

# Our Webinar Will Begin Shortly

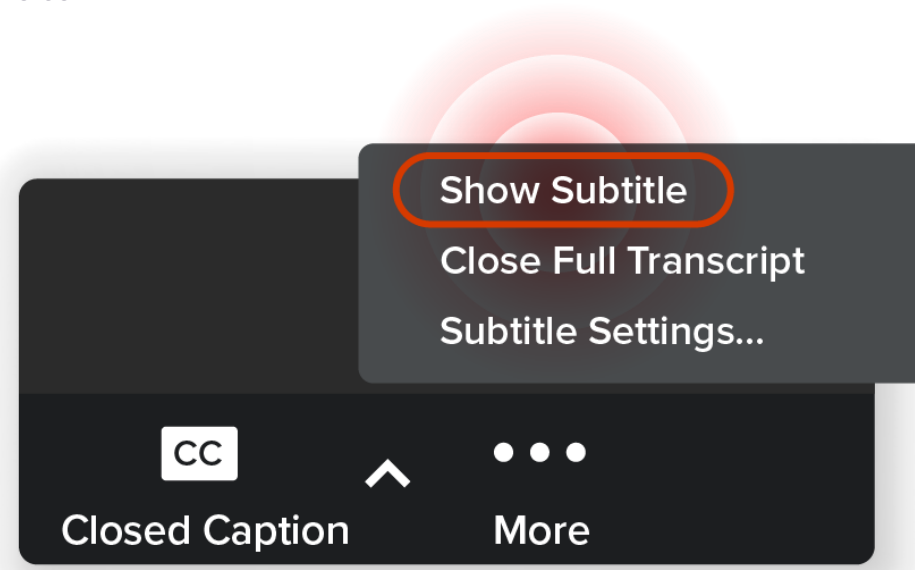
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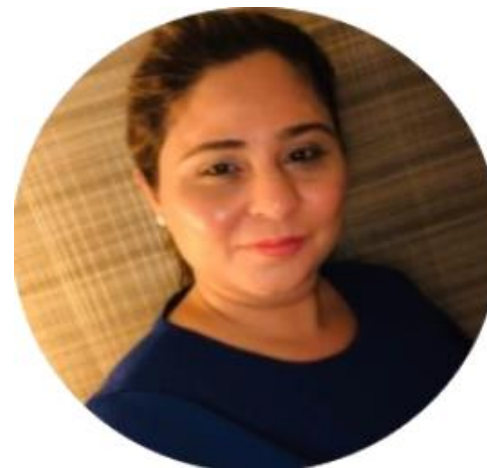




# Meet the Trainer!



- ❑ **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.



**Question:**

Which river runs along the western boarder 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



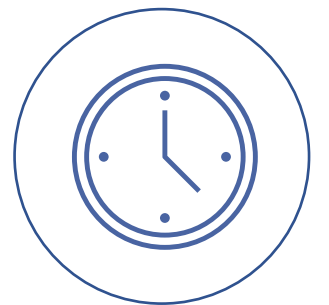
**Where**

Location  
of Service



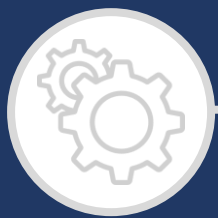
**When**

Date of  
Service



**When**

Time of  
Service



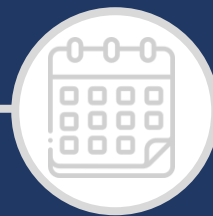
AGENCY  
CONFIGURATION



CAREGIVER  
MANAGEMENT



PATIENT  
MANAGEMENT



SCHEDULING



VISIT CAPTURE



VISIT  
VERIFICATION  
&  
MAINTENANCE



**BILLING**

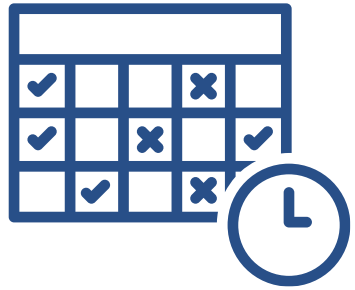


REPORTING  
&  
COMPLIANCE  
MONITORING

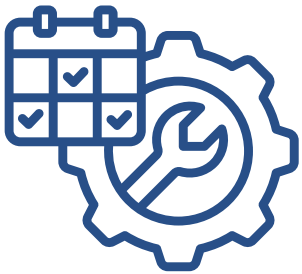


# Billing Overview

# Billing Workflow



Caregiver  
completes EVV



Provider  
manages visit  
maintenance



## Step 1 Prebilling

Prepare and  
verify data



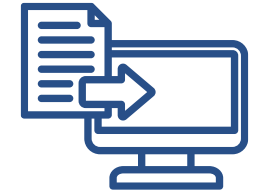
## Step 2 Invoicing

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.



# 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](#)

### TABLE OF CONTENTS

- OVERVIEW
  - MISSISSIPPI MANAGED CARE ORGANIZATIONS (MCOS)
  - TRAINING
  - OPEN HOURS / TALK TO A TRAINER
- MISSISSIPPI MANAGED CARE ORGANIZATIONS (MCOS)
- TRAINING
- OPEN HOURS / TALK TO A TRAINER
- CAREGIVER BULK IMPORT PROCESS
- FOB ASSIGNMENT PROCESS
- EDI PROCESS
- FREQUENTLY ASKED QUESTIONS
- SERVICES
- CONTACT

### 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)

HAExchange

HomeMemberService ProviderVisitActionBillingReportAdmin

00

Reference Table Management

Reference Table

Payer Healthcare Common Procedure Coding System (HCPCS)

View

Reference Table User Guide (PDF)

Healthcare Common Procedure Coding System (HCPCS)

DisciplineAll selected

PayerAll

Rate TypeAll

Search

Add Payer Healthcare Common Procedure Coding System (HCPCS)

Payer Services Results (46)

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

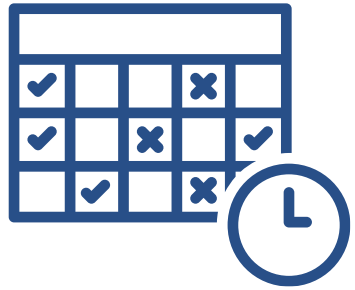
- MCO Billing includes only 2 steps:
  1. Prebilling
  2. Invoicing
- Further action Needed outside HHAeXchange!
- ✓ Provider need to bill outside HHAeXchange using a clearinghouse or payer portal to get paid.
- ✓ Visits must be imported and invoiced in HHAX prior to billing the MCO directly to ensure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



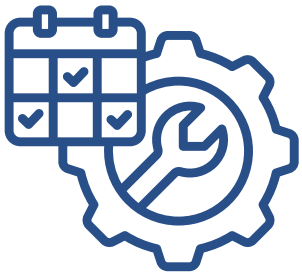


# Billing Workflow

# Billing Workflow



Caregiver  
completes EVV



Provider  
manages visit  
maintenance



**Step 1**  
**Prebilling**

Prepare and  
verify data



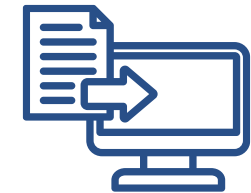
**Step 2**  
**Invoicing**

Generate an  
invoice



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

Review and  
finalize  
invoice



**Step 4**  
**eBilling**

Submit  
invoices  
electronically



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



# Step 1: Prebilling



## 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

HHAeXchange

Home

Beneficiary

Individual Provider

Visit

Action

Billing

Report

Admin

0

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	

**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.

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



What Have  
you Learned?



# Step 2: Invoicing



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  
All selected

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




**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.





# **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



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 3<sup>rd</sup> 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

SummaryDetail ⓘ

View Holds For

E-Billing ▼

On Hold Reason

Missing Physician NPI Number ▼

Group By

Payer ▼

Advanced Filters

Office

All selected ▼

Payer

All selected ▼

Beneficiary Last Name

Beneficiary First Name

Coordinator

All selected ▼

Batch Number

Invoice Number

Service Code

Invoice From Date

10/15/2024 📅

Invoice To Date

01/15/2025 📅

Visit From Date

mm/dd/yyyy 📅

Visit To Date

mm/dd/yyyy 📅

☐ Display Zero Results ⓘ

Search

Generate Report ⓘ

## 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		


## 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.



What Have  
you Learned?

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

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 achool

[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



# 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

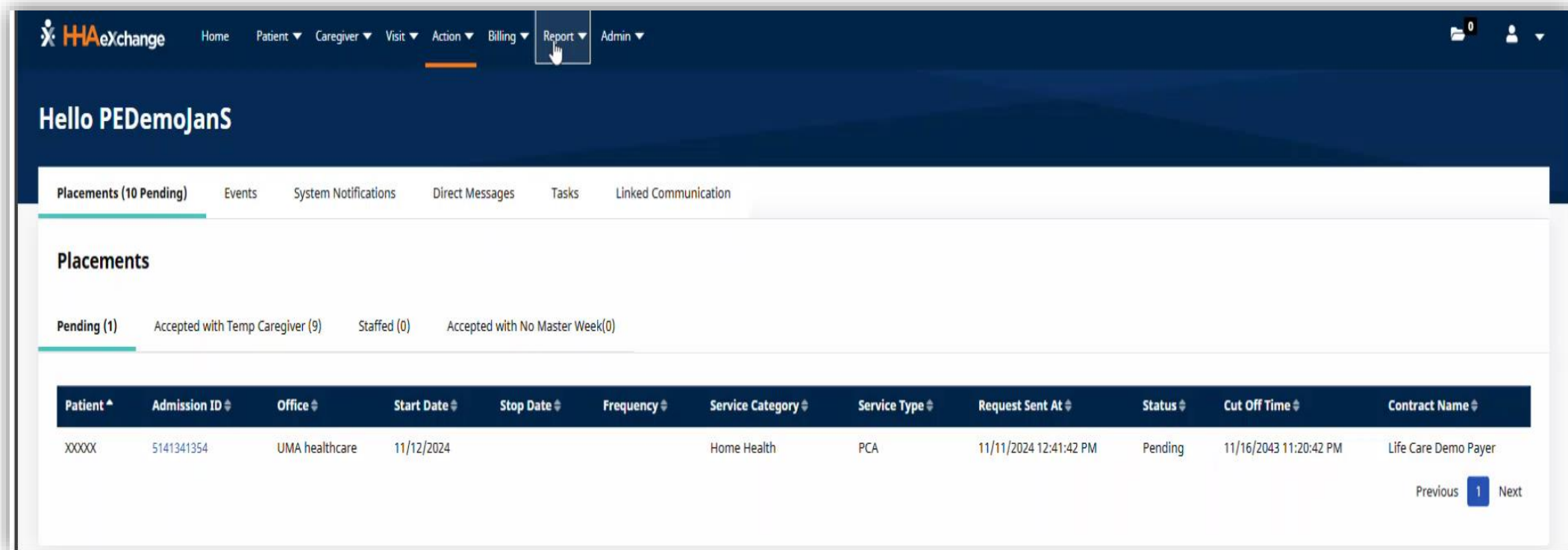


*The Claim Status will only update for linked contracts and visits that completed the E-billing step*

# 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 web application interface. The top navigation bar includes links for Home, Patient, Caregiver, Visit, Action, Billing, Report, and Admin. The 'Report' menu is highlighted. Below the navigation bar, a greeting 'Hello PEDemoJanS' is displayed. The main content area shows a tabbed interface with 'Placements (10 Pending)' selected. Under the 'Placements' section, there are filters for 'Pending (1)', 'Accepted with Temp Caregiver (9)', 'Staffed (0)', and 'Accepted with No Master Week(0)'. A table displays the placement details for the selected 'Pending' item.

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

Navigation: Previous 1 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.

## 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

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







# 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 #**

**Batch Creation Date Range**  
mm/dd/yyyy  - mm/dd/yyyy

**Claim Type**  
All

Search

Reset

Add Resubmit Claims

Add Original Claims

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



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 \*

☐ 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  
(-) HHMM

Travel Time Hours  
HHMM

Billed Hours  
4h 0m

Payroll Adj Hours  
(-) HHMM

Caregiver Name  
Testing Test

Employment Type  
PCA

Contract Service Code \*  
S5125

Rate Type  
Hourly

Caregiver Pay Code \*  
Non Payable

Billing Export Code  
S5125

Units per Hour/Daily/Visit \*  
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 ⇅
-----------	----------------	----------	--------------	-------------	-------------	--------------------	----------------	-------------------	----------	----------------	-----------------

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 & RefundsInvoicesBulk AdjustmentsE-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	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	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	Applied		--

<< < Page 1 of 1 > >>

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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

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





# 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



### 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

HomePatient▼Caregiver▼Visit▼Action▼Billing▼Report▼Admin▼

0

Hello achoo

Placements (9 Pending)EventsSystem NotificationsDirect MessagesTasksLinked 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 ^
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

Previous1Next

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

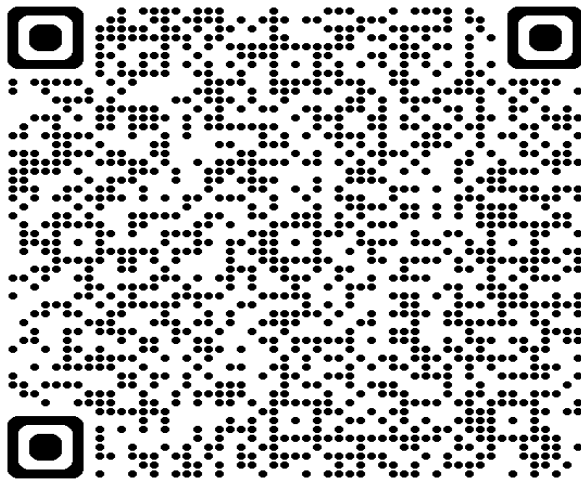
Enterprise 25.04.01 AWSWEB9 chrome 136 (Doc Chrome 136) 05/23/25 15:15 PM EST

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# Learning Management System (LMS)



Take our guided courses  
in our new LMS  
[HHAeXchange](#)  
[University](#)



[Home](#) [Resources](#) [My Learning](#) 

## Welcome to HHAeXchange University!

Brand new to HHAeXchange? Start by clicking [Register for an Onboarding Program](#) below.

To continue your progress, click [My Learning](#) in the top right corner.



### What would you like to do?



[Register for an  
Onboarding Program](#)

If you are new to HHAeXchange,



[Register for Annual  
Refresher Training](#)

Register for annual refresher



[View Course Catalog](#)

Browse all available training  
content




# 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](#)

### TABLE OF CONTENTS

- OVERVIEW
  - MISSISSIPPI MANAGED CARE ORGANIZATIONS (MCOS)
  - TRAINING
  - OPEN HOURS / TALK TO A TRAINER
- MISSISSIPPI MANAGED CARE ORGANIZATIONS (MCOS)
- TRAINING
- OPEN HOURS / TALK TO A TRAINER
- CAREGIVER BULK IMPORT PROCESS
- FOB ASSIGNMENT PROCESS
- EDI PROCESS
- FREQUENTLY ASKED QUESTIONS
- SERVICES
- CONTACT

### 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

[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	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	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	Applied		--

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Check out the [E-Remittance](#) page to apply the payment in HHAeXchange.



- 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.*