1. When entering the patient name, there cannot be a slash (/) in the name. This may cause issues pulling up certain screens within Barnestorm.

2. Under the Start tab, the County code must be listed. If not listed, this will affect the CBSA and Wage Index, causing the HIPPS code for the episode to be low. An empty field will also affect "counts" in reports that include the county code.

3. Under the Start tab, the Gender and the Date of Birth must be filled in. Otherwise, it will cause an error in billing screen and cause a delay in the billing of the NOA.

4. Under the Payers tab, the Program and Payer must be listed. If not listed, the POC users will not be able to access the patient. This will also cause an issue with the NOA getting out timely.

5. Under the **Referral Information t**ab, the Admit Date must reflect the patients start of care date. If it is not correct it may cause issues with timely billing, as well as entering charges / assessments.

6. Under the **Payers** tab > **Extra Billing Info**: The condition code 47 is required for all admissions where the patient was recently transferred/received from another HHA. If this code is not entered, the NOA will deny, causing your NOA submission to be late. You will need to notify your billing staff, ASAP, to ensure this code gets appended to the NOA claim prior to submission.

7. To discharge a patient, this must be documented under the 2 tabs: The Payers tab, and the Referral Information tab. Otherwise, the patient will not be "completely" discharged. To view on how to Discharge a Patient click here.

All fields are important. We recommend that you fill in all the fields using the information you have for the patient. These key points are mentioned because if they are not filled in correctly, they may cause issues when you access other parts of the Barnestorm Software.

Click [HERE](http://kb.barnestorm.biz/KnowledgebaseArticle50967.aspx) to see "How To Find Out If Patient Is Missing Information From Referral Screen."

Knowledgebase

http://kb.barnestorm.biz/KnowledgebaseArticle50967.aspx