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# UPR

#### **Overview**

#### DISCLAIMER

The **UPR** features described herein are activated by HHAX System Administration. Please contact <u>HHAX</u> Support Team for details, setup, and guidance.

This guide covers the **Universal Patient Record (UPR)** Linked Contract functionality and how it affects the Patient record in the HHAeXchange (HHAX) system. The purpose of this functionality is to improve the Patient Management experience by resolving or removing certain limitations associated with historical HHAX Linked Payer Contract processes in the system. Historical HHAX Linked Payer Contracts were primarily governed by Payers via their own HHAX system to send Placements and Authorizations to Providers.

Key benefits of UPR Linked Contract functionality include:

- Elimination of duplicate records. The system allows one Patient record to host both Internal (Provider-controlled) and Linked (Payer-controlled) contracts.
- Greater Provider control of the Patient record. Historically, the majority of Patient details could only be updated by the Payer; Providers can edit more fields within the Patient record associated with UPR Linked Contracts.
- Standardization of functionality and workflows across all Patient records, regardless of the contract type.

The HHAX system:

- Ensures claim integrity across all contracts in the system with built-in safeguards to prevent users from sending incorrect claims or falling out of compliance.
- Maintains the core benefits and functionality associated with the historical HHAX Linked Payer Contract processes; such as Authorizations sent to Providers directly from Payers via HHAX, Communications functions for sharing information and messages with Payers, and the ability to submit claims with the proper validations in place that help increase payments and reduce denials.

Please direct any questions, thoughts, or concerns regarding the content herein to <u>HHAeXchange</u> <u>Customer Support</u>.



### **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.
ННАХ	Acronym for HHAeXchange



### **UPR: Patient Placement**

Upon receiving a Patient Placement sent by a Payer, Providers can review and accept the placement from the Payer. In these cases, the Provider cannot schedule a Master Week at the moment of placement or prior to accepting the placement.

Once the placement is accepted, the Enterprise system creates a new <u>internal</u> Patient record (Patient Profile) populating key demographic data received from the Payer system. Allow some time for the placement to process in the system. Once a placement is accepted, it cannot be accepted by another Provider.

**Note:** Refer to the Merging Patient Records section to consolidate a new placement with an existing Patient record.

Link Communication	Notifications	s (0) 🕻	)						
Search									
Office(s): All			Coordina	All		• Search	(This filter is applicable only for Eve	ents and Notes section.)	
Pending Placemer	<u>nts</u>								Dans 1 of 11
									Page 1 of 1
Admission ID		<u>Start Date ▼</u>					Request Sent At		Cut Off Time Name
UPRDEMO0001	Universal Patient Provider2-CSAND	05/05/2020			Home Health	нна	05/04/2020 16:17:39 PM	Pending	Universal 05/04/2020 Patient 5:02:39 PM Payer2- CSAND
<u>CP000171</u>	Unspecified Office	01/01/2020			Home Health	PCA	04/29/2020 08:12:51 AM	Pending(Broadcast)	Universal 07/07/2020 Patient 6:51:51 PM Payer3- CSAND
ChangeProvider772	2 Unspecified Office	01/01/2020			Home Health	PCA	05/04/2020 05:02:02 AM	Pending(Broadcast)	Universal 07/12/2020 Patient 3:41:02 PM Payer3- CSAND

#### **Home Page: Pending Placements**

												Page	1 of 1
Addmission ID	Office	Start Date 👻	Stop Date	Frequency	Service	e Cat.	Service Ty	e Reque	st Sent At	<u>Status</u>		Cut Off Time	Payer Name
<u>1704</u>	Unspecified Office	04/18/2018			Home H	lealth	RN	04/17/ AM	2020 07:50:12	Pending(Broa	dcast)	04/18/202 7:50:12 AM	Demo ML
Staffed with	Temp Care	giver											
												Page	1 of 1
Name		Addmission ID	Office	Start	Date 👻	Stop	Date Fr	equency	Time Accept	ted	Payer I	Name	
davis danny		SEW-ssssggsgs	Universal Pa Provider2-C	sand 02/01	/2020				04/01/2020	19:16:22 PM	Univers CSAND	al Patient Pa	ayer2-
UPR PLACEMEN	IT	SEW-UPR12345	Universal Pa Provider2-C	tient 03/01 SAND	/2017				03/16/2020	08:35:22 AM	Univers CSAND	al Patient Pa	ayer2-
Staffed													
				No	Staffed	Patie	nt Found.						
Accepted wit	h No Maste	erweek											
												Page	1 of 1
Name		Addmission ID	Office	Start	Date 👻	Stop	Date Fr	equency	Time Accept	ted	Payer I	Name	
McBride Julia		SEW-UPR007	Universal Pa Provider2-C	tient 04/18	/2020				04/17/2020	13:12:47 PM	Univers CSAND	al Patient Pa	ayer2-
Dickinson Chris		SEW-UPR006	Universal Pa Provider2-CS	tient 04/12 SAND	/2020				04/17/2020	16:06:06 PM	Univers CSAND	al Patient Pa	ayer2-
testy tester		<u>SEW-fghfghf</u>	Universal Pa Provider2-CS	SAND 04/01	/2020				04/17/2020	05:21:41 AM	Univers CSAND	al Patient Pa	ayer2-

**Accepted Placements** 



### **UPR: Patient Pages**

Because the placement behaves similarly to an Internal Contract Patient record, Providers can edit fields and add multiple addresses, without affecting the Payer record. The same editing ability applies for phone numbers, emergency contacts, emergency preparedness, etc.

### **Patient Profile Page**

When accepting a placement for a new Patient, the Patient Profile consists of editable fields including the ability to add multiple Patient addresses. Any changes/updates are NOT synced back to the Payer platform (self-contained within the Enterprise platform). Patients placed with multiple Providers have their own profile per Provider; no information (including addresses) is shared between Providers.



**UPR Patient Profile** 

For billing purposes, the initial Patient Demographic details are stored at a Contract level in the Provider system and are kept up to date as changes are made by the Payer. Although Providers can change a Patient's demographic data on their system, the Payer system maintains the original details.

#### **Payer Admission ID becomes Alt Patient ID**

The **Admission ID** (the Payer's original at the time of placement) becomes the **Alt Patient ID** when the internal Patient record is created. In turn, the system creates a <u>new</u> **Admission ID** (specific to the Provider) and the **Alt Patient ID** is stored for tracking purposes.



### **EVV/GPS – Patient Multiple Addresses**

It is recommended that the **Primary** (Billing) address coming from the Payer not be changed to prevent billing/claims issues. Providers can add and track multiple alternative addresses for EVV and operational purposes.



# **Merging Patient Profiles**

A new placement can be merged into an existing Patient record, creating a new single Patient record. The new Patient Profile pulls information from the Payer placement. If a Patient already has an existing record, then the Merge feature is used to consolidate records.

**Note:** In the Patient General page, the Merge Patient Record section replaces the Other Placements section to include the **Merge Patient** button.

Complete the steps below to merge a record for a Patient with multiple records in the system.

Step		Action						
1	Generate a Patient Search to locate the Pa <i>Parent</i> record in the system, where the ma record are <i>Child</i> records; for example, a te the same Patient.	atient Profile erge is initiato emporary reco	to merge record ed from. Merged ord or a former L	s into. This is k I records into t inked Contrac	nown as a he Parent t record for			
	On the <i>Patient General</i> page, click the <b>Me</b> records matching the Patient record.	<b>rge Patient</b> b	utton to generat	e a list of othe	er possible			
2	Patient Info - Active         Admission ID: DOB: 02/01/1500         Admission ID: Primary Alt. Patient ID:           Coordinators: Coordinator Queens         Office:           Merge Patient Record            Admission ID         Alt. Patient ID           QUE-8003027         Demo Jon           General         Demo Jon	QUE-900998 Support Queens Contracts Astna	Patient ID: Patient ID: Home Phone: <u>456-759-1111</u> Languages:	Contract: Actas Address: LONG ISLAND C & State Cor	try, Iny, 11101 History Herge Patient tus Action splitted Action House			
	Merge Patient Button							
	<ul> <li>record: <ul> <li>SSN; or</li> <li>Medicaid ID; or</li> <li>First Name + Last Name + DOB</li> </ul> </li> <li>The image below displays the Patient's Me potential Child records (bottom). Click on and click on Accept to initiate the merge resources and the accept to the accept to</li></ul>	edicaid ID in t the radio but equest.	the Parent record	d (top) matchi applicable Ch	ng to several ild record			
3	The following patients can be merged to this patient record	d.			x s			
	Addmission ID         Patient Name         Medicaid ID         Active Contract         Start Date         Status         Addmission           QUE-900898         Demo Louis John         123456789A         Aetna         04/01/2020         Active         Addmission         Active         Addmission         Active         Addmission         Active         Addmission         Active         Active         Addmission         Active							
	Select the patient record(s) to be merged:							
	Select Patient         Addmission ID         Patient Name         Medicaid ID         Active Contract         Start Date         Status         , <ul></ul>							
	QUE-900903 Demo Payer Jon 123456789A Aetna 04/13/2020 Active							
	Accept Cancel							
	Merging Patient Records							



Step	Action							
	<b>Note:</b> For efficiency purposes, the system allows only one merge request per Patient at a time. One merge must be complete before initiating another.							
4	The Confirm window opens. The system alerts that some information may not transfer over due to potential conflicts (such as overlapping field values, visit exceptions, scheduling issues, etc.). Click <b>Yes</b> to continue.							
	Confirmation Window The Patient Merge request is complete. Click <b>OK</b> to continue							
5	Patient Merge Successful							

On the *Patient General* page, the newly merged record displays with a <u>Pending</u> Status, until the merge process completes.

Patient Info - Active					
Name:	Demo Louis John	Admission ID: QUE-900898	Patient ID:	Contract: Aetna	
DOB:	01/01/1900	Primary Alt. Patient ID:	Home Phone: 456-789-1111	Address: LONG ISLAND CITY, NY, 111	101
				®4	
Coordinators:	Coordinator Queens	Office: Support Queens	Languages:		
Manage Dations Descend					111 of a sec
Merge Patient Record				-	history
					Merge Patient
Admission TD	Alt Patient TD	Datiant Name	Contracts	Status	Action
Admission 10	Alt. Faticit 10	Fatient Name	contracts	Status	Action
<u>ÖÜE-800800</u>		Demo Jonathan	Elderserve	Pending	Action
QUE-900897		Demo Jon	Aetna	Completed	Action
General					History

#### Merge Status: Pending

When the merge status is *Pending*, additional updates can be made to both the Parent and the Child record before the merge takes place. A merge request with a *Pending* Status can also be cancelled by clicking on the <u>Action</u> link and selecting *Cancel*. Once the status changes to *In Progress*, the record is locked.

Once a Parent and Child record are merged, visits for both records can be seen in the Patient calendar (as illustrated in the following image). Invoices are also updated to point to the Parent record for continuity in scheduling, invoicing, billing, and remittances.



										Enterprise 20.0	05.01 TELXWEBO9 a	hronne 81 (Doc Chrome 8	11) 5/05-13:13
Patient Info -	Active												
	Name: Demo Louis Jo DOB: 01/01/1900	ĥn		Primar	Admission ID: QUE Alt. Patient ID:	-900898		Patient ID: Home Phone: 456-	789-1111		Address: 47	07 39th Street, LONG ISU	LAND CITY, NY
0	oordinators: Coordinator Q	ueens			Office: Sup	port Queens		Languages:			01		
Last 3 authoriz	ations												
Contract	Auth. #	From Date	To Date	Discipline	Svc. Code	Max units for Auth	Туре	Period	Max.	FSSMTWTR	emaining Units	Notes	
Aetna	TEMP - UPRDEMO	04/13/2020	05/31/2020	HHA	HHA Hourly EST	N/A	Hourly	Weekly	20.00			0.00	10 A
Elderserve	UPRMERGEDEM0001	03/01/2020	04/30/2020	HHA	UPRCode1	N/A	Hourly	Weekly	12.00			0.00	0
Calendar												Rollover History	Legen
	Month: April	•	Ye	ar. 2020 •	]	Search	4 >					Create Visit	Print
Friday	1	Saturday	1	Sunday		Monday	Tues	day		Wednesday	т	hursday	
	27		28		29		30	68		E 0800-1000	d	0800-1000	
										V:0800-1000		0000-1000	
										B: N (02:00)		N (02:00)	
						1				STOCHARTE.		the lowering	
E. 0800 1000		F. 0800-1000	4	E. 0800-1000		E. 0800 1000	6 F. 00	00.1000		2	0	0800 1000	
Y:0800-1000		1:0800-1000		V10600-1000		V10800-1000	V:080	0-1000		10000-1000		0800-1000	
B: N (02:00)		B: N (02:00)		B: N (02:00)		B: N (02:00)	B: N Avida	( <u>02:00)</u>		B: N (02:00)		N (02:00)	
NAME CONTRACT.		ATOR HUMAN		NY NAL PROPERTY.		ALOS CORALLY	PLUMA.	- success		PATIN PRINTE	-	THE PROPERTY.	
St 0800-1000	10	E1 0800-1000	11	S: 0800-1000	12	5: 0800-1000	13	00-1000	-	4	15	0800-1000	1
V:0600-1000		10800-1000				V10800-1000	V:080	0-1000		V:0800-1000		0800-1000	
B: N (02:00)		B: N (02:00)		B: N (02:00)	6	B: N (02:00)	B: N	(02:00) Magoar		B: N (02:00)		N (02:00)	
NVIII PIGINIY		AVING PERINTY		HVID PIDINIY		S: 1200-1400	O S: 12	00-1400	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	5: 1200-1400	0 5	1200-1400	
						R. D. (02:00)		02.00)		1200-1-000		1200-1-000	
						Arden Mary Elizabeth	Arden	Mary Elizabeth		Arden Mary Elizabeth	A	rden Mary Elizabeth	
	12		10		19		20			4	22		
1:0800-1000	0	V:0800-1000	0	V:0800-1000		V:0800-1000	(1) S: 08 V:080	0-1000		V:0800-1000	0 5	0800-1000	(
B: N (02:00)		B: N (02:00)		B: N (02:00)		B: N (02:00)	B: N	02:00)		B: N (02:00)		N (02:00)	
5: 1200-1400		5: 1200-1400		S: 1200-1400		S: 1200-1400	() S: 12	00-1400		S: 1200-1400		1200-1400	
11100-1400		1 1200 1400		1200 1400		F 1280 1400		0.1409		1203.1400		1200-1400	

Merged Record: Patient Calendar

### **Confirm or Unmerge Records**

Upon completion of the merge process, the Merge Patient request displays with a *Completed* **Status**. The system allows up to 5 days before permanently merging the records (and discarding the Child record completely). Within this 5-day window, users can either *Confirm* the merge permanently (before the 5 days) or *Unmerge* the records (reverting back to 2 separate records).

An <u>Action</u> link becomes available under the **Action** column, per row for records with a *Completed* **Status**. Click the link to open the menu to either *Confirm* the merge or *Unmerge* the merged record.

Merge Patient Record					History
				м	lerge Patient
Admission ID	Alt. Patient ID	Patient Name	Contracts	Status	Action
QUE-900900		Demo Jonathan	Elderserve	Completed	Action
QUE-900897		Demo Jon	Aetna	Comp Confirm	10
General				Unmerge	matory

#### Action: Confirm or Unmerge

Select	То
Confirm	Accept the merge permanently and the system discards the Child record via the nightly process.
Unmerge	Undo the record consolidation and revert back to 2 separate records. The Child record returns with its data set. The Status changes to <b>Unmerged</b> .



### Validation to Restrict Merge of Duplicate Patient Records

A system validation stops Providers from merging duplicate Patient placements sent by a Payer; as merging such records causes billing issues. This scenario typically occurs when a Patient is discharged in the system and an additional placement for the same Patient (with the same **First Name**, **Last Name** and **DOB** or with the same **Medicaid Number**) is sent by the Payer.

When attempting to merge a new placement profile with an existing Patient Profile (with a *Discharged* status), the following factor is considered:

If the Parent and Child profile contracts do not overlap, then the system generates a validation stating that multiple placements for a specific Patient sent by the same Payer cannot be merged.



Merge Validation: Multiple Placements for Same Patient



## Authorization

Providers cannot edit Authorization details for UPR Linked Contracts. Editing has been disabled for these contracts to protect Providers from changing values that may potentially cause claims rejections. If the Payer changes any details on their HHAX system, then the edit automatically reflects on the Provider's platform.

For UPR Linked Contracts, the *Patient Authorization* information is controlled by the Payer and most fields are locked including the **Billing Diagnosis Code** fields; the Diagnosis Code table is not seen for these Authorizations.

The **Diagnosis Codes** for an Authorization coming from the Payer are represented as read-only **Billing Diagnosis Code** fields on the Provider platform.



**Provider Platform: Patient Authorization** 

**Note:** If a Provider has access to the Patient's Clinical pages (**Patient > Clinical**), then they can enter and manage other **Diagnosis Codes**, **Surgical Codes**, as well as other Clinical information, without affecting the information received on the Authorization from the Payer.

#### Provider-Managed Guardrails for Entire Period Authorizations

Typically, when a Payer sends a Placement, all Authorization fields are locked for UPR Contracts.; however, Providers can set an Authorization Guardrail for Entire Period type Authorizations for UPR Contracts. This preserves the Payer's mandated overall Authorization limit while allowing a Provider more flexibility to subdivide the Authorization **Period** (*Monthly, Weekly*, or *Daily*) totals and use the **Additional Rules** functionality.

When an **Entire Period** type Authorization is sent by the Payer, the **Period** field becomes available for a Provider to edit on the *Patient Authorization* window, as seen in the following image.



Period: Entire Period 🗸 🛈	Max Units for Entire Auth: N/A (Enter 0 for unlimited)
Max Units per Period: 2000.00	
Additional Rules: 🗌 🛈	

Patient Authorization:	Editable	Period	Туре
------------------------	----------	--------	------

If the Provider selects any other **Period** type, then the value (number of Units) originally indicated in the **Max Units per Period** field moves to the **Max Units for Entire Auth** field (and unavailable to edit), as seen in the following image. When the Period type is changed, the **Additional Rules** checkbox also becomes available to edit.

Period:	Monthly 🗸 🛈	Max Units for Entire Auth: 2000.00 (Enter 0 for unlimited)
Max Units per Period:		
Additional Rules:	0	

Max Units Per Period, Max Units for Entire Auth, and Additional Rules

#### **Creating a TEMP Authorization**

If a Payer does not send a timely authorization for a Patient, the Provider can create a TEMP Authorization. This enables the Provider to schedule visits and pay their Caregivers until the authorization is received from the Payer. An official Payer Authorization is required for billing; otherwise, the visits are stopped in Billing Review and cannot be billed.

To create a TEMP Authorization, navigate to **Patient > Authorizations/Orders** and click on the **Add** button to open the Patient Authorization window. Select the UPR Linked Contract from the **Contract** dropdown field. The **Authorization Number** field immediately auto-fills with *TEMP* (unavailable to edit), as seen on the image to the right.

Authorization ①				
Contract:	PRO: Universal Patier 💌 🚯	* Discipline	Select V	
* Authorization Number:	темр	Service Code:	Select 💟 🕦	
= From Date:		• To Date:	<b>110</b>	
Тура:		Display:	Hours Units	
Banked Hours:				
Period:	Daily 💟 🕕	Max Units for Entire Auth:	0.00 (Enter 0 for unlimited)	
		Specific Date Type:		
Moni	Tuei Wedi	Thu: Fri: Sati	Suni 🔄 🛈	
Document:	Note: File must be 1000 KB in size	or smaller.		
Billing Diagnosis Code 1:				
Billing Diagnosis Code 2:				
Billing Diagnosis Code 3:				
Motori			$\sim$	
Notest			~	

**Patient Authorization Created by Provider** 

Complete required fields (denoted with a red asterisk) and click *Save* to finalize.

In this case, once the Payer sends the official authorization, then applicable visits can be updated, and billing can take place. The TEMP Authorization can be deleted.



When the placement is sent, accept the placement from the Payer (UPR Linked Contract). Then, merge the placement with the "Temporary" Patient record and manually change the Contract on the *Schedule* tab to the UPR Linked Contract.



#### **Solutions for TEMP Patient and/or Authorizations**

The following are examples and recommended resolutions to handle missing Patient and/or Authorization scenarios.

Scenario	Recommended Steps						
Brand New Placement with Authorization	Review and accept Pending Placement. A Patient Record with access to Internal and UPR Linked Contracts is created with an authorization.						
Brand New Placement without Timely Authorization	<ol> <li>Review the Pending Placement and accept. Once accepted, a new Patient record is created with access to both Internal and UPR Linked Contracts.</li> <li>Create a TEMP Authorization. Refer to <u>Creating a TEMP Authorization</u> section.</li> <li>Create and process visits as usual (from scheduling through payroll). <i>Note: Claims are held in Billing Review for TEMP Authorization.</i></li> <li>When the official Payer Authorization is received, two authorizations now exist for the Patient.</li> <li>Delete the TEMP Authorization.</li> <li>Click on the <u>Update</u> link to recalculate. The recalculation process applies the Payer Authorization to the visits. Invoices are updated with the Payer Authorization number and claims can be processed.</li> </ol>						
No Timely Placement or	<ol> <li>Create a new Patient record.</li> <li>Assign an existing UPR Linked Contract to the Patient record.</li> <li>Create a TEMP Authorization. Refer to <u>Creating a TEMP Authorization</u> section.</li> <li>Create and process visits as usual (from scheduling through payroll). <i>Note: Claims are held in Billing Review for TEMP Authorization.</i></li> <li>When the official Payer Placement and Authorization are received.</li> <li>Issue: The contract for the Payer Placement has overlapping Start of</li> </ol>						
Authorization	<ul> <li>Care dates with the contract for the newly created Patient Record.</li> <li>Resolution: Adjust the overlapping dates, as follows:</li> <li>Compare the dates on the contracts for the 2 Patient records.</li> <li>Change the Start of Care date and Discharge date on both Contracts so that no overlap occurs. Contracts must have different period of care (date ranges).</li> <li>Merge the records.</li> <li>Click the Update link on the Authorization page. The Payer Authorization</li> </ul>						





Scenario	Recommended Steps
SCENATIO	is applied to all services once the nightly process completes.



### **Auto Placement by Service Code**

The Allow Auto Placement field in the *Contract Service Code* window (*Admin > Reference Table Management > Contract Service Code*) allows Providers to schedule visits with the Service Code, even if the Payer has not sent a placement or an authorization. When enabled by the Payer, the field displays as auto selected and not available to edit by the Provider.

Contract Service Code		History
* Contract:	PPS-App-Payer1-Update (YH2	× ()
* Discipline:	HHA	× ()
* Service Code:	PPS-Hourly	0
* Rate Type:	Hourly	× ()
* Visit Type:	Select	<b>v</b> ()
Place of Service:	Select	*
	For details, check place of servi	ce code set
Max Billing Hours:	0	
Mutual	0	
Allow Patient Shift Overlap:	0	
Bypass Prebilling Validations:	0	
Bypass Billing Review Validations:	0	
Allow Auto Placement:		6
Share Visit Info With Services Portal:	0	-1
Require Services Portal Approval:	0	
Allow Temporary Caregivers:		
No Authorization Required for Billings	Con a no	

**Contract Service Code: Auto Placement Field** 

Once the Service Code is created and synced from the Payer system, Providers can use the Auto Placement feature when creating new Contracts for a Patient by selecting the **Send Auto Placement** checkbox in the *Contracts* window, as seen in the following image.

Contracts	
* Contract:	PPS-App-Payer1-Update (YHZ: ¥
* Service Start Date:	
Alt Patient ID:	
Service Code:	Select ¥
Document:	8
	Note: Files must be 10 HB in size or smaller.
Update Master Week:	0
Send Auto Placement:	0
	Save Cancel

Add a New Contract

Providers can also use the feature for an existing Contract. On the Patient *Contracts* page, right-click on the <u>Additional Options</u> link from an existing Contract and select **Send Auto Placement** from the menu, as seen in the image below.



	DOB: 05/02/2022		Admin Primary Alt, Pat	sien ID: 1942-900661 ient ID:		Patient 30: Home Phone:			Contract: PPS-App-Payer3-Update (YHZ) Address: 1107 Houritain Drive, NEW YORK, NY, 20
Coordin	ators: MS conditator			Office: PFS-App-Inv	ides	Languages			-
ontracts									
Elecoment.12	Centract	In Primary Contract	Alt Publicat 10	Service Start	Date Source.Of.Adm	Service Code	Discharge Date	Discharge.To	
4754038	PPS-App-Payer3-Volate (VHZ)	0 8	E64 2	11/09/2022		2.62 2	2.62		Additional Options
									A De Dismator
Placement 3D	Data		Central 1		de .				Dupride Name
4754538	11 TRACENEE IN THE 14 AM		Philippe Payart Lindate	DANT) DA	COMPANY AND A CAMPANY AND A CAMPANY				Sand Auto Placement

Patient Contracts Page: Send Auto Placement Menu Option

Upon receiving the Auto Placement, the Payer reviews the Patient information (such as demographics, Medicaid ID, Patient Name, etc.) and sends the Provider a Placement Confirmation.



### **Discharge Date**

The Payer issues and controls the Patient's **Discharge Date**, reflected on the Patient's contract. The information is synced from the Payer platform to the Provider platform, if/when modifications are applied by the Payer.

At times, the Provider may need to change a Patient's **Discharge Date** when a Patient is ready for discharge, but the Payer has not modified the information, skewing census count. In these cases, the Provider-modified **Discharge Date** only appears on the Provider platform (NOT synced to the Payer platform). This also applies if the Provider needs to extend the Discharge Date, with the understanding that those visits may not have authorization from the Payer.

**Note:** The **Discharge Date** is initially set by the Payer. Any changes made by the Provider will be overwritten if a Payer makes changes.

Patient Contracts												4/15 15:12 EST
General	Patient Info - Active											
<u>Contracts</u> <u>Referral Info</u> <u>Profile</u>	Na	me: Mundo Bianca OB: 01/01/1920		Admissie Primary Alt. Patie	nt ID: SEW-900 nt ID: UPR004	10402	Patient ID: Home Phone:			Address: 1 court	iversal Patient Payer2- square, LONG ISLAND	CSAND (SEW) CITY, NY,
Eligibility Check Authorizations/Orders	Coordinat	ors: UPR-COR1			Office: Universa CSAND	Patient Provider2-	Languages:			6,		
Master Week Calendar	Contracts											Add
Visits POC	Placement ID	Contract	Is Primary	Alt Patient ID	Service St	art Date Source Of Adm	Service Code	Discharge Date	Discharge To			
Caregiver HX Others	2794557	PRO: Universal Patient Payer2-CSAND	Contract	UPR004 H	04/12/2020	1	Edit H	04/30/2020	Admin Discharge	🔯 As	ditional Options	×
Rates Supplies	Contract Chatra Minta	(Jew)										
Vacation	Placement ID	Date		Contract Name		Note					User Name	
Family Portal Document Management	2794557	4/15/2020 3:12:30 PM		PRO: Universal Patient Pay (SEW)	er2-CSAND	Patient Discharged (Date: 04/	30/2020, Discharge To: Admin Dis	charge, Discharge Rea	son: , Note: Demo, Alt P	atient ID:UPR004)	JFPROUPR	
Clinical	2794557	4/15/2020 3:06:56 PM		PRO: Universal Patient Pay (SEW)	er2-CSAND	Service Start Date Updated (D	ate: 04/12/2020)				AMUPV2	1
Certification Ned Profile	2794557	4/15/2020 3:06:30 PM		PRO: Universal Patient Pay (SEW)	er2-CSAND	Contract Added(04/15/2020, A	Alt Patient ID: UPROD4)				JFUPR	8

Patient Contract Page: Discharge Date

In addition, the system is equipped with a *Discharge Date e-billing* rule to help catch any discrepancies which may result in claim errors if the **Discharge Date** (changed by either a Provider or Payer) has elapsed for a visit's Date of Service.



### **Patient Visit Tabs**

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

### **Schedule Tab**

All Contracts (Internal and UPR Linked) appear on the **Primary bill to** field and can be selected when scheduling a visit on the *Schedule* tab.

Schedule	isit Info	Bill Info	Care Path
Schedule:			
* Schedule Time:	0900 - 1000	Temporary	Caregiver Code:
POC:	Select	•	Assignment ID: Pay Code:Select
* Primary bill to:	Select	•	Secondary bill to:Select
* Service Code:	PRO: Universal Pa Private Pay	atient Payer2-CSAND	(SEW) Service Code:Select
	• H: 01 M: 00		H: M:
Bill Type:			Bill Type:

Selecting a Primary Bill To (Contract) on the Schedule Tab

*Note:* All UPR Linked Contracts are identified by a 3-character Office suffix.

The same applies when scheduling a Master Week. Providers can select Contracts (both Internal and UPR Linked) from the **Bill To** field interchangeably from one Patient Profile.

Add/Edit Master Week				
(i) * From Date:	04/01/2020	To Date: 04/01/	2021	
Copy Master Week	Monday	Tuesday	Wednesday	Th
Hours:				
Caregiver:	2	2	2	
A				
Assi. ID:				
Pay Code:	Select +	Select +	Select +	select
POC:	Select 🔻	Select 🔻	Select 🔻	Select
Bill To:	Select 🔻	Select 🔻	Select ▼	Selec
	Select Private Pav		0 M:0	H:0
Service Code:	PRO: Universal Pat	tient Payer2-CSAND (	SEW) S€lect ▼	Selec
Rate Type:				
<ol> <li>Sec.Bill To:</li> </ol>	Select V	Select V	Select V	Selé

UPR: Master Week

**Note:** All UPR Linked Contracts are identified by a 3-character Office suffix.



#### Visit Info Tab

On the *Visit Info* tab, some fields (such as **TT/OT**) are unavailable if the contract selected for the visit is a UPR Linked Contract. This does not apply to internal contracts.

#### Sync Visit Reasons and Action Taken Fields for All Linked Contracts

The system uses the **New Reason** and **Action Taken** fields when a visit is marked as **Missed** or edits are applied to a confirmed visit, as defined by the Payer for <u>all</u> Linked Contracts. Typically, these fields are managed by Providers for Internal Contracts via the Reference Table Management function. For UPR Linked Contracts, the values for these fields depend on the contract selected in the **Primary bill to** field in the *Schedule* tab.

On the *Visit Info* tab, when a visit is marked as **Missed** or has been edited for <u>any</u> Linked Contract, the **New Reason** and **Action Taken** field values are derived from the associated Payer.

Schedule	Visit Info	Bill Info		
Visit Information				History
Scheduled Time:	0900-1700			
Visit Start Time:	01/01/2021	Visit End Time:	01/01/2021	
Missed Visit:	<b>~</b>	тт/от: н:	: M:	
		No Data Foun	ıd.	
New Reason:	Holiday schedule	~	Action Taken: Contacted Patient/Client	~
New Note:				
Prebilling <sub>II</sub> Problem(s):	ncomplete Confirmation			
		Save Close	Print	

Visit Info Tab: New Reason and Action Taken Fields

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

#### **Custom Fields in Visit Info Tab**

#### DISCLAIMER

Custom Fields are Payer and/or State required; configured by HHAX System Administration. These fields are only visible if the Payer and/or State requires capturing information. Please contact <u>HHAX Support</u> Team if any questions.

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



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

Schedule Visit Info	Bill Info										
Visit Information			History								
Scheduled Time: 1000-1100 Add Pre-Shift Add Post-Shift ()											
Visit Start Time: 04/10/2022 Visit End Time: 04/10/2022 Unk Call											
Missed Visit: 🗹 🛛 Print	тт/от: н:00	M:00									
Custom Field 1: * Custom Field 2:	H										
Last 3 notes:											
Source Reason Action T	aken Note	User	Date/Time								
MVR New7	note1	UprUser	4/29/2022 2:37:22 Print								

Visit Info: Missed Visit Custom Fields

#### **Bill Info Tab**

For UPR Linked Contracts, Billing information is limited or unavailable to edit on the *Bill Info* tab to prevent Providers from changing any information that may result in a rejected claim. For example, the **Adj. Hours, Banked Hours, TT/OT Hours**, and **Bill Rate** fields are locked in the **Primary Bill To** section. The **Secondary Bill To** section is completely unavailable for UPR Linked Contracts (as seen in the image below).

**Note:** Payers may allow a Provider to edit the billing rate, based on configuration. In these cases, the **Bill rate** field can be adjusted.

rimary Bill To:	History	Secondary Bill To:	History	Payroll Details:
Deine michill ber	PRO: Universal	Secondary bill to:		Payroll Type: Hourly
Primary bill to:	(SEW)	Service Code:		Pay Code: SSP HHA
Service Code:	HHA_UPR	Bill Type:		Service Hours: 01:00
Bill Type:	Hourly	Service Hours:		TT/OT Hours:
Service Hours:	01:00			Adj. Hours: (-) HHMM
TT/OT Hours:		Adj. Hours: (-) H	нмм 🛈	Pay Units: 01:00
Adj. Hours:	(-) HHMM 🚺	Billable Hours:		Pay Rate: \$10.000000
Banked Hours:	ннмм 🛈	Billable Units: 0.00		Override Pay
<b>Billable Hours:</b>	01:00 (1)	Bill rate: \$ 0.0000	000	Expense 1: C Rea
Billable Units:	2.00	Total: \$0.00		
Bill rate:	\$ 50.000000	Billed:		Expense 2: S Rea
Total:	\$50.00	Invoice#:		Total: \$10.00
Billed:	N	J Invoice Batch#:		
Invoice#:		Invoice Creation		

**Bill Info Tab** 





### **UPR: Patient POC**

The Patient's Plan of Care (POC) functionality is standardized and streamlined for Providers to create and use one POC for a Patient, regardless of the selected Contract. The POC is fully controlled by the Provider; the Payer does not send the POC.



# **Patient Special Requests**

The **Patient Special Request** functionality is created and managed by the Provider.



# Added Rates Page for UPR Linked Contract Patients

The Rates page is available for UPR Linked Contracts. If the Payer allows, a Provider can:

- add rates at the Patient level,
- manage (control) rates in the *Bill Info* tab for a visit, and in the Contract Setup/Billing Rates tab.



**Rates Window (Patient)** 



### **Payer-Defined Multi-Rate Feature**

The Payer-defined District Rates functionality applies to Providers who service in various regions. This functionality allows Payers and Providers (with Payer permission) to set and bill for the appropriate amount (according to regional rates assigned by the Payer).

In the *Contract Setup Billing Rates* tab, any **Discipline** denoted with a +/- indicates multiple rates (as seen in the following image).

Con	tract Setup	Internal Publicat Pages 2 CMM	N CHEWIS				Enterprise	20.	me/85.0.41	83.121) (	hrome 85 (Doc Chrome	85) 10/0 16:13 ES
Ge	neral Billing	Rates Billing/Collections	Scheduling/Confirma	ation Eligibility	Quickbooks	Notes/Uploads		X				
Bil	lling Rates											
		Status: Active V			Discipline: Al	•		- 52	Rate Typ	e: All	•	
	F	rom Date: 10/1/2020			To Date: 10	/1/2020						
						Search						
								1			Page 1	of 1
Se	earch Results (1	6)									New F	Rate
	Discipline -	Service Code	Billing Units Per Hour	From Date	To Date	Rate Type	Rate	$\checkmark$	<u>Status</u>			
	HHA	Daily1	1.00	01/01/2020	03/31/2021	Daily	12.000000	1	Active	Edit	Update Rate	н
	HHA	HHA_UPR	2.00	04/16/2020	03/31/2021	Hourly	50.000000		Active	Edit	Update Rate	н
	нна	HHA VISIT	1.00	09/01/2019	03/31/2021	Visit	20.000000		Active	Edit	Update Rate	H
E.	ННА	UPR HHA D	1.00	09/01/2019	09/30/2021	Daily	15.000000		Active	Edit	Update Rate	H

**Payer Multi-Rates** 

The *District Rates* appear in the *Contract Rate* window (accessed by clicking on the <u>Edit</u> link). Providers can change **District Rates** based on Payer permissions. However, the system determines which rate to use based on the **Billing Address** as defined by the Payer.

Min Visit Hours For Dai	ly: 0000 (HHMM)	<u></u>
Activ	/e: 🗹	
District Rates		
UPR Area 1 Ra	te: 5.000000\$	
UPR Area 2 Ra	te: 15.000000\$	
UPR Area 3 Ra	te: 25.000000\$	
UPR Area 4 Ra	te: 35.000000\$	
	Save Cancel	

**District Rates** 



# **Billing Process for UPR Linked Contracts**

This section covers each phase of the Billing Process for UPR Linked Contracts.

### **Phase 1 – Create New Invoice Batch**

Step		Action
1	Navigate to <b>Billing</b> specific visit using t <b>Note:</b> To search all pr blank.	> New Invoice - (Internal) to generate a New Invoice Batch. Search for a he filters or click on Search to generate all results. ior visits (eligible for invoicing), HHAX recommends that the From Date field is left
2	Review the results a	And select the visits to invoice.
	Once the visits are s the following table. button.	Selected, there are various options at the bottom of the page as described in Select an action button to proceed. To invoice, click on the <i>Invoice Batch</i>
	Option	Description
3	Save	Saves all the selected visits, but does not invoice them. From here, navigate to the next page of search results (if applicable) without losing the selection.
	Save & Next	Saves all the selected visits and loads the next page of search results (if applicable).
	Select All & Save	Saves all visits on the current page. From here, navigate to the next page of search results (if applicable) without losing the selection.
	Unselect All	Unselect any selected/saved visits.
	Invoice Batch	Invoice all selected visits and generate a new <i>Invoice Batch</i> .



Step		Action											
	Cancel	Cancel entire batch											
	The system alerts that the Billing Batch is generating. Click <b>OK</b> to continue												
	The system alerts that the Billing Batch is generating. Click <b>OK</b> to continue.												
		HHAeXchange - Message											
4		You can see the process of the Billing Batch under Admin> Process Monitor.											
		ОК											
		Generating Billing Batch											



### **Phase 2 – Create a New Claims Batch**

Step	Action
1	Navigate to <b>Billing &gt; Electronic Billing &gt; E-Submission Batches</b> to generate a New Batch Claim.
	On the <i>E-Submission Batches</i> page, click on the <b>Add Original Claims</b> button.
2	Batch
Ζ	Search E-Submission Batches     Add Driginal Claims       Contracts     Batch Number     Batch Creation Date Range     Claim Type       All (+2 others)     *     mm/dd/yyyy     All *
	Add Original Claims
3	On the Add Original Claims E-Submission page, select the Contract. The Batch Number and Batch Date populate. Click on the Add Claims button.
	Add Claims
4	On the <i>Add Claims, Claims Search</i> page, use the search filter fields or click on the <b>Search</b> button to find claims.



Step								Act	tion							
		EStenso Add	nilectes / Addia Claims	sonat Cleima II Submissio	elieb / Awa	Casima										×
		Claims Search														
		Batch Number			Invoice N	umber			Office(s)	-1			Service C	ode		
		- 44	Nanced Filters						10010-0000	- 1						
		Admin	wion ID		Last Name	•			First Name				Alt Patie	nt Id		
		Voic F	/acam		Visit To 12/31/20	121			Claim State	•		•	Paid Stat	wa.		•
			and Direct													
	On the Se	arch	Result	s in the	Claim	<u>, 260</u>	tion	sele	Search	n clai	ms to	be a	adde	nd a	nd c	lick the
	button at	the k	bottom	of the p	bage.	5 500	,	Jere		ciui	1115 00		luut	.u u		
										a. a.						
		Claim	5													
		× :	Status Envoice # *	Banch # 1	Admission ID 1	Alt Patient ID +	Patient	Office Name 1	Visit Date	Service Cede 1	Caregiver =	Scheduli 1	• Visit	Visit Hours 1	Billed Hours 1	Billed Bill Units Type 8 8
		<b>A</b> 1	600134- 600135	28385YNR+00082	YNR- 900014	17206789	BRYANT DONALD	Hope & Care Providers	12/14/2021	T1019	Alen Bonnie	1400- 1430	1415- 1430	00:15	00:15	1 Hourly
		<b>^</b> 1	600134- 600135	28385YNRH00083	YN8- 900014	17206789	BRYANT DONALD	Hope & Care Providers	12/14/2021	T1019	Allen Bonnie	1500- 1600	1500- 1600	01:00	01:00	4 Hourly
5		<b>A</b> 1	600139	28385YNR+00087	YNR- 900014	17206789	BRYANT DONALD	Hope & Care Providers	12/15/2021	T1019	battlecreek John	1600- 1700	1600- 1700	01:00	01:00	4 Hourly
			600140	283851148-00088	YNR- 900036	16497050	BLAIR LATEISH	Hope & Care Providers	12/01/2021	T1019	Brown Larry	0500- 0600	0500- 0600	01:00	01:00	4 Hourly
							B1 418		*****	T1019	Person3000	0900-	0900-	01:00	01:00	4 Hourly
			600140	28385YNRH00088	YNR- 900036	16497050	LATESH	Care Providers	14/19/2001		allas	1000	1000			
		- Presi	600140	283859%8+00088	YNR- 900036	16497050	LATIESH	Care Providers	12/19/2021		the	1000	1000			1-Sof5
			600140	283859948-00088	9798- 900036	16497050	LATESH	nope a Care Providers	14/19/2001		tist.	1000	1000			1-SofS
		· / · · · ·	600140	28385448-00088	900006	1649/050	LATESH	nope a Care Providers	12/19/2021		the	1200	1000			1-Sof5
		- Prod - Prod	600140	28385/148-00088	900006	Clair	ns Se	Providers	Select	Batch	n(es)	1000	1000			1-5of5
	Note: Visit	s with	a yello	w warnin	ng icor	Clair 1 (wit	ms Se h no	earch:	Select e chec	Batch kbox	n(es) are h	eld i	n Bil	ling	Revi	ew with
	Note: Visit Status and The claim	s with must	h a yello b e reso	w warnin olved prio	ng icor r to bi	Clair r (wit illing.	ms Se h no Hove	earch: active er ove	Select e chec er the submi	Batch kbox	n(es) ) are h for a p n Bate	eld i op-u	n Bili	ling dicat	Revie ting	ew with the hold



Step		Action									
		ESubmission, Baldows / Abil Original Claims & Submission Basis									
		Add Original Claims E-Submission Batch									
	All fields marked with an asterisk (*) are required.										
		Centract * Batch Rumber Each Date AMA Demo (MNR) * CLM46932838500102 03/28/2022									
		Claims Add Claims									
		Delay Reason Code Visits Older Than Select * 90									
		Status Claim Investor Batch Humber Admission Alt, Patient Office Visit Data Service Caregiver Schedule Visit Billed Bill # 0 0 Hours Hours Units Type Sd 0 Service Code 0 0 0 Hours Hours Hours Units Type									
		ID         CZ         600140         28385/m/RH00088         YMR         16497050         BLAIR         Hope &         12/01/2021         T1019         Brown         0500-         0100         01:00         4         Hour           900036         LATESH         Care         Larry         0600         0600         0000         4         Hour									
		Qf         600140         28385/N/HH00088         YN/H         16497050         BLAIR         Hope &         12/19/2021         T1019         Person3000         0900-         01:50         01:50         4         Hour           900036         LATE2H         Care         1511         1000									
		• Previous 1 Net • 1-2d/2									
		Seve Banch & Send Deven for Later Cancel									
		Claims E-Submission: Save Batch & Send									
	<b>Note:</b> Usi Reviewing	ing the <b>Save for Later</b> button only creates the claims batch but does not send to the SFTP. Refer g a Claims Batch for further instructions.									
	The syste	em alerts that the export file is generating. Click <i>Close</i> to continue.									
		Information ×									
7		Your request for generating export file has been created, Please check.Admin ⇔ Process Monitor for status.									
		Gnee									
	(Optiona	al) Navigate to Admin >Process Monitor to view the progress of the submission. Expan									
	the All S	Sections category to view. The file can either be in <u>Pending</u> or <u>Completed</u> status.									
		Process Monitor									
8		Refresh.Ad Expand.Ad									
Ū		All Sections Collapse All Processes All Proc									
		13 0 0 13									
		Process Monitor: All Sections									



### **Phase 3 – Reviewing a Claims Batch**

Follow the steps below to review claims batches. If claims are saved but not sent, follow the instructions below to Send the claims batch.

Step					Action								
1	Navigate t review the	Navigate to the Batch Search window <b>(Billing &gt;Electronic Billing &gt; E-Submission Batches</b> ) to review the claims.											
	On the E-S <b>Search</b> bu <sup>*</sup> ellipsis () Send, Detc	Submission Ba tton to search ) under the <b>Ac</b> ail Report, and	tches p for ba t <b>ions</b> c Summ	age, select a d tches. On the column for a li nary Report (a	contract fr Search Re st of menu s seen in t	rom the <b>C</b> esults, loc u options he follow	<b>Contracts</b> fiel ate the batcl to include <i>B</i> /ing image).	d and click on the h and click on the atch Details, Expo	) ort,				
3		Search E-Submission Bat Centrans * AD (<2 others) Search React	thes	Earth Number	Betch Creation	s Diese Runge	Ant Original Cal	en Add Resultenit Calena In Type I v					
2		E-Submission Batches	Calm Type 1	Careford #	#Patient : #Cla	im 1 Patient Paid	Chaim Amounts 1 Last Esperied 1	e Esperi 1 Astiana					
		CLM-48732138540141 03/20/2022	Original	AMA Demo (YNR)	,	Amount 1 5 10.00	\$340.00 03/28/2022 by-ent/_Lister1						
		CLMH0012820090000 03/20/2022	Original	AMA Demo (MR)	,	2 80.00	964.00 03/03/0002 by end/Lissed	Emple Denails					
		CLMH834401780801 07/78/3021	Original	NC Medicaid Direct (INR)		2 ¥0.00	8365.04 87521(3661 ky/5up4683 875.76	Send Detail Report Summary Report					
				Revie	w a Claims E	Batch							
	<b>Note:</b> If the the Send op	e batch has bee otion appears a	n submi vailable	itted to the SFT , then the clain	P, then the has not be	Send opti een sent.	on appears un	available to select.	lf				
3	Select the	Send option t	o man	ually send a cl	aims batc	h to the S	SFTP.						



#### **Billed Status Once Exported**

Providers can view up-to-date export statuses for related billing batches. On the *Batch Details* page (*Billing > Invoice Search > By Batch*), batches display the payment **Status** for exported claims to include *Pending*, *Billed*, *Partially Billed*, or *N/A*.

* HAeXchange			Caragiver	Visit Act	ion Billing	Report	-	1				2	<u>_</u>	
Batch Search							-	0						
Search														
	Batch Number:							<u>ر</u>	•		From Date:			
	Contract(s): All	•						¢-						
								51	Search					
Search Results (6013)								2						_
Batch Number	Contract	Batch Date +		01	ice			۳.	Status		Total Hours	<b>Billed Units</b>	Ъ	tal Amou
0110DVN101001AJ	PROVATE PAY	12/07/2021		Def	ault Office			2.1	Pb/A		N/A	0.00	80	1.00
0003DvN1000013e	Excellence - Test (DV1)	04/26/2021		Def	suit Office				N/A	D.	16:00	0.00	80	1.00
134370\N101102	Life Care Demo Payer	03/12/2025		Def	ault office			٢	Billed		10:00	0.00	90	1.00
0015DVN1007578e	Contract 1	\$2/17/2020		Def	ault Office				N/A		00:30	1.00	51	0.00
13437DvN10001100	Life Care Demo Payer	12/04/2020		Def	ault Office			r -	Billed		00:30	0.00	80	1.00
134370vN100010	Life Care Demo Payer	12/04/2020		Def	ault Office			1	Billed		34.00	0.00	90	1.00
1810001/11000104%	Excellent Home Care Services - Training	10/08/2020		Def	auit Office			1	Pending		01:00	4.00		9.00
181000VN100008AL	Excellent Home Care Services - Training	10/08/2020		Def	ault Office			1	Pending		02:00	8.00	63	8.00

Batch Search: Billed/Partially Billed/Pending/NA Statuses

To view the status for a batch individually, click the **<u>Batch Number</u>** and view the **Status** on the top-right of the *Batch Details* page.

Batch Number	Contract	Batch Date +	
0110DVN101001AI	PRIVATE PAY	12/07/2021	1
0003DVN100001Ja	Excellence - Test (DV1)	04/26/2021	
13437DVN101102	Life Care Demo Payer	03/12/2021	5
0015DVN100757Bo	Contract 1	12/17/2020	1
13437DVN10001100	Life Care Demo Payer	12/04/2020	
13437DVN300010	Life Care Demo Payer	12/04/2020	5
18100DVN100010\$%	Excellent Home Care Services - Training	10/08/2020	7

Batch Search: Batch Number Batch Details: Status Field

						_			formation in the second	
S: HHAeXchange	Harte	Patient Caragiver Visit	Action Billing Report	Admin				Webcer	ne - ABCSupport (Demo V	Suph Con
Batch Details						print 22,09,01, 1913				12104.000
Batch									History	Back
	Batch Number: 134370	VVL00010		Total Visit Hours: 34:00		Last Export Da	ite:			
	Export Status: No			Total TT Hours:	×	Batch Da	de: 12/04/2020 03:35	644		
	Contract Name: U/s Con	a Demo Payer		Total OT Hours:		Stat	heat Billed			
	Payment Terms: 1									
Search Results (1)						Print	Print V2 Print V3	Print All law	rises Print All Duty E	-
Invoices										_
Invoice#	Batch Number	Yait/Supply/ Expense From	Visit/Supply/Expense To	Admission ID		Billed	Paid	Balance	<b>Payment Terms Contract</b>	a
1010	134370VN1880010	10/01/2017	10/30/2017	A202030069	5	\$0.00		\$0.00	Life Care 1 Demo Payer	

Batch Details: Status Field



# **Rebilling (Claims Submission)**

Step	Action
1	Navigate to Billing > Electronic Billing > E-Submission Batches. Billing Report Dashboard Admin         Prebilling         Billing Review         Print Invoice Search         Print Invoice Search         New Invoice Batch         New Invoice (Internal)         Electronic Billing         Electronic Billing         Navigate to Resubmit Claims         Note: This process is the same for UPR Linked Contracts and Internal Contracts
2	On the E-Submission Batches page click on the Add Resubmit Claims button.
3	On the Add Resubmit Claims E-submission Batch page, select the Contract. The system automatically generates a Batch Number and the Batch Date for the claims resubmission. Click on the Add Claims button.



Step	Action
	On the Add Claims, Claim Search page, select applicable filter fields and click Search.
	Eduterisation Betches / Add.NexuMentCollina Edute / Add Calmas
	Add Claims
	Claime Sparch
	Learns Search
4	(48 (+1 ofter) * A8 *
	- Advanced Fitters
	Admission 127 Last Name Print Name Ad Patient 28
	Visit From Visit To Claim Status
	mm(dd)yyyy mm(dd)yyyy Al •
	(back) Fast
	Add Claims: Claims Search
	From the Search Results, select the claims to add and click on the <b>Add</b> button at the bottom of
	the page.
	Add Claims
	Claims
	Status Back# 2 Advisation Ab Pacients Office Valchurs Sarche Caroginer Schedule Valc Billed Bill Billed Sel Sold Calon 1985; Andrew #************************************
	Image: A product Comm. Rest: 50 King: 10 Ki
5	Providers           Image: ADDEM ADDEM VMA         175/1286         Cellbry Huge & M07/2020         S10.00         jmenes         0000         0000         00.00 </td
5	Ponders            Image:         Model         105/108         Celling:         Sec.         5000         10
	Providers
	OF A D D D D D D D D D D D D D D D D D D
	Prodet
	Add Claims
	Note: Hovering over the Status icon provides a high-level indication of the state of the claim and possible
	missing information.
	On the Add Resubmit Claims E-submission Batch page, click on the edit icon ( 🗹 ) to open the
	Claims Adjustment window
	Status Chain Senite Back-Namber: Administry: Administry: Administry: Office Name 1: Val-Dane 1: Senite Complexe: Shedder Val-Val-Billed Billed Bill Billed Billed Bill #1: Gade 1: 1: 1: Name Name Units Type Annuel: Party Status 1: 1: 1:
6	
	DOWLD Previdens 1000 0000
	WILLIAM         Previders         Karla         150         150           Str.         400217         20021748-00055         VM-M00010         1755/156         64/02/0005         51/02         jimens         0000         0000         0000         52.00         52.00         Substrat         0         Image: Comparison of the second of the s
	Karle 130     Karle 130     Karle 130     Karle 130     Karle     Karle



Step		Ac	tion	
		Select Clair	n to Adjust	
	. <b>Note:</b> To delete a record from	the claim to be resubr	nitted click on the 🔳	icon under the <b>Actions</b> column.
	The Claim Adjustment windo Adjustment Types section for fields (denoted with a red as Note: The Billed Adjusted Hou claim.	ow opens. Select the or guidance). Correct sterisk) are complete urs, TT Hours, and 3rd	Submission Type ( any applicable field d. Party fields cannot be	refer to the <u>Rebilling</u> Is ensuring that required e edited when resubmitting a
	Claim Adjustment			×
	All faith marted with an asterial (") are required.	billing validations and rounding rules. It is an override function. Make sur	syou have authorizations to cover any adjustment in Billed Adjustm	et Hurs
	Main Dunie 05/06/0101	Submission Type * Original *		
7	Start Time 05/06/0021 0000	End Time 05/06/2021 1000	Service Weare 01:00	
	Billed Adj Hours 0	IT Hours	Billed Hours 01:00	Payrall Adj Hours
	Carrughue Name 108 800	Employment Type PCA		
	Gammaer Service Code: *	Rana Type * Hourly	Carregiver Pay Code	Billing Export Gode T1919
	Units per Hour;Dulg/Valk * •	Billing Units 00 4.00	Billed Rate * 1 24.50000	Billing Amount 15100
	3rd Parity 1	8		
				Cancel Serve
		Claim Adjustr	nent Window	
	Once saved and ready to rea	submit, click on the <b>S</b>	ave Batch & Send	outton on the Resubmit
	Claims E-submission Batch p	lage.		
	Delay Reason Cade	Visite Other Than		Loss Loss
	Suma Cuim Inveixe Bench Number I Adminuten 10 # 1 1	Als. Patient I Office Name Visit Date Service Patient M I Code I 1	Gangleer Schedule Viels Viels Biled Biled 1 1 1 Neues Heart Units 1 1	98 Billed 3rd Chaim 57 7991 : Autore Type Annunt Party Status : : : : Annunt
8	30 9 eccasi accesime-coola mek-coore	1206209 885567 Hape&Care 0505(2021 21019 004400 Providers	Hill Bale 0500- 0500- 01:00 01:00 4.00 1000 1000	Hourly 124.30 KD20 Sub-Head A 111222200444
	3b         3f         60007         20007/min-0005         min-60010           7b         3f         60007         20007/min-0005         min-60010	17587856         CARNOT         Huge & Care         04/20/2020         39/20           17587856         CARNOT         Huge & Care         04/20/2020         39/20           17587856         CARNOT         Huge & Care         04/20/2020         39/20	jmmenus         0900-         0900-         0800-         0800-         0800-         31.00           Karla         1708         1708         0.000-         0.000-         0.000-         31.00	Pourly 1240.00 K0.00 Submitted A 12222004465
	<b>35- 37</b> 40006 2000/mit-600/4 1948-60010	1755706 CARDY High & Cere 04/01/0000 59130 MSL2MM Providers	Karla         1700         1700           jimanaci         0800-         0800-         0800         0800         32.00           Karla         1700         1700         1700         1700         1700	murty \$240.00 \$0.00 Submitted & 122004465566
	+ Previous 💶 Next +			1-4944
	Terre Bank & Sent Direct for Lation			
		Resubm	it Claim	
	The system alerts that the e	xport file is generati	ng. Click <i>Close</i> to co	ntinue.
		Information	,	×
9		Your request for generating export file ha	s been created, Please check Admin ->	
				<b>*</b>





### **Rebilling Adjustment Types**

Select	То										
Original	ault option; used if the Provider does not edit the Submission Type.										
	The <b>TRN Number*</b> and <b>Update</b> fields are required if <i>Adjustment</i> is selected. For the <b>TRN Number</b> , indicate if this adjustment is for a <i>Single Claim</i> , <i>All Claims</i> <i>with same Invoice Number</i> , or <i>All Selected Claims</i> . Refer to the bullets below this table for guidance.										
Adjustment	Claim Adjustment Af feits marked with an asterisk (*) are required. A Important: Claim Adjustment changes will bypess ALL billing validations and rounding rules. It is an override function. Make sure yr Visit Date 0(14/2020 Seart Teme 0(14/2020 1430 *TRN refers to Transaction Reference Number, unique claim identifier number to be adjusted. The TRN can also be referred to as the Form Number, Claim ID, or Claim Number. The TRN can is also located on the Electronic Remittance Advice (ERA).										
Void	When selecting Void, the TRN Number is required and the Place Updated Visit on Hold checkbox is automatically selected and un-editable. Select the applicable Update option (Single Claim, All Claims with same Invoice Number, or All Selected Claims).										
	Note: Selecting Void hides other adjustment information fields on the window.										

Upon adjusting, click *Save* to update the selected record(s). Based on the selected **Submission Type**, respective **TRN Number**, and **Update** option, the selected records are updated accordingly.



- If *Single Claim* is selected (from the **Update** field), then only the current record for the selected **Submission Type** and **TRN Number** is updated.
- If the *All Claims with same invoice number* is selected (from the **Update** field), then all matching records with the same Invoice Number are updated according to the chosen **Submission Type** and **TRN Number**.
- If *All Selected Claims* is selected, then all records are updated with chosen **Submission Type** and **TRN Number**.

### **Editable TRN on UPR Rebilling**

On the *Invoiced Visit Search* page (*Billing > Invoice Search > By Search*), the TRN (Transaction Reference Number) can be manually edited or entered for UPR contracts to assist with electronic rebilling claim processes. Click the Y hyperlink in the **Export Status** column for a corresponding invoice to edit or enter a **TRN** number in the *Update Export Flag to "No"* window.

Involced Visit Search		Latarpriss 72.12.61 mixture	1003 cm	107 [Doc Chrones 197] 1	2/28 00404 23
Search					
From Date:	To Date:	Office(s): Al	Discipline:	Al	•
Patient:	Invoice Number: 602640	Contract: Universal Patient Payer-Q4 V Se	rvice Code	Al	•
Export Status: Yes 👻	HHAeXchange - Update Export Flag to "No"		8		
			_		
Search Results (1)	Update Export Flag to "No"			Pag	elofi
Invoice Batch Number Date Admi	Patient: Bypass_UPR_TSA, Prafull (AQA- 9002246867678591712)	Centract: Universal Patient Payer- QA1 (AQA)	Amount	Int Contract Export E: Status billing	Claim
-	Invoice: 602640	Visit: 0000-0500		manua	
	Billed: \$80.00			Universal	
602640 17522UPP000290 02/11/2022 MPA:	Place on Hold: 🛃 🕦	* Manual Hold Reason: Billing Edit 🗸 👻	180.00	Patient O Payer- Y N	Submitted 3
	TRN			QA1 (AOA)	
	TRN				
	of your Payer has p	rovided a TRN to be used when resubmitting a far that number here. If a number is entered, and			
	the claim is re-expo	rted, the TRN will be included in the resulting			
	adjustment cam	114.			
			_		

Invoiced Visit Search: Update Export Flag to No Window: Manual Hold Reason and TRN Fields

Additionally, the **TRN Number** is also editable at the *Billing Info* tab located at *Patient > Search Patient > Calendar* at the visit level.

rimary Bill To: <u>His</u> t	ory Payroll Bill To: Histo
Primary bill to: Life Care Demo Payer	Payroll Type: Visit
Service Code: 1122A	Pay Rate: \$0.00
Bill Type: Visit	Pay Code: Non Payable
Service Hours: 00:30	Service Hours: 00:30
TT Hours:	
OT. Hours:	Adj. Hours: 0000 (-) HHMM
Billable Hours: 00:30	
Billable Units: NA EDI Units:	
Bill rate: NA *EDI rate: 5 3.00	Override Pay Rate: g
Total: N4 FDI Total: 5 1.00	Total: \$0.00
Billed: Y	Burnell Balak & Callonna
Invoice#1 606261	Payroll Batch#: 50H00359
Invoice Creation Date: 07/20/2021	Wage Parity: N
TRN Number: 12345678	Include in Mileage: 0 Override
Place Updated Visit on Hold ()	Distance from Last Loc: ()
* Manual Hold Reason: Billing Edit	Mileage Rate: ()
01806511343200013	Mileage Expense Total: ()
CLM06511343700014	Expense Payroll Batch#: ①

Edit Visit Window: TRN Number Field



#### **Rebilling Condition Code**

DISCLAIMER

This feature is Payer-managed and activated by HHAX System Administration. Please contact <u>HHAX</u> Support Team for details, setup, and guidance.

For some contracts, Payers require a Condition Code for Providers to indicate the reason for resubmitting a claim. The **Conditional Code** field is used to provide a reason when changing the **Submission Type** of a resubmitted claim to *Adjustment* or *Void*.

When the feature is enabled for the Provider, the **Condition Code** field appears in the *Claims Adjustment* window (*Billing > Electronic Billing > E-Submission Batches > Search > Claim Batch #*). The values include the various codes assigned to the reasons listed, as seen in the following image.



**Rebilling Claim Adjustment - Conditional Code** 

In the *Add Resubmit Claims E-Submission Batch* page, the selected *Condition Code* appears under the **Condition Code** column in the listed claims, as seen in the following image.

Contract	• Patient Payers	PRO01aabi	5-(PSN)	*	Claim Batch # CLMPSV1354	16265408020		Batch Date 62/21/2623													
Claims																				**	d Claims
Batch #	Admission ID +	AR. Patient ID :	Patient 1	Office Name 1	Visit Date	Service Code *	Caregiver 1	Schedule Type 1	Schedule 1	visit :	Vielt Nours	Billed Hours	Billed Units	nii Type 1	Billed Amount 1	and Party Amount	Claim Status I	st '	*	Condition Code 1	Actions
9V100002	P\$4- 6600024281	11052622	App2,5ame App2,UPR	Universal Patient Provider- PROD	11/01/2022	MPP,7P5,8N	CG MPP_UNE	Dely Fixed	1800- 1900	1800- 1900	01.00	01.90	4.00	Hourly	\$144,20	\$5.00	Submitted	^	123		•
9/100003	P34-	11062022	App2_Same App2_UPR	Universal Patient	10/10/2022	MPP_PPS_HHA	CS MPP_UNE	Daily Fixed	1800- 2030	1800-	62.30	62:30	3.33	Hourly	\$30.83	\$2.00	Submitted	0	12		•

Add Resubmit Claims E-Submission Batch Page – Condition Code Column



# **EDI Billing Fields for UPR Providers**

DISCLAIMER

This feature is activated by HHAX System Administration. Please contact <u>HHAX Support Team</u> for details, setup, and guidance.

3<sup>rd</sup> Party Providers can use their EDI Billing Interface to apply their billing rates instead of the HHAX billing rates in the application. This feature applies to Providers with UPR Contract Patients.

When this feature is enabled, three fields are available in the *Bill Info* tab: **EDI Units**, **EDI Rates**, and **EDI Total** (as seen in the following image). These fields are required (as denoted with a red asterisk). The **EDI Rate** and **EDI Total** values must be entered in whole numbers with a limit of 2 decimal placements (if applicable).



Bill Info Tab: EDI Billing Fields

**Note:** HHAX billing fields display as NA to indicate that these values are EDI Billing fields. If no data is provided for the visit OR any one field value is NULL, then the EDI fields do not display.

### Validations

All 3 fields are required. If any of the fields are left blank, then the system issues a validation when attempting to save (as seen on the image to the right).



* EDI Units: Bill rate: NA * EDI rate: \$	Total: \$0.00 Billed: Invoice#: InvoiceBatch#:	Expense 2: 5 Reas
* EDI Totali ć	HHAeXchange - Validation(s)	
Billed: N	- EDI Units field cannot be blank!	
Invoice#:	<ul> <li>EDI rate field cannot be blank!</li> <li>EDI Total field cannot be blank!</li> </ul>	0
Invoice Batch#: Invoice Creation	OK	0
Deleted invoice number(s):		Total:
e-Billing Batch#:		Expense Payroll

Validation(s): Required Fields

The **EDI Rate** and **EDI Total** fields are limited to 2 decimal places after a whole number. If more than 2 decimal places are entered, then the system issues a validation error as seen in the image to the right.

* EDI rate: Allow only numbers and two decimal poin	Invoice Batch#: Invoice Creation Date:	Payroll Batch#:
* EDI Total: \$ 12.6586	HHAeXchange - Validation(s)	
Billed: N	- EDI rate Allow only numbers and two decir	mal point!
Invoice#:	<ul> <li>EDI Total Allow only numbers and two deci</li> </ul>	mal point!
nvoice Batch#:		(i)
voice Creation Date:	ок	(i)
Deleted invoice number(s):		Expense Payroll (i) Batch#:

**Validation: Field Limitations** 



# UPR Contracts in the File Processing Page

A **Contract Type** field is available to track UPR Contracts in the File Processing feature (*Admin > File Processing*). To access file processing for UPR contracts, select UPR Contract in the **Contract Type** field to view what has been exported and accepted.

File Processing		Enterprise 22.01.01 TELXQAUATD01 (Chrome/96.0.4664.110) chrome 96 (Doc Chrome 96) 12/24 02:40 E
Claim Files Remittances		
Download Files		
File Type: All 💙	* Contract Type: Payer Contract 💙 🛈	* Contract: Select   Batch Number:
Processed From: 11/24/2021	Processed To: UPR Contract	File Name: Status: Select V
	Search	
		-

File Processing: Contract Type Field: UPR Contract

The **File Name** column appears blank for those Payers who have moved to a third-party EDI platform. Select *Export* from the Action link in the applicable record to submit the batch.

File Processing	File Processing Enterprise 22.01.01 1712404/07001 12/24 02401												
Claim Files Re	mittances												
Download Files													
	File Type	a: All 🗸	* Contract Type: UF	PR Contract 🗸 😧		* Co	ntract: All	Batch Number:	i				
	Processed From	11/24/2021	Processed To: 12	/24/2021		File	Name:	Status: Select	•				
					Search								
	(												
Search Results	(138)									122454			
File Type	Claim Type	Contract	Batch Number	Claim Number	Patient #	Claim #	Claim Amount	File Name	Processed Date/Time	Status			
837 Claim File	Adjustment Claims	Universal Patient Payer1-Z (MAM)	CLM10571756601988	CLM10571756601988	3	3	\$170.00	837p_QACLM10571756601988_12242021_023111.txt	12/24/2021 2:31:10 AM	Action			
837 Claim File	Adjustment Claims	Universal Patient Payer1-Z (MAM)	CLM10571756601987	CLM10571756601987	2	2	\$155.00	837p_QACLM10571756601987_12242021_022828.txt	12/24/2021 2:28:27 AM	Summary			
837 Claim File	Adjustment Claims	Universal Patient Payer1-Z (MAM)	CLM10571756601986	CLM10571756601986	2	2	\$155.00	837i_QACLM10571756601986_12242021_022552.txt	12/24/2021 2:25:47 AM	Action			
837 Claim File	Adjustment Claims	Universal Patient Payer1-Z (MAM)	CLM10571756601985	CLM10571756601985	2	2	\$155.00		12/24/2021 2:23:30 AM	Action			
837 Claim File	Adjustment Claims	Universal Patient Payer1-Z (MAM)	CLM10571756601984	CLM10571756601984	1	1	\$59.00		12/23/2021 5:53:28 AM	Action			
837 Claim File	Original Claims	Universal Patient Payer1-Z (MAM)	CLM10571756601983	CLM10571756601983	137	316	\$18,644.50	837i_QACLM10571756601983_12232021_043637.txt	12/23/2021 4:36:34 AM	Action			
837 Claim File	Original Claims	Universal Patient Payer1-Z (PQR)	CLM10571753800289	CLM10571753800289	1	1	\$27.00	837p_QACLM10571753800289_12232021_041239.txt	12/23/2021 4:12:35 AM	Action			
837 Claim File	Original Claims	Universal Patient Payer1-Z (MAM)	CLM10571756601982	CLM10571756601982	15	22	\$118.00	837i_QACLM10571756601982_12232021_040449.txt	12/23/2021 4:04:45 AM	Action			
837 Claim File	Original Claims	PRO:Universal Patient Payer1-Z (AQA)	CLM10571752200274	CLM10571752200274	1	1	\$140.00		12/23/2021 3:44:20 AM	Partially Accepted Action			



Once submitted the system alerts of a successful submission.



Message: Claim File Successfully Submitted



### **Contract Setup**

Navigate to **Admin > Contract Setup > Contract Search** to locate the Contract. UPR Linked Contracts are created on behalf of the Payer via the linking function (not by the Provider as with Internal contracts). Specific changes to highlight for UPR Linked Contracts are in the *General, Billing Rates*, and *Scheduling/Confirmation* tabs.

In the *General* tab, the following fields are read-only for Providers: **Contract Name**, **Offices**, **ICD Code Requirement**, as well as the entire *Address* section.

Contract Setup (PRO: Universal Patient Payer2-CSAND (SEW))		Enterprise 20.05.01 TELXSANDBOXW01 (MSIE 10.0) IE 11 (Doc IE 10) 4/17 17:21 ES			
General Billing Rates Billing/Collections Scheduling/Confirmation	Eligibility	Quickbooks	Notes/Uploads		
Contract Details					History
* Contract Name: PRO: Universal Patient				Active:	Yes
Contract Type: Select	D			Office(s):	Offices (Universal Patient Provider2-CSAND)
Effective Date:				Expiration Date:	
* Source Of Admission: Hospital				Contact Person:	0
NPI No.: 🚺 Provider ID (33b	): 🚺 🛈			Tax ID No.:	0
Wage Parity: 🗌 🛈				ICD Code Requirement:	ICD-10 Effective Date V (10/01/2015 *
VNS Contract: 🗌 🛈					
Medicaid Contract:				Notes:	Ô
Private Pay Contract: 🔲 🕕					
Address ①					History
Street 1: Test Address Scott				Street 2:	Test Address Mansion
City: New Jersey				State:	NJ
Zip: 33001 -				Phone:	999 - 089 - 9999
Fax: 333 - 678 - 3333					
			S	ve	

**Contract Setup: General Tab** 

In the Billing Rates tab, the <u>Edit</u> links and *Update Rate* buttons are enabled if the Payer allows the Provider to update rates. As stated in the Patient Rates Page section, rates can also be managed (controlled) in the *Bill Info* tab for a UPR Linked Contract visit, and in the Contract Setup/Billing Rates tab.

Contract Se	ontract Setup (PRO: Universal Patient Payer2-CSAND (SEW))											
General	Billing Rates	Billing/Collections	Scheduling/Confirmation	n Eligibility Quickt	ooks Notes/Uploads							
Billing Rat	Billing Rates											
	s	tatus: Active 🗸			Discipline: All	¥			Rate	Type: All	~	
	From	Date: 4/17/2020			To Date: 4/17/202	:0						
					Se	arch						
											Pag	ge 1 of 1
Search Re	sults (7)										•	lew Rate
Discipline	Service	e Code	Billing Units Per Hour	From Date	To Date	Rate Type	Rate	Min Visit Hours For Daily	Status			
HHA	Daily1		1.00	01/01/2019	03/31/2021	Daily	12.000000		Active	Fidit	Update Rate	H
нна	HHA U	JPR	2.00	03/01/2019	03/31/2021	Hourly	50.000000		Active	Edit	Update Rate	H
HHA	HHA V	ISIT	1.00	09/01/2019	03/31/2021	Visit	20.000000		Active	Edit	Update Rate	H
RN	RN VI	SIT	1.00	07/01/2019	03/31/2021	Visit	30.000000		Active	Edit	Update Rate	H
RN	RN CC	DE	2.00	02/01/2020	03/31/2021	Hourly	100.000000		Active	Edit	Update Rate	H
RN	RN DA	ILY	1.00	07/01/2019	03/31/2021	Daily	17.000000		Active	Edit	Update Rate	н
RN	RN UF	PR	1.00	03/01/2018	03/31/2022	Hourly	100.000000		Active	Edit	Update Rate	Н

#### **Contract Setup: Billing Rates Tab**

In the *Scheduling/Confirmation* tab, various fields are unavailable for Providers to edit. In the *Scheduling Configuration* section, the **Authorization Required** checkbox is preselected and the **Authorization Week** 



field is hard-coded for all UPR Linked Contracts as a standard. The **Auto-Confirm Visit End Time (Skilled Visits)** checkbox is unlocked allowing Providers to better manage UPR Linked Contracts.

Contract Setup (Universal Patient Payer1-PROD (MIA))		
General Billing Rates Billing/Collections Scheduling/Confirmation Eli	Notes/Uploads	
Scheduling Configuration		<u>History</u>
Authorization Required: 🗹 🕦	Service Code Required in Authorization: 🗌 🛈	
Apply Authorizations toward TT/OT on Missed Visits:	Authorization Week: Patient Authorization Week V	
Allow Masterweek Rollover without Valid 🗆 🕕	Daily Authorizations Do Not Exceed 24 Hrs.: 🔿 No 🛛 💿 Warning 💦 Validate 🚺	
Automatic Visit Creation Based on EVV Confirmations:	Auto-Confirm Visit End Time 🗌 🛈	
Disable Visit Schedule Rounding: 🗌 🚯	Recalculate Visit Authorization units based on 🔲 🕕	
	Allocate Visit Authorizations based on Billable 🗌 🕕	
•	Save	
Visit Confirmation Options		History

Contract Setup: Scheduling/Confirmation Tab (Unavailable Fields)

Providers have autonomy on other areas in the Scheduling/Confirmation tab such as requiring fields on the Patients' Visit Info tab, Clinical Documentation, and Timesheets requirements.

Contract Compliance     Dersonal Care Compliance	Clinical Documentation Required (Skilled Visits):
POC Duty Compliance:      No Compliance     Patient POC Compliance     Long Term Care Compliance	Sufficient Documentation: E-Doc in Status () Scanned Clinical Document ()
Count Refused Duties Toward Compliance Totals: 📃 🕕	Allow linking of EVV verifications not recognized as 🔲 🛈
☐ Visit Edit Reason ① ☐ Action Taken ①	Schedule Times Pay Code 1 Plan of Care Bill Info Tab
Fields Required when Editing Visit Info Tab: Verified By	Require Note when Editing Visit: Bill To (Contract)
Date and Time Verified	Service Code
Supervisor	Caregiver
/alidate Visit Confirmation Matches Duty Minutes: 🗌 🕄	Capture Patient Signature on Mobile App: At Clock In 1
	Allow Signature Skip
An and a second s	Require Timesheet if EVV linked to visit w/o Signature
Disable Visit Confirmation Rounding: 🗌 🕕	
imesheet Options	History
Timesheet Required (Skilled): 🗹 🕕	Timesheet Required (Non-Skilled): 🗹 🛈
Automatically flag as TS required when/Skilled)	Automatically flag as TS required when(Non- Uvisit start time is updated ()

Contract Setup: Scheduling/Confirmation Tab (Editable Fields)

### **Inactivate Billing Rates**

Providers, with enabled permissions to manage billing rates, can inactivate billing rates for certain Linked contracts; typically, older rates that no longer apply. Because billing rates cannot be deleted, they are <u>inactivated</u> in the system. This feature helps in preventing data update conflicts between Payers and Providers.

To inactivate a billing rate, navigate to the *Contract Setup* page (*Admin > Contract Setup*) and select the applicable Contract. On the *Contract Setup* page, select the Billing Rates tab and locate the desired rate. Click on the <u>Edit</u> link for that rate to open the *Contract Rate* window.





On the *Contract Rate* window, deselect the **Active** checkbox and click *Save* to finalize.

Contract Rate	History
* Discipline:	HHA 🗸
* Service Code:	HHA_NOW_1
* From Date:	01/01/2020
* To Date:	01/01/2024
* Rate:	10.000000]s
* Billing Units Per Hour:	4.00
Hourly Cap For Invoicing:	
Hours:	Minutes:
Min Visit Hours For Daily:	0000 (HHMM)
Active:	
C	Save Cancel

**Contract Rate Window** 



### Sync Caregiver Restrictions in UPR

When a Caregiver Restriction is applied to a Caregiver by a Payer for a UPR Linked Contract, the restriction is viewed on the *Caregiver Absences/Restrictions* page (*Caregiver > Absences/Restrictions*), as illustrated in the image below. Restrictions applied by a Payer are *read-only* and identified under the **Created** column with no options to edit or delete.

Restrictions entered by a Provider have the <u>Edit</u> link and delete icon. Caregiver Restrictions can overlap and the Caregiver cannot be scheduled to service Patients until all restrictions are lifted.

X HHAeXchange	Home Patie	nt Caregiver	Visit	Action	Billing	Report	Admin	Not	dfication	Messages	ToDo's	Open Cases	We	lcome - JonM	Support L (Support	<u>Center   Sign Out</u> t Training MO/ML)
Caregiver Info																
Profile Compliance	Caregive	r Info Active	giver				G	aregiver Code: MIA-1620			of	ffice: Support Mia	ami			
Calendar Visits In Service Rates	Ad	feam: Florida 1 dress: FLORAL	eam PARK, NY, 11	1001				Agency: Support Training MC Languages:	D/ML		Ph	DOB: 08/08/2020	) ( <b>j</b>	Caregi	iver Hours	: H: 0 () V: 0
Notes Preferences Absence/Restriction	Absences	1												D	eleted Abs	sence History
Availability Payroll Info								No Absence Data F	Found.							Add
Pay Check Patient Hx	Paid Time	Off Accruals	1					No Paid Time Off Acc	ruals Da	ta Found.						
Others Document Management	Restricte	d (1)														Page 1 of 1
Search First Name:	<u>Start Da</u>	te 🔺 Er	d Date	Re	eason			Contract				Crea	ted			New
Last Name:	05/08/20	21						Universal Patient Payer1	-PROD			05/1 (Pay	1/2021 07:51 AM (and er)	uprpayer)		
Caregiver Code:	06/09/20 06/09/20	)21 )21		Cr La	riminal Re anguage B	cord Barrier		Universal Patient Payer1 07.Aug-Contract	-PROD			06/0 06/0	9/2021 13:41 PM (JFF 9/2021 13:42 PM (Jor	ROUPR) <mark>(Payer</mark> ML)	) Edit	×

Caregiver Absence/Restrictions Page: Payer Restrictions

**Note:** Navigate to **Caregiver > Restricted Caregivers** to search for restricted Caregivers using **Name**, **DOB**, **SSN**, and date range.



### **Automatic Creation of Schedules for UPR**

The Automatic Creation of Schedule (ACS) feature is available for UPR Linked Contract Patients, allowing users to create visits via the *Call Maintenance > Automatic Creation of Schedules* page or the nightly process. To enable this feature, navigate to the *Contract Setup, Scheduling/Confirmation* tab (*Admin > Search Contract > Scheduling/Confirmation*) and select the Automatic Visit Creation Based on EVV Confirmation checkbox (as seen in the following image).

Contract Setup ( )	
General Billing Rates Billing/Collections Scheduling/Confirmation Eligibility	Quickbooks Notes/Uploads
Scheduling Configuration	History
Authorization Required: 🖾 🕕	Service Code Required in  Authorization:
Apply Authorizations toward TT/OT on  Missed Visits:	Authorization Week: Agency Profile Week-Ending Date 💙 🚺
Allow Masterweek Rollover without	Daily Authorizations Do Not Exceed 24 ONO BURNING Validate 🕠
Automatic Visit Creation Based on EVV 2	Auto-Confirm Visit End Time 🗹 🕕
Disable Visit Schedule Rounding: 🗌 🕢	Recalculate Visit Authorization units
	Allocate Visit Authorizations based on Billable Service:
	ave

Contract Setup: Scheduling/Confirmation Tab: Automatic Creation of Schedules Checkbox

Once enabled, the system automatically creates schedules, as seen in the following image.

Automa	atic Cre	tion of Schedules									
-	Run Fro	w 12/23/2021	• To:	12/23/2021			Only display reco	rds that have a call	in and a call out.		
	Office(s	); All	* Discipline:	All	٠	Coordinator:	All	•	Contract: All		٠
Adm	nission I	Di	Patient Team:	All	•	Patient Location:	All	T Pa	tient Branch: All		•
Careg	iver Cod	e:	Caregiver Team:	All	* Ca	regiver Location:	All	Care	giver Branch: All		•
Returned	Results L	ogic: 🚯								Search	
										Cancel	i i
Search	Results	Total Calls (3)									
Call	Date C	aregiver Name	Patient Name		Call In/Out	Schedule	POC	Bill To	Service Code	Pay Code	
Dec 202 12:0	: 23 1 R	OY NonSkilled (EXQ-1515)	nonskilled nonskilled (333-9	000205985386367)	0510/ 0620	0515 - 0615	Select V	Demo Payer Li 👻	RN_H ¥	RN Hourly	✓ Save
Dec 202	23 100AM	ish-EXQ krushna (EXQ- X39)	test test (333-90002059853	386480)	0632 /	0630 -	Select V	Select V	~	HHA Hourly	Save
Dec 202	23 100AM	ish-EXQ krushna (EXQ- X39)	test test (333-90002059853	386480)	0658 /	0700 -	Select V	Select V	~	HHA Hourly	Y Save
				Process and Continu	e Working	Process and Clos	e Cancel				



# Edit Taxonomy and Revenue Codes in UPR

With Payer-granted permission for UPR Linked Contracts, Providers can now add/edit the **Revenue** and **Taxonomy Codes** in the *Contract Service Code* window (*Admin > Reference Table Management > Contract Service Code*).

Contract Service Code			Histor
* Contracts	Demo I	¥	0
* Discipline:	HHA	¥	0
* Service Code:	UPR_HHA		0
* Rate Type:	Hourly	~	0
* Visit Type:	Non-Skilled	¥	0
Mutuals			
Allow Patient Shift Overlap:			
Bypass Prebilling Validations:			
Bypass Billing Review Validations:			
Share Visit Info With Services Portal:	0		
Require Services Portal Approval:	0		
Auto-Schedule Service Type ID:			(e.g. 2003)
Location Code:			]
Live-in Units for Export [HHA Exchange support use only]:			1
Weekend/Holiday Codes:	<b>2</b> (1)		
Apply the Holiday Code to Weekday:			
Mileage Code:	0		
Default Mileage Code:	0		
Custom Hourly Rounding:	Select	~	0
NPI			0
	Use Blank Value 🕦		
Tax ID:			0
Always List Caregiver NPI as Blank:	0		
Code Configuration			
	Weekday Code	Wee	kend/Holiday Code
Export Code:	Exp_Wek ¥	12	~
Revenue Code:		<u> </u>	
Taxonomy Code:			
HCPCS Code:			
GL Code:			
	Save Cancel		View/Edit Holiday

Contract Service Code: Revenue and Taxonomy Code