



## POLICIES AND PROCEDURES

<b>MANUAL:</b> Administrative: <input type="checkbox"/> Departmental: Compliance	<b>TITLE: HHAeXchange – CONFLICT REPORT AND RESOLUTION</b>	POLICY #  C 1.7	Page 1 of 2								
<b>APPROVALS</b> 1. <b><u>Martin Kleinman</u></b> Governance 2. <b><u>Alla Goldin</u></b> Vice-President	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Dates</th> <th style="text-align: center; border-bottom: 1px solid black;">Effective</th> <th style="text-align: center; border-bottom: 1px solid black;">Reviewed</th> <th style="text-align: center; border-bottom: 1px solid black;">Revised</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;"><u>10/01/2015</u></td> <td style="text-align: center;"><u>02/19/2026</u></td> <td style="text-align: center;"><u>08/03/2021</u></td> </tr> </tbody> </table>	Dates	Effective	Reviewed	Revised		<u>10/01/2015</u>	<u>02/19/2026</u>	<u>08/03/2021</u>		
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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.

### PROCEDURE

#### **Exceptions- Vendor (LHCSA) Responsibility**

##### ***A. Workflow***

1. LHCSA will schedule home health aides.
2. LHCSA will conduct time and attendance daily.
3. LHCSA will assign supervisory staff for ongoing monitoring of exception data.
4. LHCSA Supervisor conducts inquiries related to the exception reports, any adjustments made and rationale for the adjustments regarding missed visits and call hours. 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 should be stored by the LHCSA and provided to Americare CSS upon request.**
7. Those exception reports with sufficient documentation are processed for payment and payroll and are submitted for billing.

##### ***B. 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.
5. **Agency designated staff shall attest, in writing, that the aide is proficient in the process of electronic call in/out.**

### ***C. Plans of Care Documentation***

1. Home health aides are expected/ required to document daily tasks performed for the patient. Agency assigned staff must review the tasks to ensure they are consistent with the Plan of Care.
2. In the event of a no-call in but a call-out was made by the aide, tasks will be recorded electronically and on a duty sheet.
3. **At a minimum, the aide must enter at least 1 personal care tasks and 4 regular tasks as indicated on the paraprofessional plan of care.**

### ***D. Monitoring:***

1. Exception reports that are not accompanied by a valid documented reason or continue to present data insufficiency or errors shall remain unverified and coordinators are required to continue with their investigation.
2. **No billing will be conducted prior to resolution of each exception report entry and presence of the manual time sheets that are signed by both patient and HHA**
3. **On a quarterly basis, LHCSA quality management (QM) staff will conduct random audits of five percent of the exception reports.**

***If upon request by Americare CSS, LHCSA fails to provide the time sheets to support the time and attendance, Americare CSS reserves the right to retrieve funds back from the LHCSA for services that were billed.***

### **Exceptions- CHHA Responsibility**

#### ***E. Quality Management Activities: Exception Reports***

- a. Quality Management (QM) Department will conduct audits on 5% of exception reports on a quarterly basis and shall focus activities on the following indicators:

- i.** Presence of documentation to explain rationale for the exception
  - ii.** Appropriate use of reason codes for the exceptions
  - iii.** Accuracy and specificity of documentation related to exception occurrences
  - iv.** Presence of manual time sheets signed by patient and the HHA
  - v.** Resolution of the exception occurred within in a timely manner (within 24hours).
  - vi.** Corrective action plan effective in the reduction of exception reports
- a.** Audits findings are tracked and trended.
  - b.** Quarterly summary of findings will be presented at the PAC and Governing board meetings

### **Conflicts - Vendor (LHCSA) Responsibility**

- b. A conflict report generated from HHA Exchange daily
- c. All conflicts are investigated and resolved within ten business days from the day report is run (supportive documentation should be present if conflict resolution remains pending after the 10 business days).
- d. Complete follow-up documentation is entered in the system under “conflict notes.” Documentation must include:
  - conflict type (scheduling errors vs. true conflict)
  - accurate and specific resolution(s) based on conflict type
  - reporting of conflict to vendor/contracts involved in the conflict and all communication
  - refund was indicated and initiated/completed
- e. All conflict-related findings and resolutions will be documented extensively in the system once a week until resolved

### **Conflicts - CHHA Responsibility**

- f. 100% audits of true conflicts will be conducted by Americare Department of Quality Management Services. Audits will evaluate the identification, resolution and documentation of all true conflicts based on this policy.
- g. Summary of all findings will be presented at the Professional Advisory Committee and Corporate Compliance Meetings quarterly.

### **Definitions:**

**Conflict-** occurs when more than one scheduled/recorded electronic attendance (i.e. clock-in/clock-out) of an aide is captured in HHAExchange for the same/overlapping time in a particular day. Conflicts may be of two types:

- Scheduling errors, or

- b) True conflict (electronic record indicates that aide clocked-in/out at two different locations around the same/overlapping time in a particular day)

**Exceptions**

- Visits that do not have a call in or a call out that require manual confirmation.
- Manual adjustments which increase/decrease the visit duration
- Instances where a schedule is changed after a visit has occurred
- Out of range visits (GPS)

*This policy is implemented pursuant to Americares's Compliance Program adopted under 18 NYCRR Part 521 and Social Services Law §363-d*