EVV For Home Health: NC PHP Implementation with HHAeXchange

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HHAeXchange Presenters

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Agenda

> **In-Scope Services**

> **Bundled Authorizations and Service Codes**

> **Placement without Authorization**

> **Billing Workflows and Reminders**

> **Support Resources**

> **Questions**

In Scope Services

Revenue & Services Codes

NC HHCS

Rev Codes

420 | 424 | 430 | 430 | 434 | 440 | 444 | 550 | 551 | 559 | 570 | 580 | 581

Service Codes

92521 | 92522 | 92523 | 97161 | 97162 | 97163 | 97164 | 97165 | 97166 | 97167 | 97168

G0151 | G0152 | G0153 | G0156 | G0157 | G0158 | G0159 | G0160 | G0161 | G0162 | G0283 | G0299 | G0300 | G0493 | G0494 | G0495 | G2168 | G2169

S9122 | S9123 | S9128 | S9129 | S9131

T1002 | T1021

Review NC HHCS Home Health Services:
Home Health Services | NC Medicaid (ncdhhs.gov)

Service Code Review

- Home Health Services require EVV as of 10|1|2023 - these codes are currently live in your HHAX portal
  - Aide Services
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
  - Skilled Nursing Visits

Service Code Review

o When scheduling, you will be required to select the correct Service Code | Revenue Code combination

Bundled Services for Integrated Providers

Submitting Bundled Service Codes - Third-Party Providers

- Providers must submit the intended service code for billing via the V5 Visit Import file. The diagram on the right provides an illustration of how to bill a specific service code.

- For questions related to integration, including the submission of bundled service codes, contact the 3rd Party Integration Support Desk.

Authorization is received for bundled services G0159. Provider intends to bill for service G0159 RC420.

Provider submits G0159 RC420 in the V5 Visit Import file.

Service code G0159 RC420 is applied to the visit and exported on the 837.
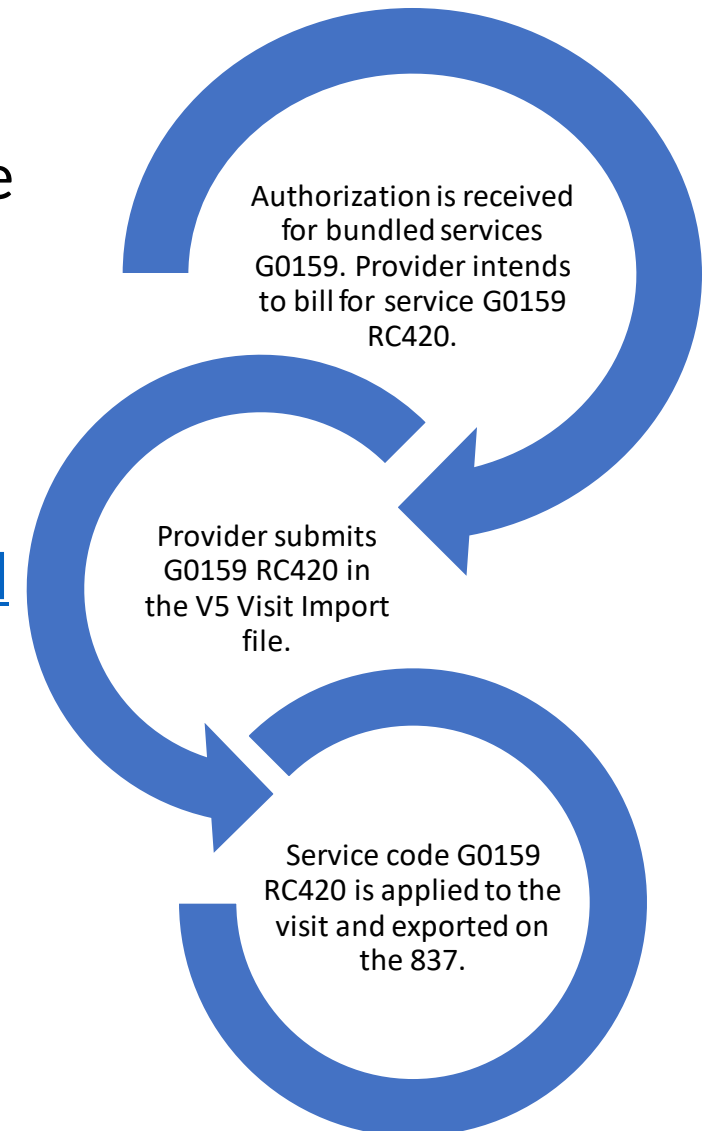
Placement without Authorization

Placement without Authorization

o What is Auto-Placement and why is it used?

    o Allows providers to schedule/bill services that are not subject to prior authorization (varies by PHP)

    o See [Payer Eligible Service Codes](#)

    o Or review under Admin > Reference Table Management > Contract Service Code

o Placement will be created by the provider and synced to the payer

    o Member's Medicaid ID, First Name, Last Name, and DOB must match the Payer system

Placement without Authorization for HHAX Users

o Create a member

  o If a Member does not exist in the system, then navigate to Member > New Member to create a New Member Profile.

  o Member's *Medicaid ID, First Name, Last Name, and DOB must match the Payer system

Placement without Authorization for HHAX Users

o On the Contracts tab, click "Add" to add payer contract to the member record

o Select the Contract, Service Start Date, and Service Code, and then save

Placement without Authorization for HHAX Users

o Confirm Alt. Member ID is present on the Contract. This indicates the placement was successful

    o If Placement is not successful, follow up with payer to confirm member information/eligibility

o Diagnosis Codes must be added to either the Patient contract or on the invoice. Refer to Payer Eligible Service Codes for Payer-specific requirements

Placement without Authorization for 3rd Party

o Placement is automatically created upon visit import as long as:

- o Member Medicaid ID, name, DOB match payer system

- o Service code is in-scope for auto-placement

- o NPI is included on visit import file***

- o Dx code must be sent on file

Billing Workflows

Billing Process

o Providers will be responsible for resolving all Prebilling and Billing Review issues within HHAeXchange to ensure invoices are compliant and to reduce denials.
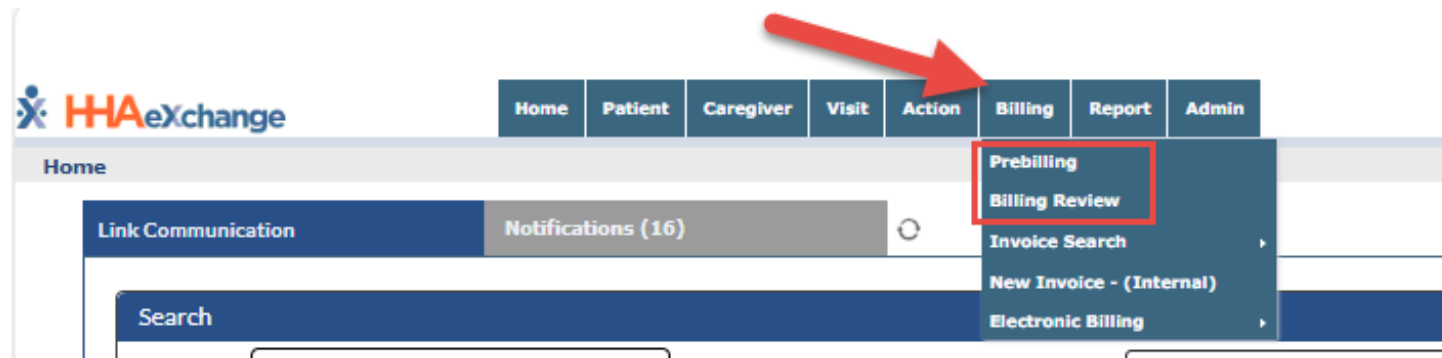
o HHAX will generate the 837-claim file and send the file to your NC Payer
  o HHAX will monitor clearinghouse responses to ensure successful transmission

o Once the claim is received by your NC Payer, standard adjudication and payment process will follow
  o The current process for receiving an 835 will remain in place

Reviewing Billing Holds

o   EDI Tool (3rd party providers)

   o   Visit failures/rejections must be resolved for visit to successfully import

      o   Correct visits in 3rd party EVV system and resubmit visit file

      o   Make corrections directly in EDI Tool

      o   [Common EDI Rejections](#)

o   Prebilling Review

   o   Holds must be resolved before visit can be invoiced

   o   [Common Prebilling Problems and Resolutions](#)

o   Billing Review

   o   Holds must be resolved before visit can be added to claim batch and exported to payer

   o   [Common Billing Review Problems and Resolutions](#)

Claim Status

o Providers are expected to run the Claims Status Report (Reports > Billing > Claim Status Report) on a weekly basis to check for rejections.

o EDI Providers may open a ticket with EDI Support to have this report sent via SFTP

[Viewing Claim Status Job Aid](#)

Common Rejections

This section provides insight into the most common claim rejections than can be resolved prior to contacting the HHAX RCO Team.

Diagnosis Code Rejection

Diagnosis Code rejections received for any of the Payers listed below, can be managed by updating the **Diagnosis Code** on the *Contract* (*Patient > Contract*) and/or *Authorization* (*Patient > Authorization*) level the in the Patient Profile, or at an *Invoice* level on the Invoice Details page.

- New Jersey Payers (FFS NJ, CSOC NJ UHC NJ)
- NC Payers Alliance, Trillium, Cardinal, Eastpointe, Partners, Sandhills and Vaya
- Senior Whole Health
- Fidelis

Refer to the Provider-Managed Billing Diagnosis Codes Job Aid to review instructions and details on how to manage Diagnosis Codes.

Furthermore, Providers must ensure the Diagnosis Code is specific enough to be billed. Refer to Billable Specific ICD-10 CM Codes page to check the code.

If working with any other Payer (not listed above), then contact the Payer directly to update the Authorization Number with a valid Diagnosis Code. Once updated, then the claim is expected to reprocess correctly.

Entity Not Found Rejection/INVALID MBR

If a rejection for **Entity Not Found** is received this means that the Member no longer has the correct eligibility for the Invoice's Date of Service. For additional information, contact the Payer, as the Member may have changed plans.

Invalid Payer Claim Control Number Submitted/Original Claim Number Required

An **INVALID PAYER CLAIM CONTROL NUMBER SUBMITTED** rejection means that the TRN value with the **Date of Service** resubmitted for the **Invoice No.** is *incorrect*. Adjust the claim using the correct TRN for the **Date of Service** or for the date range of services.

Invalid Units of Service

An **Invalid Units of Service** rejection means that the Invoice is *missing* or has invalid Units of service. Contact the Payer to update the Units on the Authorization. Once updated, then the claim is expected to reprocess correctly.

Refer to the Billing Process Guide for instructions on how to reprocess claims and more.

NPI/TaxID Rejection

Providers who receive a rejection for invalid NPI or Tax ID can update the **Tax ID** and **NPI** on the *Contract Service Code* window via the Reference Table Management (*Admin> Reference Table Management> Contract Service Code*), as seen in the following image. Use the various search filters to locate the contract.

On the *Contract Service Code* window, select the applicable Service Code and update the **NPI** and/or **Tax ID** fields (no dashes or spaces). Once saved, the information is applied to all claims associated with the Service Code; therefore, always correct.

Billing Reminders

Non-EDI Providers
- Check Pre-Billing and Billing Review exceptions
- Ensure Billing DX Codes are accurate
- Claims cannot go out for $0.00, make sure service has a rate associated
- Complete final step in billing process – Creating an e-batch

EDI Providers
- Still required to check Prebilling and Billing Review exceptions
- Reach out to EDI support for visit file rejections/questions
- May reach out to EDI support

General Reminders
- Denial questions should be directed to the Health Plan, not HHA, since HHA is not ingesting 835s and cannot provide feedback
- Reach out to HHA Support if your site has not been set up for e-billing (this is when you do not see "Save & Send" when creating an e-batch)
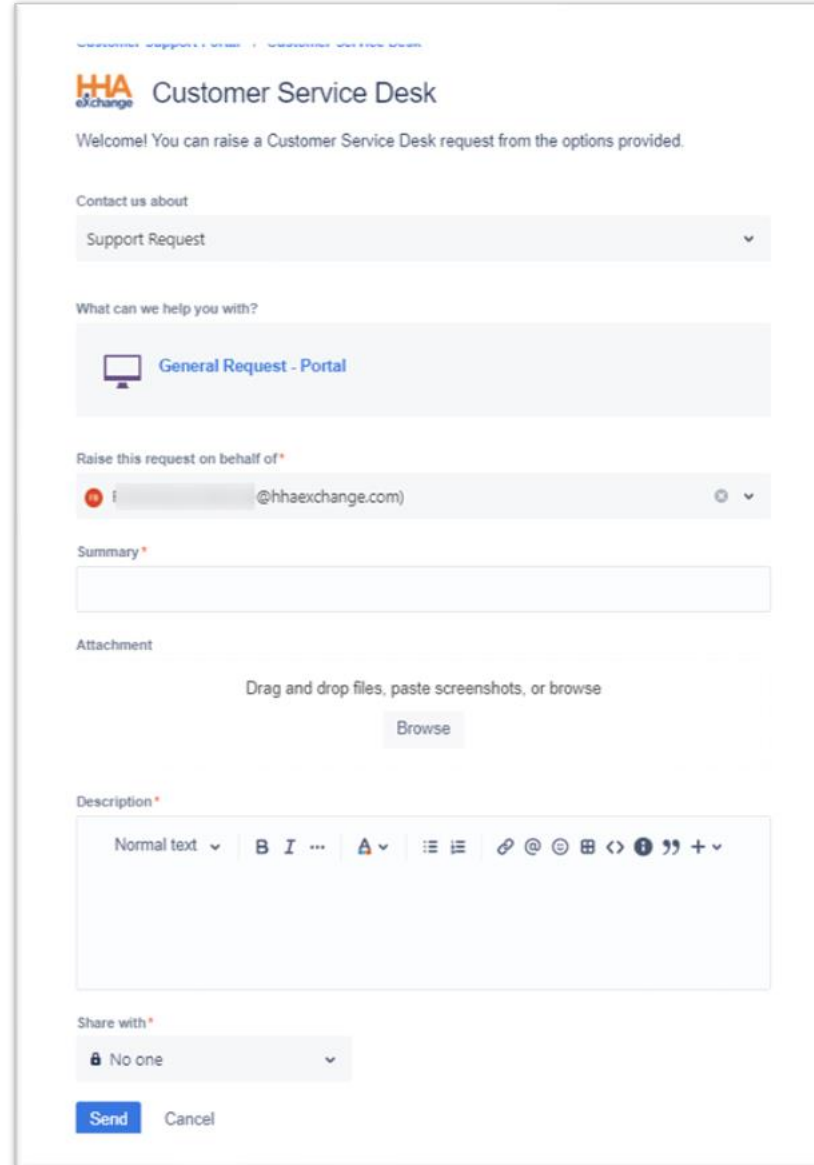
Support Resources

HHAeXchange Support Portal

o [Click Here](#) to access the Client Support Portal

o Create new user account

o [Support Portal Job Aid](#)

o Types of Tickets:

- **Customer Service Desk:** General Support Requests or System Outages

- **3rd Party Integration Support**: EDI-related issues

- **RCO Service Desk:** Claim-related issues

Provider Resources

State Info Hub
https://www.hhaexchange.com/info-hub
NCDHHS EVV Homepage

HHAeXchange Support
Customer Service Desk - Jira Service
Management (atlassian.net)

Carolina Complete Health: NetworkRelations@cch-network.com
WellCare NC: Wcnc_evvinquiries@wellcare.com
UHC NC: NCEVV@UHC.COM
AmeriHealth NC: Please reach out to your AE at AmeriHealth