

## Home Health Care Support: Troubleshooting System Guide

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Problem	Possible Issue	Solution
<b>CLAIMS</b>		
No Oasis found on claim	Correct cert period is not linked to claim. This could be due to duplicate cert periods.  Oasis in chart has incorrect cert period.	<ul style="list-style-type: none"><li>Review the cert period linked to claim, Actions→Claim, to edit cert period select edit claim information and select the correct cert period. Claim must be in a <i>New</i> status to correct.</li></ul>

		<ul style="list-style-type: none"> <li>Review and correct Oasis via the <i>Oasis Correction Tool</i> within the help files.</li> </ul>
Cert period not populating on claim	Missing or incorrect cert period for dates of charges.	<ul style="list-style-type: none"> <li>Go to Case details &gt; Cert and check for an active cert period.</li> <li>Confirm that the start date is within the cert period.</li> <li>If a cert period is present and the service is within the cert period, go to the claim and click Edit. Select the correct cert period and click Accept.</li> </ul>
HIPPS code and reimbursement not listed on a claim	<p>OASIS is not in a <i>Reviewed</i> status for non-transmittable OASIS, or <i>Exported</i> status for transmittable OASIS.</p> <p>County not selected in patient’s chart under client details.</p>	<ul style="list-style-type: none"> <li>Contact your agency's clinical team to complete the assessment and export the OASIS or mark it as Reviewed.</li> <li>Confirm the cert period is present and active, review for duplicate or inactivate cert periods.</li> <li>Enter patient’s county in Client Details &gt; Demographics and correct OASIS.</li> </ul>
No Orders found for billing period	Plan of care order missing in client chart.	<ul style="list-style-type: none"> <li>There needs to be a 485 with a certification period which lines up with the dates of the claim. You can add a 485 to the episode by going to Client Chart → Case Details → Plan of Care / 485 → Plan of Care Order.</li> </ul>
Charges in Held status	Authorization is not in a Complete or Not Required status based on the Payer/Plan requirements to release the charge.	<ul style="list-style-type: none"> <li>Contact the member of your team responsible for authorizations to check that the auth is in a Complete or Not Required status.</li> </ul>
Charge on hold until appointment is in compliance	Order may not be linked to appointment.	<ul style="list-style-type: none"> <li>Review the appointment to confirm it is attached to the order.</li> </ul>

<p>Charge on hold until a rate is defined for the payer</p>	<p>The service selected does not have a rate setup within the payer.</p> <p>OR</p> <p>The authorization created is does not match the unit type of the rate within the payer.</p>	<ul style="list-style-type: none"> <li>Review the payer/plan rates to confirm service provided has a rate configured.</li> <li>Review the authorization to confirm it matches the rate type of the rates configured on the payer/plan.</li> </ul> <p>Ex: If the payer has rates setup in a rate type of visits, then the services within the authorization must be set to a unit of visits.</p>
<p>Release of Information Required</p>	<p>Missing release of information checkbox required on all claims except NOAs.</p>	<ul style="list-style-type: none"> <li>The release of information checkbox in the client chart needs to be checked by going to the Client chart → Case Details → Case Details and checking the ROI checkbox.</li> </ul>
<p>Charges not populating on a claim within dates of service</p>	<p>The appointment is either in Open or Held status due to incomplete appointment requirements or lack of authorization.</p>	<ul style="list-style-type: none"> <li>Contact your clinical team to complete the appointment. When the appointment is complete and reviewed, the charges will populate.</li> <li>Auth is not populated on the appointment. If you have access, open the patient schedule, and verify that the appointment is populated.</li> </ul>
<p>Required field Start of Care is not populated</p>	<p>The client chart is missing the start of care.</p>	<ul style="list-style-type: none"> <li>Complete the field by going to the Client Chart → Case Details → Case Details and complete the Start of Care date field.</li> </ul>
<p>Required field Primary Diagnosis is not populated</p>	<p>The client chart is missing the primary diagnosis.</p>	<ul style="list-style-type: none"> <li>For Episodic claims, the diagnosis codes are pulled off of the Oasis, go to Client Chart → Case Details → Oasis → Edit the primary diagnosis code. For FFS claims, the diagnosis codes are pulled off the client chart, go to the Client Chart → Case</li> </ul>

		Details → update diagnosis. In both cases the client chart should be updated to maintain an accurate medical record.
Invalid diagnosis code	Diagnosis code is either an invalid or expired diagnosis code.	<ul style="list-style-type: none"> <li>For Episodic claims, the diagnosis codes are pulled off of the Oasis, go to Client Chart → Case Details → Oasis → Edit the diagnosis code. For FFS claims, the diagnosis codes are pulled off the client chart, go to the Client Chart → Case Details → update diagnosis. In both cases the client chart should be updated to maintain an accurate medical record.</li> </ul>
A payer ICN number is required if the claim is marked as a resubmission claim (P)	The payer Internal Control Number (ICN) of the processed claim has not been entered.	<ul style="list-style-type: none"> <li>Complete the fields by going to the Client Chart or Billing Queue → Locate the claim → Select the <i>claim number</i> → select Edit on the pop-up dialog and complete the ICN field, select Accept. The claim is now ready to submit.</li> </ul>
Missing Member ID for Payer	Patient insurance record is missing member ID.	<ul style="list-style-type: none"> <li>Complete the field by going to the Client Chart → Financial Record → Payers → Edit and add member ID.</li> </ul>
Missing Primary Physician	Client chart is missing the primary physician.	<ul style="list-style-type: none"> <li>Complete the fields by going to the Client Chart → Client Details tab → Medical Professionals → Add Physicians or edit Physicians.</li> </ul>
Generic Q5009 code populating on claim	Residence type is missing from the client's demographic information.	<ul style="list-style-type: none"> <li>Go to the client record, select Client Details &gt; Demographics and click Edit. Select the Residence Type.</li> </ul>
Location of service does not match Q code on claim	Original residence type entered when the claim was first generated is different from that on the claim.	At some point the residence type was updated, this causes a conflict with what the claim generated and what the system now contains. You can manually update the Q code on the claim to release the rejection.

		<ul style="list-style-type: none"> <li>Go to Actions → Charges, select edit on the Q code charge line, update the code to match what is in the client chart, click Accept to save and resubmit claim.</li> </ul>
UTN number not in treatment authorization field	UTN not on claim.	<ul style="list-style-type: none"> <li>Go to Admin &gt; Payer &gt; Plan &gt; Clinical Configuration and check UTN Required to enable the rule for this payer/plan.</li> <li>Retrieve the UTN number from the RCD documentation from Medicare. To enter on claim, click the claim/invoice and select Edit Claim. Enter the UTN number and click Accept.</li> </ul>
No-Pay RAP claim/ NOA claim not generating	<p>A billable recert or SOC appointment that is not in a reviewed status.</p> <p>OR</p> <p>There is a nonbillable recert with no billable appointment within 5 days in a reviewed status.</p>	<ul style="list-style-type: none"> <li>Billable recert or SOC appointment needs to be reviewed for No-Pay RAP claim to generate. Cert period must be present in the chart at the time of the appointment being reviewed.</li> <li>Manually create RAP (follow No-Pay RAP Management Guide).</li> </ul>
Unable to delete a claim	<p>Charges are present in claim.</p> <p>OR</p> <p>\$0 payment on the claim.</p>	<ul style="list-style-type: none"> <li>Void charges on the claim prior to deleting the claim.</li> <li>Contact Home Health Support.</li> </ul>
Claim State in rules not met status	Causes vary according to Payer/Plan setup.	<p>PoC or Orders not signed</p> <ul style="list-style-type: none"> <li>Contact the clinical team to complete PoC or orders.</li> </ul>

		<ul style="list-style-type: none"> <li>• If you have access to the client chart, navigate to the patient record and go to Case Details &gt; Orders to check for completion. If you confirm the document is signed, contact your clinical team to determine the problem.</li> <li>• Option: You can choose to bill the claim without the system recognizing completion of the requirement. <b><i>Use this procedure with caution because it can result in denied claims.</i></b></li> </ul> <p>RAP Remittance rule not met</p> <p>Note: Applicable only for agencies who went live before 2021.</p> <ul style="list-style-type: none"> <li>• Often this occurs if there is no RAP remittance posted for the final claim. Confirm you entered all cash payments in the database.</li> </ul> <p>Charge Match rule not met</p> <p>Note: Applicable only for non-No Pay RAP payers.</p> <ul style="list-style-type: none"> <li>• Confirm there are no duplicate or inactive cert periods impacting the claim.</li> <li>• Navigate to the patient's schedule and confirm the service occurred within the cert period. Confirm the appointment is attached to the correct case record. Contact your clinical team for correction or Home Health Support.</li> </ul> <p>Release of Information not checked</p>
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		<ul style="list-style-type: none"> <li>• In the patient's chart, go to Case details &gt; Edit and select the Release of Information box</li> </ul> <p>F2F missing</p> <ul style="list-style-type: none"> <li>• If you select Bypass for the F2F order, you must choose F2F Encounter Only for the bypass reason. This sets the F2F in a signed status so that the Claims console recognizes it is completion.</li> <li>• Ensure you completed the F2F Encounter within the CMS required timeframe.</li> </ul> <p>Admission order missing</p> <ul style="list-style-type: none"> <li>• No-Pay RAPs require an admission order. Ensure one is completed.</li> </ul>
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## OASIS

<p>Claim dates off or issues with cert period.</p>	<p>M0090 date incorrect.</p> <p>SOC date incorrect.</p>	<ul style="list-style-type: none"> <li>• Deactivate Oasis, make a copy, correct, and resubmit to Iqies.</li> <li>• If NO documents are attached to the case, you can edit the SOC date by navigating to Case Details → Case Details tab,</li> </ul>
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		<p>selecting edit and updating the SOC date, select save. The date needs to match the start date of the cert period.</p> <p>IF documentation is attached to the case, please contact support to assist in the correction.</p>
Reimbursement not listed on Oasis.	<p>OASIS is not in a <b>Reviewed</b> status for non-transmittable OASIS, or <b>Exported</b> status for transmittable OASIS.</p> <p>County not selected in patient’s chart under client details.</p>	<ul style="list-style-type: none"> <li>• Complete the assessment and export the OASIS or mark it as Reviewed.</li> <li>• Enter patient’s county in Client Details &gt; Demographics and then correct OASIS.</li> </ul>
M2200 Therapy Count Error	N/A is present in the M2200 area.	<ul style="list-style-type: none"> <li>• N/A causes an issue with the assessment, the value should be corrected to 000.</li> </ul>

## Deposits

Deposit appears in purple	Deposit is not posted.	<ul style="list-style-type: none"> <li>• Ensure you posted all receipts within the deposit.</li> <li>• Ensure the deposit amount matches the receipt amount. (Go to Agency → Payments, click manage receipts, check the receipts control total.</li> </ul>
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		Note: If you didn't bill the claim out of PointClickCare, you can't apply payments to it.
Claim can not be found to apply payment	Claim is not billed.	<ul style="list-style-type: none"> <li>• Claim must be billed out of PointClickCare. (If billed from a previous system, remove any payments, and post them in your previous system. Remember to edit your deposit and receipt amounts in PointClickCare.)</li> <li>• Claim might still be in New status. Claims must be in Outstanding/Paid status to add deposits. Change status of claim to Outstanding.</li> </ul>
Deposit/receipt totals do not match.	Payments are not fully applied within the deposit.	<ul style="list-style-type: none"> <li>• Payments within the receipts screen must be fully applied, the control totals for deposit and receipts must match prior to posting to avoid unapplied payments. If the month end close has not been completed for that period, go to apply payments within the deposit → add missing claim payments until all payments within receipt and deposits are applied.</li> </ul>
Receipts unapplied label in red on deposit screen.	Payments are not fully applied within the deposit.	<ul style="list-style-type: none"> <li>• Payments within the receipts screen must be fully applied, the control totals for deposit and receipts must match prior to posting to avoid unapplied payments. If the month end close has not been completed for that period, go to apply payments within the deposit → add missing claim payments until all payments within receipt and deposits are applied.</li> </ul>

## Eligibility Verification

<p>Failed status</p>	<p>Multiple causes.</p>	<ul style="list-style-type: none"> <li>• Not all payers can verify eligibility when the social security number is included in demographics. Remove the social security number and rerun eligibility.</li> <li>• Review demographic and insurance information for errors and correct as necessary, rerun eligibility.</li> <li>• The eligibility ID configuration may be incorrect. Contact PointClickCare support for assistance.</li> <li>• The NPI is not registered (message appears). Contact PointClickCare support for assistance.</li> </ul>
<p>Not Submitted status</p>	<p>Eligibility not turned on for payer.</p>	<ul style="list-style-type: none"> <li>• Not all payers can verify eligibility, this is dependent on the payer’s ability to send electronic member information. If the payer can be submitted, contact PointClickCare support to enroll the payer in the application.</li> </ul>
<p>Denied status</p>	<p>Multiple causes.</p>	<ul style="list-style-type: none"> <li>• Follow the information present on the denial and update the client record.</li> </ul> <p>Ex: incorrect member ID.</p>

Error status	Application timed out.	<ul style="list-style-type: none"><li>• Payers at time have down time or the application could not connect with the integrated interface Dorado. Wait 15 mins and reverify.</li></ul>
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Notes: