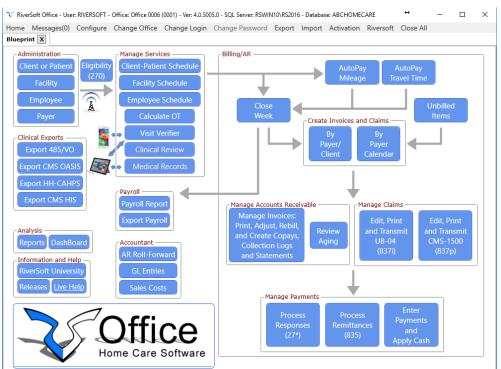
RiverSoft Primer

Overview of the RiverSoft Home Care Software Suite



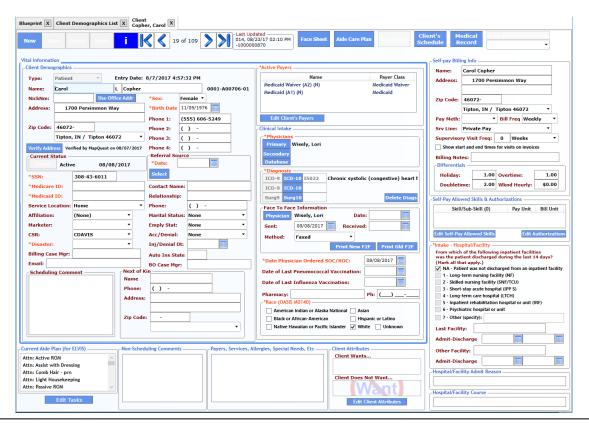
- Each user can only log into the offices they have been granted assess to.
- Each user has about 100 different permits, allowing them access only the features they need.
- The highlight of each month's release is displayed above login button.
- Users are logged out after 2 hours of inactivity.
- Access to other database servers and databases available via the "Change" button – feature specifically for large organizations to access their archive database.



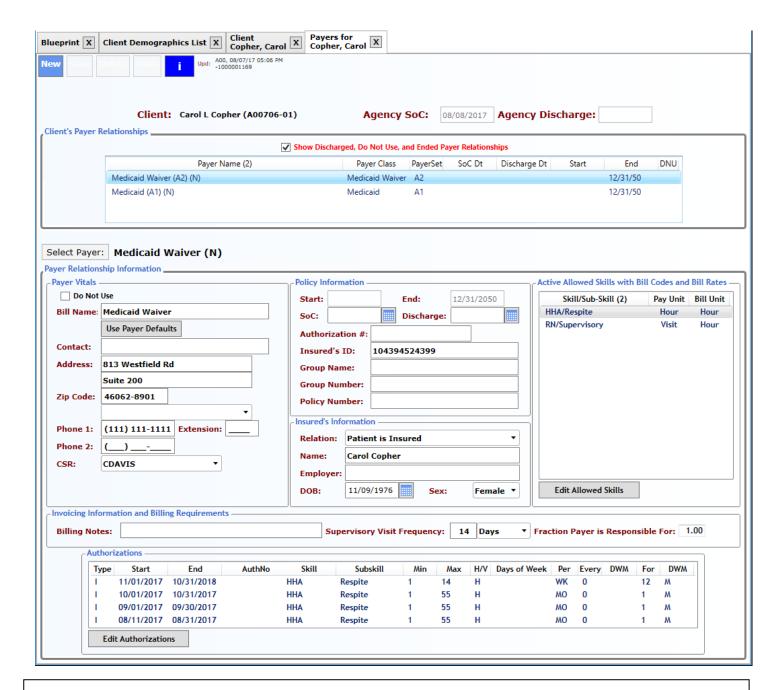
- The Blueprint home screen maps out the operational flow of a typical home health care agency.
- This primer will briefly explain each feature.
- Username, office, software version, database server, and database name are at the top of the screen.
- Messages(0) menu item indicate user has zero new messages. RS messages is an encrypted, HIPAA, user-to-user messaging system.
- Clicking logo takes you to www.riversoft.net.
- RiverSoft University contains all the training materials your users will need.
- This primer provides a broad overview of the RiverSoft software suite. For detailed instructions, refer to RiverSoft University it defines the typical roles found in a home care agency and details the training materials needed to learn the RiverSoft features pertaining to each role.



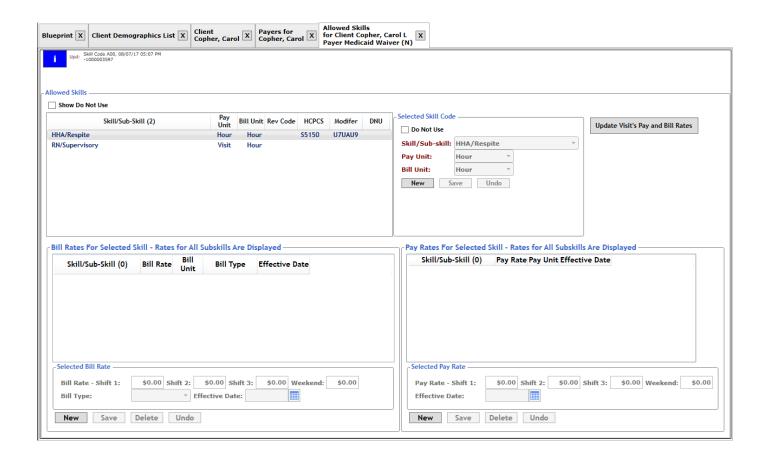
- Client/Patient Demographics list lets you go directly to patient by typing in just the first few characters
 of the last name.
- RiverSoft Office is designed to show as much information as possible related to a given task. Because of this, high definition displays are HIGHLY RECOMMENDED (1920 X 1080).
- List is filterable by type, status, payer class, payer, customer service representative, affiliation, or attribute. Affiliation is for creating client and employee groups. Multiple attributes can be added to each client and employee, like "Speaks Spanish" and "Non-Smoker".
- Clicking on a column header sorts the list by that column.
- Client's Latitude and Longitude shows to easily see if any locations are missing. Client and employee locations are critical in matching an employee to an open visit and in automatic mileage calculations.
- Quickly build a list of clients that have open visits by clicking "Has visits scheduled between" and "Has unassigned visits between".
- The date range after the word "between" is set by going to ANY client schedule and moving the schedule.



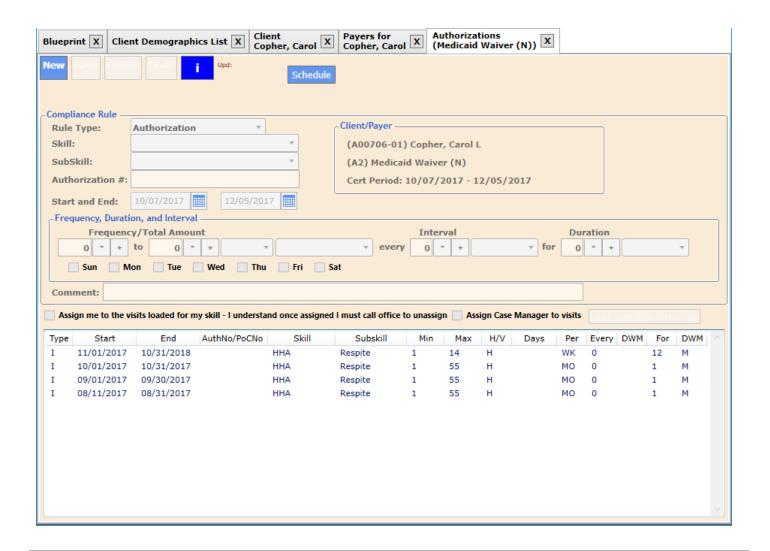
- A **Client/Patient** is someone that receives service from the agency. A **client** receives services not requiring clinical documentation, whereas a patient requires clinical documentation. A patient appears on the agency census reports a client does not.
- The address is the place the client receives service. If they pay for their own services, the Self-Pay billing address is entered on the far right. Most likely, a third-party payer will be billed for the services that payer relationship is created via the Edit Client's Payers button.
- Make sure to verify the address only valid addresses can be Lat/Long encoded this is needed for employee matching and automatic mileage/travel time calculations.
- Labels in *red are important because they flow to the Start of Care clinical field note that the nurse or therapist will complete for the patient. Enter the information here so they will not need to.
- Select the place that referred this facility to your agency using the Referral Source select button. This will allow sales and census reporting by referral source.
- The scheduling comment appears at the bottom of the client's schedule.
- Use "Edit Tasks" to create a patient's Aide Care Plan this is used by the ELVIS phone app to gather
 which tasks where done and not done on every visit. The aide care plan can be entered in the office or in
 the field by the Start of Care nurse or therapist.
- Use "Edit Client Attributes" to add attributes to the patient.
- The Email: field is used to enter the email address to which the patient's Care Statements sent.
- Print the patient's Face Sheet and Aide Care Plan via buttons at top of the screen.
- Access the Patient's Schedule and Medical Record from buttons at top of the screen.
- If patient is discharged and they come back, Re-Admit the patient using button at top of screen (only visible for discharged patients).



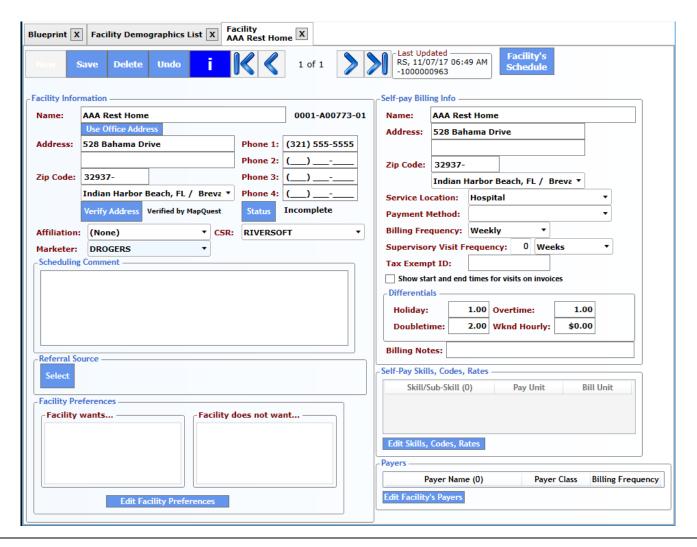
- A patient may have MANY payer relationships at the same time.
- Each payer relationship may have its own **Start of Care** and **Discharge date**.
- Each payer relationship has a set of allowed skills ONLY ALLOWED SKILLS CAN BE SCHEDULED,
 PAYROLLED, AND INVOICED.
- Bill rates are stored with the payer allowed skills and can be overridden at client-payer level (Edit Allowed Skills button).
- Each payer relationship may have its own supervisory visit frequency and co-pay fraction that the payer is responsible for if the payer pays 100%, the fraction is 1.00.
- Each allowed skill can have many authorizations that control compliance checking and billing.



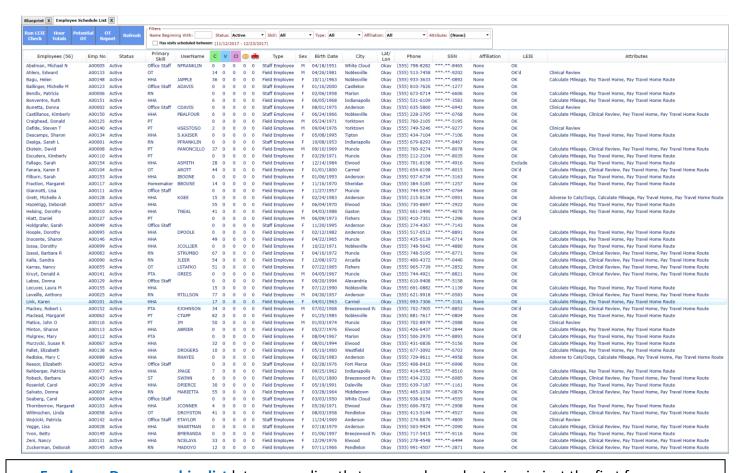
- Bill rates are stored with the allowed skills at the payer level and can be overridden at this level.
- Both pay rates (what the employee is paid) and bill rates (what the payer is billed) can be entered by the hour or the visit.
- Payroll IS ALWAYS calculated by the hour because of federal wage and hour laws, so if a visit pay unit is entered, it is translated to an hourly pay rate on the visit in real time.
- Rates can be entered for each of an office's three shifts (defined on the office configuration screen) and for weekends. Both pay and bill rates start on an effective date and end when another rate becomes effective.
- Once rates are added or changed, you can update currently scheduled visits by clicking the "Update Visit's Pay and Bill Rates". If you do not do this, each visit will be updated when it is verified.
- Bill and Pay rates can be configured at many levels see the Configure Office Default Pay and Bill rates information buttons for details. When pay and bill rates are properly configured, you will not need to manually enter rates on scheduled visits the correct rates will default automatically.



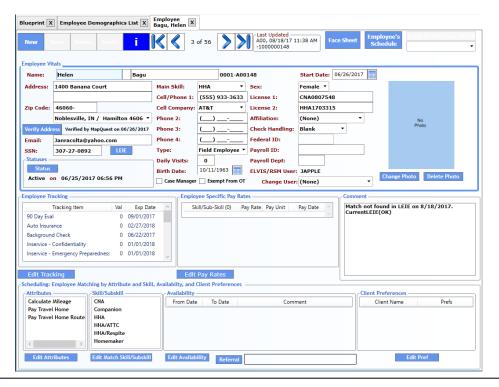
- Each allowed skill can have many Authorizations, of many types. Insurance authorizations should not overlap or else the compliance checking will not be able to accurately show compliance.
- Besides insurance authorizations, there are Skilled Visit Count and Total Hour or Visit Count types of
 rules. These can be used in conjunction with insurance authorizations so that a situation like "2 to 4
 HHA visits per week for 12 weeks not to exceed 30 visits total" can be accommodated.
- By entering the authorizations as they are received by a patient's payer, not only will everyone in the
 agency easily see when or if a client's schedule is out of compliance, you will also be able to generate a
 report of expiring authorization so that you can be pro-active in getting more authorizations from the
 payer.
- RiverSoft can create invoices by authorization, so if an authorization ends on a Tuesday and another starts on the next day, one invoice will be created through Tuesday and a second invoice will be created beginning on Wednesday. This is controlled by one of the hundreds of payer switches that allow RiverSoft to create exactly the correct invoice/claim that the payer needs to pay quickly.



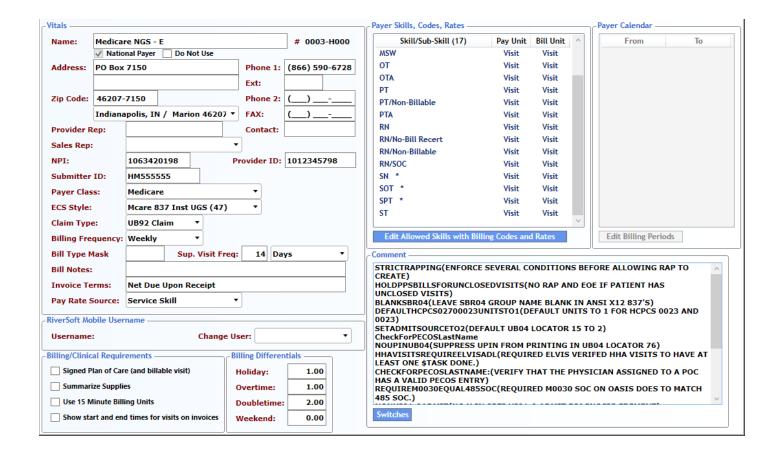
- A Facility is a service location that an agency sends employees to. Some agencies staff facilities in addition to providing home care services.
- The address is the service address of the facility. If they pay for their own services, the Self-Pay billing
 address is entered on the far right. If there is a corporate office or third-party payer that will be billed for
 the services that payer relationship is created via the Edit Facility's Payers.
- Make sure to verify the address only valid addresses can be Lat/Long encoded this is needed for employee matching and automatic mileage/travel time calculations.
- Select the place that referred this facility to your agency using the Referral Source select button. This will allow sales and census reporting by referral source.
- If the facility pays for their own service, you must enter the skills that your agency will be providing to this facility before any visit can be scheduled and billed to this facility.
- If a third party pays for the service, use the Edit Facility's Payers to enter that payer relationship and allowed skills.
- If the facility has unique requirements, like a special orientation for anyone who works on their premises, enter that via Edit Facility Preferences. This will be important when matching employees to open visits for the facility.
- Access the Facility's Schedule from the button at the top of the screen.



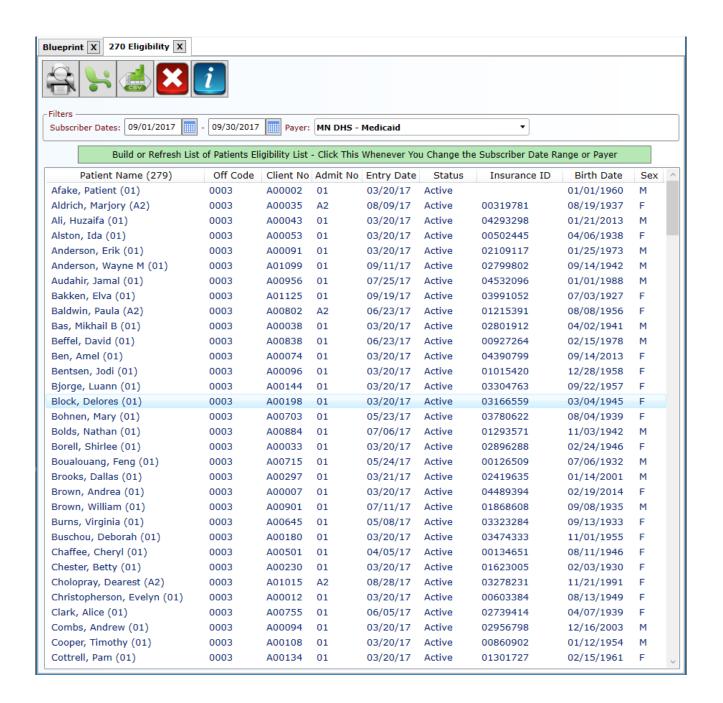
- Employee Demographics list lets you go directly to an employee by typing in just the first few characters of the last name.
- List is filterable by status, skill, type, affiliation, or attribute. Affiliation is for creating client and employee groups. Multiple attributes can be added to each client and employee, like "Speaks Spanish" and "Non-Smoker".
- Clicking on column header sorts the list by that column.
- Latitude and Longitude shows to easily see if any locations are missing. Client and employee locations are critical in matching employee to an open visit and in the automatic mileage calculations.
- LEIE (List of Excluded Individuals and Entities) column indicates the status of the employee being checked against the LEIE list from the Office of the Inspector General.
- The username column lets you quickly see all employees that have access to RiverSoft Office, Mobile, or ELVIS.
- The date range after the word "between" is set by going to ANY client schedule and moving the schedule.
- The Hours Totals button provides a current report of the total hours for each employee for the current week. The Potential OT report shows the employees that have more than 40 hours for the current week across all offices for their confirmed and verified visits.
- The OT report shows those employees with more than 40 hours in the closed and verified visits for the week about to be closed.



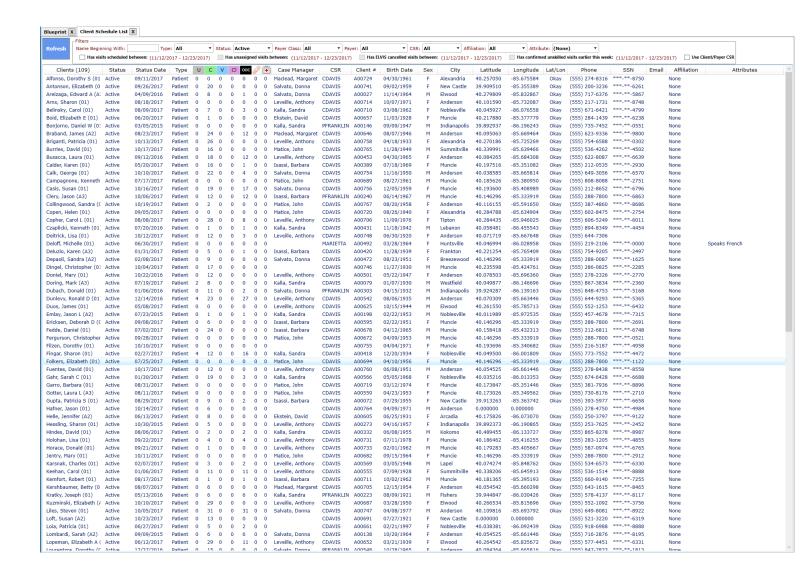
- **An Employee** is someone that provides service on behalf of the agency. There are three types of employees: field (paid by the timeslip), staff (paid a salary), and contractor (paid by 1099).
- The address is the employee's residence.
- Make sure to verify the address only valid addresses can be Lat/Long encoded this is needed for employee
 matching and automatic mileage/travel time calculations.
- The LEIE button matches the employee name against the office of the inspector general's list of excluded individuals and entities. This can be done in bulk from the employee list screen.
- The employee status is shown on this screen and can be updated by clicking the status button.
- The employee's main skill is important for matching the employee to open visits and for storing employee specific pay rates.
- The cell phone and cell company fields must be entered to text visit offers to the employee.
- Field employees can be associated with a specific number of expected daily visits this is important when matching an open visit to the employee.
- Contractor and staff employees can be associated with a specific number of goal visits. (For these type of
 employees, the Daily Visit label changes to Goal). The salaried visits report shows which employees are
 meeting their goal number of visits and those that are not.
- It is a good idea to enter the employee's photo it will appear at the top of their schedule and on their face sheet. Since most employees will be using either Mobile or ELVIS, you will not see them around the office much the photo will keep their face in your mind.
- ELVIS/RSM User: this is the RiverSoft Username associated with this employee. When the user logs into RS Mobile or ELVIS, this employee's schedule will be available to them.
- At a glance you can see the employee's HR tracking items, attributes, skills/subskills, availability entries, and client preferences for more information on these go to each of these features and read the information button and/or watch the videos all affect matching this employee to open visits.
- Print the employee's Face Sheet and access the Employee's Schedule from buttons at top of the screen.



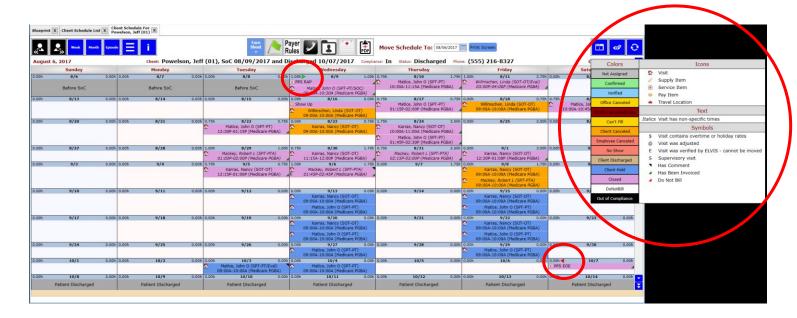
- A Payer is an entity that pays for a patient's services.
- The address is where the payer's paper invoices/claims/statements will be sent.
- The National Provider ID (NPI) and submitter ID are required and used to send electronic claim files (837 institutional and professional) to the payer.
- The claim type is either UB92/UB04 or CMS1500.
- Billing frequency is Weekly, Bi-Weekly, Monthly, or Calendar. If Calendar is chosen, no billing for the payer will occur until billing periods are entered for the payer's calendar.
- The bill type mask allows the first two characters of UB04 box 4 to be set.
- Each payer may demand a different supervisory visit frequency.
- Invoice terms display on printed invoices.
- The pay rate source may either be based on the visit's skill or the skill of the employee.
- If you are granting access to RiverSoft to your payer source, after adding a username/password for them, you associate it with the payer using the Change User: field.
- On the right-top of the screen are the skills allowed for this payer. This is the list that is selected from to configure the allowed skills of all patients associated with this payer.
- The comment area holds the payer switches that have been selected for the payer. There are hundreds
 of payer switches. When configuring a payer, call RiverSoft so they can assist in configuring your payer.
 Properly configured, the invoice and claims generated require NO MANUAL editing they are ready for
 transmission.



- The Eligibility feature creates a 270-file suitable for sending to a payer to get a responding 271 file containing eligibility information for each patient selected.
- One file per payer should be generated and sent to your major payers for each upcoming billing period.
- The Process Responses (27*) feature available on the Blueprint home screen reads the responding 271 file that you will receive from the payer.



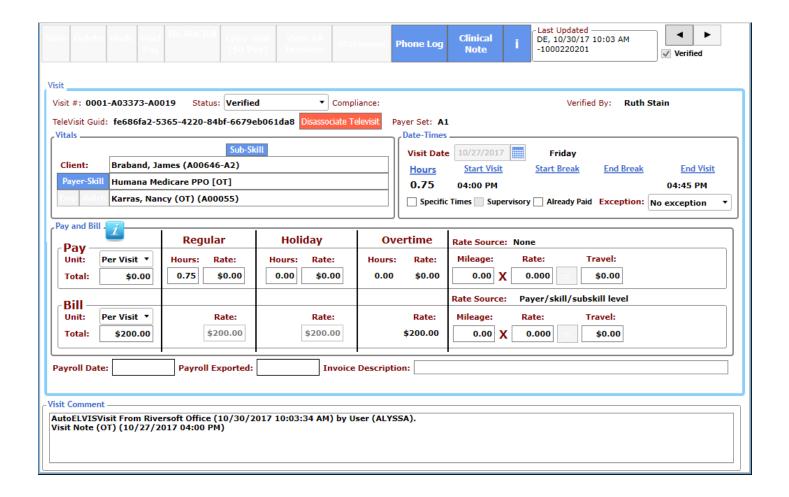
- The Client/Patient Schedule list provides access to the patient schedule.
- List is filterable by type, status, payer class, payer, customer service representative (CSR), affiliation, or attribute. Affiliation is for creating client and employee groups. Multiple attributes can be added to each client and employee, like "Speaks Spanish" and "Non-Smoker".
- Clicking on column header sorts the list by that column.
- Latitude and Longitude shows to easily see if any locations are missing. Client and employee locations are critical in matching employee to an open visit and in the automatic mileage calculations.
- Quickly build a list of clients that have open visits by clicking "Has visits scheduled between" and "Has unassigned visits between".
- The date range after the word "between" is set by going to ANY client schedule and moving the schedule.
- The "Has ELVIS cancelled visits between" option shows just the patient that have visits that the Visit Verifier automatically cancelled because the scheduled confirmed visit had a from time earlier than the current time minus the arrive time tolerance.
- The "Has confirmed unskilled visits earlier this week" options shows just the patients that should have received aide/homemaker/companion visits earlier in the week but did not.



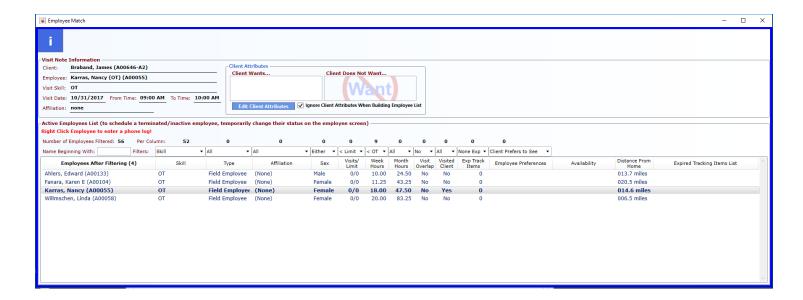
- The Patient Schedule shows the schedule of visits, supplies, services, and pay items for a patient from the Start of Care through Discharge.
- You can view the schedule for a week, month, or episode. There is also a special view to quickly manually verify visits that are not automatically verified from timeslip information from Mobile or ELVIS feeding into the Visit Verifier.
- Days before the patient's Start of Care and after their Discharge a clearly denoted.
- Visit colors indicate status as shown in the legend in the screen shot above.
- A green arrow in a day's grey heading indicates the beginning of a cert period and a red arrow indicates the end. A black square indicates the payer was discharged prior to the end of the certification period.
- A red-flag at the top of the screen indicates the schedule is out of compliance clicking on the red flag provides a detailed report of exactly what is out of compliance.
- Scroll up to look at the past and scroll down to look at the future.
- To edit a visit, click on the little house icon.
- To move a visit, drag it to the new day. To copy a visit, control-drag it to the new day.



- Right click a visit to get the visit menu
- One week can be copied to subsequent weeks or one visit can be copied to multiple dates.
- Visits, supply items, service items, pay items, and travel locations can all be scheduled.
- Symbols on a visit indicate non-regular hours, adjusted, verified by Visit Verifier (ELVIS Monitor), supervisory visit, comment, invoiced or marked Do Not Bill.
- The information button on the schedule screen contains a complete tutorial with videos on the schedule screen, from both the client and employee perspectives.
- Closed visits are tied directly to the clinical field notes and to the invoices and claims.



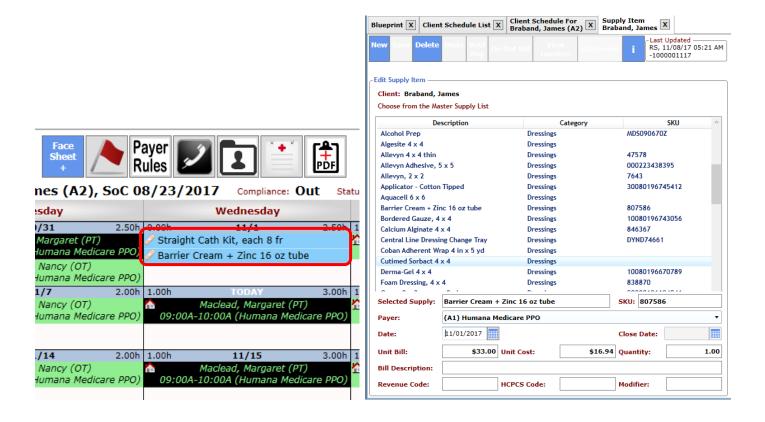
- The **Visit** shows the details of an employee visiting a patient. The visit shown has been automatically verified by the Visit Verifier when it received the timeslip information from a completed clinical field note from a RiverSoft Mobile user.
- Each visit is defined by the client it is done for, the payer, the skill being performed, the employee that performed the visit, the date and times of the visit.
- The total hours of the visits may be broken into regular, holiday, and overtime hours for payroll. The pay rates are derived from the pay rates configured for the agency, payer, employee, and client and the source is shown just to the right of the label Rate Source.
- The visit may be billed by the visit or hour and the bill rates are derived from the bill rates configured for the agency, client, and payer and the source is shown just to the right of the label Rate Source.
- Mileage may be manually entered or automatically calculated via the Calculate Mileage feature.
- Clicking the "Clinical Note" button displays the clinical note from which the visit was verified.
- If the visit is closed and billed, clicking the "Invoices" button shows the invoices the visit was ever billed on
- If the visit is unassigned or confirmed, the "Match" button is available, providing a sophisticated employee matching feature to find the ideal employee to perform the visit.



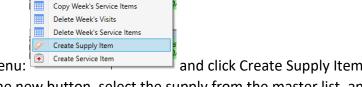
- Employee Matching provides a list of employees to perform the visit filtered by 13 separate matching criteria: skill, employee type, affiliation, sex, daily visit limit, weekly OT, monthly hours < 130, visit overlap, visited client before, no expired tracking items, client-employee preferences, employee availability, and employee distance from client.
- At the top of each filter element the number of employee filtered out because of that element is shown. Each filter can be turned off so that all employees can be accessed.
- Right-clicking on the employee displays the **Phone Log** screen.



• Phone Log provides a log of offers made to employees. Offers can be texted directly to employee from the phone log screen. Logging offers makes it easy to provide proof of offers of work when an unemployment compensation claim is brought against your agency.



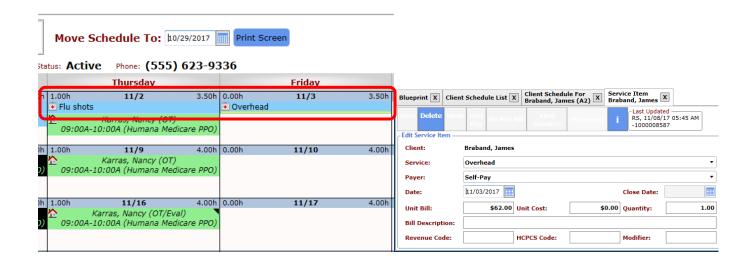
- A **Supply Item** is a medical supply used in the care of a patient. Each agency creates their own master supply list, complete with description, category, SKU, unit bill, unit cost, revenue code, HCPCS code, and modifier.
- Supply Items are created directly on the client schedule, just like visits, and when closed they appear on
 invoice and claims. Unlike visits that have a little house in their upper left corner, supplies have a bandaid in their upper left corner. Clicking on the band-aid opens the supply item editor where that supply
 item can be edited or new supplies added.
- To add a new supply to the schedule, on the appropriate client schedule, right click on the day the



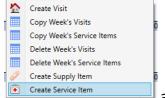
supply was used to get the schedule menu: and click Create Supply Item. On the supply item editor that appears, click the new button, select the supply from the master list, and then override whatever is needed.

Copy Week's Visits

- Hospice supplies can be imported directly from the pharmacist's medication file via the Supply Item List report and can save data entry time and mistakes.
- When the week is closed, the Supply Item report will show all supply items entered during the period to be closed so that it can be scanned for anomalies prior to closing.



- A Service Item is an instance of service to the patient that does not involve a caregiver. Each agency creates their own master service list, complete with description, unit bill, unit cost, revenue code, HCPCS code, and modifier. Examples of service items include RAP (request for anticipated payment), EOE (End of Episode), Overhead (claim line item allowed by various state and private providers), and flu shot.
- Service Items are created directly on the client schedule, just like visits, and when closed they appear on invoice and claims. Unlike visits that have a little house in their upper left corner, service items have a clinical case embossed with a red cross in their upper left corner. Clicking on the red cross opens the service item editor where that service item can be edited, or new service items added.
- To add a new service item to the schedule, on the appropriate client schedule, right click on the day the

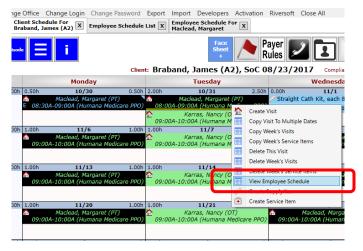


service item was done to get the schedule menu:

and click Create Service Item.

On the service item editor that appears, click the new button, select the service from the master list, and then override whatever is needed.

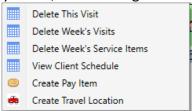
- RAP and EOE service items are automatically created by RiverSoft Billing engine.
- When the week is closed, the Service Item report will show service items entered during the period to be closed so that it can be scanned for anomalies prior to closing.



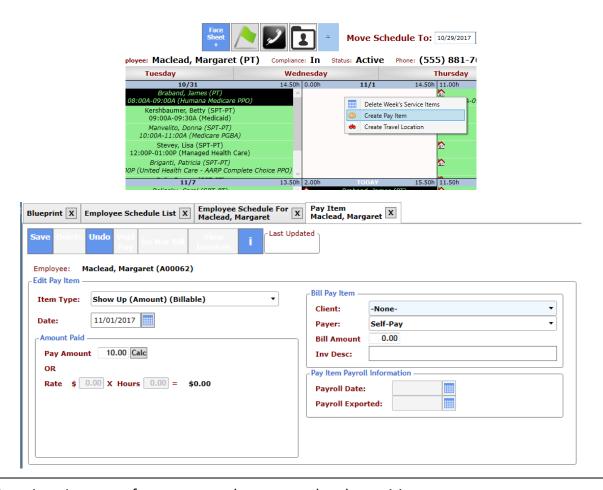


- The Employee Schedule is the view of visit and pay items from the employee's perspective. RiverSoft recommends scheduling from the client schedule because it is only from the client's perspective can compliance issues with doctor orders, insurance authorizations, therapy evaluation visits, and supervisory visits be easily seen. However, the employee schedule is needed for entering pay items and to resolve visits entered for the employee that require the employee to break the laws of physics and be in two places at once.
- The most popular way to get to an employee's schedule is directly from a client's schedule. Right clicking on a employee's visit to that client will show the scheduling menu allowing you to click the View Employee Schedule. The other way is from the Blueprint home screen feature Employee Schedule.

- The **Employee Schedule** shows the schedule of visits and pay items for an employee from the time they were hired until the end of their employment.
- You can view the schedule for a week, month, or episode (10 weeks). There is also a special view to quickly manually verify visits that are not automatically verified from timeslip information from Mobile or ELVIS feeding into the Visit Verifier.
- A red-flag at the top of the screen indicates that the employee has tracking items that have expired or is missing one or more tracking items clicking on the red flag provides a detailed report. A green flag indicates all tracking items are up to date.
- Scroll up to look at the past and scroll down to look at the future.
- To edit a visit, click on the little house icon.
- To move a visit, drag it to the new day. To copy a visit, control-drag it to the new day.



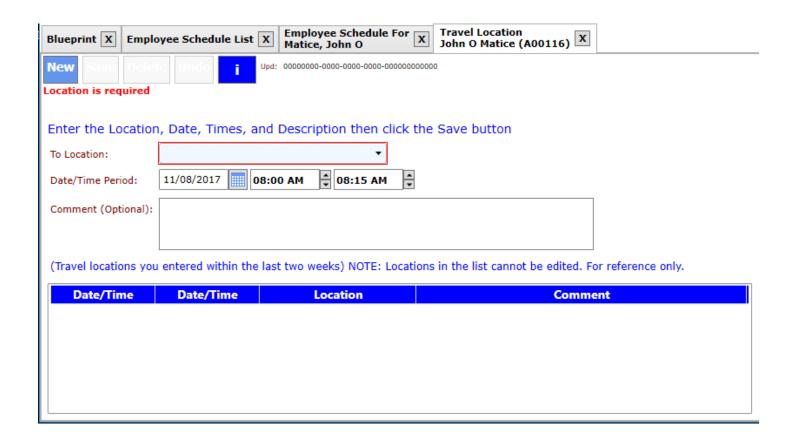
- Right click a visit to get the schedule menu...
- The information button on the schedule screen contains a complete tutorial on the schedule screen, from both the client and employee perspectives.
- From the employee perspective of scheduling, visits cannot be created. This is because creating them
 in this view WOULD BE BLIND TO THE CONSEQUENCES OF CLIENT COMPLIANCE. From the employee
 view you can move visits, edit visits, end create pay items and travel locations. If a visit is out of
 compliance because of client rules, the visit will show with a black background and be out of
 compliance, but you will need to switch to the client view of scheduling to determine why.
- The **Face Sheet +** button at the top of the screen will create a PDF of the employee's face sheet plus their schedule.
- The **Phone Log** button at top of the screen lets you create an employee phone log.
- The **Edit Demographic** information button takes you to the employee's demographic editor. To the right of this button is a picture of the employee if one has been added.



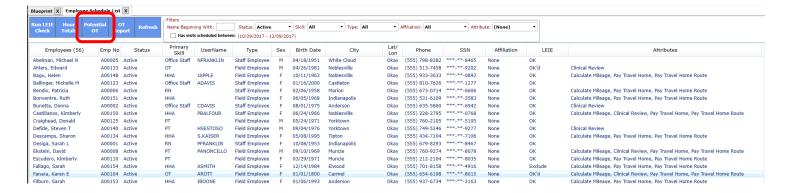
- A Pay Item is an instance of pay to an employee, not related to a visit.
- These are the types of pay items available:

Bonus (affects Overtime) (Amount) (Billable)
Bonus (doesn't affect Overtime) (Amount) (Billable)
Holiday (Hourly)
Hourly Travel (Hourly) (Subject to OT)
In-House Training (Hourly) (Subject to OT)
In-Office Temp (Hourly) (Subject to OT)
On-Call (Amount)
Other No Tax (Amount)
Other Tax (Amount)
Reimbursement (Amount) (Billable)
Show Up (Amount) (Billable)
Sick (Hourly)
Staffing Travel (Amount) (Hourly)
Uniform Allowance (Amount)
Vacation (Hourly)

- To create a pay item from an employee's schedule, right click the desired day and select Create Pay Item.
- On the pay item editor, choose the type of pay item and the pay amount (or a pay rate and number of hours).
- Optionally, choose a client and payer to bill the pay item to.
- When the week is closed, the Pay Item report will show all pay items entered during the period to be closed so that it can be scanned for anomalies prior to closing.
- Most hourly pay items may affect an employee's overtime calculation that is done automatically when the week is closed.
- The AutoPay Travel Time feature will automatically create pay items to account for the time an employee travels in between their visits.



- A **Travel Location** is a place, other than a patient's home, that an employee travels to as a part of their job at the agency.
- The Authorized List of Travel Locations is configured by each agency using the Configure menu.
- To create a travel location from an employee's schedule, right click the desired day and select Create Travel Location.
- On the travel location editor, choose the travel To Location: from the master list and then enter the date and time. This is important because it establishes the location's place in the list of visits and locations the employee traveled to and impacts both the AutoPay Mileage and Travel Time calculations.
- Prior to closing the week use either or both of the AutoPay Mileage and Travel Time features to use the employees' schedule to calculate visit mileage reimbursement and create travel time pay items.
- Review Travel Pay reports for accuracy and then close the week.
- Mileage reimbursement pay and pay for travel hours will automatically be a part of the export to payroll and the payroll report.



Employees scheduled for more than 40 hours this week

employee	Office	EmpNo skill	ssn	hours	NbrOfficesWorked
Fallago, Sarah	0001-Main Office	A00154 HHA	***-**-4916	70	1
Hazelrigg, Deborah	0001-Main Office	A00057 HHA	***-**-2922	48.5	1
Rediske, Mary C	0001-Main Office	A00089 HHA	***-**-4958	52	1
Rehberger, Patricia	0001-Main Office	A00077 HHA	***-**-8510	42	1

- Potential OT is overtime that may occur if the visits that are currently scheduled this week become verified and closed as they are.
- When scheduling visits, whenever a visit is moved, an employee is assigned, or the duration of the visit is changed, a calculation is run for the employee to see if they are in an overtime situation. The check happens even if the employee works in other offices because it uses their SSN across offices. If overtime is detected, the user is given a message because whenever possible overtime should be avoided it overworks the employee and unfairly denies work from other employees not in an overtime situation.
- Even though overtime is alerted in real-time on the schedule, it is a good idea for a supervisor to run this report from time to time to make sure the schedulers are doing a good job at keeping overtime to a minimum.

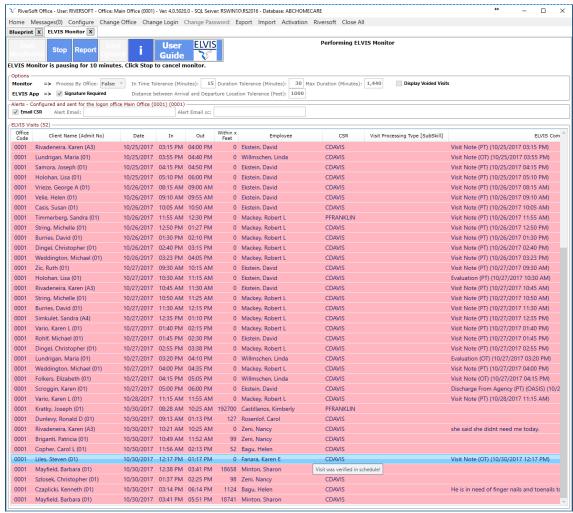


Report Type: Verified Visits and Pay Items Only Payroll Date: 11/04/2017	У	Overtime					
Employee	Office	Client	Visit/Item	Date	Times	OT Hours	Charged
Fallago, Sarah (HHA) (A00154) (***-**-4916)	Main Office	Lopeman, Elizabeth A (A00652-01)	A03111-A0179	10/26/2017	08:00A-04:00P	4.00	Y
Fallago, Sarah (HHA) (A00154) (***-**-4916)	Main Office	Lopeman, Elizabeth A (A00652-01)	A03113-A0149	10/26/2017	04:00P-06:00P	2.00	Y
Fallago, Sarah (HHA) (A00154) (***-**-4916)	Main Office	Lopeman, Elizabeth A (A00652-01)	A03111-A0185	10/27/2017	10:00A-06:00P	8.00	Y
Fallago, Sarah (HHA) (A00154) (***-**-4916)	Main Office	Lopeman, Elizabeth A (A00652-01)	A03113-A0148	10/27/2017	06:00P-08:00P	2.00	Y
Fallago, Sarah (HHA) (A00154) (***-**-4916)	Main Office	Lopeman, Elizabeth A (A00652-01)	A03111-A0191	10/28/2017	08:00A-04:00P	8.00	Y
Fallago, Sarah (HHA) (A00154) (***-**-4916)	Main Office	Lopeman, Elizabeth A (A00652-01)	A03113-A0147	10/28/2017	04:00P-06:00P	2.00	Y
					Subtotal:	26.00	
Rediske, Mary C (HHA) (A00089) (***-**-4958)	Main Office	Rohlf, Michael (A00717-01)	A03390-A0092	10/27/2017	10:00A-07:00P	4.00	Y
Rediske, Mary C (HHA) (A00089) (***-**-4958)	Main Office	Rohlf, Michael (A00717-01)	A03389-A0079	10/28/2017	08:15A-09:15A	1.00	Y
Rediske, Mary C (HHA) (A00089) (***-**-4958)	Main Office	Rohlf, Michael (A00717-01)	A03390-A0086	10/28/2017	09:15A-06:15P	9.00	Y
					Subtotal:	14.00	
Hoople, Dorothy (HHA) (A00095) (***-**-8891)	Main Office	Ottey, Kenneth (A00033-01)	A01333-A0810	10/26/2017	09:00A-06:00P	2.50	Y
Hoople, Dorothy (HHA) (A00095) (***-**-8891)	Main Office	Ottey, Kenneth (A00033-01)	A01333-A0815	10/27/2017	09:15A-05:45P	8.50	Y
Hoople, Dorothy (HHA) (A00095) (***-**-8891)	Main Office	Ottey, Kenneth (A00033-01)	A01333-A0784	10/28/2017	10:00A-06:00P	8.00	Y
					Subtotal:	19.00	
Minton, Sharon (HHA) (A00113) (***-**-2844)	Main Office	Velie, Helen (A00737-01)	A03468-A0066	10/28/2017	08:30A-11:30A	0.50	Y
Minton, Sharon (HHA) (A00113) (***-**-2844)	Main Office	Velie, Helen (A00737-01)	A03474-A0068	10/28/2017	11:30A-02:15P	2.75	Y
Minton, Sharon (HHA) (A00113) (***-**-2844)	Main Office	Velie, Helen (A00737-01)	A03473-A0063	10/28/2017	02:30P-03:15P	0.75	Y
					Subtotal:	4.00	
Murzycki, Susan R (HHA) (A00067) (***-**-5156)	Main Office	Fingar, Sharon (A00418-01)	A02589-A0369	10/26/2017	12:00P-03:00P	0.50	Y
Murzycki, Susan R (HHA) (A00067) (***-**-5156)	Main Office	Busacca, Laura (A00453-01)	A02239-A0164	10/26/2017	03:30P-04:30P	1.00	
Murzycki, Susan R (HHA) (A00067) (***-**-5156)	Main Office	Fuentes, David (A00760-01)	A03541-A0005	10/26/2017	05:00P-08:00P	3.00	Y
Murzycki, Susan R (HHA) (A00067) (***-**-5156)	Main Office	Areizaga, Edward A (A00027-A2)	A02272-A0232	10/27/2017	08:00A-10:00A	2.00	Y
furzycki, Susan R (HHA) (A00067) (***-**-5156)	Main Office	Emlay, Jason L (A00198-A2)	A01331-A0342	10/27/2017	10:45A-12:45P	2.00	Y
furzycki, Susan R (HHA) (A00067) (***-**-5156)	Main Office	Emlay, Jason L (A00198-A2)	A01032-A0411	10/27/2017	12:45P-01:45P	1.00	Y
furzycki, Susan R (HHA) (A00067) (***-**-5156)	Main Office	Fingar, Sharon (A00418-01)	A02589-A0379	10/27/2017	02:00P-04:30P	2.50	Y
furzycki, Susan R (HHA) (A00067) (***-**-5156)	Main Office	Fuentes, David (A00760-01)	A03541-A0031	10/28/2017	09:30A-10:30A	1.00	Y
Murzycki, Susan R (HHA) (A00067) (***-**-5156)	Main Office	Fuentes, David (A00760-01)	A03543-A0002	10/28/2017	10:30A-12:30P	2.00	Y
Murzycki, Susan R (HHA) (A00067) (***-**-5156)	Main Office	Fingar, Sharon (A00418-01)	A02589-A0354	10/28/2017	01:00P-04:00P	3.00	Y
					Subtotal:	18.00	
lazelrigg, Deborah (HHA) (A00057) (***-**-2922)	Main Office	Tjarks, Anthony L (A00648-A2)	A03283-A0120	10/26/2017	01:00P-04:00P	1.00	Y
Hazelrigg, Deborah (HHA) (A00057) (***-**-2922)	Main Office	Tjarks, Anthony L (A00648-A2)	A03284-A0117	10/26/2017	04:00P-05:00P	1.00	Y
Hazelrigg, Deborah (HHA) (A00057) (***-**-2922)	Main Office	Rivadeneira, Karen (A00561-A3)	A03565-A0023	10/27/2017	09:00A-11:00A	2.00	
Hazelrigg, Deborah (HHA) (A00057) (***-**-2922)	Main Office	Antonson, Elizabeth (A00741-01)	A03475-A0027	10/27/2017	02:30P-03:30P	1.00	
Hazelrigg, Deborah (HHA) (A00057) (***-**-2922)	Main Office	Mayfield, Barbara (A00662-01)	A03159-A0039	10/27/2017	04:45P-06:45P	2.00	Y
					Subtotal:	7.00	
					Grand Total:	184.25	

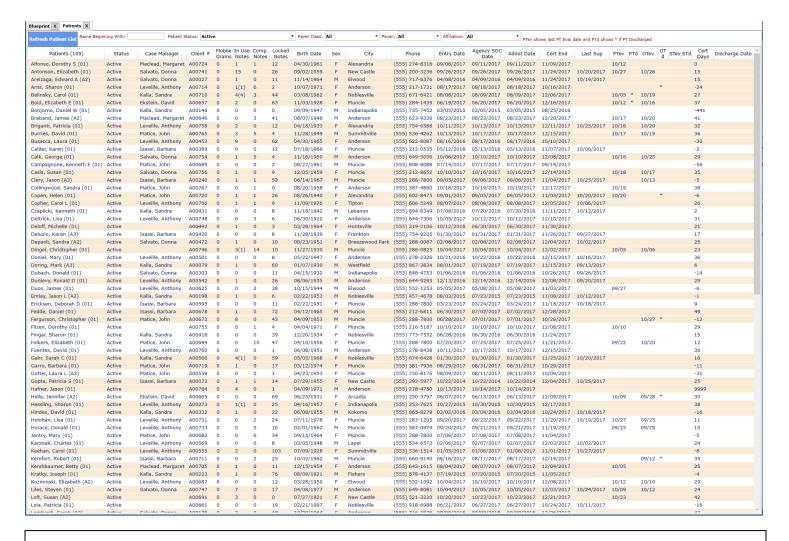
11/09/2017 RIVERSOFT 9age 1 of 1

- Calculate OT updates visits it moves regular hours into overtime hours where appropriate for all verified visits that are in an overtime situation due to other verified or closed visits.
- This feature runs automatically as a part of the close week feature, but can be run separately.
- An employee's hours in every office they work in are used in the calculations as long as the employee has the same SSN in each office.
- The pay rate subject to the 1.5 multiplier is the employee's calculated average pay rate for the week. This algorithm is dictated by Federal Wage and Hourly laws.
- RiverSoft must calculate the overtime so that the cost of each visit can be known this is needed by the Sales-Cost report to show gross margin.
- The closed visits and pay items can be exported to more than 20 different payroll vendors, saving hours of manual data entry each week. See the Export Payroll for more information.

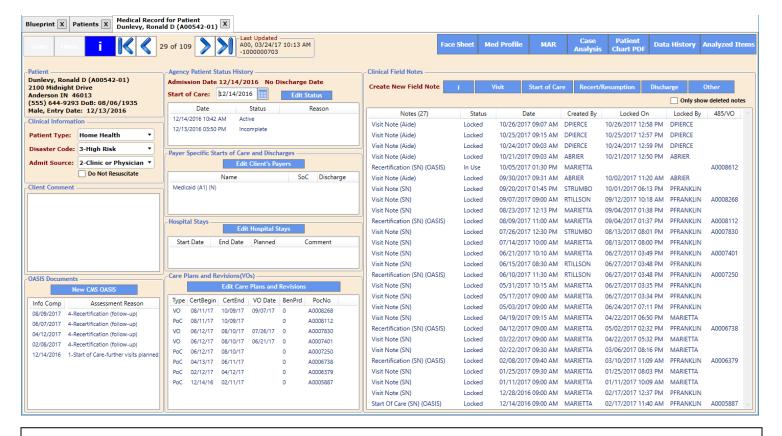




- Visit Verifier/ELVIS Monitor receives visit time in/out information from the ELVIS phone app, RiverSoft
 Mobile clinical field notes, and third-party telephony vendors like Vesta and Sandata.
- Nursing and Therapy visit data from RiverSoft Mobile is used to find a matching visit during the same day for the same client and employee if one is found the visit in the schedule is verified and the time entry in the Visit Verifier turns blue and then disappears because there is no more need for processing. If a matching visit is not found, the entry turns red and must be manually processed.
- Aide and Companion visit data from the ELVIS phone app must meet the In-Time and Duration tolerances shown at the top of the screen because payers require these services to tightly adhere to schedules. Visit data from the ELVIS phone app contains location data - these entries will show the distance in feet the entry logged from the client's recorded Lat/Lon. Large distances point to the fact that the client's recorded Lat/Lon may be incorrect.
- This monitor is designed to run constantly and if the agency pre-schedules for their clients, most of the verification of schedules will be done by the Visit Verifier.



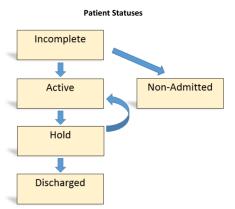
- The Medical Records Patient List shows, by default, the active patients in the office.
- Patient rows highlighted in antique white (light yellow) show patients with incomplete clinical field notes.
- Quickly navigate to a particular patient by typing in the first few characters into the Name Beginning With field.
- The number of notes in use, completed (finished by the author), and locked (passed the review process in the office), date of entry, Agency Start of Care, next 485 certification date, last supervisory visit, last PT evaluation visit and discharge indicator, last OT evaluation visit and discharge indicator, days until recertification is due, and agency discharge date are all displayed and each one can be used to sort the patient list.
- The list can be filtered by patient status, payer class, payer, and affiliation.
- The "In Use Notes" column may show a number in parenthesis this will indicate how many of the notes have reviewer comments.
- Clicking a row will display that patient's Medical Records screen.



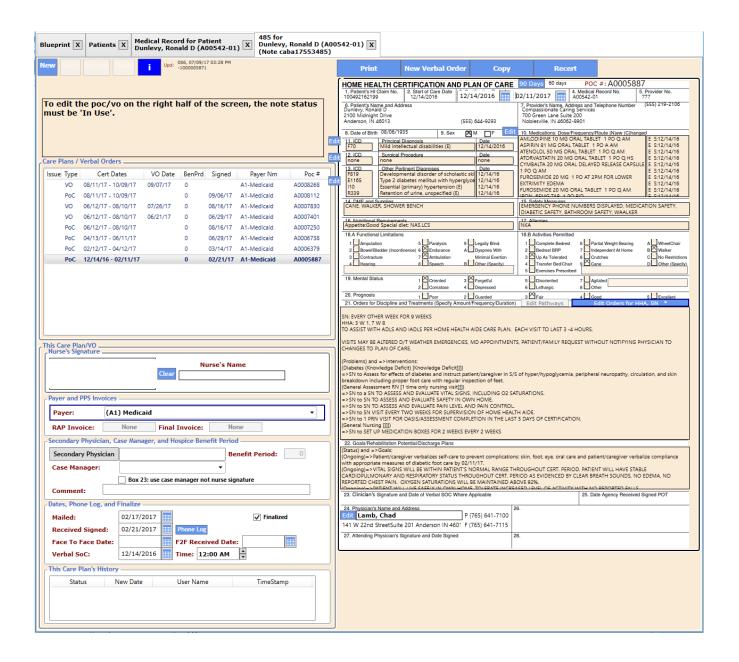
- The Medical Records screen shows the clinical data for the patient the demographic and payer
 information for the patient is on the client screen, covered earlier.
- In the upper left corner is the name, address, phone number, date of birth, sex, and entry date that are entered on the client screen.
- Under that are the patient type (used to categorize patient for census reporting), disaster code (used to categorize patients when generating patient list for disaster planning), and the Admit Source (critical for Medicare and Episodic Insurance billing).
- The client comment is below (which is also on the client screen and featured prominently at the bottom of the patient's schedule), and below that is either patient OASIS information or HIS information (HIS information shows for hospice patients).
- At the top middle of the screen is the patient status history, admission and discharge dates.
- Next is the list of the patient's current payer relationships. This is also available from the client screen.
- Next is the history of the patient's hospital stays. These are automatically added when certain Transfer clinical field notes are locked.
- Next are the patient's nursing care plans (485s) and revisions (Vos), ordered with most recent first.
- At the top right are buttons to produce PDFs for the patients face sheet, medication profile (patient current medications), Medication Administration Record (MAR), Case Analysis (clinical case analysis of the clinical field notes), Patient Chart (all field notes including 485s, Vos, and OASIS to one PDF), and the history of all data changes to the patient's clinical data.
- The Analyzed Items button creates a PDF of all the clinical checks done by RiverSoft.
- To the right are the patient's clinical field notes, ordered with most recent first. Although almost all notes are created in the field via RiverSoft Mobile, notes can be created here as well.

Medical Records screen (continued)

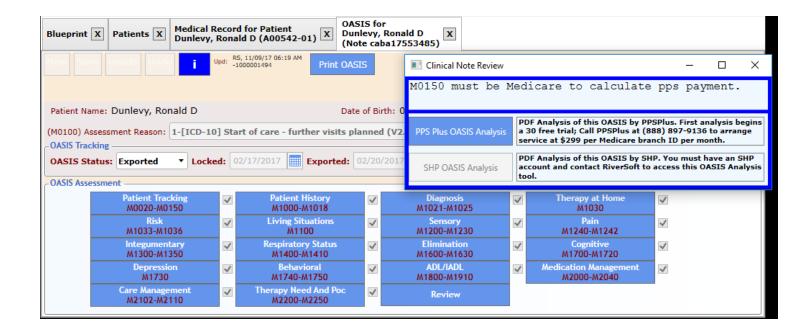
• OASIS and Care Plans/Revisions (485s/Vos) are required to bill most payers. These can be entered directly into RiverSoft Office. HOWEVER, it is highly recommended instead to have RiverSoft create OASIS and Care Plans/Revisions (485s/Vos) AUTOMATICALLY, by utilizing RiverSoft Mobile to allow your field staff to enter their notes at the patient's location.



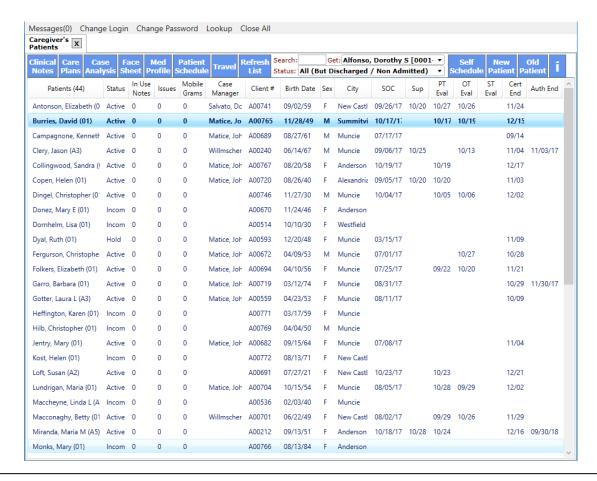
- Best practice is to enter the patient information at time of referral into the client screen with an **incomplete** status. The next step is to schedule an employee to perform a Start of Care visit for the patient. The employee will see this visit in their schedule and create and complete a Start of Care note with RiverSoft Mobile on their tablet or laptop. Once they complete their note it will appear in the list of completed notes in the Clinical Review feature on the Blue Print home page. When the reviewer locks the Start of Care note, both a Start of Care OASIS and a Care Plan (485) will appear in the patient medical record and the patient status will change to **active**. The clinical field note process is covered in detail in RiverSoft University. If instead a Visit Not Admitted note is completed and locked, patient status will be set to **non-admitted**.
- When the office locks a clinical field note the patient's status will change and the billing for the patient will occur nearly automatically. For instance, locking a Medicare patient's Start of Care note will create the OASIS and 485. The first billable visit will have already been verified in the schedule because when the author of the note completed it the timeslip data was processed by the Visit Verifier. When the person responsible for billing clicks the billing button, the RAP invoice and claim for the patient will automatically be created.
- The processing of Transfer notes changes the patient status to **hold** and adds a hospital stay entry.
- The processing of notes with verbal orders creates VOs in the medical record, ready to send to the doctor for signature. For some payers, all care plans (485s) and VOs must be received back signed from the doctor to bill RiverSoft performs this check for you as part of the billing engine. There are dozens of checks done at the time of billing that ensure when an invoice is created, the payer's requirements have been met. The unbilled report can be run at any time showing items being held from billing because a payer's requirements are not met.
- Locking a Discharge note will optionally set the patient status to discharged.
- There are also notes to discharge a skill (like PT, OT, ST) and to discharge a payer.
- When both Medicare and another payer is involved with a patient's care at the same time, when the Medicare service comes to an end, the locking of the Discharge from Agency (OASIS) note provides the user with the ability to JUST DISCHARGE MEDICARE and leave the patient active in the agency.
- In cases where a patient has multiple payers active at the same time, pre-scheduling becomes even more important because the payer is designated on the pre-scheduled visit. This designation is respected by the Visit Verifier. Pre-scheduling visits to clients with the proper payer allows the billing process to operate efficiently.
- For Medicare and Episodic insurance payers, it is important that the payer be selected on the Start of Care 485 because this alerts the billing process that the 485 must be processed.



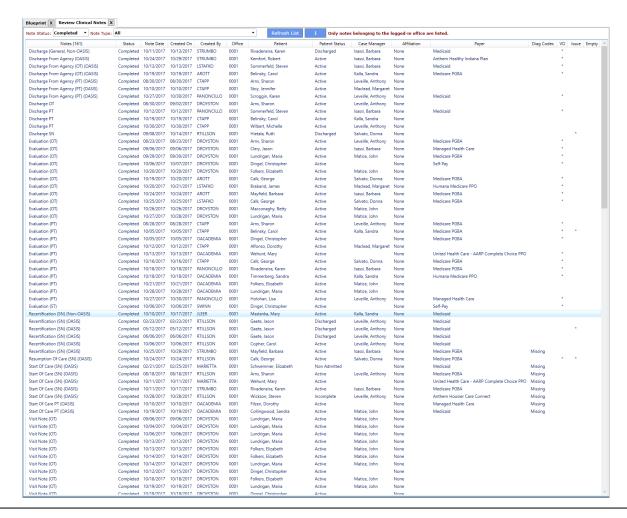
- The 485/VO screen shows the nursing care plans (485) and revisions (VO) for a patient.
- The patient's 485s and VOs are listed at the top left. Clicking on one displays it on the right side.
- Below on the left is information about the current 485/VO.
- On the right side is the WYSIWYG 485 editor.
- When editing a VO, boxes 14 through 20 will be obliterated.
- Normally 485s and VOs are not entered in RiverSoft Office. Instead, they are automatically created by locking a reviewed clinical field note.
- The mailed and received signed date are important because they can affect billing. The mail date is normally set by the Export 485/VO feature on the Blueprint home screen and the received signed date is set when the bar code on the 485/VO is scanned in that same feature.
- The information button on this screen contains more detailed information.



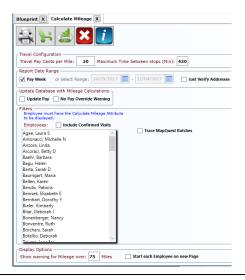
- The OASIS (Outcome and Assessment Information Set) screen shows OASIS assessment data for this
 patient.
- There are OASIS records marking a patient's Start of Care, Transfer, Resumption, Recertification, and Discharge.
- These records can be manually entered in RiverSoft Office, but normally this data is automatically generated upon the locking of a clinical field note that contains OASIS data.
- The "Review" button subjects the data to both CMS dictated consistency checks and RiverSoft's own checking. Additional analysis is available real-time by clicking the PPS Plus OASIS Analysis button. This will send the OASIS data to the PPS Plus server which responds in just a few seconds with a complete analysis to both clinically and financially optimize the OASIS. There is additional charge for this please contact PPS Plus directly for this additional feature.
- OASIS data is required to bill any Perspective Payment System (PPS) payer, like Medicare and Medicare Advantage replacement payers.
- Once an OASIS is locked, it must be exported to the state. This is done in the Export CMS OASIS
 feature on the Blueprint home screen.
- Hospice patients have their own flavor of CMS data name HIS. Hospice patients will have HIS entries on the medical record screen instead of OASIS.



- RiverSoft Mobile provides nurses and therapists with access to their patient's electronic medical record (EMR). It is specifically designed to work well on laptops and tablets with internet access.
- Once the user logs in, the home screen is their patient list. Patients they are scheduled to see or have created notes for in the past are displayed. Also, all incomplete patients are displayed.
- From the patient list the user can access and create clinical notes, care plans and VOs, and view the patient's case analysis, face sheet, medication profile, and schedule. They can also enter their own travel locations (for the AutoPay Mileage and Travel Time features).
- Self-Schedule lets the user see and change their schedule as well as assign themselves to open visits. It also
 provides the employee access to their Facesheet+, which includes their demographics, PDF calendar view of their
 schedule, and a payroll report showing their last two weeks of payroll.
- The New Patient button let's on-call users add brand new patients to the RiverSoft.
- The Old Patient button provides access to discharged patient records.
- The information button provides a detailed tutorial of how to use RiverSoft Mobile.
- Once a clinical note is completed, it will only be available to the Clinical Review in the office. If it is sent back to author for re-work, that corresponding patient's row in author's home screen will become red, calling their attention to any patient that has a note that requires re-work and re-completing.
- Training materials and a comprehension test for RiverSoft Mobile are in RiverSoft University. We strongly recommend that all agencies use the test to ensure their nurses and therapists understand the tools available to them prior to using RiverSoft mobile. Training takes less than 2 hours.
- Messages(0) menu item indicate user has zero new messages. RS messages is an encrypted, HIPAA, user-to-user messaging system.
- Refer to page 59 for a more detailed description of RiverSoft Mobile.



- The Clinical Review screen provides the designated clinical reviewer(s) for an office to see the completed clinical field notes that have been completed and submitted for review.
- When a note is completed, RiverSoft checks hundreds of items for consistency. For a list of the checks, click the Analyzed Items button at the top right of the Medical Records screen. If a note is completed, it has already survived a comprehensive check.
- This feature allows the clinical reviewer a further chance to review notes for quality. The 485 and Verbal order portion of the notes should be reviewed, especially Rehab Potential and Discharge Planning.
- If a note needs rework by the author, the reviewer must enter instructions in the note's reviewer/author conference area. This will cause the note to go back to "In Use". The owning patient will prominently appear in the author's RiverSoft Mobile home screen
- It is not uncommon for field users to only enter diagnosis code descriptions -they can complete their notes without diagnosis codes. Note missing diagnoses codes show the word "Missing" in the Diag Codes column – these must be completed to lock the note. Many agencies have experts to do this specific task.
- If a note contains a verbal order, the VO field will contain a *. These should be reviewed.
- If a note's reviewer/author conference area contains information, the Issue column will contain a *.
- Changing the note status pull-down to In Use will show all the notes the field staff is working on.



- AutoPay Mileage calculates the mileage traveled by each participating employee between the
 employee's visit, travel locations, and possibly their home. It then updates each visit with a mileage
 pay amount based on the number of miles needed to travel to that visit's location times the Travel
 Pay Cents per Mile entered at the top of the screen.
- It is crucial to read the information button on this feature before trying it and to use it only for one or two employees at first until you become accustomed to resolving problems with addresses. To activate an employee for this feature, add the attribute *Calculate Mileage* to their employee record.



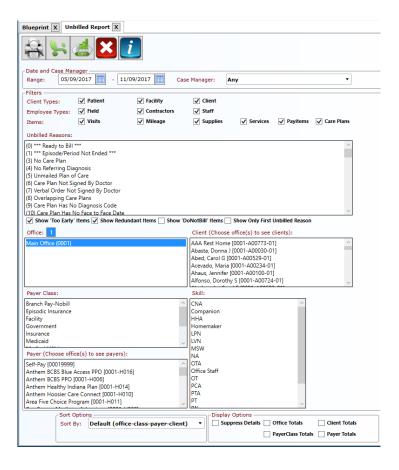
- AutoPay Travel Pay calculates the time traveled by each participating employee between the
 employee's visit, travel locations, and possibly their home. It then creates a pay item for the number
 of hours calculated at the Base Travel Time Wage entered at the top of the screen.
- It is crucial to read the information button on this feature before trying it and to use it only for one or two employees at first until you become accustomed to resolving problems with addresses. To activate an employee for this feature, add the attribute *Calculate Travel Pay* to their employee record.
- AutoPay Mileage and AutoPay Travel Pay BOTH MUST BE USED PRIOR TO CLOSING THE WEEK.



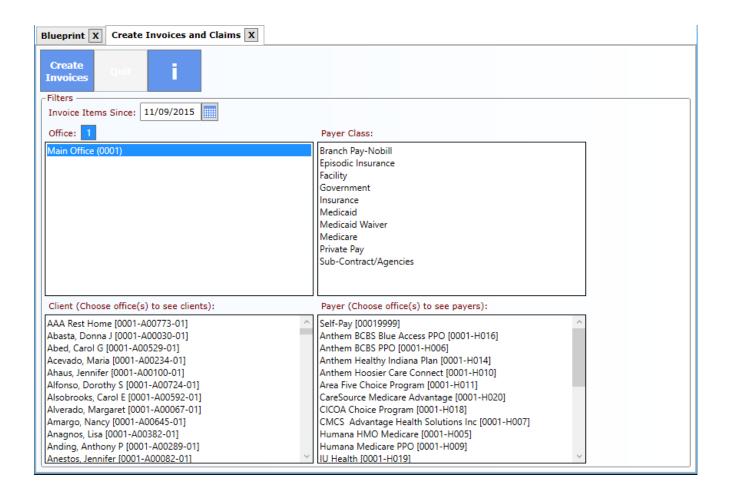
- Close Week produces the reports used to review the items and then optionally closes the payitems, service items, supply items, and verified visits. Once closed, payroll and billing can proceed in parallel one person can do payroll and another can create invoices and claims and transmit the new claims.
- Verified visits and newly entered service items, supply items, and pay items will all be closed by this process if their care date is on or before the date at the top of the screen.
- Normally, the verified visit report will be generated including alerts for questionable visits. If unclosed pay items exist, a pay item report will be generated; likewise for service items and supply items. These reports will appear in a separate PDF window so that you can review them on the screen or print them. After the reports appear, another window will appear indicating the number of pre-close reports created. This window will encourage you to review the reports and ask if you want to continue closing the week. If upon review the reports look accurate, click the 'Yes' button to close the week. Otherwise click 'No' and apply any fixes that are needed. Then repeat the close week process.
- A copy of each pre-close report is automatically saved to the SAMSERVER directory in the folder Reports_CloseWeek.
- If an item is found to be incorrect, like a pay item has a wrong amount, the item can be fixed with a simple edit. But once the item is closed, if the sales amount is wrong it must be adjusted on the invoice, and if the cost is wrong, it must be adjusted on the schedule.
- It is MUCH less work to fix an item before it is closed, so it is STRONGLY recommended to review the pre-close reports prior to closing.
- Items are closed so that they cannot be changed without an audit trail. Because visits are related to paper or electronic documents that prove they were done, closing the item prevents tampering with the financial data. Any change to a closed item must be done with an adjustment that provides a change history.

Do Not Create Export File - Just Create Payroll Export Report ▼ Do Not Create Export File - Just Create Payroll Export Report ADP Paydata (one row per emplohyee - only Reg and OT) ADP Autopay(Requires ADP Company in office)) **ADP All Pay Types Account Mate** Advanced Payroll Systems (ED required) Ceridian (ED required) CertiPay **CYMA GEMS** MAS200 (ED required) Millenium (ED required) Navision OneSource (ED required) Ovation **Paychex** PayChoice (ED required) PrimePav Sage Simple Timeclock Ultipro Ultipro857 USA US Personnel (ED required) **PayChex Online**

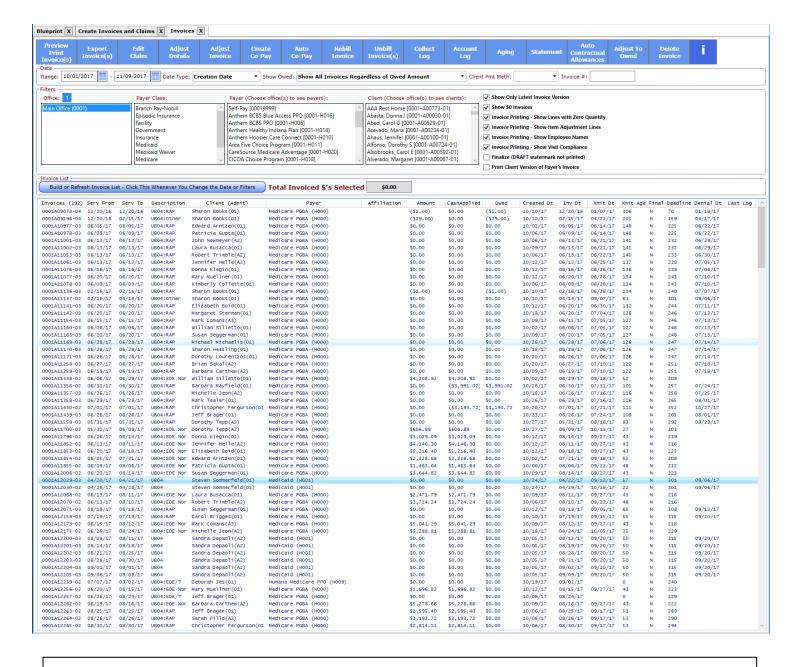
- Export Payroll produces a payroll posting file suitable for input into the above third-party payroll systems.
- The Export Payroll feature finds closed visits, pay items, and their adjustments that have not been marked as payrolled and
 - 1. Creates a Payroll Export Report in PDF format
 - 2. Optionally creates a posting file matching the specification of the selected vendor
 - 3. Marks the visits, pay items and their adjustments as posted and stamps them with the date they were exported.



- Unbilled Items are the visits, supply items, service items, and pay items that are closed but not invoiced.
- The Create Invoices and Claims feature acts upon the pool of unbilled items.
- This report is the primary means of determining and resolving the issues that prevent invoices from being created. This report should be run at least daily and the problems it identifies should be continuously in the process of resolution.
- In RiverSoft Office, a visit, service, supply, or payitem is not considered a sale until it belongs to an invoice. There are more than 50 reasons why a closed visit, service, supply, or payitem may not belong to an invoice, the first among them being that the item is ready to bill and billing has not been performed. The complete list of possible unbilled reasons is in the Reason list by which the report can be filtered.
- To reduce the size of the report, you can choose to suppress the 'To Early' items. These are items that are waiting for their billing end period to pass or to be closed and do not require action to resolve. Choosing not to show redundant items, or items being held from invoicing for the exact same reason as another item, will also greatly reduce the size of the report. Choosing not to show DoNotBill items will suppress the closed items that were marked as Do Not Bill on the schedule and further reduce the size of the report.
- If your case manager employees are mainly responsible for resolving the majority of the issues, selecting a case manager will show only the unbilled items for the patients that have that case manager tied to the patient 485.



- Create Invoices and Claims attempts to create the appropriate invoices and claims for the selected
 office
- This feature creates Invoices and claims for printing or electronic transmission. A report is generated in the SERVERSAM directory in the folder Reports_CreateInvoices summarizing created invoices and items that remain unbilled.
- The Invoice Item Since date is how far back the invoice process looks for unbilled items. Both the invoice process and the unbilled report default to looking back two years.
- Medicare and episodic insurance payers are billed by the care plan. Hospice is billed by the month. All other payers (including Self-Pay) are be billed weekly, bi-weekly, monthly, or by their own specific set of periods that are configured on their configuration screen.
- Private payers and self-pay clients normally prefer a bill in the form of an invoice. All other payers normally prefer a claim form: a UB04 or a HCFA 1500.
- Invoicing should normally be done every week after last week's schedules have been verified
 and closed. For Medicare and Episodic Insurance, billing should be done directly after an item's
 unbilled reason has been resolved as much as daily. For instance, if a RAP bill for a Medicare visit has
 not been billed because the associated plan of care was missing the date received-signed and that
 date has been entered, you should immediately create invoices for that client and transmit the UBO4
 that is created.



- Manage Invoices is the central control area for keeping your accounts receivable tidy.
- The invoice list can be filtered by date range, by what is owed, by client payment method, or you can enter a specific invoice number (10 digits).
- The invoice list can also be filtered by office, payer class, payer, and client.
- Each invoice rows contains service dates, description (shows the type of claim associated with the invoice), client, payer, affiliation, invoice amount, total cash applied, owed, creation date, invoice date (end date of the billing period), xmit date (date the associated claim was transmitted), xmit age (the number of days since transmission), final (shows blank if still in *draft* mode), deadline (number of days until the bill will not be accepted), denial date (date at which a resubmission will be denied), and last log (the date the last collection log was entered).
- If multiple lines are selected, the dollar total will be displayed at the top of the list.

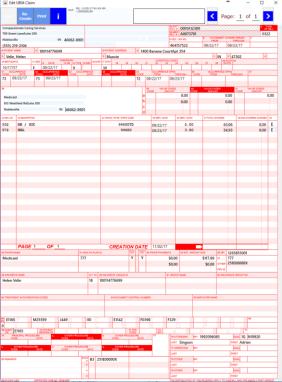
Manage Invoices (continued)

• An invoice looks like this

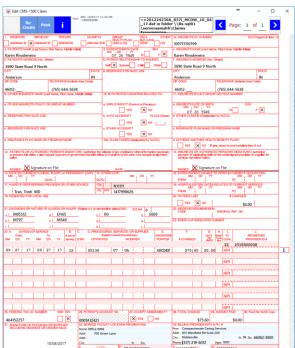
	0001A1118	50-02	REVISED	Please Address	•				ABC	
Client Name:	Linda Milsa	ар		ABC Homecare	 Main Office 				HomeC	are
	A00636-01			700 Green Lane						١
nvoice Date:	06/16/17	Prin	ted: 11/13/17	Noblesville, IN 4	6062-8901				(-)
Created Date:	09/15/17	Fina	l:	(555) 219-2106	Federal ID:	46-41	57522			
Billing Period:				Linda Milsap						\$0.00
Service Dates:	05/17/17-0	6/16/17		Medicare PGBA						\$3,435.39
Care Plan:	05/17/17-0	7/15/17								
Insured's ID:	3075209	31B								
Insured's Name	: Linda Ho	rning		Total Des						60 405 00
Group / Policy #	: /	-		Total Due					_	\$3,435.39
CMS Grouper:					PLEASE PAY TH	IIS AMOU	JNT			\$3,435.39
Princ Diag:	M1612			Bill represents was	ges and is Payable	Upon Pres	entation	to: ABC Hor	necare	
Date Day	Time	Bill Code		Descri	iption			Quantity	Rate	Amount
05/17/17 Wed			Academia, Didy	mus O, PT/SQC(05005962A)			1,00 V	\$200.00	\$200,00
05/20/17 Sat				mus O, PT(05005				1.00 V	\$200.00	
05/22/17 Mon		G0157		PTA(28197616A)				1.00 V	\$200.00	
05/23/17 Tue		G0157		PTA(28197616A)				1.00 V	\$200.00	
05/25/17 Thu		G0157		PTA(28197616A)				1.00 V	\$200.00	1
									,	1
05/30/17 Jue		G0157		PTA(28197616A)				_1_00_V	\$200.00	
05/31/17 Wed		G0157		PTA(28197616A)				1.00 V	\$200.00	
06/02/17 Fri		G0157		PTA(28197616A)				1.00 V	\$200.00	
06/06/17 Tue		G0157		PTA(28197616A)				1.00 V	\$200.00	\$200.00
06/08/17 Jbu		G0157		PTA(28197616A)				1.00 V	\$200.00	\$200,00
06/13/17 Tue		G0157	Rees, Gene A,	PTA(28197616A)				1.00 V	\$200.00	\$200.00
06/16/17 Fri				rg:C2F2S5-hipps:			1858	1.00 U	\$1,430.10	\$1,430.10
06/16/17 Fri				mus O, PT/Discha				1.00 V	\$200.00	\$200.00
09/15/17			Other Invoice A	djustment on 09/1	5/17					
09/15/17			Change to invoi	ce amount: \$2,00	5.29					
09/15/17			_	lormal, RiverSoftC						
							7		1	
									1	1
									1	
									 -	
							4		ļ	ļ
									ļ	
Page 1 of 1	Bill Represen	ts Wages and is	Payable Upon Presentat	ion to ABC Homecare		Page	e Total	13.00		\$3,435.39
				Return T	his Portion With	Remitta	ince to	ABC Home	ecare	
ABC	Remit	Payment T	o:							
HomeCare	ABC I	Homecare						erms:		
	700 0	reen Lane	Suite 200	1				Upon Rece	•	
(4 -)	Noble	esville, IN	46062-8901		This Invo	ice's Am	ount D	ue: \$3,435.	.39	
\ • /										
					Amou	ınt Enclo	sed)		
					7	Lilolo	364	<u></u>		
					Credit Co	rd #r				
		Ш	K		Credit Ca	ırd#: _				
									a a unit	
	Medicare	PGBA			Credit Ca			s	ecurity Cod	le:
	Medicare				Expiration	n Date: _			ecurity Cod	le:
1	813 Westfi				Expiratio	n Date: _		1150-02	ecurity Cod	le:
1	813 Westfi Suite 200	ield Rd			Expiration Invoice N Invoice D	n Date: _	06/16/17	1150-02	ecurity Cod	le:
1	813 Westfi	ield Rd	1-8901		Expiratio	n Date: _	06/16/17	1150-02	ecurity Cod	le:
1	813 Westfi Suite 200	ield Rd	1-8901		Expiration Invoice N Invoice D	n Date: _ lo: 0 late: 0 No: A	06/16/17	1150-02 01-H000	ecurity Cod	le:
1	813 Westfi Suite 200	ield Rd	1-8901		Expiration Invoice N Invoice D Account	n Date: _ lo: 0 late: 0 No: A	06/16/17 A00636-	1150-02 01-H000	ecurity Cod	le:

Manage Invoices (continued)

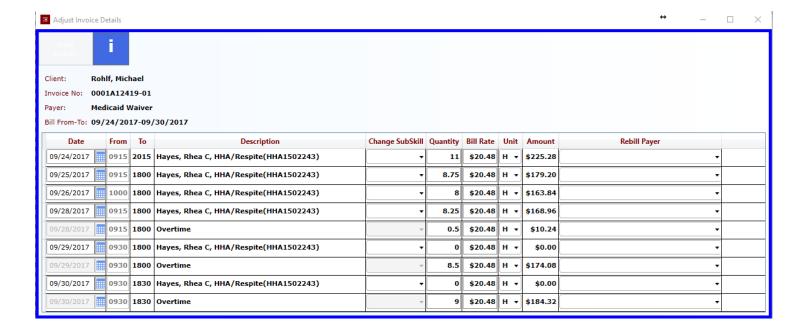
• The invoice is the account receivable entity that represents sales in the system and that is aged on the aging report. However, invoices are rarely sent to the payer, because most payer require either a paper or electronic claim. The appropriate claim (UB04 or CMS1500) is automatically created and associated with the invoice and can be edited via the Edit Claim button.



UB04 WYSIWYG Editor

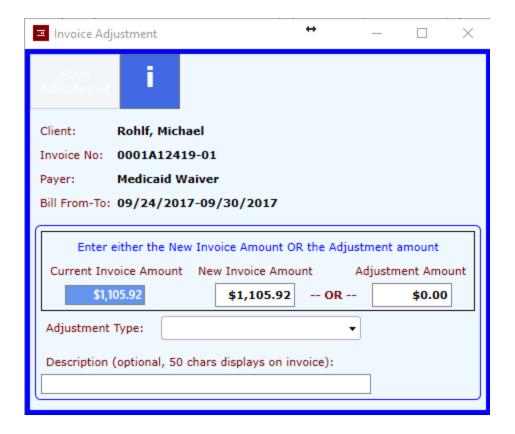


CMS1500 WYSIWYG Editor



Manage Invoices – Adjust Details

- Adjustments to invoice detail lines are done with this screen. You can edit the date, unit, and rate fields OR you can rebill the line item to another payer, but you cannot do both. A visit's subskill may also be changed.
- If you change the date or sub-skill of a visit, not only is the invoice affected, but the scheduled closed visit is updated with the new date and sub-skill a visit on the schedule shows its adjusted values. This is done so that minor visit entry mistakes that don't affect the cost of the visit but that severely impact billing can be easily corrected. The scheduled visit's billing history on the edit visit screen will show that the date and/or sub-skill has changed. Sub-skills are especially important for Medicare and some state programs, and this feature makes it easy to fix an invoice.
- Once you save your work, a new version of the invoice will be created and the invoice list on the invoices screen will be refreshed. If this screen was invoked from the visit editor, the visit screen will refresh, and you will see the visit's billing history updated with this adjustment.
- If you would like to adjust the total amount of the invoice to account for a contractual allowance, a discount, or a write-off, close this screen and use the Adjust Invoice screen.

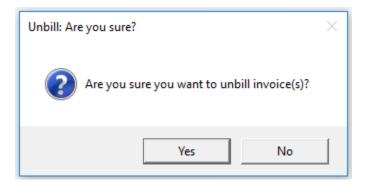


Manage Invoices – Adjust Invoice

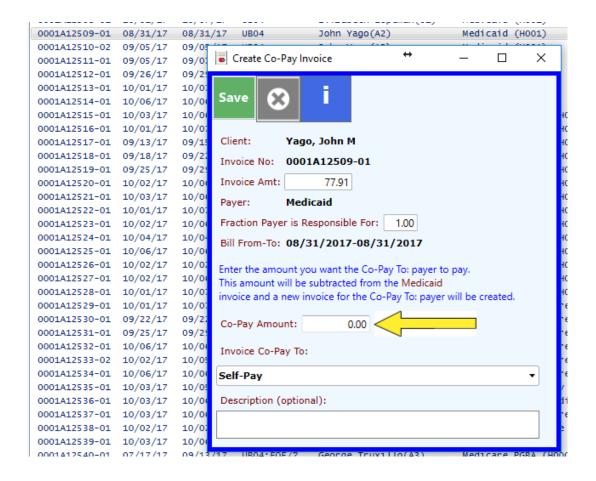
- This screen allows the entry of write-off, contractual allowance, accrued-interest, and other invoice level adjustments. You have the option of entering the new invoice amount or the adjustment amount, whichever you find easier.
- If you have received payment for the invoice and wish to write-off the remaining balance, it is easier to enter the new amount of the invoice because it is equal to the amount of the payment you don't need to do any math. The screen will calculate the adjustment amount for you when you enter the new invoice amount.
- If you are entering a contractual allowance adjustment prior to the invoice being paid, it will be easier to enter the adjustment amount and let the screen calculate the new invoice amount.
- The amount owed on an invoice is the amount of the invoice minus the cash applied to the invoice. If you are trying to remove an invoice from the aging, you need to reduce the owed amount to \$0. This is done by entering the negative of the owed amount as the adjustment amount (this will reduce the current invoice to the amount owed).
- Once the amount of the adjustment is entered, you must choose the type of adjustment and optionally enter a reason for the adjustment - this text will appear on the resulting invoice. Saving the screen and exiting back to the invoice list will show you the resulting invoices.
- Write-Off adjustments can be classified into write-off types; when the adjustment type of Write-Off is chosen, a list of Write-Off Reasons will appear. Reporting of write-off adjustments is available on the sales-cost-margin report under as invoice adjust sub types.
- PPS invoices are either RAP (Request Anticipated Payment) or EOE invoices (End of Episode). The RAP invoices may by adjusted like other non-PPS (Perspective Payment System) invoices via a Write Off, Contractual Allowance, Accrued Interest, or Other Invoice Adjustment. EOE adjustment can only be adjusted via a Write Off or Other (PPS Episode Categorization). The final invoices for an episode should be categorized with an episode type so that the PPS Episode Report can provide the required Medicare Cost Reporting statistics. If you choose a RAP invoice, the episode type field will not appear as ONLY the final/EOE invoice should be categorized with an episode type. No change to the invoice amount is required when creating an invoice adjustment to categorize the episode with an episode type. If the episode type field is entered, the adjustment type is set to "other". If you are writing-off the invoice, choose the adjustment type of "write-off" no episode type is required for write-offs.



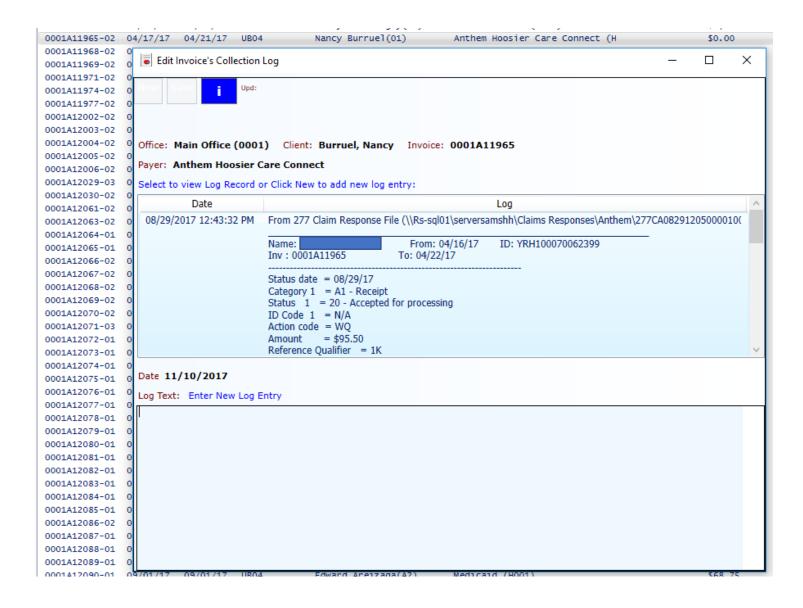
• Manage Invoices – Rebill Invoice - rebills this invoice's items to another of the client's payers. Every item on the invoice is adjusted to \$0, creating a new version of this invoice with a total of \$0. Each item is associated to the new payer and will appear on a new invoice for the chosen payer when invoices are next created. Invoice adjustments and item adjustment are not carried forward to the new payer's bill. Also, if the item is a visit, the bill rates for the new payer will be used to create the new invoice, so the sum total adjusted from the original bill and the total of the new payer's bill may not be \$0.



Manage Invoices – Rebill Invoice(s) – rebills the selected invoices to the same payer. This is handy
when a agency begins working with a new payer and you are still learning its unique billing
requirements. It may take a few configuration attempts to get claim to adhere precisely to all the
payer's requirements. Rebilling adjust the selected invoices to \$0, and frees all of the items on those
invoices to be invoiced again using updated payer requirements.



- Manage Invoices Create Co-Pay By entering a co-pay amount, a new version of this invoice will be created reduced by the copay amount and a new invoice for the co-pay will be created for the payer (or self-pay) selected.
- For example, if Medicaid pays for all of a client's services on an invoice except for a \$100 copay, enter \$100 as the copay. When you save and return to the invoice list, you will see that the Medicaid invoice has been reduced by \$100 and that there is a new invoice for the client for \$100.
- A new invoice and claim will be created for the Co-pay payer that includes all of the details on the original payer's claim but for a dollar amount equal to the Co-pay entered. You should transmit this new claim to the new payer. If the copay is to the client, simply mail the client the new invoice.
- Manage Invoices Auto Co-Pay By entering the payer relationship with a value between 0 and 1.00, you will allow all invoices for that client-payer relationship to use the Auto Co-Pay feature. Payer's that require a client copay can then be accommodated by normally creating invoices then selecting all of the created invoices for that payer and clicking the Auto Co-Pay button. This will adjust the selected invoices downward and create invoices for the client copay.

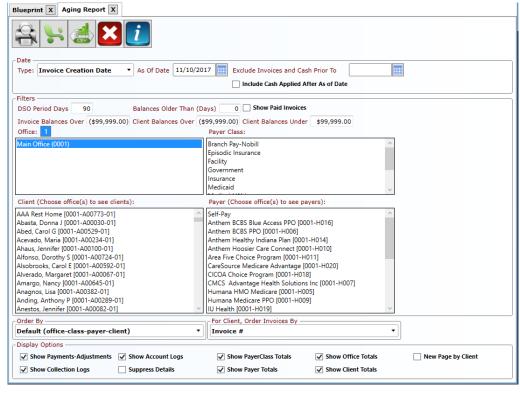


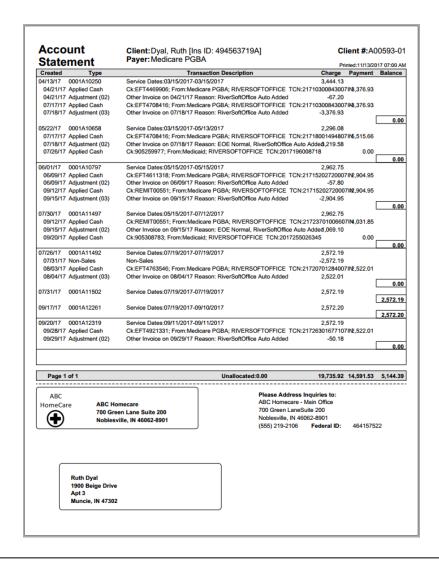
- Manage Invoices Collection Log An entry in the collection log details an event that occurred
 during the receivable life of an invoice. These details show on the aging report and allow everyone
 involved in trying to get a bill paid to see collection activity for an invoice. This is a log, like a
 captains log, so there is no deleting and no editing existing, just adding.
- Collection logs are automatically added by the Process Responses (27*) and Process Remittances (835) features.
- Manage Invoices Account Log An entry in the account log details a collection event that concerns
 either multiple invoices or multiple payers. For in instance, if care was originally billed to the client
 and the client's family discovers that an insurance company should have been billed, this situation
 should be documented with an account log entry to explain why there was such a delay in getting
 payment for the services rendered.

Offices: ΑII Aged by Invoice Created Date As Of: 11/10/2017 Aging Report Payer Classes: ΑII Payers:All

Client:		Dobort Coopputh(A2)					Totale Du			Dofo	
Cilent		Robert Spannuth(A2)		Totals By: s created and cash applied earlier than 11/10/2015 are excluded					Default		
			invoices create		•						
l	Current	Billing Dates		First xmit	_ 30	_ 60	_ 90	_120	_150	_180	>180
Invoice	Original	Service Dates	Created	Last xmit	Days	Days	Days	Days	Days	Days	Days
	Client: Rob	ert Spannuth (0001-	A00649-A2) ID	:902968415	DoB:04/1	7/1962 SS	SN:***-**-12	14 Sex:N	1		
A12179	\$3,491.94 \$3,491.94	08/28/17-08/28/17 08/28/17-08/28/17	09/12/17	09/12/17		\$68.12					
		Cash applied o	n 10/13/17 for \$	3423.82()							
		Claim Transmis PPO and the p [10/11/17:004]f Claim Transmis	RiverSoftOffice Assion Failure => ayer is using EC RiverSoftOffice Assion Failure => ayer is using EC	Error: (09/12/1 S style 42. AutoAdd: Error: (10/11/1							
A12607	\$2,327.96 \$2,327.96	08/28/17-10/10/17 08/28/17-10/10/17	10/18/17		\$2,327.96						
Client T	otal: Rober	rt Spannuth		\$2,396.08	\$2,327.96	\$68.12					$\overline{}$
Total			4								- 1
			\$	32,396.08	\$2,327.96	\$68.12					-
				32,396.08	\$2,327.96 97.16%	\$68.12 2.84%	0.00%	0.00%	0.00%	0.00%	0.00%
Days S	Says Outsta	nding (DSO)	= Total AR	•	97.16%	2.84%			0.00%	0.00%	0.00%
_	Says Outsta			/ (Sales Du	97.16% ring Perio	2.84% od / Days	in Period)			0.00%	
Best P	•	0	= Total AR	/ (Sales Du	97.16% ring Perio	2.84% od / Days	in Period)			0.00%	37.05
Best Po Days in	ossible DS	O od	= Total AR	/ (Sales Du	97.16% ring Perio	2.84% od / Days	in Period)				37.05 37.05

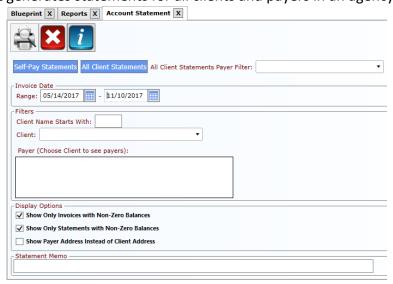
- Manage Invoices Aging Selecting an invoice and then clicking the Aging button generates and invoice aging for the client associated with the invoice. This provides one-click access to not only the account receivable profile for the patient and all of the patient's payer relationships, but all of the account/collect logs, cash applications, adjustments, and Days Sales Outstanding (DSO).
- The Aging report available from the Review Aging button on the Blueprint home screen provides access to the Aging Report screen where an agency wide report can be generated.

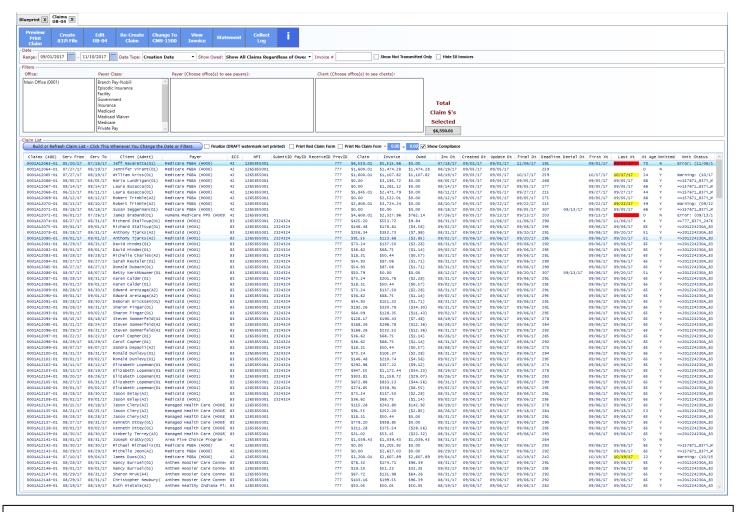




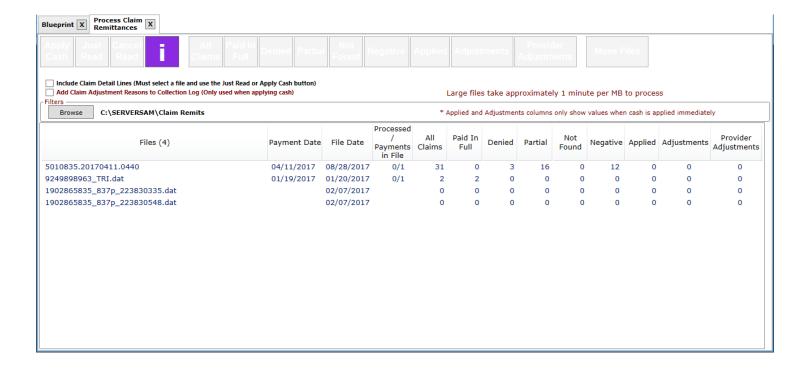
• Manage Invoices – Statement – Selecting an invoice and then clicking the Statement button generates a statement for the selected client. The financial statement shows all invoices, adjustments, and cash applications providing backing for the client's account balance.



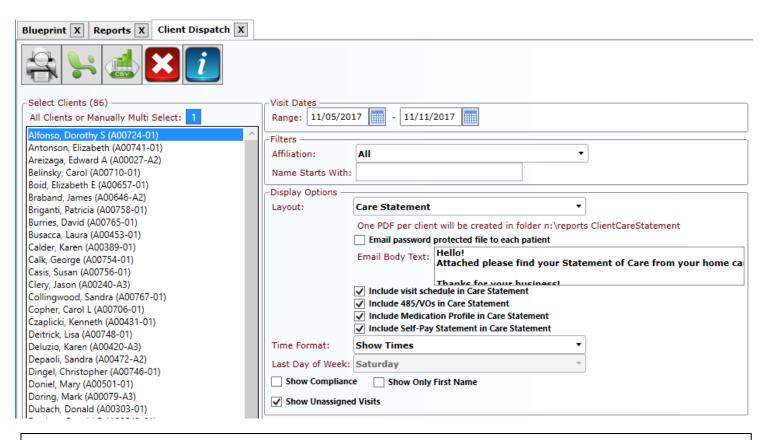




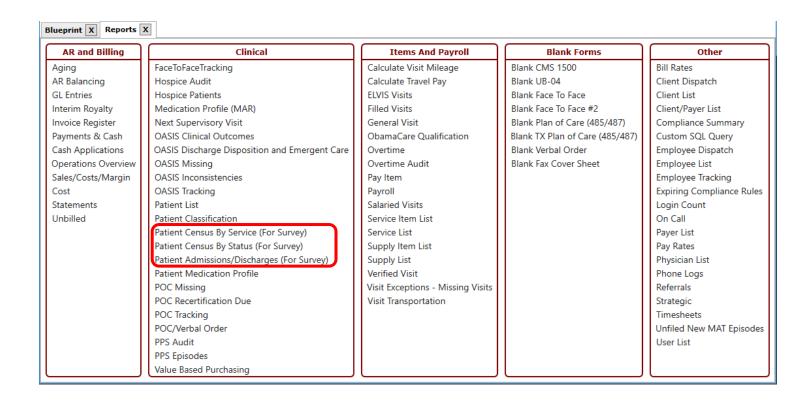
- Manage Claims UB04s (837i) and CMS1500s (837Pp) The claims screens provide the command center for transmitting, printing, and correcting claims.
- Both the UB04 and CMS1500 screen work the same -the only difference is the type of claim editor utilized and the type of electronic claim file they produce.
- Service date, client name, payer, Electronic Claim Style, NPI, Submitter ID, Payer ID, Receiver ID, Provider ID, claim amount, invoice amount, owed amount, invoice date (billing end period), created and updated dates, finalized date, submission deadline, resubmission deadline, first transmission date, last transmission date, transmission age, and transmission status are showed for each claim.
- When a claim is transmitted, its information is stored in an 837 claim file with all the other claims selected. The name and location of the 837 becomes part of the claim's data and is displayed in the Xmit Status column.
- If the claim triggers a warning on transmission, that information is written to the claim and causes the Last Xt date of the claim to be highlighted in yellow.
- If the claim triggers an error on transmission, it is not written to the claim file and that information is written to the claim and causes the Last Xt date of the claim to be highlighted in red.
- Claims can be printed on red claim forms. Because most printers have alignment issues, you can "nudge" the claim up and down and left and right by entering 1/72-inch increments into the blue highlighted fields at the top of the list.



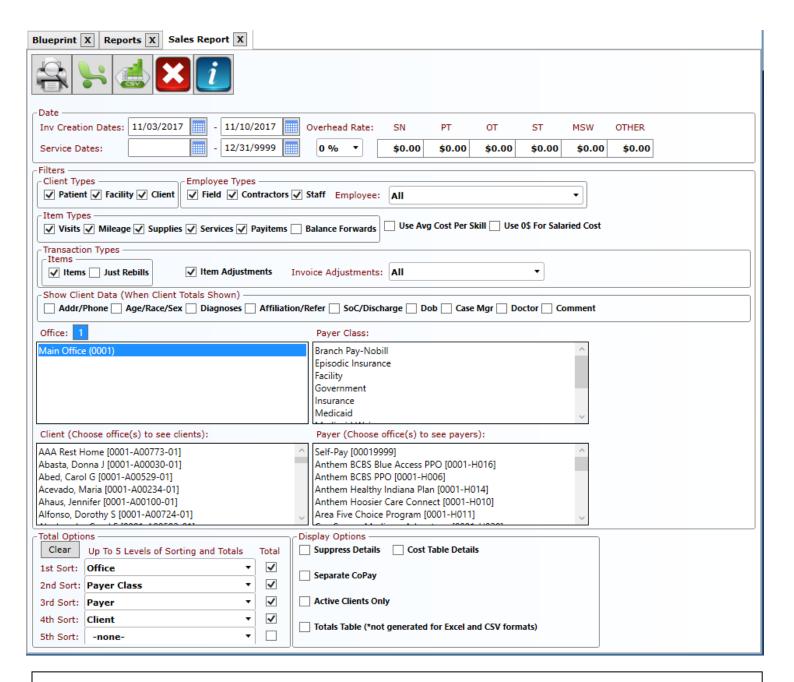
- Process Remittance (835) This feature is used to translate claim response files which cannot easily be read in their encoded form. It allows you to see which invoices were paid and how much they were paid and to automatically create payments, cash applications, and adjustments.
- Normally, for Medicare, invoices are automatically adjusted to be equal to the cash applied to
 them because most sites have that setting in their SAM.ini configuration file
 (Ini_Auto_Medicare_Adjustments, T). RAP invoices are adjusted to \$0 and End of Episode (EOE) invoices
 are adjusted to the final episode payment
- If the ADJEOETOEPISODE payer switch is being used, processing the 835 causes an adjustment to the final invoice to the amount of the episode (the RAP + EOE). This will cause the invoice to be underpaid in most cases, so it will remain on the aging until it is adjusted. You may want this behavior to force you to account for the payment differences for 2% down-coding, or therapy down-coding, or any another reason the reason is entered when entering the invoice adjustment to remove the EOE invoice from the aging.
- If the NORAPADJWHENOPAY payer switch is used, when a \$0 payment is encountered for a RAP, the cash
 will be applied but no automatic adjustment will be done, forcing the user to take an action to resolve
 the RAP.
- When you enter this screen, all files in the default directory are translated immediately, unless the file is
 greater than 1 MB in size. Those files need to be processed manually. Files greater than 1 MB in size are
 in pink, and if you hover over the filename the tooltip displays the file size. To process a large file, click
 the filename and press the Just Read button. You can cancel reading the file at any time, but you cannot
 cancel the Apply Cash function.
- Process Response (27*) This feature processes claim response files from your payer and creates collection logs that can then be easily seen on the aging.



- Client Care Statements— Periodically a Care Statement should be given to each patient. A care statement contains the patient's face sheet (demographics and aide care plan) and any combination of the following:
 - 1) patient's schedule in both calendar and list format
 - 2) patient's care plans (485s) and verbal orders all of them
 - 3) patient's current medication profile
 - 4) patient's self-pay financial statement
- The agency can designate a PDF document to preface each care statement that contains information about the agency, especially clinical contact information for the patient. This should be made to look as professional as possible because all the agency's patients (and probably their families) will see it.
- The care statements can be printed or sent as encrypted email attachments.
- This is a great alternative over a patient portal because clients are not required to have yet ANOTHER username and password to remember!



- Census and Survey reports
- When a state surveyor walks into your office, you will be expected to provide a list of your active patients, list of your patients admitted during a particular date range, and a list of patients discharged during a particular date range along with each patients discharge disposition and reason.
- The highlighted reports above should be all that your need.
- Because it is a stressful time when the state surveyor visits you, if you struggle with providing the proper report, CALL RIVERSOFT! WE WILL GUIDE YOU THROUGH THE PROCESS IN REAL TIME!



- Sales/Cost/Margin report
- Sales are items (visits, services, supplies, and pay items) that are invoiced and invoice adjustments. If an item has been closed but not invoiced, it is not a sale and it is reported on the **unbilled items report**.
- This is the primary sales reporting mechanism in RiverSoft Office and shows sales, the cost of those sales, and gross margin. This report can be filtered by client, employee, item, and transaction type.
- This report provides five levels of sorting/totaling options. By using the feature, most federal (like Medicare) and state (like Medicaid) cost reports can be created using this report. For instance, If you want a report that shows you gross margin by referral with sub-totals by case manager and sub-totals within that by office and payer class, you would select Referral Source from the Total By filter, Case Manager from the Sub-Total By filter, and choose Show Office Totals and Show Payerclass totals.

AR Balancing Report Date Range: 09/01/2017 - 10/01/2017

09/27/17

08/11/17

Payer Classes:			AR Bala	ncing Report		Date Range: 09/0	1/2017 - 10/01/2017
Payers: Offices:	All Main Office (0001)			3,			
Clients:	All						
Total Invoiced	Sales For Payer C	lass	Episod	ic Insurance			\$14,163.81
Total Invoiced	Sales For Payer C	lass	Insurar	ice			\$14,372.25
Total Invoiced	Sales For Payer C	lass	Medica	id			\$27,686.49
	Sales For Payer C			id Waiver			\$12,169.70
	Sales For Payer C		Medica				\$109,267.23
	Sales For Payer C	Class	Self-Pa				\$272.00
Total Invoiced	Sales For Office		Main O	ffice			\$177,931.48
Total Cash Ap	plied For Payer Cla	ass	Episod	ic Insurance			\$6,870.93
	plied For Payer Cla		Insurar	ice			\$19,295.87
Total Cash Ap	plied For Payer Cla	ass	Medica	id			\$28,846.03
Total Cash Ap	plied For Payer Cla	ass	Medica	id Waiver			\$13,880.20
Total Cash Ap	plied For Payer Cla	ass	Medica	re			\$119,541.52
Total Cash Ap	plied For Office		Main O	ffice			\$188,434.55
A	D	-1	00/	04/47			6474 000 44
	Receivable as	••		01/17		-	\$471,380.11
Accounts	Receivable as	of	10/	01/17		=	\$460,605.04
Change in	Accounts Rec	ceivable Between	9/2	/2017-10/01/17		=	(\$10,775.07)
Invoiced S	alaa		0/2	/2017-10/01/17		+	\$177,931.48
						T	
		Invoices Created During or E		/2017-10/01/17		•	\$188,434.55
Invoiced S	ales - Cash Ap	pplied	9/2	/2017-10/01/17		=	(\$10,503.07)
Tatal Davis	402040 (20	0/0	10047 40/04/47			£402 040 00
	nents 193048.2			/2017-10/01/17		+	\$193,048.22
	ied From Tota		9/2	/2017-10/01/17		-	\$188,434.55
Total Char	nge to Unalloc	ated Payments	9/2	/2017-10/01/17		=	\$4,613.67
Pmt Off Code	e Pmt_ID	Payer	Client	Invoice #	Invoice Date	Cash Date	Cash Applied
0001	A01515		Karen Deluzio	0001A12316	09/20/17	08/11/17	\$68.00
0001	AUIDID	SHIFTEY BIDD	Natell Deluzio	0001A12316	09/20/17	08/11/1/	\$68.00

• AR Roll-forward / Balancing report

Total of Cash Applications applied earlier than the invoice's creation date

Shirley Bibb

Shirley Bibb

Shirley Bibb

Paver Classes: All

• This report shows you whether you are increasing or decreasing your receivables. This is "MUST HAVE" information to have to manage your agency's cash flow. An AR graph is available on the dashboard.

0001A12371

0001A12140

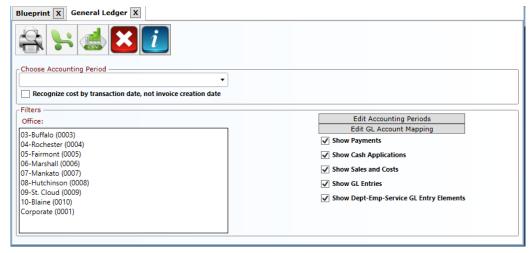
0001A12238

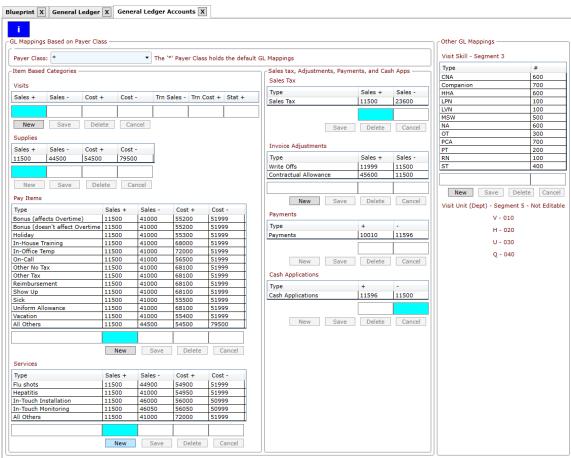
Karen Deluzio

Karen Deluzio

Karen Deluzio

- THIS REPORT IGNORES CASH AND SALES ON THE FROM DATE so that it can balance two aging as of dates. Because sales on the first date of the date range are ignored, if you are running a sales report to match this report, the sales report's from date must be the day after the first date of this report. If you are balancing the sales report for June 1 to June 30, enter May 31 to June 30 on this report.
 - 1. Shows total invoiced sales and total cash applied during a date range and is used to perform an Aging Roll-Forward:
 - 2. Run an aging report by INVOICE CREATION DATE for a beginning date and another for an ending date, like 12/31/2011 and 1/31/2012.
 - 3. Run this report for the EXACT same date range.
 - 4. The first 'Accounts Receivable as of' number on this report should equal the number from the beginning aging.
 - 5. The second 'Accounts Receivable as of' number on this report should equal the number from the ending aging.
 - 6. The 'Invoiced Sales Between' number minus the 'Cash Applied During to Invoices Created During or Before' number is the difference between ending and the beginning aging.





GL Entries

- This feature creates journal entries to import into your General Ledger software.
- Use the Edit GL Account Mapping button to create a mapping for the debit and credit accounts for the sales and cost by payer class for visits, supplies, pay items, and services.
- Run the report and test how the mapped accounts are attached to the selected accounting period's payments, cash, sales, and cost. If any account is wrong, fix the mapping.
- Once the mapping looks correct, click just the "Show GL Entries" option and create an Excel or CSV output file (whichever our GL software prefers) instead of the PDF output.

Reports

AR and Billing Aging AR Balancing FaceToFaceTracking Hospice Audit Hospice Patients GL Entries Interim Royalty Medication Profile (MAR) Invoice Register Next Supervisory Visit Payments & Cash OASIS Clinical Outcomes Cash Applications OASIS Missing Sales/Costs/Margin Statements OASIS Inconsistencies Unbilled OASIS Tracking Patient List Patient Classification Patient Medication Profile POC Missing POC Recertification Due POC Tracking POC/Verbal Order

Clinical OASIS Discharge Disposition and Emergent Care Patient Census By Service (For Survey) Patient Census By Status (For Survey) Patient Admissions/Discharges (For Survey) PPS Audit PPS Episodes

Items And Payroll Calculate Visit Mileage Calculate Visit Mileage (beta) Calculate Travel Pay ELVIS Visits Filled Visits General Visit ObamaCare Qualification Overtime Pay Item Payroll Salaried Visits Service Item Service List Supply Item Supply List Verified Visit Visit Transportation

Blank Forms Other Blank CMS 1500 Bill Rates Custom SQL Query Blank UB-04 Blank Face To Face Client Dispatch Blank Face To Face #2 Client/Facility List Blank Plan of Care (485/487) Client/Payer List Blank TX Plan of Care (485/487) Blank Verbal Order Employee Dispatch Blank Fax Cover Sheet Employee List Employee Tracking Login Count On Call Payer List Pay Rates Physician List Phone Logs Referrals Strategic Timesheets

Compliance Summary Expiring Compliance Rules Unfiled New MAT Episodes User List

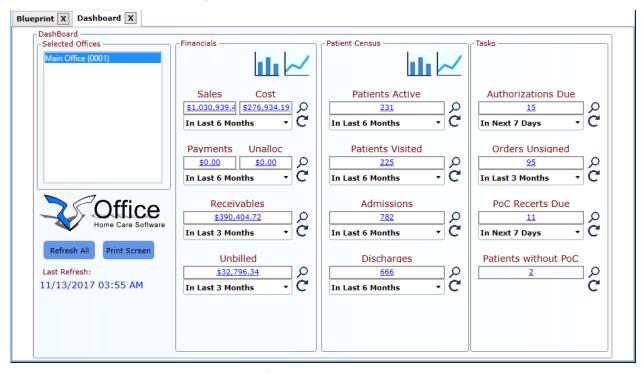
Aging	The invoices that have not been paid.
AR Balancing	The differences between two agings.
GL Entries	Sales and cost organized by GL account number
Interim Royalty	Sales organized specifically for royalty reporting by Interim Franchises
Payments & Cash	Remittances received and cash applied from them 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	Advance Care Planning
(CMS Citation 81 FR 43713)	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

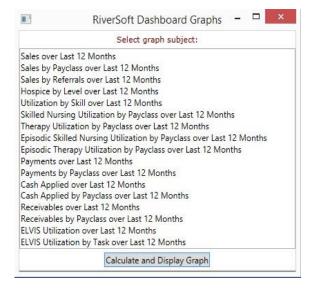
Employee List	Simple list of employees by office, status, skill, type, affiliation, and attribute
Employee Tracking	Shows a list of employees and their tracking items with the dates and/or values of them and is used to determine which tracking items for deficient.
Expiring Compliance Rules	List of the 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

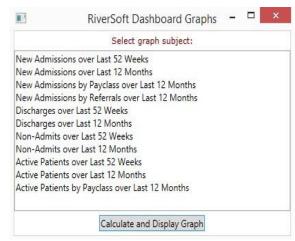
Dashboard

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.





RiverSoft University

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RiverSoft Mobile (RSM) is the mobile component of RiverSoft Office and supplies mobile

access to an agency's patients' electronic medical record (EMR). RSM is cloud-based, which means there is no data on the local device – all the data is stored on a data server. Access to RSM is available two ways: by the cloud or by a Windows app that talks to a data service. Accessing RSM via the cloud requires going to the agency's web site and clicking on the RSM shortcut. This type of access is device independent – most any device with a screen that can handle a resolution of 1024 by 768 will work fine. Accessing RSM via the Windows app requires the app to be installed on a windows device (which takes less than a minute) and the one-time entry of the agency's IP Address and port (which you will need to get from the agency). Both types of RSM access require that you have a valid username and password. We recommend RDWeb for an agency to deliver RSM via the cloud if device independency is important to you (you want to use Android and iPad tablets as well was Windows tablets). For agencies that want to deliver RSM as an app, there is no additional expense and RiverSoft will install the data service as a part of our normal installation. If you are on the RiverSoft Cloud, you will access RSM via RDWeb.

Training Videos:

Introduction To RiverSoft Mobile Video

Patient Intake

Login and Patient List

Choosing a Clinical Note

Start of Care Note (Part 1)

Start of Care Note (Part 2 - Body Diagram)

Start of Care Note (Part 3 – Body Systems and Items)

<u>Start of Care Note (Part 4 – Post Assessment - Clinical Summary)</u>

Start of Care Note (Part 5 – 485 Diagnoses and Medications)

Start of Care Note (Part 6 – 485 Locators 14-20)

Start of Care Note (Part 7 – 485 Adding Pathways)

Start of Care Note (Part 8 – 485 Services)

Start of Care Note (Part 9 – Medication Review and Administration)

Start of Care Note (Part 10 – Timeslip and Supplies)

Start of Care Note (Part 11 – Review OASIS and Complete Note)

Clinical Review

Medical Records Screen

Visit Note

Patient List – Other Features

How Clinical Notes Affect Patient Status

Automatic Note Locking and Locking a Start of Care Note

Discharge Note

Configuration Part 1 (Pathways)

Configuration Part 2 (Note Warnings and Unused Notes)

Configuration Part 3 (Agency Form Pages and Agency Note Pages

Transitioning to RiverSoft EMR

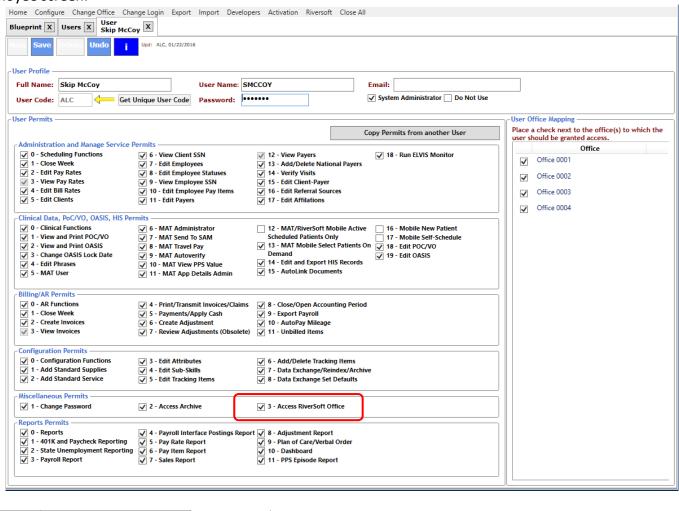
Maintaining EMR with Patient's Location Lacks Data Service

There are three types of RiverSoft Mobile users:

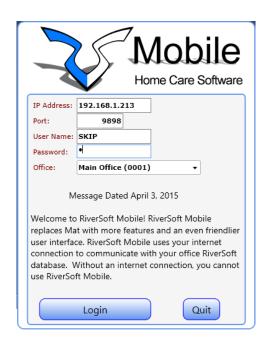
- 1) **Caregiver** a nurse or therapist that visits the office's patients and documents the care they render. The patient list presented to a caregiver contains only the patients they have been scheduled to see and the incomplete patients. The caregiver uses the system to enter clinical notes, from Start of Care assessment notes, to visit notes, to transfer and discharge assessment notes. The system administrator can provide access to a complete list of patients to a caregiver by un-checking the user permit "12-MAT/RiverSoft Mobile Active Scheduled Patients Only" for the caregiver's user in the Configure menu, Users screen.
- 2) **Attending Physician** the doctor that is named on a patient's care plan (485) as the attending physician. The patient list presented to the physician contains only the patients that have a 485 that names the physician as the primary physician. The physician uses the system to review the patient's clinical notes and care plans as well as to sign care plans and verbal orders.
- 3) **Payer** the entity that is financially responsible for the patient's care. The payer is presented with a list of patients that are tied to their payer source. The payer uses the system to review the patient's clinical notes and care plans.

Caregiver Usage (Nurses and Therapists)

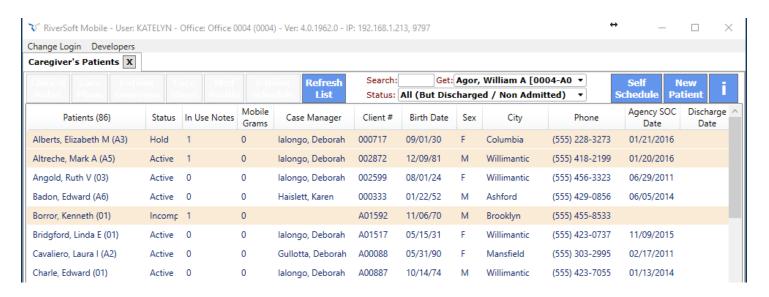
Nurses and therapists only have access to the patients to which they have been scheduled to visit and to the patients that have not been admitted to the agency (incomplete patients). The caregiver logs in with the username and password that has been created for them from the user screen and assigned to them on the employee screen.



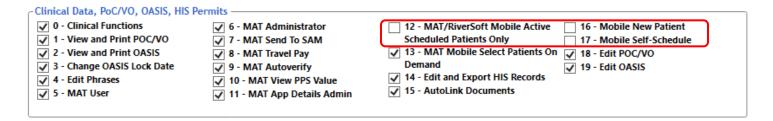




Once logged in, the caregiver is presented with a list of their patients (patients they have been scheduled to see and patients for which they have In Use notes). The patients that have In Use notes created by the logged in user will be highlighted in antique white so that the user can quickly identify the patients that they need to work on. With no patient selected, only the Refresh List, Self-Schedule, New Patient, and information buttons are available.



If a caregiver needs to see all patients (because they are on-call for some other reason), de-select permit 12 in their Clinical Data permits on their user configuration screen. This will remove the default limitation of only being able to see the patient for which they are scheduled. The user must be given permits to access the New Patient and Self-Schedule buttons – otherwise they are disabled.



The patients that require priority attention of the caregiver bubble to the top of the mobile patient list. The mobile patient list shows patients that have notes with issues (notes that have been sent back from the office to the caregiver for re-work) at the top of the list highlighted in light red. Patients with "mobile grams" for the logged-in caregiver are next in green. Next are the patients with in-use notes belonging to the logged-in caregiver. And finally, all other patients the logged-in caregiver has access to are listed in alpha order.



The "i" button displays this document. The patient list can be filtered to only those names beginning with the letters entered into the "Name Beginning With:" box. The list can also be filtered to contain only those patients matching the selected Patient Status.



If a caregiver needs access to an active patient that is normally not in their list, they can add that patient to their list by selecting the patient from the Get: list. This patient is only added to their list temporarily. If the patient list is refreshed or another Get: patient is selected, the prior patient will fall out of the list. This prevents users from packing their patient list with other patients.



Clicking a patient in the list will allow you access to these buttons:



The Clinical Notes button provides access to all of the clinical notes for the selected patient.

The Care Plans button provides access to all 485 and verbal orders for the selected patient.

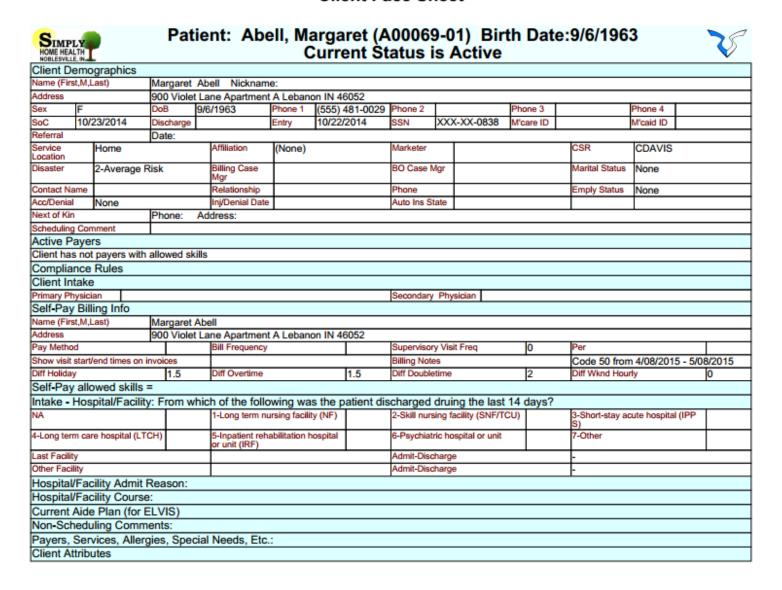
The Patient Overview displays a PDF summarizing the patient's diagnoses, medication, pathway history, and clinical notes.

The Med Profile displays a PDF of the patient current Medication Profile.

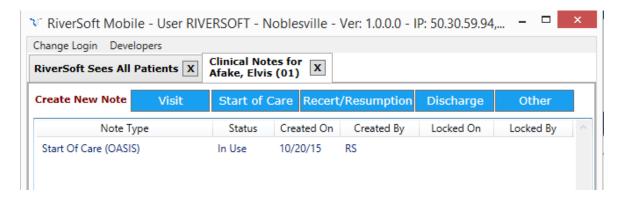
The Patient Schedule displays a PDF of the patient's schedule of visits, in tabular and calendar format.

The Face Sheet button provides a report of all of the information gathered and entered on behalf of the patient at the time of referral and looks like this:

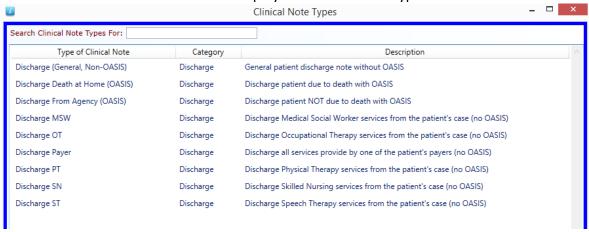
Client Face Sheet



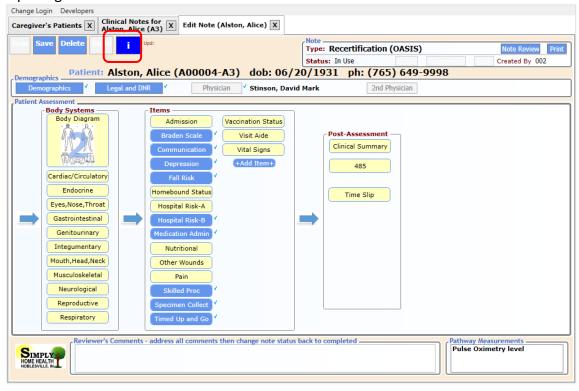
Clicking the Clinical Notes button creates new tab area containing a list of the selected patient's notes. From this list you can either edit an existing note (if you are the author), or you can create a new note.



Clicking the one of the Create New buttons will display a list of the note types.



Selecting a note type will cause a new note of that type to be created and the note editor to be displayed so you can begin completing the note.



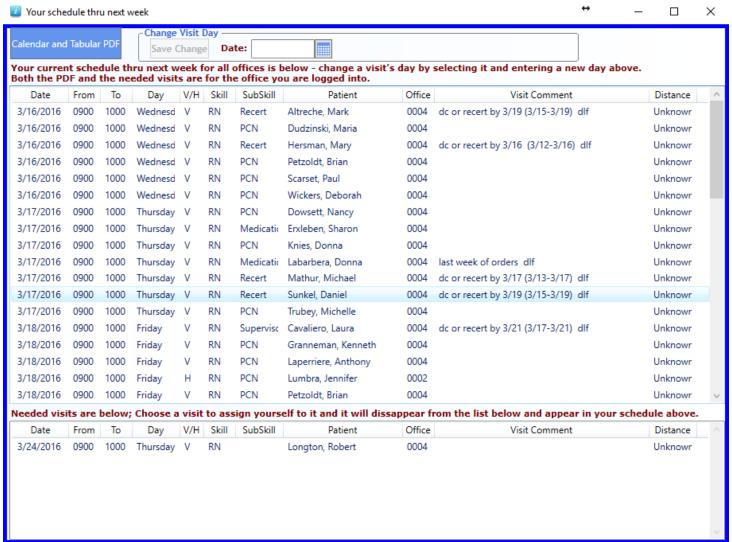
The "i" button of the Edit Note screen provides all the instructions needed to create and edit clinical notes. It will explain the layout of the editor, note types and statuses, how the sub-editors work, how pathways make creating assessment notes and visit notes easier and faster, how the note analysis features will help with the entry of diagnoses, pathways, and OASIS, and finally how the note review process works. The instructions will take less than 30 minutes to read.

Schedule

The Self-Schedule button lets a caregiver adjust their own schedule of visits. The top list is the caregiver's current schedule of visits seven day prior to today. The bottom list contains visits that have not been

Self

assigned to any employee (open visits) and that match the caregiver's skill. If a visit is selected in the bottom list, it will disappear from that list of open visits and will re-appear in the caregiver's current schedule (the top list). To change the date of a visit in the schedule, click the visit, change the Date:, then click the Save Change button. If the date change causes the visit to violate doctor orders or insurance authorizations, a message will be given and the visit will not be moved.



The Calendar and Tabular PDF button creates a PDF of the caregiver's schedule through next week, in tabular and calendar format.

Visit Dates: 03/1
Include Phone: No 03/12/2016 - 03/25/2016 **Employee Schedule**

Employee: lalongo, Deborah A (RN) (0004-000624) Affiliation: All

14/2016 14/2016 14/2016 14/2016 14/2016 ment: 14/2016 ment: 14/2016 15/2016 15/2016	Times RN) (000624) 09:00 A-10:00 A dc or recert by 3 dc or recert by 3 09:00 A-10:00 A 09:00 A-10:00 A	RN/Medication Admi RN/PCN RN/PCN RN/Recert 3/16 (3/12-3/16) dlf RN/Recert 3/16 (3/12-3/16) dlf	Client Name (#) Charle, Edward (A00887-01) Endeben, Sharon B (001182-A3) Knies, Donna M (A01282-A2) Petzoldt, Brian (A01601-01) Pfeiffer, Betty (002466-A5) Planty, Helen B (A01535-01)	Address 1800 Carrot Way, Willimantic, CT 06226 1900 Beige Drive, Willimantic, CT 06226 1600 Apricot Way, Willimantic, CT 06226 1900 Beige Drive, Lebanon, CT 06249 1300 Cherry Court, Apartment 108, Willimantic, CT 06226
14/2016 14/2016 14/2016 14/2016 14/2016 14/2016 14/2016 14/2016 14/2016 11/2016 11/2016	RN) (000624) 09:00 A-10:00 A 09:00 A-10:00 A 09:00 A-10:00 A 09:00 A-10:00 A dc or recert by 3 dc or recert by 3 09:00 A-10:00 A 09:00 A-10:00 A	RN/PCN RN/Medication Admi RN/PCN RN/PCN RN/Recert 3/16 (3/12-3/16) dlf RN/Recert 3/16 (3/12-3/16) dlf	Charle, Edward (A00887-01) Erdeben, Sharon B (001182-A3) Knies, Donna M (A01282-A2) Petzoldt, Brian (A01601-01) Pfeiffer, Betty (002466-A5)	1800 Carrot Way, Willimantic, CT 06226 1900 Beige Drive, Willimantic, CT 06226 1600 Apricot Way, Willimantic, CT 08226 1900 Beige Drive, Lebanon, CT 06249 1300 Cherry Court, Apartment 108, Willimantic, CT 06226
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114/2016 ment: 114/2016 ment: 114/2016 115/2016	09:00 A-10:00 A dc or recert by 3 09:00 A-10:00 A dc or recert by 3 09:00 A-10:00 A 09:00 A-10:00 A	RN/Recert 3/16 (3/12-3/16) dlf RN/Recert 3/16 (3/12-3/16) dlf	Pfeiffer, Betty (002468-A5)	1300 Cherry Court, Apartment 108, Willimantic, CT 06226
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14/2016 ment: 14/2016 15/2016	09:00 A-10:00 A dc or recert by 3 09:00 A-10:00 A 09:00 A-10:00 A	RN/Recert 3/16 (3/12-3/16) dlf	Planty, Helen B (A01535-01)	1500 Grape Court, Apt 44, Willimantic, CT 06226
ment: 14/2016 15/2016 15/2016	dc or recert by 3 09:00 A-10:00 A 09:00 A-10:00 A	3/16 (3/12-3/16) dlf	Planty, Helen B (A01535-01)	1500 Grape Court, Apt 44, Willimantic, CT 06226
14/2016 15/2016 15/2016	09:00 A-10:00 A 09:00 A-10:00 A			
15/2016 15/2016	09:00 A-10:00 A	RN/PCN		
15/2016			Trame, Barbara (A00302-04)	400 Red Street, Apt 19, Willimantic, CT 06226
		RN/PCN	Clifford, Carol M (A01593-01)	1700 Persimmon Way, Windham, CT 06280
15/2016	09:00 A-10:00 A	RN/PCN	Graen, Ronald J (002721-A3)	2100 Midnight Drive, Apartment 410, Willimantic, CT 0622
	09:00 A-10:00 A	RN/PCN	Hissem, John L (A01501-01)	200 Black Road, Building 16, Willimantic, CT 06226
	09:00 A-10:00 A	Admi	Labarbera, Donna M (001705-A3)	1700 Persimmon Way, Mansfield Center, CT 06250
				1800 Carrot Way, Apartment 112, Willimantic, CT 06226
				1300 Cherry Court, Columbia, CT 06237
				100 White Road, Apartment 3, Willimantic, CT 06226
15/2016	09:00 A-10:00 A	RN/Subsequent Visi	Shaklee, George J (001310-A2)	1600 Apricot Way, Columbia, CT 06237
			Sunkel, Daniel (A01024-01)	1200 Olive Blvd, Apartment A2, Ashford, CT 06278
			,	1900 Beige Drive, North Windham, CT 06256
				1400 Banana Court, Apartment 2, Willimantic, CT 06226
			Altreche, Mark A (002872-A5)	1400 Banana Court, Apartment 221, Willimantic, CT 06226
ment:				
				600 Yellow Street, Willimantic, CT 06226
			Hersman, Mary (A00965-01)	100 White Road, Apartment 329, Willimantic, CT 06226
				1900 Beige Drive, Lebanon, CT 06249
				1300 Cherry Court, Willimantic, CT 06226
				2400 Melon Trail, Stafford Springs, CT 06076
		RN/Medication	Endeben, Sharon B (001182-A3)	1200 Olive Blvd, 3rd floor in the back, Windham, CT 06256 1900 Beige Drive, Willimantic, CT 06226
17/2016	09:00 A-10:00 A	RN/PCN	Knies, Donna M (A01282-A2)	1600 Apricot Way, Willimantic, CT 06226
			Labarbera, Donna M (001705-A3)	1700 Persimmon Way, Mansfield Center, CT 06250
ment:	last week of ord	lers dif		
17/2016	09:00 A-10:00 A	RN/Recert	Mathur, Michael J (002369-A2)	300 Brown Road, Apt 116, Willimantic, CT 06226
ment:	dc or recert by 3	3/17 (3/13-3/17) dlf		
17/2016	09:00 A-10:00 A	RN/Recert	Sunkel, Daniel (A01024-01)	1200 Olive Blvd, Apartment A2, Ashford, CT 06278
ment:	dc or recert by 3	3/19 (3/15-3/19) dlf		
17/2016	09:00 A-10:00 A	RN/PCN	Trubey, Michelle A (000760-03)	2000 Taupe Drive, 1 Silo Circle, Apt B211, Storrs, CT 0626
18/2016	09:00 A-10:00 A	RN/Supervisory Rec	Cavaliero, Laura I (A00088-A2)	2100 Midnight Drive, Mansfield, CT 06250
ment:	dc or recert by 3	3/21 (3/17-3/21) dlf		
			Granneman, Kenneth E (A01361-A2)	1600 Apricot Way, Storrs, CT 06268
			Laperriere, Anthony (A01194-01)	2200 Twilight Trail, Apt 2, Coventry, CT 06238
			Petzoldt, Brian (A01601-01)	1900 Beige Drive, Lebanon, CT 06249
			Sevcik, James J (A01546-01)	100 White Road, Apt B, Willimantic, CT 06226
ment:				
			Swearinger, Mary (A01548-01)	100 White Road, Apt 5H, Willimantic, CT 06226
	15/2016 15/2016 15/2016 15/2016 15/2016 15/2016 15/2016 15/2016 16/2016 16/2016 16/2016 16/2016 16/2016 16/2016 16/2016 16/2016 17/20 17	15/2016 09:00 A-10:00 A 16/2016 09:00 A-10:00 A	15/2016 09:00 A-10:00 A RN/PCN 16/2016 09:00 A-10:00 A RN/PCN 17/2016 09:00 A-10:00 A RN/PCN 18/2016 09:00 A-10:00 A RN/PCN	15/2016 09:00 A-10:00 A RN/PCN Rosati, Mark C (001311-01)

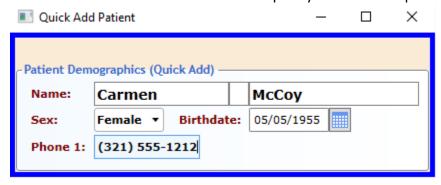
Total Visits for Week Ending 03/18/2016: 37

Employee Schedule (List)

nployee: lalongo, Deborah A (RN) (000624) Date Range: 03/12/2016 - 03/25/2016								
Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday		
03/12/2016	03/13/2016	03/14/2016	03/15/2016	03/16/2016	03/17/2016	03/18/2016		
		09:00 A-10:00 A Charle, E	09:00 A-10:00 A Clifford, C	09:00 A-10:00 A Altreche, M	09:00 A-10:00 A Dowsett, N	09:00 A-10:00 A Cavaliero, L		
		09:00 A-10:00 A Erxleben, S	09:00 A-10:00 A Graen, R	09:00 A-10:00 A Dudzinski, M	09:00 A-10:00 A Erxleben, S	09:00 A-10:00 A Granneman, K		
		09:00 A-10:00 A Knies, D	09:00 A-10:00 A Hissem, J	09:00 A-10:00 A Hersman, M	09:00 A-10:00 A Knies, D	09:00 A-10:00 A Laperriere, A		
		09:00 A-10:00 A Petzoldt, B	09:00 A-10:00 A Labarbera, D	09:00 A-10:00 A Petzoldt, B	09:00 A-10:00 A Labarbera, D	09:00 A-10:00 A Petzoldt, B		
		09:00 A-10:00 A Pfeiffer, B	09:00 A-10:00 A Muscarello, C	09:00 A-10:00 A Scarset, P	09:00 A-10:00 A Mathur, M	09:00 A-10:00 A Sevcik, J		
		09:00 A-10:00 A Planty, H	09:00 A-10:00 A Rosati, M	09:00 A-10:00 A Wickers, D	09:00 A-10:00 A Sunkel, D	09:00 A-10:00 A Swearinger, M		
		09:00 A-10:00 A Trame, B	09:00 A-10:00 A Santellan, J		09:00 A-10:00 A Trubey, M			
			09:00 A-10:00 A Shaklee, G					
			09:00 A-10:00 A Sunkel, D					
			09:00 A-10:00 A Vessels, S					
			09:00 A-10:00 A Vital, H					
03/19/2016	03/20/2016	03/21/2016	03/22/2016	03/23/2016	03/24/2016	03/25/2016		
		09:00 A-10:00 A Badon, E	09:00 A-10:00 A Charle, E	09:00 A-10:00 A Dudzinski, M	09:00 A-10:00 A Dowsett, N	09:00 A-10:00 A Granneman, K		
		09:00 A-10:00 A Erxleben, S	09:00 A-10:00 A Clifford, C	09:00 A-10:00 A Scarset, P	09:00 A-10:00 A Erxleben, S	09:00 A-10:00 A Laperriere, A		
		09:00 A-10:00 A Longton, R	09:00 A-10:00 A Delehoy, G		09:00 A-10:00 A Ferge, J			
		09:00 A-10:00 A Ponzo, L	09:00 A-10:00 A Fowler, B		09:00 A-10:00 A Hardegree, K			
		09:00 A-10:00 A Trame, B	09:00 A-10:00 A Longton, R		09:00 A-10:00 A Longton, R			
			09:00 A-10:00 A Rosati, M		09:00 A-10:00 A Longton, R			
			09:00 A-10:00 A Santellan, J		09:00 A-10:00 A Trubey, M			
			09:00 A-10:00 A Shaklee, G					
			09:00 A-10:00 A Swindle, D					
			09:00 A-10:00 A Vital, H					
			09:00 A-10:00 A Waggoner, K					



The New Patient button allows an "On Call" nurse to quickly add an incomplete patient.



After entering name, sex, birth date, and phone number and closing the window, that patient appears in the patient list if the Status filter is changed to "Incomplete". Because the patient is added this way, most of the demographic information that is normally inherited by the Start of Care will be missing and must be entered by the Start of Care note's author. Also, because only the office has the authority to associate payers and allowed skills to a patient, the Start of Care author will not be able to enter Dr. Order compliance rules because these rely on the existence of allowed skills for the patient. This part of the Start of Care must be completed after calling the office during work hours to have the office staff add the needed allowed skills for the patient.

Old

The Old Patient button allows you to get a Case Analysis on Discharged/Hold clients.

Physician Usage

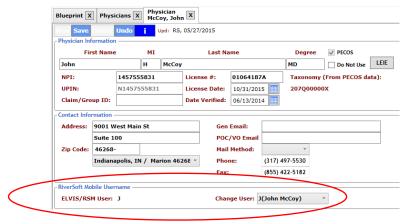
Physicians that have been given access to RiverSoft Mobile and issued a username and password by the home care agency have access to their patients with 485s naming the physician as the attending physician.

To configure a physician to use RiverSoft Mobile follow these steps:

1) Add a user. Configure menu, users, new user. Choose appropriate access to offices and select just one permit – Access RiverSoft Office.



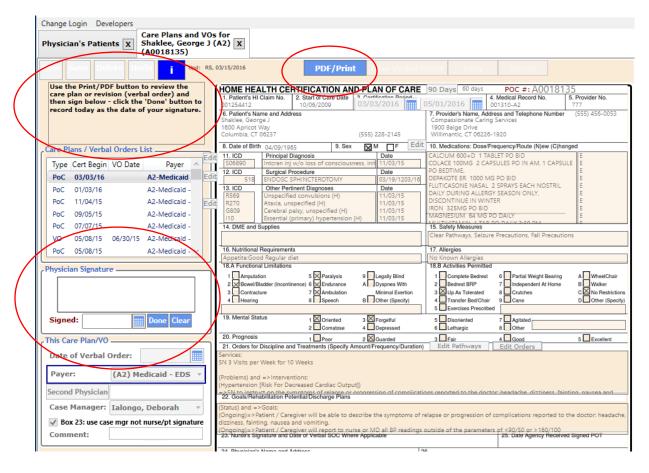
2) Associate the user to the physician by choosing the user just entered at the bottom right of the Physician screen:



When the physician logs in, their list of patients will be presented:



The third column shows how many unsigned care plans/verbal orders the patient has. Any row that has unsigned care plans is highlighted in yellow. Selecting a patient and clicking care plans shows this screen:



The PDF/Print button provides the ability to quickly review the current care plan. Signing and clicking the done button updates the care plan's received signed date with today's date. The physician continues this process until all plans and revision are signed.

The physician has read-only access to the clinical notes, care plans and verbal orders, the medication profile, patient snapshot, and the patient's schedule.

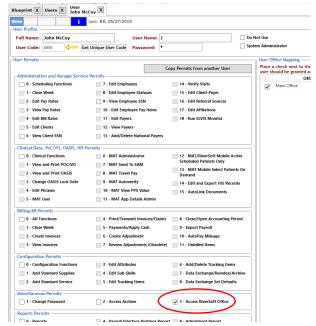
Payer Usage

A payer representative that has been issued a username may have access to patients that have been given a relationship to that payer. Payers will have read-only access to review their patient's clinical field notes, care plans, and verbal orders.

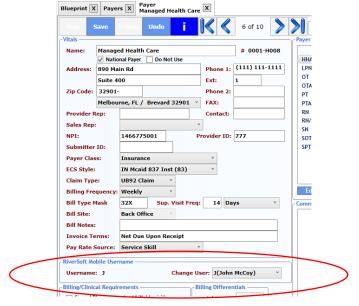
To configure a payer representative to use RiverSoft Mobile follow these steps:

1)

3) Add a user. Configure menu, users, new user. Choose appropriate access to offices and select just one permit – Access RiverSoft Office.



2) Associate the user to the payer by choosing the user just entered at the bottom left of the Payer screen:



When the payer logs the list of patient's that have been associated with the payer is shown.

