

Things to Remember:

- 1. Click on the links embedded in the notifications you are receiving. Valuable pieces of information are there, including links to training sessions and registration.
- 2. Review all authorizations for Elderplan/Homefirst members and check for accuracy. **Do this before go-live and let us know if there are issues.**
 - a. Provider(s) should review their authorizations between the internal and linked contract for accuracy prior to initiating the merge process
 - b. Provider(s) can add a future discharge date to their internal Elderplan contract. The discharge date should follow a date of 12/5. The new start of care and bill date will be 12/6
 - c. If you received an authorization letter prior to Go-Live and the new authorization is missing in HHAX portal, please wait for Go-Live for all updates. Please keep track of these members.

NEW: All authorization that were loaded in HHAX portal but has now ended prior to Elderplan HHAX Go- Live date of 12/06 will be removed from the HHAX portal. Please refer to your authorization letter that was fax or emailed to your agency.

- d. Upon Go-Live authorization letters will no longer be sent via fax or email. All authorizations will be available via HHAX to download.
- e. Quarterly and Weekly Authorization Rosters will continue to be sent via email.

REMINDER:

Email PLACUnitMBX@mjhs.org for authorization issues.

Email Support@hhaexchange.com for technical questions and issues.

Don't forget to access the Support Center for resources and system related questions!

- 3. If you have a multiple office setup, you will receive the initial go-live assignments as unconfirmed.
 - a. You will have to accept those members based on the office.



Note: If you accept a member to the incorrect office, please contact HHA Support Team to have this corrected.

- 4. Authorization are shown in hours (i.e. Monday will show as 5, which means 5 hours). Many providers have a desire to see units; HHA converts the hours to unit's behind the scenes to process EVV validations.

NEW Note:

Claims: After completing the Prebilling and Billing Review process in HHAeXchange, your billed visits will be automatically sent from HHAeXchange to Change Healthcare, who will then pass them along to Elderplan MJHS. You do not need to submit any claims to a clearinghouse or Elderplan MJHS directly.