Clinician NOA Process

Notice of Acceptance In HCHB

Notice of Acceptance

The NOA is a signature form used to acknowledge receipt of the Patient Admission Handbook and confirms the patients understanding and is in agreement with its contents.

The signature image in our electronic health record indicates the patient **accepts this notice as valid, enforceable and admissible for care.**

Without a signed NOA you should not be treating the patient, this can put your license in danger.

General Guidelines

You do not legally have permission to treat the patient until the form is signed

- You must complete **the electronic version** of the NOA in the tablet
- The NOA must be reviewed and signed **prior** to providing any treatment to the patient and **not** at the end of the visit
- The NOA is a onetime submission that establishes the Home Health POC and covers continuous 30-day POCs until you discharge the patient
- Visit frequency, including HHA visits, must be entered into the form.
- Each discipline should have their own NOA singed by the patient
- Without a signed NOA we should not be treating the patient
- Without a signed NOA we cannot bill for services

Electronic Forms In HCHB

Once a legal form is signed, it cannot be edited**. <u>Do not</u>** under any circumstances click into the “Electronic Forms” sections after you have obtained patient signature, just clicking on the “Electronic Forms” section will erase the patient signatures on all forms.

- If there are other forms in this section, those signatures will be erased as well
- The NOA/consent **cannot** be added to a visit after is has been **paused or incomplete** as it needs to be done in the home

Instructions for the Completion of the NOA

1. Complete the electronic version of the NOA on the tablet
2. Also provide the patient with a paper copy of the NOA to be left in the home. Paper copy **must** be filled out completely and signed and dated by patient and clinician.
3. There will be a paper copy in the admission folder, but you should obtain extra copies from the office to have at all times in your car.
4. The goal is to have 100% completion electronically, but should you have any difficulties with the electronic version, complete the paper forms. Return one copy to the office and provide an additional copy to the patient.
5. Please make sure to check the UR coordination note, if needed, titled “Insurance Benefit Details “ to obtain patient co-pay and deductible information required to complete the form
6. It is always best practice to return any paper copies of the NOA **asap** to the office: same day or next day.
7. Please take a moment to search your work bags and folders for any signed NOA forms you may have and return them to the office

When signing the NOA the patient is also signing for receipt and understanding of the following:

- **CONSENT FOR CARE AND SERVICES**
- **PATIENT RIGHTS AND RESPONSIBILITIES**
- **GREIVANCE AND COMPLAINT PROCEDURE**
- **ACKNOWLEDGEMENT OF PRIVACY NOTICE**
- **RECEIPT OF OASIS PRIVACY ACT STATEMENT**
- **ADVANCE DIRECTIVES**
- **ACKNOWLEDGEMENT OF ADDITIONAL POLICIES, ADMISSION AND PLAN OF CARE**
- **AUTHORIZATION FOR RELEASE OF INFORMATION AND PAYMENT**
- **GUARANTEE OF PAYMENT**
- **PAYMENT FOR SERVICES RENDERED**

CONSENT FOR MEDICARE

I have provided the agency with information for the Medicare Secondary Payer Questionnaire.

Only applies to Medicare patients

{ } YES { } No { } N/A

{ } Medicare will pay in full for home care services.

{ } Medicaid will pay in full for home care services.

{ } Medicaid will pay for the home care services with a co-payment from me of

This information will be found in the UR –Insurance Benefit Details coordination note if needed

$_____

_____

{ } Private Medical Insurance, Managed Care Company, or the Third Party Payer will pay agency for the care services provided, with a co-payment or deductible from me estimated to be

$_____ Contact your insurer for Home Health Care Benefits, Copayments, and/or deductible.

Patient Name_____

I. INITIAL FREQUENCY AND SERVICE

- I have been informed of the nature and frequency of visits I will receive, and I have participated in the planning of my care.

Service (mark "X" service and enter frequency and duration):

{X} Skilled Nursing frequency and duration_____2xper week for 4 weeks 1x per week x 5 weeks_____

{) Physical Therapy frequency and duration_____

{ } Occupational Therapy frequency and duration_____

{ } Speech Therapy frequency and duration_____

{ } Medical Social Worker frequency and duration_____

{X} Home Health Aide frequency and duration_____2 x per week for 9 weeks_____

{ } Dietician frequency and duration_____

{ } Other sources of payment:

_____

Contact your insurer for Home Health Care Benefits, Copayments, and/or deductibles

{ } Private Pay: I am responsible for the total amount of the bill. Charges are $_____

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Charges will be rounded up or down to the nearest 1/4 hour. (i.e. 10:01 AM-10:07 AM would be billed as 10: 00 AM. 10:08 Am to 10:14 AM would be billed as 10:15 AM).

Print Patient Name_____

Medical Record Number_____

Signature of Patient_____

If pt is able to sign

Signature of Representative_____

If pt is unable to sign their representative will sign here and print their name below

Print Name of Representative_____

ATTENTION

Once you complete the “Electronic Forms” Section and have the patient sign all forms that apply, **DO NOT** click back into the “Electronic Forms”. If you even **just click** on the Electronic Forms section **the signatures will be erased** because the system will think you have made a change.

- **When the Forms are complete you will get a green checkmark in the Electronic Forms section.**
- **If you go back into electronic forms after you have left the patient’s home, for any reason it will clear out the patients signature and will not generate the NOA, so do not go back in.**

If you do not obtain the patients signature or the signature gets erase, then we would need to go back to the patients home the next day.

If a copy of the NOA was left in the patients home, and was completely filled out, signed, and dated then we can use that as a compliant NOA.

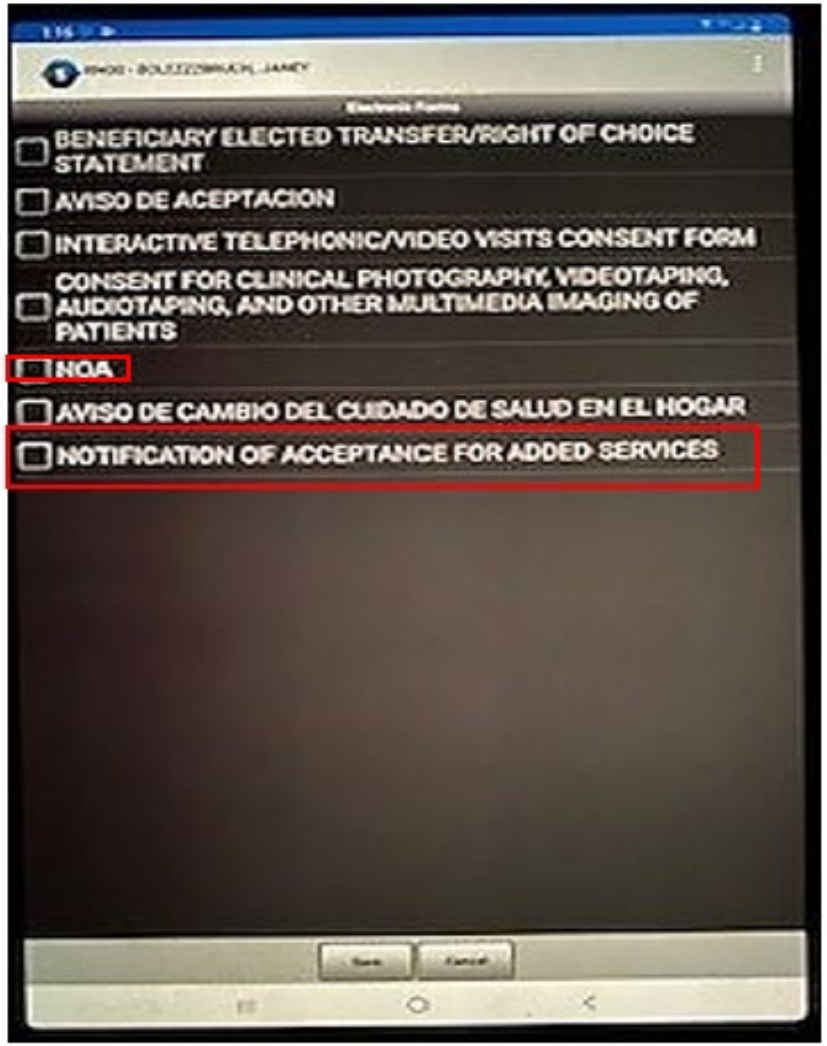
- Bring the compliant NOA back to the office
- Make a copy to return to the patient on the next visit
- The compliant NOA should be delivered to the manager

If there is not a compliant NOA in the home; completely filled out, signed and dated, then a new paper NOA would need to be obtained within 24 hours.

- Return to the patient's home,
  - Bring with you two new paper copies of the NOA. One will be returned to the office and one will be left with the patient
- The new NOA needs be completely filled out, signed and dated with the current date.
- Deliver back to the manager

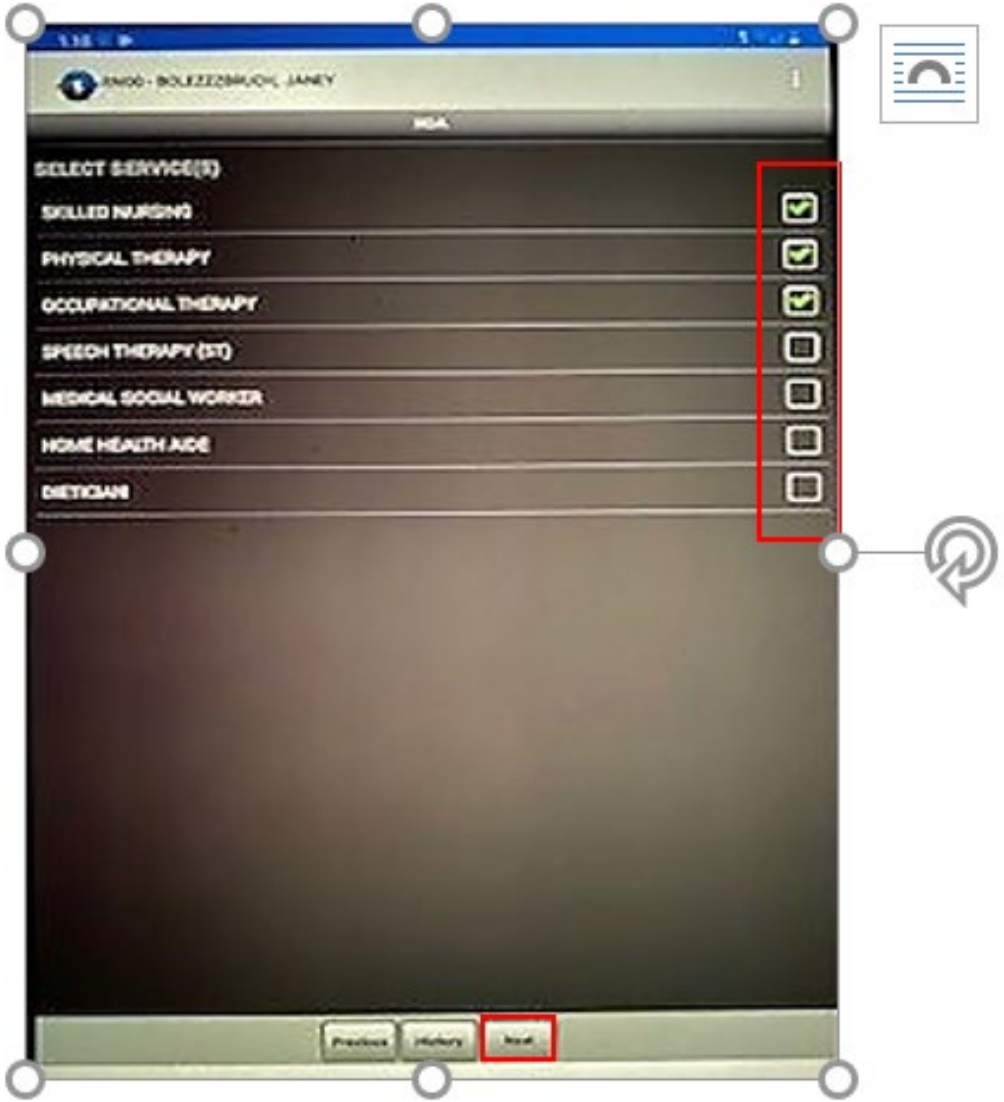
- **Must be added at the start of the visit**

- **Select the form to be completed**

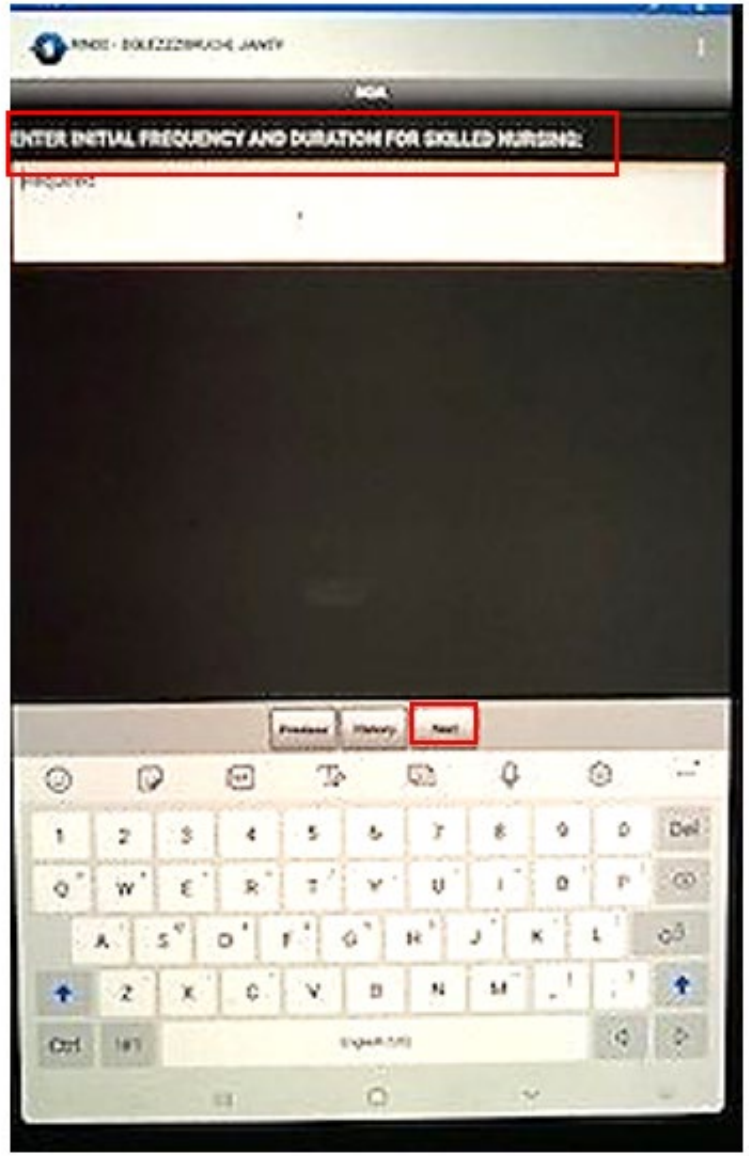


- **Scroll down to review the form, then select Next**

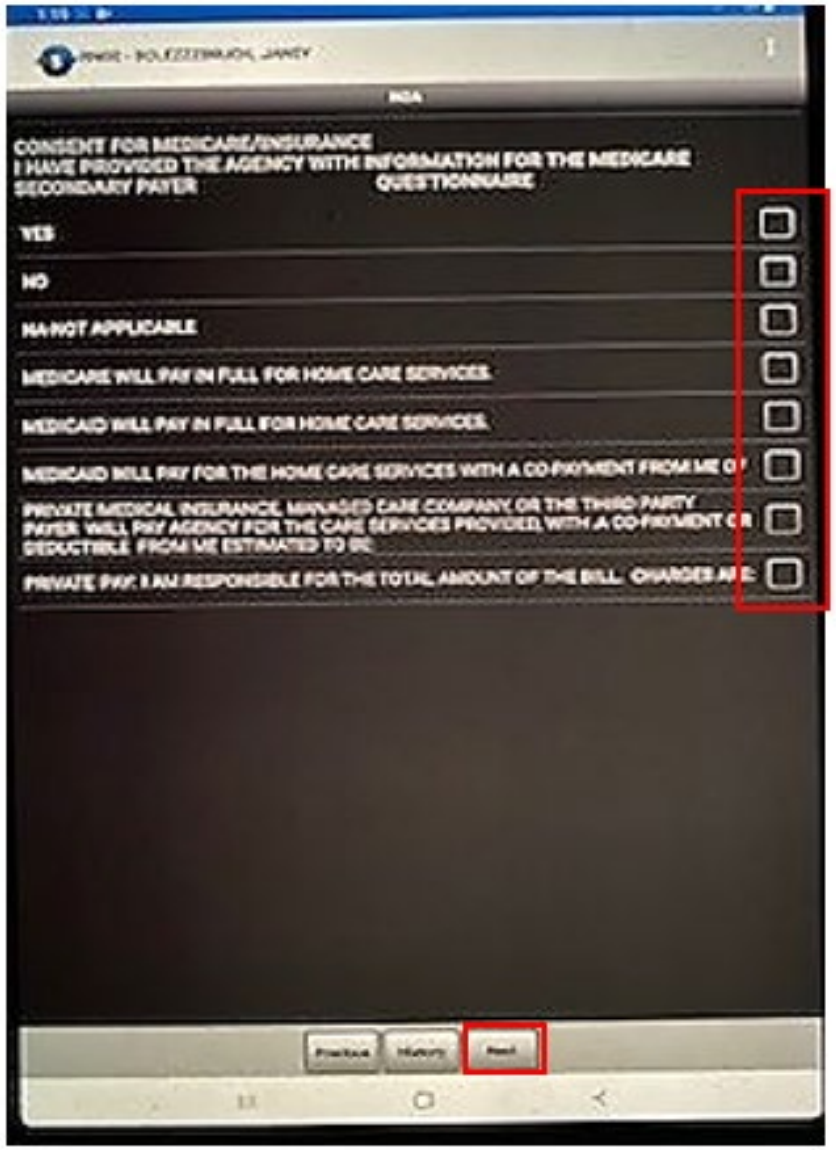
- **Select applicable Services and Next**



- **Enter Frequency for each service and select Next**

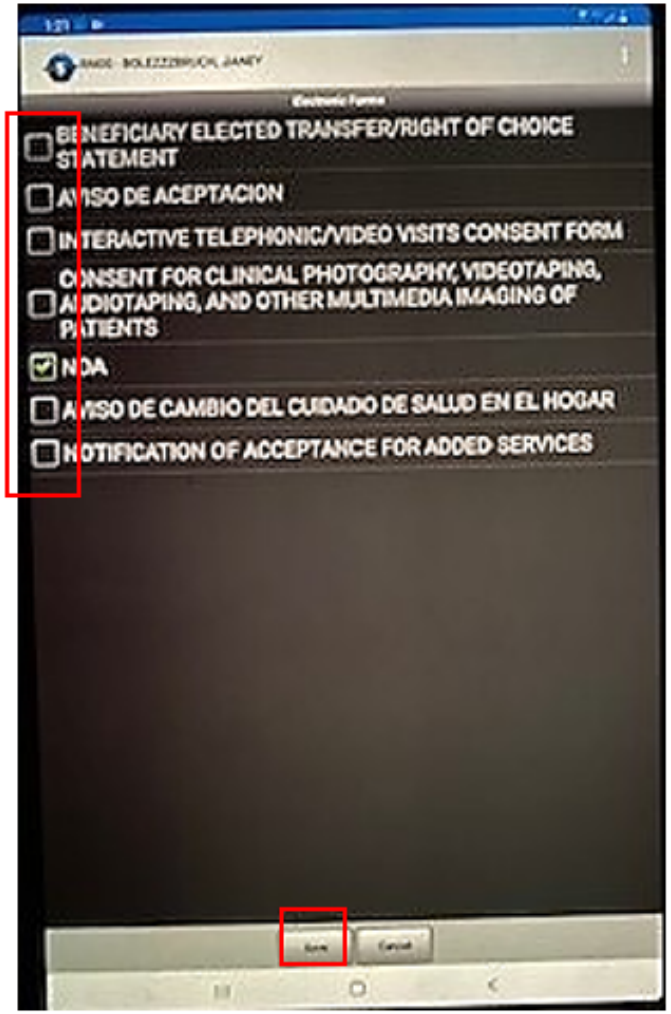


- **Select applicable answers and select Next**



- After reviewing with patient, select Next through the series of statements

- After completing the form, you will be taken back to the list of forms. You can review the form here, select additional forms to complete, or select Save if you are done.
- You can select any section of the form to edit when reviewing the form, prior to obtaining the patient's signature.



- **Select the appropriate Signature Type and Save. The signature page will populate.**

- **If No Signature is selected, you will be prompted to select a reason and then Save**

After saving, exit out of forms and DO NOT GO BACK INTO FORMS.

If you click on the forms field, you will ERASE THE PATIENT'S SIGNATURE!