CAREBRIDGE

# REFERENCE DOCUMENT

## Wyoming Claims Cycle
## Electronic Visit Verification (EVV)

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# INTRODUCTION

This Reference Document is intended to help Wyoming Medicaid provider organizations subject to Electronic Visit Verification (EVV) for personal care services (PCS) and home health services (HH) understand Wyoming's claim cycle and how to best review and submit EVV visits for billing. If at any point you have questions, please reach out to your CareBridge Technical Support Center at wyevv@carebridgehealth.com or call 1(855) 912-3301.

# WYOMING CLAIMS CYCLE

## OVERVIEW

The CareBridge Provider Portal is a fully comprehensive EVV system with claims generation functionality. Providers using the CareBridge solution, and providers using their own third-party EVV solution can learn the general practices of how to use the portal and bill EVV visits using the Provider Portal Complete Training Document provided in the CareBridge training resource library at https://www.carebridgehealth.com/wyevv.

This reference guide is specific to Wyoming's claim cycle and identifies best practices for reviewing and exporting EVV visits for billing that will reduce complexity and claim adjustments. This reference guide is not intended to require a provider to use this exact process, but can assist in guiding internal organization processes.

## CLAIMS TIMELINE

### CLAIM WEEK

Every week CareBridge submits claims to the Wyoming Benefit Management System (BMS) for payment according to the BMS pay cycle that runs each Wednesday. Wyoming uses a weekly EVV claims cycle that spans Sunday-Saturday. Claims are generated by CareBridge every Sunday by 8:00pm MT. Each claim generated Sunday night will aggregate all completed EVV visits (free of all alerts) that have been exported for billing by CareBridge system users, or sent to CareBridge with the "ClaimAction" 'N' or 'C' by third-party EVV system users for that claim cycle. CareBridge will generate claims by billing provider, member, authorization, and service code. EVV visits will appear as separate line items within the claim.

### CLAIM PAYMENT TIMELINE

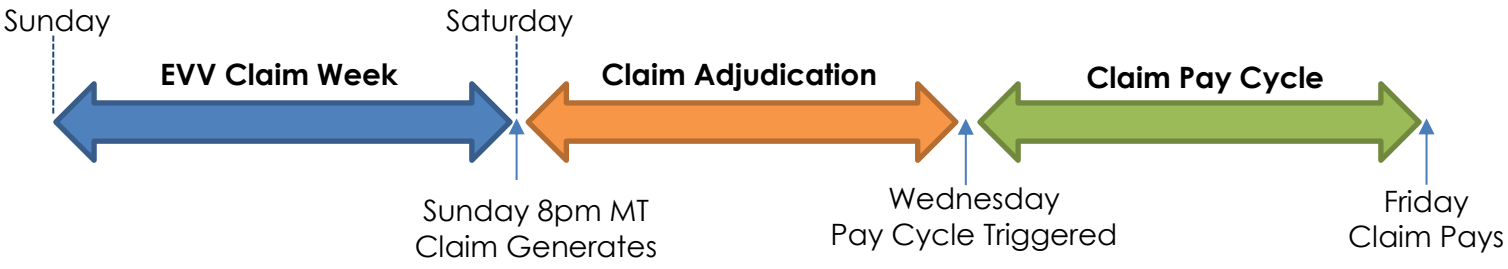
Claims that get generated by the State's EVV vendor, CareBridge, are sent to BMS which acts as the State's Medicaid program claim processor and adjudicator. Client Network Services, Inc. (CNSI) is the State's vendor that hosts the BMS. Medicaid claim payments trigger every Wednesday. The State Auditor's Office (SAO) receives the payment request and runs their payments every Thursday. Electronic Fund Transfers (EFT) and check mail dates occur on Fridays. Paper Remittance Advice (RA), and electronic 835 RA are delivered every Friday.

Please Note: Financial institutions (banks, credit unions) have up to three (3) business days to post to accounts.

Medicaid posts a payment exception schedule annually to allow providers to prepare in advance for changes in the payment cycle. Please refer to the Wyoming Medicaid Payment and Payment Exceptions website at https://www.wyomingmedicaid.com/portal/Payment-Exceptions

### CLAIM TIMELINE GRAPHIC

The following graphic provides a visual reference of the Wyoming claim timeline.




# BEST PRACTICES

The State of Wyoming recommends that providers review and confirm that all alerts flagged on EVV visits are addressed and visits exported for billing prior to the claim generation time each Sunday 8pm MT. Completed EVV visits with no alerts flagged can be exported for billing as frequently throughout the claim week as preferred by providers. All exported visits throughout the claim week will aggregate onto a single claim by billing provider, member, authorization, and service code when the claim is generated Sunday night.

If a provider follows the above timeline, only one claim per billing provider, member, authorization, and service code will be generated each week and only one RA will be sent back to a provider for their records.

If a provider adds or modifies visits on dates of service for a previous claim week, an adjustment will be created for the initial claim, and payment for the modified claim for the week will be generated.

# FIXING/MODIFYING VISITS OR CLAIMS

## CHANGES MADE BEFORE CLAIM GENERATION

Prior to Sunday claim generation, if an EVV visit has been completed but requires a modification or revision and it has not been exported for billing, a provider can make a change to the visit information during the claim week at any time. All changes will be reflected on the visit when exported for billing and when the claim is generated Sunday evening.

Prior to Sunday claim generation, if an EVV visit has been completed but requires a modification or revision, and it has been exported for billing, a provider cannot make any changes to the visit information until the visit hits a terminal claim status of Paid or Denied.

More information on modifying/fixing a visit within the CareBridge system and exporting visits for billing can be found in the CareBridge resource library.

## CHANGES MADE AFTER CLAIM GENERATION

If a claim has been generated and sent to the BMS system, and a provider needs to modify/fix/add a previously billed visit for dates of service in a previous claim week, please review the following scenarios:

- If a claim is being processed and is not in a terminal claim status (paid/denied), visits associated to this claim cannot be modified/adjusted. A provider will have to wait until the claim has finished processing and has a terminal claim status before changes can be made to any visits on that claim. When changes get made to previously paid/denied visits, an adjusted claim will be generated.
- EVV Visits exported for billing by CareBridge users, or sent to CareBridge with the "ClaimAction" 'N' or 'C' by Third-party EVV system users, with a date of service corresponding to a claim currently being processed and not in a terminal status, will pend in a queue until the existing claim reaches a terminal status ('Joint Claim Processing' billing status). At this time an adjusted/corrected claim will be generated with the new visit included.

### CLAIM ADJUSTMENT TRIGGERS

An adjusted claim will be automatically triggered for EVV visits exported for billing by CareBridge users, or sent to CareBridge with the "ClaimAction" 'N' or 'C' by Third-party EVV system users, and if the following events occur:

- Unit change on billed visits in earlier claim week by adjusting clock-in or clock-out times
- Ad-hoc EVV visit created on dates of service in previous claim weeks
- An EVV visit took place in a previous claim week, but was not exported for billing. This would be adding a visit to a previous date of service that was already billed for in a previous claim week.

Although there are valid reasons for adjusted claims, they should be done on a limited basis, and avoided whenever possible in order to ensure compliance with the 21st Century Cures Act that requires EVV for PCS and HH providers.

To learn more about how to modify visits, create an ad-hoc visit, or export EVV visits for billing, please refer to the EVV training resource library at https://www.carebridgehealth.com/wyevv

### CLAIM ADJUSTMENT PROCESS

When an adjusted claim is triggered, it will typically generate that same day at 8pm MT (no longer dependent on current claim cycle) and will be sent to the BMS system for adjudication and payment. The previous paid amount will be fully credited within a new RA and with a new claim TCN number. Within the same payment cycle, the new adjusted pay amount will be sent to the provider with its own new claim TCN number.

When viewing these adjustments, a provider should utilize the delivered RAs. When TCN numbers start with a "4", this generally indicates that an adjustment took place. To view the original claim and corresponding transactions, please refer to training guides for the BMS system located on the Wyoming Medicaid website at https://www.wyomingmedicaid.com/.