Starting a Referral

You have the option to enter a completely new referral or you can re-admit a patient that was discharged from your services in the past.

From the Main Menu bar in Barnestorm Office click on the Referrals tab at the top of the page. The first page of the referral will open. From here you have two options that will appear in the upper, left corner of the screen:

New Referral: If the patients has never been entered into the system before you can click on **Start a New Referral**.

Re-Admit: If you have a patient from the past that needs a new chart number pull that patient up from the Select Patient screen first. Click on the Referrals screen. Click on the **Re-Admit this Patient** button and select all of the information you would like to copy from the old chart over to the new chart. Click on **Proceed With Re-Admit.**

Next: The Click for Next Chart # field will become active. You can either 1) Enter the first three digits of the sequence you are currently using; or 2) Leave this field blank. Click on Next Chart # button. The system will pick up the next available chart number. Ex. Enter 003 and the system will pick up the first chart that has not been used yet that starts with 003. You can also enter the entire six digit chart number. If the number is acceptable then click on Accept Chart#. The referral screen will become active.

Helpful Tip: Throughout Barnestorm you'll be asked to enter pre-existing codes already entered in Barnestorm (ex Doctors, Employees, Facility). The search box typically has one box on the left and one on the right. The box to the left will handle all numeric or code entries and the box to the right will handle all of the description or text entries. To fire a search, you can type the first 1-3 letter(s) or number(s) depending on your search criteria. If you type a "W" in the numeric portion of the search box, the "W" will be moved over to the description box to perform the search. This will return results immediately. Below is an example of a search box.

Start Screen

Next, enter the patient's name, address, and phone number. The patient's name cannot have a slash (/) in it. You'll notice when you enter the zip code that the city and state are filled in automatically. The county name will appear in black next to the City field. This will help you identify which county code to use; if there's only one county code with that description then the county code will automatically be filled in, otherwise, you'll need to manually enter the code. The county must be identified correctly because it affects billing. Be sure you have a process in place for the admitting nurse to let you know if the patient's home is actually in another county from the one you identify at referral time. Community codes are a way to break down geographical areas in whatever way makes sense for your home health business.
NEW---PATIENT PORTAL: There is also a section to enter the patient's email address, and invite that patient to the Patient Portal. Click here for information on this **NEW** feature. There is an icon located beside the email section which allows you to send an email directly to the patient. Click on the icon, a box will appear for you to put in your information and hit Send to send the email to the patient.

NOTE: Entering the SSN helps to determine "unduplicated" patient counts. The birthdate appears on the claim and eligibility reports.

Often, this is all the information you are given on the initial phone call or faxed referral, besides an order to 'Assess and treat'.

Contacts

Important information to collect on this tab: Primary Emergency Contact and Patient Selected Representative. Note, there should only be one contact marked as the Primary Emergency Contact check box that is located at the top, near the contact name. All others can be marked under the Role option.

Emergency Plan

The emergency plan is a new screen added to correspond to some of the 2018 CoP updates and can be located in Barnestorm Office on the Referral, from Point of Care on the Main Menu, and within a SOC, ROC or Recert assessment type.

Risk identifies patients who must be located and possibly moved in the event of an emergency. This is required to be answered for Medicare patients.

Acuity is the level of difficulty of the visit on a scale of 0 to 9, and each home health agency defines what the acuity levels mean for them.

Directives

Items to document are: additional services, advance directives, resuscitate status and physical parameters. Other articles related to parameters, here: 50785 and 50783.

Directions

If you have directions, you can type them in. If not, the **Get Directions** button will go to Google maps for you and find directions from the home health agency address to the patient's address. Notice that all the directions appear in the box. You can then change the directions, make them neater, and you can add additional information as needed. There's a 1200 character limit - If the directions exceed that limit a warning will appear directing you clean up the directions.

History Tab

If you have any information about the patient's history at the time of referral, you may add it here. More commonly, this information will be completed after the initial assessment. Some examples of information on this page are the patient's nutritional requirements, for example, if they

are diabetic; other items include allergies, infections, and other medical history information.

Notes

This is a blank text box to type information not found elsewhere in the Referral.

Referral Information

Enter the information you have from the referral: the person or facility who called or faxed information about the patient. It can be a doctor, facility, or hospital.

On the field for the doctor, you can look the doctor up in your list of doctors so you can be sure to get the right doctor code. You do this by typing in the first three letters of the doctor's last name.

For example, if you want to enter Dr. Jeffrey Moore, type the first three letters of the doctor's last name: MOO. Then you will get a list of all doctors who have MOO in their names. From there, you can select the doctor and both the name and code will be filled in for you.

The source of admission options include: 1 = Nonhealthcare Facility Point of Origin, previously known as physician referral; and 4 for hospital referral, along with others listed on the dropdown list.

If you know the planned start of care date, enter it here. The rule is that the initial assessment must be within 48 hours, unless the doctor explicitly says otherwise, so you can enter the planned start of care as two days from now. This date is for information and statistical purposes only - the actual admit date is noted on the last tab of the Referral.

You will indicate the patient status. You can list the patient as Active if they have been admitted, but more commonly, at the time of referral we just want to indicate that they have been referred but not yet admitted.

The admission date is set by default to the current date. In the point of care system used by the admitting nurse, this date will be changed during the admission process.

Finally, you need to add in the name or code of the person who is taking the referral--that's you.

Payers Tab

Under the **payers** tabs, you will indicate who will be providing payment for the patient's services. Select the **Payer1** tab to add the program and the payer codes. Click the **Payer 2** panel near the top to add a second, third, and fourth payer.

For Medicare, it copies the patient's SSN into the HIC number field. Note that many insurers are moving away from using the SSN as the policy id, so you need to verify the information you have. Add an A to the end of the social security number to form the Medicare HIC number. The patient's information is automatically populated as the insured.

For Medicaid, you may need to change the HIC number.

The **"Extra Billing Info"** tab. This is where you will add additional information for the payer, i.e. Carolina Access number, condition codes, occurrence codes, authorization numbers, etc.

The "Check Eligibility as of" uses Waystar to verify the patients eligibility as of the date selected. Note, you must have a Waystar account setup to use this feature.

You **MUST** click the **Save Payer** button in order to Save your changes, and collapse the Payer screen.

Select the patient's Current Payment Sources for Home Care.

Doctor and Pharmacy Tab

Under the doctor and pharmacy tab, you will fill in all the doctors who are treating the patient and a pharmacy. To enter a doctor, you can use the same lookup technique you used on the first tab. if you know the first three letters of the doctor's last name, you can type those in and it will find the doctor for you.

If you know of other doctors who are treating the patient, consulting physicians, you can add them in by clicking on the consulting physician tabs and filling in their information. You can add up to 8 consulting physicians that way.

For consulting doctors, the Print Consulting Dr on the 485 will default as checked. There is a global setting to leave the box unchecked when adding a new consulting doctor - Codes > Security > Global Setting > 0105.

If a doctor has a license expiration date or an inactive date, the date will appear next to the doctor.

For the pharmacy, you can look up a pharmacy by name or code if you know it, or if the pharmacy you want is not in the system, you may have to add it. You have space to list three different pharmacies.

To insert Oxygen, DME or Funeral Home information, select the search icon and search by name for the company. Select the company and then select the Insert button.

Employees Tab

On the employees tab, you add in which nurses or case managers are assigned to the patient. This information is usually not known until after the initial assessment, so it is normally filled in later.

You can fill in an employee by name or by code if you know the employee code.

Print Tab

You can print/preview this referral. When you click the Print Preview button, notice that all the information entered is on this sheet, as well as your signature if you have entered one into the system. You can print using the button in the upper left.

Print your admission package from this screen if your agency is setup for this feature.

Main Menu to the left

Throughout the Referral screen you'll have access to pop up windows for ICD, Surgery, Med and Facility History, Orders and Authorizations. These can also be accessed from the **Main Menu > Patient Histories.**

Knowledgebase
http://kb.barnestorm.biz/KnowledgebaseArticle50065.aspx