

HOME HEALTH OFFICE STAFF (INTAKE AND SCHEDULING) QUICK REFERENCE GUIDE

September 2022

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LOGGING IN

1. Go to www.axxess.com and select **LOGIN**
2. Enter the email address and password
3. Select **Secure Login**. **NOTE:** If password is forgotten, select **Having trouble logging in?** and follow the prompts
4. Select **OK**


DASHBOARD

The Dashboard can display up to nine tiles. Five of these tiles are default and the remaining four are permission-based. Intake/schedulers 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

NOTE: Sections with a red asterisk (*) indicate that the information is required to save the page. Select  for further clarity into section.

1. **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 that is primarily providing the face-to-face information for admission.

- Face-to-Face Evaluation – Check the box and the system will schedule a face-to-face on the patient chart once the patient is admitted.
 - If date is not known, check face-to-face to be completed within 30 days box.
 - Certifying Physician - The physician that certifies that a patient is eligible for Medicare home health services. Can be the same as the referring and/or attending physician.
 - Name of Referral Source - Indicates if a clinic, hospital or person referred the patient.
 - Facility Referral Source - Enter if the organization has a contract with a facility who provides referrals.
 - Admission Source - Default list to select where the patient was referred from.
 - Type of Inpatient Admission/Visit Code - Based on organization policy of how visits are prioritized.
 - Community Liaison – Enter the marketing professional who promotes the organization.
 - Internal Referral Source - If an organization staff member solicits referral.
 - Assign to Clinical Manager - Patients must have a clinical manager assigned who oversees patient care.
 - Referral Date - Date the patient was referred to the organization.
2. **Demographics** - Patient information, contact information, patient primary address and patient mailing address will be entered in this section.
- Select + **ADD VISIT ADDRESS** if the patient has more than one address.
 - If the patient's mailing address differs from the primary address, both must be entered. If the address is the same for both sections, check Same as Primary Address.
 - Select **Validate Address** to verify that the details entered are for a valid address.
3. **Tags** - Users can add and assign patient tags to categorize patients that fall into certain groups.
- Search by keyword, select the drop-down to see available choices or add new tags by selecting the **New Tag** button (permissions based)
4. **Payer** - Encompasses details of how the patient will be billed.



- Enter the Medicare Beneficiary Identifier (MBI) and/or Medicaid number. If not available, select N/A.
 - [Click here for CMS guidelines on the new Medicare Beneficiary Identifier](#)
 - Select **Verify Medicare Eligibility**.
 - Enter the HIC number, alternate Medicaid number, primary, secondary and tertiary insurance, if applicable.
5. **Clinical** - Encompasses patient care information and contact details.
- Services Required: Indicate the discipline(s) that will see the patient.
 - Attending Physician: Physician that is providing care plan oversight.
 - Can be the same as the referring and/or certifying physician.
 - Select **New Physician** if the physician is not in the database.
 - Select the check box if the referring physician will not provide ongoing orders.
 - Primary Emergency Contact: Enter the patient's legal representative or elected legal representative.
 - Select + **ADD EMERGENCY CONTACT** to add additional contacts.
 - Select Same as Patient Address check box if the individual entered has the same address as the patient (automatically populates). Otherwise, enter the legal representative's address.
 - Referral Comments: Free text box for narratives, teaching, guides, goals, and any other details pertaining to the referral. Template options are available.
 - Select **ADD REFERRAL**.


VIEWING EXISTING REFERRALS

View/Lists/Referrals or Patients/Referrals

The Referral List contains the patient's referral date, name, referral source, DOB, gender, status and name of the person who entered the initial referral. Select **New Referral** to add additional referrals.

The Action column allows users to:

-  - Gives a preview of the referral document.
-  - 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** - Removes the patient from the list of referrals available for admission.

ADMITTING A REFERRAL

Patients/Pending Admissions, Patients/Non-Admissions, View/Lists/Referrals or Patients/Referrals

Select **Admit**. Demographics section will contain information that was entered during the referral process. Below are sections that were not in the referral process:


- 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. The sections listed below will also need to be completed prior to admission:

- Payer - If not entered during the referral.
 - Select **Verify Medicare Eligibility** (if Medicare patient).
 - Enter all other available insurance information.
 - Select **Save & Continue**.
- Physicians - If the certifying physician was identified as the attending physician during new referral, it will automatically populate. Type in the free text box to add.
 - Select **New Physician** to add to the database (permission based).
 - Select **Add** for additional physicians.
 - Select **Save & Continue**.
- Clinical/Diagnosis - Details populate from referral.
 - Search for diagnoses by ICD Name or ICD-10-CM Code.
 - Add more by selecting **+ Add Diagnosis**.
 - Select **Save & Continue**.
- Pharmacy – Start typing the pharmacy name and choose from options.
 - Select **New Pharmacy** if not listed in the system.
 - Add additional by selecting **Add Pharmacy** (permission based).
 - Select **Save & Continue**.
- Contacts - At least one emergency contact must be entered. Any contacts added during the new referral will populate.
 - Select **Add Emergency Contact** if not previously entered.
 - If CAHPS services with Axxess are enabled, the user will indicate if this patient should or should not be contacted for CAHPS (reason required if not).
 - Verify contact details. If the contact is the same as the emergency contact, check Same as Primary Emergency Contact box.
 - Select **Save & Continue**.
- Emergency Preparedness
 - Choose emergency triage.
 - Enter additional emergency preparedness information.
 - Enter evacuation details.
 - Select **Save & Continue**.
- Advanced Directives – Choose if patient has advanced care plan or surrogate decision maker and legal documentation can be provided. If so, enter details.

- **NOTE:** If DNR, Out of Hospital (Do Not Resuscitate) are selected, the patient will have **DNR** under the name listed in the Patient Charts window.
- Enter comments.
- Select **Save & Continue**.
- Referral Information – Review physician assignments and confirm referral details entered during the new referral.
 - Search by city, state, physician or NPI.
 - Enter Face-to-Face Evaluation Information if available.
 - Enter other available information.
 - Select **Save & Continue**.

Select the **PDGM Modeling Tool** button any time during the admission process to learn how different factors generate the payment resource groupers under PDGM.


If required items are missing in any category, the following  icon will display along with the number of items missing. Select **Admit** to admit the patient or select **Save & Exit** 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's 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

Search parameters found to the left of the Patient Charts window.

Alternative area to select **Add New Patient**.

- Branch - If more than one.
- Status - Condition of the patient (active, discharged, pending, non-admit).
- Payer - This option allows the user to narrow down by payment source.
- Search Patients - Start typing in letters of the patient's first or last name.

Patient Chart Top Menu

The New and Documents tabs found at the top of the Patient Charts window.

New/Order - Add a new order (permission based). Alternative route is *Create/New/Order*.

New/Authorization - Add authorizations for patients with per visit insurance payers (permission based). **NOTE:** A notification displays if the patient's insurance does not require authorization.

1. The patient's name and insurance will populate.

2. Confirm authorization type and status. Enter start date, end date and authorization number.
3. Choose discipline, HCPC code, then authorized units and unit type.
4. Select **Add More Disciplines** for additional discipline authorizations.
5. Enter comment.
6. Add attachments.
 - a. Select **Browse...**
 - b. Find file
 - c. Select **Open**
 - d. Select **Attach Document**
 - e. Select **Save**

To authorize multiple tasks at one time:

1. Go to *Patient Charts/Quick Links/Authorization Listing*.
2. Select **Edit**.
3. Select **Show Unauthorized Visits**.
4. Select the visits to attach to the authorization and select **Authorize**.
5. Verify all authorized visits are included and select **Save**.

New/Aide Care Plan – Add an Aide Care Plan.

1. Choose the care plan type and services.
2. Choose things to report.
3. Enter special considerations.
4. Choose the plan details.
5. Choose notifications.
6. Enter the electronic signature.
7. Select **CREATE & COMPLETE**.

New/Communication Note – Add a communication note in a patient's chart.

1. Choose the episode associated.
2. Attach the physician.
3. Confirm the date.
4. Enter the communication text or use the template.
5. Send within the organization by selecting Send Note as Message.
6. Enter the electronic signature.
7. Select **Save** to return or select **Complete** to finish.


PDGM Dashboard – Manage patients upfront, perform chart reviews, and assess the delivery of care improvement in real time instead of performing post-audit reviews (permission based).

Documents – View, delete or add attachments to a patient’s chart.

1. Select **New Document**.
2. Select **Browse** and find the document to upload.
3. Enter the document name and choose document type .
4. Select **Submit**.

Patient Chart Quick Links

- [Allergy Profile](#) - Add, edit or delete allergies.
- [Medication Profile](#) - Run drug interactions, sign and view signed medication profiles, add, edit, discontinue and delete current medications. Activate and delete discontinued medications.
- [Immunization Profile](#) - Add, inactivate, decline or delete immunizations.
- [Infectious Disease Profile](#) - Track and screen for infectious diseases.
- [Authorizations Listing](#) - Add, edit or delete authorizations.
- [Pre-admission Notes](#) - Add or delete notes in the patient chart before admission.
- [Communication Notes](#) - Add, edit or delete Communication Notes.
- [Orders and Care Plans](#) - Reprint, delete and search for Orders and Care Plans.
- [Plan of Care Summary](#) - Shows evolving Plan of Care Summary (only visible if system setting is enabled).
- [Episode Summaries](#) - View, create, print and delete auto-generated Intra-Episode Summaries.
- [Vital Signs Charts](#) - Graph and list view of vital signs taken.
- [Wound History](#) – A list of all active and inactive wounds for the patient’s current admission period.
- [Triage Classification](#) - Patient’s Emergency Preparedness information.
- [Deleted Tasks](#) - Any task that was removed can be retrieved here (permissions-based).

The patient’s scheduled tasks 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 the patient's 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. Episodes are listed in the drop-down above calendars.

Blue = Scheduled task

Green = Completed task

Red = Missed visit

Purple = Multiple tasks on one day

Gray = Disabled task

Schedule Center Filters

Filters are located to the left of the Schedule Center.

- **Add New Patient** - Alternative way to add patients.
- **Branch** - If more than one, choose from drop-down.
- **Status** - Filtering by active, discharged, pending or non-admitted.
- **Payer** - This option allows the user to narrow down by payment source.
- **Find** - Start typing in patient first or last name.

Scheduling Visits to a Patient

1. Select the **Show Schedulers** tab for single task items or select a date on the calendar for the tab to expand.
2. Select from the following discipline tabs: Nursing, HHA, MSW/Other, Therapy, Dietician, Orders/Care Plans, Daily/Outlier.
3. Choose the task and user.
4. Select the date from the calendar.
5. Select **Save**.

Schedule Manager/Schedule Employee for scheduling multiple tasks:

1. Choose the user (or select Post to AxxessCare check box).
2. Choose the visit type.
3. Select desired dates on calendar.
4. Select **Save & Exit** to finish or **Save & Add Another** for additional visits.

To reassign just one visit to another user in the Schedule Center:

1. Select the *Menu/Reassign* (under Action column).
2. Choose new user/employee.
3. Select **Reassign**.

Authorizations

Select the **Authorizations** tab.


Select **Add Authorization** to add new.

1. Confirm authorization type, status and insurance (auto-selects).
2. Enter authorization number.
3. Select the start date and end date. **NOTE:** The start date cannot be changed once the authorization is created.
4. Select the discipline, HCPC code, enter the authorized units and choose the unit type. **NOTE:** Hourly is for recording authorization only, the system currently doesn't provide tracking hours.
5. Select **Add More Disciplines** (if necessary).
6. Enter comments and/or add attachments.
7. Select **Save**.

Authorize multiple tasks at one time:

1. Select the **Edit** hyperlink on the right for the appropriate authorization.
2. Scroll down, select **Show Unauthorized Visits**.
3. Select the visits to attach and select **Authorize**.
4. Verify all authorized visits that are included and select **Save**.

After adding/updating authorization(s), link the authorizations to the corresponding visits.

1. Select the  icon to the left of the visit to view and attach to authorization.
2. Select authorization from the drop-down.
3. Select **Save**.
4. After the visits have been attached, the warning icon will disappear.

To keep track of authorizations, go to *Reports/Report Center/Schedule Reports/Authorization Utilization*.

Managing Episodes

Schedule Center/Actions/Manage Episode (permissions-based).

Updates can be made to the following sections:

- Start of care date

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

To inactivate an episode:

1. Select the Inactivate Episode box.
2. Select **Save**.

To view inactive episodes, select *Schedule Center/Episode Manager/Inactive Episodes*. Select the **Activate** or **Edit** hyperlinks to reactivate or make updates.

Comments can be added in the section represented by the blue sticky note. The information attaches to each scheduled task item. Hovering over the note will show the contents. Select the blue sticky note to enlarge.

Activity Logs (permissions-based) will be visible throughout different sections of the database and will provide audit trail data.

To add an episode:

1. Select *Schedule Center/New Episode*.
2. The new window will default the following information
 - a. Start of Care Date - The Start of Care from the OASIS for this admission period.
 - b. Episode Start Date – Autogenerates with the day immediately following the past episode.
 - c. Episode End Date - Autogenerates the date to 60 days after the episode start date.
 - d. Primary Physician - Autogenerates the physician in the chart.
 - e. Primary Insurance - Autogenerates the primary insurance in the chart.
 - f. Secondary Insurance - Autogenerates the secondary insurance in the chart.
 - g. Case Manager - Autogenerates the Case Manager from the chart.
 - h. Visit Authorization Required - Autogenerates based on the answer in the payer setup.
 - i. Comments - Free text space available to enter information for this episode that needs to display on all visits in the episode.

3. Select **Save**.

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/>

