



Document Revision History

Date	Description of Revision
10/08/2020	Initial version of the document
03/15/2021	Accessibility standards applied
06/21/2022	Non-Silverlight workflow applied
08/23/2022	General updates
04/18/2023	Apply general updates and remove Non-Silverlight references
10/06/2023	Update billing workflow



Table of Contents

Overview	1
HHAX System Key Terms and Definitions	1
The Billing Process	2
New Invoice Batch (Internal)	3
Review Invoice Details	5
By Batch	5
By Invoice	6
By Visit	7
Billing Review	8
Create a New Claims Batch	10
Reviewing a Claims Batch (Optional)	13
Rebilling (Resubmit Claims)	14
Rebilling Adjustment Types	18
Original	18
Adjustment	18
Void	18
Remittances Tab	20



Overview

This process guide covers the Billing process and functionality via the HHAeXchange (HHAX) system, consisting of:

- Invoicing Visits
- The Billing Review functionality
- Rebilling
- Viewing Remittances

Please direct any questions, thoughts, or concerns regarding the content herein to HHAeXchange Customer Support.

HHAX System Key Terms and Definitions

The following provides basic definition of HHAX System key terms applicable throughout the document.

Term	Definition
	Refers to the Member, Consumer, or Recipient. The Patient is the person receiving
Patient	services.
	Refers to the Aide, Homecare Aide, Homecare Worker, or Worker. The Caregiver is the
Caregiver	person providing services.
Provider	Refers to the Agency or organization coordinating services.
	Refers to the Managed Care Organization (MCO), Contract, or HHS. The Payer is the
Payer	organization placing Patients with Providers.
ННАХ	Acronym for HHAeXchange



The Billing Process

This section covers the process of invoicing visits and the mechanisms within HHAX that ensures exported invoices contain accurate billing information and follow all compulsory compliance and authorization rules set up by each unique Payer.

The **Billing Process** is completed in 3 phases, as follows:

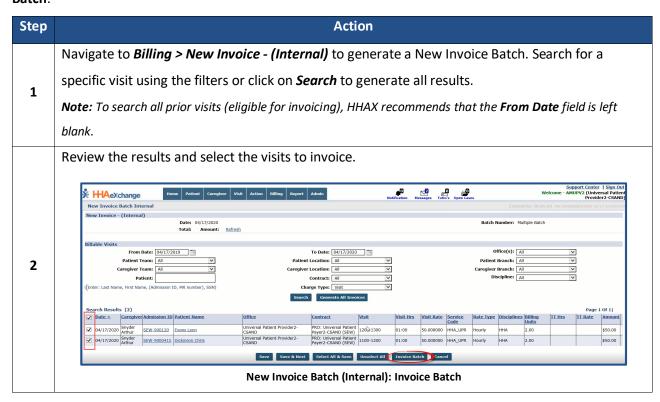
- 1. Creating a New Invoice Batch
- 2. Creating a New Claims Batch
- 3. Reviewing a Claims Batch (Optional)

Each phase is covered in the following sections.



New Invoice Batch (Internal)

Once a confirmed visit clears the *Prebilling Review* exception page (covered in the Prebilling Process Guide) it can be **Invoiced** or processed and packaged to submit to a Payer. When visits are invoiced in HHAX, the system compiles all the selected visits to be invoiced, at the time of processing, in an **Invoice Batch**. Follow the steps below to invoice a visit and compile a **New Invoice Batch**.





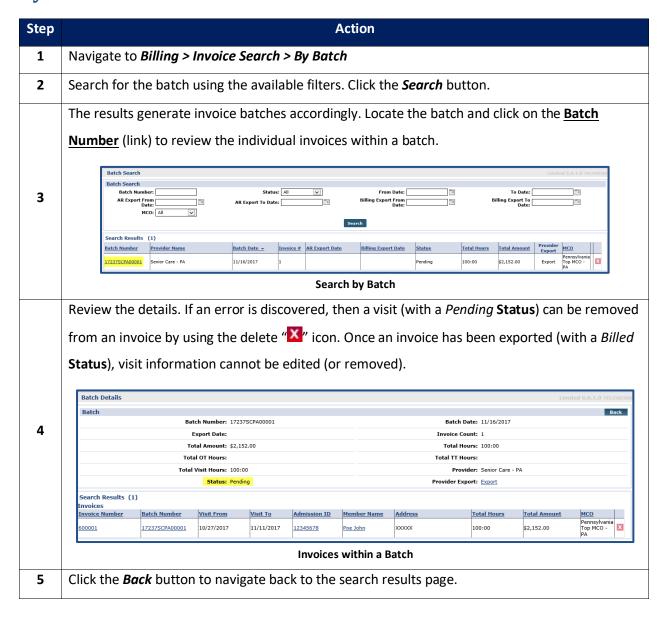
Action Step Once the visits are selected, there are various options at the bottom of the page as described in the bullets below. Select an action button to proceed. To invoice, click on the Invoice Batch button. Save: Saves all the selected visits without invoicing them. From here, navigate to the next page of search results (if applicable) without losing the selection. 3 Save & Next: Saves all the selected visits and loads the next page of search results (if applicable). Select All & Save: Saves all visits on the current page. From here, navigate to the next page of search results (if applicable) without losing the selection. **Unselect All:** Unselect any selected/saved visits. Invoice Batch: Invoice all selected visits and generate a new Invoice Batch. Cancel: Cancel entire batch The system alerts that the Billing Batch is generating. Click **OK** to continue. Your Billing Batch is currently generating. 4 You can see the process of the Billing Batch under Admin --> Process Monitor. **Note:** Once invoiced, visit information cannot be changed. Perform the Billing Review process to review any exceptions prior to submitting claims to the 5 Payer. Refer to the Billing Review section for details.



Review Invoice Details

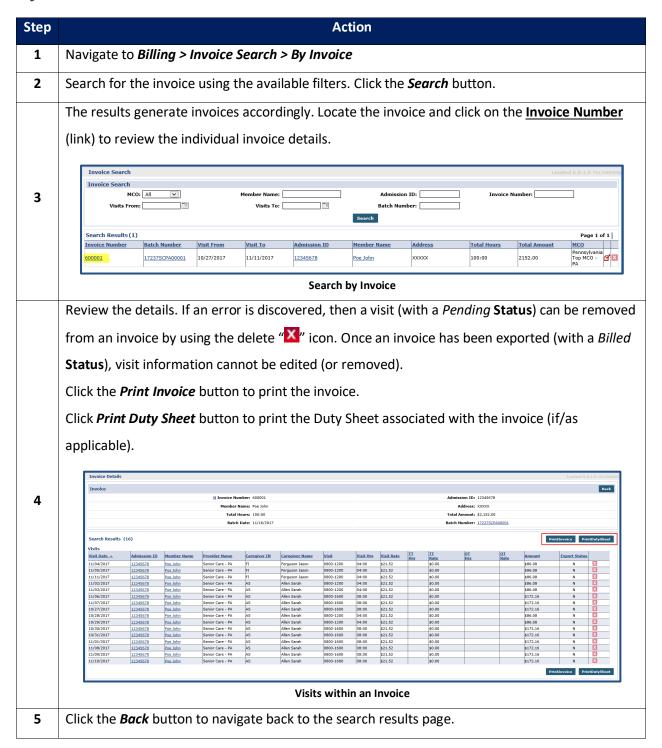
Reviewing processed invoices, specifically those with a *Pending* **Status** (not yet exported from HHAX) allows Providers another opportunity to identify clerical errors that could be missed by the *Prebilling Review* or *Billing Review* exception pages. Complete the following steps to review the details of processed invoices **By Batch**, **By Invoice** and **By Visit** (as described in the following tables per option).

By Batch





By Invoice





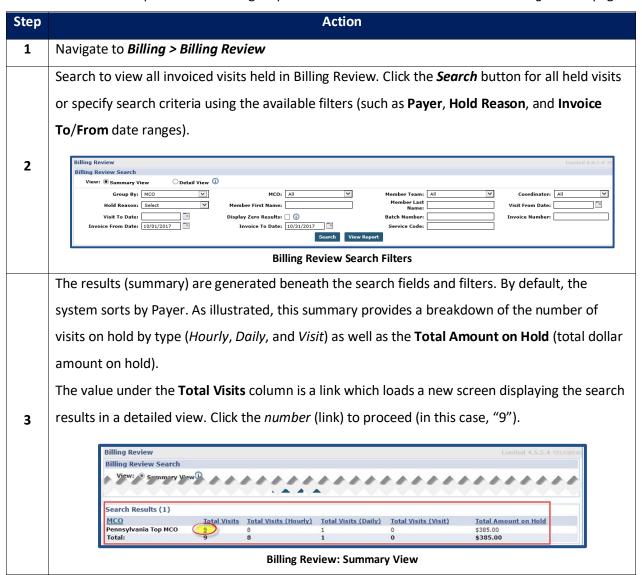
By Visit

Step	Action
1	Navigate to Billing > Invoice Search > By Visit
2	Search for the visit using the available filters. Click the Search button.
	The results generate invoiced visits accordingly. Locate the visit and click on the Invoice Number (link) to review the invoice the visit was included in, or the Batch Number link to review the batch the visit was included in. Invoiced Visit Search Javoiced Visit Search Member Name: NCO: All Visit Search Invoiced Visit S
3	Search Results (16) Interior. # Batch Number Visit Date Admission ID Hember Name Carceiver Hame Visit Visit II
	Search by Visit
4	Review the details. If an error is discovered, then a visit (with a <i>Pending Status</i>) can be removed from an invoice by using the delete "X" icon. Once an invoice has been exported (with a <i>Billed Status</i>), visit information cannot be edited (or removed).
5	Click the <i>Back</i> button to navigate back to the search results page.

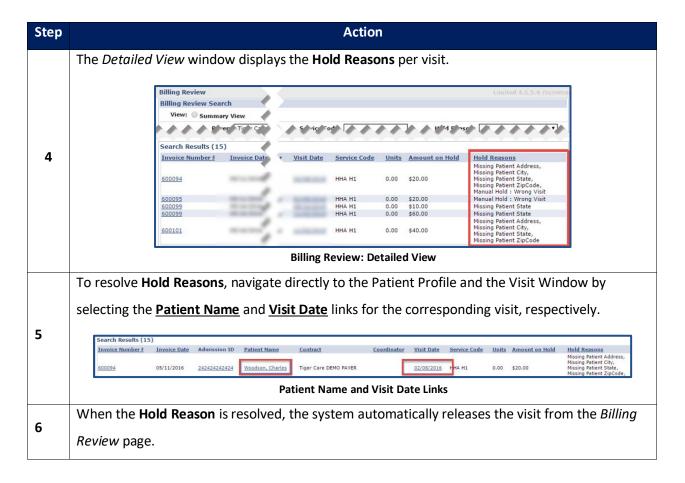


Billing Review

The *Billing Review* page is used to check invoiced visit information against export requirements specific to each Payer. Invoiced visits that do not meet the export requirements are held on this page until the issue is corrected. Complete the following steps to review invoiced visits held in the *Billing Review* page.





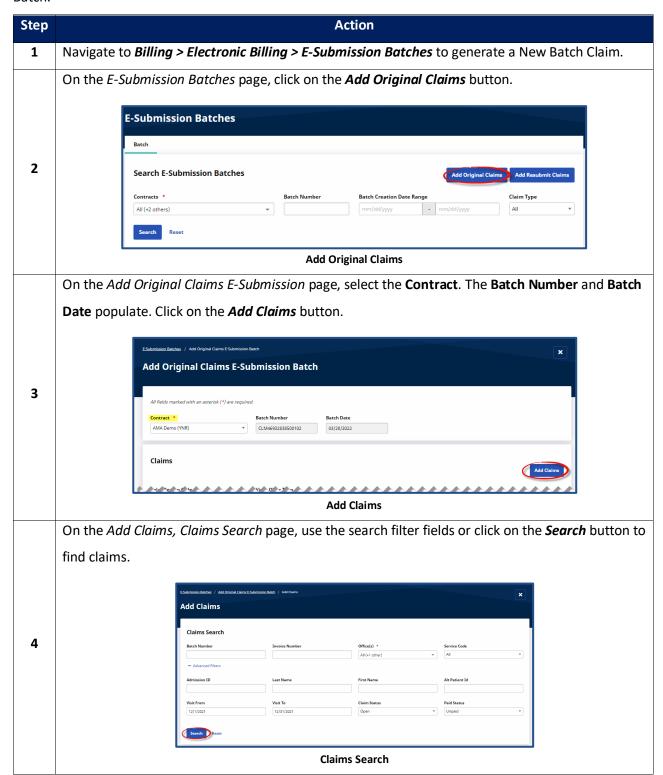


Refer to the Billing Review Resolutions Job Aid for guidance on resolving various types of Hold Reasons.



Create a New Claims Batch

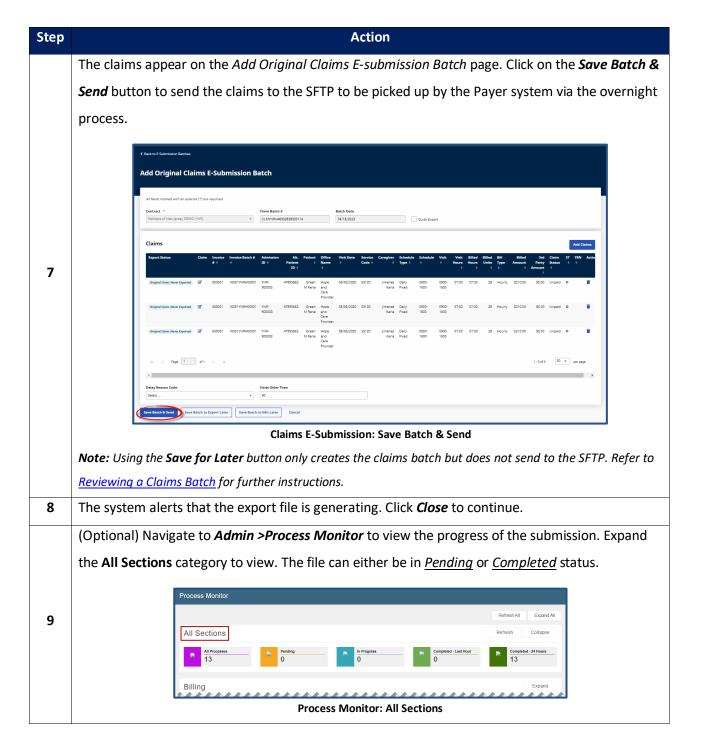
The next step is to generate a New Claims Batch. Complete the following steps to create a New Claims Batch.





Step	Action
	On the Search Results in the <i>Claims</i> section, select the claims to be added. There are 3 selection
	options, as follows:
	1. Click on a specific row checkbox to select individual claim(s).
	2. Select the header checkbox to select all the claims on the current page (only). Note that
	selecting this box does not select all claims in the search results.
	3. Click on the Select all eligible claims (count) link in the light blue banner to select all
	eligible claims in the entire set of search results (across all pages).
5	Claims () O Total 3 eligible claims are selected. Select all eligible claims (10) from search results.
3	Topiert Status Invoice 8 * Invoice Batch 6 : Admission ID : All Patient ID : Petient : Office Name : Visit Date : Service Code : Compleer : Schedule : Type : Type :
	Conjunt Calon, Name Experime: 600001 1605111/6H000001 1169-500003 47855662 Green M Rana Hope and Care Provider 08,02/2020 55120 jmanes Karla Cally Fixed 0500-1600
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	Ciriginal Gains, Never Experiend 600001 160511VRH-000001 VNRH-000003 47895642 Green M Rena Hope and Care Provider 08(P0/2000 55120 jmenet Karia Dally Fleed 0500-1600 (Control of the Control of the Cont
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	Original Gales, News Experied 600001 160511/18H00001 1NRH-900003 47895682 Green M Rena Hope and Care Provider 08/11/2020 55120 jmenet. Karla Delly Fixed 0500-1600
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	A Congland Claim, Never Equipmed 600002 160511VIRPH00002 1VIRP-900001 47895660 Ginaldo J. John Hope and Care Provider 07/03/2020 T1019 Jimenet Karla Daily Fixed 0800-1700
	Claims Search: Select Claim(s)
	Note: Visits with a yellow warning icon (with no active checkbox) are held in <u>Billing Review</u> with an <u>On Hold</u> Status and
	must be resolved prior to billing. The Export Status column indicates the hold reason.
6	Once the claims are selected, click on the Add button at the bottom of the page.

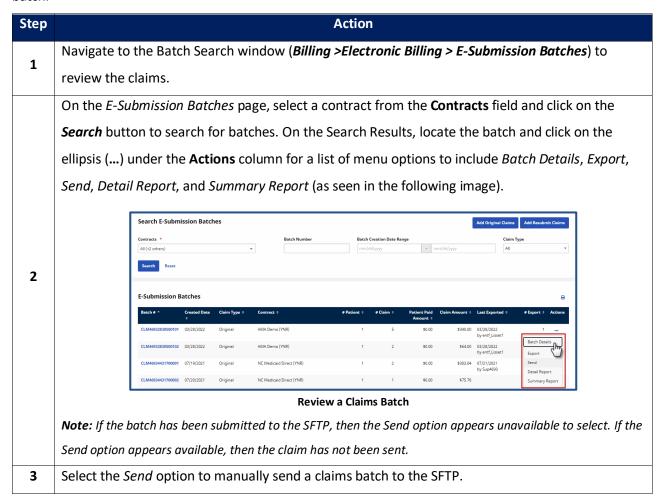






Reviewing a Claims Batch (Optional)

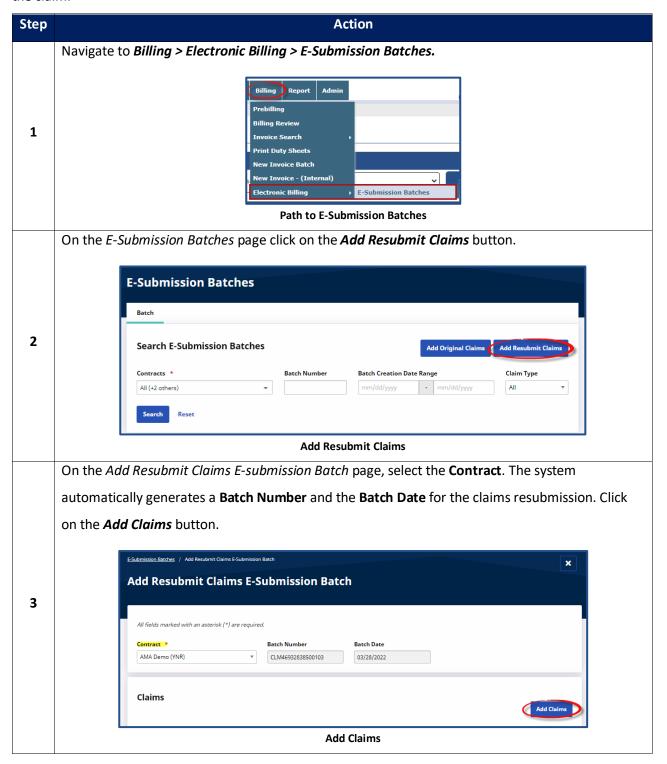
The final step (optional) in the billing process is to review the claims batch. Follow the steps below to review claims batches. If claims are saved but not sent, follow the instructions below to *Send* the claims batch.





Rebilling (Resubmit Claims)

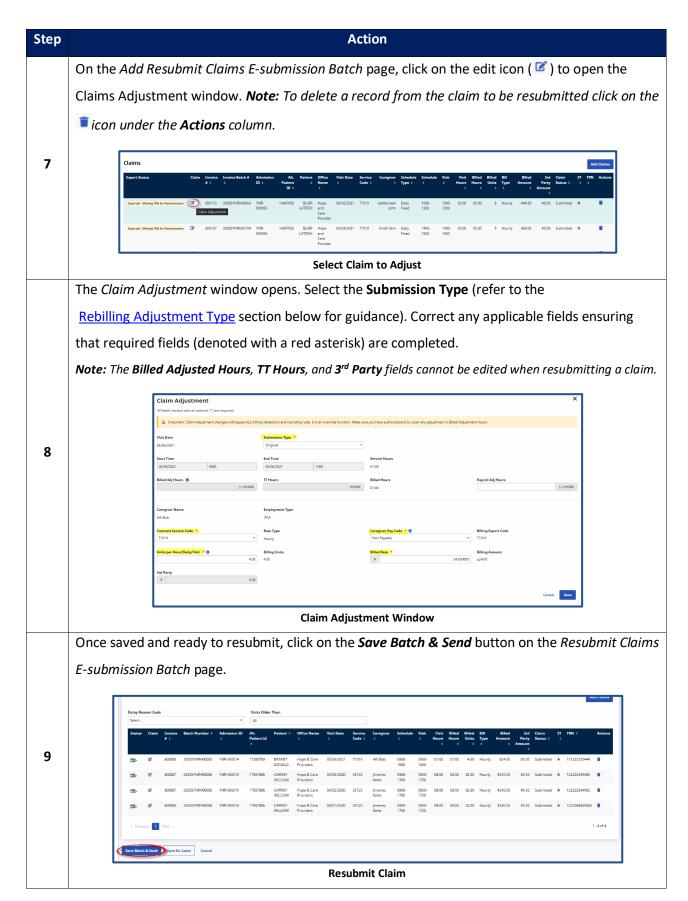
Providers can rebill a claim directly in the system to address any claims issues when initially submitting the claim.





Step Action On the Add Claims, Claim Search page, select applicable filter fields and click Search. **Add Claims Claims Search** Office(s) All (+1 other 4 **Add Claims: Claims Search** From the Search Results, select the claims to add to the batch. There are 3 selection options, as follows: 1. Click on a specific row checkbox to select individual claim(s). 2. Select the header checkbox to select all the claims on the current page (only). Note that selecting this box does not select all claims in the search results. 3. Click on the Select all eligible claims (count) link in the light blue banner to select all eligible claims in the entire set of search results (across all pages). **Add Claims** 5 11/25/2021 **Select Claims** Note: The Export Status column provides a high-level indication of the state of the claim and possible missing information. 6 Once all desired claims are selected, click on the **Add** button at the bottoms of the page.







Step	Action	
	The system alerts that the e	xport file is generating. Click <i>Close</i> to cont
10		Information Your request for generating export file has been created, Please check Admin -> Process Monitor for status.
		Close



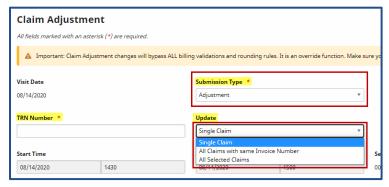
Rebilling Adjustment Types

Original

Original is the default setting used if the Provider does not edit the Submission Type.

Adjustment

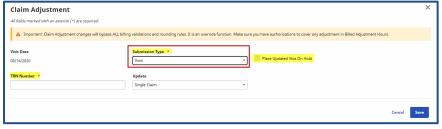
The **TRN Number*** and **Update** fields are required if *Adjustment* is selected. For the **TRN Number**, indicate if this adjustment is for a *Single Claim*, *All Claims with same Invoice Number*, or *All Selected Claims*. Refer to the bullets below this table for guidance.



*TRN refers to Transaction Reference Number, unique claim identifier number to be adjusted. The TRN can also be referred to as the *Form Number*, *Claim ID*, or *Claim Number*. The TRN is also located on the Electronic Remittance Advice (ERA).

Void

When selecting *Void*, the **TRN Number** is required and the **Place Updated Visit on Hold** checkbox is automatically selected and un-editable. Select the applicable **Update** option (*Single Claim*, *All Claims* with same *Invoice Number*, or *All Selected Claims*).



Note: Selecting Void hides other adjustment information fields on the window.

Once adjusted, click *Save* to update the selected record(s). Based on the selected **Submission Type**, respective **TRN Number**, and **Update** option, the selected records are updated accordingly.



- If *Single Claim* is selected (from the **Update** field), then only the current record for the selected **Submission Type** and **TRN Number** is updated.
- If the *All Claims with same invoice number* is selected (from the **Update** field), then all matching records with the same Invoice Number are updated according to the chosen **Submission Type** and **TRN Number**.
- If *All Selected Claims* is selected, then all records are updated with chosen **Submission Type** and **TRN Number**.



Remittances Tab

The *Remittances* tab (*Admin > File Processing*) maintains a record of all **835 Remittance Files** that have been sent back from clearinghouses. The files can be exported from the *Remittances* tab and processed in an external application. Complete the following steps to download **835 Remittance Files**.

