

Patient Intake Step by step

Demographics

Actions to get there: Client > Client List > New Client

Information Recorded:

- 1 Enter First & last name, phone number and email
- 2 Click "Add New Client"
- 3 Navigate to General Tab on the left hand side of the menu
- 4 Add insurance ID (only for insurance/medicaid based clients)
- 6 Navigate to Address Tab on the left hand side of the menu
- 7 Enter address details
- 8 Navigate to Other Fields Tab
- 9 Add birthday and Gender

- 10 Click "Save Client"

After this step, you are brought to the client "Overview Page"

Claims require the following fields to be filled out under Demographics: **Birthdate, Gender, Active Insurance ID**

NOTE:

Care Documentation > Medical History > **Primary Diagnosis**

Coordination > Contacts > **Referring Physician Name & NPI #**

Client Risks

Actions to get there: Client Profile > Overview > Risk Assessment

Information Recorded:

- 1 Click "+ Row" located on the green bar
- 2 Enter category and type risk (type risk is a free text field)
- 3 Select severity (1-5) 1 - 4 = moderate 5 = severe
- 4 Add multiple risks by clicking "+ Row"
- 5 Click "Save " when finished

NOTE: 'Allergies' entered here will pull through to section 17 of the 485s, Safety Measures will pull to section 15 of the 485 if selecting the "Allergies" option. Moderate risks will appear BLUE & Severe will appear RED

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Client Contacts

Actions to get there:

Client Profile > Coordination > Contacts

Information Recorded:

- | | | |
|---|---|--|
| 1 | Click "Add New Contact" | |
| 2 | Enter First & Last name & phone number | |
| 3 | Enter relationship and contact type (optional) & any additional fields | Make sure to add Referring Physician & NPI |
| 4 | Click "Save" | |
| 5 | Toggle Emergency button to "ON" if this contact is an Emergency contact | |

Add Service(s)

Create a service for each individual authorization that a client receives

Services funded by Medicaid/Insurance (Claims)

- | | | |
|----|---|---|
| 1 | Navigate to Client > Services > Create a Service | |
| 2 | Enter Service Name ex) Skilled Nursing | |
| 3 | Add a start & end date | |
| 4 | Select Electronic Billing for funder methodology for any services funded by Medicaid or Insurance companies. | |
| 5 | Select correct funder for this service (Medicaid, Cigna etc) | |
| 6 | Add Service Code (Insert Real Value for NURSING, PCA Hourly for PERSONAL CARE) | |
| 7 | Add in "Prior Authorization Number" | |
| 8 | Add in any "skills" you would like to be considered when scheduling this client for this service. Ex) Ventilator Experience | |
| 9 | Add any forms that wil need to be filled out each time a visit is scheduled with this service | <i>Ex) For nusing services, attach nursing flow sheet</i> |
| 10 | Click Save | |

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Adding CM Service

- 1 Enter Service Name "Clinical Management"
- 2 Add a start & end date (optional)
- 3 Select **Single Payor** for funder methodology
- 4 Select "INT|Internal" for Funder

- 5 Select billing frequency

Does not matter what billing frequency you select, these are non-billable visits

- 6 Add "CM Select Visit Type" Service Code

At the time of scheduling you can swap the service code for Supervisory, Assessment etc

- 7 Click Save

Add Funding Block (Authorization hours)

Navigate to: Client Profile > Services > Click into the Service > Scroll down to Funding

- 1 Click into the Service (click on the blue service name on the far left of the Services List screen)

- 2 Scroll down to Funding > Add New Funding Block

- 3 Enter Start/End date of authorization

Start/End date will match the Service Start/End date

- 4 Enter quantity of authorized hours per frequency

- 6 Click OK

Add next funding block if applicable

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Add Primary Diagnosis

Navigate to: Client Profile > Care Documentation > Medical History

- | | | |
|----------|---|---|
| 1 | Navigate to "Current Medical History" | <i>This is required for Claims based payors</i> |
| 2 | Click "+ Row" to add a diagnosis ex) F79 | <i>Diagnosis codes are pre-programmed in the system</i> |
| 3 | Check off "primary" to indicate this is the primary diagnosis | |
| 4 | Scroll all the way to the bottom of the page and click "Save" | |

Add Associated Employees

Navigate to: Client Profile> Coordination> Associated Employee

- 1** Click Assign employee
- 2** Select Employees you would like to assign. This will add the client to these employees "Caseload"

Add Service(s)

Create a service for each individual authorization that a client receives

Services funded by Private Pay (Invoice)

- | | | |
|----|---|--|
| 1 | Navigate to Client > Services > Create a Service | |
| 2 | Enter Service Name ex) Skilled Nursing | |
| 3 | Add a start & end date | |
| 4 | Select Single Payor for funder methodology | |
| 5 | Select correct funder for this service Ex) Private Pay | |
| 6 | Select billing frequency and billing contact | <i>Billing contacts sync through from Client Profile> Coordination> Contacts</i> |
| 7 | Add Service Code | |
| 8 | Add in any "skills" you would like to be considered when scheduling this client for this service. Ex) Ventilator Experience | |
| 9 | Add any forms that will need to be filled out each time a visit is scheduled with this service | <i>Ex) For nursing services, attach nursing flow sheet</i> |
| 10 | Click Save | |



AUTH REVAMP: Add Authorization Hours

Actions to get there: **Client Profile > Authorizations**

- | | | |
|-----------|---|--|
| 1 | Select Add authorization | |
| 2 | Fill in the Start and End date | |
| 3 | Enter the client's authorization number | |
| 4 | Enter the state type of the authorization | This is the status of the authorization and can be configured in Schedules>Schedule Settings |
| 5 | Select authorization methodology | Best practice recommendation is Payor and Bill Code |
| 6 | Fill in the Member number | This is the client insurance/medicaid id and will pull into claims |
| 7 | Fill in the case manager details | |
| 8 | Select the rule type to match the rules in the client's authorization | |
| 9 | Enter daily, weekly, month and period limits | |
| 10 | Add any notes and click save | |