Missouri Ankota Manual

Users Guide
2019

Contents

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Ankota

Ankota™ enables the next generation of home care, understanding the rapid growth of the elderly population and the shifts to managed care and population health. The highly customizable software offers full home care agency and Electronic Visit Verification (EVV) management including telephony, GPS, fixed number generator fobs, biometric authentication and verification schema. It manages people, payers and programs via configurable business rule sets and supports optimized delivery of care in homes, readmission reduction, individualized plans of care and cost controls. Sophisticated scheduling algorithms support managing non-skilled and professional workers in post-acute markets that include AAA's, Medicaid, DME, therapy staffing, infusion and phlebotomy. Foresight Care™, an innovative remote patient monitoring service and patient engagement platform, helps avoid hospital readmissions at the lowest possible cost. Visit Ankota at http://www.ankota.com/.

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Getting Starting with Ankota

Your Ankota system is a versatile and customizable management tool that offers a variety of ways to help optimize your business and to save you time. This manual will teach you the essentials of the Ankota system from onboarding, daily usage, and advanced features. We will cover general concepts, step-by-step procedures, and Best Practices in detail.

Preparing for the Onboarding Process

To get you onboarded with the system, we will start with a kick-off meeting with the Ankota team prior to your "go-live" launch.

During this initial meeting, we will ask you a number of questions to learn how we can best customize your Ankota system environment.

The information we will need from you to begin the process is as follows:

- Full names of office staff who will use the system (or the first few who will work on the project team).
- List of the Missouri programs your agency participates in (e.g., CDS, In-Home Services, HCY).
- Do you have any other referral sources such as private pay or VA?
- Your NPI and taxonomy codes.

You will also be asked to gather your client and caregiver demographical data, enter it into an Excel spreadsheet, and present it to Ankota so that we can upload the data into your system. (More details about this are explained in the next chapter).

Based on this discussion, the Ankota team will then configure your environment to best suit your organization's needs.

Uploading Clients and Caregivers

As mentioned above, while your system is being configured by Ankota, your team will need to gather implementation data about your clients and caregivers into an Excel spreadsheet so that we can upload the data into your system. To make this process easier for you, Ankota will provide you with templates.

The following is the information you'll need to present in the Excel spreadsheet:

Client Information

Please provide:

- Program (e.g., CDS or In-Home)
- DCN (Medicaid ID)
- First Name
- Last Name
- Address (broken into street address, apartment, city, state and zip),
- Phone Number
- Diagnosis Code

Some of our customers also prefer to upload the following additional information:

- Date of Birth
- EIN
- SUTA

Caregiver / Attendant Information

Please provide:

- First and Last Name
- Address
- Phone Number
- As part of the upload, each Caregiver will be assigned a numeric ID and a PIN number for clocking into the EVV (Electronic Visit Verification) system. Here are some other considerations:
    - Most of our customers have Ankota assign 3 digit IDs to their caregivers (e.g., starting from 100 and going to 221)
    - For the PIN number, the most popular methods are to either use their birth month and date (like 1102 for November 2nd) or the last four digits of their social security number.
- Another consideration is whether your organization wants to associate any skills or certifications with your caregivers. This will be discussed in your implementation meeting.

A couple additional notes:

- Only active clients and caregivers are generally updated. If you want to upload historical clients or caregivers please ask us (there might be an additional charge for this service).

- Authorizations, Care Plans, and Schedules may also be loaded if you are able to produce an excel file with the information. If not, your team will need to load those into the system manually.

Understanding Roles

Roles are used to define security and access rights in Ankota. This includes determining the following for each “Role”:

- The system areas (Main Menu items) that the user can see and access.
- The tabs within certain screens that the user can see.
- The functions the user can execute.

The Roles are setup by Ankota and are presented to customers as “Templates." While Templates and Roles define security, there are additional areas and ways in Ankota where security access can be even further defined.

For example:

- An Admin or Scheduler Role in Ankota can see all patients.
- A Worker can be configured in three ways:
    - The user can only see their own visits (this is typical for caregivers) and they have no access to any Patient functions;
    - The user can see their own visits AND can see the EHR of Patients assigned to him or her (common for case managers, nurses and therapists);
    - The user can see all patients (this is common in small agencies).

Therefore, to set up a new user (e.g., an Office user) requires a combination of assigning a Role and then the related Template to that user.
The hierarchy of templates is as follows:

- **Organization** – Organizations have templates associated with them and for their Roles. For example: an "Admin" Role set at the Organization level could include three templates: HR, Billing, and Super Admin.

- **Modules** – Modules are the items included on the Main Menu that appears on the left side of the screen. Note that the Main Menu listings can be individual items such as the "Patients Screen" or they can be a grouping of items such as within the "Billing Function."

- **Pages** – Modules include one or more Pages. Modules can be customized within Templates, and Templates can be customized by user. Thus, different users can log in to the same Role and see different data sets. For example, there may be six or seven Pages within the Billing Module and some of the templates may include a Page for managing "Accumulated minutes and adjustments" whereas a different Template may omit those Pages.

- **Template Tabs** – Template Tabs control the settings on a Page. This could include for example, which fields, columns and function buttons to show or hide.

The Ankota Support group can change many screens to make fields visible or invisible, so if you have specific preferences or needs, please let us know.

Setting User Security

Ankota comes with a set of pre-configured security roles that determine what users can see and do based on their Role and the Templates assigned to each user.

HOWEVER, since every agency operates differently, it is critical that we work with your agency individually to ensure that Roles and Templates are set up per your agency's preferences.

We have identified that the "best practice" for setup of Roles and Templates is to first define the "Super Admin" role, and then discuss with the customer the other roles, since they will all be subsets of the Super Admin role. For example:

- Set up the "Super Admin" Role to have access to all Ankota features and screens.

- For the "HR" role, we copy the "Super Admin" role, and then remove the unwanted Modules and Templates (e.g., take out the Billing Module, then go to the Reports Module Pages and remove the billing related reports).

- We set up the "Billing" Role the same way and so on, each time copying the "Super Admin" Role, then working from there to subtract the desired areas, screens, functions and fields.

Using the System for the First Time

Logging In

URL	<Ankota.net>	
User Name	<your preference>	(some agencies use emails while other use first initial + last name)
Password	<your password>	(we set a default password and make users change it the first time)
Organization:	<your organization code>	

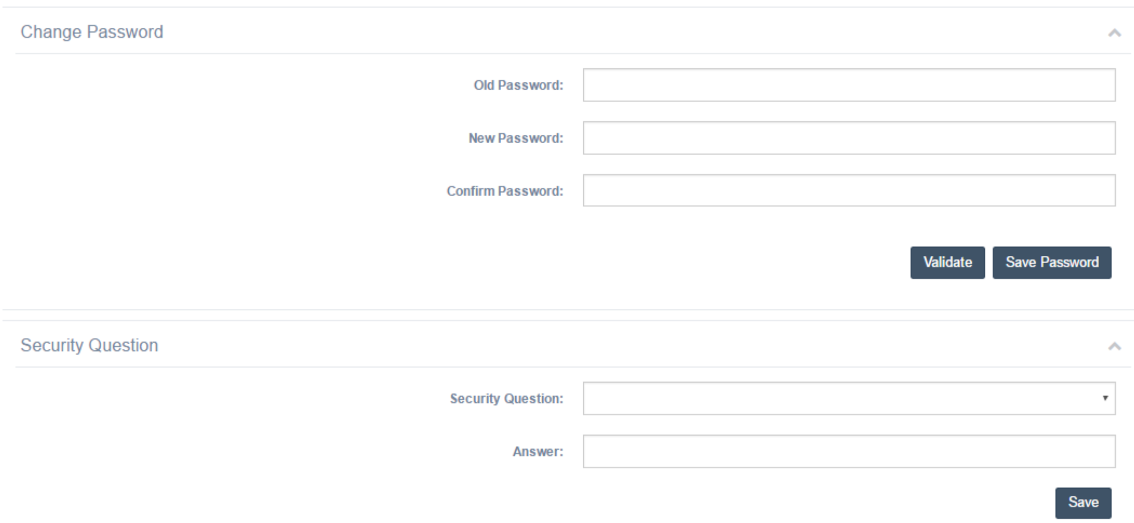
Profile

Change Password

After you log in for the first time you will be prompted to change your password.

1. Enter your old password.
2. Set and confirm new password.
3. Save Password.

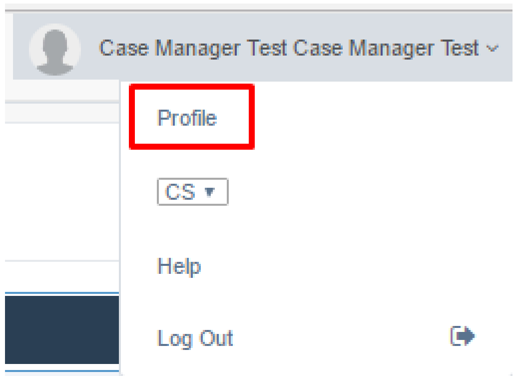
After setting your password you can also set a security question with an answer. Complete the fields and click Save.



Setting Your Availability

An important step in the scheduling process is for Caregivers (field workers, caregivers, etc.) to enter in their time availability into the system. In the Caregivers environment, availability is set via the “Profile” section, accessed by accessing the cluster located at the top right of your screen.

> NOTE: This is the same menuu where you can change your password and security question.

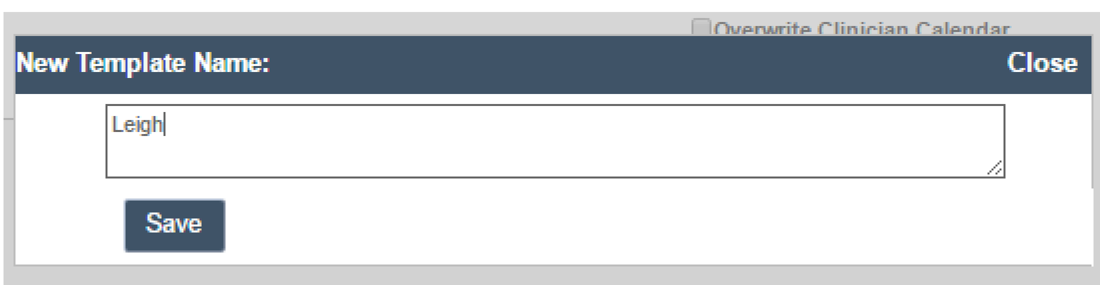


1. At the top of the profile screen you will find an "Edit" icon.

2. Click the Edit icon.

3. Select "Add New Template" to add a new availability template.

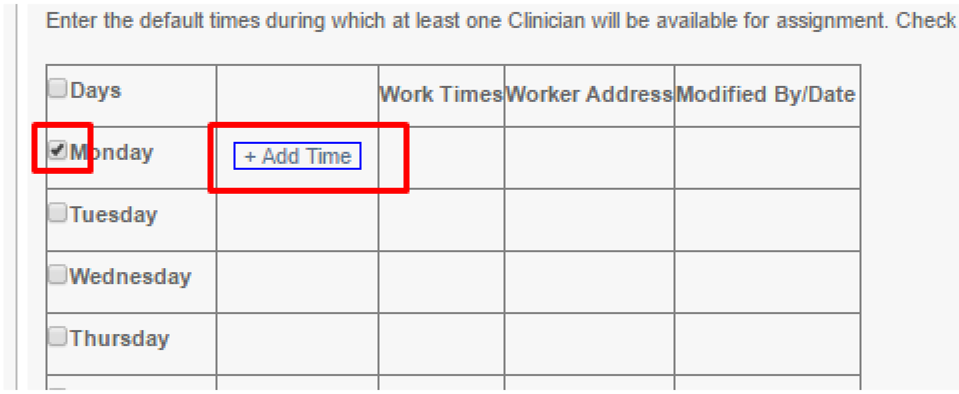
   a. Give the new template a name.



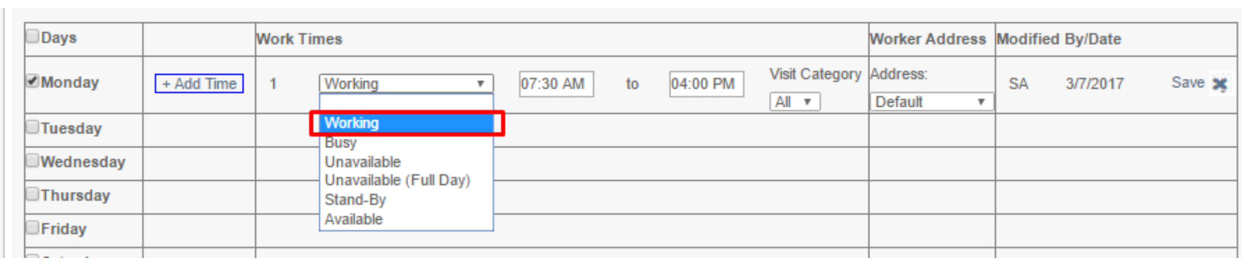
   b. Save the template.

   c. A blank Availability template will appear.

   d. Next, add your available days one at a time by clicking on the check box next to the day and pressing "+Add time".



e. Then, set your working hours for that day in a typical week.

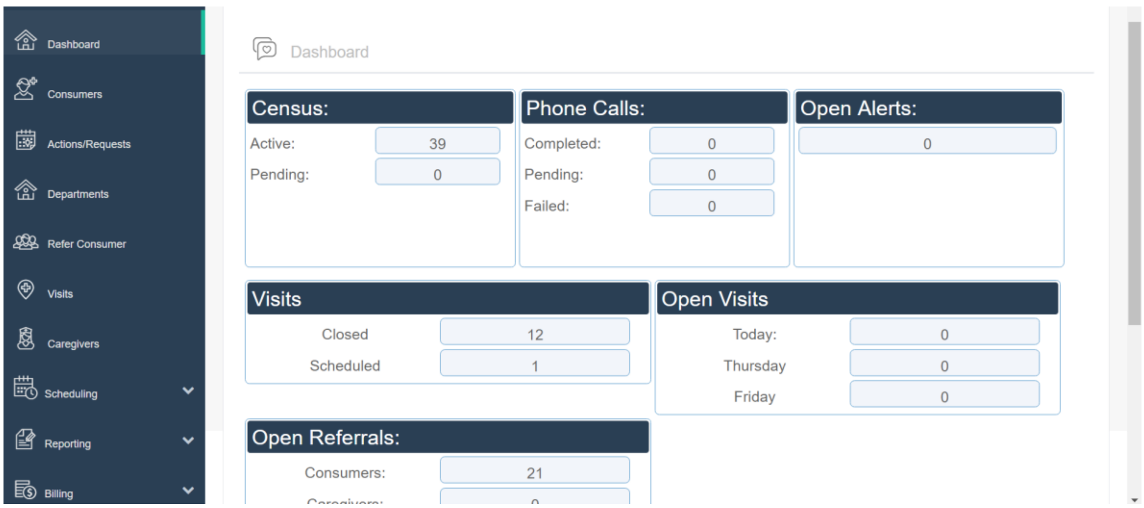


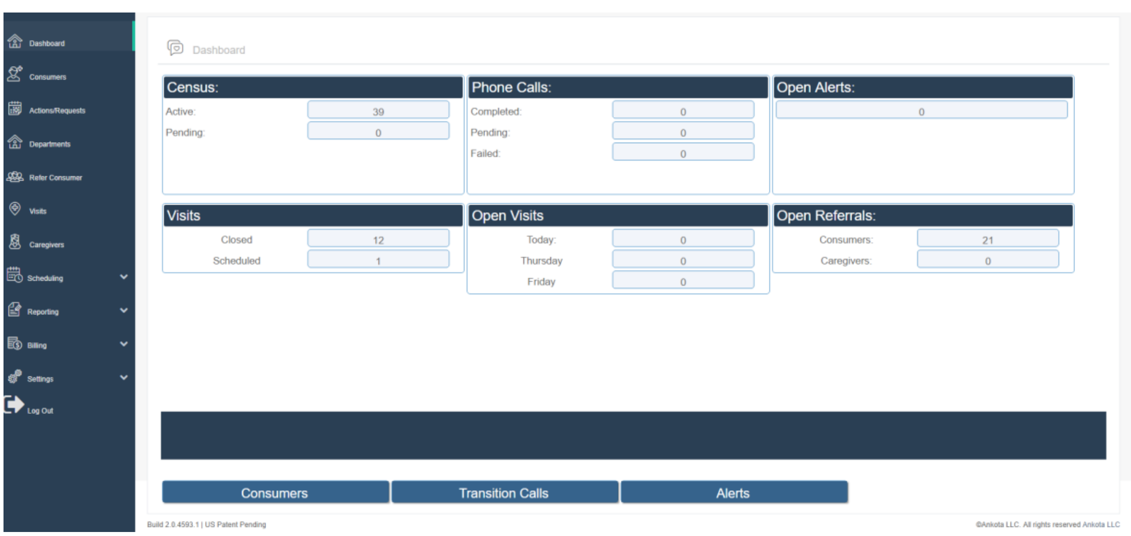
NOTE: The default is “Working” and Ankota looks at “Working” time slots as available to be scheduled.

Dashboard

When you first log in to Ankota, you will be presented with the Dashboard. This screen gives you a quick-glance macro overview of your scheduling processes. It illustrates your current count for data such as Census, Open Visits, Closed Visits, and so on.

You will also notice the Main Menu of options, located within the blue bar to the left side of the screen. Please see the screen shot below, as well as the next chapter in this manual, for further information about the main menu.





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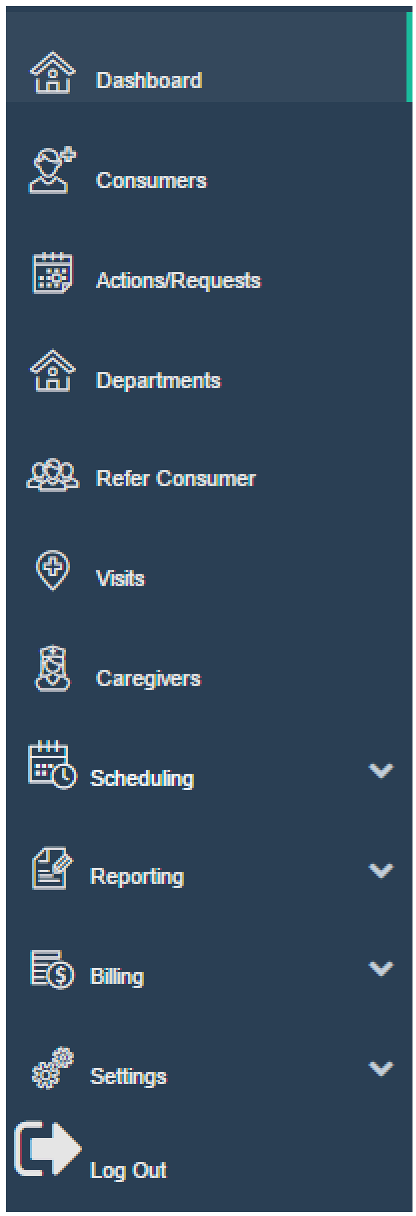
Main Menu

The Main Menu is where you will access the tasks, reports, and settings in Ankota. The Main Menu is customizable based upon your organization's needs. If you have any questions regarding limiting or adding tabs or modules, please contact an Ankota representative.

Below is an example of how the Main Menu appears. This manual will discuss each menu item in future chapters.



Caregivers

Add a New Caregiver

Caregivers can either be field workers or office workers, but a single employee cannot be both a field worker and an office worker. It's easy to onboard new caregivers, but there are a few things to remember:

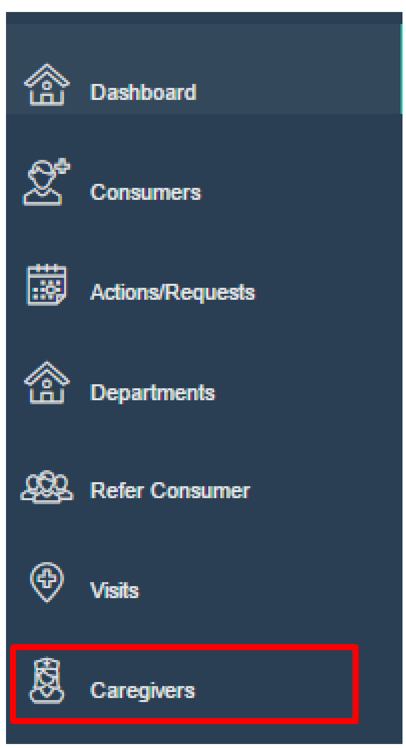
- Caregivers will use IVR (clock in/clock out from a telephone or smartphone device) for EVV (Electronic Visit Verification), to clock-in and clock-out of client and consumer visits.

- Caregivers will use "Family Logins" for assigned consumers and clients to be able to view messages and documents. (Please refer to the section Adding A Caregiver to the Family Mobile Application under the Client Chapter for more information.)

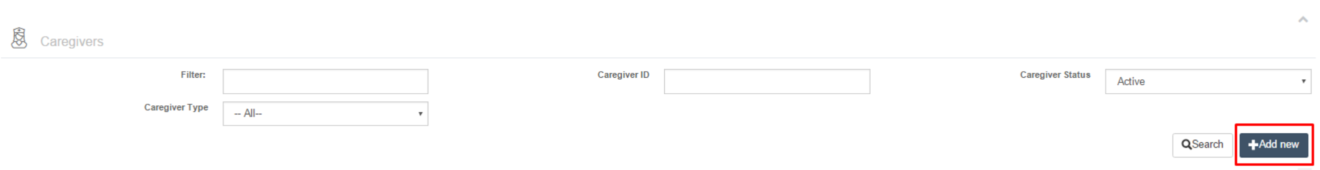
- An alert can be set for each employee to note when their skills ("checks") are updated or soon to be expired. (This are reviewable in the Actions/Request tab)

Steps for Adding a Caregiver

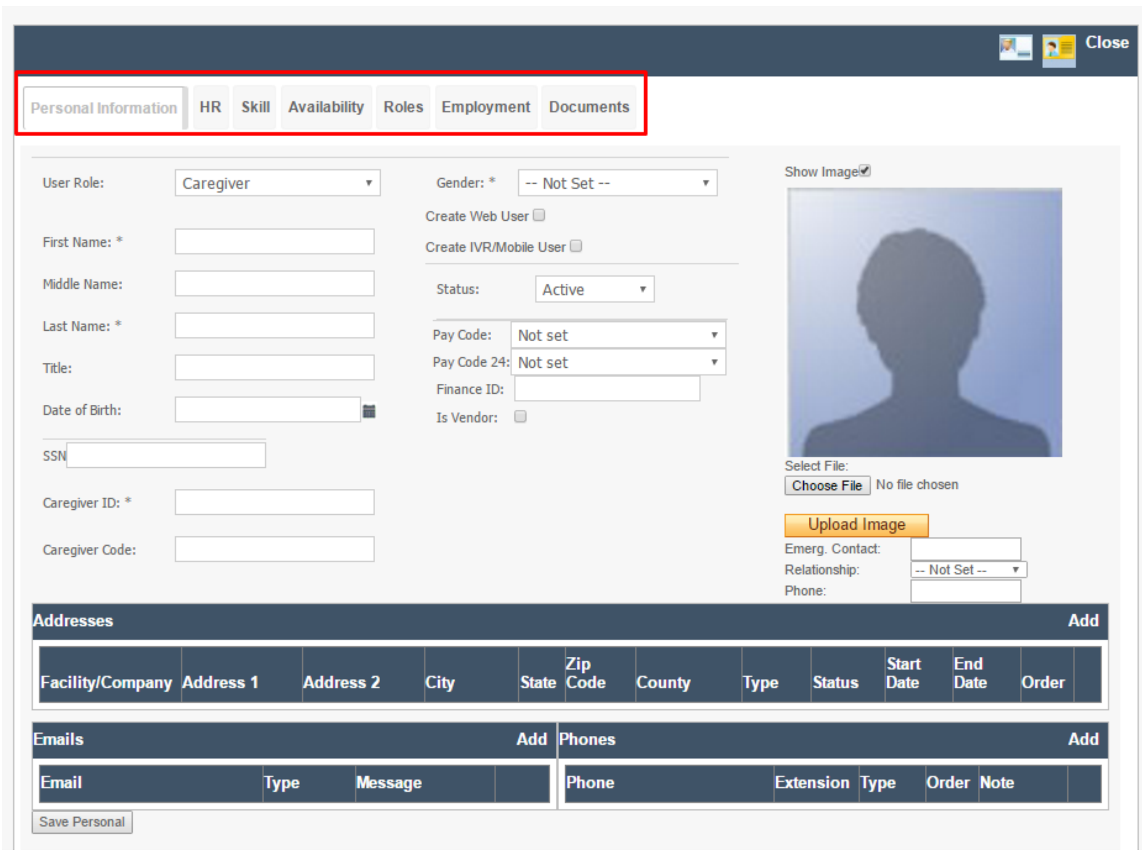
1. Select **Caregivers** from the Main Menu.



2. When the Caregivers screen appears, select **Add New**.



3. A blank Caregiver screen will appear. Note the tabs along the top of the record…



4. Start by entering the **Personal Information** for the caregiver.

NOTE: The only required fields are:

- First Name
- Last Name
- Gender
- Caregiver ID

However, in order to make the caregiver "active for EVV" or "active as an office user" you must also register them.

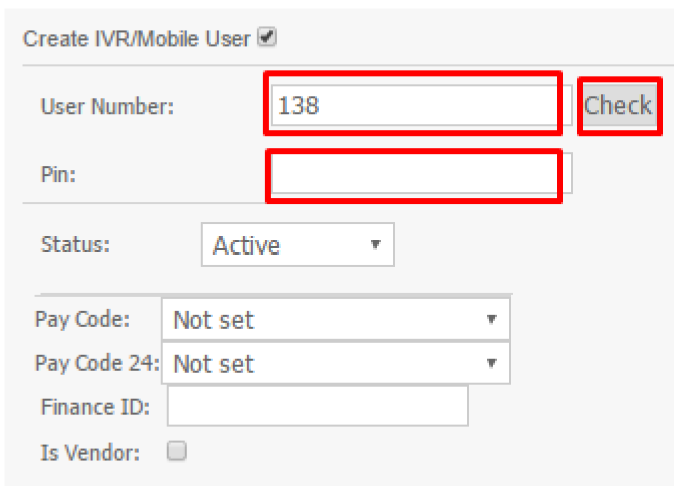
Demographics

5. Enter the caregiver’s **First Name**, **Last Name** and **Gender**.

   NOTE: The User Role defaults to **Caregiver** as this is the most common User Role.

6. Select the checkbox for **"Create IVR/Mobile User"**.
   a. This will open the IVR/Mobile User setup fields for “**User Number**” and “**PIN**”.

   b. The system will give you a valid and available IVR/Mobile ID (**User Number**). It is HIGHLY RECOMMENDED that you use the system generated ID. However, you can verify the integrity of any **User Number** by selecting the Check button. If valid, a green check circle with Valid will appear under the **User Number**.



IMPORTANT: If you wish to change the ID, you MUST press the CHECK button to make sure it is valid and not assigned to another caregiver. If you don't follow this instruction, there's a chance that two caregivers will have the same ID and be unable to clock-in

7. Create a PIN for the caregiver. This is generally the last 4 digits of the SSN or the month and date of birthdate (e.g., 0724 for July 24th). Enter it to the **Pin** field.

8. Enter the caregiver’s date of birth and social security number in the indicated fields.

9. Enter the Caregiver ID.

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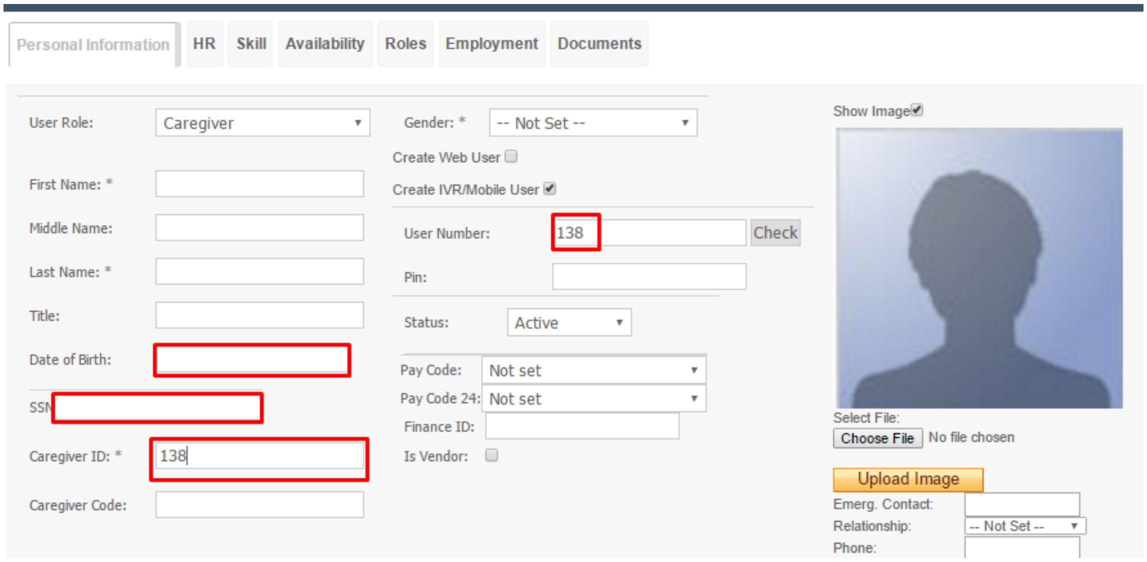
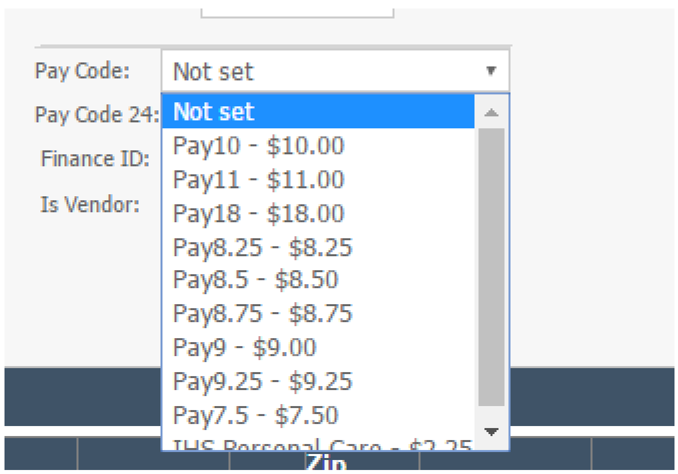
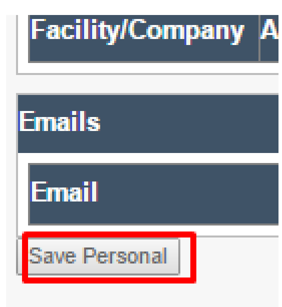
IMPORTANT: SET THIS TO THE SAME NUMBER AS THE USER NUMBER AS SHOWN BELOW:



10. Enter the Pay Code. Select the Pay Code from the drop down box. If you need additional rates, email support@ankota.com and we will assist with entering them.



11. Now Save the record by selecting **Save Personal** in the lower left of the screen.

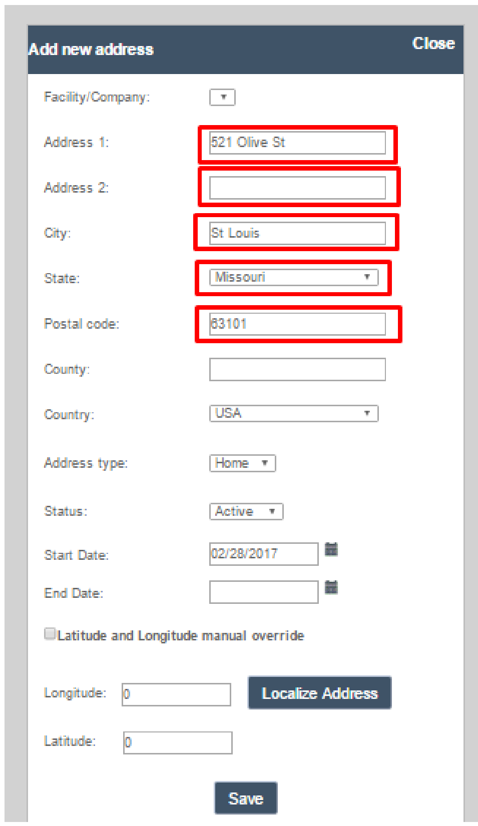


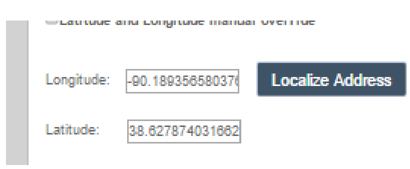
12. Now you can add the remaining caregiver information.

13. Enter the caregiver's address. Ankota supports multiple addresses for each caregiver, by type (e.g., home, contracted facility, etc.) You can set one address as "Primary." Press Add to add an address.

14. **Address 1** is the street address. Use **Address 2** for the apartment number if needed.

15. Enter the **City. State** defaults to Missouri. Also enter the **Postal code** (zip code).

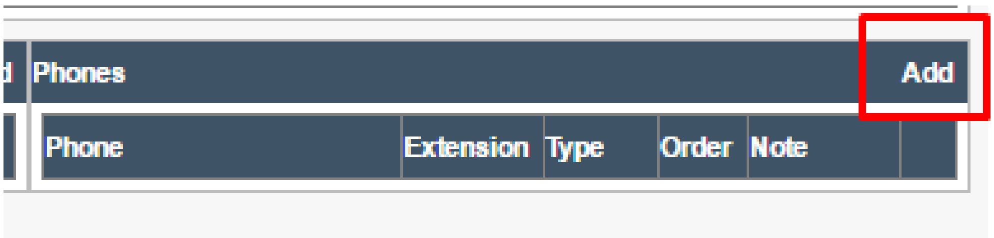




16. Once the address is entered, select **Localize Address** to validate the address for GPS purposes and then select **Save**.

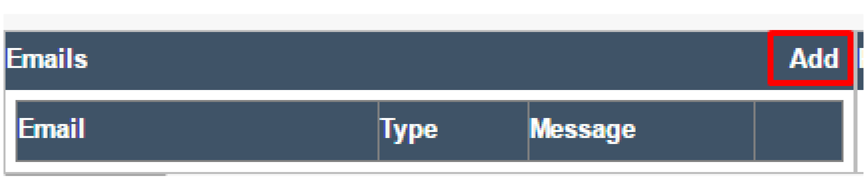
17. Enter the caregiver's phone numbers. Ankota supports multiple phone numbers for each caregiver, by type (e.g., cell, home, etc.), but most agencies

enter the caregiver's primary cell phone. Press **Add** to add a phone number.



18. Fill in the **Phone number** and **Phone Type.** You can also enter any additional notes related to this phone number. Then press **Save.**

19. In the same way you added the address and phone number, enter the caregiver's email address. Ankota supports multiple email addresses for each caregiver, by type (e.g., work, home, etc.) Press Add to add an email address.



Eligibility to Work

To manage worker eligibility, click on the **HR** Tab, then select the **Requirements** sub-tab:

Most agencies track:

- Family Care Safety Registry (FCSR)
- Office of Inspector General (OIG)
- Missouri Electronic Disqualification List (EDL)
- E-Verify dates.

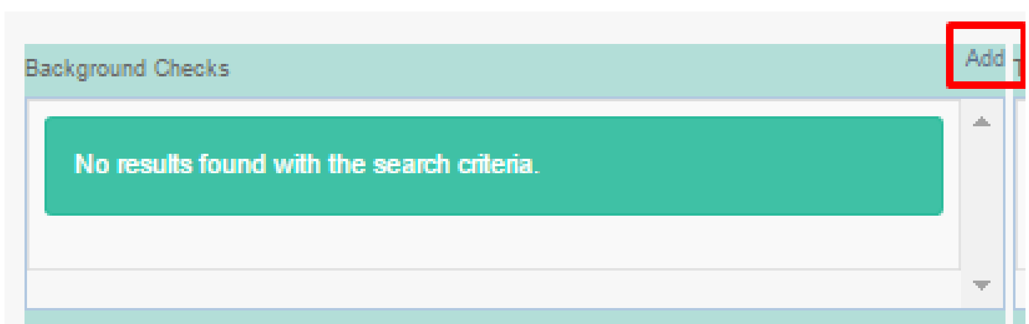
If you desire to track additional items, please contact support@ankota.com and tell us what else you would like to track.

The **Requirements** tab includes four areas:

- Background Checks
- Health Documentation
- Tax Forms
- Employment Authorization

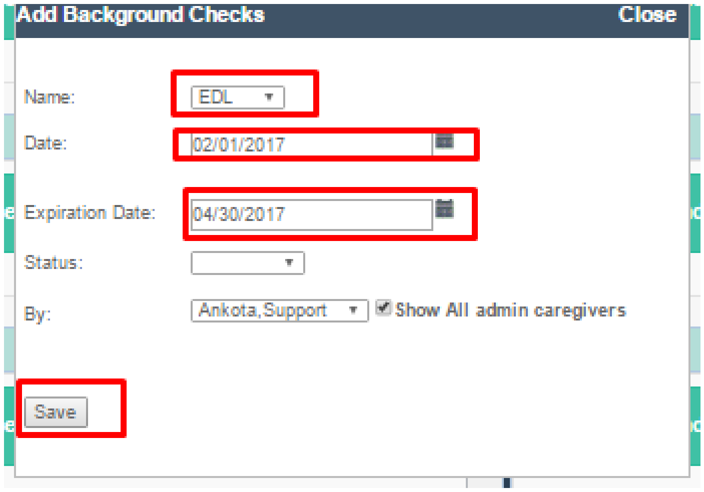
Missouri agencies are typically focused only on **Background Checks**. Here you can add tracking for **FCSR**, **OIG**, **EDL**, and **E Verify**.

1. In **Background Checks** select **Add**.



2. Choose the background check item you would like to add and select it.

3. Enter the date that it was verified and the expiration date.



4. Press **Save**.

NOTE This section allows you to add the same check multiple times (so you can maintain a complete history of these checks).

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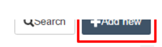
21. 
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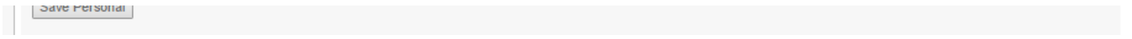

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    NOTE: The only required fields are:
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27. Enter the caregiver's date of birth and social security number in the indicated fields.

28. Enter the Caregiver ID.

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29. Enter the Pay Code. Select the Pay Code from the drop down box. If you need additional rates, email support@ankota.com and we will assist with entering them.

30. Now Save the record by selecting **Save Personal** in the lower left of the screen.
31. Now you can add the remaining caregiver information.

32. Enter the caregiver's address. Ankota supports multiple addresses for each caregiver, by type (e.g., home, contracted facility, etc.) You can set one address as "Primary." Press Add to add an address.

33. **Address 1** is the street address. Use **Address 2** for the apartment number if needed.

34. Enter the **City. State** defaults to Missouri. Also enter the **Postal code** (zip code).

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37. Fill in the **Phone number** and **Phone Type.** You can also enter any additional notes related to this phone number. Then press **Save.**

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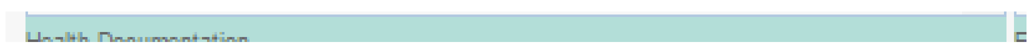
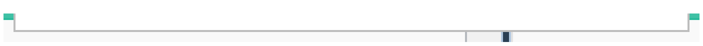
5. 
   In **Background Checks** select **Add**.

6. Choose the background check item you would like to add and select it.

7. Enter the date that it was verified and the expiration date.



8. Press **Save**.

NOTE This section allows you to add the same check multiple times (so you can maintain a complete history of these checks).

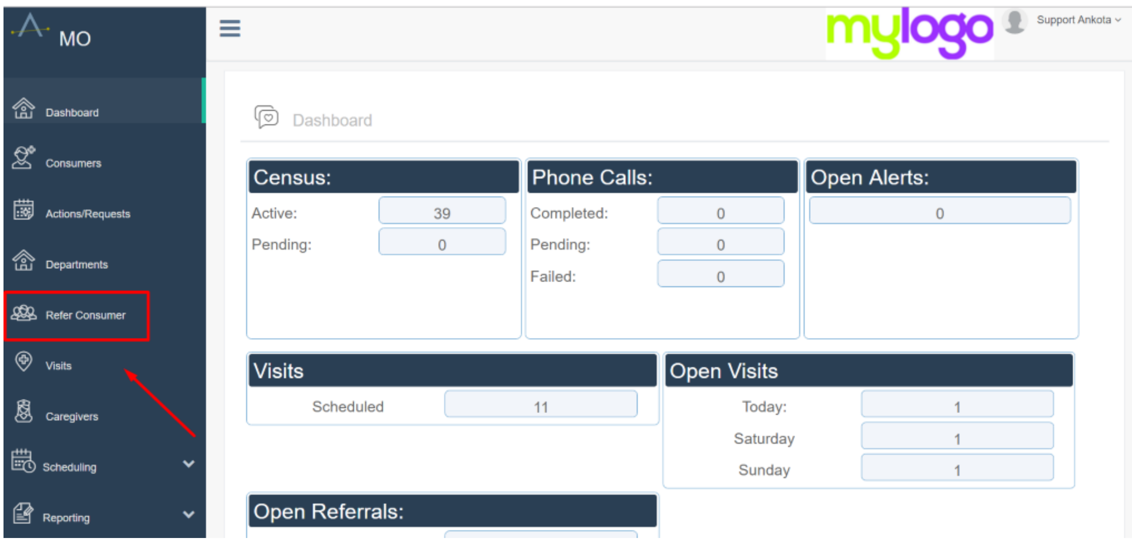

Background Checks
Add
Checks
EDL
2/1/2017
4/30/2017
Not Open
Ankota, Support
eVerify
1/30/2017
1/29/2018
Not
Ankota,
Health Documentation

Clients

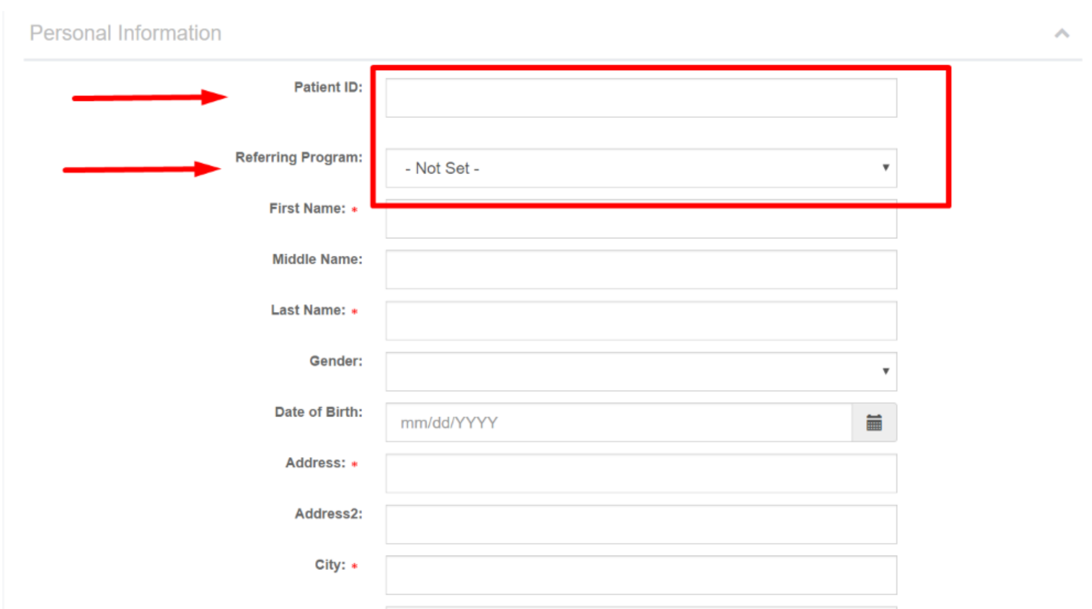
Adding a Client (Refer Consumer)

To add a new Client into the system…

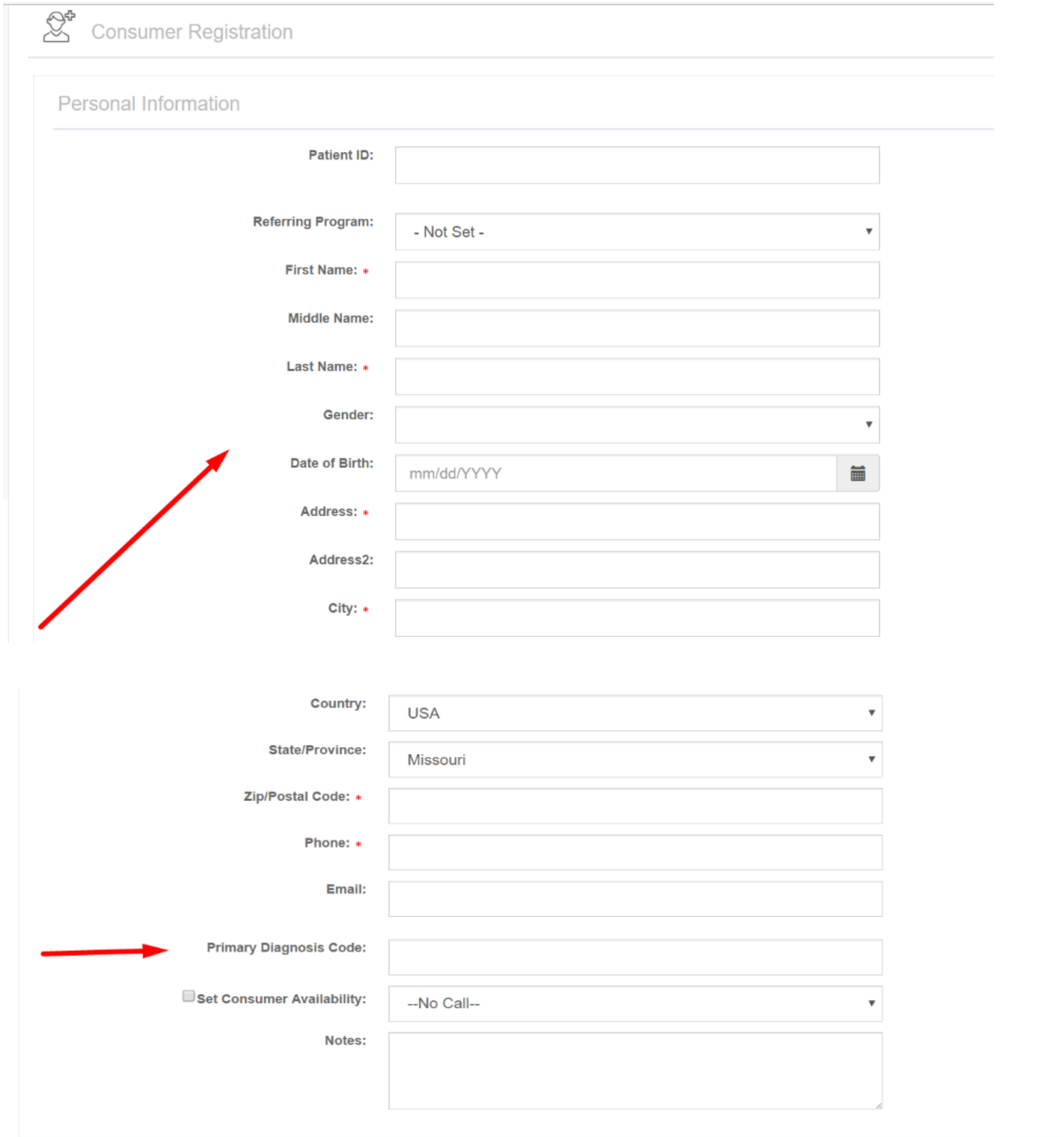
1. Click "Refer Consumer" in the menu bar. (It may be labeled: “Refer Client” in your environment).



2. Fill in the Patient ID (e.g., Medicaid ID) and select the “Referring Program (e.g. Consumer directed services CDS).

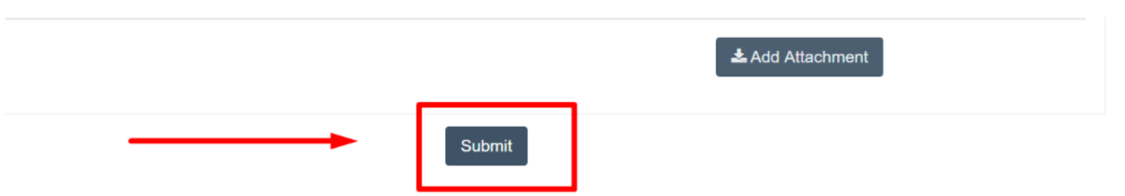


3. Fill in the “Starred” mandatory fields of Name, Address, and Primary Diagnosis.



(There are other fields on this screen that you can enter in additional info or attach relevant documents to the profile, but future tutorials will go over these steps.)

4. Press "Submit".



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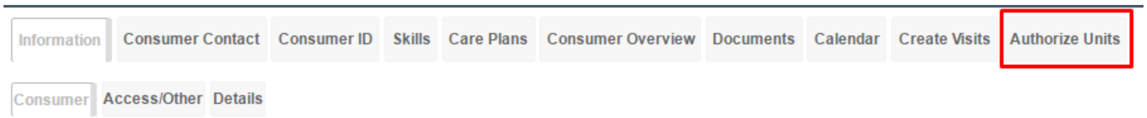
Setting Authorized Service for Clients

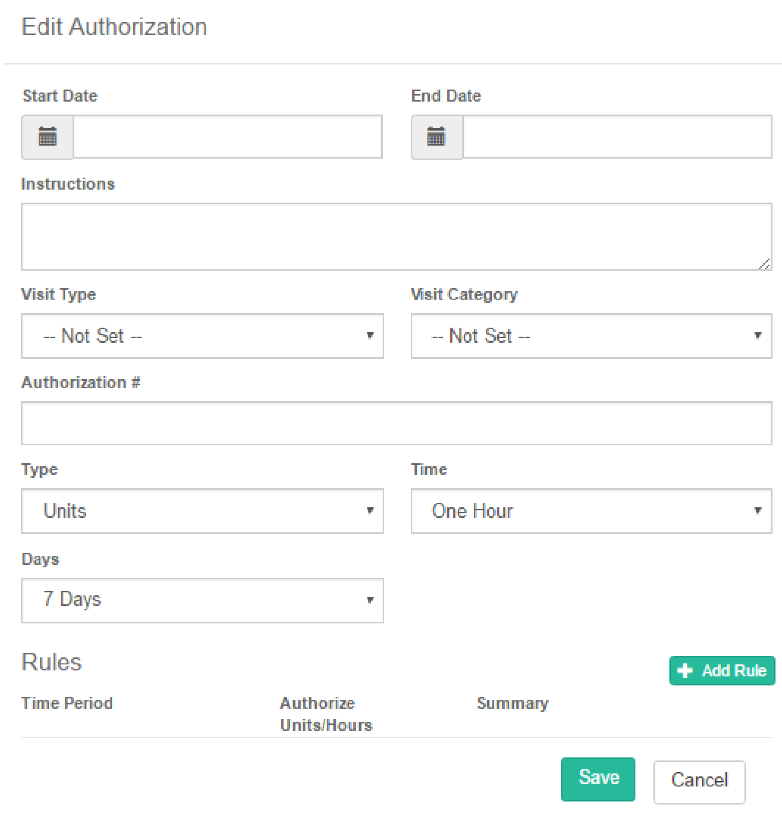
A client may be sent a plan of care with authorized units from Cyber Access or another agency or if private pay your organization will have contracted hours with the client. After you have entered a client's personal information, you will enter the authorized units.

1. In the Patient screen, select the **Authorized Units** tab.



2. From the Cyber Access or other authorization source as your guide, enter the authorization information. A Patient may have one or several active authorizations.

    a. Select "+ Add New".



    b. Enter start Date and End Date.

NOTE: For a historical record, when a patient receives a new authorization, enter an end date in the previous authorization and begin a new authorization for the updated contract.

c. You can add any necessary instructions in the Instructions dialog box.

d. Select Visit Type.

    i. The Visit Category will populate from the Visit Type.

b. Enter the Type. Options include Units, Mileage, Hours.

c. Enter appropriate time units.

d. Assign number of days per week.

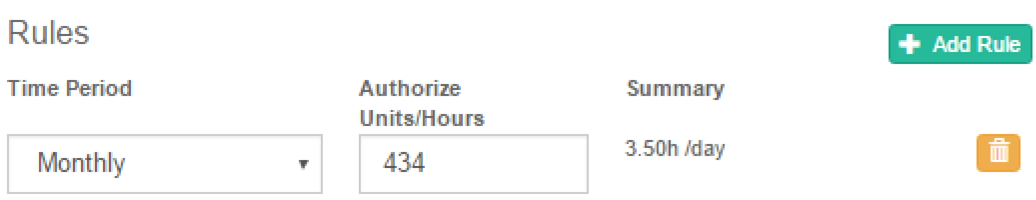
3. After you have entered the basic authorization information, you can add additional rules.

    a. Select “+ Add Rule”.

    b. Enter the time period through the Drop down “Per Day Range”.

    c. Enter the authorized units.

    d. A summary of hours per day will be calculated based upon the data in the rules, the type and the time.



4. **Save.**

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Editing Units on Active Clients

To edit units on active clients:

1. Click "Clients," select the client, click "Authorize Units," then click "Edit."

2. Scroll to the bottom and edit the number of units, press "tab" to see units per visit, then click "Save."

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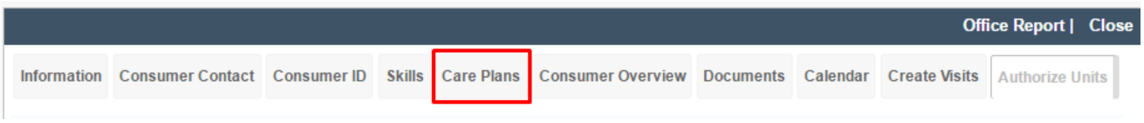
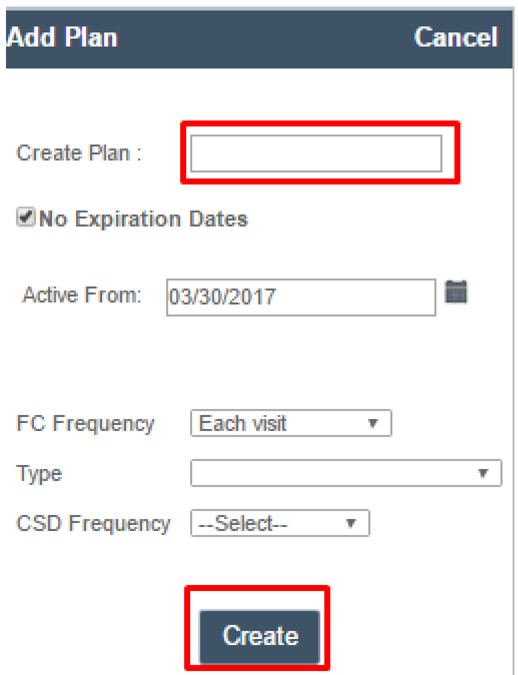
Creating a Care Plan

After the authorized units have been established, you can define the Care Plan items that are associated with the authorization. Ankota uses the care plan to report task completion at the end of a caregiver's visit through multiple Electronic Visit Verification (EVV) options. This manual will cover EVV in a later section.

1. To set a Care Plan, select the **Care Plan** tab in the Patient's tab.



2. Select "New".



3. Name the care Plan under "Create Plan".

4. Select "Create".

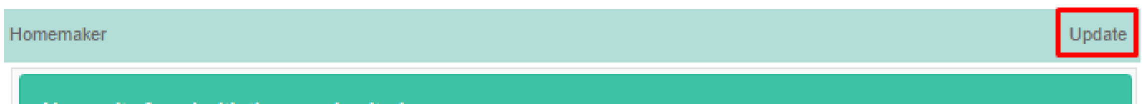
   NOTE: These are the only three steps needed to complete for a typical authorized care plan.

5. After the plan has been created, click the "Plan Name".

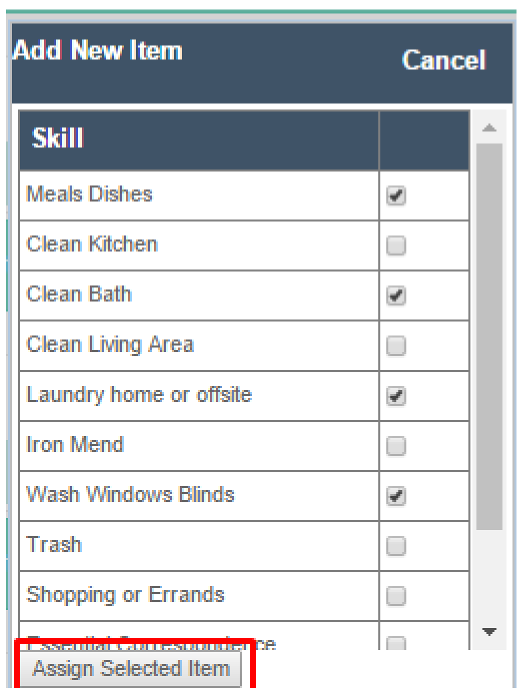
Plan Name	Type	Visit ID	Active From	Active Until	Modified Date	Is Current	CSD Frequency			Delete
Paul Cezanne		0	3/30/2017		3/30/2017	Yes			Copy	

6. From here you can enter the following Care Plan Categories:
    a. Personal Care
    b. Homemaker
    c. Advanced Personal Care
    d. Respite
    e. Advanced Respite
    f. CDS
    g. Private Pay

7. To assign items to the categories, click “Update” next to the appropriate Care Plan Category.



8. Select the appropriate items with the check box to the right and “Assign Selected Item”.



9. Now that the tasks have been assign, you can:

    a. Add specific notes

    b. Add a Min and Max times per week

    c. Select “All” or specify specific days of the week

i. Uncheck “All” to define specific days of week.

Homemaker Update

Item	Choice	Note	Times/Week (Min - Max)	Days of Week
Meals Dishes	Not Set		0 - 0	All
Clean Bath	Not Set		0 - 0	All
Laundry home or offsite	Not Set		0 - 0	All
Wash Windows Blinds	Not Set		0 - 0	All

Editing Care Plans

The steps to edit care plans are...

1. Click "Clients," select the client, click the "Care Plans" tab and Select the care plan (by clicking the "plan name").

2. You'll see the items presently on the plan. Click "Update" and you can check new items or uncheck no longer needed items. Then click "Assign Selected Items".

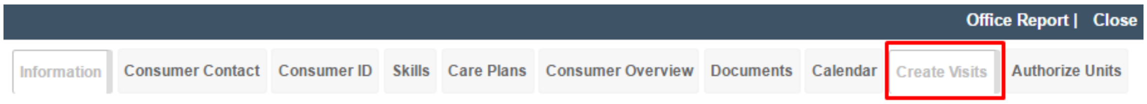
3. When you see the items, you can optionally set the days of the week and or the number of times per week and add notes.

4. Click "Save Plan".

Creating a Visit with Patterns

Now we have established our Patient, entered their authorized units and care plan items, it is now time to set visits with patterns.

1. Select the **Create Visits** tab in the Patient screen



2. Select "Create Visits with Patterns"

3. Select "Add Another Week"

4. Check the days for the visits, set visit type and assign a Caregiver. Note that you need to "add another line" for each change in program or Caregiver.

5. Then select "save all patterns"

6. Go to the bottom of the screen and select "create visits" (e.g., for 3 weeks or ongoing).

7. X-out when done.

8. Select "OK" this will take you to the client's record. Click on Care Plan and Add a Plan (save with client's name).

9. Choose the items in each applicable area of the care plan and select Save.

   NOTE: You should mirror the CyberAccess plan of care from EMOMED.

10. Create Visits with Patterns (Main Menu) – create a row for each unique combination of worker, times and visit type. This "Creates the Pattern."

11. Then go to the bottom of the screen to "Apply the Pattern" (for a date range.) If visits already exist the system will warn you to either "delete old visits" or "keep old visits" and add new ones.

Editing a Schedule

To edit your schedule…

1. Click "Clients," select the client, click "Create Visits."

2. Click "Edit" next to the pattern, make the change(s) and press "Save all Patterns" on the upper right.

3. Scroll down and uncheck "Create Ongoing Visits".

4. Set the start date to the date that the change goes into effect (it will default to "today").

5. Set the end date to the end of the patient's certification period (tip: this will be showed on top of the screen).

6. Click "Create Visits".

7. You will get a warning that says that there are future visits, and it will give you the choice of DELETING the future visits. Make the selection that you want to DELETE the future visits.

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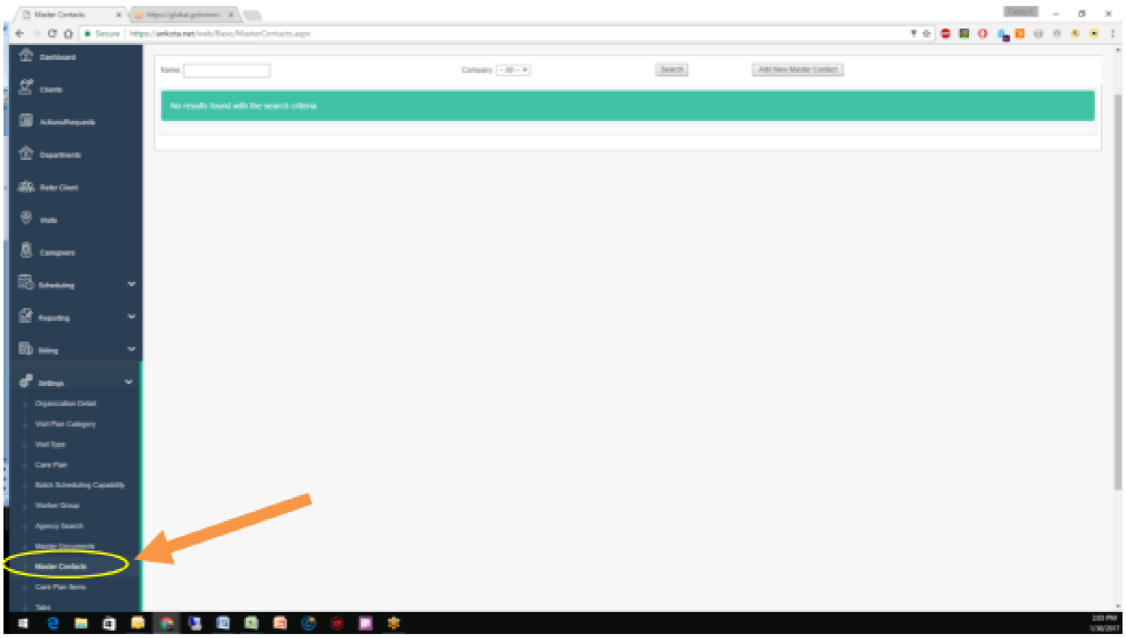
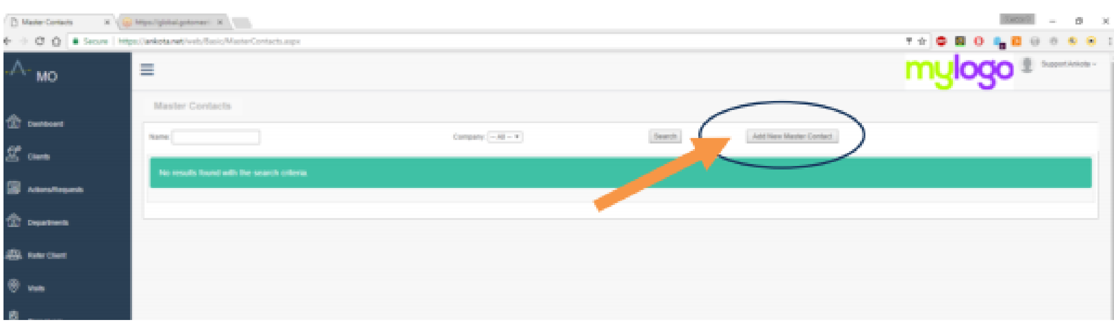
Adding A Caregiver to the Family Mobile Application

To add a Caregiver to the Family Mobile Application, follow these steps:

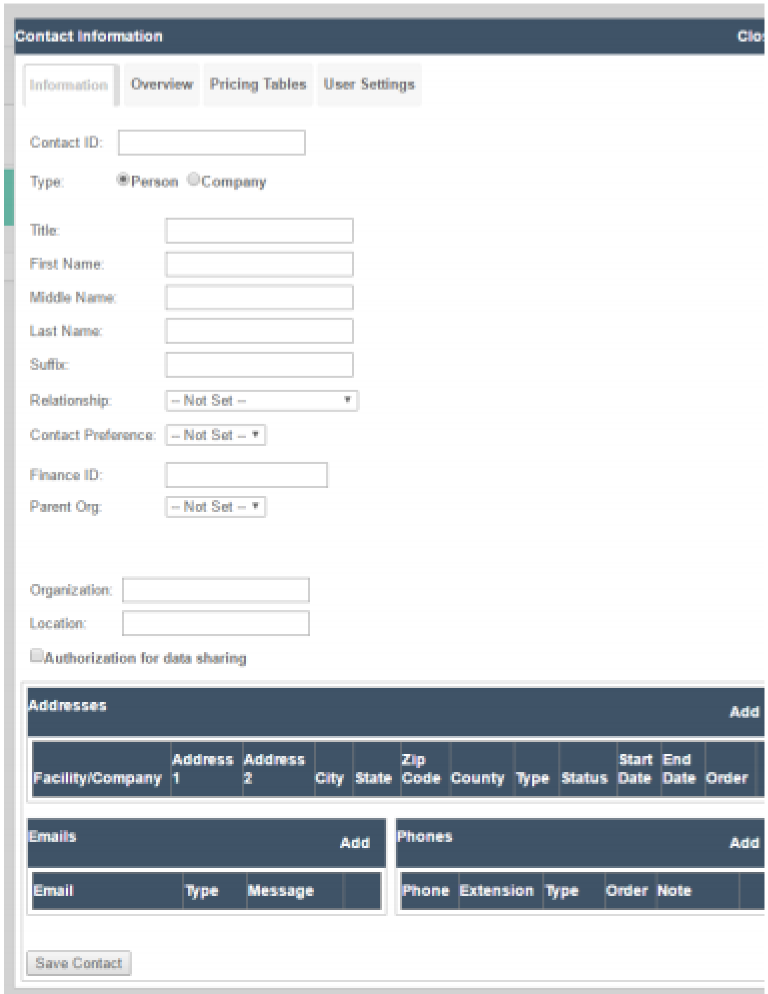
1. From the Main Menu select **Settings** -> **Master Contacts**



   a. Click on "**Add New Master Contact**".



   b. The **Contact Information** screen will appear…



c. Complete the **Information** tab.

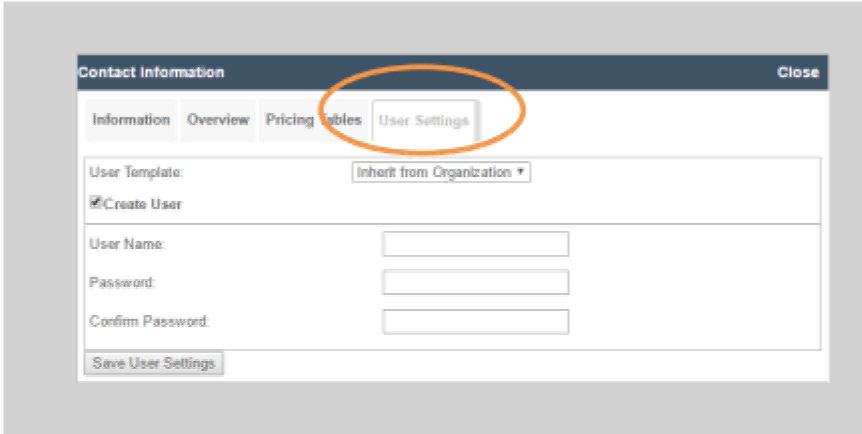
i. Contact ID – Give the contact a unique ID the system can reference.

ii. Enter a First Name and a Last Name.

iii. Set the Relationship form the drop down menu. If the exact relationship is not on the list, use something similar (e.g., for Caregiver use Case Manager).

iv. Enter addresses, email addresses and phone numbers where shown.

d. Click on the **User Settings** tab.



i. Select "Inherit From Organization".

ii. Enter a User Name (example: first name initial+last name).

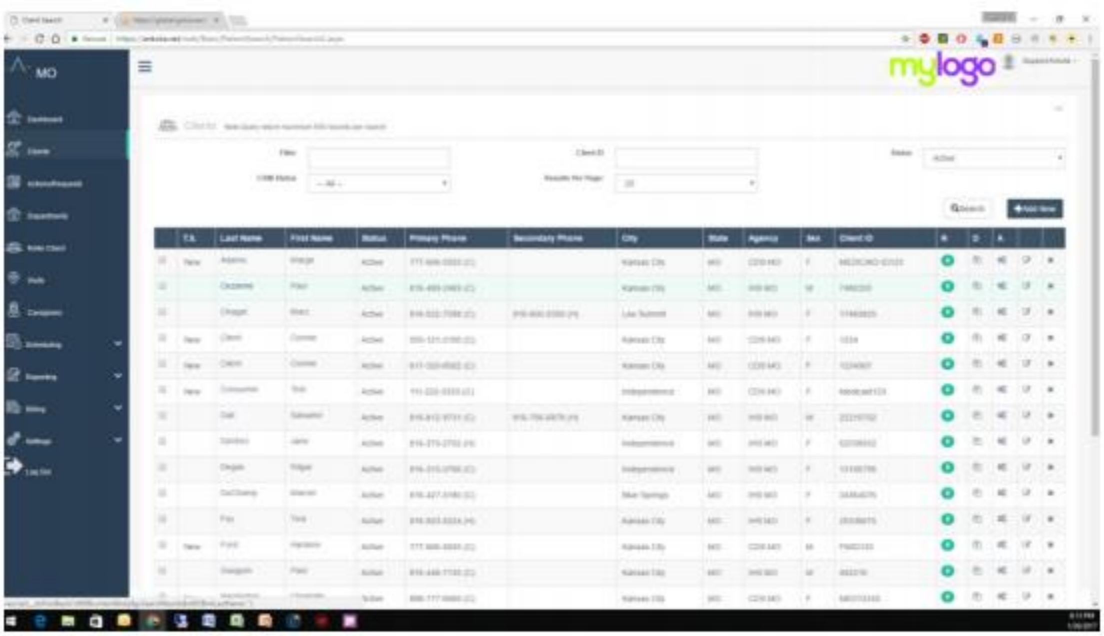
iii. Enter a **Password**. Type the **Password** again to confirm it.

iv. Click on "**Save User Settings**".

2. Once a Caregiver has been added as a Master Contact, link them to the appropriate Patients, as follows:

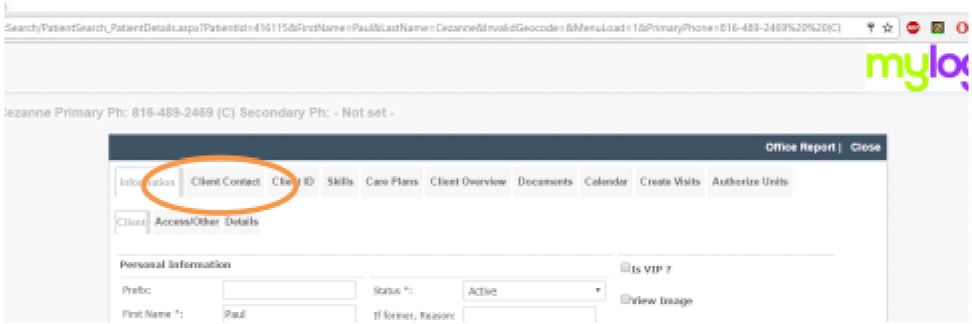
   a. From the Main Menu select **Clients**.

   b. Search for the desired Client using the filters, or just click on **Search**.

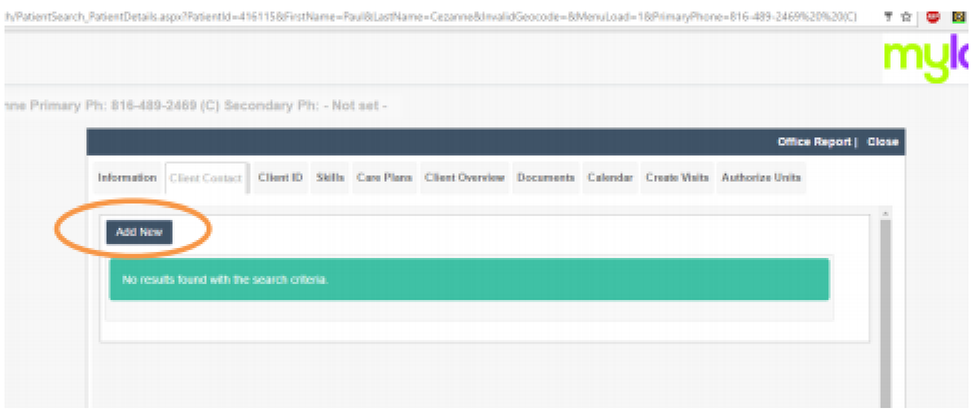


   c. Select the desired Client by clicking on their first or last name.

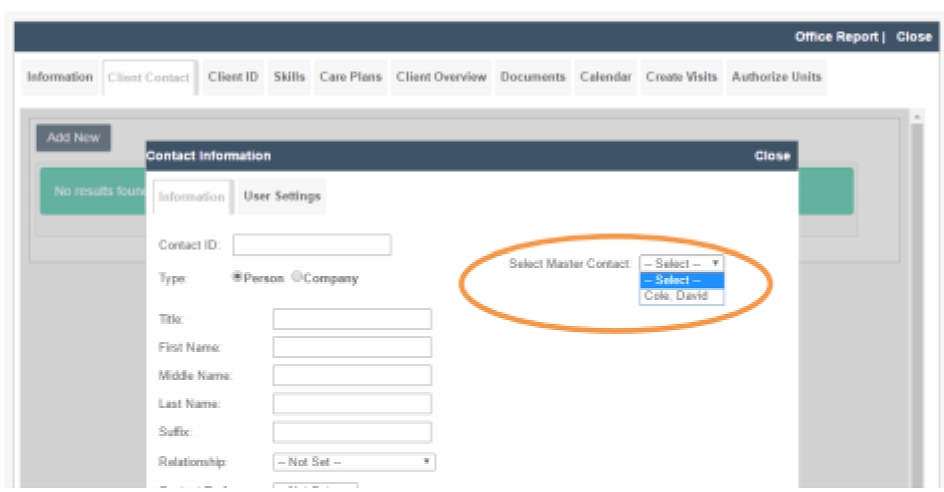
d. When the Client's electronic health record appears, click on the "**Client Contact**" tab.



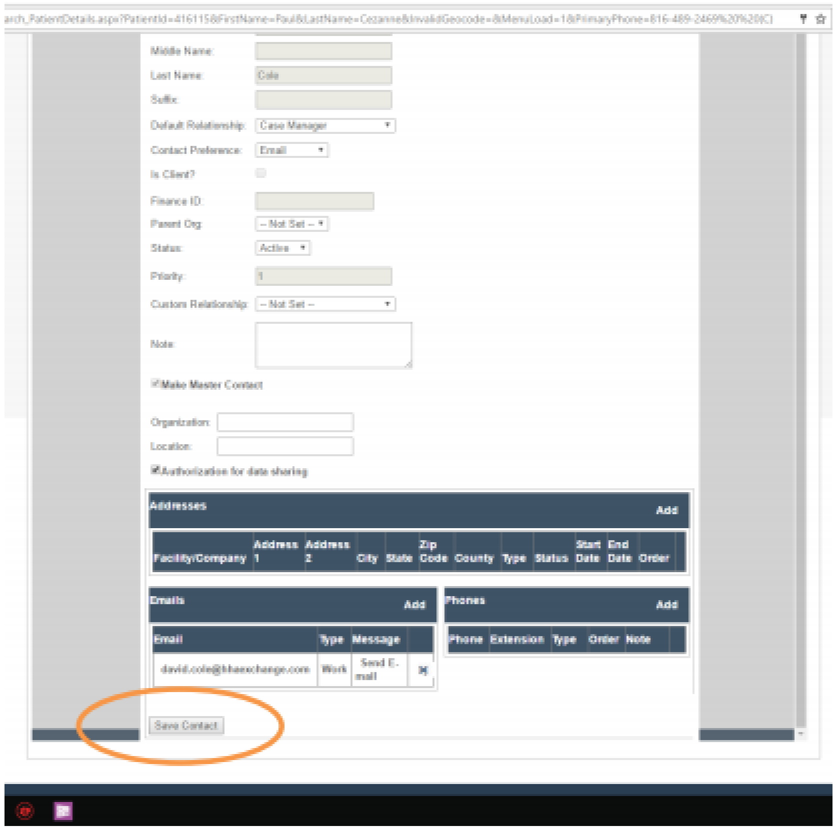
e. Click on "**Add New**" to add a new Contact to the Client…



f. When the blank Contact Information screen appears, Click on the drop down box marked "**Select Master Contact**" and select the desired Caregiver.



g. Scroll down to the bottom of the screen and click on "**Save Contact**."

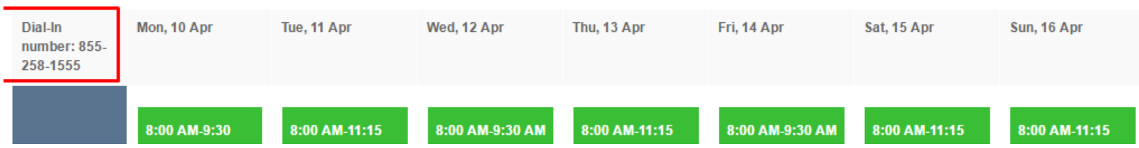


Scheduling

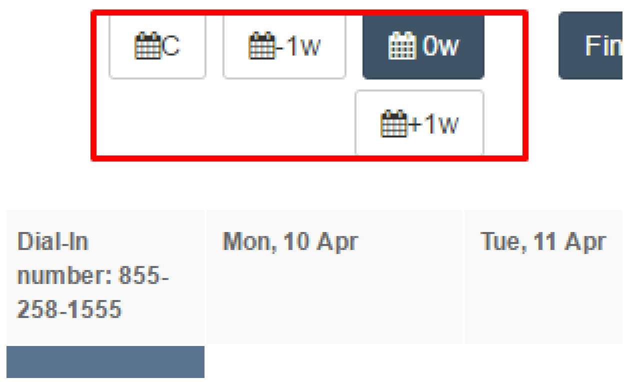
The Dispatch Board

The Dispatch Board (or Scheduling Board) is a versatile tool in Ankota that you will likely work with daily. On a macro level, the screen presents a color-coded schedule of each client and caregivers visits for the week.

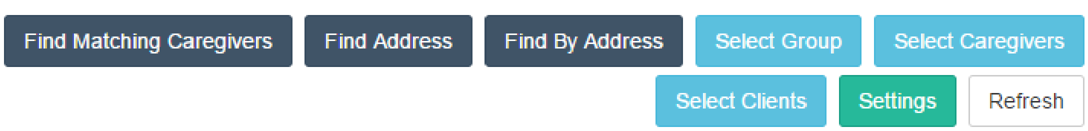
- On the top section of the Dispatch board, the dial-in number your team will use to report Visits is presented to the left.



- You can move forward or back a week by using the -1w/+1w function or use the calendar icon to pick a specific time frame.



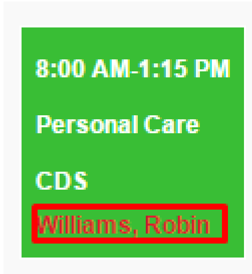
- You will also see a menu cluster with a series of functions such as "Find Matching Caregiver, Find by Address, Select Caregivers, and beyond.



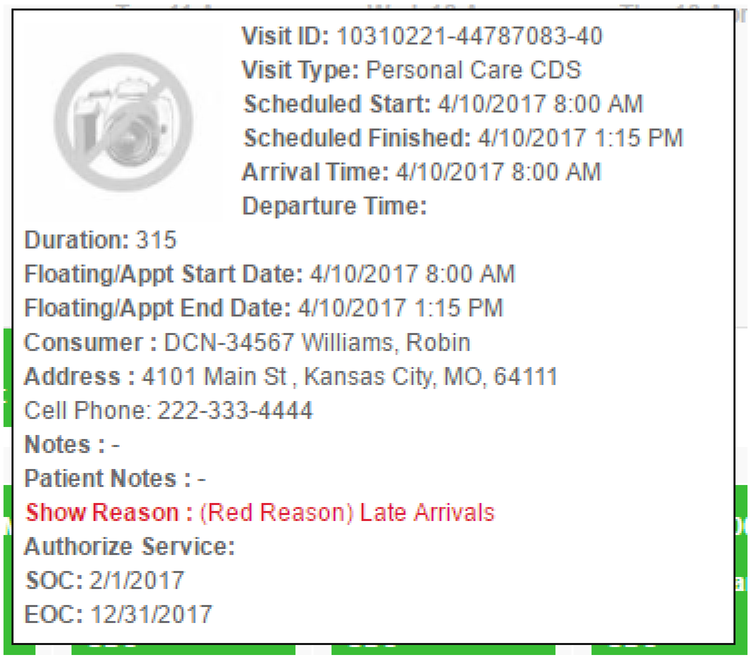
Calendar Alerts

Unclosed Visits

In the calendar section, if you see a Clients name in red, this is an alert letting you know that there is something for you to investigate happening with the visit.



Hover your mouse over the name to see the information about the visit, in particular, the specific reason for the alert.



Closed Visits

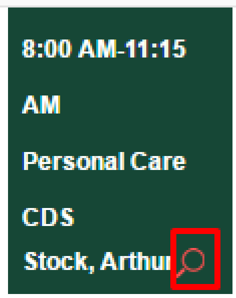
When a visit is closed but there is an issue that violates one of your business rules, magnifying glass will appear after the Client's name in the Visit block. Magnifying glasses allow quick glance to identifying issues with a clock in.

A red magnifying glass represents a problem with the visit.

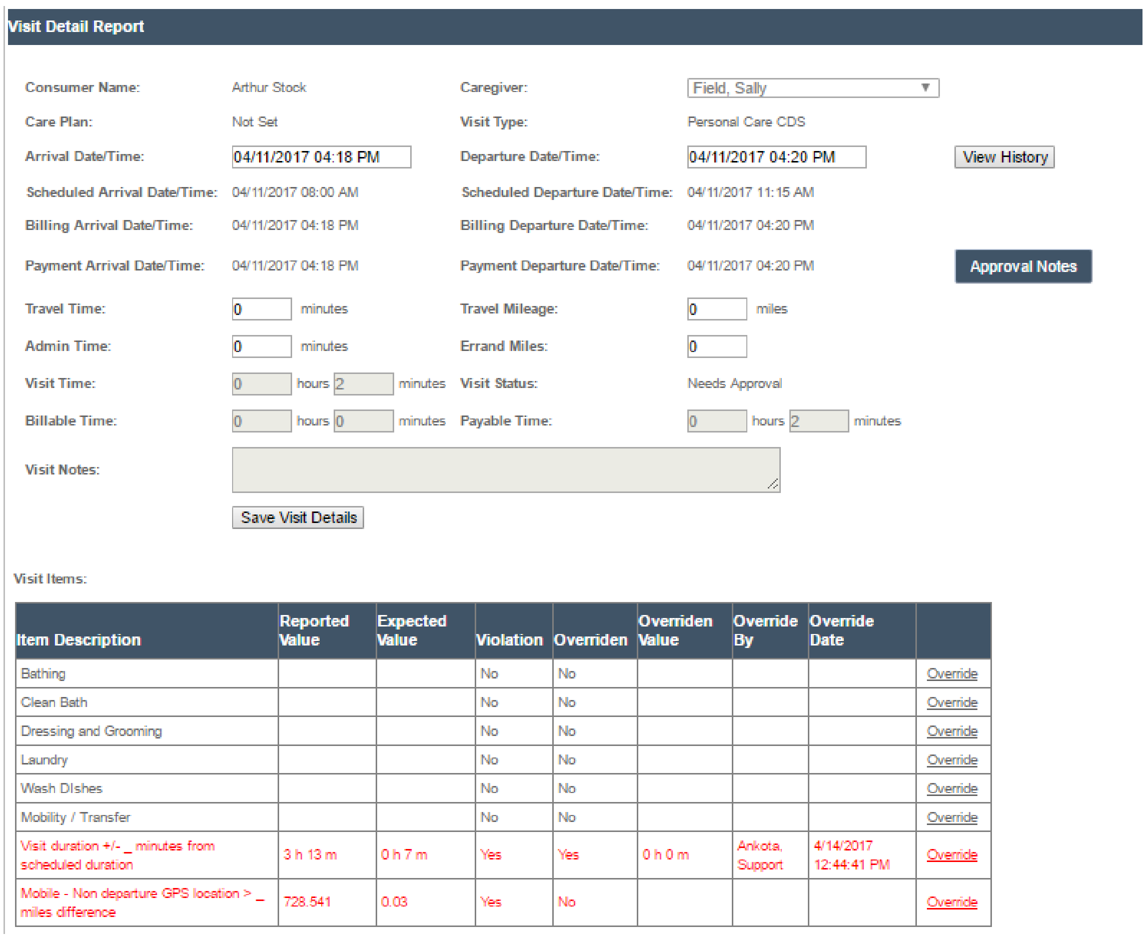
Reasons could be:

- Duration is +/- _minutes from scheduled duration.
- Mobile – Non departure GPS location > _miles difference.
- Phone number is different than the expected value.

To review the issue click on the red magnifying glass.



A new tab will open with all the details of the visit.



Visit Detail Report

Consumer Name:	Arthur Stock	Caregiver:	Field, Sally	
Care Plan:	Not Set	Visit Type:	Personal Care CDS	
Arrival Date/Time:	04/11/2017 04:18 PM	Departure Date/Time:	04/11/2017 04:20 PM	View History
Scheduled Arrival Date/Time:	04/11/2017 08:00 AM	Scheduled Departure Date/Time:	04/11/2017 11:15 AM	
Billing Arrival Date/Time:	04/11/2017 04:18 PM	Billing Departure Date/Time:	04/11/2017 04:20 PM	
Payment Arrival Date/Time:	04/11/2017 04:18 PM	Payment Departure Date/Time:	04/11/2017 04:20 PM	Approval Notes
Travel Time:	0 minutes	Travel Mileage:	0 miles	
Admin Time:	0 minutes	Errand Miles:	0	
Visit Time:	0 hours 2 minutes	Visit Status:	Needs Approval	
Billable Time:	0 hours 0 minutes	Payable Time:	0 hours 2 minutes	
Visit Notes:				

Save Visit Details

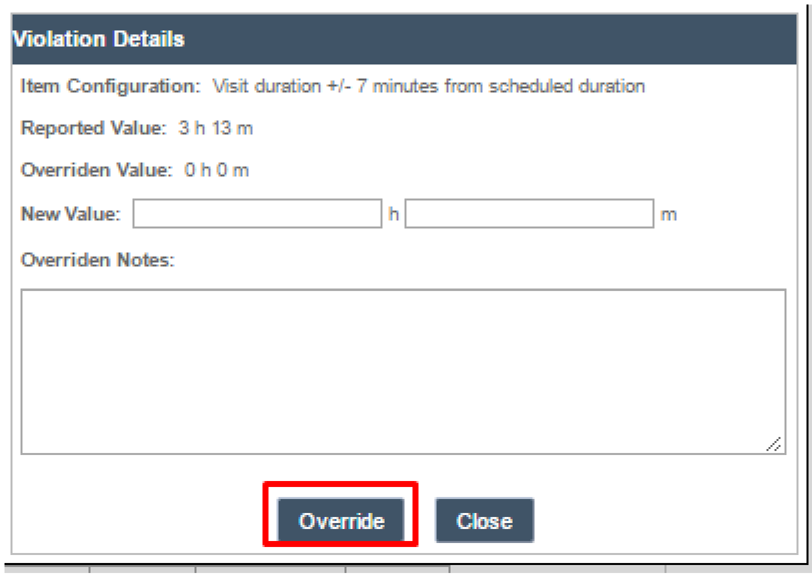
Visit Items:

Item Description	Reported Value	Expected Value	Violation	Overriden	Overriden Value	Override By	Override Date	
Bathing			No	No				Override
Clean Bath			No	No				Override
Dressing and Grooming			No	No				Override
Laundry			No	No				Override
Wash DIshes			No	No				Override
Mobility / Transfer			No	No				Override
Visit duration +/- _ minutes from scheduled duration	3 h 13 m	0 h 7 m	Yes	Yes	0 h 0 m	Ankota, Support	4/14/2017 12:44:41 PM	Override
Mobile - Non departure GPS location > _ miles difference	728.541	0.03	Yes	No				Override

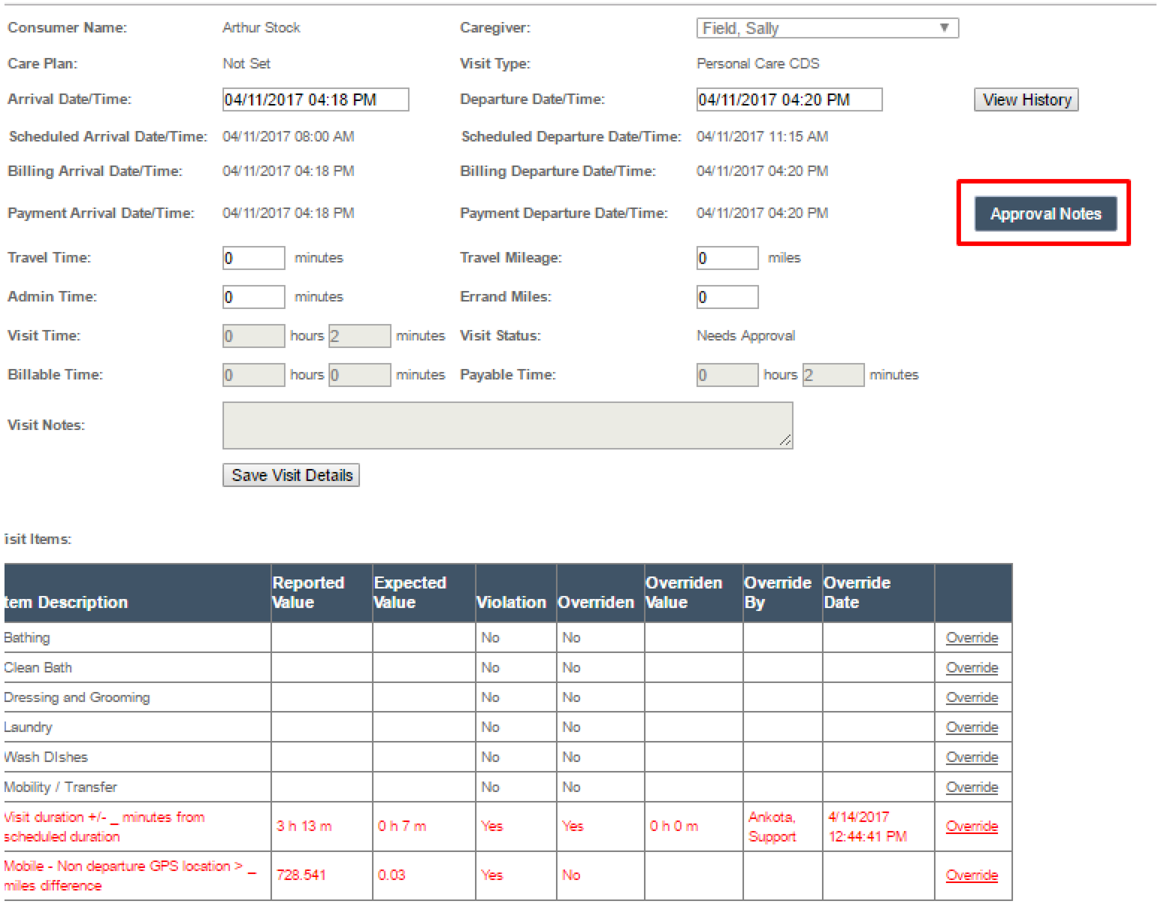
The issues creating the red magnifying glass will be recorded in red text as show in the above example.

Click “Override” to manually adjust the errors.

NOTE You can do this for each exception.



Then to approve the Override, click “Approval Notes”.

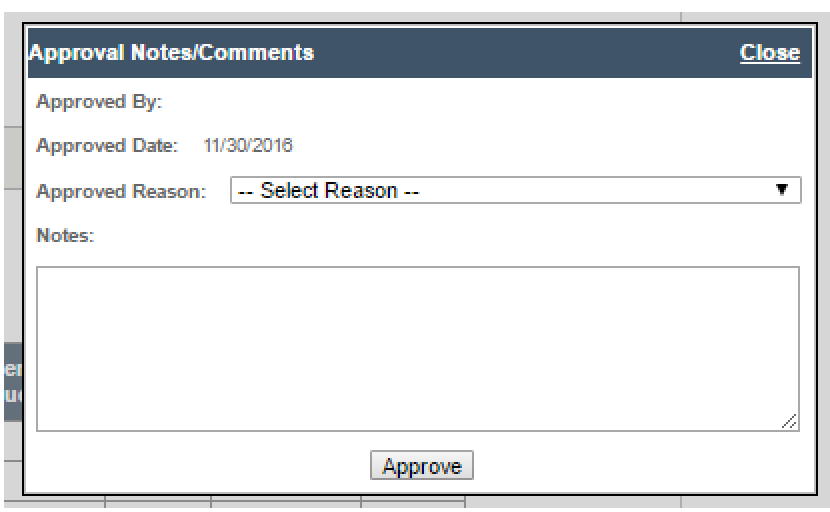


Consumer Name: Arthur Stock
Caregiver: Field, Sally
Care Plan: Not Set
Visit Type: Personal Care CDS
Arrival Date/Time: 04/11/2017 04:18 PM
Departure Date/Time: 04/11/2017 04:20 PM
View History
Scheduled Arrival Date/Time: 04/11/2017 08:00 AM
Scheduled Departure Date/Time: 04/11/2017 11:15 AM
Billing Arrival Date/Time: 04/11/2017 04:18 PM
Billing Departure Date/Time: 04/11/2017 04:20 PM
Payment Arrival Date/Time: 04/11/2017 04:18 PM
Payment Departure Date/Time: 04/11/2017 04:20 PM
Approval Notes
Travel Time: 0 minutes
Travel Mileage: 0 miles
Admin Time: 0 minutes
Errand Miles: 0
Visit Time: 0 hours 2 minutes
Visit Status: Needs Approval
Billable Time: 0 hours 0 minutes
Payable Time: 0 hours 2 minutes
Visit Notes:
Save Visit Details

isit Items:

tem Description	Reported Value	Expected Value	Violation	Overriden	Overriden Value	Override By	Override Date	
Bathing			No	No				Override
Clean Bath			No	No				Override
Dressing and Grooming			No	No				Override
Laundry			No	No				Override
Wash DIshes			No	No				Override
Mobility / Transfer			No	No				Override
Visit duration +/- _ minutes from scheduled duration	3 h 13 m	0 h 7 m	Yes	Yes	0 h 0 m	Ankota, Support	4/14/2017 12:44:41 PM	Override
Mobile - Non departure GPS location > _ miles difference	728.541	0.03	Yes	No				Override

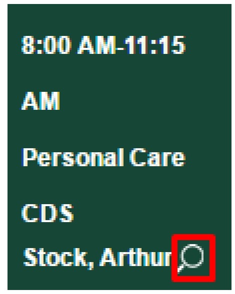
A pop up will appear to allow an "Approved Reason" drop down menu and notes.



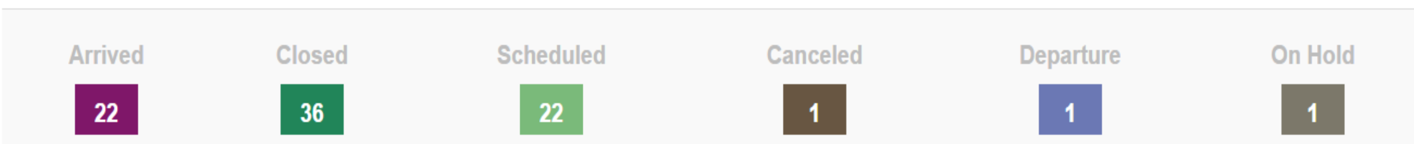
Approval Notes/Comments Close
Approved By:
Approved Date: 11/30/2016
Approved Reason: -- Select Reason --
Notes:
Approve

Click "Approve" to save.

After the exceptions have been approved, the magnifying glass on the Schedule Board will turn white. This will indicate that there was an exception with this visit, but it has been resolved.



If you scroll down to the bottom of your screen, it will give you a color-coded count (in real time) of the status of each visit. It will illustrate the count of statuses including Arrived, Departed, Closed, Cancelled, Door Tag, and so on.

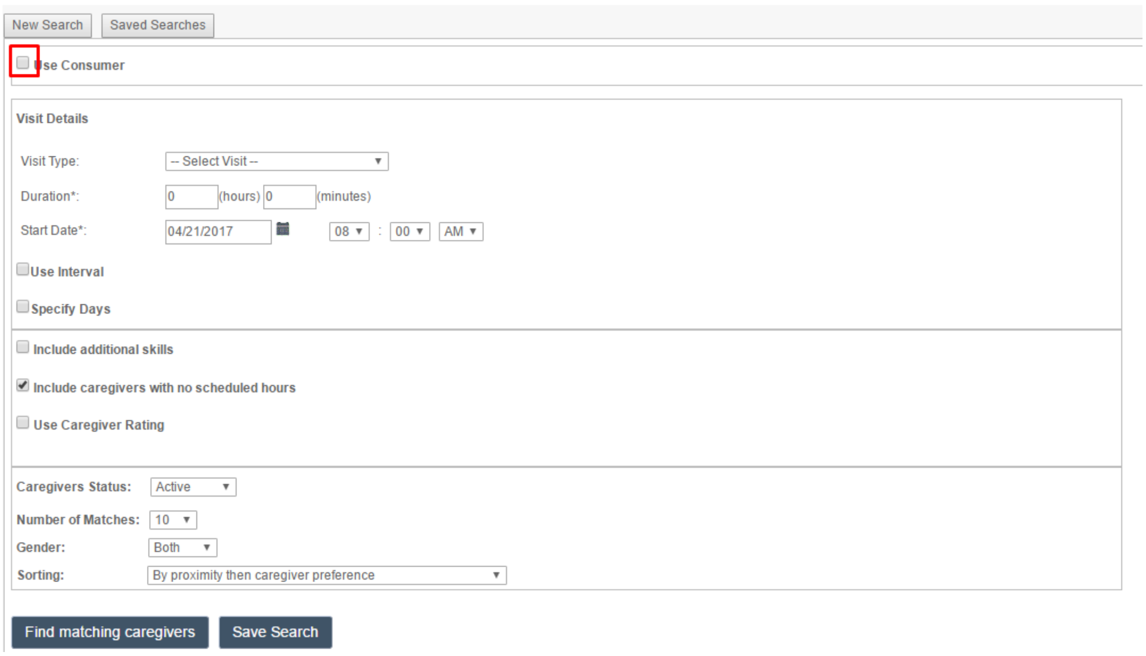


Find Matching Caregiver

“Find Matching Caregivers” can be found under the Scheduling tab in the Main Menu. This feature will help you find the best fit for a client based upon selected parameters.

1. Selected “Find Matching Caregivers”.

2. Select the check box by “Use Consumer” select a Consumer.



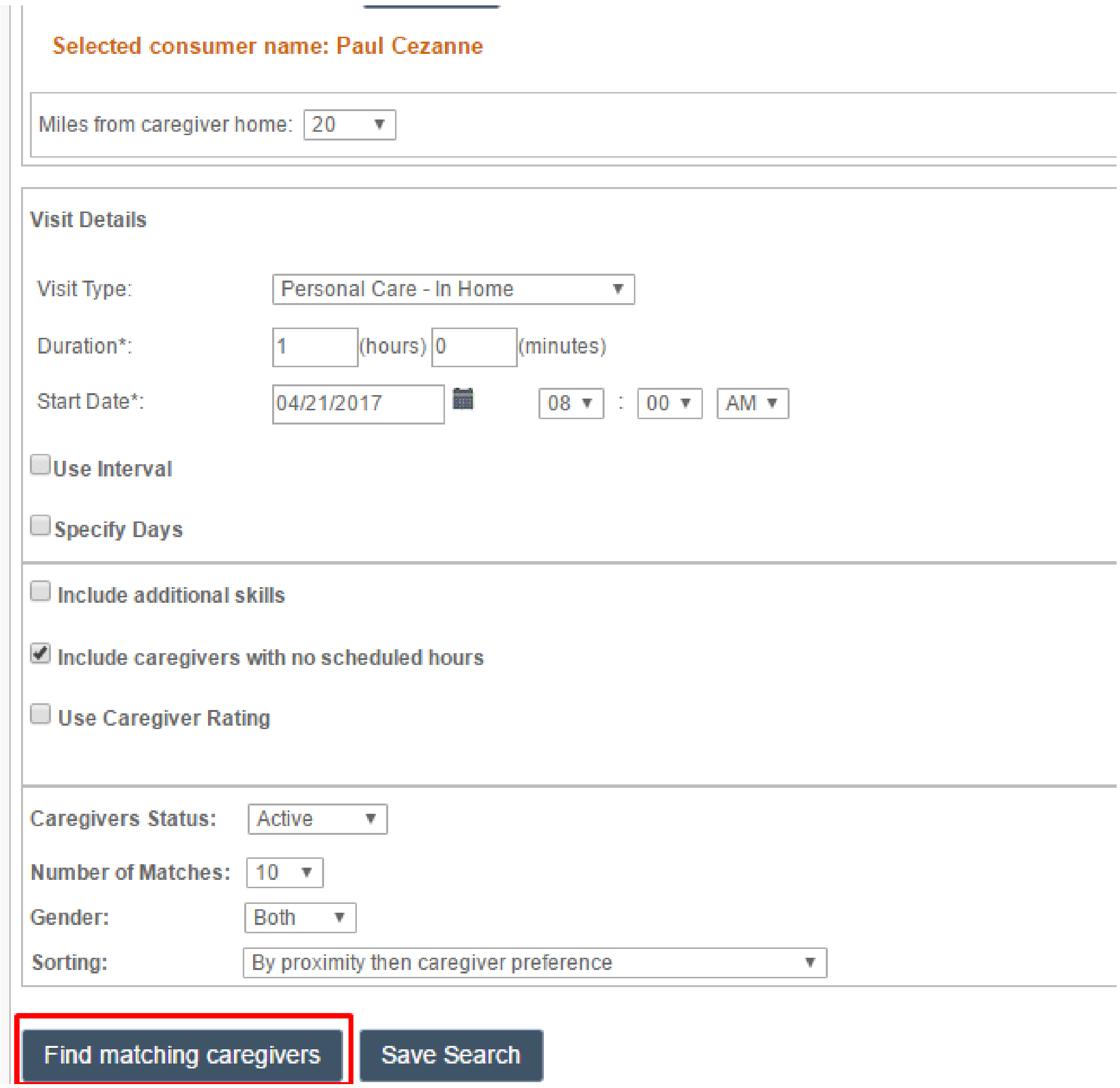
3. Select a visit type.

4. Choose the start date (and time if applicable).

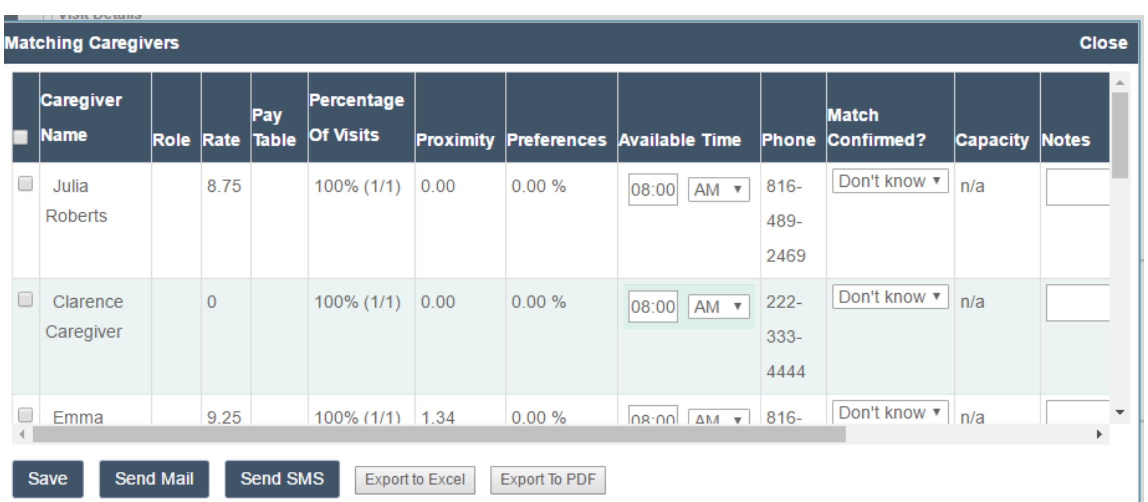
5. Select any other parameters including:
    a. Miles, Caregiver Status, Gender

6. Sort by either proximity then caregiver preference or skill then proximity.

7. Click “Find matching caregivers”.



8. A list of caregivers will be displayed.



9. From here you have the ability to assign or you may send a mass text message and the first person who responds will receive the assignment.

10. To send a message, select the caregivers names who you would like the message to be sent by clicking the check box before their name.

11. Select “Send SMS”.

12. A message will pop up. You can either edit it by typing in the Message box or send as it is by pressing “OK”.

13. Once a clinician accepts the visit, it will be assigned to them.

Creating Visits from a Time Sheet That Were Never Scheduled

To create visits from a Time Sheet that were never scheduled:

1. Click on "Create Visits" under the left menu -> scheduling.

2. Search for the client and select them.

3. Fill in the following:
    a. Visit type
    b. Duration
    c. Attendant
    d. Date
    e. Status (usually "scheduled" but you can make it closed)
    f. Occurrence: one visit*
    g. Start time

4. Press save on the bottom.

* For creating multiple visits at once, you can change "One occurrence" to "Repetitive Appointment" and set the parameters (such as "Daily for 5 days").

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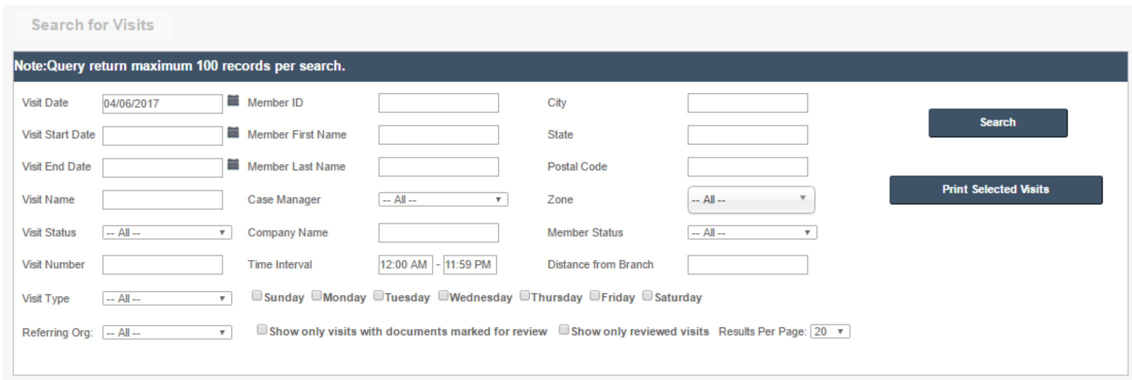
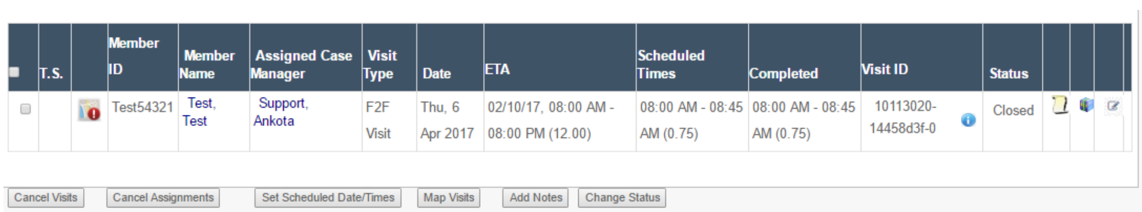
Visits

The Visits screen is a powerful tool enabling you to view, cancel, map, add notes, and change the status of visits assigned to you.

This screen has numerous filters ranging from Visit Dates, Visit Status, Visit Types, and more. These functions allow you to organize and parse out a wide variety of data pertaining to Visits.



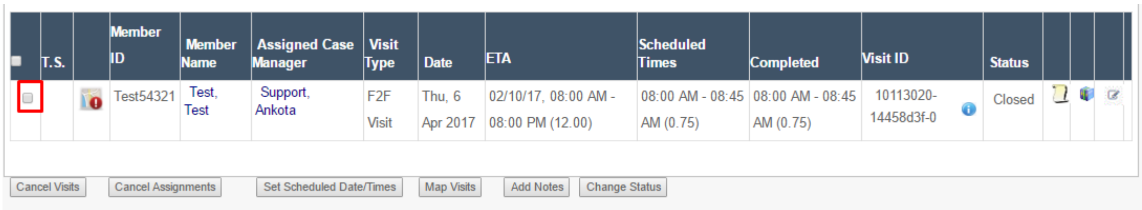
1. After applying the filters you desire, click "Search" to view visits that match that criteria you set.



2. At the bottom of the Visit screen, there are series of buttons that execute different functions. We will cover the details of each of these functions in future chapters.

3. By clicking on the check box located on the right side of the data line or lines, you can pick and choose which data line is affected by the action buttons at the bottom of the screen.

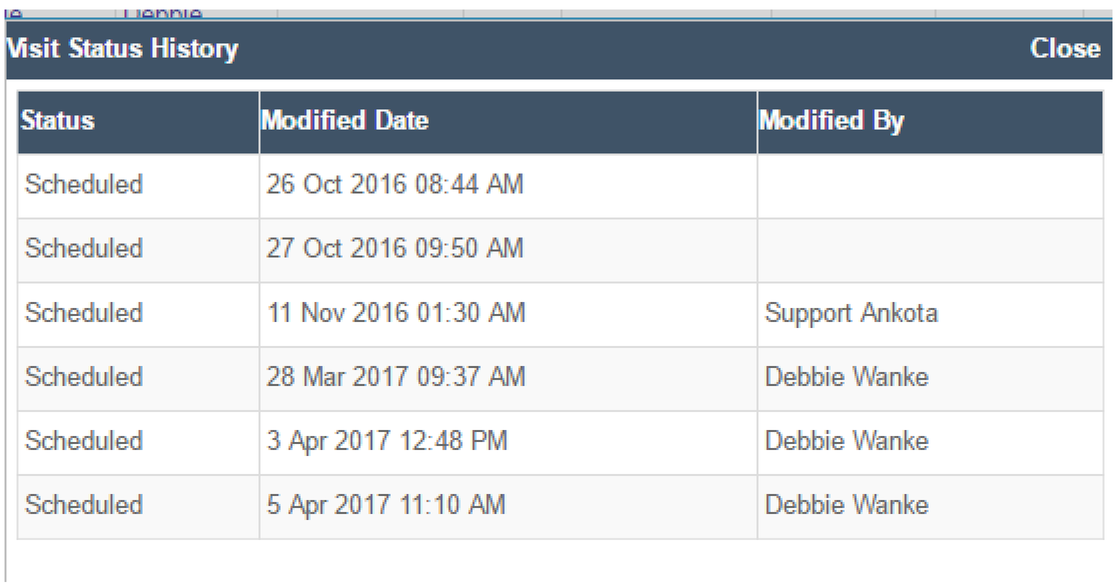
4. If you want to Select All visits in a Visit search with more than one visit presented, you can click the check box located on the right side of the top blue bar of your search results.



	T.S.		Member ID	Member Name	Assigned Case Manager	Visit Type	Date	ETA	Scheduled Times	Completed	Visit ID	Status			
			Test54321	Test, Test	Support, Ankota	F2F Visit	Thu, 6 Apr 2017	02/10/17, 08:00 AM - 08:00 PM (12.00)	08:00 AM - 08:45 AM (0.75)	08:00 AM - 08:45 AM (0.75)	10113020-14458d3f-0	Closed			

5. You can view Visit Status History by clicking on the following icon to the right of the columns (Please note that your environment may not include all icons listed below):

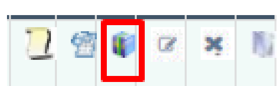
6. Once you click the above icon, the following information box will appear, reporting the details such as Scheduled Date, Caregiver clock-in/clock out, and so on:



Visit Status History Close

Status	Modified Date	Modified By
Scheduled	26 Oct 2016 08:44 AM	
Scheduled	27 Oct 2016 09:50 AM	
Scheduled	11 Nov 2016 01:30 AM	Support Ankota
Scheduled	28 Mar 2017 09:37 AM	Debbie Wanke
Scheduled	3 Apr 2017 12:48 PM	Debbie Wanke
Scheduled	5 Apr 2017 11:10 AM	Debbie Wanke

7. Any documents attached to the visit can be viewed by clicking this icon:



8. Once clicking that icon, you can view documents previously or add a new document to the visit.

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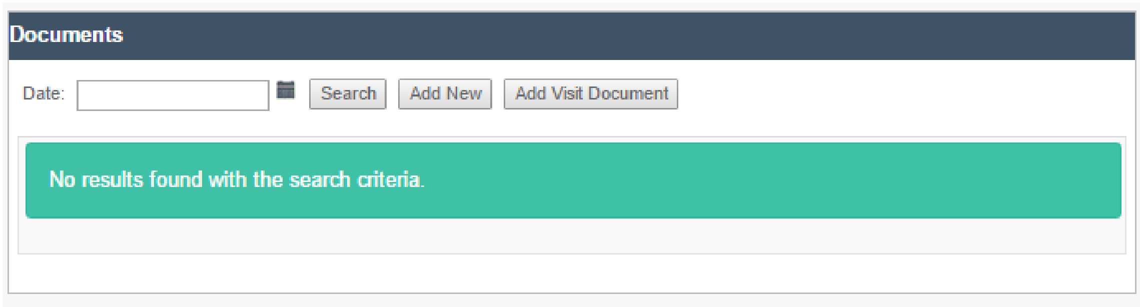
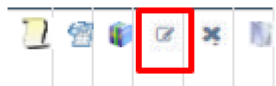
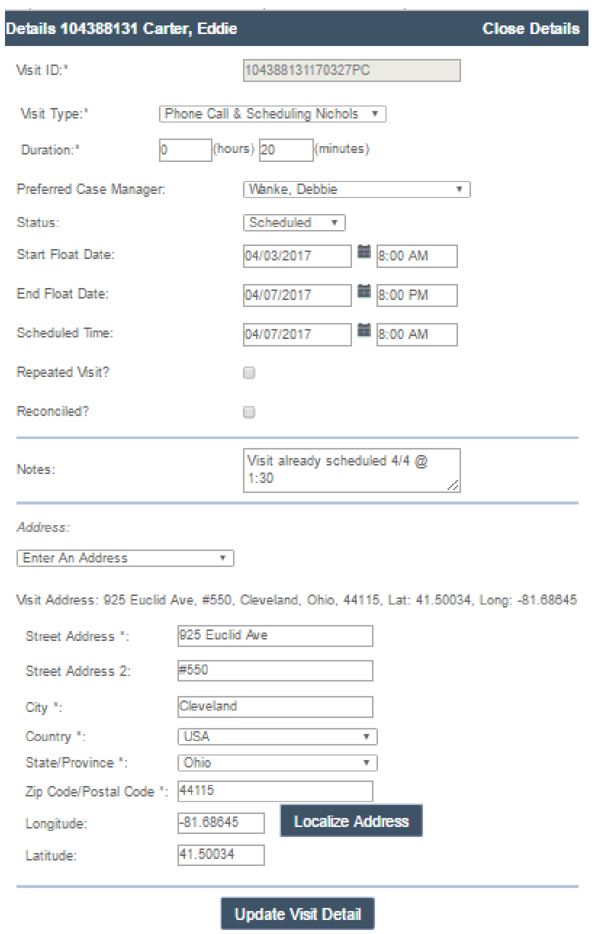


9. The fourth icon in this cluster is called the Edit button:



10. By clicking this icon, you can view and update details about the visit:

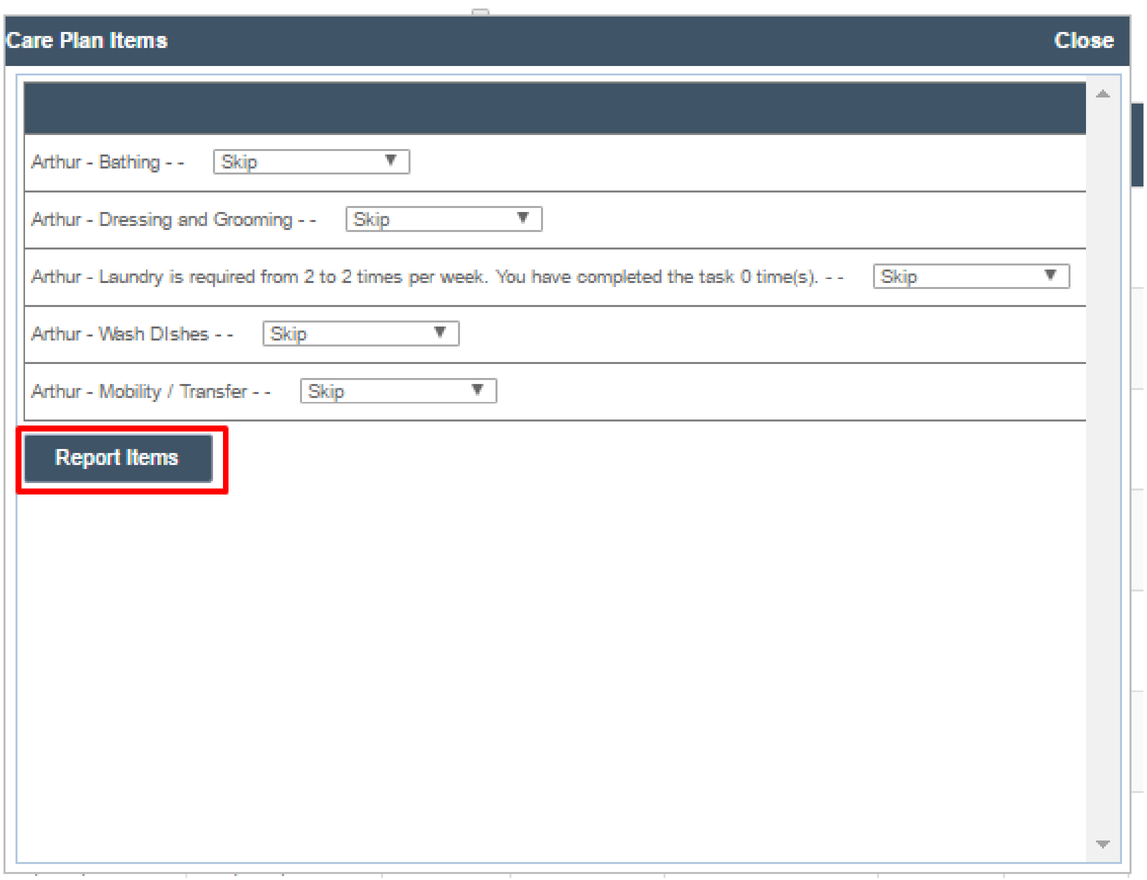


The 6th icon in this example allows you to adjust tasks that caregivers completed (usually drawn from their paper timesheets).

1. Go to Visits and search for the visit you'd like.

2. to the far right on the line, you'll see the last icon.

3. When you click that icon, a box will pop up that will allow you to make changes to the tasks via the drop down menus.



4. Be sure to click “Report Items” at the bottom of the popup before you close the window.

Changing the Dates of Visits

The steps to take in order to change the dates of visits are as follows: (to reschedule - also used to move accumulated minutes visits to days when client was in service).

1. Go to Visits Screen.

2. Search for the visit(s).

3. Select with the check box on the left.

4. Press Set Scheduled Date/Times on the bottom.

5. Change the date(s)/time(s).
    a. Note that there's a "tool" at the bottom of the screen to update all selected dates/times of both at once. Let's say you have some visits usually done at 8:00 AM and you want to move them all to 10:00 AM but keep their dates. At the bottom, set 10:00 AM and in the drop down choose time, and then apply.

    b. Another example is move all nurse visits on a Monday holiday to the Tuesday. In this case use the tool at the bottom to set the date you want to move the visits to, select date from the drop down and apply.

    c. Note that if you make a mistake applying a mass update, simply cancel and start over

6. Press Save.

Visit Verification

Important Concepts: What is IVR and EVV?

Two key features in Ankota the use of IVR and EVV. IVR stands for “Interactive Voice Response” and EVV stands for “Electronic Visit Verification”.

Caregivers use IVR via telephone or tablet/smartphone device to record in the Ankota system their clock in/clock out times, completed tasks, and notes for their client and consumer visits.

Clocking In/Out for Visits

Ankota offers a few ways for Caregivers to record EVV (Electronic Visit Verification), tasks and hours worked. Workers in the field can report their clock in and clock out times, task completion, notes and location with Ankota in three ways:

- Signing in to the Ankota app via smartphone or tablet device.
- Dialing in on the phone (referred to as telephony).
- Utilizing a FOB (“Fixed Object”) device mounted in the clients home.

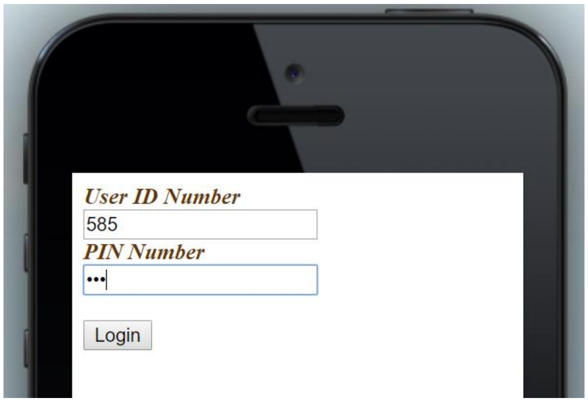
Using Telephony

- Dial the phone number provided by Ankota.
- Enter Employee ID for user ID and PIN.
- Follow prompts.

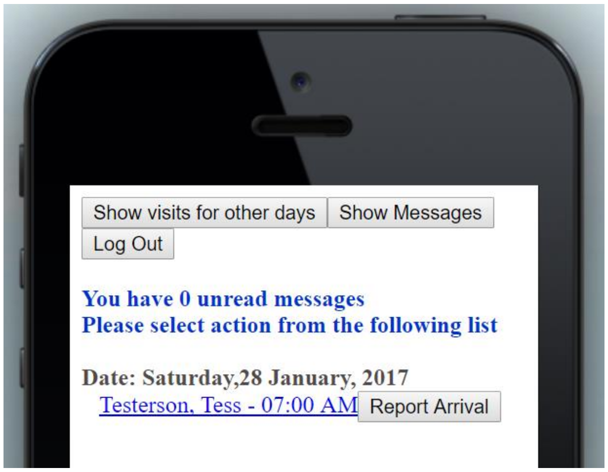
Using the App

As technology progresses, more folks are using smartphones or tablet devices in their daily lives and at work. Ankota’s mobile app is an easy way for Attendants/Caregivers to report and track their daily visits. The steps are as follows:

1. Go to a browser on your phone (e.g., Android, iPhone, etc. but also works on a computer or tablet) and go to Ankota.net/<your Organization abbreviation>

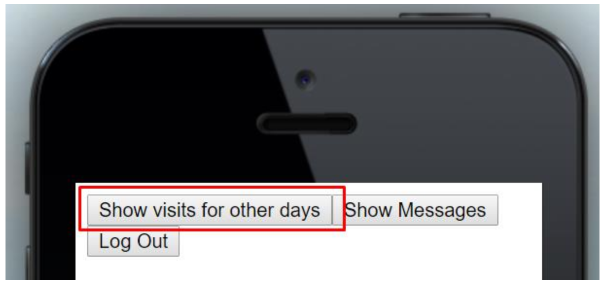


2. Login with the same numeric ID and PIN that you use for EVV telephony. You'll then see your visits for today:

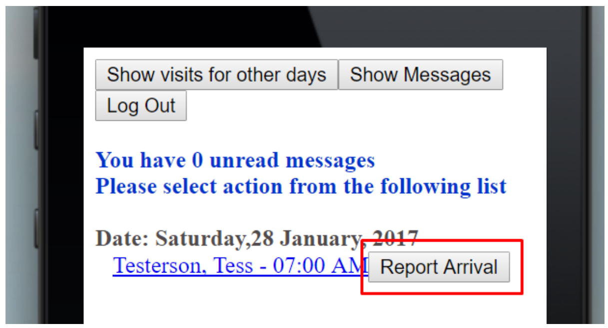


3. If you click on the name of the consumer/client, you'll see their name and phone number and you can get directions:

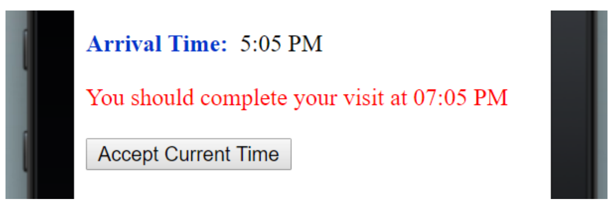
4. If you want to see your upcoming schedule, click on Show Visits for other days:



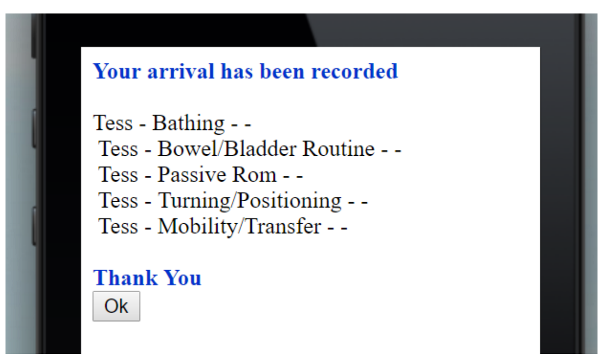
5. You can also use this app to clock in and clock out for EVV. Click Report Arrival. The first time that you do this, the app will ask you to share your location. PLEASE ALLOW THIS:



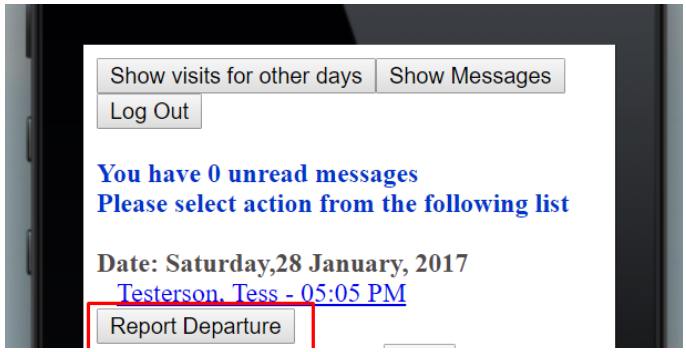
6. This is what you'll see. It will tell you what time to clock out to complete your full shift:



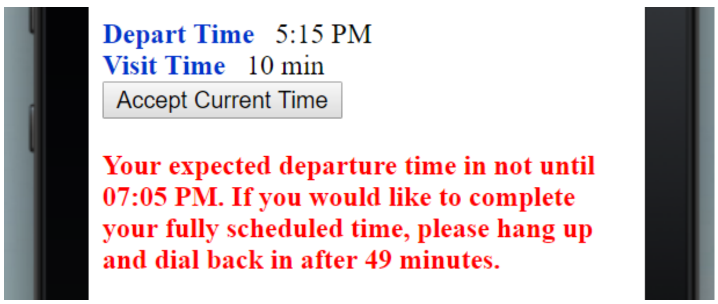
7. The system will also display your tasks:



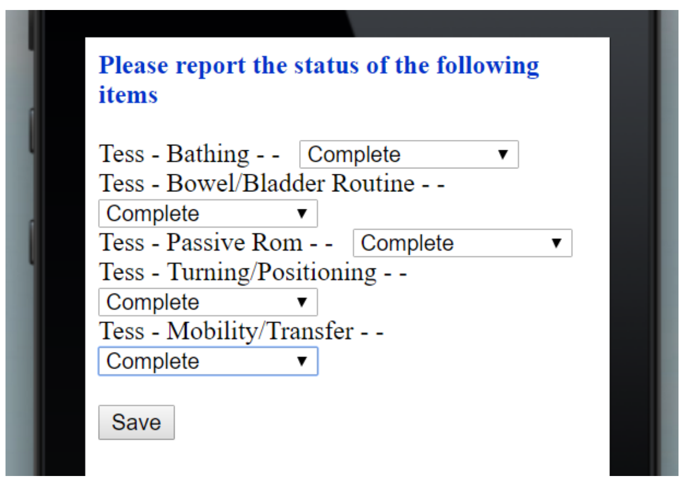
8. At the end of your visit, you can report your departure:



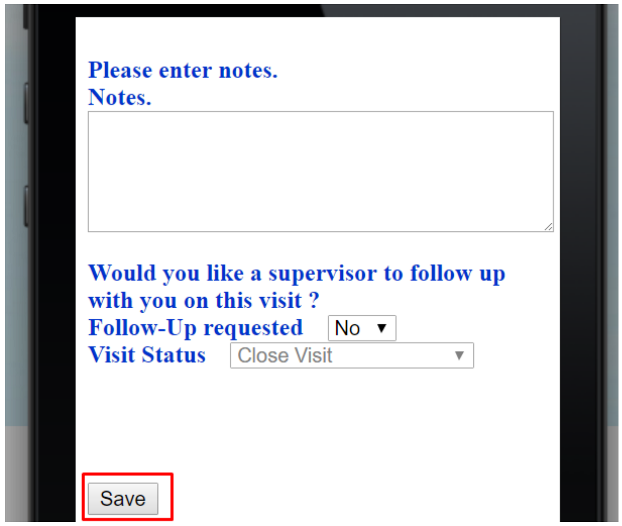
9. You'll get a warning if you're clocking our early:



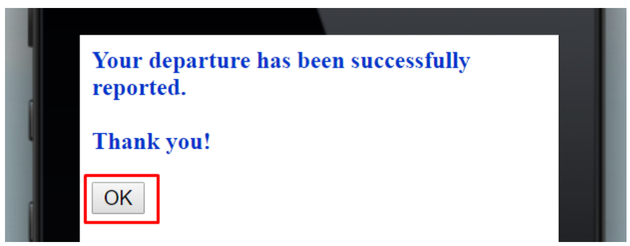
10. You can report your tasks from the dropdowns listed:



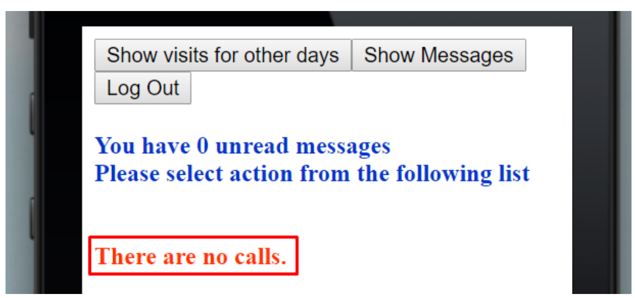
11. You can enter notes (optional) and need to press "Save" when done:



12. You'll get a thank you message. Please press "OK".



13. Once you've reached this step, the visit will no longer show up on your menu. If you see multiple clients during the day, they will disappear as you complete them:



Using a FOB

Before you send a FOB to a client's home, record the 10 digit FOB ID (the number underneath the barcode) and the clients name and email that to Support@ankota.com. Ankota will associate the FOB with the client.

- When the caregiver sees a client with a FOB, they should do the following:
    - Push the button on the FOB and record the six-ten digit ID when they arrive.
    - Push the button on the FOB and record the six-10 digit ID when they depart.
    - When they are able, dial into the dedicated Ankota toll free number.
    - They will be prompted for the FOB ID that was used when they arrived and their arrival will be recorded.**
- Dial in again to report departure. They will be prompted for the FOB number that was recorded at their time of departure and will also need to update the status of the care plan items that they completed.**

The system will look up the FOB times for the client based on the codes entered and substitute the arrival and departure times.

Here's an example of the process:

- Caregiver arrives at 1:58 PM for Mary Smith, they get the number from the FOB and write it down.
- Caregiver departs at 4:00 PM for Mary Smith, they get the FOB number another number from the FOB and write it down.
- They stop into the office on their way home and dial in their arrival and departure at 4:20 PM and 4:22 PM. Based on the FOB numbers, their visit is recorded from 1:58 PM to 4:00 PM. (8 completed units)

* This is a temporary procedure. There will be a new procedure effective on for entering the 10 digit FOB ID.

** The reason they dial in for arrival and departure is because some attendants/caregivers may be able to dial-in from the client's home. We will know when they dialed in, but we will substitute the FOB times.

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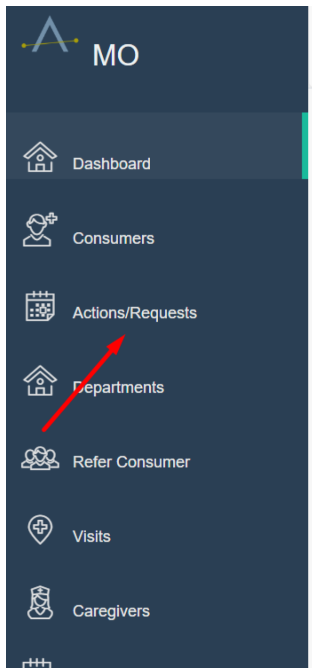
Actions/Requests

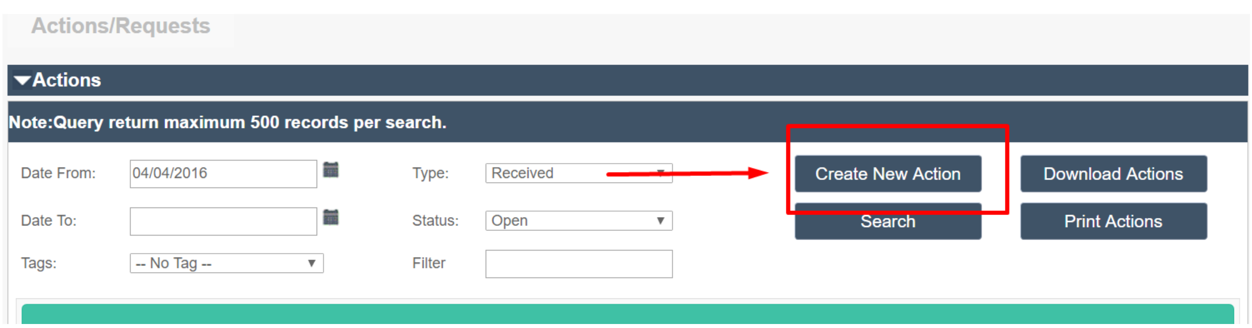
Messaging a Caregiver via Telephony or Mobile app

Communicating with your workers in the field while you are in the office via telephony or Ankota's mobile app is a convenient way for your agency to keep in touch with your caregivers.

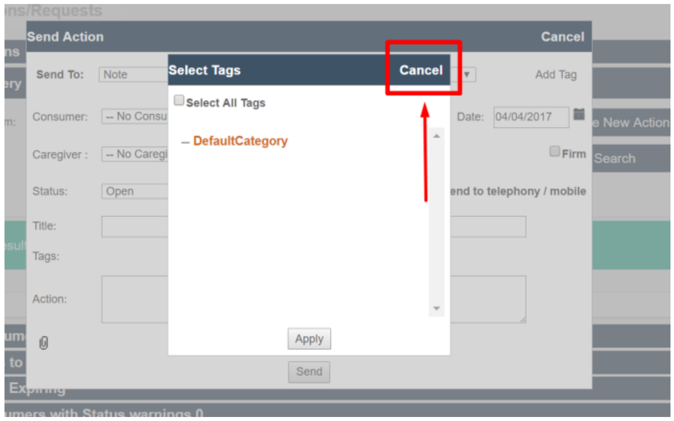
1. Sign into your Ankota system and click the "Action/Request" button in the menu.



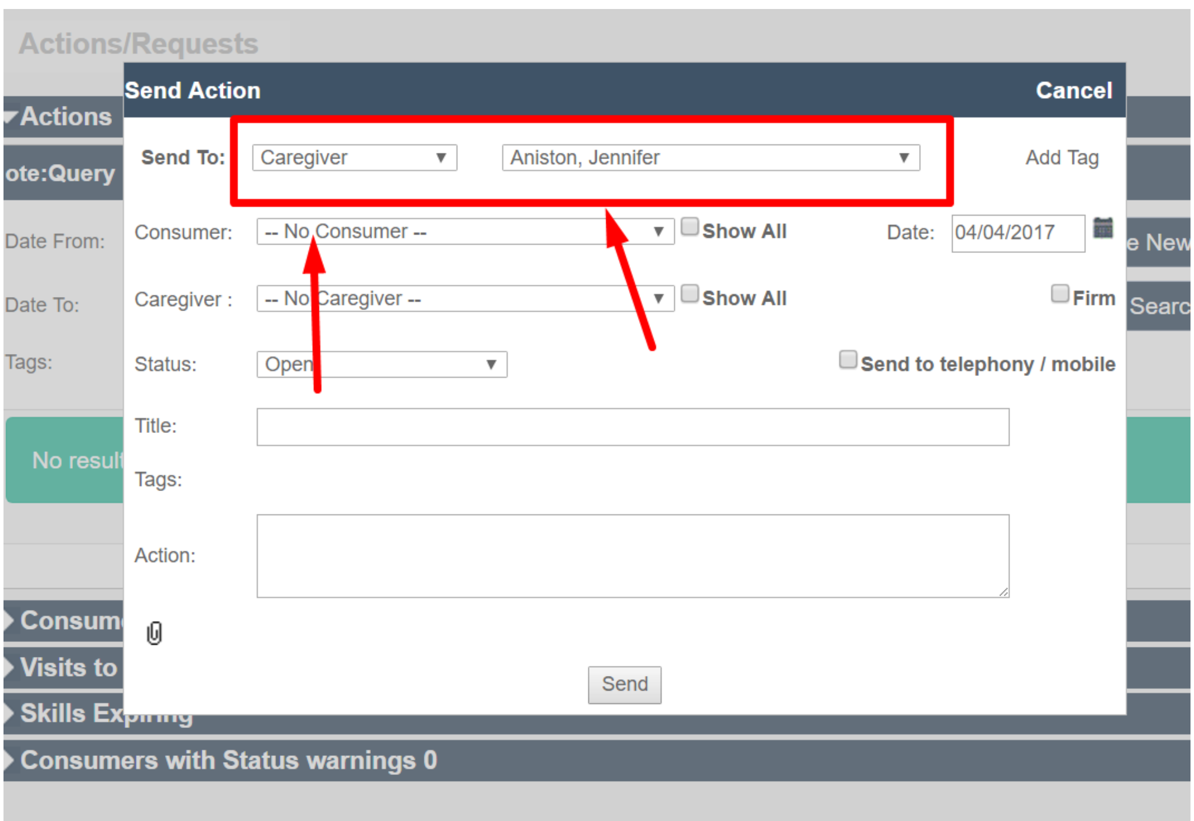
2. You will be taken to the Actions/Request screen. Once there, click the "Create New Action" button, illustrated here:



3. A “Select Tags” box will appear and you can click “Cancel.” Tags are a concept that will be covered in a future chapter.

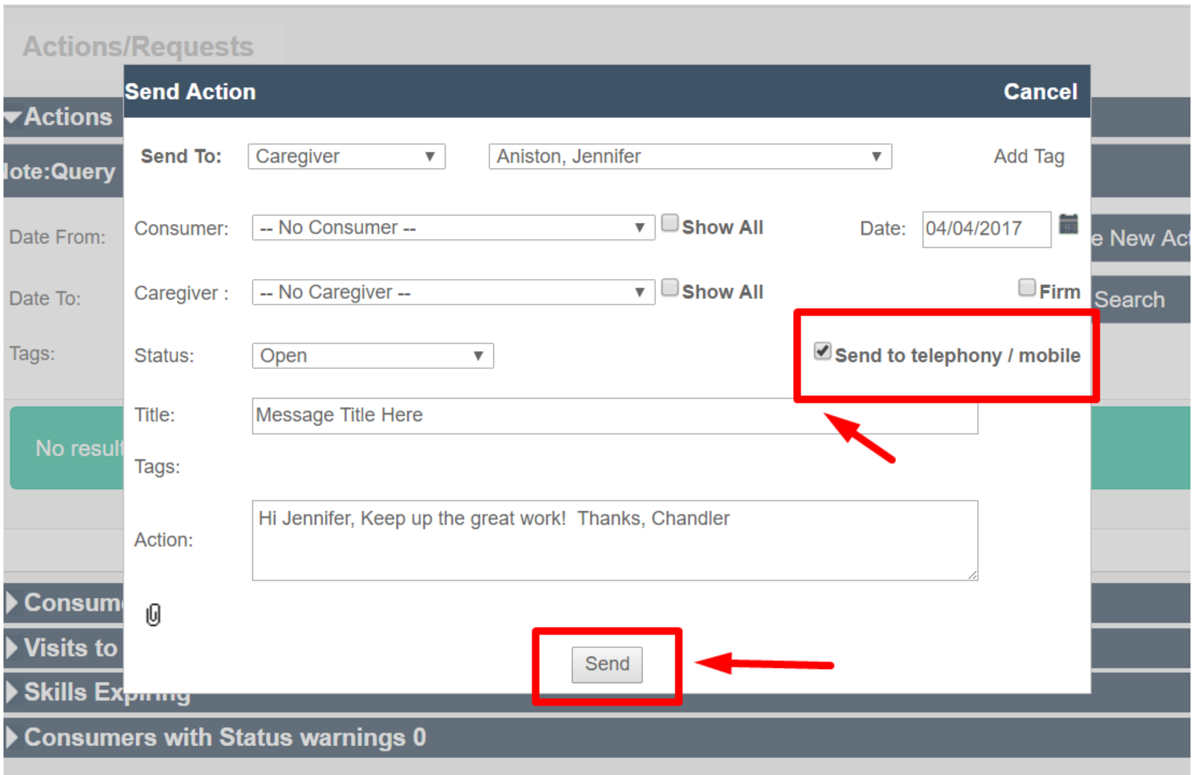


4. The screen pictured below will appear. The next step is to choose who you are sending the message to. Choose from the options in the 2 drop-down fields illustrated below.



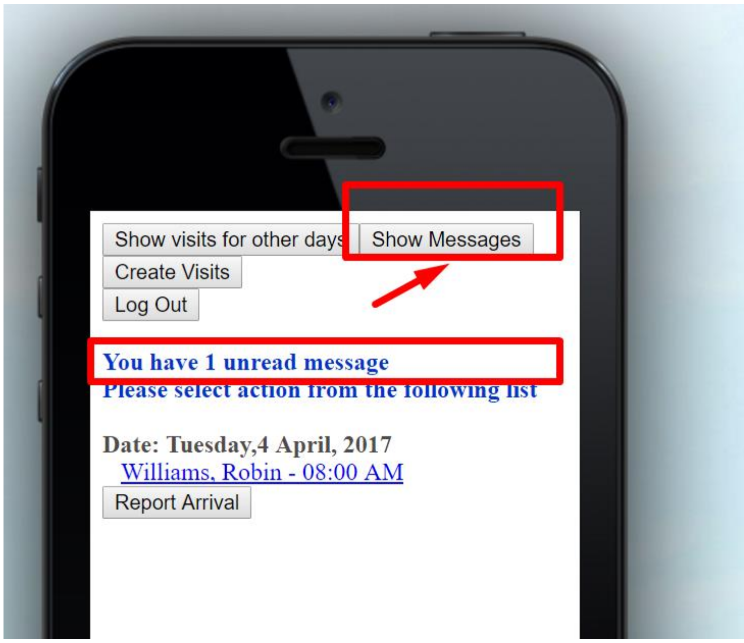
5. Be sure to check the box labeled "Send to telephony/mobile." Entering in a message title is a required field, so type in a title in the "Title" field and the content of your message in the Action field.

   Once those steps are complete, click the "Send" button.



6. From the Caregiver side of the process, once the message has been sent, they can log into the mobile app with their User ID Number and Pin Number to retrieve their message(s).

7. Once the caregiver is logged in, they will see an alert letting them know that they have a message. They then need to click the “Show Messages” button to view:



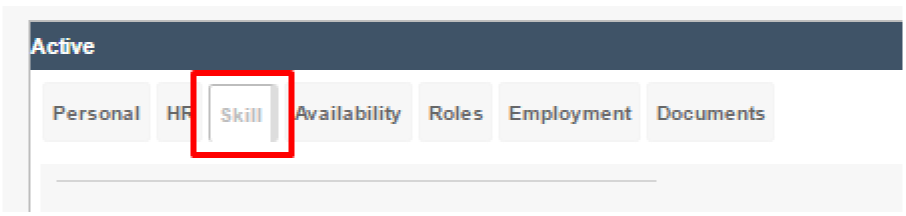
Setting Reminders for Reviews

Different agencies have different policies for this, including:

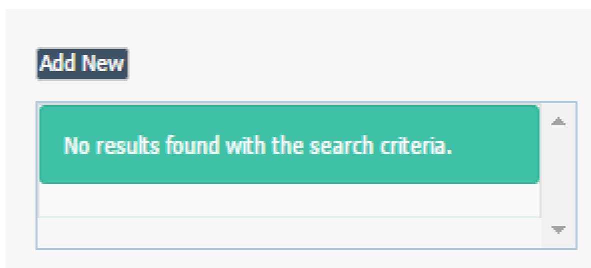
- Check all caregivers at the same time one month per quarter.
- Check 1/3rd of caregivers each month, based alphabetically by last name.
- Set a reminder for each employee when you need to check them again.
- Set a reminder for each check (not recommended - too much overhead).

Presuming that you would like two reminders per employee, here are the steps:

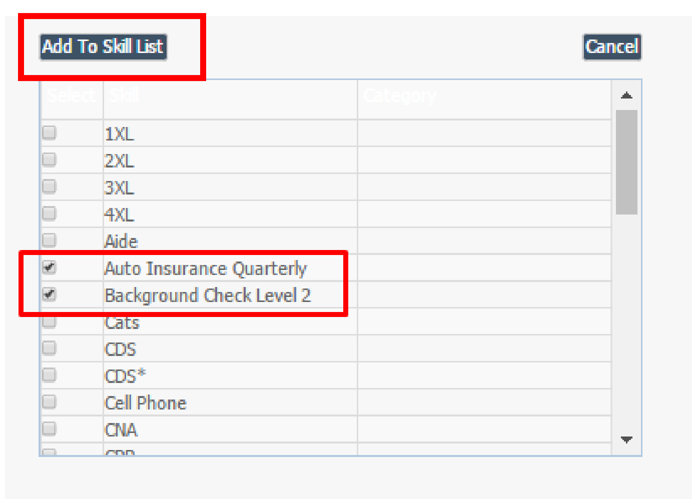
1. Go to the **Skill** tab.



2. Select **Add New**.

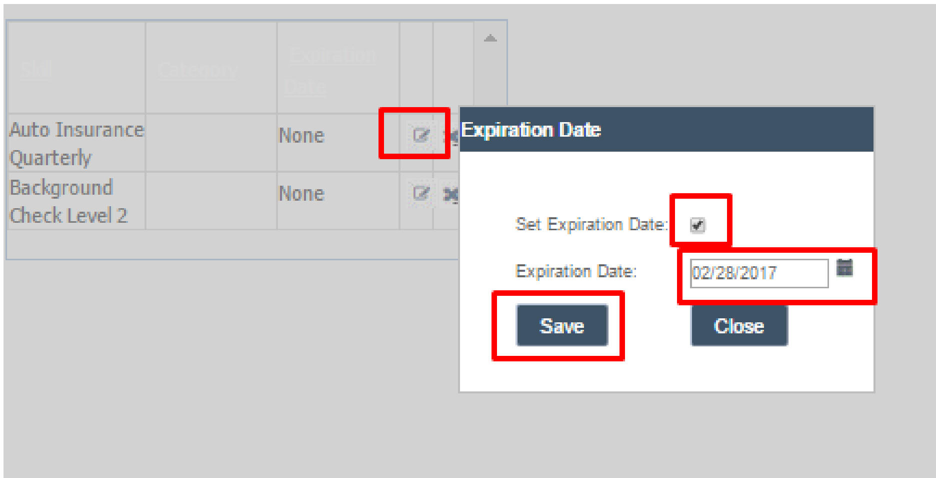


3. Select the one or multiple reminders that you'd like. (If the one(s) you want aren't on the list email support@ankota.com and let us know which ones you'd like to add.)



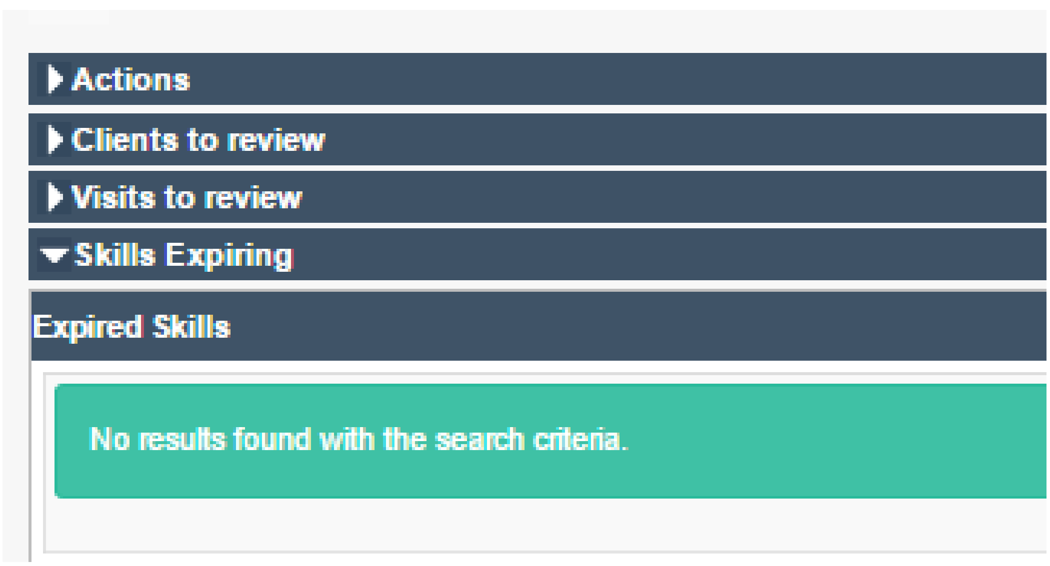
4. Select **Add to Skill List.**

5. Set the reminder or **Expiration Date** (you will be warned one month in advance.)



6. **Reminders** will be in **Actions/Requests**.

7. Look under "Expired Skills".



Billing

Billing and payroll are byproducts of closed, approved schedules. Thus the processes are nearly identical to run either one.

Ensure All Visits Are Closed

Before you can begin the billing process, you will need to check the billing period for any unclosed visits and any unresolved red magnifying glasses and resolve the issues. If there are unclosed visits (scheduled, arrived or on hold) they will not bill or pay and you can pick them up in the next round. (Please refer to section "Calendar Alerts")

Calculate Billing

1. Go on the main menu, choose **Billing** and choose **Calculate Billing and Payroll**

2. Click the following:
    a. Billing (vs. Payroll)

    b. Date Range (you can set the start date far into the past to pick up any unbilled visits from the last cycle).

    NOTE We will never bill for the same visit twice

    Therefore, you can set the start date for the billing period to an earlier date if needed

3. Preview the closed visits and scan for issues such as a zero rate and then investigate. Possible issues are as follows:
    a. Visit times were not correct (would normally result in a magnifying glass on the screen).

    b. A new service type was introduced and there was not a rate associated.

    c. For payroll (which is essentially the same process) a new caregiver didn't have a pay rate.

    d. Once fixed, use the recalculate button and it will pick up any changes.

4. Once the preview is good, press "Create Invoices"

    NOTE There is a check box that says "View After Creation" that we can check to be taken to the "created invoice screen"

To get there manually, go into **Billing** from the main menu and then **Billing Report (Client)**

5. On the "Billing Report (Client)" Screen we can view the invoices as PDFs.

    a. Note also that there's an option "view all as PDFs" that will make a consolidated PDF for you to review on line or print.

    b. If you see something wrong, we recommend the following approach:
        i. Cancel the invoice(s) that has errors.
            1. To cancel a single invoice, there's a cancel button on the right.

            2. To cancel many invoices (or all) use the check boxes on the left and press the "cancel" button below.

        ii. Go back and fix the errors. For example:
            1. go into the visits tab and adjust times or other factors.

            2. If the rate was not set or incorrect, then fix the billing (or payroll) rate and recalculate, then recreate the invoice.

    c. Once your "draft" invoices meet your expectations, you can move them to "Complete" (either one by one or grouped together).

        i. To do one at a time, press the "complete" link on the right.

        ii. To mark many (or all) as complete, select their check boxes on the left and press "complete" down below.

Submit to EMOMED

1. Select the completed invoices (check box them individually or use the top check box to "select all").

2. Press "Export as Healthcare Claim" (NOTE: Please don't press the EXPORT button on the right of the claim - there is a bug here that is being fixed).

3. In your browser a box will appear at the lower left with your downloaded file. Save this file in the location of your choosing.

    a. One way to do this is to drag the downloaded file to your desktop or to a folder of your choosing with a title like "claims to upload".

    b. In some browsers, there will be a little arrow to the right of the file name. You can click that and say open file location and then use the Windows File Manager to move it to the location of your choice.

    NOTE If you download a single claim the downloaded file will be an .edi file. If you download more than one it will be a .zip file. In either case, this is the file that you'll be uploading to EMOMED.

4. Getting approval from EMOMED for electronic filing:
    a. Before EMOMED lets you submit, you have to fill out a Trading Partner Agreement and then you will get an email from EMOMED with the following instructions:
        i. To submit your batch file:
            1. Log on to **www.emomed.com**.
            Please note that the User ID stated in the first paragraph of this document must be used to log onto emomed.com to submit the batch file. The Trading Partner Agreement applies only to this specific user account. A Trading Partner Agreement will be required if other users are required to submit a batch file for this approved user. Failure to do so will result in the file being rejected and not processed.

            2. Select “File Management” on the eProvider screen.

            3. Select “Manage Test Files”.

            4. Select “Upload HIPAA Test Files”.
            5. Select “Browse” – Navigate to select the desired file.

6. Select “Send Files”.

Files with status “Ready for Processing” will process in the next run of our Test Cycle. This status will indicate you had a successful upload of your file to emomed.com. Files with status "Processing Finished" are files that have processed through one of the Test Cycle runs.

Our Test Cycle runs at 5:30 a.m. (CST) daily, Monday - Friday. You can review your results from the cycle around 12:00 p.m. the same day.

To Review EMOMED Results

1. Select “File Management” on the eProvider screen.

2. Select “Manage Test Files”.

3. Under Search Scope, select “By User ID”.

4. Check the box by “Acknowledgements”.

   - On the Acknowledgement look for the indicator ‘A’ (accepted) following the AK9. If you received an ‘R’ (rejected) after the AK9, look for any IK3 or IK4’s within the file. They will direct you to the noncompliant loop and segment.

   - If the 999 is missing, check in Rejects X12. An X12 reject means the file was noncompliant with the first set of processing edits.

   - **Accepted 999 string example:**
   - AK1|HC|582~AK2|837|000000582~IK5|A~AK9|A|1|1|1~

   - **Rejected 999 string example:**
   - IK3|NM1|56||IK4|9||1~IK5|R|5~AK9|R|1|1|0~

If you receive an accepted 999, under Search Scope select All NPIs, check the Claim Confirmation box. If the claims processed and have a status majority of 'I' (To Be Paid), send an email to internethelpdesk@momed.com to move to production. Please include the emomed User ID and the type of file (5010X222A1, 5010X279A1, etc) that you are requesting to be promoted to production.

If the claims processed and all claims have a status of ‘K’ (To Be Denied), please correct.

The response error codes are listed to the right of each claim. You can obtain the reason code explanation at http://www.wpc-edi.com/content/view/180/223/ or by clicking on the Provider Information bullet in the External Links section on any of the main tabs (login screen, ePassport or eProvider).

Please contact us at (573) 635-3559 or internethelpdesk@momed.com if you have any questions regarding this process.

Upload the file to EMOMED

Once approved by EMOMED, the steps to submit your batch file are as follows:

1. Log on to www.emomed.com.
   Please note that the User ID stated in the first paragraph of this document must be used to log onto emomed.com to submit the batch file. The Trading Partner Agreement applies only to this specific user account. A Trading Partner Agreement will be required if other users are required to submit a batch file for this approved user. Failure to do so will result in the file being rejected and not processed.

2. Select “File Management” on the eProvider screen.

3. Select “Upload HIPAA Files”.

4. Select “Browse” – Navigate to select the desired file.

5. Select “Send Files”.

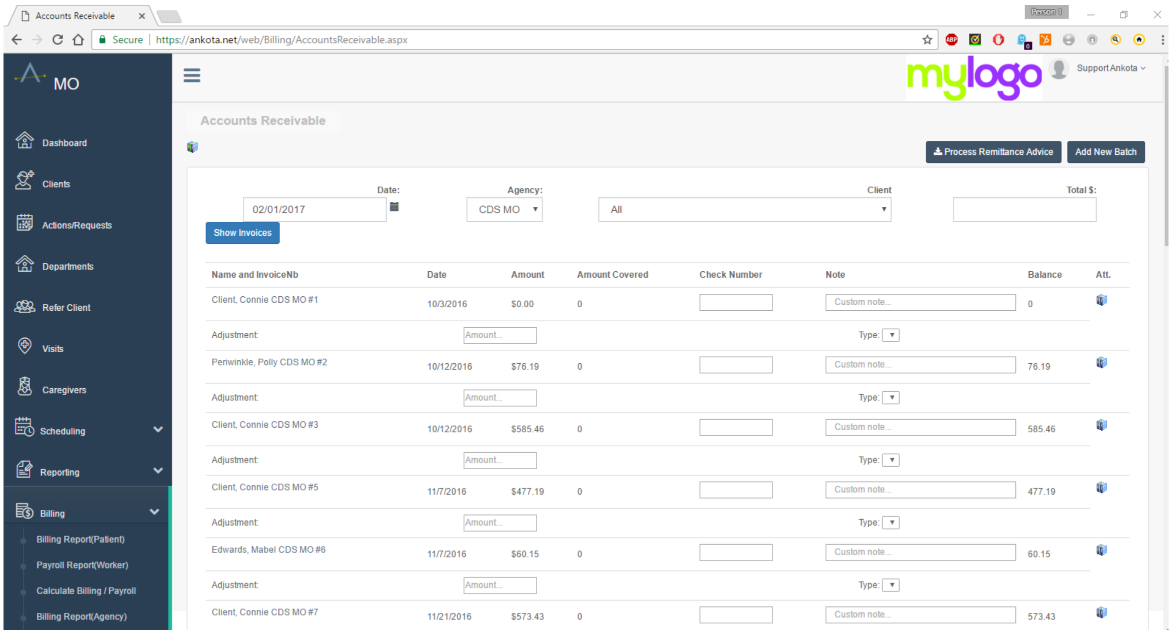
The next morning we'll get confirmation of "approval" or indication of any errors

Processing EMOMED Remittance Advices (RA)

To process a RA, follow these steps:

1. From the Main Menu, select Billing → Accounts Receivable.

2. When the Accounts Receivable screen appears, select program for which you want to process the RA (e.g., CDS). Then click on **Show Invoices**.

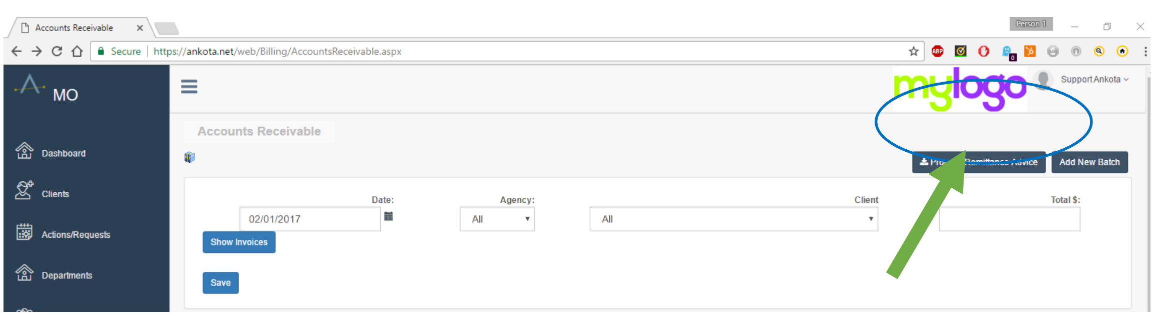


This will display a list of the outstanding invoices based on the filters set. The filters that can be set include:

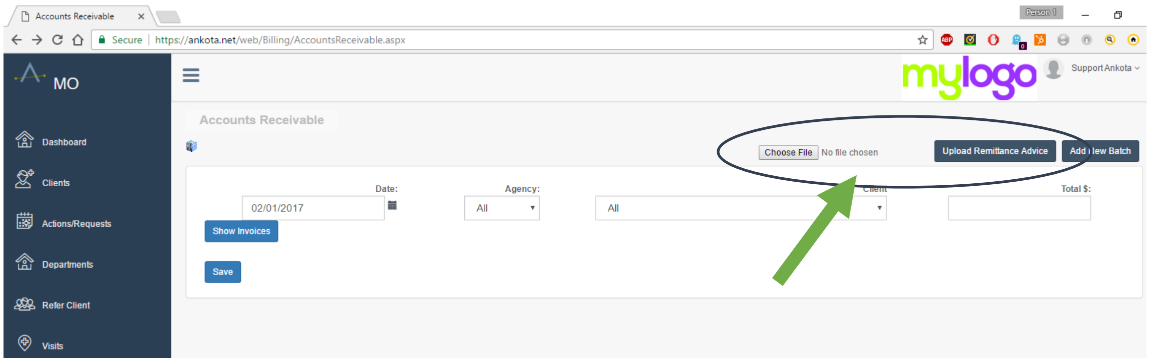
FILTER	DESCRIPTION
Date	The starting date for the invoices to be processed.
Agency	The program for which the remittance advice was received.
Client	A drop list of individual clients

Use the drop down boxes to select the desired filters, then select **Show Invoices** to display the selected group of invoices.

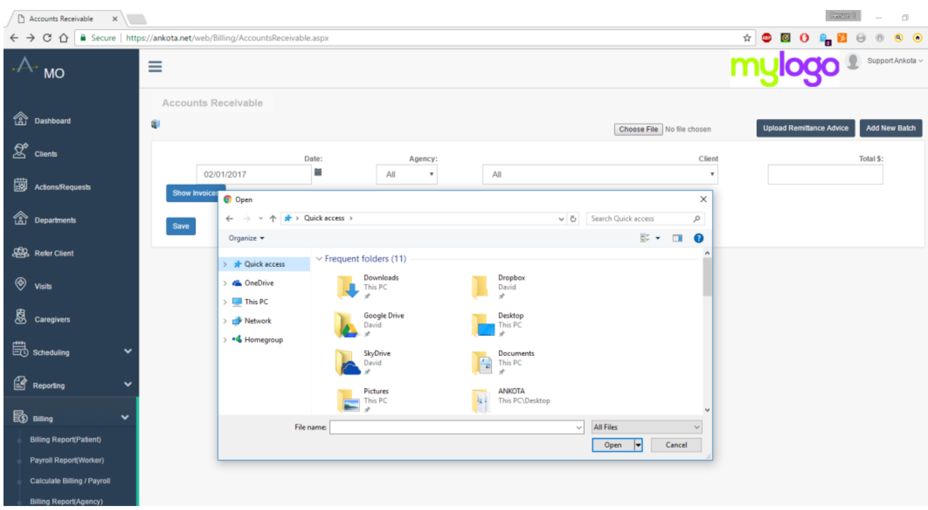
3. Select **Process Remittance Advice**:



a. The button will change to "**Upload Remittance Advice**" and the Choose File button will appear next to it.



b. Click on **Choose File** to upload the 485 RA from EMOMED, from the file location in which you receive remittance advice files from EMOMED.



c. Select the RA file you received from EMOMED.

d. Process the file and all invoices will be updated (e.g., Paid, Partially Paid, Denied).

4. Main Accounts Receivable Screen

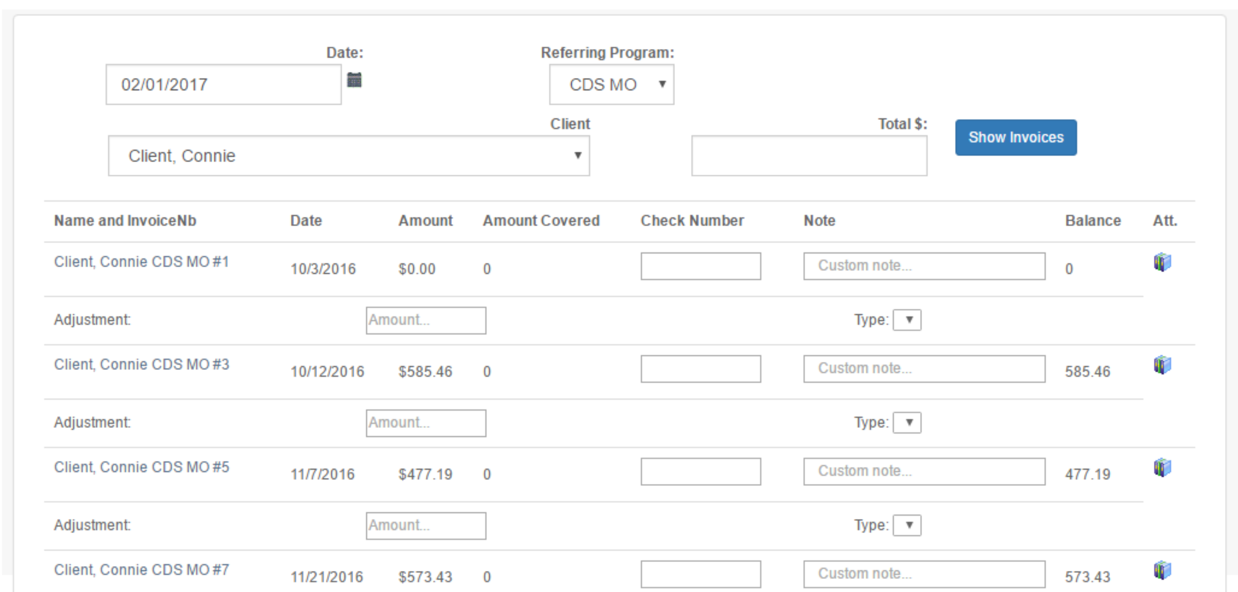
   a. The redesigned Main Accounts Receivable screen (release date May 2017) will manage remittances starting from an *invoice aging view* by program.

Program	Current	30	60	90	120	150+	Totals
CDS	$120,000.04	$ 7,231.44	$4,442.60	$1,480.87	$1,777.04	$1,248.00	$136,179.99
IHS	$ 87,394.67	$ 8,199.17	$1,248.00	$ 416.00	$ -	$ 989.44	$ 98,247.28
VA	$ 18,213.99	$ 1,037.00	$1,354.94	$ -	$1,071.07	$ -	$ 21,677.00
Private Pay	$ 31,324.00	$ 6,709.86	$2,149.76	$ 716.59	$ -	$1,374.08	$ 42,274.29
Totals	$256,932.70	$23,177.47	$9,195.30	$2,613.45	$2,848.11	$3,611.52	$298,378.55

b. When you click on the name of a program it will break the aging down by patient, as follows:

Program	Current	30	60	90	120	150+	Totals
Client 1	$ 679.00	$ 1,067.00	$1,557.00	$ 279.00	$ 9.00	$ 142.00	$ 3,733.00
Client 2	$ 3,420.00	$ -	$2,047.00	$ 404.00	$ 295.00	$ 229.00	$ 6,395.00
Client 3	$ 2,771.00	$ 1,795.00	$ -	$ -	$ -	$ -	$ 4,566.00
Client 4	$ 3,656.00	$ -	$1,867.00	$ 159.00	$ 557.00	$ 384.00	$ 6,623.00
Client 5	$ 1,419.00	$ 933.00	$2,017.00	$ -	$ -	$ -	$ 4,369.00
Client 6	$ 3,928.00	$ 1,613.00	$ -	$ 578.00	$ -	$ -	$ 6,119.00
Totals	$ 11,774.00	$ 4,341.00	$3,884.00	$ 737.00	$ 557.00	$ 384.00	$ 21,677.00

c. When you drill into a client it will take you to a list of all outstanding invoices for that client.



d. On any row you can do the following.

1. Click to see the original invoice.
2. Enter a payment.
3. Put in a note (e.g., what is the plan for payment).
4. Add an attachment (such as a collection letter).
5. Enter an adjustment.
6. Choose the adjustment type from authorized list (configurable based on employee role).

Payroll

Again, since Billing and Payroll go hand in hand. The Payroll process will be very similar to the Billing process described above.

To calculate payroll:

1. Go on the main menu, choose **Billing** and choose **Calculate Billing and Payroll**.

2. Enter the date range. (Optionally you can do one client in payroll, which can be useful if you need to “redo” a check or pickup a stray timecard.)

3. Then select calculate.

   NOTE You may want to extend your “**Starting Date**” further into the past to pick up visits that weren’t closed in time for the last payroll run.

4. You will see the visits that will be in the payroll export.

5. If you see obvious issues such as $0 pay because caregiver doesn’t have a pay table) you can go fix the problem and then come back here and rerun before exporting.

Set Pay Rates for Employees

There are three steps to ensure accuracy in set up of employee pay rates.

Step 1: Set up Pay Codes

1. Go to Organizational Detail -> Billing Configuration -> Pay Codes.

2. Select “Add New Pay Code”.

3. Enter the name (like Pay10.50).

4. Set Units to 1.

5. Set type as “Pay per Time”.

6. Set time to one hour.

7. Enter the amount.

8. Select Save.

9. Note: You can use the same pay code for many employees.

Step 2: Assign Pay Rate to Caregiver

1. Select the Caregiver (caregivers tab).

2. Go to the "Pay Code" drop down.

3. Select the Pay Code for the employee (if not their go back to step 1).

4. Select Save (lower left).

5. If things look ok, go to the bottom and select "create invoice" or "create payment."

   NOTE The "view after creation" option will take you to the billing or payroll report screen.

   The "recalculate" button will recalculate (e.g., pick up changed bill/pay rates).

Step 3 – View Billing Report (Client) or Payroll Report (Caregiver)

Here you can see, print and adjust your invoices and pay statements (with the adjust link on the right)

Add Adjustments

To add an adjustment for bills or payroll, follow these steps:

1. Go into “Adjustments” (left menu under billing).

2. Select "Add New Adjustment".

   For Billing: If you need to charge more click charge, if you charged too much, click discount.

   For Payroll: If you need to pay them more more click "charge", if you paid too much, click "discount".

3. For Billing: Click "Client".

4. For Payroll: Click “Caregiver”.

5. Select the client or caregiver name.

6. Set the date to the date the issue occurred on (can be future).

7. Type a short description.

8. Put in the dollar amount to be adjusted as a positive number.

Splitting Up a Payroll into Two

Here are the steps to create splitting up a payroll into two:
E.g., if you have an attendant with two clients and you want separate payroll reports.

1. Run payroll - this will make a single pay statement for the caregiver.

2. Go into Left Menu -> Billing -> Payroll Report (caregiver).

3. Find the payroll statement that you want to split and on the right-hand side of that pay statement line, press adjust.

4. Uncheck the visits that you want to leave off of the payroll and press save.

5. This will make the first pay statement and free up the excluded visits to go into a different payroll statement. So now you can calculate payroll again and you'll get a pay statement for the second client.

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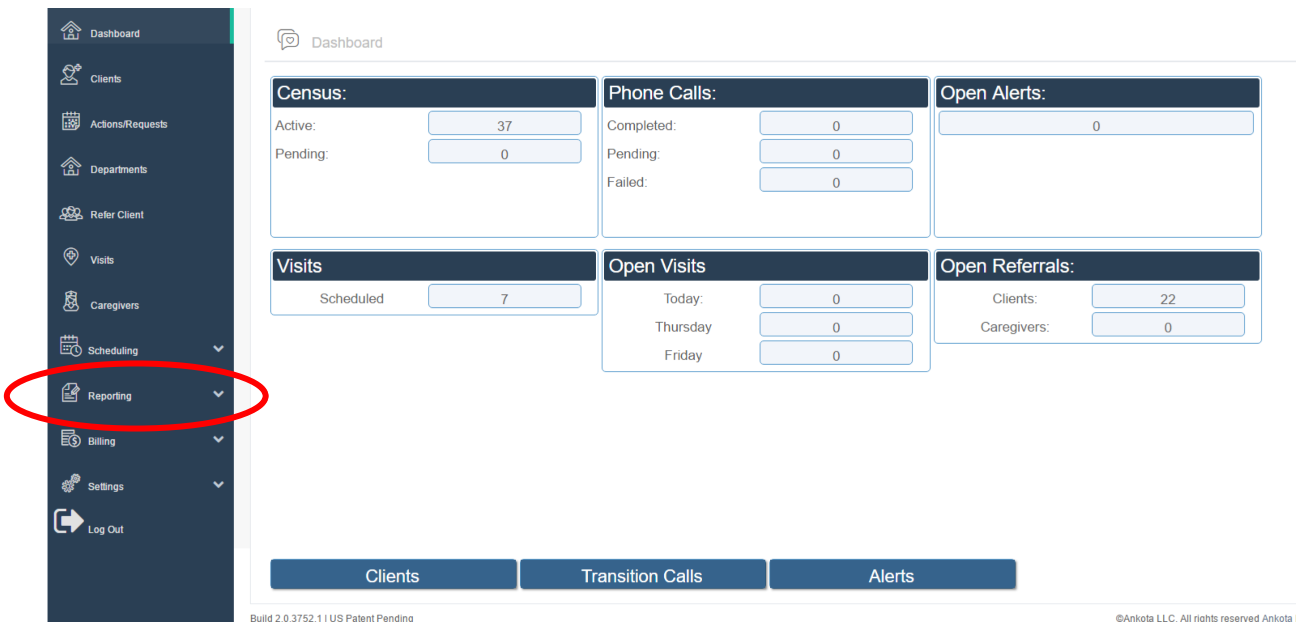
Reporting

Overview

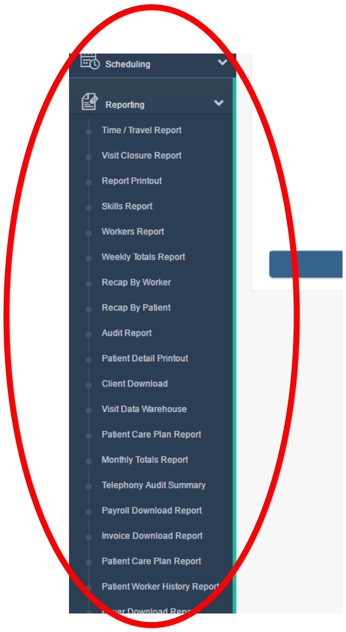
Ankota includes a variety of printable reports. Many customers also have custom reports they have had Ankota create for them. This document will examine the standard reports included in the base Ankota homecare system.

The Basics

Finding Reports - Most of the standard reports can be found under the **Reporting** menu option on the Main Menu.



Click on the Reporting menu option to see the list of reports.



Note that the reports are shown in a list format. Ankota is creating categories for reports and will be putting reports into the following categories:

- Member/Patient
- Case Manager/Caregiver
- Services
- Billing
- Payroll

Each report will be sorted into the applicable category to make the reports easier to locate.

Additional reports will be created and added within the various categories.

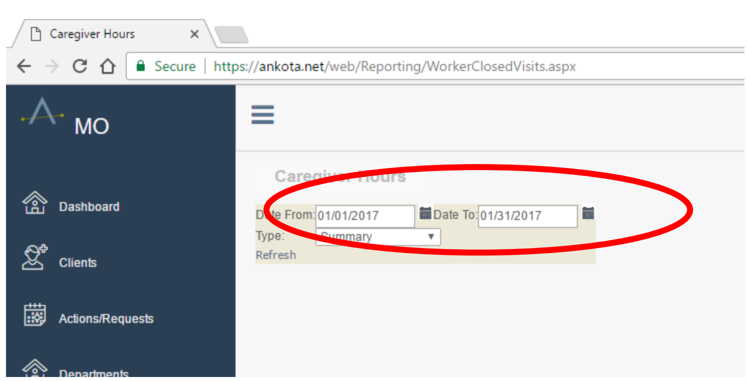
Occasionally, reports will be located in their respective main menu items. Two examples of this are:

- Billing Report – This report is located under the **Billing** main menu option.
- Worker Schedule Printout – Located under the **Scheduling** main menu option.

Running Reports

To run a report, simply click on the report name from the list that appears in the drop down box.

Each report has its own set of filters. Filters allow reports to serve multiple functions so that a single report can replace many different reports by simply selecting different filters. For example, a **Worker Hours** report can serve as a "flash" report of month to date hours, or a quarterly report or even an annual report, all by simply choosing different starting and ending dates for the report.



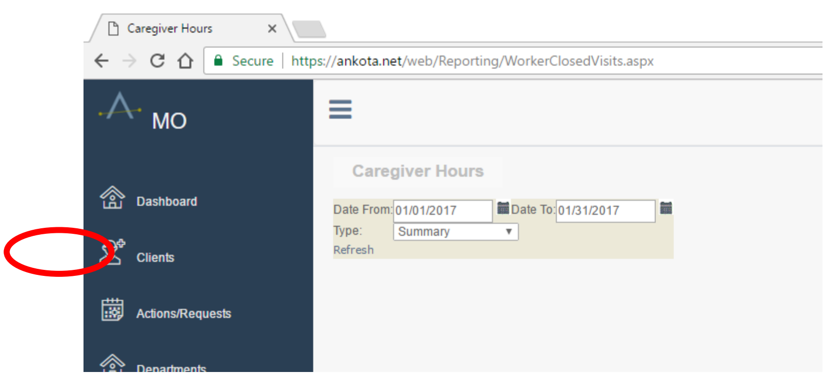
Similarly, this same **Worker Hours** report can be produced in Summary, Summary with Short Detail, Detail (full), or produced as a Quickbooks Hours report.

So in total, this *one* **Worker Hours** report can serve as four differently laid out reports, each of which can be produced for any desired date range, Meaning one report can serve the purposes of 20 different reports!

Report: Worker Hours Type Selection:	Period: Flash	Period: Monthly	Period: Quarterly	Period: Annually	Period: Any Period
Summary	X	X	X	X	X
Summary with Short Detail	X	X	X	X	X
Detail	X	X	X	X	X
QuickBooks Export	X	X	X	X	X

Thus, with only two filter variables, Date Range and Type, Ankota is able to deliver the same results as 20 different reports on most other systems. For that reason, Ankota requires fewer individual reports than most other system.

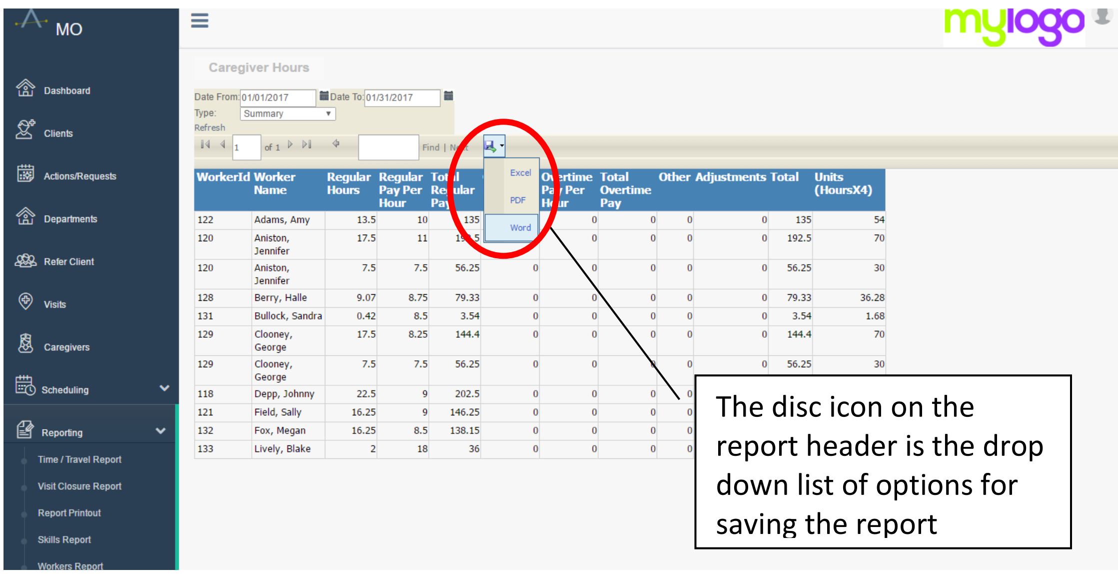
Once the filters have been entered or selected, to run the report, click on the **Refresh** button.



The report will appear as shown below.

Reports can be printed to a printer. However, to add further additional functionality and capability, most reports can also be saved in common working file formats as follows:

- Excel: The report will be opened as an editable Excel file.
- PDF: The report will appear as an Adobe .PDF file.
- Word: The report will appear as an editable Word file.



Below is the current listing of standard reports available in Ankota with a brief description of each report. Your specific reports may vary from this list if you have had Ankota create custom reports for your agency.

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Reports List

Report Name	Filters	Sorting & Data Included
Time/Travel Report	– Date Range – Caregiver	Sorted by Date and Caregiver. Includes: Date of Visit, Visit time, Travel Time, Admin Time, Work Time, Total Time, Arrival Time, Departure Time, Mileage, Errand Miles, Patient (Member), Worker, Status.
Visit Closure Report	– Client – Caregiver – Visit Status – Date Range	Sorted by Date and Time. Includes: Caregiver, Client Name, Care Plan, Visit Type, Arrival Date/Time, Departure Date/Time, Visit Status.
Report Printout (Visit Report)	– Appointment Start Date – Appointment End Date – Worker – Service Name – Client Name	Sorted by Date. Includes: Service Name, Patient Name, Member Name, Appointment Date, Status.
Skills Report		Sorted by Worker. Includes: Name, ID, Member ID, Status, Department, (List of skills as set by the agency).
Workers Report	– Caregiver Last Name	Sorted by Worker Last Name. Includes: First Name, Last Name, Street, City, State, Postal Code, Primary Phone. Secondary Phone, Email Address, Birth Date, Hiring Date, ID, Ankota ID, Department, Pay Table, Status.
Weekly Totals Report	– Date	Sorted by Department. Includes: This Week, Last Week, 2 Weeks Ago, 3 Weeks Ago, 4 Weeks Ago, 5 Weeks Ago, 6 Weeks Ago, 7 Weeks Ago, 8 Weeks Ago, 9 Weeks Ago, 10 Weeks Ago, 11 Weeks Ago, 12 Weeks ago.
Recap By Worker	– Date	Sorted by Date. Includes: Caregiver Name, Sun, Mon, Tue, Wed, Thu, Fri, Sat, Total, Last Week, Week Before, Department.
Recap By Patient (Member)	– Date	Sorted by Date. Includes: Caregiver Name, Sun, Mon, Tue, Wed, Thu, Fri, Sat, Total, Last Week, Week Before, Department.

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Report Name	Filters	Sorting & Data Included
Audit Report	– Date Range – Client Last Name – Client First Name – Caregiver Last Name – Caregiver First Name	Sorted by Day of week. Day of the week, Date, Expected Time In, Expected Time Out, Telephony Time In, Telephony Time Out, Overridden Time In, Overridden Time Out, Billed Visit Hours, Scheduled Hours, Telephony Hours, Travel Mileage, Employee Name, Employee ID, Client Name, Client ID, Department, Expected Client Phone Number, Actual Phone Number In, Actual Phone Number Out, Violation Phone In, Violation Phone Out, Visit Type, Approval Reason, Approval Notes, Approved By, Visit ID, Violation Time In, Violation Time Out, Expected Duration, Actual Duration, Violation Duration, Violation GPS Arrival, Violation GPS Departure, Violation, Holiday Hours, Visit Notes.
Patient Detail Printout	– Date Range – Include former and deceased clients – Include visit notes – Include visit details – Client Name – Care Plan	Sorted by Employee Includes: Arrival Date, Departure Date, Duration in Hrs/Min, Program Type, Visit Reason, Tasks (enumerated), Arrival Telephone Number, Departure Telephone Number, Employee First Name, Employee Last Name, Employee Discipline, Employee ID.
Client Download	– Last name – Referring Program	Sorted by Client Last Name. Includes: First Name, Last Name, Street, City, State Code, Postal Code, Primary Phone, Secondary Phone, ID, Ankota ID, Bill Code, Bill Code 24, Pay Code, Pay Code 24, Department, Birth Date, Status, Skills.
Visit Data Warehouse	– Date From – Date To – Plan Type	Sorted by Worker Last Name. Includes: Visit Date, Patient Name, Agency Name, Worker Name, Dentist Name, Scheduled Start, Scheduled End, Actual Start, Actual End, Bill Rate, Upcharge, Bill Amount, Pay Rate, Bonus, Pay Amount, Visit Status, Visit Number, Service Type, CRM Status, Effective Date, Plan Name, CRM Status DOS, Effective Date DOS, Plan DOS, Department, Birth Date, Status, Skills.
Monthly Totals Report	– Date	Sorted by Department. Includes: Department, This Month, Last Month, Two Months Ago, Three Months Ago, Four Months Ago, Five Months Ago, Six Months Ago, Seven Months Ago, Eight Months Ago, Nine months Ago, Ten Months Ago, Eleven Months Ago, Twelve Months Ago.

Report Name	Filters	Sorting & Data Included
Telephony Audit Summary	– Date Range – Worker	Sorted by Employee Name. Includes: Employee Name, Time In Violation, Time Out Violation, Duration Violation, Phone In Violation, Phone Out Violation, FVV In Violation, FVV Out Violation, Voice Sign In violation, Voice Sign Out Violation, GPS Arrival Violation, GPS Departure Violation, Visits With Violations, Total Visits, Percent Compliance.
Payroll Download Report	– Date Range – Referring Program – Patient – Visit Date	Sorted by Employee Name. Includes: Employee Name, Client Name, Payer Name, Visit Type, Date, Start Time, End Time, Total Hours, Rate, Total, Mileage, Travel Time.
Invoice Download Report	– Date Range – Referring Program – Patient – Visit Date/Invoice Date	Sorted by Client Name. Includes: Client Name, Worker Name, Payer Name, Visit Type, Date, Start Time, End Time, Total Hours, Rate, Total Charge, Mileage.
Patient Care Plan Report	– Date – Last Name	Sorted by Patient Name. Includes: Patient ID, Ankota Plan Name, Plan Type, Active From, Active To.
Patient Worker History Report	– First Name – Last Name	Sorted by Patient Name. Includes: Worker Name, Cell Phone, Patient Name, Last Date.
Payer Download Report	– Patient Last Name	Sorted by Client Last Name. Includes: Client First Name, Client Last Name, Payer First Name, Payer Lat Name, Address 1, City, State Code, Postal Code, Primary Phone Secondary Phone, Payer ID.

Report Name	Filters	Sorting & Data Included
Worker Hours Report	– Date Range – Type: ○ Summary ○ Summary Short ○ Detail ○ QuickBooks Export	Sorted by Client Last Name. SUMMARY Includes: Worker ID, Worker Name, Regular Hours, Regular Pay Per Hour, Total Regular Pay, Overtime Hours, Overtime Pay Per Hour, Total Overtime Pay, Other, Adjustments, Total, Units (Hours x 4). SUMMARY SHORT Includes: Worker Name, Worker Department, Regular Hours, Regular Pay Per Hour, Overtime Hours, Overtime Pay Per Hour, Adjustments. DETAIL Includes: Worker ID, Worker Name, Date, Patient Name, Duration, Rate, Amount, Type. QUICKBOOKS EXPORT Includes: Worker Name, Regular Hours, Regular Pay Per Hour, Total Regular Pay, Overtime Hours, Overtime Pay Per Hour, Total Overtime Pay, Other, Adjustments, Total, Units (Hours x 4).
Authorize Service Warnings Report	– Month – Warning Type – Visit Type – Patient – Threshold (%)	Sorted by Patient Last Name. Includes: Patient Name, Start-End Dates, Visit Type, Period, Authorized Hours/Units, Prediction %, Remaining Units, Remaining Visits, Recommendations, Period Warnings, Monthly Warnings, Seek 1, Week 2, Week 3, Week 4, Week 5.
Quarterly Unit Usage Report	– Year – Quarter	Sorted by Visit Type Category. Includes: Agency, Visit Type Category, Total Paid Claims, Number of Patients, Total Units Authorized, Total Units Delivered, Agency Total.
Invoice Summary Report	– Month – Referring program – Patient	Sorted by Date. Includes: Date, Agency, Name, Invoice Total, Amount, Type, Chank Number, Account Number, Notes, Total Paid.

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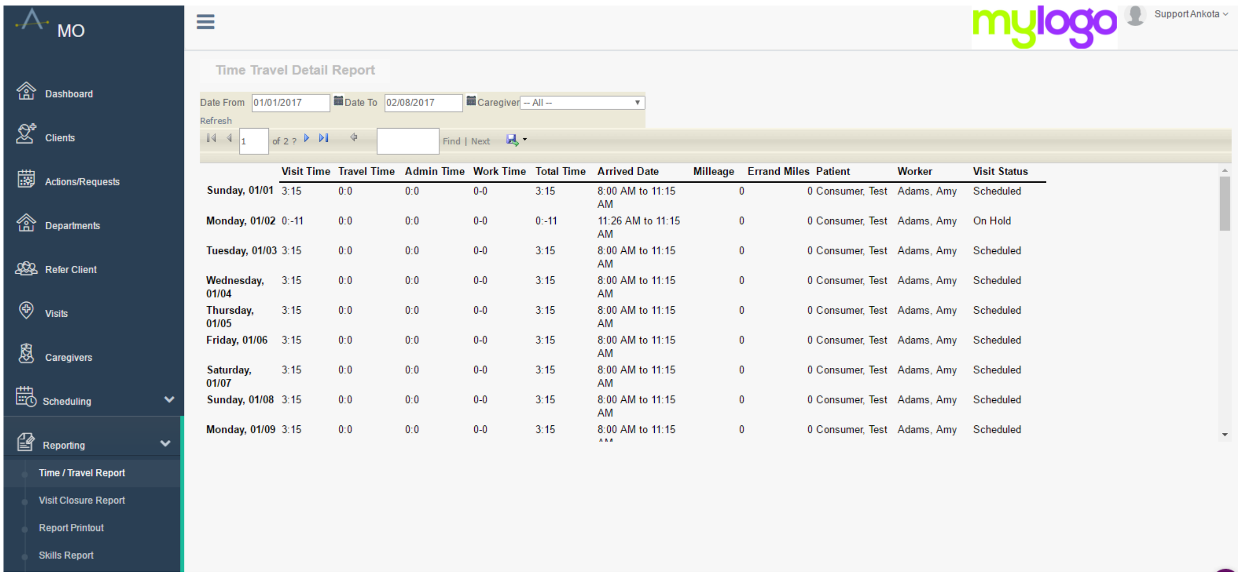
Time/Travel Report

Filters	Sorting & Data Included
– Date Range – Caregiver	Sorted by Date and Caregiver. Includes: Date of Visit, Visit time, Travel Time, Admin Time, Work Time, Total Time, Arrival Time, Departure Time, Mileage, Errand Miles, Patient (Member), Worker, Status.



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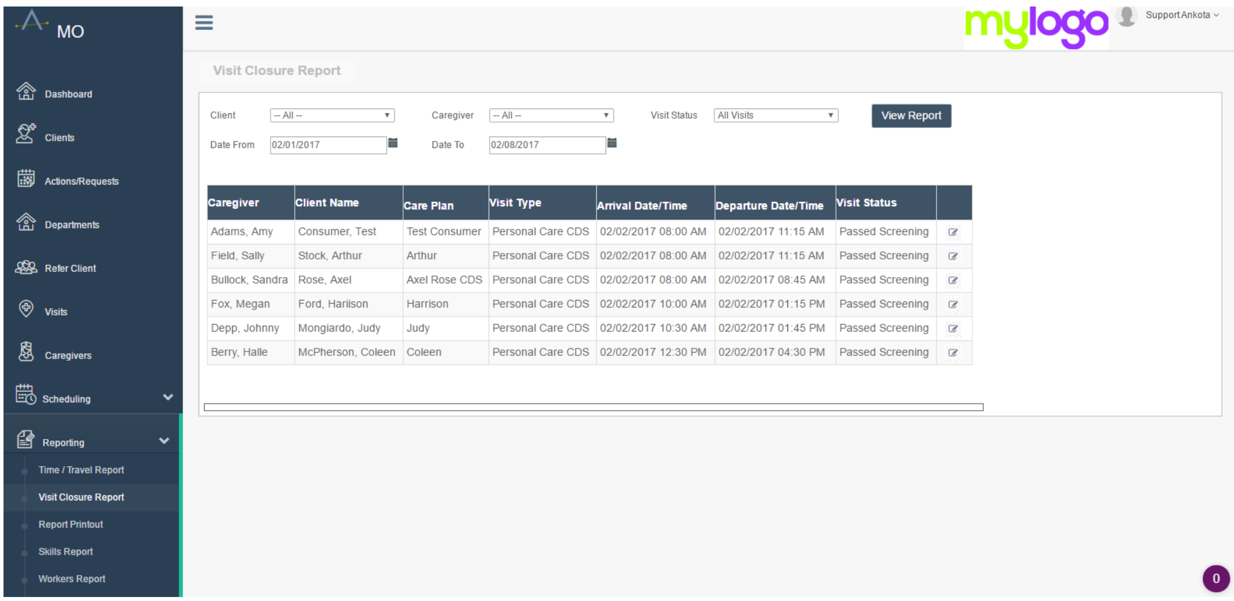
Visit Closure Report

Filters	Sorting & Data Included
– Client – Caregiver – Visit Status – Date Range	Sorted by Date and Time. Includes: Caregiver, Client Name, Care Plan, Visit Type, Arrival Date/Time, Departure Date/Time, Visit Status.



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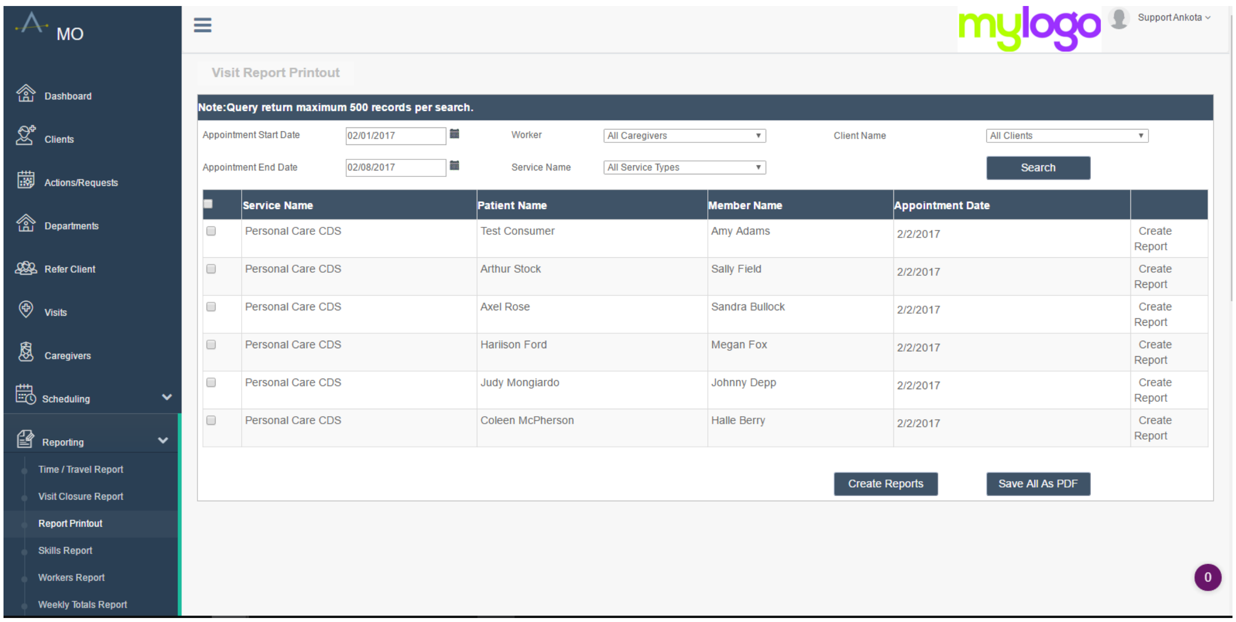
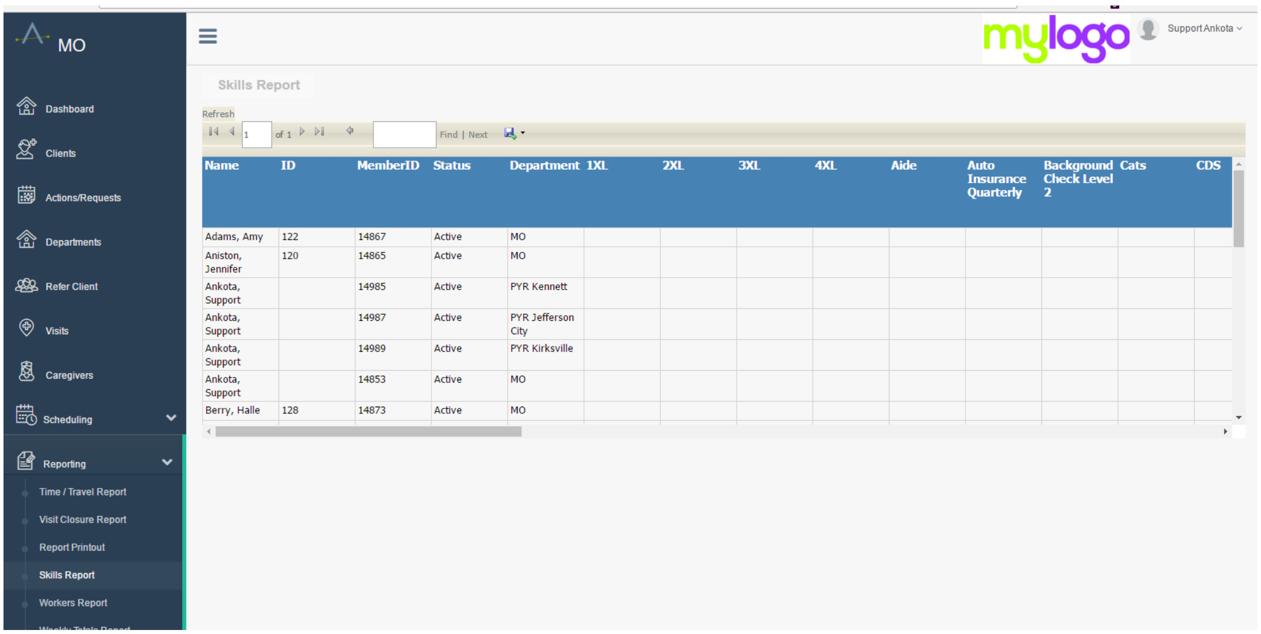
Visit Report Printout

Filters	Sorting & Data Included
– Appointment Start Date – Appointment End Date – Worker – Service Name – Client Name	Sorted by Date. Includes: Service Name, Patient Name, Member Name, Appointment Date, Status.



Skills Report

Filters	Sorting & Data Included
– None	Sorted by Worker Last Name. Includes: Name, ID, Member ID, Status, Department, (List of skills as set by the agency).



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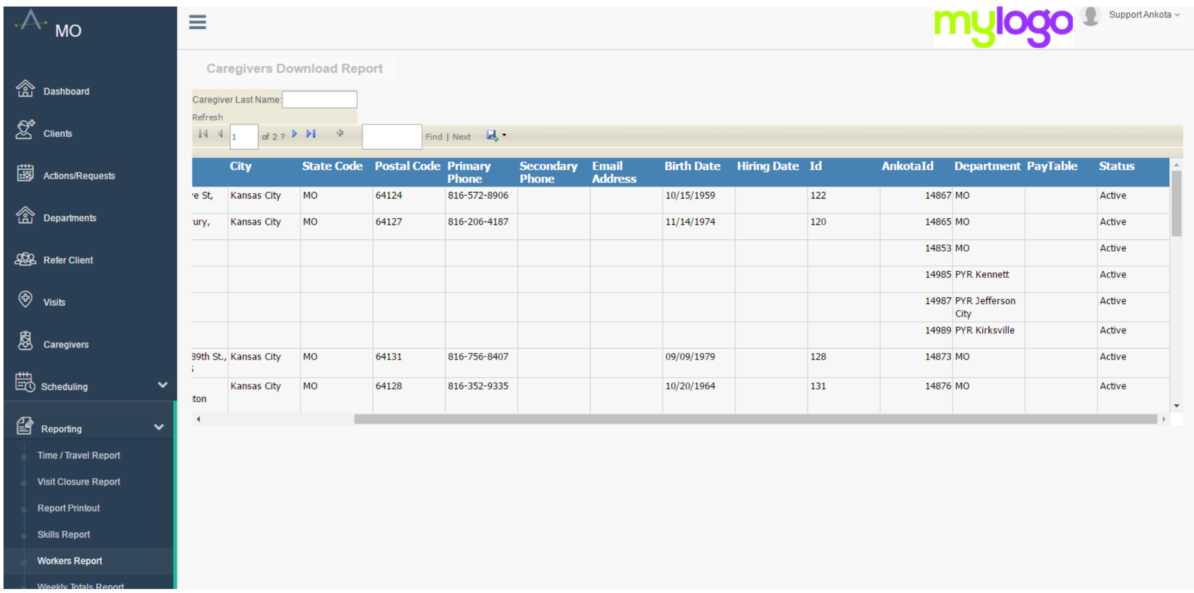
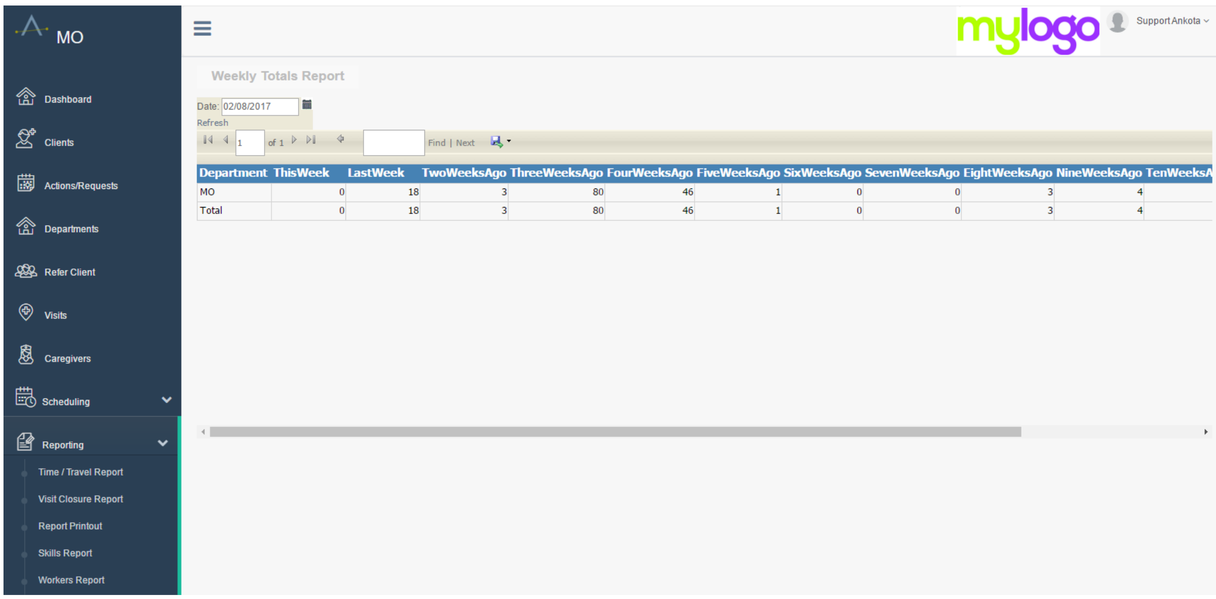
Workers Report
(Caregivers Download Report)

Filters	Sorting & Data Included
– Caregiver Last Name	Sorted by Worker Last Name. Includes: First Name, Last Name, Street, City, State, Postal Code, Primary Phone. Secondary Phone, Email Address, Birth Date, Hiring Date, ID, Ankota ID, Department, Pay Table, Status.



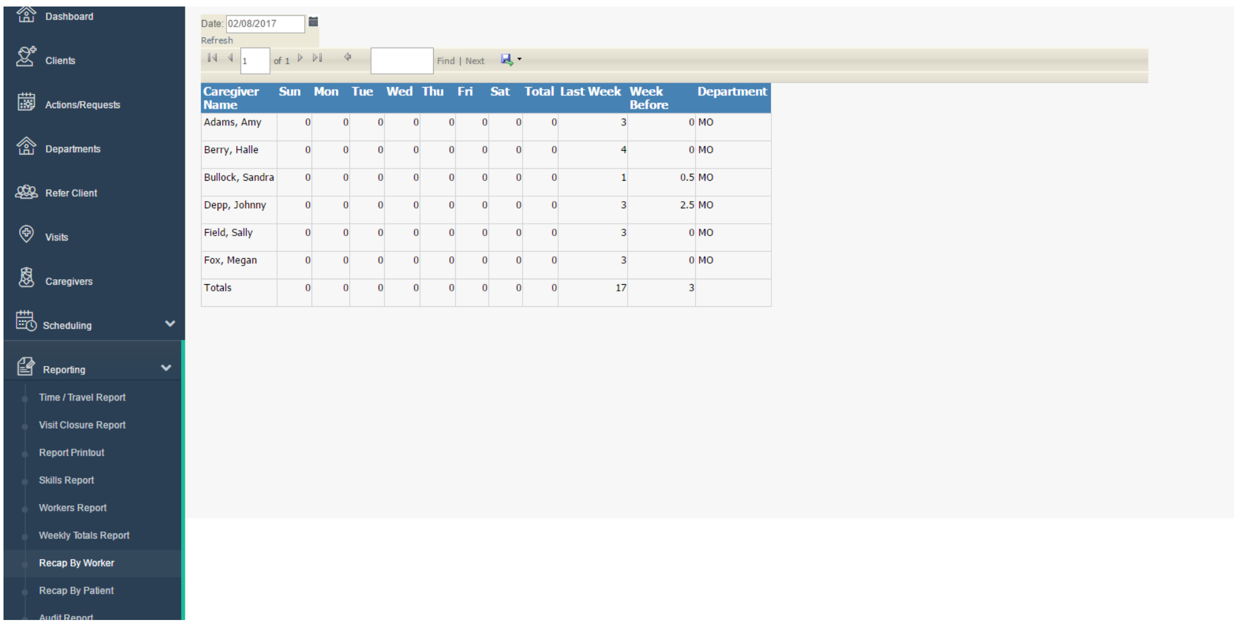
Weekly Totals Report

Filters	Sorting & Data Included
– **Date**	Sorted by Department. This Week, Last Week, 2 Weeks Ago, 3 Weeks Ago, 4 Weeks Ago, 5 Weeks Ago, 6 Weeks Ago, 7 Weeks Ago, 8 Weeks Ago, 9 Weeks Ago, 10 Weeks Ago, 11 Weeks Ago, 12 Weeks ago.



Recap By Worker

Filters	Sorting & Data Included
– Date	Sorted by Date. Caregiver Name, Sun, Mon, Tue, Wed, Thu, Fri, Sat, Total, Last Week, Week Before, Department.



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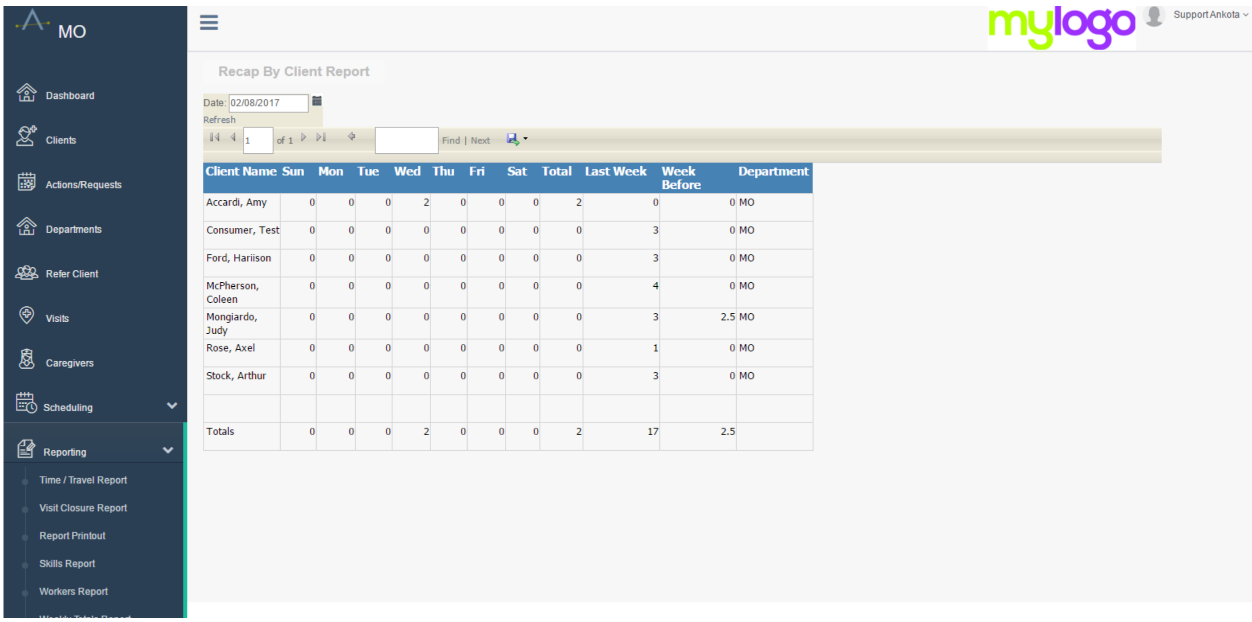
Recap By Patient (Member)

Filters	Sorting & Data Included
– Date	Sorted by Date. Caregiver Name, Sun, Mon, Tue, Wed, Thu, Fri, Sat, Total, Last Week, Week Before, Department.



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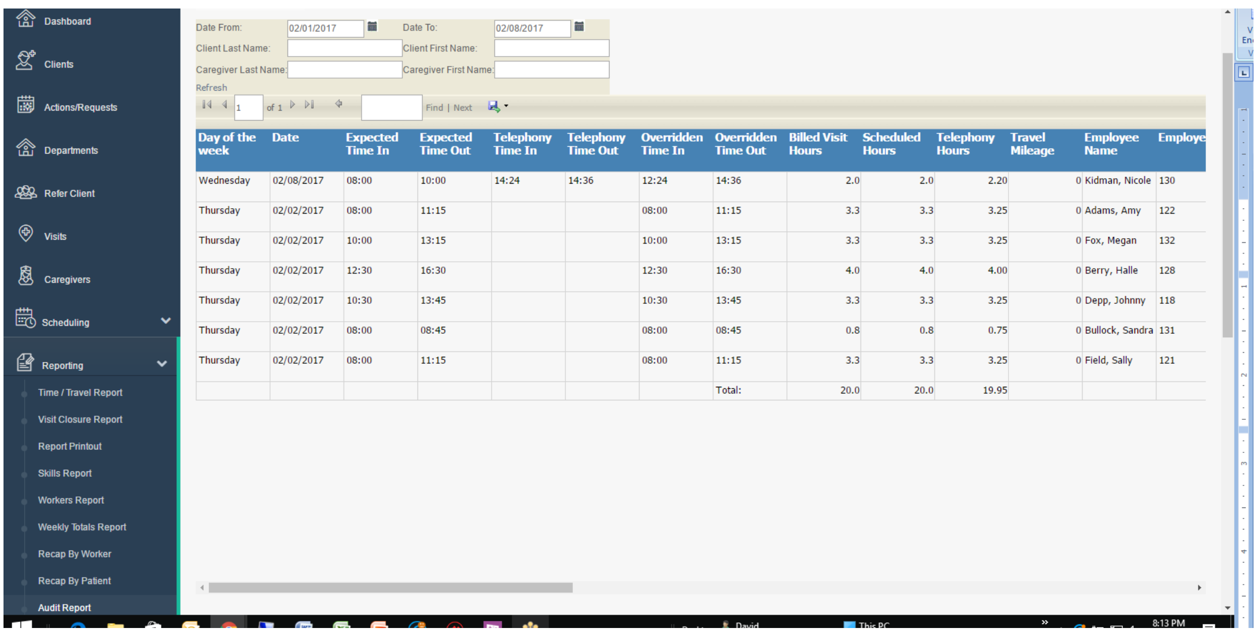
Audit Report

Filters	Sorting & Data Included
– Date Range – Client Last Name – Client First Name – Caregiver Last Name – Caregiver First Name	Sorted by Day of week. Day of the week, Date, Expected Time In, Expected Time Out, Telephony Time In, Telephony Time Out, Overridden Time In, Overridden Time Out, Billed Visit Hours, Scheduled Hours, Telephony Hours, Travel Mileage, Employee Name, Employee ID, Client Name, Client ID, Department, Expected Client Phone Number, Actual Phone Number In, Actual Phone Number Out, Violation Phone In, Violation Phone Out, Visit Type, Approval Reason, Approval Notes, Approved By, Visit ID, Violation Time In, Violation Time Out, Expected Duration, Actual Duration, Violation Duration, Violation GPS Arrival, Violation GPS Departure, Violation, Holiday Hours, Visit Notes.



Most customers use this report as an export to Excel where they determine which columns to retain and which to discard.

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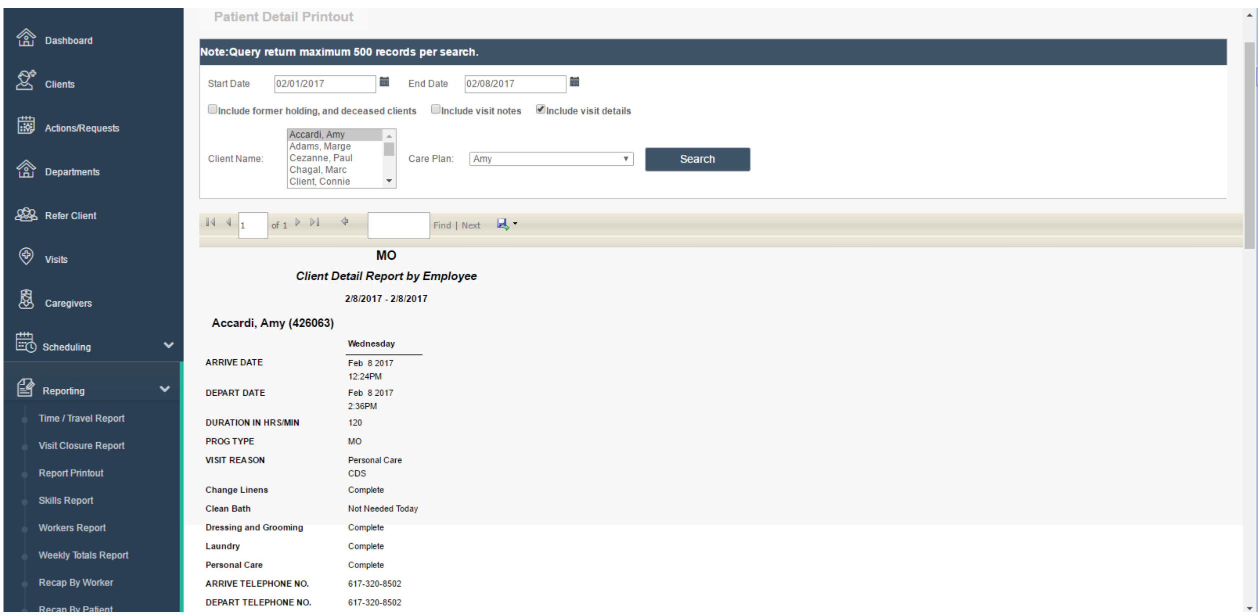
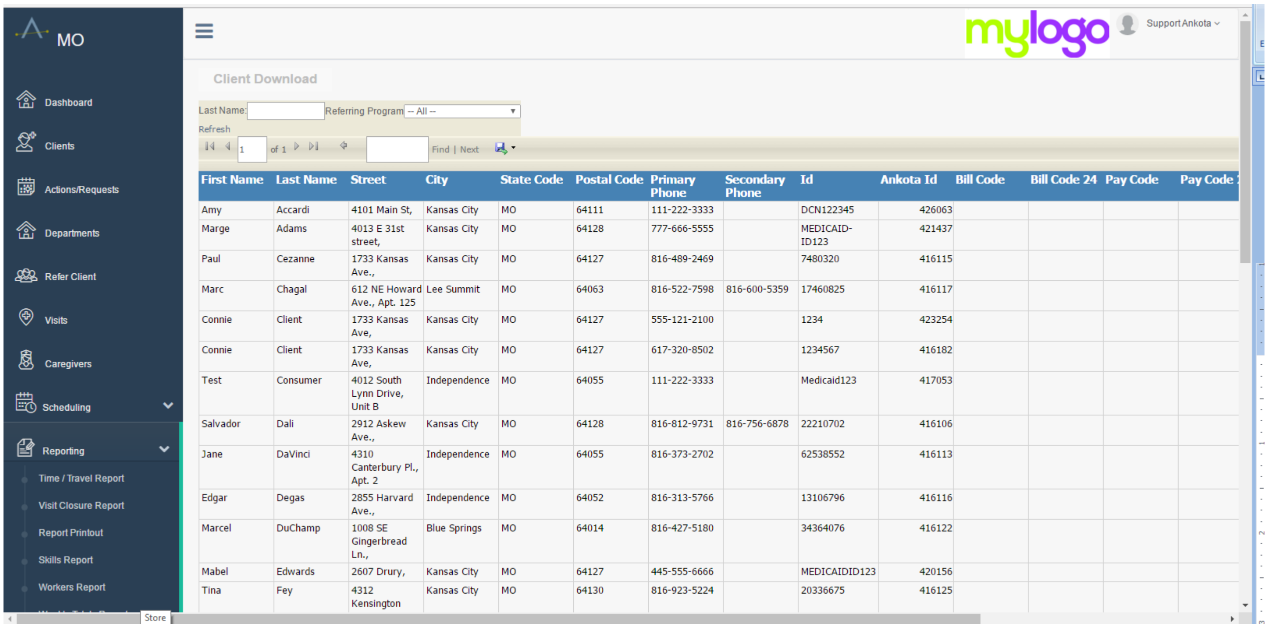
Patient Detail Printout

Filters	Sorting & Data Included
– Date Range – Include former and deceased clients – Include visit notes – Include visit details – Client Name – Care Plan	Sorted by Employee Includes: Arrival Date, Departure Date, Duration in Hrs/Min, Program Type, Visit Reason, Tasks (enumerated), Arrival Telephone Number, Departure Telephone Number, Employee First Name, Employee Last Name, Employee Discipline, Employee ID.



Client Download

Filters	Sorting & Data Included
– Last name – Referring Program	Sorted by Client Last Name. Includes: First Name, Last Name, Street, City, State Code, Postal Code, Primary Phone, Secondary Phone, ID, Ankota ID, Bill Code, Bill Code 24, Pay Code, Pay Code 24, Department, Birth Date, Status, Skills.



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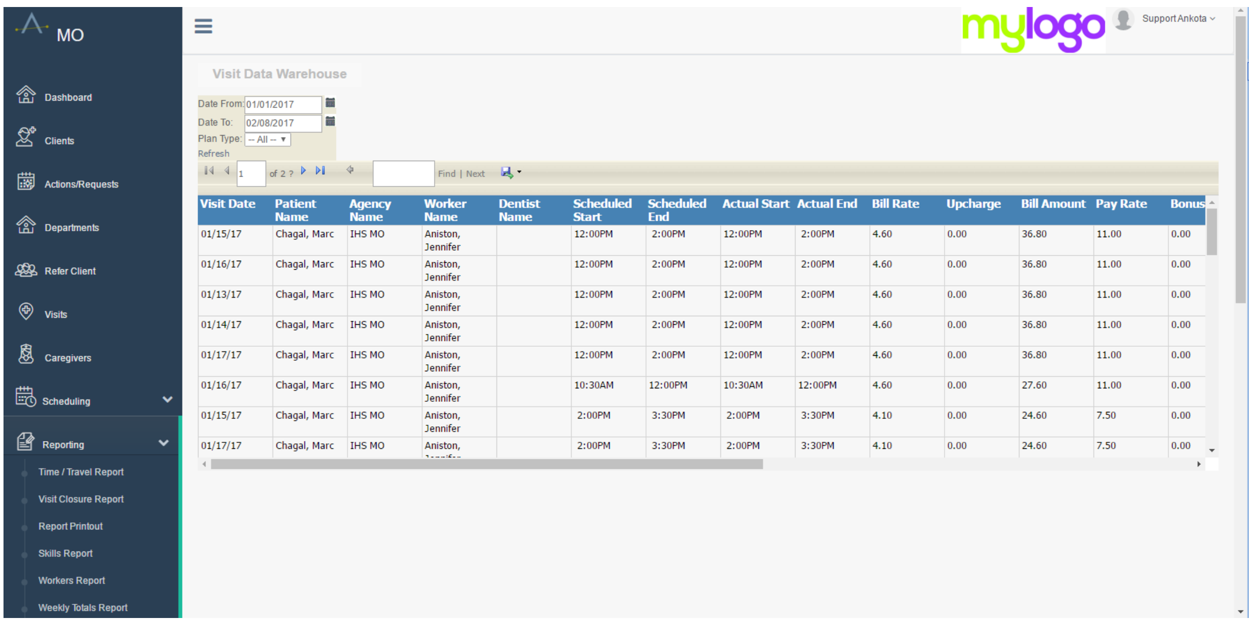
Visit Data Warehouse

Filters	Sorting & Data Included
– Date From – Date To – Plan Type	Sorted by Worker Last Name. Includes: Visit Date, Patient Name, Agency Name, Worker Name, Dentist Name, Scheduled Start, Scheduled End, Actual Start, Actual End, Bill Rate, Upcharge, Bill Amount, Pay Rate, Bonus, Pay Amount, Visit Status, Visit Number, Service Type, CRM Status, Effective Date, Plan Name, CRM Status DOS, Effective Date DOS, Plan DOS, Department, Birth Date, Status, Skills.



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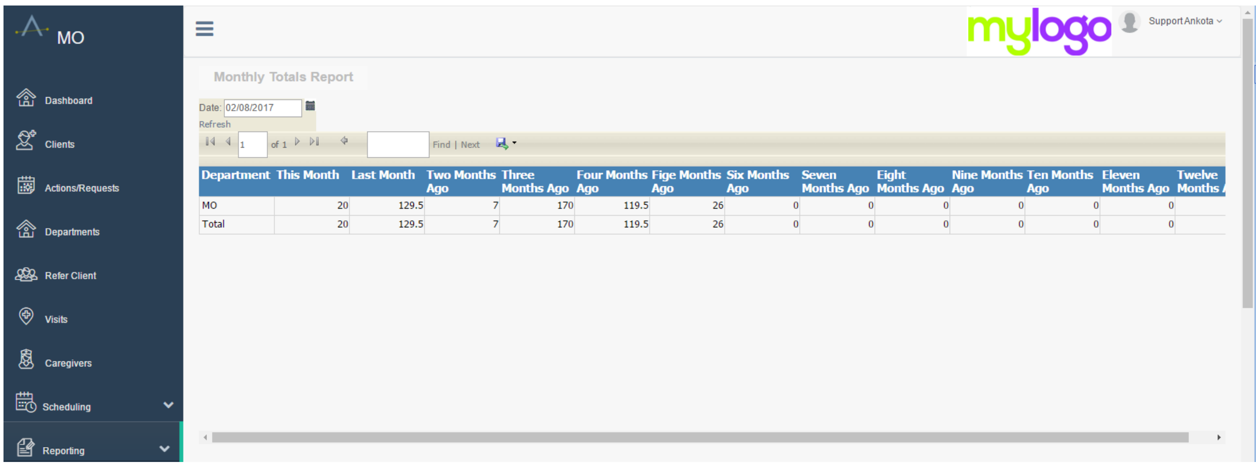
Monthly Totals Report

Filters	Sorting & Data Included
– Date	Sorted by Department. Includes: Department, This Month, Last Month, Two Months Ago, Three Months Ago, Four Months Ago, Five Months Ago, Six Months Ago, Seven Months Ago, Eight Months Ago, Nine months Ago, Ten Months Ago, Eleven Months Ago, Twelve Months Ago.



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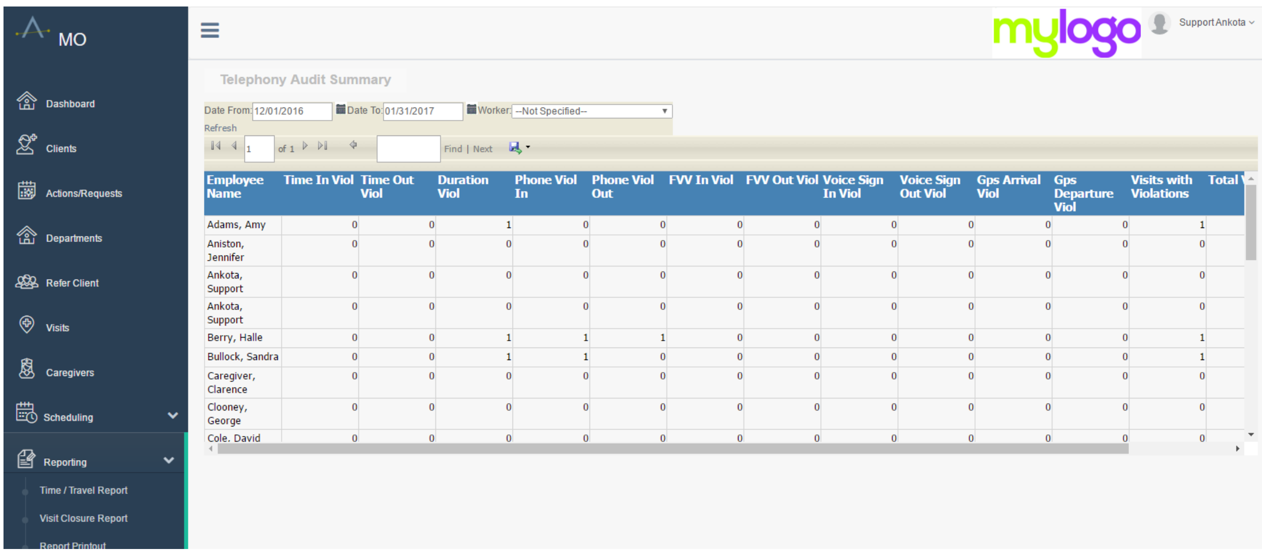
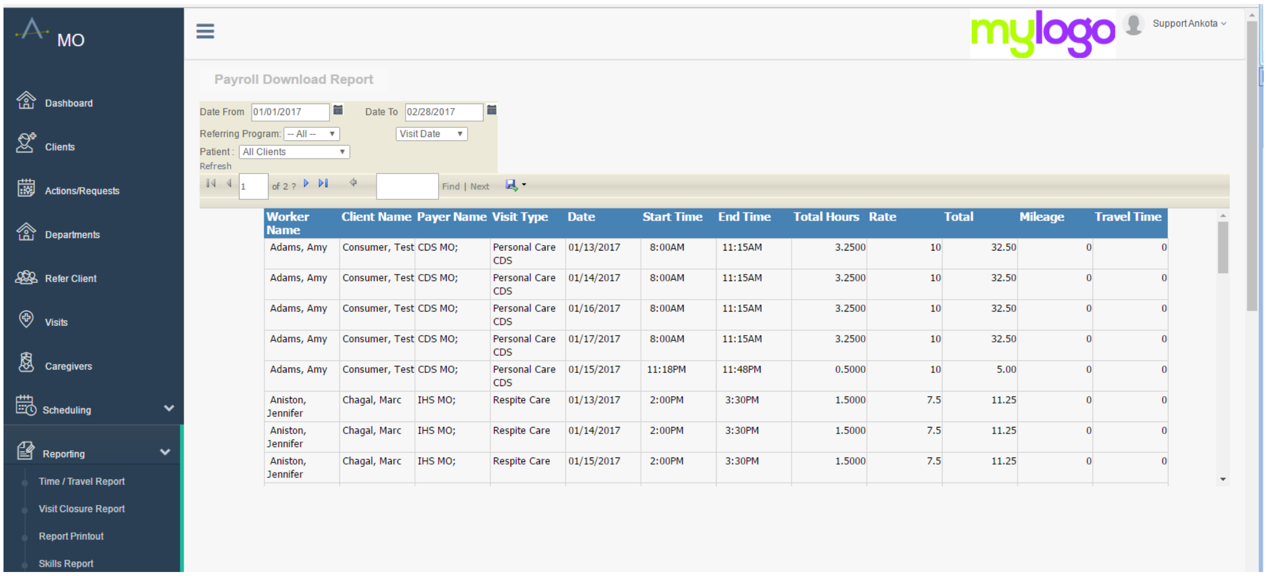
Telephony Audit Summary

Filters	Sorting & Data Included
– Date Range – Worker	Sorted by Employee Name. Includes: Employee Name, Time In Violation, Time Out Violation, Duration Violation, Phone In Violation, Phone Out Violation, FVV In Violation, FVV Out Violation, Voice Sign In violation, Voice Sign Out Violation, GPS Arrival Violation, GPS Departure Violation, Visits With Violations, Total Visits, Percent Compliance.



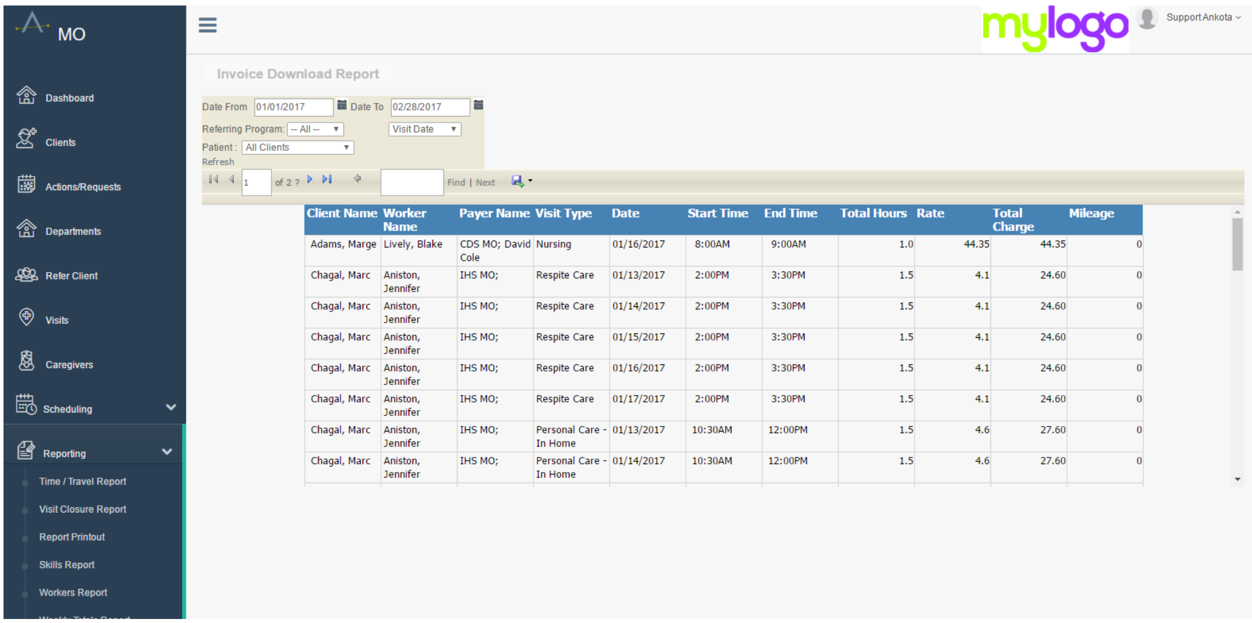
Payroll Download Report

Filters	Sorting & Data Included
– Date Range – Referring Program – Patient – Visit Date	Sorted by Employee Name. Includes: Employee Name, Client Name, Payer Name, Visit Type, Date, Start Time, End Time, Total Hours, Rate, Total, Mileage, Travel Time.



Invoice Download Report

Filters	Sorting & Data Included
– Date Range – Referring Program – Patient – Visit Date/Invoice Date	Sorted by Client Name. Includes: Client Name, Worker Name, Payer Name, Visit Type, Date, Start Time, End Time, Total Hours, Rate, Total Charge, Mileage.



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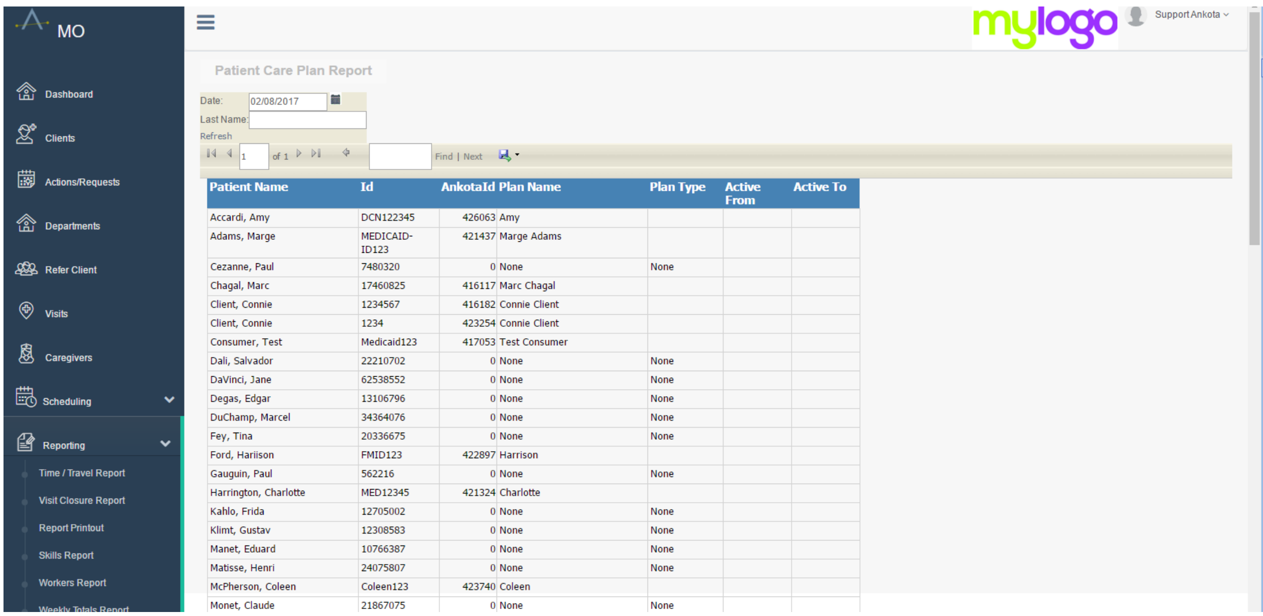
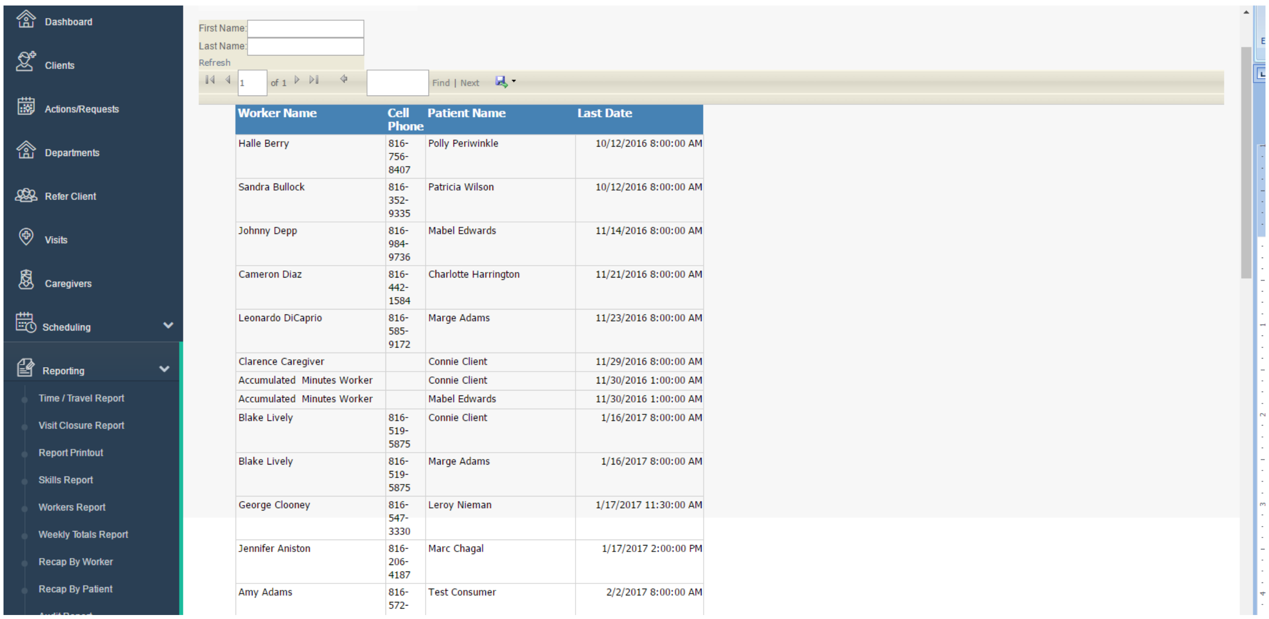
Patient Care Plan Report

Filters	Sorting & Data Included
– Date – Last Name	Sorted by Patient Name. Includes: Patient ID, Ankota Plan Name, Plan Type, Active From, Active To.



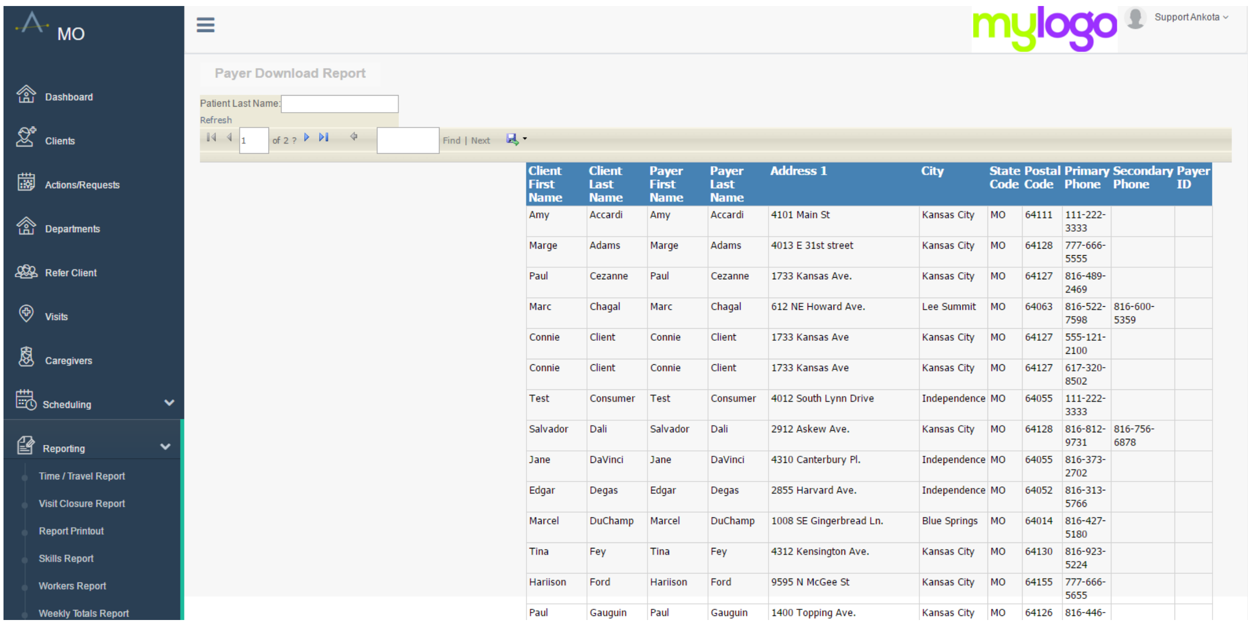
Patient Worker History Report

Filters	Sorting & Data Included
– First Name – Last Name	Sorted by Patient Name. Includes: Worker Name, Cell Phone, Patient Name, Last Date.



Payer Download Report

Filters	Sorting & Data Included
– Patient Last Name	Sorted by Client Last Name. Includes: Client First Name, Client Last Name, Payer First Name, Payer Lat Name, Address 1, City, State Code, Postal Code, Primary Phone Secondary Phone, Payer ID.



Client First Name	Client Last Name	Payer First Name	Payer Last Name	Address 1	City	State Code	Postal Code	Primary Phone	Secondary Phone	Payer ID
Amy	Accardi	Amy	Accardi	4101 Main St	Kansas City	MO	64111	111-222-3333		
Marge	Adams	Marge	Adams	4013 E 31st street	Kansas City	MO	64128	777-666-5555		
Paul	Cezanne	Paul	Cezanne	1733 Kansas Ave.	Kansas City	MO	64127	816-489-2469		
Marc	Chagal	Marc	Chagal	612 NE Howard Ave.	Lee Summit	MO	64063	816-522-7598	816-600-5359	
Connie	Client	Connie	Client	1733 Kansas Ave	Kansas City	MO	64127	555-121-2100		
Connie	Client	Connie	Client	1733 Kansas Ave	Kansas City	MO	64127	617-320-8502		
Test	Consumer	Test	Consumer	4012 South Lynn Drive	Independence	MO	64055	111-222-3333		
Salvador	Dali	Salvador	Dali	2912 Askew Ave.	Kansas City	MO	64128	816-812-9731	816-756-6878	
Jane	DaVinci	Jane	DaVinci	4310 Canterbury Pl.	Independence	MO	64055	816-373-2702		
Edgar	Degas	Edgar	Degas	2855 Harvard Ave.	Independence	MO	64052	816-313-5766		
Marcel	DuChamp	Marcel	DuChamp	1008 SE Gingerbread Ln.	Blue Springs	MO	64014	816-427-5180		
Tina	Fey	Tina	Fey	4312 Kensington Ave.	Kansas City	MO	64130	816-923-5224		
Hariison	Ford	Hariison	Ford	9595 N McGee St	Kansas City	MO	64155	777-666-5655		
Paul	Gauguin	Paul	Gauguin	1400 Topping Ave.	Kansas City	MO	64126	816-446-		

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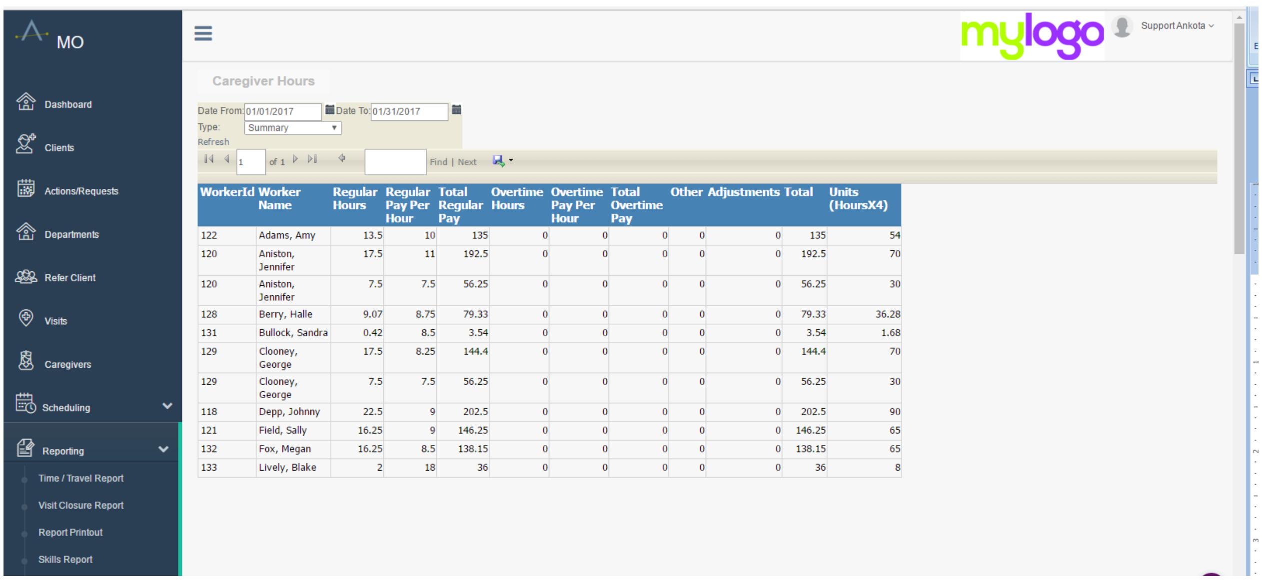
Worker Hours Report

Filters	Sorting & Data Included
– Date Range – Type: ○ Summary ○ Summary Short ○ Detail ○ QuickBooks Export	Sorted by Client Last Name. SUMMARY Includes: Worker ID, Worker Name, Regular Hours, Regular Pay Per Hour, Total Regular Pay, Overtime Hours, Overtime Pay Per Hour, Total Overtime Pay, Other, Adjustments, Total, Units (Hours x 4). SUMMARY SHORT Includes: Worker Name, Worker Department, Regular Hours, Regular Pay Per Hour, Overtime Hours, Overtime Pay Per Hour, Adjustments. DETAIL Includes: Worker ID, Worker Name, Date, Patient Name, Duration, Rate, Amount, Type. QUICKBOOKS EXPORT Includes: Worker Name, Regular Hours, Regular Pay Per Hour, Total Regular Pay, Overtime Hours, Overtime Pay Per Hour, Total Overtime Pay, Other, Adjustments, Total, Units (Hours x 4).

(SUMMARY sample report shown below)



WorkerId	Worker Name	Regular Hours	Regular Pay Per Hour	Total Regular Pay	Overtime Hours	Overtime Pay Per Hour	Total Overtime Pay	Other	Adjustments	Total	Units (HoursX4)
122	Adams, Amy	13.5	10	135	0	0	0	0	0	135	54
120	Aniston, Jennifer	17.5	11	192.5	0	0	0	0	0	192.5	70
120	Aniston, Jennifer	7.5	7.5	56.25	0	0	0	0	0	56.25	30
128	Berry, Halle	9.07	8.75	79.33	0	0	0	0	0	79.33	36.28
131	Bullock, Sandra	0.42	8.5	3.54	0	0	0	0	0	3.54	1.68
129	Clooney, George	17.5	8.25	144.4	0	0	0	0	0	144.4	70
129	Clooney, George	7.5	7.5	56.25	0	0	0	0	0	56.25	30
118	Depp, Johnny	22.5	9	202.5	0	0	0	0	0	202.5	90
121	Field, Sally	16.25	9	146.25	0	0	0	0	0	146.25	65
132	Fox, Megan	16.25	8.5	138.15	0	0	0	0	0	138.15	65
133	Lively, Blake	2	18	36	0	0	0	0	0	36	8

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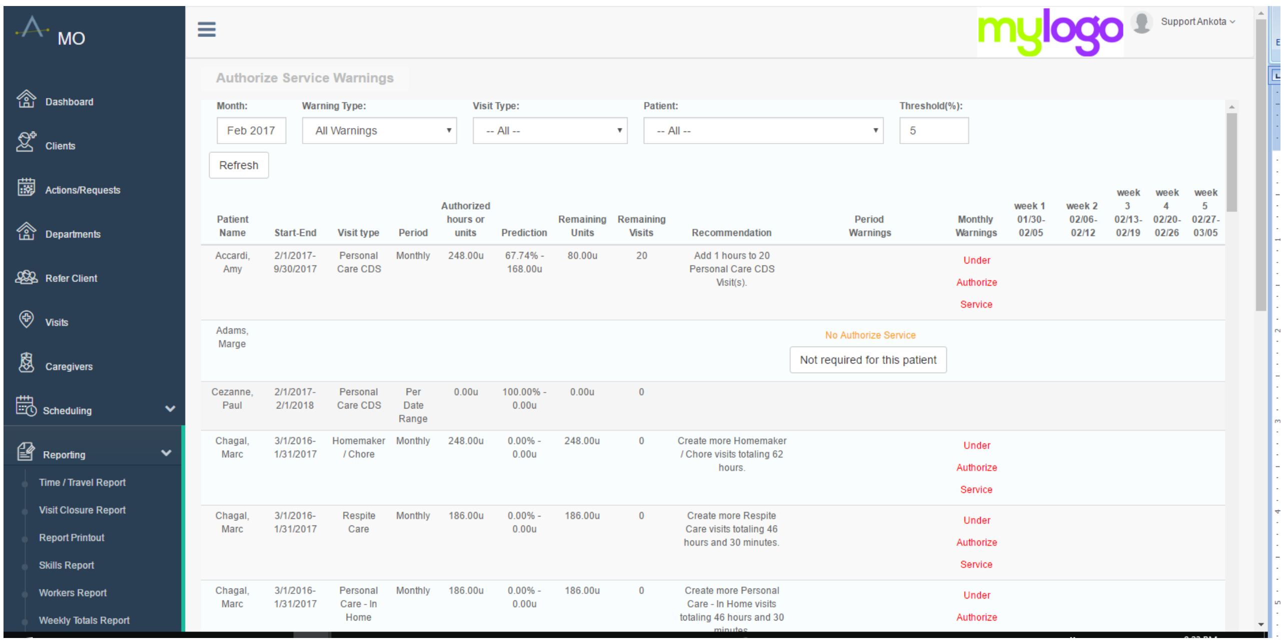
Authorize Service Warnings Report

Filters	Sorting & Data Included
– Month – Warning Type – Visit Type – Patient – Threshold (%)	Sorted by Patient Last Name. Includes: Patient Name, Start-End Dates, Visit Type, Period, Authorized Hours/Units, Prediction %, Remaining Units, Remaining Visits, Recommendations, Period Warnings, Monthly Warnings, Seek 1, Week 2, Week 3, Week 4, Week 5.



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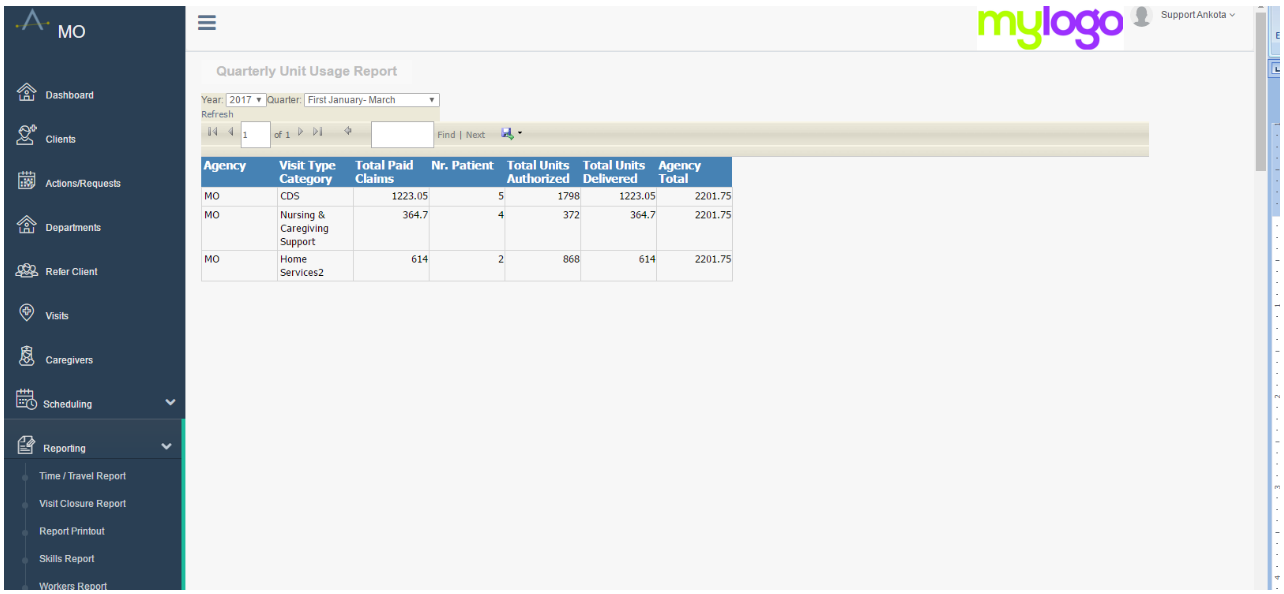
Quarterly Unit Usage Report

Filters	Sorting & Data Included
– Year – Quarter	Sorted by Visit Type Category. Includes: Agency, Visit Type Category, Total Paid Claims, Number of Patients, Total Units Authorized, Total Units Delivered, Agency Total.



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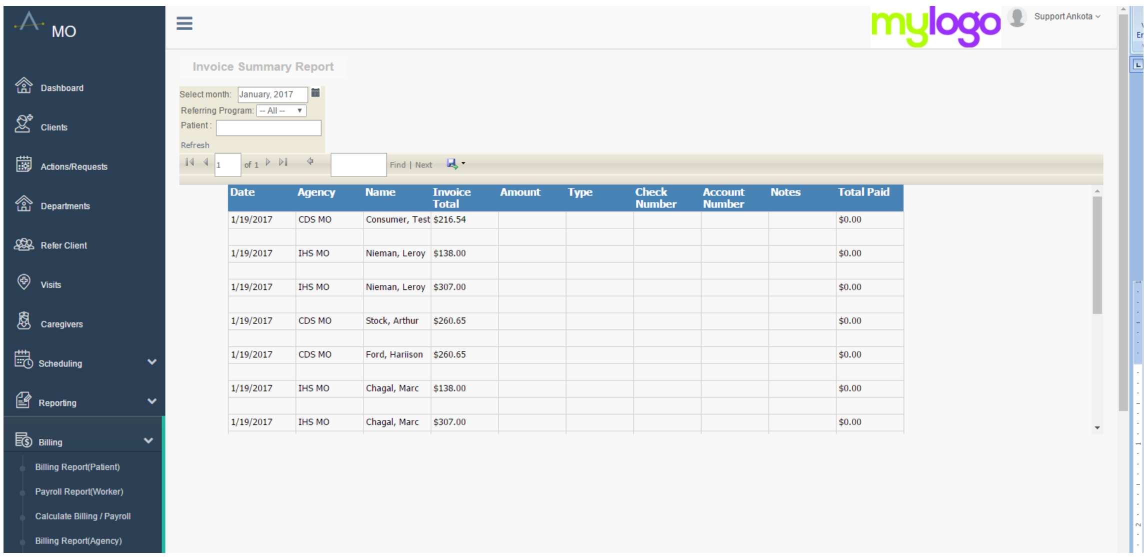
Invoice Summary Report

*(Found under **Billing**)*

Filters	Sorting & Data Included
– Month – Referring program – Patient	Sorted by Date. Includes: Date, Agency, Name, Invoice Total, Amount, Type, Chank Number, Account Number, Notes, Total Paid.



Mobile Forms

Mobile Forms allow users to the ability to work on electronic forms without being tied down to an internet connection.

But here are important facts about mobile forms before you get started…

1. Our solution was designed for tablets (like iPad or Android), but it will run on a PC as well. Pretty much anything with a modern browser (needs to support HTML-5) will be fine.

2. The solution is designed to work offline so you bring your visits in when you have internet access and then you can see patients all day and synchronize your forms later.

3. If you add a visit during the day, the worker needs to get internet access and press refresh/synch.

4. We only bring one visit per patient at a time into the mobile (this is a best practice that encourages workers to turn in their paperwork on time and also makes sure that the mobile doesn't get "overloaded").

5. Similarly we only bring visits for a specific timeframe (example: 7 days back and 3 days forward). Again, this is so we keep people on schedule and don't overload the tablet.

6. Our solution brings the forms into the mobile device and caches the data in the browser.
    a. Important note: we encrypt the data, but we mandate that the customer set encryption on the device. This way if the device is lost or stolen there's no HIPAA concern.

7. You can only work on your forms on one device at a time. The reason is that the forms are offline like a Word document and if two people are editing the same Word doc on two computers then they need to be manually synched and we are avoiding this.

8. When you logout, all of your forms are synched to the Ankota back end and you can change devices.

9. As an example, some clinicians do not like to document while they're with patients so they'll start the form at the patient home, record start time, enter vital signs, do the rest of their work, go back on their tablet at the end, record

the end time, then save the document as incomplete. Then later in the day, they logout of their tablet and login to their computer and fill in the rest, then synch.

10. The app tells you whether you're online or not.

11. It locks you out after a certain timeframe and requires your password to get back in.

12. You can also logout (which will synch your documents when in coverage). Otherwise you'll need to "unlock" when back in coverage and then logout.

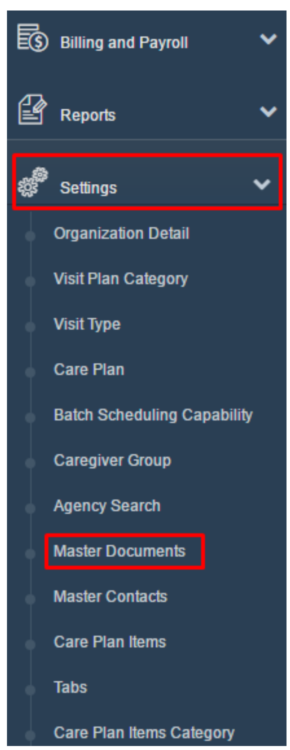
Setup

Creating a form or forms

Forms need to be built in our form designer (HTML Builder under settings However this has already been completed for you

Setting up rules for each form

1. Once a form is done, it will appear in Master documents under Settings



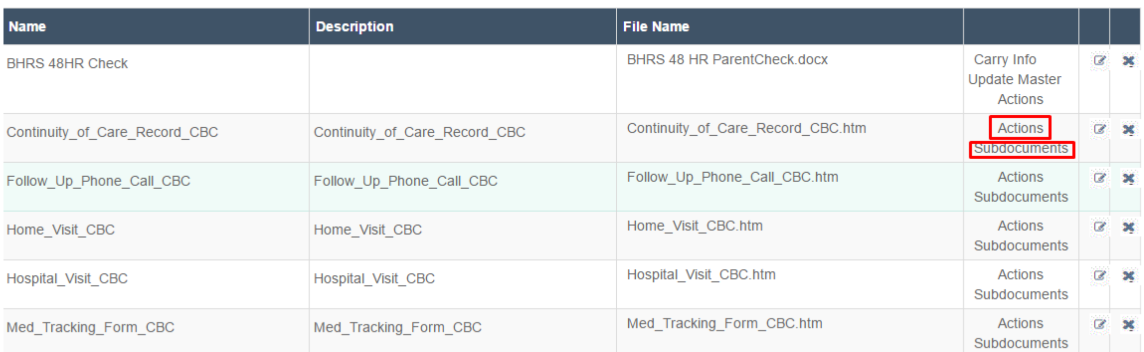
2. On this screen, you can configure rules for the form:

a. The most common rule to configure is “when the form is submitted you should close the visit”.

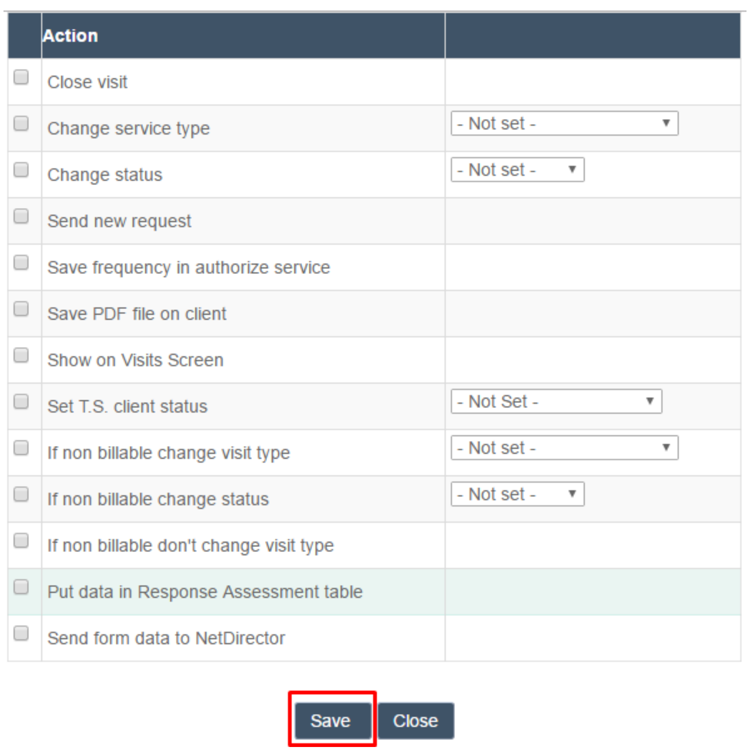
b. You can also set rules like "if the missed visit form is submitted, change the visit type to missed visit and close it”.

3. There's yet another setting for sub-documents. The idea of this is that on an overall assessment form you might need sub-assessments based on this specific patient's needs (psycho-social, range of motion). This configures the subdocuments.

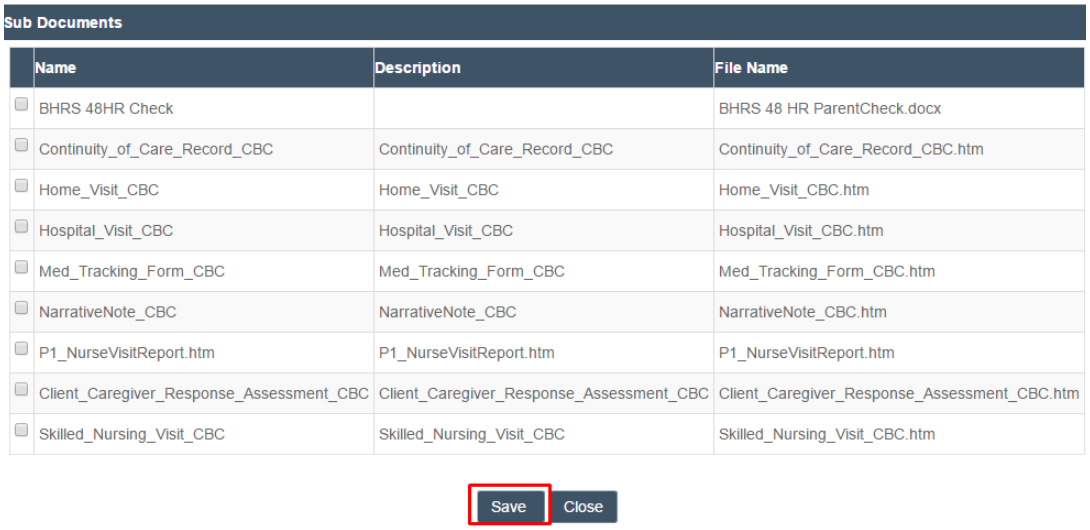
NOTE This is not yet available in the form builder.



Name	Description	File Name			
BHRS 48HR Check		BHRS 48 HR ParentCheck.docx	Carry Info Update Master Actions		
Continuity_of_Care_Record_CBC	Continuity_of_Care_Record_CBC	Continuity_of_Care_Record_CBC.htm	Actions Subdocuments		
Follow_Up_Phone_Call_CBC	Follow_Up_Phone_Call_CBC	Follow_Up_Phone_Call_CBC.htm	Actions Subdocuments		
Home_Visit_CBC	Home_Visit_CBC	Home_Visit_CBC.htm	Actions Subdocuments		
Hospital_Visit_CBC	Hospital_Visit_CBC	Hospital_Visit_CBC.htm	Actions Subdocuments		
Med_Tracking_Form_CBC	Med_Tracking_Form_CBC	Med_Tracking_Form_CBC.htm	Actions Subdocuments		



	Action	
	Close visit	
	Change service type	- Not set -
	Change status	- Not set -
	Send new request	
	Save frequency in authorize service	
	Save PDF file on client	
	Show on Visits Screen	
	Set T.S. client status	- Not Set -
	If non billable change visit type	- Not set -
	If non billable change status	- Not set -
	If non billable don't change visit type	
	Put data in Response Assessment table	
	Send form data to NetDirector	

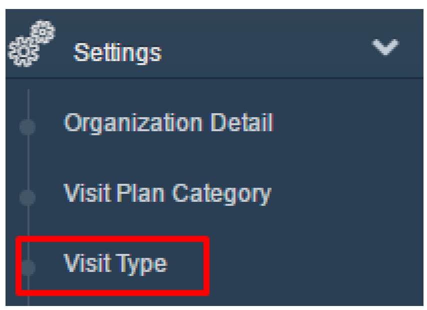


Name	Description	File Name
BHRS 48HR Check		BHRS 48 HR ParentCheck.docx
Continuity_of_Care_Record_CBC	Continuity_of_Care_Record_CBC	Continuity_of_Care_Record_CBC.htm
Home_Visit_CBC	Home_Visit_CBC	Home_Visit_CBC.htm
Hospital_Visit_CBC	Hospital_Visit_CBC	Hospital_Visit_CBC.htm
Med_Tracking_Form_CBC	Med_Tracking_Form_CBC	Med_Tracking_Form_CBC.htm
NarrativeNote_CBC	NarrativeNote_CBC	NarrativeNote_CBC.htm
P1_NurseVisitReport.htm	P1_NurseVisitReport.htm	P1_NurseVisitReport.htm
Client_Caregiver_Response_Assessment_CBC	Client_Caregiver_Response_Assessment_CBC	Client_Caregiver_Response_Assessment_CBC.htm
Skilled_Nursing_Visit_CBC	Skilled_Nursing_Visit_CBC	Skilled_Nursing_Visit_CBC.htm

Associate a Form With a Visit Type

Next, we need the form to be associated with the visit type.

1. Select **Visit Type** from **Settings.**



2. Select the visit type that needs a form or forms.

3. In that visit type go to the **Documents** tab.

4. Put a checkbox in column 1* for each form needed** for this visit type.

   NOTE We have 6 columns in case different customers need different form versions (e.g., with a different logo).

   On a visit (not for this case but in general) there could be different outcomes. For example things can go fine and they fill out the main form for that type of visit. But in other cases they might also need to request physicians orders. Or maybe the patient was a no-show and they have to fill out a "missed visit" form.

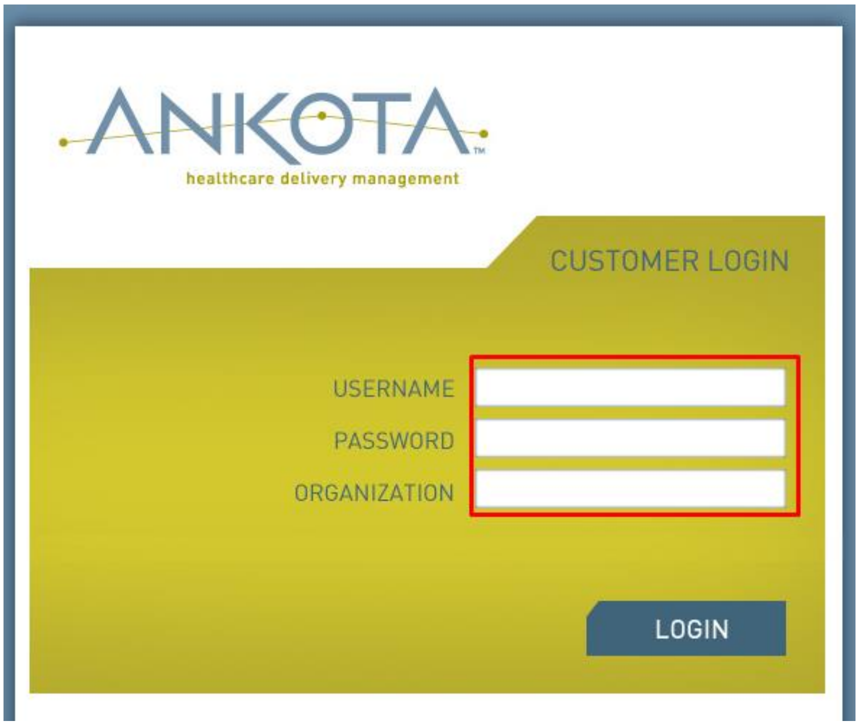
Web Login

Next, the workers who will use forms need a web login to login to ankota.net/mobile.

NOTE We only set a mobile/IVR login for caregivers and create a web login for nurses or others who need the forms.

1. When creating a visit that has forms associated, the form(s) will be associated with the visit.
2. The visits need to be created and assigned to the nurse (or other clinician).

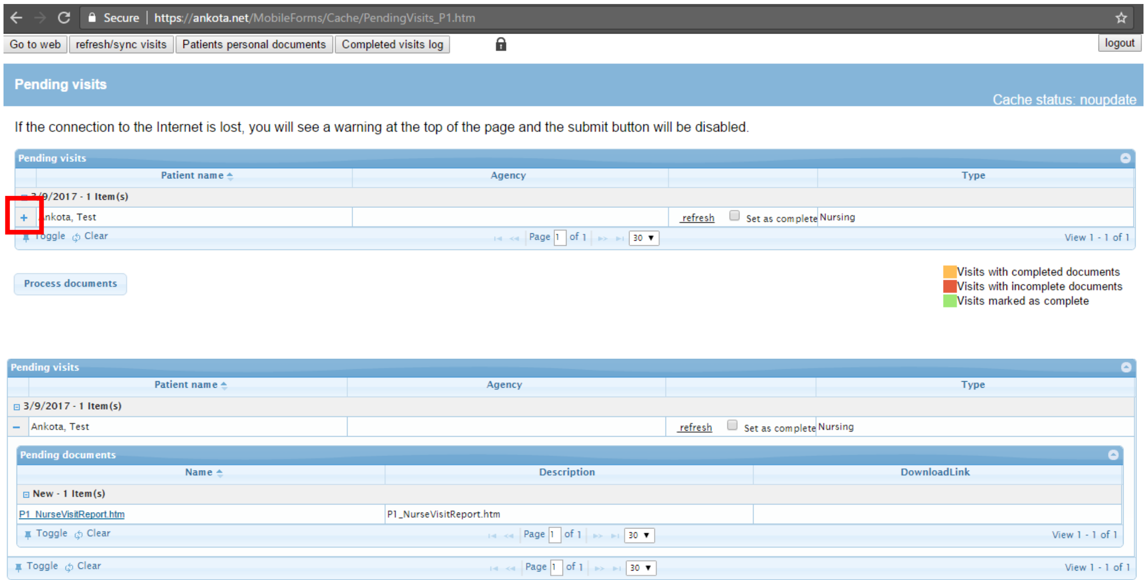
3. The user logins to ankota.net/mobile with their web username and password.



NOTE Refer to Mobile Forms Overview for more details

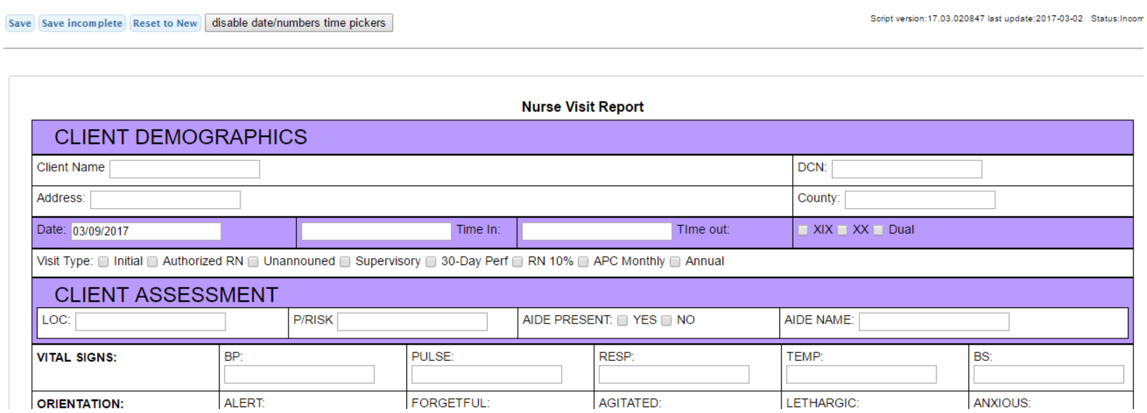
4. When the clinician logs in, they will see their visits by date/patient/visit type.

5. To work on a visit, press the + to see the forms.

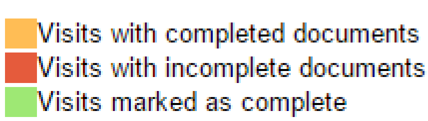


6. When you edit a form you can complete it, save as a draft, or reset to new.

7. You won't necessarily need to fill all the forms (described in the overview on page 3). This is normal. It does imply that the clinician know their job and what forms to fill. This has never been an issue.



8. There's color coding on the visits:

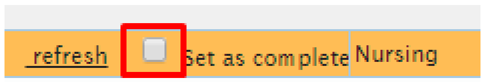


i. White: not started.

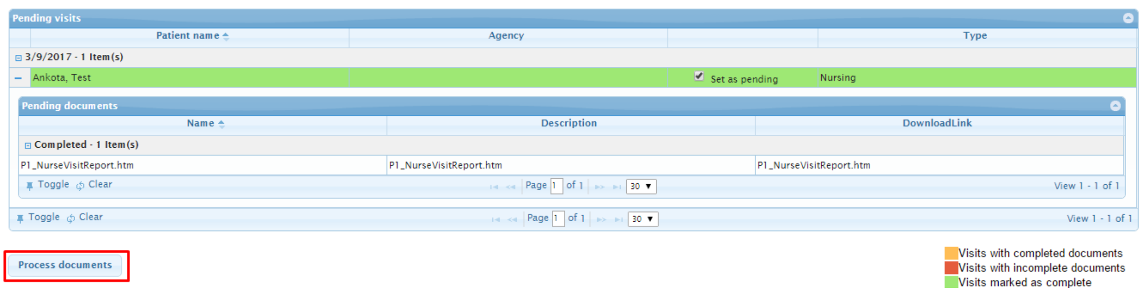
ii. Red: there are forms saved as incomplete

iii. Yellow there are saved forms (complete) but we don't really know which forms that they need to fill (e.g., they might need to fill two forms and after the first is done they save it and it turns yellow).

iv. Green: when they're done (filled all the needed forms are complete) they have to push a button to set the visit to green.



9. When you have at least one green visit a new button pops up (or ungrays) letting you **Process Your Document.** **This requires internet access.** You will then be redirected to the completed visits screen.



10. Then it processes, applies all the rules on the server (like closing the visit), PDFs all of your documents, brings you those PDFs to look at, and brings in new visits (e.g., next visit for completed patients, new visits assigned while you were offline). This is subject to the constraints above (e.g., if the next visit is in two weeks it won't come to your device)

11. Click the back arrow on your browser to return to the Pending Visits Screen.

NOTE This was mentioned above, but to bring in new visits you can press refresh/synch.

Other Topics

Distinguishing Between Consumer Directed and In-Home Services

Three key differences exist between In-Home Services and CDS:

1. You will often have multiple authorized units, such as having Personal Care (in-home), Homemaker, and Respite. As a Best Practice, create the first authorization (e.g., for the Personal Care) and then perform the following steps:

    a. On the Authorized Units tab, click the "Copy" button on the first service that you authorized. This will duplicate the information such as the start date, end-date, authorization number (if you entered it) and any notes.

    b. Change the Visit type (e.g., if your first authorization was for personal care, change it to homemaker).

    c. Update the number of units that are authorized (from your Cyber Access care plan).

    d. If there are additional authorized services, repeat the previous through bullet items.

2. In the care plan, the services are organized into different categories corresponding to the visit types. So, you will need to choose the personal care tasks under Personal Care, the homemaker under homemaker, and the respite under respite. Here are some notes:

    - We've sometimes seen the same task under both personal care and homemaker. Please be sure to choose it under the correct category
    - In Respite, you should choose "Basic Respite" (only a small number of our customers use "Block").
    - Sometimes you will have "Advanced Personal Care" or "Advanced Respite"

3. When creating the visits, you need to set them up as back to back "contiguous visits."

    Let's take an example for a client with the following authorized services:

    - Personal Care - 186 Units per month (7 days a week)
    - Homemaker - 248 Units per month (7 days a week)
    - Respite - 186 Units per month (7 days a week)

- On the scheduling tab (under client) the system will tell you how many hours to schedule and it what date range:

Authorize Service:3/1/2016-1/31/2017 Personal Care - In Home 7 days, 1.5 Hours per Day; 3/1/2016-1/31/2017 Homemaker / Chore 7 days, 2 Hours per Day; 3/1/2016-1/31/2017 Respite Care 7 days, 1.5 Hours per Day;

- When you set up the pattern, you need to schedule the three services "back-to-back." In this example, the Personal Care goes from 10:30-12:00, Homemaker goes from 1:00-3:00 and Respite goes from 3:00-4:30.

Save All patterns

Week 1 Pattern

	Visit Type	Start Time	Duration	End Time	Caregiver
Mon Tue Wed Thu Fri Sat Sun	Personal Care - In Ho	10:30 AM	1 h 30 m	12:00 PM	Aniston, Jennifer
Mon Tue Wed Thu Fri Sat Sun	Homemaker / Chore	12:00 PM	2 h 0 m	02:00 PM	Aniston, Jennifer
Mon Tue Wed Thu Fri Sat Sun	Respite Care	02:00 PM	1 h 30 m	03:30 PM	Aniston, Jennifer

Add Another Line

IMPORTANT To add another service (or perhaps another caregiver or another time to the schedule pattern) press Add Another Line and DON'T press "Add another Week." Add another week if for the rare case when the caregivers vary week by week.

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Workflow

Office Manager Functions (Daily/Weekly/Monthly Calendar)

Here is an overview of the office manager functions (Daily/Weekly/Monthly calendar):

Start of Day and perhaps once or twice later in the day

1. Look for any visits for prior days that are not closed (dark green).

    a. Light green:
        i. Cancelled? Cancel it in the system.

        ii. Rescheduled? - change the scheduled date/time in the system.

        iii. Forgot to clock in? - get time sheet and report visit completion.

    b. Brown (which will mean "purple that we autoclosed").

2. Forgot to clock out - get time sheet and report visit completion.

3. Clear up any red magnifying glasses

Weekly

1. Check Authorized Service Warnings to see if anyone is running majorly over or under, and make adjustments.

At Billing time

1. Run Billing and EMOMED submission process.

At Payroll time

1. Run Payroll.

20th of the month

1. Look at authorized service warnings and make adjustments to visit times.

2. Look at your authorized service warnings for next month and consider adjustments. For example, in February with 3 fewer days you may be able to add a unit per day or more to some schedules'.

25th of the month

Look at authorized service warnings and make adjustments to visit times.

