



Americare Certified Special Services
Policy, Procedures and Information

Title: Americare CSS Exception and Conflict	Effective Date: 04/18/2019
Vendor Protocol	Last Revision: N/A
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Policy:

In compliance with the Office of Medicaid Inspector General’s requirement that home care organization contract with a vendor to verify the utilization and delivery of home health services, Americare CSS (CHHA) have chosen to partner with HHA Exchange as its verification organization.

The partnership with a contracted vendor who will verify the utilization and delivery of home health visits shall enable Americare CSS to detect the appropriateness of service provision and hold Americare CSS accountable for providing authorized services

Procedure:

◆ **EXCEPTION REPORTS:**

Definition:

Exception Report –electronic report containing all the data fields for conflicts between services or items on the basis of the identity of the person providing the service or item to the Medicaid recipient, the identity of the Medicaid recipient, and or time, date, duration or location of services.

Workflow:

1. LHCSA will schedule home health aides.
2. LHCSA will conduct time and attendance on a daily basis.
3. LHCSA will assign supervisory staff for ongoing monitoring of exception data.
4. LHCSA supervisory staff will conduct inquiries related to the exception reports, any adjustments made and rationale for the adjustments regarding missed EVV. All investigation should be followed by documentation of findings.

- Such activities shall be completed within 24 hours, however, in extenuating circumstances, no later than 72 hours.
5. Manual duty sheet signed by both patient and the HHA is required for all exceptions. All duty sheets must be reviewed for accuracy prior to billing.
 6. Manual Duty sheets will be provided to Americare upon request.
 7. Those exception reports with sufficient documentation are processed for payment and payroll and are submitted for billing.

Call in-Call out Training of Staff

Established orientation of telephonic program shall include:

1. Time and attendance policies reviewed by the nurse instructors with the home health aides during training, orientation and in-service.
2. The orientee shall be provided with his/her employee ID code, task codes and call numbers required for attendance calls.
3. Prior to being assigned to a client, an aide is oriented to the electronic call in-out system by designated agency staff.
4. The aide is required to demonstrate proficiency in the process of electronic call in- out.

Plans of Care Documentation Training

The following information will be provided and or reviewed with attendees of the Home Health Aide Training Program, In-services, Orientation:

1. The tasks and responsibilities of the home health aide are specifically listed in the patient's plan of care.
2. No home health aide may initiate tasks or services for the patient unless he/she have reviewed the plan of care.
3. The home health aide is required to notify his/her coordinator to report the absence of the plan of care in the patient's home.
4. The aide is not permitted to perform tasks that are not indicated on the plan of care.
5. The aide is required to contact his/her coordinator if patient/family members request services or tasks that are not specified in the plan of care.
5. During training, orientation and in-service, Plans of Care are reviewed with attendees.
6. The aide is required to electronically report the tasks performed for the patient at the end of his/her shift.

7. The tasks reported must be consistent with the tasks indicated on the patient's plan of care.
8. A dedicated agency staff member is assigned to train the orientee in the correct and appropriate method of electronically reporting tasks. The orientee is required to return the demonstration of reporting tasks electronically. The trainer is required to attest that the aide has sufficiently demonstrated proficiency in entering the tasks with accompanying codes in the system.
9. Coordinators are required to **review the tasks entered into the system by the home health aide for any variations from the duty sheets**
10. As per Americare CSS policy, at a minimum, during clock out, the aide must enter at least **5 care tasks, out of which 1 task must be personal.**

OMIG exception reason codes:

As per OMIG, the following are the scenarios where exceptions reports have to be generated by agency staff with specific actions taken and documented. Such activities shall be completed at the time of the occurrence and or at the time of the discovery of the occurrence.

1. Client number did not link to client
2. Client won't let attendant use the phone
3. Client does not have a phone in the home
4. Phone is in use by client
5. Client received services outside the home
6. Client line not working
7. Client requested change/cancel scheduled visit
8. Address did not link to the client
9. Attendant Failed to call in/Out/ in and out
10. Attendant called in/out early/late
11. Attendant ID doesn't match scheduled shift or task discrepancy (task doesn't match the plan of care)
12. Attendant entered invalid location device code
13. Attendant failed to report to clients home
14. Fixed location device on order/pending placement at the home
15. Fixed Location Device malfunction
16. Unable to use mobile device
17. Unable to connect to internet/EVV system down
18. Data entry Error
19. Agency unable to provide replacement coverage (no show/no replacement)

Monitoring:

LHCSA quarterly self-audit

1. Exceptions that are not accompanied by a valid reason or continue to present data insufficiency or errors shall remain unverified and coordinators are required to continue with their resolution.
2. No billing will be conducted prior to resolution of each exception report entry.
3. On a quarterly basis, The LHCSA quality management (QM) staff will conduct self-audits of five percent of the exception reports.
4. Outcomes of the audits conducted by the QM staff will be tracked and trended to identify areas for improvement.
5. Self-audits shall focus activities on the following indicators:
 - Appropriate use of reason codes for the exceptions
 - Appropriate action taken to verify the visit and to prevent reoccurrence
 - Presence of documentation note to explain rationale for the exception
 - Resolution of the exception occurred within in a timely manner (within 24-72 hours).
 - Duty sheets: accuracy of completion (signatures, task performed, task matching)
6. Based on audit findings, corrective action plans shall be developed with the goal of having less than 20% EVV exception rate.
7. Audits will continue on a quarterly basis until reduction (<10%/20%) in exception reports have been achieved.
8. Audits findings are tracked and trended. Quarterly summary of findings will be presented to Americare CSS compliance department

Americare CSS quarterly audit

A 5% exception audit conducted by AmericareCSS Compliance department on a quarterly basis. Audit focus is on properly and timely exception resolution, correct code used, presence of the notes explaining the exception, time sheet submission and accuracy of completion.

Americare reserves the right to request removal of a home health aide who consistently demonstrates non-compliance with accurate reporting and documentation of tasks performed as well as time and attendance policies.

◆ **CONFLICT REPORTS:**

Definition:

Conflict Report- electronic report containing all of the data fields detailing incongruities in services between scheduling and or location of service

Procedure:

1. Conflict of hours are based on the billed visits in the EVV system.
2. Conflict reports should be generated, reviewed and investigated by a senior member of the agency on a weekly basis.
3. Once a conflict report shows overlapping paid hours by a home health aide with two or more patients at two or more home care agencies, it is investigated immediately through the following means:
 - A. The aide is placed on hold until conflict investigation is completed.
 - B. Agency staff shall contact the other home care provider within 24 hours of discovery to verify that it is a true conflict as opposed to a scheduling error.
 - C. Continuous follow-up calls shall be made to any Home Care Providers who do not respond to enquiries related to the conflict. A record of the follow-up shall be established.
 - D. Agency staff shall contact the patient to determine presence of the aide during the verified hours and to assess risk of inappropriate agreement between the home health aide and the patient and or patient's family members.
 - E. Interview of the aide shall be conducted. Vendor can utilize Conflict Report Investigation Tool
 - F. Once a conflict of hours has been established the aide should be removed off Americare CSS case and disciplinary action should be initiated based on vendor policy.
 - G. Americare reserves the right to remove the aide of the case and prevent the vendor from assigning the aide in question to Americare cases.

H. Conflict resolution should be documented in the note section of the conflict report Verification Organization software.

This should include:

- ✦ Investigative findings
- ✦ Notification of a true conflict vs scheduling error
- ✦ Disciplinary actions taken against the aide
- ✦ Applicable refunds

I. Conflicts resolution time should not exceed 7 business days

J. Investigation documentation should be presented to Americare upon request

4. Where true conflict exists, Americare CSS shall promptly report to OMIG/OIG the results of the investigation as well as the identity of the home health aide who was the subject of the conflict.
5. Funds will be retrieved from the vendor in the event that refund to OMIG/OIG is indicated.
6. All records pertaining to conflict reports shall be maintained in one location within the organization.

Monitoring: Conflict Reports

Vendor Self-audit

Vendor is responsible to conduct self -audits on 100% of conflict on a quarterly basis and shall focus activities on the following indicators:

1. Timely resolution of the conflict
2. Accuracy and specificity of documentation related to the resolution of the conflict (true vs error, disciplinary action taken, refunds)
3. Corrective action plan effective in the reduction of the conflict instances

Americare CSS quarterly audit

100% of conflict audits conducted by Americare CSS Compliance department on a quarterly basis.

Audit shall focus activities on the following indicators:

1. Timely resolution of the conflict
2. Accuracy and specificity of documentation related to the resolution of the conflict (true vs error, disciplinary action taken, refunds)
3. Corrective action plan effective in the reduction of the conflict instances

Reason Codes

Acceptable Uses

Client Related

a. Phone number did not link to the client.	When a phone call is received from a number that is not recognized by the EVV system as being the scheduled client's phone number.
b. Client won't let attendant use phone.	The attendant cannot use the phone to call in and/or call out of the EVV system because the client/representative refuses to allow the attendant to use the phone.
c. Client doesn't have a phone in home.	The client does not have a landline phone in his or her home.
d. Phone in use by client or individual in client's home.	The attendant cannot use the phone to call in and/or call out of the EVV system because the phone is in use when the service provision begins or ends
e. Client received services outside of the home.	The attendant cannot call in and/or call out of the EVV system because some or all of the scheduled services were provided outside of the home in accordance with Medicaid guidelines.
f. Client's phone line not working (technical issue or natural disaster).	The attendant cannot call in and/or call out of the EVV system because the phone line is not working due to a technical issue, weather related issue, or natural disaster.
g. Client requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the client's services being suspended.	When a client/representative wishes to cancel or reschedule a scheduled shift due to the following: the client is sick/medical appointment; out of town; requested a different time; holiday; in the hospital; in a facility; in respite; emergency; family voluntary provide temporary services; weather related; natural disaster; or client is not available; or services are suspended per Medicaid policy.
h. Address did not link to the client (GPS).	When the address transmitted from the GPS is not recognized by the EVV system as being the client's scheduled visit's address.

Attendant Related

a. Attendant failed to call in.	The attendant fails to use the EVV system to call in. This reason includes if an attendant fails to call in due to delivering services to two or more individuals in the same household; cluster case; or live-in case.
b. Attendant failed to call out.	The attendant fails to use the EVV system to call out. This reason includes if an attendant fails to call out due to delivering services to two or more individuals in the same household; cluster case; or live-in case.
c. Attendant failed to call in and out.	The attendant fails to use the EVV system to call in and call out. This reason includes if an attendant fails to call in and call out due to delivering services to two or more individuals in the same household; cluster case; or live-in case.
d. Attendant called in to or out of the EVV system early or late.	The attendant called in to or out of the EVV system, early or late, resulting in a discrepancy between the scheduled and actual shift of 15 minutes or more.
e. Attendant's identification number (s) does not match the scheduled shift or task discrepancy/task does not match plan of care.	(1)When an attendant does not accurately enter his/her employee ID and/or the individual's Client ID into the EVV system. (2) The identification number entered does match the identification number for the scheduled shift. (3) When an attendants tasks do not match the shifts plan of care
f. Attendant entered invalid fixed location device code(s).	When an attendant does not accurately enter the number provided by the fixed location devices into the EVV system.
g. Attendant failed to report to client's home	When someone other than the scheduled attendant provides services.

Client Related

a. Phone number did not link to the client.	1. Confirmed visit with the client or the client's family member/representative and documented.	2. Updated client's phone number and documented.	3. Timesheet received and signed by supervisor.	4. Unverified visit; this service cannot be billed.	
b. Client won't let attendant use phone.	1. Confirmed visit with the client or the client's family member/representative and documented.	2. Changed verification collection method and documented.	3. Timesheet received and signed by supervisor.	4. Unverified visit; this service cannot be billed.	
c. Client doesn't have a phone in home.	1. Confirmed visit with the client or the client's family member/representative and documented.	2. Changed verification collection method and documented.	3. Timesheet received and signed by supervisor.	4. Unverified visit; this service cannot be billed.	
d. Phone in use by client or individual in client's home.	1. Confirmed visit with the client or the client's family member/representative and documented.	2. Timesheet received and signed by supervisor.	3. Unverified visit; this service cannot be billed.		
e. Client received services outside of the home.	1. Confirmed visit with the client or the client's family member/representative and documented.	2. Confirmed visit with outside entity and documented.	3. Timesheet received and signed by supervisor.	4. Unverified visit; this service cannot be billed.	
f. Client's phone line not working (technical issue or natural disaster).	1. Confirmed visit with the client or the client's family member/representative and documented.	2. Timesheet received and signed by supervisor.	3. Unverified visit; this service cannot be billed.		
g. Client requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the client's services being suspended.	1. Confirmed with the client or the client's family member/representative and documented.	2. Visit rescheduled.	3. Service(s) cancelled or suspended until further notice.	4. Unverified visit; this service cannot be billed.	
h. Address did not link to the client (GPS).	1. Confirmed visit with the client or the client's family member/representative and documented.	2. Updated client's address and documented.	3. Timesheet received and signed by supervisor.	4. Unverified visit; this service cannot be billed.	

Attendant Related

a. Attendant failed to call in.	1. Confirmed visit with the client or the client's family member/representative and documented.	2. Timesheet received and signed by supervisor.	3. Mutual Case/ or Cluster Case/ or Live-in Case.	4. Unverified visit; this service cannot be billed.	X
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Reason Codes Resolution Code 1 Resolution Code 2 Resolution Code 3 Resolution Code 4 Additional Free Text Box Option (An 'X' means free text is required)

b. Attendant failed to call out.	1. Confirmed visit with the client or the client's family member/representative and documented.	2. Timesheet received and signed by supervisor.	3. Mutual Case/ or Cluster Case/ or Live-in Case.	4. Unverified visit; this service cannot be billed.	X
c. Attendant failed to call in and out.	1. Confirmed visit with the client or the client's family member/representative and documented.	2. Timesheet received and signed by supervisor.	3. Mutual Case/ or Cluster Case/ or Live-in Case.	4. Unverified visit; this service cannot be billed.	X
d. Attendant called in to or out of the EVV system early or late.	1. Confirmed visit with the client or the client's family member/representative and documented.	2. Timesheet received and signed by supervisor.	3. Unverified visit; this service cannot be billed.		X
e. Attendant's identification number (s) does not match the scheduled shift or task discrepancy/task does not match plan of care.	1. Confirmed visit with the client or the client's family member/representative and documented.	2. Timesheet received and signed by supervisor.	3. Change in schedule.	4. Unverified visit; this service cannot be billed.	X
f. Attendant entered invalid fixed location device code(s)	1. Confirmed visit with the client or the client's family member/representative and documented.	2. Timesheet received and signed by supervisor.	3. Unverified visit; this service cannot be billed.		X
g. Attendant failed to report to client's home	1. Confirmed with the client or the client's family member/representative and documented.	2. New attendant assigned to client.	3. Visit rescheduled.	4. Unverified visit; this service cannot be billed.	X

Device Related

a. Fixed location device on order or pending placement in the home.	1. Confirmed visit with the client or the client's family member/representative and documented.	2. Timesheet received and signed by supervisor.	3. Unverified visit; this service cannot be billed.		
b. Fixed location device malfunctioned.	1. Confirmed visit with the client or the client's family member/representative and documented.	2. Timesheet received and signed by supervisor.	3. Unverified visit; this service cannot be billed.		
c. Attendant unable to use mobile device.	1. Confirmed visit with the client or the client's family member/representative and documented.	2. Timesheet Received and signed by supervisor.	3. Changed verification collection method and documented.	4. Unverified visit; this service cannot be billed.	

Reason Codes

Resolution Code 1

Resolution Code 2

Resolution Code 3

Resolution Code 4

Additional Free Text Box
Option (An 'X' means free
text is required)

d. Attendant unable to connect to internet or EVV system down.	1. Confirmed visit with the client or the client's family member/representative and documented.	2. Timesheet received and signed by supervisor.	3. Changed verification collection method and documented	4. Unverified visit: this service cannot be billed.	X
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Agency Related

a. Data Entry Error.	1. Supervisor approved change				X
b. Agency unable to provide replacement coverage (no show, no replacement).	1. Confirmed with the client or the client's family member/representative and documented (this service cannot be billed).				X

Reason Codes

Acceptable Uses

Device Related

a. Fixed location device on order or pending placement in the home.	(1)The fixed location device has been ordered, but the provider has not yet received the device. (2)The fixed location device has been received, but the provider has not yet placed the device in the client's home.
b. Fixed location device malfunctioned.	The fixed location device malfunctioned and/or provided invalid values.
c. Unable to use mobile device.	Refers to GPS enabled devices.
d. Unable to connect to internet or EVV system down.	Refers to clocking in and clocking out through an online portal or if EVV company's software system is down.

Agency Related

a. Data Entry Error.	Schedule was manually entered incorrectly by an employee.
b. Agency unable to provide replacement coverage (no show, no replacement).	Agency was unable to necessitate replacement coverage to the client.