

### **Visit Compliance Overview**

As a compliant software application, NDoc naturally conforms to OASIS, HIS/HOPE, and general billing specifications at the point-of-care. Edit checking against OASIS/HIS/HOPE standards for data completion and consistency is done in "real time," so the clinician instantly can adjust his/her charting and the assessment, when complete, is also accurate.

An agency can further control the degree to which comprehensive visit charting is enforced by identifying data fields that clinicians must complete for each revisit. It can also decide whether another staff member prior to the visit being eligible for billing must approve certain types of user's visits. These agency-defined controls are collectively implemented through the concepts of Visit Completion, Visit Approval and Field Requirements.

A majority of the settings designed to control visit charting/completion/requirements are found within the primary Visit Settings page under Administration>System>Settings>Visits. This page houses the options to add/modify settings, customize field requirements in Today's Care for homecare, hospice, or by select service provided codes, and set visit approval criteria.

## Add/Modify Settings Page

This page provides a broad set of options to control how visits are handled. Please review the options within this page to determine what approach your agency should take. Most notably, the settings include, but are not limited to the following:

- Controls for the maximum number of minutes for the duration of a visit without warning
- Determination of when charting is considered late
- Checks to determine how mileage/travel time are handled
- Enabling Telephone Visit charting in Visit Charting
- Settings for Non-NDoc Visit Entry
- Controls to determine the number of days in the past to display visits for a variety of functions (e.g., Non-NDoc Visit Entry, Modify Charted Visits, OASIS and HIS back-office, etc.)
- Visit Sign Off controls for visits that do not require approval, including requirements to file visits as Complete prior to billing.
- Required field settings of Next Visit Date for various disciplines.

Please note that the Discipline Frequency/Insurance Authorization related settings are described within the *Managing Authorizations* guidance. Use the Save button at the bottom of the page to ensure all changes are captured.

### **Using Reports to Track Visit Completion**

Visits that have not reached COMPLETE status are identified via the Visits on Hold Report, which is a sub-report within the Visit List under Reports>Visits. This report can be sorted by clinician. This report should be run each morning in conjunction with the Report Status Listing to identify outstanding documentation. The Patient Record will also print the visit's status within the Visit Heading.

## **Special Notes related Visit Settings for Completion:**

• If Require Charting of "Visit Hold" or "Visit Complete?" is set to Yes, users see the fields below as required. If set to No, visits are automatically set to complete at Visit Sign-off. Please note that the clinician also sees them on the Visit Sign-on screen, but they are not editable.





- If the agency has chosen to force the user to identify the visit status upon visit signoff, the Visit Hold Reason table should be built (Administration>System>Tables>Visit Hold Reason).
- If the agency has chosen to force the user to address all required fields prior to completion of the visit, the Field Requirements should be reviewed and established for each User Type.
- If the agency has chosen to only send completed visits to billing, the Visits On Hold report should be generated routinely to identify those visits not yet billed.
- Users are able to identify visit completion status within:
  - Visit Sign-On: H (hold), U (unapproved), A (approved) and C (completed) will display next to visit number in the Visit field drop-down
  - Patient Summary Tool>VISITS: Current Visit Status and Status Date will display
  - Patient Summary Tool>VISITS>(detail): Visit Status Category will display as last category within the visit and include the visit signoff history
  - Employee Dashboard>Current Patient List: h within the Info column will identify visits on HOLD
  - Employee Dashboard>To Do: h within the Status column will identify visits on HOLD

## Add/Modify Settings by Discipline Page

This page contains the same controls as the main settings page, but allows agencies to set visit signoff parameters for visits not requiring approval for specific disciplines.

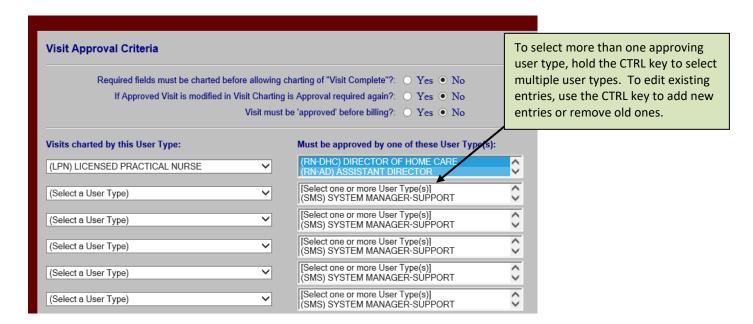
## **Visit Approval Criteria Settings Page:**

For the purposes of employing greater clinical oversight, agencies can identify user type(s) (i.e., LPN or PTA) who must have the approval of visits by another user type(s). This approval requirement is not triggered until the approval settings/criteria is established. These parameters are set within Administration>System> Settings>Visits> Approval Criteria. The first section of the page includes the following settings to define the criteria for ALL Approved Visits:

- 1. Clinicians cannot identify a revisit as COMPLETE until all agency-determined required fields have been addressed.
- 2. If an APPROVED visit is modified after reaching APPROVED status, the visit must be RE-APPROVED.
- 3. Revisits will not be made available for billing until they have reached APPROVED status.

Once these items are set to Yes or No, the user type(s) whose visits require approval are selected along with user type(s) that will be performing the corresponding visit approval. Please note that both the user type requiring visit approval and the user type identified as the approver must be set as the Primary User Type within the Employee Table (Administration>Employee>Employee Table) for each clinician for the approval logic to be applied.





### **Using Reports to Track Visit Approval Status**

Visits that have not reached APPROVED status are identified via the Unapproved Visits Report, which is a sub-report within the Visit List under Reports>Visit>Visit List. The report can be sorted by clinician. The Patient Record will also print the visit's status within the Visit Heading.

### **Special Notes related to Visit Settings**

• When visit approval settings are activated, the clinician will see the "Visit Approved?" fields to note whether a visit has been approved



- Users are able to identify visit approval status within:
  - Visit Sign-On: H (hold), U (unapproved), A (approved) and C (completed) will display next to visit number in the Visit field drop-down
  - Patient Summary Tool>VISITS: Current Visit Status and Status Date will display
  - Employee Dashboard>Current Patient List: **U** within the Info column will identify visits with UNAPPROVED status
  - Employee Dashboard>To Do: U within the Status Heading will identify visits on UNAPPROVED
  - Patient Summary Tool>VISITS>(detail): Visit Status Category will display as last category within the visit and include the visit signoff history
  - If the agency has chosen to only send approved visits to billing, the Unapproved Visits Report should be generated routinely to assist in identifying those visits not yet approved and ready for billing.

Managing NDoc V01.0, 04-Nov-25 Page 3 of 6



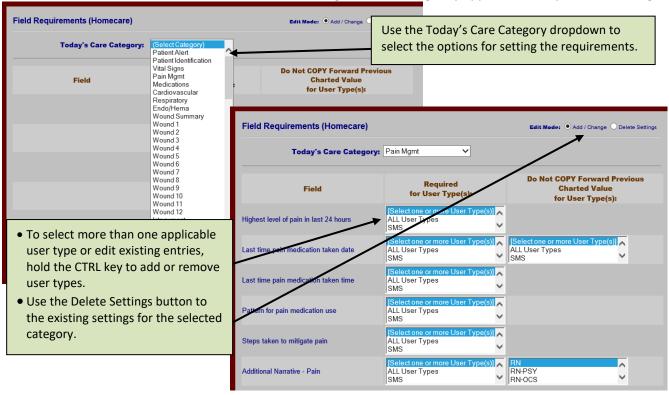
### **Field Requirement Settings Options**

Agencies have the ability to control fields that are required for specific visit charting scenarios. In general, these requirements can be set to apply to either homecare, hospice, or both. They can be configured for one or more user types. Additionally, at an agencies request, agencies can have required field logic applied to visits based on Service Provided Codes.

#### Field Requirements – Homecare and Hospice Options

Using the Field Requirements (homecare or hospice) options, agencies can apply required field logic to the fields available within each category listed within the Today's Care Category dropdown. The categories do not contain ever field within a particular screen, but provide a substantial number of options for each. Please note that due to higher level problem logic related to OASIS and select hospice charting (e.g., HIS and pronouncement visits), these requirements are only triggered in Today's Care charting.

The Homecare and Hospice Field Requirement Settings Pages also provide agencies the ability to control whether certain fields copy forward from previous charting. In this case, the setting allows agencies to choose user types that will not see charting for select fields copied forward from previous charting. This is designed to ensure certain documentation is checked at each visit. Again, this setting only applies to Today's Care charting.



## Field Requirements – (OASIS)

This option - Agencies can specify certain fields to be required in OASIS charting. The requirements may be specified by RFA (grouped together as 1/3, 4/5, 6/7, and 8/9) and discipline. Only fields that are specifically enabled for custom requirements appear in the new setting page. At this time, the list includes all those available in homecare fields requirements (as long as they also appear in OASIS charting) and the POC/Synopsis fields. A report displaying the current required field configuration may be created from the same page

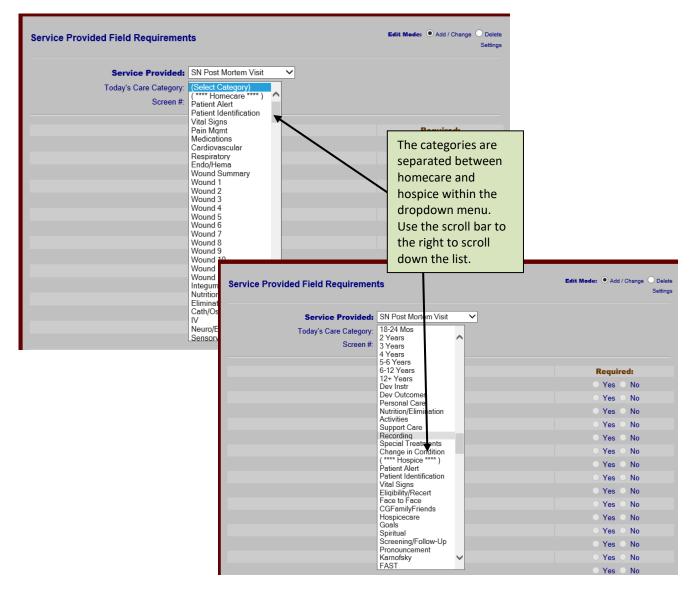
Managing NDoc V01.0, 04-Nov-25 Page 4 of 6



#### **Service Provided Field Requirements**

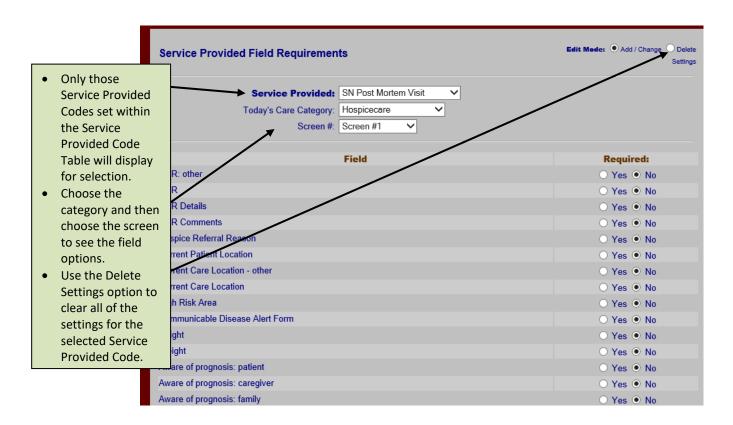
Agencies that would like to apply field requirement logic to select Service Provided Codes may do so using this page. In order to access the Service Provided Codes to be customized, the Service Provided Code Table (under Administration>System>Tables) will need to set the "Define Field Requirements?" option to Yes. Nothing will change for the Service Provided Code within the charting screens until at least one requirement is set within the settings screen. Once one or more field(s) are selected to be required in the Service Provided Field Requirements routine, then none of the standard system field requirements will be in effect. Please note the following special considerations:

- OASIS charting cannot be completed using a code with custom defined Service Provided Field Requirements.
- The "Define Field Requirements?" option cannot be set to Yes if the service provided entry has the "Telephone Call?", "Care Plan?" or "IPU?" fields set to Yes.
- The "Define Field Requirements?" option cannot be reverted to No until the field requirements are removed (i.e., go to System>Settings>Visits>Service Provided Field Requirements, select the service provided entry and then select the "Delete Settings" radio button in the far-right top of the screen



Managing NDoc V01.0, 04-Nov-25 Page 5 of 6





## **Systems Review Assessment Configuration**

To expedite charting in cases where agency policy dictates a clinician perform a complete assessment at each visit, a Visit Charting category is available labeled Systems Review. This workflow tool is entirely optional and is configures as follows:

#### Settings (Administration>System> Settings>Systems Review)

This table allows agencies to designate the fields to be displayed on the Systems Review category in Visit Charting (e.g., Current Status: Cardio, Neuro, etc.). Change the selection to Yes to display the option.

#### Visit Charting Option

Based on the particular options set by the agency, clinicians may quickly enter this category and check off that there has been "No Change" to the Current Status of each designated body system/category (e.g., No Change in the Current Status: Nutrition).