Office Setup Process Guide

Admin Functions User Guide

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Admin Office Setup

Overview

Use the **Office Setup** page to configure individual Offices within an Agency. Every Agency must have at least one Office. This category covers the various sections of the *Edit Office* page.

Please direct any questions, thoughts, or concerns regarding the content herein to HHAeXchange Customer Support.

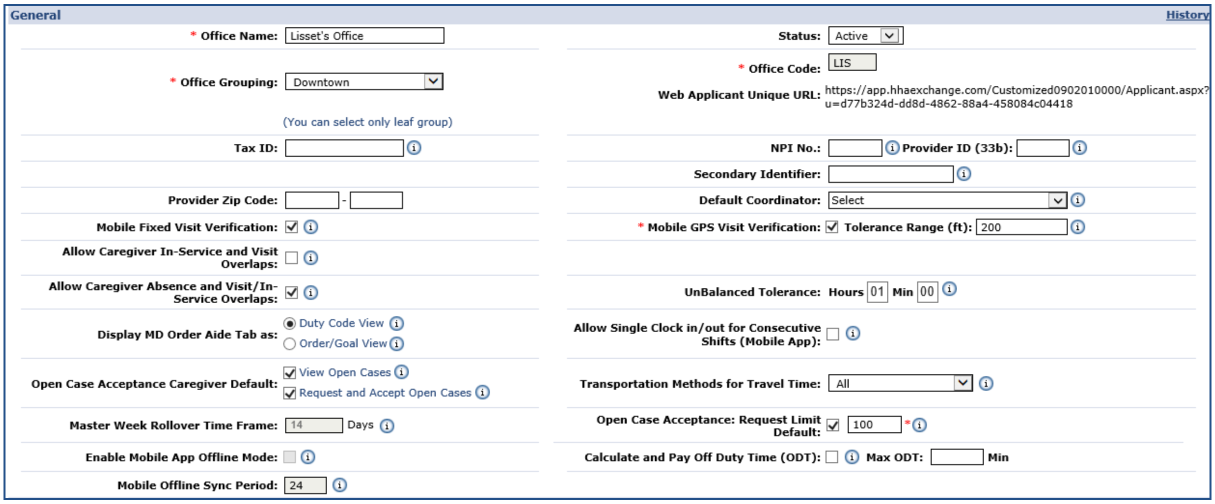
HHAX System Key Terms and Definitions

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 Office information and requirements.



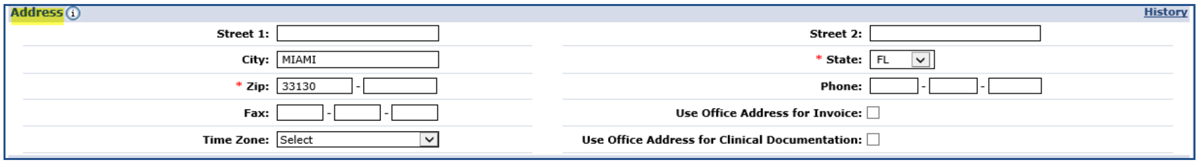
Edit Office: General

Field	Description
*Office Name	(Required) Enter the Office name.
Status	Select *Active* or *Inactive*
*Office Grouping	(Required) Select the Office level under the Organization Structure.
*Office Code	(Required) The three digit code used to distinguish each of the Offices within an Agency. This code attaches itself to certain identifiers (such as a Patient's **Admission ID**).
Web Applicant Unique URL	The Office's unique Web Applicant Portal URL.
Tax ID	Enter the Tax ID that used for invoicing.
NPI No.	The Office's *National Provider Identifier* number.
Provider ID (33b)	Enter the **Provider ID** for the system to automatically populate the **33b** field on the HCFA 1500 form when generating invoices in that format.
Secondary Identifier	Enter a secondary identifier for an Office
Provider Zip Code	The Office's zip code.
Default Coordinator	Select a default **Coordinator** for the Office.
Mobile Fixed Visit Verification	Select for the Caregivers with Mobile App access to perform EVV using the security token registered to Patients.
*Mobile GPS Visit Veri-	(Required) Select for the Caregivers with Mobile App access to perform EVV

Field	Description
fication	via the GPS on their smartphone.
Tolerance Range (ft)	Enter the range (in feet) to register a valid GPS verification. The range is based on the GPS coordinates of the Patient's address.
Allow Caregiver In-Service and Visit Overlaps	Select for the system to allow users to schedule Caregivers for In-Service and Visits at overlapping times.
Allow Caregiver Absence and Visit/In-Service Overlaps	Select for the system to allow users to schedule Caregivers to Visits and/or In Services when they have a scheduled absence. If unselected, Caregivers cannot be scheduled for Visits and/or In Services when absent.
Unbalanced Tolerance	Enter the **Hours** and **Minutes** (acceptable time limit) to place an EVV based on the scheduled Visit Start or End Time.
Display MD Order Aide Tab as	Select ***Duty Code View*** to display the Patient's POC; or Select ***Order/Goal View*** to display the MD Orders and Goals associated with a Patient.
Allow Single Clock IN/OUT for Consecutive Shifts (Mobile App)	Select to allow Caregivers to Clock IN/OUT of Consecutive Shifts on the Mobile App. Refer to the Mobile App Consecutive Shifts topic for details and instructions on a single Patient; for Linked and Mutual Patients, refer to the Mobile App Clock In and Out Linked and Mutual Patients topic.
Open Case Acceptance Caregiver Default	Enable Case Acceptance for Caregivers. Select **View Open Cases** for Caregivers to view shift details. Select **Request and Accept Open Cases** to enable Caregivers to request shifts. Refer to the Case Broadcasting category for details and instructions.
Transportation Methods for Travel Time	Select the methods of transportation (such as *Driving*, *Public Transportation*, *Walking*, or *All*) for the system to automatically calculate Travel Time between shifts.
Master Week Rollover Time Frame	Indicates the number of days into the future the system creates Visits under the Master Week functionality as well as the time frame used for Authorization calculations. ***Note:*** *This field is for reference only. Contact the HHAX Support Team to enable/update this field.*
*Open Case Acceptance: Request Limit Default	(Required) Enter the number of pending requests a Caregiver can have at one time, applicable to Case Broadcasting (not including cancelled, rejected, and approved requests).
Enable Mobile App Offline Mode	Select to enable the Mobile App Offline Mode. If selected, all Caregivers linked to this Office are able to operate without internet connectivity. Refer to the Mobile App Agency category for details and instructions.
Mobile Offline Sync Period	Indicates the hours to sync Schedule and Patient data to the Mobile App for offline processing when internet connectivity is lost. Default period is 24 hours.
Calculate and Pay Off Duty Time (ODT)	Select for the Office to pay Caregivers for ODT. If selected, enter the Max ODT (in minutes).

Address

Enter the Office street address and phone number(s) in the specified fields (as illustrated in the following image). Note that the **State** and **Zip** fields are required to save the profile.



Edit Office: Address

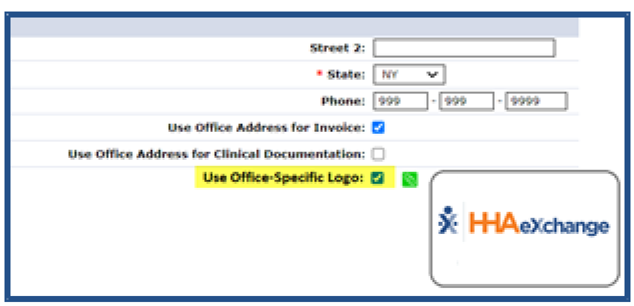
In addition, select:

- **Use Office Address for Invoice** to use this Address for invoices rather than the Address entered in the **Agency Profile** page.
- **Use Office Address for Clinical Documentation** to use this Address on clinical documentation.

Logo Override at the Office Level

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. This is standard functionality at the Agency level, only supporting one, unified logo across the system.

To enable, select the **Use Office-Specific Logo** checkbox under the *Address* section, as seen in the following image.



Office Level: Use Office-Specific Logo Checkbox

To add the office-specific logo, click on the attachment (paperclip) icon and follow the prompts to load the logo. Once saved, the logo appears in all relevant areas across the application for the Office, such as in printed invoices.

Note: *Newly added logos are reduced to the required dimensions (height/width) to preserve the quality of the logo.*

QuickBooks Configuration

The **QuickBooks Configuration** section is used to configure (enter) the specific QuickBooks information (such as *QB Account Name*, *QB Account Number*, and *Terms*) as it applies to the Office.

Overtime Scheduling

Use the **Overtime Scheduling** section to specify or define Overtime settings.

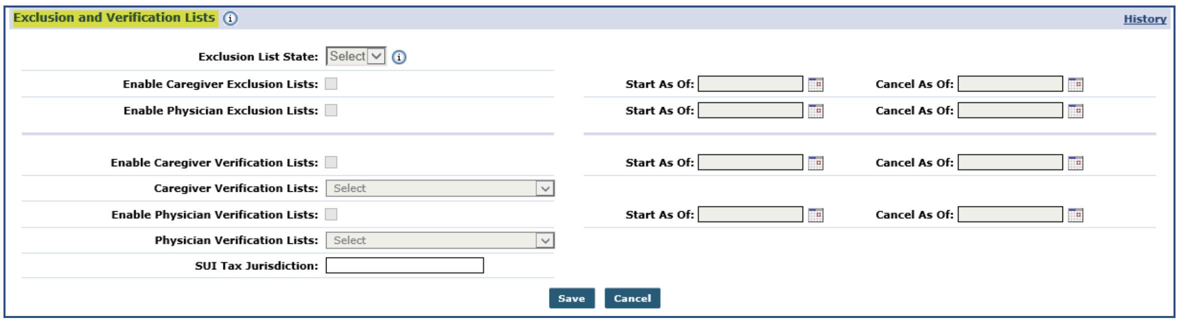
Overtime Scheduling Section

Field	Description
Overtime Validation at the time of Schedule	Select *Yes* or *No*. If ***Yes***, then users must enter their login password and select an **Override Reason** to schedule a Caregiver for a Visit which exceeds the overtime threshold.
Hourly Equivalent for Live-In Shifts	Set an overtime threshold for Live-In Visits.
Prompt Password at (for Caregivers with both Hourly and Live-In Visits)	Indicate the hourly threshold (**HH:MM**) before overtime begins; when Caregiver has both Hourly and Live-In Visits.
Prompt Password at (for Caregivers with only Live-In Visits)	Indicate the hourly threshold (**HH:MM**) before overtime begins; when Caregiver has only Live-In Visits.

Exclusion and Verification Lists

The **Exclusion and Verification Lists** section allows users to review the applicable subscriptions and settings to HHAX's exclusion and verification list service. These services run a search through various databases (such as OMIG, OIG, and GSA) to ensure Physician and/or Caregivers are not on any exclusion lists. This service must be enabled by the HHAX Support Team.

Refer to the Exclusion and Verification Lists category for details and instructions.



Edit Office: Exclusion and Verification Lists

Required Fields

The **Required Fields** section is used to set specific fields as required across the system; denoted with a red asterisk (*). Providers can require fields when entering or editing Applicants (Caregiver) in the system. On the *Edit Office* page (***Admin > Office Setup***), under the *Required Fields* section, select the *Required Fields* using the three multi-select dropdowns: **Required Caregiver (Employee) Fields**, **Required Caregiver (Applicant) Fields**, and **Required Patient Fields** (as seen in the image below).

Edit Office: Required Fields Dropdown Fields

The values in these fields correspond directly to the checkboxes used to define **Required Fields** for ***Caregivers*** and ***Patients***. Using the dropdowns, Providers can define **Required Fields** for the three defined categories. By default, no fields are required for *Applicant* Caregivers; only those saved as *Employees* are tracked against existing requirements.

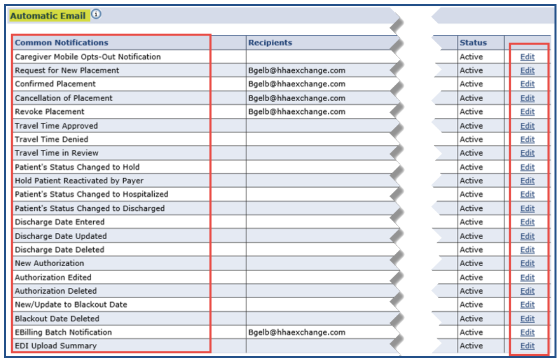
Required Caregiver (Employee) Fields	• Team • Location • Branch • Ethnicity • Employee ID • HCA/PCA Registry Number • Language 1 • Language 2	• Notification Preferences • Email • Mobile/Text Message • Voice Message • Added/Checked Registry Date • NPI • *Professional License Number* • SSN • Note Subject

Required Caregiver (Applicant) Fields	• Team • Location • Branch • Ethnicity • Employee ID • HCA/PCA Registry Number • Language 1 • Language 2	• Notification Preferences • Email • Mobile/Text Message • Voice Message • Added/Checked Registry Date • Professional License Number • SSN • Note Subject

Required Patient Fields	• Team • Location • Branch • ID Number • Priority Code • Source of Admission • Medicaid Number • Nurse SSN • Evacuation Zone • Evacuation Location	• Mobility Status • Reason Required to Edit In/Out Time of Visit • Referral ID • Address Line 1 • Contract Discharge Reason • Referral Diagnosis Code • Diagnosis Date • Contract Discharge Reason Description • Alternate Billing Address

Automatic Email

The **Automatic Email** section is used to facilitate system-generated automatic emails triggered by specific functions performed in the system for *Linked Patients*. The Automatic Email library of **Common Notifications** includes a diverse number of notification emails created according to functionality and business needs. To add specific intended recipients, click the **Edit** link corresponding to the applicable Common Notification (right-most column).

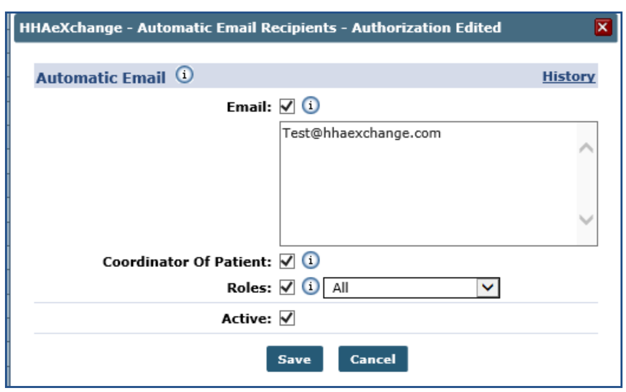


Edit Office: Automatic Email

For example, the *Authorization Edited* notification is selected.

Once the Edit link is clicked, the *Automatic Email Recipients* window opens for the *Authorized Edited* notification (as shown in the image below). Select specific recipients and/or recipient groups (e.g., Patient Coordinator and Roles).

Only intended recipients can be edited using the Automatic Email functionality. Refer to the table below describing recipient types.



Select Automatic Email Recipients

Recipient Type (Select…)	Description
Email	Enter specific recipient's email address to receive notification. Enter as

Recipient Type (Select…)	Description
	many email addresses as needed separated by a comma and space.
Coordinator of Patient	Directs the system to automatically send an email notification to a Patient's Coordinator as indicated in the system.
Roles	Expands a multi-select dropdown menu to indicate applicable roles to receive notification. The dropdown defaults to "All"; Users may select a specific role as assigned by the Agency.

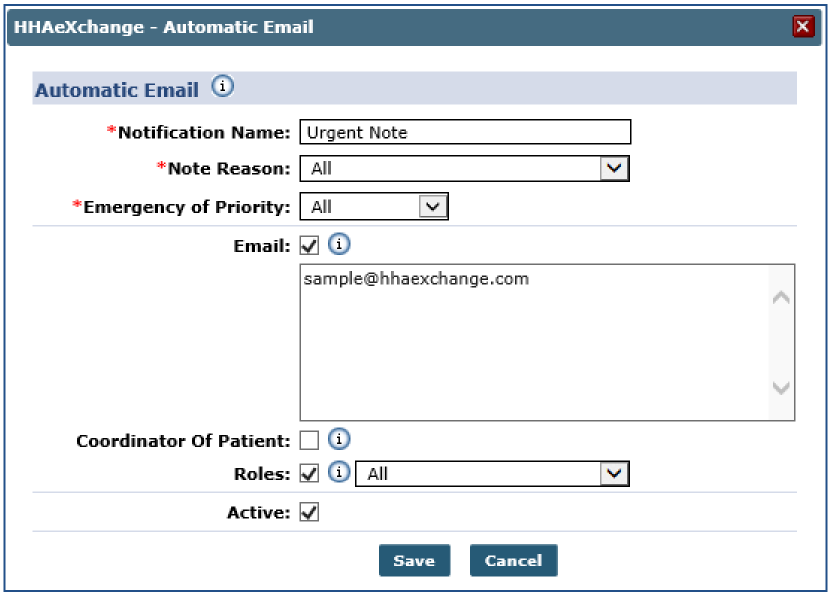
Select the **Active** checkbox to generate an automated message for all entered recipients when the appropriate condition is met. To stop the automated message for all recipients, unselect the **Active** checkbox.

Received Note Notification

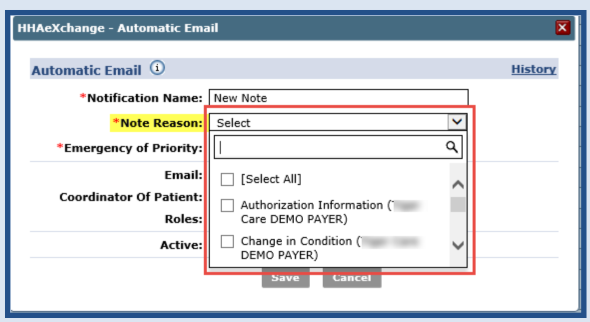
To ensure that notification emails are received, click the ***Add*** button in the *Received Note Notification* section, underneath the Automatic Email section (as shown in the following image). Click the **Add** button (as shown in the following image) to indicate the triggers (selected under the **Note Reasons** field) for the notification.

Received Note Notifications

On the **Automatic Email** window complete the required fields as indicated on the table below the image.



Automatic Email Settings

Field	Description
Notification Name	Required field which is the subject or title of the notification used to identify the notification under the "Received Note Notifications" column.
Note Reason	Required field used to select which reasons trigger an automatic email (functionality to execute). Note Reasons originate on the Payer side and indicate the corresponding Payer. The dropdown menu defaults to "All"; however, each dropdown is populated with associated Payer Reasons by Office. 
Emergency of Priority	Select **Yes**, **No**, or **All**. This field allows the User to configure the priority of the messages so that emails are only sent based on priority settings. • Yes = Urgent • No = Not urgent • All = Applies to all messages regardless of priority settings
Recipients	Refer to previous section.
Active	Refer to previous section.

The following image is a sample email notification for a Confirmed Placement.

Confirmed Placement

Recipients receive the following email when Payer sends a Confirmed Placement request

This is an automatically triggered email. You are receiving this email because you are listed as a recipient of the **Confirmed Placement** notification. This action was triggered by the payer **Demo** [illegible] ([illegible]).

This action was triggered for the patient with the Admission ID **00000**.

Other Details:

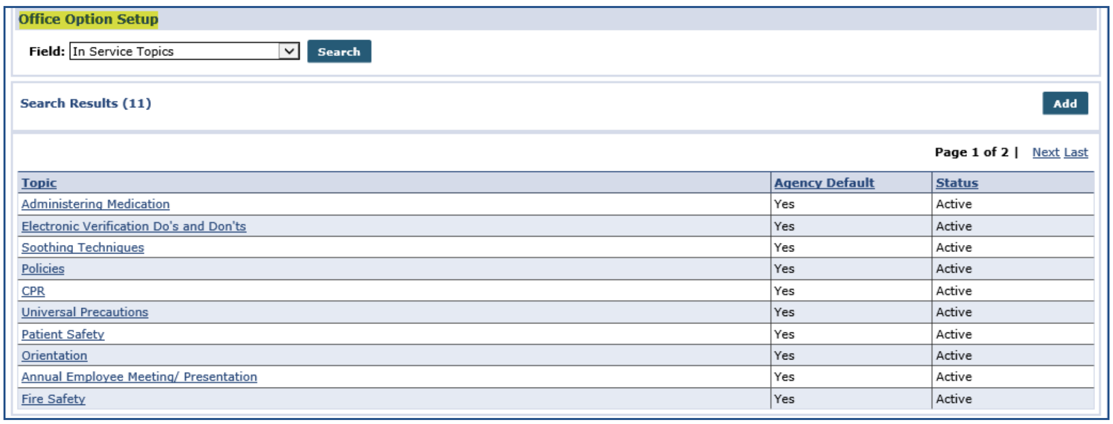
- Start Date: **07/18/2017**
- Discharge Date: **07/25/2017**
- Request Sent At: 07/17/2017 05:11:16
- Cut Off Time: 07/17/2017 05:41:16
- Service Category: **Home Health**
- Service Type: **HHA**

Email Notification

Office Option Setup

The **Office Option Setup** section contains a secondary Office Level Reference Table functionality that allows users to setup values for certain fields in the system. This functionality only applies to the Office (as opposed to the general Reference Table that applies to the entire Agency, containing Agency Default values).

The following image illustrates the ***In Service Topics*** values for the Office. Click the ***Add*** button to add a value or click on the Topic (link) to edit.


Office Option Setup

Field: In Service Topics
Search

Search Results (11)
Add

Page 1 of 2 | Next Last

Topic	Agency Default	Status
Administering Medication	Yes	Active
Electronic Verification Do's and Don'ts	Yes	Active
Soothing Techniques	Yes	Active
Policies	Yes	Active
CPR	Yes	Active
Universal Precautions	Yes	Active
Patient Safety	Yes	Active
Orientation	Yes	Active
Annual Employee Meeting/ Presentation	Yes	Active
Fire Safety	Yes	Active

Office Option Setup

The below-listed Office-Level Reference Tables are available in the **Office Option Setup** section. Most tables (except for the *italicized* Clinical fields) can be edited on both the Office and Agency Level Reference Tables. The *italicized* Clinical fields are only available at the Office Level.

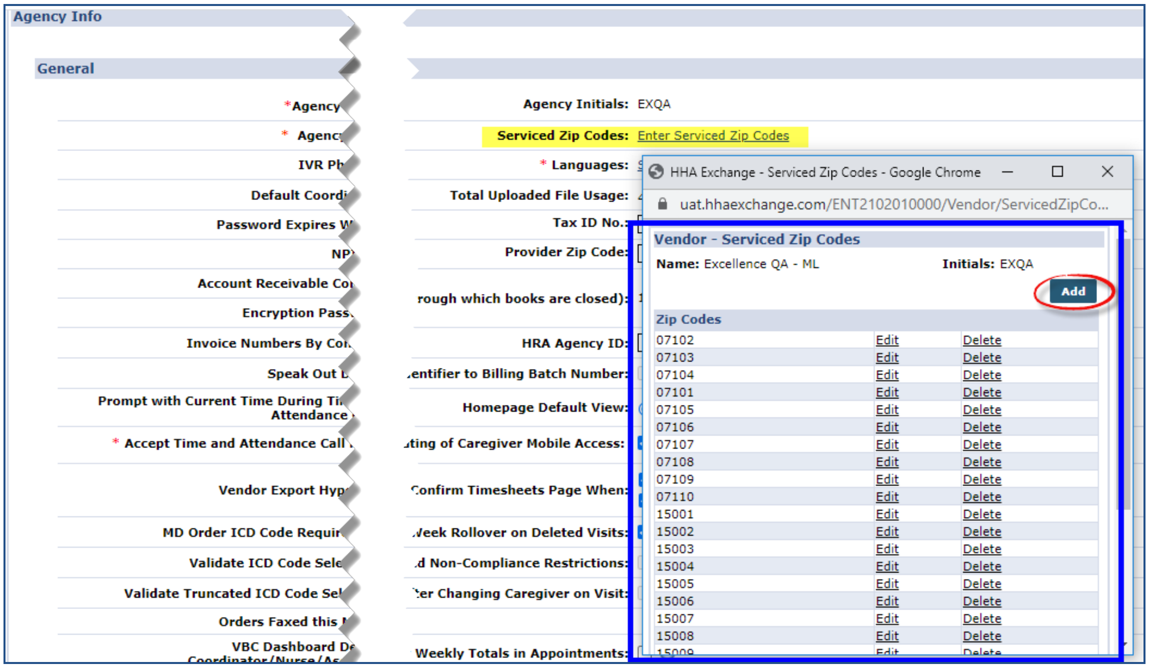
- Collection – Representative
- Caregiver Team
- Training School Instructor
- In Service Topics
- In Service Instructor
- Clinical Category Goal
- Clinical Category Orders
- Clinical Discipline Categories
- Clinical DME and Supplies
- Clinical Nutritional Requirements
- Clinical Safety Measures
- Interim Order Category Templates
- Clinical Advanced Directive
- Evacuation Zone
- Evacuation Location
- Priority Code
- Mobility Status

- Electric Equipment Dependency
- Patient Team
- Branch
- Location
- Caregiver Referral Source
- Patient and Caregiver Preferences

Refer to the Reference Table Legend (Agency) to view descriptions at an Agency level. For an Office level view, refer to the Reference Table Legend (Office).

Serviced Zip Codes

A **<u>Serviced Zip Codes</u>** link on the *Office Setup* (***Admin > Office Setup***) page enables Providers to identify the serviced Zip Codes at an office level. Click on the Enter Serviced Zip Codes link to open the *Serviced Zip Codes* window. From this window, a Provider can add, edit, or delete zip codes.



Agency Info: Serviced Zip Codes (Link and Window)

Once configured by the Provider, Payers can generate a Provider Office search and send placements based on identified Patient Zip Codes.