

## Job Roles and Work Flow Duties

Job Role	Description	Work Flow	Features that help Streamline Workflow
<b>Intake Coordinator</b>	Responsible for the overall coordination of Agency referrals for Medicare and non-Medicare clients under the direct supervision of the agency supervising nurse. The Intake Coordinator is a resource person for referral sources. They ensure all documentation in place to include PDGM groupable diagnoses code, face to face, initial physicians orders, and insurance information to include authorization to facilitate transition to home health. May be a clinical documents specialist and should have extensive knowledge of the regulatory guidelines governing home health. Maybe performed in a centralized location are located at the branch level.	<ul style="list-style-type: none"> <li>•Receive Referral</li> <li>•Check Eligibility</li> <li>•Verify PECOS of referring MD</li> <li>•Obtain authorization for non-Medicare</li> <li>•Data Enter Demographics</li> <li>•Enter Primary DX</li> <li>•Confirm PDGM DX</li> <li>•Obtain additional DX if needed for PDGM coding</li> <li>•Confirm upload documents for face to face or enter projected date of face to face</li> <li>•Notify Document Specialist if unable to obtain PDGM groupable Primary DX</li> <li>•Upload documents (History and Physical, Advance Directives, Living Will, etc.)</li> <li>•Enter specialty program, team, account executive</li> <li>•Address for Geo Mapping</li> <li>•Add any new referral sources and confirm method for orders management (fax or portal)</li> </ul>	<ul style="list-style-type: none"> <li>•Interface with WorldView and other referral management tools</li> <li>•Instant Eligibility for Medicare</li> <li>•Instant PECOS Eligibility</li> <li>•Instant connection to all online commercial insurance for verification and eligibility</li> <li>•Intake staff may add new physicians without having to go through an account administrator.</li> <li>•Geo Mapping for EVV</li> <li>•Alerts for non PDGM DX</li> <li>•At intake patient can be assigned to team members, specialty program, account executive and a myriad of possibilities to allow advanced business analytics.</li> <li>•Systems allows large PDF uploads to accommodate extensive medical history.</li> </ul>
<b>Clinical Document Specialist</b>	Clinical documentation specialists understand a wide range of specialized disciplines, including education in anatomy and physiology, pathophysiology, and pharmacology; knowledge of official medical coding guidelines; CMS, and private payer regulations related to the Prospective Payment System and PDGM; an ability to analyze and interpret medical record documentation and formulate appropriate physician queries; and an ability to benchmark and analyze clinical documentation program performance. Certification in coding preferred but not required. LPN or other clinical licensure preferred but not required.	<ul style="list-style-type: none"> <li>•Obtain additional information for PDGM groupable DX</li> <li>•Schedule pending referrals</li> <li>•Run PDGM analysis tool – with projections for OASIS functional scoring</li> <li>•Transmits and validates OASIS (interacts with clinical staff to ensure that OASIS errors corrected)</li> <li>•In states with RCD obtains necessary documentation and tracks status of claims and makes corrections as necessary</li> <li>•Provide visit projections based on three levels of functional scores after using PDGM Modeling Tool</li> <li>•Schedule SOC</li> <li>•Notify additional disciplines of scheduled SOC date</li> <li>•Track missed visits daily with rescheduling</li> </ul>	<ul style="list-style-type: none"> <li>•RCD tools to include RCD Center for management</li> <li>•Questionable Encounter Alerts at point of Intake</li> <li>•PDGM Modeling tool provides visit projections</li> <li>•ICD 10 quick look up</li> <li>•Physician portal for Diagnoses query</li> <li>•Partnership with Suture Sign</li> </ul>
<b>Branch Coordinator</b>	Coordinates a wide variety of branch duties which may include orders management, patient scheduling, supplies management, HR, and other duties as assigned.	<ul style="list-style-type: none"> <li>•Reviews all missed visits and coordinates with clinical staff for re-scheduling</li> <li>•Manages and posts to Axxess CARE internally and externally</li> <li>•Manages Axxess integrations.</li> <li>•Uploads all HR documents and runs reports weekly for expiring items.</li> <li>•Data entry for new users, referral sources, vendors, etc.</li> <li>•Liaison with external staffing employees for onboarding and coordination of care.</li> </ul>	<ul style="list-style-type: none"> <li>•Duplication of privileges for new users.</li> <li>•Axxess CARE posting within scheduling system.</li> <li>•All information for external staffing. (OIG, background, self-evaluating competency, and licensure information maintained with the system)</li> <li>•Auto pay for external staff in Axxess CARE</li> </ul>
<b>Coder</b>	Using information provided in the patient's medical record, applies the correct ICD-10 code to primary and all secondary diagnoses. Follows universal coding guidelines to ensure that the codes applied meet all compliance guidelines and accurately describe the health conditions of the patients based on the services to be provided by the home health agency.	Assigns ICD-10 Codes based on agency policy and may be performed through outsourced vendors.	<ul style="list-style-type: none"> <li>•Flexible point of entry in work flow / Tracks all coding changes</li> <li>•ICD-10 codes at point of intake</li> <li>•QEC code warnings and hard stops included throughout solution</li> </ul>
<b>Administrator</b>	The Administrator provides oversight for all areas of the agency and effectively oversees the agency's clinical operations, personnel performance, business development, and office management on an ongoing basis. Performs billing, HR, and business development roles in smaller agencies.	<ul style="list-style-type: none"> <li>•Management by reports using BI Analytics/Tableau with interventions and drill downs on a daily, weekly, and monthly basis</li> <li>•Review AR and payable through Revenue Cycle Management (RCM) dashboards</li> </ul>	<ul style="list-style-type: none"> <li>•Auto Billing for RAPs and Final claims</li> <li>•Dashboard and agency level reports</li> <li>•HR reminders for document management</li> <li>•RCM Dashboards</li> </ul>
<b>Quality Review Nurse</b>	Responsible for agency QAPI program to include infection control, disaster preparedness, risk management and safety, and patient satisfaction. Will review and approve documentation and patient information that is provided by all new clinical staff and other clinical staff as deemed appropriate. Ensures integrity of the plan of care and OASIS with comprehensive assessment.	<ul style="list-style-type: none"> <li>•Manages all infection control and incident reports</li> <li>•Documents follow up on patient complaints</li> <li>•Review Patient Satisfaction scores and patient comments</li> </ul>	<ul style="list-style-type: none"> <li>•Clinical Real Time Validation/Decreases amount of edits to documentation</li> </ul>

<p><b>Clinical Manager/DCS</b></p>	<p>Directs and provides oversight for all clinical operations. Makes decisions on admissions. Directs training programs. May lead QI activities and code for the agency. Investigates and resolves complaints. May assume duties of clinical supervisor when needed. Serves as alternate administrator and directs training needs of the agency.</p>	<ul style="list-style-type: none"> <li>•Reviews all incidents, infection control and trends for QI</li> <li>•Reviews all emergent management and patient triage plans for management of disaster planning</li> <li>•Review patient satisfaction scores and patient comments</li> <li>•Collaborates with document specialist to ensure proper PDGM primary and secondary diagnoses and performs coding duties</li> <li>•Reviews all referrals and assigns clinical staff</li> <li>•Ensures clinical integrity of all documentation through clinical review using QI center</li> <li>•Pulls recertification report every 2 weeks for team conference / Conducts team conference</li> </ul>	<ul style="list-style-type: none"> <li>•infection Control within system with integration of orders within the note when infection identified</li> <li>•Integration of HHCAHPS real time comments to improve patient satisfaction scores</li> <li>•Disaster planning integrated into plan of care and comprehensive assessment</li> <li>•ICD-10 diagnoses look up</li> <li>•Real time OASIS validation ensures compliance and less time in QA Center</li> <li>•All TPE questions integrated in the plan of care</li> <li>•Integration with Medline PLUS for clinical documentation.</li> <li>•Access online training Center</li> <li>•PDGM Resource page</li> </ul>
<p><b>Clinical Supervisor</b></p>	<p>Supervises clinical staff in a certain geographic region or for a certain clinical specialty. Manages all incoming calls related to a team of patients. Conducts onsite training if needed. Depending on the needs of the agency may also review documentation for quality. Works with scheduler to ensure appropriate staff assignments.</p>	<ul style="list-style-type: none"> <li>•Ensures care coordination with MD through use of physician's portal</li> <li>•Reviews and clears documentation in the QA Center</li> <li>•Review health care indicator graphs as well as PDGM analysis for recert and discharge decision prior to team conference</li> </ul>	<ul style="list-style-type: none"> <li>•Immediate notification of all missed visits to control LUPA and promote outcomes</li> <li>•Ability to turn up controls for staff requiring more supervision and dial back quality control for more reliable staff</li> <li>•May turn on and off QA Center for Reviews</li> <li>•Real Time OASIS and Clinical validation ensures adherence with compliance standards</li> </ul>
<p><b>Biller</b></p>	<p>Process all billing with all payor sources at an agency or corporate level. Oversight of all ongoing insurance authorization.</p>	<ul style="list-style-type: none"> <li>•Manage Claims through the Billing Center</li> <li>• Manage all RTP through the Billing Center</li> <li>•Coordinate with Operational Staff as needed</li> <li>•Assign new payors as needed</li> </ul>	<ul style="list-style-type: none"> <li>•Direct Connection to DDE</li> <li>•Auto RAPs and Final claims submission</li> <li>•Dashboards for RCM with easy drill down</li> <li>•Automatic billing requirement tracking</li> <li>•Authorization management</li> <li>•Easy Rejection/Denial processing</li> <li>•Pending claim management and aging</li> </ul>
<p><b>Case Manager</b></p>	<p>Registered Nurse or Physical Therapist (for therapy only cases) that provides clinical direction and management to homebound patients with the goal of positive patient outcomes in a specific geographic location, per specialty program or as assigned by agency.</p>	<ul style="list-style-type: none"> <li>Uses Clinicians planner for daily visits</li> <li>•Receives and sends office information through secure messaging</li> <li>•Corrects documentation through the alert center of clinician's planner</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical real time validation: <ul style="list-style-type: none"> <li>a. The nurse is given only one choice for documentation that applies to the patient, increasing productivity</li> <li>b. OASIS corrected as you go</li> <li>c. Reduce need for QA oversight for clinically competent RNS and PTS (May turn off the QI workflow for competent staff)</li> <li>d. Fast onboarding for new case managers as the system trains as it goes.</li> <li>e. Improved compliance as OASIS and Plan of Care will match primary diagnoses.</li> <li>f. Accurate initial OASIS responses will allow the patient the opportunity to be reflected appropriately for Home Health Compare and 5-star scores</li> </ul> </li> <li>• One source documentation</li> <li>• HHA careplan and therapy orders integrated into comprehensive assessment</li> <li>• Wound care Center</li> <li>• Orders driven scheduling with control and flexibility</li> <li>• Seamless Plan of Care collaboration with therapy to ensure OASIS functional scores are correct.</li> <li>• Medication look up with patient care teaching sheets</li> <li>• Supervisory visits for HHA and LPN integrated into the note</li> </ul>

<p><b>LPN/LVN Re- Visit Nurse</b></p>	<p>Performs non-OASIS visits known as routine visits using the following billable skills: direct care, observation and assessment, teaching and management, and evaluation of Care Plan (RN only). May be an LPN/LVN or RN.</p>	<p>Uses Clinician's planner for daily visits</p> <ul style="list-style-type: none"> <li>•Receives and sends office information through secure messaging</li> <li>•Corrects documentation through the alert center of clinician's planner</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical real time validation: <ul style="list-style-type: none"> <li>a. Nurse is given only one choice for documentation that applies to the patient, which increases productivity</li> <li>b. OASIS corrected in real time</li> <li>c. Reduce need for QA oversight for clinically competent RNs and PTs (May turn off the QI workflow for competent staff)</li> <li>d. Fast onboarding for new case managers as the system trains as it goes</li> <li>e. Improved compliance as OASIS and Plan of Care will match primary diagnoses</li> <li>f. Accurate initial OASIS responses will allow the patient the opportunity to be reflected appropriately for Home Health Compare and 5-star scores</li> </ul> </li> <li>• One source documentation</li> <li>• HHA careplan and therapy orders integrated into comprehensive assessment</li> <li>• Wound Manager and Wound Care Center</li> <li>• Orders driven scheduling that allows control and flexibility</li> <li>• Seamless Plan of Care collaboration with therapy to ensure OASIS functional scores are correct</li> <li>• Medication look up with patient care teaching sheets</li> <li>• Supervisory visits for HHA and LPN integrated into the note</li> </ul>
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