

EVV For Home Health: NC PHP Implementation with HHAExchange

December 12, 2023

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HHAeXchange Presenters



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Agenda



In-Scope Services



Questions



Bundled Authorizations and Service Codes



Placement without Authorization



Billing Workflows and Reminders



Support Resources



In Scope Services



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

Revenue & Services Codes

NC HHCS

Review NC HHCS Home Health Services:
[Home Health Services | NC Medicaid \(ncdhhs.gov\)](https://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



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

Skilled Visit: User update

Admission ID: Patient Name:

Visit Date: 2/1/2023 Patient Phone #:

Assignment ID: Coordinators: default

Visit Info | Bill Info

Schedule:

* Schedule Time: - Confirm Visit Temporary Temporary

Caregiver Code: Temporary

Assignment ID: Pay Code:

Visit Type:

* Primary bill to: Secondary bill to: i

* Service Code: Service Code:

H: M:

Bill Type: i

Include in Mileage: i

Service Code dropdown menu:

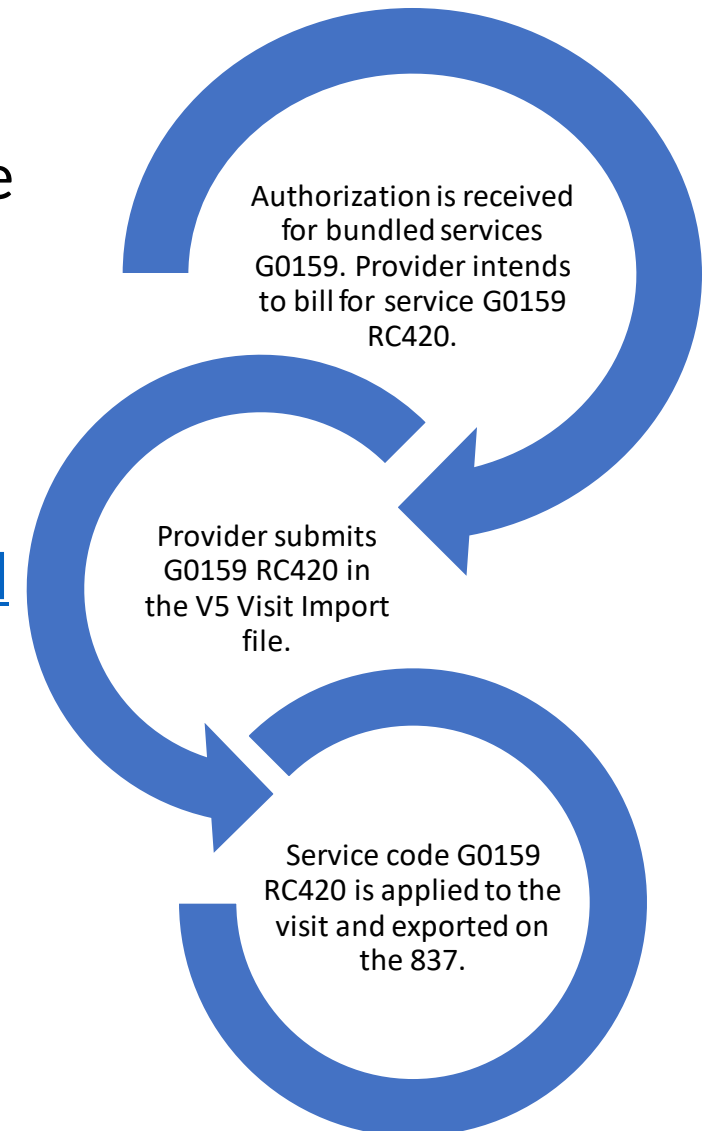
- Select--
- G0162
- G0283
- G0299
- G0299 RC551
- G0299 RC559
- G0299 RC580
- G0299 RC581
- G0300



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](#).





Placement without Authorization

Placement without Authorization



- What is Auto-Placement and why is it used?
 - Allows providers to schedule/bill services that are not subject to prior authorization (varies by PHP)
 - See [Payer Eligible Service Codes](#)
 - Or review under Admin > Reference Table Management > Contract Service Code
- Placement will be created by the provider and synced to the payer
 - Member's Medicaid ID, First Name, Last Name, and DOB must match the Payer system



Placement without Authorization for HHAX Users



- Create a member
 - If a Member does not exist in the system, then navigate to Member > New Member to create a New Member Profile.
 - Member's *Medicaid ID, First Name, Last Name, and DOB must match the Payer system



Placement without Authorization for HHAX Users



- On the Contracts tab, click “Add” to add payer contract to the member record

Member Contracts

Member Info - Waiting

Name: Rogers Joe
DOB: 11/01/1970

Admission ID: ORH-900144
Primary Alt. Member ID:

Member ID:
Home Phone:

Contracts:
Address: 123 Beach River Rd, WINDERMERE, FL, 34786

Coordinators: Default
Office: Provider Home Care
Languages:

Payers

Payers

No Payers Found

Add

Payer Status History

Placement ID	Date	Payer	Note	User Name
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- Select the Contract, Service Start Date, and Service Code, and then save

HHAExchange - Member Information

Contracts

Member's demographics will be checked against data from the Payer. If a match is found, a new placement will be created and the Payer will be able to see the visits created for the Member.

* Contract: Payer demo (ORH)

* Service Start Date: 10/03/2023

Alt Member ID:

Service Code: G0159

Update Master Week: ?

Save Cancel



Placement without Authorization for HHAX Users



- Confirm Alt. Member ID is present on the Contract. This indicates the placement was successful
 - If Placement is not successful, follow up with payer to confirm member information/eligibility
- Diagnosis Codes must be added to either the Patient contract or on the invoice. Refer to [Payer Eligible Service Codes](#) for Payer-specific requirements

Member Info - Active

Name: Rogers Joe Admission ID: ORH-900144 Member ID: Contracts: Payer Demo
 DOB: 11/01/1970 Primary Alt. Member ID: Home Phone: Address: 123 Beach River Rd, WINDERMERE, FL, 34786
 Coordinators: Default Office: Provider Home Care Languages:

Payers

Contracts Add

Placement ID	Contract	Is Primary Contract	Alt Member ID	Service Start Date	Source Of Adm	Service Code	Discharge Date	Discharge To	Additional Options
5872944	Payer demo (ORH)	<input type="checkbox"/> H	123456789R H	10/03/2023		Edit H	Edit		X

Payer Status History

Placement ID	Date	Contracts	Note	User Name
5872942	10/3/2023 4:14:36 PM	Payer demo (ORH)	Please note that Placement (5872942) has been deleted due to a new placement (5872943) sent by the payer.	Auto Placement (26997)
5872944	10/3/2023 4:14:34 PM	Payer demo (ORH)	The Placement request was completed successfully (10/03/2023, Alt Patient ID: 123456789R, Payer Placement ID: 5872943)	Auto Placement (26997)
5872942	10/3/2023 4:14:28 PM	Payer demo (ORH)	Contract Added(10/03/2023)	jjipsondemo



Placement without Authorization for 3rd Party



- Placement is automatically created upon visit import as long as:
 - Member Medicaid ID, name, DOB match payer system
 - Service code is in-scope for auto-placement
 - NPI is included on visit import file***
 - Dx code must be sent on file

Member Info - Active

Name: Rogers Joe
DOB: 11/01/1970

Admission ID: ORH-900144
Primary Alt. Member ID:

Member ID:
Home Phone:

Contracts: Payer Demo
Address: 123 Beach River Rd, WINDERMERE, FL, 34786

Coordinators: Default
Office: Provider Home Care
Languages:

Payers

Contracts Add

Placement ID	Contract	Is Primary Contract	Alt Member ID	Service Start Date	Source Of Adm	Service Code	Discharge Date	Discharge To	Additional Options
5872944	Payer demo (ORH)	<input type="checkbox"/> H	123456789R H	10/03/2023		Edit H	Edit		X

Payer Status History

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5872942	10/3/2023 4:14:28 PM	Payer demo (ORH)	Contract Added(10/03/2023)	jlipsonvdemo

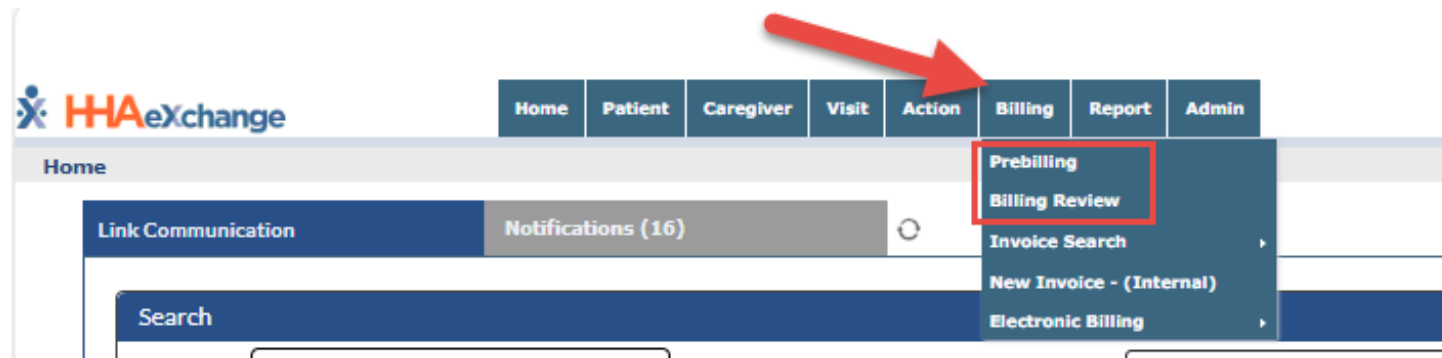


Billing Workflows

> Billing Process



- Providers will be responsible for resolving all Prebilling and Billing Review issues within HHAeXchange to ensure invoices are compliant and to reduce denials.



- HHAX will generate the 837-claim file and send the file to your NC Payer
 - HHAX will monitor clearinghouse responses to ensure successful transmission
- Once the claim is received by your NC Payer, standard adjudication and payment process will follow
 - The current process for receiving an 835 will remain in place

Reviewing Billing Holds



- EDI Tool (3rd party providers)
 - Visit failures/rejections must be resolved for visit to successfully import
 - Correct visits in 3rd party EVV system and resubmit visit file
 - Make corrections directly in EDI Tool
 - [Common EDI Rejections](#)
- Prebilling Review
 - Holds must be resolved before visit can be invoiced
 - [Common Prebilling Problems and Resolutions](#)
- Billing Review
 - Holds must be resolved before visit can be added to claim batch and exported to payer
 - [Common Billing Review Problems and Resolutions](#)

Claim Status



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

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)

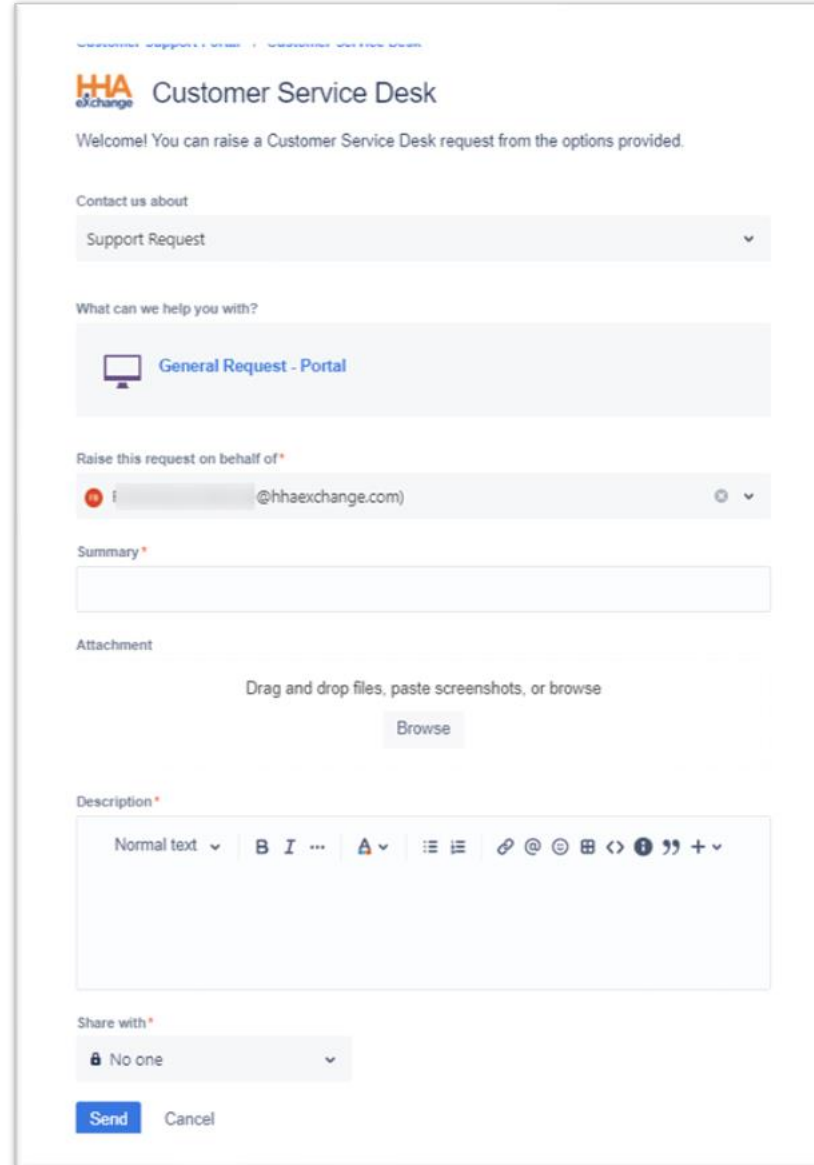


Support Resources

HHAeXchange Support Portal



- [Click Here](#) to access the Client Support Portal
- Create new user account
- [Support Portal Job Aid](#)
- 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



The screenshot shows the 'Customer Service Desk' interface. At the top, it says 'Welcome! You can raise a Customer Service Desk request from the options provided.' Below this is a dropdown menu for 'Contact us about' with 'Support Request' selected. The next section is 'What can we help you with?' with a button for 'General Request - Portal'. Underneath is a field for 'Raise this request on behalf of*' with a user profile icon and the email '@hhaexchange.com'. There is a 'Summary*' text input field. Below that is an 'Attachment' section with a 'Browse' button and the instruction 'Drag and drop files, paste screenshots, or browse'. The 'Description*' section features a rich text editor with various formatting options like bold, italic, text color, background color, bulleted list, numbered list, link, unlink, image, code, quote, and more. At the bottom, there is a 'Share with*' dropdown menu set to 'No one' and two buttons: 'Send' and 'Cancel'.



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