

Prebilling Process Guide Correcting Validation Issues

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Prebilling

Overview

Prebilling is one of the *Exception* pages in the HHAeXchange (HHAX) system. The *Exception* pages are automated auditing processes which ensure that visits with missing or incorrect information do not get invoiced and billed.

On the **Prebilling** page, visits are checked to ensure all validation requirements established by the Payer are met. If a visit does not meet all the validation requirements, it is 'held' until the issue is manually corrected. Visits held on any of the exception pages cannot be processed for billing or payroll.

This category covers the **Prebilling** functionality in the HHAX system.

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

HHAX System Key Terms and Definitions

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

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



The Prebilling Exception Page

The **Prebilling** page automatically reviews all scheduled visits and those that do not meet the validation requirements set forth by the Payer are held here. Note that validation requirements vary from Contract to Contract. The following image provides a high-level view of the Prebilling Review process in HHAX.



Prebilling Review Process



Reviewing Visits on the Prebilling Page

Complete the following steps to review held visits on the Prebilling exception page.

1 N C tł	Javigate to Click the Se he validatio Prebiling Review Prom Date: Patient Name:	Billing > P arch butto ons to sear	rebilling ⁻ n or use t ch. To sea	to access he searc arch for a	s the Pr h filter: all, sele	ebilling s to set ect the C	Revie searcl	w page 1 paran	Notors	Lindou		
C tł	Click the Se he validation Prebiling Review Prom Date: Patient Name: Timesheet:	arch butto ons to sear search	n or use t ch. To sea	he searc arch for a	h filter: all, sele	s to set ect the C	searcl	n paran	notore	بر م ام مرا		
	Prebilling Review Prebilling Review From Date: Patient Name: Timesheet:	Search					heck	All Vali	datio	. Under 1s check	the filters, box.	select
2 N UI	Total Search Result	All Check All Validation: Check All Validation: Outbalanced Visits of In Outbalanced Visits of Out Outbalanced Visits of Out Total Hourly: (00:0 Vised not to date.	Adm Pati Caregi Co complete Confirmation (//TT Not Approved (//T	To Date: ission ID: ent Team: All wer Team: All with Temp Caregive @ With Temp Caregive @ Restricted Caregive @ Medicaid Complianc to to Total Daily: (0 g Review e current	r ⊂Caregiver co s Q Timesheet e Q Custom Valid po:00) Page - Se date as	Carego mpliance 2 POC Co Insuffic dations Search View f earch and visits are	Office(s): regiver Code: ent Location: ver Location: mpliance ent Duty Minut keport Valida e in pro	AII AII AII es tion Para	ameter nd ma	e 18.2.1.0 recover Contra Caregiver Nam Patient Branc Caregiver Branc Caregiver Branc	ta II (All close AF 10) 0/24 tt: [All et] tt: [All ht: [All ht: [All]] Page Loaded in 0.364 so	Hand So V V V V V V V
т F ¹ З	 he results rom this particular Clic resp Clic State 1 Admissional Solo 2017 [IS-321432 Solo(3/2017 [IS-321432 Solo(3/2017 [IS-321432 	show visits age, one ca k on the Pa bective Pro k """ (edi k "" " to c sarch P Patient Name Harrison Gerrae Harrison Gerrae Harrison Gerrae	with at lean do any atient Nar file to fix t icon) to lelete the User's office Lisset's office Lisset's office Lisset's office	east one of the for me (hype the issue open th visit.	failed v pllowing erlink) c e(s). e visit v usit v usit v usit v usit v ebiling E	validatio g depen or the <u>Ca</u> window window Carceiver Name Singer D Adele Boyd Patti Singer D Adele	on dis ding c aregiv to col sto col state code code code code code code code cod	played on the v er Nam rrect vis (All expr kelly 130 legyn kelly 180 legyn kelly 180 s	under validat ee (hyp sit.	the Pro cion (Pro perlink) f control time Discipline TE 1700 HHA HHA HHA	blem colur blem) to c to route to to route to to route to to route to Poben Gregiver Complance Gregiver Complance	nn. orrect:
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Step				Actio	n								
	HH	IAeXchange - Non Skill New Note:	ed Visit Info				~	E					
	-	Prebilling Problem(s):	aregiver Compliance, Times	heet Not Approved									
				Save	Close	Print							
	2	Audit Verified By:	Patient Caregiver	Family Member 0	ther		His	story					
1	Date Verified: Im Time Verified: Supervisor:												
		Duty Sheet POC: 0(0	0:00) Others: 7(00:00)) Total: 7(00:00) Visit Du	ration: (03:00)	His	story					
		🖌 Timesheet Required	✓ Timesheet Ap	proved Uploa	d Scanned Tin	nesheet: 🕥 🧻							
1		POC Duties No Duties Found											
		Other Duties	Document: 🔕										
				Save	Close	Print							
	L		0	Due 1. 1111 1									
			Correcting	Prebilling Issu	ie on Visi								
	Once the issue	e is corrected	and saved, tr	ie visit disa	ppears	from the S	earch Result	ts.					
	Search Results	Patient Name Office	Contract Caregiver	Caregiver Name	Service Coo	ordinators Scheduled	Visit Time Discipline TF	Page 1 of 21 <u>Next Last</u> Problem					
5	05/02/2017 LIS-321429	Harrison George Lisset's Offic	e Aetna <u>LIS-1345</u>	Boyd Patti	Code HHA Hrly S5125 Meg	gyn Kelly 0800-1200	0800-1200 HHA	Caregiver Compliance, 🛛 🗹 🛛					
	05/03/2017 LIS-321429	Harrison George Lisset's Offic	e Aetna <u>LIS-1345</u>	Boyd Patti	HHA Hrly Meg S5125 HHA Hrly Meg	gyn Kelly 0800-1200	нна	Caregiver Compliance, Incomplete Confirmation					
I			F	Prebilling Issu	e Solved								



Unbalanced Visit

An **Unbalanced Visit** is a visit with an EVV confirmation that falls outside the specified tolerance range. The following example provides information on setting and fixing this validation.

		Exam	nple		
The Unbalanced Tol gency; therefore, EV and End time.	lerance is set for 30 /V confirmations m) minutes ust be ma	(via Admin > Office Se de within 30 minutes o	e tup) of th	for the Office/A- e scheduled Start
	UnBalanced To	lerance:	Hours 00 Min 30 🤇	D	
	Un	balanced To	lerance Field		
erance of 30 minute	alanced, click the Ed	it icon to	open visit details.		
Scl	<u>heduled</u> <u>Visit Time</u>	Discipline	Problem		
08	800-1200 <u>0845-1200</u>	нна	Unbalanced	3	X
		Visit held at	Prebilling		
On the Visit page, ac	djust the Schedule	Time to m	atch the Visit Confirm	ned T	īime.
	Schedule	Visit I	nfo Bill Info	() ()	
Se	chedule:				
	* Schee	dule Time:	0845 - 1200 🗹 Tempo	orary	
		POC:	1842575-12/02/15]	
	A	djusted Sch	edule Time		

Note: As a best practice, some Contracts require notification when visits are performed outside the pre-scheduled time. The Agency is responsible for following all Contract requirements.



Incomplete Confirmation

An **Incomplete Confirmation** indicates the visit was only partially confirmed, or not confirmed at all. Visits with this validation violation can also be fixed from the **Call Dashboard** exception page. The following example provides information on correcting this validation.

Example										
A Caregiver Clocks IN for a visit scheduled for 1000-1400, but does not Clock OUT, resulting in an Incomplete Confirmation .										
Click the Visit Time (link) to route directly to the Visit tab.										
Page 1 Scheduled Time Visit Time Discipline Problem 1000-1400 1000- HHA Incomplete Confirmation Image: Confirmation										
Incomplete Confirmation (Prebilling)										
Nanually enter a Visit End Time <u>or</u> click on <i>Link Call</i> button to navigate to the Call Dashboard nd search for a Clock Out EVV which the system did not sync to the visit.										
Schedule Visit Info Bill Info Visit Information Scheduled Time: 1000-1400 Add Pre-Shift ()										
Visit Start Time: 1000 02/09/2016 Visit End Time: 02/09/2016 Link Call Missed Visit: TT/OT: H: 00 M; 00										
Missing Visit End Time										
It times, the system may record but not sync an EVV to a visit due to the nature of the con- rmation. For example, if the Caregiver tries to Clock OUT with an unrecognized phone, the ystem records the call but does not link it to the visit; therefore, the call must be authen- icated manually.										

Note: When making manual changes, ensure all internal Agency policies are followed when updating *Reason, Note, Audit,* and *Timesheet* options.



With **TEMP** Caregiver

The **With Temp Caregiver** validation catches visits that have a TEMP Caregiver assigned to it. Generally, if the visit has a TEMP Caregiver assigned, it also breaches the **Incomplete Confirmation** validation, as there is no way for a Caregiver to place an EVV for the visit. Such calls are stored in the **Call Dashboard** (*Visit > Call Dashboard*), but not synced to the visit. The following example provides information on correcting this validation.

		E	xample						
A visit scheduled fo	or 1000-1100 ha	s a TEMP Car	egiver assign	ed to it.					
	Schedule	Visit Info	Bill Info						
	Schedule: * Schedule	POC:Select	Temporary	Caregiver Code: 10 Ten Assignment ID: 01(Pay Code::	00 2 np Temp 0101 Select V				
		ТЕМР С	Caregiver Assigne	ed					
The visit is sent to Prebilling . Click the edit icon to open the visit.									
	Temp Temp H	HA ourly Boris G	1000-1100 HHA	Incomplete Con TEMP Caregiver	firmation,				
		Visit ł	neld at Prebilling	3					
On the Schedule ta	b on the visit, cl	ick the " <u>?</u> " ac	ljacent to the	Caregiver	Code field to p	perform a Care-			
giver Search.									
S	Schedule	Visit Info	Bill Info						
	* Schedule Time: 0800 - POC:Select-	1800 Temporary	Caregiver C	code: 1000 Temp Temp	2 Availability Search Smart Map Availability Caregiver Search				
L	L	Assi	ign a Caregiver		<u> </u>	3			
If the Caregiver wh the Call Dashboard	o worked the vis I.	sits placed EV	/V calls, he/sh	ne may be fo	ound and link	ed to the visit via			



Caregiver Compliance

A **Caregiver Compliance** validation holding a visit on the Prebilling page indicates that the Caregiver assigned to the visit did not meet the Compliance requirements for the visit. The following example provides information on correcting this validation.

Example
Caregiver Greg Barker was assigned to a visit. Due to either Contract or Agency requirements, he was
not authorized to work.
Click on the <u>Caregiver Name</u> link to access the Profile.
Caregiver Name Coordinators Scheduled Visit Time Discipline Problem
Barker Greg Hourly Jamie Patron 1300-1700 HHA Caregiver Compliance 🗹 🗙
Caregiver Compliance Validation
Select the Compliance page to review the compliance details of the Contract authorizing the visit.
Click the respective <u>Compliance Check</u> link.
Print Compliance Compliance Details Compliance Status Compliance Status Tiger Care DEMO PAYER Not Compliant Compliance Rules Compliance Check Recalculate Agency Compliance Not Compliant Compliance Rules Compliance Check Recalculate
Compliance Page
The Validation(s) window opens displaying the cause of non-compliance.
Correct the relevant issues. Once corrected, the Caregiver's Compliance Status switches to Compliant .
HHA Exchange - Validation(s) Caregiver Compliance Check • Initial Competency Evaluation Not Compliant, In Service Not Compliant Close Compliance Issues

Note: The images above display Legacy Caregiver Compliance images. The **Caregiver Compliance** page has been redesigned to facilitate the administration and management of this comprehensive piece. Refer to the <u>Caregiver Compliance category</u> to learn about the numerous components that have been streamlined and centralized focusing on each functionality based on Caregiver Discipline.



POC Compliance

The **POC Compliance** validation checks to ensure the required compliance rules were fulfilled according to the authorizing Contract; compliance rules differ from Contract to Contract. On the **Contract Setup** page, review Contract rules specified by the **Required Compliance** field, as seen on the image below and described in the table underneath.



Compliance Rules

Required Compliance	Description
Contract Compliance	At least 5 duties must be entered; 1 must be a Personal Care duty.
Personal Care Compliance	At least 1 Personal Care duty must be entered.
No Compliance	No duties are required to pass validation.
Patient POC Compliance	If duties are selected here, and the duties are also entered on the Patient's POC, they are always required.
Count Refused Duties	If selected, refused Duties count towards the required total.

The following example provides information on correcting this validation.

Example										
Caregiver Jon enters four duties for a visit. The visit was authorized by the Contract ABC Care. ABC Care										
requires Contract Compliance .										
	<u>Visit Time</u>	<u>Discipline</u>	Problem							
	<u>0800-1800</u>	нна	POC Compliance	đ	X					
		Visit l	held at Prebilling							
The visit is held at Prebi	illing due to a	POC Comp	pliance issue which requ	ired	5 Du	ties entered. Click the				
Edit icon to route to the	e visit.									
Scroll to the POC Duties	s section and i	manually s	elect the duties perform	ed. C	Click	Save.				

The Enterprise System



	POC D	uties	· · · · · · · · · · · · · · · · · · ·				
			Duty Number	Category	Duty	Additional Value	Minutes
	✓		100	Personal Care	Bathing		30
			101	Personal Care	Bathroom Assistance		0
	\checkmark		102	Personal Care	Grooming		20
			103	Personal Care	Cooking		30
	\checkmark		104	Home Management	Cleaning		0
			105	Home Management	Pet Care		
POC Duties							
Vote: Duties may b	e en	terea	l as Refus e	ed even if they do	not count towards the o	complian	ce total

Note: Ensure that all internal Agency policies for updating Reason, Note, Audit, and Timesheet options are followed when making manual changes.



Long Term Care Compliance

DISCLAIMER

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

The Long Term Care Compliance option resides under the **POC Duty Compliance** field on the Scheduling/Confirmation tab of the Contract Setup (*Admin > Contract Setup*), as illustrated in the following image. When selected, this option allows Agencies to validate long-term care cases in the system via the Patient's POC page.

Contract S	etup (ABContra	ct)				Enterprise 18.0.1.	J TELXDEVDOI (Chr	ome/73.0.3683.86) Chrome 73	chrome 73 (Do 4/09 02:49 ES
General	Billing Rates	Billing/Collections	Scheduling/Confirmation	Eligibility	Quickbooks	Notes/Uploads			
Scheduli	ng Configuration	1							History
	Authorization Re	equired: 🗹 🕕			Service Cod	de Required in 🔲 🧃	0		
Ap	ly Authorizations	toward 📄 🕦			Author	rization Week: Age	ncy Profile Week-En	ding Date 🔻 🚺	
Allow Mas	terweek Rollover Valid Author	without 🔲 🕦			Daily Authoriz	rations Do Not ON	e 💿 Warning	🔵 Validate (1	
Automat	ic Visit Creation B EVV Confirm	ased on 🔲 🕦 nations:			Auto-Confirm V (S	/isit End Time 🔲 🧿			
Disable	Visit Schedule Ro	unding: 🔲 🕦							
				Save					
Visit Con	firmation Option	15							History
		Contract Com Personal Care	pliance (1)	CI	inical Documenta (S	tion Required 🔲 🧿			
Personal Care Compliance POC Duty Compliance No Compliance Patient POC Compliance Long Term Care Compliance				Sufficient Documentation: E-Doc in Status 1					
Cou	nt Refused Duties Compliance	Toward 🔲 🛈		All	low linking of EVV not recognized as	V verifications s belonging to 🔲 🧕 Patient:			
		Visit Edit Reas	son 🚯			🔲 Sc	hedule Times 🔲 Pa	iy Code ()	
Fields Re	auired when Editi	Action Taken	1	-		Pla	an of Care 📃 Bi	ll Info Tab	
	I	ifo Tab:	e Verified	R	equire Note when	n Editing Visit: U Bi	rvice Code		
		Supervisor				Ca	regiver		
v	alidate Visit Confi Matches Duty M	rmation 🔲 🛈 linutes:			Capture Patient	t Signature on A Mobile App: A	t Clock In 🚯 t Clock Out		

POC Duty Compliance: Long Term Care Compliance via Contract Setup

In the Patient's POC page (*Patient > POC*), a Minimum Required Duties field has been added to indicate the minimum number of required duties. On the POC grid, a **Required** column has been added to select which of the duties must be completed for each visit to satisfy the *Long Term Care Compliance* rule.

In addition, the *POC* page indicates that the *Long Term Care Compliance* rule has been assigned to the Patient (Contract) in green bold static text, as illustrated in the following image.



Edit POC									
Patient Name: 1 Shift: [Dne of the Contra	Bell Ian All • Icts assign] ned to this Patio	Adn Minimum Requir ent is set to "Long	nission ID: ed Duties: Term Car	90002059 2 e" Compl Sav	8537782 *s iance. re Close	Start Date: 04/01/2019	Stop Date:	0
<u>Category</u>	<u>Tasl</u> #	<u>c</u> Duty	Minutes	Required	As Requester	Times a I Week (Min) - (Max	Instruction		Days Of Week
Personal Care	1	TBS		×	V	1-7		li.	S S M T W T
Personal Care	102	Bath-Bed		۲		1-7		li.	□ s □ s □ M □ T □ W □ T □ F
Personal Care	103	Patient requires Total Care Patient requires Total			V	1-7]	ĥ	S S M T W T
Personal Care	104	Bath4		۲	۲	1-7		li.	S S M T W T

Patient POC Page – Long Term Care Compliance Requirements

Note: The "Minimum Required Duties" rule only applies to Contracts set with <u>Long Term Care Compliance</u>. The **Required** column and static green note only display on the **Patient > POC** page if a Long Term Care Compliance Contract is assigned to the Patient.

Prebilling Review

POC Compliance Rule

Visits that do not meet the **Minimum Required Duties** for *Long Term Care Compliance* Contracts are held at Prebilling with a *POC Compliance* problem.

HAeXchange - N	Alexchange - Non Skilled Visit Info						
See More Notes							
New R	New Reason: Select Action Taken: Select						
New Note:							
Pre Probl	billing Caregiver	Compliance, POC Compliance					
		Save	Close Print				
Audit					History		
Verif	ied By: 🔲 Patier	t 🔲 Caregiver 🔲 Family Member 🔲	Other				
Date Ve	erified:	Time Verified:	Supervisor:				
Duty Sheet PO	OC: 0(00:00)	Others: 0(00:00) Total: 0(00:0	00) Visit Duration: (01:00)		History		
Timesheet	Required	Upload Scanned Timeshe	eet: 🔟 🕦				
POC Duties							
	Duty Number	Category	Duty	Additional Value	Minutes		
	1	Personal Care	TBS				
	102	Personal Care	Bath-Bed				
	103	Personal Care	Patient requires Total Care Patient requires Total				
•	104	Personal Care	Bath4				
0 0	105	Personal Care	Bath55				
	105	Personal Care	Bath6				

Patient Visit Info Tab – POC Compliance Problem

If the **Minimum Required Duties** is *lowered* (for example, from 3 to 1), then the system reprocesses any visits held at Prebilling and removes the *POC Compliance* problem according to the updated settings.



If <u>increased</u> (for example, from 1 to 3), then the system reprocesses unbilled visits and holds them in Prebilling (if the visits do not meet the updated requirements).

No POC Attached to Schedule Rule

If a visit scheduled for a *Long Term Care Compliance* Contract is not assigned a POC, then it is held on Prebilling with a *No POC Attached to Schedule* problem (until a POC is assigned to the visit).



Overlapping Shifts

The **Overlapping Shifts** validation flags visits that have overlapping confirmations, as explained in the following table.

Туре	Description							
Shift Overlapping	This issue indicates that a single Patient has shifts with different Caregivers that have overlapping confirmations. This commonly occurs during the Caregiver trans- ition in "split shift" cases. For example, the Patient is scheduled from 0800-1000 for shift 1, and 1000-1200 for shift 2. The Caregiver on shift 2 places her call ten minutes before the Caregiver on shift 1 places her call. This creates the overlap.							
	Patient Name Caregiver Name Scheduled Time Visit Time Discipline Problem Image: Constraint of the state o							
Caregiver Over- lapping	Caregiver Overlapping indicates that a single Caregiver has overlapping shifts. This usually occurs on "linked cases" where the Caregiver is working for multiple individuals in the same location, scheduled back-to-back. For example, Caregiver Jan Taylor is scheduled for Patient 1 at 1500-1700, then for Patient 2 from 1700-2000. Her confirmations overlap by ten minutes. <u>Patient Name Caregiver Name Scheduled Time - Visit Time Discipline Problem Rooney Michael Taylor Jan 1500-1700 1500-1705 HHA Caregiver Overlapping Caregiver Overla</u>							

To correct both validation issues, click the Edit icon to open the visit details. On the *Visit Info* tab, manually adjust the Confirmed Times and save to eliminate the overlap.

Schedule	Visit Info	Bill Info]
Visit Information			
Scheduled Time: 080	0-1000		
Visit Start Time: 08	00 07/02/2015	Visit End Time:	1000 07/02/2015

Visit Info Tab



OT/TT Not Approved

The **OT/TT Not Approved** validation only checks visits authorized by Linked Payers. If a visit is held because of this validation, it indicates that a user has requested Travel Time or Overtime from a Linked-Contract and the Contract has either not yet responded or rejected the request.

For Linked Contract Patients, request Travel Time and Overtime from the Visit Details tab. This visit remains on the Prebilling Review page as **OT/TT Not Approved** until the Linked Contract has responded and approved the request.

Schedule: 0800	Travel Time Request
	Patient ID: 2352352323235
<u>Visit:</u>	Patient Name: DoeTest John
Overtime Request:	Vendor: Expert Aides NY
Travel Time Request:	User Name: Dantest
Billing Type:	Event Creation Date Time: 8/27/2015 12:22:29 PM
Billia Billia	Visit Date: 08/01/2015
	Time From - Time To: S:0800 - 1200 / V: -
	* Request Time: H: 02 M: 00

Travel Time Request



Restricted Caregiver

The **Restricted Caregiver** validation holds visits worked by Caregivers who have been marked as Restricted for a date prior to that of the confirmed visit. Complete the following steps to correct this validation.

Step	Action							
1	From the Prebilling page, click on the Caregiver Name (link) to navigate to his/her Profile.							
	In the Absence/Restriction page, go to the <i>Restrictions</i> section and adjus Start Date or Restriction End Date so that the visit held in Prebilling falls range.	at either the Restriction outside of the date						
	Edit Caregiver Restriction Hi	story						
2	* Contract: Rhans Care v i							
	* Restriction Start Date: 02/03/2016							
	Restriction End Date: 02/29/2016 📑 🛈							
	Save Cancel							
	Edit Caregiver Restriction							
3	Click Save .							





Timesheet Not Approved

A visit held in Prebilling due to the **Timesheet Not Approved** validation means that the required timesheet to verify the visit has not been approved by the Agency. Timesheets are generally required when valid EVV confirmations are not received and a paper backup confirmation is requested. This validation may be activated at the Contract level or for specific Patients.

Step	Action								
	From the Prebilling page, click on the Visit Time to open the Visit Window.								
1	Careqiver Name Service Coordinators Scheduled Visit Time Discipline Problem Anderson Rebecca HHA Jon Franqui 1000-1400 1000-1400 HAA Timesheet Not Approved Image: Coordinators Image: Coordinators<								
	Timesheet Not Approved								
	On the Visit Info tab, select the checkbox for Timesheet Approved . When selected, the system								
	provides the option to upload a scanned copy of the Timesheet. This is not required to validate								
	the visit and remove the hold.								
2	Duty Sheet POC: 0(00:00) Others: 7(00:00) Total: 7(00:00) Visit Duration:								
	✓ Timesheet Required ✓ Timesheet Approved Upload Scanned Timesheet: <a>[] ()								
	Timesheet Approved								
3	Click <i>Save</i> .								

Complete the following steps to correct this issue.

Note: Ensure all internal Agency policies are followed when marking visits with Timesheet Approved.



HAeXchange

In some markets, a confirmed visit's duration must be "justified" by the Duties performed. Therefore, the real duration of the visit (the time between a successful Clock IN and Clock OUT) and the cumulative duration of POC Duties (determined by the Agency) must match. If this does not match, then the visit is held because of **Insufficient Duty Minutes**.

This validation is enabled on the **Contract Setup** page, and the duration of POC Duties are setup under **Patient > POC > New**. Once Duty Minutes have been defined in a POC, these are automatically applied when the Duty Code is entered by the Caregiver.

Complete the following steps to correct this issue.

Step					Acti	on		
	From th	e Pre	billin	g page, cli	ck on the Visit Time to	o open the Visit Window	N.	
1	<u>Ca</u> <u>An</u>	regive derson	Rebecc	e <u>Service</u> Code HHA Standard	Coordinators Scheduled Time 1000-1400	Visit Time Discipline Problem 1000-1400 HIA Insuffici	n ent Duty Min	iutes 🗹 🔀
					Insufficient Du	uty Minutes		
	On the Visit Info tab, scroll down to review the Duties performed and how much time was taken to complete. If the Visit Duration value is displaying in red, this means the Duty minutes do not equal the confirm visit time. Duty Sheet POC: 6(04:00) Others: 0(00:00) Total: 6(04:00) Visit Duration: (07:00) History							
		🗹 Tim	esheet I	Required	Timesheet Approved			
2		POC Du	ties	Duty Number	Category	Duty	Additional Value	Minutes
				100	Personal Care	Bathing		30
				101	Personal Care	Bathroom Assistance		60
		✓		102	Personal Care	Grooming	-	60
		✓		103	Personal Care	Cooking		60
		✓		104	Home Management	Cleaning		30
				105	Home Management	Pet Care		0
					POC Duties on the	e Visit Window		
	There a	re two	o opt	ions to va	lidate this visit, as follo	ows:		
	Optio	n			De	escription		
3	OptionDescription1Edit either the Visit Start Time or Visit End Time to match the Duty minutes and visit duration. Using the example above, reduce the visit duration by 3 hours to pass the validation.							nutes and visit s to pass the



The Enterprise System

þ			Acti	on		
		Schedule	Visit Info	Bill Info		1
		Visit Informatio	n			i i
		Scheduled Ti	me: 1000-1700 Add	Pre-Shift Add Post-Shift (1)		
		Visit Start Ti	me: 1000 12/25/201	Visit End Time: 1400	12/25/2015	
			Adjust Vis	it Start or End Time		-
	Select a	dditional Duties to	balance the	Duty Minute total	with the v	visit Duratio
		POC Duties	Category	Duty	Additional Value	Minutes
		✓ □ 100	Personal Care	Bathing		30
		✓ 101	Personal Care	Bathroom Assistance		60
		✓ 102	Personal Care	Grooming		60
		✓ 103	Personal Care	Cooking		60
	2	✓ □ 104	Home Management	Cleaning		30
		✓ □ 105	Home Management	Pet Care		0
		Other Duties				
		🗆 🛇 🗆 🔕 Duty Number	Category	Duty	Additional Value	Minutes
				Long to the second s		
		711	Nutrition	Weight		
		□ 711 ☑ □ 111	Nutrition Personal Care	Weight Bathroom Assistance		60
		□ 711 ☑ □ ☑ □ ☑ □ ☑ □	Nutrition Personal Care Home Management	Weight Bathroom Assistance Laundry		60 60
		□ 711 ☑ 111 ☑ 112	Nutrition Personal Care Home Management	Weight Bathroom Assistance Laundry Add Duties		60
		□ 711 ∅ □ 111 ∅ □ 112	Nutrition Personal Care Home Management	Weight Bathroom Assistance Laundry		60 60
		□ 711 ♥ □ 111 ♥ □ 112	Nutrition Personal Care Home Management	Weight Bathroom Assistance Laundry		60 60
		□ 711 ♥ □ 111 ♥ □ 112	Nutrition Personal Care Home Management	Weight Bathroom Assistance Laundry		60

Note: Ensure all internal Agency policies are followed for correcting Duty Minutes.



Clinical Documentation

This indicates that insufficient Clinical Documentation has been logged for a Contract that has been configured to require Clinical Documentation for a Patient's Skilled visits. To see this requirement, navigate to the **Admin > Contract Setup** page.

The **Clinical Documentation Required (Skilled Visits)** checkbox has been selected to require all Skilled visits for this Contract have Clinical Documentation entered.





In the **Sufficient Documentation** fields below, set whether Electronic Documentation and/or Scanned Documentation are sufficient to pass the Prebilling requirement. For E-Doc, enter the required Status of the E-Doc for it to be considered completed and sufficient to pass Prebilling.

Complete the following steps to correct this issue.

Step	Action							
1	From the Prebilling Review page, click the Edit icon to open the visit details.							
	In the Clinical Documentation section, add the Clinical e-Doc or Uploaded Clinical Document.							
		Clinical Documentation:						
2		Clinical e-Doc: Add	Upload Clinical Document: 📓					
2			Save Close Print					
	Add Clinical e-Doc							
	Refer to the <u>Clinical E-Docs category</u> for guidance and instructions.							
3	Click Save .							



Authorization

An Authorization validation indicates that no valid Authorization is on file for the Patient whose Contract has been configured to require an Authorization for visits. To see this requirement, navigate to the **Admin > Contract Setup** page.

In the General section, the **Authorization Required** checkbox is selected configuring the Contract to require Authorizations for all Patient visits.

General				
* Contract Name:	Brooklyn Care			
Invoice Type:	invoiceformat 🗸 👔			
Authorization Required: 📝 🛈				

Authorization Required Checkbox

On the Patient's profile, a valid Authorization must be added to the Authorizations/Orders page. If a scheduled visit does not have a valid Authorization, it displays in pink (as seen in the image) and is held as a Prebilling exception.

Refer to the Patient Intake category for complete details.





To resolve the Prebilling exception, either adjust the Authorization to match the visit details or adjust the visit to ensure the details match the Authorization.

For example, if the visit is pink because it was scheduled for 8 hours, but the Authorization is for 7 hours, then reduce the hours of the visit to 7. Once complete, the visit displays in green and passes the Prebilling validation.



Service Location Not Approved By Payer

The Service Location Not Approved by Payer is a Payer-controlled Prebilling rule in the system to prevent billing visits if the location or address is not approved by the Payer. This measure is set to prevent fraud, waste, and abuse by ensuring that all services performed are done at an approved location. Therefore, Providers are expected to bill for services according to the address(es) identified in the Payer's Member Profile.

The system compares the address(es) on file to the address being billed. When attempting to bill for a visit using an address that is not approved, the visit is held at Prebilling with a *Location Not Approved* listed in the **Prebilling Problem(s)** field in the *Visit Info* tab, as seen in the following image.

New Reason: Select	~
New Note:	
Prebilling Location Not Approved Problem(s):	
	Save Close Print

Visit Info Tab: Prebilling Problem(s): Location Not Approved

To resolve, the Provider can contact the Payer to add the address to their system. Once added on the Payer side, the system syncs and visit billing is reprocessed, clearing the hold. If the Provider has the permission to edit the Patient address, then the Provider can fix the address for the visit and reprocess.

On the *Prebilling Review* page (*Billing > Prebilling*), *Location Not Approved* appears under the **Problem** column, as seen in the following image.

Search Re	sults													
Date 🔺	AdmissionID	Patient Name	Office	<u>Contract</u>	<u>Caregiver</u> <u>Code</u>	Caregiver Name	Service Code	<u>Coordinators</u>	<u>Scheduled V</u> <u>Time</u>	/isit Time	<u>Discipline</u>	TE	Problem	
09/03/2021	<u>CIT-</u> 7897654654322675	Walker Hershel	Citi Caregivers	Aetna	CIT-2136	Toms Jake	HHA Hourly	Boris G	0800-1200		нна	90	Location Not Approved	2 X
1 402 102	CIL	F n w	Nill heat has	40	দ ২া	10 10 10 10 10 10 10 10 10 10 10 10 10 1	нна	Br C	10 -1 -0		H	~	Caregiver Compliance, Incomplete	<i>ল</i> ব

Prebilling Review: Location Not Approved



Oversight Service Code

An **Oversight Service Code** prebilling rule requires Agencies to perform non-billable *Skilled* visits every specified number of days (for example, every 60 days) based on an Oversight Service Code, created and enforced by a Payer.

If the supervisory visit is not performed within the specified number of days, then the billable visit can be denied and refused payment. A Missing Required Oversight Visit exception displays in the **Prebilling Problem(s)** field, as seen in the image below.



Prebilling Problem(s): Missing Required Oversight Visit

To correct this prebilling issue, navigate to the Patient's calendar (*Patient > Search Patient > Calendar*) and schedule a *Skilled* <u>non-billable</u> visit (within the specified number of days) using the associated Oversight Service Code, as seen in the image below.

HHAeXchange - Skilled	Visit Info					6
Skilled Visit:		g-g-g-g-g		han an		User update
Visit Ho	Bill info					
Schedule:						
* Schedule Time:	0000 - 0200 Confirm Vi	sit 🖾 Temporary	Caregiver Code: Assignment ID: Pay Code:	1000 Temp Temp	1	🖾 Temporary
Visit Type:						
* Primary bill to:	Universal Patient Payer-C 💌		Secondary bill to:	Select	¥ 0	
* Service Code:	Oversight Demot		Service Code:	Select	¥	
Bill Type:	06072022_05 07072022_05 AV 80V HR HOM_RR_Dely MOM_RR_Newfy HOM_RR_Nonbil HOM_RR_Nonbil HOM_RR_VGR		Bill Type: Include in Mileage:	•		
	Predsids zzz1					

Visit Info Tab: Select an Oversight Service Code





Custom Validations

Custom Validations is a "catch-all" Prebilling status for any custom Prebilling rules which have been configured for an Agency. If no custom rules are created, then this validation is not applied to any visits. If a custom validation is created, then the specific name of the failed validation is seen on the visit record.



Bypass Prebilling Validations

Even if a visit does not meet one of the validations covered in the previous section, it may avoid being held if the Service Code associated with the visit is setup to bypass Prebilling validations. This section covers how to setup a Service Code to bypass Prebilling validations as well as which validations may be avoided using this feature.

Service Code Setup

Complete the following steps to setup a Service Code to bypass Prebilling validations.

Step	Action									
1	Navigate to <i>Admin > Reference Table Management</i> .									
2	Select <i>Contract Service Code</i> from the Reference Table dropdown. Click the Add button to create a new Service Code or click on the Service Contract link to edit an existing one.									
	The Contract Service Code window opens. Select the Bypass Prebilling Validations checkbox.									
	Note: There is also an option to bypass Billing Review validations on this window.									
	Contract Service Code									
	* Discipline	HHA								
	* Contract	Caring Hands LLC								
	* Service Code	Basic Care	0							
	* Rate Type	Visit	0							
3	* Visit Type	Hourly Non-Skilled								
	Mutual	: 🔲 🛈								
	Allow Patient Shift Overlap	. 🔲 🛈								
	Bypass Prebilling Validations	· 🗹 🚺								
	Bypass Billing Review Validations	. 🗹 🛈								
	Export Code		0							
	HHA Exc. ang . support use only,	HHr. Exc. ang . support use .nly,								
		Save Cancel								
	Bypass Prebilling Validations									
4	Click <i>Save</i> .									



Prebilling Bypass

The below-listed Prebilling validations are exempt if Prebilling Bypass options are selected for Service Codes assigned to scheduled visits.

- Authorization
- Caregiver Compliance
- Clinical Documentation
- Insufficient Duty Minutes
- Medicaid Compliance
- Overlapping Shifts
- POC Compliance
- Timesheet
- Unbalanced Visit

To bypass the **Authorization** validation, visits completely ignore a Patient's Authorizations. This means the visit is exempt from any rules stipulated by the Authorization. Additionally, the visit does not affect the number of hours or units allotted for visits in the Authorization.

On the Patient **Calendar** page, any visit scheduled with a Service Code setup to ignore **Prebilling** validations display in white to indicate it is governed by any Authorizations:

Monday	Tuesday	Wednesday	Thursday	Friday
	30	S:1000-1200 T 1 S:1000-1200 T 1 S: N B: N Abreu Alex T X	S:1000-1200 T (i) B: N Abreu Alex T X	3 S:1000-1200 (i) <u>V:</u> B: N Abreu Alex X
S:1000-1200 V: <u>B:</u> N <u>Abreu Alex</u>	6 3:1000-1200 6 9:1 9:1 10:1 1:1 N 10:1 X Abreu Alex X	8 S:1000-1200 1 B: N Abreu Alex X	S:1000-1200 (i) <u>V:</u> <u>B:</u> N <u>Abreu Alex</u>	10

Visit Scheduled with "Bypass Prebilling Validation" Service Code

Required to successfully process payroll, the following Prebilling validations remain in effect, even when **Bypass Prebilling Validations** is selected for a Service Code:

- Incomplete Confirmation
- With TEMP Caregiver
- OT/TT Not Approved
- Restricted Caregiver



Bypass Prebilling Rules for Non-EVV

The fields (**Place of Service**, **Allow Temporary Caregivers**, and **No Authorization Required for Billing**) in the *Contract Service Code* window (*Admin > Reference Table Management > Contract Service Code*) allow Providers to bypass prebilling rules for visits that do not require EVV (Electronic Visit Verification). When any of these is selected, Providers can bill visits associated with the Service Code, without these issues at prebilling.

These bypass prebilling rules settings vary per Service Code and selected Contract. For example, if an Internal Contract is selected, then all fields are available to select/edit by the Provider. **Place of Service** is prepopulated according to the information in the system for the Contract. All fields are optional for Providers when an Internal Contract is selected, as seen in the following image and described in the table below.

Contract Service Code		
* Contrac	t: Select	~ ()
* Service Cod	e:	0
* Rate Typ	e: Select	~ (1)
* Visit Typ	e: Select	▼ ()
Place of Servic	e: Select	<u> </u>
	For details, check (place of service code set
Mutu	al: 🗆 🛈	
Allow Patient Shift Overla	p: 🗌 🜖	
Bypass Prebilling Validation	s: 🗌 🛈	
Bypass Billing Revie Validation	s: 🗆 🛈	
Allow Temporary Caregiver	s: 🗌	
No Authorization Required f Billin	g:	
Auto-Schedule Service Type I	D:	(e.g. xxxx)
Weekend/Moliday Code	• 0	

Contract Service Code: Bypass Prebilling Rules Settings

Bypass Rule	Description				
Place of Service	Select the place of service (POS) from the dropdown (Home, Telehealth, Telephone, Community Center, etc.). Click on the <u>Place of Service Code</u> <u>Set</u> link to see available options. <i>Note: The system allows only one service location per contract.</i>				
Allow Temporary Caregivers	Select to allow billing when a TEMP Caregiver is assigned to the visit.				
No Authorization Required for Billing	For some services an Authorization is not necessary, particularly for min- imal services performed less frequently. This setting is typically at the contract level and now also available at the Service Code level.				



For Linked Contracts, all three fields are read-only and not available to select/edit, as seen in the following image.

Contract Service Code		
* Contract:	Life Care & Demo Payer1 (Ind 🌱	1
Service Category:	Select ¥	
* Service Type:	Select ¥	
* Service Code:		0
* Rate Type:	Select ¥	1
* Visit Type:	Select ¥	1
Place of Service:	Select ¥	
	For details, check <u>place of service</u>	code set
Mutual:		
Allow Patient Shift Overlap:		
Bypass Prebilling Validations:	⊠ (1)	
Bypass Billing Review Validations:	⊠ (1)	
Allow Temporary Caregivers:		
No Authorization Required for Billing:	0	
Auto-Schedule Service Type ID:		(e.g. xxxx)

Linked Contract Service Code: Bypass Prebilling Rules Settings