HOSPICE
ADMINISTRATOR OVERVIEW
TRAINING MANUAL

May2023

Table of Contents

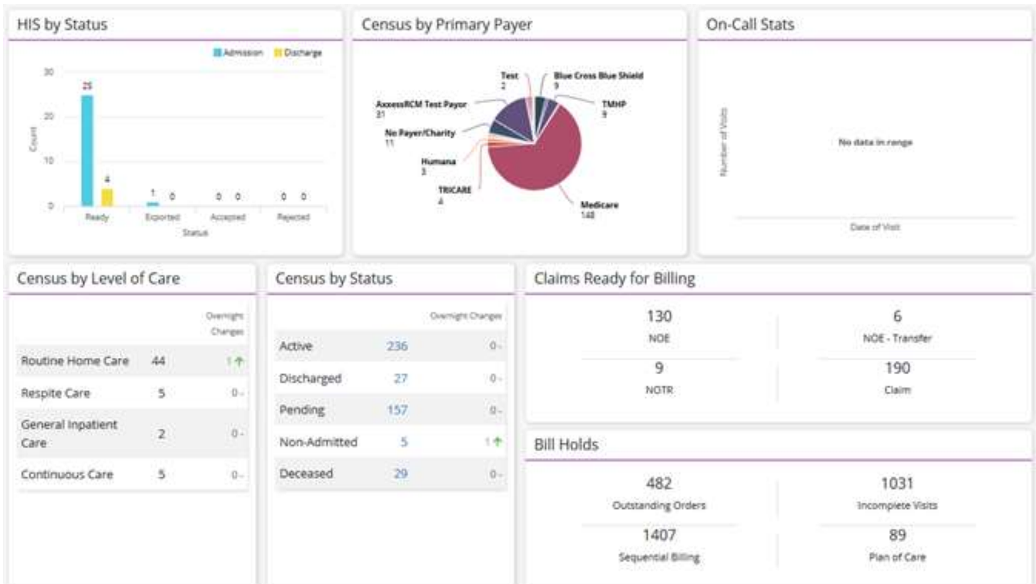
ADMIN DASHBOARD 4
ACCELERATED PAYMENT DASHBOARD 5
COMPANY SETUP 6
1. Company Information 6
2. Financial & Billing 7
3. Clinical 9
4. Notifications - 10
5. Operations 11
6. Scheduling - 14
7. Payroll 14
Payroll Policy 17
Rates 18
8. Subscription Plans 19
Integrations 20
ADD AND LISTS 20
ADDING A NEW USER 20
Information 20
Permissions 21
Payroll 22
Pay Type 23
Rates 23
Infectious Disease Profile 25
Documents 26
QA Settings 27
EDITING A USER 27
ADDING A PHYSICIAN 28
ADDING A NEW VENDOR 29
ADDING A NEW PHARMACY 30
ORDERS MANAGEMENT 31
1. To Be Sent 31

2. Pending Signature....32
3. Completed Orders....34
ADDING AN INSURANCE/PAYER....34
EDITING EXISTING INSURANCE/PAYERS....36
ADDING TEMPLATES....37
ADDING DME....38
ADDING SUPPLIES....39
ADD TEAMS....40
ADD DOCUMENT TYPES....42
ADD NON-ADMIT REASONS....43
HIS EXPORT....43
PARTNER CONNECTIONS....47
ACTIVITY LOG....49
QUALITY ASSURANCE (QA) SETTINGS....50
Bypass Tasks for Individual Users....51
HELP CENTER....52

ADMIN DASHBOARD

Admin/Admin Dashboard

The administrator dashboard consists of seven different tiles:



HIS by Status - Bar graph view of HIS differentiated by the number of admission and discharge in ready, exported, accepted and rejected status.

Census by Primary Payer - Pie graph view of how payers are split up between patients.

On-Call Stats - Bar graph view of number of visits that were made per day for the last seven days.

Census by Level of Care - Shows the number of patients by Routine, Continuous, General Inpatient and Respite and the recent changes of each level.

Census by Status - Shows the number of patients by referrals, admission, active, discharge and deceased.

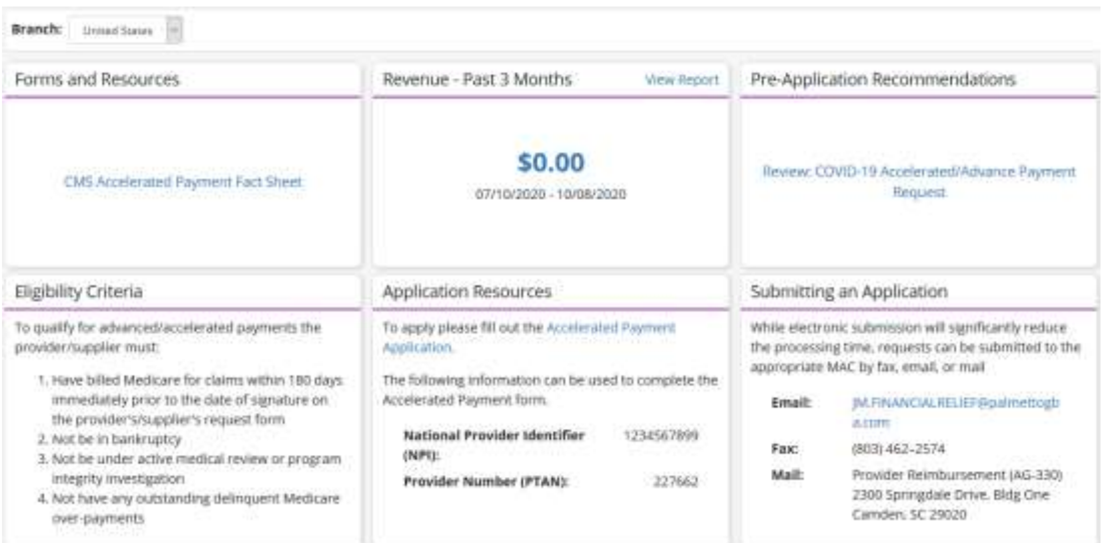
Claims Ready for Billing - Shows the number of claims by NOE, NOE-Transfer, NOTR and claims that are ready for submission.

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

The Accelerated Payment Dashboard provides forms, resources and information to help organizations apply for accelerated payment. To access the dashboard, users must have permission to view company setup information.



The Accelerated Payment Dashboard provides useful information about accelerated payments that are available under the CARES Act. Information on the dashboard is uniquely customized to each organization based on the assigned Medicare Administrative Contractor (MAC) and organization-specific data.

On the dashboard, select a branch to apply for accelerated payment. The forms, revenue, and resource sections will automatically update based on the branch's data and Medicare intermediary. The dashboard 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 three 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.

NOTE: CMS has stated 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 Hospice.

- 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 organization's assigned MAC and includes the organization's National Provider Identifier (NPI) and Provider Number (PTAN), which are required when submitting the application.
- 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 select the email address linked in this section to generate an email for application submission.

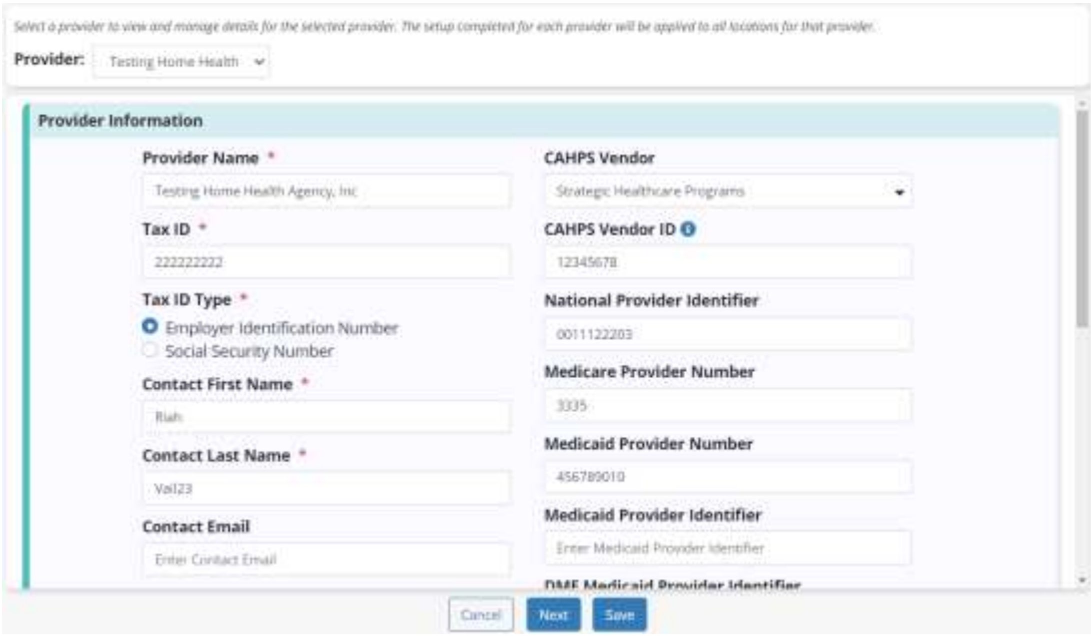
COMPANY SETUP

Admin/Company Setup

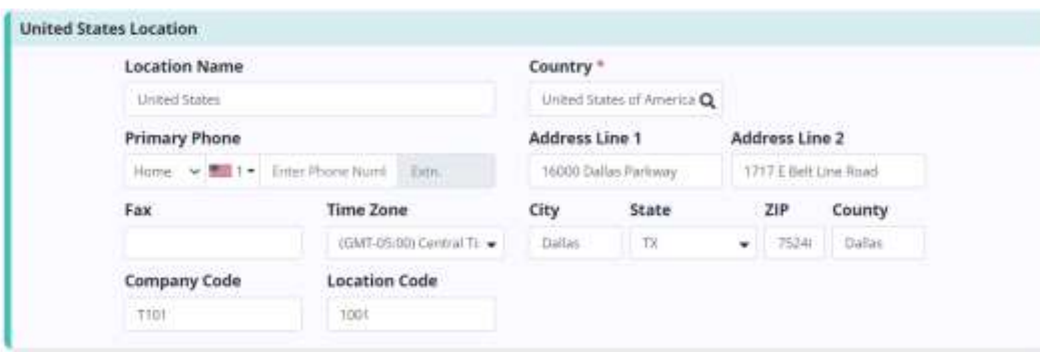
Company Setup is split up into eight tabs found on the left side of the window. Choose the provider (if there is more than one) the setup is being completed for by choosing them from the drop-down menu at the top.

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.



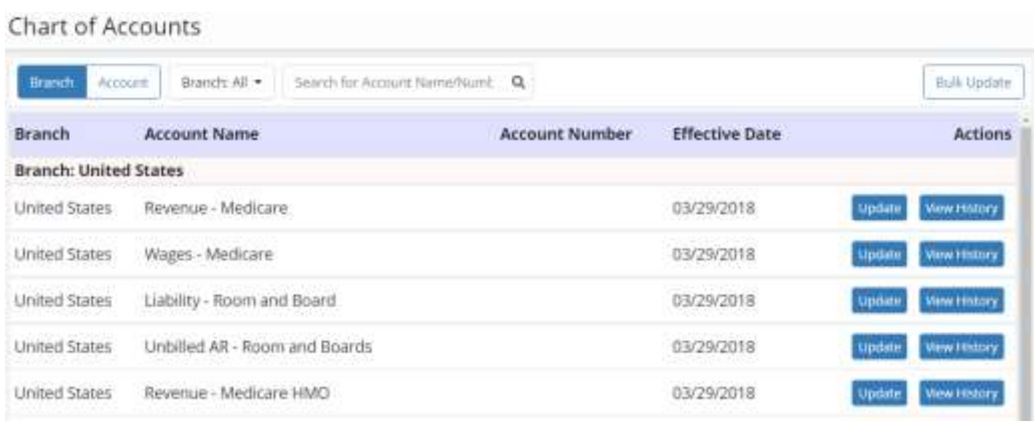
Organization Location - Enter the organization's name, phone and fax number, address and time zone. Additional branch locations can be added below. Select the **Next** button to continue.



2. **Financial & Billing** - Determine the date through which books are closed for the organization.

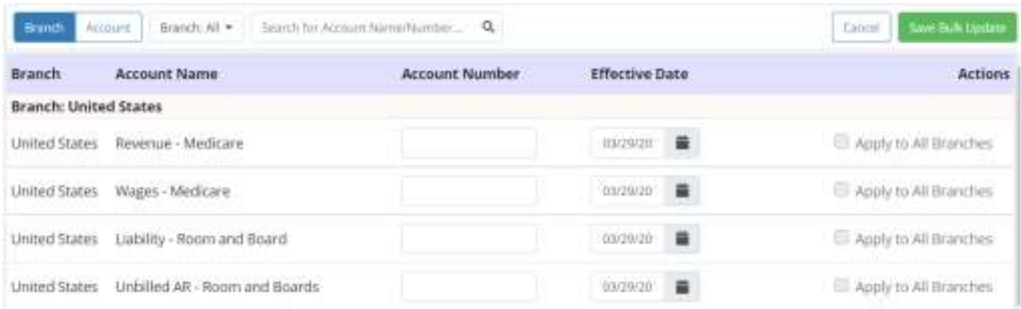
The Chart of Accounts Mapping feature enables users to assign account numbers based on their organization's accounting system. Account numbers assigned to each general ledger account in Company Setup will flow to the General Ledger report. This feature enables users to organize financial data and create financial statements, including income statements and balance sheets.

When the **View Chart of Accounts** button is selected, a new window will open and display the following details for each account: branch, account name, account number and effective date. Users can select **Branch** or **Account** at the top of the screen to group the accounts by branch or account name.



Branch	Account Name	Account Number	Effective Date	Actions
Branch: United States				
United States	Revenue - Medicare		03/29/2018	Update View History
United States	Wages - Medicare		03/29/2018	Update View History
United States	Liability - Room and Board		03/29/2018	Update View History
United States	Unbilled AR - Room and Boards		03/29/2018	Update View History
United States	Revenue - Medicare HMO		03/29/2018	Update View History

Select **Bulk Update** at the top of the screen 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 appropriate updates have been made, select **Save Bulk Update**. Once saved, the counter will show the number correlating to the number of rows that were updated.

To update the account number and/or effective date for an account, select **Update** under the **Actions** column next to the appropriate account. Updates can be made to the account number and effective date, then select **Save**.

When **View History** is selected, a table will open to display all changes made to the account, sorted by most recent to oldest updates. Account numbers added to the **Chart of Accounts** section in Company Setup will appear in the **Account** column of the General Ledger Report.

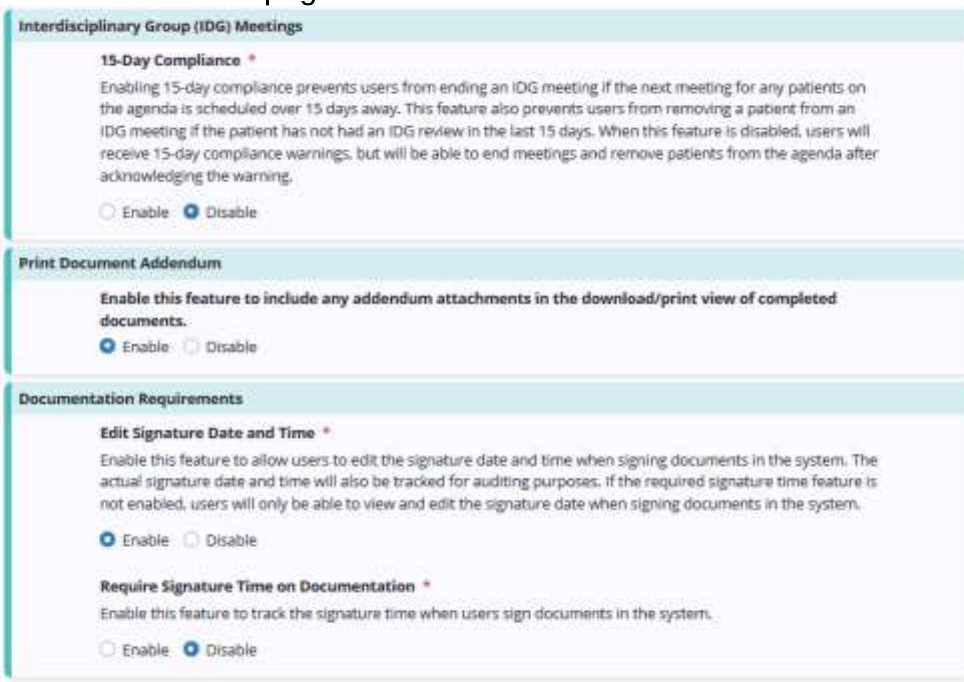
The last option in the **Financial and Billing** tab is to check the HIS exported box to prevent claims from being submitted before the HIS is exported.

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 Patient-Specific Hospice Aide or Homemaker Care Plan.
   - Enable or disable the 15-Day Compliance for IDG (Interdisciplinary Group) Meetings.
   - Enable or disable the Print Document Addendum.

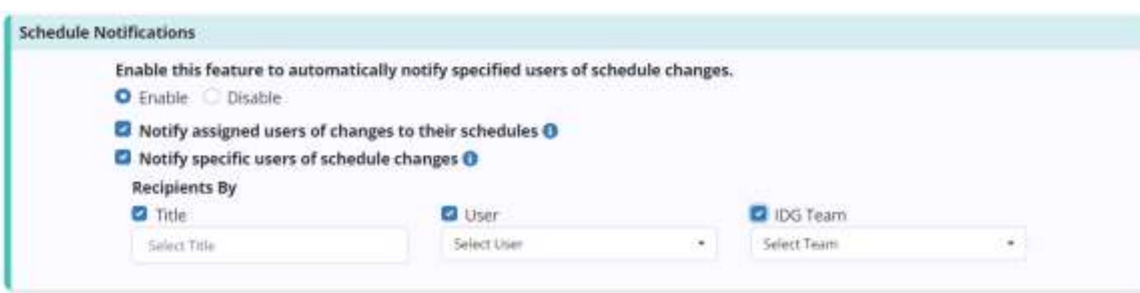
- Enable or disable the Edit Signature Date and Time and documentation signature time requirement.
- Finally enable or disable Conflicting Visit Time Validations.

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



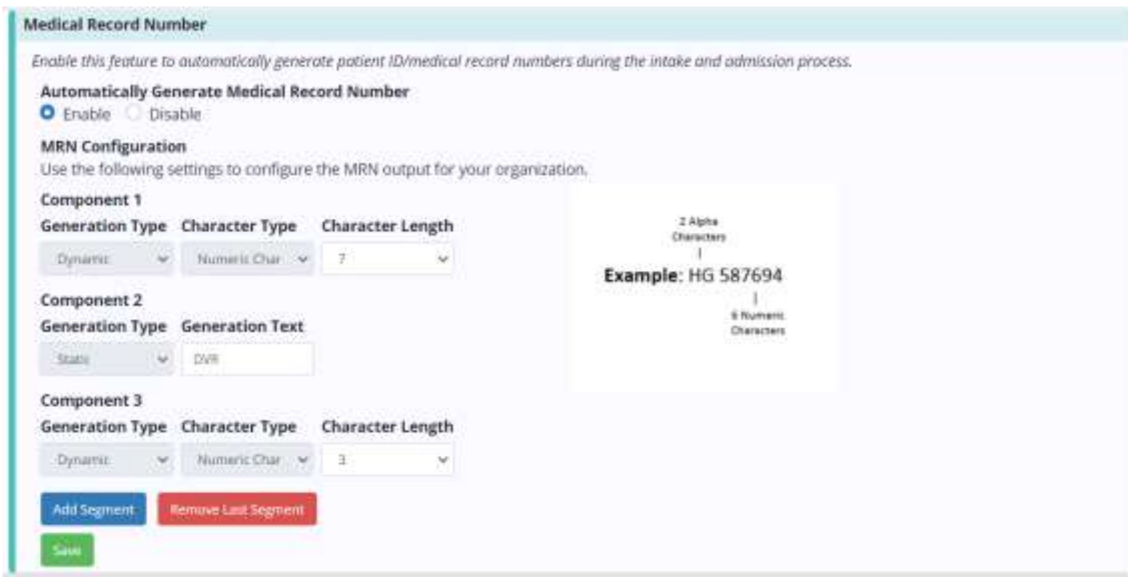
4. **Notifications** - To enable schedule notifications, select **Enable** under Schedule Notifications. When **Enable** is selected, the following checkboxes will appear:

- Notify assigned users of changes to their schedules.
- 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. If enabled, decide how it will be configured.



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.

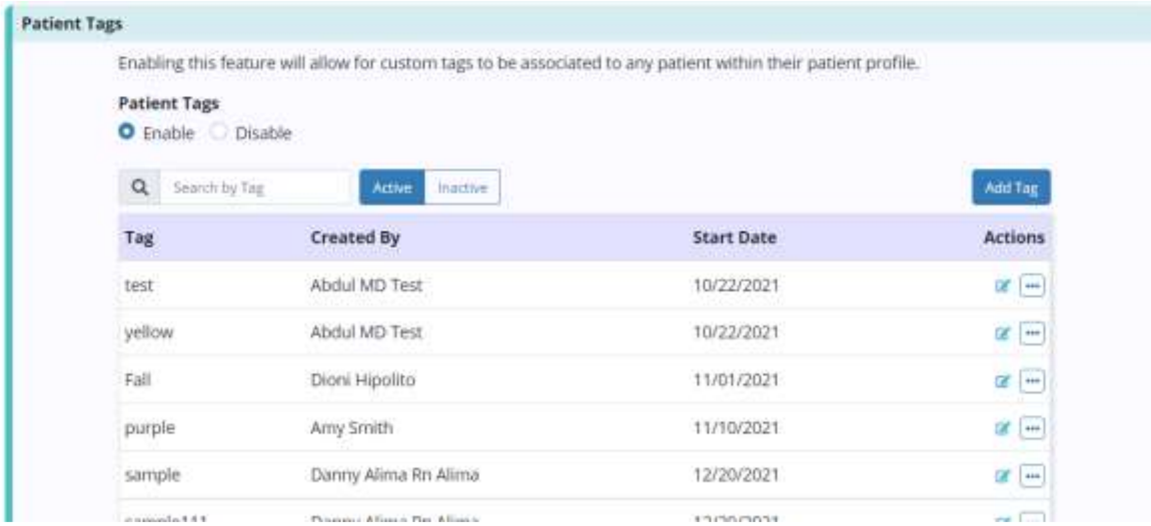
Once a segment has been created, select **Add Segment** to add a new segment and continue configuring the medical record number. To remove the most recent segment, select **Remove Last Segment.** When the MRN setup is complete, users must ensure that the configuration is feasible within the system.

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.

To proceed with the setup, select **Save** at the bottom of the screen. Once the information is saved, the feature will begin working within the system. When a referral is converted to a pending patient, the system will automatically generate a medical record number. This field will remain editable in the patient profile.

The next feature that must be set up is the Medicare Week. Choose the seven-day range for the organization's Medicare Week. If no selection is made, the software will default to Sunday - Saturday. An organization's Medicare Week can also be updated to support operational changes that may occur at the organization. All previous selections and the effective dates can be viewed here.

Enable patient tags to allow for custom tags to be associated with any patient within their patient profile.

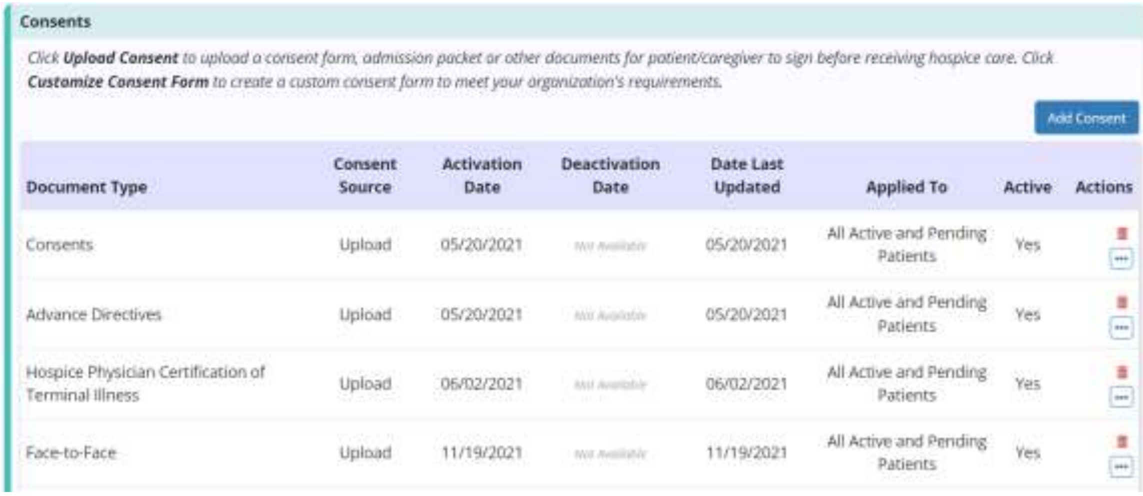


If enabled, select **Add Tag** to create new tags. Enter the name and select **Save** for a single entry or select **Save and Add Another** for multiple. Select the icon to edit previously entered tags or select the icon to deactivate entries. Search for tags by using the search bar. View the list of entries by Active or Inactive.

Next, choose how Social Security numbers are displayed on patient face sheets.

Organizations can add their own consents. Begin the process by selecting **Add Consent.** Select **Upload Consent** to upload a consent form, admission packet or other documents for patient/caregiver to sign before receiving hospice care. 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. Then select **Upload**.

Select the icon to remove consents or select the icon to deactivate. Click on **Select Consent Template** to create a custom consent form to meet your organization's requirements. 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. Then select **Customize**.



Consents

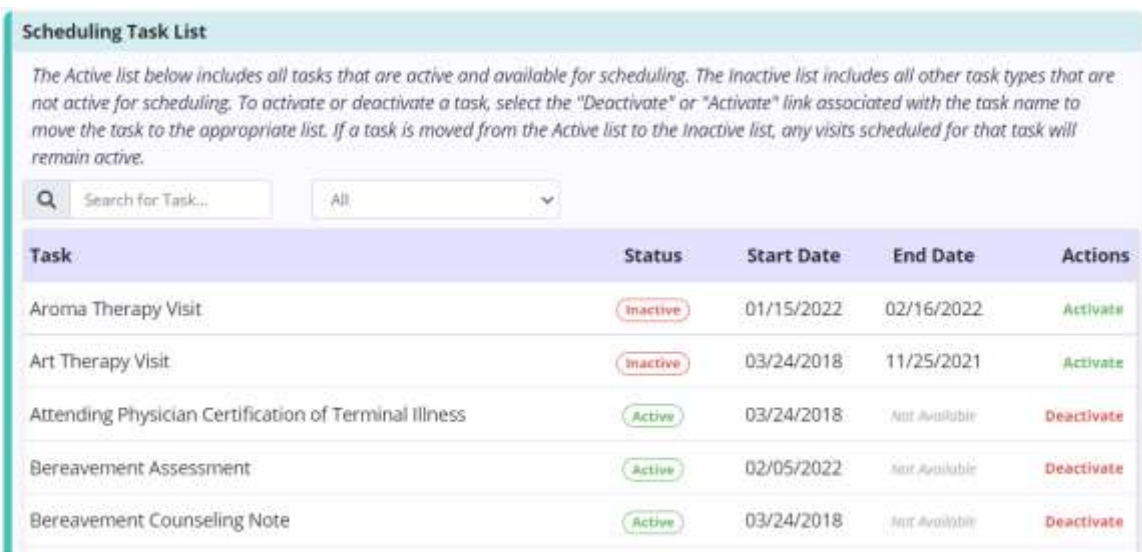
*Click **Upload Consent** to upload a consent form, admission packet or other documents for patient/caregiver to sign before receiving hospice care. Click **Customize Consent Form** to create a custom consent form to meet your organization's requirements.*

Add Consent

Document Type	Consent Source	Activation Date	Deactivation Date	Date Last Updated	Applied To	Active	Actions
Consents	Upload	05/20/2021	Not Available	05/20/2021	All Active and Pending Patients	Yes	
Advance Directives	Upload	05/20/2021	Not Available	05/20/2021	All Active and Pending Patients	Yes	
Hospice Physician Certification of Terminal Illness	Upload	06/02/2021	Not Available	06/02/2021	All Active and Pending Patients	Yes	
Face-to-Face	Upload	11/19/2021	Not Available	11/19/2021	All Active and Pending Patients	Yes	

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

6. **Scheduling** - Choose which task 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.



Scheduling Task List

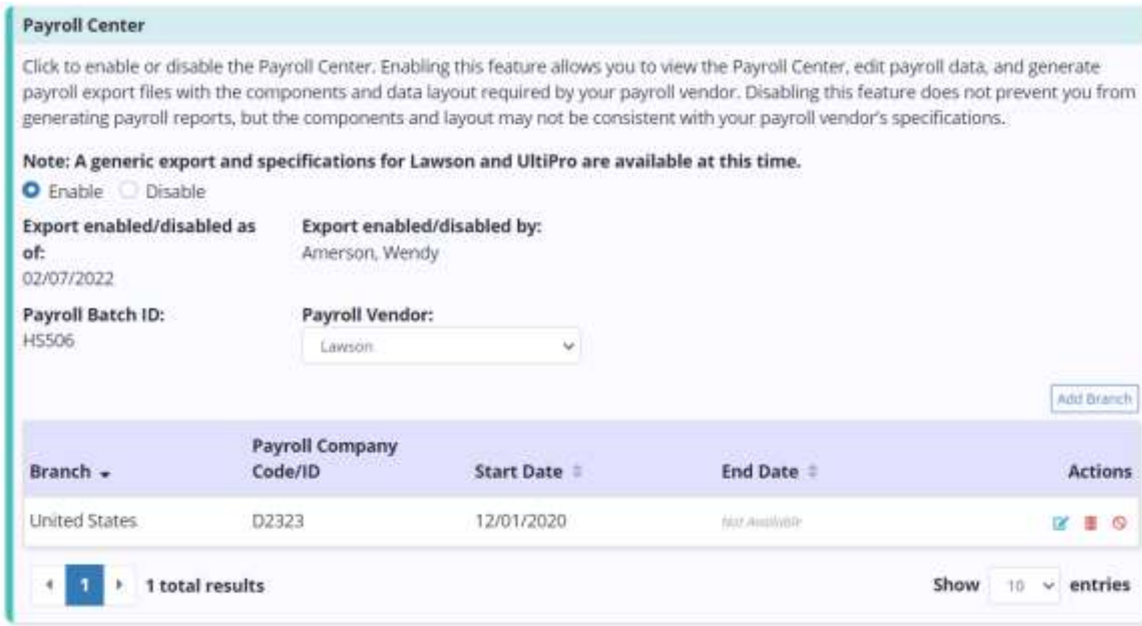
The Active list below includes all tasks that are active and available for scheduling. The Inactive list includes all other task types that are not active for scheduling. To activate or deactivate a task, select the "Deactivate" or "Activate" link associated with the task name to move the task to the appropriate list. If a task is moved from the Active list to the Inactive list, any visits scheduled for that task will remain active.

Search for Task... All

Task	Status	Start Date	End Date	Actions
Aroma Therapy Visit	Inactive	01/15/2022	02/16/2022	Activate
Art Therapy Visit	Inactive	03/24/2018	11/25/2021	Activate
Attending Physician Certification of Terminal Illness	Active	03/24/2018	Not Available	Deactivate
Bereavement Assessment	Active	02/05/2022	Not Available	Deactivate
Bereavement Counseling Note	Active	03/24/2018	Not Available	Deactivate

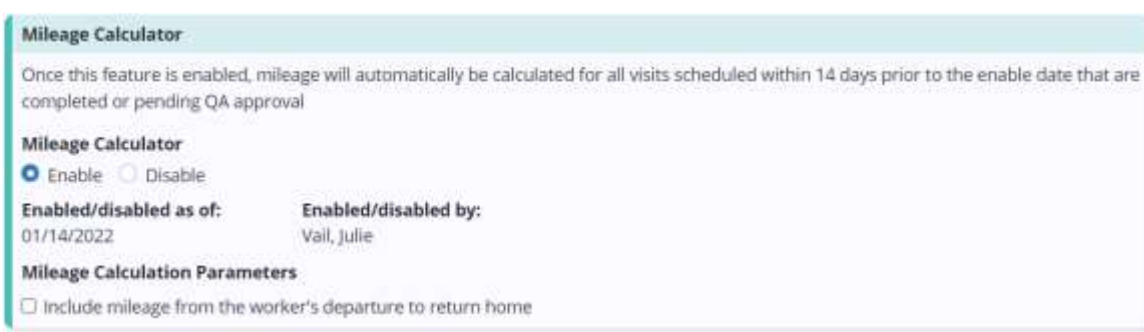
7. **Payroll** - Specify company payroll rates based on individual organization practices to ensure accurate payroll cost reporting for activities performed. Decide to enable or disable the Payroll Center. Enabling the feature allows

organizations to view the Payroll Center, edit payroll data and generate payroll export files with the components and data layout required by the organization's payroll vendor.



Once enabled, choose your payroll vendor. Enable the Payroll Center for different branches by selecting the **Add Branch** button. Choose the branch, payroll company code/ID, start date and select the green **Save** hyperlink on the right. Once entered branches can be edited by selecting the icon, removed by selecting the icon or deactivated by selecting the icon.

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.

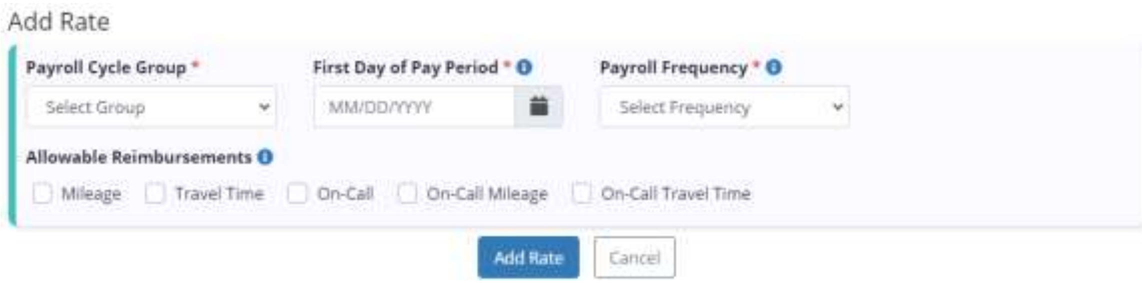
The Current Payroll Settings section at the top of the tab displays current rates and settings that have been set for the organization. This information is read-only and updates automatically when the company settings are changed. The following information appears in this section:

Effective Dates	Displays effective dates for the company's current payroll settings.
Frequency	Displays the rate at which payroll is run (weekly, biweekly, monthly or semimonthly).
Last Day of Period	Displays the last day of each payroll period
Allowable Reimbursements	Displays which reimbursements the organization will pay.
Mileage Rate/Effective Dates	If enabled, this section displays the mileage reimbursement rate and effective date of the company's set pay rate.
Travel Rate/Effective Dates	If enabled, this section displays the per-hour travel reimbursement rate and effective date of the company's set pay rate.
On-Call Mileage Rate/Effective Dates	If enabled, this section displays the mileage reimbursement rate and effective date of the company's set pay rate.

On-Call Travel Rate/Effective Dates	If enabled, this section displays the per-hour travel reimbursement rate for on-call activity and the effective date of the company's set pay rate.

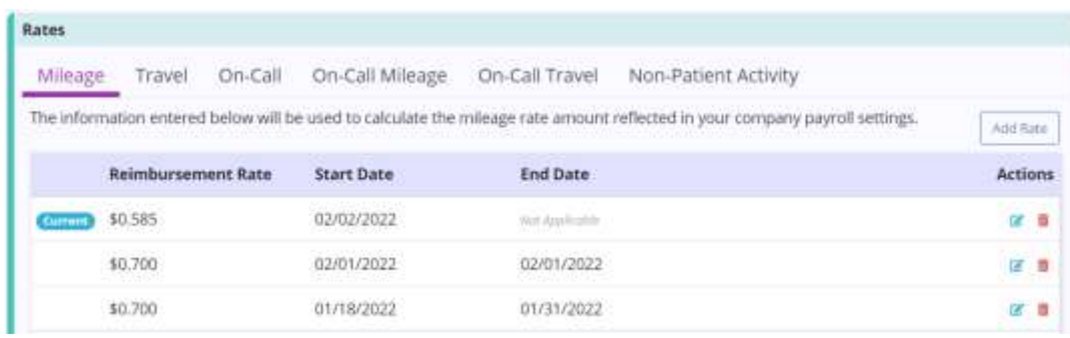
Payroll Policy – If the organization has multiple pay cycles, enable the Payroll Cycle feature to create custom payroll group names. Select **Add Cycle** to create a new payroll cycle group. Enter the name and select **Save**. Once added, select the icon to make changes or select the **Deactivate** hyperlink to remove. Choose whether to see the list of active or inactive groups by selecting the tab.

Select **Add Rate** to enter new payroll cycle rates. Choose the payroll cycle group, first day of the pay period, payroll frequency and allowable reimbursements.



Then select the **Add Rate** button to save. After rates have been entered, select the green **View Details** hyperlink under the **Actions** column to see which reimbursements are included. Rates can be edited by selecting the icon or removed by selecting the icon.

Rates - Comprised of the **Mileage**, **Travel**, **On-Call**, **On-Call Mileage**, **On-Call Travel** and **Non-Patient Activity** rate tabs. This section enables users to enter customized rates and view historical rates for the company. Functionality works the same in each tab by adding a new rate by selecting the **Add Rate** button. To adjust a rate, select the icon under Actions and to remove a rate, select the icon.



Mileage - Add new mileage reimbursement rate and start date. The start date will automatically update the end date for any of the company's existing settings.

Travel - Add new travel reimbursement rate and start date. The start date will automatically update the end date for any of the company's existing settings.

On-Call - When adding a new rate, select the task, payer, branch, rate and effective date. To create the same rate for multiple tasks, payers, or branches, select the desired options from the respective drop-down menus and select **Add Rate**. A row will be added to the rate table for each task, branch and payer specified.

On-Call Mileage - Add new on-call mileage reimbursement rate and start date. The start date will automatically update the end date for any of the company’s existing settings.

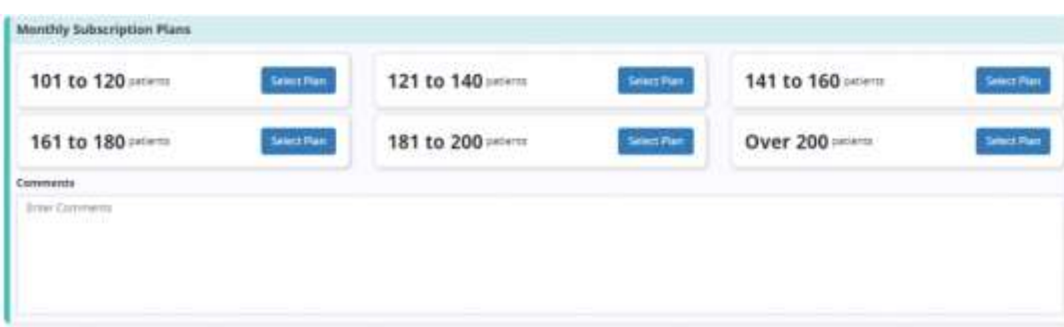
On-Call Travel - Add new on-call travel reimbursement rate and start date. The start date will automatically update the end date for any of the company’s existing settings.

Non-Patient Activity - Setting non-patient activity pay rates enables users to generate reports with the data needed to seamlessly process payroll and monitor operational processes. Rates can be set for individual activities and branches or can be set to apply to multiple activities and branches. These rates will be used to calculate reimbursement for these activities.

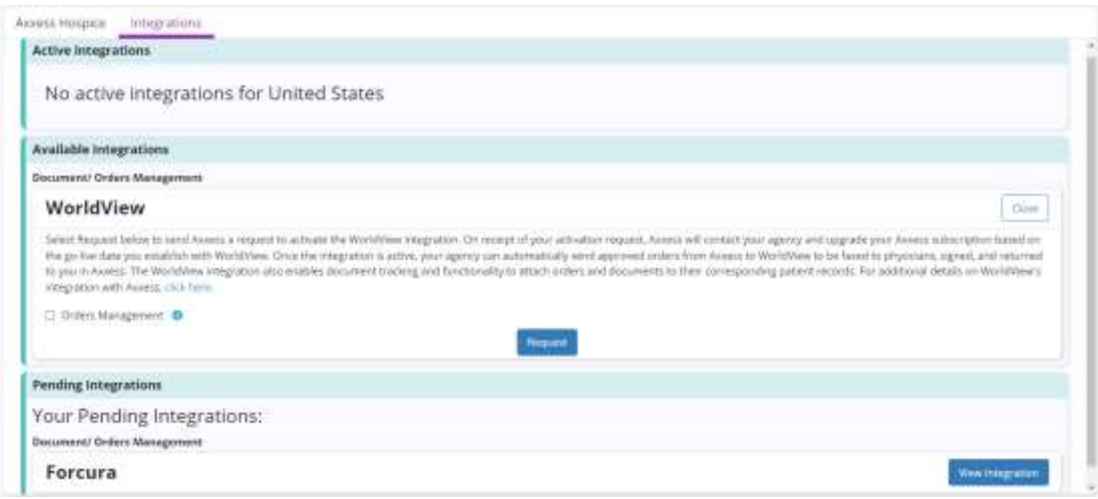
8. **Subscription Plans** - Enables organization leaders to view their subscription plan statuses, request updates and communicate with the Axxess team from within the hospice solution.

The **Current Subscription Plan** section displays your organization’s current plan, total number of patients and how many patients are supported by your current plan.

The **Monthly Subscription Plans** section displays plans that are currently available for your 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 to confirm that the user is authorized to make the request on the organization’s behalf.



Integrations – The **Integrations** tab will show all active, available and pending integrations per branch. There are multiple options for pharmacy integrations, orders and document management and 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.



ADD AND LISTS

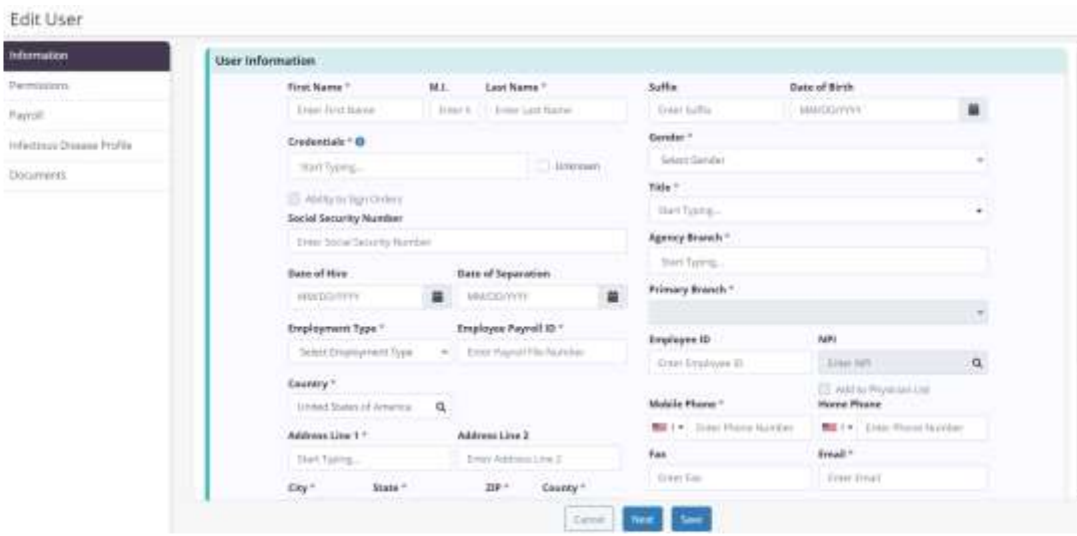
The top right-hand corner of Axxess Hospice houses the **Lists** and **Add** menus.

- The **List** menu is found in the icon.
- The **Add** menu is found in the icon.

ADDING A NEW USER

Add/User

Information - Enter the user's information. All items with an asterisk are required.



The bottom of the page houses System Roles. This allows organizations to limit the times that users can access the software. For example, if the "Allow Weekend Access" box is not checked and a user attempts to log in on a Saturday, the system 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 Hospice.

Select the **Save** button to leave the section but keep what has been entered so far. Select the **Next** button to move on to the next new user tab.

Permissions - Permissions are important in the software because they determine what a user can do in the Administration, Clinical, Billing and Reports categories.

To save time, copy permissions from another user by selecting their name from the drop-down and selecting **Apply**. If permissions are not being copied, users can select the check box in the top left corner of each category that will check every single permission box in that section. Selecting the checkbox to the left of each permission group will allow all permissions for that selection. Checking the box at the top of each column will add that permission type for each item in a section. Permissions can be individually selected with the following functions:

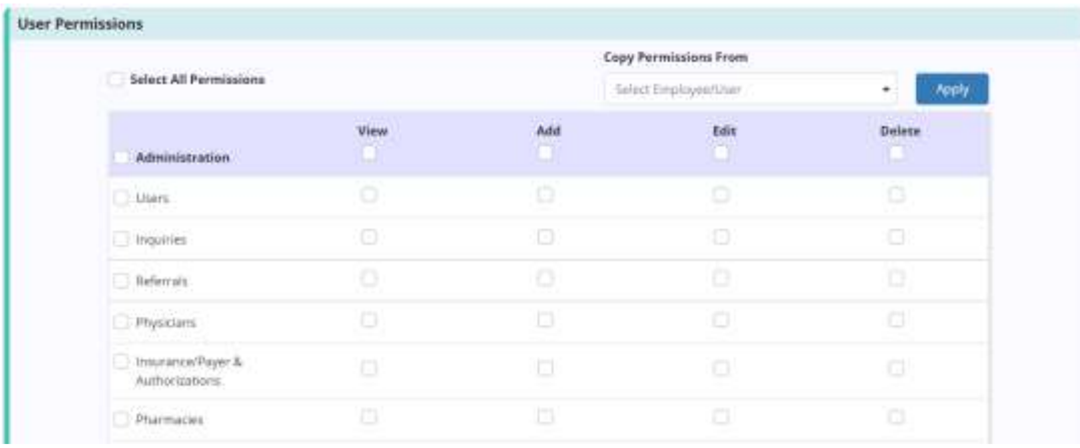
Administration - Users can view, add, edit and/or delete.

Clinical - Users can view, add, edit, delete and/or reassign.

Billing - Users can view, add, edit, e-submission and/or delete.

Reports - Users can view, export and/or delete.

Select the **Save** button to leave the section but keep what has been entered so far. Select the **Next** button to move on to the next new user tab or **Previous** to see the last screen.

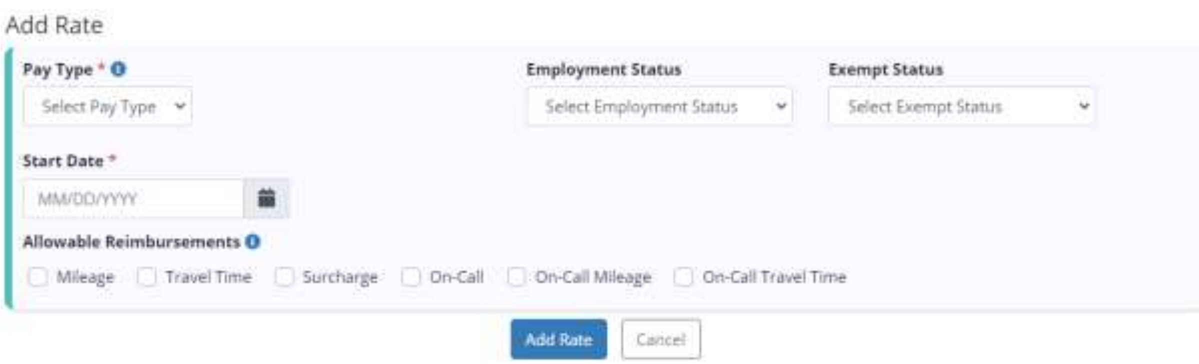


Payroll - Specify user payroll rates based on individual organization practices to ensure accurate payroll cost reporting for activities performed. The **Current Payroll Settings** section at the top of the tab displays current rates and settings that have been set for the user. This information is read-only and updates automatically when the user's settings are changed. The following information appears in this section:

Effective Dates	Displays effective dates for the user's current payroll settings.
Pay Type	Displays the type of pay the user receives (salary, per hour or per visit).
Pay Rate	Displays the user's base pay rate (based on the user's pay type).
Allowable Reimbursements	Displays which reimbursements the user will receive.
Mileage Rate/Effective Dates	If enabled, this section displays the mileage reimbursement rate and effective date of the user's set pay rate.

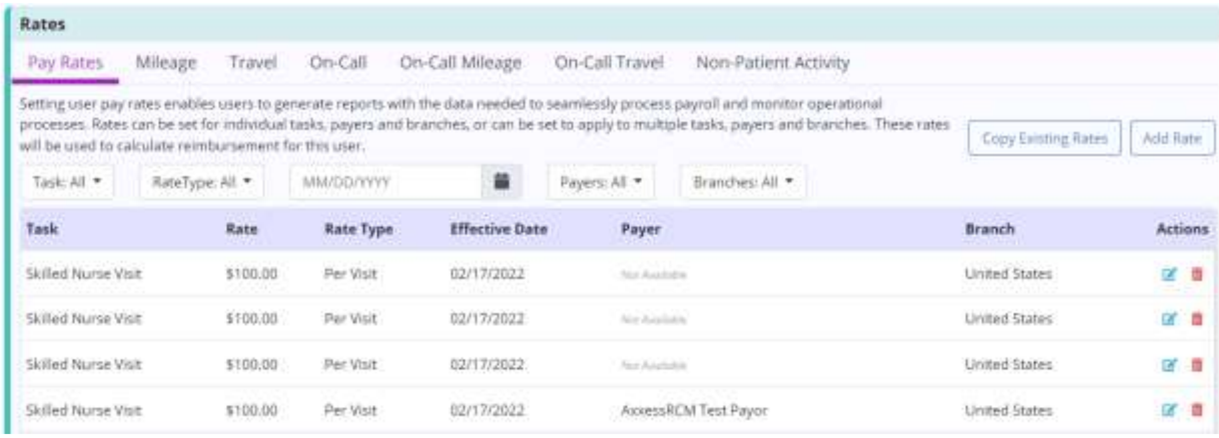
Travel Rate/Effective Dates	If enabled, this section displays the per-hour travel reimbursement rate and effective date of the user's set pay rate.
On-Call Mileage Rate/Effective Dates	If enabled, this section displays the mileage reimbursement rate and effective date of the user's set pay rate.
On-Call Travel Rate/Effective Dates	If enabled, this section displays the per-hour travel reimbursement rate for on-call activity and the effective date of the user's set pay rate.

Pay Type - Select **Add Rate** to enter new user settings, including pay type, employment and exempt status, start date and/or allowable reimbursements. Updating the user's start date will automatically update the end date for any of the user's existing settings. Select the **Add Rate** button to complete.



To adjust existing payroll settings, select the icon under Actions and update the settings as needed. Select **Save** to save your changes. To remove existing payroll settings, select the icon.

Rates - Comprised of the **Pay Rates**, **Mileage**, **Travel**, **On-Call**, **On-Call Mileage, On-Call Travel** and **Non-Patient Activity** rate tabs. This section enables users to enter customized rates and view historical rates for the company. This functionality works the same in each tab by adding a new rate by selecting the **Add Rate** button. To adjust a rate, select the icon under Actions and to remove a rate, select the icon.



Pay Rates - Pay rates can be added for per hour and per visit employees. To add a new rate, select **Add Rate** and select the task, payer, branch, rate and effective date. To create the same rate for multiple tasks, payers or branches, select the desired options from the respective drop-down menus and select **Add Rate.** A row will be added to the rate table for each task, branch and payer specified.

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.

Mileage - Add new mileage reimbursement rate and start date. The start date will automatically update the end date for any of the user's existing settings.

Travel - Add new travel reimbursement rate and start date. The start date will automatically update the end date for any of the user's existing settings.

On-Call - When adding a new rate, select the task, payer, branch, rate and effective date. To create the same rate for multiple tasks, payers, or branches, select the desired options from the respective drop-down menus and select **Add Rate**. A row will be added to the rate table for each task, branch and payer specified. 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.

On-Call Mileage - Add new on-call mileage reimbursement rate and start date. The start date will automatically update the end date for any of the company's existing settings.

On-Call Travel - Add new on-call travel reimbursement rate and start date. The start date will automatically update the end date for any of the company's existing settings.

Non-Patient Activity - Setting non-patient activity pay rates enables users to generate reports with the data needed to seamlessly process payroll and monitor operational processes. Rates can be set for individual activities and branches or can be set to apply to multiple activities and branches. These rates will be used to calculate reimbursement for these activities.

Infectious Disease Profile - This section is where Infectious Disease Screenings are found.

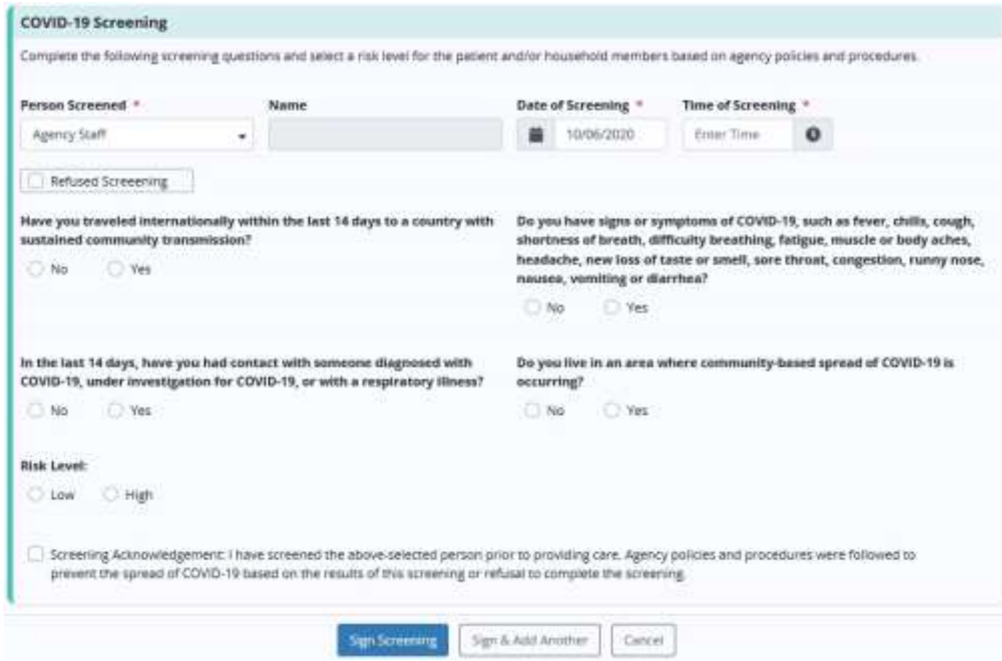
Infectious Disease Profile

Add COVID-19 Screening

Entered By	Type of Screening	Person Screened	Name	Screening Date	Screening Results	Risk Level	Actions
Christoper Cj	COVID-19	Agency Staff		10/05/2020	Yes- 0/4 questions	Low	View

1 | 1 total results | Show 10 entries

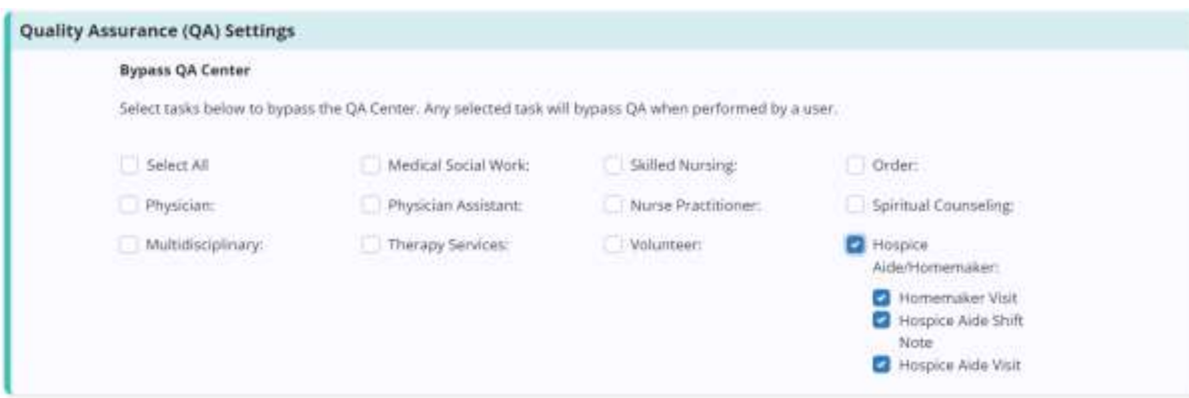
Select the **Add COVID-19 Screening** button to add a screening. Complete the screening questions and select a risk level. Select the **Sign Screening** button once complete or select **Sign & Add Another** button to add additional screenings. There is no limit on how many screenings can be completed for each user to ensure alignment with organization infection control policies and procedures.



Documents – Users can attach documents to user profiles. To upload a user document, select the **Add Documents** button. Choose the file to attach. Confirm the document name, choose the document type, effective and expiration date. Select the **Save Documents** button to complete or select the **Add Another Document** hyperlink to continue adding.

Search through the list of documents by using the search bar. The list defaults to viewing active documents but can be changed to viewing inactive documents by selecting the tab. Select the icon to remove documents, select the icon to edit or select the icon to deactivate.

QA Settings - Under Bypass QA Center, 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.** 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.



EDITING A USER

People/People Center/Edit

The **People Center** will display a list of users. By default, this will show active users. Use the filters or the search feature in the top left to filter for specific employees or scroll down through the list. Selecting the name of the user will show detailed information of that user including their photo (user can change), name, gender, address, phone number, email address, title, credentials, team and date of hire.

To edit a user, select the **Edit** hyperlink in the top left of the user profile. The same **Information**, **Permissions**, **Payroll, Screenings, Documents** and **QA Settings** tabs while adding a new user will be available to edit. The 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.

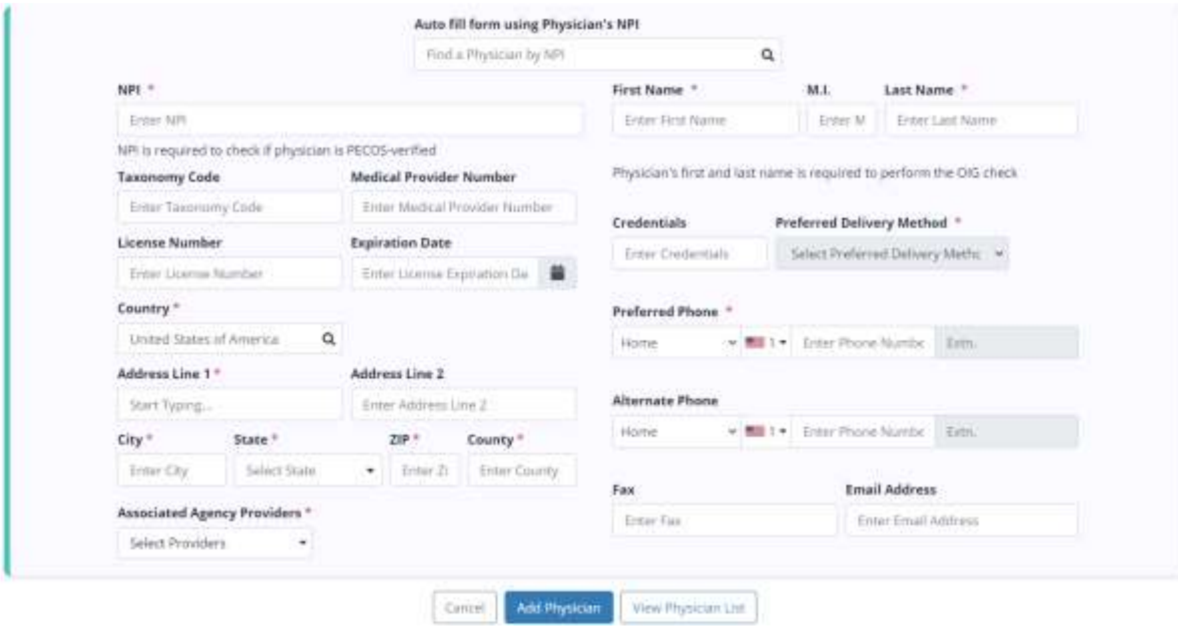
ADDING A PHYSICIAN

Add/Physician

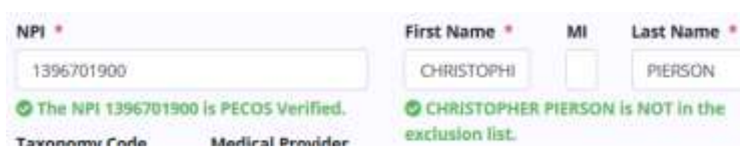
The quickest way to enter a physician is by entering their NPI number. As the number is typed, physicians and their corresponding NPI numbers will appear below for selection.

After selecting the physician, their information and address will auto-fill based on the information that is in the NPI registry. This can still be edited. Everything with a red asterisk is required.

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 and OIG check. A green check mark indicates they are PECOS verified, while a red “X” indicates they are not.

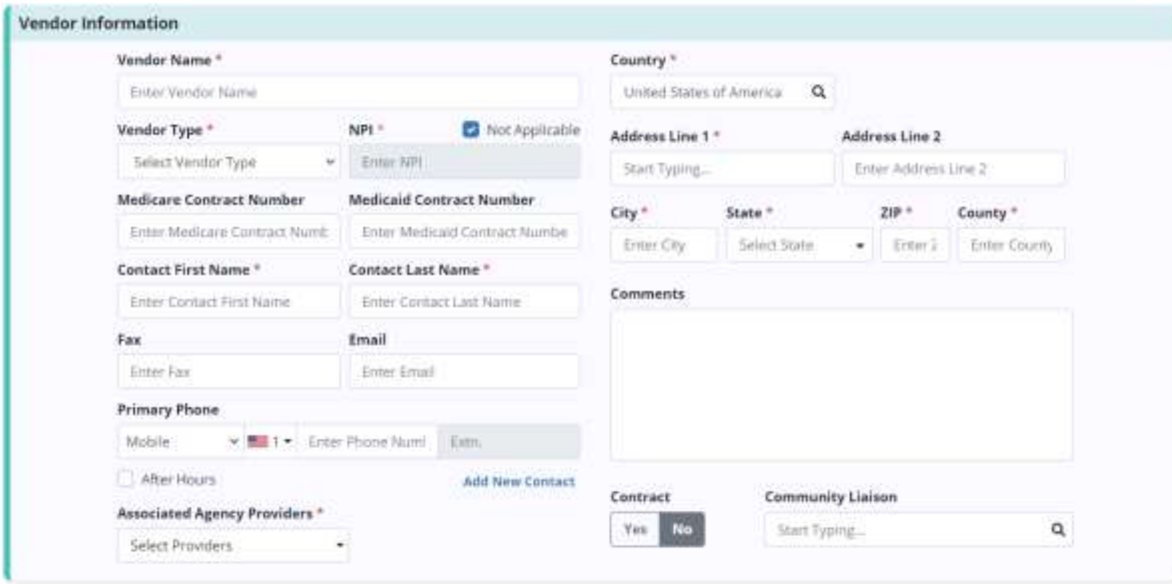


The preferred delivery method will determine how physicians will receive their orders to sign. Options include: IDG, the Axxess Physician Portal, other, (for one of Axxess’ integrated order delivery partners) or the regular methods. Once completed, select the **Add Physician** button at the bottom. Also select the **View Physician List** button to view all previously entered physicians.

ADDING A NEW VENDOR

Add/Vendor

A vendor profile can be added for any contracted or non-contracted partner for the organization. Adding a vendor has two tabs, **Vendor Details** and **Room & Board**. Enter the vendor information and select the appropriate vendor type. Anything with a red asterisk (*) means the information is required to save.



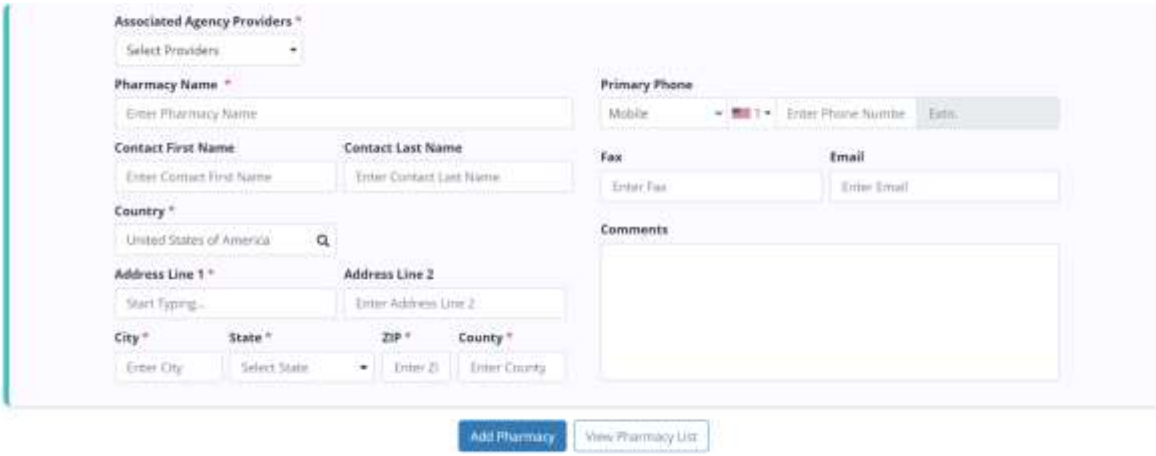
When finished, select the **Save** button at the bottom or select the **Next** button to move on to the **Room & Board** tab. Resource Utilization Group (RUG) rates can only be added if Skilled Nursing Facility (SNF) or Long-Term Nursing Facility (NF) was chosen from the vendor type drop-down menu. Select the **Add RUG Rate** button.

Enter the RUG level, rate and effective date and select the green **Save** hyperlink on the corresponding row. Once all necessary information has been added to the vendor setup, select the **Save** button at the bottom of the screen to return to the vendors list.

ADDING A NEW PHARMACY

Add/Pharmacy

Enter the pharmacy name, address and all other information available. When finished, select the **Add Pharmacy** button at the bottom. Also select the **View Pharmacy List** button to view all previously entered pharmacies.



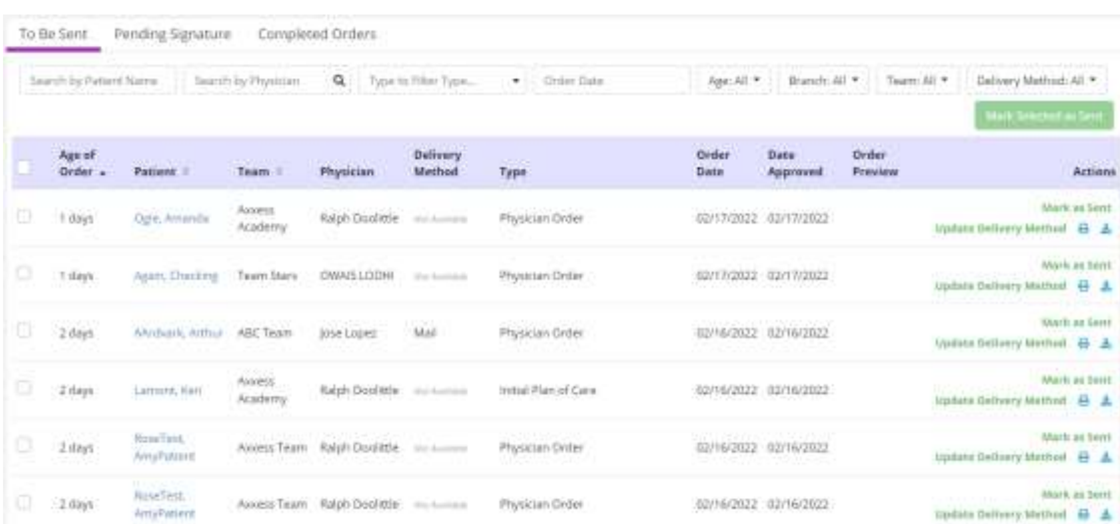
ORDERS MANAGEMENT

Patients/Orders Management

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

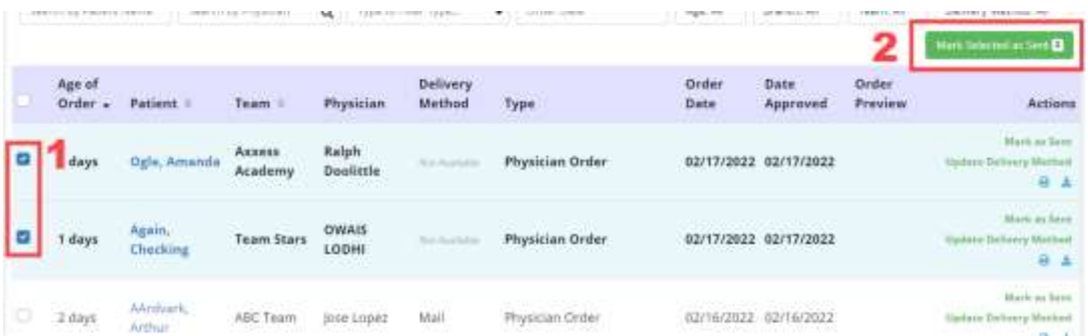
Orders are split into three tabs:

1. **To Be Sent** - This section shows orders ready to be sent for signature. Orders are displayed by age of order, patient, team, physician, delivery method, type, order number, order date and date approved.



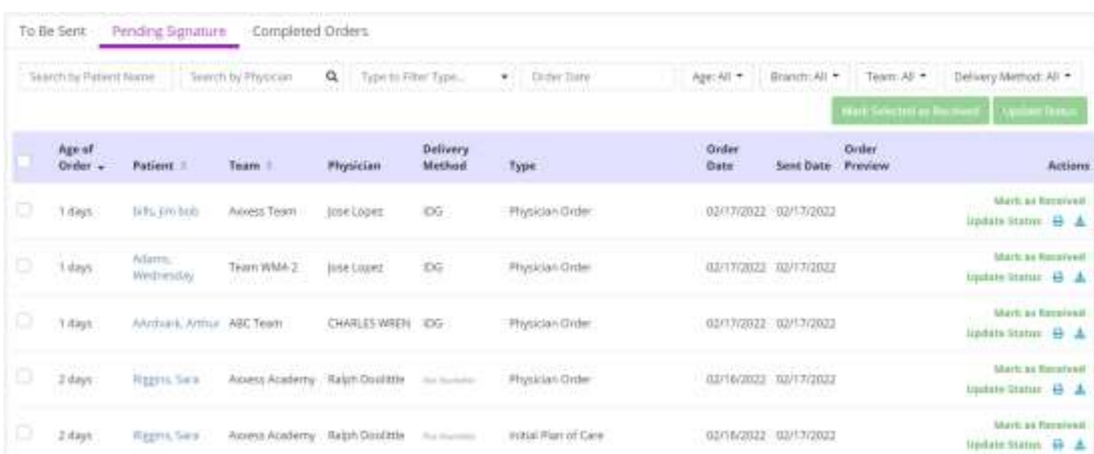
Select the patient hyperlink to go straight to the Patient Chart. Print orders individually by selecting the 🖨 icon under the Action column. Download orders by selecting the ⬇ icon. Select the **Update Delivery Method** hyperlink to change the delivery method.

Mark individual orders as sent by selecting the green **Mark as Sent** hyperlink under the **Actions** column or select checkboxes to the left of orders, then click the **Mark Selected as Sent** button at the top right. The number of orders selected will show on the right side of the button. Click the top-left checkbox in the purple header to select all orders.



Orders marked as no physician signature required will still need to be sent and, once they are, moved to the **Completed Orders** tab.

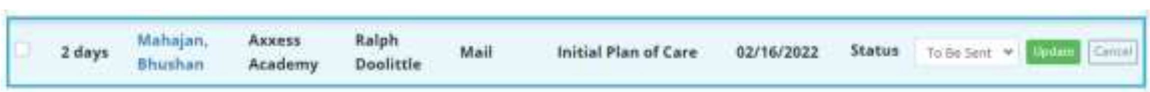
2. **Pending Signature** - This section shows orders that have been sent for signature and are expected back. Orders are displayed by age of order, patient, team, physician, delivery method, type, order number, order date and sent date.



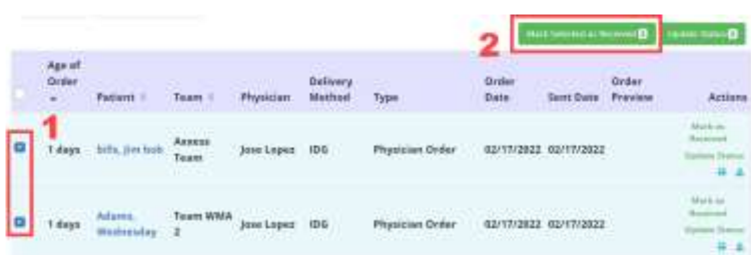
Select the patient hyperlink to go straight to the Patient Chart. Print orders individually by selecting the icon under the **Action** column. Download orders by selecting the icon.

Mark individual orders as received by selecting the green **Mark as Received** hyperlink under the **Actions** column. The received date populates with the current date. Enter the signed date then select the **Mark** button.

Similarly, change the status of individual orders by selecting the green **Update Status** hyperlink under the **Actions** column. Change the status in the drop-down menu and select the **Update** button.

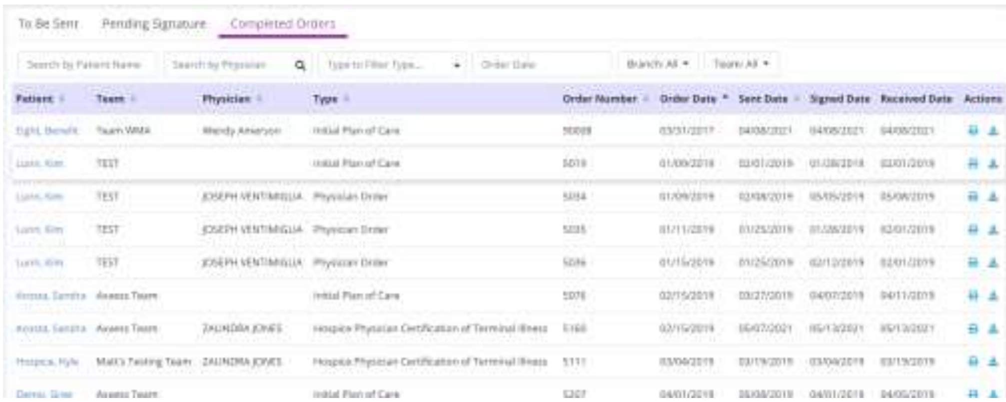


To mark multiple orders, select checkboxes to the left of orders then select the **Mark Selected as Received** button at the top right. The number of orders selected will show on the right side of the button. Select the top left checkbox in the purple header to select all orders.



Similarly, to update the status of multiple orders, select checkboxes to the left of orders then select the **Update Status** button at the top right. The number of orders selected will show on the right side of the button. Select the top left checkbox in the purple header to select all orders.

3. **Completed Orders** - This section shows orders that are signed and received. Orders are displayed by patient, team, physician, type, order number, order date, sent date, signed date and received date.

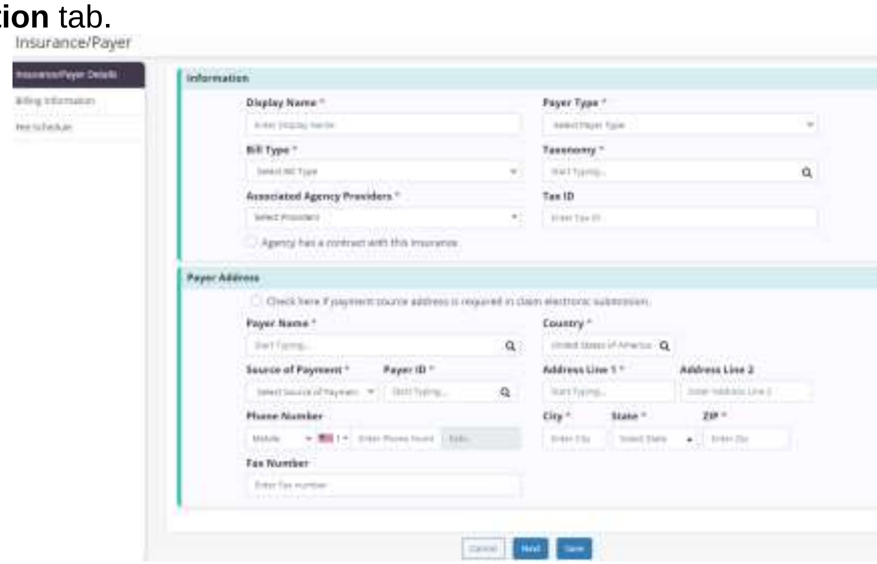


Select the **Patient** hyperlink to go straight to the Patient Chart. Print orders individually by selecting the icon under the Action column. Download orders by selecting the icon.

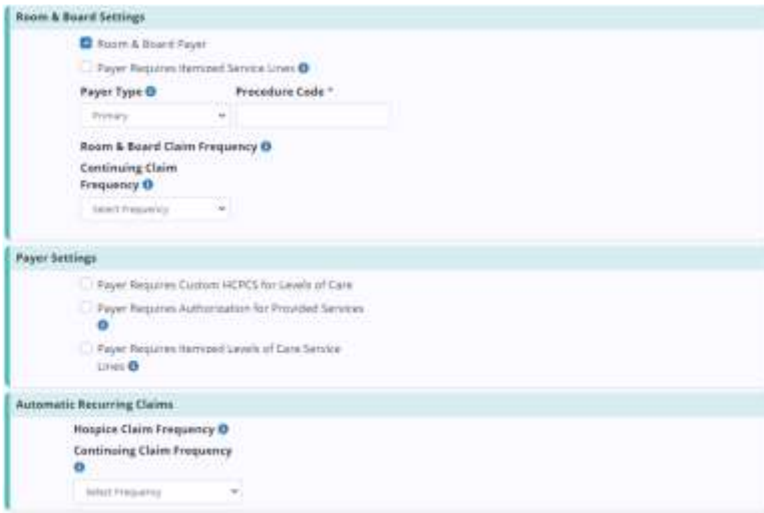
ADDING AN INSURANCE/PAYER

Add/Insurance_Payer

Insurance/Payer Details - Enter the display name, payer type, bill type, taxonomy, associated agency providers, payer name, address, source of payment, payer ID and other fields below. Select the **Save** button to keep what has been entered or select the **Next** button to move on to the **Billing Information** tab.

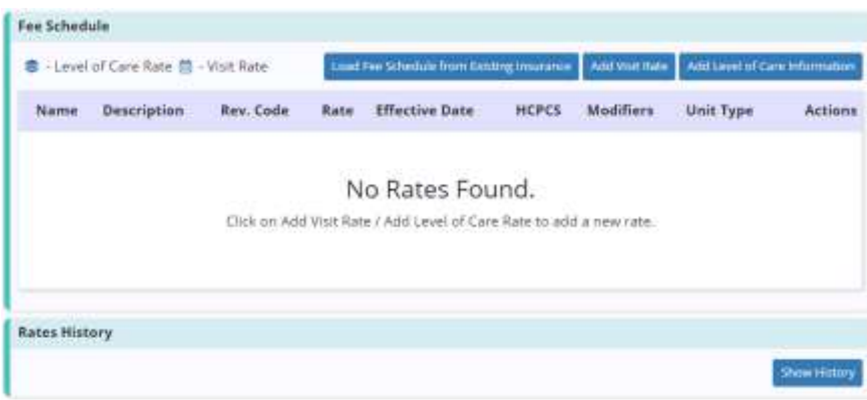


Billing Information - Indicate whether payer uses Room & Board. If so, choose the payer type from the drop-down menu and enter the procedure code. Then choose the Room & Board frequency and the last day of billing cycle. Choose the payer settings including custom HCPCS, authorization and/or itemized LOC service lines. If the payer has automatic recurring claims, choose the frequency.

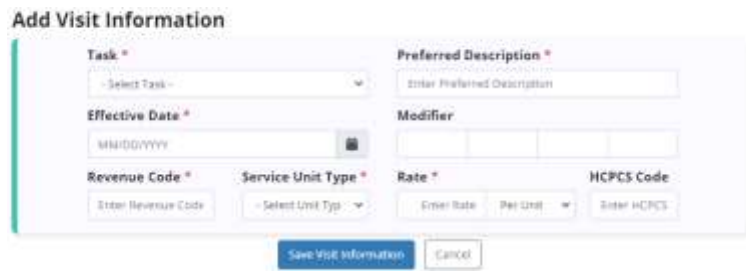


Select the **Save** button to keep what has been entered or select the **Next** button to move on to the **Fee Schedule** tab. Select the **Previous** button to go back to **Insurance/Payer Details** tab.

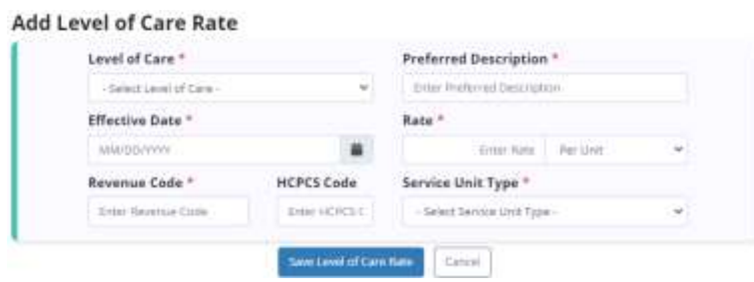
Fee Schedule - The section to be able to add level of care and visit rates while looking at the history of what has been previously added.



To save time, select the **Load Fee Schedule from Existing Insurance** to copy the fee schedule from a previously entered insurance. Select the **Add Visit Rate** button to add new visit rates. Choose the task, preferred description, effective date, service unit type, revenue code and rate (and unit). Select **Save Visit Information** button when finished.



Select the **Add Level of Care Rate** button. Choose level of care, preferred description, effective date, rate (and unit), revenue code and service unit type. Select the **Save Level of Care Rate** button when finished.



EDITING EXISTING INSURANCE/PAYERS

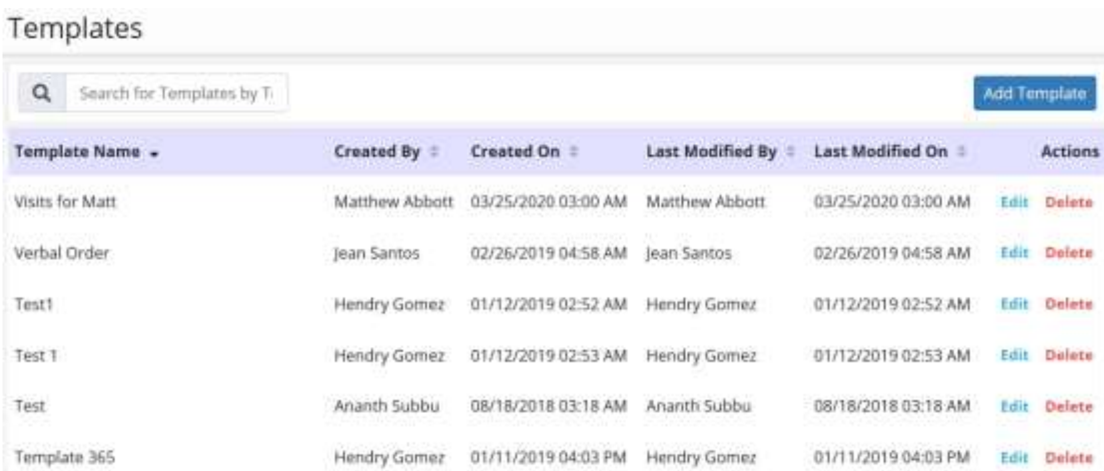
List/Insurance_Payers

Select the **Edit** hyperlink to the far right of the screen under the **Action** column. This is also where the **Delete** function is found to remove. Filter by provider by using the drop-down menu. To search for a payer, start typing any payer details in the white free text space at the top left of the page. Payers can also be added from here by selecting the **Add Insurance/Payer** button in the top right.

ADDING TEMPLATES

List/Templates

The window below will appear. Search through the list of current templates by typing the Template Name in the search bar in the top left. Select the 1 2 16 total results at the bottom left of the page to navigate if results are more than one page. Select the **Add Template** button to create a new template.



First, create a name for the template. Then write the template inside the description. To include areas where clinicians must insert patient-specific information, insert asterisks in the description text. When a template that includes asterisks has been selected for documentation, the system will automatically alert users to replace all asterisks in the template before the note can be saved or completed. Select the **Save Template** button once completed.

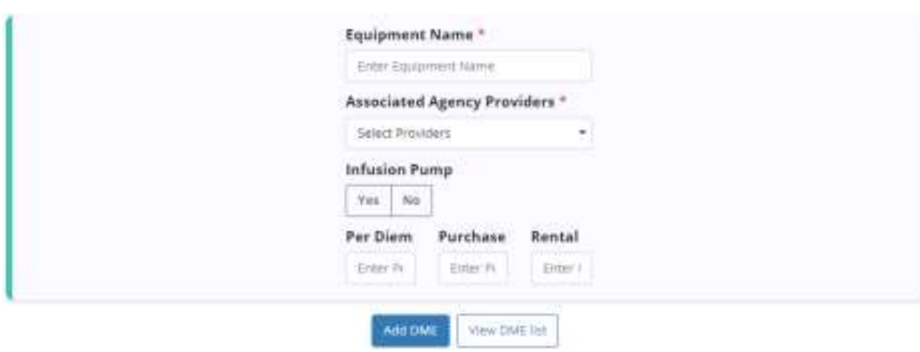
NOTE: Templates can be used to save time for writing orders, goals, care plans, physician statements, narratives and other places inside visits.

When creating a custom template, use asterisks to indicate where patient-specific information should be entered. If a user tries to save documentation without updating the asterisks in a template, the system will prompt the user to clear the asterisks and enter patient information in the template before saving.

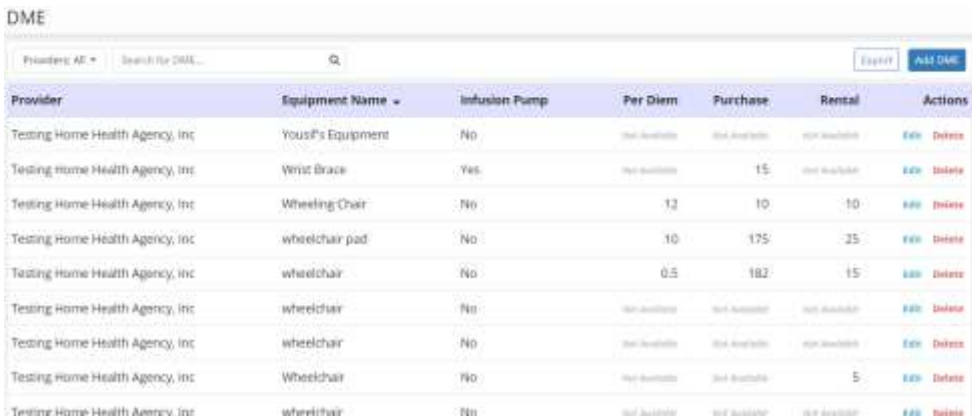
ADDING DME

Add/DME

Enter the equipment name and choose associated agency providers. Then decide whether the DME (Durable Medical Equipment) is an Infusion Pump. Then enter the price for per diem, purchase and rental for the DME. Select the **Add DME** button at the bottom when finished.



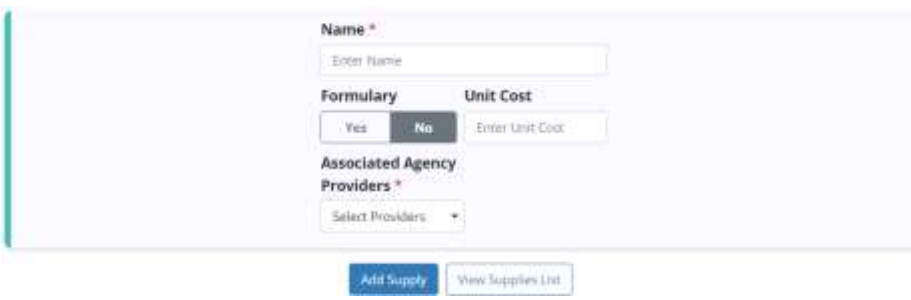
Select the **View DME list** button to see the current list. Filter by provider by using the drop-down menu. Search through the list by typing the equipment name in the search bar in the top left. **Edit** or **Delete** by selecting the hyperlinks under the **Actions** column. Users can also add additional DME by selecting the **Add DME** button in the top right or exporting the list by selecting the **Export** button.



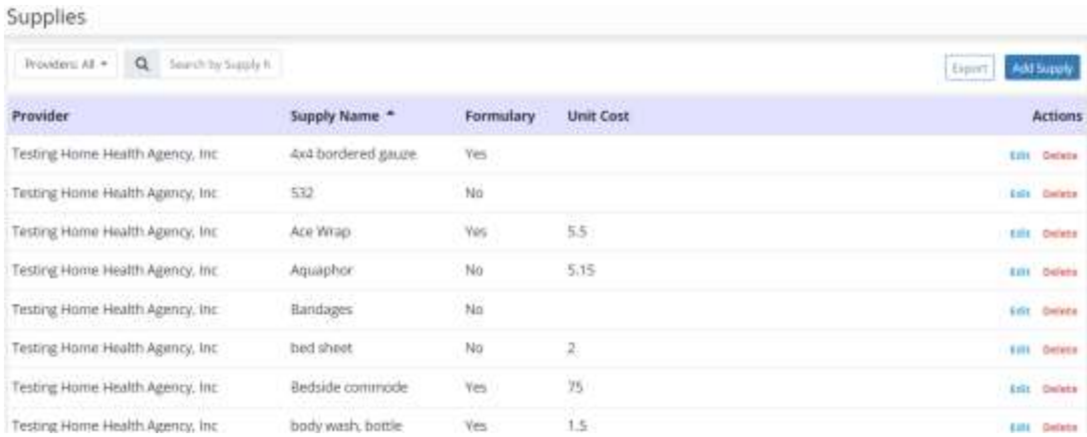
ADDING SUPPLIES

Add/Supplies

Enter the supply name, indicate whether the supply is formulary and enter unit cost. Choose the associated agency providers. Select the **Add Supply** button at the bottom when finished.



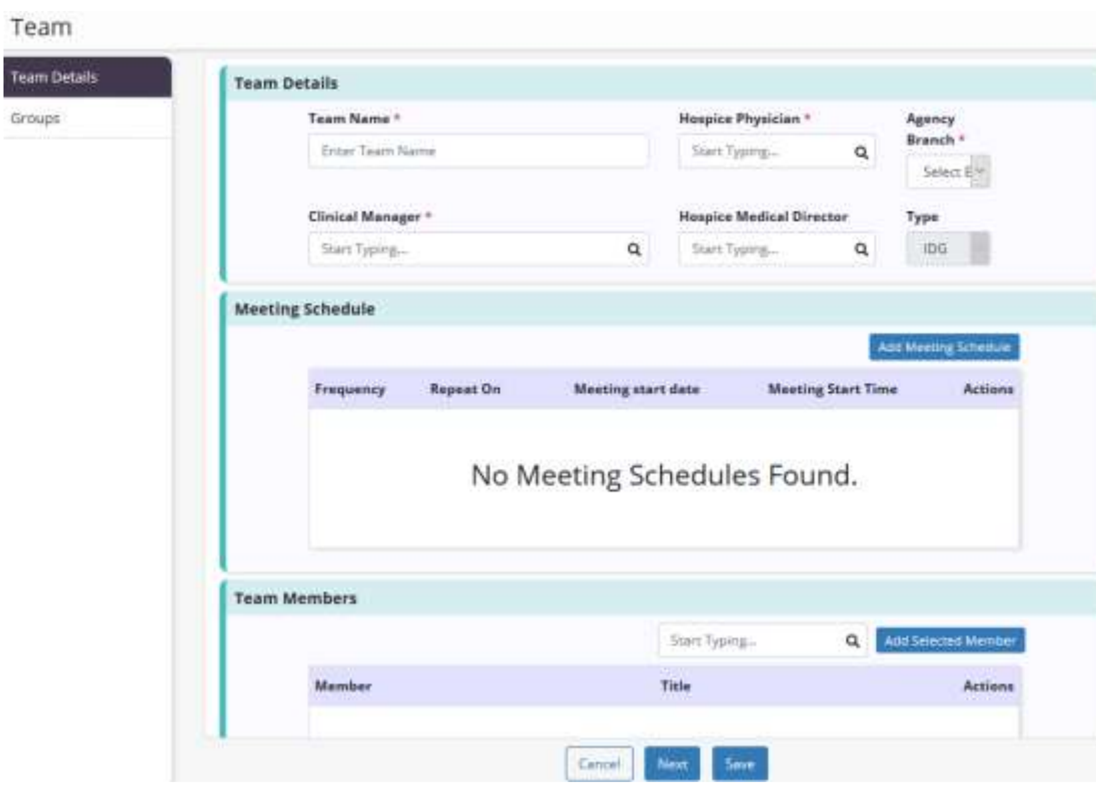
Select the **View Supplies List** button to see the current list. Filter by provider by using the drop-down menu. Search through the current list by typing the supply name in the search bar in the top left. **Edit** or **Delete** by selecting the hyperlinks under the **Actions** column. Users can also add additional supplies by selecting the **Add Supply** button in the top right or export the list by selecting the **Export** button.



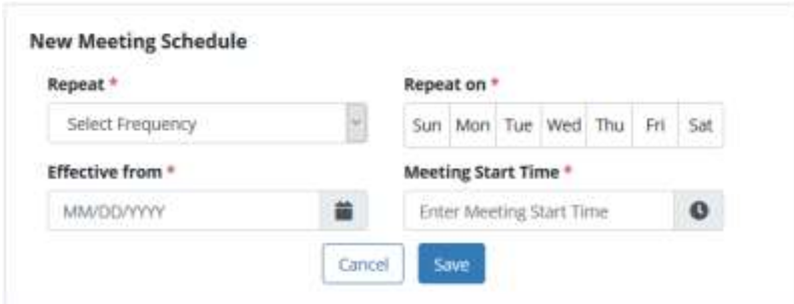
ADD TEAMS

Add/Team

Team Details - Enter team details, including a team name. Then start typing the name of the hospice physician, clinical manager, hospice medical director (optional) and choose an agency branch. After typing, names will then be available for selection.



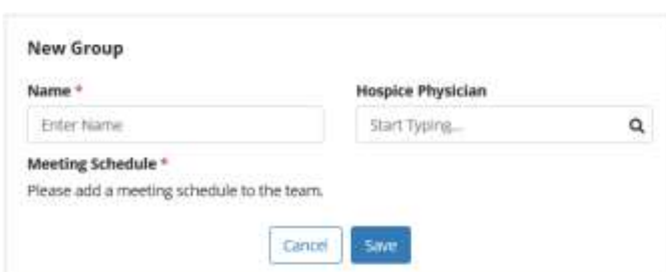
Add a meeting schedule by selecting the **Add Meeting Schedule** button. Choose the frequency, which days to repeat on, an effective from date and meeting start time. Select the **Save** button once complete. Filter between inactive and inactive meeting schedules.



Add Team Members by typing the member's name and then select the name. Once found, select **Add Selected Member**. Select the **Save** button to leave the section but keep what has been entered so far. Select the **Next** button to move on to the **Groups** tab.

Groups - The next tab on the left in the **Add Team** section is for Groups. Select the **+Add Group** button in the top right to add a group.

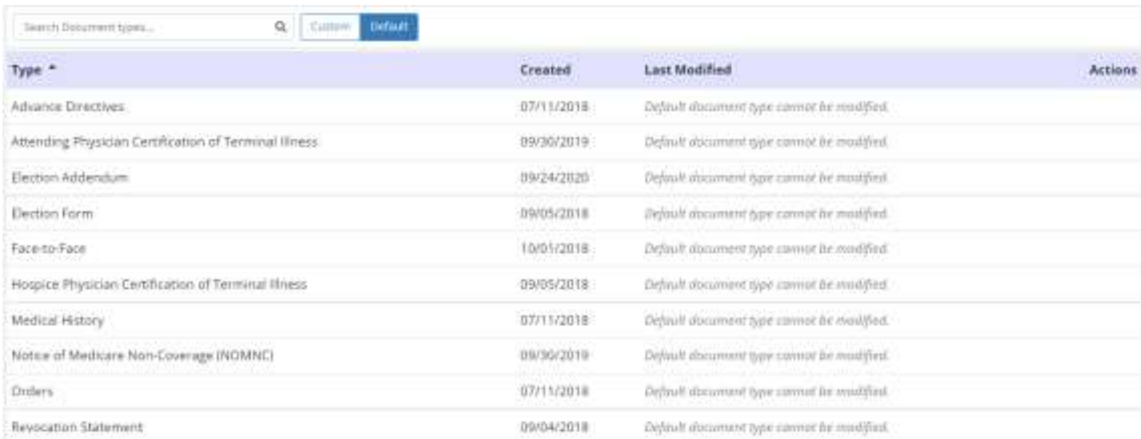
Enter a group name and add an optional hospice physician by typing the name then selecting the physician then selecting the **Save** button. After adding groups go back to the **Team Details** tab to add a meeting schedule. After all desired groups have been added, select the **Save** button.



ADD DOCUMENT TYPES

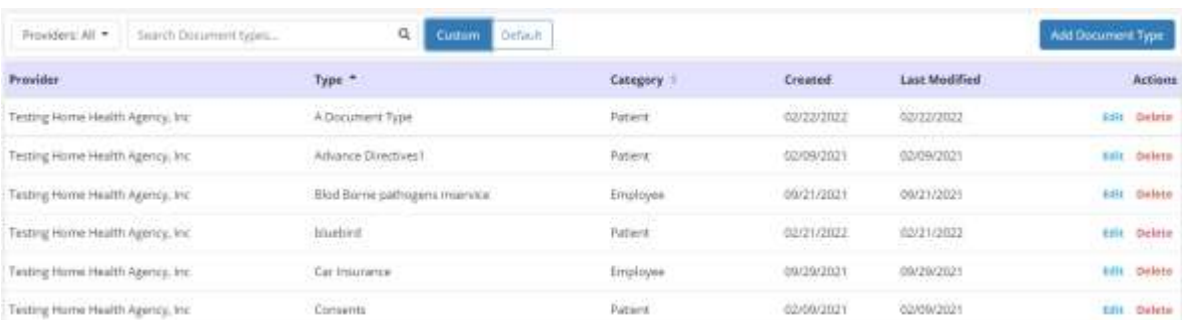
Lists/Document Types

Document types is categorized as patient documents and will appear when adding documents to patient profiles. Document types categorized as employee documents will appear when adding documents to employee profiles. Before uploading documents to employee or patient profiles, users must set up document types.



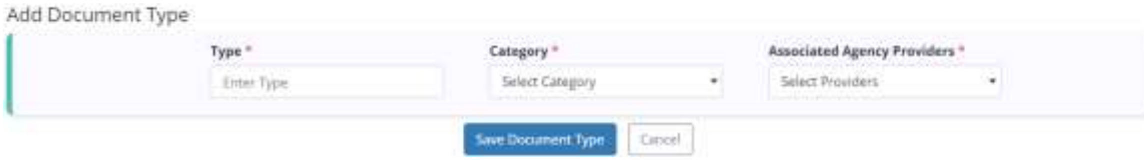
Type	Created	Last Modified	Actions
Advance Directives	07/11/2018	Default document type cannot be modified.	
Attending Physician Certification of Terminal Illness	09/30/2019	Default document type cannot be modified.	
Election Addendum	09/24/2020	Default document type cannot be modified.	
Election Form	09/05/2018	Default document type cannot be modified.	
Face-to-Face	10/01/2018	Default document type cannot be modified.	
Hospice Physician Certification of Terminal Illness	09/05/2018	Default document type cannot be modified.	
Medical History	07/11/2018	Default document type cannot be modified.	
Notice of Medicare Non-Coverage (NOMNC)	09/30/2019	Default document type cannot be modified.	
Orders	07/11/2018	Default document type cannot be modified.	
Revocation Statement	09/04/2018	Default document type cannot be modified.	

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 selecting the **Add Document Type** button.



Provider	Type	Category	Created	Last Modified	Actions
Testing Home Health Agency, Inc	A Document Type	Patient	02/22/2022	02/22/2022	Edit Delete
Testing Home Health Agency, Inc	Advance Directives1	Patient	02/09/2021	02/09/2021	Edit Delete
Testing Home Health Agency, Inc	Blod Borne pathogens inservice	Employee	09/21/2021	09/21/2021	Edit Delete
Testing Home Health Agency, Inc	bluebird	Patient	02/21/2022	02/21/2022	Edit Delete
Testing Home Health Agency, Inc	Car Insurance	Employee	09/29/2021	09/29/2021	Edit Delete
Testing Home Health Agency, Inc	Consents	Patient	02/09/2021	02/09/2021	Edit Delete

Enter a name for the document type in the **Type** field and select a category from the category menu. Select the associated providers and select **Save Document Type** to finish adding the document type.



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

ADD NON-ADMIT REASONS

Lists/Non-Admit Reasons

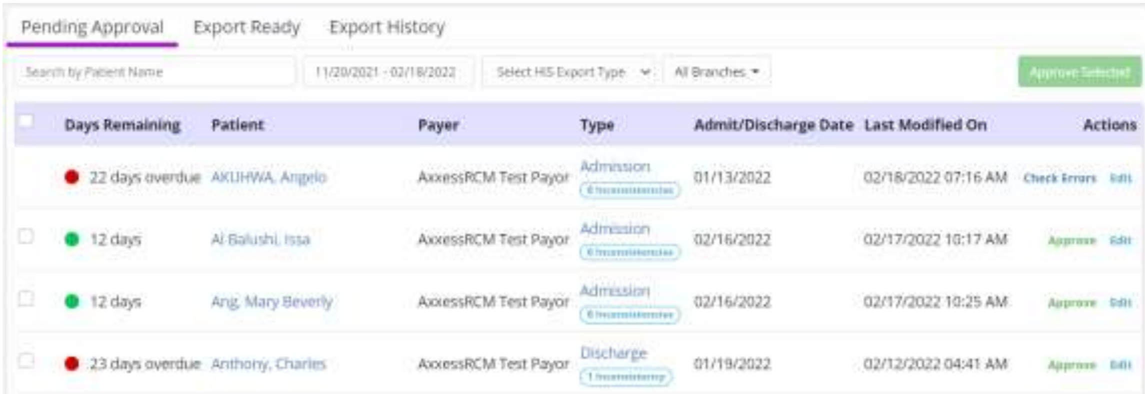
At the top of the list, users can toggle between the **Default** and **Custom** views and search for non-admit reasons using the search bar. The **Default** view displays each non-admit reason, the date it was created and the date it was last modified.

The **Custom** view displays a **Providers** filter so users can filter by provider, an **Actions** column so users can edit and delete non-admit reasons, and an **Add Non-Admit Reason** button so users can add new non-admit reasons to the list.

HIS EXPORT

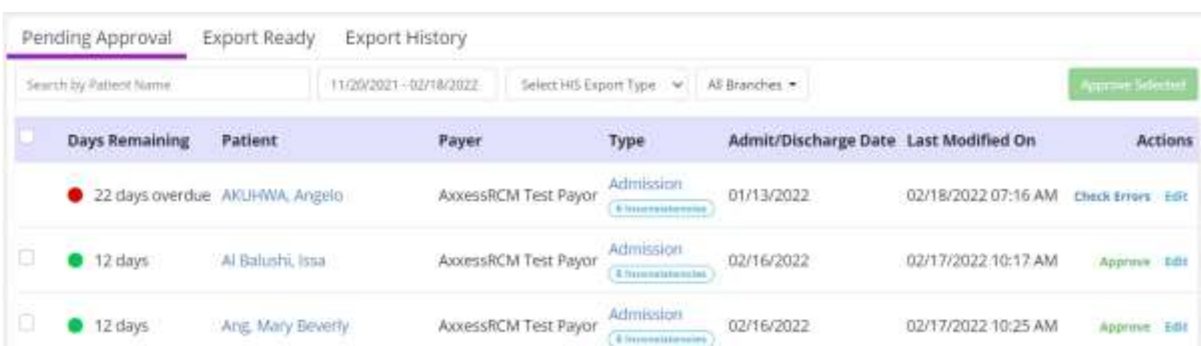
Home/HIS Export Manager

Users can manage the exporting of HIS documents from the **Pending Approval**, **Export Ready** and **Export History** tabs.



In each tab, search for patients by name in the search bar, change the date range of HIS by selecting the date range bar then choose the HIS export type or branch.

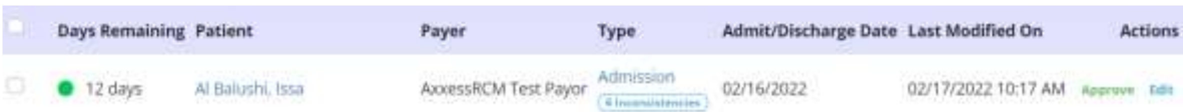
Pending Approval - Where the reviewer will review and make changes to the HIS as needed. Select the **Check Errors** hyperlink to run the HIS scrubber for documents that are pending approval. The reviewer will be able to sign in Z0400 for any changes they make and be able to approve the HIS and sign in Z0500 that the HIS is completed. After the HIS is approved, it will be moved to the **Export Ready** tab. Admission HIS will have a countdown for approval of admission date + 14 days, and the Discharge HIS will have a countdown for approval of discharge date + 7 days.



The dots next to each line represent the timing of when HIS is due.

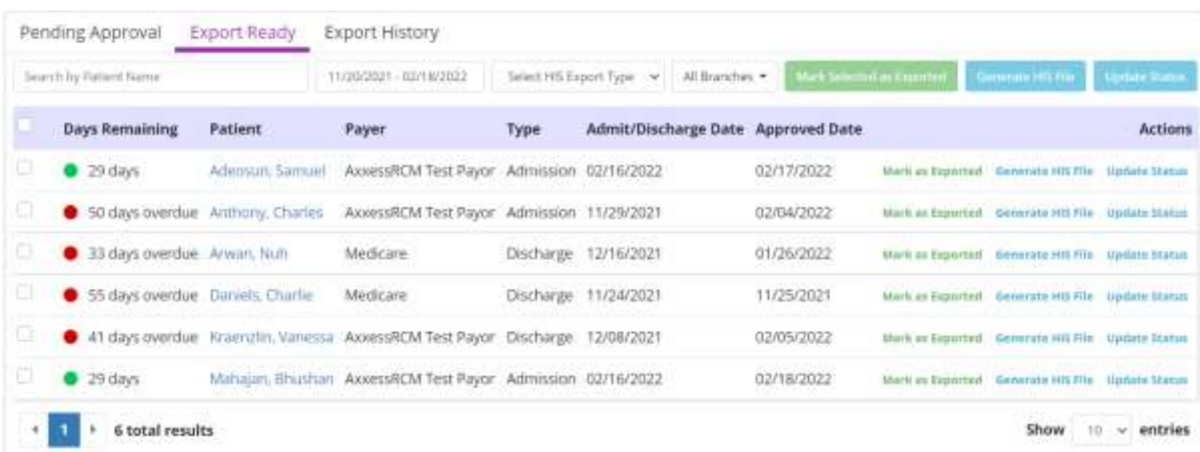
- **Green** = More than five days remaining
- **Orange** = Five to one days remaining
- **Red** = Zero days remaining or overdue

Each line will show the days remaining, patient name (selected will go to patient chart), payer, type (selected will go to HIS), admit/discharge date and last modified on. The **Action** column hyperlinks allow users to **Approve, Check Errors** or **Edit** the HIS.

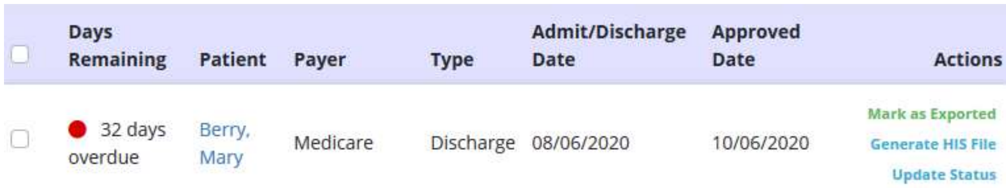


Approve multiple HIS documents by selecting the check box(es) on the left side of the page and then select the **Approve Selected** button in the top right.

Export Ready - Where all HIS awaiting exports are located. The countdown for submission is 30 days after the admission or discharge date. Users can create export files of individual files or perform a bulk submission. Once the files are downloaded into the appropriate format, they are found in downloaded files on the user's computer. From there, submit the HIS per organization guidelines and then return to this page to mark HIS as submitted.



Each line will show the days remaining, patient name (selected will go to patient chart), payer, type, admit/discharge date and approved date. The Action column hyperlinks allow users to **Mark as Exported** or **Generate HIS File**.

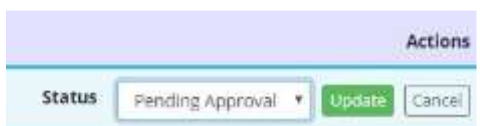


	Days Remaining	Patient	Payer	Type	Admit/Discharge Date	Approved Date	Actions
	32 days overdue	Berry, Mary	Medicare	Discharge	08/06/2020	10/06/2020	Mark as Exported Generate HIS File Update Status

Select the **Update Status** hyperlink and choose to update to the following statuses:

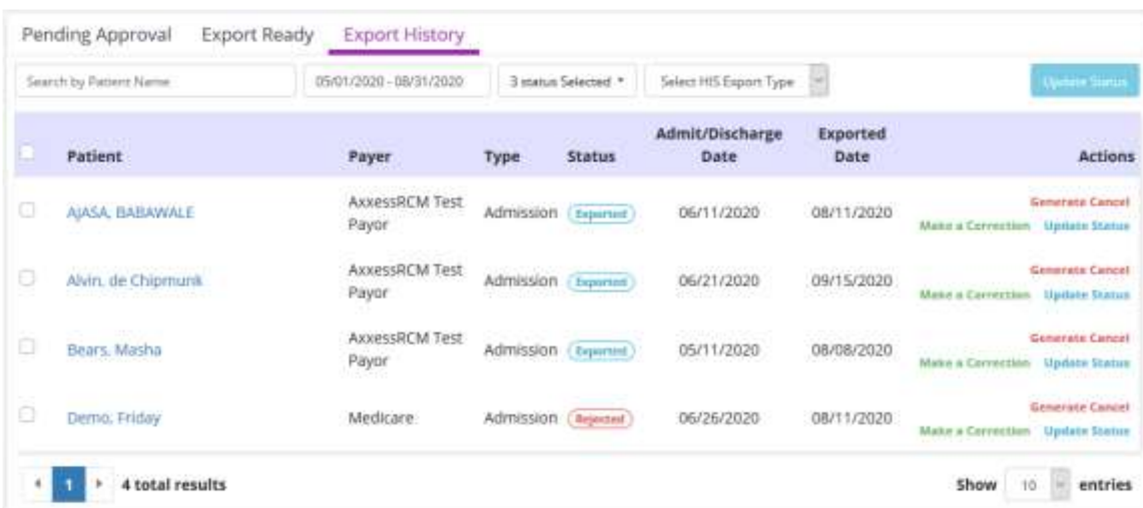
- Pending Approval - Select the move the file to Pending Approval where information in the file can be updated. Once ready, the file can then be approved to Export Ready status.
- Export Ready - Select to move the file to Export Ready where an .xml file can be generated for submission to CMS. Once ready, it can be marked as Exported.
- Exported - Select to move the file to Export History in Exported status to indicate that the file has been submitted to CMS.
- Accepted - Select to move the file to Export History in Accepted status to indicate the file has been accepted by CMS.
- Rejected - Select to move the file to Export History in Rejected status to indicate that the file has been rejected by CMS.

Once a status is selected, select the green **Update** button. Confirm the action by selecting **Change Status** in the confirmation pop-up. Select **Cancel** if selected by mistake.



Mark multiple HIS documents as exported, generate multiple HIS files or their statuses by selecting the check box(es) on the left side of the page and then select the **Mark Selected as Exported**, **Generate HIS File** or **Update Status** button in the top right.

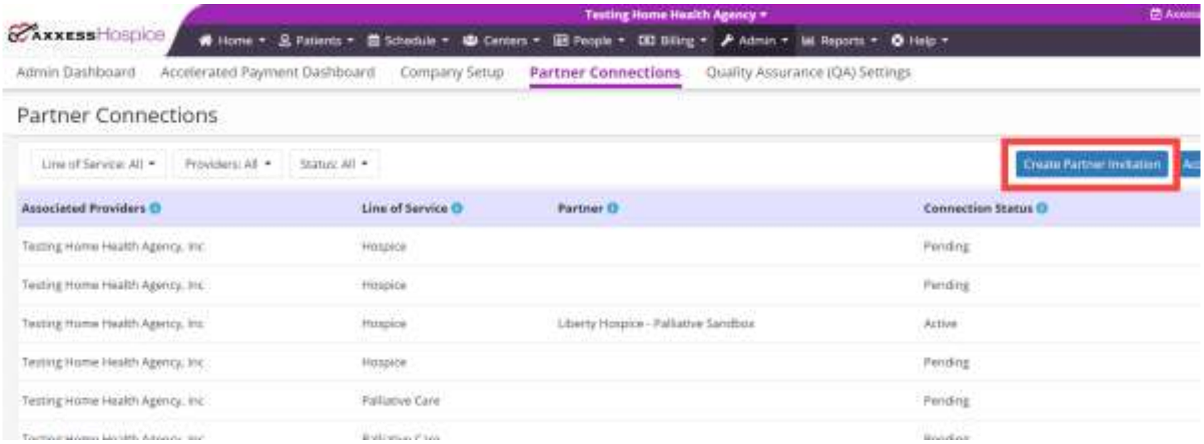
Export History - Once the organization receives the file indicating if it was approved or rejected, users can update the status by selecting the **Update Status** hyperlink in the **Actions** column or by checking the box(es) on the left side of multiple rows and selecting the **Update Status** button to update statuses in bulk. Users can also create correction or cancellation files by selecting **Make a Correction** and **Generate Cancel** hyperlinks in the **Actions** column.



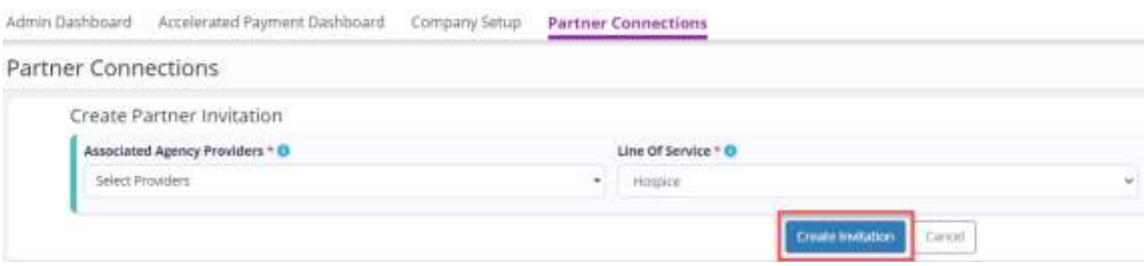
PARTNER CONNECTIONS

Admin/Partner Connections

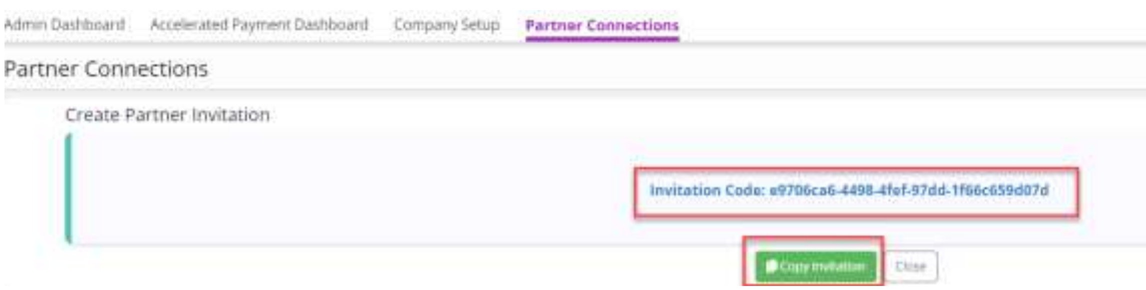
The information on this screen can be filtered by line of service, provider and/or status. To create a partner connection, select **Create Partner Invitation**.



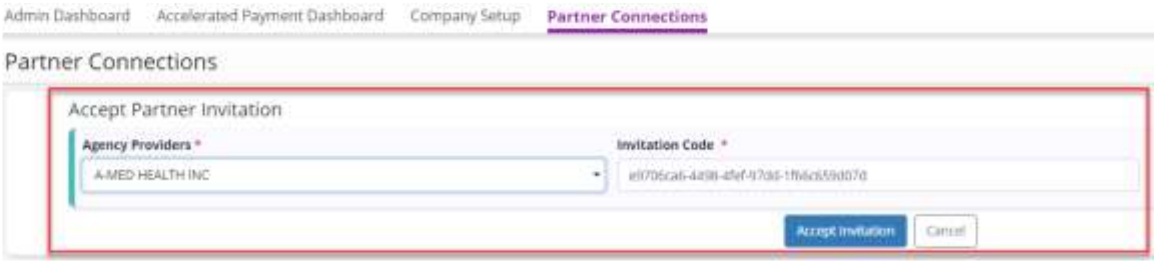
Select the providers and lines of service of the partner organization you would like to connect to and select **Create Invitation**.



Select **Copy Invitation** to copy the invitation code to your clipboard and share the code with the internal or external partner organization.



To accept an invitation from a partner organization, select the **Accept Partner Invitation** button. To finalize the connection process, select the providers to connect to, enter the invitation code sent by the partner organization and click **Accept Invitation**.

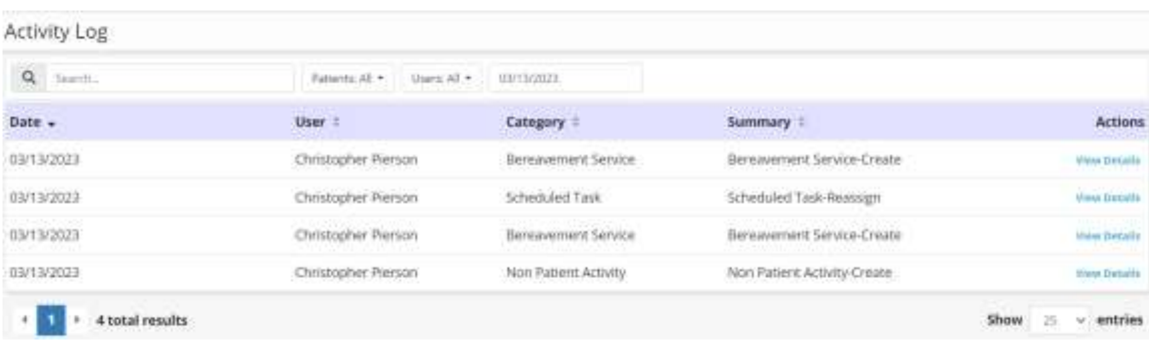


The details of each connection appear on the table with options to deactivate and edit. Once a connection is active, both organizations have the option to transfer a patient referral on the **Referrals** tab. To send a referral to your partner organization, select the transfer icon under Actions.

ACTIVITY LOG

Admin/Activity Log

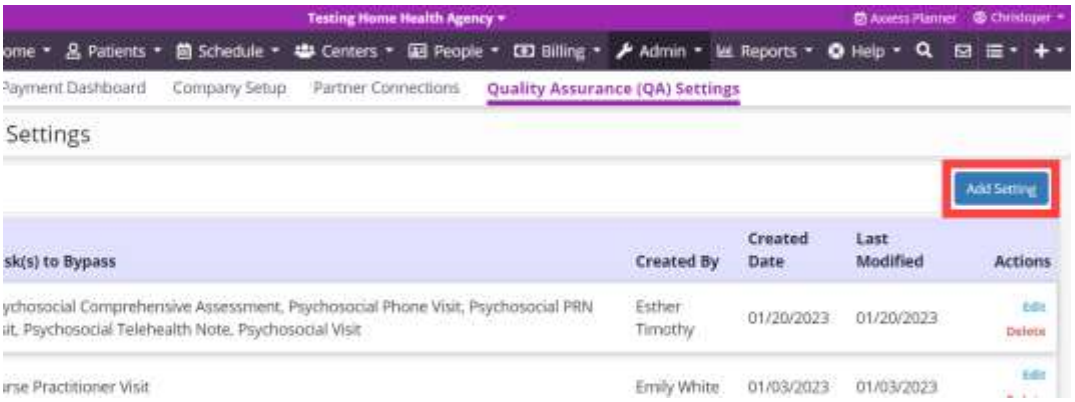
The Activity Log screen displays the date each action was performed, the user who performed the action, and what action was performed. Select **View Details** in the **Actions** column to view additional details.



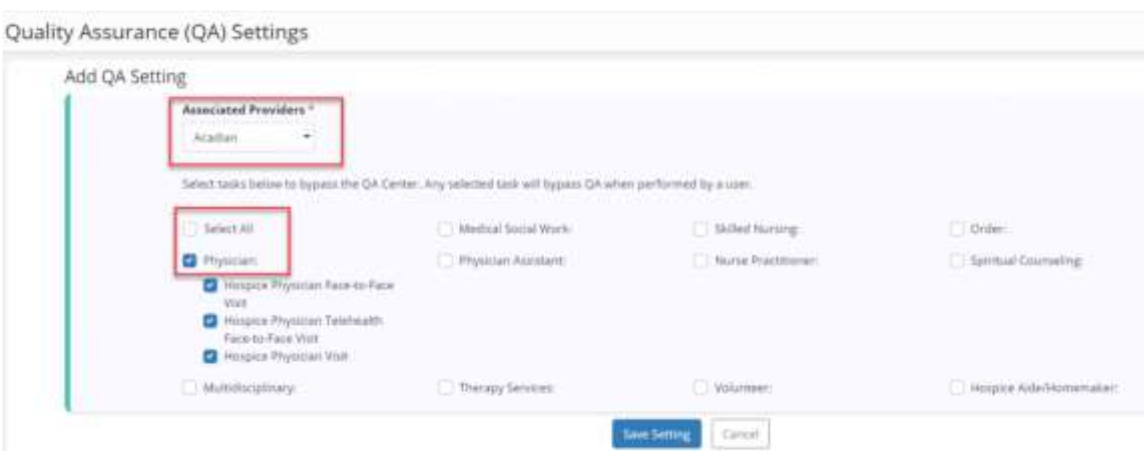
QUALITY ASSURANCE (QA) SETTINGS

Admin/QA Settings

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



In the **Add QA Setting** window, select the appropriate providers from the **Associated Providers** drop-down menu. Select specific disciplines to bypass the QA Center or click **Select All** if all disciplines for the selected users 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, click **Save Setting.**

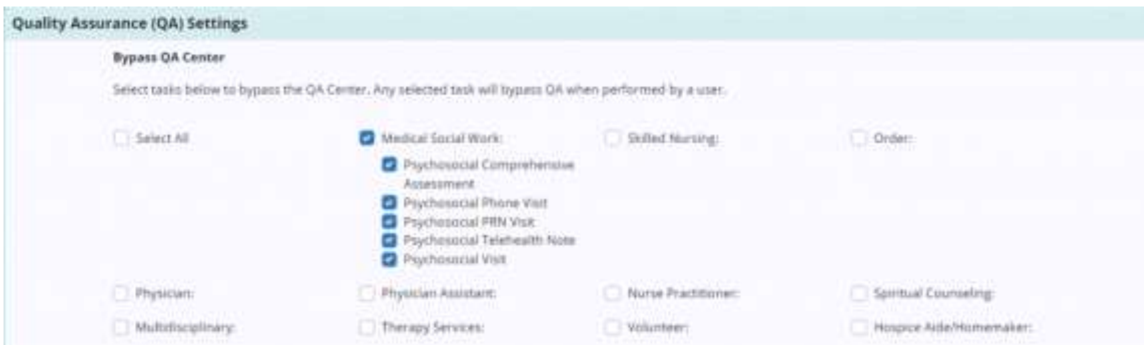


Once **Save Setting** is selected, the selected tasks will appear on the **Quality Assurance Settings** screen.

Bypass Tasks for Individual Users

People/People Center/Edit/QA Settings

To select tasks that should bypass the QA Center for an individual user, navigate to the **QA Settings** tab in the user's profile. Under **Bypass QA Center**, 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, click **Save Setting.**



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. To access the Help Center, navigate to the **Help** tab and select **Help Center** or go to https://www.axxess.com/help/.