

# **HOSPICE ADMINISTRATOR OVERVIEW TRAINING MANUAL**

May2023

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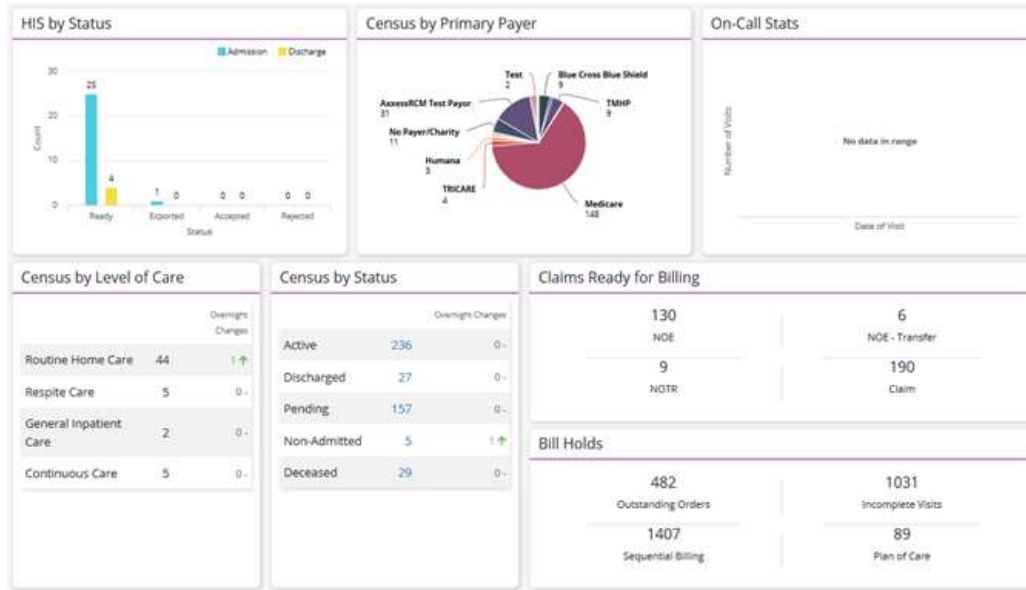
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## ADMIN DASHBOARD

### *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.

Branch: <span>United States</span>		
Forms and Resources	Revenue - Past 3 Months <span>View Report</span>	Pre-Application Recommendations
<a href="#">CMS Accelerated Payment Fact Sheet</a>	<b>\$0.00</b> 07/10/2020 - 10/08/2020	<a href="#">Review: COVID-19 Accelerated/Advance Payment Request</a>
Eligibility Criteria	Application Resources	Submitting an Application
To qualify for advanced/accelerated payments the provider/supplier must: <ol style="list-style-type: none"> <li>1. Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/supplier's request form</li> <li>2. Not be in bankruptcy</li> <li>3. Not be under active medical review or program integrity investigation</li> <li>4. Not have any outstanding delinquent Medicare over-payments</li> </ol>	To apply please fill out the <a href="#">Accelerated Payment Application</a> . The following information can be used to complete the Accelerated Payment form: <b>National Provider Identifier (NPI):</b> 1234567899 <b>Provider Number (PTAN):</b> 227662	While electronic submission will significantly reduce the processing time, requests can be submitted to the appropriate MAC by fax, email, or mail <b>Email:</b> <a href="mailto:JM.FINANCIALRELIEF@galmettogb.com">JM.FINANCIALRELIEF@galmettogb.com</a> <b>Fax:</b> (803) 462-2574 <b>Mail:</b> Provider Reimbursement (AG-330) 2300 Springdale Drive, Bldg One Camden, SC 29020

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.



**Closed Accounting**

**Date through which books are closed:** 08/31/2020

Access will require an electronic signature from authorized personnel when saving a transaction dated on or before the closing date.

**Closing Date:**

08/31/2020

**Disable Closing Date**

**Warning:** Disabling this feature will let users edit any records, regardless of closing date.

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.

Chart of Accounts

Branch
Account
Branch: All ▾
Search for Account Name/Num. 🔍
Bulk Update

Branch	Account Name	Account Number	Effective Date	Actions
<b>Branch: United States</b>				
United States	Revenue - Medicare		03/29/2018	<a href="#">Update</a> <a href="#">View History</a>
United States	Wages - Medicare		03/29/2018	<a href="#">Update</a> <a href="#">View History</a>
United States	Liability - Room and Board		03/29/2018	<a href="#">Update</a> <a href="#">View History</a>
United States	Unbilled AR - Room and Boards		03/29/2018	<a href="#">Update</a> <a href="#">View History</a>
United States	Revenue - Medicare HMO		03/29/2018	<a href="#">Update</a> <a href="#">View History</a>

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.



Branch	Account Name	Account Number	Effective Date	Actions
Branch: United States				
United States	Revenue - Medicare	<input type="text"/>	03/29/20	<input type="checkbox"/> Apply to All Branches
United States	Wages - Medicare	<input type="text"/>	03/29/20	<input type="checkbox"/> Apply to All Branches
United States	Liability - Room and Board	<input type="text"/>	03/29/20	<input type="checkbox"/> Apply to All Branches
United States	Unbilled AR - Room and Boards	<input type="text"/>	03/29/20	<input type="checkbox"/> Apply 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**.

Branch	Account Name	Account Number	Effective Date	Actions
Branch: United States				
United States	Revenue - Medicare	<input type="text"/>	03/29/20	<input type="checkbox"/> Update <input type="button" value="Save"/> <input type="button" value="Cancel"/>

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.

**Interdisciplinary Group (IDG) Meetings**

**15-Day Compliance \***

Enabling 15-day compliance prevents users from ending an IDG meeting if the next meeting for any patients on the agenda is scheduled over 15 days away. This feature also prevents users from removing a patient from an IDG meeting if the patient has not had an IDG review in the last 15 days. When this feature is disabled, users will receive 15-day compliance warnings, but will be able to end meetings and remove patients from the agenda after acknowledging the warning.

Enable  Disable

---

**Print Document Addendum**

Enable this feature to include any addendum attachments in the download/print view of completed documents.

Enable  Disable

---

**Documentation Requirements**

**Edit Signature Date and Time \***

Enable this feature to allow users to edit the signature date and time when signing documents in the system. The actual signature date and time will also be tracked for auditing purposes. If the required signature time feature is not enabled, users will only be able to view and edit the signature date when signing documents in the system.

Enable  Disable

**Require Signature Time on Documentation \***

Enable this feature to track the signature time when users sign documents in the system.

Enable  Disable

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.

**Schedule Notifications**

Enable this feature to automatically notify specified users of schedule changes.

Enable  Disable

Notify assigned users of changes to their schedules ⓘ

Notify specific users of schedule changes ⓘ

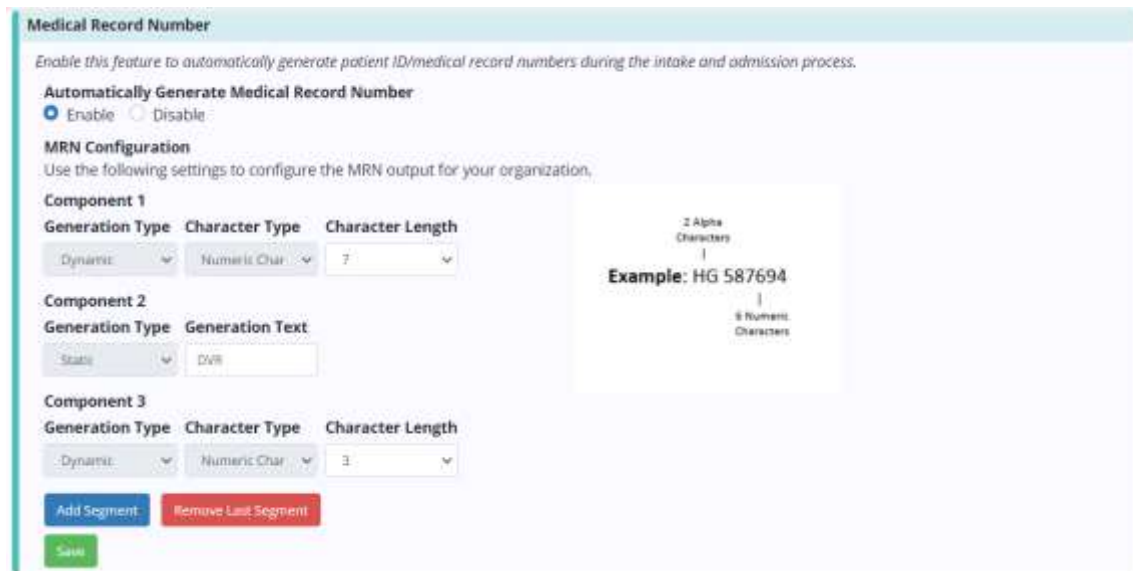
**Recipients By**

Title  User  IDG Team

Select Title  Select User  Select 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.

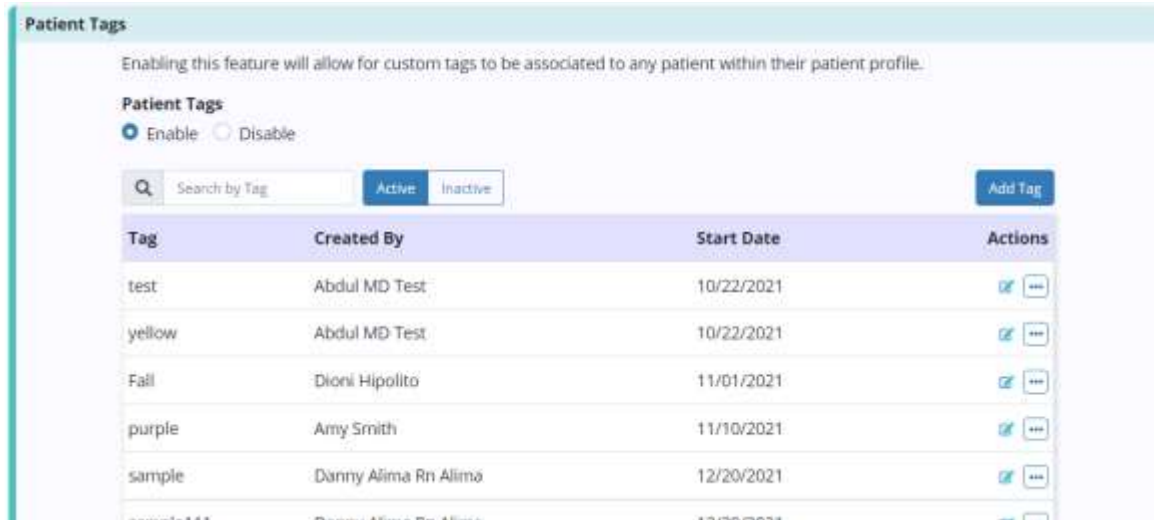
The next feature that must be set up is the Medicare Week. Choose the seven-day range for the organization's Medicare Week. If no selection is made, the software will default to Sunday - Saturday. An organization's Medicare Week can also be updated to support operational changes that may occur at the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



The screenshot shows a web interface titled "Medicare Week". It contains a text box with instructions: "Complete the following fields according to your agency's Medicare week. The seven-day range selected as your Medicare week will determine the start and end day for all visit frequencies." To the right of this text is a button labeled "Add Medicare Week". Below the text is a table with four columns: "Medicare Week", "Start Date", "End Date", and "Actions". The table lists three entries: "Sunday-Saturday" (Start Date: 06/11/2020, End Date: Not Available, Actions: No Actions), "Wednesday-Tuesday" (Start Date: 05/31/2020, End Date: 06/05/2020, Actions: No Actions), and "Tuesday-Monday" (Start Date: 05/25/2020, End Date: 05/30/2020, Actions: No Actions). At the bottom of the table, there is a pagination control showing "1" selected, "2" next to it, and "4 total results". To the right of the pagination is a "Show" dropdown menu set to "3" and the text "entries".

Medicare Week	Start Date	End Date	Actions
Sunday-Saturday	06/11/2020	Not Available	No Actions
Wednesday-Tuesday	05/31/2020	06/05/2020	No Actions
Tuesday-Monday	05/25/2020	05/30/2020	No Actions

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	<a href="#">Deactivate</a> <a href="#">More</a>
Advance Directives	Upload	05/20/2021	Not Available	05/20/2021	All Active and Pending Patients	Yes	<a href="#">Deactivate</a> <a href="#">More</a>
Hospice Physician Certification of Terminal Illness	Upload	06/02/2021	Not Available	06/02/2021	All Active and Pending Patients	Yes	<a href="#">Deactivate</a> <a href="#">More</a>
Face-to-Face	Upload	11/19/2021	Not Available	11/19/2021	All Active and Pending Patients	Yes	<a href="#">Deactivate</a> <a href="#">More</a>

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

- 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	<a href="#">Activate</a>
Art Therapy Visit	Inactive	03/24/2018	11/25/2021	<a href="#">Activate</a>
Attending Physician Certification of Terminal Illness	Active	03/24/2018	Not Available	<a href="#">Deactivate</a>
Bereavement Assessment	Active	02/05/2022	Not Available	<a href="#">Deactivate</a>
Bereavement Counseling Note	Active	03/24/2018	Not Available	<a href="#">Deactivate</a>

- 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.

### Payroll Center

Click to enable or disable the Payroll Center. Enabling this feature allows you to view the Payroll Center, edit payroll data, and generate payroll export files with the components and data layout required by your payroll vendor. Disabling this feature does not prevent you from generating payroll reports, but the components and layout may not be consistent with your payroll vendor's specifications.

**Note: A generic export and specifications for Lawson and UltiPro are available at this time.**

Enable
  Disable




**Export enabled/disabled as of:** 02/07/2022  
**Export enabled/disabled by:** Amerson, Wendy

**Payroll Batch ID:** H5506  
**Payroll Vendor:** Lawson

[Add Branch](#)

Branch	Payroll Company Code/ID	Start Date	End Date	Actions
United States	D2323	12/01/2020	Not Available	<a href="#">✎</a> <a href="#">✖</a> <a href="#">⊘</a>

1 / 1 total results
Show 10 entries

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.

### Mileage Calculator

Once this feature is enabled, mileage will automatically be calculated for all visits scheduled within 14 days prior to the enable date that are completed or pending QA approval

Enable
  Disable

**Enabled/disabled as of:** 01/14/2022  
**Enabled/disabled by:** Vail, Julie

**Mileage Calculation Parameters**  
 Include 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.

**Multilocation Payroll**  
 Enable this feature to pull cross-location visits to the employee's primary location for payroll approval.

**Multilocation Payroll**  
 Enable  Disable  
**Enabled/disabled as of:** 03/31/2022      **Enabled/disabled by:** MD Test, Abdul

**Missed Visits**  
 Enable this feature to exclude missed visits from payroll reports and the Payroll Center. When enabled, payroll information will not be generated for missed tasks.

**Missed Visits**  
 Enable  Disable

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.
-------------------------------------	---

**Current Payroll Settings**

<b>Effective Dates</b> 01/01/2020 - Current	<b>Frequency</b> Monthly	<b>Last Day of Period</b> Last Day of the Month	<b>Allowable Reimbursements</b> <input checked="" type="checkbox"/> Mileage <input checked="" type="checkbox"/> Travel <input checked="" type="checkbox"/> On-Call <input checked="" type="checkbox"/> On-Call Mileage <input type="checkbox"/> On-Call Travel
<b>Mileage Effective Dates</b> 01/01/2020 - Current	<b>Travel Effective Dates</b> 01/01/2020 - Current	<b>On-Call Mileage Effective Dates</b> 01/01/2020 - Current	<b>On-Call Travel Effective Dates</b> <i>Not Applicable</i>
<b>Mileage Rate</b> \$1.00 / mile	<b>Travel Rate</b> \$2.00 / hour	<b>On-Call Mileage Rate</b> \$0.40 / mile	<b>On-Call Travel Rate</b> \$0.00 / hour





**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.

**Payroll Cycle**





If your organization has multiple pay cycles, enable this feature to create custom payroll group names. Organizations must have a minimum of 1 payroll cycle group and a maximum of 4 groups.

Enable  
  Disable

Payroll Cycle Group	Actions					
Default	Deactivate 					
Hospice	Deactivate 					
PRN Staff_Weekly	Deactivate 					
test	Deactivate 					

Payroll Cycle Group	Start Date	End Date	Frequency	First Day of Period	Last Day of Period	Actions
Hospice	01/23/2022	<i>Not Applicable</i>	Bi-Weekly	01/23/2022	Saturday	View Details  
test	11/01/2021	<i>Not Applicable</i>	Bi-Weekly	11/01/2021	Sunday	View Details  

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.



## Add Rate



**Payroll Cycle Group \***

**First Day of Pay Period \* ⓘ**

**Payroll Frequency \* ⓘ**

**Allowable Reimbursements ⓘ**  
 Mileage  
  Travel Time  
  On-Call  
  On-Call Mileage  
  On-Call Travel Time







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.

**Rates**

Mileage   Travel   On-Call   On-Call Mileage   On-Call Travel   Non-Patient Activity

The information entered below will be used to calculate the mileage rate amount reflected in your company payroll settings.

	Reimbursement Rate	Start Date	End Date	Actions
Current	\$0.585	02/02/2022	Not Applicable	 
	\$0.700	02/01/2022	02/01/2022	 
	\$0.700	01/18/2022	01/31/2022	 

**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.

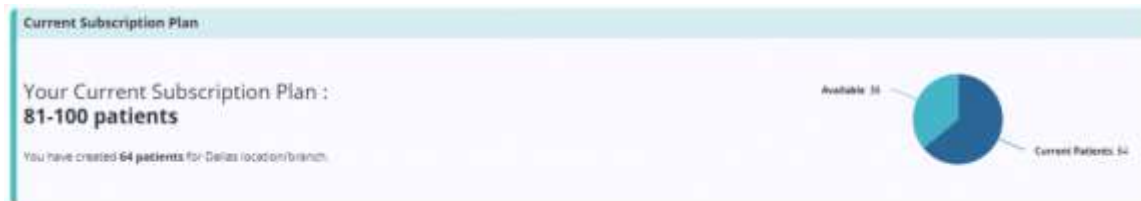
On-Call Mileage - Add new on-call mileage reimbursement rate and start date. The start date will automatically update the end date for any of the company's existing settings.

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.

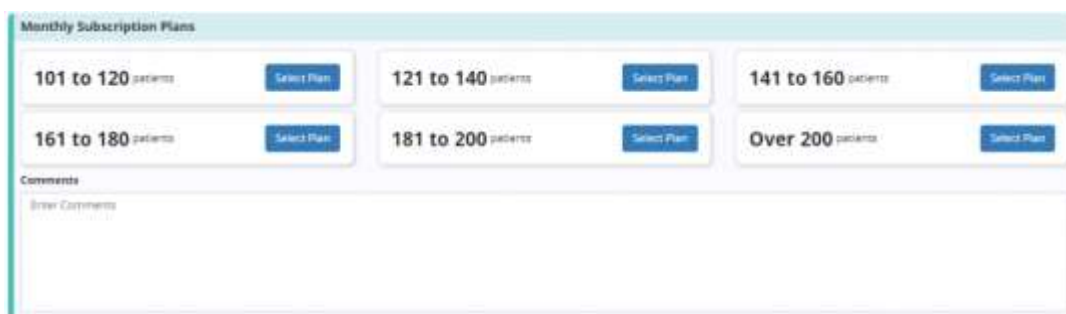
Non-Patient Activity - Setting non-patient activity pay rates enables users to generate reports with the data needed to seamlessly process payroll and monitor operational processes. Rates can be set for individual activities and branches or can be set to apply to multiple activities and branches. These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

- 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.



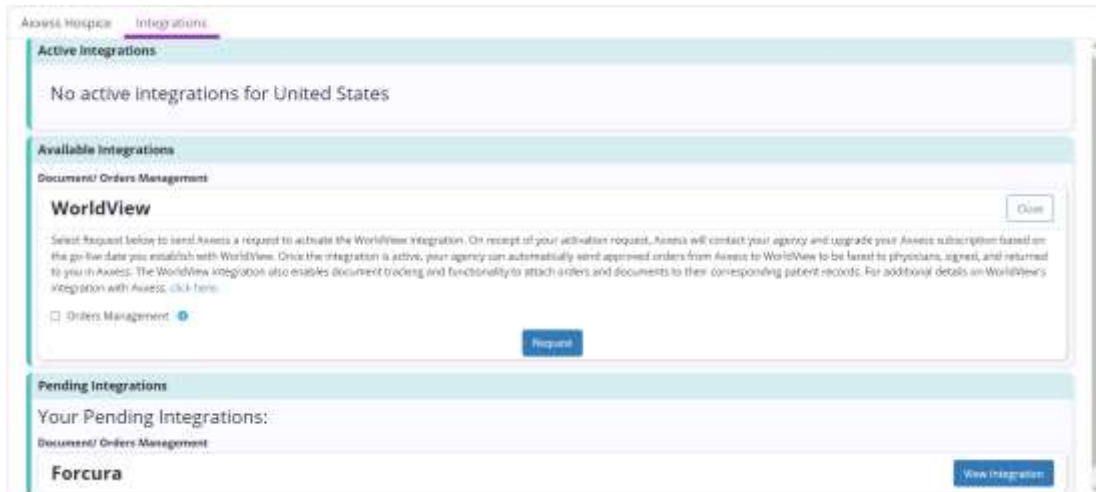
Monthly Subscription Plans

101 to 120 patients	Select Plan	121 to 140 patients	Select Plan	141 to 160 patients	Select Plan
161 to 180 patients	Select Plan	181 to 200 patients	Select Plan	Over 200 patients	Select Plan

Comments



Enter Comments

**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**

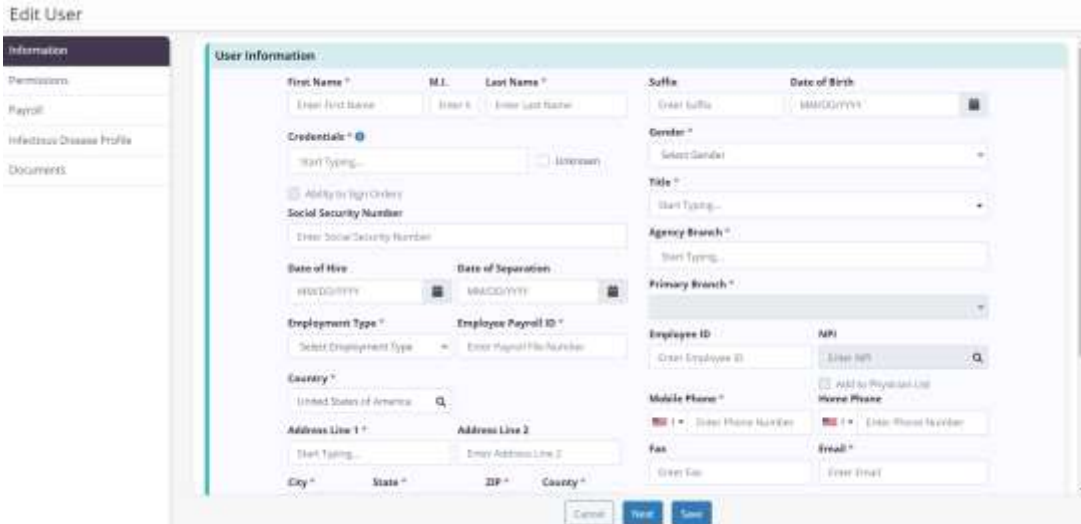
The top right-hand corner of Axxess Hospice houses the **Lists** and **Add** menus.

- 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:

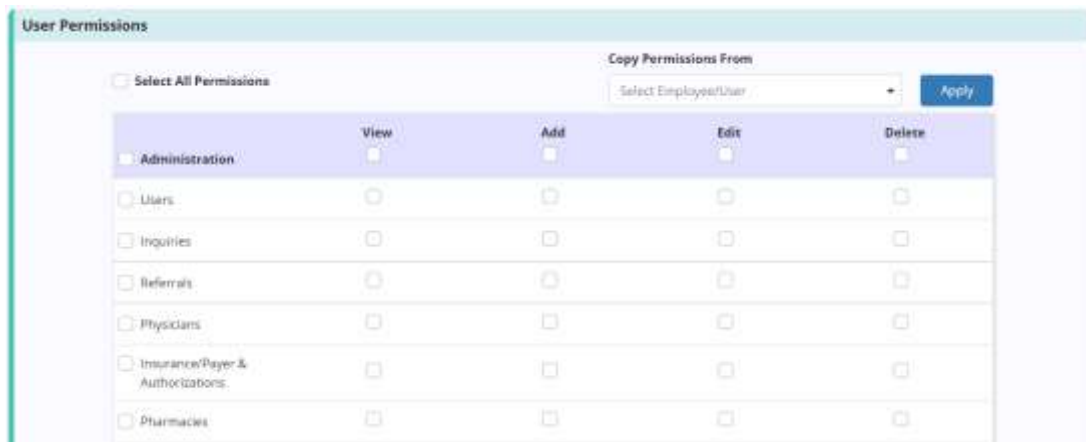
Administration - Users can view, add, edit and/or delete.

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.



**Current Payroll Settings**

<b>Effective Dates</b> <small>Not Applicable</small>	<b>Pay Type</b> <small>Not Applicable</small>	<b>Pay Rate</b> \$0.00	<b>Allowable Reimbursements</b> <input checked="" type="checkbox"/> Mileage <input checked="" type="checkbox"/> Travel <input checked="" type="checkbox"/> Surcharge <input checked="" type="checkbox"/> On-Call <input checked="" type="checkbox"/> On-Call Mileage <input checked="" type="checkbox"/> On-Call Travel
<b>Mileage Effective Dates</b> <small>Not Applicable</small>	<b>Travel Effective Dates</b> <small>Not Applicable</small>	<b>On-Call Mileage Effective Dates</b> <small>Not Applicable</small>	<b>On-Call Travel Effective Dates</b> <small>Not Applicable</small>
<b>Mileage Rate</b> \$0.00 / mile	<b>Travel Rate</b> \$0.00 / hour	<b>On-Call Mileage Rate</b> \$0.00 / mile	<b>On-Call Travel Rate</b> \$0.00 / hour



**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.

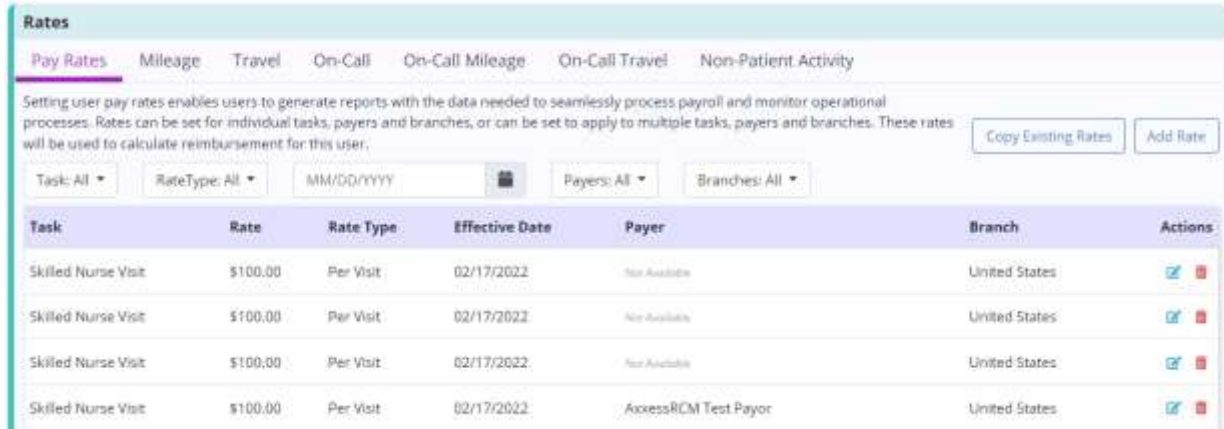
**Add Rate**

<b>Pay Type</b> <span style="color: blue;">?</span> Select Pay Type	<b>Employment Status</b> Select Employment Status	<b>Exempt Status</b> Select Exempt Status
<b>Start Date</b> <span style="color: red;">*</span> MM/DD/YYYY <span style="font-size: small;">📅</span>		
<b>Allowable Reimbursements</b> <span style="color: blue;">?</span>		
<input type="checkbox"/> Mileage <input type="checkbox"/> Travel Time <input type="checkbox"/> Surcharge <input type="checkbox"/> On-Call <input type="checkbox"/> On-Call Mileage <input type="checkbox"/> On-Call Travel Time		
<b>Add Rate</b>		Cancel

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.











**Rates**

Pay Rates | Mileage | Travel | On-Call | On-Call Mileage | On-Call Travel | Non-Patient Activity

Setting user 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 tasks, payers and branches, or can be set to apply to multiple tasks, payers and branches. These rates will be used to calculate reimbursement for this user.

Copy Existing Rates | Add Rate

Task: All | RateType: All | MM/DD/YYYY | Payers: All | Branches: All

Task	Rate	Rate Type	Effective Date	Payer	Branch	Actions
Skilled Nurse Visit	\$100.00	Per Visit	02/17/2022	Not Available	United States	 
Skilled Nurse Visit	\$100.00	Per Visit	02/17/2022	Not Available	United States	 
Skilled Nurse Visit	\$100.00	Per Visit	02/17/2022	Not Available	United States	 
Skilled Nurse Visit	\$100.00	Per Visit	02/17/2022	AccessRCM Test Payer	United States	 

**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.



Copy Pay Rates from:

Start Typing...

Apply Cancel

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.

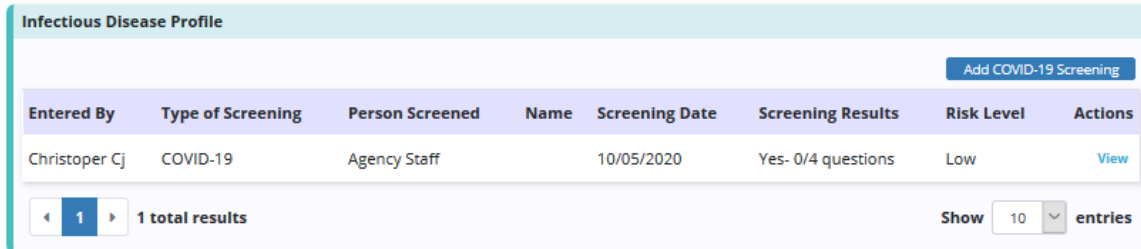


On-Call Mileage - Add new on-call mileage reimbursement rate and start date. The start date will automatically update the end date for any of the company's existing settings.

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.



The screenshot shows the 'Infectious Disease Profile' interface. At the top right, there is a blue button labeled 'Add COVID-19 Screening'. Below this is a table with the following columns: Entered By, Type of Screening, Person Screened, Name, Screening Date, Screening Results, Risk Level, and Actions. The table contains one row with the following data: Christopher Cj, COVID-19, Agency Staff, (blank), 10/05/2020, Yes- 0/4 questions, Low, and a blue 'View' link. Below the table, there is a pagination control showing '< 1 >' and '1 total results'. To the right of the pagination, there is a 'Show' dropdown menu set to '10' and the text 'entries'.

Entered By	Type of Screening	Person Screened	Name	Screening Date	Screening Results	Risk Level	Actions
Christopher Cj	COVID-19	Agency Staff		10/05/2020	Yes- 0/4 questions	Low	<a href="#">View</a>

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.

**COVID-19 Screening**

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

Person Screened \*      
 Name      
 Date of Screening \*      
 Time of Screening \*

Refused Screening

Have you traveled internationally within the last 14 days to a country with sustained community transmission?  
 No     Yes

Do you have signs or symptoms of COVID-19, such as fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting or diarrhea?  
 No     Yes

In the last 14 days, have you had contact with someone diagnosed with COVID-19, under investigation for COVID-19, or with a respiratory illness?  
 No     Yes

Do you live in an area where community-based spread of COVID-19 is occurring?  
 No     Yes




**Risk Level:**  
 Low     High

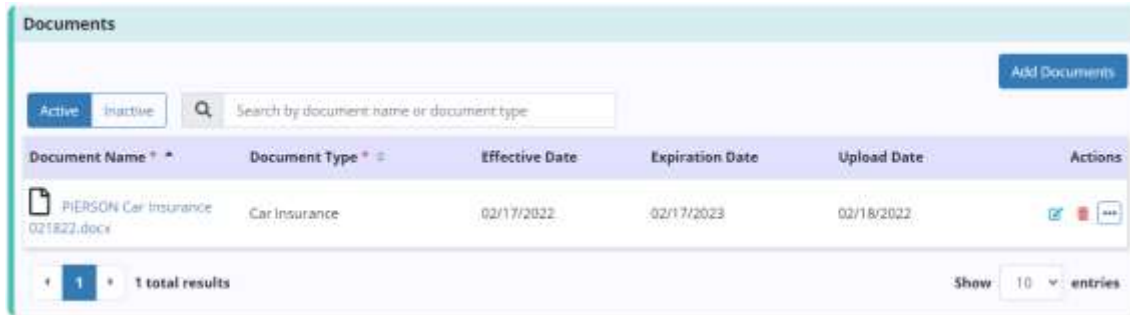
Screening Acknowledgement: I have screened the above-selected person prior to providing care. Agency policies and procedures were followed to prevent the spread of COVID-19 based on the results of this screening or refusal to complete the screening.

**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.

Document Name *	Document Type *	Effective Date	Expiration Date	Actions
 PIERSON Car Insurance 021E	Car Insurance	02/18/2022	02/18/2023	 Delete

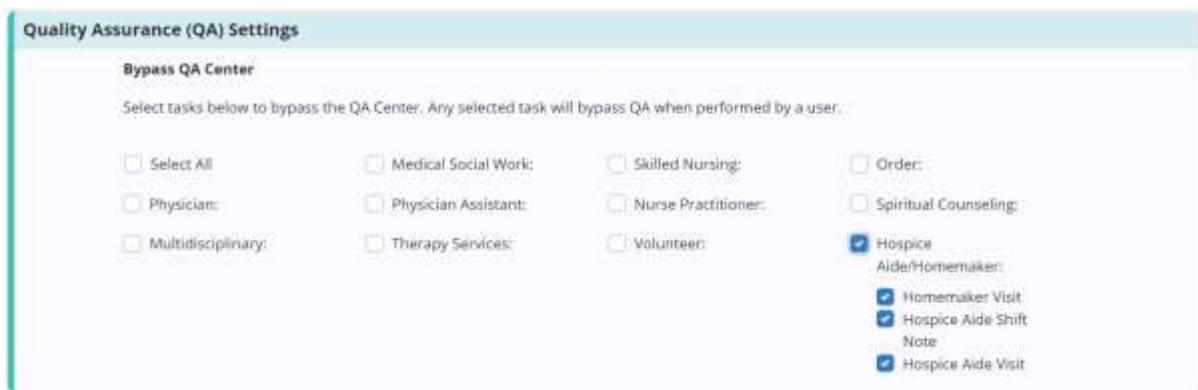
[Add Another Document](#)   
   

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.



Document Name	Document Type	Effective Date	Expiration Date	Upload Date	Actions
PIERSON Car Insurance 021822.docx	Car Insurance	02/17/2022	02/17/2023	02/18/2022	[Edit] [Delete] [More]

**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

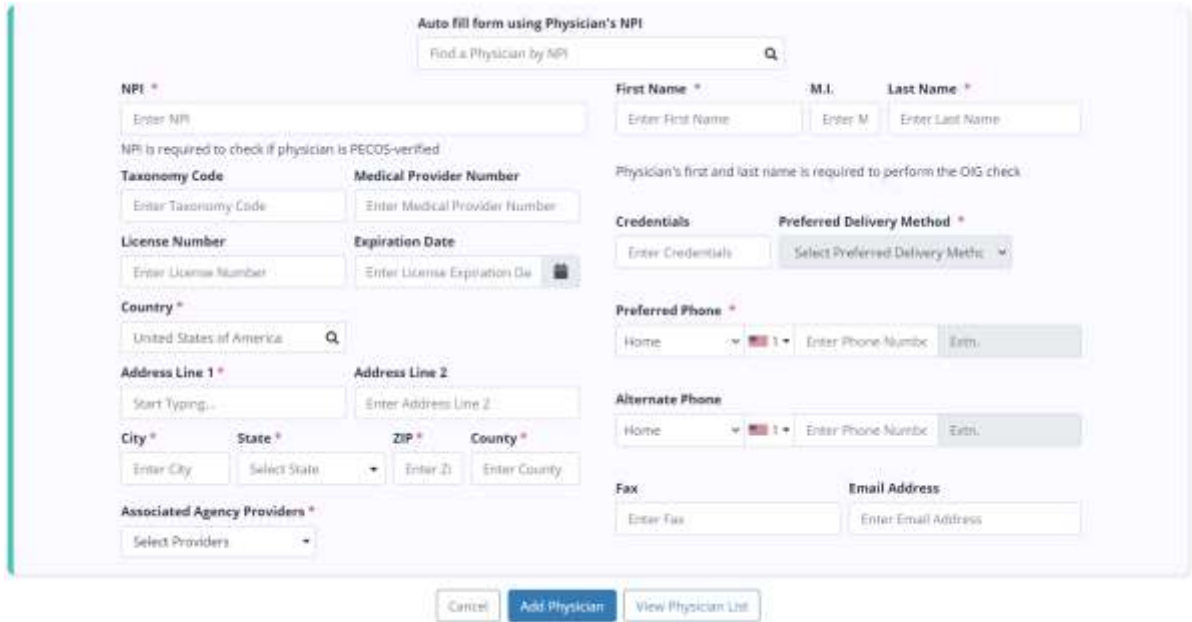
### *Add/Physician*

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.

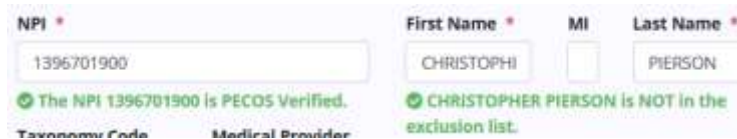


After selecting the physician, their information and address will auto-fill based on the information that is in the NPI registry. This can still be edited. Everything with a red asterisk is required.

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.

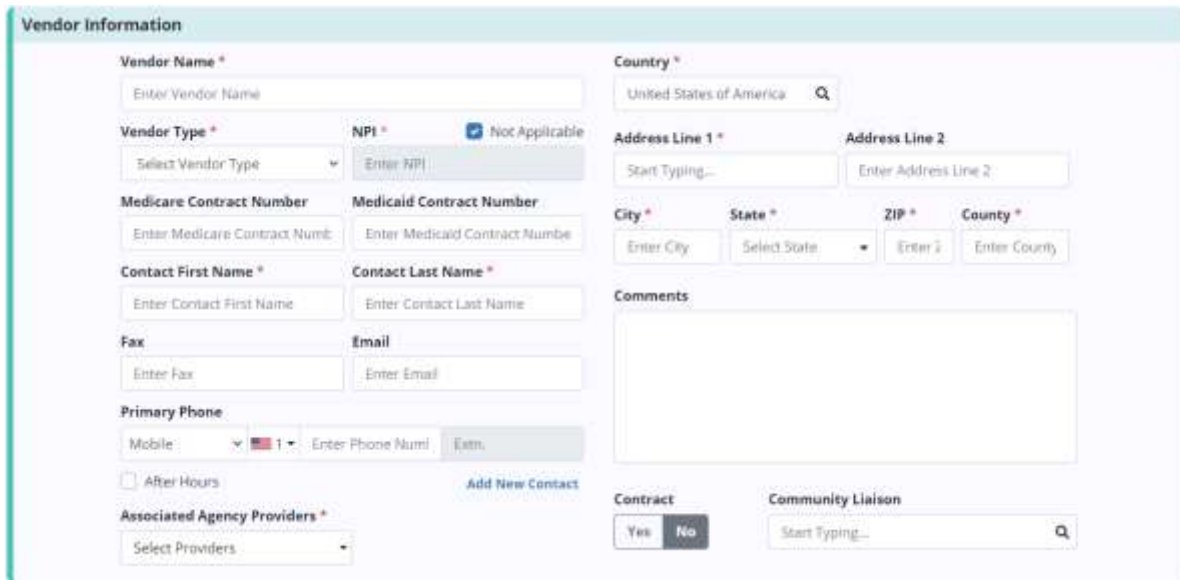


The preferred delivery method will determine how physicians will receive their orders to sign. Options include: IDG, the Axxess Physician Portal, other, (for one of Axxess' integrated order delivery partners) or the regular methods. Once completed, select the **Add Physician** button at the bottom. Also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

**Associated Agency Providers \***  
 Select Providers ▼

**Pharmacy Name \***  
 Enter Pharmacy Name

**Contact First Name**      **Contact Last Name**  
 Enter Contact First Name      Enter Contact Last Name

**Country \***  
 United States of America Q

**Address Line 1 \***      **Address Line 2**  
 Start Typing...      Enter Address Line 2

**City \***      **State \***      **ZIP \***      **County \***  
 Enter City      Select State ▼      Enter ZIP      Enter County

**Primary Phone**  
 Mobile ▼ +1 Enter Phone Number      Enter Fax

**Fax**      **Email**  
 Enter Fax      Enter Email

**Comments**

Add Pharmacy
View Pharmacy List

## 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.

Search by Patient Name
Search by Physician
Type to Filter Type...
Order Date
Age: All ▼
Branch: All ▼
Team: All ▼
Delivery Method: All ▼

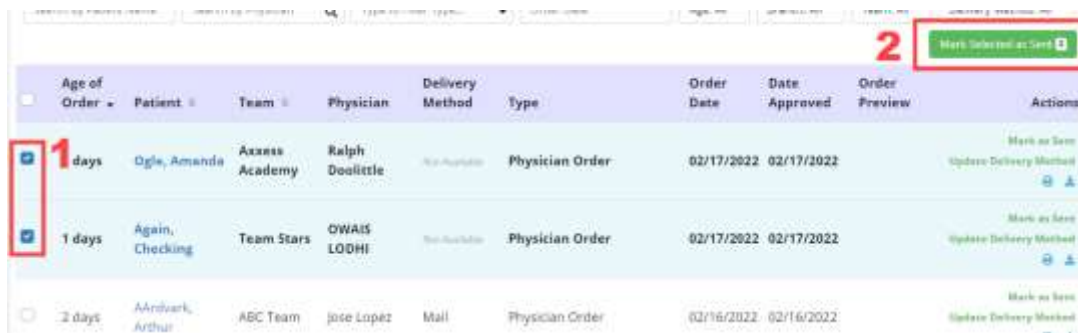
Orders are split into three tabs:

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.

To Be Sent    Pending Signature    Completed Orders										
<span style="border: 1px solid #ccc; padding: 2px 5px;">Search by Patient Name</span> <span style="border: 1px solid #ccc; padding: 2px 5px; margin-left: 10px;">Search by Physician</span> <span style="border: 1px solid #ccc; padding: 2px 5px; margin-left: 10px;">Type to Filter Type...</span> <span style="border: 1px solid #ccc; padding: 2px 5px; margin-left: 10px;">Order Date</span> <span style="border: 1px solid #ccc; padding: 2px 5px; margin-left: 10px;">Age: All ▼</span> <span style="border: 1px solid #ccc; padding: 2px 5px; margin-left: 10px;">Branch: All ▼</span> <span style="border: 1px solid #ccc; padding: 2px 5px; margin-left: 10px;">Team: All ▼</span> <span style="border: 1px solid #ccc; padding: 2px 5px; margin-left: 10px;">Delivery Method: All ▼</span>										
☐	Age of Order	Patient	Team	Physician	Delivery Method	Type	Order Date	Date Approved	Order Preview	Actions
<input type="checkbox"/>	1 days	Ogbe, Amanda	Access Academy	Ralph Doolittle	Physician Order	Physician Order	02/17/2022	02/17/2022	Update Delivery Method	<a href="#">Mark as Sent</a> <a href="#">Update Delivery Method</a>
<input type="checkbox"/>	1 days	Agar, Channing	Team Stars	DWASLODHI	Physician Order	Physician Order	02/17/2022	02/17/2022	Update Delivery Method	<a href="#">Mark as Sent</a> <a href="#">Update Delivery Method</a>
<input type="checkbox"/>	2 days	AAndark, Arthur	ABC Team	Jose Lopez	Mail	Physician Order	02/16/2022	02/16/2022	Update Delivery Method	<a href="#">Mark as Sent</a> <a href="#">Update Delivery Method</a>
<input type="checkbox"/>	2 days	Lamm, Kent	Access Academy	Ralph Doolittle	Initial Plan of Care	Initial Plan of Care	02/16/2022	02/16/2022	Update Delivery Method	<a href="#">Mark as Sent</a> <a href="#">Update Delivery Method</a>
<input type="checkbox"/>	2 days	RoseTest, AmyPatient	Access Team	Ralph Doolittle	Physician Order	Physician Order	02/16/2022	02/16/2022	Update Delivery Method	<a href="#">Mark as Sent</a> <a href="#">Update Delivery Method</a>
<input type="checkbox"/>	2 days	RoseTest, AmyPatient	Access Team	Ralph Doolittle	Physician Order	Physician Order	02/16/2022	02/16/2022	Update Delivery Method	<a href="#">Mark as Sent</a> <a href="#">Update Delivery Method</a>

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.

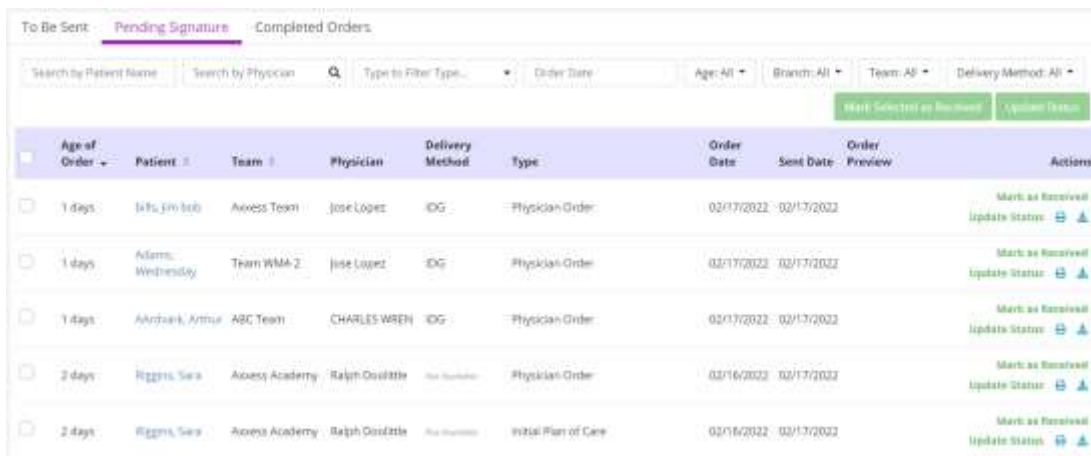
Mark individual orders as sent by selecting the green **Mark as Sent** hyperlink under the **Actions** column or select checkboxes to the left of orders, then click the **Mark Selected as Sent** button at the top right. The number of orders selected will show on the right side of the button. Click the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



Age of Order	Patient	Team	Physician	Delivery Method	Type	Order Date	Date Approved	Order Preview	Actions
1 days	Ogle, Amanda	Axxess Academy	Ralph Doolittle	No Signature	Physician Order	02/17/2022	02/17/2022	Mark as Sent Update Delivery Method	
1 days	Again, Checking	Team Stars	OWAIS LODHI	No Signature	Physician Order	02/17/2022	02/17/2022	Mark as Sent Update Delivery Method	
2 days	Aandark, Arthur	ABC Team	Jose Lopez	Mail	Physician Order	02/16/2022	02/16/2022	Mark as Sent Update Delivery Method	



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.



Age of Order	Patient	Team	Physician	Delivery Method	Type	Order Date	Sent Date	Order Preview	Actions
1 days	Wfs, Jim Job	Axxess Team	Jose Lopez	IDG	Physician Order	02/17/2022	02/17/2022	Mark as Received Update Status	
1 days	Adams, Wednesday	Team WMA 2	Jose Lopez	IDG	Physician Order	02/17/2022	02/17/2022	Mark as Received Update Status	
1 days	Aandark, Arthur	ABC Team	CHARLES WREN	IDG	Physician Order	02/17/2022	02/17/2022	Mark as Received Update Status	
2 days	Riggins, Sara	Axxess Academy	Ralph Doolittle	No Signature	Physician Order	02/16/2022	02/17/2022	Mark as Received Update Status	
2 days	Riggins, Sara	Axxess Academy	Ralph Doolittle	No Signature	Initial Plan of Care	02/16/2022	02/17/2022	Mark as Received Update Status	



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.

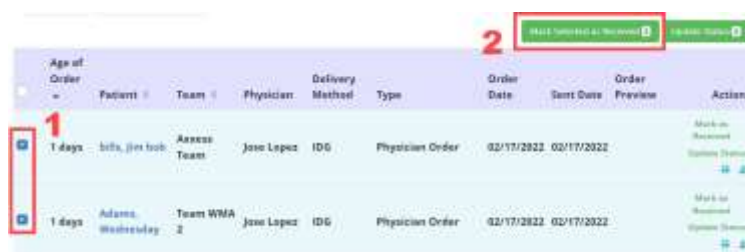
Mark individual orders as received by selecting the green **Mark as Received** hyperlink under the **Actions** column. The received date populates with the current date. Enter the signed date then select the **Mark** button.



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.

Patient	Team	Physician	Type	Order Number	Order Date	Sent Date	Signed Date	Received Date	Actions
DIGN, Bernick	Nash WMA	Sherry Ameyon	Initial Plan of Care	5009	03/31/2018	04/08/2018	04/08/2018	04/08/2018	 
Lynn, Kim	TEST		Initial Plan of Care	5019	01/09/2018	03/01/2018	01/08/2018	02/01/2018	 
Lynn, Kim	TEST	JOSEPH VENTIMIGLIA	Physician Order	5024	01/09/2018	03/08/2018	03/08/2018	03/08/2018	 
Lynn, Kim	TEST	JOSEPH VENTIMIGLIA	Physician Order	5025	01/11/2018	01/25/2018	01/26/2018	02/01/2018	 
Lynn, Kim	TEST	JOSEPH VENTIMIGLIA	Physician Order	5026	01/15/2018	01/25/2018	02/13/2018	02/01/2018	 
Woods, Sandra	Axxess Team		Initial Plan of Care	5078	02/15/2018	03/27/2018	04/03/2018	04/11/2018	 
Woods, Sandra	Axxess Team	ZAKINDA JONES	Hospice Physician Certification of Terminal Illness	5168	02/15/2018	04/07/2018	05/13/2018	05/13/2018	 
Hospice, Nyla	MHC's Talking Team	ZAKINDA JONES	Hospice Physician Certification of Terminal Illness	5171	03/04/2018	03/19/2018	03/29/2018	03/19/2018	 
Derry, Glen	Axxess Team		Initial Plan of Care	5207	04/01/2018	04/08/2018	04/01/2018	04/05/2018	 

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.

Insurance/Payer

Insurance/Payer Details

Billing Information

Reschedule

**Information**

Display Name \*

Bill Type \*

Associated Agency Providers \*

Agency had a contract with this insurance

Payer Type \*

Taxonomy \*

Tax ID

**Payer Address**

Check box if payment source address is required in claim electronic submission

Payer Name \*

Source of Payment \*

Phone Number

Fax Number

Country \*

Address Line 1 \*

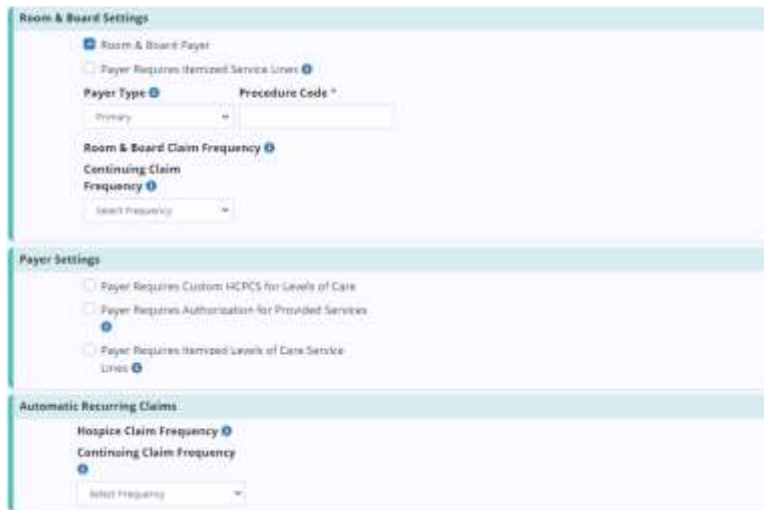
City \*

State \*

ZIP \*

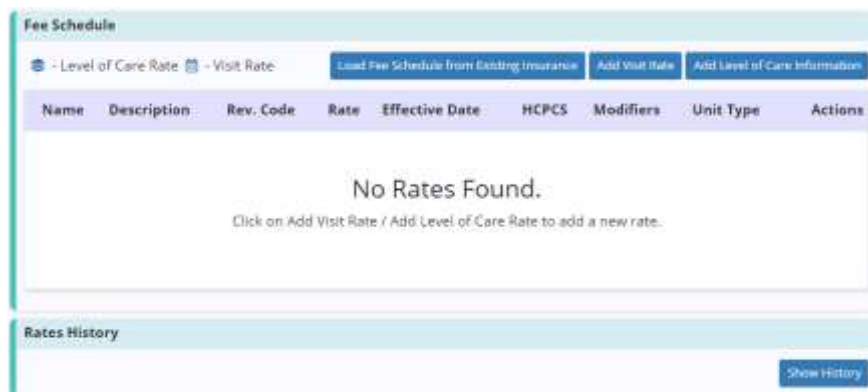
Cancel Next Save

**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.



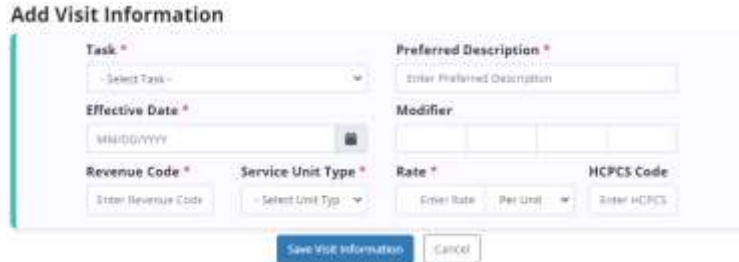
Select the **Save** button to keep what has been entered or select the **Next** button to move on to the **Fee Schedule** tab. Select the **Previous** button to go back to **Insurance/Payer Details** tab.

**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.

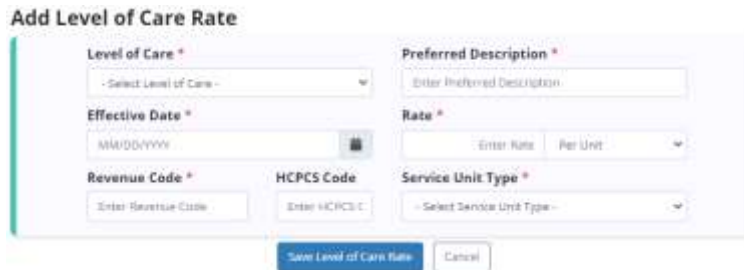


To save time, select the **Load Fee Schedule from Existing Insurance** to copy the fee schedule from a previously entered insurance. Select the **Add Visit Rate** button to add new visit rates. Choose the task, preferred description, effective

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.

Insurance/Payer

Provider	Payer Name	Display Name	Bill Type	Payer Type	Phone	Fax	Actions
Testing Home Health Agency, Inc	Wellpoint Inc	Wellpoint Inc	Institutional (UB-04)	Private Insurance/Medigap	(888) 888-8888		<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	Unitedhealth Group	Unitedhealth Group	Professional (CMS-1500)	Private managed care	(770) 777-7777	Not Available	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	TRICARE	TRICARE	Institutional (UB-04)	Other government (e.g., TRICARE, VA, etc.)	(124) 885-8858	(872) 525-8855	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	Tricare	Tricare Mingo	Professional (CMS-1500)	Other government (e.g., TRICARE, VA, etc.)		Not Available	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	Test One	test T2	Institutional (UB-04)	Medicare (traditional fee-for-service)		Not Available	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	Pay me Kishu (ind)	Kishu's Insurance	Institutional (UB-04)	Medicare (traditional fee-for-service)		Not Available	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	Medicare <a href="#">Refresh Payer</a>	Medicare	Institutional (UB-04)	Medicare (traditional fee-for-service)	Not Available	Not Available	<a href="#">Edit</a>

## ADDING TEMPLATES

### List/Templates

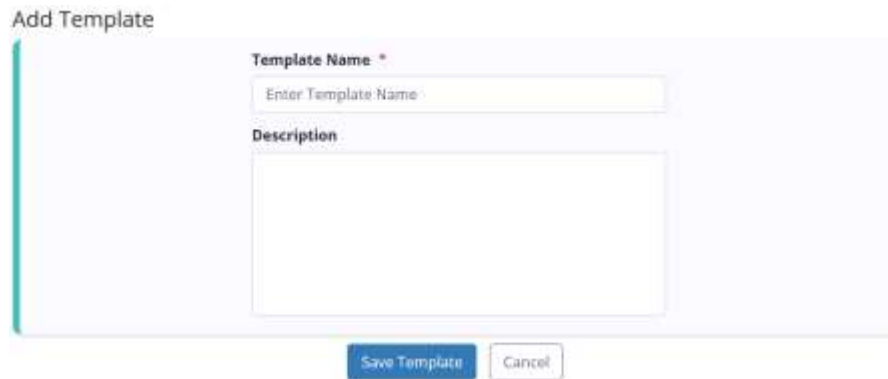
The window below will appear. Search through the list of current templates by typing the Template Name in the search bar in the top left. Select the

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.

Templates

Template Name	Created By	Created On	Last Modified By	Last Modified On	Actions
Visits for Matt	Matthew Abbott	03/25/2020 03:00 AM	Matthew Abbott	03/25/2020 03:00 AM	<a href="#">Edit</a> <a href="#">Delete</a>
Verbal Order	Jean Santos	02/26/2019 04:58 AM	Jean Santos	02/26/2019 04:58 AM	<a href="#">Edit</a> <a href="#">Delete</a>
Test1	Hendry Gomez	01/12/2019 02:52 AM	Hendry Gomez	01/12/2019 02:52 AM	<a href="#">Edit</a> <a href="#">Delete</a>
Test 1	Hendry Gomez	01/12/2019 02:53 AM	Hendry Gomez	01/12/2019 02:53 AM	<a href="#">Edit</a> <a href="#">Delete</a>
Test	Ananth Subbu	08/18/2018 03:18 AM	Ananth Subbu	08/18/2018 03:18 AM	<a href="#">Edit</a> <a href="#">Delete</a>
Template 365	Hendry Gomez	01/11/2019 04:03 PM	Hendry Gomez	01/11/2019 04:03 PM	<a href="#">Edit</a> <a href="#">Delete</a>

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.



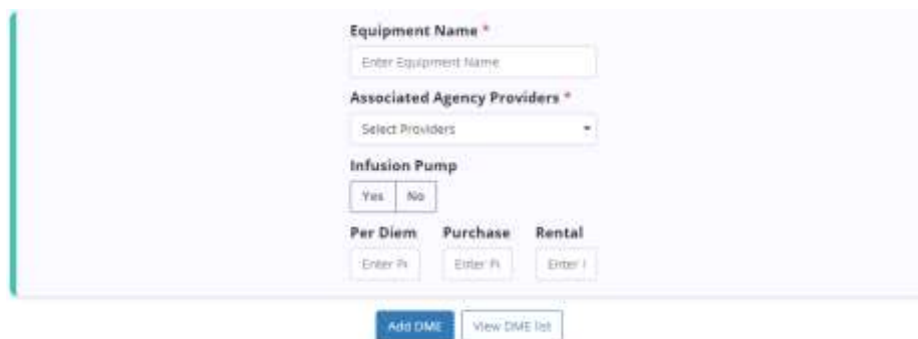
NOTE: Templates can be used to save time for writing orders, goals, care plans, physician statements, narratives and other places inside visits.

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.

DME

Providers: All | Search for DME: [ ] | Export | Add DME

Provider	Equipment Name	Infusion Pump	Per Diem	Purchase	Rental	Actions
Testing Home Health Agency, Inc	Yousi's Equipment	No	Not Available	Not Available	Not Available	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	Wrist Brace	Yes	Not Available	15	Not Available	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	Wheeling Chair	No	12	10	10	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	wheelchair pad	No	10	175	25	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	wheelchair	No	0.5	182	15	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	wheelchair	No	Not Available	Not Available	Not Available	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	wheelchair	No	Not Available	Not Available	Not Available	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	Wheelchair	No	Not Available	Not Available	5	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	wheelchair	No	Not Available	Not Available	Not Available	<a href="#">Edit</a> <a href="#">Delete</a>

## 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.

**Name \***

Enter Name

**Formulary**      **Unit Cost**

Yes    **No**      Enter Unit Cost

**Associated Agency**

**Providers \***

Select Providers

[Add Supply](#)    [View Supplies List](#)

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.

## Supplies

Provider	Supply Name *	Formulary	Unit Cost	Actions
Testing Home Health Agency, Inc.	4x4 bordered gauze	Yes		<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc.	532	No		<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc.	Ace Wrap	Yes	5.5	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc.	Aquaphor	No	5.15	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc.	Bandages	No		<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc.	bed sheet	No	2	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc.	Bedside commode	Yes	75	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc.	body wash, bottle	Yes	1.5	<a href="#">Edit</a> <a href="#">Delete</a>

## 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.

### Team

- Team Details
- Groups

#### Team Details

**Team Name \*** 
**Hospice Physician \*** 
**Agency Branch \***

**Clinical Manager \*** 
**Hospice Medical Director** 
**Type**

#### Meeting Schedule

[Add Meeting Schedule](#)

Frequency	Repeat On	Meeting start date	Meeting Start Time	Actions
No Meeting Schedules Found.				

#### Team Members

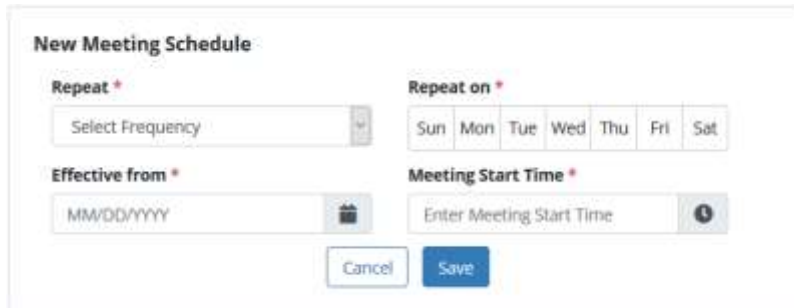
[Add Selected Member](#)

Member	Title	Actions
--------	-------	---------

[Cancel](#) [Next](#) [Save](#)




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.




**New Meeting Schedule**

Repeat \*


Repeat on \*  Sun  Mon  Tue  Wed  Thu  Fri  Sat

Effective from \*  

Meeting Start Time \*  

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.

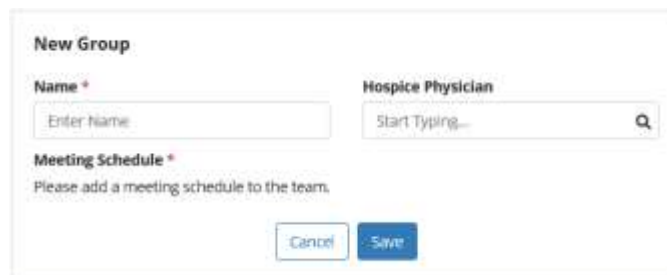
**Groups** - The next tab on the left in the **Add Team** section is for Groups. Select the **+Add Group** button in the top right to add a group.



**IDG Groups**


**No Groups Found**  
Click Add Group Button to Create Groups.

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.



**New Group**

Name \*

Hospice Physician  

Meeting Schedule \*  
Please add a meeting schedule to the team.

## 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	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	Advance Directives1	Patient	02/09/2021	02/09/2021	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	Blod Borne pathogens inservice	Employee	06/21/2021	06/21/2021	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	blurbird	Patient	02/21/2022	02/21/2022	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	Car Insurance	Employee	09/29/2021	09/29/2021	<a href="#">Edit</a> <a href="#">Delete</a>
Testing Home Health Agency, Inc	Consents	Patient	02/09/2021	02/09/2021	<a href="#">Edit</a> <a href="#">Delete</a>

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.

## Add 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.

Pending Approval							
Export Ready							
Export History							
Search by Patient Name		11/20/2021 - 02/18/2022		Select HIS Export Type		All Branches	
<a href="#">Approve Selected</a>							
<input type="checkbox"/>	Days Remaining	Patient	Payer	Type	Admit/Discharge Date	Last Modified On	Actions
<input type="checkbox"/>	● 22 days overdue	AKUHWA, Angelo	AxxessRCM Test Payer	Admission	01/13/2022	02/18/2022 07:16 AM	<a href="#">Check Errors</a> <a href="#">Edit</a>
<input type="checkbox"/>	● 12 days	Al Balushi, Issa	AxxessRCM Test Payer	Admission	02/16/2022	02/17/2022 10:17 AM	<a href="#">Approve</a> <a href="#">Edit</a>
<input type="checkbox"/>	● 12 days	Ang, Mary Beverly	AxxessRCM Test Payer	Admission	02/16/2022	02/17/2022 10:25 AM	<a href="#">Approve</a> <a href="#">Edit</a>
<input type="checkbox"/>	● 23 days overdue	Anthony, Charles	AxxessRCM Test Payer	Discharge	01/19/2022	02/12/2022 04:41 AM	<a href="#">Approve</a> <a href="#">Edit</a>

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.

Search by Patient Name	11/20/2021 - 02/18/2022	Select HIS Export Type	All Branches
------------------------	-------------------------	------------------------	--------------

**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.

Pending Approval							
Export Ready							
Export History							
Search by Patient Name		11/20/2021 - 02/18/2022		Select HIS Export Type		All Branches	
<a href="#">Approve Selected</a>							
<input type="checkbox"/>	Days Remaining	Patient	Payer	Type	Admit/Discharge Date	Last Modified On	Actions
<input type="checkbox"/>	● 22 days overdue	AKUHWA, Angelo	AxxessRCM Test Payer	Admission	01/13/2022	02/18/2022 07:16 AM	<a href="#">Check Errors</a> <a href="#">Edit</a>
<input type="checkbox"/>	● 12 days	Al Balushi, Issa	AxxessRCM Test Payer	Admission	02/16/2022	02/17/2022 10:17 AM	<a href="#">Approve</a> <a href="#">Edit</a>
<input type="checkbox"/>	● 12 days	Ang, Mary Beverly	AxxessRCM Test Payer	Admission	02/16/2022	02/17/2022 10:25 AM	<a href="#">Approve</a> <a href="#">Edit</a>

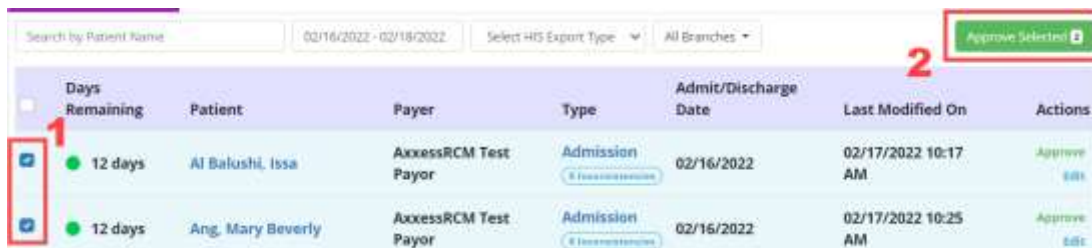
The dots next to each line represent the timing of when HIS is due. ● ● ●

- **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.

<input type="checkbox"/>	Days Remaining	Patient	Payer	Type	Admit/Discharge Date	Last Modified On	Actions
<input type="checkbox"/>	12 days	Al Balushi, Issa	AccessRCM Test Payor	Admission <a href="#">6 Inconsistencies</a>	02/16/2022	02/17/2022 10:17 AM	<a href="#">Approve</a> <a href="#">Edit</a>

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.



<input type="checkbox"/>	Days Remaining	Patient	Payer	Type	Admit/Discharge Date	Last Modified On	Actions
<input checked="" type="checkbox"/>	12 days	Al Balushi, Issa	AccessRCM Test Payor	Admission <a href="#">6 Inconsistencies</a>	02/16/2022	02/17/2022 10:17 AM	<a href="#">Approve</a> <a href="#">Edit</a>
<input checked="" type="checkbox"/>	12 days	Ang, Mary Beverly	AccessRCM Test Payor	Admission <a href="#">6 Inconsistencies</a>	02/16/2022	02/17/2022 10:25 AM	<a href="#">Approve</a> <a href="#">Edit</a>

**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.

<input type="checkbox"/>	Days Remaining	Patient	Payer	Type	Admit/Discharge Date	Approved Date	Actions
<input type="checkbox"/>	29 days	Adensun, Samuel	AccessRCM Test Payor	Admission	02/16/2022	02/17/2022	<a href="#">Mark as Exported</a> <a href="#">Generate HIS File</a> <a href="#">Update Status</a>
<input type="checkbox"/>	50 days overdue	Anthony, Charles	AccessRCM Test Payor	Admission	11/29/2021	02/04/2022	<a href="#">Mark as Exported</a> <a href="#">Generate HIS File</a> <a href="#">Update Status</a>
<input type="checkbox"/>	33 days overdue	Arwan, Nuh	Medicare	Discharge	12/16/2021	01/26/2022	<a href="#">Mark as Exported</a> <a href="#">Generate HIS File</a> <a href="#">Update Status</a>
<input type="checkbox"/>	55 days overdue	Daniels, Charlie	Medicare	Discharge	11/24/2021	11/25/2021	<a href="#">Mark as Exported</a> <a href="#">Generate HIS File</a> <a href="#">Update Status</a>
<input type="checkbox"/>	41 days overdue	Kraenzlin, Vanessa	AccessRCM Test Payor	Discharge	12/08/2021	02/05/2022	<a href="#">Mark as Exported</a> <a href="#">Generate HIS File</a> <a href="#">Update Status</a>
<input type="checkbox"/>	29 days	Mahajan, Bhushan	AccessRCM Test Payor	Admission	02/16/2022	02/18/2022	<a href="#">Mark as Exported</a> <a href="#">Generate HIS File</a> <a href="#">Update Status</a>

1 6 total results Show 10 entries

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**.

<input type="checkbox"/>	Days Remaining	Patient	Payer	Type	Admit/Discharge Date	Approved Date	Actions
<input type="checkbox"/>	32 days overdue	Berry, Mary	Medicare	Discharge	08/06/2020	10/06/2020	<a href="#">Mark as Exported</a> <a href="#">Generate HIS File</a> <a href="#">Update Status</a>

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

- Pending Approval - Select to 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.



Actions

Status: Pending Approval ▼ Update Cancel

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.

Days Remaining	Patient	Payer	Type	Admit/Discharge Date	Approved Date	Actions
32 days overdue	Berry, Mary	Medicare	Discharge	08/06/2020	10/06/2020	<a href="#">Mark as Exported</a> <a href="#">Generate HIS File</a> <a href="#">Update Status</a>
32 days overdue	Bond, James	AxxessRCM Test Payor	Discharge	08/06/2020	10/06/2020	<a href="#">Mark as Exported</a> <a href="#">Generate HIS File</a> <a href="#">Update Status</a>

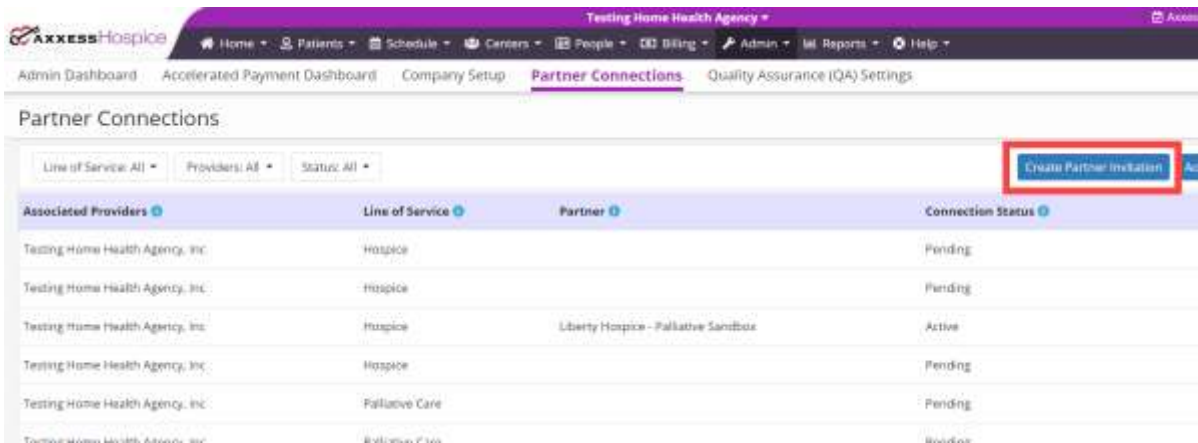
**Export History** - Once the organization receives the file indicating if it was approved or rejected, users can update the status by selecting the **Update Status** hyperlink in the **Actions** column or by checking the box(es) on the left side of multiple rows and selecting the **Update Status** button 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.

Patient	Payer	Type	Status	Admit/Discharge Date	Exported Date	Actions
<input type="checkbox"/> Ajasa, BABAWALE	AxxessRCM Test Payor	Admission	Exported	06/11/2020	08/11/2020	<a href="#">Generate Cancel</a> <a href="#">Make a Correction</a> <a href="#">Update Status</a>
<input type="checkbox"/> Alvin, de Chipmunk	AxxessRCM Test Payor	Admission	Exported	06/21/2020	09/15/2020	<a href="#">Generate Cancel</a> <a href="#">Make a Correction</a> <a href="#">Update Status</a>
<input type="checkbox"/> Bears, Masha	AxxessRCM Test Payor	Admission	Exported	05/11/2020	08/08/2020	<a href="#">Generate Cancel</a> <a href="#">Make a Correction</a> <a href="#">Update Status</a>
<input type="checkbox"/> Demo, Friday	Medicare	Admission	Rejected	06/26/2020	08/11/2020	<a href="#">Generate Cancel</a> <a href="#">Make a Correction</a> <a href="#">Update Status</a>

## 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**.



AXXESS Hospice | Home | Patients | Schedule | Centers | People | Billing | Admin | Reports | Help

Admin Dashboard | Accelerated Payment Dashboard | Company Setup | **Partner Connections** | Quality Assurance (QA) Settings

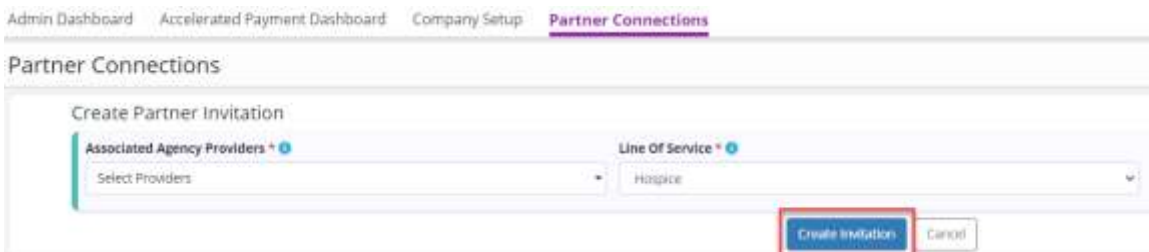
Partner Connections

Line of Service: All | Providers: All | Status: All

**Create Partner Invitation**

Associated Providers	Line of Service	Partner	Connection Status
Testing Home Health Agency, Inc.	Hospice		Pending
Testing Home Health Agency, Inc.	Hospice		Pending
Testing Home Health Agency, Inc.	Hospice	Liberty Hospice - Palliative Sandbox	Active
Testing Home Health Agency, Inc.	Hospice		Pending
Testing Home Health Agency, Inc.	Palliative Care		Pending
Testing Home Health Agency, Inc.	Hospice		Pending

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



Admin Dashboard | Accelerated Payment Dashboard | Company Setup | **Partner Connections**

Partner Connections

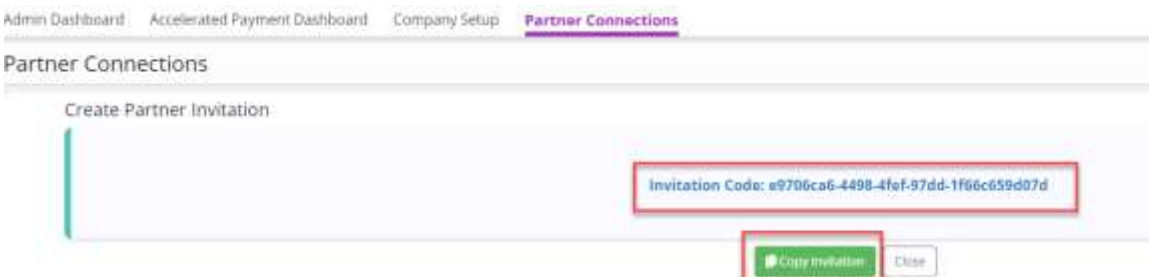
Create Partner Invitation

Associated Agency Providers \* | Line Of Service \*

Select Providers | Hospice

**Create Invitation** | Cancel

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



Admin Dashboard | Accelerated Payment Dashboard | Company Setup | **Partner Connections**

Partner Connections

Create Partner Invitation

Invitation Code: e9706ca6-4498-4fef-97dd-1f66c659d07d

**Copy Invitation** | Close

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**.



## Partner Connections

Accept Partner Invitation

Agency Providers \* Invitation Code \*

A-MED HEALTH INC e1705caf-4298-42ef-91795-1f6ac559d07d

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.

Referral Date	Referral Name	Branch	Line of Service	Referral Source	Date of Birth	Gender	Created By	Actions
	Learning, Learning	A-MED HEALTH INC WEST	Respite	Completed	Completed	Completed	Darryl Wingo	<a href="#">View</a> <a href="#">Transfer to Another Branch</a>
	Health, Home	A-MED HEALTH INC WEST	Respite	Completed	Completed	Completed	Darryl Wingo	<a href="#">View</a> <a href="#">Transfer to Another Branch</a>
	Long Term	A-MED HEALTH INC	Respite	Completed	Completed	Completed	Darryl Wingo	<a href="#">View</a> <a href="#">Transfer to Another Branch</a>
	Health, Home	A-MED HEALTH INC WEST	Respite	Completed	Completed	Completed	Darryl Wingo	<a href="#">View</a> <a href="#">Transfer to Another Branch</a>

## 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.

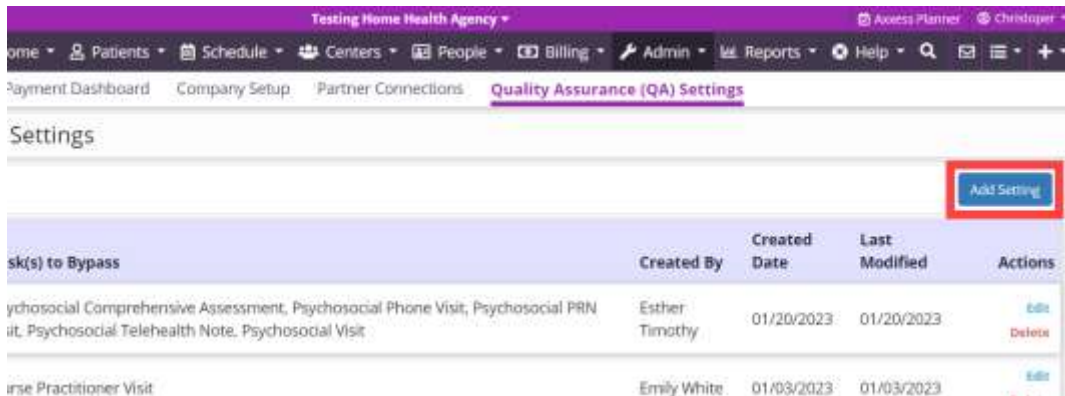
Date	User	Category	Summary	Actions
03/13/2023	Christopher Pierson	Bereavement Service	Bereavement Service-Create	<a href="#">View Details</a>
03/13/2023	Christopher Pierson	Scheduled Task	Scheduled Task-Reassign	<a href="#">View Details</a>
03/13/2023	Christopher Pierson	Bereavement Service	Bereavement Service-Create	<a href="#">View Details</a>
03/13/2023	Christopher Pierson	Non Patient Activity	Non Patient Activity-Create	<a href="#">View Details</a>

4 total results Show 25 entries

## QUALITY ASSURANCE (QA) SETTINGS

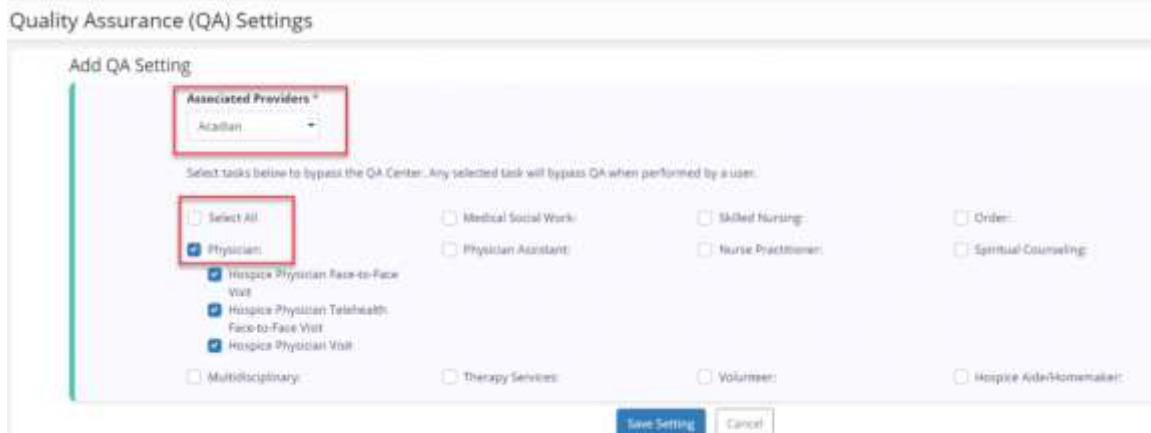
### Admin/QA Settings

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



Task(s) to Bypass	Created By	Created Date	Last Modified	Actions
Psychosocial Comprehensive Assessment, Psychosocial Phone Visit, Psychosocial PRN Visit, Psychosocial Telehealth Note, Psychosocial Visit	Esther Timothy	01/20/2023	01/20/2023	Edit Delete
Nurse Practitioner Visit	Emily White	01/03/2023	01/03/2023	Edit

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**.



Quality Assurance (QA) Settings

Add QA Setting

Associated Providers: Acalban

Select tasks below to bypass the QA Center. Any selected task will bypass QA when performed by a user.

Select All  
 Physician  
 Medical Social Work  
 Physician Assistant  
 Skilled Nursing  
 Nurse Practitioner  
 Order  
 Spiritual Counseling  
 Hospice Physician Face-to-Face Visit  
 Hospice Physician Telehealth Face-to-Face Visit  
 Hospice Physician Visit  
 Multidisciplinary  
 Therapy Services  
 Volunteer  
 Hospice Aide/Homemaker

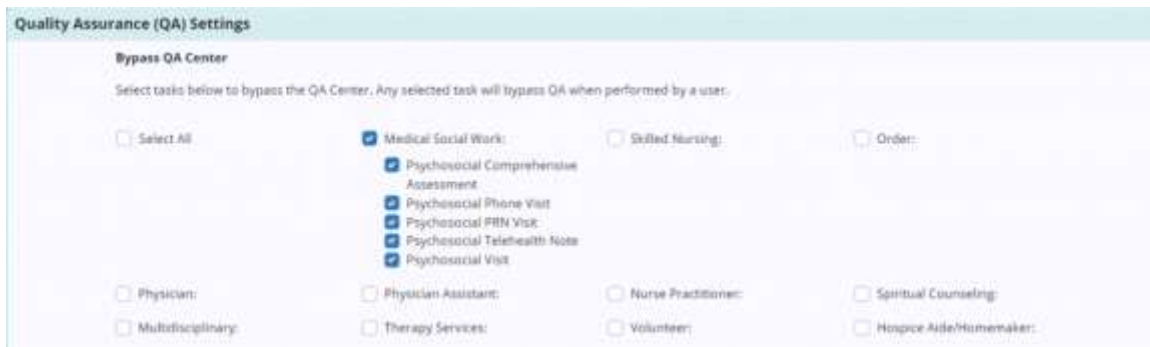
Save Setting Cancel

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**.



**Quality Assurance (QA) Settings**

**Bypass QA Center**

Select tasks below to bypass the QA Center. Any selected task will bypass QA when performed by a user.

<input type="checkbox"/> Select All	<input checked="" type="checkbox"/> <b>Medical Social Work:</b> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Psychosocial Comprehensive Assessment</li><li><input checked="" type="checkbox"/> Psychosocial Phone Visit</li><li><input checked="" type="checkbox"/> Psychosocial PRN Visit</li><li><input checked="" type="checkbox"/> Psychosocial Telehealth Note</li><li><input checked="" type="checkbox"/> Psychosocial Visit</li></ul>	<input type="checkbox"/> Skilled Nursing:	<input type="checkbox"/> Order:
<input type="checkbox"/> Physician:	<input type="checkbox"/> Physician Assistant:	<input type="checkbox"/> Nurse Practitioner:	<input type="checkbox"/> Spiritual Counseling:
<input type="checkbox"/> Multidisciplinary:	<input type="checkbox"/> Therapy Services:	<input type="checkbox"/> Volunteer:	<input type="checkbox"/> Hospice Aide/Homemaker:

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/>.

