



# PROSPECTIVE ADVANTAGE<sup>®</sup>

ePASS<sup>®</sup> User Guide

February 2013





# TABLE OF CONTENTS

**SECTION 1: INTRODUCTION TO ELECTRONIC PATIENT ASSESSMENT SOLUTION SUITE (EPASS®)..... 1**

**1.1 What is ePASS? ..... 1**

**1.2 ePASS and the Patient..... 1**

**1.3 ePASS and the Guideline-Based Quality Measures ..... 1**

**SECTION 2: ELECTRONIC PATIENT ASSESSMENT SOLUTION SUITE (EPASS) OVERVIEW..... 2**

**2.1 Preparing to Login to the ePASS Provider Portal..... 3**

**2.2 Minimum Systems Requirement for Accessing ePASS ..... 3**

**2.3 Contact Details for Ongoing Support..... 3**

**SECTION 3: GETTING STARTED WITH INOVALON’S ELECTRONIC PATIENT ASSESSMENT SOLUTION SUITE (EPASS) SYSTEM..... 4**

**3.1 Preparing to Login to the ePASS Provider Portal..... 4**

**SECTION 4: NAVIGATING THE SYSTEM..... 7**

**4.1 Home Tab..... 7**

**4.2 Patients Tab ..... 8**

    4.2.1 Patient Search Features..... 9

    4.2.2 Assessment Status Filter Options..... 10

    4.2.3 Assessment Status Filter Options..... 11

**4.3 Help Tab..... 11**

**SECTION 5: PATIENT ENCOUNTER AND ASSESSMENT ..... 13**

**5.1 Step 1: Receive Provider Welcome Package..... 14**

**5.2 Step 2: Schedule Patient Assessment..... 14**

    5.2.1 Scheduling Considerations..... 14

    5.2.2 Office Workflow Tips..... 15

**5.3 Step 3: Locate Patient in ePASS..... 15**

    5.3.2 Search For and Locate Patient in ePASS ..... 15

    5.3.2 Launch Patient Assessment ..... 15

**5.4 Step 4: Patient Assessment and Encounter & SOAP Note ..... 16**

    5.4.1 Encounter SOAP Note Navigation ..... 17

    5.4.2 Encounter SOAPNote Navigation..... 17

    Figure 24: Preventive Care Section ..... 27

**5.5 Step 5: Electronic Sign-Off..... 30**

**SECTION 6: Electronic patient Assessment Solution Suite (ePASS) Support ..... 36**



**6.1 Technical Support ..... 36**

**6.2 Saving the Encounter SOAP Note for Completion Later ..... 36**

**6.3 Opening a Partially Completed Encounter SOAP Note ..... 36**

**6.4 Changing your Personal Information..... 36**

**6.5 Changing your Password and Security Question ..... 38**

**6.6 Frequently Asked Questions ..... 39**

## FIGURES

<b>Figure 1: Accessing Self-Registration</b> .....	<b>4</b>
<b>Figure 2: Self-Registration</b> .....	<b>5</b>
<b>Figure 3: New User Security Details</b> .....	<b>6</b>
<b>Figure 4: ePASS Home Tab</b> .....	<b>7</b>
<b>Figure 5: ePASS Patients Tab</b> .....	<b>9</b>
<b>Figure 6: Advanced Search Options</b> .....	<b>10</b>
<b>Figure 7: Patient Information Page</b> .....	<b>11</b>
<b>Figure 8: ePASS Help Tab</b> .....	<b>12</b>
<b>Figure 9: High-Level Process for Performing a Patient Assessment</b> .....	<b>13</b>
<b>Figure 10: Launch Patient Assessment</b> .....	<b>16</b>
<b>Figure 11: Encounter SOAP Note Navigation Box</b> .....	<b>17</b>
<b>Figure 12: Clinical Profile Section</b> .....	<b>18</b>
<b>Figure 13: Subjective Section</b> .....	<b>19</b>
<b>Figure 14: Review of Systems Normal Sub-Section</b> .....	<b>20</b>
<b>Figure 15: Vitals Sub-Section</b> .....	<b>21</b>
<b>Figure 16: Physical Examination Sub-Section</b> .....	<b>21</b>
<b>Figure 17: Incomplete Review of Systems and Physical Examination System Message</b> .....	<b>22</b>
<b>Figure 18: General Questions Section</b> .....	<b>23</b>
<b>Figure 19: Additional Diagnoses Sub-Section I</b> .....	<b>24</b>
<b>Figure 20: Confirming Additional Conditions System Message Example</b> .....	<b>25</b>
<b>Figure 21: Confirming Additional Conditions Example</b> .....	<b>25</b>
<b>Figure 22: Additional Diagnoses Sub-Sections II and III</b> .....	<b>26</b>
<b>Figure 23: Incomplete Additional Diagnoses Section System Message Example</b> .....	<b>26</b>
<b>Figure 24: Preventive Care Section</b> .....	<b>27</b>
<b>Figure 25: Assessment and Plan Section</b> .....	<b>28</b>
<b>Figure 26: Encounter SOAP Note Report Error Message Snap Shot</b> .....	<b>29</b>
<b>Figure 27: Electronic Signature Page</b> .....	<b>30</b>
<b>Figure 28: Access to Patient’s Completed Encounter SOAP Note</b> .....	<b>31</b>
<b>Figure 29: Patient Assessment Report – Page 1</b> .....	<b>32</b>
<b>Figure 30: Patient Assessment Report – Page 2</b> .....	<b>33</b>
<b>Figure 31: Patient Assessment Report – Page 3</b> .....	<b>34</b>
<b>Figure 32: Patient Assessment Report – Page 4</b> .....	<b>35</b>
<b>Figure 33: Personal Information Page</b> .....	<b>37</b>
<b>Figure 34: Update Security Settings Page</b> .....	<b>38</b>

**\*Note:** All illustrations in this User Guide containing member and demographic data do not represent actual member data and are for presentation purposes only.

## SECTION 1: INTRODUCTION TO ELECTRONIC PATIENT ASSESSMENT SOLUTION SUITE (EPASS<sup>®</sup>)

### 1.1 What is ePASS?

---

The Electronic Patient Assessment Solution Suite, ePASS<sup>®</sup> provides you with a comprehensive dataset of clinical information and a dynamic assessment tool that responds to your inputs. By presenting a comprehensive profile of a patient's clinical information aggregated from all provider encounters<sup>1</sup>, ePASS facilitates the management of a patient's chronic conditions and identification of potential preventive care gaps. After you complete an assessment in ePASS, the complete patient documentation will support any future audits from the health plan or regulatory body. In essence, ePASS bridges the gaps between the many data sources for your patients; it is an easy-to-use assessment tool for all of your documentation needs.

### 1.2 ePASS and the Patient

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Up-to-date, comprehensive and accurate documentation is often missing in a medical chart, but yet it is critical to a patient's optimal care and treatment. The complexity of our health care system makes it challenging for patients and practitioners to coordinate care.

For example, Mrs. Jones goes to the emergency room for treatment that somehow is not communicated to her primary care physician by her or the provider. Alternatively, perhaps, a crucial lab test is ordered, but Mrs. Jones never has the test done. Additionally, Mrs. Jones is not diligent with prescription compliance; she does not fill or take her medications regularly. Any of these scenarios can impact her overall care. While her practitioner, the health plan and Centers for Medicare & Medicaid Services all want her condition to be well managed, the lack of communication makes this difficult. ePASS bridges these gaps by providing a complete profile of Mrs. Jones while simultaneously guiding her practitioner to ask the right questions to better help Mrs. Jones receive the care she needs.

### 1.3 ePASS and the Guideline-Based Quality Measures

---

While a practitioner can refer a diabetic patient to see a specialist for an eye exam, the responsibility lies with the patient to schedule that appointment. There is no guarantee that a patient will do so and, perhaps, more importantly, often no way for the practitioner to confirm an exam was set. As a result, practitioners are not always aware of gaps in clinical quality measures.

Inovalon integrates Guideline-Based Quality Measures into ePASS. The measures are presented at an individual patient level, giving you the opportunity to determine which patients require clinical services. Additionally, you will gain a better and greater familiarity with Guideline-Based Quality Measures and gaps in care; this not only helps at the patient level, but it also improves your standing with health plans.

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<sup>1</sup> All providers who submit their claims to the health plan.

## SECTION 2: ELECTRONIC PATIENT ASSESSMENT SOLUTION SUITE (EPASS) OVERVIEW

Inovalon, Inc. supports your efforts of ensuring patients' medical issues are addressed timely and comprehensively. The goals of Inovalon are to promote:

- Follow-up care for your patients who are diagnosed with active and previously diagnosed medical conditions that are suspected of being persistent or chronic.
- Thorough documentation of care for patients with potential chronic conditions.

Two key guidelines for thorough documentation, as interpreted by the Centers for Medicare and Medicaid Services, are confirmation of the diagnoses being recorded in the:

- Provider medical chart, and
- Health plan's electronic claims tracking system.

As a selected provider, you have received a list of patients that are eligible for this chronic care initiative. The list includes patients with current and previously documented medical conditions. To assist you in reaching out and in scheduling an appointment, your patients' contact information has also been included.

To help make this initiative successful, Inovalon offers you ePASS, a sophisticated and user-friendly tool. ePASS provides you with:

- A list of your patients selected for the initiative;
- An Encounter Subjective, Objective, Assessment and Plan (SOAP) Note, including the member's clinical profile and Smart Health Risk Assessment (Smart HRA™) questions;
- An individualized Encounter SOAP Note report that includes a summary of all documentation completed throughout the assessment; and an
- Electronic signature capability for submitting the Encounter SOAP Note.

The initiative is comprised of the following processes:

**Part 1** **Receive Provider/Patient Data Packets and Schedule Patient Encounter:** You will receive a list of your patients selected for the initiative and a schedule for encounters to be completed within the encounter date range.

**Part 2** **Perform Patient Assessment:** Review your patients listing table, perform a patient assessment on each patient within the encounter date range, and complete the Encounter SOAP Note.

**Part 3** **Submit and File Post-Assessment Documentation:** You will electronically sign and submit your Encounter SOAP Note to Inovalon using ePASS by the established completion date, and include a completed copy of the Encounter SOAP Note in your patient's medical record.



**Part 4** **Post-Process Analysis and Reporting:** Following the patient's assessment and Encounter SOAP Note submission, Inovalon will provide you with a report summary.

## 2.1 Preparing to Login to the ePASS Provider Portal

---

For a quick start onto the ePASS Provider Portal, you will need the following:

- Internet access, and
- Complete self-registration on ePASS Provider Portal.

Access the ePASS Provider Portal at <https://epass.inovalon.com>.

## 2.2 Minimum Systems Requirement for Accessing ePASS

---

Your computer system must operate with the following:

- Windows-based computer,
- Internet Explorer (version 7.0 or greater) or Firefox (3.5 or higher), and
- Adobe Reader (8.0 or greater).

## 2.3 Contact Details for Ongoing Support

---

### General Support

If you need any additional support with ePASS, or have general assessment questions, then contact Inovalon at: [ePASSsupport@Inovalon.com](mailto:ePASSsupport@Inovalon.com).

### ePASS Technical Support

Support is available by phone at (877) 448-8125. The ePASS Technical Support team is available to answer any of your questions. Hours of operations are Monday through Friday, 8:00 a.m. to 7:00 p.m. EST.

## SECTION 3: GETTING STARTED WITH INOVALON'S ELECTRONIC PATIENT ASSESSMENT SOLUTION SUITE (EPASS) SYSTEM

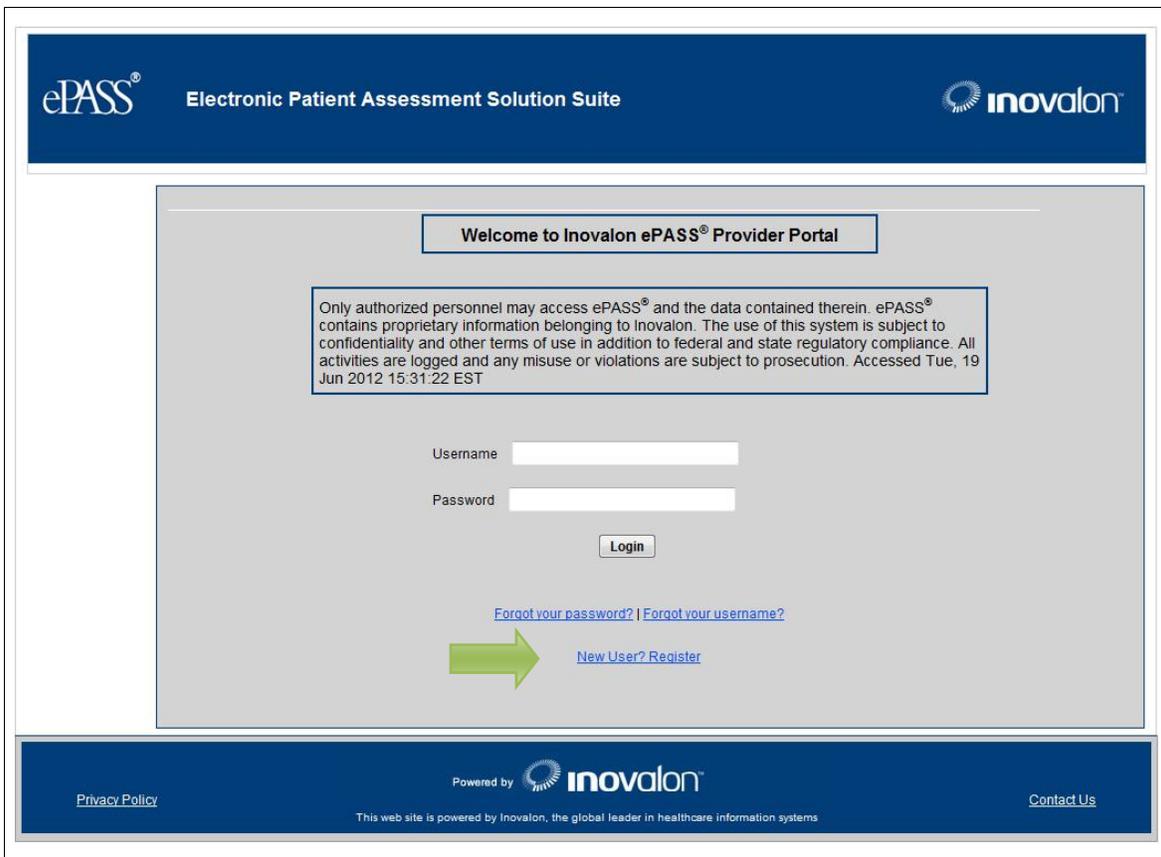
### 3.1 Preparing to Login to the ePASS Provider Portal

To self-register into ePASS, enter the following URL address in your internet browser: <https://epass.inovalon.com>.

ePASS assists providers with:

- Completing health risk assessments using a simple and dynamic Encounter SOAP Note;
- Documenting a patient's chronic conditions;
- Electronically signing and submitting the appropriate documents to Inovalon and your designated health care organization.

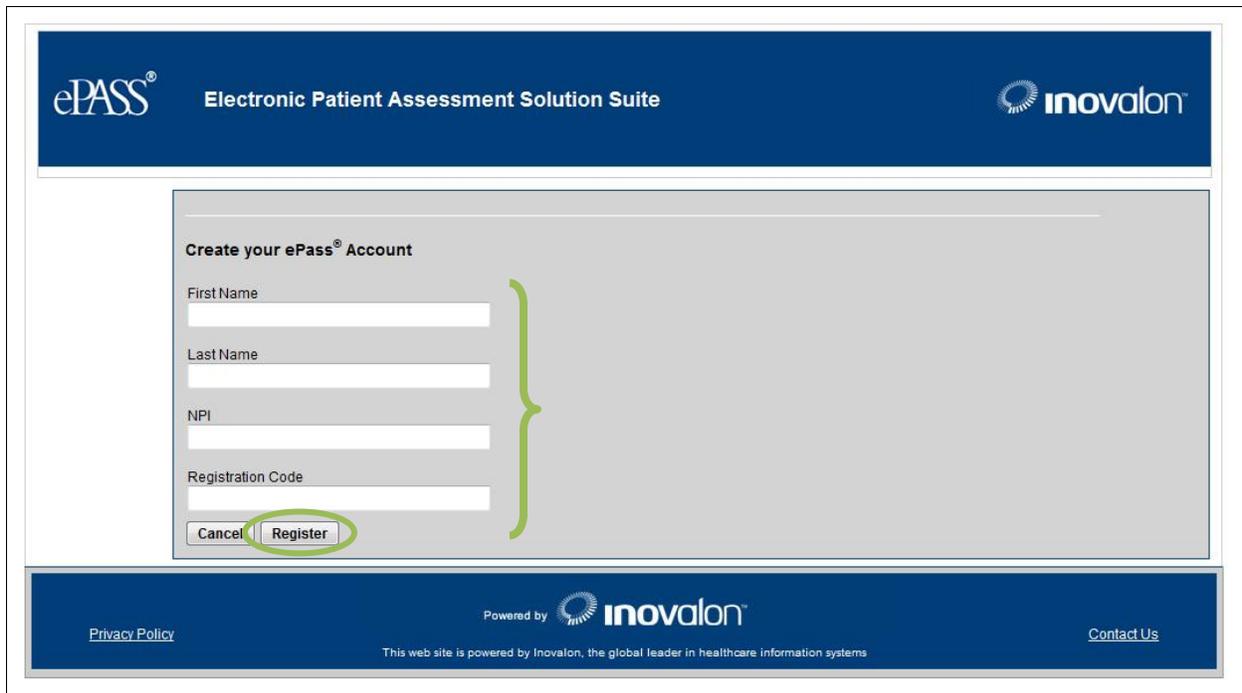
Upon accessing the ePASS Login Page, select <New User? Register> as shown in Figure 1 below.



The screenshot shows the ePASS Provider Portal login page. At the top, there is a blue header with the ePASS logo and the text "Electronic Patient Assessment Solution Suite" on the left, and the Inovalon logo on the right. The main content area is light gray and contains a "Welcome to Inovalon ePASS® Provider Portal" message. Below this is a disclaimer box stating: "Only authorized personnel may access ePASS® and the data contained therein. ePASS® contains proprietary information belonging to Inovalon. The use of this system is subject to confidentiality and other terms of use in addition to federal and state regulatory compliance. All activities are logged and any misuse or violations are subject to prosecution. Accessed Tue, 19 Jun 2012 15:31:22 EST". Below the disclaimer are input fields for "Username" and "Password", a "Login" button, and links for "Forgot your password?" and "Forgot your username?". A green arrow points to the "New User? Register" link. The footer includes "Powered by Inovalon", a "Privacy Policy" link, and a "Contact Us" link.

Figure 1: Accessing Self-Registration

On the <Create your ePASS Account> page, authenticate yourself by entering your first name, last name, National Provider Identifier and registration code (sent to you with your Provider Welcome Packet) and select <Register> as shown in Figure 2 below. Please note that all information entered is **case sensitive**.



**Figure 2: Self-Registration**

Next, as shown in Figure 3 on the following page, the system will ask you to:

1. Select your credentials from the choices provided.
2. Select a user name.
3. Provide your email address.
4. Enter and confirm a password.
5. Select a security question.
6. Enter a security answer for the selected security question.
7. Review the <Privacy Policy/Terms of Use> and select the checkbox <Terms Accepted> after your review.
8. Select <Register> to complete self-registration.

Your **password** must be at least eight characters in length and must contain at least one of each of the following character types:

- Lower case letter,
- Upper case letter, and
- Number.

**ePASS<sup>®</sup>**

**Electronic Patient Assessment Solution Suite**

**Create your ePass<sup>®</sup> Account**

NPI

First Name

Last Name

Credentials

**Create user profile and set security question.**

User Name

Email Address

Password

Confirm Password

Security Question Options

Security Answer

Privacy Policy/Terms of Use

PRIVACY POLICY / TERMS OF USE

Confidentiality is a top priority with MedAssurant. As such, we are very sensitive to privacy and security issues and are committed to respecting the privacy of our users. We strive to provide a safe, secure user experience. This Privacy Policy sets forth the online data collection and usage policies and practices that apply to MedAssurant's Web sites and does not necessarily apply to information we collect in any other fashion.

Collection and Use of Information by MedAssurant

Terms Accepted

[Privacy Policy](#)[Contact Us](#)

Powered by  **inovalon**<sup>™</sup>

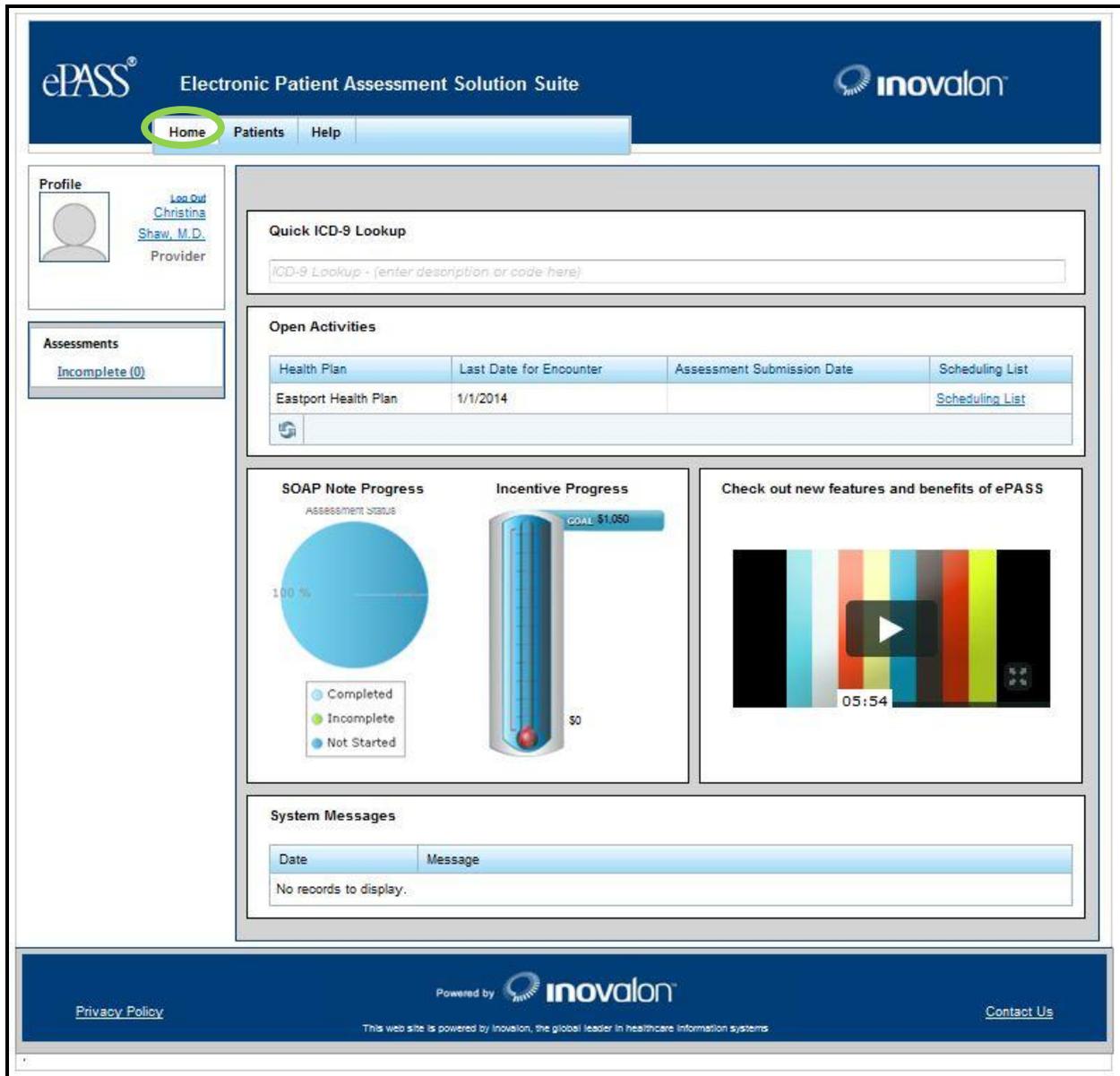
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**Figure 3: New User Security Details**

## SECTION 4: NAVIGATING THE SYSTEM

### 4.1 Home Tab

Upon logging in to ePASS, you are presented with an ICD-9 quick look-up tool, a summary table of your open activities, a pie chart of your Encounter SOAP Note progress, a thermometer for your incentive progress and system messages. See Figure 4 for an example.



**ePASS<sup>®</sup> Electronic Patient Assessment Solution Suite**

Home Patients Help

**Profile**  
[Log Out](#)  
 Christina  
 Shaw, M.D.  
 Provider

**Assessments**  
[Incomplete \(0\)](#)

**Quick ICD-9 Lookup**  
 ICD-9 Lookup - (enter description or code here)

**Open Activities**

Health Plan	Last Date for Encounter	Assessment Submission Date	Scheduling List
Eastport Health Plan	1/1/2014		<a href="#">Scheduling List</a>

**SOAP Note Progress**  
 Assessment Status: 100 %  
 Completed  
 Incomplete  
 Not Started

**Incentive Progress**  
 GOAL \$1,050  
 \$0

**Check out new features and benefits of ePASS**  
 05:54

**System Messages**

Date	Message
No records to display.	

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Figure 4: ePASS Home Tab

**ICD-9 Quick Lookup:** This user-friendly tool allows you to look up diagnoses codes relevant to your patients. Start entering the condition or the ICD-9 code in the free text bar in this sub-section and you will be presented with relevant ICD-9 codes related to the condition. This tool is specifically made available on the *Home* tab to give you the flexibility in identifying the appropriate diagnoses codes for any of your ePASS patients without having to start an Encounter SOAP Note, and it also assists you in your coding needs for all other patients.

**Open Activities:** This sub-section provides a static table of all your open activities. The table lists the last date for patient encounter and assessment submission date by the health plan to assist you and your office with patient scheduling for face-to-face visits.

**Encounter SOAP Note Progress:** This sub-section displays your *Assessment Status* summary for current open activities in a pie chart, giving you a snapshot of incomplete, completed and not started assessments.

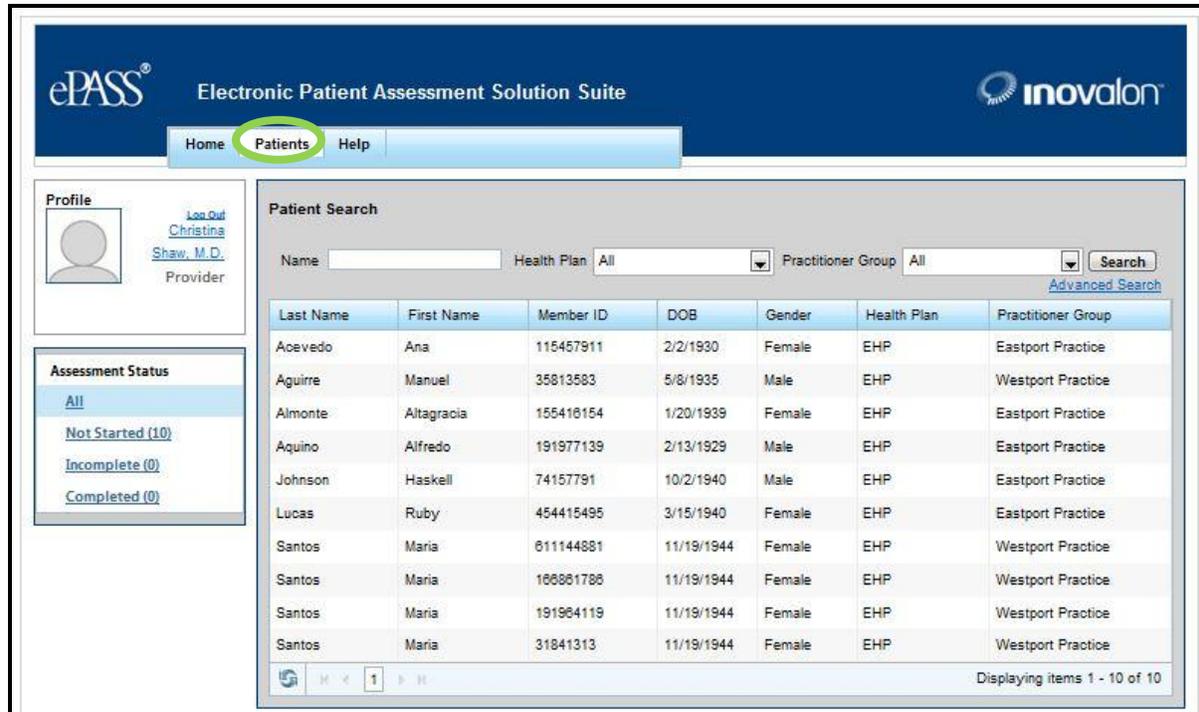
**Incentive Progress:** This sub-section displays your incentive goal, based on your total number of potential assessments and your incentive progress.

**System Messages:** This last sub-section on the *Home* tab displays ePASS system-generated messages to help you stay up-to-date with the latest ePASS news.

## 4.2 Patients Tab

---

The *Patients* tab has various search features to assist you in locating a patient in ePASS. In addition, you will also be able to view *Patient Information* and start or resume an assessment. The patient listing table can be filtered using the *Patient Search* feature, located above the patient listing table and/or by *Assessment Status*. The patient listing table will always display <All> patients that match your patient search criteria (all, not started, incomplete and completed assessments), unless otherwise specified. See Figure 5 for an example.



**ePASS** Electronic Patient Assessment Solution Suite

Home **Patients** Help

**Profile**  
  
[Log Out](#)  
 Christina  
 Shaw, M.D.  
 Provider

**Assessment Status**  
[All](#)  
[Not Started \(10\)](#)  
[Incomplete \(0\)](#)  
[Completed \(0\)](#)

**Patient Search**

Name:  Health Plan:  Practitioner Group:   [Advanced Search](#)

Last Name	First Name	Member ID	DOB	Gender	Health Plan	Practitioner Group
Aoevedo	Ana	115457911	2/2/1930	Female	EHP	Eastport Practice
Aguirre	Manuel	35813583	5/8/1935	Male	EHP	Westport Practice
Almonte	Altagracia	155416154	1/20/1939	Female	EHP	Eastport Practice
Aquino	Alfredo	191977139	2/13/1929	Male	EHP	Eastport Practice
Johnson	Haskell	74157791	10/2/1940	Male	EHP	Eastport Practice
Lucas	Ruby	454415495	3/15/1940	Female	EHP	Eastport Practice
Santos	Maria	611144881	11/19/1944	Female	EHP	Westport Practice
Santos	Maria	166861786	11/19/1944	Female	EHP	Westport Practice
Santos	Maria	191984119	11/19/1944	Female	EHP	Westport Practice
Santos	Maria	31841313	11/19/1944	Female	EHP	Westport Practice

Displaying items 1 - 10 of 10

**Figure 5: ePASS Patients Tab**

#### 4.2.1 Patient Search Features

The *Patient Search* features located above your patient listing allows you to locate a patient by simply entering any or all of the following:

- 1) Patient's Name,
- 2) Health Plan, and/or
- 3) Practitioner Group (if applicable).

If you cannot locate a patient using the search features described above, select <Advanced Search>, also shown in Figure 5, and you will be directed to the *Advanced Search* page where you have several options to look up patients based upon a variety of attributes (see Figure 6).

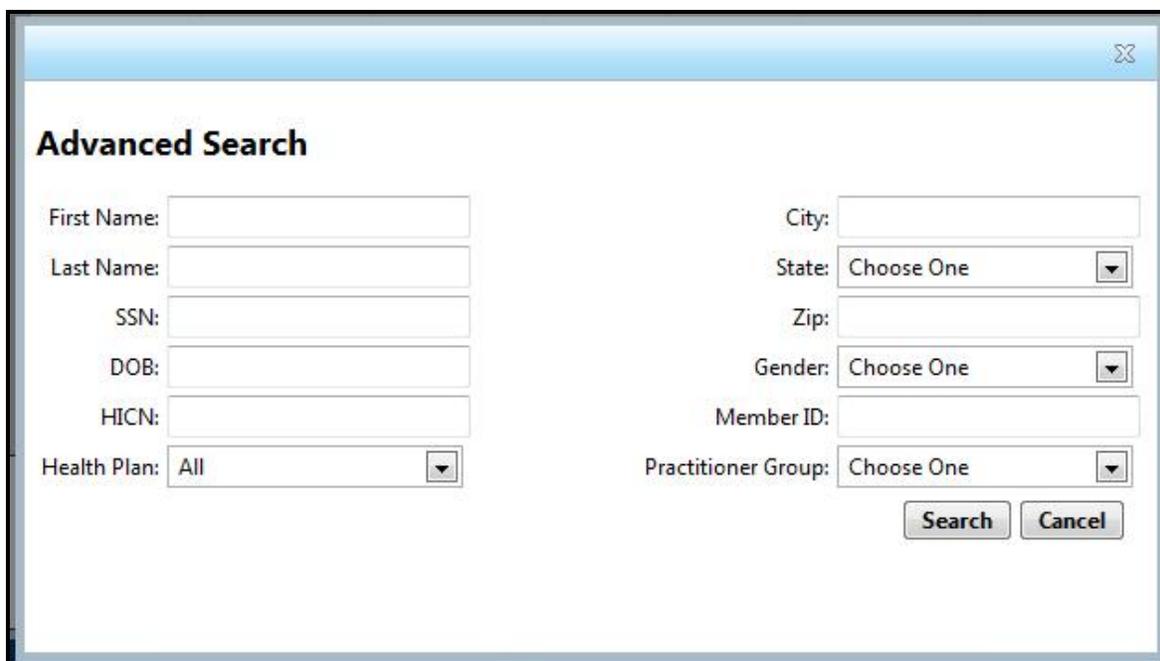


Figure 6: Advanced Search Options

It is recommended that searches be performed with minimal parameters and refined, as necessary, with additions when the result sets are too large to allow easy identification of the desired patient. For example, your return list could be too large if you search for patient “John Bramble” by entering only the common first name “John”.

#### 4.2.2 Assessment Status Filter Options

You can filter your patient-listing table by *Assessment Status* (see Figure 5). Filter options are described below in detail:

- 1) **All:** Lists all your patients (in alphabetical order). This is the default view when you select the *Patients* tab.
- 2) **Not Started:** Filters the patient-listing table to display only patients for whom you have not started an Encounter SOAP Note.
- 3) **Incomplete:** This selection filters the patient-listing table to display only patients whose Encounter SOAP Notes have been partially filled, but not completed/submitted.
- 4) **Completed:** This selection will display all patients for whom you have completed and submitted an Encounter SOAP Note.

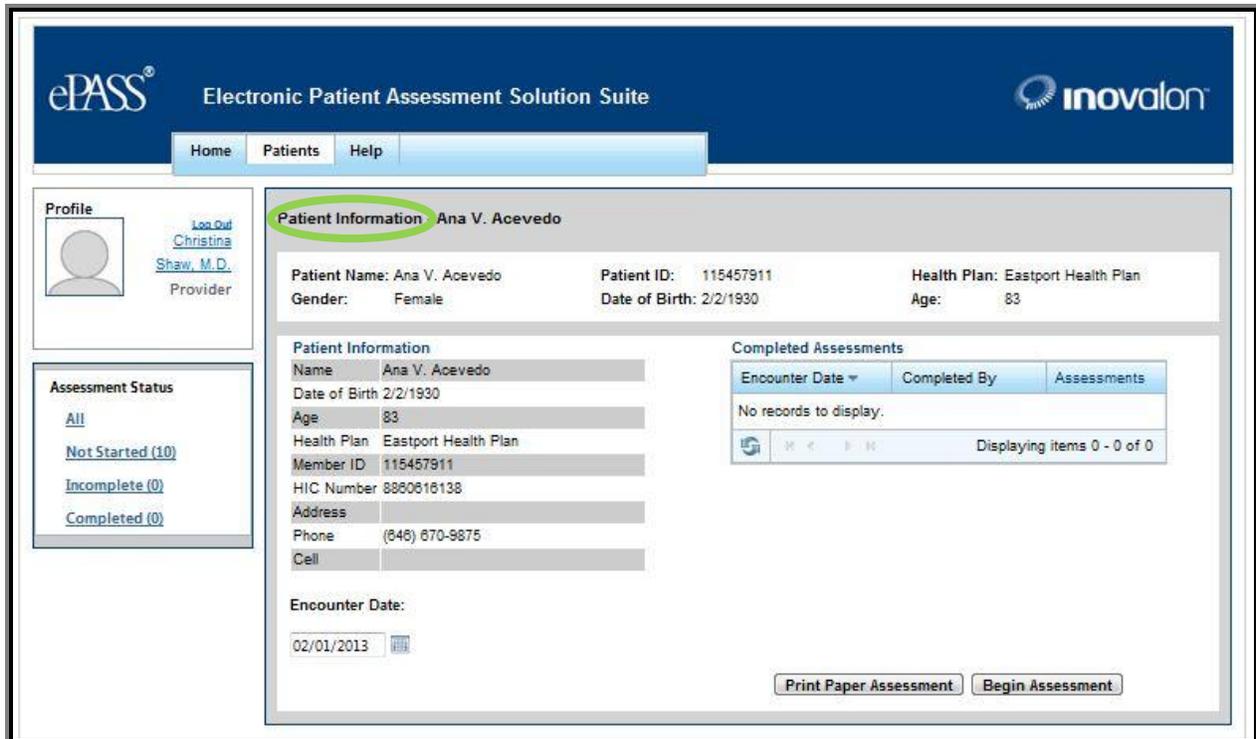
*ePASS offers you the flexibility to use either or both the Patient Search features and the Assessment Status filter to locate your patient.*

To start a new assessment or to continue an assessment for any patient on your patient-listing table, select the patient's name and you will be directed to their *Patient Information* page.

### 4.2.3 Assessment Status Filter Options

Here you have the ability to view the patient's general information, print a paper assessment, and start or resume an assessment as shown in Figure 7.

You can also view a completed Encounter SOAP Note on the Patient's Information page, if the assessment is complete.



The screenshot shows the ePASS Electronic Patient Assessment Solution Suite interface. The top navigation bar includes 'Home', 'Patients', and 'Help'. The main content area is titled 'Patient Information - Ana V. Acevedo'. It displays the following patient information:

Patient Name: Ana V. Acevedo	Patient ID: 115457911	Health Plan: Eastport Health Plan
Gender: Female	Date of Birth: 2/2/1930	Age: 83

Below this, there are two sections: 'Patient Information' and 'Completed Assessments'.

**Patient Information**

Name	Ana V. Acevedo
Date of Birth	2/2/1930
Age	83
Health Plan	Eastport Health Plan
Member ID	115457911
HIC Number	8860816138
Address	
Phone	(846) 870-9875
Cell	

**Completed Assessments**

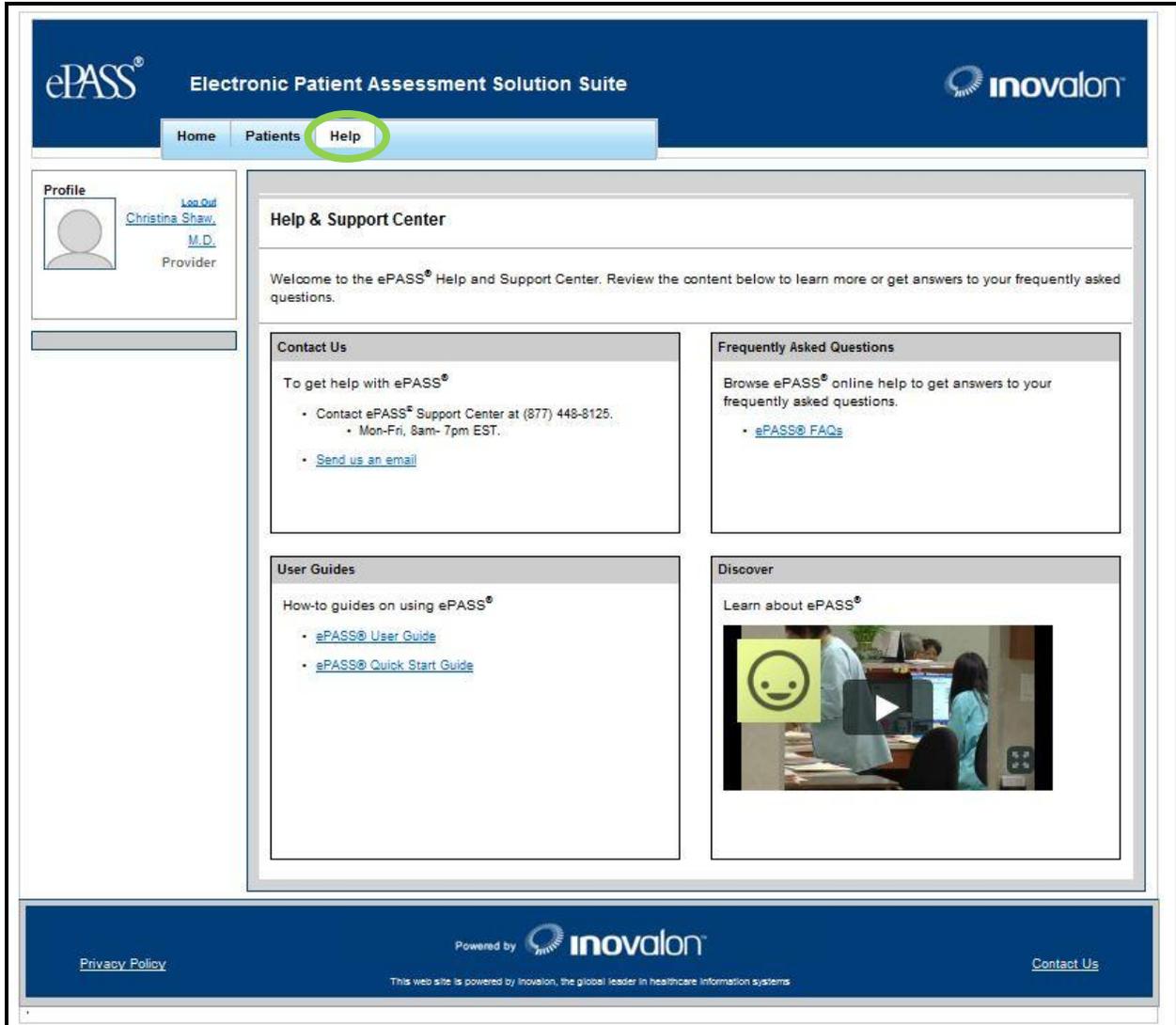
Encounter Date	Completed By	Assessments
No records to display.		

At the bottom of the page, there are two buttons: 'Print Paper Assessment' and 'Begin Assessment'.

Figure 7: Patient Information Page

### 4.3 Help Tab

This last tab in ePASS provides you with the necessary information you need to contact Inovalon for any of your support needs, along with various materials that will assist you in using ePASS successfully (see Figure 8).



**ePASS<sup>®</sup> Electronic Patient Assessment Solution Suite**

Home Patients **Help**

**Profile**  
  
[Logout](#)  
[Christina Shaw, M.D.](#)  
Provider

### Help & Support Center

Welcome to the ePASS<sup>®</sup> Help and Support Center. Review the content below to learn more or get answers to your frequently asked questions.

#### Contact Us

To get help with ePASS<sup>®</sup>

- Contact ePASS<sup>®</sup> Support Center at (877) 448-8125.
  - Mon-Fri, 8am- 7pm EST.
- [Send us an email](#)

#### Frequently Asked Questions

Browse ePASS<sup>®</sup> online help to get answers to your frequently asked questions.

- [ePASS<sup>®</sup> FAQs](#)

#### User Guides

How-to guides on using ePASS<sup>®</sup>

- [ePASS<sup>®</sup> User Guide](#)
- [ePASS<sup>®</sup> Quick Start Guide](#)

#### Discover

Learn about ePASS<sup>®</sup>



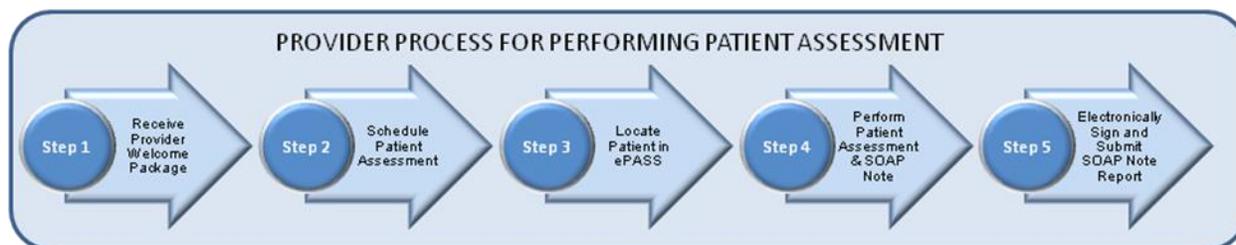
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Figure 8: ePASS Help Tab

## SECTION 5: PATIENT ENCOUNTER AND ASSESSMENT



**Figure 9: High-Level Process for Performing a Patient Assessment**

**Step 1 – Receive Provider Welcome Package:** In addition to this ePASS User Guide, you will be provided with a list of patients identified for the ePASS initiative, ePASS self-registration and timeline information, and a Quick Start Guide.

**Step 2 – Schedule Patient Assessment:** Armed with this list of patients, you are encouraged to schedule in-person assessments with the patients included in the ePASS initiative. You should seek to perform the assessments by the last encounter date (details in your Provider Welcome Package and on the ePASS *Home* tab).

**Step 3 – Locate Patient in ePASS:** Through ePASS, you have the ability to view a host of information regarding your patients. The available information includes:

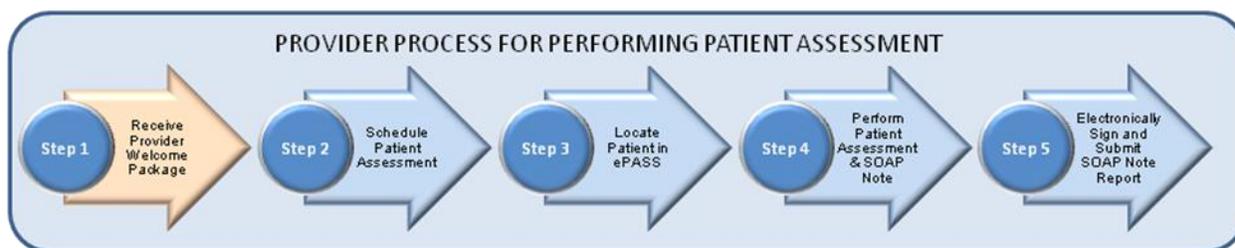
- Detailed demographic information,
- Historical diagnoses,
- Inpatient and outpatient encounters and procedures,
- Durable medical equipment utilization,
- Prescription drugs, and
- Laboratory test results.

This information extends beyond a primary care physician, listing an expansive set of data from other providers that submit data to the health plan.

**Step 4 – Perform Patient Assessment and Encounter SOAP Note:** Use the Encounter SOAP Note to perform a guided assessment of the patient’s medical conditions to determine health risks, established conditions, potential chronic conditions and potential preventive care gaps.

**Step 5 – Electronically Sign and Submit Encounter SOAP Note Report:** The Encounter SOAP Note allows you to thoroughly document your findings, diagnoses, procedures, care plans, and any other documentation that would typically be recorded in the patient’s medical record. Furthermore, ePASS produces an electronic Encounter SOAP Note report of the assessment that can be easily printed or saved onto your desktop to be inserted in the patient’s medical record. Additionally, to ensure proper assessment completion, a copy is electronically transferred to Inovalon with just a few clicks.

## 5.1 Step 1: Receive Provider Welcome Package



The *Patient Scheduling List* provided in the Provider Welcome Package identifies each patient identified for this initiative, his or her demographic information, currently documented conditions, and potentially chronic conditions that have not been documented (in accordance with Centers for Medicare & Medicaid Services requirements) during the current calendar year.

## 5.2 Step 2: Schedule Patient Assessment



The patient assessment process begins with the scheduling of a face-to-face encounter with patients identified for this initiative. To facilitate this process, you receive an ePASS *Patient Scheduling List* providing you with the necessary information needed to schedule a patient assessment.

### 5.2.1 Scheduling Considerations

- 1) When scheduling encounters with patients selected for this initiative, please consider the following:

#### Important Patient Scheduling Considerations

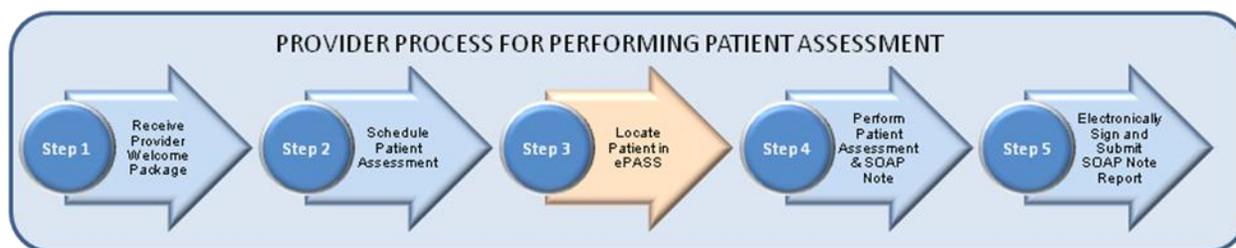
1. Providers must schedule patient visits between the start and completion dates of their activity and submit patient clinical documentation in ePASS<sup>®</sup> by the initiative end date.
2. The Encounter SOAP Note documentation typically adds about 10 minutes to the clinical assessment process for achieving a full evaluation of a patient's conditions. Please be sure to allow for the additional required time.

## 5.2.2 Office Workflow Tips

Fully recognizing the demands of your busy office, ePASS offers you flexibility in how and when you complete this patient documentation. You and your office staff can determine the best way to fit ePASS into your office flow. At the onset of the ePASS initiative, Inovalon provides a complete list of patients that are slotted for the activity. While the number of patients for each practitioner may vary widely, it is important to remember that you may limit the number of ePASS patients you see on any given day or week. Some practitioners customize their schedules to include all ePASS members on a specific day of the week, while others like to space them out so there is only one per day or even one or two per week.

Many practices have found simple ways to incorporate ePASS into their office workflow by using the <Print Paper Assessment> feature located on the *Patient Information* page. This feature allows the office staff to print a paper copy of the ePASS Encounter SOAP Note and place the paper copy in the patient's medical chart allowing you to complete the ePASS Encounter SOAP Note during the patient visit. This gives you the ability to enter the data into ePASS at a more convenient time. In addition, for those practices that use Electronic Medical Records during patient visits, you may also use ePASS to complete the ePASS Encounter SOAP Note upon assessment.

## 5.3 Step 3: Locate Patient in ePASS



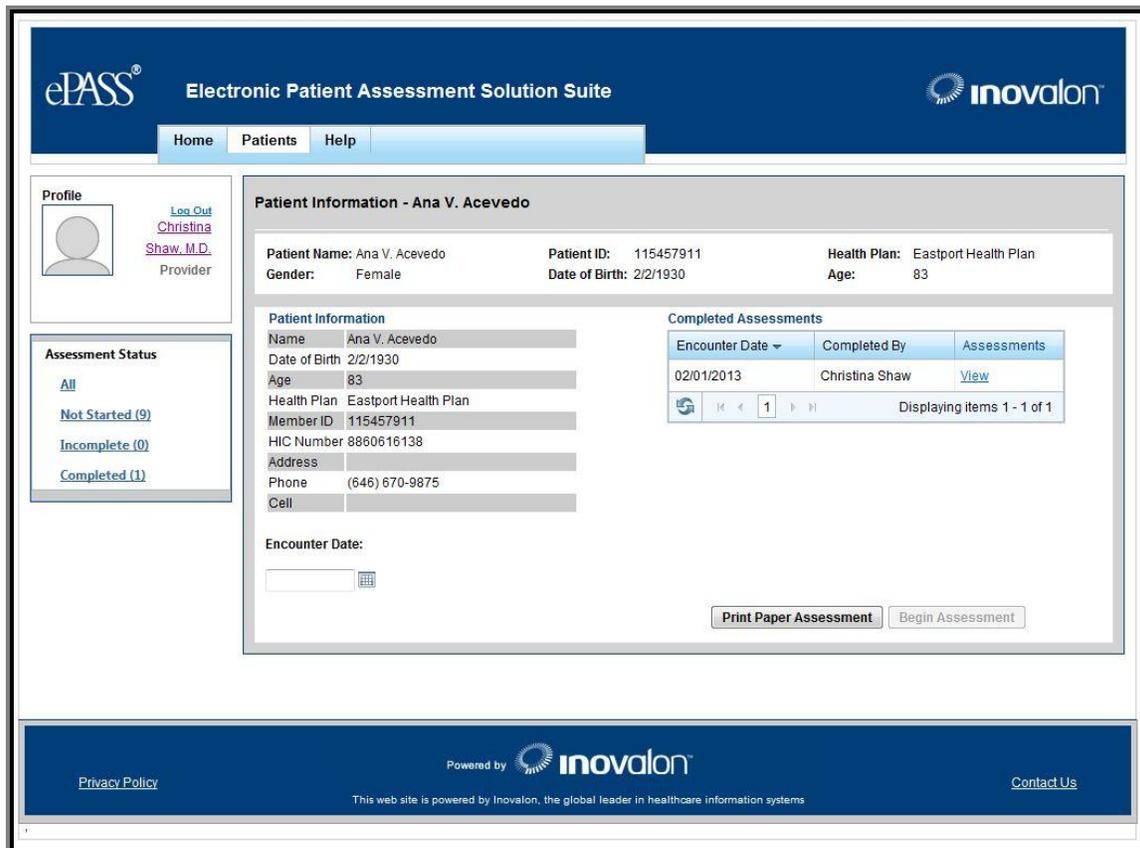
### 5.3.2 Search For and Locate Patient in ePASS

Locate and select the desired patient on the patient listing table (found on the *Patients* tab) utilizing the *Patient Search* features and/or *Assessment Status* options (details in section 4.2.1 and 4.2.2). Once you have selected a patient, you will be directed to the patient's *Patient Information* page.

### 5.3.2 Launch Patient Assessment

On the *Patient Information* page, you have the option to print a paper copy of the assessment to complete during the face-to-face visit; this gives you the flexibility to enter and submit the assessment in ePASS® later (by the submission date).

To start assessment documentation in ePASS, specify your assessment *Encounter Date* and select <Begin Assessment> on the patient's *Patient Information* page, as shown in Figure 10 on the next page.

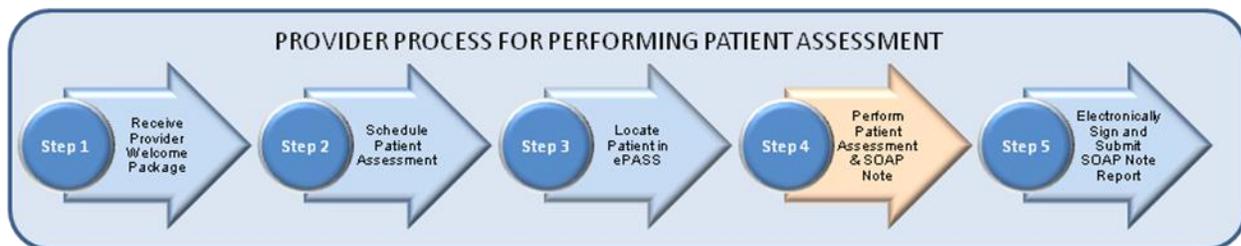


**Figure 10: Launch Patient Assessment**

If you have already started an Encounter SOAP Note for a patient, his or her *Patient Information* page will display a <Resume Assessment> option instead of <Begin Assessment>. Simply select <Resume Assessment> to continue completing the assessment in ePASS. You also have access to view completed assessments, by selecting <View> next to the appropriate encounter date which will launch a PDF version of the Completed SOAP Note Report.

**Note:** The system will not allow you to enter a future encounter date.

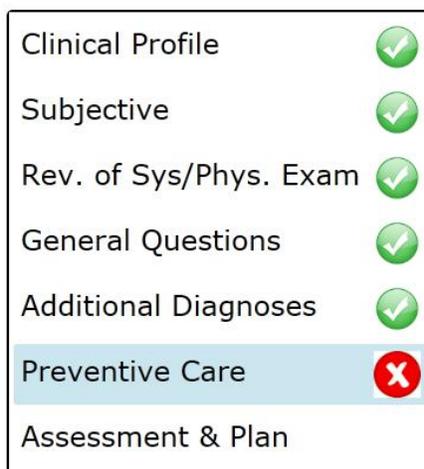
## 5.4 Step 4: Patient Assessment and Encounter & SOAP Note



### 5.4.1 Encounter SOAP Note Navigation

The Encounter SOAP Note has four sections (Subjective, Objective, Assessment and Plan) that document various aspects of a provider's encounter with, and assessment of a patient.

When all **required** fields are completed on a page, the SOAP Note navigation box located on the left hand side of each assessment page will be marked with a green check mark for that portion of the Encounter SOAP Note. Conversely, when **required** fields on a page are incomplete the Encounter SOAP Note navigation box will have an <X> in red for that portion. See Figure 11 for an example.



**Figure 11: Encounter SOAP Note Navigation Box**

The Encounter SOAP Note is fully editable up until the final submission to allow providers to go back to any section and make corrections. Simply select the <Save and Resume Later> option located on the top right hand side of each Encounter SOAP Note page.

### 5.4.2 Encounter SOAPNote Navigation

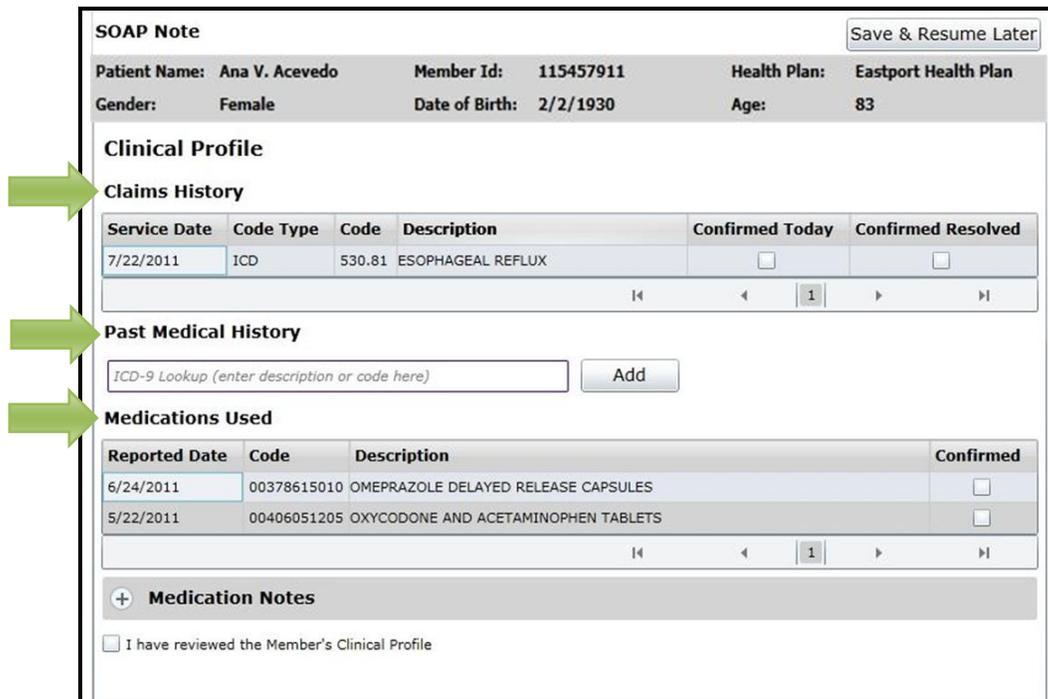
The first section of the Encounter SOAP Note is the patient's *Clinical Profile*. There are no required fields in this section. Instead, the *Clinical Profile* provides you with a detailed summary of the patient's clinical events known to Inovalon, which have occurred in the patient's recent past, as indicated through claims data, prescription drug data, and laboratory results data. See Figure 12 for an example.

1. **Claims History:** This is pre-filled with the patient's claims history. This information extends beyond their primary care physician, including an expansive set of data from other providers, such as emergency room physicians and specialists that submit data to the health plan.
2. **Past Medical History:** You may enter a condition not accounted for in the *Claims History* by simply typing in the ICD-9 code or condition name in this subsection. The system will prompt you with a list of probable conditions matching your input. Simply select the appropriate condition and click the *Add* button. All confirmed conditions will be populated in the list below and also under the *Assessment and Plan* section for your review, and they will also be

documented in the patient's ePASS completed Encounter SOAP Note. In order to remove any conditions added, simply select the button next to the condition to be removed.

3. **Medications Used:** This is also pre-filled with the patient's prescribed medications. The Encounter SOAP Note displays the most recent prescription of a repeated medication, along with the date of administration. You may confirm any of the stated medications used with the patient during your assessment and note the confirmations in this subsection.
4. **Medication Notes:** This free box allows you to enter any additional notes you have regarding the patient's prescriptions, usage, frequency and interactions.

Review the member's Claims History, select the check box that best explains details of the patient's claim, <confirmed today> or <confirmed resolved>. For Medications Used, confirm each data point (shown in Figure 12).



**SOAP Note** Save & Resume Later

**Patient Name:** Ana V. Acevedo      **Member Id:** 115457911      **Health Plan:** Eastport Health Plan  
**Gender:** Female      **Date of Birth:** 2/2/1930      **Age:** 83

**Clinical Profile**

**Claims History**

Service Date	Code Type	Code	Description	Confirmed Today	Confirmed Resolved
7/22/2011	ICD	530.81	ESOPHAGEAL REFLUX	<input type="checkbox"/>	<input type="checkbox"/>

**Past Medical History**

ICD-9 Lookup (enter description or code here)

**Medications Used**

Reported Date	Code	Description	Confirmed
6/24/2011	00378615010	OMEPRazole DELAYED RELEASE CAPSULES	<input type="checkbox"/>
5/22/2011	00406051205	OXYCODONE AND ACETAMINOPHEN TABLETS	<input type="checkbox"/>

**Medication Notes**

I have reviewed the Member's Clinical Profile

**Figure 12: Clinical Profile Section**

### 5.4.3 Subjective

This section is comprised of the *Chief Complaint*, *Family History* and *Social History* sub-sections. (See Figure 13.)

1. **Chief Complaint (Required):** Identify the primary reason for the patient visit. You are provided two selections here, <Outpatient Visit> and <Other>. You have the flexibility to specify an outpatient visit and also provide further details for the office visit. Simply select both options and enter office visit specifics. If the primary reason is not an outpatient visit, select <Other> only and specify the reason for the patient visit.

2. **Family History** (Optional): You are provided with a selection of the most prevalent family conditions found today along with an <Other> option which allows you to enter any additional information about the patient's family history. Select the options most relevant to the patient.
3. **Social History** (Optional): This subsection allows you to select from the most prevalent social history conditions found today and in addition has an <Other> option which allows you to provide additional details about the patient's social history. Select the options most relevant to the patient.

**Chief Complaint** *(Required)*

**Patient presents for:**

- Outpatient Visit
- Other

**Family History**

- Diabetes
- Ischemic heart disease
- Breast Cancer
- GI Cancer
- Lung Cancer
- Prostate Cancer
- Other

**Social History**

- Alcohol dependence (current)
- Alcohol dependence (in remission)
- Tobacco use (current)
- Drug Dependence (current)
- Drug Dependence (in remission)
- Other

**Figure 13: Subjective Section**

#### 5.4.4 Review of Systems and Physical Examination

This section of the ePASS Encounter SOAP Note includes both subjective (Review of Systems) and objective (Vitals and Physical Examination) inquiries. (See Figures 14-16.)

1. **Review of Systems** (Optional): This sub-section presents a table of organ systems with checkboxes for marking whether the organ system, if enquired from the patient, was found normal <NRML> or abnormal <ABN> from the patient perspective. As you see in Figure 14, the system will prompt you with common issues related to the organ if you select <ABNL>, allowing you to further specify details from the patient's perspective.

Review Of Systems			
System	NRML	ABNL	Patient Comment
Constitutional	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
ENMT	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Cardiovascular	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Select all that apply <input type="button" value="-"/> <input type="checkbox"/> Chest Pain <input type="checkbox"/> Syncope <input type="checkbox"/> Palpitations <input type="checkbox"/> Dyspnea on Exertion <input type="checkbox"/> Claudication <input checked="" type="checkbox"/> Edema <input type="checkbox"/> Applicable Conditions <input type="text" value="ICD-9 Lookup (enter description or code here)"/> <input type="button" value="Add"/> <input type="checkbox"/> Other
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Hematologic/ Lymphatic	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Allergy/Immunologic	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>

Figure 14: Review of Systems Normal Sub-Section

2. **Vitals (Required)**: You can record patient vitals, ranging from Body Mass Index (BMI) to heart rate in this section. See Figure 15 on the next page. You are **required** to record the following fields in the *Vitals* section:
  - a) **Blood Pressure** (Blood pressure is mandatory for members 18 years of age or older);
  - b) **BMI** (auto-calculated when height and weight are entered). BMI field is **required** for members two years of age or older; and
  - c) **BMI Percentile** BMI Percentile required for members 2 to 17 years of age (inclusive).

**Vitals**

*'Blood Pressure' is required if member is 18 years of age or older.*  
*'Body Mass Index (BMI)' is required if member is 2 years of age or older.*  
*'BMI Percentile' is required if member is between 2 and 17 years old (inclusive).*  
*BMI is calculated if Height and Weight are entered*

**Blood Pressure**  /  mmHg    **Heart Rate**  bpm  
**Height**    **Feet**  **Inches**     **Weight**  lbs  
**Temperature**  .F    **Respiration**  breaths/minute  
**Body Mass Index (BMI)**     **BMI Percentile (between 2 & 17 years old)**

**Figure 15: Vitals Sub-Section**

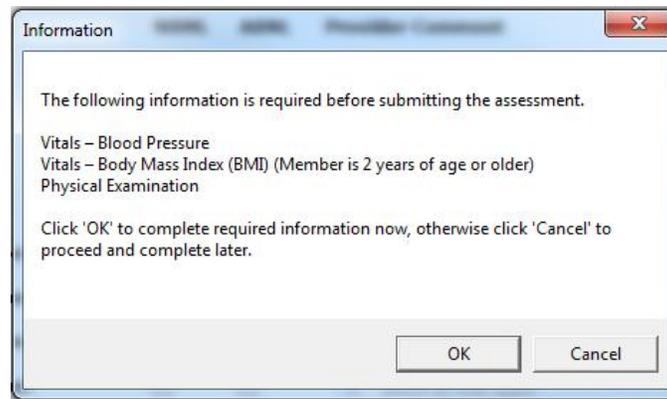
3. **Physical Examination (Required):** This subsection displays a table of organ systems with checkboxes for selecting normal (NRML) or abnormal (ABNL) states from your physical examination of the patient. Similar to the *Review of Systems* subsection, if a system is found to be abnormal, <ABNL>, the system will prompt you with various conditions related to the system (See Figure 16) for further details on the patient. *At least one system* needs to be examined and recorded in order to complete this section.

**Physical Examination** *(Document at least one system)*

System	NRML	ABNL	Provider Comment
General	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Select all that apply <input type="button" value="-"/> <input type="checkbox"/> Cachexia <input type="checkbox"/> Applicable Conditions <input type="text" value="ICD-9 Lookup (enter description or code here)"/> <input type="button" value="Add"/> <input type="checkbox"/> Other
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Chest (breast)	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Abdominal	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>
Lymphatic	<input type="checkbox"/>	<input type="checkbox"/>	Select all that apply <input type="button" value="+"/>

**Figure 16: Physical Examination Sub-Section**

**Note:** You will receive a system-generated message similar to Figure 17 if any of the **required** fields in the Review of Systems and Physical Examination section are incomplete.



**Figure 17: Incomplete Review of Systems and Physical Examination System Message**

### 5.4.5 General Questions

This section lists lifestyle and well-being questions that correspond to health plan and regulatory requirements. Your Medical Group may be required to assess patients for these conditions:

- a) Depression (using a PHQ-9 Questionnaire),
- b) Alcohol Dependence (using a C.A.G.E. Questionnaire),
- c) Tobacco Dependence,
- d) Drug Dependence,
- e) CEHE (for members over the age of 65), and/or
- f) V Codes.

If this section is present in your patient assessment, then all questions in the section must be answered before completing the Encounter SOAP Note. (See Figure 18 for an example on the next page.)

SOAP Note		Save & Resume Later	
Patient Name:	Ana V. Acevedo	Member Id:	115457911
Health Plan:	Eastport Health Plan		
Gender:	Female	Date of Birth:	2/2/1930
Age:	83		
<b>Depression</b>			
1. Does this patient have a current diagnosis of Depression?		(Required)	<input type="radio"/> Yes <input type="radio"/> No
<b>Tobacco Use</b>			
2. Does the patient smoke now, smoke on a somewhat regular basis, or did he/she recently quit smoking?		(Required)	<input type="radio"/> Yes <input type="radio"/> No
<b>Drug Dependency</b>			
3. How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?		(Required)	<input type="radio"/> One or more times <input type="radio"/> Never
<b>Alcohol Dependency</b>			
4. Does this patient have a current diagnosis of Alcohol Dependence?		(Required)	<input type="radio"/> Yes <input type="radio"/> No

Figure 18: General Questions Section

### 5.4.6 Additional Diagnosis

This section of the Encounter SOAP Note is comprised of three sub-sections, all aimed at closing care opportunity gaps identified for the patient. (See Figures 19 and 20.)

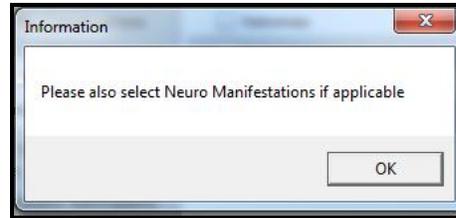
1. **Other Diagnoses** (Optional): This sub-section provides a list of the most prevalent conditions found with patients. Select the additional diagnoses that are applicable to the patient. Please note that this static list might contain repeated conditions that you may have already addressed in the prior sections of the assessment and can be ignored here. (See Figure 19 on the next page.)

**Other Diagnoses** (Select all that apply)

<b>Cancer</b> <input type="checkbox"/> None of these apply <input type="checkbox"/> Breast Cancer <input type="checkbox"/> Lung Cancer <input type="checkbox"/> GI Cancers <input type="checkbox"/> GU Cancers <input type="checkbox"/> Metastatic Cancer	<b>Cardiac Disease</b> <input type="checkbox"/> None of these apply <input type="checkbox"/> Old MI <input type="checkbox"/> Angina Pectoris <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Heart Failure <input type="checkbox"/> Pulmonary Hypertension	<b>COPD</b> <input type="checkbox"/> None of these apply <input type="checkbox"/> Chronic Bronchitis <input type="checkbox"/> COPD <input type="checkbox"/> Emphysema
<b>Diabetes</b> <input type="checkbox"/> None of these apply <input type="checkbox"/> Diabetes with No Complications (Type II) <input type="checkbox"/> Diabetes with Neuro Manifestations <input type="checkbox"/> Diabetic Polyneuropathy <input type="checkbox"/> Diabetes with Ophthalmic Manifestations <input type="checkbox"/> Proliferative Diabetic Retinopathy <input type="checkbox"/> Diabetes with Peripheral Circulatory Manifestations <input type="checkbox"/> Diabetes with Renal Manifestations <input type="checkbox"/> Diabetic Nephropathy	<b>Gastrointestinal Disorders</b> <input type="checkbox"/> None of these apply <input type="checkbox"/> Ostomies <input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Chronic Pancreatitis <input type="checkbox"/> Ulcerative Colitis	<b>Hepatic Disorders</b> <input type="checkbox"/> None of these apply <input type="checkbox"/> Alcoholic Cirrhosis <input type="checkbox"/> Cirrhosis (without mention of alcohol) <input type="checkbox"/> Chronic Hepatitis C <input type="checkbox"/> Portal Hypertension
<b>Malnutrition</b> <input type="checkbox"/> None of these apply <input type="checkbox"/> Cachexia	<b>Neurological Disorders</b> <input type="checkbox"/> None of these apply <input type="checkbox"/> Hemiplegia or hemiparesis <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Stroke	<b>Psychiatric Disorders</b> <input type="checkbox"/> None of these apply <input type="checkbox"/> Major Depressive Disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Drug/Alcohol Abuse - Remission <input type="checkbox"/> Drug/Alcohol Abuse - Active
<b>Renal Disease</b> <input type="checkbox"/> None of these apply <input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> Dialysis Status <input type="checkbox"/> ESRD <input type="checkbox"/> Nephritis <b>Vascular Disease</b> <input type="checkbox"/> None of these apply <input type="checkbox"/> Peripheral Vascular Disease <input type="checkbox"/> Amputation Status <input type="checkbox"/> Atherosclerosis <input type="checkbox"/> Chronic DVT <input type="checkbox"/> Chronic Pulmonary Embolism	<b>Rheumatological Disorders</b> <input type="checkbox"/> None of these apply <input type="checkbox"/> Giant Cell (Temporal Arteritis) <input type="checkbox"/> Lupus <input type="checkbox"/> Polymyalgia Rheumatica <input type="checkbox"/> Rheumatoid Arthritis	<b>Skin Ulcers</b> <input type="checkbox"/> None of these apply <input type="checkbox"/> Decubitus Ulcer <input type="checkbox"/> Lower Limb Ulcer (not decubitus)

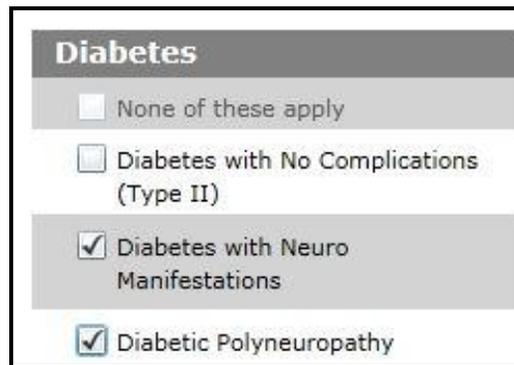
**Figure 19: Additional Diagnoses Sub-Section I**

Depending on your selections, the system will ask you to confirm additional conditions related to your selected diagnoses that may or may not exist in your patient. For example, if you select Ophthalmic Manifestations, your patient may also have Peripheral Circulatory Manifestations and would receive a system message similar to Figure 20 on the next page.



**Figure 20: Confirming Additional Conditions System Message Example**

For selected diabetic conditions, the system will automatically confirm applicable conditions, related to your selected diagnoses. For example, if a provider selects Diabetic Polyneuropathy as a condition, as shown in Figure 21, the system will automatically confirm Diabetes with Neuro Manifestations.



**Figure 21: Confirming Additional Conditions Example**

2. ***Previously Known Uncoded Chronic Conditions*** (Required): These questions seek to confirm the existence of chronic conditions that were previously documented, but have not been identified within the current calendar year. Select <Yes> to confirm a condition or select <No> if the condition is no longer present at the face-to-face assessment, and you will be prompted with further questions. (See Figure21 for an example.)
3. ***Suspected or At-Risk Conditions*** (Required): These questions seek to confirm the existence of certain conditions based on the presence of evidence within the patient's clinical profile. Select <Yes> to confirm the condition and select the corresponding ICD-9 code from the choices provided or select <No> if the condition is no longer present at the face-to-face assessment, and you will prompted with further questions. (See Figure 22 for an example.)

**Previously Known Un-Coded Chronic Conditions *(Required)***

1. The patient has demonstrated to have UNSPECIFIED EPISODIC MOOD DISORDER (296.90) as documented on 7/5/2010. Is this Condition Persisting?  Yes  No

**Suspected or At-Risk Conditions *(Required)***

1. The patient has demonstrated to have Diabetes with Renal or Peripheral Circulatory Manifestation. Does this condition currently exist?  Yes  No

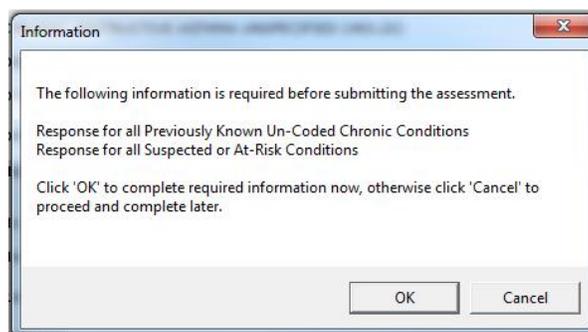
- DIABETES WITH RENAL MANIFESTATIONS TYPE II OR UNSPECIFIED TYPE NOT STATED AS UNCONTROLLED (250.40)
- DIABETES WITH RENAL MANIFESTATIONS TYPE II OR UNSPECIFIED TYPE UNCONTROLLED (250.42)
- DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS TYPE II OR UNSPECIFIED TYPE NOT STATED AS UNCONTROLLED (250.70)
- DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS TYPE II OR UNSPECIFIED TYPE UNCONTROLLED (250.72)
- Other

2. The patient has demonstrated to have Polyneuropathy. Does this condition currently exist?  Yes  No

- UNSPECIFIED DISORDER OF AUTONOMIC NERVOUS SYSTEM (337.9)
- UNSPECIFIED IDIOPATHIC PERIPHERAL NEUROPATHY (356.9)
- POLYNEUROPATHY IN DIABETES (357.2)
- MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION (358)
- Other

**Figure 22: Additional Diagnoses Sub-Sections II and III**

If any of the **required** fields in this section are incomplete, you will receive a system message similar to Figure 23.



**Figure 23: Incomplete Additional Diagnoses Section System Message Example**

### 5.4.7 Preventive Care

This **required** section is a continuation of the care gaps identified by Inovalon. The questions in this section are driven by quality measures that Centers for Medicare & Medicaid Services uses to monitor the quality performance of a health plan. Additionally, these questions are built on evidence-based guidelines to identify improvements in patient care. This is a **required** section (if present) and must be completed before assessment submission. (See Figure 24 for an example.)

Select the appropriate response to each question; you will receive further inquiries depending on your responses. The system will allow you to select more than one option for each question.

**Preventive Care (Required)**

**Available claims data indicate this patient is at risk for low adherence and/or is not filling their oral anti-hyperglycemic regimen. This patient may benefit from receiving a prescription to dispense more than a 100 day supply, if plan permits.**

- Provided prescription of >100 day supply today
- Patient reports that they are taking their diabetes medications as prescribed
- Patient discontinued medication due to (select one)
- Patient is refusing intervention for glycemic control
- Diabetes managed by Endocrinologist
- In my clinical judgment, this patient is both completely adherent and is filling all prescriptions of their oral diabetes medication
- Other

**Available claims data indicate this patient may have a diagnosis of hypertension.**

- Discussed blood pressure management strategies with patient today
- Discussed blood pressure management strategies with patient during the current calendar year
- Prescribed hypertension medication today
- Prescribed hypertension medication during the current calendar year
- Patient is refusing blood pressure check
- Patient was an inpatient at a non-acute facility (e.g., SNF, rehabilitation, residential treatment center) within the current calendar year
- Hypertension managed by Cardiologist
- In my clinical judgment, this patient does not currently require an intervention for blood pressure due to (select one, indicate date)
- Other

**Available claims data indicate this patient may be diabetic and hypertensive and may be a candidate for ACE-inhibitor or ARB therapy.**

- Prescribed an ACE-i or an ARB today
- Patient is prescribed an ACE-i or an ARB
- In my clinical judgment, this medication is not required due to (select one)
- Other

**Figure 24: Preventive Care Section**

### 5.4.8 Assessment and Plan

This section provides a list of confirmed conditions based on your responses to the prior sections of the assessment, along with a summary of your feedback given in the *Preventive Care* section and, lastly, provides an additional notes sub-section. (See Figure 25 on the next page.)

- a) **Medical Conditions Confirmed (Required):** You are required to provide a treatment plan for each condition within the editable list, in order to complete the Encounter SOAP Note. You will have the ability to choose multiple treatment plans. If you select <Other>, then you will be prompted with a free-text bar to enter your notes.
- b) **Preventive Care (Required):** Confirm your responses to the preventive care questions completed earlier in the Encounter SOAP Note.
- c) **Other Notes (Optional):** This last sub-section is available for you to add any additional commentary you have about the patient or the assessment itself.

Medical Conditions Confirmed		
Diagnosis		Treatment Plan
FAMILY HISTORY OF DIABETES MELLITUS	V18.0	<input checked="" type="checkbox"/> Continue Current Management <input type="checkbox"/> Other
FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	V16.3	<input checked="" type="checkbox"/> Continue Current Management <input type="checkbox"/> Other
UNSPECIFIED DISORDER OF AUTONOMIC NERVOUS SYSTEM	337.9	<input checked="" type="checkbox"/> Continue Current Management <input type="checkbox"/> Other
BODY MASS INDEX BETWEEN 25.0-25.9 ADULT	V85.21	<input checked="" type="checkbox"/> Continue Current Management <input type="checkbox"/> Other
UNSPECIFIED EPISODIC MOOD DISORDER	296.90	<input checked="" type="checkbox"/> Continue Current Management <input type="checkbox"/> Other
DIABETES WITH RENAL MANIFESTATIONS TYPE II OR UNSPECIFIED TYPE NOT STATED AS UNCONTROLLED	250.4	<input checked="" type="checkbox"/> Continue Current Management <input type="checkbox"/> Other

Preventive Care	
Concern	Response
Available claims data indicate this patient is at risk for low adherence and/or is not filling their oral anti-hyperglycemic regimen. This patient may benefit from receiving a prescription to dispense more than a 100 day supply, if plan permits.	Patient reports that they are taking their diabetes medications as prescribed
Available claims data indicate this patient may have a diagnosis of hypertension.	Discussed blood pressure management strategies with patient during the current calendar year
Available claims data indicate this patient may be diabetic and hypertensive and may be a candidate for ACE-inhibitor or ARB therapy.	Prescribed an ACE-i or an ARB today

+ Other Notes

Figure 25: Assessment and Plan Section

### 5.4.9 Encounter SOAP Note Summary

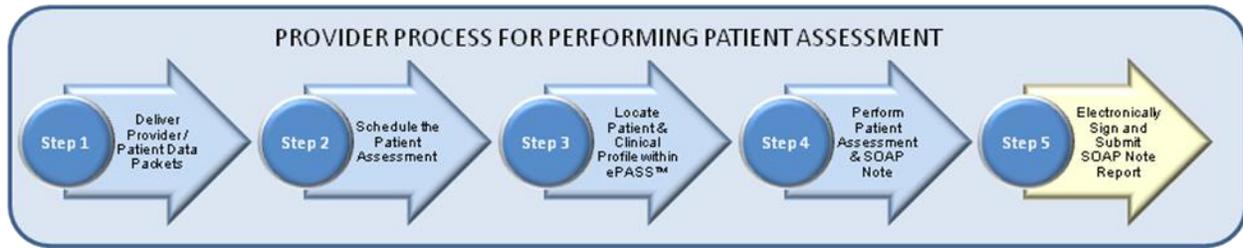
In this section, there is a preview of the patient’s current Encounter SOAP Note. The system inspects the **required** fields and sub-sections for completion; it will prompt you with an error message if any **required** fields are incomplete on the Encounter SOAP Note. See Figure 26 on the next page.

SOAP Note Summary			
<b>Clinical Profile</b> <a href="#">Edit</a>			
<b>Medications</b>			
Code	Description	Response	
00093292901	CYPROHEPTADINE HCL TABLETS	Confirmed	
29300012401	MELOXICAM TABLETS	Confirmed	
55111015801	Omeprazole	Confirmed	
68462015990	METFORMIN HYDROCHLORIDE TABLETS	Confirmed	
<b>Medication Notes</b>			
<b>Subjective</b> <a href="#">Edit</a>			
<b>Patient presents for:</b>			
Outpatient Visit			
<b>Family History</b>			
Diabetes			
Breast Cancer			
<b>Social History</b>			
<b>Review of Systems/Physical Examination</b> <a href="#">Edit</a>			
<b>Review of Systems</b>			
System	NRML/ABNL	Patient Comment	ICD-9 Code & Description
Cardiovascular	ABNL	Edema	
<b>Vitals</b>			
Description	Response		
Blood Pressure	120 / 80		
Heart Rate			
Height	5.6		
Weight	160		
Temperature			
Respiration			
Body Mass Index (BMI)	25.80		
BMI Percentile (between 2 & 17 years old)			
<b>Physical Examination</b>			
System	NRML/ABNL	Patient Comment	ICD-9 Code & Description
General	NRML		

Figure 26: Encounter SOAP Note Report Error Message Snap Shot

Answer all **required** fields on the Encounter SOAP Note (if applicable) and review the completed Encounter SOAP Note. If you wish to change any details on the Encounter SOAP Note, then select the <Edit> option in that particular section and the system will return to the editable Encounter SOAP Note interface; this allows you to edit your entries and answers.

## 5.5 Step 5: Electronic Sign-Off



Read the electronic signature section and select the two checkboxes above your name to confirm that you have conducted the encounter, agree to electronically sign the Encounter SOAP Note and confirm that you will provide an original (non-electronic) signature if needed. Upon checking the two boxes, the system submits the assessment and sends an electronic copy of the Encounter SOAP Note to Inovalon. (See Figure 27.)

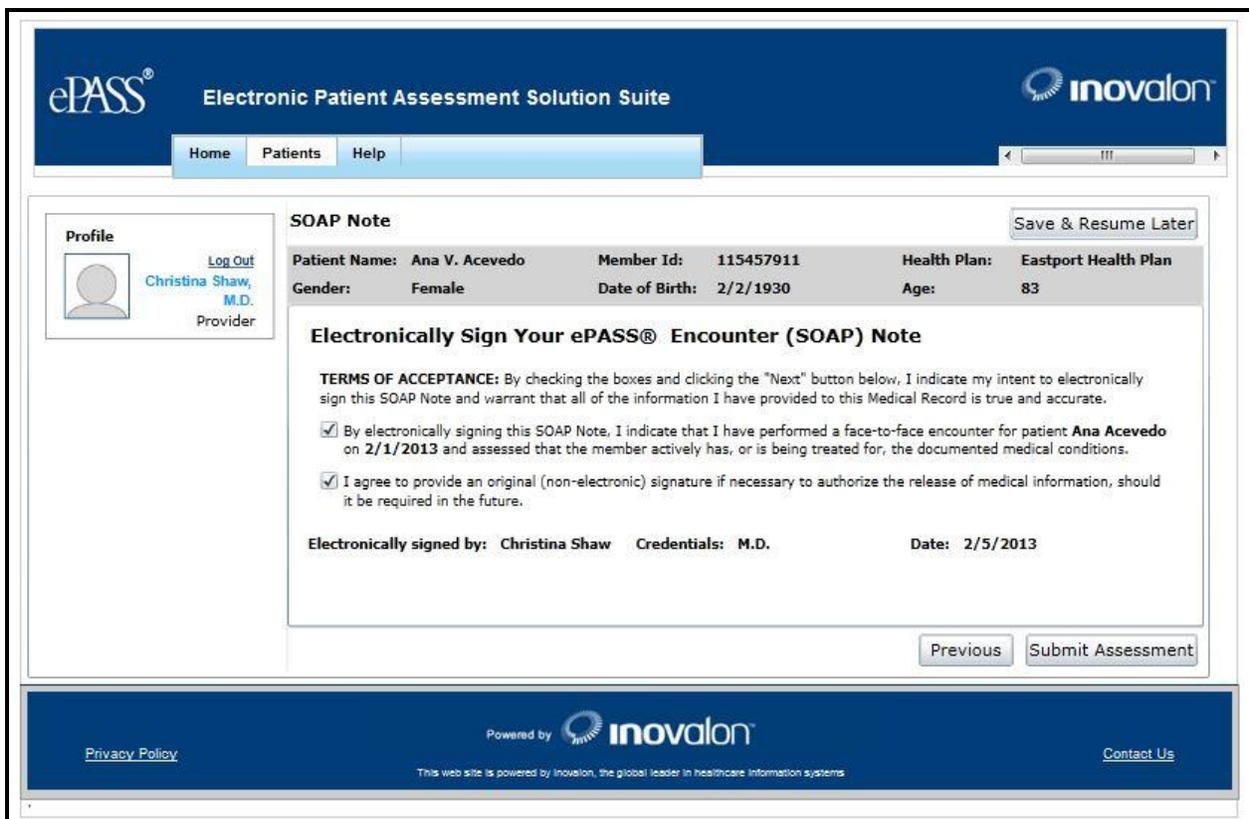
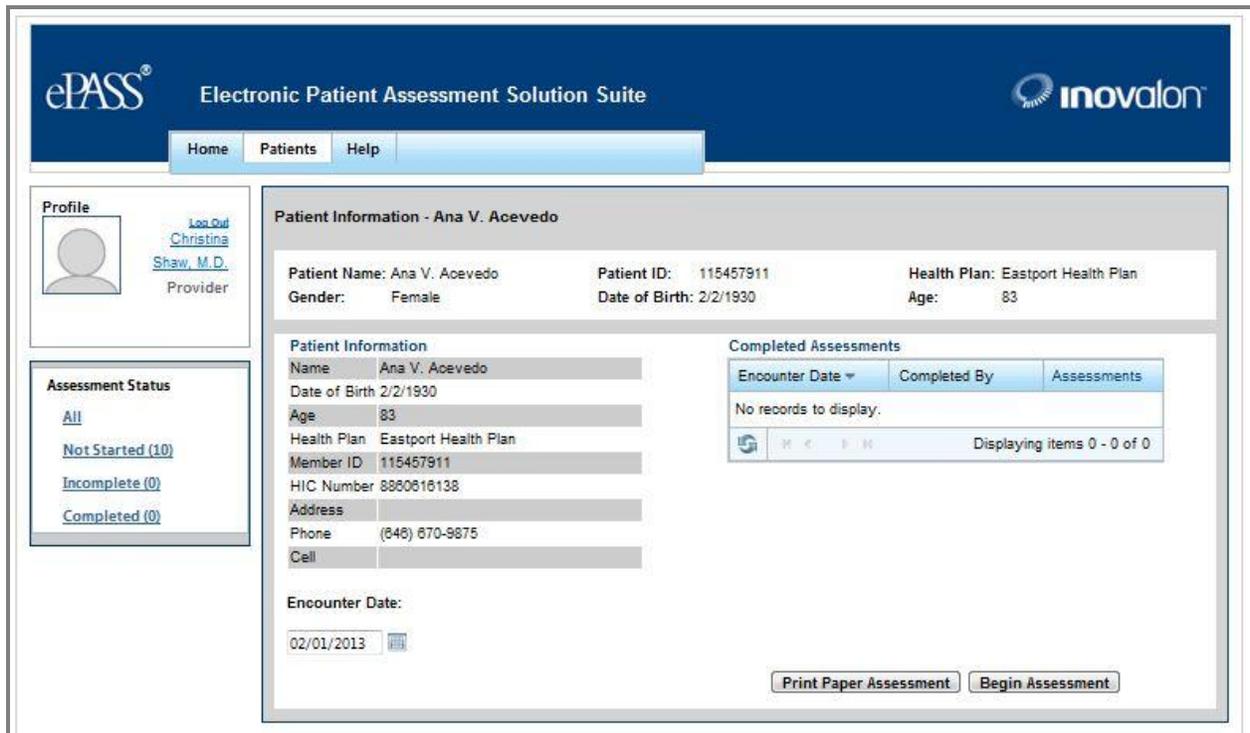


Figure 27: Electronic Signature Page

Upon successful submission of the Encounter SOAP Note, you will be directed to the patient's *Patient Information* page where you have the option to view the completed Encounter SOAP Note report. Simply select <View Completed Assessment>, as shown below in Figure 28, and you can view the completed

document in a PDF format; this allows you to print the completed Encounter SOAP Note or save it onto your desktop, and it further allows you to place a copy in the patient's medical record.



The screenshot displays the ePASS Electronic Patient Assessment Solution Suite interface. The top navigation bar includes 'Home', 'Patients', and 'Help'. The main content area is titled 'Patient Information - Ana V. Acevedo' and contains the following details:

- Patient Name:** Ana V. Acevedo
- Patient ID:** 115457911
- Health Plan:** Eastport Health Plan
- Gender:** Female
- Date of Birth:** 2/2/1930
- Age:** 83

Below this, there are two columns of information:

- Patient Information:**
  - Name: Ana V. Acevedo
  - Date of Birth: 2/2/1930
  - Age: 83
  - Health Plan: Eastport Health Plan
  - Member ID: 115457911
  - HIC Number: 8860616138
  - Address: [Redacted]
  - Phone: (646) 670-9875
  - Cell: [Redacted]
- Completed Assessments:**
  - Encounter Date: [Dropdown]
  - Completed By: [Dropdown]
  - Assessments: [Table]
  - No records to display.
  - Displaying items 0 - 0 of 0

At the bottom, there is an 'Encounter Date' field set to 02/01/2013 and two buttons: 'Print Paper Assessment' and 'Begin Assessment'.

Figure 28: Access to Patient's Completed Encounter SOAP Note

### 5.5.1 Encounter SOAP Note Report

A critical component of ePASS is updating documentation for the encounter within the patient's medical record. The Encounter SOAP Note report (see Figures 29, 30, 31 and 32) helps you document your assessment of the patient and his/her medical profile.

The report consists of four sections of the Encounter SOAP Note and captures all entries made and reviewed by you during the assessment and entry to ePASS. Note that the *Assessment and Plan* section will include a single list of conditions entered, confirmed and retained by you, along with each of your selected treatment plans.

Completed Encounter SOAP Note Report



**SOAP Progress Note**

<b>Patient Name:</b>	Ana V Aoevedo	<b>Provider/Practice:</b>	Christina Shaw
<b>Patient DOB:</b>	02/02/1930	<b>Provider Credentials:</b>	M.D.
<b>Patient Gender:</b>	Female	<b>NPI:</b>	9999990002
<b>Health Plan Member ID:</b>	115457911	<b>Health Plan Name:</b>	Eastport Health Plan

Fax to Inovalon  
1-866-682-6680

Please note and initial changes to any of the above data elements.

CLAIMS HISTORY

Service Date	Code Type	Code	Description
01/20/2012	ICD	401.1	BENIGN ESSENTIAL HYPERTENSION
01/20/2012	ICD	250.01	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION TYPE I
01/03/2012	ICD	250.62	DIABETES WITH NEUROLOGICAL MANIFESTATIONS TYPE II OR
01/03/2012	ICD	724.5	BACKACHE UNSPECIFIED
12/20/2011	ICD	443.9	PERIPHERAL VASCULAR DISEASE UNSPECIFIED
12/20/2011	ICD	401.9	UNSPECIFIED ESSENTIAL HYPERTENSION
12/20/2011	ICD	272.4	OTHER AND UNSPECIFIED HYPERLIPIDEMIA

MEDICATION CLAIMS HISTORY

Data retrieval failed for the subreport, 'Subreport1', located at: /Process/ProspectiveAdvantageReports\_doms/FFFsm\_MedicationCl...  
Data retrieval failed for the subreport, 'Subreport3', located at: /conf/FFFsm\_MedicationClaimsHistory1', located at: /Process/ProspectiveAdvantageReports\_doms/FFFsm\_MedicationCl...

SUBJECTIVE | OBJECTIVE | ASSESSMENT | PLAN

SUBJECTIVE (Mandatory)

**Chief Complaint or HPI**    Patient presents for an office visit.

---



---

Inovalon Member ID:17-
Page 1 of 5
Site ID:

**Figure 29: Completed Encouner SOAP Note Report – Page 1**

## Completed Encounter SOAP Note Report – Page 2

### SOAP Progress Note



<b>Patient Name:</b> Ana V Acevedo	<b>Provider/Practice:</b> IHA Demo
<b>Patient DOB:</b> 02/02/1930	<b>Provider Credentials:</b> 02/02/1930
<b>Patient Gender:</b> Female	<b>NPI:</b> Female
<b>Health Plan Member ID:</b> 115457911	<b>Health Plan Name:</b> Eastport Health Plan

Fax to  
 Inovalon  
 1-866-682-6680

#### SUBJECTIVE (Optional)

**Past Medical History**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medications**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social History**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family History**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Review of Systems**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### OBJECTIVE (Mandatory - Complete at least one system)

**Physical Exam:** Blood Pressure \_\_\_\_\_  
 Pulse \_\_\_\_\_ Temp \_\_\_\_\_ F/C

**Vitals** Weight \_\_\_\_\_ lb/kg Height \_\_\_\_\_ in/cm  
 BMI \_\_\_\_\_

**General**  Normal  
 Abnormal \_\_\_\_\_

**HEENT**  Normal  
 Abnormal \_\_\_\_\_

**Heart**  Normal  
 Abnormal \_\_\_\_\_

**Lungs**  Normal  
 Abnormal \_\_\_\_\_

**Abdomen**  Normal  
 Abnormal \_\_\_\_\_

**Musculoskeletal**  Normal  
 Abnormal \_\_\_\_\_

**Neurological**  Normal  
 Abnormal \_\_\_\_\_

**Psychiatric**  Normal  
 Abnormal \_\_\_\_\_

\_\_\_\_\_

**Other**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Figure 30: Completed Encounter SOAP Note Report – Page 2**

## Completed Encounter SOAP Note Report - Page 3



**SOAP Progress Note**

<b>Patient Name:</b> Ana V Acevedo	<b>Provider/Practice:</b> IHA Demo	Fax to Inovalon 1-866-682-6880
<b>Patient DOB:</b> 02/02/1930	<b>Provider Credentials:</b> 02/02/1930	
<b>Patient Gender:</b> Female	<b>NPI:</b> Female	
<b>Health Plan Member ID:</b> 115457911	<b>Health Plan Name:</b> Eastport Health Plan	

ASSESSMENT (Mandatory - Check all that apply)	PLAN (Mandatory)
<b>Diabetes</b> w/ no complications: <input type="checkbox"/> Yes <input type="checkbox"/> No w/ Retinopathy: <input type="checkbox"/> Yes <input type="checkbox"/> No w/ Neuropathy: <input type="checkbox"/> Yes <input type="checkbox"/> No w/ Nephropathy: <input type="checkbox"/> Yes <input type="checkbox"/> No w/ PVD: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Continue Current Management <input type="checkbox"/> Other Plan _____
<b>Cancer</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Specify Type _____) Metastatic <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Location _____)	<input type="checkbox"/> Continue Current Management <input type="checkbox"/> Other Plan _____
<b>GI</b> <input type="checkbox"/> Chronic Hepatitis <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Crohn's <input type="checkbox"/> Ulcerative Colitis	<input type="checkbox"/> Continue Current Management <input type="checkbox"/> Other Plan _____
<b>Chronic Skin Ulcerations</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Location _____)	<input type="checkbox"/> Continue Current Management <input type="checkbox"/> Other Plan _____
<b>Cachexia</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Continue Current Management <input type="checkbox"/> Other Plan _____
<b>Morbid Obesity</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Continue Current Management <input type="checkbox"/> Other Plan _____
<b>Cardiovascular</b> <input type="checkbox"/> HF <input type="checkbox"/> Hx/o MI <input type="checkbox"/> Angina <input type="checkbox"/> PVD <input type="checkbox"/> Afib	<input type="checkbox"/> Continue Current Management <input type="checkbox"/> Other Plan _____
<b>Pulmonary</b> <input type="checkbox"/> COPD <input type="checkbox"/> Pulmonary Hypertension	<input type="checkbox"/> Continue Current Management <input type="checkbox"/> Other Plan _____
<b>Extremities</b> <input type="checkbox"/> Amputation (If Yes, Location _____) <input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Continue Current Management <input type="checkbox"/> Other Plan _____
<b>Renal</b> <input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> Dialysis	<input type="checkbox"/> Continue Current Management <input type="checkbox"/> Other Plan _____
<b>Hematology</b> <input type="checkbox"/> Neutropenia <input type="checkbox"/> Pancytopenia	<input type="checkbox"/> Continue Current Management <input type="checkbox"/> Other Plan _____
<b>Neuropsych</b> <input type="checkbox"/> Hemiplegia or Hemiparesis <input type="checkbox"/> Peripheral Neuropathy <input type="checkbox"/> Dementia <input type="checkbox"/> Major Depressive Disorder <input type="checkbox"/> EtOH Dependence <input type="checkbox"/> Drug Dependence _____	<input type="checkbox"/> Continue Current Management <input type="checkbox"/> Other Plan _____
<b>Additional Condition (s)</b> _____ _____	<input type="checkbox"/> Continue Current Management <input type="checkbox"/> Other Plan _____

Inovalon Member ID:17-
Page 3 of 5
Site ID:

**Figure 31: Completed Encouner SOAP Note Report – Page 3**

## Completed Encounter SOAP Note Report - Page 4



**SOAP Progress Note**

Patient Name:	Ana V Acevedo	Provider/Practice:	IHA Demo
Patient DOB:	02/02/1930	Provider Credentials:	02/02/1930
Patient Gender:	Female	NPI:	Female
Health Plan Member ID:	115457911	Health Plan Name:	Eastport Health Plan

Fax to Inovalon  
1-866-682-6680

---

**ASSESSMENT (Mandatory)** ...continued

The following statements address the patient's preventive care history. Please respond appropriately, via checkmarks and blank fields.

Available claims data indicate this patient is at risk for low adherence and/or is not filling their prescriptions for their oral anti-hyperglycemic regimen. This patient may benefit from a receiving a prescription to dispense more than a 100 day supply, if plan permits.

Provided prescription of >100 day supply today  
 Patient reports that they are taking their diabetes medications as prescribed  
 Patient discontinued medication due to (select one)  
      Side effects                       Cost  
      Polypharmacy                       Other  
 Patient is refusing intervention for glycemic control  
 Diabetes managed by Endocrinologist \_\_\_\_\_ (name)  
 In my clinical judgment, this patient is both completely adherent and is filling all prescriptions of their oral diabetes medication  
 Other \_\_\_\_\_

Available claims data indicate this patient may have a diagnosis of hypertension.

Discussed blood pressure management strategies with patient today  
 Discussed blood pressure management strategies with patient during the current calendar year \_\_\_\_\_ (date)  
 Prescribed hypertension medication today  
 Prescribed hypertension medication during the current calendar year \_\_\_\_\_ (date)  
 Patient is refusing blood pressure check  
 Patient was an inpatient at a non-acute facility within the current calendar year \_\_\_\_\_ (discharge date)  
 Hypertension managed by Cardiologist \_\_\_\_\_ (name)  
 In my clinical judgment, this patient does not currently require an intervention for blood pressure  
      Pregnancy \_\_\_\_\_ (date)     End-Stage Renal Disease \_\_\_\_\_ (date)     Other  
 Other \_\_\_\_\_

Available claims data indicate this patient may be diabetic and hypertensive and may be a candidate for ACE-inhibitor or ARB therapy.

Prescribed an ACE-i or an ARB today  
 Patient is prescribed an ACE-i or an ARB \_\_\_\_\_ (date)  
 In my clinical judgment, this medication is not required due to (select one)  
      Contraindicated                       Other  
 Other \_\_\_\_\_

---

**SIGNATURE, CREDENTIALS, EXAM DATE (Mandatory)** Please note and initial changes to any of the below data elements.

(MM/DD/YY) <b>Exam Date</b>	<i>I have performed a face-to-face encounter for patient Ana V Acevedo and assessed that the patient actively has, or is actively being treated for, the documented medical conditions and warrant that all of the information I have provided to this Medical Record is true and accurate. This document will be included with the patient's other medical records.</i>	
<b>Provider Signature</b>	Christina Shaw	( )
<b>Signature Date</b>	_____ M.D. <b>Printed Provider Name and Credentials</b>	_____ <b>Provider Phone Number</b>
		_____ <b>Provider Fax Number</b>

---

Inovalon Member ID:17-
Page 4 of 5
Site ID:

**Figure 32: Completed Encouner SOAP Note Report – Page 4**

## SECTION 6: Electronic patient Assessment Solution Suite (ePASS) Support

### 6.1 Technical Support

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#### General Support

If you need any additional support with ePASS or have general In-Home Assessment questions, then contact Inovalon at [ePASSsupport@Inovalon.com](mailto:ePASSsupport@Inovalon.com).

#### ePASS Technical Support

Support is available by phone at (877) 448-8125. The ePASS Technical Support staff is available to answer any questions that you may have. Hours of operations are Monday through Friday, 8:00 a.m. to 7:00 p.m. EST.

### 6.2 Saving the Encounter SOAP Note for Completion Later

---

You may exit an Encounter SOAP Note before completion by selecting the <Save and Resume Later> button located at the top of each Encounter SOAP Note page. Upon selecting this button, all recorded entries are saved and the Encounter SOAP Note is closed. Subsequently, ePASS will return you to the *Patient Information* page.

### 6.3 Opening a Partially Completed Encounter SOAP Note

---

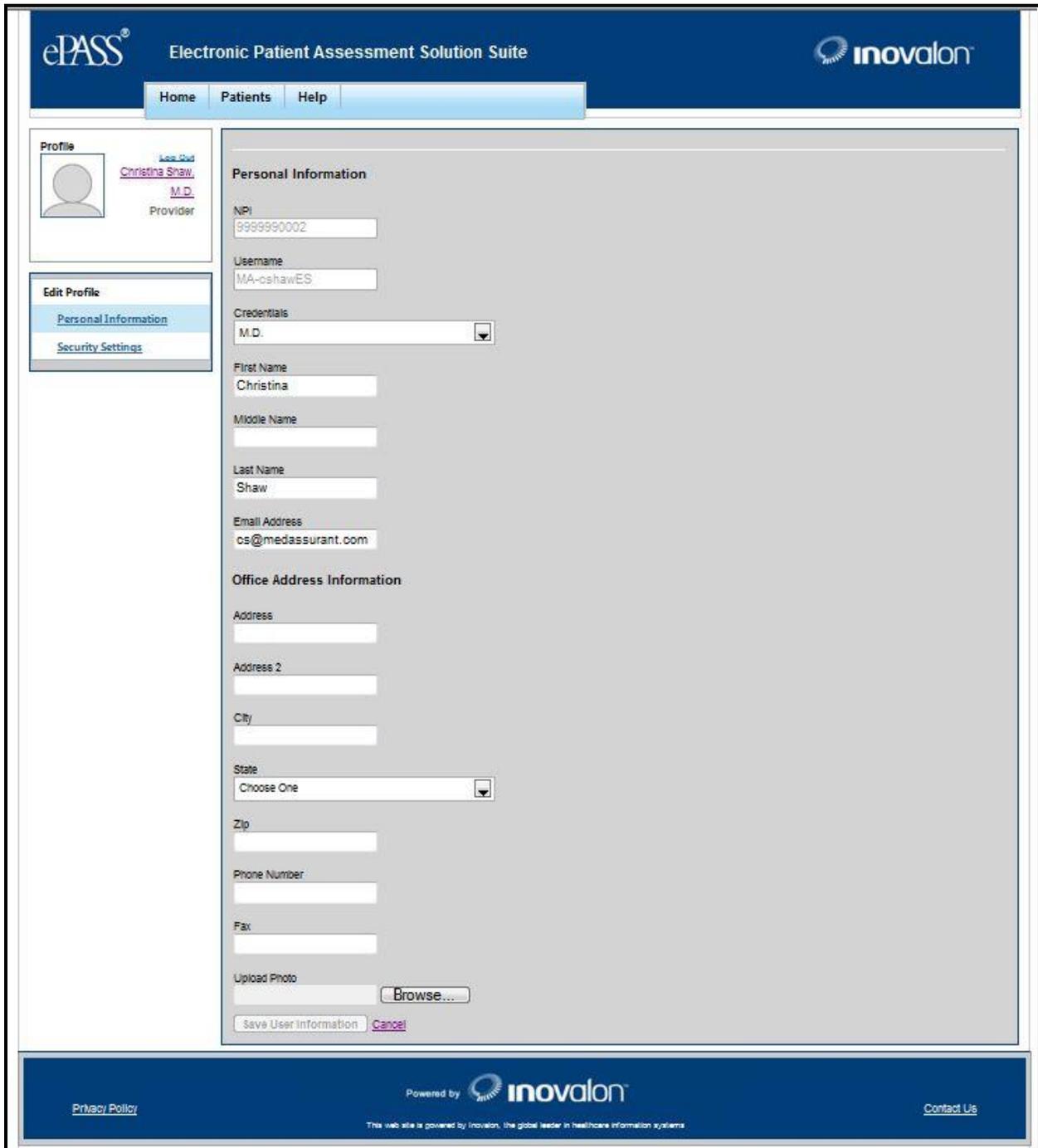
An Encounter SOAP Note can be reassessed and resumed by locating and selecting the patient on your patient-listing table (found in the Patient tab); you will be directed to their Patient Information page where you will select <Resume Assessment>

TIP: Filter your patient-listing table by selecting <Incomplete> Assessment Status.

### 6.4 Changing your Personal Information

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To change any personal information (credentials, contact information, profile photo) select your name (appears in blue font) on the *Home* tab and you will be directed to your *Personal Information* page, displayed in Figure 32 on the next page. The only fields you will not be able to update on this page are your NPI and username. Select the <Update User Information> button to begin making any changes to your profile and select <Save User Information> to save all changes made on your *Personal Information* page.

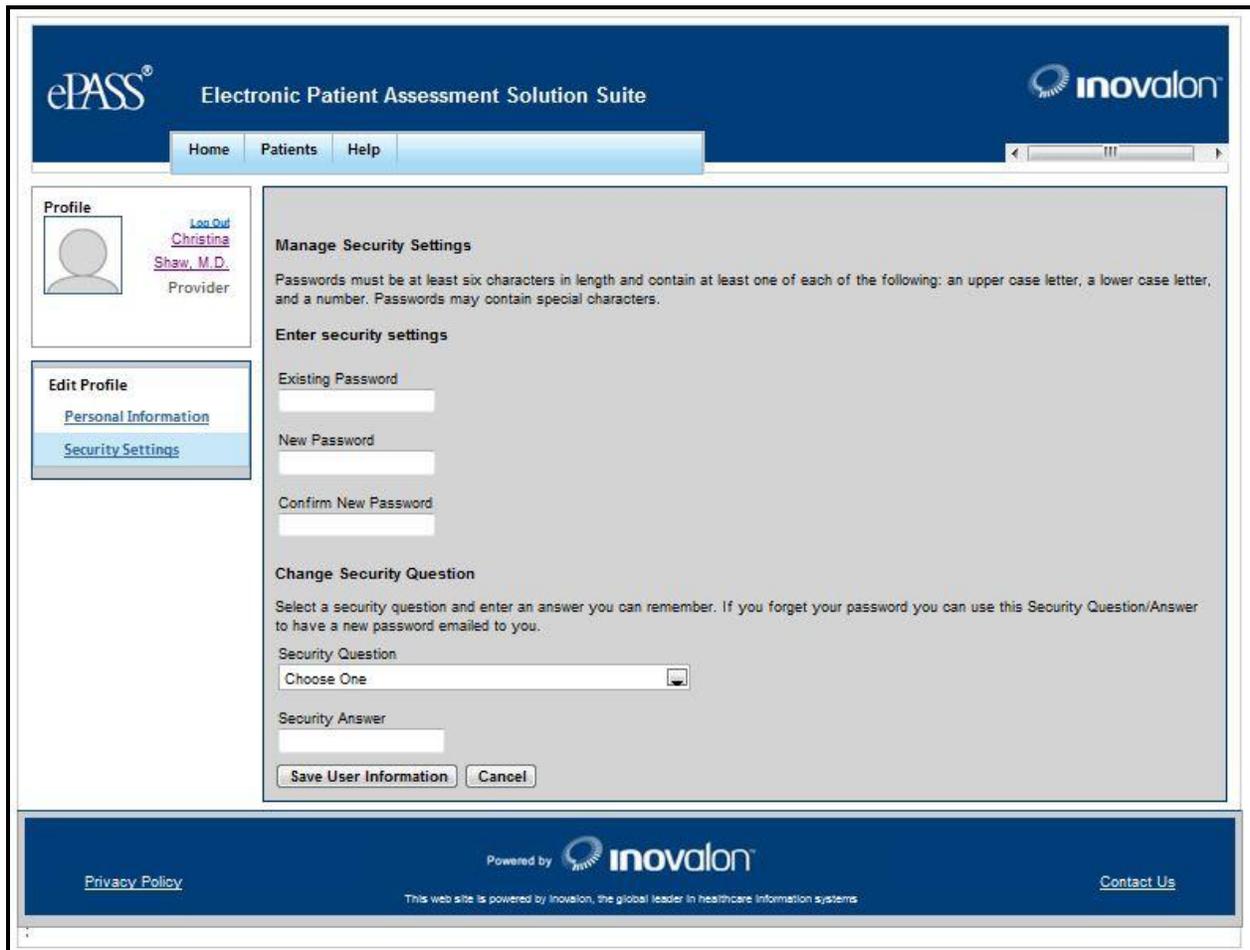


The screenshot shows the 'Personal Information' page in the ePASS system. The page has a dark blue header with the 'ePASS' logo and 'Electronic Patient Assessment Solution Suite' text. Navigation tabs for 'Home', 'Patients', and 'Help' are visible. On the left, there is a 'Profile' section with a placeholder for a user picture and text identifying the user as 'Christina Shaw, M.D., Provider'. Below this is an 'Edit Profile' section with links for 'Personal Information' (which is selected) and 'Security Settings'. The main content area is titled 'Personal Information' and contains several form fields: NPI (9999990002), Username (MA-cshawES), Credentials (M.D.), First Name (Christina), Middle Name, Last Name (Shaw), Email Address (cs@medassurant.com), Office Address Information (Address, Address 2, City, State, Zip, Phone Number, Fax), and an Upload Photo section with a 'Browse...' button. At the bottom of the form area are 'Save User Information' and 'Cancel' buttons. The footer contains a 'Privacy Policy' link, 'Powered by Inovalon' logo, and a 'Contact Us' link.

Figure 33: Personal Information Page

## 6.5 Changing your Password and Security Question

To change your password and/or your security question, select the *Security Settings* sub-section located on the same page. You will then be prompted to your security settings page, as shown in Figure 33. In this window, you can update your password and security question. Remember to select the <Save User Information> button after you have made the necessary changes for the system to save your updates.



**ePASS<sup>®</sup> Electronic Patient Assessment Solution Suite**

Home Patients Help

**Profile**  
  
[Log Out](#)  
 Christina  
 Shaw, M.D.  
 Provider

**Edit Profile**  
[Personal Information](#)  
[Security Settings](#)

**Manage Security Settings**  
 Passwords must be at least six characters in length and contain at least one of each of the following: an upper case letter, a lower case letter, and a number. Passwords may contain special characters.

**Enter security settings**  
 Existing Password  
  
 New Password  
  
 Confirm New Password

**Change Security Question**  
 Select a security question and enter an answer you can remember. If you forget your password you can use this Security Question/Answer to have a new password emailed to you.

Security Question  
 Choose One

Security Answer

Powered by  **inovalon**  
 This web site is powered by Inovalon, the global leader in healthcare information systems

[Privacy Policy](#) [Contact Us](#)

**Figure 34: Update Security Settings Page**

## 6.6 Frequently Asked Questions

---

### **Why am I being requested to participate in this project?**

You have been asked to participate in this project to ensure that your patient's medical documentation is accurate and current. This information is used to portray accurately the status of your patients' conditions to the Centers for Medicare and Medicaid Services.

### **Why have my patients been chosen to be part of the ePASS initiative?**

Some of your patients have been identified for this initiative due to possible gaps in documentation, based on an analysis of administrative claims data.

### **How long does it take to complete the Encounter SOAP Note?**

On average, it takes 5 to 10 minutes to complete an Encounter SOAP Note.

### **What are the required portions of the Encounter SOAP Note?**

We recognize your time is valuable, so the required fields are identifiable in **red font**.

### **What information do my patients receive from the Health Plan?**

Your patients receive a letter in the mail encouraging them to schedule an appointment to see their primary care physician.

### **When I use ePASS, will I earn credit for the American Recovery and Reinvestment Act of 2009 Meaningful Use criteria?**

No. Although ePASS provides a solution for improved documentation, it is not intended to replace a certified Electronic Health Record system.

### **Is ePASS related to the Physician Quality Reporting System (PQRS) formerly Physician Quality Reporting Initiative?**

ePASS may assist you in maintaining vital information necessary to submit successfully PQRS quality measure data as defined by CMS.

### **Do I need to use ePASS to document an encounter for all of my patients?**

No. You only have to use ePASS for those patients that were identified at the onset of the initiative.

### **Who should I contact if I have questions about ePASS?**

Inovalon has a dedicated ePASS technical support team that can be reached at (877) 448-8125 between 8:00 a.m. and 7:00 p.m. EST to answer your questions.

### **Am I able to submit a paper copy of the Encounter SOAP Note?**

No. The ePASS provider portal allows for paperless submission.

### **Can I submit my own progress notes instead of completing the Encounter SOAP Note in ePASS?**

No. The Encounter SOAP Note must be completed using ePASS®.

### **Can I have one of my administrative staff fill out this information?**

No. Only CMS-approved, licensed practitioners, such as an M.D., N.P., P.A., or D.O. can electronically sign and submit the Encounter SOAP Note.

### **How do I locate a patient within the ePASS Provider Portal?**

The global navigation on the top of the page directs you to the Patient page. You can select a patient by clicking a name on the Patients page or by using the search feature.

### **If I already confirmed a condition earlier in the assessment, do I need to confirm it again on the Additional Diagnoses section?**

You do not need to confirm a condition again in this section if you have already indicated it was present. If you are not sure about a previous response, all confirmed conditions can be located in the Assessment/Plan section, accessible via the left navigation panel on your screen. Please review all categories of Additional Diagnoses to make sure no conditions were missed. Confirming a condition in multiple sections of the Encounter SOAP Note will **not** produce an error.

### **Can I finish a partially completed Encounter SOAP Note at a different time?**

Yes. At the top of every Encounter SOAP Note page is a “Save & Resume” button that allows you to save the application and resume it at a later date.

### **Am I able to make changes to a completed Encounter SOAP Note?**

Yes. You are able to make changes to any entry as long as you have NOT submitted it. Simply click “Resume SOAP Note” and you will return to a modifiable view of the Encounter SOAP Note and you can make your changes.

### **What do I do if I need to make changes to an Encounter SOAP Note that I have already submitted?**

If you need to make changes to an Encounter SOAP Note after you have submitted it, please call the ePASS® technical support team at (877) 448-8125 between 8:00 a.m. and 7:00 p.m. EST to have the Encounter SOAP Note modified or deleted.

### **What do I do if I forget my password?**



If you forget your password, simply click on the **“Forgot Password”** link. Enter your email address, security question and answer. You will then receive a temporary password via email to regain access to the ePASS® portal.

**There are several providers in my practice. Can we have our information linked in the system to share patients?**

Yes. This is a simple process that occurs at the time of provider and practice setup. Please request this to be completed by the ePASS® technical support team at (877) 448-8125 between 8 a.m. and 7 p.m.

**Does this initiative comply with HIPAA Guidelines for viewing patient’s Protected Health Information?**

Yes. As defined by HIPAA, Inovalon’s role is generally recognized as a “Business Associate” of “Covered Entities.” As such, Inovalon is ethically and legally bound to protect, preserve, and maintain the confidentiality of any Protected Health Information it gathers from clinical records provided by medical practice locations, pursuant to its contractual obligations to the health plan and applicable federal and state laws.