Home Health Back Loading

User Guide



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Overview

Backloading is a critical part of the Go Live Process. Backloading is a combination of import and manual entry of information to prepare a patient to be documented against at Go Live and is supported by a Back Office Process. This process is to be used to complete all information required for a patient across Back Office and Clinical.

The steps included in the process are below. Each step will contain instructions that can be accessed by hovering over the name of the step within the process. As steps are marked completed, (which occurs by checking the box to the right of the step) a green check mark will appear and the system will automatically take the user to the next step in the process. If a step has a red stop sign to the left, this means the user role does not have access to perform the action.

Patients are imported as pre-admitted, if a patient is discharged in the legacy system prior to golive and that patient has been imported in myUnity the agency will need to cancel the referral/admission.

NOTE: All home health patients should be imported and backloaded through the 16th step prior to go live. This will ensure that all patients are ready when the time comes for the recertification event. The Episode Analytics report in clinical should be run on a weekly basis by Clinical Managers to help determine when patients are coming due for recert. The processes will be in the to-dos for the intake team.

Home Health Processes

HH Backloading Process

- 1- Demographics
- 2- Funding Coverages
- 3- Admission Payers
- 4- Authorizations
- 5- Patient Admitted
- 6- Chart Updated
- 7- Verify Cert Dates
- 8- Activity Schedules
- 9- Referral Info
- **10-** Location of Service
- 11-Responsible Parties
- 12- Related Parties
- 13-Physicians
- 14-Scheduling Assignments
- **15-** Emergency Preparedness
- 16- General Notes
- 17- Recert Visit Scheduled Intake
- 18-OASIS Recertification Packet Nurse
- 19- Generate POC Clinical Managers



HH Backloading Validation Reports Process

- 1- Episode Analytics Report (Clinical)
- 2- Verify Census
- 3- Verify Demographics
- 4- Verify Case Assign
- 5- Emergency Preparedness
- 6- Verify Physician
- 7- Verify Auths
- 8- Verify Diagnoses
- 9- Verify Payer Seq
- **10-** Verify Schedule



Home Health Backloading Process

If all patients are backloaded, the process will not be utilized until the Episodic patients are ready for recert (no more than 5 days prior to the current episode end date) and can be used up to 60 days post go live as patients continue to Recert and Transition to myUnity from the current system.

FFS patients can utilize the process prior to the beginning of the month unless the patient's insurance allows for more than one claim/month.

Note: Unlike Hospice Backloading in which all patients are entered as part of the Pre-Go Live Backloading Process, the Home Health process is only leveraged as needed and can be used overtime through the first few months of an agencies go live.

To begin the process, you will first select the process from the Home Screen under the Processes Widget.

After patients are backloaded, and prior to the myUnity Go-live date, if a patient is discharged in your legacy system, you will need to cancel the application in myUnity Back office and mark the patient not admitted in myUnity Clinical.

*HH Backloading Process

Once selected, a prompt to select the patient will pop up. Search for the appropriate patient, select OK.

Quick Search		×
cunningham		Q
Active All		
Pa	atient	
Cunningham, Edward (1735) Cunningham, Mark (1815)		
Advanced Search	ОК	Cancel
Add Patient		

The next screen provides details for the episode associated to the patient. Select OK.



Quick Search		×
cunningham		٩
Active All		
•	Admission	
Create New Admission		
Advanced Search Add Patient	OK	ncel

The process will open to begin documentation. Each step in the process will contain supporting instructions to guide the user through the required documentation. Several steps may have information that was completed as part of the import. It is critical to leverage each step to confirm and validate the information provided is accurate.

Demographics	
Funding Coverages	
Admission Payers	
Authorizations	
Admit Patient	
Chart Updated	
Verify Cert Dates	
Activity Schedules	
Referral Info	
Location of Service	
Responsible Parties	
Related Parties	
Physicians 199	
Scheduling Assign	
Emergency Prepared	
Schedule Recrt Visit	
Clinical Trans Pack	
Generate POC	



Demographics

Critical Info: Demographic information will come over with the patient import. Effort on this step is to validate and confirm all information is present.

Required Fields:

- Confirm Organization attachment is accurate
- Home/Billing Address Type with Start Date of Admission date, full address information including County to generate the CBSA code.
- Information to be completed: SSN, Race, Ethnicity, Language (which can be used in scheduling), DOB
- Release Patient Information- This area impacts the CAHPS survey tracking for Home Health patients and defaults to Yes. This should only be set to No in the event the patient would like to opt out of the CAHPS survey.

Demographics	
Base Patient Info	
Patient ID 1735 Enterprise ID	
First Name Edward Middle Name Last Name Cunningham	Face Sheet
Salutation Title/Suffix Gender Male	
Preferred Name Maiden Name	Admission Form
Attach this Patient to a Different Organization?	Patient Notes
NETSMART So Display To: Corporation	Location of Service Additional Info
Other Demographics	
Bith Date 01/27/1942 🛗 Ethnicity 🗸 Citizenship V Race Satist	Patient Spiritual tural Preferences:
Bith Place Employment V Military Service Religion V and Culture	Family Spiritual tural Preferences:
Primary Language Secondary Language Primary Status Social Security Primary	ry Account Holder
Level Of Education Occupation Address	atient Information 💿 Yes 🔿 No
Other Patient Identifiers	
Medicare ID Medicaid ID EVV State ID	
Addresses	
Address Type Begin Date End Date Address 1 Address 2 City State Zip Code County MS	SA/CBSA Code Directions Remove
Home/Billing ● 07/27/2021 ■ ■ 234 Best Creek Road Rogers AR ▼ 72718 BENTON ▼ /2	/22220 ?
Address Type Begin Date End Date Address 1 Address 2 City State Zip Code County MS	SA/CBSA Code Directions Remove
	?

Once documentation is complete, select Submit at the bottom of the page. Check the box next to the demographics to mark that step complete.



Funding Coverages

Critical Info: Funding Coverage information can be imported; however, it is critical that information is validated prior to moving on to the next step. The correct policy number, and payer information will have an impact on the billing processes. Add all possible funding coverages, Self-Pay is an option that could be considered as well. Do not populate the Active, or Eligibility date if using RevConnect. If not using RevConnect, the eligibility date field can be populated. Select the relationship of the policy holder for billing purposes.

- Verify payer information.
- Verify policy numbers are entered and correct.



HH Ba	ckloading (Cunni	nghar	m, Edward) (598)	
✓ <u>De</u>	mographics		Funding Coverages	Patient: Cunningham, Edward Patient ID: 1735
Eu Ad	nding Coverages Imission Payers		Admission Payers Admission Denied Payers	
Au	thorizations		Payer/Plan Active Inactive Bill Holds Edit Remove Add Funding Coverage	
Ad	Imit Patient		Medicaid AR MCD/Arkansas Medicaid 3/27/2021 Add Edit Co-insurance	
Ch	art Updated		Private Pay 3/27/2021 Add Edit Managed Medicaid	
Ve	rify Cert Dates		r/i ray(r/i/adu ray) Medicald Pending	
Ac	tivity Schedules		Add Medicare Advantage	
Re	ferral Info		Payer Type Medicare A	
Lo	cation of Service		MedicareB Primary Insurance	
Re	sponsible Parties		Private Pay	-
Re	lated Parties		WILL'S Design	
Ph	vsicians			
Sc	heduling Assign		Select Paver Type	
En	nergency Prepared			
Sc	hedule Recrt Visit			
Cli	nical Trans Pack			
Ge	enerate POC		Payer	
	Update Task			
	Close			-
	0.000			

To edit existing payer information, select Edit to the right of the plan. This allows the user to view and modify the information associated with this payer. To add a new payer, select Add. Once documentation is complete, select Submit at the bottom of the page. Review and edit each payer as needed.

Check the box next to the Funding Coverages to mark that step complete.



Admission Payers

Critical Info: The correct payer sequence is critical to accurate billing. An admission payer must be on file prior to any part of the clinical steps being completed below. Once the payers have been sequenced, any payer changes must be maintained in back office through the day of activation.

- Start Date- Should be equal to the admission date.
- Payer Sequence

HH Backloading (Cunningham, Edward) (598)		
Payers		Patient: Cunningham, Edward Patient ID: 1735
Funding Coverages		Admission ID: 598
Admission Payers Patient Funding Coverages		
Authorizations Update Level of Care		
Admit Patient Admission Denied Payers		
Start Date	#Days End Date Paver Sequence	Remove
03/27/2021	AR MCD-Arkansas Medicaid (03/27/2021-)	
Verify Cert Dates	Edit Medicaid Surplus	
Activity Schedules	Primary Reason 🗸 🗸 🗸	
	Secondary Payer Pri Pay-Private Pay (03/27/2021-)	
Reterral Into	Third Payer 🗸	
Location of Service	Fourth Paver 🗸	
Responsible Parties	Fifth Payer 🗸 🗸	
	Sixth Payer 🗸	
Related Parties	Seventh Payer	
Physicians 🗌	Primary Payer V	
Scheduling Assign	Primary Reason	
	Secondary Payer 🗸 🗸	
Emergency Prepared	Third Payer 🗸 🗸	
Schedule Recrt Visit	Fourth Payer 🗸	
Clinical Trans Pack	Fifth Payer	
	Sixth Payer	
Generate POC	Seventh Payer	
Update Task Submit		
Close		



The start date should be equal to the patient admission date. Select the primary payer from the drop-down list. The primary reason will automatically populate on Medicare only, do not select a reason for any other payer/plan. Select Submit once complete. Add the next payer in the sequence in the event a patient has multiple payers.

Select the box next to the Admission Payers to mark that step complete.



Authorizations

Critical Info: Authorizations may not be required for every patient and should be reviewed and entered only as needed.

Required Fields: Only if Authorizations are required for entry.

- Authorization Number, Begin Date, and Plan.
- Service Type, Service Detail, and allotted service amounts.
- Verify that both Scheduling and Financial are checked for "Auth Applies To" Section.

HH Backloading (Cunni	ngha	m, Edward) (598)			
Demographics		range Add New			
 Funding Coverages 		Service Authorizations			
Admission Payers					
Authorizations		- Filters			
Admit Patient		Plans	Origin	Active Date(s)	
Chart Updated		Pri Pay (Private Pay)	Approved Service	Begin 01/01/2021 End 07/19/2023	
Verify Cert Dates			Authorization		
Activity Schedules			Physician Order Entry		
Referral Info		Ψ	Visit Frequency		
Location of Service		Apply Filter(s)			
Responsible Parties					
Related Parties		Plan/Auth Number	Svc Type/Service	Period	
Physicians 1997		None / 1298578	HH Aide Routine (HHA)	03/01/2021 - 02/28/2022	
Scheduling Assign					
Emergency Prepared					
Schedule Recrt Visit					
Clinical Trans Pack					
Generate POC					
Update Task					
Close					

If the patient requires authorizations enter the information based on the number of auths that will be remaining/unused from the legacy system at time of go-live.

If authorizations are required for entry, complete the details as needed. If the patient does not require an authorization, select the box next to Authorizations to complete the step.



Patient Admission

Critical Info: The entry of the patient's SOC date starts the generation of episodes to support the 30-day billing cycles. Landing on this page will trigger the user to navigate to clinical and complete documentation for this step. *The start/admission date should be entered in clinical*



only. After completing the steps in clinical come back to the process and refresh the page to show the SOC date.

Required Fields:

• SOC Date and Status- SOC Date should equal the patient SOC date to the agency and *not the go live date*. Status should be admitted.

Navigate to clinical.

r Logout ersonnel Applications Change Password Change Pin Change External Credentials Diagnosis: Ek

Once in clinical, select the patient and navigate to the Patient Profile.

^	cunning		Q -	? Patient I	Profile Patient Char
тои	Select an Option				
^	Cunningham, Edward	1735 01/27/1942	Pre-Admit	AR	
	Cunningham,	1815 03/28/1942	Admitted	МО	

Enter the SOC Date and update the patient status to Admitted. The SOC Date should be the patient admission date to the agency. Scroll to the bottom of the page and select Save.

Patient Chart Plan of Care Module Notes	
Patient: Cunningham, Edward - 1735	X
Chart: 1 Episode: 1	
Patient	Information
SOC Date: 03/27/2021	Medical Record #: 1735
Verbal SOC:	Status: Admitted 🗸
	Discharge Reason:
	(Select a Discharge Reason)
	Non Admit Basson

This will admit the patient, update the patient chart in clinical and back office and close the patient profile.

Navigate to Back office to the Backloading process to check the box for Admit Patient to mark complete.

Demographics	
Funding Coverages	
Admission Payers	
 Authorizations 	
Admit Patient	



Chart Updated

Critical Info: Once the Chart is updated, it must be reviewed and updated to support the patient's transition into myUnity.

Required Fields:

• Chart Updated

Recerts

With the patient selected, navigate to the Patient Chart. Select Add a New Episode. This will generate the episode that will become the current and active episode to support the patient's movement into myUnity.

Cunningham, Edward - 1735 🔹	Clinical Info 🗸 Upload Documents
CHART #1 - 1735 (Start Date: 03/27/2021) 598 Admitted	Plan of Care Module Add a New Episode Patient Profile
D Episode #1 - (Start date: 03/27/2021 - End Date: 05/25/2021)	

From here, select edit Patient Chart.

			Patient Calendar NX Edit Patient Char	t
Cur	ningham, Edward - 1735	•	Clinical Info - Upload Documents	
E	P CHART #1 - 1735 (Start Date: 03/27/2021) 598 Admitted		Plan of Care Module Add a New Episode Patient Profile	
С	Episode #2 - (Start date: 05/26/2021 - End Date: 07/24/2021)			
C	DEpisode #1 - (Start date: 03/27/2021 - End Date: 05/25/2021)			

	**		Jul	ly 202	1		»			Sup	oport User, NTST [Super	Admin] - Q Resources =
	Su	Мо	Tu	We	Th	Fr	Sa					
	27	28	29	30	1	2	3				Patient	t Calendar NX Patient Chart
-	4	5	6	7	8	9	10					
Cunningham, Edward - 1735	11	12	13	14	15	16	17	-			Clinic	al Info 👻 Upload Documents
	18	19	20	21	22	23	24					
CHART #1 - 1735 (Start Date:	25	26	27	28	29	30	31)	598 Admit	ted Pi	lan of Care Module Ad rofile	ld a New Episode Patient
🔁 Episode # 3 - (Start date:	07/2	25/20	21 -	End	Date	e: 09	, 1221	021)				Delete
Form Form Date			Use	r		Stat	tus	Dele	ete	Restore	Move	Audit Trail

If a patient has multiple episodes, the SOC episode will be present, add the current episode the patient is in – refer to the legacy system for the correct dates of the current episode.



test, test - 11838		•			Upload Documents
CHART #1 - 11838 (Start Date: 07/01/2021) 661 Home Health Admitted			Plan of Care Mo	dule Add a New Epis	ode Patient Profile
🔁 Episode #1 - (Start date: 07/01/2021 - End Date: 08/29/2021)					Select an Action 🕶
Form	Form Date	User	Status	Marks	Audit Trail
▼ Patient Data					
🚱 Patient Profile		(System)			Audit Trail
▼ Physicians Orders					

Modify the Episode Number and Start Date to represent the episode for the patient prior to their recert into myUnity.

	test. test - 11838			•				Upload Documents
	CHART #1 - 11838 (Start Date: 07/01/2021 - Discharge Date:) 661 Home Health	Admitted				Plan of Care Module A	dd a New Episode Patient Profile
	▷ Episode # 4 - (Start date: 07/31/2021 - End Date: 09/28/202	1)						Delete
	Form	Form Date	User	Status	Delete	Restore	Move	Audit Trail
L	▶ Patient Data							

Navigate to Back office, where the Backloading Process is open to check the box next to the Chart Update to mark as complete. Move to the next step for Verify Cert Dates.



Cert on File

Critical Info: This step is designed to support validation of the certification for billing purposes. This information will populate based on the episode dates in the clinical chart and should be verified for accuracy.

Required Fields: None





Confirm the correct start and end dates, payer, plan, and episode information. Once information is reviewed, check the box for Cert on File to mark this step as complete.

Demographics	
Funding Coverages	
Admission Payers	
 Authorizations 	
Admit Patient	
Chart Updated	
Verify Cert Dates	

Activity Schedule

Critical Info: Activity Schedules help to track the confirmation of face to face (F2F) documentation. The activity schedule will automatically generate based on the previous steps and based on the admission date, the schedule/dates may need to be adjusted.

Required Fields:

- Confirm the activity schedule is created.
- Complete the F2F activity.

Add/Update Activity	/ Schedules		Patient: Cunningham, Edward Patient ID: 1735 Admission ID: 598
Show the Cancelled Events Activity Name Starte WHH F2F 3/27/202 Event Due Date HH F2F Sunday 7/25/2	and Schedules? ed Ended Edit Can 1 5/25/2021 Edit C Last Grace Day Edit C 221 Sunday 7/25/202 Edit	cel Remove	Admission ID: 598
Add New Activity Schedule	Add An Event To A Schedule	Cancel	emove

Using the plus sign, open the activity schedule to view the current events scheduled. The F2F Activity Schedule will ensure the agency collected the date that the Face to Face was performed. To add the date that the F2F was completed, select the "Edit' button on the event then select 'Complete Event.' Enter the date from the legacy system, that the Face to Face was performed.





dd/Update Activity Schedules						Patient: Cunningham, Edward Patient ID: 1735 Admission ID: 598		
Show	v the Ca	ncelled Ever	nts and Sch	edules? (
Ac	tivity Na	ame Sta	rted E	Inded	Edit	Cancel	Remove	
Энн	F2F	3/27/2	2021 5/25	5/2021	Edit			
[Event	Due Date	Last Gra	ice Day	Edit	Cancel	Remove	
	HH F2F	Saturday 3/2	27/2021 - C	ompleted	Date	Remove (Completion	

Once the F2F event is added, check the box for Activity Schedule to mark that step as complete.

V Demographics	
Funding Coverages	
Admission Payers	
 <u>Authorizations</u> 	
Admit Patient	
Chart Updated	
Verify Cert Dates	
Activity Schedules	

This is the final step for the QA/Clinical Manager/Finance portion of the Backloading process.

The next several steps can be completed by any staff. Agencies often assign Admin Assistants or intake staff to support this patient review. Staff will work within an already started process by leveraging To-Do processes. Upon logging in, open the To-Do Widget and find the HH: Backloading Process for the correct patient.

toring	(Task)	Showr Assigned Delegated Both			
ternig.	(<u>1056</u>)	Show, Houghou Delegated Con			
New					
	Priority	Name	Resident (Adm Id) or Personnel	Due Date	Status
4 Late	r				
	•	*HH: Backloading Validation		7/27/2021	Not Started
•					

Referral Info

Critical Info: Portions of the Referral information will populate as part of the import however, there are some additional fields that should be filled out. Additional information that can be completed but are not required are Referral Type and Referral Source Type.



- Reason for Admission: Elective.
- Admission Organization Verify org level is correct for patient at time of go-live.

Admission Number	598			Related Items
** **	Hama Cara Ad			Add/Update Businesses
Care Setting	Home care			Add/Update Persons
* Admission Type	Outpatient V			Scheduling Assignments
				Add or Select Personnel
* Facility/Care Setting N	ame NETSMART\ABC Homecan			
Referral			Admission	
* Date	03/27/2021		HH NOA Artificial Admission Date	
	A	oplicant Status		
Verbal SOC Date			Level of Care	~
En construit de Carlo	Ē		Location of Service	Change
Encounter Date		-	Patients Current Condition	
Referral Type	Hospital Referral 🗸		Home Health Transfer - (Medicare - PDGM Late) O Yes O No	
Referral Source	Ø ()			
Referral Associate	Ø (3)		Discharge	
Provider Liaison	Ø ()		Blanned Discharge Date	
Associate Title				
Admitted From	LTC-Short Term Hospital			
Location	0 0			
Location				
Reason for Admission	Elective V			
Prior Living Condition	▼	-		
Is this admission the rest of an accident?	uit 🔽 🗸			

Once documentation is complete, select Save at the top left of the screen. Check the box next to the Referral Info to mark that step complete.

V Demographics	
Funding Coverages	
Admission Payers	
Authorizations	
V Patient Admitted	
Chart Updated	
Verify Cert Dates	
Activity Schedules	
Referral Info	

Location of Service

Critical Info: Location of Service can be imported as part of the patient import. The Location of Service information is critical to proper billing as it affects the HIPPS code. If a patient was hospitalized within 14 days of admission to the agency for Home Health Services, that information should documented. The hospitalization record is required for PDGM payer/plans. Required Fields:

- Location of Service
- Start Date
- Inpatient History

Location Of Service	.ocation Of Service Patient: Cunningham, Edward Patient ID: 17.										
							Demographi Business Faciliti Scheduling Hol	es es ds			
+ Add Export to Excel											
Location	Location Type	Address	Room & More Info	Start Date	End Date	Observ?					
Home	Home	234 Best Creek Road Rogers AR 72718 COUNTY: BENTON CBSA HH: 22220 Hospice: 22220		03/27/2021 00:00		N	Celete	h.			
St. Johns Hospital	Inpatient Hospital (IP)	456 Walnut Lawn Ozark MO 65721 COUNTY: Christian CBSA HH: 44180 Hospice: 44180		03/12/2021 00:00	03/26/2021 23:59	N	Edit Delete				
I I I I I I I I I I I I I I I I I I I	age						1 - 2 of 2 items 💍				

Select Add to begin entry for the location of service.

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After opening, this will default to Home and the current Home/Billing address on file for the patient but can be adjusted as needed. Adjust the start date to match the admission date but do not adjust the time. Allow this to stay at 00:00. If Home is not the correct LOS, in the Location bar, begin typing the correct location and a drop-down will appear to provide the closest matches to the information provided. Once a location is selected, the location type and address should automatically populate. Only adjust this if a location has multiple address or different types.

For any previous hospitalization, select Add to include the details related to this history. Complete the information entry for start and end date, but allow the time to maintain as provided by the system. This entry will serve as the source of truth for the Q-Code code information and will impact the billing for this patient.

Once information is entered select Save. This will populate the information into the Location of Service Screen.

Check the box next to Location of Service to mark that step complete.

Demographics	
Funding Coverages	
Admission Payers	
Authorizations	
Patient Admitted	
Chart Updated	
Verify Cert Dates	
Activity Schedules	
Referral Info	
Location of Service	

Responsible Parties

Critical Info: Responsible Parties are persons/people associated to the patient and are not included in the import. Responsible Parties should be added manually as part of this process. This includes emergency contacts, family members, and financial responsibility. A single person can represent multiple types for a patient.

- Display Number
- Persons Name
- Address and Phone Number
- Email address for CAHPS if applicable



HH Backloading (Cunningh	ham, E	dward) (598)												
Demographics	R	elated Parties	3							Patient:	Cunningham, Edv	ard Patie	ient ID: 1735	
Funding Coverages		Responsible/Related	slated Parties Private Pay Distribution/ACH Setup											
Admission Payers	2													
Authorizations	2	Responsibl	nsible Parties											
Admit Patient														
Chart Updated		Add												
Activity Schadular		Display Order	Name (ID)	Responsible Party Type	Address			Phone Number	Email		Edit	Remov	/0	
Peterni Info					100.000	Devi Orași Devi Devine 40 70740					- F-0			
Location of Service		1	Cunningnam, Suzanne (1872)	Spouse	HMI 234	Best Creek Road Rogers, AR 72718		and the second second		East	Rei	move		
Resconsible Parties		Polated Par	rtion											
Related Parties		Related Fal	ues											
Physicians		Add												
Scheduling Assign		Diselau Order	Name (ID)	Related Party Tune		Commante	Addraes	Phone Number					Ramous	
Emergency Prepared		Coupary Crown	reasone (inv)	Formation Party 13per		No Related Parties Found.	Philipping	Private Humber		E.ritan			remore.	
Schedule Recrt Visit														
Clinical Trans Pack														
Generate POC														
Update Task														
Close														

Using the Add button, a pop up will open and provide the screen to complete entry for a Responsible Party.

Select the ? mark to search/add a new person. Once selected/created, complete the Display Order, Party Types (Select as many as needed using the control key) and the demographic information for the person. Select Submit at the bottom of the screen to save. This will populate the person into the patient's party types.

Complete this process as often as needed for each of the Parties needed. Check the box next to Responsible Parties to mark this step complete.

Demographics	
Funding Coverages	
Admission Payers	
 <u>Authorizations</u> 	
V Patient Admitted	
Chart Updated	
Verify Cert Dates	
Activity Schedules	
Referral Info	
Location of Service	
Responsible Parties	

Related Parties

Critical Info: Related Parties are places associated to the patient and are not included in the import. Related Parties should be added manually as part of this process. This will include Hospitals, Pharmacies or other locations. A single location could potentially be multiple Related Party Types however this is less common within Related Parties.

- Display Order
- Location Name
- Party Type
- Address and Phone Number should default if business exists in system



HH Backloading (Cunningha	m, Edward) (598)													
Demographics	Related Partie	s						Patient	: Cunningham, Edw	ard Patient ID: 1735				
🛩 Eunding Coverages 🛛	Responsible/Relate	d Parties Private Pay Distribution/ACH Setu	p											
Admission Pavers 🛛														
Authorizations	Responsib	Responsible Parties												
Admit Patient														
Chart Updated	Add													
Activity Schedules	Display Order	Name (ID)	Responsible Party Type	Address		Phone Number	Email		Edit	Remove				
Referral Info	1 Cuncinstan Guranne (1973) Straute Likk				Post Ropers AR 72718		scunningham@ani.com		Edil	Remove				
Location of Service		Contracting and a contract of the second second	optore.	110 204 0000 01000			a sector of the sector of		2.04	- neurone				
Responsible Parties	Related Pa	rtiae												
Related Parties	Related Fu													
Physicians	Add													
Scheduling Assign	Display Order	Name (ID)	Related Party Type	Comments	Address	P	hone Number	Email	Edit	Remove				
Emergency Prepared	and the state of the second second	Minimud December (MALMADY)	Dharmani		DO 557 Comphail Are Mine MC 65714	0	0.4120004444		C-44	Demana				
Clinical Trans Back		manual contract (treasport)	Tourney		ad set Galigeen President, inc. day 14				Lun	Theorem				
Generale POC														
Settement des CO														
Uodate Task														
Close														

Select the Add button, a pop up will open and provide the screen to enter a Related Party. Select the ? mark to search/add a new business. Once selected/created, complete the Display Order, Party Types (select as many as needed using the control key) and address information. Select Submit at the bottom of the screen to save. This will populate the location into the patient's party types. Complete this process as often as needed for each of the parties needed. Check the box next to Related Parties to mark this step complete

Demographics	
Funding Coverages	
Admission Payers	
 <u>Authorizations</u> 	
Patient Admitted	
Chart Updated	
Verify Cert Dates	
Activity Schedules	
Referral Info	
Location of Service	
Responsible Parties	
Related Parties	

Physicians

Critical Info: Physician information is included with the import however it is important to review and confirm the information is accurate for billing purposes. A single physician can represent multiple Physician types as needed. Physician information entered will flow over to clinical to the Patient profile and will become a part of order entry for clinicians as well.

- Must have at least one physician on file with the Primary Physician Type.
- Should also include Certifying Physician- Home Health, and Referring Physician as needed.
- Active Date- must match Admission Date.
- Display Order, Physician Type, Address and Phone Number.



н	(H Backloading (Cunningham, Edward) (598)														
	Demographics		2 Physicians Patient: Curningham, Edward Patient ID: 1735 Admission ID: 508												
	Funding Coverages	•		Automotive Devolution											
	Admission Payers			Associated Physicians											
	Authorizations		Order	Physician	Physician Type	Address	Phone Number	Status	Edit	Remove	Active	Inactive			
	Admit Patient		1	Martin, MD Annie	Certifying Physician - Home Health	Business - 1600 Medical Center Drive, Aurora, MO 65605	Business Phone -	Business Phone - No Edit 3/		3/27/2021					
•	Chart Updated				Primary - Homecare		41/8/44006			-					
	Verify Cert Dates														
•	Activity Schedules														
•	Referral Info														
•	Location of Service														
•	Responsible Parties														
	Related Parties		Add New Ass	ociated Physician	Remove										
	Physicians 1997		L		_										
	Scheduling Assign														
	Emergency Prepared														
	Schedule Recrt Visit														
	Clinical Trans Pack														
	Generate POC	Ο													
	Update Task														
	Close														

To review/update a current physician, select Edit to the right of the Physician information. This will allow updates for the physician information entered. To add a new physician, select Add New Associated Physician and using the ?, search and select the appropriate physician. Select Display Order, Physician Type, and the Address drop-down to complete entry. Update the Date active to match the admission date.

Check the box next to Physicians to mark this step complete.

V Demographics	
Funding Coverages	
Admission Payers	
 Authorizations 	
Patient Admitted	
Chart Updated	
Verify Cert Dates	
Activity Schedules	
V Referral Info	
Location of Service	
Responsible Parties	
Related Parties	
Physicians	

Scheduling Assignments

Critical Info: Scheduling assignment information can be imported and supports entry of staff case assignment and team assignments. Using and entering Staff Assignments in back office support the case load tracking via the Case Assignments report in the Census Module. Team assignments are visible in clinical on the clinical chart and can be leveraged within reports in both back office and clinical. This step is not required but does provide additional support and tracking that can be leveraged by the agency.

- Personnel Name, Role, Day Assignments and Date Active
- Team Assignment, Date Active and Primary Care Team (for visibility in clinical chart)



Ŀ	IH Backloading (Cunn	inghai	n, Edward) (598)															
P	Demographics		Scheduling As	ng Assignments									Patient: Cunningham, Edward Patient ID: 1735					
	Funding Coverages		Case Assignments											Admission ID. 596				
	Admission Payers							Auto !	Schedu	ling Day	Assignm	ments						
	Authorizations		Personnel ID	Personnel Name	Nole	1.0	Sun	Mon	Tue	wed	Thu I	Fri :	sat	Date Active		Date Inactive		Remove
	Admit Patient		CASH	Ash, Christopher	Case Manager	All Days	-	-	-						_			
	Chart Updated			2	~ · ·	All Days												
	Verify Cert Dates		Team Assignments		Show all Personnel	Hide all Personnel								Date Active	_	Date Inactive	Primary Care Team	Remove
	Activity Schedules		Team Blue	Show Associated Personnel	Show an i craomici	inde ant crastinet								03/27/2021		(B)		
	Referral Info																	
	Location of Service		Ľ															
	Responsible Parties		Submit															
Ш	Related Parties																	
	Physicians																	
	Scheduling Assign																	
	Emergency Prepared	0																
	Schedule Recrt Visit																	
	Clinical Trans Pack																	
	Constate ROC	-																
	Generate POC	-																
Ш	Update Task																	
Ш	Close																	
Ľ																		

Using the ?, a search for personnel in the system will open in a new window or pop up. Search for the staff member and select. Select the role, include the days for scheduling (recommended to select all days on this screen) and Date Active which should be the admission date. Team Assignments may not be used in every agency, however if this is used, a drop-down of the teams will be available to choose from. Include the Date Active (equals the admission date) and Primary Care Team checkbox. Once information is entered select Submit at the bottom of the page. Enter as many staff/teams as needed.

Check the checkbox for Scheduling Assignments to mark the step complete.

 Demographics 	
Funding Coverages	
Admission Payers	
 Authorizations 	
Patient Admitted	
Chart Updated	~
Verify Cert Dates	
Activity Schedules	
Referral Info	
Location of Service	
Responsible Parties	<
Related Parties	<
Physicians	<
Scheduling Assign	 Image: A start of the start of

Emergency Preparedness

Critical Info: Evacuation Codes are available and exist within the Admission Info page. This field is often required for Home Health agencies for tracking and support

Required Fields:

• Emergency Preparedness



HH Backloading (Cunni	nghai	n, Edward) (598)	
Demographics		Emergency Prepared	Iness Identifiers
 Funding Coverages 		Patient:	Cunningham Edward
Admission Payers		Admission	3/27/2021 - Present
Authorizations		Period:	
✓ Admit Patient			
 Chart Updated 		Hide End-Dated	-
Verify Cert Dates		+ Add new record	
Activity Schedules			
Referral Info		Source	ID
Location of Service		K ())	M
Responsible Parties			
Related Parties			
Physicians			
Scheduling Assign			
Emergency Prepared	0		
Schedule Recrt Visit			
Clinical Trans Pack	0		
Generate POC			
Update Task			
Close			

Select Add New Record to enter the Emergency Preparedness and select the correct Identifier with Effective Date equaling Admission Date. Save when complete.

Add / Edit Patien	×	
Identifier	NY TAL - 1 Non-Ambulatory-Stretcher - Ev V	
Save Cancel		

Check the box for Emergency Preparedness to mark this step as complete.



General Notes

Critical Info: General Notes is a step to allow any tracking or documentation information to be entered. These notes are visible and become part of the patient chart in back office. Staff who have access to this area include Admission/Intake team members, Financial Team members and some Clinical staff. Information entered can include details for finance tracking or other miscellaneous items that may be valuable to notate.



Required Fields: None

HH Backloading (Cunningham, Edward) (598)					
Demographics		Add New			
Funding Coverages		General Notes			
Admission Payers		Filters			
 <u>Authorizations</u> 		Category	SubCategory	Subject	
Admit Patient		Business Office	Primary Insurance	On Hold	
Chart Updated					
Verify Cert Dates					
Activity Schedules					
Referral Info					
Location of Service					
Responsible Parties					
Related Parties					
Physicians					
Scheduling Assign					
Emergency Prepared					
General Notes					
Schedule Recrt Visit					
Clinical Trans Pack					
Generate POC					
Update Task					
Close					

Once notes are entered or viewed as needed, check the box for General Notes to mark the step complete.

V Demographics	
Funding Coverages	
Admission Payers	
Authorizations	
Patient Admitted	
Chart Updated	
Verify Cert Dates	
Activity Schedules	
Referral Info	
Location of Service	
Responsible Parties	
Related Parties	
Physicians	
Scheduling Assign	
Emergency Prepared	
General Notes	

This is the final step for the Admin Entry portion of the process. The final step belongs to the Intake Staff. Staff will work within an already started process by leveraging To-Do processes. Upon logging in, open the To-Do Widget and find the HH: Backloading Process for the correct patient.

Filt	To-Do's	<u>Task</u>)	Show: Assigned Delegated Both				
¢.	New						
		Priority	Name	Resident (Adm Id) or Personnel		Due Date	Status
	4 Later	r -					
		0	*HH: Backloading Validation			7/27/2021	Not Started
	•	Θ	*HH Backloading Process	Test, Shelby (605)	a 🖸	7/28/2021	Not Started



Schedule Recert Visit

Critical Info: This step is to support the scheduling of the recert visit by the intake team at the point when this client is prepared to recert. This will allow the clinician to complete the Recert/Transition Packet without having to enter a physician order/visit frequency prior. The agency may have a visit called "Recert Scheduling Only" for patients being recerted.

Required Fields: None

Start by selecting on the calendar on the day/time in which the visit should be scheduled and select Add Event.

HH Backloading (Cunn	inghan	n, Edward) (598))						
Demographics		Patient Cal	atient Calendar Patient: Cunningham, Edward Patient II					m, Edward Patient ID: 1735	
Funding Coverages									
Admission Payers		Today 🔺	Sunday, May 23, 2	2021 - Saturday, May 29, 2021					Day Week Month
Authorizations					T 6105	101-1-510.0	71	5.1.5.00	0.1500
Admit Patient			Sun 5/23	Mon 5/24	Tue 5/25	Wed 5/26	1 nu 5/27	FII 5/28	Sat 5/29
Chart Updated									
Verify Cert Dates		9:00 AM							*
Activity Schedules		0.00 Am							
Referral Info									
Location of Service		9:00 AM							
Responsible Parties									
Related Parties		10:00 AM							
Physicians									
Scheduling Assign		11:00 AM							
Emergency Prepared		11.00 Am							
General Notes									
Schedule Recrt Visit		12:00 PM						Add Eve	int
Clinical Trans Pack								/ dd Ert	
Generate POC		1:00 PM							
Update Task									
Close		2:00 PM							

Select the appropriate discipline Non-Billable Recert Service and associate the primary clinician for the visit as needed. Select save when complete.

The Non-Billable recert code should be used for the first recert because the billable recert visit needs to be in the legacy system. The Recert OASIS has to be done in myUnity to capture the HIPPS/HHRG score for the next episode

Save Save	Save								
Add Request	d Request								
Begin Date	Ganin Data Status								
02/10/2022	Confirmed V								
02/10/2023									
Patient	Edward Cunningham (1735) Admission	598 3/27/2021 V Status Confirmed V	Scheduling Attributes						
Service	Plan: Medicare A Home Health (MedA-HH), HH	RN Recert Nonbillable (HHRNRecertNB)							
Recurrence	<i>S</i>								
Time/Duration	Time Duration	Quantity							
	11:00 AM 🧐 30 Minutes 🗸	0.5							
Resource									
Tune Needed		Nama		Status	Custom Rate Tune	Custom Rate			
Type Needed		I valite	(B	Status	Custom Rate Type	Custom Rate	0		
	Cannell, Sherri (SCANNELL) Payable Continued C								
Note Address	Cost								
Enter notes for this	s request here						(Characters Left: 2500)		
	zinik inikala on inis indraasi ukka Cristisciele regi								

The scheduled visit will appear on the patient calendar, which will flow to clinical for the clinician to leverage when starting documentation.





Cunninghan	Junningham, Edward (1735) 🤰 🔟 🗃 🚺 Admission: 598 HH 327/2021- 🗸								
2	Age: 81 (1/27/ AR Homecare		Diagnosis: Ad PCP: Ad Primary Payer: Me	d d dicare A Home	6	: - 🗎 - 🦯 - 🌆	- 🏠 -		
Patient Notification	s (0):								
Patient Cale	ndar Resource Calendar	Whiteboard Visit Editor	Census Calendar						
Patient Ca	lendar					Patient: Cunningham, I	Edward Patient ID:1735		
Today 4	 Bunday, February 05, 2 	023 - Saturday, February 11, 202	13				Day Week Month		
	Sun 2/05	Mon 2/06	Tue 2/07	Wed 2/08	Thu 2/09	Fri 2/10	Sat 2/11		
							^		
6:00 AM									
7:00 AM									
8:00 AM									
9:00 AM									
10:00 AM									
11:00 AM		HH RN Recert Nonbillable							
12:00 PM									
1:00 PM									

Check the box for Schedule Recert Visit when complete.

 Demographics 	
Funding Coverages	\checkmark
Admission Payers	<
 <u>Authorizations</u> 	
Patient Admitted	<
Chart Updated	<
Verify Cert Dates	<
Activity Schedules	<
Referral Info	✓
Location of Service	✓
Responsible Parties	✓
Related Parties	✓
Physicians	✓
Scheduling Assign	<
Emergency Prepared	✓
General Notes	✓
Schdl Recert Visit	<

The next step belongs to the Intake Staff. Staff will work within an already started process by leveraging To-Do processes. Upon logging in, open the To-Do Widget and find the HH: Backloading Process for the correct patient.

S 1	Γο-Do's						
Filt	ering: ()	<u>Task</u>)	Show: Assigned Delegated Both				
ф.	New						
		Priority	Name	Resident (Adm Id) or Personnel		Due Date	Status
	Later						
	•	0	*HH: Backloading Validation			7/27/2021	Not Started
	•	θ	*HH Backloading Process	Test, Shelby (605)	a 📁	7/28/2021	Not Started

Clinical Transition Packet

Critical Info: There are three forms within the Transition Packet to support entry of the final items required for the patient's preparation for Go Live. The Registered Nurse/Therapist will navigate to clinical to complete these forms within the packet. These forms include the Discipline's



Recert OASIS (which contain the entry of the POC Items along with the next visit frequencies), Aide Plan of Care (only required if an Aide is assigned to this patient), Medication Profile (which should include entry of meds, and allergies).

Home Health Transition – OASIS Recert

Start by navigating to clinical.

r <u>Logout</u>	•	
ersonnel	Applications	myUnity Clinical
sisonner	Change Password	
	Change Pin	
	Change External Credentials	
		Diagnosis. Elt

Once in clinical, select the patient and open the appropriate Transition Packet.

∧ Forms	
Packets	
OASIS SOC Packet	
Non-OASIS Start of Care (SOC) Packe	t
RN - Pediatric SOC	
Home Health Transition - OASIS Rece	ert

When Select the OASIS Recert the next episode will automatically be created and the OASIS will default into that episode

Patient: Brown, Sally - 136066	
Click a link below to create a ne	w form. Go to the Main Menu for existing forms.
Chart # 4 (Start Date: 01/02/202	23)
OASIS Nurse Recert (This will crea	ate a new episode)
Episode # 1 (01/02/2023 -	03/02/2023)
Form	Status
Medication Profile	
HHA Plan Of Care	

Selecting the OASIS Recert form will open a Quick start menu. The Visit Date/Time, billing code should be reviewed, however the most important item is seeing the Scheduled Visit and the "Blue to Go Through".



OASIS Nurse Recert Quick Start ×					
Chart:	Chart #4 Home Health 🔹				
Visit Date:	03/03/2023				
Visit Start Time:	05:16 PM				
Date Assessment Completed:	03/03/2023				
Billing Code:	HHRNRECERT - HH RN Recertification				
Scheduled Visits: 08:00 AM HHSNRecert (Any user)					
	Clock In & Create Cancel				

Complete the OASIS in full including all required OASIS questions, Diagnosis Entry (**Diagnosis** dates should be equal to the start of care date), and the POC hyperlinks (denoted in red). Fill out the visit information in the top right corner of the first page. Enter any visit frequencies needed on the last page and validate the assessment prior to sending to office.

₭ Home > OASIS Nurse Recert	
< Previous 1 2 3 4 5 6 Next >	Printer-Friendly Version, Audit Trail OASIS Nurse Recert
Notes Patient Chart Plan of Care Module Validate Patient: 143397 Chart: 1 Episode: 2	G (Select an Action) → Caregiver: Sims, Visit Date: 01/01/2023 Date Out: 01/01/2023
Outcome and Assessment Information Set (OASIS E, Effective 1/1/2023)	Key: OC = Outcomes P = Process PA = Potentially Avoidable Events HC = Home Health Compare ST = Star Rating
PATIENT TRACKING INFORMATION	
(M0010) C M S Certification Number: 123456789	(M0050) Patient State of Residence: MO
(M0014) Branch State: NY	(M0060) Patient ZIP Code: 65807

Open the other forms in the packet by selecting them, fill out all items to completion and select Send to Office. Note: Medication Profile will not be sent to office.

Char OASIS	t # 1 (Start Date: 07/23/2021) 5 Nurse Recert (This will create a	new episode)	disting forms.
	Episode # 2 (09/21/2021 - 11/1 Form	9/2021) Status	
	OASIS- Nurse Recert	Pending	
	Medication Profile		



Open the Medication Profile from within the Packet and select the Edit Medications button to open the medication profile to complete medication entry, Allergies and Advance Directives.

Complete the Aide Plan of Care for patients who require the support of Aides.

Home Health Transition – Non OASIS Recert

Start by navigating to clinical.

r <u>Logout</u>	•	
ersonnel	Applications	myUnity Clinical
, and the second s	Change Password	
	Change Pin	
	Change External Credentials	Diagnosis' Ek

Once in clinical, select the patient and open the Transition Packet.

∧ Forms			
Packets			
OASIS SOC Packet	OASIS Recertificatio	n Packet	OASIS ROC/Recert Packet
OASIS D	Hospice Nurse Note	Hospice Nurse Note Hom	
	Chart # 4 (Start Date: 01/02/2023) Pediatric Assessment - Recert (This will create a new episode) Episode # 2 (03/03/2023 - 05/01/2023)		
	Medication Profile		
	HHA Plan Of Care		
	Adult Assessment - Recert		
	Pediatric Assessment - Recert		

Selecting the Recert Assessment form will open a Quick start menu. The Visit Date/Time, billing code should be reviewed, however the most important item is seeing the Scheduled Visit and the "Blue to Go Through".



Pediatric Assessment - Recert Quick Start		
Chart:	Chart #4 Home Health	
Visit Date:	03/03/2023	
Visit Start Time:	08:04 PM	
Billing Code:	HHPEDRECERT - HH Pediatric Recertification	
Scheduled Visits: 08:00 AM HHSNRecert (Any user)		

Complete the assessment in full including all required questions, Diagnosis Entry (**Diagnosis** dates should be equal to the start of care date), and the POC hyperlinks (denoted in red). Fill out the visit information in the top right corner of the first page. Enter any visit frequencies needed on the last page and validate the assessment prior to sending to office.

Page < 1 2 3 4 5 6 7 8 9 10 >	Printer-Friendly Version Audit Trail	
PEDIATRIC ASSESSMENT - RECERT		
Patient Chart Plan of Care Module Notes	(Select an Action)	
Patient: Brown, Sally - 136066 Billing Code: HHPEDRECERT Caregiver: MOIST, JEM	V (RN) Visit Date: 03/03/2023 Date Out:	
Chart: 4 Episode: 2 Travel Tim	ie: minutes Mileage: Time In: 7:50 PM Time Out:	
DEMOGRAPHICS AND CHILDHOOD HISTORY		
(<u>M0040</u>) Patient's Name:	PROGNOSIS	
First: Sally MI:	Prognosis Clear	
Last: Brown Suffix:		
Patient Address:		
Street: 1234 East Walnut City: Springfield		
Patient Phone:		
(M0050) Patient State of Residence: MO	ADVANCE DIRECTIVES	
(M0060) Patient Zip Code: 65804	Advance Directives Clear	

Open the other forms in the packet by selecting them, fill out all items to completion and select Send to Office. Note: Medication Profile will not be sent to office.

Form	Status
Medication Profile	
HHA Plan Of Care	
Adult Assessment - Recert	
Pediatric Assessment - Recert	Pending

Open the Medication Profile from within the Packet and select the Edit Medications button to open the medication profile to complete medication entry, Allergies and Advance Directives.

Complete the Aide Plan of Care for patients who require the support of Aides.



Home Health Transition – OASIS ROC/Recert

In the event that a patient has a resumption of care at the time of their recert, the OASIS ROC/Recert Transition packet should be used.

Start by navigating to clinical.

r <u>Logout</u>	•	
ersonnel	Applications	myUnity Clinical
sisonner	Change Password	
	Change Pin	
	Change External Credentials	Diagnosis: Ek
		Diagnosis, Elt

Once in clinical, select the patient and open the Transition Packet.

Packets		
OASIS SOC Packet	OASIS Recertification Packet	OASIS ROC/Recert Packet
OASIS D	Hospice Nurse Note	Home Health Transition - OASIS ROC/Recert

When Select the OASIS ROC/Recert the next episode will automatically be created and the OASIS will default into that episode.

Patient:	Brown, Sally - 136066		
Click a	a link below to create a <mark>new</mark> form	. Go to the Main Mer	1u for existing forms.
Chart	# 4 (Start Date: 01/02/2023)		
OASIS	Nurse Resumption of Care/Recert	(This will create a ne	w episode)
	Episode # 2 (03/03/2023 - 05/01/	2023)	
	Form	Status	
	OASIS Nurse Resumption of Care/Recert		
	Medication Profile		
	HHA Plan Of Care		

Selecting the OASIS ROC/Recert form will open a Quick start menu. The Visit Date/Time, billing code should be reviewed, however the most important item is seeing the Scheduled Visit and the "Blue to Go Through".



OASIS Nurse Recert Quick Start ×			
Chart:	Chart #4 Home Health	•	
Visit Date:	03/03/2023		
Visit Start Time:	05:16 PM		
Date Assessment Completed:	03/03/2023		
Billing Code:	HHRNRECERT - HH RN Recertification	ı -	
Scheduled Visits: 08:00 AM HHSNRecert (Any user			
	Clock In & Create Cancel		

Complete the OASIS in full including all required OASIS questions, Diagnosis Entry (**Diagnosis** dates should be equal to the start of care date), and the POC hyperlinks (denoted in red). Fill out the visit information in the top right corner of the first page. Enter any visit frequencies needed on the last page and validate the assessment prior to sending to office.

Previous 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 Next> CASIS NURSE RESUMPTION OF CARE/RECERT CASIS CARE/RECERT CASIS CARE/RECERT CONT CONT		
Notes. Patient Chart. Plan of Care Module. Validate. Patient: Hale, Alba - 000000028 Chart: 1 Episode: 4	Caregiver: Nelson, Mary (RN) Billing Code: (Select a Code) Visit Date: 03/03/2023 Time In: 8:20 AM Time Out:	
Outcome and Assessment Information Set (OASIS E, Effective 1/1/2023) ADMINISTRATIVE INFORMATION (MODI) C M S Certification Number:	Key: OC = Outcomes P = Process PA = Potentially Avoidable Events HC = Home Health Compare ST = Star Rating (M0066) Birth Date: 11/17/1937	
(M0014) Branch State: (M0016) Branch ID Number: (M0018) National Provider Identifier (N P I) for the attending physician who has signed the plan of care:9531254785 UK - Unknown or Not Available Primary Referring Physician LD.: UK- Unknown or Not Available	(M0069) Cender: 1 - Male 2 - Female (M0150) Current Payment Sources for Home Care: (Mark all that apply.) 0 - None; no charge for current services 1 - Medicare (HMOmanaged care/Advantage plan)	
Physician Signing Plan of Care: Last: Physician First: Wood	3 - Medicaid (traditional fee-for-service) 4 - Medicaid (HMO/managed care) 5 - Workers' compensation 6 - Title errorams for example. Title III. V. or XXX	

Open the other forms in the packet by selecting them, fill out all items to completion and select Send to Office. Note: Medication Profile will not be sent to office.

Open the Medication Profile from within the Packet and select the Edit Medications button to open the medication profile to complete medication entry, Allergies and Advance Directives.

Complete the Aide Plan of Care for patients who require the support of Aides.

Once forms are complete, navigate to back office, check the box next to Transition Packet to complete this step in the process.



V Demographics	
Funding Coverages	
Admission Payers	
Authorizations	
V Patient Admitted	
Chart Updated	
Verify Cert Dates	
Activity Schedules	
Referral Info	
Location of Service	
Responsible Parties	
Related Parties	
Physicians	~
Scheduling Assign	
Emergency Prepared	
General Notes	
Schdl Recert Visit	
Clinical Trans Pack	

The final step within the process will be the Clinical Managers to complete. Staff will work within an already started process by leveraging To-Do processes. Upon logging in, open the To-Do Widget and find the HH: Backloading Process for the correct patient.

3	Го-Do's						
Filt	ering: ()	<u>Task</u>)	Show: Assigned Delegated Both				
Ŷ	New						
		Priority	Name	Resident (Adm Id) or Personnel		Due Date	Status
	Later						
		•	*HH: Backloading Validation			7/27/2021	Not Started
	•	θ	*HH Backloading Process	Test, Shelby (605)	e р	7/28/2021	Not Started

Create POC

Critical Info: Generating a POC is the final step within the Backloading process.

- Generation of the POC. Once all discipline's assessments are completed, the team can then create the POC and send out to the Physician as usual post recert.
- Using clinical, navigate to the patient chart and open the Plan of Care Module.

I	Cunningham, Edward - 1735		•		Cli	inical Info 🗸	Upload Documents
	🕒 CHART #1 - 1735 (Star	t Date: 03/27/2021) 598 Admitted			Plan	of Care Mod	lule Patient Profile
	🕒 Episode #3 - (Start da	te: 07/25/2021 - End Date: 09/22/2021)					Select an Action 🗸
	Form	Form Date	User	Status		Marks	

- Review the POC Module Sections to confirm the Diagnosis, Medications, Allergies Interventions, Goals and Frequencies are visible.
- Using the Create POC Copy link, generate a POC to the Patient Chart.





• Follow the steps to generate a POC by selecting create when the pop-up appears. Then selecting the Create POC Hyperlink in the top right corner of the form. This will generate and place a POC copy into the Patient Chart to be signed off and completed then faxed to the Provider.

Navigate to back office to check off the box for the Generate POC step to complete the process.



This completes entry portion of the Backload Process. Once all patients have been backloaded the HH Backloading Verification Process is leveraged. It is important to perform the validation after all patients have been entered. The following steps should be followed to complete and run the reports to complete the Backloading Process.



Home Health Backloading Verification Process

Select the HH: Backloading Verification Process.

*HH: Backloading Validation

A pop up for the Organization Structure will appear. Select the level within the organization that represents the reports and census to be reviewed and validated.

Filters		
Org Template:		•
	Bereavement	
Facility/Care Setting:	Home Health	
	Hospice Skilled Nursing Facility (SNF/TCU)	-
ABC Hoi	mecare spice nior Living	

This will load the process to run the supporting reports and documentation

Verify Census

Critical Info: The Outpatient report is used to support a review of patients within the specific org level and their corresponding primary payer and episodes. Run the report for the current date, the agency's home health organization level, and all patients should present to be reviewed.

- Verify for all patients
 - Primary payer
 - o Certification Period



Submit Reset		
Outpatient Report		
Organization Selection	Format/Processing Options	
NETSMART/181 Str. Deterlay To: Excella UC and Section 2	Format	Process
Contrast in Frankriche Gening *	Excel	Online
	O PDF	O Background
	Sto	ared Templates
	[• 💌 👼
Date Filter(s)		
Transaction Date Range Entry Date Range		
From 07/19/2022 a To 07/19/2022 a From a To 07/19/2022 a		
Selection(s)		
	Team	
Patient Selection	Team Blue	
Include: 🗹 Not Admitted 🔽 Active 🗹 Discharged	Team Green	
<u>0</u>		
	-	
Include Admit ID		
Yes O No		
Include Gender		
• Yes O No		
Include Payer Type		
• Yes O No		
Include Evacuation Category		
○ Yes ● No		
Include Discharge Date in Days Calculation		

To run the report, confirm first the appropriate organization level and transaction date range. Select Submit. The report will default to an excel file but an option to switch to PDF prior to submitting the report is available. The report will populate a new Excel Spreadsheet for review. Review data and if any discrepancies are found, report this information to the clinical team for reconciliation as needed.

NOTE: If pop-up blockers are turned on, the excel may not present. This can be updated within the browser in the top right corner and adjusting the setting to always allow. Once this update is completed, any future reports should automatically generate as expected.



Once review complete, close the excel and check the box for the step Verify Census to move to the next report.



Verify Demographics

Critical Info: The Demographics Worksheet is used to support a review of patients within the specific org level and their corresponding Admission Date, DOB, Gender, Address and Phone Number. Run the report for the current date, active in the date range, and the agency's home health organization level, all patients should present to be reviewed.

- Verify for all patients
 - Admission Date



- o DOB
- o Gender
- Home Address
- Phone Number

Demographics Worksheet	
Org. NETSMART/ABC Homecare Admission Dates: 07/19/2022	Apply Filters
Export to Excel DEsport to PDF	Show More Filters
Organization † Y Palent † Y Palent † Y Palent † Y Palent † Y Admission Date † Y Discharge Date Y Team Y Weteran Status Y Address Type Y Address Line 1 Y Address Line 2 Y City Y State Y Zip	T County
4 4 0 > H 25 V Rems per page	No items to disp

To run the report, confirm first the appropriate organization level and transaction date range. Select Apply Filters in the top right corner. The report will populate directly within the screen and allow for review directly from MyUnity. Review the data and if any discrepancies are found, report this information to the clinical team for reconciliation as needed.

Once review complete, check the box for Verify Demographic Worksheet to move on to the next report.



Verify Case Assignments

Critical Info: The Case Assignment Report is used to review staff case load within the specific org level. Run the report for the current date, active in the date range, and the agency's home health organization level, all patients should present to be reviewed.

Required Fields:

• Verify for all staff the appropriate caseload.

Submit n Reset	
Case Assignment Report	
Organization Selection	
NETSMART/all NBC Homecare/all Schemecare/all	
Date Filter(s) Date Range Begin 07/19/2022 a a End 07/19/2022 a	
Selection(s)	
Patient Selection	Case Assignment
Include: Not Admitted Active Discharged	Aide Case Manager Intake Nurse Occupational Therapist Physical Therapist Social Worker
Additional Selection(s)	

Confirm first the appropriate organization level and date range. Select Submit. The report will default to an excel file. The report will populate in a new Excel Spreadsheet for review. Review



the data and if any discrepancies are found, report this information to the clinical team for reconciliation as needed.

Once review complete, close the excel and check the box for Verify Case Assignments to move on to the next report.

Verify Census	
Verify Demographics	
✓ <u>Verify Case Assign</u>	

Emergency Preparedness

Critical Info: The Emergency Preparedness is used to review patients and their Emergency Preparedness Identifier within the specific org level. Run the report for the current date, active in the date range, and the agency's home health organization level, all patients should present to be reviewed.

Required Fields:

- Verify for all patients
 - o Emergency Preparedness Identifier

Emergency Prepared	dness Report								
Org: ABC Homecare.NE	As Of Date:	07/19/2022	Patients without EP assignment	O Patients with EP assignment	- All Patients 🖲				Apply Filters
									Show More Filters
								6	Export to Excel About
Drag a column header and drop	it here to group by that column								
Organization † 1	Patient †2	Y Admission Date	City T	State T	County	Team T	Evac Category (Aculty)	EP Begin Date † 3	Emergency ID
				No items	to display.				\$
	Total Patient Count: 0								
R	25 💌 items per page								No items to display

To run the report, confirm the appropriate organization level and as of today's date. Select Apply Filters in the top right corner. The report will populate directly within the screen and allow for review directly from MyUnity. Review the data and if any discrepancies are found, report this information to the clinical team for reconciliation as needed.

Once review complete, check in the box for the step Emergency Preparedness to move on to the next report.



Verify Physicians

Critical Info: The Patient Relationships Report is used to review patient Physician information within the specific org level. Run the report for the current date, active in the date range, physician relationship, and the agency's home health organization level, all patients should present to be reviewed.

Required Fields:

• Verify for all patients



- Primary Physician
- Certifying Physician

💽 Submit 🖪 Reset 🛃 Sch	redule Job						
Patient Relationship	ps						
Organization Selection			Format/Processi	ng Options			
ABC Homecare/*all	Display To: Eaclibul/Care Setting			Format		Process	
NETSMART/*all	Co blocky in: Trainity/Care Denning		Excel	O Excel Mail Merge	Online		
			O PDF	O Avery® 5160	Background Etorod Templates		
					atored remplates		~ 🕂 🗶
Date Filter(s)							
Active Date R	ange 07/31/2022						
Selection(s)							
Patient Selection							
Include: 🗹 Not Admitted 🔽	Active Discharged						
Relationships to Include	e 🗆	Admission Type	Taxan Dive	leam			
Physicians		Bereavement	Team Green	<u></u>			
Related Parties		Inpatient					
Responsible Party		Outpatient		~			
Attending - Hospice		· · · · · · · · · · · · · · · · · · ·	Responsil	ble Party Type			
Cardiologist		Related Party Type	Aunt				
Certifying Occupational Therapy	ipy —	Employer	Bereaved Brother				
Certifying Physician - Home F	lealth	Financial Institution Friend	Brother-in-law				
Certifying Physician - Hospice	,	Funeral Home	Care Plan Consult Care Responsibilit	ty v			
		Hospital of Choice					

To run the report, confirm the appropriate organization level, date range and the Physician Relationship as the Relationship to Include. Select Submit. The report will default to an excel file. The report will populate in a new Excel Spreadsheet for review. Review the data and if any discrepancies are found, report this information to the clinical team for reconciliation as needed.

Once review complete, close the excel and check the box for Verify Physicians to move on to the next report.



Verify Auths

Critical Info: The Authorizations Report is used to review patient authorizations on file within the specific org level. Run the report for the current date, active in the date range, and the agency's home health organization level, all patients should present to be reviewed.

- Verify for patients
 - Confirm correct payer and date information.



Authorizations Report			
Organization Selection			
ABC Homecare/*all NETSMART/*all	Ø.		
Starting Date Ending Date 07/01/2022 1			
O Show Authorizations Needed			
 Show Authorizations on File Select Payer Types/Plans To Inc Order By Then By Patient ▼ Payer Type ▼ Submit Report 	Show Pending At	ıths Only 🔿 Yes 🦲	No No

To run the report, confirm the appropriate organization level and date range. Select Submit Report. The report will default to a new window for review. Review the data and if any discrepancies are found, report this information to the clinical team for reconciliation as needed.

Once review complete, close the window and check the box for Verify Authorizations to move on to the next report.

Verify Census	
Verify Demographics	
Verify Case Assign	
Evac/Emergency Cat	
Verify Physicians	
Verify Auths	

Verify Diagnosis

Critical Info: The Diagnosis Report is used to review patient Diagnosis information within the specific org level. Run the report for the current date, active in the date range, physician relationship, and the agency's home health organization level, all patients should present to be reviewed.

- Verify for all patients
 - The correct diagnosis information and sequence on file.



Submit 🕜 Reset				
Diagnosis Report				
Organization Selection			Format/Processing Options	
ABC Homecare/*all			Format	Process
NETSMART/all			Excel	Online
			O PDF	O Background
			Store	ad Templates
Date Filter(s)			1	
Date Range Date Range Wi	II Return Admissions			
From 07/19/2022 To 07/19/2022	~			
Selection(e)				
aelection(a)				
	Report Type		Diagnosis Type	
	Detail and Summary O Detail O Summ	lary	O Principal V Primary O Primary and Second	Jary Only O All
Patient Selection	Diagnosis		Show Top X Primary Admission Diagnosi	5
Include: 🗹 Not Admitted 🗹 Active 🗹 Discharged	Include: O ICD-9 O ICD-10			
0		5		
			Diagnosis Code Set to Return	
			ICD-10	~
Additional Selection(s)				+
Sort by				
Available Items Selected Items				
Admission Date A Patient				
Diag Desc 🛶 Display Order 👻				
Payer T				

To run the report, confirm the appropriate organization level and date range. Select Submit. The report will default to an excel file. The report will populate in a new Excel Spreadsheet for review. Review the data and if any discrepancies are found, report this information to the clinical team for reconciliation as needed.

Once review complete, close the excel and check the box for Verify Diagnosis to move on to the next report.

Verify Census	
Verify Demographics	
Verify Case Assign	
Evac/Emergency Cat	
Verify Physicians	
Verify Auths	
Verify Diagnoses	

Verify Payer Sequence

Critical Info: The Patient Payer Setups Report is used to review patient payer sequences including the Payer/Plans on file and their order. All patients may not have multiple funding coverages; however, all patient sequences should still be reviewed. Run the report for the current date, active in the date range, and the agency's home health organization level, all patients should present to be reviewed

- Verify for all patients as needed
 - o Payer/Plan Info
 - Order and Sequence of Payer information



Patient Payer Setups	
Select Organizations To Include	
ABC Homecare/*all NETSMART/*all	
Break at Facility/Care Setting V level.	
Show Payer/Plans	
Select Date Ranges To Include	
Admission Dates 06/01/2022	022
Payer Dates thru	
Show Patients	
Output Format: Excel HTML Patients Liability (Medicaid Surplus) amount	ts setup in Admission Payers will be included in the Excel version of the Patients Payer Setups Report.
View Report	

To run the report, confirm the appropriate organization level and date range. Select View Report. The report will default to a new window for review. Review the data and if any discrepancies are found, report this information to the clinical team for reconciliation as needed.

Once review complete, close the window and check the box for Verify Payer Sequence to move on to the next report.

Verify Census	
Verify Demographics	
Verify Case Assign	
Evac/Emergency Cat	
Verify Physicians	
Verify Auths	
Verify Diagnoses	
Verify Payer Seq	

Verify Schedule

Critical Info: The Visit Report is used to review patient visit frequencies, disciplines, and assigned resources within the specific org level. By running this report for the Go Live month, and the agency's home health organization level, all patients should present to be reviewed. Additional filters for Service Type, Personnel Type and Visit Status can be used to help minimize the volume and more specifically review the data returned.

- Verify for all patients
 - \circ Visit Frequencies on File
 - o Disciplines and Resources assigned



Submit Reset		
Visit Report		
Organization Selection		Format/Processing Options
ABC Homecare/*all		Format Process
NETSMART//all		PDF Online
		C Excel Background
		atored rempiates
Date Filter(s)		
Effective Date Range		
From 07/01/2022 To 07/31/2022		
Selection(s)		
service type service selection	Personnel Type/Personnel Selection	Visit Status
Service Type(s) to include	Personnel Type(s) to Include	
0	0	Unconfirmed
Allowance For Doubtful Accounts (DA)	Bereavement Coordinator (BV)	Unassigned
Beauty/Barber (BB)	Case Manager (CM)	On Hold
Companion (H7) Deductible (DE)	Home Health Aide (HH) Hospice Aide (HC)	Cancelled
		In Progress
Service(s) to include - Service Name (Service ID)	Personnel Selection	Payer/Plan Selection
6	Include: Applicant Active On Hold Inactive Removed	Payer Type(s) to include
		0
		Co-Insurance (PP)
· · · · · · · · · · · · · · · · · · ·		Managed Medicaid (MC) Medicaid (CD)
Patient Selection	Paget Online	Medicaid Pending (MP) Medicare Advantage (P2)
Include: 🗹 Not Admitted 🗹 Active 🗹 Discharged	Report Options	
	Page Break By Patient/Personnel	Payer(s) to Include - Payer Name (Payer ID)
· ·	Show Rates	0
e	Group Results By	0
	Patient Personnel	۲

To run the report, confirm the appropriate organization level and Go Live Month. Select Submit. The report will default to an excel file. The report will populate in a new Excel Spreadsheet for review. Review the data and if any discrepancies are found, report this information to the clinical team for reconciliation as needed.

Once review complete, close the excel and check the box for Verify Schedule to move on to the next step.

Verify Census	
Verify Demographics	
Verify Case Assign	
Evac/Emergency Cat	
Verify Physicians	
Verify Auths	
Verify Diagnoses	
Verit Payer Seq	
Verify Schedule	

Verify Admit Source

Critical Info: The Admission Source Report is used to review patient admission sources on file within the specific org level. By running this report for the billing period date range, and the agency's home health organization level, all patients should present to be reviewed.

- Verify for all patients
 - o Admission Source for all Medicare/episodic patients



Submit 🕼 Reset				
Admission Source List				
Organization Selection			Format/Processing Options	
ABC Homecare/*all Statisty/Care Setting			Format	Process
NEISMARI/ el			Excel	Online
				Background Stored Templates
				× 4
Date Filter(s)		7		
Billing Period Date Range Bill Pr	eriod in Date Range			
From 05/01/2022	Beginning in Ending in			
Selection(S)				
Admission Source Type				
Timina				
Early Zate				
Additional Selection(s)				
Sort by	Summarize by			
Organization Level Facility/Care Setting V Then By	Available items	Selected Items		
Available items Selected items	Payer Type	^		
Payer Type Billing Period Dates	Plan 🔸			
Plan				

To run the report, confirm the appropriate organization level and the billing period date range. Select Submit. The report will default to an excel file. The report will populate in a new Excel Spreadsheet for review. Review the data and if any discrepancies are found, report this information to the clinical team for reconciliation as needed.

Once review is complete, close the excel and check the box for Verify Admit Source to move on to complete all steps. Select Close to complete the process and remove the process from any remaining To-Dos.



This completes the Home Health Backloading Process and all patients are ready for Go Live.