PROVIDERS USING 3RD PARTY and Integrating with HHAeXchange through/and CareBridge						
FFS/DDD, Aetna, UHC, WellCare	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? **YES** - Claims received in payer adjudication system **NO** - 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
Amerigroup	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)	**2a**: Submitted via NO WRONG DOOR: CareBridge log in to bill for EVV compliant visits **2b**: Direct integration with CareBridge: Flag visits as billed on the visit file interface	CareBridge generates and submits 837 to Amerigroup	Does file pass validation? **YES** - Claims received in payer adjudication system **NO** - 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
Horizon	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? **YES** - Claim adjudicated and payment sent to provider **NO** - Claim denial and EOB sent	835 Remittance file generated and submitted to provider by payer

PROCESS FLOW: PROVIDERS USING 3RD PARTY and Integrating with HHAeXchange through/and CareBridge

Step 1 (FFS/DDD, Aetna, UHC, & WellCare): Provider submits visits via HHAX API with visits flagged as billed – pass invoice number
Step 1 (Amerigroup): Provider submits visit file interface to CareBridge OR visit data to HHAX via NO WRONG DOOR
Step 1 (Horizon): Provider submits visit file interface to CareBridge with confirmed visits

Step 2: 837

FFS/DDD, Aetna, UHC, & WellCare: HHAX generates 837 claim file and submits overnight

Amerigroup:
2a: Submitted via NO WRONG DOOR: CareBridge log in to bill for EVV compliant visits
2b: Direct integration with CareBridge: Flag visits as billed on the visit file interface
CareBridge generates and submits 837 to Amerigroup

Horizon: Provider submits claims directly to Horizon via provider portal or 837 or paper claim

Step 3: Validation

FFS/DDD, Aetna, UHC, & WellCare: Does file pass validation with HHAX?
Amerigroup: Does file pass validation with CareBridge?

YES - Claims received in payer adjudication system

NO – HHAeXchange or CareBridge receives exceptions. RESUBMITS

Horizon: Matches against visit data maintained by CareBridge

Step 4: Payment

ALL PLANS: Claim adjudicated with supported visit data

YES - Payment sent to provider

NO - Claim denied

Step 5: 835 Remittance file generated and submitted to provider by payer