

Home Health Back Loading

User Guide



Netsmart

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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 go-live 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

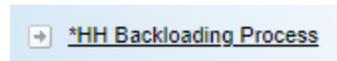
If all patients are backloaded, the process will not be utilized until the Episodic patients are ready for recert (no more than 5 days prior to the current episode end date) and can be used up to 60 days post go live as patients continue to Recert and Transition to myUnity from the current system.

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.

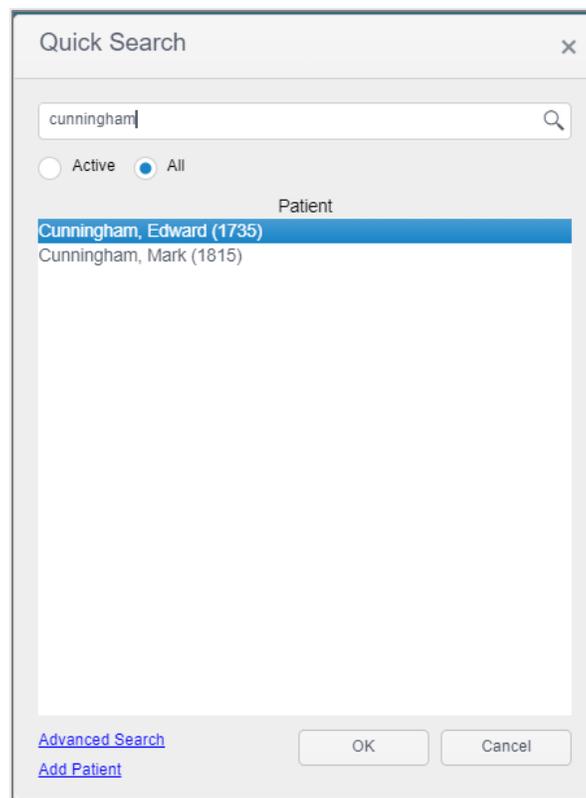
Note: Unlike Hospice Backloading in which all patients are entered as part of the Pre-Go Live Backloading Process, the Home Health process is only leveraged as needed and can be used overtime through the first few months of an agencies go live.

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

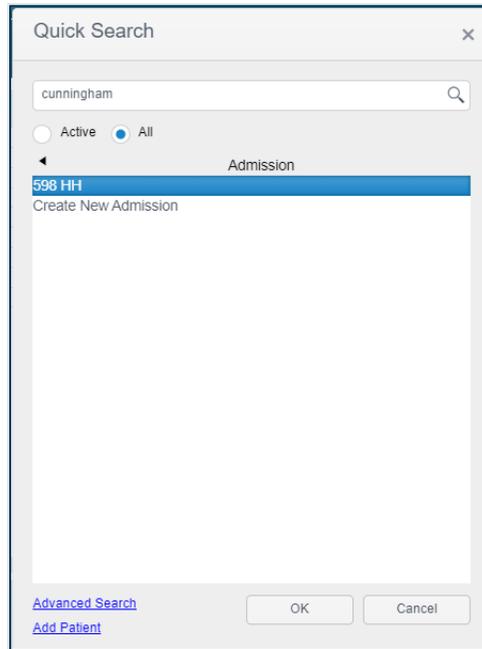
After patients are backloaded, and prior to the myUnity Go-live date, if a patient is discharged in your legacy system, you will need to cancel the application in myUnity Back office and mark the patient not admitted in myUnity Clinical.



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



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



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

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

Salutation: Title/Suffix: Gender: Male

Preferred Name: Maiden Name:

Attach this Patient to a Different Organization?

NETSMART Display To: Corporation

[Face Sheet](#)
[Admission Form](#)
[Patient Notes](#)
[Location of Service](#)
[Additional Info](#)

Other Demographics

Birth Date: 01/27/1942 Ethnicity: Citizenship: Race: Select

Birth Place: Employment Status: Military Service: Religion:

Primary Language: Secondary Language: Marital Status: Social Security:

Level Of Education: Occupation (current or former): Email Address:

Patient Spiritual and Cultural Preferences:
 Family Spiritual and Cultural Preferences:
 Primary Account Holder:
 Release Patient 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	MSA/CBSA Code	Directions	Remove
Home/Billing	<input type="text"/>	07/27/2021	<input type="text"/>	234 Best Creek Road	<input type="text"/>	Rogers	AR	72718	BENTON	22220	<input type="text"/>	<input type="checkbox"/>
Address Type	<input type="text"/>	<input type="text"/>	<input type="text"/>	Address 1	Address 2	City	State	Zip Code	County	MSA/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.

✔ Demographics

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.

Required Fields:

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

HH Backloading (Cunningham, Edward) (598)

Patient: Cunningham, Edward
Patient ID: 1735

Demographics Funding Coverages

Funding Coverages

[Admission Payers](#)
[Admission Denied Payers](#)

Payer/Plan	Active	Inactive	Bill Holds	Edit	Remove
Medicaid AR MCD(Arkansas Medicaid)	3/27/2021		Add	Edit	<input type="checkbox"/>
Private Pay Pri Pay(Private Pay)	3/27/2021		Add	Edit	<input type="checkbox"/>

Add Funding Coverage

Payer Type

- Co-Insurance
- Managed Medicaid
- Medicaid
- Medicaid Pending
- Medicare Advantage
- Medicare D
- MedicareA
- MedicareB
- Primary Insurance
- Private Pay
- Other Payers

Select Payer Type ...

Payer

Update Task
Close

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.

Demographics

Funding Coverages

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.

Required Fields:

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

HH Backloading (Cunningham, Edward) (598)

Patient: Cunningham, Edward
Patient ID: 1735
Admission ID: 598

Demographics Funding Coverages

Payers

[Patient Funding Coverages](#)
[Update Level of Care](#)
[Admission Denied Payers](#)

Start Date	#Days	End Date	Payer Sequence	Remove
03/27/2021			Primary Payer AR MCD-Arkansas Medicaid (03/27/2021-) Edit Medicaid Surplus Primary Reason Secondary Payer Pri Pay-Private Pay (03/27/2021-) Third Payer Fourth Payer Fifth Payer Sixth Payer Seventh Payer	<input type="checkbox"/>
			Primary Payer Primary Reason Secondary Payer Third Payer Fourth Payer Fifth Payer Sixth Payer Seventh Payer	

Submit

Update Task
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.

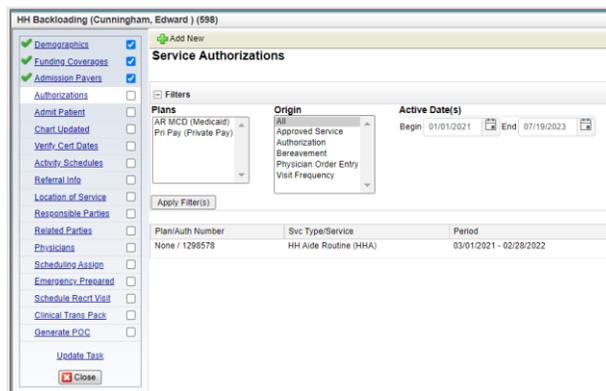


Authorizations

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.



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

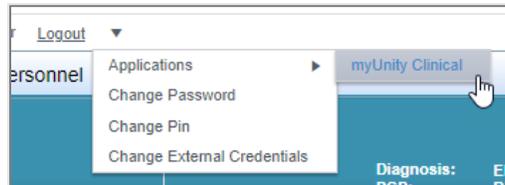
Critical Info: The entry of the patient’s SOC date starts the generation of episodes to support the 30-day billing cycles. Landing on this page will trigger the user to navigate to clinical and complete documentation for this step. *The start/admission date should be entered in clinical*

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

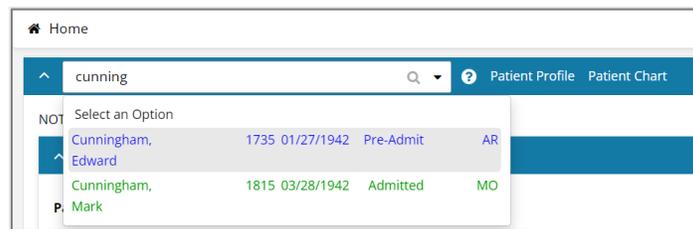
Required Fields:

- 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.



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



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.

A screenshot of the 'Patient Information' form. The patient is identified as 'Cunningham, Edward - 1735'. The form includes fields for SOC Date (03/27/2021), Medical Record # (1735), Status (Admitted), and Discharge Reason (Select a Discharge Reason).

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.



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:

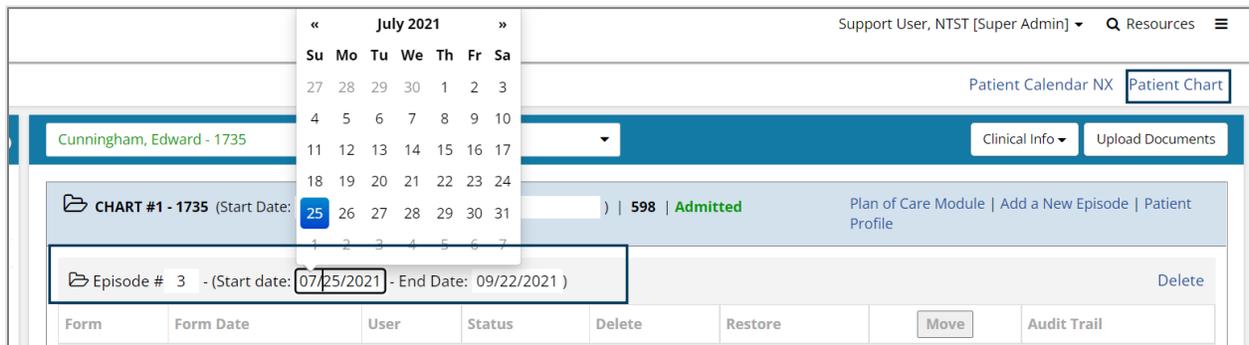
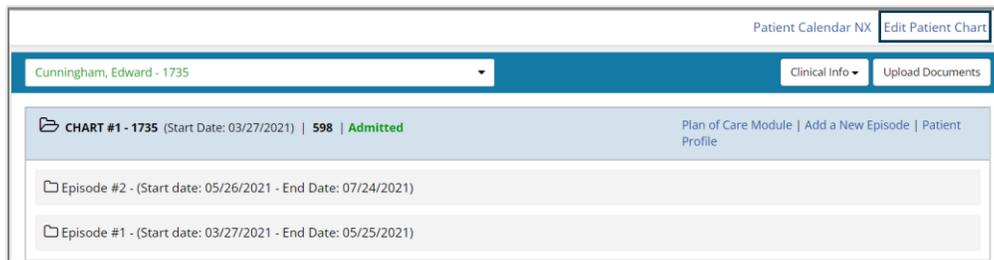
- Chart Updated

Recerts

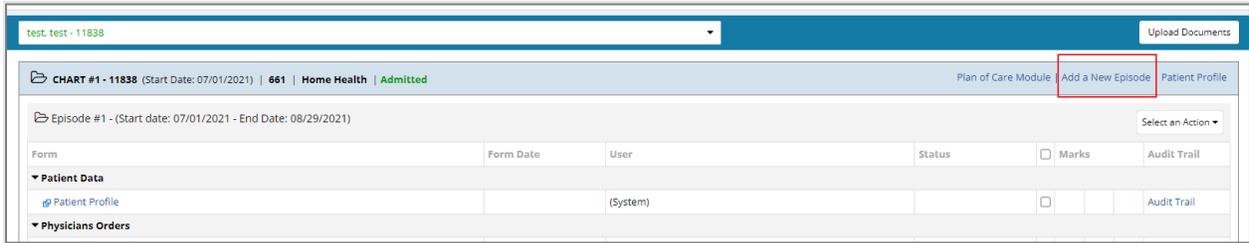
With the patient selected, navigate to the Patient Chart. Select Add a New Episode. This will generate the episode that will become the current and active episode to support the patient’s movement into myUnity.



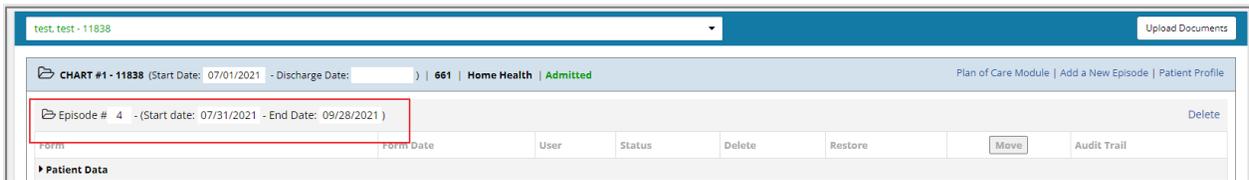
From here, select edit Patient Chart.



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.



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



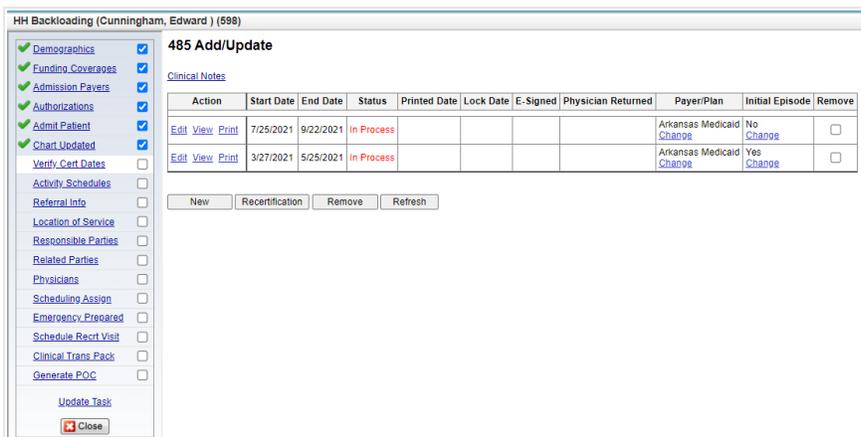
Navigate to Back office, where the Backloading Process is open to check the box next to the Chart Update to mark as complete. Move to the next step for Verify Cert Dates.



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.

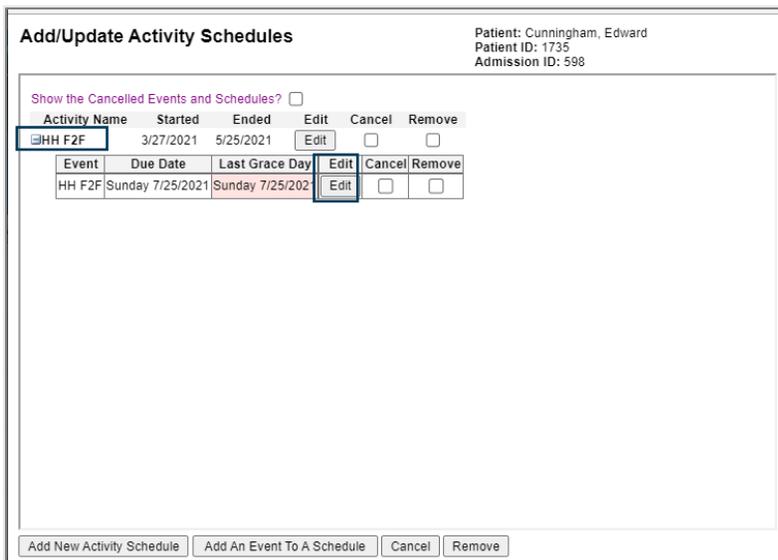


Activity Schedule

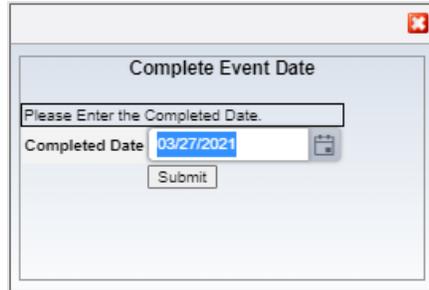
Critical Info: Activity Schedules help to track the confirmation of face to face (F2F) documentation. The activity schedule will automatically generate based on the previous steps and based on the admission date, the schedule/dates may need to be adjusted.

Required Fields:

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



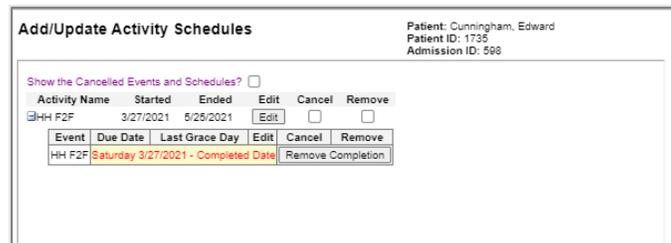
Using the plus sign, open the activity schedule to view the current events scheduled. The F2F Activity Schedule will ensure the agency collected the date that the Face to Face was performed. To add the date that the F2F was completed, select the "Edit" button on the event then select 'Complete Event.'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



Complete Event Date

Please Enter the Completed Date.

Completed Date



Add/Update Activity Schedules Patient: Cunningham, Edward
Patient ID: 1735
Admission ID: 598

Show the Cancelled Events and Schedules?

Activity Name	Started	Ended	Edit	Cancel	Remove
HH F2F	3/27/2021	5/25/2021	<input type="button" value="Edit"/>	<input type="checkbox"/>	<input type="checkbox"/>

Event	Due Date	Last Grace Day	Edit	Cancel	Remove
HH F2F	Saturday 3/27/2021 - Completed Date				<input type="button" value="Remove Completion"/>

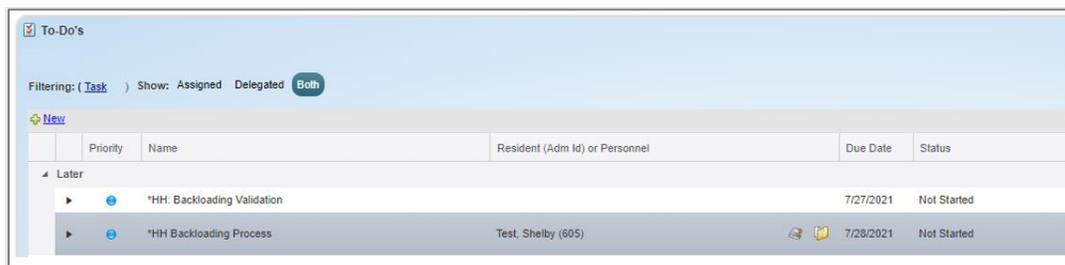
Once the F2F event is added, check the box for Activity Schedule to mark that step as complete.



- Demographics
- Funding Coverages
- Admission Payers
- Authorizations
- 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.



To-Do's

Filtering: (Task) Show: Assigned Delegated **Both**

[New](#)

Priority	Name	Resident (Adm Id) or Personnel	Due Date	Status
Later	*HH: Backloading Validation		7/27/2021	Not Started
Later	*HH Backloading Process	Test, Shelby (605)	7/28/2021	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.

Required Fields:

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

The screenshot shows a form with two main sections: **Admission** and **Referral**. In the **Admission** section, the 'Home Health Transfer - (Medicare - PDGM Late)' radio button is selected. In the **Referral** section, the 'Reason for Admission' dropdown is set to 'Elective'. A 'Related Items' sidebar on the right contains links for 'Add/Update Businesses', 'Add/Update Persons', 'Scheduling Assignments', 'Add/Update Referral Relationships', and 'Add or Select Personnel'.

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.

A checklist with the following items, all marked with green checkmarks and blue checkmarks in the right column:

- Demographics
- Funding Coverages
- Admission Payers
- Authorizations
- 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 be documented. The hospitalization record is required for PDGM payer/plans. Required Fields:

- Location of Service
- Start Date
- Inpatient History

Location Of Service

Patient: Cunningham, Edward Patient ID: 1735

Demographics
Businesses
Facilities
Scheduling Holds

+ 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	<input type="checkbox"/> Edit <input type="checkbox"/> Delete
St. Johns Hospital	Inpatient Hospital (IP)	456 Walnut Lawn Ozark MO 65721 COUNTY: Christian CBSA: HH: 44100 Hospice: 44100		03/12/2021 00:00	03/26/2021 23:59	N	<input type="checkbox"/> Edit <input type="checkbox"/> Delete

1 - 2 of 2 items

Select Add to begin entry for the location of service.

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.

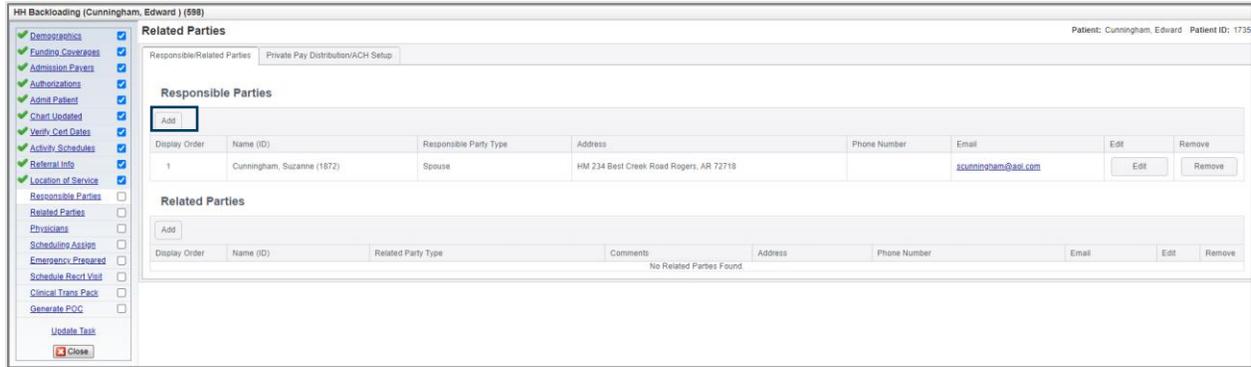


Responsible Parties

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.

Required Fields:

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



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.

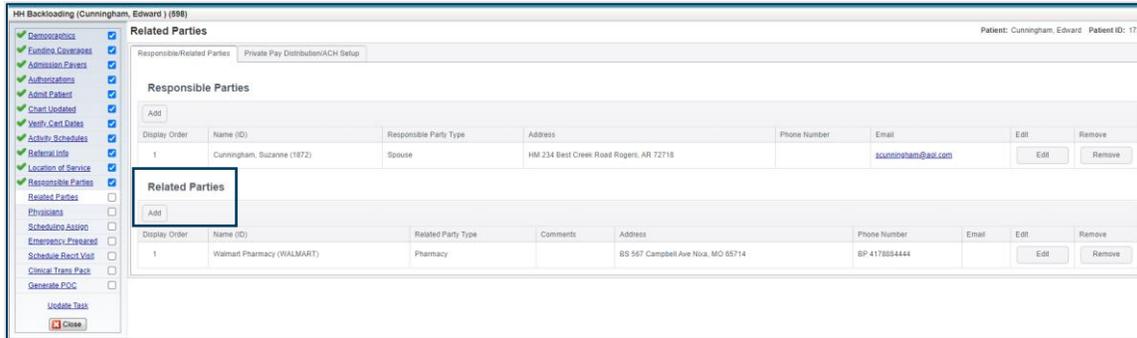


Related Parties

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.

Required Fields:

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



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



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.

Required Fields:

- 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.

HH Backloading (Cunningham, Edward) (598)

Patient: Cunningham, Edward
Patient ID: 1735
Admission ID: 598

Physicians

Associated Physicians

Display Order	Physician	Physician Type	Address	Phone Number	Status	Edit	Remove	Date Active	Date Inactive
1	Martin, MD Annie	Certifying Physician - Home Health Primary - Homecare	Business - 1600 Medical Center Drive, Aurora, MO 65605	Business Phone - 4178744006	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/27/2021	

Update Tasks

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.

- [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 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.

Required Fields:

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

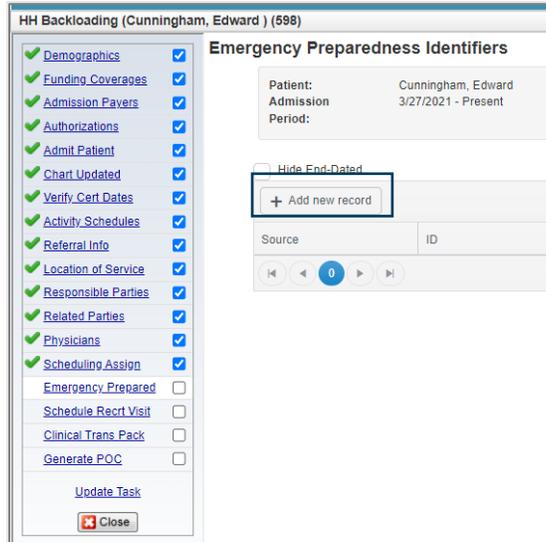
Using the ?, a search for personnel in the system will open in a new window or pop up. Search for the staff member and select. Select the role, include the days for scheduling (recommended to select all days on this screen) and Date Active which should be the admission date. Team Assignments may not 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.

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



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



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

Category	SubCategory	Subject
Business Office	Primary Insurance	On Hold

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

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.

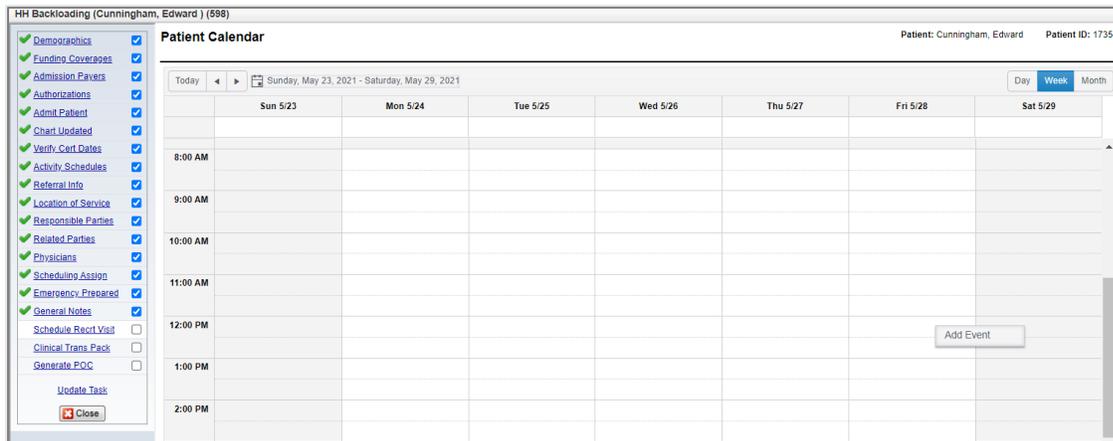
Priority	Name	Resident (Adm Id) or Personnel	Due Date	Status
Later	*HH: Backloading Validation		7/27/2021	Not Started
Later	*HH Backloading Process	Test, Shelby (605)	7/28/2021	Not Started

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.

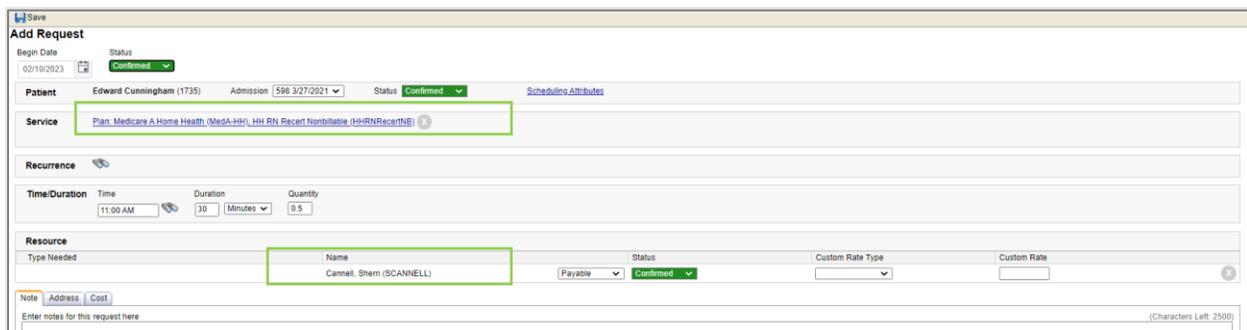
Required Fields: None

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

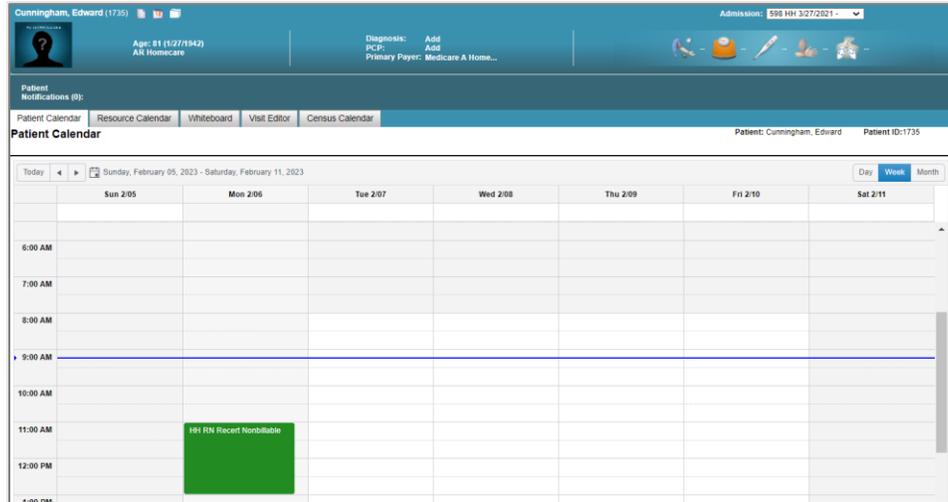


Select the appropriate discipline Non-Billable Recert Service and associate the primary clinician for the visit as needed. Select save when complete.

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



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



Check the box for Schedule Recert Visit when complete.



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.



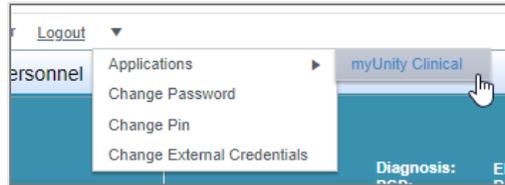
Clinical Transition Packet

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

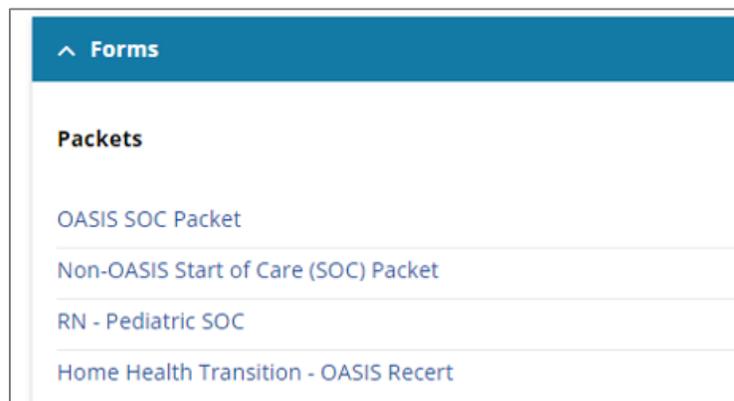
Recert OASIS (which contain the entry of the POC Items along with the next visit frequencies), Aide Plan of Care (only required if an Aide is assigned to this patient), Medication Profile (which should include entry of meds, and allergies).

Home Health Transition – OASIS Recert

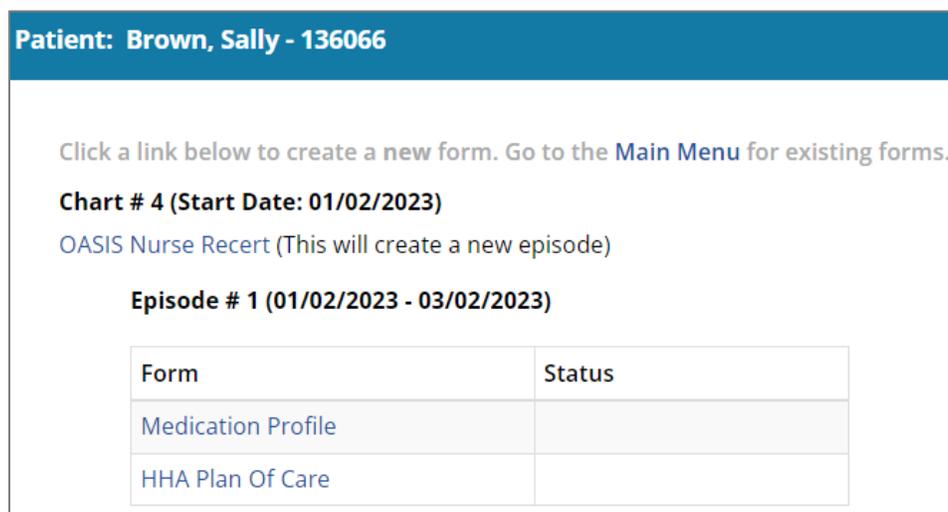
Start by navigating to clinical.



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



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



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)

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

[Printer-Friendly Version](#) [Audit Trail](#)

OASIS Nurse Recert

[Notes](#) [Patient Chart](#) [Plan of Care Module](#) [Validate](#)

(Select an Action)

Patient: 143397 Caregiver: Sims, Visit Date: 01/01/2023 Date Out: 01/01/2023

Chart: 1 Episode: 2 Time In: 7:33 AM Time Out: 12:45 PM

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.

Click a link below to create a new form. Go to the [main menu](#) for existing forms.

Chart # 1 (Start Date: 07/23/2021)

OASIS Nurse Recert (This will create a new episode)

Episode # 2 (09/21/2021 - 11/19/2021)

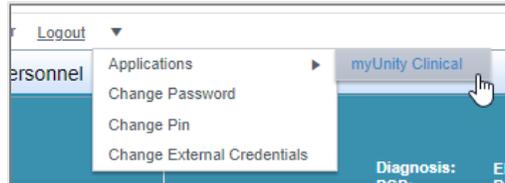
Form	Status
OASIS Nurse Recert	Pending
Medication Profile	
HHA Plan Of Care	

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.

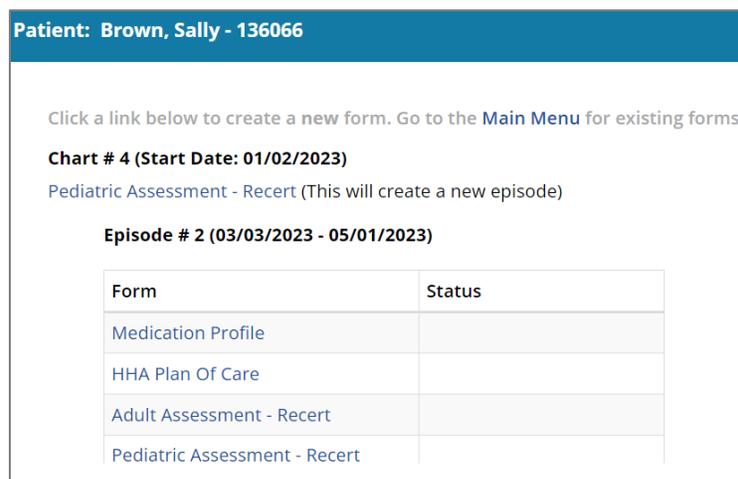
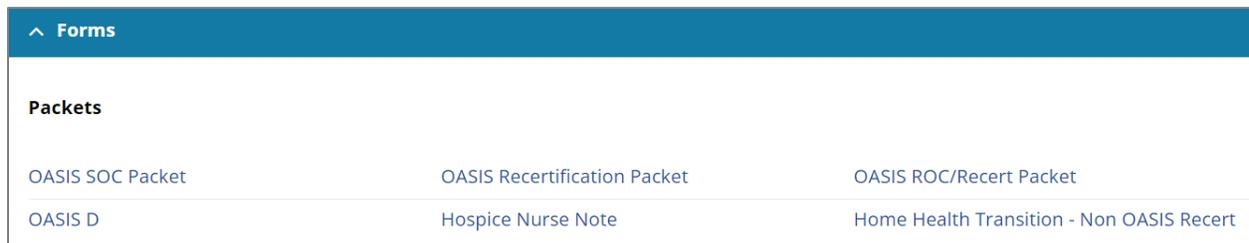
Complete the Aide Plan of Care for patients who require the support of Aides.

Home Health Transition – Non OASIS Recert

Start by navigating to clinical.



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



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

Saving ...

Patient Chart Plan of Care Module Notes (Select an Action)

Patient: Brown, Sally - 136066 Billing Code: HHPEDRECERT Caregiver: MOIST, JEN (RN) Visit Date: 03/03/2023 Date Out:

Chart: 4 Episode: 2 Travel Time: minutes Mileage: Time In: 7:50 PM Time Out:

DEMOGRAPHICS AND CHILDHOOD HISTORY		PROGNOSIS
<p>(M0040) Patient's Name: First: Sally MI: <input type="text"/> Last: Brown Suffix: <input type="text"/></p> <p>Patient Address: Street: 1234 East Walnut City: Springfield</p> <p>Patient Phone: <input type="text"/></p> <p>(M0050) Patient State of Residence: MO</p> <p>(M0060) Patient Zip Code: 65804</p>	<p>ADVANCE DIRECTIVES</p> <p>Prognosis Clear</p> <hr/> <p>Advance Directives Clear</p>	

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.

Episode # 2 (03/03/2023 - 05/01/2023)	
Form	Status
Medication Profile	
HHA Plan Of Care	
Adult Assessment - Recert	
Pediatric Assessment - Recert	Pending

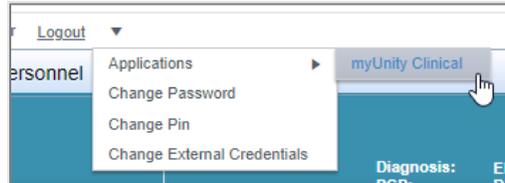
Open the Medication Profile from within the Packet and select the Edit Medications button to open the medication profile to complete medication entry, Allergies and Advance Directives.

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.



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 link below to create a new form. Go to the [Main Menu](#) for existing forms.

Chart # 4 (Start Date: 01/02/2023)

[OASIS Nurse Resumption of Care/Recert](#) (This will create a new 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 ▼

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 >

Form Information, Printer-Friendly Version, Audit Trail

OASIS NURSE RESUMPTION OF CARE/RECERT

Notes: [Patient Chart](#), [Plan of Care Module](#), [Validate](#)

Patient: Hale, Alba - 000000028 Caregiver: Nelson, Mary (RN) Billing Code: (Select a Code) Visit Date: 03/03/2023

Chart: 1 Episode: 4 Time In: 8:20 AM Time Out:

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

ADMINISTRATIVE INFORMATION

<p>(M0010) C M S Certification Number: <input type="text"/></p> <p>(M0014) Branch State: <input type="text"/></p> <p>(M0016) Branch ID Number: <input type="text"/></p> <p>(M0018) National Provider Identifier (N P I) for the attending physician who has signed the plan of care: 9531254785 <input type="checkbox"/> UK - Unknown or Not Available</p> <p>Primary Referring Physician I.D.: <input type="text"/> <input type="checkbox"/> UK - Unknown or Not Available</p> <p>Physician Signing Plan of Care: Last: Physician <input type="text"/> First: Wood <input type="text"/></p>	<p>(M0066) Birth Date: 11/17/1937</p> <p>(M0069) Gender: <input type="radio"/> 1 - Male <input checked="" type="radio"/> 2 - Female</p> <p>(M0150) Current Payment Sources for Home Care: (Mark all that apply.)</p> <p><input type="checkbox"/> 0 - None; no charge for current services</p> <p><input type="checkbox"/> 1 - Medicare (traditional fee-for-service)</p> <p><input type="checkbox"/> 2 - Medicare (HMO/managed care/Advantage plan)</p> <p><input type="checkbox"/> 3 - Medicaid (traditional fee-for-service)</p> <p><input type="checkbox"/> 4 - Medicaid (HMO/managed care)</p> <p><input type="checkbox"/> 5 - Workers' compensation</p> <p><input type="checkbox"/> 6 - Title programs (for example, Title III, V, or XX)</p>
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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.

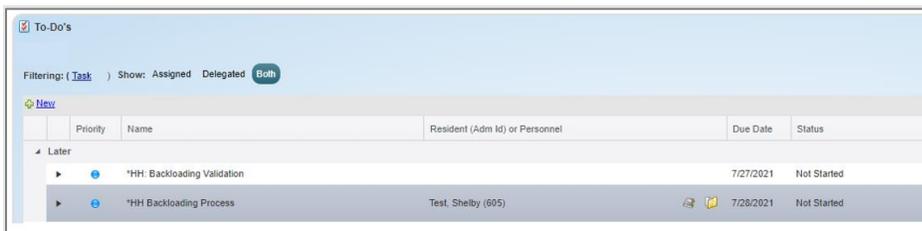
Open the Medication Profile from within the Packet and select the Edit Medications button to open the medication profile to complete medication entry, Allergies and Advance Directives.

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.



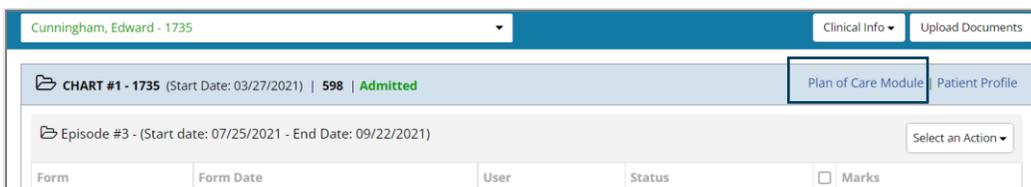
The final step within the process will be the Clinical Managers to complete. Staff will work within an already started process by leveraging To-Do processes. Upon logging in, open the To-Do Widget and find the HH: Backloading Process for the correct patient.



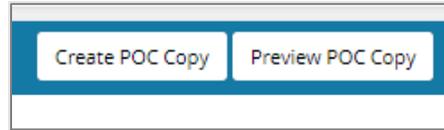
Create POC

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.



- 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.

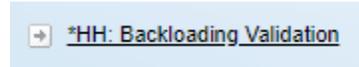
Navigate to back office to check off the box for the Generate POC step to complete the process.



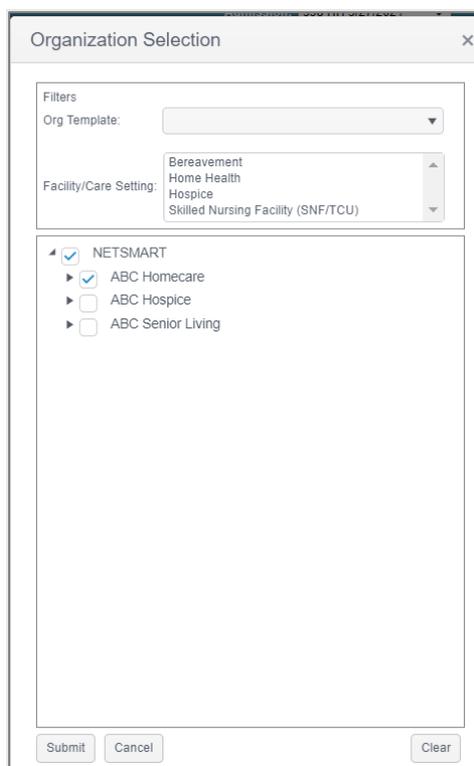
This completes entry portion of the Backload Process. Once all patients have been backloaded the HH Backloading Verification Process is leveraged. It is important to perform the validation after all patients have been entered. The following steps should be followed to complete and run the reports to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

Home Health Backloading Verification Process

Select the HH: Backloading Verification Process.



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.



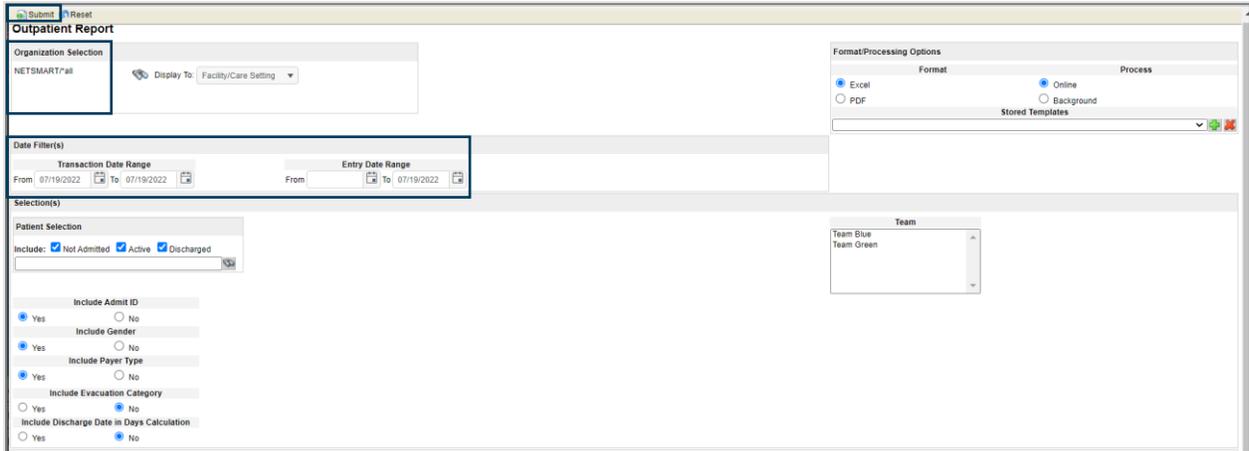
This will load the process to run the supporting reports and documentation

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.

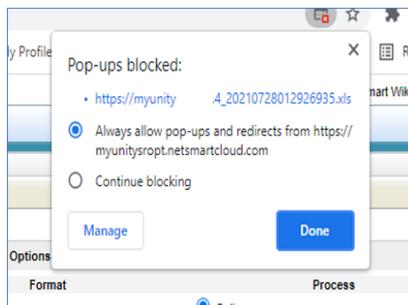
Required Fields:

- Verify for all patients
 - Primary payer
 - Certification Period

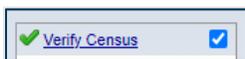


To run the report, confirm first the appropriate organization level and transaction date range. Select Submit. The report will default to an excel file but an option to switch to PDF prior to submitting the report is available. The report will populate a new Excel Spreadsheet for review. Review data 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.



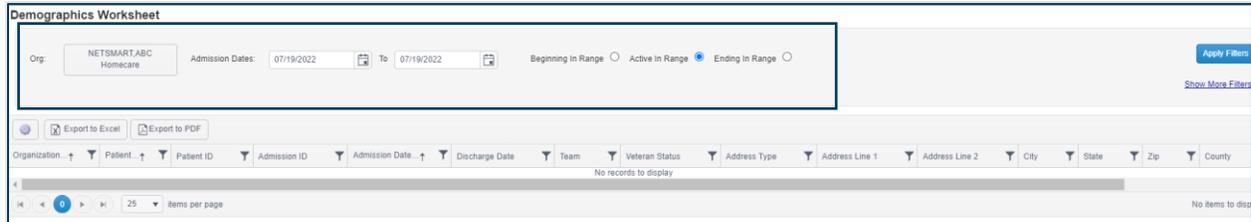
Verify Demographics

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.

Required Fields:

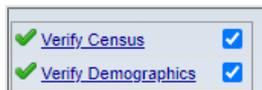
- Verify for all patients
 - Admission Date

- DOB
- Gender
- Home Address
- Phone Number



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.

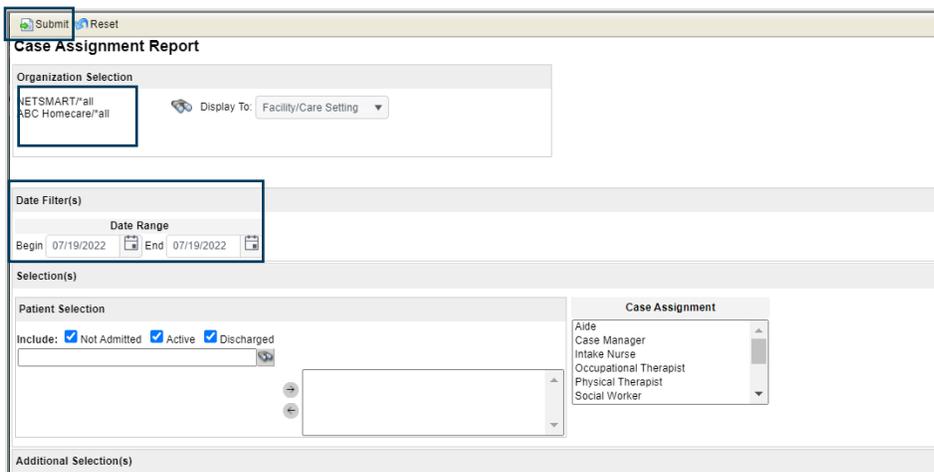


Verify Case Assignments

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:

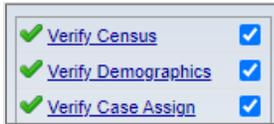
- Verify for all staff the appropriate caseload.



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.

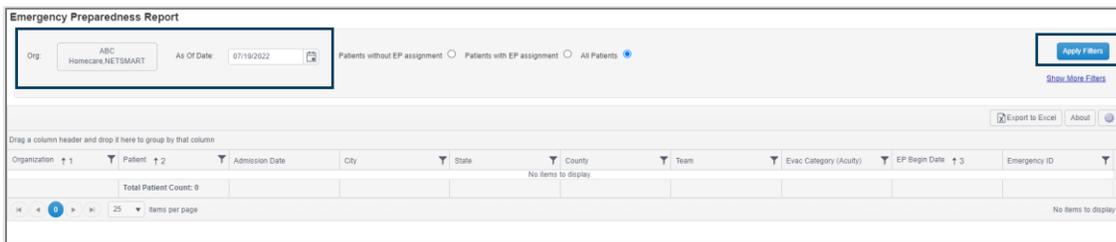


Emergency Preparedness

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
 - Emergency Preparedness Identifier



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.



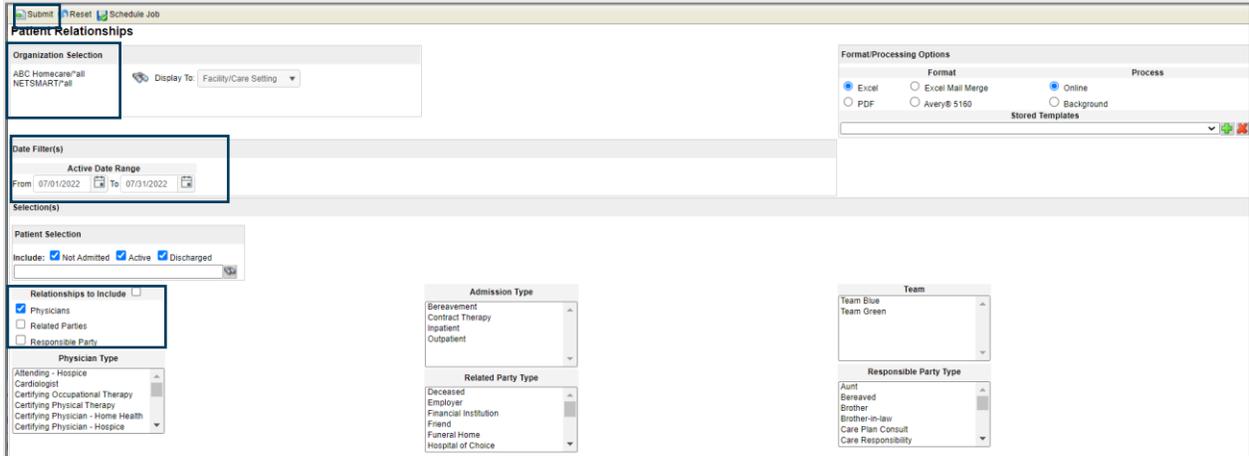
Verify Physicians

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:

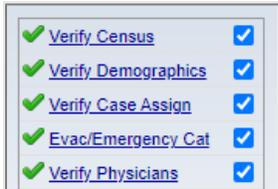
- Verify for all patients

- Primary Physician
- Certifying Physician



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.

Required Fields:

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

Authorizations Report

Organization Selection
 ABC Homecare/*all
 NETSMART/*all

Starting Date
 07/01/2022

Ending Date
 07/19/2022

Show Authorizations Needed

Show Authorizations on File Show Pending Auths Only Yes No

Select Payer Types/Plans To Include

Order By Then By

Patient Payer Type

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.

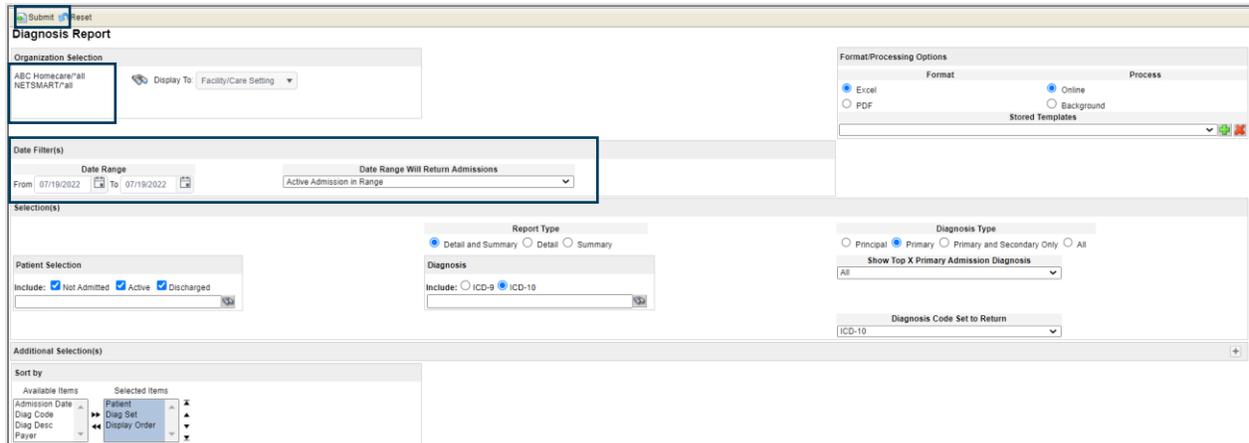
<input checked="" type="checkbox"/>	Verify Census	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Verify Demographics	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Verify Case Assign	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Evac/Emergency Cat	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Verify Physicians	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Verify Auths	<input checked="" type="checkbox"/>

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.

Required Fields:

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



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 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

Required Fields:

- Verify for all patients as needed
 - 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 level.

Select Payer/Plans To Include

Select Date Ranges To Include

Admission Dates: 06/01/2022 thru 06/30/2022
 Payer Dates: thru

Select Patients To Include

Output Format: Excel HTML

Patients Liability (Medicaid Surplus) amounts setup in Admission Payers will be included in the Excel version of the Patients Payer Setups 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.

<input checked="" type="checkbox"/>	Verify Census	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Verify Demographics	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Verify Case Assign	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Evac/Emergency Cat	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Verify Physicians	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Verify Auths	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Verify Diagnoses	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Verify Payer Seq	<input checked="" type="checkbox"/>

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.

Required Fields:

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

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.

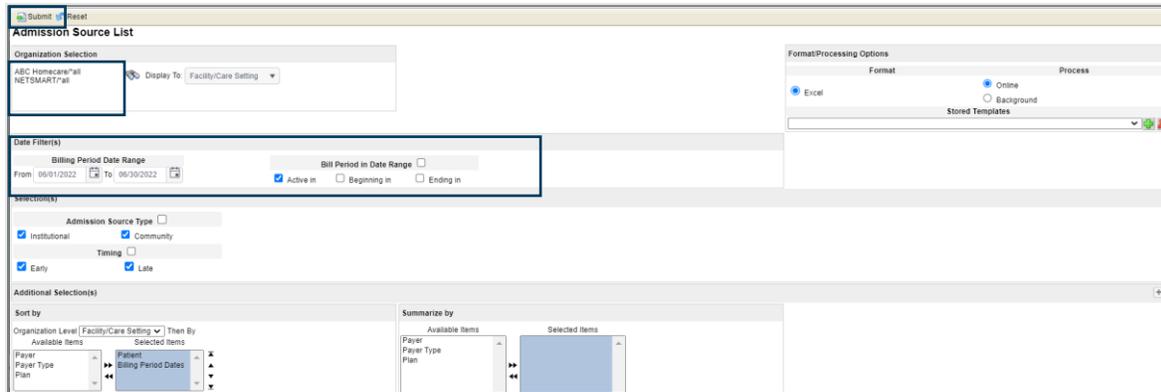
<input checked="" type="checkbox"/>	Verify Census	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Verify Demographics	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Verify Case Assign	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Evac/Emergency Cat	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Verify Physicians	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Verify Auths	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Verify Diagnoses	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Verify Payer Seq	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Verify Schedule	<input checked="" type="checkbox"/>

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.

Required Fields:

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



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.