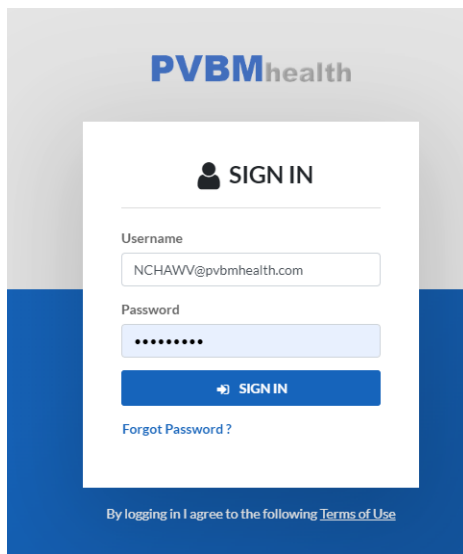


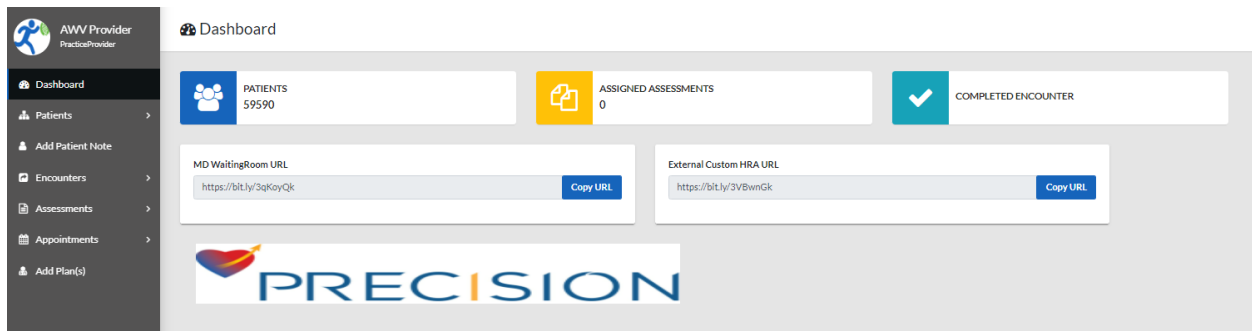
Go to PVBMhealth.com and click on Provider Login



Log in with the assigned user name and password



Once logged in you will see a Dashboard with various items displayed and on the left menu you will see tabs for Patients, Patient Note, Encounters, Assessments, appointments, and Add Plan(s)



Patients > Add Patient

Here you can add a patient and the various demographics. All fields with an asterisk is required. Here you can also add a Patient Portal ID which can be the patients email address (The patient can update this when using the virtual waiting room)

You can add a general Note that will be saved when using Add Patient Note

Encounters Tab enables the list of all patients and the Action Column. In the internal Encounters Tab you will see a list of all patients and in the Actions Column you can start a new encounter or edit (Complete) an encounter that has data added

S/No	Patient Id	Encounter Id	Patient Name	Date of Birth	Contact No	Visit	Type Of Contact	Date of Encounter	Start time	End Time	Duration	CPT Code	Status	Actions
1			Test NCH	01/25/1966	556625442								Yellow	View Encounter

If you click on New or Edit Encounter in the Actions Column

You will see the Patient Details/Demographics and the ability to Send an Email to the escalation Contact, Send an E-Visit Email, view Patient E-Visit Email History. You can also see any previous assessments completed by or for the patient as well as any previous reports.

Patient Details			
System PID 975224	Patient ID	Encounter ID ENC00000493	Date of Birth 01/25/1966
First Name Test	Middle Name	Last Name NCH	Gender Male
Address	Payer Name	Member ID	Email ray@nchtest@pvbm.com
City	State	Contact No 5166625462	
Zip code	Contact No 5166625462	Contact Email Id ray@helixds.com	
Authorized Contact First Name	Last Name	Phone No	Email Id
Relation	Authorized to share PHI No	Authorized for Emergency Contact No	Special Instructions
Passcode			
Escalation Contact			
Send Email	Send E-Visit Email	Patient Email History	
Reports		Assessments	
		TestNCH-975224-456842-health_risk.pdf Submitted By: TestNCH On 07/29/2022	

As you scroll down you will see various sections. Click on the section to expand

Escalation Contact	Send Email	Send E-Visit Email	Patient Email History
Reports		Assessments	
		TestNCH-975224-456842-health_risk.pdf Submitted By: TestNCH On 07/29/2022	
Vital Signs			
Medical History			
Personal History Family History Chief Complaint			
SOAP Notes			
Mental Health			
Health Risk Calculator			
Custom Health Risk Assessment			
Annual Wellness Questions			
Care Plan			
Encounter			
Add Assessments to Encounter			
		Back	Save to Draft
		Submit Encounter	

Here you can add vitals and click on Save to add to the encounter

Vital Signs			
Get Vital Sign	Add Vital Sign		
Blood Pressure	Pulse	Oxygen	Respiration
Max <input type="text"/> Min <input type="text"/>	Pulse <input type="text"/>	Oxygen <input type="text"/>	<input type="radio"/> Easy / Normal <input type="radio"/> Labored <input type="radio"/> Other
Temperature			
Temperature <input type="text"/>			

Add a GAD7

Vital Signs

Medical History

Personal History Family History Chief Complaint

SOAP Notes

Mental Health

Safety Risk PHQ 2 PHQ 9 CAGE Opioid SOAPP 14 **GAD 7** DAST-10 COMM

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Not being able to stop or control worrying?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Worrying too much about different things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Trouble relaxing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Being so restless that it is hard to sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Becoming easily annoyed or irritable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Feeling afraid as if something awful might happen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				Score: <input type="text"/>

Add the Health Risk Calculator and click on Save to add to the encounter

Mental Health

Health Risk Calculator

Health Risks

1. Physical Activity
In the past 7 days, how many days did you exercise? days

2. Tobacco Use
In the last 30 days, have you used tobacco in any form?

3. Alcohol Use
In the past 7 days, how many drinks have you had that contain alcohol?

4. Seat Belt Use
Do you always fasten your seat belt when you are in a car? Y/N

5. Life satisfaction
In the past 2 weeks, how often have you felt down, depressed, or hopeless?
 Almost all of the time
 Most of the time
 Some of the time
 Almost never

6. Anxiety
In the past 2 weeks, how often have you felt nervous, anxious, or on edge?
 Almost all of the time
 Most of the time
 Some of the time
 Almost never

7. Stress
How often is stress a problem for you in handling such things such as health, finances, family or social relationships or work?
 Never or rarely
 Sometimes
 Often
 Always

8. Pain
In the past 7 days, how much pain have you felt?
 None

Biometric Measures— Self-Reported

11. Blood Pressure
If your blood pressure was checked within the past year, what was it when it was last checked?
 Low or normal (at or below 120/80)
 Borderline High (120/80 to 139/89)
 High (140/90 or higher)
 Don't know/not sure

12. Cholesterol
If your cholesterol was checked within the past year, what was your total cholesterol when it was last checked?
 Desirable (below 200)
 Borderline High (200-239)
 High (240 or higher)
 Don't know/not sure

13. Blood Glucose
If your glucose was checked, what was your fasting blood glucose (blood sugar) level the last time it was checked?
 Desirable (below 100)
 Borderline High (100-125)
 High (126 or higher)
 Don't know/not sure

14. Hemoglobin A1c level
If diabetic, and if you have had your hemoglobin A1c level checked in the past year, what was it the last time you had it checked?
 Desirable (6 or lower)
 Borderline High (7)
 High (8 or higher)
 Not a Diabetic

15. Overweight/Obesity
What is your height?
 Feet: Inches: Weight in pounds:
 BMI:

16. In the past 2 years have you experienced any allergies of any type?
 Yes
 No

17. When was the last visit with our Group?
 Don't remember

encounter@assess

Complete the Custom Health Risk Assessment and click on Save to add to the encounter

Custom Health Risk Assessment

1. Have you been hospitalized since we last saw you?
 Yes No

2. Have you seen a health care provider outside our clinic since we last saw you?
 Yes No

3. In general, how would you say your health is?
 Excellent Good Fair Poor

4. In general, how satisfied are you with your life?
 Very Satisfied Satisfied Dissatisfied Very Dissatisfied

5. In the past 7 days, how much pain have you felt?
 None Some A lot

6. Do you usually exercise at least 30 minutes or more, 4 days a week?
 Yes No

7. Do you usually eat a diet that has at least 4 servings of fruit & vegetables, includes whole grain & fiber and avoids other than occasional servings of high-fat foods?
 Yes No

8. How would you describe the condition of your mouth and teeth (including false teeth or dentures)?
 Excellent Good Poor

9. In a typical week, how much alcohol do you drink?
 None One drink per day Two drinks per day More than two drinks per day

10. Do you always fasten your seatbelt when you are in the car?
 Yes No

11. Do you know where to locate and how to properly use a first aid kit and fire extinguisher in case of an emergency?
 Yes No

12. In the past 7 days, did you need help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the telephone?
 Yes No

13. In the past 7 days, did you need help from others to take care of things such as laundry and housekeeping, banking, shopping, using the telephone, food preparation, transportation, or taking your own medications?
 Yes No

14. In the past 7 days have you had any problems staying or falling asleep?
 Yes No

15. In the past 7 days have you had problems with constipation?
 Yes No

16. Have you fallen in the last year?
 2 or more falls in the last year 1 fall with injury in the last year No falls in the last year 1 fall with no injury in the last year

17. Does your home have rugs in the hallway?
 Yes No

18. Does your home have grab bars in the bathroom?
 Yes No

19. Does your home have handrails on the stairs?
 Yes No

20. Does your home have good lighting?
 Yes No

21. Do you or any of your friends or family members have any concerns about your memory?
 Yes No

22. Do you have problems with your hearing?
 Yes No

Submit Save

Complete the Annual Wellness Questions and click on Save to add to the Encounter

Custom Health Risk Assessment

Annual Wellness Questions

For the Initial Annual Wellness Visit use Initial Visit Type Annual Wellness Visit with CPT Code G0438 For the Subsequent Annual Wellness Visit use the Visit Type Subsequent Annual Wellness with CPT code G0439

For Both AWW Types please use Dx Code V70.0

During the visit:

- Complete the following questions
- Complete a GAD?
- Have the patient complete the Health Risk Assessment
- Update the patient medications in the encounter form
- Update the patient plan if needed

1. Please list all doctors that you have seen in the past year and the specialty
 Enter Doctors Name

 On File

2. Please list all any medications you are currently taking
 Enter Medications

 On File

3. Please list any tests you have done in the past year such as blood tests, colonoscopy, mammograms, CT Scan, MRI, etc)
 Enter Tests

 On File

4. Have you had any recent immunizations?
 Yes No

5. Do you have a living will or advance directive?
 Yes No

6. Can you get places out of walking distance without help? *For example, can you travel alone by bus, taxi, or drive your own car?
 Yes No

7. Can you shop for groceries or clothes without help?
 Yes No

8. Can you prepare your own meals?
 Yes No

9. Can you do your own housework without help?
 Yes No

10. Can you handle your own money without help?
 Yes No

11. Have you been given any information to help you identify hazards in your house that might hurt you?
 Yes No

12. Have you fallen two (2) or more times in the past year?
 Yes No

13. How often in the past 4 weeks, have you had problems using the telephone?
 Never Seldom Sometimes Often

14. How often in the past 4 weeks, have you had trouble eating well?
 Never Seldom Sometimes Often Always

15. How often in the past 4 weeks, have you been bothered by your teeth or dentures?
 Never Seldom Sometimes Often Always

16. During the past 4 weeks, was someone available to help you if you needed and wanted help? *For example, if you felt very nervous, lonely or blue, get sick and had to stay in bed, needed someone to talk to, needed help with daily chores, or needed help just taking care of yourself.
 Yes, as much as I wanted Yes, quite a bit Yes, some Yes, a little No, not at all

17. Are you having difficulties driving your car?
 No Sometimes Yes, often Not applicable, I do not use a car

18. How confident are you that you can control and manage most of your health problems?
 Very confident Somewhat confident Not very confident I do not have any health problems

19. How often do you have trouble taking medicines the way you have been told to take them?
 I do not have to take medicine I always take them as prescribed Sometimes I take them as prescribed I seldom take them as prescribed

20. Do any family members have a personal history of any of the following?

You have the option to add a Care Plan using the drop down selection, if those are not available you can add Plan(S) to add to the drop down menu or upload a paper care plan or write a narrative for Goal, Objective and Method.

↑ Add Plan(s)

Care Plan

Select Goal

 If you do not find Goal, please Add Goal

Add Goal
 ✓

Select Objective

 If you do not find Objective, please Add Objective

Add Objective
 ✓

Select Method

 If you do not find Method, please Add Method

Add Method
 ✓

Documents
 No file chosen

Submit

The encounter section allows the provider to code the visit, add a type of contact from the drop down, add the visit type, select the CPT Code, change the status to complete, add a date, start time, duration and upload any additional documents. You can also check the Consent Provided for Phone Encounter if needed along with any additional narrative, if there is a current diagnosis it will pull into the Diagnosis fields.

If any assessments that were done in the past will be available to be added to this encounter, you should always check to see if you have other assessments to add that may have been completed in the past or earlier outside of this encounter. Once completed you can then Submit the encounter as it would have changed the button to a darker blue.

The internal Completed Encounters displays any encounter that has been completed and other available actions where you can edit, create a new encounter, view, or download.

Sr.No	Patient Id	Encounter Id	Patient Name	Date of Birth	Contact No	Visit	Type Of Contact	Date of Encounter	Start time	End Time	Duration	CPT Code	Status	Service By	Actions
1		ENC00000481	Test NCH	01/25/1966	5166625462	E-Visits (online digital evaluation and management services)	E-Visit	07/29/2022	1:13 PM	1:33 PM	20 Mins	99422	Complete	NCH Provider	Edit New Encounter Print

Showing 1 to 1 of 1 entries

You can send the Encounter to Bill by selecting the Check box and clicking on Send to bill. You can then click on Encounter billing Report form the left menu to view and manage all submitted encounter

Encounter Billing Report

Dashboard

All Encounters Saved Batch Send to Bill Batch

From: 07/01/2022 To: 10/20/2022 [Submit](#)

[Export to Excel](#) [Create Batch](#)

Show 10 entries Search:

<input type="checkbox"/>	ScNo	Patient Id	Encounter Id	Batch Name	Patient Name	DOB	Gender	Payer Name	Payer Plan Id	Encounter Date	Visit	Type of Contact	Encounter Start Time	Encounter End Time	Encounter By	Billing Provider Name	Action
<input type="checkbox"/>	1	975224	ENC00000461		Test NCH	01/25/1966	Male			07/29/2022	E-Visits (online digital evaluation and management services)	E-Visit	1:13 PM	1:33 PM	NCH Provider on 07/29/2022	NCH Provider	View PDF

Showing 1 to 1 of 1 entries [Previous](#) [1](#) [Next](#)

We collect the data and we can view with links, view a PDF of the encounter with all associated assessments as well as a spreadsheet to download.

Patient ID : 975224 **City :** **State :** **Zipcode :**
System ID : 975224 **State :** **Zipcode :**
Contact No : (866)252482
Date of Birth : 01/25/1966
Gender : Male

Notes

Date: 07/29/2022 **Recommendation to Plan :**
Reason for Visit : **Subjective :**
Visit : E-Visit (online digital evaluation and management services) **Objective :**
Type of Contact : E-Visit **Assessment/Diagnosis :**
Medication :
Notes : **Problems :**
Duration of Encounter : **Medication :**
Start Time : 1:13 PM **COVID-19 Validator :**
End Time : 1:33 PM **Noted :**
Total Time : 19 Hours 29 Min **CPT Code :** 99202
Code : **Encounter Provided for Patient Encounter**
Objective :
Service By : NCH Provider On 07/29/2022
Billing provider Name : NCH Provider

Assessments

Health Risk

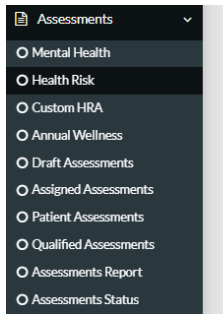
Health Score :30

Health Risk: Medium Health Risk

Health Risk	Risk Level	Answer	Description
Physical Activity	Low	4	Physical activity can be defined as any movement of the body that requires energy expenditure. This includes any motion you do through the day including sitting still or being done.
Tobacco Use	Low	Yes	Tobacco use may be defined as any use of the tobacco plant leaf and its products.
Alcohol Use	Low	3	Alcohol use disorder is a pattern of alcohol use that causes problems involving one's abilities, being prevented with alcohol, continuing to use alcohol even when it causes problems.
Seat Belt Use	Low	Yes	A seat belt is a vehicle safety device designed to secure the driver or a passenger of a vehicle against harmful movement that may result during a collision or a sudden stop.
Life Satisfaction	High	Most of the time	Life satisfaction is the way in which people show their emotions, feelings and how they feel about their direction and options for the future.
Anxiety	Medium	Some of the time	Anxiety is a normal and often healthy emotion. However, when a person regularly feels disproportionate levels of anxiety, it might become a medical issue.

*Answers to the health questions to see chances that someone has a condition or at

We have a separate Assessments tab on the left menu



Here you can complete the assessments of view a patient and their assessments. Click on the Qualified Assessments to view a summary of the Assessments that the patient may qualify for.

Export to Excel

Show 10 entries

Search:

Sl.No	Patient Id	Patient Name	Patient Age	Organization Name	Practice Groups	Assessments	Actions
1	975224	Test NCH	56 y	NCH Physician Group	NCH Physician Group	<ul style="list-style-type: none"> Health Risk : Completed Submitted By:DW/Waiting Room On:07/29/2022 06:15 PM Social Health : Pending 	New Encounter Assessments

Appointments (We can review how we will use the scheduling in the app and the Virtual Waiting Room appointment requests)

You can see the appointments from a calendar view and tabs along the bottom of the page

Fast to Fast Appointments

View Appointments

OCTOBER 2022

Today

Previous

Next

25 Sun 26 Mon 27 Tue 28 Wed 29 Thu 30 Fri 1 Sat

2 3 4 5 6 7 8

9 10 11 12 13 14 15

16 17 18 19 20 21 22

23 24 25 26 27 28 29

30 31 1 2 3 4 5

Today's Appointment

Telemedicine Appointments

From Waiting Room

All Appointments

Show 10 entries

Search:

Sl.No	Appointment No	Patient Name	Provider Name	Organization Name	Date	Time	Chat Link / Encounter	Appointment Type	Submitted From	Action
No data available in table										

Showing 0 to 0 of 0 entries

Previous

Next

You can also view and create an appointment from the Appointment Schedule

Appointment Schedule

Dashboard

Select Organization

Select Patient

Select Appointment Type

Select Location

Select Organization

Select Patient

Select Appointment Type

Select Location

Submit

Today's Appointment

Telemedicine Appointments

From Waiting Room

All Appointments

Show 10 entries

Search:

Sl.No	Appointment No	Patient Name	Provider Name	Organization Name	Date	Time	Chat Link / Encounter	Appointment Type	Submitted From	Action
No data available in table										

Showing 0 to 0 of 0 entries

Previous

Next