Our Webinar Will Begin Shortly

Accessibility Options

Enabling Closed Caption

- This webinar is being recorded. We will email the recording and slides after the session.

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- 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.
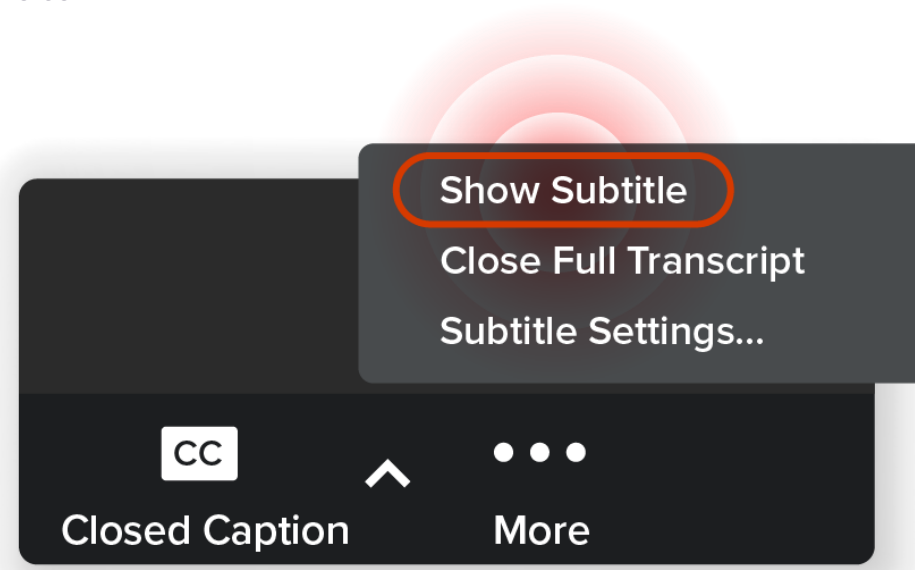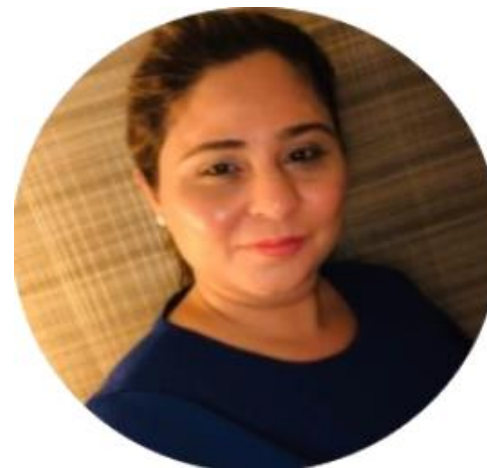
Meet the Trainer!

❑ **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

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

© 2026 HHAeXchange

EVV Lifecycle

6 Elements of a Cures Compliant Visit

Who
Member
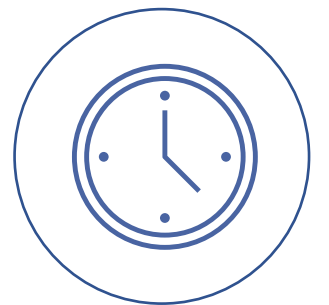
Who
Caregiver

What
Type of Service
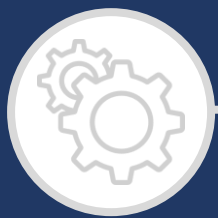
Where
Location of Service
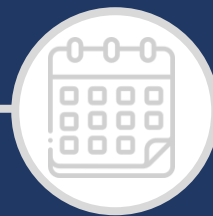
When
Date of Service

When
Time of Service

AGENCY CONFIGURATION

CAREGIVER MANAGEMENT

PATIENT MANAGEMENT

SCHEDULING
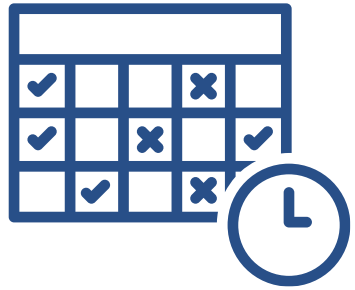
VISIT CAPTURE

VISIT VERIFICATION & MAINTENANCE

BILLING

REPORTING & COMPLIANCE MONITORING

Billing Overview

Billing Workflow
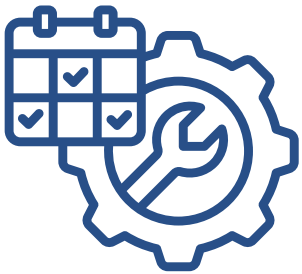
Caregiver completes EVV

+

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
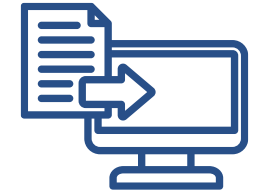
Step 4
eBilling

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

Mississippi Provider Information Center

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

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)

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
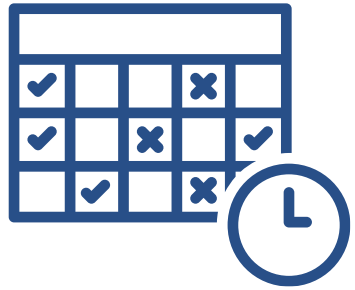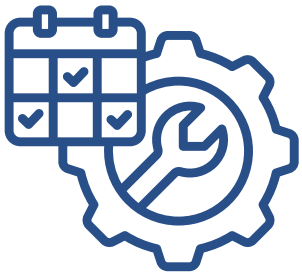
Caregiver completes EVV

+

Provider manages visit maintenance

Step 1
Prebilling

Prepare and verify data

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Generate an invoice

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Review and finalize invoice

Step 4
eBilling
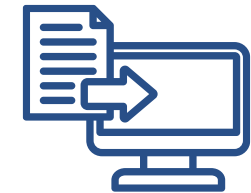
Submit invoices electronically

EDI (Alt EVV) Providers

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

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 <u>not compliant</u> and may result in denied claims*

Prebilling

📌 **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

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

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.

What Have you Learned?

⭐ **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 3rd party Alt EVV system before sending to HHAeXchange to avoid having to correct errors while billing

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.

What Have you Learned?

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

37

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

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

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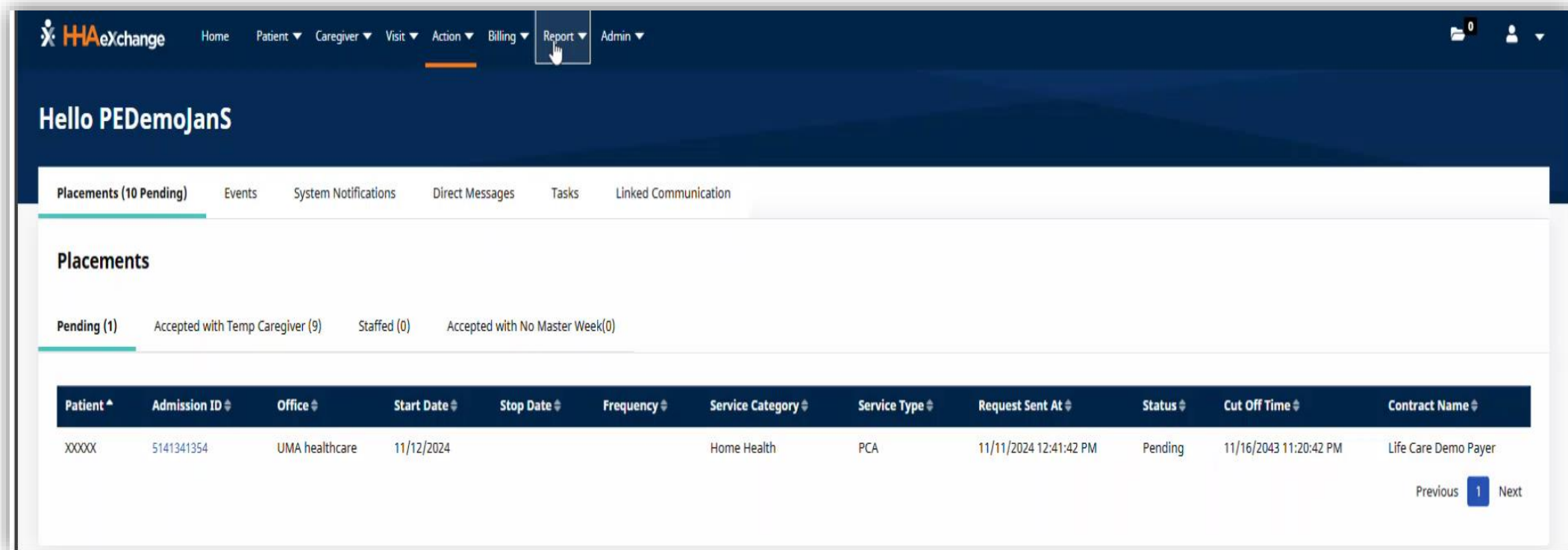
⚠️ *The Claim Status will only update for linked contracts and visits that completed the E-billing step*

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.

Claim Status Report

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
			H	I	J	K	L	M	N	O	T	U	V	X	Y
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.

What Have you Learned?

Resubmission

Resubmission

Steps: Billing > Electronic Billing > E-submission Batches > Add Resubmit 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 & Refunds   Invoices   Bulk Adjustments   **E-Remittances**

Search E-Remittances

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

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 > »   1 - 3 of 3   50 ▼   per page

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

HHAeXchange

Home   Member ▾   Service Provider ▾   Visit ▾   Action ▾   Billing ▾   Report ▾   Admin ▾

💬 0   📁 0   👤 ▾

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						

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.

Learning Management System (LMS)

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

Mississippi Provider Information Center

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

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

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

Date Range			Check Date Range	
02/01/2025	-	04/06/2025	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		--
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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   1 - 3 of 3   50 per page

🔔 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.