

# Release v4.14

CubHub Systems

February 2023

Feature	Details
<a href="#">Address Auto-Complete</a>	Updated address fields to auto-complete to ensure accuracy
<a href="#">Billing: AR: Timely Filing</a>	Days open will change color (orange 10 days/red 5 days) for timely filing; advanced filter updated
<a href="#">Billing: Occurrence Code Adjust</a>	If UB04 payer occurrence code per date has a dollar amount an adjust misc income - occurrence code will auto apply to each DOS when billed
<a href="#">Billing: Payers: Auth Templates</a>	Payers now include auth templates (by service) to create documents required for auth requests
<a href="#">Billing: Payers: F2F Requirement</a>	Payers may now be marked to require F2F for billing scrub
<a href="#">Billing: Payers: Timely Filing</a>	Payers pre-set with a 90 day timely filing deadline but may be removed or edited
<a href="#">Billing: Reports: Occurrence Code</a>	Adjustment Detail Report & MEC reports updated to show new Misc Income - Occurrence Code
<a href="#">Claim Detail: Occurrence Code Adjust</a>	New adjustment type added to drop down options: Misc Income: Occurrence Code
<a href="#">Claims &amp; Remits: Attachments</a>	New attachments tab added to Remits and Claim Details
<a href="#">Client: Agency SOC Date</a>	New field in client profile: Agency SOC to default all subsequent services to follow original service cert periods
<a href="#">Client: Assess: Templates</a>	Assessing clinicians will have access to/ be forced to use template if one exists for the initial assess/eval being started
<a href="#">Client: F2F Date &amp; Orders</a>	New Order Types: F2F & F2F/Eval & Treat; include date to set F2F date
<a href="#">Client: F2F Date &amp; Orders</a>	New field F2F in client profile; auto-fills based on F2F order or may be manually added w/o order
<a href="#">Client: Financial: Payer: Auth Templates</a>	Patient Payer Auths now include auth templates to verify required docs are included in auth requests
<a href="#">Client: Payer: Eligibility &amp; Benefits</a>	New field in patient payer: benefits & direct link to eligibility page
<a href="#">Client: Multiple Address Labels</a>	Client Profile: defaults to Home; additional Other with description may added
<a href="#">Clinical: OASIS Page</a>	New system page dedicated to OASIS assessment export management (no longer managed in orders)
<a href="#">Clinical: Templates</a>	New Clinical Page: Templates to Create, View, Edit and Delete clinical templates for initial assess/eval
<a href="#">Company: Auto Recoup</a>	Company Setting: Auto Recoupments (currently set to on for all companies)
<a href="#">Employee: PTO Countdown</a>	Ops pay rate may now be marked as PTO, when added to an employee can add allowed and will count down
<a href="#">EVV: Auto Reason/Action Codes</a>	New tab in EVV dashboard Auto Code: allows for payer specific reason/action codes to be applied
<a href="#">Payers: Lock Form(s) to Service Code</a>	Payers may be set to lock form(s) to service codes ensuring Cubhub does not look for alternative if exact match does not exist
<a href="#">Payers: Occurrence Code</a>	Updated UB04 occurrence code per date to allow for a dollar amount
<a href="#">Payroll: Preview by Service</a>	Payroll Preview may now be run by service types (in addition to team)
<a href="#">Permissions: EVV Automation</a>	New Permission: EVV Automation
<a href="#">Permissions: Templates</a>	New Permission: Clinical Templates to View/Edit/Delete clinical templates
<a href="#">Remits: Mark As Deposited</a>	Remits/Manual Checks may now be marked/unmarked as deposited (marked indicated with check mark)
<a href="#">Scheduling: Clinician Availability</a>	Users may now create employee availability in employee calendar (will display in ops - calendar)
<a href="#">Team: Discipline Selector</a>	Team Service Tab updated to include discipline selector based on service(s) provided
<a href="#">Billing: Balance Bill</a>	Payer setting patient balance bill creates payer with all service codes to forward balance claims to patients
<a href="#">EVV: HHA Exchange FL (v5)</a>	HHA Ex v5 File assignments now in EVV dashboard to manage assignments and perform visit maintenance





# Clinical Templates



Create assessment templates in the new menu item, Clinical Templates.

[Clinical](#) > [Clinical Templates](#) > [+New](#) > [Select Form](#) > [Save](#)

A screenshot of a sidebar menu titled 'Clinical'. The menu items are: Clinical Templates (highlighted with a grey background), Quality Assurance, Orders, OASIS, Physicians, Custom Medications, Favorite Medications, and Physician Reports. Each item has a small icon to its left.

A screenshot of the 'Assessment Template' form. The form has a title bar 'Assessment Template' with a close button. It contains a 'Template Name' field with the value 'Testing 123'. Below it is a 'Select Form' dropdown menu that is open, showing a list of forms: '\*\*OASIS E SOC/ROC' (highlighted in blue), '\*\*OASIS E SOC/ROC NONBILL', 'OT Evaluation', 'PT Evaluation', 'SLP Evaluation', and 'OASIS SOC/ROC'. At the bottom of the form is a checkbox labeled 'Form Requires a Template' and a blue 'SAVE' button.

Optional: Check box to require the template to be used for a specific initial assessment form.





# Clinical Templates



**Clinicians performing an initial assessment may utilize a template from which to start. Interventions included in the template will automatically populate.**

**Clients> List> Ellipsis> Chart> Assessments> +> Select assessment> Verify> Select template> Save**

Select Template

Assessment Template

PDN: G-Button only

SAVE

1. Click the + and select the form type for the initial assessment.
2. Verify the client by checking the box for at least two of the identifying characteristics.
3. A modal will pop up and allow the user to choose from templates in the list.
4. The assessment may then be customized by clicking on the pre-populated interventions.

Gastrointestinal

INTERVENTIONS

DATA POINTS

Search

+ 1-5 of 5 < >

Interventions

Feeding Tube Type: []. Feeding Tube Size: [].

SN To Change G-tube Every [] & PRN for Dislodgement or Blockage, or Assist PCG If Changing G-tube During Shift.

SN to flush GB with []

SN/PCG to perform G-tube care as follows: [] & PRN using clean technique, clean with soap and warm H2O, or normal saline to keep stoma clean, pat dry and place gauze dressing around site and PRN for excess drainage. Document condition of site.

SN to instruct patient/ PCG on proper gastrostomy site care.





# Permissions: Clinical Templates



**Permissions to Clinical Templates are in the Admin section of a user group's permissions. User groups may be given access to:**

## View

Access to Clinical Templates menu item

## Edit

Ability to create, edit, & rename clinical templates

## Delete

Ability to delete existing clinical templates

## Clone

Ability to clone existing clinical templates

[Admin](#) > [Permissions](#) > [Select user group](#) > [Check boxes](#) > [Save](#)

ADMIN

AUDITTRAIL

BILLING

CALENDAR

CLINICIAN

DASHBOARD

FAX

INBOX

PATIENT

PCG RESET

PERSON

PHYSICIANS

SERVICE CODES AND RATES

USER

NOTIFICATIONS

TASKS

	<input type="checkbox"/> View	<input type="checkbox"/> Edit	<input type="checkbox"/> Delete	<input type="checkbox"/> Clone	<input type="checkbox"/> Download
Billing Code Modifiers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Billing Codes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Branch	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Template	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Clinician	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Custom Fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Custom Medications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Action options available to users in the ellipsis next to each clinical template will vary based on permissions.

Edit

Rename

Clone

History

Delete

Audit





# OASIS



**OASIS documents will no longer flow through Clinical Orders and instead have their own menu line in the Clinical section. Users may still download the xml for uploading to CMS and mark/track the OASIS status given to the uploaded assignments.**

Clinical> OASIS

Clinical

01

Clinical Templates

Q

Quality Assurance

Rx

Orders

i

OASIS

i

OASIS

Search

1-1 of 1

<

>

<input type="checkbox"/>	ID	Patient ↑↓	Type	Physician ↑↓	Assessment Date ↑↓	Status ↑↓	
<input type="checkbox"/>	345430	Princess Preferred	OASIS Transfer/Discharge	Smith Smith	3/6/2020	Ready to Export	...

i

OASIS

Search

<

>

<input type="checkbox"/>	ID	Patient ↑↓	Type	Physician ↑↓	Assessment Date ↑↓	Status ↑↓	
<input checked="" type="checkbox"/>	345430	Princess Preferred	OASIS Transfer/Discharge	Smith Smith	3/6/2020	Ready to Export	...

Create Fax Batch

Fax Now

Download XML

Mark OASIS

The OASIS portal will default to show documents in 'Ready to Export' status, and the advanced filter may be utilized to access documents in another status.

OASIS Status

Set Status for All Selected Oasis Documents

Assignment

Princess Preferred (OASIS Transfer/Discharge) on 03/06/2020

Current Status

Ready to Export

Set Status

Exported

Unlocked

Delete OASIS





# Permissions: OASIS



OASIS documents will no longer flow through Clinical Orders and instead have their own menu line in the Clinical section. Users may still download the xml for uploading to CMS and mark/track the OASIS status given to the uploaded assignments.

Clinical> OASIS

Clinical

Clinical Templates

Quality Assurance

Orders

OASIS

OASIS

Search

1-1 of 1

<input type="checkbox"/>	ID	Patient	Type	Physician	Assessment Date	Status	
<input type="checkbox"/>	345430	Princess Preferred	OASIS Transfer/Discharge	Smith Smith	3/6/2020	Ready to Export	...

OASIS

Search

<

>

<input type="checkbox"/>	ID	Patient	Type	Physician	Assessment Date	Status	
<input checked="" type="checkbox"/>	345430	Princess Preferred	OASIS Transfer/Discharge	Smith Smith	3/6/2020	Ready to Export	...

Create Fax Batch

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OASIS Status

Set Status for All Selected Oasis Documents

---

Assignment

Princess Preferred (OASIS Transfer/Discharge) on 03/06/2020

Current Status

Ready to Export

Set Status

---

Exported

Unlocked

Delete OASIS





# Agency SOC Date



**Agency SOC is a new field available to users in the client profile.**

[Client List](#)> [Select Client](#)> [Client Data](#)> [Enter Agency SOC date](#)> [Save](#)

The purpose of this field is to allow the SOC date to remain specific to the first service provided to a client by an agency, regardless of any subsequent service types added to the client after this initial start of care date.

By not using this optional field, states that require for the SOC date is differentiated for subsequent service types provided to a client by an agency can also appropriately manage the SOC date for clients via the assessment for the client.

PATIENT DATA	
Skills	
Pediatric x	
Patient Details	
Team	
Team 27358 x	MRN (last: 789632145) XXXXXXX x
Medicaid ID	
Medicaid Program Not Selected	
Face to Face Date 01/16/2023	Agency SOC Date 01/30/2023





# F2F Order



Face to face orders allow clients to have service's begin when and F2F/Eval & Treat are two new order types available in the system. Additionally, in client profile, F2F is a new field that will auto-fill based on the date of a F2F order, or the filed may be filled manually without an order.

Completed F2F orders may be required prior to a claim being billed. Check the box available in the payer's settings to prevent billing to be possible when the

## Client> Profile> F2F Date

PATIENT DATA

Skills

Pediatric

Patient Details

Team

Team 27358

MRN (last: 789632145)

XXXXXXX

Medicaid ID

Medicaid Program

Not Selected

Face to Face Date

01/16/2023

Agency SOC Date

01/30/2023

## Client> Chart> Orders

Physician Orders

Order Type

Non-Med/Communication

Order Definition

Face to Face

Face to Face Date

01/16/2023

## Billing> Payers> F2F Required

☒ Single Line on Claims

☐ Signed 485 Req'd (Schedule)

☐ Lock Form(s) to Service Code

☒ Split Claim at Month

☐ Signed 485 Req'd (Bill)

☒ Face to Face Required





# Auth Templates

Users may create auth templates (by service) to automatically acquire and/or require documents are included appropriately for authorization requests.

Billing> Payers> Auth Templates> +

INFOE-FILE OPTIONSCONTRACTSDOCUMENTSAUTH TEMPLATES

Search

+ Showing 0 to 0 of 0 entries<>

Name ↑↓Service Type ↑↓Document Count

Authorization Request Template

NameService Type

Recertification Auth RequestPDN

Document Type Options:

Assessments

Authorization Document

Missed Shift Log

Non-CubHub Document

Patient Document

Patient Order

Visits

Document Details

Document TypeAssessments

LabelNo. of Documents

1

SAVE

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# Auth Templates



Patient Payer Auths now include auth templates to verify required documents are included in authorization requests. Manage the status of documents in the authorization.

[Client](#)> [Profile](#)> [Financial](#)> [Edit pencil beside authorization](#)> [Auth Requests](#)

SEGMENTS		DIAGNOSIS CODES		DOCUMENTS		AUTH REQUESTS	
AUTH REQUEST LIST		ADD FILE		PREVIEW		FAX	
Position ↑↓	Document Type	Position ↑↓	Document Type				
1	● CCP Prior Authorization Request Form	1	● CCP Prior Authorization Request Form				
2	● 485	2	● 485				
3	● Missed Shift Log	3	● Missed Shift Log				
4	● MAR	4	● MAR				
5	● Vent Record	5	● Vent Record				

Preview and approve documents by clicking on the line item. Once approved, the document will show in green.





# PTO Countdown



Pay Rates set as a PTO pay rate may be applied to an employee’s rate and used to track PTO.

Payroll> Pay Rates> Select rate> Check box for ‘Is PTO’> Save

Edit Pay Rate

Description

PTO

Pay Type

Per Hour (Non-Billable)

Skill

---

Form Type(s)

Non-Billable (PDN) ×

Teams

---

Regular Code

PTO

Overtime Code

---

Holiday Code

☒ Is PTO

Productivity Points

0

☒ Exclude from OT

Status:

Inactive

☒ Exclude from Holiday

Active

AUDIT

SAVE

Employees> Select Employee> Skills/Disciplines> +Skill/Rate> Enter ‘Allowed PTO Hours’> Save

Pay Type

PTO

Allowed PTO Hours

360

PTO YTD

0

PTO Remaining

360





# Clinician Availability

Users with permission may set availability in the employee calendar, allowing the timeframes for which an employee is available or unavailable to show in the calendar view of their profile.

Employee> Profile> Calendar> Availability> +New> Enter Effective Dates> +Add> Enter details for days and times> Exclusions> Enter details for days and times> Save

PROFILEEMPLOYEEDOCUMENTSSKILLS/DISCIPLINESCREDENTIALSNOTESCALENDAR

Clinician Availability

Effective Start Date

Effective End Date

1/31/2023

3/31/2023

...

Effective Start Date

Effective End Date

01/31/2023

03/31/2023

NEW

SAVE

Day(s) of the Week

---

Start Hour

Start Min

End Hour

End Min

---

---

---

---

+ ADD

Day	Start Time	End Time	
Monday	06:00	21:00	
Tuesday	12:00	18:00	
Wednesday	06:00	21:00	
Thursday	12:00	18:00	
Friday	06:00	21:00	

Calendar

AVAILABILITY

SAT31SUN1

78

Clinician Availability

SCHEDULEEXCLUSIONS

Status

Start Date

End Date

---

---

---

Start Hour

Start Min

End Hour

End Min

---

---

---

---

Notes

---

SAVE

Status	Start Date	End Date	Start Time	End Time	Notes
Unavailable	3/13/2023	3/17/2023	00:00	00:00	...

March 2023

TODAY

Calendar

AVAILABILITY

MON	TUE	WED	THU	FRI	SAT	SUN
27 06:00-21:00	28 12:00-18:00	1 06:00-21:00	2 12:00-18:00	3 06:00-21:00	4	5
6 06:00-21:00	7 12:00-18:00	8 06:00-21:00	9 12:00-18:00	10 06:00-21:00	11	12
13 00:00-00:00 Unavailable	14 00:00-00:00 Unavailable	15 00:00-00:00 Unavailable	16 00:00-00:00 Unavailable	17 00:00-00:00 Unavailable	18	19
20 06:00-21:00	21 12:00-18:00	22 06:00-21:00	23 12:00-18:00	24 06:00-21:00	25	26
27 06:00-21:00	28 12:00-18:00	29 06:00-21:00	30 12:00-18:00	31 06:00-21:00	1	2

Users with availability set will show in the pick list for assignments in either blue or red, depending on the availability set in the employee's profile.





# Payers: Timely Filing

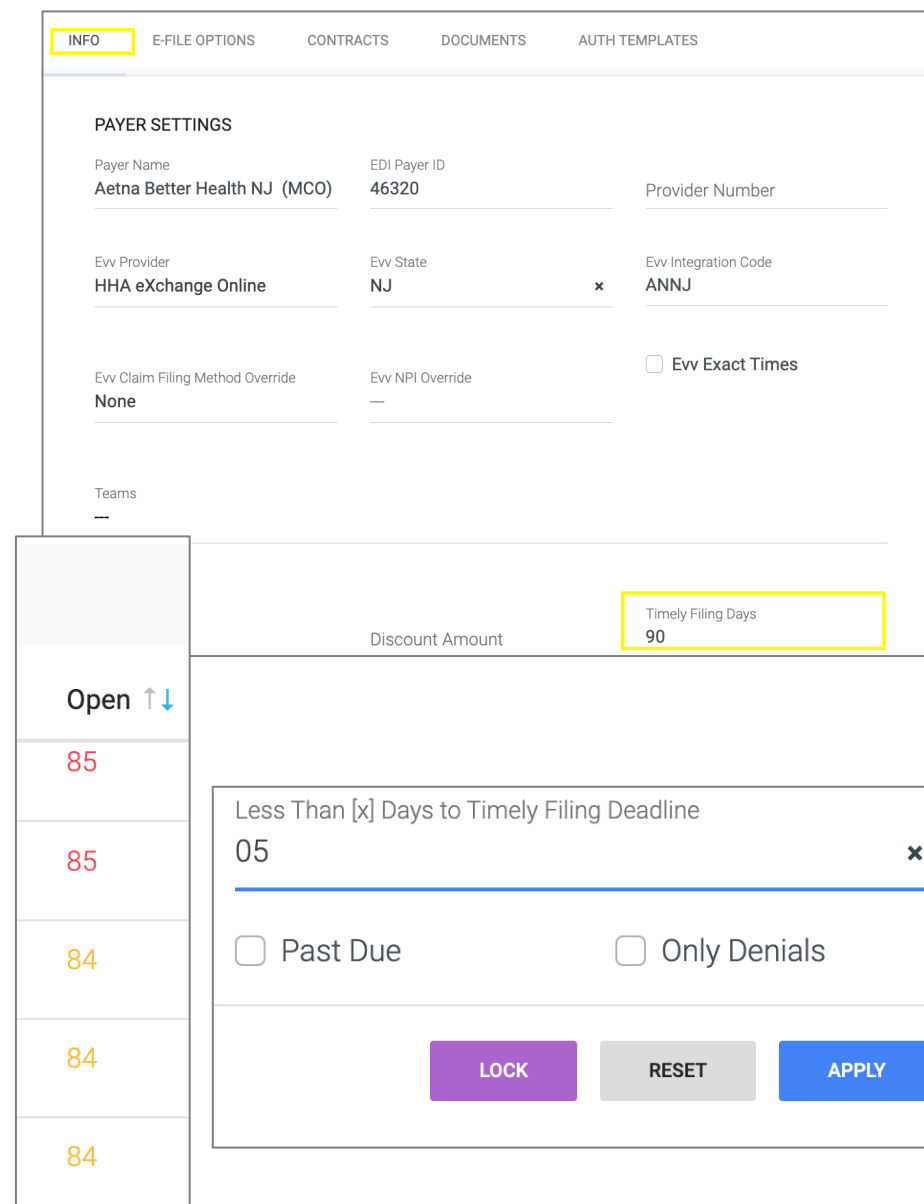
[Billing> Payers> Info> Edit timely filing field> Save](#)

The new field allows users to set a timely filing deadline in a payer's settings, or users may allow the system to use the default of 90 days.

[Billing> A/R> Days Open](#)

The days open column in the A/R will change color (orange 10 days/red 5 days) for timely filing. The advanced filter has also been updated to include a timely filing selection field, so users' may limit what they're viewing in the A/R.

[Billing> A/R> Advanced Filter> Less than \[x\] Days to Timely Filing Deadline> Make selection> Apply](#)



The screenshot displays the 'PAYER SETTINGS' interface. The 'INFO' tab is selected, showing fields for Payer Name (Aetna Better Health NJ (MCO)), EDI Payer ID (46320), Provider Number, Evv Provider (HHA eXchange Online), Evv State (NJ), Evv Integration Code (ANNJ), Evv Claim Filing Method Override (None), Evv NPI Override, and an unchecked checkbox for 'Evv Exact Times'. A 'Teams' dropdown is also visible. Below the settings, a 'Discount Amount' field and a 'Timely Filing Days' field (set to 90) are shown. An advanced filter modal is open, titled 'Less Than [x] Days to Timely Filing Deadline', with a value of 05. It includes checkboxes for 'Past Due' and 'Only Denials', and buttons for 'LOCK', 'RESET', and 'APPLY'. A sidebar on the left shows a list of 'Open' days with a color-coded filter (85 in red, 84 in orange).





# Auto-Complete & Addresses Types



Addresses will now auto-complete to ensure accuracy. Address Types have been updated to Home, Billing, or Other.

[Client](#)> [Profile](#)> [Contact Info](#)

CONTACT INFO

Addresses

+ NEW

Type

Home

x

Street 1

251 W Lancaster Ave

Apt/Ste #

City

Fort Worth

251 West Lancaster Avenue Fort Worth, TX, USA

251 West Lancaster Avenue Wayne, PA, USA

251 West Lancaster Avenue Shillington, PA, USA

251 West Lancaster Avenue De Witt, NE, USA

251 West Lancaster Avenue Whitefish Bay, WI, USA

Zip Code

76102

Begin typing address and select from options.

A free text field will populate to allow users to specify type of address when selecting 'Other.'

CONTACT INFO

Addresses

+ NEW

Type

Other

x

Type Label





# Claims & Remits: Attachments



Users may upload documents in the Documents section added to individual claims and payments.

[Billing](#)> [A/R](#)> [Apply](#)> [Select claim](#)> [Documents](#)> +> [Upload Document](#)> [Save](#)

CLAIM DETAILS

PAYMENTS/ADJUSTMENTS

ACTIVITY

DOCUMENTS

Search

+

Showing 0 to 0 of 0 entries

File name	Date
No data available in table	

Upload Document

CHOOSE FILE

Upload your File

SAVE

[Billing](#)> [Remits/Manual Checks](#)>  
[Select Remit](#)> [Documents](#)> +> [Upload Document](#)> [Save](#)

REMIT (\$500.00)

DOCUMENTS

Search

+

Showing 0 to 0 of 0 entries

File name	Date
No data available in table	





# Occurrence Code Type: Per Date: Amount



When a payer’s claim form type is UBO4 and Occurrence Code Type is Per Date, users may set an amount for specific occurrence codes to apply to each DOS on a claim.

Billing> Payers> Select payer> E-File Options>  
Occurrence Code Type and Amount> Save

Occurrence Code Type

Per Date

Box 31 Occurrence Code

Date Type	Code	Amount
Send Blank	73	10.00

Example:  
Payer set up has occurrence code per DOS value of 10.00  
Claim line is billed for 50.00  
CH automatically adds a miscellaneous income adjustment - occurrence code of 10.00 to each line

expected = 50.00  
adjust = (10.00)  
balance on claim line = 60.00

This allows the payment to come in for 60.00 while preventing users from having to manually adjust off the remaining 10.00, and the balance for the claim will go to zero.

01/11/2023 16:57:03 CST	mkumar.dev	Miscellaneous Income - Occurrence Code created for (\$10.00)
01/11/2023 16:56:42 CST	mkumar.dev	Payment of type EFT was manually added from payment 12345 for amount \$10.00





# Lock Forms to Service Codes



**Check box in payer settings to lock forms to a specific service code. Only form(s) selected in service code will be able to have that service code applied in the calendar assignment.**

**Billing> Payers> Select payer> Check box 'Lock form(s) to Service Code'> Save**

<input checked="" type="checkbox"/> Single Line on Claims	<input checked="" type="checkbox"/> Split Claim at Month
<input type="checkbox"/> Signed 485 Req'd (Schedule)	<input type="checkbox"/> Signed 485 Req'd (Bill)
<input checked="" type="checkbox"/> Lock Form(s) to Service Code	<input type="checkbox"/> Face to Face Required

**Billing> Payers> Select payer or ellipsis beside payer name> Service Codes> Select code> Select forms in Form Type(s) field> Save**

Edit Service Code

The service code description must start with the discipline followed by a unique identifier, we suggest using the insurance name/abbreviation. For Example: RN-UHC-S where RN is the discipline, UHC is the abbreviation for United Health Care and the S stands for Specialized.

Form Type(s)  
OT Evaluation ▼






# EVV: Configure Auto-Application of Reason Codes


**Users may configure specific Reason Codes for each of the EVV Auto-Verification Rules, allowing reason codes to automatically apply when a shift is submitted.**


[Billing](#)> [EVV Dashboard](#)> [Select EVV Provider](#)> [Ellipsis](#)> [Configure EVV Auto-Verification Rules](#)

 EVV Dashboard

Start  
12/28/2022

End  
01/11/2023

EVV Provider  
AZ (CellTrakSandata) 

 Search

...

Sync

Ignore Error

Download Evv Data

Configure Auto Verification Rules

QUEUE

APPLY

0 of 0 entries < >





# EVV: Configure Auto-Application of Reason Codes

Billing> EVV Dashboard> Select EVV Provider> Ellipsis> Configure EVV Auto-Verification Rules



<div><b>1. Actual units do not equal expected billable units</b></div> <div>Visit Edit Reason Code</div> <div>----</div> <div></div>	<div><b>6. Evv times exceed 24 hours from schedule</b></div> <div><div>Visit Edit Reason Code</div><div>----</div></div> <div><div>Visit Action Taken Code</div><div>----</div></div> <div><div>Notes</div><div></div></div>		
<div><b>2. Missing geo in</b></div> <div>Visit Edit Reason Code</div> <div>----</div> <div></div>	<div><b>7. Evv end time outside of schedule</b></div> <div><div>Visit Edit Reason Code</div><div>----</div></div> <div><div>Visit Action Taken Code</div><div>----</div></div> <div><div>Notes</div><div></div></div>		
<div><b>3. Missing clock in</b></div> <div>Visit Edit Reason Code</div> <div>----</div> <div></div>	<div><b>8. Evv start time outside of schedule</b></div> <div><div>Visit Edit Reason Code</div><div>----</div></div> <div><div>Visit Action Taken Code</div><div>----</div></div> <div><div>Notes</div><div></div></div>		
<div><b>4. Missing geo out</b></div> <div>Visit Edit Reason Code</div> <div>----</div> <div></div>	<div><b>9. Geo exceeds distance</b></div> <div><div>Visit Edit Reason Code</div><div>----</div></div> <div><div>Visit Action Taken Code</div><div>----</div></div> <div><div>Notes</div><div></div></div>		
<div><b>5. Missing clock out</b></div> <div>Visit Edit Reason Code</div> <div>----</div> <div></div>	<div><b>10. All times missing</b></div> <div><div>Visit Edit Reason Code</div><div>----</div></div> <div><div>Visit Action Taken Code</div><div>----</div></div> <div><div>Notes</div><div></div></div>		
<div><b>Select Visit Edit Reason Code&gt; Select Action Taken Code&gt; Input Notes&gt; Save</b></div>	<div><b>11. Visit started too late</b></div> <div><div>Visit Edit Reason Code</div><div>----</div></div> <div><div>Visit Action Taken Code</div><div>----</div></div> <div><div>Notes</div><div></div></div>		
	<div><b>12. Total evv time &gt; 24 hours</b></div> <div><div>Visit Edit Reason Code</div><div>----</div></div> <div><div>Visit Action Taken Code</div><div>----</div></div> <div><div>Notes</div><div></div></div>		





# Permissions: Edit EVV Rules



[Permissions](#)> [Select user/permission group](#)> [Admin](#)> [Edit EVV Rules](#)> [Save](#)

ADMIN				AUDITTRAIL	BILLING	CALENDAR	CLINICIAN	DASHBOARD	FAX	INBOX	PATIENT	
USER				NOTIFICATIONS	TASKS							
			<input type="checkbox"/>	View			<input type="checkbox"/>	Edit			<input type="checkbox"/>	Delete
Billing Code Modifiers			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input type="checkbox"/>	
Billing Codes			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input type="checkbox"/>	
Branch			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input type="checkbox"/>	
Clinical Template			<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>	
Clinician			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
Custom Fields			<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>	
Custom Medications			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Edit EVV Rules							<input checked="" type="checkbox"/>					
Edit EVV Times							<input checked="" type="checkbox"/>					
Eligibility			<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>	
Favorite Medications			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Holiday			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
Importing			<input type="checkbox"/>				<input type="checkbox"/>					
Macros			<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>	
Mobile Devices			<input type="checkbox"/>									
Mobile Instructions			<input type="checkbox"/>									
Orders			<input checked="" type="checkbox"/>									

