

# Missed Visit and Critical Incident Reporting Training

February 2022

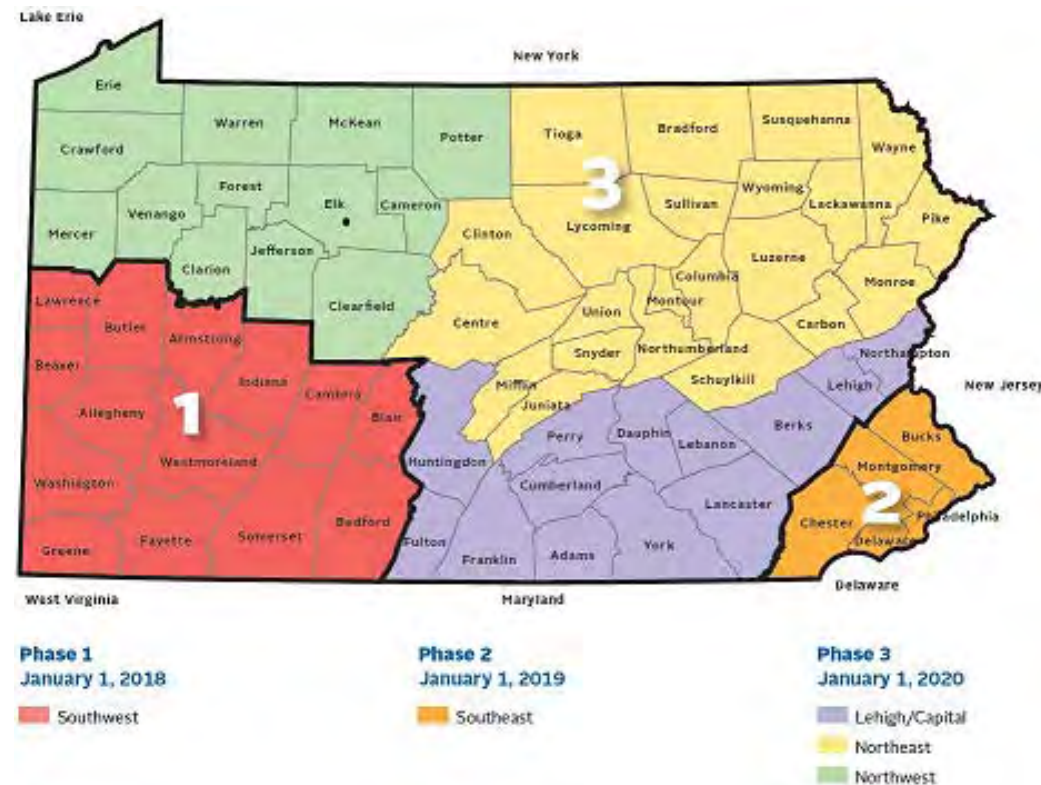


**Keystone First**  
*Community HealthChoices*

Delivering the Next  
**Generation**  
of Health Care

# Community HealthChoices in Pennsylvania

- The Pennsylvania Community HealthChoices (CHC) program rolled out in three phases (geographic regions) over a three-year period. The last phase rolled out in January 2020, making CHC available statewide.
- The CHC program uses the same five geographic zones as the HealthChoices program
- Three managed care organizations, as chosen by the Pennsylvania Department of Human Services (DHS) and Office of Long Term Living (OLTL), manage this program. They are:
  - AmeriHealth Caritas Pennsylvania Community HealthChoices in the Southwest, Northwest, Northeast and Lehigh/Capital zones and Keystone First Community HealthChoices in the Southeast zone.
  - PA Health and Wellness
  - UPMC Community HealthChoices



# Missed Shift Reporting

Service Coordination Department



**Keystone First**

*Community HealthChoices*

# Why Report Missed Shifts?

- Reporting missed shifts (also known as missed visits) is one way to identify potential gaps in care to help ensure Participant health and safety and that care needs were able to be met.
- The Community HealthChoices (CHC) Agreement, Section V.A.2, Section V.J., Exhibit A (1), requires all CHC Managed Care Organizations (MCOs) and its providers to report, on a monthly basis, all CHC Participants who utilize **home health skilled care, home health aide services and/or Personal Assistance Services (PAS)** and have a missed service during the reporting month.
- This report identifies all services that were not delivered for selected reason codes for Participants who utilize home health skilled care, home health aide services and/or PAS.
- Data is gathered on all CHC Participants who utilize home health skilled care, home health aide services and/or PAS services for selected reason codes.

# Who is Responsible for Reporting Missed Shifts?



- All providers who are rendering home health skilled care, home health aide services and/or PAS services to CHC Participants.
- All missed visits must be reported timely and accurately by Providers.
  - Enter in HHAeXchange (HHA) within 24-48 hours of the shift being missed.
  - Accuracy of the information being reported is required.
- Missed visits should NOT be reported if there is no active service authorization for the date(s) of the missed visit(s).

# What is a Missed Shift?

- A shift of home health skilled care, home health aide services and/or PAS services that is authorized and scheduled but not rendered.
- Service Codes that must be reported:
  - Personal Assistance Services (W1793)
  - Home Health Aide (T2025)
  - Skilled Nursing – RN (T1002 SE)
  - Skilled Nursing – LPN (T1003 SE)
- The following must be clearly noted as part of the comments in the missed shift report:
  - Planned hospitalization(s)
  - Nursing facility stay(s)
  - Rehabilitation stay(s)
  - Shifts that are covered by a different direct care worker (DCW)

# Missed Shift Reason Codes and Definitions

- **AR** - Participant refused/declined a visit. This can also be used for doctor appointments, when family is visiting, or when Participant does not need/want coverage.
- **HU** - Unplanned hospitalizations only (pre-scheduled procedures and doctor appointments do not fall under this category).
- **UN** - Agency unable to staff. If ANOTHER agency is handling the visit instead, then the visit is NOT missed and should be removed from reporting in HHAeXchange.

## COVID-19 Specific Reason Codes

*Note: If the missed visit does not have to do with COVID-19 specifically, do not use the codes below.*

- **IS** - Participant does not want caregivers in the home other than informal supports due to COVID- 19.
- **SI** - Participant is self-isolating due to COVID-19 and does not want any services during this time.
- **FA** - Participant is in the hospital or nursing facility due to a COVID-19 diagnosis.
- **TX** - Worker was switched to cover another case due to COVID-19.
- **CV** - Any other COVID-19 related issue not covered above. Should only be used in RARE circumstances.

# Missed Shift Details

## Comments Section

Additional details are required, regardless of the reason for the missed visit and for all missed visits.

Provider comments must succinctly describe the circumstances of the missed visit.

- Reason visit was missed.
- Back-up plan that was put into place.
- How care needs were met.
- Who met the Participant's care needs.
- Identify actions taken to resolve issue(s) and whether the issue(s) has been resolved
- For skilled nursing services, the following must be addressed:
  - How was the Participant's health and safety ensured when missing several days of skilled nursing services?
  - Provide clarification if family members(s), backup plan person, and/or informal supports are able, willing, and trained to provide nursing services when the RN/LPN (s) is unable to provide such services.



## When completing health and safety risk information in the missed shift report:

- Answer Yes only if the missed shift caused the health and safety issue.
- Answer No for all others.

## Examples:

- Participant is hospitalized due to a stroke:
  - Health and safety would be NO because the lack of direct care worker (DCW) did not cause the stroke (which is a medical event).
- Participant falls in the shower and breaks hip after trying to get in alone since DCW did not come:
  - Health and safety would be YES because if the DCW had been there it is likely Participant would not have fallen or tried to get in shower alone.
- Include the EIM # that was created for the timeframe when the missed shift occurred regardless of whether health and safety is answered Yes or No.
  - Confirm you have entered the correct EIM # for the correct timeframe.
  - DO NOT enter made up or incorrect EIM #s.
  - Ensure the discovery date (date you became aware) and the incident date (date the health and safety issue occurred) are correct.

# Reporting Missed Shifts in HHA

If Caregiver does not provide service for scheduled visit or Participant cancels visit, Provider can flag that as **Missed Visit** under the Visit Info Tab of the visit.

Once flagged as a **Missed Visit**, Provider will be required to enter supporting information for documentation by the MCO and the state.

- **Fields required include:**
  - EIM (Yes/No)
  - EIM Number (free text)
  - Health and Safety (Y/N)
  - MAID
  - Reason for Missed visit (select from dropdown)
  - Action Taken (select from dropdown)
  - Any additional notes (free text)

# Reporting Missed Shifts in HHA

## HHAeXchange Workflow:

To flag a visit as a **Missed Visit** Provider would go to Participant's calendar and click on the scheduled visit.

Home Patient Caregiver Visit Action Billing Report Dashboard Admin

51
 0
 0
 0
 0

[Support Center](#) | [Sign Out](#)  
 Welcome - khpatal (Excellence QA - I

Enterprise 22.01.01 AWSPRODWEB08 : 443 chrome 97 (Doc Chrome 97) 1/21 12:56

**Patient Info - Active**

Name: Oliver Will	Payer Name: Life Care Demo Payer	DOB: XX-XX-XXXX
Admission ID: HHA-HHAQAE023	Patient ID: 15700	Payer Coordinator: CHHA
Home Phone: <a href="tel:212-777-7788">212-777-7788</a>	Office: HHAeXchange Office	Address: XXX,XXX, NEW YORK, NY, 10002
		Coordinators: Krunal_Coordinator

**Last 3 Authorization**

Auth. #	From Date	To Date	Service Category	Service Type	Service Code	Authorization Type	Payer	Notes	Visits/ Invoice
123456	09/06/2016	09/08/2022	Home Health	HHA	HHA SSP		Life Care Demo Payer		<a href="#">Update</a>

**Calendar** [Rollover History](#)

Month: January Year: 2022 [Search](#) ◀ ▶ [Print](#)

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
25	26	27	28	29	30	31
S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp
S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp
S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp	S:1200-1400 Vi- B: N Temp Temp

# Reporting Missed Shifts in HHA

Once the page has loaded, simply go onto the Visit Info Tab and check the box for **Missed Visit**.

HHAExchange - Non Skilled Visit Info


Assignment ID: \_\_\_\_\_ Coordinators: \_\_\_\_\_

Schedule Visit Info Bill Info

Visit Information History

Scheduled Time: 1230-2030

Visit Start Time:  01/20/2022  Visit End Time:  01/20/2022  [Link Calls](#)

Missed Visit:   [Travel Time Request](#)

\* Entered in EIM?:

\* EIM# (If above Yes, enter 7-digit EIM#; If above No, enter N/A):

\* Health and/or Safety Risk?:

\* Numerical 13 Digit MAID (MPI including Service location - Format #####):

No Data Found.

\* New Reason:  \* Action Taken:

New Note:

Prebilling Problem(s): Incomplete Confirmation, Caregiver Compliance

[Save](#) [Close](#) [Print](#)

# Reporting Missed Shifts in HHA

Once the **Missed Visit** checkbox is selected, enter all required fields and select save.

HHAExchange - Non Skilled Visit Info

Assignment ID: \_\_\_\_\_ Coordinators: \_\_\_\_\_

Schedule Visit Info Bill Info

Visit Information History

Scheduled Time: 1230-2030

Visit Start Time:  01/20/2022  Visit End Time:  01/20/2022  [Link Calls](#)

**Missed Visit:**  Travel Time Request:

\* Entered in EIM?:

\* EIM# (If above Yes, enter 7-digit EIM#; If above No, enter N/A):

\* Health and/or Safety Risk?:


\* Numerical 13 Digit MAID (MPI including Service location - Format #####):

No Data Found.

\* New Reason:  \* Action Taken:

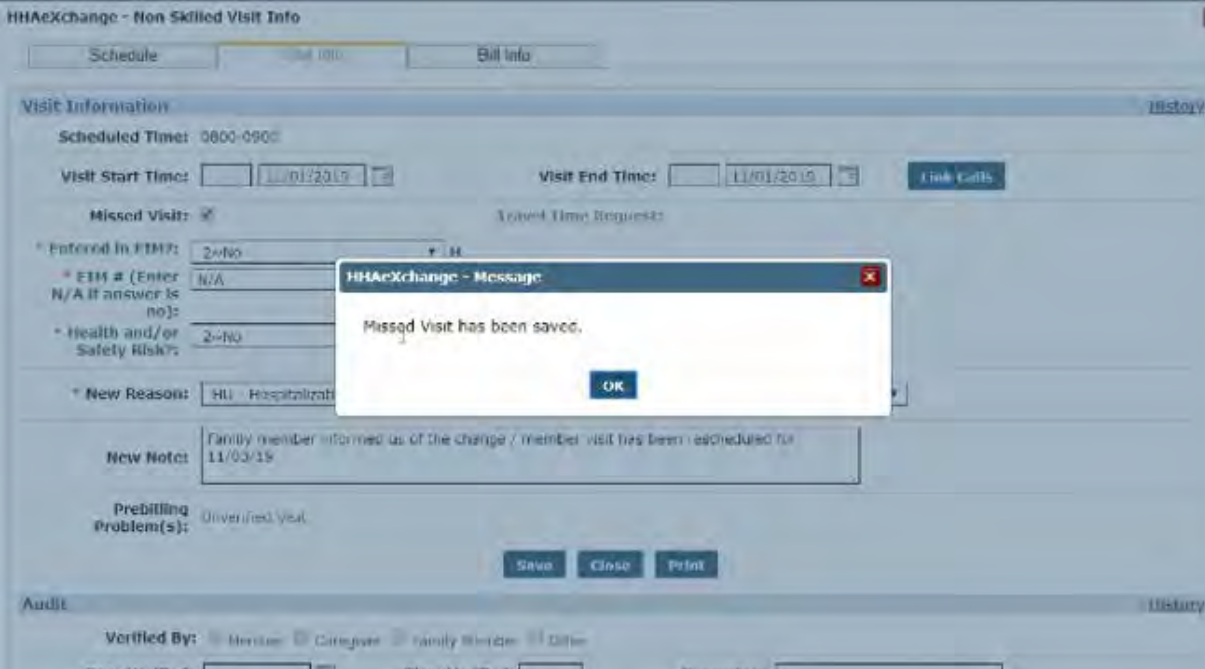
New Note:

Prebilling Problem(s): Incomplete Confirmation, Caregiver Compliance



# Reporting Missed Shifts in HHA

Once the info has been entered and saved Provider will get Validation message:



The screenshot shows a web application window titled "HHAExchange - Non Skilled Visit Info". The window has three tabs: "Schedule", "Bill Info", and "History". The "Schedule" tab is active. The form contains the following fields and values:

- Scheduled Time:** 0800-0900
- Visit Start Time:** 11/01/2019
- Visit End Time:** 11/01/2019
- Missed Visit:**
- Entered in FTM?:** 2=No
- ETM # (Enter N/A if answer is no):** N/A
- Health and/or Safety Risk?:** 2=No
- New Reason:** HI - Hospitalizat
- New Note:** Family member informed us of the change / member visit has been rescheduled for 11/03/19
- Prebilling Problem(s):** Over/und visit

A modal dialog box titled "HHAExchange - Message" is overlaid on the form, displaying the text "Missed Visit has been saved." and an "OK" button.



# Reporting Missed Shifts in HHA

Select “ok” and navigate out of the Visit Info tab. Once back on the calendar screen, the **Missed Visit** will now show in Participant’s calendar in HHA:

**Patient Info - Active**

<b>Name:</b> Oliver Will	<b>Payer Name:</b> Life Care Demo Payer	<b>Frequency:</b> [Redacted]
<b>Admission ID:</b> HHA-HHAQAELM023	<b>Patient ID:</b> 15700	<b>DOB:</b> XX-XX-XXXX
<b>Home Phone:</b> 212-777-7788	<b>Office:</b> HHAExchange Office	<b>Address:</b> XXX,XXX, NEW YORK, NY, 10002
		<b>Payer Coordinator:</b> CHHA
		<b>Coordinators:</b> Krunal_Coordinator

**Last 3 Authorization**

Auth. #	From Date	To Date	Service Category	Service Type	Service Code	Authorization Type	Payer	Notes	Visits/ Invoice
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**Calendar** [Rollover History](#) [Print](#)

Month:  Year:

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
	25	26	27	28	29	30
1 S:1200-1400 Vi: B: N Temp Temp	2 S:1200-1400 Vi: B: N Temp Temp	3 S:1200-1400 Vi: B: N Temp Temp	4 S:1200-1400 Vi: B: N Temp Temp	5 S:1200-1400 Vi: B: N Temp Temp	6 S:1200-1400 Vi: B: N Temp Temp	7 <b>Missed Visit</b> B: N
8 S:1200-1400 Vi: B: N Temp Temp	9 S:1200-1400 Vi: B: N Temp Temp	10 S:1200-1400 Vi: B: N Temp Temp	11 S:1200-1400 Vi: B: N Temp Temp	12 S:1200-1400 Vi: B: N Temp Temp	13 S:1200-1400 Vi: B: N Temp Temp	14 S:1200-1400 Vi: B: N Temp Temp
15 S:1200-1400 Vi: B: N Temp Temp	16 S:1200-1400 Vi: B: N Temp Temp	17 S:1200-1400 Vi: B: N Temp Temp	18 S:1200-1400 Vi: B: N Temp Temp	19 S:1200-1400 Vi: B: N Temp Temp	20 S:1200-1400 Vi: B: N Temp Temp	21 S:1200-1400 Vi: B: N Temp Temp

To access info on that **Missed Visit** again, just click the **Missed Visit** in the DOS of the calendar and again go to the Visit Info Tab.

# Reporting Missed Shifts in HHA



For agencies entering missed visits directly into HHAeXchange, please review the Missed Visit job aid located [here](#) for additional details.

For any agencies using an EDI connection to HHAeXchange, please reach out to [EDISupport@hhaexchange.com](mailto:EDISupport@hhaexchange.com) with any questions around the automated Missed Visit process available with your integration.



# Enterprise Incident Management (EIM) Extension Enhancement Updates and Critical Incident Reporting

Quality Management Department



**Keystone First**

*Community HealthChoices*


# EIM Extension Enhancements

Effective December 11, 2021, limitations were placed on the number of extensions that can be filed for each Primary Category in EIM. The number of limitations, by Primary Category, is displayed in the table below:

Community HealthChoices Extension Limitations by Primary Category:

Primary Category	MCO		
	Maximum # of Extensions	Maximum Days per Extension	Maximum Total Days
Abuse	3	30	120
Death	3	30	120
ER Visit	1	30	60
Exploitation	3	30	120
Hospitalization	2	30	90
Neglect	3	30	120
Misconduct	1	30	60
Reportable Disease	1	30	60
Serious Injury	1	30	60
Service Interruption	2	30	90

# EIM Extension Enhancements, continued

- Providers **DO NOT** have the ability to request an extension in EIM nor are they able to submit an extension exception request.
  - Service Coordinators and Quality Management **DO** have the ability to enter an extension request on behalf of the Provider.
    -  **NOTE:** In order for Service Coordination or Quality Management to enter an extension request in EIM on behalf of a provider, the provider **MUST** initiate the Incident Final Section.
  - Extension requests should be made for 30 days; however, the Incident Final Section cannot be extended for more than 30 days.
    - If an attempt to extend an incident beyond 30 days is made, the following message will display, “**Error: Expected Completion Date cannot be after XX/XX/XXXX. Contact OLTL for assistance if an extension past this date is needed.**”
- \*\*\*IMPORTANT\*\*\*** The extension limitations **DO NOT** impact any incidents that were extended prior to December 11, 2021.

# EIM Extension Enhancements, continued

- Once the extension limit has been reached for a Primary Category, but additional extensions are required, the user should complete the top section of the ***OLTL EIM Critical Incident Report Extension Request*** form and email the form as an attachment to the following email address:

[EIMExtensionRequest@amerihealthcaritas.com](mailto:EIMExtensionRequest@amerihealthcaritas.com)

**\*\*\*DO NOT SEND TO OLTL DIRECTLY\*\*\*** A designated internal MCO team is assigned to review and submit the EIM CI Report Extension Request forms to OLTL that meet criteria for an extension exception request.

- The request must be submitted to the email address above at least 5 business days prior to the incident report due date.
- The Subject line on the email request should be “***OLTL EIM Critical Incident Report Extension Request***”.
- If the exception for the extension request has been approved to send to OLTL and the request for the extension exception has been approved by OLTL, the extension will be entered by OLTL.
- The requester will be notified via email of the status of the extension exception request.

# OLTL EIM Critical Incident Report Extension Request

Office of Long Term Living (OLTL) Enterprise Incident Management (EIM)  
Critical Incident Report Extension Request

The top portion of the form must be completed in its entirety



Reasons for extension requests must be detailed, valid, and clearly documented in the incident report.

Participant's Name	Participant's Master Client Index (MCI) Number
EIM Incident ID	Incident Discovery Date
Incident Original Due Date	Incident Primary Category
Reason for Extension Request (must be clearly documented in incident report)	Submission date (at least 5 business days prior to report due date)
Person submitting Request (name and title)	Agency/MCO Name

**OLTL USE ONLY:**

APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_

Reason for rejection \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of OLTL Decision \_\_\_\_\_

OLTL Staff \_\_\_\_\_

# Expectations for Critical Incident Reporting

- It is mandatory that the Service Coordinator or provider agency that discovers or has firsthand knowledge of the critical incident submit a critical incident report within the Enterprise Incident Management System (EIM) within forty-eight (48) hours of discovery of the incident or the first business day following a weekend or a holiday.
- This applies to incidents that happen AT ANY TIME, including:
  - 1) Critical incidents that occur during the time a service is being provided, **and**
  - 2) Critical incidents that occur during the time an agency is contracted to provide services but fails to do so, **and**
  - 3) Critical incidents that occur at times other than when an agency is providing or is contracted to provide services (if the agency becomes aware of such incidents).
- In addition, Direct Service providers are required to notify the Participant's Service Coordinator when a critical incident occurs per 55 PA Code Chapter 52 and OLTL's Critical Incident Management Bulletin located at:  
[https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OLTL/c\\_171054.pdf](https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OLTL/c_171054.pdf)

# Thank you!



- Please attest that you have completed the Missed Visit and Critical Incident Reporting Training <https://www.surveymonkey.com/r/8CY87GM>.
- For questions or additional information
  - Email [chcproviders@keystonefirstchc.com](mailto:chcproviders@keystonefirstchc.com)
  - Contact your Account Executive
  - Call the Provider Services phone line: **1-800-521-6007**



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