Electronic Visit Verification

Phase 2: Provider Workgroup
Meeting #11

Thursday July 21, 2022
2:00 pm – 4:00 pm

Onsite: Life Station 2 Stahuber Avenue, Union NJ 07083
Remote: Zoom Meeting [https://chcs.zoom.us/j/8490462074](https://chcs.zoom.us/j/8490462074)
Agenda

• Introduction and Overview
• DMAHS
  • Policy updates
• Health Plans
  • EVV updates
  • HCAH Provider Q&A follow up
EVV Home Health Care Services (HHCS) Policy

EVV HHCS guidance is posted on the NJ DMAHS EVV Website:
https://www.state.nj.us/humanservices/dmahs/info/EVV_Provider_Newsletter_Vol%2032_No_20.pdf

Compliance Requirements
• Rendering providers’ certification / licensing numbers will be required in the HHAx provider portal for both PCS and HHCS providers.
• Further guidance is forthcoming. Providers have until 12/31/22 to add this information to rendering providers’ profiles

System Requirement for EVV Providers - Multifactor Authentication (MFA)
• Multi-factored Authentication (MFA) will be enabled for NJ users starting in July 2022
• MFA requires users to enter their Username and Password in addition to a unique and random system-generated code
• Roll out will be in phases from July – September
  • Each provider will receive a system notification prior to MFA implementation
  • HHAx’s Job Aide for Providers is included in the Newsletter and the MFA implementation email
• Identified as a CMS Best Practice
DMAHS EVV Updates
MCO Enrolled Members
July - August 2022

Phase 2
Home Health Care Services
Full Compliance
January 1 2023

- Review individual MCO Provider Trainings to confirm that each includes a comprehensive overview of plan specific processes for the following:
  - MCO Prior Authorization/ Retro authorization process
  - Billing processes consistent with DMAHS Coordination of Benefits Guidelines for Dual Eligible members
# Phase 2: (Skilled Care/Therapies) EVV Implementation Milestones

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Activities</th>
<th>End of Period Goal</th>
<th>Timeframe</th>
</tr>
</thead>
</table>
| Onboarding - HHAx ‘Go live’         | • Select Your EVV Vendor  
• Complete the HHA Survey Questionnaire  
• Complete Integration  
• Secure HHA or CareBridge Portal Log on ID and password.  
• Complete EVV Training  
• Complete MCO Provider Training | Active communication of EVV visit Data to either the CareBridge or HHA Portal, obtain Provisionally Engaged Status | May 1, 2022 to July 18, 2022       |
| Provisional - Engaged               | • Maximize visits reported with EVV Data.  
• Gain experience in managing internal staff and Care Givers  
• Learn to identify and resolve error code rejections.  
• 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 September 30, 2022 |
| Provisional - Disengaged            | • No participation in onboarding activities  
• No identified EVV solution and/or are not utilizing an EVV solution  
• 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 September 30, 2022 |
| Operational                         | • Resolve any gaps in information exchange which result in less than a 100% Compliance Rate  
• Begin billing activities  
• 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. | October 1, 2022 to December 31, 2022 |
| Full Compliance                     | Ongoing maintenance to ensure 100% compliance | All claims submitted must have supporting EVV data and license/certification numbers included on applicable claims | January 1, 2023 and thereafter     |
DMAHS Monitoring of MCO Reports

- MCOs will submit reports beginning Sept. 1st with the following information:

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Tax ID</th>
<th>Number of NJ FamilyCare Members Served</th>
<th>Number of FIDE Members Served</th>
<th>EVV Phase II Status</th>
<th>Risk Category</th>
</tr>
</thead>
</table>

- **EVV Phase 2 Status:**
  - Provisionally Engaged
  - Provisionally Disengaged
  - Operational
  - Fully Complaint

- **Risk Category:**
  - High
  - Medium
  - Low
EVV Requirements For Phase 2
Services Covered By Medicare

Non-MLTSS member that are Dual Eligible – EVV will be required when Medicare is exhausted and the NJ FamilyCare MCO authorizes the service.

MLTSS members that are Dual Eligible – EVV will be required for in-home services that Medicare and Medicaid share expense as well as services covered by Medicaid only. The Provider must follow NJ FamilyCare MCO process to submit EVV data when Medicaid paying all or only a part of the claim. The EVV data is required for quality data.

SNP - For FIDE SNPs, the authorization originates with them. Therefore, FIDE SNPs to have EVV done on all HHCS services.

*EVV is not required when member has TPL other than Medicare until benefit is exhausted and Medicaid authorizes service.*
## Sample 1: Phase II Services Covered By Medicare and EVV Requirements

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Name</th>
<th>Unit of Measure</th>
<th>Service Requirements</th>
<th>Covered by Medicare</th>
<th>MLTSS Members</th>
<th>FIDE Members</th>
<th>Non MLTSS and Non-FIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0299</td>
<td>Direct skilled nursing services of a registered nurse (run) in the home health or hospice setting</td>
<td>15 mins PA - REQUIRED POS - 12/Home</td>
<td>100% covered by Medicare</td>
<td>EVV not required until Medicare is exhausted</td>
<td>EVV not required until Medicare is exhausted</td>
<td>EVV Required when MCO Authorizes the service</td>
<td></td>
</tr>
<tr>
<td>97110</td>
<td>Physical Therapy, Therapeutic procedure, 1 or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility</td>
<td>15 mins PA - REQUIRED POS - 12/Home</td>
<td>80% covered by EVV Required Medicare</td>
<td>EVV Required</td>
<td>EVV Required when MCO Authorizes the service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97129</td>
<td>Cognitive Therapy, Individual</td>
<td>15 mins PA - REQUIRED POS - 12/Home</td>
<td>80% covered by EVV Required Medicare</td>
<td>EVV Required</td>
<td>EVV Required when MCO Authorizes the service</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*EVV is not required when member has TPL other than Medicare until benefit is exhausted and Medicaid authorizes service*
### Sample 2: Phase II Services Covered By Medicare and EVV Requirements

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Name</th>
<th>Unit of Measure</th>
<th>Service Requirements</th>
<th>Covered by Medicare</th>
<th>MLTSS Members</th>
<th>FIDE Members</th>
<th>Non MLTSS and Non -FIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>97130</td>
<td>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)</td>
<td>Each additional 15 mins</td>
<td>PA - REQUIRED POS - 12/Home</td>
<td>80% covered by Medicare</td>
<td>EVV Required</td>
<td>EVV Required</td>
<td>EVV Required when MCO Authorizes the service</td>
</tr>
<tr>
<td>97597</td>
<td>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</td>
<td>Per visit</td>
<td>PA - REQUIRED POS - 12/Home</td>
<td>80% covered by Medicare</td>
<td>EVV Required</td>
<td>EVV Required</td>
<td>EVV Required when MCO Authorizes the service</td>
</tr>
<tr>
<td>99601</td>
<td>Infusion- Skilled nursing</td>
<td>Up to 2 hours</td>
<td>PA - REQUIRED POS - 12/Home</td>
<td>80% covered by Medicare</td>
<td>EVV Required</td>
<td>EVV Required</td>
<td>EVV Required when MCO Authorizes the service</td>
</tr>
<tr>
<td>99602</td>
<td>Infusion- Skilled nursing-additional hour(s)</td>
<td>Each additional hour</td>
<td>PA - REQUIRED POS - 12/Home</td>
<td>80% covered by Medicare</td>
<td>EVV Required</td>
<td>EVV Required</td>
<td>EVV Required when MCO Authorizes the service</td>
</tr>
<tr>
<td>T1000</td>
<td>Private Duty Nursing/Independent Nurse Services</td>
<td>15 mins</td>
<td>PA - REQUIRED POS - 12/Home</td>
<td>80% Covered by Medicare</td>
<td>EVV Required</td>
<td>EVV Required</td>
<td>EVV Required when MCO Authorizes the service</td>
</tr>
</tbody>
</table>
## EVV Cohort 1

<table>
<thead>
<tr>
<th>Codes</th>
<th>Procedure Name</th>
<th>Unit of Measure</th>
<th>Service Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>97597</td>
<td>Debridement, open wound, wound assessment, use of a whirlpool, when performed</td>
<td>Per visit</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td></td>
<td>and instruction(s) for ongoing care, total wound(s) surface area; first 20 sq cm</td>
<td></td>
<td>has more than one column</td>
</tr>
<tr>
<td>99601</td>
<td>Infusion- Skilled nursing</td>
<td>Up to 2 hours</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>99602</td>
<td>Infusion- Skilled nursing-additional hour(s)</td>
<td>Each additional</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>G0299</td>
<td>Direct skilled nursing services of a registered nurse (run) in the home health</td>
<td>15 mins</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td></td>
<td>or hospice setting</td>
<td></td>
<td>has more than one column</td>
</tr>
<tr>
<td>S9122</td>
<td>Home Health Aide/Certified Nurse Assistant</td>
<td>Per hour</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>S9123</td>
<td>Nursing care, in the home; by registered nurse,</td>
<td>Per hour</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>S9124</td>
<td>Nursing care, in the home; by licensed practical nurse</td>
<td>Per hour</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>S9127</td>
<td>Social work visit, in the home</td>
<td>Per diem</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>T1000</td>
<td>Private duty / independent nursing service(s)</td>
<td>15 mins</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>T1002</td>
<td>Private duty / independent nursing service(s) / RN</td>
<td>15 mins</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>T1003</td>
<td>LPN/LVN SERVICES</td>
<td>15 mins</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>T1030</td>
<td>Nursing care, in the home, by registered nurse</td>
<td>Per diem</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>T1031</td>
<td>Nursing care, in the home, by licensed practical nurse</td>
<td>Per diem</td>
<td>PA - REQUIRED POS 12</td>
</tr>
</tbody>
</table>
### EVV Cohort 2

#### COHORT 2 Therapies

<table>
<thead>
<tr>
<th>Codes</th>
<th>Procedure Name</th>
<th>Unit of Measure</th>
<th>Service Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>92507</td>
<td>Speech, Language and Hearing Therapy Individual</td>
<td>Per diem</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>97110</td>
<td>Physical Therapy, Therapeutic procedure, 1 or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility</td>
<td>15 mins</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>97129</td>
<td>Cognitive Therapy, Individual</td>
<td>15 mins</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>97130</td>
<td>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)</td>
<td>Each additional 15 mins</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>97535</td>
<td>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</td>
<td>15 mins</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>G0151</td>
<td>Services performed by a qualified physical therapist in the home health or hospice setting</td>
<td>15 mins</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>G0152</td>
<td>Services performed by a qualified physical therapist in the home health or hospice setting</td>
<td>15 mins</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>S9128</td>
<td>Speech therapy, in the home</td>
<td>Per diem</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>S9129</td>
<td>Occupational therapy, in the home</td>
<td>Per diem</td>
<td>PA - REQUIRED POS 12</td>
</tr>
<tr>
<td>S9131</td>
<td>Physical therapy; in the home</td>
<td>Per diem</td>
<td>PA - REQUIRED POS 12</td>
</tr>
</tbody>
</table>
Aetna Better Health of New Jersey - Home Healthcare Services

EVV Aggregator Partnership

[Image]

Aetna Leads

Tahnee Garay  
Dir. of Regulatory Affairs, ABHNJ  
garayt@aetna.com

Constance Offer  
Lead Director, NJ FIDE SNP  
offerc@aetna.com

Aetna Dedicated Email Mailbox  
AetnaEVVCompliance@AETNA.com

Provider Actions/Next Steps

1. Choose your EVV provider selection and the HHAeXchange Platform

2. Complete your HHAeXchange Portal Configuration Questionnaire at hhaexchange.com/njhhhsurvey

3. Register and attend an Information Session & System User Training

4. Be on the lookout for Aetna Provider Training details, which will include education on codes, prior authorizations, claims submission, payments and support channels.

HHAX NJ Client Support Phone Number  
(866) 245-8337

HHAX NJ Client Support Email Mailbox  
NJSupport@hhaexchange.com

Providers Using a Third Party EVV Vendor  
EDIsupport@hhaexchange.com

Constance Offer  
Lead Director, NJ FIDE SNP  
offerc@aetna.com

Aetna Dedicated Email Mailbox  
AetnaEVVCompliance@AETNA.com

©2022 Aetna Inc.
Provider initiates a Prior Authorization (PA) Request

PA form is completed by the Provider

Provider faxes PA request using the number on the form, or through Availity electronic submission

Service Authorization staff reviews the request

PA request meets medical criteria

Hardcopy of approved authorization is sent to the Provider with service details

Approved

PA request meets medical criteria

Denied

Provider disagrees with the coverage decision for services

Provider appeals verbally or in writing within 60 calendar days of denial notice.

Appeal

Appeal Process is followed: https://www.aetnabetterhealth.com/new-jersey-hmosnp/providers/portal.html

Provider receives a letter explaining the reasons for the denial of service

Claim is received by Aetna and adjudicated

HHAX transmits claim file to Aetna Clearinghouse

Provider utilizes HHAX system to invoice and bill for services rendered

Provider utilizes HHAX system to schedule EVV visits

Authorization is transmitted to HHAX System

Provider verifies member’s eligibility for service
OVERVIEW OF EVV PROCESS

EVV Aggregator: CareBridge

If you support Amerigroup members, you must integrate directly with CareBridge

• If you are using CareBridge as your EVV vendor – you are all set
• If you are using HHAX as your EVV vendor – you are all set
• If you are using a 3rd party EVV vendor (other than CareBridge or HHAX) – please contact your EVV vendor to make sure your vendor is integrated with CareBridge
  • If your vendor is not integrated with CareBridge – please ask your vendor to email evvintegration@carebridgehealth.com to begin the integration process ASAP.
  • If your vendor is integrated with CareBridge – please ask your vendor to enable EVV visit data transfer over to CareBridge ASAP.
  • Providers and Vendors can also go to http://evvintegration.carebridgehealth.com/ for information on CareBridge technical requirements and other integration related questions.
  • Providers can also call: 844-924-1755
KEY CONTACTS

Lynelle Steele- EVV Lead
Fannie.steele@amerigroup.com

• Keisha Woodson-Authorizations
  keisha.woodson@amerigroup.com

• Eyreny Mekhaiel – Operations
  eyreny.mekhaiel@amerigroup.com

MLTSS Authorizations
Authorizations: Keisha.Woodson@Amerigroup.com
Phone: 1-855-661-1996, option 1

Non-MLTSS Authorizations:
1-800-452-7101, x106-134-2111

Contracting:
Carol.diprisco@amerigroup.com
Alejandro.valentin@amerigroup.com

Provider Experience:
avis.skipper@amerigroup.com
maria.peralta@amerigroup.com

Clinical MLTSS:
jennifer.iskandar@amerigroup.com

Clinical Non-MLTSS:
suzanne.veit@amerigroup.com

EVV Training:
http://carebridgehealth.com/trainingnjev
Home Health staff have access under the “Discussion” tab in the portal to communicate updates to the agency regarding any changes with members. These changes can also be reported to Care Managers as well.
Amerigroup will provide benchmarks for compliance from 10/1/22 - 12/31/22

Provider Compliance Communication Plan:

Using CareBridge weekly Integration Report and HHAX Weekly Campaign Report, the following communications will be sent to providers:

A. Providers who have not reported EVV vendor or completed survey – send a blast fax indicating lack of compliance and steps to register and obtain training.

B. Providers who have chosen EVV vendor, but are not submitting visit/claim data – individual provider outreach will be made by Amerigroup

C. Providers who are Compliant (Operational) – send blast fax confirming provider operational status with rate

** Fax Blast will be sent twice a month as providers compliance status change
BILLING

Care Bridge has both in depth-on demand training videos and short “micro-learnings” on specific activities including how to clear pre-billing alerts, how to submit visits for billing, and a provider training manual with screenshots and descriptions for how to complete all EVV related activities including billing available online. https://www.carebridgehealth.com/njevv

What should a provider do if there are billing issues?

**CareBridge is my EVV vendor:** The first step is to review visits and resolve alerts that appear within the CareBridge portal. Providers should leverage resources found with the CareBridge Resource Library to resolve alerts. If there are additional questions from CareBridge users, they can be directed to njevv@carebridgehealth.com.

**HHAX is my EVV vendor:** The first step is to review visits within your EVV vendor’s portal, review the response reporting that CareBridge provided to HHAX (response reporting contains detail on any corrections that need to be made to visits before they can be billed). CareBridge also supplies an EVV Vendor (read only) portal that providers can use to view all alerts. Providers can see everything in the CareBridge portal, but corrections still must be made within their contracted EVV system. Additional questions can be directed to evvintegrationsupport@carebridgehealth.com.

**3rd Party EVV vendor:** The first step is to review visits within your EVV vendor’s portal, review the response reporting that CareBridge provided to HHAX (response reporting contains detail on any corrections that need to be made to visits before they can be billed). CareBridge also supplies an EVV Vendor (read only) portal that providers can use to view all alerts. Providers can see everything in the CareBridge portal, but corrections still must be made within their contracted EVV system. Additional questions can be directed to evvintegrationsupport@carebridgehealth.com.

***Once, the initial steps noted above have been followed and there remains additional questions regarding billing, the contacts for Amerigroup Provider Experience Team are Avis Skipper and Maria Peralta.
EVV Compliance/Critical Dates

- Providers are required to comply with EVV mandate for Phase II Services in the State of New Jersey Newsletter Available at NJMMIS.COM; Volume 32-20.

- Email notices sent bi-weekly to providers starting August, 2022 for Provisionally Disengaged and Provisionally Engaged Status

- Email notices sent bi-weekly to providers mId-September for Operational Status
HNJH Bi-Weekly Webinars

HNJH next Bi-Weekly Update Webinar is on July 25, 2022 @ 9:30 am EST. Go to [http://carebridgehealth.com/trainingnjev](http://carebridgehealth.com/trainingnjev), Topics will Include:

- EVV Overview
- State of New Jersey Newsletter Available at NJMMIS.COM; Volume 32-20 and Critical Compliance Dates
- First Steps for Provider Adoption
- Compliance Status and Communications From HNJH
- What’s different about HNJH
  - Direct billing to HNJH
  - Member Information
  - Authorization Information
- Horizon’s Aggregator CareBridge and how information flows to HNJH
- EVV Implementation and Management
- HNJH Billing, Claims and How EVV matches for Claims Payment
- An Ample Interactive Question and Answer Period
Prior Auth Escalation

For Medicaid Home Care (PT, OT, ST, SN, HHA, Cog Thrpy)
Michele Favoroso, Supervisor Utilization Management
Michele_Favoroso@horizonblue.com
609-537-3233

For Medicaid Non-MLTSS PDN
Prisscilla Radion, Supervisor Utilization Management
Prisscilla_Radion@horizonblue.com
732-256-6384

Escalation Contacts for Medicaid Home Care or Medicaid Non-MLTSS PDN
Margaret Lacy, Manager RN Clinical Operations
Margaret_Lacy@horizonblue.com
(609) 537-3236

Vivian Keller, Director Utilization Management
Vivian_Keller@horizonblue.com
732-256-5684

For MLTSS PDN and MLTSS TBI Therapies
Kristen Taggines, Supervisor MLTSS
Kristen_Taggines@horizonblue.com
609-537-3120

Kelly Jelus, Supervisor MLTSS
Kelly_Jelus@horizonblue.com
609-537-3811

Escalation Contact for MLTSS PDN or MLTSS TBI Therapies
Carol Cianfrone, Director Medicaid Care Mngmt Programs
Carol_Cianfrone@horizonblue.com
609-310-0949
Customer Service Contacts

• CareBridge Users: NJEVV@carebridgehealth.com

• CareBridge Integrated Software Users: evvintegrationsupport@carebridgehealth.com

• HHAeXchange Software Users: Support@hhaexchange.com

• HHA Integrated Software Users:

• HHAeXchange-EDI: EDISupport@hhaexchange.com

• Horizon New Jersey Health: Stephen_Fitch@horizonblue.com
NJ United Healthcare EVV Implementation
EVV Overview Process

- A Prior Authorization and visit verification is required for all services requiring Electronic Visit Verification (EVV).

- United will exchange the authorization information with HHAeXchange (HHAx) for the providers to verify the visits and bill through HHAx for the services.

- Providers must complete the survey and register with HHAx and obtain access to the HHAx portal to verify visits and submit claims for reimbursement.

- During Soft Go live, we accept claims from HHAX and providers directly. If providers submit claims directly to us the claim will edit with a warning message.

  Claim not submitted per EVV guidelines. N363 - Alert: in the near future we are implementing new policies/procedures that would affect this determination.

- When Hard Go live goes into effect (1/1/2023), then all services requiring EVV must be submitted and billed through HHAX for reimbursement. If a provider bills us directly, the claim will be denied.

  Claim not submitted per EVV guidelines. M16 - Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision

- United will be tracking and monitoring the provider EVV compliance rates throughout the implementation. Providers will be outreached when they are not compliant and will be provided with a list of non-compliant services to review.
EVV Updates

Key Contacts

<table>
<thead>
<tr>
<th>Service type</th>
<th>Contact</th>
<th>Provider Services Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Home- and Community-Based Services (HCBS)</td>
<td>Email <a href="mailto:nj_hcbs_pr@uhc.com">nj_hcbs_pr@uhc.com</a></td>
<td></td>
</tr>
<tr>
<td>• Private duty nursing/home health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Skilled nursing / Home Care</td>
<td>Email <a href="mailto:northeastprteam@uhc.com">northeastprteam@uhc.com</a></td>
<td>(888) 362-3368</td>
</tr>
<tr>
<td>• Therapy services (OT, PT, speech)</td>
<td>• Optum Physical Health Contracted: Contact Provider Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• UnitedHealthcare Contracted: email <a href="mailto:northeastprteam@uhc.com">northeastprteam@uhc.com</a></td>
<td></td>
</tr>
</tbody>
</table>

HHAx Communication Tool

- Currently, communications through the HHAx tool are only being monitored for issues or questions related to authorizations.

- United is reviewing the use of the HHAx tool for all EVV communications in the future.
**EVV Updates – Conti.**

- Effective 7/1/2022 validation of authorization elements went from a two-point match of Tax ID and NPI to a one-point match of Tax ID only, allowing the authorizations to load in HHAx.

- All providers will be required to accept new placements and select the office location as shown below:

  **Accepting New Placements**

  **How patient placements work**
  When a member needs HCBS services and you agree to accept the placement, we create a patient profile and send it to your agency. Starting July 1, 2022, you’ll have to select the office location for each patient when accepting a New Placement.

  **How to select the office location**
  The “office” dropdown menu is at the bottom of the patient information page. See page 4 of the Patient Placement and Management Process Guide for further details.

- Since implementation on 7/1/22 we have not seen any authorizations rejected related to NPI mismatch or providers who are not accepting placements.
EVV Provider Workgroup
7/21/22 Onsite

Wellcare OnSite Representatives:
Consuelo Taveras, Senior Manager, Provider Network Management
Ashley Espinoza, Manager, Medical Management
Mariel Plasencia, Supervisor, Program Coordinator
EVV- Electronic Visits Verification System: Overview of EVV Process

- Section 12006 of the Twenty First Century Cures Act (Cures Act) and the Centers for Medicare & Medicaid Services (CMS) requires the State of New Jersey and WellCare to begin utilizing an Electronic Visit Verification System (EVV) for all Home Health Care Services (HHCS) by January 1, 2023. The Cures Act mandate requires all visits to be timestamped via an electronic verification method utilizing EVV tools to record the member, caregiver, time the service begins and ends, location of the service, date of the service and the type of service performed.

- The EVV method is used to verify home health care visits to ensure patients are not neglected and to reduce fraudulently documented home visits. Health care providers can record visits using the beneficiary’s home phone, an FOB device or a GPS mobile application.

- EVV is a software platform where Medicaid payers, Managed Care Organizations (MCOs) and their contracted network of health care providers communicate. EVV provides real-time visibility into visit confirmation and health care provider compliance, enhances care coordination, streamlines the billing process and provides an audit trail of all communication between the Medicaid payer, MCOs and health care providers.

- Providers can continue to perform EVV in their current system if they have one, however you will need to integrate with HHAX so the EVV and claims data can be received.
Key Contacts:

Network team:
- Jennifer Huang  Account Manager (813) 220-5844 Jennifer.huang1@wellcare.com
- Anny Chevalier Provider Network Specialist I 973-985-5283 Anny.Chevalier@wellcare.com
- Send an email inquiry to JPPh@wellcare.com

Case Management/Utilization Management: Contact # 855-642-6185
- Joan Cosme, Manager, Program Coordination Joan.Cosme@wellcare.com
- Mariel Plasencia, Supervisor, Program Coordination Mariel.Plasencia@wellcare.com

HHAeXchange: Our EVV Aggregator
For questions or help with HHAX, please email HHAeXchange at NJSupport@HHAeXchange.com or visit us at hhaexchange.com/nj-home-health.

- Wellcare is generating a General email box with all EVV Contacts for all future questions/comments or concerns. This email box will be ready for use within the next couple of days and an email blast with the email box will be sent to all Providers.
Benchmark of Compliance from October – December 31, 2022?

- Providers provisionally engaged by October 1, 2022
- 100% compliance by January 1, 2023.
- Authorization Process will remain the same
Wellcare has a team of coordinators who review communication within HHAeXchange platform to and address issues within 24 hours. If unable to resolve, issue is escalated, and usually resolved within 72 hours. There are, of course exceptions.
• Communication is linked to member profile which can be easily tracked in the members chart for record keeping.

• Providers are able to provide as much detail in the comment section and attach documents to the notifications if needed.

• Coordinators reply to Providers within 24 hours of receipt of notification. Providers see response within minutes.

• Providers are notified in real time once issues have been resolved.

Good Morning, We have the Patient Name: [Redacted]

DX: I10, PC: T1019. We can't see this Auth. On your end please review and add this Auth & remove discharge. Best Regards
Wellcare follows up with Providers via Phone calls and emails regarding EVV compliance. Providers also have the ability to view their compliance with EVV in the HHA Portal. A General mailbox for EVV inquiries is being created.

Based on compliance for the month of July you are at 82%. Please reach out to HHAeXchange for confirmation because the information might have changed. If you are using HHAeXchange for EVV you have access to pull your compliance report.
Sample Communication to Provider who is Non-Compliant:

Hello

Hoping all is good at your end.

Please be aware that your agency is not Operational and WellCare will not pay claims billed outside of EVV for dates of service October 1st 2021 and forward.

We know you and your staff are working very hard to reach an Operational status and WellCare is willing to provide you with all the support needed.

We need you to acknowledge that you understand and will continue to service our members while you complete this process. Please continue to work with your WellCare Network contacts and your EVV team to make sure you are compliant.

Note: As of October 1, 2021 Compliant and Operational means that you are scheduling, verifying and billing (via the EVV system) 100% of your member encounters.

Please advise

Thank you!!

Damaris Camilo
Supervisor Provider Relations Ancillary
WellCare Health Plans, Inc.
# EVV Inquiry Form

**EVV Inquiry Form**

**Provider:**
( email /phone number of individual making the Inquiry):

<table>
<thead>
<tr>
<th>Service Information</th>
<th>MCO/Health Plan if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Type of Inquiry</td>
</tr>
<tr>
<td></td>
<td>Service Provider</td>
</tr>
<tr>
<td></td>
<td>Service</td>
</tr>
</tbody>
</table>

**MCO Contact:**

- Summary of follow up with MCO:
- Specify if existing inquiry or email sent to HHAX and/or DMAHS
- Summary of follow-up with HHAX:
- Specify Ticket Number:

**Member’s Impacted if Prior Authorization**

- 
- 

**NOTES, as needed**

---

**General Provider Inquiries mailbox:** mahs.provider-inquiries@dhs.nj.gov

---

**NJ FAMILYCARE**
Affordable health coverage. Quality care.
## Provider Issues Reporting – EVV Payer Contacts

<table>
<thead>
<tr>
<th>Payer</th>
<th>Payer Contact information for EVV Questions</th>
<th>EVV Solution for Data Submission and Technical Support</th>
<th>Claims submission Portal for services after July 1, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFS Medicaid</td>
<td><a href="mailto:EVV@dhs.nj.gov">EVV@dhs.nj.gov</a></td>
<td>HHAeXchange: <a href="mailto:Njsupport@hhaexchange.com">Njsupport@hhaexchange.com</a> 866-245-8337</td>
<td>All EVV mandated services will be submitted and billed through HHAeXchange as of 7/1/2021</td>
</tr>
<tr>
<td>FFS Medicaid DDD</td>
<td><a href="mailto:DDDEVV@dhs.nj.gov">DDDEVV@dhs.nj.gov</a></td>
<td>HHAeXchange: <a href="mailto:Njsupport@hhaexchange.com">Njsupport@hhaexchange.com</a> 866-245-8337</td>
<td>All EVV mandated services will be submitted and billed through HHAeXchange as of 7/1/2021</td>
</tr>
<tr>
<td>FFS Medicaid CSOC</td>
<td><a href="mailto:dcf.evvcsoc@dcf.nj.gov">dcf.evvcsoc@dcf.nj.gov</a></td>
<td>HHAeXchange: <a href="mailto:Njsupport@hhaexchange.com">Njsupport@hhaexchange.com</a> 866-245-8337</td>
<td>All EVV mandated services will be submitted and billed through HHAeXchange as of 7/1/2021</td>
</tr>
<tr>
<td>Aetna</td>
<td>Tahnee Garay <a href="mailto:garayt@aetna.com">garayt@aetna.com</a> Constance Offer <a href="mailto:offerc@aetna.com">offerc@aetna.com</a></td>
<td>HHAeXchange: <a href="mailto:Njsupport@hhaexchange.com">Njsupport@hhaexchange.com</a> 866-245-8337</td>
<td>All EVV mandated services will be submitted and billed through HHAeXchange as of 7/1/2021</td>
</tr>
<tr>
<td>Amerigroup</td>
<td>Eyreny Mekhaiel: <a href="mailto:eyreny.mekhaiel@amerigroup.com">eyreny.mekhaiel@amerigroup.com</a> Lynelle Steele: <a href="mailto:fannie.steele@amerigroup.com">fannie.steele@amerigroup.com</a> Keisha J Woodson: <a href="mailto:keisha.woodson@amerigroup.com">keisha.woodson@amerigroup.com</a></td>
<td>CareBridge: <a href="mailto:njevv@carebridgehealth.com">njevv@carebridgehealth.com</a></td>
<td>All EVV mandated services will be submitted and billed through CareBridge as of 7/1/2021</td>
</tr>
<tr>
<td>Horizon</td>
<td>Denaire Johnson: <a href="mailto:Denaire_Johnson@horizonblue.com">Denaire_Johnson@horizonblue.com</a> Stephen Fitch: <a href="mailto:Stephen_Fitch@horizonblue.com">Stephen_Fitch@horizonblue.com</a></td>
<td>CareBridge: <a href="mailto:njevv@carebridgehealth.com">njevv@carebridgehealth.com</a></td>
<td>All EVV mandated services to be billed directly to Horizon. No Change to claims submission - Refer to Section 9.3 – Electronic Billing Guide in the Provider Manual</td>
</tr>
<tr>
<td>United HealthCare</td>
<td><a href="mailto:nj_hcbs_pr@uhc.com">nj_hcbs_pr@uhc.com</a></td>
<td>HHAeXchange: <a href="mailto:Njsupport@hhaexchange.com">Njsupport@hhaexchange.com</a> 866-245-8337</td>
<td>All EVV mandated services will be submitted and billed through HHAeXchange as of 7/1/2021</td>
</tr>
<tr>
<td>WellCare</td>
<td>Elaine M Aguirre: <a href="mailto:Elaine_Aguirre@wellcare.com">Elaine_Aguirre@wellcare.com</a> Joan Cosme: <a href="mailto:Joan.Cosme@wellcare.com">Joan.Cosme@wellcare.com</a> Connie Taveras: <a href="mailto:Consuelo.taveras@wellcare.com">Consuelo.taveras@wellcare.com</a> Mariel Plasencia: <a href="mailto:marioel.plasencia@wellcare.com">marioel.plasencia@wellcare.com</a> Eileen Urban: <a href="mailto:eileen.urban@wellcare.com">eileen.urban@wellcare.com</a> Dave Van Meter: <a href="mailto:david.vanmeter@wellcare.com">david.vanmeter@wellcare.com</a></td>
<td>HHAeXchange: <a href="mailto:Njsupport@hhaexchange.com">Njsupport@hhaexchange.com</a> 866-245-8337</td>
<td>All EVV mandated services will be submitted and billed through HHAeXchange as of 7/1/2021</td>
</tr>
</tbody>
</table>
Resources:
DMAHS: https://www.state.nj.us/humanservices/dmahs/info/evv.html

Contact Information:
General EVV mailbox: Mahs.Evv@dhs.nj.gov
General Provider Inquiries mailbox: mahs.provider-inquiries@dhs.nj.gov
CSOC EVV mailbox: dcf.evvcsoc@dcf.nj.gov
DDD EVV mailbox: DDDEVV@dhs.nj.gov
Geralyn Molinari: Geralyn.Molinari@dhs.nj.gov
Becky Thomas: Rebecca.Thomas@dhs.nj.gov
HHAeXchange NJ EVVMS Support

Support Emails
- NJsupport@hhaexchange.com
- Edisupport@hhaexchange.com

NJ Support Phone Number
- (866) 245-8337