

# HHAeXchange Linked Contract Patients Process Guide Managing Linked Contracts

## Contents

Linked Contract Patients	1
Overview	1
HHAX System Key Terms and Definitions	1
Converting Internal Patients	2
Dual Patient Records	3
Accepting Linked Contract Patients	4
Linked Communication	4
Pending Placements	5
Accepting a Pending Placement	6 7
Centralized Placements (Linked Contracts)	8
Unspecified Office Placement	8
Enabling Unspecified Office Feature	8
Non-Patient Payer Communications (Linked Contracts)	10
Managing Linked Contract Patients	. 11
Authorizations	. 12
Authorization Type	. 12
Blackout Dates	13
Visits/Invoice	. 14
Patient Notes	. 15
Visit Notes	16
Capture Notes when Editing Schedule Tab (Linked Contract Patients)	. 18
Reference Table Management	18
Entering Schedule/Billing Visit Notes	. 21
Entering Multiple Visit Notes	. 22
Visit Edit Reasons Required for Linked Members	23
Sync Missed Visit Reasons for All Linked Contracts	. 24
Automatic Notes	26
Clinical Information	. 27
Advanced Directives	. 28
Physicians	29
MD Orders	32
Diagnosis	33

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Surgical Procedure	35
Pharmacies	37
Scheduling Linked Contract Patients	
Non-Skilled Visits	38
Scheduled Visits	39
Skilled Visits	40
Assign to TEMP	41
Master Weeks	41
Master Week and the Patient Status	44
Invoicing Confirmed Visits	45
Linked Contract Setup	47
The Billing Process	49
Rebill Function	49
Updating Billing Rates	49
Linked Contract Service Codes	50
Non-Billable Service Codes	
Provider Access to Mutual Checkbox	52
Provider-Managed Billing Diagnosis Codes	53
Rebill Process for Linked Contracts	54
Billing Review – On Hold Reason: Visits on same day/Service Code must be billed on same	
invoice	54
Resubmit as Adjustment Due to Change of Schedule or Visit Times	55
Resubmit as Void Due to Incorrect Billing	57
Automatic Emails for Linked Contract Patients	59
Adding and Editing Email Notification Recipients	59
Received Note Notification	60
Common Notifications	62
Financial Pages Added to Linked Contract Patients	64
Financial Tabs	64
Permissions	64
Caregiver Note for Linked Contract Patients	66
Creating a Caregiver Note via Linked Contract Patient	66
Caregiver Note for Linked Contract Patient: Internal Checkbox not Selected	67
Patient Multiple Address for Linked Contract Patients	68

Deleted Patient Address History	9
GPS Edit	9
Payer-Managed FOB (Linked Contracts)	D
Add/Update Patient Medicaid Number – FOB Details Updates	D
Patient Medicaid Number for New Patient	1
Read-Only Payer-Issued FOB Information72	2
Linked and Mutual Patients	2
Patient has both Agency and Payer-issued FOBs74	4
Validations/Alert messages for Payer FOB Management	5
Update from No FOB to Payer FOB	5
Update from Existing FOB to another FOB	5
Update from Existing FOB to Payer FOB	5
Updating Patient Profile - Removing FOB	5
Payer FOB Management Notifications	5
Linked Contract Patient Office Reassignment	3
Changing the Office	Э
Removal of Office-Specific Fields	Э
Placement History	С
Serviced Zip Codes	1
Custom Fields in the Visit Info Tab	2
POC Compliance Provider Override 83	3
Caregiver Restrictions Using SSN	5
Prebilling: Restricted Caregivers	5
Billing: New Invoice Batch	6
Waiver Programs	7
Custom Master Week Length	B
Office Setup Page	8
Patient Master Week Page	8
EDI Tool	0



# **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 <u>HHAeXchange Cus</u>tomer 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 ser- vices.
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.
ННАХ	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 <b>Patient &gt; Patient Search</b> 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 Edit link under the "Discharge Date" column.          Patient Contracts         Patient Table - Active         Name: Kryan June         Doit: 0/20/1920         Primary Alt. Patient To:         Patient To:         Coordinators: Jon Françai         Office: Long Island City         Languages:         Contracts         Placement Contract Is Primary Alt Patient Service Start Date Source Of Service         Addes         Contracts         Placement Contract Is Primary Alt Patient Service Start Date Source Of Service         Discharge Date         Discharge Date         Placement Contract Is Primary Alt Patient Service Start Date Source Of Service         Discharge Date							
Interface       Interface <thinterface< th=""> <thinterface< th=""> <thinterface< th=""></thinterface<></thinterface<></thinterface<>								
4	Reases: Other * Falsent record converted from Internal to Linked Note: Sawe Cancel Set Discharge Date							
	The updated <b>Discharged Date</b> is now displayed in the Contracts section.							
5	Contracts           Pfacement ID         Contract         IAI Patient Service Start Date Source Of Adm         Code         Discharge Date         Discharge To           12         Contract         ID         Contract         Alt Patient Service Start Date Source Of Adm         Service         Discharge Date         Discharge To         Addisonal Lofs         Addisonal Additional Lofs         Addisonal Additional Lofs         Addisonal Additional Lofs         Edit         02/01/2012         2555 Logs         CHHA         Edit         Addisonal Additional Lofs         Edit         Infa         Bit Infa         Infa							
	Discharge Date Updated							

On the specified Discharge Date, the system automatically updates the Internal Patient record to <u>Dis</u>-<u>charged</u>. No new services can be scheduled for the Internal Patient record after they are discharged.



Patient Contracts		Enterprise 6.6.9.4 TELXING	
Patient Info -Discharged			
Name: Kirgan Jane	Admission ID: LIC- 7097654654321391	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
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.

ŀ	lome		Enterprise 6.5.9.5
	Link Communication Notifications (13	) 0	
	Office(s): Long Island City	Coordinator: Jon Franqui	• Search (This filter is applicable only for Events and Notes section.)

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.

Link Communication Notifications (13)									
Office(s): All	Office(s): All   Coordinator: All   Search (This filter is applicable only for Events and Notes section.)								
Pending Placeme	<u>nts</u>								Page 1 of 1 l
Admission ID	Office	Start Date -	Stop Date	Frequency	Service Cat.	Service Type	Request Sent At	Status	Cut Off Time Payer Name
<u>1223334444</u>	Long Island City	04/07/2016			Home Health	нна	04/06/2016 09:20:26 AM	Pending	04/06/2016 09:50:26 AM DEMO PAYER
43870876	Long Island City	04/06/2016	04/06/2017	Every weekday	Home Health	нна	04/06/2016 09:30:04 AM	Pending	04/06/2016 Tiger 04/06/2016 Care 10:00:04 AM 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	Indicates the date and time when the system will automatically remove the Pending Placement from the queue. The value in the <b>Request Sent At</b> column is highlighted in red text when a Placement is nearing <b>Cut Off Time</b> ; signifying immediate action is required. Request Sent At       Status       Cut Off Time       Payer Name         04/06/2016 09:20:26 AM       Pending       04/06/2016 09:50:26 AM       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								
	From the Pending Placements queue, click on the Placement Admission ID (hyperlink).								
	Admission ID Office Start Date ¥ Stop Date Frequency Service Cat. Service Type Request Sent At Status Cur	t Off Time Payer Name							
1	0659678         Long Island City         02/10/2017         Home Health         HHA         02/09/2017 08:39:19 AM         Pending         02/ 9:2	09/2017 Care 4:19 AM DEMO PAYER							
	Placement's Admission ID								
	The Patient Info page opens to display Patient information such as General, Demographics, Spe-								
	cial Requests and Authorizations. Review the details and scroll to the bottom to proceed.								
	Patient Info General								
	* Placement Acceptance Windowr (45 (Mins) (j) Patient Name Dickinson Chris Patient ID: Admission ID: 0659678 Address:								
	Phone:         Zip Code:           * Service Start Date:         2/10/2017         Iff         Zip Code:           Payer Name:         Tiger Care DEHO PAYER         Alt. Patient ID:								
	Discharge Date: Gender: Male Office: Long Island City								
	Special Request Hale/Female: Hale Primary Language: English Primary Language: English Hale Schildren Has Cost H								
	Secondary Language: Select  V Kosher Home Patient Smokes Other								
2	Authorization ①  * Service Category: Home Health * * Service Type: HH4. *								
	* Authorization Number: 104019999 * Service Code: 1446. H1 * Service Code Type: Hourly * From Date: 02/01/2017 * To Date: 02/28/2018 *								
	Autonization type: Dati/ • Hours Set Rasterweek Nov: D								
	Studby         Sunday         Honday         Tuesday         Wednesday         Thursday         Friday           Auth. Hours:         0         0         3.00         3.00         3.00         0         0           Start Time:         AIY	]							
	Derekkont Unites () No Blackout Date Entered.								
	Document: Document: Note: File must be 1000 KB in size or smaller.								
	Notes:								
	Continator Select XAcopt Regent Nore Time Accept And Print Select	Deny							
	Patient Info Page	Devente							
	further review the case) Accept and Print and Deny (to reject the Placement)	Payer to							
		_							
	* Coordinator: Jon Franqui <b>*</b> Accept Request More Time Accept And Print Select <b>*</b>	Deny							
3	Accept. Request More Time. or Deny Placement								
	• If accepting the Placement an Agency Coordinator must be selected from the <b>Coo</b>	dinator							
	dropdown options.	unator							
	• If <u>denying</u> the case, select a <u>rejection reason</u> from the dropdown menu (to the left	of the							
	Deny button).								
4	Once a Placement is Accepted or Denied, it is cleared from the <b>Pending Placement</b> section.								



### 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 <u>Communications (Linked Contracts) category</u> 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.

Update User Account	
* 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:	0 O
Grant Access to Reporting Tool:	
Clinical Pathway On-Call User:	
Accept Unspecified Office Placements:	× 0
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).

Link Communication	Ratifications (28)									
Office(b): All	v	Coordinator	(A)	V Search (The liter	is applicable only for thrends and f	inter section.)				
Pandes Recements										
									a subset of	- T
Adminutes.30	Office	Start Date 1	Ston Swin	Emanenca	Service Cal.	Service.Takes	Request Sent At	Status	Cut Off Time	Cases -
annet13	Unspecified Office	11/36/3418			None Health	1914.	11/29/2018 06:44:43 AM	Pending(Broadcast)	10702018 04041.07	Cano M
County .										

Pending Placement Q	turner i								
Total Pending: 8	Total J	Accepted: 27	1	Intel Staffed: #	Total Acc	opted with no Hasterweek	.7		
Pending									
									Page 1 of 1
Addminutes.3D	Office	Start Date	Step Date	Engelera	Service Cat.	Service Task	Request Sent At	Sitetan	Cat.Off Payer Time Name
cartenti.3	Unspecified Office	15/30/2018			Home Health	HINSA	11/29/2018 06:44:41 AM	Pending(Broadcast)	Demo 15/30/2018 ML 6:44:45 AH
Staffed with Temp Ca	regiver							Pag	a s of 2   Section
Name	Addm	ission 32	Office	Start Date	Stop Date	Employee	Time Accepted	Payer Name	
Access Concess		45245244	faceboox	10/10/202			11/14/2017 02:25:54 AM	1 1 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1	

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 <u>Unspecified Office Placement</u> section).

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

	Select Excellence	Document: Note: File must be 1000 KB in size or smaller.
	HHAeXchange Office PCA Exchange Office Manhattan Office	Notes:
<sup>o</sup> Office:	Office Test Select	Coordinator:Select     Service Location Code: Select     Select

**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 <u>Communications (Linked Contracts) category</u> 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).



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.

Туре	Period	Max.	S	м	т	w	т	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).



#### Weekiy Linked Addii.

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).



Weekly Linked Auth.





If the Payer included <u>Additional Rules</u>, 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:





## 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 <u>Update</u> link in the **Vis-its/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 <u>Communications (Linked Contracts) category</u> 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 <b>Patient &gt; Patient</b>	<b>Search</b> and select a Patient.
2	Click the Calendar link on the	Index.
3	On the Calendar page, select	a visit.
	Select the <i>Visit Info</i> tab. Enter	r a note in the <b>New Note</b> field.
	Visit Information Scheduled Time: 1200-170	
	Visit Start Time:	04/18/2016 📧 Visit End Time: 04/18/2016 📧 Link Calls
4	Missed Visit:	Travel Time Request:
-	* New Reason: Phone	number did n 🔹 Action Taken: Confirmed visit with t 💌
	New Note: Any con	respondence entered here is considered a "Visit Note". <u>HHAeXchange</u> will maintain a f "Visit Notes" for every Visit.
		New Visit Note
5	Select a value for the New Re	ason and Action Taken fields.
6	Click <b>Save</b> to save the Note.	
	divided into the following sec Visit Information Scheduled Time: 1200-1700 Visit Start Time: 064/08/201 Hissed Visit: 0	tions:
	Last 3 notes: Reason Action Other Examp	n Taken Note User Date/Time ele "Action Taken" Provider's or Payer's may enter a new jonlin 2016-09-08 Visit Note here. 111:196-51
	New Persons Colect	
7		Visit Note Record
	Field	Displays
	Reason	The value selected for the <b>New Reason</b> field.
	Action Taken	The value selected for the <b>Action Taken</b> 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.

## The Enterprise System



Step				Action			
	The Visit Win	dow displ	ays the <b>Last 3 I</b>	Notes entered for the	visit by bot	h Payers and	Providers. If
	more than 3 l	Notes are	entered, the S	<u>ee More Notes</u> link ap	pears. Click	k the link to re	view the full
	history of <b>Vis</b>	<b>it Notes</b> f	or that specific	visit.			
	Visit Inform	nation					History
	Schedul	ed Time: 1200-1	700				
	Visit St	art Time:	04/08/2016	Visit End Time: 04/08/201	6 📑 Link	Calls	
	Miss	sed Visit:	Inav	el Time Request:			
Q	Last	3 notes:					
0	Reat	son	Action Taken	Note After 3 Notes, the system will provi	User de a inclin	Date/Time	
	ourie	it.	Value	link to the full record.	ide a joniin	11:45:09	
	Othe	Hr.	Example "Action Take Value	n The Note record will always sort fro newest (top) to the oldest (bottom)	om the jonlin	2016-09-08 11:44:40	
	Othe	tr	Example "Action Take Value	"The Note record will record the "Re "Action Taken", the actual "Note" th who entered the Note, as well as the and date the Note was entered.	ason", JonTiger ne user ne time	2016-09-08 11:43:37	
	See M	lore Notes	_				
		_					
				See More Notes Link			
	A full history	of Notes a	appears to revi	°W.			
	,	Non Skille	d Visit Notes Detail				
		Reason	Action Taken	Note	User	Date/Time	
		Other	Taken" Value	provide a link to the full record.	Jonlin	9/8/2016 11:45:09 AM	
		Other	Example "Action Taken" Value	The Note record will always sort from the newest (top) to the oldest (bottom).	jonlin	9/8/2016 11:44:40 AM	
9		Other	Example "Action Taken" Value	The Note record will record the "Reason", "Action Taken", the actual "Note" the user who entered the Note, as well as the time and date the Note was entered.	JonTiger	9/8/2016 11:43:37 AM	
		Other	Example "Action Taken" Value	Provider's or Payer's may enter a new Visit Note here.	jonlin	9/8/2016 11:39:51 AM	
				Close			
				Full Visit Note Log			





# **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

Contract 5	etup (Caring Ha	nds LLC)						loc Chrome 37) 4/17 09:29 EST
General	<b>Billing Rates</b>	Billing/Collections	Scheduling/Confirmation	Eligibility	Quickbooks	Notes/Uploads		
Schedul	ing Configuration							History
	Authorizat	on Required: 🖉 🕦			Service	Code Required in A	Authorization:	
	* * * *							
					Save			
Visit Cor	firmation Option	5						History
		Contrac	t Compliance ()		Clinical	Documentation Requ	uired (Skilled 📄 🕕	
	* POC Duty	Compliance: No Com	pliance			Sufficient Doub	E-Doc in Status ()	
		Patient	POC Compliance			Sumclent Do	Scanned Clinical Document ()	
	Count Refused D Comp	liance Totals;			Allo	w linking of EVV veri cognized as belongin	rifications not 😑 🕠	
		Visit Ed	t Reason 🚯				📋 Schedule Times 📋 Pay Code 🕠	
Fields B	navired when Edit	Action T	aken ()				Plan of Care Bill Info Tab	
		Tab: Onte an	by d Time Verified			Require Note when	Editing Visit: Dell're (Contract)	
		Supervi	607				Caregiver	
		0.000	***					

**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 <u>any</u> 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.





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



sarch					
eference Tab	le: Schedule/Bill Info Edit Reason	• Search			Lege
Search Resu	lts (4)				Add
Search Resu <u>Reason ID</u>	Reason	Reason Description	Note Required	Min. Character Count	Statu
Reason ID	Reason Caregiver Rescheduled	Reason Description	Note Required	Min. Character Count	Statu Active
Reason ID 64 63	Resean Caregiver Rescheduled Client Rescheduled	Reason Description	Note Required No Yes	Min. Character Count	Statu Active Active
Reason ID 54 53 55	Reason Carcolver Rescheduled Client Rescheduled Misc. Change	Reason Description	<u>Note Required</u> No Yes Yes	Min. Character Count	Adv State Active 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.

HHAeXchange	- Non Skilled Sched	ule					
	Visit	Date: 03/06/20	17		Patient Phon	e#: <u>973-747-2712</u>	
	Assignme	nt ID: 100002			Coordinat	tors: Jon Franqui	
Sc	hedule	Visit Info	Bill Info				
Schedule	HHAeXchange - Not	e Required					History
	Visit Date	Schedule	Patient Name	Field Updated	Old Value	New Value	
	03/06/2017	0800 - 1000	McBride Harriet	Service Code	HHA Standard	Home Management	mporary
				Pay Code	HHA Base	HHA Hrly Extra	
	This visit's Primary and Note below, ex	Contract has be plaining the cha	een configured to require	a Note when the fiel	ds above have been	edited. Please enter a Reason	
	* Reason:	Select				•	History
	Note:						
	L		s	ave Cancel		A	

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:

- M: Indicates Notes generated due to changes to the visit confirmation information.
- Similar content of the second secon



Visit)	Informat	ion					Histor
1	Scheduled	Time: 0800-1000	Add Pre-Shift Add Po	ost-Shift (1)			
	Visit Star	t Time: 0800 03/06/2	017 Visit	End Time: 1000 03/0	6/2017		
	Misse	d Visit: 🗌		TT/OT: H:00 M:0	0		
	Last 3	notes:					
	Source	Reason	Action Taken	Note	User	Date/Time	
	Ø	Phone number did not link to the client	Confirmed visit with the client or the client's family member/representative and documented		JonNE	2017-04-17 14:32:21 Prin	•
	٩	Updated Authorization Information			JonNE	2017-04-17 14:07:45 Prin	e
	• New R	eason: Select		•	Action Taken: S	elect	•

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).

isit 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
<ul> <li>04/18/2017</li> </ul>	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
he Primary Contra Reason and Note	acts for these v below, explain Select	isits have been configu ing the change.	red to require a Note w	hen the fields above	e have been edited. Please ente
Г					]
Note:					

Apply Single Visit Note to all Visits

Alternatively, unique Notes may be entered for each visit by clicking the expand " $\boxdot$ " 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.

## The Enterprise System





**Enter Single Visit Note** 

HHAeXchange - Not	e Required				E
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 Contra a Reason and Note • Reason:	acts for these v below, explain Select	isits have been config ing the change.	jured to require a Note w	hen the fields abov	e have been edited. Please enter
Note:					
			Save Cancel		

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 (\*).



Sd	hedule	Visit	info Bill In	tho			
Visit Informa Se V	tion cheduled Time: 0 isit Start Time: [	100-0200	HHAEXchange - Validat	tion(s) iote prior to saving. The linke	d Paver	06/01/2018	History Link Calls
Last 3 Source	Missed Visit: ( notes: e Reason 15th Aug 12		requires a New Note Reason.	be entered when selecting th	is specific	Date/Time 2018-08-01 08:24:38	Print
N N	15th Aug 12 15th Aug 12	l	Test 0513 Vielt offt aufon taken Test465	q dsa	specient yraichura	2018-08-01 08:24:13	Print
	New Reason:	Adjusting 1	lime	•	Action Taken: 10	· <u>·</u>	•
	Prebilling Problem(s): In	complete (	Confirmation, TEMP Carepive	er, No Authorization			
				iave Close Print			

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.

Visit I	nformati	ion											History
	Sch Visi	eduled Time: ( t Start Time: [ Missed Visit:	0100-0200	HHAeXchange - Validat Your note does not m	ion(s) eet the r	ninimum character count	t for a	3	08/0	1/2018		Link	Calls
	Last 3 m Source	otes: Reason 15th Aug 12	-	new note. Hease ent	er a noo	OK	n.		Date 2018	/Time -08-01	08:24:38	Print	
	3	15th Aug 12		Test 0512 Visit edit action taken	q		spec.ent.yra	ichura	2018	-08-01	08:24:13	Print	
	3	15th Aug 12		Test466	dsa		spec.ent.yra	ichura	2018	-08-01	08:23:33	Print	
		New Reason:	Data Entry	Error	•	* Actio	on Taken:	Supe	visor	oprov	ed change		•
		* New Note:											
		Problem(s):	incomplete (	onfirmation, TEMP Caregive	rr, No Aut	horization							
						Class Print							

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 <u>all</u> 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 <u>any</u> Linked Contract, the **New Reason** and **Action Taken** field values are derived from the associated Payer.



Schedule	Visit Info	Bill Info		
isit Information				History
Scheduled Time:	0900-1700			
Visit Start Time:	01/01/2021	Visit End Time:	01/01/2021	
Missed Visit:	2	тт/от: н	— H:	
		No Data Foun	d.	
New Reason:	Holiday schedule	~	Action Taken: Contacted Patient/	Client V
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 <b>Status</b> has been changed.
Discharge Date	When the Patient's <b>Discharge Date</b> has been changed.
Change of Plan	When a real-time alert for <b>Member Change of Plan</b> 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 ( <b>ICD</b> ) codes.
Surgical Procedure	This section is used to record any surgical procedures the Patient has under- gone. This section also utilizes <b>ICD</b> codes.
Pharmacies	Record the Patient's pharmacies in this section of the <b>Info</b> page.

The following section covers how to enter information for each of these categories. Refer to the <u>Clinical</u> <u>Section category – Entering MD and Interim Orders</u>. 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
	Navigate to <b>Admin &gt; Reference Table Management</b> and select the Advanced Directive Reference
	Table.
	Reference Table Management Search
	Reference Table: Search     Patient     Defent     Torm
1	Patient Location Patient Branch Manual Hold Reason
	Advanced Directive Physician Type Patient - Emergency Preparedness
	Priority Code Evacuation Zone Mobility Status
	Evacuation Location
	Advanced Directive Reference Table
	On the Search Results page, click the <b>Add</b> button to create an Advanced Directive document type
	Clinical Info
•	· · · · · · · Springerts · · · · · · · · · · · · · · · · · · ·
2	Advanced Directive(s)
	Advanced Directive Physician On File Date Received Effective Date
	Add Advanced Directive
	The <i>Clinical Advanced Directives</i> window opens. Complete the fields: those denoted with a red
	asterisk are required. Click <i>Save</i> to finalize.
	Clinical Advanced Directives
	Advanced Directive: DNR (100 Characters Limit)
3	Description: Do Not Resuscitate order.
	Status: Active V 0
	Save Cancel
	Clinical Advanced Directives Window
4	Go to the Advance Directive(s) section. Click on the <b>Add</b> button
	Clinical Info
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
5	Advanced Directive(s)
	Advanced Directive Physician On File Date Received Effective D
	Add Advanced Directive
6	The Advanced Directives window opens. Complete the fields to enter a record of the directive.





Step	p Actio	1
	Click the "🔄" icon to attach supporting documenta	tion. Click <b>Save</b> to finalize.
	Advanced Directives	
	* Advanced Directives: DNR	•
	* On File: Yes 🔻	
	Date Received: 09/14/2016	
	Date Effective: 09/30/2017	
	Physician: Valasquez Ale	xan 2
	Upload File: 🔯 DNR.docx	
	Note: Files mu	st be 1000 KB in size or smaller.
	Save Ca	ncel
	Advanced Directi	ve window

## **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 <b>Patien</b>	<b>t &gt; Patient Search</b> and se	lect a Patient. Select the <u>Info</u> link from the left nav.
2	Go to the Physician Clinical Info Advanced Directive(s) Advanced Directive CNR Physicians HD Name	Physician Velasquez Alexander Phone Note	d button.
3	The <b>Patient MD In</b> for and select a <b>Ph</b> The <b>Physician Add</b> are entered in the entered in the syst	fo window opens. Click th ysician record. ress, Phone, Phone2, Pho Physician record. Click th em.	ne "?" link to the right of the <b>MD Name</b> field to search <b>Dne3</b> , and <b>NPI</b> fields populate automatically if they e <b>Add Physician</b> button if the Physician has not been

## The Enterprise System



Step	Action
	Patient MD Info   • HD Name:   ?   Physician   Address:   •
	Patient MD Info Window
4	with a red asterisk: First Name, Last Name, and Physician Type fields. Click the Add button in the Addresses section to add the Physicians address.
	Addresses Add Address 1 Address 2 City State Zip Phone Phone 2 Phone 3 Fax Is Primary New York we want scass 917-558 917-423-
	ay-u1 47 Avenue New City New York 11120 9948 5687 10
	New Physician Window
5	Click <i>Save</i> 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 <i>Save</i> to assign the Physician to the Patient.





Step	Action
	Patient MD Info         * MD Name:       Jacobs Samantha 2       Add Physician 3         Physician       49-01 47 Avenue New New York City, New Yor ▼         Phone:       917 - 558 - 9948         Phone2:       917 - 423 - 5687         Phone3:       -         Physician Insteadditional notes concerning the Physician here.         Note:
	Primary: NPI: 1234567890 Save Cancel Patient MD Info Window



## **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 <b>Patient &gt; Patient Search</b> and select a Patient. Select the Info link from the left nav.
2	Go to the MD Orders section. Click on the <b>Add</b> button.
3	The Patient MD Order Info window opens. Patient MD Order Info Creation Date: 09/01/2016 Physician: Valasquez Alexan 2 Type: Visit Order Status: Created T Note: HD Order Info mation concerning the HD Order here. Patient MD Order Info Window
	Complete the following fields:
	• <b>Creation Date:</b> The date the order was issued.
	Physician: The Physician who issued the order.
	• <b>Type:</b> The type of order issued.
	Status: The status of the order.
4	Click <i>Save</i> 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 <b>Patient &gt; Patient Search</b> and select a Patient. Select the Info link from the left nav.
2	Go to the Diagnosis section. Click the Add button.
3	The Patient Diagnosis Info window opens. Click the "?" to the right of the ICD field to search for the diagnosis code.
4	At the top of the <b>Diagnosis Search</b> page, specify whether to search for either <i>ICD-9</i> or <i>ICD-10</i> codes. In the <b>Description</b> field, enter the name of the disease or condition. The system returns codes that match the value in the <b>Description</b> field, even if it is not a complete word. Click <b>Search</b> to continue.  Diagnosis Search Search By:  Clicb-10 Click By:  Clicb-10 Clicb-10 Clicb: Description:  Clicb: Diagnosis Search Diagnosis Search
5	In the search results, <b>ICD-9</b> codes display in the left column and <b>ICD-10</b> codes display in the right column. Click the ICD code link to select the code for the Patient.





Step	Action
	Search Results (86)         Crosswalk         12       12         12       100-9         250.32       Diabetes mellitus with other coma, type II or unspecified type, uncontrolled       100-9         250.33       Diabetes mellitus with other coma, type I [juvenile type], uncontrolled       100-9         250.40       Diabetes mellitus with renal manifestations, type II or unspecified type, not stated as uncontrolled       100-9         250.41       Diabetes mellitus with renal manifestations, type II [juvenile type], not stated as uncontrolled       100-9         Search Results for ICD-9 Codes       Search Results for ICD-9 Codes
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 <b>Crosswalk</b> column. The corresponding ICD-10 code is then pop- ulated (as illustrated in the image below).
7	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.



#### **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 <b>Patient &gt; Patient Search</b> and select a Patient. Select the <u>Info</u> link from the left nav.
2	Go to the Surgical Procedure section. Click the Add button.
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. Click Search to continue.  Surgical Search Search By:  Description: Intee Search Surgical Search Surgical Search
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.  Search Results  Crosswalk  Cr
	Search Results for ICD-9 Codes
6	then click the ICD-10 button in the <b>Crosswalk</b> column. The corresponding ICD-10 code is then pop- ulated (as illustrated in the image below).





Step		Actio	n				
	Search Results	Conserv					
	ICD-9         Description           ® 80.6         Excision of sr           80.75         Synovectom           80.85         Other local e           0 80.95         Other excision	1 2     1 2     1 CO-1     1     1 2     1 CO-1     1	3 ICD-10 058C0ZZ 058C3ZZ 058C4ZZ 058D0ZZ 058D3ZZ	Description Excision of Right Knee Joint, Open Approach Excision of Right Knee Joint, Percutaneous Approach Excision of Right Knee Joint, Percutaneous Endoscopic Approach Excision of Left Knee Joint, Open Approach Excision of Left Knee Joint, Percutaneous Approach Excision of Left Knee Joint, Percutaneous			
	Note: The same conversion	ICD-9 to ICD-10 may be done from ICD-10 to	Conversion				
	Once the <b>ICD</b> code has be able, enter values for the	en added, click the <b>Save</b> other fields on the <b>Patie</b>	button to a <b>nt Surgical</b>	add the surgical procedure. If applic- Info window.			
	Patient Surgical Info						
	* ICD Code: 80.6 2						
7			ICD 9 O ICD 10				
-		Description: E	cision of semilunate	r cartilage of			
		Surgery Date:	9/20/2016				
		Save	Cancel				
		Completed Patient Su	gical Info Wi	ndow			



#### **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 <b>Patient &gt; Patient Search</b> and select a Patient. Select the Info link from the left nav.							
2	Go to the <i>Pharmacies</i> section. Click the <i>Add</i> button.							
3	Enter the pharmacy information and click Save. Users must enter at least a <b>Pharmacy Name</b> to save the record.							



# **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 <b>Patient &gt; Patient Search</b> and select a Patient. Select the <u>Calendar</u> link from the left nav.
2	Click on the date number at the top-right of the Calendar cell which provides several options (as seen in the image). Select <b>New non-skilled visit</b> from the menu to schedule a Visit for the selected date.
3	The Non-Skilled Schedule page opens. Enter values for the required fields (*) on the Schedule tab and click Save. HH4 Exchange - Non Skilled Schedule Non Skilled Visit: User update Admission ID: LIC-43870876 Patient Phone #: 233-221-2355 Assignment ID: Coordinators: Jon Franqui Schedule Visit Info Schedule * Schedule Time: [100] - [1400 * Schedule * Schedule Time: [100] - [1400 * Schedule * Schedule Time: [100] - [1400 * Schedule * Schedule Time: [100] - [1400 * Pay Code: [IIC-1002 Abreu Alex * Poc: [180091-04/25/16 * Pay Code: [PCA Hrly * He (M H: CO Bill Type: Daily Include in Hileage: ] ] New non-skilled Visit, Schedule Tab



#### **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.





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

Schedule Visit Info Bill Info	
Schedule	History
* Schedule Time: 1300 - 1600	Caregiver Code: 1002 2 Abreu Alex
POC:Select *	Assignment ID: 100002 * Pay Code: HHA Base  *
* Service Code: HHA Hourly (Home Health) Select IRA Hourly (Home Health)	
Bill Type: HHA Hrly C (Community)	Include in Mileage: 🗐 🕔
Save Close	

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 <b>Patient &gt; Patient Search</b> and select a Patient. Select the <u>Calendar</u> link from the left nav.							
2	Click on the date number at the top-right of the Calendar cell which provides several options (as seen in the image). Select <b>New skilled visit</b> from the menu to schedule a Visit for the selected date.							
3	The Skilled Schedule page opens. Enter values for the required fields (*) on the Schedule tab and click Save.							
	New Skilled Visit, Schedule Tab							

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.

Schedule	Visit Info Bill	Info
Schedule * Schedule 1 * Service ( Bill 1	Time: 1000 - 1500 POC:Select ▼ Tode: HHA D1 • H: 05 M: 00 Type: Daily	Caregiver Code: 1000 2 Temp Temp Assignment ID: 010101
	Save	Close
	Temp Ca	aregiver
	11	12



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 <b>Patient &gt; Patient Search</b> and select a Patient. Select the <u>Master Week</u> link from the left nav.
2	On the <b>Patient Master Week</b> page, click the <b>Add Master Week</b> button.



Step	Action									
	The Add/Edit Masterweek 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 We from rolling over past a certain date, enter a To Date.									
3	Below the From/To Date fields, set the visit details for each Master Week day OR click the Hours ink to setup a "master schedule" and apply it to the applicable days.									
	Daily									
	The Select Days window opens if the Hours link is selected. Complete the schedule using the avail- able selections. Click the <b>Save</b> button to finalize.									
4	HHA Exchange - Select Days       X         Select Days       Saturday         Hours: 1000 1500       Saturday         Caregiver: 1053 ?       Sunday         Franqui Jonathan       ✓ Monday         Ass.ID: 100053       ✓ Tuesday         POC:SelectV       ✓ Wednesday         H: 05       ✓ Thursday         Service Code:       HHA D1         Daily       Service Code:									
	Save Close									
	At the bottom of the page, click the <b>Save &amp; Update Calendar</b> button to "roll over" visits onto the									
5	Calendar based on the Master Week details.									
5	From Date: 8/12/2015 To Date: 8/26/2015 Save & Update Calendar									
	Save & Update Calendar with Masterweek									
6	The Patient's Calendar is populated with the Master Week schedule.									





Step					Action							
		Calendar	_								Rolleve	r History
		Honth: August	<ul> <li>Year: 2016</li> </ul>	Search Search	4 >							Print
		Saturday	Sunday	Monday	Tuesday		Wednesday	- 1	Thursday		Friday	
		30	31		1	2		3	5:1000-1500	4	\$1000-1500	5
									lis B: N Franqui		<u>Yin</u> Franqui Jonathan	•
			7		8	0		10	AND BALLEL			12
		Î	-	\$11000-1500	S:1000-1500		S:1000-1500	Ĩ.	S:1000-1500	Ĩ	S:1000-1500	
				Franqui Jonathan	Erangui Jonathan		Franqui Jonathan	×	Franqui Jonathan	×	Franqui Jonathan	8
		13	14	1	5	16		17		18		19
		-	~	S:1000-1500	S:1000-1500		S:1000-1500		\$:1000-1500			~
				Francui Jonathan	Erangui Jonathan		Franqui Jonathan	×	Franqui Jonathan	×		
				Master	Week applied	l to	Calendar					
7	То	edit or delete	e a Master W	eek, click the	e <b>Edit Icon</b> t	0 6	edit Master	w	eek details	oı	r click th	e "🔽"
icon to delete the Master Week.												



## **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 <b>Billing &gt; New Invoice Batch</b> .								
	On the <b>New Invoice Batch</b> page, enter values in the available filter fields to search for visits ready for invoicing. Values for the <b>Contract, Service Category</b> and <b>Discipline</b> must be specified to perform a search. The <b>Contract</b> value must be entered first, as the values for the <b>Service Category</b> and <b>Discipline</b> fields depend on the type of service permitted by the selected Linked Contract.								
2	New Invoice Batch         Date:         Total:         Amount:         Billable Visits         Patient Tease:         Patient Tease:         All:         Patient Tease:         All:         Caregiver Tease:         All:         Caregiver Tease:         All:         Caregiver Exaction:         All:         Caregiver Exaction:         All:         Caregiver Exaction:         All:         Caregiver Exaction:         Billable Visits         Caregiver Iscation:         All:         Caregiver Exaction:         All:         Caregiver Exaction:         Billable Visits         (Enter: Last Name, First Name, (Admission ID, MR number), SSN)								
3	As seen in the image below, the <b>Service Category</b> field automatically defaults to <i>Home Health</i> , as the category authorized by the <b>Contract</b> . The <b>Discipline</b> field only contains two values: <i>Select All</i> and <i>HHA</i> , or the only Discipline associated with the <b>Service Category</b> <i>Home Health</i> . Click <b>Search</b> once the required search values are entered.								
	On the search results, any visits ready for invoicing (and matching the search criteria) are returned.								
4	If the search returns several pages of results, use the <i>Save &amp; Next</i> button to save all selections on the current page and navigate to the next. The <i>Select All &amp; Save</i> button selects all visits included in the search results.								





Step	Action					
	New Invoice Batch Date: Date: Total: Amount: Enfrech					
	Billable Visits         From Date:         Patient Tease:         All         Patient Tease:         All         Caregiver Tease:         Caregiver Tease:         Caregiver Tease:         Caregiver Tease:         Patient Tease:         Caregiver Tease:         Caregiver Tease:         Caregiver Tease:         Patient:         Patient:         Patient:         Patient:         (Enter: Last Name, First Name, (Admission ID, HR number), SSN)					
	Search Results (2)         Date::::::::::::::::::::::::::::::::::::					
	Kow         Kow         Kow         Unsedent All         Kowel           Visits Ready for Invoicing					
	Select the checkboxes to specify which visits are to be invoiced.					
	Search Results (2)       Date -     Caregiver     Admission ID     Patient Name					
5	✓         06/01/2016         Abreu Alex         LIC-43870876         Northeast Elizabeth           ✓         07/27/2016         Doe John         LIC-43870876         Northeast Elizabeth					
	Visits selected for Invoicing					
6	Once selections have been reviewed and finalized, click the <i>Invoice Batch</i> button; OR, click the <i>Generate All Invoices</i> button to prompt the system to invoice every Visit returned in the search results.					
7	The system alerts that the batch is generating. Use the <i>Process Monitor</i> page ( <i>Admin &gt; Process Monitor</i> ) to gauge the processing status.					



## **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.

corch						
Contract Name:						
Effective Date Fr	om:					
Search Results (56)						
Contract Name	010					
Contract Name	Office					
DEMO Paver (LIC)	(Long Island City)					
DEMO Payer (LIC) Northeast PAYER (LIC)	(Long Island City) (Long Island City)					
Contract Name DEMO Payer (LIC) Northeast PAYER (LIC) Sandy Health System (LIC)	(Long Island City) (Long Island City) (Long Island City)					
Contract Name DEMO Paver (LIC) Northeast PAYER (LIC) Sandy Health System (LIC) Sandy Health System (BOR)	(Long Island City) (Long Island City) (Long Island City) (Boris's Office)					
Contract Name DEMO Payer (LIC) Northeast PAYER (LIC) Sandy Health System (LIC) Sandy Health System (BOR) Tiger Care DEMO PAYER (CIT)	Cong Island City)     (Long Island City)     (Long Island City)     (Long Island City)     (Boris's Office)     (Citi Caregivers)					

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))	Enterginue 8.0.1.0 TELEQAUATION (Converse/38.0.3028.110) chrome 3d (Dec Chrome 38) 8/15 16:05 157			
Central Billing Rates Billing/Collections Scheduling/Confirmation I	ligibility Quickbooks Notes/Uploads			
Contract Details	History			
Contract Name: Sandy Health System	Active: Yes Y			
Contract Type: Select •	Officer Long Island City			
Effective Date:	Expiration Date:			
Source Of Admission: Physician	Contact Person:			
NPI No.:	] Tax 1D No.:			
Wape Parity: 📄 🛈	Notes			
Address				
Street 1: 28 W Flagler ST #208	Street 2:			
City: Hiami	State: //.			
Zip1 33130	Phone: 305 - 666 - 6666			
Fax: 305 · 777 · 7777				
	Save			

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 <u>Rebill Process for Linked Contracts Job Aid</u> 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 <i>Admin &gt; Contract Setup &gt; Contract Search</i> to locate and select the Contract.												
	Select th	ne <i>Billir</i>	ng Rates t	ab. On tl	he Billin	ig Rates	page, cli	ck the <b>U</b>	pdate R	<b>ate</b> k	outto	n on tł	ne
	respecti	ve Serv	vice Code.										
		General	ling Rates Billing.	Collections Sch	eduling/Confirm	ation Eligibilit	y Quickbooks	Notes/Uploads					
		<b>Billing Rates</b>	data la face de	1		the states of the		1					
		n	rom Date: 6/16/2017			To Date: (1/2	W2017			Rate Ty	per [ All		
							Search					Page 1 of 1	
2		Search Resul	its (4)									New Rate	
		Discipline	Service Code	Billing Units Per Hear	From Date	To Date	Refe Type	Rate	Min Visit Hours For Daily	Status			
		P058.	199A Live In	1.00	06/02/2016	06/30/2017	Deily	150.000000	\$8:00	Active	Eff U	pdate Rate	Ħ
		HHA	HHA Live In	4.00	07/01/2006	07/31/2017	Daily	120.000000		Active	tifs U	pdate Rate	8
		HHA	Live-In Visit	4.00	04/01/2017	05/31/2020	Visit	200.000000		Active		pdate Rate	
		PCA	PCA Live In	1.00	07/01/2006	07/31/2017	Daily	200.000000	13:00	Active	18 <b>V</b>		н
	Contract Satury Pilling Pater							-					
	_						ap. Dining	nates	• • • •			-	
2	The Upd	late Ra	<i>ites</i> windo	w opens	s. Upda	te the a	oplicable	fields ir	the Nev	w Ra	tes se	ection.	
5	Required	d fields	are denc	ted with	n a red a	asterisk.	Click Sa	<b>/e</b> to app	oly.				





Step	Action	
	Update Rate Current Rate Details Discipline: H9A. • Service Code: H9A Live In • From Date: Od/02/2016 To Date: Od/02/2017 Rate: 150.0000006	
	New Rate Details         * From Date:         * To Date:         * To Date:         * Rate:         * Rate:         *         Update visits where billed rate amount does not match the previous Service Code rate amount:	
	Concel      NOTE: Saving a Rate Update will create a new instance of this Service Code for the date range selected. Bilder visits within the configured date range will be updated to apply the new Service Code Rate set here.     For the second service to the service to the payment totals applied to them.     If "Update visits where billed rate amount does not match the previous Service     code right billing rate does not match the default rate coefigured for the Service     Code.	
	Update Rate Window	

#### **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.

-		
Contract Service Code		
Contract:	Sandy Health System (LIC)	0
* Service Category:	Home Health	1
* Service Type:	нна	1
* Service Code:	HHA Standard	0
* Rate Type:	Hourly	0
* Visit Type:	Hourly Non-Skilled	0
Mutual:		
Allow Patient Shift Overlap:		
Bypass Prebilling Validations:	⊗ ③	
Bypass Billing Review Validations:	∞ ⊙	
Auto-Schedule Service Type ID:		(e.g. xxxx)
Export Code:	123345	0
Revenue Code:	456868	
Taxonomy Code:	895614	
HCPCS Code:	112454	
I	Save Cancel	

Linked Contract Service Code



HAexchange

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.

induct Service Code			
* Contract:	Sandy Health System (LIC)	٠	(1)
Service Category:	Home Health	٠	
* Service Type:	HHA	٠	
Service Code:			0
* Rate Type:	Select	٠	0
* Visit Type:	Select	٠	0
Mutual:	0		
Allow Patient Shift Overlap:	Image:		
Bypass Prebilling Validations:	⊗ ③		
Bypass Billing Review Validations:	∞ 0		
Auto-Schedule Service Type ID:			(e.g. xxxx)
Export Code:		_	0
Revenue Code:			
Taxonomy Code:		-	
HCPCS Code:		_	

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	Navigate to <b>Admin &gt; Contract Setup &gt; Contract Search</b> and select the Billing Rates tab.							
	On the Billing Rates page, click on the <b>New Rate</b> button.								
	General Billing Rates Billing/Collections Scheduling/Confirmation								
		Billing Rates							
		Status: Active					Rate Type: All		
2		From Date: 0/10/2017						Page 1 of 1	
		Search Resul	ts (4)					New Rate	
		Discipline_+	Service Code	Billing Units Per Hour	From Date	tours	Status		
		HHA	HHA Live In	1.00	06/02/2016		Active Edit	Update Rate	
			and the te	4.00	03/01/2014		Antine Edit	Hadata Data M	
	Add New Rate to a Linked Contract Rates								
<b>_</b>	The Updat	e Rates wi	ndow opens.	Complete a	applicable fie	elds. F	Required f	ields are denoted with a	
3	red asteris	ed asterisk							



Step			Action					
	0	ontract Rate			ĺ			
		* Service Category:	Home Health					
		* Service Type:	нна 🔻					
		* Service Code:	HHA Non-Billable *	(Internal Service C	Code)			
		Rate Type:	HHA Hourly					
		* From Date:		1				
		* To Date:		]				
		* Rate:	0.00 \$					
		* Billing Units Per Hour:	4					
		Min Visit Hours For Daily:		(HHMM)				
		Status:	Active *					
			Save Cancel					
	Locked Contract Rate Fields							
	Note that the system autom users from adding billing rela	atically locks the ated values.	Rate and Bi	lling Units	s Per	Hour fields to prevent		
	Click <i>Save</i> to apply.							

#### **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 <u>HHAX Support Team</u> 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 Adju- dication, 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 <b>Visits on same</b> 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						
4	Navigate to Patient > Calendar > Bill Info tab to Schedule Visit Info Bill Info • Entering \$0 in the Pay Rate field will not automatically create a non-payable vi Hours should be adjusted to zero. Primary Bill To: Histo Primary Bill To: Histo Primary Bill To: Demo ML1 (India Test Only) Service Code: Rate0 Bill Type: Hourly Service Hours: 01:00 T Hours: Billable Hours: 01:00 Billable Hours: 01:00 Billable Hours: 01:00 Billable Hours: 10:00 Billable Hours: 10:00 Billed: Y Invoice Greation Date: 10/23/2018 TRN Number: Shift! Place Updated Visit on Hold ③ Note: The TRN number is obtained from the Remittan	add the TRN Number for Shift 2.					
5	Once complete, the system generates an 837 Ac nightly process (overnight). To view, navigate to	ljustment File and exports both shifts via the Admin > File Processing.					

#### **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 Sched- uled 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 $\underline{Y}$ link under the <b>Export Status</b> column.







Step		Act	ion	
	HHAeXchange - Non Skilled	Visit Info		8
	Non Skilled Visit:		м	asterweek update
	Ad	mission ID: MCL-65146	Patient Name: Avril Prosper	
		Visit Date: 10/13/2018	Patient Phone #:	
	Assi	gnment ID: 100010	Coordinators: Carolyn Jones	
	Schedule	Visit Info Bill Info		
	Visit Information			History
	Scheduled Time	: 1300-1400	Visit End Time: 1400 10/13/2018	Link Calls
	Missed Visit	:	Travel Time Request:	Clink Culls
		No Data	Found.	
	* New Reason	: Select	* Action Taken: Select	~
	New Note	s	$\hat{}$	
	Prebillin Problem(s)	Incomplete Confirmation, Caregiver Compliance		
		Save Clo	se Print	
	Audit		**********	History
8	Navigate to <i>Billing &gt; New In</i>	voice to invoice the V	visit.	
	Navigate back to <b>Patient &gt; (</b>	`alendar > Bill Info ta	b and add the TRN Nu	<b>mher</b> to t
9				
-	Visit.			
	Once completed the system	generates an 837 A	diustment File and eve	orts both
10	once completed, the system	generates an 057 A		
-	nightly (overnight) process.	Fo view, navigate to .	Admin > File Processin	ıg.

#### **Resubmit as Void Due to Incorrect Billing**

Scenario	Scenario Provider bills a Claim. After Payer Adjudication, the Provider must void the claim a 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 <i>Billing &gt; Electronic Billing &gt; New Batch &gt; Resubmit Claims (Linked)</i> to Void the claim.			
2	Locate and select the invoice. Click the Add button.			
3	The <i>Resubmit Claims</i> window opens with the selected claim. Click on the edit icon.			



Step	Action
	🔆 HLAeXchange Itom Patient Gregory Via Action Billion Report Dashbarri Admin Report Action Report Action Report Control - Support Control
	Resubmit Claims Contemption 12.0.3.0 TEXTREND (VSEE 10.0) TE 11 (Doc IE 10) 10/24 SE 23 Resubmit Claims E-submission Batch
	Pager: Demo HL (India Test Drify) V Office: GEORGIA V 🕼 Batch Number: QH07411418700005 Batch Date: 10/24/2018 Add Claims
	Resultmit Claims Search Legend
	Search Results (1) Delay Reason Code : Solicit V Visits Older Than : 00 Page 1 of 1
	Batch Number Admission ID Patient Name Visit Date Invoice No Service Code Ceregiver Name Schedule Visit Visit Hours Hours Hill you Amount ST TRY 14187/KL140005 MCL-65146 Avril Proper 10(01/2018 660076 Rate0 Reyes Arthony 1300-1400 1306- 01.00 1.00 Hourly \$20.00 0
	Export and Download 00 Cancel
	The <i>Claim Adjustment</i> window opens. Select <i>Void</i> in the <b>Submission Type</b> field and enter the <b>TRN</b>
	Number in the required (text box) field. The Place Updated Visit on Hold is automatically selec-
	ted, select a <b>Manual Hold Reason</b> and click <i>Save</i> .
	HHAeXchange - Claim Adjustment X
	Claim Adjustment
л	IMPORTANT: Claim Adjustment changes will bypass ALL billing validations and rounding rules. It is an override function.
4	* Submission Type: Void V Place Updated Visit On Hold
	• New Number: single Claim • • •
	Save Close
	<b>Note:</b> The Shift and associated TRN is found in the Remittance File.
5	The system routes back to the <i>Resubmit Claims</i> window. Click <b>Export and Download</b> to continue.
6	Navigate to <b>Billing &gt; Invoice Search &gt; Search by Visit</b> to un-bill and delete the Shift.
7	On search results, locate the Visit and click on the red x and select <b>Delete Visit and Schedule</b> .
8	On the Visit Delete window, select the <b>Reason</b> and click <b>Delete</b> .
٩	Upon completion, the system generates an 837 Adjustment (Void) File and exports the Visit via
3	the Nightly (overnight) process. To view, navigate to <b>Admin &gt; File Processing</b> .



## 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.

Automatic Email (1)				
Common Notifications	Recipien	ts	Status	
Caregiver Mobile Opts-Out Notification	-NA		Active	Edit
Request for New Placement	inger self	@hhaexchange.com-NA	Active	Edit
Confirmed Placement	11000	@hhaexchange.com-NA	Active	Edit
Cancellation of Placement	ingen out	@hhaexchange.com-NA	Active	Edit
Revoke Placement	regard could	@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	ingen og fi	@hhaexchange.com-NA	Active	Edit

**Edit Office: Automatic Email Settings** 

## **Adding and Editing Email Notification Recipients**

To add specific intended recipients, click the <u>Edit</u> 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.



HHAeXchange - Automatic Email Re	ecipients - Authorization Edited	×
Automatic Email 🕚		History
Email:	✓ ① Test©test.com	
Coordinator Of Patient: Roles:	<ul> <li>✓ (1)</li> <li>✓ (1)</li> <li>All</li> </ul>	
Active:	Save Cancel	

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.

			Add
Received Note Notifications -	Recipients	Status	
New Note	Roles-ALL	Inactive	Edit
Urgent	@hhaexchange.com	Inactive	<u>Edit</u>

#### **Received Note Notifications**

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



HHAeXchange - Automatic Ema	ul.	E
Automatic Email 🛈		History
*Notification Name:	Notes!!! urgent	
*Note Reason:	All	
*Emergency of Priority:	All	
Email:	2 (I)	
	spec.duropati@excellenceinfonet.com	
Coordinator Of Patient:		
Roles:	🖉 🚺 🚺 🔻	
Active:		
	Save Cancel	

**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. Introduction Name: Note Reason: Select Internation Information Informati			
Emergency of Pri- ority	<ul> <li>Select Yes, No, or All to configure the priority of the messages; emails are only sent based on priority settings.</li> <li>Yes = Urgent</li> <li>No = Not urgent</li> <li>All = Applies to all messages regardless of priority settings</li> </ul>			
Recipients	Refer to previous section.			
Active	Refer to previous section.			

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



#### **Confirmed Placement**

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

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

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

Other Details:

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

#### **Email Notification**

#### **Common Notifications**

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

Com	mon 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 Hos- pitalized	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 Dis- charged	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 Financials		Enterprise 9.1.1.0 TELEPADE O) 8/27 33.58 EX
General	Patient Info - Active	
Contracto	Name: This listener	Admission ID: Patient ID: Contract:
Spend Liown Referral July	DOB: Priv	ary All. Patient ID: Home Phone: Address:
Profile		
Eliphilty Check	Coordinators	Citice
Authorizations/Orders	Patient Financials	
Special Requests		
Master Week	Summary Invoices Payments E-Submission/Batch info Denials AR1	etes .
Visits		
POC	formation as of and	
Carepiver HX	Summary as or num	The second se
Others	Aping	
Bates		No Auto
Supplies		
<ul> <li>Enancial</li> <li>Variation</li> </ul>	B2ling	
Family Portal	Services YID	Last Year MTD Last Hooth
Document Management	Expense \$0.00	10.00 10.00
Clinical	PCA \$0.00	\$300.00 \$0.00 \$0.00
Jofe .	5v88/y  80.00	10.00 10.00 10.00
Certification	Profitability	
Med.Profile	Profitability Billed	Paid Cross Profit Profit's
MD.Orders	Life Time \$300.00	10.00
Interim Order	MTD \$0.00	\$0.00 \$0.00 0.00%
Documentation	YTD \$0.00	\$0.00
Search		
Containing [		

**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.

tient Financ	cials													
Invoices	Paymer	nts	E-Submi	ssion/Batch	info De	nials /	R Notes							
Invoices														
	Visits Fro	om: 🗌				Visits To	:		0	Invo	ice Nur	nber:		
In	voice Fre	om: 🗌			1	Invoice To	:				St	atus: All	2	<u></u>
Folk	w Up Fre	om: 🗌			Fo	llow Up To	:		-	ſ	Cont	tract: Demo		<b>I</b>
						Sea	rch Pr	int			_			
										Adj	= Adjust	ment + TT Adj	ust. + Writ	e-off + Other Adjust.
														Page 1 of 1
Invoice Date	Invoice	Status	Contract	Service Code	Visit/Supply /Expenses	Service Date	Billed Units	Amount	3rd Party	Adi	Credit	Pay Amount.	Balance	Note(s)/Follow Up
06/05/2017	604842	Open	Demo	HHA Hourly	1200-1400	06/01/2017	4	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$200.00	2

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 <u>Notes</u> 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).

regiver Info Active			
Name: Brooks Larisse Team: Address: BROOKUM, NY, 11215	Carregiver Code: MCL 5021 Vender: MCL Mome Care Languagesi	Officer Hami Phone: DOB: 01/01/21/00	Caregiver Hours: IN: 0 () V1 0
ies .			
From Date:	To Date: Search	Type: _dl-	Category: 40-
earch Results (20)			
ate_sSubj	ies3 Note	User Name G	attend Taliant
	h high sections. All shades a section of the sectio		

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.

Last Name:			First Name:		* Office(s):	Mami	٠
Patient ID:			Admission ID:		Status:	Active	٠
Coordinator:	All	•	Phone Number:		Contract:	Life Care Demo Payer	٠
Team:	All	•	Location:	All T	Branch:	All	٠
Alt. Patient ID:			Discipline:	All 🔹			
			0	Search			

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.



HHAeXchange - Caregiver Note	
Notes	
Note Date: 05/14/2020	
Subject: [Push Notification] *	
Notes     Targiver Note here	
Patient: MCL-ss@6 Reason: Select • Internal: @	
Scanned Note:	
Note: Files must be 1000 KB in size or smaller.	
Nobile/Text message to caregiver:	
Email message to caregiver:	
Voice message to caregiver:	
Save Cancel	

**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.

ľ	Notes							
	From Date:			To Date: 0	Ту	pe: All-	· •	
l	Date	Subject	Note		User Name	Caregi Notifie	d Patient	udd
I	8/23/2017 5:48:05 AM	ACTIVATION IN	With The all	saling, Passa Ignora, 201.	MultiRK	N/A	Edi	t 🔯 🗙
	8/23/2017 5:16:54 AM	THE L	No	tes	MultiRK	N/A	Ed.	t 🔊 🗙
Г	Notes							
I.	Date 👻	From	Το	Note	Reason	Status	New	
	8/23/2017	- HHAeXchange Office	Contra Tall	Patient's gate has been repaired; CG given a new gate code	Location Information	Closed	Close Reply	Print
	8/21/2017	- HHAeXchange Office	(anto 16, fund (reduction) (anto)	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. <b>Note:</b> The <b>Allow Provider to Update Patient Billing Address</b> option on the Payer system controls whether a Provider can edit the address that has been designated as the billing address.

Profile									Pr	int Profile
Demographics										History
		First Name: SD Last Name: Agarwal Gender: Male				Middle N Patier Medicaid Nur	ame: vt ID: DOB: 01/01/1900 mber:	Del	eted Patient Address	s History
Address										
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	2		H
46 Buttonwood Ave	Zeeland 2	ZEELAND	MI	Ottawa	49464	Bakwa Road	No	AL 5		H
869 S. Marsh Ave	Santa Clara Road	PEARL	MS	Rankin	39208		No	ili i	<b>1</b>	H

#### **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 <u>Add</u> link in the Notes column for a specific address. Enter a note in the **Notes** field and click the *Save* button.

Addres	s Note	
	Patient finances are handled by a family member at the indicated address.	~
Notes:		~
	Note: Upto 500 Characters.	-


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.

										×
<b>Deleted Patient Address</b>	s History									
Address Line 1	Address Line 2	City	State	County	Zip	Cross Street	Primary	Address Type	Deleted By	- 1
170 Hudson Street		HACKENSACK	ND	Bergen	07601		No	GPS	mblifepayer	
										_

**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 <u>HHAX Support Team</u> 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 <u>AM13579T</u> (associated to Payer FOB 326280) to XX98766X (associated to a Payer FOB 326296).

General	
Nurse:	
Caregivers with Access to Patient Info via Mobile App:	Select • (1)
EVV Required:	Change will take effect on the following day
Disable Automatic Visit Creation Based on EVV Confirmation:	• •
Enable FOB Confirmation:	326280 (FOB Device ID)
FOB Seal ID:	321
Enable Beacon Confirmation:	
Service Type:	Multiple Services

**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).

neral	
Nurse:	
Caregivers with Access to Patient Info via Mobile App:	Select • () ()
EVV Required:	Change will take effect on the following day
Disable Automatic Visit Creation Based on EVV Confirmation:	0
Enable FOB Confirmation:	326296 (FOB Device ID)
FOB Seal ID:	55555
Enable Beacon Contirmation:	U
Service Type:	Multiple Services

**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.

New Dation			
* Office:	HisteXchange Office		
Demographics			
* First Name:	Abby		Hiddle Name:
<ul> <li>Last Name:</li> </ul>	Newman		* DOB: 01/09/1950
* Gender:	Female 😾		* Coordinator: Albert Noble 🔍
Service Request Start Date:			Coordinator 2: Select
Source Of Admission:	Select 💌		Coordinator 3: Select
Team	Select 🔍		Narse: Select
Location	Select V		EVV Required: 🗹
	Cinca Cinca	12.00	Enable FOB Confirmation:
	Sion Dat	E an	Enable Beacon Confirmation:
			Patient ID:
		M HSK	Hedicaid Number: XX10266X (e.g.XX1099993X)
			Medicare Number:
- Accepted Services:	2 FAML35		HI Claim Number:

**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.

General		
Nurse:	Select Y	- 0
Caregivers with Access to Patient Info via Mobile App:	Select V (1)	Cod
EVV Required:	Change will take effect on the following day	Cod
Disable Automatic Visit Creation Based on EVV Confirmation:	• •	Service Request
Enable FOB Confirmation:	326296 (FOB Device ID)	Projecte
FOB Seal ID:	55555	Source Of a
Enable Beacon Confirmation:	8	Timesheet Requires

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.

General		
Nurse	Select *	• 0
Caregivers with Access to Patient Info via Mobile App:	Select • (i) (i)	Cod
EVV Required:	Change will take effect on the following day	Coo
Disable Automatic Visit Creation Based on EVV Confirmation:	• •	Service Request
Enable FOB Confirmation:	I23188 (FOB Device ID)	Projecte
FOB Seal ID:	55556	Source Of A
Enable Beacon Confirmation:		Timesheet Required
		Timachest Peou



## **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).

#### The Enterprise System



ent Info - Waiting LINK WITH	- [_MUTUAL_TEST(Waiting),]	
and the second sec	and the second second	
heral		
Nurse		
Caregivers with Access to Patient Info via Mobile App:	Select 🔹 🕡 🛈	
EVV Required:	Change will take effect on the following day	
Disable Automatic Visit Creation Based on EVV Confirmation:	= <b>(</b> )	
Enable FOB Confirmation:	2 326296 (FOB Device ID)	
FOB Seal ID:	\$5555	
Enable Beacon Confirmation:	0	
Service Type:	Multiple Services	Tim
	Cluster	
	2 Link with: 900020598538030 2 Briman	
	Hutual Test	
ient Info - Waiting LINK WIT	Mutual with: Primary H - [KADAMINTERNAL SANTOSH(Waiting).]	_
ient Info - Waiting LINK WIT	Hutual with: Primace H - [ KADAMINTERNAL SANTOSH(Waiting),] Admission TD: FVD.	
tient Info - Waiting LINK WIT Name: Motod Test neral	Hutual with: Primary H - [KADAMINTERNAL SANTOSH(Waiting).] Admission TP: Prin.	
tient Info - Waiting LINK WIT Name: Motool Yest neral	Hutual with: Primary H - [KADAMINTERNAL SANTOSH(Waiting).] Admission The Fifth	
tient Info - Waiting LINK WIT Name: Molecul Yest neral	Hutual with: Primary H - [KADAMINTERNAL SANTOSH(Waiting),] Admission ID: Fr/h Select	
tient Info - Waiting LINK WIT Namer Motori Terr neral Nurse Caregivers with Access to Patient Info via Hobile App	Hutual with:         Primary           H - [ KADAMINTERNAL SANTOSH(Waiting).]         Admission ID- FVD:           Admission ID- FVD:         Select •           g         Select •         ()	
tient Info - Waiting LINK WIT Name: Michael Teat meral Caregivers with Access to Patient Info via Hobie App EVV Required	Hutual with: Primary H - [KADAMINTERNAL SANTOSH(Waitine).] Admission IV: FV/h:  Select  Select  Select  Select  Change will take effect on the following day	
tient Info - Waiting LINK WIT Name Michael Test Caregivers with Access b Patient Info via Hobile Ap EVY Required Disable Automatic Visit Creatio Based on EVY Confirmation	Hutual with:     Primary       H - [ KADAMINTERNAL SANTOSH(Waiting).]     Admission ID- FVD-       Admission ID- FVD-     Image: Select Im	5
tient Info - Waiting LINK WIT Name Model Test Caregivers with Access to Patient Info via Hobile Ap EvY Required Disable Automatic Visit Creatio Based on EVY Centirmation Enable FOB Confirmation	Hutual with: Primary H - [KADAMINTERNAL SANTOSH(Waiting).]  Admission ID- FVD:  Select  Select  Change will take effect on the following day  Change will take	5
tient Info - Waiting LINK WIT Name Michael Teat Caregivers with Access b Patient Info via Hobie App EVV Required Disable Automatic Visil Creatio Based on EVV Confirmation Enable FOB Confirmation FOB Seal ID	Hutual with:         Primary           H - [ KADAMINTERNAL SANTOSH(Waiting).]         Edmination III- Firth-           Edmination III- Firth-         •           Is Select         •           Is Select         •           Is Change will take effect on the following day           •         •           • </td <td>5</td>	5
tient Info - Waiting LINK WIT Name Idential Test Caregivers with Access to Patient Info via Hobie App EVV Required Disable Automatic Visil Creatio Based on EVC Confirmation Enable FOB Confirmation FOB Seal ID Emable Beacon Confirmation	Hutual with:         Primary           H - [ KADAMINTERNAL SANTOSH(Wailing).]         Administion III- Firith           Edministion III- Firith         Image: III- Firith           It         Select.         Image: III- Firith           It         Image: III- Firith         Image: III- Firith	S
tient Info - Waiting LINK WIT Name: Mohod Test Caregivers with Access Caregivers with Access Patient Info via Hobile Ap Evy Required Disable Ant Hobile Ap Evy Required Disable At Creatio Based on Evy Confirmation Enable FOB Confirmation FOB Seal ID Enable Beacon Confirmation Service Type	Hutual with:         Primary           H - [ KADAMINTERNAL SANTOSH(Waiting),]         Admission IIV- FV/h           E         Select         •           *         Select         •           *         Select         •           *         Select         •           *         ©         Change will take effect on the following day           *         ©         p26296           *         ©         p26296           *         ©         •           *         •         •           *         •         •           *         •         •           *         •         •	S
tient Info - Waiting LINK WIT Namer Mohool Teel Caregivers with Access b Patient Info via Hobile Ap Evy Required Disable Automatic Visit Creatio Based on EVY Centirmation Enable FOB Confirmation FOB Seal ID Enable Beacon Confirmation Service Type	Hutual with: Primary  H - [ KADAMINTERNAL SANTOSH(Waiting).]  Edmination ITI- FYTe  Select  Select  Select  Select  M  M  D  D  Select  M  M  D  D  D  Select  M  M  D  D  D  D  D  D  D  D  D  D  D	S
tient Info - Waiting LINK WIT Name: Model Test Caregivers with Access to Patient Info via Hobile Ap EVY Required Disable Automatic Visit Creation Based on EVY Centirmation Enable FOB Confirmation FOB Seal ID Enable Beacon Confirmation Service Type	Hutual with:         Primary           H - [ KADAMINTERNAL SANTOSH(Waiting).]         Admission ID- FVD:           # Select         •           *         Select         •           *         Change will take effect on the following day         •           *         *         •         •           *         *         •         •           *         *         •         •           *         *         •         •           *         *         •         •           *         *         •         •           *         *         •         •           *         *         •         •           *         *         •         •           *         *         •         •           *         *         •         •           *         *         •         •           *         *         •         •           *         *         •         •           *         *         •         •           *         *         •         •           *         *         •         <	S
tient Info - Waiting LINK WIT Name: Mohod Test Ineral Caregivers with Access b Patient Info via Hobile Ap Evy Required Disable Automatic Visit Creatio Based on Evy Confirmation Enable FOB Confirmation Enable FOB Confirmation Service Type	Hutual with:     Primary       H - [ KADAMINTERNAL SANTOSH(Waiting),]     Admission ID: FVD:       Admission ID: FVD:     Admission ID: FVD:       I:     Select • () () ()       I:     Select • () ()       I:     Select • () ()       I:     Select • ()	S

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

tient Info - Waiting MUTUAL 1	WITH - [ MUTUAL TEST(Waiting) ]
Name: KadamInternal Santosh	Admission ID: EXQ- 900020598537780
sneral	
Nurse	Select *
Caregivers with Access t	Select I O O
Patient Into via Poone App	
Disable Automatic Visit Creatio	Change will take effect on the following day
Based on EVV Confirmation	
Enable FOB Confirmation	<ul> <li>326296 (FOB Device ID)</li> </ul>
FOB Seal ID	\$ \$\$\$\$\$
Enable Beacon Confirmation	N ()
Service Type	E Multiple Services ()
	Cluster
	Link with: 2 Primary
	R Hutual with: 90002059853803 ? R Primary
Patient Info - Waiting MUTUAL	Mutual with: <u>9002059853803</u> 2 Mutual Test     With - [ KADAMINTERNAL SANTOSH(Waiting).]
Patient Info - Waiting HUTUAL Name: Hutual Test	Mutual with: <u>90002059853803</u> 2 Mutual Test     WITH - [KADAMINTERNAL SANTOSH(Waiting).] Admission ID: EXC-
Patient Info - Waiting HUTUAL Name: Hutual Test General	Within With: 5002059853002 Primary Mutual Test WITH - [KADAMINTERNAL SANTOSH(Waiting)] Admission ID: [XQ- CONDECESTION
Patient Info - Waiting HUTUAL Name: Hutual Test General	Whutual with: 90002059853800 2 Primary Mutual Test WITH - [ KADAMINTERNAL SANTOSH(Waiting).] Admission ID: EXC- SONDORGECIAION
Potient Info - Waiting HUTUAL Name: Hutual Test General Nar	Mutual with: 90002059853800 2     Mutual Test      WITH - [KADAMINTERNAL SANTOSH(Waiting).]     Admission ID: EXQ-     Gonococcasconn      Select      T
Patient Info - Waiting HUTUAL Name: Hutuai Test General Caregivers with Access Patient Info via Mobile A	Mutual with: 90002059853800 2     Mutual Test      WITH - [KADAMINTERNAL SANTOSH(Mailme).]     Admission ID: EXQ-     Generation of the second s
Patient Info - Waiting HUTUAL Name: Hutual Test General Caregivers with Access Patient Info via HobieA EVV Require	Hutual with: 9002059853800 2     Mutual Test      WITH - [KADAMINTERNAL SANIOSH(Waitine).]     Admission ID: EVQ-     Generative      Gen
Patient Info - Waiting HUTUAL Name: Hutual Test General Caregivers with Access Patient Info via Hobile A EVV Requin Disable Automatic Visit Creat Based on EVV Confirmatis	Hutual with: 90002059853800 2     Mutual Test      WITH - [KADAMINTERNAL SANTOSH(Watting)]     Admission ID: EXQ-     Admission ID: EXQ-     Select      Iso     Select      Compare will take effect on the following day      Sel     Q
Patient Info - Waiting HUTUAL Name: Mutual Test General Caregivers with Access Patient Info via Mobile A EVV Requin Disable Automatic Visit Creat Based on EVV Centirmatis Enable FOB Centirmatis	Hutual with: 90002059853800 2     Mutual Test      WITH - [KADAMINTERNAL SANTOSH(Waitee).]     Admission ID: EXC-     Admission ID: EXC-     Admission ID: EXC-     Admission ID: EXC-     Select      Pop Select      Competence     Competence
Patient Info - Waiting HUTUAL Name: Hutual Test General Caregivers with Access Patient Info via Hobile A EVV Requin Disable Automatic Visi Creat Based on EVV Confirmatis Enable FOB Confirmatis FOB Seal	Mutual with: 50002059853300 2     Mutual Test      WITH - [KADAMINTERNAL SANTOSH(Watting).]     Admission ID: EXC- Generation ID: EXC- Generition ID: EXC- Generation ID: EXC- Generitio ID: EXC-
Patient Info - Waiting HUTUAL Name: Hutual Test General Caregivers with Access Patient Info via Hobile AJ EVV Requin Disable Automatic Visit Creat Based on EVV Centirmatis Enable FOB Confirmatis FOB Seal 1 Enable Beacon Confirmatis	Mutual with: 9002059853300 2     Mutual Test     Mutual T
Patient Info - Waiting HUTUA Name: Hutual Test General Caregivers with Access Patient Info via Hobile A EVV Requin Disable Automatic Visit Creat Based on EVV Centirmati Enable FOB Confirmati FOB Seal 1 Enable Beacon Centirmati Service Ty	Mutual with: 9002059853300 2     Mutual Test      WITH - [KADAMINTERNAL SANTOSH(Waiting).]     Admission ID: EXC- GONDORGECUMM      Select     V     GO     Select     V     GO     G
Patient Info - Waiting HUTUAR Name: Hutual Test General Caregivers with Access Patient Info via Hobide A EVV Requin Disable Automatic Yviii Creat Based on EVV Confirmati Enable FOB Confirmati FOB Seal Enable Beacen Confirmati Service Ty	Mutual with: 900020598533001 2     Mutual Test      WITH - [ KADAMINTERNAL SANTOSH(Wattion).]     Admission ID: EXQ- GONDORGECENTN      Select      Select      Gondon ID: EXQ- GONDORGECENTN      Select      Select      Gondon ID: EXQ- GONDORGECENTN      Select      Sele
Potient Info - Waiting MUTUAA Name: Hutual Test General Caregivers with Access Patient Info via Hobile A EVV Requin Disable Automatic Viait Creat Based on EVV Confirmatis Based on EVV Confirmatis Enable FOB Confirmatis FOB Seal I Enable Beacon Confirmatis Service Typ	Mutual with: 90002059853300 2     Mutual Test      WITH - [ KADAMINTERNAL SANTOSH(Waiting).]     Admission ID: EXQ-     Select     Select     Select     Select     O     Select     Select
Petient Info - Waiting MUTUAL Name: Hutual Test General Caregivers with Access Patient Info via Mobile A EVY Requin Disable Automatic Visit Creat Based on EVY Confirmatis Enable FOB Confirmatis FOB Seal 1 Enable Beacon Confirmatis Service Typ	Mutual with: 5000059853300 2     Mutual With: 60000059853300 2     Mutual Test      WITH - [KADAMINTERNAL SANTOSH(Watting)]     Admission ID: EXC- General Sector      Constant      Sector      One



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.

General	
Nurse:	Select
Caregivers with Access to Patient Info via Mobile App:	Select 🔻 🛈 🛈
EVV Required:	Change will take effect on the following day
Disable Automatic Visit Creation Based on EVV Confirmation:	
Enable FOB Confirmation:	323601 (FOB Device ID)     Update to payer FOB
FOB Seal ID:	13213
Enable Beacon Confirmation:	8

The system prompts for a confirmation. Click **Yes** to confirm the update. Upon confirmation, the Payerissued 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.

Home		-			Enterprise 1	6.0.1.0 TELXDEVD01 / +	O chrome 71 (Doc Chrome	71) 1/09 07
Link	Communication	Notifications (	(276) O		_			
Office	(s): All	•	Coordinator: All		Search (This filter is applicable only for Ever	its and Notes section.)		
r.e	111	e e e e	22222	LLLLL	********	2222	eeee	t e e
Notes								
							Page 1 of 143	Next, Last
Close	Eram	Created Date *	Patient Name	Office	Note	Paver Name	Coordinators	
	HHAeXchange	05/09/2019 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 Basic
•	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 Bashy
8	HHAeXchange	01/08/2019 11:56:10 AM	Shah Xhushali	Excellence	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.	N/A		Close Basty
10	111	A strate of	11111	11111	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	A de de ser		

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).



		Edit Update Sta	tus		
Notes					New
n m	From	Note	Reason	Caregiver	
1/0-2019 5:25:47 AM	HHAeXchange	The Payer Managed FOB associated with this pat no longer active. A new FOB must be added to p FOB EVV for this patient.	erform 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 EV FOB ID can be viewed in the patient general tab.	V. The Payer FOB Added		
1/8/2019 3:17:37 AM	HHAeXchange	The Payer Managed FOB associated with this pat no longer active. A new FOB must be added to p FOB EVV for this patient.	erform 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 EV FOB ID can be viewed in the patient general tab.	V. The Payer FOB Added		
1/8/2019 3:15:30 AM	HHAeXchange	A Payer Manaped FOB has been applied to this patient's profile and can now be used for FOB EV FOB ID can be viewed in the patient general tab.	V. The 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*).

	Nurse:				Coordinator: PANT WALKER	
Caregiver	s with Access to	Release			Coordinator 2:	
Patient Info	via Mobile App:	Select	• 0 0		Coordinator 2:	
_	EVV Required:	Change will t	take effect on the following day		Coordinator 5:	-
isa 💃 HHA Ex	change - Patient Not	e Search		the state of		×
E Search !	Notes					
	Note Toron Lall		The second second		To Parter	
	Note Type: All		From Date:		To Date:	
	Reason : Payer	r FOB Added	Created By: All	•	Status: All	
-			Search			
Notes		From	Note	Reason	Careolver	
Date	3:19:35 AM	Erom HHAeXchange	Note A Payer Managed FOB has been applied to this patient's profile and co now be used for FOB EVV. The FOB II can be viewed in the patient general tab.	Reason D Payer FOB Added	Careolver	
1/8/2019	3:19:35 AM 3:16:49 AM	Erom HHAeXchange HHAeXchange	Note A Payer Managed FOB has been applied to this patient's profile and ca now be used for FOB EVV. The FOB bill can be viewed in the patient general tab. A Payer Managed FOB has been applied to this patient's profile and ca now be used for FOB EVV. The FOB bill can be viewed in the patient general tab.	Reason Payer FOB Added	Careolver	

Patient Note Search: Reason Field



# Linked Contract Patient Office Reassignment

DISCLAIMER

This feature is activated by System Administration. Please contact <u>HHAX Support Team</u> 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 one create manaple mana	
PatientEvents	
PatientGeneral	
AlternatePatientEdit	
PatientNoteAdd	
PatientNoteEdit	
ConvertToInternalPatient	
Md Order Required	
Move Linked Patient Office	2
and the second sec	

**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.



Name: Hirani Jayesh	Payer Name: Demo ML		
Admission ID: 500-Jayesh	Patient ID:		
Home Phone:	Office: PCA Exchange Office		
eneral			
Office:	PCA Exchange Office		
Office: Nurse:	PCA Exchange Office		
Office: Nurse: Caregivers with Access to Patient Info via Mobile App:	PCA Exchange Office		

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 Admission ID: 500-Jayesh Home Phone:	Payer Name: Demo ML Patient ID: Office: PCA Exchange Office		
Other Placements			
Canaral	There are no other patient records cor		
General			
Office	PCA Exchange Office		
Nurse	Excellence QA Team 46 HHAeXchange Office		
Caregivers with Access to Patier Info via Mobile App	private pay test office		
EVV Required	4. 🗵		

**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 **Phys**-**ician** 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, <u>the entire record is removed upon moving</u>.

The system prompts confirmation, listing all fields to be <u>removed</u> 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).

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

General	A						
	*Agency	Agency Init	ials: t	EXQA			
	* Agency	Serviced Zip Co	des: §	Enter Serviced Zip Codes			
	IVR Pb	* Langua	ges: (	HHA Exchange - Serviced	d Zip Codes - Goog	le Chrome —	
	Default Coord	Total Uploaded File Us	age: 4	i uat.hhaexchange.co	m/ENT2102010	000/Vendor/Servi	icedZipCo.
Pass	word Expires W	Tax ID	No.a				
	NP	Provider Zip C	ode: [	Vendor - Serviced Zip	Codes		
Account	Receivable Cos		ľ	Name: Excellence QA - M		Initials: EXQA	1 m
	ncryption Pass.	rough which books are clos	ed): 1	No. Co. Luc			-
				Zip Codes	6.63	Delete	
Invoice N	umbers By Coi.	HRA Agency	ID:	07102	Edit	Delete	
	Speak Out L	entifier to Billing Batch Num	ber:	07104	Edit	Delete	
Descent with Consent 7	and the second second			07101	Edit	Delete	
Prompt with Current I	Attendance 1	Homepage Default V	iew:	07105	Edit	Delete	
				07106	Edit	Delete	
Accept Time and A	ttendance Call	Jting of Caregiver Mobile Acc	1551	07107	Edit	Delete	
				07108	Edit	Delete	
Ven	for Export Hundli	Confirm Timesheets Page W		07109	Edit	Delete	
ven	or export hyp	, online timesheets Page W	Period	07110	Edit	Delete	
	-			15001	Edit	Delete	
MD Order IC	D Code Requir	Aeek Rollover on Deleted Vi	sits:	15002	Edit	Delete	
				15003	Edit	Delete	
Validate	ICD Code Sele	.d Non-Compliance Restricti	onsi	15004	Edit	Delete	
	100 0.4.0.1	here of the second second second second		15005	Edit	Delete	
Validate Truncated	ICD Code Sel	Ser Changing Caregiver on V	ISIC	15006	Edit	Delete	
Orde	rs Faxed this t			15007	Edit	Delete	
010	and a state of the			15008	Edit	Delete	
VE	C Dashboard Ds	Weekly Totals in Appointme	etc.	15009	E.C.	Delete	

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 <u>HHAX Support Team</u> 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	
/isit Information	Custom Field History   Histor
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

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 <u>new</u> Prebilling features. In addition, Providers can request POC Compliance Setup from Support. Please contact <u>HHAX</u> 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</i> Care Compliance, or Patient POC Compliance.
Personal Care Compliance	Request to set the compliance to <i>Contract Compliance</i> or <i>Patient POC Compliance</i> .
Patient POC Compliance	No change can be requested; however, a Provider can add addi- tional 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 <u>Contract</u> Name (link).

tract Search									terprise 17.0.1.0		
iearch											
Contract Name	e: [	Contract Type:	All	¥	Office(s):	All	¥		Status: [	All 🔽	
Effective Date From	•	Effective Date Ter		0	Expiration Date From			Dg	iration Date To: [		4
					earch						
				_							
Search Results (61	121										
Search Results (61	12)									12345678	.10
Search Results (61 Contract.Name	office		Invoice Type	Auth	Required Compliance	Status	Effective	Cupiers	Contract Type	12345678	1.0
Search Results (61 Contract.Name 10072017 Dr. Contract	Office Westchester (Excelence QA Te	14 <sup>(1)</sup> )	Invoice Type revoiceformat	Auth Required Yes	Required Compliance Contract Compliance	Status Inactive	Effective	Expires	Contract Type newcontract	12345678	
Search Results (61 Contract Name 10072017 Ex Contract Imedicare Solution	2) Office Westchester (Excellence QA Te Westchester (HMAXChang Of PCA Exchange Office)	um) Noe, Excellence QA Team,	Invoice Type invoiceformat invoiceformat	Auth Required Yes Yes	Required Compliance Contract Compliance No compliance	Status Inactive Active	Effective 02/01/2008	Exaires 02/07/2038	Contract Type newcontract	12345628 Service Codes Service Codes	0 0 0
Search Results (61 Contract.Name 20072017 Ex Contract Imedicare Solution Imedicare Solution	Office Westchester (Excellence QA Te Westchester (HHACChange Of FCA Exchange Office) Westchester (HHACChange Of ECA Exchange Office)	am) fice, Excellence QA Team, fice, Excellence QA Team,	Invoice Type invoiceformat invoiceformat	Auth Required Yes Yes	Required Compliance Contract Compliance No compliance No compliance	Status Inactive Active Active	Effective 02/01/2008 02/01/2008	Exaiters 02/07/2038 02/07/2038	Contract Type newcontract	12345628 Service Codes Service Codes Service Codes	0 10 0 0 0

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.



\$	HHAe	Xchange	Home Patient	Caregiver Visit Act	on Dilling Repor			. e .	e _e	Sua Welcome - Ivegae	port.Center   Sign.Out , ox (Excellence QA - ML)
Г	Contract Se	tup (10072017	Ex Contract)					Enterprise	17.0.1.0 TELEGADAT		<pre>&gt;&lt; 30 10) 4/04 11:20 057</pre>
	General	Billing Rates	Billing/Collections	Scheduling/Confirm	thighday	Quickbooks	Notes/Uploads				
	Schedulin	g Configuration									History
L		Authoriza	tion Required: 🗹 🕕				Service Code Required in	Authorization:	0		
L	Apply A	wthorizations too	mard TT/OT on				Autho	rization Week:	Agency Profile Week	-Ending Date 🔽 🔇	
L	Allow Mas	terweek Rollove	r without Valid 🗆 🕦				Daily Authorizations Do	Not Exceed 24 Hrs.:	No ® Warning	Validate 🕕	
L	Automa	tic Visit Creation	Based on EVV   Gonfirmations:				Auto-Confirm	Visit End Time Skilled Visits):	0		
L	D	isable Visit Sched	fule Rounding: 💷 🕕								
L						Save					
L	Visit Conf	irmation Option	15		_						History
L			Contr	act Compliance 🕥	1	6	<b>linical Documentation Re</b>	quired (Skilled Visits)			
		* POC Dv	ty Compliance: No Co Patier	nal Care Compliance mpliance it POC Compliance			Sufficient D	ocumentation	E-Doc in Status () Scanned Clinical D	) ocument ()	
l	Count Refe	ned Duties Towa	rd Compliance 🔲 🛈				Allow linking of EVV ve recognized as belong	erifications not ing to Patient	•		

**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.

invex.namye - non somed schedure	
Non Skilled Visit:	User update
Admission ID: HHA-14G2018EN1	Patient Name: Thomas Jerry
Visit Date: 2/7/2019	Patient Phone #1
Assignment ID:	Coordinators:
Schedule Visit Info Bill Info	
Schedule	
* Schedule Time: 0100 - 0200	Caregiver Code:
POC: 2264946	Assignment ID: 001997
	* Pay Code:Select *
* Service Code: Daily1 *	
" H: 01 H: 00	
Bill Type: Daily	Include in Mileage: 🗐 🕔
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.

Patient POC				Enterprise 15.0.1.0 070000	7 : 60319 chrome 72 (Doc 0	Jurgense 7
General Profile Authorizations/Orders Referral Info Eliobility.Check Social Resusata	Patient Info - Active Name Admission ID Home Phone	t Thomas Jerry Is HMA-SAG2038ENS	Payer Name: Demo HL. Patient ID: Office: HNLeXchange Office	Frequency: DOB: XX- Address: Ex XX0	101-3000X (300X	Paye
Calendar Visita • EGG Events	POC POC Number + 2254945	POC Start Date 08/01/2017	POC Stop Date 02/20/2019 Edg	Created By MultiQA	Created Date 02/04/2019	
Careover.HX						_





# **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).

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

ct	localhost says	ł
	Caregiver: [HHA-2423/Aaron Johnson ] is restricted. No schedule can be created.	Ī
H	ок	

**Restricted Caregiver Validation** 

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 Searc	h										
*From D	Nate: 02/13/201	•	*Te Out	ei 02/22/2019	13	offic	e(s): All		]	Contract:	A3	
Coordina	ator: Al	•	Patient Tear	A.1		Patient Loca	etion: [Ai		) Pati	ent Branch:	Al	•
Discipl	dine: Al		Caregiver Tear	a1		Caregiver Loca	tion: All		Caregi	ver Branch:	Al	
Pati	ient:		Caregive	¥1		Times	heet: All		) 54	rvice Code:		
	Check	All Validation:				_						
	R Urbele	noed Visits in Decom	plate Confirmation 98 s	ith Temp Caregiv	er 🗄 Carepiv	er Compliance 🔀 POC Co	mpliance					
	Cover as	ping Shifts 20 OT/TT	Not Approved 201	estricted Caregive	ns 🗑 Timeshe	eet 🛛 🖉 Drauffic	ient Duty Hinub	es.				
	E Overlag R Authori	using Shifts 🗹 OT/TT Lation 🛛 🕅 Clinica	Not Approved R I	estricted Caregive	rs RTimesh	eet 🗹 Drauffic Validations	ient Duty Hinub	es				
	iž Overlaj Iž Authori	aging Shifts 🗷 OT/TT aution 🖉 Clinica	Not Approved 21 I Documentation 201	estricted Caregive ledicard Complian	rs 🗷 Timeshi Re 🗷 Custom	eet 🗵 Drauffic Validations	ient Duty Hinut	5				
	2 Overla 2 Authori	aping Shifts 🗹 OT/TT pation 🛛 Clinica	Not Approved R I I Documentation R P	estricted Caregive Tedicaid Compliant	rs 🗷 Timesh Re 🗷 Custom	eet 🛛 Drauffe Validations earch View Report	ient Outy Minut					
lotal Searc	E Overlag E Authori	aning Shifts 🗭 OT/TT pation 🕑 Clinica Initial Hourity: (80:00)	I Cocumentation	estricted Carepive redicard Complian	es 🗹 Timesho Re 🗹 Custom	eet Z Drauffe Validations earch View Report Enfrach	ient Duty Hinut					
Total Searc	E Overlag E Authori	iping Shifts 🗷 OT/117 Sation 🗷 Clinics Total Hourly: (83:00	Not Approved R 1 ( Documentation R 1 ) Total West: (00:0	estricted Caregive ledicaid Conginan 0) Total Daily	ers iki Timeshi Re iki Custom Si Ri (20:00)	eet 🛛 Drauffe Validations saach View Report Anfrech	ient Duty Hinut					
Istal Searc	E Overlag E Authori ch Result: 7	noing Shifts 🗷 OT.ITT Sation 🗷 Clinics Fotal Hourly: (83:00	Not Approved 21 P	estricted Caregive ledicaid Compilant 0) Total Daily	ers 🗷 Timeshi Re 🗹 Custom Ri (20:00)	eet 🗭 Drawffe Weldations nanch View Kopant Raficadi	ient Duty Hinut					
Total Searc earch Res	E Overlag E Authori ch Result: 7 1 sults Administentit	ping Shifts 20 01/11 Sation 20 Clinics Fotal Hourly: (03:00 Patient.Name	Not Approved R N Cocumentation R N Total West: (00:0 Office	estricted Caregive rediced Comptant 0) Total Daily Contract	rs (20:00)	eet Rinauffe Validations sanch View Report Rafinab	iert Duty Hinut	ss Coordinators Sch	eduled Visit. In	on Disclution	II Problem	
Total Searc earch Res <u>Valu -</u>	E Overlag E Authori ch Result: 7 1 sults Administentit	pping Shifts 😢 OT/TT aation 😢 Clinica Fetal Hourly: (03:00 Patient Name	Not Approved R N Cocumentation R N Total West: (00:0 Office	estricted Caregive rediced Company () Total Daily Contract	es 🗹 Timeshu Re 🗷 Custom Pi (20:00) Careoshear Code	eet R Drawffe Validations santh View Ropert Rafinab Carpolycer Name	iert Duty Hinut	coordinators Sch	eduled Visit Ter	ne Discieline	II Problem Caregiver Compile	P <sup>1</sup> 08,
Istal Searc earch Res Min_n	E Overlag E Authori ch Result: 7 1 sults Adminuten20	pping Shifts 12 OT/11 aation 12 Cinics Fetal Hourity: (63:00 Patient.Name	Not Approved 21 1 ( Documentation 21 1 ) Total Visit: (00:0 Diffice Protectionage Office	estricted Caregive rediced Comptant 0) Total Daily Contract Demo HL (India	es in Custom e in Custom e (20:00) Careater Code	eet 🛛 Dawlie Validations sanch View Ropert Rafinab Carooleon Name	Service Code	ns Coordinators Sch	ofuled Tane 0-5400	ne Discieline	II Problem Caregost Complete Construction	P-08.

**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 <u>HHAX Support Team</u> 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.

Contract Service Code		History
* Contract:	Universal Patient Payer1-QA (	✓ (i)
* Discipline:	HHA	✓ (i)
* Service Code:	Rate9	i
* Rate Type:	Hourly	✓ (i)
* Visit Type:	Select	✓ 1
Mutual:	<b>i</b>	
Allow Patient Shift Overlap:	<b>i</b>	
Bypass Prebilling Validations:	<b>i</b>	
Bypass Billing Review Validations:	<b>i</b>	
Auto-Schedule Service Type ID:		(i) (e.g. xxxx)
Location Code:		
Live-in Units for Export [HHA Exchange support use only]:		
Weekend/Holiday Codes:	<b>i</b>	
Mileage Code:	<b>i</b>	
Default Mileage Code:	<b>i</b>	
Custom Hourly Rounding:	Select	✓ (i)
Waiver Program:	Select	*
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 <u>HHAeXchange Customer Sup</u>*port, 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.

Edit Office			2
General		•	
	Office Name:	Readings in Sec.	1
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		(You can select only leaf group)	Þ
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Allow C	aregiver In-Service and Visit Overlaps:		٢.
Allow Caregiver	Absence and Visit/In-Service Overlaps:	••••	1
	Display MD Order Aide Tab as:	Duty Code View     Order/Goal View	
	Master Week Rollover Time Frame:	30 Days ()	6

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.



H: 00 M: 00 ervice Code:Select V Rate Type:	H: 00 N: 00	H: 00 H: 00	"Master Week Rollover Time Frame" is set for 20 days; therefore, the dates are automatically populated from current date +
: in Mileage:	From Date: 9/25/2017	To Date: 10/15/2017	Save & Update Calendar Add Master week

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.

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Patient Master Week Rollover Time Frame (20 days)



# **EDI Tool**

#### DISCLAIMER

This functionality is enabled by HHAX System Administration. Please contact the <u>HHAX Support Team</u> 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.