Help at Home.

Care to Live Your Life.

HHAX Refresher Training

September 13, 2023

1 Visit Verification

Preventing and solving POC Compliance issues in Prebilling

Duties on a patient's Plan of Care must be marked as complete or refused to prevent "POC Compliance" issues in Prebilling.
To prevent and solve common POC Compliance issues:

- Make sure the patient's profile has a Plan of Care. Otherwise, no POC Duties will appear on the visit
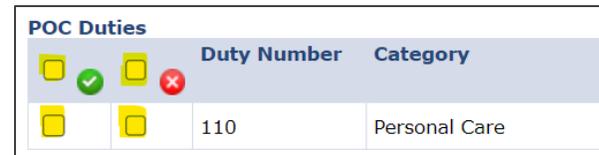

- Make sure to mark a status on all POC duties when manually entering visit start and end times during visit maintenance

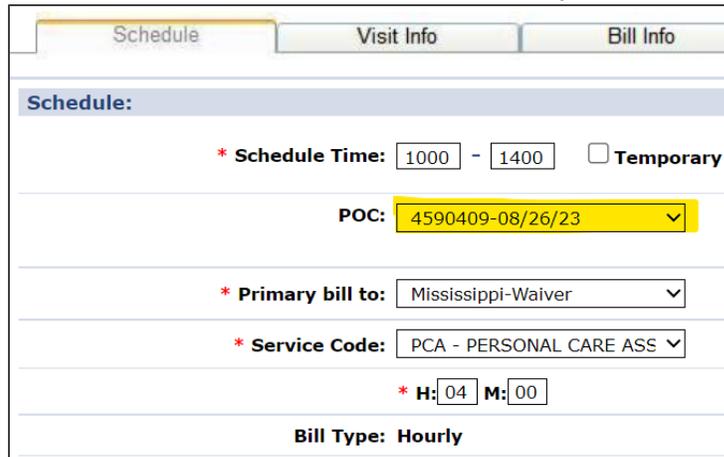- Check that a Plan of Care has been specified on all visits

2 Payroll Corrections

Branch staff will be the first line of defense for payroll issues that are reported by the Caregiver

With the new system, it is possible that Caregivers that are normally used to seeing their pay early may not see the full amount until Friday. Please tell them to wait to call with payroll concerns until their full paycheck is delivered on Fridays.

1. If a Caregiver reaches out to branch with a payroll issue (i.e. did not receive pay, did not receive enough pay, etc.), take these steps:
    1. Go to the Caregiver's calendar and reviews all visits from the pay week in question
    2. Use the indicators in the screenshots below to determine if the visit was paid
        1. If it wasn't paid, review and fix any prebilling issues and notify the caregiver they will receive this visit's pay on their next paycheck
        2. If the visit was paid but the amount was incorrect (e.g. wrong pay code, wrong pay rate, or wrong hours), you must send a request to the RCM team to uninvoice the visits so they can be adjusted. We will be establishing a Teams chat that includes RCM and Branch Managers. Please notify your branch manager when you have visits that need to be uninvoiced and they will reach out to RCM
            1. Once you have been notified the visits were uninvoiced, you can fix them, and the updates will be reflected in caregivers next paycheck

Visit has been billed and paid

Visit has not been billed or paid, but the visit line is Green indicating no prebilling issues so it will be paid in next cycle
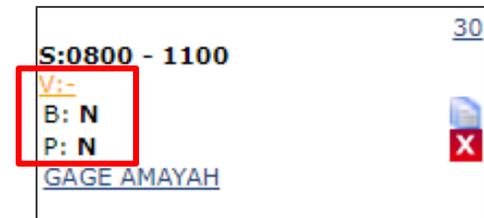
Visit has not been billed or paid, but the visit line is Yellow indicating there are prebilling issues

Payroll Correction: Overnight Shifts

If a patient has an overnight shift, **two separate visits must be scheduled.**

- One up until Midnight (ends at 0000)

- One after Midnight (starts at 0000)

Caregiver Education: If a patient has an overnight shift, **the caregiver only needs to clock in to the first shift, and clock out of the second shift.**

- If this process is not followed, calls will all end up in the call dashboard or risk being auto confirmed to the incorrect visit

STEPS TO CORRECT:

- **If not billed/paid:**
    1. Unlink any calls associated with the clock in/out for the overnight visit(s)
    2. Ensure overnight shift is split into two visits (double check all visits/push out new Master Week)
    3. Link any calls on the Call Dashboard to the correct visit (if available)
    4. Manually confirm the remaining clock in or out data for both shifts

- **If billed/paid:**
    1. Reach out to RCM team to uninvoice all visits billed/paid
    2. Follow above steps 1-4
    3. Make corrections to Master Week and push out to schedule. Double check schedule is correct.

Payroll Correction: Incorrect Visit Confirmation

REMINDER: HHAX will round clock in/out times in 15-minute increments according to the 7/8 rule (i.e. a clock in at 12:07 will round down to 12:00, a clock in at 12:08 will round up to 12:15)

The clock in/out time will dictate what the caregiver is paid. Clock in/out times will automatically adjust the schedule times in HHAX to match.

When a clock in/out is linked to a visit (either automatically or through the call dashboard), always check to make sure that the scheduled and visit times are correct.

STEPS TO CORRECT:

- **If not billed/paid:**
    1. Update the visit start and end time boxes on the "Visit Info tab" of the visit
    2. Update the schedule start and end time boxes on the "Schedule" tab of the visit

- **If billed/paid:**
    1. Reach out to RCM team to uninvoice all visits billed/paid
    2. Update the visit start and end time boxes on the "Visit Info tab" of the visit
    3. Update the schedule start and end time boxes on the "Schedule" tab of the visit

Auto Adjusted Schedule   Correct Schedule

Payroll Correction: Incorrect Pay Codes/Rates

In HHAX, the **Service Code** and **Pay Code** must match.

Key Considerations:

- Only branch managers can update pay codes. Other branch staff can add new pay codes
- You do not need to uninvoice a visit to update a payrate. Simply make the change to the pay code/rate on a visit and the change in pay will be reflected in the next pay cycle

If the pay code is correct but the pay rate is still incorrect, check the Caregiver's profile for their pay rates. Editing an existing payrate will retroactively change the pay rate on past visits and change all future visits. If you do not want to retroactively change payrates, you will need to end date the current pay rate and create a new one.

Rates

Discipline	Patient Name	Admission ID	Pay Code	From Date	To Date	Hourly	Daily	Visit	Status	
Other (Non Skilled)			VAC	08/21/2023	08/21/2023	12.000000	0.000000		Active	Edit
PCA			PCA	09/01/2023	12/31/2099	12.000000	0.000000	0.000000	Active	Edit

3 Appointments Module

Appointments Module

The **Appointments** function is a scheduling and confirmation tool providing an alternative means to review, edit, confirm, and schedule new visits. **The biggest advantage of using the appointments module for scheduling and visit maintenance is the ability to view utilization details.**

Navigate to *Visit > Appointments* to access the **Appointments** function.

PATIENT	SATURDAY - 9/2	SUNDAY - 9/3	MONDAY - 9/4	TUESDAY - 9/5	WEDNESDAY - 9/6	THURSDAY - 9/7	FRIDAY - 9/8
Smith, Jane (020-9701380144)			S:0800 - 1000 (PCA) V: - S: 02:00 C: 00:00 Smith, John	S:0800 - 1000 (PCA) V: - S: 02:00 C: 00:00 Smith, John	S:0800 - 1000 (PCA) V: - S: 02:00 C: 00:00 Smith, John	S:0800 - 1000 (PCA) V: - S: 02:00 C: 00:00 Smith, John	S:0800 - 1000 (PCA) V: - S: 02:00 C: 00:00 Smith, John
A: 1100:00 S: 10:00 C: 00:00 B: 00:00			C: 00:00 S: 02:00	C: 00:00 S: 02:00	C: 00:00 S: 02:00	C: 00:00 S: 02:00	C: 00:00 S: 02:00

A= Authorized Hours
S = Schedule Hours Applied to Auth
C = Confirmed Hours
B = Billed Hours

Like the Patient **Calendar**, the system highlights *Patient View* visits in **Green** (authorized) or **Pink** (not authorized) depending on the respective **Authorization** rules. Caregiver calendar will continue to show in white.

# Using the Appointments Module to identify and fix authorization issues

- The appointments module can be used to fix visits **in the upcoming weeks**

- You can navigate to next week's visits and filter by Coordinator to find visits that are RED, indicating that action is needed so that the visit doesn't end up in Prebilling once it takes place

- A visit may show up in red prior to it taking place for one of the following three reasons:
  - The visits don't have an authorization attached
  - The visits don't have enough units from the authorization (will be overserved)
  - The visit's service code doesn't match the auth's service code

No auth

Solve: Add a new auth to patient's profile or pause service

Overserved auth
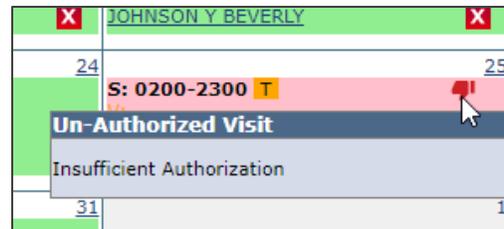
Solve: Adjust visit lengths to be within authorized hours

Wrong service code on visit

Solve: Update visit and MW with correct service code

4 Case Broadcasting

Broadcasting and Filling Shifts

HHAX has a broadcasting feature that can be used to fill shifts or open Master Week schedules missing a Caregiver. When broadcasting, you can alert **all Caregivers** *(Quick Broadcast),* or a **subset of Caregivers** *(Matching Caregivers)* who match the visit/Master Week to reach the appropriate group.

Quick Broadcasting	Matching Caregivers
Broadcasts visits to ALL Caregivers aligned to the applicable branch.	*Broadcasts visits to Caregivers who match the associated visit / Master Week.*
- Prompts user to create a note (such as Open Shift information) - The broadcast Is issued to Caregivers who meet the following criteria: - Enabled to view open cases - Matches the Patient's primary office - Matches all master Week disciplines - Are not Restricted, Declined, or have an Inactive profile	- Prompts users to select scheduling requirements or preferences for scheduling as per available fields - There is a field to filter by caregiver availability (Preferred, Might Work, or Do not factor in availability)

Searching for Open Visits

- On the Home screen, Select *Visit > Visit Search*
- Adjust filters to select open schedules, and click search to display all visits that are currently unassigned or "open"

 Edit Visit → Opens visit window

 Broadcast Visit

 Delete Visit

Assignment ID	Office	Visit Date ▾	Schedule	Visit	I	O	Billed	P	Contract	Discipline	
010101	Philadelphia	03/01/2023	2300-0000		N	N	N	N	KEYSTONE FIRST CHC (PHL)	PCA	
010101	Williamsport	03/01/2023	2300-0000		N	N	N	N	AmeriHealth Caritas of PA (WPT)	PCA	
010101	Pittsburgh	03/01/2023	2300-0000		N	N	N	N	ODP-PA-Pittsburgh	HCSS	
010101	Allentown	03/01/2023	2000-0000		N	N	N	N	AmeriHealth Caritas of PA (ALT)	PCA	

Options for Broadcasting Open Visits

QUICK BROADCASTING:

On the visit, click the BLUE broadcast icon and Quick Broadcast, then populate notes to Caregivers.
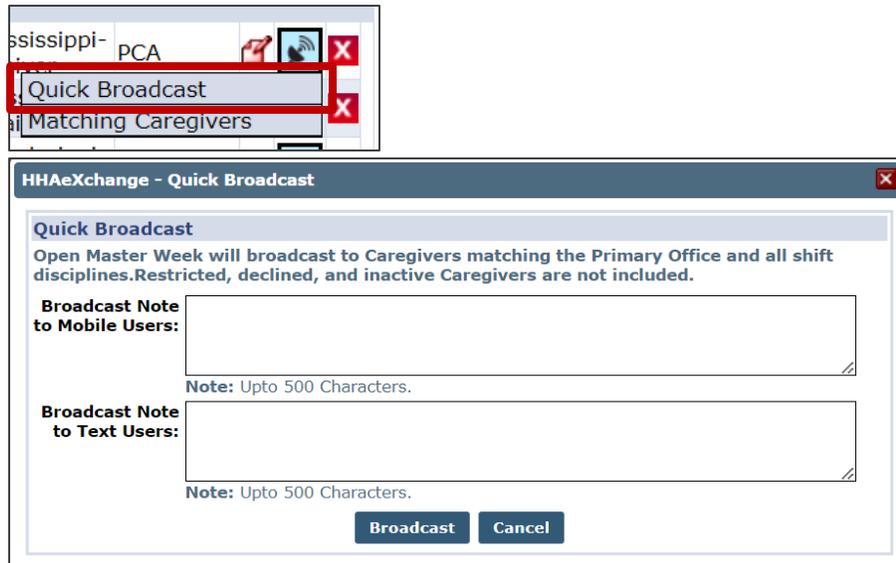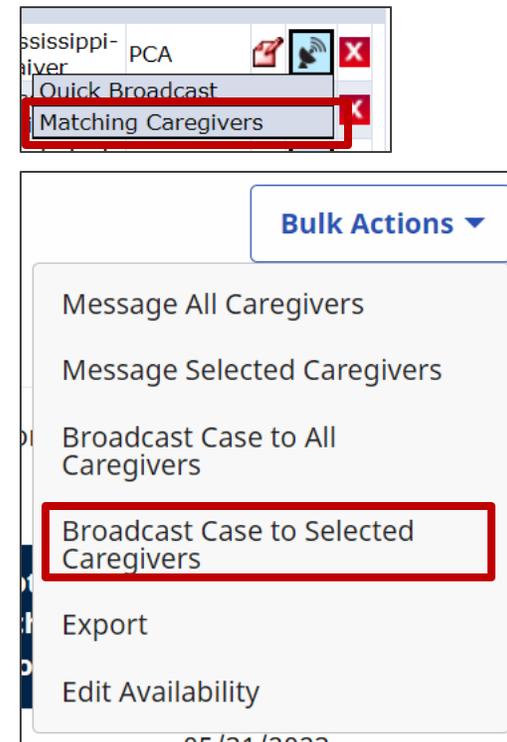

Click the GREEN icon to edit or revoke an already broadcasted shift or review requests

MATCHING CAREGIVERS:

On the visit, click the BLUE broadcast icon and Matching Caregivers. Click Search, check boxes next to desired Caregivers, and Broadcast Case to Selected Caregivers.

Accepting / Rejecting Requested Visits

To accept or reject Caregiver requests to fill broadcasted visits:

1. Navigate to **Action > Broadcast Dashboard**
2. The **Broadcast Dashboard** is where a Coordinator reconciles all existing requests, sorted by visit. This page loads based on a set of search filters (such as the Visit Search page).
3. Each broadcasted visit lists Caregivers who have requested visits. From this page, a Coordinator can:
   - **Assign a Request** – Assigns the shift to a Caregiver (all other requests for the shift are automatically rejected); OR
   - **Reject a Request** – Provides a **Rejection Reason** which is sent to the rejected Caregiver(s).

5 RCM Updates

There is a new SmartSheet form to request RCM assistance with 3 key tasks

- A SmartSheet form will be used to request RCM assistance with the following:
  - **Uninvoice a visit(s)** to adjust for a pay discrepancy
  - **Delete an authorization** that was entered incorrectly
  - **Replace a TEMP auth with a real authorization** once received from the payor
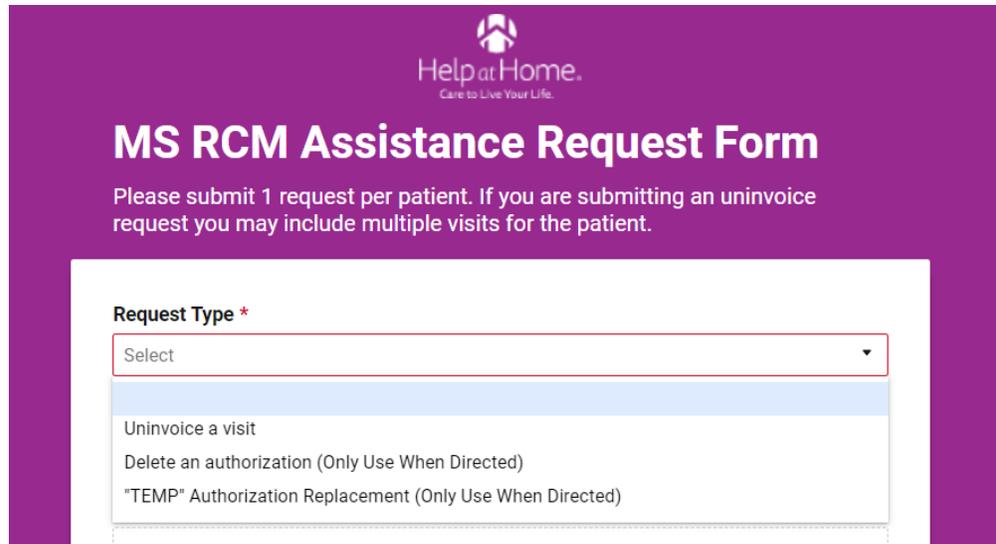
MS RCM Assistance Request Form

Please submit 1 request per patient. If you are submitting an uninvoice request you may include multiple visits for the patient.

Request Type *

Select

Uninvoice a visit
Delete an authorization (Only Use When Directed)
"TEMP" Authorization Replacement (Only Use When Directed)

Only Branch Managers have access to the SmartSheet to submit requests.

If you need to request help with one of the topics above, please send it to your branch manager

TEMP Authorizations

Temporary Authorizations (identified by the word TEMP in the Authorization Number field) are used by the RCM team in 2 scenarios:

- The patient's authorization was overused over a period (e.g., 7 hours of service delivered for a 6 hour/week auth)
- There is no authorization present for the patient, but we have approval to continue service while we obtain a new one

If these authorization issues aren't addressed, the visit will remain in prebilling and the aregiver will not be paid. TEMP auths are used so that the visit can be confirmed, and the Caregiver paid, but we don't have enough authorization units available to truly cover the visit.

Enterprise 23.08.01 NPRODWEB02 : 443 chrome 116 (Doc Chrome 116) 9/12 16:55 E

Patient Info - Active

Name: TILLMAN E DAVID	**Admission ID:** 029-82086	**Patient ID:** 82086	**Contract:** VA OPTUM
DOB: 09/18/1945	**Primary Alt. Patient ID:** 425920137	**Home Phone:** 228-547-6181	**Address:** 156 BYRD STREET, CARRIERE, MS, 39426
Coordinators: Price, Talondria	**Office:** Gulfport	**Languages:** English	

Last 3 authorizations

Contract	Auth. #	From Date	To Date	Discipline	Svc. Code	Max units for Auth	Type	Period	Max.	S S M T W T F	Remaining Units	Notes
VA OPTUM	VA0025061283	12/05/2022	12/05/2023	RESP	VAUR - VA OPTUM RESPITE	N/A	Hourly	Weekly	6.00		0	
VA OPTUM	TEMP	9/10/2023	09/10/2023	HHA	VAHH - VA OPTUM HHA IN HOME HEALTH	N/A	Hourly	Entire Period	900.00		0	
VA OPTUM	TEMP	9/09/2023	09/09/2023	HHA	VAHH - VA OPTUM HHA IN HOME HEALTH	N/A	Hourly	Entire Period	900.00		0	

TEMP Authorizations

The RCM Team will work closely with Branch operations to ensure that we are properly applying TEMP Authorizations where applicable in the HHAX system to ensure timely payment to our Caregivers.

What do branches need to do?

1. When going through pre-billing, un-check the ☐ Authorization validation box. Any visit with an authorization issue will be reviewed by the RCM team to determine if a TEMP auth is needed, and they will add it if so.

2. If you are adding a new authorization to a patient's profile and you see there is a TEMP auth present on that patient's profile added by the RCM team, ***STOP***, and contact your branch manager. Your branch manager will use the SmartSheet RCM Request form to submit this authorization to RCM so they can enter this new auth and remove the TEMP auth from the associated visits.