

Please use the following instructions to access the Visiting Nurse Health System Physician Portal. If you have any questions, please contact director of health information management, at 404-215-6070.

1. Click the link to go to the portal page <https://portal.ecsg.net:4445/portal/site/hpp/index.jsp/>
2. When you reach the login page, save it to your favorites for easy access.
3. Enter the following information:

Username:

Password:

HorizonWP Physician Portal


https://portal.ecsg.net:4445/portal/site/hpp/

File Edit View Favorites Tools Help

Search

Facebook Listen to music Amazon YouTube Weather CNN Games Celebrity E-mail Word of the Day Options

MetaFrame Presentation Ser... HorizonWP Physician Portal



>Welcome

**Login** last refresh: 12:03

**Log In**

Username:

Password:

**Message of the Day** last refresh: 12:03

No content available.

powered by MCKESSON HORIZON WP

4. Click the check box on the far left hand column of each document and then click the signed selected documents button at the top of the home care orders work list page. Review the document then select sign or reject.

The screenshot shows the HorizonWP Physician Portal interface. At the top, there is a navigation bar with links for 'Home', 'Census', 'Meds', 'Patient Summary', 'Orders', 'Notes', 'CPO', and 'Flowsheet'. Below this is a section for 'Homecare Patient Census Summary' with statistics and links. The main section is 'Homecare Orders Worklist', which contains a table of 27 documents. A button labeled 'Sign Selected Documents' is located above the table. The table has columns for 'selected', 'Type', 'Patient', 'Doc ID', 'Taken / Created', 'Begin', 'End', 'Due', 'Physician Signature', 'Admit ID', 'Author', 'Physician Name', 'Completed Date', 'Patient ID', 'Enterprise ID', and 'Hospice ID'. The first row of the table has a checkbox in the 'selected' column that is highlighted with a black arrow. Another arrow points to the 'Sign Selected Documents' button.

| selected                 | Type       | Patient | Doc ID | Taken / Created | Begin      | End        | Due        | Physician Signature | Admit ID | Author                  | Physician Name          | Completed Date | Patient ID | Enterprise ID | Hospice ID |
|--------------------------|------------|---------|--------|-----------------|------------|------------|------------|---------------------|----------|-------------------------|-------------------------|----------------|------------|---------------|------------|
| <input type="checkbox"/> | HH F2F     |         |        | 04/26/2011      | 04/18/2011 | 06/16/2011 | 05/18/2011 |                     |          | GEER, SHAWNDR RN        | GLENN-SHAHEED, PATRICIA | 04/26/2011     |            |               | N          |
| <input type="checkbox"/> | HH Initial |         |        | 04/26/2011      | 04/18/2011 | 06/16/2011 | 05/18/2011 |                     |          | GEER, SHAWNDR RN        | GLENN-SHAHEED, PATRICIA | 04/28/2011     |            |               | N          |
| <input type="checkbox"/> | HH Initial |         |        | 04/29/2011      | 04/20/2011 | 06/18/2011 | 05/20/2011 |                     |          | BRYSON, HELEN           | GLENN-SHAHEED, PATRICIA | 04/29/2011     |            |               | N          |
| <input type="checkbox"/> | HH Initial |         |        | 05/18/2011      | 05/11/2011 | 07/09/2011 | 06/10/2011 |                     |          | WATKINS, EDNA LOIS RN   | GLENN-SHAHEED, PATRICIA | 05/18/2011     |            |               | N          |
| <input type="checkbox"/> | Order      |         |        |                 | 09/16/2010 |            | 10/18/2010 |                     |          | EJKEME, ONYEKA FRANK RN | GLENN-SHAHEED, PATRICIA | 10/04/2010     |            |               | N S        |
| <input type="checkbox"/> | Order      |         |        |                 | 09/16/2010 |            | 10/18/2010 |                     |          | EJKEME, ONYEKA FRANK RN | GLENN-SHAHEED, PATRICIA | 10/17/2010     |            |               | N S        |
| <input type="checkbox"/> | Order      |         |        |                 | 10/04/2010 | 10/15/2010 | 10/28/2010 |                     |          | STONFR-                 | GI FIN-                 | 09/28/2010     |            |               | N P        |

**Order**

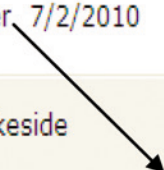
[Printable Format](#)

|                 |                                |                 |                                |                   |                         |
|-----------------|--------------------------------|-----------------|--------------------------------|-------------------|-------------------------|
| Patient:        | ELIZABETH BLUNTON              |                 |                                |                   |                         |
| Patient ID:     | ██████████                     | DOB:            | ██/██/██                       | SSN:              | ██████████              |
| Admit ID:       | ██████████                     | HH SOC:         | 09/16/2010                     | HH discharge:     | 03/11/2011              |
| Taken:          |                                | By:             | EJIKEME,<br>ONYEKA FRANK<br>RN | Discipline:       | SN - Skilled<br>Nursing |
| Begin date:     | 09/16/2010                     | End date:       |                                | Status:           | Discontinued            |
| Physician:      | GLENN-<br>SHAHEED,<br>PATRICIA | Signature date: |                                | Document ID:      | ██████████              |
| Rejection Date: |                                | Rejection Code: |                                | Rejection Reason: |                         |
| Orders:         |                                |                 |                                |                   |                         |

Wound:  
Left Foot - Great Toe Other 7/2/2010  
Non-standard Protocol:

VNHS Home Health Corp Lakeside  
5775 GLENRIDGE DRIVE  
SUITE E200  
ATLANTA GA 30328

ELIZABETH BLUNTON  
CARE OPERABLE ROOM  
HOSPITAL 100 ATLANTA GA 30308



5. Review the document then select sign or reject.



6. Create signature password as prompted and select save.



7. Once the documents have been signed you will notice the absence of the check box next to the document on the home page. This indicates that the document has been signed and will be removed from the list at 11:59 pm the same day.

HorizonWP Physician Portal

https://portal.ecsg.net:4445/portal/site/hpp/index.jsp

Patricia Glenn-Shaheed :: May 26, 2011 [my portal](#) [suspend](#) [help](#) [logout](#) Site Controls: <Select>

Home [Census](#) [Meds](#) [Patient Summary](#) [Orders](#) [Notes](#) [CPO](#) [Flowsheet](#)

[edit](#) **Homecare Patient Census Summary**

You have [7 active home care patients](#). [Change My Signature Password](#)

You have [0 active hospice patients](#). [Enter Covering Physicians](#)

You have 27 unsigned documents. [Enter Office Staff](#)

[Update My Email Address](#)

[edit](#) **Homecare Orders Worklist**

Sign Selected Documents 27 Documents Listed

| selected                            | Type          | Patient | Doc ID | Taken / Created | Begin      | End        | Due        | Physician Signature | Admit ID | Author                     | Physician Name                 | Completed Date | Patient ID | Enterprise ID | Hospice | C |
|-------------------------------------|---------------|---------|--------|-----------------|------------|------------|------------|---------------------|----------|----------------------------|--------------------------------|----------------|------------|---------------|---------|---|
| <input checked="" type="checkbox"/> | HH<br>F2E     |         |        | 04/26/2011      | 04/18/2011 | 06/16/2011 | 05/18/2011 |                     |          | GEER, SHAWNDR<br>RN        | GLENN-<br>SHAHEED,<br>PATRICIA | 04/26/2011     |            |               | N       |   |
| <input type="checkbox"/>            | HH<br>Initial |         |        | 04/26/2011      | 04/18/2011 | 06/16/2011 | 05/18/2011 |                     |          | GEER, SHAWNDR<br>RN        | GLENN-<br>SHAHEED,<br>PATRICIA | 04/28/2011     |            |               | N       |   |
| <input type="checkbox"/>            | HH<br>Initial |         |        | 04/29/2011      | 04/20/2011 | 06/18/2011 | 05/20/2011 |                     |          | BRYSON, HELEN              | GLENN-<br>SHAHEED,<br>PATRICIA | 04/29/2011     |            |               | N       |   |
| <input type="checkbox"/>            | HH<br>Initial |         |        | 05/18/2011      | 05/11/2011 | 07/09/2011 | 06/10/2011 |                     |          | WATKINS, EDNA LOIS<br>RN   | GLENN-<br>SHAHEED,<br>PATRICIA | 05/18/2011     |            |               | N       |   |
| <input type="checkbox"/>            | Order         |         |        |                 | 09/16/2010 |            | 10/18/2010 |                     |          | EJKEME, ONYEKA<br>FRANK RN | GLENN-<br>SHAHEED,<br>PATRICIA | 10/04/2010     |            |               | N       | S |
| <input type="checkbox"/>            | Order         |         |        |                 | 09/16/2010 |            | 10/18/2010 |                     |          | EJKEME, ONYEKA<br>FRANK RN | GLENN-<br>SHAHEED,<br>PATRICIA | 10/17/2010     |            |               | N       | S |
| <input type="checkbox"/>            | Order         |         |        |                 | 10/04/2010 | 10/15/2010 | 10/28/2010 |                     |          | STONFR-<br>CI FFW-         |                                | 09/28/2010     |            |               | N       | p |

8. The HH F2F (**Home Health Face to Face Encounter**) documents can be text edited for completion and signed electronically. Please enter the following information: Encounter date, Y or N for primary reason for home care, primary reason for ordering homecare, services ordered and clinical findings supporting the patient and home bound status in the spaces provided and click the sign button when complete.

**Home Health Face To Face Encounter**

Document ID: 904696

[Printable Format](#)

|   |   |   |
|---|---|---|
| <b>1. Provider's Name, Address and Telephone Number:</b><br>VNHS Home Health Corp Lakeside<br>5775 GLENRIDGE DRIVE<br>SUITE E200<br>ATLANTA, GA 30328<br>404 215 6000 | <b>2. Physician's Name and Address:</b><br>[Redacted] |   |
| <b>3. Patient's Name:</b><br>[Redacted]   |   |   |
| <b>4. Medical Record No.:</b><br>[Redacted]   | <b>5. Date of Birth:</b><br>[Redacted]                | <b>6. Sex</b><br><input checked="" type="checkbox"/> M <input type="checkbox"/> F |

I certify that this patient is under my care and that I, or a nurse practitioner or physician's assistant working with me, had a face-to-face encounter that meets the physician face-to-face encounter requirements with this patient on:  [...]

Face to Face Encounter related to primary reason for homecare?:  Y  N

The encounter with the patient was in whole, or in part, for the following medical condition, which is the primary reason for home health care (List medical condition):

I certify that, based on my findings, the following services are medically necessary home health services (Check all that apply):  
 Nursing  Physical Therapy  Speech language pathology

My clinical findings support the need for the above services because:

Further, I certify that my clinical findings support that the patient is homebound (i.e. absences from home require considerable and taxing effort and are for medical reasons or religious services or infrequently or of short duration when for other reasons) because:

Done

Internet 100%