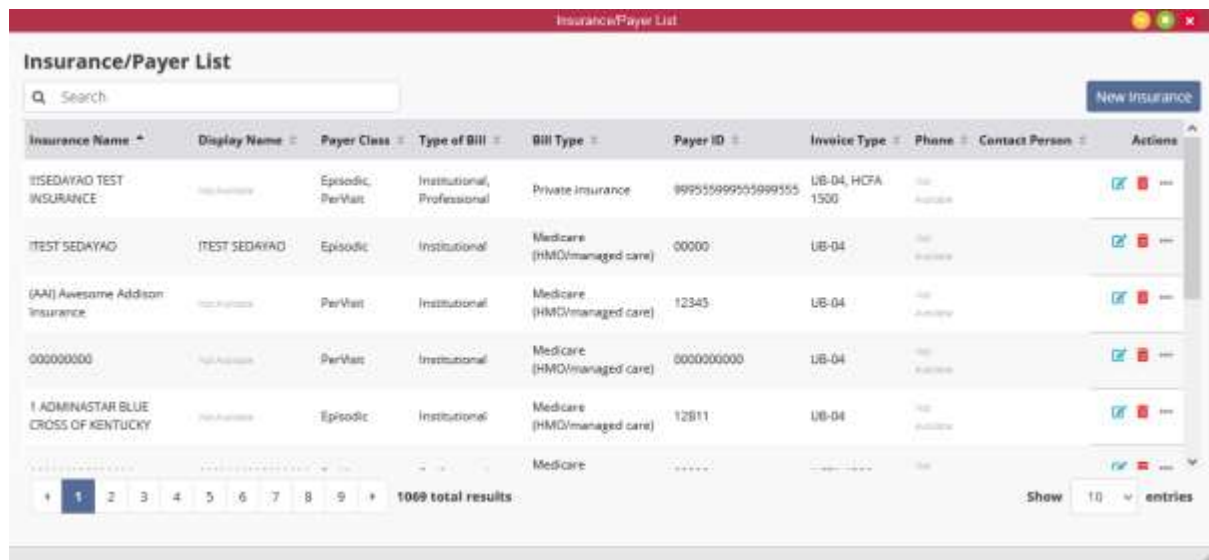
Billor Provider Information
Recipient's Name: N/A
Address Line 1: N/A
Address Line 2: N/A
Recipient's Phone: N/A
City: N/A
Payment Address State Code: N/A
Payment Address Zip Code: N/A

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.



The screenshot shows the 'Insurance/Payer List' window. It features a search bar at the top left and a 'New Insurance' button at the top right. Below these is a table with the following columns: Insurance Name, Display Name, Payer Class, Type of Bill, Bill Type, Payer ID, Invoice Type, Phone, Contact Person, and Actions. The table contains several rows of data, including 'TEST DAYAD TEST INSURANCE', 'TEST SEDAYAD', '(AA) Awesome Addison Insurance', '000000000', and 'ADMINASTAR BLUE CROSS OF KENTUCKY'. Each row has corresponding icons in the Actions column for editing, deleting, and viewing the activity log. At the bottom of the table, there is a pagination bar showing '1000 total results' and a 'Show 10 entries' dropdown.

PAYROLL EXPORT CENTER

Admin/Payroll Export Center



The screenshot shows the 'Payroll Export Center' window. It has a header bar with the title 'Payroll Export Center' and a 'Learn More' button. Below the header is a filter section with several dropdown menus and buttons. The filters include: Date Range (07/03/2022 to 08/03/2022), Branch (5 Items Selected), Employee (5800 Items Sel.), Task Type (1045 Items Sel.), Insurance/Payer (207 Items), Task Status (17 Items Sel.), Employee Credentials (20 Items), Employment Type (3 Items), Visit Pay Type (4 Items Sel.), and Late Tasks (Include). There are 'Hide Filters' and 'Generate' buttons at the bottom right of the filter section.

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.

Additional Columns								
All	Pending Approval	Pending Export	Exported/Paid	0 Selected		Export Generated	Export Details	Add Payroll Export
Export/Paid Status	Export/Paid Date	Batch ID	Employee Name	Patient Branch	Patient Name	Visit Date	Visit/PA Task Type	Visit Time
Pending Approval			Turner, Anne	Location 1	TEST, SSA	05/11/2022	CA5IS-D1 Start of Care	07:35 AM - 08:00 AM
Exported/Paid	05/03/2022	AX601	West, Tony	Location 1	West, Neil	05/11/2022	HHA Visit	
Exported/Paid	N/A	AgencyCare Payroll	Hedley2, Sha-Ron	Main Office	CareSM, Rachel	05/12/2022	Skilled Nurse Visit	07:00 AM - 08:00 AM
Pending Approval			Muczy, Tiffany	Location 1	N/A	05/12/2022	ED - Intensive	11:15 AM - 01:00 PM
Pending Approval			Morris, Pamela	Location 1	Morris, Pamela	05/12/2022	HHA Visit	
Pending Approval			Pena, Krystal	Location 1	LEE, BEUNG GI	05/12/2022	CA5IS-D1 Recertification	07:35 AM - 08:00 AM
Pending Approval			Riggs, Sara	Main Office	Couch, Hutton	05/12/2022	CA5IS-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.

Employee Name	Visit Time	Travel Time	Mileage Amount
Gonzalez, Martha	02:00 AM - 02:30 AM 	02:00 AM to 03:30 AM 	0.00
Hirpara, Divyesh	EDIT 	SAVE 	0.00

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.

<div> <div>Export Generated</div> <div>Export Details</div> <div>ADP Payroll Export ?</div> </div>					
<input type="checkbox"/>	Employee Name	Branch	Patient Name	Visit Date	Visit/NVA Task Type
<input checked="" type="checkbox"/>	Gonzalez, Martha	Location 2	Jones, Mary	12/16/2019	Skilled Nurse Visit
<input checked="" type="checkbox"/>	Hirpara, Divyesh	Location 2	HIRPARA, ROCK	12/16/2019	Skilled Nurse Visit
<input type="checkbox"/>	Caudell, Jeremiah	Location 2	Pressure, Blood	12/17/2019	OASIS-D1 Start of Care
<input type="checkbox"/>	Caudell, Jeremiah	Location 2	Check, Admi	12/17/2019	OASIS-D1 Discharge

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.

Report Center

ATTENTION: Updated versions of several reports are now available. To access the old reports, [click here](#). To find the latest version of an old report, open the old report and look for the banner at the top of the screen.

Patient Reports

60 Day Summary By Patient

Description: Generates a list of all 60 day summaries for a selected patient. A useful report for case managers to ensure all the episodes have this required document.

Parameters: Patient Status, Patient

Report Includes: Employee/Visit Date/Signature Date/Episode Range/Physician

Billing/Financial Reports

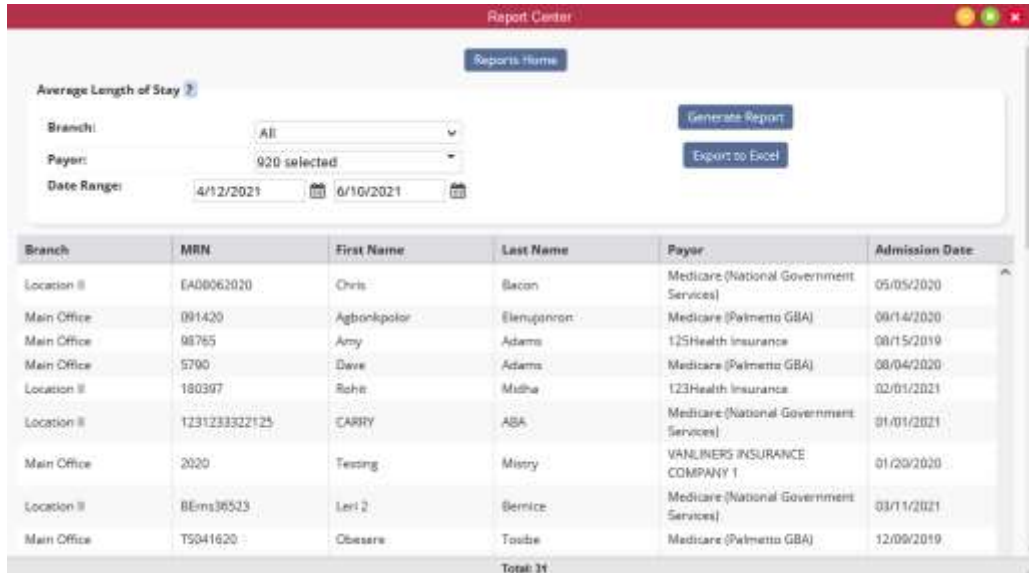
MONTH-END CLOSE
AR Roll Forward
Claim Activity Report
Earned Revenue (1 over X Daily Method)
Earned Revenue (Completed Visit Method)
Earned Revenue (Final Bill Method)
HHRG/LUPA Report
Managed Care Earned Revenue (Completed Visit Method)
Month End AR
Payment/Adjustment Activity
Document Release/Insurance Activity/Comments

Statistical Reports

Admission
Census By Primary Insurance
Employee Visit History
HHVBP Advanced Care Plan
HHVBP Influenza Vaccine for Employees
HHVBP Shingles Vaccine for Patients
Infectious Disease Screening
Medicare Cost
Patient Admissions By Internal Referral Source
Patient by Discipline Duplicated And Unduplicated

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.



Report Center

[Reports Home](#)

Average Length of Stay ?

Branch: All

Payer: 920 selected

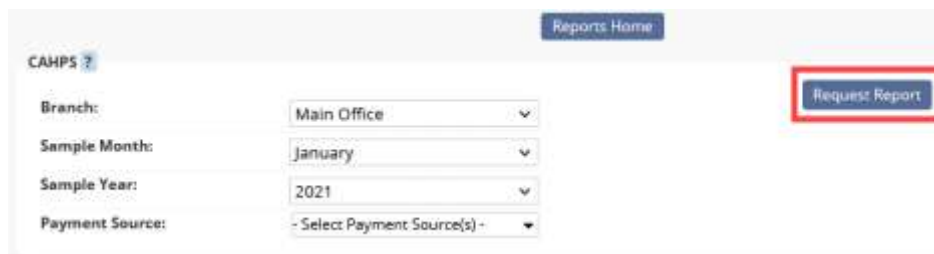
Date Range: 4/12/2021 6/10/2021

[Generate Report](#)

[Export to Excel](#)

Branch	MRN	First Name	Last Name	Payer	Admission Date
Location II	E40062020	Chris	Bacon	Medicare (National Government Services)	05/05/2020
Main Office	091420	Agbonkolor	Elenugannon	Medicare (Palmetto GBA)	08/14/2020
Main Office	08765	Amy	Adams	123Health Insurance	08/15/2019
Main Office	5700	Dave	Adams	Medicare (Palmetto GBA)	08/04/2020
Location II	180397	Robt	Misha	123Health Insurance	02/01/2021
Location II	123123332125	CARRY	ABA	Medicare (National Government Services)	01/01/2021
Main Office	2020	Tessing	Misty	VANLINERS INSURANCE COMPANY 1	01/20/2020
Location II	BEins36523	Leri 2	Bernice	Medicare (National Government Services)	03/11/2021
Main Office	T5041620	Obesere	Tosibe	Medicare (Palmetto GBA)	12/09/2019
Total: 31					

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.



CAHPS ?

[Reports Home](#)

Branch: Main Office

Sample Month: January

Sample Year: 2021

Payment Source: - Select Payment Source(s) -

[Request Report](#)

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						
[Add Report]						
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 09:46:15 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.

New Template

Name

Text

You have 5000 characters remaining

Save

Cancel

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.

License Manager						
Add Non-User License		Refresh				
First Name	Last Name	License Type	Issue Date	Expire Date	Software User?	Action
13123123	231231	Passport	03/02/2021	03/02/2031	Yes	Edit Delete
13123123	231231	LS&P License	03/18/2021	03/28/2022	Yes	Edit Delete
Ada	Jesus	OT License	07/27/2020	10/27/2020	Yes	Edit Delete
Ada	Jesus	cell phone policy	05/03/2021	05/03/2022	Yes	Edit Delete
Adrian	Killebrew	RH License	09/20/2018	12/07/2019	Yes	Edit Delete
Adrian	Killebrew	CNA License	02/05/2013	06/13/2021	Yes	Edit Delete
Adrian	Killebrew	RH License	02/20/2015	03/29/2019	Yes	Edit Delete
Adrian	Killebrew	Annual Employee Review	03/30/2015	03/30/2016	Yes	Edit Delete
Adrian	Killebrew	Fingerprint	07/01/2018	07/01/2026	Yes	Edit Delete
Adrian	Killebrew	Dental License	09/08/2015	09/08/2016	Yes	Edit Delete
Adrian	Killebrew	employee's Photo	10/01/2015	10/01/2016	Yes	Edit Delete
Adrian	Killebrew	CPR	11/03/2015	05/18/2016	Yes	Edit Delete
Adrian	Killebrew	RH License	02/01/2018	02/24/2018	Yes	Edit Delete
Adrian	Killebrew	PT License	03/01/2018	03/28/2018	Yes	Edit Delete
Adrian	Killebrew	RH License	07/01/2018	07/22/2016	Yes	Edit Delete
Adrian	Killebrew	OT License	06/07/2014	06/02/2018	Yes	Edit Delete
Adrian	Killebrew	TB	06/21/2017	06/10/2017	Yes	Edit Delete
Adrian	Killebrew	TB	10/03/2017	10/02/2018	Yes	Edit Delete

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.

New License

First Name

Last Name

License Type

-- Select License Type --

Initiation Date

Expiration Date

File Attachment

Browse...

No file selected.

Add

Close

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.

List of Custom Notes				
Create New Custom Note		Start Range		
Original Task Name	Custom Name	Note Description	Created Date	Action
HHA Supervisory Visit	Holiday Pay Stub	Pay Rate for HHA Stub	1/23/2017 1:42:15 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	Recent 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.

New Custom Note

Discipline Task:

-- Select Discipline --

Custom Name:

Note Description:

Save

Cancel

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/>

