Our Webinar Will Begin Shortly

Accessibility Options

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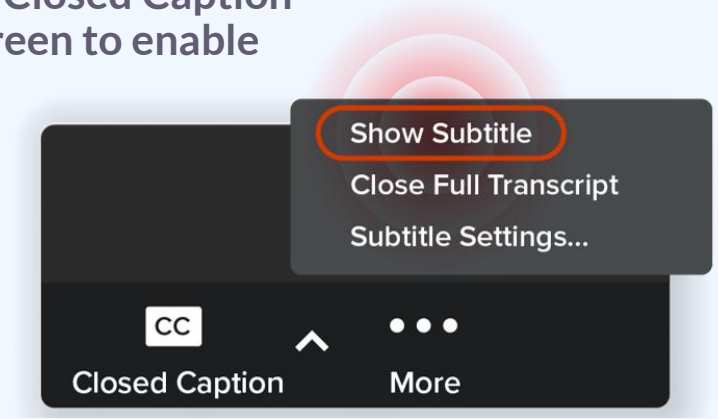
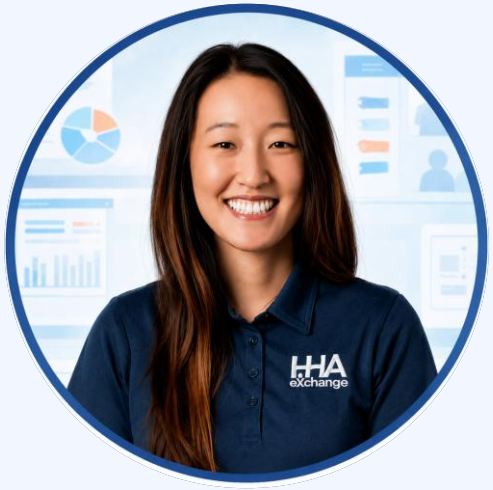


NY Getting Started: **Enterprise Provider Contract Management**

September 2026

speakers



Ashley Cho

Role: Sr Training Specialist

Tenure: 5 years

Areas of Expertise: Billing and Revenue Cycle

agenda

- EVV Overview
- Contract Management
- Manage your Patients
- Caregiver Management & Mobile App
- Prepare for Your Next Steps
- Resources & Support
- Questions?

Overview & Who Is This Webinar For?

This session provides a high-level overview of the upcoming payer implementation and introduces the key steps for getting started with HHAeXchange. Providers will review EVV basics, patient and caregiver management, how to merge patient profiles, initial setup, key resources, and next steps to prepare for the implementation.

Who should attend?

1

Enterprise Providers

Providers using the paid Enterprise HHAeXchange portal.

Agency Administrators, Office Managers, Scheduling Coordinators, Billing Managers and other provider stakeholders.

Objectives of Today's Webinar

You will be able to:

Understand EVV basics and how HHAeXchange supports the NY payer implementation.

Navigate key contract and patient workflows, including patient placements and bulk patient merge

Review patient and caregiver management to support scheduling and EVV readiness.

Identify your next steps and resources for continued training and implementation support.

EVV Overview

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

What Makes a Visit Non-Compliant?

🔎 WHAT IT MEANS

A visit is non-compliant when required EVV data is missing, incorrect, or does not align with the scheduled visit.

🚩 HOW IT'S IDENTIFIED

In HHAeXchange, non-compliant visits are flagged as **EVV Exceptions** for review and correction.

⚠ WHY IT MATTERS

- Non-compliant visits can:
- Delay billing
- Trigger additional review
- Require manual corrections
- Increase audit risk

🚨 COMMON EVV EXCEPTIONS:

❌ No EVV captured 📍 Location mismatch ⏰ Missing clock-in/out 🔗 Not linked to schedule ➖ Manual confirmation used

EVV Compliance: From Risk to Control

What creates EVV risk — and what reduces it

What creates EVV risk:	What reduces EVV risk:
Gaps in setup, scheduling, or caregiver readiness	Intentional setup before visits begin
Misalignment between visits, services, and authorizations	Consistent scheduling and service alignment
Inconsistent EVV capture across similar visits	Clear standards for how EVV is captured and reviewed
Manual confirmations may require additional review	Complete, accurate, electronically captured EVV data
Data inconsistencies can delay prebilling and claims processing	Ongoing monitoring and audit/readiness review

Prevent issues early: setup → capture → review → readiness

Contract Management

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 Lists

Service 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.

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.

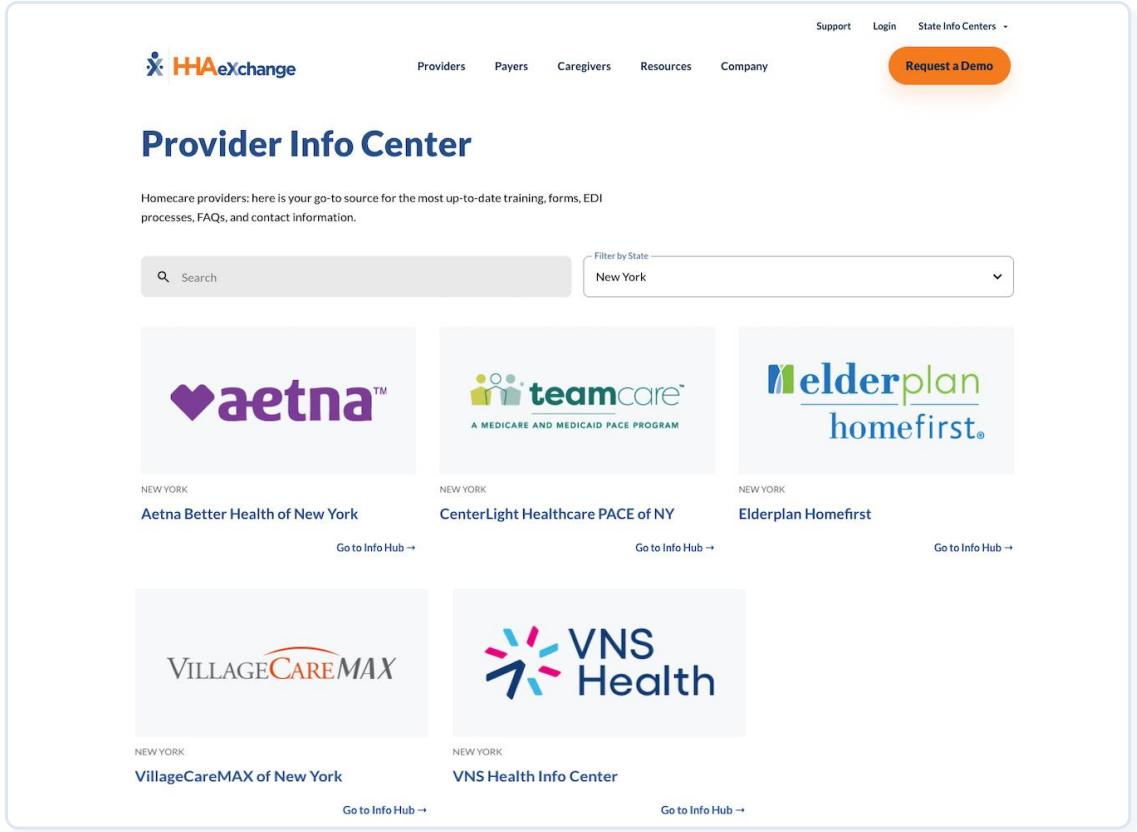
3. **Training & Webinars**

   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.



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

Agency & Office Setup Check

Before you begin scheduling and EVV workflows, take a few minutes to review your agency and office settings.

1 Review Agency Profile

Confirm your agency-level information and structure are current.

- Agency name and general information
- Internal structure and applicable restrictions
- Confirm key agency details before moving forward

Admin Agency Profile Overview

2 Review Office Setup (for Multi-Office Agencies)

If your agency has multiple offices, review each office separately.

- Office name, code, grouping, and status
- Scheduling and EVV/mobile settings
- Office address and other applicable details

Review Office Setup

3 Confirm Before You Start

Use this review as a readiness check before scheduling and EVV activity.

- Correct users are tied to the appropriate office
- Review settings after any updates
- Save changes after making updates

Quick check: Review your Agency Profile first. If you have multiple offices, review each Office Setup before continuing.

Manage Your Patients

Patient Placement

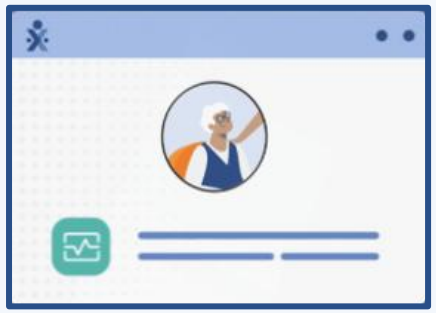
How a payer placement flows into HHAeXchange

For a linked payer, the payer sends the patient placement to HHAeXchange, where it is received and made available to the provider.

1 Payer Sends Placement

Patient placement and authorization information is sent by the payer.

2 HHAeXchange Receives Placement



The placement is received in HHAeXchange and associated with the member profile.

3 Provider Accesses Placement

The placement becomes available to the provider through the HHAeXchange Provider Portal.

Key takeaway: Linked payer placements originate with the payer and flow into HHAeXchange for provider access.

Patient Placement: Single Office

What happens when your agency has only one office?

Single office? Placements can be automatically accepted.

No office selection is needed during placement acceptance.

1. Placement arrives

The payer sends the patient placement into HHAeXchange.

2. Placement is automatically accepted

With only one office, the placement is automatically accepted for your agency.

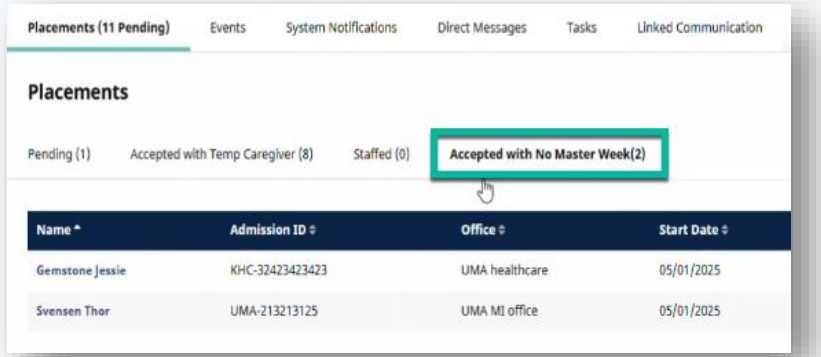
3. Review in Accepted with No Master Week

Open the Accepted with No Master Week tab to confirm the placement is available for follow-up.

Quick check

Look for the placement here:

Accepted with No Master Week



Provider tip: With a single office, focus your review on the placement status and follow-up—not office assignment.

Patient Placement: Multiple Offices

When your agency has more than one office, review the placement and assign the correct office before accepting.

1 Open Pending Placements

Go to the Placements tab and select Pending to view placements awaiting action.

2 Review & Assign Office

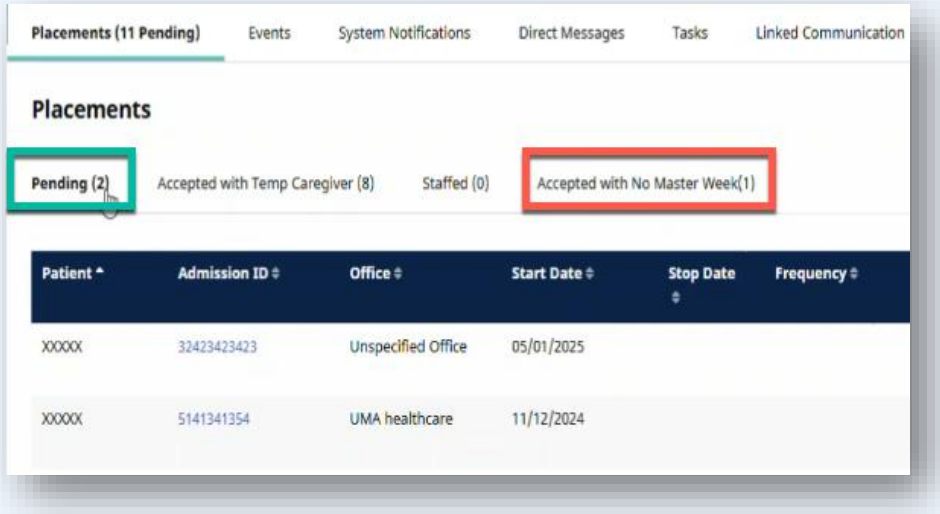
Open the Admission ID, review the placement details, and select the correct office and coordinator.

3 Accept the Placement

Confirm the assignment, then select Accept. The placement moves out of Pending.

What should you look for?

- Correct patient and admission
- Correct office
- Correct coordinator
- Appropriate start / stop dates
- Payer / contract information



Provider Tip

For multiple offices, select the correct office and coordinator before accepting the placement. Then use Accepted with No Master Week to confirm it is available for follow-up.

Single-office reminder: placements may be automatically accepted; review Accepted with No Master Week to confirm the placement is available for follow-up.

Hello georgem

Placements (11 Pending) | Events | System Notifications | Direct Messages | Tasks | Linked Communication

Placements

Pending (2) | Accepted with Temp Caregiver (8) | Staffed (0) | Accepted with No Master Week(1)

Patient	Admission ID	Office	Start Date	Stop Date	Frequency	Service Category	Service Type	Request Sent At	Status	Cut Off Time	Contract Name
XXXXX	32423423423	Unspecified Office	05/01/2025			Home Health	PCA	5/15/2025 1:09:05 PM (Eastern)	Pending(Broadcast)	5/15/2025 3:09:05 PM (Eastern)	Life Care Demo Payer
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

Payer Authorization

What providers should know about authorizations on linked contracts

Payer-controlled authorization • Linked contract authorization details are generally read-only for providers.

What You Can Review

- Auth. # and contract
- Effective dates
- Discipline & service code
- Max & remaining authorization / allocation details

What You Can't Edit

- Payer-supplied authorization values
- Most authorization fields on linked contracts
- Billing diagnosis codes from the payer (Vary by payer)
- Changes must come from the payer

If the Payer Changes It

- Updated details appear on the provider platform
- Review the updated authorization before scheduling/billing
- Use the latest payer-supplied information

Provider tip: Use the Auth/Orders page to review authorization details and units. If an authorization needs to change, confirm the change with the payer.

Bulk Patient Merge

Instead of merging one by one, linked patient records can be merged into internal patient records.

Purpose:

- Merges multiple existing internal patient records with the new linked patient record.
- Reduces manual one-by-one patient merges.
- Supports efficient payer Go-Live transitions

Why It Matters:

- Saves significant administrative time.
- Ensures patient history remains intact.
- Helps organizations transition large patient populations accurately.

Provider Managed Providers have control over which internal patient records get merged and several other items

Before You Begin Checklist

Complete or review these items before beginning to ensure the process is performed seamlessly.

What To Do:

- **Accept linked patient placements** – patients won't show unless this has been completed
- **Confirm Go-Live date of each NY payer** – this will determine discharge dates and master week effective dates
- **Prepare service code mapping** – internally created service codes may not exactly match the linked ones
- **Reserve uninterrupted time to complete process** – there is no save-and-resume, it must be done in one sitting
- **Confirm who has permissions for merging** – this process is permission based – check the Action menu for "Bulk Patient Merge"

Note: Accepting linked patient placements is crucial to beginning the bulk merge processes otherwise a merge cannot happen with the internal record.

Bulk Patient Merge: Process Overview

The 4-Step Process

0 Accept Linked Patient Placements (Required First)

Linked patient placements must be accepted in order for profiles to show up for merging. Please reach out to your payer if you do not see your linked patients.

1 Select Patient Profiles to Merge

Look through suggested patient matches and select records based off match confidence indicators.

2 Configure Post-Merge Items

Items such as diagnosis codes, internal contract discharge date, authorization end dates, and master weeks are reviewed.

3 Review & Submit

After reviewing the records for accuracy, this is where they are acknowledged and submitted for the job to run.

4 Monitor Job History

The Job History is visible to show progress and show records in a Submitted, Completed, and Completed with Errors status.

Provider tip: Perform the bulk patient merge before your linked patient's authorization start date so that you are able to perform services as soon as possible.

Step 1: Select Patients to Merge

Complete or review these items before beginning to ensure the process is performed seamlessly.

Match Review • The below items are how patient records are identified, flagged, and matched.

How matches are identified

- Medicaid ID
- Social Security Number (SSN)
- First Name + Last Name + Date of Birth
- Matches are assigned a “Match & Confidence” status

Parent vs Child Records

- The existing internal patient record becomes the **PARENT** record and keeps all historical data
- The new linked patient record becomes the **CHILD** record and is added onto the parent
- The linked record will always merge into the internal record for data integrity

Duplicate Records

- If there are multiple internal patient records that could match the linked one, it will be flagged as “Duplicate Record”
- Only two records can be merged at a time
- Review each flagged pair and select the correct internal record to merge

Office Migration

- If your records are in different offices, it will be flagged with a “Office Migration Required”
- Merged patients must belong to the same office
- By default, the system moves the merged record to the office of the internal (parent) record

Provider tip: Providers should merge patient records as accurately as possible and remember that only two records can be matched at a time.

Step 1: Select Patients to Merge (Visual)

Action > Bulk Patient Merge

Action > Bulk Patient Merge

1

Match Identifiers

The criteria for how matches are made and how high the Match confidence is.

2

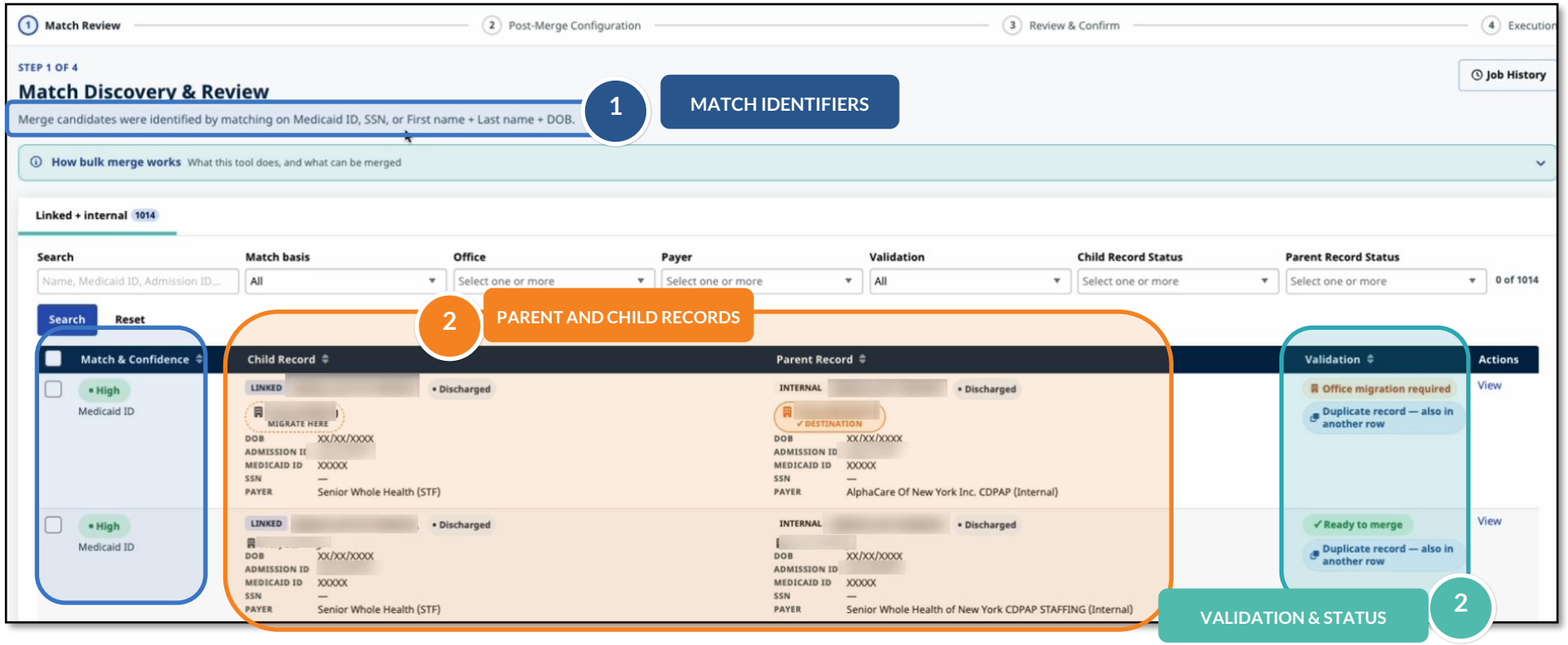
Parent and Child Records

Child = Internal record
Parent = Linked record

3

Validation & Status

Is Office Migration required? Is it a Duplicate Record? Is it ready to merge?

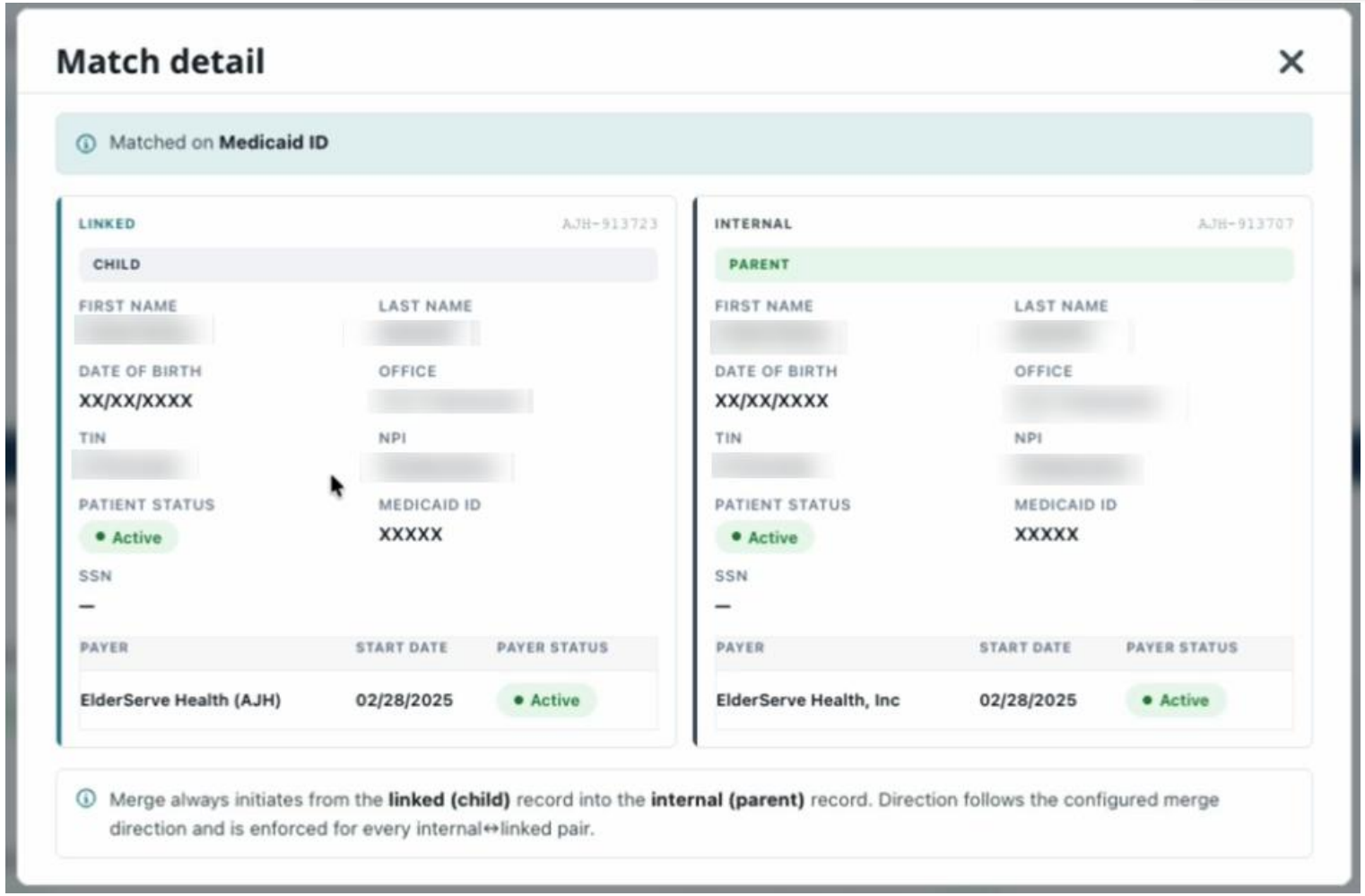


Step 1: Select Patients to Merge (Visual)

Clicking “View” gives you additional details

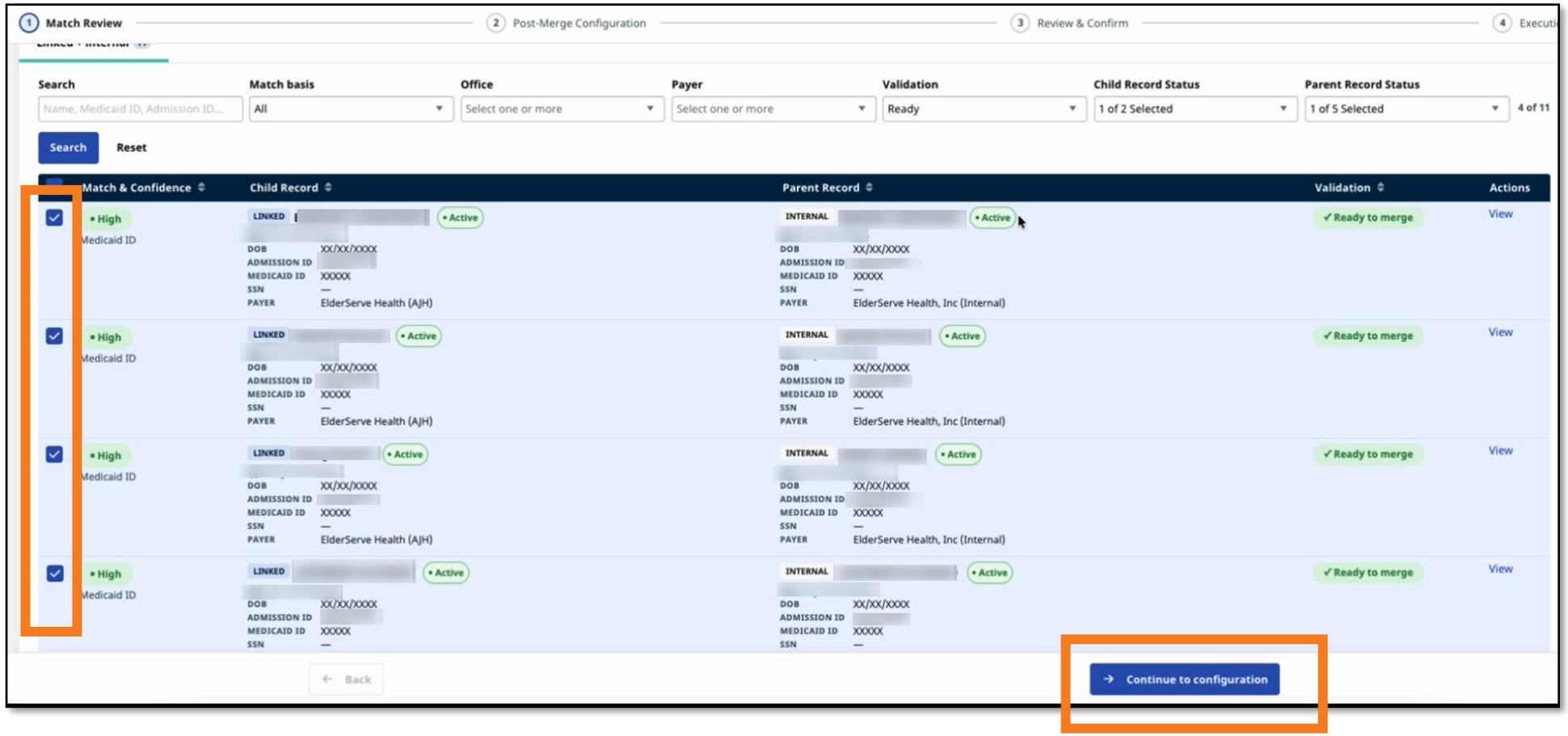
Open up additional details by clicking on the “View” option to the right of every record match.

Ensure all details match as much as possible before proceeding with the merge.



Step 1: Select Patients to Merge (Finalization)

Complete or review these items before beginning to ensure the process is performed seamlessly.



1. Once reviewed, select the record matches you would like to merge.

2. Select “Continue to configuration” to complete this step.

Step 2: Post-Merge Configuration

Optional configuration updates to make transitioning to the linked contract smoother.

Copy Diagnosis Code

Copy the same diagnosis code from the internal patient to the new linked patient.

Discharge the Internal Contract

Set the internal patient's discharge date and reason code since you'll be using the linked contract going forward.

End Date Authorizations

Set an end date on the internal contract authorizations – we recommend using the same discharge date.

Update Master Weeks

Use the same master week schedule, just update the "From Date", Primary Bill To and Service Codes.

If you don't want a particular service code updated, choose "Do Not Map" and return to it later.

Step 2: Post-Merge Configuration (Scenario)

An example scenario for NY payers going live on 10/01.

Sunny Days Home Care has an internal patient that needs to be merged with the new linked payer contract – Riverside Health Plan – effective 10/01. Here's how they would complete each configuration option:

Copy Diagnosis Code: Enabled – so that the diagnosis code on the internal patient carries over to the new Riverside Health Plan contract.

Discharge Internal Contract: Set to 09/30 – one day before the linked contract goes live.

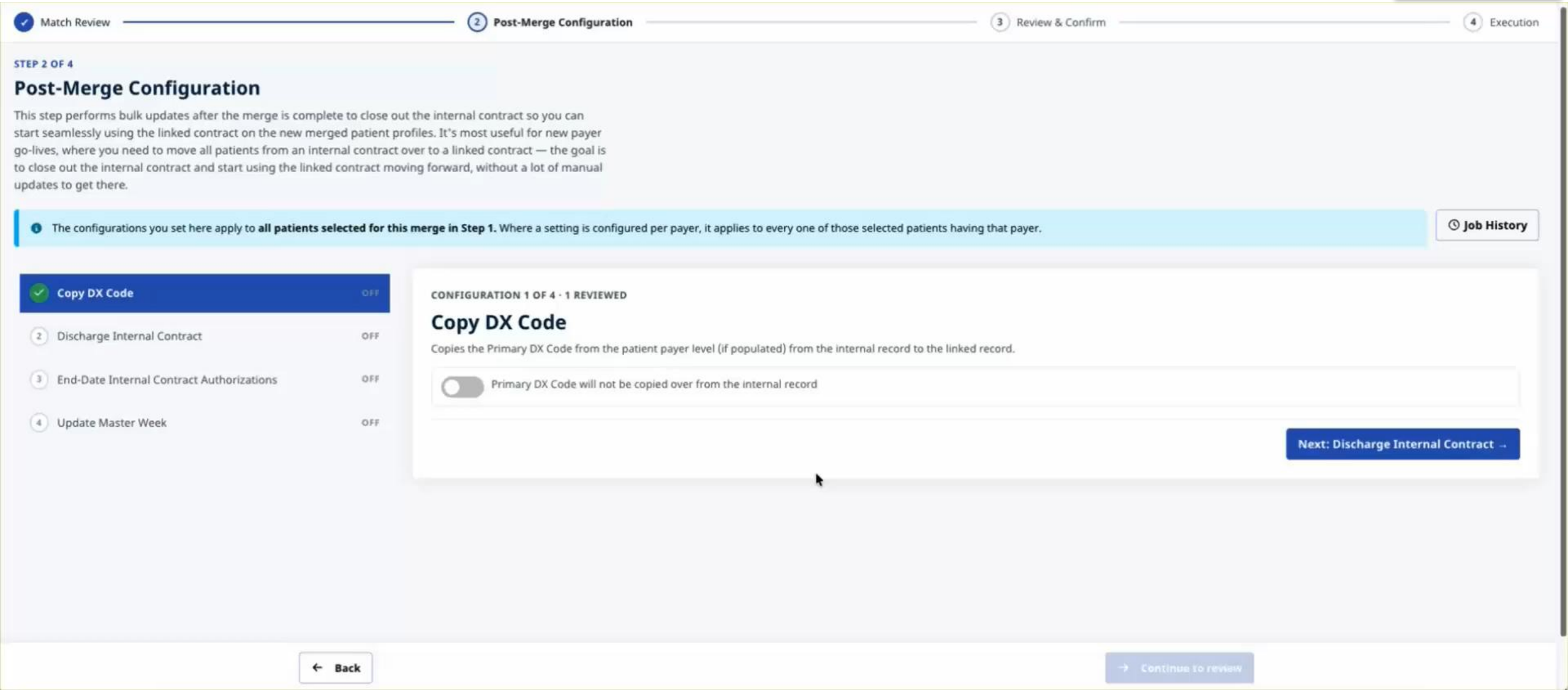
End-Date Authorization: Set to 09/30 – one day before the linked contract goes live.

Update Master Week: Master Week start date set to 10/01 – the date of the Go-Live. Every internal contract service code is mapped to its Riverside Health Plan equivalent starting day one.

Note: This is recommended because you want the internal contract to end where the new linked contract begins.

Step 2: Post-Merge Configuration (Visual)

Optional configuration updates to make transitioning to the linked contract smoother.



Step 3: Review & Submit

Once all data points have been reviewed, it is now time to submit the records for merging.

To Do List:

Review the summary

Review everything from Steps 1 & 2 – including which patients have an office migration and which post-merge configurations were enabled.

Check the confirmation box

This button will complete the merge process.

Things to Keep In Mind:

The merge does not happen instantly

Plan to allocate time to have the job run. It takes roughly 2-3 minutes per patient record. If merging more than 10 patients, the job will run overnight to complete.

Once submitted, you'll land on the confirmation page

There you'll find a link to the Job History for the merge that was submitted.

You made it almost to the very end where you confirm the records you wish to merge!

Step 4: Check Job History

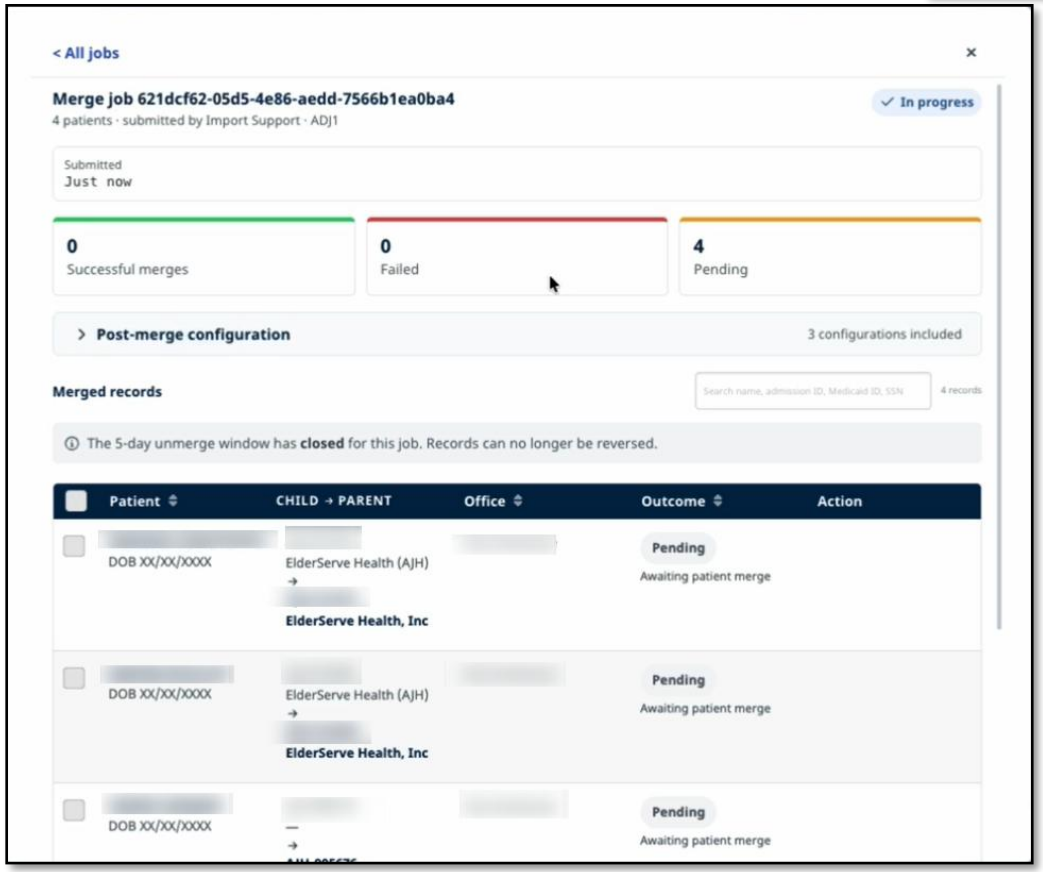
Once all data points have been reviewed, it is now time to submit the records for merging.

Job History Statuses:

Submitted – job is in queue or in progress

Completed – merge finished successfully

Completed with errors – patients with issues (i.e. discharge date set before a billed visit) will need further review



Provider tip: You have 5 days to unmerge a merged profile. It can only be completed after a merge has been completed.

How It All Comes Together – Demo Video & Checklist

Bulk Patient Merge Video

Bulk Patient Merge Video

Watch the video that goes over the whole process step by step in a demo portal.

Bulk Patient Merge Checklist

Bulk Patient Merge Checklist

Review this checklist to ensure you are prepared and walk through the steps in an organized process.

Caregiver Management & Mobile App

Caregiver Credentials

Accurate caregiver identifiers ensures data is accurate for billing.

Caregiver Identifier

Caregiver NPI

Or

Caregiver HHA Registry Number

Before Submitting Billing

Check that a caregiver's profile includes their NPI or their HHA Registry Number.

These identifier allow the state of NY to identify the caregiver in the NY Caregiver Registry.

WHY IT MATTERS **Having the right credentials allows the state of NY to accurately identify the caregiver and allow for accurate billing.**

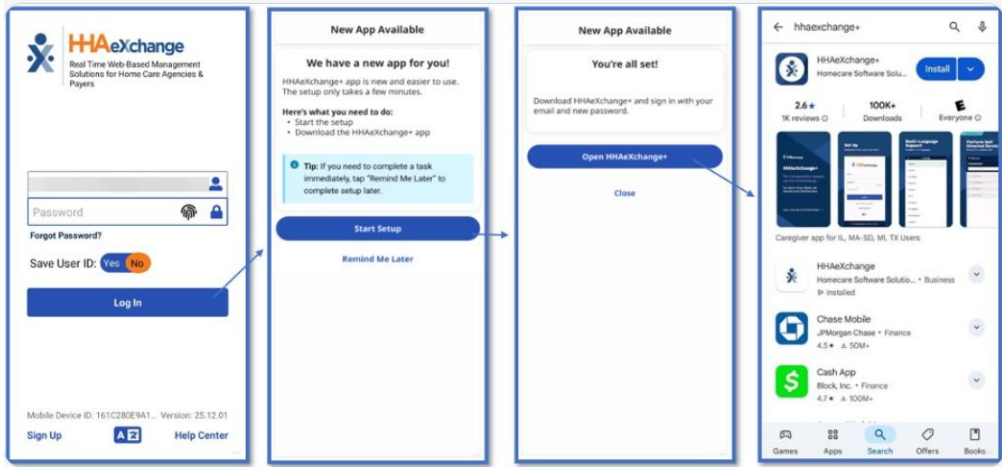
Caregiver Migration to HHAeXchange + Mobile App

Ensure existing caregivers are EVV-ready on the new HHAeXchange + Mobile App before their next visit.

Steps for Existing Caregivers

1. Caregiver signs into the current HHAeXchange app
2. Select “Start Setup” when a pop up appears with “New App Available”
3. Follow the guided transition steps
4. Start using the HHAeXchange + app!

Do not download the mobile app twice



Caregiver Resources

Use the QR code to access the caregiver resource.

Caregiver

Guide for existing caregivers to transition to the HHAeXchange + app seamlessly.

Caregiver Setup for New Caregivers

Make sure caregivers are EVV-ready before the first visit.

EVV-Ready Caregiver Checklist

1. Ensure the caregiver profile is complete and current
2. Match the discipline to authorized services
3. Link the caregiver to the correct services
4. Test EVV tools before the first visit
5. Use the existing Mobile ID for multi-agency caregivers
6. Do not download the Mobile App more than once

! **Multi-agency caregivers:** use the caregiver's existing Mobile ID. Do not download the app more than once.

Caregiver Resources

Use the QR code to access the caregiver resource.

Caregiver

Review caregiver readiness before visits begin.

Tip: Ask during hiring whether the caregiver works for multiple agencies to help prevent setup issues later.

Mobile App Setup: Activation Code

How the activation code moves from the agency to the caregiver

1 Agency sends the code

Go to the Caregiver profile, select Enable Access, then generate the Mobile Activation Code.

2 Caregiver receives the code

The caregiver receives the activation code, downloads the mobile app, and completes registration.

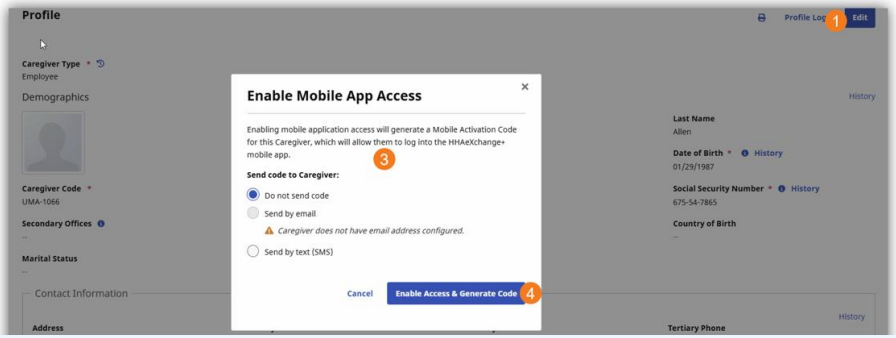
3 Caregiver activates access

The caregiver logs in, enters the Activation Code, selects Submit Code, and completes the required information.

Agency setup: Enable Mobile App Access

Activation codes are generated from the caregiver profile. The agency can choose how the code is sent based on the caregiver notification preferences.

Tip: Have the caregiver complete registration before the first EVV visit.



Allen Don Active

Date of Birth 1987-01-29
Caregiver Code UMA-1066
Availability Updated 4/5/2024
Home Phone --
Address CHICAGO,IL,60629
Languages --
Provider (Office) UMA Healthcare (PE Training Use Only) (UMA MI office)
Team Select
Caregiver Hours H 0 | V 0

Profile
Compliance
Calendar
Visits
In Service
Rates
Notes
Preferences
Absence/Restriction
Availability
Payroll Info
Pay Check
Patient History
Others
Document Management

Profile

Profile Log | Edit

Caregiver Type * History
Employee

Demographics

History

First Name Don
Middle Name --
Last Name Allen
Initials DA
Gender Male
Date of Birth * History 01/29/1987
Caregiver Code * UMA-1066
Alt.Caregiver Code --
Time & Att. PIN 100066
Social Security Number * History 675-54-7865
Secondary Offices --
Rehire No
Rehire Date --
Ethnicity --
Country of Birth --
Marital Status --
Dependents --
Upload Picture

Contact Information

History

Address CHICAGO, IL, 60629
Primary Phone --
Secondary Phone --
Tertiary Phone --

Chat

Mobile App Setup: Download & Registration

How caregivers get the HHAeXchange+ Mobile App ready for use

1 Caregiver Registers

Download the HHAeXchange+ Mobile App and complete the mobile app registration.

2 Confirm Profile Match

Verify the caregiver profile is complete and confirm the demographics match the mobile app registration.

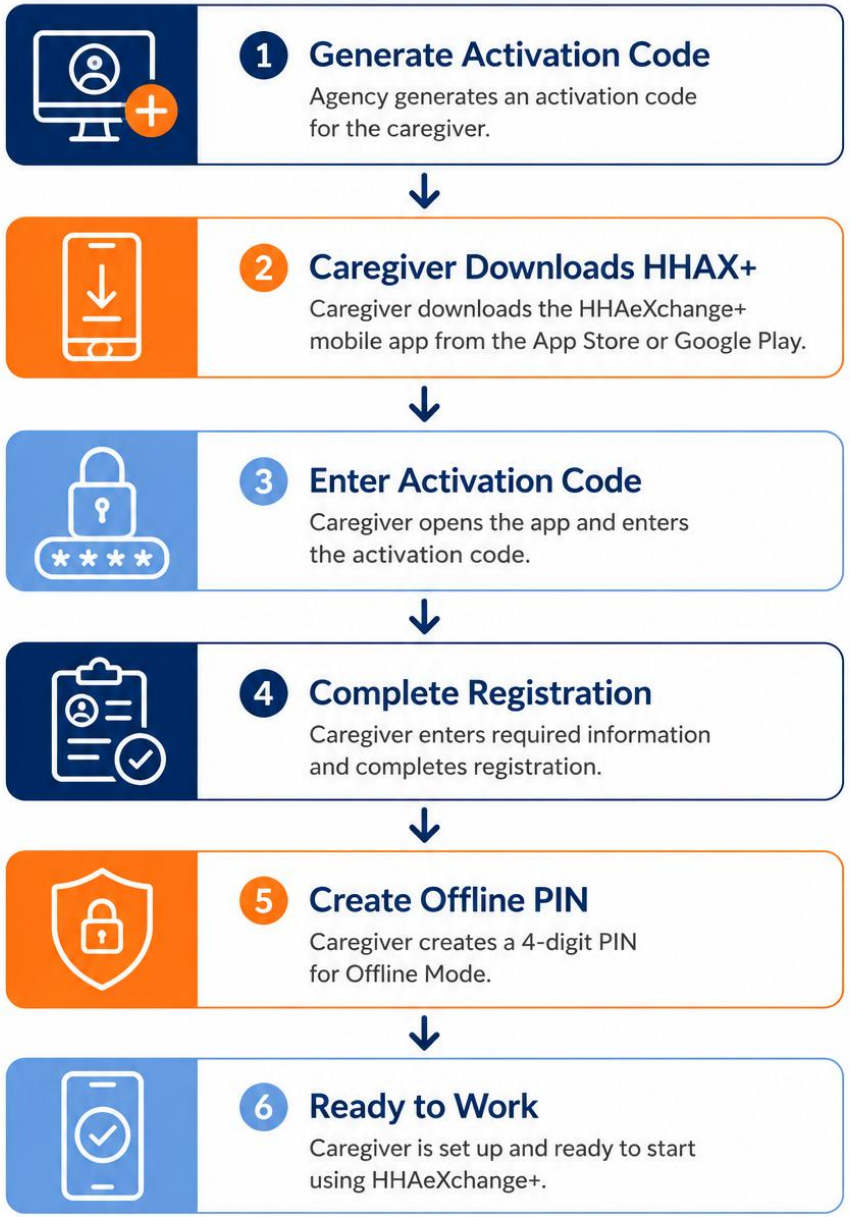
3 Link the Mobile ID

Open the caregiver profile, select Edit, find Mobile App Settings, enter the Mobile ID and Mobile Type, then select Save.

Provider check: Complete registration before the first EVV visit

Make sure the caregiver profile is complete, the mobile registration matches, and the Mobile ID is linked in HHAeXchange before the caregiver starts capturing EVV.

New Caregiver Registration at a Glance



Managing Mobile App Users

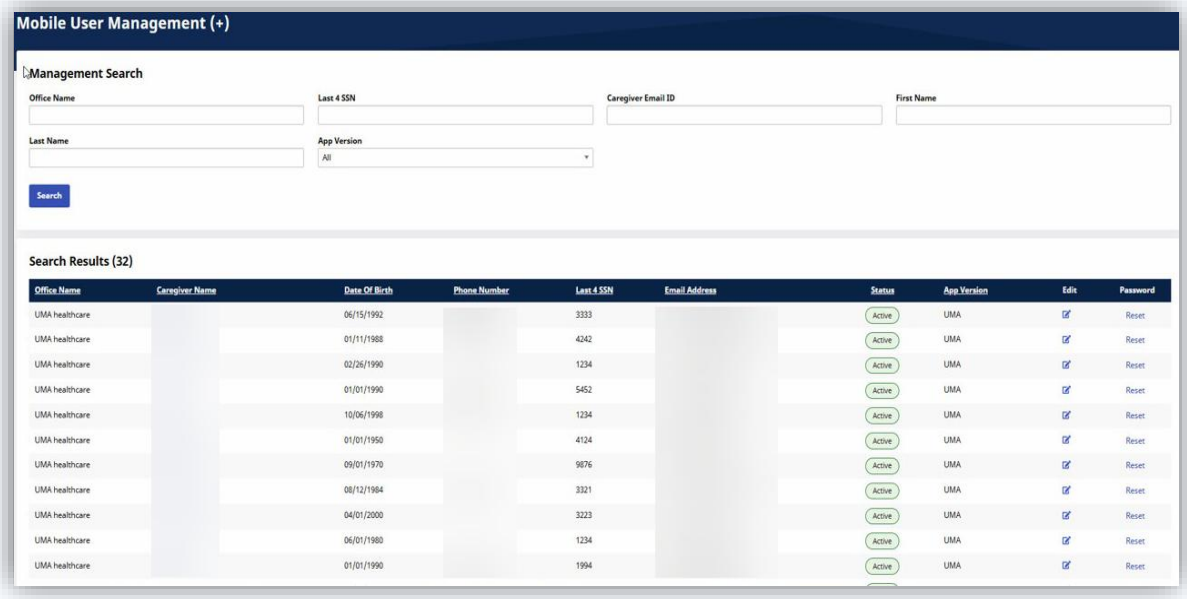
Admin > Mobile User Management

Mobile User Management (+)

A centralized place to manage service providers using HHAeXchange+.

- Search for mobile app users
- View caregiver app status
- Verify app version
- Update caregiver email
- Reset passwords

Mobile User Management (+)



Use Mobile User Management (+) to search, review, and manage caregiver app access.

Tip: Keep caregiver mobile access current using Mobile User Management.

Caregiver Readiness

Resources to help caregivers prepare for EVV and their first visit

Before the first EVV visit, make sure caregivers know how to register, use the mobile app, and follow the EVV workflow. **Use the resources below as your readiness checklist.**

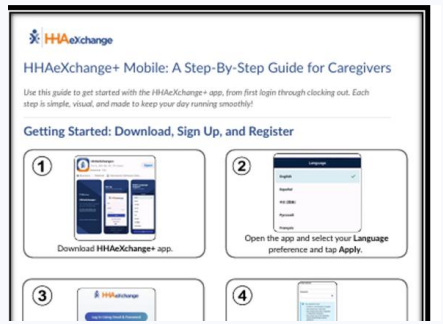
Caregiver Readiness Checklist

Use this checklist to confirm the caregiver is prepared for EVV and mobile app use before the first visit.

Caregiver Readiness Checklist

HHAeXchange+ Caregiver User Guide

A step-by-step reference for downloading, registering, and getting started with the mobile app.



HHAeXchange+ Caregiver User Guide

Prepare for Your Next Steps

Attend your next Webinar

Register for the next Scheduling & Visit Capture webinar

September 15 @ 11AM ET

- Learn how to schedule & accurately capture EVV

Scan to Register

NY Easy EVV: Scheduling & Visit Capture Webinar

NY Easy EVV: Sceduling & Visit Capture Webinar

Register for the NY Easy EVV: Visit Maintenance Webinar

September 24 @ 11AM ET

- Learn how to correct and maintain visits for EVV compliance and billing.

Scan to Register

NY Easy EVV: Visit Maintenance Webinar

NY Easy EVV: Visit Maintenance Webinar

Register for the Billing Webinar

October 1 @ 11AM ET

- Learn how to accurate EVV turns into accurate claims being billed out of HHAeXchange.

Scan to Register

What's New in NY? Billing in HHAeXchange Webinar

What's New in NY? Billing in HHAeXchange Webinar

On-Demand eLearning

- Complete foundational training at your pace
- Revisit courses any time as reference

Scan to Enroll

On-Demand eLearning

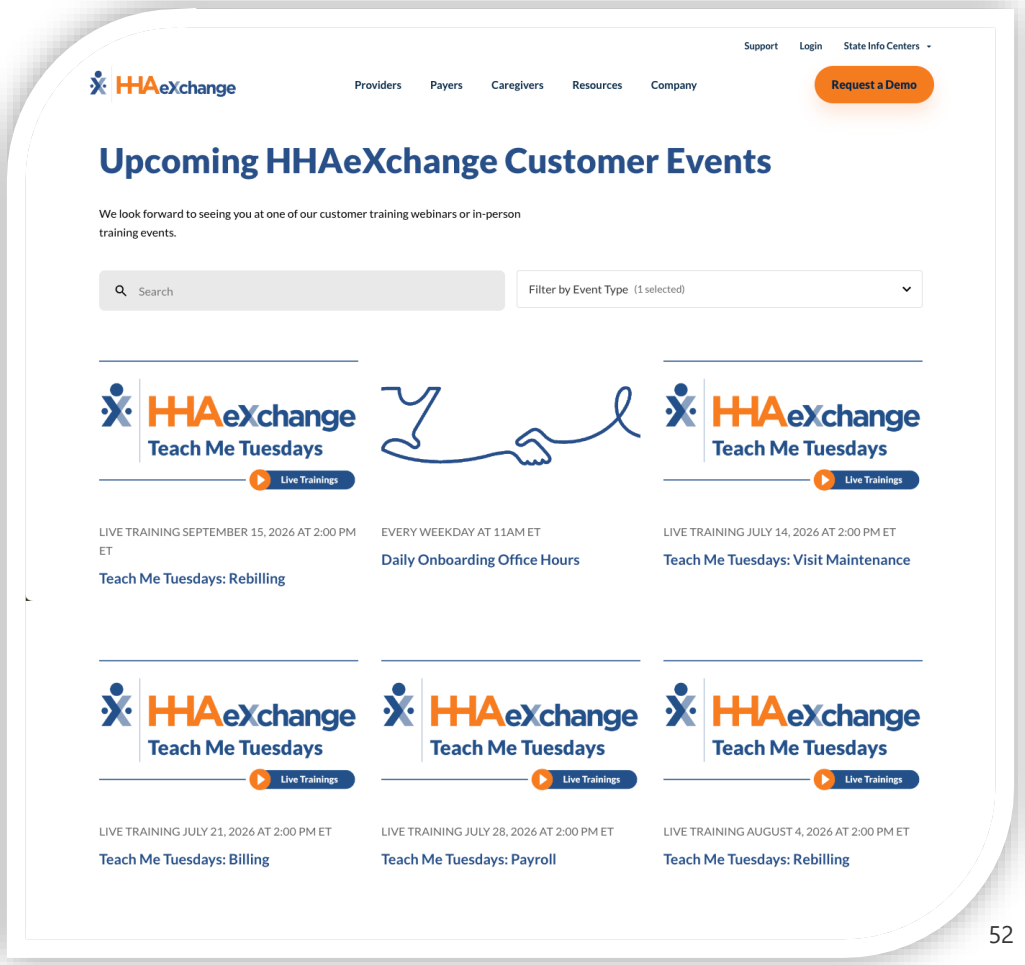
HHAeXchange University

Next Steps!

Stay connected – watch for email communications and follow HHAeXchange for upcoming training opportunities.

Upcoming Webinars & Events

- **Daily Office Hours —** Register Here
  (offered daily @ 11 AM ET)
- **Teach Me Tuesday Series —** Register Here
  (Every Tuesday @ 2 PM ET)



Resources & Support

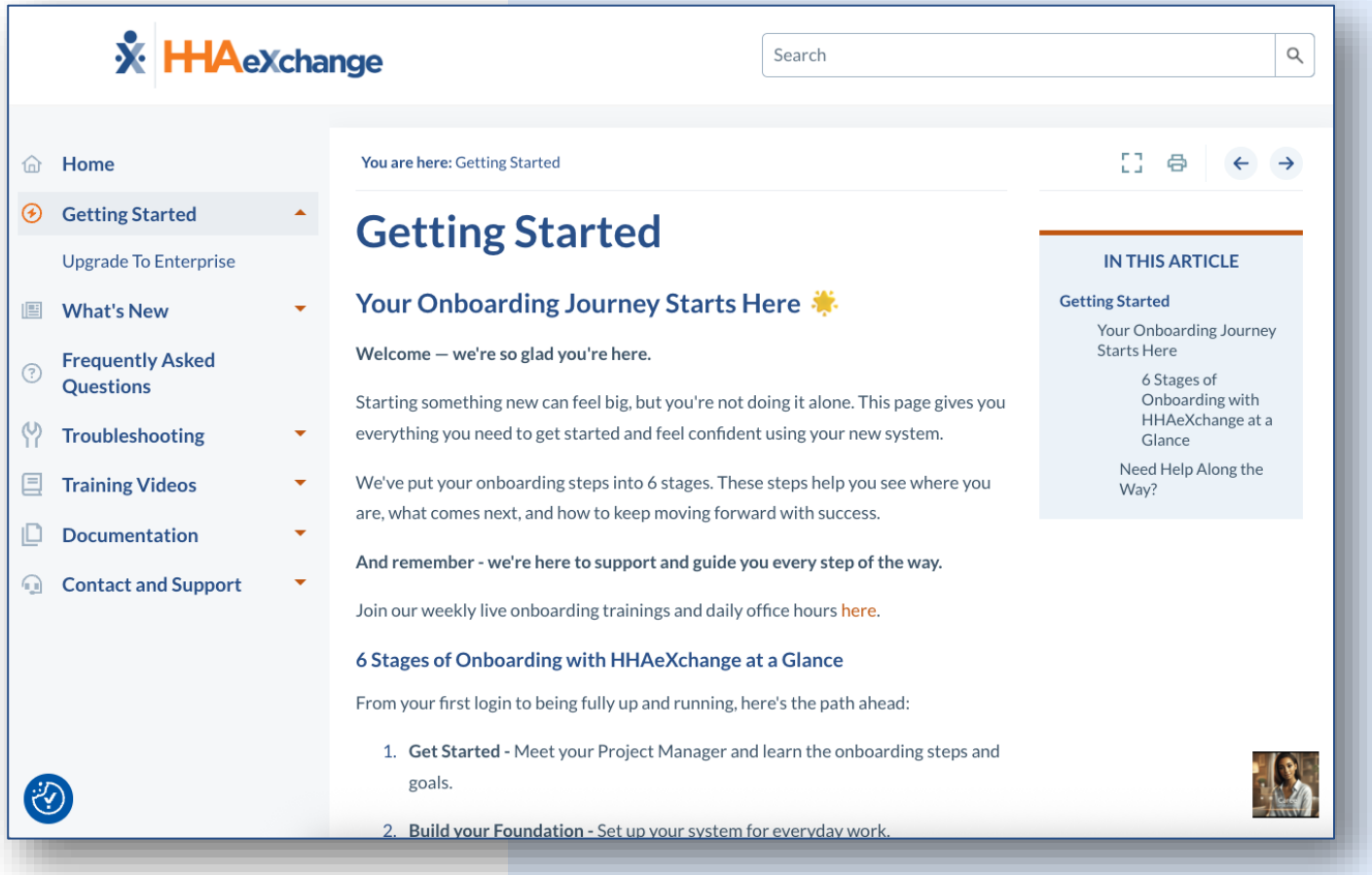
NEW: NY EVV Compliance Info Hub

Homecare providers: here is your go-to source for the most up-to-date regulatory summaries, how-to guides, training videos, payer-specific information, and FAQs

NY EVV Compliance Info Hub

Getting Started

Your Onboarding Journey Starts here



[Getting Started: Your Onboarding Journey Starts Here!]

On-Demand eLearning

Build confidence with HHAeXchange at your own pace

Learn at your pace

Complete foundational training when it works for you — and revisit courses whenever you need a refresher.

A resource for new and existing users

The training can be shared with new users, and all users are encouraged to review the Overview video.

System User Training — LMS Credentials

LMS modules are optional. You will receive LMS credentials to access videos, documents, and test questions covering the HHAeXchange Provider Portal.

Start Learning

Scan the QR code or use the link below to access the LMS.

Learning Management System

Need Help?

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

Payer-Related Questions

Contact Payer Provider Relations

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

Reach out to your Payer Provider Relations team.

HHAeXchange Questions

Contact HHAeXchange Support

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

Support@HHAeXchange.com

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

thank you