



CAREBRIDGE

Iowa Home Health
EVV Information Session

November 14th, 2023

Agenda



- Welcome and Introductions
- EVV Overview
- Home Health Implementations
- Timeline and Provider Action
- Multiple Services
- Next Steps

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The CareBridge Mission

CareBridge exists to enable individuals in home and community-based settings (HCBS) to maximize their health, independence and quality of life.

WE ACCOMPLISH OUR MISSION BY:

- ✓ Ensuring HCBS members receive **individualized, reliable, and appropriate** care to promote greater **independence**
- ✓ Providing members and caregivers with access to a **highly trained clinical team 24/7**
- ✓ **Coordinating closely** with PCPs, Case Managers, and other care team members
- ✓ Delivering solutions that address **physical and behavioral health needs and promote health equity**
- ✓ Partnering with Managed Care Organizations in **value-based** arrangements



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EVV Overview

What is EVV?

- Electronic Visit Verification (EVV) uses technology to electronically record when a caregiver begins and ends providing home health services (HHS) to Medicaid members
- EVV solutions work on a device such as a smartphone, GPS-enabled tablet, or landline to collect the caregivers' start and end times
- The requirements for a compliant EVV system are outlined in the *21st Century Cures Act*, a federal law that requires all states to implement EVV

EVV captures the following:

- 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

Who is CareBridge?

- CareBridge is a technology company that helps states, health plans, and providers deliver the best care for Home Community Based Services (HCBS) members
- We have a comprehensive, best-in-class CareBridge EVV Solution, Data Aggregator, and Claim Engine
- Providers can use the free CareBridge EVV solution or use their own compliant EVV system through integration with CareBridge

CareBridge is:

- 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

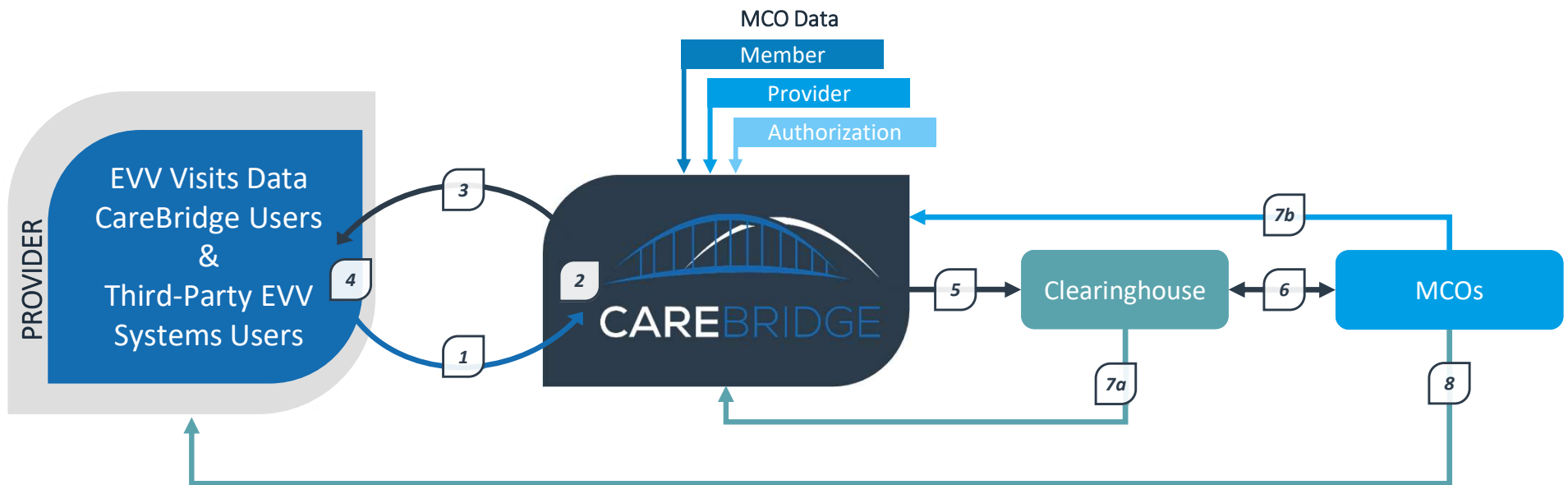
High-level: Workflow

1. Providers use EVV system to capture/correct necessary data. EVV vendor sends data to CareBridge to generate claim.

2. CareBridge EVV Aggregation platform applies applicable EVV, claims, and program/state business rules.

3. CareBridge returns pre-billing validation errors to EVV vendors with the expectation that these are passed on to providers for resolution. **when applicable*

4. Providers resolve errors in their EVV system and resubmit visit to CareBridge. **when applicable*



5. CareBridge generates and sends validated claims via 837 format to Clearinghouse.

6. Applicable claims data sent to MCOs via Clearinghouse. Claim details/status returned to Clearinghouse.

7a. Clearinghouse returns claim details/status to CareBridge through file exchange process (277CA).
7b. MCOs returns detailed claim report to CareBridge.

8. MCOs return remit (835) information to providers through existing process.

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EVV Required Services

Code	Description	AGP	ITC	MHC
S9122	Home Health Aide [waiver]	✓	✓	✓
S9123	Skilled Nursing (RN) [waiver]	✓	✓	✓
S9124	Skilled Nursing (LPN) [waiver]	✓	✓	✓
T1002	Nursing Care, RN, IMMT, home	✓	✓	✓
T1003	Nursing Care, LPN, IMMT, home	✓	✓	✓
T1004	Home Health Aide, IMMT	✓	✓	✓
T1004:U3	Home Health Aide	✓	✓	✓
T1021	Home Health Aide	✓	✓	✓
T1030	Nursing Care, RN, home	✓	✓	✓
T1031	Nursing Care, LPN, home	✓	✓	✓
S9122	Home Health Aide [non-waiver]	✓	✓	✓
S9123	Skilled Nursing (RN) [non-waiver]	✓	✓	✓
S9124	Skilled Nursing (LPN) [non-waiver]	✓	✓	✓
G0151	Physical Therapist (PT), home health setting or hospice	✓	✓	✓
G0152	Occupational Therapist (OT), home health setting or hospice	✓	✓	✓
G0153	Speech Language Pathologist (SLP or ST), home health setting or hospice	✓	✓	✓
G0156	Home Health Aide, home health or hospice setting	✓	✓	✓
G0158	OT Assistant, home health setting or hospice	✓	✓	✓
G0159	PT, home health setting	✓	✓	✓
G0160	OT, home health setting	✓	✓	✓
G0161	SLP, home health setting	✓	✓	✓
G0299	RN Direct Care, home health or hospice setting	✓	✓	✓
G0300	LPN Direct Care, home health setting or hospice	✓	✓	✓

Abbr.	Health Plan
AGP	Amerigroup Iowa
ITC	Iowa Total Care
MHC	Molina Healthcare of Iowa

EVV Requirements

Federal mandate requires all states to implement EVV



Amerigroup Iowa, Iowa Total Care, and Molina Healthcare of Iowa will be launching all Home Health services on **October 1, 2023**



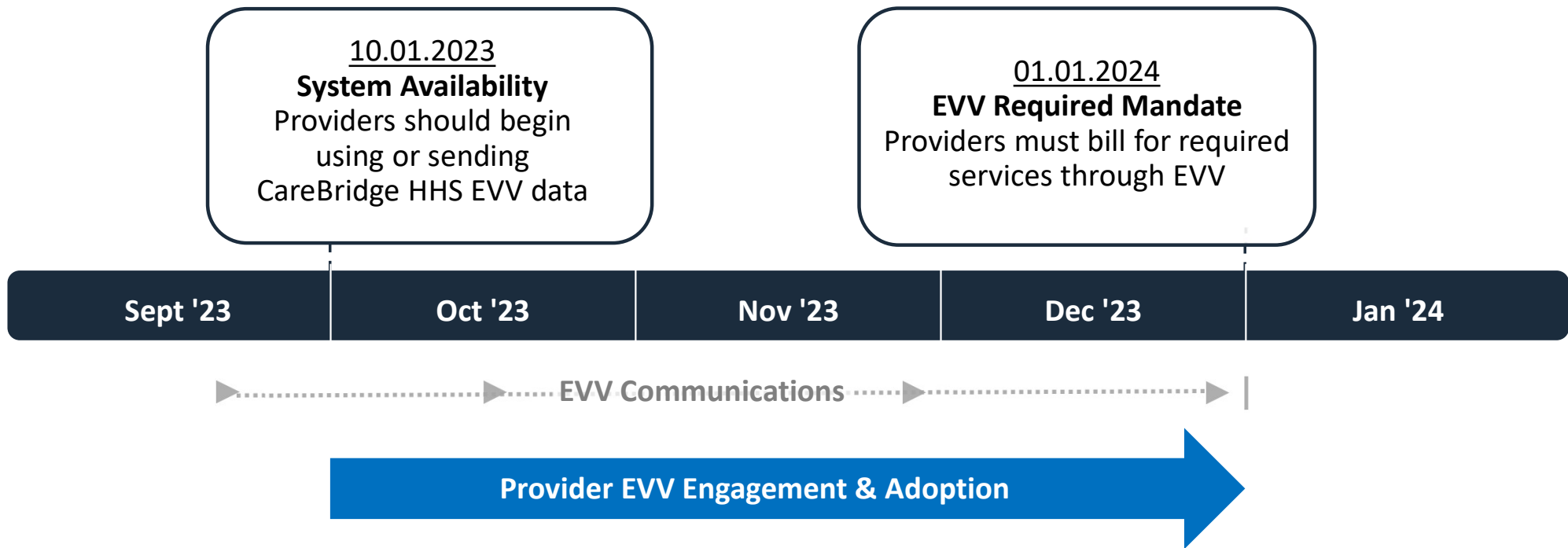
All claims for EVV Required Services must be generated through EVV starting **January 1, 2024**

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Home Health Implementation Timeline



EVV Communications

Provider Communications	Target Deadline
Welcome Letter - Description of EVV, Instructions, FAQs	09/18/23 – 09/22/23
Training Letter - Instructions for CB Users to register for Training Sessions	09/25/23 – 09/29/23
Provider On-Boarding - Additional communication related to provider on-boarding is shared with both CB EVV and Third-Party EVV Users as needed	10/09/23 – 12/29/23
Final Notice - For providers who have not completed onboarding to let them know claims will not be paid outside of EVV starting 1/1	12/18/23 – 12/29/23

EVV Decision – Your Options

Option 1: 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://evv.carebridgehealth.com/loginrequest>

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 Home Health 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 Iowa, 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://evvintegrationform.carebridgehealth.com/>

Provider Onboarding

CareBridge Users

1. Complete the EVV Provider Setup & Access form (vendor selection)
 - Complete recommended Live Training Sessions (Orientation + 4 Modules) or review the OnDemand videos for the Orientation and Module sessions
2. Log into the CareBridge Portal
 - Set up your office in the CareBridge portal
3. Acknowledge an Authorization / Schedule an Appointment
4. Complete an EVV visit using CareBridge EVV
5. Submit a claim via CareBridge EVV

Third-Party EVV Users

1. Complete the EVV Provider Setup & Access form (vendor selection)
 - Have your EVV Vendor complete the Third-Party EVV Intake Form
 - Review the Integrated Agency Portal User Guide
2. Vendor receives credentials
 - CareBridge sends this information directly to your vendor
3. Vendor completes testing with CareBridge
4. Vendor sends production data to CareBridge
5. Submit a claim via CareBridge

Provider Actions

ALL PROVIDERS

Complete the required **Provider Setup & Access Request Form**.

<http://evv.carebridgehealth.com/loginrequest>

- The respondent should be familiar with claims, billing/EDI, authorization process, and current EVV solution
- Respondent will need to provide information regarding:
 - Company legal name and identification numbers (e.g., tax id, NPI)
 - Current company contact information EVV/billing administrator and contact information
 - EVV Vendor selection (and contact information if not using CareBridge)

NOTE: Setup responses are for Amerigroup Iowa, Iowa Total Care, and Molina Healthcare of Iowa. Please complete only once per Tax ID.

PROVIDERS USING A THIRD-PARTY EVV VENDOR

Your EVV Vendor must complete the required **Third-Party EVV Vendor Intake Form**.

<http://evvintegrationform.carebridgehealth.com/>

- EVV vendors are **required** to complete this intake form to initiate integration activities with CareBridge
- EVV vendors should review the state specific Integration Guide and Technical Specifications for instructions on obtaining credentials for both testing and production environments:

<http://evvintegration.carebridgehealth.com/>



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Multiple Services

CareBridge Users

- During training CareBridge will address how to:
 - Schedule and/or complete multiple EVV services for a patient, performed by a single or multiple caregivers in a single day
 - Bill for specific services vs. ALL services performed for a patient

Third-Party EVV Users

- Connect with your EVV Vendor to understand how to:
 - Schedule and/or complete multiple EVV services for a patient, performed by a single or multiple caregivers in a single day
 - Send visits to CareBridge
 - Bill for specific services vs. ALL services performed for a patient

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Next Steps

All providers should be on the lookout for communications about EVV coming from IA Medicaid and the MCOs

- Providers should be prepared to take immediate action
- Tell CareBridge who your EVV vendor will be via the EVV Provider Setup & Access form: <http://evv.carebridgehealth.com/loginrequest>
 - If you currently use EVV for PCS services, you must still complete this form.
 - Providers and their vendors should not complete the Third-Party EVV Vendor Intake Form form if the vendor has previously integrated with CareBridge
 - For more about vendor integration with CareBridge please review our [New Provider/Vendor Procedure](#)
- Register for and complete recommended training:
 - CareBridge Users: <https://www.carebridgehealth.com/ia-training-hh>
 - Third-Party Users: <http://evvintegration.carebridgehealth.com/>
- Visit our resource library for details on how to complete EVV onboarding with CareBridge: <http://resourcelibrary.carebridgehealth.com/iaevv/CBUser>

More Information on EVV, EVV next steps, or CareBridge:

CareBridge Support Center

IAEVV@carebridgehealth.com





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ADDITIONAL INFORMATION

11/14/23

Prior Authorization Types

Service codes are categorized as ***Always***, ***Sometimes***, or ***Never*** requiring a prior authorization for a service to be performed. This means that certain service codes will not have authorizations associated with them for scheduling appointments or completing visits. In these instances, providers will be able to schedule appointments and complete visits for their members without an authorization.

- ❑ Always = The payer always requires an authorization to perform the service.
- ❑ Sometimes = The payer only requires an authorization to perform the service in some situations.
 - CareBridge will accept visits for services that are “sometimes” authorized up until the payer sends the authorization to CareBridge.
 - If an authorization for this service is sent to CareBridge by the Health Plan:
 - CareBridge users are required to complete, and bill associated EVV visit against the issued authorization number.
 - Third-Party EVV vendors are required to send EVV visits and billing data to CareBridge with the correct authorization number in the ‘AuthRefNo’ field outlined in the CareBridge Integration Specifications.
- ❑ Never = The payer does not require or issue an authorization to perform the service.

Prior Authorization Types

Code	Description	Auth Issuance Type		
		AGP	ITC	MHC
S9122	Home Health Aide [waiver]	Always	Always	Always
S9123	Skilled Nursing (RN) [waiver]	Always	Always	Always
S9124	Skilled Nursing (LPN) [waiver]	Always	Always	Always
T1002	Nursing Care, RN, IMMT, home	Always	Always	Always
T1003	Nursing Care, LPN, IMMT, home	Always	Always	Always
T1004	Home Health Aide, IMMT	Always	Always	Always
T1004:U3	Home Health Aide	Always	Always	Always
T1021	Home Health Aide	Always	Always	Always
T1030	Nursing Care, RN, home	Always	Always	Always
T1031	Nursing Care, LPN, home	Always	Always	Always
S9122	Home Health Aide [non-waiver]	Always	Never	Sometimes
S9123	Skilled Nursing (RN) [non-waiver]	Always	Never	Sometimes
S9124	Skilled Nursing (LPN) [non-waiver]	Always	Never	Sometimes
G0151	Physical Therapist (PT), home health setting	Sometimes	Never	Sometimes
G0152	Occupational Therapist (OT), home health setting	Sometimes	Never	Sometimes
G0153	Speech Language Pathologist (SLP or ST), home health setting	Sometimes	Never	Sometimes
G0156	Home Health Aide, home health	Sometimes	Never	Sometimes
G0158	OT Assistant, home health setting	Sometimes	Never	Sometimes
G0159	PT, home health setting	Always	Never	Sometimes
G0160	OT, home health setting	Always	Never	Sometimes
G0161	SLP, home health setting	Sometimes	Never	Sometimes
G0299	RN Direct Care, home health	Always	Never	Sometimes
G0300	LPN Direct Care, home health setting	Always	Never	Sometimes

Prior Authorization Type – Resources

CareBridge Users:

Provider Agency Resource Library:

- Prior Authorization Types
- No Authorization Workflow

Trainings (Live / On-demand):

- Module 3 - Authorizations & Scheduling

Third-Party EVV Users:

Iowa Technical Specifications for Third-Party Vendors

Provider Agency Resource Library:

- Prior Authorization Types

Home Health | Billing Frequency

Effective October 1, 2023, Home Health Providers must select a billing frequency of either Daily, Weekly, or Monthly set in the CareBridge Portal.

- ❑ Provider Agency's will select from three options when completing the [Provider Access and Request Form](#):
 - Daily – CareBridge will generate and submit your claims every night.
 - Weekly (Sunday – Saturday) – CareBridge will generate and submit your claims every Sunday for the previous week. When the week crosses into the next month, we split at the end of the month.
 - Monthly (Calendar Month) – CareBridge will generate and submit your claims on the first of the month for the previous month.

IMPORTANT: If you provide both PCS and HH services, these *NEW* billing frequency options will only be applied to Home Health Claims. PCS claims will remain daily.

IMPORTANT: You can always change your billing frequency decision by contacting CareBridge Support at iaevv@carebridgehealth.com

****Please note – any changes you make will go into effect at the start of the next billing period*

Billing Frequency - Scenario

Scenario: Member, James Bond, receives service on **Tuesday, November 7** from 9am-11am.

November 2023						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Exactly when the claim is generated will depend upon the billing frequency selected by the provider, and when the provider is attempting to bill for the service.

Billing Frequency – Scenario (Daily)

Daily

- Provider signals to CareBridge that they wish to bill for the visit on November 7 – CareBridge will generate and submit the claim the evening of November 8. Daily services are billed on the following day to ensure adequate opportunity to roll together any additional claims for this member, provide, Date of Service, and procedure code.
- Provider signals to CareBridge that they wish to bill for the visit after November 7, on November 9 – CareBridge will generate and submit the claim the same day the provider initiates billing.

November 2023						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8 \$	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

* \$ = first possible day claim for 11/7 submitted.

Billing Frequency – Scenario (Weekly)

Weekly

- Provider signals to CareBridge that they wish to bill for the visit on November 7 – CareBridge will queue the claim on November 7 and will submit the claim on the following Sunday (November 12).
- Provider signals to CareBridge that they wish to bill for the visit on November 8-11 (for example, November 10) – CareBridge will queue the claim on November 10 and will submit the claim until the following Sunday (November 12).
- Provider signals to CareBridge that they wish to bill for the visit on any date on or after November 12 (for example, November 15) – CareBridge will generate and submit the claim on the same day the provider initiates billing.

November 2023						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13 \$	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

* \$ = first possible day claim for 11/7 submitted.

Billing Frequency – Scenario (Monthly)

Monthly

- Provider signals to CareBridge that they wish to bill for the visit on November 7 – CareBridge will queue the claim on November 7 and will submit the claim on December 1.
- Provider signals to CareBridge that they wish to bill for the visit on November 8-30 (for example, November 24) – CareBridge will queue the claim on November 24 and will submit the claim on December 1.
- Provider signals to CareBridge that they wish to bill for the visit on any date on or after December 1 (for example, December 5) – CareBridge will generate and submit the claim on the same day the provider initiates billing.

November 2023						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1 \$	

* \$ = first possible day claim for 11/7 submitted.

Billing Frequency - Scenario

NOTE: CareBridge's approach to claims generation and submission remains consistent with existing requirements and configurations – CareBridge will continue to validate visits for pre-billing alerts, claims that need be rolled up for claiming purposes. Visits must meet all existing requirements to be billed before CareBridge will generate and submit them.

CareBridge generates claims on the following days/times:

- Daily – claims are submitted daily at 8pm local time.
- Weekly – Sundays at 8pm local time for DOS within the previous week (Sunday – Saturday).
- Monthly – 8pm local time on the first day of the month following the end of the billing month (November DOS are submitted on December 1).