Deliver Collaborative, Connected Patient Care with Health Cloud

Salesforce, Spring '24

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CONTENTS

DELIVER COLLABORATIVE, CONNECTED PATIENT CARE WITH HEALTH CLOUD

Delivering outstanding patient care means more than just managing your patients' information and healthcare events. It's about creating a strong, collaborative relationship with patients and caregivers to help your patients along on their journey to better health. Health Cloud reinvents the way that care coordinators engage with patients by giving you a consolidated view of critical patient records, access to a patient's care team, and the tools to bring it all together to improve healthcare outcomes.

Get to Know the Health Cloud Console

As a busy healthcare professional, you need one place to manage your patients or members and the tasks associated with their care. The Health Cloud console pulls everything you need into a complete view of a person, their care team, and activities relevant to getting and keeping them healthy. It also provides a central place to manage communication between the individuals involved in their care. Communications, such as messages to the primary care physician or reminders to the family member who drives them to the doctor, are all in one place.

Complete Your Chatter Profile

Your profile communicates who you are to your coworkers and the patients or members you communicate with. It features your photo and basic information like your professional title and contact details. Set up your Chatter profile soon after you begin using Chatter, and make sure to keep it up-to-date. The people under your care appreciate it!

Bring Patients Into Health Cloud

To start using the Health Cloud console to manage your patients, first create patients from information brought over from an integration with the medical records. During that process, you can assign yourself as the care coordinator so that your patients are ready for you to manage. Then you add the physicians, family members, and other care providers to the care team, and you create a care plan that is tailored to the patient's specific condition.

Use Care Plans to Help Patients and Members Reach Their Goals

Customizable care plans represent an action plan for improving a person's health. These care plans help your patients or members take practical steps to improve their health every day. You can manage chronic conditions, provide preventive care, and apply health and wellness protocols with care plans.

Streamline Patient Care with Integrated Care Management

Integrated Care Management helps care managers efficiently orchestrate care for their patients or members. With this feature, you can create enhanced care plans based on patient or member assessments. These enhanced care plans are also FHIR R4 and USCDI aligned, which makes them more interoperable than standard care plans.

Medication Management and Medication Review

Improve patients' medication regimen and reduce medication-related errors with Medication Management and Medication Review. Capture standardized information related to medication with the help of Medication Review. Use Medication Management to perform medication reconciliation of patients' medication list and detect potential drug-to-drug interactions.

Use Advanced Therapy Management

Advanced Therapy Management helps users book appointments for a series of procedures across multiple service territories all at once. Multi-Step Scheduling eliminates the need for setting up and trying to coordinate individual appointments at multiple locations.

Electronic Signatures in Health Cloud

With Digital Verification in Health Cloud, you can sign electronic records to verify key record updates such as Chain of Custody events in Advanced Therapy Management. You use your CRM credentials to sign the records on the same device as the other signers or different devices.

Upload and Process Documents

With intelligent document automation, you can work efficiently with patient-related documents faxed to you. Convert them to digital files; select pages to include or exclude; rotate those pages if needed; and extract their data into Salesforce.

Monitor Health Events Over Time

The timeline gives you a snapshot of someone's healthcare events and activities in chronological order. You can select any time scale and see all the important details of a person's care or filter the events to see a targeted view. So it's super easy to get a snapshot of the person's prescriptions from last month, or look at next month's medical events.

Manage a Patient or Member's Relationships

Knowing who lives with the patient or member and seeing their role and relationship can be an important factor in ongoing care. A person's household includes caregivers, businesses, and others who are involved with their health.

Improve Outcomes with the Care Team

The care team is the hub of your patient or member's private community. It represents everyone working to make sure the person succeeds with his or her care plan. You can assign ownership of health tasks to members of the care team, including other health professionals, patients or members, and their family. Exchange secure, private messages between yourself, the person under your care, and members of the team—and they can access those messages on any device.

Easily Enroll Patients in Programs and Capture Their Consent

With Health Cloud, it's easy to enroll participants in care programs like a diet and nutrition class or an employer-sponsored wellness program. Stay compliant by capturing electronic signatures and tracking consent for each care program enrollment. Consent can take place with the participant providing consent in person, using a tablet or mobile device. Patients and members who aren't physically present can log into their Experience Cloud site, then view and provide consent for documents related to the program.

Unified Health Scoring

Unified Health Scoring gives you a holistic view of your patients' health profiles. Let's call this view the unified health profile. Your admin defines a unified health profile for your organization that shows you everything concerning your patients' health. Based on how your admin implements Unified Health Scoring, the feature prompts you to intervene in your patients' healthcare when certain conditions are met. This multidimensional view together with contextual prompts helps you plan your interventions better for improved health outcomes, greater patient engagement, and reduced healthcare costs.

Home Health

Use Home Health to efficiently schedule and manage visits for your organization's home healthcare services. With this feature, you can automate large parts of your operations, such as scheduling recurring visits and managing care resource assignments.

Actionable Relationship Center in Health Cloud

Make informed decisions about business processes by viewing entity hierarchy and entity relationships in an interactive graph. Set the starting point of a graph, and visualize its parent and child entities all the way to the topmost and lowermost entities. View records of each entity and follow the anchor node path to trace your way back to the anchor from any point in the graph.

Manage Your Provider Network Participants and Contracts

Bringing providers into a payer network and managing them is a lengthy, time consuming process. The manual nature of this process and the number of steps involved have always been a pain point in the payer industry. Optimizing this process is essential to enhancing provider satisfaction rates and improving patient outcomes. That's where Health Cloud comes in. The Provider Network Management add-on helps boost provider engagement and satisfaction by helping payers easily enroll providers into their networks.

Find a Care Provider

Find the right physician or facility for a patient. You can search from an account record or from the Health Cloud console.

Ensure Compliance with Data Protection Regulations

Healthcare organizations must comply with regulations such as HIPAA that govern protected health information. Failure to comply can have serious legal consequences. As a call center agent representing your organization, you must first verify any caller's identity and ensure they're allowed to have the information that they seek.

Manage Appointments

With Health Cloud's Intelligent Appointment Management and its intuitive console, you can schedule and manage appointments seamlessly. You don't wade through manual processes, which helps shorten patient wait times on the phone.

Gather Feedback About Patients or Members

Improve the quality of care by gathering feedback that helps to manage your patients or members more efficiently.

Use Crisis Support Center Management

Providing compassionate support services to clients experiencing mental and behavioral health crises means more than just knowing what to do and say. It's also about having the right tools to deliver the care and support the clients need as quickly as possible. Crisis Support Center Management empowers you with tools that help build a deeper rapport with a client, gain a better understanding of their mental and behavioral state, and provide timely crisis support services.

Use the Behavioral Health App

Get a 360-degree view of the behavioral or mental healthcare journeys of patients with the Behavioral Health app. View a timeline of key events and engagements, analyze assessment results, and perform common tasks. The Behavioral Health app supports each stage of patient engagement with tools for schedulers, intake specialists, and providers. Use the app to manage appointment scheduling and preparation, conduct live sessions with patients, and efficiently follow up with them.

Intelligent Sales

Intelligent Sales for Health Cloud helps organizations that produce and sell medical devices to make their sales and inventory management processes more efficient. Sales ops teams can use the desktop app to schedule surgical case visits and cycle counts for their sales reps in the field. Sales reps can use the mobile app to schedule and perform their own surgical case visits and cycle counts.

Use Contact Center for Health Cloud

Health Cloud's Contact Center personalizes the healthcare call center and helps you quickly respond to members' queries, resolve issues, and raise requests.

Handle Care Requests with Utilization Management

Utilization Management (UM) is a health plan's way of working with plan members and medical providers to influence decisions via case-by-case review of the appropriateness of care.

Use Social Determinants to Assist Patients and Members

Providing great care means having a comprehensive, holistic view of the people you're managing—including insights into their social and environmental circumstances. If someone with health issues can't drive to the grocery store or to medical appointments, it's difficult for them to maintain or pursue optimal health. Health Cloud gives you tools to assess and record barriers to health and address them with interventions that make the difference between struggling and thriving.

Manage Patient Referrals

Ensure timely and accurate referral processing from submission to closure.

View Health Information Holistically with Enhanced Timeline

The Timeline shows you all key health events relating to a patient in one place. Patients and their practitioners can have access to a timeline, which acts as a single source of truth for all.

Build Relationships and Personalized Journeys with Campaigns

Campaigns are an effective way to help patients and members stay engaged with their care team and stick with their care plans. From health education to appointment reminders and more, you can improve participation throughout a connected experience. Identify a group of people who share a need, then assign them to a campaign.

CRM Analytics and Artificial Intelligence

See predictions about the likelihood of prior authorization requests breaching service-level agreements (SLA), and recommendations about services that are likely to be received and requested by healthcare payers and providers.

Contact Tracing for Employees

With Contact Tracing for Employees, you can manage the manual contact tracing process and track the spread of disease while caring for your employees.

Drive Learning with Protocols and Articles in Health Cloud

Salesforce Knowledge lets you easily create and manage content and make it available to other healthcare providers and to the patient and care team members. An article can contain the protocols you use to manage conditions or can hold educational materials you send to patients. You can write, edit, publish, and archive articles using the Articles Management tab or find and view published articles using the Articles tab.

Health Cloud Limitations

Health Cloud has some specific behaviors and limitations that may be different from your users' standard Salesforce experience.

Get to Know the Health Cloud Console

As a busy healthcare professional, you need one place to manage your patients or members and the tasks associated with their care. The Health Cloud console pulls everything you need into a complete view of a person, their care team, and activities relevant to getting and keeping them healthy. It also provides a central place to manage communication between the individuals involved in their care. Communications, such as messages to the primary care physician or reminders to the family member who drives them to the doctor, are all in one place.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud
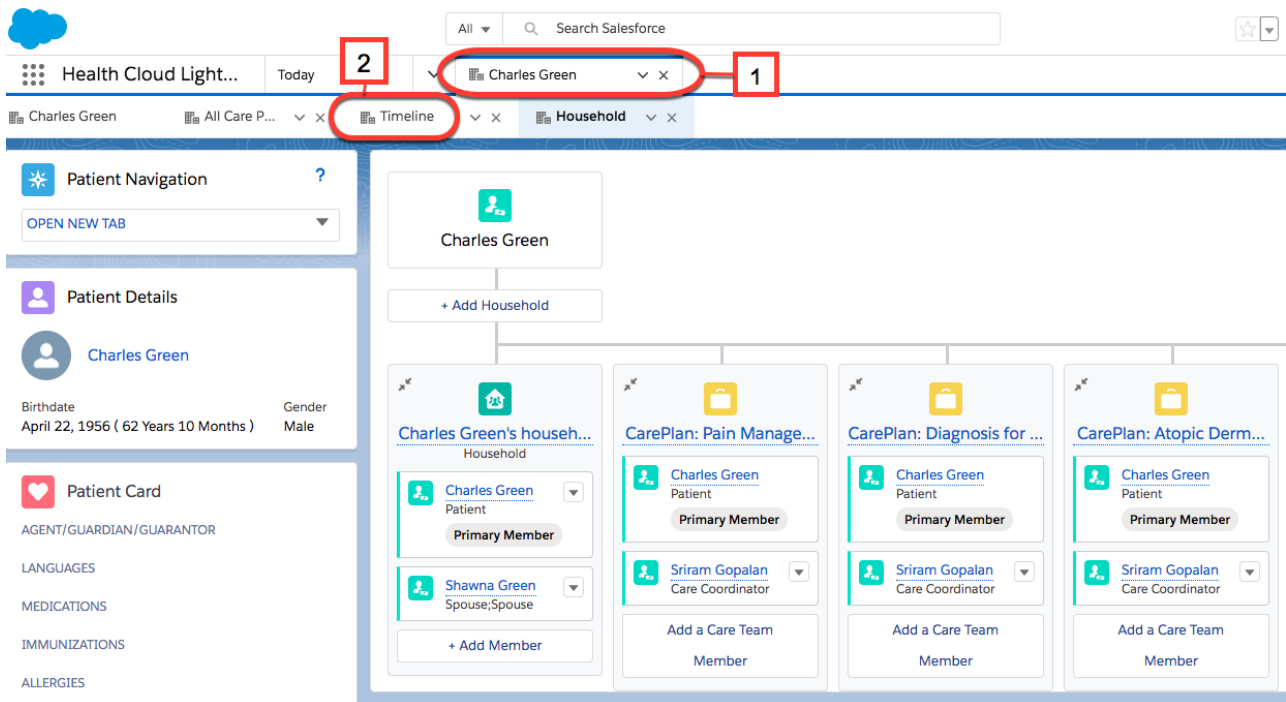
The primary tab (1) shows the person's medical information. Subtabs (2) contain information about the patient, such as their care plan, timeline, medical device information, or prescriptions. You can open multiple subtabs on a patient or member.

Different Health Cloud features provide tailored experiences to care managers, intake specialists, behavioral health practitioners, and others. Your Salesforce admin customizes Health Cloud to give you easy access to what's important to you so your console can look different than our examples.

Choose Your Health Cloud App

Two Health Cloud apps are available for you to use depending on your work preferences. You can select either option from the app menu at the top of the page and switch between apps.

Get a Comprehensive View of Your Patient or Member

To effectively manage your patients or members, you need their information at your fingertips. Health Cloud pulls the most important information from a person's medical records, and shows it all to you in the Health Cloud console. You can see conditions, medications, and contact information without searching for it or clicking to other pages.

See What's in Store with the Today Page

Start out your day on the Today page to get a panoramic view of everything you need to optimize your day.

Use Chatter to Find Out What's Happening

The Today page Chatter feed keeps you up-to-date with what's happening with your patients or members and people on their care team. Chatter is a Salesforce collaboration application that connects you with people and lets you share information securely and in real time. Chatter feeds show you posts and comments that you and other people make, as well as record updates across your Salesforce org.

Manage Care with Custom Lists

Customized patient or member lists let you organize your master list into smaller lists based on criteria like shared protocols, diagnoses, or treatment plans. For example, you can divide up your master list of recently discharged surgical patients into groups based on their type of surgery. Or you can send follow-up appointment reminders, surveys, or educational materials to multiple people at once rather than individually.

### Search for Educational Articles and Protocols

Use the Knowledge widget to get the right information to your patients or members. You can search for protocols, educational articles and videos, and links to websites right from the console, without leaving the page that you're working from.

Health Cloud Console Keyboard Shortcuts

Keyboard shortcuts let you quickly perform actions by pressing keys instead of using a mouse.

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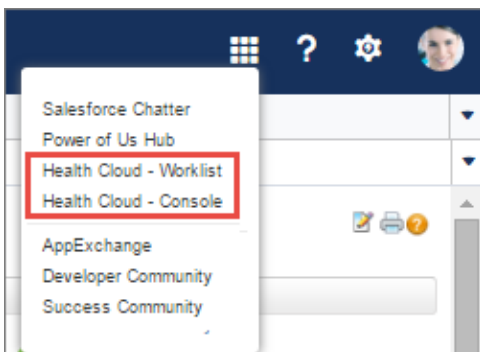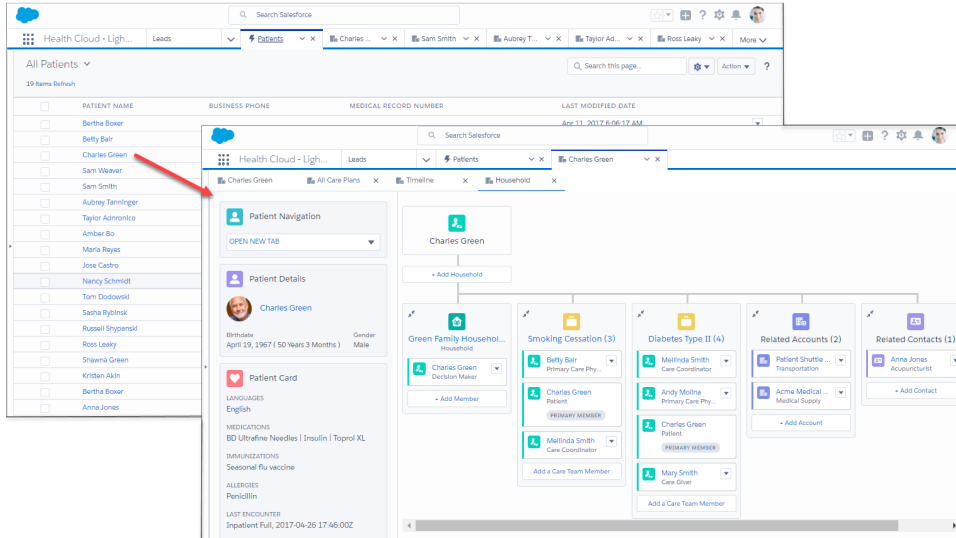
Health Cloud - Console

Use the Health Cloud - Console App to drill straight through to each person's profile, tabs, and subtabs. Click the person's name from the list and you see their information and subtabs at full-screen view. You can return to the patient or member list by selecting either `Patients` or `Members` from the menu list in the upper left of the page.

Health Cloud - Worklist (Salesforce Classic Only)

With the Health Cloud - Worklist app, you work from a pinned version of the patient or member list. The pinned list is on the left side of the page and is always visible. When you select a person from the list, their card and subtabs open to the right of the list. To resize the pinned list, click the right margin of the list pane and drag it to the size you want. To minimize the pinned list, click the arrow on the right margin. To display the full list including options to edit or manage the list, drag the arrow to the right until the full page appears.
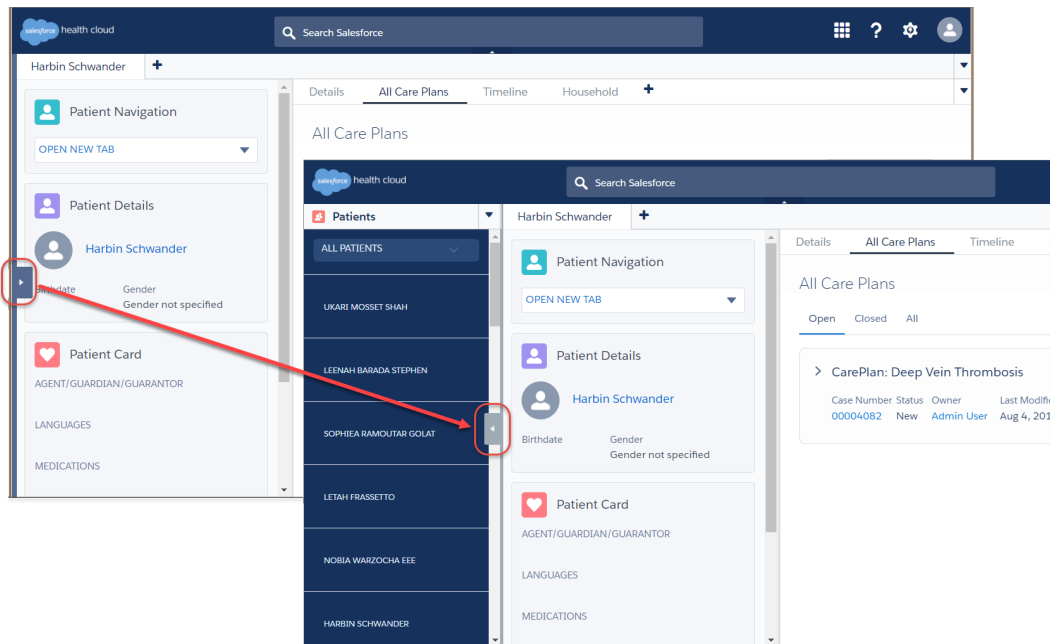
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Watch a Demo: ▶ Get a Comprehensive View of Your Patient's Medical Records

Patient Contact Information

The Highlights panel contains the patient's contact information, including their Medical Record Number. It also names the care coordinator or other internal person who's responsible for tracking this patient. Your admin can add Quick Actions to the Highlights panel so you can conveniently do things like hand off the patient to another coordinator or add the patient to a care program.
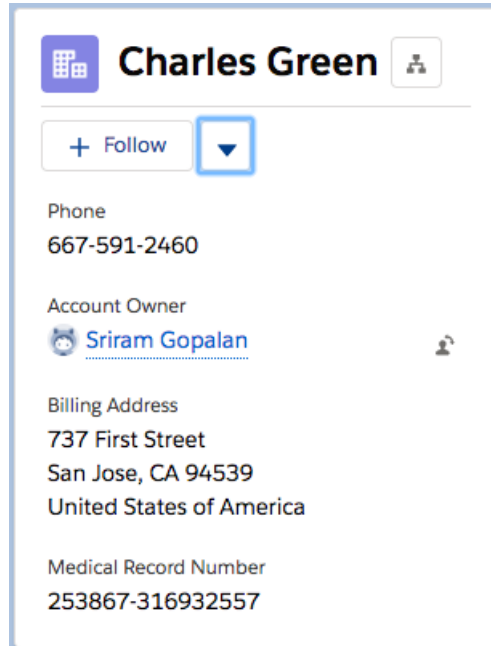
View Patient or Member Medical Data

The Patient Card helps you track a person's condition by showing data from medical record fields. Ask your admin to add fields from the source record system so you have all the relevant medical data at a glance.

Patient or Member Navigation Options

To drill down into more detailed information related to the person, select **Open New Tab**. Your administrator can add links to subtabs for things like medications, conditions, medical device data, and so on. The subtabs show all the information regarding that aspect of care, so you don't have to switch context or leave the page. You can view and work with many different types of information simultaneously. When the ability to use multiple care plans is enabled in your org, you can open all of your care plans or a single care plan.

View Patient or Member Details

The Patient Details component shows records that are associated with the person's Account or Contact record. Your admin can configure Patient Details to show many kinds of additional information.

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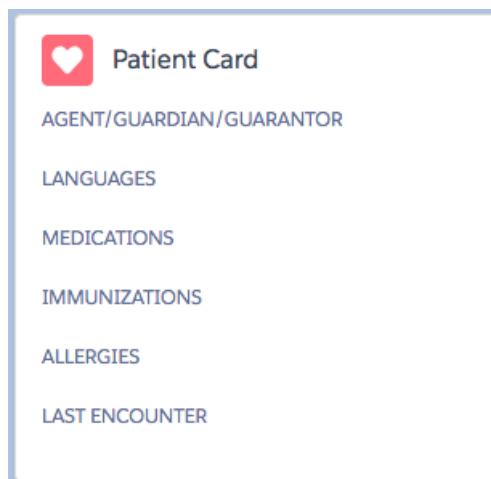
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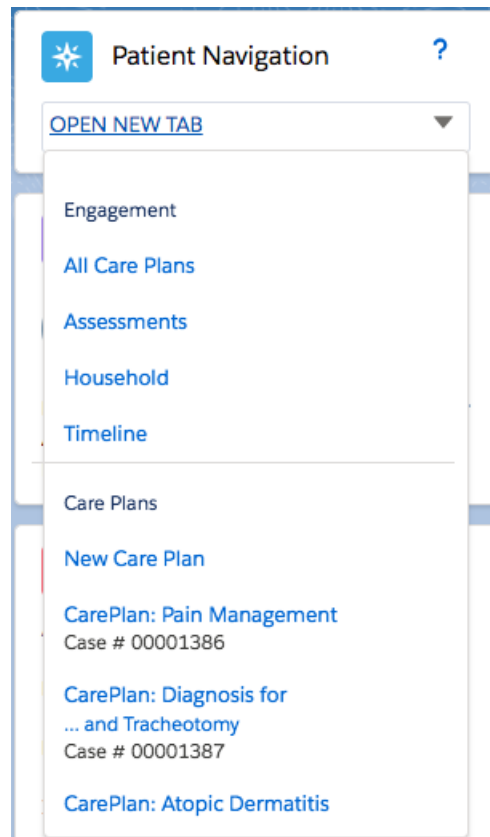
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See What's in Store with the Today Page

Start out your day on the Today page to get a panoramic view of everything you need to optimize your day.

Watch a Demo: ▶ Manage Your Day with the Today Page

Access the Today page by selecting it from the tab switcher in the Health Cloud - Lightning Console app. Browse all the tasks you're tracking, and keep current on conversations that are relevant to your patients or members and your company.
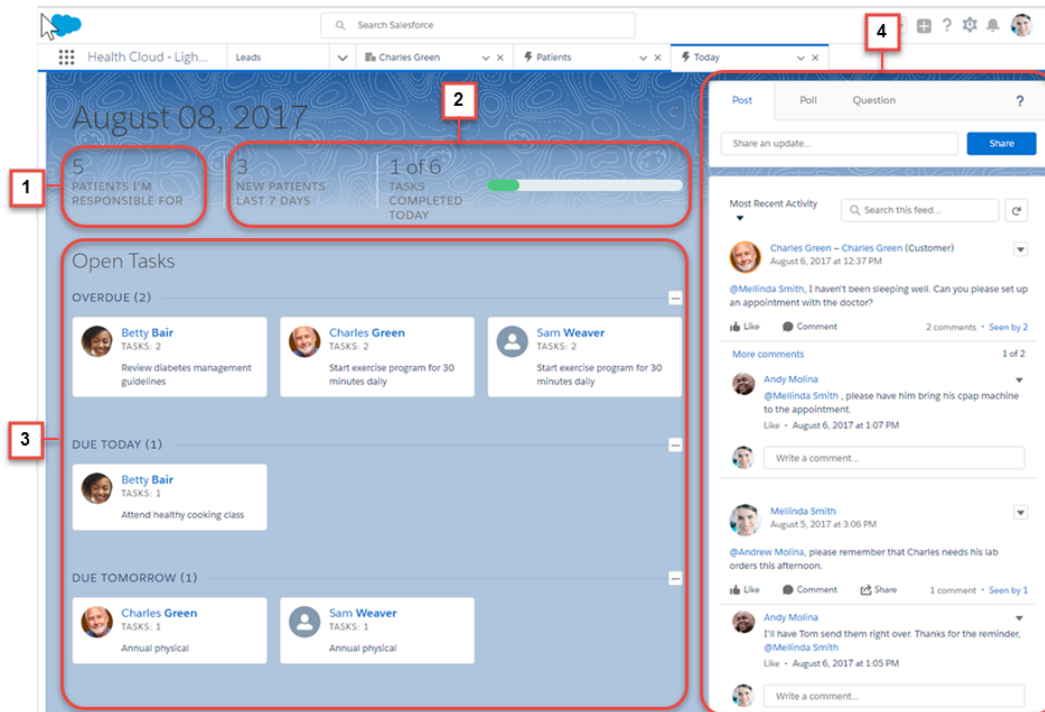
- Get a quick summary (1) of how many people you're managing and how many of them are new to you this week. Patients or members are counted as your responsibility as long as you're the assigned care coordinator or until the care plan and case status are closed.

- A handy progress bar (2) shows your progress toward completing the tasks that are assigned to you or that you oversee and manage.

- Browse tasks (3) that are related to your patient or member's care plan so that you can prioritize your work and know who needs attention. Each tile shows the name of the person along with the number of tasks associated with their care plan. Click the tile to bring up the patient or member overview and review and update tasks.

- The What's Happening feed (4), powered by Salesforce Chatter, keeps you up-to-date with what's happening with your patients or members and people on your team. It's a secure, centralized place where you can review and participate in all conversations that are important to your job. You see messages between you and your patient or member, conversations with care providers within your organization, and events or company announcements.

> **Note:** The Today page, like the other pages in Health Cloud, adapts to the size of the device you're using. On smaller devices, the What's Happening feed moves from the side to the bottom of the page. Just scroll down to see the feed.

Use Chatter to Find Out What's Happening

The Today page Chatter feed keeps you up-to-date with what's happening with your patients or members and people on their care team. Chatter is a Salesforce collaboration application that connects you with people and lets you share information securely and in real time. Chatter feeds show you posts and comments that you and other people make, as well as record updates across your Salesforce org.

Watch a Demo: ▶ Collaborate with Patients and Colleagues Using Chatter

Use Chatter to discuss a person's care with their internal care team. Good communication makes care coordination and patient or member hand-offs easier and more efficient. Physicians and other medical professionals within your organization can discuss and manage care as a private group without involving the external care team.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

You can stay current with the people and conversations that are important to you in several ways. You can follow a person or a group, and you can like a post or comment.

- Track a post by clicking `Like` below a post or comment. After you like a post, you receive email notifications if others comment on that post. If you like a comment, only the user who posted the comment receives an email notification, but you receive an email notification for any subsequent comments.

- Make it easy to keep up with what your coworkers are doing by following everyone who is important to you. Locate a person's profile page, and click **Follow**. When you follow a person, you see updates from that person in your feed. When you follow people and records, you see their updates in your Chatter feed.

Typically, you see feed updates for:

- Comments and posts between you and your patients or members and their care team.

   These posts aren't visible to internal coworkers within your company. Patients or members or their external care team members have orange in the upper-left corner of their photo.

- Conversations with physicians and other providers within your org

- Events and company announcements

- Posts, comments, and files on Chatter groups you're a member of

- Shared files and lists

- Tasks and other events

- Record field changes, like changes to record owner and care plans that are created

   📝 Note: Remember that private messages sent from the care team profile don't appear in your feed, your profile, global search results, or any other part of Chatter that's publicly visible.

Record updates are also called system-generated posts. They are updates that Salesforce generates when someone creates a record or changes a tracked field on a record. The record updates you see depend on how your administrator has configured feed tracking and whether you have access to the record. You don't see tracked feed updates that are older than 45 days and have no likes or comments, because they are deleted.
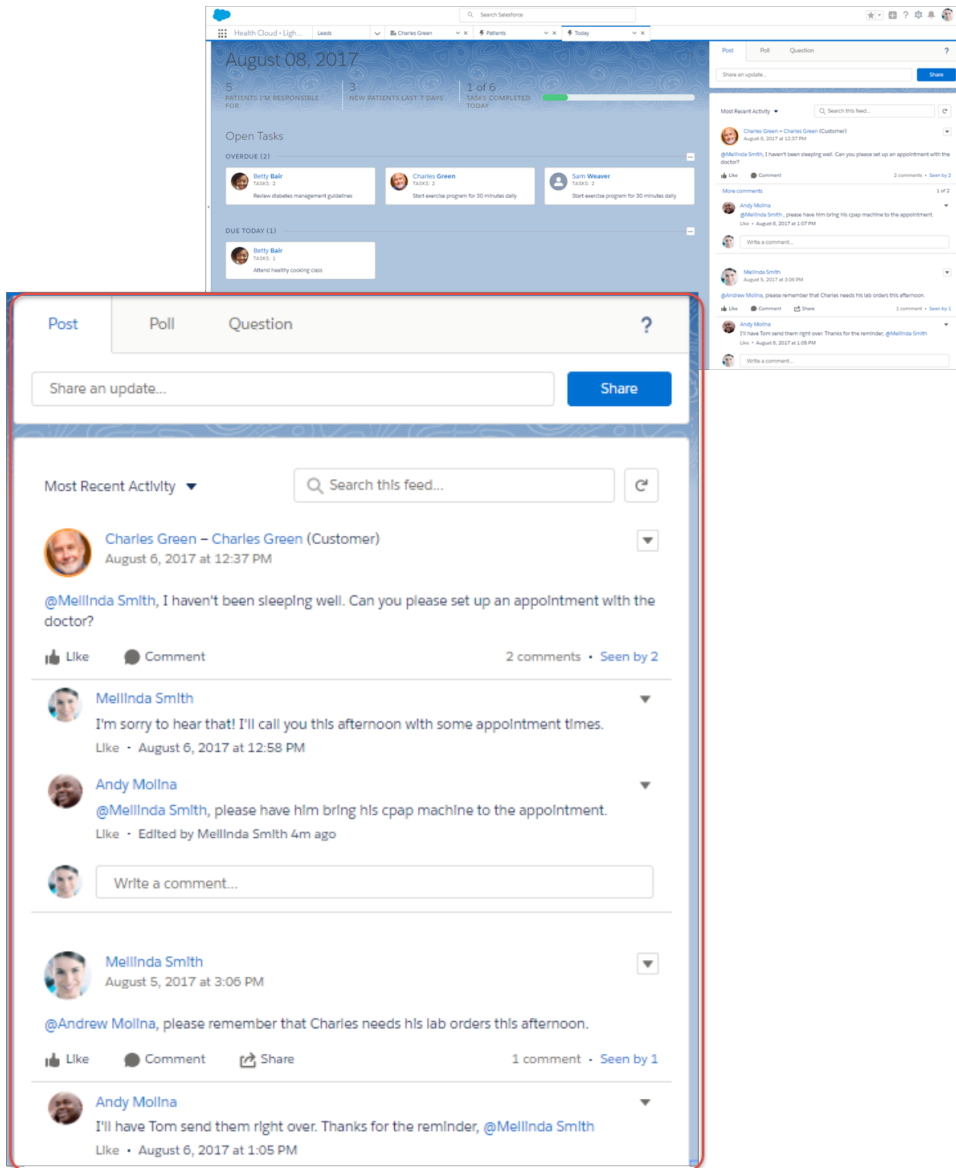
SEE ALSO:

[Send a Private Message to a Care Team Member](#)

Manage Care with Custom Lists

Customized patient or member lists let you organize your master list into smaller lists based on criteria like shared protocols, diagnoses, or treatment plans. For example, you can divide up your master list of recently discharged surgical patients into groups based on their type of surgery. Or you can send follow-up appointment reminders, surveys, or educational materials to multiple people at once rather than individually.

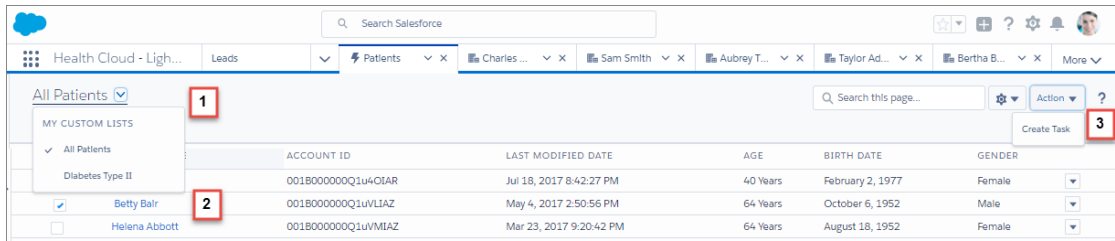Watch a Demo: ▶ [Create Customized Lists of Patients](#)

Your Health Cloud admin controls access to lists.

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EDITIONS

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To define a filtered list of patients or members, click **Create New List**. Each page displays up to 200 people.

- Create lists that group similar patients or members (1). For example, you have six people with hypertension who are all following the same protocol.

- Select one or more patients or members to work with (2).

- From the **Action** list, create a task for selected people. These tasks are associated with the primary care plan for each of the people selected. If the person doesn't have a primary care plan, the task is associated with their account. For example, you can assign all six people a task (3) to get the prescribed amount of exercise each week. Or you can send reminders to make an appointment with their doctor.

People appear in custom lists as long as they remain a part of the criteria that was used to create the list. For instance, you have a custom list that shows people who have had knee replacement surgery in the past 30 days. People appear in the list for the 30 days after their surgery. They no longer appear in the list after the window of time has ended. So if Joe Smith had knee surgery on May 1, he appears in this list until May 31. Although Joe no longer appears in the custom list, he remains in the system. You can add him to other lists as long as he's a patient or member.

# Search for Educational Articles and Protocols

Use the Knowledge widget to get the right information to your patients or members. You can search for protocols, educational articles and videos, and links to websites right from the console, without leaving the page that you're working from.

- Create and manage articles (1) if you have permission to author articles.

- Search (2) for articles and protocols.

- Adjust the size and position of the widget based on your window width. In windows smaller than 600 pixels, the searchable objects are displayed in a dropdown menu.
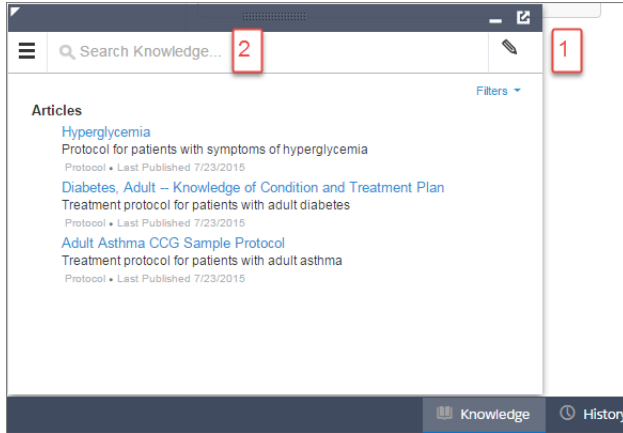
SEE ALSO:

> Drive Learning with Protocols and Articles in Health Cloud
>
> Salesforce Knowledge

Health Cloud Console Keyboard Shortcuts

Keyboard shortcuts let you quickly perform actions by pressing keys instead of using a mouse.

These shortcuts are available for the care console, and an administrator can customize them or turn them off.

Command	Shortcut
Enter keyboard shortcuts mode	Esc
Hide or show left sidebar	Shift+Left Arrow
Hide or show right sidebar	Shift+Right Arrow
Move down	Down Arrow
Move up	Up Arrow
Hide or show top sidebar	Shift+Up Arrow
Hide or show bottom sidebar	Shift+Down Arrow
Open drop-down button on tabs	D
Open a new tab	T
Zoom in or out on primary tabs	Z
Close tab	C

Complete Your Chatter Profile

Your profile communicates who you are to your coworkers and the patients or members you communicate with. It features your photo and basic information like your professional title and contact details. Set up your Chatter profile soon after you begin using Chatter, and make sure to keep it up-to-date. The people under your care appreciate it!

1. In the Health Cloud header, click the profile image placeholder. Find the placeholder profile image on the left side of the page.

   In Salesforce Classic, select **My Profile**.

   In Lightning Experience, select **View Profile**.

2. To update your profile photo, hover over the placeholder image and click **Add Photo**.

   > 💡 **Tip:** Use a photo of yourself and not a group of people or a pet. The recommended resolution for photos is 200 x 200 pixels.

3. To edit your contact information, click 🖊 in the Contact section.

4. On the Overview tab, add any other information about yourself.

   > 💡 **Tip:** Complete your profile with details about the department you work in, your experience, and so on.

5. Click **Save All**.

Bring Patients Into Health Cloud

To start using the Health Cloud console to manage your patients, first create patients from information brought over from an integration with the medical records. During that process, you can assign yourself as the care coordinator so that your patients are ready for you to manage. Then you add the physicians, family members, and other care providers to the care team, and you create a care plan that is tailored to the patient's specific condition.

When you select a patient name from the EHR system, Salesforce creates all the records and objects you need to start managing that patient.

Create Patients from Leads

Create patients from leads that are already in Salesforce.

Delete Patient and Member Data

Sometimes you must delete someone's personal data on request, under certain data protection and privacy regulations. Deleting Health Cloud patient or member data is like deleting any Salesforce data, but we recommend that you do it in a specific order.

Manage Your Patient or Member Lists

You can create your own list of people based on things like shared conditions, common protocols, or other similarities that are important to managing their care. We've made it easy to break up your master list into smaller, more manageable lists.

Work with a Patient's Remote Monitoring Data

Remote Monitoring allows you to create a reliable and personalized connection with patients to motivate them on their healthcare journey. Learn how to create care observations, personalize care metric targets, track and analyze patient health data, and register and ship remote monitoring devices.

Manually Refresh the Patient Card

Manually refresh a Patient Card to see the latest data.

Create Patients from Leads

Create patients from leads that are already in Salesforce.

The Lead list view shows all the lead records that your company has created in Salesforce or imported into Salesforce through integration with an EHR system.

> **Note:** To create a patient from a lead, use the `Convert to Patient` button on the Leads list view. Don't use the `Convert` button on the Lead Detail page. It converts the lead to other record types, such as accounts or contacts not associated with Health Cloud.

You can create patients from the Health Cloud console. You can also use the Health Cloud - Worklist app.

1. From the worklist or the console, select **Leads**.
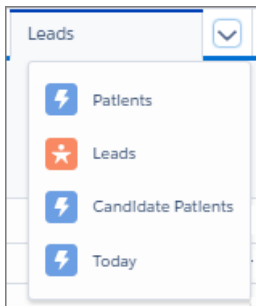
2. In the **Lead Views** section, select a list view from the dropdown list to go directly to that list page, or click **Create New View** to define your own custom view.

3. Select one or more lead records to convert into patient records.

4. Click the **Convert to Patient** button.

5. Review any duplicate patients. If there are no duplicates, click **Next**.

   Before converting a lead, Salesforce checks for and lists records that contain duplicate values. The values in the Source System ID, Source System, and Medical Record Number fields must be unique. Also, the values in these fields can't be associated with an existing Account record and must be associated with a valid record type. Duplicate records must be resolved before they can be converted.

   You can still continue with the conversion process for leads without duplicates. Make note of which records need correcting, continue with conversion process, and correct the duplicates later, typically in the source system.

6. Optionally, type a name in the text box to search for and select the name of the care coordinator to assign to the patients.

   > **Note:** If you don't assign a care coordinator during this step, you can assign one later in the Case Team section of the Care Plan case record. You can also have your admin create automatic case assignment rules.

7. Click **Next**.

8. If your admin has enabled you to create multiple care plans, select the record type to use for the primary care plan.

EDITIONS

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USER PERMISSIONS

To convert leads:
- Convert Leads

A primary care plan is created for every patient during the conversion process and added to the patient account. If your admin has enabled the ability to create multiple care plans, you can add other care plans in the future.

The Care Plan field on Account is automatically populated at the time of initial conversion. Your admin can set up a different process for updating that field, and create workflows for managing multiple open and closed care plans.

9. Review the list of patients and the assigned coordinator, if one is assigned, and click **Convert** to finalize the conversion process.

SEE ALSO:

Salesforce Help: Convert Leads to Patients

Salesforce Help: Leads

Delete Patient and Member Data

Sometimes you must delete someone's personal data on request, under certain data protection and privacy regulations. Deleting Health Cloud patient or member data is like deleting any Salesforce data, but we recommend that you do it in a specific order.

From time to time, a patient or member asks for all personal data to be deleted from Health Cloud. Use the standard procedure for deleting records, in this order.

1. Delete all data related to the person in EHR objects, the Candidate Patient object, and the Provider object.

2. Delete the person's data in the Program Patient Affiliation, Program Patient Summary, Problem, and Case objects.

   Deleting the Case object automatically deletes a person's data in Care Request and its child objects.

3. If the person is enrolled in a care program, delete the person's data in the Care Program Enrollee Product, Care Program Provider, Care Program Enrollment Card, Care Program Enrollee, and Care Program objects:

4. Delete the person's data from custom objects and other Health Cloud provided objects like Person Life Events, Care Barriers, Care Determinants, and so on.

5. Delete the person's data in the User, Account-Contact Relationship, Account-Account Relationship, and Contact-Contact Relationship objects.

6. Delete the person's data in the Lead, Account, Contact, and Tasks objects, and in Calendar events and voicemail messages.

7. To prevent data from being repopulated into Health Cloud, remove the customer's personal data from any integrated source system and exclude from future data synchronizations.

8. Remove any personally identifiable information (PII) in unindexed, free-text fields.

   💡 Tip: One way to search for PII in unindexed fields is to export the data, and then search the exported data.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

Manage Your Patient or Member Lists

You can create your own list of people based on things like shared conditions, common protocols, or other similarities that are important to managing their care. We've made it easy to break up your master list into smaller, more manageable lists.

> **Note:** If you don't see the records and fields you want to use in your list, contact your Health Cloud admin to request access.

1. On the Patient List tab, click the gear ⚙️ , and select **Create New List**.

2. In the first row, click inside the first lookup and type the name of the record to use as a filter. The field displays a dynamic list of matching records when you start typing in the lookup field.

   For example, select a record that holds prescription information to create a list based on a common medication. When you select a record, you can select any field in the record and display it as a column in your list. If the record you need isn't in the list, your Health Cloud admin can add the object by creating a cross-object relationship to that object. For information, see the *Health Cloud Implementation Guide*.

3. In the second lookup field, type the name of the field in that record to display.

   For example, select the medication name or ID.

4. To specify the action you want the filter to take, choose a filter operator and a value for the operator to act on.

   The operator in a filter is like the verb in a sentence. For example, you can create a filter with the operator `equals` and a value of `insulin` to return results for people who use insulin.

   Your choices here depend on the type of field you select. For example, if you select `Hospitalize Period End` in the first lookup field, a date field and a time field appear as values. Or, if you select a checkbox field, like `Hospital Readmission`, a checkbox with the value `True` appears.

   > **Note:** There are some filter criteria limitations you should be aware of:
   > - **None** is not a value available in picklists.
   > - If you select an ID field as a criterion, make sure you enter a valid ID. ID values are not validated.
   > - If you select a Date field as a criterion, make sure you don't leave its value blank or null.

5. Add more rows, if necessary.
   For example, add criteria for people with diabetes who were admitted to the hospital in the past six months.

6. If you have multiple filter rows, you can fine-tune your criteria further. Enter a logical expression in the **Filter Logic** text box that applies filter logic operators to your filters.

   - You can apply the filter logic operators AND and OR. For example, the expression (1 AND 2) OR 3 finds records that match both Filter 1 and Filter 2, or Filter 3. Filter rows that you don't specify in the expression are ignored.
   - If you leave the **Filter logic** text box empty, the default operator AND is applied to all your filter rows.

7. Click **Next**.

8. Select the fields you want to display for each category. The Patient Name field automatically appears in the list. Use the arrows to arrange the sequence of the fields.

9. Click **Next**.

10. Give the list a name.

    Remember, you may end up with many lists, so choose a name that will clearly remind you what this one is for.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

To create patient or member lists:
- Health Cloud Standard

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11. Click **Save New List**.

👁 Example: Here's an example of how to create a list of people with diabetes. You can create additional rows of filter criteria to narrow the scope of the list.

Add these filter criteria on the Add Filters page:

- **Record**: Record
- **Object**: EHR Condition
- **Field**: Code Label
- **Filter**: contains
- **Value**: diabetes

To customize how the list appears, select the fields you want to show and arrange their sequence. Name the list and save your work.

If a list is long and unwieldy, you can reduce it to a more granular level by filtering people by age, location, and so on. You can also edit a list by deleting filter conditions or by changing its name and leaving the criteria in place.

You can delete custom lists that you created. If you've been set up with the appropriate permissions, you can also delete lists that others created.

Create a Patient List with CRM Analytics

Use the intuitive CRM Analytics for Health Cloud app to create a patient list and export it to the Health Cloud console. Once in the console, you can use these highly segmented lists to more effectively manage patients.

Create a Patient List with CRM Analytics

Use the intuitive CRM Analytics for Health Cloud app to create a patient list and export it to the Health Cloud console. Once in the console, you can use these highly segmented lists to more effectively manage patients.

When you send a list to the console, the list's name is added as a topic to the Account record for every person included in the list. Topics are words or phrases that you can use to group Salesforce records by a common theme. You can use topics to filter list views.
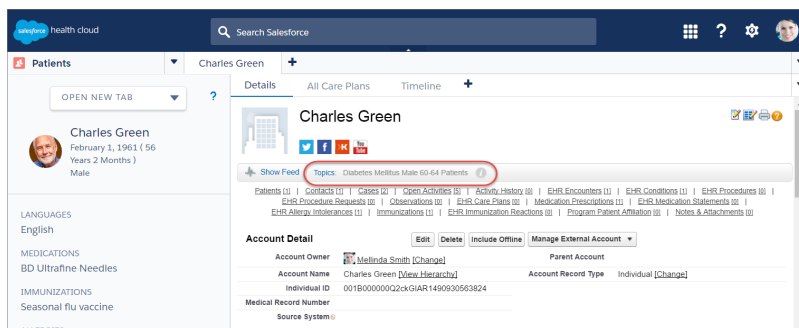
You own the lists that you create. For lists that you add to, the current ownership doesn't change. If you have access to a list that someone else owns, you can add a list to their existing list.

📝 Note: Only the first 2,500 patient records are sent to Health Cloud. If the list is longer than 2,500 records, apply different filter criteria to shorten the list.

1. On the dashboard in the CRM Analytics for Health Cloud app, locate the patient details list.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

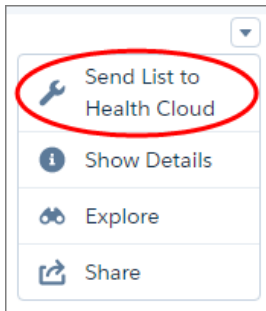To send patient lists from CRM Analytics for Health Cloud app to the Health Cloud console:

- Health Cloud Standard

2. Click the dropdown arrow in the top-right corner of the list, and then select **Send List to Health Cloud**.

3. Create a new list or add your list to an existing one.

   - Select **Create new list**, and then enter a name for your list. The list's name is added as a topic to the Account record for every person included in the list.

   - Select **Add to existing list**, and then select the list you want to combine with the list you are exporting to Health Cloud. Only lists created in the CRM Analytics for Health Cloud app appear in this list.

     📝 Note: If more than 10 lists are available, a **View More** button appears.

4. Click **Send**.

   The list is now available in the Health Cloud console from the Select a List dropdown. To return to the console:

   a. Click the Analytics browser tab.

   b. Click the app menu in the top right corner, and then select **Health Cloud - Console**.

Work with a Patient's Remote Monitoring Data

Remote Monitoring allows you to create a reliable and personalized connection with patients to motivate them on their healthcare journey. Learn how to create care observations, personalize care metric targets, track and analyze patient health data, and register and ship remote monitoring devices.

With remote monitoring, you can:

- Build trust with patients through more personalized, informed, and evidence-based interactions.

- Employ auto-created tasks, care gaps, or cases when patient biometric data is out of range.

- Spend more time giving useful information to patients than collecting data to identify problems.

- Improve operational efficiency with fewer care coordinator calls.

Here's what remote monitoring data looks like on a sample patient's record.
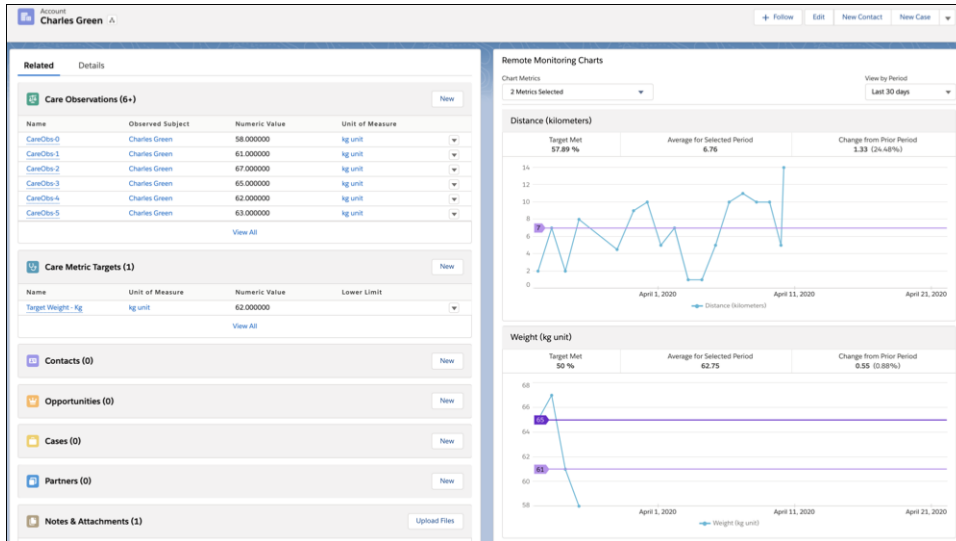
[View Care Observations and Remote Monitoring Charts](#)

Care coordinators can remotely monitor health metrics by viewing care observation data and Remote monitoring charts on the patient's account page. Remote monitoring charts allow care coordinators to analyze biometric data and health metrics such as heart rate, blood glucose levels, or weight to track patient health.

[Manually Add a Care Observation](#)

Care observations typically come from external systems. As a care coordinator, you can also add care observations manually. You can then use the remote monitoring charts to analyze the data and health metrics to track patient health.

[Register a Healthcare Device for a Patient](#)

Help patients stay on course with their care metric targets by registering their healthcare devices. Care coordinators can track biometric data from these devices, identify healthcare gaps, and engage with patients for follow-ups.

[Create a Shipping Request for a Healthcare Device](#)

After you register a healthcare device, create a shipping request to get the device to the patient.

View Care Observations and Remote Monitoring Charts

Care coordinators can remotely monitor health metrics by viewing care observation data and Remote monitoring charts on the patient's account page. Remote monitoring charts allow care coordinators to analyze biometric data and health metrics such as heart rate, blood glucose levels, or weight to track patient health.

Remote monitoring charts make it easy and less time-consuming for care coordinators to identify healthcare gaps and correlate care metrics over time. You can view healthcare statistics such as the target completion percentage, average for the selected period, and change in care observations from the past period. When a patient's biometric data is out of track, care coordinators can proactively engage with patients with auto-created tasks, care gaps, or cases.
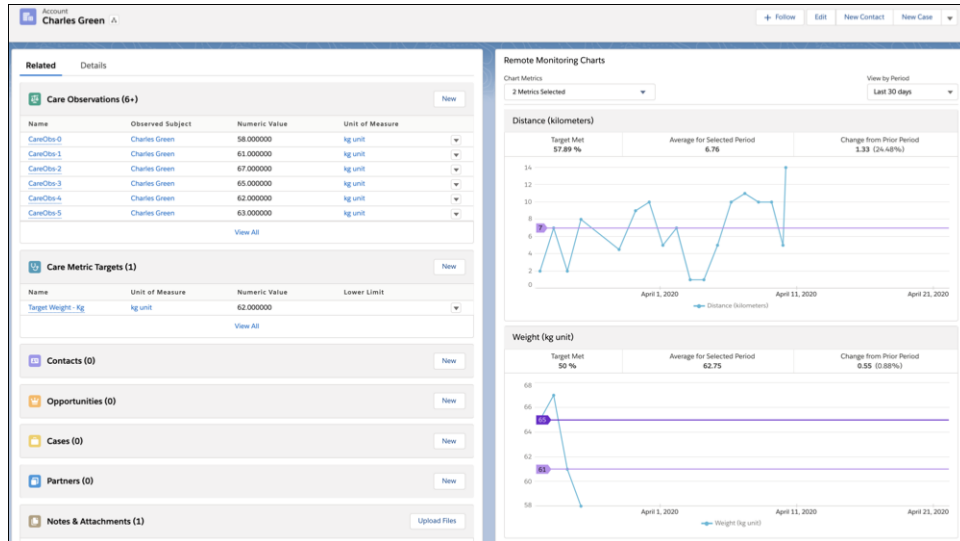
View Care Observation Data Using Charts

1. On the patient's account page, in the Chart Metrics list on the Remote Monitoring Charts component, select the chart metrics that you want to view. You can view up to 5 charts at a time.

2. Select the period for which you want to view the care observations and care metrics target data.

View Care Observation Data Without Charts

1. On the patient's account page, click the **Related** tab.

2. Click **Care Observations** and view the data.

📝 **Note:** Creating list views for care observations isn't supported.

Manually Add a Care Observation

Care observations typically come from external systems. As a care coordinator, you can also add care observations manually. You can then use the remote monitoring charts to analyze the data and health metrics to track patient health.

1. From the App Launcher, find and select **Care Observations**.

2. Click **New**.

3. Enter a name for the care observation.

4. In Observed Subject, select the patient whose care is being tracked.

5. Select a date and time when the care observation was made.

6. Select a code for the care metric being observed. For example, Pounds.

7. Select a unit of measure.

8. Enter a numeric value for the metric observed.

9. In Expected Value, select a Care Metric Target.

New Care Observation

Information

*Name

Numeric Value

*Observed Subject

Search Accounts...

Outcome positive

*Effective Date and Time

Date

Time

Expected Value

Search Care Metric Targets...

Device

Search Assets...

Met expected value

*Code

Search Code Sets...

Monitored remotely

Unit of Measure

Search Units of Measure...

Processing Result

--None--

> **Note:** To include this care observation data in remote monitoring and to analyze this data to track patient health, select **Monitored remotely**. If you don't select **Monitored remotely**, this care observation doesn't appear in remote monitoring charts.

10. Save your changes.
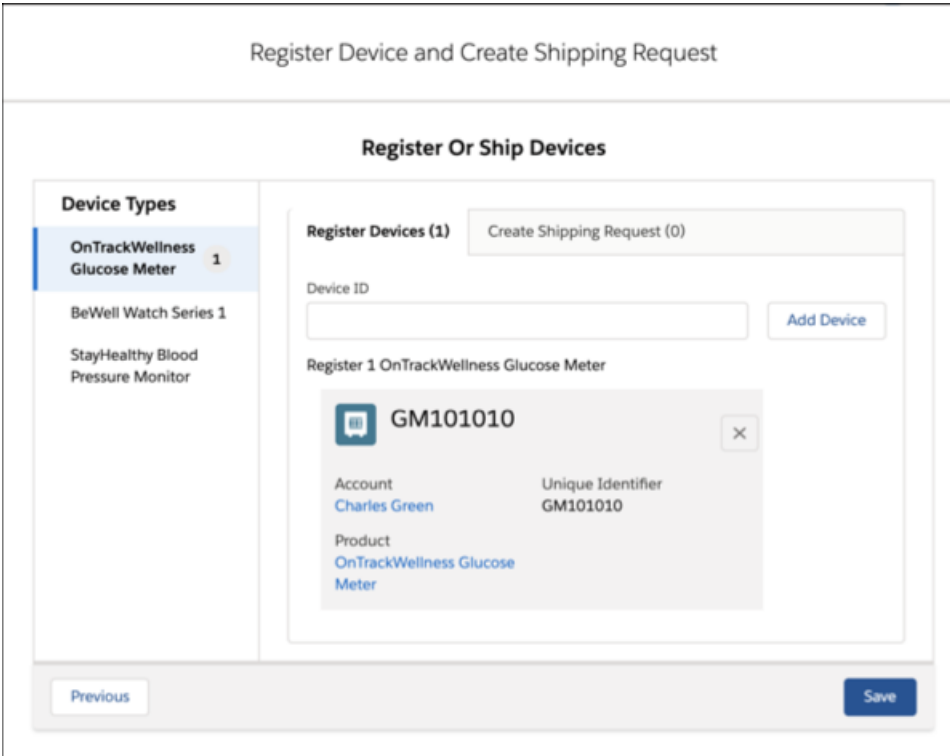
Register a Healthcare Device for a Patient

Help patients stay on course with their care metric targets by registering their healthcare devices. Care coordinators can track biometric data from these devices, identify healthcare gaps, and engage with patients for follow-ups.

1. On the patient's account page, click **Register Device and Create Shipping Request**.

Make sure to add the Register Device and Create Shipping Request quick action button to the person account's page layout.

2. Select the products that represent the device types to register and click **Next**.

3. Register one or more devices for the patient.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

4. Save your changes.

Next, create a shipping request to send the device to the patient.

SEE ALSO:

Create a Shipping Request for a Healthcare Device

Create a Shipping Request for a Healthcare Device

After you register a healthcare device, create a shipping request to get the device to the patient.

1. On the patient's account page, click **Register Device and Create Shipping Request**.

2. Select the products that represent the device types to ship to the patient and click **Next**.

3. Add shipping information for the devices to ship.

   a. Click the **Create Shipping Request** tab.

   b. Click **Edit** next to Quantity.

   c. Add the shipping information and click **Save Shipping Info**.

4. Save your changes.

Manually Refresh the Patient Card

Manually refresh a Patient Card to see the latest data.

The Patient Card component on the Health Console will only update when the Health Console page is updated. If you are entering data on other screens or importing data the most recent data may not be shown. Manually refreshing and checking the time stamp will allow you to see the most recent data.

1. On a Patient Card, click the [↻] button.
   The data is updated and the Last Updated Timestamp shows when the data was refreshed.

2. Confirm that the data that you entered previously is now shown correctly on the Patient Card. Contact your Salesforce Admin for assistance if it does not.

EDITIONS

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud.

# Use Care Plans to Help Patients and Members Reach Their Goals

Customizable care plans represent an action plan for improving a person's health. These care plans help your patients or members take practical steps to improve their health every day. You can manage chronic conditions, provide preventive care, and apply health and wellness protocols with care plans.

You can manage a patient or member using a single care plan, or create a care plan to address each condition the person has. Either way, you have the flexibility to manage your patients or members efficiently—from those requiring relatively simple care to those requiring more complex, ongoing care.

Elements of a Care Plan
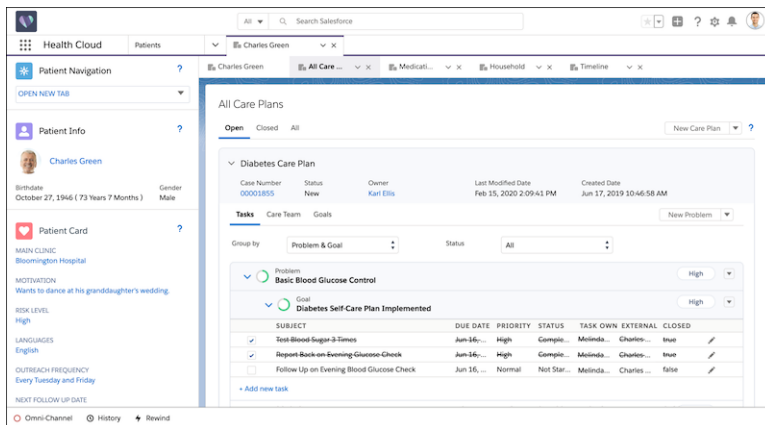
A care plan consists of three major components: The case details, the care team, and the set of problems, goals, and tasks for that care plan.

Create a Care Plan

A care plan is built on top of a case record, so you need a few details to create a case. How you create a care plan changes based on whether you use Salesforce Classic or Lightning Experience.

Change the Status of a Task

A care plan is built on top of a case record, so a few details are required to get your case created.

Close a Care Plan

When a care plan is complete or not needed, you can close it and see it on the Closed tab of the All Care Plans view.

Use Flexible Care Plans for Different Use Cases

Your users role in relation to the patient or member can influence how they want to view the care plan. When you enable Flexible Care Plans, you can organize your care plan interface to foreground problems, goals, or tasks.

Manage Complex Patients with Concurrent Care Plans

One size doesn't fit all in the healthcare world. You can manage patients with one condition of limited duration or you can manage patients with several chronic medical issues. When concurrent care plans are enabled in your org, you can break a patient's care into focused, manageable units.

Elements of a Care Plan

A care plan consists of three major components: The case details, the care team, and the set of problems, goals, and tasks for that care plan.

Watch a Demo: ⊙ Use Care Plans to Help Patients Reach Their Goals

A care plan gives the healthcare team a history of the patient and the progress or challenges related to their health. A care plan can have any number of problems, goals, and tasks that you can track from the person's tab in the console. You can also manage the associated team of professional and personal caregivers from a care plan. When you create a care plan, the person you create it for is added to the care team automatically.

A care plan is a combination of Problems (1), Goals (2), and Tasks (3), with a Care Team to manage them all. This example is just one way you can lay out a care plan on users' screens.

Problems: The Reason There's a Care Plan

Problems are health issues that range from a specific diagnosis to more general conditions. Problems are identified through many sources: the primary care physician, a lab test, an issue reported by the patient or member, a diagnosis, or a stage of a disease. A problem can be clinical, such as a chronic bronchitis diagnosis, or non-clinical, such as needing assistance with daily activities in the home. When you assign a priority to problems, they appear in order of priority.

Goals: Shaping the Care Plan

Goals are the patient objectives that help achieve an improved outcome for a problem. A problem can have multiple goals. For example, a patient with arthritis could have the goals to keep daily pain levels under 4/10 and to keep or increase range of motion. As the patient progresses toward the goal, make sure to update the status of the goal.

Tasks: Primary Drivers of the Care Plan

Tasks help you track and measure the activities associated with your patients or members. From the console, you can ask a caregiver to drive a patient or member to an appointment, remind yourself to follow up on a missed appointment, or send a pre-admission survey to complete.

Care Team: Carrying Out the Care Plan

Care Team members are a focused group of caregivers who are responsible for the successful completion of tasks related to a care plan. You can assign ownership of care plan tasks to members of the care team, including other health professionals, patients, plan members, and family members.

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Problems and goals create a strategy for managing a person's unique set of medical needs and life circumstances.

Health Cloud gives you the tools to quickly and easily create a customized list of healthcare issues with assigned goals to mitigate or improve health. From the Problems & Goals tab found in each care plan, you can add specific problems, goals, and tasks that are personalized to your patient or member. To speed onboarding, use a predefined template to automatically add problems, goals, and tasks in bulk to a care plan.

Click the **New Problem** button to add problems to the care plan.
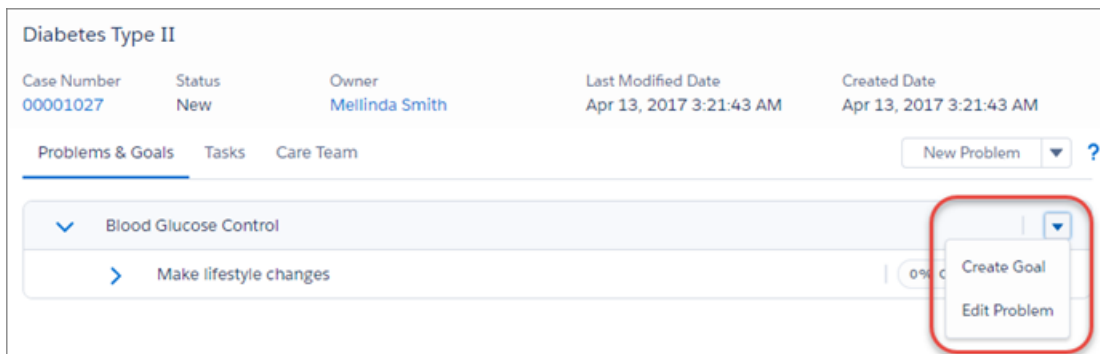
Once you create a problem, you can add related goals to the problem.

Use the action menu to start managing the care plan.
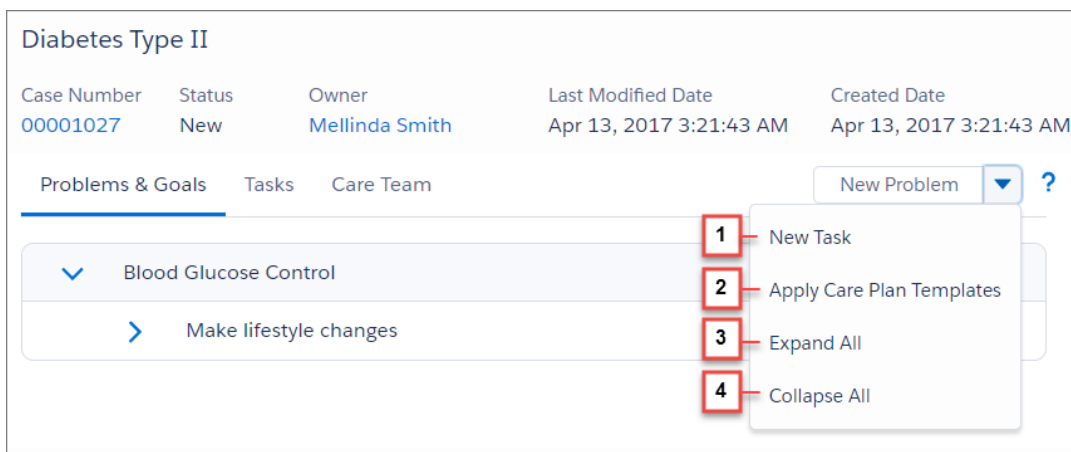
- **New Task** (1) lets you create a task that's associated with this care plan, but not related to a specific problem or goal.
- **Apply Care Plan Templates** (2) lets you select a predefined template and add problems, goals, and tasks in bulk to a care plan.
- **Expand All** (3) opens all problems, goals, and tasks associated with the care plan.
- **Collapse All** (4) closes all problems, goals, and tasks associated with the care plan.

If you have Flexible Care Plans enabled, Problems, Goals, and Tasks can be configured and viewed separately.
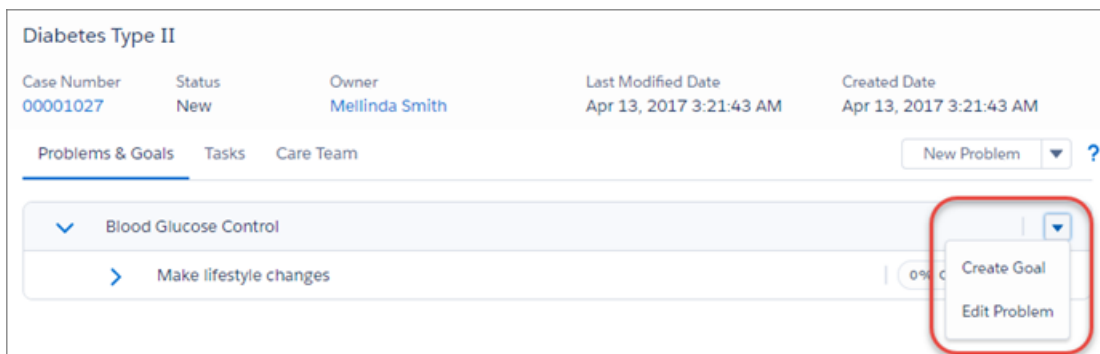
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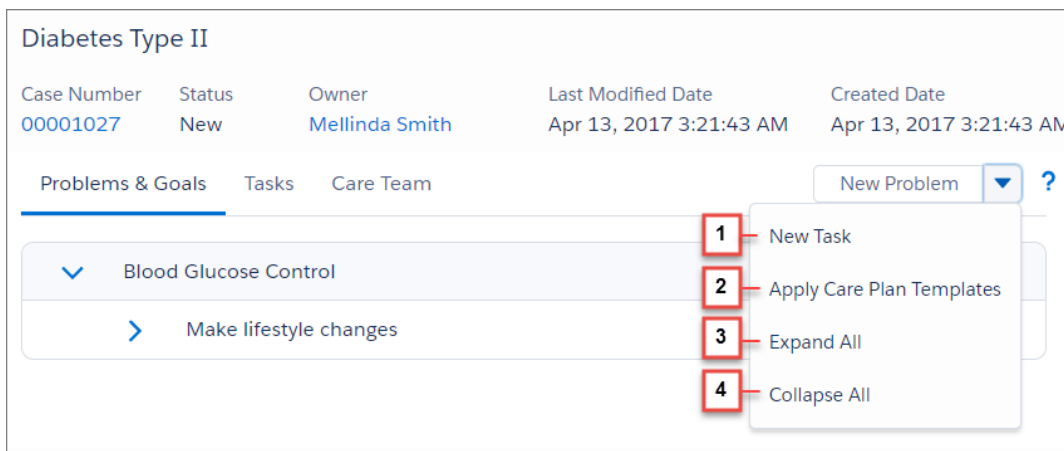
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Tasks: Primary Drivers of the Care Plan

Tasks help you track and measure the activities associated with your patients or members. From the console, you can ask a caregiver to drive a patient or member to an appointment, remind yourself to follow up on a missed appointment, or send a pre-admission survey to complete.

Tasks are specific measurable actions toward the goals to mitigate the associated problem. So the person with arthritis whose goal is to keep or increase range of motion could have a task to attend physical therapy sessions. Tasks have fields that show priority, due date, status, and who the task is assigned to. When a task is accomplished, you update the percent complete in the associated goal.

In Health Cloud, you can create a task from several places.

- Save time and effort by creating tasks for specific people, groups of patients or members, or even yourself from the list. Select people from your list, create the task, and you're done! It's quick and easy to track things like wellness surveys or follow-up questionnaires that go to a group of people with common conditions. When you're working with more than one care plan for a patient, these tasks appear in the primary care plan. You can also assign yourself a task related to a person so that you can track important milestones.

- Create tasks for someone or their caregiver from their care plan. These tasks are specific measurable actions toward the goals that mitigate the associated problem. For example, create a task to attend weekly physical therapy sessions for someone with arthritis whose goal is to keep or increase range of motion.

- When a care team member is part of the site, assign tasks to care team members using a link in their profile. These tasks are not directly tied to the problems and goals associated with the care plan.

All tasks have fields for basic information like due date, task type, who the task is assigned to, and who is responsible for performing the task. Tasks that are created from within the care plan also include fields to let you associate the task with a specific problem and goal.

When you create a task for a care team member, the task is always assigned to that member. When you create a task from the list, you have two choices for the performer of the task: yourself or the patient or member.

You can track tasks belonging to you and to any care team members from the care plan task list. Use filters to show all tasks related to the patient or member, tasks related to the goals and problems in the care plan, or unrelated tasks that aren't specific to a goal or problem.
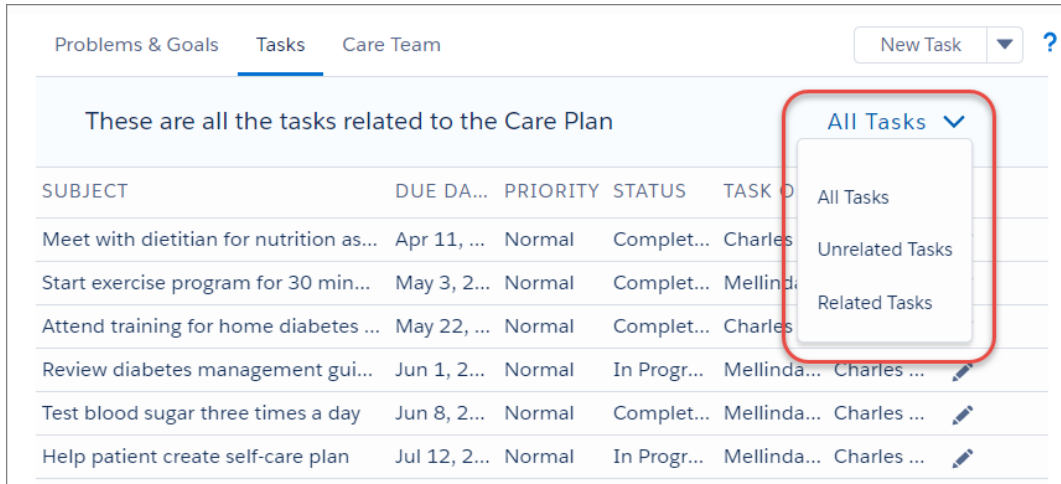
Patients or members see their tasks from within the site. Tasks you've assigned to yourself appear in your task list in the Salesforce Home tab, the Today page, and in the care plan.

Salesforce regularly archives tasks that meet certain age and status criteria. But you can still have full access to view and edit archived tasks that are related to a care plan. You can see and manage archived tasks on the patient or member's timeline, in their care plan, and on the Today page.

Note: Although you can view and edit archived tasks, archived tasks don't appear in reports.

Create Tasks Related to Your Patients or Members and Their Care

Creating tasks for your patients or members, or their caregivers, is an easy way to track and manage activities related to a care plan.

Create Tasks Related to Your Patients or Members and Their Care

Creating tasks for your patients or members, or their caregivers, is an easy way to track and manage activities related to a care plan.

Note: Salesforce Experience Cloud provides the collaboration support for Health Cloud. Some of the collaborative features are available only when you enable Experience Cloud and create a site.

Tasks created from the patient or member list or from the care team aren't related to problems or goals, so you don't see those fields. These tasks appear in the list of unrelated tasks or in the All Tasks list of an individual's primary care plan. Tasks created from within the care plan can be related to a problem and goal or can be unrelated to a problem or goal.

1. Create a task from one of the following places in the console.

    - From the Patient List, select one or more names, click the **Action** menu, and select **Create Task**.
    - On the Care Plan page, select either the **Create** menu at the top of the care plan or the **Create Task** ⊡ button within a care plan goal.
    - From the care team, click a member's picture and select **Create Task**. Care team members must be members of the site to be assigned a task.

2. Enter a subject and description for the task.

    Make sure to add a clear task name and a useful description.

3. Select the priority of the task.

    Tasks in the list appear in order of their priority.

4. When you create a task from within the care plan, select the problem and the goal that this task is related to.

    The goals that appear in the picklist are related to the problem you select.

    📝 Note: Tasks created from the list or from the care team aren't related to care plan problems or goals. They appear in the list of unrelated tasks or in the All Tasks list.

5. Select the sort order for the task.

    If there are several tasks with the same priority, they are sorted within that priority group based on this number.

6. In the Task Owner field, select the name of the person who is responsible for this task. The person can either oversee or perform the task. This field shows names of people who are either internal users or site members.

   Generally, when you create a task, the assignment defaults to your username, but you can select someone else. When you create a task for a care team member, the task is assigned to the selected member.

7. If you assign the task to an external member of the care team, select the name of the person to complete the task.

8. Choose the type of task you're creating.

9. Select the status of the task.

10. Select a due date from the calendar.

11. Click **Save**.

Care Team: Carrying Out the Care Plan

Care Team members are a focused group of caregivers who are responsible for the successful completion of tasks related to a care plan. You can assign ownership of care plan tasks to members of the care team, including other health professionals, patients, plan members, and family members.

Every care plan includes a Care Team subtab for easy access to the key players in your patient's team of professional and non-professional caregivers. Use this tab to perform functions such as adding a member, deleting a member, or assigning someone a new task. With a click of a button, you can open the Collaboration tab and see a visual representation of the team working on that particular care plan.

The Care Team action menu lets you perform actions that affect the people who are associated with this care plan.

In the care team subtab, you see the person's caregivers and health care providers (1). The care team list shows the name, phone number, member role, and whether the person is an internal or an external member. Remember that the group a care team member belongs to can determine their access to patient or member information. Internal members are people within your company who have access to Health Cloud. External members are people from outside your company, like caregivers or medical professionals who work for other companies or agencies.

Click **Open Collaboration Tab** (2) for a visual representation of the person's entire care team. But you only see the care team associated with the care plan you select this option from. You can also add a member to the care team (3) here.

Click a care team member's profile picture in the care team view to see quick view options for interacting with that person. Depending on which group a person belongs to, you can perform actions like creating a task for the member or sending them a private Chatter message.

Create a Care Plan

A care plan is built on top of a case record, so you need a few details to create a case. How you create a care plan changes based on whether you use Salesforce Classic or Lightning Experience.

Create a Care Plan in Salesforce Classic

In Salesforce Classic, you create a care plan in three separate steps. First, you create a case record for your care plan. Then you add a care team to this case record. And then finally, you create problems, goals, and tasks for your care plan.

Create a Care Plan in Lightning Experience

In Lightning Experience, you create a care plan in a single flow. You create the case record, apply any templates you want, and add your care team, all in the same place.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

To create cases:
- Health Cloud Standard

To view cases:
- "Read" on cases

To update cases:
- "Edit" on cases

Create a Care Plan in Salesforce Classic

In Salesforce Classic, you create a care plan in three separate steps. First, you create a case record for your care plan. Then you add a care team to this case record. And then finally, you create problems, goals, and tasks for your care plan.

Create a Case for a Care Plan

The first step in creating a care plan is to create a case record. This case record functions as a container for your care plan.

Add a Member to the Care Team

The care team is the group of personal and professional caregivers who help a patient complete their care plans. People who work for your organization are considered internal members and have access to more information about the patient. External members, like family and outside providers, have restricted access to the patient's information based on the sharing rules set up by your admin.

Add Problems, Goals, and Tasks

Problems, Goals, and tasks create the basic structure for your patient or member's care plan.

Create a Case for a Care Plan

The first step in creating a care plan is to create a case record. This case record functions as a container for your care plan.

1. Go to the **Patients** tab and click a name.

2. Go to the **All Care Plans** subtab and click **New Care Plan**.

3. On the Select Case Record Type page, click the **Continue** button.

4. On the New Case page, enter the relevant details in the corresponding fields. Enter the name of the care plan in the **Subject** field.

5. Click **Save**.

Add a Member to the Care Team

The care team is the group of personal and professional caregivers who help a patient complete their care plans. People who work for your organization are considered internal members and have access to more information about the patient. External members, like family and outside providers, have restricted access to the patient's information based on the sharing rules set up by your admin.

When you search for the person you want to add, check both the internal and the external tabs in the middle of the page. The name you want can be on a tab that you're not currently viewing. If the person doesn't appear in the results, then you can add a person to Health Cloud by creating an external member. If you get an error when you try to create an external user, ask your Salesforce admin to configure Experience settings. They must enable the use of standard external profiles for self-registration and user creation before you can create external users here. Members without access to the Experience site can't use Chatter to collaborate around the patient's care team

1. Go to the All Care Plans subtab.

2. Expand your care plan and go to the Care Team tab.

3. Click the **Actions** button and select **Add Care Team Member**.

4. In the popup window, you can either search for an existing user, or create a user to add to your care team. Don't forget to assign the care team role for this user.

5. Click **Add**.

6. Repeat steps three to five to add your entire care team.

   Note: Every care team must have a care coordinator.

Add Problems, Goals, and Tasks

Problems, Goals, and tasks create the basic structure for your patient or member's care plan.

1. Go to the All Care Plans tab.

2. Expand your care plan and go to the Tasks subtab.

3. From here, you can either add your problems, goals, and tasks separately, or apply a set of problems, goals, and tasks using a template. To apply problems, goals, and tasks separately, do this:

   a. To add problems, set the Group By view to **Problem**.

   b. Click the **New Problem** button.

   c. Enter a name, description, priority, and sort order for your problem and click **Save**.

   d. To add goals, set the Group By view to **Goal**.

   e. Click the **New Goal** button.

   f. Enter a name, description, priority, due date, progress percentage, and sort order and click **Save**.

   g. To add tasks, click the **Add new task** link in either the problem or goal view.

   h. Fill in the relevant details. If you want to associate your task with a specific problem or goal in your care plan, use the **Problem** and **Goal** lookup fields. But, don't associate a task with both a problem and a goal.

   i. Click **Save**.

To apply problems, goals, and tasks using a template, do this:

   a. Click the **Actions** button ⬇ and select **Apply Care Plan Template**.

   b. Select the templates you want and click **Next**. You can select up to 15 templates per care plan.

   c. Customize your selected templates, and click **Next**.

   You can customize a **Task Name** and **Due Date** by clicking the **Edit** icon next to the corresponding field. To remove components and their child components that aren't relevant to your care plan, deselect the checkbox next to the component.

   d. Review your problems, goals, and tasks, and click **Apply**.

Create a Care Plan in Lightning Experience

In Lightning Experience, you create a care plan in a single flow. You create the case record, apply any templates you want, and add your care team, all in the same place.

1. Go to the **Patients** tab and click a name.

2. Go to the **All Care Plans** subtab and click **New Care Plan**.

3. Select care plan type and click **Next**.

4. Select the templates you want and click **Next**.

   Or, if you don't want any problems, goals, or tasks in your care plan yet, click **Start a Blank Care Plan**. You can still add templates, problems, goals, or tasks to your care plan later, the same way you would in Salesforce Classic. If your org doesn't have any templates, or if you don't have access to a template, the template selection screen is bypassed.

   🛑 **Important:** Don't use a blank template to create a blank care plan. If you do, you'll get a validation error on the next page.

5. Select a **Start Date**, customize your templates, and click **Next**.

   You can customize **Task Name** and **Due Date** by clicking the **Edit** icon next to the corresponding field. If some components or child components aren't relevant to you, you can deselect them to remove them from your care plan. But, make sure you leave a few components in the care plan; you get a validation error if you remove all the components in your selected templates.

6. Enter your case details and add people to your care team.

   💡 **Tip:** Every care team must have a care coordinator assigned to it. The patient is automatically added to your care plan, even though you can't see them here.

7. Review your care plan and click **Save Care Plan**.

Change the Status of a Task

A care plan is built on top of a case record, so a few details are required to get your case created.

- To close an open task, select the checkbox next to that task.
  The task is closed and appears with strikethrough formatting. You see closed tasks when you switch the filter from Open to either Closed or All.

- To change the status of a task from Closed to anything else, do this:

  1. Deselect the checkbox for that task.

  2. Select the status you want to set.

  3. Click **Save**.

Close a Care Plan

When a care plan is complete or not needed, you can close it and see it on the Closed tab of the
All Care Plans view.

1. Click **Edit** on the case details page.

2. In the **Status** picklist, select **Closed**.

3. Click **Save**.

   📝 Note: When you change the status of a case, this change doesn't reflect in the All Care
   Plans subtab automatically. This tab is automatically refreshed only when new care plans
   are created, or when new templates are applied to existing care plans. For any other
   change to reflect in this tab, you have to manually refresh it.

Use Flexible Care Plans for Different Use Cases

Your users role in relation to the patient or member can influence how they want to view the care
plan. When you enable Flexible Care Plans, you can organize your care plan interface to foreground
problems, goals, or tasks.

- If your users are care providers, such as physicians or therapists, a problem-oriented approach
  is the most efficient way to interact with a care plan. They don't always need goals.

- If your users are mainly care coordinators, a goal-based approach is the most efficient way to
  use a care plan. They don't necessarily look at problems.

- Sometimes, your users include a range of direct service providers to the patient or member,
  such as family caregivers, therapists, or nutrition consultants. To help them to use a care plan
  most efficiently, you can set up care plans with only tasks.

Manage Complex Patients with Concurrent Care Plans

One size doesn't fit all in the healthcare world. You can manage patients with one condition of limited duration or you can manage
patients with several chronic medical issues. When concurrent care plans are enabled in your org, you can break a patient's care into
focused, manageable units.
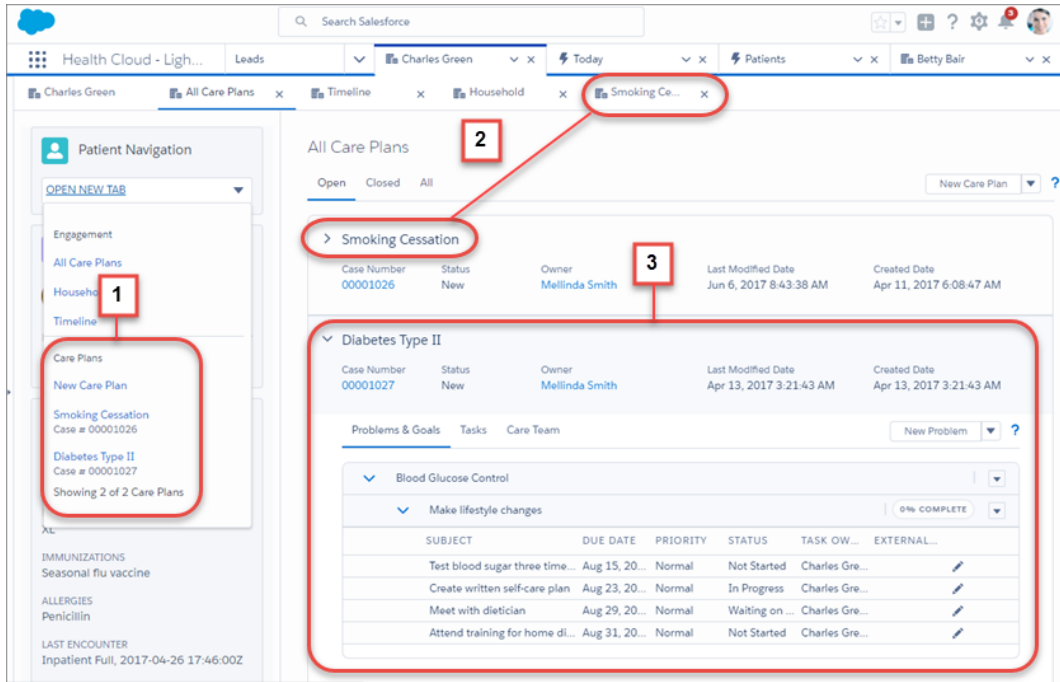
From the patient card menu (1), you can easily manage any care plan associated with the patient. You can also open a care plan and work on it in its own tab (2). In the All Care Plans view, you can see and manage every detail of a given care plan (3).

In the Care Plans section of the Patient Card menu, you have the tools to effectively manage your patient. Click the **OPEN NEW TAB** picklist and navigate to the Care Plans section.
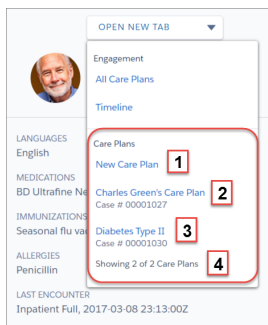
- Select **All Care Plans** (1) to view and manage all the care plans related to the patient.

- **New Care Plan** (2) lets you create a care plan for the patient. A new case for that person opens in a subtab, where you can enter the important details for the new care plan. Make sure to include the name of the care plan in the Subject field.

- View a single care plan in its own tab (3) by selecting it from the menu.

- View number of care plans shown in the menu (4). The patient card menu lists up to 25 open care plans out of the total number for that patient. To view the remaining care plans, use the All Care Plans menu option.
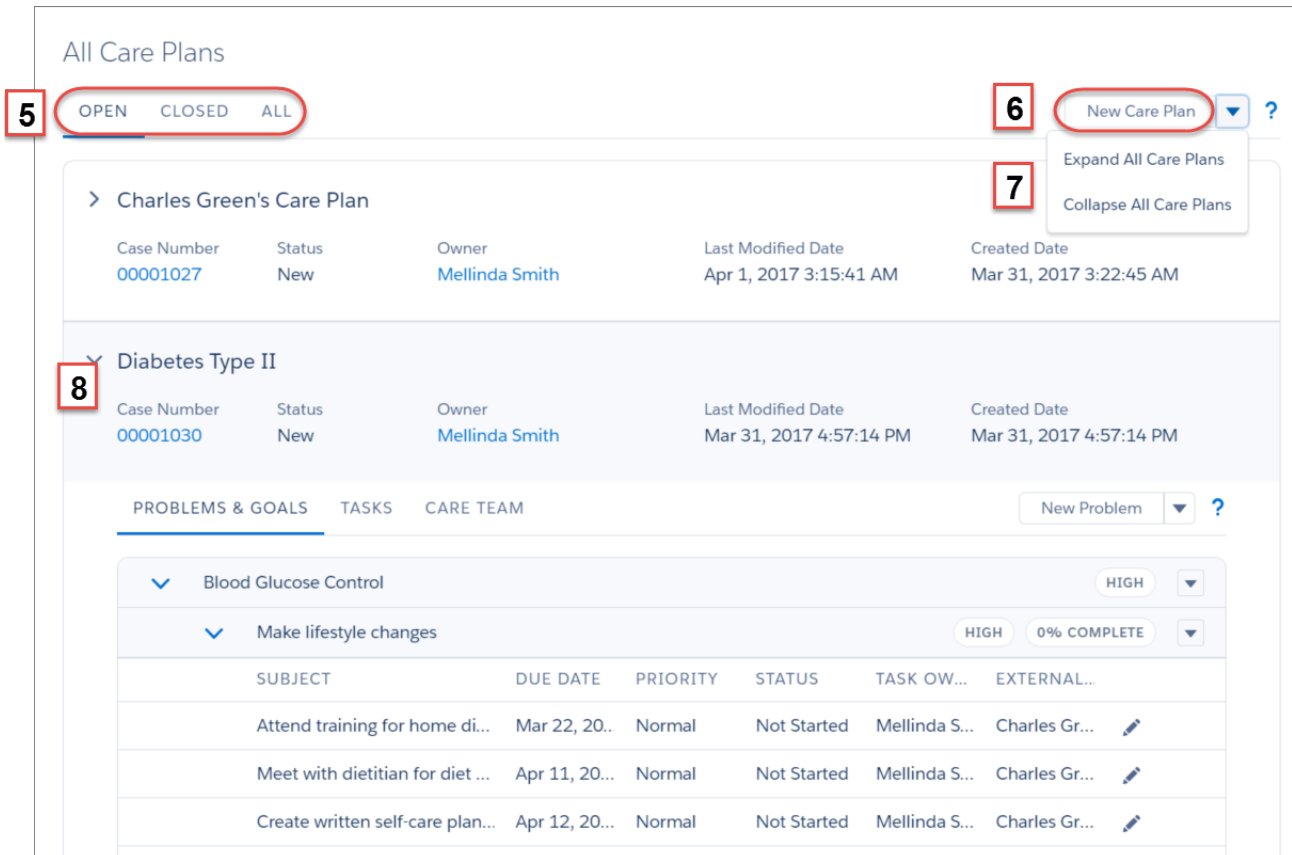
The **New Care Plan** button lets you create a care plan or open and close the care plans. Up to five care plans at a time appear, but you can access the next five care plans by clicking **More** at the bottom of the list. The care plans you've modified most recently display first.

- View a list of care plans (5) in separate subtabs based on their status. You can work with open care plans, closed care plans, or all care plans associated with a patient regardless of status.

- Select **New Care Plan** button (6) to create a care plan for the patient. A new case for that person opens in a subtab, where you can enter the important details for the new care plan. Make sure to include the name of the care plan in the Subject field.

- Manage the amount of detail that you see (7) for all care plans. **Expand All Care Plans** opens every care plan one-level—exposing the subtabs for problems and goals, tasks, and the care team. Collapse All Care Plans closes the list of care plans so that only the top-level information like the care plan name and other information appears.

- Open or close a single care plan by clicking ⟩ (8).

Streamline Patient Care with Integrated Care Management

Integrated Care Management helps care managers efficiently orchestrate care for their patients or members. With this feature, you can create enhanced care plans based on patient or member assessments. These enhanced care plans are also FHIR R4 and USCDI aligned, which makes them more interoperable than standard care plans.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

Elements of Enhanced Care Plans

In Integrated Care Management, you have five elements that are part of a care plan. Some of these elements are similar to standard care plans. However in enhanced care plans, these elements are more closely aligned with FHIR R4 and USCDI standards, and can directly use a patient or member's clinical data in their care plans.

Case

Like standard care plans, a case record is the base of every care plan. However, with enhanced care plans, the case record is a parent record while the care plan has its own dedicated record

Conditions

Conditions are health issues that range from a specific diagnosis to more general conditions. Conditions are identified through many sources—the primary care physician, a lab test, an issue reported by the patient or member, a diagnosis, or a stage of a disease. In enhanced care plans, conditions are stored as Health Condition records. And so, any existing Health Condition record can easily be added to a patient's care plan with the necessary record updates. Conditions are one of the two types of problems you can record in enhanced care plans.

Social Determinants of Health

Social determinants of health are barriers that prevent a person from accessing the healthcare that they need. Social determinants can come in many varieties—financial factors such as poverty, social factors such as race, geographical factors such as location, and so on. In enhanced care plans, social determinants are stored as Care Barrier records. And so, any existing Care Barrier record can easily be added to a patient's care plan with the necessary record updates. Social determinants are one of the two types of problems you can record in enhanced care plans.

Goals

Goals are the objectives that help achieve an improved outcome for a problem, or improve a person's general health. You can have one or more goals under a problem, or directly under a care plan. For example, a patient with arthritis could have the goals to keep daily pain levels under 4/10 and to keep or increase range of motion. In enhanced care plans, goals are stored as Goal Assignment records.

Interventions (*Known as tasks in standard care plans*)

Interventions are the actions you, or someone else on a care team takes to help improve a patient or member's health. You can ask a caregiver to drive a patient or member to an appointment, remind yourself to follow up on a missed appointment, or send a pre-admission survey. In enhanced care plans, interventions are assigned at the goal, problem, or care plan level, and are stored as Task records. You can find an intervention on the Care Plan, Health Condition, or Goal Assignment record that it's associated with.

Action Plans

Action plans are groups of related interventions. In an action plan, you can have interventions that are dependent on other interventions. For instance, you can have an intervention task to enroll a patient or member in an assisted physiotherapy program, but it can only be completed after an intervention task to get them vaccinated is completed. In Integrated Care Management, all intervention tasks are ideally meant to be part of one action plan or another.

The Typical Day of a Care Coordinator using Integrated Care Management

Integrated Care Management helps care coordinators streamline the creation of care plans for their patients or members.

At a high level, here's how Integrated Care Management plays a part in your typical day.

- You start your day and notice that Charles Green has been recently diagnosed with hypertension but he hasn't taken any medication. So, you create a care gap for him.

- You realize the need for a care plan to manage his hypertension and close his care gap. You discuss this with Charles so that he knows the plan.

- In Health Cloud, you go to Charles' person account page to start creating his care plan. Alternatively, you can go to an appropriate case or clinical service request record page to access the care plan interface.

- You create the care plan using a related assessment Charles has completed, his care gap, or a care plan template for hypertension.

- You navigate to the care plan's case record and add members to the case team.

- You reassign intervention tasks to the appropriate case team members.

- Now that Charles has a care plan for his hypertension and he's taking the recommended treatment and medication, you can close his care gap.

> **EDITIONS**
>
> Available in: Lightning Experience
>
> Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

Now let's see how you can perform these tasks with Integrated Care Management.

1. Evaluate a Measure to Create a Care Gap

   Evaluate a clinical measure and identify gaps in patient care.

2. Create a Care Plan from Care Gaps

   Create a care plan for a patient using open care gaps. If the care gaps are associated with problem definitions, you can also add goals and interventions to the care plan.

3. Complete an Assessment to Use with Integrated Care Management

   Use assessments to gather health-related information from your patients or members. After you've collected that information, you can use it to create care plans.

4. Create an Enhanced Care Plan from Assessments

   Create care plans from completed assessments using an OmniScript flow. When you use this work flow, Integrated Care Management gives you recommendations for what problems, goals, and interventions you should add in the care plan.

5. Create an Enhanced Care Plan Using Care Plan Templates

   Create care plans from care plan templates using an OmniScript flow. When you use this work flow, Integrated Care Management gives you recommendations for what problems, goals, and interventions you should add in the care plan based on the selected templates.

6. Add Conditions to an Existing Care Plan

   You can add more conditions to an existing care plan from the care plan user interface on the patient account, case, or clinical service request record page.

7. Add Social Determinants to an Existing Care Plan

   You can add more social determinants to an existing care plan from the care plan interface on the patient account, case, or clinical service request record page.

8. Add Goals to an Existing Care Plan

   You can add more conditions to an existing care plan from the care plan interface on the patient account, case, or clinical service request record page.

9. Add Interventions to an Existing Care Plan

   You can add interventions to an existing care plan by creating Task records. If you're adding interventions for problems or goals that already have action plans, you can create action plan tasks. If you're adding interventions for problems or goals that don't have action plans or are created manually, you have to create standard tasks.

10. Add Care Team Members

    A patient or member's care team is responsible for executing the interventions assigned in their care plan. You can assign a care team to a care plan by going to its Case record and adding case team members there.

11. Delegate Interventions to Care Team Members

    When you manually add interventions to care plans, you also specify who's responsible for those interventions. However, the interventions created by the Integrated Care Management work flow are automatically assigned to you. You can delegate those interventions to care team members from the Action Plans page.

12. Mark an Intervention as Complete

    After you complete an intervention that's assigned to you, you have to mark it as complete in the system. To make this change, you go to the care plan, problem, or goal page that the intervention is added to and select the intervention in the activity pane.

13. Update Care Plans Using Additional Assessments

    Update the problems, goals, and interventions in existing care plans by using additional completed assessments. You can maintain a single, comprehensive care plan for a patient, which makes it easier to monitor patient progress.

Evaluate a Measure to Create a Care Gap

Evaluate a clinical measure and identify gaps in patient care.

1. Navigate to the care gap interface in the patient record page and click **New Care Gap**.

2. Select an active measure to evaluate.

3. Click **Next**.

4. Select a reporting period and review the measure details.

5. Click **Evaluate Measure**.

You can see the newly created care gap at the top of the list in the care gap interface. If the evaluated measure has an associated problem definition, the care gap name is the same as the associated problem definition name. If the measure has no associated problem definition, the care gap name is the same as the measure name.

> **Note:** You can re-evaluate or manually close an open care gap directly on the interface by clicking ▼ for the care gap you want to edit.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

To evaluate a measure
- Read access on Clinical Measure

To create a care gap
- Write access on Care Gap

Create a Care Plan from Care Gaps

Create a care plan for a patient using open care gaps. If the care gaps are associated with problem definitions, you can also add goals and interventions to the care plan.

1. Navigate to the care plan user interface in the patient record page and click **New Care Plan**.

2. Select **Care Gaps** as the care plan creation method.

3. Click **Next**.

4. Select one or more care gaps.

5. Click **Next**.

6. Enter the care plan name.

7. Optionally, select the start date and end date.

8. If you selected a care gap that has a problem definition with hierarchy, expand that care gap.

9. Select the goals and interventions you want to add to the care plan.

10. Click **Save**.

You see the newly created care plan at the top of the list in the care plan interface. When you expand the care plan, you see the associated care gaps.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

To create a care plan
- Create access on Care Plan and Case

To use care gaps to create a care plan
- Read and View All access on Care Gap

Complete an Assessment to Use with Integrated Care Management

Use assessments to gather health-related information from your patients or members. After you've collected that information, you can use it to create care plans.

Only assessments with single-select or multi-select questions are compatible with Integrated Care Management. If you don't have any assessments of this type, talk to your Salesforce admin.

Assessments you complete from a Care Plan Activity page appear only on that page, not on the related Account or Contact page.

1. Access the assessment component on the patient or member's record, or on an app home page.

2. To see all the available assessments, click the **Assessment Library** tab.

3. Use the filter and sort buttons to find the assessment you need.

4. Click **Start** on the assessment you want to complete with the patient.

   To complete an assessment that's in progress, from the assessment's action menu, click **Continue**.

5. Ask the patient the questions and record the answers. Click **Submit** when finished.

   If some assessment questions are prefilled with data from previously submitted responses, verify the information.

   If you're unable to complete the assessment in one session, click **Save for later** to save your progress.

   After you submit an assessment, it appears on the **Completed** tab.

   Open a completed assessment in view mode by clicking ⊡, then **View**.

You can find the assessment in the Completed tab. And now that you've completed an assessment, let's use it to create a care plan.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

To complete an assessment:
- Read and Edit permission on Discovery Framework objects

   AND

   OmniStudio User permission set

Create an Enhanced Care Plan from Assessments

USER PERMISSIONS		EDITIONS
To use an assessment:	Read and View All permission on Discovery Framework objects	Available in: Lightning Experience
	Industries Assessment permission set license	Available in: **Enterprise** and **Unlimited** Editions with Health Cloud
To create a care plan	Create permission on Care Plan and Case	
	Read and View All permissions on Care Plan Templates, Care Plan Template Problem, Care Plan Template Goal, Problem Definition, Goal Definition, Problem Goal Definition, Action Plan Template	
To add a condition	Create permission on Health Condition	
	Read and View All permissions on Care Plan Template Problem, Problem Definition, Goal Definition, and Problem Goal Definition	
To add a social determinant	Create permission on Care Barrier	
	Read and View All permissions on Care Plan Template Problem, Problem Definition, Goal Definition, Problem Goal Definition, and Care Barrier Type	
To add a goal	Create permission on Goal Assignment	
	Read and View All permissions on Care Plan Template Goal, Goal Definition, and Problem Goal Definition	
To add an Intervention	Create permission on Action Plan, Action Plan Item, Task	
	Read and View All permissions on Action Plan Template, Action Plan Template Item, and Task	

Create care plans from completed assessments using an OmniScript flow. When you use this work flow, Integrated Care Management gives you recommendations for what problems, goals, and interventions you should add in the care plan.

Before you start, complete at least one assessment with the patient or member.

1. Open a patient account, case, or clinical service request record page and navigate to the care plan interface.

   If you can't find the care plan interface, talk to your Salesforce admin for help.

2. Click **New Care Plan**.

3. Select **Assessments** as the care plan creation method.

4. Click **Next**.

5. Select the assessments you want to use for recommendations and click **Next**.

6. Enter a name for the care plan.

7. Select a start date and end date.

8. Specify the case number and the clinical service request name that you want to map to the care plan.

9. Select the appropriate conditions, social determinants, goals, and interventions from the recommendations.

10. Save the care plan.

You now have a care plan with some problems, goals, and interventions. In case you want to add more components to the care plan that weren't recommended, see the next few pages.

Create an Enhanced Care Plan Using Care Plan Templates

USER PERMISSIONS		EDITIONS

To use a care plan template	Read and View All permission on Care Plan Template, Care Plan Template Problem, Care Plan Template Goal, Problem Definition, Goal Definition, Problem Goal Definition, Action Plan Template	Available in: Lightning Experience
	Industries Assessment permission set license	Available in: **Enterprise** and **Unlimited** Editions with Health Cloud
To create a care plan	Create permission on Care Plan and Case	
	Read and View All permissions on Care Plan Template, Care Plan Template Problem, Care Plan Template Goal, Problem Definition, Goal Definition, Problem Goal Definition, Action Plan Template	
To add a condition	Create permission on Health Condition	
	Read and View All permissions on Care Plan Template Problem, Problem Definition, Goal Definition, and Problem Goal Definition	
To add a social determinant	Create permission on Care Barrier	
	Read and View All permissions on Care Plan Template Problem, Problem Definition, Goal Definition, Problem Goal Definition, and Care Barrier Type	
To add a goal	Create permission on Goal Assignment	
	Read and View All permissions on Care Plan Template Goal, Goal Definition, and Problem Goal Definition	
To add an Intervention	Create permission on Action Plan, Action Plan Item, Task	
	Read and View All permissions on Action Plan Template, Action Plan Template Item, and Task	

Create care plans from care plan templates using an OmniScript flow. When you use this work flow, Integrated Care Management gives you recommendations for what problems, goals, and interventions you should add in the care plan based on the selected templates.

1. Open a patient account, case, or clinical service request record page and navigate to the care plan interface.

   If you can't find the care plan interface, talk to your Salesforce admin for help.

2. Click **New Care Plan**.

3. Select **Care Plan Templates** as the care plan creation method.

4. Click **Next**.

5. Select the templates that you want to use for recommendations and click **Next**.

6. Enter a name for the care plan.

7. Select a start date and end date.

8. Specify the case number and the clinical service request name that you want to map to the care plan.

9. Select the appropriate conditions, social determinants, goals, and interventions from the recommendations.

10. Save the care plan.

You now have a care plan with some problems, goals, and interventions. In case you want to add more components to the care plan that weren't recommended, see the next few pages.

Add Conditions to an Existing Care Plan

You can add more conditions to an existing care plan from the care plan user interface on the patient account, case, or clinical service request record page.

1. Navigate to the patient account, case, or clinical service request record page and go to the care plan interface.

   If you can't find the care plan interface, talk to your Salesforce admin for help.

2. In the Actions menu of the appropriate care plan, click **Add Condition**.

3. Enter a problem name and description.

4. If the condition you're adding already has a problem definition in the PGI library, select that problem definition.

5. Select a condition code.

6. Set a severity and condition status.

7. Click **Add**.

Now that you've added a problem, consider adding a goal or intervention to it.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

To add a problem
- Create and Edit permissions on Care Plan Detail and Health Condition

Read and View All permissions on Care Plan and Problem Definition

Add Social Determinants to an Existing Care Plan

You can add more social determinants to an existing care plan from the care plan interface on the patient account, case, or clinical service request record page.

1. Navigate to the patient account, case, or clinical service request record page and go to the care plan interface.

   If you can't find the care plan interface, talk to your Salesforce admin for help.

2. In the Actions menu of the appropriate care plan, click **Add Social Determinant**.

3. Enter a name and description.

4. If the social determinant you're adding already has a problem definition in the PGI library, select that problem definition.

5. Select a Care Barrier Type.

6. Set a status.

7. Click **Add**.

Now that you've added a social determinant, consider adding a goal or intervention to it.

Add Goals to an Existing Care Plan

You can add more conditions to an existing care plan from the care plan interface on the patient account, case, or clinical service request record page.

1. Navigate to the patient account, case, or clinical service request record page and go to the care plan interface.

   If you can't find the care plan interface, talk to your Salesforce admin for help.

2. In the Actions menu of the appropriate care plan, condition, or social determinant, click **Add Goal**.

3. Enter a description.

   This text is displayed on the care plan interface as the goal's name. So, keep the value in this field short.

4. If the goal you're adding already has a goal definition in the PGI library, select that problem definition.

5. Set a priority and status.

6. Select a start date and due date.

7. Specify the progress of the goal.

8. Specify the sort order of the goal.

9. Select the person that the goal is assigned to.

10. Click **Add**.

Now that you've added a goal, consider adding a few interventions to the care plan.

Add Interventions to an Existing Care Plan

You can add interventions to an existing care plan by creating Task records. If you're adding interventions for problems or goals that already have action plans, you can create action plan tasks. If you're adding interventions for problems or goals that don't have action plans or are created manually, you have to create standard tasks.

When you create care plans, problems, goals, and interventions with the care plan creation work flow, action plans are created for them automatically. However, if you add a care plan, problem, or goal manually, they don't have action plans.

- If you're adding interventions to problems or goals that already have action plans, follow these steps:

  1. From the App Launcher, find and select **Action Plans**.

  2. Select the action plan that you're adding the intervention to.

  3. In the Items tab, click **New** on the Tasks list.

  4. Enter a display name for the intervention in the **Subject** field.

  5. Set the intervention's priority in the **Priority** field.

  6. In the **Days** field, enter the number of days the intervention needs.

     The due date for the intervention is calculated by adding this value to the current date when the task is created.

  7. If the intervention is mandatory, select **Required**.

  8. In the Task assignment section, select the user responsible for the intervention.

  9. If you want to send the assignee a reminder on the due date, select the checkbox in the Reminder section and select a time for the reminder.

  10. Save the intervention.

     The intervention is now created and automatically added to the action plan's target record.

- If you're adding interventions to problems or goals that don't have action plans, follow these steps:

  1. Navigate to the patient account, case, or clinical service request record page and go to the care plan interface.

     If you can't find the care plan interface, talk to your Salesforce admin for help.

  2. In the Actions menu of the appropriate care plan, condition, social determinant, or goal, click **Add Intervention**.

  3. Enter a name for the task in the **Subject** field.

  4. Set a due date, status, and priority.

  5. Select the person that the intervention is assigned to.

  6. Click **Add**.

Now that the necessary problems, goals, and interventions are ready, let's add a care team for the care plan.

Add Care Team Members

A patient or member's care team is responsible for executing the interventions assigned in their care plan. You can assign a care team to a care plan by going to its Case record and adding case team members there.

Before you start, make sure that your Salesforce org has the necessary Case Team Roles defined for your care plans. If those roles aren't defined, talk to your Salesforce admin for help.

1. Navigate to the patient account, case, or clinical service request record page and go to the care plan interface.

    If you can't find the Integrated Care Management UI, talk to your Salesforce admin for help.

2. From the component, click the case number corresponding to a care plan to go to its Case record.

3. Go to the Related tab and click **Add Member** on the Case Team related list.

4. Select a member for the care team and specify their role.

5. Save your selection.

6. Repeat these steps till you've added all the members of the care team.

Now, let's delegate interventions to members of the care team.

Delegate Interventions to Care Team Members

When you manually add interventions to care plans, you also specify who's responsible for those interventions. However, the interventions created by the Integrated Care Management work flow are automatically assigned to you. You can delegate those interventions to care team members from the Action Plans page.

1. From the App Launcher, find and select **Action Plans**.

2. Select the action plan with the interventions that you want to delegate.

3. In the Tasks list, edit the intervention that you want to delegate.

4. Clear the value in the **Assigned To** field and select the user you want to assign that intervention to.

5. Save your changes.

Now that you've delegated the appropriate tasks to your patient or member's care team, let's see how you can mark the tasks still assigned to you as complete.

Mark an Intervention as Complete

After you complete an intervention that's assigned to you, you have to mark it as complete in the system. To make this change, you go to the care plan, problem, or goal page that the intervention is added to and select the intervention in the activity pane.

1. From the App Launcher, find and select **Care Plans**, **Health Conditions**, or **Goal Assignments**.

2. Select the care plan, problem, or goal with the intervention that you want to mark as complete.

3. In the Activity pane, select the checkbox for the intervention that you want to mark as complete.

That's it; you've completed an intervention task for a patient or member.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

To access the care plan, problem, or goal page
- Read permission for Care Plan, Health Condition, and Goal Assignment

To update the status of an intervention
- Edit permission for Task

Update Care Plans Using Additional Assessments

Update the problems, goals, and interventions in existing care plans by using additional completed assessments. You can maintain a single, comprehensive care plan for a patient, which makes it easier to monitor patient progress.

Before you start, create at least one care plan and complete at least one assessment.

1. On the care plan interface, navigate to the care plan you want to update and click ▼ .

2. Click **Update Care Plan**.

3. Select at least one completed assessment.

4. Click **Next**.

5. Enter a name for the care plan.

6. Select the start date and end date.

7. Compare the recommended problems, goals, and interventions based on the assessments you selected to the current problems, goals, and interventions in the care plan.

8. From the recommendations, select the problems, goals, and interventions you want to add to the care plan.

9. Click **Save**.

Medication Management and Medication Review

Improve patients' medication regimen and reduce medication-related errors with Medication Management and Medication Review. Capture standardized information related to medication with the help of Medication Review. Use Medication Management to perform medication reconciliation of patients' medication list and detect potential drug-to-drug interactions.

Medication Review

Medication-related errors affect millions of people around the world every year, resulting in undesirable health outcomes and increased costs to both patients and payers. As a clinician, Medication Review can help you reduce these medication-related errors by providing you with the tools you need to efficiently manage your patient's medications.

Medication Management

Health Cloud helps you reduce medication-related errors by providing you with the tools you need to develop a curated list of current medications; review medications with the patient; make clinical decisions and recommendations based on the review; and communicate the recommendations to the patient and the patient's prescriber.

Medication Review

Medication-related errors affect millions of people around the world every year, resulting in undesirable health outcomes and increased costs to both patients and payers. As a clinician, Medication Review can help you reduce these medication-related errors by providing you with the tools you need to efficiently manage your patient's medications.

🛇 **Important:** For customers in the United States, RxNorm provides a normalized naming system for generic and branded drugs in the U.S. and tools for supporting semantic interoperation between drug terminologies and medication knowledge base systems. RxNorm is produced by, and provided courtesy of, the U.S. National Library of Medicine (NLM).

This product uses publicly available data provided courtesy of the U.S. National Library of Medicine, National Institutes of Health, Department of Health and Human Services; NLM is not responsible for the product and does not endorse or recommend this or any other product.

Using Medication Review

Health Cloud offers Medication Review as a lightning component on Person Account record pages that your admin must configure for you. This component has built-in flows that are integrated with RxNorm, making it easier for you to reduce errors while recording medication-related data. Your admin can also provide custom flows to fit your specific work patterns.

Add Medications by Using the Add Patient Medication Flow

You can add medications for your patients using the Patient Medication Manager lightning component. Use the Add Patient Medication flow to create medication-related records, such as Medication, Medication Statement, Patient Medication Dosage. This flow is also integrated with RxNorm so that a portion of this data entry is automated, making things easier for you.

Add Medications by Using the Add Basic Medication Details Flow

Use the single-step Add Basic Medication Details flow to quickly add medications for your patients. The flow is integrated with RxNorm, so you can easily find and select the right branded or generic medication. And if you need to add detailed information about a medication, you can do so later on the medication record.

Using Medication Review

Health Cloud offers Medication Review as a lightning component on Person Account record pages that your admin must configure for you. This component has built-in flows that are integrated with RxNorm, making it easier for you to reduce errors while recording medication-related data. Your admin can also provide custom flows to fit your specific work patterns.

Patient Medication Manager
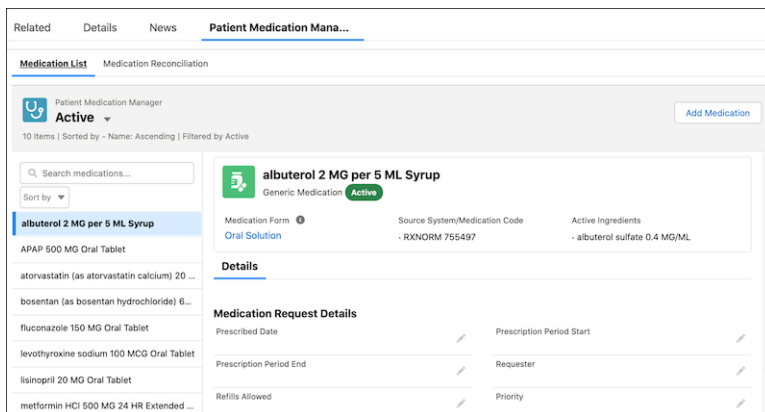
The Patient Medication Manager lightning component gives you a comprehensive list view of all the medications associated with a patient. This list view makes it easier for your trained eye to spot conflicting medications, which in turn helps you reduce medication-related errors for patients. When a medication in this list is selected, you view all the relevant details for that medication in one place, such as medication request, medication dispense, patient dosage, and medication statements. Viewing all this information together enables you to easily review and update medications without navigating through multiple records and objects.

RxNorm Integration

The Add Patient Medication flow in the Patient Medication Manager lightning component is integrated with RxNorm to bring in standardized medication data from the U.S. National Library of Medicine. You just have to search for a medication based on its name or ingredients, select a medication from the results, and then enter the patient-specific prescription. Our flow takes care of everything else behind the scenes, like creating different types of records and saving medication-specific details from RxNorm. This flow reduces the amount of information you have to manually enter, thus reducing medication-related errors caused by unintended typing errors.

You can also use the Add Basic Medication Details flow, a simplified version of the Add Patient Medication flow, to quickly add multiple medications to your patients. With this single-step flow, you can simply select a branded or generic medication and add it to a patient. There's no urgency to update the medication details right away, as you can check back later to add the remaining information.

Add Medications by Using the Add Patient Medication Flow

You can add medications for your patients using the Patient Medication Manager lightning component. Use the Add Patient Medication flow to create medication-related records, such as Medication, Medication Statement, Patient Medication Dosage. This flow is also integrated with RxNorm so that a portion of this data entry is automated, making things easier for you.

> ✏️ **Note:** You also have the flexibility to add medications using a compatible custom flow that your admin has configured for you.

1. Go to the patient's Person Account record page and click **Add Medication** on the Medication List tab of Patient Medication Manager.

   If you don't see the Patient Medication Manager component, ask your admin to configure it for your org.

2. Enter the name of the medication or an ingredient in the medication that you want to add, and then select it from the search result.

3. Select the brand name medication or generic medication and click **Next**.

4. Enter the prescription details for the medication and save your changes.

You see the medication in the list view of the component. If the medication doesn't appear, try changing the filter to the appropriate status value.

Add Medications by Using the Add Basic Medication Details Flow

Use the single-step Add Basic Medication Details flow to quickly add medications for your patients. The flow is integrated with RxNorm, so you can easily find and select the right branded or generic medication. And if you need to add detailed information about a medication, you can do so later on the medication record.

📝 **Note:** The Add Basic Medication Details flow is a simplified version of the Add Patient Medication flow.

1. Go to the patient's person account record.

2. Click **Add Medication** on the Medication List tab of Patient Medication Manager.

   If you don't see the Patient Medication Manager component, ask your admin to configure it.

   The Add Basic Medication Details flow is triggered.

   📝 **Note:** If you aren't sure if your admin has configured the Add Basic Medication Details flow for your org, contact your admin for confirmation.

3. Enter the name of the medication or an ingredient in the medication to add, and then select it from the search result.

4. Select the brand name medication or generic medication and click **Add**.

That's it! You see the medication in the list view of the component. If the medication doesn't appear, try changing the filter to the appropriate status value. You can revisit the medication later and enter the prescription and other details.

SEE ALSO:

Salesforce Help: Configure the Add Basic Medication Details Flow

Salesforce Help: Medication Management and Medication Review

Medication Management

Health Cloud helps you reduce medication-related errors by providing you with the tools you need to develop a curated list of current medications; review medications with the patient; make clinical decisions and recommendations based on the review; and communicate the recommendations to the patient and the patient's prescriber.

⛔ **Important:** For customers in the United States, RxNorm provides a normalized naming system for generic and branded drugs in the U.S. and tools for supporting semantic interoperation between drug terminologies and medication knowledge base systems. RxNorm is produced by, and provided courtesy of, the U.S. National Library of Medicine (NLM).

This product uses publicly available data provided courtesy of the U.S. National Library of Medicine, National Institutes of Health, Department of Health and Human Services; NLM is not responsible for the product and does not endorse or recommend this or any other product.

Medication Reconciliation

With more than 40 percent of medication errors believed to result from inadequate medication reconciliation, it's critical that you perform a thorough medication reconciliation during transitions of patient care. Medication reconciliation is a comprehensive evaluation of a patient's medication regimen achieved by comparing the patient's current and previous medication lists. The process helps identify if the patient is taking any new medication, using non-prescription drugs, or has changed previous medications.

Reconcile a Patient's Medications

Efficiently manage and reconcile a patient's medications list using the Medication Reconciliation tab of the Patient Medication Manager lightning component. You can easily review the patient's medication information, identify errors and adverse drug interactions, and add recommendations and notes, all from one place.

Review Drug-to-Drug Interactions and Add Recommendations

The deep integration of RxNorm with our Patient Medication Manager lightning component helps to identify any potential drug-to-drug interactions. Having this information at your fingertips ensures that you aren't spending too much time researching possible interactions and also saves you from any unintended manual errors.

Manage Medication Recommendations for Patients

Use the Recommendations section to see a consolidated list of recommendations that you added during the current medication reconciliation. From here, you can create, change, or remove a recommendation, or add more specifics to a recommendation such as notes for the provider and patient.

Medication Therapy Management

Medication Therapy Management offers a broad range of healthcare services to help patients optimize their medication regimens for the best possible therapeutic outcomes and reduced healthcare costs.

Conduct a Medication Therapy Review For Your Patients

Work together with your patients to improve their knowledge about their active medications and empower them to take ownership of their health with medication therapy reviews. You can conduct either a comprehensive or targeted medication review for your patient.

Medication Reconciliation

With more than 40 percent of medication errors believed to result from inadequate medication reconciliation, it's critical that you perform a thorough medication reconciliation during transitions of patient care. Medication reconciliation is a comprehensive evaluation of a patient's medication regimen achieved by comparing the patient's current and previous medication lists. The process helps identify if the patient is taking any new medication, using non-prescription drugs, or has changed previous medications.

Some examples of care transition points are:

- Within a hospital (inpatient)
- Discharge from hospital to home
- From the hospital to a skilled nursing facility

Medication Reconciliation is an add-on product feature that helps you manage the complete medication regimen of your patient. The Patient Medication Manager lightning component in Health Cloud provides an integrated medication reconciliation experience to help improve patient safety and reduce healthcare costs due to medication-related errors. By conducting a reconciliation using the Patient Medication Manager component, you can easily identify an accurate list of the patient's medications, including drug name, dosage, frequency, route, and more. With these details in hand, you can quickly spot and avoid medication errors such as omissions, duplications, and incorrect dosages.

Based on your review of the medication list, you can add medication recommendations and detailed notes to guide patients. You can also add recommendations when there's any discrepancy that could lead to drug adverse interactions, a need to change dosage and instruction of medication, and more. And you have the flexibility to add recommendations at three levels:

- Specific recommendation for a particular medication

- Common recommendation for multiple medications
- Generic recommendation at the reconciliation level

You can also review a list of a medication's recommendations from the previous medication reconciliation so that you can decide if any previous recommendations should continue.

In addition, the seamless integration of Medication Review with RxNorm identifies and indicates any potential drug-to-drug interactions from the entire medication list. This integration helps to quickly spot and prevent errors, which in turn also helps improve patient safety and overall health.

Reconcile a Patient's Medications

Efficiently manage and reconcile a patient's medications list using the Medication Reconciliation tab of the Patient Medication Manager lightning component. You can easily review the patient's medication information, identify errors and adverse drug interactions, and add recommendations and notes, all from one place.

To ensure that you don't miss any medications during your review, all medications are in the Pending subtab at the start of the reconciliation. As you complete your review, the state of the medication changes to either Added Recommendation or No Recommendation, and the medication appears under the Reviewed subtab. Validations prevent you from completing a reconciliation if any of the active medications is in pending state.

1. Go to the patient's Person Account record page and click the **Medication Reconciliation** tab on Patient Medication Manager.

   If you can't see the Patient Medication Manager component on your page, ask your admin to configure it for your org.

2. Click **Start Reconciliation**. The timestamp and user details are tracked for future reference and audit purposes.

3. In the Medication Review section, select each active medication and review it for medication discrepancies.

4. Based on your observations, you can add a recommendation or not.

   - Click **Add Recommendation** and specify recommendation notes for the medication. You can add more than one recommendation at a time to a medication.

     The status of the medication changes to Added recommendation.

   - Click **No Recommendation** if the medication doesn't need any recommendations. Selecting this option also removes any existing recommendations for the medication.

     The status of the medication changes to No recommendation.

     📝 Note: Recommendations from previous reconciliations are not removed.

5. To add a note for the medication, go to the Notes tab, and then click **New**. Add the note and click **Done**.

6. In the Drug Interactions section, review each drug-to-drug interaction, and add, edit, or remove recommendations as needed.

7. In the Recommendations section, verify the consolidated list of recommendations, and add or remove recommendations, as needed.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud and the Medication Management Add-On license

USER PERMISSIONS

To perform a medication reconciliation

- Create, Read, and Update permissions on the following objects:
  - Account
  - Medication Reconciliation
  - Medication Reconciliation Recommendation
  - Medication Reconciliation Statement Recommendation
  - Medication Statement
  - Medication Statement Detail
  - Medication Request
  - Medication Dispense
  - Patient Medication Dosage
- Run Flows

8. After your reviews and recommendations are complete, click **Complete Reconciliation**.

> Note: If any medications are in Review pending state, you can't complete the reconciliation.

The medication reconciliation process is complete. The timestamp and status of the reconciliation are updated. You can now communicate your review findings and recommendations to the patient and patient's prescriber.

Review Drug-to-Drug Interactions and Add Recommendations

The deep integration of RxNorm with our Patient Medication Manager lightning component helps to identify any potential drug-to-drug interactions. Having this information at your fingertips ensures that you aren't spending too much time researching possible interactions and also saves you from any unintended manual errors.

Based on the interacting drug ingredients and the severity of the interaction, you can add appropriate recommendations to medications. These recommendations can help improve your patient's health outcomes and minimize additional medical costs arising from readmission, new diagnosis related to medication adverse events, and more.

> Note: The list of interactions includes only medications in the RxNorm database.

1. Go to the Drug Interaction section of Medication Reconciliation.

2. Review each interaction on the list for interacting ingredients and their severity (high, medium, and low).

3. Add recommendations to the interactions using the Add Recommendation button. Recommendations are added to both of the interacting medications.

Manage Medication Recommendations for Patients

Use the Recommendations section to see a consolidated list of recommendations that you added during the current medication reconciliation. From here, you can create, change, or remove a recommendation, or add more specifics to a recommendation such as notes for the provider and patient.

When creating recommendations, you have the flexibility to add the same recommendation to multiple medications or add a generic recommendation at the reconciliation level. The generic recommendations aren't specific to any medication or drug interaction but are based on your observations of the patient's medication regimen and health history. They can relate to potential lifestyle changes, filling care gaps, and more.

1. Go to the Recommendations section of the Medication Reconciliation tab.

2. Review the list of recommendations and update them to add more details.

3. To create a recommendation, click **Add Recommendation**. In the New Recommendation window, enter a recommendation name and select the recommended type and subtype.

4. To link the new recommendation to multiple medications, click **Add recommendation to one or more medications** and select the medications. If you don't select a medication, the recommendation is added directly to the reconciliation.

5. Save your changes.

Medication Therapy Management

Medication Therapy Management offers a broad range of healthcare services to help patients optimize their medication regimens for the best possible therapeutic outcomes and reduced healthcare costs.

Medication Therapy Management provides these benefits:

• Personalized Therapy and Care

  Optimize patient care by addressing each patient's unique needs, based on their health concerns and list of medications.

• Improved Outcomes

  Greater medication adherence and improved control of chronic diseases reduces hospital admissions, and enhances patients' quality of life.

• Reduced Costs

  Patients only pay for medications that are necessary for their health. Improved medication adherence and decreased adverse events reduce hospital admissions and overall healthcare expenses.

• High Patient Engagement

  Involving patients in discussions and decisions regarding their medical care allows them to take ownership of their health, promoting improved satisfaction and outcomes.

Patients are enrolled in a Medication Therapy Management program based on eligibility criteria such as count and cost of their medications, chronic diseases, and more. After they're enrolled, patients can opt out of the program at any time.

The Medication Therapy Management program includes two review types:

Comprehensive Medication Review is a yearly, all-inclusive review of an enrolled patient. The structured and extensive evaluation process thoroughly analyzes all of a patient's active medications and relevant medical conditions. Patients are assigned to-do lists with action items to help improve their health outcomes.

Targeted Medication Review is a focused review that identifies actual or potential problems with specific medications in the patient's medication regimen. The review's ongoing monitoring approach is a cost-effective option that helps to identify and proactively prevent or resolve medication issues.

Comprehensive Medication Review

Comprehensive Medication Review is a yearly, all-inclusive review of an enrolled patient. The structured and extensive evaluation process thoroughly analyzes all of a patient's active medications and relevant medical conditions. Patients are assigned to-do lists with action items to help improve their health outcomes.

After enrolling a patient in a Medication Therapy Management program, set up a one-on-one review of the patient's medication regimen. With Comprehensive Medication Review's 360-degree approach, you can help minimize the risk of medication-related problems by:

- Reviewing prescription and over-the-counter medications
- Detecting potential drug interactions and clinical issues
- Assigning to-do lists to the patient
- Tracking validations to ensure no medication is overlooked
- Sharing the Comprehensive Medication Review summary document with the patient after the review
- Periodically reassessing the patient's health and addressing new issues

Targeted Medication Review

Targeted Medication Review is a focused review that identifies actual or potential problems with specific medications in the patient's medication regimen. The review's ongoing monitoring approach is a cost-effective option that helps to identify and proactively prevent or resolve medication issues.

Conduct Targeted Medication Reviews quarterly or whenever required, such as when a patient is discharged from a hospital or a new health issue is identified. You can conduct multiple targeted medication reviews for a patient simultaneously. On reviewing a medication or condition, record clinical issues to address your patient's medication problems. As part of this continuous evaluation and review, you can periodically reassess your patients for changes in medication regimen, control of symptoms, and progress toward goals.

Conduct a Medication Therapy Review For Your Patients

Work together with your patients to improve their knowledge about their active medications and empower them to take ownership of their health with medication therapy reviews. You can conduct either a comprehensive or targeted medication review for your patient.

The Medication Therapy Management program provides utmost consideration to patients who are cognitively impaired. Reviews of such patients must be conducted in the presence of their surrogate decision maker, or authorized representative. The Start Medication Therapy Review flow streamlines the entire review initiation process by determining your patient's cognitive status and listing the health conditions causing the impairment. With these details handy, you can focus on your patient's medication reviews, drug interactions, clinical issues, and to-do lists. The review also includes validations to ensure that you evaluate all medications before completing a comprehensive medication review.

1. On the patient's Person Account record, click **Comprehensive Medication Review** or **Targeted Medication Review** on Patient Medication Manager.

   If you don't see the Patient Medication Manager component, ask your admin to configure it for your org.

2. Click **Start New Review**. The New Medication Therapy Review window indicates if the patient is cognitively impaired. You also see the health conditions that caused the impairment.

   📝 Note: You can't start a comprehensive medication review if another one is already in progress. However, with targeted medication reviews, you can perform multiple reviews at the same time.

3. Click **Next** and provide the following information:

   a. Indicate whether the surrogate decision maker is present in the review call. Select the surrogate name, location, and type.

   ❗ Important: If a patient is cognitively impaired, it's mandatory to provide the surrogate details.

   b. Indicate whether the patient is in a long-term care facility during the review.

   c. For a targeted medication review, select the review type and subtype.

4. Save your changes.

   The medication therapy review moves to In Progress status. The timestamp and user details are tracked for future reference and audit purposes.

5. Review your patient's medications and drug-to-drug interactions.

6. Add clinical issues and to-do lists for your patient, as necessary.

7. After completing your review, click **Mark as Complete**. The review status moves to Completed.

   📝 Note: You can't complete a comprehensive medication review if there are medications that are pending review.

For a comprehensive medication review, generate the summary document and share it with the patient and the surrogate decision maker. If you aren't sure how to generate the document, reach out to your admin for help. Your admin sets up the document generation configurations based on the individual requirements of your organization.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud and the Medication Management Add-On license

USER PERMISSIONS

To conduct a medication therapy review

- Create, Read, and Update permissions on the following objects:
  - Account
  - Medication Therapy Review
  - Medication Therapy Statement Review
  - Medication Therapy Statement Review Issue
  - Clinical Detected Issue
  - Clinical Detected Issue Detail
  - Care Plan
  - Care Plan Activity
  - Care Plan Template
  - Action Plan Template
  - Action Plan Template Assignment
  - Medication Statement
  - Medication Statement Detail
  - Medication Request
  - Medication Dispense
  - Patient Medication Dosage
- Run Flows

Review Your Patient's Active Medications

Review and verify the safety of all of your patient's active medications to help improve health outcomes. Help your patients understand their medications better and address any of their concerns during the medication therapy review.

Review Drug-to-Drug interactions in a Patient's Medication Regimen

Enhance patient health outcomes and medication safety by reviewing the potential drug-to-drug interactions that are identified in your patient's active medications by RxNorm.

Detect Clinical Issues with Patient's Medications

Proactively prevent medication-related adverse events and enhance patient safety by identifying any actual or potential clinical issues with your patient's medications or treatment. When you detect clinical issues, such as incorrect dosage or treatment frequency, inform your patients and help them understand their medications and treatment better.

Assign To-Do Lists to Address Patient Issues

Partnering with patients and helping them play an active role in their healthcare is essential in comprehensive medication reviews. By identifying a patient's issues and assigning patient-specific action items, you can help to mitigate the issue, enhance patient self-care, and improve patient satisfaction.

Review Your Patient's Active Medications

Review and verify the safety of all of your patient's active medications to help improve health outcomes. Help your patients understand their medications better and address any of their concerns during the medication therapy review.

By assessing and evaluating all prescription and over-the-counter medications, you can determine if they're appropriate and effective at treating a patient's medical conditions and achieving goals of care.

1. Go to the Medication Review subtab under the Comprehensive Medication Review or Targeted Medication Review tab.

2. Review each of a patient's active medications and add or update the necessary details.

   Note: In a comprehensive medication review, select **Medication review complete** after reviewing each medication. The medication moves from Pending to Reviewed state.

3. Add a clinical issue to any medication if you detect that the patient is facing an issue due to the medication.

4. Add a to-do list with a set of recommended tasks for a specific medication, to help your patient address the health condition.

5. If you find any gaps in the patient's medication regimen, work with your patient to add or update medications.

After reviewing all medications, move on to reviewing any drug-to-drug interactions.

Review Drug-to-Drug interactions in a Patient's Medication Regimen

Enhance patient health outcomes and medication safety by reviewing the potential drug-to-drug interactions that are identified in your patient's active medications by RxNorm.

The integration of the Patient Medication Manager lightning component with RxNorm simplifies your review process by helping to detect interactions early, saving you research time, and preventing any unintended manual errors.

1. Go to the Drug Interaction subtab under the Comprehensive Medication Review or Targeted Medication Review tab.

2. Review each drug-to-drug interaction on the list for interacting ingredients and their severity (high, medium, and low).

3. Work with your patient to address these interactions and come up with a safe medication regimen.

Now that you've reviewed the drug interactions, add any clinical issues that you observe.

Detect Clinical Issues with Patient's Medications

Proactively prevent medication-related adverse events and enhance patient safety by identifying
any actual or potential clinical issues with your patient's medications or treatment. When you detect
clinical issues, such as incorrect dosage or treatment frequency, inform your patients and help them
understand their medications and treatment better.

1. On a patient's Person Account record, go to the Clinical Detected Issue subtab under the
   Comprehensive Medication Review or Targeted Medication Review tab.

2. Click **New Clinical Issue** and add your observations.

   a. Select the identification start and end dates.

   b. Select the status, severity, and category of the issue.

3. Add additional details and notes about the issue.

4. If the issue is medication-related, select one or more medications from the Related Medications
   section.

5. Save your changes.

That's it. The clinical issue you identified during the review is now recorded and added to the
patient's medication therapy review record. These details are also shared as part of the summary
document that's sent to the patient at the end of the comprehensive medication review.

Assign To-Do Lists to Address Patient Issues

Partnering with patients and helping them play an active role in their healthcare is essential in comprehensive medication reviews. By identifying a patient's issues and assigning patient-specific action items, you can help to mitigate the issue, enhance patient self-care, and improve patient satisfaction.

But, we know that it's tedious to manually create an action plan during a review. That's why we've integrated Medication Therapy Management with Care Plans to give you predefined tasks for every issue. You can also add tasks to provide customized care and meet the individual needs of your patients.

During a medication therapy review, use a to-do list to record your conversation with the patient, highlighting the issues that you discussed and action items that you recommend. These details are shared with the patient as part of the comprehensive medication review summary document.

1. On a patient's Person Account record, go to the To-do List subtab under the Comprehensive Medication Review tab.

2. Click **New To-do List**.

3. Enter a brief description of the issue that you discussed with the patient and select the issue.

   The Recommended Tasks section lists predefined tasks.

   > Note: Your admin enables the To-do Lists setting and the associated objects, and configures care plan templates for each issue with the necessary predefined tasks. Reach out to your admin if you don't find the required issue or if you face errors.

4. In the Additional Tasks section, add any extra tasks that will help the patient.

5. Select one or more active medications that are related to the issue.

6. Save your changes.

You can see that a to-do list is now added to your patient's medication therapy review record. You have the flexibility to add or update the tasks and their priority at a later time.

Use Advanced Therapy Management

Advanced Therapy Management helps users book appointments for a series of procedures across multiple service territories all at once. Multi-Step Scheduling eliminates the need for setting up and trying to coordinate individual appointments at multiple locations.

Admins can set up service territory relationships that determine the designated service territories for each step in a slot chain, and can also configure resource availability and assignment details. Collating this information about available slots for all work types on a single screen makes it easier for users to book slots.

Users can sign electronic records to verify key record updates or record workflow steps such as Chain of Custody events for Advanced Therapies. The Pending Signatures section of a page such as the Home page or the Care Program Enrollee detail page lists electronic signature records that are ready for you to sign. To learn more, see Electronic Signatures in Health Cloud on page 81.

Schedule, Cancel and Reschedule Appointment Slots
Use Multi-Step Scheduling to schedule appointment chains, and reschedule or cancel appointments all at one time.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud and the Medication Management Add-On license

USER PERMISSIONS

To assign to-do lists
- Create, Read, and Update permissions on the following objects:
  - Account
  - Medication Therapy Review
  - Medication Therapy Statement Review
  - Medication Therapy Statement Review Issue
  - Care Plan
  - Care Plan Activity
  - Care Plan Template
  - Action Plan Template
  - Action Plan Template Assignment
  - Medication Statement
  - Medication Statement Detail
  - Medication Request
  - Medication Dispense
  - Patient Medication Dosage
- Run Flows

Confirm Slot Booking Request

When you book slots, the booking requests are initially submitted for confirmation. Health Cloud offers a customizable Salesforce Flow to enable internal users, like gene therapy coordinators, to seamlessly confirm appointment booking requests.

Configure an Enrollee Record to Create Tasks and Custody Records

Therapy Orchestration executes auto-launched and record-triggered flows to generate therapy tasks and custody records. Create a care program enrollee record for an advanced therapy to automatically create tasks, custody items, custody chain entries, and electronic signature records.

View and Perform Therapy Tasks Assigned to You

Complete the tasks allocated to you as part of an advanced therapy orchestration step. Navigate to the care program enrollee's record page to keep track of the therapy progression, and view completed and upcoming tasks in the My Tasks section of the page.

Get a Complete View of an Enrollee's Advanced Therapy

Use the Advanced Therapy Management app to access all the information related to an advanced therapy in one place, including the progress of work procedure steps (therapy stages), work order steps (therapy substages), and therapy tasks. Also, track the execution of the orchestration flows from the Orchestration Run record page.

Repeat a Stage in a Therapy Orchestration

Therapy Orchestration not only helps you perform smooth orchestration runs, but also helps mitigate unexpected errors where a therapy stage has to be repeated.

Schedule, Cancel and Reschedule Appointment Slots

Use Multi-Step Scheduling to schedule appointment chains, and reschedule or cancel appointments all at one time.

Multi-Step Scheduling pulls information from service resources' availability at the service territories they're assigned to. The Service Territory Relationships records map service territories where consecutive procedure steps are performed. With all of this information in one centralized place, you can easily find available slots chains.

Schedule Appointments Using Published Slots

Search for published slots and schedule appointments for patients enrolled in a work procedure.

Schedule Appointments When Slots Are Not Published

In some cases, appointment slots are not published by the service territory. You can still book appointments for the other steps in the procedure. But if no slots aren't available for the service territory where manufacturing is performed, reach out to the service territory contact for details.

Reschedule a Series of Appointments for an Advanced Therapy

In case of sudden unavailability of enrollees, you can easily reschedule the booked slots. But rescheduling occurs for the entire slot chain, meaning all the appointments that are part of the work procedure are rescheduled.

Partially Reschedule Appointment Slots for an Advanced Therapy

Partially reschedule an appointment series downstream with the work type you want to reschedule.

Cancel a Series of Appointments for an Advanced Therapy

Sometimes you can't reschedule appointments due to unavailability of either the service resources or your enrollees, or both. In such cases, you can cancel the booking entirely.

Schedule Appointments Using Published Slots

Search for published slots and schedule appointments for patients enrolled in a work procedure.

> **Note:** Appointment slots are *published* when shifts are configured for the service resource assigned to a service territory. Your admin can help with that.

1. From App Launcher, find and select **Care Program Enrollees**.

   Alternatively, from the patient's record page, go to the Related tab and navigate to the Care Program Enrollee list.

   > **Note:** Make sure you add the Related List lightning component to the patient's record page.

2. Select the enrollee record you want to schedule appointments for.

3. Click **Book New Slots**.
   The Schedule Appointments tab is now visible.

4. To perform a basic search:

   a. Select a work procedure. For example, the broader therapy process such as Cell and Gene Therapy.

   b. For Work Procedure Organization, select the parent service territory for the work procedure.

   c. Search with date ranges for either the first work type or the last work type. Select the work type and enter the dates.

   d. Click **Search**.

5. To search using additional criteria, expand Advanced Search:

   a. Select a work type.

   b. Select up to three locations where the work type is performed.

   c. To broaden your search, add more work types and associated locations.

   d. Click **Search**.

6. To view the available slots, click on the results. You can view the available slots in the consecutive work types as well.

7. Select a time slot for each step of the work procedure.
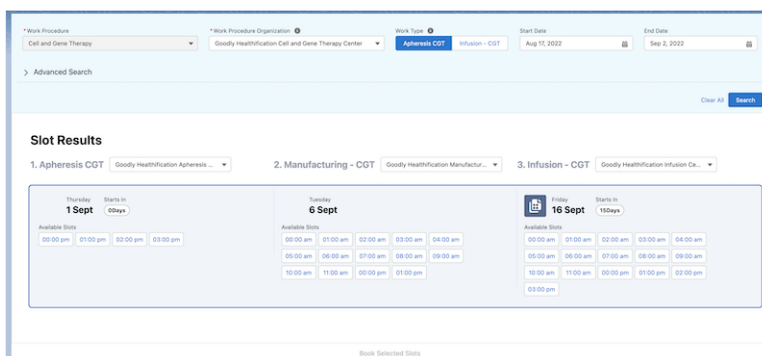
8. Click **Book Selected Slots**.

9. Review the patient details and the slot details.
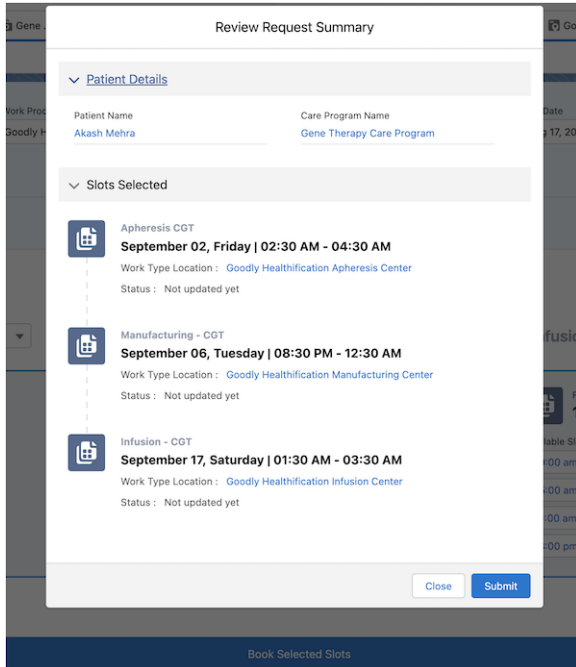
10. Click **Submit**.

The request for scheduling slots is submitted for review.

Schedule Appointments When Slots Are Not Published

In some cases, appointment slots are not published by the service territory. You can still book appointments for the other steps in the procedure. But if no slots aren't available for the service territory where manufacturing is performed, reach out to the service territory contact for details.

For Advanced Therapy Management, consider a situation when the available slots are not published for the apheresis work type. The qualified treatment center (QTC) coordinator can still proceed with booking slots for apheresis as they can manually enter the start and end dates of the slot.

> ⚠ **Warning:** Do not manually book slots for manufacturing if no slots are available for the service territory where manufacturing is performed. Instead, reach out to the service territory contact for details.

1. From App Launcher, find and select **Care Program Enrollees**.

   Alternatively, from the patient's record page, go to the Related tab and navigate to the Care Program Enrollee list.

   > 📝 **Note:** Make sure you add the Related List lightning component to the patient's record page.

2. Select the enrollee record you want to schedule appointments for.

3. Click **Book New Slots**.
   The Schedule Appointments tab is now visible.

4. To perform a basic search:

   a. Select a work procedure. For example, the broader therapy process such as Cell and Gene Therapy.

   b. For Work Procedure Organization, select the parent service territory for the work procedure.

   c. Search with date ranges for either the first work type or the last work type. Select the work type and enter the dates.

   d. Click **Search**.

5. To search using additional criteria, expand Advanced Search:

   a. Select a work type.

   b. Select up to three locations where the work type is performed.

   c. To broaden your search, add more work types and associated locations.

   d. Click **Search**.

6. To view the available slots, click on the results. You can view the available slots in the consecutive work types as well.

7. If the time slots for apheresis haven't been published, you see a prompt to reach out to the Service Territory contact.
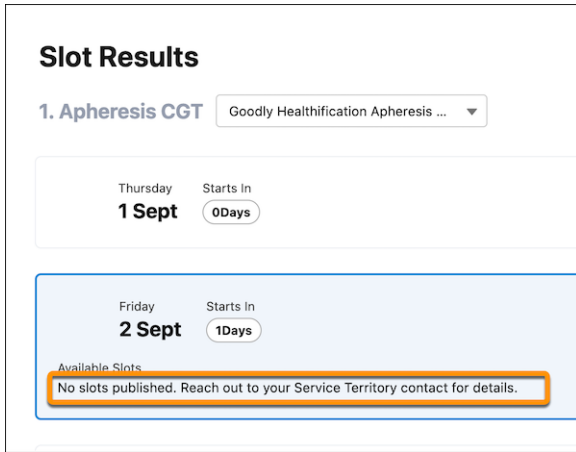
8. Click **Book Selected Slots**.

9. Review the patient details and the slot details.

10. For slots that haven't been published, elect a start time and end time to book the appointment.
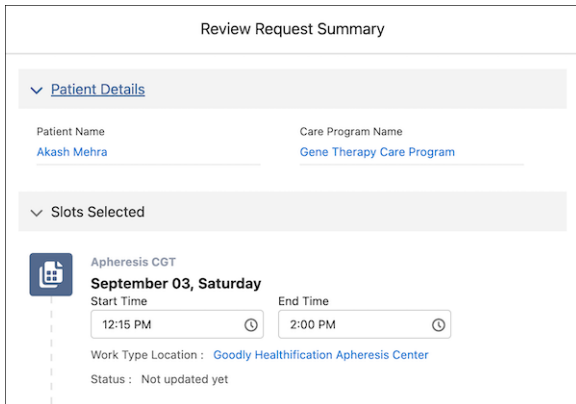
11. Click **Submit**.

The request for scheduling slots is submitted for review.

SEE ALSO:

Salesforce Help: Schedule Appointments Using Published Slots

Reschedule a Series of Appointments for an Advanced Therapy

In case of sudden unavailability of enrollees, you can easily reschedule the booked slots. But rescheduling occurs for the entire slot chain, meaning all the appointments that are part of the work procedure are rescheduled.

In Advanced Therapy Management, if a patient has a change in plans and is unavailable for the apheresis appointment, the QTC coordinator can reschedule the appointment to a later date. The appointments for the consequent work types of manufacturing and infusion are also rescheduled accordingly.

1. From App Launcher, find and select **Care Program Enrollees**.

   Alternatively, from the patient's record page, go to the Related tab and navigate to the Care Program Enrollee list.

   > 📝 Note: Make sure you add the Related List lightning component to the patient's record page.

2. Select the enrollee record associated with the appointment slot that needs rescheduling.

3. Select **Reschedule Slots**.
   The Reschedule Appointments tab is now visible.

4. Run a basic search or an advanced search.

5. Click **Reschedule Slots**.

6. Review the patient details and the slot details.

7. Click **Submit**.

SEE ALSO:

   Salesforce Help: Schedule Appointments Using Published Slots

Partially Reschedule Appointment Slots for an Advanced Therapy

Partially reschedule an appointment series downstream with the work type you want to reschedule.

1. From App Launcher, find and select **Care Program Enrollees**.

   Alternatively, from the patient's record page, go to the Related tab and navigate to the Care Program Enrollee list.

   > **Note:** Make sure you add the Related List lightning component to the patient's record page.

2. Select the enrollee record associated with the appointment slot that needs rescheduling.

3. Select **Reschedule Slots**.

4. Select the work type to reschedule. For Partial Reschedule, select any work type except the first one.

5. Click **Done**.

   In Appointment History on the Reschedule Appointments tab, you can view the previous appointment slots for the work types to reschedule.

6. Run a basic search or an advanced search.

   > **Note:** You must select new slots for all subsequent work types in the series. For example, if you reschedule the Manufacturing work type, also select slots for the Infusion work type that follows the Manufacturing work type.

7. Click **Reschedule Slots**.

8. Review the patient details and the slot details.

9. Click **Submit**.

Cancel a Series of Appointments for an Advanced Therapy

Sometimes you can't reschedule appointments due to unavailability of either the service resources or your enrollees, or both. In such cases, you can cancel the booking entirely.

1. From App Launcher, find and select **Care Program Enrollees**.

   Alternatively, from the patient's record page, go to the Related tab and navigate to the Care Program Enrollee list.

   > 📝 Note: Make sure you add the Related List lightning component to the patient's record page.

2. Select the enrollee record associated with the appointment slot that needs canceling.

3. Select **Cancel Slots**.
   Under Appointment Slots, the statuses of the appointments are changed to canceled.

SEE ALSO:

   Salesforce Help: Schedule Appointments Using Published Slots

Confirm Slot Booking Request

When you book slots, the booking requests are initially submitted for confirmation. Health Cloud offers a customizable Salesforce Flow to enable internal users, like gene therapy coordinators, to seamlessly confirm appointment booking requests.

For example, after the QTC coordinator books slots for apheresis, manufacturing and infusion, the request must be confirmed by a gene therapy coordinator. The new and automated Confirm Booking Request Salesforce Flow helps gene therapy coordinators approve the request, and changes the status of the requested appointments to "Scheduled".

> ✏️ **Note:** Your admin must configure the quick action button for the automated Confirm Booking Request Flow and add the button to the highlights panel of the care program enrollee record page.

1. From App Launcher, find and select the record page where the admin added the quick action button.

2. To trigger the Flow, click **Confirm Booking Request** (1) in the highlights panel.

3. To accept the booking request, click **Confirm**.
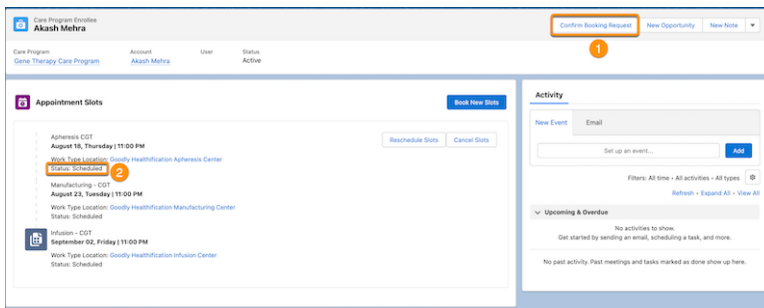
The statuses of the appointments are updated to "Scheduled" (2), and the booking request is confirmed.

SEE ALSO:

Administer Health Cloud: Add a Quick Action Button to Confirm Booking Slots in Advanced Therapy Management

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Configure an Enrollee Record to Create Tasks and Custody Records

Therapy Orchestration executes auto-launched and record-triggered flows to generate therapy tasks and custody records. Create a care program enrollee record for an advanced therapy to automatically create tasks, custody items, custody chain entries, and electronic signature records.

1. From the App Launcher, find and select Care Program Enrollees.

2. To create a care program enrollee record, click **New**.

3. Add a name.

4. Select a care program that has its Category field set as Advanced Therapy.

5. Select an account, lead, or user to represent the care program enrollee.

6. In Enrollment Location, select the service territory where an advanced therapy care program is executed.

7. Save your changes.

8. View the stages, steps, and therapy tasks generated on the care program enrollee record page.

9. From App Launcher, find and select **Custody Items**.

10. View the record created by the latest therapy orchestration run.

11. From App Launcher, find and select **Custody Chain Entries**.

12. View the record created by the latest therapy orchestration run.

View and Perform Therapy Tasks Assigned to You

Complete the tasks allocated to you as part of an advanced therapy orchestration step. Navigate to the care program enrollee's record page to keep track of the therapy progression, and view completed and upcoming tasks in the My Tasks section of the page.

> **Note:** The Care Program Enrollee record page may also include the Pending Signatures section, which lists electronic signature records that are ready for you to sign.

1. From App Launcher, find and select **Care Program Enrollees**.

2. Select the Care Program Enrollee record for which you're assigned a task.

3. In My Tasks, find and select the task assigned to you.

> **Note:** You can view all tasks, but can access only tasks that are assigned to you.
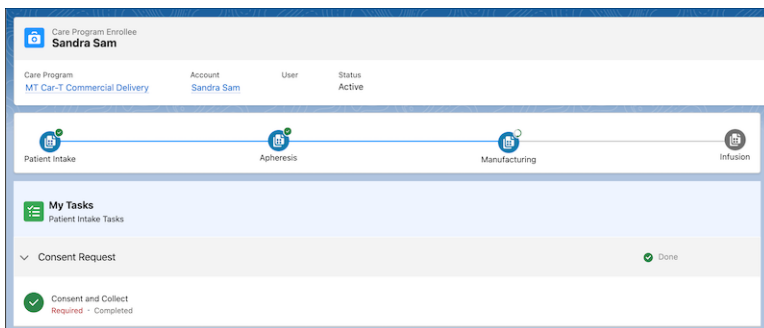
4. Complete the task flow or component task set up by your admin.

Get a Complete View of an Enrollee's Advanced Therapy

Use the Advanced Therapy Management app to access all the information related to an advanced therapy in one place, including the progress of work procedure steps (therapy stages), work order steps (therapy substages), and therapy tasks. Also, track the execution of the orchestration flows from the Orchestration Run record page.

View the progression of the advanced therapy through the various stages in the Work Procedure Step Progression section. In My Tasks, view the progress of therapy tasks assigned to you or other stakeholders in a therapy. You can also view the scheduled, rescheduled, and canceled appointments in the Appointment Slots section.

1. From App Launcher, find and select **Advanced Therapy Management**.

2. Select a care program enrollee record that's associated with an advanced therapy.

   View the Work Procedure Step Progression section, the My Tasks section, and the Appointment Slots section.

3. From App Launcher, find and select **Orchestration Run**.

4. Select an orchestration record.

5. Go to the Related tab to view the orchestration stage and step runs.

Repeat a Stage in a Therapy Orchestration

Therapy Orchestration not only helps you perform smooth orchestration runs, but also helps mitigate unexpected errors where a therapy stage has to be repeated.

Therapy Orchestration and Multi-Step Scheduling are used together in non-linear flows to reschedule slots and rerun the orchestration. The workflows are reset to the beginning of a therapy stage and executed again. You can repeat the chain of appointments from any stage of therapy and reassign a fresh set of tasks to the relevant stakeholders in each therapy step.

Consider a situation where a clinician notices that the biosample was destroyed at the time of transportation to the manufacturing lab. This means that Apheresis has to be repeated. The clinician immediately notifies the gene therapy coordinator.
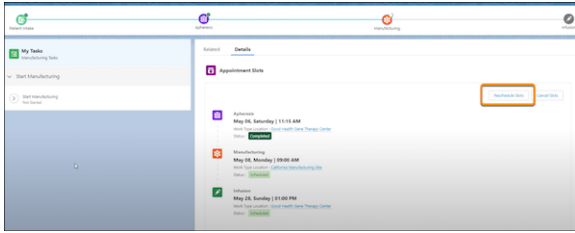
As the gene therapy coordinator, you log into the Advanced Therapy Management app to reschedule the appointments, with Apheresis as the starting point. After you reschedule the appointments, the Apheresis clinician sees that the patient's therapy orchestration has been reset to Apheresis in the Work Procedure Step Progression component. Each task is generated again and assigned to the relevant user.

Electronic Signatures in Health Cloud

With Digital Verification in Health Cloud, you can sign electronic records to verify key record updates such as Chain of Custody events in Advanced Therapy Management. You use your CRM credentials to sign the records on the same device as the other signers or different devices.

The Pending Signatures section of your Home page or a Care Program Enrollee detail page lists electronic signature records that are ready for you to sign. These records are assigned to you as a verifier either directly or through a user group or participant role. On your Home page, you see every signature trail that requires your signature. On a record page, you see only the signature trails that are related to the record.

You can view electronic signature records on a signature trail that are pending for others or that are rejected but still open. You can also assign a specific user as a designated verifier if one isn't already assigned.

View and Sign Electronic Signature Records

The Pending Signatures section of a page lists electronic signature records that are ready for you to sign.

View and Sign Electronic Signature Records

The Pending Signatures section of a page lists electronic signature records that are ready for you to sign.

Each record includes the signature request date and a link to the reference record.

1. From the Pending for You tab, click the name of the electronic signature record.

2. Select a line item that's marked as ready for signing.

3. In Signing Action, select **Approve** or **Reject**.

   🛑 Important: If you select Reject, the status changes to Rejected - Open, and you must generate a new electronic signature record for the reference record. When you approve the new record, change the status of the original record to Rejected - Closed to mark the signature trail as complete.

4. Enter comments about your signing reason.

5. Enter your location.

6. Enter your login Id and password, which are your CRM credentials. Your credentials represent your digital signature.

7. Click **Authenticate**.

8. Click **Finish**.

Upload and Process Documents

With intelligent document automation, you can work efficiently with patient-related documents faxed to you. Convert them to digital files; select pages to include or exclude; rotate those pages if needed; and extract their data into Salesforce.

For instructions on using Intelligent Document Automation, see Intelligent Document Automation.

Monitor Health Events Over Time

The timeline gives you a snapshot of someone's healthcare events and activities in chronological order. You can select any time scale and see all the important details of a person's care or filter the events to see a targeted view. So it's super easy to get a snapshot of the person's prescriptions from last month, or look at next month's medical events.

Watch a Demo: ▶ Use the Timeline to Monitor Patient Health History
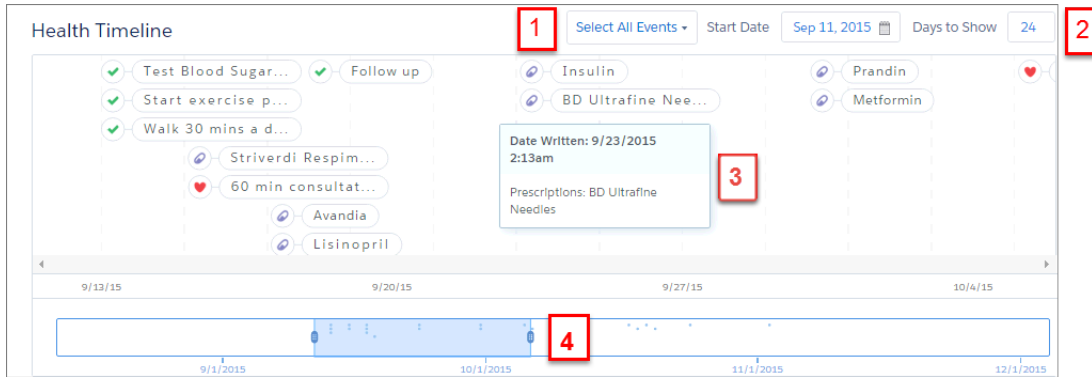
You can filter the events (1) that appear on the timeline. View all health record and engagement events, or you can view just a few. Filter to show events like messages from different medical practitioners, forms you've sent to the person, diagnosed conditions, medical procedures, and other electronic health records.

To view upcoming medical events (2), select a start date and then how many days you'd like to see from that date into the future. You can narrow that amount of time or expand it up to 365 days, depending on the length of time you'd like to see.

Hover your cursor over an event (3) to see the highlights for that event. For example, view the name and the amount of a medication that was prescribed on a certain date. To open the related record in another tab, click the timeline event.

Below the main timeline is a mini-map with a slider (4) that lets you quickly scroll through the timeline. To redefine the date range, drag the marker at the end of the slider. When you drag the slider, the Start Date and Days to Show fields change in response. Click a cluster of timeline events in the mini-map to set the start date or to drill in and investigate a cluster of events. To help with long-term management, the timeline shows events and care plan tasks that are over 365 days old even when they are closed or archived.

Manage a Patient or Member's Relationships

Knowing who lives with the patient or member and seeing their role and relationship can be an important factor in ongoing care. A person's household includes caregivers, businesses, and others who are involved with their health.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

To edit patient or member relationships:
- Health Cloud Standard

Get to Know the Householding Map

The householding map gives you a complete view of the people under your care. It brings together patients or members and their care plans, caregivers, households, businesses, and others who are involved in the person's care.

Manage Your Patient or Member's Households

Get insight into a patient or member's home life by managing a view of all households they belong to. You can add households as necessary and add or remove the people associated with each household.

Connect a Patient or Member with a Business

Sometimes managing a patient or member means that you also engage with related businesses, like medical supply companies or an insurance carrier. When you add these businesses to the householding map, you have this information at your fingertips.

Connect a Patient or Member with Another Person

Add a caretaker, doctor, case worker, or other professional as a related contact. First, you create an account for the contact, because every contact belongs to an account in Salesforce. Then associate the person as a contact with the patient or member.

Get to Know the Householding Map

The householding map gives you a complete view of the people under your care. It brings together patients or members and their care plans, caregivers, households, businesses, and others who are involved in the person's care.

You can get to the map using the patient card navigation menu or by selecting the Household subtab for a given person.

A basic map is created for every person that shows their care plan.
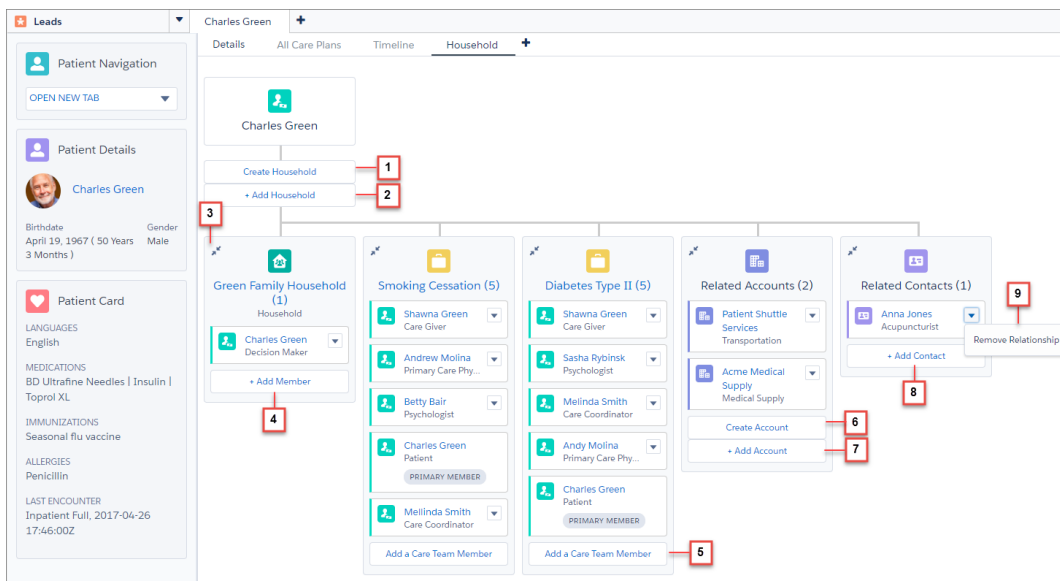
You can then add information and change the map.

- Create a household (1) and then add it to the map (2).
- Collapse and expand (3) the items in each list for easy viewing.
- Add family members or other people to the household (4).
- Manage the care team by adding or removing members (5). Changes made from the Care Plan tab and the Household tab appear in both tabs.
- Create business accounts (6) like medical supply or patient transport companies and add them to the map (7).

- Add people who don't live with the person and aren't part of their care team, but still participate in their healthcare (8).
- Remove people or businesses that aren't involved in the person's healthcare (9).

In Lightning Experience, you can hover over links in the record details to see a compact layout of the underlying record for that person or business.
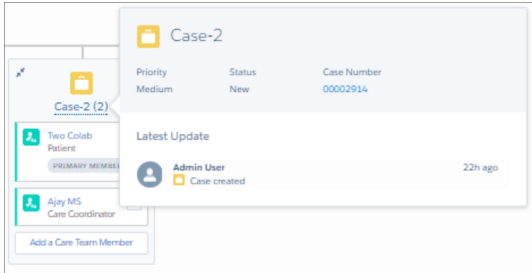
In Salesforce Classic, click the record name to open it in another tab. For internal Salesforce users, you see their Chatter profile page.

Manage Your Patient or Member's Households

Get insight into a patient or member's home life by managing a view of all households they belong to. You can add households as necessary and add or remove the people associated with each household.

1. Create a Household Account

   Just as a house and its occupants make up a household unit, a household record type and its associated contacts make up a household in Salesforce. Create a household before you add it to the household map.

2. Add a Household to the Map

   It's quick and easy to add a patient or member's household to the map.

3. Add People to a Household

   Add people to a household so that you have an accurate picture of the family and other caregivers living with the person you're managing.

4. Add Care Team Members to the Householding Map

   When a patient or member is created in Health Cloud, the householding map shows the person's name and the relationship groups associated with them: care plans, related accounts, and related contacts. When you add a care plan for the person, it appears in the map. Care plans show the members associated with each care plan that the person belongs to. You can add or remove care team members from a care plan.

Create a Household Account

Just as a house and its occupants make up a household unit, a household record type and its associated contacts make up a household in Salesforce. Create a household before you add it to the household map.

To see if a patient's household exists, check the picklist values for the Add Household button. If the household doesn't exist, create it.

1. In Salesforce Classic, click **Create Household** below the patient's name. In Lightning Experience, click **+ Add Household**.

2. Define a new Account Contact Relationship. In Account, click **+ New Account**.

3. Select the Household account record type, and click **Next**.

4. For Account Name, enter the name of the household.

5. Enter the rest of the information that your organization uses. For a description of the account fields, see Account Fields.

6. Save your work.

7. Navigate back to the new Account Contact Relationship modal, and save your changes.

Add a Household to the Map

It's quick and easy to add a patient or member's household to the map.

1. On the Household tab, click **Add Household**.

2. In the New Account Contact Relationship modal, select an existing household account.

3. Don't edit the name in the Contact field.

4. Select the role for the household.

5. Save your work.

   The Use Standard Trigger metadata type for Account-Contact Relationship Triggers can speed up relationship calculations for Accounts and Contacts. To see these fields update faster, go to the Custom Metadata Types page in Setup, and click **Manage Records** next to **Use Standard Trigger**. Then click **Edit** next to **Account Contact Relationship Trigger**. On the Use Standard Trigger (Managed) page, turn on the **Active** checkbox, and save your changes.

Add People to a Household

Add people to a household so that you have an accurate picture of the family and other caregivers living with the person you're managing.

📝 **Note:** If you can't add someone to more than one household, ask your Salesforce admin to enable the multiple relationship groups custom setting.

1. From within a person's household, select **Add Member**.

2. Don't edit the household's name in the Account field.

3. For Contact, select the name of the contact you're adding to the household.

   If you don't see the contact's name, you can add it. In Salesforce Classic, click **New** on the Lookup page. In Lightning Experience, click **New Contact**.

   📝 **Note:** If your org enabled Person Accounts, go to the Account tab, and click **New**. To create the contact's account, choose the Person Account record type.

4. Select the member's role in the household.

5. Make the record active, and save your work.

Add Care Team Members to the Householding Map

When a patient or member is created in Health Cloud, the householding map shows the person's name and the relationship groups associated with them: care plans, related accounts, and related contacts. When you add a care plan for the person, it appears in the map. Care plans show the members associated with each care plan that the person belongs to. You can add or remove care team members from a care plan.

1. From the care plan tile, click **Add a Care Team Member**.

2. Enter the person's name and role within the care team.

   If the person doesn't exist in Health Cloud, add the person as a member.

3. Click **Add**.

To remove a member from the care plan, select **Remove Member** next to the member's name.

Connect a Patient or Member with a Business

Sometimes managing a patient or member means that you also engage with related businesses, like medical supply companies or an insurance carrier. When you add these businesses to the householding map, you have this information at your fingertips.

Create a Business Account
Create a business account before you add it to the Related Accounts card on the householding map.

Add a Business to the Map

Create an account record for a related business before you add it to the map. You can also add relationships that the person has as related accounts and related contacts.

Account Fields

Your page layout and field-level security settings determine which account fields are visible and editable. Here are the most common account fields used in business and household accounts.

Create a Business Account

Create a business account before you add it to the Related Accounts card on the householding map.

Check the picklist values for the Add Account button to see if the business account exists. If it doesn't exist, create it.

1. In Salesforce Classic, click **Create Account** on the Related Accounts card. In Lightning Experience, click **+ Add Account** and then click **+ New Account**.

2. Select the Business account record type, and click **Continue**.

3. For the Account Name, enter the name of the business.

4. Enter the rest of the information that your organization uses. For a description of the account fields, see Account Fields.

5. Save your work.

6. Navigate back to the Household tab and add the new business.

Add a Business to the Map

Create an account record for a related business before you add it to the map. You can also add relationships that the person has as related accounts and related contacts.

1. In the Related Accounts tile of the Household tab, click **+ Add Account**.

2. Select the business that you want to relate to the patient or member. If you can't find the account name, create an account.

3. Select the business's participating role in the account. You can select multiple roles by pressing the Ctrl key while selecting roles.

4. Don't edit the person's name in the Contact field.

5. Save your work.

Account Fields

Your page layout and field-level security settings determine which account fields are visible and editable. Here are the most common account fields used in business and household accounts.

Field	Description
Account Name	The account that the contact is linked to. Enter the account name, select the account from a list, or create an account.

Field	Description
Account Number	Tracking or reference number for the account. The maximum is 40 characters.
Account Owner	The assigned owner of the account.
Account Record Type	Name of the field that determines which picklist values are available for the record.
Account Site	Information about the account's location. Up to 80 characters are allowed.
Assistant	The assistant's name. Up to 40 characters are allowed.
Asst. Phone	Phone number of the assistant.
Annual Revenue	Amount of revenue reported in a year.
Billing Address	Address used for billing.
Billing City	City portion of the billing address. Up to 40 characters are allowed.
Billing Country	Country portion of the billing address. The entry is selected from a picklist of standard values or entered as text. If the field is a text field, enter up to 80 characters.
Billing State/Province	State or province portion of the billing address. The entry is selected from a picklist of standard values or entered as text. If the field is a text field, enter up to 80 characters.
Billing Street	Street address used for billing. Up to 255 characters are allowed.
Billing ZIP/Postal Code	ZIP code for the billing address.
Birthdate	The contact's birthday. Click the field to choose a date from the calendar.
Care Plan	Case ID and name of a care plan.
Contact Owner	The contact's assigned owner. Not available in Personal Edition.
Contact Record Type	The name of the field that determines which picklist values are available for the record.
Created By	The user who created the contact. Includes creation date and time. Read only.
Department	The associated business or organizational unit. Up to 80 characters are allowed.
Description	The contact's description. Maximum 32 KB of data. The first 255 characters appear in reports.
Disabled	Indicates whether the person is considered disabled.
Email	A valid email address for the contact. Up to 80 characters are allowed.

Field	Description
Employees	Number of people employed by the account.
Fax	The contact's fax number. Up to 40 characters are allowed.
First Name	The contact's first name as displayed on the contact edit page. Up to 40 characters are allowed.
Gender	The contact's gender.
Home Phone	The contact's home phone number. Up to 40 characters are allowed.
Institution	Indicates whether the patient lives in an institution.
Individual ID	Identifier for the individual.
Individual Type	Record type assigned to the individual.
Industry	Primary business of account. Each picklist value can have up to 40 characters.
Last Modified By	The user who last changed the contact fields, including modification date and time. This field doesn't track changes that were made to related list items on the contact. Read only.
Last Name	The contact's last name as displayed on the contact edit page. Up to 80 characters are allowed.
Lead Source	The record source, for example, Advertisement, Partner, or Web. The entry is selected from a picklist of available values, which the administrator sets. Maximum 40 characters for each picklist value.
Low Income	Indicates whether the patient falls within low income guidelines.
Mailing City	The city in the mailing address. Up to 40 characters are allowed.
Mailing Country	The country in the mailing address. Up to 80 characters are allowed.
Mailing State	The state or province in the mailing address. Up to 80 characters are allowed.
Mailing Street	The street in the mailing address. Up to 255 characters are allowed.
Mailing Zip/Postal Code	The zip or postal code in the mailing address. Up to 20 characters are allowed.
Medicaid Eligibility Status	Indicates whether the person is eligible for Medicaid.
Medical Record Number	The medical record number used to identify the patient.
Enrollment Type	The person's enrollment type in Medicare.
Mobile	The contact's mobile phone number. Up to 40 characters are allowed.
OREC	The original reason for the entitlement code.

Field	Description
Other City	The city in another address for the contact. Up to 40 characters are allowed.
Other Country	The country in another address for the contact. The entry is selected from a picklist of standard values or entered as text. If the field is a text field, enter up to 80 characters.
Other State	The state or province in another address for the contact. The entry is selected from a picklist of standard values or entered as text. If the field is a text field, enter up to 80 characters.
Other Street	The street address in another address for the contact. Up to 255 characters are allowed.
Other Zip/Postal Code	The zip or postal code in another address for the contact. Up to 20 characters are allowed.
Other Phone	Another phone number for the contact. Up to 40 characters are allowed.
Ownership	The company's ownership type, such as public or private.
Parent Account	The parent company for a company that is a subsidiary of a larger company or organization. The parent account must be an existing account in Salesforce. You can enter the account name, or select or create an account using the lookup icon.
Phone	The contact's primary phone number. Up to 40 characters are allowed.
Primary Contact	The primary go-to contact for all communication with that organization or household. For a household, the first contact, typically the contact you used to create the household, is automatically assigned as the primary contact. An organization or household can have only one primary contact.
Rating	How this account is rated from a picklist of available values.
Reports To	The name of the contact's manager. Enter a contact name, or select a contact from the list.
Salutation	The title for addressing the contact, for example, Mr., Ms., or Dr. The entry is selected from a picklist of available values, which the administrator sets. Maximum 40 characters.
Shipping Address	Address to ship to for the account.
Shipping City	City portion of the primary mailing or shipping address. Up to 40 characters are allowed.
Shipping Country	Country portion of the primary mailing or shipping address. The entry is selected from a picklist of standard values or entered as text. If the field is a text field, enter up to 80 characters.

Field	Description
Shipping State/Province	State or province portion of the primary mailing or shipping address. The entry is selected from a picklist of standard values or entered as text. If the field is a text field, enter up to 80 characters.
Shipping Street	Primary mailing or shipping street address of the account. Up to 255 characters are allowed.
Shipping Zip/Postal Code	Zip or postal code portion of the primary mailing or shipping address. Up to 20 characters are allowed.
Source System	The system that created the record and owns update rights to it.
Source System ID	The ID of an external record.
Type	The type of account, such as business or individual.
Ticker Symbol	The abbreviation used to identify publicly traded shares of a particular stock. Also known as the stock symbol. Up to 20 characters are allowed.
Website	The URL of the account's website, for example, www.acme.com. Up to 255 characters are allowed, but only the first 50 are displayed.

Connect a Patient or Member with Another Person

Add a caretaker, doctor, case worker, or other professional as a related contact. First, you create an account for the contact, because every contact belongs to an account in Salesforce. Then associate the person as a contact with the patient or member.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

Create a Contact
Create a contact record for household members or other people who are related to the patient.

Add a Contact to the Map
Add people who have a role to play in the patient's healthcare, but aren't a member of a household or care team.

Contact Fields
Your page layout and field-level security settings determine which contact fields are visible and editable. Here are the most common contact fields used to relate contacts to a patient.

Create a Contact

Create a contact record for household members or other people who are related to the patient.

1. In the Related Contact tile of the Household tab, click **+ Add Contact**.

2. In Lightning Experience, click **+ New Contact** in the Related Contact picklist. In Salesforce Classic, click **New**.

3. Select the **Person Account** record type.

   Business and Household record types are for creating accounts, not creating contacts.

4. Click **Next**.

5. Enter the contact's last name.

6. Enter the contact information that your company uses to manage contacts.

   For a description of the standard contact fields, see Contact Fields.

7. Save your work.

8. Select the related role that the person plays in relationship to the patient.

9. Make the record active.

10. Save your work.

Add a Contact to the Map

Add people who have a role to play in the patient's healthcare, but aren't a member of a household or care team.

1. In the Related Contact tile of the Household tab, click **+ Add Contact**.

   If you can't find the name of the person, create a contact.

2. Don't edit the patient's name in the Contact field.

3. For the Related Contact, select an existing contact.

4. In the Related Role field, select the new contact's participating role in relationship to the patient.

   In Lightning Experience, you can select multiple roles for a contact. Customize the roles in the picklist by editing the field.

5. Make the record active, and save your work.

Contact Fields

Your page layout and field-level security settings determine which contact fields are visible and editable. Here are the most common contact fields used to relate contacts to a patient.

Field	Description
Account Name	The account that the contact is linked to. Enter the account name, select the account from a list, or create an account.
Assistant	The assistant's name, up to 40 characters.

Field	Description
Asst. Phone	Phone number of the assistant.
Birthdate	The contact's birthday. Click the field, and then choose a date from the calendar.
Contact Owner	The contact's assigned owner. Not available in Personal Edition.
Contact Record Type	The name of the field that determines which picklist values are available for the record.
Created By	The user who created the contact. Includes creation date and time. Read only.
Department	The associated business or organizational unit, up to 80 characters.
Description	The contact's description. Maximum 32 KB of data. The first 255 characters appear in reports.
Email	The contact's email address, up to 80 characters. A valid email address is required.
Fax	The contact's fax number, up to 40 characters.
First Name	The contact's first name as displayed on the contact edit page, up to 40 characters.
Gender	The contact's gender.
Home Phone	The contact's home phone number, up to 40 characters.
Individual Type	Record type assigned to the individual.
Last Modified By	The user who last changed the contact fields, including modification date and time. This field doesn't track changes that were made to the related list items on the contact. Read only.
Last Name	The contact's last name as displayed on the contact edit page, up to 80 characters.
Lead Source	The record source, for example, Advertisement, Partner, or Web. The entry is selected from a picklist of available values, which the administrator sets. Maximum 40 characters for each picklist value.
Mailing City	The city in the mailing address, up to 40 characters.
Mailing Country	The country in the mailing address, up to 80 characters.
Mailing State	The state or province in the mailing address, up to 80 characters.
Mailing Street	The street in the mailing address, up to 255 characters.
Mailing Zip/Postal Code	The zip or postal code in the mailing address, up to 20 characters.
Mobile	The contact's mobile phone number, up to 40 characters.
Medical Record Number	The medical record number used to identify a patient.

Field	Description
Other City	The city in another address for the contact, up to 40 characters.
Other Country	The country in another address for the contact. The entry is selected from a picklist of standard values or entered as text. If the field is a text field, the maximum is 80 characters.
Other State	The state or province in another address for the contact. The entry is selected from a picklist of standard values or entered as text. If the field is a text field, the maximum is 80 characters.
Other Street	The street name in another address for the contact, up to 255 characters.
Other Zip/Postal Code	The zip or postal code in another address for the contact, up to 20 characters.
Other Phone	Another phone number for the contact, up to 40 characters.
Phone	The contact's primary phone number, up to 40 characters.
Reports To	The name of the contact's manager. Enter a contact name, or select a contact from the list.
Salutation	The title for addressing the contact, for example, Mr., Ms., or Dr. The entry is selected from a picklist of available values, determined by the administrator. Maximum 40 characters.
Source System	The system that created the record and owns update rights to it.
Source System ID	The ID of an external record.

Improve Outcomes with the Care Team

The care team is the hub of your patient or member's private community. It represents everyone working to make sure the person succeeds with his or her care plan. You can assign ownership of health tasks to members of the care team, including other health professionals, patients or members, and their family. Exchange secure, private messages between yourself, the person under your care, and members of the team—and they can access those messages on any device.

Your care team, powered by Salesforce Experience Cloud, unites people with professional and personal caregivers in a private collaborative network where they can access their care plans and tasks. The convenience of having the information on any device helps engage and empower your site members.
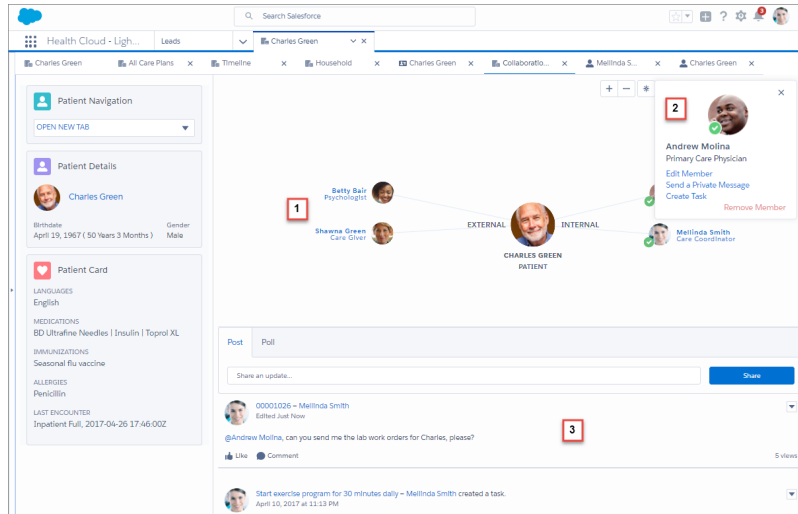
- The care team view (1) represents the relationships that make up the patient or member's professional and personal network of caregivers.

- For site members, select the person's picture (2) and do things like send a private message or create a task for them.

- Collaborate with care team members using Chatter (3). Send private messages to a person and their caregivers, and collaborate with internal members of the team without leaving the person's original profile.

> **Note:** Salesforce Experience Cloud provides the collaboration support for Health Cloud. Some of the collaborative features are available only when you enable Experience Cloud and create a site.

Manage the Care Team

Patients or members with an invested team of professional and personal caretakers are more likely to manage their conditions successfully. Each member plays an important role in maintaining the health and ensuring the progress of the patient.

Enable Task Assignment for Site Users Created from Contacts

Make sure that care team members created outside of the Health Cloud console can be selected for task assignment.

Use the Chatter Feed to Collaborate with the Care Team

The Chatter feed on the Collaboration tab shows all the conversations with care team site members and activities related to the care plan. This Chatter feed is a more focused version of the What's Happening feed on the Today page. Chatter feeds show you posts and comments you and other people make, as well as record updates that are associated with the care plan.

Send a Private Message to a Care Team Member

Chatter messages let you have secure private conversations with other Chatter users who are also members of the care team. You can also use messages to notify people when a file has been shared with them. Messages don't appear in your feed, your profile, global search results, or any other part of Chatter that's publicly visible.

Manage the Care Team

Patients or members with an invested team of professional and personal caretakers are more likely to manage their conditions successfully. Each member plays an important role in maintaining the health and ensuring the progress of the patient.

Watch a Demo: ▶ Manage the Patient Care Team

> 📝 **Note:** Salesforce Experience Cloud provides the collaboration support for Health Cloud. Some of the collaborative features are available only when you enable Experience Cloud and create a site.

Your admin defines roles, which can include:

- Care coordinator
- Patient or Member
- Caregiver
- Primary physician
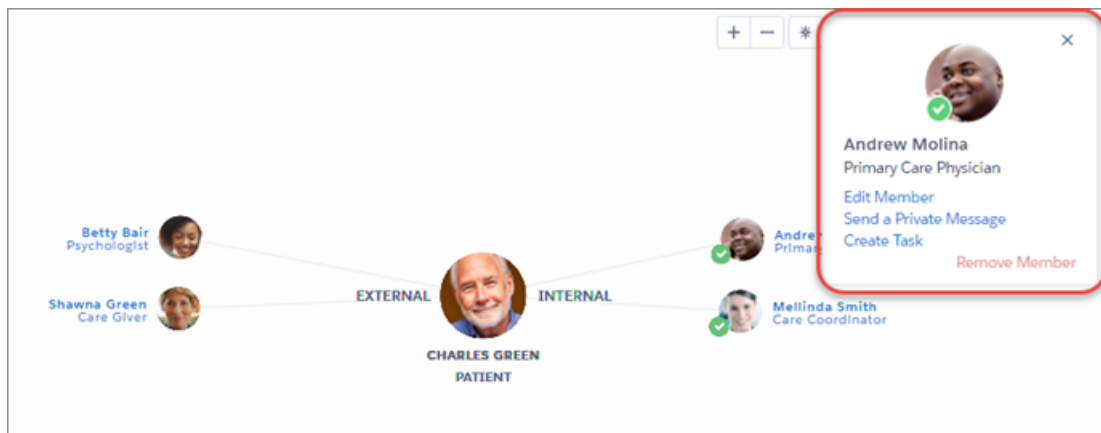
Members of the site have a checkmark by their thumbnail photo and members without site access don't have a checkmark. Internal members, to the right of the patient, are people within your company who have access to Health Cloud. External members, to the left of the patient, are people from outside your company, like caregivers or medical professionals who work for other companies or agencies.

Click a care team member's profile picture in the care team view to see quick view options for interacting with that person. You can perform the following actions from the member's profile.

- View the member's email address: The member's profile shows their email address so that you can use an external email application to contact external members who don't have access to the site.
- Edit a member's record: You can edit the original record for each member of the team. When the member is an internal user or a member of the site, you can see and edit their user record. If the person is an external member without site access, you see the contact record.
- Add the member to the site: If the care team member isn't already a member of the site, select this link to add the person to the site. Make sure that the contact record has an email address, because an email notification with login information for the site is sent. Internal users already have access to the site.
- Send a private message: You can send a private Chatter message to a care team member who is a part of the site. Members of the site have a checkmark by their thumbnail photo to let you know you can send a private message.

Chatter messages let you have secure private conversations with other Chatter users. Use messages to send your patient or member a question privately or to communicate with a care team member when a discussion isn't relevant to everyone. Messages don't appear in your feed, your profile, global search results, or any other part of Chatter that's publicly visible.

- Create a task for the member: When the member you're working with is part of the site, you can create a task that appears on the person's home page.

- Remove a member: What if your patient or member changes physicians, or a family member is no longer involved in the care team? You can remove a member from the team and from the site. Be sure that the person doesn't have open tasks before you remove the member. It's a best practice to reassign those tasks to another member of the team so that you don't lose track of the tasks.

  Note: Because it's possible that someone like a respiratory therapist could be a member of several care teams, a person retains site access even when removed from a specific care team.

Enable Task Assignment for Site Users Created from Contacts

Make sure that care team members created outside of the Health Cloud console can be selected for task assignment.

When you create care team members from within the Health Cloud console, they are created as users with site access. When you create a user in the Salesforce Classic Contact page, you can also grant that person site access by enabling them as a customer user. You can add customer users to the care team and they have access to the patient or member's site. They can't be assigned tasks using care plan templates until you manually update their user type.

1. Open the person's Detail page, select the case that's associated with the care plan.

2. In the Case Team related list, find users who have `Contact:` as a prefix to their name.

   These contacts have a user record, but you must update their user type to assign them tasks from the care plan template.

3. Click **Update Case Team Members**.

4. Next to the user's name, use the picklist to change their assignment from `Contact` to `Customer Portal User`.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

Use the Chatter Feed to Collaborate with the Care Team

The Chatter feed on the Collaboration tab shows all the conversations with care team site members and activities related to the care plan. This Chatter feed is a more focused version of the What's Happening feed on the Today page. Chatter feeds show you posts and comments you and other people make, as well as record updates that are associated with the care plan.

Private messages sent from the care team profile don't appear in your feed, your profile, global search results, or any other part of Chatter that's publicly visible. This feed is private to the care team site and only shows posts from members with access to the site. Posts from the care team do appear in your What's Happening feed on the Today page, but aren't seen by your company or users who aren't members of the care team site.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud
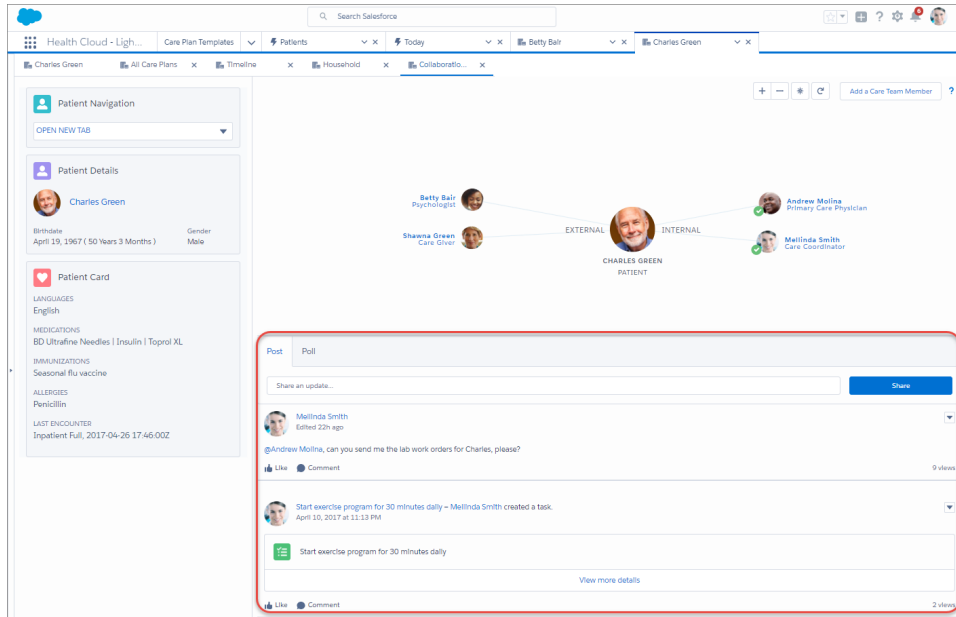
Use the @ character to mention a member so that they receive an email notification letting them know that they're mentioned in a post. Select the audience by posting only to internal care team members or allow any member with site access to see the post.
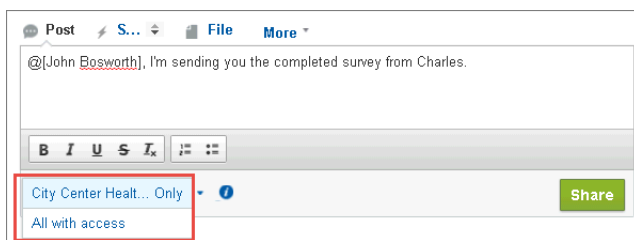
Track a post by clicking `Like` below a post or comment. You can also create a poll, thank someone, link to a website, and select other options that your admin configures.

SEE ALSO:

Send a Private Message to a Care Team Member

Chatter messages let you have secure private conversations with other Chatter users who are also members of the care team. You can also use messages to notify people when a file has been shared with them. Messages don't appear in your feed, your profile, global search results, or any other part of Chatter that's publicly visible.

> 📝 **Note:** Salesforce Experience Cloud provides the collaboration support for Health Cloud. Some of the collaborative features are available only when you enable Experience Cloud and create a site.

Your messages are organized into conversations, with each conversation defined by the combination of people participating in it. For example, you send a message to Sally Smith. When Sally replies, her message continues your one-on-one conversation. Each new message you send to Sally—even if it's about a different topic—also

continues the same conversation. Over time, you build a rich conversation history with Sally that contains every message you've exchanged with her.

1. Start the message from one of these locations.

   - Click **Private Message** on the care team member's profile card in the care team view.
   - Click a person's name anywhere in Chatter to view the profile, and then click **Send a message**.

   Sharing a file with people is another way to send a Chatter message. When you share a file, a message is sent to the recipients.

2. If you started in the Send a Message dialog box, you can add people's names to the recipient list. Type a name in the **To** field and click the name to select it. Add more people to the conversation by entering more names.

   If you're replying within a conversation or via email, the conversation participants can't be changed.

3. Write your message. Messages can be up to 10,000 characters.

4. Submit your message using the appropriate method.

   - In the Send a Message dialog box, click **Send**.
   - If you're replying within a conversation, click **Reply** (or **Reply All** if the conversation involves multiple recipients).
   - If you're replying via email, use the Send option in your email application.

Easily Enroll Patients in Programs and Capture Their Consent

With Health Cloud, it's easy to enroll participants in care programs like a diet and nutrition class or an employer-sponsored wellness program. Stay compliant by capturing electronic signatures and tracking consent for each care program enrollment. Consent can take place with the participant providing consent in person, using a tablet or mobile device. Patients and members who aren't physically present can log into their Experience Cloud site, then view and provide consent for documents related to the program.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud or Health Cloud for Life Sciences

Enroll a Participant in a Care Program
It's quick and easy to enroll someone in a care program and capture their consent to participate.
Associate a Healthcare Professional with a Care Program Provider
To let the care team identify the primary healthcare professional associated with a care program provider, associate a healthcare professional with a care program provider. This association also allows the care team to look up all healthcare professionals for care program providers.

Enroll a Participant in a Care Program

It's quick and easy to enroll someone in a care program and capture their consent to participate.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud or Health Cloud for Life Sciences
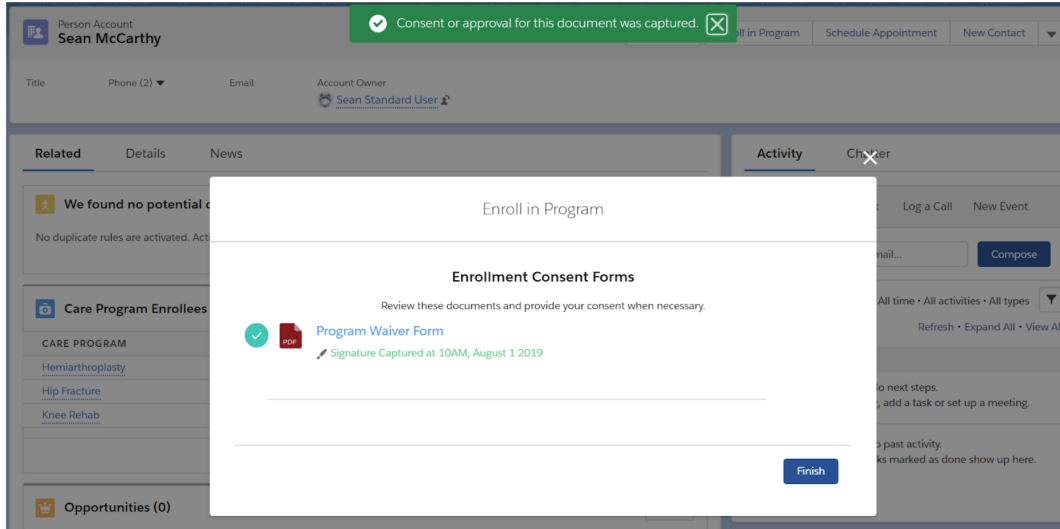
1. From the Detail page of a participant's Person Account record, select **Enroll in Program**.

2. Select the care program from the list of available programs.

3. Click **Next**.

4. Select the products that are related to the program and click **Next**.

   To filter the list to see only the products you've selected, click **Show Selected**.

5. Select the providers associated with the product and click **Next**.

   If the product doesn't have an associated provider, you can skip it and click **Next**.

6. Review the products and providers associated with the program.

   You can navigate to previous screens, and make changes, if necessary.

7. Click **Enroll**.

8. If the participant is present with you, have them review any related consent forms by selecting the name of the form.

9. Have the participant sign in the signature box and click **Consent** for forms that require a signature or click **Accept** for forms that are informational only.

10. Click **Finish**.

   Note: When the participant isn't physically present, they can log into the Experience Cloud site and see which programs have forms to review and to provide consent for. The care program card indicates that there are forms to review. When the participant selects the card, the Care Program Enrollee page opens so that they can review forms and provide consent, if necessary.

Associate a Healthcare Professional with a Care Program Provider

To let the care team identify the primary healthcare professional associated with a care program provider, associate a healthcare professional with a care program provider. This association also allows the care team to look up all healthcare professionals for care program providers.

Make sure that the field-level security of the Source System Identifier, Status Reason, Source System, and Parent Record Type fields is set to visible for all profiles.

1. In the App Launcher, select **Care Program Healthcare Providers** and then click **New**.

2. Add information for the association between the healthcare provider (healthcare professional) and the care program provider.

New Care Program Healthcare Provider

Information

* Care Provider Association Name
Primary Provider

* Care Program Provider
Search Care Program Providers...

Healthcare Provider
Search Healthcare Providers...

Source System
Source System Identifier

Effective To
Effective From

Cancel   Save & New   Save

> **Note:** To assign this healthcare provider as the primary provider, select **Primary Provider**.

3. Save your changes.

Unified Health Scoring

Unified Health Scoring gives you a holistic view of your patients' health profiles. Let's call this view the unified health profile. Your admin defines a unified health profile for your organization that shows you everything concerning your patients' health. Based on how your admin implements Unified Health Scoring, the feature prompts you to intervene in your patients' healthcare when certain conditions are met. This multidimensional view together with contextual prompts helps you plan your interventions better for improved health outcomes, greater patient engagement, and reduced healthcare costs.

Every implementation of Unified Health Scoring is unique. Work together with your admins to ensure that your implementation is optimized for your needs and the needs of your organization.

After your admin sets up Unified Health Scoring in your Health Cloud org, you interact with the feature using its three components. The Score Detail for Unified Health Scoring component shows you the detailed score breakdown of a patient's unified health profile. The

Score List for Unified Health Scoring component shows you a list of your patients with their current and previous scores and the degree of score change. The Dynamic Actions for Unified Health Scoring component prompts you to take action when certain conditions are met.

Score Details for Unified Health Scoring

This component displays the detailed score information of a patient's unified health profile. Here's the information you see:

- Current score and its date

- Previous score and its date

- A graph that shows score change over time (up to the last 12 scores)

- Current score, its date, previous score, and its date for up to three subcategories

- A graph that shows the score change over time for sub-subcategories.

Score List for Unified Health Scoring

This component gives you a filterable list view of your patients. You can filter this list to show patients with score changes in the last fifteen or thirty days. The component includes these columns:

- Name

- Current Score

- Current Date

- Previous Score

- Previous Score Date

- Score Change Percent

Dynamic Actions for Unified Health Scoring

This component suggests contextual actions when certain conditions are met for your patients or related records. Your admin configures what actions you see under what conditions on this component. Actions triggered from this component are logged in the Health Score Action Log object.

Home Health

Use Home Health to efficiently schedule and manage visits for your organization's home healthcare services. With this feature, you can automate large parts of your operations, such as scheduling recurring visits and managing care resource assignments.

Manage Users and Field Operations

Get to know the different users of Home Health and the field-level operations involved in home visits.

Manage Patient Preferences with Home Health

Patients can prefer home visits from care professionals with specific skills. Assigning care resources that match these preferences enhances the overall experience that patients have with your organization's services. For example, a patient prefers someone who speaks Spanish and is skilled in elder care. You can record these preferences if your admin has set up these preference types in your org.

Manage Home Visits and Authorizations

Learn how home visits are scheduled and assigned to care resources, then learn about the prior authorization and patient eligibility verification workflows that can expedite and streamline your home visit operations.

Manage Electronic Verification of Home Visits

Home Health's comprehensive solution for Electronic Visit Verification (EVV) allows a home health agency to track care resource visits and verify that a patient receives the services authorized in their plans of care. This verification gives accurate and up-to-date visit data that subsequently reduces inappropriate billing, safeguards against fraud, and helps with future audits. Along with achieving regulatory compliance, your home health agency also sees an improved home visit oversight, faster payments due to eliminated paperwork, and better scheduling and communication.

Manage Patient Medications During Home Visits

A meticulous medication management system helps a home health agency manage medication safely, cost-effectively, and competently to achieve the best outcomes for both the home health agency and its patients. With the integration of Home Health and Medication Management, clinicians can easily monitor a patient's medication regimen, identify actual or potential medication-related errors, and give guidance to optimize medication usage during home visits.

Manage Patient's Care Plans During Home Visits

Home Health's integration with Integrated Care Management helps you to orchestrate care for your patients efficiently and holistically. Provide personalized care and enhanced outcomes by addressing each patient's unique needs, based on their health concerns and list of medications.

Artificial Intelligence for Home Health

Use details of the recommended care professionals to swiftly schedule appointments with the most appropriate care professionals.

Manage Users and Field Operations

Get to know the different users of Home Health and the field-level operations involved in home visits.

Home Health Users

Users with different roles work on different aspects of Home Health. Based on your organization's roles and personas, your admin sets up profiles for these users.

- Schedulers work desk jobs and schedule visits for home healthcare services.
- Care resources work in the field and visit patient homes to provide care for patients. Depending on their level of access to clinical data, care resources can be further classified as clinicians and caregivers.

Field Operations

Care resources can use Home Health on the Field Service mobile app to keep track of their work in the field. With the app, you can see the visits that are assigned to you and the tasks you need to perform during each visit. You can also generate reports based on templates, and if you have the right permissions, even see the patient's clinical information.

Manage Patient Preferences with Home Health

Patients can prefer home visits from care professionals with specific skills. Assigning care resources that match these preferences enhances the overall experience that patients have with your organization's services. For example, a patient prefers someone who speaks Spanish and is skilled in elder care. You can record these preferences if your admin has set up these preference types in your org.

Home Health uses a patient's recorded preferences when it schedules visits for them and assigns care resources to their visits. Schedulers can add these preferences to the patient from the patient's record page in the Home Health app.

Add Patient Preferences with Home Health

Home Health uses a patient's recorded preferences when it schedules visits for them and assigns care resources to their visits. Schedulers can add these preferences to the patient from the patient's record page in the Home Health app.

The location of the user interface where you can add patient preferences depends on how your Salesforce admin configures your org. If you can't find the user interface, ask your Salesforce admin for help.

1. In the App Launcher, find and select **Home Health**.

2. Go to the **Accounts** tab and open the patient's record page.

3. In the Care Service Preferences section, define the patient's preferences for what qualities the assigned care resource must have.

   The Care Service Preferences section can have multiple subsections. By default, you get a General Preferences subsection where you can add the patient's preferences that apply to all visit scenarios. You can also add additional subsections where you can define preferences that are unique to different service scenarios. To add these subsections, select a service type in the **Care Service Type** field and click **Add**.

   > Note: The different preference types that you can add in the Care Service Preferences section depends on how your Salesforce admin configures your org. If you need to add more types of preferences, ask you Salesforce admin for help.
   >
   > When you add conflicting preferences in the General Preferences subsection and a custom subsection for a specific service type, then all the recorded preferences are considered when Home Health assigns care resources to the patient for that service type

4. In the Care Resource Preferences section, add the care resources that the patient prefers, requires, and wants to avoid.

5. In the Timing Preferences section, select an Operating Hours record that specifies the time slots that the patient is open to scheduling visits for.

6. Save your changes.

Manage Home Visits and Authorizations

Learn how home visits are scheduled and assigned to care resources, then learn about the prior authorization and patient eligibility verification workflows that can expedite and streamline your home visit operations.

Visit Types

Home Health supports two types of visits:

- Start-of-care visit for an initial assessment
- Recurring visits for providing the required services

With Home Health, you can schedule the full series of recurring visits in one go. Home Health takes care of creating each individual visit and assigning the appropriate care resources while you move on to the next task.

Visit Assignment

Home Health uses enhanced schedule optimization to ensure that care resources spend more time assisting patients and less time traveling to appointments. Home Health also automatically updates visit assignments when a care resource requests time off that conflicts with their visit assignments. Schedulers can reassign visits to different care resources in bulk.

Patient Eligibility Verification

Home health helps users to expedite the scheduling of recurring visits with a simplified, time-saving solution for patient eligibility verification. When schedulers create recurring visits, Home Health's built-in flow verifies whether the patient is eligible by checking for an active member plan and benefit coverage of type Home Health. If the patient is eligible, a message indicating the same appears. This automated background check helps schedulers to cut down on repetitive eligibility verification steps and helps them avoid any unintended manual errors during verification.

Prior-Authorization Integration

Home Health has an optional integration with Utilization Management that can streamline your operations. You can use Utilization Management to request authorization from the payer for a patient's home healthcare service requests. When the payer processes the request and returns the authorization data, Home Health uses the data to schedule the appropriate number of recurring visits. You can choose to indicate that authorization is required when you schedule visits. When you do so, Home Health runs checks in the background to ensure you don't schedule more visits than are approved. Your organization can avoid unnecessary disputes and ensure compliance by using these validations, so we highly recommend that you use Home Health with Utilization Management.

Schedule Visits with Home Health

Schedulers can schedule visits for their patients using the New Home Visit button on the patient's record page. You can schedule a start-of-care visit for an initial assessment, or you can schedule a set of recurring visits in bulk for the service you're providing.

Schedule Dependent Visits with Home Health

Deliver timely and optimal care to your patients by staying on top of complex and dependent visits that require two care resources to cater to a patient at the same time. As a scheduler, you can use Home Health to easily create two dependent visits for a patient in a single go.

Schedule Group Visits with Home Health

As a scheduler, you can simplify the scheduling process and provide better tracking by creating a group visit for multiple patients in nearby locations and with similar health conditions. Home Health bundles patient visits into a single group visit and assigns a single care resource to the group visit.

Reschedule Visits with Home Health

If a patient is unavailable for a visit, you can reschedule that visit from their patient record page.

Reschedule Subsequent Recurring Visits with Home Health

As a scheduler, you can reschedule a series of upcoming recurring visits in one go, depending on a patient's availability and preferences. Home Health's support for rescheduling a series of subsequent visits helps you increase operational efficiencies and reduce the administrative delays that arise when you manually reschedule each visit one at a time.

Reassign Visits to Another Care Resource with Home Health

If a care resource assigned to one or more visits asks for a change in assignments, you can reassign those visits to another care resource from their record page. For the reassignment, you can either manually select the new care resource to assign the visits to, or you can let Home Health automatically assign the visits to a new care resource.

Perform Visits in the Field with Home Health

Care resources can perform home visits in the field using Home Health in the Field Service mobile app. You can see what visits you're scheduled for, get directions to the visit location, and see the lists of tasks you have to complete for the visit. And if you have the right permissions, you can even see the patient's clinical data.

Refresh Home Visit Counts

As a scheduler, get an accurate and up-to-date visit count for a care service visit plan associated with a patient. Home Health's Update Care Visit Count flow works in the background and automates the calculation of assigned, unassigned, completed, and created visit counts. This built-in flow with its business rules and logic helps you speed up process management, save time, and reduce administrative errors.

Broadcast Visits with Home Health

As a scheduler, you can handle the ever-increasing demand for care resources by broadcasting home visits to resources in multiple service regions. Broadcasting helps you save time, enhance operational efficiency, and ensure patients receive timely care. To help you get a broader reach, you can broadcast up to 50 home visits to three service regions at a time.

Accept Broadcasted Home Visits

As a care resource, use your Field Service Mobile app to see a list of visits your scheduler broadcasted. Review the visit details and accept them if your schedule permits. When you accept a broadcasted visit, you play a key role in preventing no-shows and ensuring patients receive timely care.

Cancel Visits with Home Health

Visit cancellations are unavoidable. That's why Home Health provides a quick and flexible cancellation process to save time, minimize manual errors, and promote efficient resource utilization. As a scheduler, you can cancel a single visit or multiple upcoming recurring visits in one go if your care resources or patients can't make it to their appointments on the scheduled date.

Schedule Visits with Home Health

Schedulers can schedule visits for their patients using the New Home Visit button on the patient's record page. You can schedule a start-of-care visit for an initial assessment, or you can schedule a set of recurring visits in bulk for the service you're providing.

The location of the user interface where you can schedule visits depends on how your Salesforce admin configures your org. If you can't find the user interface, ask your Salesforce admin for help.

1. In the App Launcher, find and select **Home Health**.

2. Go to the **Accounts** tab and open the patient's record page.

3. Click **New Home Visit**.

4. Select a visit type.

   If you select **Recurring Visit** and if the patient has an active member plan and an eligible coverage benefit for home visits, a message confirming the same appears.

5. Select a region.

6. Select the scheduling policy for the visit. If you don't know which scheduling policy to use, ask your Salesforce admin for help.

7. Select the service request for the visit.

8. Select the skills required for the visit.

9. Indicate whether authorization is required for the visit.

10. Click **Next**.

11. Select the visit date and visit time.

EDITIONS

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud and the Home Health Add-on license

USER PERMISSIONS

To schedule visits:
- Manage Home Health

If you know the specific time the visit has to be scheduled, select `Specific Time` in the **Scheduling Preference** field and use the **Start Time** and **End Time** fields. If you only know the time slots that the patient is open to scheduling the visits for, select `Available Hours` in the **Scheduling Preference** field.

12. If you're scheduling recurring visits, enter the number of recurring visits required in the **Visits Required** field.

13. If you're scheduling recurring visits, specify how often the visits should recur.

    a. In the Visit Frequency field, select either `Every Day` or `Days of the Week`.

    b. If you selected `Days of the Week`, then select the days that you want the visits to recur on.

14. Click **Next** and **Finish**.

That's all you need to do for now. The visit assignment happens in the background and we'll notify you when we're done.

> 📝 **Note:** If your org has integrated Home Health with Integrated Care Management, you see the Associate Care Plans page after you click **Finish**. To learn more about care plans and how to associate them with home visits, see Manage Patient's Care Plans During Home Visits.

Schedule Dependent Visits with Home Health

Deliver timely and optimal care to your patients by staying on top of complex and dependent visits that require two care resources to cater to a patient at the same time. As a scheduler, you can use Home Health to easily create two dependent visits for a patient in a single go.

When a patient requires multiple services during a single visit, you can assign different care resources with the respective skills to provide those services. Home Health saves time and facilitates effortless scheduling of such dependent visits by working in the background to determine the number of care resources and skills required for a patient's service request. Accordingly, Home Health schedules either a single visit or two dependent visits for the same start time and assigns care resources matching the required skills.

The location of the user interface where you can schedule visits depends on how your Salesforce admin configures your org. If you can't find the user interface, ask your Salesforce admin for help.

1. In the App Launcher, find and select **Home Health**.

2. Go to the **Accounts** tab and open the patient's record page.

3. Click **New Home Visit**.

4. Select a visit type.

If you select **Recurring Visit**, a message confirms if the patient has an active member plan and an eligible coverage benefit for home visits.

5. Select a region.

6. Select the scheduling policy for the visit. If you don't know which scheduling policy to use, ask your Salesforce admin for help.

7. Select the service request for the visit and ensure it's associated with two work types.

Home Health auto-populates the care resource count and skills.

8. Select additional skills required for the first and second care resource.

9. Indicate whether authorization is required for the visit.

10. Click **Next**.

11. Select the visit date and visit time.

EDITIONS

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud and the Home Health Add-on license

USER PERMISSIONS

To schedule dependent visits:
- Manage Home Health Field Service Integration

- If you know when to schedule the visit, select **Specific Time** from the Scheduling Preference field and use the Start Time and End Time fields.

- If you only know the time slots when the patient is open to visits, select **Available Hours** from the Scheduling Preference field.

12. If you're scheduling recurring visits, enter the number of recurring visits required in the Visits Required field and specify how often the visits should recur.

   a. In the Visit Frequency field, select either **Every Day** or **Days of the Week**.

   b. If you selected Days of the Week, then select the days you want the visits to recur.

13. Click **Next**, and then click **Finish**.

Home Health schedules the dependent visits and assigns the care resources in the background, and then notifies you when this is done.

SEE ALSO:

   Salesforce Help: Set Up Dependent Home Visits

Schedule Group Visits with Home Health

As a scheduler, you can simplify the scheduling process and provide better tracking by creating a group visit for multiple patients in nearby locations and with similar health conditions. Home Health bundles patient visits into a single group visit and assigns a single care resource to the group visit.

Group visits are more appropriate for common care facilities such as an elderly care home. A single care resource caters and provides a common service such as preventive care, physiotherapy, or a holistic checkup to all the patients in the group. Group visits help to improve patient experience and reduce costs for several health conditions. Care resources also save travel time and have the flexibility to handle the visits in any sequence.

1. In the App Launcher, find and select **Home Health**.

2. Go to the **Group Visit** tab.

3. Select a care service type and service region, and click **Search**.

   Home Health lists the patients matching the selected criteria.

4. Select the required patient records and click **Schedule Visit**.

   You can select up to 30 patient records.

5. Select a visit type.

6. Select a care resource service region.

7. Select the scheduling policy and appointment bundling policy for the group visit. If you don't know which policies to use, ask your Salesforce admin for help.

8. Select additional skills required for the care resource.

9. Indicate whether authorization is required for the visit.

10. Click **Next**.

11. Select the date and time of the group visit.

   - If you know when to schedule the visit, select **Specific Time** from the Scheduling Preference field and use the Start Time and End Time fields.

EDITIONS

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud and the Home Health Add-on license

USER PERMISSIONS

To schedule group visits:
- Manage Home Health

- If you only know the time slots when the patient group is open to visits, select **Available Hours** from the Scheduling Preference field.

12. If you're scheduling recurring visits, enter the number of recurring visits required in the Visits Required field and specify how often the visits should recur.

    a. In the Visit Frequency field, select either **Every Day** or **Days of the Week**.

    b. If you selected Days of the Week, then select the days you want the visits to recur.

13. Click **Next**, and then click **Finish**.

Home Health creates the individual patient visits, bundles them into a group visit, and schedules the group visit. Care resource assignment happens in the background and Home Health notifies you when this is done.

SEE ALSO:

    Salesforce Help: Create a Bundle Policy for Group Visits

Reschedule Visits with Home Health

If a patient is unavailable for a visit, you can reschedule that visit from their patient record page.

The location of the user interface where you can schedule visits depends on how your Salesforce admin configures your org. If you can't find the user interface, ask your Salesforce admin for help.

1. In the App Launcher, find and select **Home Health**.

2. Go to the **Accounts** tab and open the patient's record page.

3. In the All Home Visits section, select the visit, click 🔽, and select **Reschedule Visit**.

> 📝 Note: Use the calendar view and filters to zero in on particular visits.

4. Select the date that the patient wants to reschedule the visit to.

5. Select an appropriate scheduling policy. If you don't know what scheduling policy to use, ask your Salesforce admin for help.

6. Click **Next** and **Finish**.

That's all you need to do for now. The assignment for the rescheduled visit happens in the background and we'll notify you when we're done.

Reschedule Subsequent Recurring Visits with Home Health

As a scheduler, you can reschedule a series of upcoming recurring visits in one go, depending on a patient's availability and preferences. Home Health's support for rescheduling a series of subsequent visits helps you increase operational efficiencies and reduce the administrative delays that arise when you manually reschedule each visit one at a time.

The location of the user interface where you can schedule visits depends on how your Salesforce admin configures your org. If you can't find the user interface, ask your Salesforce admin for help.

1. In the App Launcher, find and select **Home Health**.

2. Go to the **Accounts** tab and open the patient's record page.

3. In the All Home Visits section, select the visit, click ▾, and select **Reschedule Subsequent Visits**.

   📝 Note: Use the calendar view and filters to find specific visits.

4. Select the date and time that the patient wants to reschedule the first subsequent visit.

   - If you know when to reschedule the visit, select **Specific Time** from the Scheduling Preference field and use the Start Time and End Time fields.

   - If you only know the time slots when the patient is open to visits, select **Available Hours** from the Scheduling Preference field.

5. Specify how often the visits should recur.

   a. In the Visit Frequency field, select either **Every Day** or **Days of the Week**.

   b. If you selected Days of the Week, then select the days that you want the visits to recur.

6. Select an appropriate scheduling policy. If you don't know what scheduling policy to use, ask your Salesforce admin for help.

7. Click **Reschedule**, and then click **Finish**.

Home Health reschedules the subsequent recurring visits for the patient's care service type. The assignment for the rescheduled visits happens in the background and Home Health notifies you when this is done.

SEE ALSO:

   Salesforce Help: Enable Latest Version of Reschedule Home Healthcare Visit Flow

Reassign Visits to Another Care Resource with Home Health

If a care resource assigned to one or more visits asks for a change in assignments, you can reassign those visits to another care resource from their record page. For the reassignment, you can either manually select the new care resource to assign the visits to, or you can let Home Health automatically assign the visits to a new care resource.

   📝 Note: If you choose to automatically reassign the visit, the system selects the resource that is the best match, which could be the care resource that was originally assigned.

1. In the App Launcher, find and select **Home Health**.

2. Go to the **Service Resources** tab and open the care resource's record page.

3. Go to the Home Visits subtab.

4. Select the visits that you want to reassign. You can select up to five visits at a time.

> ![] **Note:** Use the calendar view and filters to zero in on particular visits.

5. Click either **Auto-Assign** or **Assign Manually**.

6. If you clicked **Auto-Assign**, select an appropriate scheduling policy. If you clicked **Assign Manually**, select the care resource that
   you want to reassign the visits to.

7. Click **Next** and **Finish**.

That's all you have to do for now. If you chose to automatically reassign the visit, we'll notify you when we're done assigning a new care
resource to the visit.

Perform Visits in the Field with Home Health

Care resources can perform home visits in the field using Home Health in the Field Service mobile
app. You can see what visits you're scheduled for, get directions to the visit location, and see the
lists of tasks you have to complete for the visit. And if you have the right permissions, you can even
see the patient's clinical data.

You must have the Field Service mobile app installed on your device.

1. Open the Field Service mobile app.

2. Tap a visit on the Schedule tab and see its details.

3. To see the patient's clinical data and preferences, tap **Actions** and select **Patient Details**.

4. Go to the Home Visit Plans tab and complete the tasks for the visit.

5. Once you've completed all your tasks, generate the visit report by tapping **Actions** and selecting
   Create Service Report.

Refresh Home Visit Counts

As a scheduler, get an accurate and up-to-date visit count for a care service visit plan associated
with a patient. Home Health's Update Care Visit Count flow works in the background and automates
the calculation of assigned, unassigned, completed, and created visit counts. This built-in flow with
its business rules and logic helps you speed up process management, save time, and reduce
administrative errors.

The latest visit count gives you a comprehensive view of the authorization request status of the
patient's healthcare service requests and helps you make informed decisions about the patient's
care.

1. From the App Launcher, find and select **Home Health**.

2. Go to the Accounts tab and open the patient's record page.

3. Go to the tab where the Home Health Authorization lightning component is placed.

4. Click **Refresh**.
   The visit count is updated with the latest numbers.

Broadcast Visits with Home Health

As a scheduler, you can handle the ever-increasing demand for care resources by broadcasting home visits to resources in multiple service regions. Broadcasting helps you save time, enhance operational efficiency, and ensure patients receive timely care. To help you get a broader reach, you can broadcast up to 50 home visits to three service regions at a time.

Your home health agency may have some unassigned visits due to a shortage of matching care resources in the service region. Broadcasting helps you to notify resources across multiple regions about such unassigned visits. Home Health identifies care resources with matching skills in the broadcasted service regions and sends a notification to their Field Service Mobile app. Care resources view details of the broadcasted visits and accept them if their schedule permits. If no care resource accepts the visit within the scheduled visit date, the broadcast request expires.

The name of the tab and page where you can broadcast visits depends on how your Salesforce admin configures your org. Contact your Salesforce admin if you need help.

1. In the App Launcher, find and select **Home Health**.

2. Go to the **Service Appointments** tab and open the **Unassigned Visits** list view.

3. Select a maximum of 50 home visits and click **Broadcast**.

    You can't broadcast visits with an invalid start or due date. Also, you can't broadcast a visit more than once.

4. In the Broadcast Visits window, select a maximum of three service regions.

5. Click **Broadcast**.

You receive a bell notification indicating the broadcast status.

Meanwhile, Home Health identifies matching care resources in the background and notifies them about the visit availability.

SEE ALSO:

    Salesforce Help: Set Up Home Visit Broadcasting

Accept Broadcasted Home Visits

As a care resource, use your Field Service Mobile app to see a list of visits your scheduler broadcasted. Review the visit details and accept them if your schedule permits. When you accept a broadcasted visit, you play a key role in preventing no-shows and ensuring patients receive timely care.

Home Health ensures your app isn't flooded with bulk notifications. You receive notifications only for visits that match your skills. However, you may see some visits outside your service region depending on what your scheduler selected.

You must have the Field Service mobile app installed on your device. The name of the tab where you see the broadcasted visits depends on how your Salesforce admin configures your mobile app. Contact your Salesforce admin if you need help.

1. Open the Field Service mobile app.

2. Tap a Schedule Broadcast Appointment Resource record on the Broadcasted Visits tab.

3. Tap the Schedule Broadcast Appointment record, and review the visit details.

4. Tap **Actions** and select **Accept Visit**.

5. Select a preferred date and time for the visit and select **Accept Visit**

Ensure you select a date between the start and due date of the visit. You can't accept expired or already accepted visits.

Home Health updates the visit details and assigns you as the care resource for the visit.

SEE ALSO:

Cancel Visits with Home Health

Visit cancellations are unavoidable. That's why Home Health provides a quick and flexible cancellation process to save time, minimize manual errors, and promote efficient resource utilization. As a scheduler, you can cancel a single visit or multiple upcoming recurring visits in one go if your care resources or patients can't make it to their appointments on the scheduled date.

The location of the user interface where you can cancel visits depends on how your Salesforce admin configures your org. If you can't find the user interface, ask your Salesforce admin for help.

1. In the App Launcher, find and select **Home Health**.

2. Go to the **Accounts** tab and open the patient's record page.

3. In the All Home Visits section, select the visit.

   Note: Use the calendar view and filters to find specific visits.

4. Click ⌄, and do one of the following:

   - To cancel a single start of care visit or recurring visit, select **Cancel Visit**.

   - To cancel subsequent recurring visits, select **Cancel Subsequent Visits**.

   A message confirming the cancellation appears.

5. Click **OK**.

> EDITIONS
>
> Available in: **Enterprise** and **Unlimited** Editions with Health Cloud and the Home Health Add-on license

> USER PERMISSIONS
>
> To cancel visits:
> - Manage Home Health

Manage Electronic Verification of Home Visits

Home Health's comprehensive solution for Electronic Visit Verification (EVV) allows a home health agency to track care resource visits and verify that a patient receives the services authorized in their plans of care. This verification gives accurate and up-to-date visit data that subsequently reduces inappropriate billing, safeguards against fraud, and helps with future audits. Along with achieving regulatory compliance, your home health agency also sees an improved home visit oversight, faster payments due to eliminated paperwork, and better scheduling and communication.

As a care resource, use the Field Service Mobile app with GPS-based tracking to seamlessly verify visits and record these visit details in the Care Service Visit record:

- Care resource and patient information

- Type of service performed

- Date, time, and location of start and end of the service

Verify visits automatically or manually.

Automatic Verification of Visits

When you reach the vicinity of the patient's home, the Field Service mobile app captures the GPS coordinates and automatically triggers a notification prompting you to start the visit. When you provide a confirmation, the visit status changes to In Progress and the visit start details are saved. Similarly, when you leave the patient's home, a notification appears, the visit status changes to Completed, and the visit end details are saved.

Manual Verification of Visits

If there's no mobile connectivity or if you have issues accessing the app, you cannot automatically verify the visit. In such cases, you call the home health agency and request them to manually verify the visit. The scheduler or agent verifies and the visit start and end details are saved.

Verify Home Visits Automatically

As a care resource who's visiting a patient's home, verify your visit in a single step and easily record your field activities using the Field Service Mobile app on your mobile device. Automatic verification's real-time monitoring helps to streamline field operations, track delivery of care and services, and improve overall efficiency.

Verify Home Visits Manually

As a scheduler or agent, you can help your care resource to manually verify their visit when they face disruptions such as limited mobile connectivity, app issues, or any unexpected error during automatic verification. Manual verification is useful in such difficult situations, and helps to easily track visit details on time and with accuracy. Care resources call you from either their device or another device, and request a manual verification. You verify the visit and the start and end details are updated.

SEE ALSO:

Salesforce Help: Set Up Electronic Visit Verification

Verify Home Visits Automatically

As a care resource who's visiting a patient's home, verify your visit in a single step and easily record your field activities using the Field Service Mobile app on your mobile device. Automatic verification's real-time monitoring helps to streamline field operations, track delivery of care and services, and improve overall efficiency.

When you're about to start or end your visit, you receive notifications on your app based on the configurations set by your admin. If you face any difficulty in receiving notifications for automatic verification, reach out to your admin for help.

Prerequisite: You must have the Field Service mobile app installed on your device.

1. Auto verify the start details of your visit:

   a. Open the Field Service mobile app.

   b. Review the notification that appears on the app when you are in the vicinity of your patient's home.

   c. Tap **Update Status**.
      The visit status changes to In Progress. The auto-verified visit start details such as date and location are saved in the Care Service Visit record.

2. Auto verify the end details of your visit:

   a. Open the Field Service mobile app.

EDITIONS

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud, the Home Health Add-on license, and the Field Service mobile app

USER PERMISSIONS

To verify visits automatically:
- Home Health Clinician or Home Health Caregiver

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    b. Review the notification that appears on the app when you've departed your patient's home.

    c. Tap **Update Status**.
The visit status changes to Completed. The auto-verified visit end details such as date and location are saved in the Care Service Visit record.

It's as simple as that! There's no additional step involved in verifying the visit.

SEE ALSO:

    Salesforce Help: Set Up Electronic Visit Verification

Verify Home Visits Manually

As a scheduler or agent, you can help your care resource to manually verify their visit when they face disruptions such as limited mobile connectivity, app issues, or any unexpected error during automatic verification. Manual verification is useful in such difficult situations, and helps to easily track visit details on time and with accuracy. Care resources call you from either their device or another device, and request a manual verification. You verify the visit and the start and end details are updated.

1. Verify the start details of a visit manually.

    a. From the App Launcher, find and select **Home Health**.

    b. Go to the Accounts tab and open the patient's record page, or go to the Care Resource tab and open the care resource's record page.

    c. In the All Home Visits section, select the visit for verification, click ▾, and select **Verify Visit Start**.
The manually verified visit start date and location are saved in the Care Service Visit record.

2. Verify the end details of a visit manually.

    a. From the App Launcher, find and select **Home Health**.

    b. Go to the Accounts tab and open the patient's record page, or go to the Care Resource tab and open the care resource's record page.

    c. In the All Home Visits section, select the visit for verification, click ▾, and select **Verify Visit End**.
The manually verified visit end date and location are saved in the Care Service Visit record.

That's it. The manual verification of the visit is complete.

SEE ALSO:

    Salesforce Help: Set Up Electronic Visit Verification

EDITIONS

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud, the Home Health Add-on license

USER PERMISSIONS

To verify visits manually:
- Manage Home Health

Manage Patient Medications During Home Visits

A meticulous medication management system helps a home health agency manage medication safely, cost-effectively, and competently to achieve the best outcomes for both the home health agency and its patients. With the integration of Home Health and Medication Management, clinicians can easily monitor a patient's medication regimen, identify actual or potential medication-related errors, and give guidance to optimize medication usage during home visits.

By reviewing a patient's medication list and adding appropriate medications, you can:

- Achieve greater medication adherence and decreased adverse events
- Enhance patients' quality of life
- Reduce hospital admissions and overall healthcare expenses

With the integration of Medication Management, clinicians can:

Administer Medications to Patients During Home Visits

As a clinician, improve patient safety, medication adherence, and health outcomes by administering medication effectively. When a patient's care service routine requires you to administer medication, you see the task listed under the home visit in the Field Service Mobile app. Use the app to specify the medication details and track the task completion for future reference.

Review a Patient's Medication List During a Home Visit

Use the Field Service Mobile app to review your patient's current medication list against their existing health conditions during a home visit. To reduce adverse reactions and increase medication adherence, make appropriate changes to the medication regimen. You can alter the prescription, dosage, status, and other medication information using the app.

Add a Medication During a Home Visit

Improve patient safety and health outcomes by adding and updating medications for your patients during a home visit. Use the Field Service Mobile app to search for and add medications, and update dosage, route, and other important medication details.

SEE ALSO:

Salesforce Help: Medication Management and Medication Review

Administer Medications to Patients During Home Visits

As a clinician, improve patient safety, medication adherence, and health outcomes by administering medication effectively. When a patient's care service routine requires you to administer medication, you see the task listed under the home visit in the Field Service Mobile app. Use the app to specify the medication details and track the task completion for future reference.

Prerequisite: You must have the Field Service mobile app installed on your device. The tab, work plan, and work step names depend on how your Salesforce admin configures your org and mobile app. Reach out to your Salesforce admin if you need help.

1. Open the Field Service mobile app.

2. Tap a visit on the Schedule tab and see its details.

3. Under Work Plans, select the medication administration work step and review the details.

4. Tap the flow action icon of the medication administration work step.

5. Select the medication to administer.

6. Enter the dosage details, start date, and end date.

7. Enter additional instructions for the medication.

8. Tap **Next**.
   The status of the medication administration step changes to Completed. Home Health creates the medication statement and patient medication dosage records in the background.

EDITIONS

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud and the Home Health Add-on license

USER PERMISSIONS

To administer medications:
- Home Health Clinician

SEE ALSO:

Salesforce Help: Set Up Medication Administration and Management for Home Visits

Review a Patient's Medication List During a Home Visit

Use the Field Service Mobile app to review your patient's current medication list against their existing health conditions during a home visit. To reduce adverse reactions and increase medication adherence, make appropriate changes to the medication regimen. You can alter the prescription, dosage, status, and other medication information using the app.

During the home visit, review and verify the safety of all prescription and over-the-counter medications in your patient's list. By assessing and evaluating all active medications, you can determine if they're appropriate and effective at treating the patient's medical conditions and achieving care goals. Help your patients understand their medications better and address any of their concerns.

Prerequisite: You must have the Field Service mobile app installed on your device.

1. Open the Field Service mobile app.

2. Tap a visit on the Schedule tab and view its details.

3. To view the patient's clinical data and preferences, tap **Actions** and select **Patient Details**.

4. Go to the Medication List tab and review the list.

5. Select a medication, and review details of the medication such as dosage.

6. Update the medication information, if necessary.

7. Save your changes.

SEE ALSO:

 Salesforce Help: Medication Management and Medication Review

Add a Medication During a Home Visit

Improve patient safety and health outcomes by adding and updating medications for your patients during a home visit. Use the Field Service Mobile app to search for and add medications, and update dosage, route, and other important medication details.

If you face any connectivity issue when you search for medications during your home visit, don't worry, we've got you covered. The Field Service Mobile app enables you to temporarily add an Offline Medication record and also prompts you to enter proper notes for future reference. When the app is back online, refer your notes and update the offline record to the exact medication.

Prerequisite: You must have the Field Service mobile app installed on your device.

1. Open the Field Service mobile app.

2. Tap a visit on the Schedule tab and see its details.

3. To see the patient's clinical data and preferences, tap **Actions**, and then select **Patient Details**.

4. Go to the Medication List tab, and then tap **Add**.

5. Do one of the following:

   - Search for and select the medication that you want to add from the Medicine field.

   - If you're unable to search for the medication, add an Offline Medication record by providing specifications about the medication that you intend to add in the Additional Instructions field.

6. Enter the dosage, prescription, and other details for the medication.

7. Save your changes.

That's it. The patient's medication list now includes the new medication. For an offline medication, don't forget to revisit and update the **Offline Medication** record with the new medication details when the app is back online.

SEE ALSO:

Salesforce Help: Medication Management and Medication Review

Manage Patient's Care Plans During Home Visits

Home Health's integration with Integrated Care Management helps you to orchestrate care for your patients efficiently and holistically. Provide personalized care and enhanced outcomes by addressing each patient's unique needs, based on their health concerns and list of medications.

As a scheduler, you can associate care plans, problems, and goals with home visits to define a patient-centric action plan for improving your patient's overall health. You can gather a patient's health-related information using assessments, create care plans targeted at the identified patient's conditions, and associate the care plans with home visits. A personalized care plan helps patients become more involved in discussions and decisions regarding their medical care and allows them to take more ownership of their health This results in higher patient engagement and satisfaction.

Associate Care Plans With a Visit

Provide personalized care and meet the individual needs of your patients by associating the right care plans, goals, and problems with your start of care visit or recurring visit. It's essential that you partner with patients and help them play an active role in their healthcare to optimize their care and improve health outcomes.

SEE ALSO:

Salesforce Help: Integrate Home Health with Integrated Care Management

Salesforce Help: Integrated Care Management

Associate Care Plans With a Visit

Provide personalized care and meet the individual needs of your patients by associating the right care plans, goals, and problems with your start of care visit or recurring visit. It's essential that you partner with patients and help them play an active role in their healthcare to optimize their care and improve health outcomes.

Use a predefined care plan or create a custom plan that meets your patient's needs. After you associate a care plan with a recurring visit, the same association is applied to all visits that belong to the selected visit's care service visit plan. If you update the care plan association for one of the visits, all related visits are also updated.

Before you begin, ensure that you've set up care plans, goals, and problems. If you can't find the care plan that you're looking for, create one by clicking **New Care Plan** under the Care Plan tab.

> **Note:** Home Health only integrates with care plans created using Integrated Care Management.

1. From the App Launcher, find and select **Home Health**.

2. Go to the **Accounts** tab and open the patient's record page.

3. In the All Home Visits section of the Home Health Visits component, select a visit, click [⯆], and then select **Associate Care Plan**.

EDITIONS

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud, the Home Health Add-on license

USER PERMISSIONS

To associate care plans:
- Manage Home Health and Care Plans Access permission set license

The Associate Care Plan window appears.

4. Do one of the following:

- Select a care plan, and then click **Associate**. The care plan is associated with the visit.
- Select a care plan and problem, and then click **Associate**. The problem, within the context of the care plan, is associated with the visit.
- Select a care plan, problem, and goal, and then click **Associate**. The goal, within the context of the problem and care plan, is associated with the visit.

That's it, the care plan association is complete. You can see the details in the Care Plan section.

SEE ALSO:

Salesforce Help: Integrate Home Health with Integrated Care Management

Salesforce Help: Integrated Care Management

Artificial Intelligence for Home Health

Use details of the recommended care professionals to swiftly schedule appointments with the most appropriate care professionals.

SEE ALSO:

Recommended Care Professionals for Patients

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions

Actionable Relationship Center in Health Cloud

Make informed decisions about business processes by viewing entity hierarchy and entity relationships in an interactive graph. Set the starting point of a graph, and visualize its parent and child entities all the way to the topmost and lowermost entities. View records of each entity and follow the anchor node path to trace your way back to the anchor from any point in the graph.

View Account Hierarchy in Actionable Relationship Center

Easily find the starting point of a graph and view its related entities in upward and downward hierarchy using bi-directional navigation. View the corresponding records of each object, and filter records according to your requirements.

Get a More Compact View of the ARC Graph

Manage data by using a streamlined version of the ARC graph with the most relevant information in one place. Reduce the width of the containers, collapse detailed information into split containers, and filter and sort records within each object.

Follow the Anchor Node Indicator Path

View and trace the anchor node path from any point in the graph using the anchor node icon.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud or Health Cloud for Life Sciences

View Account Hierarchy in Actionable Relationship Center

Easily find the starting point of a graph and view its related entities in upward and downward hierarchy using bi-directional navigation. View the corresponding records of each object, and filter records according to your requirements.

1. From the App Launcher, find and select the anchor node object's record page.

2. In the ARC Relationship Graph, view the anchor node record, along with its parent account (one level up), and child accounts (one level down). Use bi-directional navigation to view the full structure.

3. To view the complete upward hierarchy of an anchor node, click the immediate parent of the anchor node. The graph shifts to the right to keep the node you've selected at the center. This node at the center of the graph displays its child node (the anchor node and its sibling) and its parent nodes.

4. Click each node's parent to reach the topmost node. At the topmost node, you only see its child records.

5. To view the complete downward hierarchy of an anchor node, click the child record of the anchor node. The graph shifts to the left to keep the node you've selected at the center. This node at the center of the graph displays its parent node (the anchor node) and its child nodes.

6. Click each node's child to reach the lowermost node. At the lowermost node, you only see its parent records.

7. To optimize the graph display, you can see a maximum of 3 records at a time. For objects with more than 3 records, the number is displayed as 3+. Click **Show More**, to see the full list of records.

8. Each container has multiple records, and this number is indicated next to each object.

Get a More Compact View of the ARC Graph

Manage data by using a streamlined version of the ARC graph with the most relevant information in one place. Reduce the width of the containers, collapse detailed information into split containers, and filter and sort records within each object.

1. From the App Launcher, find and select the anchor node object's record page.

2. In the ARC Relationship Graph, turn off the toggle for **Show fields on cards** to view fewer records with decreased container width.

3. To hide child records from the graph, collapse container branches.

4. To consolidate child records in one container, ask your admin to configure split containers.

5. Sort and filter records to display on the graph. Ask your admin to enable the Customize Views toggle.

   a. Click ▼, and select an option for sorting.

   b. Click **Add Filter**, to select a filter option.

   c. Save your changes.

Follow the Anchor Node Indicator Path

View and trace the anchor node path from any point in the graph using the anchor node icon.

1. From the App Launcher, find and select the anchor node object's record page.

2. In the ARC Relationship Graph, click the anchor node to see its immediate parent and child entities.

3. When you select a node that's not the anchor node, the connector to the node is highlighted.

4. Track the anchor node path from any point in the graph by following ⚓ on the nearest entity that's a direct or indirect parent of the anchor node. Click the record of the parent entity with the anchor icon, and follow the indicator path to reach the anchor node.

Manage Your Provider Network Participants and Contracts

Bringing providers into a payer network and managing them is a lengthy, time consuming process. The manual nature of this process and the number of steps involved have always been a pain point in the payer industry. Optimizing this process is essential to enhancing provider satisfaction rates and improving patient outcomes. That's where Health Cloud comes in. The Provider Network Management add-on helps boost provider engagement and satisfaction by helping payers easily enroll providers into their networks.

Get to Know Provider Network Management

Health Cloud is a system of engagement for managing payers' and providers' networks and associated contracts. The results are improved access to care, patient experience, provider satisfaction rates, and operational efficiency. Provider Network Management in Health Cloud is an add-on product that simplifies provider enrollment and automates the management and association of provider networks and contracts.

How Provider Network Management Works

Provider Network Management in Health Cloud enables payers and provider groups to easily enroll providers, construct effective provider networks, and retain top healthcare talent. Provider Network Management streamlines provider enrollment and supports a range of contract types, network models, and provider relationships.

Provider Enrollment

Provider Network Management reduces provider onboarding time with an efficient registration, recruitment, credentialing, and verification experience. It also increases provider engagement and satisfaction, and improves payer operational efficiency.

Enroll Providers in a Network

With Health Cloud's Provider Network Management, you can customize workflows that enable payers or provider groups to quickly segment and assess provider candidates. You can also help providers use the self-service application for streamlined enrollment.

Network Participations

Network participations record providers who participate in a network. Putting together a network participation for a provider is a step in onboarding that provider into your health organization's network.

Contract management plays a significant role in provider networks. An effective contract management system ensures that contracts have the right payments, providers are held accountable for care outcomes, and clinicians work towards qualitative, patient-centric care. It involves defining appropriate, agreed-upon payment terms so that payers, providers, and provider groups can focus on care coordination and health management.

SEE ALSO:

Salesforce Help: Set Up Provider Enrollment and Network Management

Get to Know Provider Network Management

Health Cloud is a system of engagement for managing payers' and providers' networks and associated contracts. The results are improved access to care, patient experience, provider satisfaction rates, and operational efficiency. Provider Network Management in Health Cloud is an add-on product that simplifies provider enrollment and automates the management and association of provider networks and contracts.

🖉 **Note:** Provider Network Management is available in Enterprise and Unlimited editions of Health Cloud provisioned with the Health Cloud Provider Network Management Add-On license.

With the help of compliant contracts and outcome-based networks, Provider Network Management:

- Strengthens provider relationships and increases provider satisfaction rates through a transparent network and contract management process.
- Helps build provider networks to maximize patient outcomes and ensure best care by accredited providers.
- Automates and optimizes the network and contract process using guided workflows.
- Reduces manual entry by retrieving provider information from the NPI registry.
- Generates the provider's credentialing application form using DocuSign integration.
- In combination with Analytics, guides the recruitment specialist identify the right provider for a given payer in a given region or location.
- Helps the Payer team run through all the steps of the recruitment, credentialing, network participation, and contracting by providing the right guidance at each step.
- Runs validations to ensure that the provider is given the correct contract.

Overall, Provider Network Management helps to quickly enable full contract, provider, and network setup.

How Provider Network Management Works

Provider Network Management in Health Cloud enables payers and provider groups to easily enroll providers, construct effective provider networks, and retain top healthcare talent. Provider Network Management streamlines provider enrollment and supports a range of contract types, network models, and provider relationships.

🖉 **Note:** Provider Network Management is available in Enterprise and Unlimited editions of Health Cloud provisioned with the Health Cloud Provider Network Management Add-On license.

Here's a high-level overview of how a provider becomes a part of a payer network:

- Payer network management team runs an analysis on the provider directory to identify the current and potential providers in the network.
- Payer recruiting team creates a marketing campaign or event to automate outreach and attract interested providers to increase participation.

- Provider receives campaign or attends events and registers. Providers also nominate other peer providers.

- Payer recruiting team receives a lead, initiates the recruiting process, and sends the application to the provider.

- Provider completes the online application using the provider portal.

- Payer credentialing team reviews application data for credentialing compliance and approves the application. The team then discusses the terms and needs along with key issues such as prior authorizations, reimbursements, claims processing, rates, and disputes. The team then creates and sends the contract.

- Provider receives and signs the physician's contract agreement (sometimes after negotiation).

- Payer contracting team sends the final signed contract along with provider directory information, claims process, payment schedule, and other onboarding materials to providers. This team internally sends the information to the network management team.

- Payer network management team activates the provider and initiates their onboarding. Guided workflows and automation replace manual processes to ensure effective records storage, retrieval, and retention, while also allowing for provider engagement in critical moments.

- As a member of the provider network, the provider partners with the health plan to deliver world class care to their members. They stay connected with the payer through ongoing outreach campaigns, portals, and personalized provider service. Payer network management team continues to measure network adequacy.

Provider Enrollment

Provider Network Management reduces provider onboarding time with an efficient registration, recruitment, credentialing, and verification experience. It also increases provider engagement and satisfaction, and improves payer operational efficiency.

Digitize Provider Registration and Nomination

Enable payers, provider groups, and providers to seamlessly handle the registration and nomination process for joining a network using a self-service provider portal site.

Scale Provider Recruitment

Help recruiting specialists at the payer's office optimize the recruitment process by segmenting and assessing registered or nominated provider candidates quickly and accurately.

Streamline the Provider Credentialing Process

Enable providers to use the self-service Provider Portal site to complete the credentialing process and ensure they meet a certain set of standards to join the payer's network.

Provide a Guided Provider Verification Experience

Help credentialing specialists ensure that providers have given up-to-date credentialing data by performing an on-call verification of the details.

SEE ALSO:

Salesforce Help: Set Up Provider Enrollment and Network Management

Digitize Provider Registration and Nomination

Enable payers, provider groups, and providers to seamlessly handle the registration and nomination process for joining a network using a self-service provider portal site.

Payers set up and manage recruitment campaigns to increase outreach, attract providers across lines of business to register to the network, and streamline provider leads.

Health Cloud helps payer and provider groups easily set up campaigns and create a self-service Provider Portal experience cloud site. Providers can then self-register or nominate peer providers on this portal with a digital registration form. When the provider registration or nomination process completes, a lead record generates for the payer recruiting team, to initiate recruitment.

Scale Provider Recruitment

Help recruiting specialists at the payer's office optimize the recruitment process by segmenting and assessing registered or nominated provider candidates quickly and accurately.

Provider recruitment involves assessing providers of all types for inclusion in a network. With Health Cloud, payer recruiting teams initiate a recruitment workflow and review the leads of registered or nominated providers based on high-priority network needs. The built-in integration with the National Provider Identifier (NPI) registry helps recruitment specialists easily retrieve information from the provider's NPI profile.

When the recruitment process completes, the recruitment workflow creates a Provider Portal login for the provider. Providers can then easily log into the provider portal to complete their credentialing application form.

Streamline the Provider Credentialing Process

Enable providers to use the self-service Provider Portal site to complete the credentialing process and ensure they meet a certain set of standards to join the payer's network.

Credentials represent the professional qualifications required by providers to advise and treat patients. Credentials broadly encompass all the licenses, certifications, education, practice standards, and registrations a provider is required to have. Each provider network can customize their exact credentialing requirements.

The credentialing process is considered one of the biggest bottlenecks in provider enrollment. However, Health Cloud helps payer, provider groups, and providers to efficiently handle credential data using the self-service application. Health Cloud captures all aspects of provider education, work history, regulatory action, malpractice insurance, specialty, and board certification to allow for a thorough credentialing process.

Health Cloud's provider credentialing process:

- Enables credentialing specialists at the payer's office to digitize the process and easily customize the provider application content to meet the needs of their organization. It also captures provider applications with integrated credential verification and validation rules for mandatory information.

- Enables providers to be a part of the practitioner panel of the payer's network by filling their professional information in the Provider Portal site. The digitization and built-in integrations with NPI for validation minimizes manual data entry and shortens the enrollment and onboarding time.

- Generates the provider's credentialing application form by facilitating the integration with DocuSign.

Provide a Guided Provider Verification Experience

Help credentialing specialists ensure that providers have given up-to-date credentialing data by performing an on-call verification of the details.

The Health Cloud verification flow captures all aspects of provider information such as education, work history, regulatory action, malpractice insurance, specialty, board certification, to allow for a thorough verification. During the on-call verification, credentialing specialists can update the provider's information and regenerate the credentialing application form. By giving consent and signing the DocuSign application form, providers agree to become a part of the payer's network and payers initiate subsequent processes to define the contract.

Enroll Providers in a Network

With Health Cloud's Provider Network Management, you can customize workflows that enable payers or provider groups to quickly segment and assess provider candidates. You can also help providers use the self-service application for streamlined enrollment.

Register to Join a Payer Network

Payers can reduce administrative burden by enabling prospective providers to self-register through the provider portal. As a provider, you can easily register in a payer network, complete an application, and provide your credentials and licenses.

Nominate a Provider to Join a Payer Network

As an existing provider or a non-registered provider, you can nominate another provider to the health plan using the provider portal. Make your job easier by using the embedded forms in the portal instead of expensive, inefficient legacy paper-driven processes.

Recruit a Registered or Nominated Provider to a Payer Network

When a provider registers with the network or nominates a peer through the portal, Salesforce creates a lead record. As a recruiting specialist at the payer's office, use the lead record to initiate a conversation with the provider, validate their information, and complete the recruitment process.

Start the Provider Credentialing Process

As a provider who is recruited into a provider network, you receive an email with instructions to log into the Provider Portal experience cloud site and start your credentialing application process. Enter information about your education, training, or practice standards, and professional qualifications (licenses, certifications, education, and registrations).

Start the Primary Source Verification Process

As a credentialing specialist at the payer's office, verify your providers in days instead of weeks. After the provider completes the credentialing application, call them and verify the information in their application form, so you can certify or license the provider with a healthcare organization. Our process captures some competencies for the provider right from the recruiting phase, and saves time and cost while providing full transparency throughout the process.

SEE ALSO:

Salesforce Help: Set Up Provider Enrollment and Network Management

Register to Join a Payer Network

Payers can reduce administrative burden by enabling prospective providers to self-register through the provider portal. As a provider, you can easily register in a payer network, complete an application, and provide your credentials and licenses.

1. From the provider portal, click **Join Our Network**.

2. Enter basic information such as your name, address, and specialty.

   🛇 Important: You must enter a unique combination of first name, last name, and email ID, or else the registration fails. Also, ensure that the email ID isn't associated with an already recruited provider.

3. Click **Register**.

That's all! Easy, isn't it? You see an acknowledgment of your registration. Salesforce creates a lead record for your registered provider. Recruiting staff at the payer's office use this lead record to complete the provider recruiting process.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

To register providers:
- Provider Network Management for Experience Cloud Sites permission set

Nominate a Provider to Join a Payer Network

As an existing provider or a non-registered provider, you can nominate another provider to the health plan using the provider portal. Make your job easier by using the embedded forms in the portal instead of expensive, inefficient legacy paper-driven processes.

1. From the provider portal, click **Nominate Peer Provider**.

2. Enter basic information such as the nominated provider's name, address, and specialty.

   🛑 Important: You must enter a unique combination of first name, last name, and email ID, or else the nomination fails. Also, ensure that the email ID isn't associated with an already recruited provider.

3. Click **Nominate**.

That's all! You see an acknowledgment of your nomination. Salesforce creates a lead record for your nominated provider. Recruiting staff at the payer's office use this lead record to complete the provider recruiting process.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

To nominate providers:
- Provider Network Management for Experience Cloud Sites permission set

Recruit a Registered or Nominated Provider to a Payer Network

When a provider registers with the network or nominates a peer through the portal, Salesforce creates a lead record. As a recruiting specialist at the payer's office, use the lead record to initiate a conversation with the provider, validate their information, and complete the recruitment process.

This provider recruiting business process helps you to find the best provider candidates and get them through the application process quickly. Validate and update provider information such as demographic details, professional information, and service location. You can verify the provider information over a call either with the provider directly or with someone who can speak for them. You can also reschedule the call to a later date and time.

1. Go to the Lead record created for the registered or nominated provider.

2. Click **Recruitment**.

3. After confirming that the caller is either the provider or someone who can speak for them, select **Yes** and click **Next**.

   If the caller isn't the applicant and isn't willing to speak for the applicant, select **No** for all the questions, and enter the caller's details and the date and time of when to call back. Salesforce creates a task record and associates it with the caller and provider lead for tracking purposes.

4. Confirm the applicant's personal information and make updates, if necessary.

5. Select a specialty role.

6. Select a payer network, and click **Next**.

7. Enter the provider's Council for Affordable Quality Healthcare (CAQH) ID and National Provider Identifier (NPI).

   📝 Note: Health Cloud has built-in integration with the NPI registry but not with CAQH. Reach out to your Salesforce admin if you need CAQH integration.

8. Confirm the applicant's professional details. Make updates, if necessary, and click **Next**.

9. Confirm the applicant's primary service location and click **Next**.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

To recruit registered providers:
- Health Cloud Provider Network Management permission set

10. Attest the applicant's details and give your confirmation.

11. Click **Submit**.

And you're done! You see a confirmation indicating the completion of recruitment.

Salesforce converts the lead to a person account. It also creates Healthcare Provider, Healthcare Provider Npi, Healthcare Provider Specialty, and Individual Application records. Then, Salesforce sends the provider portal credentials to the provider through email.

The provider receives an email with the credentials to log into the provider portal, and they can reset their password. The provider has now started on their journey in the payer's network. Next, the provider goes through a credentialing process.

Start the Provider Credentialing Process

As a provider who is recruited into a provider network, you receive an email with instructions to log into the Provider Portal experience cloud site and start your credentialing application process. Enter information about your education, training, or practice standards, and professional qualifications (licenses, certifications, education, and registrations).

- Provider Network Management's built-in integration with NPI helps you retrieve information from the provider's NPI profile. If you have an NPI number, your credentialing application form is automatically updated with the information from your NPI profile and you only need to verify it.

- Provider Network Management isn't integrated with CAQH by default and requires additional configurations. If you have a CAQH number and your payer has set up CAQH integration, all your information is automatically updated from the CAQH profile.

1. Log in to the provider portal using the credentials shared with you by email.

2. Click **Start Credentialing** next to your application, and click **Next**.

3. Do one of the following:

   a. If you have a CAQH Number, click **Yes** and verify that your CAQH number is correct.

   Your information is automatically updated in the credentialing application based on your CAQH profile and you just need to verify the details in the following screens.

   > 📝 Note: You can't add or modify any of the information that is displayed. If any of your professional or education information is incorrect, you need to get it changed in the CAQH system.

   b. If you don't have a CAQH number, click **No**.

   Salesforce proceeds to retrieve information from your NPI profile. Your information is automatically updated in the credentialing application and you just need to verify the details in the following screens.

   > 📝 Note: You can't add or modify any of the information that is displayed. If any of your professional or education information is incorrect, you need to get it changed in the NPI system.

4. Verify the specialty, board certification, work history, and other details in the following screens.

5. Provide your answers in the questionnaires for disciplinary actions, professional liability, health status, and Medicare.

6. Verify or change details of your billing address and click **Next**.

7. Read the consent form and agree to the terms.

8. Click **Sign Application Electronically**.
   Salesforce generates a DocuSign document with all your credentialing information and creates an application. The credentialing workflow creates the document based on the DocuSign template that your admin configured for your org.

9. Review the information in the credentialing application form.

10. Sign the application form.

That's it! You've completed your credentialing application form. Salesforce creates a Case record and updates the Individual Application record. You can track your application's status using the Case record.

Start the Primary Source Verification Process

As a credentialing specialist at the payer's office, verify your providers in days instead of weeks. After the provider completes the credentialing application, call them and verify the information in their application form, so you can certify or license the provider with a healthcare organization. Our process captures some competencies for the provider right from the recruiting phase, and saves time and cost while providing full transparency throughout the process.

1. From the Person Account record of the provider, click **Primary Source Verification**.

All information given by the provider during credentialing is retrieved for verification.

2. Review the provider's basic information and make changes, if necessary, and then click **Next**.

3. Review the provider's specialty, board certification, work history, and other details, and update them, as required.

4. Review the provider's answers in the questionnaires for disciplinary actions, professional liability, health status, and Medicare. Depending on the provider's input, retain or change the answers.

5. Verify the provider's billing address and update it, if necessary, and then click **Next**.

6. Depending on whether you changed any provider information during the call, select **Yes** or **No**.

- If you select **Yes**, the credentialing application is regenerated and sent to the provider for e-signature. Salesforce updates relevant objects with the updated information.

- If you select **No**, the provider doesn't need to take any further action.

7. When you're done, click **Next**.

That's all there is! You see a confirmation and Salesforce creates a contract, updates the application record status, and changes the case status to Approved.

Network Participations

Network participations record providers who participate in a network. Putting together a network participation for a provider is a step in onboarding that provider into your health organization's network.

Network participations have these key components:Both individual practitioners and provider groups can be participants in network participations.

- The participating provider
- The network that the provider is participating in
- The location of practice that's covered by the network
- The contract that binds the provider, network, and location together
- The period the network participation is active for.

Network Participation in Health Cloud

Health Cloud provides a Lightning component that helps you view and register network participations for the providers that you onboard. Records created with this component are stored in the Healthcare Facility Network object. If a contract is specified for the network participation, then an additional record is created in the Provider Network Contract object as well.

> **Note:** Health Cloud doesn't support creating specialized payer-provider contracts. However, you can create standard, non-specialized contracts using the Contract object. You can then attach documents to this contract with the specific terms of the contract.

The Network Participation Lightning component is compatible with: Business Account record pages, Person Account record pages, and Healthcare Payer Network record pages. The component's behavior is contextually determined by the type of the record page it's added to. Here's how the New Participation flow changes based on the type of record page it's configured on:

- Business Account record pages:
  - While registering new network participations, the participation location references Healthcare Facility records.
  - Users can select individual providers associated with the business account's provider group to register multiple network participations. A network participation is always registered for the business account that the flow is launched from.
  - The component lists network participations filtered by the Business Account record that the component is viewed from.

- Person Account record pages:
  - While registering new network participations, the participation location references Healthcare Practitioner Facility records.
  - The flow skips the provider selection screen and selects the provider of the Person Account record that is used to launch the flow.
  - The component lists network participations filtered by the Person Account record that the component is viewed from.

- Healthcare Payer Network record pages:
  - The New Participation button is hidden and users can't create network participations from that record page.
  - The Component lists network participations filtered by the Healthcare Payer Network from which the component is viewed.

You can use the component to record multiple network participations in batches. All you have to do is select the required practice locations, providers, and networks on the appropriate screens. However, if multiple locations are selected, then all the providers associated with those locations are automatically selected for registering network participations.

Register Network Participations

To register network participations for a provider, you can use the Network Participation component on that provider's business account or person account record page.

1. Go to the account record of the provider or provider group you need to register network participations for.

2. Click **New Participation**.

3. Select the practice locations you want to enroll in your network participation and click **Next**.

   For person accounts, the practice locations are Healthcare Facility records. For business accounts, the practice locations are Healthcare Facility records.

4. If you're creating a network participation for a provider group from its Business Account record, choose whether to create additional network participations for only specific members, or for all members. Then, select the members you need to create network participations for and click **Next**.

   If you selected multiple locations in the previous screen, network participations are created for all members.

   If the provider group doesn't have any members, then network participations are created with just the provider group.

   > 📝 Note: This step is bypassed if you're creating a network participation from a person account record. The provider for this network participation is the provider represented by that person account.

5. Select the payer networks you want to affiliate your network participations with and click **Next**.

6. Enter a start date and an end date for the network participations and click **Next**.

   Optionally, if you have a contract in place for these network participations, you can add that on this screen too.

7. Review your network participations, select the ones you want to register, and save your selections.

After your network participations are saved, you can view them on the Network Participation component on Business Account, Person Account, and Healthcare Payer Network records pages. The network participations listed on the component are filtered by the record where you're viewing the list from.

Provider Network Contract Management

Contract management plays a significant role in provider networks. An effective contract management system ensures that contracts have the right payments, providers are held accountable for care outcomes, and clinicians work towards qualitative, patient-centric care. It involves defining appropriate, agreed-upon payment terms so that payers, providers, and provider groups can focus on care coordination and health management.

The healthcare industry supports the following contract payment types.

Fee-for-Service

Healthcare providers are paid a negotiated amount for each service they perform. The amounts are based on the comprehensive fee schedule definition set up by Centers for Medicare and Medicaid Services (CMS). Example: patient visits.

Category-Based Payment

Healthcare providers are paid based on a defined negotiation for each procedure category that they work on. Example: vaccines.

Percentile-Based Payment

> Providers are paid based on the percentile range that the member falls into. Each percentile range has a separate fee, which is determined by factors such as the member's age. For the same service, the provider is paid a different amount for members in the 50th percentile and 75th percentile.

Shared Savings

> The payer shares the profit and loss with the provider and provider groups. The payment terms are dependent on the forecasted expenditure and the profit or loss percentage for the defined time period. This payment type is generally seen in an Accountable Care Organization (ACO).

Capitated Payment

> Providers are paid a fixed amount per member every month for a fixed set of services. As part of the program, the payer can also decide to withhold some amount and pay it later as a bonus amount based on the performance.

Bundled Payment

> Providers are paid for each procedure bundle they work on. Bundles are a group of procedures that are offered together by the provider. Bundled payment is tier-based and can have different prices depending on the services and care offered. Members and payers choose the bundle category that works best for them. Example: Basic, mid, and premium tier.

Preventive Care

> Providers are paid a bonus when they reach an agreed upon target such as reducing the admission or readmission rates by a certain percentage.

[Contract Management in Health Cloud](#)

Health Cloud's comprehensive contract management solution provides payers, providers, and provider groups with a single, integrated system for recording contract information. The ability to find the information you need and manage fee schedules all in one place makes your job easier and ensures faster access to patient care.

[Add Fee Schedule Information for Fee-for-Service Contract Payment Types](#)

As an actuary, you can create a library of fee schedule information based on the comprehensive list published by CMS (Centers for Medicare and Medicaid Services). Your contracting specialist can then use this fee schedule information as a base to define the payment terms for contracts of Fee-for-Service payment type.

[Create a Payment Agreement and Define Payment Terms for a Contract](#)

Use Health Cloud's comprehensive contract management solution to define the payment agreement terms from within the context of a contract.

Contract Management in Health Cloud

Health Cloud's comprehensive contract management solution provides payers, providers, and provider groups with a single, integrated system for recording contract information. The ability to find the information you need and manage fee schedules all in one place makes your job easier and ensures faster access to patient care.

Health Cloud contract management comprises the Contract Payment Agreement parent object, its child objects, and the Contract Payment Agreement Terms lightning component, which help to support these seven industry-standard payment types:

Payment Types	Health Cloud Object for this Payment Type
Fee-for-Service	Standard Care Fee Agreement
Category-Based Payment	Categorized Care Fee Agreement
Percentile-Based Payment	Percentile Care Fee Agreement

Payment Types	Health Cloud Object for this Payment Type
Shared Savings	Shared Saving Payment Agreement
Capitated Payment	Capitation Care Fee Agreement
Bundled Payment	Bundled Care Fee Agreement
Preventive Care	Preventive Care Agreement

📝 **Note:** These objects are accessible only within the context of the Contract Payment Agreement parent object and not from the App launcher. You can't create any standalone records using them.

If your contract specifications require a different payment type, your admin can configure one for you.

Add Fee Schedule Information for Fee-for-Service Contract Payment Types

As an actuary, you can create a library of fee schedule information based on the comprehensive list published by CMS (Centers for Medicare and Medicaid Services). Your contracting specialist can then use this fee schedule information as a base to define the payment terms for contracts of Fee-for-Service payment type.

A fee schedule library provides information on the standard fees for different time periods. To create a well-defined library, you need:

- Fee schedule definition records that indicate the effective time period.
- Care fee schedule item records that specify the fees for each procedure code. These records are always created within the context of a fee schedule definition and multiple records can be associated with a fee schedule definition.

1. From the App Launcher, find and select **Fee Schedule Definitions**.

2. Click **New** and enter the name, effective start and end date, and description of the fee schedule definition. Then save your changes.

3. Click the **Related** tab, then click **New** in the Care Fee Schedule Items related list.

4. Provide the facility and non-facility price for a selected procedure and save your changes. Specify the price based on the data published by CMS.

5. Add more care fee schedule item records for all the required procedure codes and save your changes.

We now have the fee schedule information all set for the selected time period. Your contracting specialist can now select this fee schedule definition when creating a contract payment agreement of Standard Care Fee Agreement type. And, the payment terms defined in the selected fee schedule definition are applied for the contract.

Create a Payment Agreement and Define Payment Terms for a Contract

Use Health Cloud's comprehensive contract management solution to define the payment agreement terms from within the context of a contract.

1. From the App Launcher, go to Contracts, and select the appropriate provider network contract.

2. In the Contract Payment Agreement related list, click **New**.

3. Provide the required details and select an agreement type.

4. For Standard Care Fee Agreement types, select a fee schedule definition and enter the standard fee calculation percentage to determine the effective fee.

5. For Capitation and Shared Savings Agreement types, enter one or more procedure codes.

6. Save your changes.
   The contract payment agreement record is created

7. Click the new payment agreement record name and go to the Agreement Terms tab.

8. Click **New** and provide detailed payment information for the contract payment agreement record. Payment terms vary for each payment agreement type. Add more records as needed.

9. Back on the Details tab, activate the contract payment agreement by changing the status to Activated.

   📝 **Note:** You can't edit an activated contract payment agreement.

That's it. The payment terms of the contract are now ready for use.

Standard Care Fee Agreement Fields

Use these fields to define payment terms for a contract of agreement type Standard Care Fee Agreement. This agreement type supports the Fee for Service payment type in which healthcare providers are paid a negotiated amount for each service they perform. For example, patient visits. Fees are based on the comprehensive fee schedule definition set up by CMS (Centers for Medicare and Medicaid Services).

Categorized Care Fee Agreement Fields

Use these fields to define payment terms for a contract of agreement type Categorized Care Fee Agreement. This agreement type supports the Category-Based payment type in which healthcare providers are paid based on a defined negotiation for each procedure category that they work on. For example, vaccines.

Percentile Care Fee Agreement Fields

Use these fields to define payment terms for a contract of agreement type Percentile Care Fee Agreement. This agreement type supports the Percentile-Based payment type in which providers are paid based on the percentile range for that member. Each percentile range has a fee that is determined by factors such as the member's age.

Shared Saving Payment Agreement Fields

Use these fields to define payment terms for a contract of agreement type Shared Savings Payment Agreement. This agreement type supports the Shared Savings payment type in which the payer shares the profit and loss with the provider and provider groups.

Capitation Care Fee Agreement Fields

Use these fields to define payment terms for a contract of agreement type Capitation Care Fee Agreement. This agreement type supports the Capitated Payment type in which providers are paid a fixed amount for each member every month for a fixed set of services. As part of the program, the payer can also decide to withhold some amount and pay it later as a bonus amount based on the performance.

Bundled Care Fee Agreement Fields

Use these fields to define payment terms for a contract of agreement type Bundled Care Fee Agreement. This agreement type supports the Bundled Payment type in which providers are paid for each procedure bundle they perform. Bundles are a group of procedures that are offered together by the provider. Bundled payment is tier-based and can have different prices depending on the services and care offered.

Preventive Care Agreement Fields

Use these fields to define payment terms for a contract of agreement type Preventive Care Agreement. This agreement type supports the Preventive Care payment type in which providers are paid a bonus amount when they reach an agreed upon target. Targets can include achievements such as reducing admission or readmission rates to a certain percentage.

Standard Care Fee Agreement Fields

Use these fields to define payment terms for a contract of agreement type Standard Care Fee Agreement. This agreement type supports the Fee for Service payment type in which healthcare providers are paid a negotiated amount for each service they perform. For example, patient visits. Fees are based on the comprehensive fee schedule definition set up by CMS (Centers for Medicare and Medicaid Services).

<div style="float:right; border-left:3px solid #ccc; padding-left:10px;">

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

</div>

Field	Description
Contract Payment Agreement	The related contract payment agreement record.
Procedure Code	The industry standard code for the procedure, such as CPT or HCPCS.
Procedure Code Description	A description of the procedure code.
Non-Facility Price	The fees when the procedure is performed in a non-facility location, such as the physician's office. This amount is determined by the fee schedule definition that's associated with this payment agreement record.
Facility Price	The fees when the procedure is performed in a facility location, such as a hospital or Ambulatory Surgical Center (ASC). This amount is determined by the fee schedule definition that's associated with this payment agreement record.

Categorized Care Fee Agreement Fields

Use these fields to define payment terms for a contract of agreement type Categorized Care Fee
Agreement. This agreement type supports the Category-Based payment type in which healthcare
providers are paid based on a defined negotiation for each procedure category that they work on.
For example, vaccines.

Field	Description
Contract Payment Agreement	The related contract payment agreement record.
Procedure Category	The category of procedures covered in the Categorized Care Fee Agreement, such as Immunization.
Description	The description of the procedure category.
Line of Business	The line of business for which the agreed upon fee is applicable.
Pricing Information	The agreed upon fee for the procedure category.

Percentile Care Fee Agreement Fields

Use these fields to define payment terms for a contract of agreement type Percentile Care Fee
Agreement. This agreement type supports the Percentile-Based payment type in which providers
are paid based on the percentile range for that member. Each percentile range has a fee that is
determined by factors such as the member's age.

Field	Description
Contract Payment Agreement	The related contract payment agreement record.
Procedure Code	The industry standard code for the procedure, such as CPT or HCPCS.
Procedure Code Description	The description of the procedure code.
First Bracket Price	The price for the procedure if the member falls into the first percentile bracket based on the payer's determining factor.
Second Bracket Price	The price for the procedure if the member falls into the second percentile bracket based on the payer's determining factor.
Third Bracket Price	The price for the procedure if the member falls into the third percentile bracket based on the payer's determining factor.
Fourth Bracket Price	The price for the procedure if the member falls into the fourth percentile bracket based on the payer's determining factor.

Field	Description
Fifth Bracket Price	The price for the procedure if the member falls into the fifth percentile bracket based on the payer's determining factor.
Bracket Information	The description of the percentile bracket information.
Standard Price	The standard price for the procedure defined by the governing body.
Relative Value Unit	The relative value unit for the procedure.

Shared Saving Payment Agreement Fields

Use these fields to define payment terms for a contract of agreement type Shared Savings Payment Agreement. This agreement type supports the Shared Savings payment type in which the payer shares the profit and loss with the provider and provider groups.

Field	Description
Contract Payment Agreement	The related contract payment agreement record.
Benchmarked Expenditure Amount	The expenditure amount for the selected benchmark period.
Forecasted Expenditure Amount	The expenditure amount that's forecasted for the contract payment agreement duration.
Qualifying Profit Percentage	The minimum profit percentage required to share the profit.
Profit Plan Description	The description of the shared savings payment agreement when a profit is attained.
Loss Plan Description	The description of the shared savings payment agreement when there's a loss.
Benchmark Start Date	The start date of the benchmark period based on which the profit or loss is determined for the Shared Saving payment type.
Benchmark End Date	The end date of the benchmark period based on which the profit or loss is determined for the Shared Saving payment type.

Capitation Care Fee Agreement Fields

Use these fields to define payment terms for a contract of agreement type Capitation Care Fee Agreement. This agreement type supports the Capitated Payment type in which providers are paid a fixed amount for each member every month for a fixed set of services. As part of the program, the payer can also decide to withhold some amount and pay it later as a bonus amount based on the performance.

Field	Description
Contract Payment Agreement	The related contract payment agreement record.
Monthly Fee	The fee, agreed upon by the provider and payer, for each member per month.
Monthly Withheld Percentage	The percentage of the monthly fee that's withheld by the payer and shared later with the provider based on performance.
Monthly Balance Fee	The balance fee for each member after the monthly withheld fee.
Member Age Range Lower Limit	The lower age limit of the enrolled member for the capitation care fee agreement.
Member Age Range Upper Limit	The upper age limit of the enrolled member for the capitation care fee agreement.

Bundled Care Fee Agreement Fields

Use these fields to define payment terms for a contract of agreement type Bundled Care Fee Agreement. This agreement type supports the Bundled Payment type in which providers are paid for each procedure bundle they perform. Bundles are a group of procedures that are offered together by the provider. Bundled payment is tier-based and can have different prices depending on the services and care offered.

Field	Description
Contract Payment Agreement	The related contract payment agreement record.
Procedure Bundle Code	The code of the bundle that includes a set of procedures.
Procedure Bundle Description	The description of the procedure bundle.
Basic Tier Price	The basic tier price for the procedure bundle.
Premium Tier Price	The premium tier price for the procedure bundle.
Mid Tier Price	The mid tier price for the procedure bundle.
Procedure Bundle Item List	The list of procedures covered in the bundle.

Preventive Care Agreement Fields

Use these fields to define payment terms for a contract of agreement type Preventive Care
Agreement. This agreement type supports the Preventive Care payment type in which providers
are paid a bonus amount when they reach an agreed upon target. Targets can include achievements
such as reducing admission or readmission rates to a certain percentage.

Field	Description
Contract Payment Agreement	The related contract payment agreement record.
Bonus Measure Type	The measure type used to define the bonus payout. For example, Preventive Readmission Rate or Preventive Admission Rate.
Bonus Measure Description	The description of the bonus measure type.
Current Measure Percent	The current percentage of the specified measure.
Target Measure Percent	The expected percentage of the specified measure.
Bonus Payout	The bonus paid on reaching the target measure percentage.
Additional Information	Additional information on the bonus payout and target expectation.

Find a Care Provider

Find the right physician or facility for a patient. You can search from an account record or from the Health Cloud console.

Your Salesforce admin customizes the Provider Search experience to suit your business requirements, so your search experience can
look different than our examples.

1. Search for a provider by specifying a value in at least one search criteria field, for example in the Provider Name, Facility Name, or
   Specialty field.

   When you select one or more items in a search criteria dropdown list, the search results include providers who meet any of those
   items, not all of them. For example, if you select Pediatrics and Geriatrics in the Specialty list, search results include pediatricians,
   geriatric specialists, and providers who offer both specialties.

2. If your Salesforce admin configured Provider Search with filters, narrow in on search results by specifying grouping and aggregation
   values or filter field values. All filters are optional. See Use Criteria-Based Search and Filter.

3. If your search criteria include a distance parameter, provide the patient's address to see the distance from their address to each provider's location.

   The distance is calculated as a straight line, but is modified using mapping data to show the driving distance. The search results display in order of driving distance rather than straight-line distance. As a result, a provider can appear sorted as further away, even if their straight-line distance is closer.

   Use the **Search Within** field to find providers within a specified distance from the patient's address.

   If your Salesforce admin configured Provider Search with maps, when you click a provider in your search results, the map that appears alongside your search results highlights the provider location. Zoom in for more detail.

4. Select multiple records and take actions.

   The actions available depend on your Provider Search configuration.

   a. To share provider search results, select the providers and then click the **Copy Selected Records** action or button. To copy a single record, click 📋.

   b. To generate a report of provider search results, select up to 50 records and then click the **Generate Report** action or button. You can find the PDF report in Files. On the account or case record page, find the generated report in the **Attachments** related list of the associated account or case record. Download the report or share it as needed.

      If you run your search from a patient's account record page, your results also indicate if the provider is in that patient's insurance network.

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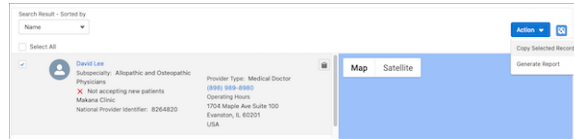
c. To create a referral request, select one or more results, and then click the **Create Referral** action.

Ensure Compliance with Data Protection Regulations

Healthcare organizations must comply with regulations such as HIPAA that govern protected health information. Failure to comply can have serious legal consequences. As a call center agent representing your organization, you must first verify any caller's identity and ensure they're allowed to have the information that they seek.

The person contacting the call center could be a patient, a parent or guardian if the patient's a minor, the authorized representative of a patient, or a provider. No matter who the caller is, if they want sensitive information, you must verify the caller's identity first. If the inquiry concerns information in the public domain (for example, the location of a hospital), then verification isn't required.

The Identity Verification feature gives you the ability to verify the identity of a caller before you share any sensitive information with them.

EDITIONS
Available in: Lightning Experience
Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

Verify Identity

How you verify the identity of a caller depends on how your admin has configured the process. You may just be required to verify the caller's identity. Or, your identity verification flow may also store interaction details. Finally, if someone is calling on another person's behalf, you may need to verify two identities.

Verify Identity

How you verify the identity of a caller depends on how your admin has configured the process. You may just be required to verify the caller's identity. Or, your identity verification flow may also store interaction details. Finally, if someone is calling on another person's behalf, you may need to verify two identities.

EDITIONS
Available in: Lightning Experience
Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

Verify the Caller

Verify a caller's identity before processing their requests involving sensitive information.

Verify a Customer and Their Representative

Verify a customer's identity before processing their requests involving sensitive information, and store details about the interaction. If an engagement is about someone other than the customer, you can perform verification for both people.

Verify the Caller

Verify a caller's identity before processing their requests involving sensitive information.

Suppose you receive a call requesting information.

1. To launch the identity verification window, click the verification button in the utility bar.

   If your admin has added the identity verification flow to a record page, to access the flow navigate to a record page.

2. Search for the caller in your healthcare organization using the **Search for Person** field.
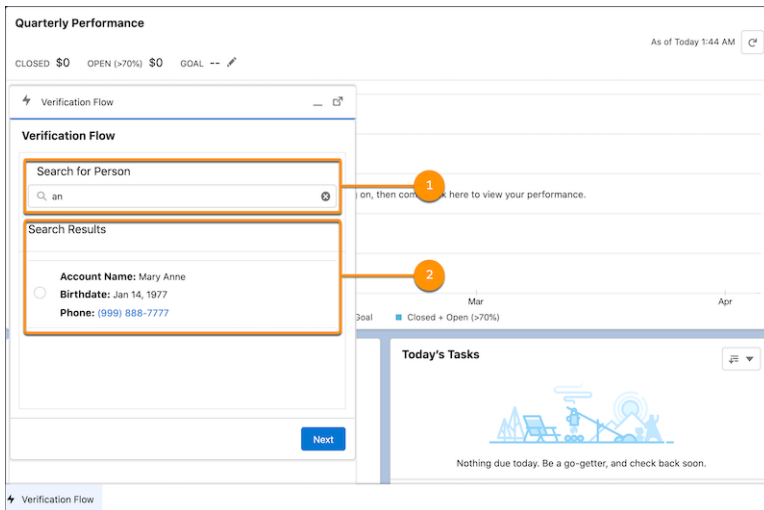
You must enter at least two characters in the search field. Entering more characters narrows down the scope of the search.

3. Select the relevant search result and click **Next**.

4. Talk to the caller to understand the purpose of the call, then select a reason and click **Next**.

   If the reason is non-medical, such as asking for a hospital's address, there's no need to verify the caller's identity. Select **Miscellaneous** and provide the caller with the information. You don't need to continue with the verification process.
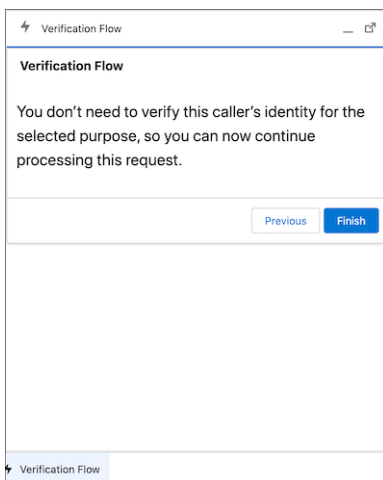
> 📝 **Note:** The options for call reason differ based on what your org admin has configured.

5. If the purpose of the call is medical, determine whether the call is about the caller or someone else, select the appropriate option on screen, and click **Next**.

6. Finally, ask questions to verify the required and optional information. Mark the fields as answered by the caller by clicking either ☑ or ☒.

For example, you might be required to ask about a caller's account name, birthdate, and driver's license number to verify their identity. The questions are configured by your admin.

🛑 **Important:**

Verification succeeds only if the caller correctly answers all the questions in the required information section and the required number of questions in the optional information section.
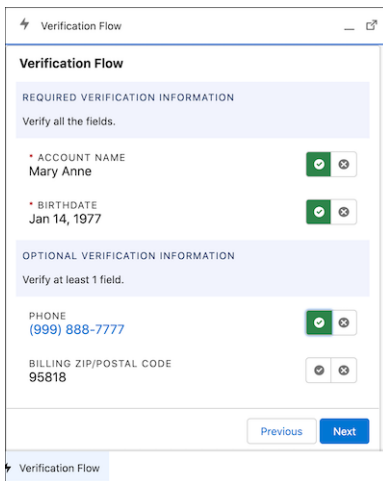
If verification succeeds, you're informed to process the caller's request and you're redirected to the relevant record page.

If verification fails, you're asked to stop processing the caller's request.

Verify a Customer and Their Representative

Verify a customer's identity before processing their requests involving sensitive information, and store details about the interaction. If an engagement is about someone other than the customer, you can perform verification for both people.

When you accept a call over Open CTI or Omni-Channel, an engagement interaction or a voice call record page opens. When you accept an incoming message, a messaging session record page opens. If a customer or their representative is calling or messaging from a registered phone number, the Initiating Attendee field on the record page is auto-populated. If a customer or their representative initiates an in-person engagement, you must create an Engagement Interaction record and then you can verify their identity.

1. From the App Launcher, find and select **Engagement Interactions**.

2. Click **New**.

3. Enter the initiating attendee. This is the account or the contact for the customer who initiated the engagement. If the customer is new, create a lead record.

4. Enter the start date and time for the engagement.

5. Select the channel of communication.

6. Click **Save**.

📝 **Note:** If the engagement is initiated over Open CTI or Omni-Channel, directly start with the next step.

7. Talk to or chat with the customer or the representative to understand the purpose of the engagement, then select a reason and click **Next**.

If the engagement isn't related to confidential information, there's no need to verify the customer or the representative's identity. Process the customer's request.

8. Select who the engagement is about and click **Next**.

If the engagement is about the customer, verify their identity. If verification succeeds, process their request. If the engagement is about someone else, you have to first verify the identity of the representative. If verification succeeds, you have to verify the identity of the customer the initiating attendee is authorized to represent. Only when the second-level verification succeeds, process the representative's request.

9. Select the search type, search for the customer using keywords or available fields, and click **Next**.

The search type menu enables you to specify which data is to be searched.

> 📝 Note: If the engagement is about someone else, you have to search for the person initiating the engagement even if their number was registered.

10. Select the relevant search result and click **Next**.

11. Ask questions to verify the required and additional information. Mark the fields as answered by the customer or their representative by clicking either ✅ or ❌.

For example, your verification process could require asking a person's account name, birthdate, and driver's license number. Your admin configures the questions. Verification succeeds only if the person correctly answers all the questions in the required information section and the required number of questions in the additional information section. If the engagement is about the customer, verification ends here. Upon successful verification, process their request. If the engagement is about someone else, you now must verify the identity of the person the engagement is about.

12. Select the search type, search for the person using keywords or available fields, and click **Next**.

13. Select the relevant search result and click **Next**.

14. Ask questions to verify the required and additional information. Mark the fields as answered by the representative by clicking either ✅ or ❌.

Verification succeeds only if the customer's representative correctly answers all the questions related to the customer in the required information section and the required number of questions in the additional information section. If verification succeeds, you're informed to process the representative's request and you're redirected to the relevant record page. In the case of the unidentified representative, depending on whether the verification was successful, the Engagement Interaction record is automatically updated. If verification fails, you're asked to stop processing the representative's request.

Manage Appointments

With Health Cloud's Intelligent Appointment Management and its intuitive console, you can schedule and manage appointments seamlessly. You don't wade through manual processes, which helps shorten patient wait times on the phone.

Schedule Appointments

Schedule the right appointment with the right provider at the right time and location using the Appointment Management console.

View a Patient's Appointments

View a patient's appointments.

Cancel an Appointment

Cancel an appointment for a patient.

Schedule Appointments

Schedule the right appointment with the right provider at the right time and location using the
Appointment Management console.

Ask your patient what they need an appointment for? The patient's answer gives you the visit type.

1. From the patient's account record page, open the Appointment Management console.

2. Select the visit type.

   Providers who have the required expertise are shown. By default, results are sorted by
   recommended provider—assigned providers are shown at the top, followed by past providers,
   and then new providers. An assigned provider provides primary care to the patient. A past
   provider provided any other care to the patient. For a new patient, only new providers appear.

   📝 **Note:** Up to 25 providers are shown. If your patient prefers a provider who doesn't appear in the search results, use the left
   panel to search for them.

   If Einstein Discovery is set up, some visit times are highlighted. The patient is most likely to attend their appointment at these times.
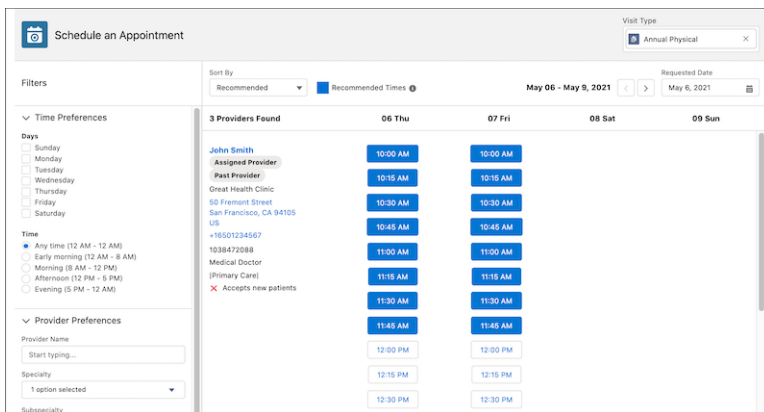
3. Gather the patient's preferences for day, time, provider, and distance. By default, providers within 5 miles of the patient's mailing
   address are shown.

4. Narrow the search results by applying relevant filters.

5. Select a time.

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6. In the New Appointment window, review the appointment details, add extra details about the appointment in the **Comments** field, and then save your changes.

View a Patient's Appointments

View a patient's appointments.

1. In the patient's account record page, click **Related**.

2. To see the list of appointments for the patient, navigate to the appointments section.

USER PERMISSIONS

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Cancel an Appointment

Cancel an appointment for a patient.

1. Go to the Service Appointments section on the **Related** tab in the patient's account record page.

2. Select and review the appointment to cancel.

3. In the Quick Action menu, click **Cancel Appointment**.

Gather Feedback About Patients or Members

Improve the quality of care by gathering feedback that helps to manage your patients or members more efficiently.

Gather Information with Surveys

Surveys are a valuable way of efficiently gathering feedback from the people whose care you manage. From the console, it's easy to send surveys to patients or members and have a record of the responses at your fingertips.

Create a Survey for Patient Feedback

Use Salesforce Feedback Management to create patient and member surveys.

Complete a Patient's Assessment

Quickly locate the correct assessment and complete it with the patient by using the Assessment component. Individual record pages show assessments related to a particular patient, and app home pages show assessments for all the patients assigned to you. If you must pause an assessment in progress, save it as a draft. You can easily find it later and complete it at your convenience.

Track Assessment History

To gain a better understanding of a person's performance and progress, track assessment history. You can see details such as submitted date, user, and score trends using the Assessment History component.

Track Assessment Questions Score Changes

Get detailed insights into a person's responses by using the Assessment Questions component to track changes in each assessment question score.

Gather Information with Surveys

Surveys are a valuable way of efficiently gathering feedback from the people whose care you manage. From the console, it's easy to send surveys to patients or members and have a record of the responses at your fingertips.
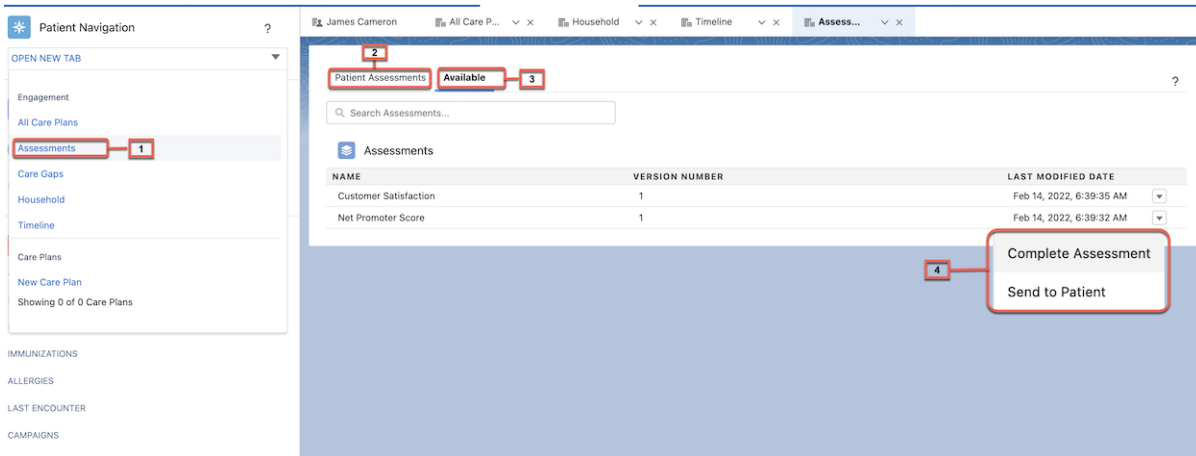
You can find surveys by selecting Assessments from the patient navigation menu (1).

📝 Note: Prior to Winter '23 release Surveys was named Assessments. The component name is still listed as Assessments but it is the Salesforce Surveys feature. There is a new feature named Assessments that uses Discovery Framework and OmniStudio.

The Assessments tab shows surveys that have been started, completed, or sent to someone (2) and surveys that are available for that person (3).

The Patient Assessments subtab lists all the surveys that you, as the logged-in user, have started, completed, or sent to that patient or member. You can see the date you sent the survey, whether it's been completed, and the version of the survey you're viewing. To see the survey responses, click the name of the survey.

The Available subtab shows the list of surveys you can use for a person and gives you options for gathering the survey information (4). If you're performing a phone screening, select **Complete Assessment**, open the survey, and take the assessment on behalf of the person you're speaking with. Your name is saved as the submitter of the assessment. To email the assessment to someone, select **Send to Patient in <Experience Cloud Site Name>** and an email message goes out to the patient or member. The email contains a link to the assessment and the person can log into the site and complete the assessment.
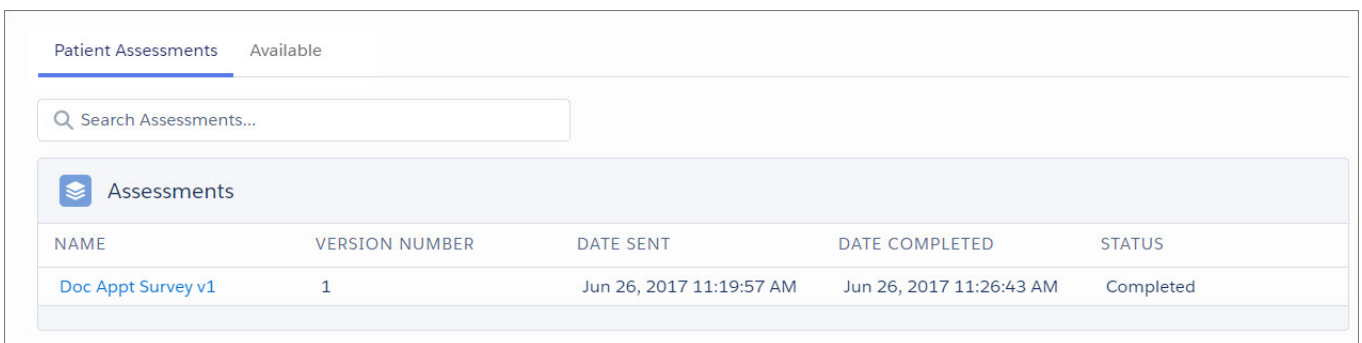
The Survey Question page shows a list of questions and their responses. You can drill into the question to see the question name, and details such as which version of the survey the questions is associated with.
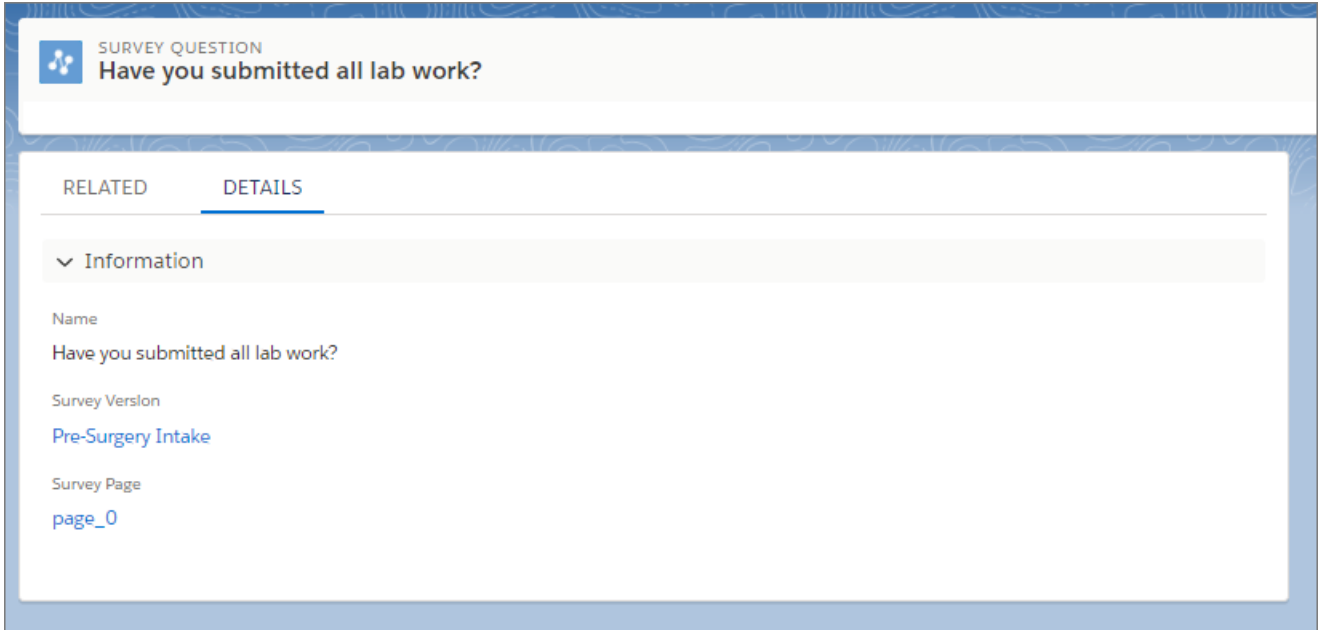
The Related subtab of the Survey Response tab shows the questions associated with the assessment and the selected answers or choices the person made.
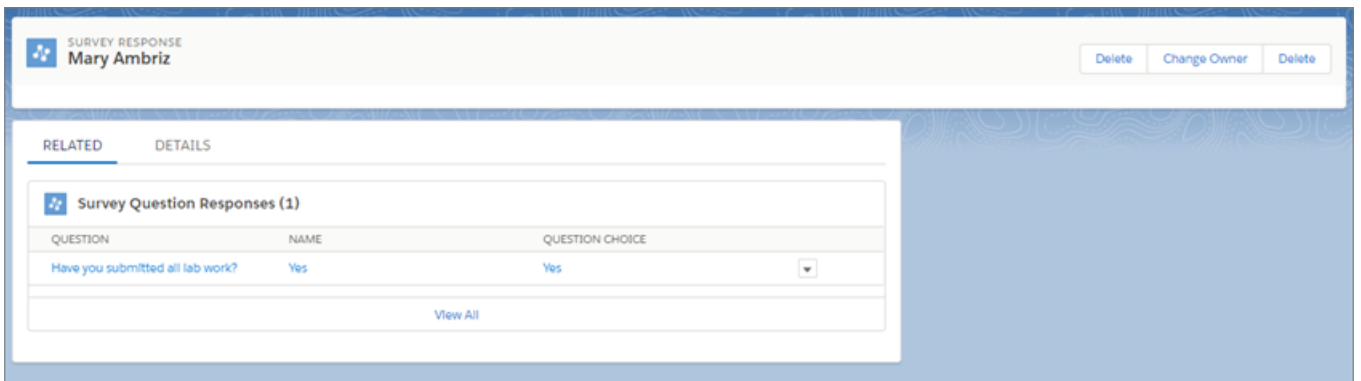
The Details tab shows other important details such as the submitter's name, the invitation link, and the status, completion date, and version of the survey.

Create a Survey for Patient Feedback

Use Salesforce Feedback Management to create patient and member surveys.

1. On the Surveys tab, click **New** to open the Survey Builder.

2. Enter a name for the survey.

3. Edit the survey's title page.

   > **Note:** The first slide of every survey is a title page, not a question page.

4. To add a question page, click **Add Page** in the sidebar.

5. To add one or more questions to the page, click **Add Question**.

6. Optionally, click ⚙ ▾ to change the question's properties.

7. Customize the survey's thank you page.

8. Do one of the following.

   a. Optional: To continue working on the survey later, click **Save**.

   b. Optional: To review how the survey looks, click **Preview**.

   c. To activate the survey so that you can send it to participants, click **Activate**.

SEE ALSO:

Create a Standard Survey

Complete a Patient's Assessment

Quickly locate the correct assessment and complete it with the patient by using the Assessment component. Individual record pages show assessments related to a particular patient, and app home pages show assessments for all the patients assigned to you. If you must pause an assessment in progress, save it as a draft. You can easily find it later and complete it at your convenience.

The Assessment component shows selected and available assessments for the patient or member. You can filter selected assessments based on whether they're:

- Completed: Submitted by a user, patient, or member
- Not Started: Pending a response from the patient or member
- In Progress: Saved as a draft
- Expired: Not submitted before the expiration date

> 📝 **Note:** Patients who access assessments on Experience Cloud sites don't have the option to save an assessment as a draft. If a patient on an Experience Cloud site starts an assessment but doesn't submit it, it shows a **Not Started** status.

1. Access the assessment component on the patient or member's record, or on an app home page.

2. To see all the available assessments, click the **Assessment Library** tab.

3. Use the filter and sort buttons to find the assessment you need.

4. Click **Start** on the assessment you want to complete with the patient.

   To complete an assessment that's in progress, from the assessment's action menu, click **Continue**.

5. Ask the patient the questions and record the answers. Click **Submit** when finished.

   If some assessment questions are prefilled with data from previously submitted responses, verify the information.

   If you're unable to complete the assessment in one session, click **Save for later** to save your progress.

   After you submit an assessment, it appears on the **Completed** tab.

   Open a completed assessment in view mode by clicking ⏷, then **View**.

Track Assessment History

To gain a better understanding of a person's performance and progress, track assessment history. You can see details such as submitted date, user, and score trends using the Assessment History component.

1. Open an assessment record and navigate to the Assessment History component.

2. Select the start date and end date. The component displays the assessment attempts submitted within this time period.

3. Select the score type and the order in which you want the assessments to appear.

4. Click **Search**.

The component displays a graph and table showing the assessment history based on the selected filters.

Track Assessment Questions Score Changes

Get detailed insights into a person's responses by using the Assessment Questions component to track changes in each assessment question score.

1. Open an assessment record and navigate to the Assessment Questions component.

2. Select the start date and end date.
   The component displays a list of assessment questions with icons indicating score changes for each question.

3. Expand each question to view a graph and table showing the question scores for each assessment attempt submitted within the specified time period.

Use Crisis Support Center Management

Providing compassionate support services to clients experiencing mental and behavioral health crises means more than just knowing what to do and say. It's also about having the right tools to deliver the care and support the clients need as quickly as possible. Crisis Support Center Management empowers you with tools that help build a deeper rapport with a client, gain a better understanding of their mental and behavioral state, and provide timely crisis support services.

Use the Intake Flow to Capture Client Details
When you accept a call or incoming messaging requests in the Crisis Support Center Management app, use the client intake flow to quickly enter basic client details.

Use the Intake Flow to Capture Client Details

When you accept a call or incoming messaging requests in the Crisis Support Center Management app, use the client intake flow to quickly enter basic client details.

After you accept a call using Open CTI or messaging requests using Omni-Channel, the intake flow opens automatically. The flow opens in the Engagement Interaction tab for calls, and the Messaging Session tab for SMS and chats.

> ✍ **Note:** If you don't use Open CTI Softphone, you can create an Engagement Interaction record to trigger the intake flow.

1. Enter the client details.

2. Associate the client to an existing account using one of these options:

   a. Choose **Select account matching with the phone number** to search for an existing account based on the phone number.

   b. Choose **Select another account** to search for an existing account based on the name.

3. If there is no existing account, choose **Create a person account**. At a minimum, enter the client's Last Name.

4. Click **Next**.

   The intake flow creates a case record and takes you to the case detail page.

SEE ALSO:

Salesforce Help: Intake Flow and Engagement Interaction for Crisis Support Center Management

Quickly Capture Notes in Crisis Support Center Management

Use Notes to capture relevant observations and details shared by a client during a call.

1. On the case record page, go to the **Notes** tab, and click **New**.

2. In the Notes window, enter a title for your note.

3. Record observations or important details the client shares with you during the call.

4. Click **Done** when finished.

   After the call has ended, you can access the note in the **Notes** tab to record a call summary or add additional details.

SEE ALSO:

Salesforce Help: Enable and Configure Notes for Crisis Support Center Management

Track Client Interactions on the Crisis Support Center Management App Timeline

Track details of past client interactions with a comprehensive, chronological view on the Crisis Support Center Management App timeline.

The enhanced timeline helps you paint a clearer picture of a client. From the timeline, you can:

- View details of past interactions such as the client's reason for calling, when the client called, who the client talked to, and more.
- See when case records are created or updated.
- Create cases, engagement topics, and interactions, directly on the timeline.
- Set date ranges to view records from a specific time period.
- Filter the timeline to show cases, engagement topics, or interactions.

To add records from the timeline:

1. On the Timeline component, click **New** and select the type of record to create.

2. Add details for the Case, Engagement Interaction, or Engagement Topic object.

3. Add details for the Case object.

    a. Select the type of case to create and click **Next**.

    b. Enter the account.

    c. Select the status and case origin.

    d. Enter other details as required.

    e. Save your work.

4. Add details for the Engagement Interaction object.

    a. Enter a start date and end date for the interaction.

    b. Select a communication channel.

    c. Select the sentiment recorded in the interaction.

    d. Enter other details as required.

    e. Save your work.

5. Add details for the Engagement Topic object.

    a. Select an Engagement Interaction record.

    b. Enter a name for the engagement topic.

    c. Enter other details as required.

    d. Save your work.

SEE ALSO:

Salesforce Help: Enable Enhanced Timeline for Crisis Support Center Management App

Find Provider Details in Crisis Support Center Management

Use the Provider Search component to search for healthcare providers based on criteria such as location and specialty. Then, select up to 50 provider records to share in an email or document, or generate a PDF report.

1. Search for a provider using **Provider Name**, **Facility Name**, or **Specialty**.

   📝 **Note:** You can select one or more items from each dropdown list. The resulting search results include providers who meet at least one of those items, not all of them.

2. Provide the patient's address to see the distance from each provider's location.

3. Click **Search**.

4. Share results as needed.

   a. To copy and share a single result, click 📋.

   b. To copy and share multiple results, select up to 50 records, then click **Action ▼**, and select **Copy Selected Records**.

   c. To generate a report, click **Action ▼**, and select **Generate Report**. Find the report in Files and in the Attachments related list on the relevant case record.

SEE ALSO:

Salesforce Help: Enable Provider Search and Set Up Data for Crisis Support Center Management

Search for Beds Across Healthcare Facilities in Crisis Support Center Management

Use the Bed Search component to search for beds across healthcare facilities based on parameters such as provider name, facility name, specialty, bed type, distance, and services. Select up to 50 records from the bed search result and generate a shareable PDF report.

1. In the Bed Search component on a case record page, search for beds using at least one of these fields.
   - Provider Name
   - Facility Name
   - Specialty
   - Bed Type
   - Services

2. If applicable, specify the bed type and services.

   Bed type refers to the bed type code of the facility bed. Services refer to the associated care programs and products.

3. Click **Search**.

4. Share results as needed:

   a. To copy and share a single result, click 📋.

b. To share multiple results, select up to 50 records, then click **Action ▼** and select **Copy Selected Records**.

c. To generate a report, click **Action ▼**, and select **Generate Report**. Find the report in Files and in the Attachments related list on the relevant case record.

Create Knowledge Articles for Clients in Crisis Support Center Management

Support your clients by sharing relevant articles, how-tos, and FAQs that you found or created in the Knowledge component. For example, a client suffering from anxiety and stress may benefit from a Knowledge article that discusses how to cope with anxiety attacks.

1. Navigate to the Knowledge component in the case record page.

2. Click **New Article**.

3. Select a record type.

4. Complete the required fields and enter your article content.

5. Save your work.

6. When you're finished, click **Publish** on the Highlights Panel of the record.

   To share published Knowledge articles with clients, click ▼ on the search result and select **Insert Article into Email**.

SEE ALSO:

Salesforce Help: Enable Users to Create Knowledge Articles for Crisis Support Center Management

Evaluate Clients and Identify Risks by Using Screening Assessments

Gain a better understanding of a client's risk using screening assessments. Assessments are useful tools that help you determine the behavioral state of a client. They help you decide which treatments and services are most suitable for them. They also help identify warning signs and the strategies clients can adopt to cope with a crisis.

You can launch assessments from the Action Launcher component in a case record page. If your Salesforce admin has pinned frequently used assessments in the component search bar, you can launch them with just one click.

Intake Assessment

The Intake Assessment is usually the first assessment you'd administer to a client. It helps you evaluate the client's mental and behavioral state, so that you can decide how to proceed with their case. It asks questions such as a client's gender identity, what their main concern is, and if they're having suicidal thoughts. A client in crisis may not always be able to express themselves clearly and coherently, and this assessment can act as a guide in such cases.

Immediate Risk Assessment

The Immediate Risk Assessment helps you identify high risk clients. It determines whether a client has had suicidal thoughts, how often they have such thoughts, and if they intend to act on them.

Safety Plan Assessment

The Safety Plan Assessment helps a client identify their warning signs, coping strategies, distractions, supports, professional supports, and safer environments. On completion of the assessment, a safety plan is generated in a shareable PDF format. You can share this file with low-risk clients who aren't an immediate danger to themselves or others. High-risk clients who require further treatment and services may not benefit as much from this assessment.

You can find ongoing and completed assessments for each case under **Assessments** in the **Related** subtab of the case record page.

Easily Access Actions in Crisis Support Center Management

Find and launch frequently-used assessments, workflows, and processes from the Action Launcher on the case record page.

The most frequently used assessments and actions are pinned to the search bar. You can also search for quick actions in the list of available items.

Contact your admin to customize the assessments and quick actions you frequently use in the Crisis Support Center Management App Launcher.

SEE ALSO:

    Salesforce Help: Configure an Action Launcher Deployment in Crisis Support Center Management

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

Add Social Determinants of Health to Cases

To record the challenges in care that clients face, add care barriers to cases. Then, create interventions to address these barriers.

Care barriers help you gain a comprehensive understanding of the challenges that clients face in receiving the crisis services they need. For example, you're on a call with a client who shares that they haven't checked in to the facility where you've referred them to treat their substance abuse. As you dig deeper, you find out that this client doesn't have a car and public transport isn't easily accessible from where they live. So, you record this challenge as a care barrier. Then, to address this barrier, you create an intervention task to sign your client up for a car service.

You can find the Care Barriers tab on the case record page in Crisis Support Center Management.

1. To record a challenge that a client faces, create a care barrier.

2. To address the care barrier, add interventions.

You can see the newly created social determinants of health records in the Care Barriers tab on the case record page and the page of the account record linked with the case.

SEE ALSO:

    Create a Barrier

    Add Care Interventions to Address Barriers to Health

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

Actionable Lists for Client and Provider Follow-Up

Actionable lists enable you to create lists of clients and providers so following up with them is easier. For example, you curate a list of clients with whom you have agreed to check in with on a specific day and time. This curated list helps you ensure they receive the required support and services to improve their mental and behavioral health.

Using actionable lists, you can also create follow-up lists for providers in Crisis Support Center Management. For example, let's say some facility admins haven't updated the available bed count in their facilities. Updating bed availability is an important task that helps you see which beds are available in each facility, so you can refer clients to the right facility. Using actionable lists, you create a follow-up list of all these facilities that haven't updated their bed availability within a certain period. This list makes it easier to communicate, keep track, and remind the admins to update their facility bed availability.

To create actionable lists for follow-ups, see Create Actionable Lists.

Help Clients Receive Timely Care with the Create Referral Flow

Easily create referral requests to healthcare facilities and providers for clients by using the new Create Referral flow. The flow creates clinical service requests, clinical service requests details, and document links associated with a referral. The flow also creates or updates the associated patient account record.

To create referrals for clients, see Create Referrals with the Create Referral Flow.

Confirm Bed Availability for Referral Requests

Ensure that clients receive timely care by confirming the availability of requested beds in care facilities for referrals.

Confirm the availability of a requested bed in your org manually if a facility admin hasn't confirmed it on the Experience site.

1. From the App Launcher, find and select **Clinical Service Requests**.

2. In the Clinical Service Requests list view page, click ▼ for the referral request you want to confirm.

3. Click **Confirm Bed Availability**.

4. Confirm if the requested bed for the referral is available by selecting either **Yes** or **No**.

5. Enter any comments you have.

6. Click **Submit**.

If you selected Yes to confirm bed availability, the referral request status changes to Completed. If you selected No to confirm that the requested bed isn't available for a client, the referral request status changes to Revoked.

Update Bed Availability in Care Facilities

Ensure you have up-to-date, reliable data in your org by updating the available bed count in care facilities. Updating bed availability is an important task as it helps you keep track of different bed types in each facility. You can confidently refer clients to the right facilities that can provide the support and services they need.

Update bed availability in your org manually if a facility admin hasn't updated it on the Experience site.

1. From the App Launcher, find and select **Care Facility Beds**.

2. In the Care Facility Beds list view page, click ▼ for the bed you want to update.

3. Click **Update Bed Availability**.

4. Update the total bed capacity, available bed capacity, or both.

5. Click **Submit**.

Use the Behavioral Health App

Get a 360-degree view of the behavioral or mental healthcare journeys of patients with the Behavioral Health app. View a timeline of key events and engagements, analyze assessment results, and perform common tasks. The Behavioral Health app supports each stage of patient engagement with tools for schedulers, intake specialists, and providers. Use the app to manage appointment scheduling and preparation, conduct live sessions with patients, and efficiently follow up with them.

Understand the Patient's Story in the Behavioral Health App

Glance through a patient's profile, insurance plans, and medication statements. View a timeline of a patient's key health events.

Add Medical Information in the Behavioral Health App

Conduct patient assessments and capture clinical notes. Add health conditions, allergies, immunizations, and medication requests.

Provide Virtual Care in the Behavioral Health App

Check the virtual waiting room and start a virtual care session with a patient. Capture clinical observations as notes, launch assessments, search for providers, schedule appointments, and create care plans, service, and medication requests.

Stay Organized in the Behavioral Health App

Focus on record changes that trigger alerts and quickly access the actions you frequently use.

Understand the Patient's Story in the Behavioral Health App

Glance through a patient's profile, insurance plans, and medication statements. View a timeline of a patient's key health events.

The Behavioral Health app uses these Health Cloud components to support behavioral health and intake specialists. Keep in mind that your Salesforce admin can customize components so your app can look different than our example.

Profile

The Profile card (1) includes basic member details, like name, age, and gender. It also lists the emergency contact and their phone number. To send an email to the member, click the email address.

Patient Card

The Patient Card (2) shows critical information about the member's health, including medications, health conditions, allergies, and immunizations. You can create related records right from the patient card.

Member Plans

The Member Plan tab (3) provides a list of the member's insurance plans. View essential information for each member plan, including start and end date, issuer number, Payer ID and more. Click the plan name to quickly navigate to the member plan record.

Patient Medication Manager

On the Medication tab (4), providers and care coordinators perform medication reconciliation of patients' medication list and detect potential drug-to-drug interactions. Providers can enter medication requests from the Patient Card and timeline.

Enhanced Timeline

The Timeline (5) shows a comprehensive, chronological view of assessments, clinical data, engagement data, a patient's life story, and other events added by your admin. Select date ranges to view a specific period in the timeline, and filter the timeline to view specific types of events.

Add Medical Information in the Behavioral Health App

Conduct patient assessments and capture clinical notes. Add health conditions, allergies,
immunizations, and medication requests.

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intake specialists. Keep in mind that your Salesforce admin can customize components so your app
can look different than our example.

Patient Card

Add medication requests, health conditions, allergies, and immunizations right from the patient
card (1).

Notes

Capture your observations and relevant details shared by a client during a call (2).

Assessments

Launch standard AUDIT-C, GAD-7, and PHQ-9 assessments from the Assessments tab, the Assessments timeline, or the Action Launcher
(3).

EDITIONS

Available in: Lightning
Experience

Available in: **Enterprise** and
Unlimited Editions with
Health Cloud or Health
Cloud for Life Sciences

Enhanced Timeline

Create cases, tasks, and life events, and add assessments, medication requests, clinical service requests, and other clinical data directly from the timelines (4).
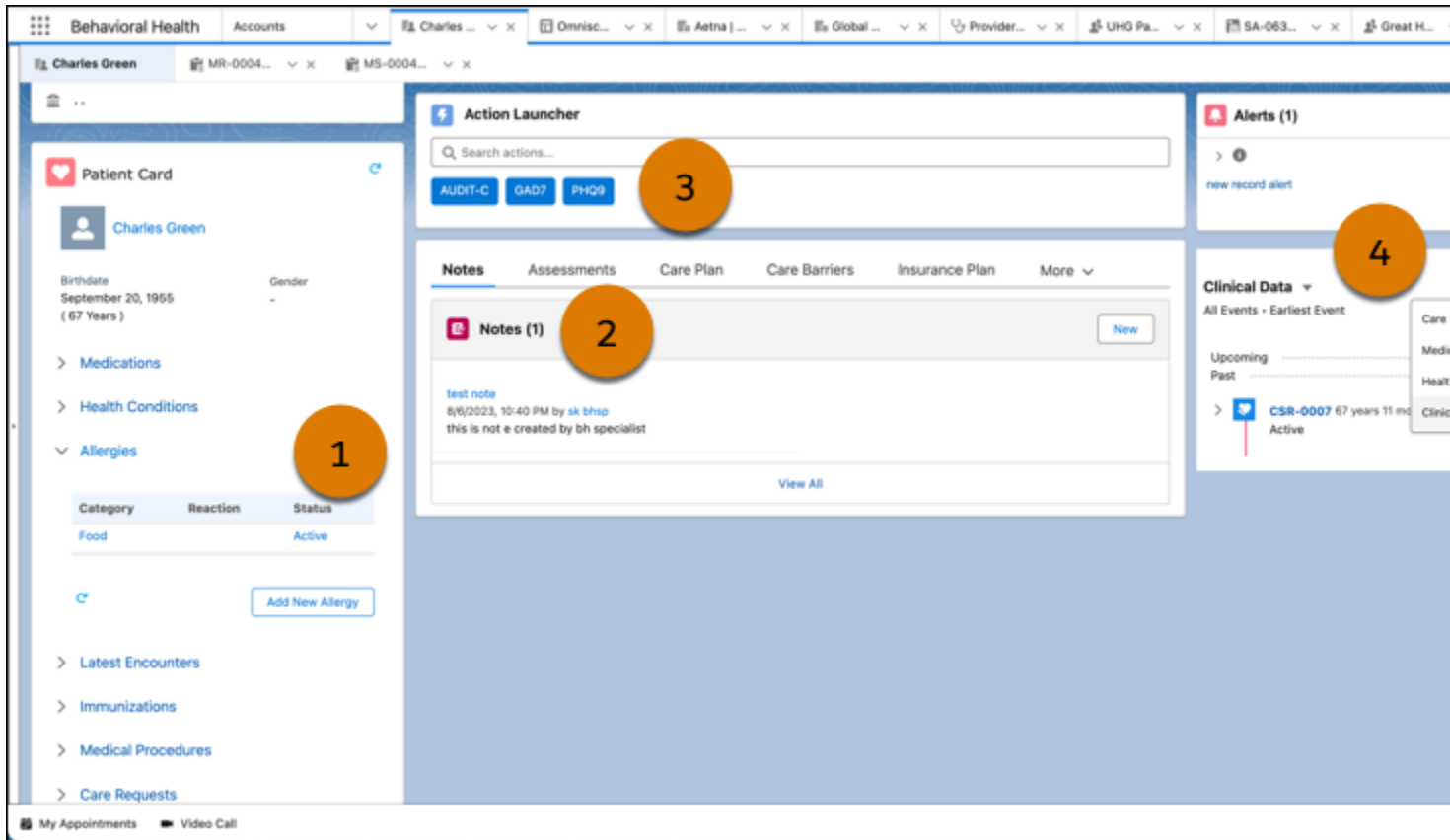
Provide Virtual Care in the Behavioral Health App

Check the virtual waiting room and start a virtual care session with a patient. Capture clinical observations as notes, launch assessments, search for providers, schedule appointments, and create care plans, service, and medication requests.

The Behavioral Health app uses these Health Cloud components to support behavioral health and intake specialists. Keep in mind that your Salesforce admin can customize components so your app can look different than our example.

Notes

Capture your observations and relevant details shared by a patient during a call (1).

Assessments

Launch standard AUDIT-C, GAD-7, and PHQ-9 assessments from the Assessments tab (1), the Assessments timeline, or the Action Launcher.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud or Health Cloud for Life Sciences

Patient Care

Create a plan to improve a person's health. On the Care Plan tab (1), click **New Care Plan**.

Care Barriers

Track barriers and social determinants of health (SDOH), and create related intervention tasks. On the Care Barriers tab, click **New Barrier**.

Patient Medication Manager

On the Medications tab, review and efficiently manage the patient's medication list. To request a supply of medication, use the Patient Card (2). Show Medications, and then click **Add New Medication**. Or in the Clinical Data Model timeline, click **New**, and then choose **Medication Request**.

Appointments

Schedule upcoming appointments in the Schedule Appointments tab (3). Add service appointments from the Engagement Data timeline. If your admin added video calls to the Behavioral Health app, schedule Virtual Care video visits.

Provider Search

Search for a provider or facility by provider name, facility name, or specialty. Optionally add subspecialty, plan type, location, and acceptance of new patients as search criteria.

Clinical Service Requests

Refer a patient to another provider or facility. On the Clinical Data timeline (4), click **New**, and then choose **Clinical Service Request**. Or on the Clinical Service Request tab, click **New**.

Enhanced Timeline

Enroll a patient in a care program. On the Clinical Data timeline, click **New**, and then choose **Care Program Enrollee**.
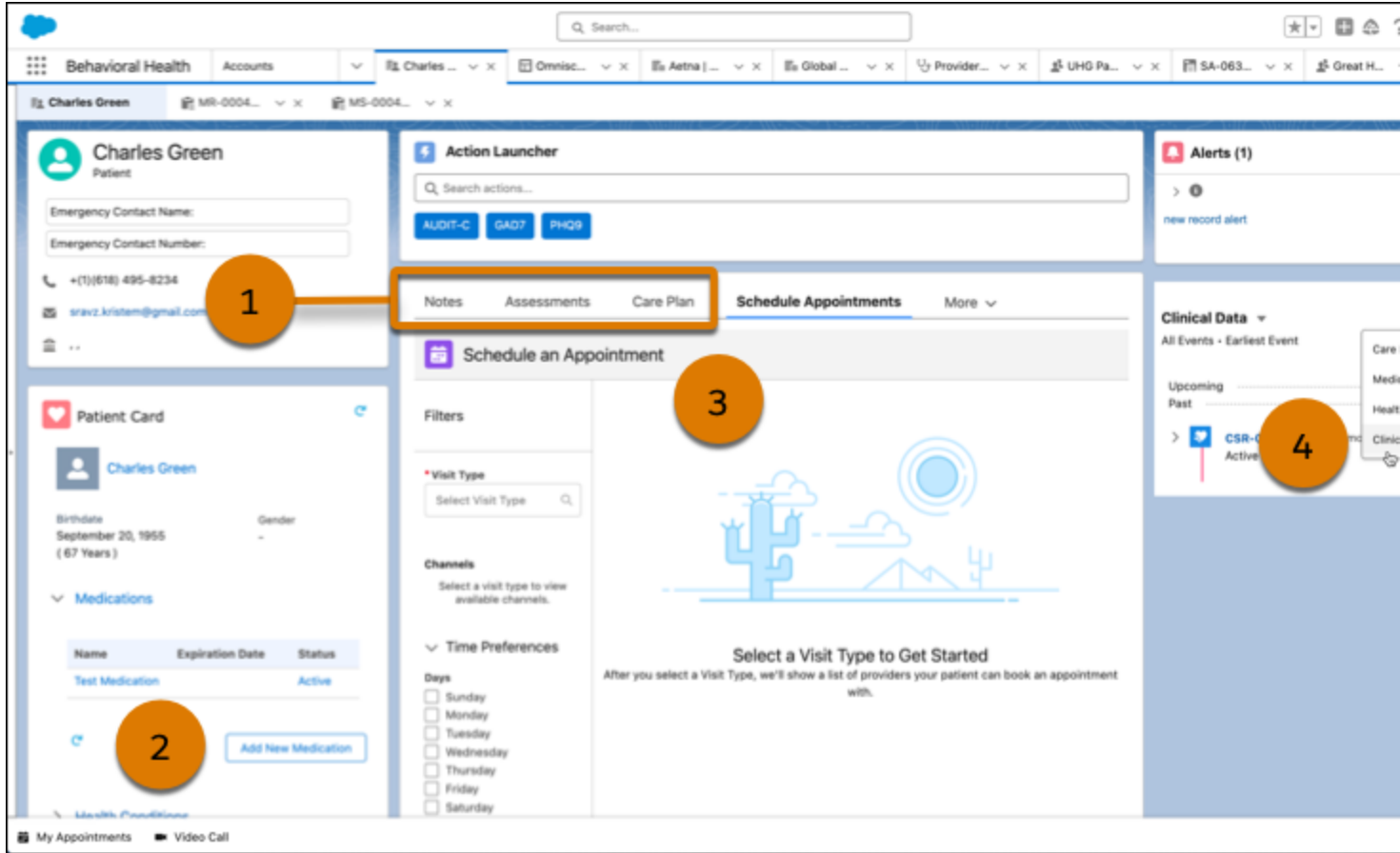
Stay Organized in the Behavioral Health App

Focus on record changes that trigger alerts and quickly access the actions you frequently use.

The Behavioral Health app uses these Health Cloud components to support behavioral health and intake specialists. Keep in mind that your Salesforce admin can customize components so your app can look different than our example.

Action Launcher

Quickly launch an assessment, workflow, or process from the Action Launcher (1). Click an action or find and select one. Contact your admin to customize the quick actions you frequently use in the Behavioral Health app.

Alerts

Prioritize tasks based on notifications about record changes that require your attention (2).

Intelligent Sales

Intelligent Sales for Health Cloud helps organizations that produce and sell medical devices to make their sales and inventory management processes more efficient. Sales ops teams can use the desktop app to schedule surgical case visits and cycle counts for their sales reps in the field. Sales reps can use the mobile app to schedule and perform their own surgical case visits and cycle counts.

With Intelligent Sales, you get valuable features like visit-based shortfall projections, shortfall-based revenue-risk estimates, and location-based product transfer requests. The barcode scanner in the mobile app helps reps handle serialized products more efficiently during visits and counts. These tools help organizations reduce operational costs by reducing inventory write-off scenarios and projecting product shortfalls for scheduled visits.
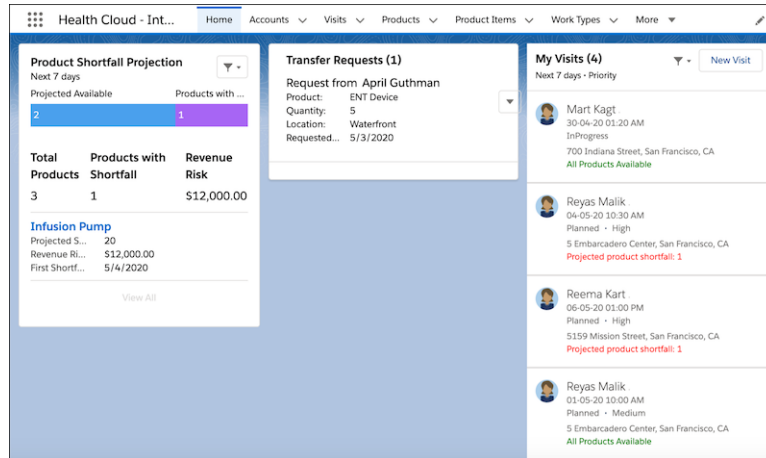
> 📝 **Note:** Intelligent Sales doesn't work offline.

Introduction to the Intelligent Sales Mobile App

The Intelligent Sales mobile app provides all the power of the desktop app on the go. Schedule and execute visits, and view important details about inventory projections, product transfers, and more—all from your mobile phone.

Shortfall Projections

View shortfall projections for products that are part of the visits you've scheduled on the Intelligent Sales home page on the desktop app. If you're on the mobile app, these projections are on the My Products page.

The Typical Day of a Sales Ops Person Using Intelligent Sales

As a part of sales operations, you're typically involved in supporting your sales reps so that they can perform at their best for your organization. You schedule visits for them based on the product orders your organization receives. You keep a close eye on inventories and if you see that a rep doesn't have enough products for a visit, you arrange for a product transfer from a nearby inventory or another rep. And as part of the regular business operations at your organization, you also schedule planned cycle counts for your reps and their inventories.

The Typical Day of a Sales Rep Using Intelligent Sales

As a sales rep, you're mostly on the road, moving product for your organization. Because of your highly mobile work situation, you use Intelligent Sales on a mobile device. Your primary responsibilities are performing surgical case visits and the occasional cycle count. If you don't have enough products for a visit, you request for a product transfer from someone nearby.

Introduction to the Intelligent Sales Mobile App

The Intelligent Sales mobile app provides all the power of the desktop app on the go. Schedule and execute visits, and view important details about inventory projections, product transfers, and more—all from your mobile phone.

The Intelligent Sales mobile app has seven main pages where you perform your core tasks.

<div>

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** editions with Health Cloud or Health Cloud for Life Sciences

</div>

Home Page
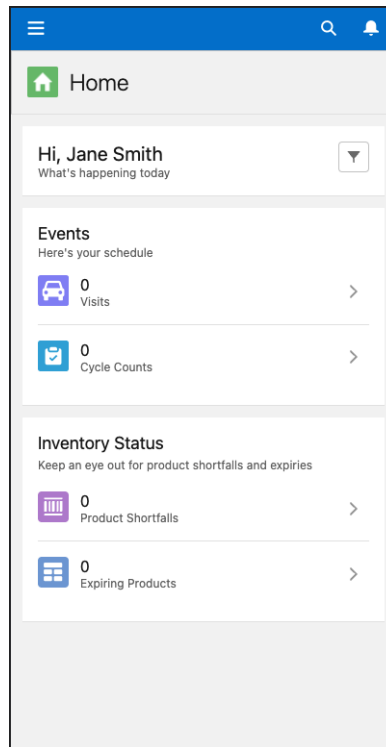
The Intelligent Sales home page is where you start your day. The page displays all the important information you need to know, such as:

- The visits you're scheduled for
- The cycle counts you have to perform
- The products you're running short on for your visits
- The products expiring in the near future

You can filter this information based on the time period you prefer. You can filter for the current day, or the next 7, 14, 30, or 90 days. Navigating to an item of interest on this page is as easy as tapping its card.

My Visits
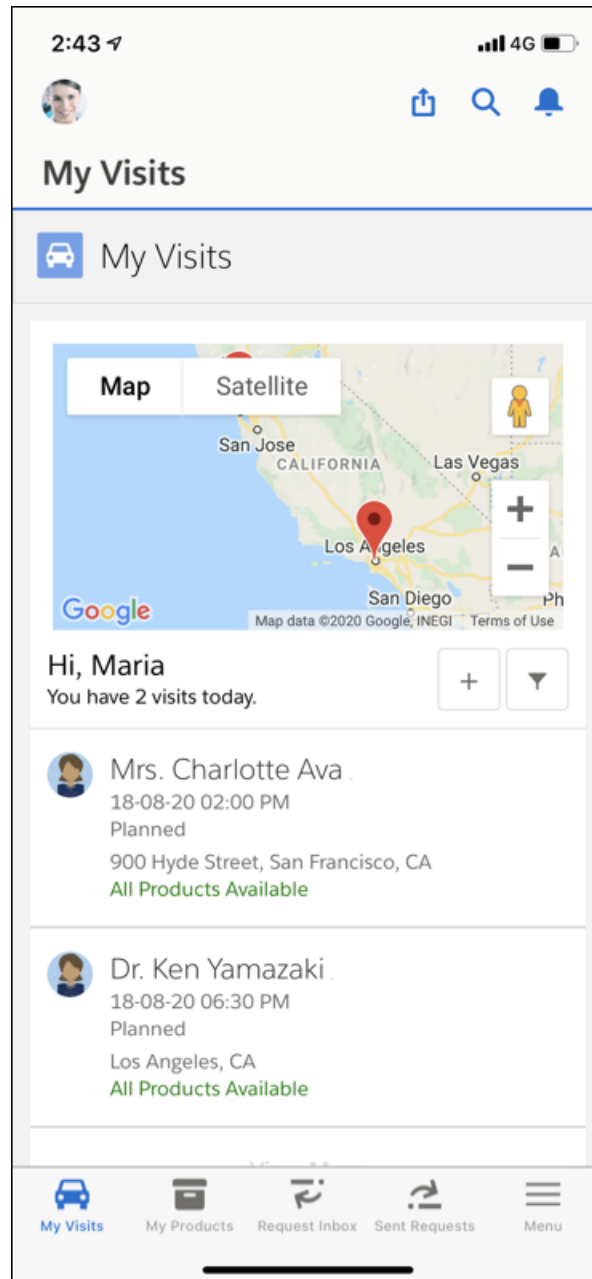
The My Visits page shows your scheduled visits. Change the filter to see the visits for today, or the visits scheduled for the next 7, 14, 30, or 90 days. If any of these visits have shortfalls, that's also indicated on this page. And if you set the filter to Today, you also see a map that shows the locations you're scheduled to visit. You can even schedule visits on the go by tapping the + button to launch the visit creation flow.

The My Visits page is also where you begin visit execution. Here's what you can do when you tap a visit card:

- Get directions to the visit location.
- See information about the account you're visiting, such as open cases and open orders.

Deliver Collaborative, Connected Patient Care with Health
Cloud

Introduction to the Intelligent Sales Mobile App

- View and edit the products assigned to that visit. A caution sign on a product card indicates that you're running short on some product. But you don't have to worry, you can raise a transfer request from here.

- See the tasks that you perform during the visit.

- Start and end the visit.

My Products
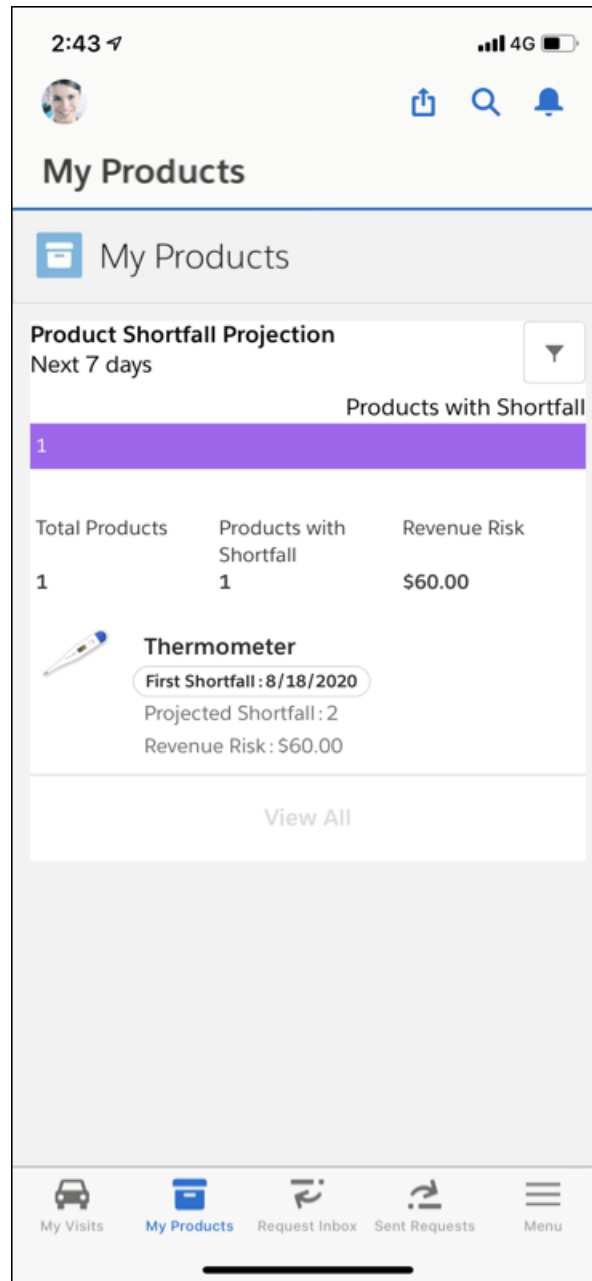
The My Products page shows product information for your scheduled visits. See what sort of product shortfall you're projected to have, what products you're running low on, and by how much. You can also see what revenue is at risk from that shortfall and when the first

170

shortfall is projected to happen. Just like the My Visits page, you can filter this information for visits scheduled to happen for today, or the next 7, 14, 30, or 90 days.

If you have a shortfall for a product, tap that product card to view the inventory page for that product, and, if necessary, raise a transfer request.

Request Inbox
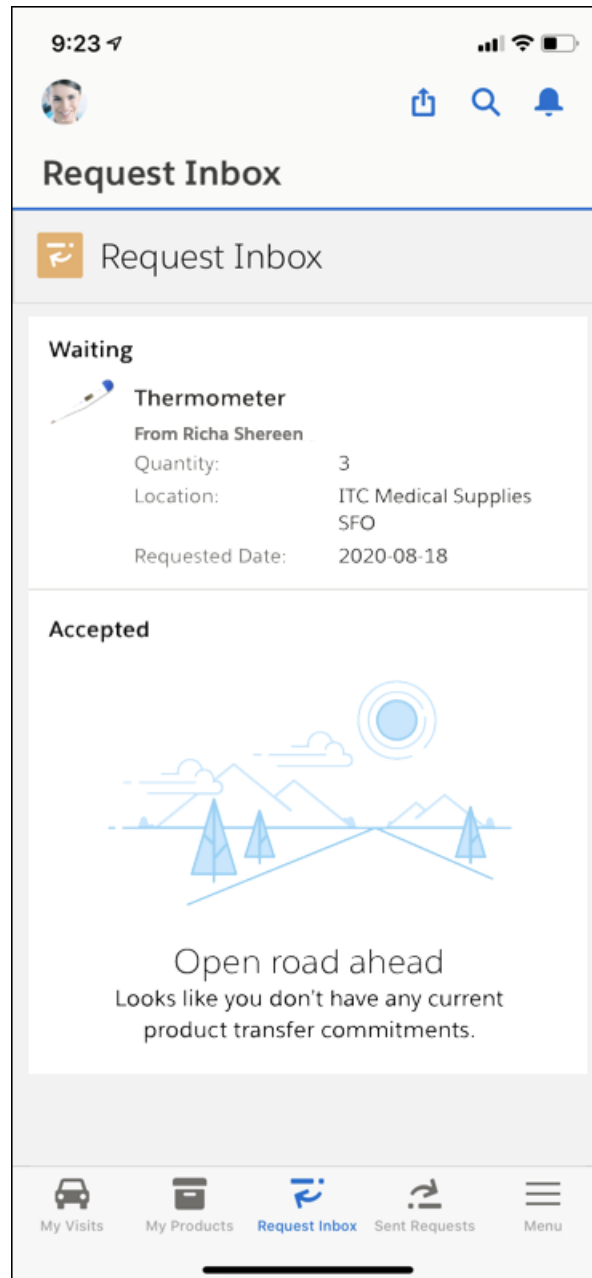
The Request Inbox page shows the transfer requests you receive. The page is sectioned into two parts—Waiting and Accepted. The Waiting section is where you see requests that are waiting for a response, and the Accepted section has the requests that you accept. But if you reject a request, you can't access it from the mobile app anymore.

Sent Requests
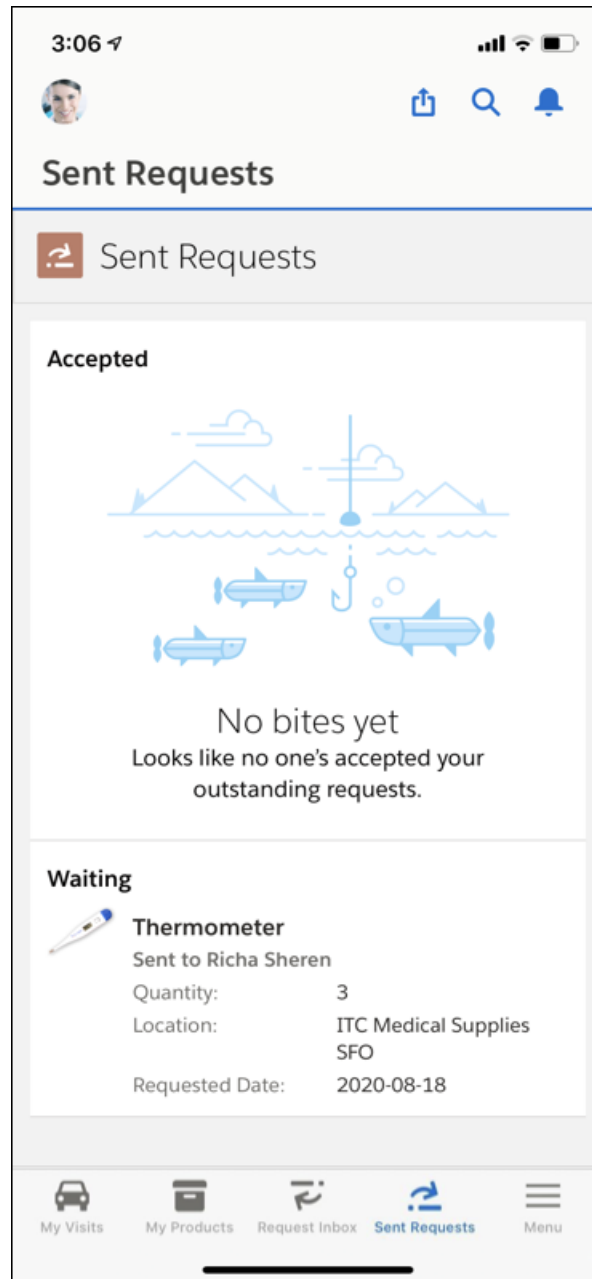
The Sent Requests page shows the transfer requests you send to other people. The page is sectioned into two parts—Accepted and Waiting. View your accepted requests in the Accepted section. View requests that are still waiting for a response in the Waiting section.

After you receive a product from a request, this page is where you mark the request as received. You can receive products only on the mobile app.

Cycle Counts
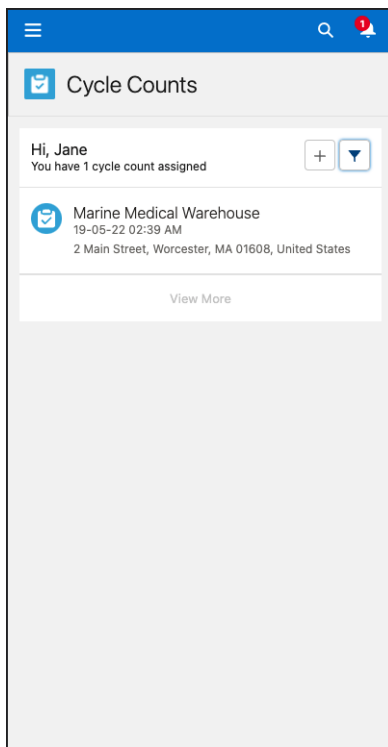
View the cycle counts assigned to you on the Cycle Counts page. This page is similar to the My Visits page, with one exception: you don't see a map like you do on the My Visits page. The Cycle Counts page is where you start and end your cycle counts. You can also schedule ad hoc cycle counts on the go from this page by tapping the + button.

Expiring Products
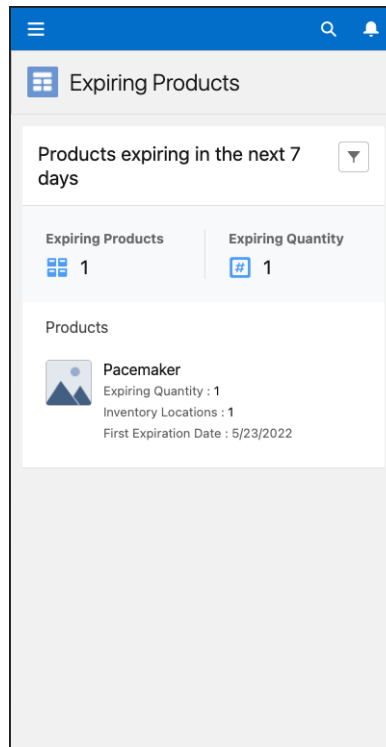
The Expiring Products page is where you see all the products in your inventory that are expiring in the near future. The Expiring Products count tells you how many product types are set to expire, and the Expiring Quantity count tells you how many total pieces of product are set to expire. The card for each expiring product tells you what quantity of that product is expiring, how many inventory locations are affected, and when the first expiry is expected to happen. You can filter the products you see by today, or the next 7, 14, 30, or 90 days.

Tapping the card for a product on this page shows you the list of inventories where pieces of that product type are expiring. And tapping an inventory shows you the serial numbers of the expiring product pieces at that inventory, grouped by expiry dates.

Shortfall Projections

View shortfall projections for products that are part of the visits you've scheduled on the Intelligent Sales home page on the desktop app. If you're on the mobile app, these projections are on the My Products page.

You can set filters to see shortfalls for today, the next 7 days, 14 days, 30 days, or 90 days.
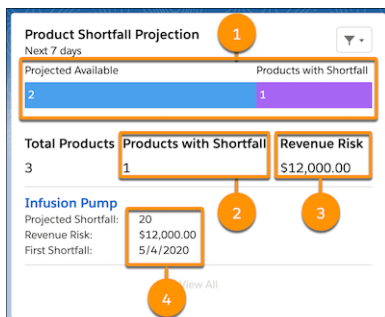
EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** editions with Health Cloud or Health Cloud for Life Sciences

In this component, you can see the following:

- The ratio of products that are available and projected to have shortfall.
- The number of different products that have shortfall.
- The revenue risk this shortfall poses.
- The product that has shortfall, the quantity of shortfall, the revenue risk from that product, and the first day you have shortfall for that product.

📝 **Note:** You need read access on the Product Availability Projection object to see shortfall projections.

The Typical Day of a Sales Ops Person Using Intelligent Sales

As a part of sales operations, you're typically involved in supporting your sales reps so that they can perform at their best for your organization. You schedule visits for them based on the product orders your organization receives. You keep a close eye on inventories and if you see that a rep doesn't have enough products for a visit, you arrange for a product transfer from a nearby inventory or another rep. And as part of the regular business operations at your organization, you also schedule planned cycle counts for your reps and their inventories.

You can perform all of these tasks from the comfort of your desk using the Intelligent Sales desktop app.

<div style="border-left: 1px solid #000; padding-left: 10px;">

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** editions with Health Cloud or Health Cloud for Life Sciences

</div>

Here's How Intelligent Sales Helps You Through the Day

Schedule Visits for Product Orders

When you receive a product order from a provider, create a surgical case visit for it and assign a sales rep to fulfill that visit. You can schedule visits from the Intelligent Sales home page on the desktop app.

Make Up for Shortfalls with Product Transfers

Let's say that you notice a product shortfall for one of the visits you've scheduled. You can request someone within the range of 50 miles (80.47 km) to 5000 miles (8047 km) to transfer some inventory to make up for the shortfall.

Schedule Planned Cycle Counts for Inventories

As part of sales ops, you're responsible for scheduling regular cycle counts for inventories. These cycle counts help reduce discrepancies between your records and actual inventory numbers, which in turn reduces product write-off costs and makes sure your reps have fewer surprises during their visits.

Schedule Visits for Product Orders

When you receive a product order from a provider, create a surgical case visit for it and assign a sales rep to fulfill that visit. You can schedule visits from the Intelligent Sales home page on the desktop app.

📝 **Note:** Before you create a visit, make sure that a matching record exists in the Product Fulfillment Location object. This record must have the same combination of responsible user, product, account, account location, and inventory location as your visit.

1. On the Intelligent Sales home page, click **New**.

2. In the **Select Visit Type** picklist, select the work type that your admin set up for surgical case visits and click **Next**.

3. Select a visit location from Locations.

4. Select a start time and an end time.

5. Select a priority for the visit and click **Next**.

6. Select a primary visitor from User.

   To add secondary visitor, click **Add Visitor** and select the person.

7. Select an account.

8. Select the primary visited party and click **Next**.

   To add more visited parties, click **Add Person to Visit** and select the person.

9. Select a product, enter the quantity you need, and click **Next**.

   To add more products, click **Add Product**. Or if you don't want any products, click the **Delete** icon.

10. Select an action plan template.

    An action plan template determines what tasks are required for the visit.

11. Save your visit.

📝 **Note:** If Visit Calendar is enabled in your org and you have access to it, you can view your new visit on your Salesforce calendar.

USER PERMISSIONS

To create visits
- "Create" on Visits
  "Create" on Visitors
  "Create" on Visited Parties
  "Create" on Action Plans
  "Create" on Assessment Tasks
  "Create" on Products Required
  "Read" on Accounts
  "Read" on Locations
  "Read" on Contacts
  "Read" on Products
  "Read" on Work Types
  "Read" on Action Plan Templates
  Run Flows
  Manage Users

To edit visits
- "Edit" on Visits
  "Edit" on Visitors
  "Edit" on Visited Parties
  "Edit" on Action Plans
  "Edit" on Assessment Tasks
  "Edit" on Products Required
  "Read" on Accounts
  "Read" on Contacts
  "Read" on Products
  "Read" on Work Types
  "Read" on Action Plan Templates
  Manage Users

Make Up for Shortfalls with Product Transfers

USER PERMISSIONS		EDITIONS
To create Transfer Requests	"View All" on Product Fulfillment Locations "View All" on Product Availability Projection "Create" on Product Transfer "Create" on Product Request "Create" on Product Request Line Item "Read" on Product "Read" on Location "Read" on Address Run Flows Manage Users	Available in: Lightning Experience Available in: **Enterprise** and **Unlimited** editions with Health Cloud or Health Cloud for Life Sciences
To edit Transfer Requests	"View All" on Product Fulfillment Locations "View All" on Product Availability Projections "Edit" on Product Transfers "Edit" on Product Request "Edit" on Product Request Line Item "Read" on Products "Read" on Locations "Read" on Addresses Manage Users	

Let's say that you notice a product shortfall for one of the visits you've scheduled. You can request someone within the range of 50 miles (80.47 km) to 5000 miles (8047 km) to transfer some inventory to make up for the shortfall.

1. Go to the Inventory tab of a product's record page.

2. Click ▼ for the row with the shortfall, and click **Request Transfer**.

3. Select the location you want to request inventory from and click **Next**.

4. Select a transfer date, enter a quantity, and click **Done**.

    📝 Note: When you send someone a transfer request, that person receives a Chatter post as a notification. Chatter posts are also added when someone changes the status of a request by accepting, rejecting, or marking the request as received.

Schedule Planned Cycle Counts for Inventories

As part of sales ops, you're responsible for scheduling regular cycle counts for inventories. These cycle counts help reduce discrepancies between your records and actual inventory numbers, which in turn reduces product write-off costs and makes sure your reps have fewer surprises during their visits.

These are the user permissions required for scheduling cycle counts.

Table 1: To create visits for cycle counts

Object	Access
Visits	Create
Visitors	Create
Action Plans	Create
Products Required	Create
Locations	Read
Products	Read
Work Types	Read
Action Plan Templates	Read
Visit Tasks	- Read - Create
Generic Visit Tasks	- Read - Create
Visit Task Contexts	- Read - Create
Generic Visit Task Contexts	- Read - Create
Visit Task Context Relations	- Read - Create
Generic Visit Task Context Relations	- Read - Create
Key Performance Indicators	- Read - Create
Generic Visit Key Performance Indicators	Read

Object	Access
	• Create
Assessment Indicator Definitions	• Read • Run Flows • Manage Users

Table 2: To edit visits for cycle counts

Object	Access
Visits	Create
Visitors	Edit
Action Plans	Edit
Products Required	Edit
Locations	Read
Products	Read
Work Types	Read
Action Plan Templates	Read
Visit Tasks	• Read • Edit
Generic Visit Tasks	• Read • Edit
Visit Task Contexts	• Read • Edit
Generic Visit Task Contexts	• Read • Edit
Visit Task Context Relations	• Read • Edit
Generic Visit Task Context Relations	• Read • Edit
Key Performance Indicators	• Read • Edit

Object	Access
Generic Visit Key Performance Indicators	• Read • Edit
Assessment Indicator Definitions	• Read • Run Flows • Manage Users

> ✎ **Note:** Before you schedule a cycle count visit, make sure that a matching record exists in the Product Fulfillment Location object. This record must have the same combination of responsible user, product, and inventory location you plan to include for the count.

1. From the Intelligent Sales home page, click **New Visit**.

   > ✎ **Note:** If you don't see the **New Visit** button, go to the App Launcher, find and select **Visits**, and click **New**.

2. In the **Select Visit Type** picklist, select the work type your admin set up for cycle count visits and click **Next**.

   When scheduling a blind cycle count, use the work type configured for blind cycle counts. If you don't have one, ask your admin to create one.

3. Select a start time, an end time, and a priority for the counts.

4. Select the inventory's sales rep as the primary visitor from User.

   To add a secondary visitor to assist in the count, click **Add Visitor** and select the right person.

5. Select an action plan template for the count and click **Next**.

   An action plan template determines what tasks are required for the count.

6. Select the inventory locations for your counts and click **Next**.

7. Select the products to be counted at the selected locations and click **Next**.

   If the Action Plan Template Available column doesn't have a tick mark for a product, then that product isn't configured for the action plan you selected.

8. After reviewing details on the screen, click **Done**.

   And that's it! Based on the number of locations you selected, one or more visits are now scheduled for cycle counts.

The Typical Day of a Sales Rep Using Intelligent Sales

As a sales rep, you're mostly on the road, moving product for your organization. Because of your highly mobile work situation, you use Intelligent Sales on a mobile device. Your primary responsibilities are performing surgical case visits and the occasional cycle count. If you don't have enough products for a visit, you request for a product transfer from someone nearby.

Sometimes, you schedule visits for yourself if something comes up when you're out on the job. And if you notice something's not right with your inventory, you schedule ad hoc cycle counts instead of waiting for the next planned one. You can do all this from the convenience of your mobile device using Intelligent Sales on the Salesforce mobile app.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** editions with Health Cloud or Health Cloud for Life Sciences

Here's How Intelligent Sales Helps You Through the Day

Schedule Visits on the Go

Schedule a surgical case visit, while you're on the road from the My Visits page of the mobile app.

Request a Product Transfer on the Mobile App

When you have a shortfall for any product, you can request a sales rep within 50 miles (80.47Km) to transfer inventory to you.

Receive Products from Transfer Requests

After a fellow rep accepts your product transfer request, you need to receive the inventory from them and close the transfer request.

Perform Visits with the Mobile App

After you reach the account location, start the visit from your mobile app, complete the tasks listed in the action plan, and end the visit.

Schedule Ad Hoc Cycle Counts

When you have a high value visit coming up, you typically want to verify that inventory's accurate. But if don't have the time to wait until the next planned cycle count comes around, you can always schedule ad hoc cycle counts from the Cycle Counts page on the mobile app.

Perform Cycle Counts with the Mobile App

Complete the cycle counts assigned to you using Intelligent Sales on the Salesforce mobile app. The Cycle Counts page shows your assigned counts. And you don't have to worry about looking up the latest expected numbers for your products because Intelligent Sales automatically pulls in all that data for you. If you're counting a serialized inventory, simply scan the barcodes of your products and Intelligent Sales counts the serial numbers for you. On the other hand, if you're counting products without serial numbers, you still need to manually count the numbers and enter them into the mobile app.

Schedule Visits on the Go

Schedule a surgical case visit, while you're on the road from the My Visits page of the mobile app.

> 📝 **Note:** Before you create a visit, make sure that a matching record exists in the Product Fulfillment Location object. This record must have the same combination of responsible user, product, account, account location, and inventory location as your visit.

1. On the mobile app, tap **+** on the My Visits page.

2. Select a visit location from Locations.

3. Select a start time and an end time.

4. For Visit Type, select the work type that your admin set up for surgical case visits.

5. Select a priority for the visit and click **Next**.

6. Select a primary visitor from User.

   To add a secondary visitor, click **Add Visitor** and select the right person.

7. Select an account.

8. Select the primary visited party and click **Next**.

   To add more visited parties, click **Add Person to Visit**.

9. Select a product, enter the quantity you need, and click **Next**.

   To add more products, click **Add Product**. Or if you don't want any products, click the **Delete** icon.

10. Select an action plan template and save your visit.

    An action plan template determines what tasks are required for the visit.

> 📝 **Note:** If Visit Calendar is enabled in your org and you have access to it, you can view your visit on your Salesforce calendar.

USER PERMISSIONS

To create visits
- "Create" on Visits

  "Create" on Visitors

  "Create" on Visited Parties

  "Create" on Action Plans

  "Create" on Assessment Tasks

  "Create" on Products Required

  "Read" on Accounts

  "Read" on Locations

  "Read" on Contacts

  "Read" on Products

  "Read" on Work Types

  "Read" on Action Plan Templates

  Run Flows

  Manage Users

To edit visits
- "Edit" on Visits

  "Edit" on Visitors

  "Edit" on Visited Parties

  "Edit" on Action Plans

  "Edit" on Assessment Tasks

  "Edit" on Products Required

  "Read" on Accounts

  "Read" on Contacts

  "Read" on Products

  "Read" on Work Types

  "Read" on Action Plan Templates

  Manage Users

Request a Product Transfer on the Mobile App

To create Transfer Requests	"View All" on Product Fulfillment Locations
	"View All" on Product Availability Projection
	"Create" on Product Transfer"Create" on Product Request
	"Create" on Product Request Line Item"Read" on Product
	"Read" on Location"Read" on Address
	Run Flows
	Manage Users
To edit Transfer Requests	"View All" on Product Fulfillment Locations
	"View All" on Product Availability Projections
	"Edit" on Product Transfers
	"Edit" on Product Request
	"Edit" on Product Request Line Item
	"Read" on Products
	"Read" on Locations
	"Read" on Addresses
	Manage Users

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** editions with Health Cloud or Health Cloud for Life Sciences

When you have a shortfall for any product, you can request a sales rep within 50 miles (80.47Km) to transfer inventory to you.

1. On the Intelligent Sales mobile app, go to My Products and tap the card for the product with a shortfall.
2. Tap the options icon next to an event card and tap **Request Transfer**.
3. On the next page, filter available locations by location type and tap the **Request Transfer** button for the location to send a request.
4. Select a transfer date, enter the quantity you need, add comments you have, and click **Done**.
5. Tap **Place Request** when you're done.

Receive Products from Transfer Requests

After a fellow rep accepts your product transfer request, you need to receive the inventory from them and close the transfer request.

The status of the transfer request must be Accepted before you can mark it as received.

1. On the Intelligent Sales mobile app, go to Sent Requests.

2. Tap the options icon for the request you want to close and tap **Mark as Received**.

3. On the next page, enter the quantity received, and add or scan the barcodes of the products received. You can scan barcodes by tapping the barcode scanner icon next to serial numbers section header.

   📝 Note: The quantity received must match the number of serial numbers.

4. Tap **Done**.

Perform Visits with the Mobile App

USER PERMISSIONS

To start a visit	Handled through `VisitAccess` and `VisitorAccess` Apex triggers
To execute a visit task	"Read", "Edit", and "View All" on Assessment Tasks
	Run Flows
	And other necessary permissions based on the configured task flows
To user Patient Registration	Create on Account
	Read on Visits
	Read on Serialized Product
	Read on Products
	Run Flows

To user Order Authorization	Create on Order
	Create on Digital Signature
	Edit on Serialized Products
	Edit on Product Items
	Read on Products
	Read on Addresses
	Read on Visits
	Run Flows
To end a visit	Handled through `VisitAccess` and `VisitorAccess` Apex triggers
	"Read" and "View All" on Assessment Tasks

After you reach the account location, start the visit from your mobile app, complete the tasks listed in the action plan, and end the visit.

> **Note:** Only the primary visitor can initiate a visit task. For this reason, it is recommended that only primary visitors start and end a visit.

1. Go to the My Visit page on the Intelligent Sales mobile app.

2. Tap the visit to start.

3. Tap **Start Visit**.
   You can see the time elapsed for this visit on your screen, in the HH:MM format.

4. To progress through the visit, tap a visit task.

   Visit tasks are flows configured by your admin. You must complete all tasks marked as required before you can end the visit.

   > **Note:** If you're using the order authorization flow, you must add a signature from the visited party before you can complete the order.

5. Once all the required tasks are completed, tap **End Visit**.

Schedule Ad Hoc Cycle Counts

USER PERMISSIONS		EDITIONS
To create visits for cycle counts	"Create" on Visits	Available in: Lightning Experience
	"Create" on Visitors	
	"Create" on Action Plans	Available in: **Enterprise** and **Unlimited** editions with Health Cloud or Health Cloud for Life Sciences
	"Create" on Products Required	
	"Read" on Locations	
	"Read" on Products	
	"Read" on Work Types	
	"Read" on Action Plan Templates	
	"Read" and "Create" on Visit Tasks	

	"Read" and "Create" on Generic Visit Tasks
	"Read" and "Create" on Visit Task Contexts
	"Read" and "Create" on Generic Visit Task Contexts
	"Read" and "Create" on Visit Task Context Relations
	"Read" and "Create" on Generic Visit Task Context Relations
	"Read" and "Create" on Key Performance Indicators
	"Read" and "Create" on Generic Visit Key Performance Indicators
	"Read" on Assessment Indicator Definitions
	Run Flows
	Manage Users
To edit visits for cycle counts	"Create" on Visits
	"Edit" on Visitors
	"Edit" on Action Plans
	"Edit" on Products Required
	"Read" on Locations
	"Read" on Products
	"Read" on Work Types
	"Read" on Action Plan Templates
	"Read" and "Edit" on Visit Tasks
	"Read" and "Edit" on Generic Visit Tasks
	"Read" and "Edit" on Visit Task Contexts
	"Read" and "Edit" on Generic Visit Task Contexts
	"Read" and "Edit" on Visit Task Context Relations
	"Read" and "Edit" on Generic Visit Task Context Relations
	"Read" and "Edit" on Key Performance Indicators
	"Read" and "Edit" on Generic Visit Key Performance Indicators
	"Read" on Assessment Indicator Definitions
	Manage Users

When you have a high value visit coming up, you typically want to verify that inventory's accurate. But if don't have the time to wait until the next planned cycle count comes around, you can always schedule ad hoc cycle counts from the Cycle Counts page on the mobile app.

📝 Note:

- Before you schedule a cycle count visit, make sure that a matching record exists in the Product Fulfillment Location object. This record must have the same combination of responsible user, product, and inventory location as your count.

- Make sure that your org has at least one work type configured for cycle counts. Work types are automatically selected when you schedule a cycle count from your mobile device. If your org has multiple work types for cycle counts, then a work type that's configured for blind cycle counts is selected.

1. On the mobile app, tap **+** on the Cycle Counts page.

2. Select an action plan template for the count and tap **Next**.

   An action plan template determines what tasks are required for the count.

3. Select a location and tap **Next**.

4. Select the products to count at that location and tap **Done**.

   A new visit is created for your ad hoc cycle count. The date and time is automatically set to when you created the count from your mobile device.

Perform Cycle Counts with the Mobile App

Complete the cycle counts assigned to you using Intelligent Sales on the Salesforce mobile app. The Cycle Counts page shows your assigned counts. And you don't have to worry about looking up the latest expected numbers for your products because Intelligent Sales automatically pulls in all that data for you. If you're counting a serialized inventory, simply scan the barcodes of your products and Intelligent Sales counts the serial numbers for you. On the other hand, if you're counting products without serial numbers, you still need to manually count the numbers and enter them into the mobile app.

> 📝 **Note:** Only the primary visitor can initiate a visit task. So we recommend that only primary visitors start and end a visit.

1. Go to the Cycle Counts page on the Salesforce mobile app.

2. Tap the cycle count you want to start.

3. Tap **Start Visit**.
   You can see the time elapsed for this count on your screen in the HH:MM format.

4. Tap the visit task that tells you to count your inventory.

5. On the Cycle Count Products screen, enter the quantity you counted for each product (for products without serial numbers) or tap the Barcode Scanner icon (for products with serial numbers).
   If your count only has products without serial numbers, you can skip to step 9.

6. Use the barcode scanner to scan your products.

   > 💡 **Tip:** Make sure to keep your mobile device steady and have only one barcode in the scanner's focus area. If you have too many codes in the focus area, the scanner doesn't recognize them.

7. After you're done scanning barcodes, tap **Done** to see the list of serial numbers you scanned.
   You can also add serial numbers manually, scan more serial numbers, or remove serial numbers on this screen.

8. When you're sure that you have the required serial numbers for the product you counted, tap **Save**.

   > ⚠️ **Warning:** Make sure that you've recorded all the serial numbers for the product before saving. You can't make changes to this list after you save it. If you need to make changes, you have to start from scratch.

9. After you've recorded the quantities for every product, tap **Complete Count** and select **Complete**.
   If your admin has configured any custom flows for visit actions, such as marking lost inventory or transferring products, tap the **Actions** icon to launch that flow. If there aren't any compatible flows configured in your org, the Actions icon doesn't work.

10. After all required tasks are complete, tap **End Visit**.

11. Enter any comments you have and select **Complete Visit** to close the count.
    And that's it, you're done! You can find the numbers for the expected quantities and the counted quantities in the Key Performance Indicator records associated with the cycle count visit record.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** editions with Health Cloud or Health Cloud for Life Sciences

USER PERMISSIONS

To start a visit
- Handled through `VisitAccess` and `VisitorAccess` Apex triggers

To execute a visit task
- "Read", "Edit", and "View All" on Visit Tasks, Generic Visit Tasks, Visit Task Contexts, Generic Visit Task Contexts, Visit Task Context Relations, Generic Visit Task Context Relations, Key Performance Indicators, Generic Visit Key Performance Indicators

  Run Flows

  And other necessary permissions based on the custom visit actions flows configured by the admin

To end a visit
- Handled through `VisitAccess` and `VisitorAccess` Apex triggers

  "Read" and "View All" on Visit Tasks

Use Contact Center for Health Cloud

Health Cloud's Contact Center personalizes the healthcare call center and helps you quickly respond to members' queries, resolve issues, and raise requests.

Within the Contact Center, you can:

- Take calls from the member using Open CTI Integration
- Verify a caller's identity and create engagement details
- Swiftly deploy quick actions configured by your admin
- Receive alerts for changes in records
- Track engagement activities and updates in the timeline
- Check the member's insurance plan details and medication statement
- View and create records for the member's health-related information

Receive Calls from Members Through Open CTI Softphone

Open Computer Telephony Integration (CTI) incorporates a telephony system with Salesforce, allowing you to easily answer members' calls from your contact center.

Verify the Member's Identity and Capture Engagement Details in the Contact Center

When you accept a member's call in the Contact Center, capture the reason for the call and validate the member's identity.

View the Status of Engagement in the Contact Center

See a visual representation of how a member engagement is progressing, and mark each stage as complete to move on to the next one. You can also update records in each stage.

Track Interaction Events on the Contact Center's Timeline

The enhanced timeline helps you visualize interactions that occur between the member and the contact center agent or service agent. See details of topics discussed and when case records are created or updated.

View Profile Details and Member Plan Information in the Contact Center

If a caller has plan-related questions, you can quickly glance through their details and insurance plans, so that you can respond in real time.

Add Medication Information to the Patient Card in the Contact Center

Use the advanced patient card to quickly view critical information about the member's health, including medications, health conditions, allergies, immunizations, and more. You can also create Medication Request, Health Condition, Allergy, and Immunization records right from the patient card.

Launch a Quick Action in the Contact Center

Deploy a pre-configured action, such as adding a patient medication or creating a program enrollment, from the Action Launcher. Simply click an action and add record details as needed.

Review Alerts in the Contact Center

Record Alerts provide notifications about record changes that require your immediate attention. For example, an alert for checking in with a member during their upcoming benefit enrollment window.

Create Knowledge Articles in the Contact Center

View, consult, and create knowledge articles, frequently asked questions, and how-to topics from the Contact Center. Configure knowledge articles and add links to important documents that provide crucial information for the contact center agent.

Receive Calls from Members Through Open CTI Softphone

Open Computer Telephony Integration (CTI) incorporates a telephony system with Salesforce, allowing you to easily answer members' calls from your contact center.

1. From the App Launcher, find and click **Contact Center**.

2. On the left-hand side of the console, on the bottom, click ☎. Enter your credentials and log in.

3. To receive the member's call, click **Accept**.
   The Engagement Interaction record with the Identity Verification flow opens.

4. Verify the member's identity and capture the reason for the call.

5. Click **End**.

SEE ALSO:

Salesforce Help: Open CTI for the Contact Center

Verify the Member's Identity and Capture Engagement Details in the Contact Center

When you accept a member's call in the Contact Center, capture the reason for the call and validate the member's identity.

1. From the App Launcher, find and click **Contact Center**.

2. From the navigation menu, click **Engagement Interactions**.

3. Go to the Identity Verification tab.
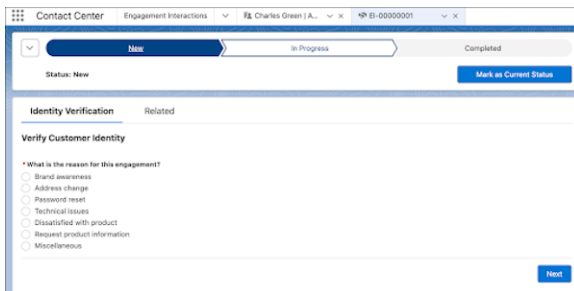
4. Select a reason for the interaction.

5. Select who the interaction is about.

> 📝 Note: If you select Someone Else, enter keywords to search for the user, then click Next. Choose the user from search results and click Next.

6. Verify the account name and number with the caller. Then, click ✓ next to the account name and account number.

7. Under Additional Verification Information, verify either the phone number or the postal code.

After you verify the member's identity, you automatically view the member's details in the Contact Center.

SEE ALSO:

   Salesforce Help: Identity Verification and Engagement Details in the Contact Center

View the Status of Engagement in the Contact Center

See a visual representation of how a member engagement is progressing, and mark each stage as complete to move on to the next one. You can also update records in each stage.

For example, if your admin adds the `Is Attendee Verified?` field to a stage in the path, you can view whether the attendee on the call is verified or not from the progression bar. If you find a discrepancy in the record, you can edit it as needed.

> 📝 **Note:** Contact your admin to set up the path settings, including engagement statuses and fields to display for each stage.

- Go to the engagement interaction record.

- To view key fields configured for a stage, click the stage name, then click 🔽 . To edit key fields, click **Edit**.

-
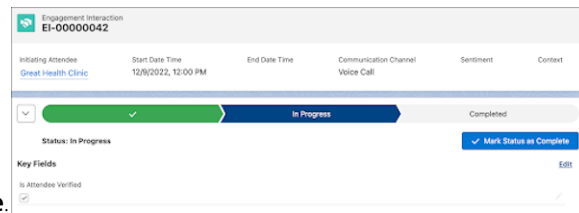
   To mark a stage as complete, click **Mark Status as Complete**.

SEE ALSO:

   Salesforce Help: Configure Path Settings for Engagement Interactions in Contact Center

Track Interaction Events on the Contact Center's Timeline

The enhanced timeline helps you visualize interactions that occur between the member and the contact center agent or service agent. See details of topics discussed and when case records are created or updated.

You can also create cases, add engagement topics, and interactions directly from the timeline. Additionally, select date ranges to view a specific period in the timeline, and filter the timeline to view cases, engagement topics, or interactions.

1. From the App Launcher, find and select **Contact Center**.

2. On the Timeline, click **New** and choose the type of record to create.

3. Add details of an engagement interaction with a member.

   a. Enter a start date and end date for the interaction.

   b. Indicate if the attendee is verified.

   c. Select a communication channel.

   d. Indicate if the attendee is authenticated.

    e. Select the sentiment recorded in the interaction.

    f. For Context, select a visit or service appointment record.

    g. Select the type of interaction.

    h. Select a status.

    i. Save your changes.

4. Create a case for the member.

    a. Select the type of case and click **Next**.

    b. Select the contact name.

    c. Select the status.

    d. Select the type of case. For example, select if it's a problem, feature request, or question.

    e. Select the case origin and case reason.

    f. Select a priority level for the case.

    g. Enter the subject, description, and internal comments.

    h. Add details of web information such as web name, phone, email, and company.

    i. Select **Send notification email to contact**.

    j. Save your changes.

5. Add details for an engagement topic.

    a. Select an Engagement Interaction record.

    b. Select a topic. For example, select the case object and then select the case record you created in the previous step.

    c. Enter a name for the Topic record.

    d. Enter a name of the process executed during the engagement interaction.

    e. Select a process type.

    f. Select the status of the process.

    g. Add a summary of the engagement interaction.

    h. Save your changes.

- View Information Holistically with Enhanced Timeline

SEE ALSO:

    Salesforce Help: Enhanced Timeline for the Contact Center

    Enhanced Timeline for the Contact Center

    View Health Information Holistically with Enhanced Timeline

View Profile Details and Member Plan Information in the Contact Center

If a caller has plan-related questions, you can quickly glance through their details and insurance plans, so that you can respond in real time.

The Profile card includes basic member details, like name, age, and gender. It also lists the emergency contact and their phone number. Additionally, you can click the email address and directly send an email to the member.

The Member Plan tab provides a list of the member's insurance plans. View essential information for each member plan, including start and end date, issuer number, Payer ID and more. Click the plan name to quickly navigate to the member plan record.

SEE ALSO:

Salesforce Help: Profile Card and Member Plan FlexCards for Contact Center

Add Medication Information to the Patient Card in the Contact Center

Use the advanced patient card to quickly view critical information about the member's health, including medications, health conditions, allergies, immunizations, and more. You can also create Medication Request, Health Condition, Allergy, and Immunization records right from the patient card.

1. From the App Launcher, find and select **Contact Center**.

2. Add details of a medication request. See MedicationRequest for a full list of fields. To add a medication request in the Patient Card:

   a. Click **Add New Medication**.

   b. Select the status of the request.

   c. Select the type of request.

   d. Select a medication or a medication code.

   e. Save your changes.

3. Add details of a health condition. See HealthCondition for a full list of fields. To add a health condition in the Patient Card, add the following:

   a. Click **Add New Condition**.

   b. Select a condition code.

   c. Select a level of severity for the condition, and the stage of the condition.

   d. Save your changes.

4. Add details of allergies and intolerance. See AllergyIntolerance for a full list of fields. To add Allergy Details in the Patient Card, add the following.

   a. Click **Add New Allergy**.

   b. Select the type and verification status of the allergy.

   c. Select the severity and code for the allergy.

   d. Save your changes.

5. Add details of patient immunization. See PatientImmunization for a full list of fields. To add Immunization details in the Patient Card, add the following.

    a. Click **Add New Immunization**.

    b. Select the status of the vaccination and the code for the reason responsible for the status.

    c. Select the vaccination date and enter the vaccination code.

    d. Save your changes.

SEE ALSO:

    Salesforce Help: Advanced Patient Card for Contact Center

Launch a Quick Action in the Contact Center

Deploy a pre-configured action, such as adding a patient medication or creating a program enrollment, from the Action Launcher. Simply click an action and add record details as needed.

Relevant actions are pinned to the search bar. You can also search for quick actions in the list of available items.
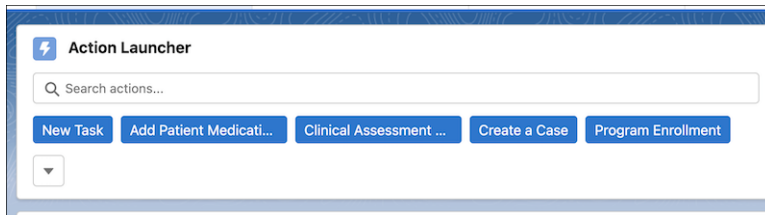
Contact your admin to customize the quick actions you frequently use in the Contact Center's App Launcher.

- Launch Actions

SEE ALSO:

    Salesforce Help: Action Launcher for the Contact Center

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

Review Alerts in the Contact Center

Record Alerts provide notifications about record changes that require your immediate attention. For example, an alert for checking in with a member during their upcoming benefit enrollment window.

Record alerts appear as warnings, errors, or info, to denote the nature of the alerts (1). Click an alert in the Contact Center to open it and make changes or snooze the alert (2). You can also snooze and dismiss an alert directly from the app.

1. In the App Launcher, find and select Contact Center.

2. Go to Alerts and review the notifications.

3. Click ⊡

4. Snooze the alert for 24 hours or dismiss it.
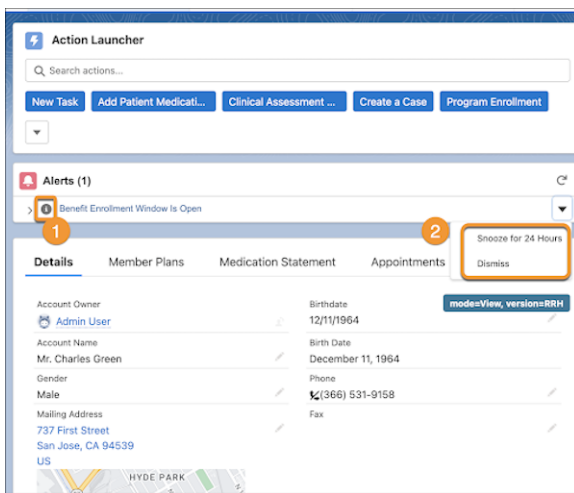
SEE ALSO:

Salesforce Help: Record Alerts in the Contact Center

Create Knowledge Articles in the Contact Center

View, consult, and create knowledge articles, frequently asked questions, and how-to topics from the Contact Center. Configure knowledge articles and add links to important documents that provide crucial information for the contact center agent.

1. In the App Launcher, find and select **Contact Center**.

2. Go to a record of your choice in the app.

3. Go to Knowledge.

4. Click **New Article**.

5. Select a record type.

6. To create frequently asked questions, select FAQ.

   a. Add a title for the FAQ.

   b. Add a link to the source article in the URL Name field.

   c. Add the frequently asked question.

   d. Provide an answer to the question.

   e. Select whether you want the FAQ to be visible to the customer, the partner, and the public knowledge base.

   f. Save your changes.

7. Select the record type configured by the admin to create a knowledge topic. For example, a How-To topic.

   a. Add a title for the knowledge topic.

   b. And a link to the source article in the URL Name field.

   c. Add the topic in the Content field.

   d. In Digital Engagement Response, add a short response for the topic.

   e. Select whether you want the topic to be visible to the customer, the partner, and the public knowledge base.

   f. Save your changes.

Publish the article by clicking Publish on the Highlights Panel of the record.

- Use Salesforce Knowledge

SEE ALSO:

   Salesforce Help: Enable Users to Create Knowledge Articles in the Contact Center

Handle Care Requests with Utilization Management

Utilization Management (UM) is a health plan's way of working with plan members and medical providers to influence decisions via case-by-case review of the appropriateness of care.

Supporting Utilization Management in Health Cloud

Utilization Management (UM) is a health insurance plan's process of interfacing with plan members and contracted medical providers to interpret, administer, and explain the medical policies of the health plan. Health Cloud provides objects you can use to review and evaluate medical care services, communicate about clinical policies, and help health plan members ensure they receive the right care in the right setting at the right time.

To ensure smoother collaboration between payers and providers, Health Cloud's Utilization Management provides these capabilities:

- FHIR Da Vinci Health Record Exchange aligned APIs, deployed on MuleSoft, for uninterrupted request processing

  The Da Vinci Health Record Exchange (HRex) implementation guide (IG) is a foundational guide that defines FHIR profiles, operations, and guidance. HL7's Da Vinci project produces standards and implementation guidelines based on HL7 FHIR to better connect payers and providers to tackle authorization requests.

- FHIR R4 aligned data model to promote interoperability, integration with external systems, and smooth information exchange.

The utilization management data model includes standard objects and record types on standard objects. You can use these standard objects to model your organization's work flows as you manage utilization data.

- **Care Request**

  Represents the general details of a care-related request including member information, admission date, decision reason, and so on. A single request can contain multiple diagnoses, services, or drugs. Care requests include prior authorization requests for drugs and services, admission notifications, concurrent review of admissions, appeals, complaints, and grievances.

- **Care Request Extension**

  Represents extra details for a care request such as the subscriber details for the member's health plan, home healthcare status, and ambulance transportation details.

- **Care Diagnosis**

  Represents the details of a diagnosis including code type, name, and description. One or more care diagnoses can be associated with a care request.

- **Care Request Item**

  Represents the details of a care service request, including name, modifiers, and the effective date. One or more care service requests can be associated with a care request.

- **Care Request Drug**

  Represents the details of a requested drug including name, strength, frequency, and instructions for administration. One or more drug requests can be associated with a care request.

- **Care Request Reviewer**

  Represents the details of a care request reviewer including name, reviewer type, status of the care request at the end of the review, and more. A care request, care request item, care request drug, or care diagnosis can be associated with a care request reviewer.

- **Care Request Configuration**

  Represents the details for a record type such as service request, drug request, or admission request. One or more record types can be associated with a care request.

- **Care Processing Error**

  Represents details about the errors that occur when processing authorization requests.

- **Tracked Communication**

  Represents details about the information request or communication sent from payer to provider on a member's authorization request, such as subject, priority, status, and more.

- **Tracked Communication Detail**

  Represents additional information associated with Tracked Communication records such as medium of communication, recipient, and more.

What is a Care Request?

Care requests seek authorization from a health plan for drugs, services, and admissions. They can also contain requests for review, appeals, complaints, and grievances.

Care Request Review Types

Care requests can be reviewed before, during, or after the care is provided. The timing of a review can affect how you use Health Cloud to manage the process.

SEE ALSO:

Developer Guide: Utilization Management Data Model

What is a Care Request?

Care requests seek authorization from a health plan for drugs, services, and admissions. They can also contain requests for review, appeals, complaints, and grievances.

A care request includes member information, provider information, decision reason, and other information. A single request can contain multiple diagnoses, services, or drugs.

Consider this example:

A 75-year-old man with a history of varicose veins complains of pain in the leg when performing the daily exercise routine recommended by his primary doctor. He has failed a trial of medical-grade graduated compression stockings and requires minisurgical treatment for superficial varicose veins. This procedure is scheduled with a surgeon at an Ambulatory Surgical Center on 6/30/2018. The request is reviewed by a nurse for medical necessity, and the member and practitioners are notified when the requested service is approved.

In our example, the care request includes:

- A diagnosis: Varicose veins in the right leg.
- A service: Minisurgical phlebectomy at an ambulatory surgical center.

Care Request Review Types

Care requests can be reviewed before, during, or after the care is provided. The timing of a review can affect how you use Health Cloud to manage the process.

Prior Authorization Review

Prior authorization is a way to review non-emergency hospitalizations, outpatient surgery, skilled nursing and rehabilitation services, home care services, and some medical equipment. It's also referred to as prospective review, precertification, or preauthorization.

Prior authorization review is done before care is rendered to reduce unnecessary services. Prior authorization is likely in our example because the member is being referred for scheduled surgery as an outpatient.

Each health plan has one or more precertification lists, depending on the type of plan. Most lists include non-emergency hospitalizations, outpatient surgery, skilled nursing and rehabilitation services, home care services and some home medical equipment. The review and approval process involves determining whether the requested service is medically necessary.

Concurrent Review

Concurrent Review takes place while care is happening. It often takes the form of a decision on whether to continue a hospital stay. The focus of concurrent review is to ensure that the member is getting the right care in a timely and cost-effective way.

The first concurrent review often determines a plan for eventual discharge or transfer to rehabilitation, hospice, or nursing facilities. If our example member has surgery as an inpatient and complications arose, a doctor can recommend extending the hospital stay. In that case, concurrent review would come into play.

When a provider requests continued treatment, it's important to document the amount and types of therapy the member has already completed.

Retrospective Review

Retrospective review is conducted after the service has been completed. Emergency room care is often subject to retrospective review because there isn't time for prior authorization review.

Retrospective review gives the payer organization the additional information to approve or deny payment for services already received. If our example member had been brought to the emergency room, this case can be a candidate for retrospective review.

Independent review organizations often conduct retrospective reviews. Reviewers look for evidence of appropriate health care, and compare the records to records of other members with the same condition.

Authorization Request Overview

Medications, surgeries, personalized therapies, and healthcare treatments can all lead to huge bills for payers and patients. Many of these expensive procedures can be avoided or replaced by simpler, cost-effective alternatives that take place in outpatient settings. To verify cost of care and medical necessity of procedures and treatments, payers must conduct authorization reviews of the care requests that providers raise.

But authorization reviews are often manual and highly dependent on variable factors such as care type and admission type, requiring you to switch between various processes to collate information. From need assessment to coverage benefit verification, authorization can be a lengthy process.

To ensure ease of access to information and smoother collaboration between payers and providers, Health Cloud's Utilization Management provides these capabilities:

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

- Centralized and guided process workflows that empower intake specialists, admin reviewers, nurses, and medical directors to easily handle authorization requests
- Integrated payer app for seamless review processing
- Automatic administrative checks based on rules
- Controlled access based on request status
- Context-specific notes for clinical documents, service codes, and more
- Service-level agreement (SLA) tracking, along with analytics-based insights on SLA violations, during the review process
- Custom reports to analyze care request data
- Queue routing for streamlined approval process
- FHIR Da Vinci Health Record Exchange aligned APIs, deployed on MuleSoft, for uninterrupted request processing
- FHIR R4 aligned data model for interoperability and integration with external systems

Manage Authorization Requests in a Payer's Office

Authorization for care requests typically requires a significant amount of administrative work, both by payers and providers. The review process can be tiresome and time-consuming, with multiple screen switches and data from various sources. To simplify and streamline this process, Utilization Management includes a number of guided workflows to help you handle authorizations efficiently.

Authorization Request Process Flow in a Payer's Office

Utilization management's comprehensive approach ensures that patients receive optimal medical
care that's delivered in the appropriate setting at the necessary time, while helping you properly
manage high-cost care and hospitalizations.

With a highly refined process and solid technological workflows, Utilization Management's process
flow helps you achieve improved health outcomes and operational efficiencies. Let's see how:

1. The Intake Specialist or Coordinator creates an authorization request based on the details the
   provider or member shares. They check the eligibility of service requested, add information
   related to the request, update provider details, and add supporting documents.

2. The Admin Reviewer then performs the first level of review to verify member eligibility, check
   availability of required documents to support clinical review, and verify provider's network status.

3. The Utilization Management Nurse performs a clinical review of the request by referring to the payer's internal guidelines and industry
   standard medical necessity guidelines. The nurse either approves a request or marks it for further review by the medical director.

4. The Medical Director provides the final determination for requests they receive. By analyzing the observations of previous reviewers against respective services, diagnosis, clinical documents, and medical guidelines, they get a 360-degree view of the request and are able to quickly make an informed decision.

Occasionally, if the medical director denies or partially approves a request, a peer-to-peer review meeting is scheduled between the medical director and requesting provider. This meeting helps to clarify follow-up questions, exchange views, and align both parties on a decision.

Simplify Authorization Request Reviews with the Utilization Management for Payers App

The Utilization Management for Payers app provides a comprehensive view of authorization requests that are most important to you. The app shows all open cases, so that you can easily identify high priority and urgent requests, and take appropriate action effectively.

The app's home page provides a quick and unified snapshot to help you start and plan your day for effective operation. From the home page, you can:

- Use quick access links to navigate to Cases, Care Requests, Care Request Items, and more
- Create case records, and easily view details of or edit existing cases
- Create and submit authorization requests
- View and sort authorization requests by case status, priority, or the requested date and time
- Search and retrieve case records
- View a list of tasks and events scheduled for you for the current day
- Change the case owner to reassign requests to another user

SEE ALSO:

Salesforce Help: Authorization Request Process Setup for Payers

Salesforce Help: Enable the Utilization Management for Payers App

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

To use the app:
- Health Cloud Utilization Management permission set

Create and Submit Authorization Requests for Review

As an intake coordinator, you often create and review care requests for need assessment. With information coming in from various sources—member plan details, provider information, care request details, and more—there's increased chances of administrative errors.

The Authorization Intake process helps you save time and cut down on errors. You can create an authorization request of type Inpatient, Outpatient, or Concurrent review. Depending on the request type, the request creation process varies.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

New Request (Inpatient or Outpatient)	Concurrent Review for an Existing Request
1. Create requests from the Utilization Management for Payers app 2. Check member eligibility and assess the need of service requested	1. Create concurrent reviews from the Utilization Management for Payers app or the Case record page of the linked request 2. Link to an existing request if you started the concurrent review from the app's home page

New Request (Inpatient or Outpatient)	Concurrent Review for an Existing Request
3. Add information related to the request, including diagnosis and service codes	**3.** Add information related to the request, including diagnosis codes and update service code details
4. Update provider details	**4.** Add supporting documents
5. Add supporting documents	**5.** Review request
6. Review request	

1. Select an Authorization Request Type

   Select either inpatient or outpatient for a new request, or concurrent review for an existing request.

2. Run an Eligibility Check for Your Care Request

   Verify members' benefits coverage and check which care request services require an authorization.

3. Link a Concurrent Review to an Existing Request

   Ensure members continue to get timely and cost-effective care by performing concurrent reviews for an existing request during the course of a member's treatment.

4. Add Care Request Details to the Authorization Request

   Authorizations require that you add details about the requested service. The details you enter depend on whether the care request is new or existing, and inpatient or outpatient.

5. Add Provider Details to the Authorization Request

   Enter information about the requesting provider, servicing provider, and the servicing facility where the service will occur. You can automatically see if the provider is inside or outside the payer network.

6. Upload Supporting Documents for the Authorization Request

   Authorization requests often require supporting clinical documents. In the Authorization Intake process, the Upload Clinical Documents window provides a checklist of required documents.

7. Review the Authorization Request

   Before submitting an authorization request, you see an overview where you can override the document status and add notes or observations.

SEE ALSO:

Salesforce Help: Authorization Request Process Setup for Payers

Salesforce Help: OmniStudio Components for the Payer Authorization Request Process

Select an Authorization Request Type

Select either inpatient or outpatient for a new request, or concurrent review for an existing request.

1. From App Launcher, go to the Utilization Management for Payers app.

2. Click **Add Authorization Request Details**.

3. Select an authorization request type:
   - Inpatient - Physical Health Review
   - Outpatient - Physical Health Review
   - Concurrent Review

4. If you selected **Concurrent Review**, specify whether you want to link the request to an existing record.

5. Click **Next** to go to the next screen in the authorization process.

Run an Eligibility Check for Your Care Request

Verify members' benefits coverage and check which care request services require an authorization.

> **Note:** You aren't required to run an eligibility check for a concurrent review that's linked to an existing request.

1. From App Launcher, go to the Utilization Management for Payers app.

2. Select an Authorization Request Type.

3. In the Check Eligibility window, search for the member by name or ID.

   The member name and birthdate are auto-populated.

4. For concurrent review that's not linked to an existing request, select the review type as Inpatient or Outpatient.

5. Select the service date for the authorization request, and click Show Member Plans.

6. Select an insurance plan your member is enrolled in.

7. Check if the member's required service needs authorization.

   a. Click **Search Codes**.

   b. Enter and select a code set name or code. The available codes and code set names are set up by your admin.

   c. Save your changes.

   d. Back on the Check Eligibility screen, select **Search Codes** to add more codes.

   > **Note:** You can add a total of 12 codes.

   e. Click **Check**.

   You can see which of the searched codes require an authorization. This check is automatically run based on rules configured by your admin. Contact your admin for more information.

8. Click **Next** to go to the next screen in the Authorization process.

Link a Concurrent Review to an Existing Request

Ensure members continue to get timely and cost-effective care by performing concurrent reviews for an existing request during the course of a member's treatment.

📝 Note: This action is required only for a concurrent review that's linked to an existing request.

1. From App Launcher, go to the Utilization Management for Payers app.

2. Select an Authorization Request Type.

3. In the Link Request window, search for the case by Case Number, Member ID, or Member Name. You see member details and all matching cases.

4. Select the case to create a concurrent review for.

5. Click **Next** to go to the next screen in the Authorization process.

Add Care Request Details to the Authorization Request

Authorizations require that you add details about the requested service. The details you enter depend on whether the care request is new or existing, and inpatient or outpatient.

1. From App Launcher, go to the Utilization Management for Payers app, and do the following:

    a. Select an Authorization Request Type.

    b. Run an Eligibility Check for Your Care Request or Link a Concurrent Review to an Existing Request depending on your request type.

2. On the Add Request Details window, specify whether the request is an initial request or extension request.

3. For Initial Requests for inpatient procedures:

    a. Select the date that you received the care request.

    b. Select the type of admission, for example, emergency or elective.

    c. Select the level of service rendered.

    d. Enter the scheduled admission date for the patient.

    e. Enter the requested length of stay for the patient.

    f. Select the level of care requested for the patient.

    g. Select the type of facility bed for the patient.

4. For Initial Requests for outpatient procedures:

    a. Select the date that you received the care request.

    b. Select the level of service rendered.

    c. Select the service date.

5. For Extension Requests for inpatient procedures:

    a. Select the level of service rendered.

    b. Enter the date that the payer received the extension request.

    c. Enter the ID of the previous care request in the Previous Authorization Request ID field.

6. For Extension Requests for outpatient procedures:

    a. Select the date that you received the care request.

    b. Select the level of service rendered.

    c. Enter the ID of the previous care request in the Previous Authorization Request ID field.

7. For Concurrent Review Requests linked to an existing inpatient request:

    a. Select the level of service rendered.

    b. Enter the scheduled admission date for the patient.

    c. Enter the requested length of stay for the patient.

    d. Select the level of care requested for the patient.

    e. Select the type of facility bed for the patient.

8. For Concurrent Review Requests linked to an existing outpatient request:

    a. Select the level of service rendered.

    b. Select the service date.

9. Under Code Details, view and add the details of the diagnosis and service codes.

    a. Search for a diagnosis code and click **Add**.

    b. Enter the start date and end date for each service code.

    c. To provide more information about the service code, add a modifier code.

    d. Enter a value for quantity and quantity type. For example, 2 visits.

    e. For concurrent review requests linked to an existing request, select the service codes to carry over from the linked request. You can't add or update service codes.

10. Click **Next** to go to the next screen in the Authorization process.

Add Provider Details to the Authorization Request

Enter information about the requesting provider, servicing provider, and the servicing facility where the service will occur. You can automatically see if the provider is inside or outside the payer network.

Note: You aren't required to add provider details for a concurrent review that's linked to an existing request.

1. From App Launcher, go to the Utilization Management for Payers app, and do the following:
   a. Select an Authorization Request Type.
   b. Run an Eligibility Check for Your Care Request.
   c. Add Care Request Details to the Authorization Request.

2. Under Requesting Provider, add the provider's name. The NPI (National Provider Identifier), Taxonomy Code, and Certification Type are auto-populated.

3. By default **The servicing provider is the same as the requesting provider** is selected. If the requesting provider doesn't provide the service requested, deselect the checkbox and add the provider's name under Servicing Provider.

4. For Servicing Facility, enter the name of the healthcare facility where the patient receives the requested care. The Location and Location Type are automatically displayed.

5. Click **Next** to upload supporting documents for the care request.

Upload Supporting Documents for the Authorization Request

Authorization requests often require supporting clinical documents. In the Authorization Intake process, the Upload Clinical Documents window provides a checklist of required documents.

You can also upload additional documents and add notes from the requesting provider.

Note: The list of documents required for an authorization request is displayed based on the rules that your admin configured. Contact your admin for more information.

1. From App Launcher, go to the Utilization Management for Payers app, and do the following:
   a. Select an Authorization Request Type.
   b. Run an Eligibility Check for Your Care Request or Link a Concurrent Review to an Existing Request depending on your request type.
   c. Add Care Request Details to the Authorization Request.
   d. Add Provider Details to the Authorization Request.

2. From Document Type, select the document checklist item for which you're adding a document.

3. Click **Upload Files**, and select the document.

4. Click **Done**.

5. To upload another document type, click **Add**.

6. To add a document that's not listed in the checklist, select **Other** as the Document Type and add the file.

7. Add observations or comments from the requesting provider.

8. Click **Next** to review the authorization request.

Review the Authorization Request

Before submitting an authorization request, you see an overview where you can override the document status and add notes or observations.

When you're done reviewing the request, click **Submit**. A case record is created for the authorization request.

Conduct an Admin Review of the Authorization Request

As an admin reviewer, you perform the first level of review for any authorization request that's submitted by the intake coordinator.

During an admin review, you verify whether:

- The member has a member plan
- The service requested is eligible for authorization
- The provider is within the payer network
- The required clinical documents were submitted.

You can also reach out to the provider or member for additional documents.

1. From the App Launcher, find and select the Utilization Management for Payers app.

2. Select the case record to review.

3. Click **Start Admin Review**.

4. Verify eligibility status, authorization details, provider details, and clinical documents.

5. If necessary, upload additional documents that you receive from the provider or member.

6. In the Review Request window, indicate if the clinical documentation is Complete or Incomplete.

7. In Notes, add a comment or observation about the request.

8. When you're done, click **Submit** to send the request for Nurse review.

SEE ALSO:

    Salesforce Help: Authorization Request Process Setup for Payers

    Salesforce Help: OmniStudio Components for the Payer Authorization Request Process

Conduct a Nurse Review of the Authorization Request

As a nurse, you're responsible for performing an effective clinical review of an authorization request to ensure healthcare services are compliant and are delivered with quality and cost efficiency.

Facilitate the authorization and coordination of requests in adherence with your defined network of providers, clinical guidelines, and your organization's approval criteria. You can either approve the request or refer it for further review by the Medical Director. During the review, your focus is to:

- Evaluate the accuracy of member eligibility and benefit verification, and network utilization
- Appropriately identify criteria and refer to industry-standard medical necessity review guidelines for making the right clinical decisions
- Prepare authorization request for next level of review
- Ensure timely coordination with providers to gather additional documents
- Be compliant with turnaround timeframes for authorization reviews and provider notification
- Mark comments and observations on services requested, clinical documents, and overall assessment of the request

1. From the App Launcher, find and select the Utilization Management for Payers app.

2. Select the case record to review.

3. Click **Start Utilization Management Nurse Review**.

4. Verify eligibility status, authorization details, provider details, and clinical documents.

5. In the Update Clinical Documents window, upload additional documents that you receive from the provider.

6. In the Review Request window, indicate the status of the clinical documentation and clinical guidelines.

7. Specify your review decision, the reason, and any notes or comments.

8. When you're done, click **Submit**.

SEE ALSO:

Salesforce Help: Authorization Request Process Setup for Payers

Salesforce Help: OmniStudio Components for the Payer Authorization Request Process

Conduct a Medical Director Review of the Authorization Request

As a medical director, you've the final say on an authorization request. Similar to the utilization management nurse, you determine the medical appropriateness of inpatient, outpatient, and pharmacy services by reviewing clinical information and applying evidence-based guidelines.

Perform a comprehensive clinical review of the request and ensure quality parameters are met by:

- Verifying member eligibility, member plan coverage benefits and limits, diagnosis details, and previous requests

- Ensuring that the right quantities of requested services are approved based on the member's benefit limits

- Requesting supporting documents for gathering additional inputs

- Verifying comments from previous reviewers

- Clearly and accurately maintaining notes about each service and document

- Documenting all communication and decision-making, ensuring that the member and provider can easily refer to and understand your decision

- Meeting appropriate turn-around times for clinical reviews

- Communicating the final decision, either Approval or Denial, to the provider and member.

1. From the App Launcher, find and select the Utilization Management for Payers app.

2. Select the case record to review.

3. Click **Start Medical Director Review**.

4. Verify information such as member details, requesting provider details, clinical documents, notes, and previous decision.

5. Upload additional documents that you receive from the provider.

6. In the Clinical Review section:

    a. Indicate the status of the clinical documentation and clinical guidelines based on your review.

    b. Select the approved level of care.

    c. Specify the approved quantity of each service or diagnosis code. Based on the requested and approved quantity, the decision for each item is auto-populated to Approved, Denied, or Partially Approved.

7. In the Review Decision section, specify your decision on the request, the reason, and any notes or comments.

8. When you're done, click **Submit**.

SEE ALSO:

Salesforce Help: Authorization Request Process Setup for Payers

Salesforce Help: OmniStudio Components for the Payer Authorization Request Process

Manage Peer-to-Peer Reviews

Peer-to-Peer review is the process where the medical director connects with the requesting provider to discuss the actual or potential reason for denial of an authorization request. These discussions provide transparency, help the medical director justify reasoning, and direct the provider towards appropriate care delivery, while avoiding lengthy dispute and appeal processes.

Even though a medical director makes a decision after a comprehensive review of the request, there can still be conflicting opinions between the medical director and provider. The peer-to-peer review helps both parties to discuss the medical appropriateness, requested-setting, level and quality of care, and finally come to a conclusion.

The utilization management nurse checks the availability of the medical director and requesting provider and schedules this peer-to-peer review meeting, either before or after a medical director denies a request.

Schedule Peer-to-Peer Review Meetings

As a nurse, help resolve conflicting opinions, allow open communication, and ensure a complete review process by scheduling peer-to-peer discussions between the medical director and the requesting provider.

Conduct a Peer-to-Peer Review

As a medical director, clarify clinical information and explain review outcome decisions to the requesting provider by conducting timely peer-to-peer discussions.

SEE ALSO:

Salesforce Help: Authorization Request Process Setup for Payers

Salesforce Help: OmniStudio Components for the Payer Authorization Request Process

Salesforce Help: Set Up Peer-to-Peer Scheduling for Authorization Request Reviews

Schedule Peer-to-Peer Review Meetings

As a nurse, help resolve conflicting opinions, allow open communication, and ensure a complete review process by scheduling peer-to-peer discussions between the medical director and the requesting provider.

1. From the App Launcher, find and select the Utilization Management for Payers app.

2. Select the case record for which you want to schedule the peer-to-peer review meeting.

3. Click **Schedule Peer-to-Peer Review**.

4. Verify the decisions and notes provided by previous reviewers.

5. Select a date and click **Show Slots**.

   The slots available for the medical director are displayed.

6. Select a preferred slot.

   📝 Note: Before you finalize a slot, contact the provider to confirm their availability.

7. In the Provider Call Details section, select the call outcome and record any notes.

8. When you're done, click **Submit**.

   The meeting is scheduled and an appointment confirmation email is sent to both the provider and medical director on their email IDs.

SEE ALSO:

Salesforce Help: Authorization Request Process Setup for Payers

Salesforce Help: OmniStudio Components for the Payer Authorization Request Process

Salesforce Help: Set Up Peer-to-Peer Scheduling for Authorization Request Reviews

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

To schedule peer-to-peer reviews:
- Health Cloud Utilization Management, OmniStudio User, and Salesforce Scheduler permission sets

Conduct a Peer-to-Peer Review

As a medical director, clarify clinical information and explain review outcome decisions to the requesting provider by conducting timely peer-to-peer discussions.

Use this meeting to bring alignment with the provider while retaining your focus on preventing unnecessary treatment, reducing rising healthcare costs, and meeting care quality. Based on the discussion, you can also override your previous decision of denial and approve the request.

1. From the App Launcher, find and select the Utilization Management for Payers app.

2. Select the case record to review.

3. Click **Start Peer-to-Peer Review**.

4. Review the up-to-date information of the request.

5. If necessary, upload additional documents that you receive from the provider.

6. In the Clinical Review section:

   a. Indicate the status of the clinical documentation and clinical guidelines based on your review.

   b. Select the approved level of care.

   c. Specify the approved quantity of each service or diagnosis code. Based on the requested and approved quantity, the decision for each item is auto-populated to Approved, Denied, or Partially Approved.

7. In the Review Decision section, specify your decision on the request, the reason, and any notes or comments to maintain the audit history.

8. In the Provider Call Details section, select the call outcome and record any notes.

9. When you're done, click **Submit**.

SEE ALSO:

> *Salesforce Help*: Authorization Request Process Setup for Payers
>
> *Salesforce Help*: OmniStudio Components for the Payer Authorization Request Process
>
> *Salesforce Help*: Set Up Peer-to-Peer Scheduling for Authorization Request Reviews

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

To conduct peer-to-peer reviews:
- Health Cloud Utilization Management, OmniStudio User, and Salesforce Scheduler permission sets

Submit Care Requests with the Care Request Extensions Unmanaged Package

You can use the Utilization Management app that's part of the Health Cloud Care Request Extensions unmanaged package to submit requests. Care requests help you to work with a health plan to make sure that members get the appropriate care and providers get paid for their work. A care request includes the information such as member identifiers, a diagnosis, and the requested medication or service.

> 📝 **Note:** This information is specific for users who use the Health Cloud Care Request Extensions unmanaged package. The package contains the Utilization Management app with the record types, page layouts, and other metadata to support request submission. However, we recommend that you use the new Utilization Management for Payers app and the guided OmniStudio process workflows to submit and review requests with ease.

The Utilization Management app helps you to create, submit, and track care requests. Health plans practice utilization management by reviewing care requests and approving or denying the services or medications described.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

1. Use the App Launcher to go to the Utilization Management app. Below the list of existing care requests, pick a category for your new request.
   For example, if you're requesting medication that's been prescribed for a patient, click **Drug Request**.

Your Health Cloud admin must have configured the Create Care Request lightning component and set up your care request list to fit your organization's workflow. This example shows a typical configuration. Make sure to provide values for all required fields.

> **Note:** Make sure to enter either the member ID or the member's first and last names.

2. Identify the member and their care provider.

   Some of these fields are automatically filled out ahead of time. You can add more details, depending on how the request was created.

3. Provide the diagnosis that's driving this care request.

   The diagnosis codes are a critical piece of information that the reviewer needs.

   For example, a typical diagnosis can look like this.

4. Provide the details of any drug that's required, along with administration instructions.

5. Click **Save** when you've added all the information you want to send to the reviewer.

Review Care Requests
The Health Cloud Utilization Management features let you work with plan members and contracted medical providers to interpret, administer, and explain the medical policies of the health plan. You can influence member care decision-making via case-by-case review of the appropriateness of care before it is provided.

Review Care Requests

The Health Cloud Utilization Management features let you work with plan members and contracted medical providers to interpret, administer, and explain the medical policies of the health plan. You can influence member care decision-making via case-by-case review of the appropriateness of care before it is provided.

Note: As you complete each step in this process, you can update the stage indicator to show what has been done and what remains to be done. Select the relevant stage and click **Mark Status as Complete**.

1. Gather Medical Information

   When a request is received for a plan member, clinical professionals and support staff gather and review the member's medical information from the provider. Health Cloud puts all the information in one convenient place for you to work with.

2. Determine Medical Necessity

   Review the drugs, devices, procedures, treatment plans, or other therapies and decide whether each is essential for addressing the patient or member's condition.

3. Communicate the Decision

   The clinical professionals and supporting specialists communicate decisions to the patient or member and their medical providers.

Gather Medical Information

When a request is received for a plan member, clinical professionals and support staff gather and review the member's medical information from the provider. Health Cloud puts all the information in one convenient place for you to work with.

1. Open a care request from the queue.

2. Review the basics of the case by going through the information on the Details tab.
   A typical care request can have details like these:

   Diagnosis

   Primary | ICD-10 code | I83.891 | Varicose veins of right lower extremity with other complications | Effective: 5/2/2018

   Procedure/Service

   CPT code | 37765 | Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions | Effective: 6/30/2018

   Drug

   TOUJEO (insulin glargine injection)| 300 units/ml in 1.5 mL Solostar disposable prefilled pen | 0.2 units per kg of body weight once daily | Inject TOUJEO subcutaneously once a day into the abdominal area, thigh, or deltoid at the same time each day. Rotate injection sites within the same region from one injection to the next | Refills: 4

3. In the Details section of the care request, review the information about the provider that submitted the care request.

4. Check that the member's plan covers the item or service by looking at their benefits.

5. Review the guidelines for any helpful information that your Health Cloud administrator has provided.

Determine Medical Necessity

Review the drugs, devices, procedures, treatment plans, or other therapies and decide whether each is essential for addressing the patient or member's condition.

Medical necessity is a defining concept for all health plans, centered on delivering the right care. It refers to the drugs, services, or supplies that are required to appropriately and efficiently treat a specific medical condition.

Medical necessity decisions are made by the health plan's clinical professionals. Typically, decisions are made by a registered nurse, a pharmacist, or the health plan's medical directors, who are licensed physicians.

1. In the Determination section, spell out the reason for approving or denying the request.

2. Add notes for the benefit of other reviewers.

   You can also draft an explanatory letter to the provider or the patient or member.

Communicate the Decision

The clinical professionals and supporting specialists communicate decisions to the patient or member and their medical providers.

If a request was determined to not meet medical necessity, the member or provider can appeal the decision.

1. In the **Notification** section, record when you contacted the provider who submitted the care request.

Notification	
Member Verbal Notification Date	**Member Written Notification Date**
Date / Time	Date / Time
Requesting Practitioner Verbal Notification Date	**Requesting Practitioner Written Notification Date**
Date / Time	Date / Time
General Practitioner Verbal Notification Date	**General Practitioner Written Notification Date**
Date / Time	Date / Time

Manage Authorization Requests in a Provider's Office

Health Cloud's Utilization Management ensures ease of access to information and smoother collaboration on authorization requests between payers, providers, and the Electronic Health Record (EHR) systems. This connected platform, with its highly refined OmniScript process workflows and uninterrupted information exchange, enhances payers' and providers' ability to expedite the authorization request process. Providers can now deliver timely and optimal medical care to patients by gathering necessary clinical information from the EHR system and submitting authorization requests to the payer system.

Authorization Request Process Flow in a Provider's Office

Utilization Management's solution for providers gathers necessary clinical information from the Electronic Health Record (EHR) system and establishes a connection with the clearing house or payer system. With this seamless integration, provider users can efficiently create and submit authorization requests and deliver timely care to patients.

Create and Submit Authorization Requests to Payers

As an authorization coordinator at the provider's office, you play a central role in handling the end-to-end authorization process for a patient's services. But, manually gathering information from the EHR system and passing it on to the payer system can be time consuming and result in unintended errors. Utilization Management's centralized, guided workflow for request submission, with seamless integration to EHR and payer systems, helps you to easily create and submit error-free requests.

Inquire About the Status of an Authorization Request

As an authorization coordinator at the provider's office, your responsibility doesn't end with submitting a request to the payer. Utilization Management's OmniStudio-based guided workflow for the Inquiry process is integrated with payer systems, so you can quickly get updates on submitted requests that help you make informed decisions about a patient's treatment.

SEE ALSO:

Salesforce Help: Authorization Request Process Setup for Payers

Salesforce Help: Prior-Authorization Review SLA Breach Prediction

Salesforce Help: Authorization Request Process Setup for Providers

Salesforce Developer Guide: Industry Integrations

Authorization Request Process Flow in a Provider's Office

Utilization Management's solution for providers gathers necessary clinical information from the Electronic Health Record (EHR) system and establishes a connection with the clearing house or payer system. With this seamless integration, provider users can efficiently create and submit authorization requests and deliver timely care to patients.

When a patient books an appointment or visits a provider, the patient's diagnosis and service information are updated in the EHR. Before the provider can proceed with the treatment for the patient, an authorization request must be raised to the payer. The authorization coordinator on staff at the provider's office is responsible for handling the end-to-end authorization process of the patient's services. On receiving an approval for the requested services from the payer, the provider can proceed with care delivery.

Let's see how authorization coordinators manage requests:

1. View and retrieve patient information, clinical data (diagnosis and service), requesting and servicing provider details, and more from the EHR system.

2. Check the need of authorization for the requested services or diagnosis from the payer.

3. Create and submit authorization requests, with necessary details and documents, to the payer based on the defined requirements.

4. Follow up on the status of the submitted request.

5. Provide additional information to the payer to enable prompt decision making.

6. Receive the determination in a timely manner so that patient care is delivered as planned.

7. After the request is approved, submit approval reference details to the payer for processing claim submissions. If the request is denied, raise an appeal request with the payer for reconsideration or request for a peer-to-peer meeting.

Create and Submit Authorization Requests to Payers

As an authorization coordinator at the provider's office, you play a central role in handling the end-to-end authorization process for a patient's services. But, manually gathering information from the EHR system and passing it on to the payer system can be time consuming and result in unintended errors. Utilization Management's centralized, guided workflow for request submission, with seamless integration to EHR and payer systems, helps you to easily create and submit error-free requests.

1. Select a Patient for the Authorization Request

   Select the patient who you're creating the authorization request for. You can search for a patient either by their Patient ID or name.

2. Select a Service Request for the Authorization Request

   Select the services that the patient needs and add them to the authorization request.

3. Add Documentation and Submit an Authorization Request

   Add clinical documentation to support the authorization request. Before submitting the authorization request, review the details to ensure everything is correct.

4. View a Summary of a Submitted Authorization Request

   After submitting an authorization request, you can quickly review the request sent to the payer by viewing the summary.

SEE ALSO:

Salesforce Help: Authorization Request Process Setup for Providers

Salesforce Developer Guide: Industry Integrations

Select a Patient for the Authorization Request

Select the patient who you're creating the authorization request for. You can search for a patient either by their Patient ID or name.

1. From App Launcher, go to your home page.

2. Click **Create Authorization Request**.

3. In the Search Patient screen, do one of the following:

   a. Click **Patient Details** and enter the patient's name and birthdate.

   b. Click **Patient ID** and enter the patient's ID.

4. Click **Show Patients**.

5. From the list of matching patient records, select the appropriate patient.

6. Click **Next** to select the services for your request.

Select a Service Request for the Authorization Request

Select the services that the patient needs and add them to the authorization request.

Before performing this task: Select a Patient for the Authorization Request

1. Select a requesting provider and click **Show Service Requests**.

2. From the list of matching service requests, select the records to add to the authorization request.

3. Click **Next** to add documentation and submit the request.

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

To select service requests:
- Utilization Management Provider User permission set

    AND

    OmniStudio User permission set

Add Documentation and Submit an Authorization Request

Add clinical documentation to support the authorization request. Before submitting the authorization request, review the details to ensure everything is correct.

Before performing this task: Select a Service Request for the Authorization Request

1. Enter the document name and upload the clinical documentation. Add up to six documents with a total maximum size of 80 KB.

2. Select the request type, priority, and member plan.

3. Click **Show Details**.

4. Review the requesting provider's name and address, clinical encounter details of the patient, and member plan information.

5. Submit the authorization request.
   Salesforce sends your authorization request to the payer and creates a case to help you track the status of the request.

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

To add documentation and submit a request:
- Utilization Management Provider User permission set

    AND

    OmniStudio User permission set

View a Summary of a Submitted Authorization Request

After submitting an authorization request, you can quickly review the request sent to the payer by
viewing the summary.

Before performing this task: Add Documentation and Submit an Authorization Request

1. In the View Request Summary section, review the details of the submitted authorization request:

   - Case details such as case number, status, and created date

   - List of services requested

   - Servicing provider details

2. Review information that's received from the payer such as the Authorization Reference Identifier
   and additional notes. It may take a while to receive this information from the payer and save
   the information in Health Cloud.

3. To get detailed information on the case for this authorization request and its progress, click
   View Case Details.
   You can track the status of the case and keep your provider informed on the approval or denial
   of the request.

Inquire About the Status of an Authorization Request

As an authorization coordinator at the provider's office, your responsibility doesn't end with
submitting a request to the payer. Utilization Management's OmniStudio-based guided workflow
for the Inquiry process is integrated with payer systems, so you can quickly get updates on submitted
requests that help you make informed decisions about a patient's treatment.

1. Go to the case record for the authorization request.

2. Click **Inquire Status**.

3. In the Inquire Case Status window, review the case details.

4. Click **Inquire**.

   You see the latest authorization request details received from the payer in the View Request
   Summary screen. Review the status of the case and any additional notes from the payer. It may
   take a while to receive this information from the payer and save the information in Health Cloud.

SEE ALSO:

   Salesforce Help: Authorization Request Process Setup for Providers

   Salesforce Developer Guide: Industry Integrations

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CRM Analytics Dashboards for Utilization Management

Use the analytics dashboards, including the Care Requests dashboards and the Approval Rate dashboard, to streamline care request management, prioritize prior authorization requests based on due dates, and get a consolidated view of key attributes associated with prior authorization requests. The personalized care requests dashboards for each user role offer quick insights to monitor and assess outstanding care request authorizations and reviews. The Approval Rate insight cards support quicker clinical reviews and decisions by providing relevant insights during the review process.

SEE ALSO:

My Care Requests-Utilization Management Provider

My Care Requests-Utilization Management Nurse

My Care Requests-Utilization Management Intake Specialist

Embedded Dashboards

Set up the Enhanced Analytics for Healthcare App

Artificial Intelligence for Utilization Management

Payers can see the predicted service-level agreement (SLA) breach scores for prior authorization review requests and the top factors that possibly contribute to SLA breaches on the Prior-Authorization Review SLA Breach Prediction dashboard. They can see services that they are likely to receive from providers and previously submitted services authorization requests for a member on the Recommended Services Pathway dashboard. Providers can see services that they are likely to request on the Recommended Services Bundling dashboard.

SEE ALSO:

Prior-Authorization Review SLA Breach Predictions

Recommended Services Pathway for Payers

Recommended Services Bundling for Providers

Use Social Determinants to Assist Patients and Members

Providing great care means having a comprehensive, holistic view of the people you're managing—including insights into their social and environmental circumstances. If someone with health issues can't drive to the grocery store or to medical appointments, it's difficult for them to maintain or pursue optimal health. Health Cloud gives you tools to assess and record barriers to health and address them with interventions that make the difference between struggling and thriving.

During a phone assessment, you discover that your patient or member, Charles Green, is having trouble managing his type 2 diabetes. He's been missing medical appointments and says that he's been eating a lot of fast food. As you dig a little deeper, you find that he doesn't have adequate transportation to get to his doctor appointments or to a grocery store.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud
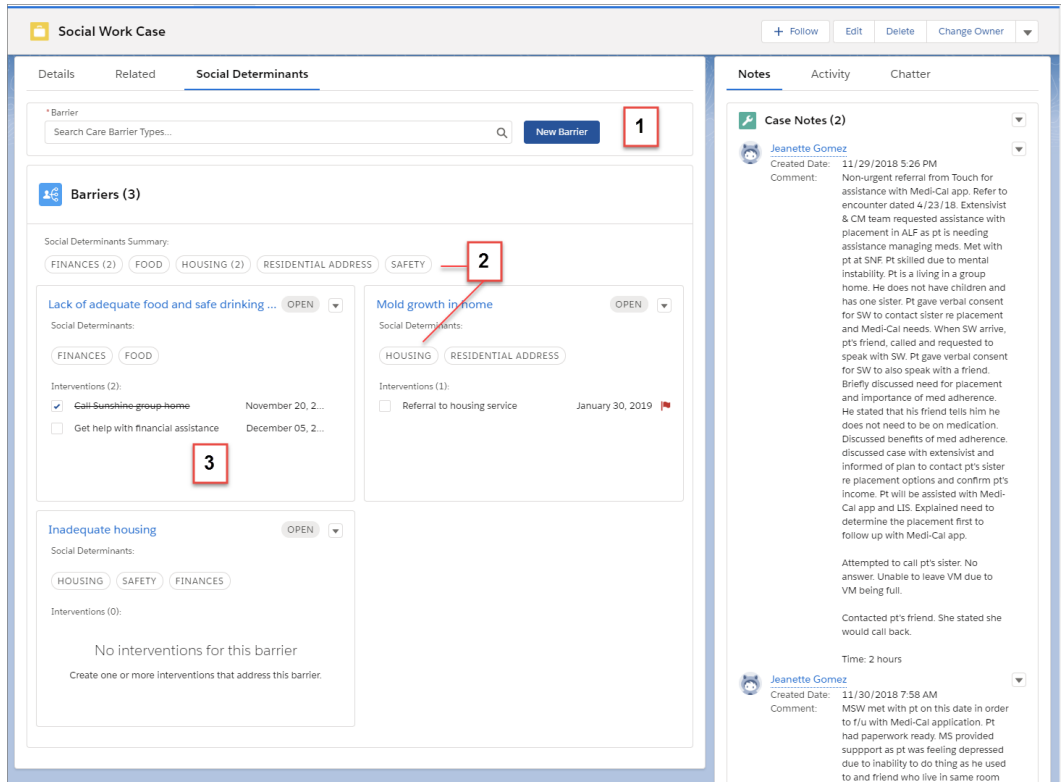
From a case or an account, you can capture important information about his circumstances and start addressing them right away.

- Select barriers that describe his employment and transportation challenges (1).
- Select the social determinants that are relevant to each barrier and view an aggregated list of determinants at the top of the card list (2).
- Create and view tasks and other interventions that address the barrier (3).

Create a Barrier

When you receive new information about a challenge that a patient or member faces, you capture the information in a barrier card. Within the barrier record, you can select the type of barrier you're entering. Then, add important information such as the person's name, the status and priority of the barrier, the related case, and the effective dates. Barriers appear in the component in the order you create them. So the newest barrier appears first.

Add Care Interventions to Address Barriers to Health

An intervention is a task you create to address one or more aspects of the related barrier. For example, if someone can't get to the grocery store, you can create a task to sign them up for a meal delivery service. You can assign the task to a person, and set a due date, status, and priority. Optionally, you can add a contact and relate the task to an account.

Stay on Top of Tasks with the Activity Timeline

Track the intervention tasks that are related to barriers in the activity timeline.

Create a Barrier

USER PERMISSIONS

To create a care barrier	Read, Create, and Edit on Care Barrier

	Read, Create, and Edit on Care Barrier Type
	Read and Edit on Account
To relate a social determinant to a barrier	Read, Create, and Edit on Care Barrier Determinant
	Read, Create, and Edit on Care Determinant
	Read, Create, and Edit on Care Determinant Type

When you receive new information about a challenge that a patient or member faces, you capture the information in a barrier card. Within the barrier record, you can select the type of barrier you're entering. Then, add important information such as the person's name, the status and priority of the barrier, the related case, and the effective dates. Barriers appear in the component in the order you create them. So the newest barrier appears first.

Add the Care Determinants Component on the account's record page using Lightning App Builder.

1. From the account's record page, scroll down to Barriers. In the search box, enter the name of the barrier you want to find. If you can't find it, you can add a barrier by clicking **New Barrier**.

2. In Care Barrier Type, select an existing care barrier type. To create a care barrier type, click **New Care Barrier Type**.

3. Enter a name for the barrier. This text appears as the heading of the barrier card or the title of the barrier if your organization shows in a list.

4. Make sure the patient or member associated with the barrier is selected.

5. Select a status for the barrier. Your Salesforce admin can configure the app so that only open barriers appear in the record.

6. Select a priority for the barrier.

7. To make the barrier type available to use, select **Active**.

8. Search for the case or the account that this barrier is associated with.

9. Optionally, select the date from when the barrier is no longer in effect.

10. Optionally, select the date from when the barrier goes into effect.

11. In Related Social Determinants, select at least one social determinant that is related to the barrier.

12. To save the barrier and create related intervention tasks, click **Save Barrier and Add Interventions**. To save only the barrier, click **Save Barrier**.

Add Care Interventions to Address Barriers to Health

An intervention is a task you create to address one or more aspects of the related barrier. For example, if someone can't get to the grocery store, you can create a task to sign them up for a meal delivery service. You can assign the task to a person, and set a due date, status, and priority. Optionally, you can add a contact and relate the task to an account.

1. From the account's record page, scroll down to Barriers. Edit an existing Barrier.

   To create care intervention tasks associated with a care barrier, click **Save Barrier and Create Intervention** when you save the care barrier.

2. For Assigned To, select the name of the person that the task is assigned to. The task appears in that person's task list.

3. Select a status for the task.

4. Select `Care Intervention Type` for the task type.

   Add picklist values to the TaskType field from the Activity object. If you or your admin created a SocialDeterminant record type for the Task object, make the new picklist values available for it. The SocialDeterminant record type drives the Task page layout that's used in the Care Determinants component.

5. Enter a task subject, such as *Arrange for child care during appointment.*

6. Select the name of the person who must complete the task.

7. For Due Date, select a date by which the task must be completed.

8. Relate the task to the patient or member's account or you can create one, if necessary.

9. Select a priority for the task.

   High-priority tasks are flagged for greater visibility.

10. Select a care intervention type.

11. Add any comments that pertain to the task.

12. Click **Save Intervention**.

SEE ALSO:

   Salesforce Help: Add the Care Determinants Component to a Record Page

Stay on Top of Tasks with the Activity Timeline

Track the intervention tasks that are related to barriers in the activity timeline.
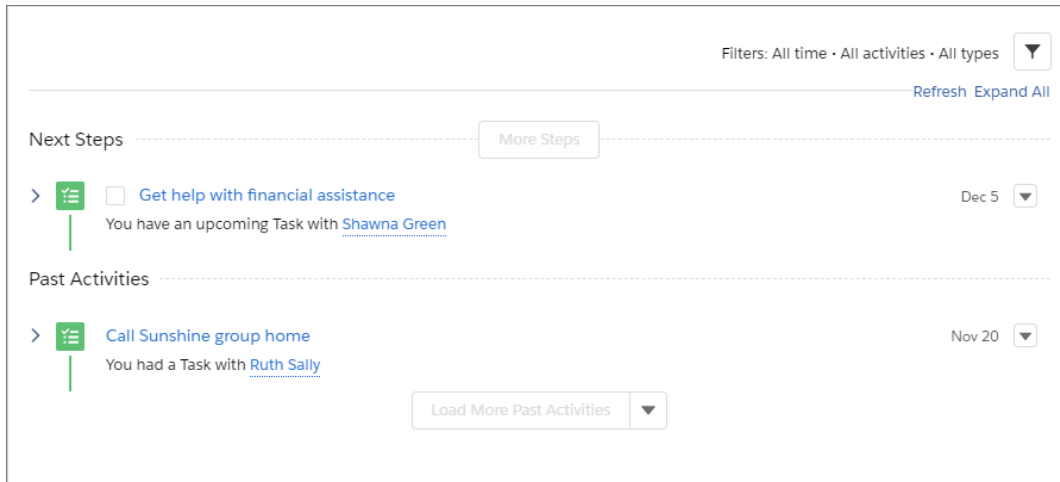
Next steps appear in this order from the top: tasks without a due date, future tasks in chronological order to today, and overdue tasks. Clicking **More Steps** or **More Past Activity** shows eight more items at a time.

Close a task by selecting its checkbox. There's no need to open the record, edit, and save to check a task off the list. Click the subject or use the action menu within an activity to open the details for viewing or editing.

Manage Patient Referrals

Ensure timely and accurate referral processing from submission to closure.

We recommend managing referrals using the Clinical Service Request object and automation tools built for the FHIR R4-aligned Clinical Data Model. See Automate Referrals. If you're still managing referrals using Lead and Opportunity objects with custom fields from releases prior to Winter '24, see Monitor Patient Referrals instead.

Automate Referrals

Create referrals by using a guided flow that gathers data and creates related records for you. Accept referrals directly from a clinical service request.

Monitor Patient Referrals

Use Health Cloud components to track and prioritize referrals.

Automate Referrals

Create referrals by using a guided flow that gathers data and creates related records for you. Accept referrals directly from a clinical service request.

Create Referrals with the Create Referral Flow

The Create Referral flow gathers patient and provider information and creates related clinical service requests, clinical service request details, and document links for you. The flow also creates or updates the associated patient account record.

Accept Referrals and Coordinate Care from Clinical Service Requests

Accept inbound referrals and then schedule appointments, complete assessments, and coordinate other care for referred patients directly on a clinical service request.

Track and Analyze Referrals with the Referral Management App

Prioritize referral requests, analyze incoming and outgoing referrals, and assess your team's capacity to process referrals all from one convenient app.

Create Referrals with the Create Referral Flow

The Create Referral flow gathers patient and provider information and creates related clinical service requests, clinical service request details, and document links for you. The flow also creates or updates the associated patient account record.

To create referrals, the Create Referral flow gathers:

- An existing patient record or one you create as part of the flow
- Referring and referred to provider information
- Patient member plans, existing health conditions, a diagnostic summary, and medical information
- Conditions, care facility beds, and document links associated with the referral

1. On the Provider Search page or the Patient Account page, click **Create Referral**.

   If you use the Crisis Support Center Management app, you can also create a referral from the Bed Search component.

   When you create a referral from a page with patient or provider information, the flow prepopulates with that information.

2. Follow the onscreen steps in the flow.

3. Click **Finish**.

Accept Referrals and Coordinate Care from Clinical Service Requests

Accept inbound referrals and then schedule appointments, complete assessments, and coordinate other care for referred patients directly on a clinical service request.

1. On the Clinical Service Request page, click **Accept Referral**.

Easily identify accepted referrals by confirming that **Accepted** is selected.

If you're unable to accept a referral, ask your Salesforce admin to give you access to the IsAccepted field on the Clinical Service Request object.

2. Schedule appointments, complete assessments, add care plans, enroll patients in care programs, and launch actions directly on the clinical service request. The components available to you depend on how your Salesforce admin customizes the clinical service request page.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

Track and Analyze Referrals with the Referral Management App

Prioritize referral requests, analyze incoming and outgoing referrals, and assess your team's capacity to process referrals all from one convenient app.

Dashboard: Referral Insights

Zero in on the most critical referrals of the day and prioritize care coordination tasks for them.

Dashboard: Top Referrals

Get complete visibility into the referral pipeline and compare incoming and outgoing referrals. Slice the data across dimensions like specialty and service type.

Dashboard: Referrals Performance

Analyze the efficiency of your referral processes. Understand the amount of time it takes your team to convert referrals to patients, and assess whether you have enough resources to manage incoming and outgoing referrals.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

Dashboard: Referral Insights

Zero in on the most critical referrals of the day and prioritize care coordination tasks for them.

Keep in mind that your Salesforce admin can customize components so your dashboard can look different than our example.

- Use filters to narrow in on referrals that most interest you (1).

- Scan key metrics about referral statuses (2).

- View referral status and leaderboard charts. Hover over chart elements to view heatmaps that show details of referral status and age (3).

- Drill into details of each clinical service request or patient associated with an open referral (4).

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

The dashboard relies on data from clinical service requests. If information is missing from clinical service requests, widgets that use that information appear empty.

Dashboard: Top Referrals

Get complete visibility into the referral pipeline and compare incoming and outgoing referrals. Slice the data across dimensions like specialty and service type.
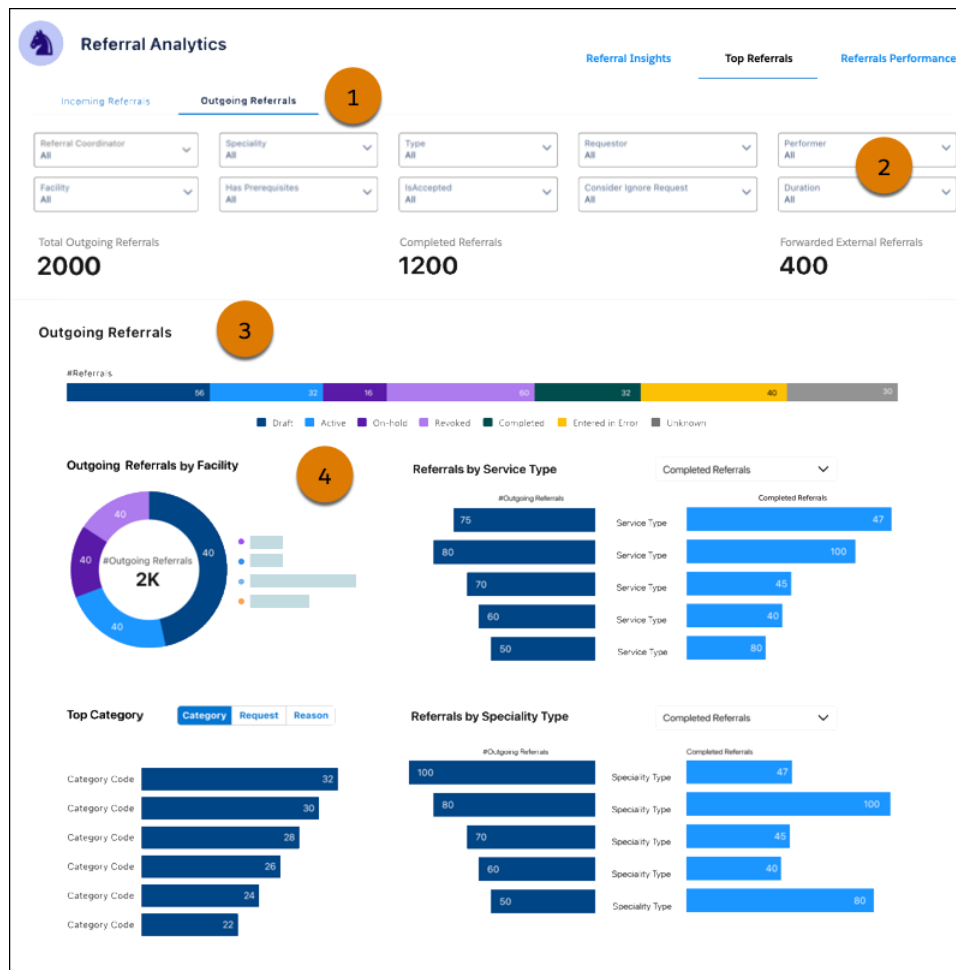
Keep in mind that your Salesforce admin can customize components so your dashboard can look different than our example.

- Compare metrics for Incoming Referrals and Outgoing Referrals (1).
- Outgoing referrals originate from your org. Incoming referrals originate from outside your org.
- Use filters to narrow in on referrals that most interest you (2).
- Scan key metrics about referral statuses (3).
- Use charts to analyze which specialty and service types need attention (4). For incoming referrals, you can focus on internal referrals that originate from your org or external referrals that originate from outside your org.

The dashboard relies on data from clinical service requests. If information is missing from clinical service requests, widgets that use that information appear empty.

Dashboard: Referrals Performance

Analyze the efficiency of your referral processes. Understand the amount of time it takes your team to convert referrals to patients, and assess whether you have enough resources to manage incoming and outgoing referrals.

Keep in mind that your Salesforce admin can customize components so your dashboard can look different than our example.

- Use filters to narrow in on referrals that most interest you (1).
- Compare the referral inflow, completion, and cumulative backlog over months, weeks, or days (2). Use predictive analytics to assess your team's capacity to process referrals (3).
- Understand the average number of days referrals remain in a given status. Hover over chart elements and use heatmaps to view the distribution of referrals across days (4).
- Click > to switch between the backlog visualization and an analysis of referral intake sources such as faxes, emails, and web forms (5).
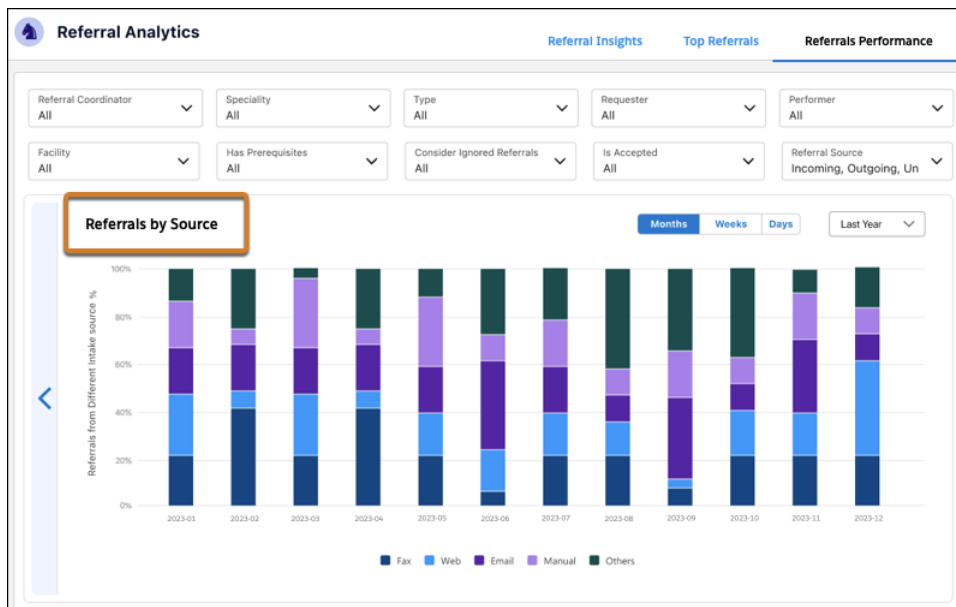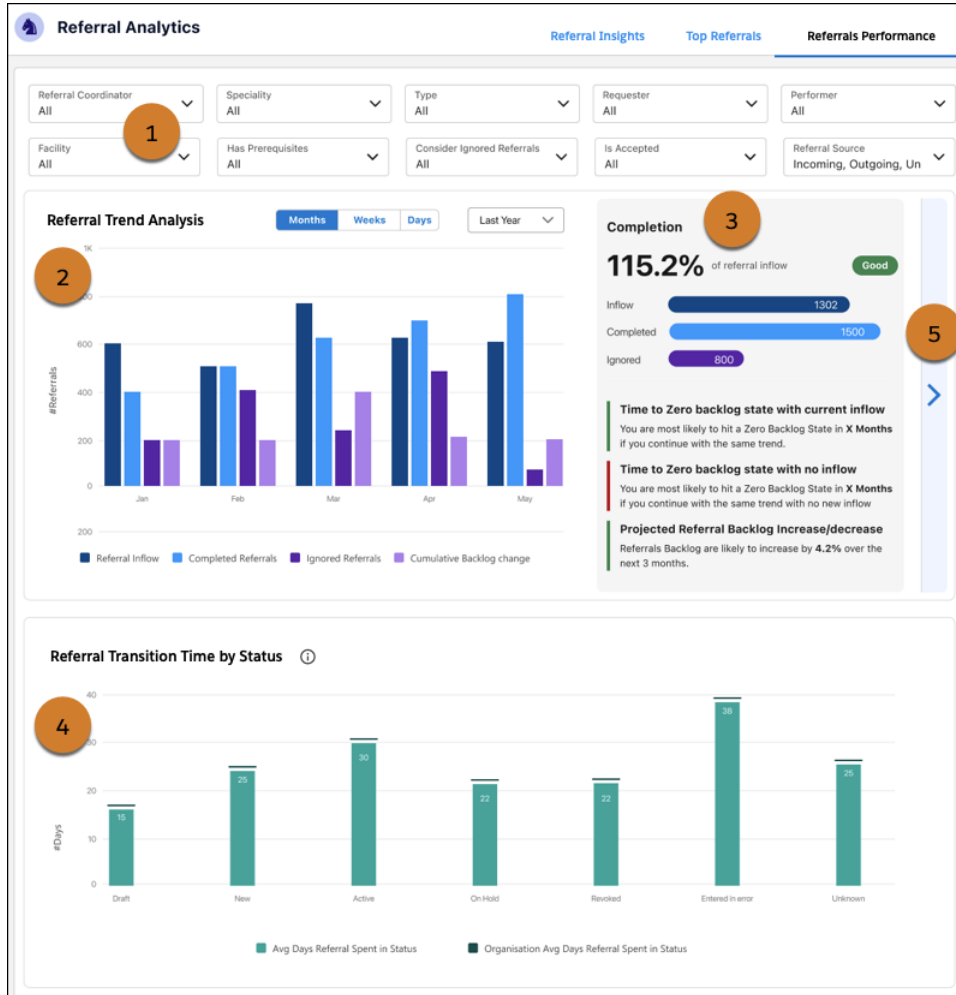
The dashboard relies on data from clinical service requests. If information is missing from clinical service requests, widgets that use that information appear empty.

Monitor Patient Referrals

Use Health Cloud components to track and prioritize referrals.

🛑 **Important:** Instead of creating a referral as a Lead or Opportunity from within a site or from the Lightning console, use the Create Referral flow. This flow gathers patient and provider information and creates related clinical service requests, clinical service request details, and document links for you.

Create a Patient Referral

Create a patient referral from within a site or from the Lightning console.

Manage the Referral Intake Process

Manage referrals from intake through approval, appointment booking, and all the way to closure.

Analyze Your Referral Patterns

Drill into types of referrals, open referrals, and revenue leakage, all from one convenient dashboard.

SEE ALSO:

Automate Referrals

Create a Patient Referral

Create a patient referral from within a site or from the Lightning console.

🛑 **Important:** Instead of creating a referral from within a site or from the Lightning console, use the Create Referral flow. This flow gathers patient and provider information and creates related clinical service requests, clinical service request details, and document links for you.

1. Navigate to Leads and select a list view such as My Referrals or Open Referrals.
2. Click **New**.
3. Select the Patient Referral record type.
4. Complete the fields that your organization uses to process patient referrals.

Field Name	Description
Company	Name of the patient. This field replaces the patient's name when converted into an opportunity. When left blank, the First Name and Last Name fields are the name of the new opportunity record.
Diagnosis	The diagnosis associated with the referral.
First Name	First name of the referred patient.
Insurance Group ID	Group ID of the patient's insurance.

Field Name	Description
Insurance Member ID	Member ID of the patient's insurance.
Insurance Type	Type of primary insurance such as Medicare, Medicaid, commercial, or self-pay.
Last Name	Last name of the referred patient.
Lead Source	Source of the incoming referral.
Lead Status	Status of the incoming referral.
Out of Network	Select the checkbox if the referral is out-of-network.
Primary Insurance	Primary health insurance company associated with the patient.
Priority	Priority of the referral as designated by the referring provider.
Reason for Out of Network Referral	Reason the referral is sent as out-of-network.
Reason for Referral	Reason for the referral.
Referred To Organization	Name of the organization receiving or fulfilling the referral.
Referred To Practitioner	Name of the practitioner to whom the patient is being referred.
Referred To User	Name of the user to whom the referral is sent.
Referring Organization	Name of the referring organization.
Referring Practitioner	Name of the practitioner who referred the patient.
Referring User	Name of the user who submitted the referral.
Related Account	The account for the patient who is being referred.
Salutation	The title for addressing the referred patient, for example, Mr., Ms., or Dr.
Specialty	Medical specialty associated with the referral.
Type of Service	Type of service request.

Note: If the Patient Referral record type is missing one or more of these fields, you can add them to the page layout.

5. Click **Save**.

SEE ALSO:

Automate Referrals

Manage the Referral Intake Process

Manage referrals from intake through approval, appointment booking, and all the way to closure.

Once you receive an incoming lead for processing, you can accept the referral, request additional information using Chatter, or decline the referral. Once you're ready to accept the lead, you can convert it to an opportunity by clicking the **Convert** button. Accept the default to create a new account, contact, and opportunity.

Opportunity Lists to help track open referrals that need various tasks to be completed, after the referral is accepted and before a patient can be seen. Manage the intake process through medical clearance, financial clearance (insurance verification, prior authorization) and Appointment Booking.

Analyze Your Referral Patterns

Drill into types of referrals, open referrals, and revenue leakage, all from one convenient dashboard.

Ask your Salesforce admin to install the unmanaged package containing these specially designed reports.
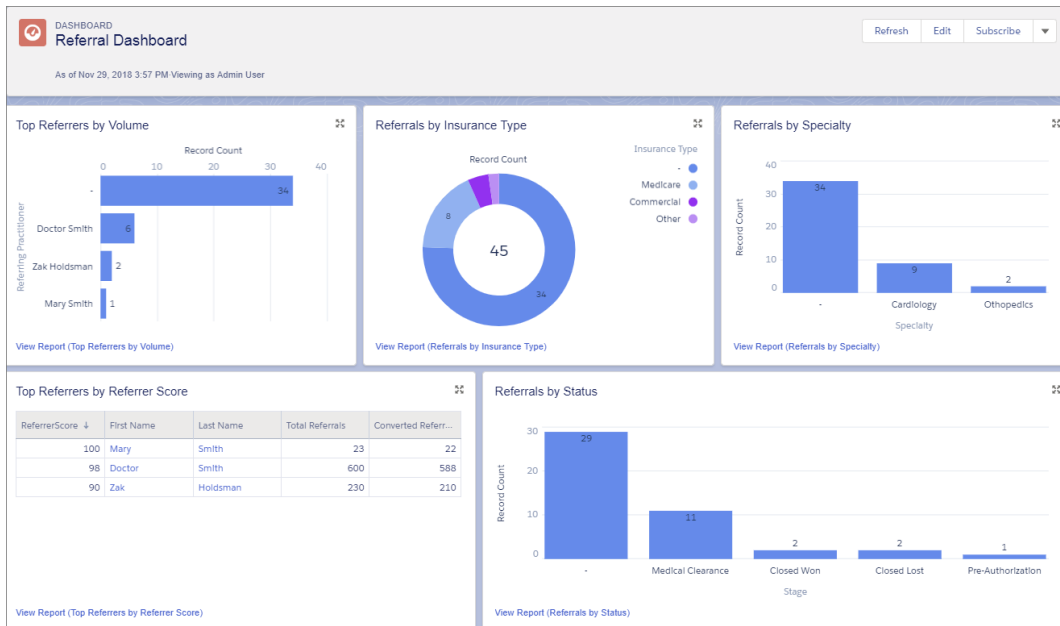
Report: Referrals by Insurance Type

Of the patients who've been referred, how many have Medicare, Medicaid, an HMO, or some other type of insurance?

Report: Top Referrers by Referrer Score

How have incoming referrals turned out?

Report: Referrals by Specialty

What types of care have our referrals requested?

Report: Referrals by Status

How many referrals are in each stage of the process?

Report: Top Referrers by Volume

Which providers have referred the most patients?

Report: Referrals - Duration Submission to Close

How long does it take to convert an incoming referral to a patient in our system?

Report: Referrals by Insurance Type

Of the patients who've been referred, how many have Medicare, Medicaid, an HMO, or some other type of insurance?

Use this report to check in on the efficiency of your billing processes.
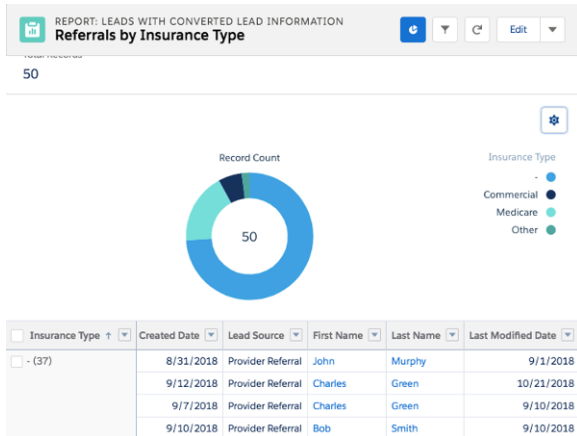
Report: Top Referrers by Referrer Score

How have incoming referrals turned out?

Use this report to analyze the quality of incoming referrals, and how well your organization is processing referrals it receives.

Report: Referrals by Specialty

What types of care have our referrals requested?

Use this report to plan staffing levels.
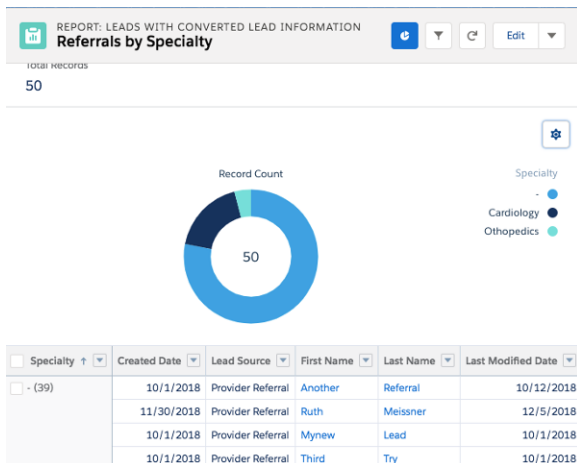
Report: Referrals by Status

How many referrals are in each stage of the process?

Use this report to forecast resource and staff requirements.
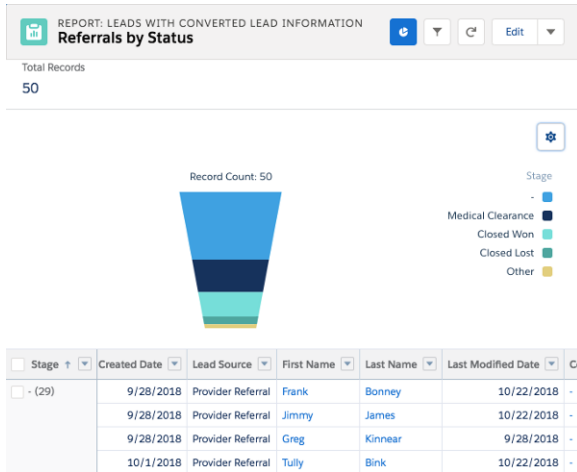
Report: Top Referrers by Volume

Which providers have referred the most patients?

Use this report to understand how providers are utilizing your services. In particular, you may find useful information about network leakage.
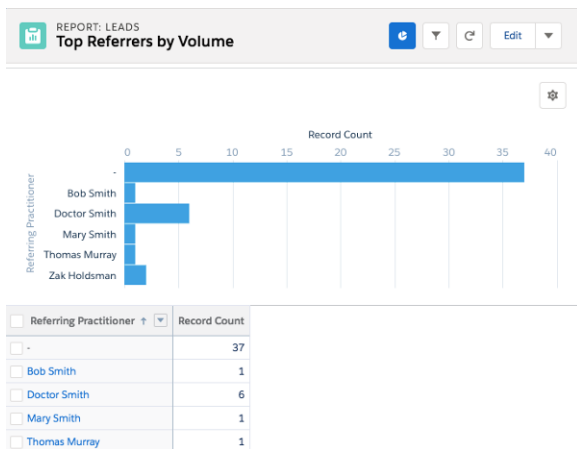
Report: Referrals - Duration Submission to Close

How long does it take to convert an incoming referral to a patient in our system?

Use this report to identify referrals or referral processes that may need attention.

View Health Information Holistically with Enhanced Timeline

The Timeline shows you all key health events relating to a patient in one place. Patients and their practitioners can have access to a timeline, which acts as a single source of truth for all.

To view a timeline, log in to your Salesforce account from your laptop or desktop.

📝 **Note:** Timeline isn't available in the Salesforce mobile app.

Here's a sample timeline created on the Account object and viewed on Charles Green's record page.
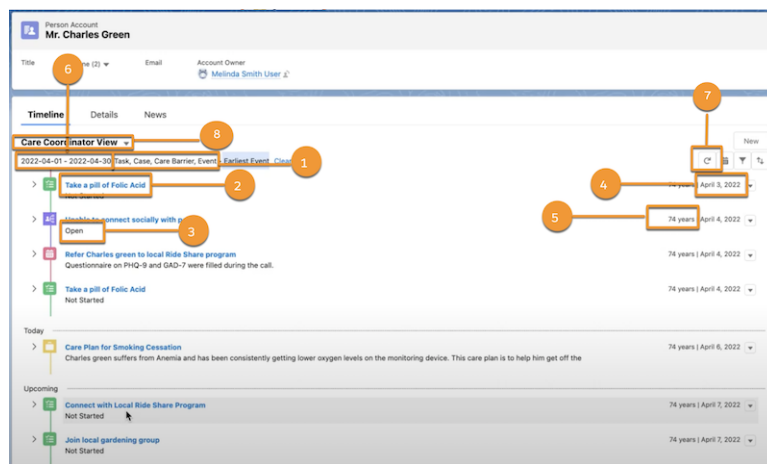
The events in the timeline are pulled from the related objects, Task, Case, Care Barrier, and Event (1). Each timeline event has a title (2), subtitle (3), and date (4). To view an event, click its title. The patient's age appears next to the date of the event if you configure the timeline to show age based on birthdate (5). The timeline currently shows events between these dates (6).

Use the Quick Action menu to edit or delete a record and then refresh (7) the timeline view to see your changes.

To switch from one timeline to another, use the dropdown menu (8).

To get a more detailed view of an event, expand the event.
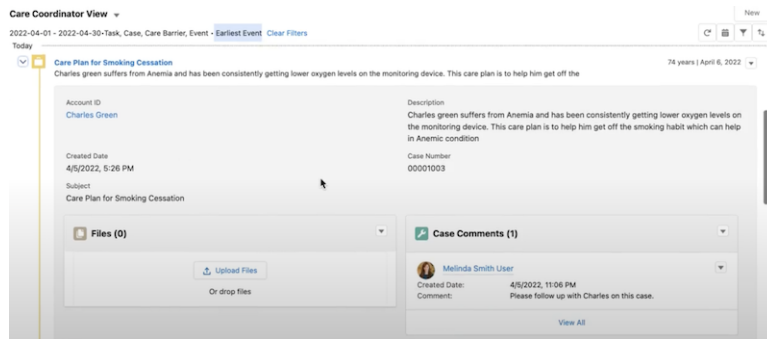
To add a comment, click the New quick action button and enter a comment in the New Comment window.

If you add a comment from the record page, the new comment window opens in a new tab.

After you click **Save**, your changes are reflected in real time.

To view events from a broader or narrower range of dates, use the Date Range filter.
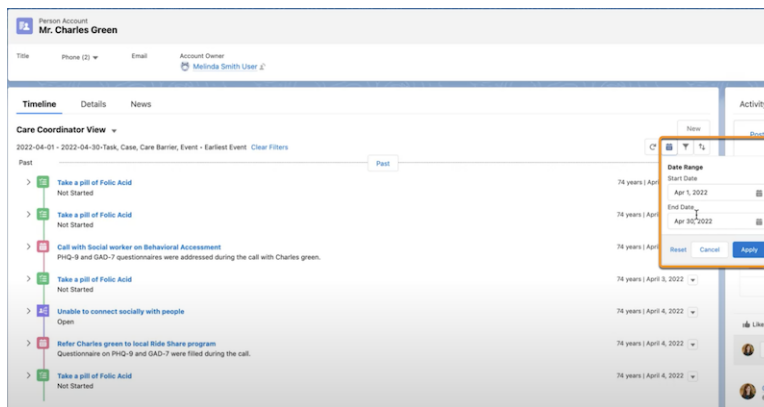
To add or remove event types from your view, use the Event Type filter.
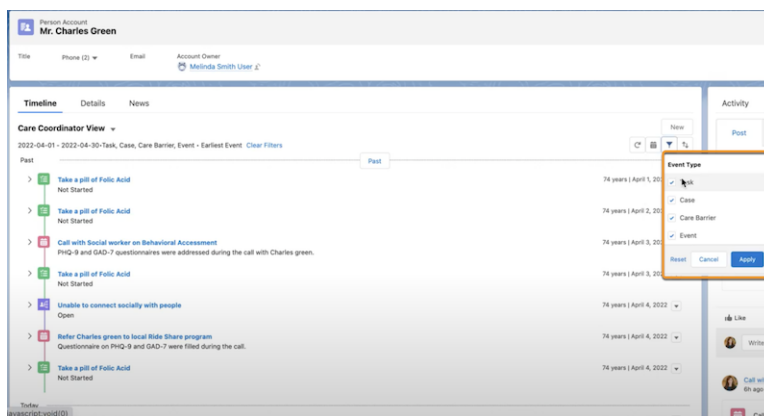
In our example, we already have all the event types selected. We can remove some if we want to.

You can also change the order in which the events appear in the timeline. Right now, the events are sorted in such a way that the earliest event appears first. We can change that to make the most recent event appear first.

Finally, we can add an event by clicking **New** and selecting the event type.
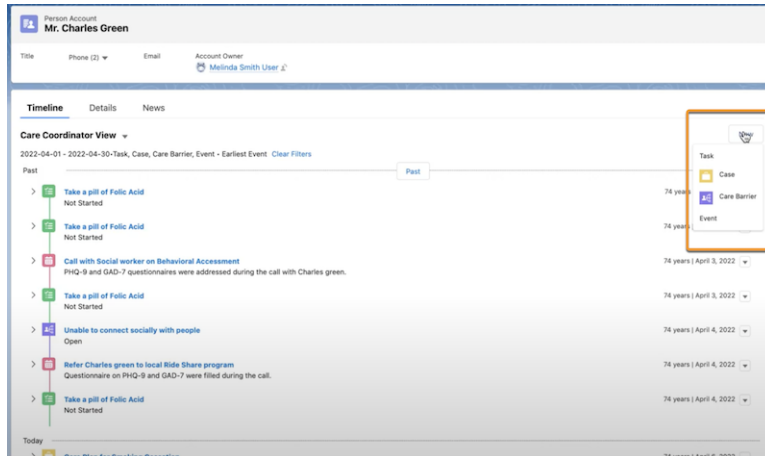
To see more records, keep scrolling down.

📝 **Note:** You can view up to 2,000 records.

Build Relationships and Personalized Journeys with Campaigns

Campaigns are an effective way to help patients and members stay engaged with their care team and stick with their care plans. From health education to appointment reminders and more, you can improve participation throughout a connected experience. Identify a group of people who share a need, then assign them to a campaign.

1. To create a campaign, go to the App Picker and click **Campaigns**.

2. Select the campaign you want from the list.

3. Add one or more people to the campaign.

   a. To add one person to a campaign, open their record and click **Add to Campaign**.

   a. To add multiple people to a campaign, from the Patients list, select the people you want to add and click **Add to Campaign** from the Actions menu.
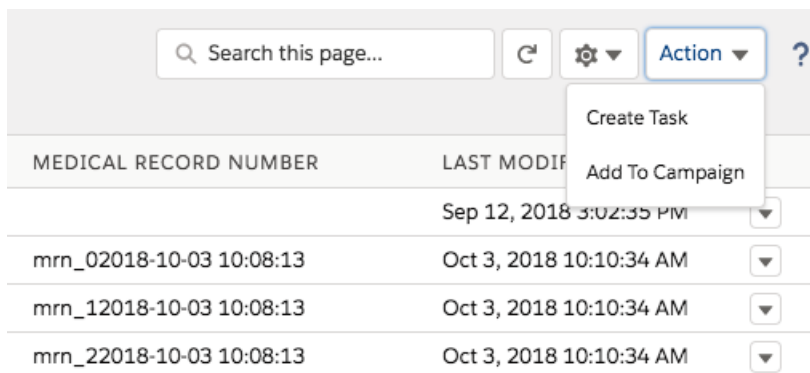
A record of being added to the campaign appears on the person's timeline and patient card.

SEE ALSO:
> Salesforce Help: Campaigns in Marketing Cloud
> Administrator Guide: Let Users Add People to Health Cloud Campaigns

CRM Analytics and Artificial Intelligence

See predictions about the likelihood of prior authorization requests breaching service-level agreements (SLA), and recommendations about services that are likely to be received and requested by healthcare payers and providers.

Get Insights from Your Health Cloud Data with CRM Analytics

CRM Analytics for Health Cloud solutions give you a complete view of your data to help you deliver connected, one-to-one patient care. Use business insights from CRM Analytics apps to drive intelligent patient engagement, improve care effectiveness, and identify and manage risk throughout your patient population.

Artificial Intelligence

Payers can see the predicted service-level agreement (SLA) breach scores for prior authorization review requests and the top factors that possibly contribute to SLA breaches on the Prior-Authorization Review SLA Breach Prediction dashboard. They can see services that they are likely to receive from providers and previously submitted services authorization requests for a member on the Recommended Services Pathway dashboard. Providers can see services that they are likely to request on the Recommended Services Bundling dashboard.

Get Insights from Your Health Cloud Data with CRM Analytics

CRM Analytics for Health Cloud solutions give you a complete view of your data to help you deliver connected, one-to-one patient care. Use business insights from CRM Analytics apps to drive intelligent patient engagement, improve care effectiveness, and identify and manage risk throughout your patient population.

💡 **Tip:** If you haven't used CRM Analytics before, learn more about it from the Salesforce help.

📝 **Note:** CRM Analytics for Health Cloud provides insights into the health trends of your patient population. You can't use this feature to:

- Build custom apps
- Upload or access external datasets using the CRM Analytics External Data API
- Import data from objects not included in this feature

Give Agents and Managers Valuable Patient Insights with Analytics for Healthcare

Analytics for Healthcare lets care coordinators, utilization managers, and referral managers gain critical insights and visualize key metrics about their patient populations. Payers and providers can use actionable insights from the app's dashboards to drive intelligent engagement and improve care effectiveness and efficiency.

Manage Patient Risk with Analytics for Health Cloud: Risk Stratification

The Analytics for Health Cloud: Risk Stratification app gives you prebuilt dashboards that help identify your at-risk patients and enroll them in a care management program in Health Cloud. Through dashboards of configurable patient data and custom charts, you can gain new insight into the patients your company manages.

The Enhanced Analytics for Healthcare app provides a complete solution for streamlining the prior authorization review workflow. Use the analytics dashboards to get insights into open tasks, prioritize the authorization review requests for the day, identify the requests that need attention to avoid SLA breaches, and more. The personalized care requests dashboards for each user role offer quick insights to monitor and assess outstanding care requests authorization and reviews.

Give Agents and Managers Valuable Patient Insights with Analytics for Healthcare

Analytics for Healthcare lets care coordinators, utilization managers, and referral managers gain critical insights and visualize key metrics about their patient populations. Payers and providers can use actionable insights from the app's dashboards to drive intelligent engagement and improve care effectiveness and efficiency.

> **Note:** If Healthcare Analytics isn't available in your org, direct your administrator to Set Up Your Org for Analytics for Healthcare and Create the App.

The Analytics for Healthcare app includes two types of dashboards:

- Dashboards accessed through the app in CRM Analytics Studio.

- Embedded dashboards that deliver insights from within the context of Salesforce objects you work with. Your Salesforce admin embeds these dashboards in Lightning Experience pages. After that, you access the dashboard directly through the Salesforce pages associated with the object.

It also includes Einstein Discover stories that help you predict what patient population actions, for example the likelihood of referrals converting to patients.

Open the app.

1.
   From the app picker ⣿ , select **CRM Analytics Studio** to open the CRM Analytics home page.

2. Under **Browse** in the left column, select **All Items**.

3. Select the **Apps** tab, then click your app to open it. If you can't immediately find it, consult your Salesforce administrator to find out the name they gave it when creating the app.

Now that your app is open, click **Run App** in the upper right corner to open Analytics for Healthcare Home. The home dashboard gives care coordinators, utilization managers, and referral coordinators at-a-glance insight into top-level metrics. From here, drill into detailed dashboards and stories that give insights into care delivery, utilization, patient referrals, and underlying causes of underperforming metrics.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud
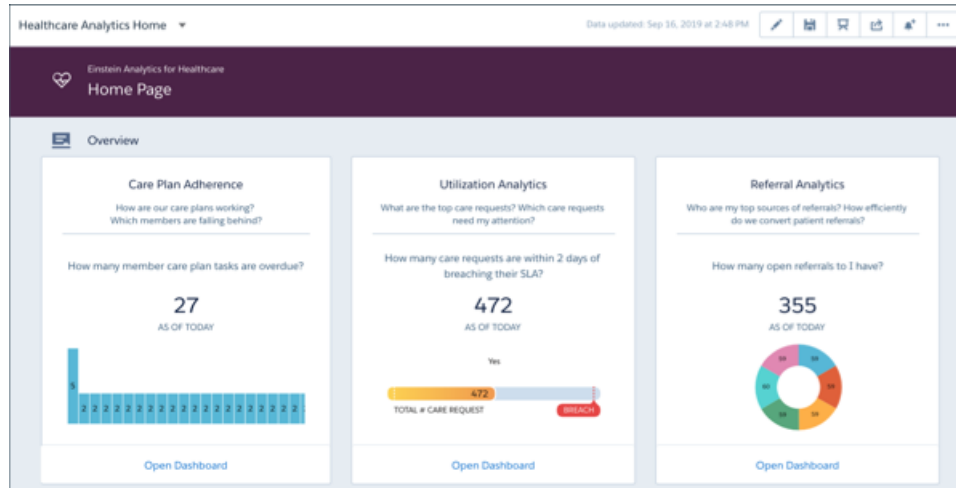
Note: The Analytics for Healthcare includes access to the Analytics for Manufacturing app. Analytics for Manufacturing lets demand planners and account managers at medical device manufacturers visualize all aspects of their business. Insights based on your data help you grow the business and simplify sales operations. Use its dashboard visualizations to stay on top of your sales agreements, orders, and contracts. And identify products that sell the most and the least and analyze the impact of volume on pricing and revenue. See Get Actionable Insights from Your Data with Analytics for Manufacturing.

Note: This subscription includes use of CRM Analytics for Health Cloud by five Health Cloud users.

Care Performance Analytics Dashboards and Story

Care performance dashboards give care coordinators insight into patients' adherence to the care plans. Care coordinators can use the insights to adjust future care coordination efforts. For example, care coordinators can identify patients who fall behind on the care plans and evaluate other data, such as patients' risk profiles. Care coordinators can then focus on patients who've fallen behind and are identified as high-risk.

Referral Analytics Dashboards and Story for Leads and Opportunities

With referral dashboards designed for Lead and Opportunity records, and the related Maximize Referral Conversion story, providers can deliver timely care and a great new patient customer experience. Referral coordinators use the metrics they portray to uncover key insights into referral patterns. You can find top sources of referrals and learn if the provider system delivers care efficiently to new patients. You can also improve the patient experience by identifying process bottlenecks to eliminate.

Utilization Analytics Dashboards

These dashboards give utilization managers insights into the care request process. Insights include the kinds of care requests submitted by members and denial and reopen rates for the requests. You can also identify care requests that are about to breach a service level agreement (SLA). Managers can use the insights to increase customer satisfaction and net promoter score (NPS) by identifying and fixing bottlenecks to ensure that members receive timely care.

Other Analytics for Healthcare Dashboards

The Patient Segmentation dashboard lets you segment your patient population by risk, age group, and other factors. The Social Determinants dashboard metrics help you understand how social factors affect your patients.

Track Emergency Intakes with Analytics for Emergency Response Management

Health Cloud includes a subset of the Analytics for Emergency Response Management app with Health Cloud data. Identify the hotspots in which requests for emergency intakes are increasing so that you can allocate resources quickly. Track intake persons needing attention and identify patient statuses.

SEE ALSO:

View, Collaborate, and Take Action from Einstein CRM Analytics

Explore Data Insights

Care Performance Analytics Dashboards and Story

Care performance dashboards give care coordinators insight into patients' adherence to the care plans. Care coordinators can use the insights to adjust future care coordination efforts. For example, care coordinators can identify patients who fall behind on the care plans and evaluate other data, such as patients' risk profiles. Care coordinators can then focus on patients who've fallen behind and are identified as high-risk.

Care Coordinator Member Overview (Care Performance) Dashboard

Get insights into high-risk members and members who fall behind on their care plans, potentially exposing themselves to risk. Four visualizations give you details to manage risk in your patient population. Focus on the high-risk members with overdue care plan tasks. You can drill into the segments of your membership with overdue and open tasks, and tasks that are due soon. And dive into details by following links to the Members Care Plan Adherence Details and Members Goals and Tasks dashboards. Adjust the Risk Level filter to focus on high-, medium-, or low-risk population segments.

Members Care Plan Adherence Details Dashboard

Go to the Care Plan Adherence page to identify which patients are falling behind in their care plans by looking for members who have overdue tasks and goals. Care coordinators can focus on high-risk patients by checking how long care plan tasks have been overdue. Giving attention to these patients can help prevent avoidable readmissions. See details about each patient in the table and use the insight gained to help patients follow the plan. Coordinators can also create a list of high-risk patients of interest with Salesforce bulk actions and follow up with these patients to find out why they were unable to adhere to their plans, and even set up interventions.

Member Details shows details of the patients by their risk profile and insurance type.

Members Goals and Tasks Dashboard

Go to the How Many Goals are Due Soon? page to gain insights into patients who have care plan tasks and goals that are due soon. You can then contact those patients to set up appropriate interventions, thus ensuring that their care plans stay on track.

Go to the How Many Goals are Overdue? page to identify at-risk patients by identifying which of your patients have fallen behind on care plan tasks and goals. Then prioritize outreach to these patients and set up the appropriate interventions to help them avoid readmission.

Care Plan Adherence Story

This Einstein Discovery story gives care coordinators insights to improve patient engagement. The insights can enhance the processes coordinators already use to help patients manage their care plans. The story gives care coordinators insights into the variables that impact their patients' care plan adherence, such as age or care plan type. Understanding these factors enables care coordinators to better engage with their patients, help them stay on track with care plan tasks, and improve their care outcomes.

To learn more about using Einstein Discovery stories, see Explore Story Insights.

Care (Embedded) Dashboard

Go to Account (patient or member) pages to access this dashboard after your admin embeds the page in the Account page layout. Use the page's metrics to measure a specific patient's adherence to their care plan tasks and see the status of their care requests. Use these insights to engage appropriately with the patient and deliver personalized healthcare.

The dashboard shows these carousel cards with arrows that you can click to move from one card to the next:

1. **How Many Care Plans are Due Soon?**

   Shows whether a patient is falling behind on care plans. Care coordinators can view the card to identify patients that are falling behind and take necessary steps to keep them on track.

2. **Care Request Type**

   Shows a member's open care requests and how long each has been open. Utilization managers can view this card and prioritize care request for the member. For example, they can either focus on requests that have been open for a long time or on urgent requests.

Medication Management

The Medication Management dashboard contains metrics and visualizations to identify and analyze the medication adherence pattern, common health conditions, and medication distribution details of a group of patients. You can filter metrics and visualizations by status, patient age group, patient billing country, or start date. The dashboard shows the metrics, such as Count of Patients, Count of Patients with Active Medication, Count of Medicines in Use, and Count of Health Conditions for the filtered group of patients. The visualizations include the distribution of patients by gender, health conditions, plans and programs, and medication adherence details. The table shows specific patients' medication, adherence details, and health conditions.

Medication Analysis (Embedded)

The Medication Analysis Embedded dashboard shows the visualizations to quickly identify the common medication and the type of care plans followed by patients with similar health conditions. With this dashboard, providers and care coordinators can quickly compare a patient's medication details with similar patient data to achieve more effective health outcomes.

Referral Analytics Dashboards and Story for Leads and Opportunities

With referral dashboards designed for Lead and Opportunity records, and the related Maximize Referral Conversion story, providers can deliver timely care and a great new patient customer experience. Referral coordinators use the metrics they portray to uncover key insights into referral patterns. You can find top sources of referrals and learn if the provider system delivers care efficiently to new patients. You can also improve the patient experience by identifying process bottlenecks to eliminate.

🛑 **Important:** If you manage referrals using clinical service requests, see Referral Analytics.

Referrals by Age

KPIs in this dashboard help referral coordinators track referrals and increase conversions. Charts give at-a-glance insight into how efficiently patient referrals are being managed. See where patient referrals stand in the process and how long they've been in each stage of the process. Use the **Days/Hours** selector to adjust your time period. Filter referrals by status and duration in the process. Also view a breakdown of referrals according to insurance type, service type, and specialty. A table shows details about each patient referral, including its source, age, and insurance, service, and specialty type.

Referrals Efficiency

Use the KPIs in this dashboard to make sure that referral patients receive timely care. Provider organizations can use insights from the dashboard to understand where patient referrals spend time and make process improvements accordingly. From this dashboard, you can open the **Patient Conversion** page, which shows open patient referrals by status. This page also shows the distribution of patient referrals by stage and how long they've been in a stage. Use the **Days/Hours** selector to adjust your time period. You can also view the total number of patient referrals received and the percent that's open. And view their average age and maximum and minimum ages. The details table shows each patient's status in the process.

Open the **Care Efficiency** page to learn if new patients receive timely care. The page gives providers visibility into how quickly they book appointments for new patients. View patient referrals by status and the distribution of new patient stages, and how long patients have been in a stage. Use the **Days/Hours** selector to adjust your time period. You can also view the average time patients spend in each stage and the minimum and maximum times. Details show you each patient's status and time in that stage.

Filter metrics by insurance type, specialty, priority, and other attributes to drill in to the underlying data.

Top Referrals

Referral coordinators get instant insights into the top sources of patient referrals. They can view sources by referring practitioners, organizations, and specialties. From this dashboard, you can open the **Open Total** page, which shows metrics such as:

- Total referrals received
- Number (#) of open referrals
- Average age (days) the referral has been open
- Maximum time (days) a referral has been open
- Minimum time (days) a referral has been open

Filter metrics according to whether the referral is in network or out of network, its priority, time, and other attributes. Use the **Days/Hours** selector to adjust your time period. Referral coordinators can apply filters and use Salesforce bulk actions to create a list of patients for follow-up. Other pages provide breakdowns of converted and rejected referrals. A table shows details about specific patient referrals.

Maximize Referral Conversion Story

Referral coordinators use this Einstein Discovery story to predict the likelihood of a referral patient converting into a patient. You can then focus on patient referrals more likely to convert into appointments instead of randomly contacting all referrals. In turn, you can be sure your efforts increase appointments and utilization while reducing network leakage.

The story shows you the likelihood of patient referral conversions according to the characteristics of the referring physician or organization and the patient being referred, such as the type of service or insurance, specialty, and priority of the referral.

To learn more about using Einstein Discovery stories, see Explore Story Insights.

Converted Patient (Embedded)

This dashboard is available from Opportunity (New Patient) pages after your admin embeds it in the Opportunity page layout. It gives referral coordinator insights into how quickly a provider can book appointments for a specific new patient in comparison to other new patients. They can then drive appropriate action to ensure new patients book appointments with providers as quickly as possible.

The dashboard shows a carousel of five cards. Click the arrows to move from one card to the next.

Card	Description
Booking by specialty	Shows the percentage of new patients who booked appointments for the specialty and how that compares to bookings for all new

Card	Description
	patients. For example, say that a referral coordinator sees that the cardiovascular specialty has a high rate of booking while overall booking rate is low. They can then follow up with the new patient appointment booking.
Booking by service type	Shows the percentage of new patients who booked appointments for the service type and how that compares to bookings for all new patients. For example, say that a referral coordinator notices that the second opinion service type has a low rate of booking and overall booking is low. They can then focus on appointment bookings that happen more often.
Booking by insurance type	Shows the percentage of new patients who have booked appointments for the insurance type and compares that to booking for all new patients. For example, the referral coordinator notices a high booking rate for third-party insurance and a high overall rate as well. They can then shift their focus to booking insurance types with a low rate.
Is this new patient receiving enough attention?	Shows if you're behind, ahead, or on target giving attention to a referral. Compares the number of activities you've performed for the referral and how it compares to others. For example, if status is Behind, the care coordinator hasn't performed sufficient activities (email, call, and so on) to ensure conversion for the referral.
Is this patient booking appointments as expected?	Shows if the patient is ahead, behind, or on track by comparing the time it took to book an appointment to the average time for all patients. If the patient hasn't booked an appointment, view the patient's time in the process. Also see average appointment booking times by type of service and insurance type.

Referral Patient (Embedded)

This dashboard is available from Lead (Referral) pages after your admin embeds it in the Lead page layout. It helps referral coordinators drive appropriate action to increase referral patient conversion rates and ensure that new patients receive timely care. You can view the referral process for a specific patient and compare it to referrals with similar attributes.

The dashboard shows a carousel of five cards. Click the arrows to move from one card to the next.

Card	Description
Referral by specialty	Helps referral coordinators drive conversions by specialty. Shows the percentage of converted patient referrals for the specialty of the specific referral and compares that to overall conversion. For example, if you see that the cardiovascular specialty has high conversion despite low overall conversion, you can drive more cardiovascular referrals.
Referral by service type	Helps referral coordinators drive conversions by service type. Shows the percentage of patient referrals that have converted for the

Card	Description
	service type of the specific referral and compares that to the overall conversion percentage. For example, say that you see low rates for both 2d opinion service type and overall conversion. You can then focus on service type referrals that close more often.
Referral by insurance type	Helps referral coordinators drive conversions by insurance type. Shows the percentage of patient referrals that have converted for the insurance type of the specific referral and compares that to the overall conversion percentage. For example, if you see that third-party insurance has high conversion and the overall conversion is also high, you can drive more third-party insurance referrals.
Is this new patient receiving enough attention?	Determines if you're behind, ahead, or on target giving attention to a referral. Compares the number of activities you've performed for the referral and how it compares to others. For example, if the status is flagged as Behind, the care coordinator hasn't performed sufficient activities (email, call) to assure conversion for the referral.
Is this referral progressing as expected?	Shows if a referral is ahead, behind, or on track by comparing the time it took to convert the referral to the average time for conversions. If the referral hasn't been converted, view its time in the conversion process. Also see average conversion referral times by type of service and insurance type.

Utilization Analytics Dashboards

These dashboards give utilization managers insights into the care request process. Insights include the kinds of care requests submitted by members and denial and reopen rates for the requests. You can also identify care requests that are about to breach a service level agreement (SLA). Managers can use the insights to increase customer satisfaction and net promoter score (NPS) by identifying and fixing bottlenecks to ensure that members receive timely care.

Care Requests

This dashboards helps utilization managers deliver timely care by identifying care requests that are close to breaching an SLA. Isolate requests that are closest to falling out of bounds, and act to make sure that patients get what they need, when they need it. Dashboard key performance indicators (KPIs) include the current total of care requests, their average age, and the percent that breached SLA. Also get a breakdown by clinical case type of care requests that are close to breaching an SLA. The table at the bottom of the dashboard shows details of each care request. Details include a request's age, clinical case type, status, and whether it's breached its SLA.

Care Requests Segmentation

This dashboard visualizes care requests by type. Learn the reasons why requests are denied, and then assign the right resources for timely adjudication of care requests. You can also identify areas with high denial rates to find out why they're high and then act to remedy the issue.

Learn demand and usage patterns by viewing care request numbers accepted, rejected, and reopened, as well as average days for resolution. Also view a breakdown of requests by type and rejected requests by the reason they were rejected. Scroll down to see details about each care request, including request type, clinical case type, decision reason, status, and days since creation.

Denied Care Requests

Drill into the care request denial and reopen process. You can learn if care requests are denied or reopened at a high rate, which implies members aren't receiving timely care. Identify process bottlenecks so you can understand the underlying causes of high rates of case denials or reopenings. Then, make process changes to speed up adjudication of care requests so you can render timely care to members.

Analyze care request denials in a single place. You can see the total number of denials versus requests and the number and percent of denied requests that have been reopened. Open **Denials**, which shows the breakdown of denials by reason, type (newborn, elective, urgent, and so on), and clinical case type. To see the same breakdown for reopened request, click **Reopened**. The table at the bottom provides details for each request denial. Details include request type, clinical case type, the reason for denial or reopening, date request was opened, and date it was denied or reopened.

Open Care Requests

View care requests by type and clinical case types by age. Also see the average age of all care requests and their minimum and maximum age. Scroll down to see details for each care request, including its type, status, and the date it was opened. Then, prioritize care requests that have been open the longest to ensure that members receive timely care.

Top Care Requests

This dashboard provides key insights into benefits usage, shows the most requested services, and highlights where to assign care resources to high-demand areas. Use the dashboard's visualizations to analyze benefit usage by viewing care requests by admission category, such as elective, emergency, and newborn, and clinical subtypes. This dashboard opens to a view of requests for admission. Click the other tabs to see service requests and concurrent reviews. KPIs include the number of care requests of the selected type, the number of clinical subtypes, and average age (in days) to resolve. Scroll down to see details about each care request, including its type, admission type, diagnosis, status, date opened, and due date.

Care Request by Provider

View care request volume by provider, including the top providers submitting care requests. You can see the total number of care requests by type, open care requests, denied care requests, and reopened care requests.

Other Analytics for Healthcare Dashboards

The Patient Segmentation dashboard lets you segment your patient population by risk, age group, and other factors. The Social Determinants dashboard metrics help you understand how social factors affect your patients.

Patient Segmentation

View the segmentation of your patient population according to risk, age group, number of conditions, and type of enrollment. See the column on right for top-level segmentation analysis, including a summary of risk score. It also shows average number of conditions per patient, social determinants impacting patient health, and age of patients least likely to adhere to their health plans. Click **See Details** in each chart for additional information about each demographic category. Scroll down to see a breakdown of patients by top 10 conditions and geography. And learn about each patient's risk, conditions, care plan adherence, and social determinants in the **Details** table at the bottom.

Social Determinants

Understand how social factors and barriers standing between patients and health care impact your patient population. Filter the charts by time period, social determinants, barriers, and other factors to narrow the view of your population. Or, click a bar in the **Top Social**

Determinants table in the upper left to view only patients affected by that determinant. The **Population Breakdown** chart in the upper right defaults to **By Age**. Click the tabs along the top to view the population breakdown by gender, location, or insurance type.

Charts further down show open barriers by priority and age and tasks by priority. Scroll down to the **Details Table** to see social determinants and barriers for each of your patients.

Visit Insights

For sales representatives and managers for medical device companies, this two-page dashboard ensures that the right products are available for upcoming surgical visits. Identify opportunities to expand the product portfolio in an account to increase revenue, account satisfaction, and retention.

The **Visit Insights** page provides an overview of upcoming surgical visits, expected revenue, product quantity, and total revenue. View key metrics for upcoming surgical visits. Filter visits by time period, sales representatives, accounts, locations, and products for a targeted set of upcoming visits. Scroll down for a deep dive into each visit using the **Visit Details** table.

The **Visit Accounts** page contains account insights for upcoming surgical visits, top-selling products, top-performing sales representatives, and orders by status. Visualize account product whitespace analysis. Scroll down for a deep dive into each visit using the **Visit Details** table.

Team Insights

Sales managers for medical device companies use this two-page dashboard to gain insights into the performance of sales teams. Gain insights into the performance of the sales team, manage key account relationships, and guide sales representatives to deliver the best service to their accounts.

The **Visit Performance** page gives you insights into gain, revenue, product, and accounts for upcoming surgical visits across your sales teams. Get quick insight into revenue trends of your top contacts. Use the **Revenue Overtime** chart to learn about the impact of visits on revenue. See your top 10 accounts and top 10 products. Scroll down for a deep dive into each visit using the **Visit Details** table.

The **Team Performance** page gives you key insights into the correlation between visits and the impact on overall revenue. Use time period-based filter selections on key revenue and visit metrics across your sales team. View the top tasks completed per visit by your sales representatives and the types of activities by account. Scroll down for a deep dive into each visit using the **Visit Details** table.

Track Emergency Intakes with Analytics for Emergency Response Management

Health Cloud includes a subset of the Analytics for Emergency Response Management app with Health Cloud data. Identify the hotspots in which requests for emergency intakes are increasing so that you can allocate resources quickly. Track intake persons needing attention and identify patient statuses.

📝 Note: If Analytics for Emergency Response Management isn't available in your org, direct your administrator to Deploy Analytics for Emergency Response Management.
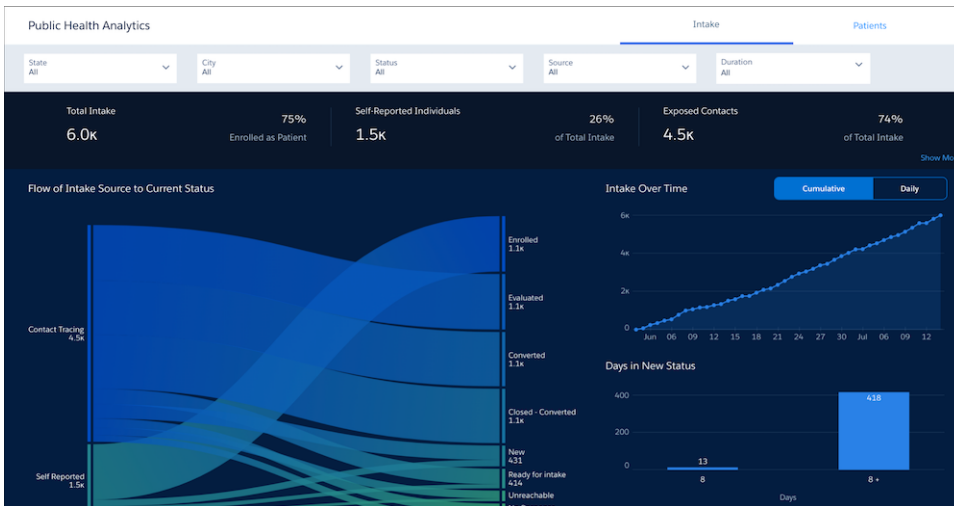
Emergency Response Overview

Triage your resources with insights into different emergency statuses. Identify locations that show increased intake and higher numbers of new patients and requests.
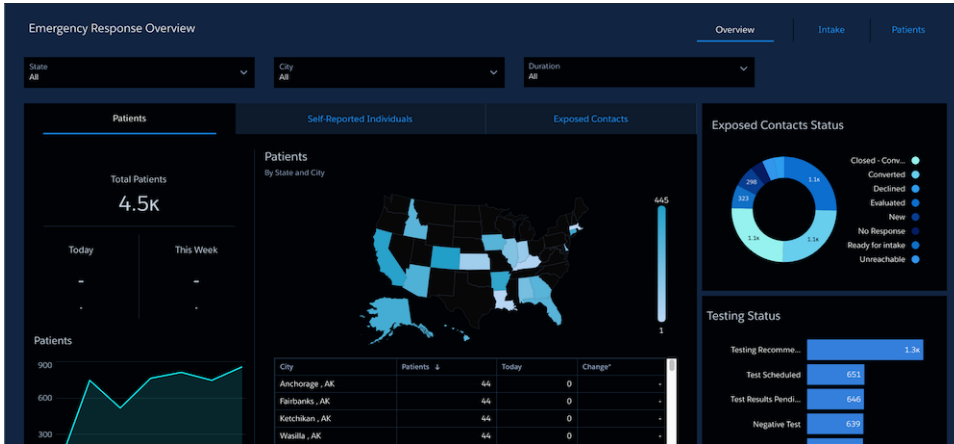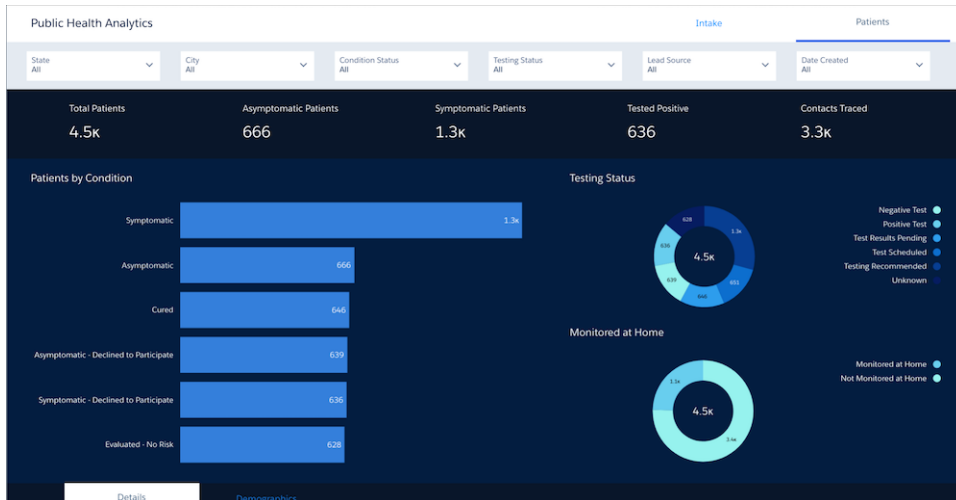
Public Health Analytics - Intake

Identify people in the intake process who need attention and compare intake source to the eventual status for each person.

Public Health Analytics - Patients

Easily identify condition status, testing status, and monitored-at-home status for patients so you can plan your resources.

Manage Patient Risk with Analytics for Health Cloud: Risk Stratification

The Analytics for Health Cloud: Risk Stratification app gives you prebuilt dashboards that help identify your at-risk patients and enroll them in a care management program in Health Cloud. Through dashboards of configurable patient data and custom charts, you can gain new insight into the patients your company manages.

🛑 Important: **Legal Disclaimer for Analytics for Health Cloud: Risk Stratification**

> Analytics for Health Cloud: Risk Stratification is solely intended to help you provide quality care to your patients by giving you insights into the health trends of your patient population. It's not intended to be used for any other purpose. For example, don't use the Risk Stratification feature for any purposes related to health care reimbursement by Medicare, Medicaid, other federal or state health programs, or private health insurers.
>
> Use Analytics for Health Cloud: Risk Stratification in compliance with HIPAA and other health privacy laws. In particular, HIPAA contains a "minimum necessary requirement" that mandates what information a health care organization's employees and contractors can see. These individuals must only access the minimum amount of Protected Health Information (PHI) necessary to perform their job functions.
>
> **Analytics for Health Cloud: Risk Stratification exposes PHI for all patients within your organization.** Only grant feature access to individuals who have a valid need to know the PHI of all individuals your company treats. For example, limit access to hospital administrators or those people responsible for quality of care initiatives who already can see PHI for all individuals. It is your responsibility to determine which individuals within your organization can access this feature and then to set the appropriate permissions. As a default, this feature is unavailable to licensed Health Cloud users.

The CRM Analytics for Health Cloud dashboard helps people like clinical administrators or executives get a complete view of the trends affecting patients being cared for. It's based on the CMS Hierarchical Condition Categories (HCC) risk scoring model, which looks at patient diagnoses and other key demographic information to assign a risk score to each patient.

A dashboard is a curated set of charts, metrics, and tables based on the data in one or more lenses. When you look at data in an exploratory mode, you do so in a lens. A lens has several aspects: it's how you view data in a dataset, it's the place where you explore the data graphically, and it's the basis for building any dashboard. You can apply filters in a lens to focus on the subset of data that's most relevant. For example, you might limit the visualization to certain calendar years or patient populations.
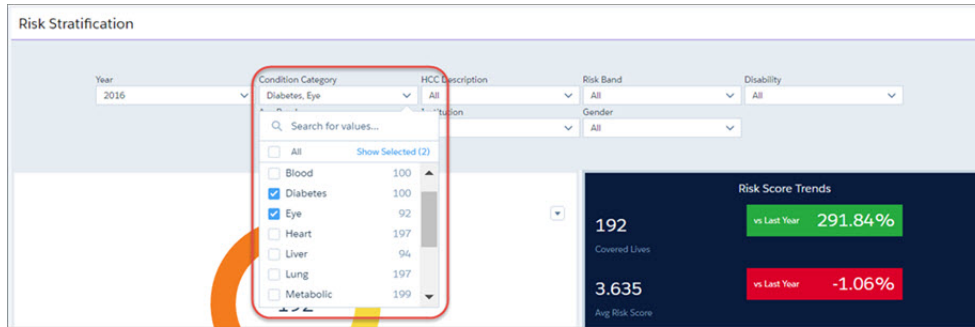
The Analytics for Health Cloud: Risk Stratification app comes with charts and lists that give you important insight into the overall health of the patients you manage. Each Health Cloud org gets five Tableau_CRM app permission set licenses.

- **Risk Score (1)**: The number of patients being evaluated and the number of patients who fall into each risk band category.

- **Risk Score Trends (2)**: The number of patients in the program and the average risk score in a calendar year compared with the numbers from the preceding year.
- **Age Group (3)**: The number of covered patients in each age group.
- **Age Group Trends (4)**: The number of male and female covered patients in the program in a given calendar year compared with the numbers from the preceding year.
- **Patient Distribution by Number of Conditions (5)**: The number of patients who have one or more medical conditions.
- **Patient Distribution Trends (6)**: The number of patients with one or more conditions compared with the numbers from the preceding year.
- **Enrollment Type (7)**: The number of patients enrolled in each program type.
- **Enrollment Type Trends (8)**: The number of patients enrolled in each program type compared with the numbers from the preceding year.
- **Patient Details (9)**: A list of patients with their associated risk score, conditions, Hierarchical Condition Categories (HCC) codes, and so on. You can grant permission to let users download a .CSV file of the patient list. The list can be used to assign at-risk patients to a care management program and then manage them in Health Cloud.

Clicking the elements within a widget can also change the view of the entire dashboard. For example, here is a section of the dashboard that shows age groups and patient distribution based on number of conditions.
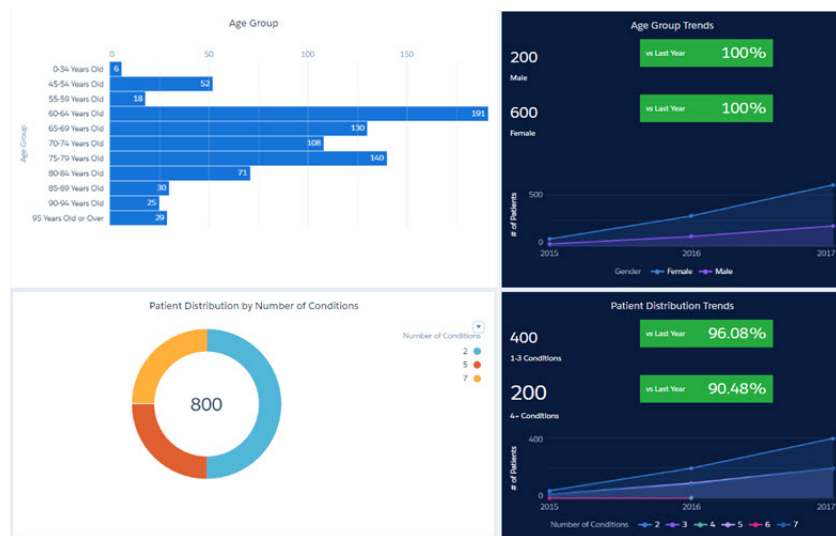
After selecting patients in the 60–64 age group, the charts and graphs change to reflect that lens.

The filtered information is also reflected in the patient details list. The patient list can be shared with other individuals who have permission to view information for all patients.

📝 **Note:** Analytics for Health Cloud: Risk Stratification is available only in English.

SEE ALSO:

Create a Patient List with CRM Analytics

Enhanced Analytics for Healthcare

The Enhanced Analytics for Healthcare app provides a complete solution for streamlining the prior authorization review workflow. Use the analytics dashboards to get insights into open tasks, prioritize the authorization review requests for the day, identify the requests that need attention to avoid SLA breaches, and more. The personalized care requests dashboards for each user role offer quick insights to monitor and assess outstanding care requests authorization and reviews.

My Care Requests-Utilization Management Provider

Use the My Care Request-Utilization Management Provider dashboard to get insights into care requests and analyze the priority of care requests based on the due date. You can create a new care request from the dashboard.

My Care Requests-Utilization Management Nurse

The My Care Requests dashboard gives a utilization management nurse or a clinical reviewer a comprehensive overview of their care requests and review statuses. Use the visualizations to quickly identify requests that require immediate attention based on the due date and make informed decisions on the care reviews.

My Care Requests-Utilization Management Intake Specialist

The My Care Request dashboard gives intake specialists a comprehensive overview of their care requests and review status. Use the visualizations to quickly identify the requests that require immediate attention based on the due date, and take informed actions on the care reviews.

Home Health Insights

Use the Home Health Insights dashboard to gain insights into home healthcare resources' work hours, appointments, utilization rate, and overall service efficiency. See a comprehensive view of care resources' work schedules to optimize productivity and improve patient care.

Referral Analytics

Analyze the incoming and outgoing referrals in a healthcare facility and assess the priority, quality, and effectiveness of the referral process for informed decision-making and timely patient care.

Embedded Dashboards

View dashboards such as the Care Plan Management and Referral Analytics in the Enhanced Analytics for Healthcare app. Salesforce administrators can embed these dashboards in specific Lightning Experience pages.

SEE ALSO:

Set up the Enhanced Analytics for Healthcare App

My Care Requests-Utilization Management Provider

Use the My Care Request-Utilization Management Provider dashboard to get insights into care
requests and analyze the priority of care requests based on the due date. You can create a new care
request from the dashboard.

You can filter the care requests based on a specific duration, case owner, and health plan or payer.
Use the charts in this dashboard to view:

- The total count of care requests with status
- The requests that need your immediate attention
- The requests based on the number of days in the queue
- The priority of the requests based on the due date and status

Use the Care Request Details section to view the summary of all your care requests based on the
filters applied, and quickly identify the requests that are due. You can click the case number or
member name to view more details.

My Care Requests-Utilization Management Nurse

The My Care Requests dashboard gives a utilization management nurse or a clinical reviewer a
comprehensive overview of their care requests and review statuses. Use the visualizations to quickly
identify requests that require immediate attention based on the due date and make informed
decisions on the care reviews.

You can filter the charts in the My Care Requests dashboard based on a specific duration, request
type, case owner, and member state. The dashboard consists of Overview and Plan Discharge pages.

- Use the charts on the Overview page to view:
  - The total number of care requests and the review status
  - Care requests that need attention based on the due date and priority
  - Care requests pending medical director review based on the due date, priority, and sub
    status
- Use the charts on the Plan Discharge page to view:
  - The count of inpatient admissions based on each discharge schedule
  - Care requests based on the corresponding request provider or servicing facility

Use the Care Request Details section to view the summary of all your care requests based on the applied filters and quickly identify the
requests that are due. You can click the case number or member name to view more details. Click View All to view the list of all the cases
assigned to the user.

My Care Requests-Utilization Management Intake Specialist

The My Care Request dashboard gives intake specialists a comprehensive overview of their care
requests and review status. Use the visualizations to quickly identify the requests that require
immediate attention based on the due date, and take informed actions on the care reviews.

You can filter the care requests based on the member state, time period, request type, and case
owner. Use the metrics and charts in the dashboard to view:

- The total count of open cases assigned to the user based on the selected filters.
- The count of your care requests with review status.
- The requests that need your immediate attention.
- The priority of the requests based on the due date.

Use the Care Request Details section to view the summary of all your care requests based on the
applied filters and quickly identify the requests that are due. You can click the case number or
member name to view more details on a specific case. Use the View All button to view the list of all the cases assigned to the user.

Home Health Insights

Use the Home Health Insights dashboard to gain insights into home healthcare resources' work
hours, appointments, utilization rate, and overall service efficiency. See a comprehensive view of
care resources' work schedules to optimize productivity and improve patient care.

Filter the charts in the Home Health Insights dashboard based on the care resource service region,
home visit type, duration, and home visit hours. The dashboard consists of Care Resource and
Patients pages.

Care Resource Page

See real-time data on key metrics, including patient count, care resource count, care
resource-to-patient ratio, and care resources' work hours, including average travel and care time.
Enhance resource planning and optimize care service efficiency by using these insights on scheduled
home visit hours, actual working hours, and utilization rate.
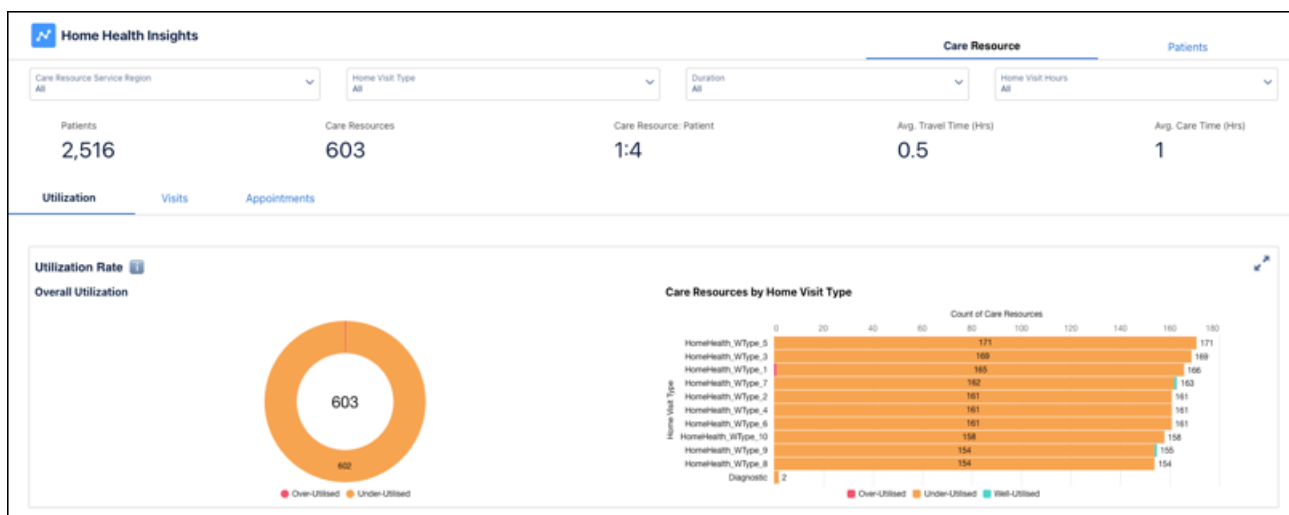
The Care Resource page includes Utilization, Visits, and Appointments tabs.

- The Utilization page provides insights into care resource efficiency by analyzing utilization levels. View the total number of care resources and see their distribution across different utilization levels—Overutilized, Well-utilized, and Underutilized.

- The Visits page analyzes the allocation and distribution of care resources based on the types of home visits that the resources handle. See the visit distribution by time (monthly, weekly, or daily) or based on visit type and home visit hours. You can also see a comparative analysis between recurring care type and Start of Care (SoC) to distinguish new patients from ongoing or follow-up care.

- The Appointments page shows an overview of all appointments, including the total count, status distribution, and appointment details associated with each care resource. Use these insights to enhance resource scheduling and optimize care management strategies.

Patients Page

Get a quick overview of patient-related data, including the total number of patients, patients under treatment (Recurring), patients who haven't started treatment (Start of Care), available care resources, care resource-to-patient ratio, home visit type distribution, and authorization status for each care request.
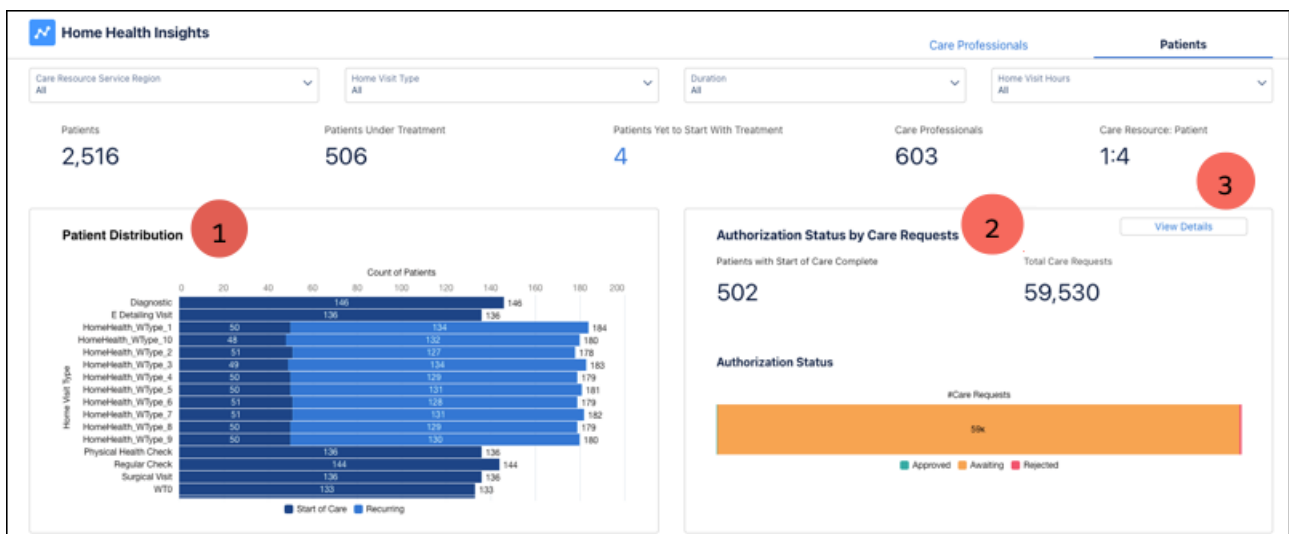
- Analyze patient distribution based on scheduled home visit types and differentiate patients by Start of Care and Recurring statuses (1). Use these insights to assess care service demand, measure patient turnover, and gauge future care demands.

- Monitor the number of care requests based on authorization status for a quick view of the pending authorizations and to prevent potential delays or disruptions in patient care due to authorization issues (2).

- Click **View Details** to access the Care Service Visit Plans page and get more information on each care request (3).

Referral Analytics

Analyze the incoming and outgoing referrals in a healthcare facility and assess the priority, quality, and effectiveness of the referral process for informed decision-making and timely patient care.

Filter the charts based on the referral coordinator, specialty, type, requester, performer, facility, and referral source. You can also view the charts by the referrals with specific prerequisites and by referrals accepted by the facility. The Referral Analytics dashboard consists of Referrals Insights, Top Referrals, and Referrals Performance pages.

Referral Insights Page

The Referral Insights Page offers a comprehensive overview of key referral metrics, status analysis, and a referral leaderboard. Analyze referrals by the stages, their progression, and the count of referrals in each stage. Additionally, it highlights top performers involved in the referral process. A detailed table displays specific referral information, including entity names, patient details, status, and dates. Enhances operational efficiency by providing real-time insights into referral performance, aiding in better resource allocation and decision-making for streamlined referral management

- Referral Status Analysis: View the distribution of referrals across different stages, their progression, and the quantity of referrals within each stage. The visualization provides insight into the volume and status distribution of referrals, for a quick and comprehensive understanding of the referral pipeline.

- Referral Leaderboard: Prioritizes referrals based on their age, priority, and duration in the current status. The chart ranks referrals by urgency, for quick identification and resolution of high-priority referrals.

Top Referrals Page

Gain data-driven insights into the top incoming and outgoing referrals, associated healthcare facilities, and specialties for identifying the areas that need attention.

The Top Referrals page consists of Incoming and Outgoing Referrals tabs. View key metrics such as total referrals, completed referrals, accepted referrals, internal, and external referrals for comprehensive analysis.

- Incoming Referrals: Get detailed insights into the referrals received by the facility. You can opt to analyze only the internal referrals or external referrals data. Use the charts to analyze the internal referrals across various stages, facilities, service types, categories, requests, reasons, and specialty types.

- Outgoing Referrals: Get insights into referrals initiated by our facility. You can view and analyze the total count of outgoing referrals, completed referrals, forwarded external referrals, and referrals across various associated facilities.

Referrals Performance Page

Evaluate referral process effectiveness by analyzing completion trends, backlog, referral rate, unconsidered referrals, status duration, and source.

- Referral Trend Analysis: Analyze the referral backlog, referral inflow, completed referrals, and ignored referrals for a specific year. Use the insights to understand the flow of referrals, workload, efficiency in handling referrals, and potential challenges or areas requiring improvement within referral management. You can also get a snapshot of the completion status of referrals and the likelihood of completing the backlog based on the current inflow.

- Top Performers: View the top performing referral coordinators based on the referral completion rate.

- Referral Transition Time by Status: Compare the average duration of your referrals in each status with the organization's average. Use the insights to identify specific stages where referrals progress faster or slower than the organizational norm. Use the Referral Transition Time Analysis to further analyze the duration of referrals in the current status and identify potential data skewness.

- Referrals by Source: View the total referrals and count of referrals received from each source.

Embedded Dashboards

View dashboards such as the Care Plan Management and Referral Analytics in the Enhanced Analytics for Healthcare app. Salesforce administrators can embed these dashboards in specific Lightning Experience pages.

Approval Rate

Get a quick view of a specific health provider's approval rate based on their prior authorization request history. The approval rate considers all the outcomes for authorization requests that have been submitted by a provider: Approved, Denied, or Partially Approved. Use the Approval Rate dashboard in a clinical review process to compare a provider's approval rates to the overall average. You can also view the approval rate for each medical service a provider offers to identify which services have a relatively high or low approval rate, and then make decisions accordingly.

Care Plan Management

Gain insights into the status of care plans, pending tasks, and high-priority task management. Quickly identify the tasks that require attention, track team members' progress, prioritize assignments, and take appropriate action to optimize workflows and enhance patient care quality. See a comprehensive summary of all accounts and click an account name or number for more detailed information.

Care Management-Task Completion Trend

Show care managers a comprehensive view of their team's task completion performance based on the number of completed and pending tasks for a specific period.

Care Management-My Statistics

Give care managers a snapshot of their care plan performance over the last 30 days, including the number of plans created and the average completion time. Quickly identify areas of improvement and make data-driven decisions to enhance patient care quality.

Care Management-Care Plan Statistics

Provide care managers with a quick analysis of their care plan history, allowing them to track completed and incomplete care plans for a specific period.

Home Health - Care Resource

See the work status of a specific care resource and efficiently monitor and manage the care resource's work hours, utilization rates, and appointments. Plan and optimize patient care efforts by getting insights into utilization rates, numbers of visits, missed appointments, patient-to-care resource ratio, and work hours.

EDITIONS
Available in: Lightning Experience
Available in: **Enterprise** and **Unlimited** Editions of Health Cloud with the Revenue Intelligence for Health, Healthcare Intelligence, or CRM Analytics for Health Cloud add-on license

Referral Analytics

The Referral Analytics dashboards provide complete visibility into incoming and outgoing referral statuses, referral age, and priority. Healthcare professionals can use the dashboards to expedite referral requests, assess the efficiency of their referral processes, and improve resource planning. The dashboards are embedded in the Referral Management app and are available as standalone components for other page layouts.

SEE ALSO:

Embed Enhanced Analytics for Healthcare Dashboards

Track and Analyze Referrals with the Referral Management App

Artificial Intelligence

Payers can see the predicted service-level agreement (SLA) breach scores for prior authorization review requests and the top factors that possibly contribute to SLA breaches on the Prior-Authorization Review SLA Breach Prediction dashboard. They can see services that they are likely to receive from providers and previously submitted services authorization requests for a member on the Recommended Services Pathway dashboard. Providers can see services that they are likely to request on the Recommended Services Bundling dashboard.

Prior-Authorization Review SLA Breach Predictions

The Prior-Authorization Review SLA Breach Prediction dashboard shows payers the predicted service-level agreement (SLA) breach scores for prior authorization review requests and the top factors that possibly contribute to the SLA breaches.

Recommended Services Pathway for Payers

The Recommended Services Pathway dashboard shows previously submitted services authorization requests for a member and services that payers are likely to receive.

Recommended Services Bundling for Providers

The Recommended Services Bundling dashboard shows services that healthcare providers are likely to request.

Recommended Care Professionals for Patients

The Service Resource ID field of the Recommended Care Professional records shows the recommended care professionals for patients based on the care professionals' missed appointment history, treatment frequency for multiple parameters, utilization rates, and average service appointment duration. Use this information to schedule appointments efficiently. Identify care professionals who are best suited for patient needs, and avoid last-minute rescheduling. Maximize patient satisfaction by assigning available care professionals with high effectiveness scores, and avoid discontentment among care professionals by distributing work equitably.

Prior-Authorization Review SLA Breach Predictions

The Prior-Authorization Review SLA Breach Prediction dashboard shows payers the predicted service-level agreement (SLA) breach scores for prior authorization review requests and the top factors that possibly contribute to the SLA breaches.

You can access this dashboard on the Care Request and Case record pages. Add and apply a filter for case and care request record IDs to get prediction data specific to a record. The dashboard shows the percentage likelihood of a care request's prior authorization review breaching the SLA and the top three factors that possibly contribute to the SLA breach.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions of Health Cloud with the Revenue Intelligence for Health license and the CRM Analytics for Healthcare license
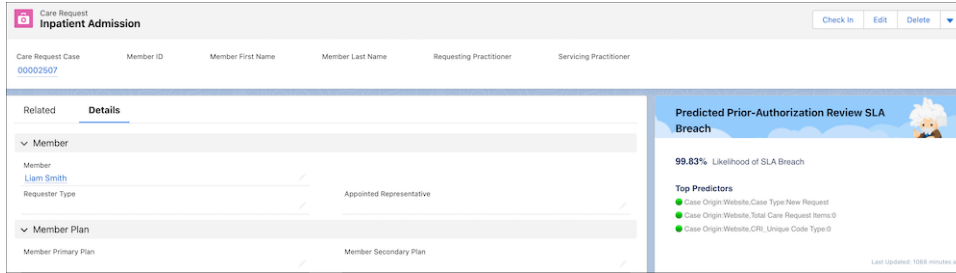
SEE ALSO:

Recommended Services Pathway for Payers

The Recommended Services Pathway dashboard shows previously submitted services authorization requests for a member and services that payers are likely to receive.
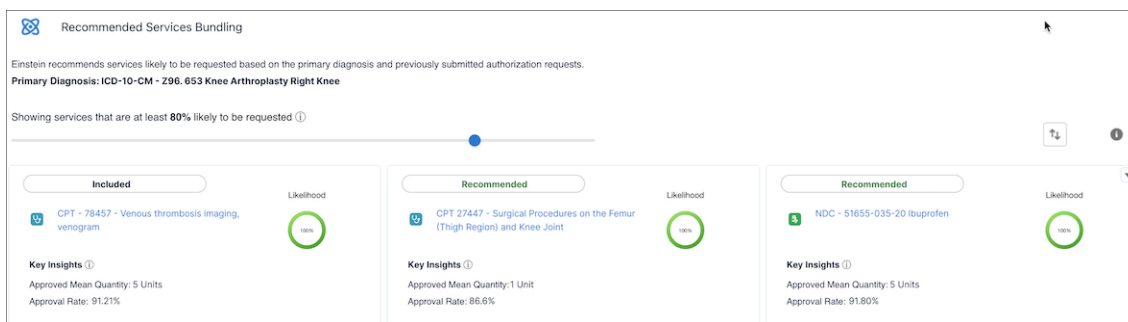
Payers can access this dashboard on the Case record pages. Add and apply a filter for the case or care request record IDs to see recommendations specific to a record.

- The Services Pathway tab: See the services that are likely to be received by payers in the recommendation duration selected when creating the app, and the probability of receiving the services as part of an authorization request. Understand whether the recommended services are part of the current authorization request, have been received as part of an existing authorization request, or are expected to be received in an upcoming authorization request. Segregate recommended services by service codes or drug codes. See the recommended services that are more than or equal to a likelihood percentage by selecting the percentage using the slider and sort the services based on the likelihood percentages.

  Payers can create a set of conditions based on these recommendations for the recommendation duration and autoapprove services that meet these conditions after the authorization requests are received. This business flow can automate clinical approvals and support quicker clinical review determinations.

- The Member History tab: See previously submitted services authorization requests for a member and the services authorization requests' status. Segregate the submitted services by service codes or drug codes. See the services that are created in a specific duration by selecting the duration using the slider, and sort them based on created dates.

SEE ALSO:

Add a Dashboard Filter

Services Pathway and Bundling Recommendations

Recommended Services Bundling for Providers

The Recommended Services Bundling dashboard shows services that healthcare providers are likely to request.

Providers can access this dashboard from the Case record pages. Add and apply a filter for the case record IDs to see recommendations specific to a record. The dashboard shows the services that are likely to be requested by providers and the probability of the services being requested as part of an authorization request. Understand whether the recommended services are already part of the current authorization request, have already been requested as part of an existing authorization request, or are expected to be requested in an upcoming authorization request. See the recommended services that are more than or equal to a likelihood percentage by selecting the percentage using the slider, and sort them based on their likelihood percentages.

Providers can include the recommended services in an authorization request and submit it.

SEE ALSO:

Add a Dashboard Filter

Services Pathway and Bundling Recommendations

Recommended Care Professionals for Patients

The Service Resource ID field of the Recommended Care Professional records shows the recommended care professionals for patients based on the care professionals' missed appointment history, treatment frequency for multiple parameters, utilization rates, and average service appointment duration. Use this information to schedule appointments efficiently. Identify care professionals who are best suited for patient needs, and avoid last-minute rescheduling. Maximize patient satisfaction by assigning available care professionals with high effectiveness scores, and avoid discontentment among care professionals by distributing work equitably.

SEE ALSO:

Care Professional Recommendations by Using Scoring Framework

Contact Tracing for Employees

With Contact Tracing for Employees, you can manage the manual contact tracing process and track the spread of disease while caring for your employees.

Tracing and contacting people who were possibly exposed to an infected person is one of the most efficient ways to fight widespread community infection. As a contact tracer, you pick up tasks to evaluate employees, gather details about potentially exposed contacts, and enroll employees in care programs. You have the employee's status, a graph of exposed contacts, and information on the person's condition consolidated in one place.
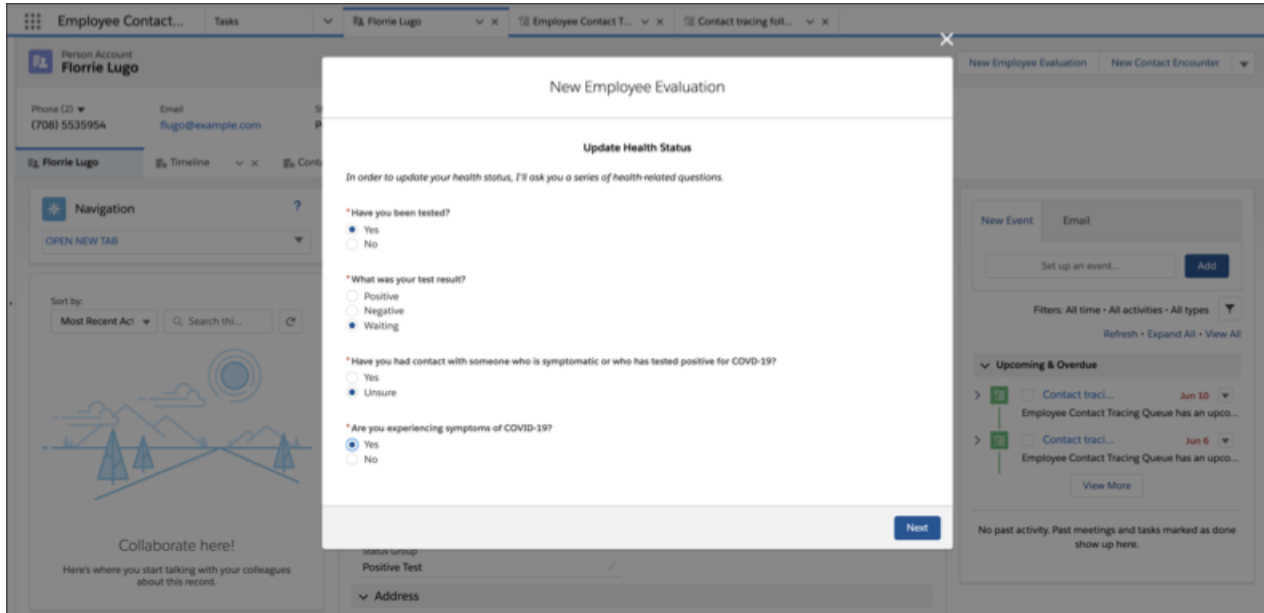
The employee evaluation flow gathers crucial information about a person's condition, so that you can enroll affected employees into a care program and monitor their health.
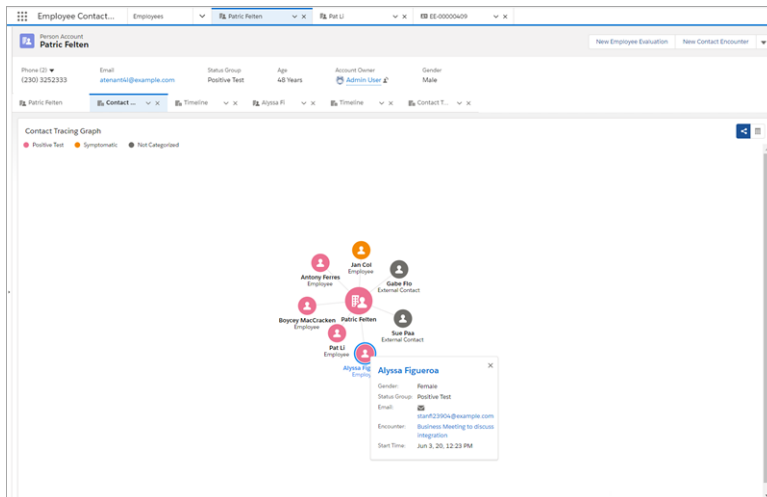
The Contact Tracing Graph gives you a comprehensive view of employees and external contacts so that you can trace infection by people, places, or events. Follow up, assessment, and triage can happen without having to leave the console.

Salesforce recommends that you are trained on privacy best practices. We also recommend that you share contact tracing data only on a need-to-know basis.

As a contact tracer, you need one place to where you can view all the information associated with an individual's wellness. The Person Account console provides all information necessary for your contract tracing tasks and conversations at a glance.

Here's an example of the task list for a contact tracer who uses the Employee Contact Tracing app. The number and order of tasks can vary based on your organization's contract tracing processes and guidelines.

You can easily view your contact tracing tasks, reach out to affected individuals, and perform interviews to obtain information necessary for contact tracing. Your task list includes employee contact tracing tasks and follow-up tasks resulting from contact encounters with other employees and external contacts.

Allows you to evaluate an employee's wellness status. Depending on the employee's wellness status, you can obtain the employee's consent to collect contact encounter details and enroll the employee into the Employee Care Program for daily monitoring.

You can use Contact Tracing Graph to visualize all the individuals associated with an affected employee and their current contact tracing status. You can also identify individuals who tested positive, are symptomatic, or those who haven't been contacted or categorized yet. Viewing details pertaining to a specific individual is as easy as clicking on that individual's icon on the Contact Tracing Graph.

Sometimes an affected employee remembers a contact encounter after you evaluated the employee. When that happens, the employee can reach out to a contact tracer at any point, and you can easily add a new contact encounter. You can also update the affected employee's wellness status while adding a new contact encounter. You are not required to obtain the employee's consent again because they have provided their consent during the initial evaluation.

Get to Know the Person Account Console

As a contact tracer, you need one place to where you can view all the information associated with an individual's wellness. The Person Account console provides all information necessary for your contract tracing tasks and conversations at a glance.
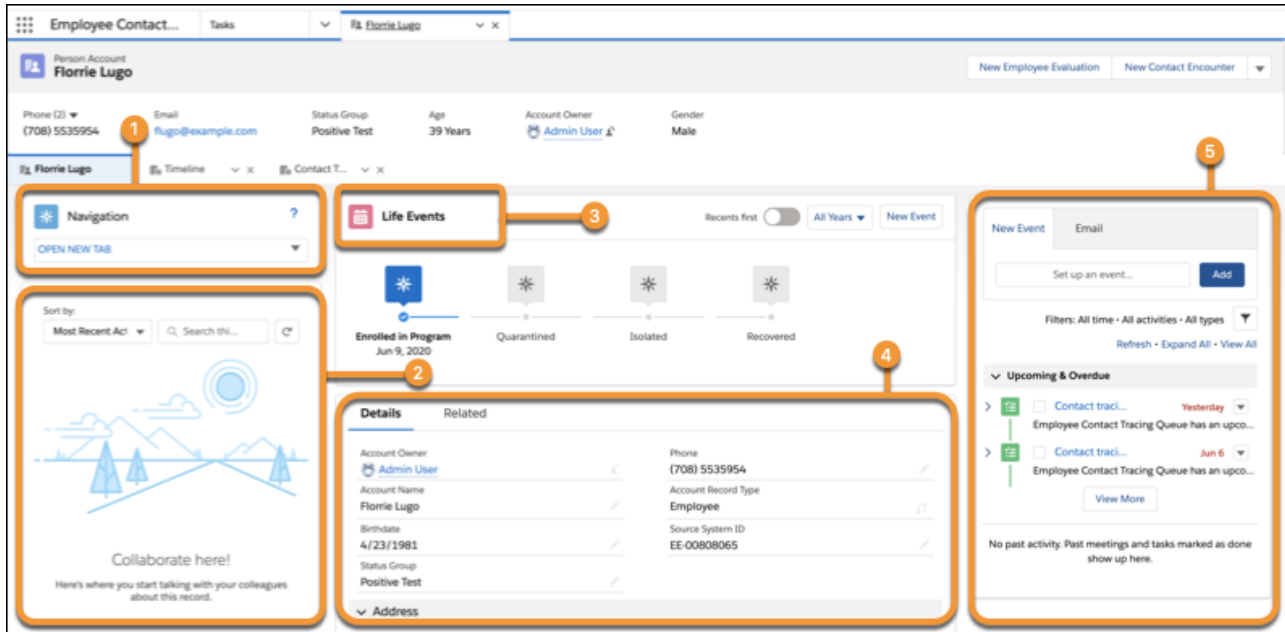
The Person Account includes the following sections:

- Navigation: Jump to the pages you want without leaving the Person Account console. For example, you can view the Contact Tracing Graph without leaving the console. (1)

- Chatter: Collaborate and discuss a person's wellness during the contact tracing process. (2)

- Life Events: Indicates the current phase that an affected person is in during the contract tracing process. (3)

- Details and Related subtabs: The Details subtab contains personal information such as contact details and wellness status. The Related tab shows the care program if the person is enrolled, or you can easily add them to a program. (4)

- Activities: Lists activities such as an employee contact tracing task or a contact tracing follow-up task.

- Timeline tab: Shows a longitudinal individual history plus an overview of past and scheduled events. (5)

- Contact Tracing Graph tab: Visualize all the people associated with an affected person and their current contact tracing status. You can identify those who tested positive, or are symptomatic, or not yet contacted or categorized.

Contact Tracing Sample Flow

Here's an example of the task list for a contact tracer who uses the Employee Contact Tracing app. The number and order of tasks can vary based on your organization's contract tracing processes and guidelines.
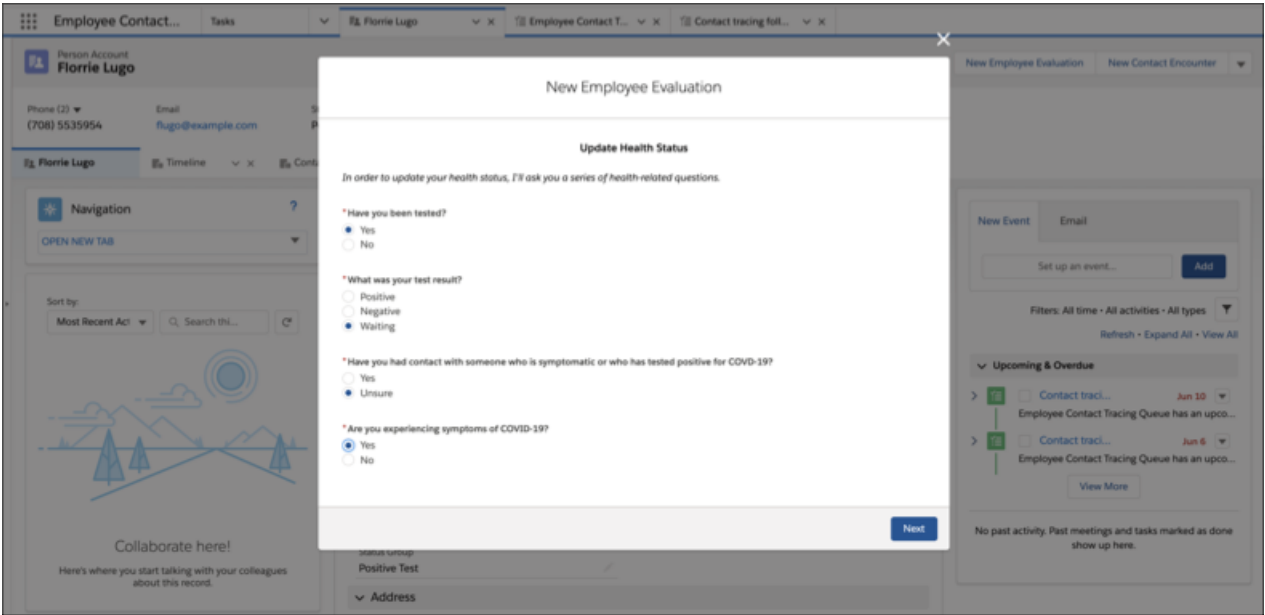
1. Launch the Employee Contact Tracing app.

2. View the task list and select an employee contact tracing task or a contact tracing follow-up task.
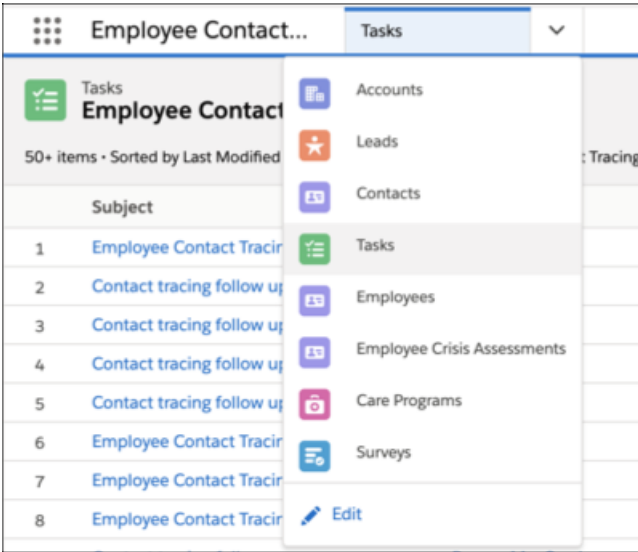
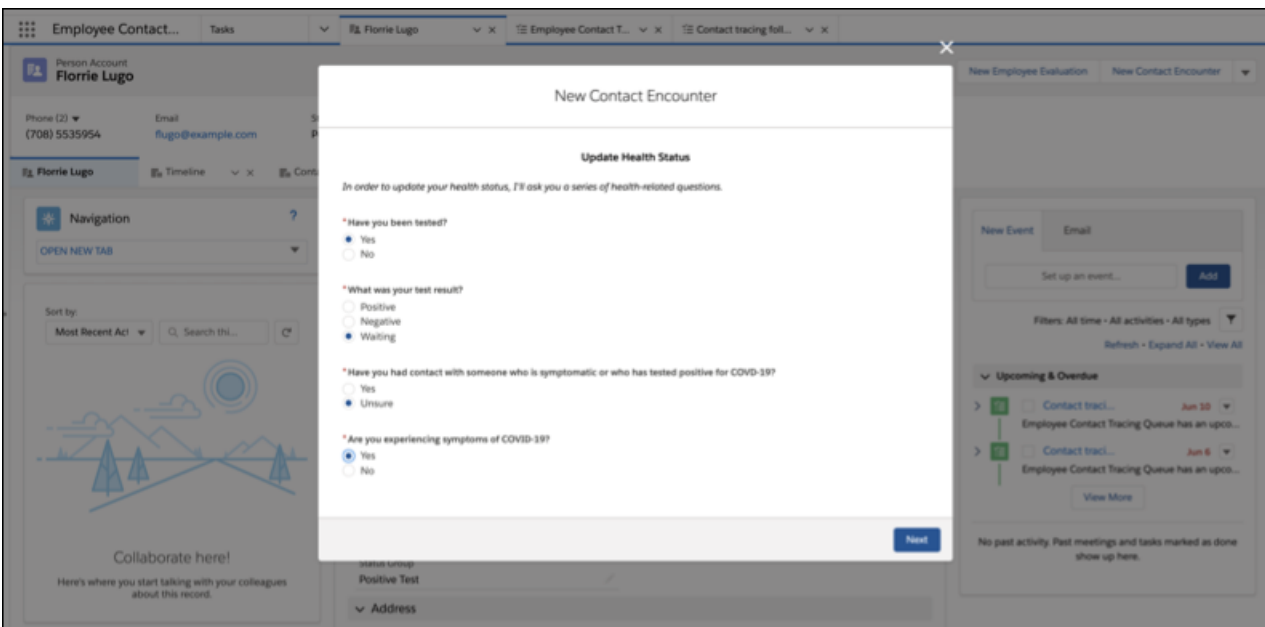3. Optionally, check the Person Account console to get information on individual employees.
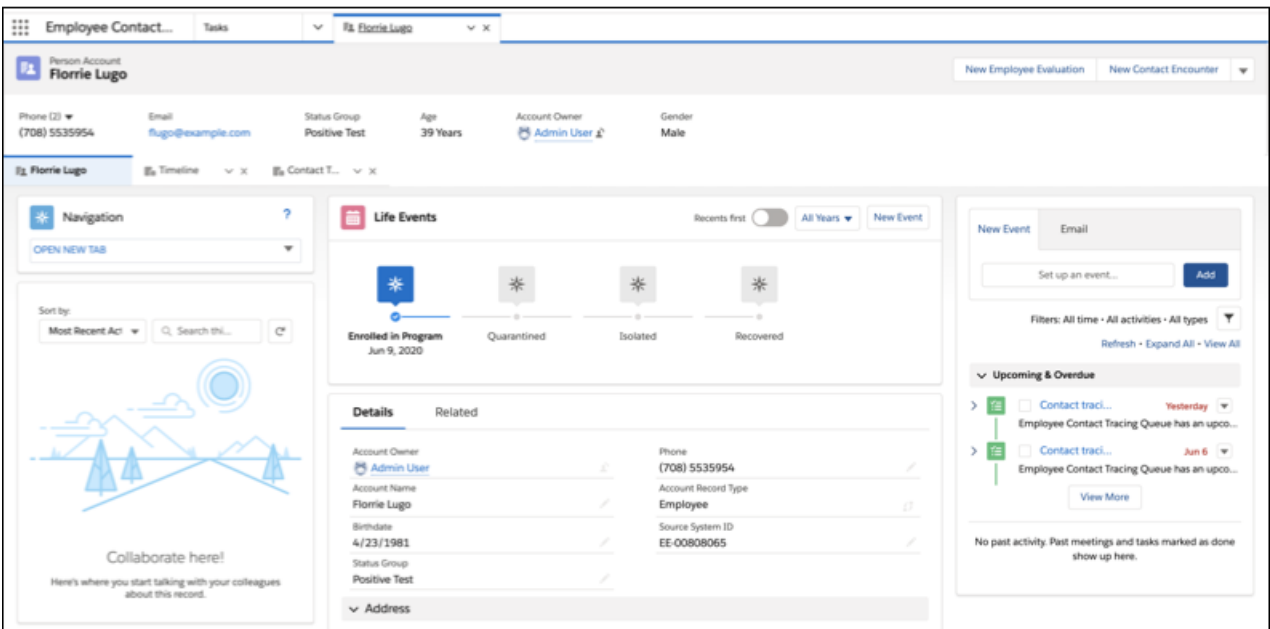
4. Perform the employee evaluation or the contact encounter follow-up flow.

**5.** Optionally, add a new contact encounter.

6. Select the next task.

View Contact Tracing Tasks

You can easily view your contact tracing tasks, reach out to affected individuals, and perform interviews to obtain information necessary for contact tracing. Your task list includes employee contact tracing tasks and follow-up tasks resulting from contact encounters with other employees and external contacts.

To view your contact tracing tasks:

1. On the Employee Contract Tracing console dropdown list, click **Tasks**.
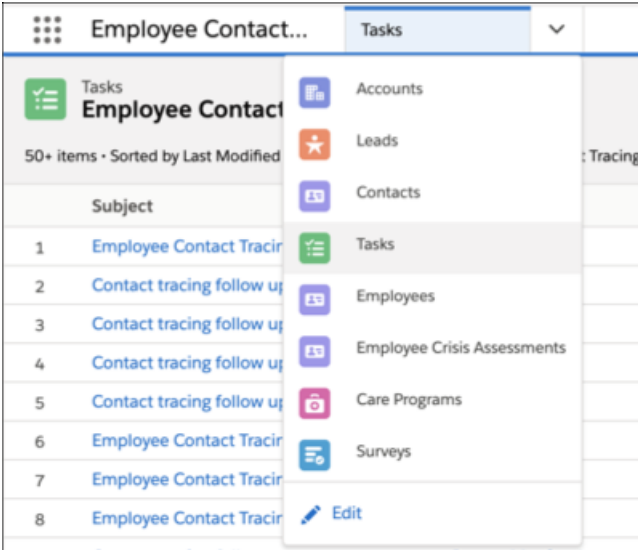
2. In the Tasks dropdown list, click the appropriate Tasks list view. To view the list of contact tracing tasks for employees, in the Tasks dropdown list, click **Employee Contact Tracing Queue**. To view the list of contact tracing tasks for external contacts, in the Tasks dropdown list, click **External Contact Tracing Queue**.
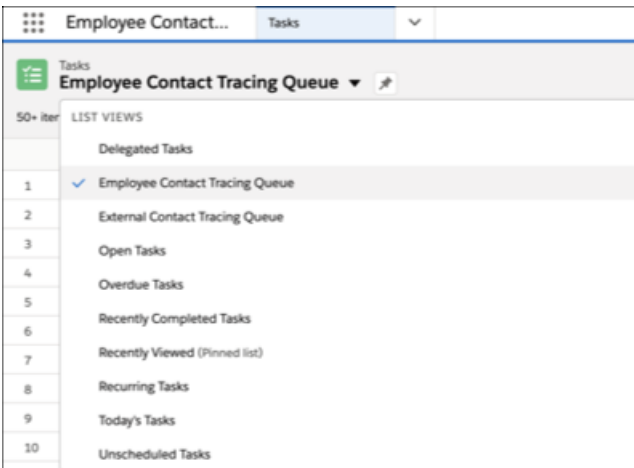

3. To work on a task, click the task link.

   💡 Tip: To easily view your task list and switch between tasks anywhere outside the Tasks page, view the page in the Split view mode.

Work on a New Employee Evaluation

Allows you to evaluate an employee's wellness status. Depending on the employee's wellness status, you can obtain the employee's consent to collect contact encounter details and enroll the employee into the Employee Care Program for daily monitoring.

1. On the Task page, Person Account page, or Contact Tracing Graph page, click **New Employee Evaluation**.

2. Follow the onscreen steps in the flow, which include one or more of the following tasks, depending on the employee's wellness status:

- Confirm the employee's wellness status.

- Obtain the employee's consent to collect contact encounter details, and enroll the employee into the Employee Care Program for daily monitoring.

- Collect contact encounter details for the employee. This information includes contacts who are a part of the affected employee's organization followed by external contacts, such as customers, partners, or vendors.

- Review the encounter summary. To update details for an encounter, click the encounter link, and edit the encounter details in the new tab.
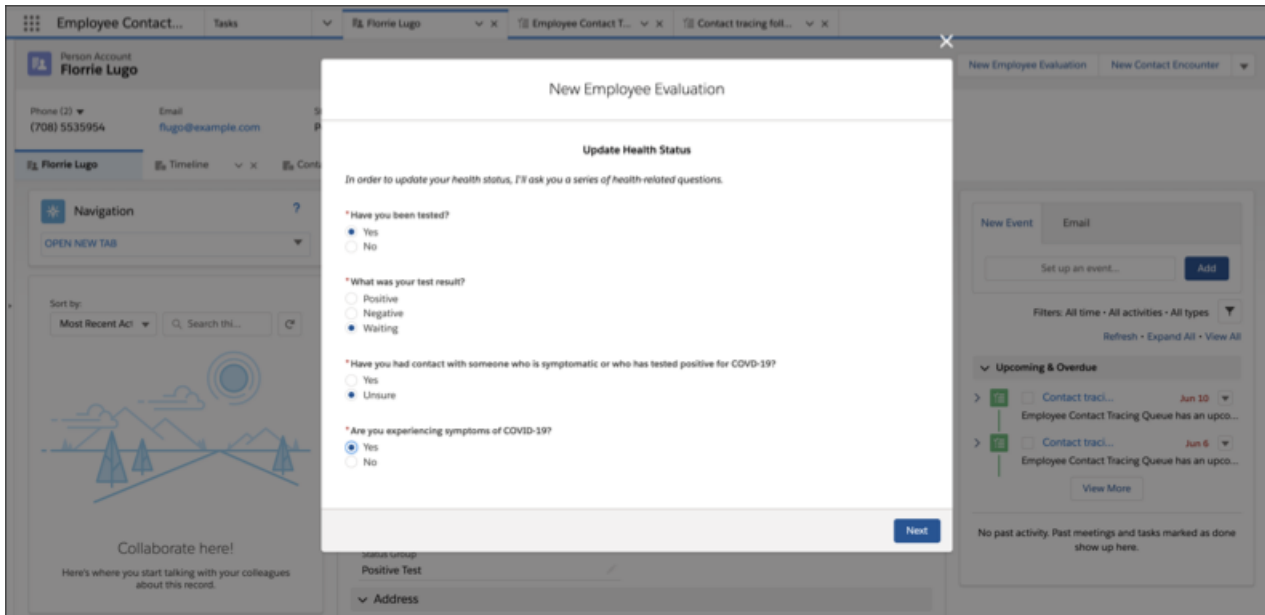

3. Click **Finish**.

Visualize Data with Contact Tracing Graphs

You can use Contact Tracing Graph to visualize all the individuals associated with an affected employee and their current contact tracing status. You can also identify individuals who tested positive, are symptomatic, or those who haven't been contacted or categorized yet. Viewing details pertaining to a specific individual is as easy as clicking on that individual's icon on the Contact Tracing Graph.

To view work with the Contract Tracing Graph, on the Person Account page, click **Contact Tracing Graph** on the Navigation dropdown list, or click the **Contact Tracing Graph** tab.
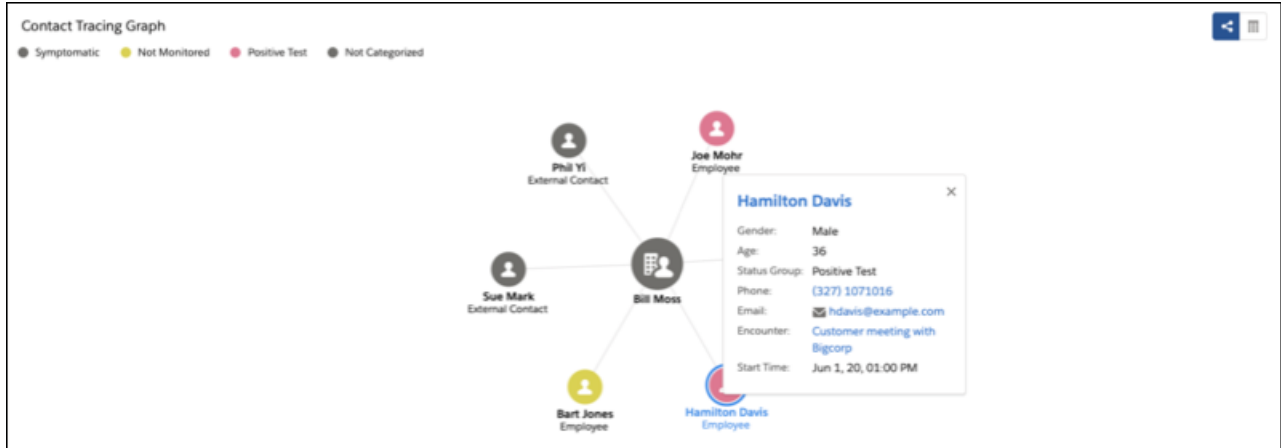
To view the details of the contact tracing graph in a tabular format, click the List icon. To toggle back to the graph view, click the Graph icon.

Add a New Contact Encounter

Sometimes an affected employee remembers a contact encounter after you evaluated the employee. When that happens, the employee can reach out to a contact tracer at any point, and you can easily add a new contact encounter. You can also update the affected employee's wellness status while adding a new contact encounter. You are not required to obtain the employee's consent again because they have provided their consent during the initial evaluation.

1. On the Person Account page or Contact Tracing Graph page, click **New Contact Encounter**.

2. Follow the onscreen steps in the flow, which include one or more of the following tasks, depending on the employee's wellness status:

   - Confirm and update the employee's wellness status.

   - Collect contact encounter details for the employee. This information includes contacts who are a part of the affected employee's organization followed by external contacts, such as customers, partners, or vendors.

   - Review the encounter summary. To update details for an encounter, click the encounter link, and edit the encounter details in the new tab.
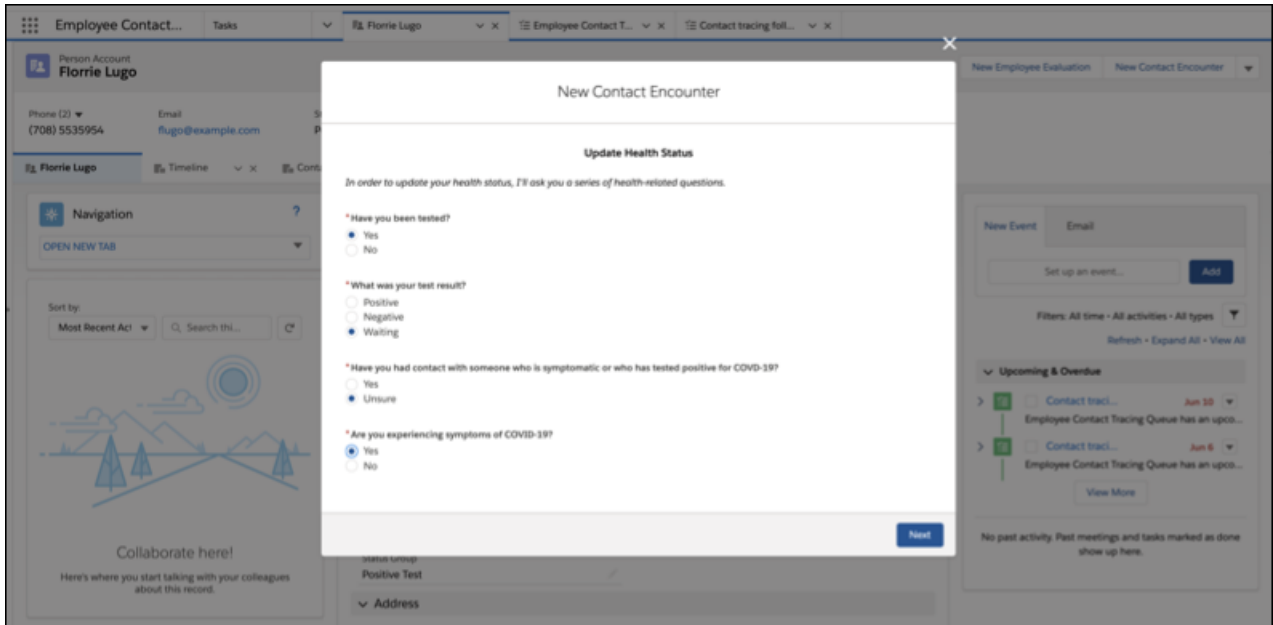
3. Click **Finish**.

Drive Learning with Protocols and Articles in Health Cloud

Salesforce Knowledge lets you easily create and manage content and make it available to other healthcare providers and to the patient and care team members. An article can contain the protocols you use to manage conditions or can hold educational materials you send to patients. You can write, edit, publish, and archive articles using the Articles Management tab or find and view published articles using the Articles tab.

Authors create articles by selecting an article type, writing content, and selecting where it should be published. You create both articles and protocols from the Article Management tab, but you select a different article type depending on the content you want to create.

> 📝 **Note:** It's possible that not everyone in your organization will have the license type or permissions to create articles and protocols for your patients and care coordinators. Contact your Salesforce administrator for access to the Article Management tab. You can also make the Article Management tab visible to a user's profile.

1. On the Article Management tab, click **New**.

2. If your organization supports multiple languages, choose the language for the article.

3. Choose an article type, enter the article title, and click **OK**.

4. Edit the article's fields, and select a validation status. If your article contains a rich text area field, you can add some formatting such as bulleted lists, links, and images.

5. Optionally, if your organization uses data categories, select the categories to associate with your article:

   - Click **Edit** next to a category group to open the category selection dialog box.

   - In the `Available Categories` list, expand the category hierarchy to select a category.

   - Click **Add** to move a selected category to the `Selected Categories` list.

     > 📝 **Note:** You can't add both a category and its child categories to the `Selected Categories` list. When you add a category to an article:
     >
     > – Child categories in the `Available Categories` list are unavailable unless you remove the parent from the `Selected Categories` list.
     >
     > – Child categories in the `Selected Categories` list disappear from that list.
     >
     > Users searching for articles can find them by selecting an exact category or by selecting a parent or child category.

   - Click **OK**.

6. Select the audience you want to publish the article to:

   - Internal App: Salesforce Experience Cloud users can access articles in the Articles tab depending on their role visibility.

   - Customer: Customers can access articles if the Articles tab is available in an Experience site. Customer users inherit the role visibility of the manager on the account. The article is available only to users with Customer Community licenses or Customer Community Plus licenses.

   - Partner: Partners can access articles if the Articles tab is available in an Experience Cloud site. Partner users inherit the role visibility of the manager on the account. In an Experience Cloud site, the article is available only to users with Partner Community licenses.

EDITIONS

Available in: Lightning Experience

Available in: **Enterprise** and **Unlimited** Editions with Health Cloud

USER PERMISSIONS

To create articles:
- Manage Articles

  AND

  Create and Read on the article type

To edit draft articles:
- Manage Articles

  AND

  Read and Edit on the article type

To edit published or archived articles:
- Manage Articles

  AND

  Create, Read, and Edit on the article type

- Public Knowledge Base: Articles can be made available to anonymous users by creating a public knowledge base using the *Sample Public Knowledge Base for Salesforce Knowledge* app from the AppExchange.

- Your own website. Articles can be made available to users through your company website.

7. Click **Quick Save** to save your changes and remain on this page. Alternatively, click **Save** to save your changes, close the article, and go to the Article Management tab.

8. Click **Publish...** when the content is ready to be published.

9. Select `Publish article(s) now` or `Schedule publication on` to choose the date to publish the article.

10. If the article has previously been published, select the `Flag as new version` checkbox to make the new article icon (✳) display next to your article in the selected channels. Users from these channels can see that this article has been modified since the last time they've read it. This checkbox is not available when you publish an article for the first time, as the icon displays by default for new articles.

11. Click **OK**.

    Articles you scheduled for publication at a later date continue to appear in the Draft Articles filter, now with the pending icon (🕒) next to the article title. Hover over the icon to see the publication date.

Health Cloud Limitations

Health Cloud has some specific behaviors and limitations that may be different from your users' standard Salesforce experience.

Display

Health Cloud is available only in Microsoft Internet Explorer 10 or 11; Microsoft Edge; the most recent stable version of Mozilla Firefox; the most recent stable version of Apple Safari; and the most recent stable version of Google Chrome.

💡 Tip: For best performance, we recommend that console users adopt the Google Chrome browser and machines with 8 GB of RAM.

Security

Event monitoring doesn't log which patients appear on the Today page, the Patient List pages, or the Candidate Patients page. Event monitoring does log that a user went to those pages, but doesn't log the details on what is displayed on those pages. However, when you select a patient to view in the Health Cloud console, it logs the ID of that patient.

Behavior and Access

When you add a task to the care plan, it doesn't appear on the Timeline until you refresh the Timeline. Refresh the Timeline by selecting the Timeline from the Patient Card tab switcher.

When you add a task to the care plan, it doesn't appear on the Today page until you refresh the Today page. You can refresh the Today page by refreshing your browser.

You can't sort a column in a list that is based on an encrypted field.

List view pages display up to 500 patients per page. Sorting and searching applies to the data within a single page in the patient list.

Long text fields (such as description fields) and the Address field aren't supported as filter criteria when creating a patient list. To filter on an address, use subfields such as the Street field.

Localization

Health Cloud supports the following languages: Chinese (Traditional), Dutch, English (United Kingdom), Finnish, French, German, Japanese, Korean, Portuguese (Brazil), Spanish, and Spanish (Mexico) (es_MX).

> (!) Important: **Legal Disclaimer for Language Support and Regulatory Requirements**
>
> Although Health Cloud supports a language, it doesn't indicate that Salesforce has done a legal compliance evaluation for all countries in which that language is spoken. You are responsible for determining whether there are any legal or regulatory requirements that apply to using Health Cloud for every country in which you intend to use it.

The column names in the Patient List aren't localized and remain in the language used to create them. For example, if the labels for column names were created in an English org, they only display in English.

Users can edit the Patient List only when they have the same language and locale as the org in which the list was created. When someone edits a list created in a language different from their own, they receive an error.

The delivered All Patients list appears in English only.

The Category and Sub-Category fields in the Patient Card Menu can't be localized using the Translation Workbench. To display the labels in another language, deactivate or delete the delivered field configuration record. Then, create a different field record in the language for that org.

The Friendly Name field used as a display label in the Timeline and Patient Card can't be localized using the Translation Workbench. To display the labels in another language, create a different field record in the language for that org and set the language field to the new label's language.

Field Service

When a user marks a task complete, the task status changes to Completed. If you have other "closed" statuses other than Completed (such as Delivered, Signed Off, or Finished) change the value of the `varTaskClosedStatus` variable to the "closed" status you prefer.

The App Extension label is not localized.

Localized screen text is not displayed on Android v3.0.2.

On iOS v4.0.0, users can't close recurring tasks

Only plain text (not HTML markup) is supported in text fields.

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