



Agency Profile Process Guide

Admin Functions User Guide

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Admin Agency Profile

Overview

The **Agency Profile** page is comprised of various sections used to capture an Agency’s general information and internal structure as well as to set up a variety of functions and restrictions within the system.

This category covers the Agency Profile function and each sub-section.

Note: *Some of the fields in the Agency Profile page can only be edited/adjusted by the [HHAX Support Team](#).*

Please direct any questions, thoughts, or concerns regarding the content herein to [HHAeXchange Customer Support](#).

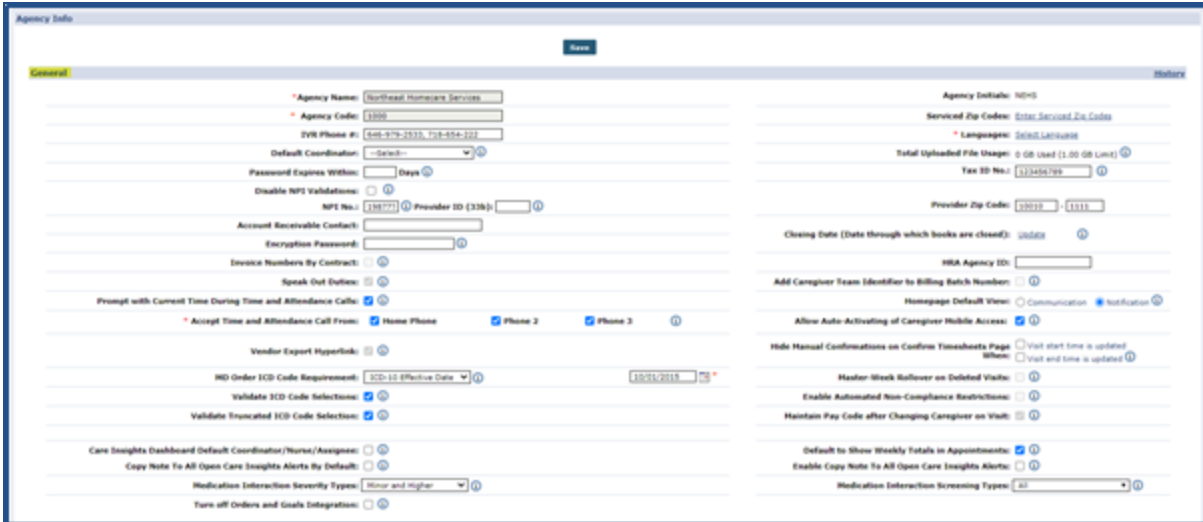
HHAX System Key Terms and Definitions

The following provides basic definition of HHAX System key terms applicable throughout the document.

Term	Definition
Patient	Refers to the Member, Consumer, or Recipient. The Patient is the person receiving services.
Caregiver	Refers to the Aide, Homecare Aide, Homecare Worker, or Worker. The Caregiver is the person providing services.
Provider	Refers to the Agency or organization coordinating services.
Payer	Refers to the Managed Care Organization (MCO), Contract, or HHS. The Payer is the organization placing Patients with Providers.
HHAX	Acronym for HHAeXchange

General

The General section is used to capture and set basic Agency information and requirements.



Agency Profile: General

Field	Description
*Agency Name/Initials/Code	(Required) The name, initials, and system code assigned to the Agency. These fields are set by HHAX during implementation and cannot be edited by users.
Serviced Zip Codes	Use the Enter Serviced Zip Codes link to define zip codes where service is provided.
IVR Phone #	The IVR phone number Caregivers must dial in to Clock IN and OUT of a visit. Note: This field is for review purposes only: only the HHAX Support Team can change an Agency's IVR number.
*Languages	(Required) Use the Select Language link to define applicable languages spoken to provide services.
Default Coordinator	Select a Coordinator who is automatically assigned to every new Patient entered in the system.
Total Uploaded File Usage	This number indicates the total size of all files loaded and hosted in the HHAX system for the Agency. Once the hosting limit is reached, the system does not allow further loading. Contact the HHAX Support Team to increase file limit for the Agency.
Password Expires Within (Days)	Enter the number of days the Agency's password is valid before expiration.

Field	Description
Tax ID No.	Enter the Agency's unique Tax Identification number.
Disable NPI Validation	Select to allow entry of custom alpha-numeric values, up to 15 characters (from standard 10). If unselected, then alpha-numeric values are not allowed and the 10-character limit remains.
NPI No.	Enter the Agency's specific identifier number for the NPI registry.
Provider ID (33b)	Enter the Provider ID in this field to allow the system to automatically populate this field on the HCFA 1500 form when generating invoices in that format.
Account Receivable Contact	Enter the name of the individual responsible for the Agency's Accounts Receivable.
Encryption Password	When an Agency transmits a Caregiver's Profile, the system automatically encrypts the data due to the sensitive information contained within the file. Enter a password in this field to allow recipients to view sensitive information on a transmitted file.
Closing Date (Date through which books are closed)	Use the Update link to set a Closing Date to prevent alterations to billing and payment data prior to the specified date. For example, if a Closing Date of 3/1/2019 is set, any billing and payment data entered into the system prior to 3/1/2019 can no longer be edited.
Invoice Numbers by Contract	Select for the system to assign invoice numbers by Contract, instead of assigning the next available invoice number regardless of what Contract it is generated for. Note: This field is for review purposes only: only the HHAX Support Team can change an Agency's IVR number.
HRA Agency ID	Enter the Agency's HRA ID number.
Speak Out Duties	Speak Out Duties refers to the duty entry model where the system uses a voice recording to read off the required duties, based on the specific Patient's POC, for the visit when a Caregiver is Clocking Out. After each duty is read, the Caregiver must enter 1 for completed, 0 for incomplete, or * for refused. Note: This field is for review purposes only: only the HHAX Support Team can change an Agency's IVR number.
Add Caregiver Team Identifier to Billing Batch Number	Select for all billing batches generated based on a Caregiver Team to be included the first two letters of the selected Team in the billing batch number. Note: This field is for review purposes only: only the HHAX Support Team can change an Agency's IVR number.

Field	Description
Prompt with Current Time During Time and Attendance Calls	Select for Caregivers to be prompted with the current time when making a Time and Attendance Call.
Homepage Default View	Select Communication or Notification to indicate which page is the default homepage when users open the application.
*Accept Time and Attendance Call From	(Required) Select which phone numbers (from the Patient's Profile) are acceptable for Time and Attendance calls. Calls made from an unverified number are sent to the Call Maintenance exception page.
Allow Auto-Activating of Caregiver Mobile Access	Select to automatically re-activate Caregivers who switched from Non-Active to Active status.
Vendor Export Hyperlink	Select for the Vendor Export Hyperlink to be visible in the search results when performing a batch search.
Hide Manual Confirmations on Confirm Timesheets Page When	Select Visit Start Time is updated and/or Visit End Time is updated for user not to see any manually adjusted times when reviewing visit information on the Confirm Timesheets page.
*MD Order ICD Code Requirement	(Required) Select the type of ICD Diagnosis Codes required and applied to Patient MD Orders (e.g., 485 Orders). The effective date is required.
Master Week Rollover on Deleted Visit	Select for the Master Week rollover to recreate deleted visits within the rollover range.
Validate ICD Code Selections	Select for the system to validate the codes assigned to each Patient.
Enable Automated Non-Compliance Restrictions	Select for the system to automatically generate a "Non-Compliant" Restriction on the Caregiver's Absence/Restriction page for all dates the Caregiver is listed as "Non-Compliant" (based on the Agency's Compliance Rules). When a restriction is created, the Caregiver cannot be scheduled for any of the listed days, regardless of their current compliance status.
Maintain Pay Code after Changing Caregiver on Visit	Select for the system to maintain the Pay Code applied to a visit if the assigned Caregiver is switched. This only applies if both the original and newly assigned Caregiver are of the same Discipline. Note: This field is for review purposes only: only the HHAX Support Team can change an Agency's IVR number.

Caregiver Scheduling and Availability

The **Caregiver Scheduling and Availability** section allows Agencies to set a default availability for Caregivers.



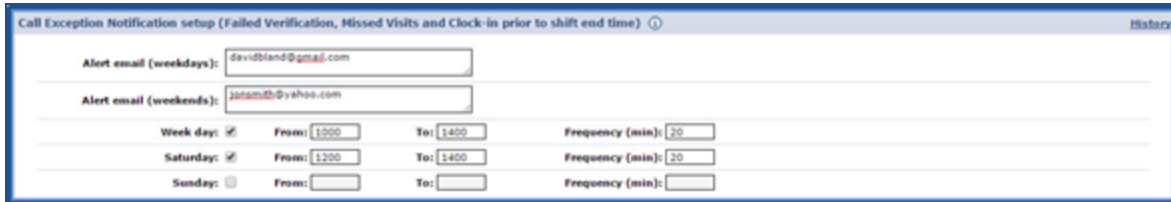
Agency Profile: Caregiver Scheduling and Availability

Field	Description
Allow Caregivers to Edit Availability via Mobile App	Select to allow Caregivers to edit their availability via the Mobile App at any time.
Caregiver Hire Date Validation at Time of Schedule	Select for the system to confirm that a visit does not fall any time prior to the Caregiver’s hire date.
Default Caregiver Availability	Use the Edit link to set a default time frame for each day of the week to serve as the default hours of availability.
Default Max Visits Availability	Use the Edit link to specify a specific amount of visits a Caregiver may work on a given day.

Note: Newly edited fields apply only to new Caregivers. Existing Caregivers retain existing availability.

Call Exception Notification Setup

This section allows Agencies to dictate which employees receive email notifications pertaining to verification failures or issues.



Agency Profile: Call Exception Notification Setup

Field	Description
Alert Email (weekdays/weekends)	Enter the email address(es) in respective fields of the individual(s) at an Agency who receive notifications for failed Time and Attendance verifications, Missed Visits, and other visit verification items.
Weekday/Saturday /Sunday	Select the times when notification emails are to be sent. Generally, notification emails are sent outside of regular office hours, when system users would not be monitoring the Call Dashboard. Indicate the time and frequency on respective days (Weekdays, Saturdays, and Sundays).

Secondary Verification Calls

Secondary Verification Calls serve as an audit tool by sending out automated calls to confirm that a Caregiver is working their scheduled shift.

Secondary Verification Calls
History

Verification Call Audit: %

Audit calls on week-end

Agency Profile: Secondary Verification Calls

Field	Description
Verification Call Audit %	Enter the percentage of visits to receive a secondary verification call.
Audit Calls on Weekend	Select to determine whether audit calls are made for weekend visits.

Address


Enter the Agency's address in this section (as illustrated in the image below). Fields with a red asterisk are required.

Address ⓘ		History	
Street 1:	<input type="text" value="1 Court Square"/>	Street 2:	<input type="text"/>
City:	<input type="text" value="LONG ISLAND CITY"/>	* State:	<input type="text" value="NY"/>
* Zip:	<input type="text" value="11120"/>	Phone:	<input type="text"/>
Fax:	<input type="text"/>		

Agency Profile: Address

Payroll

Payroll setup is handled primarily on the [Payroll Setup](#) page. As a result, the Payroll section on the Agency Profile page only contains four fields, as illustrated and described below.

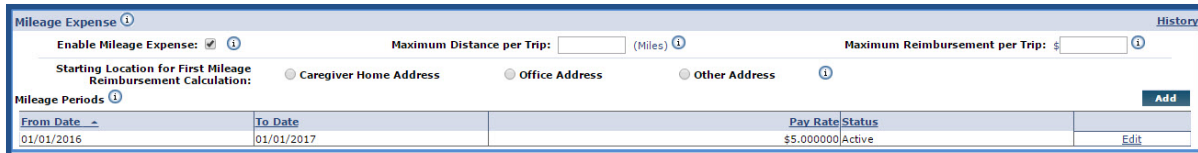


Agency Profile: Payroll

Field	Description
Warn User if PTO Absence Exceeds Accrued Hours	Select to warn users who attempt to enter PTO Absence exceeding the benefit hours the Caregiver has accrued.
EVV Duty Code for "Worked During Meal"	Indicates the EVV Duty Code for Caregivers who worked through a meal for a Live-in visit. Contact the HHAX Support Team to set up this code.
EVV Duty Code for "Worked During Sleep"	Indicates the EVV Duty Code for Caregivers who worked through their designated 'sleeping' time for a Live-in visit. Contact the HHAX Support Team to set up this code.
OT Calculation Logic	The Agency's OT Calculation logic displays here.

Mileage Expense

Use the **Mileage Expense** section to set rules for Caregiver travel reimbursement.



Mileage Expense Section

Field	Description
Enable Mileage Expense	This reference field indicates if the Agency is set up for Mileage Expense calculations. Contact the HHAX Support Team to enable this feature.
Maximum Distance per Trip	Use this field to set an amount limit of miles a Caregiver is reimbursed for per trip.
Maximum Reimbursement per Trip	Use this field to set a limit on the actual dollar amount a Caregiver is reimbursed per trip. Note: A Trip refers to the distance traveled from a specified starting location to the scheduled visit. Therefore, if a Caregiver works two visits a day, then they are reimbursed for two Trips.
Starting Location for First Mileage Reimbursement	Select the starting location (<i>Caregiver Home Address, Office Address, or Other Address</i>) for the first Trip a Caregiver makes for any given day.
Mileage Periods	Set date ranges and default amounts used in Mileage Expense calculations; actual rates for Travel reimbursement. Click the Add button to add a new period or click on the Edit link to update an existing one. Complete the required fields in the Mileage Periods window to include: <ul style="list-style-type: none"> • From/To Date: Select the effective date range. • Pay Rate: Enter the rate dollar amount. • Active: Indicate whether Active or Inactive • Auto-Adjust Impacted Mileage Rate Dates: Select for the system to ensure continuity (and no overlap) between existing Mileage Rates and new ones.

Financial Reporting Setup

The Financial Reporting Setup section indicates certain financial reporting information.

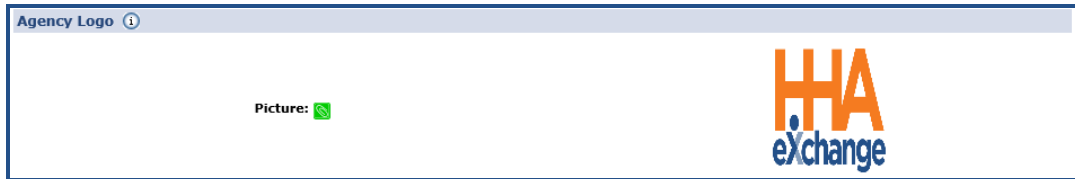


Agency Profile: Financial Reporting Setup

Field	Description
Revenue Recognition Based On	Select either Date of Service or Invoice Date to indicate when the Agency recognizes revenue.
Aging Reports	Select Age from due date or Age based on Date of Service to establish when Receivables age.
Payment Recognition	Indicates when payments are considered received: Posting Date , Deposit Date , or Check Date .
Closing Date for Revenue	Select the Revenue Closing Date.
Closing Date for Payment	Select the Payment Closing Date.

Agency Logo

Use the attachment (paperclip) icon to upload the Agency's logo under the **Picture** field.



Agency Profile: Logo

This is standard functionality at the Agency level, only supporting one, unified logo across the system. Providers can add additional logos at the Office level to support an Agency's multi-office model, comprised of different business lines and/or regional affiliates.

Collection Setup

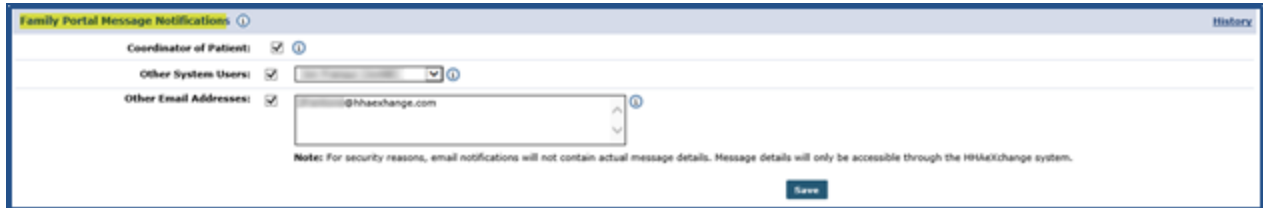


Collection Setup Section

Field	Description
Automatically close collection note if claim is paid	Select to prompt the system to automatically close collections when payment is received. This occurs with electronic remittances as well as when applying payments manually. Select the Collection Status to indicate a status to automatically apply to the collection.
If a denial is received via an ERA automatically update status	Select to automatically update the status if an ERA denial is received. Select the Collection Status to indicate a denial status.

Family Portal Message Notifications

Use this section to indicate who in the Agency is to be alerted when notifications are received from the Family Portal.



Family Portal Message Notifications

Field	Description
Coordinator of Patients	Select for the Patient’s Coordinator to receive Family Portal notifications.
Other System Users	Select other Agency users to receive Family Portal notifications.
Other Email Addresses	Enter email address(es) to add to the Family Portal notification list.

Provider Self-Service Client ID for EVV API

DISCLAIMER

This feature applies and can only be seen by Providers configured to use 3rd party vendors for EDI. Please contact [HHAX Support Team](#) for details, setup, and guidance.

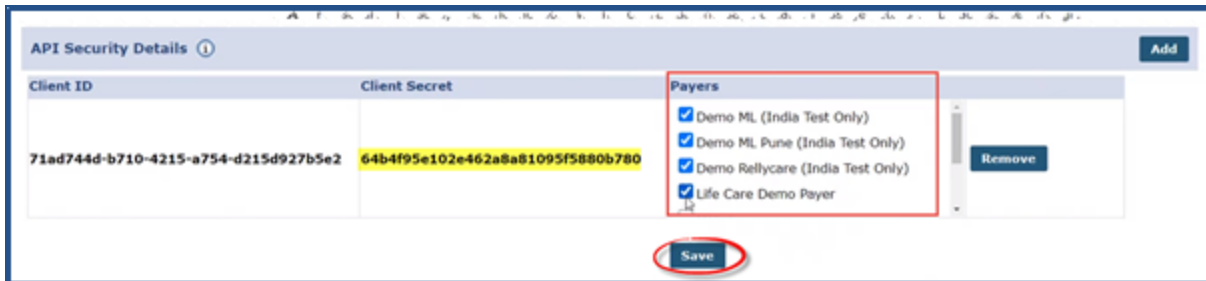
This feature helps Providers (who use third party vendors) to manage their Client ID and Client Secret (required credentials) when using EVV API.

To manage these fields, navigate to *Admin > Agency Profile*. On the **Agency Profile** page, in the **API Security Details** section, click on the *Add* button, as seen below.



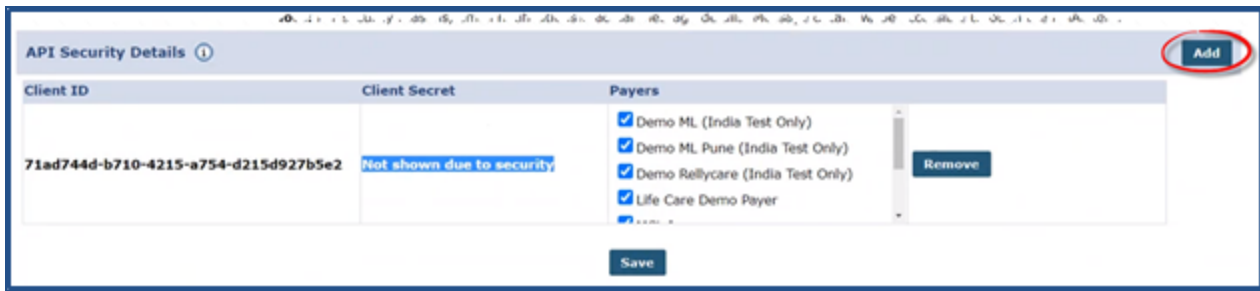
Agency Profile: API Security Details

The **Client ID** and a new system-generated **Client Secret** code appears on the screen along with the Agency's associated Payers. Ensure to copy and save the **Client Secret** for future use (required to perform EVV API). Next, select the **Payers** applicable to the new set of credentials. Click *Save*.



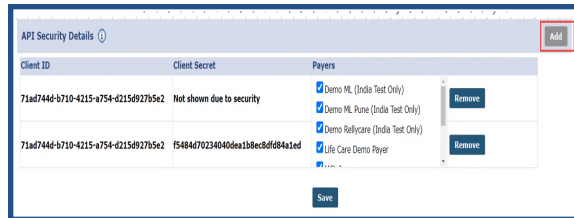
New Set of EVV API Credentials

When returning to the **API Security Details** section, the **Client Secret** code is replaced with a security message (*Not shown due to security*). To add another set of credentials, click on the *Add* button. There is a limit of 2 sets of credentials at a time.



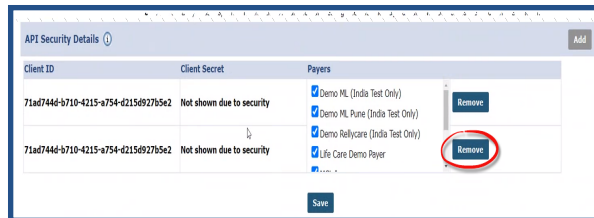
Adding a 2nd Set of Credentials

The second set of credentials appear on the second row. Repeat the process to save. Notice that the *Add* button becomes unavailable, as there is a 2-set limit at a time.



Second Set of Credentials Added

To delete a set of credentials, click on the *Remove* button and then *Save*.



Removing a Credential Set

Providers can *Add* and *Remove* credential sets as needed as long as the correct set of credentials is provided to the 3rd party vendors to perform EVV API. If both sets of credentials are removed from the **API Security Details** section, then the EVV API is disabled until a credential set is added.

