

Community HealthChoices: HHAeXchange Portal & Billing Questions

This chart reflects information provided by each CHC-MCO during the December 2017 HHAeXchange training sessions.

Question	AmeriHealth Caritas	PA Health & Wellness	UPMC
Are there other options for provider billing outside of the HHAX portal?	Providers may use AmeriHealth’s own portal, WebConnect, as a no-cost option to submit claims. Providers can also use their own clearinghouse vendor to submit claims using AmeriHealth’s payer ID: 77062.	PHW <i>strongly encourages</i> providers to use the portal. Providers may also submit paper claims to: PHW Claims Processing, P.O. Box 5070, Farmington, MO 63640.	All providers are required to use HHAX.
How will providers receive service authorizations during continuity of care (first 180 days)?	Files will be uploaded into the HHAX portal prior to Jan. 1. Providers do not need to “accept” these authorizations in the portal. However, they should review the information (units, services, demographics) to be sure it matches the info the agency has on file for that consumer.	Providers will receive a phone call from PHW, using the number listed on the agency’s PROMISe profile, with information about current service authorizations. Then, PHW will follow up with an email/fax copy of the auth. Once providers confirm the auth matches what they have for that consumer, PHW will upload the auth into the HHAX portal.	Files will be uploaded into the HHAX portal prior to Jan. 1. Providers do not need to “accept” these authorizations in the portal. However, they should review the information (units, services, demographics) to be sure it matches the info the agency has on file for that consumer.

<p>How will providers receive service authorizations for participants that <u>select their agency</u>? How long does a provider have to accept this type of authorization?</p>	<p>Service authorizations will appear in the HHAX portal's placement queue to be accepted by the provider. Providers must accept the placement within 24 hours (including weekend/evening hours) or AmeriHealth will send the authorization to the participant's second choice.</p>	<p>PHW will call providers to be sure they can accept the participant. Then, the authorization will be sent through the HHAX portal.</p>	<p>New authorizations or "referrals" will come through the portal and must be accepted by the provider within 2 hours. Providers may ask for additional time or deny the referral by communicating with UPMC through HHAX. Communications must include reasons for the delay or denial. The participant's service coordinator will resend the referrals at least 3 times before moving on to the participant's next choice.</p>
<p>How can providers receive referrals for participants that do <u>not choose an agency</u>? How long does a provider have to accept this type of referral?</p>	<p><i>AmeriHealth is still working on the details of this process with HHAX.</i> The plan is to "broadcast" referrals to providers that serve the participant's area and allow a certain amount of time for providers to accept the participant's case on a first-come basis.</p>	<p>PHW has not discussed any plans to "broadcast" referrals in this way.</p>	<p>Participants will be asked to select 3 agencies that will receive the "broadcast" referral through HHAX. These referrals will read "by broadcast" in the details section of the pending placement. The first provider to accept the placement through portal will receive the participant's authorization.</p>

<p>What is the length of service authorizations during continuity of care and afterward?</p>	<p>Continuity of care authorizations will end June 30, 2018. New authorizations will be for 90 days and issued on a rolling basis.</p>	<p>Both types of authorizations will be for one year. As new authorizations are created, they will be made available in HHAX within 24 hours.</p>	<p>Both types of authorizations will be for 6 months. However, authorizations will be described in HHAX in terms of weeks. For instance, 260 hours for 6 months will display as 10 hours per week. Authorized hours cannot be carried over from one week to another.</p>
<p>When communicating through the HHAX portal, what kind of turn around should providers expect for non-urgent notes? For notes marked urgent?</p>	<p>Non-urgent notes will receive a reply within 3 business days. Urgent notes will receive a reply within 1 business day.</p>	<p>Non-urgent notes will receive a reply within 72 hours (including weekends/evenings). Urgent notes will receive a reply within 24 hours.</p>	<p>Non-urgent notes will receive a reply within 3 business days. Urgent notes will receive a reply within 1 business day.</p>
<p>What is your preference for providers communicating through the portal vs. directly to the MCO?</p>	<p>To report concerns about a participant such as a change in condition or a mismatch in continuity of care service authorizations, call AmeriHealth directly at 1-800-521-6007. All other conversations can take place in the portal.</p>	<p>Providers should not use HHAX to communicate with the participant's service coordinator. Instead, call 1-844-626-6813 and select Option 2. For billing and provider-related concerns, choose Option 3. For reporting critical incidents, use 1-866-535-2545.</p>	<p>Providers are <i>strongly encouraged</i> to use the HHAX portal for all communication with UPMC. Other options for communicating with the service coordination team include 1-844-860-9302 and 1-844-881-4149.</p>

<p>Are homecare providers required to enter information about the duties performed during each home visit?</p>	<p>Recording duties is optional for homecare agencies. Service coordinators are required to note in the duties section whether their communication with the participant was in person, via phone or other.</p>	<p>Recording duties is optional for homecare agencies. Service coordinators are required to note in the duties section whether their communication with the participant was in person, via phone or other.</p>	<p>Recording duties is optional for homecare agencies. Service coordinators are required to note in the duties section whether their communication with the participant was in person, via phone or other.</p>
<p>Other details for providers</p>	<p>Providers can view additional information about the participant's care in the service details section of the authorization in HHAX. AmeriHealth will use an internal provider ID number for billing purposes. This number was distributed in the Welcome Letter that contracted agencies received. Service coordination services will initially be billed using HHAX but will transition to a different platform after a few months since service coordination will be considered an administrative service after continuity of care.</p>	<p>PHW will use the provider's tax ID number or Medicaid ID number to identify agencies for billing purposes. PHW's provider website will also give access to participants' service authorizations.</p>	<p>UPMC will be utilizing the "Plan of Care" function in HHAX to distribute details about the participant's care. Providers will see billing codes noted with "R1" or "R2" etc. to indicate which OLTL rating region the participant resides in for reimbursement purposes.</p>