



Clinical Managers NOA Verification Process

Run the “Admission by Date Report” daily for the day before:

This report will show the admissions from the day before. This is the first step in the process for managers to verify the NOA.

Admissions by Date Report

Apply Criteria Values: (DEFAULT)

Admission Dates From: 03/06/2022 To: 03/06/2022

Admit Time After:

Admit Time Before:

Companies: (ALL)

Agencies: (ALL)

Service Lines: (ALL)

Branch Groups: *HOME HEALTH

Branches: (ALL)

Teams: TEAM 1 MAL | TEAM 2 MAL | TEAM 3

Locations: (ALL)

Payor Sources: (ALL)

Group By: ADMIT BRANCH

Then By: NONE

Then By: NONE

Display Report Criteria: NO

View/Print Print Only Save As PDF Export Criteria Cancel

Criteria for the report:

- Fill in the Date, leave the Branch as home health, select your team and then click view print.
- If the SOC documentation is not complete the patient will not show on this report.

“Verify Receipt of Signed Documents and Entry of Med Release Codes” Workflow Task

- ▶ This task shows a list of all patients that had a SOC and the NOA needs to be verified by Medical Records.
- ▶ This workflow should be checked after 11am. This gives Medical Records time to process the patients with a signed NOA so that when the clinical manager checks the workflow only patients with an incomplete or missing NOA should appear.

To see the list of patients, click on the PLUS sign in the task.

+ Task : VERIFY RECEIPT OF SIGNED DOCUMENTS AND ENTRY OF MED RELEASE CODES (14 items)

Verify Receipt of Signed Documents Workflow Process Steps:

- A. To view the section which will display any Signature Forms, open the task by double clicking on the patient's name, and then click **Signature Form Tracking** .

Verify Receipt of Signed Documents and Entry of Medical Release Code for [REDACTED]

Assessment completed by: [REDACTED]




Signature Form Tracking



Edit/View Referral

Stage Completed

Cancel 

Workflow Process Steps Continue:

- B. The forms need to be previewed using the **Preview Signature Form** button to confirm that the form is completely filled out and also has a signature.

Signature Form Tracking for - HOME HEALTH FOUNDATION TRAINING

ALFZZZORD, ANNELIESE A

Patient Information

Branch: LAW - BRANCH LAW	Team: TEAM 5 LOW	Patient Name: ALFZZZORD, ANNELIESE A	Medical Record No.: LAW00001955501	Episode Status: CURRENT
SOE Date: 09/29/2021	Primary Payor: 1 - PDGM MEDICARE	EOE Date: 11/27/2021	Secondary Payor:	SOC Date: 09/29/2021

Signature Forms


Active Inactive All

Add + **Edit** **Inactivate**

Drag a column header here to group by that column.

Signature Form Name	Date Signed by Patie
CONSENT FOR CLINICAL PHOTOGRAPHY, VIDEOTAPING, AUDIOTAPING, AND OTHER MULTIMEDIA IMAGING OF PATIENTS	
BENEFICIARY ELECTED TRANSFER/RIGHT OF CHOICE STATEMENT	
NOTIFICATION OF ACCEPTANCE FOR ADDED SERVICES	
INTERACTIVE TELEPHONIC/VIDEO VISITS CONSENT FORM	
NOA	

Preview Signature Form **Signature Form Attachments** **Close**



Workflow Process Steps Continue:

C. You will need to scroll to the bottom of the **NOA** form to verify it has been completed and contains the **Client Signature**.

Client Electronic Signature Form Report - HOME HEALTH FOUNDATION TRAINING

1 of 1 150%

• I UNDERSTAND THE RATES AND MY FINANCIAL OBLIGATIONS FOR THESE SERVICES.
• I UNDERSTAND THAT IF PAYMENT IS NOT RECEIVED FOR ANY SERVICES FOR WHICH I AM FINANCIALLY RESPONSIBLE, THESE SERVICES WILL BE DISCONTINUED.

X. PAYMENT FOR SERVICES RENDERED
• I HAVE PROVIDED THE AGENCY WITH THE COMPLETE AND ACCURATE INFORMATION REGARDING MY HEALTH INSURANCE AND OTHER PAYMENT SOURCES. BASED ON THAT INFORMATION THE AGENCY HAS DETERMINED THAT THE FOLLOWING MAY BE AVAILABLE TO PAY FOR MY CARE, AT THE RATES QUOTED, SUBJECT TO CONFIRMATION BY MY HEALTH INSURANCE COMPANY OR OTHER PAYMENT SOURCES.
• I WILL BE RESPONSIBLE FOR ALL CO-PAYMENTS, DEDUCTIBLES AND NON-COVERED SERVICES. IF MY HEALTH INSURANCE OR OTHER THIRD PARTY PAYER COVERAGE CHANGES I WILL IMMEDIATELY INFORM THE AGENCY.
• I WILL BE FINANCIALLY RESPONSIBLE FOR ANY CHARGES IN TERMS OF CHANGES DUE TO MISINFORMATION PROVIDED BY THE INSURANCE COMPANY TO THE RELATED CO-PAYMENTS, DEDUCTIBLES, NON-COVERED SERVICES OR ELIGIBILITY FOR SERVICES.

XI. 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.

SELECT SERVICE(S)
SKILLED NURSING
ENTER INITIAL FREQUENCY AND DURATION FOR SKILLED NURSING:
1-2/MONTH X 9 WKS
CONSENT FOR MEDICARE/INSURANCE
I HAVE PROVIDED THE AGENCY WITH INFORMATION FOR THE MEDICARE SECONDARY PAYER QUESTIONNAIRE
YES
CONTACT YOUR INSURER FOR HOME HEALTH CARE BENEFITS, COPAYMENTS, AND/OR DEDUCTIBLES.

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).

Licensed Professional Signature: Agent
Client Signature:

MAXWELL NGIGI, RN
(Electronically Signed)
09/29/2021

(No Electronic Signature Obtained)
SIGNATURE ON PAPER

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If there is not an electronic signature, you will need to verify the clinician has the signed paper NOA or that it has already been delivered to Medical Records.

Workflow Process Steps Continued:

- After verifying the Electronic Signature Forms are present and complete, the clinical manager does not process the workflow, you will then cancel out of the workflow.
- If there are missing or incomplete NOA's, the Clinical Manager will follow up with the clinician.
- For missing or incomplete NOAs, the clinician will be required to obtain a new NOA and deliver it to the manager within 24 hours.
- After the clinical manager receives the NOA, it needs to be scanned and emailed to "Medical Records".
- The clinical manager should also interoffice the NOA to Medical Records.
- Medical Records will upload the NOA into HCHB and process the workflow task once complete.

If you do not obtain the patients signature or the signature gets erased, 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