# Electronic Visit Verification (EVV) Training

Horizon NJ Health Ancillary Contracting

All information presented in this Horizon NJ Health webinar applies solely with respect to services rendered to Horizon NJ Health members and may not reflect policies or practices of any other MCO.

# EVV Updates

- Overnight Visits - Reminder that all overnight visits must be billed with separate claim lines for each date of service.

  EVV visits will be recorded as separate dates of service for units applicable to each date (prior to and after midnight).

  Failure to bill separate dates of service will result in denied claims for dates of service on or After April 1, 2023.

- Care Givers will not be required to punch out and back in at midnight.

  HNJH will recognize EVV submissions spanning midnight and apply time units to each date of service.

# Topics to Be Covered

- EVV Overview
- First Steps for Provider Adoption
- EVV Implementation
- EVV Management
- HNJH Billing and Claims
- Contacts and Questions

# EVV Overview

# EVV Overview: What is EVV?

- The 21st Century Cures Act mandates that, States require use of Electronic Visit Verification (EVV) for Medicaid-funded Home Health Skilled Nursing, Private Duty Nursing, Therapies and Home Health Services (HHCS) for in-home visits by a provider (Phase II EVV Services).

- EVV data is the electronic verification of: Date of service; location of service; individual providing service; type of service; individual receiving service; and time the service begins and ends. EVV data is recorded on an electronic device at the site of service, such as a cell phone. EVV data is required to be recorded by the State of New Jersey and by participating MCOs prior to claim payment.

- Under the State of New Jersey adoption plan, Providers are required complete training and integration (if needed) and to begin to submit EVV for Phase II Services, for Home Health, Nursing, and Therapies by July 18, 2022. The mandate requires 100% compliance by January 1, 2023.

- DMAHS provides a detailed list of CPT Codes and modifiers on their New Jersey Electronic Visit Verification Home Health Care Services. All service codes are subject to the mandate if billed with place of service 12.

# EVV Overview: How is EVV Transmitted?

HHAx (“HHAx”) is the state of New Jersey’s vendor for aggregation. HHAx will aggregate incoming EVV Data from Providers

EVV data will flow from the provider to the state’s aggregator “HHAx” and to the individual MCO’s Aggregator.

- HHAx serves as the state’s Aggregator and
- CareBridge is currently the Aggregator for Horizon NJ Health.
- The state has adopted a “no wrong door policy” in which EVV data is forwarded to the State’s identified aggregator, HHAx, by the software vendor chosen by an individual provider who may send data to either HHAx or CareBridge for Horizon NJ Health members.

# 1st Steps For Provider Adoption

# 1st Steps For Provider Adoption: Critical Dates

**July 18, 2022**

- Providers should have selected their EVV Software, completed integration and training and begin submission to either CareBridge or HHAx of EVV data.

**October 1, 2022**

- Meet or exceed operationally engaged status.

**April 1, 2023**,

- All providers must be 100% compliant.

**April 1, 2023**

- Claims will begin to deny if corresponding EVV data is not present in EVV data received by HNJH via CareBridge or HHAx.

# 1st Steps For Provider Adoption: EVV Vendor Choice

What are the options for providers to transmit EVV data to HHAx?

**OPTION 1**:

- Use an existing EVV system or a system you intend to implement by July 18, 2022 to collect and report EVV Data

**OPTION 2**:

- Use Free EVV tools provided by each Health plan
    - CareBridge for Horizon and Amerigroup members, HHAx for WellCare, Aetna, United Health Care Community Plan and Fee-for-Service members.

# 1st Steps For Provider Adoption: EVV Survey

State of New Jersey Newsletter Released

- Available at NJMMIS.COM; Volume 32-28.
- Go to Newsletters and Alerts and enter “32-28” in the Search.

In cooperation with the New Jersey DMHAS, all MCOs sent out a request to participating providers, who render EVV Phase II Services to complete a survey regarding how providers will collect and implement data transmission to the state’s aggregator HHAx.

- The survey requests information about the software platform you will be using to collect and transmit data to HHAx or CareBridge.
- Providers only need to complete the survey once, for Phase II even though they may have received requests as a participating provider in multiple MCOs.

If you have not yet completed the New Jersey Home Health Services Provider Portal Questionnaire, please do so as soon as possible.

# 1st Steps For Provider Adoption: Software Integration

- If you are using an EVV software solution other than CareBridge or HHAx, your EVV software vendor will be required to ensure that they can transmit all required data elements to either HHAx or CareBridge in specified formats
- The communication process between your vendor and HHAx or CareBridge will need to be tested and validated to ensure that data is able to be communicated correctly. Working through the process of exchanging data in the mandated format is commonly known as “integration”
- Agencies choosing to utilize an alternative software solution are responsible for the performance of their software vendor in compliance with timely communication of data in the correct format.

# 1st Steps For Provider Adoption: Delayed Integration

- If you are a provider using a integrated software option and were not able to fully integrate with CareBridge or HHA on July 18, 2022, you should still be recording EVV for visits on and after July 18, 2022.

  Once integrated, any visits for July 18, 2022 dates of service and after should still be sent to the aggregator that you have chosen.

- In order to maintain a Provisionally Engaged status we must see visits received from HNJH's aggregator, CareBridge.

# 1st Steps For Provider Adoption: EVV Software Training

- You must indicate what software you will be using to gather EVV data on the Survey Request. If you are using HHAx or CareBridge software, you will need to complete HHAx or CareBridge Training. If you are using a software other than HHAx or CareBridge you must complete your software vendor's training program and the EDI training program for either CareBridge or HHAx.
- After completing training integrated providers will submit test data to either CareBridge or HHAx. Once test data has been successfully received, you will be assigned provider log on ID to either the CareBridge or HHAx portal.
- All providers are expected to have an active log on id and begin submitting data by July 18, 2022.

# Phase II EVV Implementation

# Phase II EVV Implementation: Implementation Period

Effective Dates:

**July 18, 2022 - March 31, 2023**

Provider agencies will demonstrate progress towards full compliance with training and verified visit submission. During the implementation period, as providers progress towards full compliance, claims will not be denied for a lack of EVV supporting data.

# Phase II EVV Implementation: Compliance Rate

Compliance Rate is Units Billed that have EVV Data divided by Total Units billed for paid claims.

The example below reflects the compliance score for one claim submitted by a Phase II Provider. This represents the percentage of units that would be paid to a Provider for Phase II mandated service provided there is no other cause for their claims to deny.

Your compliance rate can be requested from Stephen_Fitch@Horizonblue.com.

## Compliance Score Calculation

| Claim Line | Units Billed | Time on EVV Data | Matching EVV Units | Compliance Score |
|---|---|---|---|---|
| 1 (DOS 9/1) | 10 | 2 hours | 8 | 80% |
| 2 (DOS 9/2) | 10 | No matching visit | 0 | 0% |
| 3 (DOS 9/3) | 12 | 3 hours | 12 | 100% |
| totals | 32 | 5 hours | 20 | 63% |

# Phase II EVV Implementation: Compliance Status

Provider will be categorized as follows:

- Compliant:  Provider has demonstrated 100% compliance rate for all claims submitted
- Operational- Provider has met all state guidance for compliance as of the go live date and has demonstrated a satisfactory compliance rate.
- Provisionally Engaged- Provider has demonstrated ability to submit data to CareBridge or HHAx.
- Provisionally Disengaged- Provider has not established an active portal and/or has not yet demonstrated the ability to supply EVV data to CareBridge or HHAx.

# Phase II EVV Implementation: EVV Adoption Milestones

## Cohorts 1 & 2 (Skilled Care/Therapies)

| Milestones | Activities | End of Period Goal | Timeframe |
|---|---|---|---|
| Onboarding - HHAx 'Go live' | • Select Your EVV Vendor<br>• Complete the HHAx Survey Questionnaire<br>• Complete Integration<br>• Secure HHAx or CareBridge Portal Log on ID and password.<br>• Complete EVV Training<br>• Complete MCO Aggregator Integration Provider Training | Active communication of EVV visit Data to either the CareBridge or HHAx Portal, obtain Provisionally Engaged Status. | May 1, 2022 to July 18, 2022 |
| Provisional - Engaged | • Maximize visits reported with EVV Data.<br>• Gain experience in managing internal staff and Care Givers<br>• Learn to identify and resolve error code rejections.<br>• Billing activities are not impacted | Increased matching of the claim units billed with EVV supporting data to achieve Operational Status or on 9/30/22 are at risk for no longer receiving member referrals. | July 19, 2022 to December 31, 2022 |
| Provisional - Disengaged | • No participation in onboarding activities<br>• No identified EVV solution and/or are not utilizing an EVV solution<br>• There are no integration activities | These providers must immediately address EVV requirements and move into Engaged status with all applicable payers. | July 19, 2022 to December 31, 2022 |
| Operational | • Resolve any gaps in information exchange which result in less than a 100% Compliance Rate<br>• Begin billing activities<br>• Assure CHHA/License numbers are included on claims | Operational status must be achieved, MCOs may begin to limit referrals or transition existing members to providers who have achieved Operational Status. | January 1, 2023 and thereafter |
| Full Compliance | • Ongoing maintenance to ensure 100% compliance | All claims submitted must have supporting EVV data and license/certification numbers included on applicable claims. | April 1, 2023 and thereafter |

# EVV Management: Member Information

- HNJH does not upload HNJH member information into either the CareBridge or HHAx system. How member information is populated depends on your integration set up.
- HHAx, CareBridge and CareBridge integrated providers must manually input HNJH member information into their software solution.
- HHAx integrated providers submit their first visit with the correct billing recipient Medicaid ID. This ID is matched to the state's eligibility file and populates the member's profile. They do not need to manual entry of member information. Please see more detailed information on the HHAx webpage.
- All other users must manually load member information into their EVV software system and must include the **billing recipient** Medicaid ID. If a state Medicaid ID number is submitted that does not match the billing recipient Medicaid ID on the State eligibility record located at NJMMIS.com number recorded on the HNJH claims system, users will receive error code "VCR2068- Member is not present in the payer's membership file".

# EVV Management

# EVV Management: Prior Authorization

## Prior Authorization Process for Phase II- Cohort 1 and 2

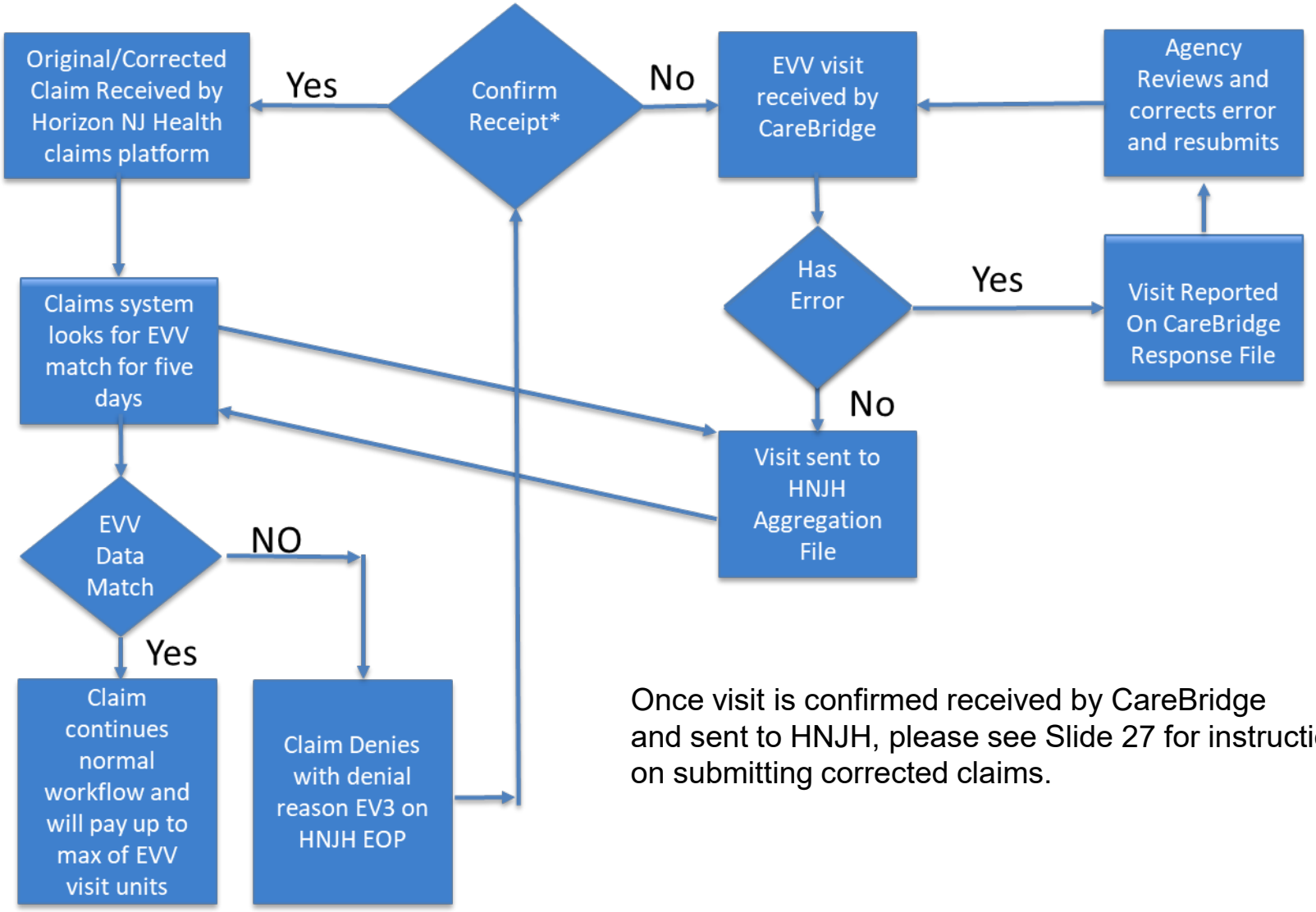
- Provider or Member request authorization for services for initial and renewal auths
  - Email
  - electronically via Navinet (Care Affiliate)
  - phone call
- Request is received and assigned for medical necessity determination
  - Supporting documentation should be included with request from provider
  - Request for needed documentation from provider to complete determination if request if from member
- Authorization determination is based on assessed needs
- Provider receives approval/limited/denial both verbally and via Navinet/Fax
- Member denials are provided in writing
- When entering authorization into EVV solution please review to make sure it matches authorization provided.
- For request that require a Retrospective Review, medical necessity reviews will be conducted for in-home services rendered within 6 calendar days of services being rendered and receipt of all needed documentation.

# Billing and Claims

# Billing and Claims: HNJH Billing

- All EVV Phase II Services to be billed directly to HNJH by the provider. There is no change in how you submit your bills to HNJH. Except as noted below:
  - All EVV mandated codes rendered in the home setting must be billed on a professional format (CMS1500 or 837p)
- When billing for “EVV Service Codes” claim submissions should only have one date of service for each claim line. Claims can still be submitted with multiple dates of service but only one date of service for each claim line. Billing a date range with more than one DOS per service line will result in the claim line being denied.
- HNJH does not provide authorization information to either HHAx or CareBridge. Authorization information should be manually entered by the Provider into their software solution and recorded in the EVV visits.
- Prior to billing you must confirm receipt of the your EVV visit by HNJH.

# Billing and Claims: Claims Workflow




Once visit is confirmed received by CareBridge and sent to HNJH, please see Slide 27 for instruction on submitting corrected claims.

# Billing and Claims: EVV Matching Requirements

Member Medicaid ID number:

- The Member Medicaid ID number is the 12 digit number assigned by the Sate of New Jersey and is not the Horizon NJ Health Member ID number
- If you don't have a member's Medicaid ID number it can be accessed at NJMMIS.COM. You must use the Billing Recipient Medicaid ID number.

Tax ID

NPI

- If you are billing multiple NPIs under tax IDs the NPI billed must match the NPI supplied in EVV data.

Date of Service

- Must bill one date of service per claim line

CPT Code

- Both CPT and any applicable modifier must match between EVV data and claim submission

Place of Service Code 12 must be billed

# Billing and Claims: EVV Denial Codes

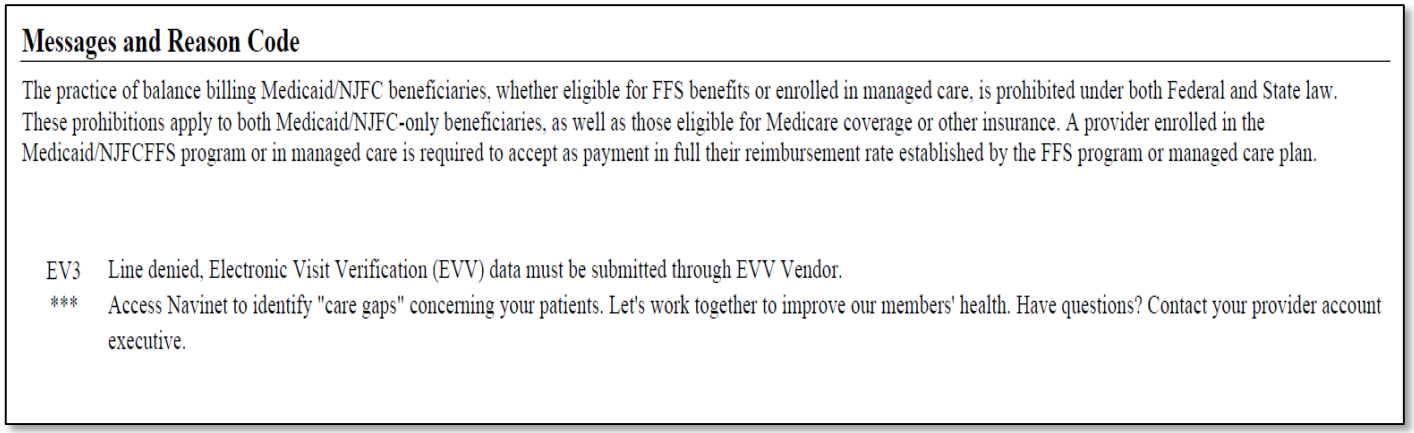
Effective 10/1/21, any claim units not supported with EVV data for EVV in scope services will deny. Below are the EVV Claims Denial Codes.

**EV1**: Amount exceed the Electronic Visit Verification (EVV) data submitted through EVV vendor

**EV2**: Units exceed the Electronic Visit Verification (EVV) data submitted through EVV vendor

**EV3**: Line denied, Electronic Visit Verification (EVV) data must be submitted through EVV Vendor

**EV4**: Line Denied; Multiple DOS Not allowed in a claim line qualified as EVV required



**Messages and Reason Code**

The practice of balance billing Medicaid/NJFC beneficiaries, whether eligible for FFS benefits or enrolled in managed care, is prohibited under both Federal and State law. These prohibitions apply to both Medicaid/NJFC-only beneficiaries, as well as those eligible for Medicare coverage or other insurance. A provider enrolled in the Medicaid/NJFCFFS program or in managed care is required to accept as payment in full their reimbursement rate established by the FFS program or managed care plan.

EV3 Line denied, Electronic Visit Verification (EVV) data must be submitted through EVV Vendor.

*** Access Navinet to identify "care gaps" concerning your patients. Let's work together to improve our members' health. Have questions? Contact your provider account executive.

# Billing and Claims: Corrected Claim After Denial

If a claim was denied and you have subsequently corrected EVV visit information you may receive amended payment by filing a corrected claim to Trizetto, after you have confirmed HNJH has received the revised EVV data.

Important Instructions Regarding Filing a Corrected Claim

- In order to submit a corrected claim, the claim must contain a claim frequency code 7 in field 22 of the HCFA 1500 or Loop 2300 of the 837 submission. In addition, if filing a corrected claim, you must include the internal control number (ICN) of the original or most recently denied claim (if the claim was submitted multiple times). The ICN should be included in Loop 2300 REF02 when using the 837 format; or included in field 22 under the “Original Ref No,” if using a HCFA 1500. You must include all dates of service which were included under the original claim regardless of payment status. A corrected claim submitted without these criteria may be denied even though EVV data may now be present on our claims system.

You must confirm that EVV data has been received by Horizon NJ Health prior to resubmitting a corrected claim.

# Billing and Claims: EVV Requirements for FIDE/Dual Eligible Members

| COHORT 1 Skilled Nursing / Private Duty Nursing / Home Health | | | | |
|---|---|---|---|---|
| **Codes** | **Procedure Name** | **Unit of Measure** | **Service Requirements** | **Requirements for EVV for FIDE and Dual Eligible Members** |
| 97597 | Debridement , open wound, wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, total wound(s) surface area; first 20 sq cm or less | Per visit | PA - REQUIRED POS 12 | Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP |
| 99601 | Infusion- Skilled nursing | Up to 2 hours | PA - REQUIRED POS 12 | |
| 99602 | Infusion- Skilled nursing-additional hour(s) | Each additional hour | PA - REQUIRED POS 12 | |
| G0299* | Direct skilled nursing services of a registered nurse (run) in the home health or hospice setting | 15 mins | PA - REQUIRED POS 12 | EVV Data required when Medicaid Authorizes |
| S9122 | Home Health Aide/Certified Nurse Assistant | Per hour | PA - REQUIRED POS 12 | Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP |
| S9123 | Nursing care, in the home; by registered nurse, | Per hour | PA - REQUIRED POS 12 | |
| S9124 | Nursing care, in the home; by licensed practical nurse | Per hour | PA - REQUIRED POS 12 | |
| S9127 | Social work visit, in the home | Per diem | PA - REQUIRED POS 12 | |
| T1000 | Private duty / independent nursing service(s) | 15 mins | PA - REQUIRED POS 12 | |
| T1002 | Private duty / independent nursing service(s) / RN | 15 mins | PA - REQUIRED POS 12 | |
| T1003 | LPN/LVN SERVICES | 15 mins | PA - REQUIRED POS 12 | |
| T1030 | Nursing care, in the home, by registered nurse | Per diem | PA - REQUIRED POS 12 | |
| T1031 | Nursing care, in the home, by licensed practical nurse | Per diem | PA - REQUIRED POS 12 | |
| G0300* | Direct Skilled nursing services of a licensed practical nurse (LPN) in the home or hospice setting | 15 Mins | PA - REQUIRED POS 12 | |
| *Services with G codes are only authorized by MCOs not FFS DMAHS | | | | |

# Billing and Claims: More EVV Requirements for FIDE/Dual Eligible Members

| COHORT 2 Therapies | | | | |
|---|---|---|---|---|
| **Codes** | **Procedure Name** | **Unit of Measure** | **Service Requirements** | **Requirements for EVV for FIDE and Dual Eligible Members** |
| 92507 | Speech, Language and Hearing Therapy Individual | Per diem | PA - REQUIRED POS 12 | Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP |
| 97110 | Physical Therapy, Therapeutic procedure, 1 or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility | 15 mins | PA - REQUIRED POS 12 | |
| 97129 | Cognitive Therapy, Individual | 15 mins | PA - REQUIRED POS 12 | |
| 97130 | Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact (List separately in addition to code for primary procedure) | Each additional 15 mins | PA - REQUIRED POS 12 | |
| 97535 | Occupational Therapy, Individual - Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact | 15 mins | PA - REQUIRED POS 12 | |
| G0151 * | Services performed by a qualified physical therapist in the home health or hospice setting | 15 mins | PA - REQUIRED POS 12 | |
| G0152 * | Services performed by a qualified physical therapist in the home health or hospice setting | 15 mins | PA - REQUIRED POS 12 | |
| S9128 | Speech therapy, in the home | Per diem | PA - REQUIRED POS 12 | |
| S9129 | Occupational therapy, in the home | Per diem | PA - REQUIRED POS 12 | |
| S9131 | Physical therapy; in the home | Per diem | PA - REQUIRED POS 12 | |
| G0153* | Service performed by a a qualified speech language pathologist in a home health or hospice setting | 15 mins | PA - REQUIRED POS 12 | |
| G0155* | Services provided by clinical social worker in home health or hospice setting | 15 mins | PA - REQUIRED POS 12 | |
| *Services with G codes are only authorized by MCOs not FFS DMAHS | | | | |

# Contacts and Questions

# Contacts and Questions: Customer Support Contacts

CareBridge Users: NJEVV@carebridgehealth.com

CareBridge Integrated Software Users: evvintegrationsupport@carebridgehealth.com

HHAx Software Users: Support@HHAx.com

Other Software sending data to HHAx-EDI: EDISupport@HHAx.com

Horizon NJ Health: Stephen_Fitch@horizonblue.com

# Contacts and Questions - Prior Auth Escalation

| For | Contact |
|---|---|
| Medicaid Home Care<br>(PT, OT, ST, SN, HHAx, Cog Thrpy) | Michele Favoroso, Supervisor Utilization Management<br>Michele_Favoroso@horizonblue.com<br>**1-609-537-3233** |
| Medicaid Non-MLTSS PDN | Prisscilla Radion, Supervisor Utilization Management<br>Prisscilla_Radion@horizonblue.com.<br>**1-732-256-6384** |
| If no resolution to either Medicaid Home Care or Medicaid Non-MLTSS PDN | Margaret Lacy, Manager RN Clinical Operations<br>Margaret_Lacy@horizonblue.com<br>**1-609-537-3236**<br><br>Vivian Keller, Director Utilization Management<br>Vivian_Keller@horizonblue.com<br>**1-732-256-5684** |
| For MLTSS PDN and MLTSS TBI Therapies | Kristen Taggines, Supervisor MLTSS<br>Kristen_Taggines@horizonblue.com<br>**1-609-537-3120**<br><br>Kelly Jelus, Supervisor MLTSS<br>Kelly_Jelus@horizonblue.com<br>**1-609-537-3811** |
| If no resolution to MLTSS PDN or MLTSS TBI Therapies | Carol Cianfrone, Director Medicaid Care Management Programs<br>Carol_Cianfrone@horizonblue.com<br>**1-609-310-0949** |

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