

Asendar Collaborative Care User Guide

This guide is for a Collaborative Care (CoCM) team. It takes you through Asendar from your first sign-in to the monthly billing packet: enrolling patients, logging contacts with their minutes and scores, the psychiatric consultant's case review, the caseload and its reminders, the reports, and setting up your clinic and its user accounts.

New to Asendar? Start with the [Asendar Provider Quick Start Guide](#), which explains how Asendar works and why. If your clinic is moving from the AIMS Caseload Tracker, also read [Switching from AIMS to Asendar](#).

Every screen in this guide comes from a synthetic demo clinic, the Riverside Collaborative Care Demo Clinic. No real patient appears anywhere in it.

Asendar™ · October 2026 · For clinic staff

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1. Introduction

Asendar keeps your Collaborative Care registry inside each patient's chart. It tracks the dated contacts your care managers make and the minutes each one took, the PHQ-9, GAD-7 and PCL-5 scores, the psychiatric consultant's case reviews, and who is due for follow-up. From those records it builds the caseload, the reminders, the quality reports, the monthly time tracker and a monthly billing packet.

Asendar submits nothing to your state Medicaid program or any other payer. It gives you the packet your claim is keyed from and the record you produce on audit.

This guide is for care managers, psychiatric consultants, primary care providers, clinic administrators and practice owners. What you see depends on your role (section 3).

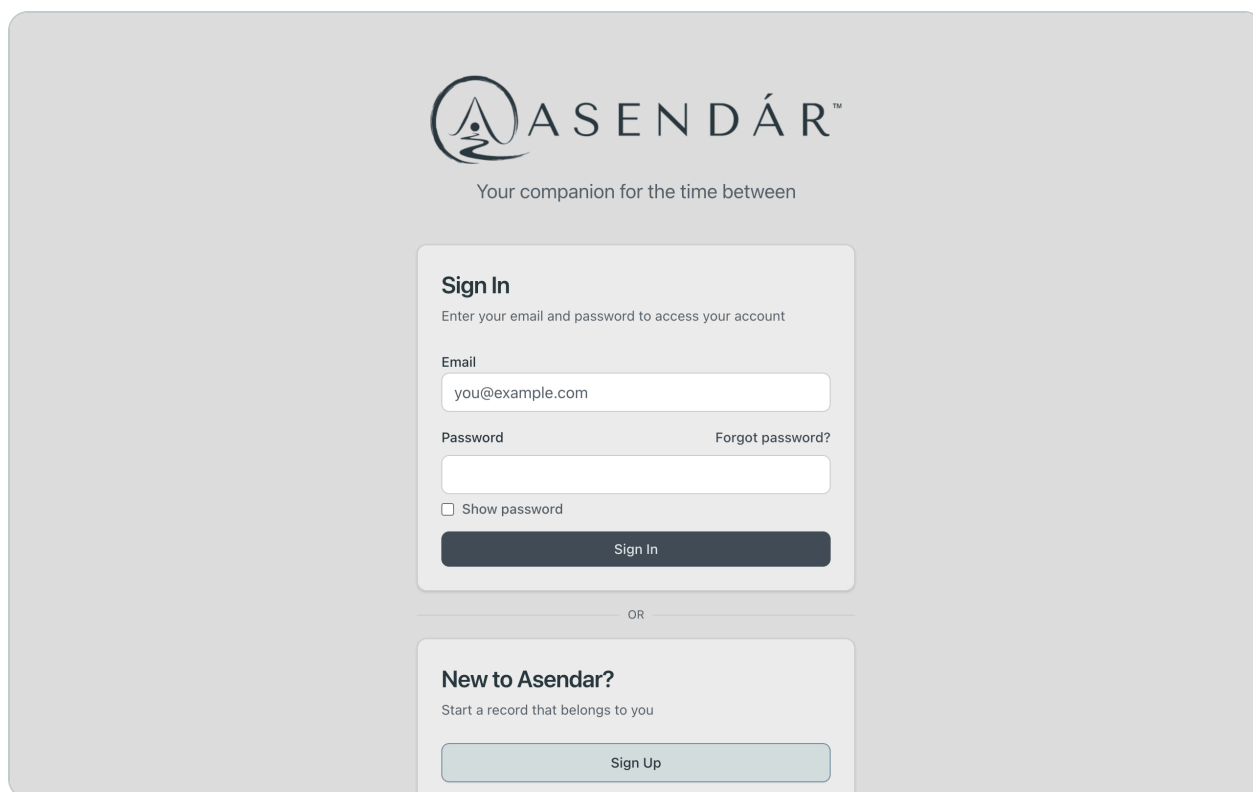
2. Signing in

Web browser

Asendar runs in any current web browser on a computer, tablet or phone: Google Chrome, Microsoft Edge, Safari or Firefox. The caseload and Log time are laid out for a phone first, so a care manager can log a contact between visits. You need an internet connection.

Signing in

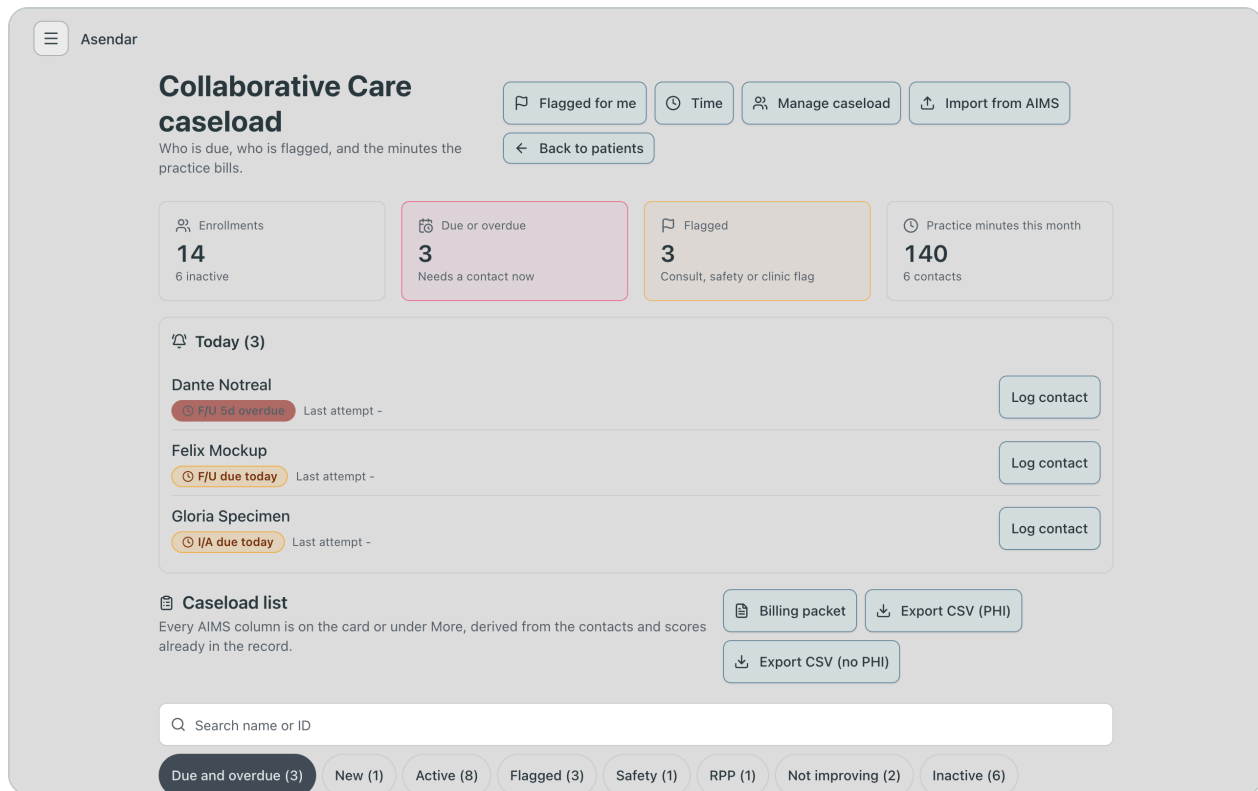
1. Go to the Asendar sign-in page.
2. Enter your **Email** and **Password**. Tick **Show password** to check what you typed.
3. Select **Sign In**.



The screenshot shows the Asendar sign-in interface. At the top is the Asendar logo, a stylized 'A' inside a circle, followed by the word 'ASENDAR' in a serif font. Below the logo is the tagline 'Your companion for the time between'. The main content area is a light gray box. Inside this box, there is a 'Sign In' section. It has a title 'Sign In' and a subtitle 'Enter your email and password to access your account'. Below this are two input fields: 'Email' with the placeholder 'you@example.com' and 'Password'. To the right of the password field is a link 'Forgot password?'. Below the password field is a checkbox labeled 'Show password'. At the bottom of the 'Sign In' section is a dark gray button labeled 'Sign In'. Below the 'Sign In' section is a horizontal line with the word 'OR' in the center. Below this is a 'New to Asendar?' section. It has a title 'New to Asendar?' and a subtitle 'Start a record that belongs to you'. At the bottom of this section is a light blue button labeled 'Sign Up'.

The sign-in page.

Care managers, psychiatric consultants, PCPs, clinic administrators and owners of a Collaborative Care clinic land on the **Collaborative Care caseload**, with **Today** (your reminders) at the top. If you opened a link to a page in Asendar while signed out, such as **Read the recommendation** in a consult email, you land on that page instead.



After sign-in: the caseload, with Today at the top.

Account security

- **Forgot your password?** Select **Forgot password?** on the sign-in page. Asendar emails you a link to set a new one.
- **Change your password while signed in:** open the menu, select **Profile**, then **Reset Password**. Asendar emails a reset link to the address on your profile.
- **A clinic Owner or Clinic Admin can send you a reset email** from Employees (section 12). They never see or set your password.
- **Idle sign-out.** Asendar signs you out after a period with no activity, with a warning two minutes before. The default is 30 minutes. Your clinic sets it between 5 and 240 minutes (section 11). A Log time entry you had not saved is kept and offered back when you sign in again.
- **Sign Out** is at the bottom of the menu. Use it when you leave a shared computer. Each person has their own account; never share a sign-in.

Bio
Tell us about yourself...
0/500 characters

Provider Phone
(555) 555-1234
Direct provider phone number (separate from business phone)

License Number
Your professional license number
Your professional license number

Specialties
e.g. Trauma-Informed Care
Press Enter or comma to add a tag

Asendar Provider Network Participation
Allow patients searching for individual providers to find you across the platform.
Current status: Opted Out

[Reset Password](#) [Save Changes](#)

Email Notifications
Choose which emails you want to receive. You can also unsubscribe from each type using the link in any email.

Profile, with Reset Password.

Preferences

The caseload remembers your filter, sort order, **Reverse**, **Report for** choice and Cards or List view for you on the device you use. Two people who share a computer do not inherit each other's view. A new device starts from the defaults.

Business continuity (downtime)

If Asendar is unavailable, keep seeing patients and write each contact on paper or in your EHR: the patient, the date, the minutes, the contact type, how it was delivered, who delivered it, and any scores with the date each was taken.

When Asendar is back, enter each contact in **Log time** with **Date** set to the day it happened. Asendar accepts any past date and refuses a future one, and minutes count toward the month of the service date, so a back-entered contact lands in the right billing month. If something went in wrong, **Amend** it (section 6). Do not enter it a second time: a duplicate adds minutes to the month.

3. Account types and roles

Access in Asendar comes from a person's **role** at the clinic, set on the Employees page (section 12). The roles are **Owner**, **Clinic Admin**, **Facilitator**, **Support Facilitator**, **Medical Observer**, **Integration Specialist** and **Prescriber**. A person can hold more than one.

On top of the role, an Owner or Clinic Admin can add a Collaborative Care **care team role** label, such as Behavioral Health Care Manager or Psychiatric Consultant. It is a label for Collaborative Care billing and reports, and the name the care team card and the reports use. It grants nothing beyond the roles underneath it, and only the labels that fit the person's roles are offered.

On the care team	Role in Asendar	Care team role label
Behavioral health care manager	Facilitator	Behavioral Health Care Manager
Psychiatric consultant	Prescriber	Psychiatric Consultant
Primary care provider	Prescriber or Medical Observer, or a PCP listed in the clinic's directory with no login (section 9)	Primary Care Provider (treating and billing practitioner)
Site manager	Clinic Admin	Site Manager
Practice owner or account administrator	Owner	none needed
Data manager	Support Facilitator. Data exports are run by an Owner or Clinic Admin (section 14); the label does not grant them	Data Manager
Someone who should see no patient data	Not offered. Every Asendar login sees protected health information; de-identified data leaves through the de-identified export (section 14)	not assignable
Care team collaborator (MA, RN, social worker)	Needs no login. The care manager logs that time as Care team collaboration	none

Who sees which patients.

- An **Owner** or **Clinic Admin** sees every patient at the clinics they run, and runs the clinic-wide pages: the Panel Outcomes Report, Team time, the Caseload Manager, Data exports, clinic settings and Employees.
- A **Facilitator** (care manager), **Prescriber** (psychiatric consultant or PCP) or **Medical Observer** sees the patients assigned to them: as the patient's Assigned Clinician, as a named member of the

patient's Collaborative Care care team at that clinic (section 9), or through a session they lead. Their caseload, Today, Flagged for me and reports cover those patients. Access through the care team ends when the assignment ends.

- A patient can withdraw a provider's access from their own Asendar account. That provider then loses the record everywhere, caseload and reports included.

Who does what.

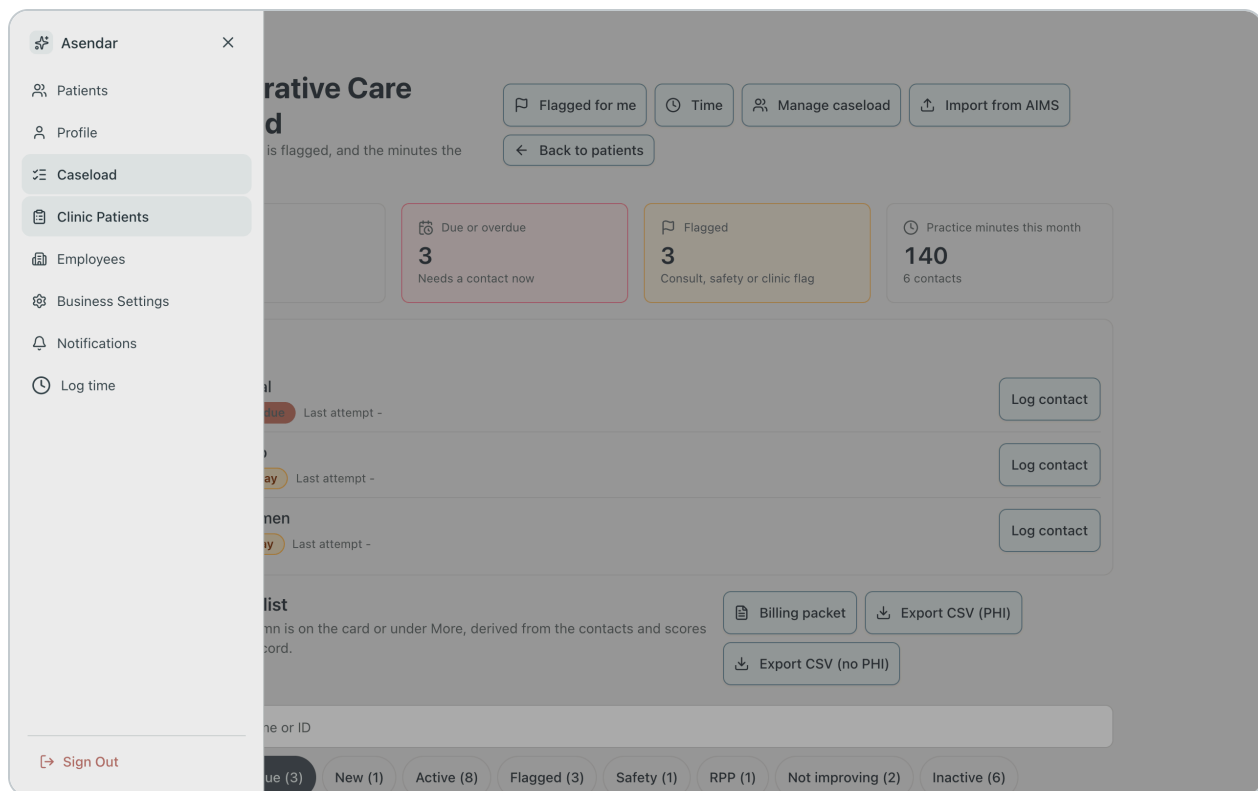
Job	Who
Add a patient	Owner, Clinic Admin
Enroll, deactivate and re-activate	Anyone who can open the patient's chart
Log contacts, minutes and scores	Anyone who can open the chart
Flag a patient for psychiatric consult	Anyone who can open the chart, once the patient has a Psychiatric Consultant on the care team (section 9)
Record a psychiatric case review	The Psychiatric Consultant the request names, or the clinic's Owner or Clinic Admin
Correct a contact after 7 days	Clinic Admin or Owner (the person who logged it can correct it for 7 days)
Clinic settings, Employees, Caseload Manager, Data exports, Panel Outcomes, Team time	Owner, Clinic Admin of that clinic
Audit Logs	Owner, Clinic Admin

4. Navigation

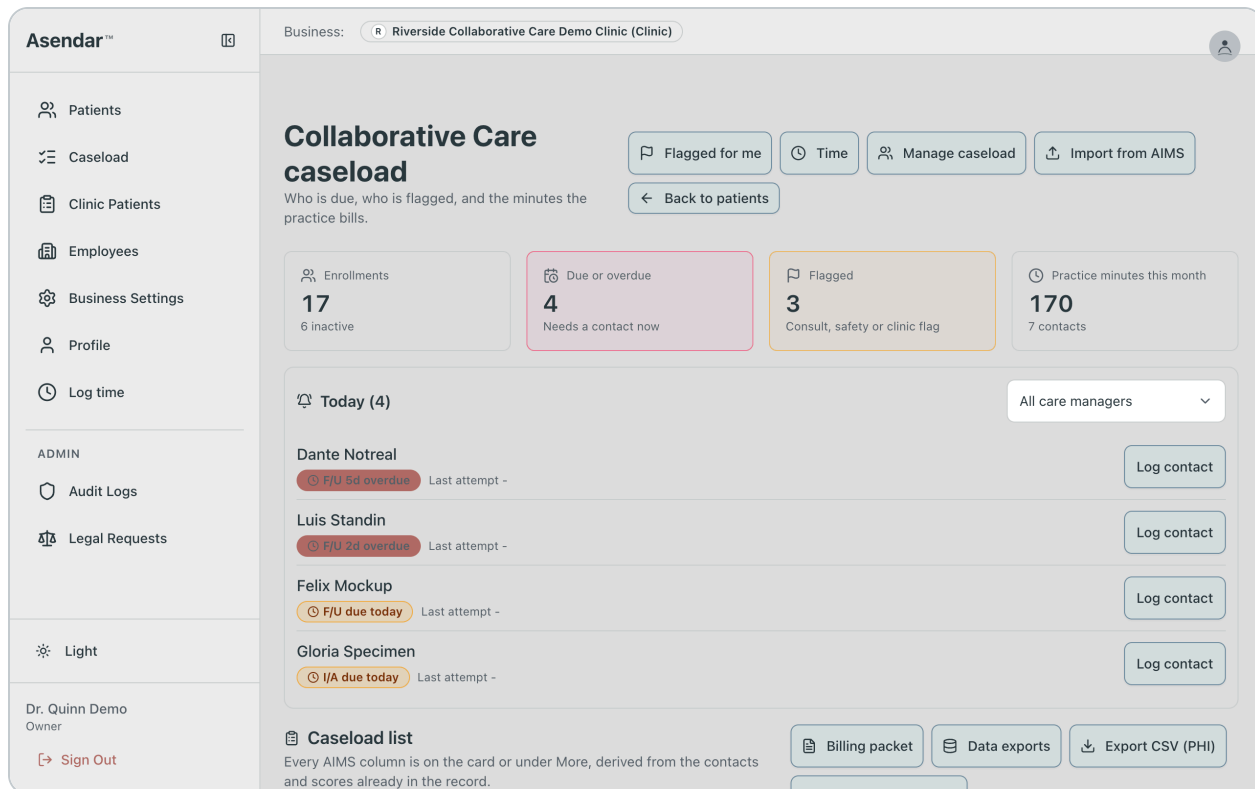
Select the menu button at the top left (three lines). The menu holds:

- **Patients:** records that individuals have shared with you directly from their own Asendar account.
- **Profile:** your own account.
- **Caseload:** the Collaborative Care caseload, with Today at the top. It appears once your clinic has patients enrolled that you can see.
- **Clinic Patients:** your clinic's patient list.
- **Employees** and **Business Settings:** for the people who run the clinic (sections 11 and 12).
- **Notifications:** notices for you, such as a recorded psych consult (section 6), with how many are unread. A dot on the menu button means one is waiting.
- **Log time:** log a contact for any patient on your caseload.
- **Sign Out,** at the bottom.

What appears depends on your role. An Owner or Clinic Admin who works the clinic rather than a caseload sees the same entries in a sidebar that stays open on a computer, with **Audit Logs** under Admin; their **Notifications** are in the account menu at the top right.



The menu, for a care manager.



The sidebar, for an Owner.

The **caseload page** has buttons at the top for **Flagged for me** (the consult requests you can record as the patient's Psychiatric Consultant), **Time** (minutes and the time tracker), **Manage caseload** (bulk transfers), **Import from AIMS** (for clinics moving from the AIMS Caseload Tracker; see [Switching from AIMS to Asendar](#)) and **Back to patients**. Below the tiles and Today, the **Caseload list** carries **Billing packet**, **Data exports** (Owners and Clinic Admins), **Export CSV (PHI)** and **Export CSV (no PHI)**.

The patient chart. Open a patient from the caseload with **Open** or from Clinic Patients with **View Details**. For an enrolled patient the **Collaborative Care** tab sits second, after Witness. **Log time** is at the top of the chart.

Log time is everywhere you need it: the menu, the top of the chart, **+ time** on a caseload card, **Log contact** in Today, and the round clock button at the bottom left of a phone screen.

5. Enrolling and deactivating patients

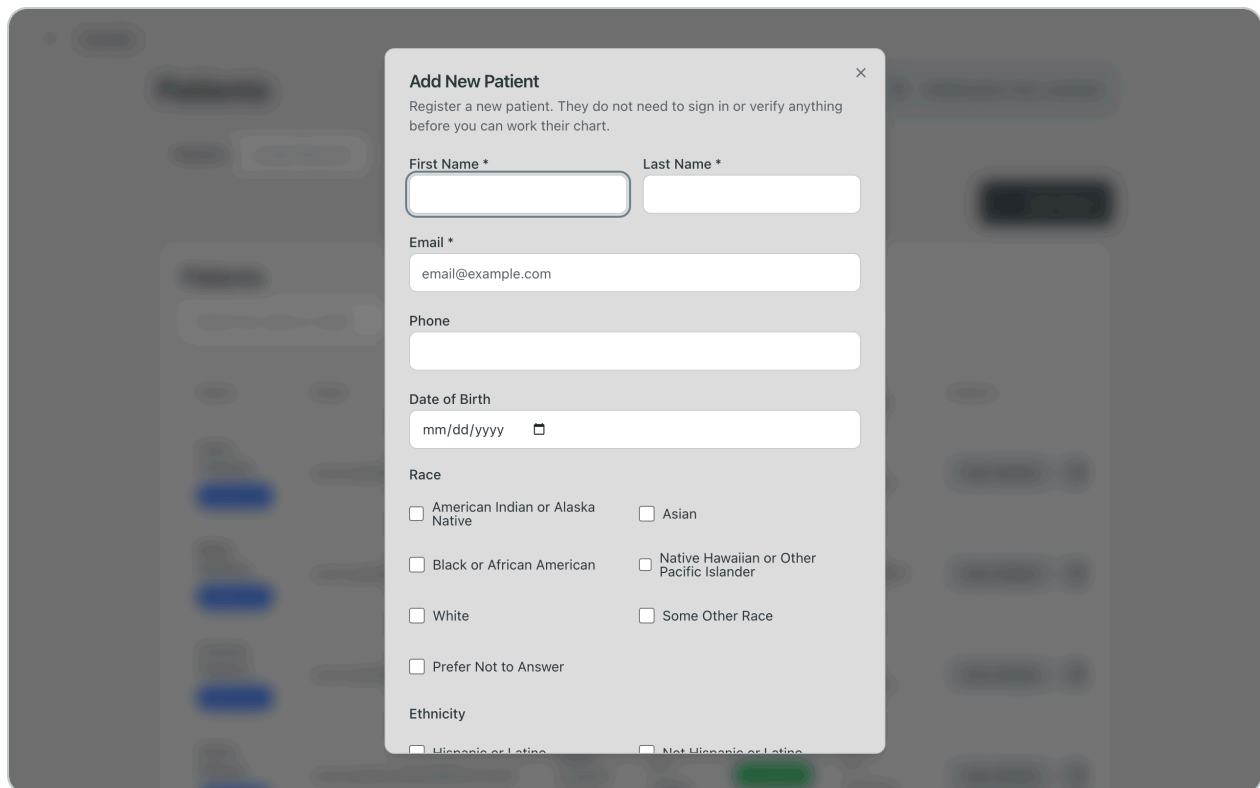
Check for an existing record first

Open **Clinic Patients** and search before you add anyone. This avoids a duplicate record.

Adding a new patient

Adding a patient is a job for an Owner or Clinic Admin.

1. Open **Clinic Patients** and select **Add Patient**.
2. Fill in **First Name**, **Last Name** and **Email** (all three are required). Asendar does not contact the patient unless you tick **Send the patient an invite email**; you can send the invite later from their record.
3. Fill in what else you have: phone, date of birth, **Assigned Clinician** (the care manager who will carry the patient).
4. If your clinic asks race and ethnicity (section 11), tick the answers the patient gives. **Prefer Not to Answer** clears the others.
5. Select **Create Patient**.



The screenshot shows a modal window titled "Add New Patient" with a close button (X) in the top right corner. Below the title is a sub-header: "Register a new patient. They do not need to sign in or verify anything before you can work their chart." The form contains several input fields and checkboxes:

- First Name ***: A text input field.
- Last Name ***: A text input field.
- Email ***: A text input field containing "email@example.com".
- Phone**: A text input field.
- Date of Birth**: A text input field with a placeholder "mm/dd/yyyy" and a calendar icon.
- Race**: A section with six checkboxes:
 - ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ White
 - ☐ Some Other Race
- Ethnicity**: A section with two checkboxes:
 - ☐ Hispanic or Latino
 - ☐ Not Hispanic or Latino

Add Patient.

The screenshot shows a modal form for patient enrollment. It contains the following sections:

- Race:**
 - ☐ American Indian or Alaska Native
 - ☐ Black or African American
 - ☐ White
 - ☐ Prefer Not to Answer
 - ☐ Asian
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ Some Other Race
- Ethnicity:**
 - ☐ Hispanic or Latino
 - ☐ Not Hispanic or Latino
 - ☐ Prefer Not to Answer
- Qualifying Condition:** A dropdown menu with the text "Select a condition" and a downward arrow.
- Assigned Clinician:** A dropdown menu with the text "None" and a downward arrow.
- Send the patient an invite email:**
 - ☐ Send the patient an invite email
 - Invites them to verify their email and set a password so they can sign in. Leave this off to add them quietly. You can send the invite later from their record.

At the bottom right of the form are two buttons: "Cancel" and "Create Patient".

Race and ethnicity, when the clinic asks them.

Enrolling in the Collaborative Care registry

1. Open the patient and select the **Collaborative Care** tab.
2. Set the **Enrollment date** to the day the patient enrolled. It defaults to today and cannot be in the future.
3. Enter the clinic's **MRN** (optional). If your clinic set an MRN format, Asendar checks it, and it refuses an MRN another patient at the clinic already holds.
4. Select **Enroll in registry**.

The screenshot shows the Asendar web application interface. At the top left is the Asendar logo. The main header area includes a 'Back' button, the patient name 'Sam Samplecase', and the email 'cocm.patient.sam@demo.local'. A 'Send invite' button is on the right. Below the header is a navigation bar with tabs: 'Journals', 'Intentions', 'Integration', 'Personal Logs (0)', 'Billing', 'Collaborative Care' (which is selected), 'Agent', and 'Care Team Chat'. The 'Collaborative Care' section contains a title, a descriptive paragraph, and a form. The form has two input fields: 'Enrollment date' with the value '10/06/2026' and a calendar icon, and 'MRN (optional)' with the value 'RCC-10013'. Below these fields is an 'Enroll in registry' button. A note below the MRN field states 'Format: RCC-56789'. A purple circular icon with a white cross is in the bottom right corner.

Asendar

← Back Sam Samplecase cocm.patient.sam@demo.local

Send invite

Journals Intentions Integration Personal Logs (0) Billing Collaborative Care Agent Care Team Chat

Collaborative Care

This patient is not in the Collaborative Care registry yet. Enrolling them starts the minutes ledger, the consultant review loop, and the follow-up clock, and labels them Medicaid on your patient list.

Enrollment date 10/06/2026

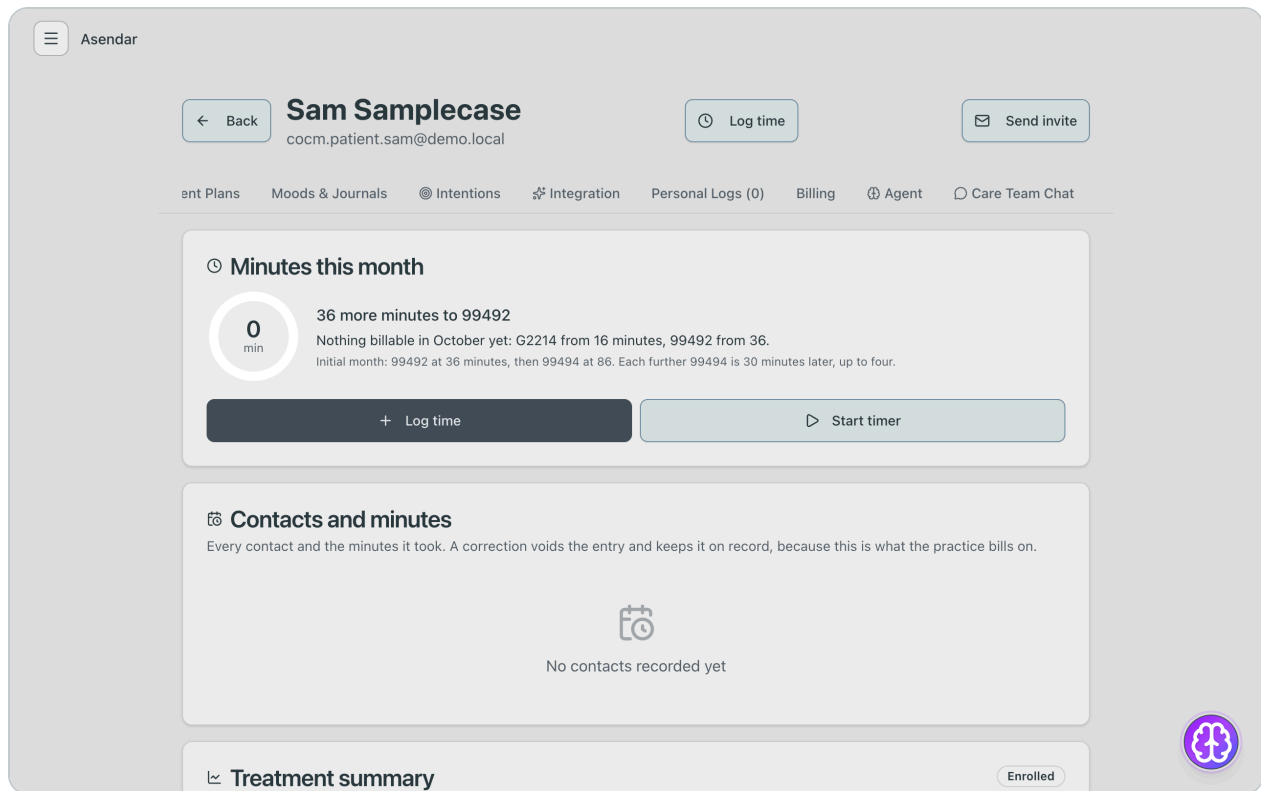
MRN (optional) RCC-10013

Format: RCC-56789

Enroll in registry

Enroll in registry, with the enrollment date and MRN.

Enrolling starts episode 1 of the patient's care, the minutes ledger, the consultant review loop and the follow-up clock. The person who enrolls becomes the patient's Care Manager if nobody holds that role yet (section 9). The patient appears on the caseload with status **E** (enrolled, waiting for the initial assessment), which falls due 7 days after enrollment. **Billed under Medicaid** is on by default; turn it off on the same tab for a patient not billed under Medicaid.



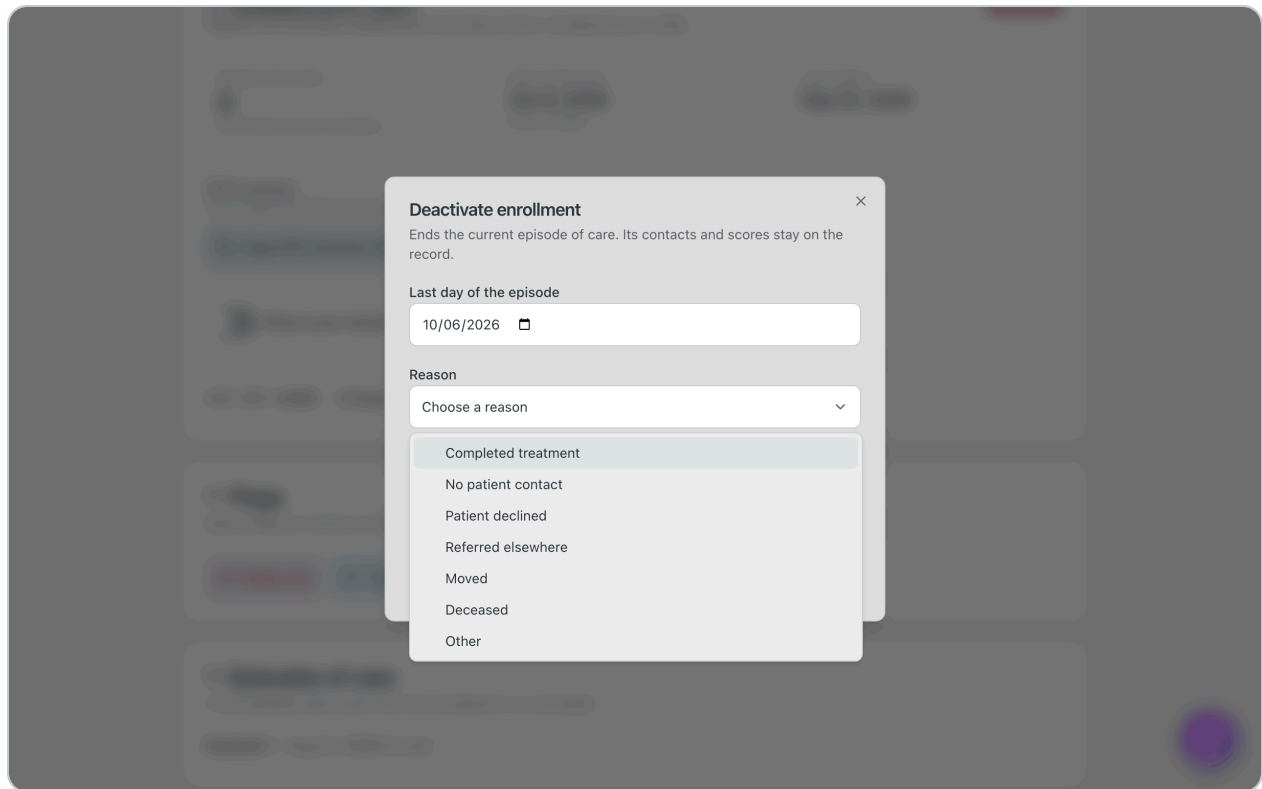
Just enrolled.

Updating patient information

On the Collaborative Care tab, **Change** next to **MRN** edits the MRN. On the **Profile** tab the clinic keeps the clinical record and the patient's **Clinics** (section 10). The patient's own details (name, date of birth, health profile) belong to the patient's Asendar account and show read-only.

Deactivating a patient

1. On the Collaborative Care tab select **Deactivate enrollment**. You can also deactivate from the caseload: open **More** on the patient's card.
2. Set the **Last day of the episode** (today by default; not in the future, and not before the episode started).
3. Choose the **Reason: Completed treatment, No patient contact, Patient declined, Referred elsewhere, Moved, Deceased** or **Other**. **Other** needs a few words in **Note**.
4. Select **Deactivate**.

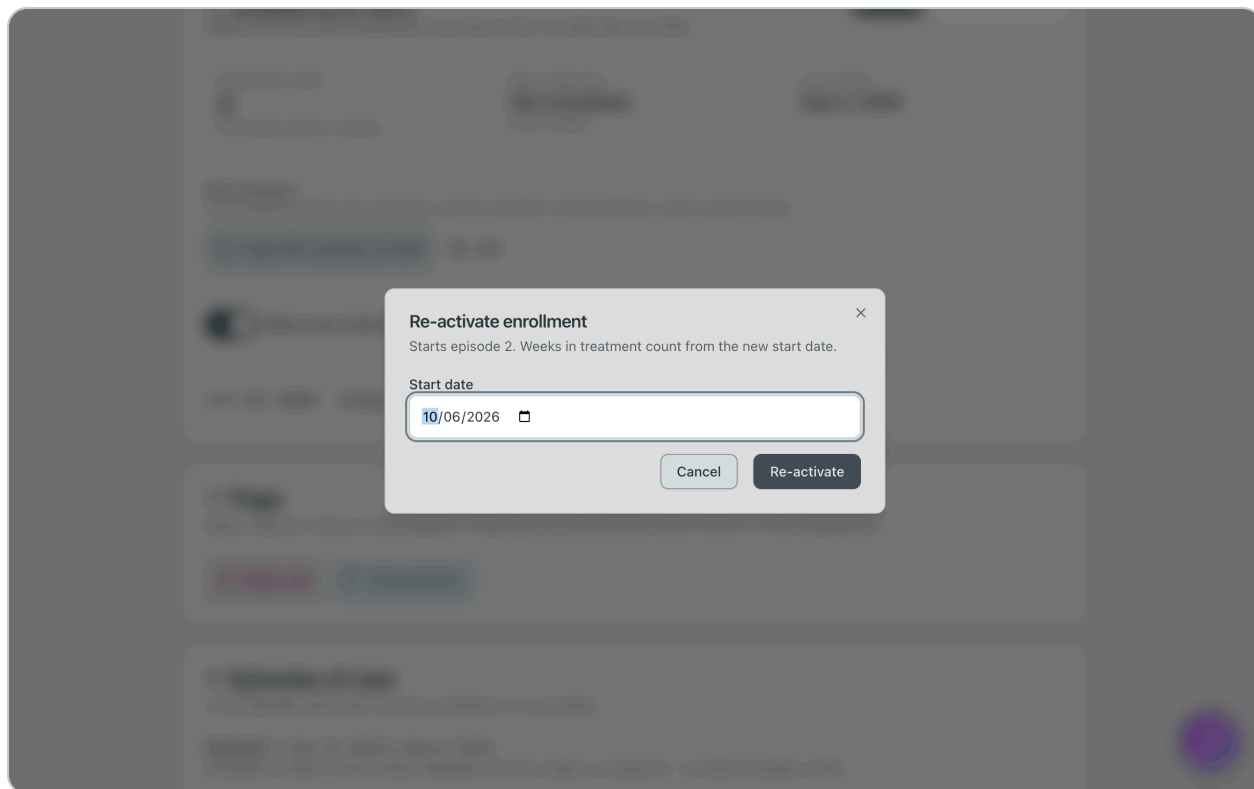


Deactivate enrollment: the reasons.

Deactivating ends the current episode of care with its reason. The patient moves to status **D** and to the **Inactive** filter and leaves Today, and no contact can be logged until the enrollment is re-activated. Their contacts, scores and minutes stay on record.

Re-enrolling into a new episode

On the same tab select **Re-activate enrollment**, set the **Start date** and select **Re-activate**. This starts the next episode of care. Weeks in treatment count from the new start, and the earlier episode keeps its dates and reason.



Re-activate: a new episode.

The **Episodes of care** card lists every episode with its dates and reason.

 **Episodes of care**

A new episode starts each time the enrollment is re-activated.

Episode 2 · Aug 29, 2026 to now

Episode 1 · Jul 20, 2025 to Dec 17, 2025

Completed treatment: Remission held for eight weeks. · by Taylor Example, LCSW

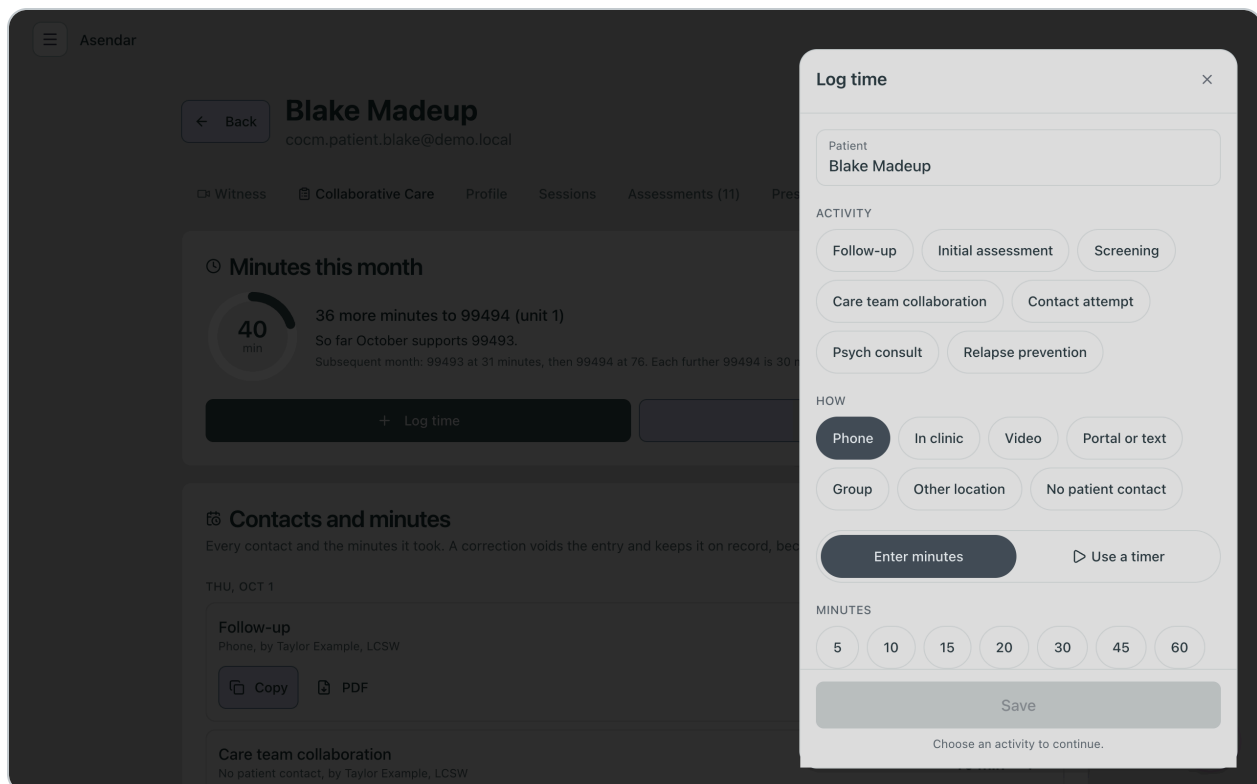
Episodes of care for a re-enrolled patient.

6. Recording patient contacts

Every contact goes through the **Log time** sheet. One sheet covers every contact type.

Logging a contact

1. Open **Log time** (section 4 lists every way in). From a chart or a caseload card the patient is already chosen. From the menu, search for the patient.
2. Under **Activity**, choose the contact type: **Follow-up**, **Initial assessment**, **Screening**, **Care team collaboration**, **Contact attempt**, **Psych consult** or **Relapse prevention**.
3. Under **How**, choose **Phone**, **In clinic**, **Video**, **Portal or text**, **Group**, **Other location** or **No patient contact**.
4. With **Enter minutes** selected, tap a minute chip (5, 10, 15, 20, 30, 45, 60) or use minus and plus. A contact can be up to 120 minutes. Only a contact attempt, or work with no patient contact, can be 0 minutes.
5. Check **Date**. It defaults to today; change it to back-enter a contact.
6. **Delivered by** shows you. Select **Change** to credit a colleague at the clinic.
7. Add a **Note (optional)**. The microphone button dictates it.
8. Select **Save**.



Log time.

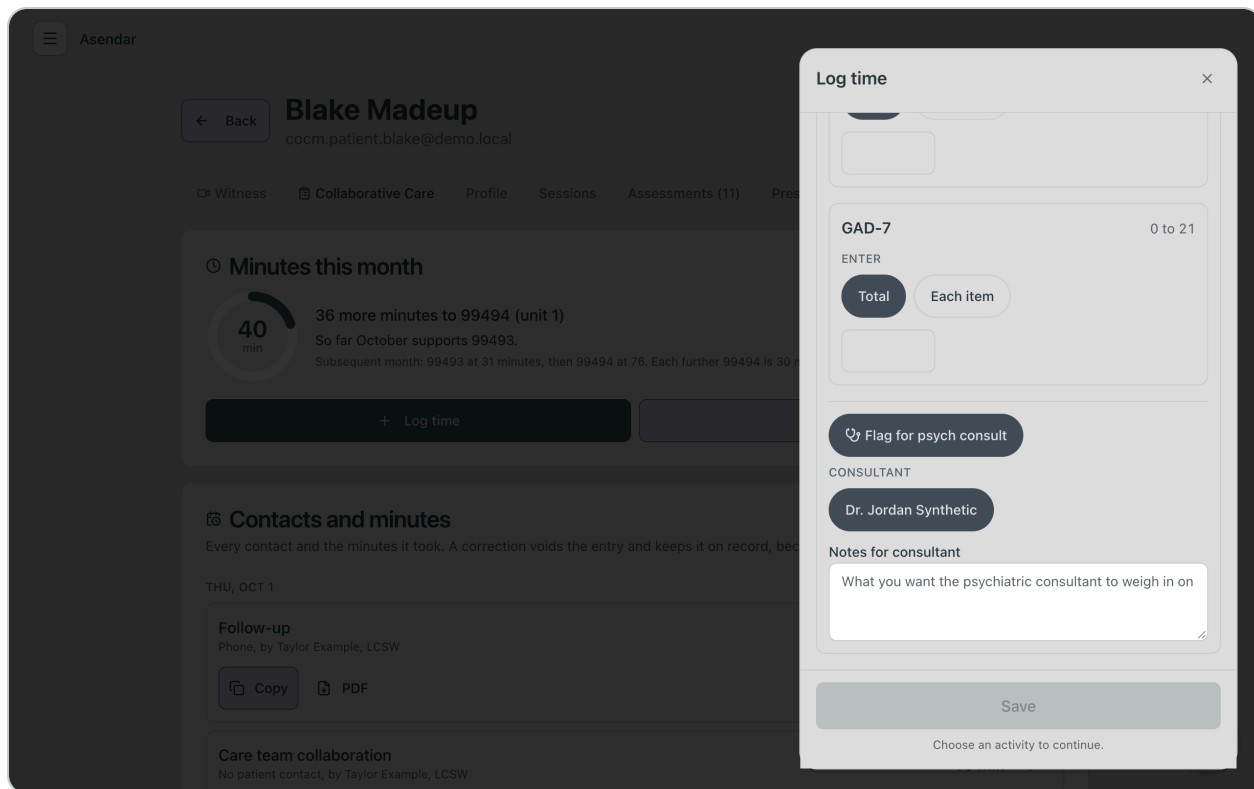
Log time on a phone.

Scores and a consult flag in the same contact

Open **Scores and psych consult (optional)** at the bottom of the sheet.

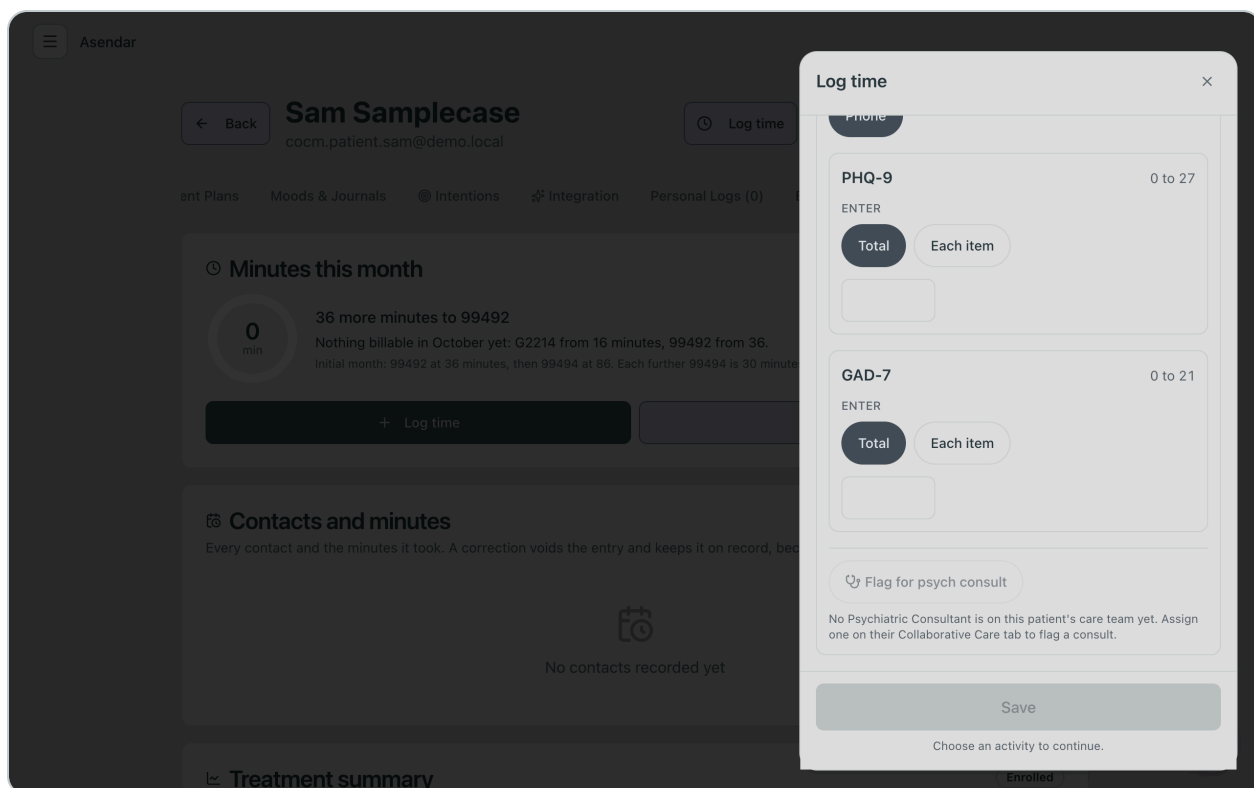
1. Under **Scales**, pick **PHQ-9**, **GAD-7** or **PCL-5**. Asendar starts with the scales recorded at the patient's last scored contact, so the same scales carry forward from visit to visit. A scale your clinic switched off is not offered.
2. Under **Taken**, say where the score came from: **In session**, **Paper**, **Medical visit** or **Phone**.
3. Under **Enter**, choose **Total** to type the total, or **Each item** to tap each answer and let Asendar add it up.
4. To flag the patient for the psychiatric consultant, select **Flag for psych consult**. Under **Consultant**, check who should review it: the patient's Psychiatric Consultant is chosen for you when there is only one, and with more than one you pick. Then write your question in **Notes for consultant**.

The scores are dated to the contact and linked to it.



Scores and psych consult, with the consultant chosen.

If the patient has no Psychiatric Consultant on their care team yet, **Flag for psych consult** is greyed out and says so. Assign one first (section 9).



The consult flag greyed out: no Psychiatric Consultant yet.

A score taken outside a contact (for example at a PCP visit): on the Collaborative Care tab select **+** **score** on the Scores card, enter the score and its date, and save.

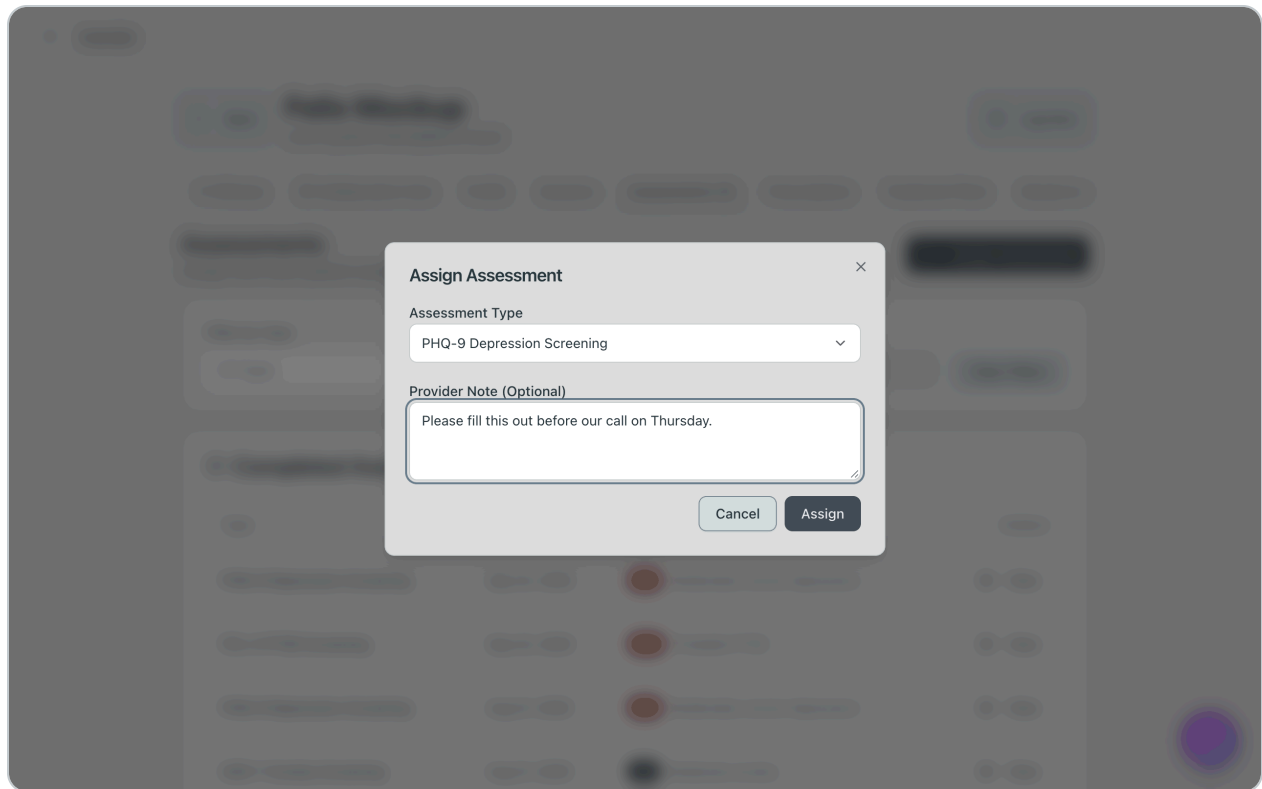
Assessments your patients take in Asendar

Besides the scores you enter in Log time, you can ask a patient to take a PHQ-9, GAD-7 or PCL-5 in their own Asendar account, and a patient can start one on their own. A score the patient submits counts the same as one you enter.

Who can assign one. A Facilitator, Prescriber, Medical Observer or Integration Specialist can assign an assessment to a patient they care for: one they are the assigned clinician for, or one whose session they led or supported at the clinic. An Owner, Clinic Admin or Support Facilitator can assign one to any patient at their clinic. Being named on the patient's Collaborative Care care team does not by itself let you assign.

How to assign one.

1. Open the patient's chart and select the **Assessments** tab.
2. Select **Assign Assessment**, at the top right of the tab.
3. Under **Assessment Type**, choose **PHQ-9 Depression Screening**, **GAD-7 Anxiety Screening** or **PCL-5 PTSD Screening**. The other instruments in the list are not Collaborative Care scales.
4. Leave **Provider Note (Optional)** empty, or add context for yourself. Tell the patient why you are asking, and by when, yourself: at the visit, or with the message below.
5. Select **Assign**.



Assign Assessment on the patient's Assessments tab.

While it waits. The assessment is listed under **Active Assessments**, marked **Pending**, with the day you assigned it. If the patient already has one of that kind open, Asendar reuses it rather than adding a second.

Asendar

← Back **Felix Mockup** cocm.patient.felix@demo.local Log time

Witness Collaborative Care Profile Sessions **Assessments (6)** Prescriptions Treatment Plans Moods & J

Assessments
Assign and track patient assessments for progress monitoring + Assign Assessment

Filter by Type Start Date End Date
All Types mm/dd/yyyy mm/dd/yyyy Clear Filters

🕒 **Active Assessments (1)**

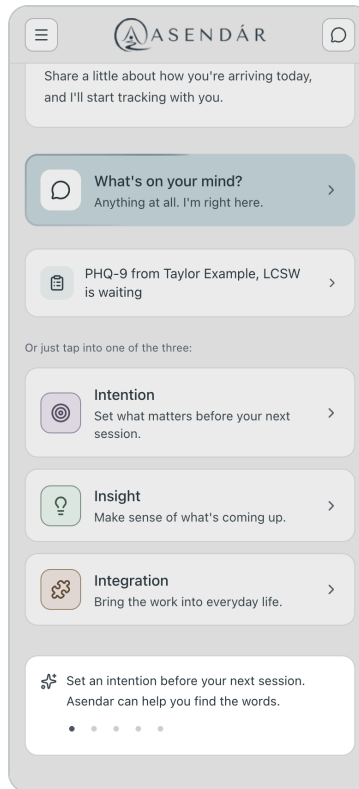
Type	Assigned	Status
PHQ-9 Depression Screening	Oct 6, 2026	Pending

🕒 **Completed Assessments (5)**

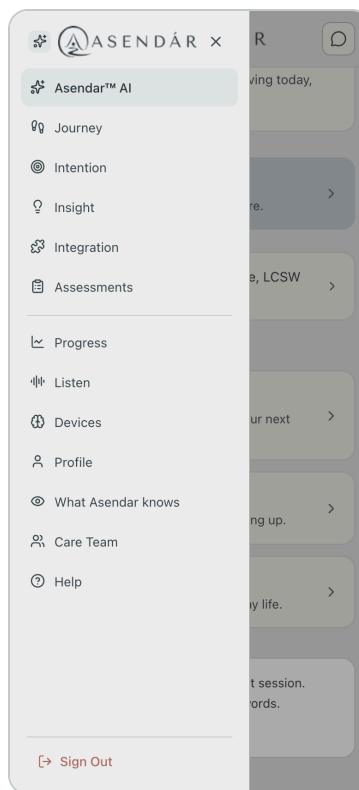
Type	Completed	Score	Actions
PHQ-9 Depression Screening	Oct 23, 2026	14	View

The assigned PHQ-9 waits under Active Assessments, marked Pending.

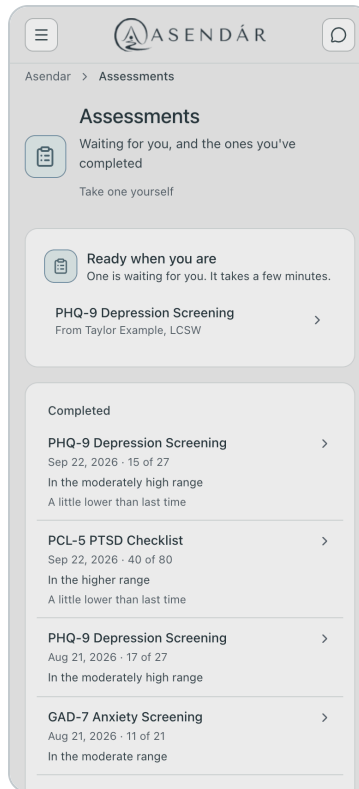
What the patient sees. Asendar emails the patient that a new assessment is assigned, with a **Complete Assessment** button that opens it. When they open Asendar, their home screen says it is waiting and who sent it, for example **PHQ-9 from Taylor Example, LCSW is waiting**; tapping it opens it. They can also open the menu and tap **Assessments**, where it is listed under **Ready when you are**, with your name. They answer each question and tap **Submit**. Asendar thanks them, and the line on the home screen goes away. The patient needs their own Asendar login, so for a patient you added without the invite email, send the invite first (section 5).



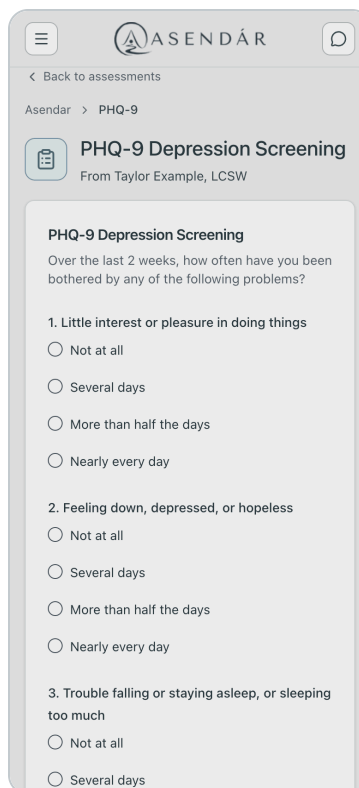
The patient's home screen with a PHQ-9 waiting.



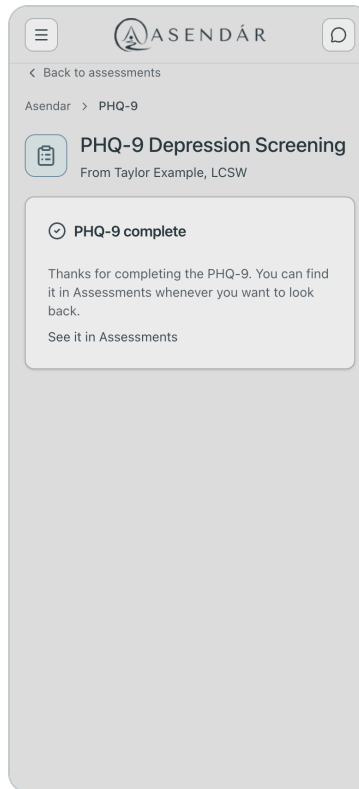
The patient's menu, with Assessments below Integration.



Assessments: the waiting PHQ-9 under Ready when you are.

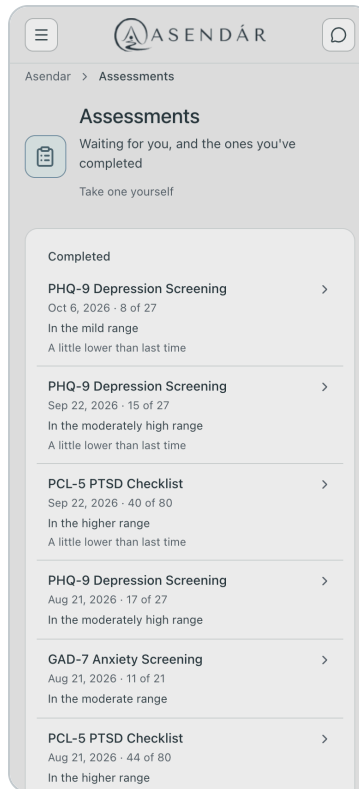


The patient answers each question, then taps Submit.



After Submit.

The patient's results. Each assessment the patient finishes is listed on their **Assessments** page under **Completed**, with the date, the score and a plain-words range, for example **8 of 27** and **In the mild range**.



The patient's completed assessments.

When it is done. On the patient's **Assessments** tab it moves to **Completed Assessments**, with the date and the score, and **View** opens the answers. Asendar also notifies you under **Notifications: Assessment completed by** and the patient's name.

Asendar

← Back **Felix Mockup** cocom.patient.felix@demo.local Log time

Witness Collaborative Care Profile Sessions **Assessments (6)** Prescriptions Treatment Plans Moods & J

Assessments
Assign and track patient assessments for progress monitoring + Assign Assessment

Filter by Type Start Date End Date
All Types mm/dd/yyyy mm/dd/yyyy Clear Filters

🕒 **Completed Assessments (6)**

Type	Completed	Score		Actions
PHQ-9 Depression Screening	Oct 6, 2026	8 Mild depression		👁 View
PHQ-9 Depression Screening	Sep 22, 2026	15 Moderately severe depression		👁 View
PCL-5 PTSD Screening	Sep 22, 2026	40 Probable PTSD		👁 View
PHQ-9 Depression Screening	Aug 21, 2026	17 Moderately severe depression		👁 View

The completed PHQ-9 on the patient's Assessments tab.

Where the score lands. The score is dated the day the patient submits it. From then on:

- it is listed on the **Scores** card on the Collaborative Care tab, marked **Completed by the patient**;
- it becomes the latest score on the caseload card, in the **Treatment summary** and on the symptom graph;
- it counts in the Medicaid Clinic Report, the Panel Outcomes Report and the billing packet's measurement evidence, the same as a score entered in Log time.

A score the patient completes is not part of a contact, so it adds no minutes, and it does not count toward **Contacts with a scale** in Caseload statistics (section 8.3), which counts only scores recorded at a contact.

 Scores Ordered by the day each score was taken.		+ score
PHQ-9 8 · Mild depression Completed by the patient		Oct 6, 2026
PHQ-9 15 · Moderately severe depression Entered by Taylor Example, LCSW from phone		Sep 22, 2026
PCL-5 40 · Probable PTSD Entered by Taylor Example, LCSW from phone		Sep 22, 2026
PHQ-9 17 · Moderately severe depression Entered by Taylor Example, LCSW in session		Aug 21, 2026
GAD-7 11 · Moderate anxiety Entered by Taylor Example, LCSW in session		Aug 21, 2026
PCL-5 44 · Probable PTSD Entered by Taylor Example, LCSW in session		Aug 21, 2026

Scores card: the patient's own PHQ-9 and GAD-7, marked Completed by the patient.

Felix Mockup
 MRN RCC-10006 · Riverside Collabora...

0 min

T

RPP suggested

F/U due today

Last contact Sep 22

PHQ- 17 →
 9 8

GAD- 11 over
 7 30d

PCL- 44 →
 5 40

More

+ time

+ score

Safety risk

Transportation

Open



The caseload card picks up the patient's latest PHQ-9 and GAD-7.

What to tell your patient. Say it at the visit, or paste it into a message:

I've sent you a short questionnaire in Asendar. You'll get an email about it. When you open Asendar, you'll see it on your home screen, or open the menu and tap Assessments. It takes a few minutes. Answer each question as best you can, then tap Submit. I'll see your answers before we next talk.

For a patient who wants it on paper, print the handout in the appendix, "Taking an assessment in Asendar".

Using a timer

In Log time select **Use a timer**, or **Start timer** on the patient's Collaborative Care tab. The clock runs on the server, so it keeps going if you lock the phone, reload or change devices. Pause, resume or stop it from the timer. Stopping fills in whole minutes for you to check before you save. Asendar warns you at 110 minutes, 10 short of the 120-minute cap.

Contact types

- **Screening:** scores taken before the first care manager visit.
- **Initial assessment:** the first care manager contact. Today reminds you from 7 days after enrollment until one is logged.
- **Follow-up:** each later contact. Today reminds you every 14 days. Change the interval on the Collaborative Care tab under **Follow-up every** (7, 14, 21 or 28 days).
- **Relapse prevention:** see section 7, Relapse prevention plan. Reminders move to every 28 days.
- **Psych consult:** a psychiatric consultation. Logged by the Psychiatric Consultant the open request names, or by the clinic's Owner or Clinic Admin, it records the review and clears the flag (below). Logged by anyone else, its minutes still count but the consult stays open, and the message after **Save** says so.
- **Care team collaboration:** time conferring with the PCP, other clinic staff or the patient's wider care team.
- **Contact attempt:** outreach that did not reach the patient. Today and the card show the last attempt and the attempts since the patient was last reached.

Psychiatric consultation

Every consult request names one of the patient's Psychiatric Consultants, so the patient needs one on the care team first (section 9).

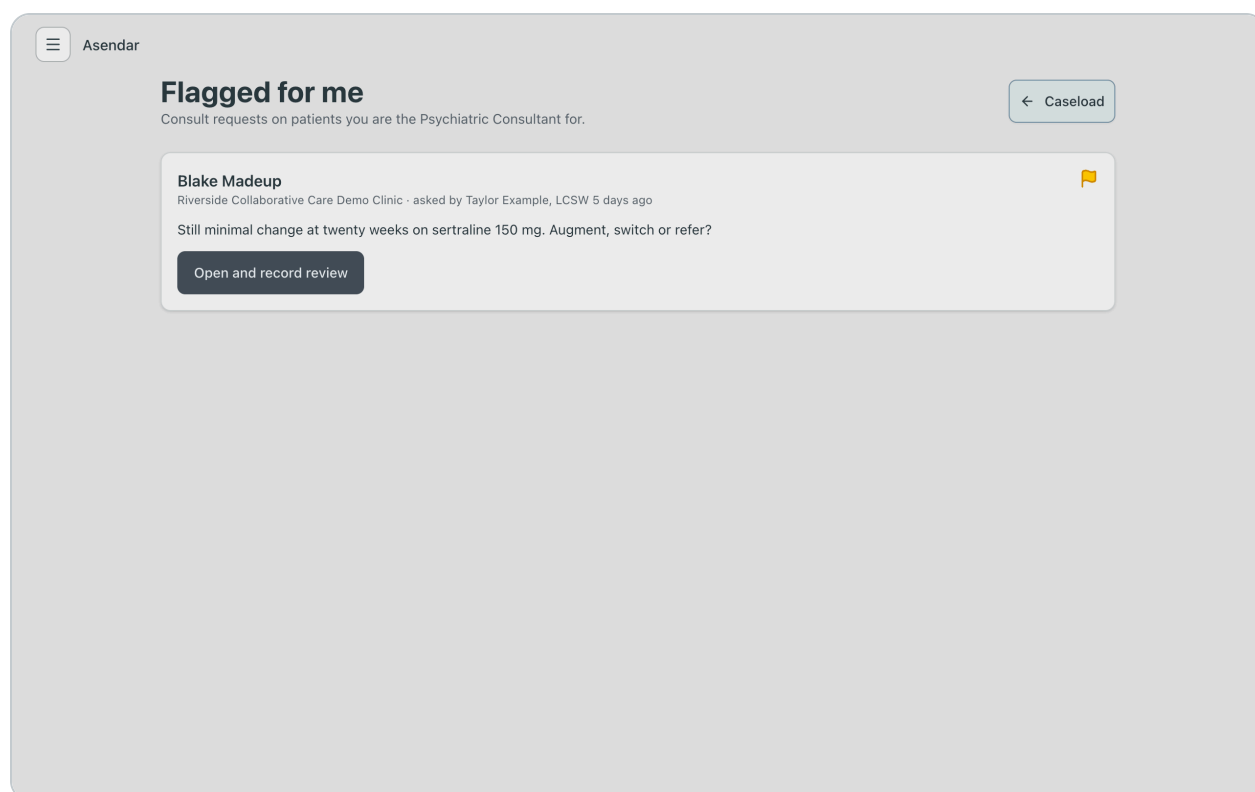
1. The care manager flags the patient: **Flag for psych consult** in Log time, or on the Collaborative Care tab write in **What do you want the consultant to weigh in on?** and select **Flag for consultant review**. Under the question the tab says who the request **Goes to**; with more than one

consultant, choose under **Consultant**. The card shows the yellow **Psych consult** flag and the tab shows **Consult review pending**.

2. The patient appears in **Flagged for me** for the consultant the request names, oldest first.
3. At case review the consultant opens the **Psychiatric consultant review** card, reads the notes, enters the **Recommendation**, the **Minutes** and the **Review date** (today by default, never in the future) and selects **Record review**. Logging a **Psych consult** contact in Log time does the same.
4. The flag clears, and the recommendation stays on the record under **Completed reviews**, with who recorded it and in what role. Its minutes join the billable month.

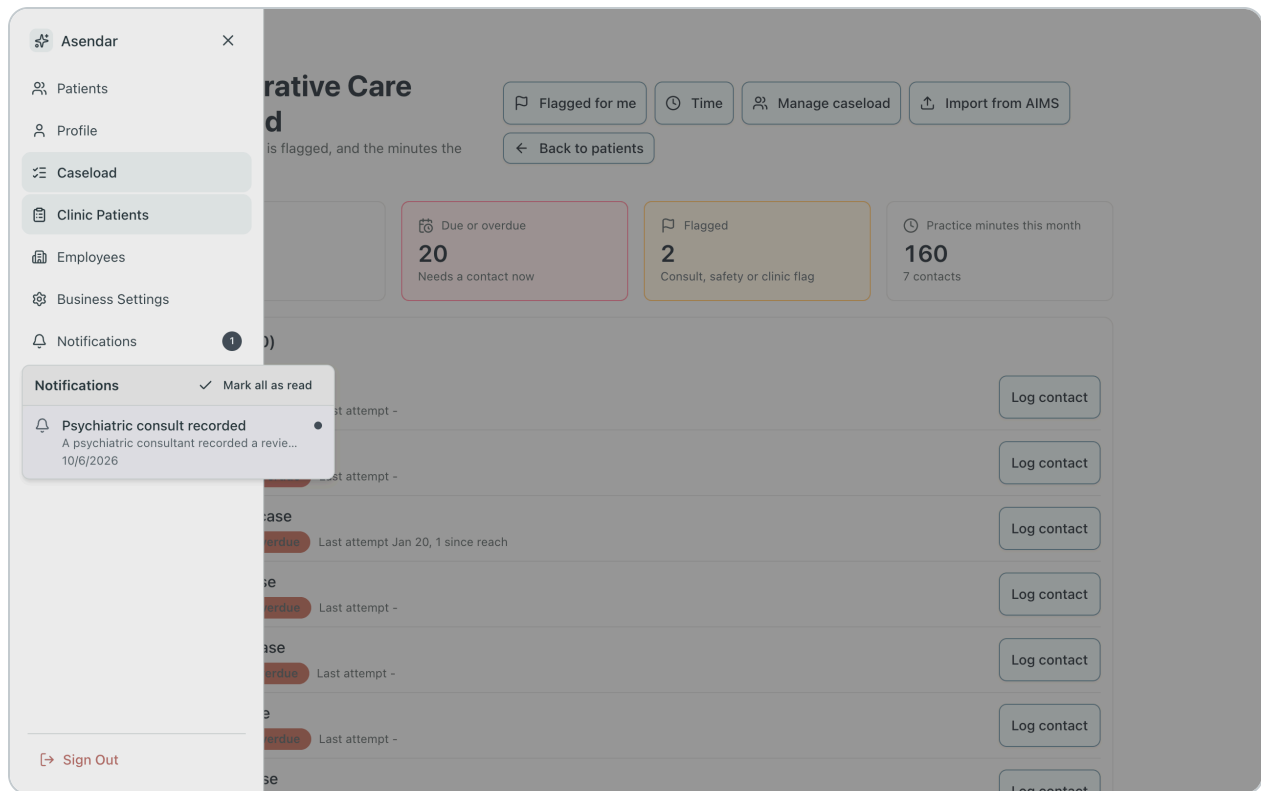
Who records it. Only the Psychiatric Consultant the request names, or the clinic's Owner or Clinic Admin, can record the review. Everyone else sees **Waiting on** and the consultant's name where the form would be. If the named consultant leaves the patient's care team, a Psychiatric Consultant still on the team can record it.

Who hears about it. When the review is recorded, the person who asked for it, the patient's Care Managers and any PCP with a login are each notified once. Anyone the patient has removed from their care team is not told. The email names no patient. Its **Read the recommendation** button opens the recommendation; if you are not signed in, Asendar asks you to sign in first and then opens it. In Asendar the notice is under **Notifications**: in the menu (section 4), or on the sidebar layout in the account menu at the top right. It opens the patient's Collaborative Care tab with the recommendation outlined and on screen; if that chart is already open, the outline moves to this recommendation. Nothing is sent while a consult is still waiting.



Flagged for me, the consultant's list.





The notice under Notifications in the menu, unread.

Updating and deleting contacts

Every contact is listed under **Contacts and minutes** on the Collaborative Care tab, newest first, grouped by day. Select the three-dot button on a contact.

- **Amend:** correct the date, type, minutes, note or who delivered it. A reason is required.
- **Void:** remove a contact logged in error, with a reason.

The original stays on record with who changed it, when and why. Minutes are what the practice bills, so nothing is erased. The person who logged a contact can correct it for 7 days; after that only a Clinic Admin or the Owner can.

Asendar

← Back

Blake Madeup

cocm.patient.blake@demo.local

⌚ Log time

🗨️ Witness

📅 Collaborative Care

Profile

Sessions

Assessments (11)

Prescriptions

Treatment Plans

Moods & .

⌚ Minutes this month

40 min

36 more minutes to 99494 (unit 1)

So far October supports 99493.

Subsequent month: 99493 at 31 minutes, then 99494 at 76. Each further 99494 is 30 minutes later, up to four.

+ Log time

▶ Start timer

📅 Contacts and minutes

Every contact and the minutes it took. A correction voids the entry and keeps it on record, because this is what the practice bills on.

THU, OCT 1

40 MIN

Follow-up

Phone, by Taylor Example, LCSW

Copy

PDF

30 min

⋮

Amend

Void

10 min

⋮

Care team collaboration

No patient contact, by Taylor Example, LCSW

Contact actions.

Working alongside your EHR

Each contact has **Copy** and **PDF**. **Copy** puts a plain-text note on your clipboard to paste into Epic or another EHR. On the Collaborative Care tab, **Copy PCP summary for EHR** and **PDF** give the PCP the scores against baseline, the current plan and the consultant's recommendations.

Asendar™ Collaborative Care User Guide

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7. Patient summary and clinical dashboard

The patient's **Collaborative Care** tab is the treatment history and the clinical dashboard in one. From the top:

- **Minutes this month:** a ring with the month's minutes on your clinic's calendar, the minutes to the next code, what the month already supports, and **Log time** and **Start timer** (below).
- **Contacts and minutes:** the treatment history (section 6).
- **Treatment summary:** status, enrollment date, weeks in treatment, contacts, last psychiatric consult, and for each scale the first and latest score with the change. A **50% met** badge shows when a scale has halved.
- **Symptom scores over time:** the PHQ-9, GAD-7 and PCL-5 on one graph, with a dashed line at half of each scale's first score, the 50% improvement target.
- **Scores:** every score in date order, with its severity, who entered it and where it came from.
- **Care team:** the patient's Care Manager, Psychiatric Consultant and PCP (section 9).
- **Collaborative Care:** when the patient enrolled, **Medicaid**, what is due (**Not yet due**, **Due today**, **Overdue by N days**), **Consult review pending**, **Next contact due**, **Last contact**, the **PCP summary**, **Billed under Medicaid**, **Follow-up every**, **MRN** and **Deactivate enrollment**.
- **Flags:** the red safety flag and your clinic's blue flag, raised and cleared here or on the caseload.
- **Episodes of care.**
- **Relapse prevention plan.**
- **Monthly Time Tracker:** this patient's minutes, twelve months back.
- **Psychiatric consultant review**, with completed reviews.

Minutes this month reads the month the way the billing packet does. Under the minutes to the next code it says what the month already supports, for example **So far October supports 99493**. Below every threshold it says **Nothing billable in October yet** and names the two floors: G2214 from 16 minutes, and 99493 from 31 (99492 from 36 in the patient's initial month). A clinic with minutes tracking turned off (section 11) sees **Contacts** here instead, with **Log contact** and no ring.

🕒 Minutes this month

40min

36 more minutes to 99494 (unit 1)

So far October supports 99493.

Subsequent month: 99493 at 31 minutes, then 99494 at 76. Each further 99494 is 30 minutes later, up to four.

+ Log time

▶ Start timer

Minutes this month: the ring, the next code, and what the month supports so far.



Treatment summary and symptom graph.

Collaborative Care

Registry for Riverside Collaborative Care Demo Clinic. Enrolled May 9, 2026.

Medicaid Not yet due Consult review pending

Minutes this month

40

240 minutes across 9 contacts

Next contact due

Oct 15, 2026

Every 14 days

Last contact

Oct 1, 2026

PCP summary

Scores against baseline, the current plan, and the consultant's recommendations, ready to paste into Epic.

[Copy PCP summary for EHR](#) [PDF](#)

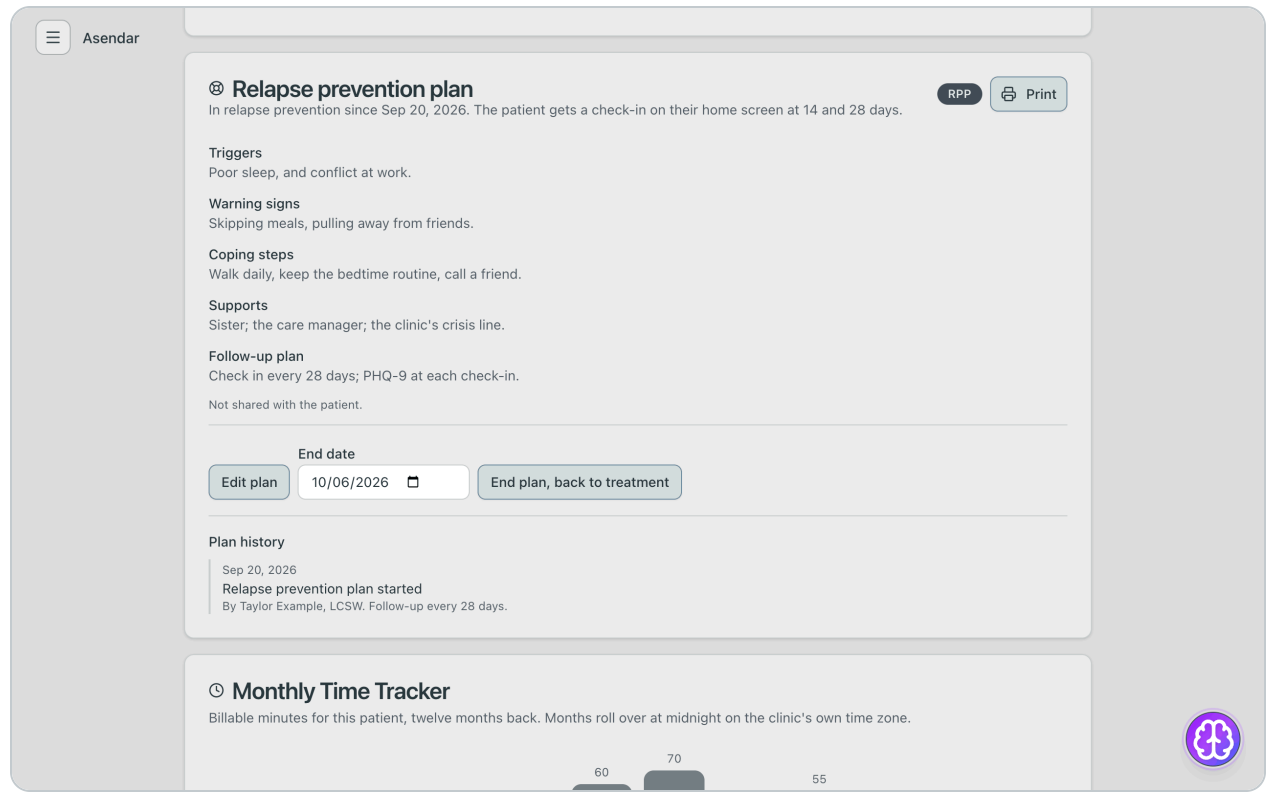
☒ Billed under Medicaid Follow-up every **14 days** [Deactivate enrollment](#)

MRN **RCC-10002** [Change](#)

The registry card.

Relapse prevention plan

On the **Relapse prevention plan** card select **Start relapse prevention plan**, fill in the plan and its start date, and start it. Follow-up reminders move to every 28 days and the patient shows **RPP**. To bring the patient back to active treatment, end the plan; reminders return to every 14 days. The caseload marks **RPP suggested** when a PHQ-9 or GAD-7 started at 10 or more and is now under 10 and at least halved.



A patient in relapse prevention.

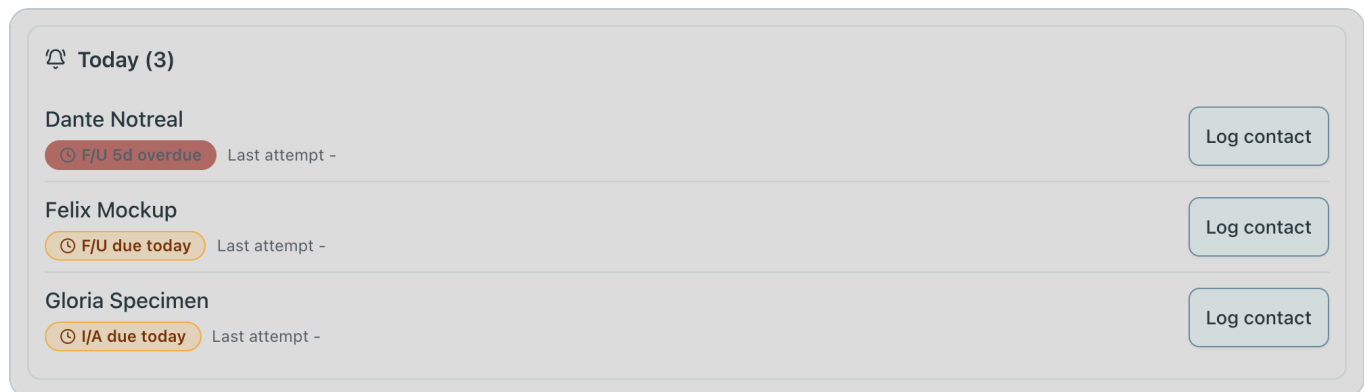
Status letters on the caseload: **E** enrolled and waiting for the initial assessment, **T** in treatment, **RPP** in a relapse prevention plan, **D** discharged (deactivated).

8. Reports

Everything in this section is on the **Caseload** page or one click from it. The page opens with four tiles: **Enrollments**, **Due or overdue**, **Flagged** and **Practice minutes this month**.

8.1 Today

Today sits at the top of the caseload. It lists every active patient whose initial assessment (7 days after enrollment) or follow-up (every 14 days, or 28 in relapse prevention) falls due by tonight, most overdue first, with the last attempt. **Log contact** opens Log time for that patient. With more than one care manager, choose one from the list at the top right, or **All care managers**.



The screenshot shows a 'Today (3)' tile with a bell icon. It lists three patients:

- Dante Notreal**: F/U 5d overdue (red label), Last attempt - (greyed out), Log contact button.
- Felix Mockup**: F/U due today (orange label), Last attempt - (greyed out), Log contact button.
- Gloria Specimen**: I/A due today (orange label), Last attempt - (greyed out), Log contact button.

Today.

8.2 Caseload list

Each enrolled patient has a card. What the caseload tracks for each patient is on the card or under **More**.

The face of the card: the name, the MRN, the clinic, **Medicaid**, the status letter, the flags, the minutes ring (this month), what is due, the last contact, and the PHQ-9, GAD-7 and PCL-5 as first score then latest, coloured by severity. A score more than 30 days old is marked **over 30d**, and over 60 days **stale**. Hovering a score shows when the first and latest were taken.

Flag	Meaning
Yellow Psych consult	Flagged for the psychiatric consultant. Clears when the review is recorded
Red Safety risk	Safety concern. Stays up until someone clears it
Blue, your clinic's label	Your clinic's own flag, for example Transportation

Dante Notreal

MRN RCC-10004 · Riverside Collabora...

T

Safety risk

F/U 5d overdue

Last contact Sep 17

PHQ-23 →
9 21

GAD-17 →
7 16

PCL-5 none

More ▾

+ time

+ score

Safety risk

Transportation

Open ↗

A card with the red safety flag.

Blake Madeup

MRN RCC-10002 · Riverside Collabora...

T

Psych consult

F/U in 9d

Last contact Oct 1

PHQ-18 →
9 16

GAD-15 →
7 14

PCL-38 →
5 35

More ▾

+ time

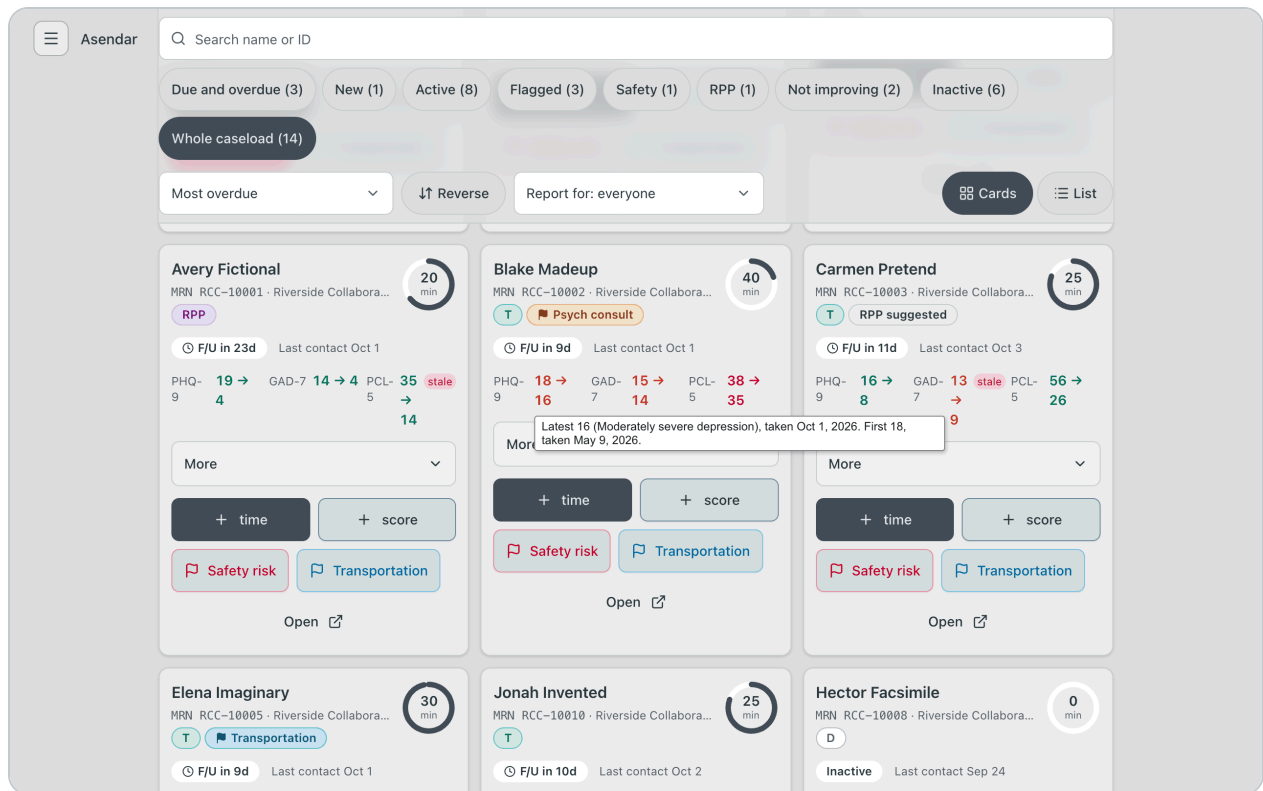
+ score

Safety risk

Transportation

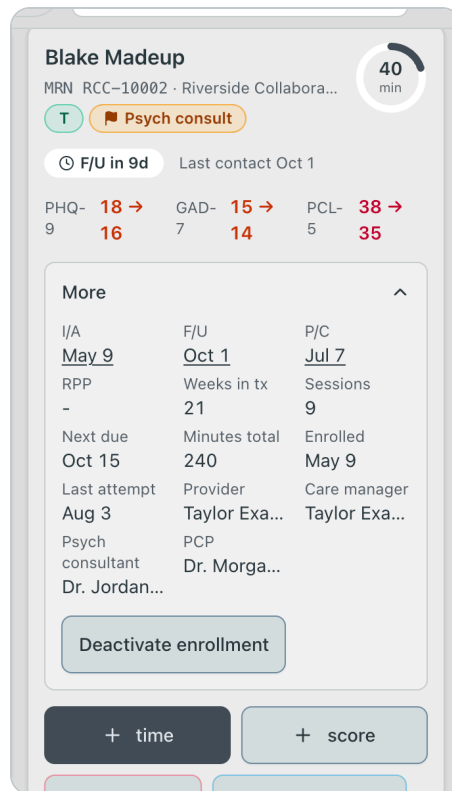
Open ↗

A card with the yellow consult flag.



Hovering a score shows its date.

More opens the rest: the **I/A**, **F/U**, **P/C** and **RPP** dates (each one opens that visit in the chart), weeks in treatment, sessions, next due, minutes in total, enrollment date, last attempt, provider, care manager, consultant and PCP, and **Deactivate enrollment**.



A card with More open.

Buttons on the card: + time (Log time), + score, the clinic's flag toggles and **Open**.

Search, filter and sort. Search by name or ID. The filters are **Due and overdue**, **New**, **Active**, **Flagged**, **Safety**, **RPP**, **Not improving** (10 or more weeks in treatment and a score still 10 or more and not halved), **Inactive** and **Whole caseload**. The sort list orders the caseload by any column: **Most overdue**, **Highest severity**, **Highest PHQ-9**, **Highest GAD-7**, **Highest PCL-5**, **Longest in treatment**, **Longest since contact**, **Next due soonest**, **Oldest initial assessment**, **Oldest follow-up**, **Oldest psych consult**, **Oldest relapse prevention**, **Most attempts since reach**, **Fewest minutes this month**, **Most minutes in total**, **Most sessions**, **Most recently enrolled**, **Care manager**, **Provider**, **Clinic** or **Name**. **Reverse** flips the order.

Every Axis column is on the card or under more, derived from the contacts and scores already in the record.

Export CSV (no PHI)

Search name or ID

Due and overdue (3) New (1) Active (8) Flagged (3) Safety (1) RPP (1) Not improving (2) Inactive (6)

Whole caseload (14)

Most overdue ↓ Reverse Report for: everyone Cards List

Most overdue

- ✓ Most overdue
- Highest severity
- Highest PHQ-9
- Highest GAD-7
- Highest PCL-5
- Longest in treatment
- Longest since contact
- Next due soonest

Felix Mockup MRN RCC-10006 · Riverside Collabora... 0 min

T F/U due today Last contact Sep 22

PHQ-9 17 → 15 GAD-7 11 over 30d PCL-5 44 → 40

More

+ time + score

Safety risk Transportation

Open

Gloria Specimen MRN RCC-10007 · Riverside Collabora... 0 min

E I/A due today Last contact Sep 29

PHQ-9 14 GAD-7 none PCL-5 none

More

+ time + score

Safety risk Transportation

Open

Avery Fictional MRN RCC-10001 · Riverside Collabora... 20 min

RPP

Blake Madeup MRN RCC-10002 · Riverside Collabora... 40 min

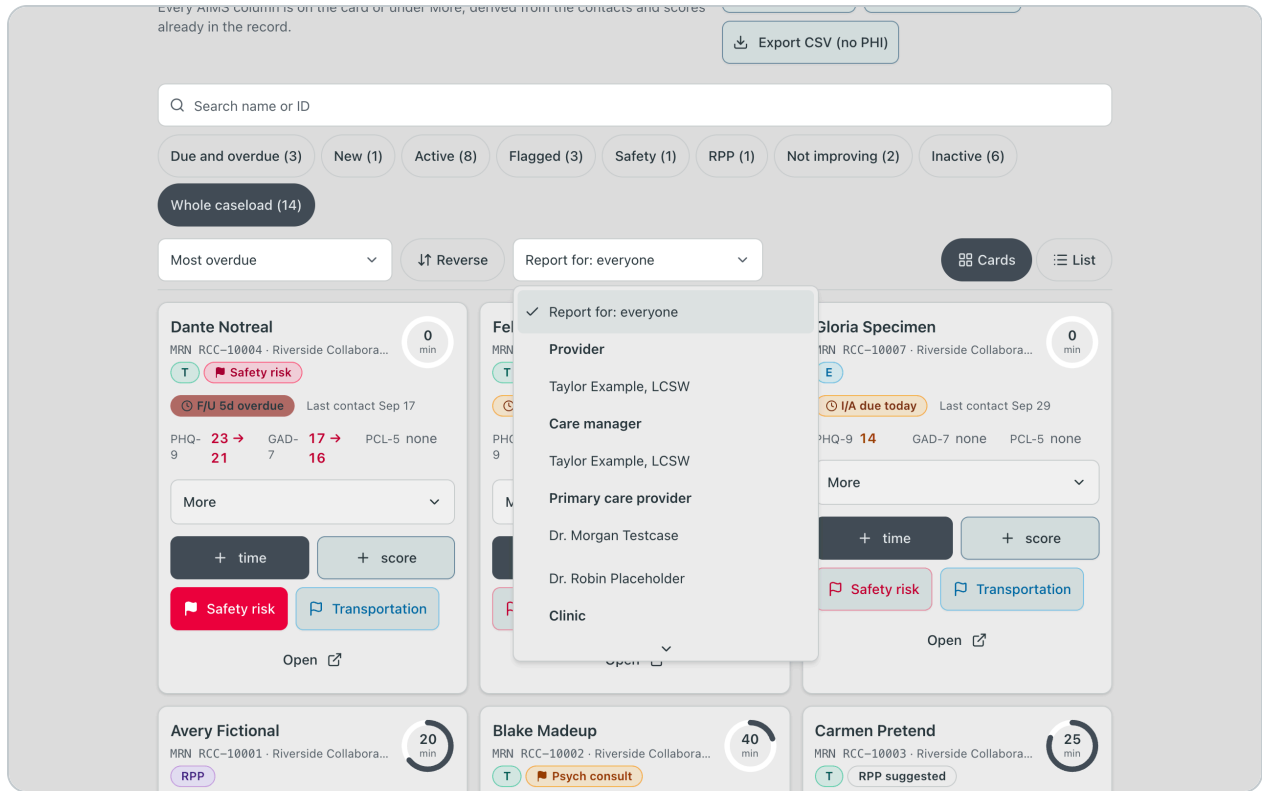
T Psych consult

Carmen Pretend MRN RCC-10003 · Riverside Collabora... 25 min

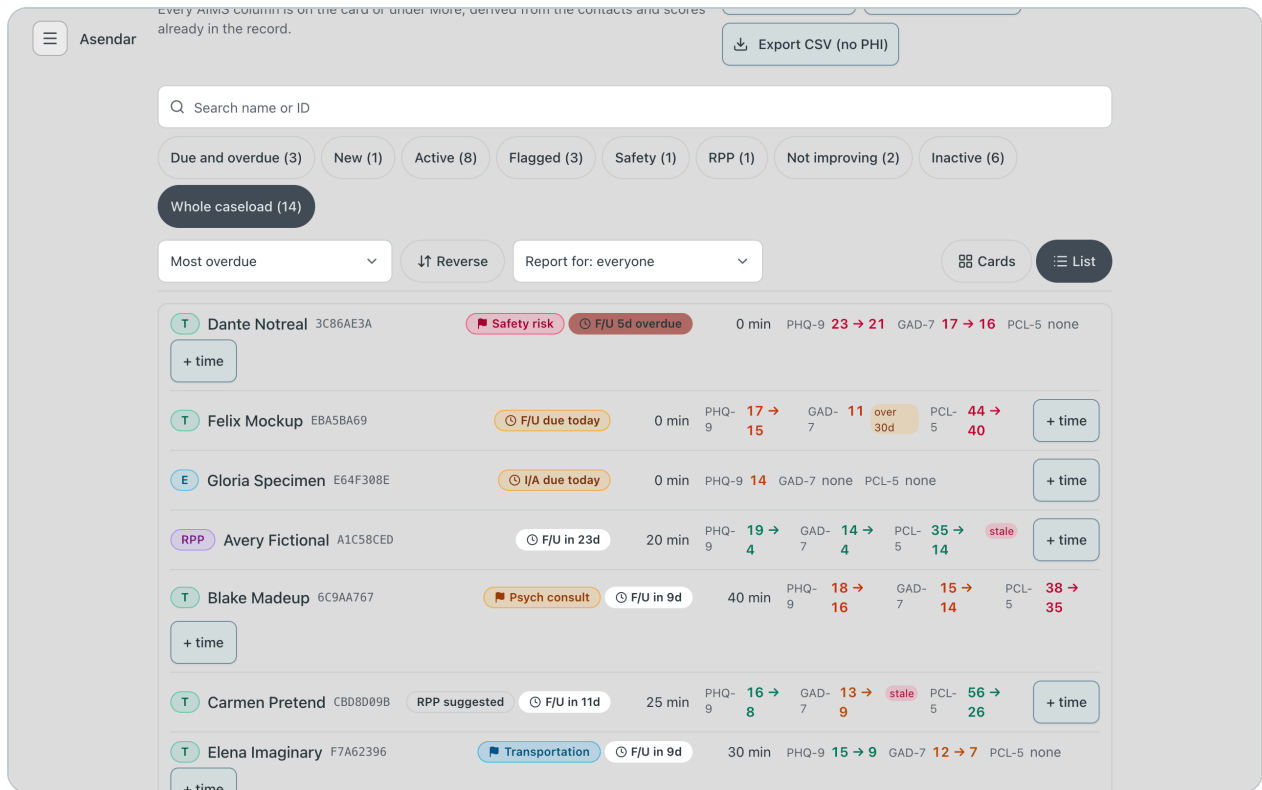
T RPP suggested

Sort by any column.

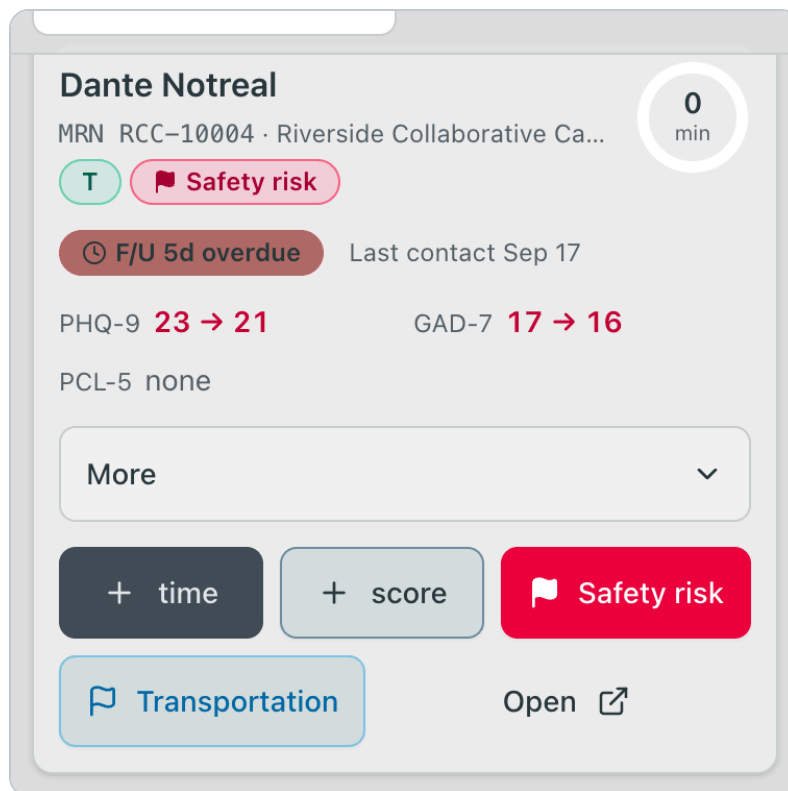
Report for runs the list for one **Provider**, **Care manager**, **Primary care provider** (including a directory PCP with no login) or **Clinic**, or **Report for: everyone** you can see. **Cards** and **List** switch between cards and a dense list.



Report for.



The dense list.



The caseload on a phone.

Caseload CSVs. **Export CSV (PHI)** and **Export CSV (no PHI)** download the whole caseload.

8.3 Caseload statistics

The **Medicaid Clinic Report** sits below the caseload list.

1. Set **Period start** and **Period end** (the last 90 days by default).
2. Choose **Group by**: Practice, Clinic, Provider, Care Manager, Psychiatric Consultant or Primary Care Provider.
3. Select **Run report**.

Caseload statistics shows the active caseload, average PHQ-9 baseline to latest, average minutes per contact, **Contacts with a scale**, the phone or video share, **In relapse prevention plan**, average weeks in treatment, **Flagged for psychiatric consult**, patients with a follow-up, average follow-ups and patients with a psychiatric consultation, plus average GAD-7 and PCL-5 first to last where a patient has those scores. It lists who **May need psychiatric consult** (not responding at 10 or more weeks, no consultation in the last 60 days). Grouped by care team, a patient with no one in a role counts under **Not assigned**, and a patient with two Care Managers counts under each.

Contacts with a scale is the share of the period's patient contacts (screening, initial assessment, follow-up and relapse prevention; not consultations, care team collaboration, contact attempts or anything recorded as No patient contact) with a PHQ-9, GAD-7 or PCL-5 recorded at that contact; the University of Washington AIMS Center suggests at least 75%. **In relapse prevention plan** counts

patients with a plan open on the report's as-of date (the AIMS Center suggests 10 to 20% of the caseload). **Flagged for psychiatric consult** counts patients with a consult request not yet recorded; safety and custom flags are not counted, so it can be lower than the caseload's **Flagged** tile.

Owners and Clinic Admins see their clinics whole; everyone else sees their own caseload.

Asendar

active patients

Last 3 months: 2026-08 42.86% · 2026-09 33.33% · 2026-10 42.86%

baseline 10 or higher

Last 3 months: 2026-08 33.33% · 2026-09 30% · 2026-10 27.27%

baseline 33 or higher

Last 3 months: 2026-08 60% · 2026-09 60% · 2026-10 60%

Caseload statistics

Active caseload

8

Average PHQ-9, baseline to latest

17.6 to 12.3

Average minutes per contact

29.4

Contacts with a scale

75% (18 of 24)

Phone or video share

64% (16 of 25)

In relapse prevention plan

12.5% (1 of 8)

Average weeks in treatment

12.4

Flagged for psychiatric consult

12.5% (1 of 8)

Patients with a follow-up

87.5% (7 of 8)

Average follow-ups

3.3

With a psychiatric consultation

25% (2 of 8)

Average GAD-7, first to last

13.5 to 9.8

Average PCL-5, first to last

43.3 to 28.8

May need psychiatric consult: 3

Not responding at 10+ weeks, no consultation in the last 60 days.

Blake Madeup

Dante Notreal

Elena Imaginary

Completed episodes

Episodes of care that ended in the period. A re-enrolled patient's earlier episode counts as its own.

Completed episodes

2

Episode length, median and mean

19.5 and 19.5 weeks

Average contacts per episode

3.5

Average PHQ-9, baseline to discharge

18.5 to 9 (2 paired)

Improved at discharge

Suppressed (n<5)

Response at discharge

Suppressed (n<5)

Remission at discharge

Suppressed (n<5)

Discharge reasons

Completed treatment

1

No patient contact

1

Patient declined

0

Referred elsewhere

0

Moved

0

Deceased

0

Other

0

Depression response and remission (HEDIS DRR-E, 4 to 8 months)

Measurement year 2026

Intake 2025-05-01 to 2026-04-30

Response 60%, remission 40% (n=5)

Measurement year 2025

Intake 2024-05-01 to 2025-04-30

No closed windows yet

Measurement year 2024

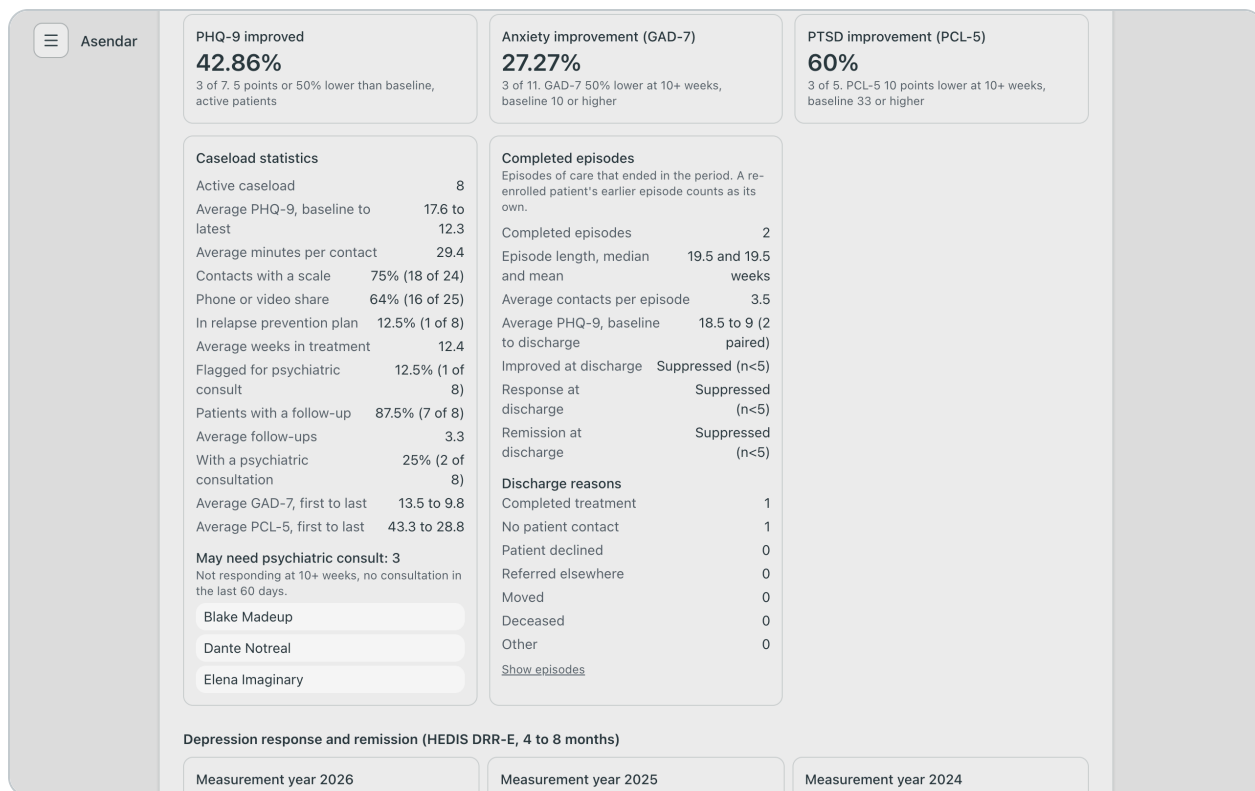
Intake 2023-05-01 to 2024-04-30

No closed windows yet

Caseload statistics for the practice.

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Caseload statistics grouped by Care Manager.

8.4 Completed episodes

Completed episodes, in the Medicaid Clinic Report under Caseload statistics, covers the episodes of care that ended in the report period. A re-enrolled patient's earlier episode counts as its own. It shows how many ended, their length (median and mean weeks), the average contacts per episode, the average PHQ-9 at baseline and at discharge, how many improved, responded and remitted by discharge (shown once there are at least five), and the discharge reasons with a count for each. **Show episodes** lists them: patient, episode number, weeks and reason.

Asendar

active patients

Last 3 months: 2026-08 42.86% · 2026-09 33.33% · 2026-10 42.86%

baseline 10 or higher

Last 3 months: 2026-08 33.33% · 2026-09 30% · 2026-10 27.27%

baseline 33 or higher

Last 3 months: 2026-08 60% · 2026-09 60% · 2026-10 60%

Caseload statistics

Active caseload

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Average PHQ-9, baseline to latest

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Average weeks in treatment

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Flagged for psychiatric consult

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Average follow-ups

3.3

With a psychiatric consultation

25% (2 of 8)

Average GAD-7, first to last

13.5 to 9.8

Average PCL-5, first to last

43.3 to 28.8

May need psychiatric consult: 3

Not responding at 10+ weeks, no consultation in the last 60 days.

Blake Madeup

Dante Notreal

Elena Imaginary

Completed episodes

Episodes of care that ended in the period. A re-enrolled patient's earlier episode counts as its own.

Completed episodes

2

Episode length, median and mean

19.5 and 19.5 weeks

Average contacts per episode

3.5

Average PHQ-9, baseline to discharge

18.5 to 9 (2 paired)

Improved at discharge

Suppressed (n<5)

Response at discharge

Suppressed (n<5)

Remission at discharge

Suppressed (n<5)

Discharge reasons

Completed treatment

1

No patient contact

1

Patient declined

0

Referred elsewhere

0

Moved

0

Deceased

0

Other

0

[Show episodes](#)

Depression response and remission (HEDIS DRR-E, 4 to 8 months)

Measurement year 2026

Intake 2025-05-01 to 2026-04-30

Response 60%, remission 40% (n=5)

Measurement year 2025

Intake 2024-05-01 to 2025-04-30

No closed windows yet

Measurement year 2024

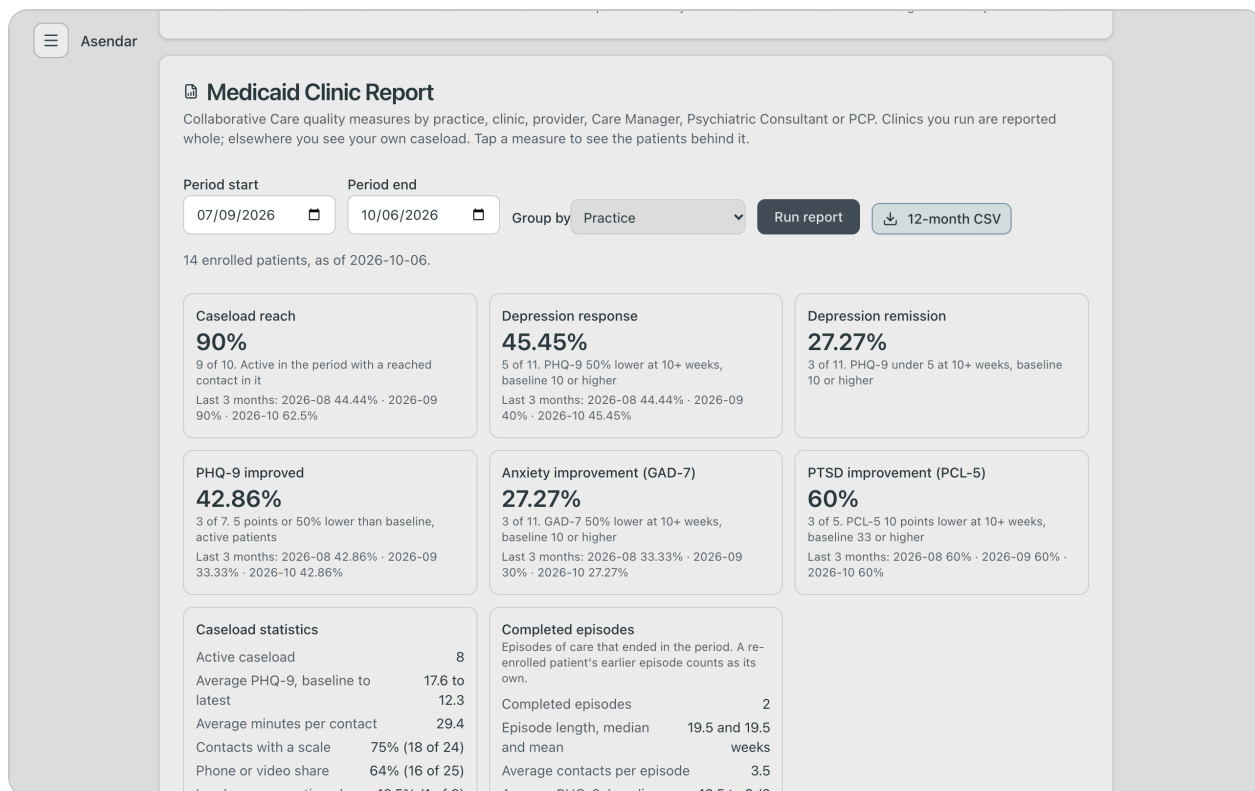
Intake 2023-05-01 to 2024-04-30

No closed windows yet

Completed episodes.

8.5 CoCM quality metrics

The Medicaid Clinic Report's measure cards are **Caseload reach**, **Depression response**, **Depression remission**, **PHQ-9 improved**, **Anxiety improvement (GAD-7)** and **PTSD improvement (PCL-5)**, each with its last three months. Tap a measure to see the patients behind it. **12-month CSV** downloads the trend, with contacts with a scale, patients in a relapse prevention plan and patients flagged for psychiatric consult for each month. Scores already recorded on a scale still count after your clinic switches that scale off.



Medicaid Clinic Report.

The **Panel Outcomes Report** (Owners and Clinic Admins) runs below it. Set **Period start**, **Period end** and **As of**, then **Run report**. It shows 4 to 8 month rates (HEDIS DRR-E style), 12 month rates (MIPS 370 style) and the Collaborative Care program metrics: active caseload, new enrollments, baseline PHQ-9 within 30 days, measures completion, engagement, response and remission at 10 or more weeks, non-responders with a psychiatric consultation, median weeks to response and completed episodes. It also carries month-by-month report lines in the format a state funding program asks for. The detail CSVs and **Print / Save as PDF** export it.

Asendar™		2026-10 11 1 0 3 9 1 (9.09%)					
Patients Caseload Clinic Patients Employees Business Settings Profile Log time ADMIN Audit Logs Legal Requests Light Dr. Quinn Demo Owner Sign Out		B. 4-8 month rates (HEDIS DRR-E style) Follow-up Response Remission 80% (4 of 5) 60% (3 of 5) 40% (2 of 5) C. 12 month rates (MIPS 370 style) Follow-up Response Remission 20% (1 of 5) 0% (0 of 5) 0% (0 of 5) D. Collaborative Care program metrics Active caseload 11 New enrollments in period 13 Baseline PHQ-9 within 30 days 92.31% (12 of 13) Measures completion (last 30 days) 90.91% (10 of 11) Engagement (last 30 days) 90.91% (10 of 11) Depression response at 10+ weeks 50% (6 of 12) Depression remission at 10+ weeks 25% (3 of 12) Non-responders with a psychiatric consultation 16.67% (1 of 6) Median weeks to response 13.45 Completed episodes in period 3					

Panel Outcomes Report: 4 to 8 month and 12 month rates, and the program metrics.

8.6 HEDIS Depression Remission or Response (DRR)

Depression response and remission (HEDIS DRR-E, 4 to 8 months) is in the Medicaid Clinic Report, by measurement year (intake May 1 to April 30), and follows the report's grouping. A year shows its rates once its 4 to 8 month windows have closed and it has at least five patients.

Asendar

Caseload statistics

Active caseload

8

Average PHQ-9, baseline to latest

17.6 to 12.3

Average minutes per contact

29.4

Contacts with a scale

75% (18 of 24)

Phone or video share

64% (16 of 25)

In relapse prevention plan

12.5% (1 of 8)

Average weeks in treatment

12.4

Flagged for psychiatric consult

12.5% (1 of 8)

Patients with a follow-up

87.5% (7 of 8)

Average follow-ups

3.3

With a psychiatric consultation

25% (2 of 8)

Average GAD-7, first to last

13.5 to 9.8

Average PCL-5, first to last

43.3 to 28.8

May need psychiatric consult: 3

Not responding at 10+ weeks, no consultation in the last 60 days.

Blake Madeup

Dante Notreal

Elena Imaginary

Completed episodes

Episodes of care that ended in the period. A re-enrolled patient's earlier episode counts as its own.

Completed episodes

2

Episode length, median and mean

19.5 and 19.5 weeks

Average contacts per episode

3.5

Average PHQ-9, baseline to discharge

18.5 to 9 (2 paired)

Improved at discharge

Suppressed (n<5)

Response at discharge

Suppressed (n<5)

Remission at discharge

Suppressed (n<5)

Discharge reasons

Completed treatment

1

No patient contact

1

Patient declined

0

Referred elsewhere

0

Moved

0

Deceased

0

Other

0

Show episodes

Depression response and remission (HEDIS DRR-E, 4 to 8 months)

Measurement year 2026

Intake 2025-05-01 to 2026-04-30

Response 60%, remission 40% (n=5)

Measurement year 2025

Intake 2024-05-01 to 2025-04-30

No closed windows yet

Measurement year 2024

Intake 2023-05-01 to 2024-04-30

No closed windows yet

HEDIS DRR by measurement year.

8.7 Monthly time tracker

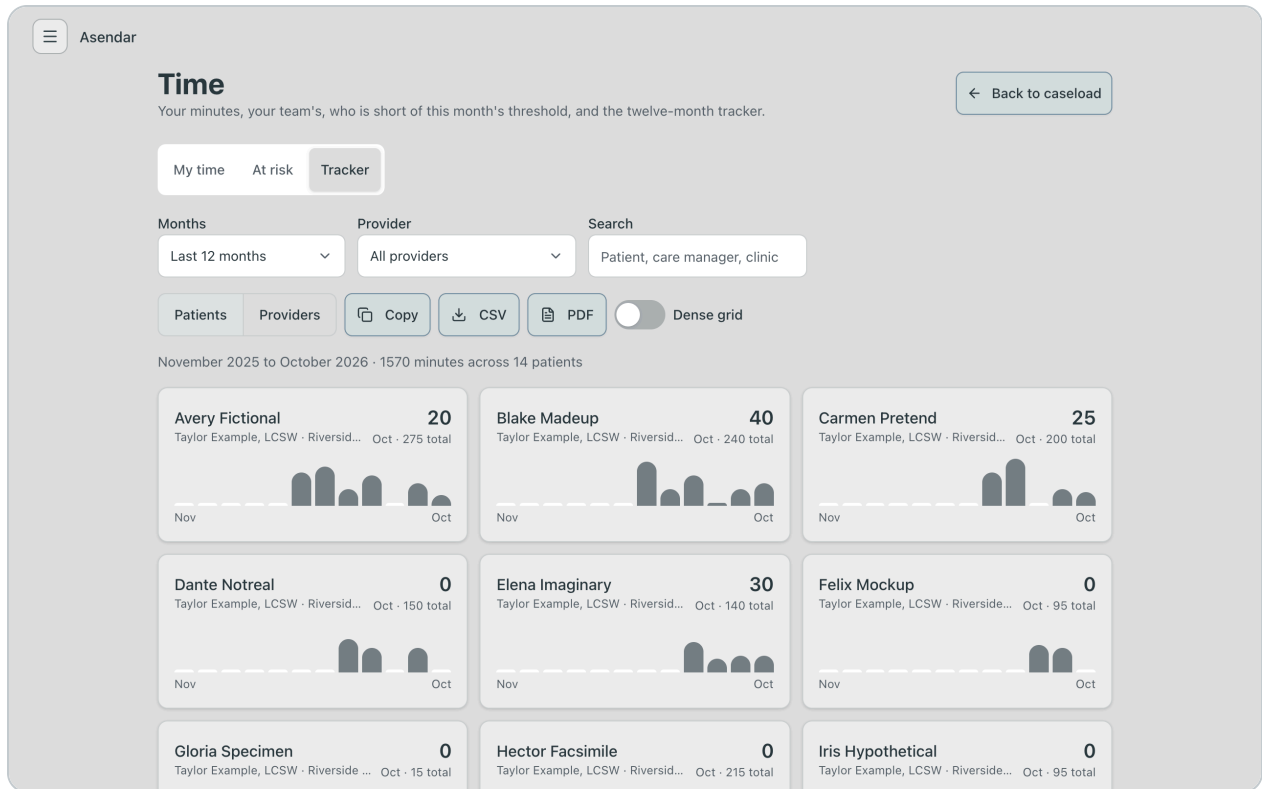
The caseload shows a **Monthly Time Tracker** strip: billable minutes across the caseload, twelve months back, on each clinic's own clock. Select **Time** at the top of the caseload for the full view:

- **My time:** your minutes today, this week and this month, and your entries by day or by activity.
- **Team:** each provider's minutes (Owners and Clinic Admins).
- **At risk:** every active patient below the minutes their code needs this month, with the minutes still needed and the days left.
- **Tracker:** minutes per patient per month, the last 12 months by default, by patient or by provider, with **Copy**, **CSV** and **PDF**.

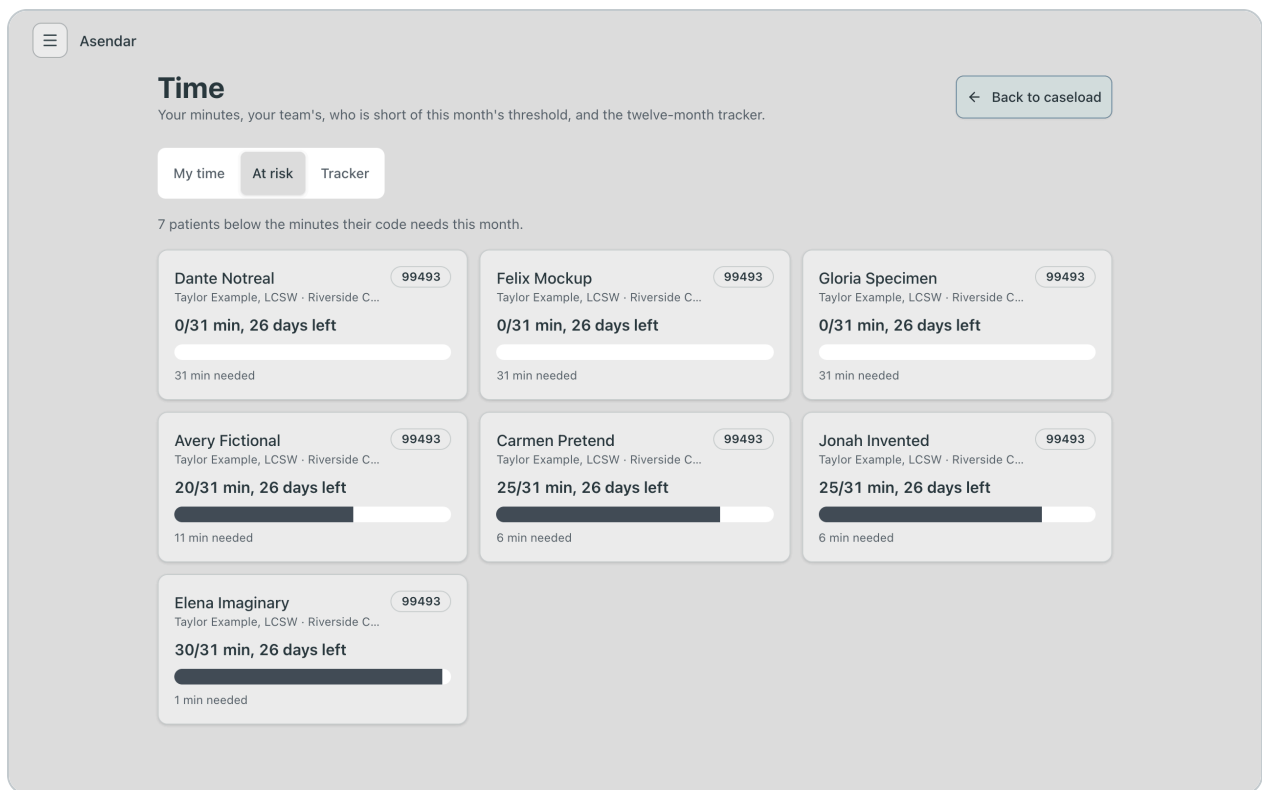
These views, the billing packet and both reports open on the clinic's current month and today's date on the clinic's clock, even when your device is set to another time zone, so on the evening of the last day of a month they still open on that month.

Asendar™ Collaborative Care User Guide

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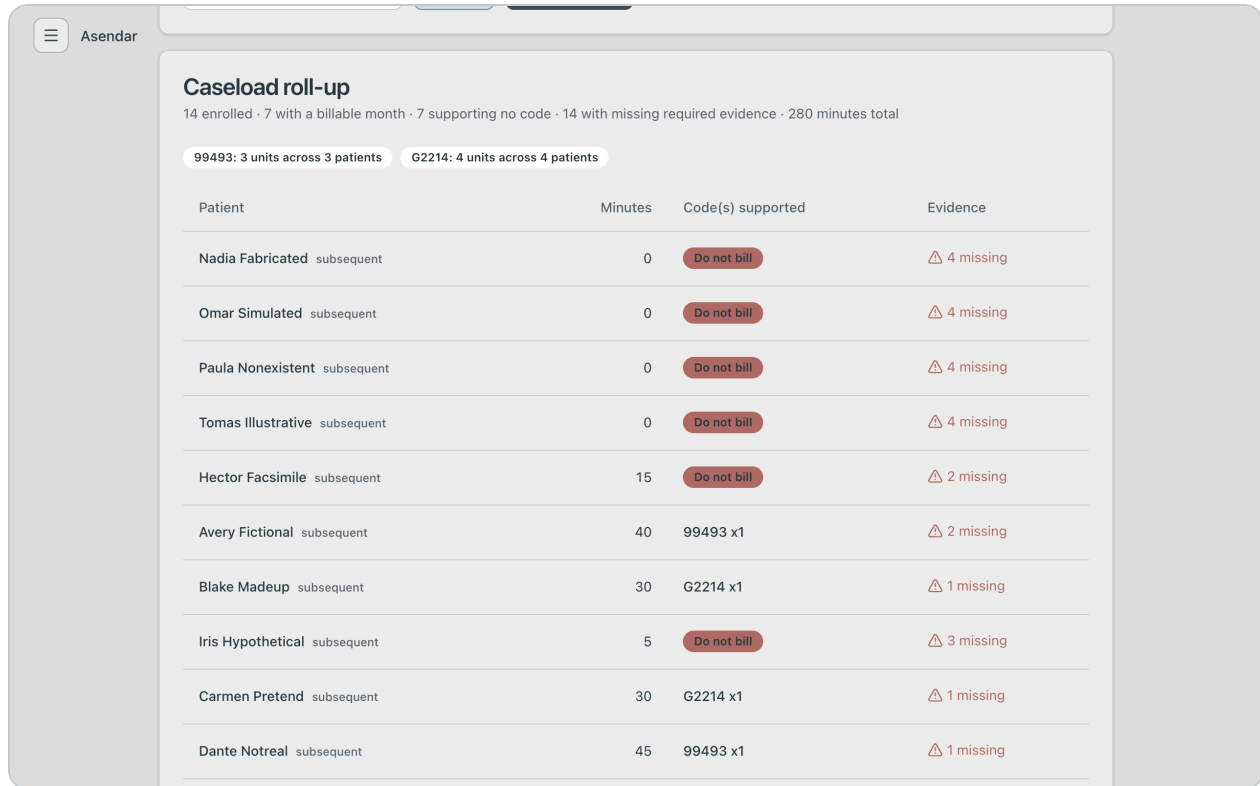
Time, Tracker.



Time, At risk.

8.8 Monthly billing packet

Billing packet on the caseload shows, for a chosen month, every enrolled patient's minutes, the code or codes the month supports and the evidence behind it, with **CSV** and **PDF packet**. The packet carries no dollar figures. Asendar submits no claim: the packet is what the claim is keyed from and the record you produce on audit.



The screenshot shows the 'Caseload roll-up' interface in the Asendar system. It displays a summary of patient data for a specific month, including the number of enrolled patients, those with billable months, those supporting no code, those with missing required evidence, and the total minutes. Below the summary, there are two tabs: '99493: 3 units across 3 patients' and 'G2214: 4 units across 4 patients'. The main table lists patients with their names, minutes, supported codes, and evidence. Patients with 0 minutes are marked 'Do not bill', while those with more minutes have specific codes and evidence for missing units.

Patient	Minutes	Code(s) supported	Evidence
Nadia Fabricated subsequent	0	Do not bill	4 missing
Omar Simulated subsequent	0	Do not bill	4 missing
Paula Nonexistent subsequent	0	Do not bill	4 missing
Tomas Illustrative subsequent	0	Do not bill	4 missing
Hector Facsimile subsequent	15	Do not bill	2 missing
Avery Fictional subsequent	40	99493 x1	2 missing
Blake Madeup subsequent	30	G2214 x1	1 missing
Iris Hypothetical subsequent	5	Do not bill	3 missing
Carmen Pretend subsequent	30	G2214 x1	1 missing
Dante Notreal subsequent	45	99493 x1	1 missing

Monthly billing packet.

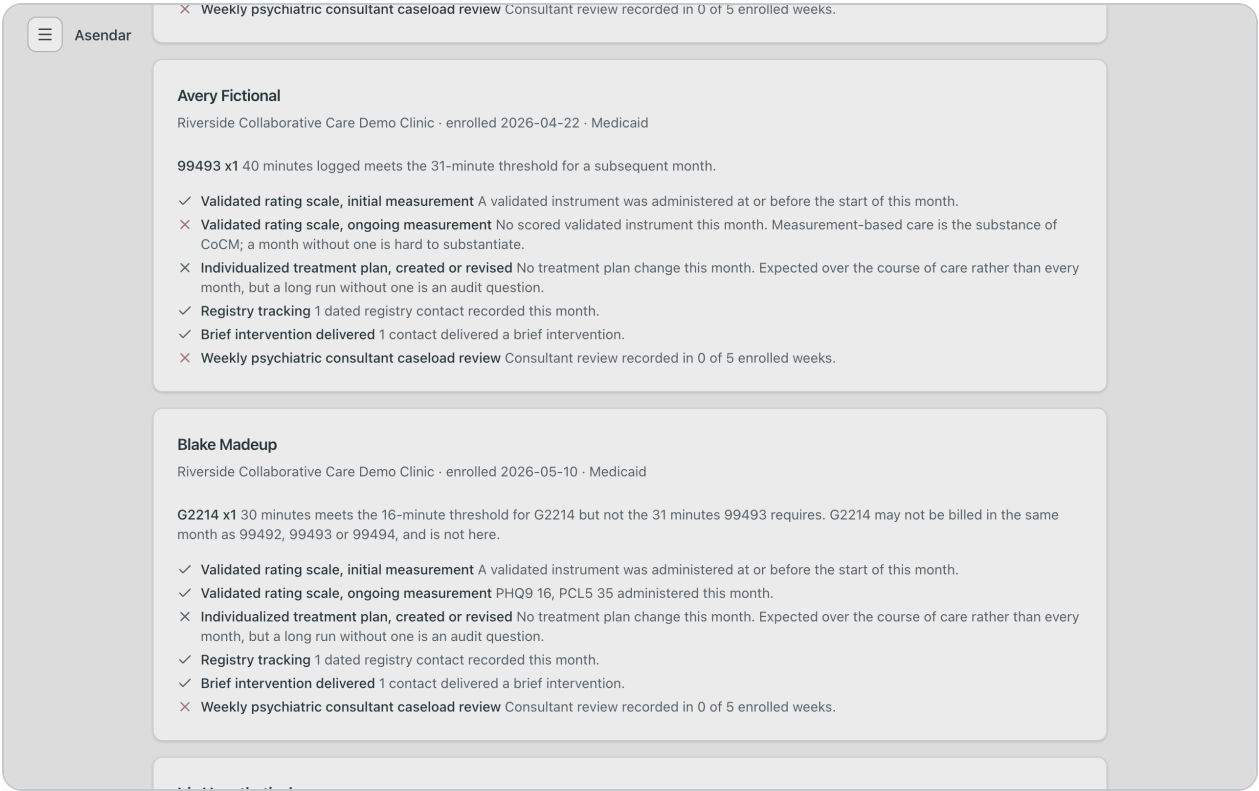
The codes. Minutes are behavioral health care manager minutes in the calendar month, on the clinic's own clock.

Month	Base code	First 99494	Each further 99494
Initial month (the patient's first billable month)	99492 from 36 minutes	at 86 minutes	every 30 minutes after that (116, 146)
Any later month	99493 from 31 minutes	at 76 minutes	every 30 minutes after that (106, 136)

- 99494 is capped at **4 units** a month.
- **G2214** applies from 16 minutes when the base code is not reached, and is never billed in the same month as 99492, 99493 or 99494. Asendar enforces this.
- Under 16 minutes the month shows **Do not bill**, with the reason. Every enrolled patient appears, so no month is silently dropped.

- A patient carried at two clinics in a month is billed once, by the primary clinic.

The evidence. For each patient-month the packet checks a validated rating scale, the treatment plan created or revised, registry tracking, a brief intervention delivered and the weekly psychiatric consultant caseload review. Minutes and evidence are shown separately: a month can meet the minutes and still be one you should not bill.



One patient's month: the code decision and the evidence, line by line.

Who recorded each consult review. In a month with a recorded psychiatric review, the evidence line **Weekly psychiatric consultant caseload review** ends with **Recorded by:** and, for each review, its date, who recorded it and in what role: **Psychiatric Consultant**, **Owner** or **Clinic Administrator**. The web page and the PDF packet both show it, and the CSV carries the same in its last column, **Consult reviews recorded by**.

Blake Madeup

Riverside Collaborative Care Demo Clinic · enrolled 2026-05-10 · Medicaid

99493 x1 60 minutes logged meets the 31-minute threshold for a subsequent month.

- ✓ **Validated rating scale, initial measurement** A validated instrument was administered at or before the start of this month.
- ✓ **Validated rating scale, ongoing measurement** PHQ9 16, GAD7 14 administered this month.
- ✗ **Individualized treatment plan, created or revised** No treatment plan change this month. Expected over the course of care rather than every month, but a long run without one is an audit question.
- ✓ **Registry tracking** 3 dated registry contacts recorded this month.
- ✓ **Brief intervention delivered** 1 contact delivered a brief intervention.
- ✗ **Weekly psychiatric consultant caseload review** Consultant review recorded in 1 of 5 enrolled weeks. Recorded by: 2026-10-06 Dr. Jordan Synthetic (Psychiatric Consultant).

The consult evidence names who recorded the review and in what role.

9. Provider assignments

Each enrolled patient has a named care team on the Collaborative Care tab: a **Care Manager** (required), and optionally a **Psychiatric Consultant** and a **Primary Care Provider**. Several people can share a role.

To add someone: on the **Care team** card select **Assign**, choose the **Role**, choose the person from **Clinic staff** (their care team role label shows beside the name), and select **Assign**. A PCP who does not sign in to Asendar can be added to the clinic's directory with their name, NPI and practice, then assigned the same way; the card shows them with "no login".

Naming someone on the care team lets them open the patient at that clinic: the chart and the Collaborative Care tab, where they can do what their role allows (a consultant records the reviews that name them). It grants no export, Employees or settings power.

Assign a Psychiatric Consultant before flagging a consult. Every consult request names one of the patient's Psychiatric Consultants, and only that consultant, or the clinic's Owner or Clinic Admin, records the review (section 6). Until the patient has one, the tab says so and the consult flag stays off, in Log time too.

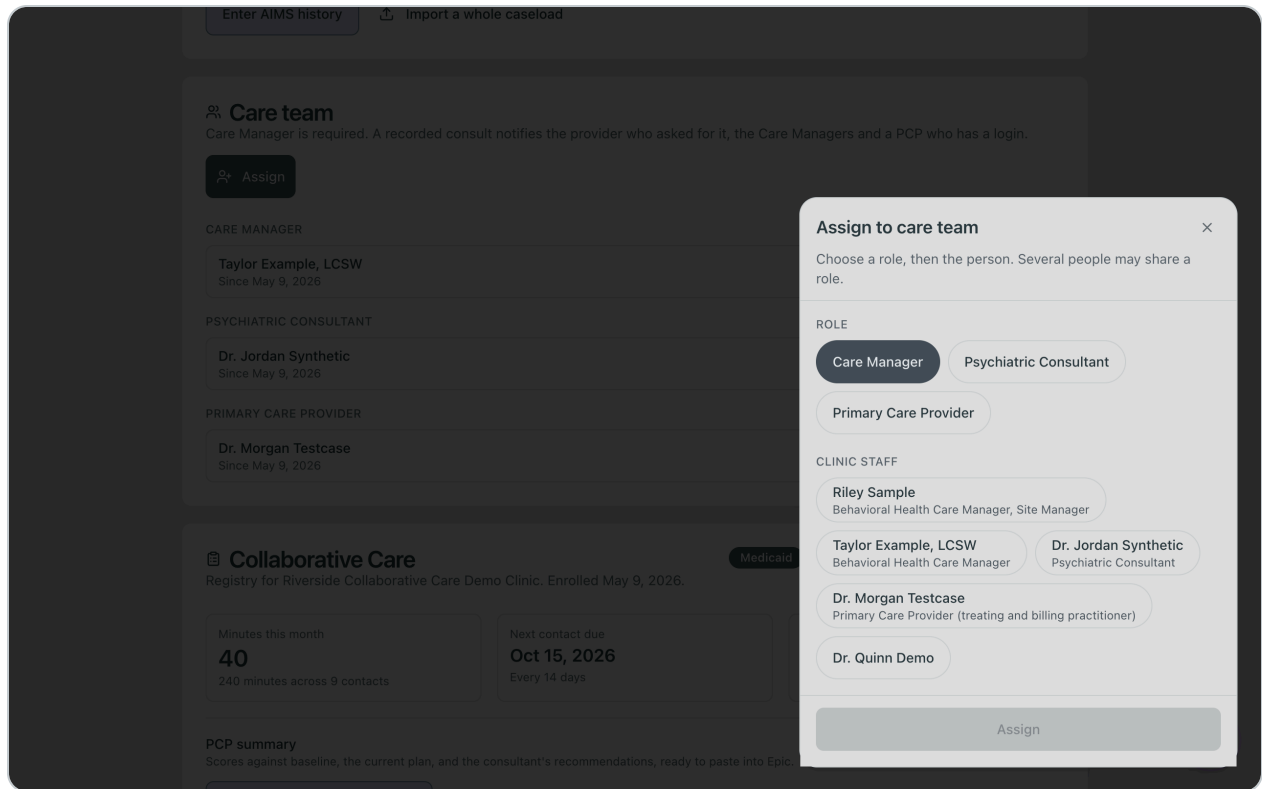
To remove someone: select **Remove** beside them. Their access through the care team ends. The last Care Manager cannot be removed; assign the new one first. A removed assignment stays on the card's history with its dates. Someone who reaches the patient only through their own assignment cannot change the care team; the clinic's Owner or Clinic Admin can.

To transfer a patient to another care manager, assign the new Care Manager, then remove the old one. To move many patients at once, use the Caseload Manager (section 10).

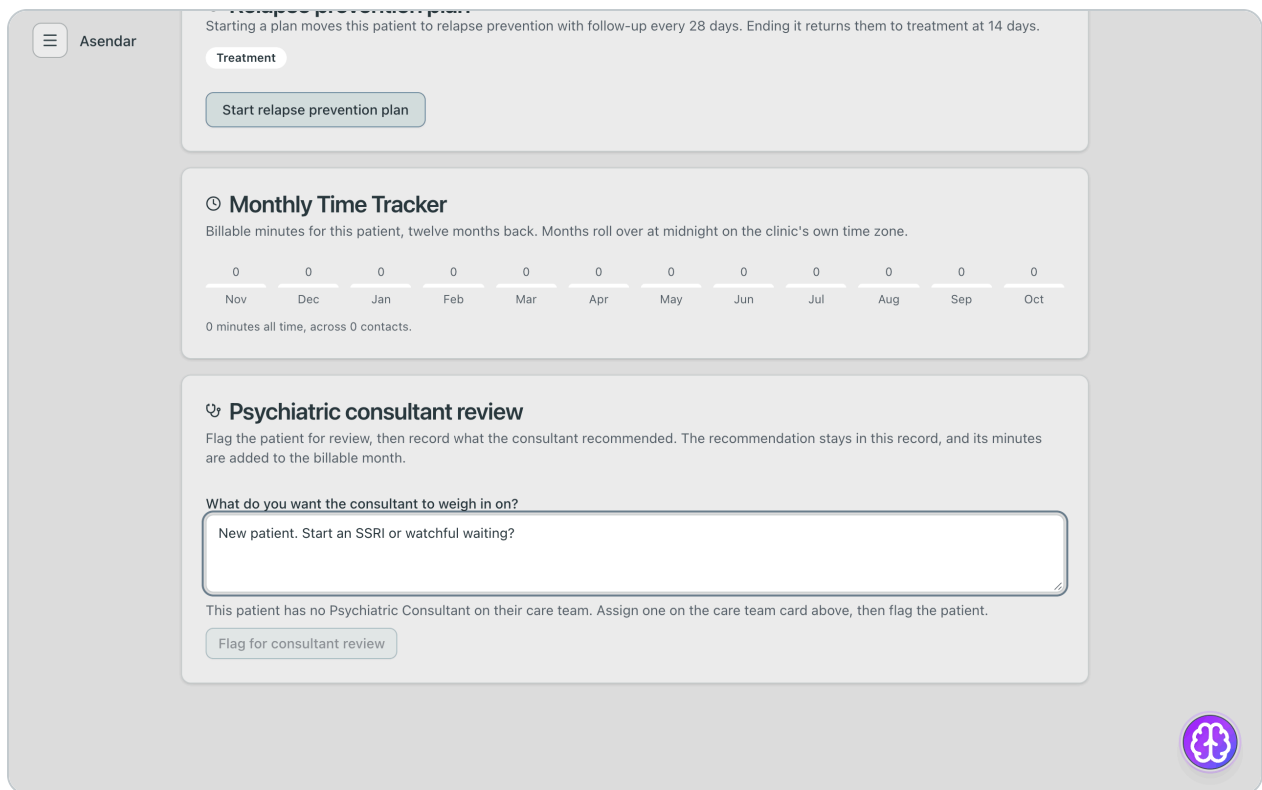
The screenshot shows a 'Care team' card with a header icon and title. Below the title is a descriptive sentence. A dark button with a person icon and the word 'Assign' is present. The card is divided into three sections: 'CARE MANAGER', 'PSYCHIATRIC CONSULTANT', and 'PRIMARY CARE PROVIDER'. Each section contains a box with a provider's name and role, their login date, and a 'Remove' button.

Role	Provider Name	Login Date	Action
CARE MANAGER	Taylor Example, LCSW	Since May 9, 2026	Remove
PSYCHIATRIC CONSULTANT	Dr. Jordan Synthetic	Since May 9, 2026	Remove
PRIMARY CARE PROVIDER	Dr. Morgan Testcase	Since May 9, 2026	Remove

The Care team card.



Assigning a care team member.



No Psychiatric Consultant yet: assign one before flagging.

10. Clinic assignments and bulk transfers

Clinic assignments

A patient can be carried at several clinics of the same organization, and one clinic is the **primary**. On the patient's **Profile** tab, the **Clinics** card lists them with their dates. An Owner or Clinic Admin can add a clinic, make one primary, or remove one; the last clinic cannot be removed. Reports count a patient once, at their primary clinic, and the billing packet bills a month once, from the primary clinic.

The screenshot shows the Asendar patient profile interface. At the top, there's a navigation bar with tabs: Witness, Collaborative Care, Profile (selected), Sessions, Assessments (11), Prescriptions, Treatment Plans, and Moods & . Below the navigation bar, the 'Clinics' card is displayed, showing 'Riverside Collaborative Care Demo Clinic' as the primary clinic since May 9, 2026. Below this is the 'Comprehensive Health Profile' section, which includes a 'Refresh' button and a note that providers cannot edit this section. Underneath, there are tabs for Patient Info, Work & Emergency, Medications, Medical History, Women's/Men's, Lifestyle, and Health Goals. The 'Patient Information' section is currently active, showing fields for Date of Birth (09/02/1979), Preferred Name, Phone Number, Secondary Phone, and Preferred Communication.

The Clinics card.

Bulk transfers (the Caseload Manager)

Manage caseload on the caseload opens the **Caseload Manager**, for Owners and Clinic Admins.

1. Filter the patients by **Clinic**, **Provider type** and **Provider**, then tick the patients to move, or **Select all**.
2. Choose the action: add a provider, transfer to another provider, transfer to another clinic (keeping or removing the current one), or remove from a clinic.
3. Read the **preview**. It says how many patients will change and why any are skipped. Nothing is written yet.
4. Confirm. The change can be undone for ten minutes.

Asendar™

Patients

Caseload

Clinic Patients

Employees

Business Settings

Profile

Log time

ADMIN

Audit Logs

Legal Requests

Light

Dr. Quinn Demo
Owner

Sign Out

Business: R Riverside Collaborative Care Demo Clinic (Clinic)

Caseload Manager

Move many patients at once between providers or clinics. Every action shows a preview first and can be undone for ten minutes.

← Back to caseload

Clinic

Provider type

Provider

Riverside Collaborative Care Demo Clinic

Any

Any

Select all (17)

0 selected

Nadia Fabricated

Primary clinic

Taylor Example, LCSW, Dr. Jordan Synthetic

Omar Simulated

Primary clinic

Taylor Example, LCSW, Dr. Jordan Synthetic,...

Paula Nonexistent

Primary clinic

Taylor Example, LCSW, Dr. Jordan Synthetic

Tomas Illustrative

Primary clinic

Taylor Example, LCSW, Dr. Jordan Synthetic,...

Jonah Invented

Primary clinic

Taylor Example, LCSW, Dr. Jordan Synthetic

Hector Facsimile

Primary clinic

Taylor Example, LCSW, Dr. Jordan Synthetic

Avery Fictional

Primary clinic

Taylor Example, LCSW, Dr. Jordan Synthetic,...

Blake Madeup

Primary clinic

Taylor Example, LCSW, Dr. Jordan Synthetic,...

Iris Hypothetical

Primary clinic

Taylor Example, LCSW, Dr. Jordan Synthetic,...

Carmen Pretend

Primary clinic

Taylor Example, LCSW, Dr. Jordan Synthetic

Keisha Unreal

Primary clinic

Riley Sample, Dr. Jordan Synthetic

Dante Notreal

Primary clinic

Taylor Example, LCSW, Dr. Jordan Synthetic,...

Elena Imaginary

Primary clinic

Taylor Example, LCSW, Dr. Jordan Synthetic

Luis Standin

Primary clinic

Riley Sample, Dr. Jordan Synthetic, Dr. Morg...

Felix Mockup

Primary clinic

Taylor Example, LCSW, Dr. Jordan Synthetic,...

Gloria Specimen

Primary clinic

Taylor Example, LCSW, Dr. Jordan Synthetic,...

Sam Samplecase

Primary clinic

Riley Sample

The Caseload Manager.

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11. Clinic setup

Clinic settings are under **Business Settings**, on the **Business** tab. Only an Owner or Clinic Admin of the clinic can change them.

Flags

The **Caseload flags** card sets which flags your care managers can raise. The yellow psych consult flag is always on. Turn **Red: safety risk** and **Blue: your own flag** on or off, name the blue flag, and save. A flag you turn off is hidden everywhere.

The screenshot shows the Asendar™ user interface. On the left is a sidebar with navigation links: Patients, Caseload, Clinic Patients, Employees, Business Settings (highlighted), Profile, Log time, ADMIN (Audit Logs, Legal Requests), Light, and a user profile for Dr. Quinn Demo (Owner) with a Sign Out button. The main content area has two sections. The top section, 'Caseload flags', explains that users choose which flags care managers can raise. It shows three flags: 'Red: safety risk' (stays up until cleared), 'Blue: your own flag' (use for team tracks, with a text input field containing 'Transportation'), and a yellow 'psych consult' flag (always on). A 'Save flag settings' button is at the bottom. The bottom section, 'Collaborative Care options', explains that users choose scales, minutes tracking, and patient asks. It shows 'GAD-7 (anxiety)' and 'PCL-5 (PTSD)' (both with 'Offered when scoring a contact...' descriptions), and a 'Track minutes' option (described as 'Off: contacts are still logged and keep follow-up on schedule without minutes or a timer'). Each option has a toggle switch.

Caseload flags.

Collaborative Care options

The **Collaborative Care options** card sets, per clinic:

- **GAD-7** and **PCL-5**: whether the clinic uses them. The PHQ-9 is always on. A scale that is off is not offered in Log time or **+ score** and leaves the caseload card. Scores already recorded stay on the chart and still count in every report.
- **Minutes tracking**: when off, Log time becomes **Log contact**, with no minutes or timer; follow-ups stay due and dated.
- **Race and ethnicity question**: when on, Add Patient asks it.

- **MRN format (optional):** a pattern where **#** is a digit, **A** a letter, ***** either, and anything else must match itself, for example `RCC-#####`.

Asendar™

Collaborative Care options

Choose the scales your clinic uses, whether it tracks minutes, and what Add patient asks. Scores already recorded stay on the chart.

GAD-7 (anxiety)
Offered when scoring a contact and shown on the caseload. The PHQ-9 is always on.

PCL-5 (PTSD)
Offered when scoring a contact or adding a score.

Track minutes
Off: contacts are still logged and keep follow-up on schedule, without minutes or a timer.

Ask race and ethnicity
Adds the race and ethnicity questions to Add patient.

MRN format (optional)
RCC-#####
is a digit, A a letter, * either. An MRN will look like RCC-56789.

Save clinic options

Idle sign-out
Providers are signed out after this many minutes without activity, with a warning two minutes before. Unsaved minutes entries are kept. Someone who works at more than one clinic gets the shortest setting. Patients are never signed out for inactivity.

ADMIN

Audit Logs

Legal Requests

Light

Dr. Quinn Demo
Owner

Sign Out

Collaborative Care options.

Idle sign-out

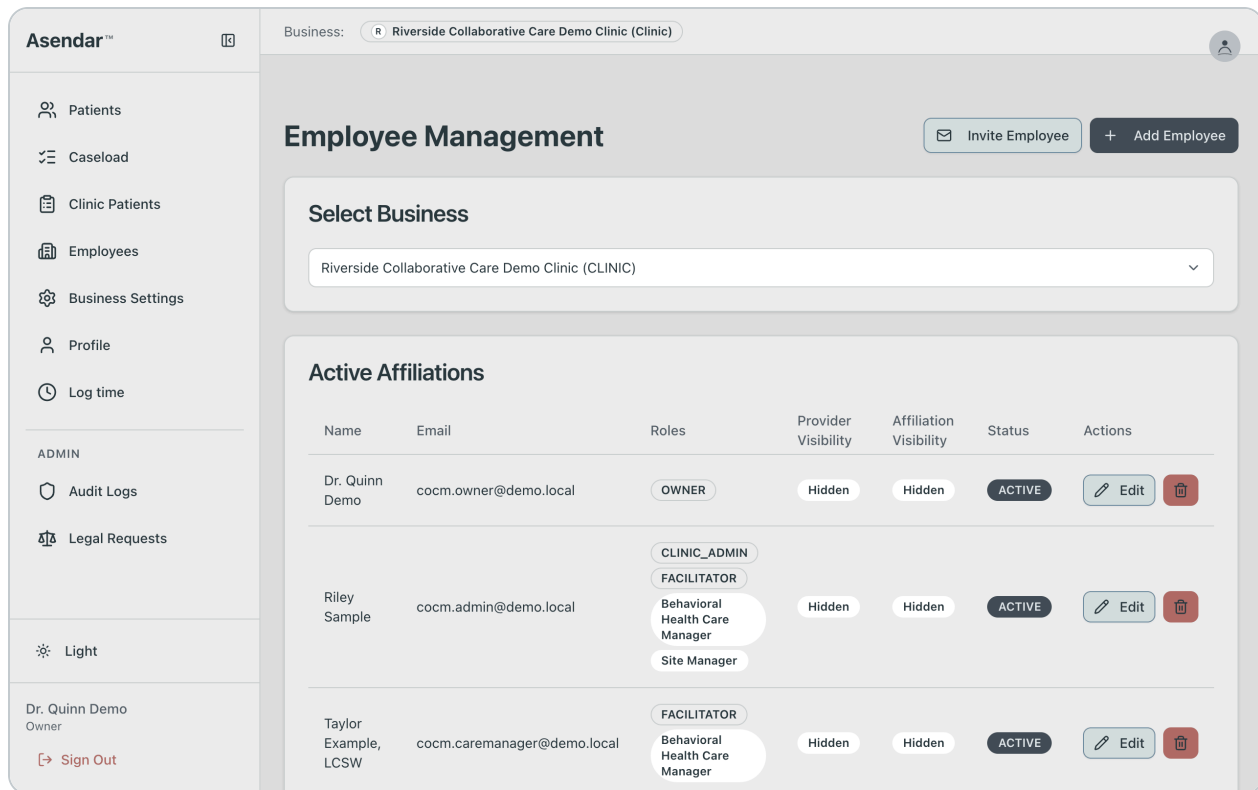
The **Idle sign-out** card sets the minutes without activity before Asendar signs a provider out (5 to 240, default 30). Someone who works at several clinics gets the shortest.

Clinics

Each clinic is set up with Asendar at onboarding. To add a clinic location to your organization, email support@asendar.com.

12. User accounts

Open **Employees**. The **Employee Management** page lists your clinic's staff under **Active Affiliations**, **Pending Affiliations** and **Pending Invitations**.



Employee Management.

Adding staff

- **Invite Employee** (Owner and Clinic Admin): enter the **Email Address**, pick the **Roles** and select **Send Invitation**. The person gets an email to set up their account.
- **Add Employee** (Owner only): enter the name and email, pick the roles and add them.

A care manager gets **FACILITATOR**, a psychiatric consultant **PRESCRIBER**, a PCP who signs in **PRESCRIBER** or **MEDICAL OBSERVER**, and a site manager **CLINIC ADMIN**.

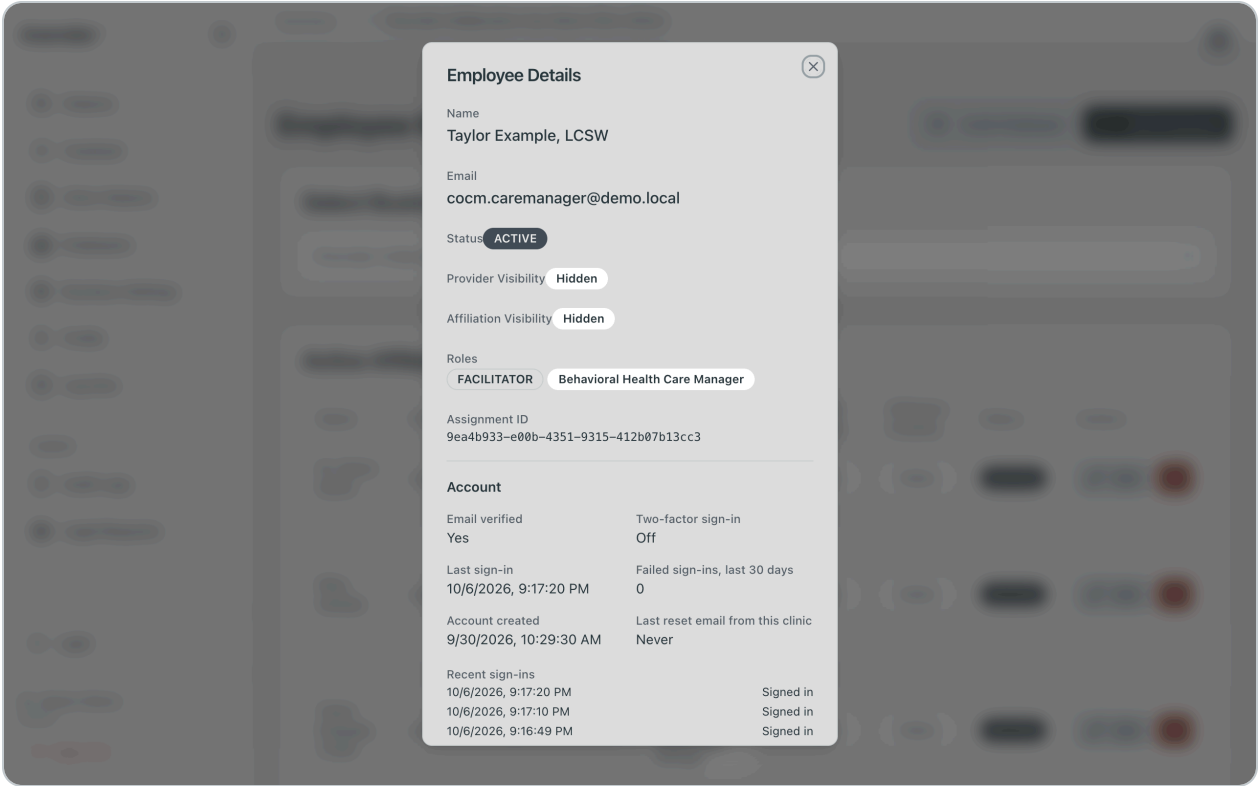
Setting the care team role label

1. Select **Edit** on the person's row.
2. Under the care team role, pick the label that fits: Behavioral Health Care Manager, Psychiatric Consultant, Primary Care Provider, Site Manager or Data Manager. Only labels that match the roles above are offered.
3. Select **Save Changes**. Every label change is written to the audit log.

Supporting a user

Select a person's row to open **Employee Details**. The **Account** section shows whether their email is verified, two-factor sign-in, their last sign-in, failed sign-ins in the last 30 days, recent sign-ins at this clinic, and when this clinic last sent them a reset email.

Send password reset email sends the person the same reset link as Forgot password. It goes only to their own inbox; you never see or set their password, and their current password keeps working until they use the link. You cannot send one to yourself (use Profile), a Clinic Admin cannot send one to an Owner, and one account gets at most one every five minutes.



Employee Details, with the account and Send password reset email.

Removing staff

Select the remove button on their row and confirm. This removes their access to the clinic. It does not remove the contacts they logged.

Tracking user activity

Audit Logs (Owner and Clinic Admin) records every read and change of patient data, every sign-in and failed sign-in, staff account views and reset emails. Filter by user, model, action, status, record and dates, and **Export** the result.

Asendar™

Patients

Caseload

Clinic Patients

Employees

Business Settings

Profile

Log time

ADMIN

Audit Logs

Legal Requests

Light

Dr. Quinn Demo

Owner

Sign Out

Business:

R Riverside Collaborative Care Demo Clinic (Clinic)

Audit Logs

Read-only view of all system activity on protected health information

Export

User ID

Filter by user ID...

Model

All models

Action

All actions

Status

All statuses

Record ID

Filter by record ID...

Start Date

mm/dd/yyyy

End Date

mm/dd/yyyy

Reset Filters

Timestamp	Action	Model	Record ID	User ID	Status	IP Address
Oct 06, 2026 21:20:03	COUNT	Message	UNKNOWN...	HR1Z83S7...	Success	...
Oct 06, 2026 21:19:56	STAFF_ACCOUNT_VIEWED	StaffAccount	RcrYETe0...	HR1Z83S7...	Success	...
Oct 06, 2026 21:19:52	READ	ReleaseSurvey	UNKNOWN...	HR1Z83S7...	Success	...
Oct 06,						

Audit Logs.

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13. Deleting patient data

A clinic does not delete patients in Asendar. Instead:

1. **Deactivate** the patient with a reason (section 5). That ends the episode, takes them off Today and the active caseload, and keeps the record intact for billing and audit.
2. To correct a contact logged in error, **Void** it with a reason (section 6). The original stays on record by design.
3. **For a full deletion request**, email support@asendar.com with the clinic name and the patient's MRN. Do not put other patient details in the email. Asendar support handles the request under the data retention policy and confirms back to you.

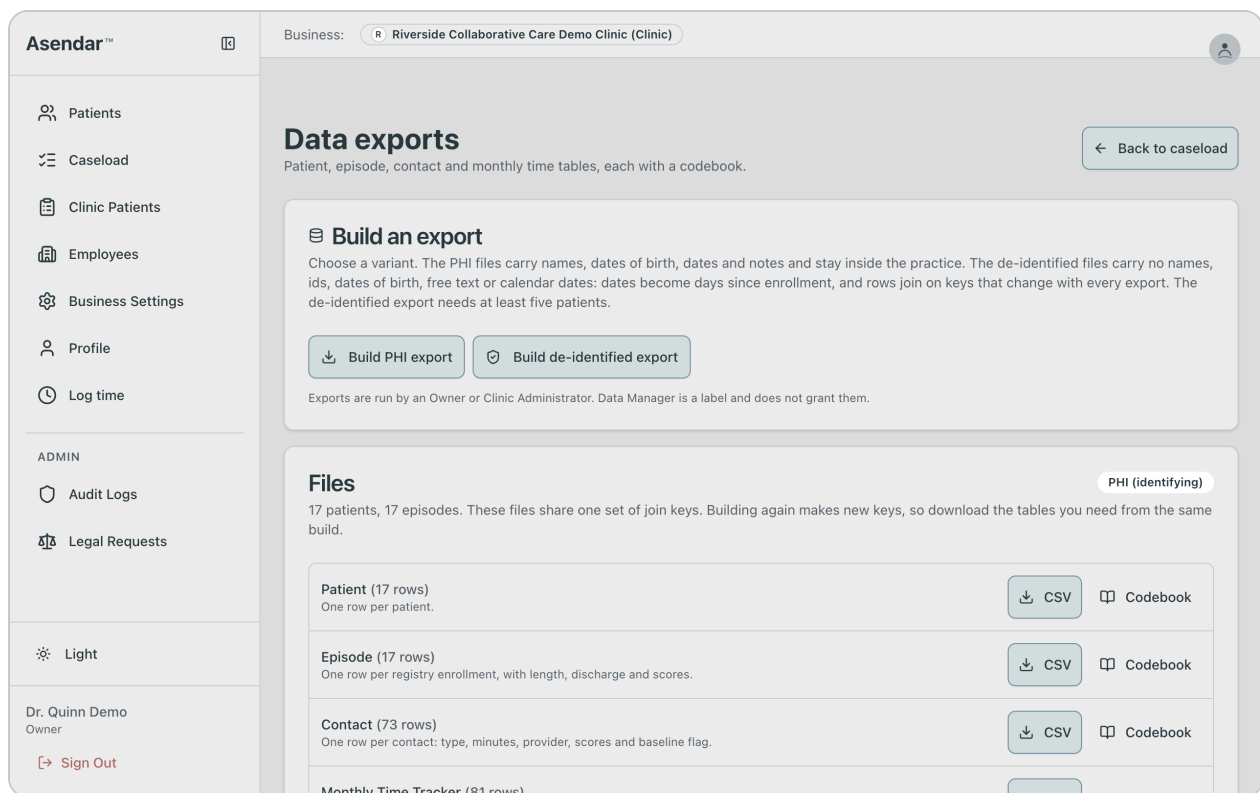
A patient can also close their own Asendar account from their Profile.

14. Exporting data

Exports are run by an Owner or Clinic Admin.

1. On the caseload, select **Data exports**.
2. Select **Build PHI export** or **Build de-identified export**.
3. Under **Files**, download each table's **CSV** and its **Codebook: Patient, Episode, Contact** and **Monthly Time Tracker**.

The PHI files carry names, dates of birth, dates and notes, and stay inside the practice. The de-identified files carry no names, IDs, dates of birth, free text or calendar dates; dates become days since enrollment. Rows join on keys that change with every build, so download every table you need from the same build. The de-identified export needs at least five patients.



Data exports.

Other exports: the caseload CSVs (8.2), the Medicaid Clinic Report 12-month CSV (8.5), the Panel Outcomes CSVs and PDF (8.5), the time tracker CSV and PDF (8.7), and the billing packet CSV and PDF (8.8).

15. Troubleshooting

What you see	What to do
I do not see Caseload in the menu	Caseload appears once your clinic has an enrolled patient you can see. Ask your Clinic Admin to assign you to the patient (section 9)
A patient is missing from my caseload	You see the patients assigned to you. Check Whole caseload and Inactive , then ask your Clinic Admin to name you on the patient's care team (section 9)
I cannot add a patient	Adding patients is for Owners and Clinic Admins
"This registry enrollment is inactive" when logging time	The patient was deactivated. Re-activate the enrollment first (section 5)
GAD-7 or PCL-5 is not offered	Your clinic switched that scale off (section 11)
The MRN is refused	It does not match your clinic's MRN format, or another patient at the clinic holds it
I cannot correct a contact	It is more than 7 days old. Ask a Clinic Admin
I do not see Assign Assessment	You can assign to a patient you are the assigned clinician for, or whose session you led or supported; an Owner, Clinic Admin or Support Facilitator can assign to any patient at the clinic. Being on the Collaborative Care care team is not enough. Ask your Clinic Admin to make you the patient's assigned clinician, or enter the score yourself in Log time (section 6)
My patient says they can't find the assessment	Check the patient's Assessments tab: it should be under Active Assessments , marked Pending (a finished one moves to Completed Assessments). Ask them to sign in with the email address on their chart and look on their home screen, or open the menu and tap Assessments . If they have no Asendar login yet, send the invite from their record (section 5)
I cannot flag a patient for psych consult	The patient has no Psychiatric Consultant on their care team. Assign one first (section 9)
A consult email's link asked me to sign in	Sign in. Asendar then opens the recommendation. If it says the review is not one you can open, you are no longer on that patient's care team
I see "Waiting on" instead of Record review	Only the Psychiatric Consultant the request names, or the clinic's Owner or Clinic Admin, records a review (section 6)

What you see	What to do
My Psych consult contact left the consult open	The minutes count, but only the named consultant or an Owner or Clinic Admin closes the consult (section 6)
I do not see the Panel Outcomes Report	It is for Owners and Clinic Admins of the clinics they run, so it is not on a Care Manager's caseload page. Your own caseload's measures are in the Medicaid Clinic Report (8.5)
I was signed out	Idle sign-out (section 2). An unsaved Log time entry is offered back when you sign in
Anything else	Email support@asendar.com

Appendix: Taking an assessment in Asendar

A one-page handout for patients. Print it, or send them the PDF.

Your care team may ask you to fill out a short form in Asendar, like the PHQ-9, GAD-7 or PCL-5. It asks how you have been feeling. Your answers help your care team see how you are doing over time.

1. Look for the message

You will get an email that says a form is waiting for you. Tap the button in the email to open it. You may also see a notice in Asendar.

2. Or open Asendar

Sign in to Asendar. You'll see it on your home screen, or open the menu and tap **Assessments**. Forms your care team sent are at the top, under **Ready when you are**, with the name of the person who sent them.

3. Answer the questions

Tap the form to open it. Read each question and pick the answer that fits you best. There are no right or wrong answers. Most forms take a few minutes.

4. Tap Submit

When you have answered every question, tap **Submit**. Nothing is sent until you do. After that, your care team can see your answers.

5. See your results

Open the menu and tap **Assessments**. Each form you finished is listed with the date and your score. Tap one to see the answers you chose.

Want to take one on your own?

On **Assessments**, tap **Take one yourself** and pick a form.

Questions?

Ask your care team at your next visit, or call your clinic.

Asendar is not for emergencies. If you are in crisis or thinking about hurting yourself, call or text **988** (the 988 Suicide and Crisis Lifeline), or call **911**.

Asendar™ · Collaborative Care · Screens shown are from a synthetic demo clinic. No real patients appear in this guide.