



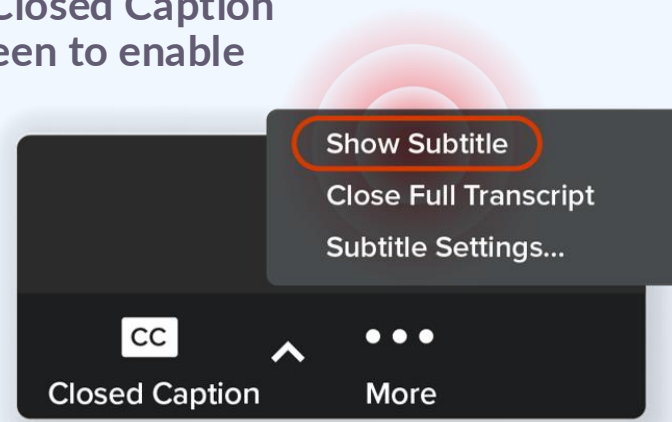
**Our Webinar Will
Begin Shortly**



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What's New in NY - Billing in HHAeXchange

October 2026

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speakers



Janny Sachani

Senior Training Specialist

Areas of Expertise

Provider education • Sponsored workflows • Revenue cycle readiness

Helping providers build confidence with HHAeXchange workflows and resources.

agenda



- Housekeeping
- Billing Overview
- Pre-Billing
- Invoicing
- Billing Review
- Electronic Billing
- Claim Status Report
- Resources & Support

Overview



This session provides an overview of the billing process, and the key steps providers must complete to prepare and successfully submit claims for payment.

Who should attend?

Agency Administrators, Office Managers, Staffs who manage Billing process.



➤ Objectives of Today's Webinar

You will be able to:

Identify key pre-billing and billing review steps to ensure claims are clean, complete, and compliant before submission

Demonstrate the ability to accurately generate and submit claims with confidence.

Analyze claim status and rejection reports to proactively address and prevent future denials.





Corresponding Terminology

Different names. Same meaning. One connected System.

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



Why it matters

Terminology may vary by payer, state, or program but the person and purpose remain the same.



Housekeeping

› What is Electronic Visit Verification?



EVV confirms service delivery through electronic clock-in and clock-out capture.



EVV helps ensure accurate documentation, support compliance, and improve care quality.



> Six Elements of a Cures Compliant Visit



Who

Patient



Who

Caregiver



What

Type of
Service



Where

Location
of
Service



When

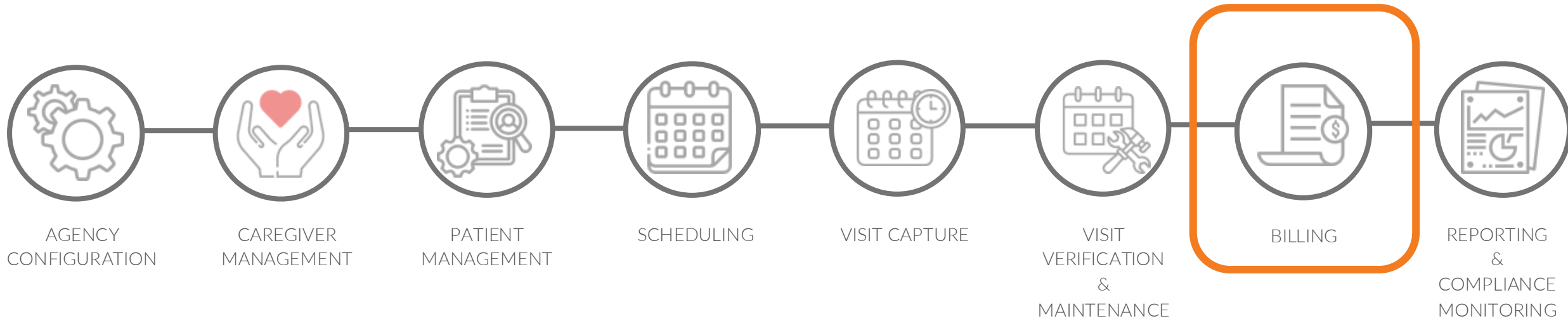
Date of
Service



When

Time of
Service

> EVV Tracker



> New York Billing Changes by Payer

Know your payer's effective date and use the right resources to prepare for billing changes.

Payer-Specific Dates

PREPARE BEFORE GO-LIVE

OCT 1,
2026

Hard billing edits effective Oct 1st

UnitedHealthcare Community
Plan of NY

**Bill through HHAeXchange starting
Oct. 1**

ArchCare Senior Living, Hamaspik
Managed Care, and VillageCareMAX

NOV 1,
2026

Hard billing edits effective Nov. 1st

Fidelis Care

**Bill through HHAeXchange starting
Nov. 1st**

Metro Plus

- Review your payer's billing requirements and effective date.
- Use the Billing & Claims Readiness Checklist to identify issues early.
- Resolve EVV and billing exceptions before submitting claims.
- Attend the NY billing training for end-to-end workflow guidance.



LATEST NY INFORMATION

[NY Information Center: dates, requirements & resources →](#)

> Caregiver Worker ID (NPI or HHA Registry Number)

Accurate caregiver registry data populates the 837 and helps prevent billing holds or rejections

WHERE THE ID FLOWS

CAREGIVER PROFILE > EMPLOYMENT INFORMATION

HHA/PCA Registry Number

12345678

Added/Checked Registry Date

10/01/2026



837

837 CLAIM

Rendering Provider ID • REF02 (G2)

PROVIDER ACTION

Enter and maintain the state-issued NPI or HHA Registry Number before billing for the caregiver.

Complete both fields Add the caregiver NPI or HHA Registry Number and the Added/Checked Registry Date on the caregiver profile.

Meet the NY deadline Correct caregiver IDs are expected on profiles and claims by October 1, 2026.

Linked contracts The rendering-provider setting is payer-controlled and automatically enabled.

Internal contracts Enable "E-Billing Config for Rendering Provider ID" under Admin > Contract Setup > Billing/Collections.

☐ Enable E-Billing Config for Rendering Provider ID ⓘ

HHA/PCA Registry Number

NYC Registry Checks on

09/11/2026

> Prebilling Hold: Caregiver Registry Number

Effective October 1, 2026 — United Healthcare and CenterLight PACE

IMPORTANT BILLING REMINDER

💡 Seeing More Prebilling Holds? This Might Be Why...



Starting **October 1**, some NY payers are requiring a **Caregiver Registry ID** number for each caregiver profile. 🚨 *Claims filed without this ID will be held in prebilling.*

If you see a jump in prebilling holds in your account, you may need to add Caregiver Registry IDs.

[+ Here's How to Add Caregiver Registry IDs](#)

PROVIDER ACTION

Review caregiver profiles now and add missing Registry Numbers before billing.



Linked Payer Setup

How the linked NY payer is managed in HHAeXchange



Payer Managed

The linked payer is managed by the payer.



Payer Sends Information

The payer sends Patient Placements & Authorizations into HHAeXchange.



Service Code Lists

Service Code lists are available and managed by the payer.



Rate / Dx Code

Rate and diagnosis code(s) are configured based on the payer setup.



Payer Managed

Payer sets up and manages the Rate / Dx Code.

OR



Provider Managed

Provider sets up and manages the Rate / Dx Code.



Note: Configuration may vary based on payer setup. Confirm details with your payer.



Billing Overview

> Revenue Cycle Overview

Six connected steps move each visit from patient intake to claim follow-up

REVENUE CYCLE FOUNDATION

Accurate reimbursement starts with complete data, verified visits, and clean claim information.



Complete intake

Patient, insurance, and authorization details are accurate.



Verified service

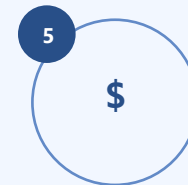
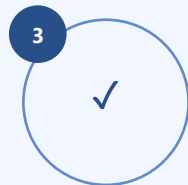
EVV and charge details match the care provided.



Clean claim data

Billing information is complete before submission.

REVENUE CYCLE JOURNEY



Patient Intake

Capture patient, insurance, and authorization details.

EVV / Charge Capture

Record the service and required billing information.

Claim Validation

Confirm that claim data is complete and accurate.

Claim Submission

Submit claims to the payer for reimbursement.

Remittance Posting

Record payer responses, denials, and payments.

Reporting / Follow-Up

Review results and determine the next action.

Each completed cycle creates the information needed to monitor performance and guide the next billing action.

> Billing Workflow

Clean, verified visit data moves through four steps before electronic submission

READY-TO-BILL CHECKPOINT

Confirm both visit readiness activities before starting Prebilling.



EVV is complete

The caregiver's clock-in and clock-out details are captured for the visit.



Visit Maintenance is complete

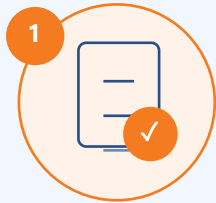
The provider reviews and resolves EVV and prebilling exceptions.



Ready to bill

The verified visit can enter Prebilling and continue to electronic submission.

BILLING JOURNEY



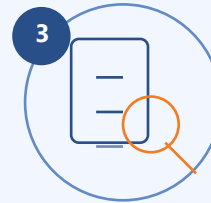
Prebilling

Prepare and verify data



Invoicing

Generate an invoice



Billing Review

Review and finalize



eBilling

Submit electronically

3

Prebilling



> Prebilling Overview

Prebilling verifies timesheets and authorizations before an invoice can be created

STEP 1 VISUAL



STEP 1

Billing > Prebilling

WHAT TO VERIFY

Purpose: prepare and verify visit data before creating an invoice.

Review timesheets Confirm caregiver clock-in, clock-out, and visit times are accurate.

Verify service authorizations Confirm authorized hours or units are available and allocated appropriately.

DEMO FOCUS

Follow the visit from exception identification through ready-to-invoice status.

Find the visit Filter Prebilling results to locate the affected record.

Review the problem Open visit details and identify the blocking exception.

Correct and confirm Save the correction and confirm the visit leaves Prebilling.

1
Prebilling

2
Invoicing

3
Billing Review

4
eBilling

Complete visit validation check before moving visits into invoice creation.

> Prebilling Exceptions

Three common visit issues must be resolved before invoicing can begin

COMMON PREBILLING PROBLEMS



Incomplete Confirmation

The visit is missing a clock-in and/or clock-out.



Unbalanced Visit

The caregiver clock-in falls outside the scheduled visit tolerance.



Not Authorized

Authorized hours are exceeded or no authorization is available.



[Open the Billing Knowledge Base →](#)

BILLING RULES

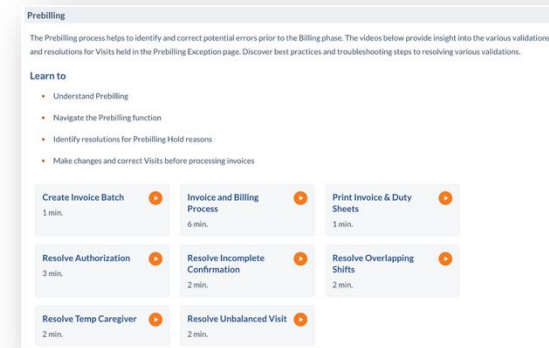
Visits that remain in Prebilling cannot be invoiced until their issues are corrected.

Caregiver Compliance does not prevent a visit from being invoiced.

Prebilling status does prevent invoicing while an exception remains unresolved.

Resolve early Review exceptions before the last day of the billing cycle.

Resources



Correct the visit exception before proceeding.

4

Invoicing



> Invoicing

Verified visits move into invoice creation once prebilling checks are complete

STEP 2 VISUAL



STEP 2

Billing > New Invoice (Internal)

1

Prebilling

2

Invoicing

3

Billing Review

4

eBilling

WHAT HAPPENS NEXT

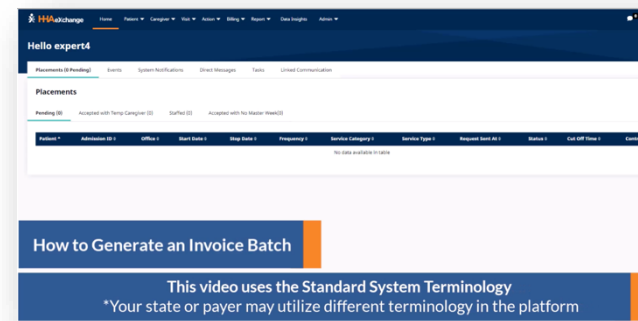
Invoicing converts verified visits into billable records for a selected period.

Choose the billing period Select the date range that should be included.

Select services Include the eligible visits and services for the invoice. Make sure all expected visits for the billing period are included.

Review the result Confirm billing codes, units, rates, and amounts are accurate.

Resources



Only verified, authorized visits should advance into invoice creation.

5

Billing Review



> Billing Review

Billing Review is the final quality gate before electronic submission

STEP 3 VISUAL



STEP 3

Billing > Billing Review

WHY THIS STEP MATTERS

Billing Review catches invoice-level issues before a claim is submitted.

Review problems Use the Problems column to identify errors or missing information.

Correct Resolve errors shown in the Problems column and make necessary adjustments.

Recheck status Verify the invoice is no longer held in Billing Review.

Resources

Billing Review

Billing Review is another exception page under Billing > Billing Review which checks visit information against export requirements specific to each Payer. If a visit violates a rule stipulated by a Payer, it is held at Billing Review until the error is corrected. Therefore, users are not able to print invoices or submit e-claims.



Treat Billing Review as a required quality-control step—not an optional check.

> Billing Review Exceptions

Three common invoice issues must be corrected before electronic submission

COMMON REVIEW PROBLEMS



Missing Diagnosis Code

The required billing diagnosis code is unavailable.



Pending Billing of Additional Shift on Same-Day

Only one visit was invoiced on a day with multiple visits.



Visits on the Same Day/Service code must be billed on Same Invoice

Related visits were not invoiced together during invoice creation.



[Open the Billing Knowledge Base →](#)

SUBMISSION RULES

Invoices held in Billing Review cannot be electronically submitted until the issues are corrected.

Diagnose the cause Use the Problems column to identify the exact invoice issue.

Return to the source Correct the invoice, visit, authorization, or contract data as needed.

Finalize again Confirm the corrected invoice is approved and finalized.

Resolve every Billing Review problem before creating an e-submission batch.

Prebilling > Invoicing > Billing Review

HomePatient ▾Caregiver ▾Visit ▾Action ▾Billing ▾Report ▾Admin ▾0

Hello PEDemoJanS

Placements (10 Pending)EventsSystem NotificationsDirect MessagesTasksLinked 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

Previous1Next

[Support Center](#) | UMA Healthcare (PE Training Use Only) [ID# N/A] | Cloud
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3



Electronic Billing



> Electronic Billing

Finalized invoices enter eBilling for electronic claim submission or export

STEP 4 VISUAL



STEP 4

Billing > Electronic Billing > E-Submission Batches

SUBMISSION PATHS

Purpose: submit invoices electronically, manage resubmissions, and send corrected claims.

Select Choose the visits that are ready for electronic submission.

Submit linked claims Send claims to the respective payer through the configured overnight process.

Resubmissions Rejected or corrected claims can be prepared and submitted again when required.

Choose the correct submission path for each contract before sending claims.

Linked contracts Claims are submitted electronically to the payer through the configured process.

Internal contracts A claim file is exported for upload to a clearinghouse or payer portal.

After submission, use claim-status reporting to monitor acceptance and rejections.

Electronic Billing



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

0

Hello PEDemoJanS

Placements (10 Pending)EventsSystem NotificationsDirect MessagesTasksLinked Communication

Placements

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3?



Claim Status Report

> Claim Status

After electronic submission, providers wait for the 999/277 response before taking further action

AFTER CLAIM SUBMISSION



WHERE TO VIEW THE RESPONSE

Once the 999/277 response is available, use either location to review the claim status.

Invoiced Visit Search Go to Billing > Invoice Search > By Visit.

Claim Status Report Go to Report > Billing > Claim Status Report.

Provider action begins after the payer response is available.

REVIEW → CORRECT → ANALYZE

Review: Identify accepted and rejected claims. Focus on items requiring action.

Correct: Investigate rejection reasons, correct the claim, and resubmit when needed.

Analyze: Monitor rejection trends and compare them with claim volume over time.

Placements (10 Pending)

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	11/16/2024 11:20:42 PM	Life Care Demo Payer

Previous 1 Next

Important: Claim Status updates only for linked contracts and visits that have completed the eBilling step.

Key Takeaways

Keep EVV accurate from capture through maintenance

01

4 Billing Steps

The Billing Process consists of 4 steps: Prebilling, Invoicing, Billing Review, and Electronic Billing

02

Use Visit Maintenance / Pre-Billing

Review and resolve exceptions, linking existing EVV records instead of recreating visits when appropriate. Correct visits in Prebilling before the billing cycle closes to improve invoice accuracy.

03

Monitor before billing

Billing Review is often overlooked, so it is recommended to check often for any visits held.

04

Electronic billing

Electronic submission is different depending on if the contract is linked or internal.





Resources & Support



NY Provider Info Center

Your go-to resource for payer-specific EVV and implementation guidance



Use the Provider Info Center to find:

- 1 Payer Requirements & Updates**
EVV requirements, implementation updates, and important deadlines.
- 2 Service Codes & Billing Guidance**
Service code information and resources to support setup and billing.
- 3 Training & Webinars**
Upcoming and on-demand training for key HHAeXchange workflows.
- 4 EVV / EDI Resources & FAQs**
Job aids, FAQs, EDI guidance, and implementation resources.

Bookmark the Provider Info Center for the latest updates and resources.

The screenshot shows the HHAeXchange Provider Info Center website. At the top, there's a navigation bar with links for Providers, Payers, Caregivers, Resources, and Company, along with a 'Request a Demo' button. Below the navigation bar, the title 'Provider Info Center' is displayed. A sub-header states: 'Homecare providers: here is your go-to source for the most up-to-date training, forms, EDI processes, FAQs, and contact information.' Below this, there's a search bar and a 'Filter by State' dropdown menu set to 'New York'. The main content area features five cards, each representing a different payer: Aetna, Teamcare, Elderplan Homefirst, VillageCareMAX, and VNS Health. Each card includes the payer's logo, name, and a 'Go to Info Hub' link.

Use the Provider Info Center to stay current as payer resources and training opportunities are updated.

Caregiver Worker ID

HHA/PCA Registry Number

Identify caregivers who may be missing a registry number — then update the caregiver profile.



Scan to open

1 FIND

Go to Reports > Caregiver > List of Caregivers (Ent).

Select the State Registry checkbox under Select Caregiver Employment Columns.

Select Print Excel to export the report.

2 REVIEW

Review the exported report to identify caregivers who may be missing an HHA/PCA Registry Number.

Use the report to determine which caregiver profiles may need to be updated.

3 UPDATE

Open the caregiver's profile.

Enter or update the value in the HHA/PCA Registry Number field.

HHA/PCA Registry Number

QUICK RESOURCE

HHAeXchange FAQ: [How do I add a Home Care Worker ID \(HHA/PCA Registry Number\)](#)

Use this article for the step-by-step process.

Getting Started: Billing & Claims Readiness Checklists

Your go-to resource for preparing visits, billing data, and workflows for accurate and timely claims submission



Use the checklist to prepare for accurate billing:

- 1 Confirm Visits Are Billing-Ready**
Review visits in Patient Calendar / Visit Maintenance or Prebilling and confirm required EVV conditions are met.
- 2 Review Visit Details**
Confirm visit date, time, duration, verification status, and billable status are accurate.
- 3 Identify Issues Before Billing**
Use the checklist to catch unresolved EVV or billing issues before they become claim rejections or rework.
- 4 Bill by Your Payer's Effective Date**
Use the applicable payer guidance and complete billing through HHAeXchange by the required date.



Getting Started: Billing & Claims Readiness Checklist

Use this checklist to prepare visits, billing data, and workflows for accurate and timely claims submission.



1. Confirm Visits Are Billing-Ready



Purpose: Ensures only verified and compliant visits flow into billing, reducing claim rejections and rework.

- ☐ Open the **Patient Calendar**
- ☐ Review visits in **Visit Maintenance / Prebilling**
- ☐ Confirm visits are in **Verified** or **Approved** status
- ☐ Ensure all **EVV requirements** are met (no unresolved EVV exceptions)
- ☐ Confirm **visit date, time, and duration** are accurate
- ☐ Validate visits are marked as **Billable**

Use the checklist before each billing cycle to identify and resolve issues before claims are submitted

Billing Resources

Three on-demand videos build billing confidence from fundamentals through claim resubmission

CONTINUE LEARNING

01

FOUNDATION

Revenue Cycle 101

Build a foundation for understanding the revenue cycle and how billing fits into the overall process.

 [WATCH VIDEO](#)

On-demand resource



02

WORKFLOW

General Billing Workflow

Review the general billing workflow in HHAeXchange and reinforce the key steps that support accurate billing.

 [WATCH VIDEO](#)

On-demand resource



03

RESOLUTION

Re-Billing Workflow

Learn how to correct rejected claims, document changes, and resubmit them for payer review

 [WATCH VIDEO](#)

On-demand resource



NEXT STEP: Start with Revenue Cycle 101, review the billing workflow, then use Re-Billing for corrections and resubmissions.

➤ Additional Resources

Keep these resources handy as you continue your HHAeXchange onboarding and caregiver readiness journey.

HHAeXchange University



- Self-paced online courses
- Agency training curriculum
- Mobile App training
- Scheduling, EVV, Billing & more

Use anytime you need a refresher or additional guidance.

university.hhaexchange.com

Provider Knowledge Base



- Search articles anytime
- Mobile App documentation
- Troubleshooting guides
- Step-by-step instructions

Use anytime you need a refresher or additional guidance.

knowledge.hhaexchange.com

Customer Training Events



- Upcoming live webinars
- Office Hours
- Bootcamps
- Product training sessions

Use anytime you need a refresher or additional guidance.

hhaexchange.com/training-events

Tip Bookmark these resources and share them with your team so they are easy to revisit during onboarding and day-to-day support.

Need Help?

We're here to help. Use the resources below based on your questions or needs.



Payer-Related Questions

Contact Your Payers Provider Relations Team

For questions related to payer requirements, participation, or payer-specific policies.

Reach out to your ArchCare, MetroPlus, VillagecareMax or Hamaspik Provider Relations team.



HHAeXchange Questions

Contact HHAeXchange Support

For questions related to onboarding, EVV, billing, technical support, or system functionality.

Submit a support request through the [Client Support Portal](#)



For payer-specific questions, contact your payer. For HHAeXchange questions, contact HHAeXchange Support.

thank you