



Provider Guide

Late and Missed Shift Reporting

www.amerihealthcaritasde.com


AmeriHealth Caritas[™]

Delaware

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Late and missed shifts reporting background

AmeriHealth Caritas Delaware developed a form for home and community-based service (HCBS), private-duty nursing (PDN), and skilled home health providers to routinely report information on late and missed care services for AmeriHealth Caritas Delaware members.

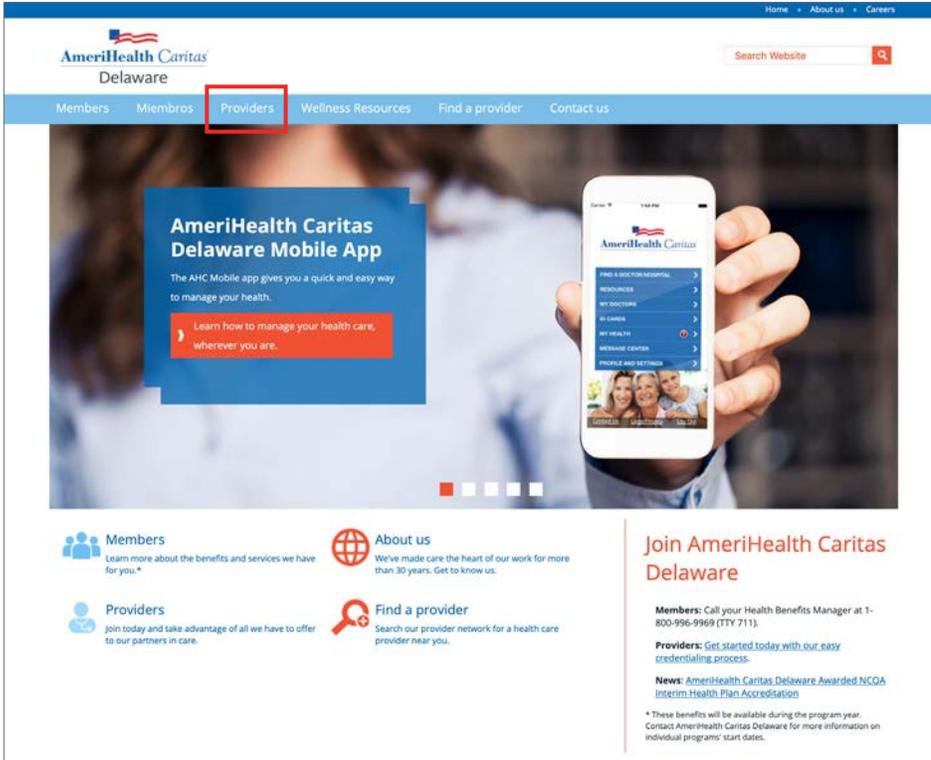
The form allows providers to report the total number of hours that have been authorized for attendant care (AC), skilled nursing (SN), home health aide (HHA), homemaker (HMR), PDN, and therapy (THY) services each week. Include the number of authorized hours late or missed and a written explanation of why the shift was late or missed.

| Key of late or missed shift reason codes | |
|--|--|
| Late shift | If only part of the total time authorized for the date of service was provided, this is a late shift. (For example, if four hours were approved for the day and only two hours were provided, this is a late shift.) |
| Missed shift | If none of the time authorized for the date of service was provided, this is a missed shift. (For example, if four hours were authorized and no hours were provided, this is a missed shift.) |

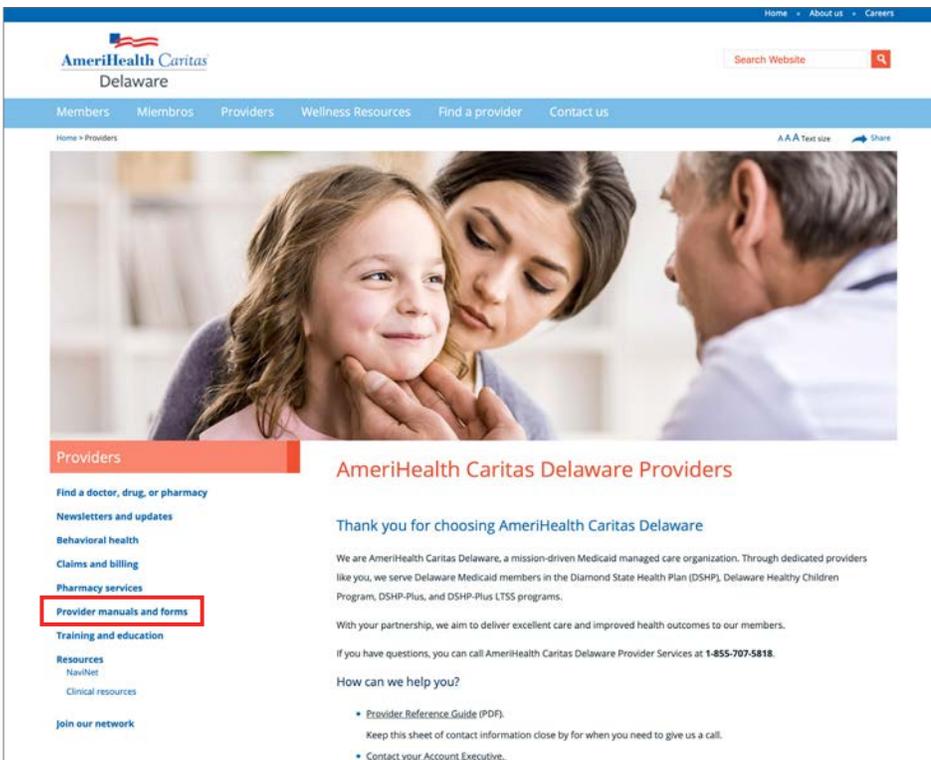
| | |
|------------|-------------------------------|
| PNS | Provider No Show |
| PC | Provider Canceled |
| MNS | Member No Show |
| MC | Member Canceled |
| SEP | Scheduling Error Provider |
| SEM | Scheduling Error Member |
| LA | Lack of Service Authorization |
| OTR | Other* Explained in narrative |

Downloading the Late and Missed Shifts Reporting Form

1. Open your **internet browser**.
2. Go to **www.amerhealthcaritasde.com**.
3. Select **Providers** at the top of the home screen.



4. Select **Provider Manuals and Forms** from the left navigation pane.



Downloading the Late and Missed Shifts Reporting Form (continued)

5. Scroll to view **Forms** → **Home Health Agency** → **Late and Missed Shifts Reporting Form.**

• [Substance use discharge note \(PDF\)](#)
• [Substance use disorder prior authorization form \(PDF\)](#)
• [Transcranial magnetic stimulation request form \(PDF\)](#)
• [Vagus nerve stimulation prior authorization request form \(PDF\)](#)

Complaints

- [Provider Complaint Form \(PDF\)](#)

Home Health Agency

- [Late and Missed Shifts Reporting Form](#)

Let Us Know (Rapid Response and Outreach Team)

- [Rapid Response and Outreach Team member intervention form \(PDF\)](#)

Maternity

- [Bright Start Breast Pump Prior Authorization Request Form \(PDF\)](#)
• [Obstetrical Delivery Notification Form \(PDF\)](#)
• [Obstetrical Needs Assessment Form \(PDF\)](#)

Prior Authorization

- [Prior Authorization Request Form \(PDF\)](#)
• [Provider Prior Authorization Guide Physical and Behavioral Health Services \(PDF\)](#)

Quality Management

- [Delaware Medicaid critical incident report form \(PDF\)](#)

Working with AmeriHealth Caritas Delaware

- [Primary Care Provider \(PCP\) Selection Form \(PDF\)](#)
• [Provider Change Form \(PDF\)](#)

6. Select and download the **Late and Missed Shifts Reporting Form.**

• [Substance use discharge note \(PDF\)](#)
• [Substance use disorder prior authorization form \(PDF\)](#)
• [Transcranial magnetic stimulation request form \(PDF\)](#)
• [Vagus nerve stimulation prior authorization request form \(PDF\)](#)

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Working with AmeriHealth Caritas Delaware

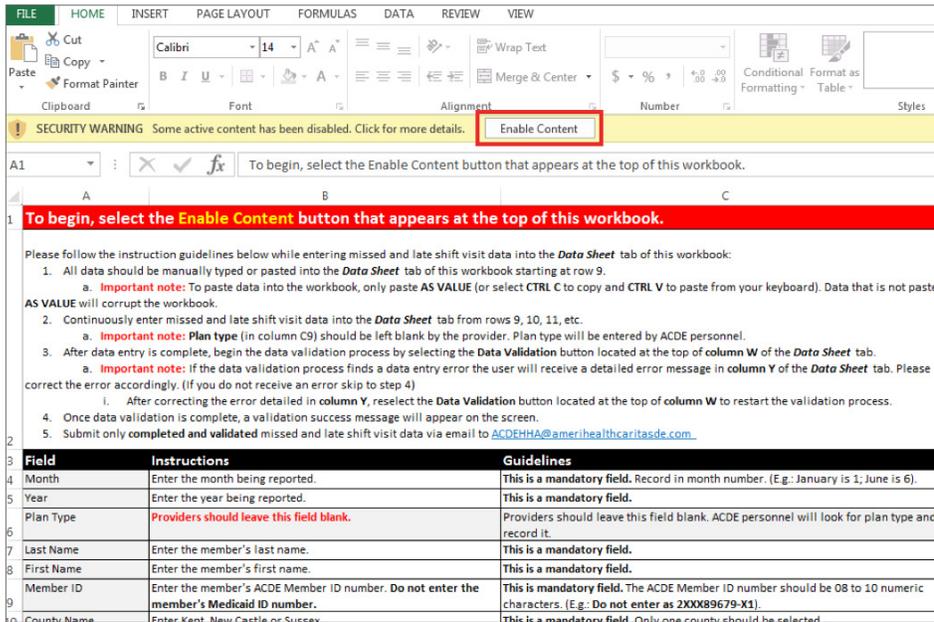
- [Primary Care Provider \(PCP\) Selection Form \(PDF\)](#)
• [Provider Change Form \(PDF\)](#)

late-and-missed-...afm

Please discard any older versions of the template you may have.

Late and missed shift reporting instructions

Once you successfully download and open the Late and Missed Shifts Reporting Form, begin by selecting the **Enable Content** button that appears at the top of the workbook.

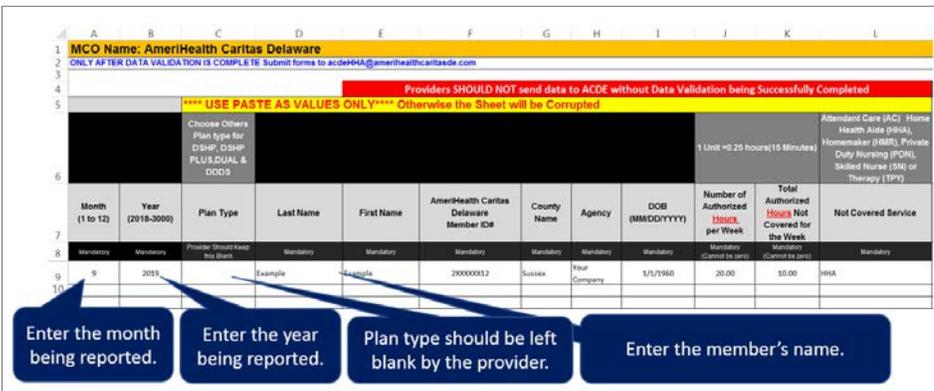


Thoroughly review and follow the late and missed shift care reporting instructions in **Instructions and Guidelines** tab of the workbook:

- Step 1. All data should be manually typed or pasted into the **Data Sheet** tab of the workbook, starting at row 9.
- Step 2. Enter missed and late shift visit data into all fields listed as mandatory on the **Data Sheet** tab from rows 9, 10, 11, and others.



To paste data into the workbook, only paste **as value** (or select **CTRL-C** to copy and **CTRL-V** to paste from your keyboard). Data that is not pasted **as value** will corrupt the workbook.



Plan type (in column C9) should be left blank by the provider. The member's plan type is for internal use only.

Late and missed shift reporting instructions (continued)

| MCO Name: AmeriHealth Caritas Delaware | | | | | | | | | | | |
|---|------------------|-----------|-----------|------------|---|-------------|---------|------------------|-------------------------------------|---|---------------------|
| Providers SHOULD NOT send data to ACDE without Data Validation being Successfully Completed | | | | | | | | | | | |
| **** USE PASTE AS VALUES ONLY**** Otherwise the Sheet will be Corrupted | | | | | | | | | | | |
| Month (1 to 12) | Year (2018-2020) | Plan Type | Last Name | First Name | AmeriHealth Caritas Delaware Member ID# | County Name | Agency | DOB (MM/DD/YYYY) | Number of Authorized Hours per Week | Total Authorized Hours Not Covered for the Week | Not Covered Service |
| 9 | 2019 | Example | Example | Example | 200000012 | Example | Example | 1/1/1960 | 20.00 | 10.00 | HHA |

Enter the member's ACDE member ID number.

Enter county name.

Enter your company's name

Enter the member's DOB (MM/DD/YYYY)

Enter the member's AmeriHealth Caritas Delaware **member ID** number. **Do not enter the member's Medicaid ID** number.

- The member's AmeriHealth Caritas Delaware member ID number should be 8 to 10 numeric characters. (E.g., Do not enter it as 2XXX89679-X1).

The county name may also be selected from the drop-down menu. The county name cannot be abbreviated.

| Without Data Validation being Successfully Completed | | | | | | | | | | | | | |
|--|-------------------------------------|---|---------------------|--|----|-----|----|-----|-----|----|-----|------|--------|
| REASON CODES KEY | | | | | | | | | | | | | |
| DOB (MM/DD/YYYY) | Number of Authorized Hours per Week | Total Authorized Hours Not Covered for the Week | Not Covered Service | Reason Codes (Only one of these Reason Codes must be marked 'x') | | | | | | | | | |
| Mandatory | Mandatory (Cannot be zero) | Mandatory (Cannot be zero) | Mandatory | PNS | PC | MNS | MC | SEP | SEM | LA | OTR | LATE | MISSED |
| 1/1/1960 | 20.00 | 10.00 | HHA | | x | | | | | | | x | |

Enter the total number of **hours** authorized for the week.
Example:
• 20.00 ✓
• 20hrs/week ✗

Enter the total number of authorized **hours** not covered for the week.

Select the appropriate code for the 'not covered service' from the drop-down menu.

If the provider has AC, HHA, HMR, SN, or THY services in units, then a mandatory conversion from units to **hours** is required.

Calculation:

- 1 unit = 15 minutes = 0.25 hours.
- Thus, X units = X multiplied by 0.25 hours.
- For example: 4 units = 4 X 0.25 = 1 hour.

Only one reason code may be selected per row. If you are manually typing or pasting into this section, enter a lowercase "x".

| Without Data Validation being Successfully Completed | | | | | | | | | | | | | |
|--|-------------------------------------|---|---------------------|--|----|-----|----|-----|-----|----|-----|------|--------|
| REASON CODES KEY | | | | | | | | | | | | | |
| DOB (MM/DD/YYYY) | Number of Authorized Hours per Week | Total Authorized Hours Not Covered for the Week | Not Covered Service | Reason Codes (Only one of these Reason Codes must be marked 'x') | | | | | | | | | |
| Mandatory | Mandatory (Cannot be zero) | Mandatory (Cannot be zero) | Mandatory | PNS | PC | MNS | MC | SEP | SEM | LA | OTR | LATE | MISSED |
| 1/1/1960 | 20.00 | 10.00 | HHA | | x | | | | | | | | x |

Select 'x' from the drop-down box in the appropriate reason code cell.

Select late if non-covered hours are **less** than authorized hours.

Select missed if non-covered hours are **equal** to authorized hours.

Late and missed shift reporting instructions (continued)

Step 3. After data entry is complete, begin the data validation process by selecting the **Data Validation** button at the top of **Column W** of the **Data Sheet** tab. Once data validation is complete, a validation success message will appear on the screen.

The screenshot shows a spreadsheet with columns G through W. A red box highlights the 'Data Validation' button in the top right corner of the spreadsheet area. Below the spreadsheet, an 'Information' dialog box is open, displaying a blue information icon and the text: 'Congratulations, data validation is successfully completed for 1 Records.' The dialog box has an 'OK' button at the bottom right.

Optional fields:

- Providers may provide dates and hours for the services that were not covered or that week and an explanation of why those hours were late or missed in **Column W7** of the workbook.
- Providers may list any actions taken to resolve members' staffing issues in **Column X7** of the workbook.

Note: The Upload Record button is for internal use only.

Step 4. Home health agencies should rename the form with their **Provider ID Number** and **Week Details** to track their submission history. Save and rename the form as "LM_Provider ID Number_starting date (Monday of the week) to ending date (Sunday of the week)."

| September 2019 | | | | | | | < | Today | > |
|----------------|-----|-------|-----|-----|-----|-----|---|-------|---|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat | | | |
| Sep 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 | | | |
| 29 | 30 | Oct 1 | | | | | | | |

For example:
"LM_307XXXXX_9-23-19_9-29-19."
 The report should be submitted on 9/30/2019 (the following Monday) or 10/1/2019 (the following Tuesday).

Step 5. Submit only completed and validated missed and late shift visit data to ACDEHHA@amerihealthcaritasde.com.

Note: Late and missed shift reporting logs must be tracked every week (Monday to Sunday, seven days) and submitted to AmeriHealth Caritas Delaware the following Monday or Tuesday.

Additional scenarios

Scenario 1: Incorrect data entry

If the data validation process finds a data entry error, you will receive a detailed error message in **Column Y** of the Data Sheet tab. After correcting the error, reselect the Data Validation button at the top of **Column W** to repeat the validation process.

Note: Not covered hours are less than authorized hours. The shift is considered late.

A data validation error has occurred because missed was selected and not late.

Error Detected at Row #9 Check Description on Column Y on this row. Validation Aborted/Incomplete. Please reselect validation after correction DO NOT Send the data before data validation is successfully complete.

If the data validation process finds a data entry error, the user will receive a detailed error message in **Column Y** of the **Data Sheet** tab. Please correct the error.

After correcting the error detailed in **Column Y**, reselect the **Data Validation** button at the top of **Column W** to repeat the validation process from Step 3.

The data validation error was corrected. The shift was changed from missed to late.

Additional scenarios (continued)

Scenario 2: The member has late or missed shifts in one week for different reasons

If the member has late or missed shifts for different reasons within the same week, re-enter the member on a new row of the workbook for the additional reason codes. All entries for the member should not exceed the total authorized hours for the week.

In the example below, the member was authorized 20 hours for the given week. Two entries for the member were made. In the first entry, 15 hours were authorized and five hours were not covered because the provider canceled the shift. This caused the shift to be late. In the second entry, five hours were authorized and five hours were not covered because the member canceled. This caused the shift to be missed. As shown, the total authorized hours of all entries did not exceed 20 for that week.

| MCO Name: AmeriHealth Caritas Delaware ONLY AFTER DATA VALIDATION IS COMPLETE Submit forms to acdeHHA@amerihealthcaritasde.com | | | | | | | | | | | | | REASON CODES KEY | | | | | | | | | |
|---|------------------|--------------------------------|-----------|------------|---|-------------|--------------|------------------|-------------------------------------|---|--|--|------------------|-----|----|-----|-----|----|-----|------|--------|---|
| Providers SHOULD NOT send data to ACDE without Data Validation being Successfully Completed | | | | | | | | | | | | | REASON CODES KEY | | | | | | | | | |
| **** USE PASTE AS VALUES ONLY**** Otherwise the Sheet will be Corrupted | | | | | | | | | | | | | REASON CODES KEY | | | | | | | | | |
| Month (1 to 12) | Year (2018-2000) | Plan Type | Last Name | First Name | AmeriHealth Caritas Delaware Member ID# | County Name | Agency | DOB (MM/DD/YYYY) | Number of Authorized Hours per Week | Total Authorized Hours Not Covered for the Week | Attendant Care (AC) Home Health Aide (HHA), Homemaker (HMR), Private Duty Nursing (PDN), Skilled Nurse (SN) or Therapy (TPY) | Reason Codes (Only one of these Reason Codes must be marked 'x') | | | | | | | | | | |
| Mandatory | Mandatory | Provider Should Keep the Blank | Mandatory | Mandatory | Mandatory | Mandatory | Mandatory | Mandatory | Mandatory (Cannot be zero) | Mandatory (Cannot be zero) | Mandatory | PNS | PC | MNS | MC | SEP | SEM | LA | OTR | LATE | MISSED | |
| 9 | 2019 | | Example | Example | 2XXXXX078 | Sussex | Your Company | 1/1/1960 | 15.00 | 5.00 | HHA | | x | | | | | | | | x | |
| 9 | 2019 | | Example | Example | 2XXXXX078 | Sussex | Your Company | 1/1/1960 | 5.00 | 5.00 | HHA | | | | x | | | | | | | x |

The member was authorized 20 hours total for the week.

Two reason codes were selected accordingly.

Two shifts were selected accordingly.

Additional scenarios (continued)

Scenario 3: The member receives services during overlapping months

If the fourth week of the month overlaps with the next month, re-enter the member on a new row of the workbook for the new month. All entries for the member should not exceed the total authorized hours for the week.

For example, if the member has 20 authorized hours for a given week and receives services on the last day of the current month and the first day of the next month, then separate entries should be made for the respective months.

In the example below, the first entry was made for the last day of September. Thus the month was entered as "9". The shift was late, because 15 hours were authorized, and five hours were not covered.

The second entry was made for the first day of October. Thus the month was entered as "10". Five hours were authorized hours, and five hours were not covered, so the shift was missed. As shown, the total authorized hours of all entries did not exceed 20 for the overlapping month in the given week.

| MCO Name: AmeriHealth Caritas Delaware | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------|-------------------------------|-----------|------------|---|-------------|--------------|------------------|-------------------------------------|---|---------------------|---|----|-----|---|-----|-----|----|-----|------|--|---|
| ONLY AFTER DATA VALIDATION IS COMPLETE Submit forms to acdeHHA@amerihealthcaritasde.com | | | | | | | | | | | | | | | | | | | | | | |
| Providers SHOULD NOT send data to ACDE without Data Validation being Successfully Completed | | | | | | | | | | | | REASON CODES KEY | | | | | | | | | | |
| **** USE PASTE AS VALUES ONLY**** Otherwise the Sheet will be Corrupted | | | | | | | | | | | | | | | | | | | | | | |
| Choose Others Plan type for DSH, DSH, PLUS, DUAL & DDD | | | | | | | | | | 1 Unit = 0.25 hours (15 Minutes) | | Attendant Care (AC), Home Health Aide (HHA), Homemaker (HMR), Private Duty Nursing (PDN), Skilled Nurse (SN) or Therapy (TPY) | | | Provider No Show - PIS Provider Canceled - PC Member No Show - MNS Member Canceled - MC Scheduling Error Provider - SEP Scheduling Error Member - SEM Lack of Service Auth - LA Other - OTR Late - a partial shift Missed - entire shift missed | | | | | | One of either Late in Shift or Missed Shift must be marked with 'x' (NOT BOTH) | |
| Month (1 to 12) | Year (2018-3000) | Plan Type | Last Name | First Name | AmeriHealth Caritas Delaware Member ID# | County Name | Agency | DOB (MM/DD/YYYY) | Number of Authorized Hours per Week | Total Authorized Hours Not Covered for the Week | Not Covered Service | Reason Codes (Only one of these Reason Codes must be marked 'x') | | | | | | | | LATE | MISSED | |
| Mandatory | Mandatory | Provider Should Keep the Data | Mandatory | Mandatory | Mandatory | Mandatory | Mandatory | Mandatory | Mandatory (Cannot be zero) | Mandatory (Cannot be zero) | Mandatory | PNS | PC | MNS | MC | SEP | SEM | LA | OTR | LATE | MISSED | |
| 9 | 2019 | | Example | Example | 2XXXXX78 | Sussex | Your Company | 1/1/1960 | 15.00 | 5.00 | HHA | | x | | | | | | | | x | |
| 10 | 2019 | | Example | Example | 2XXXXX78 | Sussex | Your Company | 1/1/1960 | 5.00 | 5.00 | HHA | | | | x | | | | | | | x |

Two months are selected.

The member was authorized 20 hours total for the week.



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