HOME HEALTH OFFICE STAFF (INTAKE AND SCHEDULING) TRAINING MANUAL

August 2022

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LOGGING IN

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

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

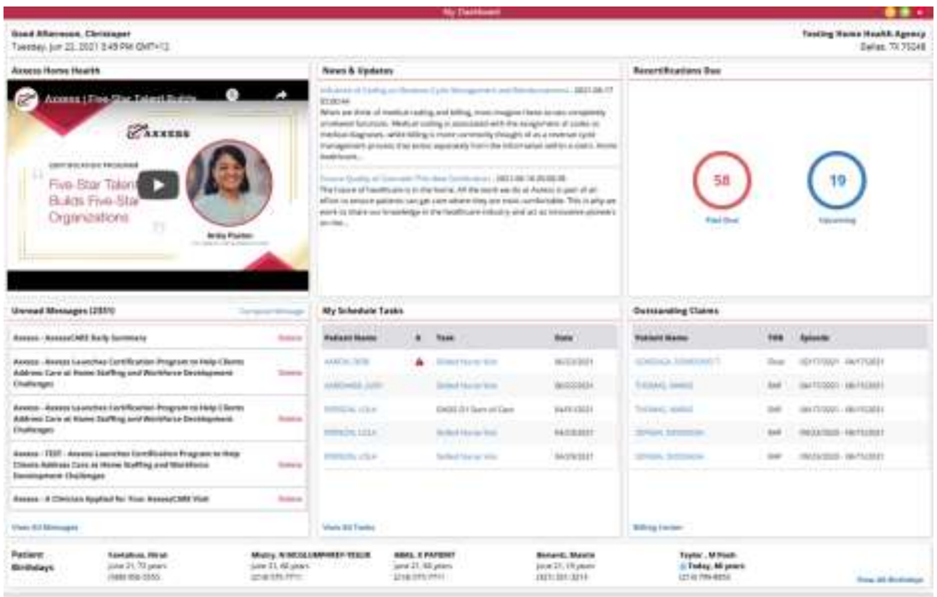
The username is the email address assigned to the user's account when it was created. The password was created by the user, from a link that was sent to this email address. This password will also be the user's electronic signature.

NOTE: For resetting the password, see Overview.

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

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

DASHBOARD



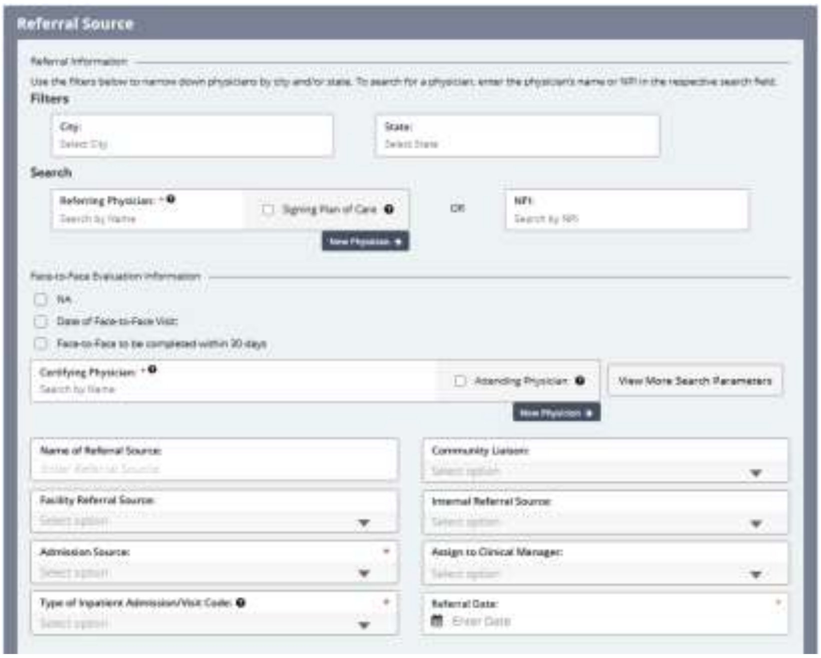
The dashboard can display up to nine tiles. Five of these tiles are default and the remaining four are based on user permissions. The intake/scheduler will usually see the top six tiles:

1. Welcome Panel - This includes items for subscribers to Axxess solutions with interactive announcements and helpful training videos.
2. Recertifications Due - Shows how many recertifications are past due in the red circle and the number of upcoming in the blue circle.
3. Unread Messages - This is the HIPAA-compliant email messaging center, allows all organization users to communicate securely. When the user receives messages, notifications will be sent to the user's email assigned to their account.
4. News & Updates - This shows links to Axxess generated blog posts, educational articles, regulatory updates and other important information.
5. Patient Birthdays - Lists the name of upcoming patients along with their birth date, age and phone number.
6. My Schedule Tasks -This panel is your electronic to-do list. Users can quickly access a patient chart and/or tasks for the first five patients on their to-do list.

REFERRAL ENTRY

Create/New/Referral

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



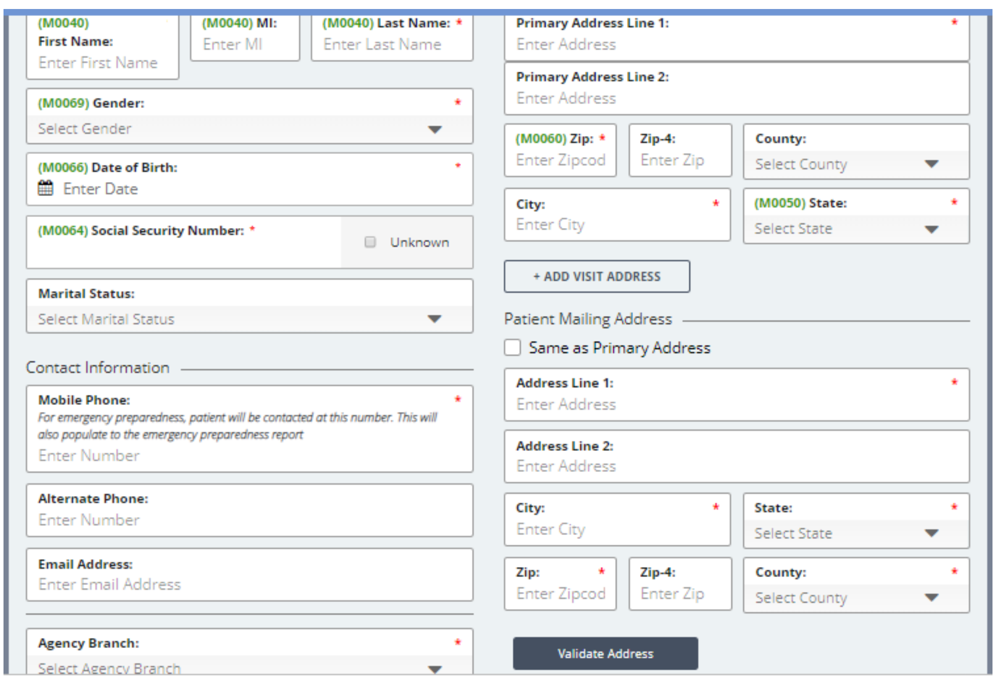
NOTE: Select the ❓ icon for further clarity into the section.

Referral Source - Contains details of the source involved in referring the patient to the organization.

- Referring Physician - The referring physician or allowed Non-Physician Practitioner (NPP) is the person primarily providing the face-to-face information for this admission. Search by city, state and/or NPI.
- Face to Face (F2F) Evaluation - If this is not applicable, mark it as N/A.
  - Enter F2F date. If date is not known, check “F2F completed within 30” box; this is a Medicare requirement.
- Certifying Physician - The certifying physician is the physician who certifies that a patient is eligible for Medicare home health services. This physician may be the same as the referring and/or attending physician. Select the **View More Search Parameters** button to search by city, state and/or NPI.
- Name of Referral Source - In this section, indicate if a clinic, hospital or person referred the patient.

- Facility Referral Source - Enter this if the organization has a contract with a facility who provides referrals.
- Admission Source - This is a default list to select where the patient was referred.
- Type of Inpatient Admission/Visit Code – These codes identify the type and priority of an inpatient admission associated with a service on an intermediary-submitted claim.
- Community Liaison - This section is to indicate the marketer who promotes the organization.
- Internal Referral Source - This is entered if an organization staff member brings on the referral.
- Assign Clinical Manager - Patients must have a clinical manager assigned who oversees patient care.
- Referral Date - This is the date the patient was referred to the organization. It is a required field.

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

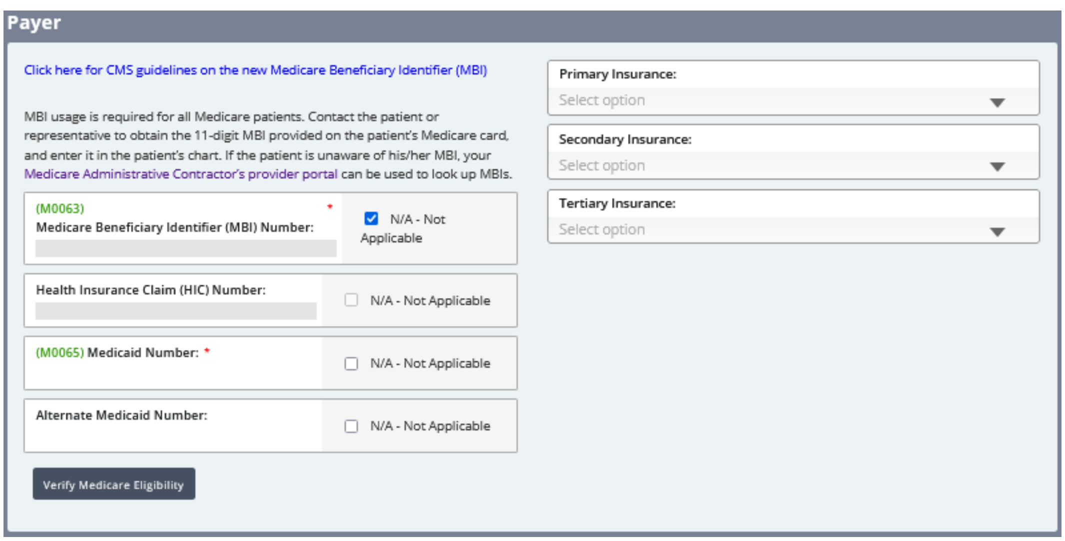


- If the patient has more than one address, the **Add Visit Address** button is available to add an additional address.

- If the patient's mailing address differs from the physical address, both must be entered. If the address is the same for both sections, an option to check Same as Primary Address is available.
- Once the patient's address is entered, **Validate Address** can be selected to verify that the details entered are for a valid address.

Tags - Users can add and assign patient tags to categorize patients that fall into certain groups. This functionality enables organizations to easily track and monitor various items at the patient level. Search by keyword, select the drop-down to see available choices or add new tags by selecting the **New Tag** button (permissions based).

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

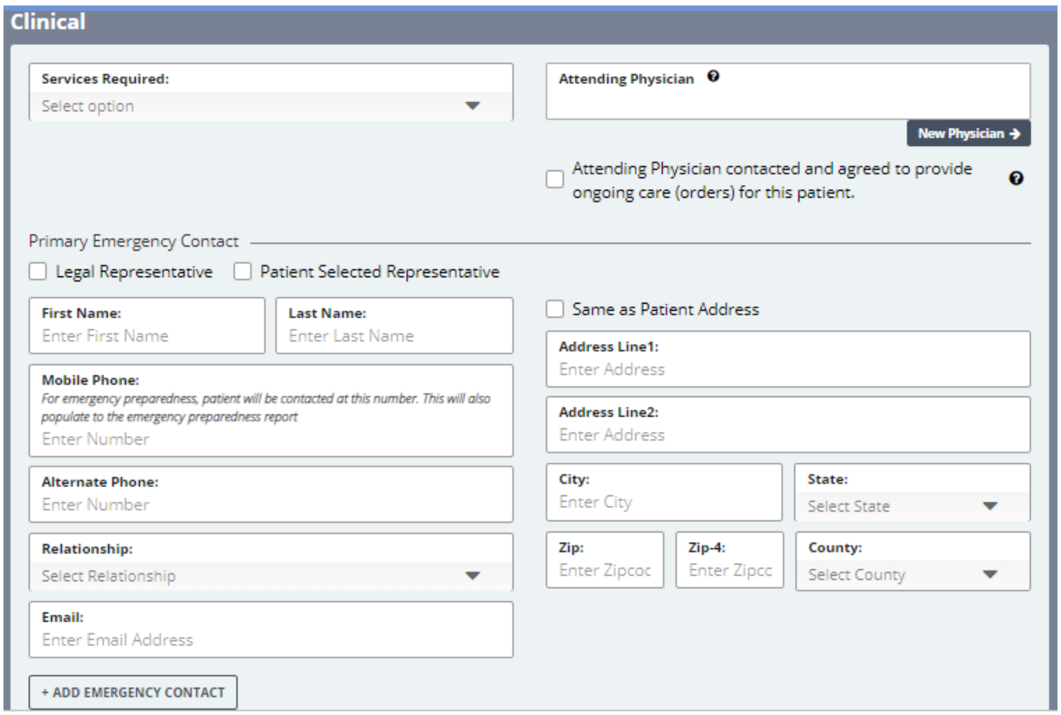


- The Medicare Beneficiary Identifier (MBI) should be entered in this section. If not available, the N/A - Not Applicable check box is available.
  - Click here for CMS guidelines on the new Medicare Beneficiary Identifier
- After entering the Medicare Beneficiary Identifier and possibly the Medicare Number (HIC) or Medicaid Number, the **Verify Medicare Eligibility** button can be selected. Please note, the patient's name,

gender and date of birth sections must also be completed for results to generate the patient's eligibility details.

- Additional sections for a primary, secondary and tertiary insurance are provided.

Clinical - Encompasses patient care information and contact details.



- <u>Services Required</u> - Indicates the disciplines needed to care for the patient.
    - One or more disciplines may be selected in this section.
- <u>Attending Physician</u> - The primary physician is the physician that is providing care plan oversight.
    - This physician could be the same as the referring and/or the certifying physician.
    - If the physician is not already in the system, the option to add **New Physician** is available.
    - In the case where the referring physician will not provide ongoing orders, the attending physician must be contacted in advance of care. A check box indicating this has been addressed is available in this section.

- Primary Emergency Contact - Indicate if the patient has a Legal Representative or if the patient selected someone to be their legal representative.
    - An option to add additional contacts is available by selecting + **ADD EMERGENCY CONTACT**.
    - If the individual entered has the same address as the patient, select the Same as Patient Address check box. Otherwise, the legal representative's address will need to be entered.
        - Checking the box will automatically populate the patient's address to this section.
- The final section of the referral process is the Referral Comments section**.** This free text box is for narratives, teaching, guides, goals, and any other details pertaining to the referral.

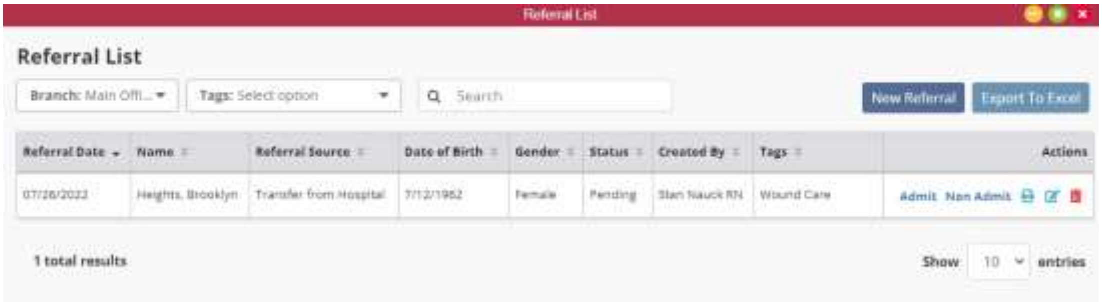
- An option to select a template to complete is available.

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

VIEWING EXISTING REFERRALS

View/Lists/Referrals or *Patients/Referrals*

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



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

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

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

NOTE: Deleting the referral means the patient will not be visible in any reports in the database.

- Admit - Generates all required information required to admit the patient.
- Non-Admit - This removes the patient from the list of referrals available for admission.

ADMITTING A REFERRAL

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

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

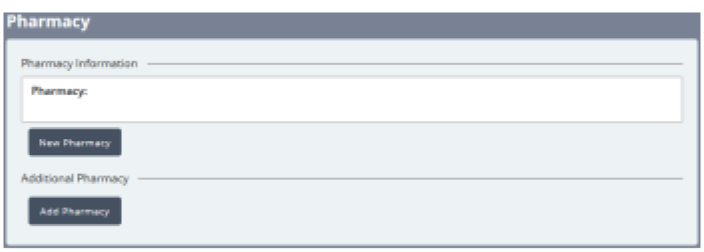
- Clinical Manager - This role provides oversight for a particular group of patients.
- Case Manager - This role has direct patient contact and is responsible for case management services.
- Assign to Clinician - This clinician will complete the start of care visit.
- Patient ID/MR Number - This Medical Record number is specific to the patient within the organization.
- Default Service Location - This is tied to the Q-code which impacts billing.
- Race/Ethnicity - Select the patient's biological trait(s).
- Primary Language - Enter the primary verbal communication type.
- Payment Source - This is where the insurance/payer type is identified.
- Admission Source - Choose from which inpatient facilities patient was discharged from in the past 14 days if applicable.
- Episode Timing - Choose between early, later, unknown or N/A.
- Start of Care Date - This date is when the patient officially began services.
- Episode Start Date - This date is when the patient's 60-day episode begins.
- Choose from one or more of the following "Create episode & schedule visit after saving" checkboxes.

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

- Payer - This section requires the MBI (Medicare Beneficiary Number), Medicare (HIC) number and/or Medicaid number to be entered, if they were not entered during the New Referral process. Choose to **Verify Medicare Eligibility** by selecting the button. Enter all other available insurance information. Select the **Save & Continue** button.

- Physician(s) - If the certifying physician was identified as the Attending Physician during the New Referral process, the physician's name will automatically populate in this field. If the Attending Physician field is blank or needs to be modified, type in the free text box. Select the **New Physician** button to add a physician to the database (permission based). Select **Add** for additional physicians involved with care. Select the **Save & Continue** button to move on.
- Clinical/Diagnosis - This section encompasses various clinical details, including the anticipated type of services that patient will require. The discipline list will appear to multi-select the services the patient should receive. These details will populate from the new referral process.
  - Additionally, the OASIS-based diagnosis questions requiring a primary diagnosis and other diagnoses will be included in this Clinical/Diagnosis section. There are two options for searching for the diagnosis: by the ICD Diagnosis Name or by the ICD-10-CM Diagnosis code. Add more diagnoses by selecting the **+ Add Diagnosis** button. Select the **Save & Continue** button to move on.

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

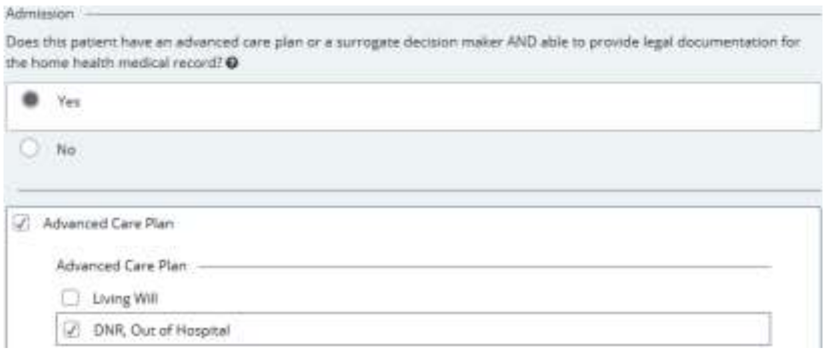


    - If the pharmacy is not listed in the system, the option to add a new pharmacy is available by selecting the **New Pharmacy** button. Select the **Save & Continue** button.
- Contacts - At least one emergency contact must be entered in this section. If an emergency contact was added during the new referral process, the details of that contact will populate in this window. If not, select the **Add Emergency Contact** button. Indicate whether a representative was contacted regarding admission by selecting on or multiple checkboxes.
    - Also included in Contacts is the CAHPS survey section. If CAHPS services are enabled with Axxess, the user will indicate if this patient should or should not be contacted for CAHPS. If the patient should be contacted for CAHPS, reasons behind this decision must be indicated.

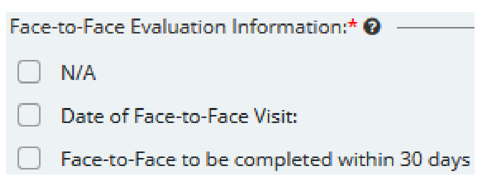
    - If the CAHPS services are enabled and the contacted did not deny services, the contact details should be verified. If the contact is the same as the Emergency Contact, check the same as box.
    - Select the **Save & Continue** button to move on.
- Emergency Preparedness - Choose patient Emergency Triage, enter Additional Emergency Preparedness Information (can use template), Evacuation details and any additional comments. Select the **Save & Continue** button.
- Advanced Directives - If the patient has an Advanced Care Plan or a Surrogate Decision Maker and can provide legal documentation for the

home health medical record, the options are available to enter those details after selecting the **Yes** toggle.

- If Advanced Care Plan and DNR, Out of Hospital are selected, the patient will have a DNR indicator next to the name listed in the Patient Charts window.



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



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

INTRODUCTION TO PATIENT CHARTS

Patients/Patient Charts

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

- The organization can upload the patient's picture as a form of visual reference. Select the **Upload Photo** hyperlink to upload a photo. The patient branch is listed above the photo.

- The patient's name is next to the picture. It will be viewed as Last Name, First Name. The organization-assigned Medical Record Number (MRN) will be visible next to the patient's name.
- The gender, age, address, phone numbers and birthday will also be visible in the middle of the Patient Chart so that they may be referenced easily.
- The current episode, SOC date, attending physician and primary insurance/ID, emergency and secondary contacts will be listed as well.

- Included in the patient's details are hyperlinks:
  - Edit Patient - This link will open the patient's chart, which contains the referral and admission details that were entered.
  - Address - A map to the patient's house will appear when this link is selected.
  - Change Status - Change a patient status to Discharged, Pending, Non-Admit or Hold.
  - View Admission Periods - If the patient was discharged and readmitted, the admission periods will be listed in this window.
    - Selecting the icon beside the Admission Date will generate more details pertaining to that admission period.

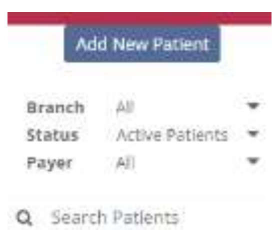
- In the Actions column, select **Edit Episode** to generate a window with details for managing the episode (permissions required). For more details, please reference *Managing Episodes* in the *Schedule Center* section within this manual.

- The following buttons are available:
  - **Patient Profile** - Shows a face sheet of the patient with additional details not shown in this view of the patient chart.
  - **Change in Focus** - Automatically opens the Change in Focus Note which includes potential diagnoses change, change in focus narrative, adding a new order or calculating a different case mix.
  - **Refresh** - Updates the Patient Chart to reflect any changes made.

Patient Chart Filters

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

- Add New Patient - This is an alternative route for adding a new patient to the database.
- Branch - This option allows the user to pick the patient's branch.
- Status - Condition of the patient (active, discharged, pending, non-admit).
- Payer - This option allows the user to narrow down by payment source.
- Search Patients - Search patient's name and list will appear when typing in letters by first or last name.



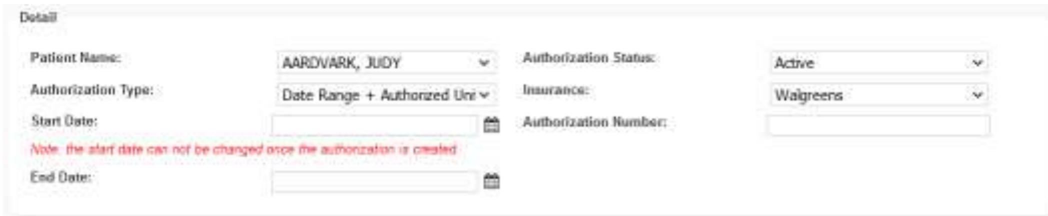
Patient Chart Top Menu

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

New

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

ranges will be required, depending on the type of authorization the patient has.



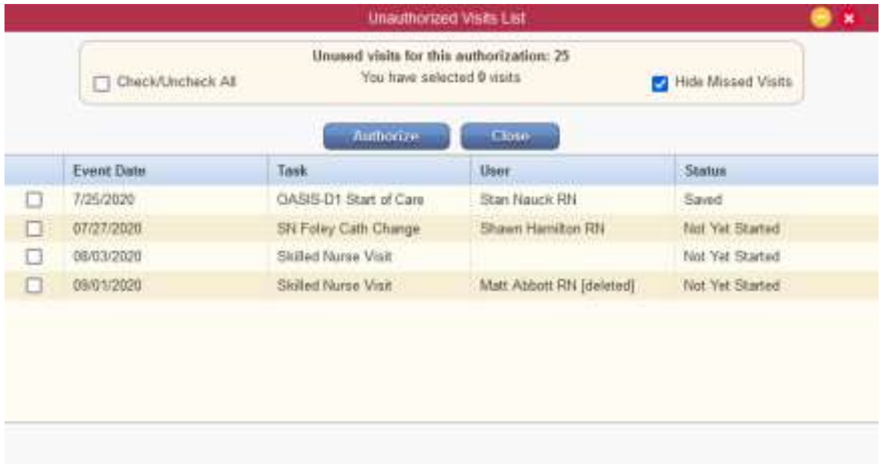
- The status of the authorization can be indicated by selecting either active, pending, obtained, closed or denied.
- The patient's insurance and authorization number are required fields which must be addressed prior to saving the new authorization.
- Once the top section is completed, the visits or hours authorized section must be addressed by indicating the discipline type, authorized units and unit type.

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

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

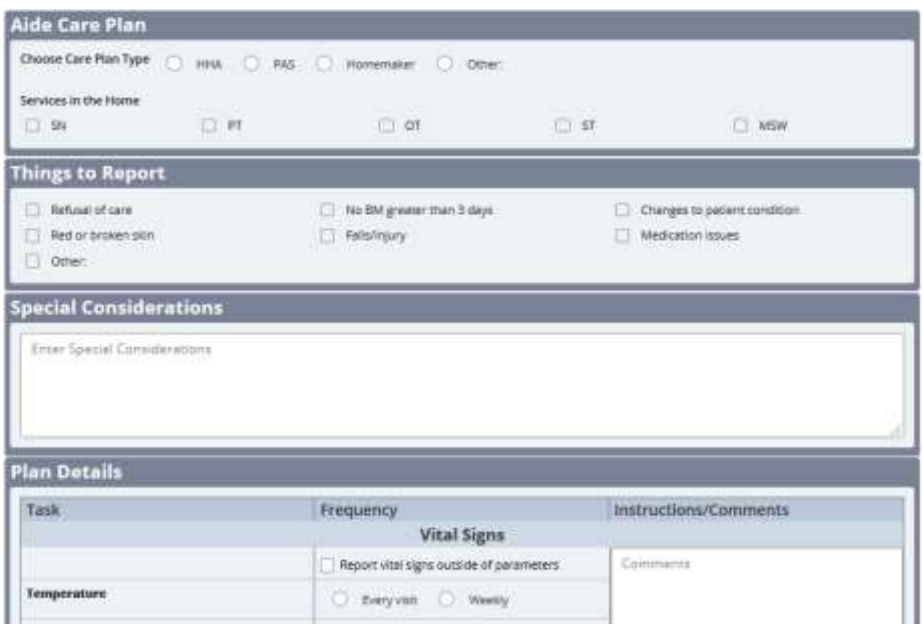
Authorization Number	Payer	Type	Start Date	End Date	Discipline	Authorized Units	Used	Unused	Unit	Actions
123456	Walgreens	Date Range + Authorized Units	1/1/2021	8/31/2021	Nursing	100	5	95	Visits	Edit Delete
456721	Walgreens	Date Range + Authorized Units	4/1/2021	4/30/2021	PT	6	1	5	Visits	Edit Delete
456721	Walgreens	Date Range + Authorized Units	4/1/2021	4/30/2021	Nursing	4	0	4	Visits	Edit Delete

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

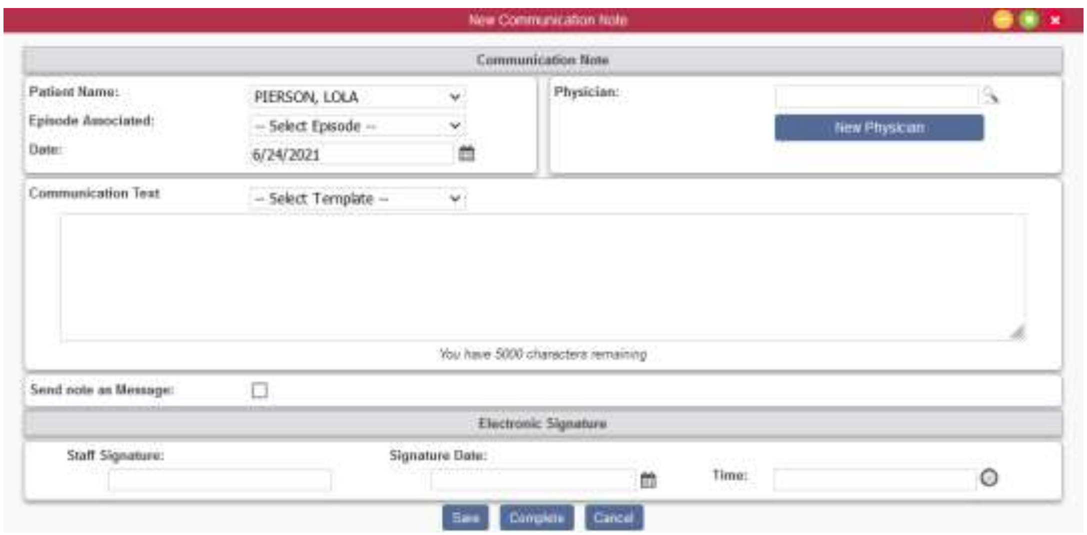


Verify all authorized visits are included and select **Save.**

- Aide Care Plan - This section is used to create Aide Care Plans for patients. All items are optional except for the electronic signature.
  - Choose care plan type and services
  - Choose things to report
  - Enter special considerations
  - Choose plan details
  - Choose notifications
  - Enter the electronic signature
  - Select the **CREATE & COMPLETE** button when finished



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



Documents

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

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

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

Patient Chart Quick Links

- Allergy Profile - This section contains a list of allergies added to the patient's chart.
- Medication Profile - This section contains details of the patient's Medication Profile. New medications can be added, discontinued and drug interactions can be run from this window.
- Immunization Profile - This section contains immunization details inside the patient's chart.
- Infectious Disease Profile - Track infectious diseases and screening tools used to detect them.
- Authorizations Listing - This section houses all authorizations that can be edited, deleted and new authorizations can be added.
- Pre-admission Notes - Document notes in a patient's chart before admitting the patient.
- Communication Notes - This section will house all the communication notes that have been entered into the patient's chart. New notes can be added by selecting the **New Communication Note** button.
- Orders and Care Plans - This section shows Orders and Care Plans for the desired date range.
- Plan of Care Summary - This section contains details of the evolving Plan of Care Summary for the patient. It will be visible if the system setting is enabled.

- Episode Summaries - This section provides a review of the patient's progression when Intra-Episode Summaries are auto-generated and housed here. They can also be created, printed or deleted.
- Vital Signs Charts - This section indicates the changes in the patient's vitals during the episode if documented.
- Wound History – A list of all active and inactive wounds for the patient's current admission period.
- Triage Classification - This section contains information based on answers from the patient's profile Emergency Preparedness section.
- Deleted Tasks - Deleted tasks will be found in this section.

The patient's scheduled visits will appear at the bottom of the Patient Charts window. To expand and collapse the task/visit list select the icon. The best way to review patient tasks and schedule further visits is from the Schedule Center.

INTRODUCTION TO THE SCHEDULE CENTER

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

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

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

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

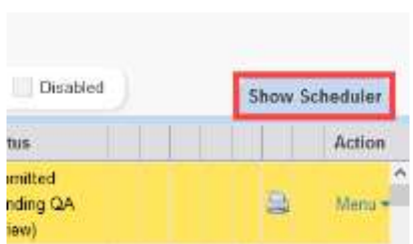
Schedule Center Filters

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

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

Scheduling Visits to a Patient

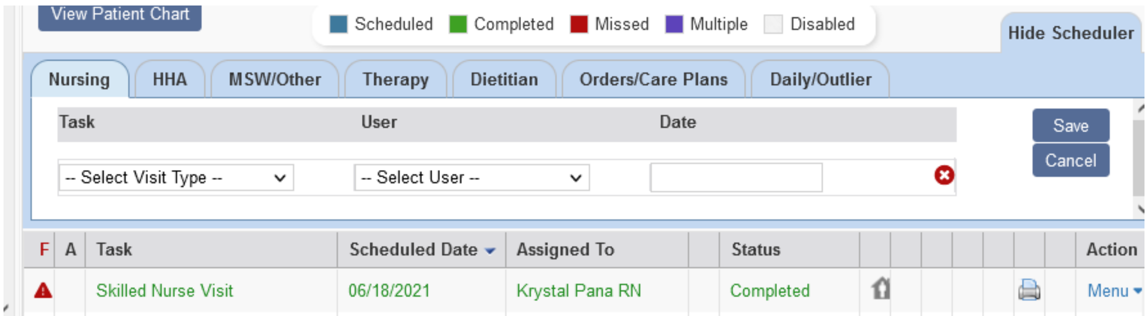
When scheduling individual visits for a patient, use the **Show Schedulers** tab to quickly schedule those single task items through the scheduler. Select a date on the calendar and the scheduler will open.



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

- Nursing
- HHA
- MSW/Other
- Therapy

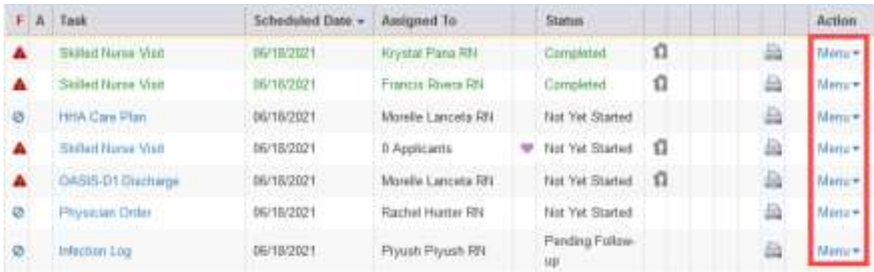
- Dietician
- Orders/Care Plans
- Daily/Outlier



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

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

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



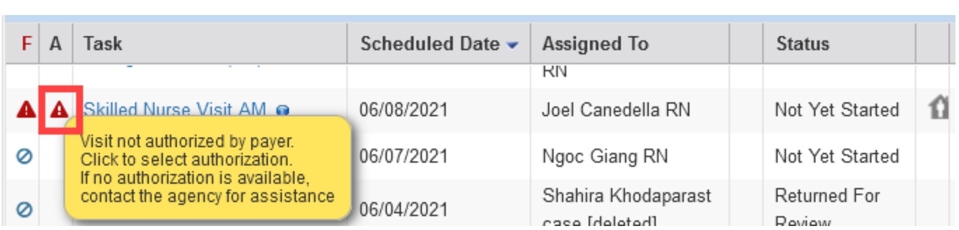
After selecting Menu, select **Reassign** and the box below will appear.

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

Authorizations

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

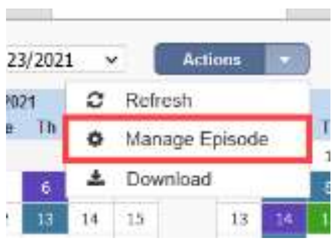
After adding or updating the authorization, the visit can now be linked to the appropriate authorization. Select the Warning symbol to view and attach to a new authorization.



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

Managing Episodes

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



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

- Start of care date
- Episode start and end date
- Case manager
- Primary insurance
- Secondary insurance
- Primary physician
- Visit authorization required

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

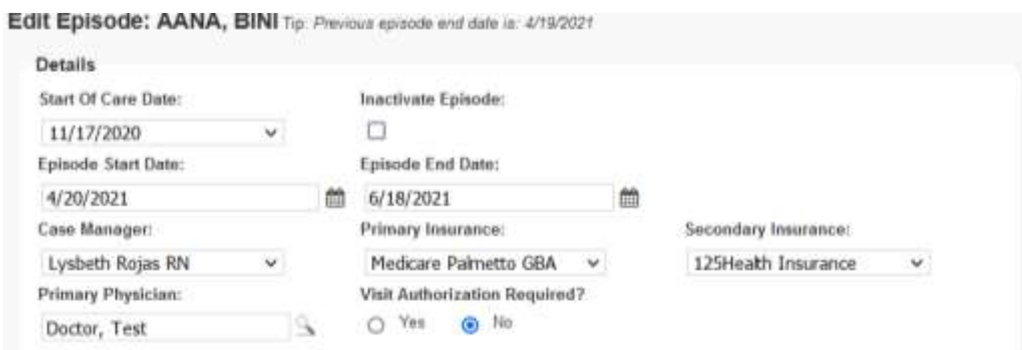
  - Episode was entered in error
  - Patient is discharged prior to a first billable visit in the episode

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

List of in-active episodes	
Inactive Episode(s)	
Episode Range	Action
11/17/2020 - 01/15/2021	Activate | Edit
04/20/2021 - 06/18/2021	Activate | Edit
03/02/2019 - 04/30/2019	Activate | Edit
12/17/2020 - 02/14/2021	Activate | Edit

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

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



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

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

Select the sticky note to enlarge.

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

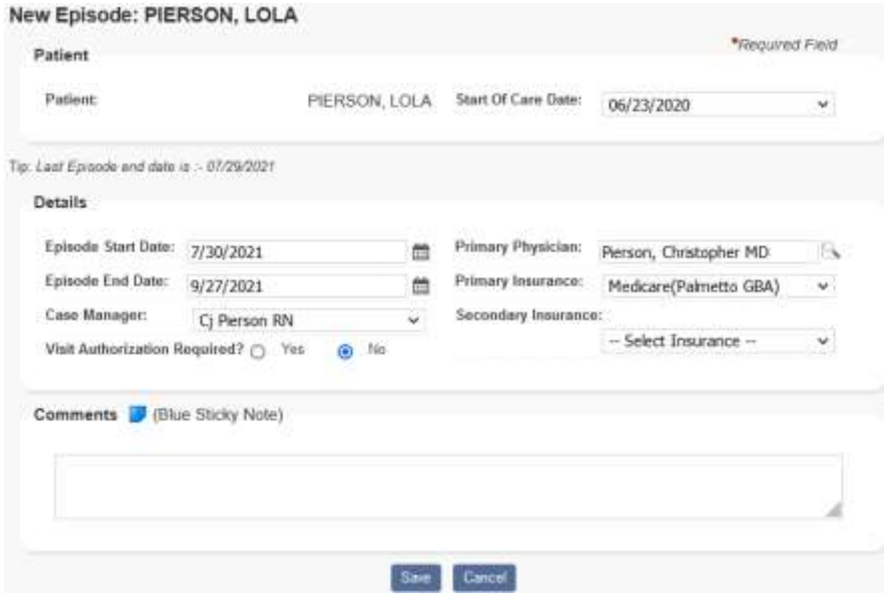
The **Activity Logs** button will be visible throughout different sections of the database and will provide audit trail data.

List of Episode Logs

User Name	Action Description	Date
Pierson, CJ	Episode Added	06/21/2021 11:15 PM
Pierson, CJ	Episode Updated	06/24/2021 10:19 PM

New Episode

The window below will appear:



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

- Start of Care Date - The start of care from the OASIS for this admission period.
- Episode Start Date – Autogenerates with the day immediately following the past episode.
- Episode End Date - Autogenerates date to 60 days after the episode start date.
- Primary Physician - Autogenerates the physician in the chart.
- Primary Insurance - Autogenerates the primary insurance in the chart.
- Secondary Insurance - Autogenerates the secondary insurance in the chart.
- Case Manager - Autogenerates the case manager from the chart.
- Visit Authorization Required - Autogenerates based on the answer in the payer setup.
- Comments - Free text space available to enter information for this episode that needs to display on all visits in the episode.

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

HELP CENTER

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