

Horizon EVV Training

Phase II EVV Training Cohorts 1 and 2

Provider Contracting and Services

Last Date Modified: November 2, 2023



Updates

DMAHS has notified Horizon NJ Health that the previously announced requirement for Caregiver license or certification number on all claims that was to become effective October 1, 2023 for Cohort 1 services and as soon as possible for Therapy services is postponed. Caregiver numbers are required to match to EVV data in order for claims to not deny for EVV record compliance. However, at this time the caregiver license/ certification is not required on the claim. Please see NJ State DMAHS newsletter 33-12.

A recording of the most recent bi-weekly webinar update is now available @ <https://www.carebridgehealth.com/nj-evv-hh-provider>

Steve Fitch is no longer with Horizon NJ Health, effective 9/29/2023. Steve's replacement is Alyson Rolls. The contacts section has been updated to reflect Alyson as the new contact.

Subjects

- **EVV Overview**
- **First Steps for Provider Adoption**
- **EVV Implementation**
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- **HNJH Billing and Claims**
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EVV Overview

What is EVV?

- **The 21st Century Cures Act mandates that, States require use of Electronic Visit Verification (EVV) for Medicaid-funded Home Health Skilled Nursing, Private Duty Nursing, Therapies and Home Health Services (HHCS) for in-home visits by a provider (Phase II EVV Services).**
- **EVV data is the electronic verification of: Date of service; location of service; individual providing service; type of service; individual receiving service; and time the service begins and ends. EVV data is recorded on an electronic device at the site of service, such as a cell phone. EVV data is required to be recorded by the State of New Jersey and by participating MCOs prior to claim payment.**
- **Under the State of New Jersey adoption plan, Providers are required complete training and integration (if needed) and to begin to submit EVV for Phase II Services, for Home Health, Nursing, and Therapies by July 18, 2022. The mandate requires 100% compliance by January 1, 2023.**
- **A detailed list of CPT Codes and modifiers can be found at [https://www.nj.gov/humanservices/dmahs/info/NJ Electronic Visit Verification Home Health Care Services.pdf](https://www.nj.gov/humanservices/dmahs/info/NJ_Electronic_Visit_Verification_Home_Health_Care_Services.pdf). All service codes are subject to the mandate if billed with place of service 12.**

How is EVV Transmitted?

- **HHAx (“HHAx”) is the state of New Jersey’s vendor for aggregation. HHAx will aggregate incoming EVV Data from Providers**
- **EVV data will flow from the provider to the state’s aggregator “HHAx” and to the individual MCO’s Aggregator. HHAx serves as the state’s Aggregator and CareBridge is currently the Aggregator for Horizon NJ Health. The state has adopted a “no wrong door policy” in which EVV data is forwarded to the State’s identified aggregator, HHAx, by the software vendor chosen by an individual provider who may send data to either HHAx or CareBridge for Horizon NJ Health members.**

First Steps For Provider Adoption

Critical Dates

Phase I

- **July 18, 2022 Providers should have selected their EVV Software, completed integration and training and begin submission to either CareBridge or HHAx of EVV data.**
- **October 1, 2022 Meet or exceed operationally engaged status.**

Phase II

- **August 1, 2023 Therapy providers must be 100% compliant and October 1, 2023, all Phase II providers must be 100% compliant.**
- **Claims will begin to deny if corresponding EVV visit data is not present in EVV data received by HNJH via CareBridge or HHAx as of the dates noted above.**

Choosing Your EVV Vendor

What are the options for providers to transmit EVV data to HHAx?

- **OPTION 1: Use an existing EVV system or a system you intend to implement by July 18, 2022 to collect and report EVV Data**
- **OPTION 2: Use Free EVV tools provided by CareBridge or HHAx.**



EVV Survey

State of New Jersey Newsletter Released

- **Available at NJMMIS.COM; Volume 32-28.**
Go to Newsletters and Alerts and plug in 32-28 in search function.
- **In cooperation with the New Jersey DMHAS, all MCOs sent out a request to participating providers, who render EVV Phase II Services to complete a survey regarding how providers will collect and implement data transmission to the state's aggregator HHAx.**
 - The survey requests information about the software platform you will be using to collect and transmit data to HHAx or CareBridge.
 - Providers only need to complete the survey once, for Phase II even though they may have received requests as a participating provider in multiple MCOs.
- **If you have not yet completed the questionnaire, please do so as soon as possible by accessing the questionnaire at [HHAx.com/njhhsurvey](https://www.hhas.com/njhhsurvey)**

Software Integration

- **If you are using an EVV software solution other than CareBridge or HHAx, your EVV software vendor will be required to ensure that they can transmit all required data elements to either HHAx or CareBridge in specified formats**
- **The communication process between your vendor and HHAx or CareBridge will need to be tested and validated to ensure that data is able to be communicated correctly. Working through the process of exchanging data in the mandated format is commonly known as “integration”**
- **Agencies choosing to utilize an alternative software solution are responsible for the performance of their software vendor in compliance with timely communication of data in the correct format.**

EVV Software Training

- **You must indicate what software you will be using to gather EVV data on the Survey Request. If you are using HHAx or CareBridge software, you will need to complete HHAx or CareBridge Training. If you are using a software other than HHAx or CareBridge you must complete your software vendor's training program and the EDI training program for either CareBridge or HHAx.**
- **After completing training integrated providers will submit test data to either CareBridge or HHAx. Once test data has been successfully received, you will be assigned provider log on ID to either the CareBridge or HHAx portal.**
- **All providers are expected to have an active log on id and begin submitting data by July 18, 2022.**

Phase II EVV Implementation

EVV Implementation Period

- **Effective Dates: July 18, 2022 to July 31, 2023 for therapy (Cohort 2) providers and September 30, 2023 for nursing and infusion services.**
- **Provider agencies will demonstrate progress towards full compliance with training and verified visit submission. During the implementation period, as providers progress towards full compliance, claims will not be denied for a lack of EVV supporting data.**



Compliance Rate

- **Compliance Rate is Units Billed that have EVV Data divided by Total Units billed for paid claims. The example below reflects the compliance score for one claim submitted by a Phase II Provider. This represents the percentage of units that would be paid to a Provider for Phase II mandated service provided there is no other cause for their claims to deny**

Compliance Score Calculation				
Claim Line #	Units Billed	Time on EVV Data	Matching EVV Units	Compliance Score
Claim Line 1-DOS 9/1	10	2 Hours	8	80%
Claim Line 2-DOS 9/2	10	No Matching Visit	0	0%
Claim Line 3- DOS 9/3	12	3 Hours	12	100%
Totals	32	5 Hours	20	63%

Your compliance rate can be requested from EVVProviderSupport_@horizonblue.com

Compliance Status

Provider will be categorized as follows:

- **Compliant:** Provider has demonstrated 100% compliance rate for all claims submitted
- **Operational-** Provider has met all state guidance for compliance as of the go live date and has demonstrated a satisfactory compliance rate.
- **Provisionally Engaged-** Provider has demonstrated ability to submit data to CareBridge or HHAx.
- **Provisionally Disengaged-** Provider has not established an active portal and/or has not yet demonstrated the ability to supply EVV data to CareBridge or HHAx.

EVV Adoption Milestones - Cohorts 1 & 2 (Skilled Care/Therapies)

Milestones	Activities	End of Period Goal	Timeframe
Onboarding - HHAx 'Go live'	<ul style="list-style-type: none"> Select Your EVV Vendor Complete the HHAx Survey Questionnaire Complete Integration Secure HHAx or CareBridge Portal Log on ID and password. Complete EVV Training Complete MCO Aggregator Integration Provider Training 	Active communication of EVV visit Data to either the CareBridge or HHAx Portal, obtain Provisionally Engaged Status	May 1, 2022 to July 18,2022
Provisional - Engaged	<ul style="list-style-type: none"> Maximize visits reported with EVV Data. Gain experience in managing internal staff and Care Givers Learn to identify and resolve error code rejections. Billing activities are not impacted 	Increased matching of the claim units billed with EVV supporting data to achieve Operational Status or <u>on 9/30/22</u> are at risk for no longer receiving member referrals.	July 19, 2022 to December 31, 2022
Provisional - Disengaged	<ul style="list-style-type: none"> No participation in onboarding activities No identified EVV solution and/or are not utilizing an EVV solution There are no integration activities 	These providers must immediately address EVV requirements and move into Engaged status with all applicable payers.	July 19, 2022 to December 31, 2022
Operational	<ul style="list-style-type: none"> Resolve any gaps in information exchange which result in less than a 100% Compliance Rate Begin billing activities Assure CHHA/License numbers are included on claims 	Operational status must be achieved, MCOs may begin to limit referrals or transition existing members to providers who have achieved Operational Status.	January 1, 2023 and thereafter
Full Compliance	Ongoing maintenance to ensure 100% compliance	All claims submitted must have supporting EVV data and license/certification numbers included on applicable claims	July 31, 2023 and thereafter for Cohort 2 providers and September 30, 2023 and thereafter for Cohort 1 providers.

EVV Management

Member Information

- **HNJH does not upload HNJH member information into either the CareBridge or HHAX system. How member information is populated depends on your integration set up.**
- **HHAX, CareBridge and CareBridge integrated providers must manually input HNJH member information into their software solution.**
- **HHAX integrated providers submit their first visit with the correct billing recipient Medicaid ID. This ID is matched to the state's eligibility file and populates the member's profile. They do not need to manual entry of member information. Please see more detailed information using the following link: https://mailchi.mp/cfb6a09a217e/njintegration_data_requirements**
- **All other users must manually load member information into their EVV software system and must include the billing recipient Medicaid ID. If a state Medicaid ID number is submitted that does not match the billing recipient Medicaid ID on the State eligibility record located at NJMMIS.com number recorded on the HNJH claims system, users will receive error code "VCR2068- Member is not present in the payer's membership file".**

Prior Authorization

Prior Authorization Process for Phase II- Cohort 1 and 2

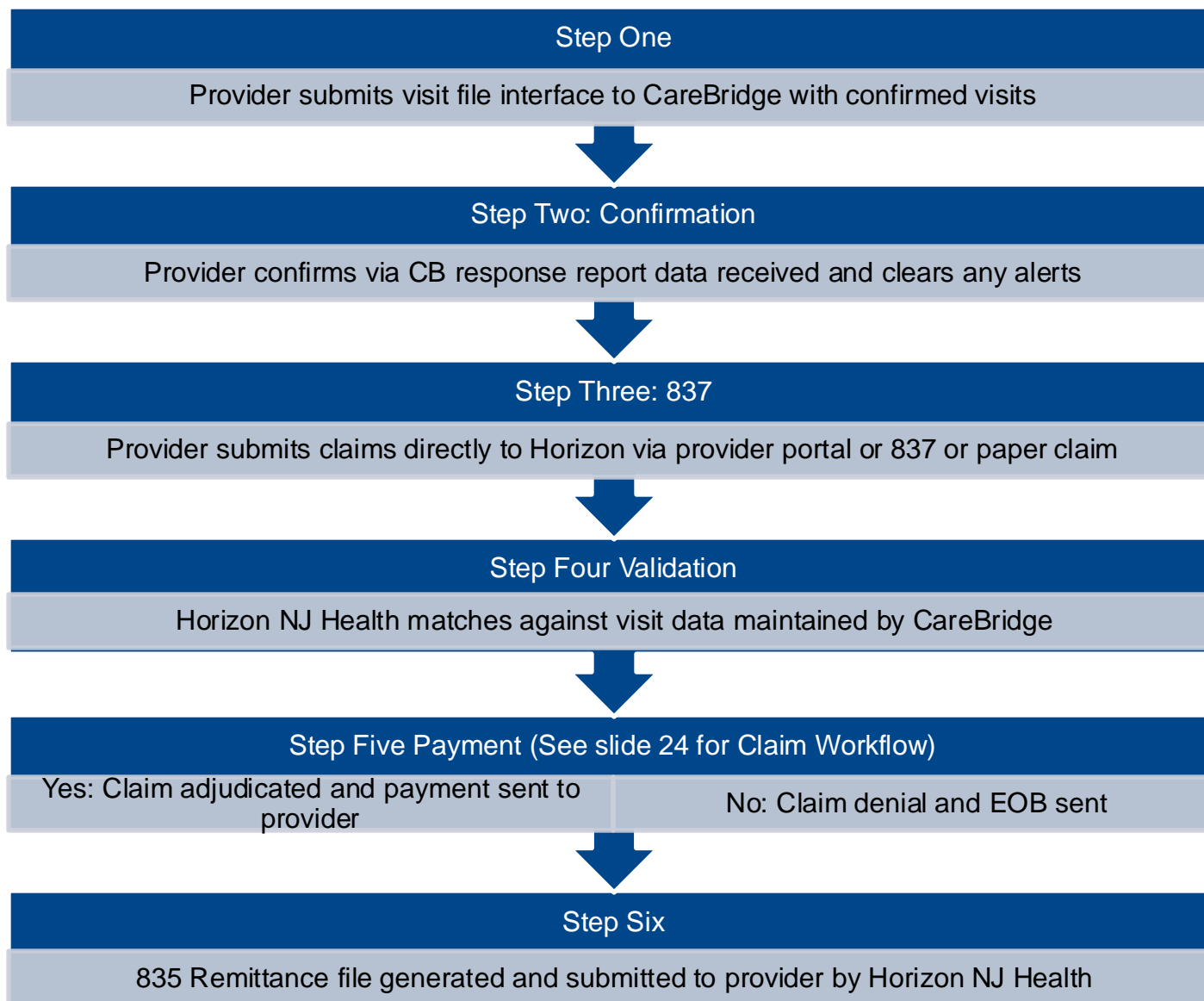
- **Provider or Member request authorization for services for initial and renewal auths**
 - Email
 - electronically via Navinet (Care Affiliate)
 - phone call.
- **Request is received and assigned for medical necessity determination**
 - Supporting documentation should be included with request from provider
 - Request for needed documentation from provider to complete determination if request if from member
- **Authorization determination is based on assessed needs**
- **Provider receives approval/limited/denial both verbally and via Navinet/Fax**
- **Member denials are provided in writing**
- **When entering authorization into EVV solution please review to make sure it matches authorization provided.**
- **For request that require a Retrospective Review, medical necessity reviews will be conducted for in-home services rendered within 6 calendar days of services being rendered and receipt of all needed documentation.**

Billing and Claims

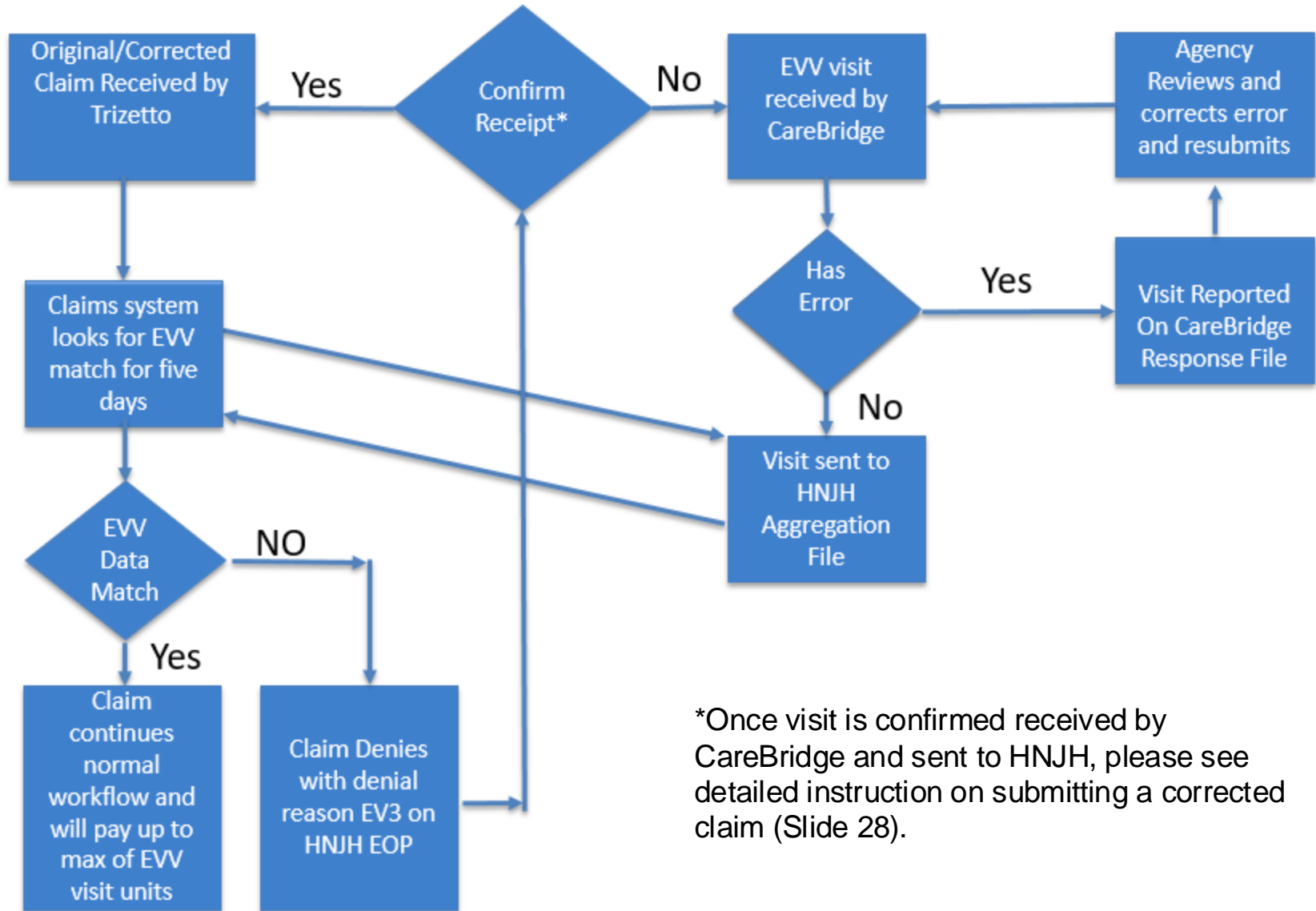
HNJH Billing

- **All EVV Phase II Services to be billed directly to HNJH by the provider. There is no change in how you submit your bills to HNJH. Except as noted below:**
 - All EVV mandated codes rendered in the home setting must be billed on a professional format (CMS1500 or 837p)
- **When billing for “EVV Service Codes” claim submissions should only have one date of service for each claim line. Claims can still be submitted with multiple dates of service but only one date of service for each claim line. Billing a date range with more than one DOS per service line will result in the claim line being denied.**
- **HNJH does not provide authorization information to either HHAx or CareBridge. Authorization information should be manually entered by the Provider into their software solution and recorded in the EVV visits.**
- **Prior to billing you must confirm receipt of the your EVV visit by HNJH.**

Process Flow: Providers Using 3rd Party EVV Solution/Vendor



Claims Workflow



*Once visit is confirmed received by CareBridge and sent to HNJV, please see detailed instruction on submitting a corrected claim (Slide 28).

EVV Matching Requirements

Member Medicaid ID number:

- **The Member Medicaid ID number is the 12 digit number assigned by the State of New Jersey and is not the Horizon NJ Health Member ID number**
- **If you don't have a member's Medicaid ID number it can be accessed at NJMMIS.COM. You must use the Billing Recipient Medicaid ID number.**

Tax ID

NPI

- **If you are billing multiple NPIs under tax IDs the NPI billed must match the NPI supplied in EVV data.**

Date of Service

- **Must bill one date of service per claim line**

CPT Code

- **Both CPT and any applicable modifier must match between EVV data and claim submission**

Place of Service Code 12 must be billed

EVV Denial Codes

Effective 8/1/2023 for Cohort 2 and 10/1/2023 for Cohort 1 services , any claim units not supported with EVV data for EVV in scope services will deny. Below are the EVV Claims Denial Codes –

- EV1 - Amount exceed the Electronic Visit Verification (EVV) data submitted through EVV vendor**
- EV2 - Units exceed the Electronic Visit Verification (EVV) data submitted through EVV vendor**
- EV3 - Line denied, Electronic Visit Verification (EVV) data must be submitted through EVV Vendor**
- EV4 - Line Denied; Multiple DOS Not allowed in a claim line qualified as EVV required**

Messages and Reason Code

The practice of balance billing Medicaid/NJFC beneficiaries, whether eligible for FFS benefits or enrolled in managed care, is prohibited under both Federal and State law. These prohibitions apply to both Medicaid/NJFC-only beneficiaries, as well as those eligible for Medicare coverage or other insurance. A provider enrolled in the Medicaid/NJFCFFS program or in managed care is required to accept as payment in full their reimbursement rate established by the FFS program or managed care plan.

EV3 Line denied, Electronic Visit Verification (EVV) data must be submitted through EVV Vendor.

*** Access Navinet to identify "care gaps" concerning your patients. Let's work together to improve our members' health. Have questions? Contact your provider account executive.

Corrected Claim After Denial

- If a claim was denied and you have subsequently corrected EVV visit information you may receive amended payment by filing a corrected claim to Trizetto, after you have confirmed HNJJH has received the revised EVV data.
- **Important Instructions Regarding Filing a Corrected Claim**
In order to submit a corrected claim, the claim must contain a claim frequency code 7 in field 22 of the HCFA 1500 or Loop 2300 of the 837 submission. In addition, if filing a corrected claim, you must include the internal control number (ICN) of the original or most recently denied claim (if the claim was submitted multiple times). The ICN should be included in Loop 2300 REF02 when using the 837 format; or included in field 22 under the “Original Ref No,” if using a HCFA 1500. You must include all dates of service which were included under the original claim regardless of payment status. A corrected claim submitted without these criteria may be denied even though EVV data may now be present on our claims system.
- You must confirm that EVV data has been received by Horizon NJ Health prior to resubmitting a corrected claim.

Requirements for EVV for FIDE and Dual Eligible Members

COHORT 1 Skilled Nursing / Private Duty Nursing / Home Health

Codes	Procedure Name	Unit of Measure	Service Requirements	Requirements for EVV for FIDE and 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	PA - REQUIRED POS 12	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP
99601	Infusion- Skilled nursing	Up to 2 hours	PA - REQUIRED POS 12	
99602	Infusion- Skilled nursing-additional hour(s)	Each additional hour	PA - REQUIRED POS 12	
G0299*	Direct skilled nursing services of a registered nurse (run) in the home health or hospice setting	15 mins	PA - REQUIRED POS 12	EVV Data required when Medicaid Authorizes
S9122	Home Health Aide/Certified Nurse Assistant	Per hour	PA - REQUIRED POS 12	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	PA - REQUIRED POS 12	
S9124	Nursing care, in the home; by licensed practical nurse	Per hour	PA - REQUIRED POS 12	
S9127	Social work visit, in the home	Per diem	PA - REQUIRED POS 12	
T1000	Private duty / independent nursing service(s)	15 mins	PA - REQUIRED POS 12	
T1002	Private duty / independent nursing service(s) / RN	15 mins	PA - REQUIRED POS 12	
T1003	LPN/LVN SERVICES	15 mins	PA - REQUIRED POS 12	
T1030	Nursing care, in the home, by registered nurse	Per diem	PA - REQUIRED POS 12	
T1031	Nursing care, in the home, by licensed practical nurse	Per diem	PA - REQUIRED POS 12	
G0300*	Direct Skilled nursing services of a licensed practical nurse (LPN) in the home or hospice setting	15 Mins	PA - REQUIRED POS 12	

*Services with G codes are only authorized by MCOs not FFS DMAHS

Requirements for EVV for FIDE and Dual Eligible Members

COHORT 2 Therapies				
Codes	Procedure Name	Unit of Measure	Service Requirements	Requirements for EVV for FIDE and Dual Eligible Members
92507	Speech, Language and Hearing Therapy Individual	Per diem	PA - REQUIRED POS 12	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	PA - REQUIRED POS 12	
97129	Cognitive Therapy, Individual	15 mins	PA - REQUIRED POS 12	
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	PA - REQUIRED POS 12	
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	PA - REQUIRED POS 12	
G0151 *	Services performed by a qualified physical therapist in the home health or hospice setting	15 mins	PA - REQUIRED POS 12	
G0152 *	Services performed by a qualified physical therapist in the home health or hospice setting	15 mins	PA - REQUIRED POS 12	
S9128	Speech therapy, in the home	Per diem	PA - REQUIRED POS 12	
S9129	Occupational therapy, in the home	Per diem	PA - REQUIRED POS 12	
S9131	Physical therapy; in the home	Per diem	PA - REQUIRED POS 12	
G0153*	Service performed by a a qualified speech language pathologist in a home health or hospice setting	15 mins	PA - REQUIRED POS 12	
G0155*	Services provided by clinical social worker in home health or hospice setting	15 mins	PA - REQUIRED POS 12	

***Services with G codes are only authorized by MCOs not FFS DMAHS**

Contacts and Questions

Customer Support Contacts

CareBridge Users: NJEVV@carebridgehealth.com

CareBridge Integrated Software Users: evvintegrationsupport@carebridgehealth.com

HHAx Software Users / Other Software sending data to HHAx-EDI - All support requests can be made via Client Support Portal:

<https://hhaxsupport.atlassian.net/servicedesk/customer/user/login?destination=portals>

Horizon NJ Health: [EVVProviderSupport @horizonblue.com](mailto:EVVProviderSupport@horizonblue.com)

Recorded Webinars

A recording of the most recent biweekly webinar update is now available @

<https://www.carebridgehealth.com/nj-evv-hh-provider>

Prior Auth Escalation

For Medicaid Home Care (PT, OT, ST, SN, HHAx, Cog Thrpy)

Michele Favoroso, Supervisor Utilization Management

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609-537-3233

For Medicaid Non-MLTSS PDN

Priscilla Radion, Supervisor Utilization Management

[Priscilla Radion@horizonblue.com](mailto:Priscilla_Radion@horizonblue.com).

732-256-6384

If no resolution to either Medicaid Home Care or Medicaid Non-MLTSS PDN

Margaret Lacy, Manager RN Clinical Operations

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Vivian Keller, Director Utilization Management

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732-256-5684

Prior Auth Escalation

For MLTSS PDN and MLTSS TBI Therapies

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609-537-3120

Kelly Jelus, Supervisor MLTSS

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609-537-3811

**If no resolution to MLTSS PDN or MLTSS TBI
Therapies**

Carol Cianfrone, Director Medicaid Care Mngmt Programs

Carol.Cianfrone@horizonblue.com

609-310-0949

Legal Notes

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EVV Questions?

If you have questions about this slide deck or our related video, please email them to:

Provider-EVV-Education@horizonblue.com