

Release Notes

December 9, 2022

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Separation of Vaccination Supplies from Other Supplies

To make setup of vaccine and administration information simpler and more straightforward, we have separated vaccines from supplies and now they will be listed in the **Vaccines** screen, instead of the **Supplies** screen. As a result of this, there are several changes that have occurred which will be explained below.

Backend of Nightingale Notes

Previously, there was a **Vaccine type** field in the **Vaccine Services** screen that would be selected by the user setting up new vaccine services for immunization administration. That field is no longer listed in the user interface. It's now included in the backend of Nightingale Notes, in the **Vaccines** table. This eliminates the need for the user to make the determination of vaccine type.

Setup Screen Reorganized

As part of this change, the **Setup** screen was reorganized, so you'll notice that there are more sections where screens are logically grouped together. The new **Vaccines** screen is under the **Supplies** section.

Vaccines – New Screen

Instead of listing vaccines in the **Setup > Supplies** screen, and then selecting the **Is this supply an immunization?** checkbox, which then shows additional fields that are specific to vaccines, we broke out the vaccines into a new **Vaccines** screen, which also includes vaccine administration information.

Moving of Vaccine and Vaccine Administration Data

If you look at the staging database today (<https://staging.nightingalenotes.com/>), you'll notice that vaccines that were previously listed in the **Supplies** screen are now in the **Vaccines** screen. This was done by moving any vaccines that were set up as immunization supplies (**Is this supply an immunization?** box was checked) to the **Vaccines** screen. Because the vaccines are now in their own screen, this field is not available anymore.

In addition, the vaccine administration data for each vaccine is moving from the **Vaccine Services** screen to the **Vaccines** screen and being matched to the appropriate vaccine. *Please note that in order to be moved to the **Vaccines** screen, the information from the **Vaccine Service Rates** screen must have an **Effective on** date that is on or before the vaccine **Effective on** date.* This means that

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an older rate or no rate may be moved to the **Vaccine Rates** screen for vaccine administration. The best way to make sure that the vaccine administration rate information moves into the new **Vaccines** screen is to make sure that the dates for the rates are correct. You could run a report in your production database – before the release goes out – of the immunization supply rates, and then run a second report using the “Service rate info” screen and filter for services that are vaccine services to check the dates against each other.

Otherwise, once your data is imported, you can run reports to see if the vaccine administration information is filled in and add the information if it is not there.

If you want, you can contact support@champsoftware.com and we can give you reports that will work for this situation.

Fields

Typically, the information for will be the same as it was on the **Supplies** screen. But any changes to the fields will be listed next to the field name below.

On Vaccine Tab

- **Vaccine number** – required field. This will be filled with the supply number that you previously used.
- **Description**
- **Vaccine** – required field
- **Vaccine information statements**
- **Agency cost** – This and other currency fields now display a \$ sign.
- **Expires on**
- **Site**
- **On hand**
- **Reorder point**
- **VFC eligibility status**

On Rates Tab

Please note that the order is different than it was on the **Supply Rates** screen. Also, there is **no Vaccine Services** field. Instead, the vaccine administration codes and rates will be added directly to this screen, making the process more seamless.

- **Default rate / Pay source**
- **Suppress vaccine supply line in claim**
- **Vaccine CPT/HCPCS code**

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- **Admin CPT/HCPCS code**
- **Subsequent admin CPT/HCPCS code**
- **Third admin CPT/HCPCS code** – this field only displays when the Vaccine type is “Injections in subsequent visits.”
- **Vaccine rate**
- **Vaccine discount rate**
- **Admin rate**
- **Admin subsequent rate**
- **Admin third rate** – this field only displays when the **Vaccine type** is “Injections in subsequent visits.”
- **Admin discount rate**
- **Vaccine modifiers** – Please note that there are no longer Modifier 1, Modifier 2, Modifier 3, Modifier 4 fields, but instead there is an Add vaccine modifier button. It will only allow the addition of 4 modifiers, since that is all that is allowed in a claim.
- **Admin modifiers**
- **Revenue code**
- **Lots**
- **General ledger number**

Vaccine Administration (formerly Vaccine Services)

This screen is under the **Services** section on the **Setup** screen. It is the old **Vaccine Services** screen, but it is not used the same way as it previously was. You can choose whether you want to use it or not. Now it is really a template screen, that you can fill in and it will autofill to the **Vaccines** screen the administration codes and rates if you have them set up properly. It is recommended that you do use this screen, so that you can use the retro functionality if needed for vaccine administration in the future. If you choose not to use the **Vaccine Administration** screen at all, you can delete the values that are currently set up if you wish. See information below for details on the fields.

It's important to note that when using the rates from the **Vaccine Administration** screen to autofill the administration data for new entries in **Vaccine Rates** that the date of the vaccine administration must be on or before the **Effective on** date of the new vaccine rate.

Fields

Vaccine Administration

- Name – Same as the **Name** field on the old **Vaccine Service** screen.

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Rates

- **Description** – Contains what is listed in the Name field.
- **Default rate / Pay source**
- **Effective on**
- **Initial rate**
- **Subsequent rate**
- **Third rate** – This field is only needed when the **Vaccine type** is “Injections in subsequent visits.”
- **Discount**
- **Vaccine CPT/HCPCS Codes for this rate** – Required field. This is a field that was previously used to tie a vaccine CPT code to the appropriate vaccine service, but it was not required. It was only needed in cases where different vaccine service/vaccine administration CPT codes would be needed for the same pay source. An example would be for flu or pneumonia vaccines that were given to clients with a Medicare Part B pay source, where the administration CPT codes were unique to the vaccine being given.

The new use for this field is that when you fill in the field with vaccine CPT codes, then when you add a new vaccine to the **Vaccines** screen and the **Rates** screen contains the same CPT that is listed in the **Vaccine Administration Rates** screen, it will autofill the admin codes and rates for the new vaccine. It could save some work.

- **Admin CPT/HCPCS code**
- **Subsequent admin CPT/HCPCS code**
- **Third admin CPT/HCPCS code** – This field is only needed when the **Vaccine type** is “Injections in subsequent visits,” which is only COVID vaccinations at this point.

Reports

There are three new screens you can use to pull information from **Setup > Vaccines**:

- **Vaccine info**
- **Vaccine rate info**
- **Vaccine rate lot info**

These work much the same as the setup reports for supplies.

In report screens such as “Activity info,” there is no new section for **Vaccines**, since they still appear on the **Supplies** tab in the activity. If you want to run a report specifically on vaccines that were given and added to clients’ **Supplies** tabs, there is a **Vaccine?** checkbox field that you can use to filter on “vaccine only” reports.

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Retro Functionality

Services, Supplies and Vaccines

We have now added the ability to use the **Retro** function to update fields in the various **Rates** screens other than just the rate and unit. You can now also update CPT codes, modifiers and ICD codes. Make the change in the appropriate **Rates** screen and it will trigger the **Retro** function to run and the **Activities Potentially Affected By This Change** screen to appear. The screen contains a gray box with new instructions. It states, “The following activities are impacted by this rate. Select any that should be updated, and override any changed fields as needed. If you don’t want to change any existing items, you can click ‘Back to List.’”

The rows for clients that display the changes also look a little different, since there is now an ability change more items than before on a single **Rates** screen.

Vaccine Administration

Because the **Vaccine Administration** screen is now a template to be used to autofill information in the **Vaccines > Rates** screen, and not tied directly to clients’ activities, the process and use of this is a little different than how the **Retro** functionality works for other screens. It’s a two-part process. In this screen, the **Retro** function just changes the existing vaccine rates, and any modified rates then show an additional **Retro** option, which opens in a new tab and this updates vaccine administration rates in the **Vaccines** screen and can update vaccine supplies in activities that haven’t been billed yet.

When updating a vaccination administration rate that is set up in the **Vaccine Administration** screen:

- Change the rate or other information that needs to be changed, then save.
- The **Vaccine Rates Potentially Affected By This Change** (Retro) screen should appear. This screen contains some updated instructions in a gray box that reads, “The following vaccine rates are impacted by this vaccine administration rate. Select any that should be updated, and override any changed fields as needed. If you don’t want to change any existing items, you can click ‘Back to List.’” It will list those vaccines that would be affected, and then what the changes are (i.e., admin rate). Verify the information and then click **Save**.
- A second screen called **Updated Vaccine Rates** will appear. This looks similar but will show the vaccines that will be changed and will give you a **Retro** option, so you can go there and change the actual **Vaccine Rates** screen for that vaccine. Click on **Retro**.
- If there were any activities affected by this change, it will list them on this screen. Verify the updated rate information then click **Save**.

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Lot Number Changes

Until now, Nightingale Notes has not given any warnings when a lot is expired. It would be up to users to make that determination and then inactivate the lot. Also, lots always remained in the order they were added, even if inactivated or expired.

In Vaccine Rates

- Once a new lot is added and saved, it will be listed with other lots for the vaccine in the following order:
 - Active before inactive
 - Agency nickname (if nicknames are being used)
 - Lot expiration descending
 - Lot number
- When a lot expires, the date will turn red, as an indicator that it's expired.
- When a lot is inactivated, it will drop to the bottom of the list and the lot will collapse, so it doesn't take up too much screen space. It can be expanded and reactivated, if needed.

In Supply Rates

Supply lots will work the same way that **Vaccine Rates** do, and also include the following changes:

- **Manufacturer** is not a required field
- **Funding source** is not a required field

In Activities > Supplies

- When adding a lot to an immunization or to the activity's **Supplies** tab, expired lots will show in the dropdown list, unless they are one year or more past expiration.
- The lot will not appear in the activity once inactivated.

CPT/HCPCS Field in Rates – Some Fields will Autofill in Setup Rates Screens

Before this release, the **CPT/HCPCS code** field only had a description tied to it, no other data. Also, we had no way to inactivate a CPT code. When a CPT would be inactivated, we would simply add text to the description with the inactive date.

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We have added some new fields to the **CPT/HCPCS Codes** table in the backend of Nightingale Notes to help users. The fields that are filled in for a particular CPT code will be autofilled from now on when it is added to a **Rate** screen.

- **Effective on** – Currently, these fields are all filled in with 01/01/1900. Any new codes that we add will contain the actual effective date. This field will not appear in the **Rate** screen but the CPT code will be available if the **Effective on** date of the CPT is on or before the activity date, or the **Rate** date in **Setup**.
- **Inactive on** – When a CPT code is inactivated, we will add the inactive date into the CPT screen in the backend. This code will then not be available to select when the activity date is after the **Inactive on** date of the CPT.
- **Rate** – This is not currently filled in but may be at some point if we add fee schedules into Nightingale Notes.
- **Service rate unit** – This will not always be filled in, but for CPT codes that have a unit tied to them, we will add that unit. For example, 96150 “Health & behavior assessment, ea 15 minutes, face-to-face w/patient; initial assessment” will have a “15 Minute Unit” listed in the **Service rate unit** field.
- **Diagnosis code** – As the **Service rate units** will be filled in when a certain value is known, we will also add the diagnosis code for that CPT. For example, we will be adding the “Z23 – Encounter for immunization” code to all vaccine CPTs in the table.
- **Revenue code** – Will not be used to begin with but may be added later.
- **Place of service** – If the Place of service can be determined by the CPT code, it will be added to the CPT table, but otherwise will remain blank.

Any fields that are filled in on the **Rates** screen can be overwritten by a user if the value is not appropriate for your agency.

Search for Provider in Activity Details has Changed

Awhile back, when we made changes to the **Provider** field in the **Activity Details** screen, it changed the way the search function worked and caused users to have to search by first name. This caused difficulties for some users and so we have changed it back, to make searching easier by keying in the last name.

October 3, 2022 Release

ICD-10 Update

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There is an ICD-10 update that goes into effect on October 1, 2022. This is for ICD-10-CM diagnoses that all of our customers use and have access to, as well as some changes for ICD-10-PCS, which is located in the Plan of Care form on the Episodes tab.

To access the new codes and updates to descriptions for current codes, you will need to add date of 10/1/2022 or after in the following screens:

- **Providers/Programs** tab – **Start date** field
- **Setup > Service Rates** – **Effective on** field
- **Setup > Supply Rates** – **Effective on** field
- **Plan of Care > Diagnoses tab** – **Date** field

In addition, there are several codes that were deleted with this release. If you enter a date of 10/1/2022 or later in any of the fields above, you will not be able to pull in a code if it is considered inactive. If you have a deleted/inactive code listed in any client's Diagnoses field in the Providers/Programs tab, you should enter an end date of 9/30/2022, and then add a new code that appropriate for the diagnosis, to replace the old code.

For home care agencies using the OASIS, the M1021 and M1023 fields will only autofill with diagnoses that are effective for that OASIS period/episode.

In Reports, you can capture the inactive date of diagnoses, so that you can update old codes to new ones. If you would like, you could contact Support to have these reports copied to your database and we would be glad to help you.

As a reminder, if a diagnosis code is highlighted in pink in either the client's Providers/Programs screen or in the episode in the Claims or Period of Care section of the screen, it means that the diagnosis is now inactive and should be changed to a current diagnosis code.

Home Care: PPS Grouper Update

In this release, there is an update to Home Health Grouper v03.3.22 for OASIS assessments with a completion date on or after October 1, 2022.

Included in this update:

- Addition of new ICD-10-CM diagnosis codes effective October 1, 2022, with Clinical Group and Comorbidity Subgroup assignments for applicable codes.
- Deletion of ICD-10-CM diagnosis codes effective October 1, 2022.
- Updated descriptors for diagnosis codes effective October 1, 2022.
- Addition of diagnosis codes to the Manifestation Diagnosis list.

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- Addition of diagnosis codes to the External Cause of Injury Diagnosis list.
 - Addition of diagnosis codes to the Unacceptable Principal Diagnosis list.
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January 1, 2022 Release

Enhancements to Custom Tabs

While developing the new Custom Forms feature, enhancements were also made to Custom Tabs since there are many similarities between the two features. These enhancements are available to all customers.

On Custom Tabs List Screen

- In **Setup**, in the **Agency** column, **Custom Tabs and Fields** has now been changed to **Custom Tabs**. This is only a name change.
- On the **Custom Tabs** list screen, in the column that shows you a link of “Custom Fields” with a number, you will now instead see “Fields (#) & Blocks (#),” displaying the number of custom fields and blocks. When hovering over the link, the field names are shown, although the blocks do not display. Clicking on the link takes you into the custom tab to the **Fields and Blocks** tab.

In Custom Tabs

- When in a custom tab, you’ll notice that the tab names have changed from **Tab Label** to **Tab Info** and from **Custom Fields** to **Fields and Blocks**.
- Nothing has changed in the **Tab Info** tab.
- After making selections in **Tab info** for a new custom tab, when you save, it then displays both the **Tab Info** and **Fields and Blocks** tabs. Previously, it would take you back out to the **Custom Tabs** list.

Blocks

There is a new ability to add formatting blocks, as well as fields. Blocks available are:

- **Static text** – This block allows you to add text to the tab when needed. For example, you could add a paragraph of instructions to the top of the tab or other helpful information for the users/employees as they are filling the custom tab in.
 - This gives you standard formatting options:

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- Bold
- Italics
- Strikethrough
- Make text larger (makes it one size larger)
- Bulleted list
- Numeric list
- Move to the left and remove bullet
- Move to the right
- Undo
- Forward (available when Undo is used, like Microsoft Word)
- **Blank line** – This block can be used to create a blank line on the custom tab. No other fields need to be filled in to create the line.
 - When this block is added, since there is no block name, the **Name** column on the tab in setup will be blank, but you’ll see that it shows “Block – Blank Line” in the **Type** column.
- **Horizontal line** – This block will create a horizontal line on the custom tab. No other fields need to be filled in to create the line.
 - Like the **Blank line** block, the **Name** column will be blank, but the **Type** column will display “Block – Horizontal line.”

Changes in Fields

- When adding a checkbox or dropdown field, the flow of adding selectable options has changed. Previously, you would add the field information on the **New Custom field** screen, and then would be brought to a separate **Selectable options for New Field** screen. You would have to add each **Selectable option** value and save, then click to add a new one. The new workflow is that you create the new dropdown list or checkbox field, and then on the same screen, you can add all **Selectable Option** values on that same screen before you save them.
- Removed **notepad** icon under **Options** on the **Fields and Blocks** tab because selecting **Edit** shows the field info and selectable options.
- On the **Editing Tab for xxxxxx screen**, when selecting **Save**, the **Editing tab** screen closes and the **Custom tabs** list displays. Previously the user would remain on the **Custom tabs** screen and need to select **Back to List** to get to the **Custom tabs** list.
- On the **Fields and Blocks** tab, the data type in the **Type** column is now preceded with “Field” or “Block.”

New Custom Forms Feature

Please note that this feature is available in the Gold package only.

Forms can now be completed electronically by clients or by the public because they will use a different device to complete the information on the form(s), and then return them to you. For forms that will be completed by Nightingale Notes users/employees, the data will still be captured in **Custom Tabs**, which are for forms that are not used by clients or the public.

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It is important to note that at this time there is no security around custom forms, so all Nightingale Notes users will be able to see the forms. We will add security for this in the future.

Setup – Custom Forms

This is where you will create and add forms which will be completed by clients and/or the public. To start, click on **Add Custom Form** button.

Form Info Tab

- **Form name** – Required field. Must be unique. This will not display on the form.
- **Language** – Required field. Field names in demographic and subscriber blocks display in either English or Spanish, based on the selection in this field. **Please note:** If language is changed on a form, request already created reflect the prior language, not the new language.
- **Hide in report wizard** – Form does not display on **Reports** screen when the corresponding screen is used.
- **Enable public URL** – This field cannot be selected until a demographic block has been added to the form. Once it is enabled, then a “Copy public URL” link will be listed in the Public URL column on the Custom Forms list screen, and when clicked on, will put the URL on the clipboard, to be added to a location of the user’s choosing.
- **Active** – This field defaults as unselected, so that a form cannot be chosen until it is set up and ready to use.

Fields and Blocks Tab

This tab will not display until the new custom form has been created/saved.

On this screen, you can add blocks and fields to a form.

Please note that a form can be edited in **Setup** until either the public URL is accessed the first time or the first time the form is presented to a client. At that point in time, you no longer can make changes to the form, so **New Block** and **New Field** buttons no longer display and instead of an **Edit** icon for the fields, you’ll see a **View** icon, and the **Delete** icon will be disabled.

Adding Blocks

A block is a pre-formatted set of fields, static text, or formatting options. To add a block, click on **New Block**.

Depending on the type of block being added, there may be one or more required fields that will need to be filled in, to create the custom form. **Block type** is a dropdown list that is always required. For some of

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the block types, you'll be required to add a block name. The block name will not appear on the form. The purpose is so that when moving blocks around on the form, you can see which block it is. Make the selection you need, and then fill any other fields needed to create the block.

Below is a list of block types and information about the type.

- **Demographic** – This block can only be used one time per form.
 - This is a block that contains three fields which will always be required: **Last name**, **First name** and **Date of birth**. They are required because they are what will match up the form to the client record in Nightingale Notes.
 - Although you cannot remove or delete these fields from the block, you can reorder them.
 - There is an ability to edit each of the fields. If you select **Start new line in form display**, you can move that field down to the next line in the form.
 - In addition to the required fields, you can add other pre-set demographics fields in the block by clicking on **Add fields**. Each of these fields have the same formatting option to move down to the next line. The **Required** field is defaulted as filled in. To make the field not be required, uncheck the box.
 - **Gender** – This dropdown field will fill in with the HL7 values that are currently listed in the **Gender** field in Nightingale Notes. However, you can click on **Add Selectable option** and add other genders as needed.
 - **Race** – This field will be set up as checkboxes. It will default values that are set up in **Agency Preferences** as **Preferred races**. You can add other races as needed. The **Selectable options** are based on the HL7 list of races in Nightingale Notes.
 - **Ethnicity** – This field is a dropdown list but works like **Race**. It will default ethnicities that are set up as **Preferred ethnicities** in **Agency Preferences**, but you can add more if needed.
- **Subscriber** – This block can be added up to three times per form. Each subscriber block will be listed as primary, secondary, and tertiary subscribers in the order they are added. The **block name** is automatically added as “Primary Subscriber,” “Secondary Subscriber,” “Tertiary Subscriber.” Since block names do not appear on the form itself, it is suggested that you add some static text to the form before the block to indicate that you are asking for information on additional insurance.
 - There are no additional fields that are required to be added when creating the block.
 - Once you've added the block, you can click on **Add fields** to add any subscriber-related fields you want. Again, these are predefined fields, most of them are based on the fields in the **Subscribers** tab. Please note that the names of the fields have been changed to reflect terms that are probably more familiar to clients, such as **Policy id** instead of **Subscriber ID**.
 - **Insurance name** – This field is a dropdown list.
 - If you have values in the **Alias** field in **Setup > Pay Sources**, they will default in the **Selectable Options** list. The **Alias** field is available for you to add a payer name that is more familiar to your client than the **Pay Source** name. For example, if you have a pay source that is set up as “MA,” but you want “Medicaid” listed as the payer name on the form, go to **Pay Sources** and fill in the **Alias** field with “Medicaid.” Then, when the client selects “Medicaid” it will match to the “MA” pay source. You do not need to use an alias, instead you can add the pay sources that you wish to use to the Insurance name dropdown list by editing the field.

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- When a form with this field is being filled in, you will find that an “Other insurance (please specify)” selectable option is listed in addition to the values you selected when creating the form. When this value is selected, then **Other insurance name** is enabled and it must be completed before submitting the form.
 - **Other insurance name** – This field should only be added to a form if **Insurance name** is also on the form. It is a text field that will be used to capture an insurance name that is not listed in the **Insurance name** dropdown list.
 - If a value other than “Other insurance” is selected in **Insurance name**, then the **Other insurance name** will be grayed out and read-only.
 - The **Other insurance name** field is grayed out until “Other insurance” is selected in the **Insurance name** field.
 - **Policyholder gender** – like **Gender** in the **Demographics** block, this dropdown field will fill with the HL7 values that are currently listed in the **Gender** field in Nightingale Notes. However, you can add other genders as needed.
- **Static text** – This block allows you to add text to the form when needed. For example, you could add a paragraph of instructions to the top of the form or other helpful information for the clients as they are filling the form in.
 - The static text box gives you standard formatting options:
 - Bold
 - Italics
 - Strikethrough
 - Make text larger (makes it one size larger)
 - Bulleted list
 - Numeric list
 - Move to the left and remove bullet
 - Move to the right
 - Undo
 - Forward (available when Undo is used, like Microsoft Word)
- **Signature** – This block allows you to add a signature to the form. The following fields are included with this block:
 - **Block name** – This is a required field. It will not be included on the form.
 - **Label text for Signature area** – Field label for the signature on the form.
 - **Include date with signature?** – If selected, date displays with the **Signature** field.
 - **Require this block to be signed (and dated if date showing) for form submission?** – If selected, a signature must be in the field before it can be submitted, otherwise it is optional.
- **Blank line** – This block can be used to create a blank line on the form. No other fields need to be filled in to create the line.
 - When this block is added, since there is no block name, the **Name** column on the form in setup will be blank, but you’ll see that it shows “Block – Blank Line” in the **Type** column.
- **Horizontal line** – This block will create a horizontal line on the form. No other fields need to be filled in to create the line.
 - Like the **Blank line** block, the **Name** column will be blank, but the **Type** column will display “Block – Horizontal line.”

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Adding Fields

In addition to adding the preformatted and predefined blocks, you can add custom fields as needed to the form. This is very similar to setting up fields in the **Custom Tabs** feature.

- **Field name** – Displays as label for the field on the form.
- **Data type** – Format of field; same options as **Custom Tabs**: checkboxes, currency, date, decimal number, dropdown, text and whole number.
- **Size** – Number of characters. This field is only available when Data type is “text.”
- **Required** – When selected, field must be filled in before form can be submitted, otherwise it is optional.

Form Preview

On the **Fields and Blocks** tab, the **Form Preview** displays below the list of blocks and fields when at least one block or field has been added to the form.

Editing Custom Forms In Setup

A form can be edited in **Setup** until either the public URL is accessed the first time or the first time the form is presented to a client.

Once the form is “locked” in **Setup** and cannot be changed, a new form will need to be created using **Copy** and then changes can be made until it meets one of the criteria above.

Using Custom Forms

Forms Via Agency Device

This workflow for **Custom Forms** allows users to add a custom form to an agency device, which can then be handed to the client to use.

- In a client record, click on **Client Forms**, which is at the same level as **Client Details**, **Client Activities**, etc.
- On the **Client Forms** screen, click on **New form request**.
- If any existing fillable forms are being used, they will be listed at the top. Under that, the custom forms are listed in the order they are listed in **Setup**. Select the custom form or forms to be filled in. Save.
- Click on the link to pull up the form or scan the QR code with the device the client is going to use. If one form was selected, the form will appear. If multiple forms were selected, a list of forms will appear on a Requested Forms screen, and one of the forms can be selected, which will bring it up to be filled in first. Once the first form is submitted, then the next form will appear, and so on.

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- If a group form request is created on the Groups tab, user is returned to list when the forms for one client are completed. Then select the forms for the next client, and when saved, the next form displays without going to the list.

Forms Via Public Link

A second workflow allows forms that need to be completed by the public (clients and non-clients) to be accessed using a link that can be shared via email or agency website, for example. To create a public link:

- In **Setup > Custom Forms**, navigate to the **Form Info** tab. If a **Demographic** block has been created on the **Fields and Blocks** tab, the **Enable public URL** box should be enabled. Click on it to generate a URL.
- On the **Custom Forms** list screen, you'll see a **Public URL** column. There should be a "Copy public URL" link available. Click on it, which will then copy it to your clipboard, so that you can paste it into the appropriate location for use.

Manage Custom Forms

When a public form is submitted, a new row displays on the **Manage Custom Forms** menu item under the hamburger menu.

Completed forms submitted from a request on the **Custom Forms** tab on a client do not display on this list, only those that were done via a public link.

Fields on **Manage Custom Forms** screen:

- **Last name, First name, DOB** – These are from the form.
- **Form** – Name of the custom form.
- **Submitted date** – Displays the date the form was completed and submitted.
- **Match client** – If last name, first name, and DOB match an existing client in Nightingale Notes, client is shown. If no matches, this field is blank. If more than one client match was found, this field will display, "Multiple matches found."
- **Confirm existing client** – Only available if a client is in the **Match client** column. Moves the form to the existing client.
- **Create new client** – Available regardless of if there is a client in the **Match client** column. When selected, creates a new client record with last name, first name and DOB on the list (from the form), adds the form to the **Custom Forms** tab for the client and is removed from the list.
- **View** – Read-only pdf of the form.
- **Delete** – Removes form from the list.

Also available on the screen:

- **Submitted on or after** – Defaults to 30 days prior to the current date but can be set to a different date. For example, if the date is 12/23, the date that will display is 11/23.
- **Confirm all existing matches** – Clicking on this button moves the form to the associated client records for all rows on the list and the rows are then removed from the list.

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- **Create new clients for non-matched** – Clicking this button creates new client records with the last name, first name and DOB from the form, and then moves the form to the **Client Forms** tab for these clients, and the rows are removed from the list.
- **Client number prefix** – If using a specific prefix on client numbers (from Setup > Client Number Prefixes, which is in the Clients column), will add the prefix to new clients that are added.
- **Sort by** – Allows you to sort the list of clients by various criteria: “Last name (ascending),” “Last name (descending),” “Submission date (ascending),” “Submission date (descending),” “Form name.”

Changes to Fillable Forms

These changes are for forms that we currently offer in Nightingale Notes (consent form, immunization form):

- When a client completes a form, they cannot go back and edit the form. An agency staff person can still edit the form on the **Client Forms** tab.
- When creating a form request, fillable forms no longer default as selected because this list also contains custom forms. You will need to select the forms to put in the request.

Home Health – Notice of Admission

Summary of Changes

Medicare is changing their billing requirement that stipulates that a Request for Anticipated Payment (RAP) is generated for every 30 day period for a client in your care. A RAP will no longer be required, although a final claim will still need to be generated for each period. Instead, Medicare is now requiring that you submit a Notice of Admission (NOA) at the beginning of every client admission.

To accommodate the NOA in Nightingale Notes, we have made several changes including:

- Setup: A new claim template will be used, which will produce a combination of NOA and final claim for new admissions and a final claim only for contiguous periods of care.
- In the **Episodes** tab: When creating a new episode, there will be a **Notice of Admission** checkbox that you can check to trigger a NOA to be generated in the **Billing** tab.
- In the **Billing** tab:
 - When there is a new admission, an NOA will be in the **Pending** tab, waiting to be created.
 - A final claim can be created at the end of every 30 day period of care. This is the same behavior as before.
- The NOA will contain information as required by Medicare. It will look like a RAP, but with specific NOA-related data. For example, the “bill type” for an NOA will be 32A. More detailed information listed below.
- An NOA must be submitted with every new admission. So if a patient is discharged, and later readmitted to your home health agency, a new NOA should be submitted.

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- For clients with contiguous periods of care that span 2021-2022, the first new period of care in 2021 will need to contain an “artificial start of care date” and an NOA has to be submitted. For the rest of that admission, the artificial SOC date will be used.

Pay Sources Setup for NOA

There is one simple setup change to make it so that a RAP will not be produced, and instead an NOA will appear for each new admission. New claim templates have been created that will produce a combination of NOA and final claim. The templates that have been used in 2020 and 2021 will still be available in case you need to do any residual billing after the new year. The new templates will include “NOA” in the template name. For those that would be used if you ever need to back bill and need a RAP, they are being renamed to include “RAP” in the template name. This should make it more obvious which template you should use. Examples would be:

- PDGM – Episodic claims w/NOA
- PDGM – Episodic claims w/RAP

Please also note that we did some cleanup of old templates that should not be used anymore. Those templates included “DO NOT USE” in the name. They have now officially been inactivated. You’ll still be able to create claims if you have a pay source that uses one of these templates, but you’ll no longer see the templates in the **Claim template** dropdown list in **Pay Sources**.

Changes in Episodes

In Episode Popup Box

Whether adding a new episode or editing one, you’ll notice that the **Episode** popup box now contains a **Notice of Admission** checkbox, under the **Start of care date** field. You’ll also see a new message right above the checkbox that states, “Before submitting Notice of Admission, make sure you have a verbal or written order from the physician that contains services required for the initial visit AND an initial visit must have been conducted at the start of care.”

If the client is new or was previously discharged (has an “07 Transferred to an inpatient facility – patient discharged from agency” or “09 Discharge from agency” OASIS in the prior episode) and you enter a new Start of care date, then the **Notice of Admission** box will be automatically checked, and a pending NOA will appear in **Billing** in the billing cycle that the SOC date is in, and in the pay source that is also assigned in the client’s **Episode** popup.

Notice of Admission – Start of Care Date

For all clients receiving services in 2021 whose services will continue in 2022, submit an artificial start of care date for the client, which corresponds to the “from” date of the first period of continuing care in

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2022. This means that you should submit a Notice of Admission for every client's first period in 2022, whether the period is in the middle of an episode or the start of a new episode.

Here is an example of using an artificial SOC date: A client has an episode from 12/20/21 to 2/17/2022. The first period is dated 12/20/21 to 1/18/2022. The start of care for the first period in this episode would be the client's actual start of care date, because the first period is dated prior to 1/1/2022. So you use the SOC date that you've been using since the client's admission. For the second period in the episode, you'll want to edit the episode and change the **Start of care date** field to contain the start date of the second period, which is the new "artificial start date" for the client. So in this example, in the second period, which starts 1/19/2022, you'll then also add the start of care date of 1/19/2022.

According to Medicare, this artificial start of care date should be used for the rest of the client's admission, to track future claims to the admission.

In Period of Care Section

The **Bill as No-RAP LUPA** checkbox is gone since there will be no need for it.

The **RAP Penalty** section, with the **Add KX modifier to final** box has been modified to display the name **NOA Penalty**. The functionality remains the same, since the KX modifier appears in the final claim after submission of a late NOA.

At the bottom of the period of care that the NOA was generated in, a notification will be displayed stating "Notice of admission generated on [date]," like we do for finals.

New Billing Process for PDGM

NOA

As mentioned above, the pending NOA will be available in the billing cycle and pay source that should be billed for the client. The NOA is technically not a bill – there will be no charges associated with it – but it does get submitted in an 837 electronic Institutional claim format. Please note that when generating PDGM billing, you'll need to run NOAs separately from any final claims.

There are some minor changes to the 837 file, which are specific to an NOA. There are several, but below is a list of those that may be more of interest to you:

- Payer Responsibility Sequence Number Code (SBR01) – This will always be submitted as "P" for primary.
- Total Submitted Charges (CLM02) – This will always be submitted as \$0, since the NOA is not a bill.
- Claim Frequency Type Code (CLM05-3) – It is the 3rd digit of the bill type. This is what has always identified a home health claim as a RAP (322) or final (329). Additionally, in home health care, a

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final digit of “7” would indicate the claim is a replacement, and “8” would indicate a void. The new codes for NOA are “A” for admission and “D” for cancellation. So if an NOA is cancelled, the code will be 32D, not 328. The process for voiding/cancelling a NOA is the same as for other claim types, it’s just that the bill type included will be 32D.

- Principal Diagnosis Code (HI03, in HI*ABK segment) – A diagnosis code is not technically needed for an NOA, but since it is a required segment in an 837I claim, it is included. Medicare states that “any valid diagnosis code” can be entered, and we decided to include the principal/primary diagnosis.
- Service line (SV2) – Not required for an NOA, but it is required in an 837I claim, so it is being submitted with default values:
 - Revenue code (SV201) – 0023
 - ID Qualifier (SV202-1) – HP
 - HIPPS code (SV202-2) – 1AA11
 - Charge amount (SV203) – 0
 - Quantity (SV205) – 1
- Service Date line (DTP03) – Not required for an NOA, but it is required for an 837I claim, and Medicare states that the admission date can be used to satisfy this requirement, so that is what is used in Nightingale Notes.

Key Take-Away Points:

- For clients continuing care from 2021 into 2022 – An artificial start of care **must** be used, and a Notice of Admission will need to be completed and submitted for the first period of care in January 2022.
- Use one of the new PDGM claim templates for claims generated for periods of care that have a 1/1/2022 or later billing cycle.

Resources:

- CMS MLN Matters Article, [“Replacing Home Health Request for Anticipated Payment \(RAPs\) with a Notice of Admission \(NOA\) – Manual Instructions.”](#)

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Home Health – Grouper Update v03.1.22

The Home Health Grouper software for January 2022, v03.1.22, is installed and will be available for home health claims with From Dates on or after January 1, 2022. Included in this update are:

- Updated threshold values for functional impairment levels for all clinical groups.
- Updated the functional impairment scoring for OASIS elements M1033, M1800, M1830, M1860.
- Updated clinical group assignment(s) for applicable diagnosis codes.
- Updated the comorbidity subgroup assignment for applicable diagnosis codes.
- Updated the list of comorbidity subgroups applicable for low comorbidity adjustment.
- Updated the comorbidity subgroup interactions list applicable for high comorbidity adjustment.

More information regarding the grouper is located on the CMS website [here](#).

Home Health – PPS Rate Update for 2022

PPS rates have been updated for January 1, 2022. For more information regarding the new rates, look at the CMS website [here](#).