



Linked Contract Patients Process Guide

Managing Linked Contracts

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Linked Contract Patients

Overview

A **Linked Contract** is a service agreement between a Payer on the HHAExchange (HHAX) *Professional* platform and a Provider on the *Enterprise* system. Unlike **Internal Contracts**, which require Providers to manage all authorization, scheduling, and billing information in their system on behalf of the Payer; Linked Contracts allow Payers and Providers to split the workload.

In short, the *Professional* platform is used by Payers to enter, manage and place Patients with Providers on the *Enterprise* system. Providers then proceed to schedule, confirm, and bill for service. The division of labor and full transparency between Payers and Providers greatly benefits both parties.

This guide covers the management of Linked Contract Patient cases in the *Enterprise* system. Note that the management of Linked Contract Patients may vary by case depending on the authorizing Payer.

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

HHAX System Key Terms and Definitions

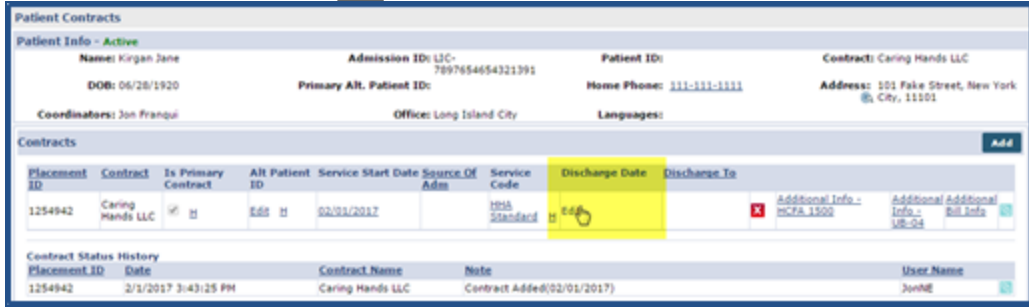
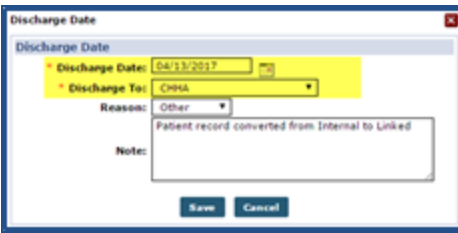

The following provides basic definition of HHAX System key terms applicable throughout the document.

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

Converting Internal Patients

If an Internal Contract (or Payer who does not interface with HHAX) adopts the *Professional* platform, the associated Internal Patient records may need to be converted into Linked Contract Patient records. This process involves discharging the Internal Patient record and accepting the Placement of the new Linked Contract Patient record.

Follow the steps below to discharge a Patient with an Internal record.

Step	Action
1	Navigate to Patient > Patient Search and select the Internal Patient record.
2	In the Patient Profile, select the <u>Contract</u> link from the Index.
3	On the Contracts page, click the <u>Edit</u> link under the "Discharge Date" column. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">  <p style="text-align: center;">Edit Discharge Date</p> </div>
4	Set the Discharge Date to coincide with the start of service for the Patient's new Linked record (as specified by the Payer). Click the Save button. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">  <p style="text-align: center;">Set Discharge Date</p> </div>
5	The updated Discharged Date is now displayed in the Contracts section. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">  <p style="text-align: center;">Discharge Date Updated</p> </div>

On the specified Discharge Date, the system automatically updates the Internal Patient record to Discharged. No new services can be scheduled for the Internal Patient record after they are discharged.

Patient Contracts			
Patient Info - Discharged			
Name: Kirgan Jane	Admission ID: LIC-7897654654321391	Patient ID:	Contract: Caring Hands LLC
DOB: 06/28/1920	Primary Alt. Patient ID:	Home Phone: 111-111-1111	Address: 101 Fake Street, New York City, 11101
Coordinators: Jon Franqui	Office: Long Island City	Languages:	

Internal Patient Record Discharged

Dual Patient Records

If an Internal Patient receives service from both an Internal Contract and Linked Contract, then two separate Patient Profiles are required. No additional setup is necessary for this process; only ensure that service is schedule in the correct Patient Profile.

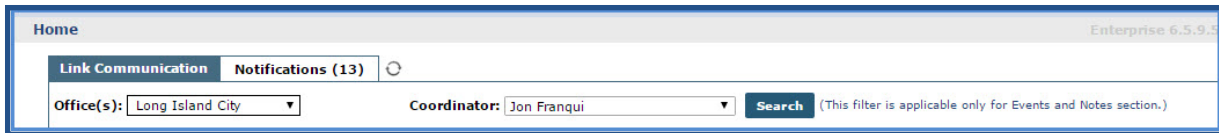
Accepting Linked Contract Patients

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

New Linked Contract Patient cases are presented to Agencies from an authorizing Payer as *Placements*. An Agency is free to review the Patient’s case before ultimately deciding whether to accept or reject it. If an Agency accepts a case, all Patient information stored on the Payer’s *Professional* system transfers to the *Enterprise* system. The following section covers the review and acceptance of new Linked Contract Patients as well as all correspondence between an Agency and the authorizing Payer for any Linked Contract Patients.

Linked Communication

The **Link Communication** tab in the **Home** Module facilitates communication between an Agency and all Payers (Linked Contracts). This is where any data shared between the *Professional* and *Enterprise* systems is stored for review. In the Home page, Pending Placements and Notes (described under the following image) are seen.



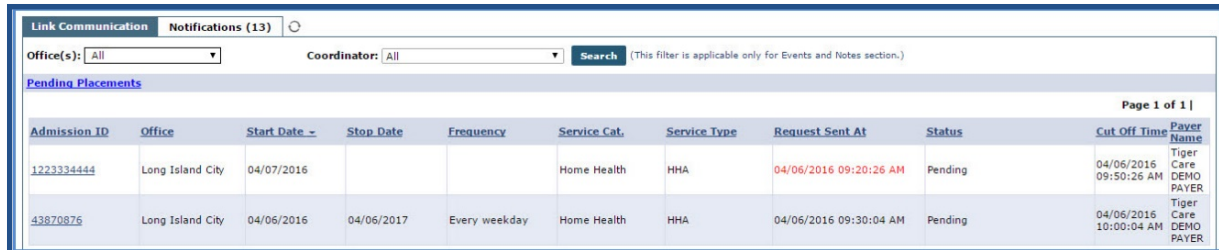
Linked Communication Tab

Sections	Description
Pending Placements	New Patient cases are presented to Providers from an authorizing Payer as “Placements”. Agencies are free to review the Patient’s case before deciding whether to accept or reject it.
Notes	All miscellaneous communications between an Agency and the Payer pertaining to Linked Contract Patient cases.

Use the **Office(s)** and **Coordinator** fields to sort information under the Home tab.

Pending Placements

The *Pending Placements* section contains new Linked Contract Patient cases sent to an Agency from Linked Payers (as illustrated in the following image). The table under the image describes the information seen per line item.




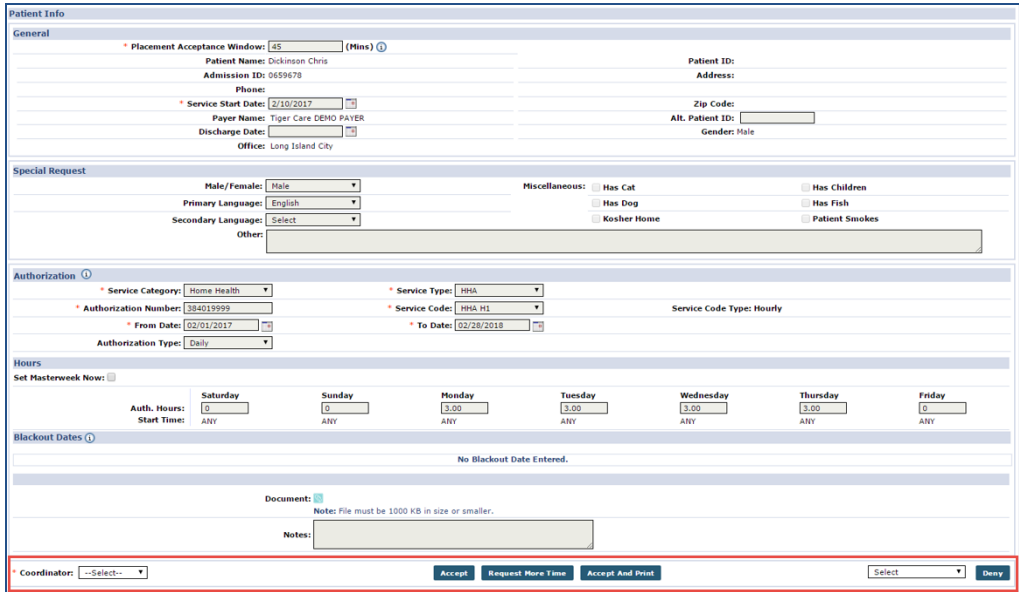
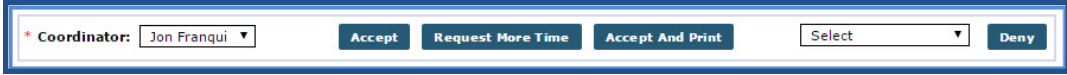
Admission ID	Office	Start Date	Stop Date	Frequency	Service Cat.	Service Type	Request Sent At	Status	Cut Off Time	Payer Name
1223334444	Long Island City	04/07/2016			Home Health	HHA	04/06/2016 09:20:26 AM	Pending	04/06/2016 09:50:26 AM	Tiger Care DEMO PAYER
43870875	Long Island City	04/06/2016	04/06/2017	Every weekday	Home Health	HHA	04/06/2016 09:30:04 AM	Pending	04/06/2016 10:00:04 AM	Tiger Care DEMO PAYER

All Pending Placements

Sections	Description								
Admission ID	Patient's Admission ID								
Office	The Office within the Agency where a Patient is assigned.								
Start/Stop Dates	Specifies the case's start and stop dates.								
Frequency	Specifies the frequency of service to provide for the Patient.								
Service Category	Indicates the service category such as Home Health or Non-Home Health.								
Service Type	Indicates the type of service required by the Patient.								
Request Sent At	The time the Payer sent the Placement.								
Status	Indicates the Status of the case (whether it has been accepted or not).								
Cut Off Time	<p>Indicates the date and time when the system will automatically remove the Pending Placement from the queue.</p> <p>The value in the Request Sent At column is highlighted in red text when a Placement is nearing Cut Off Time; signifying immediate action is required.</p> <div data-bbox="613 1581 1328 1730" data-label="Table"> <table border="1"> <thead> <tr> <th>Request Sent At</th> <th>Status</th> <th>Cut Off Time</th> <th>Payer Name</th> </tr> </thead> <tbody> <tr> <td>04/06/2016 09:20:26 AM</td> <td>Pending</td> <td>04/06/2016 09:50:26 AM</td> <td>Tiger Care DEMO PAYER</td> </tr> </tbody> </table> </div> <p style="text-align: center;">Case nearing Cut Off Time</p>	Request Sent At	Status	Cut Off Time	Payer Name	04/06/2016 09:20:26 AM	Pending	04/06/2016 09:50:26 AM	Tiger Care DEMO PAYER
Request Sent At	Status	Cut Off Time	Payer Name						
04/06/2016 09:20:26 AM	Pending	04/06/2016 09:50:26 AM	Tiger Care DEMO PAYER						
Payer Name	Indicates the Payer sending the Placement.								

Accepting a Pending Placement

Complete the following steps to accept or deny a **Pending Placement**.

Step	Action
1	<p>From the Pending Placements queue, click on the Placement Admission ID (hyperlink).</p>  <p style="text-align: center;">Placement's Admission ID</p>
2	<p>The <i>Patient Info</i> page opens to display Patient information such as General, Demographics, Special Requests and Authorizations. Review the details and scroll to the bottom to proceed.</p>  <p style="text-align: center;">Patient Info Page</p>
3	<p>There are several Placement options to include: Accept, Request More Time (from the Payer to further review the case), Accept and Print, and Deny (to reject the Placement).</p>  <p style="text-align: center;">Accept, Request More Time, or Deny Placement</p> <ul style="list-style-type: none"> • If <i>accepting</i> the Placement, an Agency Coordinator must be selected from the Coordinator dropdown options. • If <i>denying</i> the case, select a <i>rejection reason</i> from the dropdown menu (to the left of the Deny button).
4	<p>Once a Placement is <i>Accepted</i> or <i>Denied</i>, it is cleared from the Pending Placement section.</p>

Notes

The *Notes* section contains all open correspondence between an Agency and Payers. Notes may include information such as Caregiver observations, Patient requests, or any other information pertaining to the Patient's case.

Refer to the [Communications \(Linked Contracts\) category](#) for complete details and instructions on using the Notes feature throughout the system.

Centralized Placements (Linked Contracts)

The objective of the **Centralized Placement** feature is to improve the Patient Placement process for both Payers and Linked Providers. Providers receiving “Unspecified Office” placements from Payers can assign the Office upon accepting placement.

Unspecified Office Placement

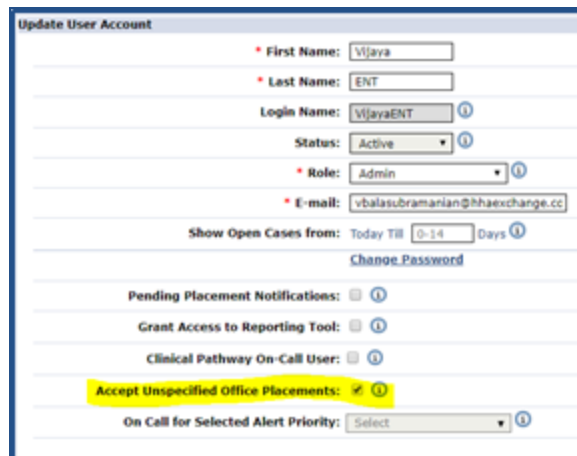
Payers can send a placement to all the Offices associated/grouped under a Provider as a single “Unspecified Office” placement. The Provider may then select which Office to assign the placement to before accepting the case using a new **Office** field in the placement window.

Values for the **Office** field on the placement window populates based on the following conditions:

- The Office is linked to the associated Payer.
- The Office is setup to provide service to the select **Service Category, Service Code** and **Discipline** as defined by the authorization (if sent with the placement).
- The user is assigned to the Office.

Enabling Unspecified Office Feature

The **Accept Unspecified Office Placements** checkbox feature is selected by default for all users and is located in the User Account Profile (*Admin > User Management > User Search > Update User Account*). This grants user permission to view and accept the Unspecified Office placements sent by the Payer.



The screenshot shows the 'Update User Account' form with the following fields and values:

- First Name: Vijaya
- Last Name: ENT
- Login Name: VijayaENT
- Status: Active
- Role: Admin
- E-mail: vbalasubramanian@hhaexchange.cc
- Show Open Cases from: Today Till 0-14 Days
- Change Password
- Pending Placement Notifications:
- Grant Access to Reporting Tool:
- Clinical Pathway On-Call User:
- Accept Unspecified Office Placements:**
- On Call for Selected Alert Priority: Select

User Profile: Accept Unspecified Office Placement

Once the Payer sends the *Unspecified Office* Placement, the user can view the placement in the *Pending Placements* section of the **Link Communication** tab as well as in the **Action > Pending Placement Queue** (as illustrated in the screens below).

Admission ID	Office	Start Date	Stop Date	Frequency	Service Cat.	Service Type	Request Sent At	Status	Est. Off. Time	Request Time
000011	Unspecified Office	11/30/2018			Home Health	HHA	11/29/2018 06:44:41 AM	Pending(Broadcast)	11/30/2018 6:44:41 AM	

Linked Communication Tab: Pending Placements

Admission ID	Office	Start Date	Stop Date	Frequency	Service Cat.	Service Type	Request Sent At	Status	Est. Off. Time	Request Time
000011	Unspecified Office	11/30/2018			Home Health	HHA	11/29/2018 06:44:41 AM	Pending(Broadcast)	11/30/2018 6:44:41 AM	

Pending Placement Queue (Action tab)

In the *Placement* page, the **Office** field is at the bottom to the left to the **Coordinator** field. When the Placement is sent with an *Unspecified Office*, the **Office** dropdown field contains a menu populated with associated Offices (refer to value conditions in the [Unspecified Office Placement](#) section).

The **Coordinator** field remains unavailable until an Office is selected. The **Coordinator** field is populated based on the selected Office.

Document: **Note:** File must be 1000 KB in size or smaller.

Notes:

Office: **--Select--** (dropdown menu open showing: Excellence, HHAExchange Office, PCA Exchange Office, Manhattan Office, Office Test)

* Coordinator: **--Select--** (disabled)

* Service Location Code: **Select** (dropdown menu)

Office Field: Patient Placement

Non-Patient Payer Communications (Linked Contracts)

DISCLAIMER

This feature applies only to Linked Contracts and permissions are granted to users with access to the Placement queue. Please contact [HHAX Support Team](#) for details, setup, and guidance, as needed.

Refer to the [Communications \(Linked Contracts\) category](#) for complete details and instructions on using the Communications feature throughout the system.

Managing Linked Contract Patients

Linked Contract Patient cases do not require as much maintenance because the Payer typically handles various aspects of the Patient's care on their end. As a result, a Linked Contract Patient's profile does not contain many of the pages or functions found in an Internal Patient's profile. Specifically, Linked Contract Patient Profiles do not contain the following pages:

- Contracts
- Spend Down
- Others
- Rates
- Supplies
- Financial
- Vacation
- Family Portal

The access to a Linked Contract Patient's information and management permissions varies by Payer. For example, a Payer can allow a Provider to change a Patient's authorizations on the Provider end, while another Payer restricts the permission.

Authorizations

Authorizations are rules that dictate the *type, duration, and frequency* of the service your Agency can provide a Patient.

Authorization Type

The **Authorization Type** refers to the period used to designate the total number of service hours your Agency can schedule.

It also contains the actual number of permitted hours and the time frame in which those hours may be scheduled (if/as specified by the Payer).

Authorization Type	
Daily	M: 5.00 (0800-2000) T: 5.00 (0800-2000) W: 5.00 (0800-2000) TH: 5.00 (0800-2000) F: 5.00 (0800-2000)

Linked Auth. Daily Period

In comparison, Internal Authorizations divide this information between the **Type,Period, and Max** columns, as well as the columns designating each day of the week.

Type	Period	Max.	S	M	T	W	T	F	S
Hourly	Daily		0.00	5.00	5.00	5.00	5.00	5.00	0.00

Internal Auth. Daily Period

Another key difference between Internal and Linked Authorizations is that the latter only displays the number of permitted hours; units are not used like Internal Authorizations. For example, if a Patient has a **Weekly** authorization type (as displayed in the image).

Authorization Type	
Weekly	Weekly Hours: 20.00 Additional Rules

Weekly Linked Auth.

Another key difference between Internal and Linked Authorizations is that the latter only displays the number of permitted hours; units are not used like Internal Authorizations. For example, if a Patient has a **Weekly** authorization type (as displayed in the image).

Authorization Type	
Weekly	Weekly Hours: 20.00 Additional Rules

Weekly Linked Auth.

If the Payer included **Additional Rules**, a link appears in the **Authorization Type** column. Hover the cursor over the link to view any additional rules.



Additional Rules for Auth.

To view a full summary of an Authorization, including any Additional Rules and Notes, click on the **Authorization Type** link ([Daily](#), [Weekly](#), [Monthly](#), or [Entire Period](#)).

Blackout Dates

Blackout Dates are cancellations of specific days in an existing Authorization. When a Payer issues a **Blackout Date**, the specified day(s) turn pink on the Patient’s Calendar indicating that it is no longer authorized. There are two ways to verify if a **Blackout Date** has been applied to an Authorization, as follows:

1

In the **Notes** column of the Authorization line, hover the cursor over the notepad icon. A pop-up notification appears if a **Blackout Date** has been applied indicating the cancellation dates with associated notes.

Auth. #	From Date	To Date	Service Category	Authorization Type	Payer	Notes	Visits/ Invoice
756589	04/01/2016	04/30/2016	Home Health	Daily M: 5.00 (0800-2000) T: 5.00 (0800-2000) W: 5.00 (0800-2000) TH: 5.00 (0800-2000) F: 5.00 (0800-2000)	Triad Care PAYER	Patient will be with family on April 11 to April 12. Service will resume as normal on April 13th.	Update

Blackout Dates Notification

2

Click on the period link (*Daily, Weekly, Monthly, or Entire Period*) in the **Authorization Type** column. The *Authorization* window contain a section for all **Blackout Dates**.

HHA Exchange - Authorization

Authorization

* Service Category: Home Health * Service Type: HHA

* Authorization Number: 756589 * Service Code: HHA D1 Service Code Type: Daily

* From Date: 04/01/2016 * To Date: 04/30/2016

Authorization Type: Daily

Hours

Master	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time: Any	0	5.00	5.00	5.00	5.00	5.00
	Any	Day Shift	Day Shift	Day Shift	Day Shift	Day Shift

Blackout Dates

From Date	To Date	Blackout Date Note
04/11/2016	04/12/2016	Patient will be with family on April 11 to April 12. Service will resume as normal on April 13th.

Authorization Window

Visits/Invoice

The **Visits/Invoice** function is used to refresh Authorizations. This function is required as authorizations are subject to change at any time by the Payer. To run this process, click the [Update](#) link in the **Visits/Invoice** column. Any changes to the authorization, including new **Notes** and **Blackout Dates**, are applied and reflected on the Patient's Calendar.

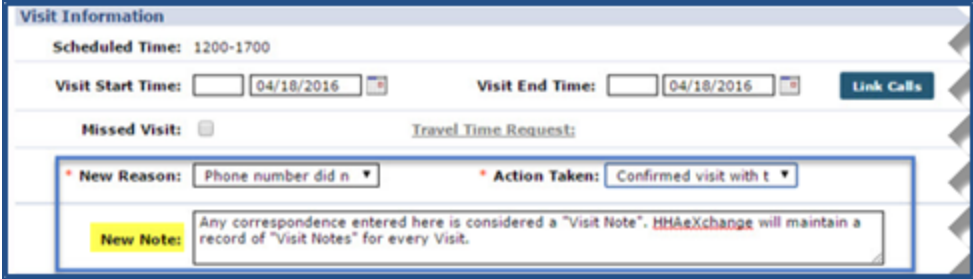
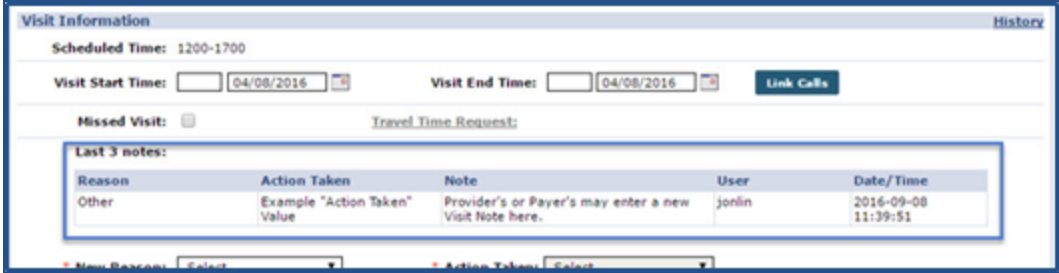
Patient Notes

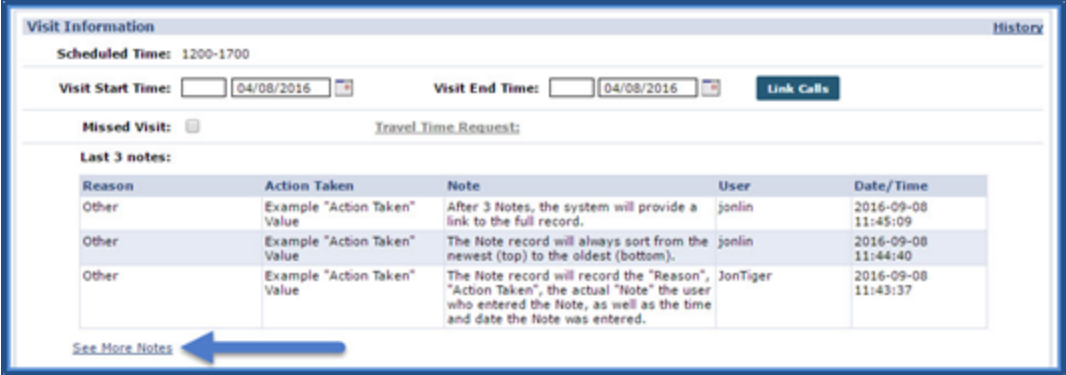
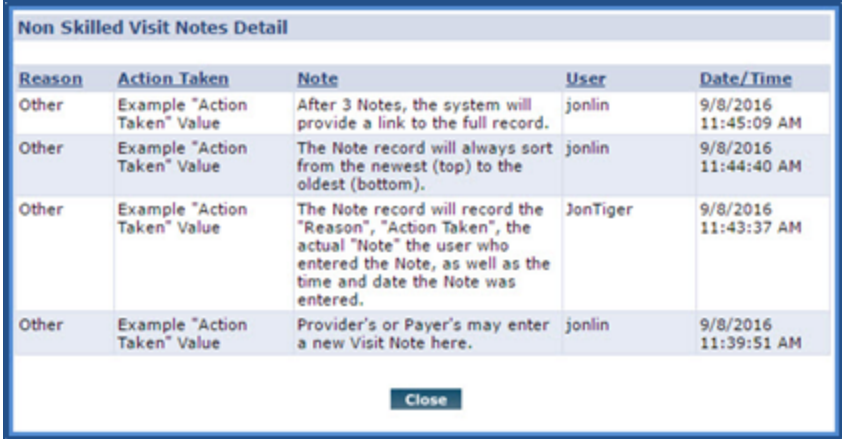
The **Patient Notes** functionality allows Payers and Providers to easily communicate regarding a specific Patient and any aspects of the Patient's care. Complete the steps outlined below to enter, respond, and review Patient Notes.

Refer to the [Communications \(Linked Contracts\) category](#) for complete details and instructions on using the Patients Notes feature throughout the system.

Visit Notes

Visit Notes refer to a **Note** created and stored on the Visit Window. HHAX maintains a record of **Notes** entered on the Visit Window for each specific Visit. Complete the following steps to review and enter Visit Notes.

Step	Action												
1	Navigate to Patient > Patient Search and select a Patient.												
2	Click the Calendar link on the Index.												
3	On the Calendar page, select a visit.												
4	<p>Select the Visit Info tab. Enter a note in the New Note field.</p>  <p style="text-align: center;">New Visit Note</p>												
5	Select a value for the New Reason and Action Taken fields.												
6	Click Save to save the Note.												
7	<p>The new Visit Note appears on the Visit Info tab for both Payers and Providers. The Note is divided into the following sections:</p>  <p style="text-align: center;">Visit Note Record</p> <table border="1" data-bbox="388 1539 1360 1824"> <thead> <tr> <th>Field</th> <th>Displays</th> </tr> </thead> <tbody> <tr> <td>Reason</td> <td>The value selected for the New Reason field.</td> </tr> <tr> <td>Action Taken</td> <td>The value selected for the Action Taken field.</td> </tr> <tr> <td>Note</td> <td>The actual note entered in the free text field.</td> </tr> <tr> <td>User</td> <td>The user who entered the Note.</td> </tr> <tr> <td>Date/Time</td> <td>The exact day and time the Note was logged.</td> </tr> </tbody> </table>	Field	Displays	Reason	The value selected for the New Reason field.	Action Taken	The value selected for the Action Taken field.	Note	The actual note entered in the free text field.	User	The user who entered the Note.	Date/Time	The exact day and time the Note was logged.
Field	Displays												
Reason	The value selected for the New Reason field.												
Action Taken	The value selected for the Action Taken field.												
Note	The actual note entered in the free text field.												
User	The user who entered the Note.												
Date/Time	The exact day and time the Note was logged.												

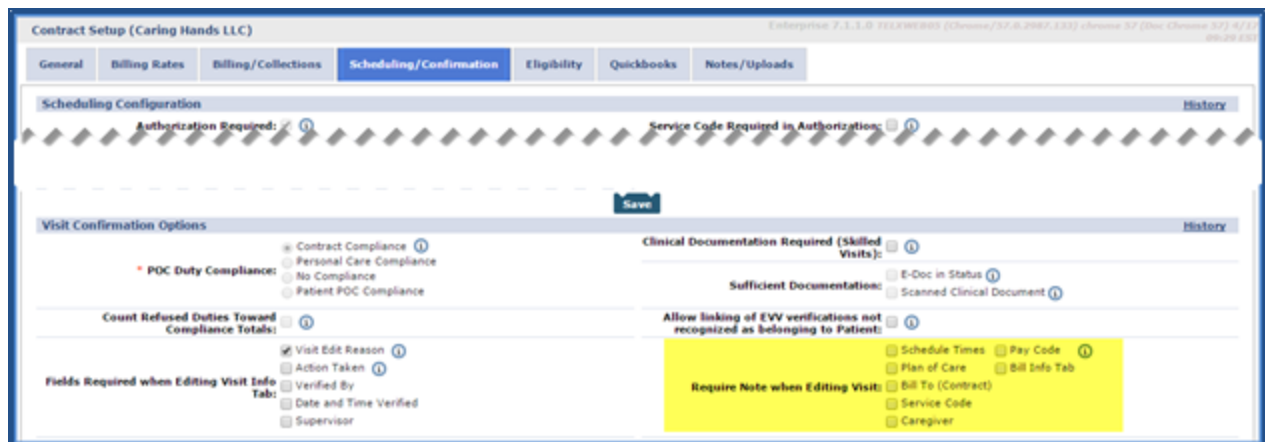
Step	Action
8	<p>The Visit Window displays the Last 3 Notes entered for the visit by both Payers and Providers. If more than 3 Notes are entered, the <u>See More Notes</u> link appears. Click the link to review the full history of Visit Notes for that specific visit.</p>  <p style="text-align: center;">See More Notes Link</p>
9	<p>A full history of Notes appears to review.</p>  <p style="text-align: center;">Full Visit Note Log</p>

Capture Notes when Editing Schedule Tab (Linked Contract Patients)

Agencies can choose to require a Note when a user edits specific visit Scheduling (or fields edited on the *Visit Info* tab of the Visit Window) and/or Billing information for Internal and Linked Contracts.

To require a Note for such cases, navigate to the **Contract Setup > Scheduling/Confirmation** tab and select which instances would require a Note under the **Require Note when Editing Visit** field, to include:

- Schedule Time
- Plan of Care
- Bill To (Contract)
- Service Code
- Caregiver
- Pay Code



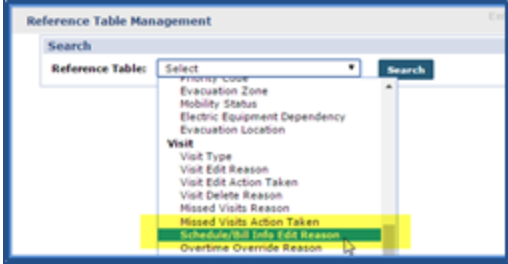
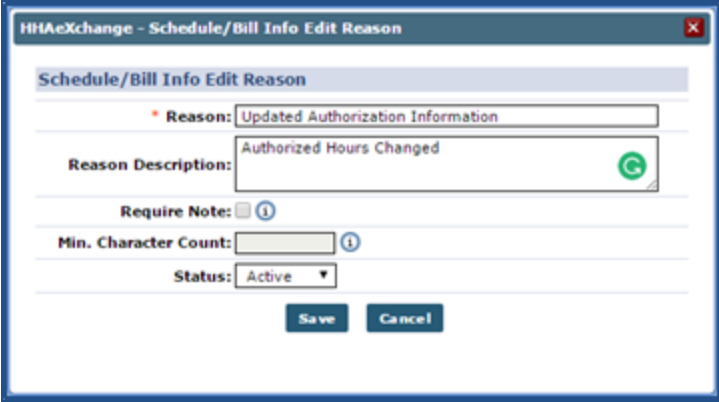
Require Note when Editing Visit Field

Note: By default, no Note is required when editing Schedule or Billing information.

This field also contains an option to require a Note in response to any change on the **Bill Info Tab**. This is a Contract-specific function; therefore, selections made in the **Require Note when Editing Visit** field only affect visits scheduled under the selected Contract.

Reference Table Management

Aside from enabling at a Contract level, the reasons (values) must also be entered/created via the *Reference Table Management* functionality (**Admin > Reference Table Management**). Complete the steps below to create Note Edit Reasons.

Step	Action												
1	Navigate to Admin > Reference Table Management												
2	<p>Select <i>Schedule/Bill Info Edit Reasons</i> (under the Visit category) from the Reference Table field.</p>  <p style="text-align: center;">Schedule/Bill Info Edit Reason Table</p>												
3	<p>The <i>Schedule/Bill Info Edit Reason</i> window opens. Complete the necessary fields (as described in the table below the image).</p>  <p style="text-align: center;">Enter New <i>Schedule/Bill Info Edit Reason</i></p> <table border="1" data-bbox="318 1224 1422 1644"> <thead> <tr> <th>Field</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>*Reason</td> <td>(Required). Enter the reason for updating (Schedule and/or Billing) information.</td> </tr> <tr> <td>Reason Description</td> <td>An optional description field expanding on the Reason.</td> </tr> <tr> <td>Require Note</td> <td>Selecting this checkbox prompts the requirement; user must enter a Note for the associated Reason.</td> </tr> <tr> <td>Min. Character Count</td> <td>Set the minimum amount of characters required if a Note is required.</td> </tr> <tr> <td>Status</td> <td>Specify whether the note Reason is <i>Active</i> or <i>Inactive</i>.</td> </tr> </tbody> </table>	Field	Description	*Reason	(Required). Enter the reason for updating (Schedule and/or Billing) information.	Reason Description	An optional description field expanding on the Reason .	Require Note	Selecting this checkbox prompts the requirement; user must enter a Note for the associated Reason .	Min. Character Count	Set the minimum amount of characters required if a Note is required.	Status	Specify whether the note Reason is <i>Active</i> or <i>Inactive</i> .
Field	Description												
*Reason	(Required). Enter the reason for updating (Schedule and/or Billing) information.												
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Min. Character Count	Set the minimum amount of characters required if a Note is required.												
Status	Specify whether the note Reason is <i>Active</i> or <i>Inactive</i> .												
4	Click Save to finalize.												

To edit existing values, select the link in the **Reason** column.

Reference Table Management

Search

Reference Table: Schedule/Bill Info Edit Reason Search Legend

Search Results (4) Add

Reason ID	Reason	Reason Description	Note Required	Min. Character Count	Status
54	Carryover Rescheduled		No		Active
52	Client Rescheduled		Yes		Active
55	Misc. Change		Yes		Active
52	Updated Authorization Information		No		Active

Edit Existing Value

Entering Schedule/Billing Visit Notes

When editing a Visit field requiring a Note, the system opens the **Note Required** window when attempting to save the change. Use this window to review details.



Visit Date	Schedule	Patient Name	Field Updated	Old Value	New Value
03/06/2017	0800 - 1000	McBride, Harriet	Service Code	HHA Standard	Home Management
			Pay Code	HHA Base	HHA Hrly Extra

This visit's Primary Contract has been configured to require a Note when the fields above have been edited. Please enter a Reason and Note below, explaining the change.



* Reason:

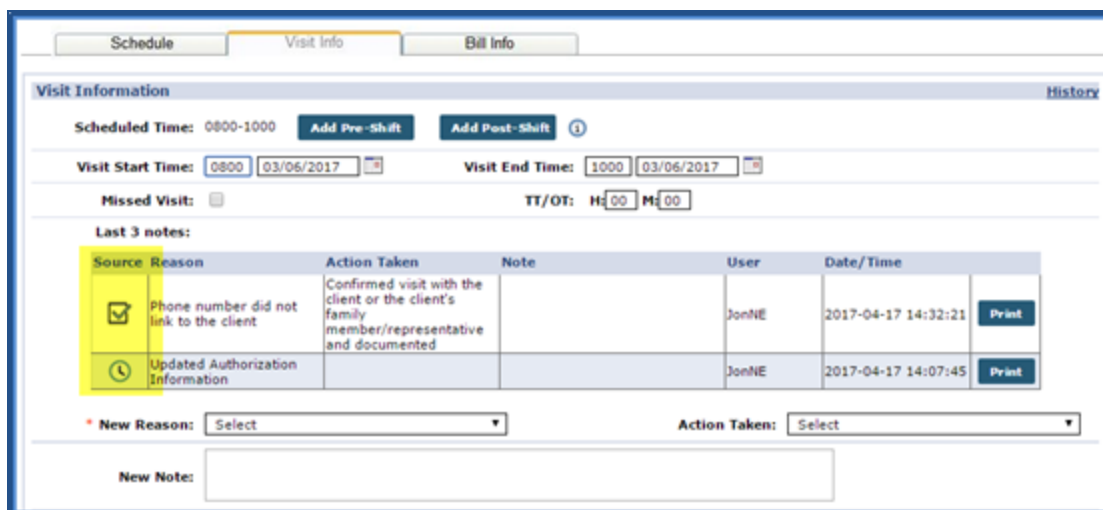
Note:

Note Required Window

Depending on the selected **Reason**, the **Note** may need to be entered to save the changes. Additionally, editing several fields at once (for example, updating the **Service Code** and **Pay Code** of a single visit at the same time) only requires a single Note. Once saved, the Note is listed under the *Visit Info* tab in the visit's Note History (as illustrated in the image below).

The **Source** column indicates which Visit Notes have been generated due to scheduling and/or billing changes and Notes entered due to confirmation edits with either of the following icons:

- : Indicates Notes generated due to changes to the visit confirmation information.
- : Indicates Notes generated due to changes to the visit schedule or billing information.



The screenshot shows the 'Visit Information' tab with a 'History' sub-tab. It displays visit details such as 'Scheduled Time: 0800-1000', 'Visit Start Time: 0800 03/06/2017', and 'Visit End Time: 1000 03/06/2017'. Below this is a table of 'Last 3 notes' with columns for Source, Reason, Action Taken, Note, User, and Date/Time. Two notes are visible: one about a missing phone number link and another about updated authorization information. At the bottom, there are dropdown menus for 'New Reason' and 'Action Taken', and a 'New Note' text area.

Visit Note History and Source

Entering Multiple Visit Notes

A single Note can be entered for multiple visits at once via the **Note Required** window. In this scenario, apply a single Note to each updated visit using the fields highlighted (as illustrated in the image below).



The 'HHAexchange - Note Required' dialog box contains a table with columns: Visit Date, Schedule, Patient Name, Field Updated, Old Value, and New Value. The table lists several visits with updates to 'Schedule Time' and 'Pay Code'. Below the table, a message states: 'The Primary Contracts for these visits have been configured to require a Note when the fields above have been edited. Please enter a Reason and Note below, explaining the change.' A dropdown menu for 'Reason' and a text area for 'Note' are highlighted in yellow. 'Save' and 'Cancel' buttons are at the bottom.

Apply Single Visit Note to all Visits

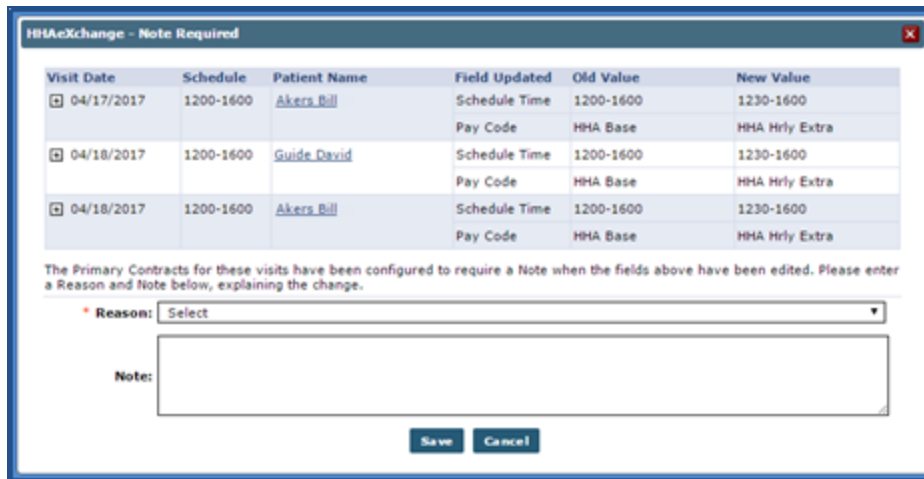
Alternatively, unique Notes may be entered for each visit by clicking the expand “+” icon to the left of the **Visit Date** and entering the Note in the provided fields. Once the Note is entered and saved, the selected visit is removed from the **Note Required** window.



Visit Date	Schedule	Patient Name	Field Updated	Old Value	New Value
04/17/2017	1200-1600	Guide, David	Schedule Time	1200-1600	1230-1600
			Pay Code	HHA Base	HHA Hrly Extra
04/17/2017	1200-1600	Akers, Bill	Schedule Time	1200-1600	1230-1600
			Pay Code	HHA Base	HHA Hrly Extra
04/18/2017	1200-1600	Guide, David	Schedule Time	1200-1600	1230-1600
			Pay Code	HHA Base	HHA Hrly Extra
04/18/2017	1200-1600	Akers, Bill	Schedule Time	1200-1600	1230-1600
			Pay Code	HHA Base	HHA Hrly Extra

The Primary Contracts for these visits have been configured to require a Note when the fields above have been edited. Please enter a Reason and Note below, explaining the change.

Enter Single Visit Note



Visit Date	Schedule	Patient Name	Field Updated	Old Value	New Value
04/17/2017	1200-1600	Akers, Bill	Schedule Time	1200-1600	1230-1600
			Pay Code	HHA Base	HHA Hrly Extra
04/18/2017	1200-1600	Guide, David	Schedule Time	1200-1600	1230-1600
			Pay Code	HHA Base	HHA Hrly Extra
04/18/2017	1200-1600	Akers, Bill	Schedule Time	1200-1600	1230-1600
			Pay Code	HHA Base	HHA Hrly Extra

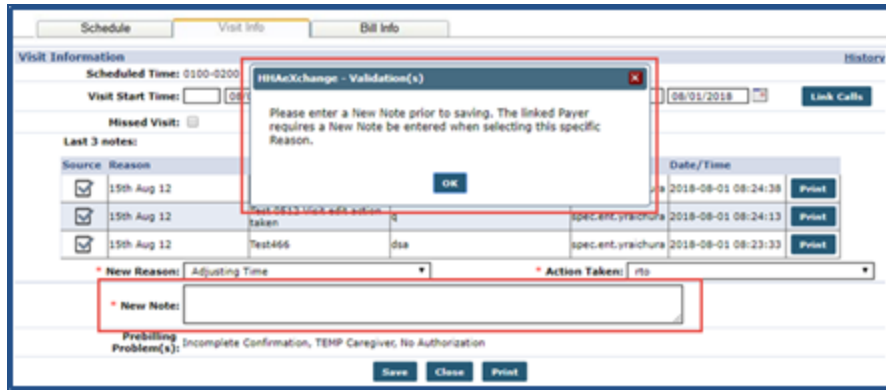
The Primary Contracts for these visits have been configured to require a Note when the fields above have been edited. Please enter a Reason and Note below, explaining the change.

Single Visit Note Entered / Visit Removed from List

Visit Edit Reasons Required for Linked Members

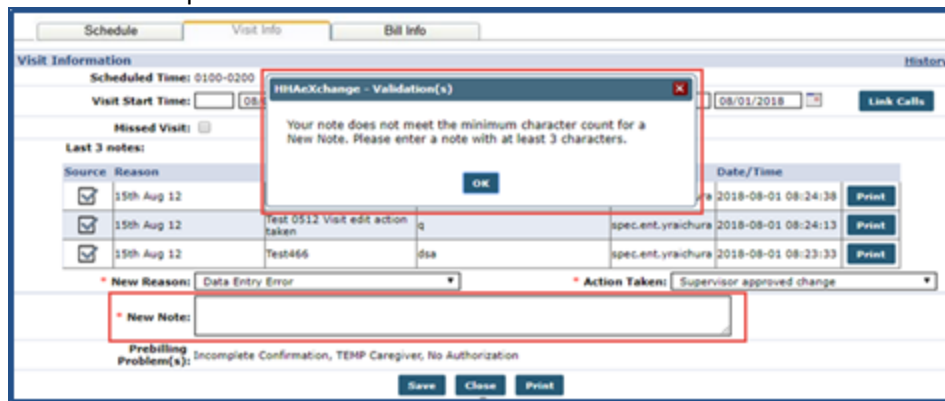
Based on a Linked Payer's Reference Table setup for **Visit Edit Reasons** and **Missed Visit Reasons**, the **Note** field may be required when a Provider edits a visit or marks a visit as **Missed**. This applies to both Skilled and Non-Skilled types of visits.

If a Linked Payer requires a Note for **Visit Edit Reasons**, then the system issues a validation for **Note** for the selected **Reason** on the *Visit Edit* page. If required, the **Note** field is denoted with a red asterisk (*).



Linked Payer Required Note

Requirements may also include a Minimum Character Count as defined by the Linked Payer for the Visit Edit **Reason** field. Therefore, when saving an edit to the visit, the **Note** field must meet the Minimum Character Count validation requirements. The image below illustrates a validation alert, specifying that at least 3 characters are required for the **Note** field.

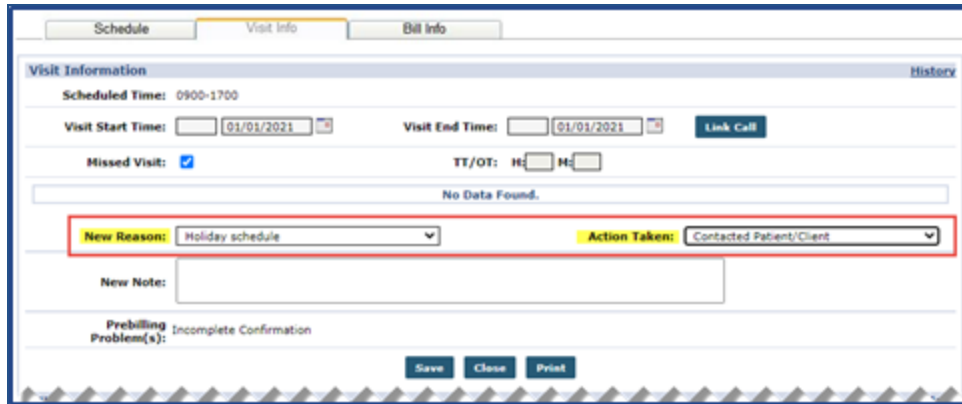


Note Minimum Character Count Payer Requirement

Sync Missed Visit Reasons for All Linked Contracts

Use the **New Reason** and **Action Taken** fields when a visit is marked as **Missed**, as defined by the Payer for all Linked Contracts. Typically, these fields are managed by Providers for Internal Contracts via the Reference Table Management function.

On the *Visit Info* tab (Visit Window), when a visit is marked as **Missed** for any Linked Contract, the **New Reason** and **Action Taken** field values are derived from the associated Payer.



Schedule Visit Info Bill Info

Visit Information History

Scheduled Time: 0900-1700

Visit Start Time: Visit End Time: [Link Call](#)

Missed Visit: TE/OT: H: M:

No Data Found.

New Reason: **Action Taken:**

New Note:

Prebilling Problem(s): Incomplete Confirmation

[Save](#) [Close](#) [Print](#)

Visit Info Tab: New Reason and Action Taken Fields

Note: If there are no **New Reason** and/or **Action Taken** values defined by the Payer for a **Missed Visit**, then the application pulls the values from the Provider reference tables.

Automatic Notes

The HHAX system automatically creates a new **Note** if one of the following actions is performed:

Occurrence	Description
Authorization	When Authorization has been added, updated, or deleted.
Missed Visit	When a Visit has been marked as “Missed”.
Patient Status	When the Patient’s Status has been changed.
Discharge Date	When the Patient’s Discharge Date has been changed.
Change of Plan	When a real-time alert for Member Change of Plan is generated in the Payer application, a Member Change of Plan Alert Note is sent to the Provider when a Member is out-bounding (transferred to a new Payer).

Clinical Information

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

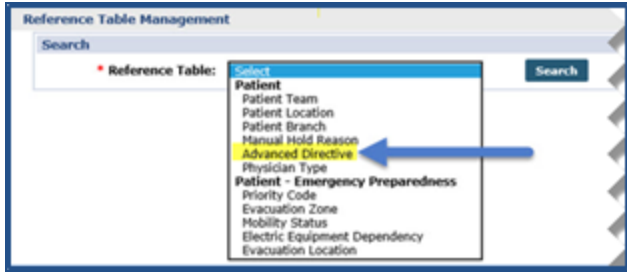
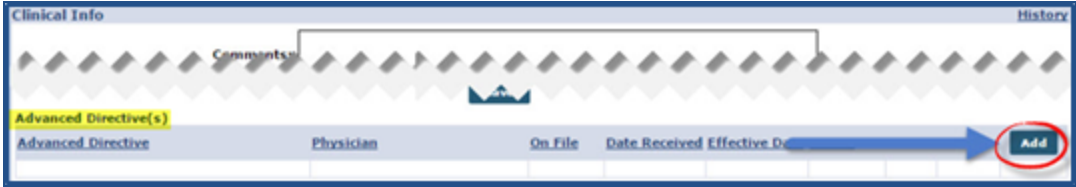
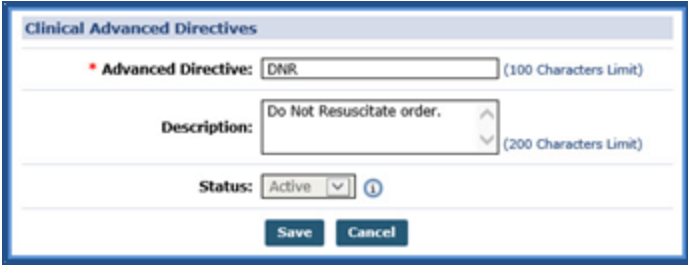
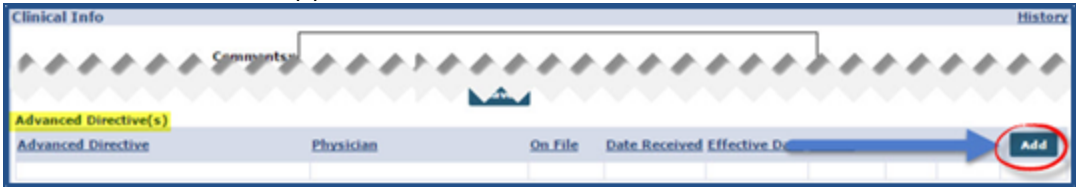
Linked Contract Patient Profiles contain the complete **Clinical** section. The **Clinical** section for Linked Contract Patient Profiles functions identically to the existing **Clinical** section for Internal Patient Profiles. The **Clinical Info** page is used to track various pieces of medical information for Linked Contract Patients, as follows:



Medical Information	Description
Advanced Directives	Legal documents that allow Patients to indicate end-of-life decisions ahead of time (such as DNRs, Wills, and Power of Attorneys).
Physicians	Physician(s) in charge of the Patient's case. A Patient's Physician can be entered (added) directly into the system from this page, as needed.
MD Orders	Enter and track a Patient's MD Orders.
Diagnosis	This section is used to record the Patient's illnesses or conditions using the International Classification of Disease (ICD) codes.
Surgical Procedure	This section is used to record any surgical procedures the Patient has undergone. This section also utilizes ICD codes.
Pharmacies	Record the Patient's pharmacies in this section of the Info page.

The following section covers how to enter information for each of these categories. Refer to the [Clinical Section category – Entering MD and Interim Orders](#). for additional information, as needed.

Advanced Directives

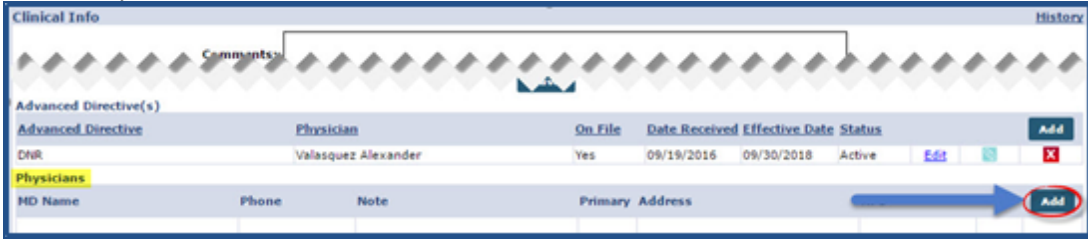
Advanced Directives include documents such as DNRs, Wills, and Power of Attorney. Complete the following steps to enter a new **Advanced Directive**.

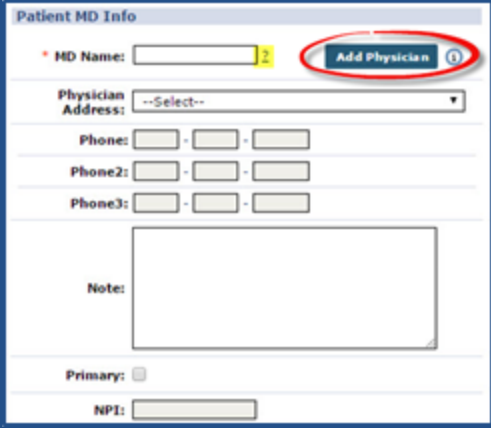
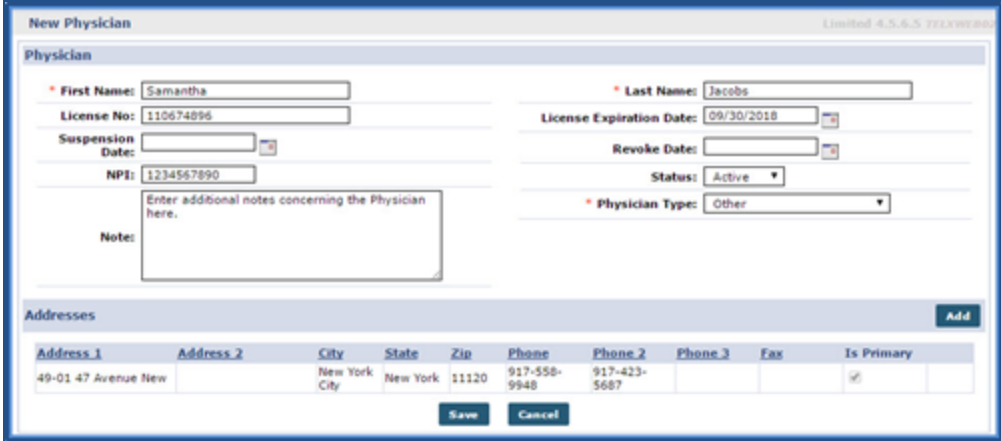
Step	Action
1	<p>Navigate to Admin > Reference Table Management and select the <i>Advanced Directive</i> Reference Table.</p>  <p style="text-align: center;">Advanced Directive Reference Table</p>
2	<p>On the Search Results page, click the Add button to create an Advanced Directive document type (such as DNR, Power of Attorney, Living Will, etc.).</p>  <p style="text-align: center;">Add Advanced Directive</p>
3	<p>The <i>Clinical Advanced Directives</i> window opens. Complete the fields; those denoted with a red asterisk are required. Click Save to finalize.</p>  <p style="text-align: center;">Clinical Advanced Directives Window</p>
4	<p>Navigate to Patient > Patient Search and select a Patient. Select the Info link from the left nav.</p>
5	<p>Go to the Advance Directive(s) section. Click on the Add button.</p>  <p style="text-align: center;">Add Advanced Directive</p>
6	<p>The <i>Advanced Directives</i> window opens. Complete the fields to enter a record of the directive.</p>

Step	Action
	<p>Click the “” icon to attach supporting documentation. Click Save to finalize.</p> <div data-bbox="570 346 1127 682" style="border: 1px solid blue; padding: 5px;"> <p>Advanced Directives</p> <p>* Advanced Directives: <input type="text" value="DNR"/></p> <p>* On File: <input type="text" value="Yes"/></p> <p>Date Received: <input type="text" value="09/14/2016"/></p> <p>Date Effective: <input type="text" value="09/30/2017"/></p> <p>Physician: <input type="text" value="Valasquez Alexan"/></p> <p>Upload File:  DNR.docx</p> <p><small>Note: Files must be 1000 KB in size or smaller.</small></p> <p><input type="button" value="Save"/> <input type="button" value="Cancel"/></p> </div> <p style="text-align: center;">Advanced Directive window</p>

Physicians

Enter a Patient’s Physician(s) in the *Physicians* section of the Info page. Complete the following steps to add a Physician to the system.

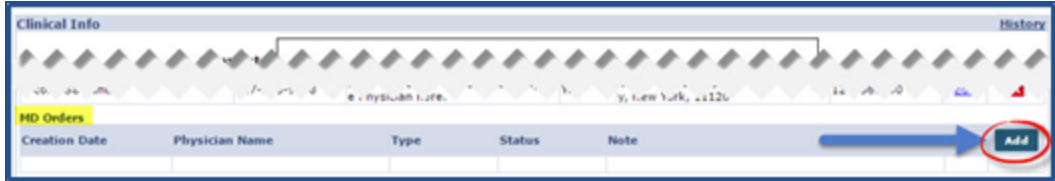
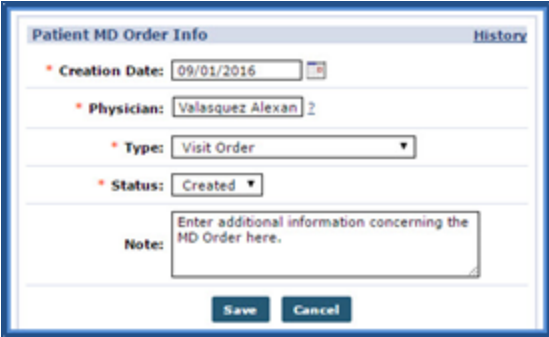
Step	Action
1	Navigate to Patient > Patient Search and select a Patient. Select the Info link from the left nav.
2	<p>Go to the Physicians section. Click on the Add button.</p> <div data-bbox="305 1115 1386 1352" style="border: 1px solid blue; padding: 5px;">  <p style="text-align: center;">Add Physician</p> </div>
3	<p>The Patient MD Info window opens. Click the “?” link to the right of the MD Name field to search for and select a Physician record.</p> <p>The Physician Address, Phone, Phone2, Phone3, and NPI fields populate automatically if they are entered in the Physician record. Click the Add Physician button if the Physician has not been entered in the system.</p>

Step	Action
	 <p style="text-align: center;">Patient MD Info Window</p>
4	<p>The <i>New Physician</i> window opens. Enter the Physician information. Required fields are denoted with a red asterisk: First Name, Last Name, and Physician Type fields. Click the Add button in the <i>Addresses</i> section to add the Physicians address.</p>  <p style="text-align: center;">New Physician Window</p>
5	Click Save to finalize. The new Physician record may now be applied to any Patient in the system.
6	The new record is automatically applied to the <i>Patient MD Info</i> window. Click Save to assign the Physician to the Patient.

Step	Action
	<div data-bbox="574 302 1118 814" style="border: 1px solid #ccc; padding: 10px;"> <p>Patient MD Info</p> <p>MD Name: <input type="text" value="Jacobs Samantha 2"/> <input type="button" value="Add Physician"/> ⓘ</p> <hr/> <p>Physician Address: <input type="text" value="49-01 47 Avenue New New York City, New Yor"/></p> <hr/> <p>Phone: <input type="text" value="917"/> - <input type="text" value="558"/> - <input type="text" value="9948"/></p> <hr/> <p>Phone2: <input type="text" value="917"/> - <input type="text" value="423"/> - <input type="text" value="5687"/></p> <hr/> <p>Phone3: <input type="text"/> - <input type="text"/> - <input type="text"/></p> <hr/> <p>Note: <input style="width: 100%; height: 40px;" type="text" value="Enter additional notes concerning the Physician here."/></p> <hr/> <p>Primary: <input checked="" type="checkbox"/></p> <hr/> <p>NPI: <input type="text" value="1234567890"/></p> <p style="text-align: right;"><input type="button" value="Save"/> <input type="button" value="Cancel"/></p> </div> <p style="text-align: center;">Patient MD Info Window</p>

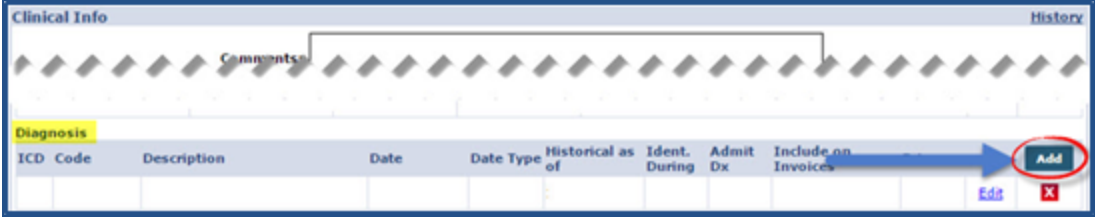
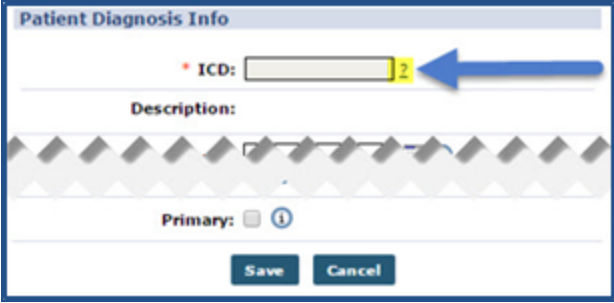
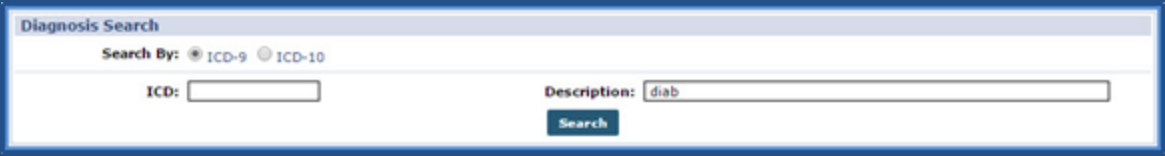
MD Orders

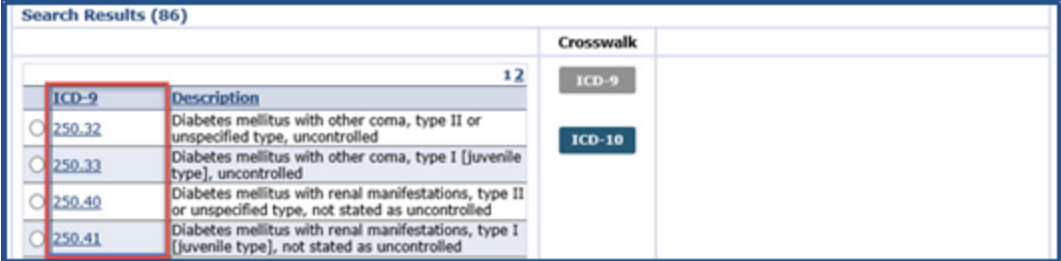
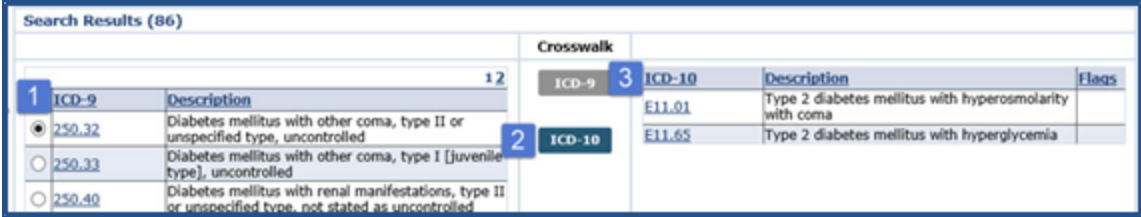

Record a Patient's **MD Order** information via the *MD Orders* section of the **Info** section for tracking purposes. Complete the following to an **MD Order** record.

Step	Action
1	Navigate to Patient > Patient Search and select a Patient. Select the Info link from the left nav.
2	<p>Go to the MD Orders section. Click on the Add button.</p>  <p style="text-align: center;">Add MD Order</p>
3	<p>The Patient MD Order Info window opens.</p>  <p style="text-align: center;">Patient MD Order Info Window</p> <p>Complete the following fields:</p> <ul style="list-style-type: none"> • Creation Date: The date the order was issued. • Physician: The Physician who issued the order. • Type: The type of order issued. • Status: The status of the order.
4	Click Save to record the MD Order.

Diagnosis


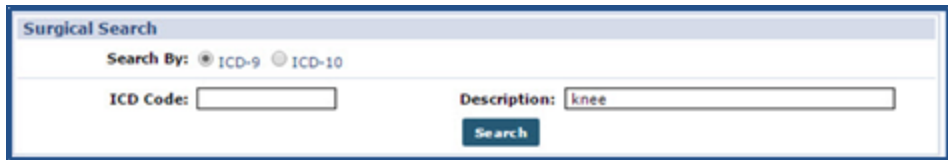
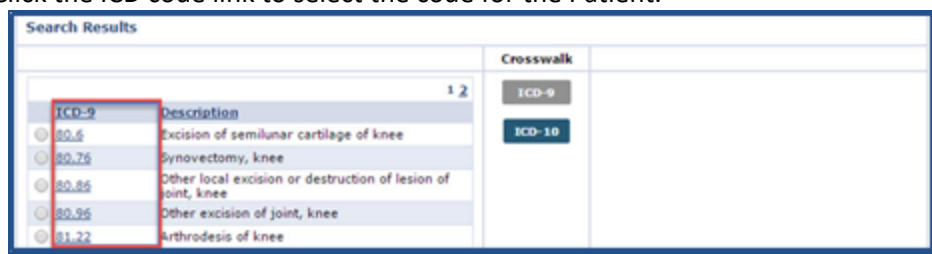
The *Diagnosis* section of the **Info** page is used to capture a Patient’s documented illness or condition. Follow the steps outlined below to record.

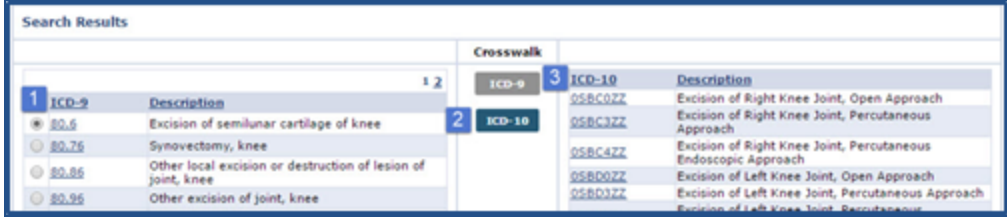
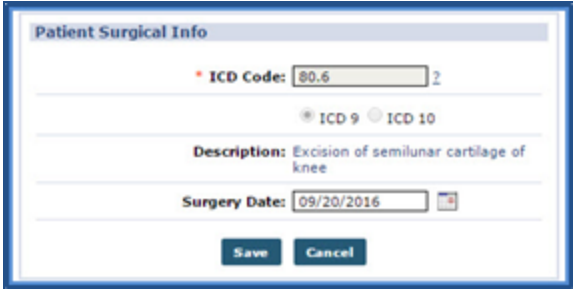
Step	Action
1	Navigate to Patient > Patient Search and select a Patient. Select the <u>Info</u> link from the left nav.
2	<p>Go to the <i>Diagnosis</i> section. Click the Add button.</p>  <p style="text-align: center;">Add Diagnosis</p>
3	<p>The Patient Diagnosis Info window opens. Click the “?” to the right of the ICD field to search for the diagnosis code.</p>  <p style="text-align: center;">Select ICD Code</p>
4	<p>At the top of the Diagnosis Search page, specify whether to search for either ICD-9 or ICD-10 codes. In the Description field, enter the name of the disease or condition. The system returns codes that match the value in the Description field, even if it is not a complete word.</p> <p>Click Search to continue.</p>  <p style="text-align: center;">Diagnosis Search</p>
5	In the search results, ICD-9 codes display in the left column and ICD-10 codes display in the right column. Click the ICD code link to select the code for the Patient.

Step	Action
	 <p style="text-align: center;">Search Results for ICD-9 Codes</p>
6	<p>To “convert” an ICD-9 code to an ICD-10 code, select the radio button to the left of the code and then click the ICD-10 button in the Crosswalk column. The corresponding ICD-10 code is then populated (as illustrated in the image below).</p>  <p style="text-align: center;">ICD-9 to ICD-10 Conversion</p> <p>Note: The same conversion may be done from ICD-10 to ICD-9.</p>
7	<p>Once the ICD code has been added, click the Save button to add the diagnosis. If applicable, enter values for the other fields on the Patient Diagnosis Info window.</p>  <p style="text-align: center;">Completed Patient Diagnosis Info Window</p>

Surgical Procedure

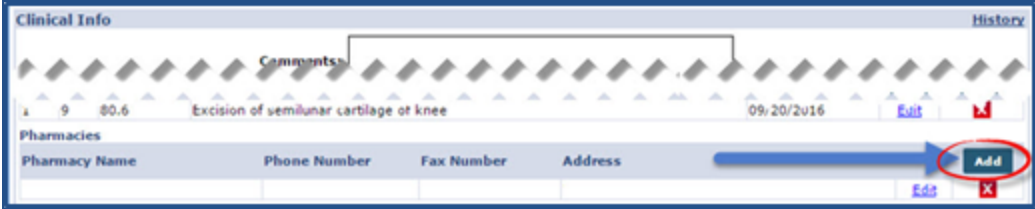
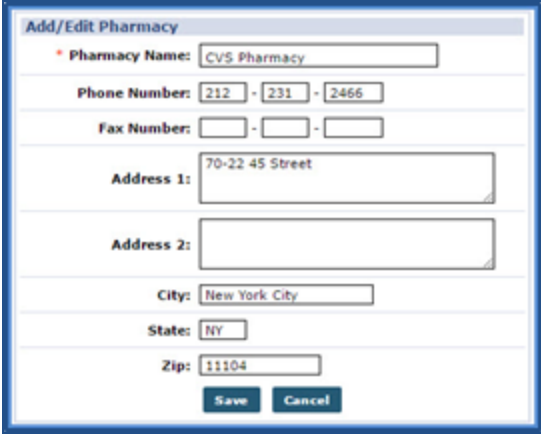
The *Surgical Procedure* section in the **Info** page is used to capture a Patient’s surgical procedure history. Complete the following steps to add a surgical procedure.

Step	Action
1	Navigate to Patient > Patient Search and select a Patient. Select the Info link from the left nav.
2	Go to the <i>Surgical Procedure</i> section. Click the Add button. <div data-bbox="305 556 1388 745" data-label="Image">  </div> <p style="text-align: center;">Add Surgical Procedure</p>
3	Click the “?” to the right of the ICD Code field to search for the surgical procedure code.
4	At the top of the Surgical Search page, specify whether to search for either <i>ICD-9</i> or <i>ICD-10</i> codes. In the Description field, enter the name of the surgical procedure. The system returns codes that match the value in the Description field, even if it is not a complete word. <p>Click Search to continue.</p> <div data-bbox="373 1018 1315 1176" data-label="Image">  </div> <p style="text-align: center;">Surgical Search</p>
5	In the search results, ICD-9 codes display in the left column and ICD-10 codes display in the right column. Click the ICD code link to select the code for the Patient. <div data-bbox="381 1291 1307 1543" data-label="Image">  </div> <p style="text-align: center;">Search Results for ICD-9 Codes</p>
6	To “convert” an ICD-9 code to an ICD-10 code, select the radio button to the left of the code and then click the ICD-10 button in the Crosswalk column. The corresponding ICD-10 code is then populated (as illustrated in the image below).

Step	Action
	<div data-bbox="344 304 1344 520">  </div> <p data-bbox="711 531 982 558" style="text-align: center;">ICD-9 to ICD-10 Conversion</p> <p data-bbox="266 577 938 604"><i>Note: The same conversion may be done from ICD-10 to ICD-9.</i></p>
7	<p data-bbox="266 619 1417 688">Once the ICD code has been added, click the Save button to add the surgical procedure. If applicable, enter values for the other fields on the Patient Surgical Info window.</p> <div data-bbox="561 688 1130 974">  </div> <p data-bbox="643 989 1049 1016" style="text-align: center;">Completed Patient Surgical Info Window</p>

Pharmacies

Use the *Pharmacies* section to capture a Patient's specific or preferred Pharmacy(ies) where they pick up their medication from. Complete the following steps to add a **Pharmacy**.

Step	Action
1	Navigate to Patient > Patient Search and select a Patient. Select the Info link from the left nav.
2	<p>Go to the <i>Pharmacies</i> section. Click the Add button.</p>  <p style="text-align: center;">Add Pharmacies</p>
3	<p>Enter the pharmacy information and click Save. Users must enter at least a Pharmacy Name to save the record.</p>  <p style="text-align: center;">Add/Edit Pharmacy Window</p>

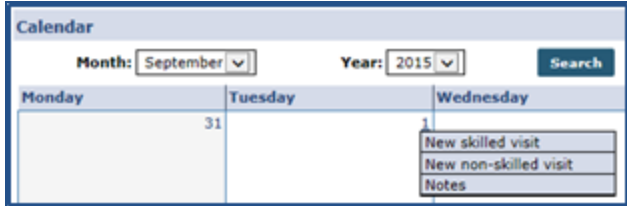
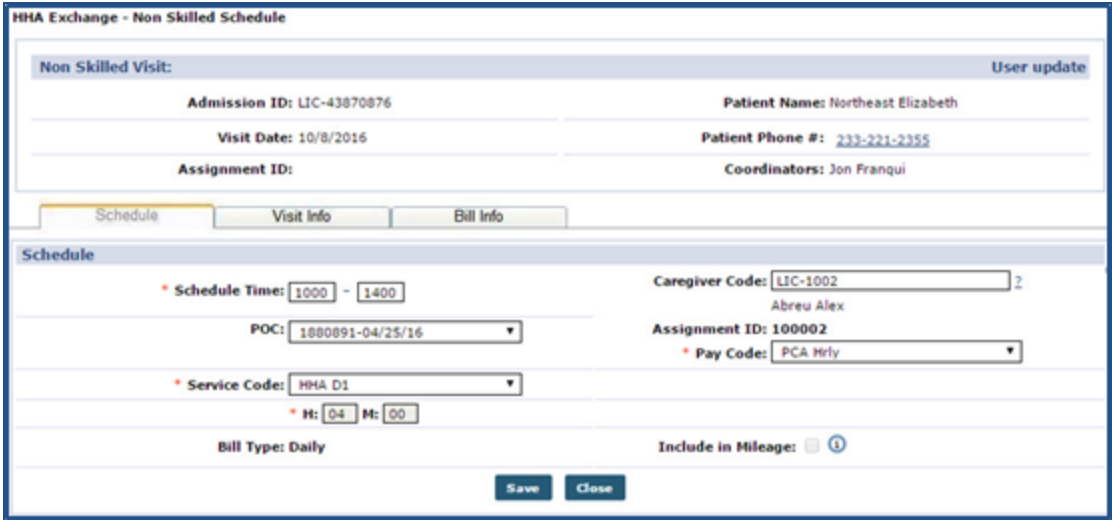
Scheduling Linked Contract Patients

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

This section provides high-level instructions on how to schedule visits using the Patient **Calendar**, and how to schedule using the **Master Week** function.

Non-Skilled Visits

Non-clinical visits are classified as **Non-Skilled**; only Non-Skilled disciplines can be assigned to them. Complete the following steps to create a Non-Skilled Visit.

Step	Action
1	Navigate to Patient > Patient Search and select a Patient. Select the <u>Calendar</u> link from the left nav.
2	<p>Click on the date number at the top-right of the Calendar cell which provides several options (as seen in the image). Select New non-skilled visit from the menu to schedule a Visit for the selected date.</p> <div data-bbox="532 947 1154 1150" data-label="Image">  </div> <p style="text-align: center;">New Visit Menu</p>
3	<p>The <i>Non-Skilled Schedule</i> page opens. Enter values for the required fields (*) on the Schedule tab and click Save.</p> <div data-bbox="293 1272 1398 1787" data-label="Image">  </div> <p style="text-align: center;">New non-skilled Visit, Schedule Tab</p>

Scheduled Visits

Once the visit is saved, the system automatically performs a series of validation and authorization checks to ensure it fulfills all the requirements set by the Payer. Authorized visits display in green, while visits which are not within the Authorization rules are displayed in pink on the Patient's Calendar.

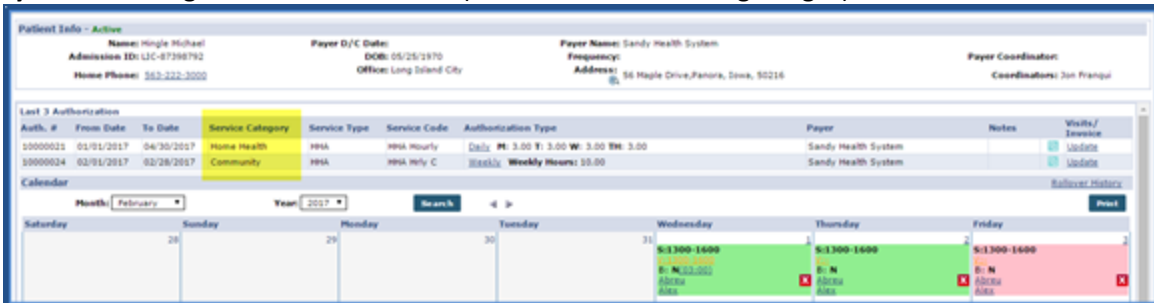


Scheduled Visits

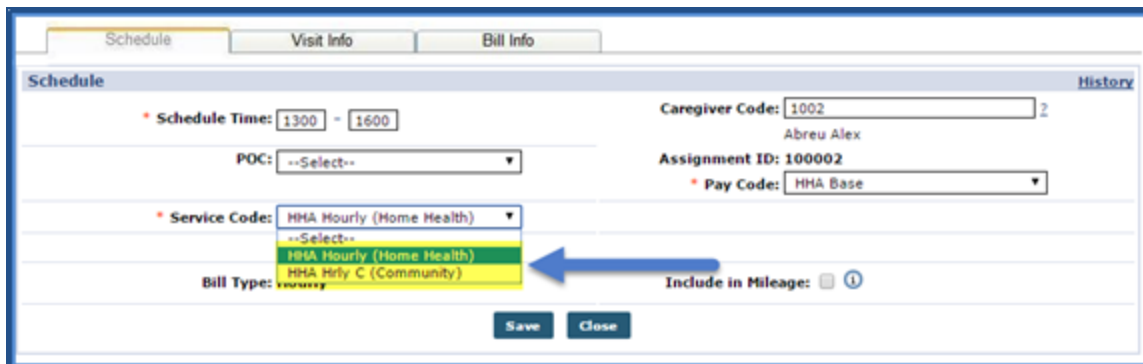
The system only reviews visits within a 14-day block, based on the current date. Visits outside of this range display in white.

Note: Visits that are scheduled with a **Service Code** that is not covered by the Authorization or are set up to bypass Prebilling validations also display in white, even if they are within the 14-day block. Consult with the authorizing Payer to determine which Service Codes have been setup to skip Prebilling validations.

If a Patient has more than one Authorization with different **Service Categories**, then the **Service Category** is listed alongside the **Service Code** (as seen in the following images).



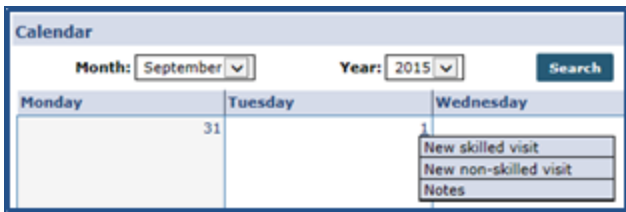
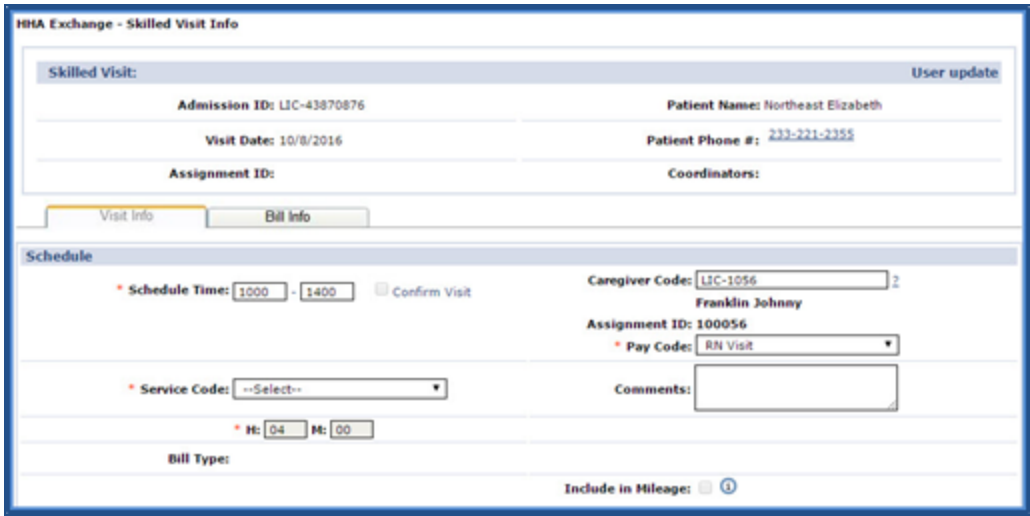
Service Category Categories



Service Code (Service Category)

Skilled Visits

Clinical visits (involving medical services) are classified as **Skilled**. Only Skilled Disciplines, such as Nurses or Physical Therapists, can be assigned to them. Complete the following steps to create a Skilled Visit.

Step	Action
1	Navigate to Patient > Patient Search and select a Patient. Select the <u>Calendar</u> link from the left nav.
2	<p>Click on the date number at the top-right of the Calendar cell which provides several options (as seen in the image). Select New skilled visit from the menu to schedule a Visit for the selected date.</p> <div data-bbox="532 667 1154 877" data-label="Image">  </div> <p style="text-align: center;">New Visit Menu</p>
3	<p>The Skilled Schedule page opens. Enter values for the required fields (*) on the Schedule tab and click Save.</p> <div data-bbox="334 995 1357 1507" data-label="Image">  </div> <p style="text-align: center;">New Skilled Visit, Schedule Tab</p>

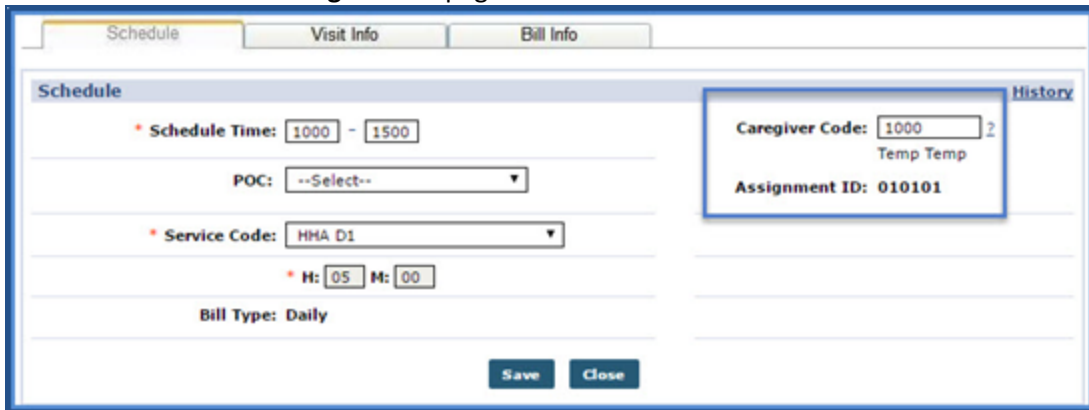
Like the Non-Skilled visits in the previous section, once the visit is saved, the system automatically performs a series of validation and authorization checks to ensure that the scheduled visit does not breach any Provider rules or contractual obligations. The same validation rules apply where Authorized visits are denoted in green while those not meeting Authorization rules are displayed in pink.

Assign to TEMP

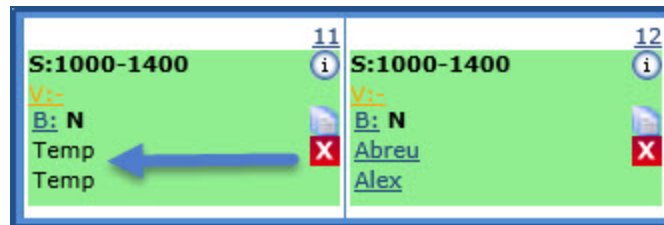
If no Caregivers are available at the time of scheduling, a TEMP Caregiver (**Caregiver Code 1000, Assignment ID 010101**) can be assigned as temporary placeholder.

To assign a TEMP Caregiver, enter *1000* for the **Caregiver Code** in the *Schedule* tab (as seen in the following image). The visit can now be saved without encountering any Authorization issues.

Adjust the visit once an actual Caregiver is assigned and scheduled. Note that visits staffed with a **TEMP** Caregiver are held in the **Prebilling Review** page.



Temp Caregiver



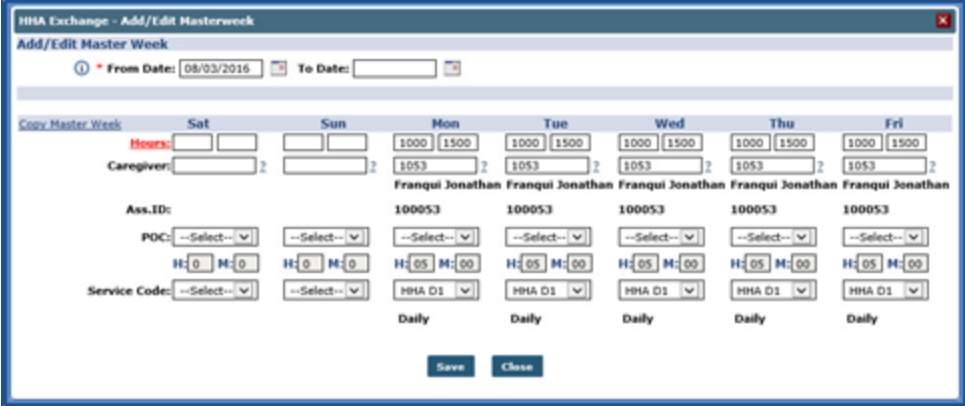
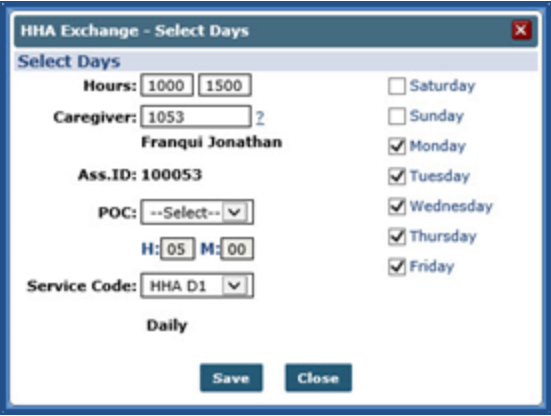
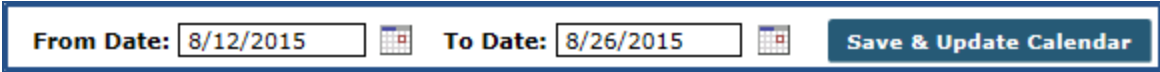
Temp Assigned to Visit

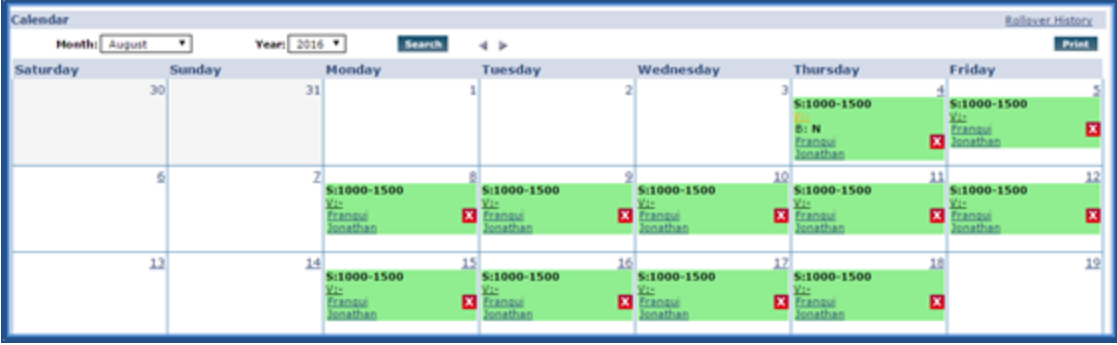

Master Weeks

If a Patient receives the same service on a regular basis, the **Master Week** function can be used to generate a permanent schedule. Once set, the system uses the information in the Master Week to update the Patient's Calendar every night for 14 days into the future in a process called "roll over". Any changes to the Master Week are reflected in future Visit when it "rolls over" again.

Follow the steps below to create a Master Week.

Step	Action
1	Navigate to Patient > Patient Search and select a Patient. Select the <u>Master Week</u> link from the left nav.
2	On the Patient Master Week page, click the Add Master Week button.

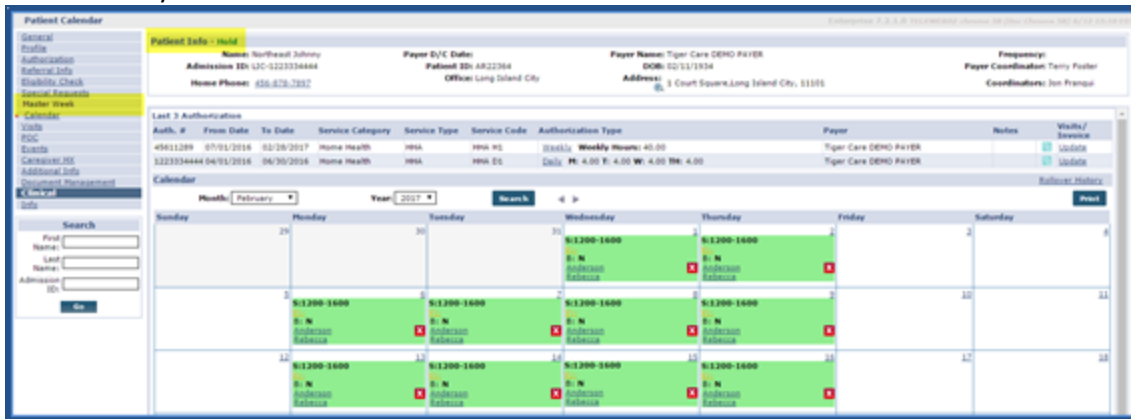
Step	Action
3	<p>The <i>Add/Edit Masterweek</i> page opens. In the From/To Date fields set the date range for the Master Week. Leave the To Date field blank if the schedule is indefinite. To stop the Master Week from rolling over past a certain date, enter a To Date.</p> <p>Below the From/To Date fields, set the visit details for each Master Week day OR click the Hours link to setup a “master schedule” and apply it to the applicable days.</p>  <p style="text-align: center;">Add/Edit Master Week</p>
4	<p>The <i>Select Days</i> window opens if the Hours link is selected. Complete the schedule using the available selections. Click the Save button to finalize.</p>  <p style="text-align: center;">Select Days Window</p>
5	<p>At the bottom of the page, click the Save & Update Calendar button to “roll over” visits onto the Calendar based on the Master Week details.</p>  <p style="text-align: center;">Save & Update Calendar with Masterweek</p>
6	<p>The Patient’s Calendar is populated with the Master Week schedule.</p>

Step	Action
	<div data-bbox="289 304 1399 646">  </div> <p data-bbox="678 655 1010 684" style="text-align: center;">Master Week applied to Calendar</p>
7	<p data-bbox="263 697 1417 766">To edit or delete a Master Week, click the Edit Icon to edit Master Week details or click the “” icon to delete the Master Week.</p>

Master Week and the Patient Status

The Master Week functionality is affected when a Linked Contract Patient is placed on Hold by the Payer. Users can access the Linked Contract Patient **Master Week** page even if the Patient is on Hold, allowing them to edit or delete an existing **Master Week**, or add a new one in preparation for a change of service when the Patient is Active again.


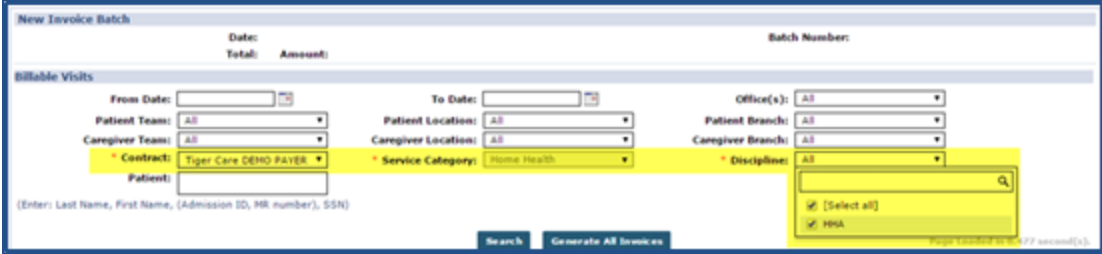
In these cases, the system suspends the automated rollover process to ensure that unauthorized visits are not mistakenly scheduled.

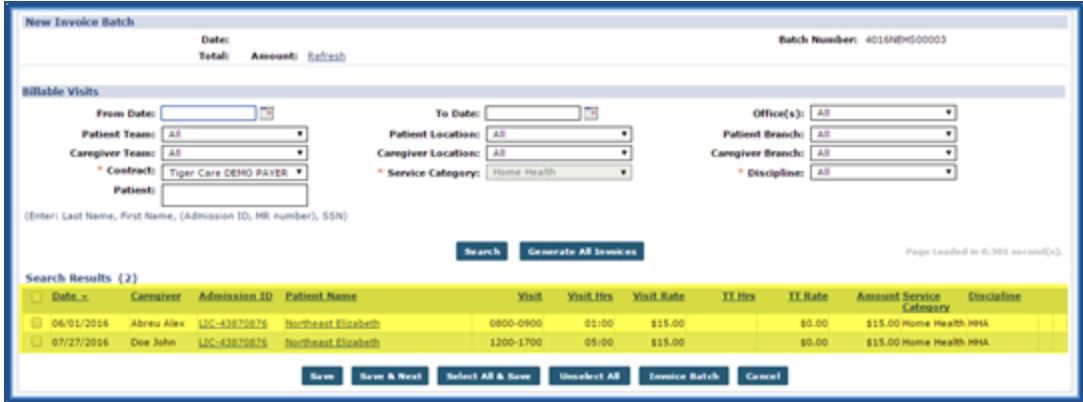
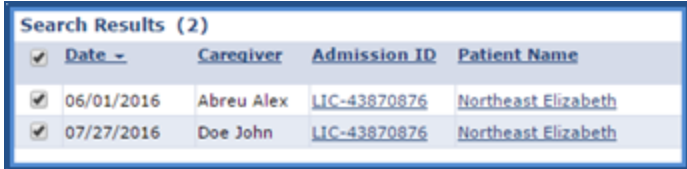


Linked Patient Profile, Master Week Page Locked

Invoicing Confirmed Visits

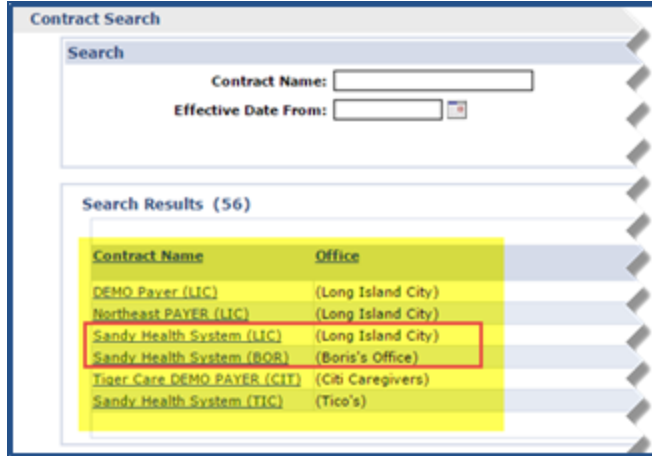
Follow the steps below to generate invoices for visits scheduled under Linked Contracts.

Step	Action
1	Navigate to Billing > New Invoice Batch .
2	<p>On the New Invoice Batch page, enter values in the available filter fields to search for visits ready for invoicing. Values for the Contract, Service Category and Discipline must be specified to perform a search. The Contract value must be entered first, as the values for the Service Category and Discipline fields depend on the type of service permitted by the selected Linked Contract.</p>  <p style="text-align: center;">New Invoice Batch Filter Fields</p>
3	<p>As seen in the image below, the Service Category field automatically defaults to <i>Home Health</i>, as the category authorized by the Contract. The Discipline field only contains two values: <i>Select All</i> and <i>HHA</i>, or the only Discipline associated with the Service Category <i>Home Health</i>.</p> <p>Click Search once the required search values are entered.</p>  <p style="text-align: center;">Values Linked to Tiger Care DEMO PAYER</p>
4	<p>On the search results, any visits ready for invoicing (and matching the search criteria) are returned.</p> <p>If the search returns several pages of results, use the Save & Next button to save all selections on the current page and navigate to the next. The Select All & Save button selects all visits included in the search results.</p>

Step	Action
	 <p style="text-align: center;">Visits Ready for Invoicing</p>
5	<p>Select the checkboxes to specify which visits are to be invoiced.</p>  <p style="text-align: center;">Visits selected for Invoicing</p>
6	<p>Once selections have been reviewed and finalized, click the Invoice Batch button; OR, click the Generate All Invoices button to prompt the system to invoice every Visit returned in the search results.</p>
7	<p>The system alerts that the batch is generating. Use the <i>Process Monitor</i> page (Admin > Process Monitor) to gauge the processing status.</p>

Linked Contract Setup

The **Contract Search** results include both Linked and Internal Contracts. Linked Contracts are Office-specific and contain a three-digit Office Code following the Office Name.



The screenshot shows a 'Contract Search' window with a search bar and a results table. The search criteria are 'Contract Name' and 'Effective Date From'. The results table has two columns: 'Contract Name' and 'Office'. The following table represents the data shown in the screenshot:

Contract Name	Office
DEMO Payer (LIC)	(Long Island City)
Northeast PAYER (LIC)	(Long Island City)
Sandy Health System (LIC)	(Long Island City)
Sandy Health System (BOR)	(Boris's Office)
Tiger Care DEMO PAYER (CIT)	(Citi Caregivers)
Sandy Health System (TIC)	(Tico's)

Sandy Heath System Linked Contracts

For example:

- If Payer *Sandy Health System* is linked to Agency *Northeast Homecare's* Office *Long Island City (LIC)*, then the Linked Contract name is **Sandy Health System (LIC)**.
- If Payer *Sandy Health System* is linked to Agency *Northeast Homecare's* Office *Long Island City (LIC)*, AND *Boris's Office (BOR)*, then there are two Linked Contracts for *Sandy Health System*, **Sandy Health System (LIC)** and **Sandy Health System (BOR)**.

The layout of Linked Contracts is identical to Internal Contracts to include the seven tabs (pages) allowing Agencies to define billing rates, scheduling and confirmation requirements, among other specifications. Unlike Internal Contracts, Linked Contracts are primarily managed by Payers and therefore not all options are available across the tabs. Unavailable fields are locked (greyed out) for Linked Contracts, indicating that only the Payer can enter or edit these fields (as seen in the following image).

Contract Setup (Sandy Health System (LIC)) Enterprise 8.0.1.0 | 10/10/2016 10:00:00 AM | 10/10/2016 10:00:00 AM | 10/10/2016 10:00:00 AM

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

Contract Details History

Contract Name: <input type="text" value="Sandy Health System"/>	Active: <input type="text" value="Yes"/>
Contract Type: <input type="text" value="Select"/>	Office: <input type="text" value="Long Island City"/>
Effective Date: <input type="text" value=""/>	Expiration Date: <input type="text" value=""/>
Source Of Admission: <input type="text" value="Physician"/>	Contact Person: <input type="text" value=""/>
NPI No.: <input type="text" value=""/>	Provider ID (33b): <input type="text" value=""/>
Wage Parity: <input type="text" value=""/>	Tax ID No.: <input type="text" value=""/>
Notes: <input style="width: 100%;" type="text"/>	

Address

Street 1: <input type="text" value="28 W Flagler ST #208"/>	Street 2: <input type="text" value=""/>
City: <input type="text" value="Miami"/>	State: <input type="text" value="FL"/>
Zip: <input type="text" value="33130"/>	Phone: <input type="text" value="305"/> <input type="text" value="666"/> <input type="text" value="6666"/>
Fax: <input type="text" value="305"/> <input type="text" value="777"/> <input type="text" value="7777"/>	

Linked Contract Setup

The Billing Process

The Billing Process for Linked Contracts differs depending on the Payer. Click on the respective link below to access the corresponding Billing Job Aid detailing the billing processes.

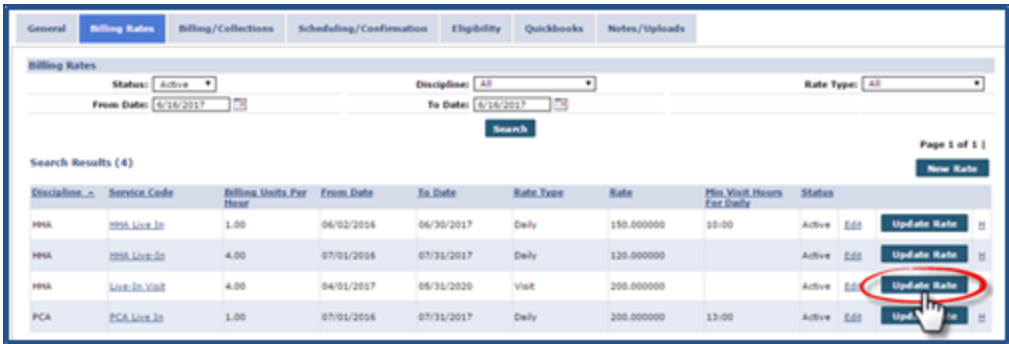
- Certified Home Health Agencies (CHHAs), primarily managing Medicare cases.
 - [The Billing Process \(Linked Contracts – CHHA\)](#)
- Managed Long-Term Care Agencies (MLTCs), primarily managing Medicaid cases.
 - [The Billing Process \(Linked Contracts – MLTC\)](#)

Rebill Function

Refer to the [Rebill Process for Linked Contracts Job Aid](#) to review common scenarios and instructions.

Updating Billing Rates

Agencies can update **Billing Rates** for Linked Contracts. Complete the following steps to update a Billing Rate.

Step	Action
1	Navigate to Admin > Contract Setup > Contract Search to locate and select the Contract.
2	<p>Select the <i>Billing Rates</i> tab. On the Billing Rates page, click the Update Rate button on the respective Service Code.</p> <div style="text-align: center;">  </div> <p style="text-align: center;">Contract Setup: Billing Rates</p>
3	The <i>Update Rates</i> window opens. Update the applicable fields in the New Rates section. Required fields are denoted with a red asterisk. Click Save to apply.

Step	Action
	<p style="text-align: center;">Update Rate Window</p>

Linked Contract Service Codes

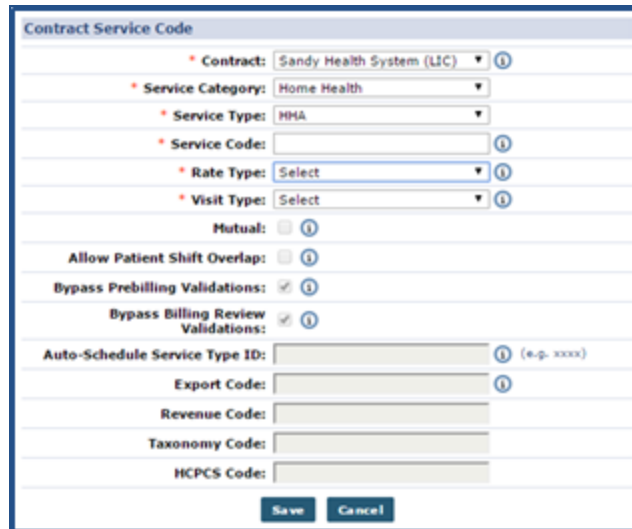
Providers can review **Service Codes** for Linked Contract generated by Payers via the *Contract Service Code Reference Table*. Although most fields for Linked Contract **Service Codes** are locked, Agencies can change the name of the **Service Code**:

Payers may also grant Agencies permission to designate the **Service Code** for **Mutual** cases or select the **Allow Patient Shift Overlap** checkbox.

Linked Contract Service Code


Non-Billable Service Codes

Agencies can create **Non-Billable Service Codes** for Linked Contracts. Selecting a Linked Contract on the **Contract Service Code** window prompts the system to add a **Service Category** field as well as a **Service Type** field (which replaces the **Discipline** field). The system automatically flags and locks the **Prebilling / Billing Review** bypass options as well as additional related billing related fields.



New Linked Contract Service Code

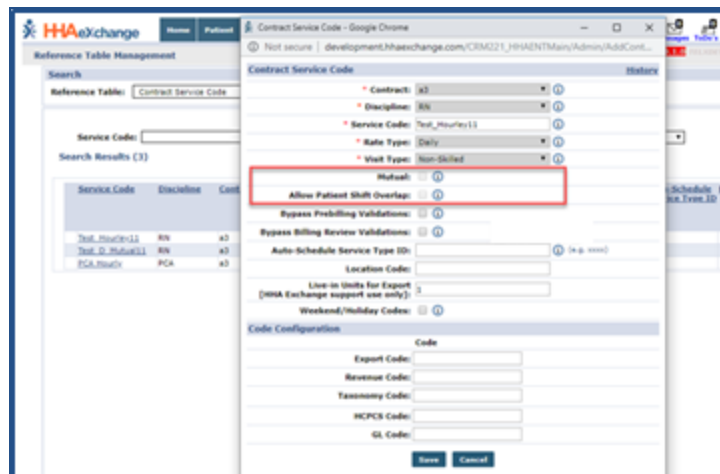
Complete the following steps to add a Billing Rate for a Non-Billable Service Code for a Linked Contract.

Step	Action
1	Navigate to Admin > Contract Setup > Contract Search and select the Billing Rates tab.
2	On the Billing Rates page, click on the New Rate button.  Add New Rate to a Linked Contract Rates
3	The Update Rates window opens. Complete applicable fields. Required fields are denoted with a red asterisk

Step	Action
	<div data-bbox="583 302 1105 674" style="border: 1px solid black; padding: 5px;"> <p>Contract Rate</p> <p>* Service Category: Home Health</p> <p>* Service Type: HHA</p> <p>* Service Code: HHA Non-Billable (Internal Service Code)</p> <p>Rate Type: HHA Hourly</p> <p>* From Date: []</p> <p>* To Date: []</p> <p>* Rate: 0.00 \$</p> <p>* Billing Units Per Hour: 4</p> <p>Min Visit Hours For Daily: [] (HHMM)</p> <p>Status: Active</p> <p>Save Cancel</p> </div> <p style="text-align: center;">Locked Contract Rate Fields</p> <p>Note that the system automatically locks the Rate and Billing Units Per Hour fields to prevent users from adding billing related values.</p> <p>Click Save to apply.</p>

Provider Access to Mutual Checkbox

The **Mutual** and **Allow Patient Shift Overlap** checkboxes from the Contract Service Code window (**Admin > Reference Table Management > Contract Service Code**) have been made *read-only* for Linked Contracts.



Contract Service Code Window

Provider-Managed Billing Diagnosis Codes

DISCLAIMER

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

Billing Diagnosis Codes are determined by the Payer and sent in the Authorization at the time of placement. Providers servicing Linked Contracts receive Billing Diagnosis Codes as *read-only*, unable to edit if/as needed for billing purposes.

A Payer-based permission is available to allow Providers to add and manage Billing Diagnosis Codes for any Linked Contract; whether the ones assigned by the Payer or the one entered/edited by the Provider.

Refer to the [Provider-Managed Billing Diagnosis Codes Job Aid](#) for instructions and details.

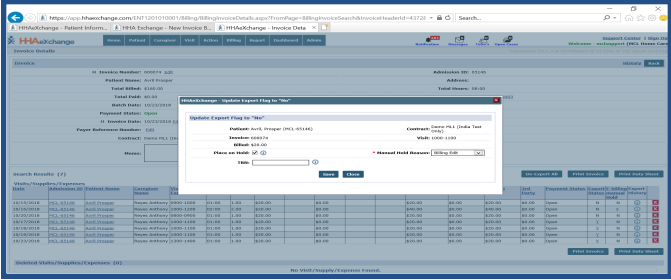
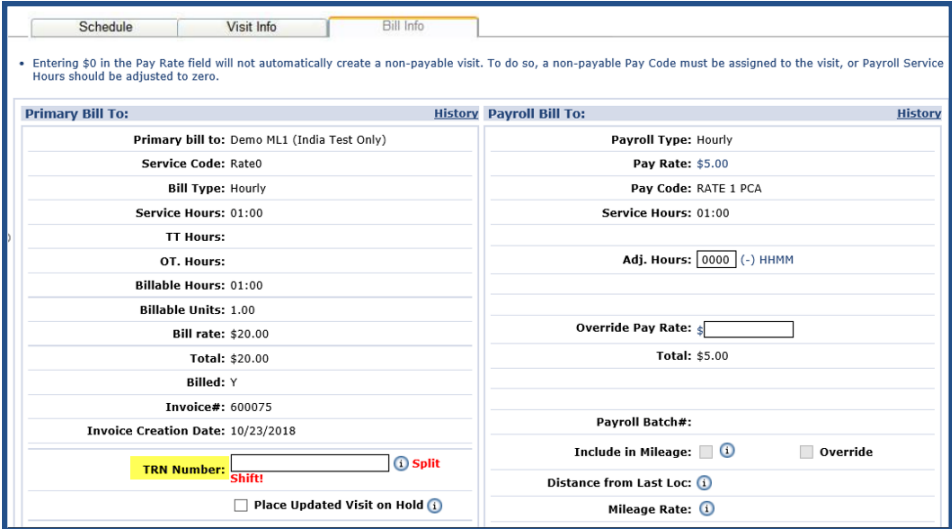
Rebill Process for Linked Contracts

This topic provides guidance to the various rebilling scenarios for Providers with Linked Contracts. These scenarios illustrate what takes place once a claim is exported and Payer Adjudication is complete. A Claim (TRN) number is required to rebill in the HHAX system.

Billing Review – On Hold Reason: Visits on same day/Service Code must be billed on same invoice

Scenario	Provider invoices Shift 1 and the HHAX system exports the claim. Upon Payer Adjudication, the Provider adds Shift 2 on the same day, for the same Patient, with the same Service Code. Before exporting Shift 2, it is held in Billing Review with the Visits on same day/service code must be billed on same invoice reason.
Solution	Un-export Shift 1 and add TRN numbers to both Shifts. The system exports these claims as an Adjustment.

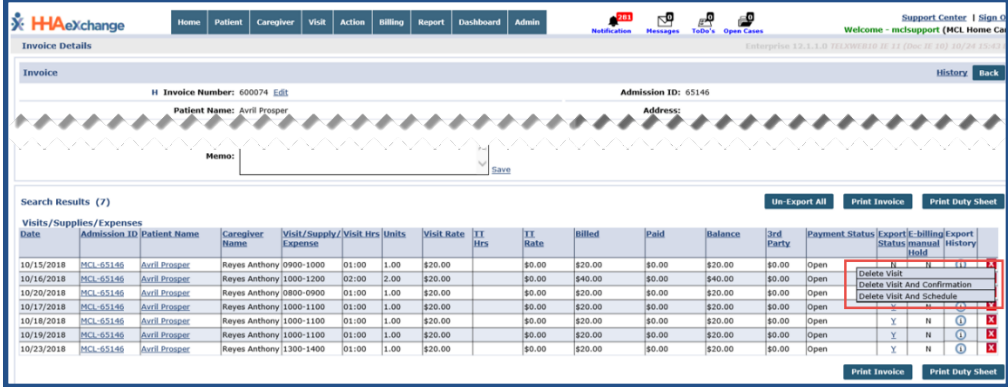
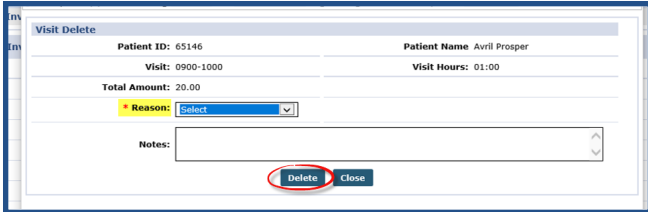
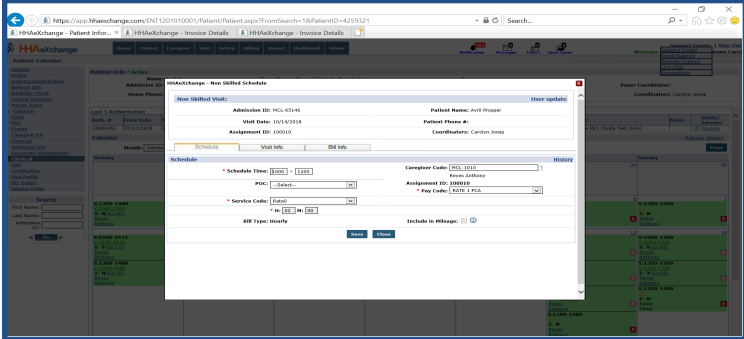
Step	Action																																																																																																																																																								
1	Navigate to Billing > Invoice Search > Search by Visit to search for the claim.																																																																																																																																																								
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3	On the Update Export Flag to No window, un-select the Place on Hold check box and add the TRN number. Once the Place on Hold is unselected, the Manual Hold Reason disappears. Click Save .																																																																																																																																																								

Step	Action
	
4	<p>Navigate to Patient > Calendar > Bill Info tab to add the TRN Number for Shift 2.</p>  <p>Note: The TRN number is obtained from the Remittance File that includes Shift 1 and the associated TRN.</p>
5	<p>Once complete, the system generates an 837 Adjustment File and exports both shifts via the nightly process (overnight). To view, navigate to Admin > File Processing.</p>

Resubmit as Adjustment Due to Change of Schedule or Visit Times

Scenario	Provider bills a Claim. After Payer Adjudication, the Provider must make changes to Scheduled and/or Visit times.
Solution	Un-export Visit(s) and delete from Invoices. Edit Schedule and Visit Times accordingly and re-invoice adding the TRN number. The system exports these claims as an Adjustment.

Step	Action
1	Navigate to Billing > Invoice Search > Search by Visit .
2	Locate the Invoice and Visit. Click on the <u>Y</u> link under the Export Status column.

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3	On the <i>Update Export Flag to No</i> window, add the TRN number. Click Save .																																																																																																																																																
4	<p>The screen refreshes. Click on the red X and select Delete Visit from the options.</p>  <table border="1" data-bbox="345 611 1346 764"> <thead> <tr> <th>Date</th> <th>Admission ID</th> <th>Patient Name</th> <th>Caregiver Name</th> <th>Visit/Supply/Expense</th> <th>Units</th> <th>Visit Rate</th> <th>IT Rate</th> <th>IT Rate</th> <th>Billed</th> <th>Paid</th> <th>Balance</th> <th>3rd Party</th> <th>Payment Status</th> <th>Export Status</th> <th>billing manual</th> <th>Export Field</th> <th>History</th> </tr> </thead> <tbody> <tr> <td>10/15/2018</td> <td>MCL-65146</td> <td>Avril Prosper</td> <td>Reyes Anthony</td> <td>0900-1000</td> <td>01:00</td> <td>1.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>Open</td> <td>N</td> <td>N</td> <td>IT</td> <td>X</td> </tr> <tr> <td>10/16/2018</td> <td>MCL-65146</td> <td>Avril Prosper</td> <td>Reyes Anthony</td> <td>1000-1200</td> <td>02:00</td> <td>2.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>\$40.00</td> <td>\$0.00</td> <td>\$40.00</td> <td>\$0.00</td> <td>Open</td> <td>N</td> <td>N</td> <td>IT</td> <td>X</td> </tr> <tr> <td>10/20/2018</td> <td>MCL-65146</td> <td>Avril Prosper</td> <td>Reyes Anthony</td> <td>0800-0900</td> <td>01:00</td> <td>1.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>Open</td> <td>N</td> <td>N</td> <td>IT</td> <td>X</td> </tr> <tr> <td>10/17/2018</td> <td>MCL-65146</td> <td>Avril Prosper</td> <td>Reyes Anthony</td> <td>1000-1100</td> <td>01:00</td> <td>1.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>Open</td> <td>N</td> <td>N</td> <td>IT</td> <td>X</td> </tr> <tr> <td>10/18/2018</td> <td>MCL-65146</td> <td>Avril Prosper</td> <td>Reyes Anthony</td> <td>1000-1100</td> <td>01:00</td> <td>1.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>Open</td> <td>Y</td> <td>N</td> <td>IT</td> <td>X</td> </tr> <tr> <td>10/19/2018</td> <td>MCL-65146</td> <td>Avril Prosper</td> <td>Reyes Anthony</td> <td>1000-1100</td> <td>01:00</td> <td>1.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>Open</td> <td>Y</td> <td>N</td> <td>IT</td> <td>X</td> </tr> <tr> <td>10/23/2018</td> <td>MCL-65146</td> <td>Avril Prosper</td> <td>Reyes Anthony</td> <td>1300-1400</td> <td>01:00</td> <td>1.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>Open</td> <td>Y</td> <td>N</td> <td>IT</td> <td>X</td> </tr> </tbody> </table>	Date	Admission ID	Patient Name	Caregiver Name	Visit/Supply/Expense	Units	Visit Rate	IT Rate	IT Rate	Billed	Paid	Balance	3rd Party	Payment Status	Export Status	billing manual	Export Field	History	10/15/2018	MCL-65146	Avril Prosper	Reyes Anthony	0900-1000	01:00	1.00	\$20.00	\$0.00	\$20.00	\$0.00	\$20.00	\$0.00	Open	N	N	IT	X	10/16/2018	MCL-65146	Avril Prosper	Reyes Anthony	1000-1200	02:00	2.00	\$20.00	\$0.00	\$40.00	\$0.00	\$40.00	\$0.00	Open	N	N	IT	X	10/20/2018	MCL-65146	Avril Prosper	Reyes Anthony	0800-0900	01:00	1.00	\$20.00	\$0.00	\$20.00	\$0.00	\$20.00	\$0.00	Open	N	N	IT	X	10/17/2018	MCL-65146	Avril Prosper	Reyes Anthony	1000-1100	01:00	1.00	\$20.00	\$0.00	\$20.00	\$0.00	\$20.00	\$0.00	Open	N	N	IT	X	10/18/2018	MCL-65146	Avril Prosper	Reyes Anthony	1000-1100	01:00	1.00	\$20.00	\$0.00	\$20.00	\$0.00	\$20.00	\$0.00	Open	Y	N	IT	X	10/19/2018	MCL-65146	Avril Prosper	Reyes Anthony	1000-1100	01:00	1.00	\$20.00	\$0.00	\$20.00	\$0.00	\$20.00	\$0.00	Open	Y	N	IT	X	10/23/2018	MCL-65146	Avril Prosper	Reyes Anthony	1300-1400	01:00	1.00	\$20.00	\$0.00	\$20.00	\$0.00	\$20.00	\$0.00	Open	Y	N	IT	X
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6	<p>Navigate to Patient > Calendar > Schedule tab to change the Schedule Times. Complete any required fields (as denoted by a red asterisk). Click Save.</p> 																																																																																																																																																
7	<p>If applicable, select the Visit Info tab to change the Visit Times. Complete any required fields (as denoted by a red asterisk). Click Save.</p>																																																																																																																																																

Step	Action
8	Navigate to Billing > New Invoice to invoice the Visit.
9	Navigate back to Patient > Calendar > Bill Info tab and add the TRN Number to the invoiced Visit.
10	Once completed, the system generates an 837 Adjustment File and exports both shifts via the nightly (overnight) process. To view, navigate to Admin > File Processing .

Resubmit as Void Due to Incorrect Billing

Scenario	Provider bills a Claim. After Payer Adjudication, the Provider must void the claim and remove the Visit from the Calendar.
Solution	Void the Claim via the Rebilling Resubmission function. The Invoice and Visit records are then deleted.


Step	Action
1	Navigate to Billing > Electronic Billing > New Batch > Resubmit Claims (Linked) to Void the claim.
2	Locate and select the invoice. Click the Add button.
3	The Resubmit Claims window opens with the selected claim. Click on the edit icon.

Step	Action
4	<p>The <i>Claim Adjustment</i> window opens. Select Void in the Submission Type field and enter the TRN Number in the required (text box) field. The Place Updated Visit on Hold is automatically selected, select a Manual Hold Reason and click Save.</p> <p>Note: The <i>Shift</i> and associated TRN is found in the <i>Remittance File</i>.</p>
5	The system routes back to the <i>Resubmit Claims</i> window. Click Export and Download to continue.
6	Navigate to Billing > Invoice Search > Search by Visit to un-bill and delete the Shift.
7	On search results, locate the Visit and click on the red x and select Delete Visit and Schedule .
8	On the <i>Visit Delete</i> window, select the Reason and click Delete .
9	Upon completion, the system generates an 837 Adjustment (Void) File and exports the Visit via the Nightly (overnight) process. To view, navigate to Admin > File Processing .

Automatic Emails for Linked Contract Patients

Several changes have been made to facilitate system-generated automatic emails triggered by specific functions performed in the system for Linked Contract Patients. The Automatic Email library of Common Notifications is now expanded into its own section and includes a diverse number of notification emails created according to functionality and business needs.

The Automatic Emails functionality is located at the bottom of the *Edit Office* page. To view and set Automatic Emails, navigate to **Admin > Office Setup > Search Office > Search [Select Office]** and scroll to the bottom to the *Automatic Email* section.

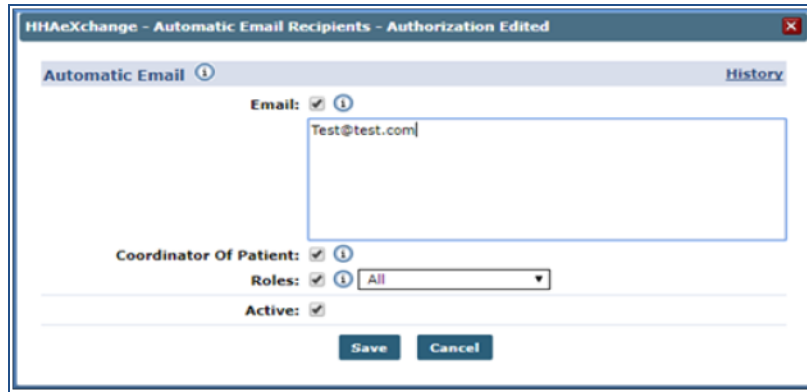


Common Notifications	Recipients	Status	Edit
Caregiver Mobile Opts-Out Notification	-NA	Active	Edit
Request for New Placement	@hhaexchange.com-NA	Active	Edit
Confirmed Placement	@hhaexchange.com-NA	Active	Edit
Cancellation of Placement	@hhaexchange.com-NA	Active	Edit
Revoke Placement	@hhaexchange.com-NA	Active	Edit
Travel Time Approved		Active	Edit
Travel Time Denied		Active	Edit
Travel Time in Review		Active	Edit
Patient's Status Changed to Hold		Active	Edit
Hold Patient Reactivated by Payer	-NA	Active	Edit
Patient's Status Changed to Hospitalized		Active	Edit
Patient's Status Changed to Discharged	-NA	Active	Edit
Discharge Date Entered		Active	Edit
Discharge Date Updated		Active	Edit
Discharge Date Deleted		Active	Edit
New Authorization	-NA	Active	Edit
Authorization Edited	-NA	Active	Edit
Authorization Deleted	-NA	Active	Edit
New/Update to Blackout Date	-NA	Active	Edit
Blackout Date Deleted	-NA	Active	Edit
EBilling Batch Notification	@hhaexchange.com-NA	Active	Edit

Edit Office: Automatic Email Settings

Adding and Editing Email Notification Recipients

To add specific intended recipients, click the [Edit](#) link corresponding to the applicable Common Notification such as *Authorization Edited* (as shown in the image below). Select specific recipients and/or recipient groups (such as Patient Coordinator and Roles). Only intended recipients can be edited using the Automatic Email functionality. Refer to the table below describing recipient types.



Selecting Automatic Email Recipients

Recipient Type (Select...)	Description
Email	Enter specific recipient's email address to receive notification. Enter as 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, deselect the **Active** checkbox.

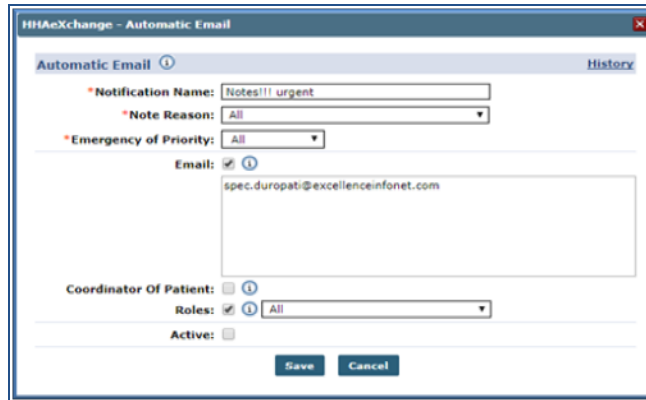
Received Note Notification

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

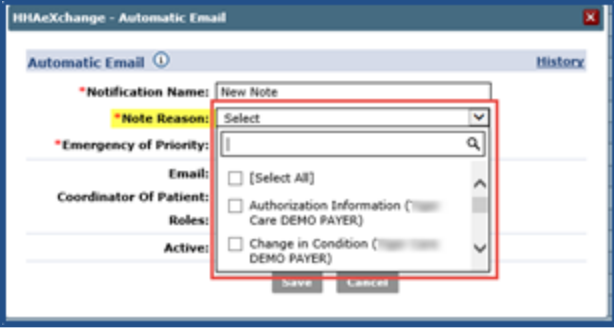


Received Note Notifications

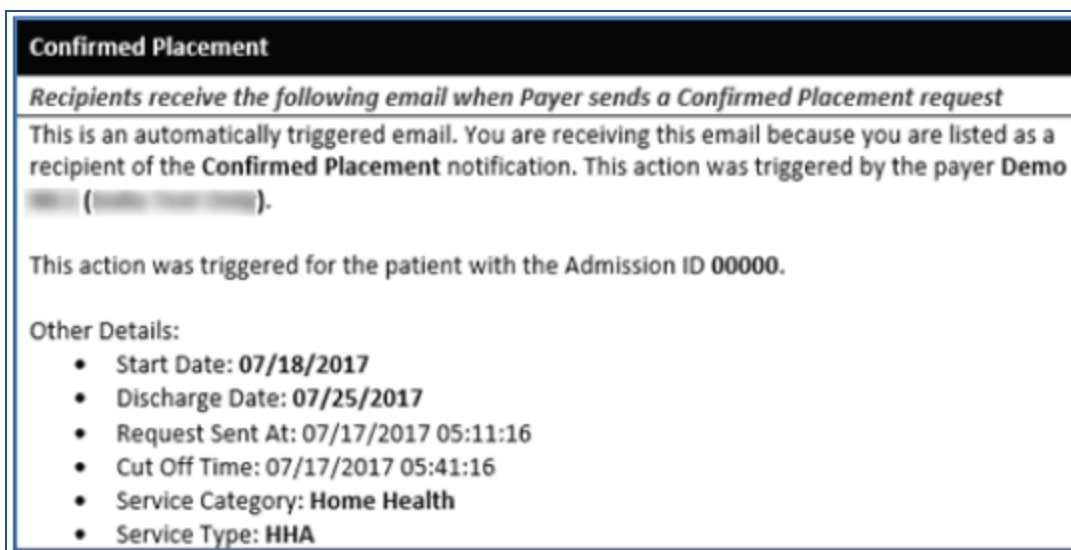
On the *Automatic Email* window complete the required fields as indicated on the table below the image.



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. Note Reasons originate on the Payer side and indicate the corresponding Payer. The dropdown menu defaults to <i>All</i> ; however, dropdown values are based on the associated Payer Reasons by Office. <div style="text-align: center;">  <p>Automatic Email: Note Reason</p> </div>
Emergency of Priority	Select Yes , No , or All to configure the priority of the messages; emails are only sent based on priority settings. <ul style="list-style-type: none"> • 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 is a sample email notification for a Confirmed Placement.



Email Notification

Common Notifications

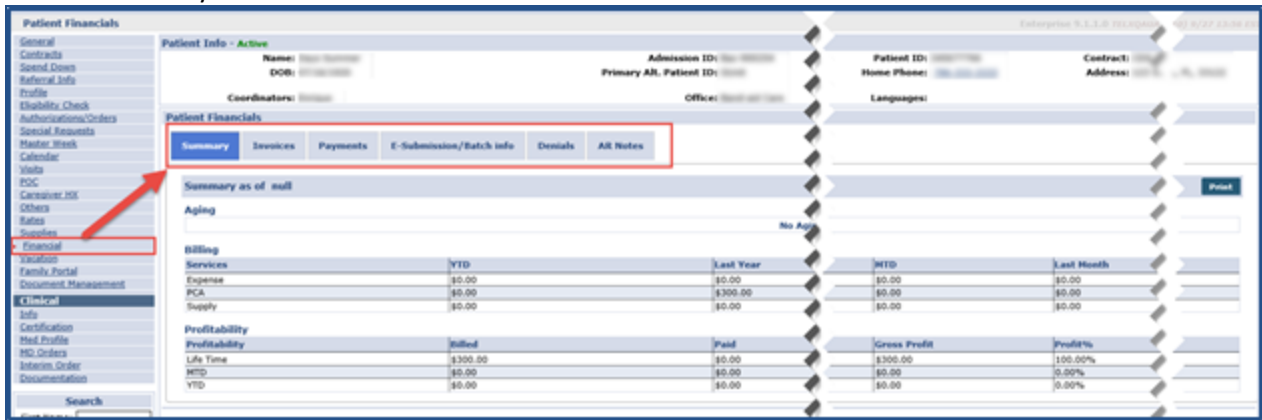
The following table lists the various common notifications currently in the system.

Common Email Notifications	
Title	Description – To/From (typical recipients)
Caregiver Mobile Opt-Out	Alert indicating that a Caregiver has elected to be unlinked from an Agency.
Request for New Placement	Recipients receive notification when Payer (broadcasts) sends out a New Placement request
Cancellation of Placement	Payer cancels a Placement request
Confirmed Placement	Payer sends a Confirmed Placement request
Revoke Placement	Payer revokes Placement
Travel Time Approved	Payer approves Travel Time
Travel Time Denied	Payer denies Travel Time
Travel Time in Review	Payer is in review of Travel Time
Patient's Status Changed to Hold	Payer changes the Patient's status to Hold
Hold Patient Reactivated by Payer	Payer reactivates a Patient (from Hold status)
Patient's Status Changed to Hospitalized	Payer changes a Patient's status to Hospitalized
Discharge Date Entered	Payer enters a Patient's Discharge Date
Discharge Date Updated	Payer updates a Patient's Discharge Date
Discharge Date Deleted	Payer deletes a Patient's Discharge Date

Patient's Status Changed to Discharged	Payer changes the Patient's status to Discharge
New Authorization	Payer adds a new Authorization
Authorization Edited	Payer edits an Authorization
Authorization Deleted	Payer deletes an Authorization
New/Update to Blackout Date	Payer adds or updates a Blackout Date
Blackout Date Deleted	Payer deletes a Blackout Date
E-Billing Batch Notification	Payer informs Provider that an E-billing batch has been created and is ready for download.

Financial Pages Added to Linked Contract Patients

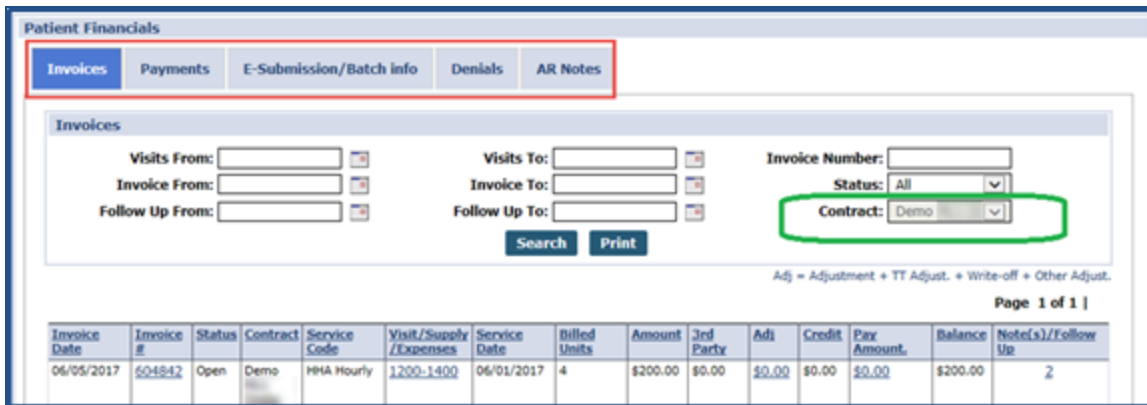
Financial functionality has been added to Linked Contract Patient pages as shown in the image below. The functionality is identical to that of the Internal Patients unless stated otherwise.



Patient Financial Summary Page

Financial Tabs

In the Patient Financial page, Users can search tab-specific information by using the search filters in each available tab as shown in the image below. The **Contract** field is listed (un-editable) with the respective Payer.



Patient Financials: Invoices Tab (Search)

Permissions

Access to the Linked Contract Patient **Financial** page is governed by the same permissions equivalent to those of the Internal Patient **Financial** page:

- Patient Financial Summary
- Patient Financial Invoices

- Patient Financial Payments
- Patient Financial E-Submissions
- Patient Financial Denials
- Patient Financial Notes
- Delete Financial AR Note

Caregiver Note for Linked Contract Patients

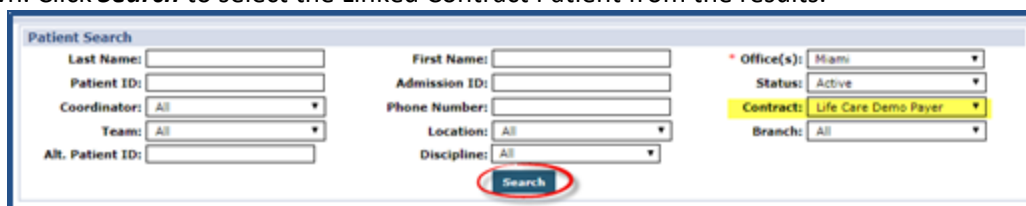
Creating a Caregiver Note via Linked Contract Patient

Navigate to the applicable Caregiver's Profile and select [Notes](#) from the index. On the *Notes* page, click the **Search** button to generate Search Results. Above the results, click on the Add button (as pictured below).



Adding a Caregiver Note

The *Caregiver Note* window opens. Complete the fields; the **Note** field is required (denoted with red asterisk). To select a Linked Contract Patient. Click on the (?) icon to the right of the **Patient Search** field. The *Patient Search* window opens. On the **Contract** field, select the applicable Linked Contract from the dropdown. Click **Search** to select the Linked Contract Patient from the results.

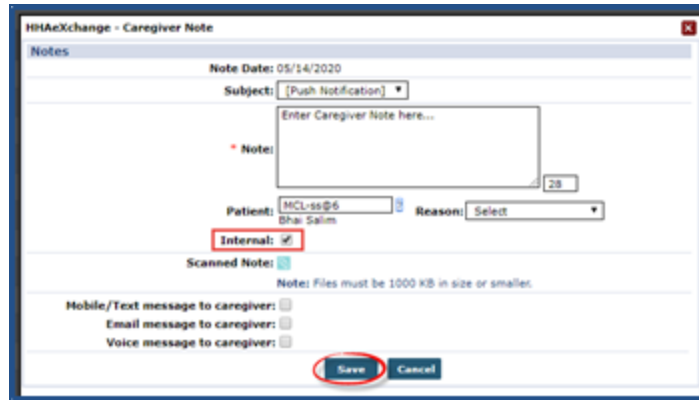


Patient Search – Linked Contracts

On the *Caregiver Note* window, the selected Patient appears in the Patient field.

The **Internal** checkbox is selected to indicate that the note is for internal purposes and only available for review by the Provider Agency who created it.

This option is checked by default for Linked Contract Patients.

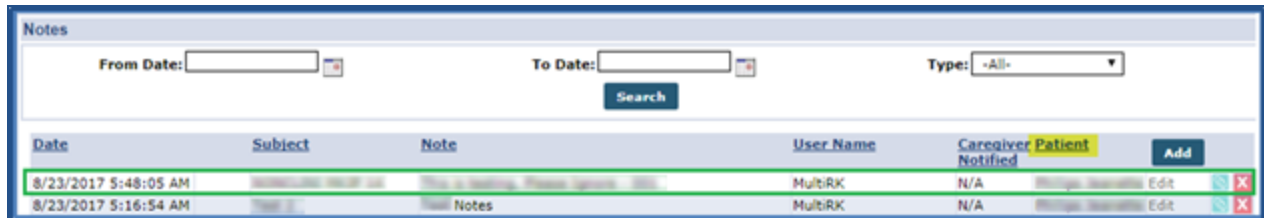


Caregiver Note Window – Linked Patient

Note: The **Reason** field (dropdown menu) is populated by the respective Reference Tables. For Linked Contract Patients, it is populated by the Payer Agency’s Reference Table because Authorization comes from the Payer. The dropdown menu is based on Patient selection.

Caregiver Note for Linked Contract Patient: Internal Checkbox not Selected

If the **Internal** checkbox is not selected, then the note is made available for review by both the Provider Agency and the Payer (responsible for the relevant Patient). The Payer receives a system-generated notification. Refer to images below.



Date	Subject	Note	User Name	Caregiver	Patient	Add
8/23/2017 5:48:05 AM			MultRK	N/A		Edit
8/23/2017 5:16:54 AM		Notes	MultRK	N/A		Edit



Date	From	To	Note	Reason	Status	New
8/23/2017	HHAeXchange Office		Patient's gate has been repaired; CG given a new gate code	Location Information	Closed	Close Reply Print
8/21/2017	HHAeXchange Office		Patient has returned from vacation	Patient Information	Closed	Close Reply Print

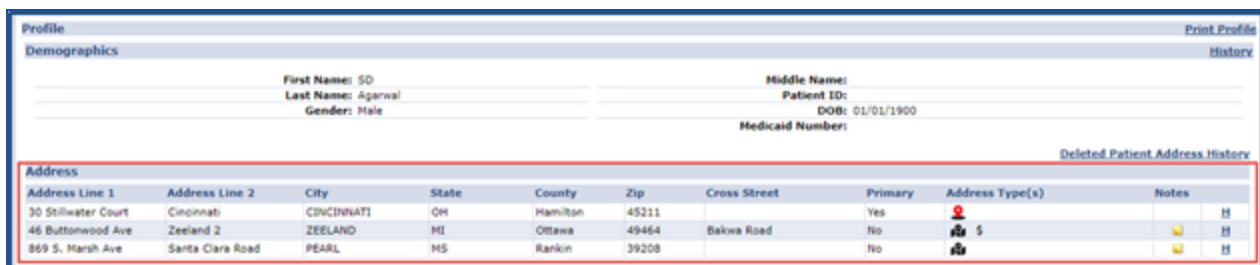
Caregiver Notes

Patient Multiple Address for Linked Contract Patients

The **Patient Multiple Address** (*Patient > Search Patient > Patient Profile*) feature is available for Linked Contract Patients. Multiple addresses can be entered for a Patient and assigned to be used for GPS coordinates. In the address selection, values include *Primary Address*, *Allow GPS Address*, and *Billing Address* as described in the table below.

Note: Only Providers with Payer-granted permissions can edit a Patient's Address(es).

Address Type	Description
Primary	Unique for each Patient and required for the Patient Profile. The Primary Address is stored in the Patient Profile. At-least one Primary Address must be defined.
Allow GPS	(Optional) Can be selected for multiple addresses. This is the address used if GPS is the chosen modality to clock in/out (from this address).
Billing	For Payers using the Multi-Rate functionality, the Billing address is used to determine the rate for a given Patient. Note: The <i>Allow Provider to Update Patient Billing Address</i> option on the Payer system controls whether a Provider can edit the address that has been designated as the billing address.

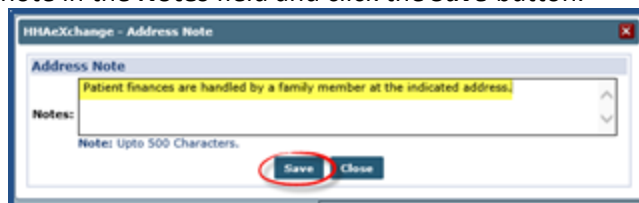


The screenshot shows the 'Address' section of a patient profile. It contains a table with columns: Address Line 1, Address Line 2, City, State, County, Zip, Cross Street, Primary, Address Type(s), and Notes. Three addresses are listed:

Address Line 1	Address Line 2	City	State	County	Zip	Cross Street	Primary	Address Type(s)	Notes
30 Stillwater Court	Cincinnati	CINCINNATI	OH	Hamilton	45211		Yes	📍	
46 Buttonwood Ave	Zeeland 2	ZEELAND	MI	Ottawa	49464	Bakwa Road	No	📍 \$	
869 S. Marsh Ave	Santa Clara Road	PEARL	MS	Rankin	39208		No	📍	

Patient Multi-Address Section

With the proper permissions granted by a Payer, Providers can update a Patient's address to include adding an Address Note. To add Notes to a specific address, click the [Add](#) link in the Notes column for a specific address. Enter a note in the **Notes** field and click the **Save** button.



Patient Address Note

Deleted Patient Address History

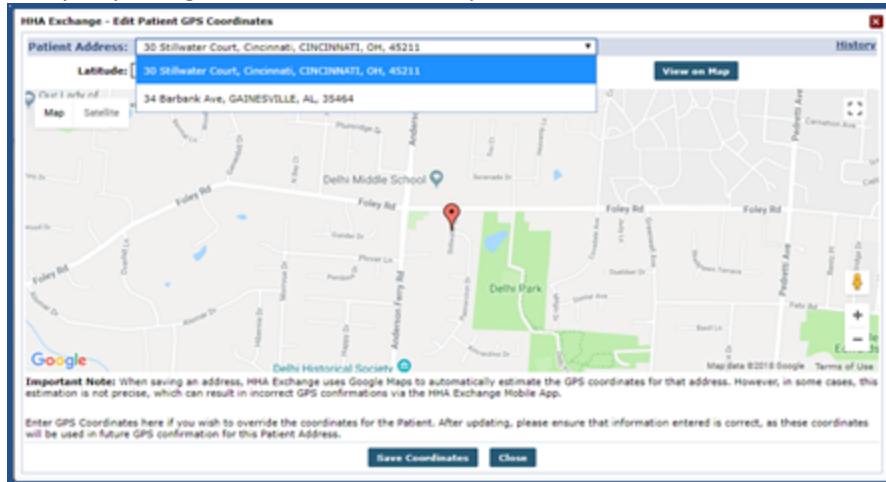
View the **Deleted Patient Address History** by clicking on the link at the top of the address grid. On this window, all deleted addresses for the Patient can be viewed.

Deleted Patient Address History									
Address Line 1	Address Line 2	City	State	County	Zip	Cross Street	Primary	Address Type	Deleted By
170 Hudson Street		HACKENSACK	NJ	Bergen	07601		No	GPS	mbifepayer

Deleted Patient Address History

GPS Edit

Click on the GPS icon and edit the existing location manually. This overrides the current latitude and longitude automatically, replacing the address with newly defined coordinates.



Editing GPS Coordinates

If a Patient Address is updated after new coordinates are defined, then the coordinates are recalculated based on the revised address.

Payer-Managed FOB (Linked Contracts)

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

DISCLAIMER

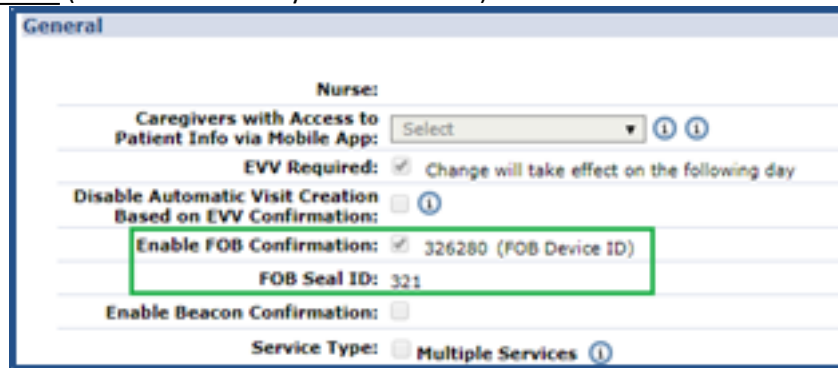
This feature is enabled by System Administration. Please contact [HHAX Support Team](#) for details, setup, and guidance.

A single FOB device can be assigned by a Payer to a Patient (based on the **Medicaid Number**) and linked to multiple Providers. Using the Patient **Medicaid Number** ensures that the device is connected to the same Patient (in cases where multiple records may exist for the Patient).

Add/Update Patient Medicaid Number – FOB Details Updates

If a Patient’s **Medicaid Number** (associated to a Payer-assigned FOB) is added, edited or removed from a Patient Profile, then the FOB information is updated accordingly in the Patient Profile.

For example, a Patient’s **Medicaid Number** is changed from AM13579T (associated to Payer FOB 326280) to XX98766X (associated to a Payer FOB 326296).

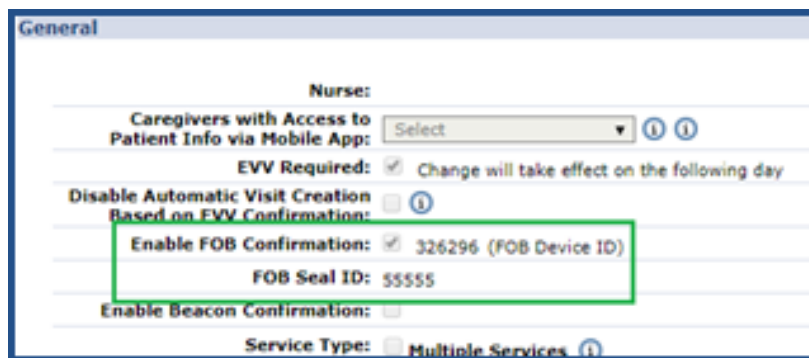


Initial FOB Information

Upon saving, the system issues the alert indicating that Patient’s information must be updated to match the Payer FOB. Click **OK**.



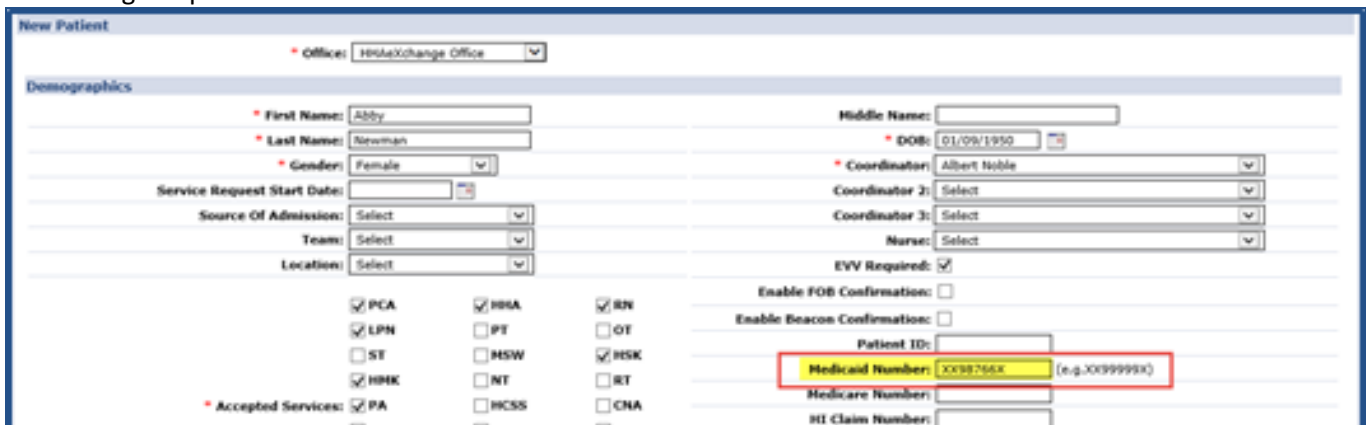
Once updated, the FOB information on the Patient's Profile now reflects the updated information (Payer FOB 326296).



Updated FOB Information

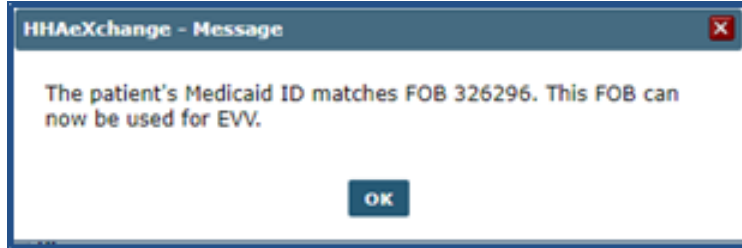
Patient Medicaid Number for New Patient

When creating a *New Patient* in the system, ensure the Patient's **Medicaid Number** is entered before saving the profile.



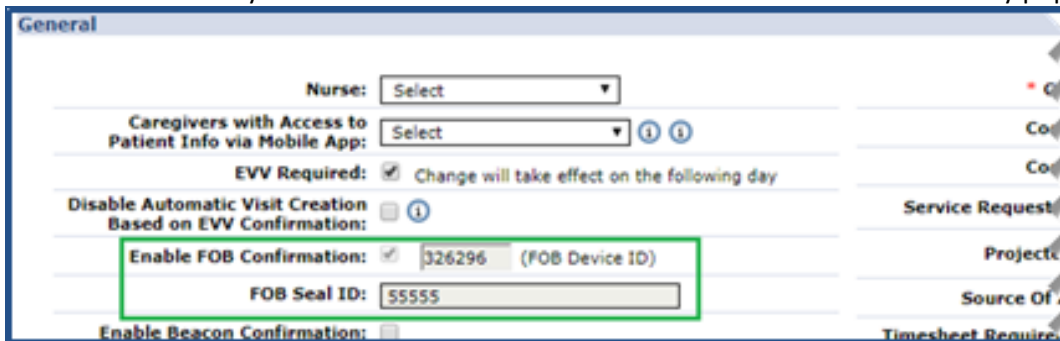
Creating a New Patient Profile: Medicaid Number

Upon saving the New Patient Profile, the system indicates that the Patient's **Medicaid ID (Medicaid Number)** is a match to a Payer-issued FOB, as seen in the image. Navigate to the Patient's Profile to view the Payer-assigned FOB details.



Medicaid ID matches Payer FOB

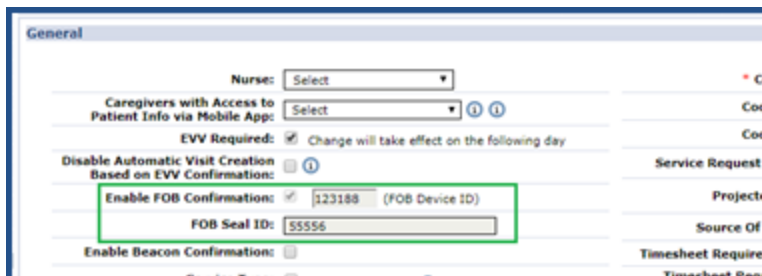
In the *Patient Profile* page under the *General* section, the **Enable FOB Confirmation** checkbox is selected linking the Patient to the Payer FOB. The **FOB Device ID** and **FOB Seal ID** fields automatically populate.



Patient Profile Update: Enable FOB Confirmation

Read-Only Payer-Issued FOB Information

For Payer-issued FOBs, the FOB fields and functionality is read-only such as the **Enable FOB Confirmation** checkbox as well as the **FOB Device ID** and **FOB Seal ID** fields.



FOB Fields

Linked and Mutual Patients

The Payer FOB applies to both the Patient and any Linked/Mutual Patient. Payer FOB details are disabled for Primary Linked Patient (top) as well as for the Secondary Linked Patient (bottom).

Patient Info - Waiting **LINK WITH - [MUTUAL_TEST(Waiting)]**

General

Nurse:

Caregivers with Access to Patient Info via Mobile App:

EVV Required: Change will take effect on the following day

Disable Automatic Visit Creation Based on EVV Confirmation:

Enable FOB Confirmation: 326296 (FOB Device ID)

FOB Seal ID: 55555

Enable Beacon Confirmation:

Service Type: Multiple Services Cluster

Link with: 900020598538030 Mutual Test Primary

Mutual with: Primary

Patient Info - Waiting **LINK WITH - [KADAMINTERNAL_SANTOSH(Waiting)]**

General

Nurse:

Caregivers with Access to Patient Info via Mobile App:

EVV Required: Change will take effect on the following day

Disable Automatic Visit Creation Based on EVV Confirmation:

Enable FOB Confirmation: 326296 (FOB Device ID)

FOB Seal ID: 55555

Enable Beacon Confirmation:

Service Type: Multiple Services Cluster

Link with: 900020598537780 KadamInternal Santosh Primary

Payer FOB details are disabled for Primary Mutual Patient (top) as well as for the Secondary Mutual Patient (bottom).

Patient Info - Waiting **MUTUAL WITH - [MUTUAL_TEST(Waiting)]**

Name: KadamInternal Santosh Admission ID: EXQ-900020598537780

General

Nurse:

Caregivers with Access to Patient Info via Mobile App:

EVV Required: Change will take effect on the following day

Disable Automatic Visit Creation Based on EVV Confirmation:

Enable FOB Confirmation: 326296 (FOB Device ID)

FOB Seal ID: 55555

Enable Beacon Confirmation:

Service Type: Multiple Services Cluster

Link with: Primary

Mutual with: 900020598538030 Mutual Test Primary

Patient Info - Waiting **MUTUAL WITH - [KADAMINTERNAL_SANTOSH(Waiting)]**

Name: Mutual Test Admission ID: EXQ-900020598537780

General

Nurse:

Caregivers with Access to Patient Info via Mobile App:

EVV Required: Change will take effect on the following day

Disable Automatic Visit Creation Based on EVV Confirmation:

Enable FOB Confirmation: 326296 (FOB Device ID)

FOB Seal ID: 55555

Enable Beacon Confirmation:

Service Type: Multiple Services Cluster

Link with: Primary

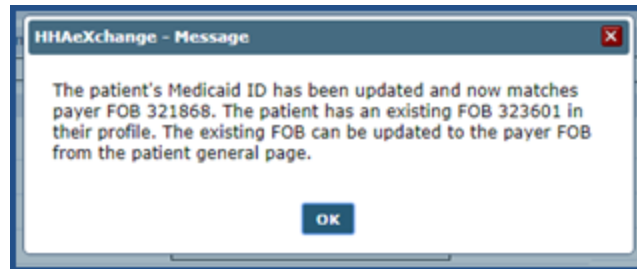
Mutual with: 900020598537780 KadamInternal Santosh Primary

If a Patient is no longer *Linked* or *Mutual* with the Patient whose **Medicaid Number** is associated with the Payer-issued FOB, then the FOB information for the Linked/Mutual Patient is removed and the fields become available to edit.

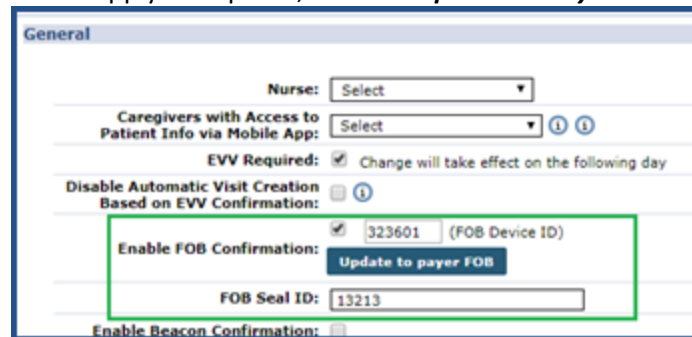
Patient has both Agency and Payer-issued FOBs

In cases where a Patient has an Agency-issued FOB and then a Payer-issued FOB becomes available for their **Medicaid Number**, then the option to **Update to Payer FOB** becomes available on the Patient Profile.

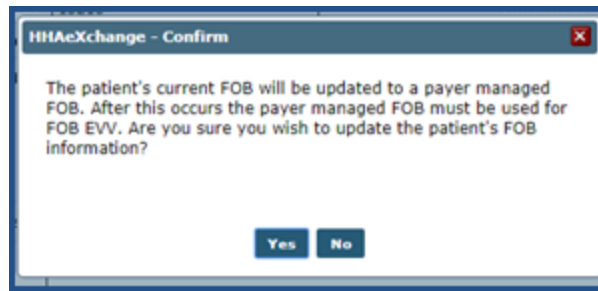
The system issues the alert indicating that Patient's information can be updated to match the Payer FOB. Click **OK**.



Once updated and saved, the **Update to Payer FOB** becomes available in the Patient's Profile as illustrated in the image below. To apply the update, click the **Update to Payer FOB** button.



The system prompts for a confirmation. Click **Yes** to confirm the update. Upon confirmation, the Payer-issued FOB must be used for FOB EVV.



Validations/Alert messages for Payer FOB Management

The following are examples of validations (system-issued alerts) appearing when FOB information and/or associated fields are added, edited, or removed.

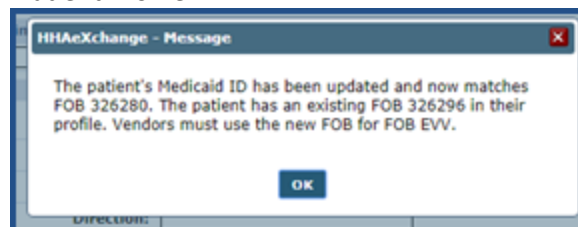
Update from No FOB to Payer FOB

In this example, the Patient's **Medicaid Number** is updated (with an assigned Payer FOB). Initially, the Patient does not have an existing FOB.



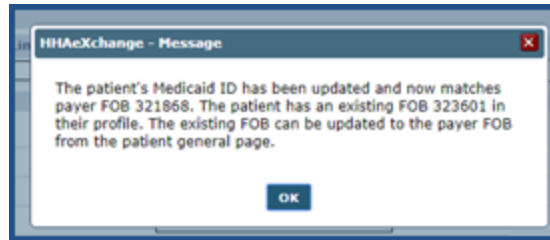
Update from Existing FOB to another FOB

In this example, the Patient has an existing FOB and their **Medicaid Number** is updated (with an assigned Payer FOB) in their Patient Profile.



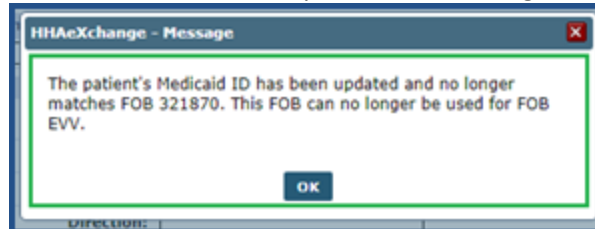
Update from Existing FOB to Payer FOB

In this example, the Patient has an existing FOB and their **Medicaid Number** is updated (with an assigned Payer FOB) in their Patient Profile.



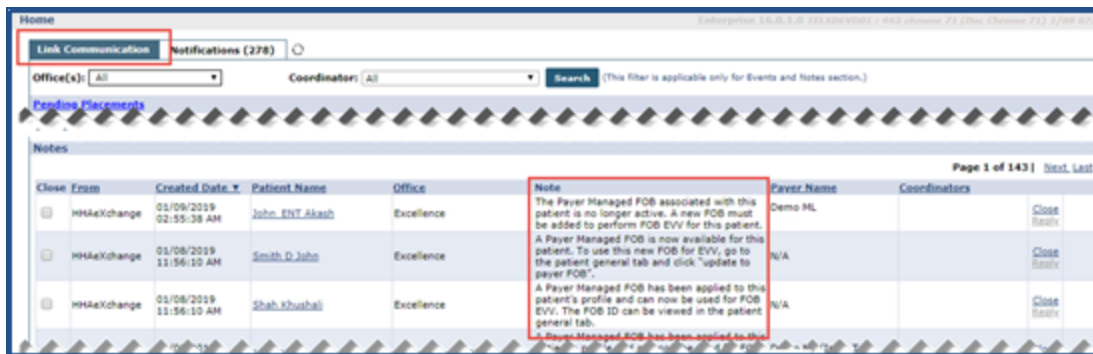
Updating Patient Profile - Removing FOB

In this example, the Patient's **Medicaid Number** is updated and no longer matches the assigned FOB.



Payer FOB Management Notifications

Any changes (additions, updates or removals) in the system regarding an FOB and/or Patient Medicaid Number updates are now listed as notifications in the **Link Communications** tab under the Notes section.



Close	From	Created Date	Patient Name	Office	Note	Payer Name	Coordinators
<input type="checkbox"/>	HHAexchange	01/08/2019 02:55:38 AM	John ENT Akash	Excellence	The Payer Managed FOB associated with this patient is no longer active. A new FOB must be added to perform FOB EVV for this patient.	Demo ML	Close Ready
<input type="checkbox"/>	HHAexchange	01/08/2019 11:56:10 AM	Smith D John	Excellence	A Payer Managed FOB is now available for this patient. To use this new FOB for EVV, go to the patient general tab and click "update to payer FOB".	N/A	Close Ready
<input type="checkbox"/>	HHAexchange	01/08/2019 11:56:10 AM	Shah Shushal	Excellence	A Payer Managed FOB has been applied to the patient's profile and can now be used for FOB EVV. The FOB ID can be viewed in the patient general tab.	N/A	Close Ready

Link Communications Tab: FOB Management Notes

Note: Notifications do not display for Discharged Patients.

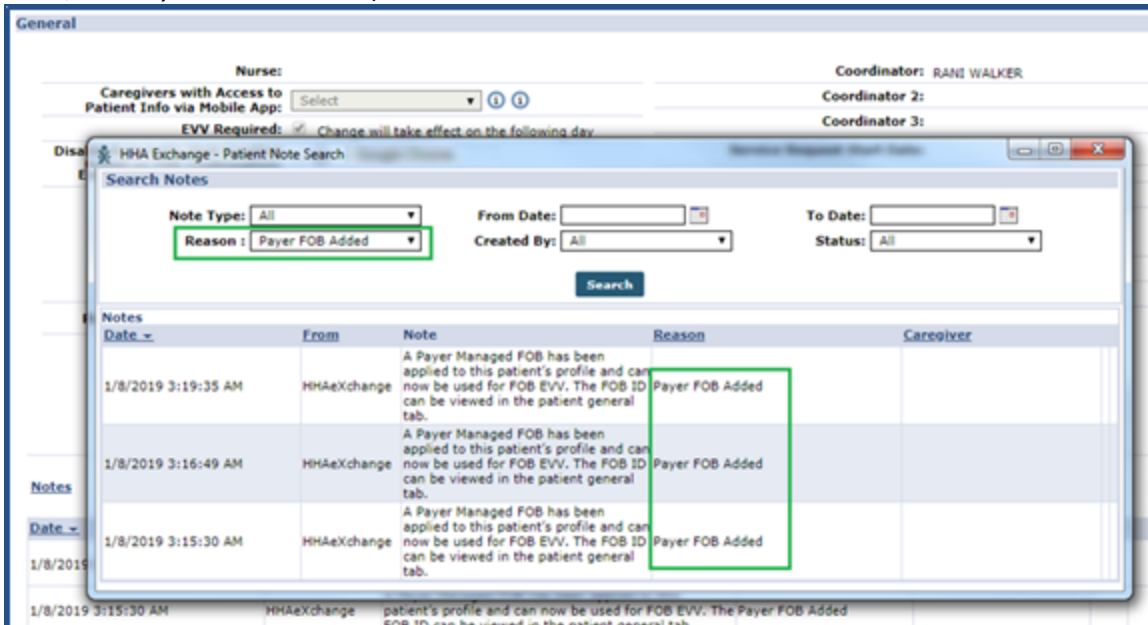
FOB Notes also appear in the Patient's General page under the Notes section as illustrated in the image below. Click on the [Notes](#) link to open search filters to locate a specific Note (second image below).



	From	Note	Reason	Caregiver
1/8/2019 5:25:47 AM	HHAeXchange	The Payer Managed FOB associated with this patient is no longer active. A new FOB must be added to perform FOB EVV for this patient.	Payer FOB Removed	
1/8/2019 3:19:35 AM	HHAeXchange	A Payer Managed FOB has been applied to this patient's profile and can now be used for FOB EVV. The FOB ID can be viewed in the patient general tab.	Payer FOB Added	
1/8/2019 3:17:37 AM	HHAeXchange	The Payer Managed FOB associated with this patient is no longer active. A new FOB must be added to perform FOB EVV for this patient.	Payer FOB Removed	
1/8/2019 3:16:49 AM	HHAeXchange	A Payer Managed FOB has been applied to this patient's profile and can now be used for FOB EVV. The FOB ID can be viewed in the patient general tab.	Payer FOB Added	
1/8/2019 3:15:30 AM	HHAeXchange	A Payer Managed FOB has been applied to this patient's profile and can now be used for FOB EVV. The FOB ID can be viewed in the patient general tab.	Payer FOB Added	

Patient Profile Page: Notes Section

Select an FOB-related value from the **Reason** field to view specifics (such *Payer FOB Added*, *Payer FOB Available*, and *Payer FOB Removed*).



General

Nurse: _____ Coordinator: RANI WALKER

Caregivers with Access to Patient Info via Mobile App: Select

Coordinator 2: _____

Coordinator 3: _____

EVV Required: Change will take effect on the following day

HHA Exchange - Patient Note Search

Search Notes

Note Type: All

From Date: _____ To Date: _____

Reason: Payer FOB Added

Created By: All

Status: All

Search

Notes	Date	From	Note	Reason	Caregiver
	1/8/2019 3:19:35 AM	HHAeXchange	A Payer Managed FOB has been applied to this patient's profile and can now be used for FOB EVV. The FOB ID can be viewed in the patient general tab.	Payer FOB Added	
	1/8/2019 3:16:49 AM	HHAeXchange	A Payer Managed FOB has been applied to this patient's profile and can now be used for FOB EVV. The FOB ID can be viewed in the patient general tab.	Payer FOB Added	
	1/8/2019 3:15:30 AM	HHAeXchange	A Payer Managed FOB has been applied to this patient's profile and can now be used for FOB EVV. The FOB ID can be viewed in the patient general tab.	Payer FOB Added	
	1/8/2019 3:15:30 AM	HHAeXchange	patient's profile and can now be used for FOB EVV. The Payer FOB Added FOB ID can be viewed in the patient general tab.		

Patient Note Search: Reason Field

Linked Contract Patient Office Reassignment

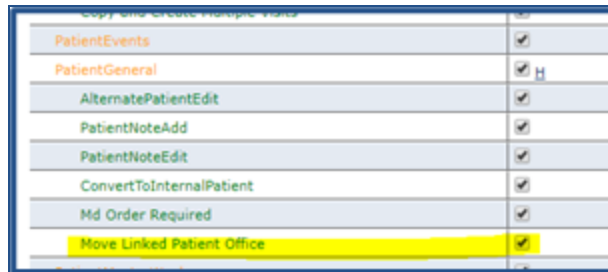
DISCLAIMER

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

Providers can reassign a Linked Contract Patient Office provided that the **Move Linked Patient Office** permission has been granted by System Administration. The same permission must also then be enabled at the Agency level via the **Edit Roles** functionality (**Admin > User Management > Edit Roles**).

Select *Admin* from the **Section** dropdown as well as the applicable **Role(s)** to assign the permission to.

The **Move Linked Patient Office** permission is located under the Patient General category (as seen in the image below).



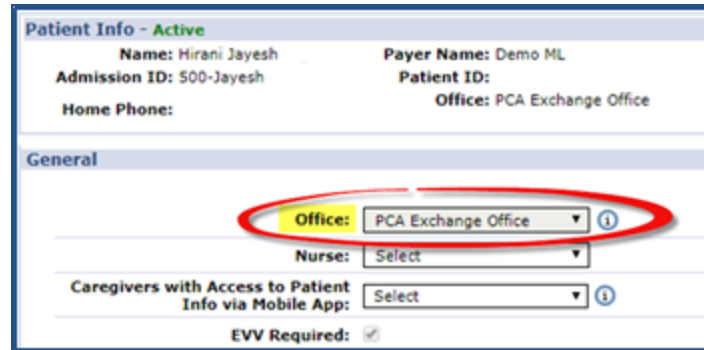
Copy and Create Multiple Visits	
PatientEvents	<input checked="" type="checkbox"/>
PatientGeneral	<input checked="" type="checkbox"/>
AlternatePatientEdit	<input checked="" type="checkbox"/>
PatientNoteAdd	<input checked="" type="checkbox"/>
PatientNoteEdit	<input checked="" type="checkbox"/>
ConvertToInternalPatient	<input checked="" type="checkbox"/>
Md Order Required	<input checked="" type="checkbox"/>
Move Linked Patient Office	<input checked="" type="checkbox"/>

Move Linked Patient Office Permission

Aside from having the needed permission, the following factors must also be met to be able to change the Patient's Office.

- The Patient cannot have scheduled visits or associated EVV held on the Call Dashboard.
- The User must also have access to the other Offices linked to the associated Payer. Said Offices must also be configured to staff the case with respective **Service Category**, **Service Types**, and **Service Codes** as defined in the Authorization. *This only applies if there is an Authorization on file.*

If any of the required factors are not met, then the **Office** field is unavailable to edit.



Patient Info - Active

Name: Hirani Jayesh Payer Name: Demo ML
 Admission ID: 500-Jayesh Patient ID:
 Home Phone: Office: PCA Exchange Office

General

Office: PCA Exchange Office (disabled)

Nurse: Select

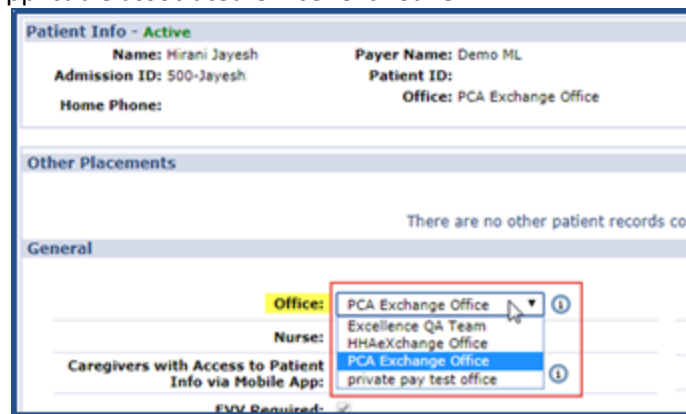
Caregivers with Access to Patient Info via Mobile App: Select

EVV Required:

Office Field Disabled

Changing the Office

To change a Patient's Office, click the **Edit** button on the Patient Profile, General section. In the Office dropdown, select the applicable associated Office. Click **Save**.



Patient Info - Active

Name: Hirani Jayesh Payer Name: Demo ML
 Admission ID: 500-Jayesh Patient ID:
 Home Phone: Office: PCA Exchange Office

Other Placements

There are no other patient records cor

General

Office: PCA Exchange Office (dropdown open)

Nurse: Select

Caregivers with Access to Patient Info via Mobile App: Select

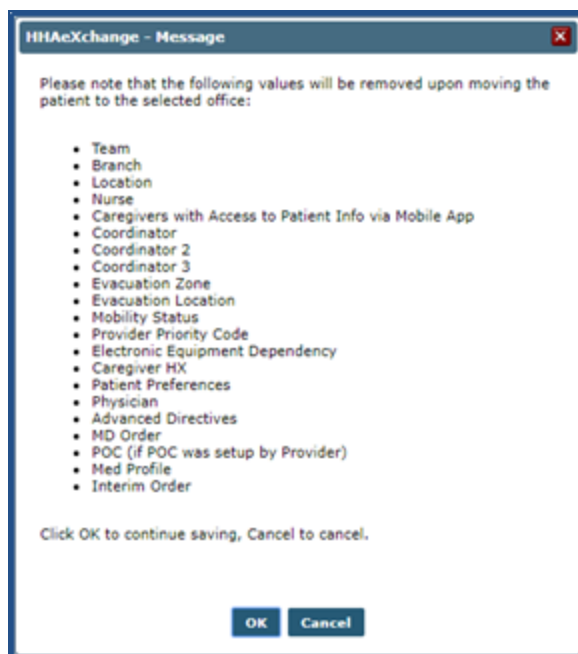
EVV Required:

Office Field Available

Removal of Office-Specific Fields

Changing the Patient **Office** results in Office-specific fields to be removed. Even if values are shared across associated Offices, these are not carried over when the move is performed. Because the **Physician** field is Office-specific, then other fields such as **MD Order**, **Med Profile**, and **Interim Order** as also affected even if they do not contain Office-specific values; therefore, the entire record is removed upon moving.

The system prompts confirmation, listing all fields to be removed once saved (as seen in the following image).



Office Change Confirmation Alert

Placement History

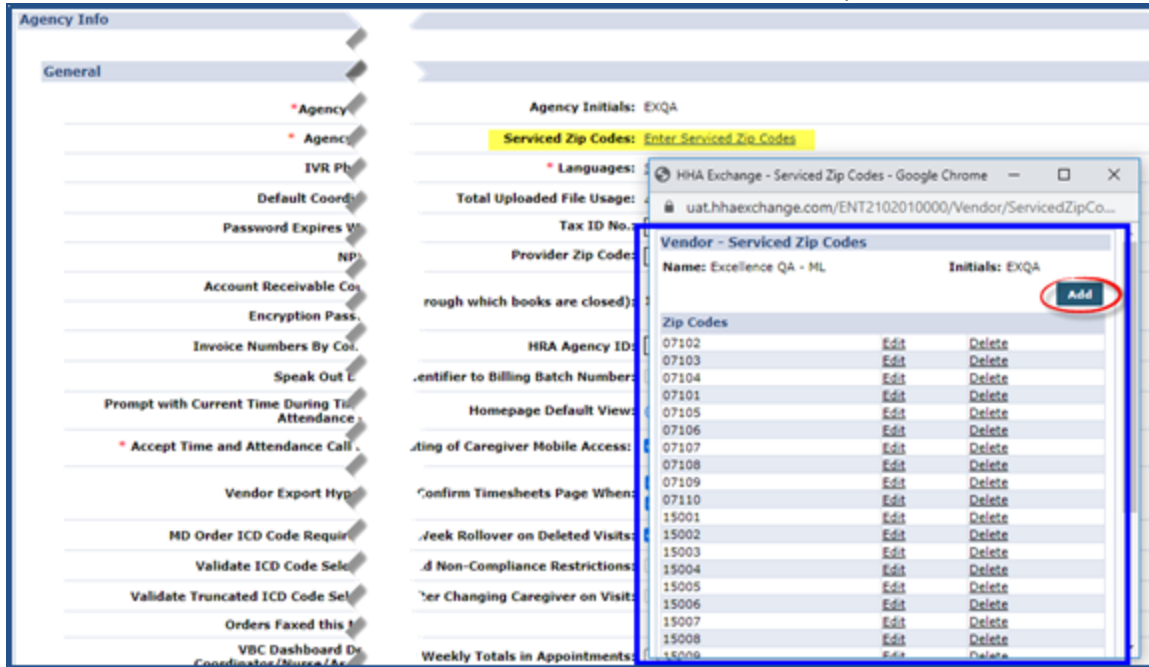
A Patient Office change is captured in the *Status History* section of the *Patient General* page (as seen in the image below). These messages are titled **Patient Office Updated** providing the Provider Name as well as the Office Name (in parenthesis).

Placement ID	At	Message	Vendor Name	User Name
1495374	2/8/2019 6:13:39 AM	Request Broadcasted	Broadcast	demo
1495144	2/8/2019 12:43:53 AM	Patient Office Updated	Excellence	mlnikunj
1495144	2/7/2019 2:23:42 AM	Patient Office Updated	Excellence QA - ML (PCA Exchange Office)	mlnikunj
1495144	2/5/2019 6:48:13 AM	Request Sent to Provider With Confirmation	Excellence QA - ML (Excellence QA Team)	demo

Status History: Patient Office Change

Serviced Zip Codes

A **Serviced Zip Codes** link in 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.

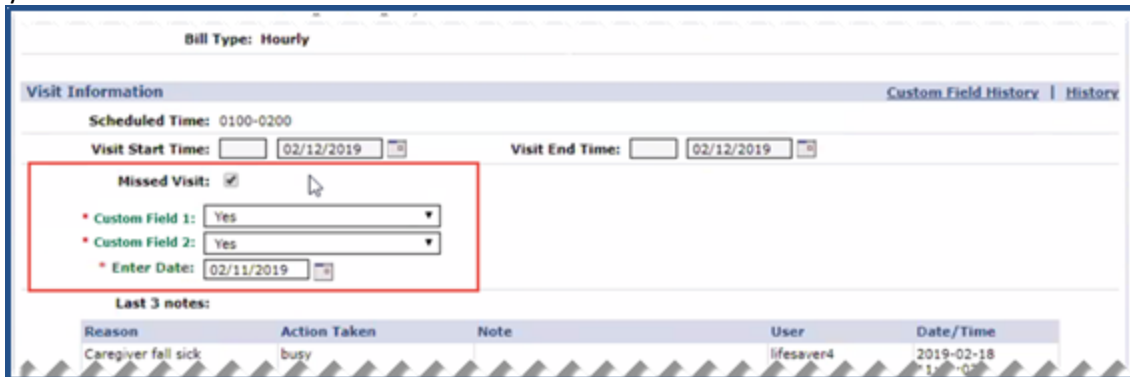
Custom Fields in the Visit Info Tab

DISCLAIMER

Custom Fields are Payer and/or State required; configured by System Administration. These fields are only visible if the Payer and/or State requires capturing information. Please contact [HHAX Support Team](#) if any questions.

Custom Fields may be added to the *Visit Info tab* for Skilled and Non-Skilled visits to capture Payer and/or State required information (based on the Patient's Primary Address). If applicable to the Patient, custom fields would appear in **Green** text to differentiate from a standard field (as seen in the following image).

Some custom fields may become required (denoted by a red asterisk) depending on the Payer or State mandate. When applied, these fields are visible in both the Provider and Payer environments; read-only in Payer environment.



Bill Type: Hourly

Visit Information Custom Field History | History

Scheduled Time: 0100-0200

Visit Start Time: 02/12/2019

Visit End Time: 02/12/2019

Missed Visit:

* Custom Field 1: Yes

* Custom Field 2: Yes

* Enter Date: 02/11/2019

Last 3 notes:

Reason	Action Taken	Note	User	Date/Time
Caregiver fall sick	busy		lifesaver4	2019-02-18 11:02:02

Sample Custom Fields on Visit Info Tab

POC Compliance Provider Override

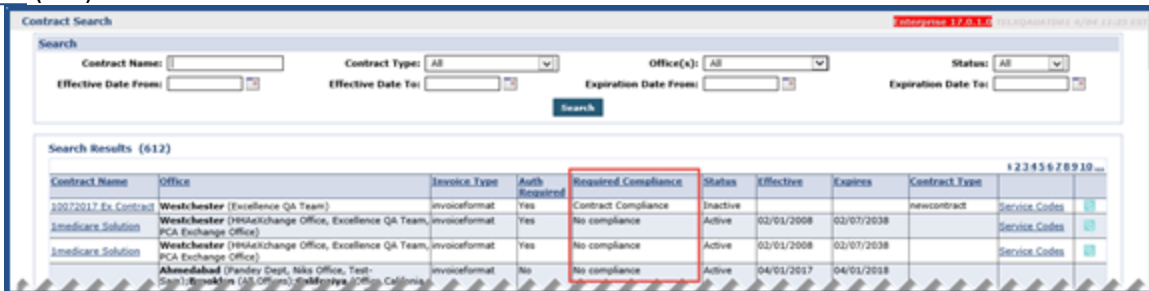
DISCLAIMER

The POC Compliance Override feature is applicable only to Providers who are using the **new** Prebilling features. In addition, Providers can request POC Compliance Setup from Support. Please contact [HHAX Support Team](#) for details, setup, and guidance.

Providers can request to override the POC Required Compliance setup at the Office Level (to further restrict compliance). The following table provides POC Compliance Override guidelines.

If selected...	Then the Provider can...
No Compliance	Request to set the compliance to <i>Contract Compliance, Personal Care Compliance, or Patient POC Compliance.</i>
Personal Care Compliance	Request to set the compliance to <i>Contract Compliance or Patient POC Compliance.</i>
Patient POC Compliance	No change can be requested; however, a Provider can add additional Duties to the Patient’s POC.
Contract Compliance	No change can be requested (strictest level of compliance).

For a high-level view of Compliance Requirements, navigate to **Admin > Contract Setup > Contract Search**. On the search results, refer to the **Required Compliance** column for defined compliance settings (as seen in the image below). To view the Required Compliance settings, click on the applicable [Contract Name](#) (link).



Contract Search Results – Required Compliance Column

Select the **Scheduling/Confirmation** tab. The compliance options are listed under the **POC Duty Compliance** field as well as the **Count Refused Duties Toward Compliance Totals** (as illustrated in the image below). These fields are un-editable; settings are based on the Provider’s Office level data configured by HHAX.

Contract Setup (10072017 Ex Contract)

Scheduling Configuration

Authorization Required: (i)

Apply Authorizations toward TT/OT on Missed Visits: (i)

Allow Masterweek Rollover without Valid Authorizations: (i)

Automatic Visit Creation based on EVV Confirmations: (i)

Disable Visit Schedule Rounding: (i)

Service Code Required in Authorization: (i)

Authorization Week: Agency Profile Week-Ending Date: (v) (i)

Daily Authorizations Do Not Exceed 24 Hrs.: No Warning Validate (i)

Auto-Confirm Visit End Time (Skilled Visits): (i)

Visit Confirmation Options

Contract Compliance (i)

Personal Care Compliance

No Compliance

Patient POC Compliance

Clinical Documentation Required (Skilled Visits): (i)

Sufficient Documentation: E-Clic in Status (i) Scanned Clinical Document (i)

Count Refused Duties Toward Compliance Totals: (i)

Allow linking of EVV verifications not recognized as belonging to Patient: (i)

Contract Setup: POC Duty Compliance Settings

When scheduling a Visit (**Patient > Calendar**), select the applicable POC under the **POC** field. Once the Visit is saved, the system calculates the POC Compliance based on the Provider settings (as described in the section above). If the Visit does not pass the applied POC Compliance Requirements, then it appears in the Prebilling Review with a **POC Compliance** problem.

HHAexchange - Non Skilled Schedule

Non Skilled Visit: User update

Admission ID: HHA-1AG2018EN1 Patient Name: Thomas Jerry

Visit Date: 2/7/2019 Patient Phone #:

Assignment ID: Coordinators:

Schedule | Visit Info | Bill Info

Schedule

Schedule Time: 0100 - 0200

POC: 2264946

Service Code: Daily

H: 01 M: 00

Bill Type: Daily

Caregiver Code: []

Assignment ID: 001997

Pay Code: --Select--

Include in Mileage: (i)

Save Close

Visit Scheduled; Selected POC

Note: This only applies if the Provider is using the updated Prebilling optimization.

To review a Patient's POC, navigate to **Patient > POC**. When POC information is updated, the system recalculates unbilled visits to verify that these visits remain POC compliant. POC is also recalculated after the POC Override request is processed by HHAX. If a visit does not pass POC Compliance Requirements, then it appears in the Prebilling Review.

POC Number	POC Start Date	POC Stop Date	Created By	Created Date
2264946	04/01/2017	02/20/2019	MultiQA	02/04/2019

Patient POC Page

Caregiver Restrictions Using SSN

DISCLAIMER

This functionality is applicable only to Providers who are using the new Prebilling features. Please contact [HHAX Support Team](#) for details, setup, and guidance.

Payers can place a Caregiver Restriction using the Social Security Number (SSN) to avoid duplication of Caregiver records caused by the current method (a combination of Caregiver *First/Last Name* and *DOB*). Both types of restrictions can be used, as well as a restriction date range.

When adding or editing a Visit, the system validates for Restricted Caregivers (whether by SSN or by Name/DOB within the Restriction Date range). This mechanism prevents any erroneous scheduling of a Restricted Caregiver(s).

When scheduling a Caregiver for a Patient Visit, the system alerts the user if the Caregiver is Restricted (as seen in the image).



Restricted Caregiver Validation

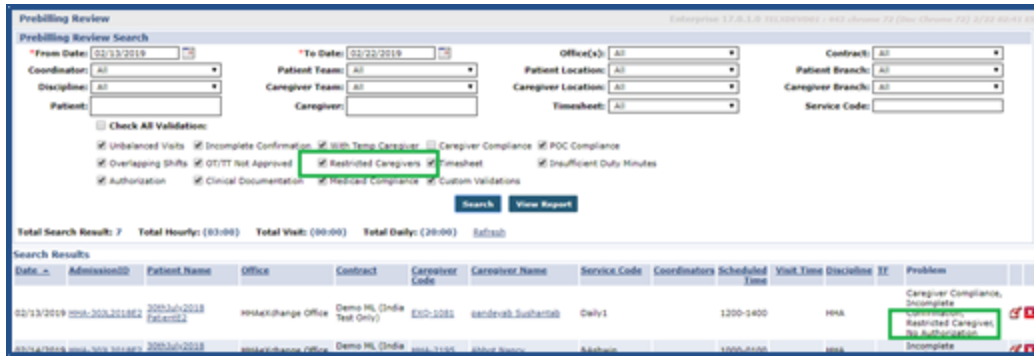
In these cases, the schedule cannot be created until an unrestricted Caregiver is selected.

The **Restricted Caregiver** validation (logic) applies when adding or editing visits across the system where a Caregiver can be edited, including:

- Scheduling: Patient Calendar, Master Week, Master Week Rollover
- Appointments: Creating New Visits, Editing Caregiver, Drag and Drop, and Bulk Adjustment
- Visit Confirmation
- Accepting/Updating Patient Placement
- Call Dashboard: Call Maintenance, Automatic Creation of Schedule
- Prebilling
- Billing

Prebilling: Restricted Caregivers

A Caregiver restriction may have been applied after creating a Visit. In these cases, the system stops those visits in the Prebilling Review process, as a safeguard to catch scheduling errors. The **Restricted Caregivers** validation is seen under the **Problem** column (as illustrated in the following image).



Prebilling Review

Prebilling Review Search

From Date: 02/13/2019 To Date: 02/22/2019 Office(s): All Contract: All

Coordinator: All Patient Team: All Patient Location: All Patient Branch: All

Discipline: All Caregiver Team: All Caregiver Location: All Caregiver Branch: All

Patient: Caregiver: Timesheet: Service Code:

Check All Validation:

Unbalanced Visits Incomplete Confirmation **With Time Caregiver** Caregiver Compliance POC Compliance

Overlapping Shifts OT/TT Not Approved **Restricted Caregivers** Timesheet Insufficient Duty Minutes

Authorization Clinical Documentation Medical Compliance Custom Validations

Total Search Result: 7 Total Hourly: (83:00) Total Visit: (90:00) Total Daily: (28:00) [Refresh](#)

Search Results

Date	AdmissionID	Patient Name	Office	Contract	Caregiver Code	Caregiver Name	Service Code	Coordinators	Scheduled Time	Visit Time	Discipline	IT	Problem
02/13/2019	0001-2018-0001	2003-01-2018 Patient 2	HHAexchange Office	Demo HL (India Test Only)	EXP-1001	Sandra S. Subasta	Delv1		1200-1400		HHA		Caregiver Compliance, Incomplete Restricted Caregivers No Authorization
02/13/2019	0001-2018-0001	2003-01-2018 Patient 2	HHAexchange Office	Demo HL (India Test Only)	EXP-1001	Sandra S. Subasta	Delv1		1200-1400		HHA		Incomplete

Prebilling Review: Restricted Caregivers

Billing: New Invoice Batch

A Caregiver restriction may have been applied after creating a visit. When creating a *New Invoice* or when generating a *New Invoice Batch*, the system skips visits that have a Restricted Caregiver during the Billing process. The system indicates no Billable visits.

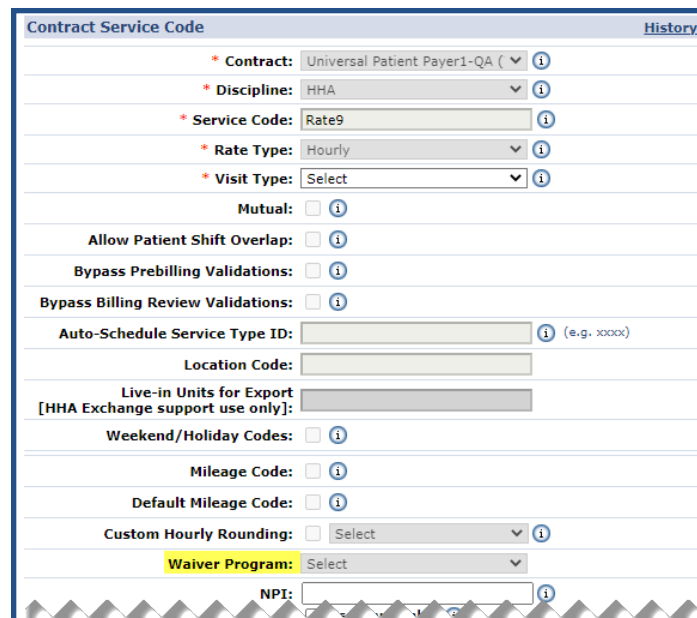
Waiver Programs

DISCLAIMER

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

The Waiver Program feature allows Providers to create invoice batches based on a selected waiver program for a specific contract.

When the Waiver Program feature is enabled for a certain Linked Contract (on behalf of the Payer), the **Waiver Program** field appears in the *Contract Service Code* window (**Admin > Reference Table Management > Contract Service Code**), as seen in the following image. Select the applicable program from the **Waiver Program** field to create an invoice batch for the Service Code based on the selected program.



The screenshot shows the 'Contract Service Code' window with the following fields and values:

- Contract:** Universal Patient Payer1-QA
- Discipline:** HHA
- Service Code:** Rate9
- Rate Type:** Hourly
- Visit Type:** Select
- Mutual:**
- Allow Patient Shift Overlap:**
- Bypass Prebilling Validations:**
- Bypass Billing Review Validations:**
- Auto-Schedule Service Type ID:** (e.g. xxxxx)
- Location Code:**
- Live-in Units for Export [HHA Exchange support use only]:**
- Weekend/Holiday Codes:**
- Mileage Code:**
- Default Mileage Code:**
- Custom Hourly Rounding:** Select
- Waiver Program:** Select (highlighted in yellow)
- NPI:**

Contract Service Code Window: Waiver Program Field

Custom Master Week Length

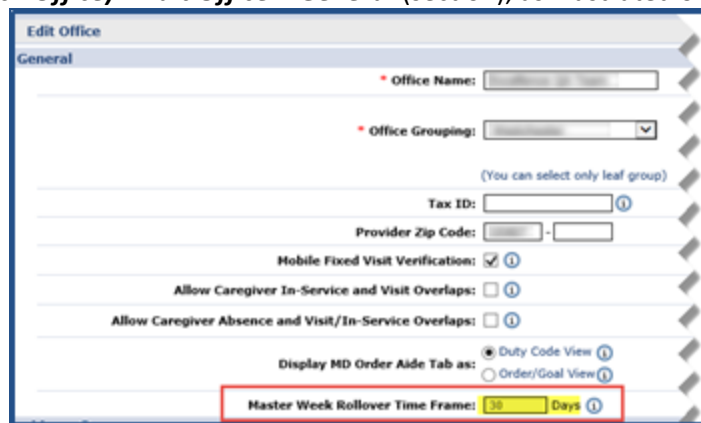
The Master Week rollover length can be customized to view and coordinate visits (schedules) on a monthly basis according to Authorization calculations. Because the Master Week rollover length can be adjusted for each Contract, the system needs to validate scheduled visits based on the Contract settings.

For example, if *Contract A* is set for the Master Week rollover length to 30 days, then the system validates up to 30 scheduled visits at a time. If *Contract B* has the rollover set for 10 days, then the system validates up to 10 scheduled visits at a time.

Note: This **Master Week Timeframe** setting can only be changed by HHAX. Contact [HHAExchange Customer Support](#), for further details.

Office Setup Page

The system default is set at 14 days. To view the **Master Week Rollover Time Frame**, navigate to **Admin > Office Setup > (Search Office) > Edit Office > General** (section), as illustrated on the image below.



The screenshot shows the 'Edit Office' page with the 'General' section selected. The 'Master Week Rollover Time Frame' field is highlighted with a red box and shows '20 Days'. Other fields include Office Name, Office Grouping, Tax ID, Provider Zip Code, Mobile Fixed Visit Verification (checked), Allow Caregiver In-Service and Visit Overlaps, Allow Caregiver Absence and Visit/In-Service Overlaps, and Display MD Order Aide Tab as (radio buttons for Duty Code View and Order/Goal View).

Edit Office: Master Week Rollover Field

Patient Master Week Page

When opening the Patient Master Week page, the **From Date** and **To Date** are automatically set based on the Patient's Office **Master Week Rollover Time Frame** settings (as described in the section above).

For example, if the **Master Week Rollover Time** is set for 20 days, then the **From Date** displays as the current date and the **To Date** displays as 20 days from the current date.

Patient Master Week: Automatic Rollover Date Settings

Users can manually schedule for a number of days greater than the default setting (on the *Office Setup* page) on a Patient’s Master Week. A manually entered schedule overrides the default **Master Week Rollover Time Frame** setting.

For example, if the **Master Week Rollover Time Frame** is set at 20 days, a user can manually schedule a Patient’s calendar for 31 days. In this case, the Patient’s calendar is populated with 31 days of scheduled visits; however, the Authorization figures only extend up to 20 days (as per Office settings).

The Patient’s Calendar displays **Green** for 1 to 20 days (October 4 to October 24), and **White** for 21-31 days (October 25 to October 31), indicating those dates past the **Master Week Rollover Time Frame** are not validated yet against the Authorization.

Patient Master Week Rollover Time Frame (20 days)

EDI Tool

DISCLAIMER

This functionality is enabled by HHAX System Administration. Please contact the [HHAX Support Team](#) for further assistance.

The **EDI Tool** allows users to transfer electronic data directly into the HHAeXchange (HHAX) system without the use of an FTP/SFTP application. In addition, the tool allows users to correct failed records directly on the screen further streamlining the process.

Refer to the [EDI Tool Job Aid](#) for a high-level view of navigation and basic functions.