CAREBRIDGE

Wellpoint New Jersey & CareBridge EVV Provider Training Deck

Agenda

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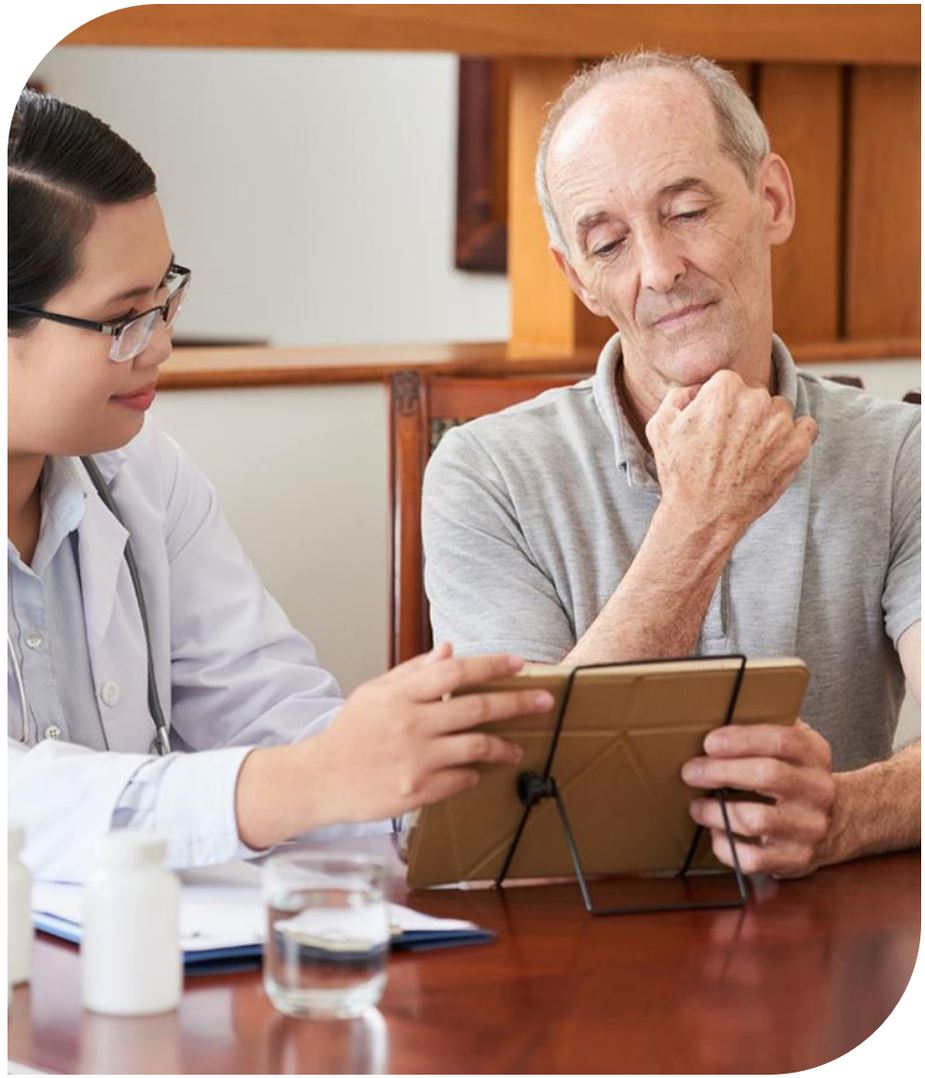
New Jersey EVV Overview & Requirements

- Electronic Visit Verification (EVV) is the process in which a service performed for a member at home or in the community gets verified electronically

- Start times and end times are captured by a mobile app or member's home phone (Interactive Voice Response - IVR)

- 21st Century Cures Act requires the use of EVV
  - Federal mandate that requires states to implement EVV
  - Section 12006 requires the EVV system to verify:
    - Type of service provided
    - Member receiving the service
    - Caregiver providing the service
    - Date of the service
    - Location of the service delivery
    - Time the service begins and ends



The State of New Jersey requires 100% EVV Compliance by 8/1/23 for Phase 2, Cohort 2, and 10/1/23 for Phase 2, Cohort 1

Claims Denial Dates & DMAHS Communication

Updated Claims Denial Date:

- Phase 2, Cohort 2 – 8/1/23
- Phase 2, Cohort 1 – 10/1/23

DMAHS publishes updates in the form of Newsletters posted to the DMAHS website. DMAHs Newsletters can be found here: https://www.nj.gov/humanservices/dmahs/info/evv.html

CareBridge Overview

CareBridge is a technology company that helps states, health plans, and providers provide the best care for Home Community Based Services (HCBS) members.

- A partner to ensure success under the 21st Century Cures Act
- An established EVV and EVV data aggregation vendor
- An experienced team with a track record of successful statewide implementations

Required Codes

All Provider Agencies servicing members with the below codes will be required to use EVV in Phase 2 as of 8/1/23

COHORT 2 Therapies				
Codes	Procedure Name	Unit of Measure	Service Requirements	Requirements for EVV for FIDE SNP and MLTSS Dual Eligible Members
92507	Speech, Language and Hearing Therapy Individual	Per diem	Prior Authorization – REQUIRED Place of Service -12/Home	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP
97110	Physical Therapy, Therapeutic procedure, 1 or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15 mins	Prior Authorization – REQUIRED Place of Service -12/Home	
97129	Cognitive Therapy, Individual	15 mins	Prior Authorization – REQUIRED Place of Service -12/Home	
97130	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)	Each additional 15 mins	Prior Authorization – REQUIRED Place of Service -12/Home	
97535	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	15 mins	Prior Authorization – REQUIRED Place of Service -12/Home	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP
G0151 *	Services performed by a qualified physical therapist in the home health or hospice setting	15 mins	Prior Authorization – REQUIRED Place of Service -12/Home	
G0152 *	Services performed by a qualified occupational therapistin the home health or hospice setting	15 mins	Prior Authorization – REQUIRED Place of Service -12/Home	
S9128	Speech therapy, in the home	Per diem	Prior Authorization – REQUIRED Place of Service -12/Home	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP
S9129	Occupational therapy, in the home	Per diem	Prior Authorization – REQUIRED Place of Service -12/Home	
S9131	Physical therapy; in the home	Per diem	Prior Authorization – REQUIRED Place of Service -12/Home	

Required Codes

All Provider Agencies servicing members with the below codes will be required to use EVV in Phase 2 as of 10/1/23

COHORT 1 Skilled Nursing / Private Duty Nursing / Home Health				
Codes	Procedure Name	Unit of Measure	Service Requirements	Requirements for EVV for FIDE SNP and MLTSS Dual Eligible Members
97597	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	Per visit	Prior Authorization – REQUIRED Place of Service -12/Home	Providers are required to submit EVV data. MCOs are not required to link billing process services to by authorized Medicare/SNP
99601	Infusion- Skilled Nursing	Up to 2 hours	Prior Authorization – REQUIRED Place of Service -12/Home	
99602	Infusion- Skilled Nursing - additional hour(s)	Each additional hour	Prior Authorization – REQUIRED Place of Service -12/Home	
G0299*	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting	15 mins	Prior Authorization – REQUIRED Place of Service -12/Home	EVV Data required when Medicaid authorizes
S9122	Home Health Aide/Certified Nurse Assistant	Per hour	Prior Authorization – REQUIRED Place of Service -12/Home	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP
S9123	Nursing care, in the home by registered nurse	Per hour	Prior Authorization – REQUIRED Place of Service -12/Home	
S9124	Nursing care, in the home by licensed practical nurse	Per hour	Prior Authorization – REQUIRED Place of Service -12/Home	
S9127	Social work visit, in the home	Per diem	Prior Authorization – REQUIRED Place of Service -12/Home	
T1000	Private duty/independent nursing service(s)	15 mins	Prior Authorization – REQUIRED Place of Service -12/Home	
T1002	Private duty/independent nursing service(s)/RN	15 mins	Prior Authorization – REQUIRED Place of Service -12/Home	
T1003	LPN/LVN SERVICES	15 mins	Prior Authorization – REQUIRED Place of Service -12/Home	
T1030	Nursing care, in the home, by registered nurse	Per diem	Prior Authorization – REQUIRED Place of Service -12/Home	
T1031	Nursing care, in the home, by licensed practical nurse	Per diem	Prior Authorization – REQUIRED Place of Service -12/Home	
G0300*	Direct skilled nursing services of a licensed practical nurse (LPN) in the home or hospice setting	15 mins	Prior Authorization – REQUIRED Place of Service -12/Home	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP
G0153*	Services performed by a qualified speech language pathologist in the home health or hospice setting	15 mins	Prior Authorization – REQUIRED Place of Service -12/Home	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP
G0155*	Services performed by clinical social worker in home health or hospice setting	15 mins	Prior Authorization – REQUIRED Place of Service -12/Home	

Authorization Process-Non-MLTSS Medicaid Products

ALL OTHER MEDICAID PRODUCTS – Authorization Process	***Please note that authorization must be obtained for the date that services begin
ACUTE SERVICES -Procedure codes in scope where member is *treated short term* for severe episode of illness, for conditions that are the result of disease, trauma, or hospitalization. Example: Nursing Services, OT, PT, ST	**NON-ACUTE SERVICES** - Procedure codes in scope for EVV where the member is *receiving treatment long term*. **Fax: [844-211-7134]; Phone: [800-454-3730]**
▪ Once provider is aware member has Wellpoint, provider should submit authorization request to Wellpoint using process outlined on "Authorization Slide". ○ Phone : 1-800-452-7101 ○ Fax # 1-877-244-1720 ▪ If Wellpoint is not notified as mentioned above: ▪ Provider needs to request authorization within 72hrs of the start of service ▪ Approved authorization will be back-dated to up to 72hrs	▪ The agency or the physician may fax a letter of medical necessity to 1-844-211-7134 ▪ The Wellpoint team will review the clinical information submitted and provide an authorization within 14 days for standard requests and then update the temporary authorization. **For MCO Transfer** – Continuity of Care Authorization is provided, please then: ▪ *S*end request for PDN services via fax *to* 1-844-211-7134 Please Provide: a. The Authorization from the previous HMO b. The Plan of Care c. The RN progress report d. Two weeks of nursing notes e. A letter of medical necessity from *the* treating provider f. The Wellpoint team will review the request within 10 days and a final authorization will be updated. **For Missing Authorizations**, please contact the Care Management line at 1-800-454-3730 for assistance.

Both processes applies to FIDE-DSNP as well

Authorization Process-MLTSS

MLTSS – Authorization Process

*****Please note that authorization must be obtained for the date that services begin**

NEW REQUEST	MCO TRANSFER – Continuity of Care Auth
▪ To request a new, an increase or an update to an authorization, please contact Wellpoint Authorizations Department. Please note authorizations cannot be managed through the Care Bridge portal ▪ If a new, transfer or increase is being requested, please complete and submit the Personal Care Assistant (CHHA) Request form and fax it to 1-888-240-4716. Home Health Services (MLTSS) call 1-855-661-1996, option 1 **** Within 14 days you will receive approval or denial from Wellpoint.**	If a member is new to Wellpoint and has an existing authorization from their previous Managed Care Organization (MCO) that requires continuity of care. Please follow the instructions below: ▪ Fax a copy of the existing authorization to the Wellpoint Authorizations team at 1-888-826-9762. Please note authorizations cannot be managed through the Care Bridge portal ▪ Upon receipt of the authorization from the previous Managed Care Organization (MCO) Wellpoint will issue an authorization from the date of eligibility for the continuity period at the same level of care authorized by the previous MCO. ▪ Confirmation of the authorization will be faxed to the agency
BENEFITS INQUIRY	**HOW TO CLAIM MISSING or RETROACTIVE Authorization**
If a provider has an inquiry regarding member benefits ▪ Provider can reach out to Wellpoint MLTSS Customer Service at 1-855-661-1996 Option 1 ▪ If the provider has the contact information for the member's Care Manager, they can reach out to the Care Manager directly ▪ Please note standard benefits would be quoted for the service requested. Authorization is dependent upon member assessment to determine approval status and frequency	▪ Provider will need to contact Wellpoint Care Manager to secure missing, retroactive or an update to an existing authorization ▪ If the provider is requesting an update to an existing authorization or care plan, the provider will contact the member's Care Manager to request the change o Care Manager will review the request and approve as appropriate o Wellpoint has 14 days to provide a response to a provider request for a missing/retroactive authorization o Provider will be sent a confirmation via fax of the updated authorization. ▪ If services were initiated prior to receipt of authorization and you were not able to schedule the visit, Provider will need to follow process to manually enter visit and submit claims.

**** Services provided for MLTSS Dual product requires EVV data to be captured, but provider can continue to bill primary carrier for payment & Wellpoint as secondary***

All processes applies to FIDE-DSNP as well

Authorizations Provided By TNNJ

When TNNJ issues an authorization, the form provides a case #. This is not the authorization #. TNNJ sends an authorization file to Wellpoint daily and an authorization # is then generated in our system.

Provider Action: When searching for an authorization in CareBridge that has been issued by TNNJ, please do not use the Case # on the TNNJ form. You can search for the member by Wellpoint ID or member's name.

If you still cannot find the authorization after searching by ID or name or if the dates do not match what you have received: Please contact TNNJ to inquire using the contact information below:

AlborzfardM@mytnnj.com
MorettiP@healthsystemone.com
EppT@healthsystemone.com

THERAPY NETWORK OF NEW JERSEY

NOTICE OF APPROVAL

THIS NOTICE IS BEING SENT TO THE PCP FOR COORDINATION OF CARE PURPOSES.

TNNJ Telephone: (855) 828-7918 Fax: (855) 828-7928

Rendering Provider - See below for information about your request:

Patient Name:	Member ID#:	Member DOB: 07/08/1998	Case#: 3481993
LOB: Medicaid	Health Plan: AmeriGroup Community Care		
PCP:	PCP Phone#:	PCP Fax#:	
Ordered by: Kwan Kevin	Phone#:	Fax#:	
Referred to:	Phone#:	Fax#:	

Diagnosis ICD-10 Code(s)

Z48.811
ENC SURG AFTERCARE FOLLOW SURG NS

Authorized Service:	Valid from:	Valid to:	Authorized Visits:
Physical Therapy	08/03/2023	10/01/2023	FFS Visits: 9

Retroactive Authorization Process

Provider will need to contact Wellpoint Care Manager to secure missing, retroactive or an update to an existing authorization

If the provider is requesting an update to an existing authorization or care plan, the provider will contact the member's Care Manager to request the change:

Care Manager will review the request and approve as appropriate

Wellpoint has 14 days to provide a response to a provider request for a missing/retroactive authorization

Provider will be sent a confirmation via fax of the updated authorization.

If services were initiated prior to receipt of authorization and you were not able to schedule the visit, Provider will need to follow process to manually enter visit and submit claims.

Authorization for newborn and mother

In the scenario where a newborn and mother receive services and the newborn does not have a Medicaid number assigned yet, the authorization for services will be under the mother's ID.

The clinician providing the care completes a check-in/out for the mother's visit and then separately check-in/out for the infant's visit.

This will ensure that there are 2 visits captured in the EVV system and units will be utilized accordingly.

Authorization Notification Process

Codes below currently do not require an authorization. However, to administer EVV the following codes will now require notification to capture visit data. Please note, this notification process does not include medical necessity review. Notification process is only used to obtain an authorization number that will connect to CareBridge system. The notification process can be completed in two ways:

1. Submit through Availity using ICR (Interactive Care Reviewer) Details and Instructions on following slides. *Provider will receive a confirmation of completion via Availity. There are no letters currently being generated as these notifications are auto approved.*
2. Send a Request via Fax: 1- 800-964-3627, form to use for fax can be found here: NJ_CAID_ProviderNotificationRequest.pdf

CPT/HCPC	Service Description	Required
97597	Debridement, open wound, wound assessment, use of whirlpool, when performed and instruction(s) for ongoing care, total wound(s) surface area; first 20 sq cm or less	Notification
99601	Infusion-Skilled Nursing	Notification
99602	Infusion-Skilled Nursing-additional hour(s)	Notification
S9127	Social work visit, in the home	Notification
G0155	Services performed by clinical social worker in home health or hospice setting	Notification

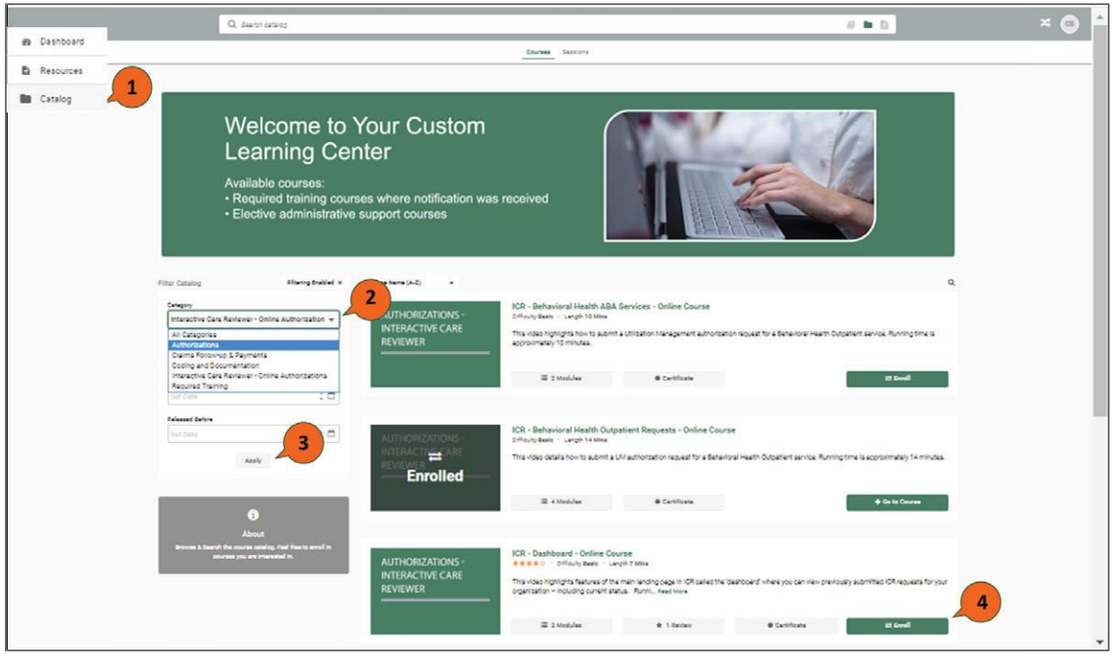
Authorization Notification Process–ICR

Interactive Care Reviewer Resources-Accessed through Availity

Located on the Custom Learning Center

To get started using ICR, you may need some tips on how to navigate the application to submit and check the status of authorizations or request an appeal following Health Plan guidelines. The Custom Learning Center on Availity Payer Spaces has both courses and resources that will help you get up and running quickly. Access to the Custom Learning Center requires Availity registration. You need to have your own unique user ID and password.

Follow these steps to access ICR courses and resources: From the Availity home page > Payer Spaces >Wellpoint tile > Applications >Access Your Custom Learning Center.



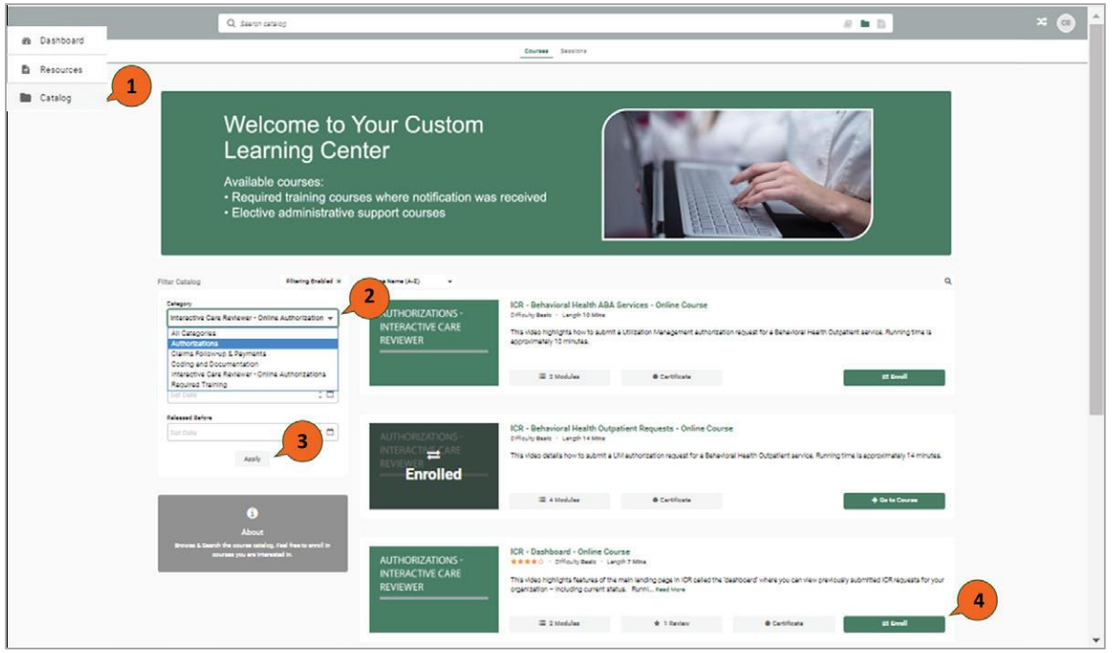
Authorization Notification Process–ICR

1. Select **Catalog** from the menu located on the upper-left corner of the *Custom Learning Center* screen.

2. Use the catalog filter and select **Interactive Care Reviewer-Online Authorizations** or **Authorizations** from the *Category* menu.

3. Select **Apply**. There are two pages of online courses consisting of on-demand videos and reference documents. Find the course(s) you want to take then:

4. Select **Enroll** and choose **Start** to take the course immediately or to save for later, select **Return to dashboard.**

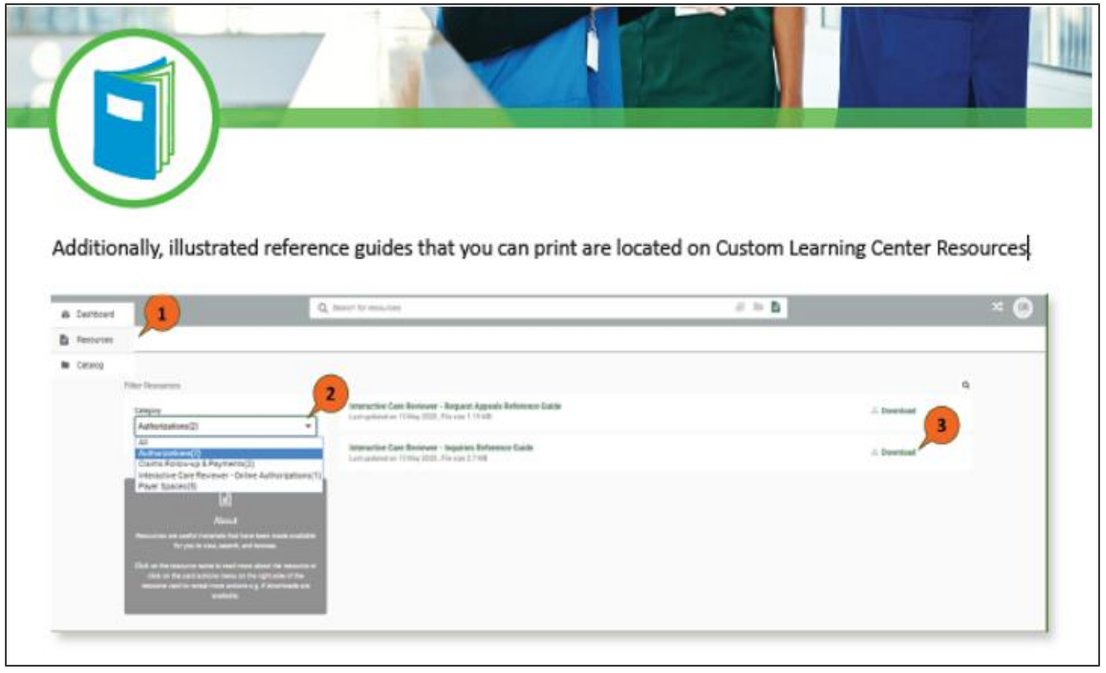


Authorization Notification Process–ICR

1. Select **Resources** from the menu located on the upper left-hand corner of the screen.

2. Use the catalog filter and select **Authorizations** or **Interactive Care Reviewer-Online Authorizations** or from the *Category* menu.

3. Select **Download** to view and/or print a reference guide.



TPL Authorization Process-Wellpoint as secondary carrier

- **Once provider is aware member has WLP as secondary,** provider should submit authorization request to WLP using process outlined in this presentation.
- Provider needs to request authorization within 72hrs of the start of service.
- Once reviewed and approved, the authorization date provided will reflect the date of request.

The current authorization process for TPL does not change, we will continue to require providers to submit an authorization request. However, it is important to note the difference of when EVV visit data is captured:

- when Dual is MLTSS = EVV verification is required (from the start of service)
- when Dual is NOT MLTSS = EVV verification required when Medicare is exhausted

EVV Compliance and Manual Visit Entries

Manual Entries are Required:

1. When the details of a scheduled visit with complete EVV data need to be edited
2. When the details of a scheduled visit with incomplete EVV data need to be added or edited
3. When the details of an unscheduled visit (no appointment in the system) need to be entered

Manual entries affect your compliance score, so only complete them when necessary.

Less than 15% of all visits should have manual entry as the reason. Wellpoint Provider Relations Team will follow up when reporting reflects EVV compliant visits under 85%.

EVV Requirements for Phase 2

Non-MLTSS members 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 all Cohort 1 and Cohort 2 services covered by Medicare and Medicaid (refer to service list). The Provider must follow the NJ FamilyCare MCO process to document EVV information when Medicaid pays all or only a part of the claim. The EVV data is required for quality data.

SNP -For FIDE SNPs, the authorization originates with the FIDE plan. Therefore, FIDE SNPs Providers are required to complete EVV for all the identified Cohort 1 and 2 HHCS.

EVV Phase 2 Billing Review

For ALL dual members, providers must bill primary first and then bill Wellpoint directly as secondary. For MLTSS members, CareBridge will capture visit data for quality purposes. CareBridge will not submit claim data on these visits. Please see chart below:

	Dual MLTSS	Dual Non-MLTSS	FIDE SNP
Auths	Standard authorization process, no change to current process See slides related to Authorization process	Standard authorization process, no change to current process See slides related to Authorization process	Standard authorization process, no change to current process
EVV verification	EVV verification required	EVV verification required when benefits are exhausted with Primary payer	EVV verification required
Billing	Bill Primary and bill Wellpoint as secondary using current process, no change to current process	Bill Primary and bill Wellpoint as secondary using current process, no change to current process	Bill Primary and bill Wellpoint as secondary using current process, no change to current process

EVV Phase 2 Billing Forms

For visit data and claims that are submitted in the EVV platform

Provider enters information into the EVV platform

Visit data and claim is sent to CareBridge if provider is using HHAX or 3rd party vendor

Claim is sent to Wellpoint by CareBridge for payment

****this means that the 837p/HCF or 837i/UB does not need to be completed by the provider.**

For TPL Billing (Wellpoint is the secondary payer)
Visit data is submitted in EVV platform
For Quality Data only – claims are not submitted using EVV vendor

Provider will submit claims directly to Wellpoint as you today (837p/HCF or 837i/UB). No change to current process.

Geofencing

NJ DMAHS has shared the following guidance: The standard allowable tolerance range is the distance, measured in feet, between the member's servicing address and the provider's clock in location. HHAX and all EDI vendors must enforce a 300-foot tolerance range. If the caregiver is not within 300 feet of the members servicing location, the visit must be manually confirmed, and an applicable exception code noted in the EVV record. The implementation date for 300-foot tolerance range is October 1, 2023. See Newsletter 33-14 - EVV Frequently Asked Questions for Phase 2.

If you are using the CareBridge or HHAX EVV solution, you have no action to take. CareBridge and HHAX currently captures this information. If you are using a Third-Party EVV solution, please contact your EVV vendor to confirm that they are compliant with the DMAHS EVV expectations described above.

EVV Decision – Your Options

Option 1: Use the Free CareBridge EVV Solution

- You can use CareBridge's EVV solution to ensure compliance
- The CareBridge EVV solution is at **no cost** to providers
- Includes access to a suite of provider management solutions
- If you are interested in using CareBridge, complete the eForm: http://survey.carebridgehealth.com/nchhevv

Option 2: Connect your Third-Party EVV Solution (Alt EVV Vendor) with CareBridge via Integration

- Even if you don't use CareBridge, your EVV vendor will have to integrate to share data with CareBridge and all Wellpoint New Jersey claims must be generated by CareBridge EVV
- CareBridge data aggregation is **free** to both providers and your EVV vendors
- If the integration process has not completed by the deadlines established by the State of New Jersey, agencies will need to onboard with CareBridge to ensure compliance. Once your EVV vendor is fully integrated, agencies have the option to shift back to original vendor
- If you are using an Alt EVV Solution, Complete the eForm: http://survey.carebridgehealth.com/nchhevv

CareBridge Milestones

MILESTONE	AGENCY USING CB EVV	AGENCY USING OTHER EVV
1	Complete the Provider Setup & Access Request Form	Complete the Provider Setup & Access Request Form
2	Login to CareBridge EVV Provider Portal	Vendor completes testing and is cleared to send production data
3	Schedule an Appointment using CareBridge EVV	Provider sends production visits
4	Complete a visit using CareBridge EVV	Provider sends production visits without any pre-billing alerts
5	Submit a claim using CareBridge EVV	Provider sends EVV visit for Wellpoint New Jersey with Claim Action 'N' via their EVV vendor to CareBridge. CareBridge then generates and submits the claim, and the claim is fully adjudicated
10/1/2023	All claims requiring EVV submitted via CB	All claims requiring EVV submitted via CB

Attention – Agencies with Third Party EVV Vendors

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

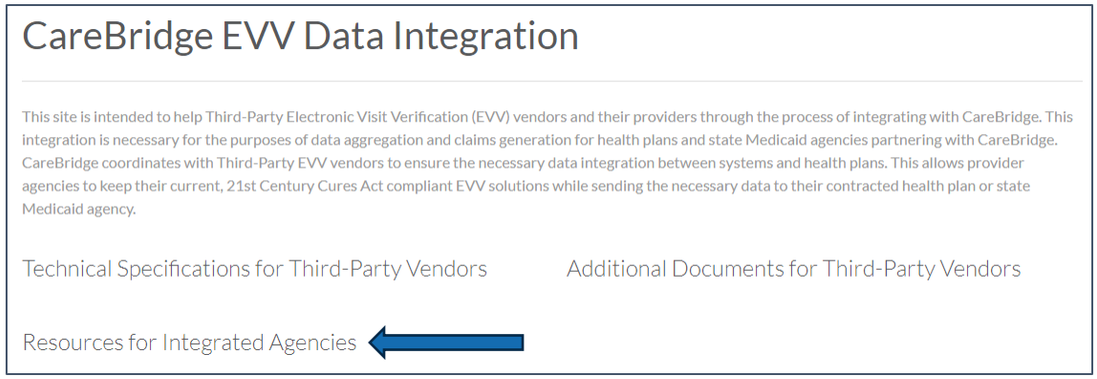
- If you are using CareBridge as your EVV vendor – you are all set
- If you are using HHA as your EVV vendor – you are all set
- If you are using a 3rd party EVV vendor (other than CareBridge or HHA) – please contact your EVV vendor to make sure your vendor is integrated with CareBridge
  - If your vendor is **not** integrated with CareBridge – please ask your vendor to complete the EVV Vendor Intake Form http://evvintegrationeform.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

Effective October 1, 2023, all claims must be supported by EVV visit data

CareBridge Vendor Portal

To access a read-only CareBridge portal designed for providers using a third-party EVV solution who would like to see their Wellpoint data within the CareBridge system, please follow these steps:

1. Providers can go to http://evvintegration.carebridgehealth.com
2. Select the link for **Resources for Integrated Agencies.**



3. By selecting the link for Integrating Agency – CareBridge Portal Access Request they will be sent to a page that provides information about what they can see in the CareBridge system.

4. If they hit the big "**CLICK HERE**" button, they will be redirected to a form they can complete to request their credentials.

Provider Training and Support

Training Resources

CareBridge has provided multiple training sessions, resources materials, and telephonic Provider Support

- **Web-Based Training**: Live virtual trainings prior to initial implementation and recorded versions available after initial trainings
- **CareBridge Resource Library**: Online access to all training and educational materials for on-demand reference
- **Support Center**: Telephonic support for Providers

Training Methods

CareBridge provides multiple training methods to reach all learners

- Live and Recorded Web-Based Training Sessions
- Comprehensive Manuals and shorter targeted Guides stepping reader through processes
- Videos demonstrating and stepping viewer through processes

http://carebridgehealth.com/trainingnjevv

Provider Training and Support

- Training sessions will cover all EVV platform functionality and common solutions for ease of use
- Training Modules are tailored to specific functions allowing providers to ensure appropriate staff are trained based on job duties.
- Orientation lasts 75 minutes. Modules are scheduled for 60 minutes each and include real time practice in EVV with the trainers.
    - **Orientation**
    - **Module 1: Setting Up Your Office**
    - **Module 2: Mobile App and IVR**
    - **Module 3: Authorizations and Scheduling**
    - **Module 4: Visits and Billing**

Roadmap to CareBridge EVV Success

Week 1 & 2 – Office Set Up & Scheduling

- ❑ Administrative Staff attends Orientation and receives log in credentials
- ❑ Attend Training - Modules 1 & 2 are recommended for Week 1
- ❑ ❶Set up your employees and assign to office and/or member groups
- ❑ Review data within provider portal for completeness and accuracy (Member, Authorizations)
- ❑ ❷Acknowledge Authorizations and ❸Schedule Appointments (Assign Caregivers, Populate Care Plan Activities, etc.)

Week 3 – Caregiver Training

- ❑ Train Caregivers on the use of CareBridge app and IVR (interactive voice response)
- ❑ Caregivers install app and log in first time
- ❑ Caregiver Check In/Out, completion of observed changes and care plan activities
- ❑ Attend Training – Modules 3 & 4 are recommended for Week 3

Week 4 – Process Claims

- ❑ Caregivers continue using CareBridge App or IVR for Check In/Out
- ❑ ❹Manage Visits (missed, late and manual entries)
- ❑ Complete pre-billing checks and ❺Process Claims
- ❑ Review Reports to assess performance

CareBridge Authorization & Claims Statuses

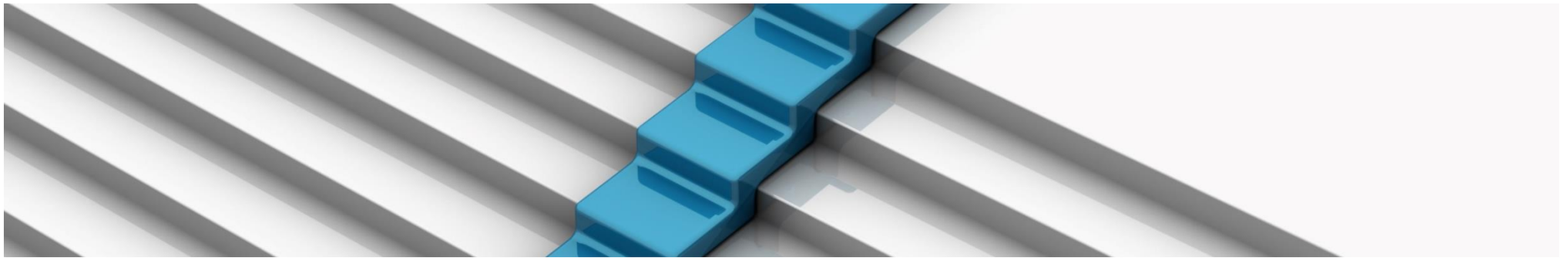
Authorizations

- Active – authorization can be used for EVV visits and billing
- Inactive – authorization can be used for EVV visits and billing, however, the end date of the authorization is in the past
- Void – this authorization cannot be used for EVV visits or billing

Claim Statuses

- Confirmed – the claim has been submitted to the payer and is in the adjudication process.
  - Note – claims in a confirmed status cannot be updated, corrected, or voided. Claims must be in a terminal status (paid, denied) before any adjustments can occur
- Paid – the claim has been paid
- Denied – the claim has been denied

Next Steps



To start the EVV process:

1. Complete the Wellpoint New Jersey Provider Setup & Access Request Form: https://nj.carebridgehealth.com/register-provider/new-registration to provide critical information regarding your agency including:
   - Contact person for receiving EVV communications and training notices
   - Services you provide that will require EVV
   - Your choice of EVV vendor in New Jersey
2. Review Resources http://resources.carebridgehealth.com/evv
3. If using another EVV vendor, have them complete the EVV Vendor Intake Form: http://evvintegrationeform.carebridgehealth.com/
4. Share the data integration technical specifications http://evvintegration.carebridgehealth.com

Key Contacts

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

Keisha Woodson-Authorizations
keisha.woodson@wellpoint.com

**As of 1/1/2024 Wellpoint Provider Services Phone 1-833-731-2149

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

Non-MLTSS Authorizations:
Acute: 1-800-452-7101, x106-134-2111
PDN: 1-800-454-3730
Contracting:
Alejandro.valentin@wellpoint.com

Provider Experience:
Questions regarding claims related to claims and EVV data
Suleika.Clase@wellpoint.com
Sandra.Carona@anthem.com

Clinical MLTSS:
jennifer.iskandar@wellpoint.com

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

How to Contact CareBridge

CareBridge Users

- Email: njevv@carebridgehealth.com
- Call: 844-924-1755
- Resource Library: http://resources.carebridgehealth.com/evv

Providers Using 3rd Party EVV Vendor

- Email: evvintegration@carebridgehealth.com
  - Technical contact for EVV vendors who need to get set up
- Email: evvintegrationsupport@carebridgehealth.com
  - For providers and EVV vendors with general questions post-integration
- Integration Specifications: http://evvintegration.carebridgehealth.com
- Call: 844-924-1755

Useful Links

- EVV Resource Page: http://resources.carebridgehealth.com/evv
- Integration Resource Page: http://evvintegration.carebridgehealth.com
- EVV Vendor Intake Form: http://evvintegrationeform.carebridgehealth.com/
- EVV Training: https://www.carebridgehealth.com/nj-evv-hh-provider
- EVV Login Request: https://nj.carebridgehealth.com/register-provider/new-registration
- NJ WLP Auth Notifications: NJ_CAID_ProviderNotificationRequest.pdf

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THANK YOU