



Elderplan – Enterprise Provider Training

Enhanced linked Experience with Universal Patient Record

Elderplan – Provider Information Session

- Elderplan has partnered with HHAeXchange to implement the Professional Platform and Linked Contract Functionality by November 8th,2020
- As part of this partnership, Elderplan and all 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.
- This partnership will also prepare Elderplan for the 21st Cures Act and EVV compliance.
- HHeXchange 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

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.

Patient Placement

Elderplan 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.

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

Elderplan 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

Elderplan 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

Elderplan 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

Elderplan Enhanced UPR Workflows

Patient Rates

POC Management

Invoicing/Exporting

Elderplan 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

Elderplan Enhanced UPR Workflows

Re-Billing

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

Elderplan Go Live Decision

- Elderplan reviewed provider's feedback after the information sessions
 - Providers are requesting they need more onboarding time to be ready for the linked environment
- Elderplan has decided to give more time to their provider community
- The Go Live date will be moved to November 8th Final confirmation on Go Live date will be sent by Elderplan communication team-Please make sure to look out for that communication in the next few days

Go Live Preparedness & Implementation Tasks

Member Placement

- Providers are expected to receive members and authorizations 7 to 10 days before go live
- Members are being sent as confirmed (Active status) unless the provider has multiple offices, in which case it will be sent as pending
- If the placement is sent as pending, please accept the placements as soon as possible and no later than 4 days before go live
- HHAeXchange will automatically discharge your internal members 1 day before go live
 - HHAeXchange will also migrate master weeks, plan of care and orders to the new link member profile
- Providers will have the ability to start the merging process on the day of go live

Go Live Preparedness & Implementation Tasks

- Data Verification:
 - Providers will be responsible to verify data is accurate
 - This includes:
 - Member Data
 - Authorization's

For questions & concerns regarding the data in the system, please communicate with Elderplan via the HHAeXchange communication module

Elderplan Member's Profile Updates Policy

- Even though providers can change linked profile demographics in the new enhanced workflow, Elderplan's policy is to allow providers to only change address 2 & 3, and phone 2 & 3 of the member profile section
 - Per Elderplan's policy providers should not change the primary billing address and phone number. Changing primary billing address will cause claims to deny
 - If providers updates any of these fields, a communication note should be submitted advising Elderplan on the updates

Contact Info

- <https://hhaexchange.com/contact-us/>
- Support@hhaexchange.com
- edisupport@hhaexchange.com (Integration related)
- For Elderplan’s policy and protocol, please contact Elderplan
- Support Center (Accessible through the HHAeXchange application):

