Prebilling Process Guide

Correcting Validation Issues

Contents

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

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.
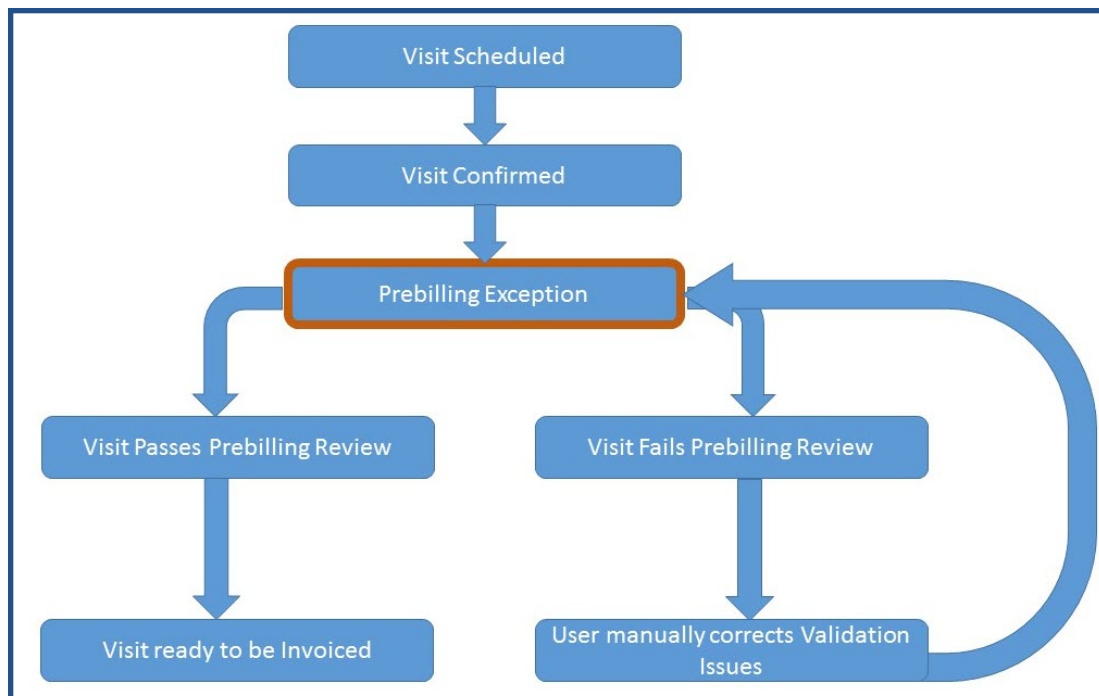
Prebilling Review Process

Reviewing Visits on the Prebilling Page

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

Step	Action
1	Navigate to *Billing > Prebilling* to access the Prebilling Review page.
2	Click the *Search* button or use the search filters to set search parameters. Under the filters, select the validations to search. To search for all, select the **Check All Validations** checkbox. **Prebilling Review Page - Search and Validation Parameters** *Note:* *It is advised not to search the current date as visits are in progress and may not be fully confirmed until a later date.*
3	The results show visits with at least one failed validation displayed under the **Problem** column. From this page, one can do any of the following depending on the validation (Problem) to correct: • Click on the Patient Name (hyperlink) or the Caregiver Name (hyperlink) to route to respective Profile to fix the issue(s). • Click "" (edit icon) to open the visit window to correct visit. • Click "" to delete the visit. **Prebilling Exception Results**
4	In this example, the edit icon is selected, and the Visit window opens to correct the *Timesheet Not Approved* validation. The Visit page also indicates the Prebilling Problem(s) with this visit. Select the **Timesheet Approved** checkbox and load supporting timesheet (if applicable). Click *Save* to continue.

Step	Action
	 Correcting Prebilling Issue on Visit Window
5	Once the issue is corrected and saved, the visit disappears from the Search Results. **Prebilling Issue 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.

Example
The **Unbalanced Tolerance** is set for 30 minutes (via **Admin > Office Setup**) for the Office/Agency; therefore, EVV confirmations must be made within 30 minutes of the scheduled Start and End time. UnBalanced Tolerance: Hours `00` Min `30` ⓘ **Unbalanced Tolerance Field**
A Caregiver Clocks IN at **0845** for a visit scheduled for 0800-1200. With an **Unbalanced Tolerance** of 30 minutes, the visit breaches the validation. To correct the Unbalanced, click the Edit icon to open visit details. | Scheduled Time	Visit Time	Discipline	Problem		
---	---	---	---	---	---
0800-1200	0845-1200	HHA	Unbalanced	✎	✕ | **Visit held at Prebilling**
On the Visit page, adjust the **Schedule Time** to match the **Visit Confirmed Time**. Schedule / Visit Info / Bill Info Schedule: * Schedule Time: `0845` – `1200` ☑ Temporary POC: `1842575-12/02/15` **Adjusted Schedule 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.

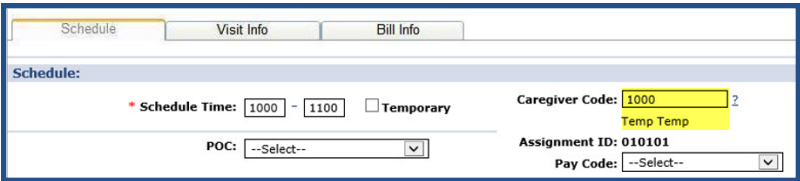| Example |
|---|
| A Caregiver Clocks IN for a visit scheduled for 1000-1400, but does not Clock OUT, resulting in an **Incomplete Confirmation**.

Click the Visit Time (link) to route directly to the Visit tab.

Incomplete Confirmation (Prebilling) |
| Manually enter a **Visit End Time** <u>or</u> click on *Link Call* button to navigate to the **Call Dashboard** and search for a Clock Out EVV which the system did not sync to the visit.

Missing Visit End Time |
| At times, the system may record but not sync an EVV to a visit due to the nature of the confirmation. For example, if the Caregiver tries to Clock OUT with an unrecognized phone, the system records the call but does not link it to the visit; therefore, the call must be authenticated 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.

Example
A visit scheduled for 1000-1100 has a **TEMP Caregiver** assigned to it. **TEMP Caregiver Assigned**
The visit is sent to **Prebilling**. Click the edit icon to open the visit. **Visit held at Prebilling**
On the Schedule tab on the visit, click the "**?**" adjacent to the **Caregiver Code** field to perform a Caregiver Search. **Assign a Caregiver**
If the Caregiver who worked the visits placed EVV calls, he/she may be found and linked to the visit via the **Call Dashboard**.
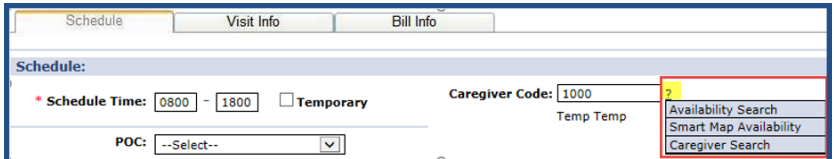
Caregiver Compliance

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 Caregiver Name link to access the Profile.   **Caregiver Compliance Validation**
Select the **Compliance** page to review the compliance details of the Contract authorizing the visit. Click the respective Compliance Check link.   **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*.   **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 Caregiver Compliance category 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.
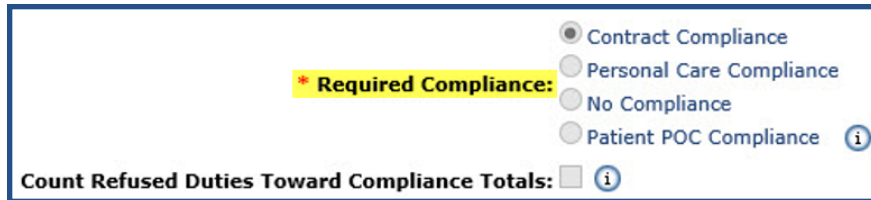
Compliance Rules

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**. **Visit held at Prebilling** The visit is held at Prebilling due to a **POC Compliance** issue which required 5 Duties entered. Click the Edit icon to route to the visit.
Scroll to the *POC Duties* section and manually select the duties performed. Click ***Save***.

POC Duties							
☐ ✅	☐ ❌	Duty Number	Category	Duty		Additional Value	Minutes
☑	☐	100	Personal Care	Bathing			30
☑	☐	101	Personal Care	Bathroom Assistance			0
☑	☐	102	Personal Care	Grooming			20
☑	☐	103	Personal Care	Cooking			30
☑	☐	104	Home Management	Cleaning			0
☐	☐	105	Home Management	Pet Care			

POC Duties

Note: *Duties may be entered as* **Refused** *even if they do not count towards the compliance 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 HHAX Support Team 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.
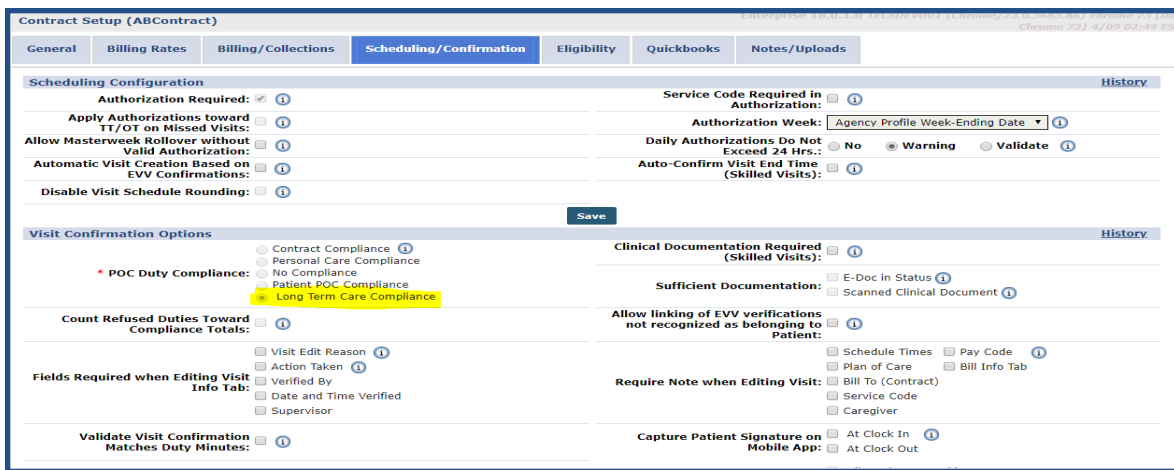
POC Duty Compliance: Long Term Care Compliance via Contract Setup

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.

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.

Patient Visit Info Tab – POC Compliance Problem

If the **Minimum Required Duties** is <u>lowered</u> (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 *increased* (for example, from 1 to 3), then the system reprocesses unbilled visits and holds them in Pre-billing (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.

Type	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 transition 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. **Shift Overlap**
Caregiver Overlapping	**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. **Caregiver Overlapping**

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.

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.

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.
2	In the **Absence/Restriction** page, go to the *Restrictions* section and adjust either the **Restriction Start Date** or **Restriction End Date** so that the visit held in Prebilling falls outside of the date range. **Edit Caregiver Restriction** History * Contract: Rhans Care * Reason: Tardiness * 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.

Complete the following steps to correct this issue.

Step	Action
1	From the Prebilling page, click on the **Visit Time** to open the Visit Window. Timesheet Not Approved
2	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. Timesheet Approved
3	Click **Save**.

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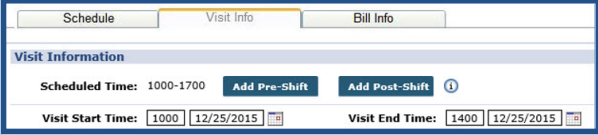
Insufficient Duty Minutes

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	Action
1	From the Prebilling page, click on the **Visit Time** to open the Visit Window. *Insufficient Duty Minutes*
2	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. *POC Duties on the Visit Window*
3	There are two options to validate this visit, as follows: <table><tr><th>Option</th><th>Description</th></tr><tr><td>1</td><td>Edit 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.</td></tr></table>
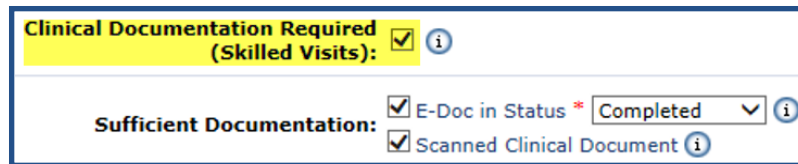
Step	Action
	Adjust Visit Start or End Time
2	Select additional Duties to balance the Duty Minute total with the visit Duration. **Add Duties**
4	Click **Save**.

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.

Clinical Doc Required

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.
2	In the *Clinical Documentation* section, add the **Clinical e-Doc** or **Uploaded Clinical Document**. **Add Clinical e-Doc** Refer to the Clinical E-Docs category 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.
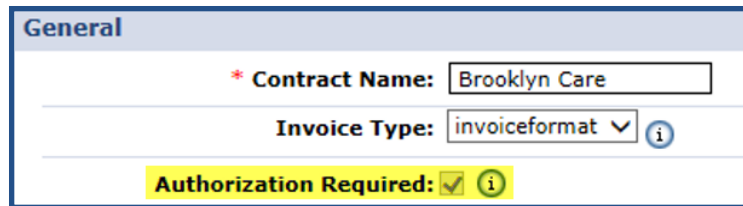
Authorization Required Checkbox

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.

Unauthorized Visit

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 Pre-billing 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.

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.

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.
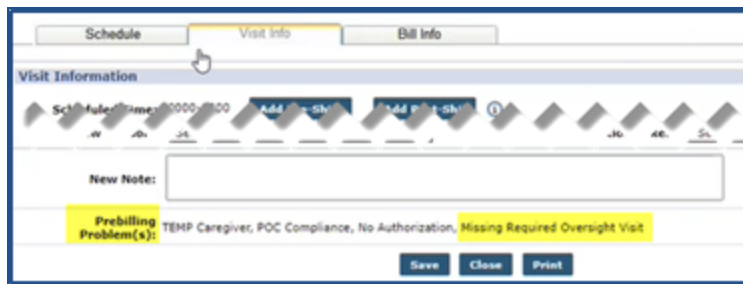
Prebilling Problem(s): Missing Required Oversight Visit

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.
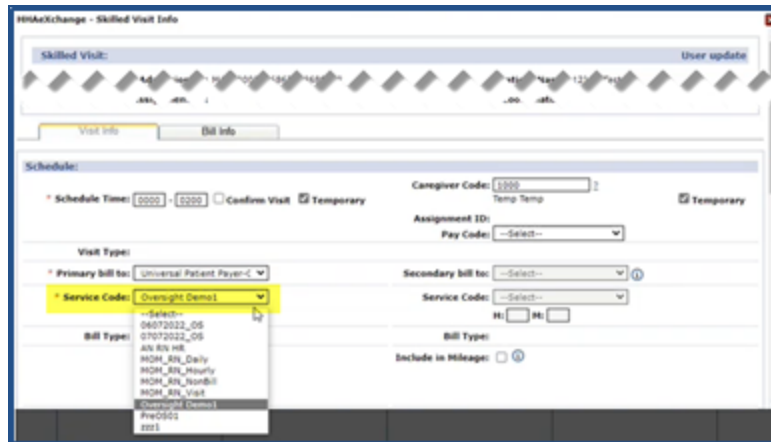
Visit Info Tab: Select an Oversight Service Code

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 **Admin > Reference Table Management**.
2	Select *Contract Service Code* 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.
3	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.* **Bypass Prebilling Validations**
4	Click **Save**.

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:

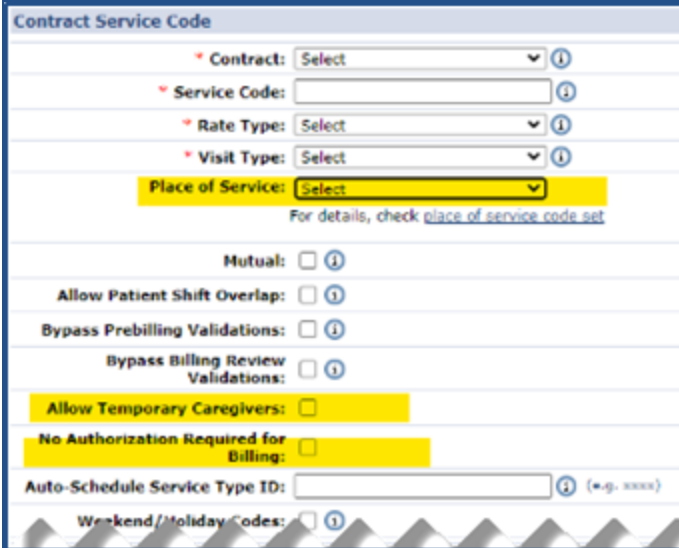**Visit Scheduled with "Bypass Prebilling Validation" Service Code**

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.
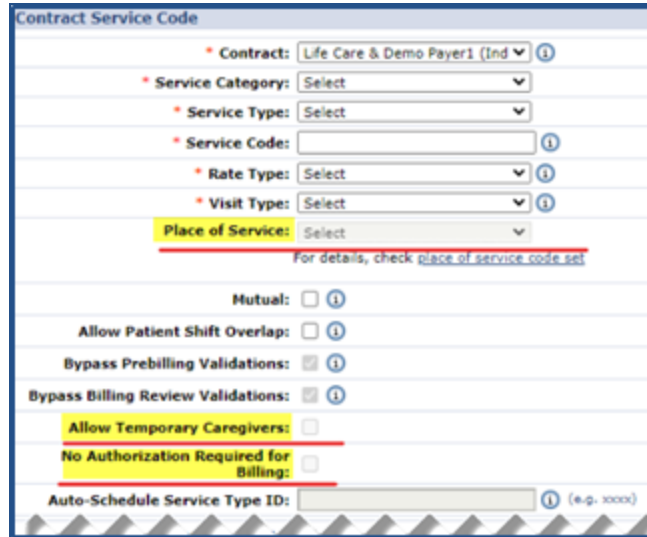
These bypass prebilling rules settings vary per Service Code and selected Contract. For example, if an Internal Contract is selected, then all fields are available to select/edit by the Provider. **Place of Service** is prepopulated according to the information in the system for the Contract. All fields 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: 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 **Place of Service Code Set** link to see available options. *Note: The system allows only one service location per contract.*
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 minimal 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.

Linked Contract Service Code: Bypass Prebilling Rules Settings