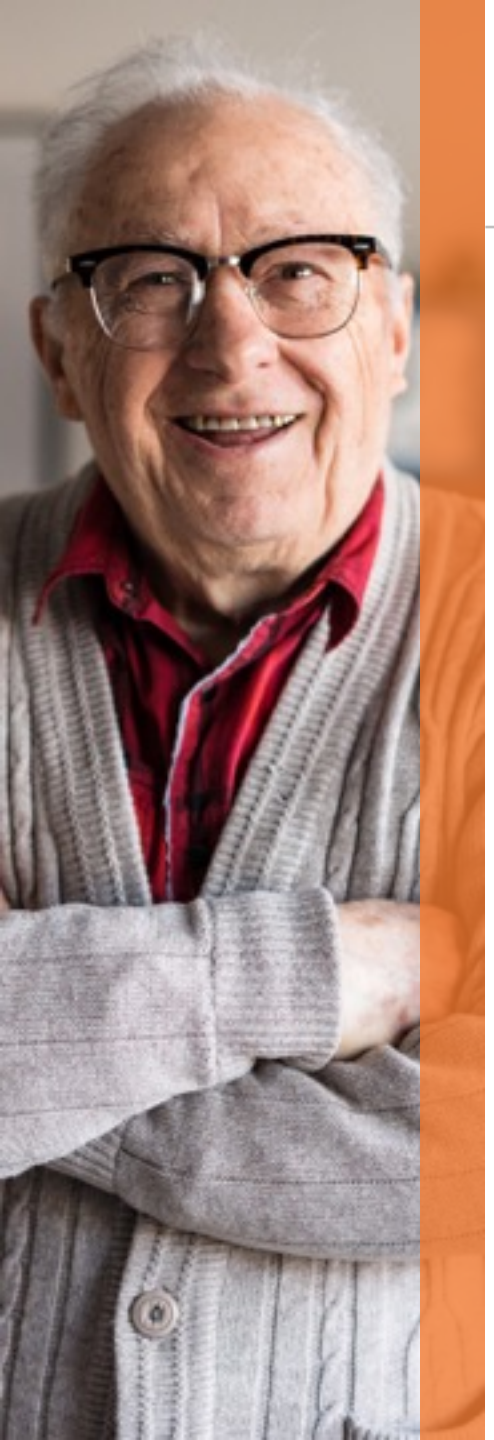
Elderplan Homefirst Provider Information Session
September 2020



Agenda

- Team Introduction
- HHAX Implementation
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- Services in scope
- Service descriptions
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- Updates to Member profile
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- Authorization future process
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- Service interruptions
- Communication current process
- Communication future process
- Cures Act Mandate EVV
- Manual visit confirmation
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- Grievance & Appeals
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Team Introduction

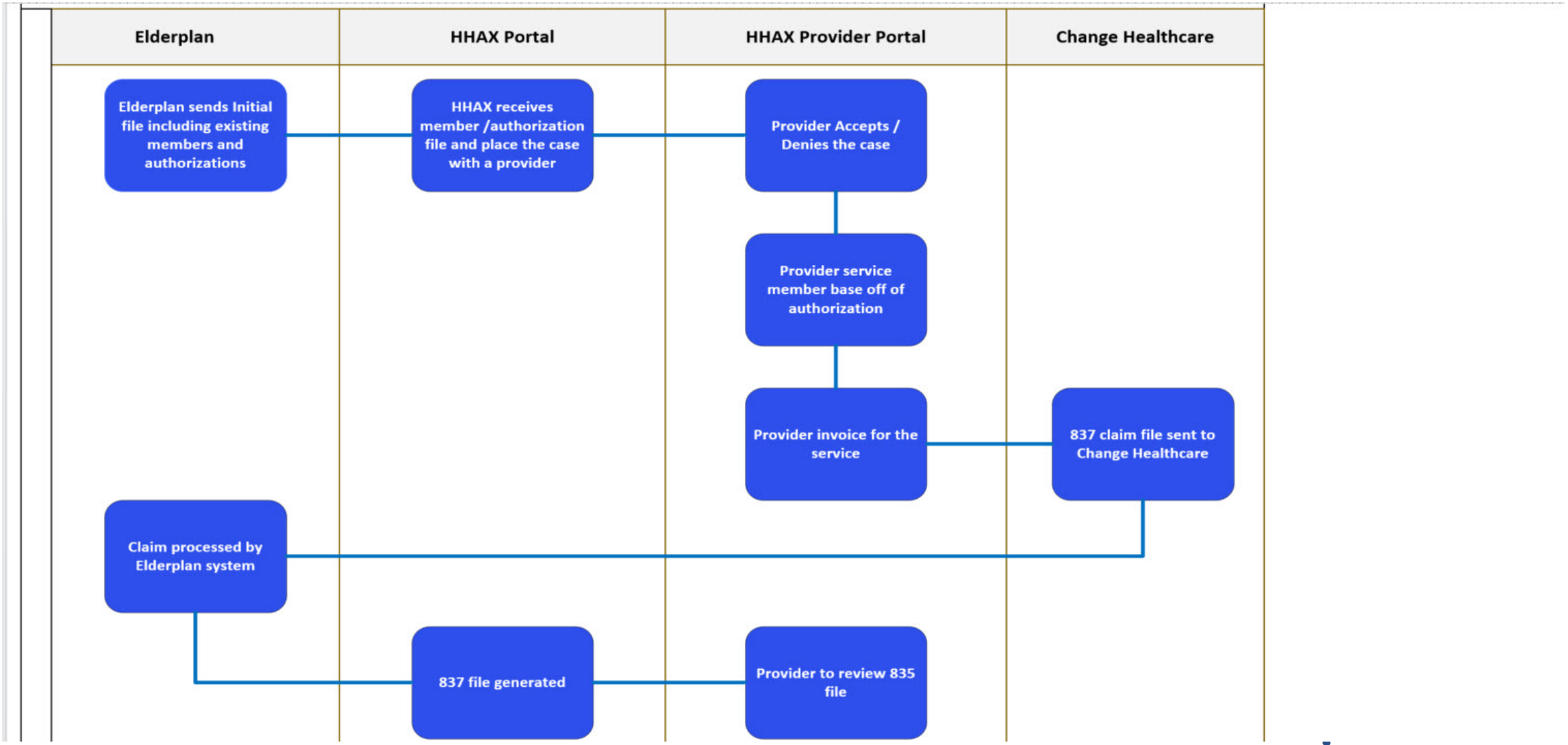
- Elderplan
  - Cheneia Davis
  - Robert Bennett
  - Stella Mizrakhi
  - La Toya Davis
  - Daniel Ramos
  - James Radola
  - Stacy Salgado

- HHAX
  - Marquis Woods
  - Fatima Abbas
  - Tanzeel Sahibzada
  - Ariel Jimenez

HHAX Implementation

- Elderplan's provider network will be linked to HHAeXhange Elderplan Professional system as of November 8, 2020
- Provider onboarding info sessions: 9/8/2020, 9/9/2020, 9/10/2020
- Provider training sessions starting on the week 9/14/2020
  - Enterprise Provider: 9/15/2020 & 9/17/2020
  - EDI Providers: 9/29/2020 & 9/30/2020
- Elderplan Homefirst Information Center: https://hhaexchange.com/elderplan/

End to End Process



Services in scope

*PCW Hourly

*PCW Live in

*PCW Live in (Mutual)

*CDPAS Hourly

*CDPAS Live in

*CDPAS Live in (Mutual)

*Housekeeping

Service Descriptions

- PCW Hourly
- PCW Live in
- PCW Live (Mutual)
- CDPAS Live in
- CDPAS Live in Mutual
- House-Keeping

T1019:U1- Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment {code may not be used to identify services provided by home health aide or certified nurse assistant)

T1020- Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, JCF/MR or IMD, part of the individualized plan of treatment {code may not be used to identify services provided by home health aide or certified nurse assistant)

T1020:U2- Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, JCF/MR or IMD, part of the individualized plan of treatment {code may not be used to identify services provided by home health aide or certified nurse assistant\

T1019:U6- Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)

T1020:U6- Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant\

T1020:U7- Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)

S5130- Homemaker service, NOS; per 15 minutes

Features that are in scope for Phase 2

The following system functionality included below will be revisited/implemented during phase 2, a communication will be sent to all Elderplan providers with updates related to phase 2 which is scheduled for 2021. Until then, Providers will continue to follow their current state workflow

- Plan of Care
- Caregiver compliance
- Restricted Caregiver
- Audits

Member Management (Placement)

Member Placement Current Workflow

Current EP Workflow

- Cases are offered based on member's language and location via phone or secured email.
- A providers will accept or decline the case via phone or secured email
- An authorization letter is created in the Elderplan internal system and is faxed or email to the accepting provider.
- If a case has been accepted and the provider is no longer able to service a member, the Elderplan Team will begin provider search and discharge case once a new vendor is found.
  - Providers that are currently servicing a member must continue providing services until a new vendor is assigned. Once a new vendor is found, previous vendors authorization will be ended.

Member Placement Future Workflow

Future HHAX workflow

- Providers will be receiving members and authorization electronically via the interface prior to 11/8 Go-Live
- Authorization placements will be sent as confirmed from the authorization integration file, unless the provider has multiple offices, in which case it will be sent as pending
- Providers will accept or decline cases directly through HHAX provider portal
- Provider will have 48hrs to accept a placement/broadcast
- If assigned case times out, the provider can request additional time by reaching out to Elderplan via communication note
- If a case has been accepted and the provider is unable to service, the Elderplan team will discharge the member and end current authorization in HHAeXchange
  - Providers that are currently servicing a member must continue providing services until a new vendor is assigned. Once a new vendor is found, previous vendors authorization will be ended.

Member Profile Updates

Future HHAX Workflow

- Elderplan will allow providers to manage the member phone number in sections 2 and 3 of the member profile page

- Elderplan will manage primary phone and member/billing address
  - This will allow for EVV to run smoothly with no exceptions for wrong phone number or address

Authorization Current Process

Current EP Workflow

- Authorizations are created in the Elderplan internal system and an authorization letter is generated according to the letter in the system.
- The authorization letter is sent via fax or e-mails to the provider.
- Approved request of additional hours (Over Time - OT) is adjusted within Elderplan's internal system.
- Providers will call the Elderplan Provider Service Line to make a request in regards to a members services or authorizations. The Elderplan Team will respond within 1 business day.

Authorization Future Process

Future HHAX workflow

- Authorizations will be available In HHAeXchange electronically via the interface prior to 11/8 go-live
  - Authorizations via fax or e-mails will no longer be utilized after go-live

- Daily and Weekly authorization types will be sent to the provider in HHAeXchange
  - Providers will not be receiving authorizations for nurse assessments

- A new authorization will be created for request of additional hours.
  - Phase 1: Providers will continue to call the Elderplan Provider Service Line to make request for PCW Services changes that require CMs approval. The Elderplan Team will respond within 1 business day.

  - Phase 2: Authorization updates, providers will enter request utilizing the HHAX communication module. The Elderplan team will respond to communications notes within 1 business day

Member current Disenrollment process

Current Workflow

- Authorizations in Elderplan's Internal System is stopped according to the members disenrollment date from the plan.
- A disenrollment letter is created and sent via fax
- A phone call is placed to the provider to confirm the receipt of the disenrolled letter.
  - In the instances a provider's phone lines is down a secured email with disenrollment letter is sent.

Member future Disenrollment process

Future HHAX workflow

- Members disenrolled will be electronically added via the interface for Elderplan HomeFirst members.

- There will be scenarios where a manual discharge will be added directly in HHAeXchange by the Elderplan Team.

    - Members who are still on the plan but will not receive services will be manually discharged from enrolled HHAX by the Elderplan team

Service Interruption

Current EP Workflow

- A member's active authorization is placed on hold due to an extended hold of services, vacation or hospitalization in Elderplan's Internal System.
  - If a resumption date is known a new authorization is created in Elderplan's Internal System.
- An authorization letter(s) is generated, faxed and/or email to the provider.

Future HHAX Workflow

- Elderplan will create all authorization via HHAeXchange

Communication & Notes

Communication Current Process

Current Workflow

- A call is placed through the Provider Service line to notify the Elderplan Team of an issue or request.
- The providers notification or request is sent to the appropriate department for follow up or approval.
- The Elderplan Team will follow up with the provider via phone, fax or email.

Communication Future Procss

Future HHAX Workflow

- Notes from the provider will be responded to and/or closed appropriately and adhere to the communication policy in addressing urgent and non-urgent communications.
  - Authorization related communication notes will be responded by Elderplan within 1 business day.
- Elderplan will only be accepting Provider communications regarding below scenarios in HHA during Phase I:
  - Fall
  - Accidents
  - Change in aide
  - Change in hours of service
  - Demographics updates
  - Hospitalization
  - Missed visit
  - Unable to service due to no response upon arrival
  - Authorization
  - Death
  - Discharged
  - Emergency
  - On hold
  - Patient refuse service
  - Time sheet
  - All other communications please continue to call Elderplan Provider Service line: **(718) 921-7772**

Visit Confirmation EVV

Cures Act Mandate EVV

Section 12006 of the 21st Century Cures Act requires states to implement an 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.

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

GFE extended deadline to 1/1/2021 for PCS

GFE extended deadline to 1/1/2021 for PCS. Providers are expected to use the system for scheduling, confirming visits, and billing starting (11/8/2020) to be ready for the Jan 1 mandate.

Manual Visit Confirmation

- Timesheets are required during a manual visit confirmation. Provider are required to maintain timesheets outside of HHAeXchange
- During audits, providers will be expected to provide documentation to validate services
- Providers are required to record missed visits on HHAeXchange and indicate the missed visit reason using OMIG reasons and action taken
- Travel Time requests will be allowed if an aide visits the member and services are refused or if an aide travels to a member's home and the member is unavailable or deceased. The travel time approved hour(s) will be deducted from the existing authorization hours.

Billing

Submitting Claims

- As a contracted provider, the process for invoices and submission of claims will be as follows:

    I. HHAeXchange generates 837 file
    II. Claims will be sent to Change Healthcare for review
    III. Clean files are sent to Elderplan for adjudication
    IV. Provider are to review claims details in HHAeXchange
        - ❖ Elderplan Companion Billing Reports will be submitted with Claims

Claims Process

- Authorizations are required for billing, the Elderplan team will be responsible for adding and editing services codes. Providers are to use appropriate service codes for schedule services.

- Providers are managing rates In HHAeXchange
  - Rate are setup as per contract with Elderplan

- Provider are required to bill invoices in weekly increments

- Rebilling process in HHAeXchange will remain the same. Providers are required to resolve all prebilling issues before billing.
  - If assistance is needed contact HHA Support.

Claims Process Cont.

- Once the claim has been submitted, expect a 30-day turnaround time for payment
- Remittance advice can be made available in HHAeXchange
- For denied claims upon full adjudication providers should contact Elderplan claims team for clarification
- The HHAX provider portal will facilitate any required rebilling and correction to a claim

Denied Claims issues? Contact Elderplan Team at (718) 921-7772

For additional system usage assistance, rebilling and correction to claims, please email HHAX support@hhaexchange.com

GRIEVANCE & APPEALS

Grievance & Appeals Process

- Provider may make an appeal or grievance on behalf of the member or as a member representative.
- If the Member thinks the plan's decision about a service is wrong, the member can ask the plan to look at their case again; this is called a Plan Appeal.
- Appeal rights are given to the Member, Authorized Representative or Provider to dispute a benefit denial, termination, suspension or reduction of service.

Grievance & Appeals Timeframes

- Timeframe for Filing Appeal:

  Provider Appeals on behalf of the member must be received no later than 60 calendar days from the date of the Initial Adverse Determination Denial Notice.

- Acknowledgment Letter Timeframe

  An acknowledgment letter is sent within 5 business days upon receipt of the appeal.

- Resolution Timeframe

Line of Business	Case Type	Resolution Timeframe
Homefirst (MLTC)	Standard Appeal	30 calendar days
Homefirst (MLTC)	Expedited Appeal	72 hours
MAP Integrated	Standard Appeal	30 calendar days
MAP Integrated	Expedited Appeal	72 hours

Provider Claim Inquire (Reconsideration)

- A provider can appeal a claim for authorization denial, timely filing and incorrect rates.
- A provider has 60 days from Explanation of Benefits (EOB) date to appeal a claim.
- Elderplan has 60 days to make a determination.
- Provider can file an appeal with the Elderplan Claims Dept. (718) 921-7772 option 1.

Questions?

Provider Resources

- Elderplan Provider Information Contact
  - PLACUnitMBX@mjhs.org
- Support
  - HHAX: support@hhaexchange.com; (855)-400-4429
  - Elderplan Homefirst Information Center: https://hhaexchange.com/elderplan/
  - Elderplan: (718)-921-7772
    - Claims - Option 1
    - Provider Service - Option 4