

# Our Webinar Will Begin Shortly

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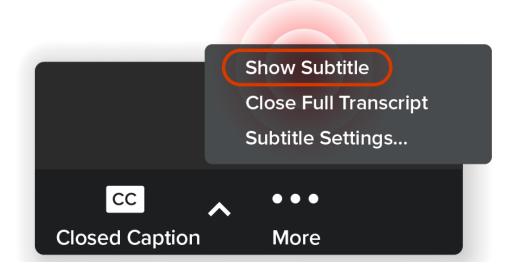


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- Q&A at the end. Please submit your questions in the Q&A box.
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#### **Meet the Trainers!**



#### Janny Sachani



- Role: Senior Training Specialist
- Areas of Expertise: Billing
- Fun Fact: The New Dashboard feature is my favorite!



## Nevada Providers Training Beyond the Basics – Rebilling Masterclass

#### August 2025

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#### Re-Billing Training



This training will provide a deep dive into the rebilling process for Nevada providers, focusing on how to identify, correct, and resubmit claims efficiently. We'll review key points from the billing workflow, address common rebilling scenarios, and share best practices to help you resolve issues quickly. By the end, you'll be equipped to manage rebilling with confidence and keep your payments on track.

#### Who should take this training?

Anyone who will be managing Billing function in Sandata EVV portal.
 (Example: Providers, Billing Manager & Coordinators, Agency Users)

## Objectives of Today's Training

#### You will be able to:

- Understand the rebilling workflow in Sandata
- Identify common billing issues that require rebilling and apply effective resolution strategies.
- Navigate system tools and features designed to streamline the rebilling process.



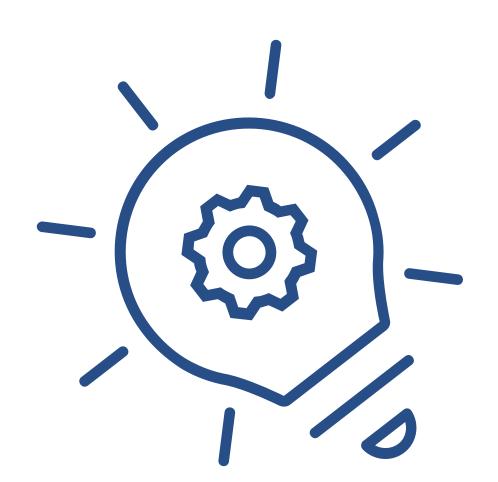


#### **Knowledge Check - What's the Nickname?**



#### What's the official state nickname of Nevada?

- A. The Golden State
- B. The Lucky State
- C. The Silver State
- D. The Jackpot State





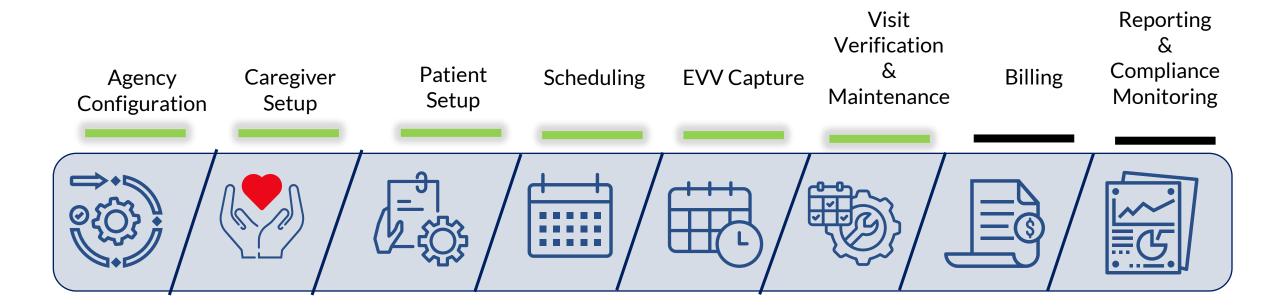


- **Billing Overview**
- Billing Workflow Basics
- **Rebilling Process**
- Common Rebilling Issues

- Billing Reports
- Key Takeaways
- Support Resources
- Questions









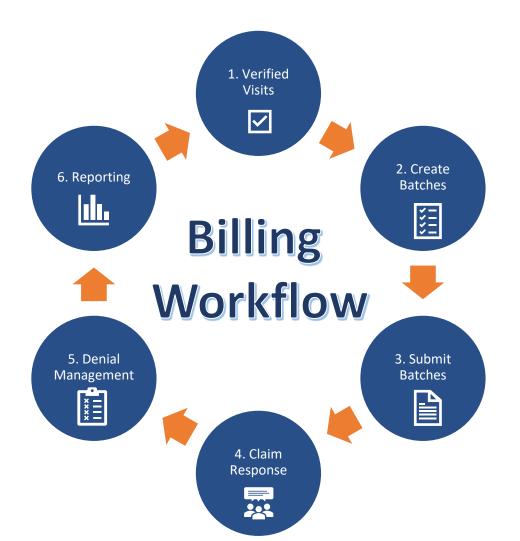
#### **Billing Overview**

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The Billing Process is a systematic approach used by healthcare providers to submit claims, receive payments, and resolve denied or unpaid claims to ensure accurate revenue collection.





#### **Claim Submission**

Rejected vs Denied Responses



**Patient Intake** 

EVV/Charge Capture

Claim Validation

Claim Submission Remittance Posting

Reporting/ Claim Follow-up

Claims go through a clearinghouse-level validation first before being accepted into the payer's claim processing system

#### **Clearinghouse Rejections (277ca/999)**

- Error caught before the payer sees the claim
- Usually format, missing data, or invalid codes
- Can be corrected and resubmitted quickly
- Early detection avoids processing delays



#### Payer Denials (835)

- Payer received and processed the claim but won't pay it
- Due to authorization issues, coverage, etc.
- May require a corrected claim or appeal
- Denials impact cash flow and require additional time and labor to resolve.



#### Billing Workflow Basics

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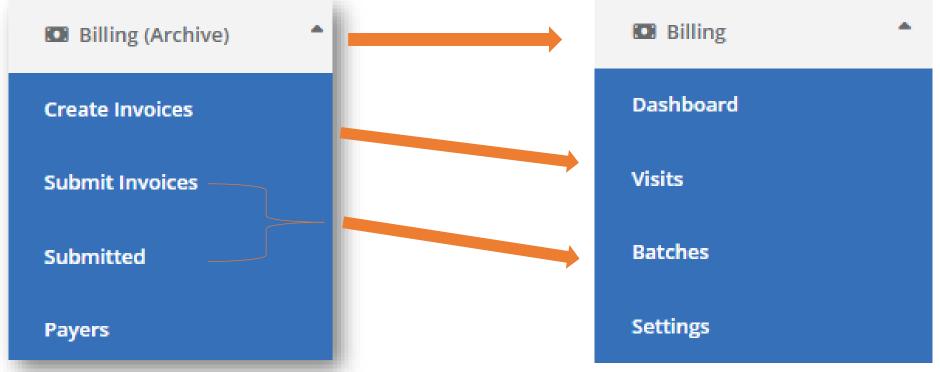


#### **Old vs New Billing Module**



#### Old Billing Module

## New Billing Module





#### **New Billing Workflow**



BILLING PROCESS				
			SUBMIT	
Create the Batch	Review the Batch	Resolve Exceptions (If Needed)	Submit Claims	Track and Manage
Go to Billing > Visits > Search Verified Visits > Select visits > Save Batch	Navigate to Billing > Batches > Claims Tab to review selected visits	Use the Visit Details or Claim Response screens to fix the issues (e.g., missing DOB, authorization) in the client profile to process the claim	Filter for <b>Draft without Exceptions</b> . Select claims  and click Confirm & Send	Use the <b>Transactions</b> tab to view claim statuses: Sent, Errored, Processed, Balanced, etc.
Note: Reports (Optional)				





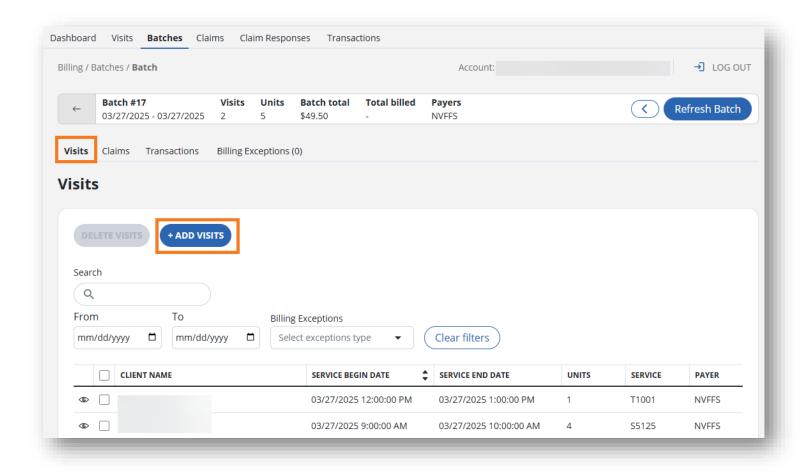
- 1. Go to **Billing > Visits** and set the date range, then click **Sync**.
- 2. Use filters to find visits; batches can include multiple payers.
- 3. Filter by Visits without Exceptions (Ok to Bill) for clean claims.
- 4. Select visits using checkboxes or **Select All**.
- 5. Click **Save Batch** to prepare visits for claim submission.

Note: Use Visits without Exceptions to create batches, and Visits with Exceptions to review and resolve issues before batching.





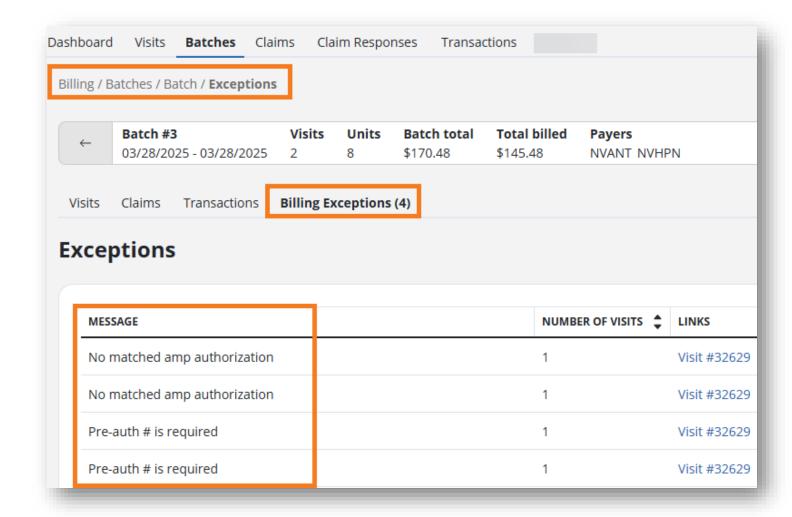
- Navigate to the Billing module and select Batches.
- 2. Click the **Eye** Icon to review the **Visits** added on the batch.
- 3. If needed, add additional **Visits** to the batch.







- 1. Use the **Billing Exceptions** screen to resolve the Exceptions (**IF needed**).
- 2. Fix Issues such as **Missing DOB**, **Authorization** in the client profile to process the claim.







- 1. Navigate to the Billing module and select Batches.
- 2. Find and open the **Batch** you wish to make the claim for.
- 3. Open **Claims tab** inside of the **Batch**.
- 4. Use the **filters** to help sort the claim info & status.

All (1) Draft without exceptions (1) Draft with exceptions (0) Sent (0) To review (0) Payment in progress (0) Balanced (0) Errored (0)

- 5. Select **Draft without exceptions** & select each visit that is to be billed in this batch.
- 6. Select Confirm & Send.



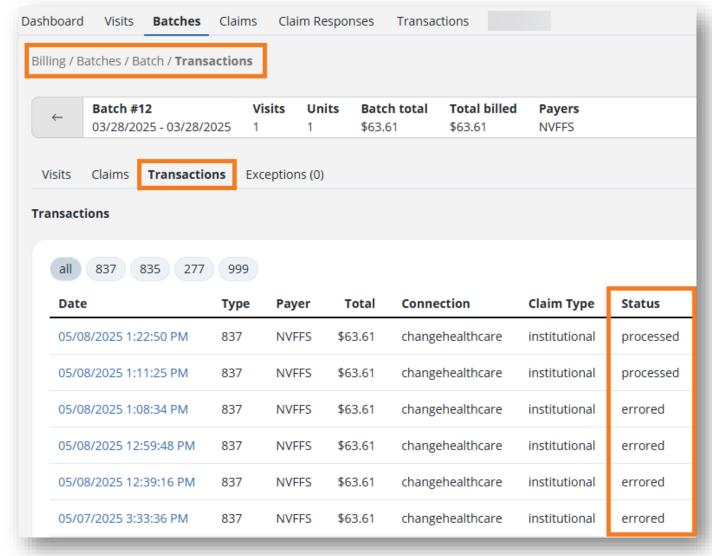


In this table, each Claim Status is defined.		
All	view all claims that are in the batch.	
<b>Draft without exceptions</b>	claims in draft form not yet submitted.	
Draft with exceptions	claims with billing exceptions in draft form not yet submitted	
Sent	claims that have been sent for payment.	
Errored	claims that have been previously submitted but need to be revised before resubmitting.	
To review	claims that need to be reviewed before re-submitting; there is an action that needs to be taken.	
Processed	claims that have been submitted for payment: the clearinghouse has received the claim.	
Balanced	Claims that were paid.	
Payment-in-progress	Claims submitted awaiting payment we have received a message back from the clearinghouse that the payer has received the claim.	





Use the **Transaction** tab to view **Claim Statuses**. Example: Sent, Errored, Processed, Balanced

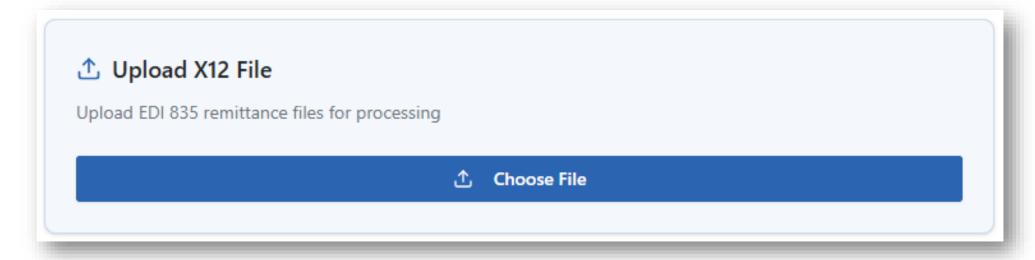




#### **Uploading Remittance Files**



Billing remittance or 835 files for billing information can be added from the Billing Dashboard.

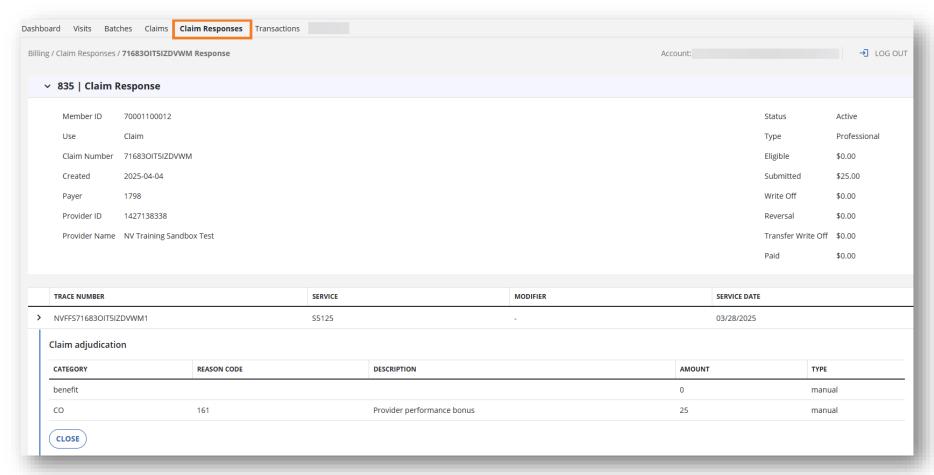








#### You can access the **Claim responses** tab from the Dashboard.



Note: Provider need to complete the enrollment process to receive the 835 Remittance files.



#### **Knowledge Check - New Billing Workflow**

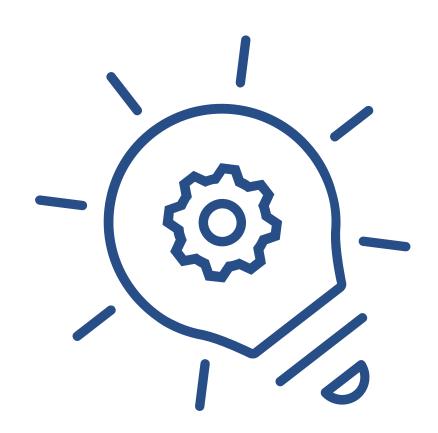


After submitting claims, your supervisor wants a status update on claim processing.

#### **Question:**

Which tool should you use to view the status of submitted claims?

- A. Dashboard
- B. Visit Maintenance
- C. Transaction Tab
- D. Reports





## New Billing Process **DEMO**

Q Navigate Modules

Visit Counts By Exceptions

Visit Counts By Status

**B** Dashboard

Clients

**Employees** 

★ Scheduling

Visit Maintenance

Billing (Archive)

Billing

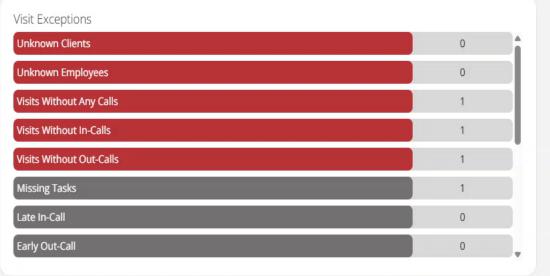
Reports

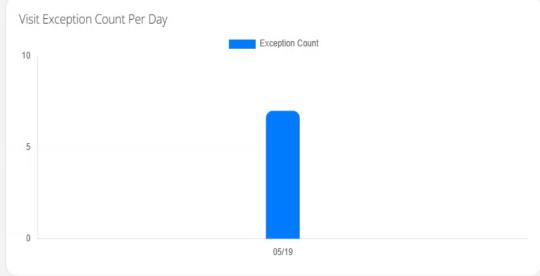
Mathorizations

Security

#### Date Range

Today









#### Rebilling Workflow

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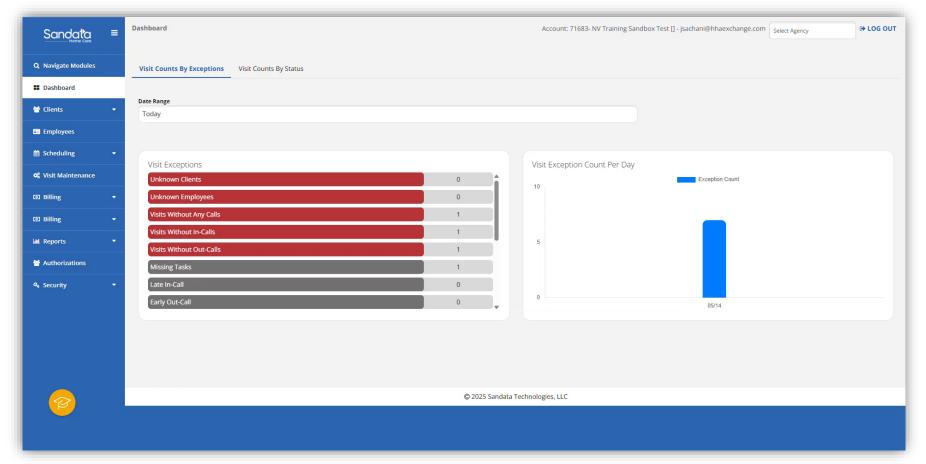


#### **REBILLING PROCESS** SUBMIT Locate the Batch Select the Claim(s) Resubmission Window **Re-Submit Claims** Track and Manage Go to Billing >Batches > Choose the "Status" Check the box next to the Use the Transactions tab to Claims > Filter by "To-(Original/Replacement/Voi click "Yes" to submit the Claim(s) > Make corrections view claim statuses: Errored, Review" status to identify d) > Add Resubmission corrected claim(s). > click Resubmit button. Processed, In-progress, etc. claims requiring Action. Reason > Add ICN/PCN





- 1. Navigate to Billing -> Batches -> Claims tab to locate the Claims.
- 2. Filter by "To-Review" status to identify claims requiring action.

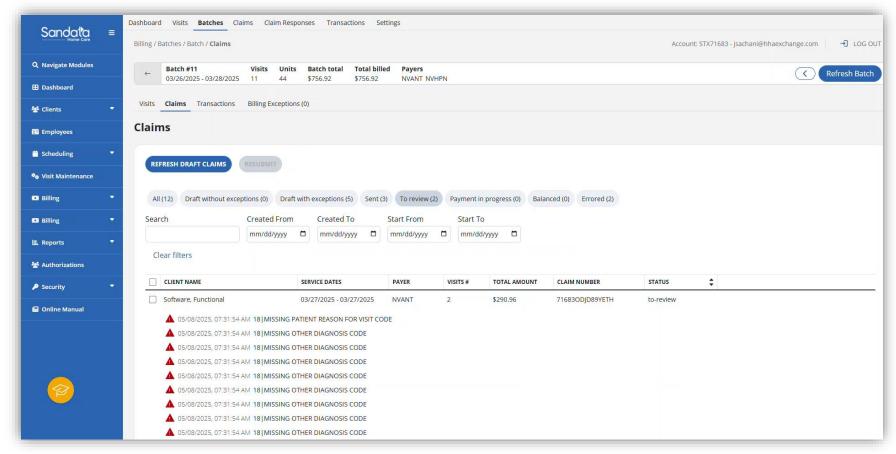




#### **Step 2**Select the Claim(s)



- 1. Check the box next to the claim(s) you want to correct.
- 2. Make necessary corrections on the claim(s).
- 3. Click the **Resubmit** button when it becomes active.





#### Step 3

#### Complete the Resubmit Window (All fields optional)

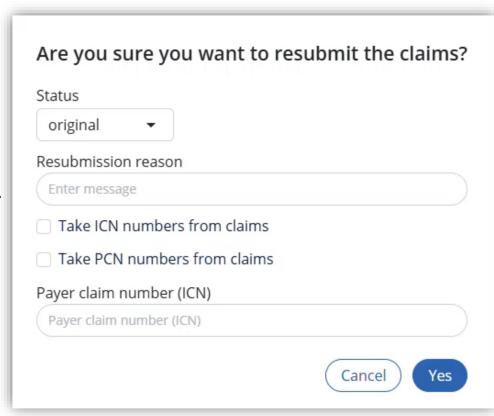


#### 1. Status: Choose from:

- Original Re-sending the same claim
- Replacement Updating a previously submitted claim
- Void Cancelling a submitted claim
- 2. Resubmission Reason: Optionally enter a reason.
  - Note: Reason code is not required to resubmit claims for Nevada providers.

#### 3. ICN/PCN Options:

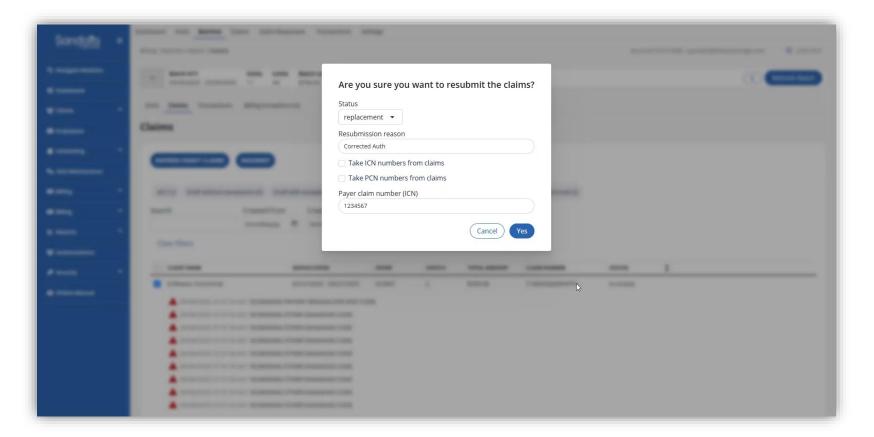
- **Use Original ICN** if payer already received the claim
- **Use Original PCN** if required by your payer
- Custom ICN enter a new ICN if no payer response was received
- 4. Click "YES" to re-submit.







- 1. A confirmation pop-up will appear.
- 2. Go to the **Transactions** tab to track the new submission.





#### **Transaction Statuses**



- **Processed**: The claim was delivered to the CH portal. The claim passed primary validation.
- **Errored**: The claim was delivered to the CH portal. The claim did not pass primary validation.
- **In-Progress**: The system did not deliver the claim to CH portal. This claim will be processed by the billing system after several seconds.

Â

Note: The original claim will change to "Errored," and a new claim will be created upon resubmission.



#### **Knowledge Check - Rebilling Workflow**

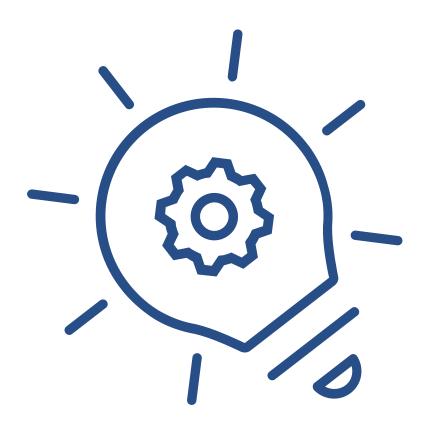


A claim was rejected by the payer due to missing authorization information. You've corrected the client profile and are ready to send it again.

#### **Question:**

Which resubmission status should you select when correcting and re-sending a claim?

- A. Original
- B. Void
- C. Replacement
- D. Duplicate





## Rebilling Workflow **DEMO**

Account: 71683- NV Training Sandbox Test [] - jsachani@hhaexchange.com | Select Agency

Q Navigate Modules

Visit Counts By Exceptions Visi

Visit Counts By Status

**B** Dashboard

Clients

**Employees** 

🗱 Visit Maintenance

Billing (Archive)

Billing

**■** Reports

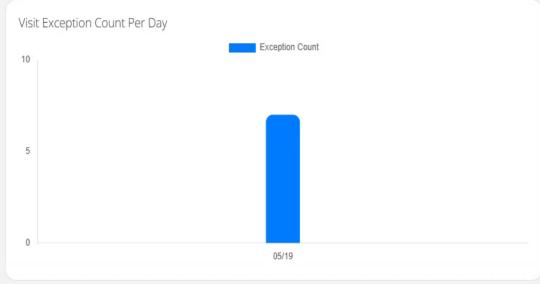
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Security

Date Range

Today









# Common Rebilling Issues

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### Common Visit Exceptions

- Missing Client
- Missing Employee
- Missing Date/Time of Service
- Missing Type of Service

### **Typical Billing Exceptions**

- Missing Client Date of Birth
- No Authorization Match
- Missing Diagnosis Code





### **Billing Exception & Resolution Workflow**



**Issue:** DOB not entered in client profile

**Resolution:** Add the Date of Birth to complete client setup



No Authorization Match

### **Billing Exception & Resolution Workflow**



**Issue:** Service not linked to a valid authorization

Resolution: Call Sandata support or create a ticket to review& update the authorization.



Sandata Zendesk



Missing Diagnosis Code

### **Billing Exception & Resolution Workflow**



**Issue:** Client record missing Dx code

Resolution: Populate diagnosis code in client record to meet billing rules



**Adding a Diagnosis Code** 



### **Common Claim Rejection & Resolution Workflow**



Billed Units Exceed FVV Units

**Issue:** Payers reject claims where billed units exceed those captured by EVV.

**Resolution:** Double-check that billed units do not exceed EVV recorded units—correct either the claim or visit and ensure verification

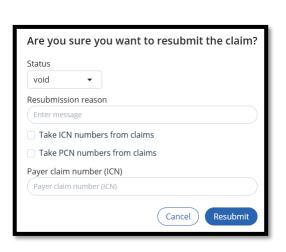


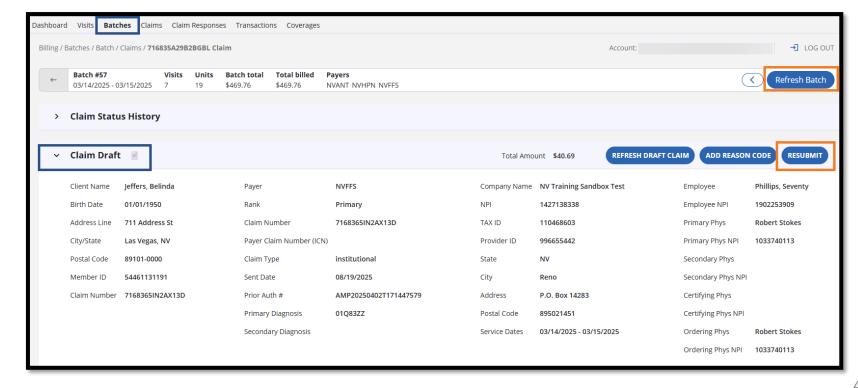
### **Workflow for VOID claim**



**Issue:** Provider need to send the VOID claim after realizing they billed in error.

**Resolution:** Once we need to resubmit the VOID claim, please ensure to add the PCN & ICN number from the original claim.

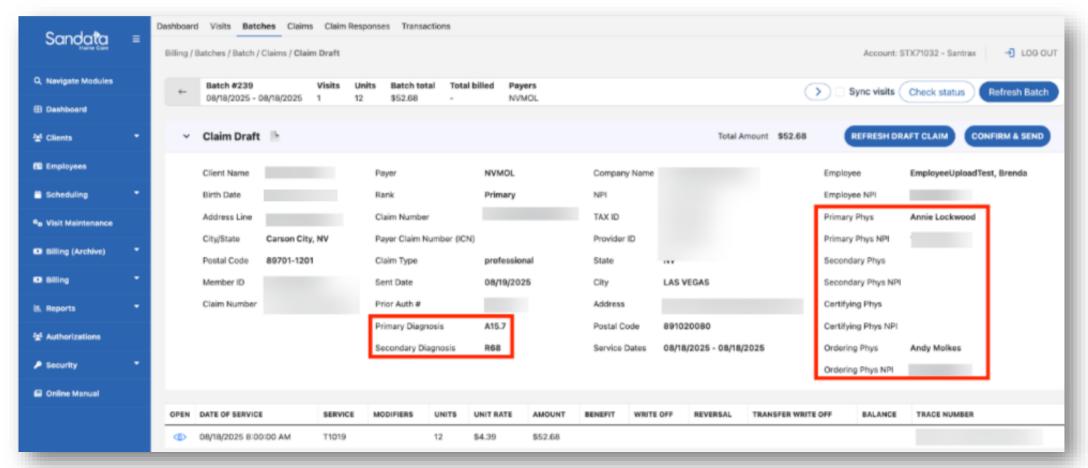






### **Claim View Enhancement: View Diagnosis Codes and Physicians**







**Release Notes** 



# **Billing Reports**

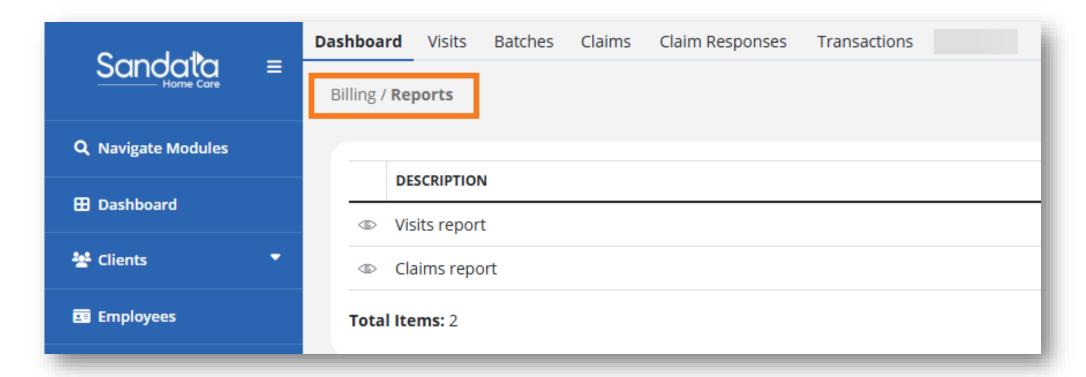
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There are new reports in the billing module, which you will not find in the EVV Reports module.

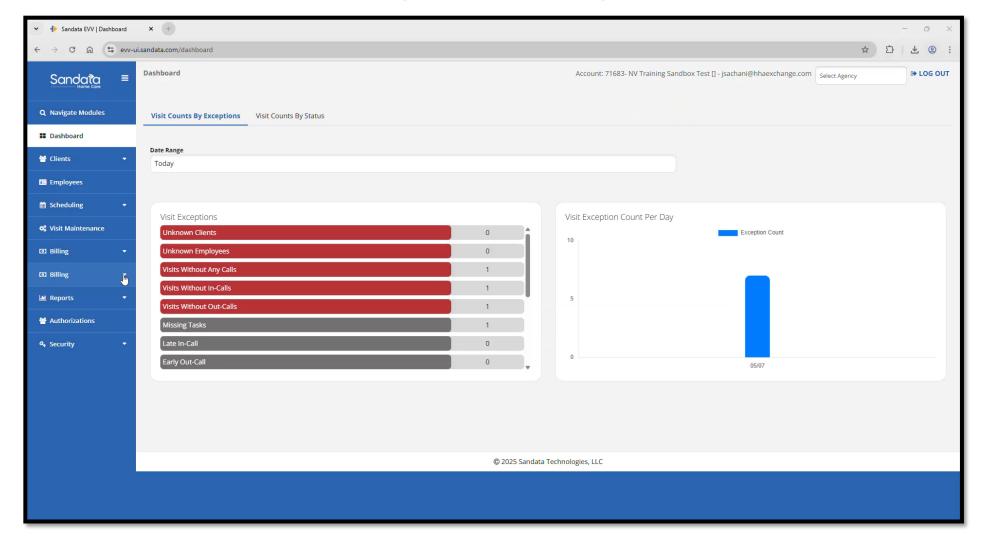
You will access these reports via the Billing Dashboard.







### **Visits Report & Claims Report**







	Α	В	С	D	E	F	G	Н		
1	visit_status	client_first_name	client_last_name	payor_id	service	service_end_date	service_start_date	tenant_id		
2	Verified	Y	Si	NVFFS	S5125	2025-03-22T12:00:00Z	2025-03-22T11:00:00Z	71683		
3	Verified	Y	Si	NVFFS	S5125	2025-03-22T08:00:00Z	2025-03-22T07:00:00Z	71683		
4	Verified	Y	Si	NVFFS	S5125	2025-03-22T04:00:00Z	2025-03-22T03:00:00Z	71683		
5	Incomplete	D	Н	NVHPN	T1019	2025-04-16T04:00:00Z	2025-04-16T02:00:00Z	71683		
6	Incomplete	D	Н	NVHPN	T1019	2025-04-15T04:00:00Z	2025-04-15T02:00:00Z	71683		
7	Incomplete	F	Si	NVANT	G0151	2025-04-10T05:00:00Z	2025-04-10T04:00:00Z	71683		
8	Verified	В	Je	NVFFS	S9122	2025-03-21T14:00:00Z	2025-03-21T13:00:00Z	71683		
9	Incomplete	F	Si	NVANT	G0151	2025-04-14T05:00:00Z	2025-04-14T04:00:00Z	71683		
10	Incomplete	F	Si	NVANT	G0151	2025-04-13T05:00:00Z	2025-04-13T04:00:00Z	71683		
10	Incomplete	E	Sı	NVANT	G0151	2025-04-13T05:00:00Z	2025-04-13T04:00:00Z	71683		
	Incomplete		Si	NVANT	G0151	2025-04-14T05:00:00Z	2025-04-14T04:00:00Z	71683		





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2	6	6.25	4 payment-in-progress	PCS		75 professional	2025-04-0	03T16:25:10.103832075Z	2025-03	3-18T14:00:00Z	2025-03-18T15:0	0:00Z 2	2025-03-18T10:00:00Z	2025-03-18T21:00:00	Z 1211151141	1		25 3262924369	9 T1019	NV Training (NVH	N TF	71683
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4	6	6.25	4 payment-in-progress	PCS		75 professional	2025-04-0	03T16:25:10.103832075Z	2025-03	3-18T10:00:00Z	2025-03-18T11:0	0:00Z 2	2025-03-18T10:00:00Z	2025-03-18T21:00:00	Z 1211151141	1		25 3262924593	3 T1019	NV Training (NVH	N TF	71683
5	36	6.37	4 to-review	HH	145	.48 institutional	2025-04-0	04T15:01:34.959369732Z	2025-03	3-28T10:00:00Z	2025-03-28T11:0	0:00Z 2	2025-03-28T10:00:00Z	2025-03-28T11:00:00	Z 10001000	1 42	1 145	.48 326292480	5 G0151	NV Training (NVA)	NT.	71683
6	6	6.25	4 payment-in-progress	WAIVER		25 professional	2025-04-0	04T20:51:49.666120008Z	2025-03	3-28T13:00:00Z	2025-03-28T14:0	0:00Z 2	2025-03-28T13:00:00Z	2025-03-28T14:00:00	Z 7000110001	2		25 326292494	5 S5125	NV Training (NVFF	S	71683
7	36	6.37	4 draft	HH	290	.96 institutional	2025-05-0	06T16:40:13.414782019Z	2025-03	3-27T20:00:00Z	2025-03-27T21:0	0:00Z 2	2025-03-27T10:00:00Z	2025-03-27T21:00:00	Z 10001000	1 42	1 145.	.48 3262924350	0 G0151	NV Training (NVA)	NT.	71683
8	36	6.37	4 draft	НН	290	.96 institutional	2025-05-0	06T16:40:13.414782019Z	2025-03	3-27T10:00:00Z	2025-03-27T11:0	0:00Z 2	2025-03-27T10:00:00Z	2025-03-27T21:00:00	Z 10001000	1 42	1 145.	.48 3262924432	2 G0151	NV Training (NVA)	NT.	71683
9	6	6.25	4 draft	PCS		50 professional	2025-05-0	06T16:40:13.620593938Z	2025-03	3-27T14:00:00Z	2025-03-27T15:0	0:00Z 2	2025-03-27T14:00:00Z	2025-03-27T21:00:00	Z 12111511	4		25 3262924832	2 T1019	NV Training (NVH	N TF	71683
10	6	6.25	4 draft	PCS		50 professional	2025-05-0	06T16:40:13.620593938Z	2025-03	3-27T20:00:00Z	2025-03-27T21:0	0:00Z 2	2025-03-27T14:00:00Z	2025-03-27T21:00:00	Z 12111511	4		25 326292497	5 T1019	NV Training (NVH	N TF	71683
10	6	6.25	4 draft	PCS		50 professional	2025-05-0	DET16:40:13.620593938Z	2025-03	3-27T20:00:00Z	2025-03-27T21:0	0:00Z 2	2025-03-27T14:00:00Z	2025-03-27T21:00:0	Z 12111511	4		25 3262924978	5 T1019	NV Training (NVH	N IF	71683
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# Key Takeaways

### **Key Takeaways**



- The Old Billing Module can be used for claims dated through May 22, 2025.
   All claims dated May 23, 2025 and after must be submitted using the New Billing Module.
- Prevent billing holds with simple, proactive checks such as **Authorization**, **Diagnosis code**, **Physician info** etc.
- Claim Reference number is required when submitting replacement or void claim.
- Use billing reports to verify and reconcile claims.



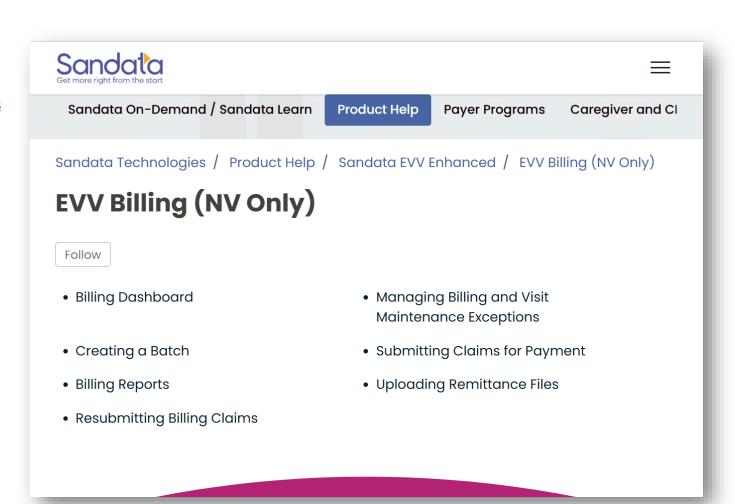
# Resources



### **Resources**



- Nevada (NV DHCFP) Billing
- Billing Dashboard
- Managing Exceptions: Billing and Visit Maintenance Exceptions
- Creating a Batch
- Submitting Claims for Payment
- Resubmitting Billing Claims
- NV Billing: Not Okay to Bill Reasons Guide
- Billing Reports
- Uploading Remittance Files
- Take Control of Your Billing



## Program, Policy, & General Information



### Program, policy, or general EVV questions?

Contact Nevada Department of Health and Human Services Division of Health Care Financing and Policy (DHCFP) via email at <a href="NVEVV@dhcfp.nv.gov">NVEVV@dhcfp.nv.gov</a>



# Questions?



# THANKS FOR THANKS FOR ATTENDING!



Please provide us your feedback after exiting the webinar.