REFFERAL AND INTAKE

SUMMARY

Use the following to enter new patients into Horizon and to establish a patient for a pending admission. All referrals will be entered into Horizon.

ROLES

Supervisor/Nurse

The Home Health Supervisor has overall responsibility for the Intake Process.

The Home Health Supervisor or licensed nurse will receive the referral for Home Health Services and start the referral process by using the Home Health Intake and Referral Form (HBS201) and/or by entering initial information in **Horizon.** If a nurse is not available and the clerk takes the referral, the nurse will call back the referral source to confirm or update any physician orders.

The supervisor/nurse designee is responsible for obtaining insurance verifications and authorizations for any patients that will be billed through a third party insurance company including Medicare Advantage Plans.

- Contact company to determine, insurance eligibility, need for preauthorizations or a provider contract, payment amounts and to determine if this is a Medicare Advantage/non-traditional Medicare program.
- Complete the Insurance Verification Form needed by Third Party Billing
- If a provider contract is needed, refer the patient to a provider in the third party payor's provider network or contact the Home Health Manager/Director to begin proceedings to become a contracted provider.
- Consult with area management to determine if referral can be accepted based on requirements of the third party payor and the payment amounts.
- For Medicare Advantage patients, have clerical staff to run a Medicare verification using the patient's Medicare number.
- For Medicare Advantage patients, insure that the admitting nurse knows this patient is a Medicare managed care patient so that MO150 can be answered correctly.
- For all Medicare patients, insure that the admitting nurse completes the MSP questionnaire on the Referral/SOC form to correctly determine the primary payor.
- If patient is admitted, insure that the Insurance Verification Form is completed in its entirety and submitted to Third Party Billing via established processes. DO NOT SEND A FORM THAT IS ONLY PARTIALLY COMPLETED!

The supervisor/designee is responsible to enter, generate and assign the evaluation visit. The supervisor/designee will enter diagnoses obtained during the intake process.

Clerical Staff

The clerical staff is responsible for verifying any intake information in Horizon, updating as needed, and entering any other information from the HBS 201 that has not been previously entered.

The clerical staff is responsible for the following prior to the admission visit:

- Obtaining Medicare verification through **E-Solutions** for all Medicare patients by the established process.
- Obtaining verification of Medicaid insurance through established process.
- Setting up Insurance Payors and Plans in Horizon.
- Initiating the admission detail section of Horizon
- Setting up the bill sequence and the Medicaid or Third Party authorization.

The clerical staff is responsible for insuring all referrals not admitted are being tracked in Horizon and the admission detail section of Horizon is completed.

USING CUSTOMER MAINTENANCE TO ENTER REFERRAL INFORMATION

Customer Maintenance can be used to enter referral information in Horizon using the data recorded on the Referral/SOC Cover Form (HBS 201).

- From the Horizon main menu, go to Customers then Customer Maintenance or click the Customer Maintenance Icon. Note: If you are not sure of the icons on the screen, hover over the icon with your mouse until it brings up an information box telling you what the icon's function is.
 The Customer and Admission box is displayed.
 - To search and determine if the patient is already in Horizon Homecare, click on the **binoculars** at **Select Local or HNE**.
 - The Customer Selection screen appears.
 - Enter the customers **LAST NAME** and **FIRST NAME** and Social Security Number if available.
 - Click Search.
- 2. Skip to number 9, if patient is not in Horizon.

PATIENT PREVIOUSLY IN HORIZON

- 3. If the patient is already in Horizon, the Customer Selection screen populates showing all prior admissions of the patient.
- 4. Verify that the patient is the same person by checking birth date and social security number.

- 5. If the patient exists in the system, the Customer Selection screen displays all current and prior admission/episodes. Verify that there is not an open admission/episode for the patient for the referral program. Note a patient may have another open episode for an alternate program such as Biomonitoring.
- 6. If an open episode is identified for the referred program, STOP and review with the Supervisor.
- 7. If no open program admission exists, create a new admission/episode.
 - From the Customer Selection screen, highlight the correct patient.
 - Click New Episode button. (left middle of screen)
 - Click OK.
 - The Current Customer/New Episode Screen appears.
 - Proceed to complete the new episode/admission.
- 8. Each time the patient is admitted to the agency, the patient receives a new admission number. This number is unique to all the activities related to this admission (orders, notes, OASIS, claims, etc).

Episode ID: (Admission ID)

- Tab through this field. The system will create a unique number to fill in this field.
- **Do not** enter any information in this field as it cannot be corrected!

Episode Type:

- Use the **binoculars** to select the **Episode Type**.
- Note: a patient could have multiple admissions in different programs at the same time.
- Click **OK**.

Admit Date:

• Use the drop down calendar to select the correct Admission Begin Date. The current date will populate but change this to the date the nurse is projected to make the admission visit.

Admission Organizational Level:

- Each admission for each patient must have a subunit/county organizational level identified. Note: Use the Branch County for patient's admitted to a Branch.
- Click on the **Organizational Level** button.
- Find the correct subunit by typing the county number in the position field, then scroll through the list to find the correct program. Note: Use the branch org level for patient's admitted to the branch.
- **Highlight** the correct program.
- Click the Add Selection button at the bottom left of the screen.

- Click **OK** and make sure the correct Org level has been populated to the **New Customer/New Episode** window.
- Click **OK**. This takes you back to **Customer Maintenance**.

Skip to number 12 to resume instructions.

PATIENT IS NOT IN HORIZON

- 9. If the patient is **not** in the system, the message "Do you wish to add a new customer and episode?" appears. Click **yes**.
- 10. The **Customer Selection** screen appears with the **New Customer, New Episode** button selected. Click **OK** at the bottom of the screen.
- 11. The **New Customer/New Episode** window appears. Complete the fields by tabbing to the next field.

Identifier Field:

- Use **All Caps** to enter the first 4 letters of the last name followed with the first 2 letters of the first name.
- Note: For duplicate names, add the numbers 001, 002, etc. as appropriate to make a unique identifier. You will not be prompted that there is a duplicate until exiting the screen. Add the number identifiers when prompted.
- If the last name is only 3 letters, use all 3 letters and follow with the first 2 letters of the first name.

Pseudo Name: Leave blank.

Customer Name:

- Enter the customer Last Name
- Enter the customer **First Name**
- Enter the customer Middle Name
- Leave Prefix/Suffix blank or use suffix for Jr. Sr. etc.

Customer Organizational Level:

- Each customer must be attached at the top or ADPH level.
- Click on the **Organizational Level** button
- Highlight the **ADPH** level.
- Click Add Selection button at the bottom of the screen.
- Click OK.

Episode ID: (Admission ID)

• Tab through this field. The system will create a unique number to fill in this field.

• **Do not** enter any information in this field as it cannot be corrected!

Episode Type:

• Click on the **binoculars**. Highlight the correct Episode Type for this admission. Click **OK**.

Admit Date:

• Use the drop down calendar to select the correct date. This is the projected Start of Care date.

Admission Organizational Level:

- Each admission for each patient must have a subunit/county organizational level identified. Note: Use the Branch County for patient's admitted to a Branch.
- Click on the Organizational Level button.
- Find the correct subunit by typing the county number in the position field, then scroll through the list to find the correct program. Note: Use the branch org level for patients admitted to the branch.
- **Highlight** the correct program.
- Click the Add Selection button at the bottom left of the screen.
- Click **OK** and make sure the correct Org level has been populated to the **New Customer/New Episode** window.
- Click **OK**. This step takes you back to **Customer Maintenance**.
- 12. Go to **the Admission Tab** and highlight the patient **Admission**.

Mailbox Icon Update Patient Name, Demographics, Addresses

- 13. Click on the **Mailbox Icon** and complete information that is available at referral. Information can be added later if the patient is admitted. Do not change any information on the Customer Information tab that is there from a previous admission.
 - **Identifier**: **Do Not** change unless instructed to do so. Information defaults from previously filled field.
 - External ID: Leave this field blank.
 - **Category**: Leave blank.
 - **Name**: Defaults from previously completed data. If necessary, make any changes here.
 - Prefix: Leave blank.
 - Suffix: Fill in the information or otherwise leave blank.
 - **Pseudo**: Leave blank.
 - Active: Defaults to Active. This indicates that the customer has an active, current, open account. Do not change.
 - **Privacy Requested**: Leave blank.

- Organization: Verify the correct organization level. (This is the ADPH level).
- Soc Sec #: Enter the customer Social Security Number. Do Not use any spaces or dashes.
- **Birth Date**: Enter the date of birth using a four-digit year.
- **Gender**: Use the drop down box to select the appropriate response. Leave blank if unknown.
- **Marital Status**: Use the **binoculars** to select the appropriate response. Leave blank if unknown.
- **Primary Language:** Use the **binoculars** box to select the appropriate response. Leave blank if unknown.
- **Secondary Language:** Use the **binoculars** to select the appropriate response. This is an optional field.
- Ethnicity: Use the binoculars to select the appropriate response. Leave blank if unknown.
- **Religion:** Use the **binoculars** to select the appropriate response. This is an optional field, leave blank if unknown.
- Education: Use the binoculars to select the appropriate response. Leave blank if unknown.
- Annual Income: Leave blank.
- Mother's Maiden Name: Leave blank.
- **Deceased Date and Time:** Leave blank.
- Click the **Save** icon in the upper left corner of the screen.
- 14. If the patient was previously admitted and the service address and related parties has not changed proceed to step 16.

Address/Phone Tab

- 15. Go to the **Address/Phones** tab and complete/update the information as follows:
 - Note the following when entering information:
 - > At minimum, a Home address and telephone number is required.
 - Information entered here is shared across all programs NEVER change a date. If the customer has moved End Date the address before entering new address.
 - To enter a new address, click on the New icon. The Specify Address or Phone screen appears.
 - Select Address. Click OK.
 - > The Specify New Address screen appears.
 - The system defaults the label as Home Address. Should a different label be required, click Search, scroll through the list and highlight the correct response.
 - Tab to the Begin Date field. Use the drop down calendar to enter the effective date for this address. The date should be on or before the Start of Care date.

- If the patient was previously admitted and the address for services has not changed Do Not change the Begin Date.
- Click OK. The screen refreshes to the Update Customer Information screen.
- Address: Type in the customer Address. Do not use any abbreviations or special characters.
- **City**: Type the name of the city. Use no punctuations or special characters. It is acceptable to use St for Saint in this field only.
- **State**: Click on the binoculars to select the correct response or enter the twodigit state identifier.
- **Zip**: Enter the customer zip code.
- **County**: Click on the binoculars to select the correct response.
- Location: Click on the binoculars to select the correct response.
- **Country:** Click on the binoculars to select USA.
- Click the Save icon.
- Click on Directions.
 - If known, enter the directions to the patient's home. Do not use any abbreviations or punctuation.
 - ✓ Indicate the starting point for the directions, such as "From Agency".
- To enter the customer phone number complete the following steps:
 - > From the Update Customer Information screen, click the New icon.
 - The Specify Address or Phone screen appears. Select Phone for this Address. Click OK
 - > The **Specify New Phone for this Address** appears.
 - > Verify the label as **Home Phone**.
 - Use the drop down calendar to select the Effective Date. This is the SOC date or earlier.
 - > Thru: Leave blank or enter thru date if this is a temporary number.
 - ➢ Click OK.
- The screen refreshes to the **Update Customer Information** screen.
- The cursor will be in the field for the customer phone number.
- Enter the **Phone Number** area code, space, three-digit prefix number, space, last four digits. (For example: 111 222 3333 with spaces. No dashes)
- Ext: Enter the extension or leave blank.
- Eff Begin Date: Displays date from previous screen.
- Eff End Date: Displays date from previous screen or leave blank.
- Click the Save icon in the upper left corner of the screen.

Service Address Tab

- Click on the **Service Address** tab.
- The **Service Address** should populate from the Address and Phone tab. This information is populated from the patient's state and county code entered at the previous screen. If this has not populated, return to the previous screen

and verify effective dates for the patient address. If necessary to re-enter the Service Address, use the following steps:

- > Click the **New** icon. The **Specify New Service Address** window appears.
- Use the drop down to select the Effective Date. This date is the SOC or Admit date.
- ➤ Use the drop down to select the Address Label.
- > The Address will automatically populate based upon previous selection.
- Place of Service: Use drop down to select 12-Home if necessary. Make sure this field is populated as it affects the ability to bill.
- Click **OK**.

Related Parties Tab

- Go to the Related Parties tab.
- A related party is the name of the person that the agency may need to contact regarding the patient. Multiple related parties can be listed. At a minimum, an Emergency Contact should be entered.
 - > Highlight the Emergency Contact line.
 - Click in the Detail box.
 - > The 'Work With Related Parties' screen appears.
 - Click on the open folder and first search for the related party. If the record already exists, click on it and the related party information will populate.
 - > If the record does not exist, click cancel and do the following:
 - > Enter Identifier as previously instructed.
 - Leave External ID blank.
 - Leave Category blank.
 - > Enter the Related Parties Last Name and First.
 - Leave the following fields blank:
 - Prefix
 - Suffix
 - Social Security Number
 - Birth Date
 - Gender
 - Click on the Organization icon. Select ADPH level.
 - Leave the default Relationship as EC Emergency Contact.
 - Use the drop down calendar to select the Begin Date. Use the SOC date unless otherwise directed.
 - Click OK.
 - Click the Address/Phones tab in the Work With Related Parties screen.
 - Click the New icon.
 - Select Without an Address.
 - Select the correct phone label (Home is OK).
 - Use the drop down calendar to enter the Effective Date. Use the SOC date unless otherwise directed.
 - ➢ Click OK.

• If the related party is also related to the patient, click the new icon and the open folder and choose the applicable record and add the applicable relationship. Do Not add the data again and create a new record. There will be two entries on the related party screen; however, the identifier will be the same.

User Defined Data Tab Scheduling Preferences Tab Local Tax

- At this time do not complete the last three tabs in Update Customer Information.
- Click the **Save** icon in the upper left corner of the screen.

Email Tab

The last tab on the screen is available to list a patient's email address
Click the **New** icon and complete the requested information.

Ambulance Icon Update Admission Information

- 16. Click on the **Update Admission Information** icon. Complete the following information on the **Admission Information Tab**:
 - Admission Identifier: Defaults from previously filled fields.
 - Clinical Admission: Click in this box. A check will appear.
 - Admission Type: Defaults from previously filled fields.
 - **Organization:** Defaults from previously filled fields. Verify correct org level.
 - **Begin Date** and **Time**: The begin date is the SOC date. This date should be the same as the admission date under the admission detail tab.
 - Referral:
 - Date: Use the drop down calendar to select the initial date of referral. Time: Leave blank.
 - Source: Click on the binoculars to select the correct response. This field can only be completed if the source is in the Reference File.
 - Category: **Effective July 1, 2010 The category now reflects the Point of Origin code not the Referral Source code.
 - The point of origin code to be used for all Home Health Admissions is 1, Non Health Care Facility.
 - On the right hand side of the screen, click on the **binoculars** to select the correct response. Note: This field has to be completed for billing to occur. If no Referral Category is available, consult with the Supervisor to obtain and enter.
 - **Financially Responsible Party:** Defaults to the customer. **Never** change <u>unless</u> a patient is covered under another person's insurance.
 - Click the **Save** icon.

- 17. Go to the **Admission Detail** tab.
 - Admission Status:
 - > Leave as **Pending** until admission visit has been made.
 - > Change to appropriate response after visit.
 - **Case Opened:** Leave date and time blank. These are optional fields.
 - Date of Physician Ordered Start of Care: M0102
 - The date that the physician specifies to start care. Leave blank if physician does not specify the actual 'Start of Care' date.
 - This date populates to OASIS M0102.
 - Date of Physician Referral: M0104
 - Enter the date of referral which is the <u>most recent</u> date that verbal or written authorization to begin home health was received. Verify date with the supervisor.
 - > This date populates to OASIS M0104.
 - Tab into the **Admission** box. The **Admit Date** is the Start of Care date (SOC). This information defaults from previously filled fields. Change if necessary. Leave time as default 12:00 AM.
 - **Condition:** The admitting clinician will complete upon admission.
 - Level of Care: Leave blank at this time.
 - Acuity: The admitting clinician will complete upon admission.

Associated Personnel, Physicians, Facilities, Associated Physicians

- 18. Go to the Associated Personnel, Physicians and Facilities icon.
- 19. At referral, complete the **Associated Physicians** tab:
 - Click the New icon.
 - The Specify New Association Physician screen appears.
 - Physician: Use the binoculars to search for and choose the physician name.
 - Physician Address: Use the binoculars to select the correct address.
 - Role: Use the binoculars to select the physician role.
 - > Every patient must have an Attending Physician.
 - The Attending Physician is usually the certifying physician that will sign the plan of care (485) and follows the patient in a community setting.
 - > An Attending Physician has to be entered into Horizon in order to bill.
 - With the introduction of the F2F Encounter requirement, CMS has said that a second or referring physician can complete the F2F Encounter and certify the patient for home health. This would usually be a hospitalist that saw the patient in the hospital.
 - The referring physician can be selected to receive the F2F Encounter document for completion and signature.
 - Effective date: Use the drop down calendar to select the effective or SOC date.
 - Click OK.

- Follow the process to set up additional associated physicians such as a referring physician as needed.
- **Note:** For any situation where the physician name was not listed in the selection list, notify the BHCS billing contact person to add.
- **Note**: If the Referring Physician is the same as the Attending Physician or the physician that has agreed to sign the certification select the role of Attending Physician (AT).
- Click Save.

20. Set up **Associated Personnel** and **Associated Teams** from the respective tabs.

- a. Click the new icon and complete the pop up box by searching and selecting the desired personnel and role and effective date.
- b. The Nurse Care Coordinator is associated as the CM, Case Manager.
- c. Associate other personnel as TM Team Members. This may be needed for the associated personnel to receive the appropriate administrative alerts.
- d. Click the new icon from the Associated Teams tab to associate a team to the patient. Search for and choose the appropriate team and complete the effective date.

OTHER REFERRAL PROCESSES

- 1. Complete Insurance Verification process as defined by Referral Roles and Insurance Verification Procedure.
- 2. Check and update the Admission detail tab in Customer Maintenance as needed.
 - Check Clinical Admission box.
 - Check admission type and organization level.
- 3. Complete and update Customer Maintenance from the Intake and Referral Form.
- 4. The scheduler will enter, generate, schedule and assign the 1D1 order if this was not already done.
- 5. Enter any additional physician orders obtained at referral.
 - The nurse taking the orders is the one responsible for entering MD orders. Enter orders when they are received.
 - Chart the receipt of verbal orders in a case conference note.