

Arkansas EVV Mandate Webinar

November 2022

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HHAeXchange Presenters



Decree Sweeney
Sr. Client Success Manager



Agenda

- HHAeXchange Mission and Purpose
- EVV Process & Benefits of HHAeXchange
- In Scope Services
- Key Workflows
- Next Steps for Providers
- Support Resources
- Questions

Top 6 Takeaways from Today



- **Authorizations**
 - How to review authorizations sent from the payer in HHAeXchange
- **Communication**
 - How to communicate with the PASSEs
- **Visit Confirmation**
 - Auto scheduling and confirmation from EVV clocking
 - How to add and review visits in HHAeXchange
- **Invoicing | Billing**
 - How to review invoices and bill in HHAeXchange
- **Training**
 - Receipt of LMS Credentials
- **Next Steps**
 - Important Dates
 - How to access Quick Start Guides and Support Articles

What Applies to Me?

As we walk through this presentation, you will see an indicator next to the HHAeXchange logo in the upper right-hand corner of your screen. This indicator will identify if that workflow applies to an HHAX user, an EDI user or both.

HHAX

- The HHAX indicator applies to providers who will utilize the free HHAeXchange tools.
- An in-depth HHAX specific System User training will be provided separately. Please monitor your emails for training invites.

EDI

- The EDI indicator applies to providers who utilize a 3rd party EVV system.
- An in-depth EDI specific training will be provided separately. Please monitor your emails for training invites.



Mission & Purpose

*An End-to-End Ecosystem
For Better Care*



MISSION & PURPOSE

Enable the most effective homecare ecosystem everyday

Empowering **simpler** and **better outcomes** for people who represent some of the most vulnerable and fragile members of our society. **HHaExchange** connects the dots among states, managed care payers, providers, members and caregivers.

Better Homecare, Better Health



HHaExchange:

National Footprint of Homecare Management



86+

Payers Served



4

State Aggregator
Contracts



6,900+

Homecare Agencies



682,000+

Members Served



143M

Annual
Visit Confirmations



\$18.5B

Annual Payments
Managed



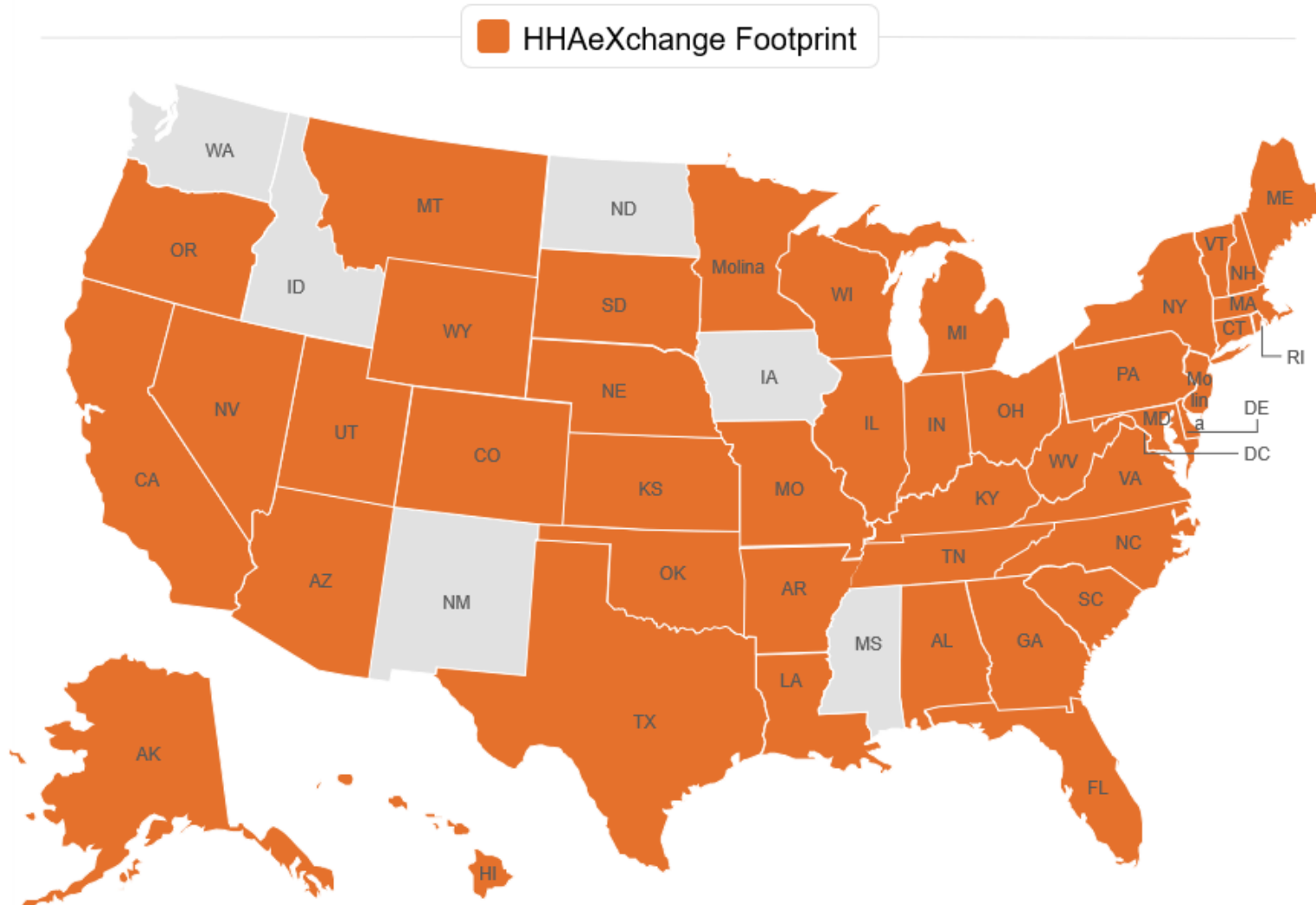
700,000+

Caregivers Working



68,000+

Back-Office Users

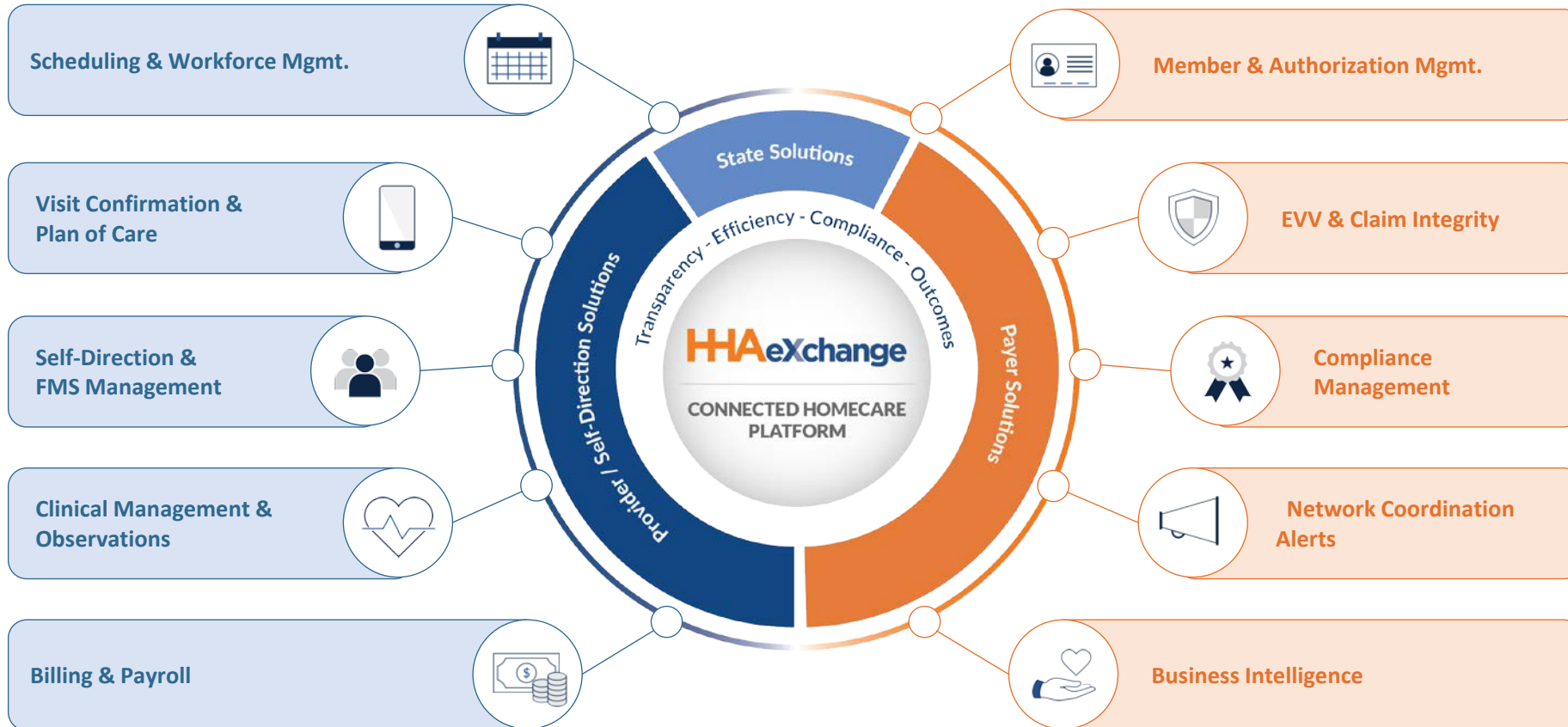


September 2022



Our Strategic Framework for Homecare Stakeholders:

Providers, Payers & States





EVV Mandate and Benefits of HHAeXchange



Cures Act Mandated EVV

The Six Data Elements



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.

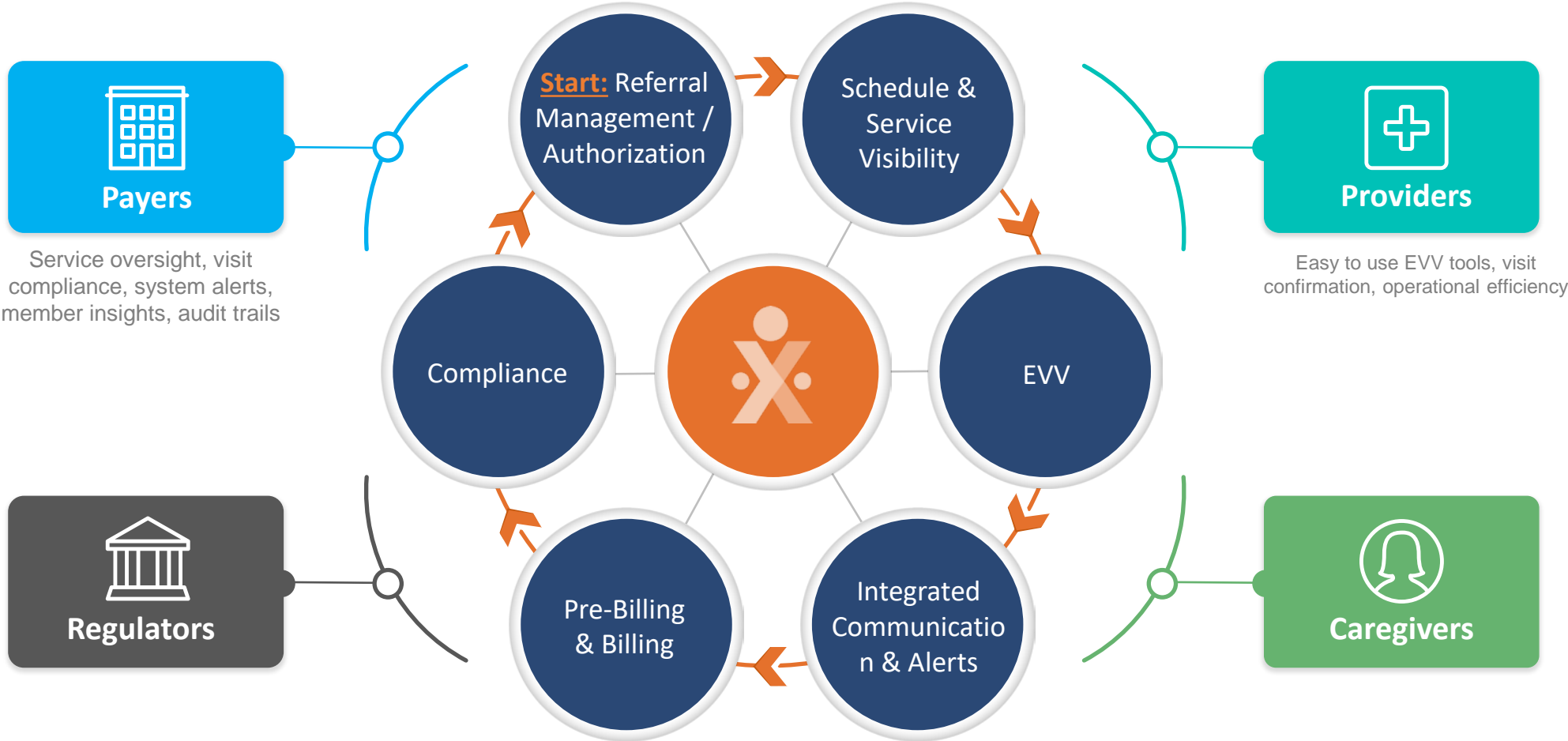
HHAeXchange will be implemented for PCS services in Arkansas on **December 1, 2022**, to ensure compliance with the Cures Act.

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



HHAEExchange

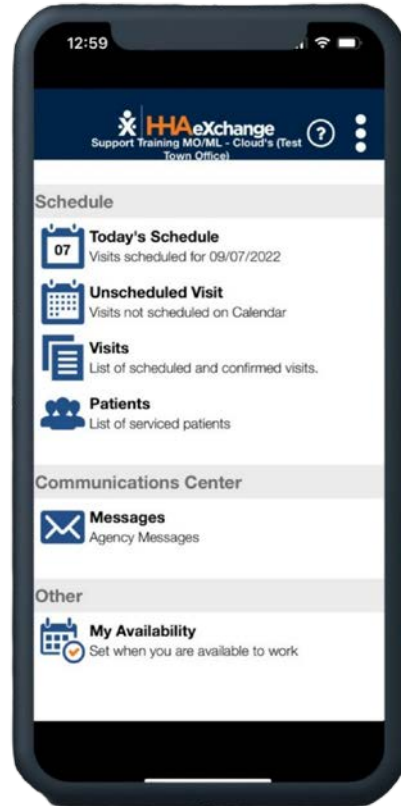
The most comprehensive EVV platform for PCS and HHCS



HHaExchange EVV Methods



Telephony



Caregiver Mobile App



FOB Device



In Scope Services

PASSE Services in Scope

AR PCS



- T1019
- T1019:U3



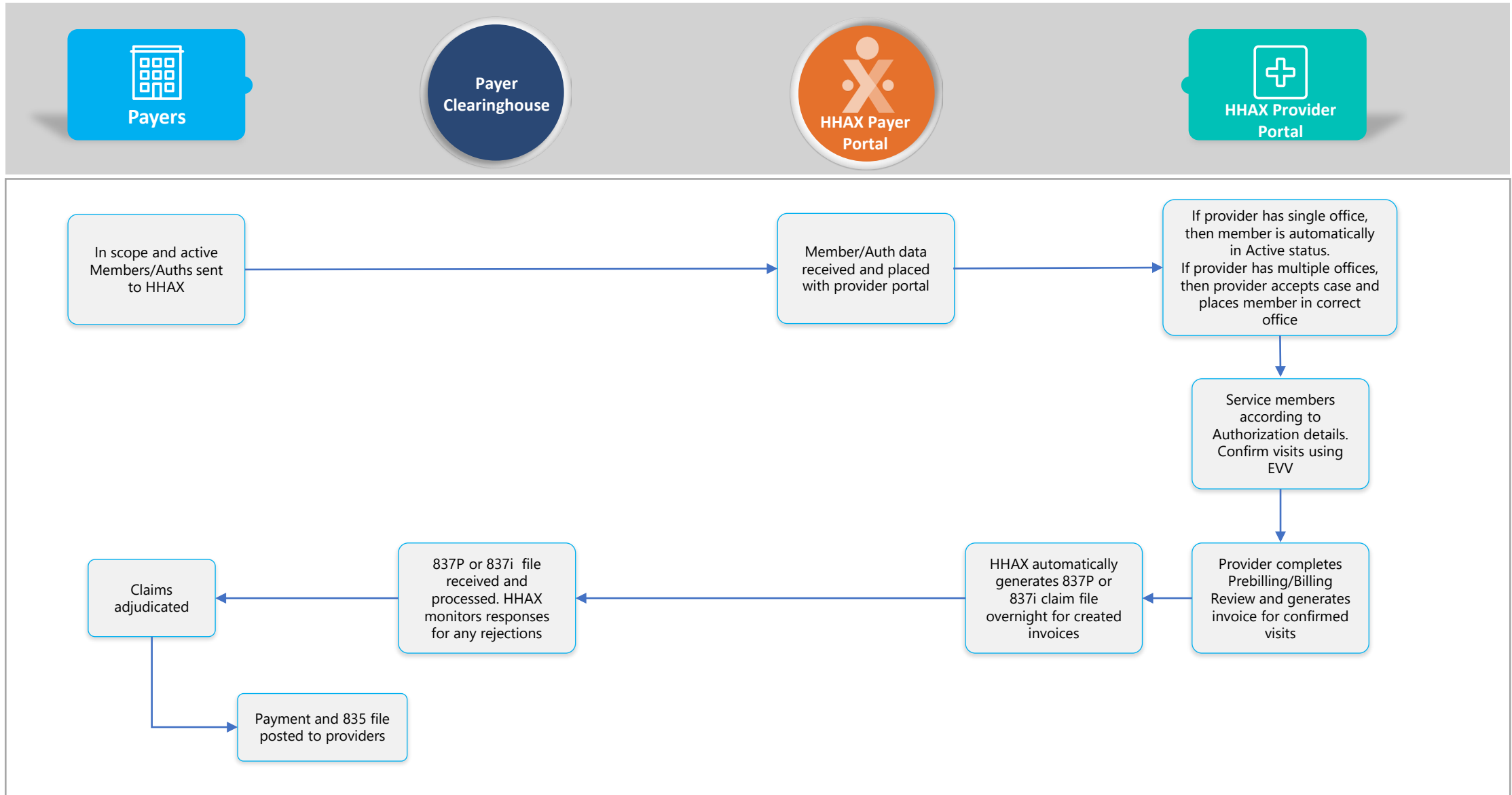
- Attendant Care | S5125U2
- Personal Care 21 and Over | T1019U3
- Personal Care 21 and Under | T1019
- Respite | S5150

Full In-Scope Service Code Listing

AR PCS

[Review AR EVV Details](#)
[Arkansas DHS EVV Webpage](#)

End to End Process





Key Workflow Discussion and FAQs

Member & Authorization Management

- Members and Authorizations have been sent to your provider portal by the appropriate PASSE
- Placement Acceptance will be based on your HHAX office configuration
 - Multiple HHAX offices (locations) – Providers must accept and assign placement to the desired office
 - Single HHAX office – Cases will be placed with no additional action required
- Providers will use the authorization imported to HHAX to schedule, confirm, and bill visits for members

Member & Authorization Management

HAExchange | Home | Member | Caregiver | Visit | Action | Billing | Report | Admin

Notification ¹¹¹ | Messages ⁰ | ToDo's ⁰ | Open Cases ⁰ | [Support Center](#) | [Sign Out](#) | **Welcome - ORsupport (Provider Home Care)**

Enterprise 22.10.01 AWSPRODWEB01 : 443 (Chrome/107.0.0.0) chrome 107 (Doc Chrome 107) 11/07 10:34 EST

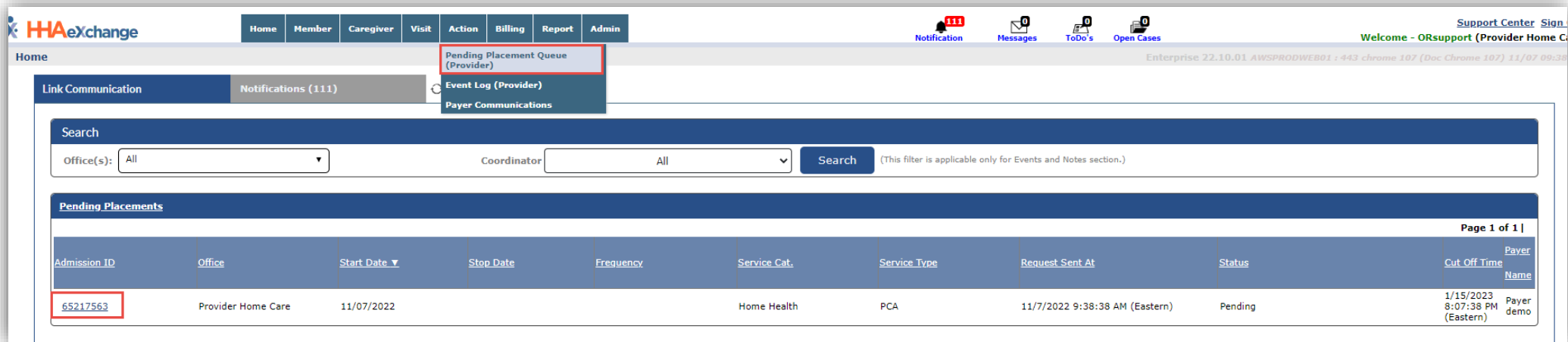
Member Search

Last Name: <input type="text"/>	First Name: <input type="text"/>	Office(s): <input type="text" value="All"/>	Status: <input type="text" value="Active"/>
Coordinators: <input type="text" value="All"/>	Payer: <input type="text" value="All"/>	Admission ID: <input type="text"/>	Phone Number: <input type="text"/>
Member ID: <input type="text"/>	Team: <input type="text" value="All"/>	Location: <input type="text" value="All"/>	Branch: <input type="text" value="All"/>
Alt. Member ID: <input type="text"/>	Discipline: <input type="text" value="All"/>	Medicaid ID: <input type="text"/>	Default: <input checked="" type="checkbox"/> <input type="text" value="i"/>



Member & Authorization Management

Pending Placement Queue



Home Member Caregiver Visit Action Billing Report Admin

Notification Messages ToDo's Open Cases

Welcome - ORsupport (Provider Home C

Enterprise 22.10.01 AWSPRODWEB01 - 443 chrome 107 (Doc Chrome 107) 11/07 09:38

Home

Link Communication Notifications (111)

Pending Placement Queue (Provider)
Event Log (Provider)
Payer Communications

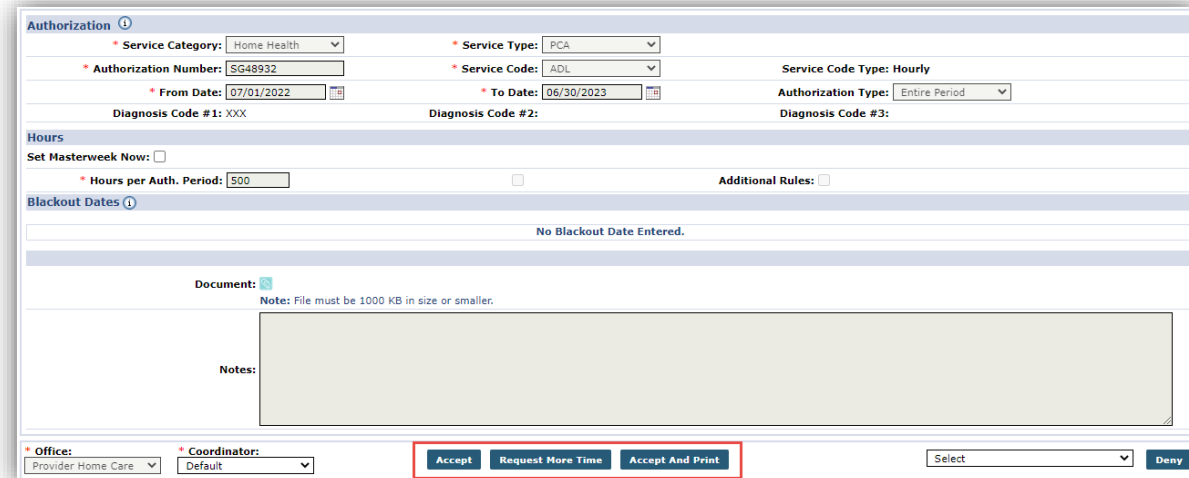
Search

Office(s): All Coordinator All Search (This filter is applicable only for Events and Notes section.)

Pending Placements

Admission ID	Office	Start Date	Stop Date	Frequency	Service Cat.	Service Type	Request Sent At	Status	Cut Off Time	Payer Name
65217563	Provider Home Care	11/07/2022			Home Health	PCA	11/7/2022 9:38:38 AM (Eastern)	Pending	1/15/2023 8:07:38 PM (Eastern)	Payer demo

- Accept Placement
- Request More Time
- Deny Placement



Authorization

* Service Category: Home Health * Service Type: PCA

* Authorization Number: SG48932 * Service Code: ADL Service Code Type: Hourly

* From Date: 07/01/2022 * To Date: 06/30/2023 Authorization Type: Entire Period

Diagnosis Code #1: XXX Diagnosis Code #2: Diagnosis Code #3:

Hours

Set Masterweek Now:

* Hours per Auth. Period: 500 Additional Rules:

Blayout Dates (1)

No Blayout Date Entered.

Document: Note: File must be 1000 KB in size or smaller.

Notes:


* Office: Provider Home Care * Coordinator: Default

Accept Request More Time Accept And Print



Select Deny

Member & Authorization Management

Review Member Profile and Authorizations



Home
Member
Caregiver
Visit
Action
Billing
Report
Admin

 111
 0
 0
 0

[Support Center](#) [Sign Out](#)
Welcome - ORsupport (Provider Home Care)

Enterprise 22.10.01 AWSPRODWEB01 : 443 chrome:107 (Doc Chrome:107) 11/07 23:32

Patient Profile

- General
- Profile
- Authorizations/Orders
- Special Requests
- Master Week
- Calendar
- Visits
- POC

Patient Info - Active

Name: Campbell Jennifer	Payer Name: Payer demo	Frequency:
Admission ID: ORH-0459034	Patient ID: 2134095A	DOB: XX-XX-XXXX
Home Phone:	Office: Provider Home Care	Address: XXX,XXX, WINCHESTER, OR, 97495

[Payer Coordinator](#)
[Coordinators](#)

Search

First Name:

Last Name:

Admission ID:

Go

Profile

[Export EVV](#) [Print Profile](#)

Demographics

First Name: Jennifer	Middle Name:
Last Name: Campbell	Patient ID: 2134095A
Gender: Female	DOB: XX-XX-XXXX
	Medicaid Number: XXX

[Deleted Address History](#)

Address

Address Line 1	Address Line 2	City	State	County	Zip	Cross Street	Primary	Address Type(s)	Notes
123 W 1st St		WINCHESTER	OR	Douglas	97495		Yes	 \$	H

Phone Number Information

Home Phone: 222-345-9987
Home Phone Location:
Phone 2:

Caregiver Management

- It is the agency responsibility to manage their caregivers within the HHAeXchange system, to include current and accurate Medicaid ID
- Caregiver profiles can be created directly in the system by agencies utilizing the free version of the portal, or via EDI process for agencies utilizing a third-party system
 - In addition to caregiver profile creation and management in HHAX, agencies still have the option to also send caregiver information to ARTC via caregiver rosters – please reach out to your contact at ARTC with any additional questions
- All caregiver information is sent on the claim to each PASSE and required for adjudication


Caregiver Management

Caregiver Info Active

Name: Carter Jocelyn	Caregiver Code: ORH-1049	Office: Provider Home Care	Availability Updated: 6/17/2022
Team:	Provider: Provider Home Care	Phone:	Caregiver Hours: H: 0 i V: 0
Address: XXX i XXX i	Languages:	DOB: XX/XX/XXXX i	

Profile Profile Log Print Profile

Demographics History

* First Name: Jocelyn	Middle Name:
* Last Name: Carter	* Initials: JC
* Gender: Female	* DOB: XX/XX/XXXX i H
* Caregiver Code: ORH-1049	Alt. Caregiver Code:
i Caregiver Mobile ID: 4452838 Active	i * Mobile Type: Non-Clinical
i Enable Mobile Chat: N/A	i Mobile Device ID: 65FF7897-8BC0-447B-A01E-5F221B64F318
Time & Att. PIN: 100049	i Allow Caregiver to select the visit as a Community visit: No
i Enable Mobile App Biometric Two Factor Authentication:	Ethnicity:
* SSN#: XXX-XX-XXXX i H	Country of Birth:
Rehire : No Rehire Date :	Picture: 
Marital Status:	i Secondary Offices:
Dependents:	

Employment Info History

* Type: Employee H	* Status: Active H
* Employment Type: PCA	Reason:
* Application Date: 06/01/2022	Notes:
Hire Date: i	Employee ID: 485739
First Work Date: 06/02/2022	Team:
Last Work Date: 09/23/2022	Location:
HHA/PCA Registry Number:	Branch:
Professional License Number: 892736451	Payer: ODHS
Referral Source: Employee Referral	Added/Checked Registry Date:
	NPI Number:
	Referral Person:

Valid and accurate
Medicaid ID expected
in the
Professional License
Number Field
for each caregiver



Scheduling

- Visits should be scheduled based on the authorization provided by your Payer
- Providers can schedule a single visit or can utilize the HHAX master week to create a rolling schedule
- Scheduled services that are not performed should be marked as a Missed Visit with the appropriate reason and action taken.



Scheduling

Single Visit

HAExchange Home Member Caregiver Visit Action Billing Report Admin

Notification Messages To Do Open Cases

Support Center
Welcome - ORSupport (Provider H
Enterprise: 22.111.01 4400000000001 447 (Home 107) 2370

Patient Calendar

Patient Info - Active
Name: Sherman Jim
Admission ID: ORH-65217563
Home Phone: 980-254-2571
Payer Name: Payer demo
Patient ID: 65217563
Office: Provider Home Care
Frequency: DOB: XX-XX-XXXX
Address: XXX,XXX, CHARLOTTE, NC, 28211
Payer Coordinator:
Coordinators: Default

Last 3 Authorization

Auth. #	From Date	To Date	Service Category	Service Type	Service Code	Authorization Type	Payer	Notes	Visits/ Invoice
SG48932	07/01/2022	06/30/2023	Home Health	PCA	ADL	Entire Period	Payer demo		Update
78950264	10/01/2022	11/30/2022	Home Health	PCA	T1019	Entire Period	Payer demo		Update
96574123	06/01/2022	11/01/2022	Home Health	PCA	T1019	Entire Period	Payer demo		Update

Calendar
Month: November Year: 2022 Search

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	31	1 New skilled visit New non-skilled visit Notes	2	3	4	5
	2	3	4	10	11	12

Master Week

Patient Master Week

Patient Info - Active
Name: Sherman Jim
Admission ID: ORH-65217563
Home Phone: 980-254-2571
Payer Name: Payer demo
Patient ID: 65217563
Office: Provider Home Care
Frequency: DOB: XX-XX-XXXX
Address: XXX,XXX, CHARLOTTE, NC, 28211

Last 3 Authorization

Auth. #	From Date	To Date	Service Category	Service Type	Service Code	Authorization Type	Entire Period Hours
SG48932	07/01/2022	06/30/2023	Home Health	PCA	ADL	Entire Period	500.00
78950264	10/01/2022	11/30/2022	Home Health	PCA	T1019	Entire Period	1000.00
96574123	06/01/2022	11/01/2022	Home Health	PCA	T1019	Entire Period	160.00

Master Week

No Masterweek Found

From Date: 11/7/2022 To Date: 12/5/2022 **Add Master Week**

Visit Confirmation

- Visits will be confirmed using the Free HHAX EVV tools or a 3rd-party EVV system
- Manual visit confirmations require a outside confirmation of services in accordance to agency policy
 - In HHAX, providers will enter an edit reason and action taken for why the visit was manually edited



Visit Confirmation

Patient Calendar

- General
- Profile
- Authorizations/Orders
- Special Requests
- Master Week
- Calendar
- Visits
- POC

Search

First Name:

Last Name:

Admission ID:

Patient Info - Active

Name: Jones Mack **Payer Name:** Payer demo **Frequency:**

Admission ID: ORH-26312400 **Patient ID:** **DOB:** XX-XX-XXXX **Payer Coordinator:**

Home Phone: **Office:** Provider Home Care **Address:** XXX,XXX, PALISADES PARK, NJ, 07650 **Coordinators:** Default

Last 3 Authorization

Auth. #	From Date	To Date	Service Category	Service Type	Service Code	Authorization Type	Payer	Notes	Visits/ Invoice
231156AR	10/26/2022	03/31/2023	Home Health	PCA	ADL	Monthly Monthly Hours: 80.00	Payer demo		Update
AR224631	10/25/2022	03/31/2023	Home Health	RN	T1002	Weekly Weekly Hours: 2.00	Payer demo		Update

Calendar

Month: Year:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	31	1	2	3	4	5
	<p>S:1015-1215 V:1000-1200 B: N(02:00) Skilled Angelica RN</p>	<p>S:1000-1100 V:1000-1100 B: N(01:00) Caregiver Angelica</p> <p>S:1200-1300 V:1215-1230 B: N(00:15) Caregiver Angelica</p> <p>S:1300-1400 V:1330-1330 B: N Caregiver Angelica</p> <p>S:1400-1430 V:1335 B: N Caregiver Angelica</p> <p>S:1430-1500 V: B: N Caregiver Angelica</p>	<p>S:1000-1100 V:0915-0915 B: N Caregiver Angelica</p> <p>S:1100-1200 V:0945-0945 B: N Caregiver Angelica</p> <p>S:1200-1400 V: B: N Caregiver Angelica</p>	<p>S:1000-1100 V:0915-0915 B: N Caregiver Angelica</p> <p>S:0930-1000 V:1215- B: N Caregiver Angelica</p> <p>S:1030-1100 V: B: N Caregiver Angelica</p>		

Visit Confirmation

HHAExchange - Non Skilled Visit Info

Non Skilled Visit:

User update

Admission ID: ORH-26312400

Member Name: Jones Mack

Visit Date: 11/4/2022

Member Phone #:

Assignment ID: 100052

Coordinators: Default

Schedule


Visit Info

Bill Info

Visit Information



[History](#)

Scheduled Time: 0900-0930

Visit Start Time: 

Visit End Time: 

[Link Calls](#)

  EVV Call In: 11:42 11/04/2022

EVV Call Out:

Missed Visit:

[Travel Time Request:](#)

No Data Found.

* New Reason:

* Action Taken:

New Note:

Prebilling Problem(s): Incomplete Confirmation, Caregiver Compliance, Unbalanced

Save

Close

Print

Billing Process

- Providers will be responsible for resolving all Prebilling and Billing Review issues within HHAeXchange to ensure invoices are compliant and to reduce denials
- HHAX will generate the 837-claim file and send the file to the appropriate PASSE (Arkansas Total Care or Empower)
- Once the claim is received by the PASSE, standard adjudication and payment process will follow
 - The current process for receiving an 835 will remain in place

Pre-billing and Billing Review

HHAXeXchange

Home Member Caregiver Visit Action **Billing** Report Admin

Notification ¹¹¹ Messages ⁰ ToDo's ⁰ Open Cases ⁰ Welcome -

Enterprise 22.10.01 AWSPRODWEB01 : 443 chrome 107

Prebilling Review

Prebilling Review Search

From Date: 08/10/2022 To Date: 11/08/2022

Coordinator: All Member Team: All

Discipline: All Caregiver Team: All

Member: Caregiver:

Check All Validation:

Unbalanced Visits Incomplete Confirmation With Temp Caregiver

Overlapping Shifts OT/TT Not Approved Restricted Caregiver

Authorization Clinical Documentation Medicaid Compliance Missing Service Portal Approval Custom Validations

POC Compliance Insufficient Duty Minutes

Office(s): All Member Location: All Caregiver Location: All Timesheet: All Payer: All Member Branch: All Caregiver Branch: All Service Code:

Prebilling

- Billing Review
- Invoice Search
- Print Invoices
- Print Duty Sheets
- New Invoice Batch
- New Invoice - (Internal)
- Electronic Billing
- Electronic Billing (Non-Silverlight)

Search View Report

Total Search Result: 0 Total Hourly: (00:00) Total Visit: (00:00) Total Daily: (00:00)

Pre-billing and Billing Review

HAExchange Home Member Caregiver Visit Action **Billing** Report Admin

Notification ¹¹¹ Messages ⁰ ToDo's ⁰ Open Cases ⁰ Support Center

Welcome - ORsupport (Provider)

Enterprise 22.10.01 AWSPRODWEB01 : 443 chrome 107 (Doc Chrome 107)

Billing Review

Billing Review Search

View: Summary View Detail View ⁱ

View Holds For: E-Billing Group By: Contract

On Hold Reason: Select Patient First Name:

Batch Number: Invoice Number:

Visit From Date: Visit To Date:

Contract: All Coordinator: All

Invoice To Date:

Display Zero Results: ⁱ

- Prebilling
- Billing Review
- Invoice Search
- Print Invoices
- Print Duty Sheets
- New Invoice Batch
- New Invoice - (Internal)
- Electronic Billing
- Electronic Billing (Non-Silverlight)

Claim Status



- Providers are expected to run the Claims Status Report (Reports > Billing > Claim Status Report) on a weekly basis to check for rejections.

[Viewing Claim Status Job Aid](#)

Common Rejections

This section provides insight into the most common claim rejections than can be resolved prior to contacting the HHAX RCO Team.

Diagnosis Code Rejection

Diagnosis Code rejections received for any of the Payers listed below, can be managed by updating the **Diagnosis Code** on the *Contract (Patient > Contract)* and/or *Authorization (Patient > Authorization)* level in the Patient Profile, or at an *Invoice* level on the Invoice Details page.

- New Jersey Payers (FFS NJ, CSOC NJ UHC NJ)
- NC Payers Alliance, Trillium, Cardinal, Eastpointe, Partners, Sandhills and Vaya
- Senior Whole Health
- Fidelis

Refer to the [Provider-Managed Billing Diagnosis Codes Job Aid](#) to review instructions and details on how to manage Diagnosis Codes.

Furthermore, Providers must ensure the Diagnosis Code is specific enough to be billed. Refer to [Billable Specific ICD-10 CM Codes](#) page to check the code.

If working with any other Payer (not listed above), then contact the Payer directly to update the Authorization Number with a valid Diagnosis Code. Once updated, then the claim is expected to reprocess correctly.

Entity Not Found Rejection/INVALID MBR

If a rejection for **Entity Not Found** is received this means that the Member no longer has the correct eligibility for the Invoice's Date of Service. For additional information, contact the Payer, as the Member may have changed plans.

Invalid Payer Claim Control Number Submitted/Original Claim Number Required

An **INVALID PAYER CLAIM CONTROL NUMBER SUBMITTED** rejection means that the TRN value with the **Date of Service** resubmitted for the **Invoice No.** is incorrect. Adjust the claim using the correct TRN for the **Date of Service** or for the date range of services.

Invalid Units of Service

An **Invalid Units of Service** rejection means that the invoice is missing or has invalid Units of service. Contact the Payer to update the Units on the Authorization. Once updated, then the claim is expected to reprocess correctly.

Refer to the Billing Process Guide for instructions on how to reprocess claims and more.

NPI/TaxID Rejection

Providers who receive a rejection for invalid NPI or Tax ID can update the **Tax ID** and **NPI** on the *Contract Service Code* window via the Reference Table Management (*Admin > Reference Table Management > Contract Service Code*), as seen in the following image. Use the various search filters to locate the contract.

On the *Contract Service Code* window, select the applicable Service Code and update the **NPI** and/or **Tax ID** fields (no dashes or spaces). Once saved, the information is applied to all claims associated with the Service Code; therefore, always correct.



Next Steps for Providers

Project Plan Review

Next Steps



- Ensure all offices your agency utilizes are present in HHAX with correct NPI and TIN identifiers – if additional offices need to be added, please reach out to HHA support
- Ensure all PASSE members and authorizations are present on HHAX portal
 - If you are utilizing the free version of the portal, your agency will need to manage diagnosis codes for Empower members –this process can be reviewed in detail on LMS or the HHAX support page
- Attempt to confirm visits and bill through HHAX to the appropriate PASSE, monitor claim submission utilizing the claim status report
- For EDI providers – ensure your agency can send and bill visits from your third – party EVV system through HHAX to the appropriate PASSE, utilize claim submission utilizing the claim status report



Support Resources



Provider Resources



State Info Hub

<https://www.hhaexchange.com/info-hub>



HHaEXchange Support

Support@hhaexchange.com
EDISupport@hhaexchange.com



HHaEXchange Support

1-855-400-4429

Payer Support:

Arkansas Total Care contact:
866-282-6280

Providers@arkansasotalcare.com

Empower contact:

855-429-1028

Empowerhealthcaresolutionspr@empowerarkansas.com



Provider Resources

Member Management

[Member Placement and Management](#)
[Creating and Scheduling Visits](#)
[Accepting Placements - Linked Contracts](#)
[Authorizations - Linked Contracts](#)
[Diagnosis Code Management](#) (Empower Only)

Claim Status and Claim Processing

[Billing Process](#)
[Invoicing and Claims](#)
[Prebilling Process](#)
[Prebilling Problems and Resolutions](#)
[Billing Review Problems and Resolutions](#)

Scheduling and EVV / Visit Management

[Visit Scheduling](#)
[Visit Confirmation](#)
[EVV Management](#)

Authorization Management

[Caregiver Management](#)
[Caregiver Compliance](#)

EDI Provider Resources

[EDI Tool Job Aid](#)
[EDI Provider Rebilling](#)



Questions?



Thank You!