RiverSoft University

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**If you are viewing RiverSoft University on a hosted environment and cannot hear the videos, download the RiverSoft University.pdf to your local machine and access the videos from there. All videos are available on YouTube on the RiverSoft Channel – so you can watch them on your smartphone!

Special Feature Videos

1. Ohio Medicaid Features
2. Step by Step Automation Plan

Phase 1 – Basic Automation (3 Weeks)

During this step by step process, when you have a question call RiverSoft! We will answer the phone in just a couple of rings and resolve your issue quickly! 321.914.0726

Step 1 – Installation and Basic Configuration (Day 1)

- RiverSoft Installation done on your server or our Cloud – Decide on RiverSoft Mobile **Native** or **Distributed**
- Watch Videos: (1) Introduction to RiverSoft Office, Configuration (Offices, Default Pay Rates, Default Bill Rates), (4) Payer Management
- RiverSoft shows you how to access system and configure, office, users, payers, pay rates, and bill rates
- Complete configuration of your office(s), users, payers, pay rates, and bill rates
- Begin using User List report, Payer List report, Pay Rates and Bill Rates reports

Step 2 – Employee, Patient, and Schedule Entry (Week 1)

- Watch Videos: (2) Patient Intake, (3) Employee Intake, (5-7) Scheduling (Parts 1-3)
- Enter Employee demographics and pay rates
- Enter active Clients-Patients with payer relationships, allowed skills and authorizations
- Enter active Facilities and allowed skills
- Enter client-patient-facility schedules for next week
- Learn employee search function, phone log, and phone log report
- Begin using Client Dispatch reports, Employee Dispatch, timesheets or evaluate ELVIS

Step 3 – Begin Using RiverSoft Mobile (Week 2) [*unskilled care agency can substitute Step 5*]

- Clinical Supervisor watches all RiverSoft Mobile Videos (1-28) plus RiverSoft Office Videos 25,26, and 30
- Clinical Supervisor takes comprehension test and sends to RiverSoft to activate RiverSoft Exchange Service
- Enter RiverSoft Mobile Users and associate with employee records
- Begin distributing RiverSoft Mobile – Clinical Supervisor should test each RiverSoft Mobile user for comprehension of RS Mobile videos 1-16, 18, 19, 21, 22, and 26-28 with the test provided in RiverSoft University. Each user must understand RSM's functionality and what to do when they visit a patient that has no connectivity.
- Optional RiverSoft Workshop – we ride "shotgun" while you enter your first few notes
- Begin using Clinical Review – video is in "i" button.
- Begin using Medical Records Screen - video is in "i" button.
- Begin using Medication Profile report
- Configure Pathways, Note Warnings, Note Pages as needed – videos Configuration Part 1 (Pathways) and Configuration Part 2 (Note Warnings and Unused Notes)
- Begin using Export 485/VOs, Export OASIS, and Export HH-CAHPS features – videos in "i" button.
- Begin using Patient Census and Patient Admissions/Discharges – video Clinical Audit Reports

Step 4 – Close Week, Invoices, Claims, Transmit 837 (Week 3)

- Watch Videos: (12) Close Week through (23) Manage AR (Part 6) – Auto-Contractuals and Adjust to Owed)
- RiverSoft will show you the Close Week function
- RiverSoft will show you the Create Invoices and Claims feature
- RiverSoft will show you the Transmit Claims feature
- Begin using Manage Invoices to print invoices and perform adjustments – videos in "i" button.
- Begin using Unbilled Report – videos in "i" button.
- Begin using Sales Report – videos in "i" button.
- Begin using Statements
- Begin using Payments and Cash Application – videos in "i" button.
- Begin using Process Remittance (835) – videos in "i" button.

Elements of Phase 2 can be integrated into Phase 1, but with each instance the time and effort required to complete Phase 1 will be increased. To maximize the efficiency of your automation efforts, we strongly suggest finishing Phase 1 prior to attempting any Phase 2 items.

Phase 2 – Getting the Most from RiverSoft

Step 5 – Configure ELVIS and Begin Using ELVIS (optional)

- Watch all ELVIS videos
- Enter Master Care Plan(s)
- Enter client care plans
- Add ELVIS users and associate with employees
- Begin distributing ELVIS app and using ELVIS monitor
- Begin using ELVIS visits report
- Call RiverSoft to verify entry and answer any question

Step 6

- Begin using Export Payroll
- Begin using AutoPay Mileage and AutoPay Travel Time
- Begin using Employee tracking items and Employee Tracking Report
- Begin using Employee availability
- Begin using Employee and Client attributes
- Begin using Employee and Client affiliations
- Begin using Referral Source Management, Referrals report, Sales by Referral, Census by Referral
- Begin using AR roll-forward
- Begin using Dashboard
- Begin using GL export, chart of accounts mapping, accounting periods
- OASIS Clinical Outcomes and Discharge Disposition and Emergent Care
- Medicare Reporting - PPS Audit, PPS Episodes
- Filled Visits and General Visit reports
- Obamacare Qualification
- Salaried Visits
- Custom SQL Query
- Client Dispatch
- Client/Facility List
- Client/Payer List
- Employee Dispatch
- Employee List
- Login Count
- On Call
- Payer List
- Physician List
- On-going training of new staff via “RiverSoft Office Self-Training Checklist by Roles”

RiverSoft Office Overview

RiverSoft Office is designed for large, wide-format monitors. **A 27-inch monitor with a screen resolution of 1920 x 1080 to 1600 x 900 is recommended**. RiverSoft Office screens place a large amount of information at your fingertips – once you learn your way around you will notice that most things are just one or two clicks away.

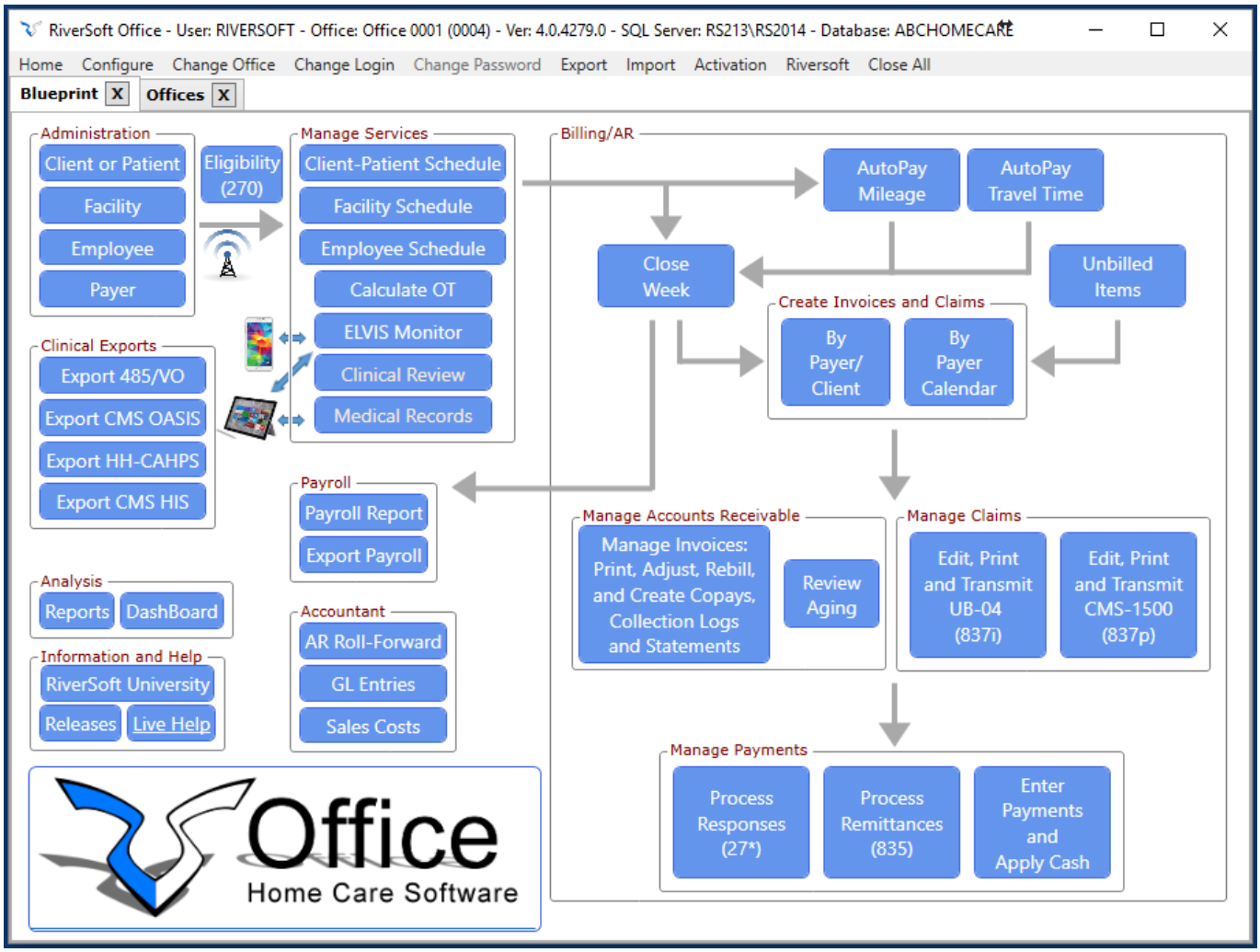
RiverSoft Office requires a PDF viewer. RiverSoft recommends the free version of PDF Foxit.

Because RiverSoft houses private client and patient information, it shuts itself down after 2 hours of inactivity.

The purpose of this overview is to explain how RiverSoft Office's features fit together. The best way to learn RiverSoft Office is to read this overview, then read the Tips, and then try each feature, reading the Information button on each screen as you go. There is a self-training checklist at the end of this document, organized into feature lists matched to the main roles or jobs in a home care agency.

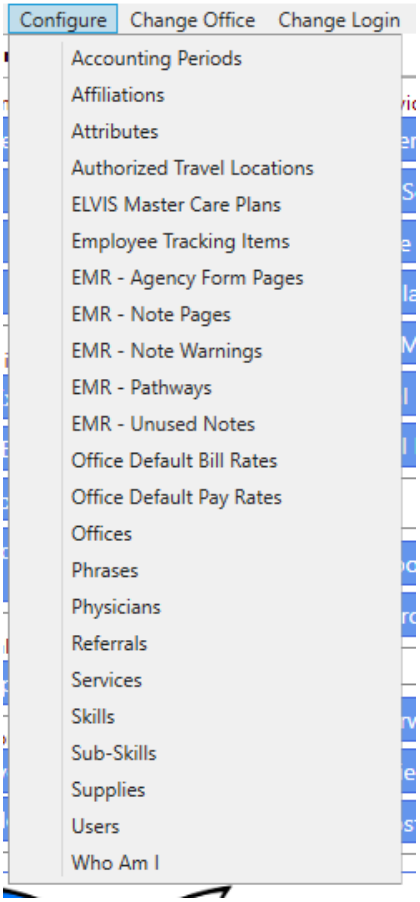
Clicking the RiverSoft Office shortcut displays the login screen. In multi-database installations, if you have the proper RiverSoft permits, you can change the database server and database name to point to different locations prior to logging in. However, most users will simply enter their RiverSoft user name and password assigned to them by their RiverSoft administrator. If the installation has multiple offices, you can log into any office to which you have been given permission to access. Logging into a specific office defaults the correct set of employees, clients, patients, facilities, and payers that are available to you.

Enter your user name, click tab, enter your password, click tab, and then choose the office from the list you have access to. Clicking the login button displays the home screen.



The name of the logged in office, the software version, and the database server and database name you are connected to appear at the very top. Below that is the menu bar that allows you to access the configuration menu, change the office you are logged into, or log in as another user. There is also an import menu for importing various claim response files and for processing Auto-Link files (signed care plan and verbal order PDF files that can be automatically linked to the MAT patient chart). The last item on the menu bar is the Close All feature that closes all of your open tabs.

The Home page is displayed below the menu bar. The home page is the main working tab of RiverSoft Office, and is organized like an operational flow diagram. Each blue button invokes a feature in a new tabbed window. Most users will want to have multiple tabs open at once to do their job. You switch back and forth between your open tabs by clicking on the tab.



The Configuration menu will be one of the first things you use as a new agency, because you will need to **configure your office's information** and **create the users that will have access to your office**. If you have multiple locations you will want to create matching offices, because Employees, payers, clients, patients, and facilities are all organized by office. Also, each office can have its own set of rates – a set of bill rates (rates invoiced to your payers) and a set of pay rates (rates you paid to your employees). These, rates, sometimes called "street" rates, can then be overridden by payer, client, and employee.

The other items on the Configuration menu will be used later as you tune the system to work for your specific business cases. Affiliations provide a way to group employees and patients together for reporting and visit matching. Attributes are assigned to employees so that they can be better matched to clients looking for those particular attributes (like Spanish speaking). The EMR menu items let you tailor the clinical notes. Master Care Plans are the master list of unskilled tasks that you choose from when creating a client's personal task care plan. Services are the list of billable services that you choose from when creating service items for clients. Supplies are your master list of supplies that you choose from when creating billable supply items for your clients. Skills are the master list of skills that you choose from when creating an allowed skill for a payer or client. Tracking items are the master list of employee tracking items that you choose from when creating employee specific expiration dates (like when their driver's license expires). Accounting Periods and General Ledger Accounts are only used by clients that export financials to their Accounting System.

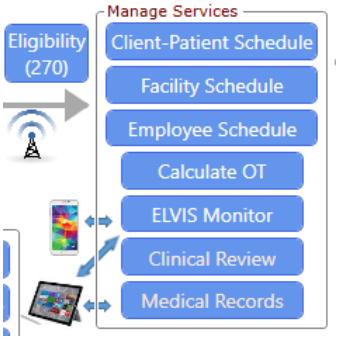
The Administration group of buttons will be the next used to get your agency up and running.

Employees, the people who perform the visits for your agency, must be entered.

Payers, the entities like your Medicare intermediary, Medicaid programs, Insurance payers, and any other source from which you will take payment must be entered. You will need the contract or agreement you have in place with each payer in hand when you enter the payer information – rates, codes, and specific billing requirements must be exactly correct for your bills to be created accurately.

Before you can schedule a visit to a client, the client must be configured with Allowed Skills. This is explained in the Client screen's information button, but is so important that it will also be discussed here. RiverSoft Office is designed to manage services, clinical documentation, and billing for clients that have **MULTIPLE PAYER SOURCES**. It does this by allowing each client to be associated with multiple payers and then allowing you to configure each client's-payer relationships. The most important part of that relationship is the list of allowed skills. Each skill for each relationship may have its own pay and bill rate, billing codes, and insurance authorizations. Sometimes a client has no payer relationship because they pay for their own services. This is called a Self-pay situation, and the allowed skills must be configured on the Self-Pay portion of the client screen before you can begin scheduling.

Anyone who receives service from your agency is a client. **Clients that must appear on your patient census and have their service governed by a skilled care plan (a 485) must be tagged as patient-type clients. Clients that represent facilities that you will staff should be entered as facilities.**



Once you have a client entered with allowed skills, you can begin to schedule. Take the time to read the information button on both the client and employee schedules. These screens are the most used in the system because they allow you to manage all of the services that you supply to your clients. Most scheduling is done from the client's perspective because payer sources issue authorizations for clients. These authorization should be entered into the client screen because doing so will keep the client's schedule in compliance with the authorizations. Doctors overseeing the care of an agency's patient do

so by reviewing and signing the care plan and all revisions (called verbal orders) to the care plan. The orders for services signed by the doctor should be entered into the patient's clinical data screen so that the schedule can be kept in compliance with the doctor's orders. It is IMPORTANT that the authorizations you receive from your payer and the service orders from your patients' doctors are entered into RiverSoft Office so that your schedules can be kept financially and clinically compliant; **your verified schedules are used to automatically create your invoices and claims.**

The Calculate OT feature allows you to generate a report of your payroll overtime exposure. It is crucially important to keep your overtime as low as possible so that you can keep the cost of providing care as low as possible. That is why overtime is one of the many considerations the scheduling system uses when you assign an employee to a visit. If you have multiple offices, the OT Calculator looks across the offices for employees with the same SSN.

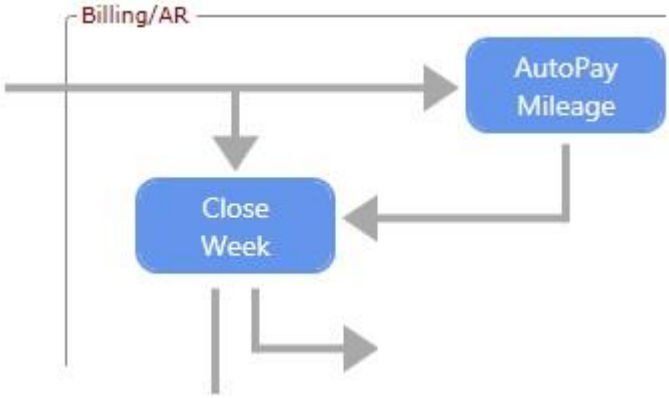
The ELVIS monitor is an automated screen that receives completed visit information from smartphones used by your caregivers running the ELVIS app. The ELVIS app verifies the employee's location using the phone's built in location features and verifies that the employee was at the client's home. It also records time in, time out, and provides the employee with the list of tasks to be done for each client and records the tasks actually done. As the ELVIS monitor receives each visit, it compares it to the schedule and if a matching visit if found it is verified in the schedule.

Clinical data takes you directly to a patient's medical chart where you can manage their care plans, verbal orders, and oversee their OASIS information (or for Hospice patients, their HIS information). Screens that display HIPAA data have an antique white background. This allows an office manager to quickly glance around to ensure no data is being displayed without attendance.

 Clicking on the employee dispatch icon will invoke the Employee Dispatch Report, allowing schedules and messages to be sent to employees via email and text SMS.

 Clicking on the phone icon will display the ELVIS User Guide.

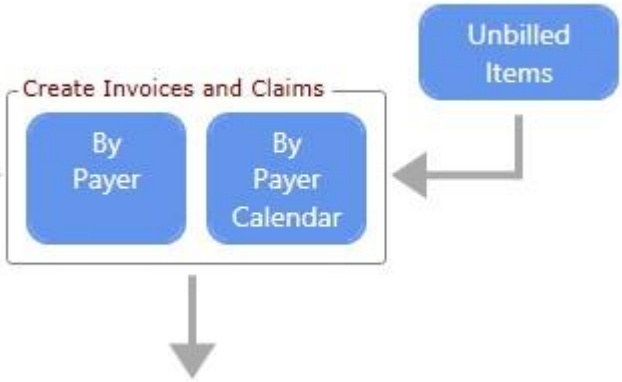
 Clicking on the tablet icon will display the RiverSoft Mobile User Guide.



The verified visits on the schedule are processed by the Mileage AutoPay feature and finally the Close Week feature. The Mileage AutoPay feature automatically creates travel pay items for your employees based on the calculated distance between their home and the homes of the patients they visit. This feature must be used prior to closing the week because it updates the verified visits with travel pay information. The AutoPay Mileage feature is not required to be used to close the week, but using it can save you a great deal of time in manually entering mileage, and because of its accuracy should reduce your cost of employee transportation pay.

The reason visits, pay items, service items, and supply items are not closed when they are entered is to prevent incomplete payroll and invoicing. As an agency you should publish when your timesheets are due from your employees, say Monday at noon. Then you should take 24 hours to verify that your schedules match the timesheets (if you are utilizing ELVIS this task will be greatly reduced). Prior to closing the week you should review the following reports: Overtime, Verified Visits, Pay Items, Supply Items, and Service Items. A few minutes spent reviewing these reports can save you hours of time fixing payroll and billing issues. It is so important that you verify these reports before closing the week that the system automatically generates and displays the reports to you as a part of the closing process.

Once the week has been closed, both payroll and billing can proceed, at the same time if you wish. The payroll report will show the regular, overtime, and premium/holiday rate hours that are to be paid by employee along with the rates and totals. This report can be used to key your payroll into another system, but a far faster way of producing employee payroll is to create a payroll posting file for your payroll vender using the Export Payroll feature.

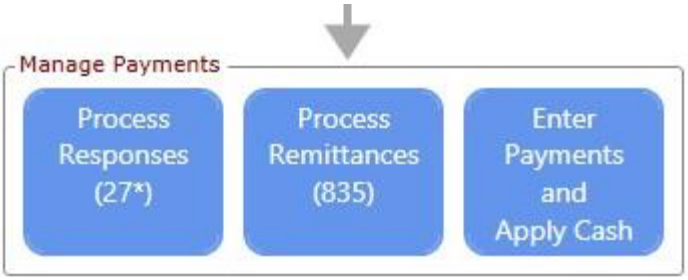


Invoices and claims are created two ways. Some payers have their own billing periods. For instance, some Texas Medicaid programs bill from the first of the month to the 15th and then from the 16th to the end of the month. Payers such as this are billed using the "By Payer Calendar" feature. All other payers are billed by the "By Payer" feature. Both processes create whatever invoices and claims that can be created and a report of the created invoices is displayed. Any items that cannot be billed (there are dozens of reasons an item cannot be billed, from a care plan not being signed to a visit not being covered by an authorization) are also listed. Once this process is completed, you have two main jobs to do: send the bills to their respective payers and resolve as many of the unbilled issues as you can as fast as you can.

The Manage Invoices button takes you to the heart of RiverSoft Office's billing system. From this screen you can take full control of your agency's accounts receivable because from here you can fix any sale that affects your AR. You can rebill portions or entire invoices from one payer to another, create Co-Pay bills, and create collection logs that appear on the aging report, create statements, or perform item adjustments. When the billing issue has nothing to do with a dollar amount but rather with the format of the claim, either the UB04 or CMS-1500 screens can be used to edit the claim. However, RiverSoft is designed, through the use of payer switches, to automatically create the claims EXACTLY the way hundreds of payers want them – so if you find yourself editing claims call RiverSoft to determine how you can have them created EXACTLY the way your payer wants them.

When an invoice is created, your accounts receivable increases by the amount of the invoice. The Review Aging feature generates your current accounts receivable and is your primary collections tool because it shows what is owed to you and the activity that has occurred in collecting those accounts.

After creating invoices and claims, the payers that want invoices must receive invoices, and the payer's that require claims must receive UB04/CMS1500s paper claims or they must receive electronic claim files. The Manage Claims features lets you edit, print, or transmit UB04 and CMS1500 claims. These screens create 837 claim transmission files. It will be up to you to get those files to your payers in a timely manner.



Payers normally send you remittances either by check or by an electronic deposit to your bank and an 835 remittance file. You enter the check information so that RiverSoft Office can generate a payments report and so that cash from the payment can be applied to your invoices to relieve your account receivable (reported on the Aging report). Some payers may also send you claim responses prior to an 835. Some of these responses contain issues they have with the claims you have sent them – issues that must be resolved before they will pay you. RiverSoft Office can read and translate these files for you so that you can fix an issue and resend the claim to the payer as fast as possible.

One of the biggest headaches in home care today is getting reviewed, signed care plans (485s) and verbal orders (487s) back from the responsible physician. Many payers will not pay a claim if the backing clinical documents are not signed by the physician. RiverSoft Office's feature that exports this documentation is tuned to take as little work as possible. In one process you can create one PDF file for each doctor overseeing your patients, complete with a fax cover page. If you have a fax server, these PDF documents can be electronically sent to each doctor. Then, when the doctors send the documents back, they can be quickly scanned into RiverSoft Office using any common USB based bare code scanner so that RiverSoft's billing and clinical reporting is notified that the documents have been received signed.

Any agencies servicing Medicare or Medicaid patients are required to acquire and submit OASIS information. This information is integrated into our point of care system but may also be directly keyed into our Office system. The Export OASIS feature creates electronic files of your reviewed and locked OASIS, ready for transmission to your state intermediary.

The Export HH-CAHPS feature creates survey data files for the major HH-CAHPS vendors.

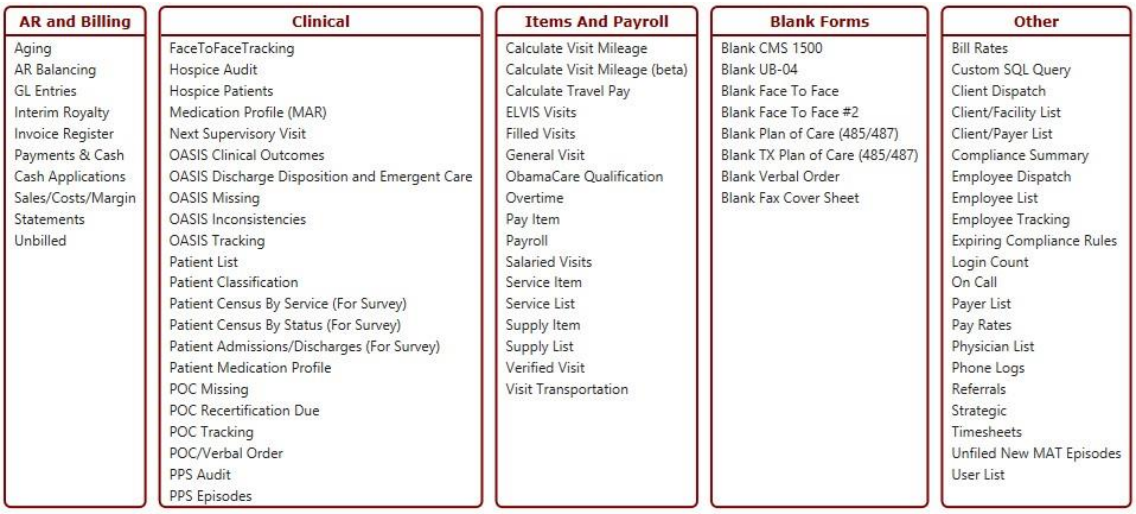
For your hospice patients, you are required to submit admission and discharge Hospice Information Set data. This data is entered and formatted into electronic transmission files with the Edit and Export Hospice IS button.

According to Generally Accepted Principals (GAP) of accounting, a report of your accounts receivable aging on a particular date should equal the sales that occurred minus the cash that was applied during the period of days between an aging run on another date. The AR Roll-Forward report performs this balancing task for you so that you can easily account for the difference between aging reports run as of different dates.

The GL Entries report organizes your agency's Sales and Cost figures suitable for export to your General Ledger package. Configuration of your accounting periods and your general ledger accounts is required prior to using this feature.

The Sales Costs report is a very powerful report that allows you to generate reports regarding any item that has been invoiced. It has five levels of sorting and totaling and should be used for the annual Medicare cost report and for the annual state and Medicaid program specific cost reports. If you need help in achieving the reporting output for your specific program, give us a call and we can guide you through.

There are dozens and dozens of reports and graphs to help you analyze your financials, clinical outcomes, patient census, utilization, and cost exposures. Clicking the Reports button will display the Reports menu.

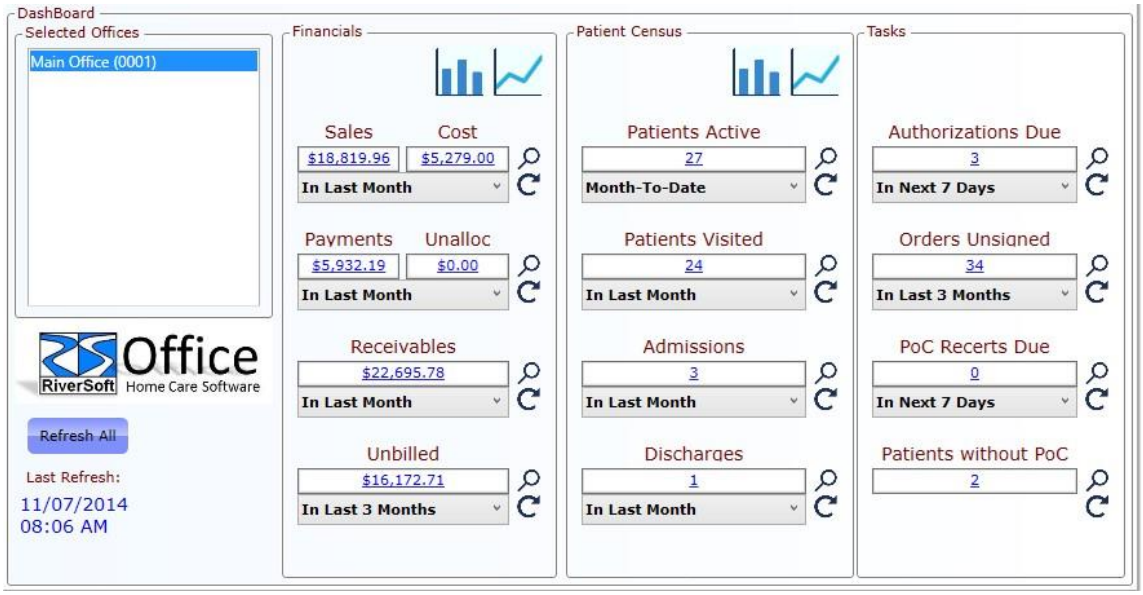


Aging	The invoices that have not been paid.
AR Balancing	The differences between two agings.
GL Entries	Sales and cost organized by GL account number
Interim Royalty	Sales organized specifically for royalty reporting by Interim Franchises
Payments & Cash	Remittances received and cash applied from them to invoices relieving the aging
Cash Applications	Cash applied during a date range
Sales/Costs/Margin	Sales, cost, and margin for all invoiced items
Cost	Cost associated with all items for report's filters and date range.
Account Statement	Statement of a client's billing and payment activity
Unbilled	Visits, services, supplies, pay items, and care plans that are unbilled and why
FaceToFace Tracking	List of face to face sheets that have been mailed but not returned
Hospice Audit	Hospice billing period details that should be reviewed prior to transmitting hospice bill
Hospice Patient	Census type report for Hospice patients
Medication Profile (MAR)	Print medication profiles and medication administration records for multiple patients
Next Supervisory Visit	List of supervisory visits that need to be done
OASIS Clinical Outcomes	Analysis of key OASIS indicators between their Start and Discharge values
OASIS Discharge Disposition and Emergent Care	Analysis of a patient population's discharge disposition and emergent care
OASIS Missing	OASIS information that is not completed
OASIS Inconsistencies	Analysis of OASIS data that is inconsistent with other data in the system
OASIS Tracking	Analysis of the status of OASIS data
Patient List	Simple patient list by status
Patient Census by Service	Patient Census based on patient who were visited
Patient Census by Status	Patient Census based on patient status
Patient Admissions/Discharges	List of patient admitted or discharged or placed on hold during a specific period of time
Patient Medication Profile	List of medication a patient is currently taking
POC Missing	List of active patients with no skilled care plan (485)
POC Recertification Due	List of care plans whose certification end dates are coming up without existing recertifications
POC Tracking	Care plan report by cert begin, cert end, mailed date, physician, and status.

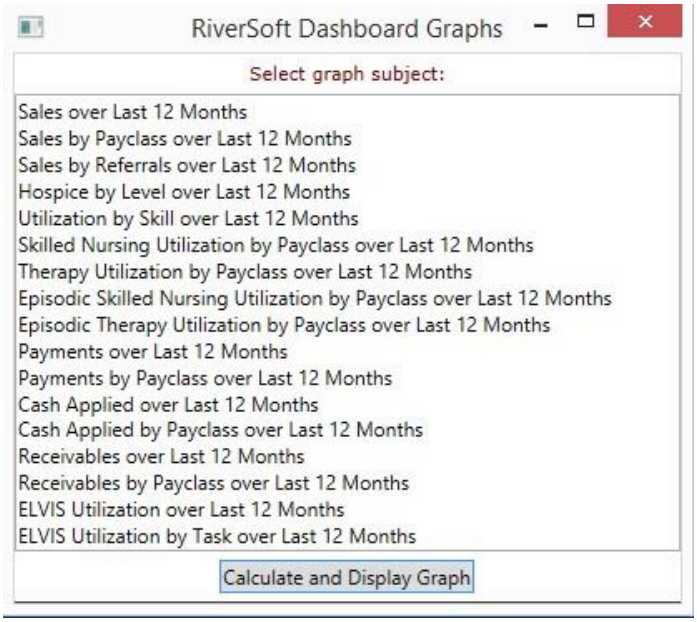
POC/Verbal Order	Feature tied to the Export 485/VOs button for exporting PDF files to doctors
PPS Audit	PPS billing details that should be reviewed prior to transmitting a PPS claim
PPS Episodes	Analysis of your agency's PPS Episodes
Value Based Purchasing (CMS Citation 81 FR 43713)	-- Advance Care Planning -- If the user answered 'Does patient have an advance care plan documented in the clinical record or documentation that an advance care plan was discussed, but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan?' Yes Denominator - All patients 65 or older who was active within the FromDate-ToDate range. Numerator - All patients 65 or older who was active within the FromDate-ToDate range and answered the questions as described above. -- Herpes Zoster -- If the user entered 'Date of last Herpes Zoster Vaccination:' or answered 'If date unknown, have you ever received a Herpes Zoster Vaccination?' Yes Denominator - All patients 60 or older who was active within the FromDate-ToDate range and is a Medicare patient. Numerator - All patients 60 or older who was active within the FromDate-ToDate range and is a Medicare patient and answered the questions as described above.
Calculate Visit Mileage	Feature tied to the AutoPay Mileage button computes mileage between employee visits
Calculate Travel Pay	Calculates paid time between employee visits
ELVIS Visits	Analysis of the visits verified by the ELVIS monitor
Filled Visits	Analysis of your agency's ability to fill schedule visits
General Visits	List of visits by status, office, payer class, payer, employee, client, and skill
Obamacare Qualification	Analysis of the employees that qualify for health insurance based on hours worked per month
Overtime	List of employees that will receive overtime for the current week
Pay Item	List of pay items by employee, affiliation, type, and status
Payroll	Feature tied to Payroll Report button
Salaried Visits	Analysis of how salaried visits are meeting their goal visit number
Service Items	List of service items by client, affiliation, type of service, and status
Supply List	List of supply items by supply type
Verified Visit	List of currently verified visits along with hours and rates to be used to look for errors prior to closing.
Visit Exceptions – Missing Visits	Visits for some payers require Electronic Visit Verification (EVV). If a visit is scheduled and never verified, this report shows that visit as a confirmed visit. A confirmed visit older than today should be exception coded so that this report can provide the reason why a scheduled visit was never done
Visit Transportation	List of visits with transportation pay.
Bill Rates	Listing of the bill rates configured for an office regardless of level
Custom SQL Query	Custom queries built specifically from client requests
Client Dispatch	Report of the visits a client is scheduled to have
Client/Payer List	Simple list of client's payer relationships
Compliance Summary	Analysis of the current client based authorizations and doctor orders
Employee Dispatch	Report of the visits an employee is schedule to do
Employee List	Simple list of employees by office, status, skill, type, affiliation, and attribute
Employee Tracking	Shows a list of employees and their tracking items with the dates and/or values of them and is used to determine which tracking items for deficient.
Expiring Compliance Rules	List of the authorizations that will expire during a date range
On Call	List of scheduled visits to be used by the On-Call person
Login Count	Provides real-time report of RiverSoft licenses authorized and in-use

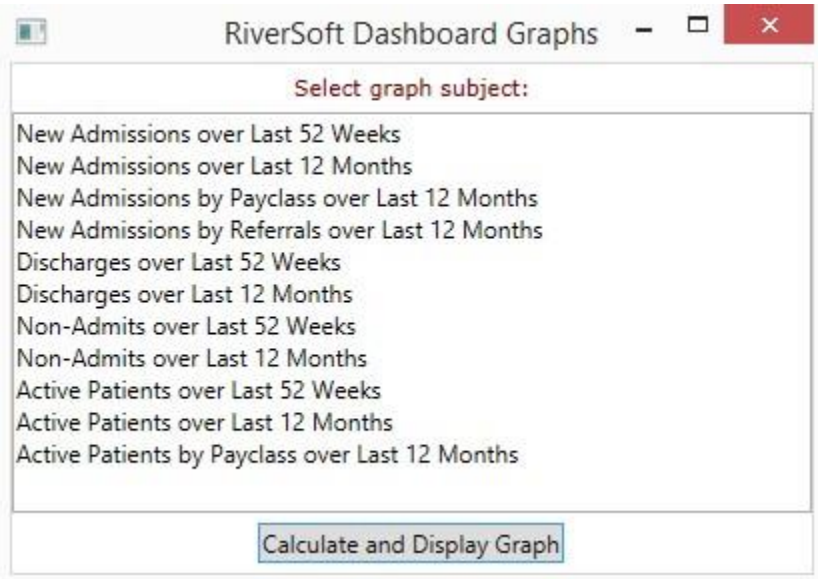
Payer List	Simple list of payers along with their billing profile, requirement, and allowed skills and bill codes
Pay Rates	Listing of pay rates configured for an office regardless of level
Physician List	List of physicians by office and license date
Referrals	List of referral source configured for an office
Strategic	Simple list of newly entered clients
Unfiled New MAT Episodes	List of MAT start of care document that have been completed but not Sent to SAM (going away)
Timesheets	Prints employee timesheets based on employee schedules
User List	List of users that have access to RiverSoft Office

The Dashboard button activates the RiverSoft Dashboard, a single screen that displays the most critical information concerning your agency. The purpose of the dashboard is to provide a bird's eye view of your agency's operational health. By viewing this a few times a week you can keep current with the financials, census, and issue status and be able to spot deviations.

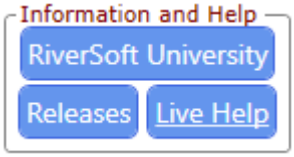


The bar and line chart buttons at the top of the Financials and Patient Census panels give you access to historical graphs so the you can more easily spot trends.





At the bottom left of the home screen is the button you used to view this overview, RiverSoft University. The Releases button describes the changes made to RiverSoft Office and the Live Help button allows RiverSoft Support personnel to see your computer desktop and provide assistance.



The best way to learn RiverSoft Office is to use it. We are confident that if you master its use that you will be among the most efficient home care agencies in the country and that you will see that efficiency in your bottom line. If you need help, give us a call at 321.914.0726.

Clicking on the RiverSoft Office Home Care Software logo at the bottom right of the home screen will take you to the RiverSoft website.

RiverSoft Office Self-Training Checklist by Roles

Everyone should read the **Overview** and **Tips**. Then, per role, read the information button  for each of the features listed under your role(s). It takes less than 20 minutes to learn a feature, so most roles can be self-trained in just a few hours.

Role - Customer Service Representative/Scheduler

Employees	Employee Schedule	Configure Travel Locations
Clients and Patients	On Call / Dispatch Reports	ELVIS Monitor and Report
Facilities	Timesheets (Done in February)	Expiring Compliance Rules
Client-Patient Schedule	Calculate OT	Filled Visit & General Visit Report
Facility Schedule	Calc. Visit Mileage/Travel Pay	Phone Logs Report

Role – Human Resources/Payroll

Employees	Employee Schedule	Configure Travel Locations
Calculate OT	ELVIS Monitor and Report	Configure Attributes
Close Week	Obamacare Qualification Report	Phone Logs Report
Export Payroll	Employee Tracking Items Report	Salaried Visits Report
Payroll Report	Configure Emp. Tracking Items	ELVIS Monitor and Report

Role – Director of Nursing/Clinical

Medical Record	Patient Census (service/status)	POC Tracking/Due/Missing
Export/Receive 485/VOs/F2F	Patient Admissions/Discharges	Next Supervisory Visit
Export OASIS	OASIS Reporting	Medication Profiles and MAR
Export HH-CAHPS	PPS Episodes and Audit	Configure Master Care Plans
Export HIS	Face-To-Face Tracking	Configure Clinical Pathways
Configure Physicians		

Role – Field Nurse/Therapist

RiverSoft Mobile (pages 3 -7)	Clinical Note Editor	Care Plans and VOs editor
Configure Patient Pathways		

Role – Biller/Accounts Receivable

Payers	Create Invoices and Claims	Medical Record
Clients and Patients	Manage Invoices	Process Remittances
Facilities	Configure Services	Enter Payments and Apply Cash
Client-Patient Schedule	Review Aging	Configure Supplies
Facility Schedule	AR Roll-Forward	GL Entries
Close Week	Manage UB-04s and CMS-1500s	Interim Royalty
Unbilled Items	Process Responses	Configure Skills and Subskills

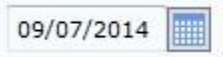
Role – Owner/Administrator

Configure Office(s)	Review Aging	Payment & Cash Report
Configure Users and User Report	AR Roll-Forward	Account Statement
Configure Agency Bill Rates	Sales and Cost Report	ELVIS Monitor and Report
Configure Agency Pay Rates	Unbilled Items	Phone Log Report
Dashboard	PPS Episodes Report	Configure Affiliations

Moving Around in RiverSoft Office

Navigation is primarily achieved using the mouse, but if you like to move from field to field using the keyboard, use the tab key. DO NOT USE THE ENTER KEY TO MOVE FROM FIELD TO FIELD because pressing the enter key tells the software to select the current item and move to the next field – it is a combination of selecting and moving. **Moving from field to field using the keyboard should be done with the tab key.**

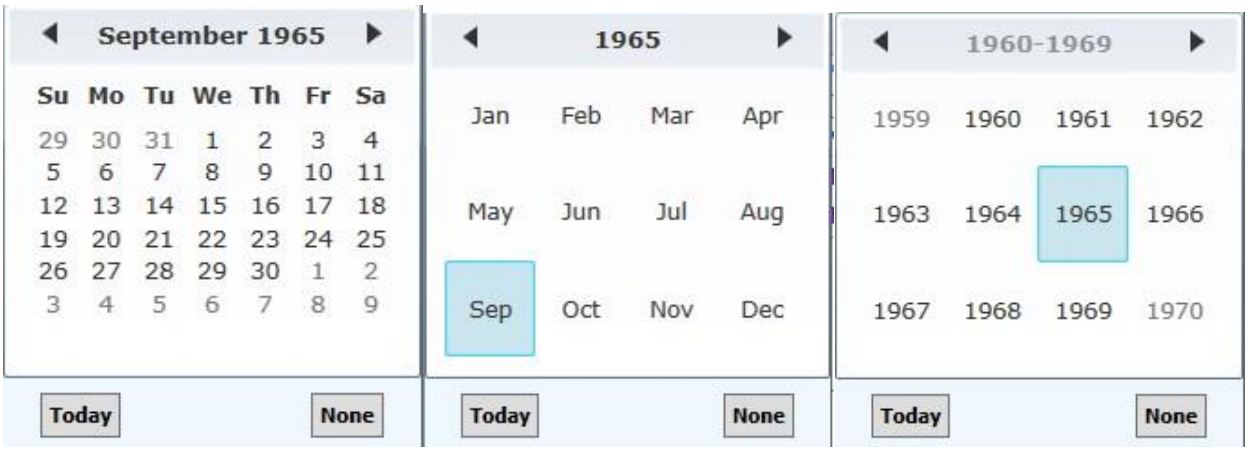
RiverSoft Date Control



The trick with the RiverSoft date control is using the period, slash, or comma as a delimiter.
1) entering the month (1 or 2 digits)
2) enter a slash, or a period, or a comma (most people prefer the period)
3) enter the day (1 or 2 digits)

So to enter May 31, 2014, type 5.31 ENTER. The year will default to 2014. So in most cases a current date can be entered with just four key strokes. If the year is not 2014, enter the two digit year.

To use the mouse to enter a date, click the calendar icon, you see the month, then clicking on the month you will see the year (clicking on the year will show the decade).

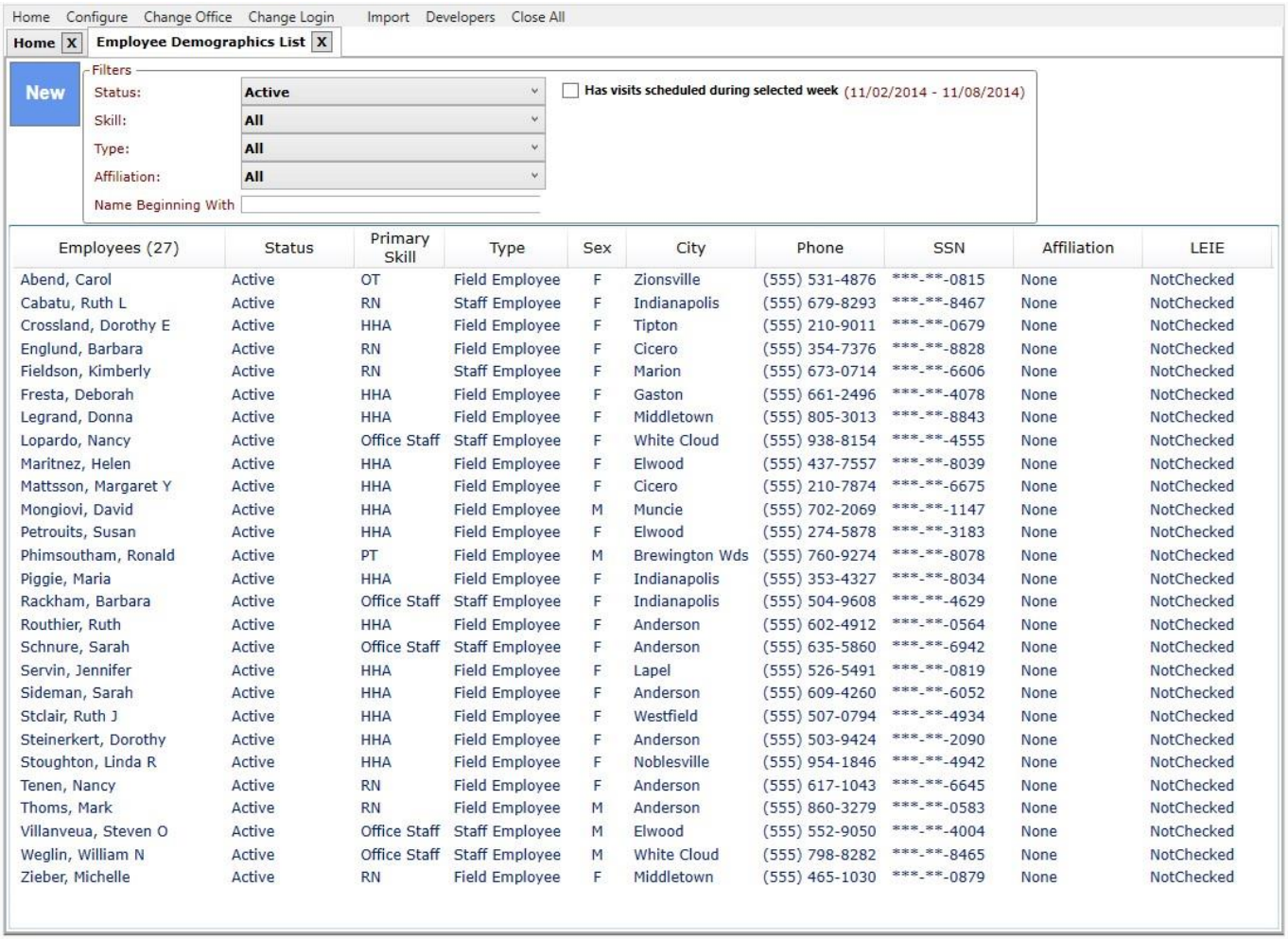


This allows you to navigate to another year or jump to another month in the year quickly. So, to enter January 6, 2015,
1) click the calendar icon
2) click the month
3) click the next button to 2015
4) click Jan
5) click the 6

Most dates (other than birth dates) can be entered in 5 clicks or less. But I am old school and prefer mainly to use the keyboard, and I find by using the period as a delimiter and not entering the year if the date is in this year, I can enter dates very quickly.

RiverSoft Employee, Client, Patient, Payer, and Facility Selectors

When you click the Employees, Payers, Client-Patients, Facilities, Client Schedule, Employee Schedule, or Clinical Data buttons, you will presented with a selector screen.

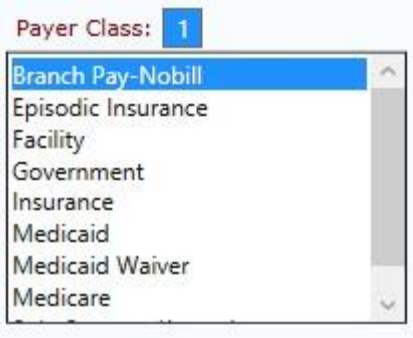


Employees (27)	Status	Primary Skill	Type	Sex	City	Phone	SSN	Affiliation	LEIE
Abend, Carol	Active	OT	Field Employee	F	Zionsville	(555) 531-4876	***-**-0815	None	NotChecked
Cabatu, Ruth L	Active	RN	Staff Employee	F	Indianapolis	(555) 679-8293	***-**-8467	None	NotChecked
Crossland, Dorothy E	Active	HHA	Field Employee	F	Tipton	(555) 210-9011	***-**-0679	None	NotChecked
Englund, Barbara	Active	RN	Field Employee	F	Cicero	(555) 354-7376	***-**-8828	None	NotChecked
Fieldson, Kimberly	Active	RN	Staff Employee	F	Marion	(555) 673-0714	***-**-6606	None	NotChecked
Fresta, Deborah	Active	HHA	Field Employee	F	Gaston	(555) 661-2496	***-**-4078	None	NotChecked
Legrand, Donna	Active	HHA	Field Employee	F	Middletown	(555) 805-3013	***-**-8843	None	NotChecked
Lopardo, Nancy	Active	Office Staff	Staff Employee	F	White Cloud	(555) 938-8154	***-**-4555	None	NotChecked
Maritnez, Helen	Active	HHA	Field Employee	F	Elwood	(555) 437-7557	***-**-8039	None	NotChecked
Mattsson, Margaret Y	Active	HHA	Field Employee	F	Cicero	(555) 210-7874	***-**-6675	None	NotChecked
Mongiovi, David	Active	HHA	Field Employee	M	Muncie	(555) 702-2069	***-**-1147	None	NotChecked
Petrouits, Susan	Active	HHA	Field Employee	F	Elwood	(555) 274-5878	***-**-3183	None	NotChecked
Phimsoutham, Ronald	Active	PT	Field Employee	M	Brewington Wds	(555) 760-9274	***-**-8078	None	NotChecked
Piggie, Maria	Active	HHA	Field Employee	F	Indianapolis	(555) 353-4327	***-**-8034	None	NotChecked
Rackham, Barbara	Active	Office Staff	Staff Employee	F	Indianapolis	(555) 504-9608	***-**-4629	None	NotChecked
Routhier, Ruth	Active	HHA	Field Employee	F	Anderson	(555) 602-4912	***-**-0564	None	NotChecked
Schnure, Sarah	Active	Office Staff	Staff Employee	F	Anderson	(555) 635-5860	***-**-6942	None	NotChecked
Servin, Jennifer	Active	HHA	Field Employee	F	Lapel	(555) 526-5491	***-**-0819	None	NotChecked
Sideman, Sarah	Active	HHA	Field Employee	F	Anderson	(555) 609-4260	***-**-6052	None	NotChecked
Stclair, Ruth J	Active	HHA	Field Employee	F	Westfield	(555) 507-0794	***-**-4934	None	NotChecked
Steinerkert, Dorothy	Active	HHA	Field Employee	F	Anderson	(555) 503-9424	***-**-2090	None	NotChecked
Stoughton, Linda R	Active	HHA	Field Employee	F	Noblesville	(555) 954-1846	***-**-4942	None	NotChecked
Tenen, Nancy	Active	RN	Field Employee	F	Anderson	(555) 617-1043	***-**-6645	None	NotChecked
Thoms, Mark	Active	RN	Field Employee	M	Anderson	(555) 860-3279	***-**-0583	None	NotChecked
Villanveua, Steven O	Active	Office Staff	Staff Employee	M	Elwood	(555) 552-9050	***-**-4004	None	NotChecked
Weglin, William N	Active	Office Staff	Staff Employee	M	White Cloud	(555) 798-8282	***-**-8465	None	NotChecked
Zieber, Michelle	Active	RN	Field Employee	F	Middletown	(555) 465-1030	***-**-0879	None	NotChecked

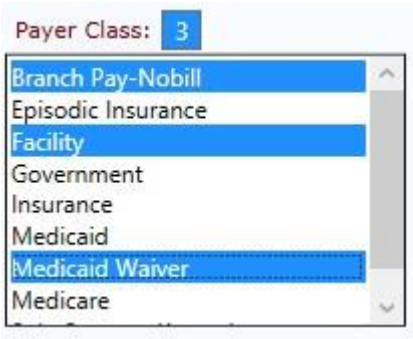
These screens of course display different lists, but all of them provide a way to filter the list at the top and ways to sort this list by clicking on the column headers. And all of the selector screens except the schedule selectors have a new button that allows you to create a new list element instead of choosing an existing element. For example, to look at an employee's information, simply click on the row for that employee. To create a new employee, click the new button.

RiverSoft Multi-Select Control

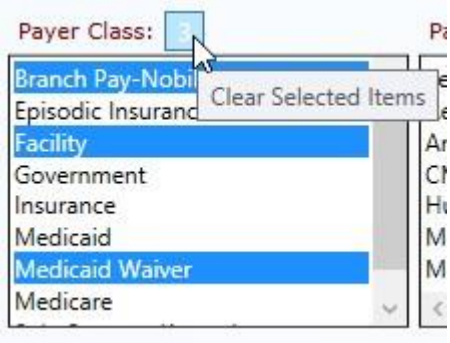
Many of the reports and billing screens have comprehensive selection screens that allow you to narrow the focus of the screen to just the data you are interested in. One of the most useful controls on these screens is the multiselect control.



When you click on one of the elements in the list, that element will be highlighted and the number of elements chosen will show at the top in a blue square. By holding down the control key and selecting more elements, you can create a pick-list that will be used as your selection criteria.



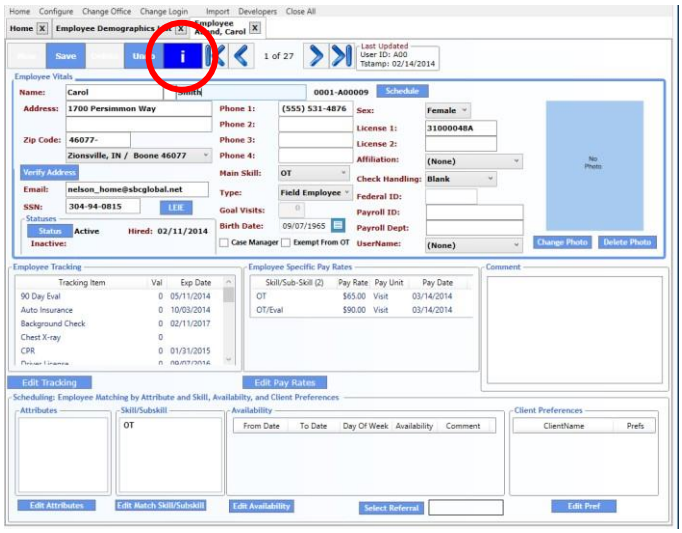
By clicking on the blue square element counter, you can clear your selected items and start over.



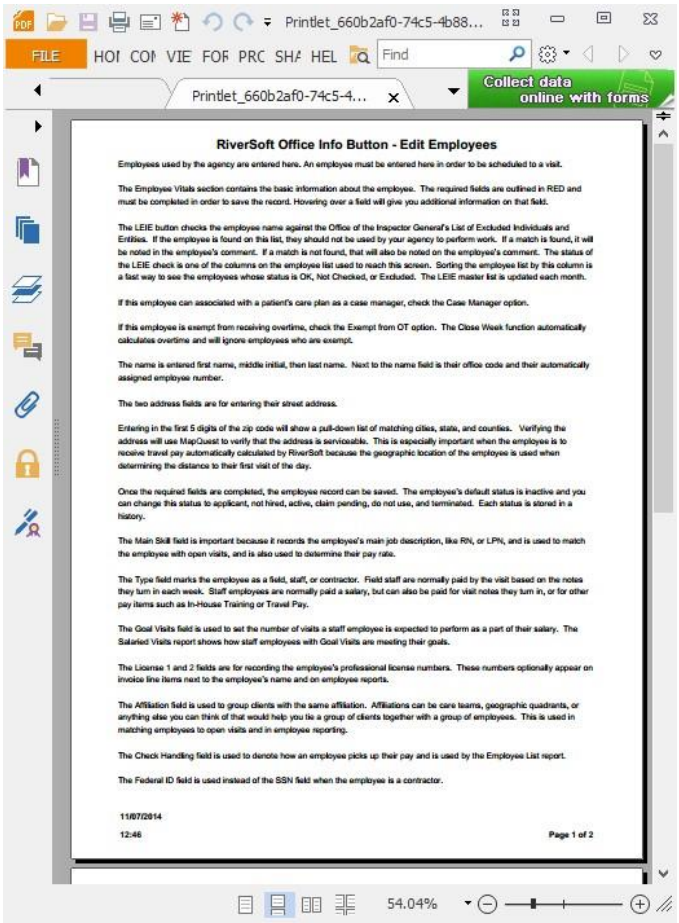
By clicking on one element and then shift-clicking on another element, all elements between the two will be selected.

Information Button

Most screens have an information button that creates a PDF document describing how to use the screen.



In order to see the PDF you must have a PDF viewer installed on your workstation (if you are not running RiverSoft Office via the cloud or Terminal Services). We recommend Foxit PDF, but Adobe and other free viewers are available. If you do not have a view installed, you will not be able to access the information in these buttons and you will not be able to print reports, invoices, claims, care plans, verbal orders, face to face sheets, or anything else from RiverSoft Office.



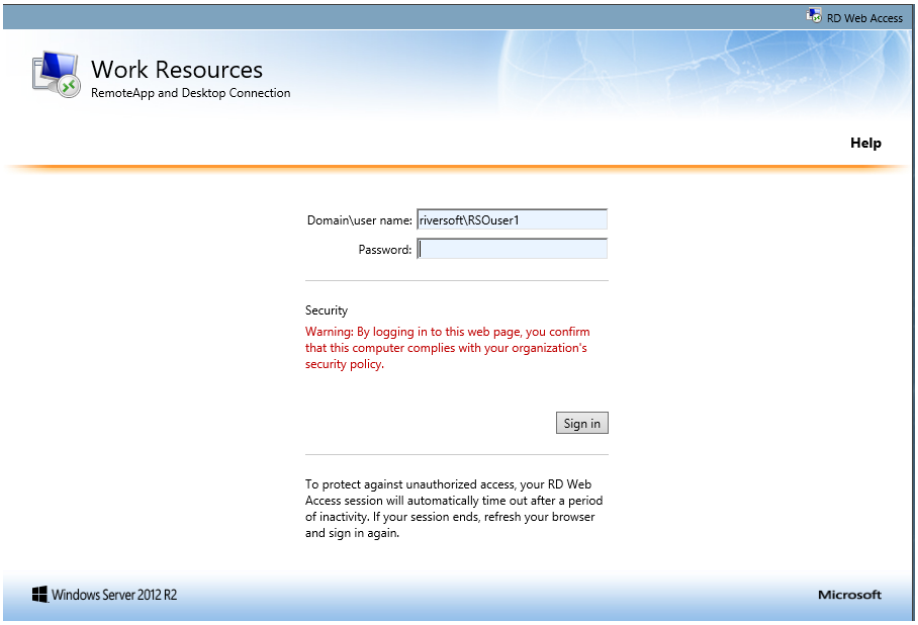
Using the RiverSoft Cloud

If you are utilizing the RiverSoft Cloud there are two important things you must know how to do

1) Login to the RiverSoft Cloud
2) Move a file from the RiverSoft Cloud To and From Your Workstation.

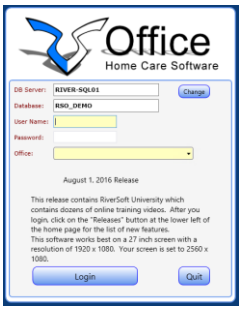
Logging to the RiverSoft cloud by typing this address into your web browsers:
https://riversoft.myiqcloud.com/RDWeb

You will be presented with a login screen in which you will enter the username and password that has been issued to you. It is best practice to have you username and password be the same for the RiverSoft Cloud login an your RiverSoft Office login.

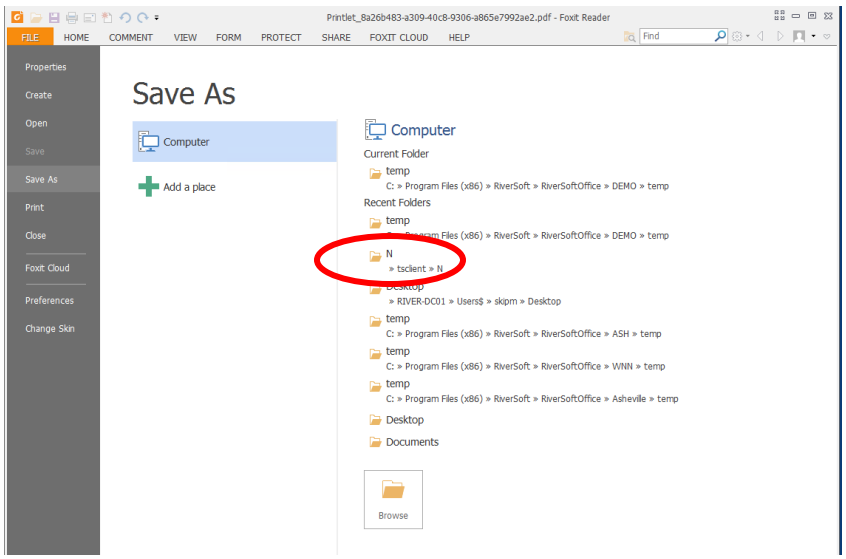


Once you enter your username and password and click the Sign in button, you will see your RSCloud desktop**.**

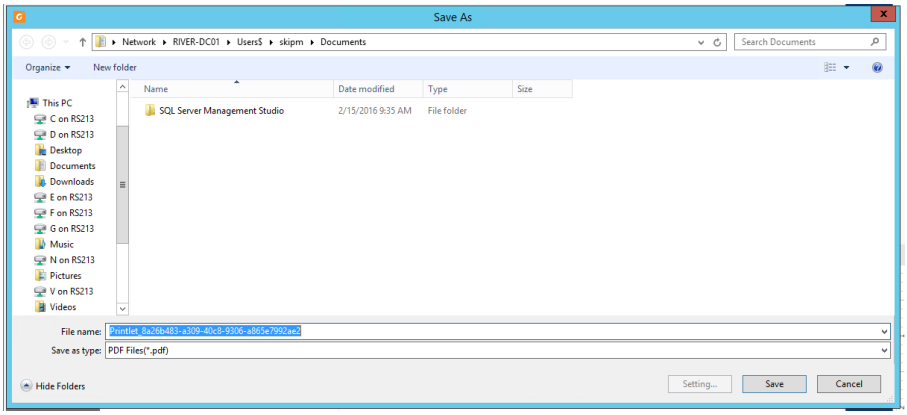
Clicking on the RiverSoft Office shortcut will cause a window at the bottom to appear – click the Open button, and the RiverSoft Office app will open in your local desktop



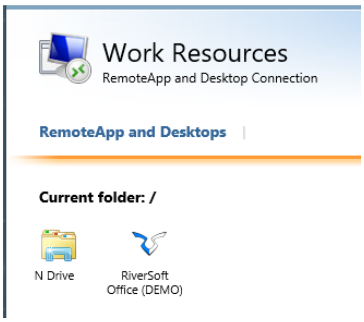
When you print a report, it will show in a PDF window. If you would like to save the report to your local drive, in your save as folder look for a **tsclient** folder. **The tsclient folder contains your local folders.**

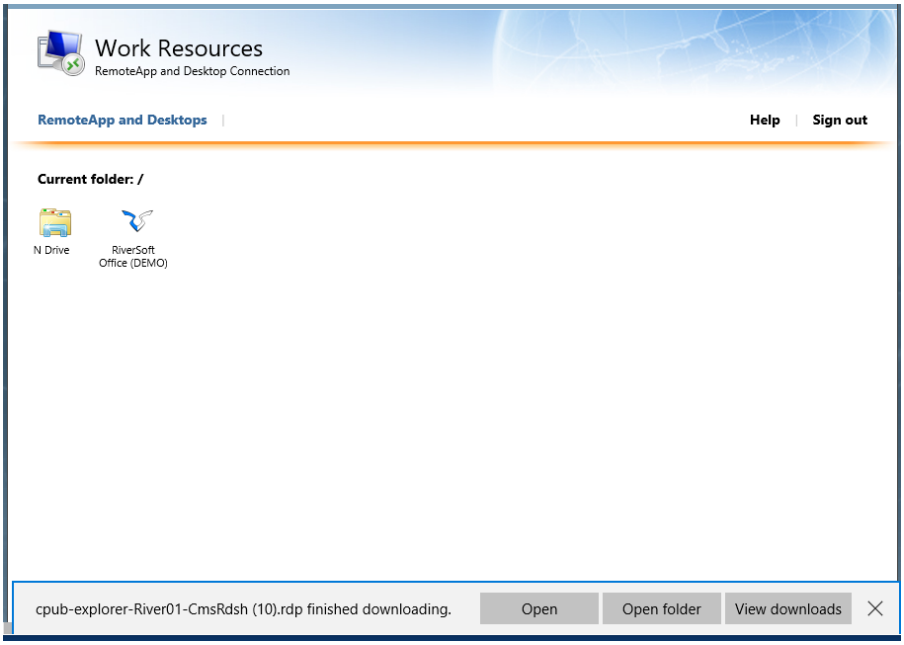


This will give you a choice of places to save the file to your local workstation or network.



To move files from the RiverSoft Cloud to your local workstation or network, click on the N Drive on your RiverSoft Cloud desktop and click the open button at the bottom of the screen.



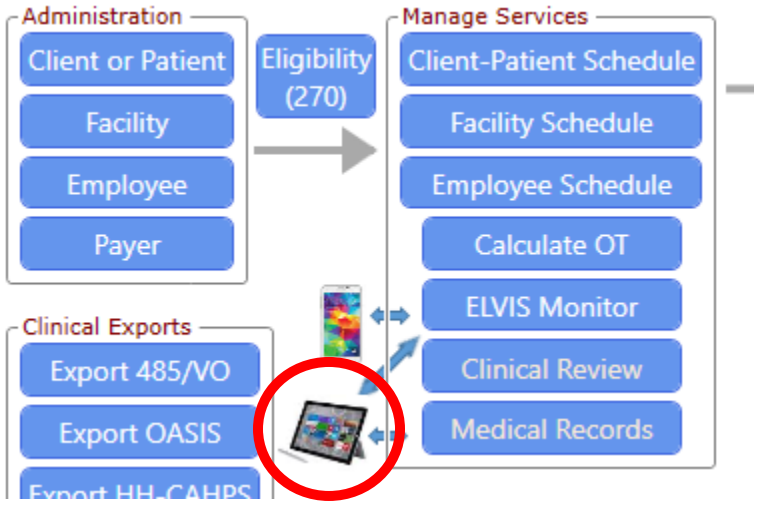


You will be presented with a file browser you can move files to and from the RiverSoft Cloud N drive to your local workstation. For instance, if you had previously created an 837 claim file in the n:\claim transmissions folder in the RS Cloud and you wanted to move it to your local C: drive to submit it to your payer's portal, you will browse to the RS Cloud N:\claim transmission folder, **right-click the file and choose cut, then, in the same file browser window, browse to your local folder and paste the file by right-clicking in the folder and choosing paste.**

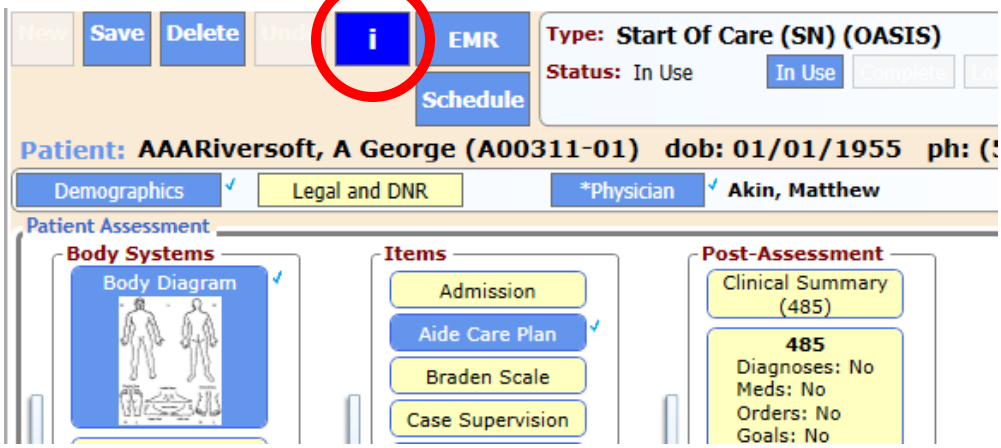
If your SQL Server is in a time zone different than your office, an offset can be configure so that the timestamps on your database records will match your time zone. This is done with a SAM.ini variable called `INI_SQL_DATABASE_SERVER_HOUR_OFFSET.` If you would like this behavior, please call RiverSoft.

Work Flow – Patient Intake to Discharge

1) Resources other than videos to help understand the workflow: RiverSoft Mobile overview…



And Notes Editor Manual…



And the Clinical Note Case Study in RiverSoft University…

1

2) Add new incomplete patient.

3) Enter all referral information available including face to face date if Medicare - help the SoC caregiver.
4) Enter payer relationships and allowed skills for each payer. If payer authorizations are available, enter those. For Medicare, enter SN, PT, OT, and HHA so SoC caregiver can enter Dr. Orders for these common skills. If others are needed, the SoC nurse will let you know.
5) A patient with multiple payer relationships may have visits scheduled and 485's for different payers.
6) Schedule assessment visit and notify caregiver to do assessment.
7) Visit the patient and complete SoC note. If this note is not completed timely, subsequent notes WILL BE DONE IN THE BLIND AND MAY NEED REWORK BECAUSE NEW NOTES INHERIT INFORMATION FROM PREVIOUS NOTES. IF A NEW NOTE IS CREATED WHEN THE SOC NOTE IS ONLY PARTIALLY DONE, THE NEW VISIT NOTE WILL INHERIT PARTIAL INFORMATION. PLACING A NOTE BACK IN USE WILL CAUSE IT TO TRY TO RE-INHERIT INFORMATION.
8) RiverSoft Mobile – Login, Patient list highlighting, Header Buttons, thinking spots (new note, save Dr. Order, Lookback).
9) SoC note pathways are chosen to create a nursing care plan of interventions and goals - these autofill 485 locator 21/22.
10) **485 is now data driven:** locator 21 is completed via Edit Pathways, Edit Orders, Nutritional (485), Vital Signs (485), and Clinical Summary (485). Locator 21 is completed via Edit Pathways and Clinical Summary 9485).
11) Entry of Dr. Orders auto-completes 485 locator 21 and allows loading of visits into schedule. If a new Dr. Order compliance rule overlaps a Dr. Order on a previous note, the previous Dr. Order compliance rule will be replaced but the corresponding previous 485/VO will not change if it has been mailed.
12) Insurance authorizations and Dr. Orders may cause visit to turn OUT OF COMPLIANCE on the schedule –the Compliance Summary report shows compliance issues agency wide.
13) Note is completed (analysis must have ZERO warnings) – ELVIS Monitor auto-verifies visit – note is now visible in the clinical review screen. Diagnoses codes are not required to complete note.
14) Visit Type on Time Slip page will provide information for office to set the sub-skill correctly on scheduled visit which is especially important for Therapy Eval and Reassess visits. **Visit Type causes visit TO BE MANUALLY VERIFIED.**
15) Notes missing ICD10 codes are identified on the Clinical Review screen (Diag Codes column will show "Missing") - Diagnoses coders enter ICD10 codes.
16) Clinical Supervisor reviews notes (possibly adds reviewer comments and sets to "In Use" to go back to caregiver). Notes with Verbal Orders have a "*" in the VO column. Notes with information in the conference area have a "*" in the Issue column. Simple notes and visit notes go directly from "In-Use" to "Locked" without the need for review (unless the employee is under clinical review - has the CLINICAL REVIEW attribute).
17) Clinical Supervisor optionally removes allowed skills that are not on the 485's Locator 21.
18) Note is locked freeing OASIS to be reviewed further and exported and 485 to be reviewed further and finalized and exported – face to face document is sent if date has not been recorded.
19) Notes with OASIS that are **missing** ICD10 codes **cannot** be locked.
20) Locking SoC note adds active status to patient and sets the patient admission date and start of care date.
21) As soon as a visit that was verified by ELVIS monitor is closed, the visit can be billed.

22) All caregivers see unassigned visits in RiverSoft Mobile and can assign themselves (with proper user permit) and can adjust their schedule.
23) Caregiver does second visit, narrating appropriate interventions. All ONGOING interventions are inherited by new note. Completing a note causes ELVIS Monitor to verify visit. If Visit Aide page indicates aide supervision was done, visit in schedule is marked as supervisory. The supervisory frequency at the payer level and the first supervisory visit dictates when the next is due and a missing supervisory visit on the schedule causes the compliance flag to turn red.
24) Invoices can be held from creation for many reasons (about 50) including 485/VO not signed, OASIS not locked, face to face invalid or missing. The unbilled report shows what cannot be billed and why.
25) Pathway driven interventions can be added to patient via a verbal order on a note. Medications are added/updated the same way.
26) A patient cannot be discharged via a discharge from agency note if all their goals are not properly dispositioned (marked met or not met).
27) Case Analysis should be reviewed prior to discharging patient.
28) When a transfer note is locked, the patient receives a hold status and all visits after that status are placed on hold.
29) When a discharge from agency note is locked and the user chooses to stop all services, the patient receives a discharge from agency status and all visits after that date are discharged.
30) There are notes that will discharge one skill, and one payer.
31) Locking a resumption note will add an active status to the patient. Resumption note allows either verbal order or 485 to be completed based on if note is with 5 days of certification end.
32) Visit Attempt but not Made note creates “Show-Up” pay item when locked.
33) Visit (Non-Admitted) adds Non-Admitted status to patient when note is locked.
34) For Medicare, final invoice/claim can be created as soon as the week the episode ends is closed and there are no “Unbilled” issues. For other payers, the invoice/claim can be created as soon as the last week in the billing period is closed and there are no “Unbilled” issues.
35) When a new patient is entered that has already been serviced by the agency, the system will provide a message that the existing patient record should be re-admitted instead of entering an entirely new patient record.
36) Expiring compliance rules report shows insurance authorizations that must be renewed agency wide.
37) Export 485/VO feature should be used to send all 485s and verbal orders to doctors because it has been designed to provide all the information to do this job quickly and effectively.
38) OASIS should be analyzed by third party in the OASIS review page. This can be done in the field in RiverSoft Mobile and in the office with RiverSoft Office. We recommend PPS PLUS. All OASIS locked with the last month should be exported each month.
39) Use Export HH-CAHPS feature to create survey files for your HH-CAHPS vendor.
40) When the state auditor visit you, use these reports: Patient Census by Service, Patient Admission/Discharged
41) To track OASIS-based outcomes, use these reports: OASIS Clinical Outcomes, OASIS Discharge Disposition and Emergent Care, Value Based Purchasing (if in one of the pilot states).
42) For Medicare patients, PPS Episodes report provides PPS specific patient data, with analysis figures on last page.
43) Dashboard graphs available for New Admissions, Discharges, Non-Admits, and Active Patients

44) The main patient list screen in Medical Records shows patients by name, status, payer class, payer, affiliation, and is sortable by name, status, case manager, note counts, birth date, sex, city, phone, entry date, SoC Date, Admission Date, next Cert End, and Discharge date.
45) Custom patient list and patient data is available from these reports exported to Excel/CSV: Patient List, Patient Census (by status and service), and Client/Facility List, PPS Episodes, Hospice Patients.

Work Flow – Employee Intake to Terminated

1) Add new applicant or inactive employee.
2) Verify address so that distance from clients can be calculated.
3) Enter expiration dates of employee tracking items. This is uses so report can be run to show expiring employee credentials agency wide, they show as out of compliance on the employee schedule, and are used on the when an employee is matched to an open visit.
4) Attributes are used to more closely match to a client.
5) Calculate Mileage turns on AutoPay Mileage feature for the employee
6) Calculate Travel Pay turns on AutoPay Travel Time feature for employee
7) Skills and subskills aid in matching employee to unassigned visit
8) Availability records days where employee is not or maybe not available.
9) Client preferences aid in matching an employee to a client
10) If employee will be using RiverSoft Mobile or ELVIS smartphone app, they will need a username and password and that username must be associated with their employee record.
11) LEIE button will check to see if employee is in the Office of the Inspector General's List of Excluded Individuals and Entities
12) If employee is entered as applicant, when they are hired an active status should be added. If they are not hired the inactive status should be added.
13) Clicking the employee button on an unassigned visit will display the employee matching screen. This screen displays the list of employees matching the visit. Right clicking on an employee shows the phone log screen so that the results of calling the employee can be logged. Left clicking an employee assigns them to the visit.
14) An employee's schedule is made available to the employee by RiverSoft Mobile, the ELVIS smartphone app, or an employee dispatch report.
15) Visits are verified the ELVIS monitor when it receives a completed note from RiverSoft Mobile, a done visit from the ELVIS app, or manually verified with a signed Timeslip.
16) Closing the week changes the verified visits to closed and make them ready to be sent to your payroll system via the Export Payroll feature.
17) Payroll can be manually entered into your payroll system via the Payroll Report.
18) Terminated employee are given the terminated status along with a comment and an indication that they are eligible for re-hire.
19) If an employee works in multiple offices, the system checks the other offices when the employee is assigned to a visit to ensure they are not double booked.
20) Salaried employees can be assigned a number of goals visits per week and the Salaried Visits report shows the employees that achieved their goal and the employees that did not.
21) Field employees can be assigned a number of daily visits. This limit is one of the filters on the employee matching screen.
22) Employee List report provides detailed data of employee demographics agency wide.
23) The employee list in the Employee and Employee Schedule feature allows filtering by name, status, skill, type (field, staff, or contractor), affiliation, and attribute. The list is sortable by name, employee number, status, skill, username, type, sex, city, latitude/longitude, phone, SSN (last four digits), affiliation, LEIE status, and attributes.

Work Flow – Billing

1) Close Week – review the close week reports and if they look accurate, close the week. If you find an issue, stop the close week function, fix the issue, and close the week again. It is faster to fix a mistake prior to closing the week than it is to enter an adjustment after closing the week.
2) Create Invoices and Claims – if your agency has different people that are responsible for different payers, make sure you only create for your payer(s).
3) For Self-Pays and other paper invoice clients, print and mail invoices.
4) For payers requiring payer CMS1500 or UB04 claims, print claims. If payer requires red forms, load printer with red forms, make sure the printer driver DOES NO SCALING, and print claims using "Print No Claim Form" option. If print is off to left or right or up or down, use the nudge feature to adjust.
5) For all other payers that accept 837 files, generate one 837 file per payer and upload it to their portal.
6) Enter received paper checks or remittances as payments and apply cash to invoices to relieve your aging.
7) Process any electronic payments (835 files) with "Process Remittances (835)" feature.
8) Process any electronic responses (270, 271 files) with "Process Responses (27*)" feature.
9) Review aging. Starting with the accounts that owe the most money the longest, call the payer and request payment. From the "Manage Invoices:" feature, highlighting an invoice will provide access to the Statement, Collect Log, and Account Log features. Use the statement to get a bird's eye picture of the account. Use the collect log to enter comments about your attempt to collect the invoice. If the comment is not specifically about the invoice, log the comment using the account log. It is important to log your activity so that it will show on the Aging for everyone to see how hard you are working to collect.
10) Adjust invoice details, adjust invoice totals, un-bill, and rebill invoices as is appropriate. Make sure to use the "I" buttons and videos to guide you.
11) The aging report shows the current status of your receivables.
12) The sales report shows your sales, cost, and margin. This report can provide you with your Medicare cost report figures, your Medicaid cost report figures, and other figures like sales per county by skill. Read the "I" button to discover the power and flexibility of this report.
13) The AR Roll-Forward report details the difference between the aging run for two different dates.
14) The GL Entries report categorizes sales and cost within accounting periods and account numbers. The account numbers are managed using the "Edit GL Account Mapping" button within the feature. If you need assistance with this feature, give RiverSoft a call.
15) Run the Unbilled Report. Any issue that is preventing a visit/supply/service from being invoiced must be resolved quickly because YOU HAVE ALREAD PAID THE COST OF THE ITEM. Each issue must be resolved as soon as possible so that the invoices can be sent to the payer and you can be reimbursed. Assign people in your agency particular unbilled issues for which they are responsible and show them how to run this report every day. Keep track of who is resolving issues and who is not.

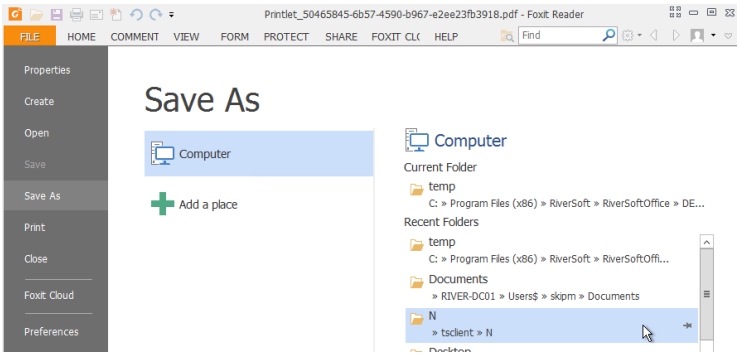
Work Flow – Payroll

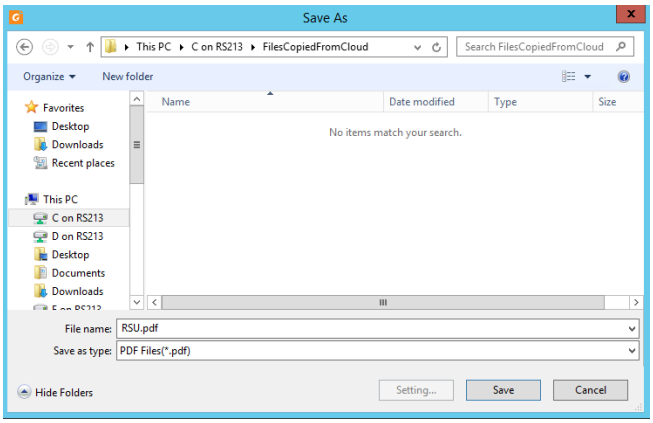
1) Most visits should be verified via the ELVIS monitor when it processes the visit “time in” and “time out” information sent from the ELVIS smartphone app or RiverSoft Mobile. Other visits must be manually verified against a paper Timeslip. When verifying a visit, make sure the “from” and “to” time is correct and the pay rate is correct. If the pay is not correct, correct the pay rate in the employee’s rates area, payer, client, or agency default area so that the pay rate will be correct next week.
2) Close the week. Carefully review the verified visit and pay item reports and look for errors. Finding and fixing an error prior to closing the week is faster and easier than entering an adjustment after a visit or pay item is closed. If the reports look good, continue with the close week.
3) Run an employee list report by entry date for the last week and make sure you have entered any new employees into your payroll system.
4) If you export a payroll file to your payroll vender, create the payroll export file and sent it to the payroll vendor.
5) If you hand key your payroll, generate the payroll report and key from that.
6) If you are not using ELVIS or RiverSoft Mobile, your employees will need a paper copy of their schedules for the next week. Use the Employee Dispatch report to generate these and give each employee a copy when they come in for their paycheck.

Accessing RiverSoft University Videos When Using the RiverSoft Cloud

RiverSoft University training videos are hosted by YouTube and YouTube is not accessible, for security reasons, from the RS Cloud. You will need a local copy of the RiverSoft University PDF file in order to access the videos. Do this by clicking the RiverSoft University button from RiverSoft Office. You will notice that RiverSoft University is a PDF that appears in a PDF viewer.

Clicking the File and then the Save As menu item will give you options to where you can save the RiverSoft University PDF file. Choose a local folder. In this case, there is a folder on the local workstation called FilesCopiedFromTheCloud.

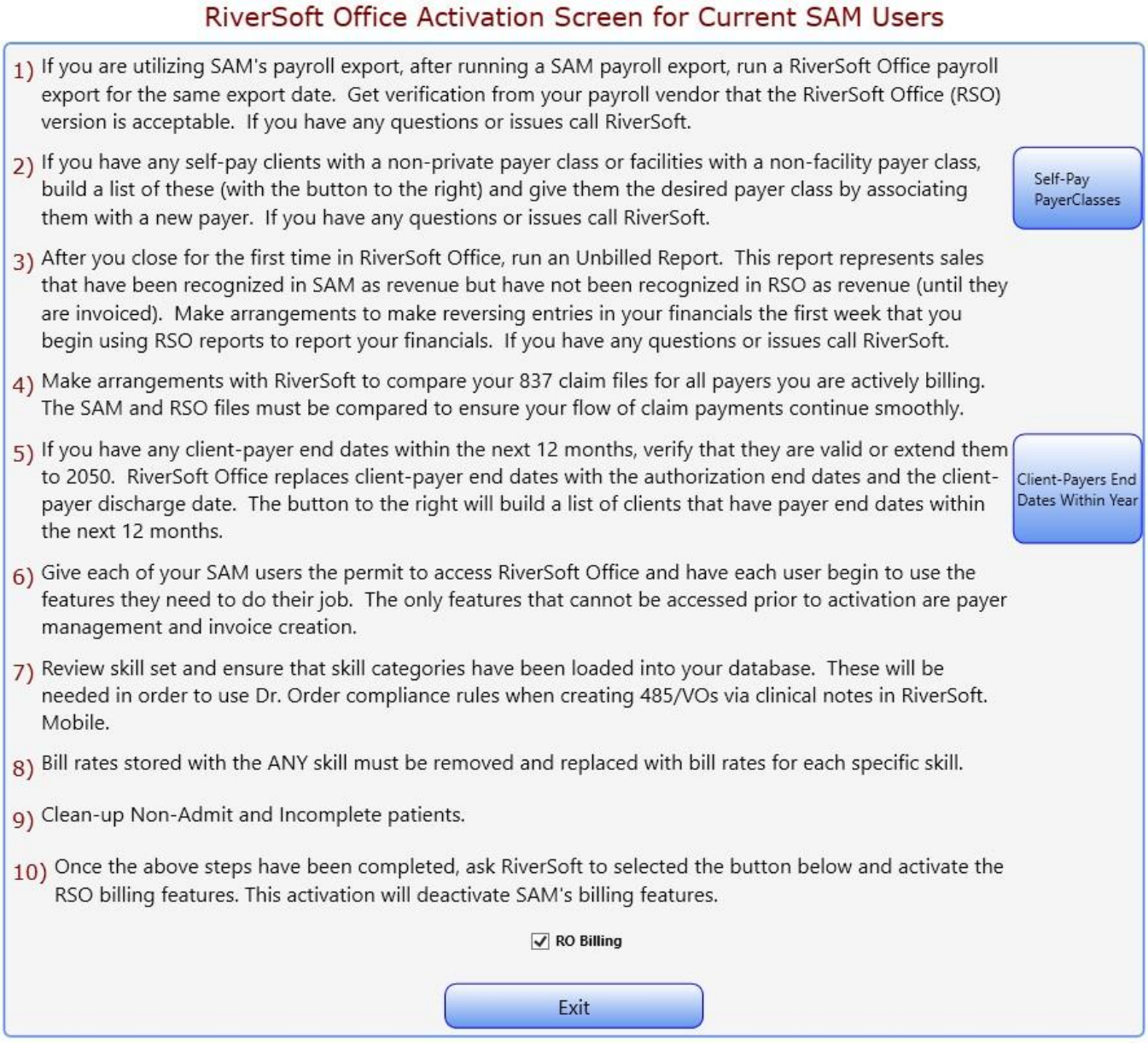




Now you have a local copy of the RiverSoft University PDF. Open that file and click on a video link to view the associated YouTube training video.

As long as your workstation has access to YouTube, the videos should work fine.

SAM to RiverSoft Office Transition



Transitioning from SAM to RiverSoft Office is accomplished when RiverSoft checks the “RO Billing” option at the bottom of the Activation screen after your agency has accomplished the activation check list above.

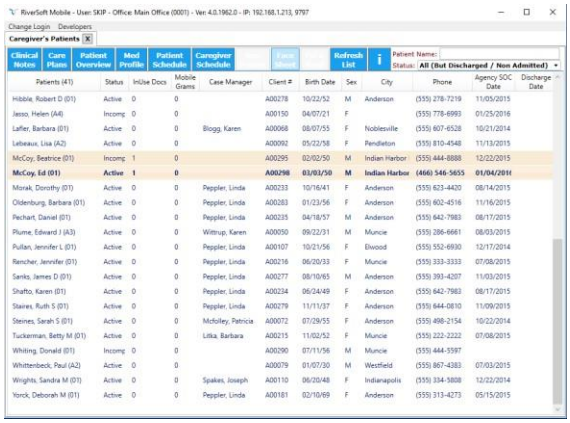
RiverSoft Office greatly simplifies performing adjustments and reporting sales, but means that once you begin using RiverSoft Office, the SAM billing features are deactivated. **In SAM, an item was considered a sale when it was closed and received a financial transaction date that was on a week ending date – this date was used as its “sale” date. RiverSoft Office simplifies this by not recognizing a sale until it is invoiced with its sale date equal to the date it is invoiced.** So there are no more transaction dates, just the date an item was invoiced. This greatly simplifies sales reporting.

Creating RiverSoft Mobile Clinical Notes for Patients that have No Data Service

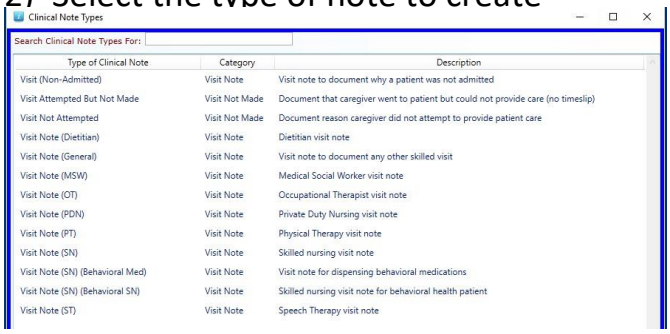
Before the day's visits, the notes for any patients living in connectivity-poor areas should be created and printed to PDF because creating a new note pre-fills the note with the patient's case information and provides places to note visit findings and update progress toward each intervention's goal. Creating these PDF notes takes less than 5 minutes (about 30 seconds per patient that has no connectivity). This is less time than it took to sync in MAT.

Creating PDF Notes Prior to the Day's Visits

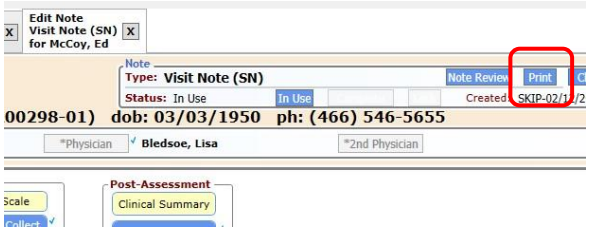
1) Select the patient from the main RiverSoft Mobile screen and click the Clinical Notes button



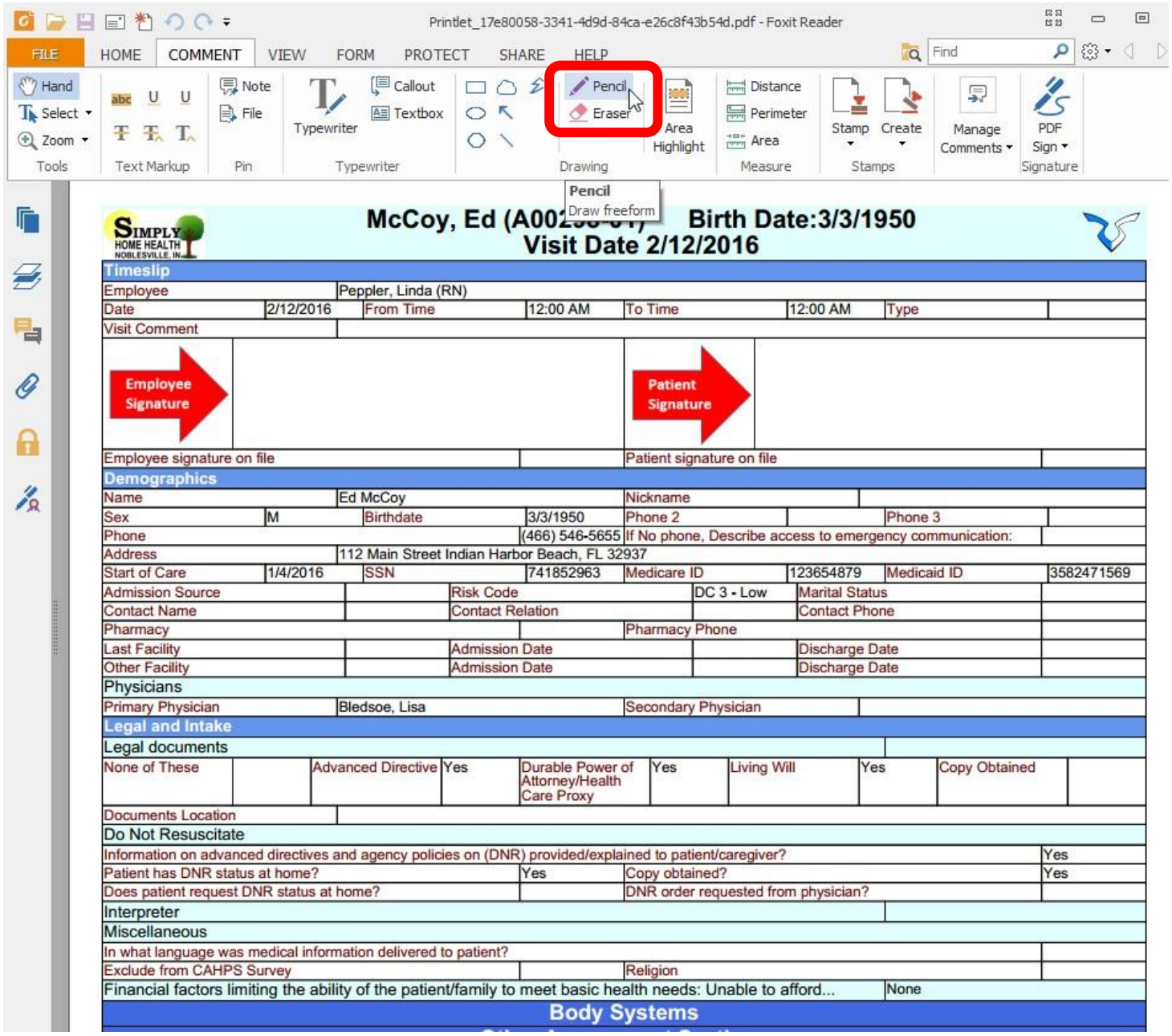
2) Select the type of note to create



3) Create PDF of note



Make sure you use a PDF viewer that allows annotating. The Foxit viewer has a comment button that allows annotation with your stylus using the pencil and eraser buttons:



When performing a visit at a patient's home that has NO cellular or Wi-Fi service, annotate the PDF as needed so that when you are again able to connect with RiverSoft Mobile you can use the annotated PDF to complete the actual RiverSoft Mobile clinical note.

Visit Note (SN) Clinical Note, Status: In Use

McCoy, Ed (A00298-01) Birth Date:3/3/1950
Visit Date 2/12/2016

Timeslip							
Employee	Peppler, Linda (RN)						
Date	2/12/2016	From Time	12:00 AM 5:45	To Time	12:00 AM 7:45	Type	
Visit Comment							
Employee Signature	[signature]			Patient Signature	[signature]		
Employee signature on file				Patient signature on file			

Demographics							
Name	Ed McCoy			Nickname			
Sex	M	Birthdate	3/3/1950	Phone 2		Phone 3	

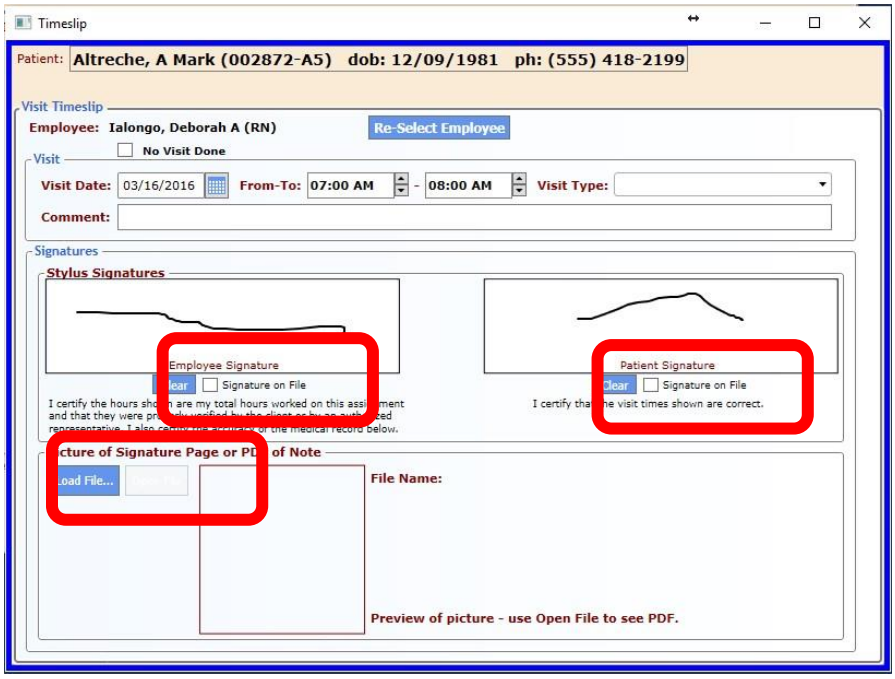
Vital Signs							
Vitals Taken							
Temperature							
Temp (fahrenheit)	98.1			Location			
Pulse (At least one is required)							
Rate (Apical)	72	Rate (Radial)		Rythm (Apical)		Rythm (Radial)	
Respiration and Heart Sounds							
Respiration Count	20	Respiration Difficulty		Heart Sounds			
Lung Sounds							
UR		UL		MR		LR		LL	
Blood Pressure (At least one is required)						Unable to Measure	
Lying Systolic Left		Lying Diastolic Left		Lying Systolic Right		Lying Diastolic Right	

Note's Pathway Narratives and Status Updates

Pathway	IG #	Skill	Goal	Intervention	Status	Narrative
Cancer (Acute Pain)	01	SN	Baseline established. Nurse to notify MD of increase in pain and ineffective pain control throughout certification period.	Assess patient for pain location, frequency, duration, and intensity using pain scale.	Ongoing	
Cancer (Acute Pain)	02	SN	Nurse will notify MD of any breakthrough pain episodes reported throughout certification period.	Assess patient to determine if there are episodes of breakthrough pain and if medication doses need to be altered.	Ongoing	
Cancer (Acute Pain)	03	SN	Patient/caregiver verbalizes three nonpharmacological comfort measures by #cert end.	Instruct patient/caregiver on nonpharmacological comfort measures such as massage, repositioning, and diversional activities which promote relaxation and help refocus attention.	Ongoing Met	
Cancer (Acute Pain)	04	SN	Patient/caregiver verbalizes three stress management skills and uses one regularly as evidenced by decreased stress by #cert end.	Instruct patient/caregiver to use stress management skills or complementary therapies such as relaxation techniques, visualization, guided imagery, biofeedback, laughter, music, aromatherapy, and therapeutic touch. These methods help enhance sense of control and increases focus on self which in turn increases the level of pain.	Ongoing	
Cancer (Acute Pain)	05	SN	Patient/caregiver states having reduced pain with use of cutaneous stimulation by #cert end.	Instruct patient/caregiver on cutaneous stimulation such as heat or cold as indicated to decrease inflammation, muscle spasms, and reduce pain.	Ongoing	
Cancer (Acute Pain)	06	SN	Nurse will notify MD of inadequate pain control throughout certification period.	Assess patient's levels of pain at each visit to see if pain is being controlled with minimal effects on ADLs.	Ongoing	
Cancer (Acute Pain)	07	SN	Patient/caregiver will verbalize understanding of treatment regimen and side effects as evidenced by increased confidence in handling treatment by #cert end.	Instruct patient/caregiver on the expected therapeutic effects and discuss management of side effects to help establish realistic expectations and increase confidence in own ability to handle treatment.	Ongoing Met	
Cancer (Acute Pain)	08	SN	Patient/caregiver verbalizes knowledge of reasons to take medications as ordered with	Assess and reconcile all medications. Instruct patient/caregiver in purpose, route, frequency, and side effects.	Ongoing	

After annotating a PDF note on the tablet, **the annotated PDF note should be used to fill out the ACTUAL electronic note in RiverSoft Mobile once connectivity is available so that the electronic medical record is brought up to date.**

On the time-slip page of the actual note, check the “Signature on File” option for both signatures. After completing the note, use the Load File… button and load the PDF. This will make the PDF file part of the note, so that signatures will be on file. Then the original PDF note can be deleted – the loaded copy will forever be part of the actual electronic note.



If you do not want to annotate the PDF note but rather you want to print the note and complete it on paper, take a picture of the signature page of the paper note and then use the “Load File” button on the time slip page to link the picture to the note. It is then important that the paper note be destroyed.

Adding unskilled services for another payer (like Medicaid) to a patient already receiving skilled services.

This patient will already have a Start of Care note and a complete set of pathway interventions that guides their skilled services. To properly document the addition of unskilled services to the patient for a different payer requiring a newer Start of Care date:

1) In RiverSoft Office, the payer for the unskilled services must be added to the client's payers

2) In RiverSoft Office, for this client's new payer, a payer specific Start of Care date must be entered so that it will show on their 485 and claim – this payer's Start of Care will be newer than the Agency Start of Care Date. The payer's specific Start of Care is entered in the screen that is displayed by the "Edit Client's Payers" button. While on the screen make sure the appropriate Allowed Skills are added for this client's payer relationship. In the next step, Dr. Order compliance rules are entered and that is only possible if the skills they are being entered for are allowed skills.

3) In RiverSoft Mobile, use a Visit Note (General) to document the visit that documents the unskilled services planning.

4) On the note, the Visit Aide button documents the Aides orientation and supervision. The Aide Care Plan button will allows you to create the list of tasks to be performed by the Aide. The Verbal Order button lets your create a revision to the existing care plan documenting the addition of services. You can also select a simple pathway that will guide the nurse's supervision of the unskilled services.

5) Enter Dr. Order compliance rules for new services. Make sure that the payer on the left side of the verbal order editor is set to the new payer. As long as the new skill has been added as an allowed skill for the new payer, the "Edit Orders" button will let you enter orders for that skill. Doing this auto-completes the Services: portion of the verbal order and will keep the schedule in compliance.

Adding skilled services for another payer (like Medicare) to patient already receiving un-skilled services.

This patient will already have a Start of Care note and a complete set of pathway interventions that guides their unskilled services. To properly document the addition of skilled services to the patient for a different payer requiring a newer Start of Care date:

1) In RiverSoft Office, the payer for the skilled services must be added to the client's payers

2) In RiverSoft Office, for this client's new payer, a payer specific Start of Care date must be entered so that it will show on their 485 and claim – this payer's Start of Care will be newer than the Agency Start of Care Date. The payer's specific Start of Care is entered in the screen that is displayed by the "Edit Client's Payers" button. While on the screen make sure the appropriate Allowed Skills are added for this client's payer relationship. In another step, Dr. Order compliance rules are entered and that is only possible if the skills they are being entered for are allowed skills.

3) In RiverSoft Mobile, use a Start of Care (skill) (OASIS) note to document the visit that documents the skilled services planning. If a nurse is doing the Start of Care, choose the Start of Care (SN) (OASIS). If a physical therapist is doing the Start of Care, choose the Start of Care (PT) (OASIS). If a speech therapist is doing the Start of Care, choose the Start of Care (ST) (OASIS).

4) Complete the Start of Care note. A new 485 will be created when you click in the 485 button; it will contain the patients current diagnoses codes, their current medications, and all their ongoing pathway interventions. Select additional pathway interventions to guide the skilled care and enter Dr. Orders for the new skilled care. Notice at the top of the 485 that the start of care date in locator 2 is set to the payer's start of care date entered in RiverSoft Office.

5) On the patient tracking page of the OASIS, remember to make the M0030 (Start of Care Date) equal to the payer's start of care date.

Wound and Pathway Inheritance – What To Do When a Goal is Met/Not Met in Error

Ongoing Wounds and pathways will carry over from note to note. It is very important that wounds/pathways be completed on the Start of Care as soon as possible as this allows subsequent notes to inherit them. When a wound/pathway goal is marked as Met or Not Met, it stops being inherited by subsequent notes. **In the event that a wound/pathway is marked as "Met" or "Not Met" in error** the wound/pathway will no longer be inherited to future documents **until** it is corrected where the error occurred. If notes are created prior to the correction all the "Met" and "Not Met" wounds/pathways will not be present. Once the correction on the earlier note has been made, the notes created after the correction will inherit the corrected wounds/pathways.

Any notes created while the incorrect status existed will be missing those pathways. Placing such a note from "Completed" back to "In Use" will cause it to inherit any new pathways added prior to the current notes creation date. If the note is already "In Use", click the "In Use" button to reload missing pathways.

Clinical Note Case Study – Start of Care Note Step by Step

The following is a step by step guide in the entry of an incomplete client and the entry of the Start of Care note. It clearly shows how to utilize the pathway library to build a comprehensive care plan quickly.

Case study:

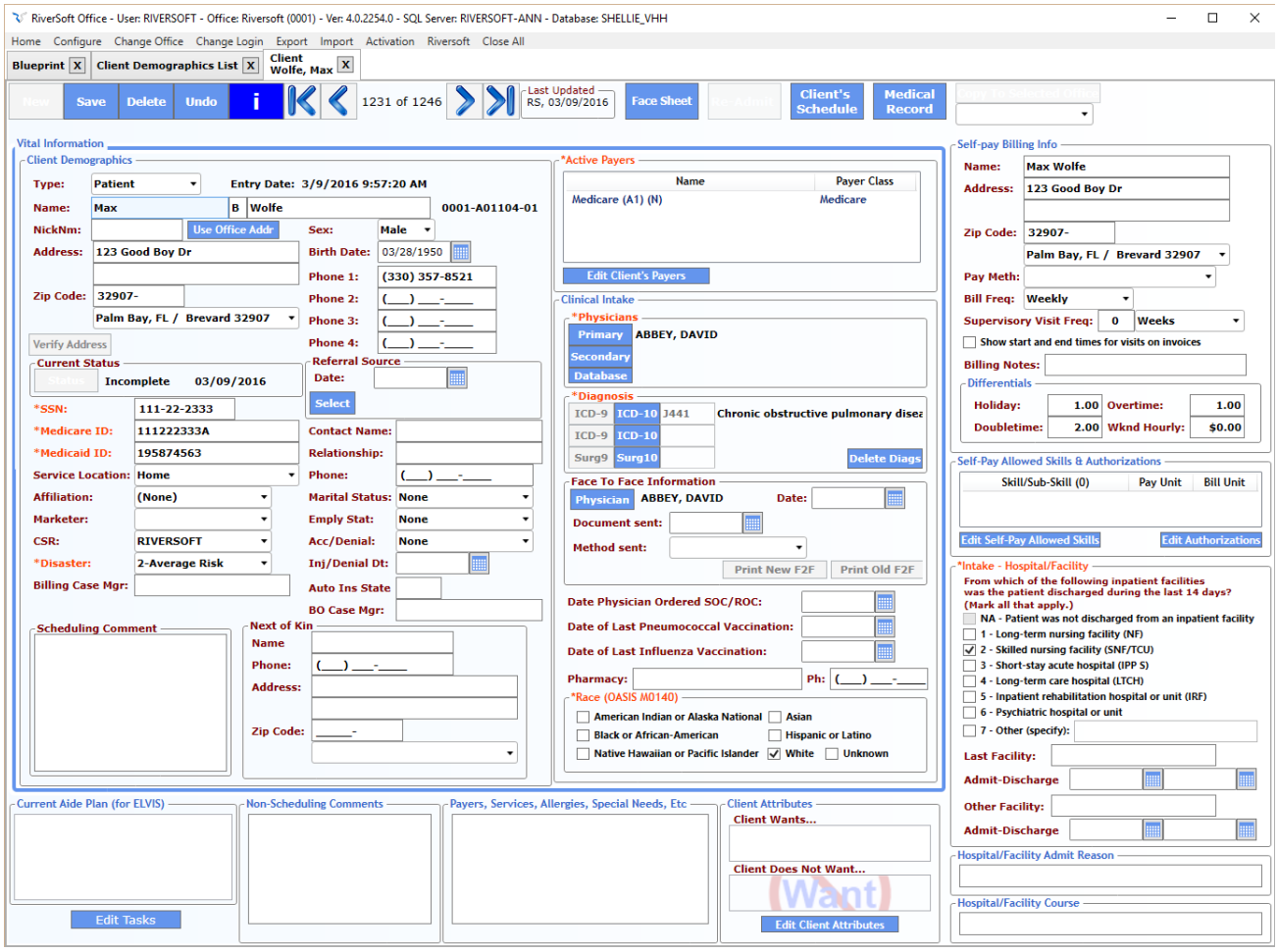
Max B. Wolfe a 65 year old man was referred to home care following his second trip to the emergency room in 6 months. Patient was diagnosed with a chronic obstructive pulmonary disease with acute exacerbation, major depressive disorder single episode moderate, left ventricular heart failure and general anxiety. Patient reports a productive cough, shortness of breath with moderate exertion, a smoking history of 1 pack a day for 20 years, and feeling exhausted.

Patient is currently taking Lisinopril 20mg twice daily; metoprolol 50mg twice daily; spironolactone 25mg daily; furosemide 40mg daily; salmeterol/fluticasone 50/500mg dry powdered inhaler one puff inhaled twice daily; and oxygen 2L/min via NC continuously.

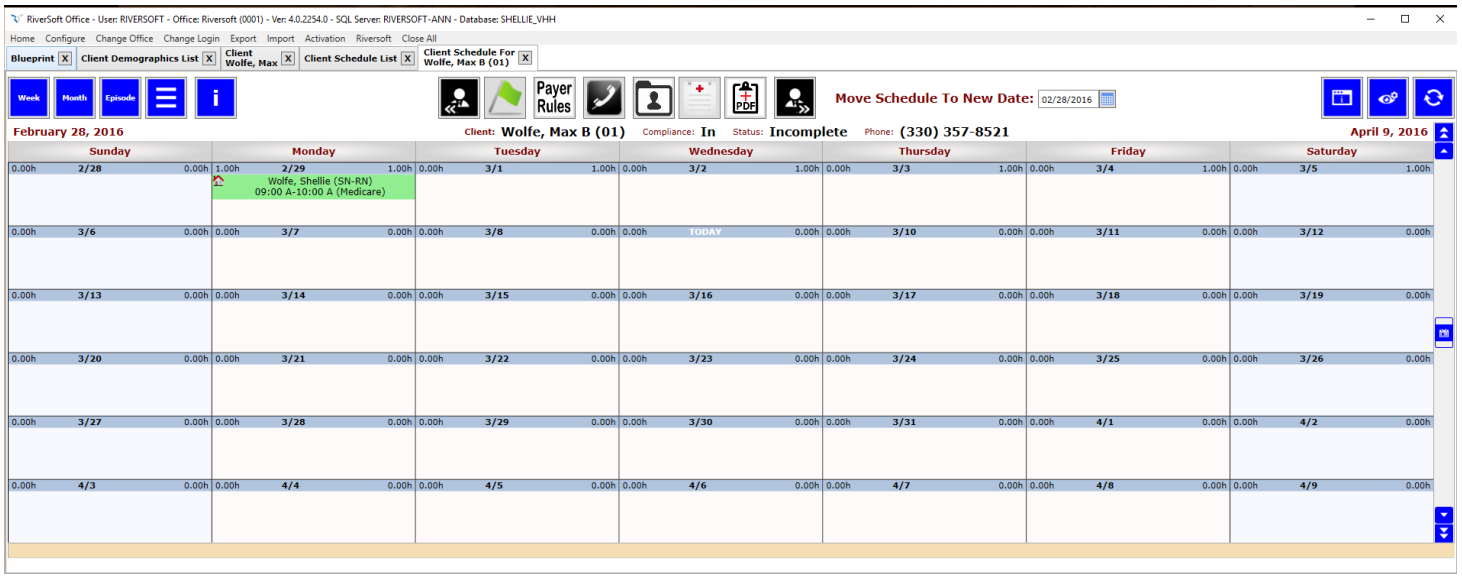
Patient states no depression now however in the past two weeks he has had little interest or pleasure in doing things and has felt a little down a couple of those days. Patient also reports feeling confused at night especially when the patient is short of breath with increased anxiety at that time.

Patient lives alone however his daughter is very willing to help daily and as needed. Caregiver states that she does feel like she is a little lacking in knowledge of her father's diseases and how to care for him. Patient/caregiver seems to need O2 safety precautions, fall precautions, and assistive device training due to him using a walker.

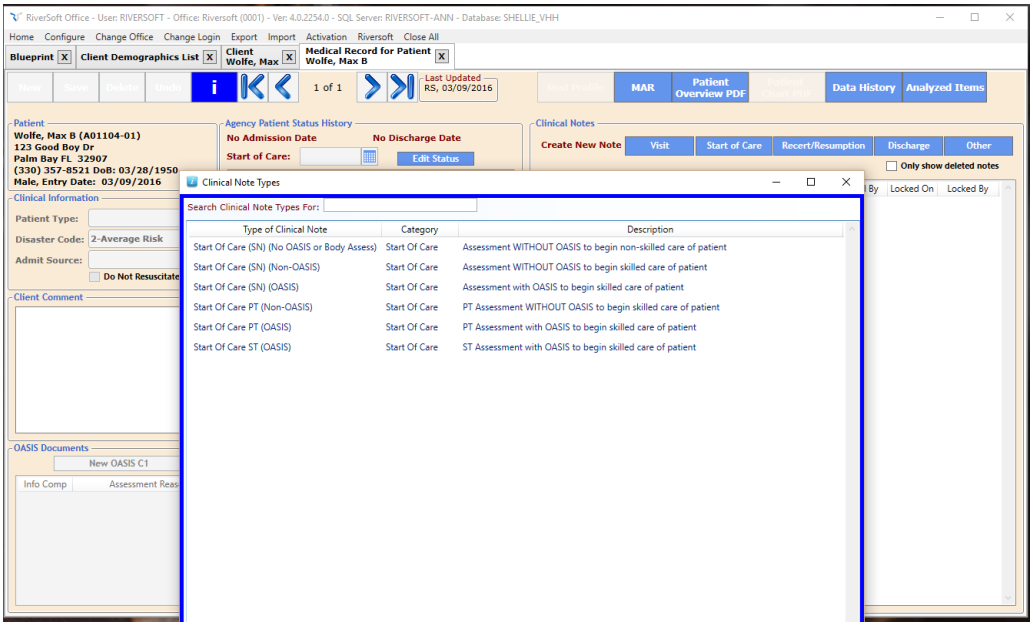
Enter the referring information in the client screen (name, address, sex, birth date, phone, SSN, Medicare/Medicare IDs, Disaster code, Active Payers, referring physicians, referring diagnosis codes, MO140, Intake – Hospital/Facility.



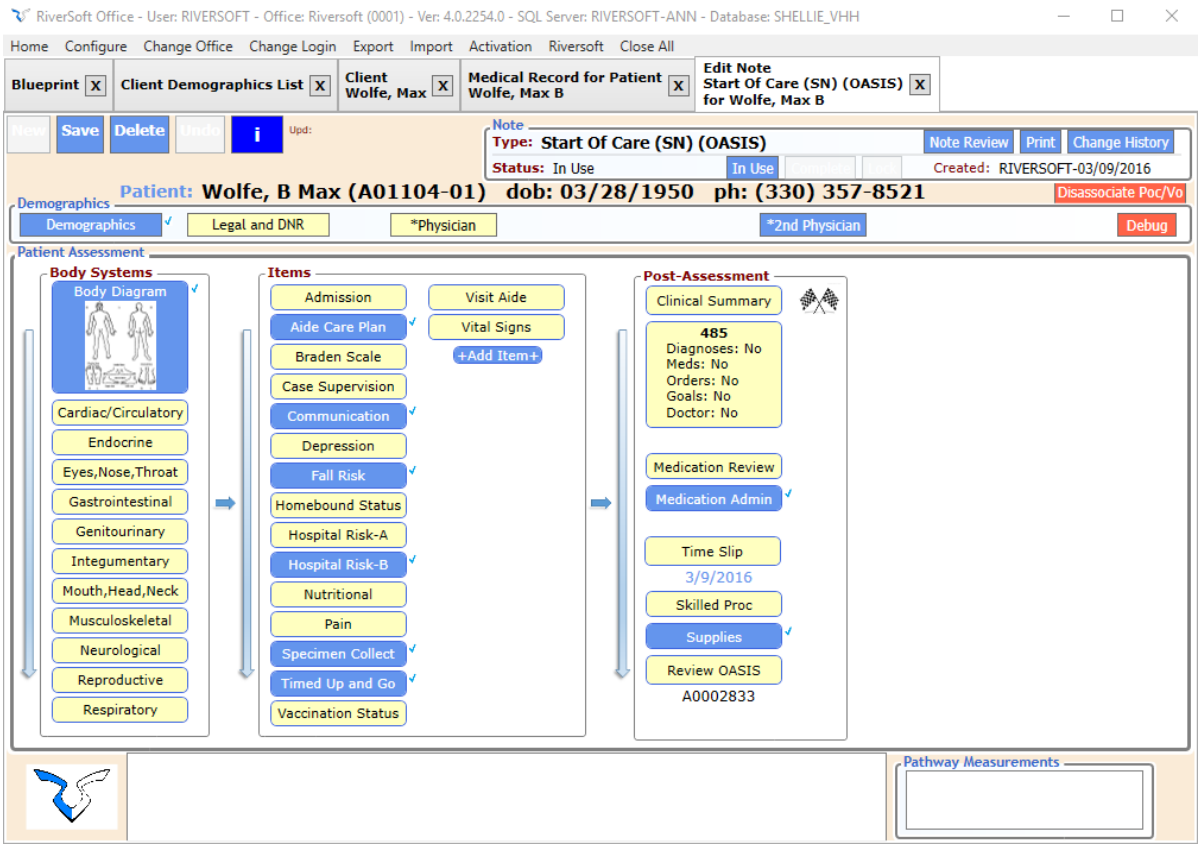
Schedule the assessment visit.

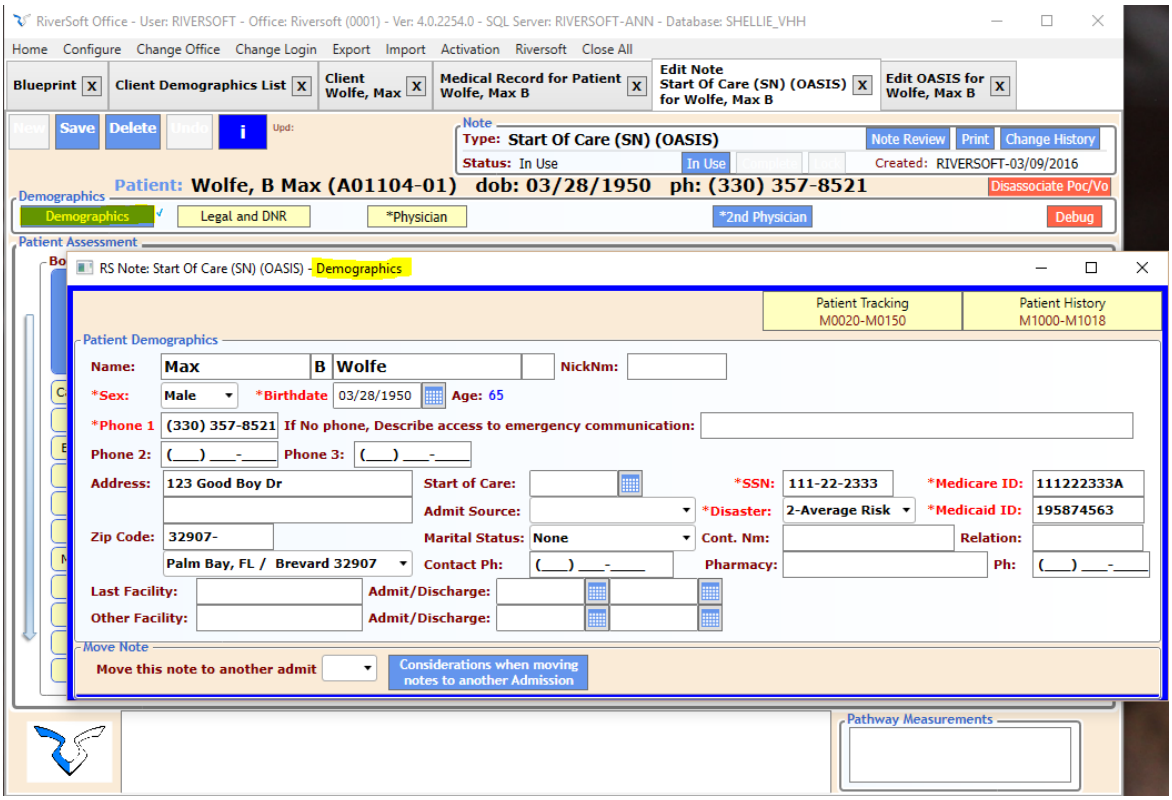


Create the Start of Care note. This screen shot shows it being created in RiverSoft Office – most notes are created in RiverSoft Mobile.

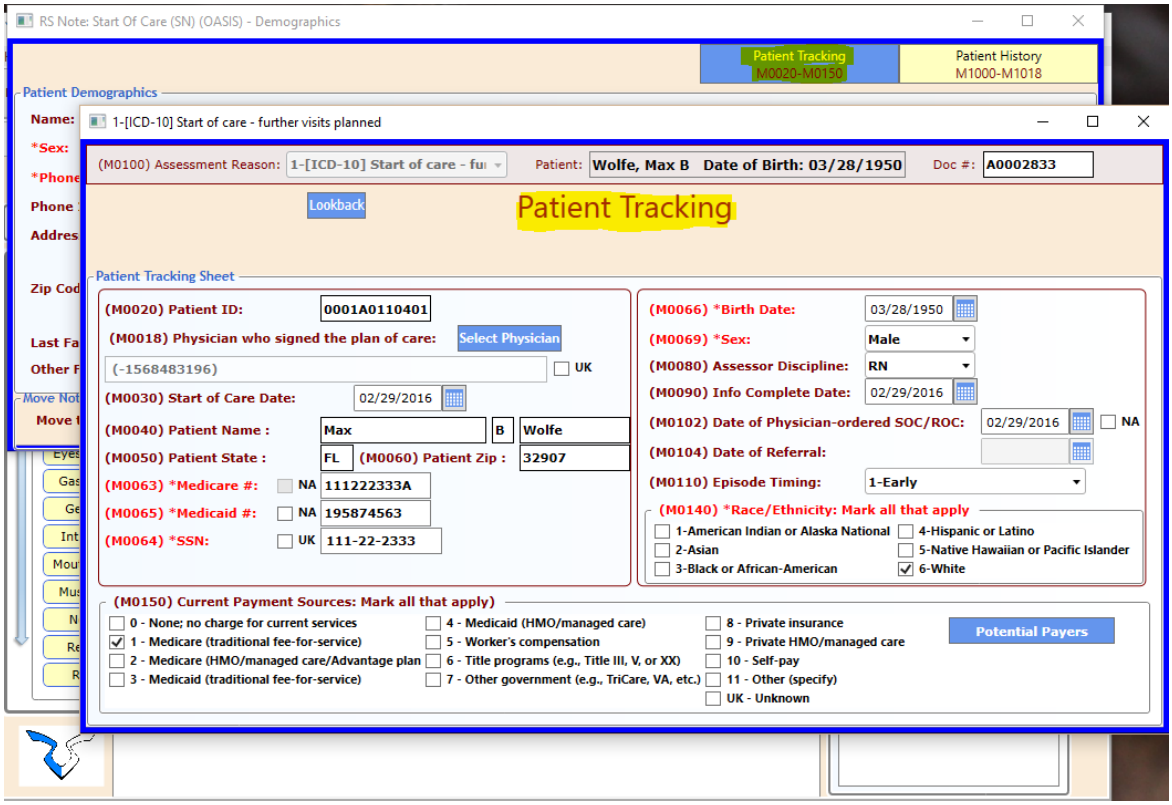


Complete the Demographics and Legal and DNR sections…

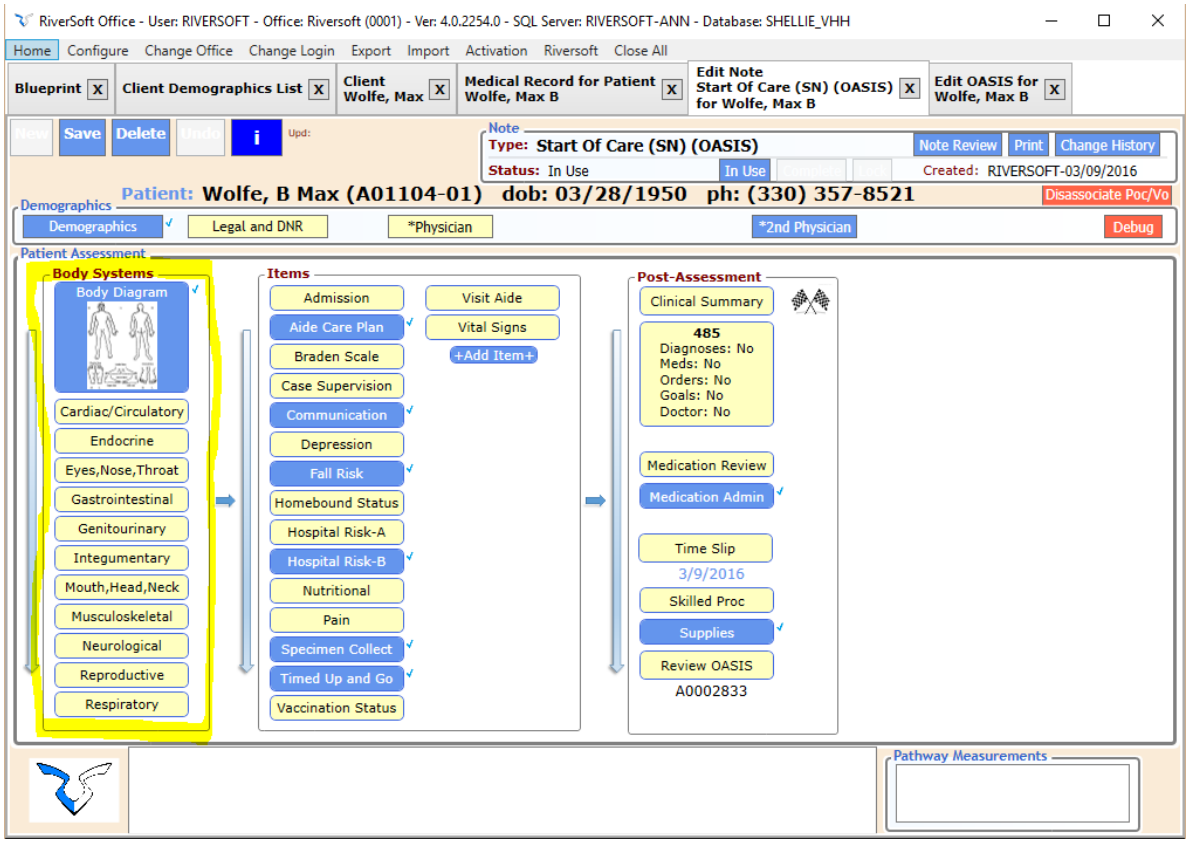




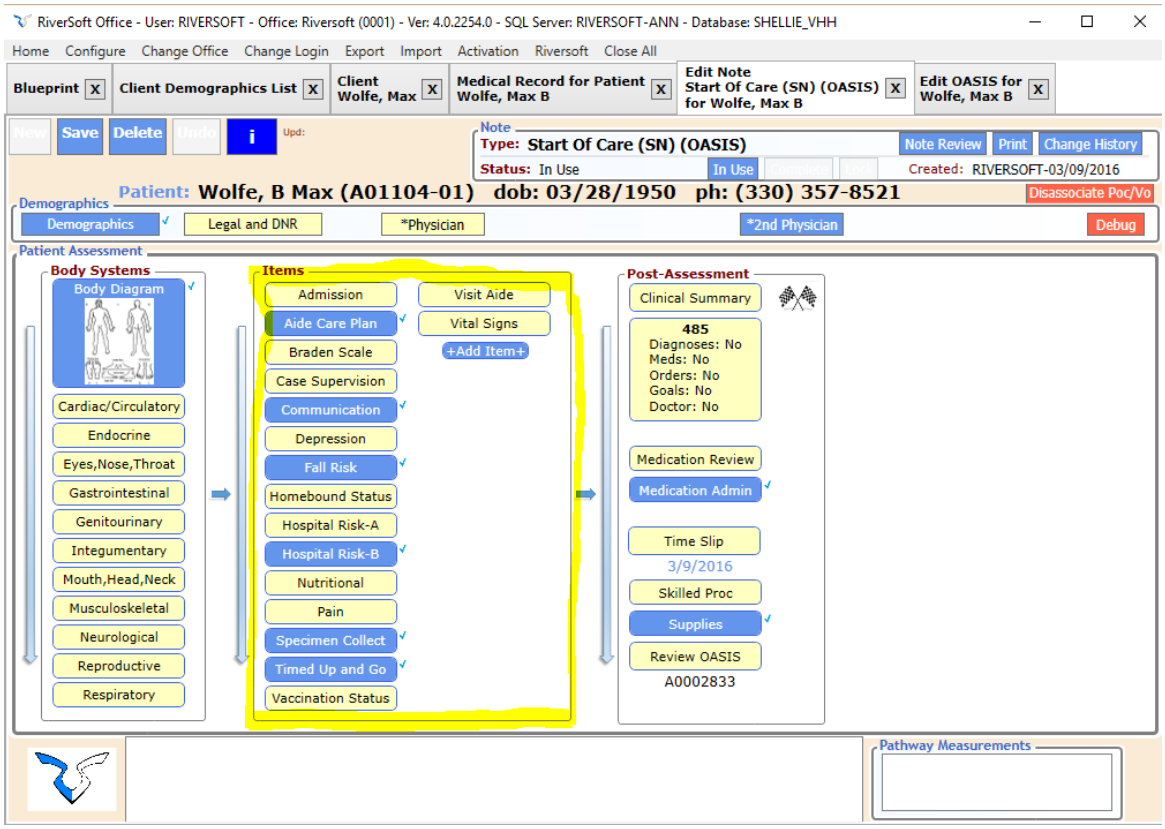
Complete OASIS as you complete the assessment items.



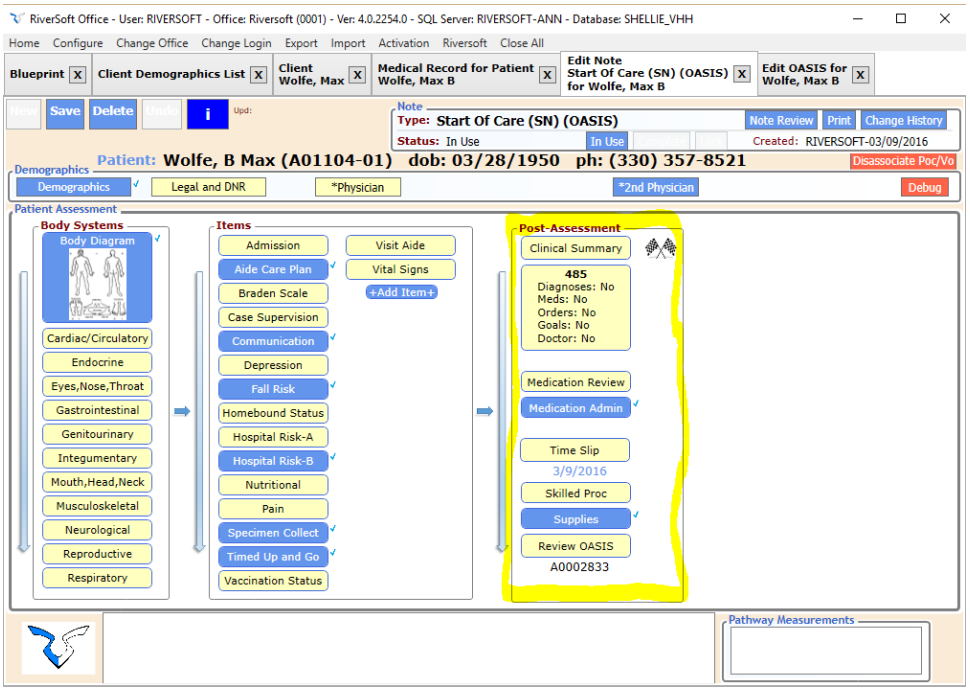
Complete each section under Patient Assessment - Body Systems.



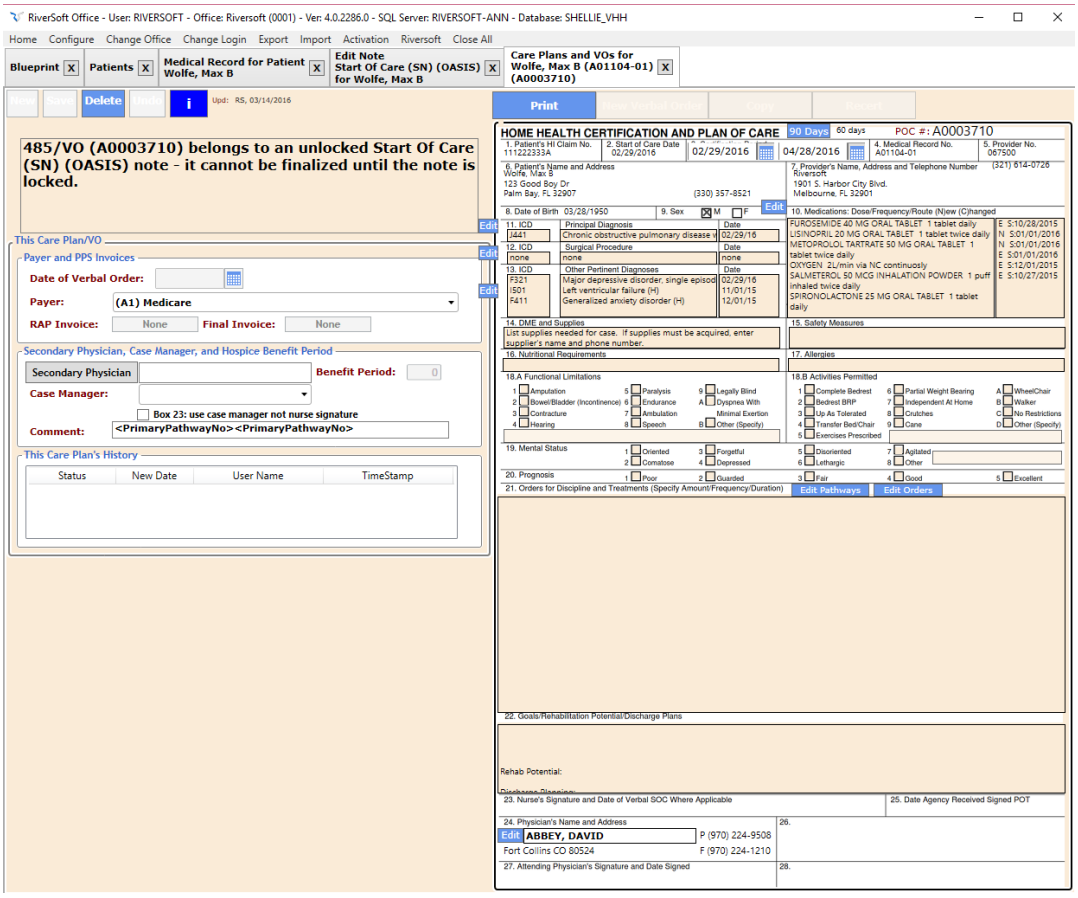
Complete each section under Patient Assessment – Items.



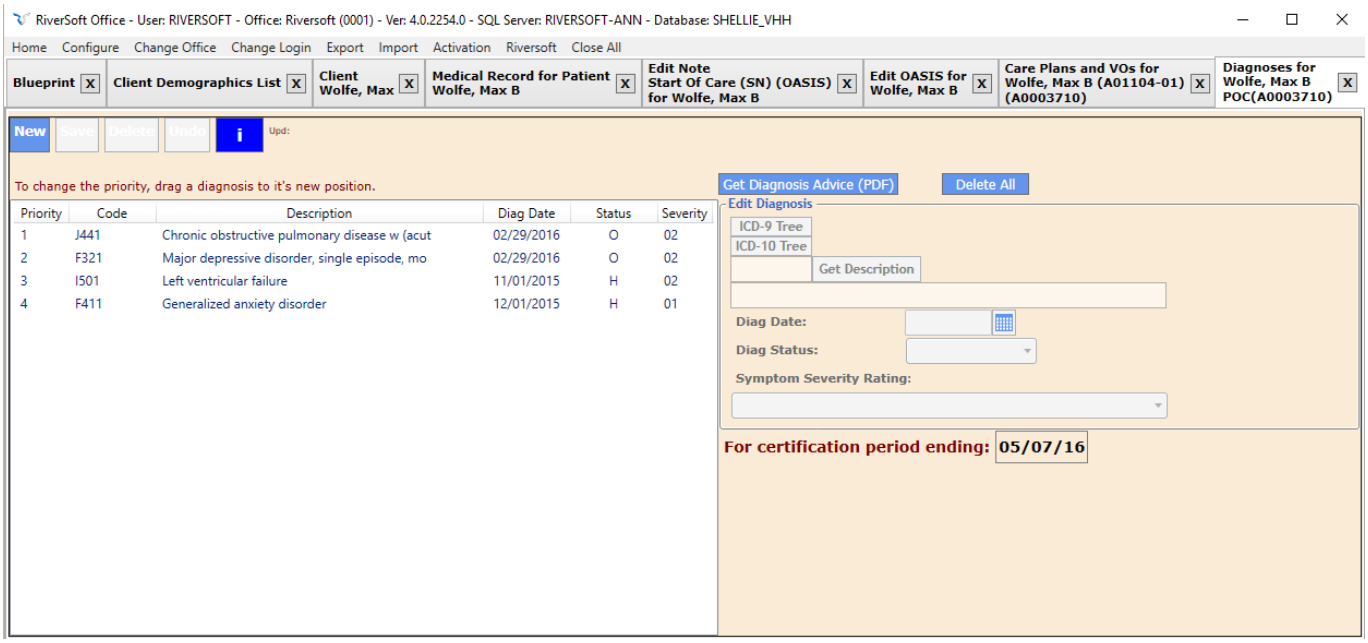
Complete the Post-Assessment items beginning with the Clinical Summary.



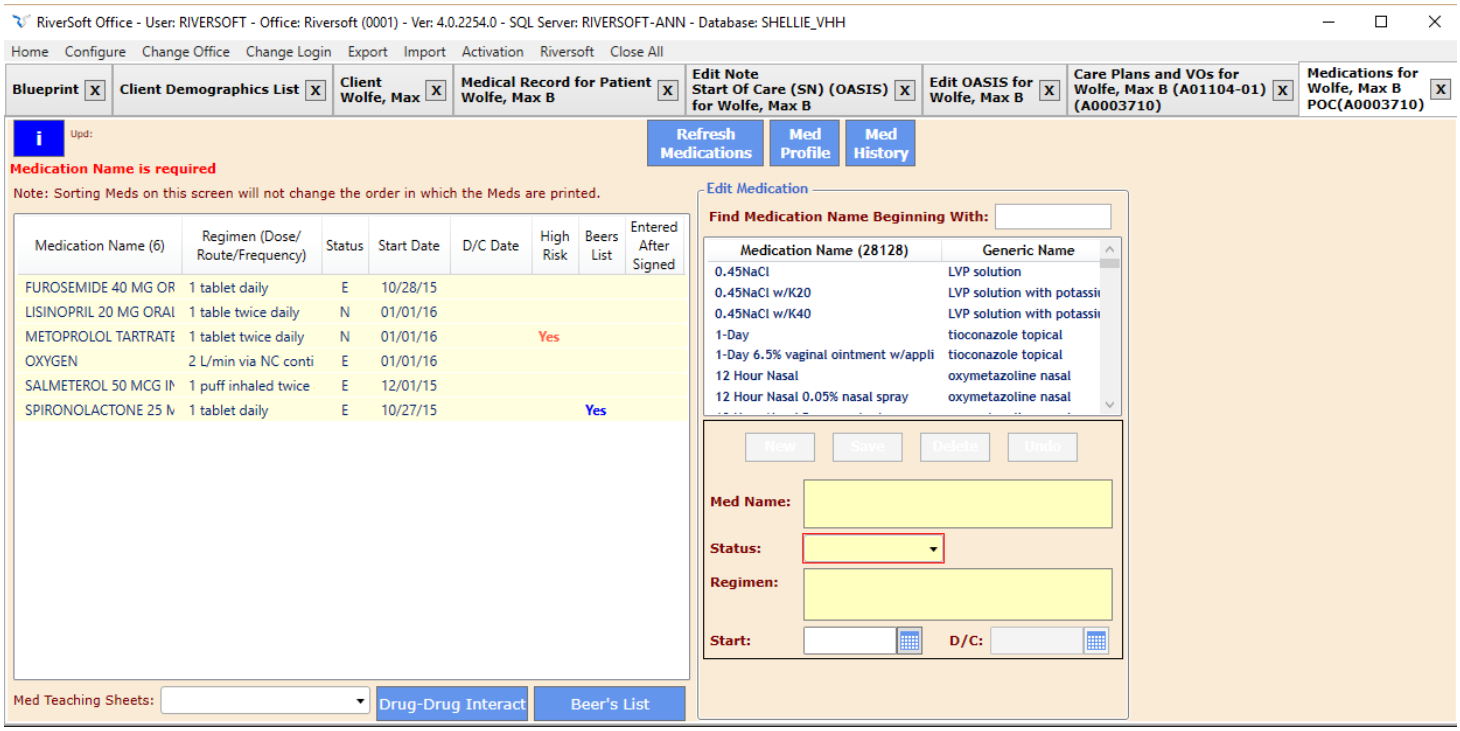
Create the 485.



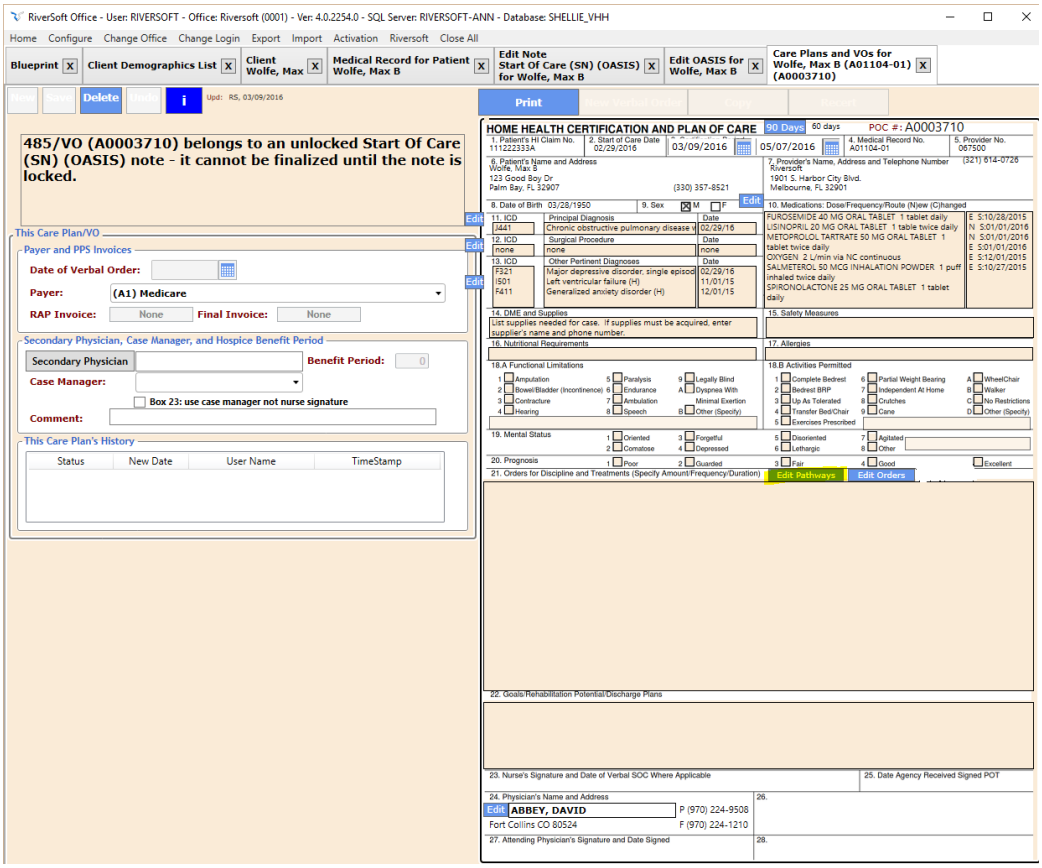
Add the diagnosis codes to the 485. The field caregivers only need to complete the descriptions but the actual diagnosis codes must be added before the note can be locked.



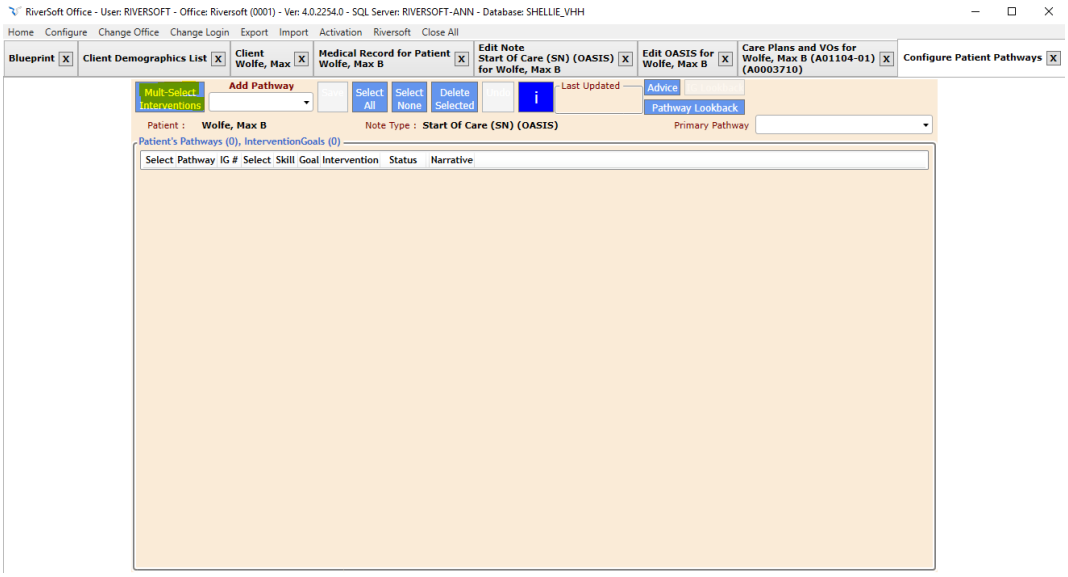
Add every medication the patient is currently taking.

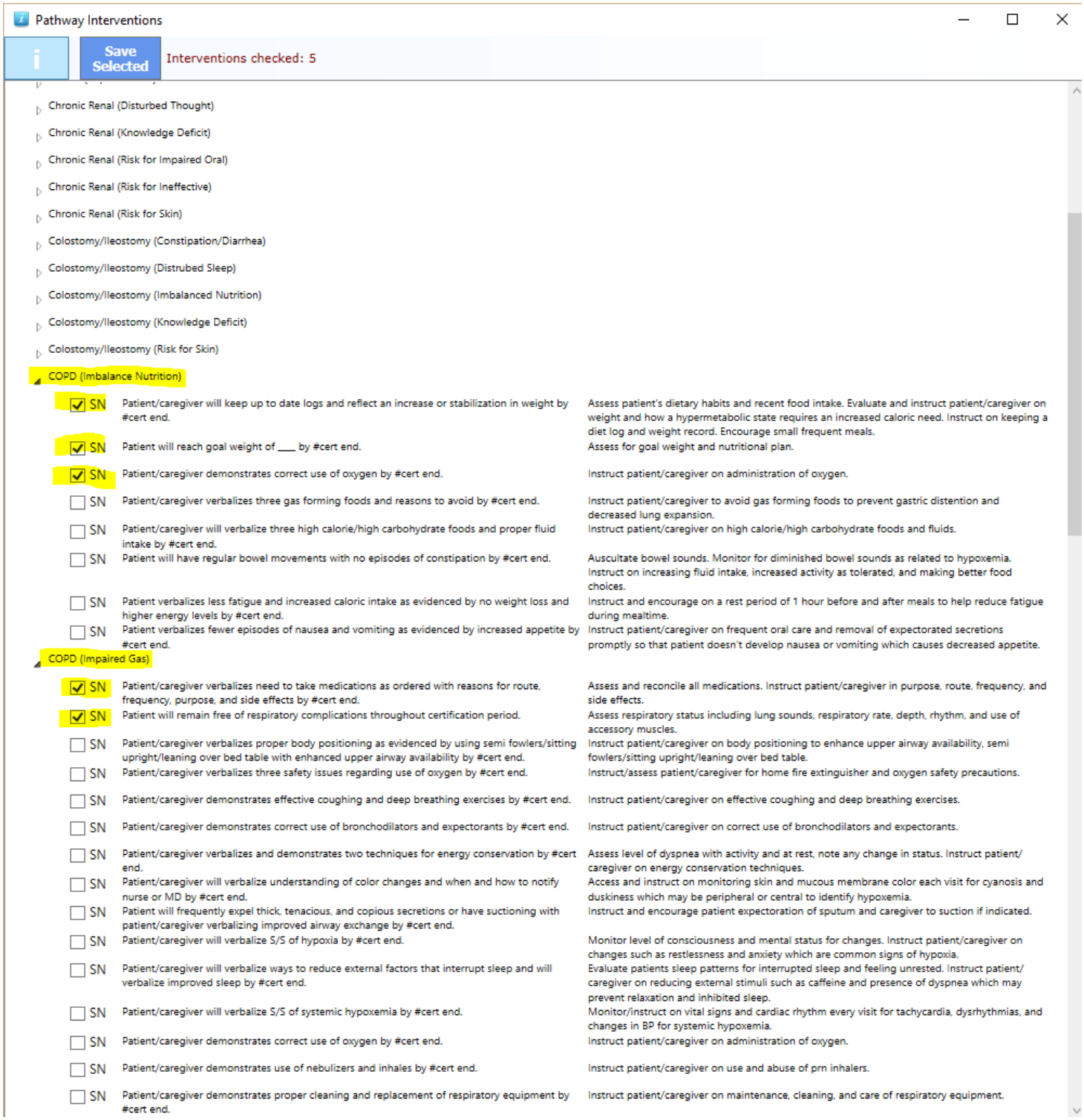


Click the “Edit Pathways” button and choose the appropriate pathways for the patient. Pathways can be chosen two different ways. If you normally choose just a few of the interventions from each pathway, use the Multi-Select; if you normally utilized most or all of the interventions from a pathway, select the whole pathway.

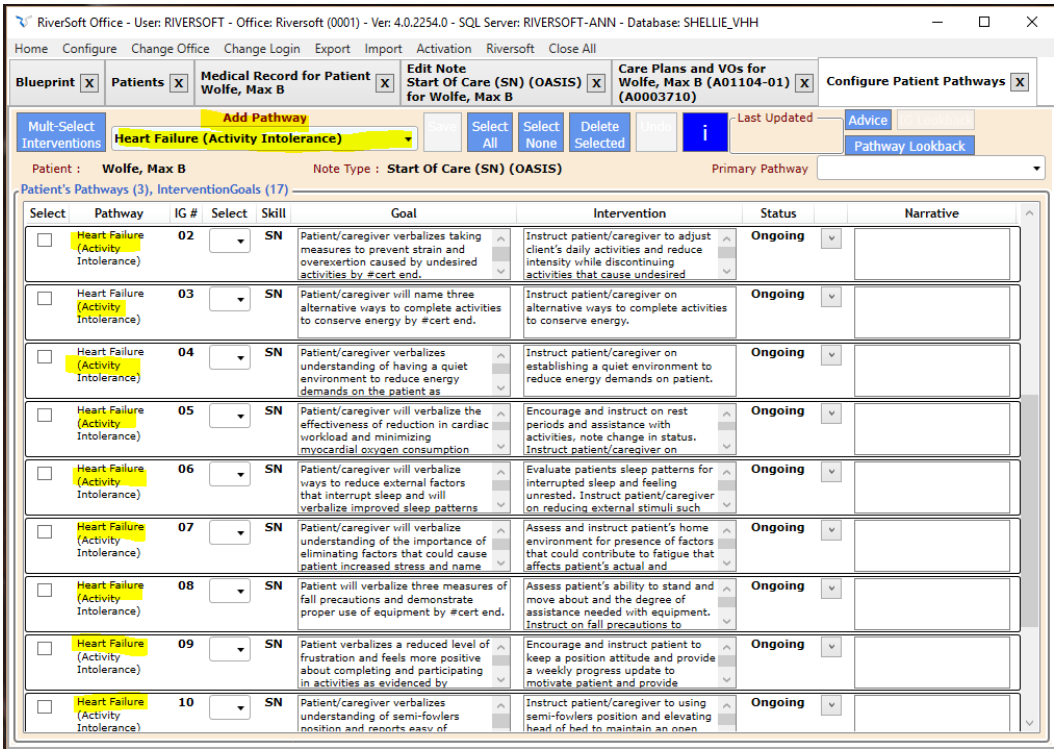


Multi-select interventions.

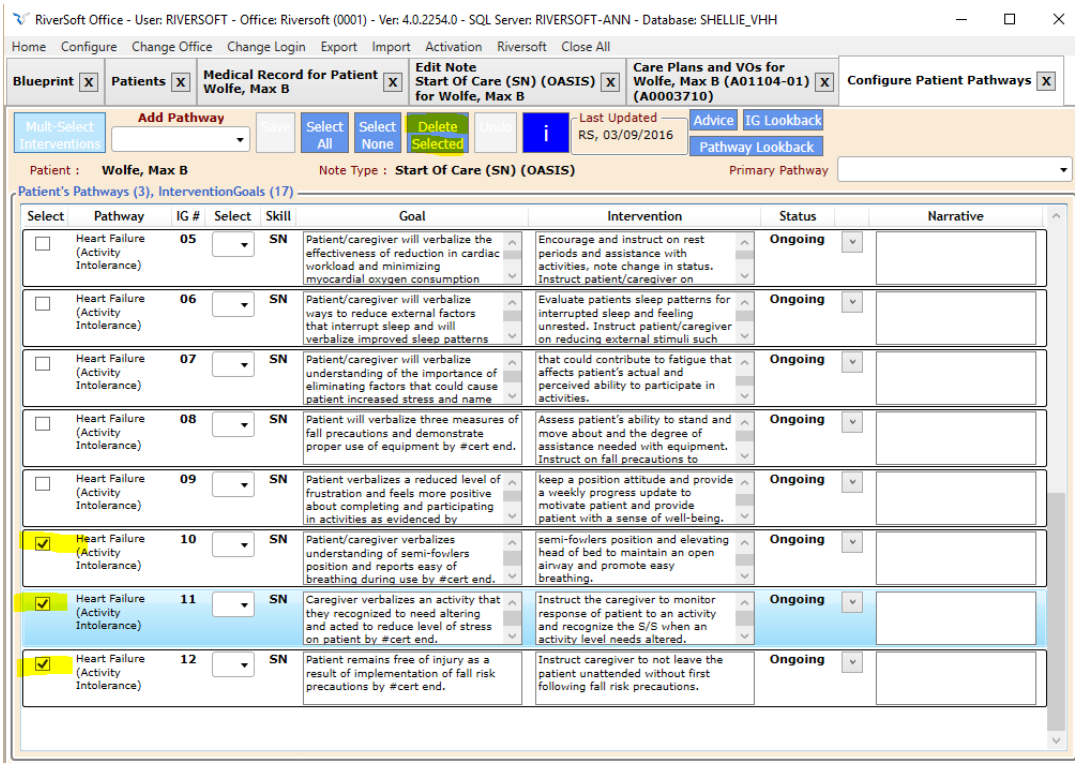



Pathway Interventions
Save Selected
Interventions checked: 5
Chronic Renal (Disturbed Thought)
Chronic Renal (Knowledge Deficit)
Chronic Renal (Risk for Impaired Oral)
Chronic Renal (Risk for Ineffective)
Chronic Renal (Risk for Skin)
Colostomy/Ileostomy (Constipation/Diarrhea)
Colostomy/Ileostomy (Distrubed Sleep)
Colostomy/Ileostomy (Imbalanced Nutrition)
Colostomy/Ileostomy (Knowledge Deficit)
Colostomy/Ileostomy (Risk for Skin)
COPD (Imbalance Nutrition)
SN Patient/caregiver will keep up to date logs and reflect an increase or stabilization in weight by #cert end.
Assess patient's dietary habits and recent food intake. Evaluate and instruct patient/caregiver on weight and how a hypermetabolic state requires an increased caloric need. Instruct on keeping a diet log and weight record. Encourage small frequent meals.
SN Patient will reach goal weight of ___ by #cert end.
Assess for goal weight and nutritional plan.
SN Patient/caregiver demonstrates correct use of oxygen by #cert end.
Instruct patient/caregiver on administration of oxygen.
SN Patient/caregiver verbalizes three gas forming foods and reasons to avoid by #cert end.
Instruct patient/caregiver to avoid gas forming foods to prevent gastric distention and decreased lung expansion.
SN Patient/caregiver will verbalize three high calorie/high carbohydrate foods and proper fluid intake by #cert end.
Instruct patient/caregiver on high calorie/high carbohydrate foods and fluids.
SN Patient will have regular bowel movements with no episodes of constipation by #cert end.
Auscultate bowel sounds. Monitor for diminished bowel sounds as related to hypoxemia. Instruct on increasing fluid intake, increased activity as tolerated, and making better food choices.
SN Patient verbalizes less fatigue and increased caloric intake as evidenced by no weight loss and higher energy levels by #cert end.
Instruct and encourage on a rest period of 1 hour before and after meals to help reduce fatigue during mealtime.
SN Patient verbalizes fewer episodes of nausea and vomiting as evidenced by increased appetite by #cert end.
Instruct patient/caregiver on frequent oral care and removal of expectorated secretions promptly so that patient doesn't develop nausea or vomiting which causes decreased appetite.
COPD (Impaired Gas)
SN Patient/caregiver verbalizes need to take medications as ordered with reasons for route, frequency, purpose, and side effects by #cert end.
Assess and reconcile all medications. Instruct patient/caregiver in purpose, route, frequency, and side effects.
SN Patient will remain free of respiratory complications throughout certification period.
Assess respiratory status including lung sounds, respiratory rate, depth, rhythm, and use of accessory muscles.
SN Patient/caregiver verbalizes proper body positioning as evidenced by using semi fowlers/sitting upright/leaning over bed table with enhanced upper airway availability by #cert end.
Instruct patient/caregiver on body positioning to enhance upper airway availability, semi fowlers/sitting upright/leaning over bed table.
SN Patient/caregiver verbalizes three safety issues regarding use of oxygen by #cert end.
Instruct/assess patient/caregiver for home fire extinguisher and oxygen safety precautions.
SN Patient/caregiver demonstrates effective coughing and deep breathing exercises by #cert end.
Instruct patient/caregiver on effective coughing and deep breathing exercises.
SN Patient/caregiver demonstrates correct use of bronchodilators and expectorants by #cert end.
Instruct patient/caregiver on correct use of bronchodilators and expectorants.
SN Patient/caregiver verbalizes and demonstrates two techniques for energy conservation by #cert end.
Assess level of dyspnea with activity and at rest, note any change in status. Instruct patient/caregiver on energy conservation techniques.
SN Patient/caregiver will verbalize understanding of color changes and when and how to notify nurse or MD by #cert end.
Access and instruct on monitoring skin and mucous membrane color each visit for cyanosis and duskiness which may be peripheral or central to identify hypoxemia.
SN Patient will frequently expel thick, tenacious, and copious secretions or have suctioning with patient/caregiver verbalizing improved airway exchange by #cert end.
Instruct and encourage patient expectoration of sputum and caregiver to suction if indicated.
SN Patient/caregiver will verbalize S/S of hypoxia by #cert end.
Monitor level of consciousness and mental status for changes. Instruct patient/caregiver on changes such as restlessness and anxiety which are common signs of hypoxia.
SN Patient/caregiver will verbalize ways to reduce external factors that interrupt sleep and will verbalize improved sleep by #cert end.
Evaluate patients sleep patterns for interrupted sleep and feeling unrested. Instruct patient/caregiver on reducing external stimuli such as caffeine and presence of dyspnea which may prevent relaxation and inhibited sleep.
SN Patient/caregiver will verbalize S/S of systemic hypoxemia by #cert end.
Monitor/instruct on vital signs and cardiac rhythm every visit for tachycardia, dysrhythmias, and changes in BP for systemic hypoxemia.
SN Patient/caregiver demonstrates correct use of oxygen by #cert end.
Instruct patient/caregiver on administration of oxygen.
SN Patient/caregiver demonstrates use of nebulizers and inhales by #cert end.
Instruct patient/caregiver on use and abuse of prn inhalers.
SN Patient/caregiver demonstrates proper cleaning and replacement of respiratory equipment by #cert end.
Instruct patient/caregiver on maintenance, cleaning, and care of respiratory equipment.

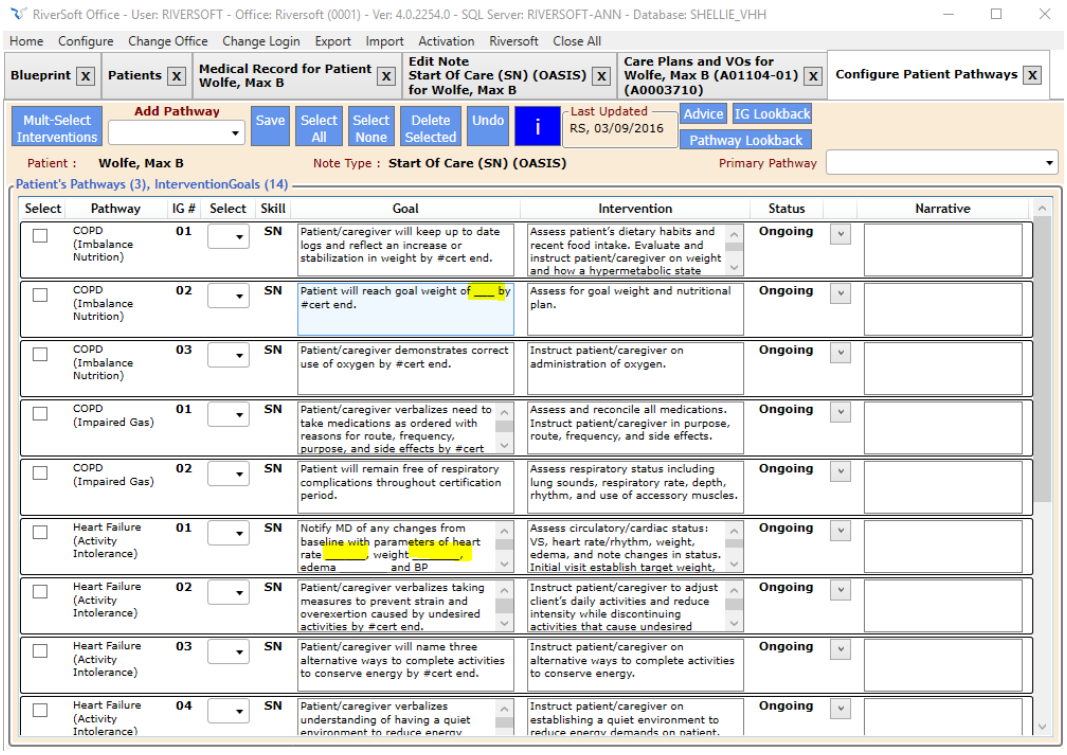
OR, if you normally use all the interventions assoicated with a pathway, select whole pathway.

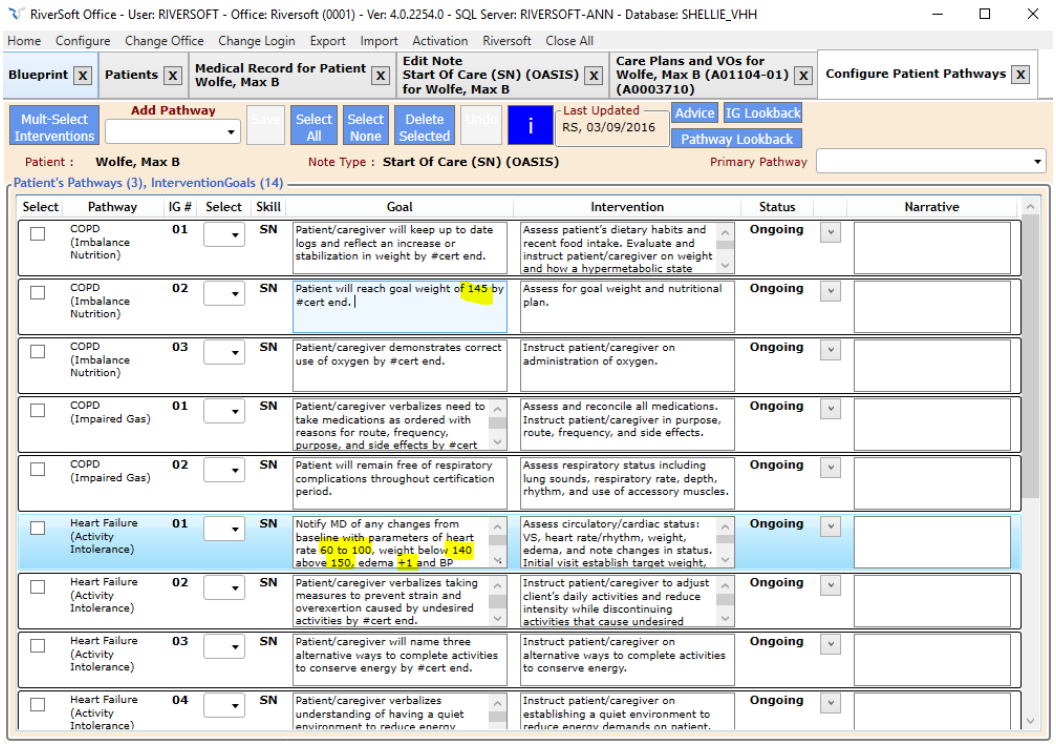


Delete any intervention that do relate directly to the patient's case.

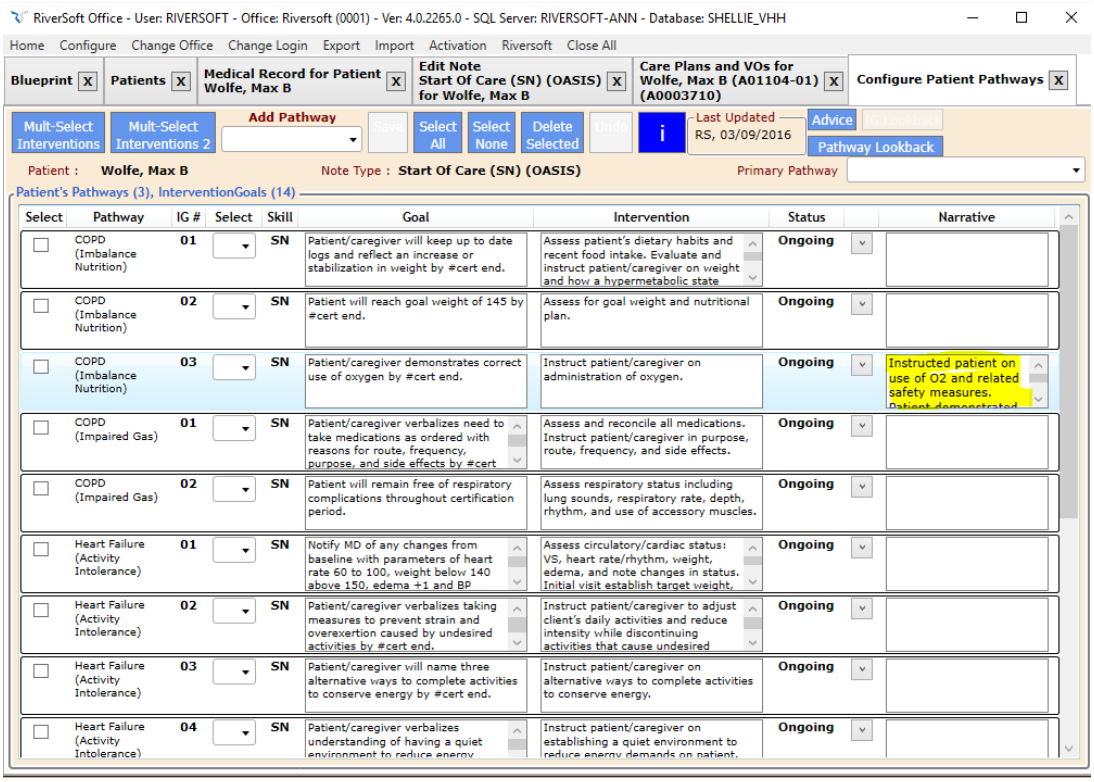


Complete every Goal that has “fill-in-the-blank” parameters. If you don’t, you cannot complete the note.

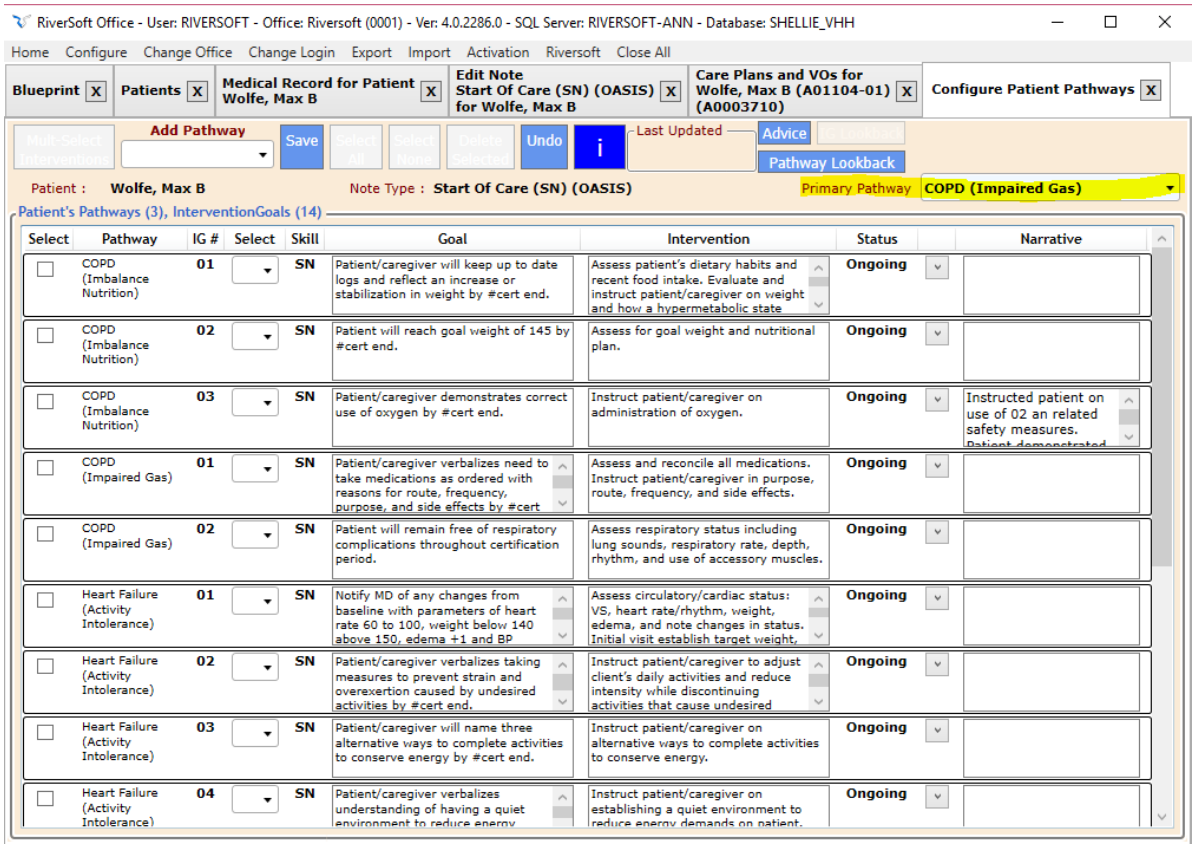




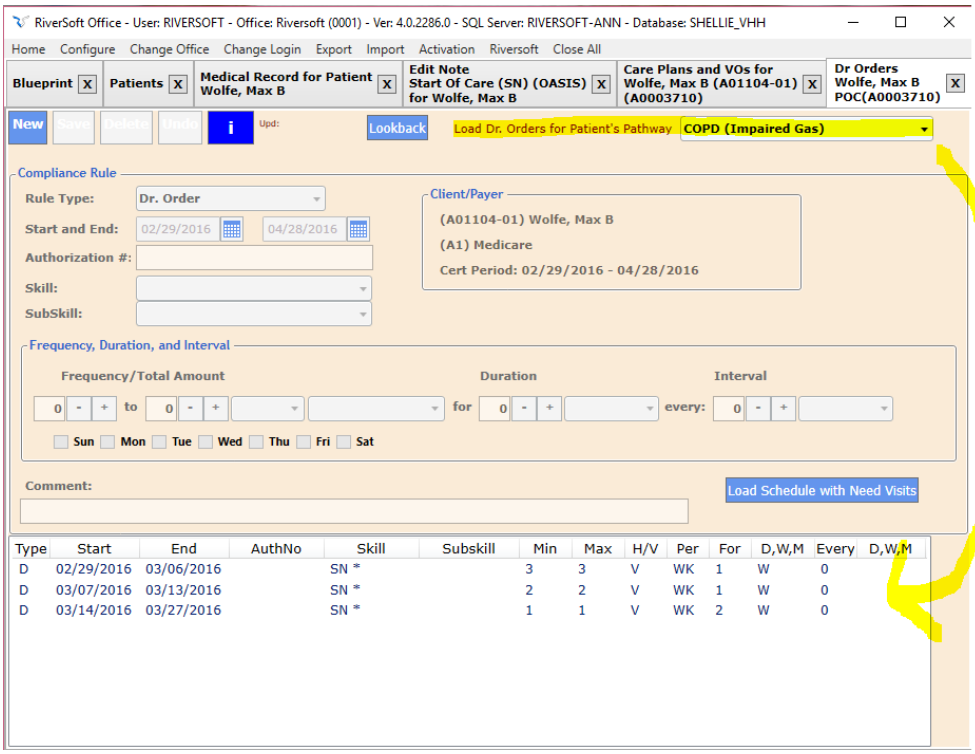
Provide narration on any interventions that were performed on the first visit.



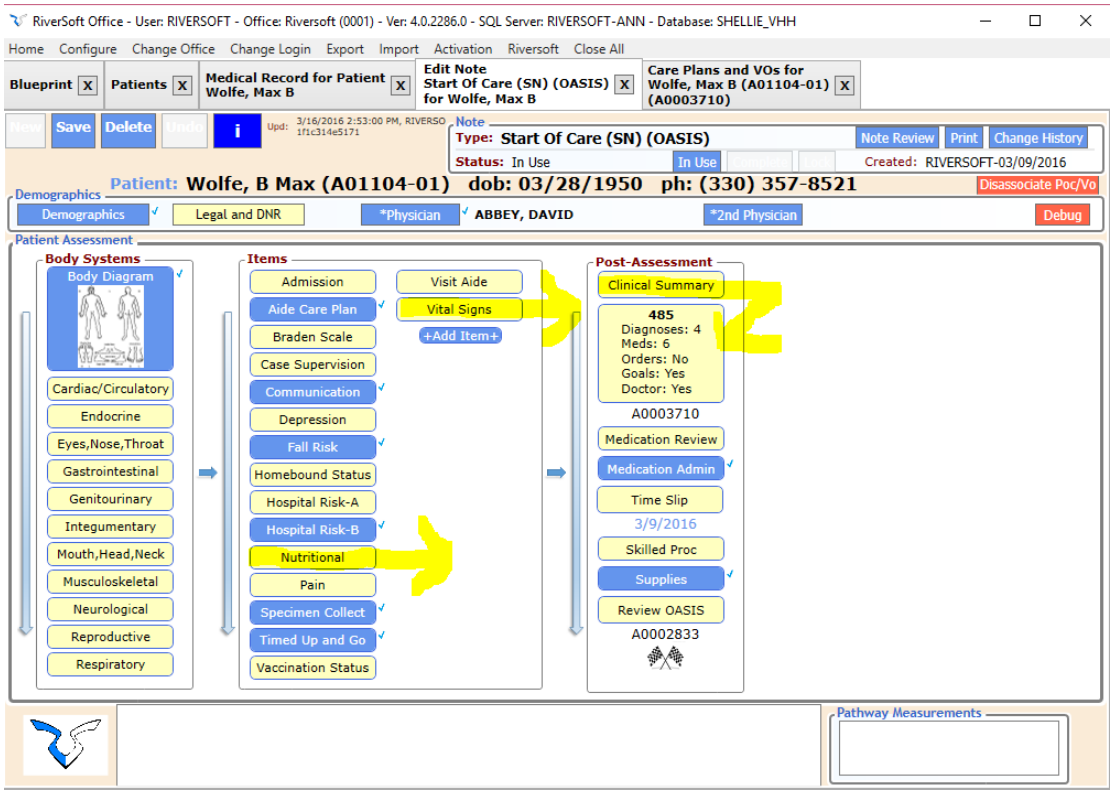
Select primary pathway so that it will print first in 448/VO.

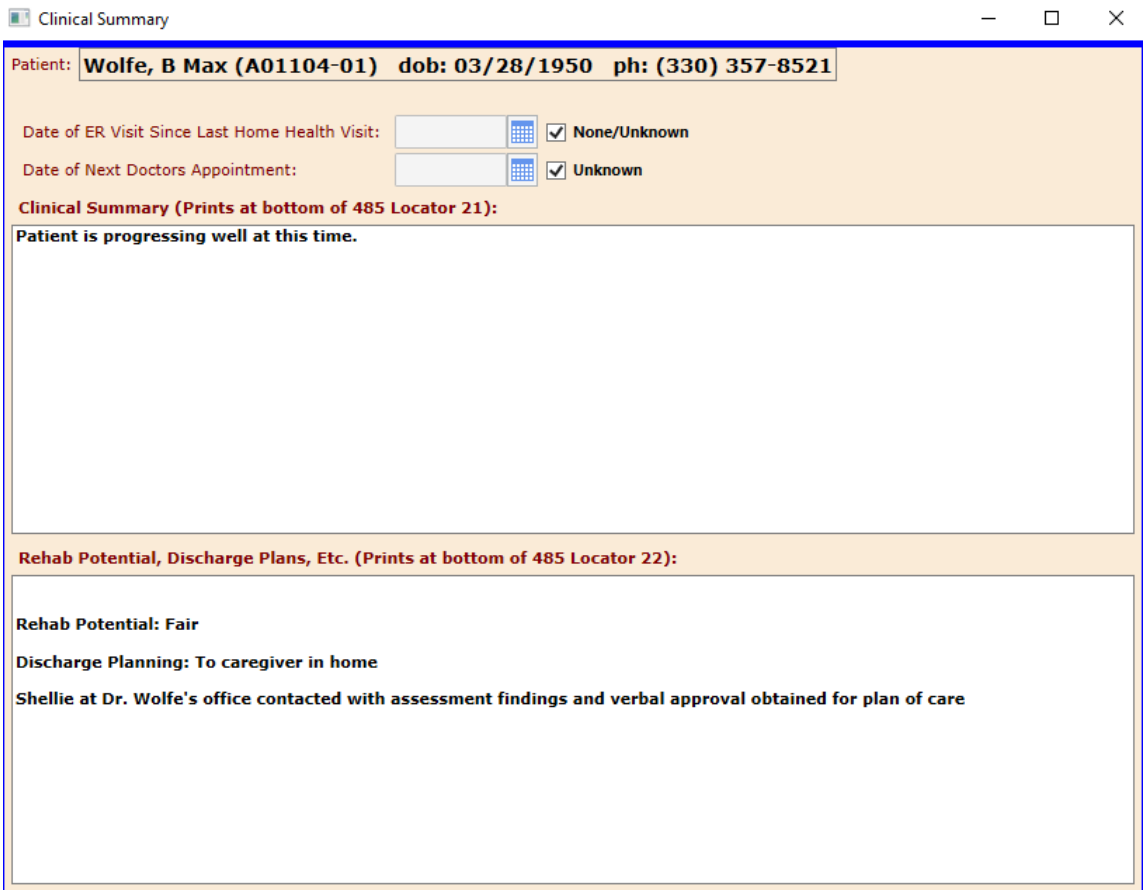


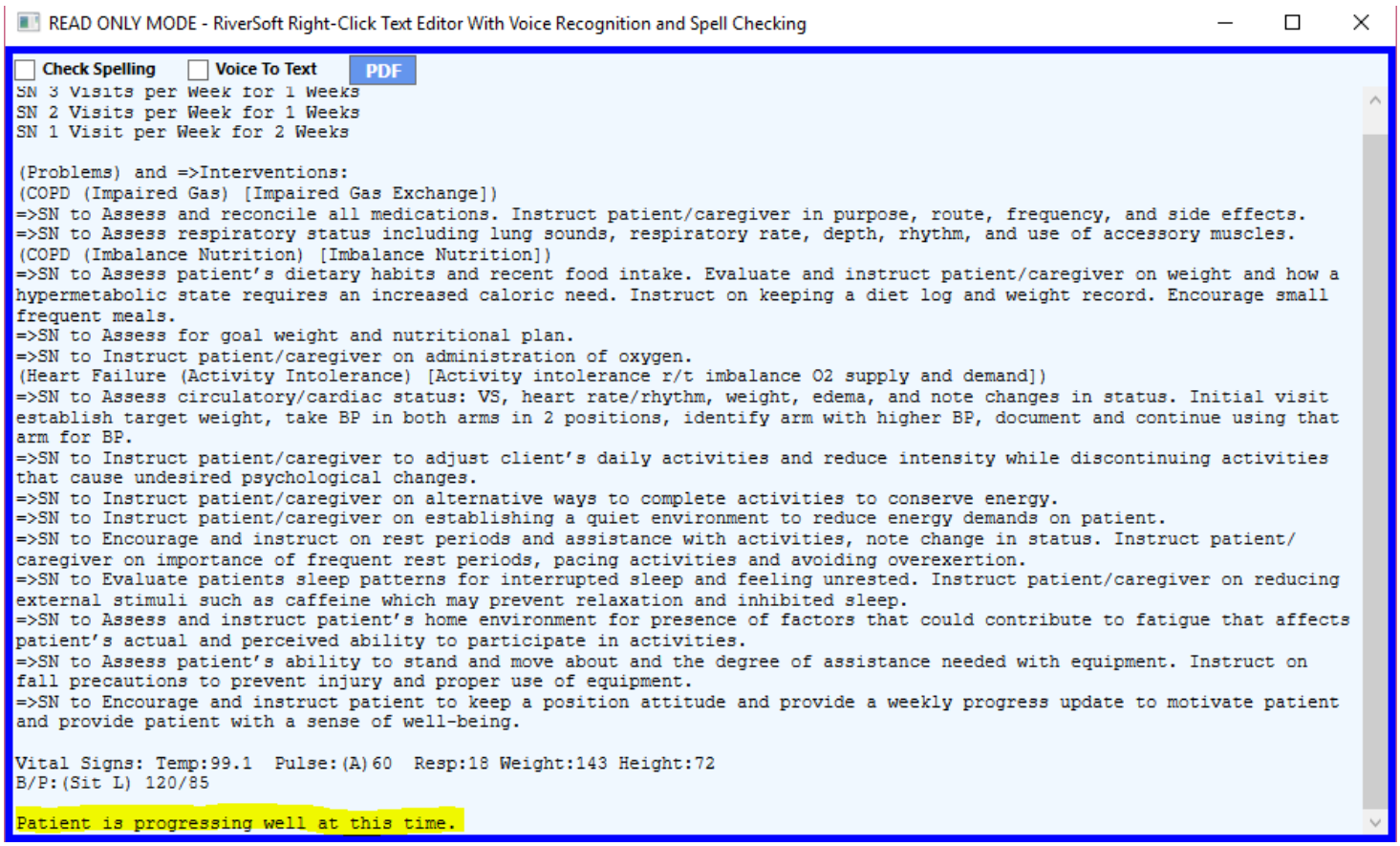
Click the Edit Orders to review/edit the Dr. Orders. Pick primary pathway from pathway drop down list to load pathway associated service orders.

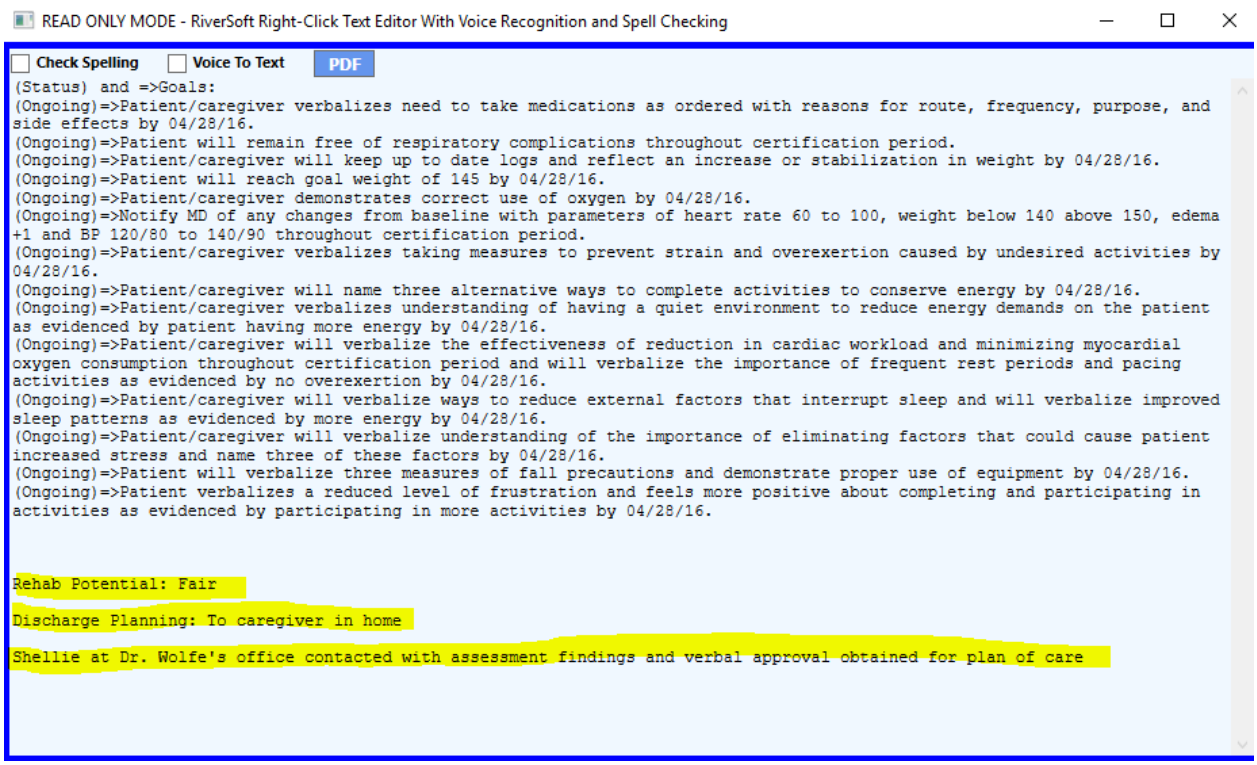


The information from the Nutritional, Vital Signs, and Clinical Summary, along with selected pathways and Dr. Order data automatically creates the narrative text in locators 21 and 22.

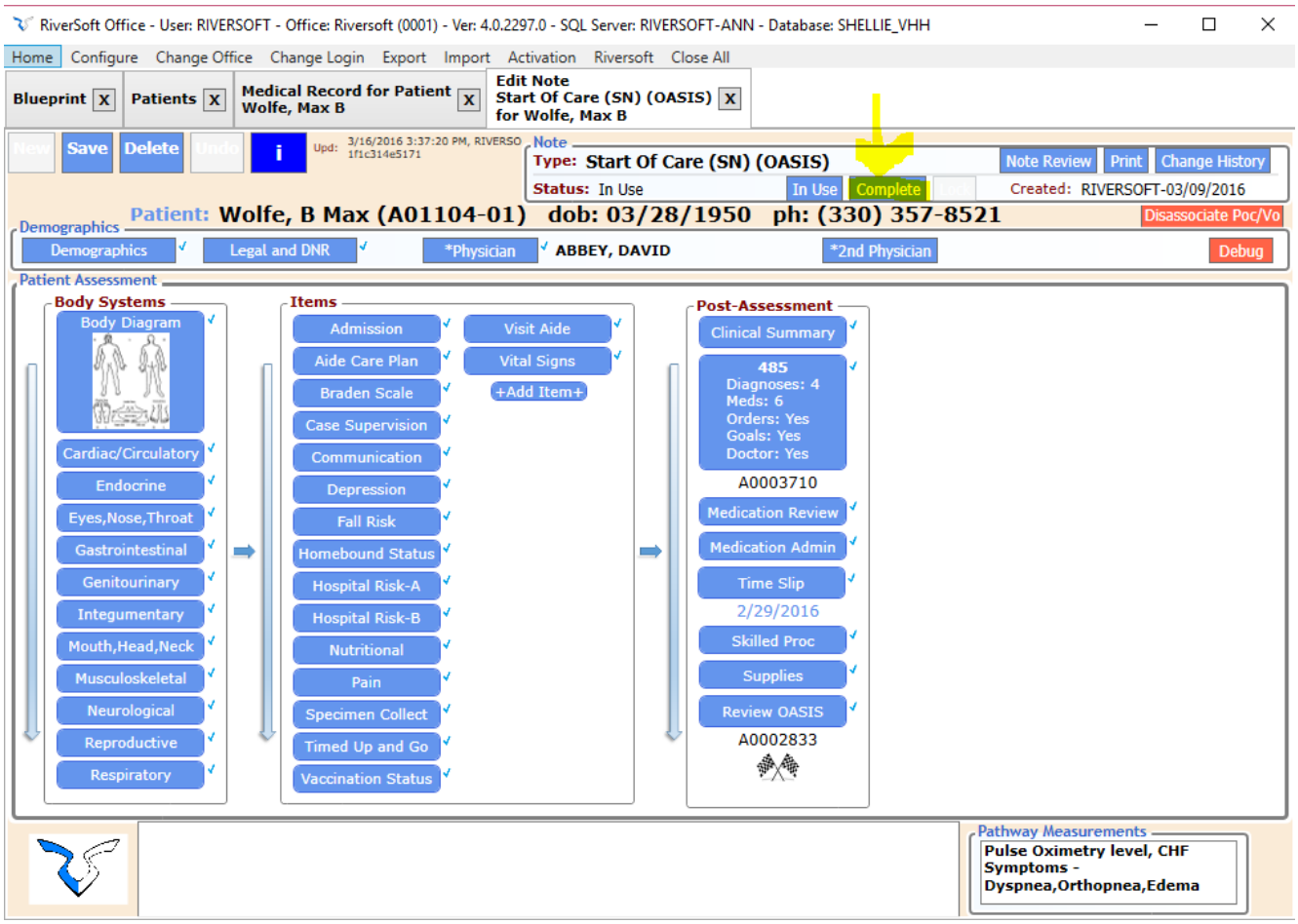



Clinical Summary
Patient: Wolfe, B Max (A01104-01) dob: 03/28/1950 ph: (330) 357-8521
Date of ER Visit Since Last Home Health Visit:
None/Unknown
Date of Next Doctors Appointment:
Unknown
Clinical Summary (Prints at bottom of 485 Locator 21):
Patient is progressing well at this time.
Rehab Potential, Discharge Plans, Etc. (Prints at bottom of 485 Locator 22):
Rehab Potential: Fair
Discharge Planning: To caregiver in home
Shellie at Dr. Wolfe's office contacted with assessment findings and verbal approval obtained for plan of care


READ ONLY MODE - RiverSoft Right-Click Text Editor With Voice Recognition and Spell Checking
Check Spelling
Voice To Text
PDF
SN 3 Visits per Week for 1 Weeks
SN 2 Visits per Week for 1 Weeks
SN 1 Visit per Week for 2 Weeks
(Problems) and =>Interventions:
(COPD (Impaired Gas) [Impaired Gas Exchange])
=>SN to Assess and reconcile all medications. Instruct patient/caregiver in purpose, route, frequency, and side effects.
=>SN to Assess respiratory status including lung sounds, respiratory rate, depth, rhythm, and use of accessory muscles.
(COPD (Imbalance Nutrition) [Imbalance Nutrition])
=>SN to Assess patient's dietary habits and recent food intake. Evaluate and instruct patient/caregiver on weight and how a hypermetabolic state requires an increased caloric need. Instruct on keeping a diet log and weight record. Encourage small frequent meals.
=>SN to Assess for goal weight and nutritional plan.
=>SN to Instruct patient/caregiver on administration of oxygen.
(Heart Failure (Activity Intolerance) [Activity intolerance r/t imbalance O2 supply and demand])
=>SN to Assess circulatory/cardiac status: VS, heart rate/rhythm, weight, edema, and note changes in status. Initial visit establish target weight, take BP in both arms in 2 positions, identify arm with higher BP, document and continue using that arm for BP.
=>SN to Instruct patient/caregiver to adjust client's daily activities and reduce intensity while discontinuing activities that cause undesired psychological changes.
=>SN to Instruct patient/caregiver on alternative ways to complete activities to conserve energy.
=>SN to Instruct patient/caregiver on establishing a quiet environment to reduce energy demands on patient.
=>SN to Encourage and instruct on rest periods and assistance with activities, note change in status. Instruct patient/caregiver on importance of frequent rest periods, pacing activities and avoiding overexertion.
=>SN to Evaluate patients sleep patterns for interrupted sleep and feeling unrested. Instruct patient/caregiver on reducing external stimuli such as caffeine which may prevent relaxation and inhibited sleep.
=>SN to Assess and instruct patient's home environment for presence of factors that could contribute to fatigue that affects patient's actual and perceived ability to participate in activities.
=>SN to Assess patient's ability to stand and move about and the degree of assistance needed with equipment. Instruct on fall precautions to prevent injury and proper use of equipment.
=>SN to Encourage and instruct patient to keep a position attitude and provide a weekly progress update to motivate patient and provide patient with a sense of well-being.
Vital Signs: Temp:99.1 Pulse:(A)60 Resp:18 Weight:143 Height:72
B/P:(Sit L) 120/85
Patient is progressing well at this time.



Click the “Complete” button. This runs the note analysis.



If you have no warnings, the note will be marked as completed and the Clinical Reviewer will review the note. If they like it and lock it, the 485 will be mailed to the physician and the OASIS will be sent to the state.

Start Of Care (SN) (OASIS) Clinical Note Analysis

Wolfe, B Max (A01104-01) Birth Date:3/28/1950
Visit Date 2/29/2016

Code	Diagnosis Description	Medication	Medication Regimen
J441	Chronic obstructive pulmonary disease w (acut	FUROSEMIDE 40 MG ORAL TABLET	1 tablet daily
F321	Major depressive disorder, single episode, mo	LISINOPRIL 20 MG ORAL TABLET	1 tablet twice daily
I501	Left ventricular failure	METOPROLOL TARTRATE 50 MG ORAL TABLET	1 tablet twice daily
F411	Generalized anxiety disorder	OXYGEN	2L/min via NC continuosly
		SALMETEROL 50 MCG INHALATION POWDER	1 puff inhaled twice daily
		SPIRONOLACTONE 25 MG ORAL TABLET	1 tablet daily

Note Items Analysis

[Note Section] Item	Value	Analysis
[Depression] Choose a PHQ depression screening	PHQ-2 depression screen	User will be alerted when PHQ-9 Depression Assessment is not performed
[Depression] Choose a PHQ depression screening	PHQ-2 depression screen	User will be alerted when PHQ-9 Depression Assessment is not performed

Oasis Analysis

485/Verbal Order Issues

[Note Section] Item	Value	Analysis
[485] Locator 17. Allergies	no value	Locator 17. Allergies is empty.

Diagnosis Suggestions

[Note Section] Item	Value	Analysis

Diagnosis Codes With Possible Missing Details

[Note Section] Item	Value	Analysis

Diagnosis Codes That Are Invalid for Homecare

[Note Section] Item	Value	Analysis

Pathway Issues

[Note Section] Item	Value	Analysis
CHF Symptoms - Dyspnea,Orthopnea,Edema is a HIGHLY recommended pathway MEASUREMENT for this patient BUT NO MEASUREMENT found on this note.		
[Diagnosis] Related to Pathway	F321	PathwayDepression recommended due to diagnosis
[Depression] PHQ	Any greater than 1	Suggest Depression Pathway

Note's Pathway Intervention Narratives and Goal Status Updates

Pathway: COPD (Imbalance Nutrition)

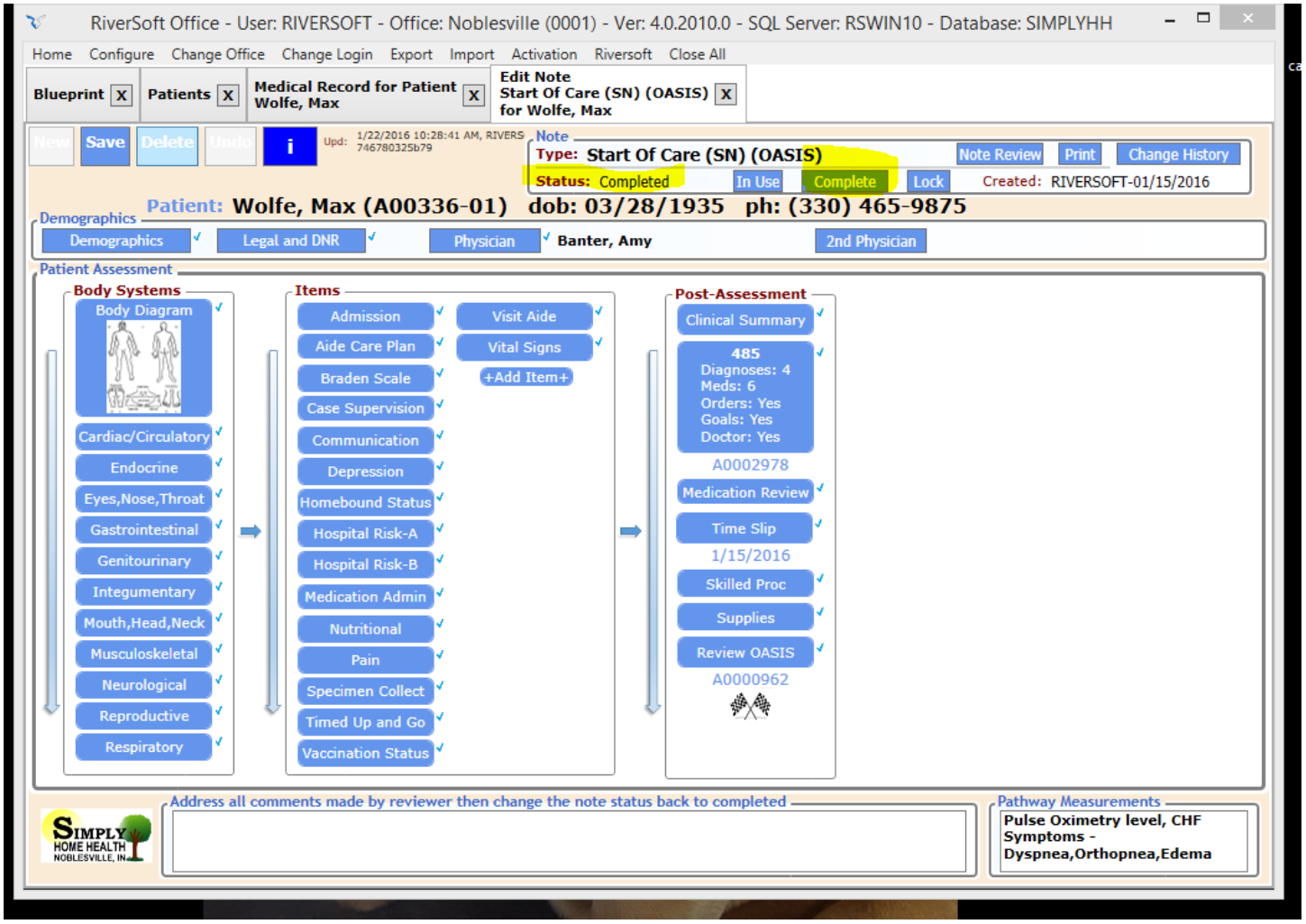
IG #	Skill	Goal	Intervention	Status	Narrative
01	SN	Patient/caregiver will keep up to date logs and reflect an increase or stabilization in weight by #cert end.	Assess patient's dietary habits and recent food intake. Evaluate and instruct patient/caregiver on weight and how a hypermetabolic state requires an increased caloric need. Instruct on keeping a diet log and weight record. Encourage small frequent meals.	Ongoing	
02	SN	Patient will reach goal weight of 145 by #cert end.	Assess for goal weight and nutritional plan.	Ongoing	
03	SN	Patient/caregiver demonstrates correct use of oxygen by #cert end.	Instruct patient/caregiver on administration of oxygen.	Ongoing	Instructed patient on use of 02 an related safety measures. Patient demonstrated

Pathway: COPD (Impaired Gas)

IG #	Skill	Goal	Intervention	Status	Narrative
01	SN	Patient/caregiver verbalizes need to take medications as ordered with reasons for route, frequency, purpose, and side effects by #cert end.	Assess and reconcile all medications. Instruct patient/caregiver in purpose, route, frequency, and side effects.	Ongoing	
02	SN	Patient will remain free of respiratory complications throughout certification period.	Assess respiratory status including lung sounds, respiratory rate, depth, rhythm, and use of accessory muscles.	Ongoing	

Pathway: Heart Failure (Activity Intolerance)

Completed note after fixes.


RiverSoft Office - User: RIVERSOFT - Office: Noblesville (0001) - Ver: 4.0.2010.0 - SQL Server: RSWIN10 - Database: SIMPLYHH
Home Configure Change Office Change Login Export Import Activation Riversoft Close All
Blueprint X
Patients X
Medical Record for Patient Wolfe, Max X
Edit Note Start Of Care (SN) (OASIS) for Wolfe, Max X
New Save Delete Undo i
Upd: 1/22/2016 10:28:41 AM, RIVERS 746780325b79
Note
Type: Start Of Care (SN) (OASIS)
Note Review Print Change History
Status: Completed In Use Complete Lock Created: RIVERSOFT-01/15/2016
Patient: Wolfe, Max (A00336-01) dob: 03/28/1935 ph: (330) 465-9875
Demographics
Demographics Legal and DNR Physician Banter, Amy 2nd Physician
Patient Assessment
Body Systems
Body Diagram
Cardiac/Circulatory
Endocrine
Eyes,Nose,Throat
Gastrointestinal
Genitourinary
Integumentary
Mouth,Head,Neck
Musculoskeletal
Neurological
Reproductive
Respiratory
Items
Admission
Aide Care Plan
Braden Scale
Case Supervision
Communication
Depression
Homebound Status
Hospital Risk-A
Hospital Risk-B
Medication Admin
Nutritional
Pain
Specimen Collect
Timed Up and Go
Vaccination Status
Visit Aide
Vital Signs
+Add Item+
Post-Assessment
Clinical Summary
485
Diagnoses: 4
Meds: 6
Orders: Yes
Goals: Yes
Doctor: Yes
A0002978
Medication Review
Time Slip
1/15/2016
Skilled Proc
Supplies
Review OASIS
A0000962
SIMPLY HOME HEALTH NOBLESVILLE, IN
Address all comments made by reviewer then change the note status back to completed
Pathway Measurements
Pulse Oximetry level, CHF
Symptoms -
Dyspnea,Orthopnea,Edema

This is the 485 that is produced.

HOME HEALTH CERTIFICATION AND PLAN OF CARE

0001A0003710

1. Patient's HI Claim No.	2. Start of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
111222333A	02/29/2016	From: 02/29/2016 To: 04/28/2016	A01104-01	067500

6. Patient's Name and Address
Wolfe, Max B (330) 357-8521
123 Good Boy Dr
Palm Bay, FL 32907

7. Provider's Name, Address and Telephone Number (321) 614-0726
Riversoft-Riversoft
1901 S. Harbor City Blvd.
Melbourne, FL 32901 Fax: (321) 914-0732

8. Date of Birth 03/28/1950 **9. Sex** [X] M [ ] F

11. ICD-0-CM	Principal Diagnosis	Date
J441	Chronic obstructive pulmonary disease w (acut (O)	02/29/2016
12. ICD-0-CM	**Surgical Procedure**	**Date**
N/A		
13. ICD-0-CM	**Other Pertinent Diagnoses**	**Date**
F321	Major depressive disorder, single episode, mo (O)	02/29/2016
I501	Left ventricular failure (H)	11/01/2015
F411	Generalized anxiety disorder (H)	12/01/2015

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
FUROSEMIDE 40 MG ORAL TABLET 1 tablet daily
LISINOPRIL 20 MG ORAL TABLET 1 tablet twice daily (N) N:01/01/2016
METOPROLOL TARTRATE 50 MG ORAL TABLET 1 tablet twice daily (N) N:01/01/2016
OXYGEN 2L/min via NC continuosly
SALMETEROL 50 MCG INHALATION POWDER 1 puff inhaled twice daily
SPIRONOLACTONE 25 MG ORAL TABLET 1 tablet daily

14. DME and Supplies
walker

15. Safety Measures
fall precautions

16. Nutritional Requirements
Appetite:Fair Regular diet

17. Allergies
nka

18.A Functional Limitations
1 [ ] Amputation
2 [ ] Bowel/Bladder (Incontinence)
3 [ ] Contracture
4 [ ] Hearing
5 [ ] Paralysis
6 [ ] Endurance
7 [X] Ambulation
8 [ ] Speech
9 [ ] Legally Blind
A [ ] Dyspnea With Minimal Exertion
B [ ] Other (Specify)

18.B Activities Permitted
1 [ ] Complete Bedrest
2 [ ] Bedrest BRP
3 [X] Up As Tolerated
4 [ ] Transfer Bed/Chair
5 [ ] Exercises Prescribed
6 [ ] Partial Weight Bearing
7 [ ] Independent At Home
8 [ ] Crutches
9 [ ] Cane
A [ ] WheelChair
B [ ] Walker
C [ ] No Restrictions
D [ ] Other (Specify)

19. Mental Status
1 [ ] Oriented
2 [ ] Comatose
3 [X] Forgetful
4 [ ] Depressed
5 [ ] Disoriented
6 [ ] Lethargic
7 [ ] Agitated
8 [ ] Other

20. Prognosis
1 [ ] Poor
2 [X] Guarded
3 [ ] Fair
4 [ ] Good
5 [ ] Excellent

21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration) cont. on addendum...

Services:
SN 3 Visits per Week for 1 Weeks
SN 2 Visits per Week for 1 Weeks
SN 1 Visit per Week for 2 Weeks

(Problems) and =>Interventions:
(COPD (Impaired Gas) [Impaired Gas Exchange])
=>SN to Assess and reconcile all medications. Instruct patient/caregiver in purpose, route, frequency, and side effects.
=>SN to Assess respiratory status including lung sounds, respiratory rate, depth, rhythm, and use of accessory muscles.
(COPD (Imbalance Nutrition) [Imbalance Nutrition])
=>SN to Assess patient's dietary habits and recent food intake. Evaluate and instruct patient/caregiver on weight and how a hypermetabolic state requires an increased caloric need. Instruct on keeping a diet log and weight record. Encourage small frequent meals.
=>SN to Assess for goal weight and nutritional plan.
=>SN to Instruct patient/caregiver on administration of oxygen.
(Heart Failure (Activity Intolerance) [Activity intolerance r/t imbalance O2 supply and demand])
=>SN to Assess circulatory/cardiac status: VS, heart rate/rhythm, weight, edema, and note changes in status. Initial visit establish target weight, take BP in both arms in 2 positions, identify arm with higher BP, document and continue using that arm for BP.
=>SN to Instruct patient/caregiver to adjust client's daily activities and reduce intensity while discontinuing activities that cause undesired psychological changes.

22. Goals/Rehabilitation Potential/Discharge Plans cont. on addendum...
(Status) and =>Goals:
(Ongoing)=>Patient/caregiver verbalizes need to take medications as ordered with reasons for route, frequency, purpose, and side effects by 04/28/16.
(Ongoing)=>Patient will remain free of respiratory complications throughout certification period.
(Ongoing)=>Patient/caregiver will keep up to date logs and reflect an increase or stabilization in weight by 04/28/16.
(Ongoing)=>Patient will reach goal weight of 145 by 04/28/16.
(Ongoing)=>Patient/caregiver demonstrates correct use of oxygen by 04/28/16.

23. Nurse's Signature and Date of Verbal SOC Where Applicable

25. Date Agency Received Signed POT

24. Physician's Name and Address (970) 224-9508
DAVID ABBEY MD N1568483196

26.

ADDENDUM TO PLAN OF CARE

1. Patient's HI Claim No.	2. Start of Care Date	3. Certification Period		4. Medical Record No.	5. Provider No.
111222333A	02/29/2016	From: 02/29/2016	To: 04/28/2016	A01104-01	067500

6. Patient's Name	Date of Birth		7. Provider's Name		
Wolfe, Max B	03/28/1950	(330) 357-8521	Riversoft-Riversoft	(321) 614-0726	Fax: (321) 914-0732

8. Item No.

21. Orders (continued)

=>SN to Instruct patient/caregiver on alternative ways to complete activities to conserve energy.
=>SN to Instruct patient/caregiver on establishing a quiet environment to reduce energy demands on patient.
=>SN to Encourage and instruct on rest periods and assistance with activities, note change in status. Instruct patient/caregiver on importance of frequent rest periods, pacing activities and avoiding overexertion.
=>SN to Evaluate patients sleep patterns for interrupted sleep and feeling unrested. Instruct patient/caregiver on reducing external stimuli such as caffeine which may prevent relaxation and inhibited sleep.
=>SN to Assess and instruct patient's home environment for presence of factors that could contribute to fatigue that affects patient's actual and perceived ability to participate in activities.
=>SN to Assess patient's ability to stand and move about and the degree of assistance needed with equipment. Instruct on fall precautions to prevent injury and proper use of equipment.
=>SN to Encourage and instruct patient to keep a position attitude and provide a weekly progress update to motivate patient and provide patient with a sense of well-being.

Vital Signs: Temp:99.1 Pulse:(A)60 Resp:18 Weight:143 Height:72
B/P:(Sit L) 120/85

Patient is progressing well at this time.

22. Goals (continued)

(Ongoing)=>Notify MD of any changes from baseline with parameters of heart rate 60 to 100, weight below 140 above 150, edema +1 and BP 120/80 to 140/90 throughout certification period.
(Ongoing)=>Patient/caregiver verbalizes taking measures to prevent strain and overexertion caused by undesired activities by 04/28/16.
(Ongoing)=>Patient/caregiver will name three alternative ways to complete activities to conserve energy by 04/28/16.
(Ongoing)=>Patient/caregiver verbalizes understanding of having a quiet environment to reduce energy demands on the patient as evidenced by patient having more energy by 04/28/16.
(Ongoing)=>Patient/caregiver will verbalize the effectiveness of reduction in cardiac workload and minimizing myocardial oxygen consumption throughout certification period and will verbalize the importance of frequent rest periods and pacing activities as evidenced by no overexertion by 04/28/16.
(Ongoing)=>Patient/caregiver will verbalize ways to reduce external factors that interrupt sleep and will verbalize improved sleep patterns as evidenced by more energy by 04/28/16.
(Ongoing)=>Patient/caregiver will verbalize understanding of the importance of eliminating factors that could cause patient increased stress and name three of these factors by 04/28/16.
(Ongoing)=>Patient will verbalize three measures of fall precautions and demonstrate proper use of equipment by 04/28/16.
(Ongoing)=>Patient verbalizes a reduced level of frustration and feels more positive about completing and participating in activities as evidenced by participating in more activities by 04/28/16.

Rehab Potential: Fair

Discharge Planning: To caregiver in home

Shellie at Dr. Wolfe's office contacted with assessment findings and verbal approval obtained for plan of care

RS Office/Mobile Features That MAT Does Not Have

- Cloud-based. Entry of data occurs real-time in office's database so there is no data on the devices and devices can be shared.
- In native mode, works on basic Windows tablets (as low as $90 per tablet). Virtualized, works on any tablet and looks great on an iPad.
- Because there is no data on the device, cheaper tablet devices can be used (averaging $200 per device).
- Pathway driven. This makes selecting and documenting problems, interventions, and goals easier and faster.
- Clinical Guidance. Hundreds of analysis items, categorized by Diagnosis Advice, Pathway Advice, Note Advice, and OASIS advice, aid the caregiver in filling out a quality note quickly.
- Each agency can now define additional required pages per note.
- A caregiver can now add additional pages to a particular note.
- A completed, analyzed OASIS is now a part of a completed note, reducing the office's need to review. Every OASIS is subjected to RiverSoft's analysis and then an optional third party (supplied by PPS PLUS for an additional fee) prior to it being completed.
- Faster entry. All notes have been streamlined and no part of the note is more than two clicks away.
- Printouts are much shorter. The notes print in about 3 pages and the full assessment can print in less than 10 pages.
- Lookbacks are available anywhere it is useful to look back to how the clinical feature was documented on a previous note.
- Reconciliation documents are no longer needed. Medications and Pathways have one data repository and are edited by all parties in real-time.
- Supplies entered on visit notes appear immediately on schedule, ready for verification and billing.
- Timeslip information on each note is submitted for verification (to the ELVIS monitor) immediately after patient's signature is acquired, removing the need for manual verification of the Timeslip portion of every note.
- Skill discharges are clearly documented on specific notes and cause the patient's schedule to clearly denote each skill as it is discharged.
- Narrative entry is spell checked and uses voice-to-text to save using the keyboard.
- Training on RiverSoft Mobile is self-trained. Issue a device or install RiverSoft Mobile on the caregiver's own device, issue them a username and password, and then have them read the RiverSoft Mobile Overview and the Note Editor document. Combined, the documents, built-in to RiverSoft Mobile, take less than 20 minutes to read.
- RiverSoft Mobile is designed to allow your physicians access to their patient's electronic medical record, so they can review care and sign care plans and verbal orders.
- RiverSoft Mobile is designed to allow your payers access to their patient's electronic medical records, so they can review care. Also, one button creates one PDF file of a patient's chart (every note, care plan, and verbal order, and pathway overview) so you can send it to payers that do not have RiverSoft Mobile access.

Special Features When RiverSoft Serves as Your NY Verifying Organization

The visit data that is electronically verified through the ELVIS monitor is available to RiverSoft, the DOH, and OMIG and their respective agents in **real-time** via the **Visit Exceptions – Missing Visit** report. DOH/OMIG access to this report is via a web-portal and their login (username NYOMIG, password *TBD*) grants limited access to the system hosted by RiverSoft. The NYVO option of the Visit Exceptions – Missing Visit report **provides data for ALL RiverSoft clients that utilize RiverSoft as their NYVO**. In this way, RiverSoft, the DOH, the OMIG and their respective agents have access in **real-time** to all Visit Exceptions for all sites utilizing RiverSoft as their NYVO and can download whatever data they wish at any time they wish.

Three payer switches are required for any NY payer requiring a verifying organization: RSNYVO, COMPLIANCERULESREQUIRED and HOLDINVOICEFOROUTOFCOMPLIANCE. Once RSNYVO payer switch is used, only RiverSoft may update that payer's switches.

The ELVIS monitor's arrival time and duration tolerance are set to the payer's specifications. Only RiverSoft may set these tolerances for NYVO clients.

The unbilled report queries the other NY Companies (*that utilize RiverSoft as their NYVO*) for moonlighting employees with double-booked visits. If such a visit is found it remains unbillable until either it or the double-booked visit in the other company is deleted or marked DO NOT BILL.

If an unskilled time-slip is held by the ELVIS monitor because it is out of tolerance, (*either because the start time is too far from the scheduled start time or because the duration is too different from the scheduled duration time*), and it is being manually dispositioned to verify a visit in the schedule for a payer with the RSNYVO payer switch, IT MUST BE given an exception code of one of the following: (2BAttendant failed to call out, 2D-Attendant called in or out late, or 4A-Data Entry Error). This exception code will flow to the verified visit where it is used by the Visit Exceptions – Missing Visit report.

The ELVIS monitor **automatically updates the status of all LATE visits** that belong to payers with the RSNYVO payer switch to **ELVIS Cancelled/Late**. It does this after each 100 batches of visits it processes. These cancelled visits can be replaced by a manually verified visit, but the replacement visit requires one of the following exception codes:

- 1E-Client received services outside of the home
- 1G-Client request to change/cancel visit
- 1H-Client address/location not recognized
- 2A-Attendant failed to call in
- 2B-Attendant failed to call out
- 2C-Attendant failed to call in and out
- 2D-Attendant called in or out late
- 2G-Attendant failed to report to clients home
- 3C-Unable to use mobile device
- 3D-Unable to connect to internet/EVV down

- 4A-Data entry error
- 4B-Agency - no show with no replacement

RiverSoft will run monthly reports to check employee licensing and employee matching against sanction lists.

RiverSoft will verify monthly that all payers representing financial parties that require the oversite of a New York Verifying organization have the payer switches RSNYVO, COMPLIANCERULESREQUIRED and HOLDINVOICEFOROUTOFCOMPLIANCE so that unauthorized services cannot be billed.

RiverSoft will run the Visit Exception – Missing Visit report monthly to identify exception code trends that are different than previous month. This report is also used to identify caregivers with a higher than normal exception rate.

RiverSoft will provide an annual compliance report per agency demonstrating how each agency meets OMIG's requirements for EVV and employee credentialing. The first report will be done shortly after Interim and Anytime are live with the RSNYVO features.

Transitioning from MAT Mobile to RiverSoft Mobile

1. Clinical Supervisor watches all RiverSoft Mobile Videos (1-28) plus RiverSoft Office Videos 25,26, and 30
2. Clinical Supervisor takes comprehension test and then reviews test with RiverSoft
3. Optional **Riversoft Mobile Notes Workshop** – RiverSoft rides "shotgun" remotely as you enter your first Start of Care and subsequent visit note.
4. Add RiverSoft Mobile Users and associate with employees records
5. Begin distributing RiverSoft Mobile on every tablet that has MAT
6. Clinical Supervisor should test each RiverSoft Mobile user for comprehension of RS Mobile videos 1-16, 18, 19, 21, 22, and 26-28 with the test provided in RiverSoft University. Each user must understand RSM's functionality and what to do when they visit a patient that has no connectivity.
7. As of the go-live date _____, all new patient should be entered in RiverSoft Mobile via Start of Care note.
8. All other active patients should have an EMR Transition note created so that they are ready to be recertified or have visit notes created.
9. Begin using Clinical Review – video is in "I" button.
10. Begin using Medical Records Screen - video is in "I" button.
11. Begin using Medication Profile report
12. Configure Pathways, Note Warnings, Note Pages as needed – RS Mobile videos 23-25
13. Begin using Export 485/VOs, Export OASIS, and Export HH-CAHPS features – videos in "I" button.
14. Begin using Patient Census and Patient Admissions/Discharges – video Clinical Audit Reports
15. Call RiverSoft to verify entry and answer any question

Clinical Comprehension Test (highlighted questions are for supervisor only)

Patient Intake Video #2:

1) It is important to _____ the client's address with MapQuest.

1. Memorize 2. Verbalize 3. Verify

2) When entering a client you must associate the client's _____ and _____ with a Skill category if possible.

1. Payer and Skill 2. Weight and Height 3. Location and Pay Rate

3) If you don't have a _____ you can print one from the Client Demographics screen and send it to the physician.

1. Verbal Order 2. Face to Face 3. Employee Schedule

Login and Patient List Video #3:

4) Hovering over the majority of the buttons gives you _____ of what it does or does not do in a tool tip?

1. Pictures 2. Further Explanation 3. A Recording

5) Which 3 things can be accessed from the Mobile Patient List Screen?

1. Face Sheet, Patient's Schedule, Self-Scheduling
2. Pay Rates, Employee Demographics, Oasis Export
3. Medication Administration, Reports, Payroll

Choosing a Clinical Note Video #4:

6) When choosing a clinical note you must be sure to select the correct _____.

1. Time 2. Place 3. Skill

7) A Resumption of care will generate a _____ if it is done within the 5 day window of a recertification.

1. Plan of Care 2. Verbal Order 3. Communication Note

8) A _____ note is completed when a verbal order is needed but no visit is being made.

1. Visit (General) 2. Care Coordination 3. Verbal Order

Start of Care Note (Part 1) Video #5:

9) The fields with the red text area on the note pages come from the _____.

1. Discharge Note 2. Referral Intake in RiverSoft Office 3. Plan of Care

10) As you fill out your note you can also fill out your required _____.

1. Days Off 2. Oasis Questions 3. Continuing Education Credits

11) All _____ fields are required to be completed before you can place your note in a Completed Status.

1. Yellow 2. Blue 3. Green

12) Clinicians can add additional _____ to their note with the +Add Item+ button.

1. Patients 2. Oases 3. Pages

Start of Care Note (Part 2-Body Diagram) Video #6:

13) On the body diagram by clicking on the lesion or wound/incision then clicking on the _____ it will place this mark.

1. Trash Can 2. Area of the Body 3. Antique White Area

14) When adding a wound/incision this will open up the editor screen. This is where you must add your _____, _____, and _____.

1. Intervention, Goal, Narrative 2. Date, Time, Patient 3. Allergies, Diet, DMEs

15) By clicking on the lesion and or wound/incision then clicking on the trash can you can _____ a wound from the note if placed in error while working on the note.

1. Remove 2. Hide 3. Misplace

16) The Lookback feature on the body diagram allows you to review the _____.

1. Deleted wounds 2. Pain Scale 3. Progress of the wounds

17) Wound interventions and goals will automatically flow to your Plan of Care in locator's _____.

1. 14 and 15 2. 21 and 22 3. 18A and 18B

Start of Care Note (Part 3-Body Systems and Items) Video #7:

18) On the monofilament test on the Endocrine page by clicking on the _____ then clicking on the foot it will place this _____.

1. Trash Can, N/A 2. Finding, Value 3. Finding, Trash Can

19) All pages that have (485) following their title will have information that can automatically flow to the Plan of Care so you don't have to _____.

1. Complete the Note 2. Review Plan of Care 3. Double Document

20) By holding down vital sign – or + controls you can _____ change values or values can be _____ entered.

1. Rapidly, Manually 2. Slowly, Automatically 3. Not, Never

Start of Care Note (Part 4-Post Assessment – Clinical Summary) Video #8:

21) There are 3 text boxes on the Clinical Summary page that flows to the Plan of Care where does each box appear?

1. Box 1- following service orders in locator 21, Box 2- bottom of locator 22, Box 3- bottom of locator 21
2. Box 1- following service orders in locator 21, Box 2- bottom of locator 21, Box 3- bottom of locator 22
3. Box 1- following service orders in locator 22, Box 2- bottom of locator 22, Box 3- bottom of locator 21

Start of Care Note (Part 5-485 Diagnoses and Medications) Video #9:

22) Which 3 ways can you add a diagnosis?

1. Add severity only, click on Get Diagnosis Advise, drag and drop
2. Add diagnosis date, diagnosis status, symptom severity rating
3. Pick from ICD tree, key in code, clinician can add description only

23) When selecting medications from the Lexi-Comp database what 3 things can you check for?

1. Drug to Drug Interactions, Is it on the Beer's List, Is it a High Risk Medication
2. Cost of Medication, Medication Availability, Patient's Compliance
3. Medication Availability, Drug to Drug Interactions, Patient's Compliance

24) Lexi-Comp provides you with teaching sheets in English and _____?

1. Arabic 2. Spanish 3. French

Start of Care Note (Part 6-485 Locators 14-20) Video #10:

25) By right clicking on the text boxes in locators 14-17 you can select the _____ name of the locator you are in and select preconfigured phrases from the drop down list.

1. Group 2. Team 3. Patient

Start of Care Note (Part 7-485 Adding Pathways) Video #11:

26) What are the 2 ways to link Pathways to the Plan of Care?

1. Pathway Lookback and Advice
2. Multi-Select Interventions and Add Pathways
3. Link Document and Select All

27) You can customize _____ and _____ including filling in parameters and goal end dates.

1. Pathway Name and Problem
2. Pathway Name and IG#
3. Interventions and Goals

28) The Clinician can view the _____, _____ and _____ from the pathway editor screen.

1. Service Orders, Note Review and Face Sheet
2. Medication Profile, Case Analysis and Analyzed Items
3. Pathway Advice, IG Lookback and Pathway Lookback

Start of Care Note (Part 8-485 Services) Video #12:

29) What are the 2 ways to add service orders to your Plan of Care?

1. Hand Key into Locator 21 or Select New and Manually Add Service Orders
2. Select New and Manually Add Service Orders or Select Orders that are Directly Linked to Patient's Pathways
3. Select Orders that are Directly Linked to Patient's Pathways or Hand Key into Locator 21.

Start of Care Note (Part 9-Medication Review and Administration) Video #13:

30) By clicking on the _____ from the medication administration screen you can select if it is an injection, IV, if there are side effects and add comments. This will provide you with the appropriate editor screen.

1. Administered 2. Not Administered 3. Show Medication Profile

Start of Care Note (Part11-Review Oasis and Complete Note) Video #15:

31) Once your Oasis is completed you should select the review button this will run the _____ and give you any warnings that you should review.

1. Note Analysis 2. Oasis Validator 3. Auto Pay Mileage

32) Once your Note is finishing and all required fields are filled out you will click on the Complete button. This will run the _____. If you have any pink highlighted items on your report you will be prevented from completing the note until these warnings are addressed.

1. Clinical Note Analysis 2. Oasis Validator 3. Auto Pay Travel Time

Clinical Review Video #16:

33) The Clinical Review Screen is where the supervisor can click on completed notes to review them. The supervisor will add a comment for clinician or _____ to finalize the note.

1. Lock 2. Complete 3. In Use

34) Once the note is placed into _____ status the Plan of Care will be ready to be sent to the physician and the Oasis will be ready to be submitted to the state.

1. In Use 2. Complete 3. Locked

Medical Record Screen Video #17:

35) RiverSoft Mobile note patients will have a Plan of Care and Oasis generated from a Locked note, the patient will be made _____, and the _____ and _____ will be added.

1. Non Admitted, Discharge Date and Admission Date
2. Active, Admission Date and Start of Care Date
3. Discharged, Admission Date and Start of Care Date

36) Manually adding a patient that remains on Paper Only will require a _____, _____ and _____ to be added manually.

1. Visit, Medication Profile and Patient Status
2. Plan of Care, Oasis and Patient Status
3. Plan of Care, Visit and Face Sheet

Visit Note Video #18:

37) From the Intervention button you will be able to add narratives and Met/Not Met goals. At least _____ narrative/narratives is/are required.

1. All Narratives 2. No Narratives 3. 1 Narrative

Patient List-Other Features Video #19:

38) Self-Scheduling allows you to change the _____ and _____ of the patient's visit you are schedule to see.

1. Date and Time 2. Location and Time 3. Location and Date

How Clinical Notes Affect Patient Status Video #20:

39) A Start of Care Note, Visit (Non Admitted) Note, Transfer Note, Resumption of Care Note, and Discharge Note once locked cause which patient statues?

1. Discharged, Active, Hold, Non Admitted, Hold
2. Active, Non Admitted, Hold, Active, Discharged
3. Hold, Active, Discharge, Active, Active

Automatic Note Locking and Locking a Start of Care Note Video #21:

40) What are the 5 types of notes that automatically go from Complete to Locked status?

1. Start of Care, Resumption of Care, Recertification, Transfer, Discharge
2. Visit (Non Admitted), Visit Attempted But Not Made, Visit Not Attempted, Link Documents, Discharge
3. Visit (Non Admitted), Visit Attempted But Not Made, Visit Not Attempted, Link Documents, Visit Note (if no verbal order is attached, employee signature is present, Author is not under clinical review)

41) To place an employee under clinical review you will need to add the words _____ under configure attributes then add this attribute to the employee.

1. Clinical Probation 2. Review Notes 3. Clinical Review

Discharge Note Video #22:

42) What are 3 types of Discharge Notes?

1. Discharge by Skill, Discharge by Payer, Discharge from Agency
2. Discharge Employee, Discharge Time, Discharge from Agency
3. Discharge by Skill, Discharge Employee, Discharge Time

43) How many _____ goal/goals are required to be Met/Not Met on a discharge from agency?

1. 1 2. All 3. Some

44) From the Discharge/Transfer Page you can run a _____ to review your patient's entire case and a _____ that you can send to the physician.

1. Face Sheet and Medication Profile
2. Case Analysis and Discharge Summary
3. Medication Administration and Discharge Summary

Configuration Part 1 (Pathways) Video #23:

45) By configuring Pathways you can link them to what 4 things?

1. Employees, Visits, Service Orders, Key Measurements
2. Visits, Add Pages, Service Orders, Key Measurements
3. ICD 10 Codes, Add Pages, Service Orders, Key Measurements

Configuration Part 2 (Note Warnings and Unused Notes) Video #24:

46) Upgrading to warnings should only be done if truly necessary to avoid slowing down your users unnecessarily. Who can upgrade alerts to warning?

1. RiverSoft 2. Agency Administrator 3. Clinician

Configuration Part 3 (Agency Form Pages and Agency Note Pages) Video #25:

47) What 2 ways can Agency Form Pages be added to a note?

1. Configured to a Particular Note or added by the Clinician as +Add Item+
2. As a Verbal Order or Plan of Care
3. Configured to a Particular Note or Plan of Care

Maintaining EMR When Patient's Location Lacks Data Service Video #26:

48) While you still have data service _____ to your patient's visit that will have no data service you will choose the note you wish to complete, print, and save to your computer as a PDF or print as a hard copy.

1. After 2. During 3. Prior

49) If you save your visit note as a PDF you can annotate on it, collect signatures then attach it to the _____ note so it will be a permanent part of the electronic chart.

1. Deleted 2. Original 3. Fictitious

Correcting Notes Completed Out of Order Video #27:

50) By choosing the note you need to correct and clicking on the interventions button you can click on Pathway Lookback. This report will show you any _____.

1. Inconsistency Warnings 2. Out of Compliance Visits 3. Supervisory Visits Due

51) To correct any notes that are out of order, missing or having changed interventions and goals simply click on the _____ button then Accept or Refuse Updates. If you accept the corrections it will cause the note to be correctly populated.

1. In Use 2. Complete 3. Locked