Scheduling Process Guide

Scheduling and Adjusting Visits

Contents

Scheduling

Overview

This category covers the **Scheduling** functionality providing instructions and guidance when scheduling and adjusting visits for Internal Patients in the HHAeXchange (HHAX) system. There are two visit classifications to include **Skilled** and **Non-Skilled**.

Skilled Visits (clinical) involve care by a licensed medical professional (such as a Nurse or Physical Therapist). **Non-Skilled Visits** involve assistance with daily routines, grooming, and general support.

There are three options when creating a new visit (Skilled or Non-Skilled), as follows:

- Manually entering the new visit on the Patient's or Caregiver's **Calendar** page
- Using the **Copy and Create** function on the Patient's or Caregiver's **Calendar** page.
- Creating a **Master Week**.

Once a visit is saved, the system automatically performs a series of validations and authorization checks to ensure that the scheduled visit does not breach any Agency rules or contractual obligations.

Because each Patient may have unique services or scheduling requirements, HHAX recommends that scheduling is performed from the Patient's **Calendar** page. Furthermore, scheduled visits on the Patient's **Calendar** displaying in pink indicates not adhering to contractual authorization.

Please direct any questions, thoughts, or concerns regarding the content herein to HHAX Support Team.

HHAX System Key Terms and Definitions

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

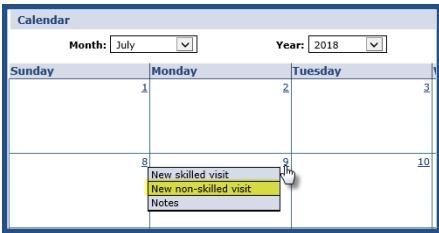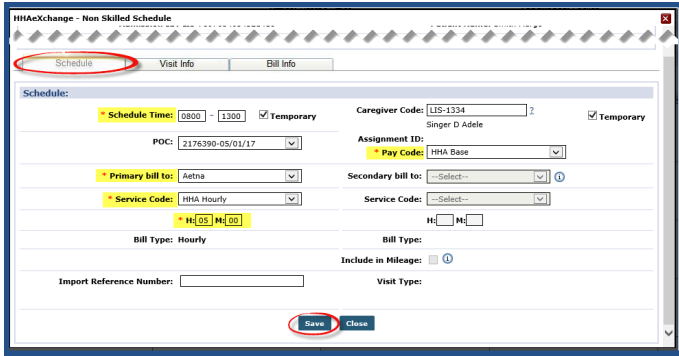| Term	Definition
Patient	Refers to the Member, Consumer, or Recipient. The Patient is the person receiving services.
Caregiver	Refers to the Aide, Homecare Aide, Homecare Worker, or Worker. The Caregiver is the person providing services.
Provider	Refers to the Agency or organization coordinating services.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

Creating Visits

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

This section provides a high-level instruction on how to schedule visits using the Patient **Calendar**, as well as scheduling using the **Master Week** function.

Non-Skilled Visits

Non-clinical visits in the system are classified as **Non-Skilled**, meaning only non-skilled disciplines can be assigned to them. Follow the steps below to create a non-skilled visit.
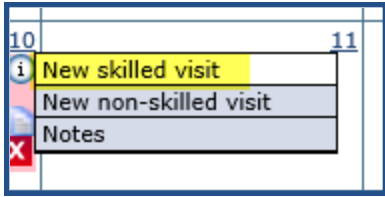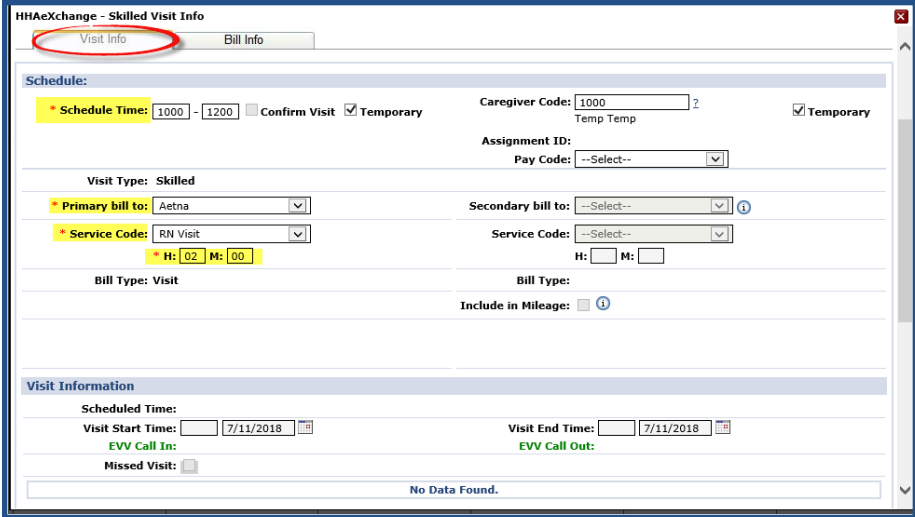
Step	Action
1	Navigate to the desired Patient and click the **Calendar** page on the Index.
2	Click on the <u>date number</u> (hyperlink) at the top-right of the Calendar cell and select "**New non-skilled visit**" from the options. **Creating a Non-Skilled Visit**
3	The Non-Skilled Schedule window opens on the visit Schedule tab. Complete the required fields (denoted with a red asterisk). *Note: If a Caregiver is marked as **Absent,** has a **Restriction** for the select Contract, or is scheduled for an **In Service** on the date of the visit, the system issues a warning either requesting confirmation or stating that the selected Caregiver cannot be scheduled.* **Schedule Visit tab – Scheduling a Non-Skilled Visit** *Note: The **Visit Info** and **Bill Info** tabs are used to review visit information <u>after</u> the visit has been com-*

Step	Action
	pleted and billed.
4	Click the ***Save*** button to schedule.
5	Once saved, the system automatically performs a series of validation and authorization checks to ensure any Agency rules or contractual obligations are not breached. If a validation error is detected, then the system warns or restricts one from saving the visit. Visits displayed in green are within Authorization parameters, while those in pink indicate an Authorization issue, as illustrated in the image. **Scheduled Visits** *Note: The system only reviews visits in a 14-day block based on the current date. Visits outside of this range display in white.*

Visits scheduled with a **Service Code** that is not covered by the Authorization, or setup to bypass Pre-billing validations also display in white, even if within the 14-day block. Consult with an Administrator to discuss which **Service Codes** the Agency has authorized to skip Prebilling validations.

Skilled Visits

Skilled visits (Clinical) are those involving medical services and only skilled disciplines (such as Nurses or Physical Therapists) can be assigned to them. Follow the steps below to create a Skilled visit.

Step	Action
1	Navigate to the desired Patient and click the **Calendar** page on the Index.
2	Click on the date number (hyperlink) at the top-right of the Calendar cell and select "**New skilled visit**" from the options. **Creating a Skilled Visit**
3	The Skilled Schedule window opens on the Visit Schedule tab. Complete the required fields (denoted with a red asterisk). **Schedule Visit tab – Scheduling a Skilled Visit**
4	Click the ***Save*** button to schedule.

Step	Action
5	Once saved, the system automatically performs a series of validation and authorization checks to ensure any Agency rules or contractual obligations are not breached. If a validation error is detected, then the system warns or restricts one from saving the visit. Visits displayed in green are within Authorization parameters, while those in pink indicate an Authorization issue, as illustrated in the image. **Scheduled Visits** *Note:* The system only reviews visits in a 14-day block based on the current date. visits outside of this range display in white.

Patient Calendar – Unauthorized Visit Reasons

The Patient Calendar includes reasons for Unauthorized visits (displayed in pink). Hovering over the red "thumbs down" icon displays a pop-up message indicating the reason the visit is not Authorized, as seen in the following image.
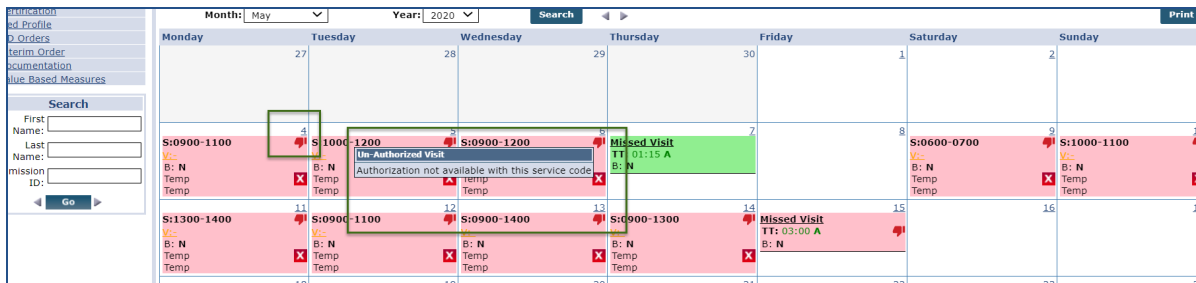
Unauthorized Visit Reason (Pink)

Note: A visit may have multiple un-authorization reasons. Hovering over the icon shows a single reason at a time. If corrected, then the second reason displays.

The following table provides a list of Scenarios, the associated Unauthorized Visit Reason and a description for each.

Scenario	Unauthorized Visit Reason	Description
Exceeds Guardrail Limit	Insufficient Authorization - Guardrails	Visit does not have sufficient authorization because of a monthly Guardrail limit
Additional Rules	Additional Rules – Failed Validation	Visit fails Additional Rules validation
Service Code	Authorization not available with this Service Code	Missing Service Code or the Service Code is not valid for the Authorization Type
No Authorization	Authorization Not Available	No Authorization available for the visit
Visit Out of Authorized Date Range	Authorization Not Available	Visit falls outside of Visit Start or End Date
Visit less than 15 Minutes	Visit less than 15 Minutes	Visit is less than 15 minutes
Blackout Date	Blackout Date	Visit on a blackout date
Daily Period Type Authorization with Time Restrictions	Insufficient Authorization	Visit scheduled outside of Daily Period Type Time Restrictions
Manual Authorization	Manual Authorization	Manual intervention required due to a manual Authorization
Missed Visit – Travel Time	Insufficient Authorization	Missed Visit Travel Time approval
Weekly, Monthly Authorization (Type 1)	Insufficient Authorization	Visit exceeds the allowed Max Units per Period
Billing Adjustment to use Authorization Units	Insufficient Authorization	Billing adjustment causes the visit to not have sufficient Authorization
Daily, Weekly, Monthly Authorization (Type 2)	Insufficient Authorization	Visit exceeds the allowed Max Units for the Entire Authorization
Primary/Secondary Contract	Insufficient Authorization	Primary and Secondary Contract together do not have sufficient Authorization for a visit
Weekday (Specific Date Type)	Visit cannot be scheduled to start on a Weekend	Visit is authorized for a specific date type (weekday) but the visit is scheduled on the weekend or holiday
Weekend (Specific Date Type)	Visit cannot be scheduled to start on a Weekday (unless a Holiday)	Visit is authorized for a specific date type (weekend/holiday) but the visit is scheduled on a weekday

Visit Authorization Allocation

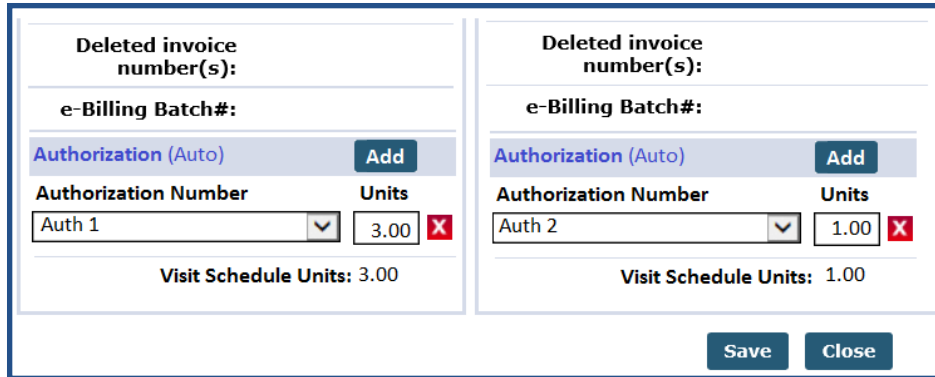Agencies may review and edit Authorizations automatically applied to Scheduled visits on the visit *Bill Info* tab.
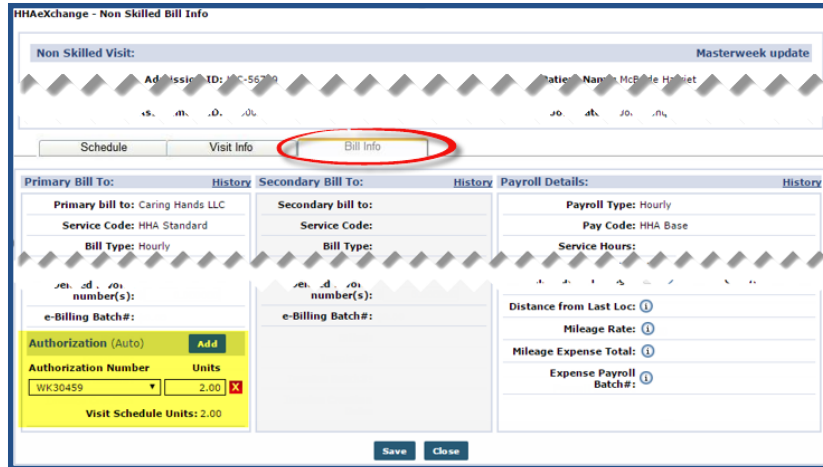
Authorization on Bill Info Tab

The **Authorization** section of the *Bill Info* tab contains the following fields / functionality:
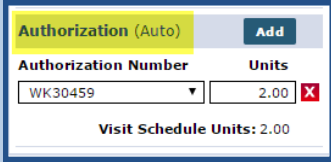
Field / Functionality	Description
Authorization Number	The Authorization currently assigned to the visit. This field also contains all the Authorizations associated with the Patient applicable to the visit. For example, if the Scheduled visit is for Non-Skilled service, only Authorizations for Non-Skilled service are available.
Units	Allows one to set the number of Units from the Authorization applied to the visit. • For Hourly Service Codes, a **Unit** equals **1 hour**; therefore, a visit scheduled for 4 hours equals 4 Units. A 3-hour and 15-minute visit equals 3.25 units. • Visits scheduled with a *Daily* or *Visit* **Service Code** always display as 1 Unit.
Add (button)	Allows one to apply additional Authorizations to the visit. **Apply Additional Authorization**

The Authorization functionality is available for both **Primary** and **Secondary** Contracts, allowing Agencies to split Authorization hours between the two:

Set Primary / Secondary Authorizations

The **Authorization** section of the *Bill Info* tab has several "statuses" depending on how the Authorization is applied to the visit, as well the Contract's scheduling requirements, as follows:

Status	Description
Authorization (Auto)	This status indicates that the system assigned the Authorization(s) to the visit. **Authorization (Auto) Status**

Status	Description
No Matching Authorization Found	This 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). **No Matching Authorization Found**
Authorization Not Required	This status indicates that the selected Contract does not require an Authorization to schedule visits. **Authorization Not Required**
No Authorization Selected	This status indicates that that an existing Authorization has been deleted and a new one was not assigned. **No Authorization Selected**

Validations and Scheduling Scenarios

This section covers scheduling scenarios and validations caused by the addition of the **Visit Authorization Allocation** function.

Over/Under Applying Authorization Units

Over or under applying Authorization **Units** to a visit results in a validation error. For example, if a single Authorization **Unit** is applied a to a visit scheduled for 2 hours, one is only authorizing a single hour of the visit. In the other hand, applying 3 Authorization **Units** to a 2-hour visit authorizes an hour of non-scheduled service.

The system does not allow for either scenario. If over or under Authorization **Units** are applied, the following validation messages display:
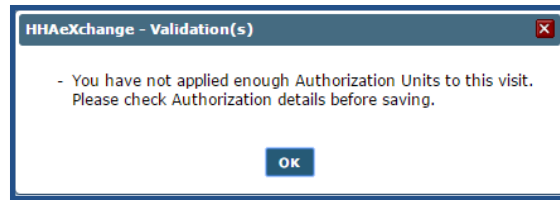
Under Applying Units Validation Error
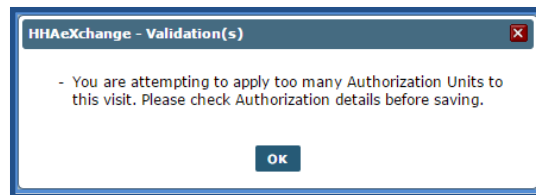
Over Applying Units Validation Error

Apply Zero Authorization Units

Users may choose to apply 0 Authorizations **Units** to a visit without triggering a validation error. Instead, the visit displays in pink, indicating that it is unauthorized and will be held on the **Prebilling Review** page. The system requests confirmation before saving a visit with 0 Authorization **Units**.
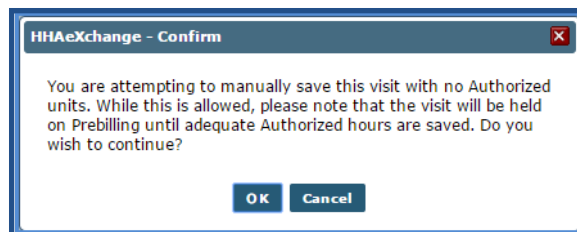
Confirm Zero Authorization Unit Entry

"Manual" / "Automatic" State Visit Logic

Authorizations applied to Visits may exist in two states: **Automatic** and **Manual**.

An **Automatic** state refers to a visit Authorization unedited or removed by a user. The Authorization/Units are automatically applied to the visit by the system at the time of scheduling. When a visit Authorization is in this state, the system automatically updates the Authorization information with respect to changes to the visit schedule.

A **Manual** state is when a user manually edits, removes, or adds Authorization information (for either the Primary or Secondary Contract) to a visit. In this case, the system does not automatically adjust the Authorization to fit changes to the visit schedule. More specifically, if the visit schedule duration is extended or the Service Code is changed, the system automatically reduces the Authorization **Units** to 0. The visit subsequently turns pink on the Patient **Calendar** signifying that there is an Authorization issue.

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

This logic also applies when the Authorization is edited on the Patient **Authorization** page. The system reassesses visits in an "Automatic" state to ensure they are still compliant, whereas visits in a "Manual" state are automatically reduced to 0 **Units**.

Bypass Pre-Billing / Authorization Not Required Logic

If the **Service Code** selected for the **Primary Contract** is set to bypass Prebilling validation, or the **Primary Contract** does not require an Authorization, the visit Authorization section for both the **Primary** and **Secondary Contract** is set to "Authorization Not Required" (as illustrated in the following image).
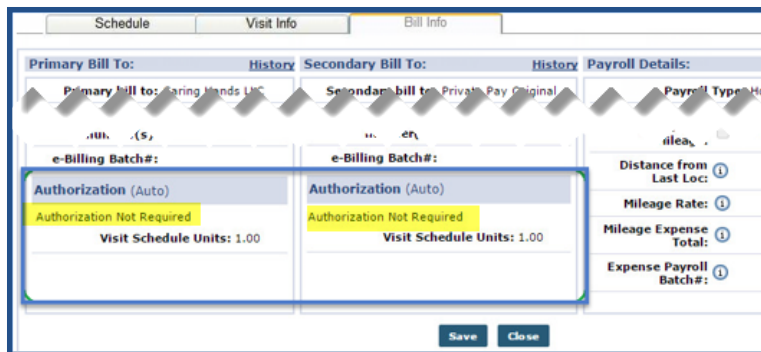
Authorization Not Required

Invoice Logic

When invoicing a visit with more than one Authorization applied to the **Primary Contract** and/or **Secondary Contract**, the system applies the first Authorization for each to the invoice. For example, in the following image, **Auth 1** for **Primary Contract** and **Auth 3** for the **Secondary Contract** would be applied to the invoice for this visit.
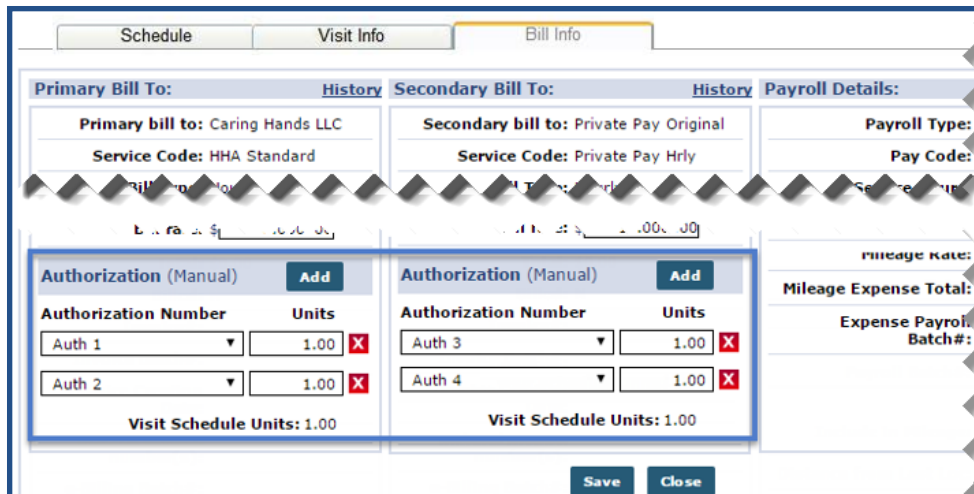
Auth 1 and Auth3 Appled to Invoice

Authorization Deletion Logic

Any visits associated with an Authorization that have been billed or exported cannot be deleted. If a user attempts to delete an authorization where visits have been billed or exported, the system displays the following message: "This Authorization has already been applied to billed visits and cannot be deleted."
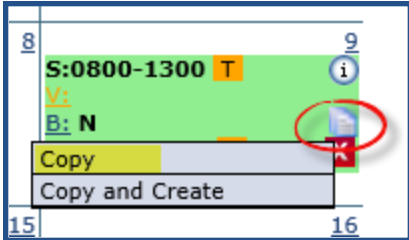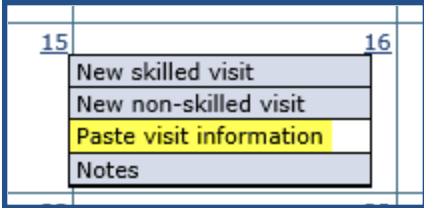
Copy and Create Tool
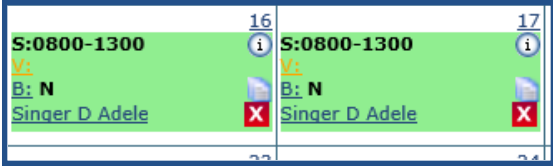
With the **Copy and Create** tool apply new visits to the **Calendar** in either of the following ways:

- Select **Copy** to duplicate visit information to a 'clipboard'. Once copied, apply the visit information to other dates.
- Select **Copy and Create** to copy the visit information and open a new window to apply the information to other dates and also edit the visit information.
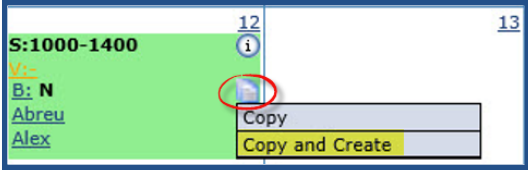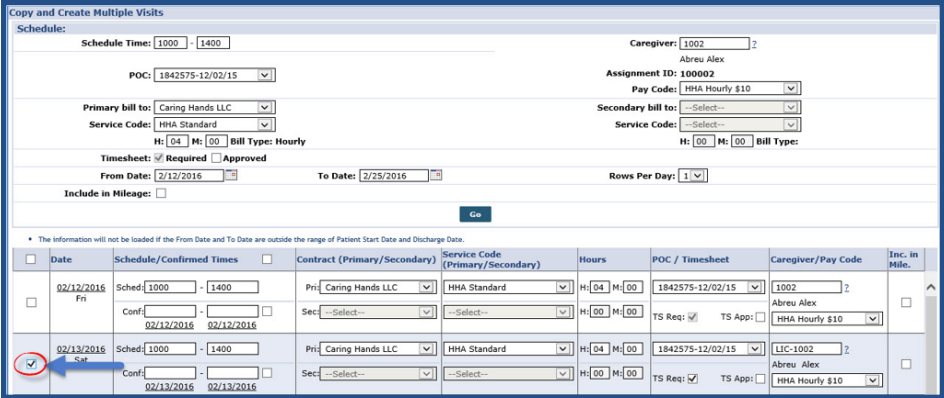
The following tables provide step-by-step instructions on how to use the **Copy and Create** tool.

Copy a Visit

Step	Action
1	From the Patient's **Calendar** page, click the **Copy and Create** icon on the right side of the Calendar day cell (as illustrated in the image). Click **Copy**. The system informs that the visit details have been copied to the clipboard. **Copy Visit**
2	Once copied, click on the date number (hyperlink) in the desired Calendar day cell. Select **Paste visit information** from the options. **Paste Visit Information**

Step	Action
3	Upon selecting, the visit details from the first shift are copied to the selected date. The visit details may be applied to multiple dates, as desired. **Copied Visits** ***Note:*** *Even if a copied visit is authorized, pasting the visit information on a day that is not covered by the Authorization results in an Unauthorized visit (displays in pink).*

Copy and Create Multiple Visits

Step	Action
1	From the Patient's **Calendar** page, click the **Copy and Create** icon on the right side of the Calendar day cell (as illustrated in the image). Click **Copy and Create**. The system informs that the visit details have been copied to the clipboard. **Copy and Create Visit**
2	The *Copy and Create Multiple Visits* page opens. Select the checkboxes in the right column to copy the visit information to multiple days. Visit information may also be edited for each day it is applied to. **Copy and Create Multiple Visits**
3	Once the visit information has been applied to the selected days, scroll down and click the ***Save*** button. Refresh the webpage to see the updated **Calendar**.
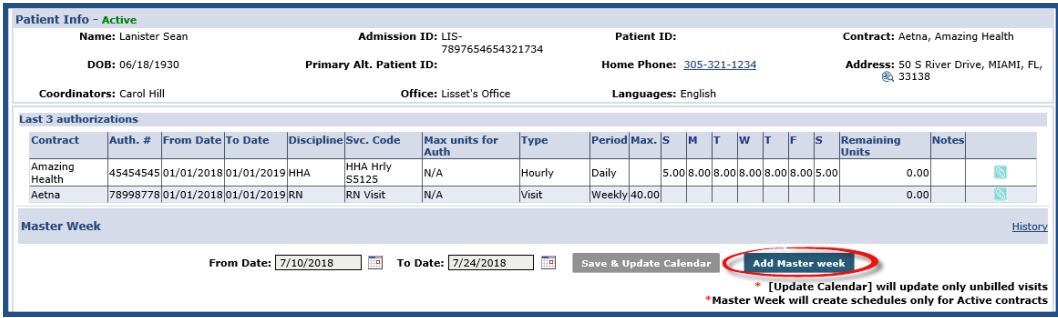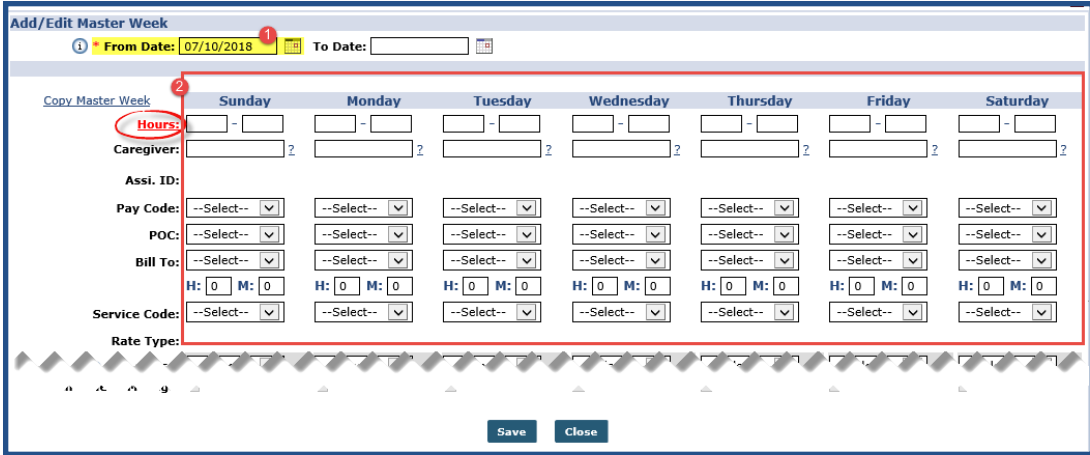
Setting a Master Week Schedule
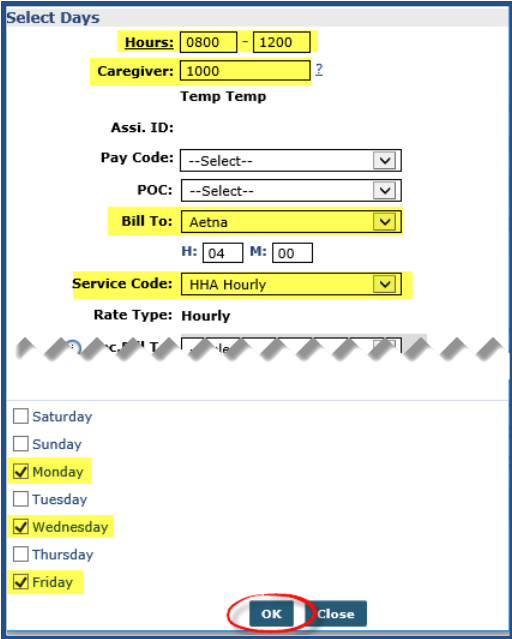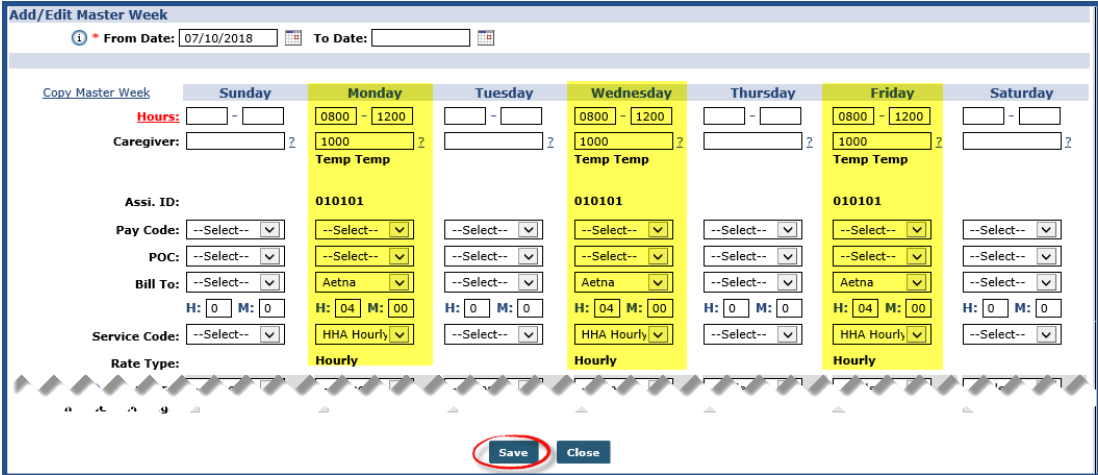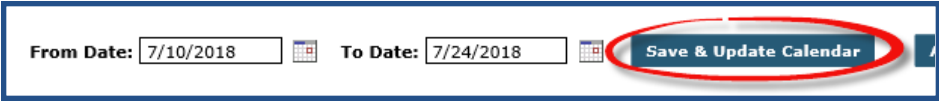
If a Patient receives the same service on a regular basis, the **Master Week** function is used to generate a permanent schedule. Once set, the system uses the information in the Master Week to update the Patient's Calendar every night for 14 days into the future in a process known as "roll over." Any changes to the Master Week are reflected in future visit when it "rolls over" again.

Note that if a Master Week schedule results in a Caregiver surpassing the Agencies set overtime threshold, the Master Week only needs to be validated once. The system does not inform/require users to validate the Caregiver's overtime in the future. Refer to the Overtime Validation section of this document for further information.

Creating a Master Week
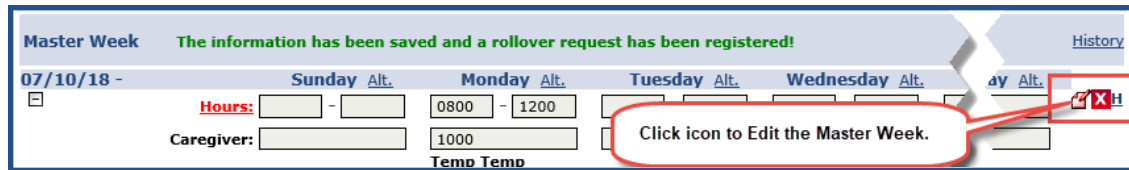
Complete the following steps to create a Master Week.

Step	Action
1	Navigate to the desired Patient and click the **Master Week** link on the Index.
2	On the Master Week page, click the ***Add Master Week*** button. **Adding a Master Week**
3	The *Add/Edit Master Week* screen opens. Set the Master Week date range in the From/To Date fields. The **From Date** field is required. The **To Date** field is optional and may be left blank for indefinite stop date. If a **To Date** is entered, the system does not generate visits from this Master Week past that date. Enter the visit details for each Master Weekday **OR** click the <u>**Hours**</u> (hyperlink) for a streamlined version of this window (next step). **Creating a Master Week**
4	The *Select Days* window opens allowing one to set visit details and apply them to different days be selecting the corresponding checkbox, as illustrated in the image. Click the ***OK*** button to continue (return to the Add/Edit Master week window).

Step	Action
	Set Visit Details using Hours Link
5	On the Add/Edit Master Week window, the selected days and visit details are displayed. Click the *Save* button to finalize the Master Week. **Save the Master Week**
6	At the bottom of the page, click the **Save & Update Calendar** button to "roll over" visits onto the Calendar based on the Master Week details. **Save & Update Calendar with Master Week**

Editing/Deleting a Master Week

To edit a Master Week, click the **edit** icon, as seen in the image below. To delete a Mater Week, click on the red (☒) icon to the right of the edit icon.

Edit/Delete Master Week

By default, the system rolls over the Master Week for the 14-day range in the **From** and **To Date** fields. If desired, adjust the date range and roll over Master Week details to other date ranges.

Note that a Master Week does not rollover if a Patient's Authorizations do not cover the future dates; unless the Contract authorizing service for the Patient permits the Master Week to generate unauthorized visits using the **Allow Masterweek Rollover without Valid Authorization** checkbox on the **Contract Setup** page under the *Scheduling/Confirmation* tab.

Multiple Master Weeks

If visit times and date ranges do not overlap, one can enter multiple Master Weeks for a Patient. These are common in the following special scenarios:
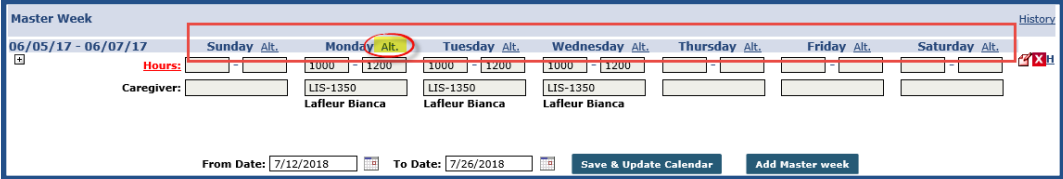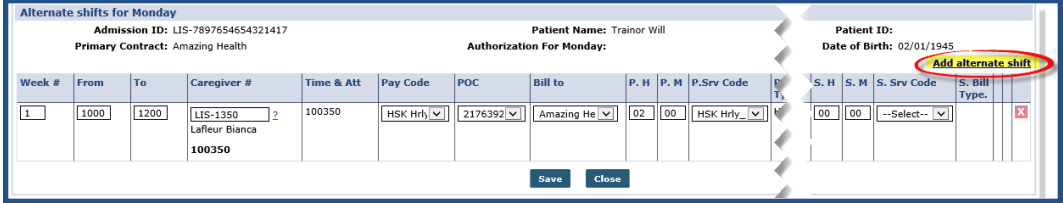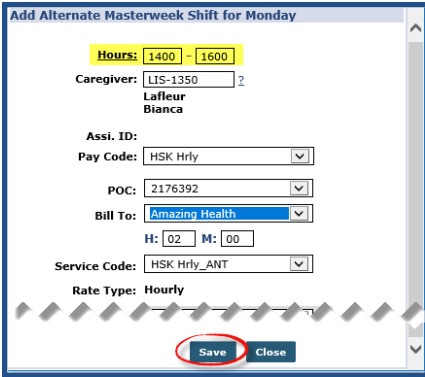
> **The Patient has multiple shifts on the same day.** If the Patient consistently receives service in the morning and then again in the evening, one can add one Master Week for the morning shift and another for the evening shift.

> **The Patient has "tapered" service.** If the Patient's schedule changes on a set basis: for example, the Patient receives 5 visits per week for one month, then 4 visits per week the next month, then 3 visits per week the following month. In this scenario, once can enter one Master Week with a date range for the first month, a second for the next date range, and a third for the final date range.

Master Week Alternate Shifts

For some permanent schedules, aspects of the schedule alternate from week to week. For example, every other Sunday a different Caregiver might work, or every third week the Patient requests services in the afternoon instead of the morning. In these scenarios, an Agency can set an **Alternate Master Week** schedule. Once set, the Master Week rollover alternates back and forth based on what is set here.

Complete the following steps to create an Alternative Shift.

Step	Action
1	Navigate to the desired Patient and click the **Master Week** link on the Index.
2	On the Master Week page, each weekday has an Alt. link. Click on the applicable Alt. link. **Alt. Master Week Link**
3	The Alternative Shifts window opens for the selected day displayed the visits details. Click the Add Alternate Shift link to add an alternate record. **Alternate Shifts Master Week Window**
4	The *Add Alternative Master Week Shift* window opens. Make the necessary additions for the selected day. Click the **Save** button to finalize. **Alternative Shift**
5	Once saved, the Alternative Shift displays on the Master Week header in red, as illustrated in the

Step	Action
	image below. **Alternative Shift Entered** When rolling over the Master Week, the system works through each alternate shift entered and places those visits on the Calendar.

Custom Master Week Length

The Master Week rollover length can be customized to fit an Agency's needs, particularly, to view and coordinate visits (schedules) on a monthly basis according to Authorization calculations. Because the Master Week rollover length may be adjusted for each Contract, the system needs to validate scheduled visits based on the Contract settings.
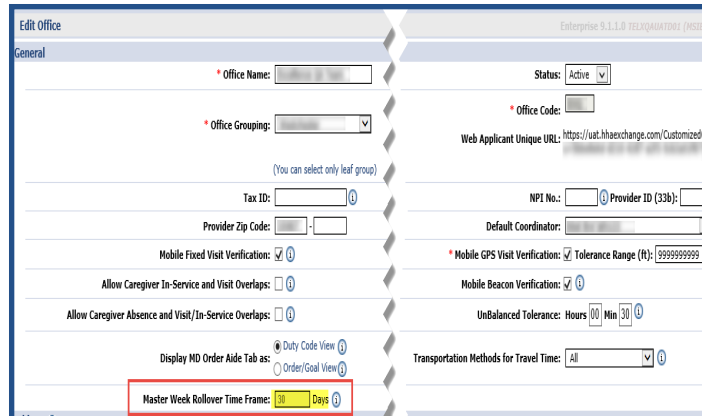
For example, if *Contract A* is set for the Master Week rollover length to 30 days, the system then validates up to 30 scheduled visits at a time. If *Contract B* has the rollover set for 10 days, the system then validates up to 10 scheduled visits at a time.

This feature is applicable for both Linked and Internal Patients.

Note: This Master Week Timeframe setting can only be changed by HHAX. Contact HHAeXchange Client Support for further details.

Office Setup Page

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

Edit Office: Master Week Rollover Field

Patient Master Week Page

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

For example, suppose the **Master Week Rollover Time** is set for 20 days. When the Patient's Master Week is opened, the **From Date** displays as current date and the **To Date** displays as 20 days from the current date.

Patient Master Week: Automatic Rollover Date Settings

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

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

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

Patient Master Week Rollover Time Frame (20 days)

The Appointments Function

The **Appointments** function **(Visit > Appointments)** is a robust scheduling and confirmation tool which provides an alternative means of scheduling new visits, such as:

- Schedule and confirm visits,
- Create or edit **Master Weeks**,
- Delete scheduled visits, and
- Perform **Availability Searches** for multiple Patients or Caregivers at once.

The *Appointments* Function

Refer to the Appointments Function category for full details and instructions when using the Appointments function.

Selecting a Caregiver

There are several methods to search for and add Caregivers to visits to include Availability Search, Caregiver Search, or Assign to Temp. This section covers the Assign to Temp method, used as a placeholder to create a visit in the system.
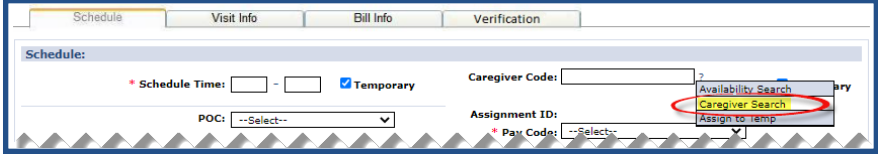
Refer to the Caregiver Search and Communications category for full instructions and details on the various methods to search for a Caregiver, including: Caregivers (for a general Caregiver Search), Caregiver General Availability, and Fill a Specific Shift.
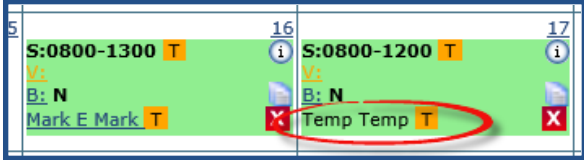
.

Caregiver Search
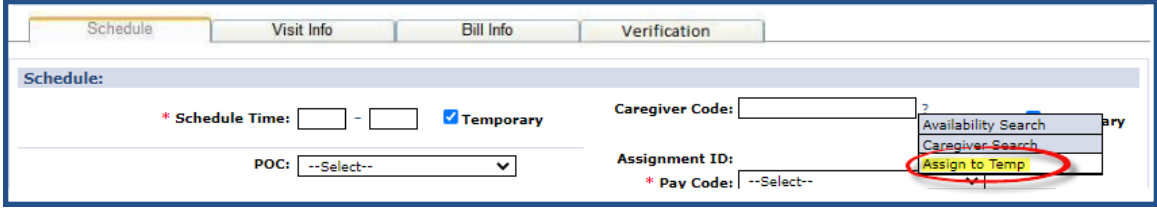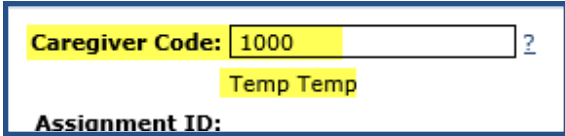
The **Caregiver Search** function allows one to search for a specific Caregiver using several filters, such as **Discipline**, **Team**, and **Location** to sort the search results.

Complete the following steps to perform a Caregiver Search when scheduling a visit.

Step	Action
1	On the Schedule tab, click the **?** hyperlink and select the **Caregiver Search** option. **Caregiver Search Option – Visit Schedule**
2	The *Caregiver Search* module opens. Select a the desired Caregiver Search method: Caregivers, Caregiver General Availability, or Fill a Specific Shift, as seen in the image below. Refer to the [Caregiver Search and Communications category](link) for full instructions and details on the various methods to search for a Caregiver. **Caregiver Search Module**

Assign to TEMP

If a Caregiver is not available to assign or unknown when scheduling a visit, select the **Assign to TEMP** option to place a temporary placeholder to save the visit.

Step	Action
1	On the Schedule tab, click the **?** hyperlink and select the **Assign to Temp** option. **Assign to Temp Option – Visit Schedule**
2	The **Caregiver Code** field is populated by the Temp Code (with the Temp Temp name), as seen in the image. *Note: One can also manually enter 1000 or Temp in the **Caregiver Code** field to assign a temporary place-holder to the visit.* **Temp Caregiver**
3	Once saved, the visit displays with a Temp Caregiver on the **Calendar** page (as seen in the image). **Temp Caregiver Assigned to Visit**
4	Once an actual Caregiver is found, revise the visit and replace the TEMP Caregiver with the "actual" Caregiver.

To see a list of all visits with assigned TEMP Caregivers, navigate to *Visit > Visit Search* and select **Search Open Schedules** field (as seen in the image).

| Caregiver Branch: | All ▼ | Search Open Schedules: ☑ | | | | Search |

Search Results   Total Visits : 9   Total Call In : 0   Total Call Out : 0

Coordinators	Admission.ID	Patient Name	Caregiver Code	Caregiver Name	Assignment ID
Reggie Love	900014	Smith Rachel			010101
Susan Robee	900013	Anderson Melissa			010101

Visits with Temp Caregivers

Note: If the **Caregiver Code** field is not updated by the time of the visit, EVVs placed by the Caregiver do not sync to the visit. As a result, the visit is held on the **Prebilling** Exception page until the calls are linked to the visit and a user manually enters a real Caregiver in the **Caregiver Code** field.

Managing Scheduling Validations

When a visit is saved, the system performs a validation check to ensure the Caregiver assigned to the visit complies with all Agency rules. These validations serve as safeguards, preventing compliance and/or audit violations. The validations an Agency chooses to employ varies on a case-by-case basis. Some potential validations an Agency may opt to enforce include:

- Ensuring the Caregiver scheduled for a visit does not exceed regular working hours.
- Ensuring the Caregiver is compliant, as per the authorizing Contracts definition.
- Ensuring that the Caregiver is not scheduled for another visit or In-Service simultaneously.
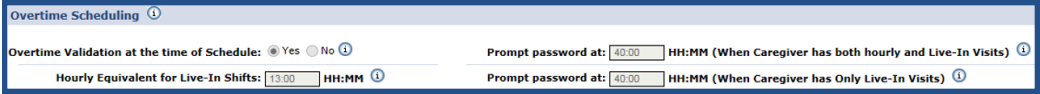
Furthermore, an Agency may choose to use this process to stop invalid visits from being scheduled, or to warn users of existing issues before saving a visit.

This section covers the validations that may be activated by an Agency.

Overtime Validations

The **Overtime Validation** allows an Agency to control whether a Caregiver may be assigned to a visit based on the number of hours they have already worked in a given week. If a Caregiver assigned to a new visit breaches the overtime threshold by working the visit, the system either stops the user from saving the visit or requests an override password.

Complete the following steps to set up an Overtime Validation.

Step	Action
1	Navigate to **Admin > Office Setup** and scroll down to the **Overtime Scheduling** section to review the Agency/Office Overtime setup, as described in the table below the image. Overtime Setup <table><tr><th>Field</th><th>Description</th></tr><tr><td>**Overtime Validation at the time of Scheduling**</td><td>If *Yes*, then a password must be entered to authorize the overtime, as well as a reason to justify the authorization.</td></tr><tr><td>**Hourly Equivalent for Live-In Shifts**</td><td>The number of Hours a Live-In shift may continue before paying the Caregiver an overtime rate.</td></tr><tr><td>**Prompt Password at**</td><td>The number of Hours a Caregiver may work in a week before they reach the overtime threshold. After 'X' number of hours, a password is required to continue scheduling the Caregiver.</td></tr></table> *Note: Overtime rules in this section are setup during Implementation; therefore, this information is read-*

Step	Action
	*only. Contact HHAeXchange Technical Support to revise any information in the **Overtime Scheduling** section.*
2	Authorize users to override the overtime validation. Navigate to **Admin > User Management> User Search** and select the **Can Override OT Limit** checkbox for the selected users. **Authorize Overtime Override**
3	If enabled, the Caregiver who can receive overtime when scheduling is shown (as seen in the image). **Enter Credentials** If not, an error message is generated (as illustrated below). **Authorization Required**

Overtime Dashboard

If an automatic adjustment to a schedule sends a Caregiver into Overtime, then it is reflected on the Overtime Dashboard (*Action > Overtime Dashboard*). The following are HHAX OT parameters set by the system at an Office level:

- When Caregiver has both Hourly and Live-In visits = **40**
- Hourly Equivalent for Live-In Shifts = **15**
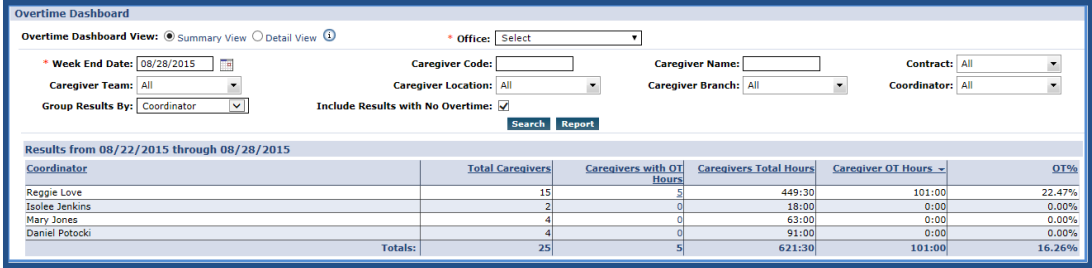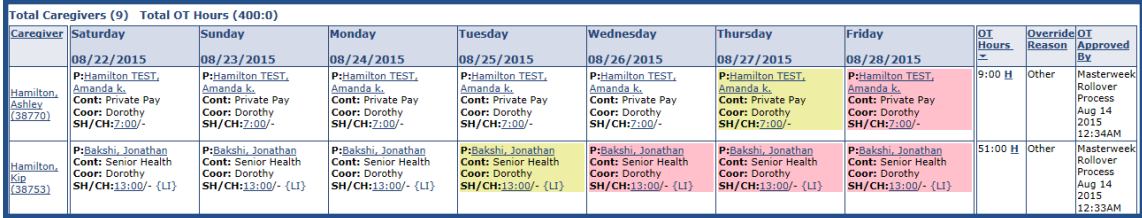- When Caregiver only has Live-In visits = **20**

Note: These values are common; however, an Agency can configure as desired at the Office level.
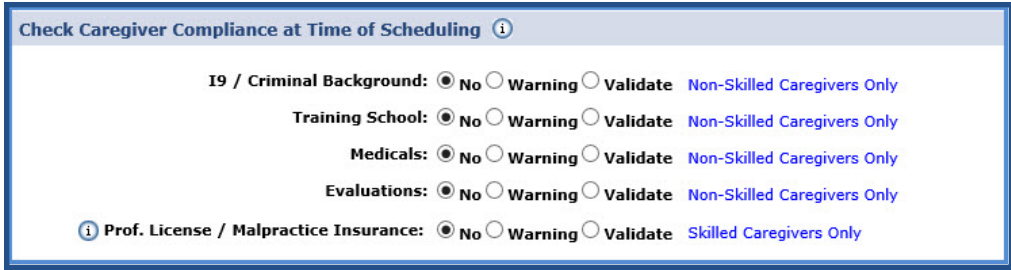

Action > Overtime Dashboard

The Overtime Dashboard

The **Overtime Dashboard** allows one to review all overtime authorizations made and the number of overtime hours worked. Complete the following steps to review information on the Overtime Dashboard.

Step	Action
1	Navigate to *Action > Overtime Dashboard*.
2	Use the search filters to search and view overtime information for a specific Caregiver, week, or the number of authorized hours for a specific user. The **Office** field is required to perform a search. *Note: Only a single Office can be searched on the Overtime Dashboard at a time.*
3	If viewing in **Summary View**, the results show summary totals for Overtime Scheduling grouped by the authorizing Coordinator, the Caregiver Team, the Caregiver Location, the Branch, Contracts, or Override Reason (as seen in the image below). **The Overtime Dashboard: Summary View**
4	If viewing in **Detail View**, the results show a full detailed listing of Caregivers with overtime for the selected week (as seen in the image below). **The Overtime Dashboard: Detail View** Visits highlighted in yellow indicate that the Caregiver begins accruing overtime for the visit. Visits highlighted pink indicate that the Caregiver receives overtime for the entire visit. The Override Reason and overriding user also display for reference.

Compliance Validations

Compliance Validations ensure that a Caregiver with missing, incomplete, or expired documentation or certifications are not scheduled for any visits. Complete the following steps to set up **Compliance Validations**.
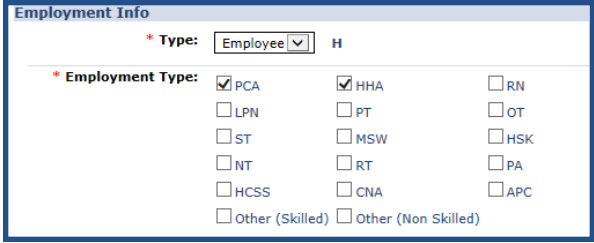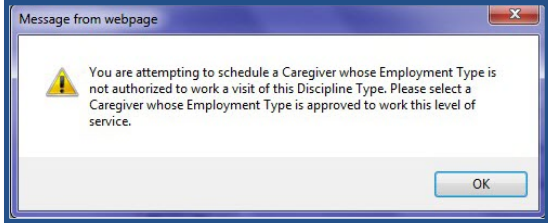
Step	Action
1	Navigate to **Admin > Agency Profile** and scroll down to the *Check Caregiver Compliance at Time of Scheduling* section.
2	The fields in this section are the items reviewed in the **Compliance Validation** process. The **I9 / Criminal Background**, **Training School**, **Medicals**, and **Evaluations** fields are specific to Non-Skilled Caregivers, while the **Prof. License / Malpractice Insurance** field is only for Skilled Caregivers. Agency Profile: Compliance Setup
3	In each field select which items to include or ignore in the validation process, described as follows: <table><tr><th>Validation</th><th>If selected, the system…</th></tr><tr><td>No</td><td>does not include the item in the validation process.</td></tr><tr><td>Warning</td><td>includes the item in the validation process. If the Caregiver does not meet the proper documentation on file, the system warns the user of the issue; however, this does not prevent one from scheduling the Caregiver for the shift.</td></tr><tr><td>Validate</td><td>does not allow the Caregiver to be scheduled if missing that information.</td></tr></table>
4	If a requirement is set to **No** or **Warning**, a warning message appears when attempting to save a Caregiver who does not meet the validation requirements (as illustrated in the following image).

Step	Action
	⚠️ The Caregiver(Cox Sandra /1004) you have selected is not compliant for the following reasons: I-9 / Criminal Background [Validate] Training School [Validate] Medicals [Validate] Evaluations [Validate] If the compliance item is set to Validate, you cannot schedule this Caregiver until their compliance details are updated. **Validation Warning Message** ***Note:*** *If the requirement is set to **Warning**, click **OK** on the popup and proceed to schedule the Caregiver.*

Incorrect Discipline

The **Incorrect Discipline** validation ensures that the assigned Caregiver's **Employment Type** (or Discipline), matches the Patient's **Accepted Services**.

Complete the following steps to review this information.

Step	Action
1	Navigate to **Caregiver > Profile** to review the Caregiver's **Employment Types**. **Employment Type**
2	Navigate to **Patient > Profile** to review the Patient's **Accepted Services**. *Note: When scheduling a visit, the **Service Code** values also reflect the Patient's **Accepted Services**.*
3	When scheduling a Caregiver to a visit, the system ensures the Caregiver's **Employment Type** matches one of the **Service Codes** attached to the Patient. If there is an issue, an error message is generated (as seen in the image). **Error Message**

Contract Restriction

The **Contract Restriction** validation ensures that Caregivers assigned to a visit are authorized by the Contract to work with their cases. Complete the follow steps to review an existing restriction or enter a **Contract Restriction**.

Step	Action
1	Navigate to **Caregiver > Absence/Restriction**.
2	Click the ***New*** button.
3	The *New Caregiver Restriction* window opens. Specify the **Contract** issuing the restriction, the **Reason** issued, and the **Start Date**. If the Contract did not specify an end to the restriction, the **End Date** field may be left blank. Click ***Save***. **New Caregiver Restriction** * Contract: Caring Hands LLC * Reason: Tardiness * Restriction Start Date: 02/01/2016 Restriction End Date: 02/29/2016 Save Cancel **New Restriction** *Note: The values for the* **Reason** *dropdown are set via the Reference Table.*
4	Once saved, review and edit the restriction on the Caregiver's **Absence/Restriction** page. **Restrictions** 	Start Date	End Date	Reason	Contract	Created		New	 	02/03/2016	02/29/2016	Tardiness	Rhans Care	02/04/2016 08:51 AM (JonNE)	Edit	X	 **Existing Restriction** Once set, the Caregiver cannot be scheduled for visits under the specified Contract for the duration of the restriction. The system also blocks users from attaching the Caregiver to a visit that falls within the restriction after it has ended.

Declined Caregivers

The **Declined Caregiver** validation is placed as requested by a specific Patient restricting the Caregiver from working their scheduled visits. Complete the following steps to mark a Caregiver as declined.

Step	Action
1	Navigate **Patient > Caregiver HX**.
2	Click the ***Add*** button.
3	The *Declined Caregivers* window opens. Complete the required fields such as **Caregiver Code** and **Date** of restriction. Select a **Reason** from the dropdown. Click ***Save***. **New Declined Caregiver** ***Note:*** *The values for the* ***Reason*** *dropdown are set via the Reference Table.*
4	Once saved, the Caregiver is restricted from working visits scheduled for the Patient. **All Declined Caregivers** Once set, all Declined Caregivers are listed on the Caregiver HX page. For Declined Caregivers, there is no option for an end date, which means records must be deleted manually to assign the Caregiver to the Patient again.
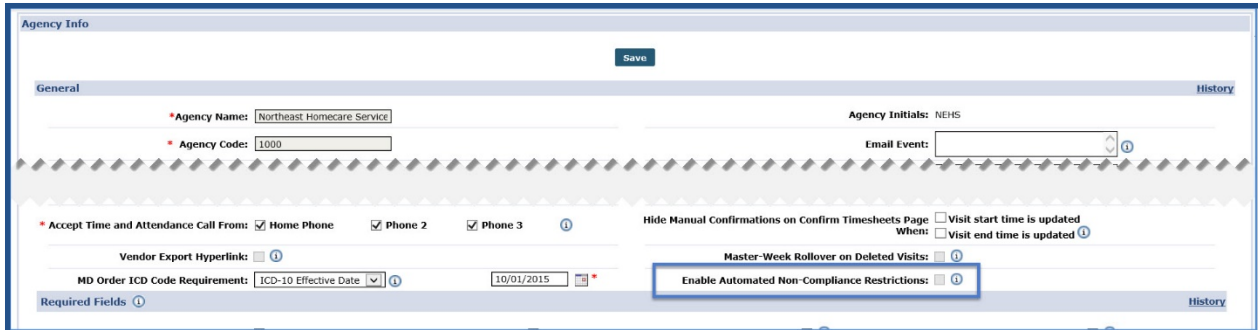
Automated Non-Compliance Restriction

The **Automated Non-Compliance Restriction** function combines the **Contract Restriction** and the **Compliance Validation** processes by generating restrictions whenever a Caregiver is Non-Compliant. By default, the system reviews the following Caregiver compliances:

- **I9 / Criminal Background**

- **Training School**

- **Medicals**

- **Evaluations**

- **Prof. License / Malpractice Insurance** (Skilled Disciplines only)

If the scheduled Caregiver is missing any of the compliance requirements, the system generates a restriction for each day the Caregiver is non-compliant. This functionality generates restrictions regardless of the options an Agency has entered in the *Check Caregiver Compliance at Time of Scheduling* section.

To check whether an Agency is using this functionality, navigate to **Admin > Agency Profile** and search for the **Enable Automated Non-Compliance Restriction** field in the *General* section.

Enable Automated Non-Compliance Restriction Reference Field

Note: To activate this functionality, please contact HHAeXchange Client Support.

Adjust Schedule on "Unbalanced" Visits

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

Providers can adjust the Schedule Start and End times to match the confirmed duration of a shift using the billing rounding rules setup for a given Contract. This ensures that Agencies maximize on their Authorizations and that Caregivers are fully paid for their work.

After registering a complete Visit Start Time and Visit End Time, the system compares the confirmed duration with the scheduled duration of the shift and calculates accordingly. Scheduled times are automatically updated by taking the confirmed duration of the shift and rounding based on the Contract's "Round On" configuration (***Admin > Contract Setup > Billing/Collections***), as seen in the image below.
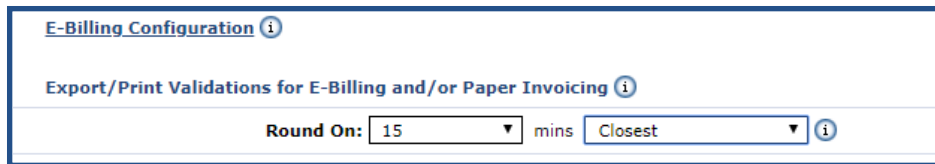
Admin > Contract Setup > Billing/Collections

In cases where no Authorized hours remain, the schedule is still updated but the visit is tagged with a Prebilling *Authorization* exception which can be manually reviewed.

Office Settings

To enable this feature, navigate to ***Admin > Office Setup***. Select the new checkbox field titled **Automatically Adjust Schedule to match Confirmation Times**. Once selected, all confirmation times for the Office are checked against the scheduled times and are adjusted based on the Contract's Billing Rounding Rules (***Admin > Contract Setup > Billing Collections tab***).
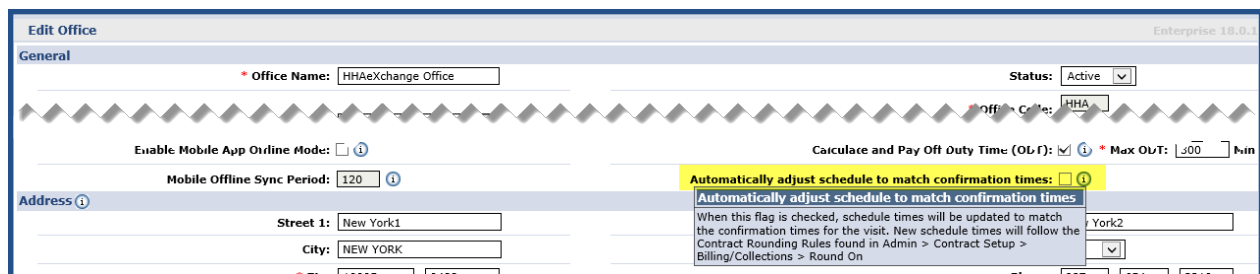
Admin > Office Setup

Note: This feature is not enabled by default. In cases of multiple Offices, use the rules applicable for the Patient's Office.

Disabled Visit Schedule Rounding

If the **Disable Visit Schedule Rounding** (*Admin > Contract Setup > Scheduling/Confirmation*) is checked, and the **Automatically Adjust Schedule to Match Confirmation Times** is selected for the Patient Office, then the schedule is adjusted to match the confirmation times to the minute.

Patient and Caregiver Calendar

Upon adjustment, the visit Schedule Time on the Patient and Caregiver Calendars turns **red** indicating an automatic update. This only applies to the Patient and Caregiver Calendars; all other calendar views (such as Appointments) are not changed.

Click on the *Search* button to refresh the page to see any adjustments.
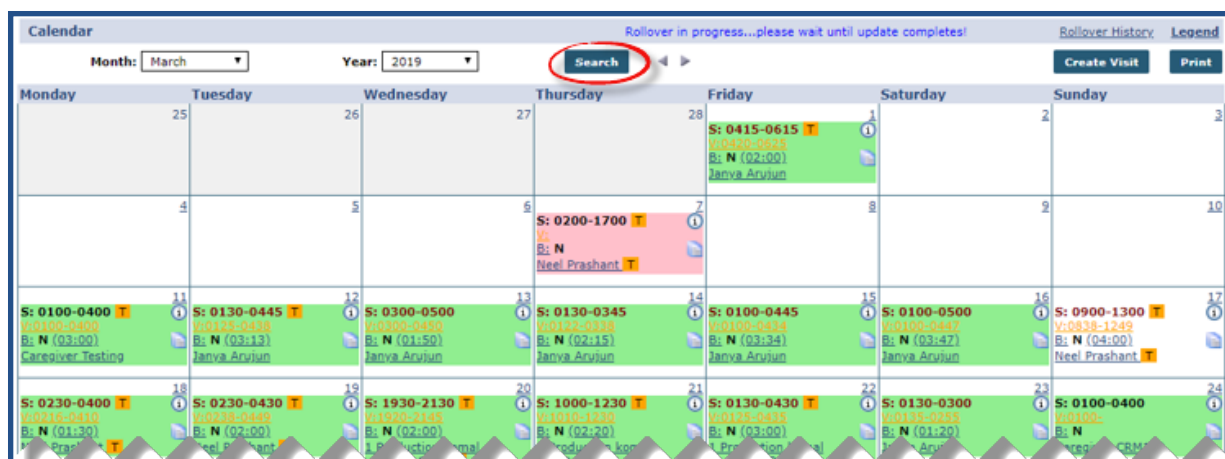
Patient Calendar: Adjusted Visits

Calculation Example

Schedule and Confirmation times for 24-hour (or longer) visits have various outcomes; however, Schedules will never round over 24 hours, or less than the Round-On time. For example, if a Contract is set to Round On **30 min down**, but the Confirmed Time is 14 min, then the visit actually **rounds up to 30 min** in order to prevent a 0 min visit. If it were set to Round On 15, it would adjust to be a 15-min visit.

If No rounding is set, then the system rounds to the closest 15 minutes. For example, if the Scheduled Time is 0800-1200, and the Confirmed Time is 0820-1248, then the system adjusts to **0815-1245 (the closest 15 minutes)**.

When the Schedule Time is changed then the visit(s) may be held in Prebilling. For example, if the Caregiver and Patient visits overlap, then the visit shows up in Prebilling with a *Shift/Caregiver Overlapping* problem. If the change affects Authorization, then it shows up with a *No Authorization* problem.

Automated Note upon Schedule Adjustment

Upon any schedule adjustment via the auto-process, the system creates an automated Note on the Visit Info tab as seen in the following image.

Source	Reason	Action Taken	Note	User	Date/Time	
🕐	Automatic Schedule Adjust	Schedule Adjusted	Schedule Adjusted to match Confirmed Times	Auto Process (Auto Schedule)	2019-03-27 01:32:38	Print
🕐	Automatic Schedule Adjust	Schedule Adjusted	Schedule Adjusted to match Confirmed Times	Auto Process (Auto Schedule)	2019-03-25 05:58:40	Print

Visit Info - Note

Adjusted Schedules Indicator

When a schedule is auto-adjusted, the Schedule Time turns **red** on the Patient and Caregiver Calendars.

Patient Calendar: Adjusted Schedule Time

In addition, the system also checks the Authorization against the updated Schedule Time. If the visit meets Authorization, then the visit(s) display in green; or pink if Authorization criteria is not met.

Within Authorization

Out of Authorization

Process Monitor for Auto Schedule Update

Track the **Automatic Schedule Adjust** in the Process Monitor (***Admin > Process Monitor***) under the *All Others* category. Every time a schedule is updated, it shows up as a separate line, with the following

details:

- **Process:** Automatic Schedule Adjust
- **Started by:** Auto Process
- **Details:** *Admission ID, Schedule Time, Visit ID*

Process Monitor