Contract Setup Process Guide

Admin Functions User Guide

Contents
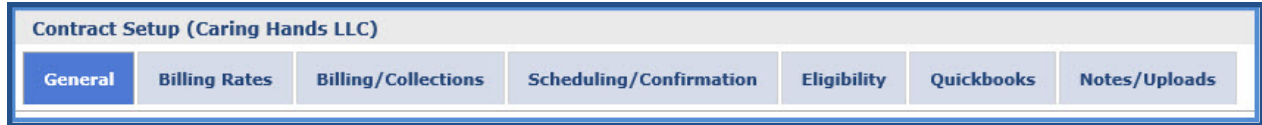
Admin Contract Setup

Overview

The **Contract Setup** function is comprised of seven tabs (pages) to optimize the organization of fields and information according to subject (as seen in the following image).

Contract Setup Tabs

The **Contract Setup** function allows users to add new or edit existing Internal Contracts. Herein, users can Adjust Authorization requirements, set Compliance Rules, setup and view Billing information, add Billing Rates, and adjust settings for Eligibility Checks, Audits, and Collections.

This category covers the seven tabs and the features in each. Users can toggle between pages by clicking from tab to tab.

Note: Some of these fields may only be edited/adjusted during the initial creation of a Contract. To change the settings in these fields, contact HHAX Customer Support.

Please direct any questions 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.

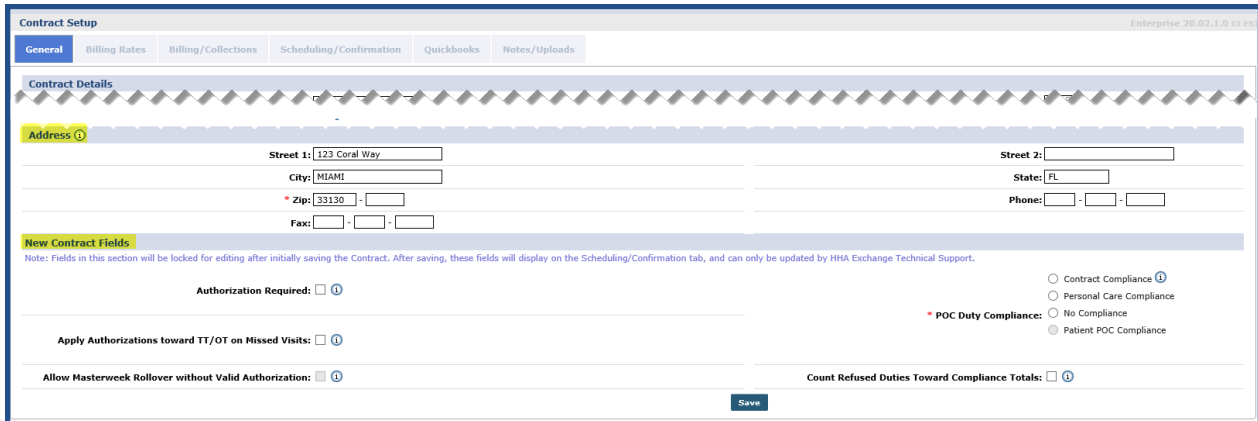| Term	Definition
Patient	Refers to the Member, Consumer, or Recipient. The Patient is the person receiving services.
Caregiver	Refers to the Aide, Homecare Aide, Homecare Worker, or Worker. The Caregiver is the person providing services.
Provider	Refers to the Agency or organization coordinating services.
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** tab is used to capture basic *Contract Details* as well as the Payer's *Address,* as illustrated in the following image. Refer to the table below the image for field name and descriptions. Required fields are denoted with a red asterisk.

Contract Setup: General Tab

Field	Description
*Contract Name	(Required) The Name of the Contract
Active	Select **Active** to assign the Contract Patients; or **Inactive** to retire the Contract, filed in the system for archive purposes.
Contract Type	Create **Contract Types** via the *Reference Table Management* function for organization purposes.
Office(s)	Select the Offices to associate the Contract with; i.e., which Office(s) can schedule visits under this Contract.
Effective Date	Select the date the Contract becomes *Active* and may be used to schedule visits.
Expiration Date	Select the date the Contract becomes *Inactive* and can no longer be used.
*Source of Admission	(Required) Select the Sources of Admission for Patients referred to the Agency via this Contract. This information is used by the Department of Health for statistical reporting.
Contact Person	Enter the contact information for a Contract Representative.
NPI No.	Enter the Contract's *National Provider Identifier* number. This number is automatically applied to paper invoices and e-claims for Patient services

Field	Description
	authorized by the Contract.
Provider ID (33b)	Enter the Provider ID in this field to allow the system to automatically populate that field on the HCFA 1500 form when generating invoices in that format.
Tax ID No.	Enter the Contract's Tax ID number; automatically applied to paper invoices and e-claims for Patient services authorized by the Contract.
Wage Parity	Select if visits for this Contract require a wage parity rate. Run a Wage Parity report during the Payroll process to identify visits where a higher pay rate is required to meet Wage Parity guidelines.
VNS Contract	Select if the Contract is a Visiting Nurse Service (VNS) Contract. VNS Contracts require additional configuration steps. Contact the HHAX Support Team for details and setup.
Medicaid Contract	Select if visits scheduled under this Contract must fulfill specific Medicaid validations before billing.
Private Pay Contract	Select if this Contract is Private Pay.
ICD Code Requirement	Select the ICD Code set required by the Contract and effective date (required).

Enter the Address information in the *Address* section of the page. Note that the **Zip** field is required to save the page.


Under the *New Contract Fields* section, complete the fields as described in the following table.

Field	Description
Authorization Required	Select for visits to require Authorization. Visits for Patients assigned to this Contract must have a matching authorization on file.
*POC Compliance	(Required) Define the Plan of Care (POC) compliance for all visits scheduled under the Contract, as follows:

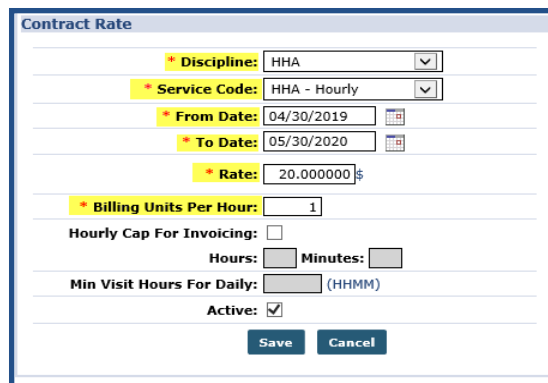| Field	Description		
	Select	**To…**	
	Contract Compliance	Require five tasks for each visit with a minimum of one Personal Care task.	
	Personal Care Compliance	Require one Personal Care task for each visit.	
	No Compliance	Required no tasks for the visit; only compliant Start and End Time.	
	Patient POC Compliance	The system validates that all duties included in the Patient's POC have been performed.	
Apply Authorizations toward TT/OT on Missed Visit	Select for the system to apply matching Authorization toward TT/OT values (if visit is marked as a Missed Visit with values added in the TT/OT field). *Note:* If not selected, then the system does not apply Authorization hours for Missed Visits with Travel Time.		
Allow Master Week Rollover without Valid Authorization	Select to permit the system to perform Master Week rollovers even if the visits generated by the process are not Authorized.		
Count Refused Duties Toward Compliance Totals	Select this checkbox for Refused duties to be counted for the selected Required Compliance.		

Billing Rates

The **Billing Rates** page is used to create, review, and search for any Billing Rates associated with a Contract. Use the search filter fields or click the **Search** button to view existing Billing Rates. To add a new rate, click the **New Rate** button.
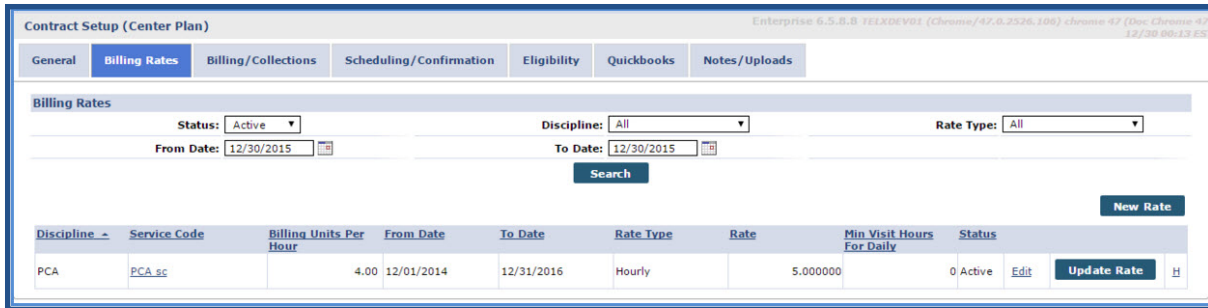
Billing Rates Page

The *Contract Rate* window opens, as seen in the following image. Complete the required fields as described in the table below the image.

Contract Rate Window

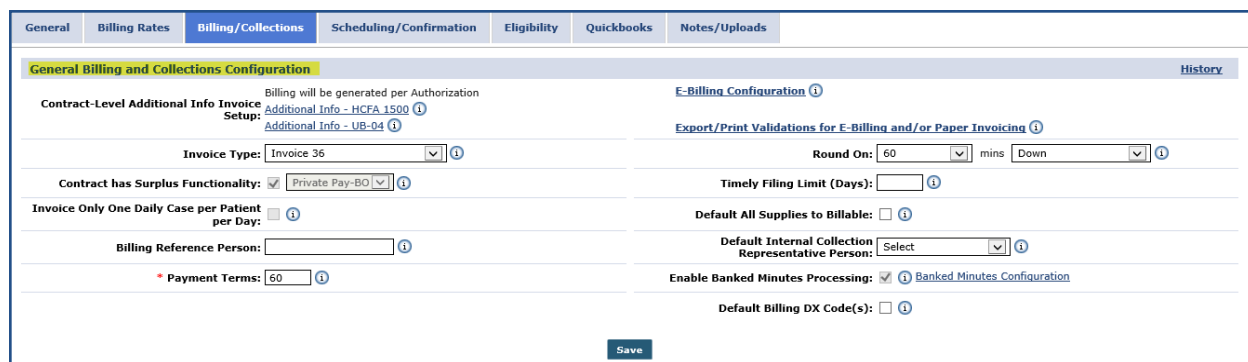| Field	Description
*Discipline	Select the Discipline attached to the rate (Skilled/Non-Skilled)
*Service Code	Designates the Discipline, Contract, Rate Type and Visit Type (as created in the Reference Table).
*From/To Date	Select the effective date range.
*Rate	The dollar amount to bill.
*Billing Units Per Hour	Enter the number of billing units per hour.

Specify the duration of a visit in the **Min Visit Hours for Daily** for it to be considered a *Daily* visit. Click **Save**.

Billing/Collections

Tip: You can press **Ctrl-F** on your keyboard to search this topic.

The **Billing/Collections** tab contains all fields related to invoicing and collections. This page is comprised of six sections to include: *General Billing and Collections Configurations*, *Contractual Discount Allowance*, *Invoice Organization*, *Prebilling Validations*, *Duty Sheet Printing Options*, and *Automated Collection Notes* settings. This section covers the sub-sections of this page.

General Billing and Collections Configurations

Field	Description
Contract-Level Additional Info Invoice Setup	(Links) These two links allow Agencies to add or edit fields found on printed invoices.
E-Billing Configuration	(Link) Click to view the E-Billing configuration for this Contract. Contact the HHAX Support Team to edit a Contract's E-Billing Configuration.
Export/Print Validations for E-Billing and/or Paper Invoicing	(Link) Click to view the Export/Print Validations which have been configured for this Contract.
Invoice Type	Select the invoice type (which refers to the paper or electronic documentation used to file a claim). The options here are added by HHAX. Agencies can also create a custom invoice via the **Dynamic Invoice Setup** function.
Round On	Define how the final billed duration is determined when rounding the unrounded confirmed visit duration. Select: **Rounding Unit:** Select the rounding based on 15, 30, or 60 minute intervals. **Rounding Direction:** Select the direction to perform rounding, as follows.

Field	Description
	<table><tr><th>Select</th><th>To…</th></tr><tr><td>**Closest**</td><td>round up or down, depending on which interval is closer.</td></tr><tr><td>**Up**</td><td>round up, regardless of "closeness" to a lower interval.</td></tr><tr><td>**Down**</td><td>round down, regardless of "closeness" to a higher interval.</td></tr><tr><td>**Closest (Minimum of at least 1 unit)**</td><td>round up or down, depending on which interval is closer. If the visit duration is less than half the selected **Rounding Unit**, then the system rounds the duration to the closest unit.</td></tr></table>
Contract has Surplus Functionality	If checked, then the Surplus functionality has been enabled for the Contract displayed in the adjacent dropdown box. Patients under this Contract can then be assigned a Surplus from the "Additional Bill Info" section of their profile Contracts tab. If assigned, a Surplus invoice is generated each month for that amount for the Surplus Contract listed here. That surplus amount is also deducted from invoices generated for the Patient's "regular" Contract.
Timely Filing Limit (Days)	Generally, a Payer provides a deadline for how long after a visit's scheduled date, an Agency can invoice for services provided. Enter the number of days in the **Timely Filing Limit** field to indicate this duration. This helps the Agency to run additional reports to identify and highlight visits that are approaching the deadline and have not yet been invoiced.
Invoice Only One Daily Case Per Patient Per Day	Select for the system to only invoice one visit with a *Daily* rate type per Patient per day of service. If the Patient is scheduled with multiple visits with a Daily rate type on a single day, then one visit is invoiced for the full daily amount while the other Daily visit types are invoiced as non-billable service. ***Note***: *This option is activated by HHAX. Information pulled up by this function is for reference only.*
Default All Supplies to Billable	Select so that any supplies recorded under **Patient > Supplies** default to *Billable*; included in the next invoice created.
Billing Reference Person	Enter the name of the Payer representative connected to the Contract. This is the name that appears on invoices transmitted by the Agency.
Default Internal Collections Representative Person	Select the individual responsible for accounts receivable collection for the Contract.

Field	Description
*Payment Terms	(Required) The number of days the system waits until it marks invoices as "unpaid" in various Accounts Receivable functionalities.
Enable Banked Minutes Processing	When enabled, the system "banks" any visit minutes which were rounded down and not fully included during invoicing. This bank increases until 1 hour of minutes are banked. At that point, the next visit is automatically processed with a positive billing adjustment of 1 hour, and the bank total drops by 1 hour.
Default Billing DX Code(s)	Select this checkbox and select the relevant Diagnosis Code if the Contract requires the Agency to always include the same Diagnosis information on Patient invoices. These codes are always included on the Patient invoices for this Contract, unless the selected codes are overridden at the Patient or Authorization level.

Contractual Discount Allowance

This section is used to set discount rates if/as applicable to a Payer. Refer to the Discounted Payer Contracts topic in the Billing category for full details and instructions on Discount Allowances.

Contractual Discount Allowance	History
☐ Set Payer Discount: ⓘ [ ] %	
Invoice will be sent to Payer at 100% and discount entered into field above will be removed from A/R.	
Discount Reason: [Select ▾] ⓘ	

Organize Invoices By

Use this section define how to organize Invoices, as described in the table below the image.

Organize Invoices By	History
☑ One Invoice Per Patient, Period: [None ▾] Caregiver [All ▾] ⓘ	
☐ One Invoice Per Patient, Per Authorization ⓘ	
☐ One Invoice Per Patient, Per Day, Per Service Code	

Field	Select to…
One Invoice Per Patient, Period/Caregiver	set how visits are grouped within Invoices for the Patient.
One Invoice Per Patient Per Authorization	place visits for the same Patient into separate Invoices, organized based on the Authorization number applied to the visit.
One Invoice Per Patient, Per Day, Per Pay Code	create different Invoices for the same Patient, with visits in those Invoices organized by the date of service and the Pay Code used to schedule the visit.

Enforce Selected Validations

Select the Prebilling Validations checkboxes in this section that a visit must satisfy for the Contract if **Contract Compliance** has been selected. Any visit that violates any of the validations are held at Prebilling. The checkboxes in this section are for review purposes only. Contact the HHAX Support Team to configure Contract Compliance.

Enforce Selected Prebilling Validations ⓘ			
☑ Unbalanced Visits	☑ Incomplete Confirmation	☑ With Temp Caregiver	☐ Caregiver Compliance
☑ POC Compliance	☑ Overlapping Shifts	☑ OT/TT Not Approved	☑ Restricted Caregivers
☑ Timesheet	☑ Medicaid Compliance	☑ Authorization	☑ Custom Validations

Duty Sheet Printing Options
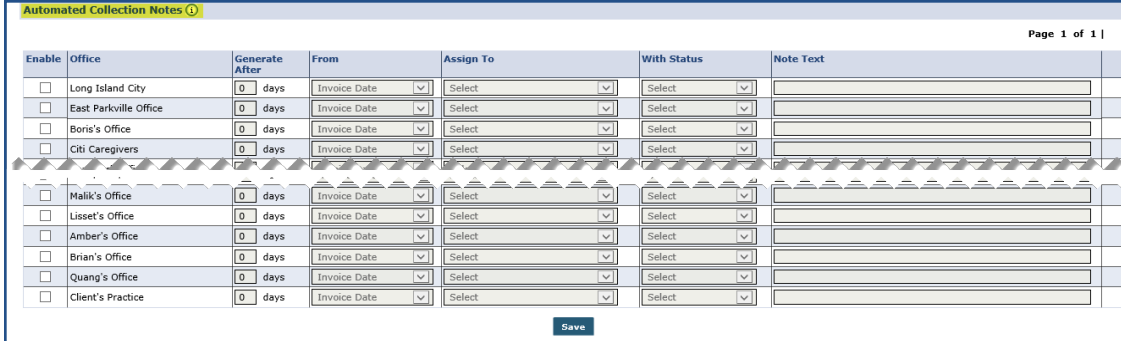
Refer to the table below for field/option descriptions.

Duty Sheet Printing Options   History

Duty Sheet Time Type: ◉ Confirmed Time   ○ Only Call Time   ○ Invoiced Time ⓘ

Duty Sheet Group By: ◉ Single caregiver per duty sheet   ○ Single patient per duty sheet (multiple caregiver)

Duty Sheet Display Billed Hours: ☑   Display Medicaid Number: ☐

Display Date of Birth: ☐

Field	Description
Duty Sheet Time Types	Select the type of information to display in the **Time In** and **Time Out** fields on a printed Duty Sheet, as follows: **Select** / **To…** **Confirmed Time** — display whatever values are entered in the **Visit Start Time** and **Visit End Time** fields for the visit. **Only Call Time** — only displays the confirmation times made via the Time and Attendance calls. **Invoice Time** — displays confirmation times as they are ultimately invoiced to the Contract.
Duty Sheet Group By	Select how to display by group: **Single Caregiver per Duty Sheet** OR **Single Patient per Duty Sheet (multiple Caregivers)**.
Duty Sheet Display Billed Hours	Select to display billed hours.
Display Medicaid Number	Select to display the Patient's Medicaid number
Display Date of Birth	Select to display the date of birth.

Automated Collection Notes

In this section, enter a *Collection Representative* to handle any billing/remittance issues. To setup **Automated Collection Notes**, select values for the fields described in the table below the image.

Column	Description
Enable	Select the checkbox to enable the functionality for the applicable Office.
Office	List of possible Offices
*Generate After	(Required) Set the number of days an invoice goes without being marked as "paid" before the system generates the note.
From	Specify whether the value in the **Generate After** field is based on the *Invoice Date* or the *Date of Service*.
*Assign To	(Required) Select which *Collection Representative* receives the automated note.
*With Status	(Required) Specify the required status of an invoice before an automated collection note is generated.
Note Text	additional information that is automatically applied to the collection note.

Scheduling/Confirmation

Tip: Press **Ctrl-F** on your keyboard to search this topic.

The **Scheduling/Confirmation** tab contains all fields related to scheduling and confirming visits. This page is comprised of four sections to include: *Scheduling Configurations, Visit Confirmation Options, Timesheet Options,* and *Payroll* settings (related to confirmation). This section covers the sub-sections of this page.

Scheduling Configuration

Field	Description
*Authorization Required	(Required) Select if Patient Visit Authorizations must be fulfilled to schedule a compliant visit. Once selected, this requirement may only be disabled by HHAX Support.
Service Code Required in Authorization	Select to require a specific Service Code for all Authorizations entered for Patients under the Contract.
Apply Authorizations toward TT/OT on Missed Visits	Select for the system to apply matching Authorization toward TT/OT values (if visit is marked as a Missed Visit with values added in the TT/OT field). *Note: If not selected, then the system does not apply Authorization hours for Missed Visits with Travel Time.*
Authorization Week	Defined week range used for billing and running payroll. This field is controlled by system administration. Contact the HHAX Support Team to change settings.
Allow Masterweek Rollover without Valid Authorization	Select to permit the system to perform Master Week rollovers even if the visits generated by the process are not Authorized.
Daily Authorizations Do Not Exceed 24 Hrs	This field allows Agencies to determine how the system responds when a a value greater than 24 hours is entered for a daily Authorization, as follows:

Select	To…

Field	Description	
	No	(default) take no action when greater than 24 hours are entered for a single day.
	Warning	Receive an alert when exceeding 24 hours on a given day, but still allow to save the value.
	Validate	Receive an alert when exceeding 24 hours on a given day and prevent from saving the Authorization.
Automatic Visit Creation Based on EVV Confirmation	Select for the system to automatically create new visits once EVV confirmations for both Clock In and Clock Out are received on the same day.	
Auto-Confirm Visit End Time (Skilled Visits)	Select for the system to automatically apply an EVV confirmation to the Visit End Time if a Caregiver has successfully clocked into a shift.	
Disable Visit Schedule Rounding	Select for the system to allow users to create "to-the-minute" visits as opposed to rounding it to the closest interval. *Note:* This field is for review purposes only. Contact the *HHAX Support Team* to enable/disable this feature.	
Recalculate Visit Authorization units based on Billing Adjustment	Select checkbox to recalculate Authorizations based on Billable Service Time. Refer to the following description.	
Allocate Visit Authorizations based on Billable Service	Read-only checkbox, enabled by HHAX System Administration. With this feature enabled, the system calculates the Authorization units used based on Billable Service Time rather than the Scheduled Time. Refer to the *Utilize Billable Service for Authorization Allocation* topic in the Billing category.	

Visit Confirmation Options

Field	Description
*POC Duty Compliance	(Required) Define the Plan of Care (POC) compliance for all visits scheduled under the Contract, as follows:

Select	To…
Contract Compliance	Require five tasks for each visit with a minimum of one Personal Care task.
Personal Care Compliance	Require one Personal Care task for each visit.
No Compliance	Required no tasks for the visit; only compliant Start and End Time.
Patient POC Compliance	The system validates that all duties included in the Patient's POC have been performed.

Field	Description
Clinical Documentation Required (Skilled Visits)	Select this field to require Clinical Documentation for all Skilled visits before passing the Prebilling Exception page. When selected, the checkboxes in the **Sufficient Documentation** section unlock.
Sufficient Documentation	Select the type of Clinical Documentation required for Skilled visits, as follows:

Select	To/For…
E-Doc in Status	visits to pass Prebilling if e-Docs have been entered and saved in the status selected in the dropdown.
Scanned Clinical Document	visits to pass Prebilling if a scanned Clinical Document has been uploaded for the visit.
Note: Contact HHAX Support Team to update field settings.	

Field	Description
Count Refused Duties Toward Compliance Total	Select for Duties marked as **Refused** to be counted towards the chosen **Required Compliance**.
Allow linking of EVV verifications not recognized as	By default, HHAX does not allow users to caught on the Call Maintenance page that did not originate from a phone number recognized as

Field	Description
belonging to a Patient	belonging to the Patient. Select this checkbox to bypass this restriction.
Fields Required when Editing Visit Info Tab	Select which fields are required when making changes on the *Visit Info* tab to include: • **Visit Edit Reason** • **Action Taken** • **Verified By** • **Date and Time Verified** • **Supervisor**
Require Note when Editing Visit	Select which fields on the Visit Window require a "reason" when edited, including: • **Schedule Time** • **Plan of Care** • **Bill To (Contract)** • **Service Code** • **Caregiver** • **Pay Code** • **Bill Info Tab**
Validate Visit Confirmation Matches Duty Minutes	When selected, the POC Duties duration must match the actual visit duration.
Capture Patient Signature on Mobile App	Select to require a signature when a Caregiver Clocks IN and/or OUT using the Mobil App. Once activated, the Mobile App prompts the Caregiver with a signature screen when Clocking IN and/or OUT.<table><tr><th>Select</th><th>To/For…</th></tr><tr><td>**At Clock-In**</td><td>Require signature at Clock IN</td></tr><tr><td>**At Clock-Out**</td><td>Require signature at Clock OUT</td></tr><tr><td>**Allow Signature Skip**</td><td>Require a Skip Reason if Signature Skip is allowed</td></tr><tr><td>**Require Timesheet if EVV linked to visit w/o Signature**</td><td>Require a Timesheet tied to the EVV visit if no signature is required.</td></tr></table>*Note: Refer to the Mobile App Agency category for details and instructions.*
Disable Visit Confirmation Rounding:	Select for the system to record the exact time an EVV is placed, as opposed to rounding it to the closest interval. *Note: This field is for review purposes only. Contact the HHAX Support Team to enable/disable this feature.*

Timesheet Options & Payroll

Timesheet Options

Field	Description
Timesheet Required (Skilled and Non-Skilled)	Select so that the **Timesheet Approved** checkbox must be selected on the scheduling window before the visit can pass the Prebilling Exception page.
Automatically Flag as TS Required When (Skilled & Non-Skilled)	Select for any manual change to the **Visit Start Time** and/or **Visit End Time** field for visits under the Contract results in the Visit being marked as **Timesheet Required**.
Automatically flag as TS required when confirmation is linked from unrecognized EVV Verifications	Select to mark visits with **Timesheet Required** if the Contract authorizes linking calls from unrecognized phone numbers.

Payroll

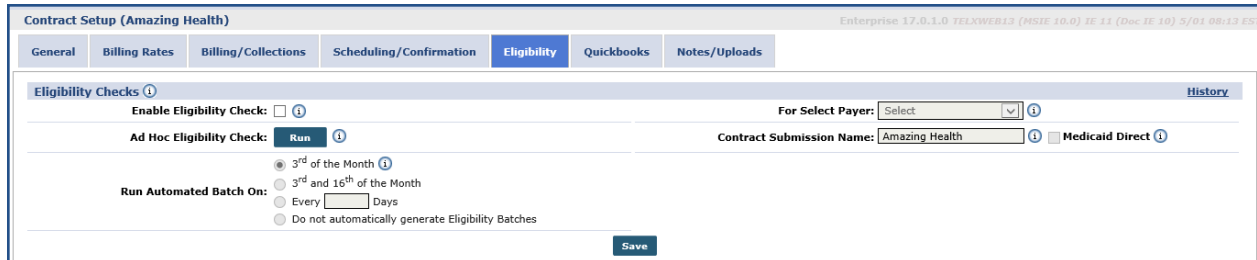| Field	Description
Calculate Payroll to the Minute	Select for Caregivers to be paid for the exact duration of a visit to the minute. *Note:* This field is for review purposes only. Contact the *HHAX Support Team* to enable/disable this feature.
Calculate Payroll Using Confirmed Duration	Select for Caregivers to be paid for the Confirmed Visit duration as opposed to the scheduled visit duration.

Eligibility

The **Eligibility** tab contains *Eligibility Check* functionality to ensure that Patients are eligible to receive services under Medicaid. The **Eligibility Check** may be set to run automatically every "X" number of days or at the user's discretion.

Note: The Eligibility Check is not a standard HHAX feature. Contact the HHAX Support Team for further details.

Contract Setup (Amazing Health)	Enterprise 17.0.1.0 *TELXWEB13 (MSIE 10.0) IE 11 (Doc IE 10) 5/01 08:13 ES*

| General | Billing Rates | Billing/Collections | Scheduling/Confirmation | Eligibility | Quickbooks | Notes/Uploads |

Eligibility Checks ⓘ   History

Enable Eligibility Check: ☐ ⓘ   For Select Payer: [Select ▼] ⓘ

Ad Hoc Eligibility Check: [Run] ⓘ   Contract Submission Name: [Amazing Health] ⓘ ☐ Medicaid Direct ⓘ

Run Automated Batch On:
- ⦿ 3rd of the Month ⓘ
- ○ 3rd and 16th of the Month
- ○ Every [   ] Days
- ○ Do not automatically generate Eligibility Batches

[Save]

Eligibility Page

Field	Description
Enable Eligibility Check	Eligibility Checks track the status of referrals and Patients to ensure they are covered for services. Select this checkbox to enable the rest of the options in this section.
For Selected Payer	Select the Payer Source to use when performing Eligibility Checks for this Contract's Patients.
Ad Hoc Eligibility Check	Click the **Run** button to generate an Eligibility Check batch for all Patients configured for this Contract. Navigate to ***Patient > Eligibility Batch Review*** page to view the results of the Eligibility Batch submission.
Contract Submission Name	When submitting Eligibility Checks for this Contract, the entry in this field is used instead of the Contract Name (as configured on the Contract Profile). This field is required.
Medicaid Direct	Select this checkbox if the Contract provides service to Patients who are directly covered by Medicaid. When selected, the Eligibility Check process correctly identifies which Patients are covered by Medicaid.
Run Automated Batch On	Use the radio buttons to determine when HHAX is to run an automated Eligibility Check for the Patients assigned to this Contract.

QuickBooks

Use the QuickBooks tab to enter and manage the information to export to QuickBooks. The fields herein represent identifier information required when exporting Contract information for use in QuickBooks.
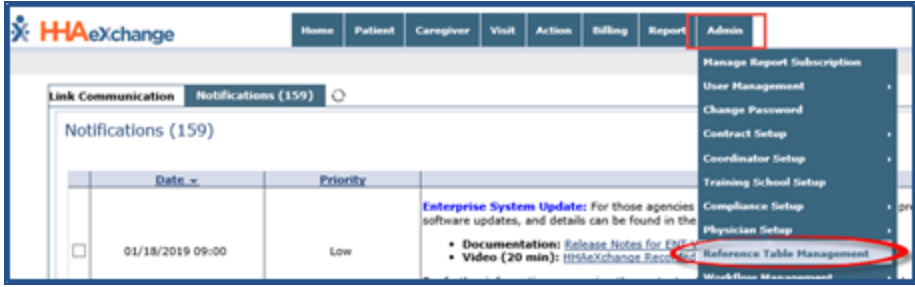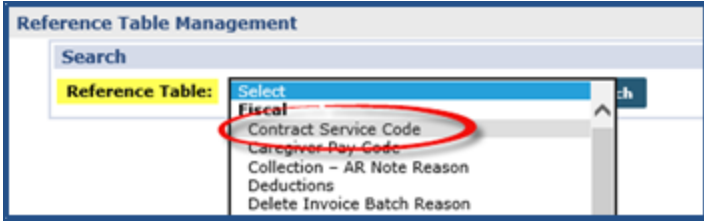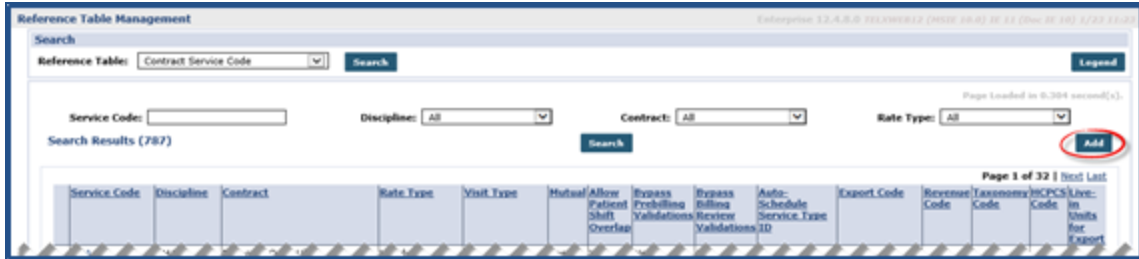

QuickBooks Tab

Notes/Uploads

Any additional information or scanned documentation pertaining to the Contract may be stored on this page. Before any notes can be added, values for the **Note Type** must be setup on the Reference Table.
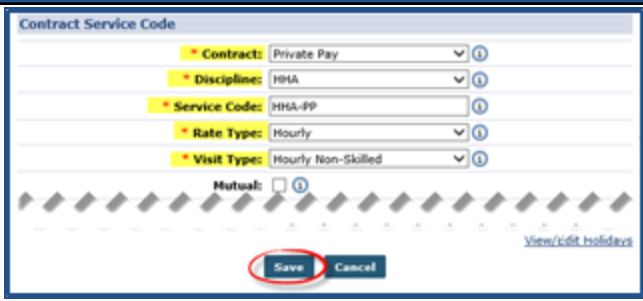
Contract Setup (Caring Hands LLC)					Enterprise 6.5.9.2 *TELXWEB (MSIE 10.0) IE 11 (Doc IE 10) 3/23 11:01 ES*				
General	Billing Rates	Billing/Collections	Scheduling/Confirmation	Eligibility	Quickbooks	Notes/Uploads			

<table>
<tr><td colspan="7"></td><td colspan="2" align="right">New</td></tr>
<tr><td colspan="9" align="right">Page 1 of 1 |</td></tr>
<tr><td>Date</td><td>Note Type</td><td>Note Text ▲</td><td></td><td>User</td><td></td><td></td><td></td><td></td></tr>
<tr><td>03/23/2016 11:04:19 AM</td><td>Misc.</td><td colspan="2">Contract renewal required in 30 days</td><td>Jon Franqui(JonNE)</td><td>Edit</td><td>X</td><td></td><td>H</td></tr>
<tr><td>03/23/2016 11:03:40 AM</td><td>Additional Contract Information</td><td colspan="2">Support: 999-999-9999 Support Supervisor: 998-889-8889</td><td>Jon Franqui(JonNE)</td><td>Edit</td><td>X</td><td></td><td>H</td></tr>
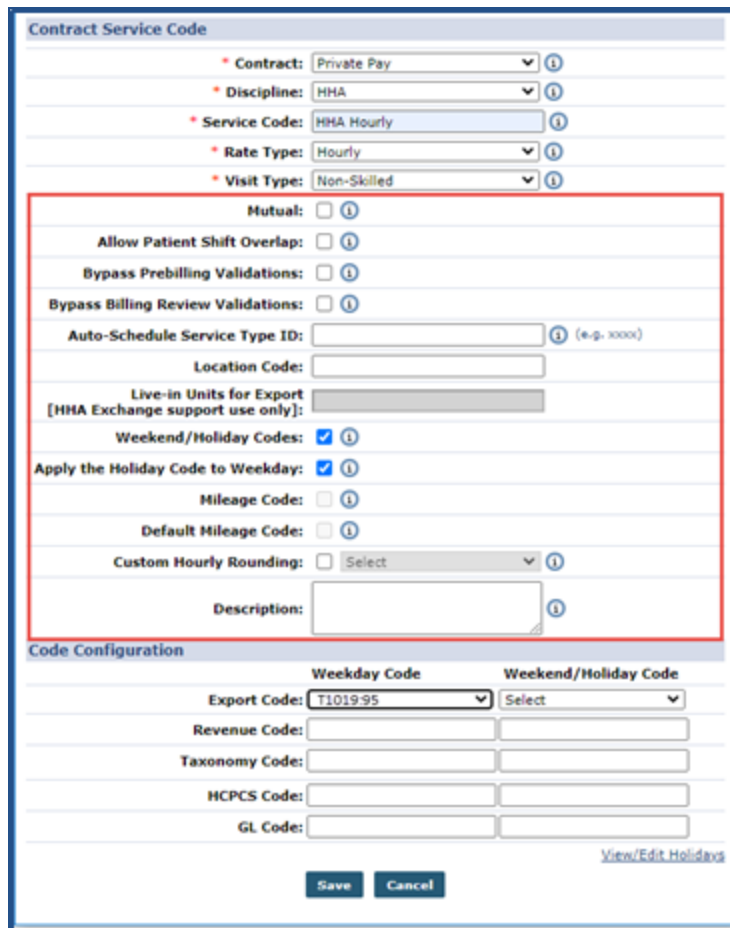</table>

Notes/Uploads Tab

Service Codes

Create a Service Code

Step	Action
1	Navigate to *Admin > Reference Table Management* . **Admin: Reference Table Management**
2	Select *Contract Service Code* from the **Reference Table** field and click **Search** to continue. **Reference Table: Contract Service Code**
3	On the Search Results page, click on the **Add** button. **Contract Service Code: Add Button**
4	On the *Contract Service Code* window, select all required fields to include a **Contract** , **Discipline**, **Service Code**, Rate Type, and **Visit Type**.

Step	Action
	 Adding a Service Code Window
5	Click **Save** to finalize.

Additional Service Code Fields

Additional Service Code fields (as illustrated in the image below) on the Contract Service Code window are used to address specific billing and scheduling scenarios (described in the table underneath the image).

Contract Service Code: Additional Fields

Field	Description
Mutual	Select this checkbox if the **Service Code** is used for Mutual Visits. Overlapping visits scheduled with a **Mutual Service Code** may be scheduled with the same Caregiver without triggering a validation error.
Allow Patient Shift Overlap	Select this checkbox if the **Service Code** is used for visits that overlap. This allows two separate Caregivers to be scheduled for a single Patient at the same time without triggering a validation error.
Bypass Prebilling Validations	Select this checkbox to allow visits scheduled with the associated **Service Code** to bypass Prebilling validations, with the following exceptions: • Incomplete Confirmation • With TEMP Caregiver • OT/TT Not Approved • Restricted Caregiver
Bypass Billing Review Validations	Select this checkbox to allow visits scheduled with the associated **Service Code** to bypass all Billing Review validations.
Auto-Schedule Service Type ID	This field allows Agencies using the **Service-Specific EVV Confirmation** model to enter a 4-digit identifier for the **Service Code**. When a Caregiver enters this 4-digit identifier at Clock Out, the system applies the **Service Code** to the visit.
Location Code	Code based on the location (region) of the servicing Agency/Office for billing purposes.
Weekend/Holiday Codes	Select this checkbox to activate the second Weekend Holiday Code fields. Codes entered in these fields only apply to respective weekdays (with weekday code) and weekends (weekend code).
Apply the Holiday Code to Weekday	Selecting this checkbox applies Weekend/Holiday Codes on either weekends OR holidays according to the chosen Holiday Template. Authorizations selected as "Weekend/Holiday" in the authorizations section pulls from visits that occur on a weekend OR a weekday if the holiday happens to fall on a weekday (M-F).
Mileage Code	Select this checkbox to apply a mileage event on the Patient Calendar.
Default Mileage Code	Select this checkbox to display entry on the Patient and Caregiver Calendars allowing the default code to be billable and payable. Only two "Default Mileage Codes" can be enabled per Contract; apply to Other (Skilled) and Other (Non-Skilled) disciplines.
Custom Hourly Rounding	Select to apply custom hourly rounding logic to the Service Code, as follows: • **0-52 minutes:** EVV visit confirmation times between 0 to 52 minutes amount to 0 units; thereafter, billing units are calculated in increments of 59 minutes. • **0-14 minutes:** EVV visit confirmation times between 0 to 14 minutes amount to 0 units; 15 to 60 minutes are rounded up to the hour. There-

|	
	after, 30 minutes or more are rounded up to the hour; less than 30 minutes are rounded down to the hour. Billing units are calculated accordingly.
	Note: *Once selected, all visits with this Service Code applied override Contract-Level Rounding Rules.*
Description	Enter content to include in the Notes section of a claim file to help support/reference the claim. ***Note:*** *If left blank, then the visit Confirmation Times are displayed on the claim.*
Code Configuration	
Export / Revenue / Taxonomy / HCPCS / Location Code	These codes are used in the actual Invoice file for Billing. The **Export** and **Weekend/Holiday Code** fields are created and managed in *the Export Code Reference Table*. Refer to the Export Code Reference Table section below.

Export Code Reference Table

All Export Codes (including Weekday and Weekend Codes) are created and stored in the *Export Code Reference Table*. To access the table, navigate to ***Admin > Reference Table Management*** and select *Export Code* (under the *Fiscal* category) from the **Reference Table** field. Click the ***Search*** button to generate the table (as seen in the image below).
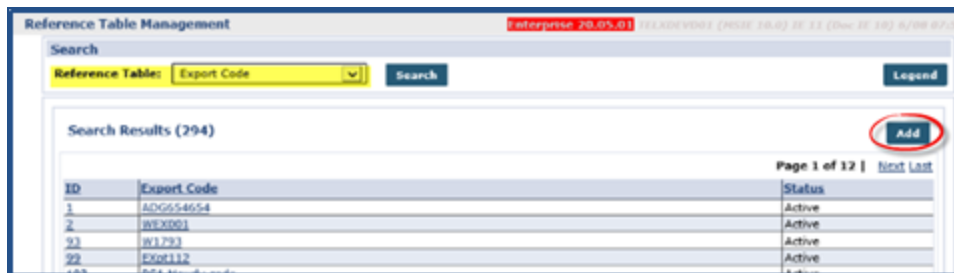
Export Code Reference Table

Creating an Export Code

To add a new value, click the ***Add*** button above the search grid (as seen in the image above). The *Add Export Code* window opens. Enter the **Export Code** in the required field (denoted with a red asterisk). The **Status** field is Active by default. Click ***Save***.
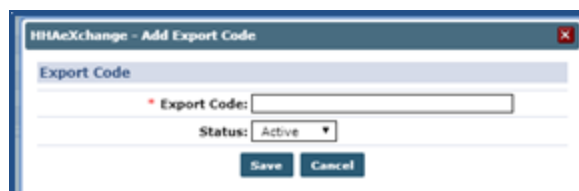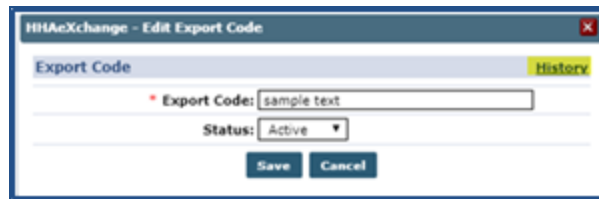

Add Export Code

*Note: Export Codes cannot be duplicated or deleted. To deactivate an Export Code, set the **Status** to Inactive.*
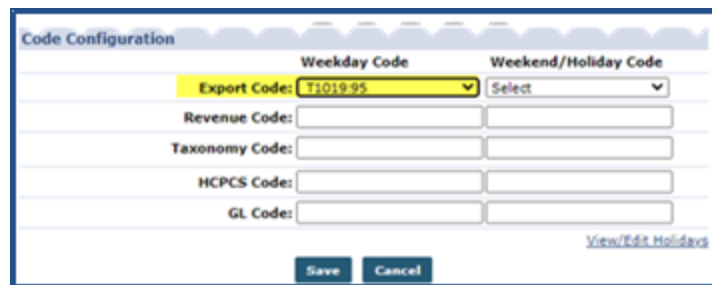
Editing an Export Code

To edit an existing Export Code, click on the applicable **Export Code Name** (link) from the Export Code Reference Table. The *Edit Export Code* window opens. Edit the **Export Code** in the required field (denoted with a red asterisk). Select *Inactive* to deactivate the code; otherwise, leave as Active. Click **Save**.

Edit Export Code

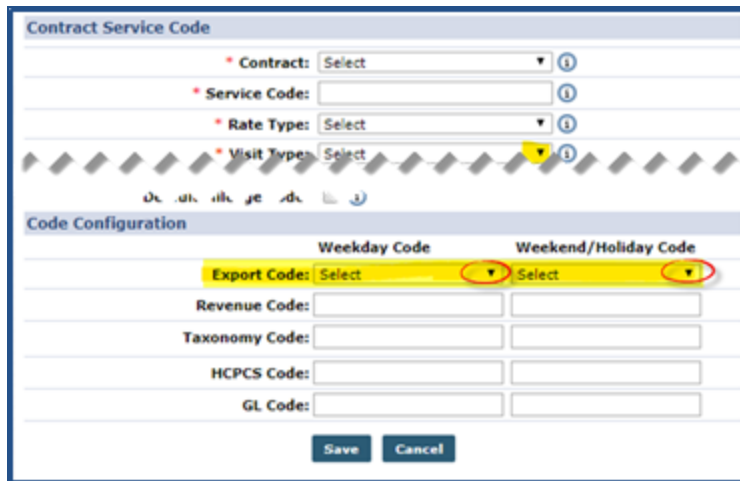The Edit window contains a **History** link to view the past activity for the Export Code.

*Note: When adding a modifier to an existing Export Code, a ":" (colon) must be added after the existing code. For example, Export Code **T1019** with a modifier of **95** is entered as **T1019:95** in the **Export Code** text field.*

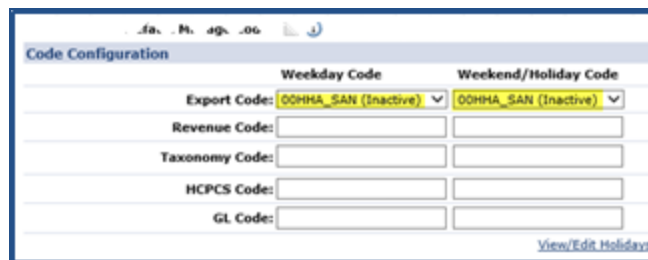**Adding a Modifier to the Export Code**

Contract Service Code

On the Contract Service Code window (Contract Setup > Search Contract >Service Code (link)), the Export Code fields (Weekday and Weekend/Holiday Codes) are dropdown fields to select from (as high-lighted in the following image).

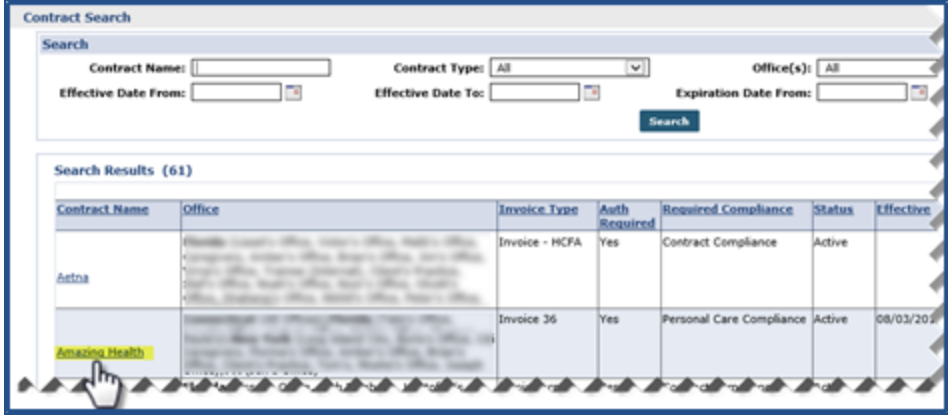Contract Service Window: Export Code
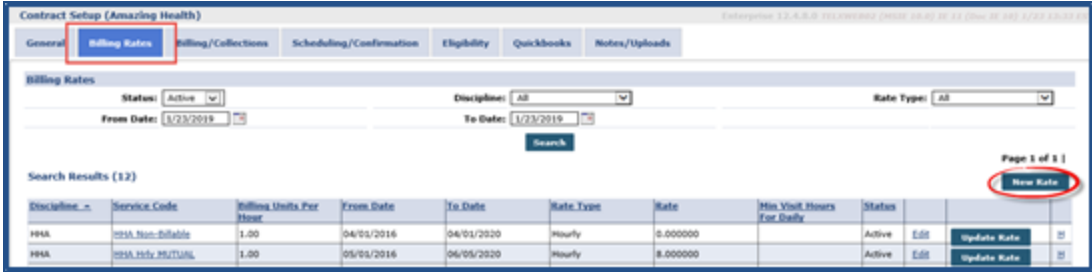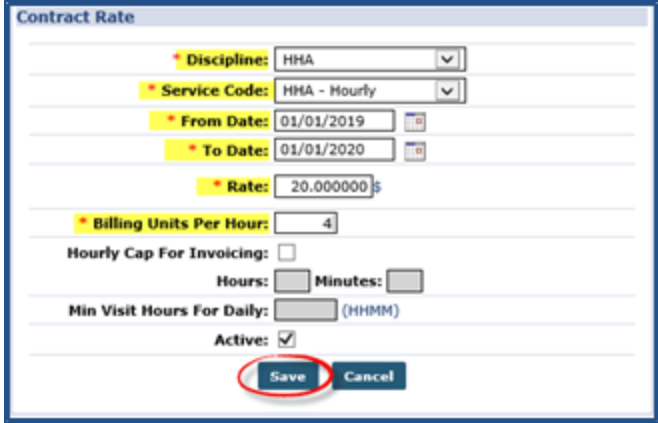
Inactive Export Codes

If an existing Active Export Code is made *Inactive*, then the code displays with an (Inactive) on the drop-down, as seen in the following image. *Inactive* Export Codes are unavailable selections in the *Contract Service Code* window.

Inactive Export Codes

Adding a Service Code to a Contract

Step	Action
1	Navigate to **Admin > Contract Setup >Search Contract** to locate the applicable contract.
2	Select the applicable contract from the search results.

Step	Action
	 Select Contract
3	Select the **Billing Rates** tab and click on the **New Rate** button. **Billing Rates Tab: New Rate**
4	On the *Contract Rate* window, complete the required fields (denoted by red asterisk) to include: **Discipline**, **Service Code**, **From/To Date**, **Rate**, and **Billing Units Per Hour**. **Contract Setup: Billing Rates Tab**
5	Click **Save**.