



NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Division of Medical Assistance and Health Services

EVV Home Health Care Services Provider Workgroup

Date: Thursday November 3, 2022
Documentation of items resolved

Agenda

- Introduction
- Provider Discussion – Categories Q and A
 - Discussion of Previously Submitted Items
 - HHAx Presentation
 - Recent system updates
 - Steps to address error messages
 - New Items submitted for 11/2 meeting
 - Resolved Questions that will be included in FAQ

Updates to EVV settings

1. Q. Claims are denied when nurses change shifts. The system does not allow for overlapping shifts even though both nurses need to present with patient for shift transition

A: Overlap will be allowable for the following codes:

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
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

Updates to EVV settings

2. Q. If EVV tool does not allow for **shift variance** –Provider staff may have to create manual overrides due to minor delays for direct service staff .
- A. DMAHS to specify that EVV tools allow for a minimum 10 minute scheduling variance. A manual override should not be required for EVV submission. (i.e. Shift must be completed within 10 minutes of schedule)**

When to Contact HHAeXchange

- Issues/questions regarding system functionality or anything relating to your HHAeXchange portal – **Reach out to HHAeXchange Support at njsupport@hhaexchange.com**
- Issues/questions regarding your 3rd Party EDI Integration- **Reach out to edisupport@hhaexchange.com**
- Missing Authorizations and or members and information relating to Claims Payments– **Reach out to your Payer directly.**
- Link to NJ DMAHS Provider Resource Page: <https://hhaexchange.com/nj-dmahs/>
 - **In the FAQ section you can access a NJ Specific FAQ document for more details on commonly asked questions and scenarios.**

HHAX Common questions

PATIENT/MEMBER MANAGEMENT:

The Patient information is incorrect. What should I do?

If the Patient's Name, Gender, Date of Birth, Phone Number or Address is incorrect, please contact your Payer Provider Relations Team to update the required information. Refer the user to the HHAX Patient Placement and Management Process Guide in your support center for further details.

The Authorization is incorrect. What should I do?

Review the Authorization letter. If the Authorization letter received conflicts with what is in the HHAX system, please contact your Payer Provider Relations Team.

I am having issues with a member ID?

Providers using an 3rd party EVV vendor should double check that the member has been loaded into HHAX by their payer. If the member is missing, contact the Payer Provider Relations Team directly.

Providers using a 3rd party EVV vendor and are sending member data to HHAX direct for Horizon and/or Amerigroup and have a member eligibility issue should reach out to edisupport@hhaexchange.com to open a ticket for further investigation.

HHAX Common questions

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HHAX Common questions

CLAIMS/INVOICING:

I cannot find a visit for invoicing. What do I do?

If a visit cannot be found, it may be caught by the Prebilling process. Refer to the steps below to locate the visit and address the issue that is preventing it from being invoiced.

Prebilling Review

Visits that have been confirmed, but do not meet all validation requirements, are held in the Prebilling Page in HHAX. Follow the steps below to review visits held in Prebilling:

1. Navigate to the **Billing > Prebilling Review** screen.
2. Enter the desired search parameters to locate visits.
3. Review the reason(s) the visit did not pass the validation in the **Problem** column.
Refer to the Prebilling Process Guide in your support center for details and best practices to correct each validation reason listed in the Problem column.
All providers should manage their Prebilling Review in HHAX, even if using a 3rd Party EVV Vendor to ensure there are no holds on claims getting to your contracted Payers.

There are no rates entered for my linked payers service codes. What do I do?

Providers are responsible for entering and managing all rates in the NJ Market. The payers nor HHAX manage the rates. EDI Providers should be sending the correct rates with their billing data through their API to HHAX

HHAX Common questions

CLAIMS/INVOICING Cont.:

How do we know all claims were accepted by the Payer? Do we get 999 or 277 files back from either HHAX or the Payer?

Providers receive a 277ca and/or 999, which come from a clearinghouse providing information on issues with the formatting of the 837 files. HHAX does not receive payment remittance information from any payers in NJ.

The 277ca/999 response can be found in the providers portal under:

**Billing> Invoice Search> By visit; or
Report>Billing> Claim Status Report**

HHA Follow-up

System Updates Q & A Follow-up

Submitted for Discussion October 20, 2022

1. Q. The service codes under the FFS Medicaid contracts (DDD and DMAHS) in our Provider portal is not correct. We use S codes without modifiers and there also are many visit types missing (RN, HHA, MSW). Please see below.

HCPCS
S9122
S9124
S9127
S9129
S9131
S9123
S9123
S9127

A. Updates for missing service codes is scheduled for 11/4

2. Q: We need a code for DDD to differentiate it from PCA/HHA. Otherwise, our schedulers can not schedule an HHA on a DDD case even if they aren't DDD qualified.

A. This is part of our overall service code configuration update which will be completed 11/11

3. Q. NJ Medicaid is billed in 15 min increments (no issue) but our HMO contracts are all set up as per visit and hourly (HHA) reimbursement. Do we continue to bill per visit/hourly? I am concerned if we bill in 15 min increments the visits will deny since we will then be billing more than 1 unit for our per visit services.

A. HHAX is updating billing structure to align with DMAHS Newsletter (Volume 32-20). This is part of our overall service code configuration update which will be completed 11/11

Q & A Follow-up

Resolved November 3, 2022

Q1. What is the allowed location radius - the maximum distance (in feet) between the provider and the patient's care address that is accepted for EVV **300 feet from address of members address**

Q2. Is the EVV and Billing data from HHAX being sent to Carebridge for Amerigroup?

A. Providers have to integrate directly with CareBridge for Amerigroup members.

Q3. Who determined that Horizon would be billed as is done currently by the agency?

A. Each MCO identified billing process for EVV individually based on their business process

Q4. Q. Will the rounding rules be updated for PDN?

A. At this time PDN rules will remain, updates to New Jersey Administrative Code: TITLE 10. HUMAN SERVICES > CHAPTER 60. HOME CARE SERVICES (10:60) to be considered based on implementation of EVV.

Q & A

Resolved October 20 2022 meeting

1. Q. Providers use the following codes for in-home services G0153, G0155 and G0300 will DMAHS add the codes to the EVV code set and update Newsletter?
A. DMAHS and HHAX to address code updates

Q & A

Resolved October 6 2022 presentation

1. Q: Our nurses need to be able to clock in at 11p and out at 7a without having to clock out at 1159 and back in at midnight on every night shift. Those 'visits' should be linked so only one clock in/clock out is required.

A: If the provider is using HHAX, scheduling back to back will allow the caregiver to clock in and out once.

2. Q: When a nurse is scheduled for multiple shifts on the same day, there is no way for them to call out for just one of the shifts. When we go into the "absence/restriction" button, the only option is for the nurse to call out for the entire day. If we go into the calendar section and just "temp" the visit, then the call out isn't recorded for the caregiver.

A: This is HHAX Paid Provider Portal Functionality. The provider will need to reach out to their Provider CSM Contact at HHAX to address this concern.

3. Q: We need an electronic MAR so the nurses can sign off on their meds electronically or at least so it can be printed from the profile database and sent to the home. Currently our nurses are hand-writing a MAR each month which is archaic.

A: This is an HHAX Paid Provider Functionality and not part of the Free EVV option offered to comply with the Cure's Act Mandate. For additional assistance please reach out to njsupport@hhaexchange.com or your Provider CSM at HHAX

Q & A

Resolved October 6 2022 presentation

4. Q: There needs to be a way to create a form in the caregiver's section for annual evaluations /competencies. Currently, we have it attached to the edocs within the visit, but that gets filed into the patient's chart versus the nurse's chart. It needs to go into the nurse's chart.

A: This is an HHAX Paid Provider Functionality and not part of the Free EVV option offered to comply with the Cure's Act Mandate. For additional assistance please reach out to njsupport@hhaexchange.com or your Provider CSM at HHAX.

5. Q: We need to be able to remove a code from a caregiver. We have a caregiver who used to have an HHA license and did HHA work for us. She let her license lapse but still works for us on DDD. We can't remove the PCA/HHA code because she was paid/billed under that code in the past. The system won't let you remove a code from a caregiver once it's been billed. This could cause us to schedule her incorrectly in the future. The same would be true for an LPN that gets an RN license. We wouldn't be able to remove the LPN code.

A: This tested on the HHAX side – Caregiver successfully remove this from a provider. Please reach out to njsupport@hhaexchange.com with examples for further assistance.

6. Q: We need an "other agency" option for scheduling purposes. We have no way of scheduling blocks that are with shared agencies, so we have no idea what shifts the other agency is covering on a co-vended case. Our schedule should match the authorized hours to ensure the client is getting full coverage and so the co-vending agencies can cover each other's call outs when possible. It's extremely difficult to keep track of otherwise.

A: HHAX cannot accommodate this request. There is no way to link two provider portals together to share member and scheduling information.