



Patient Intake Process Guide

Create and Manage Patient Profiles

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Patient Intake

Overview

HHAExchange (HHAX) classifies any individual who receives service as a Patient. This category covers the **Patient Intake** functionality in the HHAX system consisting of the intake of new Patients, the maintenance of existing Patient records, and setting up Patients to receive service.

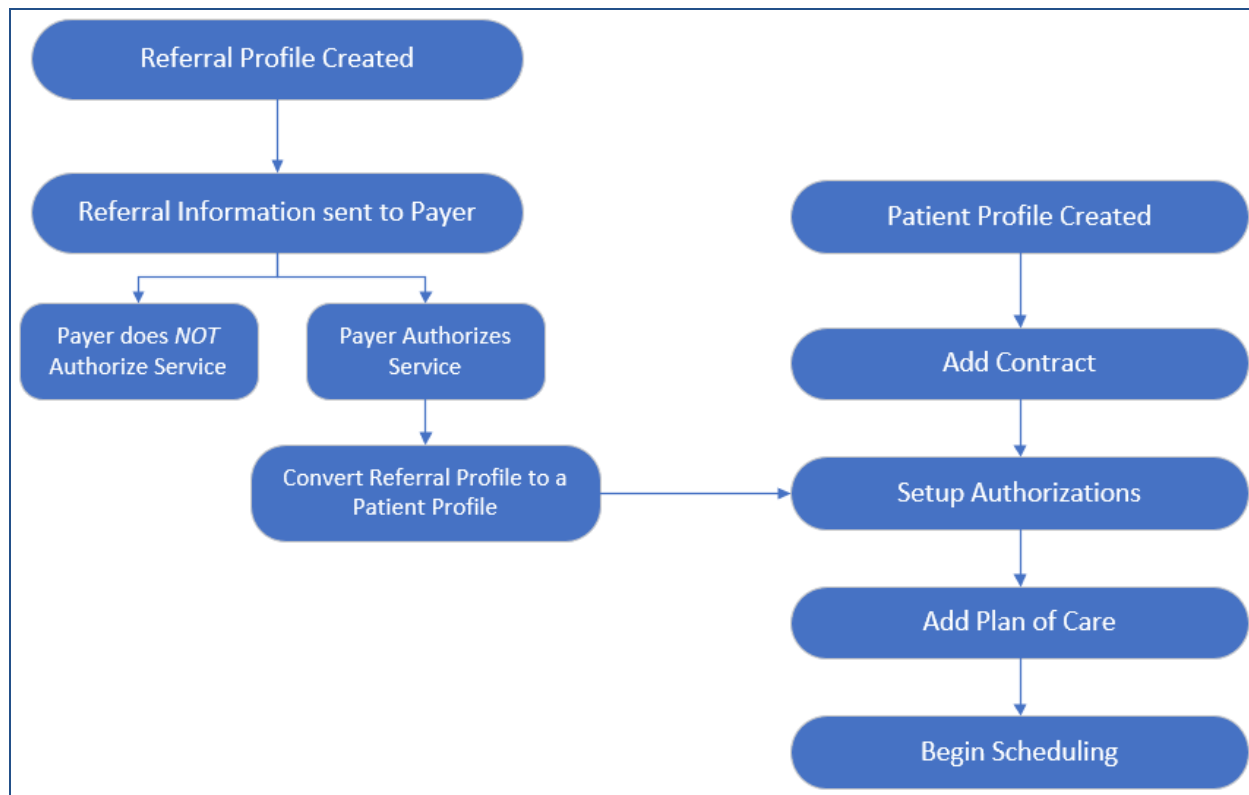
Once a Patient Profile is created, whether directly or by converting a Referral to a Patient, users must select a **Contract**, set up an **Authorization**, and create a **Plan of Care**. Each of these actions are covered thoroughly in this guide.

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

| Term | Definition |
|------------------|---|
| Patient | Refers to the Member, Consumer, or Recipient. The Patient is the person receiving services. |
| Caregiver | Refers to the Aide, Homecare Aide, Homecare Worker, or Worker. The Caregiver is the person providing services. |
| Provider | Refers to the Agency or organization coordinating services. |
| Payer | Refers to the Managed Care Organization (MCO), Contract, or HHS. The Payer is the organization placing Patients with Providers. |
| HHAX | Acronym for HHAExchange |

Patient Intake Process Flow

The following flowchart provides a quick breakdown of the Patient Intake process.



Patient Intake Process

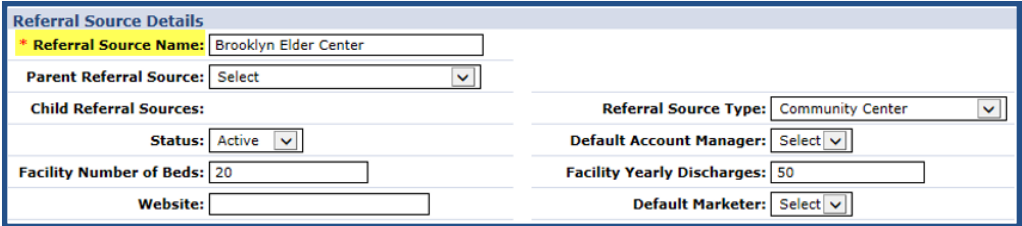
Referrals

A **Referral** refers to an individual seeking service who has not been cleared for home healthcare by a Payer. A **Referral Profile** is created to track these individuals within the system. Once a Payer authorizes service, the Referral is immediately converted to a Patient in the system.

The following section covers the process of entering Referral Sources and Sales Staff.

Referral Sources

Referral Sources are medical or care institutions where the Referral is/or was receiving care. Complete the following steps to create a new Referral Source.

| Step | Action |
|------|---|
| 1 | Navigate to Patient > Referral Management > Referral Sources > New Referral Source . |
| 2 | <p>Enter the required Referral Source Name (field) to save the record. Additional fields are available to capture supplementary information on the source (as illustrated on the image).</p>  <p style="text-align: center;">New Referral Source</p> |
| 3 | <p>Select the applicable Parent Referral Source from the dropdown, if the Referral Source is part of a larger collection of sources, such as a single doctor’s office within a larger network.</p> <p>Note: The values in the Parent Referral Source dropdown are other Referral Sources and do not have to be designated as such.</p> |
| 4 | <p>Select the Referral Source Type (type of institution) from the dropdown. These options are added and managed via the Reference Table (Admin > Reference Table Management) functionality.</p> |
| 5 | <p>Click the Save button to save.</p> |
| 6 | <p>Upon saving, enter Addresses for the Referral Source and specific related Contacts.</p> |

Sales Staff

Sales Staff are Agency representatives responsible for finding **Referrals** and signing them up for service. These individuals may be referred to as **Account** or **Intake Managers**. Follow the steps below to create a new **Sales Staff** record.

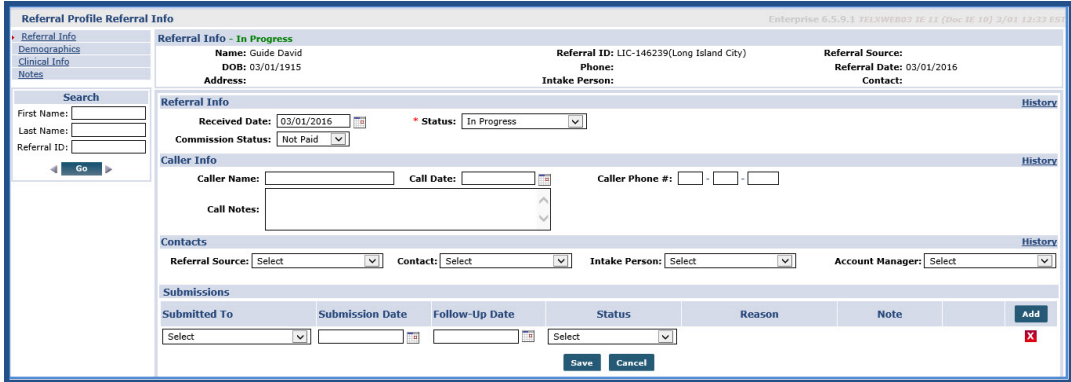
| Step | Action | | | | | | | | | | | | | | | |
|-----------------------------|--|---------------------|----------------------------|---------------------|------------|--------|----------------------------|---|--|-------------------------|--------|-----------------------------|---|------------|----------------------------|--------|
| 1 | Navigate to Patient > Referral Management > Sales Staff > New Sales Staff . | | | | | | | | | | | | | | | |
| 2 | <p>Enter the representative's First and Last Name (required fields denoted with red asterisks) to create the new Sales Staff employee. Complete the Sales Staff Manager and Attributes fields with available information.</p> <p>Click the Save button to continue.</p> <div data-bbox="342 768 1349 1020" style="border: 1px solid black; padding: 5px;"> <p>Sales Staff Details</p> <p>* First Name: <input type="text" value="Dan"/> * Last Name: <input type="text" value="Potocki"/></p> <p>Sales Staff Manager: <input type="text" value="Landau Raphael"/> ▼</p> <p>Set as Manager For: <input type="text"/></p> <p>Status: <input type="text" value="Active"/> ▼</p> <p>Attributes</p> <p><input type="checkbox"/> Patient Intake <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Clinical</p> </div> <p style="text-align: center;">New Sales Staff</p> <p><i>Note: Attributes are setup on Patient > Referral Management > Sales Staff > Attribute Setup. Attributes are for record keeping purposes only.</i></p> | | | | | | | | | | | | | | | |
| 3 | Once saved, enter the Address for the Sales Staff. | | | | | | | | | | | | | | | |
| 4 | <p>Navigate to Patient > Referral Management > Sales Staff > Search Sales Staff and click the Search button to locate existing Sales Staff representatives in the system.</p> <div data-bbox="306 1289 1385 1528" style="border: 1px solid black; padding: 5px;"> <p>Search Sales Staff Enterprise 6.5.9.1 TELXWEB03 3/07 12:08</p> <p>Search</p> <p>First Name: <input type="text"/> Last Name: <input type="text"/> Sales Staff Manager: <input type="text" value="All"/> ▼ Active: <input type="text" value="All"/> ▼</p> <p>Office(s): <input type="text" value="All"/> ▼ Attributes: <input type="text" value="All"/> ▼ <input type="button" value="Search"/></p> <p>Search Results (2)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Office(s)</th> <th>Sales Staff Manager</th> <th>Attributes</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>Torre Stan</td> <td>New York (Rhan's Office, Aldo's Office, Long Island City)</td> <td></td> <td>Patient Intake, Manager</td> <td>Active</td> </tr> <tr> <td>Smith Steve</td> <td>New York (Rhan's Office, Aldo's Office, Long Island City)</td> <td>Torre Stan</td> <td>Patient Intake, Paper work</td> <td>Active</td> </tr> </tbody> </table> </div> <p style="text-align: center;">Sales Staff Search</p> | Name | Office(s) | Sales Staff Manager | Attributes | Status | Torre Stan | New York (Rhan's Office, Aldo's Office, Long Island City) | | Patient Intake, Manager | Active | Smith Steve | New York (Rhan's Office, Aldo's Office, Long Island City) | Torre Stan | Patient Intake, Paper work | Active |
| Name | Office(s) | Sales Staff Manager | Attributes | Status | | | | | | | | | | | | |
| Torre Stan | New York (Rhan's Office, Aldo's Office, Long Island City) | | Patient Intake, Manager | Active | | | | | | | | | | | | |
| Smith Steve | New York (Rhan's Office, Aldo's Office, Long Island City) | Torre Stan | Patient Intake, Paper work | Active | | | | | | | | | | | | |

Create and Manage Referrals

When a **Sales Staff** representative recruits an individual looking for service, they are entered into the system as a **Referral**. This section covers the creation of a **New Referral** and the internal booking tool which allows users to track a Referral's status.

New Referral

Entering a **New Referral** is nearly identical to entering a New Patient, as the goal is to convert the Referral's profile into a Patient profile. Follow the steps below to create a New Referral.

| Step | Action | | | | | | |
|----------------------|--|------|-------------|---------------------|---|----------------------|---|
| 1 | Navigate to Patient > Referral Management > New Referral . | | | | | | |
| 2 | Specify the Office responsible for tracking the Referral's case. If the Agency operates out of a single Office are selected by default. | | | | | | |
| 3 | Complete as many fields as possible with available information to facilitate the Profile conversion process from Referral to Patient. | | | | | | |
| 4 | Enter the First Name , Last Name , and the Referral Received Date (the date the Referral's information was received by the Agency) and click the Save button to save the New Referral . | | | | | | |
| 5 | <p>Once saved, the Referral Profile Referral Info page opens (as illustrated).</p>  <p style="text-align: center;">Referral Profile</p> <p>If available, enter additional information on the Referral on the Demographics or Clinical Info pages.</p> <table border="1"> <thead> <tr> <th>Page</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Demographics</td> <td>Enter Name, Address(es), and Emergency Contact information for the Referral.</td> </tr> <tr> <td>Clinical Info</td> <td>Enter clinical information such as Advanced Directives, Physicians, and Diagnosis details.</td> </tr> </tbody> </table> | Page | Description | Demographics | Enter Name , Address(es) , and Emergency Contact information for the Referral. | Clinical Info | Enter clinical information such as Advanced Directives , Physicians , and Diagnosis details. |
| Page | Description | | | | | | |
| Demographics | Enter Name , Address(es) , and Emergency Contact information for the Referral. | | | | | | |
| Clinical Info | Enter clinical information such as Advanced Directives , Physicians , and Diagnosis details. | | | | | | |

Submitting Referrals

New Referral profiles have a status of *In Progress*. The *In Progress* status indicates that the Referral has not yet been authorized to receive service by a Payer. Note that the process of submitting service requests to a Payer is handled outside of HHAX. However, users may maintain a record of the submission status within the system.

| | | |
|--|--|--|
| Referral Info In Progress | Referral ID: LIC-146239(Long Island City) Phone: Intake Person: | Referral Source: Referral Date: 03/01/2016 Contact: |
| Name: Guide David DOB: 03/01/1915 Address: | | |

Referral: In Progress

Complete the following steps to track Referral submissions.

| Step | Action | | | | | | | | | | | | | | | | |
|---------------------|---|--|-----------------|----------------|--------|--------------------|------------------|--|-------|---------------------|----------|---|------------|---------------------|-----------|--|-------|
| 1 | Navigate to the Referral Info page in the Referral’s Profile and scroll down to the <i>Submissions</i> section. | | | | | | | | | | | | | | | | |
| 2 | <p>Select the Contracts the Referral’s case was sent to on the Submitted To dropdown. On the Submission Date, indicate when the case was sent out. By default, the Status dropdown is set to <i>Submitted</i>. Agencies may edit the Status as responses are received, users can change the value to reflect whether it was <i>Rejected</i> or <i>Accepted</i>.</p> <p>Click the Add button to create additional records if the Referral is sent to multiple Contracts.</p> <div style="border: 1px solid #0056b3; padding: 5px; margin: 10px 0;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #e0e0e0;">Submitted To</th> <th style="background-color: #e0e0e0;">Submission Date</th> <th style="background-color: #e0e0e0;">Follow-Up Date</th> <th style="background-color: #e0e0e0;">Status</th> <th style="background-color: #e0e0e0;"></th> </tr> </thead> <tbody> <tr> <td>Caring Hands LLC</td> <td>03/01/2016</td> <td></td> <td>Submitted</td> <td style="text-align: center;">Add</td> </tr> <tr> <td>Heaven’s Care</td> <td>03/01/2016</td> <td></td> <td>Submitted</td> <td style="text-align: center;">X</td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 5px;"> <input type="button" value="Save"/> <input type="button" value="Cancel"/> </p> </div> <p style="text-align: center;">Referral Submissions</p> | Submitted To | Submission Date | Follow-Up Date | Status | | Caring Hands LLC | 03/01/2016 | | Submitted | Add | Heaven’s Care | 03/01/2016 | | Submitted | X | |
| Submitted To | Submission Date | Follow-Up Date | Status | | | | | | | | | | | | | | |
| Caring Hands LLC | 03/01/2016 | | Submitted | Add | | | | | | | | | | | | | |
| Heaven’s Care | 03/01/2016 | | Submitted | X | | | | | | | | | | | | | |
| 3 | Set a Follow-Up Date to review the progress of a Submitted Referral. This date may be used as a filter when searching for existing Referrals. | | | | | | | | | | | | | | | | |
| 4 | Click the Save button to finalize. | | | | | | | | | | | | | | | | |
| 5 | <p>Once a record is saved, the <i>Submission Status History</i> displays at the bottom of the Submission section.</p> <div style="border: 1px solid #0056b3; padding: 5px; margin: 10px 0;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #e0e0e0;">Date</th> <th style="background-color: #e0e0e0;">Change Type</th> <th style="background-color: #e0e0e0;">Change</th> <th style="background-color: #e0e0e0;">User</th> </tr> </thead> <tbody> <tr> <td>03/01/2016 2:51 PM</td> <td>Edit</td> <td>Submission for Caring Hands LLC. Follow-Up date changed from "" to 03/15/2016.</td> <td>JonNE</td> </tr> <tr> <td>03/01/2016 12:56 PM</td> <td>Creation</td> <td>Submission created for Heaven’s Care with a submission date of 03/01/2016, Submission status set for Submitted.</td> <td>JonNE</td> </tr> <tr> <td>03/01/2016 12:55 PM</td> <td>Creation</td> <td>Submission created for Caring Hands LLC with a submission date of 03/01/2016, Submission status set for Submitted.</td> <td>JonNE</td> </tr> </tbody> </table> </div> <p style="text-align: center;">Submission Status History</p> | Date | Change Type | Change | User | 03/01/2016 2:51 PM | Edit | Submission for Caring Hands LLC. Follow-Up date changed from "" to 03/15/2016. | JonNE | 03/01/2016 12:56 PM | Creation | Submission created for Heaven’s Care with a submission date of 03/01/2016, Submission status set for Submitted. | JonNE | 03/01/2016 12:55 PM | Creation | Submission created for Caring Hands LLC with a submission date of 03/01/2016, Submission status set for Submitted. | JonNE |
| Date | Change Type | Change | User | | | | | | | | | | | | | | |
| 03/01/2016 2:51 PM | Edit | Submission for Caring Hands LLC. Follow-Up date changed from "" to 03/15/2016. | JonNE | | | | | | | | | | | | | | |
| 03/01/2016 12:56 PM | Creation | Submission created for Heaven’s Care with a submission date of 03/01/2016, Submission status set for Submitted. | JonNE | | | | | | | | | | | | | | |
| 03/01/2016 12:55 PM | Creation | Submission created for Caring Hands LLC with a submission date of 03/01/2016, Submission status set for Submitted. | JonNE | | | | | | | | | | | | | | |

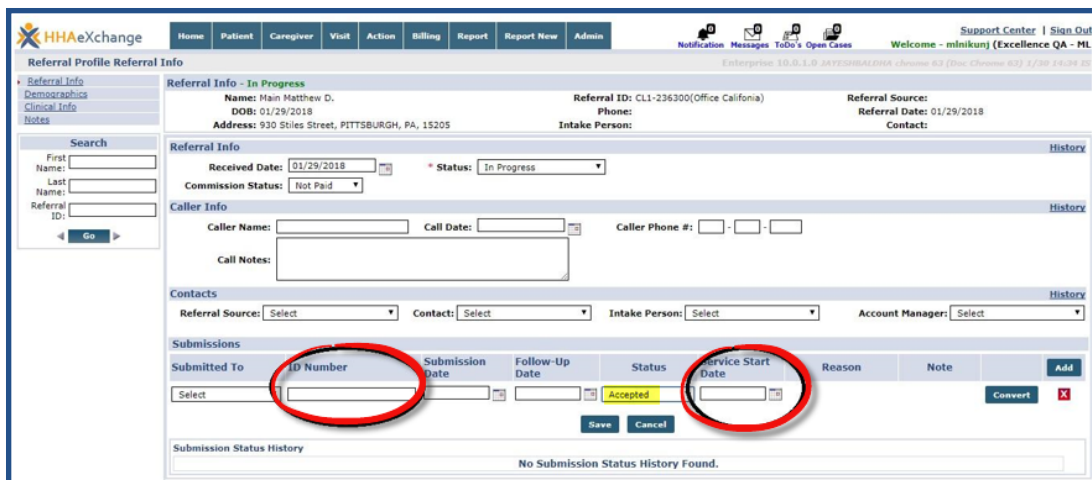
Referral Info Page Updates

Users can save a Contract by entering the **Submitted To** field without having to enter the **Submission Date** field. The system captures incomplete fields in the **Submission** section as “N/A” in the **Submission Status History** section.

When a referral submission is *Accepted*, the system generates a date field in the new **Service Start Date** column which is required to convert the Referral to a Patient. The **Service Start Date** also populates in the corresponding **Service Start Date** in the Patient Contract page (**Patient > Contract**).

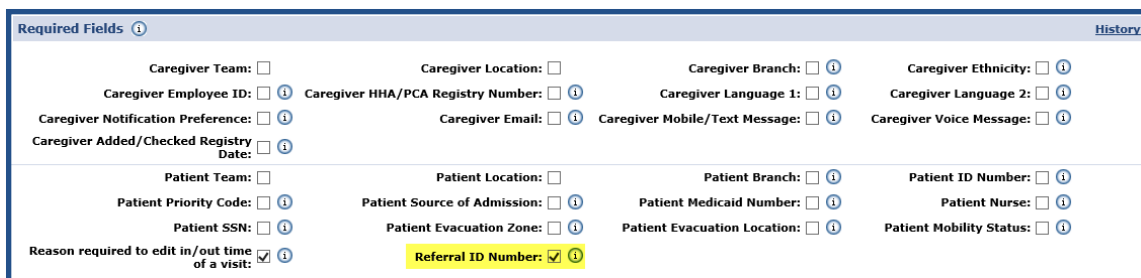
The system does not allow the conversion (from Referral to Patient) if no date is entered in the **Service Start Date** field.

An **ID Number** column in the referral **Submission** table captures an identification number for the Program or Payer the referral is submitted to. This field accepts alphanumeric characters with and is available for all Agencies.



Referral Submissions

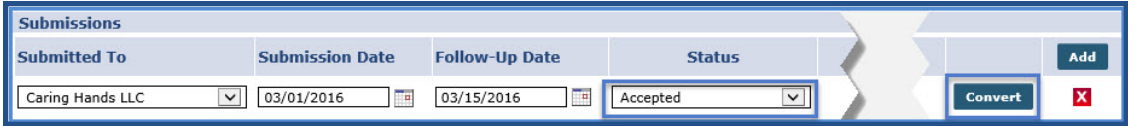
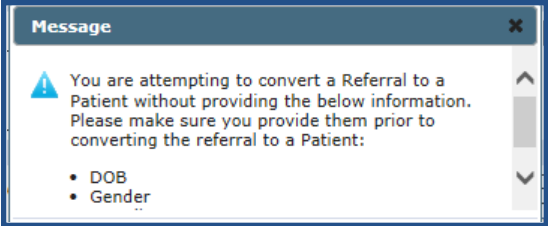

To enable this field, navigate to the **Agency Profile (Admin > Agency Profile)** and select the **Referral ID Number** checkbox under the Required Fields section. Selecting this option ensures an ID number is required for referral **Submissions** (as illustrated in the image below).



Agency Profile > Required Fields

Accepted Referrals

When a Payer authorizes service for a Referral, the submission is marked as *Accepted*. The system prompts one to convert the Referral to a Patient. Complete the steps below to convert a Referral to a Patient.

| Step | Action |
|------|--|
| 1 | Navigate to Patient > Referral Management > Referral Search and locate the desired Referral. |
| 2 | <p>On the Referral Info page, scroll down to the <i>Submissions</i> section. Select <i>Accepted</i> from the Status dropdown. The Convert appears.</p>  <p style="text-align: center;">Convert Referral</p> |
| 3 | <p>Click the Convert button to convert the Referral to a Patient. The system alerts if additional information is needed (missing) prior to (as illustrated in the image).</p>  <p style="text-align: center;">Alert Message</p> |
| 4 | The conversion process begins once all required information is entered. This involves pulling all Referral details into a new Patient Profile, pre-loaded with the relevant Contract. |
| 5 | <p>All Referral-related items display on the Patient's Referral Info page as reference.</p>  <p style="text-align: center;">New Patient</p> |

Lost Referrals

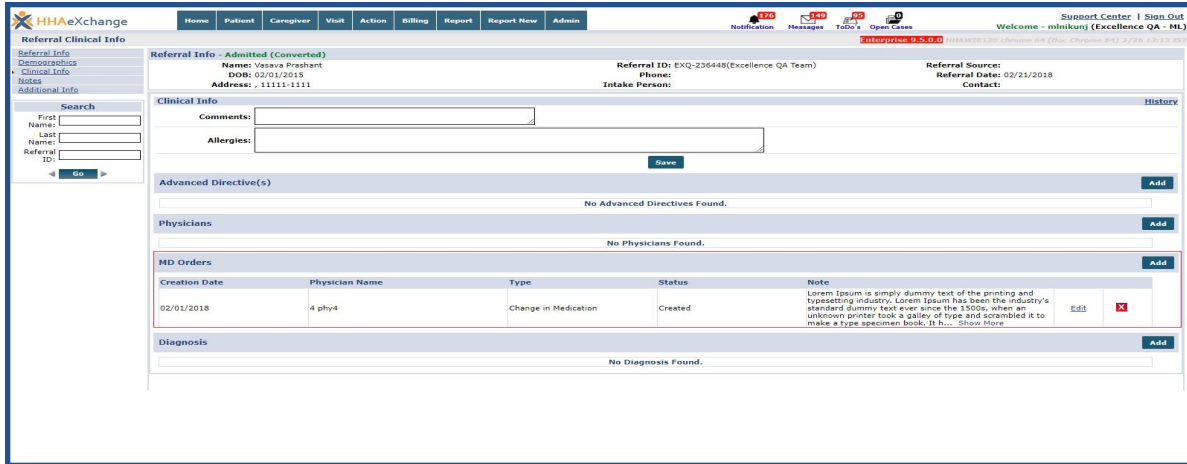
If no Contract authorizes service, users may opt to drop the case. Complete the following steps to mark a submission as *Rejected* and drop a Referral case entirely.

| Step | Action | | | | | | | | | | | | | | | | | | | | |
|------------------------|--|---------------------------------|---|---------------------------------|--------|--------|---------------------------|------------|----------------|----------|------------|---------------|------------|------------|----------|-------------|-------------|------------|------------|----------|------------|
| 1 | Navigate to Patient > Referral Management > Referral Search and locate the desired Referral. | | | | | | | | | | | | | | | | | | | | |
| 2 | <p>On the Referral Info page, scroll down to the <i>Submissions</i> section. Select <i>Rejected</i> from the Status dropdown prompting a Reason column dropdown to populate.</p> <div data-bbox="305 640 1393 856" style="border: 1px solid #ccc; padding: 5px;"> <p>Submissions</p> <table border="1"> <thead> <tr> <th>Submitted To</th> <th>Submission Date</th> <th>Follow-Up Date</th> <th>Status</th> <th>Reason</th> </tr> </thead> <tbody> <tr> <td>Caring Hands LLC</td> <td>02/04/2016</td> <td>02/08/2016</td> <td>Rejected</td> <td>Ineligible</td> </tr> <tr> <td>Heaven's Care</td> <td>02/15/2016</td> <td>02/22/2016</td> <td>Rejected</td> <td>At Capacity</td> </tr> <tr> <td>Living Care</td> <td>02/25/2016</td> <td>03/01/2016</td> <td>Rejected</td> <td>Ineligible</td> </tr> </tbody> </table> <p style="text-align: right;">Save Cancel</p> </div> <p style="text-align: center;">Rejected Submissions</p> | Submitted To | Submission Date | Follow-Up Date | Status | Reason | Caring Hands LLC | 02/04/2016 | 02/08/2016 | Rejected | Ineligible | Heaven's Care | 02/15/2016 | 02/22/2016 | Rejected | At Capacity | Living Care | 02/25/2016 | 03/01/2016 | Rejected | Ineligible |
| Submitted To | Submission Date | Follow-Up Date | Status | Reason | | | | | | | | | | | | | | | | | |
| Caring Hands LLC | 02/04/2016 | 02/08/2016 | Rejected | Ineligible | | | | | | | | | | | | | | | | | |
| Heaven's Care | 02/15/2016 | 02/22/2016 | Rejected | At Capacity | | | | | | | | | | | | | | | | | |
| Living Care | 02/25/2016 | 03/01/2016 | Rejected | Ineligible | | | | | | | | | | | | | | | | | |
| 3 | <p>Select a Reason for the rejection for record-keeping purposes.</p> <p><i>Note: Values for the Reasons field are generated via the Reference Table Management function.</i></p> | | | | | | | | | | | | | | | | | | | | |
| 4 | <p>Scroll to the top of the page to the <i>Referral Info</i> section. Select <i>Lost</i> from the Status dropdown. A Reason dropdown appears prompting one to enter the applicable reason.</p> <div data-bbox="292 1113 1404 1234" style="border: 1px solid #ccc; padding: 5px;"> <p>Referral Info History</p> <p>Received Date: 02/03/2016 * Status: Lost Reason: No Payer Interest Note: <input type="text"/></p> <p>Commission Status: Not Paid</p> </div> <p style="text-align: center;">Lost Referral</p> | | | | | | | | | | | | | | | | | | | | |
| 5 | <p>Click the Save button to finalize. The Referral is now listed as <i>Lost</i> in the system.</p> <div data-bbox="332 1333 1364 1428" style="border: 1px solid #ccc; padding: 5px;"> <p>Referral Info Lost</p> <table border="0"> <tr> <td>Name: Silverman Daniel</td> <td>Referral ID: LIC-146334(Long Island City)</td> <td>Referral Source: Healthy Living</td> </tr> <tr> <td>DOB:</td> <td>Phone:</td> <td>Referral Date: 02/03/2016</td> </tr> <tr> <td>Address:</td> <td>Intake Person:</td> <td>Contact:</td> </tr> </table> </div> <p style="text-align: center;">Referral Status: Lost</p> | Name: Silverman Daniel | Referral ID: LIC-146334(Long Island City) | Referral Source: Healthy Living | DOB: | Phone: | Referral Date: 02/03/2016 | Address: | Intake Person: | Contact: | | | | | | | | | | | |
| Name: Silverman Daniel | Referral ID: LIC-146334(Long Island City) | Referral Source: Healthy Living | | | | | | | | | | | | | | | | | | | |
| DOB: | Phone: | Referral Date: 02/03/2016 | | | | | | | | | | | | | | | | | | | |
| Address: | Intake Person: | Contact: | | | | | | | | | | | | | | | | | | | |

Note: A *Lost Referral* may still be converted into a *Patient* later if the Agency finds a *Payer* to authorize service.

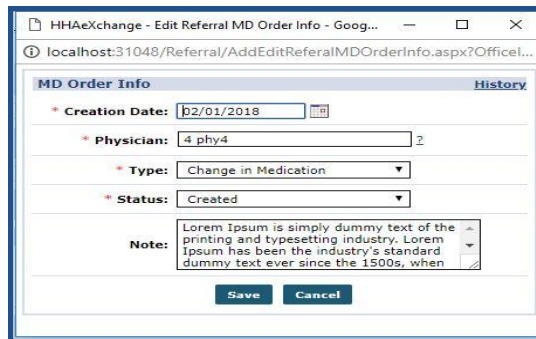
MD Order Tracking Added to Referral

MD Orders can be tracked at the referral stage. This MD Order information is carried over when a Referral is converted into a Patient. The **MD Order** grid is available on the *Referral Profile > Clinical Info* page with *add, edit* and *delete* functionality.



MD Orders on the Referral Info Page

When adding or editing an MD Order, from either the Referral or Patient page, the MD Order Info **Type** and **Status** field values are populated in Reference Tables, as explained in the following section. The **Note** field is expanded in size and character limit to accommodate more text.



Adding/Editing MD Order Info

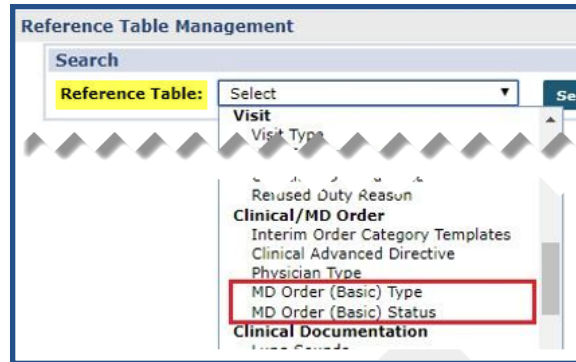
| Creation Date | Physician Name | Type | Status | Note |
|---------------|----------------|----------------------|---------|---|
| 02/01/2018 | Barry Rohan | Change in Medication | Created | The patient has a medication order and a PRN protocol for Tylenol, 650 mg by mouth every four hours as needed for pain or fever. The patient has a headache. You have checked the medication log to see that the patient has not received any Tylenol with... Show More |

MD Orders – Note field

Note: On the MD Order Info window, only two lines of a Note displays with a "Show More" ellipse. Clicking on the ellipse opens a window displaying the full text message.

Clinical/MD Order Reference Tables

MD Order options for **MD Order (Basic) Type** and **MD Order (Basic) Status** are added via the Reference Table Management function (**Admin > Reference Table Management**) under the *Clinical/MD Order* category.



Reference Table: MD Order Types and Status

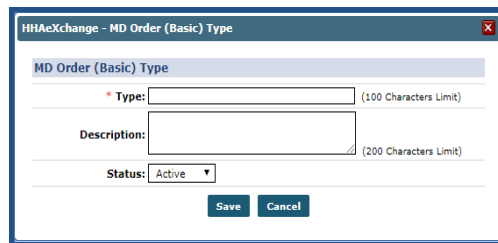
MD Order (Basic) Type

All current MD Order **Types** are standard and available for all Providers. Although these standard Types are un-editable, Providers can add customized types. Click the **Add** button to add a new MD Order (Basic) Type.



Add an MD Order (Basic) Type

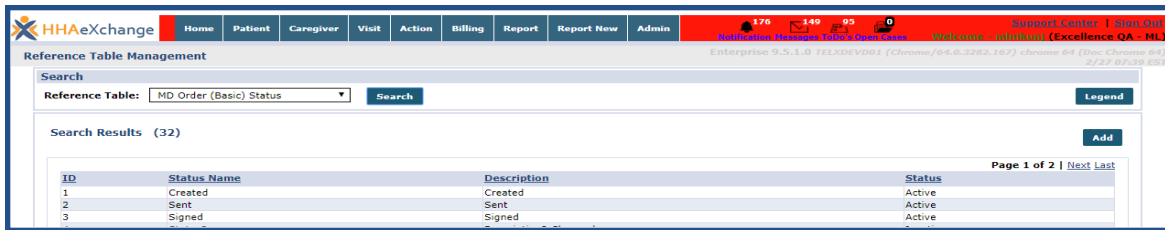
Complete the *MD Order (Basic) Type* fields when the window opens. Click the **Save** button to finalize.



Creating an MD Order (Basic) Type

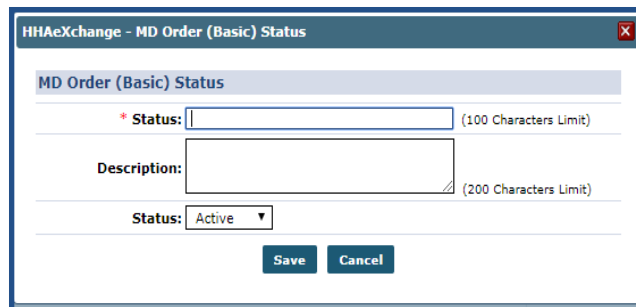
MD Order (Basic) Status

All current MD Order **Status** options are standard and available for all Providers. Although these standard options are un-editable, Providers can add customized options. Click the **Add** button to add a new MD Order (Basic) Status.



Add an MD Order (Basic) Status

Complete the MD Order (Basic) Status fields when the window opens. Click the **Save** button to finalize.



Creating an MD Order (Basic) Status

Unassigned Office for Referrals

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

An **Unassigned Office** option allows records to be saved without formally selecting an office when creating a new Referral. However, an Office must be assigned before converting the Referral to a Patient. The **Unassigned Referral Office** and **Update Referral Office** permissions must be enabled for the options to be available to an assigned role. Navigate to **Admin > User Management > Edit Roles** to enable the permissions for a role.

| Permission | To... |
|-----------------------------------|---|
| Unassigned Referral Office | Assign and review Referrals to the <i>Unassigned Office</i> . Without this permission, user is not able to view/assign to an Unassigned Office. |
| Update Referral Office | Change the Office a Referral is assigned to. Users with this permission, but not the Unassigned Referral Office, can change the Referral's assigned Office but are not able to assign a Referral to an Unassigned Office. |

Unassigned Office Value: New Referral Page

On the **New Referral** page, the *Unassigned Office* value is listed under the **Office** dropdown (provided that the permissions have been enabled). When **Unassigned Office** is selected, office-specific fields are unavailable, except for the following:

- **Referral Source** – includes all referral sources entered for the Agency
- **Referral Contact**
- **Medicaid Number** – The value entered here is validated once the Referral is assigned to a specific Office.
- **Submitted To** – Includes all Contracts entered for the Agency

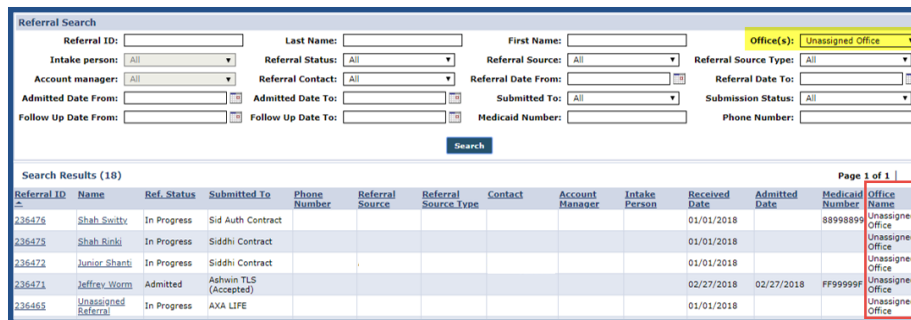
Once the Referral is saved all Office-specific fields remain unavailable except for the above-listed (as seen in the image below). The **Referral Office** field is required.

Unassigned Office Referral

Note: The *Physician* and *Advanced Directives* sections are also unaffected from the Office-specific requirements.

Unassigned Office: Referral Search

To search for a Referral in an Unassigned Office, navigate to *Patient > Referral Management > Referral Search* and select *Unassigned Office* from the **Office(s)** field. On the results grid, Unassigned Office is listed under the Office column (as seen in the following image).



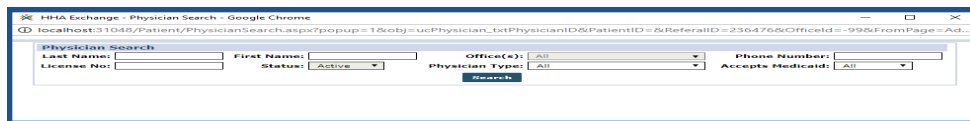
The screenshot shows the 'Referral Search' window with various filters. The 'Office(s)' dropdown is set to 'Unassigned Office'. Below the filters is a table with 18 search results. The 'Office Name' column for all results is 'Unassigned Office'.

| Referral ID | Name | Ref. Status | Submitted To | Phone Number | Referral Source | Referral Source Type | Contact | Account Manager | Intake Person | Received Date | Admitted Date | Medicaid Number | Office Name |
|-------------|---------------------|-------------|-----------------------|--------------|-----------------|----------------------|---------|-----------------|---------------|---------------|---------------|-----------------|-------------------|
| 236476 | Shah Smitty | In Progress | Sid Auth Contract | | | | | | | 01/01/2018 | | 8999899 | Unassigned Office |
| 236475 | Shah Rinki | In Progress | Sidhi Contract | | | | | | | 01/01/2018 | | | Unassigned Office |
| 236472 | Junior Shant | In Progress | Sidhi Contract | | | | | | | 01/01/2018 | | | Unassigned Office |
| 236471 | Jeffrey Worm | Admitted | Ashwin TLS (Accepted) | | | | | | | 02/27/2018 | 02/27/2018 | FF99999F | Unassigned Office |
| 236465 | Unassigned Referral | In Progress | AXA LIFE | | | | | | | 01/01/2018 | | | Unassigned Office |

Search Results: Unassigned Office

Unassigned Office Clinical Info

The **Office** dropdown on the Physician search window (*Referral Profile > Clinical Info > Add Physician > Search*) allows users to perform an Agency-wide search for physicians when a Referral is created in the *Unassigned Office*.



The screenshot shows the 'Physician Search' window. The 'Office(s)' dropdown is currently set to 'All'. Other fields include 'Last Name', 'First Name', 'Status' (set to 'Active'), 'Phone Number', and 'Accepts Medicaid'.

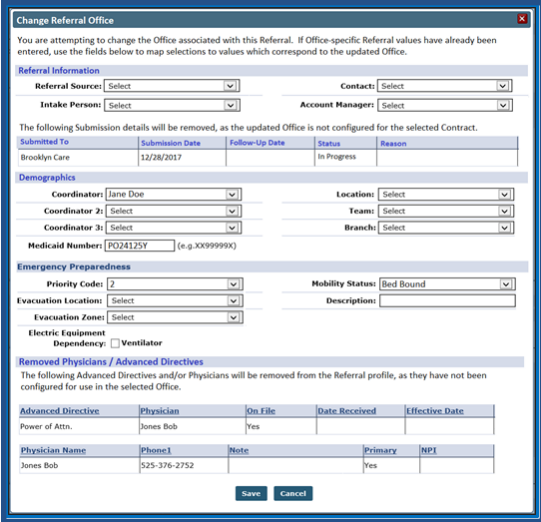
Referral Physician Search

Note: The system searches for all current Physicians (Agency-wide) but does not allow for a new Physician to be added in this function.

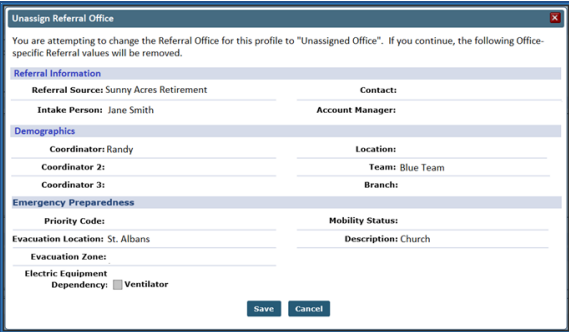
The **Advanced Directives** dropdown on the Advanced Directives window (*Referral Profile > Clinical Info > Add Advanced Directive*) allows users to perform an Agency-wide search for all Advanced Directives values.

Updating a Referral Office From Unassigned to a Specific Office

Follow the steps below to change from an **Unassigned** to a **specific Office**.

| Step | Action |
|------|--|
| 1 | Navigate to Patient > Referral Management > Search Referral and select the Referral. |
| 2 | Select the Demographic page and click on the Referral Office field to open the dropdown. Select the specific Office from the options. |
| 3 | Upon availability, update the Office-specific fields that were previously un-editable. |
| 4 | List any Submission, Physician, and/or Advanced Directives to be removed. These values cannot be added from the Change Referral Office window. |
| 5 | <p>If Office-specific values are the same from the Unassigned Office to the specific Office, then the selected values are transferred.</p>  |

From a Specific Office to an Unassigned Office

| Step | Action |
|------|---|
| 1 | Navigate to <i>Patient > Referral Management > Search Referral</i> and select the Referral. |
| 2 | Select the <i>Demographic</i> page and click on the Referral Office field to open the dropdown. Select the <i>Unassigned Office</i> from the options. |
| 3 | <p>Remove all Office-specific values except Submitted To, Physician(s), Advanced Directives, Referral Source, Referral Contact, and Medicaid Number.</p>  <p>Note: A validation warning lists all Office-specific fields/values which will be removed upon updating the Referral to an Unassigned Office.</p> |

From a Specific Office to another Specific Office

| Step | Action |
|------|--|
| 1 | Navigate to <i>Patient > Referral Management > Search Referral</i> and select the Referral. |
| 2 | Select the <i>Demographic</i> page and click on the Referral Office field to open the dropdown. Select the new specific <i>Office</i> from the options. |
| 3 | Edit the Office-specific fields/values for the newly selected Office. |
| 4 | List any Submission, Physician, and/or Advanced Directives to be removed. These values cannot be added from the Change Referral Office window. |
| 5 | If Office-specific values are the same from the first specific Office to the second specific Office, then the selected values are transferred. |

| Step | Action | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|---|-----------------|----------------|-----------------|--------------------|--------|--------------------|--------|----------|------|------------|------------|--|--|--|---------------------|-----------|---------|---------------|----------------|----------|---------------|-----|------------|------------|----------------|--------|------|---------|-----|---------------|--|--|-----|------------|
| | <div style="border: 1px solid #ccc; padding: 10px;"> <p>Change Referral Office - Real Office to Real Office</p> <p>You are attempting to change the Office associated with this Referral. If Office-specific Referral values have already been entered, use the fields below to map selections to values which correspond to the updated Office.</p> <p>Referral Information</p> <p>Referral Source: <input type="text" value="Select Referral Source"/> Contact: <input type="text" value="Select Contact"/></p> <p>Intake Person: <input type="text" value="Risk Porting"/> Account Manager: <input type="text" value="Richardson Adam"/></p> <p>The following Submission details will be removed, as the updated Office is not configured for the selected Contract.</p> <table border="1"> <thead> <tr> <th>Submitted To</th> <th>ID Number</th> <th>Submission Date</th> <th>Follow-Up Date</th> <th>Status</th> <th>Service Start Date</th> <th>Reason</th> </tr> </thead> <tbody> <tr> <td>AXA LIFE</td> <td>5343</td> <td>03/16/2018</td> <td>03/16/2018</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Demographics</p> <p>Coordinator: <input type="text" value="Admin"/> Location: <input type="text" value="Florida"/></p> <p>Coordinator 2: <input type="text" value="Richardson"/> Team: <input type="text" value="Green Team"/></p> <p>Coordinator 3: <input type="text" value="Smith"/> Branch: <input type="text" value="Macon"/></p> <p>Medicaid Number: <input type="text" value="19637876"/> (e.g. 99999999)</p> <p>Emergency Preparations</p> <p>Priority Code: <input type="text" value="S"/> Mobility Status: <input type="text" value="Chair-bound"/></p> <p>Evacuation Location: <input type="text" value="Genl. Hospital"/> Description: <input type="text" value="Hospital"/></p> <p>Evacuation Zone: <input type="text" value="Pure QA Zone For Test 2"/></p> <p><input checked="" type="checkbox"/> Oxygen <input type="checkbox"/> Letter Pad</p> <p><input checked="" type="checkbox"/> Electric Equipment <input checked="" type="checkbox"/> Breath Reader <input type="checkbox"/> Sugar Tester</p> <p>Dependency: <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test</p> <p><input type="checkbox"/> Skin Test</p> <p>Removed Physician/Advanced Directives</p> <p>The following Advanced Directives and/or Physicians will be removed from the Referral profile, as they have not been configured for use in the selected Office.</p> <table border="1"> <thead> <tr> <th>Advanced Directives</th> <th>Physician</th> <th>On File</th> <th>Date Received</th> <th>Effective Date</th> </tr> </thead> <tbody> <tr> <td>Clinical</td> <td>Aaron Johnson</td> <td>Yes</td> <td>03/16/2018</td> <td>03/16/2018</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Physician Name</th> <th>Phone1</th> <th>Note</th> <th>Primary</th> <th>NPI</th> </tr> </thead> <tbody> <tr> <td>Aaron Johnson</td> <td></td> <td></td> <td>Yes</td> <td>4378944474</td> </tr> </tbody> </table> <p style="text-align: right;"><input type="button" value="Save"/> <input type="button" value="Cancel"/></p> </div> <p>Note: The History function preserves data fields which have been changed or deleted.</p> | Submitted To | ID Number | Submission Date | Follow-Up Date | Status | Service Start Date | Reason | AXA LIFE | 5343 | 03/16/2018 | 03/16/2018 | | | | Advanced Directives | Physician | On File | Date Received | Effective Date | Clinical | Aaron Johnson | Yes | 03/16/2018 | 03/16/2018 | Physician Name | Phone1 | Note | Primary | NPI | Aaron Johnson | | | Yes | 4378944474 |
| Submitted To | ID Number | Submission Date | Follow-Up Date | Status | Service Start Date | Reason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AXA LIFE | 5343 | 03/16/2018 | 03/16/2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Advanced Directives | Physician | On File | Date Received | Effective Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical | Aaron Johnson | Yes | 03/16/2018 | 03/16/2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physician Name | Phone1 | Note | Primary | NPI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aaron Johnson | | | Yes | 4378944474 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Patients

Patients’ services vary depending greatly on their needs. While some Patients may only require a home health aide to assist them with basic chores and mobility, others require fulltime medical care or therapy. This section covers the Patient Intake process and management to include entering new Patients, linking Contracts to a Patient, setting up Authorizations, and entering Plans of Care.

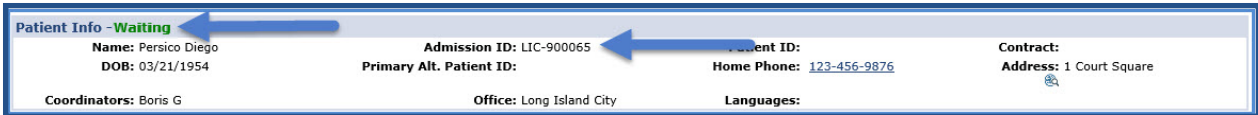
New Patient

The **New Patient** function is used to create a Patient Profile. Creating a new Profile consists of entering demographic information and identifying the types of service the Patient needs. Although some information is required on the **New Patient** page, other information can be entered on an ongoing basis as it becomes available.

Follow the steps outlined below to create a New Patient.

| Step | Action | | | | | | | | | | | | | | |
|--------------------------|---|-------|-------------|--------------------------|--------------------------------|---------------|--|------------|------------------------------------|--------------------|---|--------------------------|--|------------|---|
| 1 | Navigate to Patient > New Patient . | | | | | | | | | | | | | | |
| 2 | Select the Office responsible for scheduling the Patient’s service. Once selected, the Office cannot be changed. | | | | | | | | | | | | | | |
| 3 | <p>Complete the required fields (denoted with a red asterisk) as described in the table below. A new Patient Profile may be created completing this information. Remaining fields can be completed as information becomes available.</p> <table border="1"> <thead> <tr> <th>Field</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>First / Last Name</td> <td>Enter the Patient’s full name.</td> </tr> <tr> <td>Gender</td> <td>Select the Patient’s gender (<i>Male, Female, or Other</i>).</td> </tr> <tr> <td>DOB</td> <td>Enter the Patient’s date of birth.</td> </tr> <tr> <td>Coordinator</td> <td>Select the Coordinator responsible for managing the Patient’s case.</td> </tr> <tr> <td>Accepted Services</td> <td>Select all types of care the Patient is receiving.</td> </tr> <tr> <td>Zip</td> <td>Enter the first 5-digits of the Patient’s zip code.</td> </tr> </tbody> </table> <p>Note: The terms Service and Discipline are used interchangeably. Service refers to the type of care the Patient receives, while Discipline refers to the type of care a Caregiver is certified to provide.</p> | Field | Description | First / Last Name | Enter the Patient’s full name. | Gender | Select the Patient’s gender (<i>Male, Female, or Other</i>). | DOB | Enter the Patient’s date of birth. | Coordinator | Select the Coordinator responsible for managing the Patient’s case. | Accepted Services | Select all types of care the Patient is receiving. | Zip | Enter the first 5-digits of the Patient’s zip code. |
| Field | Description | | | | | | | | | | | | | | |
| First / Last Name | Enter the Patient’s full name. | | | | | | | | | | | | | | |
| Gender | Select the Patient’s gender (<i>Male, Female, or Other</i>). | | | | | | | | | | | | | | |
| DOB | Enter the Patient’s date of birth. | | | | | | | | | | | | | | |
| Coordinator | Select the Coordinator responsible for managing the Patient’s case. | | | | | | | | | | | | | | |
| Accepted Services | Select all types of care the Patient is receiving. | | | | | | | | | | | | | | |
| Zip | Enter the first 5-digits of the Patient’s zip code. | | | | | | | | | | | | | | |
| 4 | <p>Select the EVV Required and/or FOB Required checkboxes if EVV and/or a FOB device is used for visit confirmation.</p> <p>Note: The Unique Device Serial Number and the FOB Seal ID must be entered if an FOB device is used.</p> | | | | | | | | | | | | | | |
| 5 | Enter the Patient Address(es) . Refer to the Adding Multiple Patient Addresses section for instruc- | | | | | | | | | | | | | | |

| Step | Action |
|------|--|
| | tions. |
| 6 | Enter Address, Emergency Contact, and Emergency Preparedness information, as necessary. |
| 7 | Enter Clinical Info, Advanced Directives, Physicians, and Diagnosis information to track any clinical functions for the Patient. |
| 8 | In the <i>Patient Preferences Used for Scheduling</i> section, specify scheduling criteria that must be met by a Caregiver to provide service for that Patient. Agencies may create unique values for this section using the Reference Table Management function. |
| 9 | Click the Save button to create the Patient Profile. |



Patient Info - Waiting
 Name: Persico Diego Admission ID: LIC-900065 Patient ID: Contract:
 DOB: 03/21/1954 Primary Alt. Patient ID: Home Phone: 123-456-9876 Address: 1 Court Square
 Coordinators: Boris G Office: Long Island City Languages:

Patient Status and Admission ID

Upon creating a Patient Profile, the following occurs:

- The Profile is held in a **Waiting** status indicating that a Contract has not yet been assigned to the Patient. The Patient Profile becomes **Active** once a Contract is assigned.
- The Patient is automatically assigned a Patient **Admission ID**, or reference number for the Patient within the system.

Note: A Patient's **Admission ID** can be changed by users who have the proper permissions.

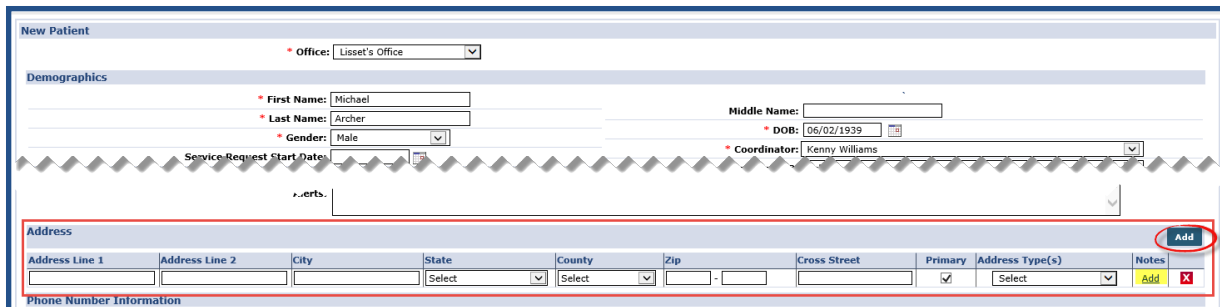
Adding Multiple Patient Addresses

Multiple addresses can be entered for a Patient and can be assigned to be used for GPS coordinates. In the address selection criteria includes *Primary Address* and *Allow GPS Address*, as described in the table below.

| 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 in multiple address. This is the address used if GPS is the chosen modality to clock in/out (from this address). |

Note: These Addresses apply to New Patients and Referrals.

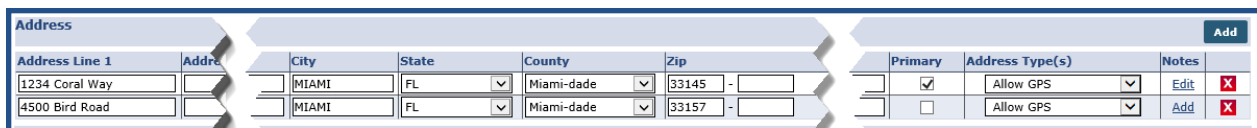
These Addresses are added when creating a New Patient in the system. Navigate to **Patient > New Patient** and complete the *Demographics* section. In the Address section, enter the Patient’s Primary Address (as selected under the Primary column). To add an Address and/or Allow GPS Address, click the **Add** button (as illustrated in the image below).



The screenshot shows the 'New Patient' form with the 'Address' section highlighted. The 'Add' button is circled in red. The form includes fields for Demographics (First Name, Last Name, Middle Name, Gender, DOB, Coordinator) and Address (Address Line 1, Address Line 2, City, State, County, Zip, Cross Street, Primary, Address Type(s), Notes).

New Patient

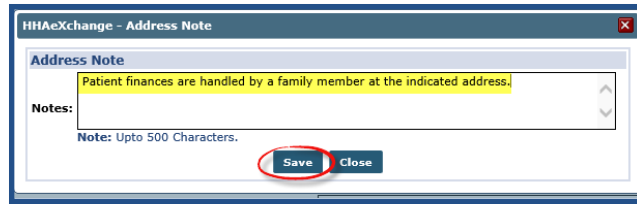
As a result, the Patient’s Addresses are shown as indicated.



| Address Line 1 | Address Line 2 | City | State | County | Zip | Primary | Address Type(s) | Notes |
|----------------|----------------|-------|-------|------------|-------|-------------------------------------|-----------------|--------|
| 1234 Coral Way | | MIAMI | FL | Miami-dade | 33145 | <input checked="" type="checkbox"/> | Allow GPS | Edit X |
| 4500 Bird Road | | MIAMI | FL | Miami-dade | 33157 | <input type="checkbox"/> | Allow GPS | Add X |

Patient Addresses

To add Notes to a specific address, click the [Add](#) link in the Notes column for a specific address. Enter a note in the **Notes** field and click the **Save** button.



Patient Address Note

Once saved, all entered Addresses appear under the *Address* section (as seen in the following image). The locator icon under the **Address Type(s)** column indicate that the address is GPS enabled. Under the **Notes** column, a note icon indicates if the address has a note attached.

Patient Info - Active

Name: Archer Michael Admission ID: LIS-7897654654321570 Patient ID: Contract: Amazing Health
 DOB: XX/XX/XXXX Primary Alt. Patient ID: Home Phone: 305-333-3333 Address: XXX, XXX, Coral Gables, FL, 33145
 Coordinators: Kenny Williams Office: Lisset's Office Languages: English

Profile Print Profile

Demographics History

First Name: Michael Middle Name: DOB: XX/XX/XXXX
 Last Name: Archer Gender: Male Coordinator: Kenny Williams

| Address line 1 | Address line 2 | City | State | County | Zip | Cross Street | Primary | Address Type(s) | Notes |
|----------------|----------------|--------------|-------|------------|-------|--------------|---------|-----------------|-------|
| 1234 Coral Way | | Coral Gables | FL | Miami-dade | 33145 | | Yes | | H |
| 4500 Bird Road | | Miami | FL | Miami-dade | 33157 | | No | | H |

Phone Number Information History

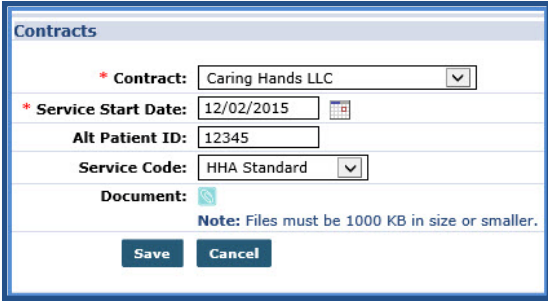
Patient Profile: Multiple Addresses

All specified addresses are imported into the Patient Profile with indicated **Address Type(s)** when a Referral is converted to a Patient.

Assigning a Contract

Contracts (Payers) authorize the Agency to provide service on their behalf. Payers specify the terms of the service and reimburse Agencies for the visit. At least one Contract must be assigned to a Patient before visits can be scheduled.

Follow the steps outlined below to add a Contract to a Patient’s Profile.

| Step | Action | | | | | | | | | | | | |
|----------------------------|--|-------------|-------------|------------------|---|----------------------------|---|-----------------------|--|---------------------|--|-----------------|-----------------------------------|
| 1 | Navigate to Patient > Patient Search > Patient Profile > Contracts | | | | | | | | | | | | |
| 2 | Click the Add button. | | | | | | | | | | | | |
| 3 | <p>The Contracts window opens (as illustrated in the image herein). Complete the fields (required fields are denoted with a red asterisk), as illustrated in the image below and described in the table underneath.</p> <div style="text-align: center;">  <p>Contract Setup Window</p> </div> <table border="1"> <thead> <tr> <th>Field</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>*Contract</td> <td>(Required) Select the Contract from the dropdown.</td> </tr> <tr> <td>*Service Start Date</td> <td>(Required) Select the date the Agency may begin providing service for the Patient. No visits can be scheduled before this date.</td> </tr> <tr> <td>Alt Patient ID</td> <td>The Payer (Contract) provides their own identification number for the Patient; generally included on Patient invoices when billing the Contract.</td> </tr> <tr> <td>Service Code</td> <td>Select the Service Code if the Patient only receives a single type of service. All visits for the Patient default to this Service Code. Do not select a value for this field if the Patient has different service types on different days.</td> </tr> <tr> <td>Document</td> <td>Attach/load supporting documents.</td> </tr> </tbody> </table> | Field | Description | *Contract | (Required) Select the Contract from the dropdown. | *Service Start Date | (Required) Select the date the Agency may begin providing service for the Patient. No visits can be scheduled before this date. | Alt Patient ID | The Payer (Contract) provides their own identification number for the Patient; generally included on Patient invoices when billing the Contract. | Service Code | Select the Service Code if the Patient only receives a single type of service. All visits for the Patient default to this Service Code. Do not select a value for this field if the Patient has different service types on different days. | Document | Attach/load supporting documents. |
| | Field | Description | | | | | | | | | | | |
| *Contract | (Required) Select the Contract from the dropdown. | | | | | | | | | | | | |
| *Service Start Date | (Required) Select the date the Agency may begin providing service for the Patient. No visits can be scheduled before this date. | | | | | | | | | | | | |
| Alt Patient ID | The Payer (Contract) provides their own identification number for the Patient; generally included on Patient invoices when billing the Contract. | | | | | | | | | | | | |
| Service Code | Select the Service Code if the Patient only receives a single type of service. All visits for the Patient default to this Service Code. Do not select a value for this field if the Patient has different service types on different days. | | | | | | | | | | | | |
| Document | Attach/load supporting documents. | | | | | | | | | | | | |
| 4 | Click the Save button to finalize. | | | | | | | | | | | | |

Once added, Contracts can be *reviewed, edited, and/or deleted* from the Contracts page. Additional Contracts can be added if the Patient has multiple Contracts by clicking the **Add** button and repeating the steps above.

| Placement ID | Contract | Is Primary Contract | Alt Patient ID | Service Start Date | Source Of Adm | Service Code | Discharge Date | Discharge To | |
|--------------|----------------------|---------------------------------------|----------------|--------------------|---------------|--------------------|----------------|--------------|----------------------|
| 1325774 | Private Pay Original | <input type="checkbox"/> H | Edit H | 04/01/2017 | | Private Pay Hrly H | Edit | | Additional Options X |
| 911660 | Caring Hands LLC | <input checked="" type="checkbox"/> H | 12345 H | 12/02/2015 | | Edit H | Edit | | Additional Options X |

Contract Page

Once the first Contract is added, the Patient’s status becomes Active and one can begin to schedule visits.

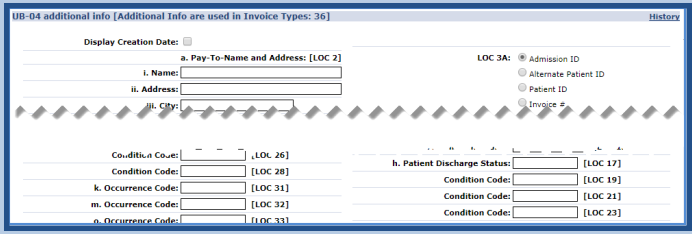
| | | | | |
|------------------------------|---------------------------------|---------------------------------|---------------------------------|-----------------------------------|
| Patient Info - Active | | Admission ID: LIC-900065 | Patient ID: | Contract: Caring Hands LLC |
| Name: Persico Diego | DOB: 03/21/1954 | Primary Alt. Patient ID: | Home Phone: 123-456-9876 | Address: 1 Court Square |
| Coordinators: Boris G | Office: Long Island City | Languages: | | |

Patient Status: Active

Patient-Level Contract Configuration

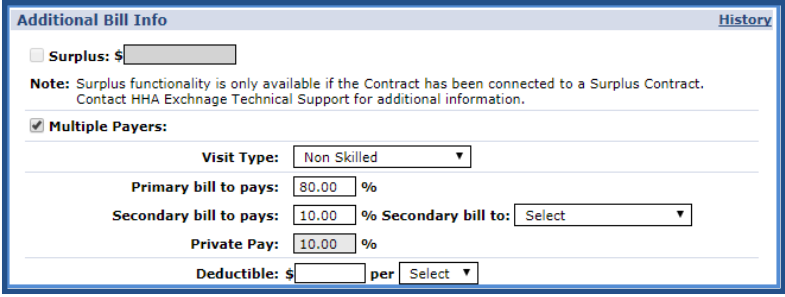
Contract billing information is configured for each Patient. Adjustments made to Contract billing information at the Patient-level overrides the default Contract setup. To configure billing information for a Contract, follow the steps below.

| Step | Action | | | | |
|------------------------------|---|--------|-------------|------------------------------|---|
| 1 | <p>Select the Additional Options link in the rightmost column (as illustrated in the following image).</p> <p style="text-align: center;">Additional Options</p> | | | | |
| 2 | <p>Select from the options, described in the following table:</p> <table border="1"> <thead> <tr> <th>Option</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>HCFA-1500 Information</td> <td>Make changes to these invoice types for the Patient. Information entered for the HCFA – 1500 and UB-04 at the Patient-level automatically overrides the default settings for these invoice types at the Contract-level.</td> </tr> </tbody> </table> | Option | Description | HCFA-1500 Information | Make changes to these invoice types for the Patient. Information entered for the HCFA – 1500 and UB-04 at the Patient-level automatically overrides the default settings for these invoice types at the Contract-level. |
| Option | Description | | | | |
| HCFA-1500 Information | Make changes to these invoice types for the Patient. Information entered for the HCFA – 1500 and UB-04 at the Patient-level automatically overrides the default settings for these invoice types at the Contract-level. | | | | |

| Step | Action |
|----------|--|
| | <div style="display: flex; align-items: center;"> <div style="background-color: #2c4e64; color: white; padding: 10px; width: 20%; text-align: center;"> UB-04 Information </div> <div style="flex-grow: 1;">  <p style="text-align: center;">Edit UB-04 Details</p> </div> </div> <div style="background-color: #2c4e64; color: white; padding: 10px; width: 20%; text-align: center;"> Additional Bill Info </div> <p>Split billing between two Contracts (assuming the Patient's care is being managed by more than one Contract). Refer to the Additional Bill Info section below for details.</p> <div style="background-color: #2c4e64; color: white; padding: 10px; width: 20%; text-align: center;"> Patient Diagnosis Code Override </div> <p>Specify a "Billing" Diagnosis Code to be included on invoices for the Patient. Refer to the Patient Diagnosis Code Override section below for details.</p> |
| 3 | Click the Save button to finalize. |

Additional Bill Info

The **Additional Bill Info** option allows billing to be split between two Contracts (assuming the Patient's care is being managed by more than one Contract). Complete the following steps below when Additional Bill Info is selected.

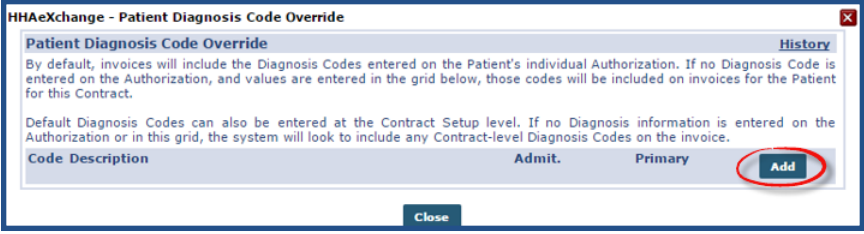
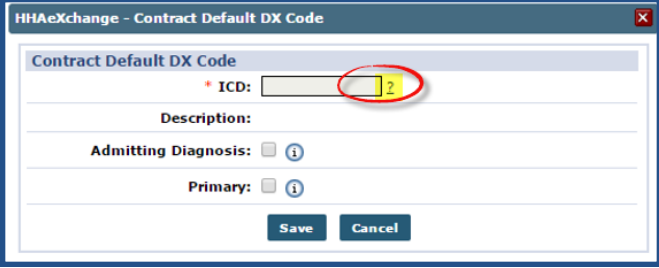
| Step | Action |
|----------|--|
| 1 | The <i>Additional Bill Info</i> window opens. Select the Multiple Payer checkbox. |
| 2 | Specify the Visit Type (<i>Skilled or Non-Skilled</i>) to be split between Contracts. |
| 3 | <p>Specify what percentage of the bill the Primary Contract is responsible for (the system automatically applies a value to the Secondary Contract to ensure 100% of the bill is being paid).</p> <p>If a Private Pay Contract is responsible for a portion of the bill, adjust the percentage in the Secondary bill to pays field. The system automatically applies the difference to the Private Pay field.</p> <div style="border: 1px solid #2c4e64; padding: 10px; margin: 10px auto; width: 80%;">  <p style="text-align: center;">Additional Bill Info: Multiple Payers Function</p> </div> |
| 4 | Specify the Secondary Contract and click the Save button at the bottom of the window. |

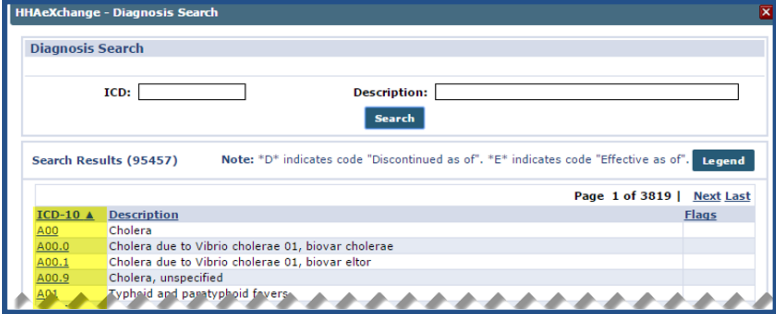
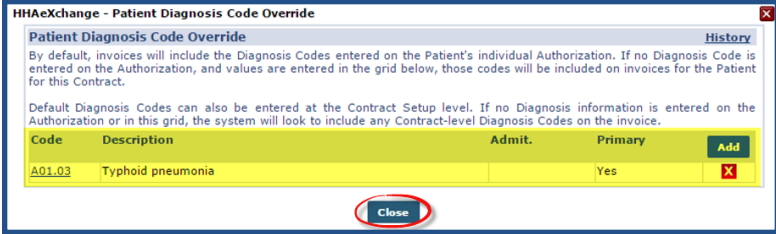
The **Multiple Payers** function also contains a *Matching Duration Contribution* option. This option is primarily for DFTA cases, in which Patients contribute for a portion of the services they received. When this function is enabled for a specific Contract, the system automatically generates an invoice for the Patient’s Private Pay Contract.

Refer to the [Billing category](#) for additional information on Billing Diagnosis Codes.
 Refer to the [Matching Duration Contribution Job Aid](#) for more information.

Patient Diagnosis Code Override

The **Patient Diagnosis Code Override** allows one to specify a “Billing” Diagnosis Code which is included on Patient invoices. The Additional Options is one of three places in which a Billing Diagnosis Code may be set up; the other two are **Authorizations** and the **Contract Setup** page. Complete the steps below to set up a Billing Diagnosis Code for a select Contract on a Patient Level.

| Step | Action |
|------|--|
| 1 | Select Patient Diagnosis Code Override from the menu. |
| 2 | Click the Add button. <div data-bbox="418 1024 1276 1255" style="border: 1px solid gray; padding: 5px; margin: 10px 0;">  <p style="text-align: center;">Patient Diagnosis Code Override Window</p> </div> |
| 3 | On the Contract Default DX Code window, select the “?” link to the right of the ICD field. <div data-bbox="521 1360 1175 1625" style="border: 1px solid gray; padding: 5px; margin: 10px 0;">  <p style="text-align: center;">Contract Default DX Code Window</p> </div> |
| 4 | On the <i>Diagnosis Search</i> window, search and select ICD 10 Codes to apply to the Authorization. Click on the appropriate link from the highlighted column to add an ICD Code. |

| Step | Action |
|------|---|
| |  <p style="text-align: center;">Diagnosis Search Window</p> |
| 5 | <p>Once selected, the ICD Code is linked to the Patient Contract. If required, select an additional ICD Code; otherwise, click the Close button to finalize.</p>  <p style="text-align: center;">Diagnosis Code Entered</p> |

Note: By default, the system designates the first Diagnosis Code entered here as the “Primary” code. Users may manually designate the “Primary” or “Admitting Diagnosis” code on the **Contract Default DX Code** window.

Discharging a Contract

Patients who are no longer eligible for service, no longer wish to receive service, or have been moved to an assisted care facility can be **discharged** in the system. Complete the following steps to discharge a Patient from a Contract.

| Step | Action |
|------|---|
| 1 | Navigate to <i>Patient > Patient Search > Patient Profile > Contracts.</i> |
| 2 | Click the <u>Edit</u> link in the Discharge Date column. |
| 3 | <p>The <i>Discharge Date</i> window opens. Enter the Date* of the Discharge and select where the Patient is being Discharged To*. For record keeping purposes, choose a Reason for discharge, and/or leave a Note in the free text field provided.</p> <div data-bbox="485 762 1214 1108" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;">Discharge Date ✕</p> <p>Discharge Date</p> <p>* Discharge Date: <input type="text" value="03/03/2016"/> 📅</p> <p>* Discharge To: <input type="text" value="Hospital"/> ▼</p> <p>Reason: <input type="text" value="No funds"/> ▼</p> <p>Note: <div style="border: 1px solid gray; padding: 5px; min-height: 40px;">Any notes pertaining to the discharge may be entered here.</div></p> <p style="text-align: center;"><input type="button" value="Save"/> <input type="button" value="Cancel"/></p> </div> <p style="text-align: center;">Discharge Date</p> |
| 4 | Click the Save button. |

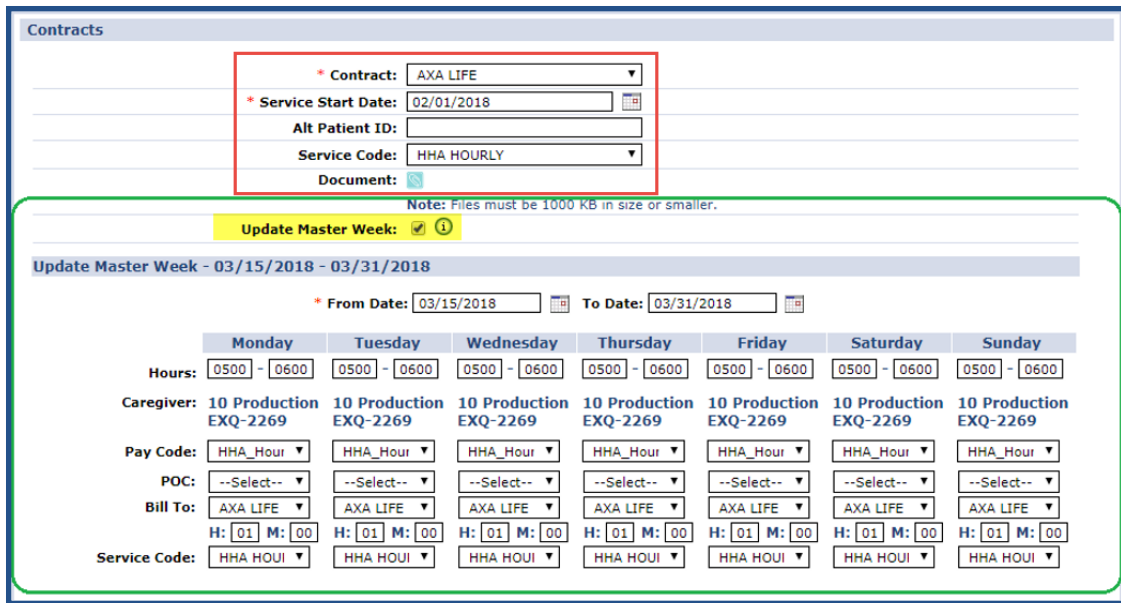
If the Patient is discharged from their only Contract, then their status updates to **Discharged**.

| | | | |
|--|--|--|--------------------------------------|
| Patient Info Discharged ← | Admission ID: LIC-900065 Primary Alt. Patient ID: | Patient ID: Home Phone: 123-456-9876 | Contract: Address: 1 Court Square |
| Coordinators: Boris G | Office: Long Island City | Languages: | |

Patient Status: Discharged

Update Master Week when Adding a New Contract

Existing Master Week schedules can be directly updated from the Patient Contract setup page (**Patient > Contracts > Add**) allowing for the information to update automatically once the Contract is saved. Select the **Update Master Week** checkbox on the Contracts window to expand/display an active or upcoming Master Week schedule(s).



Contracts

* Contract: AXA LIFE
 * Service Start Date: 02/01/2018
 Alt Patient ID:
 Service Code: HHA HOURLY
 Document:

Note: Files must be 1000 KB in size or smaller.

Update Master Week: ⓘ

Update Master Week - 03/15/2018 - 03/31/2018

* From Date: 03/15/2018 To Date: 03/31/2018

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Hours: | 0500 - 0600 | 0500 - 0600 | 0500 - 0600 | 0500 - 0600 | 0500 - 0600 | 0500 - 0600 | 0500 - 0600 |
| Caregiver: | 10 Production EXQ-2269 | 10 Production EXQ-2269 | 10 Production EXQ-2269 | 10 Production EXQ-2269 | 10 Production EXQ-2269 | 10 Production EXQ-2269 | 10 Production EXQ-2269 |
| Pay Code: | HHA_Hour | HHA_Hour | HHA_Hour | HHA_Hour | HHA_Hour | HHA_Hour | HHA_Hour |
| POC: | --Select-- | --Select-- | --Select-- | --Select-- | --Select-- | --Select-- | --Select-- |
| Bill To: | AXA LIFE | AXA LIFE | AXA LIFE | AXA LIFE | AXA LIFE | AXA LIFE | AXA LIFE |
| H: M: | 01 00 | 01 00 | 01 00 | 01 00 | 01 00 | 01 00 | 01 00 |
| Service Code: | HHA HOUI | HHA HOUI | HHA HOUI | HHA HOUI | HHA HOUI | HHA HOUI | HHA HOUI |

Updating a Master Week via the Patient Contract Page

The current or upcoming Master Week(s) automatically updates based on the entered Contract details. Subsequent Master Week schedules may be updated when selecting the **Update Master Week** checkbox. Note that the Service Code is applied to the Patient's Master Week schedule only if the **Export Code** and **Discipline** match the current Service Code on record for the Master Week.

Once the Contract is saved, the primary Master Week is automatically updated with the new Contract details including the **Bill To** field and the selected **Service Code**. The Master Week schedules are updated and a rollover is performed based on the Service Start Date. Visits are created based on the Master Week rollover following the new Contract rules.

Note: The **Update Master Week** checkbox and functionality is controlled by the existing Master Week permissions. If the Patient does not have a saved Master Week, then this checkbox appears as unavailable.

Patients with Multiple Master Weeks

The following table provides if/then conditions when a Patient has Multiple Master Weeks using the **Update Master Week** functionality.

| If the Patient has... | Then... |
|--|---|
| Multiple Master Weeks | The current Master Week displays. If no current Master Week, then the next scheduled Master Week displays. |
| Multiple Master Weeks with the same Start Date | The Master Week with the most hours displays. |
| Multiple Master Weeks with the same Start Date and number of Hours | The Master Week with the earlier scheduled Start Times displays. |
| Multiple Master Weeks with the same Start Date and End Date | Users cannot edit the Master Week from the Contract window; therefore, the Master Week schedule is not loaded. Selecting OK in validation window routes user to the Contracts window to save the entered contract details. |
| Multiple active Master Weeks with different Start Dates | The Master Week with the earliest Timestamp (date/time entered by the user) displays. |
| A set of Alt Schedules | An error message populates directing the user to go to the Patient's Master Week page to update the schedule. |
| Master Week with Secondary Bill To Values | Users cannot edit the Master Week from the Contract window; therefore, the system does not load the Master Week schedule. Selecting OK routes users to the Contract window to save the entered contract details. |

Note: Only newly entered Contract details are applied to the Patient's Primary Master Week schedule. Navigate to the Patient's Master Week page to update the Patient's remaining schedules.

Other Notes Regarding the Update Master Week Functionality

Auto-Apply Service Code

The **Service Code** automatically populates based on whether a single matching Service Code for the New Contract can be found. The system uses the **Discipline** and **Export Code** to match the existing and new Service Code. If no (or multiple) matches occur, then the user must manually select the Service Code.

Features Removed when Using Update Master Week

The following features have been removed when editing the schedule from the Contract page:

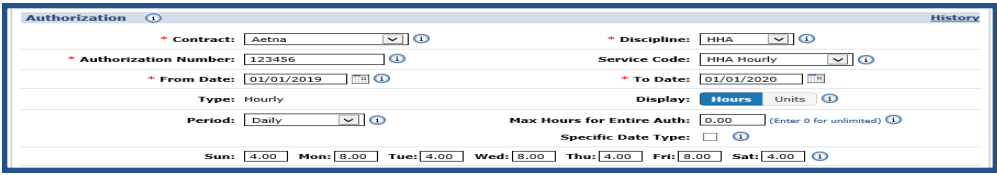
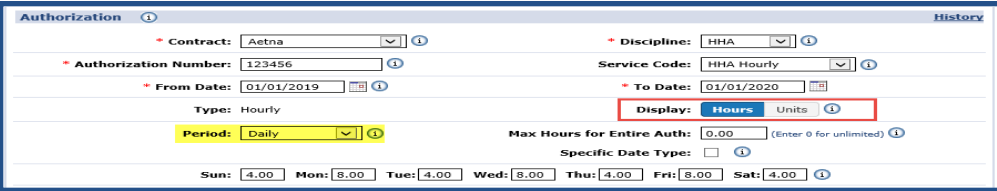
- **Hours** link has been replaced with a **Schedule** field.
- Option to search and change an assigned Caregiver.
- Alt function
- **Include In-Mileage** checkbox
- **Copy Master Week** link.

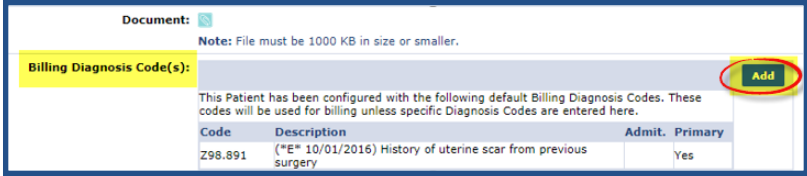
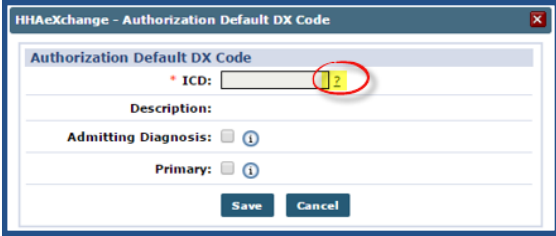
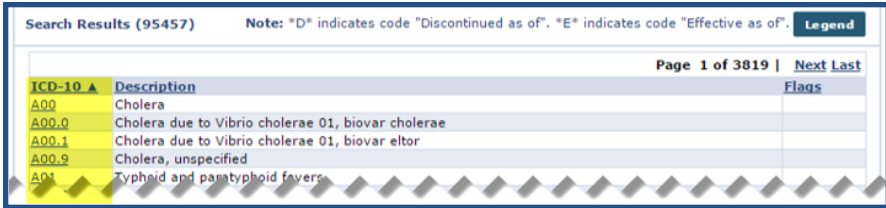
Entering Authorizations

Authorizations refer to a Contract’s rules concerning the type, duration, and frequency of the service the Agency provides on their behalf. If a Contract requires Authorizations, all scheduled visits must comply with the Authorization rules. If a visit does not comply with the Authorization, it is held in the **Pre-billing** Exception page until it is edited to comply.

Refer to the [Authorizations category](#) for additional details on Authorizations.

Complete the following steps to enter an Authorization.

| Step | Action | | | | | | |
|--------|--|--------|-------------|-------|---|--------|--|
| 1 | Navigate to Patient > Patient Search > Patient Profile > Authorization/Orders. | | | | | | |
| 2 | Select the Authorization tab and click the Add button. | | | | | | |
| 3 | <p>Complete the required fields (denoted with red asterisk). Specify the Contract*, Discipline*, Authorization Number*, and From/To Date*. Depending on the Contract, include the Service Code.</p>  <p style="text-align: center;">New Authorization Part 1</p> <p>Note: Users can Select only Contracts and Disciplines that have been assigned for the Patient. If Authorization Number, has not been provided, use TEMP as a placeholder.</p> | | | | | | |
| 4 | <p>From the Display field, select how to view the Authorization in either <i>Hours</i> or <i>Units</i> (toggle between the two for automatic conversion). Refer to the Display Field section for further details.</p> <p>Select the Authorization Period; refer to the table below for guidance.</p>  <p style="text-align: center;">New Authorization Part 2</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Daily</td> <td>Enter the specific allowed hours per day. If the visit is scheduled on a different day, or for more hours on these days is flagged.</td> </tr> <tr> <td>Weekly</td> <td>Enter the allowed hours per week. Visits scheduled after this weekly limit is reached are flagged.</td> </tr> </tbody> </table> | Period | Description | Daily | Enter the specific allowed hours per day. If the visit is scheduled on a different day, or for more hours on these days is flagged. | Weekly | Enter the allowed hours per week. Visits scheduled after this weekly limit is reached are flagged. |
| Period | Description | | | | | | |
| Daily | Enter the specific allowed hours per day. If the visit is scheduled on a different day, or for more hours on these days is flagged. | | | | | | |
| Weekly | Enter the allowed hours per week. Visits scheduled after this weekly limit is reached are flagged. | | | | | | |

| Step | Action | | | | |
|----------------------|--|----------------|--|----------------------|---|
| | <table border="1"> <tr> <td data-bbox="272 338 386 407">Monthly</td> <td data-bbox="386 338 1416 407">Enter the allowed hours per month. Visits scheduled after this monthly limit is reached are flagged.</td> </tr> <tr> <td data-bbox="272 407 386 485">Entire Period</td> <td data-bbox="386 407 1416 485">Enter the allowed hours that are between the Authorization Start and End Dates. Visits scheduled after this limit is reached are flagged.</td> </tr> </table> | Monthly | Enter the allowed hours per month. Visits scheduled after this monthly limit is reached are flagged. | Entire Period | Enter the allowed hours that are between the Authorization Start and End Dates. Visits scheduled after this limit is reached are flagged. |
| Monthly | Enter the allowed hours per month. Visits scheduled after this monthly limit is reached are flagged. | | | | |
| Entire Period | Enter the allowed hours that are between the Authorization Start and End Dates. Visits scheduled after this limit is reached are flagged. | | | | |
| 5 | Specify the Max Units for Auth/Period , which cap the number of units Agencies can bill. The Max Hours for Entire Auth and Max Hours per Period fields also reflect the chosen display method. When <i>Units</i> is selected, these fields change (adjust) to Max Units for Entire Auth and Max Units Per Period . | | | | |
| 6 | Use the Document and Note fields to record any other relevant information pertaining to the Authorization. | | | | |
| 7 | <p>If the Authorization is tied to a specific ICD Code, enter it using the Billing Diagnosis Code(s) field. If the Patient, or selected Contract, already has a set Billing Diagnosis Code, the system alerts that one exists. Click the Add button to add other Billing Diagnosis Codes.</p>  <p style="text-align: center;">Add Billing Diagnosis Code</p> | | | | |
| 8 | <p>On the Authorization Default DX Code window, select the “?” link to the right of the ICD field.</p>  <p style="text-align: center;">Authorization Default DX Code Window</p> | | | | |
| 9 | <p>On the <i>Diagnosis Search</i> window, search and select ICD 10 Codes to apply to the Authorization. To add an ICD Code, select the appropriate link from the highlighted column.</p>  <p style="text-align: center;">Diagnosis Search Window</p> | | | | |

| Step | Action | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|---|------------|-------------|------------|--------------|--------------------|-----------|---|--------|--------|------|---|---|---|---|---|-----------------|-------|-----------------|-----------------|-----|-----------------|------------------|----------|------------|------------|-----|--------------|-----|--------|--------------------|--------|--|--|--|--|--|--|--|------|--|------|--------|---|--|
| 10 | <p>Once an ICD Code is selected, the selection must be confirmed a second time before it is saved to the Authorization. Note that the new Code overwrites the existing Patient-level / Contract-level code.</p> <div data-bbox="349 441 1347 535" style="border: 1px solid black; padding: 5px;"> <p>Billing Diagnosis Code(s):</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> <th>Admit.</th> <th>Primary</th> <th>Add</th> </tr> </thead> <tbody> <tr> <td>A02.20</td> <td>Localized salmonella infection, unspecified</td> <td></td> <td>Yes</td> <td>X</td> </tr> </tbody> </table> </div> <p style="text-align: center;">Billing Diagnosis Code Applied</p> <p>Note: <i>Diagnosis Codes entered on Patient Authorizations receive the “highest priority”, meaning the system uses the Authorizations code for billing even if the Patient has one associated with their Profile (Patient Diagnosis Code Override) or the associated Contract has a Default Billing DX Code.</i></p> | Code | Description | Admit. | Primary | Add | A02.20 | Localized salmonella infection, unspecified | | Yes | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code | Description | Admit. | Primary | Add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A02.20 | Localized salmonella infection, unspecified | | Yes | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | <p>Click the Save button to finalize. Review the Authorization on the Authorizations/Orders page.</p> <div data-bbox="341 766 1356 955" style="border: 1px solid black; padding: 5px;"> <p>Authorizations/Orders</p> <p>Authorizations Order Frequency Deleted Authorization History</p> <table border="1"> <thead> <tr> <th>Contract</th> <th>Auth. #</th> <th>From Date</th> <th>To Date</th> <th>Discipline</th> <th>Svc. Code</th> <th>Max units for Auth</th> <th>Type</th> <th>Period</th> <th>Max.</th> <th>S</th> <th>S</th> <th>M</th> <th>T</th> <th>W</th> <th>T</th> <th>F</th> <th>Remaining Units</th> <th>Notes</th> <th>Add</th> <th>Visits/Invoices</th> </tr> </thead> <tbody> <tr> <td>Caring Hands LLC</td> <td>10793576</td> <td>03/03/2016</td> <td>04/30/2016</td> <td>HHA</td> <td>HHA Standard</td> <td>N/A</td> <td>Hourly</td> <td>Weekly Add'l Rules</td> <td>200.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.00</td> <td></td> <td>Edit</td> <td>Update</td> <td>X</td> <td></td> </tr> </tbody> </table> </div> <p style="text-align: center;">Saved Authorization</p> <p>If additional Authorizations need to be entered, click Add to enter more Authorizations. Click the Edit (hyperlink) to adjust Authorization details, or the “X” icon to delete it.</p> | Contract | Auth. # | From Date | To Date | Discipline | Svc. Code | Max units for Auth | Type | Period | Max. | S | S | M | T | W | T | F | Remaining Units | Notes | Add | Visits/Invoices | Caring Hands LLC | 10793576 | 03/03/2016 | 04/30/2016 | HHA | HHA Standard | N/A | Hourly | Weekly Add'l Rules | 200.00 | | | | | | | | 0.00 | | Edit | Update | X | |
| Contract | Auth. # | From Date | To Date | Discipline | Svc. Code | Max units for Auth | Type | Period | Max. | S | S | M | T | W | T | F | Remaining Units | Notes | Add | Visits/Invoices | | | | | | | | | | | | | | | | | | | | | | | | | |
| Caring Hands LLC | 10793576 | 03/03/2016 | 04/30/2016 | HHA | HHA Standard | N/A | Hourly | Weekly Add'l Rules | 200.00 | | | | | | | | 0.00 | | Edit | Update | X | | | | | | | | | | | | | | | | | | | | | | | | |

On the Patient Calendar, scheduled visits which comply with the Authorization, display in Green. Those that do not, display in Pink. If the Contract does not require Authorizations, the visit display in White.

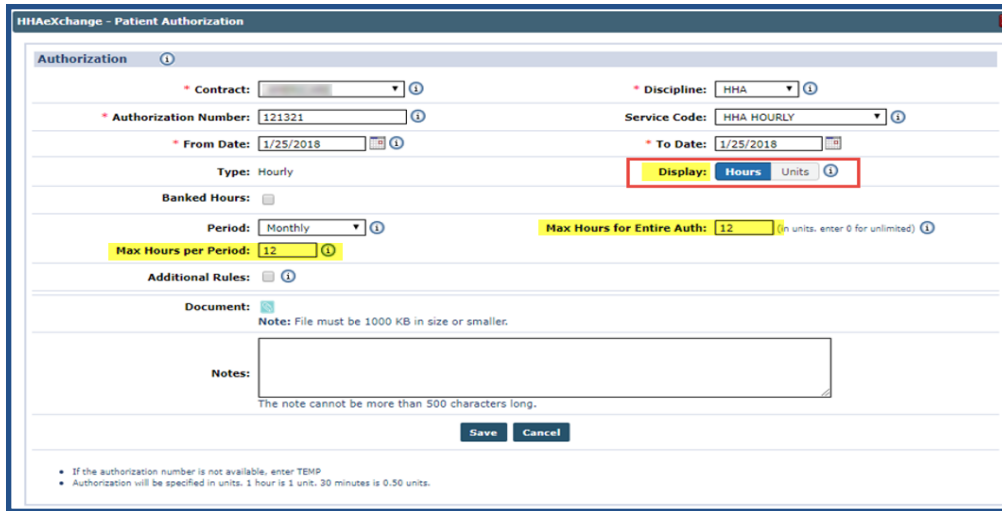
| | | |
|---|---|---|
| S:0300-0800 V:- B: N Potocki Dan | S:0300-0800 V:- B: N Potocki Dan | S:0300-0400 V:- B: N Capelli Peter |
|---|---|---|

Compliant, Non-Compliant, and No Authorization

Display Field in Patient Authorization Window

A **Display** field (in the *Authorization* window) allows users to toggle between *Hours* and *Units* (as illustrated in the following image). Users can view Authorizations in either hours or units without having to manually convert hours to units and vice versa, which may result in possible Authorization miscalculations.

Note: *This toggle only applies to the Authorization Page to assist with creating/loading initial Authorizations. This does not affect how Authorization information displays on other pages in the system. Authorization units display as hours in the rest of the system.*



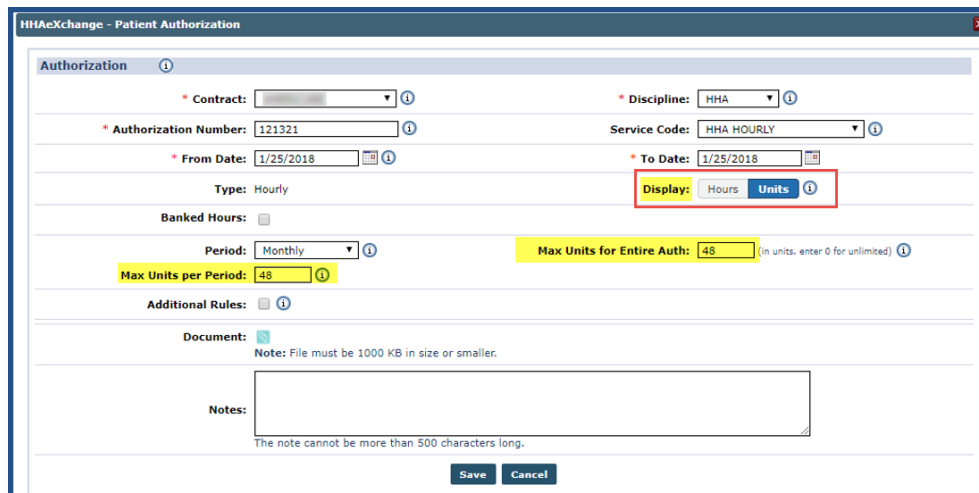
The screenshot shows the 'Patient Authorization' form with the following details:

- Contract: [Dropdown]
- Authorization Number: 121321
- From Date: 1/25/2018
- To Date: 1/25/2018
- Type: Hourly
- Discipline: HHA
- Service Code: HHA HOURLY
- Display: **Hours** (selected), Units
- Max Hours per Period: 12
- Max Hours for Entire Auth: 12

Authorization Page: Display Field (Hours)

The *Hours* option is selected by default. The **Max Hours for Entire Auth** and **Max Hours per Period** fields also reflect the chosen display method. When *Units* is selected, these fields change (adjust) to **Max Units for Entire Auth** and **Max Units Per Period** (as seen in the following image).

For calculation purposes, the values in the **Max Hours for Entire Auth** and **Max Hours Per Period** are multiplied by 4 (4 units for each hour) when switching from *Hours* to *Units*. When switching from *Units* to *Hours*, these values are divided by 4.



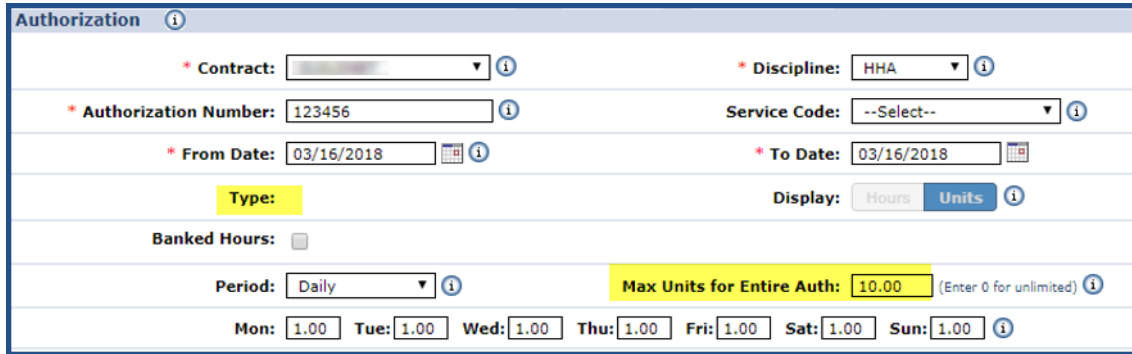
The screenshot shows the 'Patient Authorization' form with the following details:

- Contract: [Dropdown]
- Authorization Number: 121321
- From Date: 1/25/2018
- To Date: 1/25/2018
- Type: Hourly
- Discipline: HHA
- Service Code: HHA HOURLY
- Display: Hours, **Units** (selected)
- Max Units per Period: 48
- Max Units for Entire Auth: 48

Authorization Page: Display Field (Units)

The **Display** field works only when the values entered are in quarter-hour increments (such as 0.25, 0.5, 0.75, and 1) and can be equally divided by 4. Otherwise, the **Display** field becomes unavailable not allowing the conversion of Hours and Units functionality.

When a Service Code is not selected, or a visit **Type** is selected, the **Display** field is unavailable and automatically applies Authorization **Units**. This value is saved as entered into the database without dividing by 4.



Authorization ⓘ

* Contract: [] ⓘ * Discipline: HHA ⓘ

* Authorization Number: 123456 ⓘ Service Code: --Select-- ⓘ

* From Date: 03/16/2018 ⓘ * To Date: 03/16/2018 ⓘ

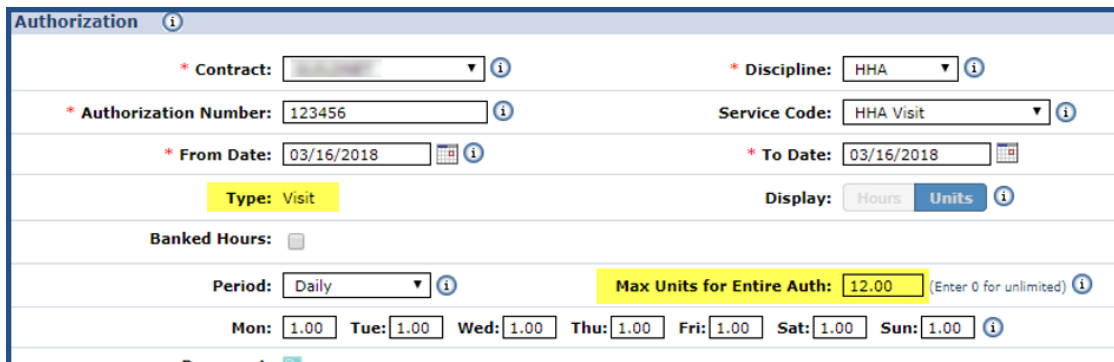
Type: Display: Hours Units ⓘ

Banked Hours:

Period: Daily ⓘ Max Units for Entire Auth: 10.00 (Enter 0 for unlimited) ⓘ

Mon: 1.00 Tue: 1.00 Wed: 1.00 Thu: 1.00 Fri: 1.00 Sat: 1.00 Sun: 1.00 ⓘ

Service Code NOT selected



Authorization ⓘ

* Contract: [] ⓘ * Discipline: HHA ⓘ

* Authorization Number: 123456 ⓘ Service Code: HHA Visit ⓘ

* From Date: 03/16/2018 ⓘ * To Date: 03/16/2018 ⓘ

Type: Visit Display: Hours Units ⓘ

Banked Hours:

Period: Daily ⓘ Max Units for Entire Auth: 12.00 (Enter 0 for unlimited) ⓘ

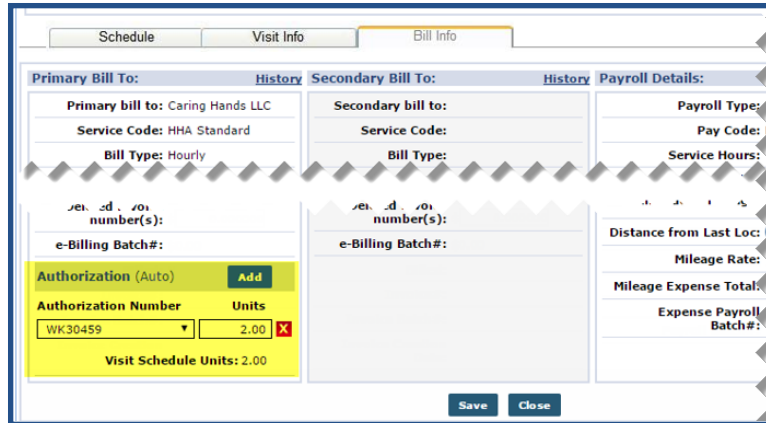
Mon: 1.00 Tue: 1.00 Wed: 1.00 Thu: 1.00 Fri: 1.00 Sat: 1.00 Sun: 1.00 ⓘ

Visit Type selected

Visit Authorization Allocation

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

Agencies can review and edit Authorizations automatically applied to scheduled visits on the Visit Window's *Bill Info* tab. The *Authorization* section of the *Bill Info* tab contains the **Authorization Number** and **Units** fields.

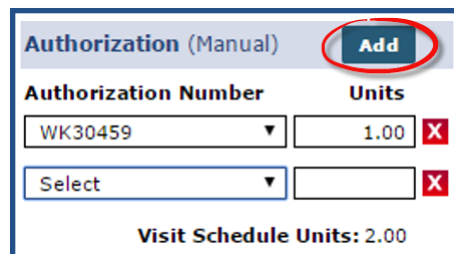


Authorization on Bill Info Tab

Note: The **Edit Authorization Allocation** permission must be enabled for this functionality. Navigate to **Admin > User Management > Edit Roles** and select **Visit** from the **Section** dropdown.

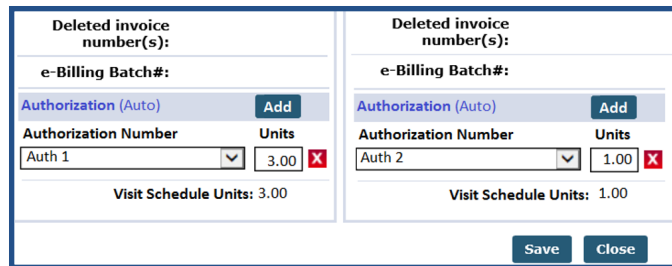
| | |
|-----------------------------|---|
| Authorization Number | The Authorization assigned to the visit. Open the dropdown menu to view all the applicable Authorizations associated with visit. For example, only Authorizations for Non-Skilled service are available for a Non-Skilled visit. |
| Units | <p>Set the number of Units from the Authorization applied to the visit.</p> <ul style="list-style-type: none"> A Unit equals 1 hour for <i>Hourly</i> Service Codes. 4 hours uses 4 Units. A 3-hour and 15-minute visit equals 3.25 units. <i>Daily</i> or <i>Visit</i> Service Codes always display as 1 Unit. |

Agencies can split Authorization hours between two Contracts by adding Authorizations to the visit. Click the **Add** button to add an Authorization.



Apply Additional Authorization

This functionality is available for both **Primary** and **Secondary** Contracts.



Primary/Secondary Authorization

Automatic and Manual Authorization States

Authorizations applied to visits are either **Automatic** or **Manual**.

An **Automatic** state refers to an Authorization/Units automatically applied to the visit by the system at the time of scheduling; i.e., neither edited or removed by a user. With Automatic Visit Authorizations the system automatically updates the Authorization information with respect to changes to the visit schedule.

A **Manual** state refers to manual edits, removal, or additions to Authorization information (for either the Primary or Secondary Contract) to a visit. In this state, the system does not automatically adjust the Authorization to fit changes to the visit schedule. If the visit schedule duration is extended or the **Service Code** is changed, then the system automatically reduces the Authorization **Units** to 0. Subsequently, the visit turns pink on the Patient Calendar indicating an Authorization issue.

The system reduces the number of applied **Units** in a “Manual” state if a visit is rescheduled with a shorter duration.

When the Authorization is edited on the Patient *Authorization* page, the system reassesses visits in an “Automatic” state to ensure compliance, whereas visits in a “Manual” state are automatically reduced to 0 Units.

The images below illustrate the various Status levels in the **Authorization** section of the *Bill Info* tab. The Status depends on how the Authorization is applied to the visit and the Contract’s scheduling requirements.

The **Authorization (Auto)** status indicates that the system assigned the Authorization(s) to the visit.

| Authorization (Auto) | | Add |
|-----------------------------------|-------|-----|
| Authorization Number | Units | |
| WK30459 | 2.00 | X |
| Visit Schedule Units: 2.00 | | |

The **Authorization (Manual)** status indicates that a user either changed the system assigned Authorization/Units or assigned an additional Authorization(s) to the visit.

| Authorization (Manual) | | Add |
|-----------------------------------|-------|-----|
| Authorization Number | Units | |
| WK30459 | 1.00 | X |
| Select | | X |
| Visit Schedule Units: 2.00 | | |

The **No Matching Authorization Found** status indicates that the system was unable to assign an Authorization that matches the visit details (e.g., no Authorization for selected Caregiver Skill Type).

| Authorization (Auto) | | Add |
|-----------------------------------|--|-----|
| No Matching Authorization Found | | |
| Visit Schedule Units: 1.00 | | |

The **Authorization Not Required** status indicates that the selected Contract does not require an Authorization to schedule visits.

| Authorization (Auto) | |
|-----------------------------------|--|
| Authorization Not Required | |
| Visit Schedule Units: 2.00 | |

The **No Authorization Selected** status indicates that a user deleted an existing Authorization and did not assign a new one.

| Authorization (Manual) | | Add |
|-----------------------------------|--|-----|
| No Authorization Selected | | |
| Visit Schedule Units: 2.00 | | |

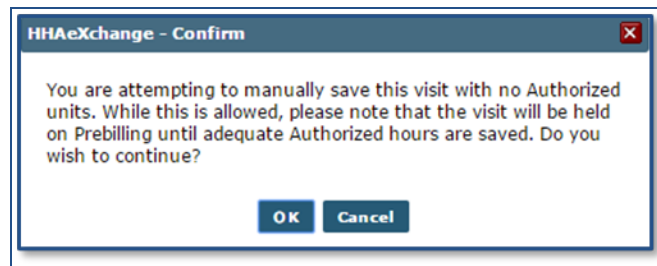
Over/Under Applying Authorization Units

Over or under applying Authorization **Units** to a visit results in a validation error and the system does not allow further action. For example, if a single Authorization **Unit** is applied to a visit scheduled for 2 hours, then the system only authorizes a single hour of the visit. Likewise, applying 3 Authorization **Units** to a 2-hour visit authorizes an hour of non-scheduled service.

Apply Zero Authorization Units

Users may choose to apply 0 Authorizations **Units** to a visit without causing a validation error. However, the visit displays in pink (unauthorized) in the Patient's Calendar and it is held on the **Prebilling Review** page.

The system prompts for a confirmation before saving a visit with 0 Authorization **Units**.



Bypass Pre-Billing / Authorization Not Required

If the **Service Code** selected for the **Primary Contract** is set to bypass Prebilling validation, or the **Primary Contract** does not require an Authorization, then the visit Authorization section for both the **Primary** and **Secondary Contract** are set to "Authorization Not Required":

Authorization Deletion

If any visits associated with an Authorization have been billed or exported, then this Authorization cannot be deleted. The system issues a validation error when attempting to delete an Authorization associated to billed or exported visits.

In cases when an Authorization must be deleted, the following permissions are necessary:

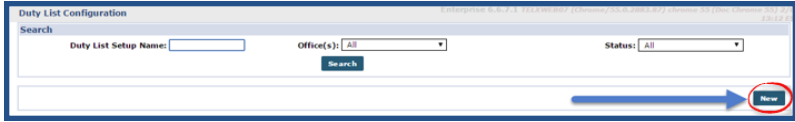
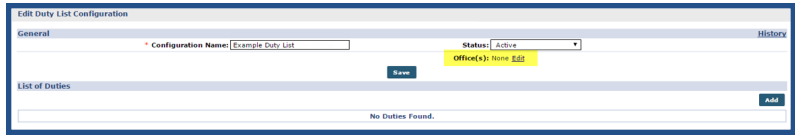
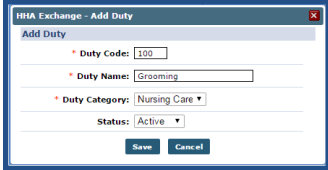
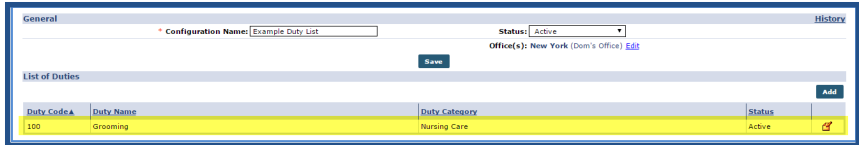
- **Delete Authorization**
- **Delete Authorization After Billed**

The Delete icon on the *Patient Authorization* page is only available to users who have the **Delete Authorization** permission enabled. Users who attempt to delete an Authorization for a Billed visit without the **Delete Authorization After Billed** permission are prompted with a validation message not allowing the deletion.

To access the Deletion permissions, navigate to **Admin > User Management > Edit Roles**. Select *Patient* from the **Section** field on the *Edit Roles* page. These permissions are housed under the Authorization section.

Entering Plans of Care

A **Plan of Care (POC)** consists of **Duties** a Caregiver must perform during a visit. To setup a **Plan of Care** and attach it to a visit, Agencies must first create a **Duty List** (a list of actual Duties which may be assigned to a POC). Complete the following steps to create a **Duty List**.

| Step | Action |
|------|--|
| 1 | Navigate to Admin > Duty List Setup and click the New button.  Creating a New Duty List |
| 2 | Enter a Configuration Name and click Save . |
| 3 | Specify the applicable Office(s) the Duty List applies to and click the Add button to enter new Duties.  Assign Duty List to an Office(s) and Add Duties |
| 4 | The Add Duty window opens, enter a 3-digit Duty Code , the Duty Name , and the Duty Category . Ensure the Status is set to Active and click Save .  |
| 5 | The Duty is now available for POCs created for Patients assigned to the selected Office(s) .  Duty added to List |
| 6 | Repeat Steps 3-4 to add more Duties to a POC until complete. |

Assigning a POC to a Patient

Once the **Duty List** is complete, POCs may be setup for Patients assigned to the corresponding **Office(s)**. Complete the following steps to assign a POC to a Patient.

| Step | Action |
|------|---|
| 1 | Navigate to Patient > Patient Search and select a Patient. |
| 2 | In the Patient Profile , select the POC link from the Index. |
| 3 | Click the New button and enter the POC details. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">New POC</p> </div> |
| 4 | Select a Start / End Date for the POC. Add Duties by selecting the corresponding checkbox in the As Requested column. Click Save to finalize. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">Select Plan of Care Duties</p> <p><i>Note: Selecting/entering a value for either the As Requested, Times a Week, and Days of Week fields prompts the system to add the Duty to the POC. Functionally, each of these fields serve the same purpose.</i></p> </div> |
| 5 | The POC can now be applied to visits for the Patient. To edit the POC in the future, click the link in the POC Number . Click the “” icon to delete the POC. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">Saved POC</p> </div> |

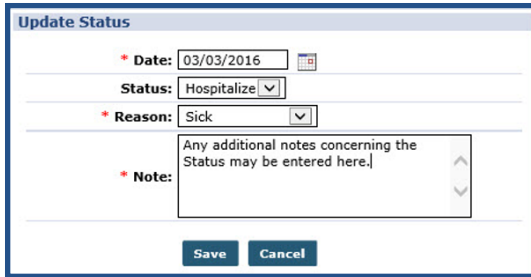
Changing a Patient's Status

All Patient Profiles have a **Status**, used to assess the condition of the Patient's case. The following table lists the Patient Status options and descriptions.

| Status | Description |
|--------------|---|
| Active | Indicates that a Contract has been assigned to the Patient, and scheduling is permitted. |
| Waiting | Signifies that no Contract has been assigned to the Patient. |
| Hospitalized | The Patient has an active Contract but has been placed in the hospital and not receiving services. |
| Hold | The Patient has an active Contract but has been placed on hold (other reason aside from hospitalization) and is not receiving services. |
| Discharged | The Patient has been discharged from all Contracts. |

The **Active**, **Waiting**, and **Discharged** status are conditional; therefore, the system automatically applies them when the right conditions are met. **Hold** and **Hospitalized** are updated/changed manually in the Patient Profile.

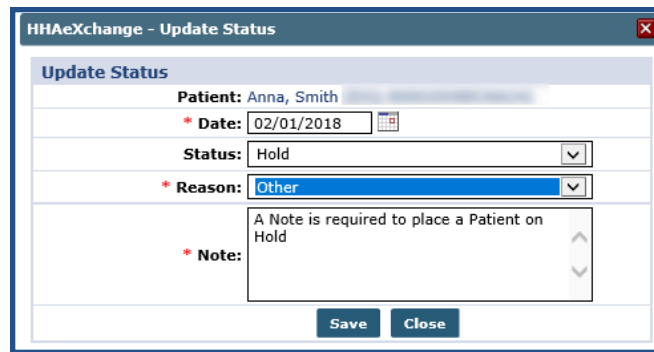
Complete the following steps to manually update/change a Patient's Status to **Hold** or **Hospitalized**.

| Step | Action |
|------|--|
| 1 | Navigate to the Patient's General page and click Update Status . |
| 2 | <p>On the <i>Update Status</i> window, enter the Date* of the status change, select the Status and choose a Reason*. If further explanation is required, use the Note* field. Click the Save button to update the status.</p>  <p style="text-align: center;">Update Status</p> <p>Note: Visits cannot be scheduled when a Patient's Status is set to Hold or Hospitalized.</p> |
| 3 | To return a Patient to Active , navigate back to the General page, click Update Status , and move the status back to Active . |

4 Click **Update Calendar** to place visits back on the Calendar, starting on the Date selected, based on the Master week.

Reason Required when Changing Patient to “Hold” Status

When updating a Patient’s Status, the **Date**, **Reason**, and **Note** fields are required, regardless of the status selected. Therefore, when a Patient’s status is changed to "Hold," the **Date**, **Reason**, and **Note** fields are required (as denoted by a red asterisk, on the image below).



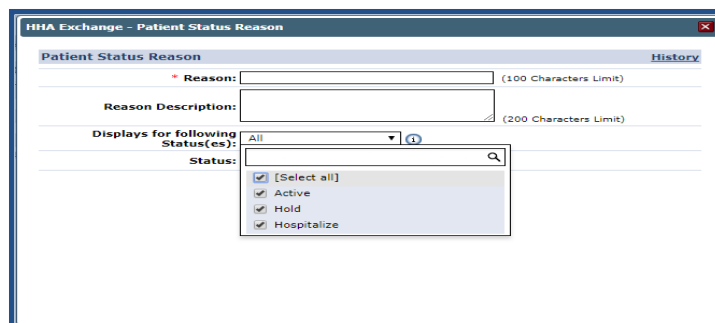
Patient Status Change to Hold

Note: Changing a **Patient Status** to Active includes the checkbox option to Update Calendar.

Reference Table Management: Patient Status Reason

As with other dropdown menus throughout the system, the **Reason** values are managed via the *Reference Table Management* feature. To add or manage **Patient Status Reason**, navigate to **Admin > Reference Table Management**. Select **Patient Status Reason** from the **Reference Table** dropdown to access the add/edit window.

The image below illustrates adding a **Patient Status Reason**. Expand the **Displays for following Status(es)** dropdown to view the available multi selections for Patient Status. The newly created Reason applies to the selected Status selections.



Add Patient Status Reason

For example, entering a **Patient Status Reason** for “Slip and Fall” may apply only to a *Hospitalized* status. Therefore, selecting *Hospitalized* on this dropdown configures the system to only provide this option when a Patient’s Status is changed to *Hospitalized*.

Patient Consent for HIE/RHIO

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

Many Agencies are now required to send Patient Information to a central agency or organizations such as a **Health Information Exchange (HIE)** and/or **Regional Health Information Organization (RHIO)**. Users can select one or multiple organizations directly from the HHAX system with the Patient's consent. Once activated, the same information set is sent to all selected entities. The HIE/RHIO Patient Consent feature is applicable to all Patients (new, current, and Linked).

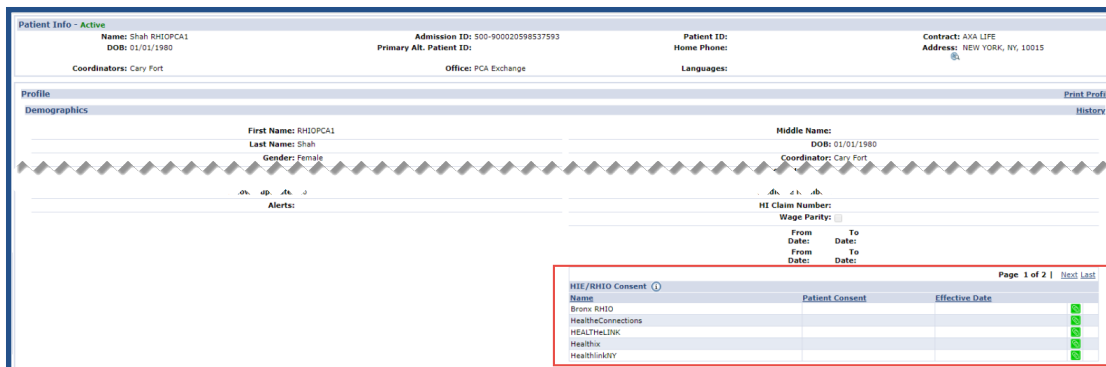
DISCLAIMER

This functionality is configured by HHAX System Administration. In addition, the Agency must have a **Healthix** account activated. Please contact [HHAX Support Team](#) for further assistance.

An *HIE/RHIO Consent Form* must be signed by the Patient specifying organizations to which the information is to be sent to.

Process Flow

The *HIE/RHIO Consent* grid displays in the Patient Profile page (**Patient > Profile**) in the Demographics section, with columns to indicate the **Name**, **Patient Consent**, and **Effective Date**. An *HIE/RHIO Consent Form* must be signed by the Patient specifying organizations to which the information is to be sent to.



Patient Profile Page: HIE/RHIO Consent Section

Use the info bubbles to obtain further information and guidance on both the **HIE/RHIO Consent** and **HIE/RHIO Export** functions.



HIE/RHIO Consent can be added when entering a New Patient or by editing an existing Patient's Profile. On a Patient's Profile page, click the **Edit** button. In the *HIE/RHIO Consent* section, click the **Add** button (as seen in the following image).

The screenshot shows a patient profile for 'Matthews Otis'. At the bottom right, there is a table for 'HIE/RHIO Consent' with columns for 'Name', 'Patient Consent', and 'Effective Date'. An 'Add' button is visible in the top right corner of this section, circled in red.

Adding an HIE/RHIO Consent

The *HIE/RHIO Consent* window opens. Select the applicable **HIE/RHIO** (required) from the dropdown and complete the rest of the applicable fields to include the status of the **Patient Consent**, and **Effective Date**. Attach the **Patient Consent Form**, if applicable.

Click **Save** to finalize.

The dialog window titled 'HHAexchange - HIE/RHIO Consent' contains the following fields:

- * HIE/RHIO:** Select (dropdown menu)
- Patient Consent:** Unknown (dropdown menu)
- Effective Date:** [calendar icon]
- Patient Consent Form:** Choose File | No file chosen

 A note at the bottom states: 'Note: File must be 1000 KB in size or smaller.' There are 'Save' and 'Cancel' buttons at the bottom.

Updated HIE/RHIO Consent Window

Note: The system allows only one HIE/RHIO record of a kind (i.e., no duplicate records can be saved).

HIE/RHIO Export Link to the Patient Profile

The [HIE/RHIO Export](#) link is enabled for both Internal and Linked Contract Patients (by default). This link appears whether an HIE/RHIO Consent is added or not.

Note: The **Edit HIE/RHIO Consent** permission (under the **Patient** section) must be enabled to be able to Add, Edit, or Delete information; otherwise, users can access the information as read-only.

Linked Contract Patient

Navigate to the *Patient Profile (Patient > Search > Profile)*. Click **Edit** to enable editable fields. The **HIE/RHIO Consent** grid appears at the bottom-right of the General section. Click the link to open the

HIE/RHIO Export window.

| Name | Patient Consent | Effective Date |
|------------|-----------------|----------------|
| Bronx RHIO | Yes | 3/11/20 |

HIE/RHIO Export Link -Linked Contract Patient

Note: Any information entered as a Linked Contract Patient is carried over if the Patient is converted to an Internal Patient.

Internal Patient

Navigate to the *Patient Profile (Patient > Search > Profile)*. Click **Edit** to enable editable fields. The **HIE/RHIO Consent** grid appears at the bottom-right of the General section. Click the link to open the *HIE/RHIO Export* window.

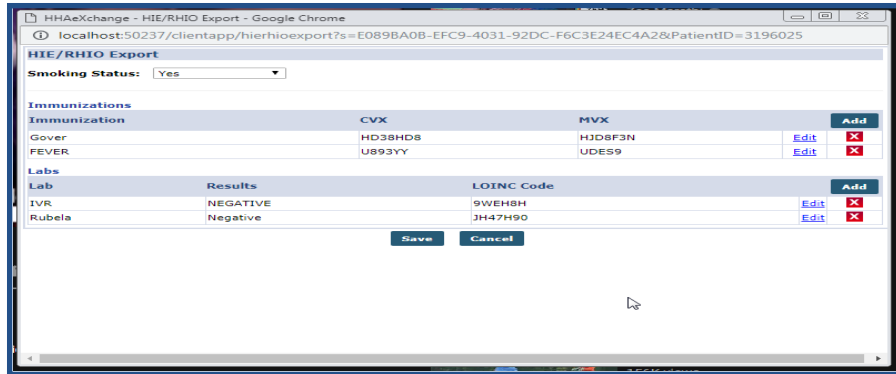
| Name | Patient Consent | Effective Date |
|------------|-----------------|----------------|
| Bronx RHIO | Yes | 3/11/20 |

HIE/RHIO Export Link -Internal Patient

Note: Click the info bubble to obtain information regarding the HIE/RHIO link and how it affects the **HIE/RHIO Consent** and **HIE/RHIO Export** process.

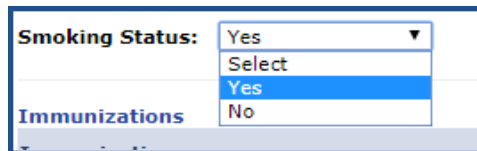
HIE/RHIO Export Window

The *HIE/RHIO Export* window contains three sections to include *Smoking Status*, *Immunizations*, and *Labs*.



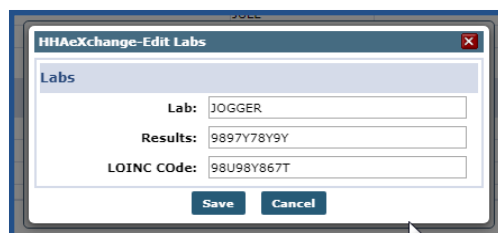
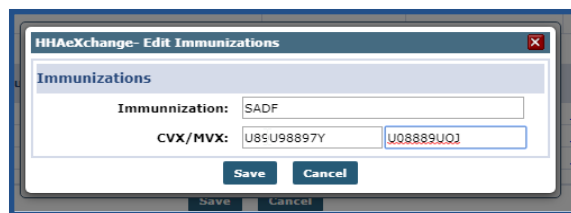
HIE/RHIO Export Window

The **Smoking Status** field is an optional field. Select *Yes* or *No* to indicate the Patient's smoking status. Click **Save** to finalize any changes in the window.



Smoking Status

The **Immunization** and **Labs** sections lists all selected immunizations and labs for the Patient. Click the **Add** button to create a new record or click the **Edit** link to update an existing one. Enter or edit existing information, as seen in the images below. Refer to table underneath the images for guidance in completing or editing these fields.

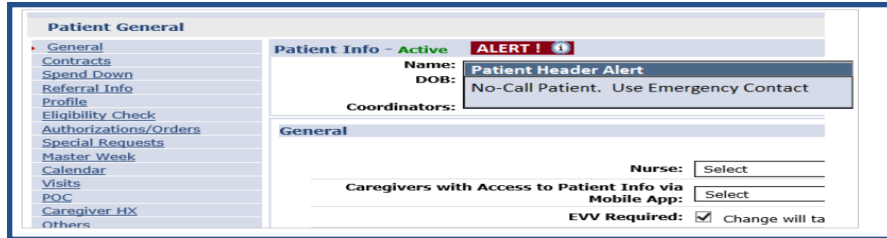


| Section | Field | Length and Values Allowed |
|-------------------------------|--------------|--|
| Add/Edit Immunizations | Immunization | Free text field with no limitations |
| | CVX | Free text field with max 10 characters allowed |
| | MVX | Free text field with max 10 characters allowed |
| Add/Edit Labs | Lab | Free text field with no limitations |
| | Result | Free text field with no limitations |
| | LOINC Code | Free text field with max 10 characters allowed |

The **Cancel** button closes the pop-up without saving. The **Save** button is only enabled when at least one of the fields is entered.

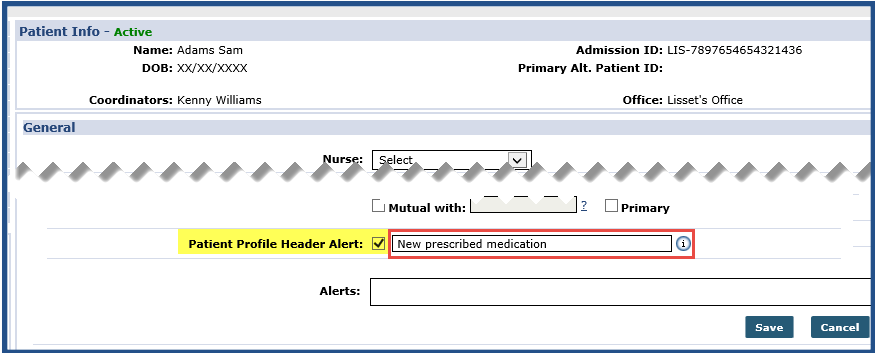
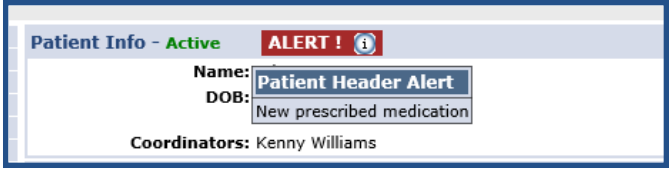
Patient Header Alert

A **Patient Header Alert** can be added to a Patient’s Profile providing quick instructions to users when the Patient’s page is accessed (as seen in the image below).



Patient Header Alert

To activate the Patient Header Alert, complete the following steps.

| Step | Action |
|------|---|
| 1 | Navigate to the Patient’s page. In the <i>General</i> section, click the Edit button. |
| 2 | <p>Select the new Patient Profile Header Alert checkbox and enter the message in the text box to the right (as seen in the image below).</p>  <p style="text-align: center;">New Patient Header Alert</p> <p><i>Note: Maximum character count is 50 characters allowing spaces and special characters.</i></p> |
| 3 | Click Save . |
| 4 | <p>The red Alert is displayed throughout the Patient’s pages to the right of the Patient Info/Status. Hovering over the information icon displays the alert as entered.</p>  <p style="text-align: center;">Patient Header Alert</p> |



Individual alerts can be set for individual Patients, even if Linked/Mutual. If Patients are Linked or Mutual, the Alert notification displays after the Linked/Mutual designator. Linked/Mutual Patients do not automatically have alert flagged on joined records (as with fields like phone number and FOB ID).

Single Patient Shell

In some cases, Providers are forced to maintain multiple Patient profiles for a single Patient due to a combination of Linked and Internal Contracts (one kept for each instance). Providers can connect multiple Patient records under one default Patient shell and quickly jump between all Patient records associated with the Patient’s Medicaid ID. The purpose of this enhancement is to provide efficiency by diminishing incorrect census and search difficulties.

The **Single Patient Shell** organizes and manages Patient records allowing Providers to connect all associated records. Moreover, it allows for easier navigation between records, provides suggested Patient matches on New Placements, and improves efficiencies by fixing census issues and makes it easier to locate Patient records.

Note: Although recommended to easily identify, connections can be made even if no Medicaid ID is provided.

Patient Search

On the *Patient Search* page, select the **Default** checkbox to search for Default Patient records. This option helps with Patient census as it groups similar Patient records together instead of individual records. This option can be selected/deselected (as needed). On the search results, Patients with grouped profiles are displayed with a Default label following the Patient Name (as seen in the image below).



The screenshot shows the 'Patient Search' form with various filters. The 'Default' checkbox is checked. Below the form is a table of search results. The first result is highlighted with a red circle around the patient name '9990 Error (Default)'.

| Patient ID | Admission ID | Patient Name | Office | Coordinators | Start Date | Status | Phone Number | DOB | Active Contract | Alt. Patient ID | Team Location B |
|------------|---------------------|----------------------|--------------------|--------------|------------|--------|----------------------|------------|-----------------------------|-----------------|-----------------|
| | HHA-900020598537420 | 9990 Error (Default) | HHAExchange Office | Bert Bright | 08/01/2015 | Active | 123-456-7980 718- | 01/01/1985 | SPRINKLE SHIRT LIFE PROJECT | | |

Patient Search – Default Record

Other Placements

The Single Patient Shell setting resides in the *Patient General* page under a new section titled **Other Placements**. Multiple records are indicated by the various Admission IDs which are linked to the same Patient. Click the **Edit** button to open the section.

Patient Info - Active

Name: Sanderson George (default) Payer Name: Sandy Health System Frequency: Payer Coordinator: Jon Franqui
 Admission ID: BOR-10922 Patient ID: DOB: 02/15/1950 Address: 11011 Coordinators: Carol Hill
 Home Phone: Office: Boris's Office

Other Placements

| Default | Admission ID | Active Contract | Start Date | Status | Unlink | Edit |
|--------------------------|---------------------------|-----------------|------------|------------|--------|------|
| <input type="checkbox"/> | BOR-10811 | Another Payer | 10/11/2018 | Active | X | |
| <input type="checkbox"/> | BOR-10555 | Payer 3 | 09/02/2017 | Active | X | |
| <input type="checkbox"/> | BOR-10334 | Aetna | 08/15/2016 | Discharged | X | |

Patient General Page – Other Placements section

Clicking **Edit** enables the Other Placements section. From here, users can manually set a Default record, unlink a record, or add records for the Patient.

Patient Info - Active

Name: Sanderson George (default) Payer Name: Sandy Health System Frequency: Payer Coordinator: Jon Franqui
 Admission ID: BOR-10922 Patient ID: DOB: 02/15/1950 Address: 11011 Coordinators: Carol Hill
 Home Phone: Office: Boris's Office

Other Placements

| Default | Admission ID | Active Contract | Start Date | Status | Unlink | Add Placement | Save |
|--------------------------|---------------------------|-----------------|------------|------------|--------|---------------|------|
| <input type="checkbox"/> | BOR-10811 | Another Payer | 10/11/2018 | Active | X | | |
| <input type="checkbox"/> | BOR-10555 | Payer 3 | 09/02/2017 | Active | X | | |
| <input type="checkbox"/> | BOR-10334 | Aetna | 08/15/2016 | Discharged | X | | |

Other Placements Section – Edit Mode

Click the **Add Placement** button to view all possible linked records (*Suggested Patient Matches*) for the Patient based on **Medicaid ID**. From here, select the applicable Patient record match by checking the box to the left of the Patient Name and click **Add** to continue.

The following patient can be connected to this patient records.

| Patient Name | DOB | Medicaid | Status |
|--------------|------------|-------------|--------|
| Bond James | 10/12/1990 | XX123456789 | Active |

Suggested patient matches

| Select | Patient Name | Active Contract | Start Date | Status |
|--------------------------|-----------------------|--|------------|--------|
| <input type="checkbox"/> | Shah Nirja | GUILDNET, CIPRO, AXA LIFE | 03/01/2015 | Active |
| <input type="checkbox"/> | Mark Steve | Private Pay, AXA LIFE, AMERICARE SMARTLIFE PROTECT | 07/09/2016 | Active |
| <input type="checkbox"/> | Excellence Developer | Contract Excellence 1 | 07/05/2017 | Active |
| <input type="checkbox"/> | Shah Nisha | AB, Contract, GUILDNET | 01/01/2018 | Active |
| <input type="checkbox"/> | Pandeuuyuy Sushantttt | Private Pay, AMERICARE SMARTLIFE PROTECT | 02/01/2018 | Active |
| <input type="checkbox"/> | George Sanderson | Payer 3 | 08/16/2017 | Active |

Add Select a different patient Cancel

Suggested Patient Matches based on Medicaid ID

Note: The Suggested Patient Matches list contains all the accepted and confirmed Placements by the Provider (providing that the Medicaid ID is available). If a **Medicaid ID** is not available, click the **Select a Different Patient** button to search for another Patient record.

The system provides all the possible Patient records which can be connected to the Patient. Select the pertinent record(s) and click **Add**.

The following patients can be connected to this patient record.

| Admission ID | Patient Name | Medicaid ID | Active Contract | Start Date | Status |
|---------------------------|------------------|-------------|-----------------|------------|--------|
| SAN-10822 | George Sanderson | XX123456789 | Sandy Health | 10/16/2018 | Active |

Select the patient record(s) to be connected:

| Select Patient | Admission ID | Patient Name | Medicaid ID | Active Contract | Start Date | Status |
|-------------------------------------|---------------------------|-------------------|-------------|-----------------|------------|----------|
| <input checked="" type="checkbox"/> | BOR-10988 | George Sanderson | XX123456789 | Payer 3 | 08/16/2017 | Active |
| <input type="checkbox"/> | BOR-10533 | Georgie Sanderson | XX123456789 | Aetna | 07/16/2017 | Inactive |

Patient Record Matches

The following image illustrates how an existing Placement appears in the system for a linked record. To connect the records, click the **Select Patient** checkbox. The existing record shows as the default profile. If applicable, check the **Make Default** checkbox to make the new placement the default. Click **Connect** to link the two profiles. Click **Keep Separate** to maintain separate records in the system.

The placement appears to be for an existing patient.

| Make Default | Admission ID | Patient Name | Medicaid ID | Active Contract | Start Date | Status |
|--------------------------|---------------------------|------------------|-------------|-----------------|------------|----------|
| <input type="checkbox"/> | SAN-10822 | George Sanderson | XX123456789 | Sandy Health | 11/1/2018 | Accepted |

Select the patient record(s) to be connected:

| Select Patient | Admission ID | Patient Name | Medicaid ID | Active Contract | Start Date | Status |
|-------------------------------------|---------------------------|----------------------------|-------------|-----------------|------------|--------|
| <input checked="" type="checkbox"/> | BOR-10988 | George Sanderson (default) | XX123456789 | Payer 3 | 08/16/2017 | Active |

Connecting Patient Profiles

Once selected, the record is added to the Patient's Other Placements section. Note only one Default record can be selected at a time.

Patient Info - Active

Name: Sanderson George Payer Name: Another Payer Frequency: Payer Coordinator: Jon Franqui
 Admission ID: BOR-10811 Patient ID: DOB: 02/15/1950 Coordinators: Carol Hill
 Home Phone: Office: Boris's Office Address: 11011

| Default | Admission ID | Active Contract | Start Date | Status | Unlink |
|-------------------------------------|---------------------------|---------------------|------------|------------|--------|
| <input checked="" type="checkbox"/> | BOR-10922 | Sandy Health System | 11/01/2018 | Active | X |
| <input type="checkbox"/> | BOR-10555 | Payer 3 | 09/02/2017 | Active | X |
| <input type="checkbox"/> | BOR-10334 | Aetna | 08/15/2016 | Discharged | X |

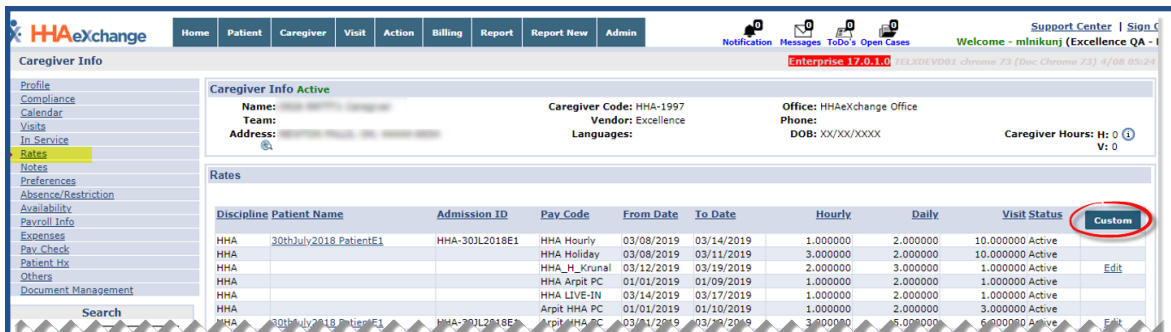
Other Placements Section – Default Patient Profile

Create a Patient Rate for a Specific Admission ID

DISCLAIMER

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

When enabled, users can create a custom Pay Rate for a specific Patient using the **Admission ID**. To create a custom Pay Rate, select the *Rates* page from the Caregiver Info page. A **Custom** button may either display along-side or replace the **New** button (depending on the user's permissions).



Creating a Custom Pay Rate

Click the **Custom** button to open the Rates window. On the Rates window, the **Admission ID** field is now required to save the custom Pay Rate.

The 'Rates' form is displayed with the following fields:

- * Discipline: HHA
- * Pay Code: HHA Active In
- * Admission ID: EXQ-90002059853 (highlighted in red)
- * From Date: 04/08/2019
- * To Date: 04/30/2019
- * Hourly: \$ 25.000000
- * Daily: \$ 100.000000
- Visit: \$ 150.000000
- Active:

Buttons: Save, Cancel

Custom Pay Rate

Payer Ranking

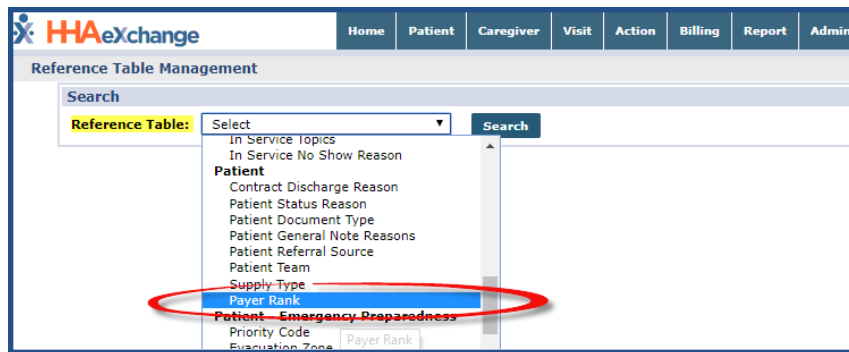
DISCLAIMER

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

Some Providers need to organize Contracts and Authorizations by Payer ranking. The system allows Providers to rank Payers (from 1-9) via the **Payer Ranking** functionality. This feature is seen via the Patient Contract page (*Patient > Contract*) where users can view and edit Payer Ranking as needed.

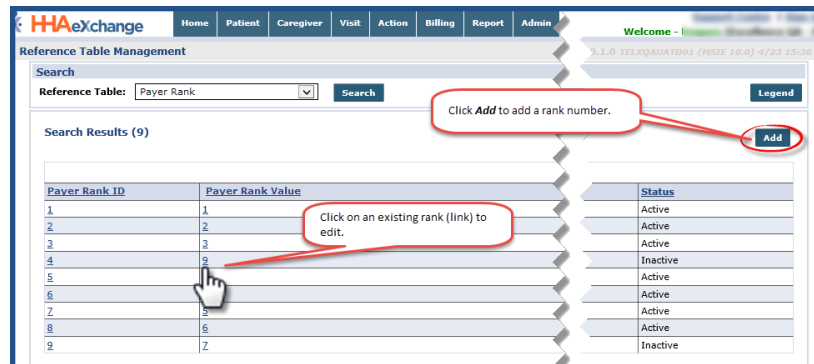
Reference Table Management

Payer Ranking values are created and maintained via the *Reference Management Table* functionality (*Admin > Reference Table Management*). To access, select **Payer Rank** (under the *Patient* category), as seen in the following image.



Reference Table – Payer Ranking

On the Payer Rank Reference Table, click on the [Payer Rank Value](#) (number link) to view or edit the ranking information. To add a Payer Rank, click the **Add** button. The allowed Payer Rank values are between 1-9. Ensure the **Active Status** is selected.

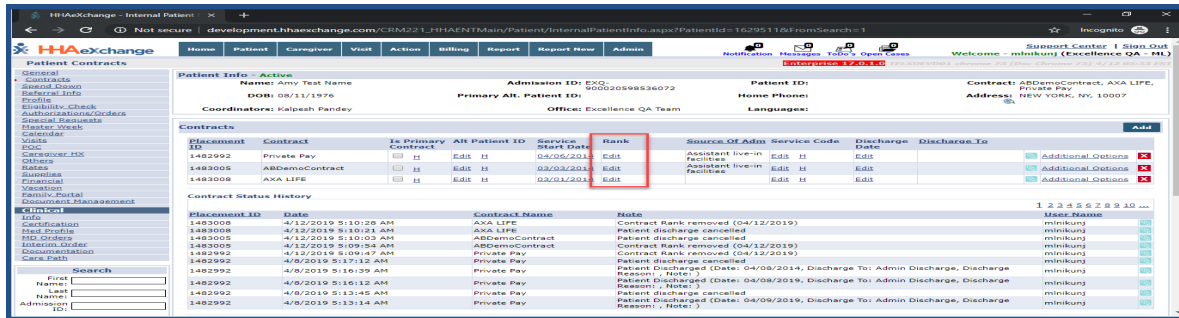


Payer Rank – Reference Table

Note: Numbers out of the 1-9 range are not allowed and generate a system error.

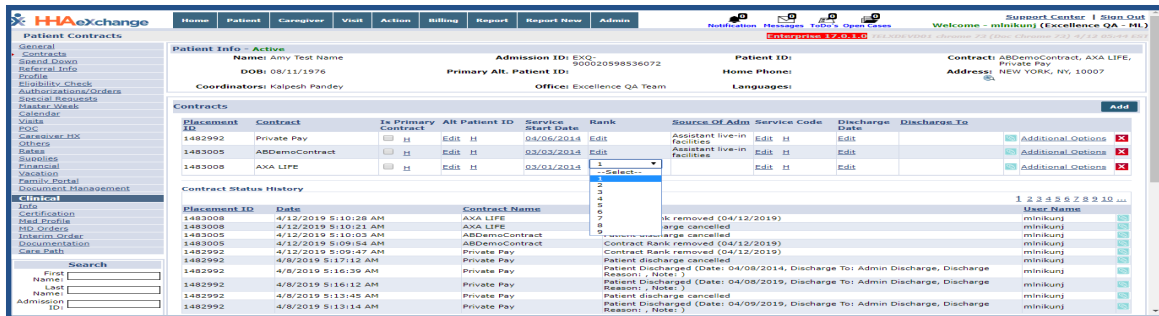
Patient Contract Page

Under the **Rank** column in the *Patient Contract* page (*Patient > Contract*), click on the [Edit](#) link to view or edit a Payer Rank on the respective Contract.



Patient Contract Page: Payer Rank Column

The dropdown menu expands to view the ranking for the selected Contract. Only Active ranks appear on the dropdown. To assign a rank, select the number from the menu.



Payer Rank Values

Once selected, the number appears on the text field. Click the [Update](#) link to save. Any Payer Rank updates are noted in the Contract Status History section.



Update/Save Payer Rank

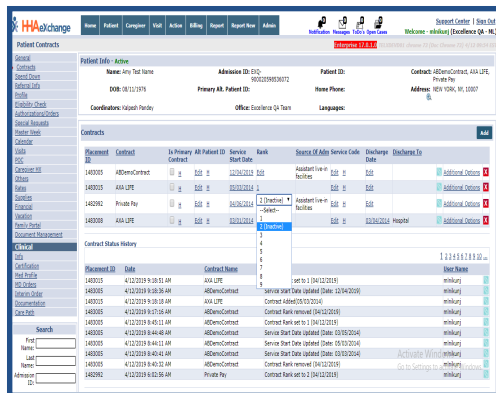
The following rules apply when ranking Contracts (Payers):

- Only one Contract can have a selected ranking; two Contracts cannot have the same ranking.
- The same Contract (Payer) can only have one rank during the same date range.
- Contracts can have the same rank value if the **Contract Service Date** and **Discharge Date(s)** are not overlapping.

When attempting to update the same rank for Contracts during the same date range, the system generates a validation error.



If a Payer Rank is made *Inactive* after assignment, then the Rank loads as “Rank Value (Inactive)” on the dropdown, as illustrated in the image below.

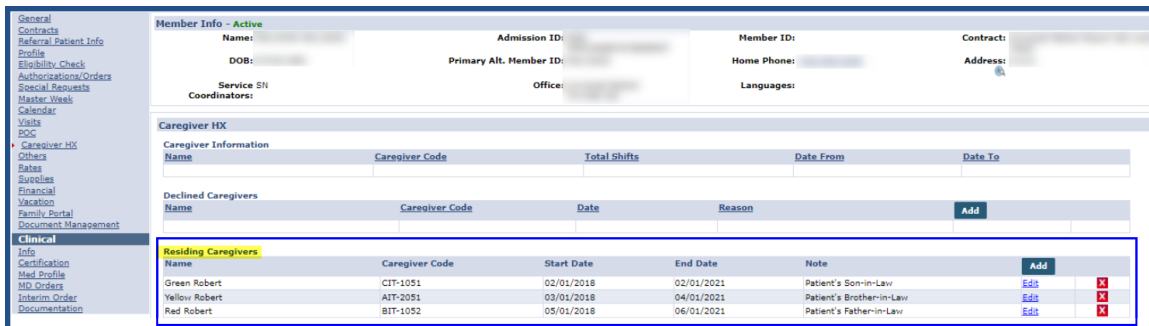


Added Residing Caregiver Section

In certain homecare delivery models, the individual providing care may live with the Patient. Sometimes this is an arrangement where a Caregiver agrees to live consistently with the Patient as part of employment. In Consumer Directed models, this can also reflect a Patient selecting an individual already living in the home to be their care provider.

When implementing Cures Act mandates, an exception is often made for Live In (Residing) Caregivers when confirming services. EVV may not be required for Caregivers who live with the Patient.

To capture this association, a *Residing Caregiver* section has been added to the *Caregiver HX* page (**Patient > Caregiver HX**) in the Patient Profile (as seen in the following image) to reflect associated pairings that may exempt Caregivers from certain EVV requirements.



Caregiver HX: Live-In Caregivers Section

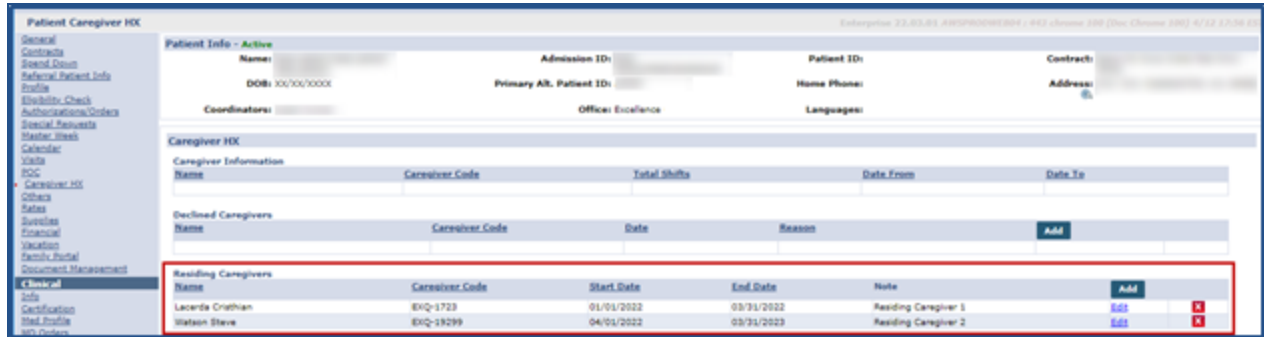
Click on the **Add** button to add a new Residing Caregiver or click on the [Edit](#) link to update information on an existing one. On the *Residing Caregivers* window enter the details to include the required **Caregiver Code** as well the optional fields such as **Start/End Date** and **Note**.

Click **Save** to finalize.

Adding a Residing Caregiver

Establish Patient/Caregiver Association for Residing Caregiver

When data is updated (added, edited, or deleted) in the Residing Caregiver section of a Member Child Profile, a merge is necessary in the Member Parent Profile for the information to sync. The system copies/syncs any updated Residing Caregiver information from the Child Profile to the Parent Profile. Any overlapping or existing information does not copy over eliminating duplicate data.



The screenshot shows the 'Patient Caregiver HX' interface. The 'Residing Caregivers' section is highlighted with a red box. It contains a table with the following data:

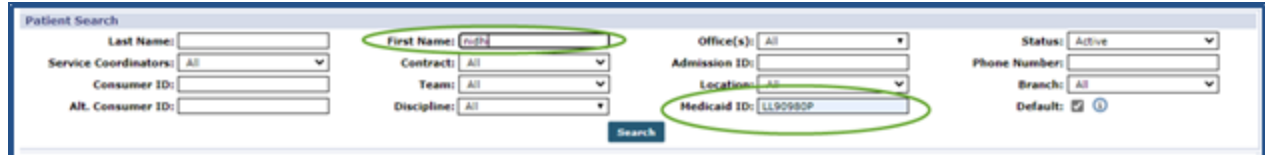
| Name | Caregiver Code | Start Date | End Date | Note | Add | Delete |
|------------------|----------------|------------|------------|----------------------|---------------------|-------------------|
| Lacenda Cruthian | 81Q-1723 | 01/01/2022 | 03/31/2022 | Residing Caregiver 1 | Add | X |
| Waleen Steve | 81Q-18299 | 04/01/2022 | 03/31/2023 | Residing Caregiver 2 | Add | X |

Patient Parent Profile: Residing Caregiver Section

If a Patient Profile is unmerged, then all synced Residing Caregiver information is removed from the Parent Profile and is solely kept in the Child Profile.

Added Medicaid ID Filter Field in Patient Search

A **Medicaid ID** search filter field in the Patient Search page (Patient > Search Patient) allows Providers to search by Medicaid ID (either as a stand-alone or combination with other search fields).



The screenshot shows the 'Patient Search' interface. It features several search criteria: Last Name, Service Coordinators, Consumer ID, and Alt. Consumer ID (all text inputs); First Name, Contract, Team, and Discipline (all dropdown menus); Office(s), Admission ID, Location, and Medicaid ID (all dropdown menus); and Status, Phone Number, Branch, and Default (all dropdown menus). The 'Medicaid ID' dropdown menu is highlighted with a green oval and contains the value 'LL9090P'. The 'First Name' dropdown menu is also highlighted with a green oval and contains the value 'ru22'. A 'Search' button is located at the bottom center of the form.

Patient Search: Medicaid ID Field

The system allows for partial entries in the Medicaid ID field as well as combinations of letters and numbers.

Blended Services: Split Patient Record

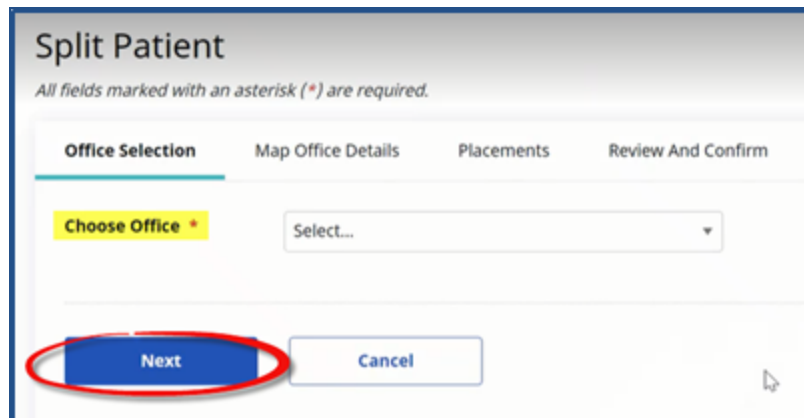
The **Blended Services** feature allows Providers to split a Patient record, typically used when a Patient receives both Personal Care Services as well as Consumer-Directed Services. Ultimately, the system makes a copy of the Patient record and routes the information back to the Payer as one Patient. This feature only works on Patients with active or future Placements. If the Placement is in the past, then the system does not allow the split.

Once a Placement is received from a Payer, navigate to the *Patient Profile (Patient > General)* and click on the **Edit** button. The **Split Patient** button becomes available to select under the *Split Patient Record* section, as seen in the following image. Click on the **Split Patient** button to initiate.



Split Patient (Record) Button

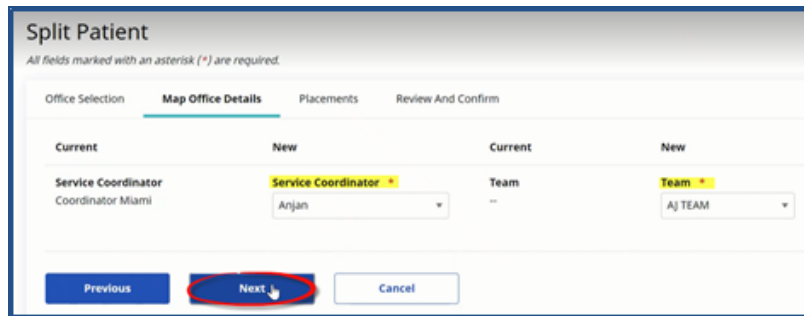
The *Split Patient* window opens to the *Office Selection* tab. Select the office in the **Choose Office** field and click on the **Next** button.



Split Patient: Office Selection Tab

Note: The Offices available to select are limited to the offices the user is assigned to.

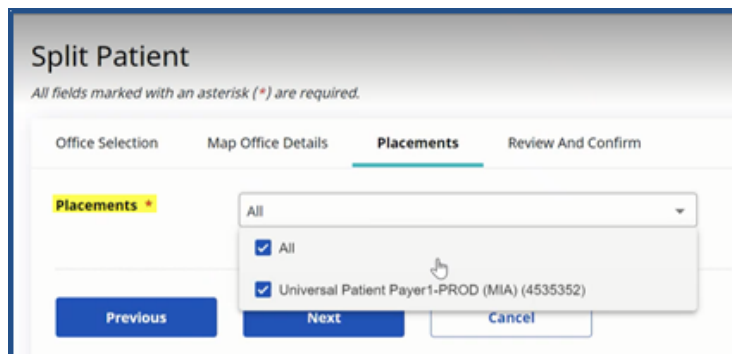
The next tab, *Map Office Details* appears. Complete the required fields* by selecting the **Service Coordinator** and **Team**. Click on the **Next** button to continue.



Split Patient: Map Office Details

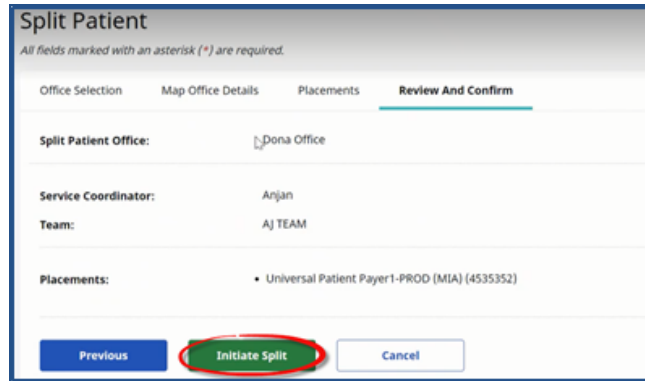
***Note:** Field requirements depend on the field requirements set at the Agency level (**Admin > Agency Profile > Required Patient Fields**).

On the *Placements* tab, select the applicable Placement(s), as illustrated below.



Split Patient: Placements

On the final tab, *Review and Confirm*, review the details and click on the **Initiate Split** button.



Split Patient
All fields marked with an asterisk (*) are required.

Office Selection Map Office Details Placements **Review And Confirm**

Split Patient Office: * Dona Office

Service Coordinator: Anjan

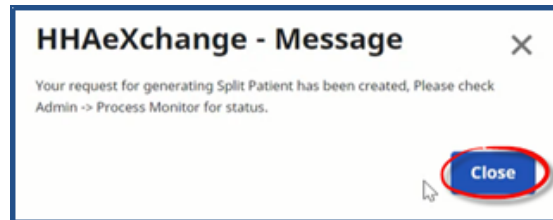
Team: AJ TEAM

Placements: • Universal Patient Payer1-PROD (MIA) (4535352)

Previous **Initiate Split** Cancel

Split Patient: Review and Confirm

The system alerts that the Split Patient record has been created. Click **Close** to exit.



Successful Split Patient Record

Once processed, the Split Patient Record appears in the Patient's Profile General page, as seen in the following image. The original record remains in the header with the original Office. Any additional Authorizations go to the original Patient record as well as communications from the Payer.



| Patient Info - Active | | | | | | |
|---|----------------------------------|--------------|--|-------------|--------|---------|
| Name: Demo Sarah | Admission ID: MIA-9901095885264 | Patient ID: | Payer: Universal Patient Payer1-PROD (MIA) | | | |
| DOB: 01/01/1950 | Primary Alt. Patient ID: 4112022 | Home Phone: | Address: 1 Court Square, LONG ISLAND CITY, NY, 11101 | | | |
| Service Coordinator Miami | Office: Support Miami | Languages: | | | | |
| Coordinators: | | | | | | |
| Merge Patient Record History | | | | | | |
| There are no other Patient records merged to this Patient at this time. | | | | | | |
| Split Patient Record History | | | | | | |
| Admission ID | Alt. Patient ID | Patient Name | Payers | Office Name | Status | Action |
| 411-9901095885265 | 4112022 | Demo Sarah | Universal Patient Payer1-PROD | Dona Office | Split | Unsplit |
| General History | | | | | | |

Patient Profile: Split Patient Record

Moving Authorization

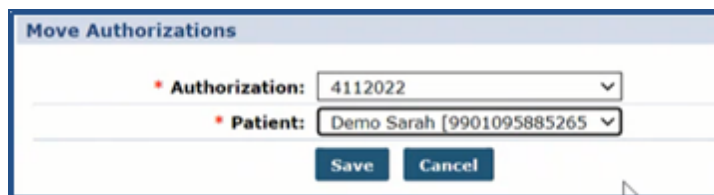
Once the split is completed, Providers have the option to move Authorizations from one Patient Profile to the other. To move an Authorization, navigate to the *Authorization/Orders* page (**Patient > Author-**

izations/Orders) and click on the [Move Authorization](#) link), above the grid, as illustrated in the following image.



Move Authorizations Link

The *Move Authorization* window opens. Select the applicable **Authorization** and **Patient**. Note that this only applies to Patients with split records and for *active* current Authorizations (no past Authorizations); therefore, only applicable Authorizations and Patients are available to select.

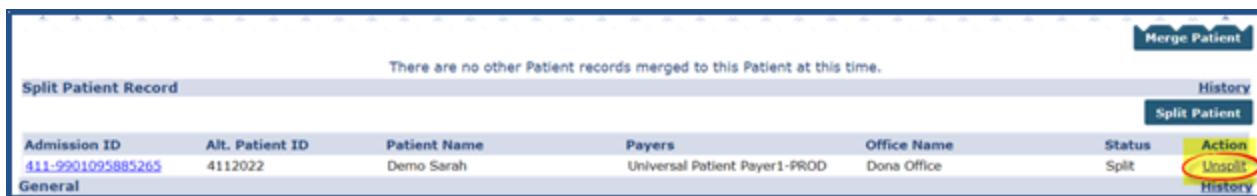


Move Authorizations Window

In addition, an Authorization cannot be moved if visits are confirmed and billed.

Deleting a Split Patient Profile

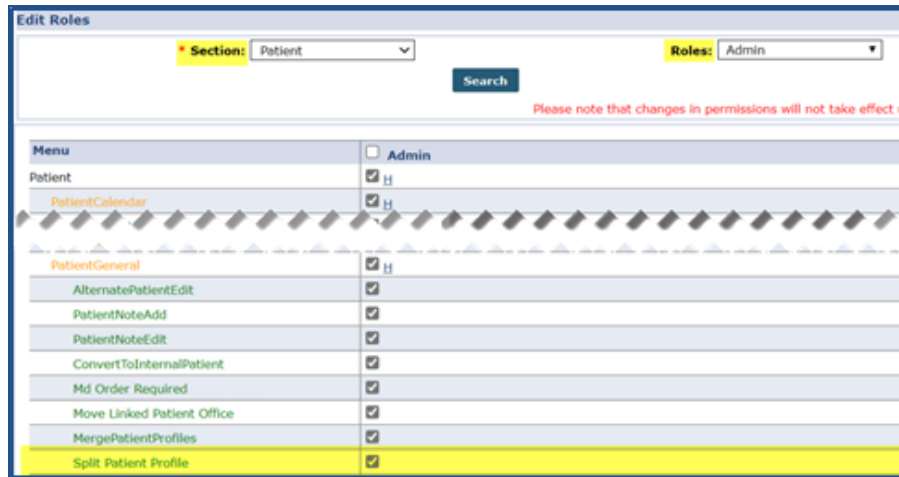
A Split Patient Profile can be deleted provided that there are no scheduled visits, authorizations, invoices or any activity associated with the profile. To delete, click on the [Unsplit](#) link (as seen in the image below) and follow the system prompts. If any activity is associated with the Split Patient Profile, then the system issues a validation at the time of deletion, not allowing the un-split.



Unsplit Patient Record Link

Permission: Split Patient Record

Permissions for this feature is role-based. To assign permissions, navigate to **Admin > User Management > Edit Roles**. Select Patient from the **Section** field, applicable **Roles** from the dropdown field and click **Search**. Under the *Patient General* category, select the **Split Patient** permission for the chosen roles and click **Save** to finalize.



The screenshot shows the 'Edit Roles' interface with the following details:

- Section:** Patient
- Roles:** Admin
- Search:** [Search button]
- Message:** Please note that changes in permissions will not take effect until...
- Menu:** Admin (checkbox)
- Patient:** H (checkbox)
- PatientCalendar:** H (checkbox)
- PatientGeneral:** H (checkbox)
- Permissions:**
 - AlternatePatientEdit: [checked]
 - PatientNoteAdd: [checked]
 - PatientNoteEdit: [checked]
 - ConvertToInternalPatient: [checked]
 - Md Order Required: [checked]
 - Move Linked Patient Office: [checked]
 - MergePatientProfiles: [checked]
 - Split Patient Profile: [checked]** (highlighted in yellow)

Permission: Split Patient Profile