



# HomeSTAR Program HHA Field Nurse Portal Training





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## Purpose of Module

The purpose of the HomeSTAR application module is to provide our HomeSTAR designated home health nurses with step-by-step instructions for submitting patient updates using the web based application.

## Objectives

By the time you have completed the training you will be able to:

- Access the HomeSTAR application via the CareCentrix Portal
- Find a patient record in the application
- Complete an initial assessment
- Complete the progress surveys
- Complete a patient discharge

## Target Audience

HomeSTAR Home Health Nurses who are not designated as CareCentrix Portal Administrators

## Approximate Completion Time

30 minutes

## Materials to Use (Handouts)

While completing the training, you will need the following resources:

- HomeSTAR Program Guide – Field Nurse Portal Training
- CareCentrix Provider Portal



## Introduction

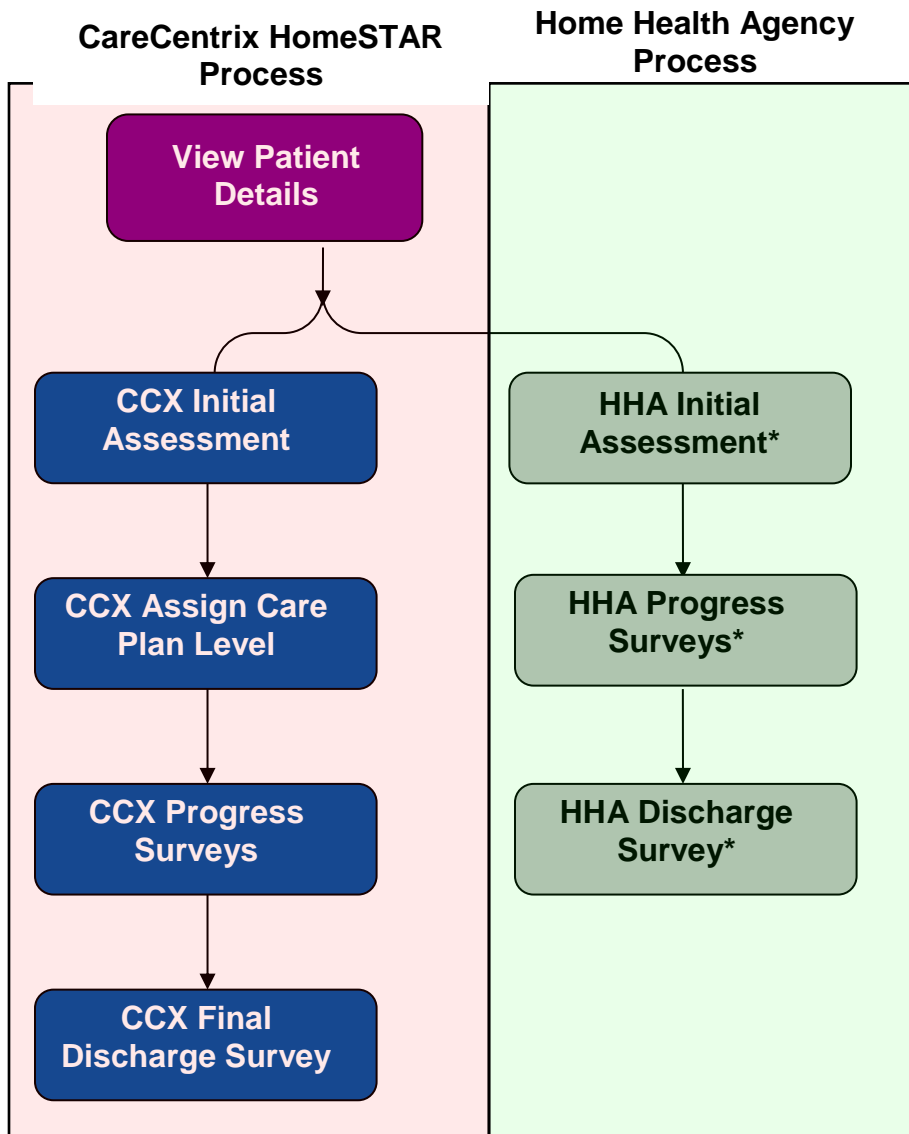
The HomeSTAR system is an application that captures information about the patients who are selected to be in the HomeSTAR program. Patients are selected to be a part of the program based on their recent hospital discharge and their Health Plan's statistical assessment of their relative risk for hospital readmission. The application streamlines the process for submitting the home health nurse's initial patient assessment, ongoing assessment and evaluation in a quick and efficient manner for HomeSTAR patients.

This module will instruct you on the step-by-step instructions for submitting patient assessments using the application.



## HomeSTAR Program Applications

As a Home Health Nurse, you will have access to perform assessment and survey submissions for each HomeSTAR patient assigned in the program. In this training document, you will learn how to find patients and complete and submit surveys in the HomeSTAR system. The diagram below identifies the activities available in the HomeSTAR application. The highlighted region on the right contains the activities available as a Home Health Agency Nurse, and the region on the left is handled by the HomeSTAR Nurse Coach.





## Access the HomeSTAR Application

Access to the HomeSTAR application is provided through the CareCentrix Provider Portal. To access the CareCentrix Provider Portal, open an Internet Explorer internet browser and navigate to <https://www.carecentrixportal.com>. Enter your email address and password to access the portal.

Once logged into the Portal application, the HomeSTAR module should appear as a part of the menu on the left hand side of the welcome screen as illustrated below:

The screenshot shows the CareCentrix SMS Provider Portal interface. At the top right, there are links for 'Contact Us' and 'Help', and a login section with 'Username' and 'Password' fields, a 'SIGN IN' button, and links for 'Register' and 'Forgot Password?'. The main navigation bar includes 'Home', 'Authorizations', 'Claim Status', 'HomeSTAR', and 'E Learning'. A 'Sign in here' callout points to the 'SIGN IN' button. Below the navigation bar, there is a 'Welcome to the CareCentrix® and SMS Provider Portal' message and a link for a 'short provider portal survey'. The 'Provider Portal' section (for registered users only) lists 'Authorizations', 'Claim Status', 'HomeSTAR', 'E Learning', and 'SleepUM-Patient Management'. A callout points to 'HomeSTAR' with the text 'Click "HomeSTAR" to access the application'. The 'For Providers' section includes 'Join Our Network', 'Provider Manual', 'Provider Education', and 'Member Transition'. The 'Electronic Tools' section includes 'Register for Provider Portal' and 'Sign Up for Electronic Claims'. The 'Claims' section includes 'Reconsideration and Appeals Forms' and 'Billing Crosswalk'. A 'News Flash' section on the left contains three news items with dates and 'Read More' links. A 'Receive Email Updates' button is at the bottom left.

The application will open allowing you to perform the following functions:

- Complete patient's initial assessments
- Complete progress surveys
- Discharge a patient

To log out of the application click the "x" in the upper right corner of your browser window.



## Find a Patient

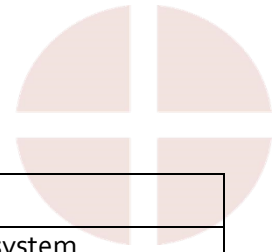
When you log in to the HomeSTAR application the screen you will see the screen below which requires you enter the Intake ID and Last name of the patient. You can find the Intake ID on the Service Authorization Form received from CareCentrix.

Once you enter in the Intake ID and the Last Name of the patient, the information for this patient will appear, as you see on the screen below:

HHA Agency	Patient Number	Intake ID	Last Name	First Name	Gender	Address	City	Zip Code	Date of Birth	CCX Care Manager	Admit Date	Care Level	HHA Next Activity	HHA Activity Due Date	Discharge Hospital
BAYADA NURSES, INC 5410 TEMPE - AZ	757806	Balboa	Rocky	M	12454 Adrian Street	PATERSON	07514	05/12/1948	eakeoug	06/19/2010	1	Discharge	07/19/2010	Mercy Philadelphia	

Below is a description of each field that is presented on the Assigned Patients screen. Note that some fields have up and down arrows in the header row. In these fields, you can sort the patients in ascending or descending order by clicking on the up or down arrows.

Field	Description
HHA Agency	Home Health Agency who is caring for the patient
Patient Number	CareCentrix's assigned Patient number for the patient
Intake ID	CareCentrix's assigned Intake ID for the patient
Last Name/First Name	Patient's name information
Gender	Patient's gender
Address	Patient's home address
City	Patient's city
Zip Code	Patient's 5 digit zip code
Phone Number	Patient's phone number
Date of Birth	Patient date of birth



CCX Care Manager	Name of the HomeSTAR Nurse Coach
Admit Date	The date the record is created within CareCentrix's system
Care Level	The care level assigned to the patient.
HHA Next Activity	The next activity to be completed by the Home Health Agency
HHA Activity Due Date	Due date for the Home Health Agency to complete the next activity
Discharge Hospital	The name of the hospital that the patient was discharged from

## Initial Assessment

### The Purpose of the HHA Initial Assessment

A key component of the HomeSTAR program, the Initial Assessment and the agency's Medication Reconciliation/Audit tool is to be submitted to the HomeSTAR team within two days of the first visit. The Medication tool can be uploaded by using the "Add Attachment" link at the bottom of the assessment page, faxed to 866-224-6767, or scanned to [homestar@carecentrix.com](mailto:homestar@carecentrix.com).

The HomeSTAR Nurse Coach will reach out to the patient to conduct an assessment as well, but it is incredibly valuable to have the patient's professional assessment by the home health nurse. The HomeSTAR team will use this information to assess the risk of hospital readmission for the patient and determine a care plan. It is very important to send timely and accurate information. The HomeSTAR Nurse Coach may reach out to you or the Agency for more information if needed.

These surveys will be evaluated throughout the program for effectiveness and may be revised.

We welcome any feedback on the effectiveness of the questions and processes in place as part of the program.

### Completing the HHA Initial Assessment

When you double click the patient who has the next Activity due as "Assessment", the screen below will open. Along the left hand side you will see options for all surveys for this patient. **You cannot complete any other surveys until the HHA Initial Assessment is completed.**

Along the top of all surveys you will see patient demographic information.





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Welcome Elizabeth Seim!

Patient Search
Print

<b>HHA Initial Assessment</b>	Patient Number	2903	Intake ID	852179
<b>HHA Progress Survey</b>	First Name	BO	Last Name	PEEP
<b>HHA Discharge Survey</b>	Phone Number	(852)-454-5445	Care Level	
	Primary ICD-9	ACUTE AND SUBACUTE IRIDOCYCLITIS (ANTERIOR UVEITIS) (CYCLITIS) (IRIDOCYCLITIS) (IRITIS) ACUTE, SUBACUTE	Secondary ICD-9	INJURY TO SCIATIC NERVE
	PCP Last Name		PCP Phone Number	
	Ordering Physician Last Name	Lamb	Ordering Physician Phone Number	(854)-554-8845

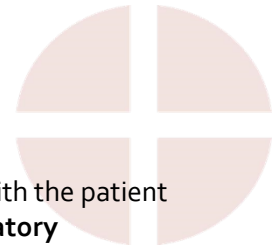
Questions	Scale	Comments (max 1000 characters)
<b>CAREGIVER INFORMATION</b>		
Does the patient have someone involved in managing their healthcare? *	-Select-	
<b>DISCHARGE ORDERS</b>		
Does the patient understand their discharge orders?	-Select-	
<b>MEDICATION RECONCILIATION</b>		
How many medications is the patient taking? *	-Select-	
Did you identify discrepancies in the medication reconciliation process? *	-Select-	
Does the patient understand their medications' potential side effects? *	-Select-	
Did you review the following sources during the Medication Reconciliation:		
Medications in the home? *	-Select-	

Click here to print the

Descriptions of the fields are below:

Field	Description
Patient Number	CareCentrix's assigned Patient number for the patient
Intake ID	CareCentrix's assigned Intake ID for the patient
Last Name/First Name	Patient's name information
Phone Number	Patient's phone number
Care Level	The care level assigned to the patient.
Primary ICD-9	The diagnosis code reported by the health plan, necessitating the home care
Secondary ICD-9	The diagnosis code that supports a service ordered that is not already supported by the Primary Diagnosis
Primary Care Physician Last Name	Primary care physician's last name
Phone Number	Primary care physician phone number
Ordering Physician Last Name	Ordering physician last name
Phone Number	Ordering physician phone number

To complete the survey, select the appropriate responses from the drop down boxes and input any notes relating to the questions in the comment boxes to the right of the responses. The



responses should mirror the information that the nurse received when she met with the patient in their home. **All questions with an asterisk (\*) behind the question are mandatory questions and must be completed before submission.**

Questions	Scale	Comments (max 1000 characters)
<b>CAREGIVER INFORMATION</b>		
Does the patient have someone involved in managing their healthcare? *	-Select-	<input type="text"/>
<b>DISCHARGE ORDERS</b>		
Does the patient understand their discharge orders?	-Select-	<input type="text"/>
<b>MEDICATION RECONCILIATION</b>		
How many medications is the patient taking? *	-Select-	<input type="text"/>
Did you identify discrepancies in the medication reconciliation process? *	-Select-	<input type="text"/>
Does the patient understand their medications' potential side effects? *	-Select-	<input type="text"/>
Did you review the following sources during the Medication Reconciliation:		
Medications in the home? *	-Select-	<input type="text"/>

Complete any comment box to provide more details regarding the corresponding



## Saving a Survey for Later

If you need to leave a survey and complete it later, scroll to the bottom of the survey and click on the “Save” button, as shown below:

**CAREGIVER INFORMATION**

Does the patient have someone involved in managing their healthcare? \*

Where is their Caregiver located? \*

How does the caregiver help the patient?

**DISCHARGE ORDERS**

Does the patient understand their discharge orders?

**MEDICATION RECONCILIATION**

How many medications is the patient taking? \*

Did you identify discrepancies in the medication reconciliation process? \*

Does the patient understand their medications' potential side effects? \*

Did you review the following sources during the Medication Reconciliation:

Medications in the home? \*

Discharge paperwork? \*

Ask the patient of any other drugs they are taking \*

How are you submitting your Medication Audit tool to CareCentrix? \*

**APPOINTMENT FOLLOW-UP**

Does the patient have follow-up physician appointments scheduled? \*

**SYMPTOM MANAGEMENT**

Is the patient clear about the signs that would require them to call the nurse or doctor? \*

Are there any particular concerns you have about the patient's recovery? \*

Recommended # of visits over time :

Click on the “Save” icon to save an unfinished survey

You will see a message that the survey has been successfully saved and you can return to this survey to complete it and submit it at a later time.

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Home Welcome CARECENTRIX PORTAL PROVIDER DEMONSTRATION!

HHA Initial Assessment • HHA Initial Survey is Successfully Saved

HHA Progress Survey

HHA Discharge Survey

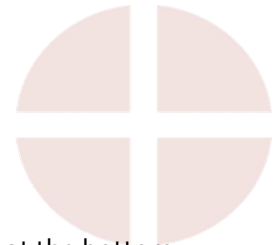
Patient Number	1254867	Intake ID	
First Name	Tampa	Last Name	Test
Phone Number	(813)-555-4121	Care Level	Level 1 - (4-8 visits)
Primary ICD-9	INJURY TO PERIPHERAL NERVE(S) OF PELVIC GIRDLE AND LOWER LIMB	Secondary ICD-9	CONCUSSION
PCP Last Name	Rockwell	PCP Phone Number	(727)-555-4864
Ordering Physician Last Name	Stevens	Ordering Physician Phone Number	(727)-555-4154

Questions  Scale  Comments (max 1000 characters)

**CAREGIVER INFORMATION**

Does the patient have someone involved in managing their healthcare? \*

Message indicating that your survey has been saved



## Submitting the HHA Initial Assessment

Once you have completed all assessment questions, click on the "Submit" button at the bottom of the Assessment screen.

Did you review the following sources during the Medication Reconciliation:

Medications in the home? \* Yes

Discharge paperwork? \* Yes

Ask the patient of any other drugs they are taking \* Yes

How are you submitting your Medication Audit tool to CareCentrix? \* Fax Attn: Lynn Smith

**APPOINTMENT FOLLOW-UP**

Does the patient have follow-up physician appointments scheduled? \* Yes

What is the date of the Appointment? \* 03/27/2010

Transportation plan to get to this appointment? Caregiver Their husband will take them to the Dr.

**SYMPTOM MANAGEMENT**

What are the signs that would require them to call Partial understanding Not sure that they will call their Dr. vs. going to the ER

How much do you know about the patient's medications, they have scripts for two different types of beta blockers

Recommended # of visits over time : Level 1 - 4-8 visits Caregiver

**Submit Save**

Click on the "Submit" icon to send a completed survey

If not all mandatory questions are completed, then you will see the following message:  
Please enter responses for all Mandatory Questions(s) marked with \*:

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Welcome CARECENTRIX PORTAL PROVIDER DEMONSTRATION!

Please enter responses for all Mandatory Questions(s) marked with \*

HHA Discharge Survey

Patient Number 1254867 Intake ID 2223814

First Name Tampa Last Name Test

Phone Number (813)-555-4121 Care Level Level 1 - (4-8 visits)

Primary ICD-9 INJURY TO PERIPHERAL NERVE(S) OF PELVIC GIRDLE AND LOWER LIMB Secondary ICD-9 CONCUSSION

PCP Last Name Rockwell PCP Phone Number (727)-555-4864

Ordering Physician Last Name Stevens Ordering Physician Phone Number (727)-555-4154

Questions	Scale	Comments (max 1000 characters)
<b>CAREGIVER INFORMATION</b>		
Does the patient have someone involved in managing their healthcare? *	Yes	
Where is their Caregiver located? * ▲	-Select-	
How does the caregiver help the patient?	Medications	All activities, but meds are most important
<b>DISCHARGE ORDERS</b>		
Does the patient understand their discharge orders?	Somewhat	Not really, they know how to change their dressing.

Notice to complete Mandatory Questions



Upon clicking "Submit" on a completed survey, the system provides an opportunity to review the answers and make any edits to the survey by selecting "Edit Survey". If no edits are necessary, then select "Confirm Submission" to submit the responses.

Does the patient have follow-up physician appointments scheduled? \* Yes

What is the date of the Appointment? \* 03/27/2010

What is the transportation plan to get to this appointment? Caregiver

**SYMPTOM MANAGEMENT**

Is the patient clear about the signs that would require them to call the nurse or doctor? \* Partial understanding

Click to send the completed survey

Click to edit the survey prior to submission

Confirm Submission Edit Survey

A confirmation message will appear confirming your successful submission as seen in the illustration below.

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Home Welcome CARECENTRIX PORTAL PROVIDER DEMONSTRATION!

HHA Initial Assessment HHA Initial Assessment Survey has been successfully submitted to CareCentrix for Intake ID 2223814. Thank you for your online submission.

HHA Progress Survey Provider agrees that it shall at all times to comply with all applicable :

HHA Discharge Survey (1)HIPAA (as hereinafter defined) rules and regulations and will not use or disclose any "Protected Health Information" (PHI), as defined in and subject to protection under the Health Insurance Portability and Accountability Act of 1996 (as amended, modified or superseded from time to time, "HIPAA"), the final Privacy Rule as set forth in 45 C.F.R. Parts 160 and 164 (as amended, modified, or superseded from time to time, the "Privacy Rule") and the final Security Rule as set forth in 45 CFR 164(as amended, modified or superseded from time to time, the "Security Rule"); and

(2)The Health Information Technology for Economic and Clinical Health Act rules and regulations as included in the American Recovery and Reinvestment Act of 2009, Public Law 111-5 (as amended, modified or superseded from tie to time, "HITECH") (collectively, HIPAA, the Privacy Rule, the Security Rule, HITECH and any other federal or state laws, rules or regulations relating to the protection of health information is referred to herein being collectively the "Disclosure Rules"), in connection with all patient information received, viewed or accessed by Provider for any reason.

**Confidentiality Notice**  
The information contained on this screen is confidential information. If you are not the intended recipient, or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone. Thank you.



## Progress Surveys

### The Purpose of the Progress Surveys

Ongoing updates and assessments are another important part of the HomeSTAR program. The HomeSTAR Nurse Coach will outreach to the patients in the program, but it is not a substitute for the very important feedback we can only get from our partner Nurses in the home. The program is designed with a minimum of bi-weekly assessments (approximately every 15 days) to be submitted to the HomeSTAR Nurse Coach team with your assessment of the patient's recovery and mobility progress, compliance with the medication regimen, follow-up visit status, etc. These Progress Surveys help the HomeSTAR team determine if more visits or additional care is needed for the patient.

### Completing the Progress Survey

When you double click a patient with the next Activity due as "Survey 1" (Survey 2, Survey 3, etc.), the Progress Survey screen below will open. Along the left hand side you will see options for all surveys for this patient. You cannot complete another Initial Assessment, but you can complete a Discharge survey if the patient is ready for discharge at any time after the Initial Survey.

Progress Survey highlighted

portal.com/ - CareCentrix-CTP HHA Progress Survey Page - Windows Internet Explorer

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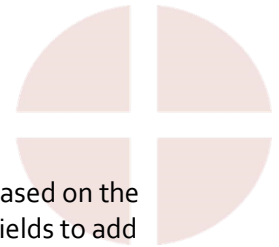
Home Welcome CARECENTRIX PORTAL PROVIDER DEMONSTRATION!

HHA Initial Assessment  
**HHA Progress Survey**  
 HHA Discharge Survey

Patient Number 1254867 Intake ID 2223814  
 First Name Tampa Last Name Test  
 Phone Number (813)-555-4121 Care Level Level 1 - (4-8 visits)  
 Primary ICD-9 INJURY TO PERIPHERAL NERVE(S) OF PELVIC GIRDLE AND LOWER LIMB Secondary ICD-9 CONCUSSION  
 PCP Last Name Rockwell PCP Phone Number (727)-555-4064  
 Ordering Physician Stevens Ordering Physician Phone Number (727)-555-4154

Questions	Scale	Comments (max 1000 characters)
<b>DISCHARGE ORDERS</b>		
Is the patient following his/hers Discharge Orders? *	-Select-	
<b>MEDICATION RECONCILIATION</b>		
Since your last visit, has the patient started taking any new medications or stopped any existing medications? *	-Select-	
(If on medications) Has the patient noticed any side effects from their medications? (ex. Fatigue, dizziness, loss of appetite, etc.) *	-Select-	
(If on medications) Has the patient had any trouble getting their prescriptions filled? *	-Select-	
<b>APPOINTMENT FOLLOW-UP</b>		
Since our last conversation, has the patient had a follow-up physician visit? *	Select	
Does the patient have an appointment scheduled to see their physician? *	Select	
<b>SYMPTOM MANAGEMENT</b>		
Since your last visit, has the patient been admitted to the hospital? *	Select	
Since your last visit, has the patient been admitted to the ER? *	Select	
Do you have any particular concerns about the patient's progress towards recovery at this time? *	-Select-	

Done start Calendar - Mc... REI, CHC, CC... huddle - Messa... CareCentrix T... Care Transio... 3 Internet Ex... Microsoft Pow... Unabled - Paint 100% 8:25 PM



- Select the appropriate responses as displayed in the drop-down boxes based on the nurse's assessment of the patient. Enter information in the comments fields to add more details about the responses provided. Mandatory questions are marked by an asterisk.
- Click the Save button to store the responses without submitting. Updates can be made to all responses in the survey.
- Click the Submit button. Survey responses are permanently saved and added to the patient record.

## Discharge Surveys

### The Purpose of the Discharge Survey

There are three situations where the discharge survey will be completed:

1. At the conclusion of the visits for the patient's care level plan; or
2. It is clear the patient is no longer at a high risk for readmission, or
3. The patient opts to disenroll from the program for any reason.

In each case, you as the HomeSTAR nurse will need to conduct a final assessment to document the progress while in the program.

### HHA Discharge Survey

When you double click a patient with the next Activity due as "Discharge" the Discharge Survey screen below will open.

Along the left hand side you will see options for all surveys for this patient. You can opt to complete another Progress Survey if you feel that the member is not ready for Discharge. Conversely, you can opt to complete a discharge survey any time after the initial survey is completed if you would like to discharge the patient from the program earlier than specified. In either case, please contact the HomeSTAR Nurse Coach to discuss additional visits or an early discharge for the patient.



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Home

HHA Initial Assessment

HHA Progress Survey

HHA Discharge Survey

Patient Number	1254867	Intake ID	2223814
First Name	Tampa	Last Name	Test
Phone Number	(813)-555-4121	Care Level	Level 1 - (4-8 visits)
Primary ICD-9	INJURY TO PERIPHERAL NERVE(S) OF PELVIC GIRDLE AND LOWER LIMB	Secondary ICD-9	CONCUSSION
PCP Last Name	Rockwell	PCP Phone Number	(727)-555-4864
Ordering Physician Last Name	Stevens	Ordering Physician Phone Number	(727)-555-4154

Print

Discharge Assessment Form - Patient has met Goals and is able to assume responsibility for care - Refer to CareCentrix Plan of Care

Questions	Scale	Comments (max 1000 characters)
Does the Patient understand their Medical Condition? *	-Select-	
Has medication reconciliation been completed with the Patient? *	-Select-	
Does the Patient have a PCP and/or Specialist Follow-up scheduled? *	-Select-	
Does the Patient know how to respond to a worsening condition? *	-Select-	
Date of Last Visit: *	<input type="text"/>	
Discharge Request Date: *	<input type="text"/>	

Discharge Reason:

Discharge  
Survey  
highlighted

- Select the appropriate responses as displayed in the drop-down boxes based on the nurse’s assessment of the patient. Enter information in the comments fields to add more details about the responses provided. Mandatory questions are marked by an asterisk.
- Indicate the date of the last visit. Select the appropriate date using the calendar option.
- Indicate the recommended date of discharge. Select the appropriate date using the calendar option.
- Select the appropriate discharge reason from the Discharge Reason drop-down list box.
- Click the Save button to store the responses without submitting. Updates can be made to all responses in the survey before it is submitted.
- Click the Submit button. Survey responses are permanently saved and added to the patient record.

**Note: Multiple HHA discharge surveys can be entered in the HOMESTAR system. The Care Manager will enter the final discharge reason in the CCX Discharge Survey to formally discharge the patient from the program.**





## HHA Discharge Survey – Submitting the survey

When you complete the discharge survey and click submit, you will have a chance to review your responses for accuracy. You will also have the opportunity to print the survey responses and/or save the survey as an electronic file in a .PDF format. A .PDF can be read by the free Adobe Acrobat reader and can be found at [www.adobe.com](http://www.adobe.com).

The screenshot shows the HomeSTAR Program interface. At the top, there is a navigation bar with 'Home' and 'Welcome Test Bayadal'. Below this, there are three tabs: 'HHA Initial Assessment', 'HHA Progress Survey', and 'HHA Discharge Survey'. The 'HHA Discharge Survey' tab is active, displaying a patient's information and a survey form.

Patient Number	3732467	Intake ID	4172109
First Name	Getlin	Last Name	There
Phone Number	(999)-999-9999 Ext-999	Care Level	Level 1 - (4-8 visits)
Primary ICD-10	PNEUMONIA, ORGANISM UNSPECIFIED	Secondary ICD-10	
PCP Last Name		PCP Phone Number	
Ordering Physician Last Name		Ordering Physician Phone Number	

Discharge Assessment Form - Patient has met Goals and is able to assume responsibility for care - Refer to CareCentrix Plan of Care

Questions	Scale	Comments (max 1000 characters)
Does the patient understand his/her medical condition? *	Select	
Has medication reconciliation been completed with the patient? *	Select	
Does the patient have a PCP and/or Specialist follow-up scheduled? *	Select	
Does the patient know how to respond to a worsening condition? *	Select	
Date of Last Visit: *		
Total # Nursing Visits		
Discharge Request Date: *		

Discharge Reason: Select

Export the Discharge Survey to a PDF version to save as an electronic file.

Once you click "Confirm Submission", you will receive the confirmation screen below and your responses will be submitted into the HOMESTAR application.

The screenshot shows the Care Transitions Program confirmation screen. At the top, there is a navigation bar with 'Patient Search' and 'Welcome Elizabeth Selm!'. Below this, there are three tabs: 'HHA Initial Assessment', 'HHA Progress Survey', and 'HHA Discharge Survey'. The 'HHA Discharge Survey' tab is active, displaying a confirmation message and a confidentiality notice.

HHA Discharge Survey has been successfully submitted to CareCentrix for Intake ID 757806. Thank you for your online submission.

Provider agrees that it shall at all times to comply with all applicable :

(1)HIPAA (as hereinafter defined) rules and regulations and will not use or disclose any "Protected Health Information" (PHI), as defined in and subject to protection under the Health Insurance Portability and Accountability Act of 1996 (as amended, modified or superseded from time to time, "HIPAA"), the final Privacy Rule as set forth in 45 C.F.R. Parts 160 and 164) (as amended, modified, or superseded from time to time, the "Privacy Rule") and the final Security Rule as set forth in 45 CFR 164 (as amended, modified or superseded from time to time, the "Security Rule"); and

(2)The Health Information Technology for Economic and Clinical Health Act rules and regulations as included in the American Recovery and Reinvestment Act of 2009, Public Law 111-5 (as amended, modified or superseded from tie to time, "HITECH") (collectively, HIPAA, the Privacy Rule, the Security Rule, HITECH and any other federal or state laws, rules or regulations relating to the protection of health information is referred to herein being collectively the "Disclosure Rules"), in connection with all patient information received, viewed or accessed by Provider for any reason.

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**Questions:**

Please direct all questions about the completing the HomeSTAR Application to:

Phone: **1-888-571-6012**

OR

e-mail: **[homestar@carecentrix.com](mailto:homestar@carecentrix.com)**

Please include a description of the problem you are experiencing and a phone number to contact you for follow-up.