

HOME HEALTH ADMINISTRATOR TRAINING MANUAL

December 2023

Table of Contents

COMPANY SETUP4

 1. Company Information.....4

 2. Subscription Plan5

 3. Clinical5

 4. Scheduling7

 5. Operations8

 6. Billing 10

 7. Financial..... 11

 8. Payroll 14

 9. Integrations 15

 10. Support Ticketing Center 17

 11. Electronic Visit Verification Setup 17

ADDING A NEW USER 18

EDITING A USER20

 1. Information21

 2. Permissions21

 3. Licenses/Records.....22

 4. Visit Activity Pay Rates22

 5. Immunization.....23

 6. Infectious Disease Profile.....25

 7. Personnel Notes.....26

DELETED USERS26

ACCELERATED PAYMENT CENTER27

NON-VISIT ACTIVITY MANAGER.....28

ADDING A PHYSICIAN30

ADDING A NEW FACILITY31

ADDING A NEW PHARMACY32

OASIS TRANSMISSION.....32

ORDERS MANAGEMENT34

- 1. Orders Pending Co-Signature34
- 2. Orders To Be Sent35
- 3. Orders Pending MD Signature36
- 4. Orders History37
- ADDING AN INSURANCE/PAYER38
 - 1. Insurance/Payer Details38
 - 2. Billing Information.....41
 - 3. Fee Schedule44
 - 4. Summary.....46
- EDITING AN EXISTING PAYER.....47
- PAYROLL EXPORT CENTER47
 - Payroll Functionality49
- REPORT CENTER51
- ADDING TEMPLATES.....53
- LICENSES/RECORDS MANAGER53
- CUSTOM NOTE MANAGER54
- HELP CENTER.....56

COMPANY SETUP

Admin/Company Setup

The following window opens and requires the signature of someone with the Administrator role in their user profile. After entering a signature, select the **Proceed** button.



NOTE: For updating Signature, see [Office Overview](#).

Company Setup is split up into 11 tabs found on the left side of the window:

1. **Company Information** – Where users enter the organization's information, IDs, and Provider Numbers (retrieved outside of Axxess).

NOTE: Anything with a red asterisk (*) means the information is required to save the page.



Company Information	Testing Home Health Agency	National Provider Number:	123456789
Company Name:	Testing Home Health Agency	Medicare Provider Number:	000001
Tax ID:	371849281 *	Medicaid Provider Number:	0
Tax ID Type:	EM (Employer Identification Num)	Unique Agency OASIS ID Code:	0
Contact Person Email:	test *	Contact Person First Name:	test *
Contact Person Phone:	123 - 456 - 789 *	Contact Person Last Name:	test *
CARPS Vendor:	Axxess Research	DME Medicaid Provider Identifier:	
Medicaid Provider Identifier:			

Logo	Branch	Document Title	Actions
	Location V		Edit Delete

Address of the location tied to the submitter information should be entered. Selecting the **Activity Logs** button will open a new window showing which users

have changed data in the Company Information tab and when the change was made. Any changes made should be followed by selecting the **Save** button.

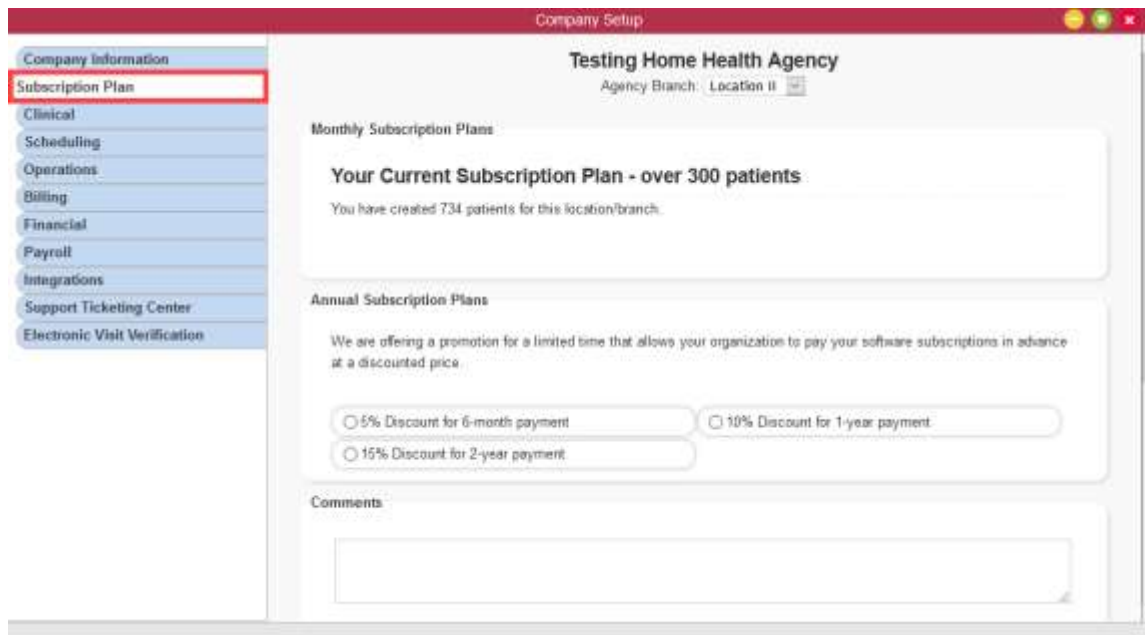


The screenshot shows a 'Location' form with the following fields and values:

Name:	Location II	Primary Phone:	214 - 575 - 7711
Address Line 1:	709 east curry road	Fax Number:	214 - 575 - 7722
Address Line 2:		Time Zone:	Central Time
City:	Indenburt		
State:	Texas		
Zip:	16407 - 0000		

Buttons at the bottom include 'Activity Logs', 'Save', and 'Close'.

- Subscription Plan** – In this section, the current monthly subscription plan is shown. This plan is based on the number of users. The active census can be adjusted by writing in a request in the comments section, entering the user's electronic signature and selecting the **Submit Request** button. Upgrading the plan can only be done through the request from here. If users want to downgrade their plan, they must enter a ticket in the Support Ticketing Center.



The screenshot shows the 'Company Setup' window for 'Testing Home Health Agency'. The 'Subscription Plan' tab is selected in the left sidebar. The main content area displays:

- Monthly Subscription Plans**
 - Your Current Subscription Plan - over 300 patients**
 - You have created 734 patients for this location/branch.
- Annual Subscription Plans**
 - We are offering a promotion for a limited time that allows your organization to pay your software subscriptions in advance at a discounted price.
 - Radio buttons for: 5% Discount for 6-month payment, 10% Discount for 1-year payment, and 15% Discount for 2-year payment.
- Comments**
 - A text input field for entering comments.


- Clinical** – Organizations can choose to **Enable** the Wound Manager which is a system that tracks wounds and wound orders. The Wound Manager also provides administrative access to wound history, notifications, photos, characteristics, and flowsheet documentation.

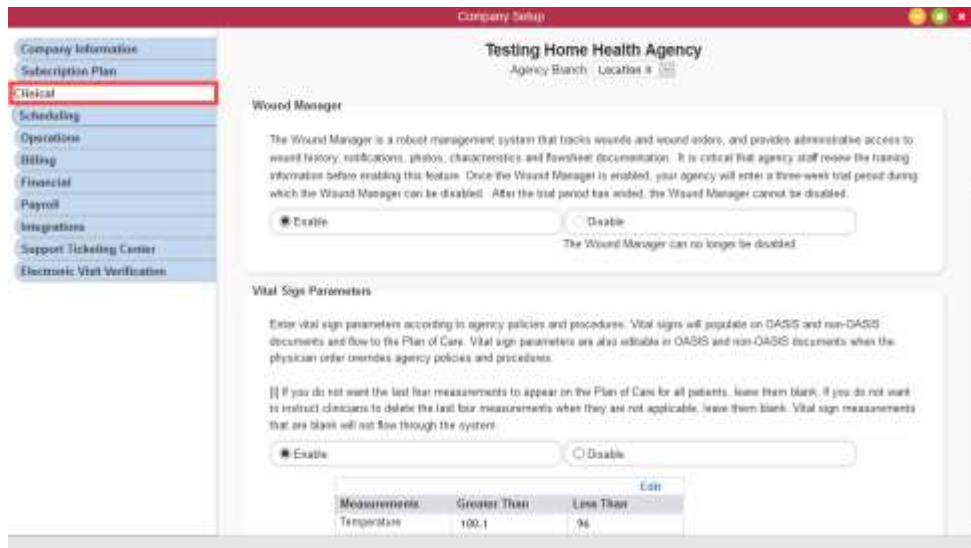
Enable Vital Sign Parameters according to organizational policies and procedures. After enabling, enter a greater than and/or less than limit by selecting the **Edit** hyperlink. Organizations can have their OASIS Assessments validated in real-time by selecting the **Enable** bullet that requires clinicians to change inconsistent clinical answers.

Visit and Travel Time Validations:

- Visit and Travel Time Discrepancies - When enabled, users will receive an alert when the visit time overlaps with the travel time or when the times are not in chronological order. Visit and assessment notes will require users to correct the times before completing.
- Partial Travel Time - When enabled, users will receive an alert when the travel start time or travel end time has not been entered. Visit and assessment notes will require users to correct the times before completing.
- Visit Time Duration - When enabled, users will receive an alert when the visit time is outside of your company's specified parameters. Click Enable to set the visit time parameters. This validation will warn clinicians if their visit times are outside of the set parameters.
- Travel Time Duration - When enabled, users will receive an alert when the travel time exceeds your company's specified parameter. Click Enable to set the travel time parameter. This validation will warn clinicians if their travel times exceeds the set parameter.
- Conflicting Visit Times - When enabled, users will receive an alert when the visit time or travel time overlaps with another visit on the clinician's schedule. Choose an effective date for the feature and decide if users should just be warned or select compliance to prevent clinicians from submitting documentation with overlapping visit or travel time.

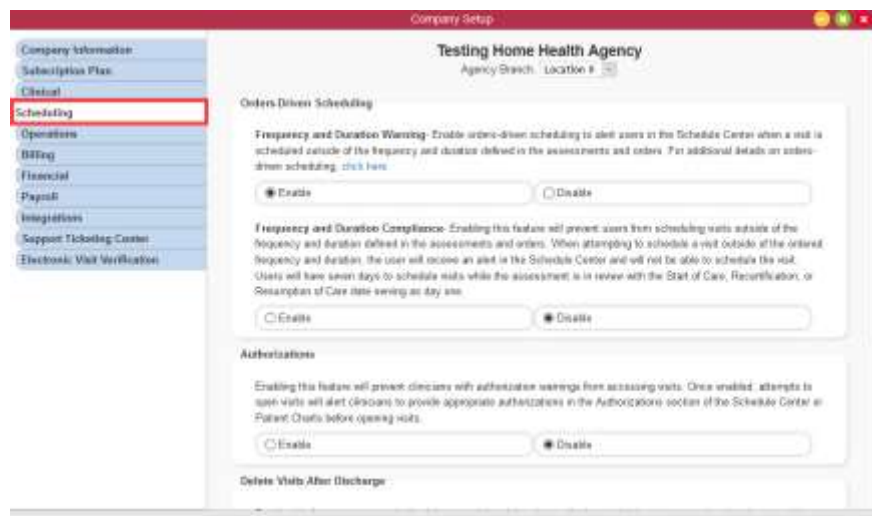
Choosing any of the tasks to bypass QA will cause all documents associated with the chosen task to bypass the QA center for all users. The default setting will not be selected. The organization has the option to check and uncheck specific Audit Types that the Axxess scrubber can look for when verifying OASIS visits. The Plan of Care Summary generates in the Patient Chart and by default is enabled. Additional Regulatory Requirements, such as Require Time Entry for Documentation and Require Therapist License Number with Signature can be enabled or disabled. To save, select **Submit Request**.

NOTE: Hovering over the  icon will give more insight into what each specific audit type is searching for.



4. **Scheduling** – This window allows organizations to decide whether scheduling will be driven by orders.

Enable or **Disable** warnings for visits scheduled outside of visit frequency and duration. Also **Enable** or **Disable** users from scheduling visits outside of frequency and duration altogether. Organizations can choose to **Enable** the Authorizations feature preventing clinicians with authorization warnings from accessing visits. The Delete Visits After Discharge feature can **Enable** automatically deleting remaining visits when a discharge visit has been completed and approved by QA or a patient has been manually discharged. The next feature organizations can choose to **Enable** is Auto-Generate Recert Episodes. This feature automatically generates a recert episode when a patient with a scheduled recert visit reaches the last five days of the current episode.



The next feature is Productivity Weights. Enabling this feature will generate a productivity score for each clinician in the Productivity Report based on the weights assigned to each visit type. Enter a default productivity weight for visit types not specified in the table below then select the **Set Default** button.



Productivity Weights

Enabling this feature will generate a productivity score for each clinician in the Productivity Report based on the weights you assign to each visit type.

Enable Disable

Enter a default productivity weight for visit types not specified in the table below.

Weight: **Set Default**

Select visit types to assign productivity weights to.

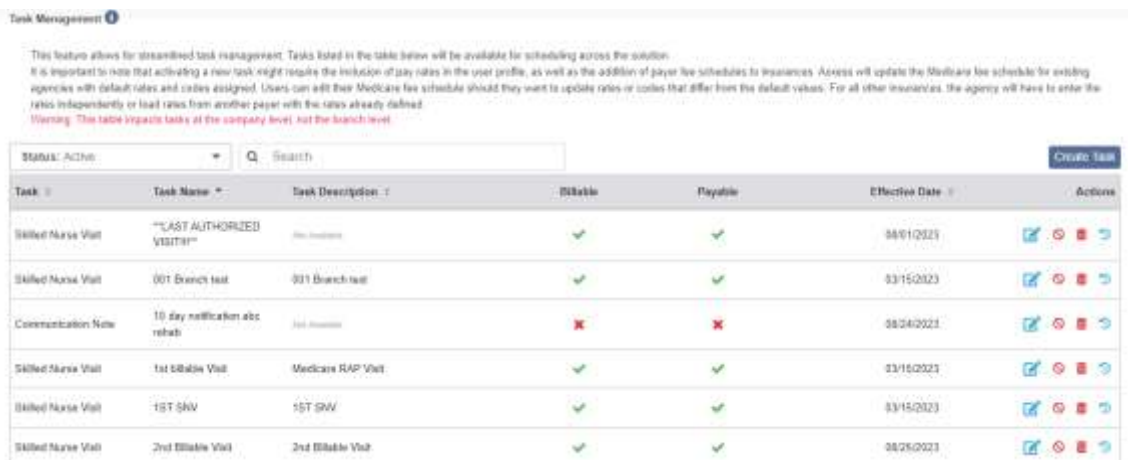
Visit Types: Weight: **Add Visits**

Visit Type	Weight	Actions
Skilled Nurse Visit	1.0	
OASIS-E Transfer	0.5	
OASIS-E Start of Care	3.5	
OASIS-E Resumption of Care	2	
OASIS-E Recertification	1.5	
OASIS-E Discharge Non-Visit	0.5	

Choose a visit type by selecting the dropdown. Multiple can be selected by checking the boxes. Enter a weight number and select the **Add Visits** button. Previously entered visits types can have their weights edited by selecting the edit icon under the Actions column or removed by selecting the delete icon.

Select the **Submit Request** button at the bottom of the **Scheduling** tab after any changes have been made.

- Operations** – This tab contains Task Management which enables users to add, edit, deactivate, reactivate and delete tasks in the system.



Task Management

This feature allows for streamlined task management. Tasks listed in the table below will be available for scheduling across the solution. It is important to note that activating a new task might require the inclusion of pay rates in the user profile, as well as the addition of payer fee schedules to Insurances. Axxess will update the Medicare fee schedule for existing agencies with default rates and codes assigned. Users can edit their Medicare fee schedule should they want to update rates or codes that differ from the default values. For all other insurances, the agency will have to enter the rates independently or load rates from another payer with the rates already defined.

Warning: This table impacts tasks at the company level, not the branch level.

Task ID	Task Name	Task Description	Billable	Payable	Effective Date	Actions
Skilled Nurse Visit	"LAST AUTHORIZED VISIT"	1st Visit			04/01/2021	
Skilled Nurse Visit	001 Branch test	001 Branch test			03/15/2023	
Communication Note	10 day notification abc rehab	1st Visit			08/04/2021	
Skilled Nurse Visit	1st Billable Visit	Medicare RAP Visit			03/15/2023	
Skilled Nurse Visit	1ST SNV	1ST SNV			03/15/2023	
Skilled Nurse Visit	2nd Billable Visit	2nd Billable Visit			08/26/2023	

Filter for tasks by status or search by keyword. To add a new task select the **Create Task** button. Choose a task from the dropdown menu (there is also a search option after selecting the dropdown). Enter a task name, description and effective date. Decide if the task is billable and/or payable and then select the **Save** button. Once a task is active in the list, it can be edited, deactivated and deleted by selecting the corresponding icons underneath the action column. Select the activity logs icon to see any previous changes made to the task.

Enable the Pending Admissions Management feature to create a pending admission period and pending certification period when a referral is converted to Pending Admission status. Once enabled, the system will allow clinicians access to the schedule Start of Care so that they can select to Admit or Non-Admit the patient. The clinician will also have the ability to update the Admission Period, Start of Episode, and Start of Care date. Select **Submit Request** to finish enabling the feature.

The Patient Name Alerts notifies users when a patient's name already exists in the system. This helps eliminate duplicate records when adding new patients to the system. After enabling, users must decide if the patient's name matches are made by first and last name or last name only. Select **Submit Request** to finish enabling the feature.



The screenshot shows two configuration panels. The top panel, titled "Patient Name Alerts", contains a descriptive text: "Enable this feature to alert staff when a patient has the same name as another patient in the system. When a patient has the same name as another patient, a yellow hazard icon will appear in the patient's chart and Schedule Center." Below this text are two radio button options: "Enable" (selected) and "Disable". Underneath, there are two more radio button options for "Check for patient name matches by": "By First and Last Name" (selected) and "By Last Name Only". A "Submit Request" button is located at the bottom of this panel. The bottom panel, titled "Patient Identifier Validations", contains a descriptive text: "Enable this feature to prevent patient-identifying information from being duplicated across charts or patients. Once enabled, the system will prevent users from admitting a new patient when the patient's MBI, SSN or patient ID/MRN exists for another patient in the system." Below this text are two radio button options: "Enable" and "Disable" (selected). A "Submit Request" button is located at the bottom of this panel.

Enable the Patient Identifier Validations feature to prevent patient-identifying information from being duplicated across charts or patients. Once enabled, the system will prevent users from admitting a new patient when the patient's MBI, SSN or patient ID/MRN exists for another patient in the system. Select **Submit Request** to finish enabling the feature.

Enable the organization to have access to the Pre-Claim Review Center (PCR). The PCR Center enables organizations to collect and track their PCR submission documents efficiently and seamlessly. Enter an effective date.

Enable the Final Claim UTN Validation feature to prevent Medicare final claims from being submitted without a unique tracking number. Then select the **Submit Request** button.



Review Choice Demonstration

Pre-Claim Review Center
 Enable the Pre-Claim Review Center to collect and track pre-claim review submission documents efficiently and seamlessly. Once enabled, users will be able to select the appropriate documents in the Pre-Claim Review Center for submission to the Review Choice Demonstration.

Enable Disable



Effective Date: 3/30/2023


The Review Choice Demonstration allows home health organizations to select from three payment/review options. The pre-claim review option allows providers to track pertinent documentation and assign a unique tracking number (UTN) to each claim. The UTN will automatically appear to all Medicare final claims. For additional information on the Review Choice Demonstration, including details on the other two payment/review options and updates on when the RCD will expand to other states, visit the [CMS website](#).

Final Claim UTN Validation
 Enable this feature to prevent Medicare final claims from being submitted without a unique tracking number.

Enable Disable

NOTE: Any user that need access to the PCR Center will need the Manage Pre-Claim Review (PCR) permission.








Organizations can enter the evacuation zones established for their state. Select the **Add Evacuation Zone** button to do this. Enter the name of the evacuation zone then select the **Add** button. Make edits to previously entered zones by selecting the  icon or remove them by selecting the  icon.



Evacuation Zones

Enter the evacuation zones established for your state. Users will be able to select from these zones when documenting emergency preparedness information in patient charts.

[Add Evacuation Zone](#)

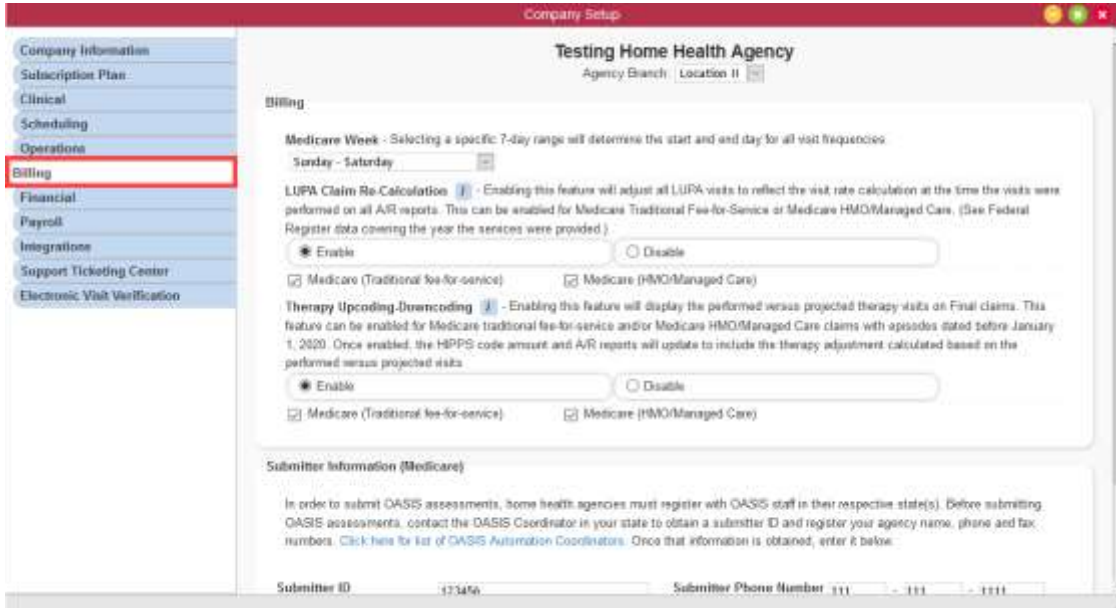
Evacuation Zone	Actions
NY	 
Zone 75044	 
Zone A	 
Zone B	 
Zone C	 
Zone RRE	 
Enter here	Add Cancel

- Billing** – This allows organizations to choose the Medicare Week from the drop-down; default setting is Sunday-Saturday.

Users must decide if they would like LUPA Claim Re-Calculation and Therapy Upcoding-Down-coding to be enabled or disabled for traditional Medicare and/or HMO/Managed Care Medicare.

Enable the Write Off Episodic Balance feature, which automatically adjusts off any remaining balances greater than or equal to \$0.01 after payment has been posted from an electronic remittance.

Once Submitter Information has been received from Medicare, it should be entered (if claims are being downloaded).



Company Setup

Testing Home Health Agency
Agency Branch: Location II

Billing

Medicare Week - Selecting a specific 7-day range will determine the start and end day for all visit frequencies.
Sunday - Saturday

LUPA Claim Re-Calculation - Enabling this feature will adjust all LUPA visits to reflect the visit rate calculation at the time the visits were performed on all AVR reports. This can be enabled for Medicare Traditional Fee-for-Service or Medicare HMO/Managed Care. (See Federal Register data covering the year the services were provided.)
 Enable Disable

Medicare (Traditional fee-for-service) Medicare (HMO/Managed Care)

Therapy Upcoding/Downcoding - Enabling this feature will display the performed versus projected therapy visits on Final claims. This feature can be enabled for Medicare traditional fee-for-service and/or Medicare HMO/Managed Care claims with episodes dated before January 1, 2020. Once enabled, the HIPPS code amount and AVR reports will update to include the therapy adjustment calculated based on the performed versus projected visits.
 Enable Disable

Medicare (Traditional fee-for-service) Medicare (HMO/Managed Care)

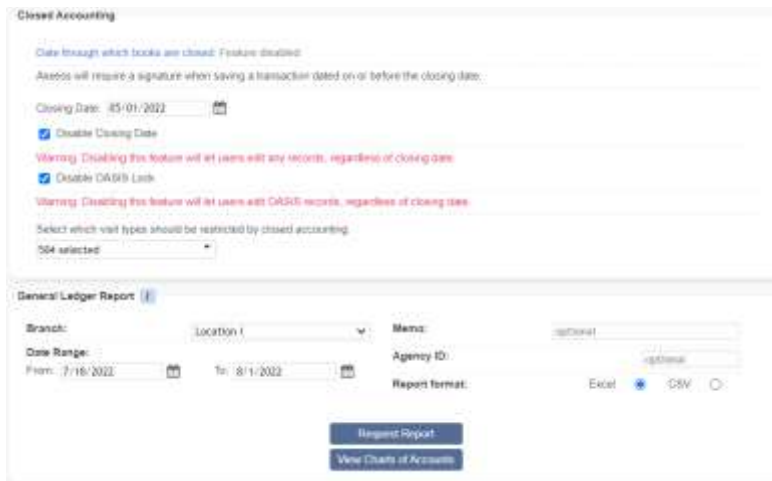
Submitter Information (Medicare)

In order to submit OASIS assessments, home health agencies must register with OASIS staff in their respective state(s). Before submitting OASIS assessments, contact the OASIS Coordinator in your state to obtain a submitter ID and register your agency name, phone and fax numbers. [Click here for list of OASIS Automation Coordinators.](#) Once that information is obtained, enter it below.

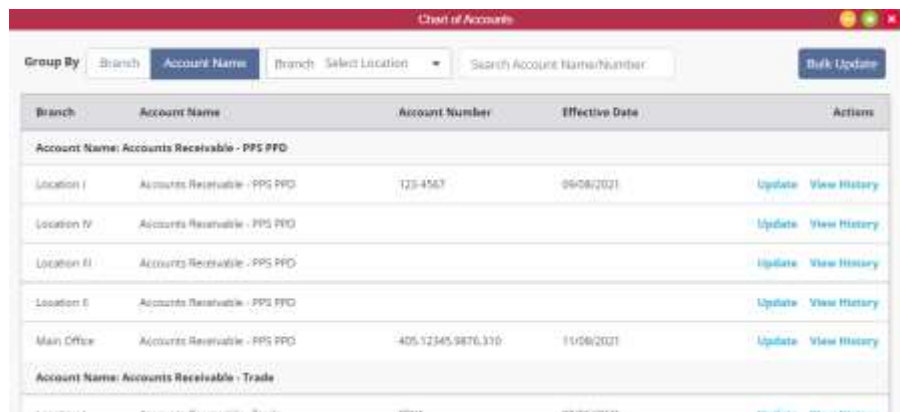
Submitter ID: 073456 Submitter Phone Number: 111 - 111 - 1111

7. **Financial** – The organization must set the date that books are closed by selecting a date on the calendar.

A signature will be required for saving transaction dates on or before the closing date. If the **Disable Closing Date** check box is selected, users will be able to edit any records (permission-based), regardless of closing date. The Disable OASIS Lock setting, when selected, will allow users to edit and return OASIS assessments from the QA Center regardless of closing date. When this setting is **not** selected, the OASIS will remain locked and users must provide an electronic signature to edit or return the OASIS during a closed accounting period. The double entry General Ledger accounting report shows debit and credit balances. This report can be requested and viewed in the Completed Reports area.

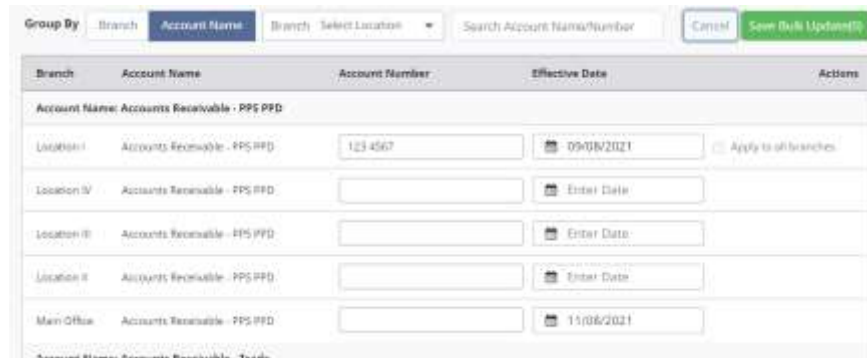


Select the **View Charts of Accounts** button to open the Chart of Accounts window. Users can group accounts by branch or account name. To group by branch, select **Branch** next to group by. To group by account name, select **Account Name** next to group by.



Branch	Account Name	Account Number	Effective Date	Actions
Account Name: Accounts Receivable - PPS PFD				
Location I	Accounts Receivable - PPS PFD	123-4567	09/08/2021	Update View History
Location IV	Accounts Receivable - PPS PFD			Update View History
Location III	Accounts Receivable - PPS PFD			Update View History
Location E	Accounts Receivable - PPS PFD			Update View History
Main Office	Accounts Receivable - PPS PFD	405-12345-9876-330	11/06/2021	Update View History
Account Name: Accounts Receivable - Trade				
Location I	Accounts Receivable - Trade	89012	08/01/2021	Update View History

Select **Bulk Update** to update the account numbers and/or effective dates for multiple accounts. If accounts are grouped by branch, select **Apply to All Branches** on each row to apply the corresponding account number to all branches. If accounts are grouped by account name, select **Apply to All Branches** next to the first account to apply the account number to all subsequent branches.



Branch	Account Name	Account Number	Effective Date	Actions
Account Name: Accounts Receivable - PPS PFD				
Location I	Accounts Receivable - PPS PFD	123 4567	09/08/2021	Apply to all branches
Location IV	Accounts Receivable - PPS PFD		Enter Date	
Location III	Accounts Receivable - PPS PFD		Enter Date	
Location II	Accounts Receivable - PPS PFD		Enter Date	
Main Office	Accounts Receivable - PPS PFD		11/08/2021	

Once all the appropriate updates have been made, select **Save Bulk Update**. Select **Yes** in the confirmation pop-up to finish saving your changes. Users can also update accounts individually by selecting **Update** in the Actions column. To view an account's history, select **View History**.

Enable the Episodic Revenue Estimation feature, which will accrue daily Episodic revenue in the Earned Revenue 1/X Report at the entered rate before OASIS completion. Claims must have at least one completed visit after the OASIS Assessment to begin revenue estimation. After enabling, enter a estimated claim revenue dollar amount.

The Average Discipline Cost Per Visit allows users to enter the average amount the organization pays their workers per visit. Based off the location and discipline, the organization can decide the average cost per visit and its effective date.

Average Discipline Cost Per Visit :

Cost per visit is a metric used to determine agency cost by each role. Home Health Agencies may choose to enter direct or indirect costs by role. This metric is used to determine whether the agency is operating at a gain or a loss per episode of care. Enter cost per visit for each role where appropriate along with the effective date of the cost.

Location Name	RM	LPH/LVW	HHA	MSW	PT	PTA	OT	OTA	ST	Dietician	Homemaker	Effective	Action
Location III	\$90.00	\$50.00	\$25.00	\$90.00	\$100.00	\$55.00	\$100.00	\$55.00	\$100.00	\$75.00	\$25.00	02/16/2021	Edit
Location II	\$80.00	\$60.00	\$50.00	\$75.00	\$100.00	\$75.00	\$125.00	\$75.00	\$90.00	\$75.00	\$50.00	01/26/2021	Edit
Location V	\$50.00	\$30.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	07/13/2020	Edit
Main Office	\$90.00	\$60.00	\$45.00	\$105.00	\$100.00	\$75.00	\$100.00	\$75.00	\$75.00	\$60.00	\$25.00	01/17/2021	Edit
Location IV	\$71.00	\$72.00	\$73.00	\$74.00	\$75.00	\$76.00	\$77.00	\$78.00	\$79.00	\$80.00	\$81.00	04/30/2021	Edit

Submit Request Close

This amount can be edited by selecting the hyperlink **Edit** under the Actions column. Once all updates have been made, select the **Update** button to save.

Edit Average Discipline Cost	
Location:	Location ID
RN:	\$ 90.00
LPNLVN:	\$ 50.00
HRN:	\$ 25.00
MSW:	\$ 90.00
PT:	\$ 100.00
PTA:	\$ 55.00
OT:	\$ 100.00
OTA:	\$ 55.00
ST:	\$ 100.00
Discipline:	\$ 75.00
Homemaker:	\$ 25.00

Once all updates have been made on the **Financial** tab, select the **Submit Request** button to save.

8. **Payroll** – The organization must choose to **Enable** or **Disable** vendor-specific payroll exports.

Enabling the feature allows organizations to generate payroll files with the components and data layout required by the organization's payroll vendor. The section shows when and which user enabled or disabled the Payroll Export Center. Then select a Payroll Vendor and enter the ID.

Payroll

Payroll Export Center

Click to enable or disable vendor-specific payroll exports. Enabling this feature allows you to generate payroll files with the components and data layout required by your payroll vendor. Disabling this feature does not prevent you from generating payroll files, but the components and layout may not be consistent with your payroll vendor's specifications.
Note: Export specifications for ADP and PayChex are available at this time.

Enable
 Disable

Export enabled/disabled as of: 5/21/2021 Export enabled/disabled by: Dimple Mishra

Payroll Batch ID: A3295

Payroll Vendor:

Payroll Company Code/ID:

Enable Multiple Pay Periods to give users the ability to generate payroll on multiple cycles to adhere to your organization's payroll policy.

If the Advanced Payroll Setting of My Payroll Summary is enabled, users have the ability to view and print their detailed payroll summary. This section shows when and which user enabled or disabled My Payroll Summary. If Task Approval is enabled, users can navigate to the **Payroll Export Center** to identify which tasks should be approved for payroll and exported for payment. This section also shows when and which user enabled or disabled Task Approval.

Enable the Mileage Calculator so mileage and time between visits will be tracked for all users with more than one visit on weekdays. The date will populate and an additional functionality will become available under Enable Weekends. Check the box to enable the mileage calculator for weekend visits. Enter the organization's Company Mileage Reimbursement Policy. This information will be used to calculate the mileage reimbursement amount reflected in the payroll.

Mileage Calculator

Enable the mileage calculator to automatically track and calculate workers' mileage. For additional details on the mileage calculator, click here [?](#)

Enable
 Disable

Enabled on 04/19/2021

Mileage Calculation Parameters:

The following parameters determine what mileage to include in the automatic mileage calculation:

Enabled: Weekdays. Exclude mileage to and from worker's home [?](#)

Enable Weekends:

Include all mileage from worker's departure to return home [?](#)

Company Mileage Reimbursement Policy

Complete the fields below according to your company's mileage reimbursement policy. This information will be used to calculate the mileage reimbursement amount reflected in your payroll. An effective date and reimbursement rate must be set, or a value of \$0.00 will be used for payroll.

Note: The set mileage date and corresponding rate will stay in effect until a new date is established. The current effective date and rate are reflected below.

Effective Date		Reimbursement
From	To	Rate
03/31/2021	Current	0.550
03/30/2021	03/30/2021	0.500
03/25/2021	03/29/2021	0.420
03/10/2021	03/24/2021	0.480

[Add New](#) [?](#)

[View All](#) [?](#)

Select the **Add New** hyperlink to add a new Reimbursement Rate. Enter the Effective Date, Reimbursement Rate and select the **Save** hyperlink to complete.

Effective Date		Reimbursement
From	To	Rate
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
03/31/2021	Current	0.550
03/30/2021	03/30/2021	0.500
03/25/2021	03/29/2021	0.420
03/10/2021	03/24/2021	0.480

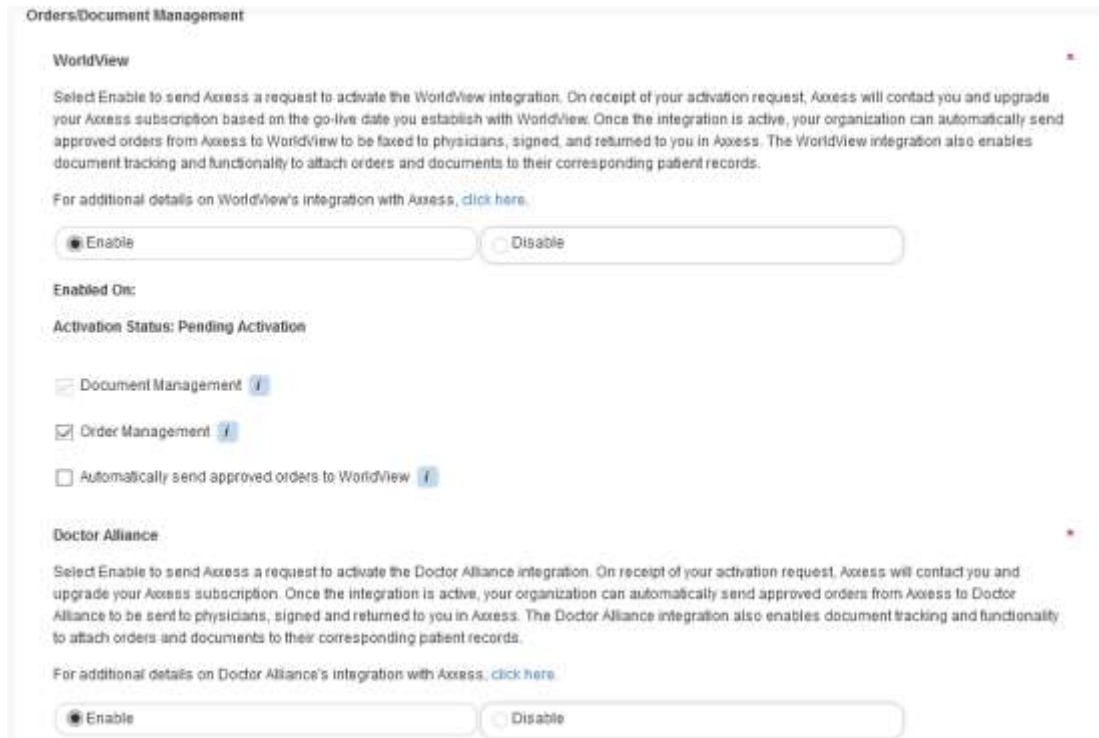
[Save](#) [Cancel](#) [?](#)

[View All](#) [?](#)

Once all updates have been made on the **Payroll** tab, select the **Submit Request** button to save.

- Integrations** – Select **Enable** to send Axxess a request to activate the WorldView, Doctor Alliance or Forcura document management integrations.

Once the integrations are active, the organization can automatically send approved orders from Axxess to the respective company. There are additional settings that can be selected per integration partner.



Orders/Document Management

WorldView

Select Enable to send Axxess a request to activate the WorldView integration. On receipt of your activation request, Axxess will contact you and upgrade your Axxess subscription based on the go-live date you establish with WorldView. Once the integration is active, your organization can automatically send approved orders from Axxess to WorldView to be faxed to physicians, signed, and returned to you in Axxess. The WorldView integration also enables document tracking and functionality to attach orders and documents to their corresponding patient records.

For additional details on WorldView's integration with Axxess, [click here](#).

Enable Disable

Enabled On:

Activation Status: Pending Activation

Document Management [?](#)

Order Management [?](#)

Automatically send approved orders to WorldView [?](#)

Doctor Alliance

Select Enable to send Axxess a request to activate the Doctor Alliance integration. On receipt of your activation request, Axxess will contact you and upgrade your Axxess subscription. Once the integration is active, your organization can automatically send approved orders from Axxess to Doctor Alliance to be sent to physicians, signed and returned to you in Axxess. The Doctor Alliance integration also enables document tracking and functionality to attach orders and documents to their corresponding patient records.

For additional details on Doctor Alliance's integration with Axxess, [click here](#).

Enable Disable

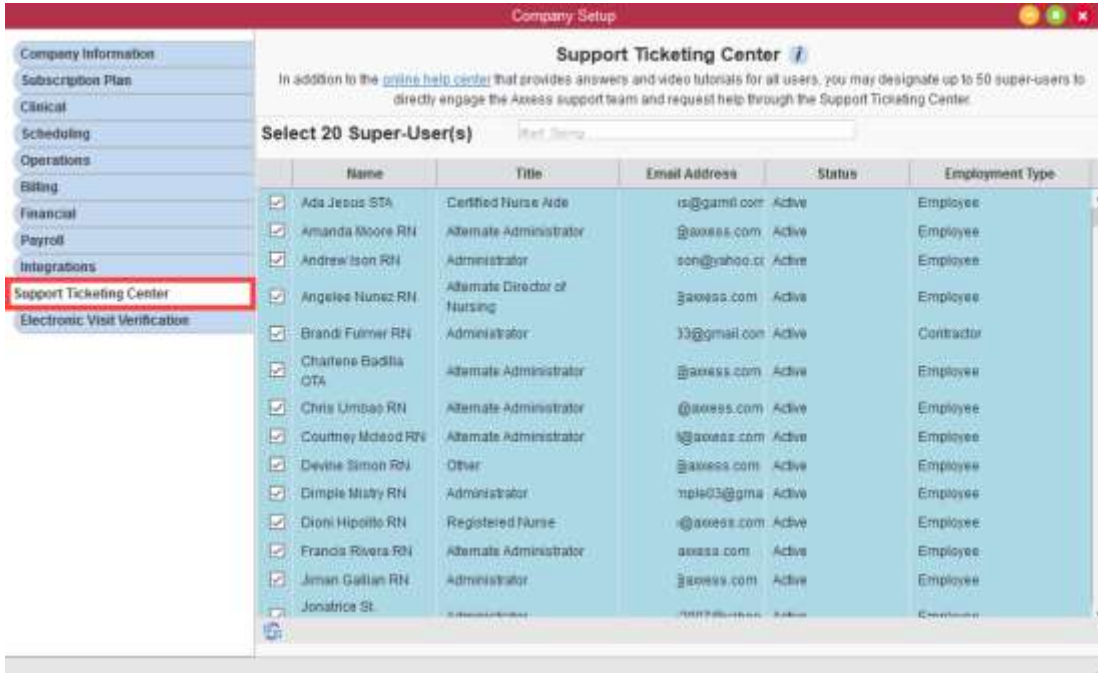
Another integration is Surescripts Clinical Direct Messaging. Once enabled and active, organizations will automatically receive Surescripts messages in the Axxess Alert Center. Another Patient Information Exchange solution Axxess has partnered with is Seniors Home Services. Once enabled, the organization's selected location will begin automatically sending patient and caregiver data to SHS daily.

Axxess also has a telehealth service integration with Health Recovery Solutions that can be enabled. The organization's supplies can also be joined with McKesson by enabling the integration. On receipt of your activation request, Axxess will contact the organization and upgrade the Axxess subscription based on the go-live date the organization establishes with McKesson.

For any details on any of the Axxess integrations, select the **click here** hyperlink for more information. Select the **Submit Request** button once any selections have been made.

10. **Support Ticketing Center** – Organizations may designate super users (number is based on subscription) to directly engage the Axxess support team and request help through the Support Ticketing Center.

Search through the list of users in the text box at the top of the page. Select the check box to the left of the users to designate chosen Super Users. Select the **online help center** hyperlink to go directly to the ticketing center.



Support Ticketing Center

In addition to the [online help center](#) that provides answers and video tutorials for all users, you may designate up to 50 super-users to directly engage the Axxess support team and request help through the Support Ticketing Center.

Select 20 Super-User(s)

Name	Title	Email Address	Status	Employment Type
<input checked="" type="checkbox"/> Ada Jesus STA	Certified Nurse Aide	is@gamil.com	Active	Employee
<input checked="" type="checkbox"/> Amanda Moore RN	Alternate Administrator	@axxess.com	Active	Employee
<input checked="" type="checkbox"/> Andrew Ison RH	Administrator	son@yahoo.co	Active	Employee
<input checked="" type="checkbox"/> Angeles Nunez RN	Alternate Director of Nursing	@axxess.com	Active	Employee
<input checked="" type="checkbox"/> Brandi Fulmer RN	Administrator	33@gmail.com	Active	Contractor
<input checked="" type="checkbox"/> Charlene Badilla OTA	Alternate Administrator	@axxess.com	Active	Employee
<input checked="" type="checkbox"/> Chris Umbao RN	Alternate Administrator	@axxess.com	Active	Employee
<input checked="" type="checkbox"/> Courtney McLeod RN	Alternate Administrator	@axxess.com	Active	Employee
<input checked="" type="checkbox"/> Devine Simon RH	Other	@axxess.com	Active	Employee
<input checked="" type="checkbox"/> Dimple Misty RN	Administrator	mple03@gma	Active	Employee
<input checked="" type="checkbox"/> Dioni Hipolito RN	Registered Nurse	@axxess.com	Active	Employee
<input checked="" type="checkbox"/> Francis Rivers RN	Alternate Administrator	axxess.com	Active	Employee
<input checked="" type="checkbox"/> Jaman Gallian RN	Administrator	@axxess.com	Active	Employee
<input checked="" type="checkbox"/> Jonatrice St			Active	Contractor

11. **Electronic Visit Verification Setup** – If organizations are using Electronic Visit Verification (EVV), they can set up their vendors in Company Setup.

Choose your EVV Vendor and choose and/or enter any required information. Select the **Remove Vendor** button to delete the EVV account. Further testing will need to be completed with the Axxess team.

- Company Information
- Subscription Plan
- Clinical
- Scheduling
- Operations
- Billing
- Financial
- Payroll
- Integrations
- Support Ticketing Center
- Electronic Visit Verification

Testing Home Health Agency

Electronic Visit Verification Setup

ESV Vendor *

Payers *

FronCore

Coyote's Trailbl

(AA) Awareness A

Branches *

Main Office

Effective Date *

ESV Vendor *

State *

Payers *

**MEDICAD TR*

Branches *

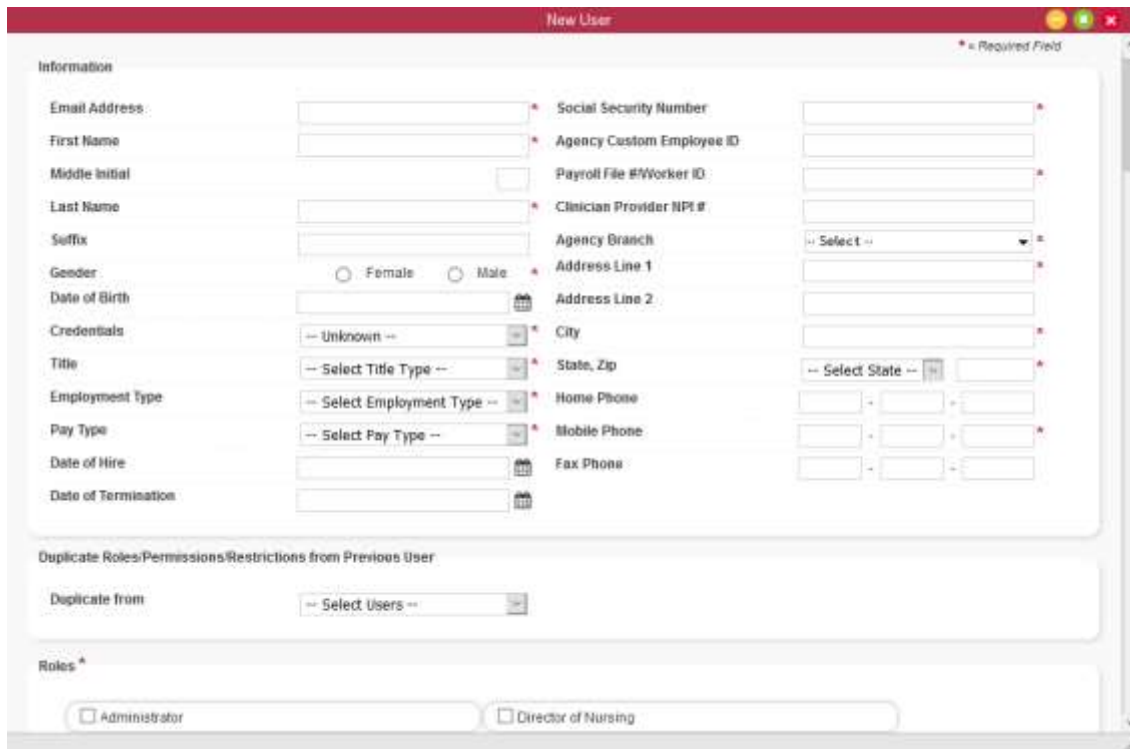
Main Office

Effective Date *

ADDING A NEW USER

Admin/New/User

Once selecting **User**, a window will open, and the user's information must be entered. All asterisked items are required. The roles, permissions and restrictions can be copied from a previously entered user using the **Duplicate from** drop-down menu. For example, if the organization is entering a new RN, a current on-staff RN can be selected that will have the same software access.



Roles are important in the software because they determine what a user can or cannot see, select, delete, or undo. For example, when a user is assigned the Case Manager role in Axxess Home Health, the user will now see only patients for whom they have been scheduled to provide case management services.

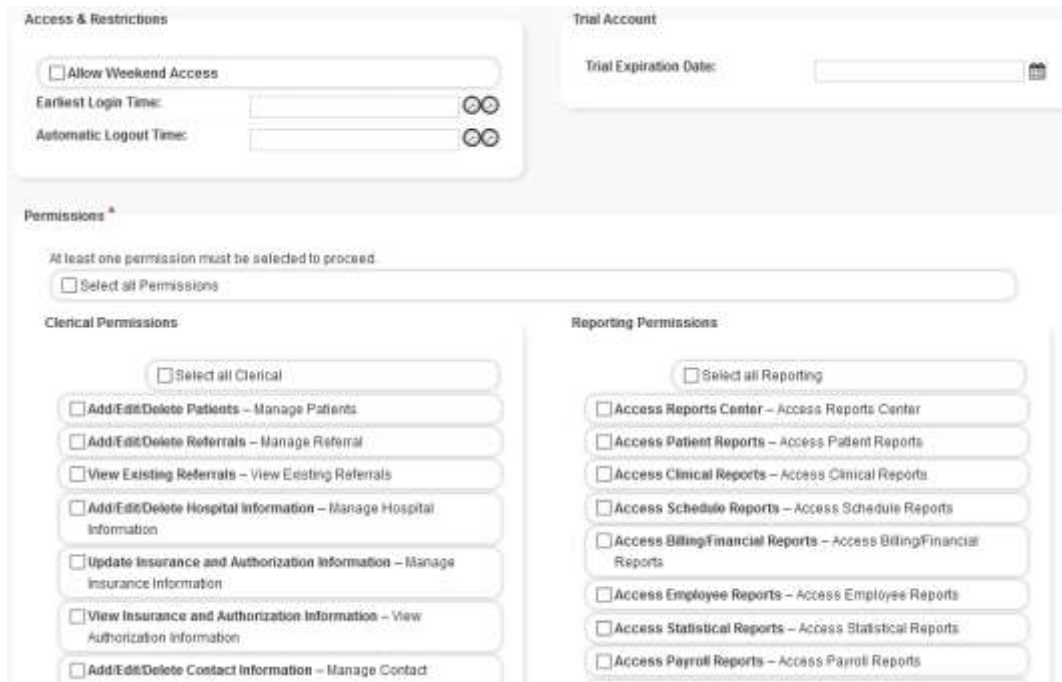
There is also a restriction function that will allow organizations to limit the times that users can be using the software. For example, if the **Allow Weekend Access** box is not checked and a user attempt to login on a Saturday, it will not allow entry.

Times can also be adjusted for the earliest time a user can login and/or when they are automatically logged out of Axxess Home Health.

Permissions will allow organizations to manually select which Clerical, Reporting, QA, Clinical, Billing, OASIS, Administration, People, Schedule Management and State Surveyor permissions they wish their users to have.

To save time, there is also a **Select all Permissions** option that will check every permission box below.

NOTE: Under Clinical Permissions – organizations can choose either the ability or require check boxes for both notes and orders. If both are checked, the user will not be able to do either.






The screenshot displays a user configuration window with the following sections:

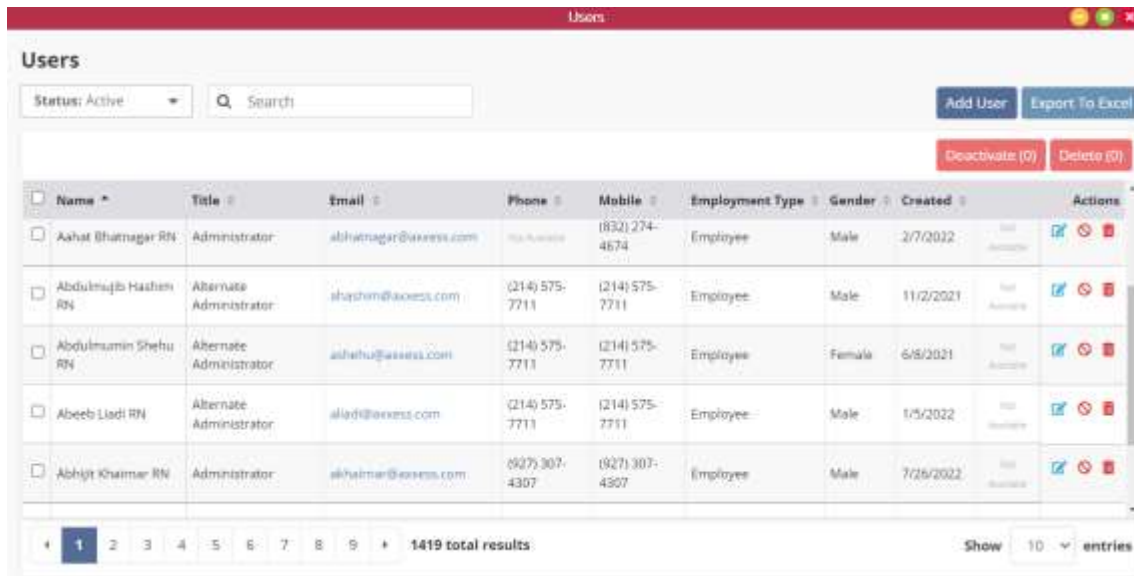
- Access & Restrictions:** Includes a checkbox for "Allow Weekend Access", and input fields for "Earliest Login Time" and "Automatic Logout Time", each with a clock icon.
- Trial Account:** Features a "Trial Expiration Date" field with a calendar icon.
- Permissions:** A central section with a note: "At least one permission must be selected to proceed" and a "Select all Permissions" button. It is divided into two columns:
 - Clerical Permissions:** Includes a "Select all Clerical" button and several permission items, each with a checkbox:
 - Add/Edit/Delete Patients – Manage Patients
 - Add/Edit/Delete Referrals – Manage Referral
 - View Existing Referrals – View Existing Referrals
 - Add/Edit/Delete Hospital Information – Manage Hospital Information
 - Update Insurance and Authorization Information – Manage Insurance Information
 - View Insurance and Authorization Information – View Authorization Information
 - Add/Edit/Delete Contact Information – Manage Contact
 - Reporting Permissions:** Includes a "Select all Reporting" button and several permission items, each with a checkbox:
 - Access Reports Center – Access Reports Center
 - Access Patient Reports – Access Patient Reports
 - Access Clinical Reports – Access Clinical Reports
 - Access Schedule Reports – Access Schedule Reports
 - Access Billing/Financial Reports – Access Billing/Financial Reports
 - Access Employee Reports – Access Employee Reports
 - Access Statistical Reports – Access Statistical Reports
 - Access Payroll Reports – Access Payroll Reports

At the bottom of the window, there is a free text space for any comments related to the user. Once finished, select the **Add User** button to complete.

EDITING A USER

Admin/Lists/Users

A window will show a list of all current users. To add a new user, select the **Add User** button in the top right. Organizations can export the list of all users to an Excel spreadsheet by selecting the **Export to Excel** button in the top right. The organization can deactivate or delete users individually by selecting their respective  and  icons to the far right under the Action column. The organization can also check the box(es) to the left of each employee name and **Delete** or **Deactivate** (red buttons at the top) to remove multiple users at once. To edit a user, select the  icon under the action column. Worker comments are displayed with an orange sticky note icon.



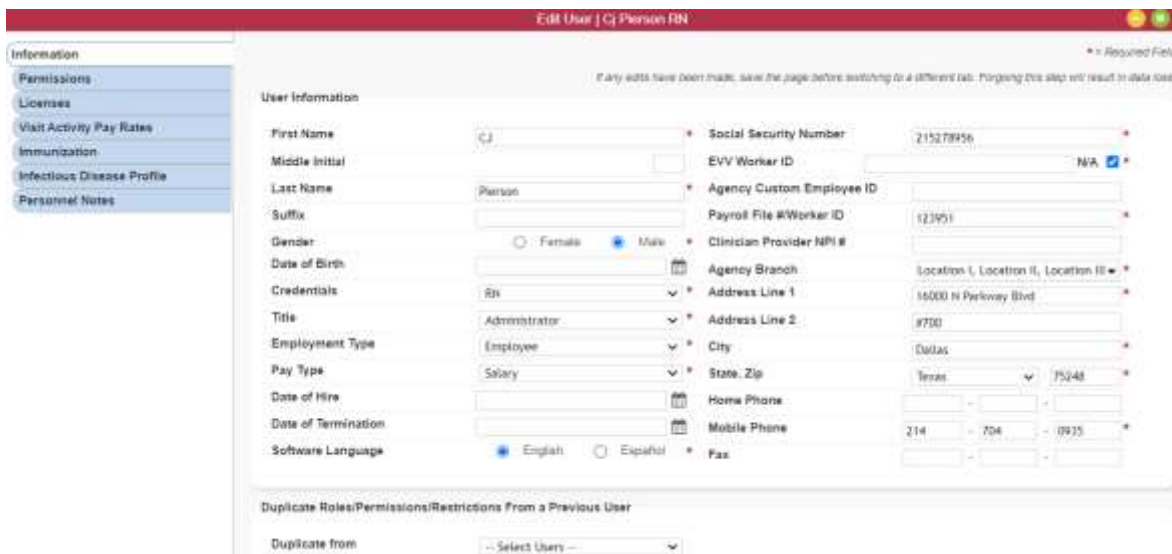
The screenshot shows a web application window titled "Users". At the top, there is a search bar with the text "Status: Active" and a search icon. To the right are buttons for "Add User" and "Export To Excel". Below the search bar are buttons for "Deactivate (0)" and "Delete (0)". The main area contains a table with the following columns: Name, Title, Email, Phone, Mobile, Employment Type, Gender, Created, and Actions. The table lists five users:

Name	Title	Email	Phone	Mobile	Employment Type	Gender	Created	Actions
Aahat Bhatnagar RN	Administrator	abhatnagar@axcess.com	(832) 274-4674	(832) 274-4674	Employee	Male	2/7/2022	[Edit] [Deactivate] [Delete]
Abdulmajid Hashim RN	Alternate Administrator	ahashim@axcess.com	(214) 575-7711	(214) 575-7711	Employee	Male	11/2/2021	[Edit] [Deactivate] [Delete]
Abdulmumin Shehu RN	Alternate Administrator	ashehu@axcess.com	(214) 575-7711	(214) 575-7711	Employee	Female	6/8/2021	[Edit] [Deactivate] [Delete]
Abeeb Usadi RN	Alternate Administrator	alusadi@axcess.com	(214) 575-7711	(214) 575-7711	Employee	Male	1/5/2022	[Edit] [Deactivate] [Delete]
Abhijit Khairnar RN	Administrator	akhairnar@axcess.com	(927) 307-4307	(927) 307-4307	Employee	Male	7/26/2022	[Edit] [Deactivate] [Delete]

At the bottom of the table, there is a pagination bar showing "1 2 3 4 5 6 7 8 9 + 1419 total results" and a "Show 10 entries" dropdown.

The Edit User window is split into seven tabs:

1. **Information** – The only difference between this screen and the previously mentioned User Information section is the option for the software to be in English or Español (last question in User Information).



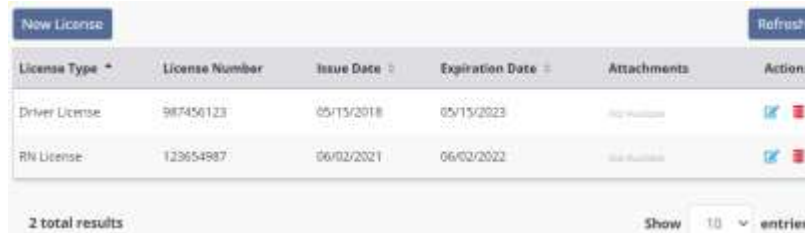
The screenshot shows the "Edit User" window for "GJ Pearson RN". The window is split into seven tabs: Information, Permissions, Licenses, Visit Activity Pay Rates, Immunization, Infectious Disease Profile, and Personnel Notes. The "Information" tab is selected. The form contains the following fields:

- First Name: GJ
- Middle Initial: [Empty]
- Last Name: Pearson
- Suffix: [Empty]
- Gender: Female Male
- Date of Birth: [Empty]
- Credentials: RN
- Title: Administrator
- Employment Type: Employee
- Pay Type: Salary
- Date of Hire: [Empty]
- Date of Termination: [Empty]
- Software Language: English Español
- Social Security Number: 215278956
- EVV Worker ID: N/A
- Agency Custom Employee ID: [Empty]
- Payroll File #/Worker ID: (2395)
- Clinician Provider NPI #: [Empty]
- Agency Branch: Location 1, Location 2, Location 3
- Address Line 1: 14000 N Parkway Blvd
- Address Line 2: #700
- City: Dallas
- State, Zip: Texas 75248
- Home Phone: [Empty]
- Mobile Phone: 214 - 704 - 0935
- Fax: [Empty]

At the bottom, there is a section for "Duplicate Roles/Permissions/Restrictions From a Previous User" with a "Duplicate from" dropdown menu set to "-- Select Users --".

2. **Permissions** – See above

3. **Licenses/Records** – Users’ licenses are maintained here, by either adding a new, editing a previous or deleting current license information.



License Type	License Number	Issue Date	Expiration Date	Attachments	Actions
Driver License	987456123	05/15/2018	05/15/2023	No Attachments	Edit Delete
RN License	123654987	06/02/2021	06/02/2022	No Attachments	Edit Delete

2 total results Show 10 entries

Select the **New License/Records** button and a window will open where license information can be entered. Choose the license type or record from the drop-down menu. Write in the number. Select from the calendar or write in the issue and expiration dates. The organization can also add a scanned copy of any license by adding it as an attachment. Select the **Add** button to save.



New License

License Type:

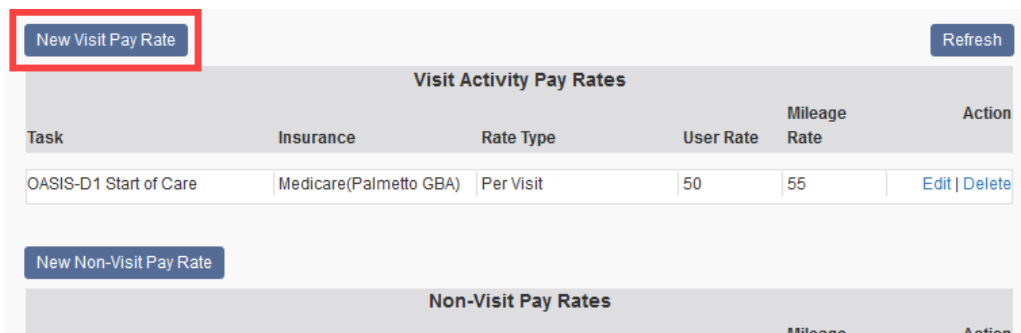
License Number:

Issue Date:

Expiration Date:

Attachments: 10MB file size limit

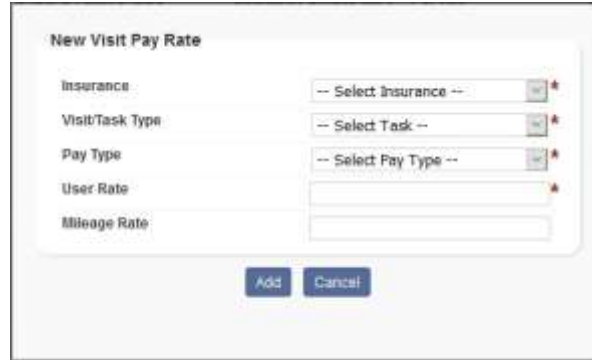
4. **Visit Activity Pay Rates** - If one of the users has a specific pay rate for visits, it can be added here by selecting the **New Visit Pay Rate** button in the top left.



Visit Activity Pay Rates					
Task	Insurance	Rate Type	User Rate	Mileage Rate	Action
OASIS-D1 Start of Care	Medicare(Palmetto GBA)	Per Visit	50	55	Edit Delete

Non-Visit Pay Rates

A new window will open, and the Insurance, Task and Pay Type must be chosen from their corresponding drop-down menus. A User Rate must then be added, along with an optional Mileage Rate. Then select the **Add** button to save.



NOTE: Non-Visit Activity tasks need to be created/added first. Go to *Admin/List/Non-Visit Activity* and create the activity types/task.

Below are the Non-Visit Pay Rates for documenting any expenses paid out to users that are not related to visits. Select the **New Non-Visit Pay Rate** button on the left side to add. A Non-Visit Activity and Rate Type must be chosen from their corresponding drop-down menus. A User Rate must be entered, along with an optional Mileage Rate. Select the **Add** button to save.



At the bottom of the tab, there is an option to Import Pay Rates, which will let organizations copy pay rates set up for other users by simply selecting the **Duplicate Pay Rates** from drop-down menu. Then select the **Apply** button to the right.



- 5. Immunization** – User immunizations are tracked in this section. Immunization lists can be exported to an Excel spreadsheet by selecting

the **Export to Excel** button in the top right. To add an immunization, select the **Add Immunization** button in the top left.


Add Immunization	Decline/ Contraindicate Immunization	Export to Excel				
Active Immunizations						
Immunization	Administered?	Date Administered / Documented	Administered By	Lot #	Reason	Action
Flu	Yes	06/02/2021	Clinic			Delete Inactivate
Inactive Immunizations						
Immunization	Administered?	Date Administered / Documented	Administered By	Lot #	Reason	Action
Shingles	Yes	06/02/2021	Clinic			Delete Activate

A new window will open in which organizations must choose the Type of Immunization and who it was administered by from their corresponding drop-down menus. Then select the Date Administered by writing in or selecting the date in the calendar. Users can **Save** this, or if there is more than one immunization to add, select the **Save & Add Another** to continue with another blank “Immunization Log Information” window.

Immunization Log Information

Type of Immunization:

Select Who Administered:

Date Administered: 

Comorbid Condition Present: Yes No

Save **Save & Add Another** **Cancel**

It will then show up under the Active Immunizations section. If a user declines an immunization, it can also be added by selecting the **Decline/Contraindicate Immunization** button at the top of the page. It will open another log information window where the Type of Immunization must be chosen again. Either write in or select the date from the calendar. Then, mark whether the immunization was Declined or Contraindication. Users can **Save** this, or if there is more than one declined immunization to add, select the **Save & Add Another** to continue with another blank “Immunization Log Information” window.

Immunization Log Information

Type of Immunization:

Date Documented:

Comorbid Condition Present: Yes No

Declined

Contraindication

There is also an option to **Delete** or **Inactivate** an immunization by selecting the hyperlinks in the far right under Action. Once an immunization is inactivated, it falls under the Inactive Immunizations section, where it then can also be Deleted or Reactivated.

6. **Infectious Disease Profile** – This is designed to help organizations easily track infectious diseases and screening tools used to detect them.

COVID-19 Screening
COVID-19 Resources

Entered By	Type of Screening	Date/Time	Person Screened	Name of Person Screened	COVID-19 Risk Level	Screening Results	Actions
Pierson, CJ, Administrator	Coronavirus (COVID-19)	06/02/2021 09:43 PM	Agency Staff	Pierson, CJ	Low	Yes - 0/4 questions	View Delete
Pierson, CJ, Administrator	Coronavirus (COVID-19)	06/16/2020 03:32 PM	Agency Staff	Pierson, CJ	Low	Yes - 0/4 questions	View Delete
Pierson, CJ, Administrator	Coronavirus (COVID-19)	06/16/2020 03:32 PM	Agency Staff	Pierson, CJ	Low	Yes - 0/4 questions	View Delete

Select the **View** hyperlink to see the previous screenings or select the **Delete** hyperlink to remove. Select the **COVID-19 Screening** button to add a new screening. Choose the Person Screened from the drop-down menu. There is a checkbox if the user Refused Screening. Enter the Reported Temperature. Answer the Yes or No questions and choose a Risk Level. Templates and Additional Screening Requirements may be entered. Select the Screening Acknowledgment checkbox. Enter the Clinician Signature and confirm the Signature Date and Time (both auto-generate the time the window was opened). Users can then **Sign Screening**, or if there is more than one screening to add, select the **Sign & Add Another** to continue with another blank COVID-19 Screening window.

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

Agency Staff
▼

Refused Screening

Reported Temperature (°F) ?

Enter Temperature

1. Have you traveled internationally within the last 14 days to a country with sustained community transmission?

Yes No

2. 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,

Sign Screening

Sign & Add Another

Cancel





7. **Personnel Notes** – The Personnel notes tab allows organizations to document information that will help evaluate staff. To add a new personnel note, select the **New Personnel Note** button.

Personnel Notes

New Personnel Note

Type of Note	Created Date	Modified Date	Created By	Comments	Actions
Recognition	08/01/2022 07:58 PM	08/01/2022 07:58 PM	Pierson, CJ	Great clinician	🖨️ ✎️ 🗑️ 🕒
Attendance	08/01/2022 07:59 PM	08/01/2022 07:59 PM	Pierson, CJ	Attended case conference 8/1/22	🖨️ ✎️ 🗑️ 🕒

2 total results Show 10 entries

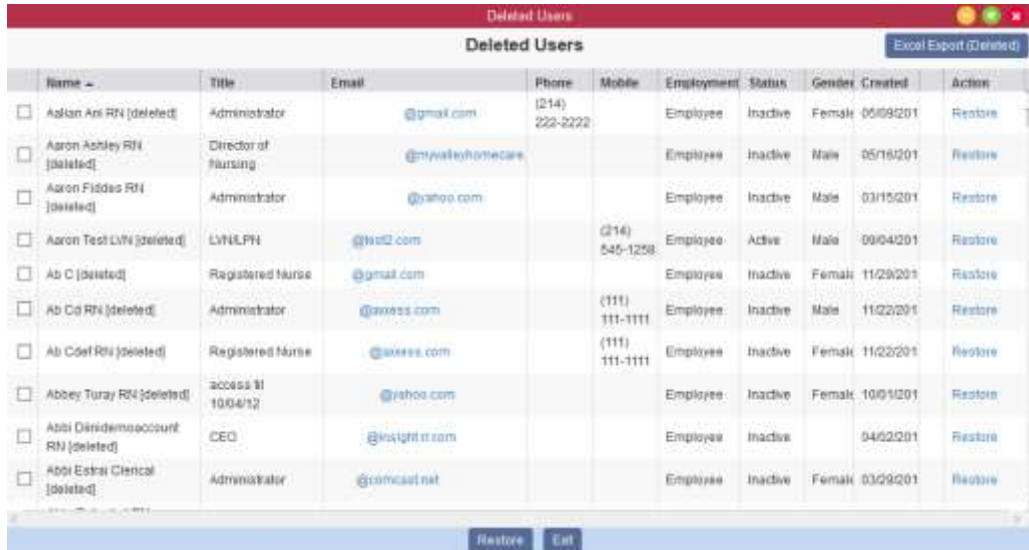
Choose the type of note, enter comments, and select **Save Note** to finish or select **Save and Add Another** for additional notes. Notes can be printed by selecting the  icon, editing by selecting the  icon, deleted by selecting the  icon and view the history of the note by selecting the  icon

DELETED USERS

Admin/Deleted Users

In the new window, individual users can be restored back to active status by selecting the **Restore** hyperlink on the far right under the Action column. Check one or more boxes to the left of users' Names, then select the **Restore** button at the bottom of the window to restore multiple users. Select the **Excel Export**

(Deleted) button in the top right to create an Excel spreadsheet with all deleted users listed.

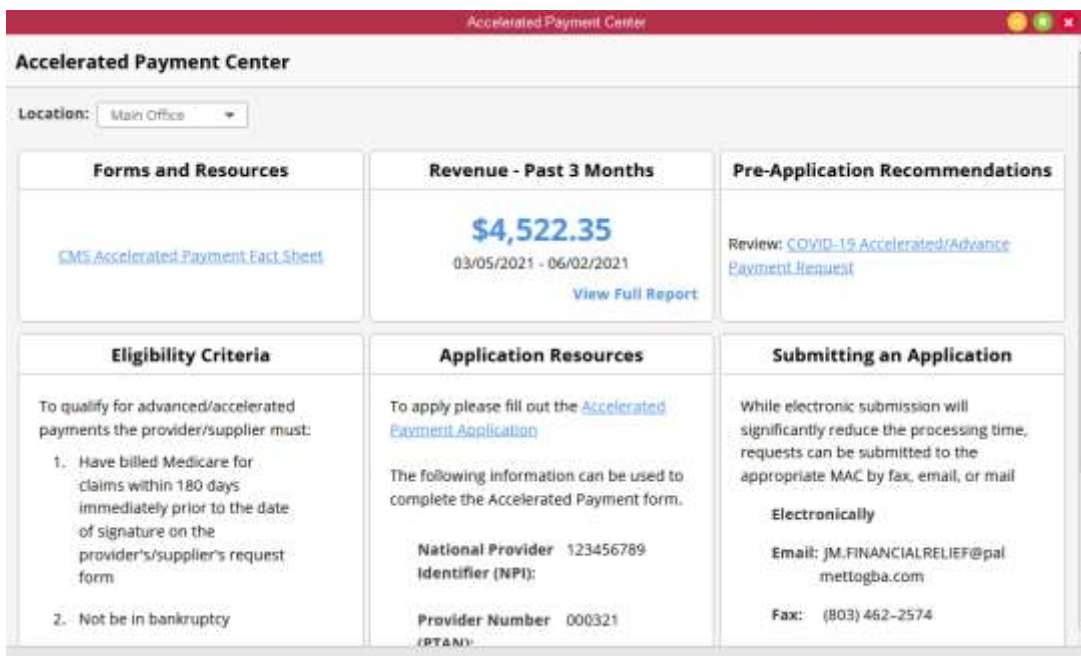


Name	Title	Email	Phone	Mobile	Employment	Status	Gender	Created	Action
<input type="checkbox"/> Aaron Ari RN [deleted]	Administrator	@gmail.com	(214) 222-2222		Employee	Inactive	Female	05/09/201	Restore
<input type="checkbox"/> Aaron Ashley RN [deleted]	Director of Nursing	@myvalleyhometcare			Employee	Inactive	Male	05/16/201	Restore
<input type="checkbox"/> Aaron Fiddes RN [deleted]	Administrator	@yahoo.com			Employee	Inactive	Male	03/15/201	Restore
<input type="checkbox"/> Aaron Test LVN [deleted]	LVN/LPN	@test2.com		(214) 545-1258	Employee	Active	Male	09/04/201	Restore
<input type="checkbox"/> Ab C [deleted]	Registered Nurse	@gmail.com			Employee	Inactive	Female	11/29/201	Restore
<input type="checkbox"/> Ab Cd RN [deleted]	Administrator	@axess.com		(111) 111-1111	Employee	Inactive	Male	11/22/201	Restore
<input type="checkbox"/> Ab Cdof RN [deleted]	Registered Nurse	@axess.com		(111) 111-1111	Employee	Inactive	Female	11/22/201	Restore
<input type="checkbox"/> Abbey Turay RN [deleted]	access #1 10/04/12	@yahoo.com			Employee	Inactive	Female	10/01/201	Restore
<input type="checkbox"/> Abbi Dinidemsaccount RN [deleted]	CEO	@insightit.com			Employee	Inactive		04/02/201	Restore
<input type="checkbox"/> Abbi Estrai Clinical [deleted]	Administrator	@comcast.net			Employee	Inactive	Female	03/29/201	Restore

ACCELERATED PAYMENT CENTER

Admin/Accelerated Payment Center

In the Accelerated Payment Center, select a location to apply for accelerated payment. The Forms and Resources and Revenue and Revenue sections will automatically update based on the location's data and Medicare intermediary.



Accelerated Payment Center

Location:

Forms and Resources CMS Accelerated Payment Fact Sheet	Revenue - Past 3 Months \$4,522.35 03/05/2021 - 06/02/2021 View Full Report	Pre-Application Recommendations Review: COVID-19 Accelerated/Advance Payment Request
Eligibility Criteria To qualify for advanced/accelerated payments the provider/supplier must: <ol style="list-style-type: none"> Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/supplier's request form Not be in bankruptcy 	Application Resources To apply please fill out the Accelerated Payment Application The following information can be used to complete the Accelerated Payment form. <p>National Provider Identifier (NPI): 123456789</p> <p>Provider Number (PTAN): 000321</p>	Submitting an Application While electronic submission will significantly reduce the processing time, requests can be submitted to the appropriate MAC by fax, email, or mail <p>Electronically</p> <p>Email: JM.FINANCIALRELIEF@palmettogba.com</p> <p>Fax: (803) 462-2574</p>

The center 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 3 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 an organization may want to request in their accelerated payments application.

NOTE: CMS has stated that 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 Home Health.

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 selected location's intermediary and includes the selected location's provider information.

Submitting an Application - This section provides all application submission methods published by the selected location's intermediary.

NON-VISIT ACTIVITY MANAGER

Admin/Non-Visit Activity Manager

NOTE: Non-Visit Activity tasks needs to be created/added first. Go to *Admin/List/Non-Visit Activity* and create the activity types/task.

A window will open in which all currently assigned non-visit activity is shown. Select the **Export to Excel** button in the top right to create an Excel spreadsheet with all non-visit activity listed.

Non-Visit Activity Manager

11/19/2023 - 12/19/2023 Branch: Ag... Search [] Add Non-Visit Activity Export To Excel

User	Non-Visit Activity	Branch	NVA Date	Travel Start Time	Travel End Time	NVA Start Time	NVA End Time	Associated Mileage	Paid Date	Paid	Comments	Actions
Karl White RN	Office Time	Agency Main	11/28/2023	No Activity	No Activity	8:00 AM	11:00 AM	No Activity	No Activity	<input type="checkbox"/>		[edit] [delete] [refresh]
Karl White RN	Meeting	Agency Main	11/30/2023	No Activity	No Activity	9:00 AM	10:00 AM	5	No Activity	<input type="checkbox"/>		[edit] [delete] [refresh]
Karl White RN	In service	Agency Main	11/29/2023	No Activity	No Activity	8:00 AM	9:00 AM	12	No Activity	<input type="checkbox"/>		[edit] [delete] [refresh]
Krystal Walls RN	AB- Monthly Insurance	Agency Main	12/06/2023	No Activity	No Activity	8:00 AM	9:00 AM	No Activity	No Activity	<input type="checkbox"/>		[edit] [delete] [refresh]
Karl White RN	Case Conference	Agency Main	11/29/2023	No Activity	No Activity	8:00 AM	9:00 AM	12	No Activity	<input type="checkbox"/>		[edit] [delete] [refresh]
Karl White RN	Case Management Chart Audits	Agency Main	12/06/2023	No Activity	No Activity	8:00 AM	9:00 AM	5	No Activity	<input type="checkbox"/>		[edit] [delete] [refresh]
Krystal Walls RN	after hours lab drop off	Agency Main	12/09/2023	No Activity	No Activity	6:52 PM	7:34 PM	No Activity	No Activity	<input checked="" type="checkbox"/>		[edit] [delete] [refresh]

7 total results Show 10 entries

To search through the list, start typing in the text space at the top of the page. Search by users, non-visit activity, begin and end time, associated mileage, paid date and comments. Users can also filter by branch or NVA date.

To **Add Non-Visit Activity** to a user, select the button in the top right. A window opens in which new non-visit activity can be added. Select the user from the drop-down menu, then choose the branch (if more than one). Write in or select NVA date from the calendar, then select the specific Non-Visit Activity from the drop-down menu. Enter the travel time and NVA time by writing in or selecting from the clock. Then enter associated mileage and any comments related to the activity. Five non-visit activity entries can be added at once. Once completed, select the **Save** button at the bottom of the window. If more than five entries need to be added, select the **Add Non-Visit Activity** button again.

Add Non-Visit Activity


User:	Branch:	NVA Date:	Non-Visit Activity:	Travel Start Time:	Travel End Time:	NVA Start Time:	NVA End Time:	Associated Mileage:	Comments:
-- Select User --	Agency Main	10/20/2023	-- Select Non-Visit Ac --						
-- Select User --	Agency Main	10/20/2023	-- Select Non-Visit Ac --						
-- Select User --	Agency Main	10/20/2023	-- Select Non-Visit Ac --						
-- Select User --	Agency Main	10/20/2023	-- Select Non-Visit Ac --						
-- Select User --	Agency Main	10/20/2023	-- Select Non-Visit Ac --						

[Save] [Cancel]

To edit the non-visit activity, select the edit icon on the far right under the Action column. Unlike the previously seen activity entry, a paid date (write in or calendar select) can be entered, as well as verifying the activity's paid status in the check box. Checking the paid status box will change the icon seen on the first Non-Visit Activity window from a red **X** to a green check mark.

Edit Non-Visit Activity

User:

NVA Date: 

Non-Visit Activity:

Branch:


Travel Start Time:

Travel End Time:

NVA Start Time:

NVA End Time:

Associated Mileage:

Paid Date: 

Paid Status:

Comments:

Selecting the activity logs icon under the Action column will show which users have edited the activity entry and when. Choosing the delete icon under the same column will allow organizations to remove each entry individually.

List of User Task Logs		
User Name	Action Description	Date
Hadley2, Sha-Ron	User Non-Visit Task Added.	05/20/2021 01:10 PM
Gooch, Mason	Status changed to (ADP payroll export batch ID AX298)	05/24/2021 01:31 PM

ADDING A PHYSICIAN

Admin/New/Physician or Admin/Lists/Physicians/New Physician

The quickest way to enter a new 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 and pressing the **Tab** key on the keyboard, the Physician Information and Physician Address sections will auto-fill based on the information that is in the NPI registry, however, this information can still be edited.

Search Physician

NPI Number:

1396701900 – CHRISTOPHER PIERSON

Physician Information

First Name:	<input type="text"/>	Credentials:	<input type="text"/>
MI:	<input type="text"/>	NPI No:	<input type="text"/>
Last Name:	<input type="text"/>	PECOS Verification:	Not Checked
Taxonomy Code:	<input type="text"/>	Medicaid Provider Identifier:	<input type="text"/>

Physician Address

Address Line 1:	<input type="text"/>	Order Delivery Method:	<input type="text" value="-- Delivery Method --"/>
Address Line 2:	<input type="text"/>	Fax:	<input type="text" value=" - - -"/>
City:	<input type="text"/>	E-mail:	<input type="text"/>
State:	<input type="text" value="-- Select State --"/>		
Zip:	<input type="text" value=" - -"/>		
Primary Phone:	<input type="text" value=" - - -"/>		
Alternate Phone:	<input type="text" value=" - - -"/>		

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. A green check mark indicates they are PECOS-verified, a red **X** indicates they are not.

PECOS Verification: ✓

Once completed, select the **Save** button at the bottom.

ADDING A NEW FACILITY

Admin/New/Facility or Admin/Lists/Facilities/New Facility

In the new window, enter the facility name, city, state, zip and primary phone and all other information available. When finished, select the **Save** button at the bottom.

Facility Information

Facility Name: <input type="text"/>	Contact First Name: <input type="text"/>
Facility Type: <input type="text" value="-- Select Facility Type --"/>	Contact Last Name: <input type="text"/>
Address Line 1: <input type="text"/>	Email: <input type="text"/>
Address Line 2: <input type="text"/>	Primary Phone: <input type="text"/> - <input type="text"/> - <input type="text"/>
City: <input type="text"/>	Fax Number: <input type="text"/> - <input type="text"/> - <input type="text"/>
State, Zip: <input type="text" value="-- Select State --"/> <input type="text"/>	

Comment:

ADDING A NEW PHARMACY

Admin/New/Pharmacy or Admin/Lists/Pharmacies/New Pharmacy

In the new window, enter the pharmacy name, primary phone and all other information available. When finished, select the **Save** button at the bottom.

Pharmacy Information

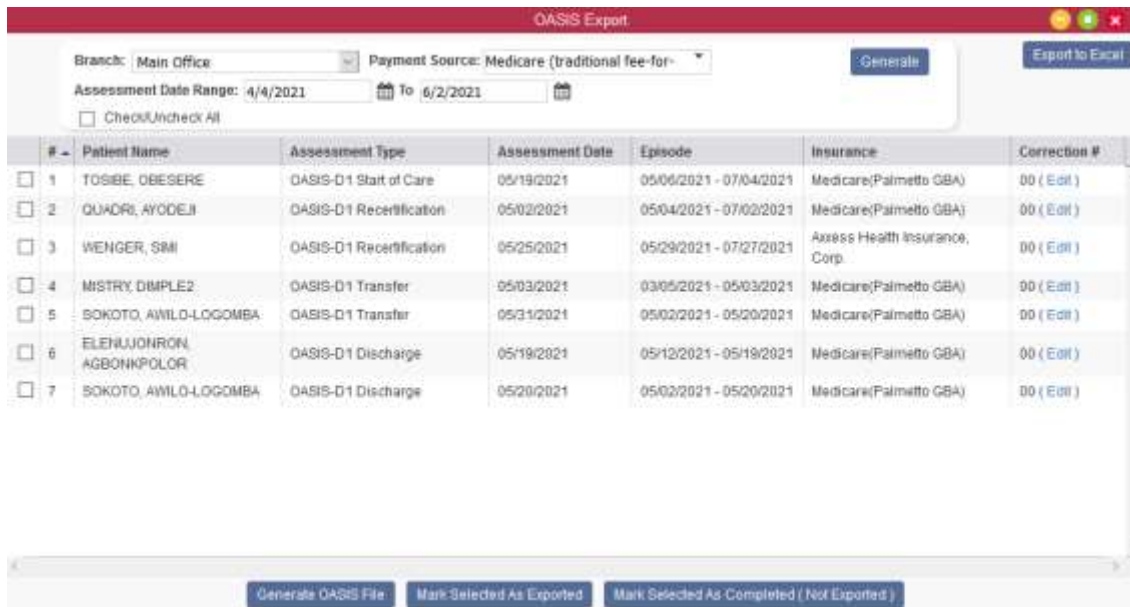
Pharmacy Name: <input type="text"/>	Primary Phone: <input type="text"/> - <input type="text"/> - <input type="text"/>
Address Line 1: <input type="text"/>	Contact First Name: <input type="text"/>
Address Line 2: <input type="text"/>	Contact Last Name: <input type="text"/>
City: <input type="text"/>	Email: <input type="text"/>
State, Zip: <input type="text" value="-- Select State --"/> <input type="text"/>	Fax Number: <input type="text"/> - <input type="text"/> - <input type="text"/>

Comment:

OASIS TRANSMISSION

Create/OASIS Export

Filter for OASIS in the new window by choosing the branch and payment source from the drop-down menus and selecting the desired assessment date range. Then select **Generate**. The patient OASIS visits that meet the criteria will appear below.



OASIS Export

Branch: Main Office Payment Source: Medicare (traditional fee-for-
 Assessment Date Range: 4/4/2021 To 6/2/2021
 Check/Uncheck All

#	Patient Name	Assessment Type	Assessment Date	Episode	Insurance	Correction #
<input type="checkbox"/>	1 TOSIBE, OBESERE	OASIS-D1 Start of Care	05/19/2021	05/06/2021 - 07/04/2021	Medicare(Palmetto GBA)	00 (Edit)
<input type="checkbox"/>	2 QUADRI, AYODEJI	OASIS-D1 Recertification	05/02/2021	05/04/2021 - 07/02/2021	Medicare(Palmetto GBA)	00 (Edit)
<input type="checkbox"/>	3 WENGER, SIMI	OASIS-D1 Recertification	05/25/2021	05/29/2021 - 07/27/2021	Access Health Insurance, Corp.	00 (Edit)
<input type="checkbox"/>	4 MISTRY, DIMPLEZ	OASIS-D1 Transfer	05/03/2021	03/05/2021 - 05/03/2021	Medicare(Palmetto GBA)	00 (Edit)
<input type="checkbox"/>	5 SOKOTO, AWILO-LOGOMBA	OASIS-D1 Transfer	05/31/2021	05/02/2021 - 05/20/2021	Medicare(Palmetto GBA)	00 (Edit)
<input type="checkbox"/>	6 ELENIJONRON, AGBONKPOLOR	OASIS-D1 Discharge	05/19/2021	05/12/2021 - 05/19/2021	Medicare(Palmetto GBA)	00 (Edit)
<input type="checkbox"/>	7 SOKOTO, AWILO-LOGOMBA	OASIS-D1 Discharge	05/20/2021	05/02/2021 - 05/20/2021	Medicare(Palmetto GBA)	00 (Edit)

Generate OASIS File Mark Selected As Exported Mark Selected As Completed (Not Exported)

There are check boxes to the left of every patient name listed. Select one or multiple, then choose one of the buttons below. If **Generate OASIS File** is selected, the system will download the raw OASIS file on the computer to be uploaded to Center for Medicare Services (CMS). Select the check box inside the gray header to check all boxes listed or clear them.

NOTE: Create a folder on the computer where OASIS files can be stored for easy access.

Once OASIS file(s) have been sent to CMS, go back inside the window, check the boxes of the OASIS that were submitted (far left), then select the **Mark Selected as Exported** button at the bottom. A new window will open confirming that the OASIS file(s) have been accepted by CMS. To confirm, select the **Yes, Mark as Exported** button.



Do you want to mark this OASIS as exported?

Yes, Mark as Exported No, Cancel

Similarly, if an OASIS needs to be marked as completed, but was not exported, check the box next to the Patient Name and then select the **Mark Selected as Completed (Not Exported)** button. A new window will open. Select the **Yes, Mark as Completed (Not Exported)** button.



Are you sure that you want mark this OASIS Completed without Export?

Yes, Mark as Completed (Not Exported) No, Cancel

The OASIS list can be exported to an Excel spreadsheet by selecting the **Export to Excel** in the top right of the OASIS Export window. If submissions have been rejected and a corrected OASIS is being resubmitted, users can change the Correction number by selecting the **Edit** hyperlink on the far right of each OASIS line. A new window will open and a warning will appear. Change the Correction Number on the drop-down menu, then select the **Edit** button.

The correction number should only be changed if you are retransmitting an OASIS assessment that was previously accepted and needs to be retransmitted because of corrections you made.

The first record that is submitted to correct or inactivate an existing record must have a value of "01" in correction number. If that correction/inactivation is accepted and if a subsequent correction/inactivation is required, it must have a value of "02", and so on. In other words, the correction number on the first correction/inactivation must be "01", and the value on each subsequent correction/inactivation must be incremented by 1.

If an OASIS assessment was rejected and needs to be retransmitted after corrections have been made, use correction number 00.

Correction Number : 00

[Edit](#) [Cancel](#)

ORDERS MANAGEMENT

View/Orders Management.

This is split up into four sections:

1. **Orders Pending Co-Signature** – This is the section where orders are housed that need a co-signature because the user who signed the order requires a co-signature (per their permissions).

To find a specific order, choose the branch (if more than one) from the drop-down menu and/or select a date range. Input any order (number), patient, physician or clinician name in the text space to narrow down the order list. The list of orders can also be exported to an Excel spreadsheet by selecting the **Export to Excel** button in the top right of the window.



Order #	Order Date	Patient	Type	Physician	Clinician	Sign Date
54378803	09/12/2023	SMITH, LADAWN	Physician Order	SMITH, DAVID	LaDawn Pierce RN	09/12/2023
54429660	09/16/2023	DAWN, TEST	Physician Order	NODKA, AJAY	LaDawn Pierce RN	09/16/2023

To co-sign an order, select the hyperlink under the column Type. A new window will open showing the printed version of the order. The three options with the order are to either, **Co-Sign**, **Print** or **Close**.

 Main Office 16000 Dallas Pkwy Suite 700 Dallas, TX 75248 Phone: (215) 327-2603 Fax: (214) 575-7711		Order#: 44431592 Physician Order
Patient: PATEL, DAMINI 16000 DALLAS PKWY DALLAS, TX 75248 (541) 684-6415 Mbi: 1X98V05KQ21	MRN: DAP2021 DOB: 01/01/1950	Physician: Patel, Ajit M.D. Henry Ford Health System 6100 Haggerty Road Canton, MI 48187 Phone: (734) 981-3200 Fax: (734) 981-4354 NPI: 1235207788
Send To: Patel, Ajit Henry Ford Health System 6100 Haggerty Road Canton, MI 48187 Phone: (734) 981-3200 Fax: (734) 981-4354 NPI: 1235207788		Copy To(optional):
Order Date: 05/12/2021 Order #: 44431592		Episode Associated: 4/26/2021 - 6/24/2021
Effective Date: 05/12/2021 Time: 3:03 PM Summary: FX Clarification Order		
Allergies: NKA (Food/Drugs/Latex/Environment) Frequency Change:		
		<input type="button" value="Co-Sign"/> <input type="button" value="Print"/> <input type="button" value="Close"/>

The co-signature window will open as shown below. After entering the co-signature, the user can either choose to **Co-Sign** the order or **Co-Sign and Approve**. After co-signing, the order will disappear from the Orders Pending RN Co-Signature window.

Physician Order Co-Signature



Order Number:	44431592
Patient Name:	PATEL, DAMINI
Created Date:	05/12/2021
Clinician Co-Signature:	<input type="text"/>
Clinician Co-Signature Date:	6/6/2021 <input type="text"/>

- Orders To Be Sent** – This window houses orders that are ready to be sent to the physician for signature.

Filtering for orders begins with the branch (if more than one) from the drop-down menu. Then choose the delivery method. Choose the date range of the orders to be sent, then decide whether the orders are from patients with a status of active, discharged and/or non-admission. Start typing any order (number), patient, type, or physician name in the text space to narrow down the order list even further.



Order	Branch	Patient	Type	Physician	Delivery Method	Order Date	Notes
44895258	Location II	WALLACE, WILLIAM W	Plan of Care	ABRANS, JOHN M.D.	Electronic	06/04/2021	
44881557	Main Office	SMITH, LINDSAY	Physician Face-to-face Encounter	SMITH, JEFF M.D.	Manual	06/03/2021	
44885000	Location II	HRIPRA, PDOM301	Plan of Care	HRIPRA, DIVYESH M.D.	Axxess Physician Portal	06/02/2021	
44703868	Location II	TEST4, MICO	Physician Face-to-face Encounter	ABRANS, JOHN M.D.	Manual	06/01/2021	
44274727	Main Office	SOBOTO, AWILO-LDOGMSA	Transfer Summary (Auto-Generated)	AKEGBE, OGEDE M.D.	Axxess Physician Portal	05/01/2021	

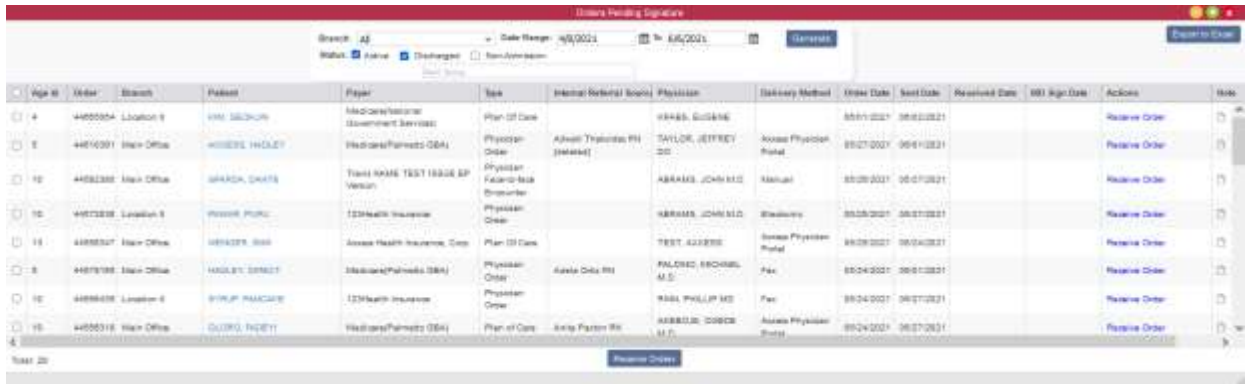
Select the  icon to view or write any notes attached to that specific order. Orders with added notes are filled blue. To print an order, select the printer icon  on the far right of the order. Once printed, check the boxes to the left of the order and select the **Send** button (in the top right). They will be marked as sent to the physician with a green notification.



If the organization's physicians have access to the Axxess Portal, orders can be sent electronically/internally. This can be done by checking the boxes to the left of the Axxess Portal Delivery Method and selecting the **Send** button in the top right. Orders can be printed in bulk by selecting the checkboxes to the left of orders then selecting the **Bulk Print** button in the top right. To export the list of orders that meet the search parameters, select the **Export to Excel** button in the top right.

3. **Orders Pending MD Signature** - This window shows orders that are ready to be electronically signed by the physician.

Filtering for orders begins with the branch (if more than one) from the drop-down menu. Choose the date range of the orders planning to be signed, then decide whether the orders are from patients with a status of active, discharged and/or non-admission. Start typing any order (number), branch, patient, payer, type, internal referral source or physician name in the free text space to narrow down the order list even further.



Order #	Order	Branch	Patient	Payer	Sex	Internal Referral (Specialty)	Physician	Delivery Method	Order Date	Sent Date	Received Date	MD Sign Date	Actions	Note
4400004	Location 1	VIN DELON	Medicare/Medicaid (Government Services)	Plan Of Care			KRANS, GILDAE		05/11/2021	05/11/2021			Receive Order	
4416001	Main Office	WISSE, HOLEY	Medicare/Palmco (OBA)	Physician Order		AFinal Therapist PH (MMASS)	TAYLOR, JEFFREY DO	Access Physician Portal	05/27/2021	05/11/2021			Receive Order	
4402000	Main Office	SHACK, DAVID	TRIAL NAME TEST 10000 EP Version	Physician Follow-Up Order			ABRAMS, JOHN MD	Mail	05/08/2021	05/07/2021			Receive Order	
4412000	Location 1	POWELL, PENE	123Health Insurance	Physician Order			ABRAMS, JOHN MD	Mail	05/05/2021	05/07/2021			Receive Order	
4400007	Main Office	WENDEL, BOB	Access Health Insurance, Corp	Plan Of Care			TEST, ALBERTO	Access Physician Portal	05/09/2021	05/04/2021			Receive Order	
4407000	Main Office	HANLEY, DORIS	Medicare/Palmco (OBA)	Physician Order		Acute Care PH	FALDRE, RICHARD M.D.	Fax	05/24/2021	05/01/2021			Receive Order	
4400000	Location 1	SHUP, PHILIP	123Health Insurance	Physician Order			WALL, PHILIP MD	Fax	05/04/2021	04/27/2021			Receive Order	
4400010	Main Office	OLORO, FADEYI	Medicare/Palmco (OBA)	Plan of Care		Acute Pattern PH	ABRAMS, JOHN MD	Access Physician Portal	05/24/2021	05/07/2021			Receive Order	

When the physician is ready to sign orders, check the box to the left of the order then select the **Receive Orders** button at the bottom of the page.



<input checked="" type="checkbox"/>	10	44556435	Location 11	SYRUP, PANICAKE	123Health Insura
<input checked="" type="checkbox"/>	10	44556318	Main Office	OLORO, FADEYI	Medicare/Palmco

Total: 29

Receive Orders

A new window will open where the doctor will confirm the Received Date and Physician Signature Date then select the **Mark as Received** button. The date auto populates with today's date. Once marked as signed they will disappear from the Orders Pending Signature window and be in the Orders History section.



Are you sure you want to mark the selected orders as received? This will override the existing received and signature dates.

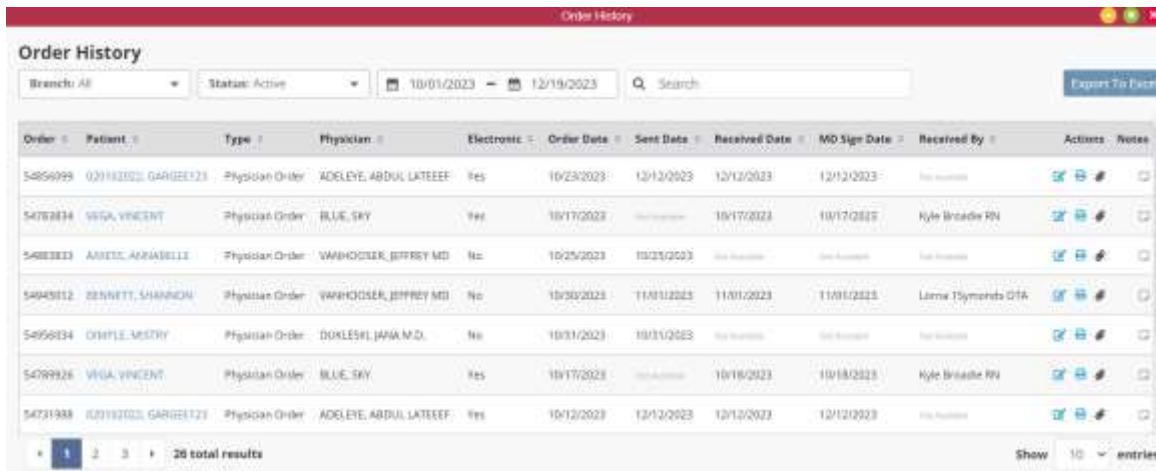
Received Date: 06/07/2021

Physician Signature Date: 06/07/2021

Mark as Received **Cancel**

4. **Orders History** – This is where all orders in every status can be seen.

Filtering for orders begins with the branch (if more than one) from the drop-down menu, choosing a status and date range. The results can be sorted by nine different columns by selecting the column heading: Order, patient, type, physician, delivery method, order date, sent date, received date, MD sign date and received by.



Order	Patient	Type	Physician	Electronic	Order Date	Sent Date	Received Date	MD Sign Date	Received By	Actions	Notes
54856999	021182020 GAROZE123	Physician Order	ADELEYE, ABDUL LATEEF	Yes	10/23/2023	12/12/2023	12/12/2023	12/12/2023	Has Received		
54782834	VIGA, VINCENT	Physician Order	BLUE, SKY	Yes	10/17/2023	Has Received	10/17/2023	10/17/2023	Kyle Broader RN		
54883833	ANIEL, ANNABELLE	Physician Order	VANHOUSER, JEFFREY MD	No	10/25/2023	10/25/2023	Has Received	Has Received	Has Received		
54943812	BENNETT, SHANNON	Physician Order	VANHOUSER, JEFFREY MD	No	10/30/2023	11/01/2023	11/01/2023	11/01/2023	Lorna T Symonets GTA		
54956834	CHIPLE, MISTRY	Physician Order	DUKLESKI, JAWA M.D.	No	10/31/2023	10/31/2023	Has Received	Has Received	Has Received		
54789826	VIGA, VINCENT	Physician Order	BLUE, SKY	Yes	10/17/2023	Has Received	10/18/2023	10/18/2023	Kyle Broader RN		
54731988	021182020 GAROZE123	Physician Order	ADELEYE, ABDUL LATEEF	Yes	10/12/2023	12/12/2023	12/12/2023	12/12/2023	Has Received		

Select the edit icon to update an order's sent, received or physician signature date. A new window will open. Type in the date or select the calendar icon on the right. Select **Update** to save.




Update Physician Order

Sent Date:

Received Date:

Physician Signature Date:

Select the  icon to view or write any notes attached to that specific order. Select the printer icon on the far right to re-print any orders that need to be sent/re-sent for signature. Select the **Export to Excel** button in the top right to create an Excel spreadsheet of all orders in the window (based off search parameters).

ADDING AN INSURANCE/PAYER

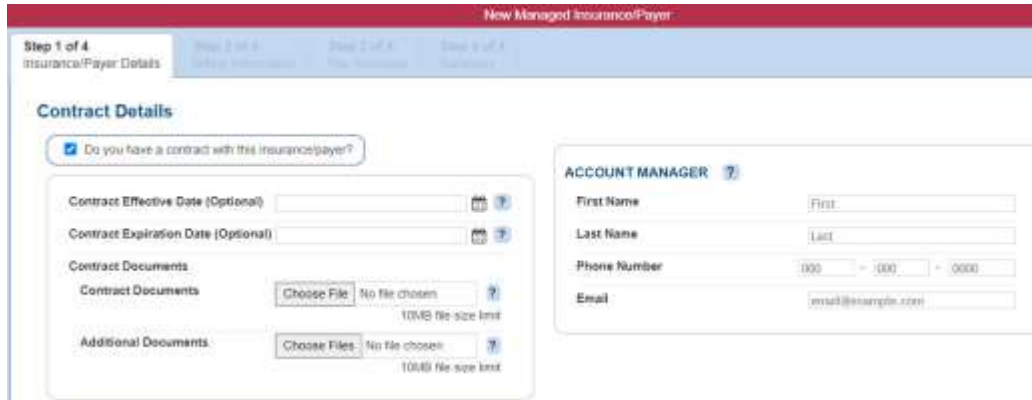
Admin/New/Insurance_Payer or Admin/Lists/Insurances_Payers/New Insurance


A new window will appear. The new payer window is split up into four steps/tabs:

1. **Insurance/Payer Details** – If there is not a contract with the insurance, uncheck the very top box and the Contract Details section will collapse.

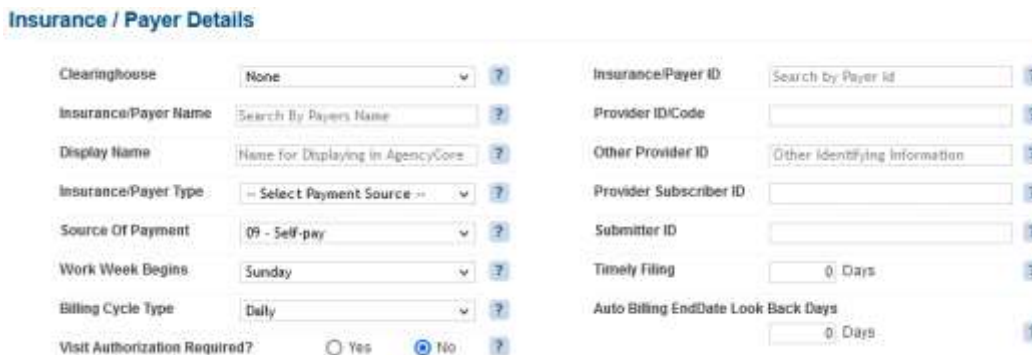
If there is a contract, enter the contract effective and expiration date by either writing in or selecting the calendar icon. Add any documentation related to the payer as an attachment by selecting the **Choose File** button. Find the document

saved on the computer, then select the **Open** button (10mb file size limit). Enter the Account Manager information in the next section, including first and last name, phone number and email. None of the Contract Details section is required.



NOTE: The question mark icon  is a reference. Hover over the icon for more insight about that question or section.

The next section is for payer details. Below are the selections that auto-populate when adding a new payer. It is required to enter an Insurance/Payer Name, Type, ID and Source of Payment. If claims are submitted electronically through Axxess Select Availability as the clearinghouse, enter Submitter ID "00000."



Select whether the payer pays episodic, per visit or both by checking the corresponding boxes. The Episodic and Per Visit columns both ask the same questions seen below. Taxonomy Code should be for Home Health, and if it is Episodic, the Initial Claim Bill type should be 322, Continuation 323, Final 329 and Admit thru Discharge must be 321. If it is a Per Visit Claim, make sure the organization is billing HCFA-1500 or UB-04. If it is an HCF-1500, it must be Professional and UB-04 is an Institutional Claim. For Per Visit Claims, Initial

Claim Bill type should be 322, Continuation 323, Final 324 and Admit through Discharge must be 321.

<input checked="" type="checkbox"/> Episodic ?		<input type="checkbox"/> Check here if the payer requires Provider Specialty Codes	
Taxonomy Code	108000000 ?	<input type="checkbox"/> Check here if the payer requires the OASIS to be reported before Final Claim submission.	
Description	General Practice ?	<input type="checkbox"/> Check here if the payer requires the G0154 Rule Change for Skilled Nursing.	
Electronic Bill Type	Institutional ?	Effective Date: [mm/dd/yyyy]	
Paper Invoice Type	UE-04 ?	<input type="checkbox"/> Check here if the payer follows PDGM billing requirements.	
Initial Claim Bill Type	322 Home Health - Init Claim ?	Effective Date: [mm/dd/yyyy]	
Continuation Claim Bill Type	323 Home Health - Interim Cont ?	<input type="checkbox"/> Check this box to enable no-pay RFPs.	
Final Claim Bill Type	324 Home Health - Last Claim ?	Effective Date: [mm/dd/yyyy]	
Admit On Discharge Bill Type	321 Home Health - Admit thru D ?	<input type="checkbox"/> Check this box to follow CMS 2021 RFP requirements.	
<input type="checkbox"/> Check here if the payer requires a pre-printed claim form.		Effective Date: [mm/dd/yyyy]	
<input type="checkbox"/> Check here if the home health service line should be included. Home Health Service Line Default:		<input type="checkbox"/> Check here if the payer requires the G0153 and G0154 Rule Change for Skilled Nursing.	
<input type="checkbox"/> Check here if 'Location of Services' is a required line item to be reported on your claim next to the first billable visit.		Effective Date: [mm/dd/yyyy]	
<input type="checkbox"/> Check here if the 'Time-in of admission' is required.			
<input type="checkbox"/> Check here if the 'Date of Admission / DOC' is not required.			

NOTE: If the payer follows PDGM billing requirements, make sure to check the corresponding box and enter effective date for episodic payers.

The next section will be entering the clearinghouse information. If Axxess is used for the clearinghouse, check the box at the top of the section and it will collapse.

<input type="checkbox"/> Check here if your claims are submitted electronically to your clearing house through Axxess™ ?			
Interchange Submitter Qualifier	Mutually Defined (ZZ) ?	Clearinghouse Submitter ID	[] ?
Interchange Payer Qualifier	Mutually Defined (ZZ) ?	Submitter Name	[] ?
		Phone Number	[000] - [000] - [0000]
GS02 Application Sender's Code	[] ?	ISA06 Interchange Sender ID	[] ?
GS03 Application Receiver's Code	[] ?	ISA08 Interchange Receiver ID	[] ?

In the next section, enter the contact information of the person with whom the organization communicates at the insurance company. If the payer's address is required, check the box to the right and enter that address. If the insurance wants their payments to be sent to a different address from their physical location, check the box at the very bottom of the page. Once completed with all the information in this page/tab, select the **Save & Next: Billing Information >** button in the bottom right. There will be a green notification stating the new Insurance/Payer has been added successfully.

Insurance / Payer Contact Information Check here if the payer's address is required

Insurance Contact Person ?

First Name

Last Name

Email

Phone Number - -

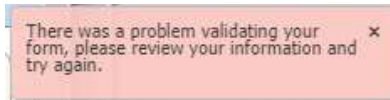
Fax Number - -

Billing Provider Information ?

Check here if the provider intends payment to be sent to a different address from the agency's physical location ?

Step 1 of 4: Insurance / Payer Information Save & Next Billing Information >

NOTE: If all required information is not entered, the following notification will appear:



The required sections that are missing information will be highlighted in red:

Insurance/Payer Name

* Required

- Billing Information** – Depending on how the insurer pays, whether episodic or per visit, will determine which sections will show here. The payer being added in the screenshot below is both episodic and per visit, so it shows both the “General Practice: UB” and “Home Health: HCFA” sections, starting with the UB billing information. This can be seen with the selection being a lighter shade of blue. Choose from the drop-down menus and select the boxes that will build out the UB-04 form and the Locator sections on the form.

Step 1 of 4
Insurance / Payer Details
Step 2 of 4
Billing Information
Step 3 of 4
Fee Schedule
Step 4 of 4
Summary

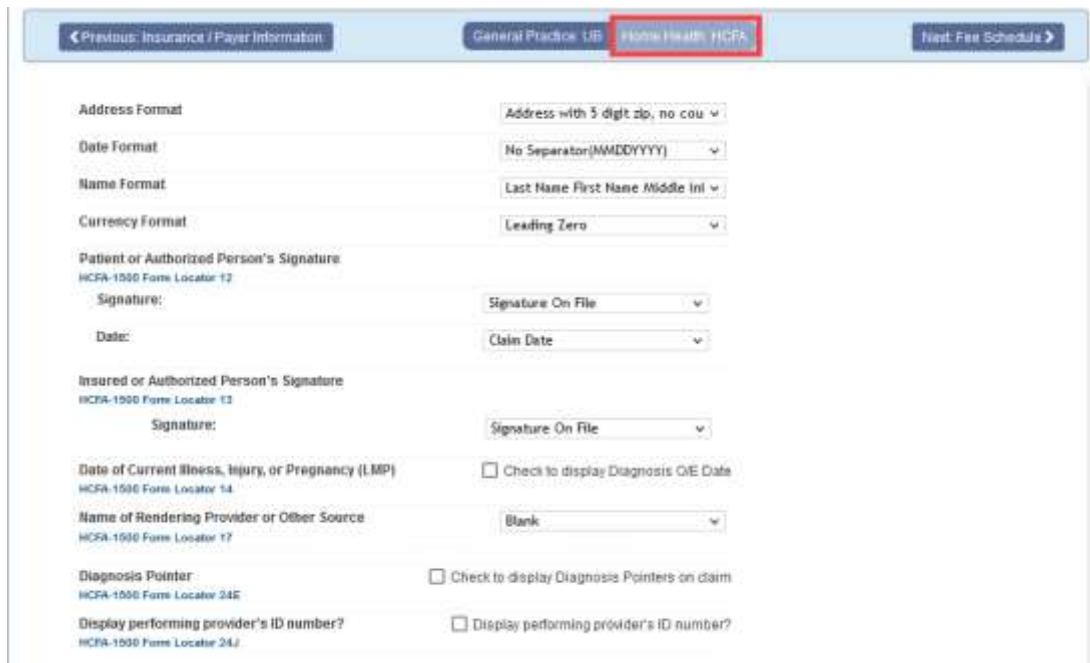
← Previous: Insurance / Payer Information
General Practice: UB
UB
Next: Fee Schedule →

Address Format	Address with 5 digit zip, no cou	
Date Format	No Separator(MMDDYYYY)	
Name Format	Last Name First Name Middle Ini	
Currency Format	Leading Zero	
Federal Tax Number <small>UB-04 Form Locator 5</small>	<input type="checkbox"/> Use Another Federal Tax Number	
Patient Name/Identifier <small>UB-04 Form Locator 8A</small>	Last Name	
Patient Name (Options) <small>UB-04 Form Locator 8B</small>	First Name	
Priority (Type) of Visit <small>UB-04 Form Locator 14</small>	<input type="checkbox"/> Include in Claims	
Point of Origin for Admission / Visit <small>UB-04 Form Locator 15</small>	<input type="checkbox"/> Include in Claims	
Discharge Hour <small>UB-04 Form Locator 16</small>	<input type="checkbox"/> Include in Claims	
Accident State <small>UB-04 Form Locator 29</small>	<input type="checkbox"/> Include in Claims	
Reserved <small>UB-04 Form Locator 30</small>	<input type="text"/>	
Responsible Party Name and Address <small>UB-04 Form Locator 38</small>		
	<input type="checkbox"/> Check here to include Payer Name / Address on paper claim(s)	
Value Codes and Amounts <small>UB-04 Form Locator 39</small>	a: <input type="text"/>	CESA Code
	b: <input type="text"/>	Blank
	c: <input type="text"/>	Blank
	d: <input type="text"/>	Blank
UB-04 Form Locator 40	a: <input type="text"/>	Blank
	b: <input type="text"/>	Blank
	c: <input type="text"/>	Blank
	d: <input type="text"/>	Blank
UB-04 Form Locator 41	a: <input type="text"/>	Blank
	b: <input type="text"/>	Blank
	c: <input type="text"/>	Blank
	d: <input type="text"/>	Blank
Revenue Code <small>UB-04 Form Locator 42</small>	Visits and Supplies	
Revenue Description <small>UB-04 Form Locator 43</small>	Visits and Supplies	
HCPCS/Rates/HiPPS Code <small>UB-04 Form Locator 44</small>	Visits and Supplies	
Service Date <small>UB-04 Form Locator 45</small>	Visits and Supplies	

Service Units (Print Only) UB-04 Form Locator 46	<input type="text"/>
Total Charges UB-04 Form Locator 47	RAP Displays 100% Total Charge ▾
Payer Name UB-04 Form Locator 50	a: Primary Insurance ▾
	b: None ▾
	c: None ▾
Insured's Name UB-04 Form Locator 58	a: Primary Insurance ▾
	b: Secondary Insurance ▾
	c: Tertiary Insurance ▾
Employer Name UB-04 Form Locator 65	<input type="checkbox"/> Include in Claims
Diagnosis and Procedure Code Qualifier UB-04 Form Locator 68	0 - ICD-10 ▾
Admitting Diagnosis Code UB-04 Form Locator 69	Blank ▾
Patient's Reason for Visit UB-04 Form Locator 76	<input type="checkbox"/> Include in Claims
Patient's Reason for Visit UB-04 Form Locator 70	<input type="checkbox"/> Include in Claims
Attending Provider Name and Identifiers UB-04 Form Locator 75	Attending Provider ▾
Operator Provider Name and Identifiers UB-04 Form Locator 77	Operating Physician ▾
Other Provider Name and Identifiers UB-04 Form Locator 78	Other Operating Physician ▾
Npi	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Other Provider Name and Identifiers UB-04 Form Locator 79	Rendering Provider ▾
Code-Code Field UB-04 Form Locator 81 A-D	a: <input type="text"/> <input type="text"/> <input type="text"/>
	b: <input type="text"/> <input type="text"/> <input type="text"/>
	c: <input type="text"/> <input type="text"/> <input type="text"/>
	d: <input type="text"/> <input type="text"/> <input type="text"/>

[← Previous: Insurance / Payer Information](#)
[General Practice: UB](#)
[UB](#)
[Next: Fee Schedule →](#)

The following are questions related to filling out the HCFA–1500 and the Locators of that form.



< Previous: Insurance / Payer Information General Practice: UB **Home Health: HCFA** Next: Fee Schedule >

Address Format: Address with 5 digit zip, no cou
 Date Format: No Separator(MMDDYYYY)
 Name Format: Last Name First Name Middle Ini
 Currency Format: Leading Zero

Patient or Authorized Person's Signature
 HCFA-1500 Form Locator 12
 Signature: Signature On File
 Date: Claim Date

Insured or Authorized Person's Signature
 HCFA-1500 Form Locator 13
 Signature: Signature On File

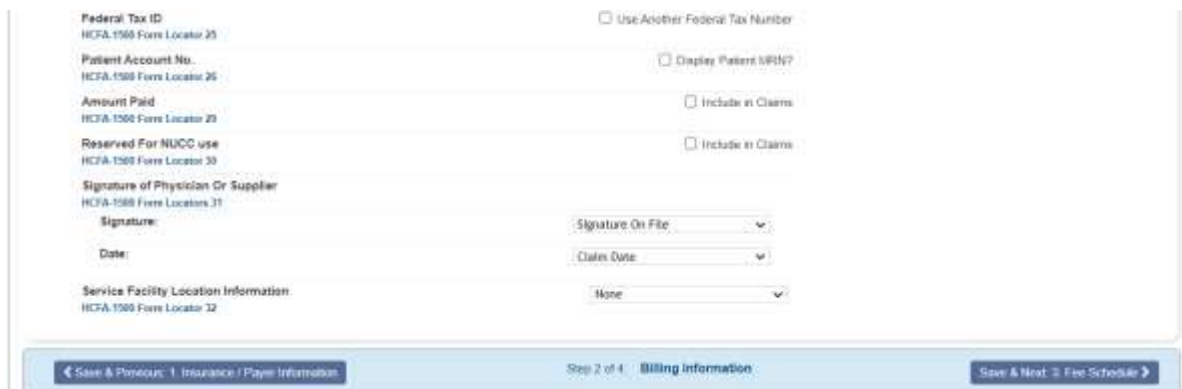
Date of Current Illness, Injury, or Pregnancy (LMP)
 HCFA-1500 Form Locator 14 Check to display Diagnosis O/E Date

Name of Rendering Provider or Other Source
 HCFA-1500 Form Locator 17 Blank

Diagnosis Pointer
 HCFA-1500 Form Locator 24E Check to display Diagnosis Pointers on claim

Display performing provider's ID number?
 HCFA-1500 Form Locator 24J Display performing provider's ID number?

Toggle in between tabs/steps by selecting the < **Save & Previous: Insurance/Payer Information** and **Save & Next: Fee Schedule** > buttons at the bottom of the page. A green notification will appear, stating the Billing Information has been updated successfully.



Federal Tax ID
 HCFA-1500 Form Locator 23 Use Another Federal Tax Number

Patient Account No.
 HCFA-1500 Form Locator 25 Display Patient NPI?

Amount Paid
 HCFA-1500 Form Locator 29 Include in Claims

Reserved For NUCC use
 HCFA-1500 Form Locator 33 Include in Claims

Signature of Physician or Supplier
 HCFA-1500 Form Locator 31
 Signature: Signature On File
 Date: Claim Date

Service Facility Location Information
 HCFA-1500 Form Locator 32 None

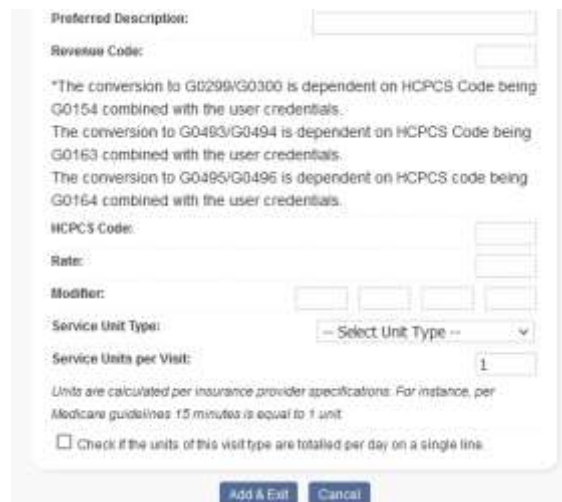
< Save & Previous: 1. Insurance / Payer Information Step 2 of 4: Billing Information Save & Next: 3. Fee Schedule >

- Fee Schedule** – In this step, the organization can add the fees for all visits by either loading visit information from other payers or adding new visit information. Delete any rates that were manually added if the organization plans to copy insurance rates from another. This can be done by selecting the **Delete Rates** button (this will delete *all* rates listed below). Copy the rates from another insurance, select the Existing Insurance from the drop-down menu, then confirm the Taxonomy Code

from that drop-down menu. Then select the **Load Rates** button. Copy Medicare rates by choosing a branch to copy, confirm the Taxonomy Code and select the **Load Medicare Rates** button. The rates will then display at the bottom of the page in the grid.



If visit information is being added per visit, select the **Add Visit Information** button. A New Visit Information window will open. Confirm the taxonomy code, select the task from the drop-down menu, input a preferred description and revenue code. There are some suggestions about G-codes. Enter the HCPCS code, rate, modifier and choose the service unit type. Service units per visit will auto-generate to 1. Once completed, select the **Add & Exit** button at the bottom of the form.



Manually entered or copied rates now display towards the bottom. To the far right, there is a hyperlink option to **Edit** (which will go to the previous screenshot) or **Delete** which removes the individual rate.

Add Visit Information

* Note: CMS established G-Codes to differentiate levels of nursing services for direct care and retired HCPCS code G0154. RN level services will be coded as G0299 and LPN/LVN level services will be coded as G0300. Effective January 1st 2017, CMS issued Change Request 9736 to retire HCPCS G0163 and G0154 and replaced them with four new G-Codes. Observation and assessment will be reported as G0493 for RN and G0494 For LVN/LPN. Training and/or education will be reported as G0495 for RN and G0496 for LVN/LPN.

Task	Description	Rev. Code	HCPCS	Exp. Rate	Rate	Modifiers	Unit Type	Time Limit	Action
Taxonomy Code: 208D00000X									
Skilled Nurse Visit	Skilled Nurse Visit	0551	G0154	\$0.00	\$150.00		Per Visit		Edit Delete
HHA Visit	HHA Visit	123		\$0.00	\$22.00		Hourly		Edit Delete
OASIS-C Recertification	OASIS-C Recertification	G0154	0551	\$0.00	\$200.00		Per Visit		Edit Delete
SN Insulin Noon Visit	Wound Vac	0551	G0154	\$0.00	\$187.25		Per Visit		Edit Delete
OASIS-C2 Start of Care	OASIS-C2 Start of Care	0551	G0154	\$0.00	\$200.00		Per Visit		Edit Delete
OASIS-C1 Start of Care	SN SOC visit	0551	G0493	\$0.00	\$100.00		Per 15 Min		Edit Delete
RN Visit	dc	0551	g299	\$0.00	\$250.00		Per 15 Min		Edit Delete

[Previous: Billing Information](#)
Step 3 of 4: Fee Schedule
[Next: Summary](#)

- Summary** – The last step will show a summary of all previously entered information at-a-glance.

Step 1 of 4: Insurance / Payer Details | Step 2 of 4: Billing Information | Step 3 of 4: Fee Schedule | **Step 4 of 4: Summary**

Contract Details

Do you have a contract with this Insurance / Payer?

First Name: N/A

Last Name: N/A

Email: N/A

Contract Effective Date (Optional): N/A

Contract Expiration Date (Optional): N/A

Insurance Contact Person

First Name: N/A

Last Name: N/A

Email: N/A

Phone Number: N/A

Fax Number: N/A

Payer Details

Clearinghouse: N/A

Insurance/Payer Name: N/A

Display Name: N/A

Insurance/Payer ID: N/A

Insurance/Payer Type: N/A

Provider ID/Code: N/A

Billor Provider Information

Recipient's Name: N/A

Address Line 1: N/A

Address Line 2: N/A

Recipient's Phone: N/A

City: N/A



Payment Address State Code: N/A

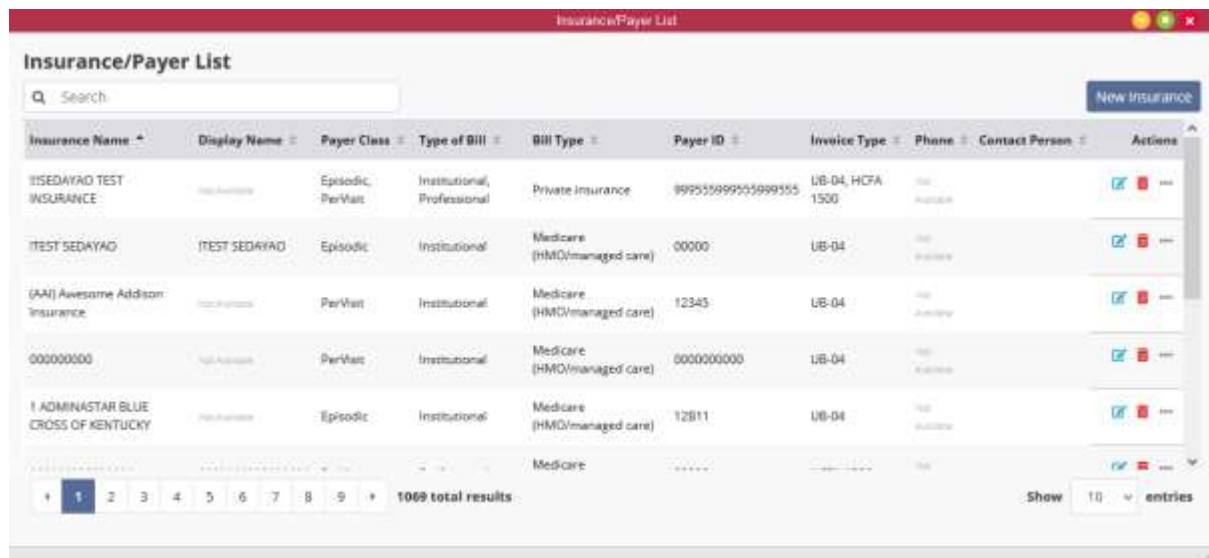
Payment Address Zip Code: N/A

Once completed, select the **Complete** button at the bottom of the page. A green notification will state that the payer has been saved successfully.

EDITING AN EXISTING PAYER

Admin/Lists/Insurances_Payers

Select the  icon to the far right of the screen under the Actions column to make edits. Select the  icon to delete. Select the three-dot icon under Actions to **View Activity Log** that lists which users have made any changes to the payer and when they were made. To search for a payer, use the search box and list any part of the insurance name, display name, payer class, type of bill, bill type, payer id, invoice type, phone or contact person. Payers can also be added here by selecting the **New Insurance** button.



The screenshot shows the 'Insurance/Payer List' window. At the top right is a 'New Insurance' button. Below it is a search box. The main area is a table with the following columns: Insurance Name, Display Name, Payer Class, Type of Bill, Bill Type, Payer ID, Invoice Type, Phone, Contact Person, and Actions. The table contains several rows of data, including 'ITSEDIYAO TEST INSURANCE', 'ITEST SEDAYAO', '(AA) Awesome Addison Insurance', '00000000', and 'ADMINASTAR BLUE CROSS OF KENTUCKY'. At the bottom of the table, there is a pagination bar showing '1000 total results' and a 'Show 10 entries' dropdown.

PAYROLL EXPORT CENTER

Admin/Payroll Export Center



The screenshot shows the 'Payroll Export Center' window. At the top right is a 'Learn More' button. Below it are several filter options: '07/03/2022 TO 08/15/2022', 'Branch: 5 Items Selected', 'Employee: 5500 Items Sel.', and 'Task Type: 1045 Items Sel.'. There is also a 'Hide Filters' button and a 'Generate' button. Below these are more filter options: 'Insurance/Payer: 207 Items', 'Task Status: 17 Items Sel.', 'Employee Credentials: 20 It.', 'Employment Type: 3 Items', 'Visit Pay Type: 4 Items Sel.', and 'Late Tasks: Include'.

The following are the filter options at the top of the window:

- Date Range – Enter or select the calendar icon.

- Employees – Search and/or choose specific employee. More than one can be selected. Once selected, employees will be bolded.
- Branch – Choose from dropdown menu (if more than one).
- Task Type - Search and/or choose specific task type. More than one can be selected. Once selected, types will be bolded.

To see additional filters, select the **+ More Filters** button:

- Insurance/Payer – Search and/or choose specific payer. More than one can be selected. Once selected, payers will be bolded.
- Task Status – Search and/or choose task statuses. More than one can be selected. Once selected, statuses will be bolded.
- Employee Credentials - Search and/or choose credentials. More than one can be selected. Once selected, credentials will be bolded.
- Employment Type – Choose from Contractor, Employee and Student/Trainee or Volunteer and All. More than one can be selected. Once selected, employment types will be bolded.
- Visit Pay Type - Choose from all, none, per hour, per visit and single payment. More than one can be selected. Once selected, pay types will be bolded.
- Late Tasks – Decide to include results or not.

Once criteria have been chosen, select **Generate**. A summary will display on the screen.

Export/Paid Status	Export/Paid Date	Batch ID	Employee Name	Patient Branch	Patient Name	Visit Date	Visit/PA Task Type	Visit Time
Pending Approval			Turner, Arnie	Location I	TEST, SSA	05/11/2022	OASIS-D1 Start of Care	07:35 AM - 08:05 AM
Exported/Paid	05/03/2022	AX401	West, Tony	Location I	West, Neil	05/11/2022	HHA Visit	
Exported/Paid	N/A	Agency Case Payroll	Hedley, Sha-Ron	Main Office	CareSM, Rachel	05/12/2022	Skilled Nurse Visit	07:00 AM - 08:00 AM
Pending Approval			Mozzy, Tibbety	Location I	N/A	05/12/2022	EDI - Insurance	11:15 AM - 01:00 PM
Pending Approval			Morris, Pamela	Location II	Morris, Pamela	05/12/2022	HHA Visit	
Pending Approval			Park, Krystal	Location I	LEE, SEUNG GI	05/12/2022	OASIS-D1 Recertification	07:30 AM - 08:00 AM
Pending Approval			Riggs, Sara	Main Office	Couch, Halton	05/12/2022	OASIS-D1 Start of Care	08:00 AM - 09:00 AM

Change from a summary (**All**) view to look at just **Pending Approval**, **Pending Export** or **Exported/Paid** entries by selecting the respective tab.

Under the payroll parameter filters, the Additional Columns drop-down menu enables users to generate more robust payroll data. Users can select any or all the 18 additional column options:





Additional Columns	Description
Associated Mileage	Generates the value noted in the visit documentation.
Auto-Calculated Mileage	Displays the number of miles driven, as determined by the system's automated calculation of the distance between the starting and ending visit address. (This calculation only populates for visits with completed statuses.)
Auto-Calculated Mileage Amount	Displays the mileage reimbursement amount, as determined by the auto-calculated mileage above and the reimbursement rate entered in the user/company profile.
Auto-Calculated Travel Hours	Displays the average travel time to and from the point of care, based on the user and patient addresses in the system. (This calculation only populates for visits with completed statuses.)
Employee Credentials	Displays employee credentials entered in the user profile.
EVV Hours	Displays the total number of EVV hours.
EVV Time	Displays total EVV time.
Employment Pay Type	Displays employment type entered in the user profile.
Employment Type	Displays employment type entered in the user profile.
Insurance/Payor	Displays insurance/payer affiliated with the episode and visit information.
Patient MRN	Displays patient Medical Record Number (MRN) entered in the patient profile.
Pay Rate	Displays pay rate entered in the user profile.
Payroll File #/Worker ID	Displays payroll file/worker ID entered in the user profile.
Travel Hours	Generates the value noted in the visit documentation.
Visit Hours	Payroll hours calculated based on the visit time in and visit time out components entered in the visit documentation.
Visit Pay Type	Displays pay type entered in the payer profile.
Visit Status	Displays the visit's status in the Schedule Center.
Visit Units	Displays the total number of visits.

Payroll Functionality

Edit functionality enables the payroll processor to change values in specific fields as needed. Modifications can be made in the following four fields:

Editable Field	Description
Visit Time	Displays the visit time in and visit time out as noted in the visit. Any edits made to these times in the Payroll Export Center will automatically update the visit time information in the visit and visit log (both of which can be accessed through the Schedule Center).
Travel Time	Displays the number of miles driven, as determined by the system's automated calculation of the distance between the starting and ending visit address. This calculation only populates for visits with completed statuses.
Associated Mileage	Displays the mileage reimbursement amount, as determined by the auto-calculated mileage above and the reimbursement rate entered in the user/company profile.
Surcharge Amount	Displays the average travel time to and from the point of care, based on the user and patient addresses in the system. This calculation only populates for visits with completed statuses.

Select the pencil icon to edit a field and the save icon to save changes.

Employee Name	Visit Time	Travel Time	Mileage Amount
Gonzalez, Martha	02:00 AM - 02:30 AM 	02:00 AM to 03:30 AM 	0.00
Hirpara, Divyesh	EDIT 	SAVE 	0.00

Reports can be generated in the Payroll Export Center by using the following buttons:

Export Generated - Generates an Excel file with basic payroll information for the selected time frame. This report provides a summary overview, rather than a detailed report. It does not include any information from the Additional Columns menu.

Export Details - Generates an Excel file with over 25 columns of data, including items selected from the Additional Columns menu. Organizations that do not use ADP or Paychex as a payroll vendor can use this report to manually create an export file that meets their vendor's specific requirements.

ADP Payroll Export - Generates a .csv or .txt file as applicable to the vendor for processing payroll.

Select the checkbox(es) of individual payroll entries and select an export button or select the select all checkbox in the blue header to export all pending entries.

Export Generated					
Export Details					
ADP Payroll Export ?					
<input type="checkbox"/>	Employee Name	Branch	Patient Name	Visit Date	Visit/NVA Task Type
<input checked="" type="checkbox"/>	Gonzalez, Martha	Location 2	Jones, Mary	12/16/2019	Skilled Nurse Visit
<input checked="" type="checkbox"/>	Hirpara, Divyesh	Location 2	HIRPARA, ROCK	12/16/2019	Skilled Nurse Visit
<input type="checkbox"/>	Caudell, Jeremiah	Location 2	Pressure, Blood	12/17/2019	OASIS-D1 Start of Care
<input type="checkbox"/>	Caudell, Jeremiah	Location 2	Check, Admi	12/17/2019	OASIS-D1 Discharge

REPORT CENTER

Reports/Report Center

This is the place all Axxess Home Health reports are found. They are separated into eight categories (with two additional for Missouri and California) and listed alphabetically. The categories are Patient, Billing/Financial, Statistical, Clinical, Payroll, Employee, Schedule Reports and Electronic Visit Verification. Hovering over the report will show what the report entails, its description, parameters and what the report includes.



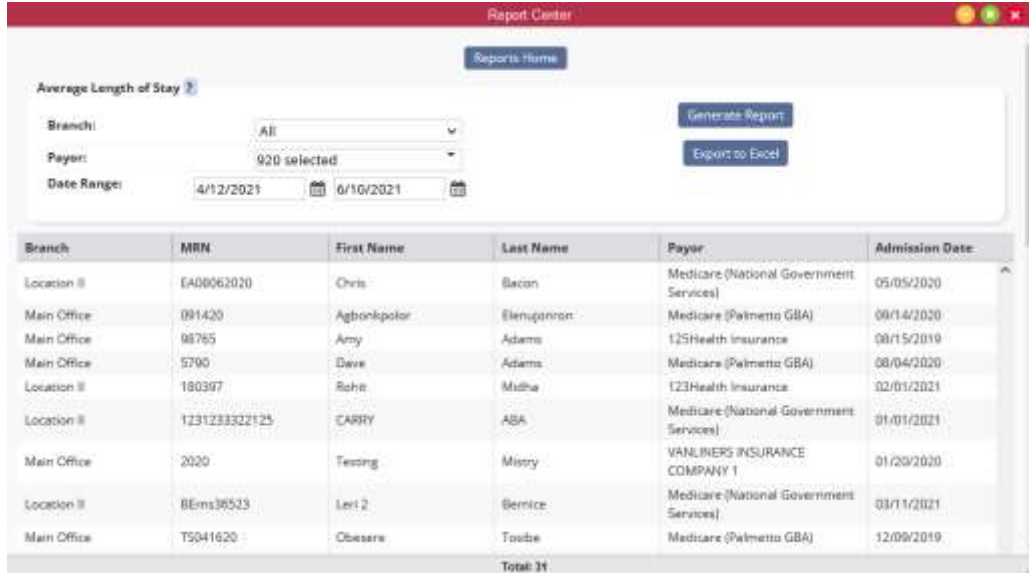
Report Center

ATTENTION: Updated versions of several reports are now available. To access the old reports, [click here](#). To find the latest version of an old report, open the old report and look for the banner at the top of the screen.

Patient Reports	Billing/Financial Reports	Statistical Reports
60 Day Summary By Patient Description: Generates a list of all 60 day summaries for a selected patient. A useful report for case managers to ensure all the episodes have this required document. Parameters: Patient Status, Patient Report Includes: Employee/Visit Date/Signature Date/Episode Range/Physician Patient By Physician Listing	MONTH-END CLOSE AR Roll Forward Claim Activity Report Earned Revenue (1 over X Daily Method) Earned Revenue (Completed Visit Method) Earned Revenue (Final Bill Method) HHRG/LUPA Report Managed Care Earned Revenue (Completed Visit Method) Month End AR Payment/Adjustment Activity Document/Adjustment Activity Summary	Admission Census By Primary Insurance Employee Visit History HHVBP Advanced Care Plan HHVBP Influenza Vaccine for Employees HHVBP Shingles Vaccine for Patients Infectious Disease Screening Medicare Cost Patient Admissions By Internal Referral Source Patient by Discipline Duplicated And Unduplicated

Most of the reports function the same way. In the example report below, Average Length of Stay parameters must be chosen, then select the Generate Report button to the right. The results will display below with a grand total at the very bottom. Selecting the **Export to Excel** will load the information into an Excel

spreadsheet. Selecting the **Reports Home** button at the very top of the page will return to the list of all reports.



Report Center

Reports Home

Average Length of Stay ?

Branch: All

Payer: 920 selected

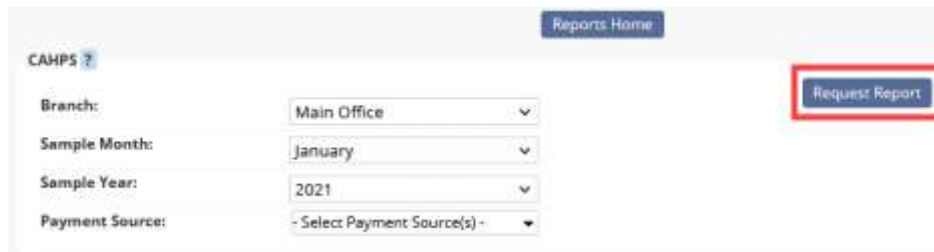
Date Range: 4/12/2021 6/10/2021

Generate Report

Export to Excel

Branch	MRN	First Name	Last Name	Payer	Admission Date
Location II	E40062020	Chris	Bacon	Medicare (National Government Services)	05/05/2020
Main Office	091420	Agbonkolor	Elerunnon	Medicare (Palmetto GBA)	08/14/2020
Main Office	08765	Amy	Adams	123Health Insurance	08/15/2019
Main Office	5700	Dave	Adams	Medicare (Palmetto GBA)	08/04/2020
Location II	180397	Bohi	Misha	123Health Insurance	02/01/2021
Location II	123123332125	CARRY	ABA	Medicare (National Government Services)	01/01/2021
Main Office	2020	Teasing	Mistry	VANLINERS INSURANCE COMPANY 1	01/20/2020
Location II	BEms39523	Leri 2	Bernice	Medicare (National Government Services)	03/11/2021
Main Office	T5041620	Obesere	Tosibe	Medicare (Palmetto GBA)	12/09/2019
Total: 31					

Some reports do not generate instantaneously. For example, the CAHPS report must be requested. To do this, select the parameters then select the **Request Report** button to the right.



Report Center

Reports Home

CAHPS ?

Branch: Main Office

Sample Month: January

Sample Year: 2021

Payment Source: - Select Payment Source(s) -

Request Report

The request will then go to a different window. It can be found in *Reports/Completed Reports*. Here, users can retrieve a copy of the finished report and see who ran the report and when. Search through the completed reports by typing the name, format, requested by, started and completed date in the text space at the top of the screen. To view the report, select the hyperlink text listed under the name column. To remove the report, select the **Delete** hyperlink to the far right, under the Action column. The refresh button is available in the bottom left of the window.

Name	Format	Status	Requested By	Started	Completed	Action
CAHPS Report	Excel/CSV	Completed	Cj Pierson RN	06/10/2021 10:23:31 PM	06/10/2021 10:23:34 PM	Delete
Claim Activity Report	Excel	Failed	Cj Pierson RN	03/18/2021 09:46:15 PM	03/19/2021 02:21:31 AM	Delete
Productivity Report (RN)	Excel	Completed	Cj Pierson RN	03/17/2021 09:17:13 PM	03/17/2021 09:17:13 PM	Delete
Month-End Payment and Adjustment Activity Report	Excel	Completed	Cj Pierson RN	03/17/2021 03:19:53 PM	03/17/2021 03:21:02 PM	Delete

ADDING TEMPLATES

Admin/New/Template

The window below will appear. Create a Name for the template then write the template inside the Text section. The section is limited to 5,000 characters. Once completed, select the **Save** button.



The image shows a 'New Template' window with a 'Name' text box and a large 'Text' area. At the bottom, it says 'You have 5000 characters remaining' and has 'Save' and 'Cancel' buttons.

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

LICENSES/RECORDS MANAGER

Admin/Licenses_Records Manager

A window will open that will list all current user licenses and records. Select the **Refresh** button in the top right to ensure the list is completely up to date.

Licenses/Records Manager						
Add Non-User Licenses/Records						Refresh
First Name	Last Name	Licenses/Records Type	Issue Date	Expire Date	Software User	Actions
John12s	Dionio	LSLF License	10/01/2023	10/01/2023	Yes	Edit Delete
Abd	User	RN License	02/09/2009	07/19/2014	Yes	Edit Delete
Abd	User	TB	02/02/2014	07/19/2014	Yes	Edit Delete
Abd	User	HIPAA Compliance Training	03/02/2014	06/23/2014	Yes	Edit Delete
Abd	User	Performance Evaluation	02/03/2014	06/28/2014	Yes	Edit Delete
Abd	User	Training for nurse on Software	05/02/2014	05/02/2014	Yes	Edit Delete
Abigail	Surveyor	COTA License	07/30/2021	07/30/2022	Yes	Edit Delete
Adebayo	Adewusi	CNA License	10/03/2022	10/02/2023	Yes	Edit Delete
Admin	Young	CNA License	12/01/2021		Yes	Edit Delete
AMIE	MACABABBAD	RN License	11/01/2014	11/30/2016	No	Edit Delete
Anty	Smith	HIPAA Compliance Training	05/20/2015	06/01/2015	No	Edit Delete

Select the **Add Non-User Licenses/Records** button in the top left and a New License window opens. Enter the first name, last name, choose the license type, enter the initiation date and expiration date. Add a File Attachment by selecting the **Choose File** button. Select the **Add** button when complete.

New License

First Name

Last Name

License Type -- Select License Type --

Initiation Date

Expiration Date

File Attachment No file selected.

Select the **Edit** hyperlink on the far right under the Action column to edit the information from the previous screenshot or **Delete** to remove the non-user license/record altogether.

CUSTOM NOTE MANAGER

Admin/Custom Note Manger

A window will open that lists all active custom notes. To make changes to any currently listed notes, select the **Edit** hyperlink to the right under the Action column. To remove any notes, select the **Delete** hyperlink under the same column.

List of Custom Notes				
Original Task Name	Custom Name	Note Description	Created Date	Action
HHA Supervisory Visit	Holiday Pay Stub	Pay Rate for HHA Stub	1/23/2017 1:48:15 PM	Edit Delete
Physician Order	PT Order		1/25/2017 11:00:24 AM	Edit Delete
Communication Note	Therapy Referral form		3/1/2017 11:59:02 AM	Edit Delete
HHA Visit	HHA Visit- Private Pay	HHA Visit- Private Pay	3/21/2017 2:05:54 PM	Edit Delete
Driver/Transportation Log	Test	Test	3/22/2017 9:10:13 AM	Edit Delete
Physician Order	TEST Order	test	3/30/2017 10:55:48 AM	Edit Delete
Physician Order	Recert Order		4/25/2017 10:39:13 AM	Edit Delete
Communication Note	SOC Dr Update		5/12/2017 3:39:36 PM	Edit Delete
HHA Visit	Mary - HHA Visit	Mary - HHA	6/5/2017 12:58:55 PM	Edit Delete
HHA Visit Waiver	KESHIA HHA T1019 1st VISIT		6/30/2017 10:54:04 AM	Edit Delete
10-Day Summary/Case Conference	Mid Episode Case Conference	Mid Episode Case Conference	6/30/2017 4:16:08 PM	Edit Delete
Coordination of Care	Coordination of care dialysis	Dialysis	7/12/2017 10:24:59 AM	Edit Delete

Select the **Create New Custom Note** button in the top left to add a new note. In the New Custom Note window, select the task from the drop-down menu and enter the desired name and a description. Indicate whether the note will be billable or payable. When complete, select the **Save** button.

New Custom Note

Task: -- Select Task --

Task Name:

Task Description:

Billable: Payable:

HELP CENTER

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

