

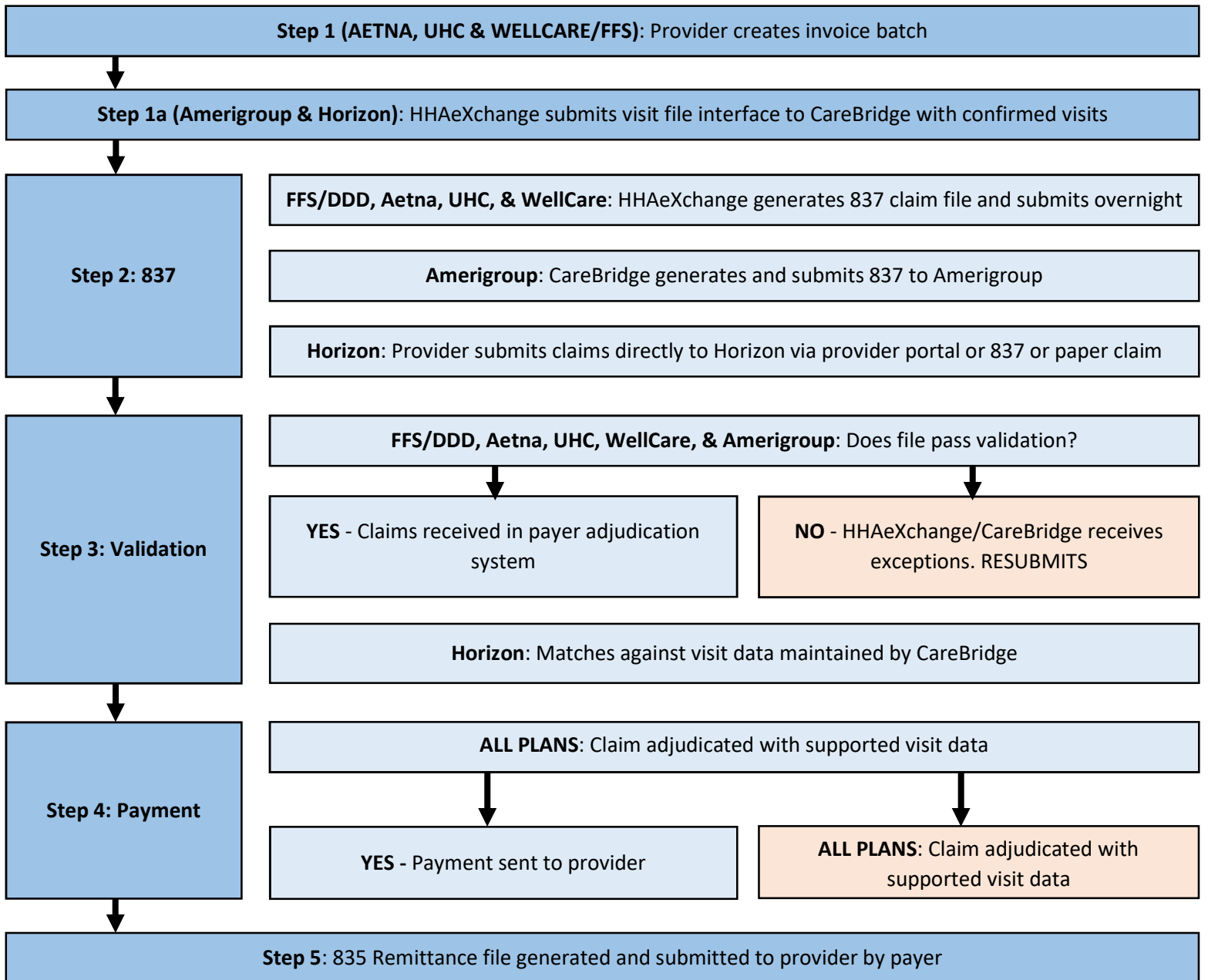
# EVV BILLING WORKFLOWS ALL PLANS/ALL SOLUTIONS

**WORKFLOWS APPLICABLE TO DDD:  
HHAEXCHANGE AND THIRD PARTY SOLUTIONS ONLY**

Provider's EVV Solution	NJ DMAHS FFS State Plan, Aetna, UHC, WellCare	Amerigroup	Horizon
<a href="#"><u>HHAExchange (HHAX)</u></a>	<ol style="list-style-type: none"> <li>1. Provider creates invoice batch (1 invoice # is 1 claim). Batch status: Pending</li> <li>2. HHAX generates 837 claim file and submits overnight</li> <li>3. Does file pass validation? → <b>YES</b> - Claims received in payer adjudication system → <b>NO</b> - Rejected 999/277 - HHAX receives exceptions. Corrects and resubmits claim with original claim information.</li> <li>4. Claim adjudicated and payment sent to provider</li> <li>5. 835 Remittance files generated and submitted to provider by payer</li> </ol>	<ol style="list-style-type: none"> <li>1. Provider creates invoice batch (1 invoice # is 1 claim). Batch status: Pending</li> <li>2. HHAX submits visit file interface to CareBridge with invoice number for visits to be billed</li> <li>3. CareBridge generates and submits 837 to Amerigroup</li> <li>4. Does file pass validation? → <b>YES</b> - Claims received in payer adjudication system → <b>NO</b> - Rejected 999/277 - CareBridge receives exceptions. Corrects and resubmits claim with original claim information</li> <li>5. Claim adjudicated and payment sent to provider</li> <li>6. 835 Remittance file generated and submitted to provider by payer</li> </ol>	<ol style="list-style-type: none"> <li>1. HHAX submits visit file interface to CareBridge with confirmed visits</li> <li>2. Provider submits claims directly to Horizon via provider portal or 837 or paper claim</li> <li>3. Horizon processes claim after matching against visit data maintained by CareBridge</li> <li>4. Does visit data support claim billed? → <b>YES</b> - Claim adjudicated and payment sent to provider → <b>NO</b> - Claim denial and EOB sent</li> <li>5. 835 Remittance file generated and submitted to provider by payer</li> </ol>
<a href="#"><u>CareBridge</u></a>	<ol style="list-style-type: none"> <li>1. Provider creates invoice batch (1 invoice # is 1 claim)</li> <li>2. CareBridge submits visit file interface to HHAX with invoice number for visits to be billed → One Invoice Per Member, Per Day, Per Service Code</li> <li>3. HHAX generates and submits 837 to payer overnight</li> <li>4. Does file pass validation? → <b>YES</b> - Claims received in payer adjudication system → <b>NO</b> - Rejected 999/277 - HHAX receives exceptions. Corrects and resubmits claim with original claim information.</li> <li>5. Claim adjudicated and payment sent to provider</li> <li>6. 835 Remittance file generated and submitted to provider by payer</li> </ol>	<ol style="list-style-type: none"> <li>1. Provider creates invoice batch in CareBridge system (1 invoice # is 1 claim)</li> <li>2. CareBridge generates 837 claim file and submits to Amerigroup</li> <li>3. Does file pass validation? → <b>YES</b> - Claims received in payer adjudication system → <b>NO</b> - Rejected 999/277 - CareBridge receives exceptions. Corrects and resubmits claim with original claim information</li> <li>4. Claim adjudicated and payment sent to provider</li> <li>5. 835 Remittance file generated and submitted to provider by payer</li> </ol>	<ol style="list-style-type: none"> <li>1. Provider schedules and confirms EVV compliant visits in CareBridge</li> <li>2. Provider submits claims directly to Horizon via provider portal or 837 or paper claim</li> <li>3. Horizon processes claim after matching against visit data maintained by CareBridge</li> <li>4. Does visit data support claim billed? → <b>YES</b> - Claim adjudicated and payment sent to provider → <b>NO</b> - Claim denial and EOB sent</li> <li>5. 835 Remittance file generated and submitted to provider by payer</li> </ol>
<a href="#"><u>3<sup>rd</sup> Party EVV &amp; Integrating with HHAExchange and CareBridge</u></a>	<ol style="list-style-type: none"> <li>1. Provider submits visits via HHAX API with visits flagged as billed – pass invoice number (1 invoice # is 1 claim) → One Invoice Per Member, Per Day, Per Service Code → Invoice number and Invoice Line-Item Id passed from EMR/EVV</li> <li>2. HHAX generates 837 claim file and submits overnight</li> <li>3. Does file pass validation? → <b>YES</b> - Claims received in payer adjudication system → <b>NO</b> - Rejected 999/277 - HHAX receives exceptions. Corrects and resubmits claim with original claim information.</li> <li>4. Claim adjudicated and payment sent to provider</li> <li>5. 835 Remittance file generated and submitted to provider by payer</li> </ol>	<ol style="list-style-type: none"> <li>1. Provider submits visit file interface to CareBridge with visits flagged as billed → Invoice number is passed from EVV/EMR (1 invoice # is 1 claim)</li> <li>2. CareBridge generates and submits 837 to Amerigroup</li> <li>3. Does file pass validation? → <b>YES</b> - Claims received in payer adjudication system → <b>NO</b> - Rejected 999/277 - CareBridge receives exceptions. Corrects and resubmits claim with original claim information</li> <li>4. Claim adjudicated and payment sent to provider</li> <li>5. 835 Remittance file generated and submitted to provider by payer</li> </ol>	<ol style="list-style-type: none"> <li>1. Provider submits visit file interface to CareBridge with confirmed visits</li> <li>2. Provider submits claims directly to Horizon via provider portal or 837 or paper claim</li> <li>3. Horizon processes claim after matching against visit data maintained by CareBridge</li> <li>4. Does visit data support claim billed? → <b>YES</b> - Claim adjudicated and payment sent to provider → <b>NO</b> - Claim denial and EOB sent</li> <li>5. 835 Remittance file generated and submitted to provider by payer</li> </ol>

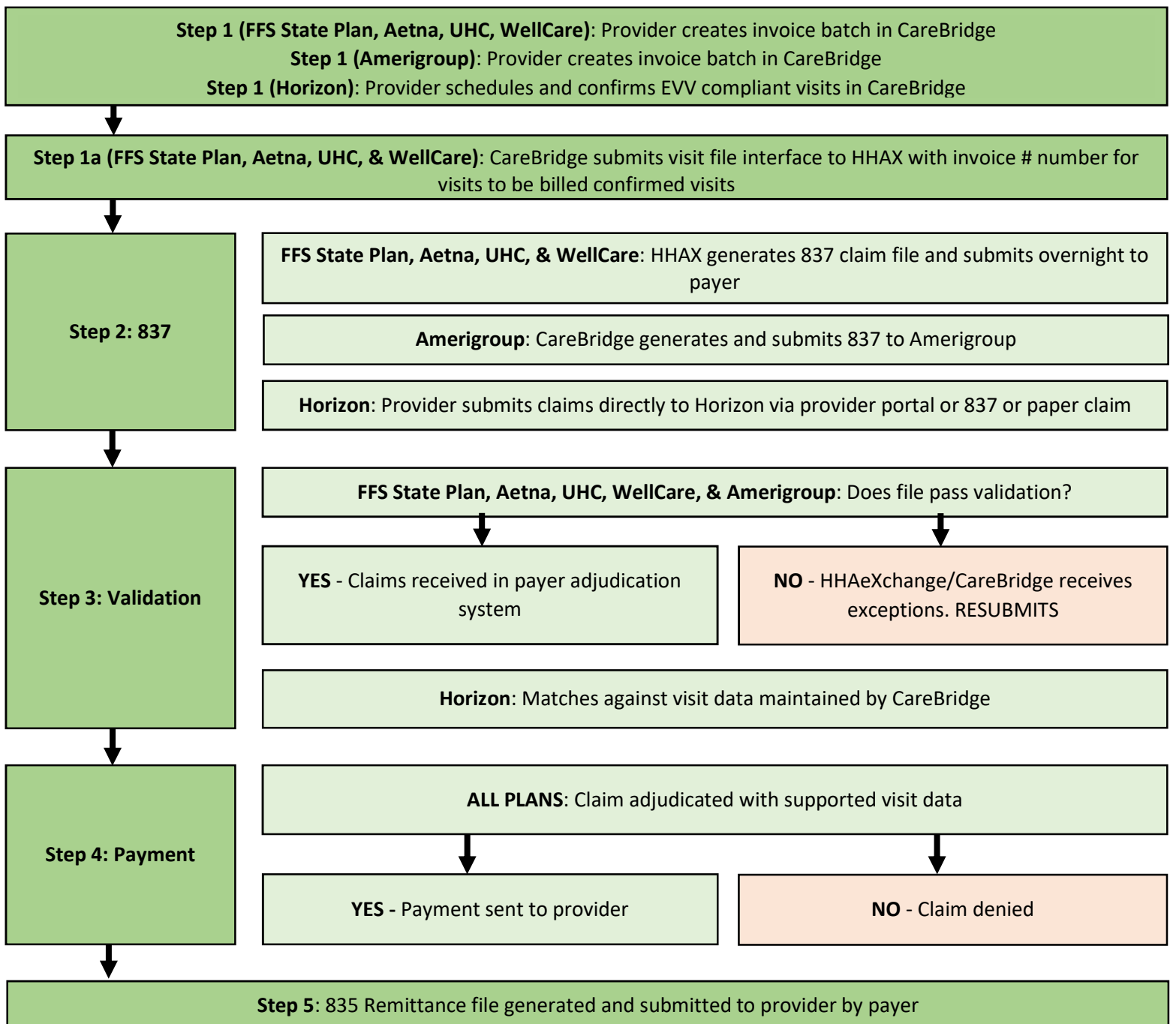
PROVIDERS USING HHAExchange						
<b>FFS/DDD, Aetna, UHC, WellCare</b>	Provider creates invoice batch (1 invoice # is 1 claim). Batch status: Pending		HHAX generates 837 claim file and submits overnight	Does file pass validation? <b>YES</b> - Claims received in payer adjudication system <b>NO</b> - Rejected 999/277 - HHAX receives exceptions. Corrects and resubmits claim with original claim information.	Claim adjudicated and payment sent to provider	835 Remittance files generated and submitted to provider by payer
<b>Amerigroup</b>	Provider creates invoice batch (1 invoice # is 1 claim). Batch status: Pending	HHAX submits visit file interface to CareBridge with invoice number for visits to be billed	CareBridge generates and submits 837 to Amerigroup	Does file pass validation? <b>YES</b> - Claims received in payer adjudication system <b>NO</b> - Rejected 999/277 - CareBridge receives exceptions. Corrects and resubmits claim with original claim information.	Claim adjudicated and payment sent to provider	835 Remittance file generated and submitted to provider by payer
<b>Horizon</b>	Provider schedules and confirms visits in HHAX	HHAX submits visit file interface to CareBridge with confirmed visits	Provider submits claims directly to Horizon via provider portal or 837 or paper claim	Horizon processes claim after matching against visit data maintained by CareBridge	Does visit data support claim billed? <b>YES</b> - Claim adjudicated and payment sent to provider <b>NO</b> - Claim denial and EOB sent	835 Remittance file generated and submitted to provider by payer

**PROCESS FLOW: PROVIDERS USING HHAExchange**



PROVIDERS USING CAREBRIDGE						
<b>FFS State Plan, Aetna, UHC, WellCare</b>	Provider creates invoice batch (1 invoice # is 1 claim)	HHAX submits visit file interface to CareBridge with invoice number for visits to be billed  One Invoice Per Member, Per Day, Per Service Code – could vary by payer	HHAX generates 837 claim file and submits to CareBridge	Does file pass validation? <b>YES</b> - Claims received in payer adjudication system <b>NO</b> - Rejected 999/277 - HHAX receives exceptions. Corrects and resubmits claim with original claim information.	Claim adjudicated and payment sent to provider	835 Remittance files generated and submitted to provider by pay
<b>Amerigroup</b>	Provider creates invoice batch in CareBridge system (1 invoice # is 1 claim)		CareBridge generates and submits 837 to Amerigroup	Does file pass validation? <b>YES</b> - Claims received in payer adjudication system <b>NO</b> - Rejected 999/277 - CareBridge receives exceptions. Corrects and resubmits claim with original claim information.	Claim adjudicated and payment sent to provider	835 Remittance file generated and submitted to provider by payer
<b>Horizon</b>	Provider schedules and confirms EVV compliant visits in CareBridge		Provider submits claims directly to Horizon via provider portal or 837 or paper claim	Horizon processes claim after matching against visit data maintained by CareBridge	Does visit data support claim billed? <b>YES</b> - Claim adjudicated and payment sent to provider <b>NO</b> - Claim denial and EOB sent	835 Remittance file generated and submitted to provider by payer

**PROCESS FLOW: PROVIDERS USING CAREBRIDGE**



**PROVIDERS USING 3<sup>RD</sup> PARTY and Integrating with HHAExchange through/and CareBridge**

<b>FFS/DDD, Aetna, UHC, WellCare</b>	Provider submits visits via HHAX API with visits flagged as billed – pass invoice number (1 invoice # is 1 claim)	a. One Invoice Per Member, Per Day, Per Service Code – could vary by payer b. Invoice number and Invoice Line-Item Id passed from EMR/EVV	HHAX generates 837 claim file and submits overnight	Does file pass validation? <b>YES</b> - Claims received in payer adjudication system <b>NO</b> - Rejected 999/277 - HHAX receives exceptions. Corrects and resubmits claim with original claim information.	Claim adjudicated and payment sent to provider	835 Remittance files generated and submitted to provider by pay
<b>Amerigroup</b>	Provider submits visit file interface to CareBridge OR visit data to HHAX via NO WRONG DOOR  Invoice number is passed from EVV/EMR (1 invoice # is 1 claim)	<b>2a:</b> Submitted via NO WRONG DOOR: CareBridge log in to bill for EVV compliant visits  <b>2b:</b> Direct integration with CareBridge: Flag visits as billed on the visit file interface	CareBridge generates and submits 837 to Amerigroup	Does file pass validation? <b>YES</b> - Claims received in payer adjudication system <b>NO</b> - Rejected 999/277 - CareBridge receives exceptions. Corrects and resubmits claim with original claim information.	Claim adjudicated and payment sent to provider	835 Remittance file generated and submitted to provider by payer
<b>Horizon</b>	Provider submits visit file interface to CareBridge with confirmed visits		Provider submits claims directly to Horizon via provider portal or 837 or paper claim	Horizon processes claim after matching against visit data maintained by CareBridge	Does visit data support claim billed? <b>YES</b> - Claim adjudicated and payment sent to provider <b>NO</b> - Claim denial and EOB sent	835 Remittance file generated and submitted to provider by payer

**PROCESS FLOW: PROVIDERS USING 3<sup>RD</sup> PARTY and Integrating with HHAExchange through/and CareBridge**

