

Our Webinar Will Begin Shortly

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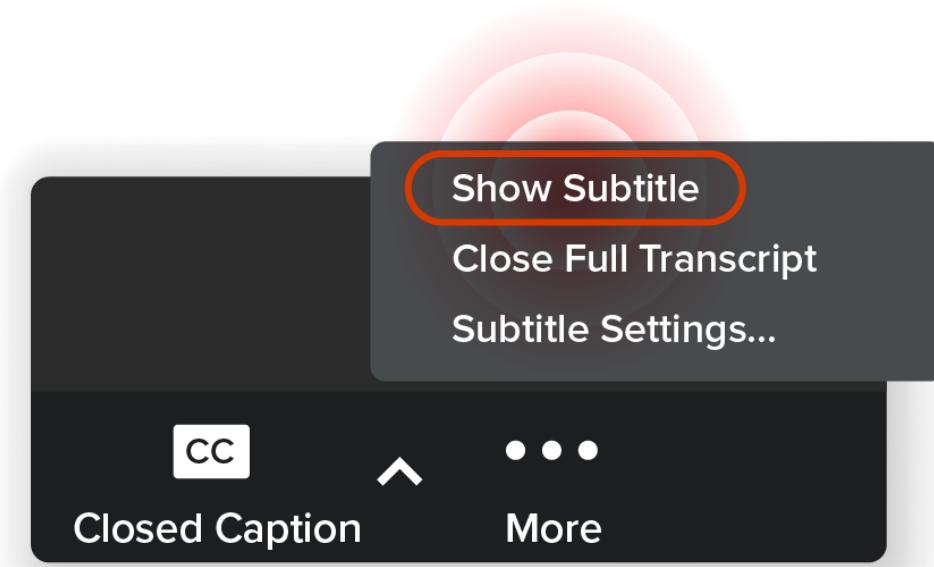


Accessibility Options



Enabling Closed Caption

- This webinar is being recorded. We will email the recording and slides after the session.
- Your camera and mics are turned off.
- Q&A at the end. 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 Trainer!

- **Role:** Sr. Training Specialist
- **Tenure at HHAeXchange:** 6 Years
- **Areas of Expertise:** Revenue Cycle – Billing
- **Fun Fact:** Basketball Mom 



Janny Sachani

Mississippi Billing Refresher Training

January 2026

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This training equips you with the knowledge to manage the full revenue cycle for Mississippi providers. Gain insight into state-specific billing rules to minimize errors, ensure compliance, and streamline your agency's workflow.

Who should take this training?

Anyone handling billing in HHAeXchange:

(Example: Providers, Billing Manager & Coordinators, Agency Users)

Objectives of Today's Webinar

You will be able to:

- Identify key pre-billing and billing review tasks to ensure clean, complete, and compliant claims.
- Generate and submit claims accurately in accordance with Mississippi-specific billing requirements.
- Apply best practices and state-specific rules to minimize rejections and improve billing efficiency.





Knowledge Check

MS



Question:

Which river runs along the western border of Mississippi?

- A. Ohio River
- B. Arkansas River
- C. Mississippi River
- D. Tennessee River

What Have
you Learned?



Learning Focus: Pay attention.



Agenda

- EVV lifecycle
- Billing Overview
- State Specifics
- Billing Workflow
- Claim Status Report
- Resubmission Process
- Remittance Process
- Key Takeaways
- Resources
- Questions

EVV Lifecycle

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6 Elements of a Cures Compliant Visit



Who

Member



Who

Caregiver



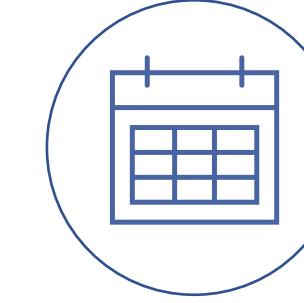
What

Type of Service



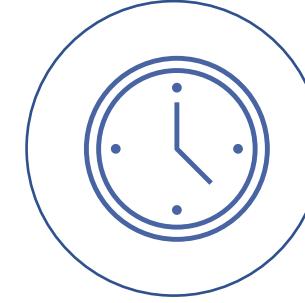
Where

Location of Service



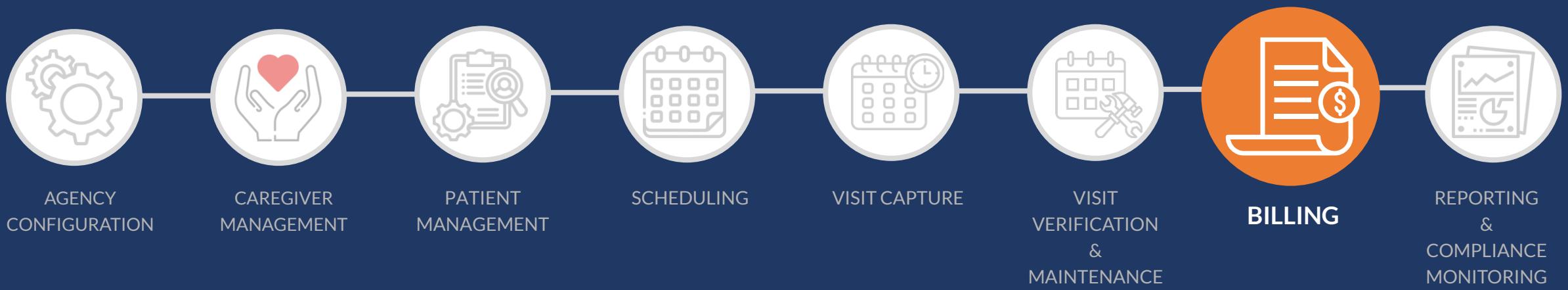
When

Date of Service



When

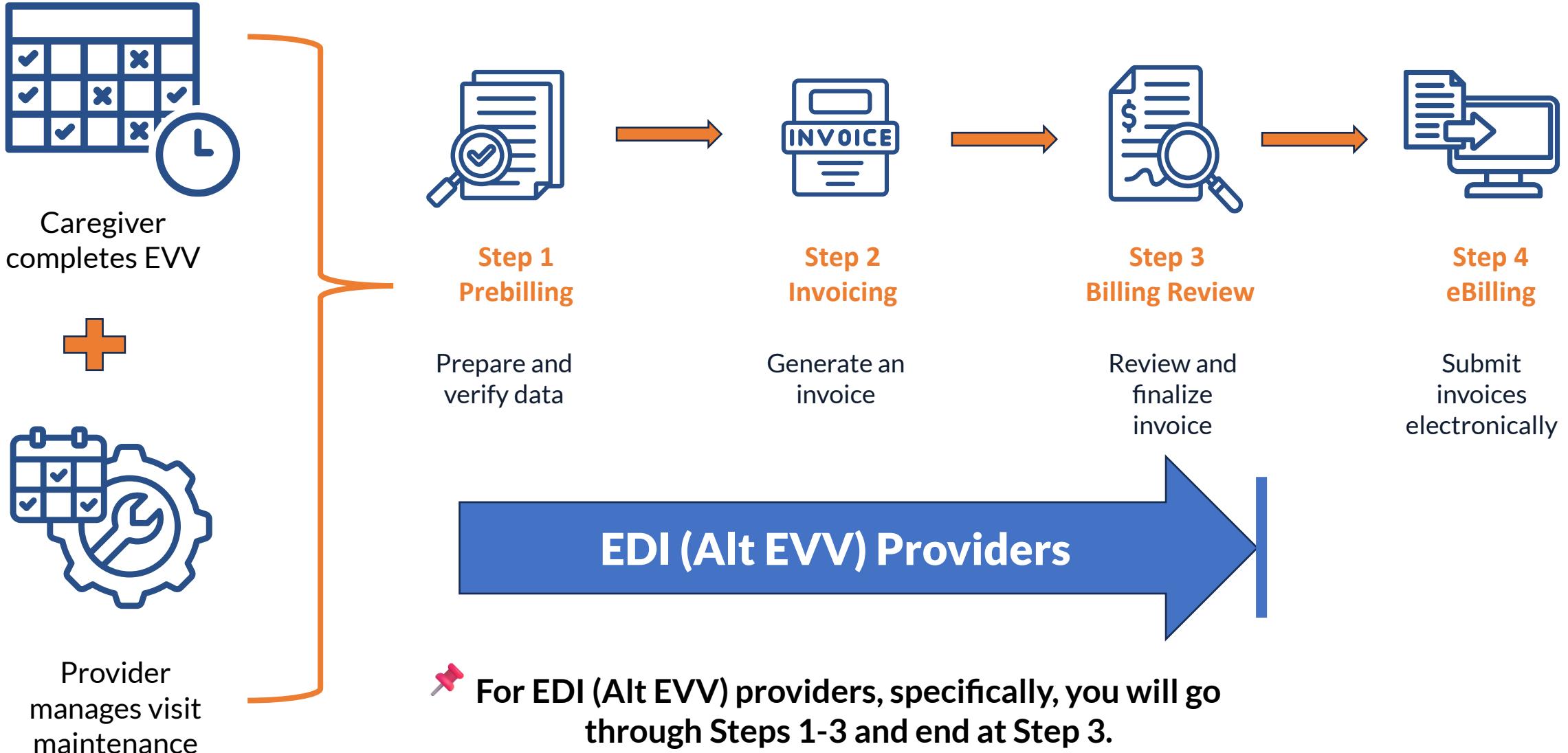
Time of Service





Billing Overview

Billing Workflow



State Specifics

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Mississippi Provider Information Center



- Your home for all your state information, updates, registration, training information and much more!



Mississippi Information Center

[EVV Provider Portal Set Up Form](#)

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Electronic Visit Verification Solution for the Mississippi Division of Medicaid (MS DOM)

Mississippi's Division of Medicaid (MS DOM) has partnered with FEI systems and HHAeXchange (HHAX) to help MS DOM homecare providers remain compliant with state and federal Electronic Visit Verification (EVV) laws, and ensure a simplified, user-friendly, and seamless experience.

Navigating HHAeXchange for EVV Success On-Site Event

Complimentary afternoon sessions providing an opportunity to learn more about features and functionality within the HHAeXchange state-sponsored EVV portal were held beginning January 29, 2023, and have concluded. Topics covered included authorization integration, billing, updated user interface, and helping your caregivers use the mobile app.

Please note, Onboarding for State Plan Private Duty Nursing, Personal Care, and Home Health Providers is now underway.

Please review Mississippi's DOM Phase II Kick Off Letter for an introduction to this implementation in partnership with FEI Systems and HHAeXchange.

State Plan Personal Care and Private Duty Nursing, and Home Health Providers: As part of this agreement, Mississippi DOM providers will have access to the complimentary HHAeXchange EVV Portal **beginning December 11, 2023.**

Waiver Providers: The complimentary HHAeXchange Portal went live in **August 1, 2023.**

The first step for all providers will be to fill out the Mississippi Medicaid – HHAeXchange EVV Provider Set Up Form to identify yourself as a provider in-scope for this implementation.

[EVV Provider Portal Set Up Form](#)

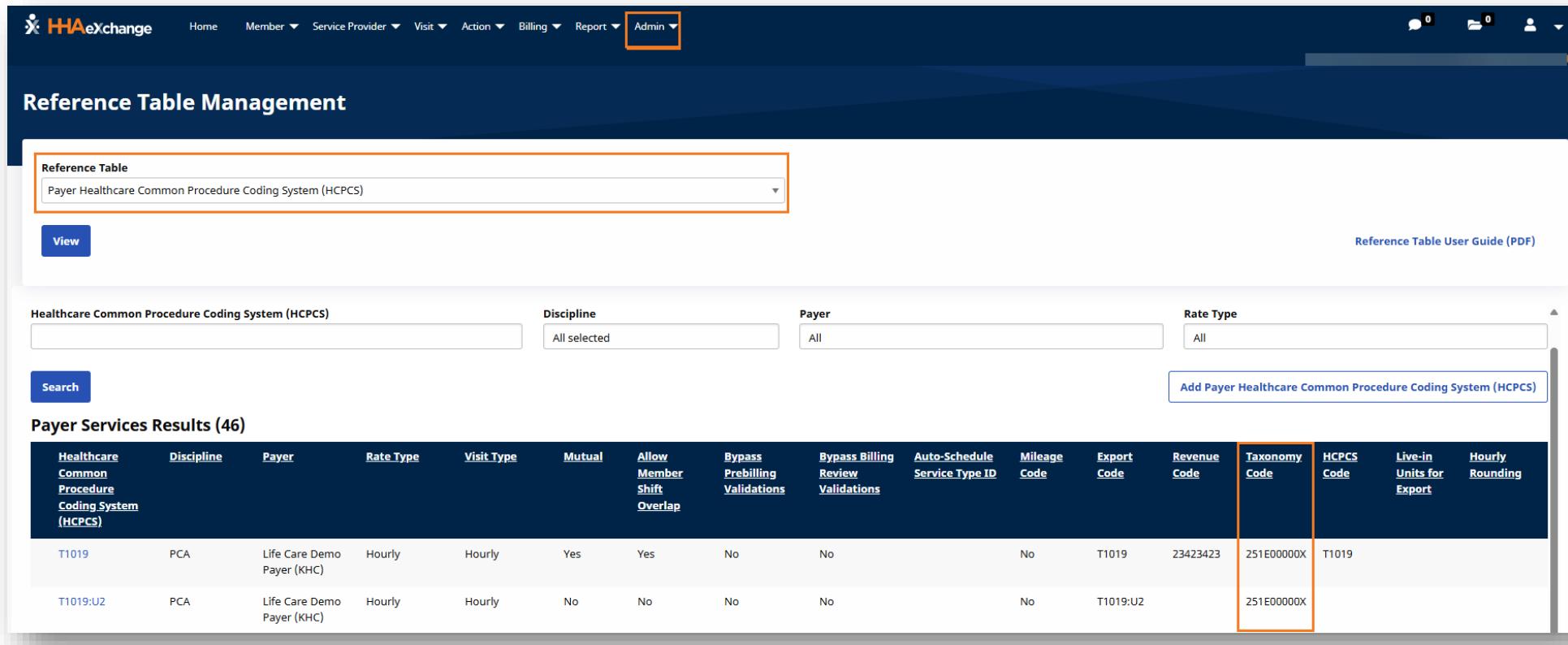
Mississippi Information Center

Multiple Provider ID



If multiple Provider (Medicaid) IDs exist, review the **Taxonomy Code** under:

Admin → Reference Table Management → Payer Healthcare Common Procedure Coding System (HCPCS)



The screenshot shows the HHAeXchange Reference Table Management page for the Payer HCPCS table. The 'Admin' dropdown in the top navigation bar is highlighted with an orange box. The 'Reference Table' dropdown is also highlighted with an orange box and shows 'Payer Healthcare Common Procedure Coding System (HCPCS)'. The main table has columns for Healthcare Common Procedure Coding System (HCPCS), Discipline, Payer, Rate Type, Visit Type, Mutual, Allow Member Shift Overlap, Bypass Prebilling Validations, Bypass Billing Review Validations, Auto-Schedule Service Type ID, Mileage Code, Export Code, Revenue Code, Taxonomy Code, HCPCS Code, Live-in Units for Export, and Hourly Rounding. Two rows are visible: one for T1019 with Taxonomy Code 251E00000X and HCPCS Code T1019, and another for T1019:U2 with Taxonomy Code 251E00000X and HCPCS Code T1019:U2. A 'Search' button and an 'Add Payer Healthcare Common Procedure Coding System (HCPCS)' button are also present.

Healthcare Common Procedure Coding System (HCPCS)	Discipline	Payer	Rate Type	Visit Type	Mutual	Allow Member Shift Overlap	Bypass Prebilling Validations	Bypass Billing Review Validations	Auto-Schedule Service Type ID	Mileage Code	Export Code	Revenue Code	Taxonomy Code	HCPCS Code	Live-in Units for Export	Hourly Rounding
T1019	PCA	Life Care Demo Payer (KHC)	Hourly	Hourly	Yes	Yes	No	No		No	T1019	23423423	251E00000X	T1019		
T1019:U2	PCA	Life Care Demo Payer (KHC)	Hourly	Hourly	No	No	No	No		No	T1019:U2		251E00000X			

Before You Bill!



Before billing, check that the following items are entered and accurate to ensure claims are billed correctly and smoothly:

**Billing
Rates**

\$

**Diagnosis
Code**

ICD 10 Code

FFS Plan

Mississippi Division of Medicaid
Mississippi Home Health
Mississippi State Plan PCS

- FFS payers Billing includes all 4 steps:
 1. Prebilling
 2. Invoicing
 3. Billing Review
 4. Electronic Billing
- No further action needed!
An 837-claim file will be generated in HHA portal and process to payer directly for claim adjudication.

MCO Plan

Molina
Magnolia
Truecare

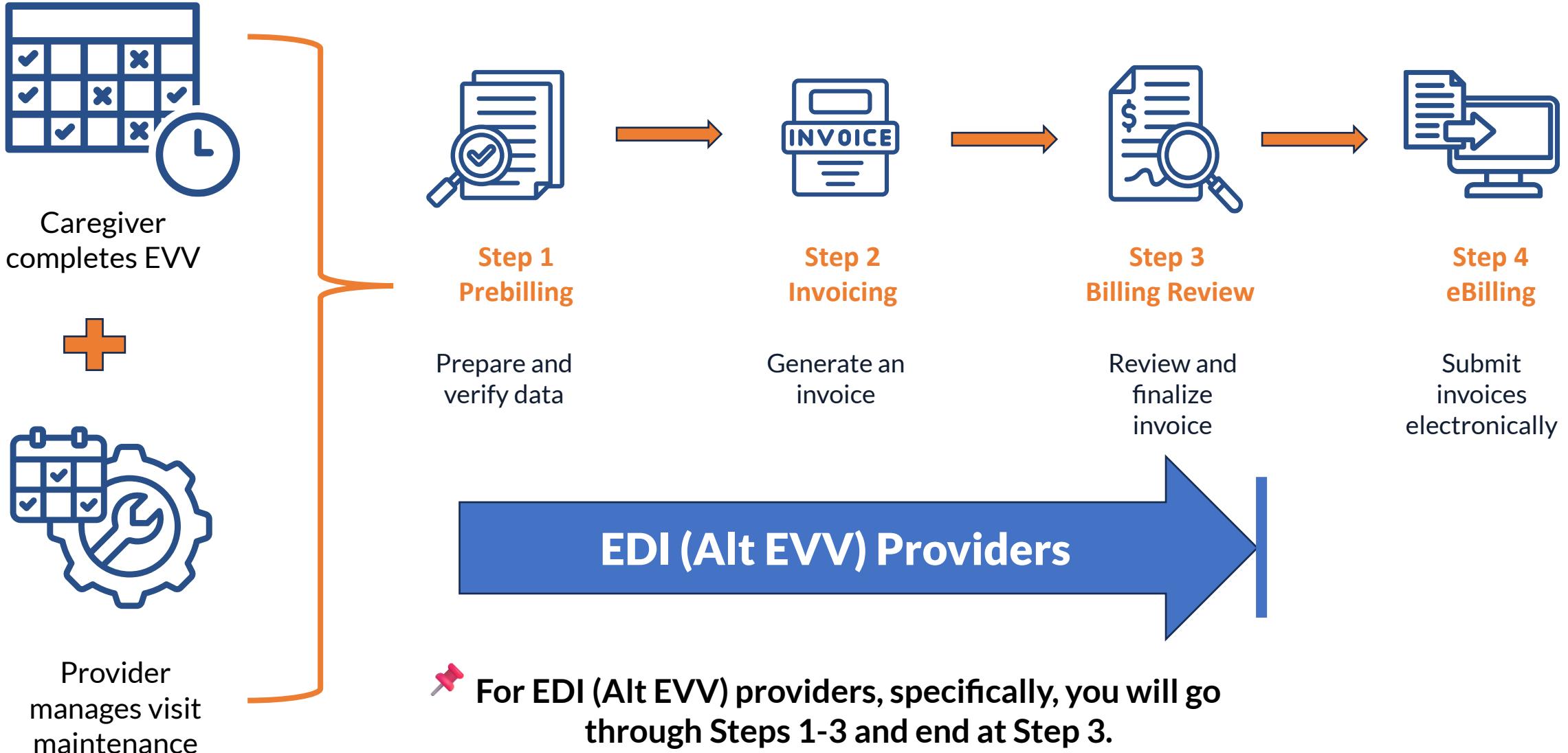
- MCO Billing includes only 2 steps:
 1. Prebilling
 2. Invoicing
- Further action Needed outside HHAeXchange!
 - ✓ Provider need to bill outside HHAeXchange using a clearinghouse or payer portal to get paid.
 - ✓ Visits must be imported and invoiced in HHAX prior to billing the MCO directly to ensure claims matching and prevent payment delays.





Billing Workflow

Billing Workflow





Step 1: Prebilling

Prebilling



Prebilling

Invoicing

Billing Review

E-Billing

The Foundation of Accurate Billing



Why it Matters:

If this step is done incorrectly, invoices will contain errors, leading to claim denials, compliance risks, and/or delayed payments

- ✓ Review Visits – Confirm caregiver times are correct to avoid billing and payroll inaccuracies
- ✓ Verify Service Authorizations – Ensure hours/units are properly allocated



Note: Manually confirmed visits are not compliant and may result in denied claims



Visits in Prebilling cannot be invoiced until issues are resolved

Most Common Prebilling Problems:

- **Incomplete Confirmation** – A visit does not have a clock in and/or clock out
- **Unbalanced** – A caregiver's clock in was outside of the tolerance range of the scheduled visit
- **Not Authorized** – A caregiver exceeded his/her authorized hours or there is no authorization available to cover the visit



Caregiver Compliance does not stop visits from being invoiced

Learn more: <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

Prebilling Review

Prebilling Review Search

Payer	Office(s)	From Date	To Date
All selected	All selected	12/01/2024	01/15/2025

[+ Advanced Filters](#)

Search

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	🔗 trash
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	🔗 trash
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	🔗 trash
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	🔗 trash
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	🔗 trash
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	🔗 trash

Knowledge Check

Prebilling



Scenario:

It's Monday morning, and Teavy opens the **Prebilling** screen to review visits from the past week.

She notices several visits held with the status "**Incomplete Confirmation**." When she opens one, she sees that the caregiver clocked in, but there's no clock-out time.

Question:

What should Teavy do *before* moving the visit to the next billing step?

- A. Ignore the missing clock-out time since it's just one visit.
- B. Manually enter the end time after verifying the caregiver's timesheet.**
- C. Delete the visit and recreate it with new times.
- D. Move the visit to "Invoicing" since EVV will update automatically.

What Have
you Learned?



 **Learning Focus:** User must recognize which issues block billing and how to fix them.



Step 2: Invoicing

Invoicing



Prebilling

Invoicing

Billing Review

E-Billing

Now that our visits are clean, let's turn them into invoices that flow seamlessly through the billing cycle.



Why it Matters

Invoices are based on verified schedules and billing rates and may affect payment reimbursement if incorrect

✓ **Create Invoice:** Select the correct time period and services

✓ **Verify Invoice Details:** Review for accuracy by checking billing codes, units, 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: Select 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
<input type="checkbox"/>	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**



Knowledge Check

Invoicing



Scenario:

After resolving all Prebilling issues, Teavy moves to **Invoicing**.

While reviewing invoices, she notices that a few visits have “\$0.00” billing rate even though the visits passed Prebilling.

Question:

What's the most likely reason for this issue?

- A. The caregiver didn't clock out correctly.
- B. The patient's authorization expired before the visit date.
- C. The service code is missing a linked billing rate or rate plan.**
- D. The EVV verification failed.



Learning Focus: User must identify issues pertaining to visits prior invoicing.



What Have
you Learned?



Step 3: Billing Review

Billing Review



⚠️ Visits in Billing Review are NOT eligible to be electronically submitted until issues are corrected

Most Common Billing Review Problems:

- **Missing Diagnosis Code**– The billing diagnosis code is not available
- **Pending Billing of Additional Shifts on Same Day** – Only one visit has been invoiced on a day with multiple visits
- **Visit on Same Day/Service Code must be billed on same Invoice**– Multiple visits on the same day were not invoiced together during Invoicing step

Learn More: <https://knowledge.hhaexchange.com/enterprise/Content/Training/Getting-Started-T.htm>

EDI (Alt EVV) Providers



- 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

Billing Review



Billing ▾ Report ▾ Admin ▾

Prebilling

Billing Review

Invoice Search

Print Invoices

Print Duty Sheets

New Invoice - (Internal)

Electronic Billing

Billing Review Search

View: **Detail** 1

View Holds For: E-Billing

On Hold Reason: Missing Physician NPI Number

Group By: Payer

Advanced Filters:

Office	Payer	Beneficiary Last Name	Beneficiary First Name
All selected	All selected		

Coordinator	Batch Number	Invoice Number	Service Code
All selected			

Invoice From Date	Invoice To Date	Visit From Date	Visit To Date
10/15/2024	01/15/2025	mm/dd/yyyy	mm/dd/yyyy

Display Zero Results 1

Search **Generate Report** 1

Billing Review

Invoice #	Invoice Date	Admission ID	Office	Beneficiary	Payer	Coordinator	Visit Date	Service Code	Units	Amount on Hold	TF	On Hold Reasons		
600275	12/05/2024	UMA-900038	UMA MI office	Pyle, Cecil	Life Care Demo Payer (UMA)	Default	02/01/2024	T1019:UA	12.00	\$45.00		Missing Physician NPI Number		
												Total:	12.00	\$45.00



Knowledge Check

Billing Review



Scenario:

Teavy has generated invoices and is now reviewing them under **Billing Review**. She filters visits by status and sees several visits flagged as "**Held – Missing Diagnosis Code.**"

Question:

What action should she take to fix this error?

- A. Add the billing rates for the visit.
- B. Add or correct the Billing Diagnosis Code in the **Patient Authorization or Patient Contract** and **Current Invoice**.
- C. Delete the visit.
- D. Resubmit the invoice without a diagnosis code since Medicaid will update it.



Learning Focus: User must understand how to resolve any billing export validation prior generating electronic claim batch.



Hello PEDemoJanS

Placements (10 Pending)

Events

System Notifications

Direct Messages

Tasks

Linked Communication

Placements

Pending (1)

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 ▾
XXXXX	5141341354	UMA healthcare	11/12/2024			Home Health	PCA	11/11/2024 12:41:42 PM	Pending	11/16/2043 11:20:42 PM	Life Care Demo Payer

Previous 1 Next



Step 4: Electronic Billing

Electronic Billing



Prebilling

Invoicing

Billing Review

E-Billing



Why it Matters

Submit invoices electronically, manage resubmissions, and send corrected claims if needed. You are able to choose the claims you wish to submit at any given time.

✓ **Select:** Choose the visits ready for electronic submission

✓ **Submit:** For linked contracts, send claims electronically to the respective payer(s) via an overnight process

✓ **Export:** For internal contracts, download the electronic claim file (837) and upload into your respective clearinghouse

E-billing



Billing ▾ Report ▾ Admin ▾

- Prebilling
- Billing Review
- Invoice Search
- Print Invoices
- Print Duty Sheets
- New Invoice - (Internal)
- Electronic Billing**
- Cash Payment

E-Submission Batches

Batch

Search E-Submission Batches

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

Add Resubmit Claims

Add Original Claims

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 ▾
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No data available in table



Claim Status Report



Our claim made it to the payer – but did it make it through?



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 will only update for linked contracts and visits that completed the E-billing step

Claim Status Report



★ Claim response (999/277) can be viewed:

- Go to the **Invoiced Visit Search** page under **Billing > Invoice Search > By Visit**.
- **Report > Billing > Claim Status Report** to run the report.

The screenshot shows the HHAeXchange software interface. At the top, there is a navigation bar with links for Home, Patient, Caregiver, Visit, Action, Billing, Report (which is highlighted with a cursor), and Admin. Below the navigation bar, a welcome message "Hello PEDemoJanS" is displayed. The main content area is titled "Placements (10 Pending)". Below this, there are four status categories: Pending (1), Accepted with Temp Caregiver (9), Staffed (0), and Accepted with No Master Week (0). A table then lists the pending placements, with one row visible:

Patient	Admission ID	Office	Start Date	Stop Date	Frequency	Service Category	Service Type	Request Sent At	Status	Cut Off Time	Contract Name
XXXXX	5141341354	UMA healthcare	11/12/2024			Home Health	PCA	11/11/2024 12:41:42 PM	Pending	11/16/2024 11:20:42 PM	Life Care Demo Payer

At the bottom right of the table, there are navigation buttons for "Previous" and "Next".

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.



Knowledge Check

Claim Status Report



Scenario:

Teavy has successfully submitted claims through the HHA portal for linked payer and is now waiting for a response. She isn't sure if she needs to take any immediate action after submission, but she also wants to confirm whether the claim was accepted or rejected by the payer.

Question: What should Teavy do next?

- A. Call the payer to confirm claim status manually
- B. Resubmit the claim immediately to avoid delays
- C. Wait for the 999/277 claim response and check it in the HHAeXchange portal**
- D. Delete the visit and recreate it if no response is received within 24 hours

What Have
you Learned?



 **Learning Focus:** User must understand the next actions to take after submitting a claim file.



Resubmission

Resubmission



Steps: Billing > Electronic Billing > E-submission Batches > Add Resubmit claims

E-Submission Batches

Batch

Search E-Submission Batches

All fields marked with an asterisk (*) are required.

Payers * All 7 of 7 Selected	Claim Batch # <input type="text"/>	Batch Creation Date Range mm/dd/yyyy <input type="button" value="Calendar"/> - <input type="button" value="Calendar"/> mm/dd/yyyy	Claim Type All
Search Reset			

Add Resubmit Claims **Add Original Claims**

Learn More: [Re-Billing Overview Webinar](#)

Resubmission



TRN (Claim Reference Number) is required when resubmitting corrected claims.

Claim Adjustment

All fields marked with an asterisk (*) are required.

Important: Claim Adjustment changes will bypass ALL billing validations. It is an override function. Make sure you have authorizations to cover any adjustment in Billed Adjustment Hours.

Visit Date 10/02/2024	Submission Type * Adjustment		
Transaction Reference Number *			
<input type="checkbox"/> Apply Adjustment to all claims with the same invoice, TRN and Condition code (if applicable)			
Start Time 10/02/2024 2:00 PM	End Time 10/02/2024 6:00 PM	Service Hours 4h 0m	
Billed Adj Hours <small>?</small> (-) HHMM	Travel Time Hours HHMM	Billed Hours 4h 0m	Payroll Adj Hours (-) HHMM
Caregiver Name Testing Test		Employment Type PCA	
Contract Service Code * SS125	Rate Type Hourly	Caregiver Pay Code * <small>?</small> Non Payable	Billing Export Code SS125
Units per Hour/Daily/Visit * <small>?</small> 4.00	Billing Units 16.00	Billed Rate * \$ 15.000000	Billing Amount \$60.00
3rd Party \$ 0.00	Union Insurance Billed Rate \$0.00	Union Insurance Billed Amount \$0.00	

Cancel **Save**

Hello PEDemoJanS

[Placements \(9 Pending\)](#) [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 ^
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No data available in table



Remittance Process



Cash Posting Process



Provider will be able to review the remittance file directly under
Billing → Cash Payment → E-remittance page .

Cash Payments

Payments & Refunds Invoices Bulk Adjustments **E-Remittances**

Search E-Remittances

Payer: All 9 of 9 Selected Check Number: Status: All E-Remittance File Name:

Date Ranges: At least one of the date ranges must be limited to 180 days

Date Range: 01/01/2025 - 06/30/2025 Check Date Range: mm/dd/yyyy - mm/dd/yyyy

Search **Reset**

E-Remittances

File Name	Check ID	Check Number	Check Date	Received Date	Contract	# Patient	# Claims	Billed	Paid	Rejected	Adjustment	Patient Responsibility	Invalid Visit	Status	Apply Payments	PLB Info
CLMKHCZ50260725149000003.txt	3029136			03/12/2025 05:09:00	Life Care Demo Payer (KHC)	1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Applied	--
	3029137			03/12/2025 05:09:00	Life Care Demo Payer (UMA)	1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Applied	--
CLMKHCZ50260725149000003.txt	3029138			03/12/2025 05:09:00	Life Care Demo Payer (434)	1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Applied	--

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Cash Posting Process



1. Access E-Remittances

Navigate: **Billing > Cash Payment > E-Remittances tab**

2. Search for E-Remittance

Use filters or click **Search** to locate the record

3. Review & Copy

Check details: **File name, Check Number, Check Date, Billed Amount, Paid Amount, Rejected Amount, Adjusted Amount, Status**

4. Verify Payment Details

Go to **Payments & Refunds** tab, search by **Check #**

Review **Check Date, Deposit Date, Amount, Posted Payments**

5. Post the Payment

Click **POST** to lock the payment

HHA Exchange - Home

cloud.hhaexchange.com/ENT250701000/Common/Home_ns.aspx#

HHAeXchange Home Member Service Provider Visit Action Billing Report Admin

UMA Healthcare (PE Training Use Only) [ID# N/A] | Cloud

Hello PEDemoJans

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

Placements

Pending (0) Accepted with Temp Service Provider (9) Staffed (0) Accepted with No Master Week(0)

Member ^	Admission ID ^	Office ^	Start Date ^	Stop Date ^	Frequency ^	Service Category ^	Service Type ^	Request Sent At ^	Status ^	Cut Off Time ^	Payer Name ^
No data available in table											

Support Center | UMA Healthcare (PE Training Use Only) [ID# N/A] | Cloud
Enterprise 25.07.01 AWSWEB10 chrome 141 (Doc Chrome 141) 10/27/25 11:07 AM EST
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Key Takeaways



Key Takeaways



- Ensure you review **Taxonomy Code, Diagnosis code & Billing rate** prior submitting billing.
- The Billing Process consists of 4 steps: **Prebilling, Invoicing, Billing Review, and Electronic Billing**.
- Run the **Claim Status Report** a few days after billing to ensure claims made it to payer successfully.
- Always include the **TRN (Claim Reference Number)** when submitting Adjustment claims.
- Review **E-remittance** file under cash payment page to reconcile the payment.



Resources

Provider Knowledge Base



Scan and share with your admin office staff. Staff can also use the Support Center as well.



HHAeXchange Provider Knowledge Base

Search documents, videos, and help resources

Search



Getting Started

Browse resources to help get you started on the right foot with HHAeXchange.



What's New

Learn about HHAeXchange's latest features and updates.



FAQs

HHAeXchange FAQs is a one-stop shop for our customers' most common questions and their answers.



Troubleshooting

See common holds and errors and the steps to resolve.



Training Videos

Watch training videos to refresh your skills and knowledge of HHAeXchange features and functionality.



Documentation

Documentation includes an extensive collection of topics for all of our product features.

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

Hello achoo

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

Placements

Pending (1) Accepted with Temp Caregiver (8) 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	MCO Name
XXXX	5141341354	UMA healthcare	11/12/2024			Home Health	PCA	11/11/2024 12:41:42 PM	Pending	11/16/2043 11:20:42 PM	Life Care Demo Payer

Previous 1 Next

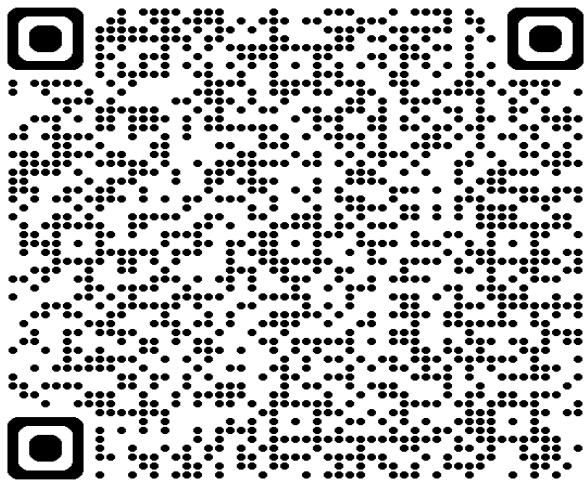
[Support Center](#) | UMA Healthcare (PE Training Use Only) [ID# N/A] | Cloud Enterprise 25.04.01 AWSWEB9 chrome 136 (Doc Chrome 136) 05/23/25 15:15 PM EST © 2025 HHAeXchange. All Rights Reserved.



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Mississippi Provider Information Center



- Your home for all your state information, updates, registration, training information and much more!



Mississippi Information Center

[EVV Provider Portal Set Up Form](#)

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EDI PROCESS

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Electronic Visit Verification Solution for the Mississippi Division of Medicaid (MS DOM)

Mississippi's Division of Medicaid (MS DOM) has partnered with FEI systems and HHAeXchange (HHAX) to help MS DOM homecare providers remain compliant with state and federal Electronic Visit Verification (EVV) laws, and ensure a simplified, user-friendly, and seamless experience.

Navigating HHAeXchange for EVV Success On-Site Event

Complimentary afternoon sessions providing an opportunity to learn more about features and functionality within the HHAeXchange state-sponsored EVV portal were held beginning January 29, 2023, and have concluded. Topics covered included authorization integration, billing, updated user interface, and helping your caregivers use the mobile app.

Please note, Onboarding for State Plan Private Duty Nursing, Personal Care, and Home Health Providers is now underway.

Please review Mississippi's DOM Phase II Kick Off Letter for an introduction to this implementation in partnership with FEI Systems and HHAeXchange.

State Plan Personal Care and Private Duty Nursing, and Home Health Providers: As part of this agreement, Mississippi DOM providers will have access to the complimentary HHAeXchange EVV Portal **beginning December 11, 2023.**

Waiver Providers: The complimentary HHAeXchange Portal went live in **August 1, 2023.**

The first step for all providers will be to fill out the Mississippi Medicaid – HHAeXchange EVV Provider Set Up Form to identify yourself as a provider in-scope for this implementation.

[EVV Provider Portal Set Up Form](#)

Mississippi Information Center



ERA (835) File

Remittance will be enabled starting February



Provider will be able to review 835 ERAs files under Billing --> Cash Payment --> E-remittance tab.

Cash Payments

Payments & Refunds Invoices Bulk Adjustments **E-Remittances**

Search E-Remittances

Payer: All 9 of 9 Selected Check Number: Status: All E-Remittance File Name:

Date Ranges: At least one of the date ranges must be limited to 180 days

Date Range: 02/01/2025 - 04/06/2025 Check Date Range: mm/dd/yyyy - mm/dd/yyyy

E-Remittances

File Name	Check ID	Check Number	Check Date	Received Date	Contract	# Patient	# Claims	# Billed	# Paid	# Rejected	# Adjustment	# Patient Responsibility	Invalid Visit	Status	Apply Payments	PLB Info
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Check out the [E-Remittance](#) page to apply the payment in HHAeXchange.



Resources



- Prebilling
 - [How to resolve Overlapping shifts](#)
 - [How to Resolve Incomplete Confirmation](#)
 - [How to Resolve Authorization](#)
 - [How to Resolve Temp Caregiver](#)
 - [How to Resolve Unbalanced Visit](#)
- Invoicing
 - [How to Generate an Invoice Batch](#)
 - [How to Print Invoice and Duty Sheet](#)
- Billing Review
 - [How to Resolve Missing Diagnosis Codes on Vimeo](#)
 - [How to Resolve Pending Billing for Additional Shift](#)
 - [How to Resolve Same Service on Same Day Must be on Invoice](#)
- Electronic Billing
 - [How to Create an E-Billing Batch](#)
 - [How to Search and Export Claim Batches](#)
- Resubmission
 - [How to Rebill](#)
- Webinar
 - [Billing Walkthrough Overview](#)
 - [Re-Billing Overview](#)



Questions?

THANKS FOR
ATTENDING!



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