

HOSPICE ADMINISTRATOR OVERVIEW QUICK REFERENCE GUIDE

July 2023

Table of Contents

ADMIN DASHBOARD.....4

ACCELERATED PAYMENT DASHBOARD4

COMPANY SETUP5

 1. Company Information.....5

 2. Financial & Billing.....5

 3. Clinical5

 4. Notifications6

 5. Operations6

 6. Scheduling -8

 7. Payroll.....8

 Payroll Policy8

 Rates9

 8. Subscription Plan9

 Integrations.....9

ADD AND LISTS.....10

ADDING A NEW USER10

 1. Information10

 2. Permissions10

 3. Payroll.....10

 Pay Type -10

 Rates -11

 4. Infectious Disease Profile.....11

 5. Documents.....11

 6. QA Settings.....11

EDITING A USER.....12

ADDING A PHYSICIAN12

ADDING A NEW VENDOR12

ADDING A NEW PHARMACY13

ORDERS MANAGEMENT13

- 1. To Be Sent 13
- 2. Pending Signature..... 14
- 3. Completed Orders..... 14
- ADDING AN INSURANCE/PAYER..... 14
 - 1. Insurance/Payer Details 14
 - 2. Billing Information..... 14
 - 3. Fee Schedule..... 15
- EDITING EXISTING INSURANCE/PAYERS 15
- ADDING TEMPLATES..... 15
- ADDING DME 16
- ADDING SUPPLIES 16
- ADD TEAMS 16
- ADD DOCUMENT TYPES 17
- ADD NON-ADMIT REASONS..... 17
- HIS EXPORT 18
- PARTNER CONNECTIONS 19
- ACTIVITY LOG 20
- QUALITY ASSURANCE (QA) SETTINGS..... 20
 - Bypass Tasks for Individual Users..... 20
- HELP CENTER..... 21

ADMIN DASHBOARD

Admin/Admin Dashboard

The **Admin Dashboard** consists of seven different tiles:

1. HIS by Status - Bar graph view of HIS differentiated by the number of admission and discharge in ready, exported, accepted and rejected status.
2. Census by Primary Payer - Pie graph view of how payers are split up between patients.
3. On-Call Stats - Bar graph view of number of visits that were made per day for the last seven days.
4. Census by Level of Care - Shows the number of patients by Routine, Continuous, General Inpatient and Respite and the recent changes of each level.
5. Census by Status - Shows the number of patients by active, discharged, pending, non-admitted and deceased.
6. Claims Ready for Billing - Shows the number of claims by NOE, NOE-Transfer, NOTR and claims that are ready for submission.
7. Bill Holds - Shows the number of bills being held by outstanding orders, incomplete visits, sequential billing and plan of care.

ACCELERATED PAYMENT DASHBOARD

Admin/Accelerated Payment Dashboard

Choose the branch (if more than one). The **Accelerated Payment Dashboard** is split up into six tiles:

1. Forms and Resources - This section provides all forms and resources distributed by CMS related to accelerated payments.
2. 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 the organization may want to request in the accelerated payments application.
3. Pre-Application Recommendations - This section provides useful tips and guidance published by the intermediary assigned to the selected location.
4. Eligibility Criteria - This section provides all current eligibility guidelines for the provider's eligibility as published by CMS.
5. Application Resources - This section provides application forms that correspond to the organization's assigned MAC and includes the organization's NPI and PTAN, which are required when submitting the application.

6. Submitting an Application - This section provides application submission methods accepted by the organization's MAC. Once an application has been completed, users can submit the application using any of the submission methods listed. To submit an application by email, users can click the email address linked in this section to generate an email for application submission.

COMPANY SETUP

Admin/Company Setup

Company Setup is split up into seven tabs. Choose the provider (if there is more than one).

1. **Company Information** - Where users enter the organization's information, IDs and Provider Numbers (retrieved outside of Axxess). Also enter the organization location which includes the organization's country.

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

2. **Financial & Billing** - Determine the date through which books are closed for the organization. Select the **View Chart of Accounts** button to view the history and update account numbers based on the organization's accounting system. View by branch or account. Filter by branch and search for accounts in the text field. Updates can be done individually or in bulk:
 - For individual accounts, select the **Update** button to change the account number or effective date and select the **Save** button.
 - For multiple account updates, select the **Bulk Update** button. Change an account number and/or an effective date and if you want the update applied to all other branches (if more than one), select the Apply to All Branches check box. Select **Save Bulk Update** once completed.
 - Select the **View History** button to see all changes made to the account.

Check the HIS exported box to prevent claims from being submitted before the HIS is exported.

Select the **Next** button to continue, **Save** button to keep any changes or **Previous** to see the last page.

3. **Clinical** - Decide to enable or disable:

- a. Patient Specific Hospice Aide or Homemaker Care Plan,
 - b. 15-day Compliance for IDG Meetings,
 - c. Print Document Addendum,
 - d. Edit Signature Date and Time and documentation signature time requirement and
 - e. Conflicting Visit Time Validations.
4. **Notifications** – Enable or disable Scheduling Notifications. When enabled, the following checkboxes will appear:
- a. Notify assigned users of changes to their schedules,
 - b. Notify specific users of schedule changes. When Notify Specific Users of Schedule Changes is selected, a Recipients By field will appear with the following checkboxes: **Title, User** and **IDG Team**

To enable schedule notifications for other providers, click **Apply** settings to other providers. Once selected, the Associated Providers field will appear with a list of associated providers for selection. When **Select All** is chosen from the Associated Providers menu, all providers the user has access to will be selected. The selected providers will receive schedule notifications. Once the appropriate settings have been selected, click **Save** at the bottom of the screen. Schedule notifications will be sent according to the setup.

5. **Operations** – Enable the Medical Record Number feature to automatically generate medical record numbers during the intake and admission process.

Select **Add Segment** to begin configuring the medical record number. Each segment is part of the medical record number and can consist of alpha or numeric characters. From the generation type menu, select static or dynamic. The static option enables the user to enter a defined set of characters that will not change. Users can enter the set of unchanging characters in the generation text box. The dynamic option enables the user to select if the segment should be alpha or numeric and to select the number of characters in the segment.



Once a segment has been created, select **Add Segment** to add a new segment and continue configuring the medical record number. To remove the most recent segment, select **Remove Last Segment**. When the MRN setup is complete, users must ensure that the configuration is feasible within the system.

NOTE: There cannot be only one static segment, as this will only generate one MRN in the system. If there is only one dynamic segment, it must be at least four characters long to ensure an adequate number of MRN combinations. There

cannot be two consecutive dynamic segments. Only a maximum of five segments or 50 total MRN characters are allowed.



Choose the seven-day range for the organization's Medicare Week. **NOTE:** If no selection is made, the software will default to Sunday - Saturday.

Enable patient tags to allow for custom tags to be associated with any patient within their patient profile. Search for tags by using the search bar. View the list of entries by Active or Inactive.

- Select **Add Tag** to create new tags.
- Enter the name and select **Save** for a single entry or
- Select **Save and Add Another** for multiple.
- Select the  icon to edit previously entered tags or select the  icon to deactivate entries.

Choose how Social Security Numbers are displayed on patient face sheets.




Organizations can add their own consents by using the following steps:

- Select **Add Consent**.
- Select **Upload Consent** to upload a consent form, admission packet or other documents.
- Select **Choose File** to find the document to upload and choose the document type.
- Decide if the consent applies to all active and pending patients or only to future patients.
- Select **Upload**.
- Select the  icon to remove consents or select the  icon to deactivate.

To create a custom consent form:

- Select **Select Consent Template**.
- Choose the consent template and choose the document type.
- Decide if the consent applies to all active and pending patients or only to future patients.
- Select **Customize**.

Lastly, decide the effective date of hospice election and how the date signed is decided.

6. **Scheduling** - Choose which tasks will be active or inactive for your organization. Search for a task in the search bar or filter the list by selecting all, active or inactive. Select the red **Deactivate** hyperlink on the right to deactivate. Choose a deactivation date and then select **Save**. Select the green **Activate** hyperlink on the right to make deactivated tasks active again. Choose an activation date and select **Save**.
7. **Payroll** - Decide to enable or disable the Payroll Center. Choose the organization's payroll vendor. Enable the Payroll Center for different branches by:
 - Select **Add Branch**.
 - Choose the branch, payroll company code/ID, start date.
 - Select the **Save** hyperlink.
 - Branches can be edited by selecting , removed by selecting  or deactivated by selecting .

Decide or enable or disable the Mileage Calculator feature which automatically calculates the mileage for all visits scheduled within 14 days prior to the enable date that are completed or pending QA approval. Once enabled, decide if the organization wants to include the mileage from the worker's departure to return home.


Enable the Multilocation Payroll feature to pull cross-location visits to the employee's primary location for payroll location. Then decide to enable or disable the Missed Visits feature to exclude missed visits from payroll reports and the Payroll Center. When enabled, payroll information will not be generated for missed tasks.

The Current Payroll Settings section displays current rates and settings that have been set for the organization. This information is read-only and updates automatically when the company settings are changed.



Payroll Policy - If the organization has multiple pay cycles, enable the Payroll Cycle feature to create custom payroll group names. View the list of active or inactive groups by selecting the tab.

To create a new payroll cycle group:

- Select **Add Cycle**.
- Enter the name and select **Save**.



- Select the  icon to make changes or select the **Deactivate** hyperlink to remove.

To enter new payroll cycle rates:

- Select **Add Rate**.
- Choose the payroll cycle group and enter the first day of pay period.
- Choose payroll frequency and allowable reimbursements.
- Select **Add Rate** to complete.
- Select **View Details** hyperlink to see which reimbursements are included
- Select  to adjust. Select  to remove.

Rates - Enter customized rates and view historical rates. Functionality works the same in each tab including **Mileage, Travel, On-Call, On-Call Mileage, On-Call Travel** and **Non-Patient Activity**.

To add a new rate:

- Select **Add Rate**.
- Enter reimbursement rate and enter date.
- Select **Save**.
- Select  to adjust. Select  to remove.

8. **Subscription Plan** - The Current Subscription Plan section displays the organization's current plan, total number of patients, and how many patients are supported by the current plan.

The Monthly Subscription Plans section displays plans that are currently available for the organization. Users can select a new plan and enter any comments in the Comments section. To request a new subscription plan, select **Request** and enter the electronic signature.



Integrations - Shows all active, available and pending integrations per branch. There are multiple options for pharmacy integrations, orders and document management.

- Select the **View Integration** button to see an explanation of the integration and how it might help the organization.
- If the organization is interested in implementing the integration, select the **Request** button and the Axxess team will be in contact with the organization.

Select the **Next** button to continue, **Save** button to keep any changes or **Previous** to see the last page.

ADD AND LISTS

The top right-hand corner houses the Lists and Add menus.

- Lists are found in the  icon.
- Add list is found in the  icon.



ADDING A NEW USER

Add/User



1. **Information** - Enter all available info in the User Information section. All items with a red asterisk* are required.
 - a. Enter first name, last name and credentials.
 - b. Choose gender, title, agency branch (including primary branch) and employment type.
 - c. Enter employee payroll ID, address, mobile phone and email.
 - d. Check Allow Weekend Access box to be able to login during the weekend. Decide Earliest Login Time and Automatic Logout time.
 - e. Select **Next** to move to the next section or **Save** to keep progress.
2. **Permissions** - Determine what a user can do in the Administration, Clinical, Billing and Reports categories. Copy permissions from another user by selecting their name from the drop-down and selecting **Apply**. Check permissions boxes individually or check category section check box to select all permissions in category. Select **Next** to move on, select **Previous** to see the last tab or select **Save** to keep progress.
3. **Payroll** - Specify user payroll rates based on individual organization practices to ensure accurate payroll cost reporting for activities performed. This information is read-only and updates automatically when the user's settings are changed.

Pay Type - Select **Add Rate** to enter new user settings, including pay type, employment and exempt status, start date and/or allowable reimbursements.

- Choose pay type and enter start date.

- Select **Add Rate**.
- Select  to adjust. Select  to remove.




Rates - Enter customized rates and view historical rates. This functionality works the same in each tab including Pay Rates, Mileage, Travel, On-Call, On-Call Mileage, On-Call Travel and Non-Patient Activity. To copy rates from an existing user, select **Copy Existing Rates** and select the user whose rates you want to copy. Then select the **Apply** button to save.

- Select **Add Rate** to add a new rate.
- Enter rate and enter date.
- Select **Add Rate**.
- Select  to adjust. Select  to remove.

4. **Infectious Disease Profile** - Enter and view infectious disease screenings.

- Select Add COVID-19 Screening.
- Complete the screening questions and select a risk level.
- Select **Sign Screening** once complete or select **Sign & Add Another** button to add additional screenings.

5. **Documents** - To upload a user document:

- a. Select the **Add Documents** button.
- b. Choose the file to attach.
- c. Confirm the document name, choose the document type, effective and expiration date.
- d. Select the **Save Documents** button to complete or select the **Add Another Document** hyperlink to continue adding.
- e. Select the  icon to remove documents, select the  icon to edit or select the  icon to deactivate.

6. **QA Settings** – Select specific disciplines to bypass the QA Center or click **Select All** if all disciplines for the user should bypass the QA Center. Once a discipline is selected, all related tasks will automatically be selected. If any of the selected tasks should not bypass the QA Center. Click the respective boxes to deselect the tasks. Once the desired selections have been made, select **Save**.

Select **Add User** to keep progress.

EDITING A USER

People/People Center/Edit

1. Use the search feature in the top left to filter for specific employees or scroll through list.
2. Select the **Edit** hyperlink.
3. The same **Information, Permissions, Payroll, Infectious Disease Profile, Documents** and **QA Settings** tabs that were entered while adding a new user can be updated.
4. Select **Save**.

Other buttons include **Send Message**, which is a quick link to send that user a message or **Deactivate User** which will inactivate the user. Select **Manage Documents** for a pop-up window of the user's documents.

ADDING A PHYSICIAN

Add/Physician

1. Enter the NPI number. Begin typing the number and the physician can be selected.
2. Select the **Tab** key (on keyboard) and the Physician Information will auto-fill based on NPI registry information. **NOTE:** If NPI number is unknown, use the following website. <https://npiregistry.cms.hhs.gov/registry/>
 - a. System will automatically run a PECOS Verification and OIG check.
Green check mark = not on exclusion list, red "X" = on exclusion list.
3. The preferred delivery method will determine how physicians will receive their orders to sign. Options include: IDG, Axxess Physician Portal, Other (for one of Axxess' integrated order delivery partners) or the regular methods.
4. Select **Add Physician** to complete or select **View Physician List** to view all previously entered physicians.

ADDING A NEW VENDOR

Add/Vendor

1. Enter the vendor's name and choose the vendor's type.
2. Enter the contact's first and last name and address.
3. All other items are optional.
4. Select **Save** or select **Next** button to move on to the **Room & Board** tab.
5. Room and Board – RUG rates can only be added if SNF or NF was chosen as Vendor Type.
 - a. Select **Add RUG Rate**.
 - b. Enter the RUG level, rate and effective date.
 - c. Select **Save**.

ADDING A NEW PHARMACY



Add/Pharmacy

1. Enter the pharmacy name and address.
2. All other items are optional.
3. Select **Add Pharmacy** or select **View Pharmacy List** to view all previous entered pharmacies.

ORDERS MANAGEMENT

Patients/Orders Management

Use the search bar to find a specific order. Search by patient name, physician, type, order date, age, branch, team or delivery method.

- Select the patient hyperlink to go to the Patient Chart.
- Select  to print individual orders.
- Select  to download orders.

Orders are split into three tabs:

1. **To Be Sent** - Use the search bar to find a specific order. Search by age of order, patient, team, physician, delivery method, type, order number, order date and date approved.
 - a. Mark individual orders as sent:
 - i. Select the **Mark as Sent** hyperlink.
 - ii. Select **Yes, Mark as Sent**.
 - b. Mark multiple orders as sent:
 - i. Select the check boxes to the left of orders.
 - ii. Select the **Mark Selected as Sent** button.

- c. Select the **Update Delivery Method** hyperlink to change the delivery method.
2. **Pending Signature** - Use the search bar to find a specific order. Search by age of order, patient, team, physician, delivery method, type, order number, order date and sent date.
 - a. Mark individual orders as received:
 - i. Select the **Mark as Received** hyperlink.
 - ii. The received date populates with the current date.
 - iii. Enter the signed date.
 - iv. Select **Mark**.
 - b. Mark multiple orders as received:
 - i. Select the check boxes to the left of orders.
 - ii. Select the **Mark Selected as Received** button.
 - c. Update the status of pending order(s) using the same 'marking as received' functionality.
 3. **Completed Orders** – Use the search bar to find a specific order. Search by patient, team, physician, type, order number, order date, sent date, signed date and received date.

ADDING AN INSURANCE/PAYER

Add/Insurance Payer

1. **Insurance/Payer Details**
 - a. Enter the display name, taxonomy and choose the payer type, bill type and associated agency providers.
 - b. Enter the payer's name, source of payment, payer ID and enter the address.
 - c. All other items are optional.
 - d. Select **Save** to keep progress or select **Next** to continue to next tab.
2. **Billing Information**
 - a. Indicate whether payer uses Room & Board.

- i. If so, choose the payer type from the drop-down menu and enter the procedure code.
 - ii. Then choose the Room & Board frequency and the last day of billing cycle.
 - b. Indicate whether payer requires custom HCPCS for levels of care, authorization for provided services or itemized levels of care service lines.
 - c. If payer has automatic recurring claims, then choose frequency.
3. **Fee Schedule** – Add level of care and visit rates and see previously entered.
 - a. Select **Load Fee Schedule from Existing Insurance** to copy the fee schedule from a previously entered insurance.
 - b. Select **Add Visit Rate**.
 - i. Choose the task, effective date and service unit type.
 - ii. Enter preferred description, revenue code and rate.
 - iii. Select **Save Visit Information**.
 - c. Select **Add Level of Care Information**.
 - i. Choose level of care, effective date and service unit type.
 - ii. Enter preferred description, revenue code and rate.
 - iii. Select **Save Level of Care Rate**.
 - d. Select the Show History button to see the previous rates entered.

EDITING EXISTING INSURANCE/PAYERS

List/Insurance Payers

1. Search by payer name.
2. Select the **Edit** hyperlink (Remove insurances by selecting the **Delete** hyperlink and create new by selecting the **Add Insurance/Payer button**).
3. Make edits to **Insurance/Payer Details** or **Fee Schedule** tabs.
4. Select **Save**.

ADDING TEMPLATES

List/Templates

1. Select **Add Template**.
2. Enter template name and description.

3. Select **Save Template**.

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

ADDING DME

Add/DME

1. Enter the equipment name.
2. Choose associated agency providers (if more than one).
3. Decide whether the DME is an infusion pump.
4. Enter the price for per diem, purchase and rental.
5. Select **Add DME** to save or select **View DME List** to view all previous entered DME.

Or *List/DME* to make edits, remove or add additional.

ADDING SUPPLIES

Add/Supplies

1. Enter supply name.
2. Indicate whether the supply is formulary, enter unit cost and choose associated agency providers (if more than one).
3. Select **Add Supply** to save or select **View Supplies List** to view all previous entered supplies.

Or *List/Supplies* to add, make edits or remove.

ADD TEAMS

Add/Team

Team Details

1. Team Details
 - a. Enter team name.
 - b. Start typing the name of the hospice medical director, physician and clinical manager. After typing, names will be available for selection.
 - c. Choose agency branch.
2. Select **Add Meeting Schedule**.
 - a. Choose repeat frequency.

- b. Choose day to repeat on.
 - c. Enter effective from day.
 - d. Enter meeting start time.
 - e. Select **Save**.
3. Select **Add Selected Member**.
 - a. Start typing member name and then select the name.
 - b. Once found, select **Add Selected Member**.
4. Once all team members have been added, select **Save** to keep progress or select **Next** to move onto **Groups**.

Groups

1. Select **+Add Group**.
2. Enter a group name and add an optional hospice physician by typing the name then selecting the physician.
3. Select **Save**.
4. After groups have been added, select **Save**.

ADD DOCUMENT TYPES

Lists/Document Types

When users arrive on the page, default document types will show. Select the **Custom** tab to see created types and add more. Search through the list in the search bar or add another by:

1. Select **Add Document Type**.
2. Enter type.
3. Choose category and associated agency providers (if more than one).
4. Select **Save Document Type**.

To edit a document type, category or associated providers, select the **Edit** hyperlink. Select **Delete** to remove.

ADD NON-ADMIT REASONS

Lists/Non-Admit Reasons

When users arrive on the page, default non-admit reasons will show. Select the **Custom** tab to see created types and add more. Search through the list in the search bar or add another by:

1. Select **Add Non-Admit Reason**.
2. Enter reason.

3. Choose associated agency providers (if more than one).
4. Select **Save Non-Admit Reason**.

To edit a non-admit reason or associated providers, select the **Edit** hyperlink. Select **Delete** to remove.

HIS EXPORT

Home/HIS Export Manager

Search for patients in each tab by name, date range or choose the HIS Export type.

Pending Approval - Where the reviewer will review and make changes to the HIS as needed. Reviewers can sign in Z0400 for any changes made and approve the HIS and sign in Z0500 that the HIS is completed.

The dots next to each line represent timing of when HIS is due. ● ● ●
Red is overdue, orange is nearly due, and green is more than five days remain to approve.

1. **Patient** name (selected will go to patient chart) and **Type** (selected will go to HIS) are hyperlinks.
2. Action column hyperlinks allow users to **Approve**, **Edit**, **Check Errors** or **Print** the HIS.
 - a. Approve multiple HIS by selecting the check box(es) on the left side of the page.
 - b. Select **Approve Selected**.

After the HIS is approved, it will be moved to the **Export Ready** tab.

Export Ready - Where all HIS awaiting export are located. Users can create export files of individual files or perform a bulk submission and mark file(s) as exported. Selecting the **Patient** name goes to patient chart.

1. Select **Generate HIS File** hyperlink to download individual HIS files to the user's computer.
 - a. Generate multiple HIS files by selecting the check boxes on the left side of the page.
 - b. Select **Generate HIS File** button.
2. Submit the HIS per organization guidelines.

3. Return to this page and select **Mark as Exported** hyperlink for individual HIS files.
 - a. Mark multiple HIS files as exported by selecting the check boxes on the left side of the page.
 - b. Select **Mark Selected as Exported** button.
4. Select **Update Status** hyperlink to change status of individual HIS files.
 - a. Change the statuses of multiple HIS files by selecting the check boxes on the left side of the page.
 - b. Choose from pending approval, export ready, exported, accepted or rejected.
 - c. Select **Update Status** button.

NOTE: The countdown for submission is 30 days after the admission or discharge date.

Export History - Where users can mark if a HIS was rejected, accepted, and be able to create modifications or inactivate a HIS.

1. Select the **Generate Cancel** or **Make a Correction** hyperlinks to make updates.
2. Select **Update Status** hyperlink to change status of individual HIS files.
 - a. Change the statuses of multiple HIS files by selecting the check boxes on the left side of the page.
 - b. Choose from pending approval, export ready, exported, accepted or rejected.
 - c. Select the **Update Status** button.

PARTNER CONNECTIONS

Admin/Partner Connections

Filter by partner connections by line of service, provider and/or status.

1. Select the **Create Partner Invitation** to create a partner connection.
 - a. Select the providers and lines of service of the partner organization you would like to connect to.
 - b. Select the **Create Invitation** button.
 - c. Select **Copy Invitation** to copy the invitation code to your clipboard and share the code with the internal or external partner organization.
2. Select the **Accept Partner Invitation** button to accept an invitation from a partner organization.

- a. Select the providers to connect to.
 - b. Enter the invitation code sent by the partner organization and
 - c. Select the **Accept Invitation** button.
3. Select **Deactivate** to remove and select **Edit** to make changes.

ACTIVITY LOG

Admin/Activity Log

Displays the date each action was performed, the user who performed the action, and what action was performed. Select **View Details** in the Actions column to view additional details.

QUALITY ASSURANCE (QA) SETTINGS

Admin/Quality Assurance (QA) Settings

To set tasks that should bypass the QA Center for multiple users, select **Add Setting**.

1. Select the appropriate providers from the **Associated Providers** drop-down menu.
2. Select specific disciplines to bypass the QA Center or click **Select All** if all disciplines for the selected users should bypass the QA Center.
3. Once a discipline is selected, all related tasks will automatically be selected. If any of the selected tasks should not bypass the QA Center, click the respective boxes to deselect the tasks.
4. Select the **Save Setting** button.

Bypass Tasks for Individual Users

People/People Center/Edit/QA Settings

1. Select specific disciplines to bypass the QA Center or click **Select All**.
2. Once a discipline is selected, all related tasks will automatically be selected. Click the respective boxes to deselect the tasks.
3. Select the **Save Setting** button.

When a user completes a task that is set to bypass the QA Center, the task will appear in the patient chart with a **Completed** status.

HELP CENTER

A great resource that is available 24/7 is our Help Center. It is a place to get answers to frequently asked questions or watch videos on all our Axxess products. Our Help Center can be accessed by selecting *Help/Help Center* or <https://www.axxess.com/help/>

