



# Bulk Patient Merge Tool

## Step-by-Step Checklist

Use this checklist to review, match, and merge linked-payer patient records into your existing internal records ahead of a payer go-live.

If your agency starts working with a payer through a Linked Payer contract, you need to review and update your patient records in HHAExchange. This helps ensure you meet compliance standards for EVV (electronic visit verification) and that claims are processed efficiently.

**Bulk Patient Merge** lets you review and then merge many patient records at once, instead of one at a time.

### Before You Start:

Permission must be turned on and assigned to the appropriate role before users can access the tool. If you don't see Bulk Patient Merge in your Action Menu, check with your system administrator.

### Quick Overview

- ☐ Review and accept the linked records before the payer's "go live" date.
- ☐ Use Bulk Patient Merge to check existing internal records against the linked records and ensure they match.
- ☐ Define post-merge configurations.
- ☐ Complete the merge and use the updated records going forward.

### NEW TO THIS TOOL?

Watch the full walkthrough video before you begin.

[Watch the Walkthrough >](#)

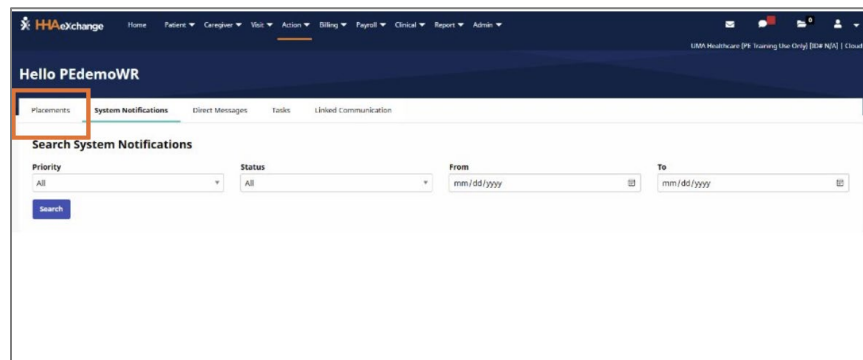
## STEP 1 Review Linked Records Before Go-Live

How you complete this step depends on whether your agency has one office or multiple offices.

### To Do

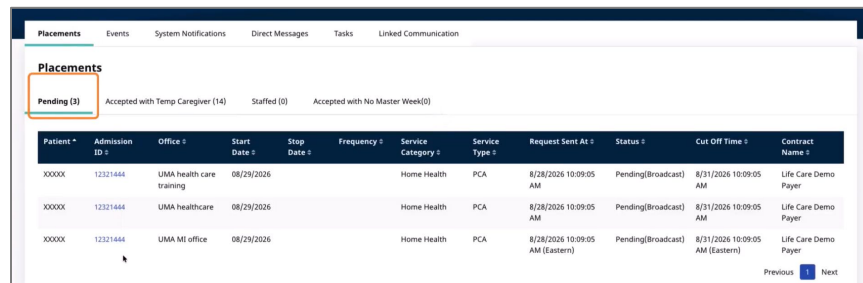
- ☐ Determine whether your agency has one office or multiple offices — this changes how you complete this step.

- ❑ If you have multiple offices: go to the homepage, then **Placements**, and review any placements marked **Pending**.



*Placements tab, accessed from the homepage.*

- ❑ Open each pending placement record and review the information for accuracy.



*Pending placements queue.*

- ❑ Identify the Coordinator from the drop-down.
- ❑ If everything looks correct, select **Accept**.

## Things to Keep in Mind

### Single-office agencies:

Your system automatically accepts new linked-payer records — you'll see two records per patient (linked + internal). Run a [patient report](#) to confirm all expected linked records are present. If any are missing, contact the linked payer directly.

### Note:

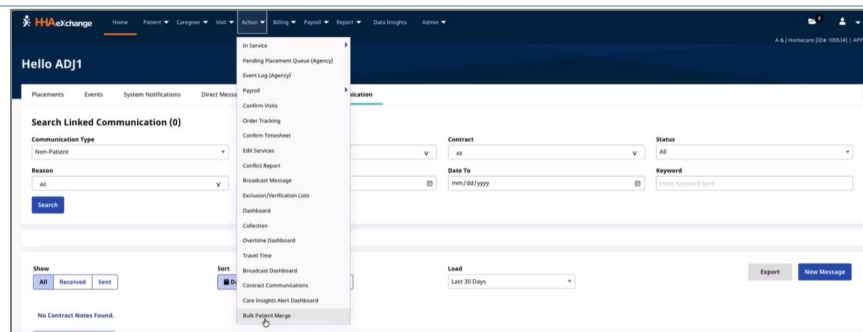
Once a placement is accepted, the linked patient record is created and will appear in the Bulk Patient Merge tool, ready to compare against your internal record.

## STEP 2 Match Review: Check Records Against Each Other

*Confirm that your internal records and the new linked-payer records really belong to the same patients.*

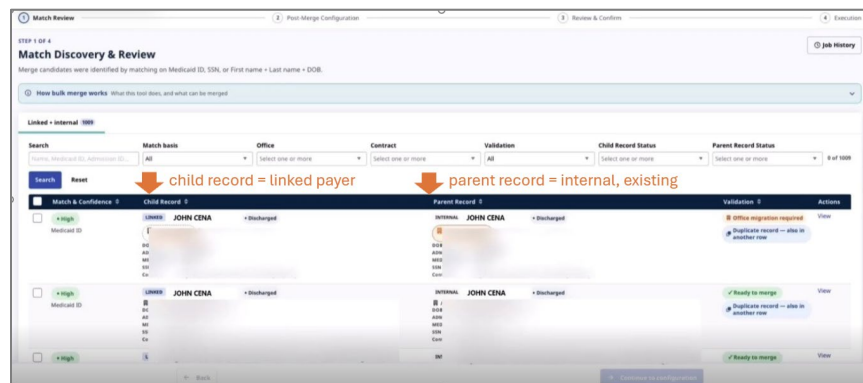
### To Do

- ❑ From the **Action Menu** on the homepage, select **Bulk Patient Merge**.



*Bulk Patient Merge, under the Action Menu.*

- ☐ Use the filters to focus on a specific payer contract, office, or patient population — helpful if your agency has multiple offices.
- ☐ Review each patient pair: the **Child Record** (new linked-payer record) and **Parent Record** (your existing internal record), shown side by side.



*Match Review list — child (linked) and parent (internal) records side by side.*

- ☐ Review the **Match & Confidence** column (Medicaid number, SSN, or Name + DOB).
  - ☐ Not sure about a match? Select **View** to compare detailed information side by side.
- ☐ Review the **Validation** column and resolve any flags before continuing.
  - ☐ **Office Migration Required** — confirm or update which office should service the patient going forward.
  - ☐ **Duplicate Payer** — select the correct internal record; only one internal and one linked record can be merged together.
- ☐ Select the checkbox for each patient record you're ready to merge.
- ☐ Select **Continue to Configuration**.

## Things to Keep in Mind

### Note:

During the merge, the child (linked) record merges into the parent (internal) record. The patient's historical data always stays on the internal record for data integrity — this direction is fixed.

**Important:**

Even when the system shows match confidence as "High," it is your responsibility to verify the records before merging.

**Office Migration Required:**

This means the two records are assigned to different offices. Offices must match for the merge to proceed. The tool defaults to the internal record's office, but you can switch to the linked record's office if that's correct going forward.

**Duplicate Payer:**

This means the linked record matches more than one internal record. Review the options and select the correct internal record before continuing.

**STEP 3 Define Post-Merge Configurations**

*Choose which additional updates should happen automatically once the merge is complete.*

**To Do**

- ☐ Review each of the four post-merge configuration options below and decide which apply to this merge.

The screenshot shows the 'Match Review' screen in the Bulk Patient Merge Tool. It includes a title bar with a checkmark and the text 'Match Review'. Below the title bar, there is a paragraph explaining the purpose of this step: 'This step performs bulk updates after the merge is complete to close out the internal contract and start seamlessly using the linked Contract on the new merged Patient profile. This is typically done during a Contract go-lives, where you need to move all Patients from an internal contract to a linked contract. The goal is to close out the internal contract and start using the linked Contract for all manual updates to get there.'

Below the paragraph, there is a blue banner with a white exclamation mark icon and the text: 'The configurations you set here apply to all Patients selected for this merge.'

Under the banner, there are four configuration options, each with a green checkmark icon in a blue circle and a toggle switch labeled 'OFF':

- 1 Copy DX Code
- 2 Discharge Internal Contract
- 3 End-Date Internal Contract Authorizations
- 4 Update Master Week

*Post-merge configuration options — each can be turned on or off independently.*

| Configuration               | What It Does                                                                          |
|-----------------------------|---------------------------------------------------------------------------------------|
| Copy Diagnosis Code         | Copies diagnosis codes from the internal contract to the linked contract.             |
| Discharge Internal Contract | Discharges the internal contract when the linked contract will be used going forward. |

| Configuration           | What It Does                                                                                              |
|-------------------------|-----------------------------------------------------------------------------------------------------------|
| End-Date Authorizations | Adds an end date to internal contract authorizations no longer needed once the linked contract is active. |
| Update Master Week      | Updates the patient's Master Week to reference the linked contract and its service codes.                 |

- ☐ For **Update Master Week**, map each internal service code to its linked-contract equivalent, or select **Do Not Map** if no update is needed.
- ☐ Once your selections are made, select **Continue to Review**.

### Things to Keep in Mind

#### Recommended timing:

Set Discharge Internal Contract and End-Date Authorizations to one day before the linked contract's go-live date, to avoid a gap or overlap in coverage. Set the Master Week start date to the actual go-live date itself, since that's the day the new contract and schedules should take effect.

#### Example:

Sunny Days Home Care has a new linked-payer contract with Riverside Health Plan, effective **October 1**:

- **Copy Diagnosis Code:** Enabled — the diagnosis code already on the internal contract carries over automatically.
- **Discharge Internal Contract:** Set to 9/30 — one day before go-live, so the internal contract closes right as Riverside takes over.
- **End-Date Authorizations:** Set to 9/30 — same reasoning as the discharge date.
- **Update Master Week:** Set to 10/1, the actual go-live date, so schedules and service codes reflect the new contract starting on day one.

## STEP 4 Complete the Merge & Submit

*Your last chance to review everything before the merge job is processed.*

### To Do

- ☐ Review the summary of the records selected for merge and all post-merge configuration settings.
- ☐ Select the attestation checkbox(es) confirming that you reviewed the selected patient records, reviewed the configuration settings, and authorize the merge job.
- ☐ Select **Submit Merge Job**.
- ☐ Check the status of your merge under **Job History**.

## Things to Keep in Mind

### Processing time:

It takes roughly 2-4 minutes to process each patient record. Larger merge jobs (10 or more patients) may be processed after business hours.

### Important:

If you need to undo a merge, you can do so under Job History — but only within 5 days of the merge completing.

## Need Help?

If you have questions about this process or run into a scenario not covered here, this tool is actively being refined based on provider feedback — here's where to go next:

### STEP-BY-STEP VIDEO

**Review the detailed walkthrough video for this tool.**

[Watch the Walkthrough ▶](#)

### LIVE SUPPORT

**Join our daily office hours to ask questions and get real-time help.**

[Register for Office Hours ▶](#)