Adult Social Care Finance Provider Portal

Home Support User Guide
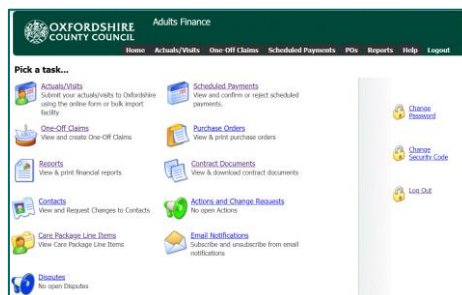
Contents

Provider Portal

OCC decommissioned the use of CM2000/Call Confirm Live on 31st March 2023. Home care providers are expected to use the Adults Provider Portal instead to supply OCC with visits data to ensure we pay providers and charge clients accurately.

Currently packages of care commissioned under a spot contract are on an invoice-based payment method. This means providers are expected to send in invoices for these cases. However, for packages of care commissioned under legacy contracts such as APL, DAPL or HTLAH – providers are now expected to use the Provider Portal.

Setting up the Planned Care in your system

Your care system needs to be kept up to date with the care to be delivered to a service user. In the Provider Portal you will see the term Care Package Line Item (CPLI) – this will be the support package we have in our system for a service user. It is important that the agreed times of visits and hours of support is reflected in your care system. The 'planned' information within the visits file should match what is on the CPLI.

A service requisition form is used to notify providers of a care package that needs to be sourced. The timetable of care on this form is to be used to set up the number and duration of visits for the person on your care system.
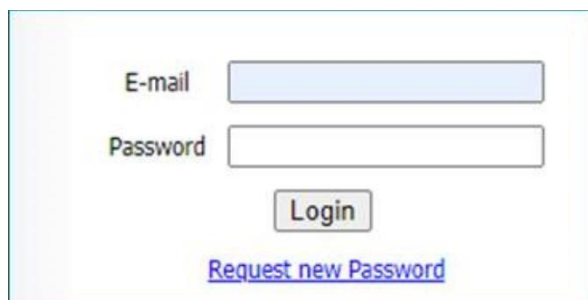
Where a permanent change is needed to a care package once it has started, the Adult Social Care Team will send you a variation form. You can use the information on this form to update your care system.

Where a temporary change is needed (for example, for two weeks or less, where, for instance, someone needs extra visits due to informal carer being away, day service closed, extra visits needed to administer short term course of medication) this will need to be agreed. There is a new process for requesting temporary planned changes that will be going live from mid-January 2023 known as Provider Led Review. In the meantime, changes need to be agreed via call/email with the Adult Social Care.

You need to update your care system if there is a change to the Care Package Line Item or there is a second/additional Care Package Line Item added for a service user. For instance, if they need temporary planned additional care

Logging On and Password Reset

You can [access the portal](#) online using your email address and password. You will only be able to access the portal once an account has been created for you. Once we have set you up on the system, we will email you your username and password. If you require access, contact the Social Care Payments and System Data Team Carepaymentqueries@oxfordshire.gov.uk.

If this is your first time logging in, your password will have been supplied to you and you will be asked to change your password. Ensure it meets the following criteria:
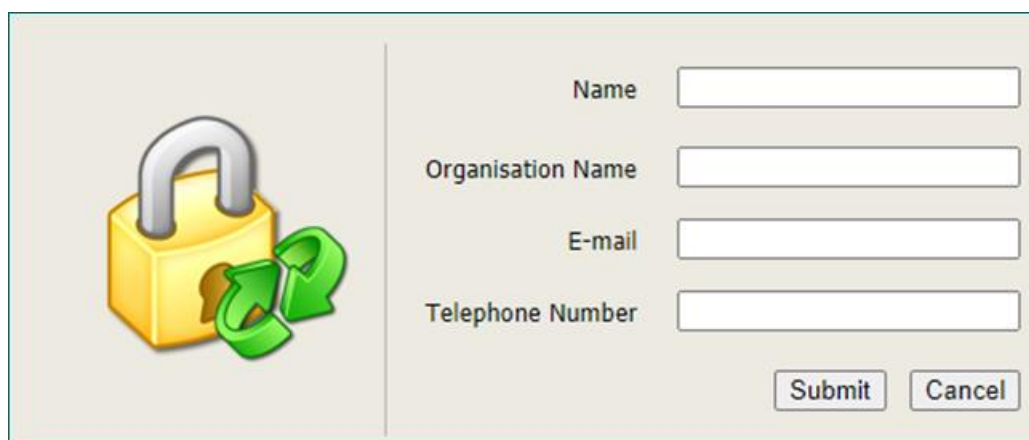
- ☑ 9 characters long
- ☑ Includes uppercase and lowercase
- ☑ Includes at least one numerical character

Once you have changed your password, you will be required to enter a six-digit security code. Please make sure this is memorable.

Whenever you login from here on, you will be asked to:
- ☑ Enter your password
- ☑ Enter at random two digits of your six-digit security code

If you forget your password or you have entered your password incorrectly too many times, you can request a new password from the homepage. Complete the form and click Submit.

The Helpdesk staff will email the new password to your email address. There can be a delay in resetting passwords and accounts, therefore please do not send in multiple requests.

You can also change your password and your security code at any point by clicking on the relevant links having logged in:

You can access our support pages from the landing / logging in page. Click on the support page link:

Home Screen

On the home screen there are a set of icons, and the guide covers each. There are also a set of tabs along the top that repeat some of the icons.

You would click on an icon to access that area of the portal:

On the right you have the option to change your security code or password.

Contacts

This area is used to update details for existing contacts, request new contacts are set up or request removal of contacts. If a member of staff leaves or a new member of staff joins the team, you can use this feature to inform the Helpdesk. They will either remove access or set up a new contact.

On the left will be a list of all staff with access and a login:

If a contact needs to be updated:

Select them from the list on the left.

Click Edit at the top if it just their details that need updating:
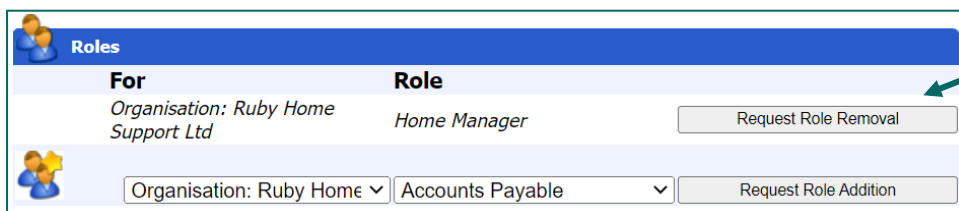
If you need to request access removal:

Select them from the list on the left.

Click on the 'Request Role Removal' button:

If an Employee leaves the Organisation or does not require access to the Portal, you need to select the "Removal Role" function. You will need to click on the button twice, to ensure you do not remove someone's access in error. The Helpdesk staff will remove the Contacts access from the Provider Portal from the Change Request received once the Role Removal button has been pressed.

If a new contact needs adding:

Click on the New Contact link on the left:

This will allow you to request a new user. Fill in the following fields:

- Forename
- Surname
- Full Address
- Telephone
- Email and the Provider Portal Email Address

In the 'Role' dropdown – select the applicable role for that contact.

| Accounts Payable |
| **Administrator** |
| Contract Officer |
| Finance Clerk |
| Head Office |
| Home Administrator |
| Home First Administrator |
| Home First Superuser |
| Home Manager |
| Main |

Accounts Payable ∨
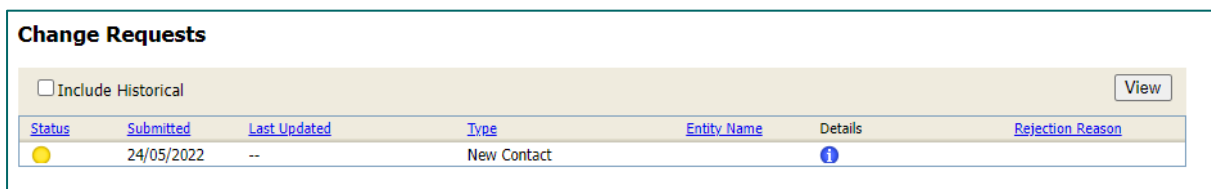
Then click the Submit Contact Creation Request button:

Roles

For	Role
Organisation: OCC - Community Support Servi ∨	Administrator ∨
	Submit Contact Creation Request
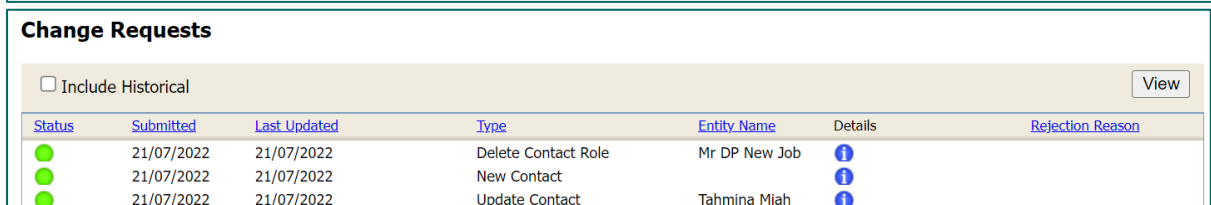
The helpdesk will create the user and contact them with their login details.
You can then monitor your requests by clicking on the Actions and Change Requests icon on the homepage, and checking in the Change Requests section:

Actions and Change Requests
No open Actions

Change Requests

☐ Include Historical   View
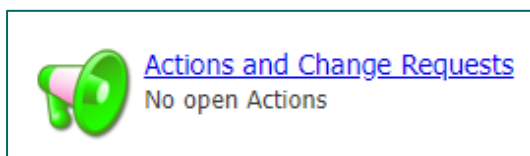
Status	Submitted	Last Updated	Type	Entity Name	Details	Rejection Reason
🟡	24/05/2022	--	New Contact		ⓘ	

Change Requests

☐ Include Historical   View

Status	Submitted	Last Updated	Type	Entity Name	Details	Rejection Reason
🟢	21/07/2022	21/07/2022	Delete Contact Role	Mr DP New Job	ⓘ	
🟢	21/07/2022	21/07/2022	New Contact		ⓘ	
🟢	21/07/2022	21/07/2022	Update Contact	Tahmina Miah	ⓘ	

A green status circle = accepted by the local authority

8

An amber status circle = change request is still pending
A red status circle = rejected by the local authority. See rejection reason in the last column.

Action and Change Request

Change Requests - contain a list of requests sent to the Council requesting changes within The Provider Portal by the provider. By default, the list shows all Change Requests that are not older than a month or in a pending state.
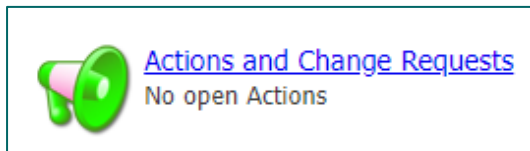
Change Requests:

This section is linked to the Contact area and displays any changes to Contacts you have raised. You can review the list of change requests and their statuses:
Red = declined
Orange = pending
Green = accepted

Communicating via the Portal

Your query is best sent to the carepaymentqueries@oxfordshire.gov.uk mailbox.

Care Package Line Items

Care Package Line Items (CPLI) – these are the service provisions (support or care packages) that are commissioned for service users. When a package of care is sourced by

our Brokerage Team, once picked up by a provider – the Systems Team will add the care package in our finance system, and this is called a CPLI. The portal therefore allows you to view all care packages for OCC service users that you are supporting. The information you see in the portal is a direct copy of what is in our finance system. This screen not only confirms that we have set up the package of care but holds key information that you require for your visits file.

On the screen you will see the following:
- ☐ **SSRef** – this is the Service User's reference number, our identifier for a person
- ☐ Client – the name of the Service User or Client Name
- ☐ **Service** – the service name, the provider (usually indicates contract and/or zone)
- ☐ **Service Level** – the service type that has been commissioned for the service user. There is a fixed list of service level options, this is covered in a later section.
- ☐ Start Date – when the service has been commissioned to start
- ☐ End Date – if applicable
- ☐ Cost – the weekly cost of the package of care
- ☐ Care Package Ref – unique ID for that CPLI, automatically generated by our finance system

☐ Authorised – this shows if the CPLI has been authorised (in OCC's finance system) and not still a draft service

The points in bold indicate information/columns that are mandatory on the visits file.

Care packages do end and once we close a CPLI, it will drop off from this list. This does not mean you lose this information, however. You can tick the include historical box to view ended CPLIs.

You can filter your CPLIs. If you cover multiple zones or hold packages under different contracts with OCC, you can filter using the Service dropdown. You can also filter by service level.

Contract Documents

The Service Request form that is sent to you will include details of the service user, medical conditions, timetable of care as well as their specific needs and requirements. This will be sent to you by OCC's Brokerage Team. Care providers receive details of the care package prior to commencing through e-brokerage. Once a provider has agreed to pick up a package of care, the Brokerage Team will send a confirmation.
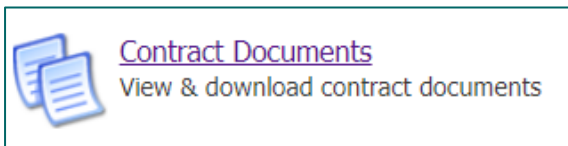
In addition to the above documentation, when a new care package has been set up in our finance system or a care package has ended, OCC will send you a document to confirm we have set up the care package in the system via the provider portal. This is known as a Contract Documents within the portal. These are individual client provision agreements, which confirm details around service type, start date and cost, as previously agreed. The only purpose of these documents is to confirm that the package of care has been set up in the system.

You can download these documents as well as accept or reject them through the Provider Portal. Accepting the document indicates that you agree with the details provided. If you reject the document, you must provide a reason as to why and we can then investigate. There may be a mistake with the start date or number of total hours for instance.

We require you to accept or reject the agreement within 7 days otherwise Oxfordshire County Council will assume you are in agreement with the contract sent and therefore the

details within. If you do not accept or reject it within 7 days, OCC will manually accept it for you.

Click on the link in the Doc Type column and a PDF will download. Review the document and either press the Agree or Reject button as applicable. The Notes column will update accordingly. The notes column will indicate when we have made the document available to you.

Agree: you will then need to enter your password and hit the Agree button at the bottom.

You can see the Notes column has updated:

Reject: you will need to enter a rejection reason within the box. NB: some web browsers pre-fill this box with your email address or other information, please delete this. Enter your password and hit the Reject button at the bottom. Please provider clear reasons within the rejection reason box.
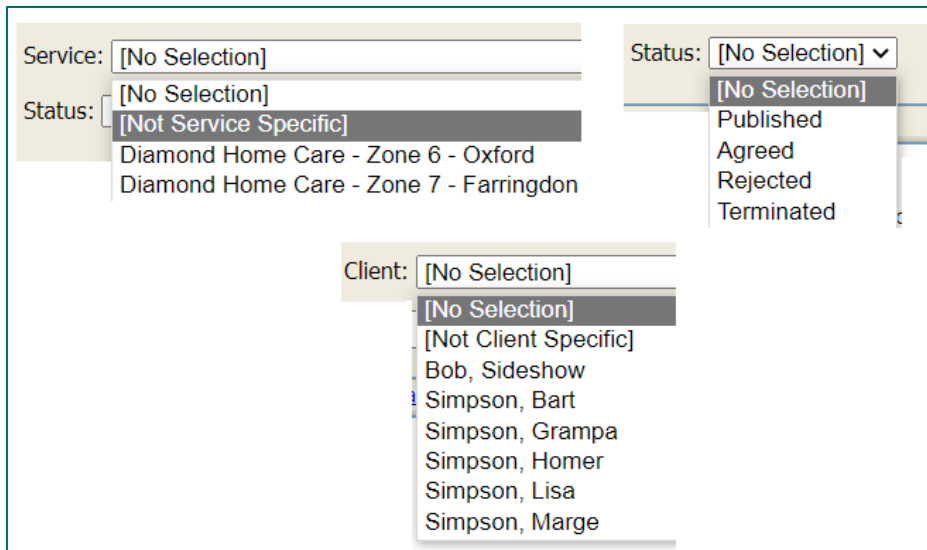
You can see the Notes column has updated:

If it has been manually agreed by OCC, you will be able to see this in the Notes column:

By default, you will see current, open contract documents. You can use the filters to view contract documents that have been agreed or rejected in the past. You can also filter by zone or client.

Reports

There are two standard reports that can be run in the provider portal, and the results can be exported. Click on the Reports icon or access it from the tab:
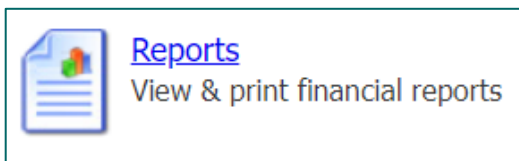
The three reports are as follows:
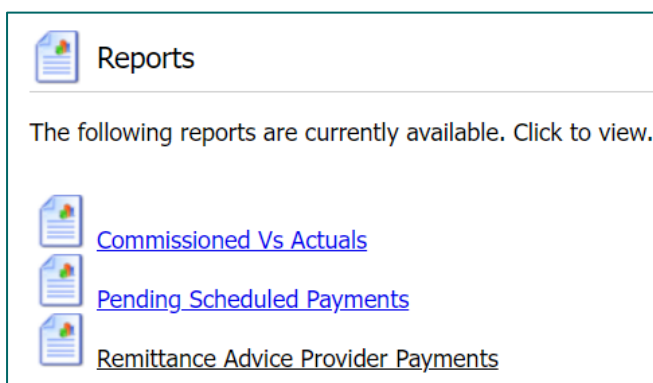
The reports are fixed in their content and layout and are supplied as standard with the provider portal.

Commissioned Vs Actuals:

This report compares the commissioned quantity/hours (what is recorded on the CPLI) to the Actual quantity (total hours actually delivered in a week). Differences are shown in terms of quantity and cost. The report can be limited by date range, Organisation and Client and be restricted to show only differences. There is an option to include or exclude weeks where no actuals have been recorded.

NB: actuals are created by visits data.

Details:
- Start date of the Care Package Line Item
- Quantity commissioned by the Care Package Line Item
- Quantity of Actual where different from the commissioned
- Frustrated quantity (where the client is being charged though the visit was not delivered)
- Any difference between commissioned quantity and payable quantity (actual + frustrated)
- Cost of commissioned hours
- Cost of Actual where different from the commissioned
- Cost of frustrated Actuals
- Any difference between commissioned cost and payable amount (based on actual + frustrated quantities)

You can export the report in two ways:
1. Click on the Download Date button to export the report as a csv file
2. Click on the Save Icon to save the report as a PDF

Pending Scheduled Payments:

This report shows details of pending scheduled payments. You can enter the date criteria (this ought to match the payment cycle), otherwise leave the date fields blank and click on View (this will list the current period):

If required hover over the report and choose to save, print, or zoom in/out of the report data.

You can export the report in two ways:
1. Click on the Download Date button to export the report as a csv file
2. Click on the Save Icon to save the report as a PDF

<u>Remittance Advice Provider Payments:</u>

This report breaks down the payments made in a particular period. You can select a payment period from the dropdown. You can also choose to have a summary version of the report:

Period (* Partially finalised payment periods)	* 21/03/2022 - 17/04/2022 ⌄
Summary	☐

Payment items for the same client, are aggregated into one line in the report. For example, some backdated changes lead to pairs of positive and negative items. (If these pairs cancel each other out, they are not shown in the report at all.) Any manual adjustments made in OCC's financial system are always shown individually.

Each line shows:
- whether the payment item is a cost item or an income item (deduction)
- reason for the payment
- applicable dates of the payment
- value of the payment

Any remittance notes are listed at the bottom.
Click on Download Data to export the report into a spreadsheet:

View	Download Data

If you would like the report in a PDF format, you can click on the save icon or go to the Scheduled Payments screen, scroll to the bottom and click on the Download Remittance Advice Report:

Download Remittance Advice Report

Scheduled Payments

This will list the payments in OCC's finance system based on all the care package line items. You would need to select the payment period of interest from the left, it will select the current financial year by default:

Note: OCC's four-weekly payment cycles are listed on our support page: [Home Support providers | Oxfordshire County Council](#)

On the right-hand corner, it will state 'Current' to indicate current and latest period to be paid or 'Finalised' for historical and paid periods.

There are two tabs Payable and Non-payable.

By default, the Payable tab is on display, and this will be a list of items being paid for in the current period (including any payments being made in instalments). Payments in OCC's finance system can be made non-payable if they have the following statuses:

⇒ Cancel – the payment has been cancelled and will not be made
⇒ Suspend – the payment has been paused this period, but can still be made in future periods
⇒ Carried forward – the payment has been moved to the next period

OCC will use these functions to manage certain situations.

If you scroll to the bottom of the page there is a button to download a remittance advice report in PDF format:

Download Remittance Advice Report

You can also download remittances as a csv spreadsheet, please refer to the section on Reports.

The IBC portal and the Adults Provider Portal are two separate systems. The IBC portal works with our corporate finance system. Whereas the Adults Provider Portal works with our social care finance system.

You will still receive the remittance from IBC which confirms the BACS run has completed. However, in addition you can now download remittances from the Provider Portal.

Adjustments

OCC's finance system will automatically adjust the payment amount. Adjustments occur in the main due to the following reasons:

- Retrospective change to a Care Package Line Item – it was ended, opened or changed after the relevant payment period was finalised

- Retrospective change to visits data – visits data was supplied late or changed after the relevant payment period was finalised

Actuals/Visits

In order to pay you the correct amount but also charge our service users the correct amount we need to know what care was actually delivered on a weekly basis.

The planned hours are what we have agreed with you and is recorded on the CPLI that you can view in the portal. As an example, Mrs smith is planned to have 7 hours of home care each week. She has a morning call for 30 minutes and an evening call for 30 minutes. The delivered hours are what was actually delivered from week to week, because it can fluctuate. Service users can cancel visits, go into hospital, need extra emergency support, but even without those scenarios there can be a few minutes more or less each visit your carers deliver.

Therefore, we require providers to submit their visits data into the portal. You do this by importing a visits file. Once you upload your file with the visits data, it is received into our finance system in real time. The visits data supplied will try to match to a CPLI, and then both payment and charges are generated from this. There is a schedule that we require providers to follow on our support page, that indicates when we need visits data to be uploaded by.

Actuals/Visits
Submit your actuals/visits to Oxfordshire using the online form or bulk import facility
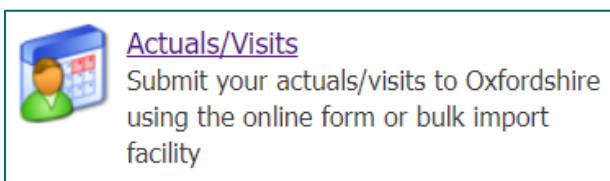
The next few sections cover the following:
- The new visit types
- The format of the visits file
- The acceptable data formats within the file
- Column headings on the visits file
- Service levels

Visits File Headings

The visits file must include data indicating planned care visits (hours OCC have commissioned with you) and what was actually delivered.

- ☑ The visits import file must be in a csv format.
- ☑ A header row is required, using the field names listed below.
- ☑ Even if the columns are not used, all the headings must be present in the file.

Column Heading	Required	Notes
VisitRef	Yes	Unique reference that you can make up for each row of data. The reference used for each row must be different and not duplicated again on the file.
Deleted	Yes	0 = No (default) 1 = Yes
PlannedVisitDate	Yes	These are days agreed as part of the package of care.
PlannedEntryTime*	Yes	These are the call start times as agreed, as part of the package of care.
PlannedExitTime*	Yes	These are the call end times as agreed, as part of the package of care.
VisitType	Yes	See table below. The visit types indicate what happened with that visit.
DeliveredVisitDate	Conditional	Needed ONLY if a visit took place, otherwise leave blank.
DeliveredEntryTime	Conditional	Needed ONLY if a visit took place, otherwise leave blank.
DeliveredEntryTime IsOverridden	No	Only used if you are overriding a visit already submitted.
DeliveredEntryTime OverrideReason	No	Only used if you are overriding a visit already submitted.
DeliveredExitTime	Conditional	Needed ONLY if a visit took place, otherwise leave blank.
DeliveredExitTime IsOverridden	No	Only used if you are overriding a visit already submitted.
DeliveredExitTime OverrideReason	No	Only used if you are overriding a visit already submitted.
VarianceReason	No	
Comments	Conditional	If the visit does not take place or the visit is significantly over time, we need a comment clarifying why.
ClientRef	No	Leave blank – but heading needed.
SSRef	Yes	We require you to use our SSRef so that we can match the client in our finance system. This can be found on the portal.
NHSNumber	No	Leave blank – but heading needed.
ServiceLevelRef	No	Leave blank – but heading needed.

ServiceLevel	Yes	A list of options is covered further below. The service level is attached to the CPLI and can be found on the portal.
CarerRef	No	Leave blank – but heading needed.
ServiceRef	No	Leave blank – but heading needed.
ServiceName	Yes	The service name is attached to the CPLI and can be found on the portal.
OrganisationRef	No	Leave blank – but heading needed.
OrganisationName	No	Leave blank – but heading needed.

A blank csv file can be downloaded from the support page, this holds all of the headings that must be present on the file.

Visits File Data Format

The data on the visits files does need to be in a particular format for the portal to accept the file, otherwise you will get an error message when you import the file. The table below covers what formats each column data needs to be in, as well as other acceptable formats.

Column	DataType	Required?	Notes
VisitRef	Text (50)	Yes	Unique identifier for all Visits for the Provider
Deleted	Boolean	Yes	0 = No, 1 = Yes Y/N will also be accepted
			If Deleted is true no field other than VisitRef is required.
			Example file still contains the data, but it is not needed as mentioned above.
PlannedVisitDate	Date, DD-MM-YYYY	Yes	Leading zero in DD is optional.
			2-digit year and month is also permissible: DD-MMM-YYYY or DD-MM-YY, e.g. 10/03/22, 10 Mar 2022
PlannedEntryTime	Time, hh:mm[:ss}	Yes	Leading zero in hh is optional.
			Seconds are optional. Example: 08:30 or 12:00
PlannedExitTime	Time, hh:mm[:ss}	Yes	Leading zero in hh is optional.
			Seconds are optional. Example: 08:30 or 12:00
VisitType	Text (50)	Yes	Must match those defined by OCC
DeliveredVisitDate	Date, DD-MM-YYYY	Conditional	Leading zero in DD is optional.
			2-digit year and month is also permissible: DD-MMM-YYYY or DD-MM-YY, e.g. 10/03/22, 10 Mar 2022
			Required if Visit was delivered, otherwise must not be defined.
DeliveredEntryTime	Time, hh:mm[:ss}	Conditional	Leading zero in hh is optional.
			Seconds are optional. Example: 08:30 or 12:00
			Required if Visit was delivered, otherwise must not be defined.
DeliveredEntryTimeIsOverridden	Boolean	No	See Deleted for valid values.
DeliveredEntryTimeOverrideReason	Text (8000)	No	
DeliveredExitTime	Time, hh:mm[:ss}	Conditional	Leading zero in hh is optional.
			Seconds are optional. Example: 08:30 or 12:00
			Required if Visit was delivered, otherwise must not be defined.
DeliveredExitTimeIsOverridden	Boolean	No	See Deleted for valid values.

DeliveredExitTime OverrideReason	Text (8000)	No	
VarianceReason	Text (8000)	No	
Comments	Text (8000)	Conditional	Can be added against any visit type, but OCC will have mandated when it is absolutely necessary
ClientRef	GUID	No	Matches unique Ref for Client.
			The value is exported by the generic Commissioned Care Export.
			Unless Deleted is true, either ClientRef, SSRef or NHSNumber must be defined.
SSRef	Text (50)	Yes	This is OCC's client identifier, can be found in the portal
NHSNumber	Text (20)	No	Matches Client NHS Number
ServiceLevelRef	GUID	No	Matches unique Ref for Service Level.
			The value is exported by the generic Commissioned Care Export.
			Unless Deleted is true, either ServiceLevelRef or ServiceLevel must be defined.
ServiceLevel	Text (100)	Yes	OCC defined service level that can be found on the CPLI in the portal
CarerRef	Text (100)	No	Must match CarerRef for carers for the Provider: defined by your Carers Import.
ServiceRef	GUID	No	Matches unique Ref for Service.
			The value is exported by the generic Commissioned Care Export.
			Normally the Service does not need to be defined and the Service can be determined implicitly using the Care Package Line Items active for the Client for the corresponding Organisation and Service Level. The Service is only essential when the Client has Care Package Line Items for different Services for the same Organisation and Service Level.
			The ServiceRef can also be used as an alternative means to defined the Organisation where the correct OrganisationRef or OrganisationName cannot be supplied.
			Where Service is defined this is used to ensure that the Visit only gets matched to Clients who have Care Package Line Items for the corresponding Service.
ServiceName	Text (112)	Yes	Matches Service name for the corresponding Organisation. Can be located from the portal.
OrganisationRef	GUID	No	Matches unique Ref for Organisation.
			The value is exported by the generic Commissioned Care Export.
OrganisationName	Text (112)	No	Matches Organisation Name

Visit Types

Visit types allow us to capture information around whether a visit took place or not and pay you, the provider, as well as charge the client accurately. Each visit type has a reference code, and it is this reference code you need to use on the csv file.

Behind each reference code are settings that tell the system whether to:
- Pay you, the provider or not
- Charge the service user or not
- Pay based on planned times
- Pay based on delivered times

Visit Type	Reference to use in CSV file	Description	Payment & Charges	Planned Time in csv file	Delivered Time in csv file
Cancelled > 24	C24	Cancelled Visit – more than 24 hours' notice given	provider not paid; client not charged	*Required*	*Not required*
Cancelled < 24	C	Cancelled Visit – less than 24 hours' notice given or no notice given at all	provider paid; client charged on planned hours	*Required*	*Not required*
Exceptional Visit[β]	E	Significantly over time For example, client had a fall and the carer had to wait for an ambulance	provider paid; client charged on delivered hours	*Required*	*Required*
Undeliverable	U	Visit was made or attempted, but no care was delivered e.g., the carer was not let in	provider paid; client charged on planned hours	*Required*	*Not required*
Delivered	DHS	Visit made; Home Support Delivered (DHS)	provider paid; client charged on delivered hours	*Required*	*Required*
Hospital*	H	Client in hospital	provider not paid; client not charged	*Required*	*Not required*
there is a separate process to claim for the [hospital incentive payment](), provided the criteria has been met.					

[β] **What constitutes an exceptional visit?**

This is where the carer had to stay significantly over the planned time, due to an emergency. This would be at least **an hour over the planned time**. For example, if the planned time was from 08:30 – 09:00 but the carer had to stay due to an emergency and the actual times were 08:32 – 10:05. Instead of the visit being 30 minutes, it ended up being 1 hour 33 minutes.

Please note: if you have care packages under the Live Well at Home contract, there is a different visit type where the visit was delivered. Instead of using the reference DHS you would use DHF, please refer to the guidance on our support page for care packages under LWAH.

There are 6 visit types.
- The most used visit type would be DHS – which means that visit was delivered. The visit went ahead. The system will then pay, and charge based on the delivered times.
- There 2 are cancellation types. If the client cancels giving enough notice, use the ref C24. If the client does not give enough notice, use the ref C. Using the visit type C, will generate a payment to you for that visit and charge the client. If the client queries it with OCC, we can easily identify that it was a cancellation with not enough notice. A comment on the file where there has been a cancellation would be useful.
- E is for exceptional visits; this is where the carer had to stay significantly over the planned time for instance because of an emergency. This would be at least an hour over the planned time. We would need a comment to explain why the visit was for so much longer than the planned duration. If you do not provide a comment a query will be sent to you.
- U is for undeliverable – this is where a carer attempted to do the visit but for whatever reason the carer was turned away. Using this reference ensures you are paid, and the client charged. This differentiates this scenario from cases where the client did not cancel with enough notice, because we would want to investigate cases where the client is refusing carers. Again, we would want a comment for these cases on the file.
- If a client is in hospital and therefore not receiving visits you need to use the ref H.

Service Levels

Planned Hours of Care & CPLIs

When a package of care has been commissioned with OCC and we have added this to our finance system, you will be able to view this within the Provider Portal. These are referred to as Care Package Line Items (CPLI) in our system.

It is extremely important that the number of planned hours you indicate on the csv visits file matches the hours indicated on the Care Package Line Item (CPLI). Clients would be receiving one of the following service types, and these are the service level options in the system that visits data is required for:

1. Personal Care
2. Continuing Care
3. Medication Only
4. Fast Track
5. Home Support – Urgent Care
6. HTLAH Maintenance
7. HTLAH - Developmental

There is a service level column on the visits file and this column is mandatory. For the services listed above – OCC require visits data. Clients could also be receiving one of the following service types below, but visits data is not required for these, and therefore you must not include these cases on the csv visits file. You will be requested to delete these should they be submitted:

1. Live in care
2. Extra care housing core charges
3. Extra care housing block payments
4. Reablement episodes

Sometimes service users will have two care package line items recorded, the second CPLI will be for additional temporary planned care.

There are two places within the portal where you can retrieve the mandatory information you need for the visits file:

1. CPLI Screen:

[Back to Contents Page](#)
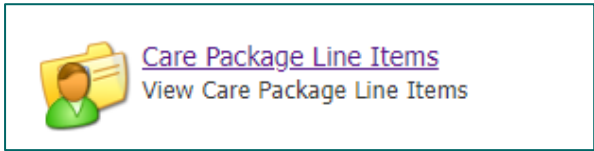
The ssref, service name and service level can be viewed here:

2. Commissioned Care Export:

Click on the Actuals/Visits icon, then select the Commissioned Care Export link from the left:
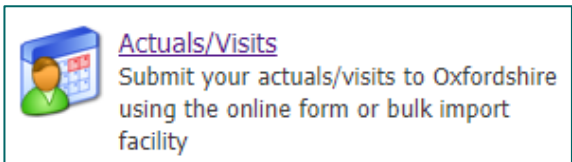
Click on the Export button next to the globe icon and a csv file can be downloaded.

A	B	C	D	E	F	G	H	I	J	K
SSRef	NHSNumber	ServiceLevelRef	ServiceLevelName	CurrentQuantity	Unit	Frequency	ServiceRef	ServiceName	OrganisationRef	OrganisationName
A349596	6017855131	97D54925-7210-436E-8D97-9727CD416685	Home Support	3.5	Hr	Weekly	2AF2A963-93C6-4ECD-921A-0DB130398ED3	Diamond Home Care - Zone 6 - Oxford	5F54B181-1C7B-469E-B37C-4B93FA9E8E1E	Diamond Home Care Ltd
A235371	4586444614	97D54925-7210-436E-8D97-9727CD416685	Home Support	2	Hr	Weekly	6B140E3A-E39B-41C6-9335-E16FF958383A	Diamond Home Care - Zone 7 - Farringdon	5F54B181-1C7B-469E-B37C-4B93FA9E8E1E	Diamond Home Care Ltd
A235371	4586444614	97D54925-7210-436E-8D97-9727CD416685	Home Support	5	Hr	Weekly	2AF2A963-93C6-4ECD-921A-0DB130398ED3	Diamond Home Care - Zone 6 - Oxford	5F54B181-1C7B-469E-B37C-4B93FA9E8E1E	Diamond Home Care Ltd
A37501	6224178496	97D54925-7210-436E-8D97-9727CD416685	Home Support	14	Hr	Weekly	2AF2A963-93C6-4ECD-921A-0DB130398ED3	Diamond Home Care - Zone 6 - Oxford	5F54B181-1C7B-469E-B37C-4B93FA9E8E1E	Diamond Home Care Ltd
A332536	4942342074	97D54925-7210-436E-8D97-9727CD416685	Home Support	7	Hr	Weekly	2AF2A963-93C6-4ECD-921A-0DB130398ED3	Diamond Home Care - Zone 6 - Oxford	5F54B181-1C7B-469E-B37C-4B93FA9E8E1E	Diamond Home Care Ltd
A216941	4743693853	97D54925-7210-436E-8D97-9727CD416685	Home Support	2	Hr	Weekly	6B140E3A-E39B-41C6-9335-E16FF958383A	Diamond Home Care - Zone 7 - Farringdon	5F54B181-1C7B-469E-B37C-4B93FA9E8E1E	Diamond Home Care Ltd
A283177	4503808389	97D54925-7210-436E-8D97-9727CD416685	Home Support	5	Hr	Weekly	6B140E3A-E39B-41C6-9335-E16FF958383A	Diamond Home Care - Zone 7 - Farringdon	5F54B181-1C7B-469E-B37C-4B93FA9E8E1E	Diamond Home Care Ltd

This export will list all packages of care in the system. The file will contain columns for the ssref, service name and service level.

You need to make sure you the same naming convention as that recorded on the CPLI for service level and service name on your visits file. Otherwise, the system will not recognise the data.

Example File

An example of a visits file is below and can be downloaded from the support page (it is not in a csv format for illustration purposes, so that we can colour code the file).

Example%20HS%20C
SV%20Visit%20File.xls

- The grey headers are optional or not required.
- The green headers are mandatory.
- The orange headers are conditional (some visit types, covered in the above table, do not require any delivered times – for instance if the call was cancelled).
- The blue headers are required if the scenario requires it.

In this example file:
- ✓ We have two clients (internal reference used):
  - ➢ A123456
  - ➢ A654321
- ✓ There are visits data for one week (01 August 2022 – 07 August 2022).

Client A123456 has two planned calls a day:
- 09:00 – 09:30
- 20:00 – 20:30
- There are 14 rows of data (V1-V14). Each visit has a unique reference.
- The two visits on 1st August went ahead. The visit type DHS is used, and the actual times have been populated.

- Both visits on 2nd August were cancelled with enough notice. Therefore, the delivered times have not been populated, but a comment to this effect has been added. Visit type C24 is used.
- Then on 7th August the client had a fall (second visit) and the carer had to stay till 10:30 pm, therefore the visit type E (exceptional) was used with a comment.

The two visits on 1st August went ahead. The visit type DHF is used, and the actual times have been populated.

Then on 7th August the client had a fall (second visit) and the carer had to stay till 10:30 pm, therefore the visit type E (exceptional) was used with a comment.

2 Aug.

1 Aug.   **7 Aug.**
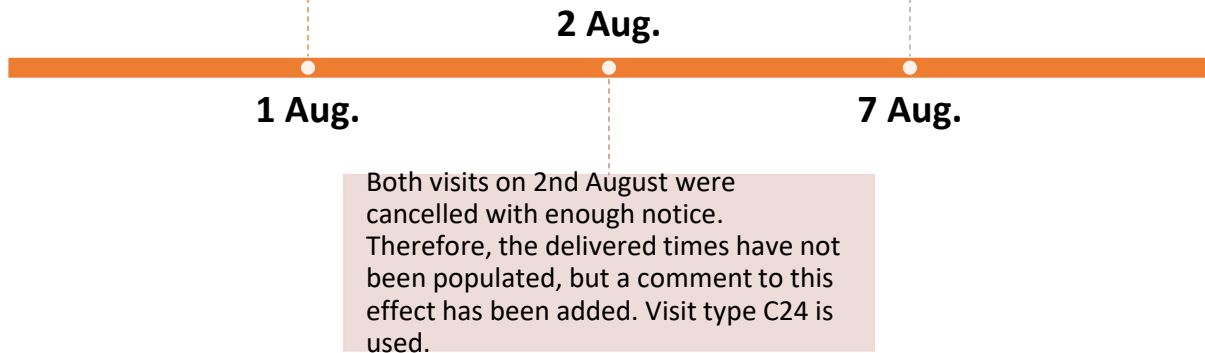
Both visits on 2nd August were cancelled with enough notice. Therefore, the delivered times have not been populated, but a comment to this effect has been added. Visit type C24 is used.

Client A654321 has one planned call a day:
- 08:10 – 08:40
- There are 7 rows of data (V15-V21). Each visit has a unique reference.
- On the 4th August the carer turned up but was unable to deliver the care. Visit type U (undeliverable) was used and no actual times populated. A comment has also been added.
- On the 5th August the client cancelled the care but did not given enough notice. Therefore, the delivered times have not been populated, but a comment to this effect has been added. Visit type C is used.
- On the 7th August the client was admitted to hospital, visit type H was used to indicate this. The delivered times have not been populated, but a comment to this effect has been added.

On the 4th August the carer turned up but was unable to deliver the care. Visit type U (undeliverable) was used and no actual times populated. A comment has also been added.

On the 7th August the client was admitted to hospital, visit type H was used to indicate this. The delivered times have not been populated, but a comment to this effect has been added.

5 Aug.

4 Aug.

7 Aug.

On the 5th August the client cancelled the care but did not give enough notice. Therefore, the delivered times have not been populated, but a comment to this effect has been added. Visit type C is used.
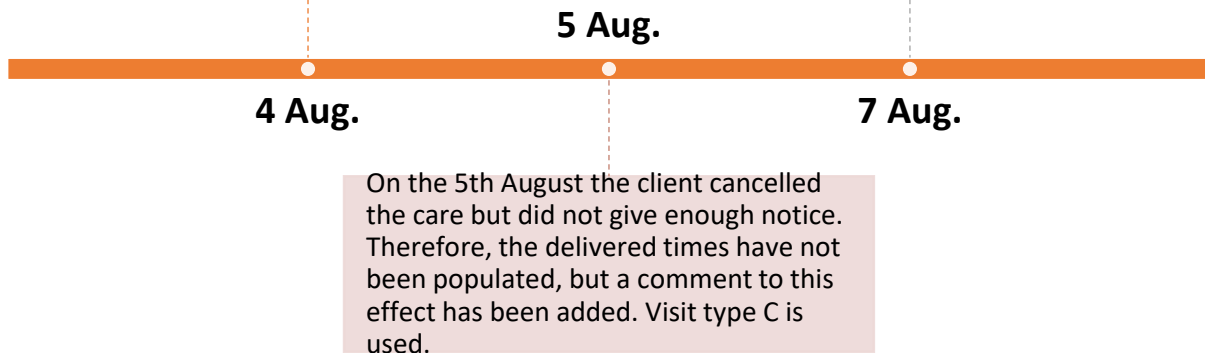
Importing visits:

To import a visits file, click on the Actuals/Visits icon on the homepage:

Actuals/Visits
Submit your actuals/visits to Oxfordshire using the online form or bulk import facility
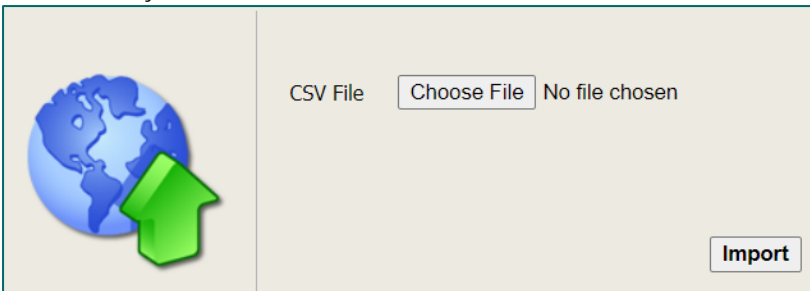
Then click on the Visits Bulk Import link from the left:

Bulk Import/Export

It is also possible to bulk-import or export actuals data from a CSV file

- Actuals Bulk Import
- Actuals Bulk Export
- Visits Bulk Import
- Carers Bulk Import
- Commissioned Care Export

Make sure your file is saved in a csv format. Choose file and then click Import:

CSV File Choose File No file chosen

Import

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You will then get the following screen, if there are any errors, these will appear at the bottom. If it has successfully read all rows, you can click on Update System:

If there are errors, you will need to correct these on the file and reimport the file. Click Cancel and proceed.

Scenarios

Scenario 1: The client has double handed care – one CPLI has been recorded for 14 hours (but it is essentially 7 hours home care each week with 2 carers).

⇒ You just need to make sure there is a row for each carer and each visit. So instead of one row for a call, there would be two rows for each call.
⇒ You still need to ensure the visit reference in column one of the visits csv file is different (unique) for each row/carer.
⇒ Add a comment to indicate double handed care. Our Suggestion - "[Double-Handed]" prefixed in the comments.

In the example below, the service user has just one call a day from 08:00 - 09:00 delivered by two carers.

✓ It is the same call, repeated twice.
✓ The yellow row is for the first carer.
✓ The blue row is the second carer.

✓ There is also a comment.

VisitRef	Deleted	PlannedVisitDate	PlannedEntryTime	PlannedExitTime	VisitType	DeliveredVisitDate	DeliveredEntryTime	DeliveredExitTime	Comments	SSRef	ServiceLevel	ServiceName
V1	0	03/10/2022	08:00	09:00	DHS	03/10/2022	08:00	09:00		A37501	Personal Care	Diamond Home Care - Zone 6 - Oxford
V2	0	03/10/2022	08:00	09:00	DHS	03/10/2022	08:00	09:00	Double-Handed - 2nd carer	A37501	Personal Care	Diamond Home Care - Zone 6 - Oxford
V3	0	04/10/2022	08:00	09:00	DHS	04/10/2022	08:00	09:00		A37501	Personal Care	Diamond Home Care - Zone 6 - Oxford
V4	0	04/10/2022	08:00	09:00	DHS	04/10/2022	08:00	09:00	Double-Handed - 2nd carer	A37501	Personal Care	Diamond Home Care - Zone 6 - Oxford
V5	0	05/10/2022	08:00	09:00	DHS	05/10/2022	08:00	09:00		A37501	Personal Care	Diamond Home Care - Zone 6 - Oxford
V6	0	05/10/2022	08:00	09:00	DHS	05/10/2022	08:00	09:00	Double-Handed - 2nd carer	A37501	Personal Care	Diamond Home Care - Zone 6 - Oxford
V7	0	06/10/2022	08:00	09:00	DHS	06/10/2022	08:00	09:00		A37501	Personal Care	Diamond Home Care - Zone 6 - Oxford
V8	0	06/10/2022	08:00	09:00	DHS	06/10/2022	08:00	09:00	Double-Handed - 2nd carer	A37501	Personal Care	Diamond Home Care - Zone 6 - Oxford
V9	0	07/10/2022	08:00	09:00	DHS	07/10/2022	08:00	09:00		A37501	Personal Care	Diamond Home Care - Zone 6 - Oxford
V10	0	07/10/2022	08:00	09:00	DHS	07/10/2022	08:00	09:00	Double-Handed - 2nd carer	A37501	Personal Care	Diamond Home Care - Zone 6 - Oxford
V11	0	08/10/2022	08:00	09:00	DHS	08/10/2022	08:00	09:00		A37501	Personal Care	Diamond Home Care - Zone 6 - Oxford
V12	0	08/10/2022	08:00	09:00	DHS	08/10/2022	08:00	09:00	Double-Handed - 2nd carer	A37501	Personal Care	Diamond Home Care - Zone 6 - Oxford
V13	0	09/10/2022	08:00	09:00	DHS	09/10/2022	08:00	09:00		A37501	Personal Care	Diamond Home Care - Zone 6 - Oxford
V14	0	09/10/2022	08:00	09:00	DHS	09/10/2022	08:00	09:00	Double-Handed - 2nd carer	A37501	Personal Care	Diamond Home Care - Zone 6 - Oxford

VisitRef	Deleted	PlannedVisitDate	PlannedEntryTime	PlannedExitTime	VisitType	DeliveredVisitDate	DeliveredEntryTime	DeliveredExitTime	Comments	SSRef
V1	0	03/10/2022	08:00	09:00	DHS	03/10/2022	08:00	09:00		A37501
V2	0	03/10/2022	08:00	09:00	DHS	03/10/2022	08:00	09:00	Double-Handed - 2nd carer	A37501

Scenario 2: The client already has an ongoing package of care (CPLI) that is open. A second CPLI is added. This is for additional planned temporary care for one week only. An extra 3.5 hours is required. The key point here is that this is additional 'planned' care.

In the example below, the service user has one call a day for 1 hour. A second package of care is needed,1 extra call each day for 30 minutes.

VisitRef	Deleted	PlannedVisitDate	PlannedEntryTime	PlannedExitTime	VisitType	DeliveredVisitDate	DeliveredEntryTime	DeliveredExitTime	Comments	SSRef	ServiceLevel	ServiceName
V1	0	03-Oct-22	08:00	09:00	DHS	03-Oct-22	08:00	09:05		A123456	Personal Care	XYX Care Banbury
V2	0	04-Oct-22	08:00	09:00	DHS	04-Oct-22	08:00	09:00		A123456	Personal Care	XYX Care Banbury
V3	0	05-Oct-22	08:00	09:00	DHS	05-Oct-22	08:00	09:00		A123456	Personal Care	XYX Care Banbury
V4	0	06-Oct-22	08:00	09:00	DHS	06-Oct-22	08:00	09:00		A123456	Personal Care	XYX Care Banbury
V5	0	07-Oct-22	08:00	09:00	DHS	07-Oct-22	08:00	09:00		A123456	Personal Care	XYX Care Banbury
V6	0	08-Oct-22	08:00	09:00	DHS	08-Oct-22	08:00	09:00		A123456	Personal Care	XYX Care Banbury
V7	0	09-Oct-22	08:00	09:00	DHS	09-Oct-22	08:00	09:00		A123456	Personal Care	XYX Care Banbury
V8	0	03-Oct-22	12:00	12:30	DHS	03-Oct-22	12:00	12:30		A123456	Personal Care	XYX Care Banbury
V9	0	04-Oct-22	12:00	12:30	DHS	04-Oct-22	12:00	12:30		A123456	Personal Care	XYX Care Banbury
V10	0	05-Oct-22	12:00	12:30	DHS	05-Oct-22	12:00	12:30		A123456	Personal Care	XYX Care Banbury
V11	0	06-Oct-22	12:00	12:30	DHS	06-Oct-22	12:00	12:30		A123456	Personal Care	XYX Care Banbury
V12	0	07-Oct-22	12:00	12:30	DHS	07-Oct-22	12:00	12:30		A123456	Personal Care	XYX Care Banbury
V13	0	08-Oct-22	12:00	12:30	DHS	08-Oct-22	12:00	12:30		A123456	Personal Care	XYX Care Banbury
V14	0	09-Oct-22	12:00	12:30	DHS	09-Oct-22	12:00	12:30		A123456	Personal Care	XYX Care Banbury

VisitRef	Deleted	PlannedVisitDate	PlannedEntryTime	PlannedExitTime	VisitType	DeliveredVisitDate	DeliveredEntryTime	DeliveredExitTime	Co
V1	0	03-Oct-22	08:00	09:00	DHS	03-Oct-22	08:00	09:05	
V2	0	04-Oct-22	08:00	09:00	DHS	04-Oct-22	08:00	09:00	
V3	0	05-Oct-22	08:00	09:00	DHS	05-Oct-22	08:00	09:00	
V4	0	06-Oct-22	08:00	09:00	DHS	06-Oct-22	08:00	09:00	
V5	0	07-Oct-22	08:00	09:00	DHS	07-Oct-22	08:00	09:00	
V6	0	08-Oct-22	08:00	09:00	DHS	08-Oct-22	08:00	09:00	
V7	0	09-Oct-22	08:00	09:00	DHS	09-Oct-22	08:00	09:00	
V8	0	03-Oct-22	12:00	12:30	DHS	03-Oct-22	12:00	12:30	
V9	0	04-Oct-22	12:00	12:30	DHS	04-Oct-22	12:00	12:30	
V10	0	05-Oct-22	12:00	12:30	DHS	05-Oct-22	12:00	12:30	
V11	0	06-Oct-22	12:00	12:30	DHS	06-Oct-22	12:00	12:30	
V12	0	07-Oct-22	12:00	12:30	DHS	07-Oct-22	12:00	12:30	
V13	0	08-Oct-22	12:00	12:30	DHS	08-Oct-22	12:00	12:30	
V14	0	09-Oct-22	12:00	12:30	DHS	09-Oct-22	12:00	12:30	

✓ The blue rows are the original package of care.
✓ The green rows are for the second package of care.

As it is planned additional care you would not use the visit type E but use DHF where the visit has taken place.

Scenario 3: The client must have an additional emergency visit.

Example: Mrs Smith has a planned visit every Monday 8am – 9am. She needs an additional emergency visit at 12:00 – 12:45, a visit she would not normally have. This has been agreed with the Adult Social Care.

For this scenario there are two rows.
- One for the planned morning visit on 17th Oct, which was delivered and marked as visit type DHF.
- One for the additional visit, which would not ordinarily take place and is marked as visit type E.

As it is a 'separate' visit, it should have its own row.
How if this different to the previous example?
The additional visit is not reflected in a second CPLI / another package of care.

VisitRef	Deleted	PlannedVisitDate	PlannedEntryTime	PlannedExitTime	VisitType	DeliveredVisitDate	DeliveredEntryTime	DeliveredExitTime	Comments	SSRef	ServiceLevel	ServiceName
V1	0	10-Oct-22	08:00	09:00	DHS	10-Oct-22	08:03	09:05		A123456	Personal Care	XYX Care Banbury
V2	0	17-Oct-22	08:00	09:00	DHS	17-Oct-22	08:00	09:00		A123456	Personal Care	XYX Care Banbury
V3	0	17-Oct-22	12:00	12:45	E	17-Oct-22	12:00	12:47	Extra emergency visit agreed with social worker	A123456	Personal Care	XYX Care Banbury

Row V2 – is the original planned call at 08:00
Row V3 – is the additional emergency call that needed to take place at 12:00
A comment has been added and the visit type used is E.

PlannedVisitDate	PlannedEntryTime	PlannedExitTime	VisitType	DeliveredVisitDate	DeliveredEntryTime	DeliveredExitTime	Comments
10-Oct-22	08:00	09:00	DHS	10-Oct-22	08:03	09:05	
17-Oct-22	08:00	09:00	DHS	17-Oct-22	08:00	09:00	
17-Oct-22	12:00	12:45	E	17-Oct-22	12:00	12:47	Extra emergency visit agreed with social worker

VisitType	DeliveredVisitDate	DeliveredEntryTime	DeliveredExitTime	Comments
DHS	10-Oct-22	08:03	09:05	
DHS	17-Oct-22	08:00	09:00	
E	17-Oct-22	12:00	12:47	Extra emergency visit agreed with social worker

Scenario 4: The service user has requested extra support to assist/accompany them to an appointment.

You need to get approval from Adult Social Care and ensure you have some sort of confirmation in writing. Add this visit as an extra row and use the visit type E. You must also add a comment in this case.

Scenario 5: The 'planned' information within the visits file should match what is on the CPLI and has been agreed when sourcing the package of care. What if the client wants a different time and these are clients with Mental Health needs and so conforming to these requests is often necessary?

If the request for a different time can vary with this service user – use the planned times as agreed and add a comment to clarify why the delivered times deviate from the planned times.

If the request for a different time is a fixed request by the service user – put in a request to us to update the package of care within the system. Email the Care Payment Queries carepaymentqueries@Oxfordshire.gov.uk.

Scenario 6: The Social work team responsible for this case has requested a variation in care, for example an extra care call for the next two weeks. This is not represented as an additional CPLI.

You need to get approval from Adult Social Care and ensure you have some sort of confirmation in writing. Add these visits as extra rows and use the visit type E. You must also add a comment in this case.

Scenario 7: Clients have to give providers notice if they want to cancel a package of care entirely. What do we do if the client does not give the required notice?

In this situation submit visits (for the period that notice was not given) and use the visit type C. This visit type ensures the provider is still paid and the client is still charged.

Unmatched Visits

When visits are uploaded into the portal, they are received into our finance system and will match to a CPLI. You can see if a visit has matched or not within the portal. The following are possible reasons a visit may not be matching:

1. The package has not yet been set up (i.e., there is no CPLI in place in our finance system). Once the Systems Team add the CPLI, the visits will match – provided all the information you previously submitted is correct. If you incorrectly guessed any of the details, such as the service level, you would need to resubmit the data.
2. There is a package (CPLI) but the date of the visit you have uploaded is before the start date or after the end date on the CPLI. Check the [care package line items](#) screen to determine which and correct date.
3. You have used the wrong zone within the service name column – you need to check the service name applied to the [CPLI](#) for that service user. Correct the service name with the right zone and resubmit the data.
4. Visits data has been submitted for cases that should not have been submitted – these visits would need to be deleted. E.g., Fully funded health packages (CHC), deceased cases, client has gone private.
5. For some packages of care providers have been asked to invoice OCC, instead of submitting visits data. Please do not include those cases on the file.

See the section on how to [delete visits data](#), in cases where you need to delete any visits supplied in error.

Deleting Visits Data

There may be occasions when you need to delete a visit submitted in error or OCC have asked you to delete a visit. To delete a visit, you have two options:

1. **Delete a single visit using the portal interface**

    This option might be preferred if you have a small number of visits to delete, or if you are less comfortable with a csv file.

a) Click on the actuals/visit's icon on the homepage

b) Select the service from the left

c) Select the week in question on the calendar on the left
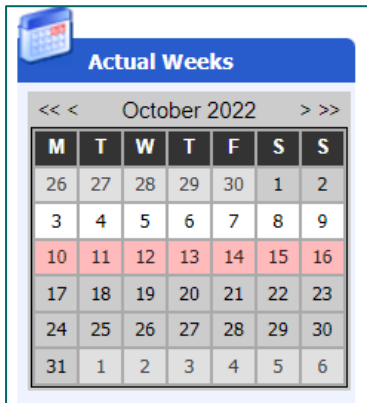
d) You can then filter for the client you need to delete the visit for

e) Find the visit you want to remove and click on View

f) Click on the Delete button

2. Delete visits using a csv file

This method is preferred if you have lots of visits that need deleting. You will need a csv visits file. Within the file you need to include the following data:

- The original visit reference that was used
- Enter 1 in the deleted column
- The ssref (client ID)
- You can leave all the other columns blank

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VisitRef	Deleted	PlannedV	PlannedEr	PlannedE)	VisitType	Delivered	Delivered	Delivered	Delivered	Delivered	Delivered	Delivered	VarianceR	Comment	ClientRef	SSRef
V101		1														A332536

a) Once you have prepared the file, click on the actuals/visit's icon on the homepage

Actuals/Visits
Submit your actuals/visits to Oxfordshire using the online form or bulk import facility

b) Click on the Visits Bulk Import link on the left

Bulk Import/Export

It is also possible to bulk-import or export actuals data from a CSV file

- Actuals Bulk Import
- Actuals Bulk Export
- Visits Bulk Import
- Carers Bulk Import
- Commissioned Care Export

c) Make sure your file is saved in a csv format. Choose file and then click Import:

CSV File   Choose File   No file chosen

Import

d) You will then get the following screen, if there are any errors, these will appear at the bottom. If it has successfully read all rows, you can click on Update System:

Bulk Import of Visits

Confirm Import

Please check any errors and warnings and either update or cancel.

Imported Data

Number of records read	4
Number of new records	0
Number of updated records	4
Number of rejected records	0
Number of data quality issues	0

Update System   Cancel

Errors and Warnings

Status Message	
Row Data	

View   Reset   Save

Overriding Visits Data

There may be occasions where you need to override the original visits data provided or you need to correct the data.

- You need the original visit references used when you previously submitted the visit, so the system knows to override the data.
- Then you would reimport the visit into the portal having corrected the information.

1) Start off with a blank visits file, you can download one from our support page
2) Enter the original visit reference that was supplied when you first submitted that visit. If you are unsure what the visit reference used was, you can find the visit within the portal. Click on the actuals/visit's icon on the homepage. Select the service from the left.
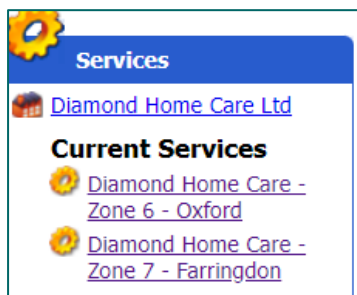
Select the week in question on the calendar on the left. You can then filter for the client you need to delete the visit for:
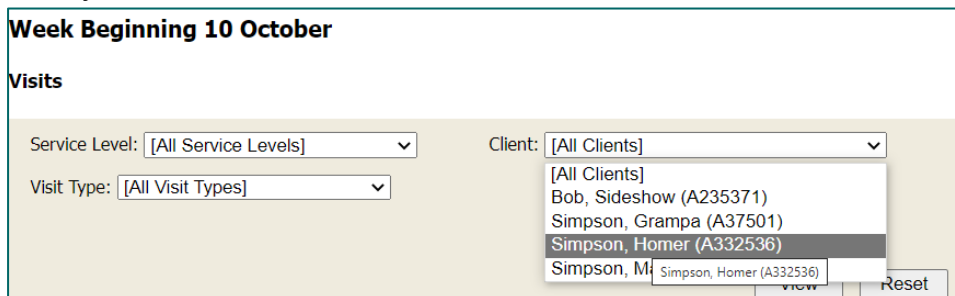
Find the visit in question and click on View:

The visit reference is noted at the top, here it is V102:

3) Once you have your visit references, make sure all the mandatory information is filled in on the csv file
4) Correct the data as required
5) Reimport the file into the portal

In the screenshot below you can see all the mandatory fields have still been populated.

	A	B	C	D	E	F	G	H	K	Q	T	W
1	VisitRef	Deleted	PlannedVisitDate	PlannedEntryTime	PlannedExitTime	VisitType	DeliveredVisitDate	DeliveredEntryTime	DeliveredExitTime	SSRef	ServiceLevel	ServiceName
2	PS5	0	07/10/2022	08:00	09:00	DHS	07/10/2022	08:02	09:06	A332295	Personal Care	Pearl Carers - Zone 6 Oxford

Reasons for Deletion

Common reasons why visits may need to be deleted:

1) Live in Care – we do not require visits data for these CPLIs
2) SPOT package of care
3) Continuing Health Care client
4) Visits before the start date on the CPLI
5) Visits after the end date on the CPLI
6) Service user has passed away and visits are still being submitted
7) Service user has decided to go private
8) Package of care did not go ahead in the end
9) Wrong zone in the service name column of the visits file
10) Wrong service level used within the visits file
11) Visit was in dispute, and we did not get a response from the provider within 7 days

One-Off Claims – Hospital Incentive Payment

DAPL Contract: If a service user goes into hospital and the provider picks up their care upon discharge, then OCC will pay you 50% of the cost of missed visits for up to 7 days if it is a DAPL contract.

LWAH Contract: The TA Function/hospital will identify if a person is likely to be leaving hospital within the fourteen days. The Provider will be paid 50% of the total cost of the missed visits for up to fourteen days to hold the package open. Should it be identified within the fourteen-day period that the person will be in hospital longer than fourteen days, the payment for holding the package open will cease on the day the Provider is notified that the person will be remaining in hospital. Providers will be expected to liaise with the TA/hospital to establish the date of discharge. Note, this is not extended to planned respite care.

You will need to request this payment, called the hospital incentive payment. You can now do this using the one-off claim feature on the provider portal. You can see in the portal if a care package or CPLI is under the DAPL or LWAH contract. If it is not, you cannot apply for the hospital incentive payment for this client. Go to the Care Package Line Item screen. In the Service column, it would state 'DAPL area' or 'Zone x – area' if LWAH.

Make sure when you submit your visit file you have used the Hospital visit type for the relevant dates. Once the client has been discharged and the care package has resumed or it is clear what the situation* is with that service user, then you can raise a 'one-off claim' via the Portal. You would need to work out how much is owed and then create your claim. There is a specific level of detail we need within the claim.

*Service users may remain in hospital for months; they may never leave hospital, or they may transfer to a residential placement.

What each contract states:

Contract	Detail
APL	There is no specific reference in this contract.

DAPL	*For hospital stays and provided a Service User is discharged within 7 Working Days of admission the Council will make a payment of 50% of the cost of the Care Package for the period the Service User is in hospital. The Service Provider must accurately record data relating to hospital stays on ETMS and the Council may carry out sample checks against hospital data to verify compliance.*
HTLAH (Help to Live at Home) Framework	*Unless otherwise agreed by the Council a Care Package will automatically be suspended, with immediate effect, where a Service User is for any reason temporarily unable to receive the Services as a result of, without limitation, being placed in hospital, in residential care or taking a holiday. Each party shall use their best endeavours to notify the other party as soon as possible if it becomes aware of any circumstances which are likely to give rise to the need to suspend the Care Package. Upon the Service User being ready to resume receiving the Services the automatic suspension referred to in paragraph 2 above shall automatically be lifted and the parties' obligations under the Care Package shall resume.*
Spot	There is no specific reference in the spot contract.
LWAH (Live Well at Home / Home First)	*The TA Function/hospital will identify if a person is likely to be leaving hospital within the fourteen days. The Provider will be paid 50% of the total cost of the care for up to fourteen days to hold the package open. Should it be identified within the fourteen-day period that the person will be in hospital longer than fourteen days, the payment for holding the package open will cease on the day the Provider is notified that the person will be remaining in hospital. Providers will be expected to liaise with the TA/hospital to establish the date of discharge.*

Summary:

Contract	Hospital incentive payment	Details
APL	No	N/A
DAPL	Yes	Service User is discharged within 7 days of admission the Council will make a payment of 50% of the cost of the Care Package
HTLAH	No	N/A
LWAH	Yes	The Provider will be paid 50% of the total cost of the care for up to 14 days to hold the package open
Spot	No	N/A

Working out how much is owed:

Example 1:
⇒ Mr Flanders has 2 hours of care each week
⇒ Care is on Sat and Sun only, 1 call from 14:00 -15:00 pm
⇒ He was admitted to hospital: Thursday 10.11.22, and the care visit did not take place on this day
⇒ Discharged & care resumed: Sunday 13.11.22, the afternoon care visit did go ahead

✓ Since he does not have care during the weekdays (Mon-Fri), it means he only missed care on Sat 12th Nov = 1 day

- ✓ Care resumed on Sun 13th Nov
- ✓ Since Mr Flanders has just 1 hour per day, he has missed 1 hour over 1 day
- ✓ So, we can claim the following: 1 hours * 23.77 * 50% = £11.89

Example 2:

⇒ Mr Skinners has 7 hours of care each week
⇒ He has two calls per day, 12:00 – 12:30 and 18:00 – 18:30
⇒ He was admitted to hospital: Monday 21st November
⇒ He had the lunch visit as planned on Monday 21st November
⇒ He was discharged and care resumed on Friday 25th November
⇒ The evening call went ahead on Friday 25th November

- ✓ Since he had one call on the Monday 21st November, he missed half an hour on day 1
- ✓ He had the evening call on Friday 25th November; therefore, he missed half an hour on day 5
- ✓ Between Tues and Thurs – he missed both calls each day, which totals 3 hours
- ✓ Therefore, in total he has missed 4 hours' worth of visits
- ✓ So, we can claim the following: 4 hours * 23.77 * 50% = £47.54

Steps:

1. You will need to indicate visits that did not take place due to hospital admission by using the Hospital Visit Type on the visits file that is uploaded to the Provider Portal. The Hospital Visit Type is set to not pay and not charge for the planned visit.

2. Once the package of care has been picked up or the situation with the service user is clear*, you can request the payment. Raise a One-off claim > click on the One-Off Claims icon on the homepage.

One-Off Claims
View and create One-Off Claims
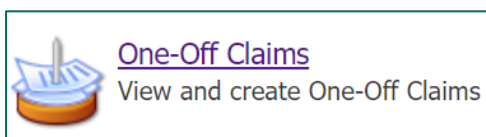
* The service user may not return home, or they move into a residential placement. It is not always the case that they will return home with domiciliary care.

3. Select the relevant service name from the left. If you are unsure, check the Care Package Line Item screen, find the service user in the list and the service column will indicate the service name.

4. Click on New Claim on the left.

5. In the Client Items section, on the right – click on Add New Client Item.

6. The following form will appear:

Description: As a minimum enter the dates of the hospital admission or the scenario applicable to that service user. Indicate the total visit hours missed and your calculations to clarify how you came to your final figure. Some examples are below:

Client was admitted into hospital 03.10.22, they had their morning visit only. Client was discharged on 07.10.22, care resumed from the evening call at 8pm. Client missed 5 days, within those days, they missed 4 hours' worth of visits. (4 * 23.77) / 2 = £47.54.

Client was admitted into hospital 07.10.22. Client is still in hospital as of 01.12.2022. we have kept the space open but will now be allocating it to another case. Please find evidence attached indicating the space was kept open for at least 14 days.

Service Level: select the Hospital Incentive Payment option
Client: select the service user applicable

Quantity: always set to 1
Unit Cost: this is the total amount of your claim, that you have worked out
Attachment: if you have evidence that would help us to process the claim faster or clearly evidences that service user's situation (long stay in hospital, moved to residential care, you have kept the space open) please attach it here

7. Click Create

8. You have now created a draft claim. If you need to edit the claim or cancel it, you still have the option to do so as you have not yet submitted the claim.

9. To submit this to OCC, click on the Submit Claim button at the top

Note: it is preferred if you submit one claim per client. This makes it easier for us to process. Create a new claim for each client if there are multiple clients within a period.

Once you have submitted your claim, you can view the status of your claim as well as any notes OCC supply.

Back to Contents Page

On the left it will state either:

- ☐ Pending – OCC have yet to accept or reject the claim. We may still be verifying the details and if we have added any notes, you can click on the claim and view these notes.
- ☐ Accepted – your claim has been accepted.
- ☐ Rejected – your claim has been rejected. You can click on the claim and view the reason why.

Our notes can appear in two places on a claim.

1)

2)

If you have made a claim for a package of care under another contract (APL, HTLAH or Spot contract), your claim will be automatically rejected.

Our payments team will:

1. Check the contract type
2. Check the visits data sent in for that period were marked as H
3. They will then verify the hospital dates
4. They will review any evidence you may have supplied
5. They will check your calculation is correct
6. If all this passes – they will accept the claim

If your calculation is incorrect, they will correct this for you and will add a note to clarify.

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Client Items

| Description	Service Level	Client	Quantity	Unit Cost	Amount	Has LA Notes	Included	View
SU admitted 04th Nov and care resumed 12th Nov 2 days missed = 2 hours' worth of visits (2*23.77)/2= 23.77	Hospital Incentive Payment	Brockman, Kent	1	£15.00	£15.00	Yes	Yes	View Client

OCC have amended the claim amount to £15 because there was an error in your calculation.

If they require evidence, they will request this, and you will need to email in the evidence to carepaymentqueries@Oxfordshire.gov.uk.

Q. If the provider has been given a hospital discharge date and therefore a date as to when to resume care. Our carers then go out to deliver the visit as planned but it turns out the client is still in hospital, and the provider was not notified in time. Would the provider still be paid for this since they attempted the care.

A. Mark the visit as H (hospital) and add a comment to clarify. This will ensure the client is not charged. Apply for this payment under the hospital incentive scheme. You will need to provide evidence within the claim request.

Disputes

When we are reviewing the submitted visit data there may be a requirement to raise a dispute with you regarding what has been submitted. Whilst the term dispute sounds aggressive, it is just a way for us to raise a query regarding a particular visit that was submitted using the portal.

Disputes
No open Disputes
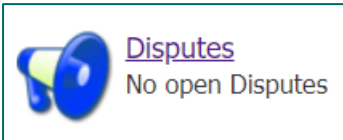
Raise	OCC will raise the dispute
View	Provider can view the dispute in the portal as well as the query or suggested solution
Resubmit	Provider may need to resubmit visit data that is being queried or can clarify using the dispute feature
Close	OCC will close the dispute

OCC would raise a query, using the dispute feature – it may be that they need more information, they need you to resubmit data, or delete a visit that was submitted. You can then view those disputes in the portal and add a response. Depending on what the issue is you may need to resubmit a visit data, in which case you would do so.

Disputes
1 open Dispute (1 awaiting action)

Client	Status	Reason	Details	Response	Date Range	
Skinner, Principal	In Dispute	No comments	no comments explaining why the visit was longer than planned. Please clarify here or resubmit the visit with a comment.		04/10/2022 - 04/10/2022	Edit

We have the following dispute types within our system:

1) Invoice Case – this will be used if you are expected to invoice OCC for this package of care and not the Provider Portal

2) Reablement / Other Case – this will be used if you have submitted visits data for a reablement package of care, we do not require visits data for reablement cases or any other cases for which we do not require visits data for

3) Ceased Care Package – this will be used if you have submitted visits data for a package of care that has ended

4) Client Deceased – this will be used if you have submitted visits data for a client who has passed away

5) Client Has Gone Private – this will be used if you have submitted visits data for a client who has gone private, and OCC are no longer involved with the case

6) Client In Hospital – this will be used if you have submitted visits data for a client who has gone into hospital, and you have indicated the visit was delivered

7) Client In Respite Care – this will be used if you have submitted visits data for a client who has gone into planned respite care

8) Incorrect Data – this will be used if you have submitted visits data and some of the data is incorrect. This could mean missing data, data errors or incorrect format of data.

9) Client Disputes Visits Data – this will be used if the service user disputes the visit data you have submitted. They may disagree with whether the visit went ahead or not, as well as cancellation notice.

10) Missing Comment – this will be used if you have used a visit type where we would need a comment. This applies in the main to exceptional, undeliverable and cancellation visit types.

Process:
1. OCC will check the visits data submitted on a weekly basis
2. If we need to query a visit, OCC will raise a dispute
3. You will have 7 days to respond to the dispute and resolve the issue
4. If we do not receive a response within 7 days, OCC will intervene accordingly

⇒ From the Provider Portal home page select 'Disputes'.
⇒ By default, it displays all the open disputes for the provider.

⇒ To see resolved disputes as well, you will need to tick the Resolved Status option.

⇒ Click 'Edit' to open the details of the dispute. This will show the full details of the dispute and allow you to send a reply to OCC Social Care Payment and System Data team.

⇒ Enter your response and click 'Request Resolution'. This will send your comment back to be reviewed.

⇒ If the dispute has been resolved, OCC will close the dispute.

Example 1:

This is a screenshot of what a single visit data looks like in our system.
- On the 4th of Oct, the visit type that was used was E = exceptional
- We can see in the delivered section, the carer stayed for 2 hours, much longer than the planned amount of 1hr listed above
- However, if you look at screenshot 2, on the comments tab – there is nothing to explain what happened
- So, OCC may raise a dispute to find out

Resolution 1:
- Since the data supplied is correct, you could just add an explanation within the dispute
- You also have the option to resubmit the visit data and add a comment this way

Example 2:
- In screenshot 1 we can see that for the 5th of Oct, the visit type submitted was U undeliverable

- Again, in screenshot 2 - no comment to explain what happened

Resolution 2:
- Since the data supplied is correct, you could just add an explanation within the dispute
- You also have the option to resubmit the visit data and add a comment this way

Example 3:
- On the 07th of Oct, the visit went ahead because it says delivered.
- The planned time shows 8-9 but the delivered times are 10-10.30, that does not tally up

Resolution 3:
- Since the data supplied is incorrect, you would have to resubmit the visit with the correct data. See the next section on how to resubmit a visit.

Resubmitting Visits Data

There may be occasions where you need to override the original visits data provided or you need to correct the data.

- You need the original visit references used when you previously submitted the visit, so the system knows to override the data.
- Then you would reimport the visit into the portal having corrected the information.

1) Start off with a blank visits file
2) Enter the original visit reference that was supplied when you first submitted that visit
3) Make sure all the mandatory information is filled in
4) Correct the date
5) Reimport the file into the portal
6) Add a comment to the dispute, explaining that you have resubmitted the visit

Taking example 3 from above:

- The visit reference is PS5
- The delivered time needs to be corrected to: 08:00 - 09:06

In the screenshot below you can see the delivered times have been revised, and all the mandatory fields have still been populated.

	A	B	C	D	E	F	G	H	K	Q	T	W
1	VisitRef	Deleted	PlannedVisitDate	PlannedEntryTime	PlannedExitTime	VisitType	DeliveredVisitDate	DeliveredEntryTime	DeliveredExitTime	SSRef	ServiceLevel	ServiceName
2	PS5	0	07/10/2022	08:00	09:00	DHS	07/10/2022	08:02	09:06	A332295	Personal Care	Pearl Carers - Zone 6 Oxford

Provider Led Reviews (PLR)

Provider Led Review - Planned Temporary Increases to Care

Providers are only able to request planned temporary increases to care packages. A planned increase to care is when the provider knows, ahead of time, that the person will need some additional support. For instance, the informal carer is going into hospital for

one night on X date and therefore additional support is required for that person to cover that night.

Providers can request a temporary increase ranging from one visit up to a maximum of two weeks at a time.

You would need to get in touch with Adult Social Care. This form (and new process) will be available from late 2023. Once the form is returned to Adult Social Care, our teams will review your request.

If some or all the additional visits or visit extensions you have requested are over 15 minutes, approval is required internally. You may be contacted by a member of the team to discuss your request. Once the request has been approved internally, the finance team will add the increase as a CPLI (care package) within the system. This will be a second/additional CPLI that is recorded.

The provider will then follow the usual steps on submitting visits data for planned care. Please refer to the user guide for information and steps on this specific scenario.

If you believe the variation needs to be beyond two weeks, please contact Adult Social Care.