

A background image showing a smiling man in the foreground and a smiling woman behind him, both appearing to be in a professional or healthcare setting. The image is overlaid with a blue-to-orange gradient.

Healthfirst Provider Information Session

(Enterprise Providers)

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➤ — **Team Introductions**

➤ — **Information Session Goals and Overview**

➤ — **Provider Landscape + Key Implementation Dates**

➤ — **Provider Workflow in HHAeXchange**

➤ — **Contact Information**

Team Introductions



Healthfirst

Marvin Brown

AVP, Ancillary Provider Services

HHaExchange

Brandon Jones

Project Manager

Sarah Murphy

Implementation Specialist

HH AeXchange Implementation Overview





Information Session Goals

- Distribute key information about the timeline of the HHAeXchange implementation
 - Understand the provider options for using HHAeXchange with Healthfirst
- Review the future-state provider workflow in HHAeXchange
- Understand the key next steps for providers to be ready for go-live
- Provide contact information and where to find additional resources and support to prepare for go-live

Cures Act Mandated EVV



Section 12006 of the 21st Century Cures Act requires states to implement an Electronic Visit Verification (EVV) system for Medicaid-funded Personal Care Services (PCS) by January 1, 2019, and for Home Health Care Services (HHCS) by January 1, 2023. Federal legislation delayed penalties for PCS implementation until January 1, 2020, and a Good Faith Exemption extended the deadline to January 1, 2021.

HHAXchange will be implemented for Healthfirst on **November 14, 2022** to ensure compliance with the Cures Act. All EVV-mandated claims will be required to be submitted through HHAX as of **January 1, 2023**

The six data elements
Required to be collected
to meet the CURES Act
EVV Requirement



What is HHAeXchange?



HHAeXchange is the premier Homecare Management Software company for the Medicaid LTSS population. We are the leaders in connecting payers and homecare agencies to enable more collaboration, communication, and workflow efficiencies. Through the use of the HHAeXchange portal, our goal is to make working with Healthfirst easy and efficient.

How We're Helping Healthfirst Meet the Cures Act Mandate

- Industry-leading scheduling and billing platform for back-office users and EVV confirmations
- Easy-to-use point-of-care visit confirmation tools for caregivers

What does the HHAeXchange Portal provide to homecare agencies?

- Electronic case placement and authorization transfer
- Efficient schedule and visit management
- EVV solution for time & attendance and duty tracking
- Electronic billing



Services in Scope

Personal Care Aide

- Level I 15 Minutes
- Level I Two Client
- Level I Multiple Client
- Level I Weekend/Holiday
- Level II Basic – 15 Minutes
- Level II Basic Two Client
- Level II Multiple Client
- Level II Hard to Serve
- Level II Two Client Hard to Serve
- Level II Weekend/Holiday
- Level II Live In
- Level II Live in Two Client
- Level II Live in Two Client Hard to Serve
- Level II Live in Weekend/Holiday

Consumer Directed Personal Assistant

- Basic – 15 Minutes
- Enhanced
- Two Consumer
- Two Consumer Enhanced
- Live in
- Live in Enhanced
- Live in Two Consumer
- Live in Two Consumer Enhanced



Services in Scope Continued...

Nursing

Nursing Assessment/Evaluation

Nursing Care in Home (RN)

RN – Per Hour

Nursing Care in Home (LPN)

LPN – per hour

Home Health Care

Occupational Therapy

Physical Therapy

Speech Therapy

Nutritional Counseling

Medical Social Services

Provider Overview





Provider Landscape

- **Enterprise Providers:**

- Providers who have their own Enterprise HHAX portal as their agency management and EVV solution.
- You will be able to continue using HHAeXchange, utilizing the system's enhanced Linked Contract functionality. Providers will be implemented with the linked Healthfirst contract.

HHAX Provider Workflow Review





Member Management

- Members and Authorizations will be sent to your provider portal prior to the go-live date
 - Providers will validate the data received to ensure accuracy and reach out to Healthfirst with any discrepancies
 - Providers will have the option to make changes to member demographic information in the system including phone number and mailing address updates. Providers cannot change a members' billing address.
- Providers with multiple HHAX offices (locations), will need to accept the case and assign to the correct office prior to servicing member; providers with a single HHAX office will receive the placement automatically
- Members are discharged from their HHAX portal by the payer based off the latest authorization loaded to the system
 - Members will be discharged on the last day of service plus an additional 30 days. The authorization file coming to HHAX from Healthfirst will indicate any applicable authorization end dates for members. Discharge will happen 30 days after the end date
 - Members will be reactivated by receiving a new authorization sent to HHAX via file



Authorization Management

- Providers will use the authorization imported to HHAX to schedule, confirm, and bill visits for members
 - Providers will validate the data received to ensure accuracy and reach out to Healthfirst with any discrepancies
 - Authorizations will be sent as total hours for the duration of the authorization to HHAX. Providers will need to check the notes to determine the weekly breakdown of hours.
- Authorizations will be transmitted from Healthfirst to HHAX. The process to request/adjust authorizations will remain the same as it is today.
- Healthfirst will be sending diagnosis codes on the file. Providers are responsible for validating and adjusting diagnosis codes as needed in HHAX. Further system training on how to do this will be provided.



Visit Confirmation

- Visits must be confirmed using EVV
- Manual visit confirmations require a timesheet to be maintained outside of HHAX for auditing purposes
 - In HHAX, providers will enter an edit reason and action taken for why the visit was manually edited
- For missed visits, providers are required to indicate the OMIG missed visit reason and action taken



Visit Confirmation Continued

- Rounding Rules:
 - 15 minute service codes will be rounded to the nearest 15 minutes if 7 or more minutes are complete (Example: 1 hour 37 minutes rounds up to 1 hour 45 minutes.
 - If 6 minutes or less, it will be rounded down
 - For hourly codes, EVV confirmation times between 0 and 52 minutes amount to 0 units so need at least 53 minutes to get credit for the full hour

- Plan of Care compliance will not be enforced by Healthfirst in HHAX

- Any caregiver restrictions will need to be handled by the provider (Healthfirst will not be tracking or maintaining caregiver restrictions)

- TT/OT will also not be in scope for Healthfirst in HHAX



Billing Process

- For dates of service **11/14/2022** and forward, providers can submit invoices via the linked contract in HHAX
- HHAX will generate the 837-claim file and send to Change Healthcare
 - HHAX will monitor clearinghouse responses to ensure successful transmission
- Once the claim is received by Healthfirst, standard adjudication and payment process will follow
 - The current process for receiving an 835 will remain in place (either through Change Healthcare or VPay)
 - Any required rebilling will occur in HHAX
- **Starting January 1, 2023, any claims for in-scope, EVV-mandated service codes submitted outside of HHAX will be denied by Healthfirst**
 - All EVV-mandated claims will be required to be submitted through HHAX as of this date to ensure the required visit data elements are being captured in accordance with the Cures Act



Billing Process

- Providers will be responsible for resolving all Prebilling and Billing Review issues in HHAX to ensure invoices are compliant and to reduce denials
- Initial rates will be uploaded as part of the 11/14 go live conversion only. Providers are responsible for updating rates ongoing





Communications

- The HHAeXchange Communication Module will be used at go-live. This application allows providers to send and receive messages to and from Healthfirst in a timely manner. It also allows you to keep the two-way communication history safe, secure, and easily accessible. Further training will be provided on this.

- Healthfirst has specific note reasons configured in the application.
 - Authorization edit
 - Member expired
 - Missed initial visit
 - Other

- Please continue to follow the CURRENT process for anything outside the above 4 areas.
 - Calendar note (fax/portal)
 - Change in condition (fax/portal)
 - Critical adverse event
 - Health/medical crisis
 - Member request for provider change (fax/portal)



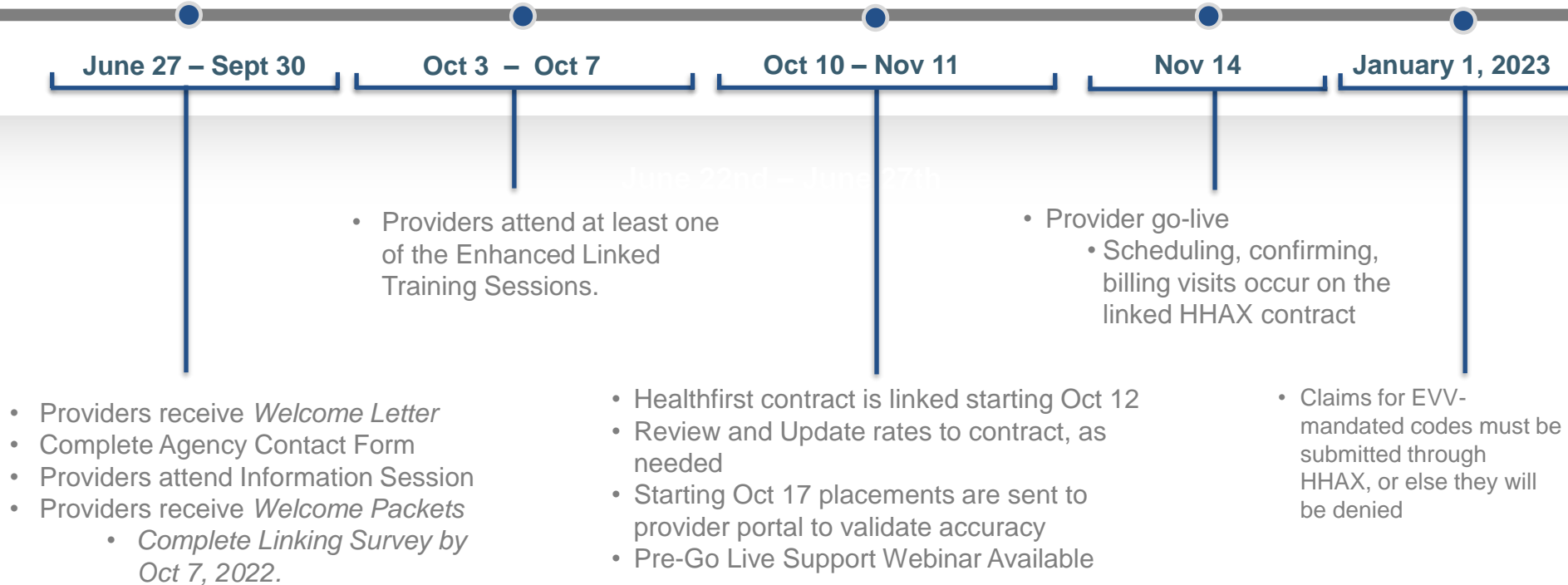
Communications continued...

- For Healthfirst-related communications (plan specific policies/procedures, authorization requests, claims questions etc...), providers should contact your account manager or the provider call center: 1-888-801-1660
- For all HHAX-related communications (system questions/troubleshooting, training requests etc...), providers should contact support@hhaexchange.com
 - If EDI (third-party EVV integration) related, then contact EDIsupport@hhaexchange.com

Timeline and Next Steps



Provider Onboarding Milestones: Enterprise Providers





Next Steps

- Enterprise Providers
 - Complete the [Office Linking Survey](#) to indicate which offices should be linked to Healthfirst
 - Please complete by Oct 7, 2022
 - If the form is not completed, all your offices will be linked.

- Register for [Enhanced Linked Contract](#) training. *Attend 1 Session.*
 - Oct 4, 2022 11:00 AM
 - Oct 6, 2022 3:00 PM
 - Oct 7, 2022 12:00 PM

- Register for the [Pre-Go Live Support Webinar](#)
 - Nov 7, 2022 10:00 AM

Contact Information





<https://hhaexchange.com/healthfirst>



HHAeXchange Support

support@hhaexchange.com

Providers with an existing HHAeXchange portal please use the HHAeXchange Live Chat within your Support Center to receive assistance from a Live Agent.

The Live Chat option is recommended for quicker response times.



HHAeXchange Support

1-855-400-4429

Healthfirst Provider Call Center:1-888-801-1660