HOSPICE OFFICE STAFF (INTAKE AND SCHEDULING) QUICK REFERENCE GUIDE

August 2023

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LOGGING INTO AXXESS

1. Go to www.axxess.com and select **LOGIN**.
2. Enter the email address and password. Select **Secure Login. NOTE**: If the password is forgotten, select **Having trouble logging in?** and a link will be sent to your email address.
3. Confirmation Login Successful. Select **OK.**
4. The Axxess Planner will display. Select the appropriate Axxess Hospice application to begin performing intake and scheduling functions.

DASHBOARD

Below are the eight tiles that will appear on the dashboard:

1. Welcome Panel - Displays the username, date, name and location of the organization.
2. Video - Built in educational videos uploaded by Axxess.
3. Today's Tasks - Displays the user's daily scheduled tasks. This list is sorted by day and visits distinguished by Scheduled (blue), Completed (green) and Missed (red). There is a hyperlink to **View All Tasks**.
4. Recertifications Due - Shows a visual representation of recertifications that are past due, at risk and upcoming. Selecting a circle will take the user to a list of those patients.
5. Unread Messages - This tile shows all unread messages. Users are linked to the messages. There is a hyperlink to **View All Messages**, which takes the user to the Message Center.
6. News & Updates - This shows links to Axxess-generated blog posts, educational articles, regulatory updates and other important information.
7. Census by Status - Shows the current active census by status and changes overnight. Selecting the status number will take the user to a list of patients filtered for that status.
8. Claims Ready for Billing - Shows claims that are ready but not yet sent. Selecting the type of claim will take the user to a list of the claims ready for billing of that type.

INQUIRIES
Add Inquiry
Add/Inquiry

Users can enter potential hospice patients to track inquiries or leads without having them be entered as referrals.

1. Patient name, phone number, agency branch and comments will flow to the referral (if converted).
2. Enter available information.
3. Select **Add Inquiry** to keep as an inquiry. Select the **Save & Add Another** button for additional inquiries.
4. Select **Convert to Referral** to move forward in the admission process.

View Inquiries
List/Inquiries

Once an inquiry has been added, it will be housed with all other inquiries in a list.

- Search through the inquiry list by using the search bar.
- Add a new inquiry from this screen by selecting **Add Inquiry**.
- Export the list as an Excel report by selecting **Export**.

The Action column contains a variety of action items for the patient's inquiry:
- Enables users to modify inquiry details prior to admitting the patient.
- Removes the patient from the system completely. **NOTE**: Deleting the inquiry means the patient will not be visible in any reports in the database.
- **Convert to Referral** - Generates all information required to enter a referral.

REFERRAL ENTRY
Add/Referral

- Search for the patient by name or MRN to confirm the patient is not already in the system.

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- Any patients matching the name or MRN will show in a grid that shows the patient's name, MRN, status and line of service.
- Select the **Select Patient** hyperlink to continue with the previously discharged patient.
- If the patient is not found in the system after a search, select the **New Patient** button.
- Choose the branch (if more than one) then enter the first and last name. Choose the primary line of service then select the **Add Referral** button.

Sections with a red asterisk* indicate information is required to save the page.

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

- Line of Service - Choose from bereavement, hospice or palliative care.
- Referral Date - Enter or choose the date of referral.
- Referral Source - Choose from Facility, Physician, Internal or Other. Then in a later step, enter a specific source, depending on what type is chosen.
  - Referring Physician Name - Start typing the name of the referring physician then select the name. Enter the physician point of contact name. Start typing the name of the community liaison or select the drop-down menu to scroll through the available list. Select the "Will serve as Attending Physician" checkbox if applicable. If physician is not available, select the **Add Physician** hyperlink (permissions based).
- Comments - Enter any comments here or use any saved templates.

Demographic Information - Patient details, contact information and address will be entered in this section. **NOTE**: Hover over the ❓ icon to get more insight into the section

Questions with a sage green HIS locator identifier A0500A **First Name** are Hospice Item Set (HIS) answers that will flow to fill out the HIS document.

- Select the **Validate Patient Primary Address** button after the address has been entered to verify that the details entered are for a valid address.

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This must be validated before completing the referral. International addresses can be entered (Phone defaults to United States).

- If the patient's mailing address differs from the physical address, both must be entered. If the address is the same for both sections, an option to check "Same as Primary Address" is available.
- To assign a tag to a patient, type the name of the desired tag in the search field. As the user types, the list of tags (established in Company Setup) will filter to display tags that match the search. Select the appropriate tag and select **Save.**

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

- Select a payment source.
- Enter the Medicare Beneficiary Identifier (MBI) or select the "NA - Not Applicable" check box if not appropriate.
- Enter the Medicaid Number and/or indicate if "Medicaid is pending" or "Not a Medicaid Recipient".

Eligibility - Enter all eligibility fields for eligibility check. This can only be done once per day. Missing information needed for the Medicare Eligibility Check will show a . Once the check is done, the user will see a full report and when it was last checked.

Payers
1. Select the **Add Payer** button.
2. Start typing the name of the primary payer. If the payer is not available, new payers can be entered by employees with permissions.
3. Enter the Effective Date.
4. Select **Add Payer**.
5. Select **Add Payer** to add an additional payer and choose payer type other than primary.
6. Change the payer type by selecting or remove by selecting .

Payers other than Medicare will see the following fields:
1. Payer, effective date and type.
2. Enter member ID, group name and group ID.
3. Choose the relationship to insured (error if not selected).
4. Enter the case manager, employer name and deductible amount.

5. Choose whether the deductible has been met.
6. Enter the copay amount and comments.

NOTE: Primary payer is not required to save a referral, but it is required for converting a referral to pending status.

Admission Information - Choose the type of admission, admission source and whether admission is new or hospice to hospice transfer and enter the benefit period number. **NOTE**: These fields will allow the system to create the appropriate benefit period for the patient with the correct number of days, allowing the recertification to be scheduled in a timely manner.

Authorized Contacts - Enter patient contact information and indicate their status(es).
1. Select **Add Contact**.
2. Enter as much patient contact information as available. A name, relationship and address are required to save. If the contact is indicated to receive access to the Family Portal, an email address must be entered.
3. Select the **Add Contact** button to save what has been entered and select **Add Contact** for more contacts.

Previously entered contacts will show the name, role, relationship, phone, CAHPS survey recipient or a bereavement contact. Edit previously entered contacts by selecting ✎ or remove them by selecting 🗑.

Clinical Information/Documents - Encompasses patient care information, diagnoses and attach applicable documents.

*   Referring Physician - Find the physician who referred the patient to hospice.
*   Care Team - Choose from the list of different care teams.
*   Create Pre-Admission Evaluation - If selected, the user can choose from:
    *   Clinician to assign to
    *   Evaluation date
*   Enter Referral Diagnosis. If there are more diagnoses, select **Add Diagnosis**.
*   Attach applicable scanned documents by selecting **Add Documents**. Once uploaded, documents will be listed by name, type.

NOTE: If the document type is not available, users with specific permissions can add new document types from the List.

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Referral Readiness/Preadmission Notes - Indicate whether Consents Completed, Hospice Order Received, Face-to-Face Visit are obtained by selecting the checkbox(es).

If Face-to-Face is selected, then indicate whether a copy was obtained by transferring hospice and who completed it and when.

1. Select **Add Preadmission Note** to add notes.
2. Enter a title, use a template or enter the notes into the free text space.
3. Select **Save** to complete the note.
4. Edit preadmission notes by selecting the ✏️ icon or remove them by selecting the 🗑️ icon.

After all the Referral sections have been entered, select **Create Referral** to save all details entered into the system or **Convert to Pending** to move to the next step of the intake process.

VIEWING EXISTING REFERRALS
List/Referrals

- Search through the list of referrals using the search bar.
- Export the entire list by selecting **Export**.

The Actions column contains a variety of action items for the patient's referral:

- ✏️ - Enables the ability to modify referral prior to admitting the patient.
- 🗑️ - Removes the patient from the system completely. **NOTE**: Deleting the referral means the patient will not be visible in any reports in the database.
- **Convert to Pending** - Generates a form where all required information can be gathered to admit the patient. All information collected in the Referral Form will flow to this form.
- **Non-Admit** - Enter the non-admit date, reason and then select the **Non-Admit** button.
- **Notes** - View the Preadmission Notes section of the referral.

ADMITTING A REFERRAL
The referral should be converted to pending once a decision has been made to admit a patient and there is an appointment made for admission.

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Select **Convert to Pending**.

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

- Patient ID/MR Number - Enter a medical record number based on organization specifications.
- Languages - Indicate what language is primarily spoken by the patient and whether there is a need for an interpreter.
- Service Locations - Select **Add Service Location** to enter service location information. Once the location is chosen, enter a date then select **Save**. This will flow to billing to allow for the appropriate tracking of Q codes associated with the location of care.
- Face Sheet Comments - Enter face sheet comments for convenient access to the most relevant patient information. Templates may also be used. Face sheet comments appear under the **Authorized Contacts** section on the face sheet PDF.

Once all required information has been entered, select **Next** to continue. In addition to the Demographics section, the sections listed below will also need to be completed:

Payer Information - Enter Medicare number, MBI (Medicare Beneficiary Identifier) and/or Medicaid number if they were not during the New Referral process.

Medicare eligibility can be rechecked, additional payers can be added and Admission Information can be confirmed or entered.

Navigate through the referral by selecting these buttons:

| Cancel | Previous | Next | Save |
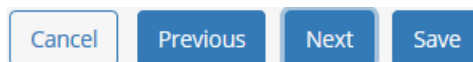
Clinical Information - This section encompasses various clinical details, including the anticipated team members. These details populate from the new referral process.

- The organization must choose a care team and clinical manager.
- Once team members have been assigned to the appropriate roles, the assigned team members will receive a message indicating that they have

been assigned to a patient's care team. If a team member is assigned to multiple roles, the user will only receive one message with their roles listed. If a user is removed from a patient's care team, the user will receive a message stating that they are no longer assigned to the patient.

- There are two methods to search for the referral diagnosis: by the ICD diagnosis name or by the ICD diagnosis code. Diagnoses can be added by selecting the **Add Diagnosis** button.
  - o Enter the code or search by description. Enter a start date then select the **Add** hyperlink. Terminal diagnoses will be indicated by a blue badge.
  - o If a second diagnosis is added, choose whether it is related to the terminal diagnosis. If it is not related, a reason must be given.
  - o Move diagnoses up and down by selecting the corresponding arrows. Edit diagnoses by selecting the 📝 icon or remove them by selecting the 🗑 icon. Select the ⋯ to make a diagnosis primary or resolve it.
- Select the Tolerable Pain Level.

Select the **Next** button to continue.

Physician(s) - If the referring physician was identified as the attending physician during the referral process, the name will automatically populate.

- Start typing the physician's name to search and select the checkbox if it will be the same as the attending physician.
- Select **Add Additional Physician** if there are more physicians involved in patient care.
- Select the **Next** button to continue.

Pharmacy and DME - Add the pharmacy where the patient will be receiving medications.

- Multiple pharmacies may be entered.
- If the pharmacy is not listed in the system, select **Add Pharmacy** (permissions based).
- Add DME Vendors by typing the name in the search bar or select to scroll through the list of available DME.
  - o Choose if DME is related.
  - o Enter the start and/or end date.

- - o   Select **Save**.
- Select **Add DME Vendor** to add to the database (permissions based).
- Add supplies by typing the name in the search bar. Once found:
  - o   Choose if supply is related.
  - o   Enter the start and/or end date.
  - o   Select **Save**.

Both will flow to the plan of care. Select the **Next** button to continue.

Authorized Contacts - At least one authorized contact must be entered in this section. If an emergency contact was added during the new referral process, the details of that contact will populate in this window. Add additional by selecting **Add Contact**.

Choose the CAHPS survey method and if Receive CAHPS Survey is selected, the contact will receive the CAHPS survey. When a patient has multiple contacts in their record, only one contact can be chosen to receive the survey. When No Publicity is selected for an authorized contact, the patient will be classified as No Publicity Caregivers on the CAHPS Reporting Data file in the Report Center.

Indicate whether the contact is emergency, bereavement or needs to be granted access to the family portal (if so, include email). Select the **Next** button to continue.

Emergency Preparedness - Choose an Emergency Triage Level and Emergency Preparedness Information. Enter an evacuation zone and enter evacuation address. Select the **Next** button to continue.

Advance Directives - If the patient has an Advance Directive or a Surrogate Decision Maker and can provide legal documentation for the home health medical record, the options are available to enter those details. Funeral Home information is also entered in this section. Search by vendor (previously added) to autofill this section. Select the **Add Vendor** hyperlink to add a funeral home to the database (permissions based). Select the **Next** button to continue

Referral Information - This section assists agencies in tracking referrals, including confirming referral details entered during the new referral process. Confirm the referral date, enter the current location, referral source and comments.

Enter a pending reason in the free text box or use an option from the dropdown menu. When a user is in pending status in the patient chart, pending reason is

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visible in a purple bar. If changes need to be made, the user can use the **Update Pending Reason** button. If the user selects the **Update Pending Reason** button, then they will be able to document the pending reason and comments**.**

When all required referral information has been entered, select the **Complete** button. A verification pop-up will check that the referral was completed entirely, and if it is, a green confirmation notification will appear. A patient will now be found in the patient chart after the convert to pending process is complete.

INTRODUCTION TO PATIENT CHARTS
Patients/Patient Charts

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

- The organization can upload the patient's picture as a form of visual reference by selecting the **Upload** button. Below, the photo shows the patient status, which may also be edited.
- The patient's name (next to the picture) is displayed as last name, first name with the organization assigned MRN next to it. Make changes to the patient by selecting the **Edit Profile** hyperlink.
- Patient gender, age and level of care are listed under the name.
    - If the patient is a Do Not Resuscitate or Full Code, an indicator will be visible next to the name along with the level of care and if the patient is in active status.
- **Address and Phone number** - Are hyperlinks that when selected on mobile devices, will bring up directions or call respectively. The birth date will also be visible in the middle of the patient chart so that they may be referenced easily.
- The benefit period, admission date, terminal diagnosis, attending physician and Medicare & Medicaid number fill out the synopsis.
- There are also buttons available to print a facesheet and manage documents**.**

Patient Chart Filters
To further narrow the selection when searching for a patient:

- Branch - Choose a patient's branch (if there is more than one).

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- Status - Choose between active (auto-selects), discharged, pending, non-admitted and deceased.
- Level of Care - Choose between routine, respite, continuous and general inpatient (defaults to all).
- Find - Search the patient's name and a list will appear when typing in letters by first or last name.

Patient Chart Quick Links

- Allergy - This section allows management of allergies.
- Bereavement - Document goals, interventions and services related to bereavement before and after a patient's death.
- Diagnosis - This section shows the list of previously ordered diagnoses.
- Frequency - View active and discontinued frequencies with option to update.
- Infectious Disease - View previous or add COVID-19 screenings.
- Medication - This section contains details of the patient's Medication Profile. New medications can be added, discontinued and drug interactions can be run from this window. Organizations with integrations can also manage dispensing the delivery of medications.
- Non-Covered Items - Allows users to generate, edit, print, download or remove a Patient Notification of Hospice Non-Covered Items, Services and Drugs addendum.
- eMAR – Track medication administration history in the electronic record.
- Plan of Care - This three-tab section contains details of the evolving POC for the patient that can be updated.
- Vital Signs – View vital sign logs.
- Symptom Ratings - View symptom rating logs.
- Deleted Tasks - Restore tasks that have been deleted from a patient's chart in error (permission based).

The patient's scheduled tasks will appear at the bottom of the Patient Charts window. The best way to review patient tasks and schedule further visits is from the Patient Schedule by selecting the **View Patient Schedule** hyperlink.

Benefit Period Manager

Select **View** next to the Benefit Period in the patient chart synopsis to view the Benefit Period Manager. This can also be accessed while editing the profile under the **Payer Information** tab or by going to *Patients/Benefit Period Manager*.

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The current admission period is identified with a blue **Current Admission Period** badge.

To make changes:
1. Select **Edit** to make changes to the initial benefit period in each admission.
2. For new admissions, users can update the initial benefit period number and admission date for the patient.
3. For hospice-to-hospice transfers, users can update the initial benefit period number, transfer date (the date the patient was transferred to your organization), and transfer benefit period start date (the start date of the benefit period the patient transferred in).
4. Select **Save**.

NOTE: When a benefit period is edited, all subsequent benefit periods in the admission will update automatically.

Authorizations

To manage insurance/payer authorizations, users must have permission to view, add, edit and delete authorizations and claims.
1. Choose a patient from the list.
2. Select **Add Authorization**. **NOTE**: If the patient does not use a payer that requires authorization, an authorization cannot be added for the patient.
3. Enter authorization details in the authorization status**,** authorization type**,** insurance and authorization number fields. **NOTE**: Based on the authorization type selected, start and end dates may be required.
4. Select the HCPC code based on the service location (Q code) where care will be provided.
5. If authorized units are selected as the authorization type, the authorized units and unit type fields will be added to the service requested.
6. If more than one service is authorized or requested, select **Add Service** and enter the details for each service.

Authorization documents that are received from the payer can be added to each authorization. To add an attachment:
1. Select **Add Attachment**.
2. Enter the name of the file and select a file to attach.
3. Select **Upload Attachment**.

Once authorizations have been added for a patient, users can view, edit or delete authorizations using the options in the Actions column.

Hospitalization

To flag a patient as hospitalized, from the patient's chart:
1. Select the ✏️ icon next to the patient status indicator.
2. Select hospitalized from the status drop-down menu.
3. The hospitalized date and hospitalized reason fields are required.
4. The facility name and contact information can also be entered.
5. Select **Save**.
6. Select **Yes** to update the service location, or **No** if the service location does not need to be updated.

The **Hospitalized** flag will appear at the top of the patient's chart. To remove the hospitalized flag, follow the same actions to update the patient status to active. The date selected as the active date will be the date that the system uses as the hospitalization end date for reporting.

INTRODUCTION TO THE PATIENT SCHEDULE
Schedule/Patient Schedule

Patient Schedule
The Patient Schedule is a 14-day, Month or Benefit Period (in List View) view of the patient's calendar. Color legend is above the calendar for easy reference:

- **Blue** = Scheduled task
- **Green** = Completed task
- **Red** = Missed visit
- **Orange** = Pending co-signature or returned for review

Schedule Center Filters
To further narrow the selection when searching for a patient:

- Branch - Choose a patient's branch (if more than one).
- Status - Choose between active (default), discharged, pending, non-admitted and deceased.
- Level of Care - Choose between routine, respite, continuous and general inpatient (default is all).

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- Find - Search patient's name and a list will appear when typing in letters by first or last name.

Frequency Profile

View active, inactive and discontinued frequencies by discipline, benefit period or date range. The profile can also be access by going to *Patients/Frequency.*

- See all frequencies by selecting **Expand All** or minimizing them by selecting **Collapse All**.
- Select 🗑 to delete.
  - Select **Yes, Delete** to confirm.
- Select **View Scheduled Tasks** to see the list of tasks with hyperlinks to each task and their status.
- Select **Update Frequencies** to begin the order process.
  - Select **Create Physician Order** (unless there are other orders to associate).
  - Date will be auto generated to the date it was created.
  - Find physician tied to order
  - Select **Create**.

Discontinue
1. Select **Discontinue**.
2. Enter discontinue date.
3. Select **Discontinue Frequency**.

Add Frequency
1. Select **Add Visit Frequency**.
2. Choose benefit period and discipline.
3. Enter the visit frequency and start date.
4. Choose whether frequency is PRN.
5. Select **Save Frequency** to complete or select **Save & Add Another** for additional frequencies.

Editing benefit period information can cause visit frequencies to fall outside of a patient's updated benefit period date range. If an existing visit frequency begins

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or ends outside of the updated benefit period date range, they will display an ⚠ icon.

Undo Missed Visit
1. Navigate to the **Tasks** section in the patient's chart.
2. Click the three-dot icon under **Actions** and select **View Visit Details.**
3. Click **Edit** to change the missed visit information or revert the visit to its prior status.
4. Click **Update** to edit the missed visit information. This will enable users to change the reason for the missed visit and update the **Physician Notified** and **RN Case Manager Notified** fields.
5. Select **Complete** and the missed visit will flow to QA for approval.
6. If the visit was marked missed in error and needs to be reverted back to its prior status for completion, select **Revert Visit**.

Scheduling Visits to a Patient
1. Select **Add Task**.
2. Repeat the task either weekly, biweekly or monthly.
    a. Choose flexible under the repeat drop-down to add multiple tasks under the Date entry.
3. Enter the date. **NOTE**: For reference the current benefit period dates are shown. Once the date is chosen, the payer will auto-generate the patient's primary payer.
4. Start typing the name of the task or choose from drop-down list.
5. Start typing the name of the employee, and results will narrow for choices.
6. Choose a shift length from 1-12 hours in hour increments.
    a. If a shift length is chosen, then a shift start time must be chosen.
7. Select on-call visit check box if applicable.
8. Select **Save Task** for adding a single task.
    a. Select **Save Task & Add Another** if there is more than one task to add.

Manage individual tasks by choosing any of the three options under the Action column next to each task. Reassign, missed visit (current/past due tasks), print, download or delete a task.

To Reassign:
1. Select the three-dot button.
2. Select **Reassign**.

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3. Start typing the name of another clinician and select their name.
4. Select **Save**.

Multiple Delete:
1. Select checkboxes next to tasks.
2. Select **Delete Selected**.
3. Select **Yes, Delete**.

Bulk Update:
1. Select **Bulk Update**.
2. Make updates.
3. Select **Save Tasks**.

EMPLOYEE SCHEDULE

Schedule Non-Patient Activities

To schedule a non-patient activity:
1. Navigate to the **Non-Patient Activity** tab on the **Employee Schedule** screen.
2. Select **Add Activity**.
3. Enter the required activity details.
4. If the activity will be repeated, select the appropriate frequency. By default, activities will not repeat. If the activity is a shift, select a shift length and enter a shift start time.
5. Select **Save Activity** to finish or select **Save Activity & Add Another** to continue adding activities.
6. Select **Cancel** to return to the schedule.

Once scheduled, non-patient activities will appear in the employee's schedule. Use the filters to toggle between calendar, list, 14-day, and monthly views of the schedule.

SCHEDULE DASHBOARD

Schedule/Schedule Dashboard

The **Schedule Dashboard** (permissions-based) enables users to continuously monitor scheduled tasks, patient frequencies and visit activity.

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- Scheduled Tasks - Displays tasks scheduled for the selected date (defaults to current). Select the arrows in the top left corner of the tile to view tasks scheduled for past or future dates. The top portion of the tile displays the total number of scheduled tasks for each discipline. Task tiles for of all disciplines are listed under the discipline totals. Each task tile shows the assigned user's name and title, the type of visit scheduled, the real-time visit status and the patient's name. Select a task tile to open a task. Select the **View Report** hyperlink to view the full Scheduled Tasks report.
- Visit Alerts - Displays the total number of missed visits, unassigned visits, visits not started and visits pending QA. Select any of the visit tiles to view the Visit Alerts report filtered by the selected visit type or select the **View Report** hyperlink to open the full report.
- Comprehensive Assessments Due - Displays the total number of comprehensive assessments due for each discipline. On this tile, the pie chart provides an at-a-glance view of how many assessments for each discipline comprise the total number of comprehensive assessments due. Hover over any section of the pie chart to view the number of assessments due and the percentage of due assessments that fall under that discipline. Select any section of the pie chart or select a number next to any discipline to view the Comprehensive Assessments Due report filtered by the selected discipline. Select the **View Report** hyperlink to see the full Comprehensive Assessments Due report.
- Frequency Watch - Compares the number of scheduled versus ordered visits and displays a breakdown of tasks scheduled over or under the ordered frequency. Select **Under Frequency** or **Over Frequency** to view the filtered Frequency Watch report or select the **View Report** hyperlink to open the full report.

ROOM AND BOARD
Room and Board functions are permissions based.

Assign to Facility
To add room and board information for an existing facility, navigate to *Lists/Vendors*.
- On the vendors list, select the vendor to add room and board information.
- To create a new facility, navigate to ***Add/Vendor***.
  - Document the facility details.

- o On the **Vendor Details** tab, select Skilled Nursing Facility (SNF) or Long-Term Nursing Facility (NF) from the vendor type drop-down menu. **NOTE**: If SNF or NF are not selected as the vendor type on the **Vendor Details** tab, add RUG rates will not be available on the subsequent tab.
- o Navigate to the **Room and Board** tab and select **Add RUG Rate** to add resource utilization group (RUG) rates.
- o Enter the RUG level, rate and effective date.
- o Select **Save** hyperlink.
- o Select **Save** button.

Assign to Patient

To assign room and board information to a patient, navigate to the **Payer Information** section of the referral screen or patient profile.

1. Select **Add Payer.**
2. Add payer, effective date and select room and board from the payer type.
3. Select **Save**.
4. Once the payer is assigned to the patient, a new Room and Board section will appear under Payer Information**.**
5. Select **Add RUG Level.**
6. Enter facility, effective date and RUG level**.**
7. Select **Save.**

NOTE: Only RUG levels that have been assigned to the selected facility can be assigned to the patient. The RUG level's effective date must be **on or after** the room and board payer's effective date for the patient and the facility.

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HELP CENTER

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

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