# Our Webinar Will Begin Shortly

# Accessibility Options

## Enabling Closed Caption

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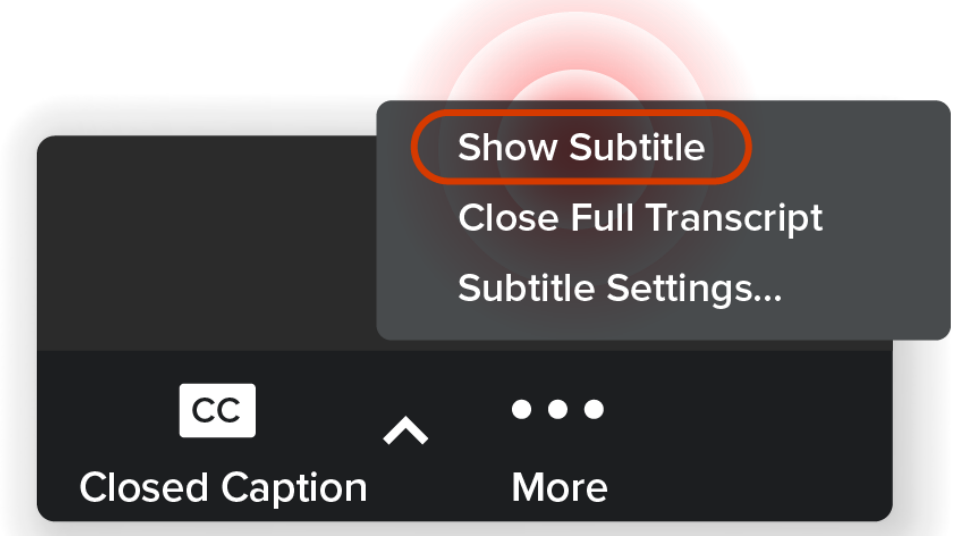
- Your camera and mics are turned off.
- Please submit your questions in the Q&A box.
- This webinar is Closed Caption enabled.
- Please proceed by selecting the Closed Caption option at the bottom of your screen to enable feature.



# Meet the Presenter

## Teavy Leonardson

- **Role: Senior Training Specialist**
- **Tenure at HHAeXchange: 3 years**
- **Areas of Expertise: Implementation & Training**
- **Fun Fact:** *I have driven cross-country 3 times!*

# Humana Healthy Horizons of Virginia Milestone 4: Billing

September 2025



# Humana Healthy Horizons: Milestone Trainings

| Date | Session |
|---|---|
| **Aug 19** | Milestone 1: Data Setup & System Essentials |
| **Aug 26** | Alternative EVV (EDI) Onboarding |
| **Sep 9** | Milestone 2: Scheduling & Visit Capture |
| **Sep 18** | Milestone 3: Visit Verification & Visit Maintenance |
| **Sep 23** | Milestone 4: Billing |
| **Oct 7** | Alternative EVV (EDI) Post Integration |
| **Oct 14** | Milestone 5: Reporting & Compliance Monitoring |

# Reminder

## Billing in HHAeXchange Required Starting November 1

A soft billing period is currently in effect. During this time, claims billed outside of HHAeXchange will not be rejected.

**Important:** Beginning **November 1**, all visits must be billed through HHAeXchange. Claims submitted outside of HHAeXchange for dates of service **November 1 and forward** may be denied.

# Milestone 4: Billing

## Overview

This training introduces the billing process in HHAeXchange and all of the steps necessary for a successful billing cycle.

***Who should take this training?***

- Billers or Admin staff in charge of billing

# Objectives of Today's Training

**You will be able to:**

- **Complete** the prerequisite tasks before billing
- **Review and understand** the EVV Life Cycle
- **Perform** all steps of the billing process to successfully send claims to Humana Healthy Horizons of Virginia

# Knowledge Checks

You'll see these throughout the presentation!

**What's the name of the presenter of this webinar?**

A. George

B. Alejandra

C. Teavy

D. Ashley

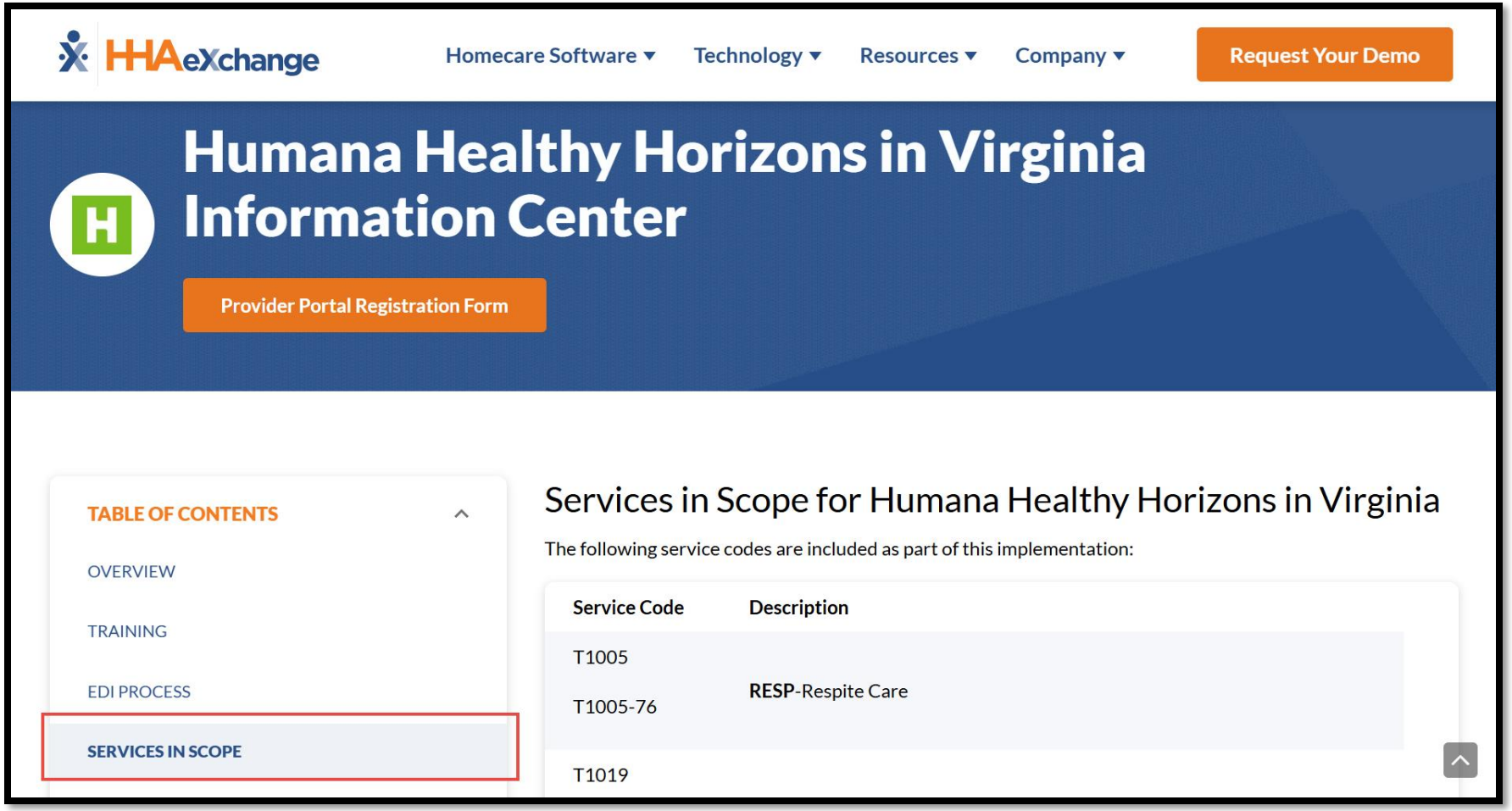
# Agenda

- Before You Bill
- EVV Overview
- Prebilling
- Invoicing
- Billing Review
- Electronic Billing
- Claim Status Report
- Key Takeaways
- Resources/Next Steps
- Questions

# Before You Bill

# Before You Bill

**Before billing, please check with Humana or our HHAeXchange State Info Hub for the list of service codes available for billing.**




**Access the State Info Hub using the QR code below:**

# Service Code Bundles

📦 Service Code Bundles = multiple services tied to one authorization

🏦 Created by Payers → reduce duplicate authorizations

📜 Providers can bill using any included Service Codes

Paper stack icon → hover to view included codes

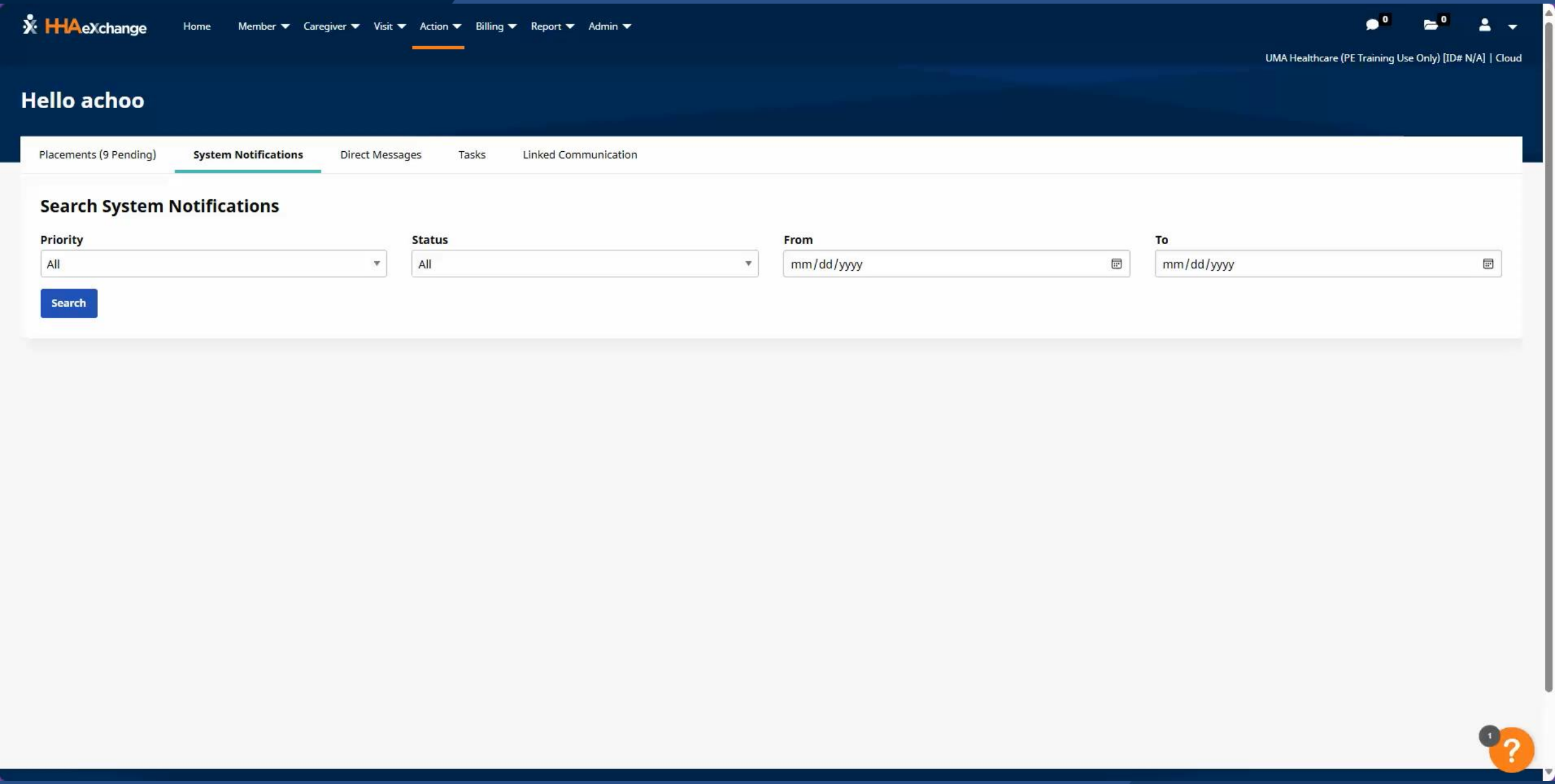
🔗 Service Code Bundles

# Before You Bill – Billing Rates

**Before beginning your billing journey, please be aware of the below prerequisite to ensure that your billing goes over to the payer smoothly and successfully:**

## Enter Billing Rates into the Member's Rate section

1. Go to **Member > Search Member > Rates (on left navigation panel)**
2. Select **Add Rate**
3. Enter the hourly rate of the service code and the date range the rate is effective
4. Click **Save**



# Before You Bill - Rounding Rules

## Below are some topics you may want to know:

**Rounding Rules:**

- Only whole hours can be billed.
- If an extra 30 minutes or more of care are provided over the course of a calendar month, the next highest hour can be billed.
- If less than 30 extra minutes of care are provided over the course of a calendar month, the next lower number of hours must be billed.
- Providers may bill for services more than once each month per member.
- The rounding up of hours is for the total monthly hours and not each time the provider bills.

# Rounding Rules - Example

| Calendar Week | Worked | Billed | Extra Time Carried Forward |
|---|---|---|---|
| Week 1 | 2 hours 20 minutes | 2 hours | 20 minutes |
| Week 2 | 2 hours 45 minutes | 3 hours | 5 minutes |
| Week 3 | 2 hours 5 minutes | 2 hours | 10 minutes |
| Week 4 | 1 hour 15 minutes | 1 hour | 25 minutes |
| **Total** | **8 hours 25 minutes** | **8 hours** | **25 minutes not billed** |

- **The total number of accumulated unbilled minutes is only 25 minutes, and under the rounding requirement, these minutes cannot be billed.**

Virginia Medicaid EVV FAQs

# Before You Bill - Banked Minutes

## Banked Minutes

- Tracks **extra time** worked during member visits.
- Minutes can be added or used on a **visit-by-visit** basis.
- Resets to **zero** at the start of each month.
- **Optional** for providers to use (If your agency wants to use this feature, simply reach out to Support to enable it.)

# Banked Minutes - Example

**Scenario:**

On **Tuesday**, a caregiver provides **1 hour & 30 minutes** of care, but the agency **bills for 1 hour**.

**Solution:**

On **Wednesday**, the caregiver works **1 hour & 30 minutes** again.

- This time, the agency can bill for **2 hours**, using the **30 minutes that were "banked"** from Tuesday.

**This allows agencies to round to the closest hour while tracking extra minutes.**

Learn more on our Knowledge Base:
Banked Minutes

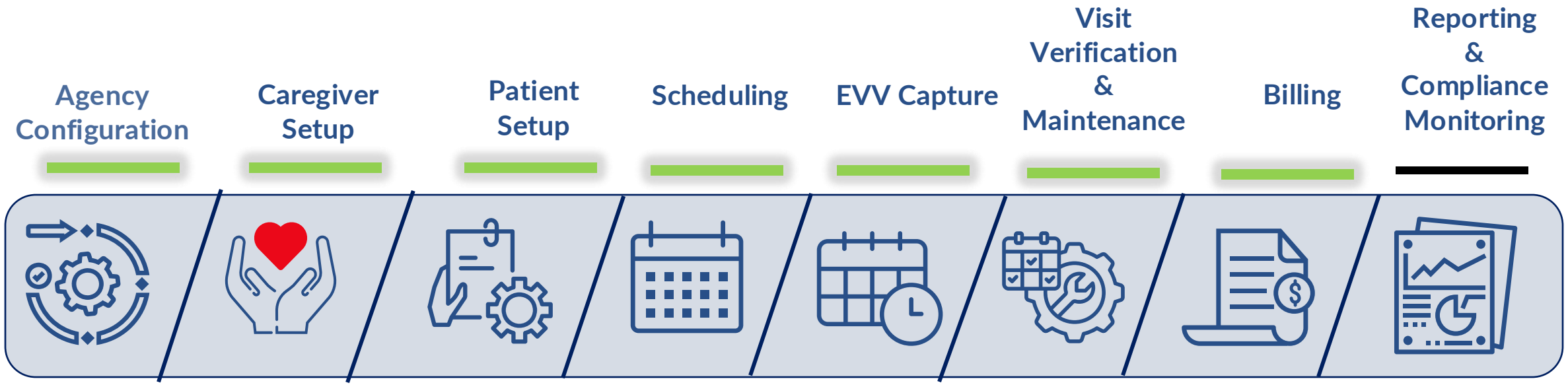
# Banked Minutes

💡 **Think of it like a punch card:**

Every time you collect 60 minutes in the bank, you can “cash it in” for 1 billable hour. Any extra (like the 15 minutes) just stays in the bank until it adds up to another hour — but only until the end of the month.

# EVV Overview

# You Are Here



# 6 Elements of a Cures Compliant Visit

**Who**

Member

**Who**

Caregiver

**What**

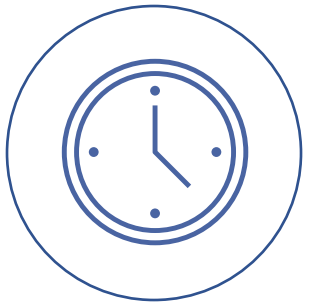
Type of Service

**Where**

Location of Service

**When**

Date of Service

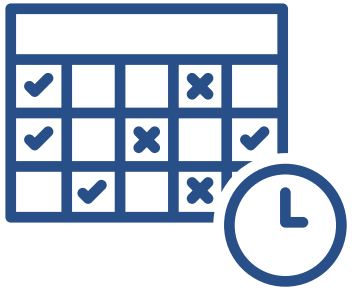


**When**

Time of Service

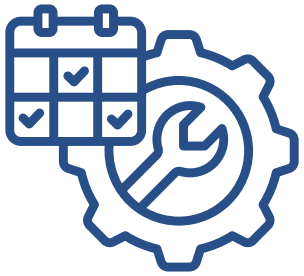
# Billing Overview

# Billing Workflow



Caregiver completes EVV

+



Provider manages visit maintenance

**Step 1**
**Prebilling**

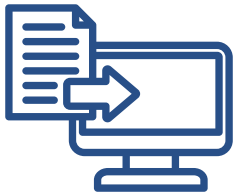
Prepare and verify data


**Step 2**
**Invoicing**

Generate an invoice

**Step 3**
**Billing Review**

Review and finalize invoice



**Step 4**
**eBilling**

Submit invoices electronically

**EDI (Alt EVV) Providers**

📌 **For EDI (Alt EVV) providers, specifically, you will go through Steps 1-3 and end at Step 3.**

# EDI (Alt EVV) Providers


**Step 1**
**Prebilling**

**Step 2**
**Invoicing**

**Step 3**
**Billing Review**

- The billing steps stop at Step 3: Billing Review
- EDI (Alt EVV) Providers should check their **Prebilling and Billing Review** consistently in order to correct any errors that will prevent you from billing successfully
- It is recommended to verify and check for accuracy in your 3rd party Alt EVV system before sending to HHAeXchange to avoid having to correct errors while billing

# Prebilling

# Prebilling


Step 1
Prebilling

## Steps: Billing > Prebilling

**Purpose:** Prepare and verify the data before creating an invoice

- **Review Timesheets** – ensure caregiver times are accurate
- **Verify Service Authorizations** – review authorization hours/units are allocated appropriately

# Prebilling

Caregiver Compliance does NOT prevent visits from being invoiced

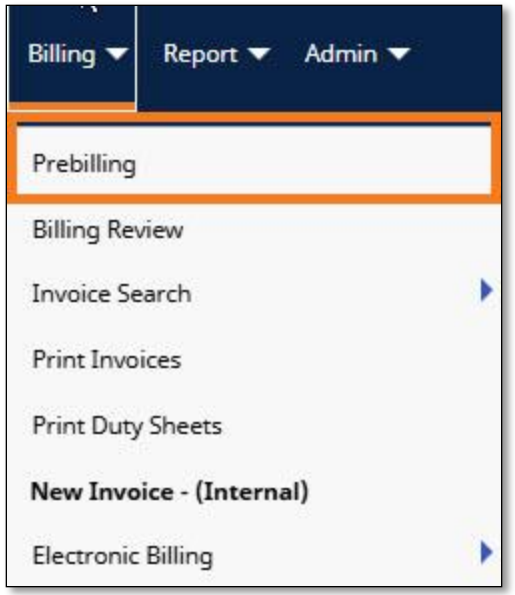
Any visits in Prebilling cannot be invoiced until issues are corrected

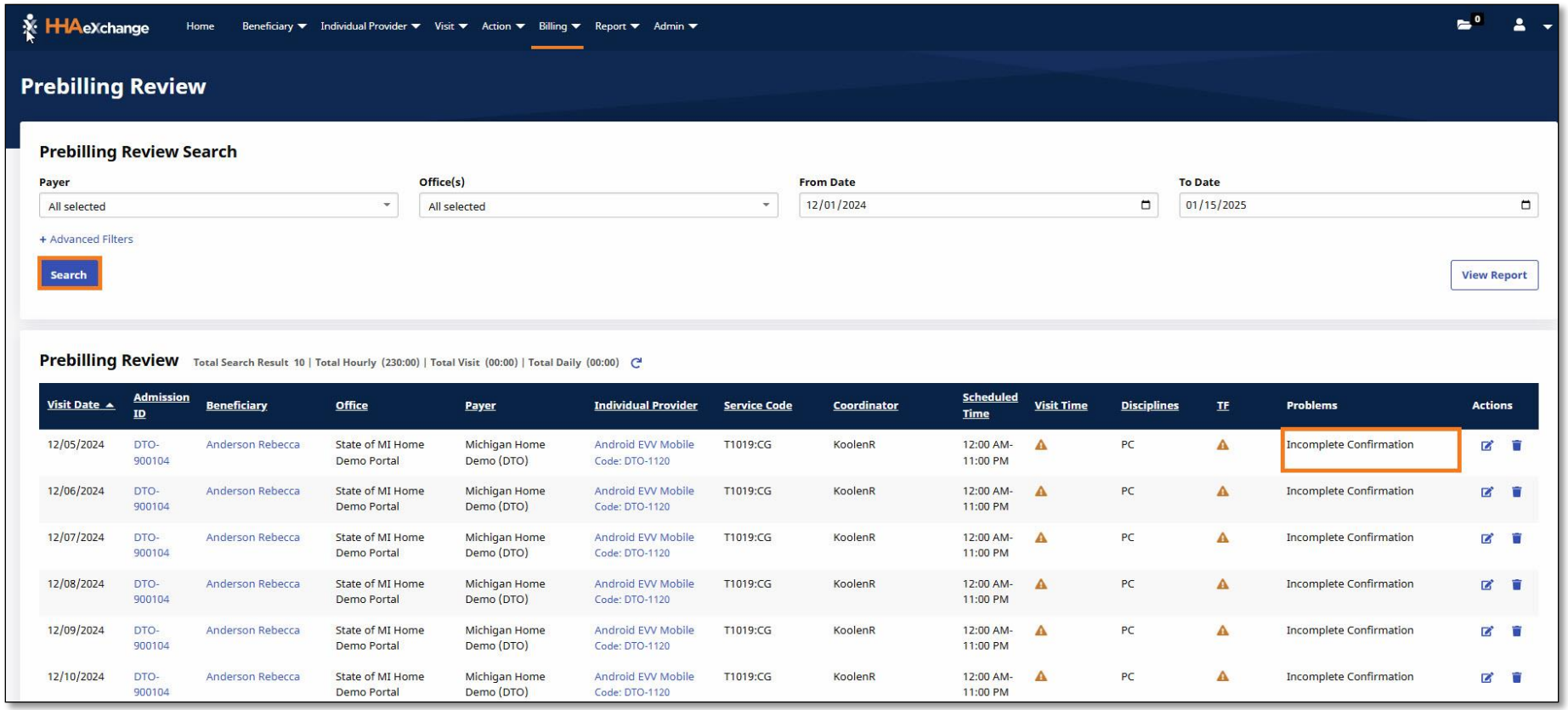
**Most Common Prebilling Problems:**

- **Incomplete Confirmation** – A visit does not have a clock in and/or clock out
- **No Authorization** – A visit has no authorization, insufficient authorization hours/units, or the incorrect service code is being used that is not covered under the existing authorization

Check out the HHAeXchange Knowledge Base for step-by-step videos on how to resolve Prebilling problems
https://knowledge.hhaexchange.com/enterprise/Content/Training/Getting-Started-T.htm

# Prebilling


Billing
Report
Admin
Prebilling
Billing Review
Invoice Search
Print Invoices
Print Duty Sheets
New Invoice - (Internal)
Electronic Billing


HHAeXchange
Home
Beneficiary
Individual Provider
Visit
Action
Billing
Report
Admin
Prebilling Review
Prebilling Review Search
Payer
All selected
Office(s)
All selected
From Date
12/01/2024
To Date
01/15/2025
+ Advanced Filters
Search
View Report
Prebilling Review
Total Search Result 10 | Total Hourly (230:00) | Total Visit (00:00) | Total Daily (00:00)
Visit Date
Admission ID
Beneficiary
Office
Payer
Individual Provider
Service Code
Coordinator
Scheduled Time
Visit Time
Disciplines
TF
Problems
Actions
12/05/2024 DTO-900104 Anderson Rebecca State of MI Home Demo Portal Michigan Home Demo (DTO) Android EVV Mobile Code: DTO-1120 T1019:CG KoolenR 12:00 AM-11:00 PM PC Incomplete Confirmation
12/06/2024 DTO-900104 Anderson Rebecca State of MI Home Demo Portal Michigan Home Demo (DTO) Android EVV Mobile Code: DTO-1120 T1019:CG KoolenR 12:00 AM-11:00 PM PC Incomplete Confirmation
12/07/2024 DTO-900104 Anderson Rebecca State of MI Home Demo Portal Michigan Home Demo (DTO) Android EVV Mobile Code: DTO-1120 T1019:CG KoolenR 12:00 AM-11:00 PM PC Incomplete Confirmation
12/08/2024 DTO-900104 Anderson Rebecca State of MI Home Demo Portal Michigan Home Demo (DTO) Android EVV Mobile Code: DTO-1120 T1019:CG KoolenR 12:00 AM-11:00 PM PC Incomplete Confirmation
12/09/2024 DTO-900104 Anderson Rebecca State of MI Home Demo Portal Michigan Home Demo (DTO) Android EVV Mobile Code: DTO-1120 T1019:CG KoolenR 12:00 AM-11:00 PM PC Incomplete Confirmation
12/10/2024 DTO-900104 Anderson Rebecca State of MI Home Demo Portal Michigan Home Demo (DTO) Android EVV Mobile Code: DTO-1120 T1019:CG KoolenR 12:00 AM-11:00 PM PC Incomplete Confirmation

# Invoicing

# Invoicing

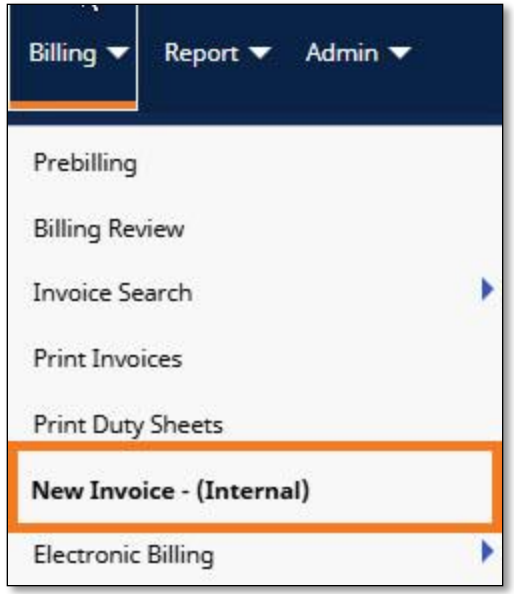

Step 2
Invoicing

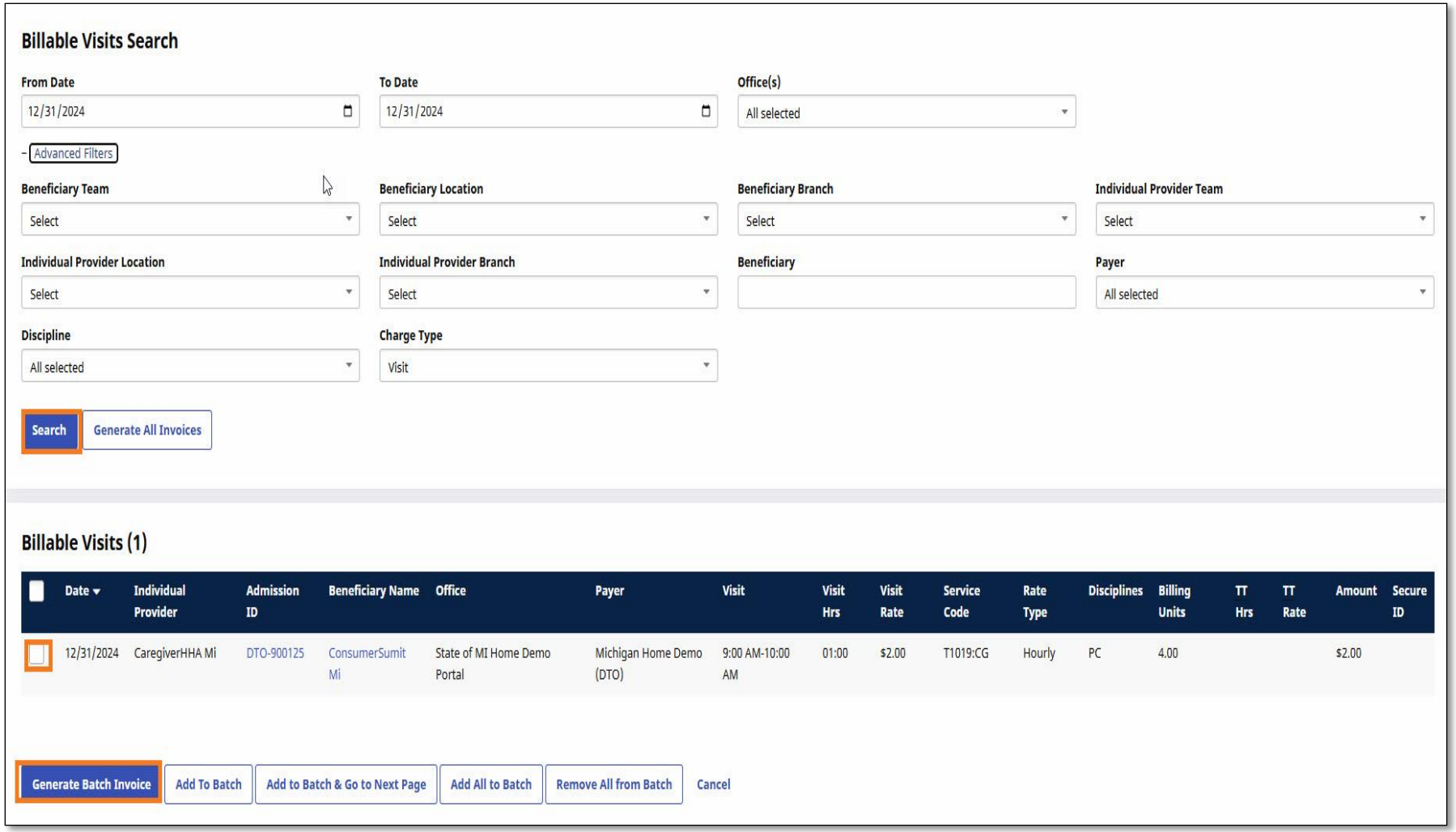
## Steps: Billing > New Invoice (Internal)

**Purpose:** Generate invoices based on verified timesheets and service authorizations

- **Create Invoice:** Select the appropriate time period and services to create an invoice
- **Verify Invoice Details:** Review the invoice for accuracy, including billing codes, and amounts

# Invoicing


Billing
Report
Admin
Prebilling
Billing Review
Invoice Search
Print Invoices
Print Duty Sheets
New Invoice - (Internal)
Electronic Billing


Billable Visits Search
From Date
12/31/2024
To Date
12/31/2024
Office(s)
All selected
Advanced Filters
Beneficiary Team
Select
Beneficiary Location
Select
Beneficiary Branch
Select
Individual Provider Team
Select
Individual Provider Location
Select
Individual Provider Branch
Select
Beneficiary
Payer
All selected
Discipline
All selected
Charge Type
Visit
Search
Generate All Invoices
Billable Visits (1)
Date
Individual Provider
Admission ID
Beneficiary Name
Office
Payer
Visit
Visit Hrs
Visit Rate
Service Code
Rate Type
Disciplines
Billing Units
TT Hrs
TT Rate
Amount
Secure ID
12/31/2024
CaregiverHHA Mi
DTO-900125
ConsumerSumit Mi
State of MI Home Demo Portal
Michigan Home Demo (DTO)
9:00 AM-10:00 AM
01:00
$2.00
T1019:CG
Hourly
PC
4.00
$2.00
Generate Batch Invoice
Add To Batch
Add to Batch & Go to Next Page
Add All to Batch
Remove All from Batch
Cancel

| HHAeXchange Standard System Terminology | Corresponding Terminology | | |
|---|---|---|---|
| **CONTRACT / PAYER** | – FFS<br>– HHS | – MCO<br>– State | – Plan |
| **PATIENT / MEMBER** | – CDS Employer<br>– Consumer | – Recipient<br>– Client | – Participant<br>– Beneficiary |
| **CAREGIVER** | – Aide<br>– Homecare Aid<br>– Homecare Worker | – Worker<br>– Direct Care Worker<br>– Service Provider | – Attendant<br>– CDS Employee |
| **AGENCY / PROVIDER** | – FMSA<br>– Vendor | – Program Provider | |
| **COORDINATOR** | – Care Coordinator<br>– Case Coordinator | – Service Coordinator<br>– Care Types | |
| **UNITY NUMBER** | – EMPI<br>– Master Patient Number | – Shared Patient Number | |
| **SECONDARY IDENTIFIER** | – MPI<br>– Promise Code | | |

# Hello achoo

Placements (9 Pending) | Events | System Notifications | Direct Messages | Tasks | Linked Communication

## Placements

Pending (0) | Accepted with Temp Caregiver (9) | Staffed (0) | Accepted with No Master Week(0)

| Patient | Admission ID | Office | Start Date | Stop Date | Frequency | Service Category | Service Type | Request Sent At | Status | Cut Off Time | Contract Name |
|---|---|---|---|---|---|---|---|---|---|---|---|

No data available in table

# Hello achoo

**Placements (9 Pending)** | Events | System Notifications | Direct Messages | Tasks | Linked Communication

## Placements

**Pending (0)** | Accepted with Temp Caregiver (9) | Staffed (0) | Accepted with No Master Week(0)

| Patient | Admission ID | Office | Start Date | Stop Date | Frequency | Service Category | Service Type | Request Sent At | Status | Cut Off Time | Contract Name |
|---|---|---|---|---|---|---|---|---|---|---|---|

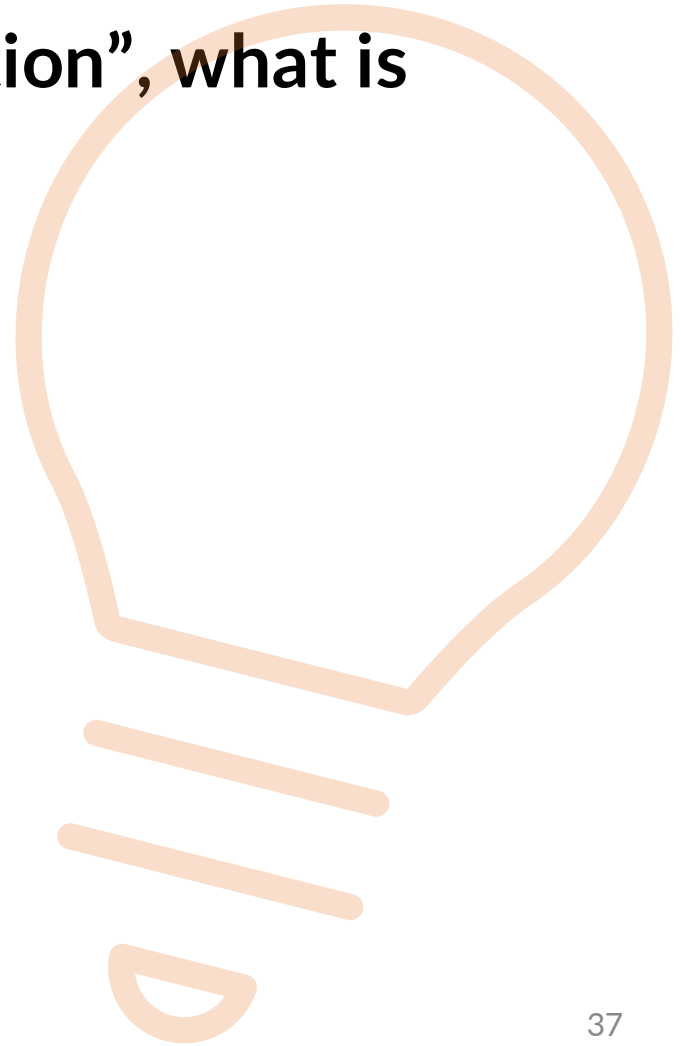
No data available in table

# Knowledge Checks

Prebilling

**A visit is held in Prebilling for “Incomplete Confirmation”, what is missing for this visit?**

A. Authorization Information
B. Physician NPI
C. Clock In and/or Clock Out
D. Billing Rates



# Billing Review

# Billing Review


Step 3
Billing
Review

## Steps: Billing > Billing Review

**Purpose:** Review and finalize invoices before they are sent out

- **Correct:** Correct any errors that appear in the Problems column and make any necessary adjustments
- **Finalize:** Confirm that all approved invoices are finalized to continue to the last step

# Billing Review

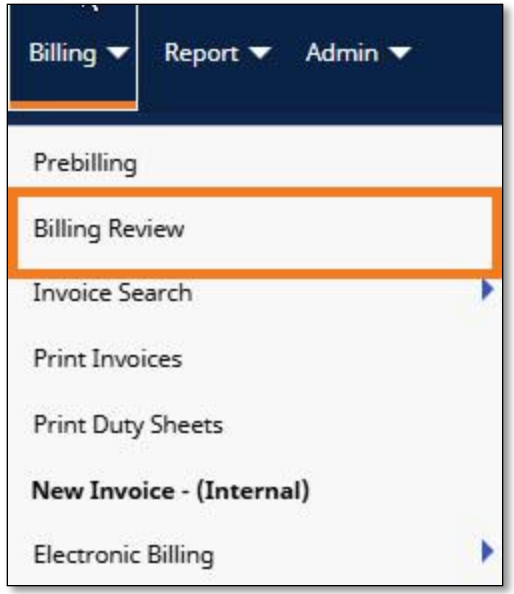
Any visits in Billing Review CANNOT be electronically submitted until issues are corrected

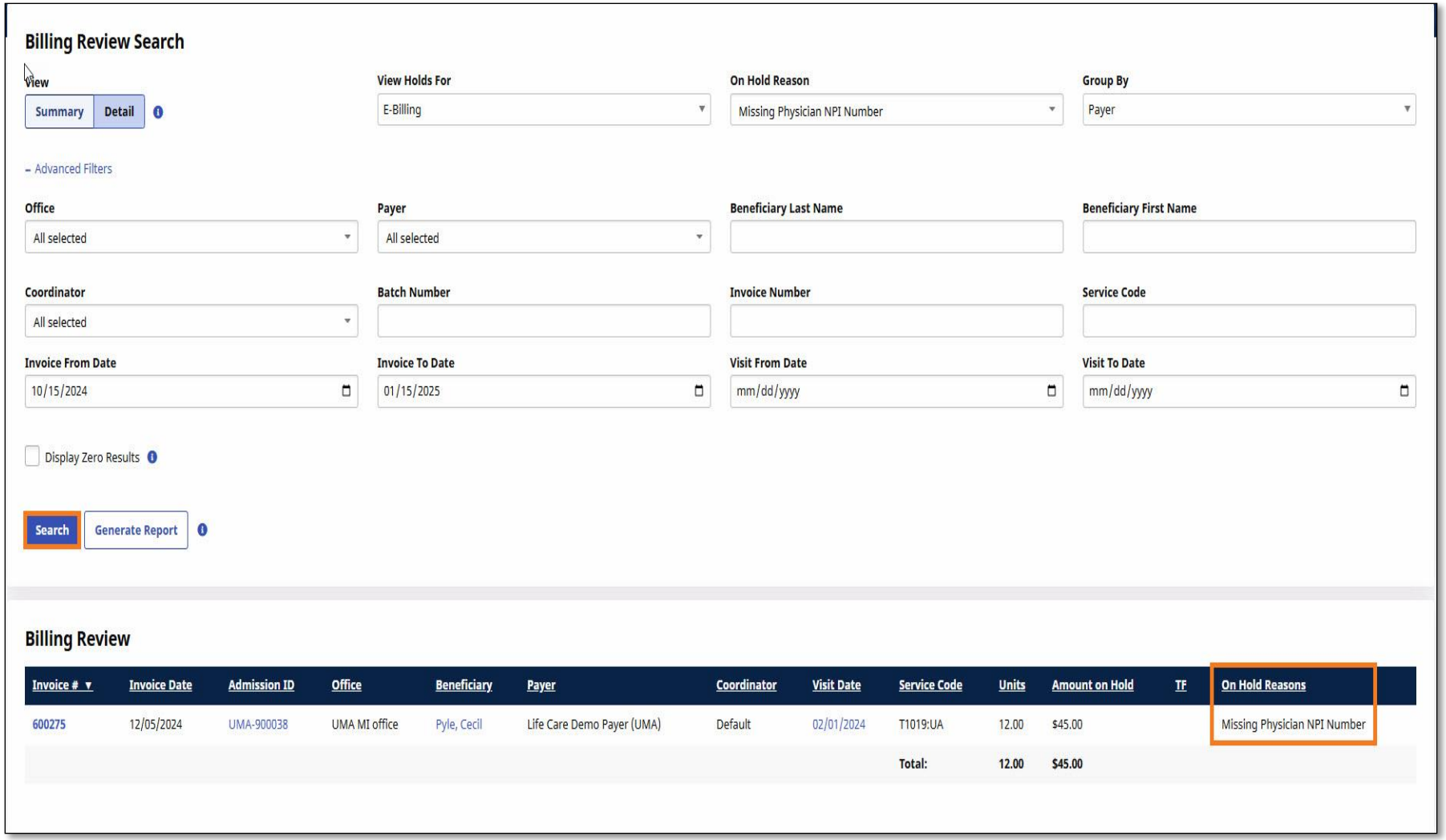
**Most Common Billing Review Problems:**

- **Pending Billing of Additional Shifts on Same Day** – Only one visit has been invoiced on a day with multiple visits

Check out the HHAeXchange Knowledge Base for step-by-step videos on how to resolve Billing Review problems https://knowledge.hhaexchange.com/enterprise/Content/Training/Getting-Started-T.htm

# Billing Review



# Electronic Billing

# Electronic Billing

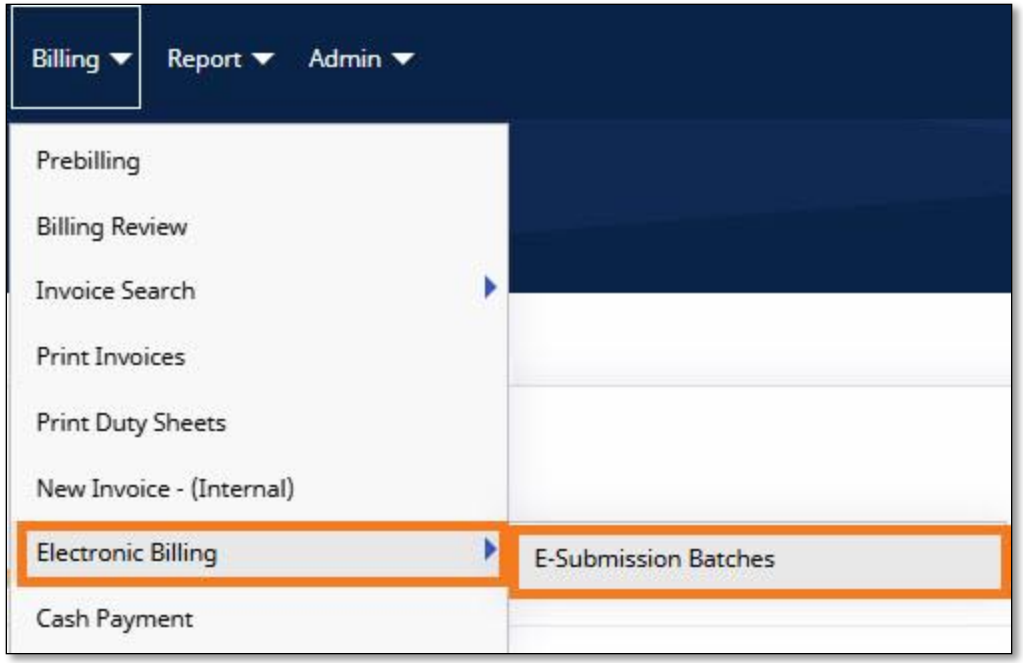

Step 4
eBilling

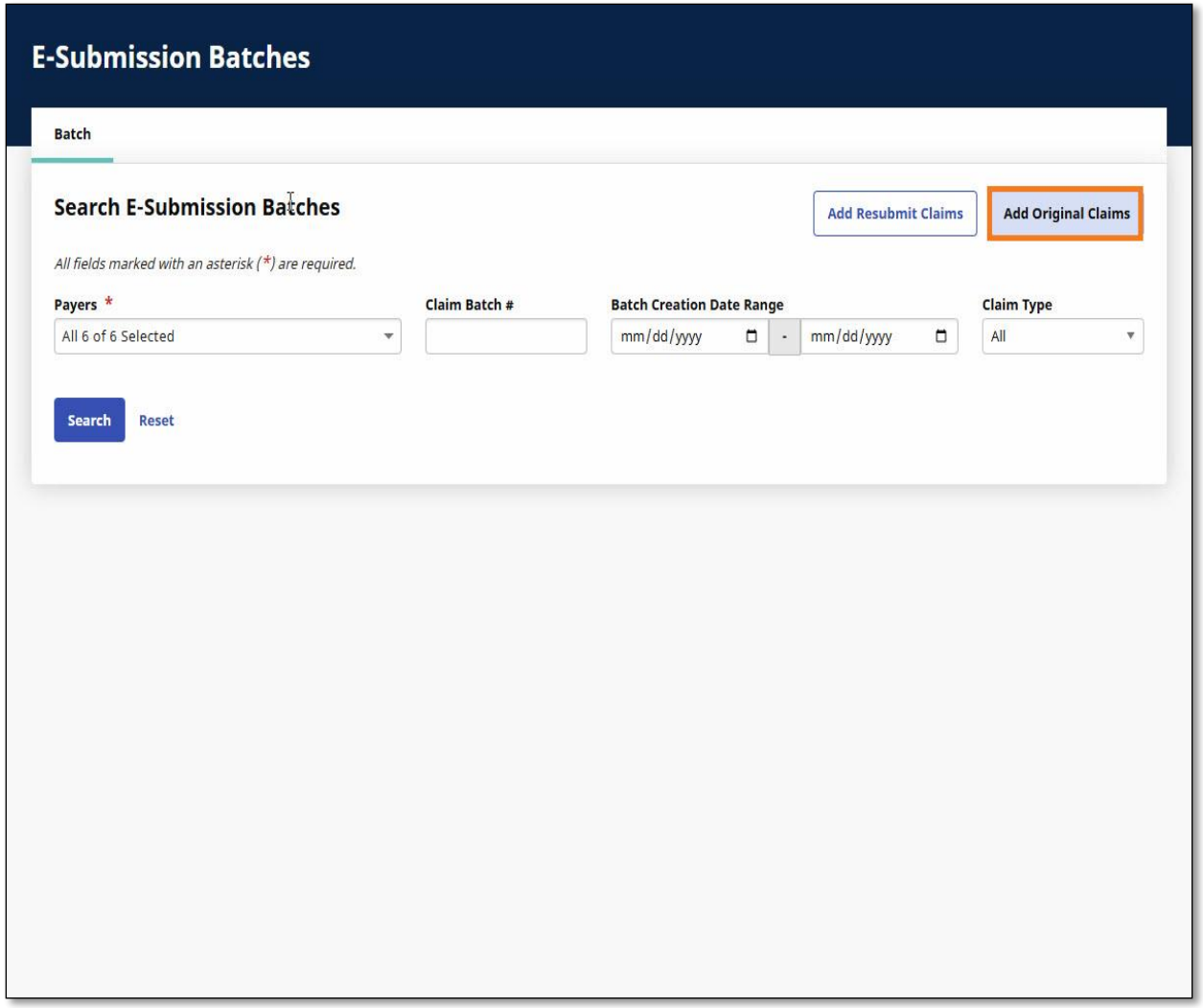
## Steps: Billing > Electronic Billing > E-Submission Batches

**Purpose:** Submit invoices electronically, manage resubmissions, and send corrected claims if needed

- **Select:** Choose the visits ready for electronic submission
- **Submit:** Send claims electronically to the payer via an overnight process

# E-billing


Billing
Report
Admin
Prebilling
Billing Review
Invoice Search
Print Invoices
Print Duty Sheets
New Invoice - (Internal)
Electronic Billing
E-Submission Batches
Cash Payment


E-Submission Batches
Batch
Search E-Submission Batches
Add Resubmit Claims
Add Original Claims
All fields marked with an asterisk (*) are required.
Payers *
All 6 of 6 Selected
Claim Batch #
Batch Creation Date Range
mm/dd/yyyy
-
mm/dd/yyyy
Claim Type
All
Search
Reset

# Hello achoo

**Placements (9 Pending)** | Events | System Notifications | Direct Messages | Tasks | Linked Communication

## Placements

**Pending (0)** | Accepted with Temp Caregiver (9) | Staffed (0) | Accepted with No Master Week(0)

| Patient | Admission ID | Office | Start Date | Stop Date | Frequency | Service Category | Service Type | Request Sent At | Status | Cut Off Time | Contract Name |
|---|---|---|---|---|---|---|---|---|---|---|---|

No data available in table

# Hello achoo

**Placements (9 Pending)** | Events | System Notifications | Direct Messages | Tasks | Linked Communication

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| Patient | Admission ID | Office | Start Date | Stop Date | Frequency | Service Category | Service Type | Request Sent At | Status | Cut Off Time | Contract Name |
|---|---|---|---|---|---|---|---|---|---|---|---|

No data available in table

# Knowledge Checks

Billing Review

**A visit is held in Billing Review for "Pending Billing of Additional Shifts on the Same Day", what should be the next step?**

A. Check the billing rate for the visit
B. Delete the visit so that it can be invoiced together with the other visit on the same day
C. Edit the authorization details for the visit
D. Update the member's diagnosis code on their profile

# Claim Status Report

# Claim Status Report

## Steps: Report > Billing > Claim Status Report

## Purpose: View all electronic claims and their corresponding acceptance or rejection status

- **Review:** See which claims were accepted or rejected by the payer
- **Correct:** Correct any claims that were rejected and resubmit as necessary
- **Analyze:** Track any patterns and report on how many claims were submitted during a specific time period

***The Claim Status Report only shows that a claim has been accepted by the payer. It does not guarantee that the claim will be paid.***

# Hello achoo

Placements (9 Pending) | Events | System Notifications | Direct Messages | Tasks | Linked Communication

## Placements

Pending (0) | Accepted with Temp Caregiver (9) | Staffed (0) | Accepted with No Master Week(0)

| Patient | Admission ID | Office | Start Date | Stop Date | Frequency | Service Category | Service Type | Request Sent At | Status | Cut Off Time | Contract Name |
|---|---|---|---|---|---|---|---|---|---|---|---|

No data available in table

# Claim Status Report

| H | I | J | K | L | M | N | O | T | U | V | X | Y |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Patient Name** | **Office** | **Caregiver Name** | **Visit Time/Supply/Expense** | **Billed Hours** | **Service Code** | **Billed Units** | **Rate** | **Amount** | **Contract** | **Export Status** | **Claim Status** | **Claim Status Reason** |
| Patient Patient | Office | Caregiver Caregiver | 1008-1508 | 05:00 | S5125 | 5 | $15.00 | $75.00 | Contract Contract | Yes | Submitted | |
| Patient Patient | Office | Caregiver Caregiver | 1004-1504 | 05:00 | S5125 | 5 | $15.00 | $75.00 | Contract Contract | Yes | Accepted (999) | |
| Patient Patient | Office | Caregiver Caregiver | 1036-1536 | 05:00 | S5125 | 5 | $15.00 | $75.00 | Contract Contract | Yes | Accepted (999) | |
| Patient Patient | Office | Caregiver Caregiver | 1000-1500 | 05:00 | S5125 | 5 | $15.00 | $75.00 | Contract Contract | Yes | Accepted (999) | |
| Patient Patient | Office | Caregiver Caregiver | 1006-1406 | 04:00 | S5125 | 4 | $15.00 | $60.00 | Contract Contract | Yes | Accepted (999) | |
| Patient Patient | Office | Caregiver Caregiver | 1003-1503 | 05:00 | S5125 | 5 | $15.00 | $75.00 | Contract Contract | Yes | Accepted (999) | |
| Patient Patient | Office | Caregiver Caregiver | 1226-1456 | 02:30 | S5125 | 2.5 | $15.00 | $37.50 | Contract Contract | Yes | Rejected (277ca) | A3:Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system 0:Cannot provide further status electronically,09 - MBR NOT VALID AT DOS |

**The “Claim Status” and “Claim Status Reason” column shows whether a claim has successfully been accepted or rejected by the payer for claims processing.**

# Key Takeaways

# Key Takeaways

- Ensure you check with Humana Healthy Horizons of Virginia or the HHAeXchange State Info Hub for the most recent updates to the service codes in scope for billing
- The Billing Process consists of 4 steps: **Prebilling, Invoicing, Billing Review, and Electronic Billing**
- It is recommended to check and resolve **Prebilling** holds consistently throughout the week before the day you plan to bill
- Run the **Claim Status Report** a few days after billing to ensure claims made it to Humana Healthy Horizons of Virginia successfully

# Resources

# Resources

**State Info:**

- Services in Scope
- Virginia Medicaid EVV FAQs

**Billing:**

- Service Code Bundles
- Rounding Rules
- Banked Minutes
- Billing Videos
- Billing Process for UPR Linked Contracts
- Rebill Claims Submission

# Provider Resources

## HHAeXchange State Info Hub

Humana Healthy Horizons in Virginia Information Center | HHAeXchange

## HHAeXchange Knowledge Base

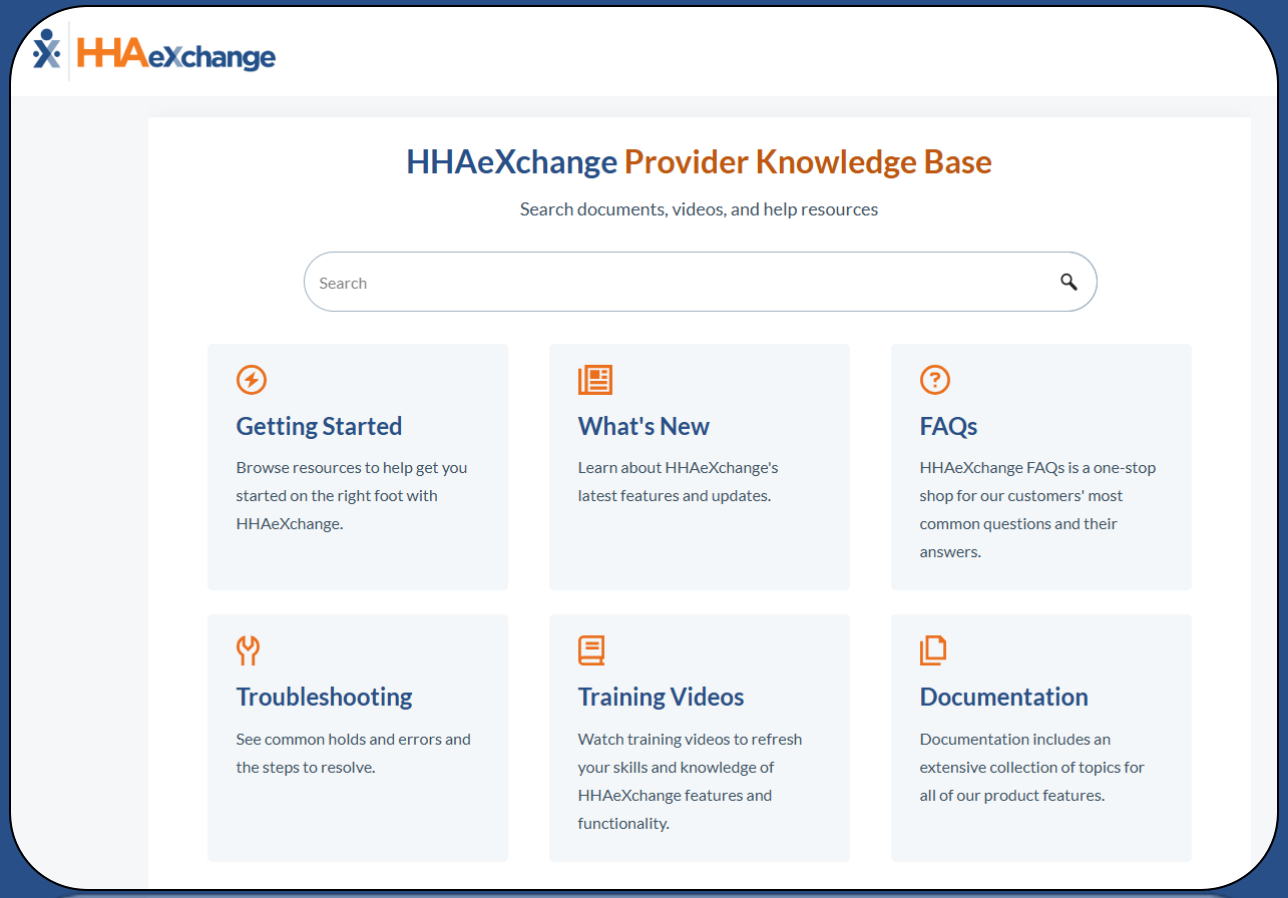
https://knowledge.hhaexchange.com/enterprise/Content/Home/Home-N.htm

## Humana Healthy Horizons Provider Relations Email

VAMedicaidProviderRelations@humana.com

How to Use the Customer Portal

# HHAeXchange has a new Knowledge Base!



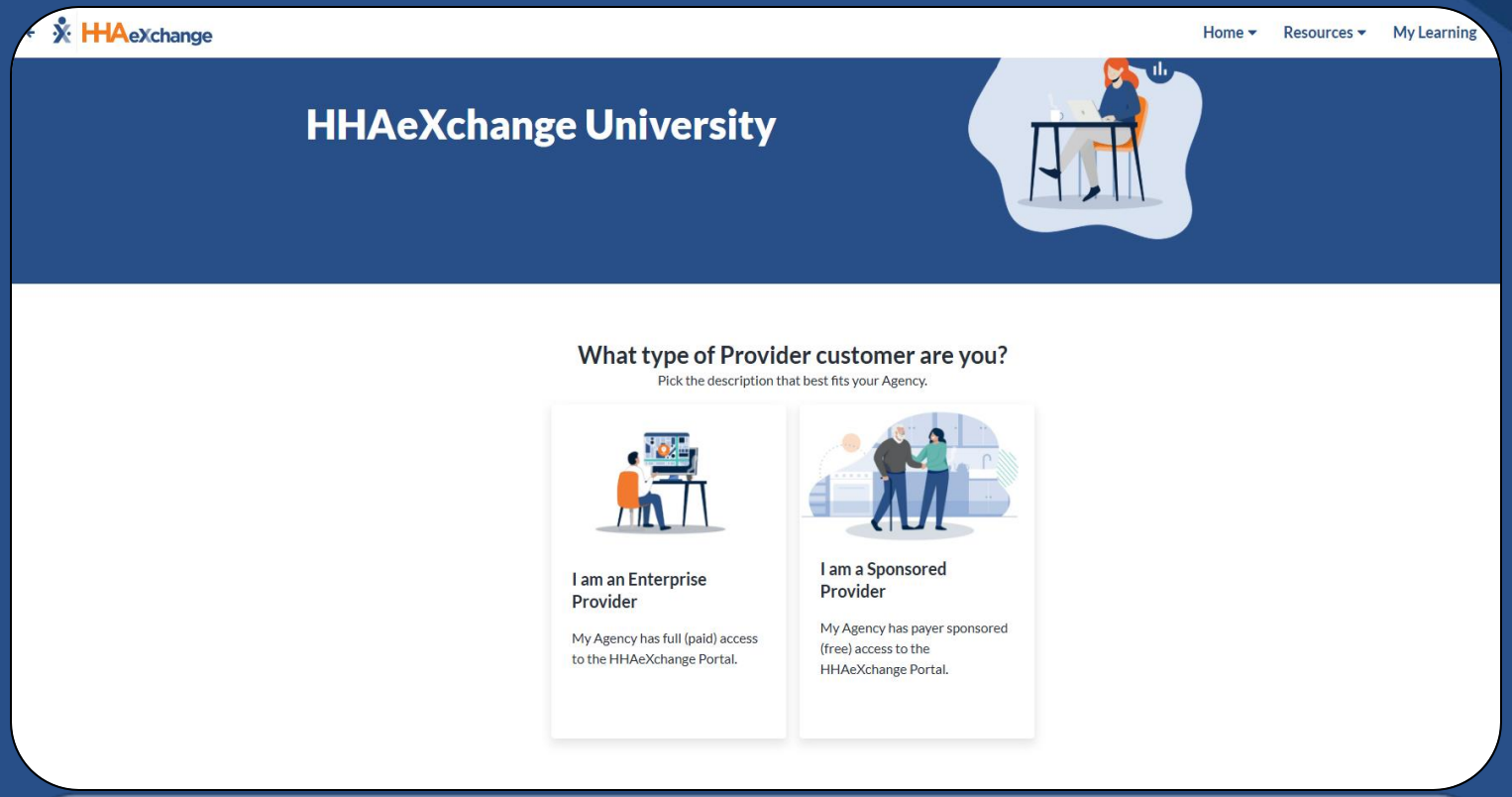

**The Knowledge Base houses helpful resources to provide answers to your questions according to specific topics**

- Frequently Asked Questions (FAQs)
- Training Videos
- Documentation
- What's New

Check it out using the link below:

**https://www.hhaexchange.com/knowledge-base**

# New Sponsored Provider Onboarding Program Available!




**HHAeXchange University is now available for State Sponsored providers to have a foundational overview of key topics such as:**

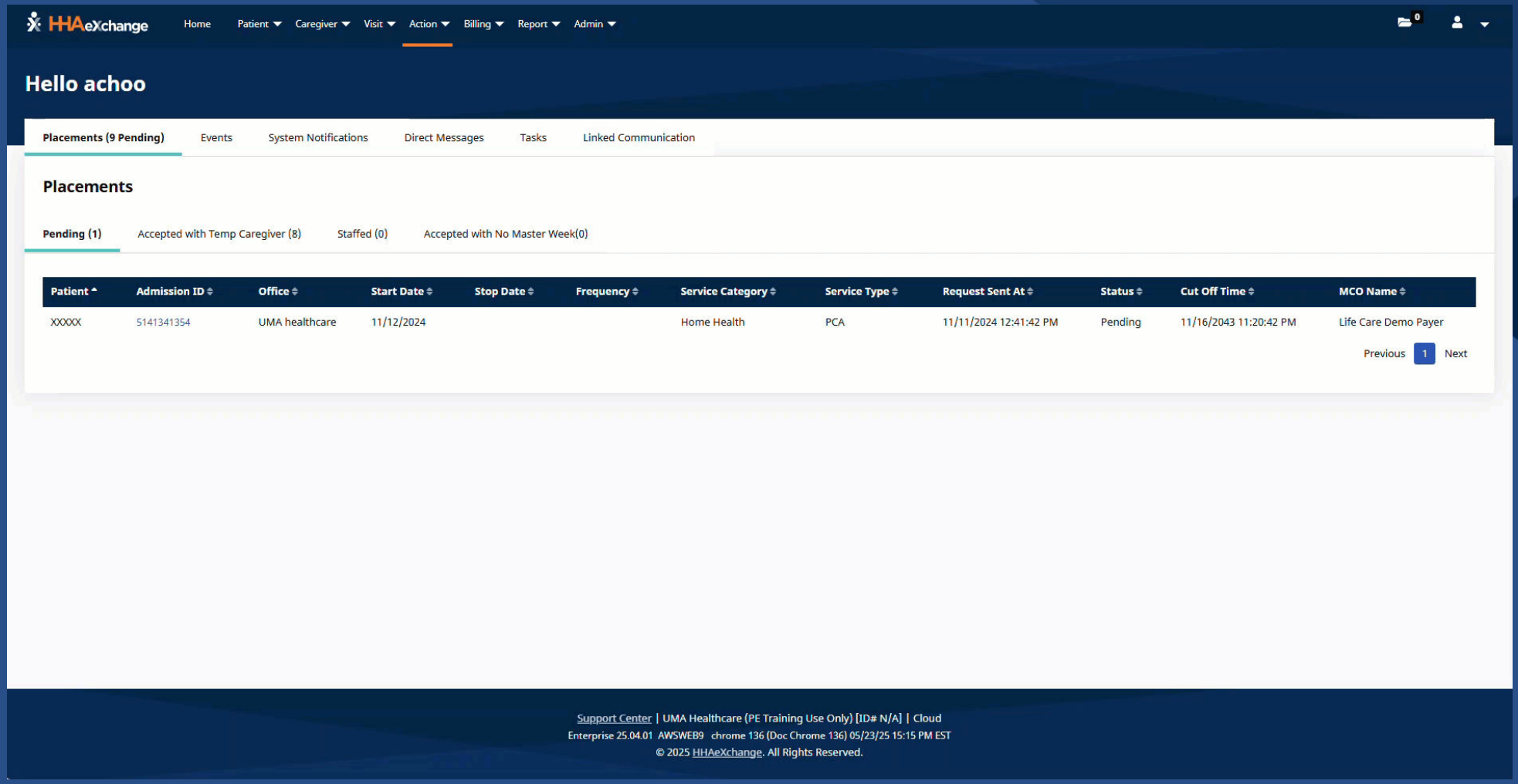
- Member & Caregiver Management
- Agency Setup
- Visit Maintenance
- Billing

Check it out using the link below:

**https://university.hhaexchange.com/**

# Caree Virtual Assistant

Caree, HHAeXchange's new Virtual Assistant, provides 24/7 support to answer questions and provide Knowledge Base articles and videos  for specific topics



# Next Steps

# Next steps: Register & Attend

| Date | Session |
|---|---|
| **Aug 19** | Milestone 1: Data Setup & System Essentials |
| **Aug 26** | Alternative EVV (EDI) Onboarding |
| **Sep 9** | Milestone 2: Scheduling & Visit Capture |
| **Sep 18** | Milestone 3: Visit Verification & Visit Maintenance |
| **Sep 23** | Milestone 4: Billing |
| **Oct 7** | Alternative EVV (EDI) Post Integration |
| **Oct 14** | Milestone 5: Reporting & Compliance Monitoring |

**Scan here to Register!**

Alternative EVV (EDI) Post Integration:

Milestone 5:
Reporting & Compliance Monitoring:

# Questions?

HHAeXchange

# THANKS FOR ATTENDING!

***Please provide us your feedback after exiting the webinar.***