



Authorizations Process Guide

Provider User Guide

Contents

Authorizations	1
Overview	1
HHAX System Key Terms and Definitions	1
Adding Authorizations	2
Period Types	3
Limiting Entire Period Authorizations (Guardrails)	5
Viewing the Guardrails Breakdown	5
Existing Authorizations	6
Guardrails Enabled/Disabled at the Authorization Level	8
Authorization Edit Notes and Provider Email	8
Authorization Edit: Guardrail Limit Edited	8
Authorization Edit: Multiple Edits to include Guardrails On/Off	9
Payer Reduced Authorizations	11
Authorization Blackout Dates	12
Display Multiple Authorizations on Placement Window	14
Budget Fields Added to Patient Authorization (Linked Contracts)	15

Authorizations

Overview

This category covers the **Authorization** functionality in the HHAExchange (HHAX) system. For comprehensive guidance and instructions on how to add an Authorization, view Authorization Guardrails, and manage Authorization Blackout Dates, among other features.

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

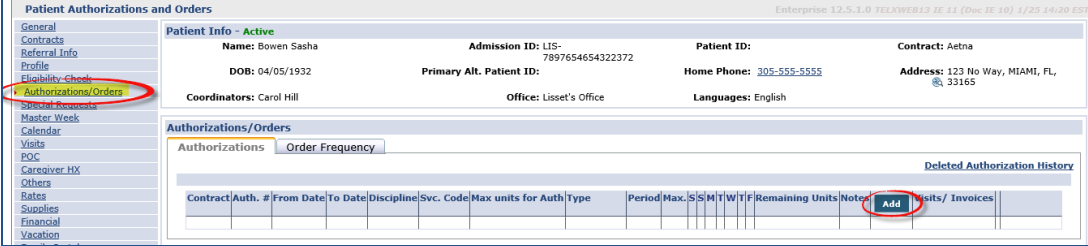
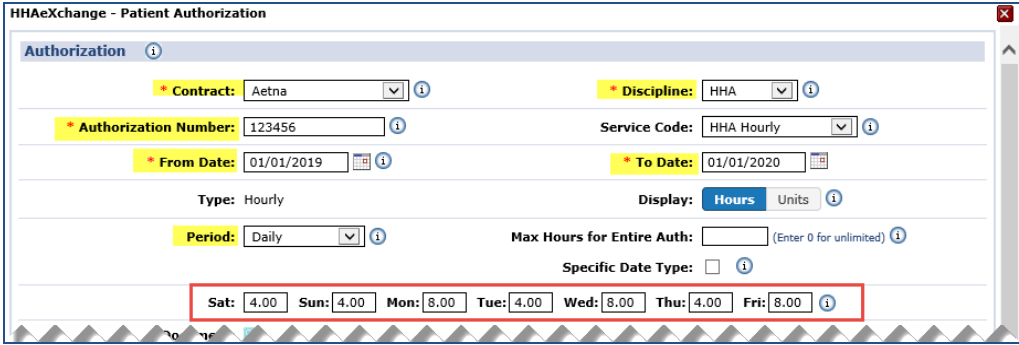
HHAX System Key Terms and Definitions

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

Adding Authorizations

Follow the steps outlined below to add a Patient Authorization in the system. **Note:** Contracts must be applied to the Patient Profile prior to adding an Authorization.

Step	Action
1	<p>Navigate to Patient > Authorizations/Orders and click on the Add button.</p>  <p style="text-align: center;">Adding a Patient Authorization</p>
2	<p>The <i>Authorization</i> window opens. Complete the required fields (denoted with red asterisk) to include Contract, Discipline, Authorization Number, and From/To Date. Select a Service Code as well as the Period type (<i>Daily</i>, for this example). Refer to the Period Types section for further options.</p> <p>For a <i>Daily Period</i>, set the maximum number of hours for a Visit for each day of the week.</p>  <p style="text-align: center;">Patient Authorization Window</p>
3	<p>Continue to complete additional applicable (optional) fields such as:</p> <ul style="list-style-type: none"> • Document (click icon to attach supporting documentation). • If the Authorization is tied to a specific ICD Code, enter it using the Billing Diagnosis Code (s) field. If the Patient, or selected Contract, already has a set Billing Diagnosis Code, the system alerts that one exists. Click the Add button to add other Billing Diagnosis Codes. • Make any further comments under the Notes field.

Step	Action
	<p style="text-align: center;">Authorization: Billing Dx Codes</p> <p>Refer the Setting Billing Dx Codes Job Aid for further information regarding Billing Dx Codes.</p>
4	Click Save .
5	<p>Review all Authorizations on the Authorizations/Orders page.</p> <p style="text-align: center;">Review Authorization</p>

Period Types

Period	Description
Daily	Enter the specific allowed hours per day. If the visit is scheduled on a different day, or for more hours on these days is flagged.
Weekly	Enter the allowed hours per week. Visits scheduled after this weekly limit is reached are flagged.
Monthly	Enter the allowed hours per month. Visits scheduled after this monthly limit is reached are flagged.
Entire Period	Enter the allowed hours that are between the Authorization Start and End Dates. Visits scheduled after this limit is reached are flagged. Note: Refer to the Guardrails section for details on controls set by the Payer on Entire Period Type Authorizations.

If the *Weekly*, *Monthly*, or *Entire Period* value is selected for **Period**, set the **Max Units for Period**. The image below illustrates an *Entire Period* as the authorization period. In this case, the **Additional Rules** checkbox has been selected allowing the user to add rules to the **Period** and specify the rule parameters

using the **Maximum Visits / per / of** fields. Click the **Add Row** button to create more rules (as seen in the second row).

Authorization (i)	
* Contract: <input type="text" value="Aetna"/> (i)	* Discipline: <input type="text" value="--Select--"/> (i)
* Authorization Number: <input type="text" value="569745242"/> (i)	Service Code: <input type="text" value="--Select--"/> (i)
* From Date: <input type="text" value="01/01/2019"/> (i)	* To Date: <input type="text" value="01/31/2019"/> (i)
Type: <input type="text"/>	Display: <input type="text" value="Hours"/> <input type="text" value="Units"/> (i)
Period: <input type="text" value="Entire Period"/> (i)	Max Units for Entire Auth: <input type="text" value="N/A"/> (Enter 0 for unlimited) (i)
Max Units per Period: <input type="text" value="10.00"/> (i)	
<div style="border: 2px solid red; padding: 5px;"> <p>Additional Rules: <input checked="" type="checkbox"/> (i)</p> <p>Maximum Visits: <input type="text" value="1"/> per <input type="text" value="Weekly"/> of <input type="text"/> hours each (i) <input type="button" value="Add Row"/></p> <p>Maximum Visits: <input type="text" value="30"/> per <input type="text" value="Entire Period"/> of <input type="text"/> hours each (i) <input type="button" value="X"/></p> </div>	
Document: <input type="checkbox"/>	

Additional Rules

Limiting Entire Period Authorizations (Guardrails)

DISCLAIMER

This feature is enabled and managed by Payers. Providers must be migrated to the new Authorization environment for this feature.

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

Payers can restrict **Entire Period** type authorizations to prevent Providers from over utilization (over-serving the Member). Termed as **Guardrails** in the system, these controls govern how the authorization can be allocated by Providers, ensuring that units are available throughout the entire period (lasting to the scheduled End Date).

Note: This functionality only applies to **Hourly** rate types.

Viewing the Guardrails Breakdown

Once Guardrails are enabled, Providers can view the breakdown by navigating to the Patient's Authorization page (**Patient > Authorization**). On the *Authorizations* page, click on the [Breakdown](#) link on the **Guardrail: Monthly** field, as seen in the following image.



The screenshot shows a web form titled "HHAExchange - Authorization". The form contains several fields for authorization details:

- Service Category:** Home Health
- Service Type:** HHA
- Authorization Number:** 10004093
- Service Code:** HHA Hourly1
- Service Code Type:** Hourly (Mutual + Patient Shift Overlap)
- From Date:** 01/01/2020
- To Date:** 12/31/2020
- Authorization Type:** Entire Period
- Diagnosis Code #1, #2, #3:** (Empty fields)
- Hours:**
 - Hours per Auth. Period:** 1200
 - Guardrail: Monthly Breakdown** (This link is circled in red in the image)
 - Additional Rules:** (Empty checkbox)
- Blackout Dates:** (Empty field)

Patient Authorization Page: Guardrail Monthly Breakdown Link

The *Guardrail Breakdown* window opens. The top section provides a summary of the Authorization and Guardrail details to include the effective date of the Guardrails.

Guardrail Breakdown				
Authorization:		10004093	Guardrail Type: Monthly	
Active Dates:		01/01/2020 - 12/31/2020	Total Hours:	1200.00
Guardrail Switch On Date:		03/17/2020	Remaining Hours:	1200.00
Month	Active Dates	Limit (Hours)	Allocated (Hours)	
1	January	01/01/2020 - 01/31/2020	103.50	0.00
2	February	02/01/2020 - 02/29/2020	93.25	0.00
3	March	03/01/2020 - 03/31/2020	101.50	0.00
4	April	04/01/2020 - 04/30/2020	98.25	0.00
5	May	05/01/2020 - 05/31/2020	101.50	0.00
6	June	06/01/2020 - 06/30/2020	100.25	0.00
7	July	07/01/2020 - 07/31/2020	101.50	0.00
8	August	08/01/2020 - 08/31/2020	101.75	0.00
9	September	09/01/2020 - 09/30/2020	96.50	0.00
10	October	10/01/2020 - 10/31/2020	101.75	0.00
11	November	11/01/2020 - 11/30/2020	98.50	0.00
12	December	12/01/2020 - 12/31/2020	101.75	0.00
Total:			1200.00	0.00

Close

Guardrails Breakdown

The table underneath offers a monthly breakdown of hours (Total Entire Period divided by the period duration). The image illustrates a 12-month authorization period with a total of 1200 hours. The **Limit (Hours)** column indicates the limit for the monthly period. Utilized hours will display under the **Allocated (Hours)** column per month. Any visits created that exceed the Guardrail limits for the month will not be authorized.

Note: Providers can also add Additional Rules to authorizations within the set Guardrails.

Existing Authorizations

In cases where Guardrails are enabled on an existing authorization, the previous months remain with the utilized hours while the remaining period is allocated as per Guardrail settings.

The image below illustrates that the Guardrail is effective mid-March; therefore setting Limit (Hours) from March to December. Hours used in January and February are authorized (not affected) yet factored into the Entire Period.

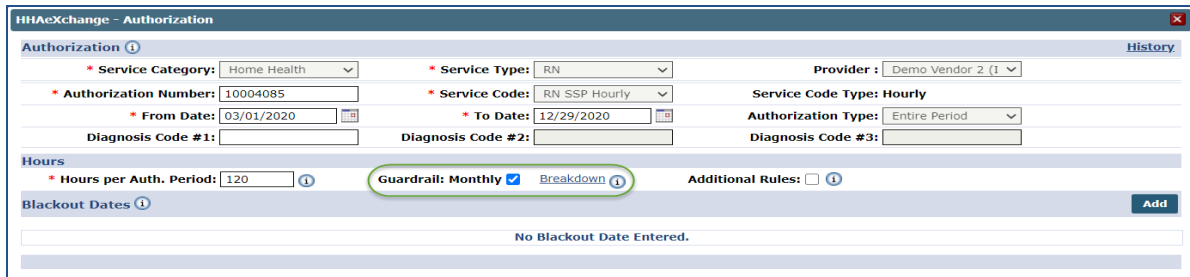
Guardrail Breakdown				
Authorization:		10004092	Guardrail Type: Monthly	
Active Dates:		01/01/2020 - 12/31/2020	Total Hours: 600.00	
Guardrail Switch On Date:		03/17/2020	Remaining Hours: 532.00	
	Month	Active Dates	Limit (Hours)	Allocated (Hours)
1	January	01/01/2020 - 01/31/2020	58.00	58.00
2	February	02/01/2020 - 02/29/2020	47.50	10.00
3	March	03/01/2020 - 03/31/2020	50.50	0.00
4	April	04/01/2020 - 04/30/2020	48.25	0.00
5	May	05/01/2020 - 05/31/2020	50.00	0.00
6	June	06/01/2020 - 06/30/2020	48.25	0.00
7	July	07/01/2020 - 07/31/2020	50.00	0.00
8	August	08/01/2020 - 08/31/2020	50.00	0.00
9	September	09/01/2020 - 09/30/2020	48.50	0.00
10	October	10/01/2020 - 10/31/2020	50.25	0.00
11	November	11/01/2020 - 11/30/2020	48.50	0.00
12	December	12/01/2020 - 12/31/2020	50.25	0.00
Total:			600.00	68.00

[Close](#)

Guardrails Breakdown for Existing Authorizations

Guardrails Enabled/Disabled at the Authorization Level

Payers can remove Guardrails for any specific Authorization by disabling the feature at the Authorization level for a specific Patient. The Guardrail feature is selected by default when the feature is enabled and applied for a Provider (as seen in the image below).



The screenshot shows the 'HHAexchange - Authorization' window. The 'Hours' section is highlighted, showing 'Hours per Auth. Period' set to 120. The 'Guardrail' section is checked, with 'Monthly' selected and 'Breakdown' also checked. The 'Additional Rules' section is unchecked. The 'Blacked Out Dates' section is empty, with the text 'No Blackout Date Entered.' displayed.

Guardrails at an Authorization Level

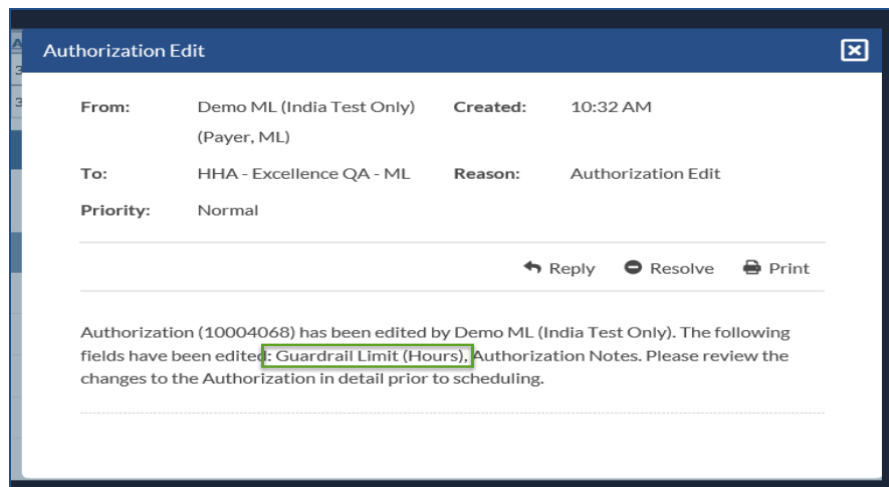
If deselected by a Payer, then the Guardrail is removed for the Authorization. When removed, the Provider can use the Entire Period Authorization as customary without monthly limits.

Authorization Edit Notes and Provider Email

Authorization Edit: Guardrail Limit Edited

When a Payer edits and saves an Authorization with Guardrail Monthly limits, the system automatically generates a Patient Note and a Provider Email alert (if configured) for the Authorization Edit. Patient Notes can be viewed in the Home page and in the Patient General page.

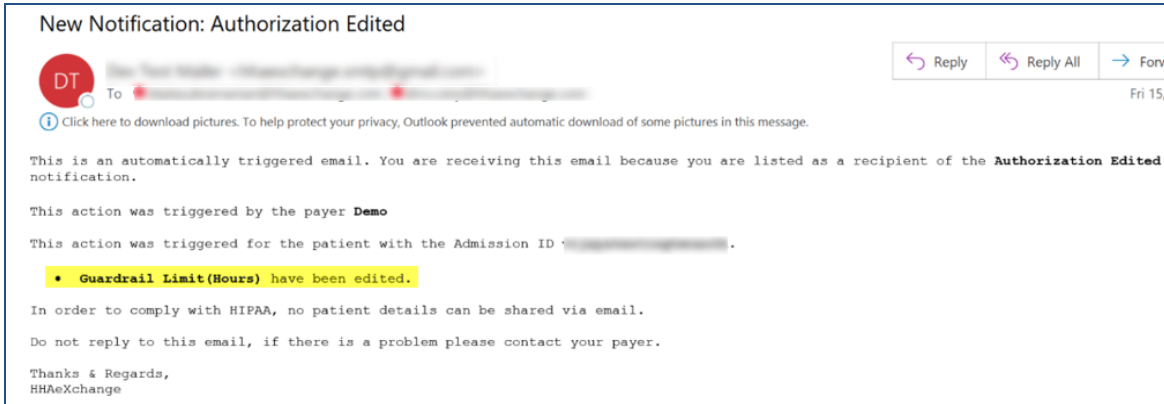
The Authorization Edit Note provides the reason for the edit, as seen in the image below.



The screenshot shows an 'Authorization Edit' patient note. The header includes 'From: Demo ML (India Test Only) (Payer, ML)', 'Created: 10:32 AM', 'To: HHA - Excellence QA - ML', and 'Reason: Authorization Edit'. The priority is 'Normal'. The body of the note states: 'Authorization (10004068) has been edited by Demo ML (India Test Only). The following fields have been edited: Guardrail Limit (Hours). Authorization Notes. Please review the changes to the Authorization in detail prior to scheduling.'

Authorization Edit: Patient Note

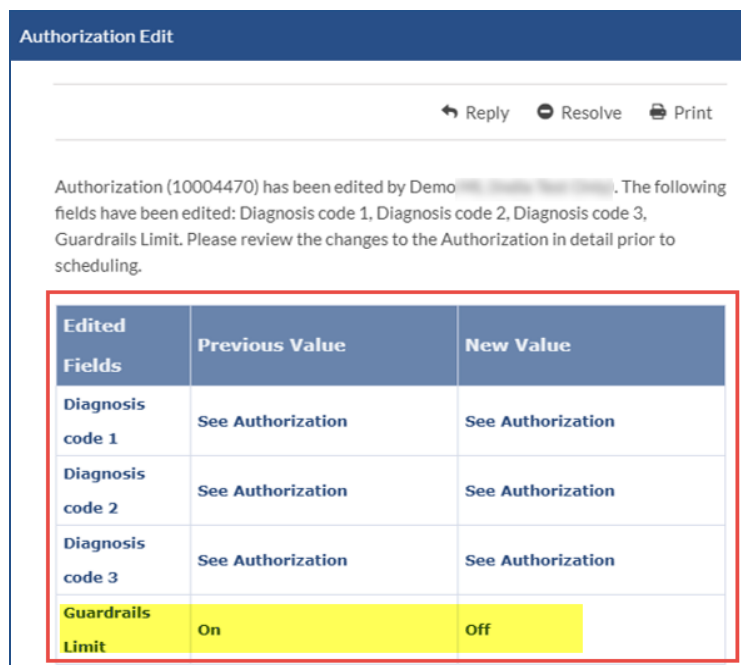
If the Provider has email alerts configured for Authorization Edits, then an email is also issued with the edit reason, as seen in the image below.



Authorization Email Alert: Guardrail Limit Edit

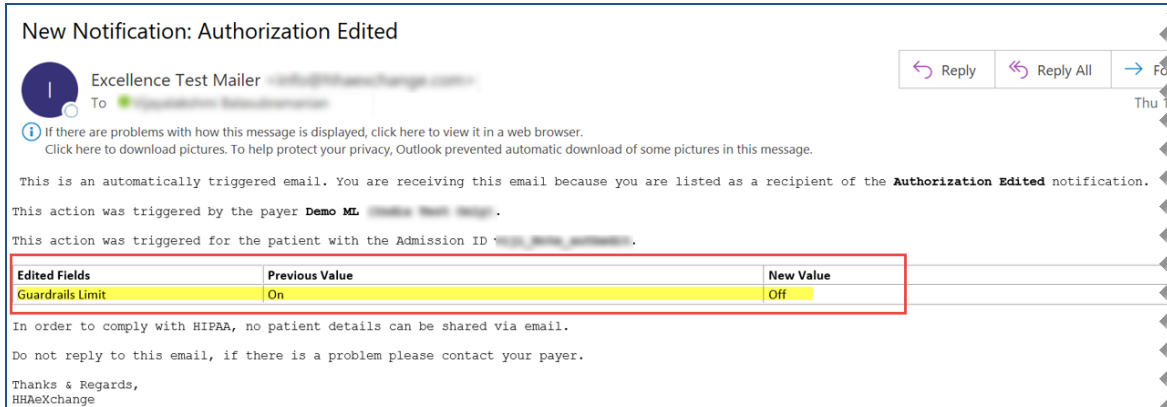
Authorization Edit: Multiple Edits to include Guardrails On/Off

When a Payer turns the Guardrail feature on or off, the system automatically generates a Patient Note and a Provider Email alert (if configured) for the Authorization Edit. As seen in the following image, the Note contains a grid that includes the Guardrails Off under the **New Value** column as well as multiple Authorization Edits.



Authorization Edit: Notification

The image below illustrates the email alert including the Guardrail feature turned Off.



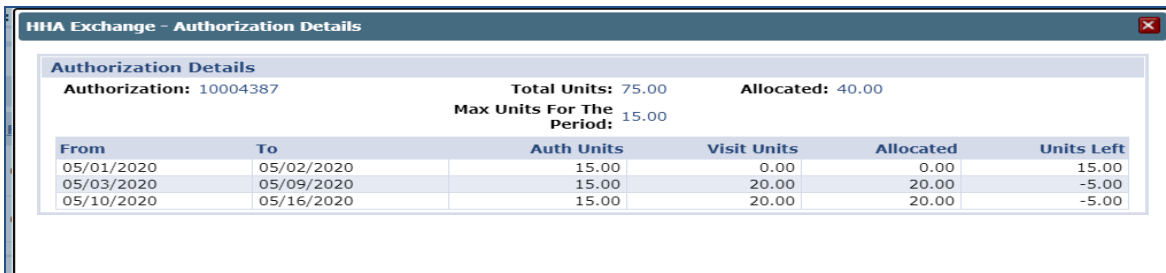
Provider Email Alert: Guardrail Turned Off

Payer Reduced Authorizations

Payers can reduce the number of Authorized Hours (Units) for a previously issued Authorization. Providers who have already billed on the initial Authorization can bill up to the original listed hours, even when the invoiced amount is greater than what the updated Authorization allows.

For example, a Payer initially issues an Authorization for 120 hours and the Provider bills for 60 of those hours. The Payer then edits the Authorization, reducing it to 50 hours. In this case, the Provider has already billed, allowing the claim to go through; however, this Authorization can no longer be used. The balance of 10 units (hours) are displayed as negative in unit allocations.

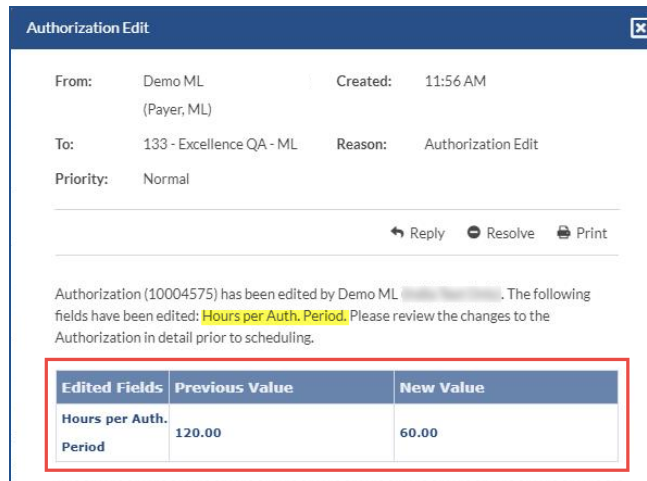
Once confirmed, the Authorization is saved. Scheduled and Confirmed visits that were previously authorized become unauthorized due to the reduced units (turning pink on the Patient Calendar). Visits that are billed remain authorized; however, Units that are beyond the allowable amount in the updated Authorization are displayed as negative unit allocations. The following image illustrates a Weekly Authorization reduced from 20 to 15 Authorized Units per week.



Authorization Details		Total Units: 75.00	Allocated: 40.00		
Authorization: 10004387		Max Units For The Period: 15.00			
From	To	Auth Units	Visit Units	Allocated	Units Left
05/01/2020	05/02/2020	15.00	0.00	0.00	15.00
05/03/2020	05/09/2020	15.00	20.00	20.00	-5.00
05/10/2020	05/16/2020	15.00	20.00	20.00	-5.00

Weekly Period Authorization: Negative Allocated Units

Upon editing the Authorization, the system automatically issues a Patient Note and a Provider Email Alert (if configured) with the applied updates in a newly added grid, as seen in the image to the right.



Edited Fields	Previous Value	New Value
Hours per Auth. Period	120.00	60.00

Authorization Edit: Reduced Hours

Authorization Blackout Dates

DISCLAIMER

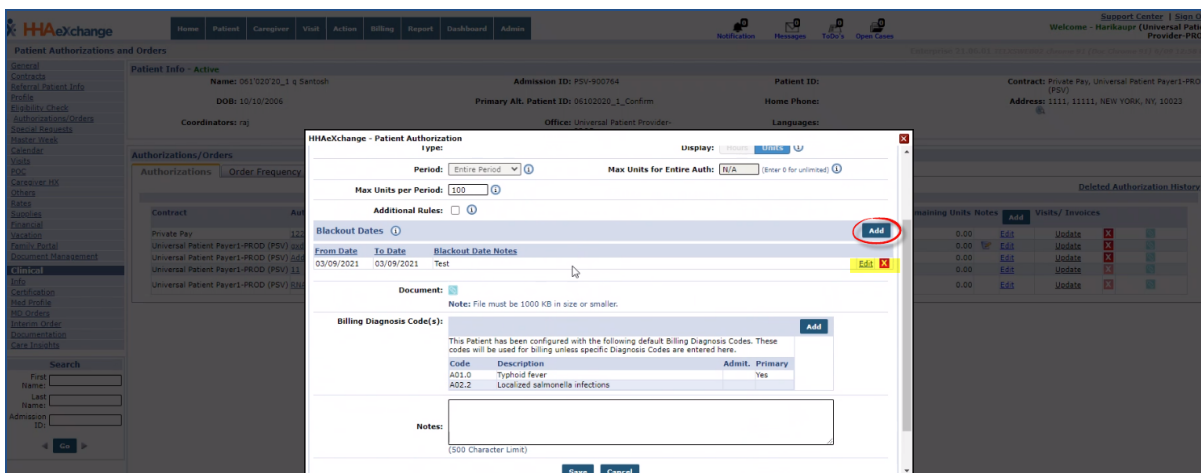
This feature is activated by HHAX System Administration. Please contact [HHAX Support Team](#) for details, setup, and guidance.

Providers with enabled permissions can add their own Authorization Blackout Dates in addition to Payer assigned Authorization Blackout Dates on a particular Contract. Both Payers and Providers can simultaneously update their own Blackout Date information. In addition, Authorization Blackout Dates can overlap.

Visits cannot be scheduled during an Authorization Blackout Date regardless of who creates the Blackout Date.

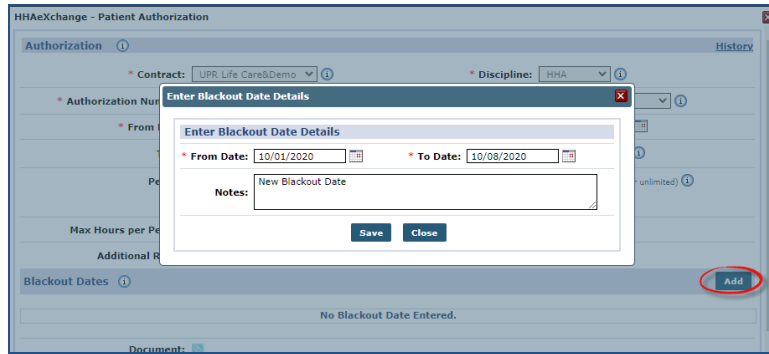
Navigate to the *Patient Authorization* page (**Patient > Authorizations/Orders**) to view the Contracts. Click on the [Edit](#) link for a selected authorization to access the *Patient Authorization* window (as seen in the image below).

Under the newly added *Blackout Dates* section, click on the **Add** button to add a Blackout Date range or click on the [Edit](#) link to update existing information.



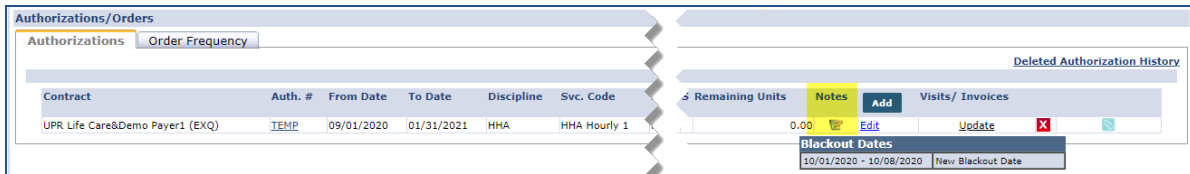
Patient Authorizations: Add/Edit Blackout Dates

On the *Blackout Date Details* window enter or edit the **From/To Date** fields and click **Save**. Ensure to click **Save** on the *Patient Authorization* window to save the changes.



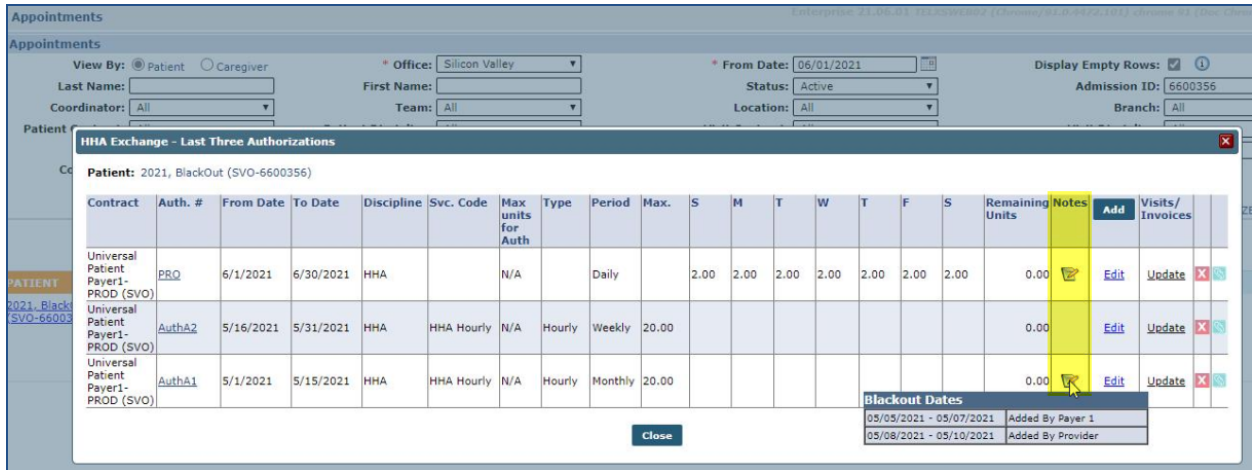
Blackout Date Details Window

In the *Authorization/Orders* page, hover over the **Notes** icon to view the *Blackout Dates* pop-up with information (as seen in the image below).



Authorizations: Blackout Dates Popup

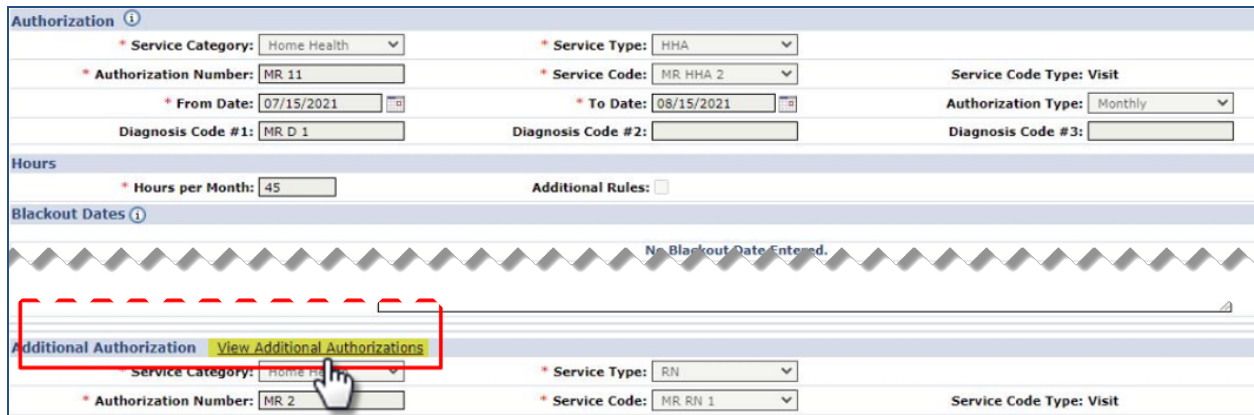
Authorization Blackout Dates can also be viewed (read-only) in the *Patient Appointments* page (**Visit > Appointments**), under the **Notes** column (as seen in the image below).



Appointments Page: Blackout Dates Popout

Display Multiple Authorizations on Placement Window

The system can accommodate multiple authorizations (up to 52) from the Patient Placement window. While the main Patient Placement window displays only the first 2 authorizations, a [View Additional Authorization](#) link displays in the *Additional Authorizations* section (as seen in the following image) if the Patient has more than 2 authorizations.



The screenshot shows the 'Authorization' form with fields for Service Category (Home Health), Service Type (HHA), Authorization Number (MR 11), Service Code (MR HHA 2), From Date (07/15/2021), To Date (08/15/2021), and Diagnosis Code #1 (MR D 1). Below this is the 'Hours' section with 'Hours per Month' set to 45. The 'Blkout Dates' section shows 'No Blkout Date Entered'. At the bottom, the 'Additional Authorization' section shows a 'View Additional Authorizations' link highlighted in a red dashed box, with a mouse cursor pointing to it. Below the link, the first authorization details are visible: Service Category (Home Health), Service Type (RN), and Authorization Number (MR 2).

Patient Placement Window: View Additional Authorizations Link

Click on the [View Additional Authorization](#) link to open the *Additional Authorizations* window displaying a list of all authorizations, as seen in the following image. A **Total Authorizations** count shows at the top header. Upon the initial load, a maximum of 10 records are shown. To display all authorizations continue to scroll down the page.



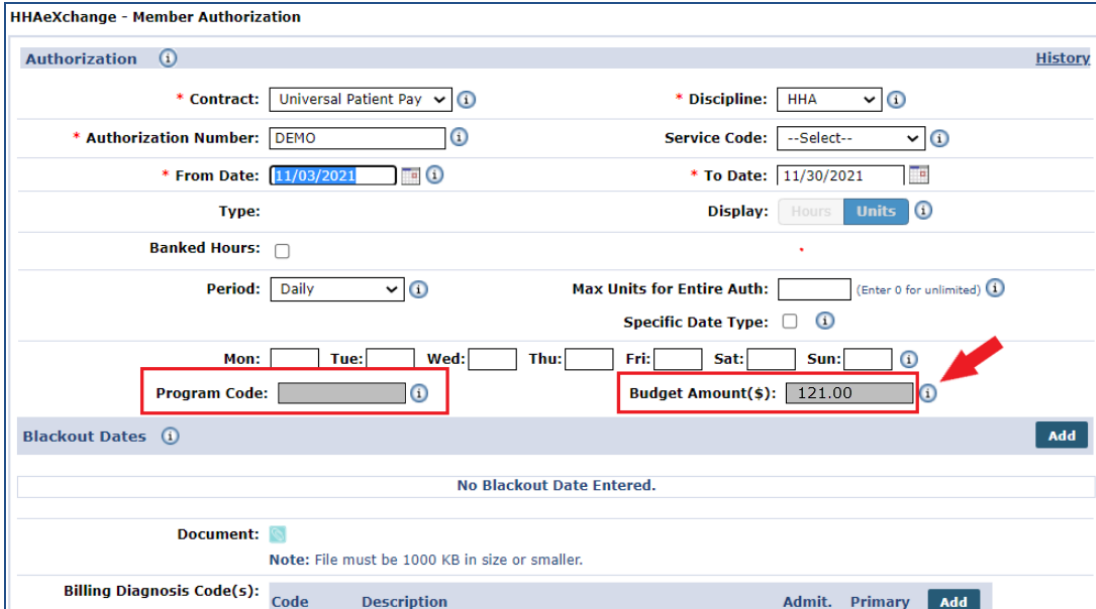
The screenshot shows the 'View Additional Authorizations' window with a header 'Total Authorizations: 52'. Below is a table with columns: Auth #, From Date, To Date, Service Category, Service Type, Service Code, and Authorization Type. The table lists several authorizations, including weekly and monthly ones. A red box highlights the vertical scroll bar on the right side of the table.

Auth #	From Date	To Date	Service Category	Service Type	Service Code	Authorization Type
10004515	07/15/2021	08/15/2021	Home Health	RN	REDUCED_CHK_SC	Weekly Weekly Hours: 15.00
10004516	07/15/2021	08/15/2021	Home Health	HHA	1_UP_HHA	Entire Period Entire Period Hours: 30.00
auth-extra-NB	07/01/2021	08/05/2021	Home Health	HHA	MR HHA 2	Monthly Monthly Hours: 89.00
auth-extra-PM	07/01/2021	08/05/2021	Home Health	HHA	MR HHA 2	Monthly Monthly Hours: 89.00
auth-extra-ND	07/01/2021	08/05/2021	Home Health	HHA	MR HHA 2	Monthly Monthly Hours: 89.00
auth-extra-MJ	07/01/2021	08/05/2021	Home Health	HHA	MR HHA 2	Monthly Monthly Hours: 89.00

View Additional Authorizations Window

Budget Fields Added to Patient Authorization (Linked Contracts)

For certain Linked Contracts, budget fields, **Program Code** and **Budget Amount(s)**, have been added to the Patient *Authorization* window, as seen in the following image and described in the table underneath. These fields are requested by Payers who support certain programs and are read-only for Providers.



Member Authorization: Budget Fields

Note: The budget fields are editable when Providers create the Authorization and read-only when the Authorization comes directly from the Payer.

Field	Description
Program Code	Some Payers use their own Program Codes to identify Members using certain programs. Members can have multiple Authorizations with a different Program Code for each or the same Program Code for all Authorizations.
Budget Amount (\$)	Some program Members are assigned a budget dollar amount (rather than units) to determine the services provided. The Budget Amount (\$) field is used for the total budget dollar amount.