

Ascend/Blue Summit Error Correction Authorization Form (CDS)

The Correction Form is to be completed when the attendant was unable to clock in OR clock out from the Consumer/Employer's designated telephony phone number, or for other errors committed while utilizing the telephony system.

The Consumer/Employer must **immediately contact HILC Payroll staff PRIOR** to submitting a correction form. Please submit this form to HILC as soon as possible. If this form is not submitted in a timely manner for approval, payment for the time in question may be delayed. Failure to follow proper time & attendance procedures can also result in delayed payment for time worked not counted for by the time & attendance system in place.

Consumer Name:

Attendant Name:

Date of Missing Clock In / Clock Out:

Was the Missing Information a (Circle One): CLOCK IN / CLOCK OUT / ENTIRE DAY / OTHER

Complete the Time of BOTH Clock In and Clock Out (be sure to circle AM / PM)

Date of missing information / /			*Please list both clock in and clock out on correction form*			
			CSR Init'ls	TASKS - List ALL tasks completed for this date		
Time In	:	AM / PM				
Time Out	:	AM / PM				
Time In	:	AM / PM				
Time Out	:	AM / PM				
Time In	:	AM / PM				
Time Out	:	AM / PM				
Total Hours	Hours: Minutes:					

Was Consumer In Hospital? If Yes, **Admit Date:** **Discharge Date:**

Name & Location of Hospital:

Attendant Signature:

Date:

Consumer Signature:

Date:

Reason for Missing Clock In / Clock Out or other error:

List the HILC staff you spoke with about this particular error:

HILC Payroll Office number: 573-437-5100 ext. 112 or 120

Telephony Toll Free Number: 833-434-1092

Correction forms should be submitted to HILC as soon as possible, no later than **NOON ON TUESDAY** following the end of the pay period. Payment is **NOT** guaranteed for correction forms submitted more than 2 pay periods late. Forms must be completed using **BLACK** or **BLUE** ink only.

ORIGINAL CORRECTION FORMS MUST BE SUBMITTED IMMEDIATELY UPON COMPLETION FOR TIMELY PAYMENT

Forms not received by the deadline will NOT be processed for payment during that pay cycle.

Forms may be mailed, emailed or faxed to the HILC Payroll office provided it is legible.

1010 Hwy 28 W, Owensville MO 65066

Fax number: 573-437-5117

Email: payroll@heartlandilc.org

Fraud Prevention: Heartland Independent Living Center is committed to the proper use of Medicaid resources and to preventing Medicaid fraud. Heartland ILC is, by law, required to report any suspected Medicaid Fraud. The Medicaid Fraud Control Unit of the Attorney General's Office investigates and prosecutes cases of suspected Medicaid Fraud and the consequences of a conviction for the consumer and attendant can include imprisonment, fines, or both. Annually, all consumers and all attendants will be required to provide Heartland Independent Living Center with a signed statement indicating that each has been provided with a copy of Heartland ILC's Medicaid Fraud Prevention Policy and had read and understood it. **If an attendant is employed for any entity or person other than Consumer**, he/she understands that, in order to ensure there is no Medicaid Fraud, he/she may be required to provide information (payroll records) which documents that he/she was not working for another employer at the time claimed on timesheets for attendant care services.

Heartland Independent Living Center reserves the right to suspend its services if it is determined that a consumer and/or attendant is not in compliance with Heartland's Medicaid Fraud Policy.

Check Here For More Correction Forms Check Here For Additional Telephony Training

FOR HILC USE ONLY	Missing Clock In / Clock Out approved 10/26/2021: YES <input type="checkbox"/> NO <input type="checkbox"/>
	HILC staff processing form: _____ Date processed: _____