HHAeXchange

Aetna Better Health of NY

Enterprise Provider Training

Enhanced linked Experience with Universal Patient Record

Agenda

- Provider Information Overview

- Enhanced Linked Patient Functionality & Demo

- Go Live Preparedness & Implementation Tasks

- Provider Reminders

- Timeline and Next Steps

- Support and Provider Resources

- Questions?

Provider Overview

Aetna Better Health of NY will implement the linked contract functionality on:

Phase 2 Providers: May 17, 2021

Phase 3 Providers: June 7, 2021

As part of this partnership, Providers within their network will be implemented on a new and improved linked ecosystem: the **Universal Patient Record**. The "UPR" experience vastly improves upon core workflows including (but not limited to) patient management, communications, authorization management, and payment integrity.

HHAeXchange is fully committed to your success as an agency within this ecosystem. With that in mind, we have made several enhancements that allow for more flexibility and ease of use with linked payers.

Enhanced Linked Patient Functionality & Demo

Patient Placement

Linked Contract Workflows
Placement Received
• Providers may review pending placements on the Home module > Linked Communications tab.
Reviewing Placement Details
• Placement details include information basic demographic information, special requests, and authorizations.
Accepting/Denying Placements
• Providers may accept, deny, or request more time to make a decision regarding the placement. • Placement may also be sent as "Confirmed" or to an "Unspecified" Office.
Patient Profile Creation
• A new Linked Patient profile is made available for the Provider to schedule service.
Reviewing Daily Placement Info
• Providers may review daily placement info on the Pending Placement Queue.

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Patient Placement

Enhanced UPR Contract Workflows
Placement Received • Providers will continue to review pending placements on the Home module > Linked Communications tab.
Reviewing Placement Details • Placement details include information basic demographic information and authorizations.
Accepting/Denying Placements • Master Week schedules set on the Patient Profile post-placement. • Providers may accept, deny, or request more time to make a decision regarding the placement. • Placements may also be sent as "Confirmed" or to an "Unspecified" Office.
Patient Profile Creation • A new Contract for the associated Payer is automatically assigned (whether Accepted by the Provider or sent as a Confirmed placement). • Any demographic data/patient authorizations entered by the Payer used to populate Internal record.
Reviewing Daily Placement Info • Providers will continue to review daily placement info on the Pending Placement Queue.

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Patient Management

Linked Contract Workflows
Demographic Management • Providers restricted from editing demographics unless permitted to by Payer.
Authorization Management • Providers must wait for Payers to send authorizations. In lieu of a true authorization, Providers may create an Internal Patient record for the patient, assign an Internal version of the Payer Contract, and create an Authorization for scheduling/payroll purposes.
Patient Status Management • Patient status is controlled by the Payer.
Duplicate Records Management • If two (or more) records exist for the same Patient, the "Other Placements" feature allows Providers to link the records together so they may easily jump between profiles. Consolidation of multiple records related to a single patient must be done manually.

Patient Management

Enhanced UPR Workflows
Demographic Management • Provider has control over patient demographic information. This includes (but is not limited to) Patient Name, Address, DOB, and Medicaid ID.
Authorization Management • Provider may create a TEMP authorization for Payer Contracts for the patient to schedule/pay caregivers for service. When the Payer authorization is received, the TEMP auth may be removed.
Patient Status Management • Provider can update the status of the Patient to On Hold, Hospitalized, or Discharged.
Duplicate Records Management • If two (or more) records exist for the same Patient, the "Merge" feature may be used to reconcile said records (Visit info, Invoices, demographics, etc.).
Contract Management • Providers may edit the Service Start Date and Discharge Dates for Payer Contracts. Additionally, they may add Payer Contracts manually to Internal records.

Contract Management

Linked Contract Workflows
Billing Rates Management • Providers may edit billing rates if permitted by the associated Payer. • Providers may add non-billable rates.
Billing/Collections Management • Providers may configure general billing/collections setup (including Billing Reference Person, Invoice Type, etc). • Provider may setup Automated Collection Notes.
Scheduling/Confirmation Management • Provider has access to a limited number of workflow options related to visit scheduling and confirmation.

Contract Management

Enhanced UPR Workflows
Billing Rates Management • Providers may edit billing rates if permitted by the associated Payer. • Providers may add non-billable rates.
Billing/Collections Management • Providers has access to a greater number of general billing/collections setup configurations including (but not limited to) Time Filing Limit, Invoice Organization, and Default Internal Collection Representative. • Provider may setup Automated Collection Notes.
Scheduling/Confirmation Management • Provider has access to a greater number of workflow options related to visit scheduling and confirmation including (but not limited to) requiring clinical documentation for skilled visits, requiring specific fields when editing visits, and validating visit confirmation matches duty minutes.

Scheduling

Enhanced UPR Workflows
Visit Creation • Contract Selection • Copy/Paste & Copy and Create
Visit Management • TT/OT • Missed Visit Reason • Travel Time Request • Adjusted Hours • Banked Hours • Secondary Contracts
Visit Rates

Patient Profile

Enhanced UPR Workflows
Patient Rates
POC Management

Invoicing/Exporting

Enhanced UPR Workflows
Invoicing Visits • Follows Internal Billing workflow
"Save and Send" vs "Save and Export" • Claim does not send at the end of the day
Managing Exported Claims • Check Export Process • Review Claim Batch to ensure all Invoices are Exported

Re-Billing

Enhanced UPR Workflows

Re-Billing
 	
    • 3rd Party
    • Billing Adj. Hours
    • TT Hours (Adjustments/Voids)
    • Mandatory TRN

Go-Live Preparedness & Implementation Tasks

Providers **receive members and authorizations** on the linked Payer contract

- *If you are missing any members or authorizations, please contact your contracted Payer via the Communications Module*

Members will be sent as Confirmed (Active status), unless the provider has multiple offices, in which case they will be sent as Pending

- *If sent as Pending, please Accept and assign the Member to the correct office promptly*

Use the HHAX Communication Module if there are any issues/concerns regarding the Member/Auth data received

- *To prevent claim denials, providers should not change the Primary Billing Address or Phone Number 1*

Provider Reminders

Billing

- Please utilize the "Save & Send" functionality when sending claim batches
- This step is critical when working with the new Enhanced Linked (UPR) Contract, as it will ensure claims are sent directly to the Payer. Providers should *not* use the **Export** function for these claims, as exporting these claims to a clearinghouse results in duplicate submissions, leading to claim rejections.

POC

- Plan of Care compliance will not be enforced by the payers to start. The contract is set to a read-only POC Duty Compliance value of No Compliance. If you would like to configure a specific compliance level for this contract, please contact HHAeXchange support by emailing us at support@hhaexchange.com

Perform Patient Merge

- Providers are encouraged to merge member records as they are received

Provider Reminders

Placement Acceptance

- When getting an unconfirmed placement for multi-office functionality, please look at the UBC Code on the Auth to check which office the service code applies to for that patient
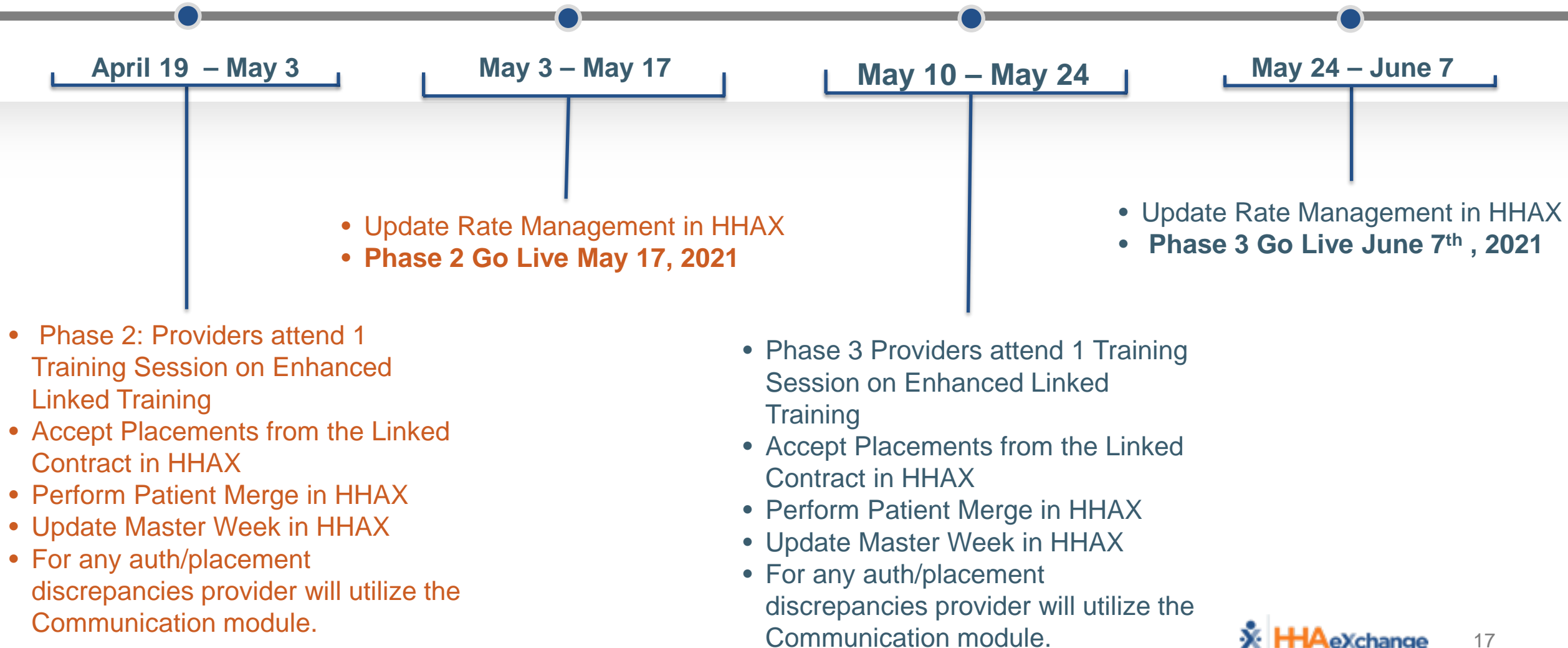
Communication

- Any contract related questions should be directed to the payer. Any system related questions can be sent to HHAeXchange via Support
- TT/OT – request should be sent via communication module

Rate Management

- Provider's review the contracted services codes added on their HHAeXchange Portal. Providers can add rates to the new contract based on their current contract amount. Provider are given flexibility to managing and editing their rates as needed

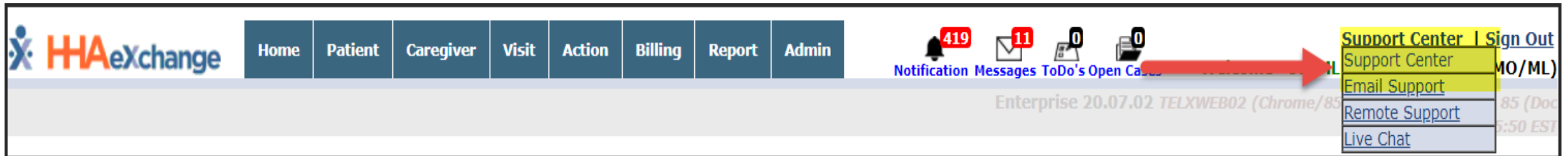# Provider Onboarding Timeline: Phase 2 & 3 Enterprise Providers

April 19 – May 3

May 3 – May 17

May 10 – May 24

May 24 – June 7

- Update Rate Management in HHAX
- **Phase 2 Go Live May 17, 2021**

- Update Rate Management in HHAX
- **Phase 3 Go Live June 7th , 2021**

- Phase 2: Providers attend 1 Training Session on Enhanced Linked Training
- Accept Placements from the Linked Contract in HHAX
- Perform Patient Merge in HHAX
- Update Master Week in HHAX
- For any auth/placement discrepancies provider will utilize the Communication module.

- Phase 3 Providers attend 1 Training Session on Enhanced Linked Training
- Accept Placements from the Linked Contract in HHAX
- Perform Patient Merge in HHAX
- Update Master Week in HHAX
- For any auth/placement discrepancies provider will utilize the Communication module.

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Provider Onboarding Next Steps

Phases	Phase 2 Providers	Phase 3 Providers
Enhanced Linked Training	**Week of April 19th** • April 19 • April 21 • April 22	**Week of May 10th** • May 10 • May 12 • May 13
Contract Linking	**April 26, 2021**	**May 17, 2021**
Member & Auth Data load	**April 28, 2021**	**May 19, 2021**
Go Live Dates	**May 17, 2021**	**June 7, 2021**

Support Ticket Entry

General Support

- Email: Support@hhaexchange.com
  - Provider Name
  - Provider TAX ID
  - Background on the Issue/Concern
  - Questions/Statement on the help needed

Visit our Support Center:

Provider Resources

https://hhaexchange.com/aetnany/

HHAeXchange Support

support@hhaexchange.com

Aetna NY Provider Relations

NY_ProviderRelations@AETNA.com

HHAeXchange Support

855-400-4429

Questions?

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