

PCA Agency training -billing through HHAx

Readiness for July 1, 2021, Compliance date

aetna®

June 10, 2021

Audience for Today's training

All participating PCA Providers who will bill for PCA services:

- Aetna Better Health of New Jersey
- Aetna Assure Premier Plus (HMO D-SNP)



Agenda

- Cures Act and State Mandates
- Authorization Management
- Billing Process
- Are you ready? Open Discussion and Q & A



Questions during webex?

Please use the chat box to ask questions during this meeting. We will read them out and answer them later in the agenda.



Cures Act Mandated EVV

Section 12006 of the 21st Century Cures Act requires states to implement an EVV system for Medicaid-funded Personal Care Services (PCS) by January 1, 2019 and for Home Health Care Services (HHCS) by January 1, 2023. Federal legislation delayed penalties for PCS implementation until January 1, 2020.

The six data elements required to be collected to meet the CURES Act EVV Requirement



GFE extended deadline to 1/1/2021 for PCS. Providers are expected to use the system for scheduling, confirming visits, and billing starting 12/8/20 to be ready for the Jan 1 mandate.

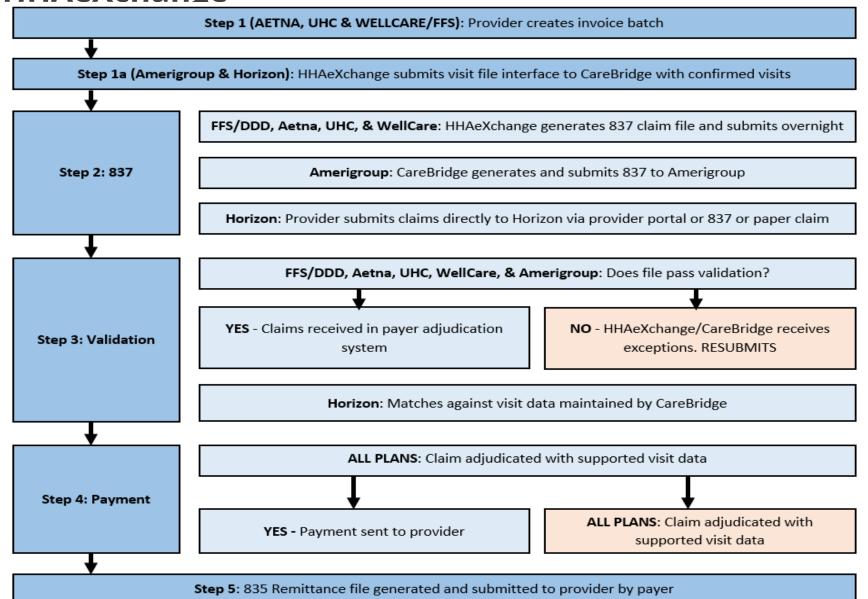


MCO claims payment summary Phase 2 (all claims after July 1)

Payer	Claims submission Portal for services after July 1, 2021	
Aetna FFS Medicaid United HealthCare WellCare	All EVV mandated services will be submitted and billed through HHAeXchange as of 7/1/2021	
Amerigroup	All EVV mandated services will be submitted and billed through CareBridge as of 7/1/2021	
Horizon	All EVV mandated services to be billed directly to Horizon. No Change to claims submission - Refer to Section 9.3 – Electronic Billing Guide in the Provider Manual	



Claim Submission Process: Providers using HHAeXchange

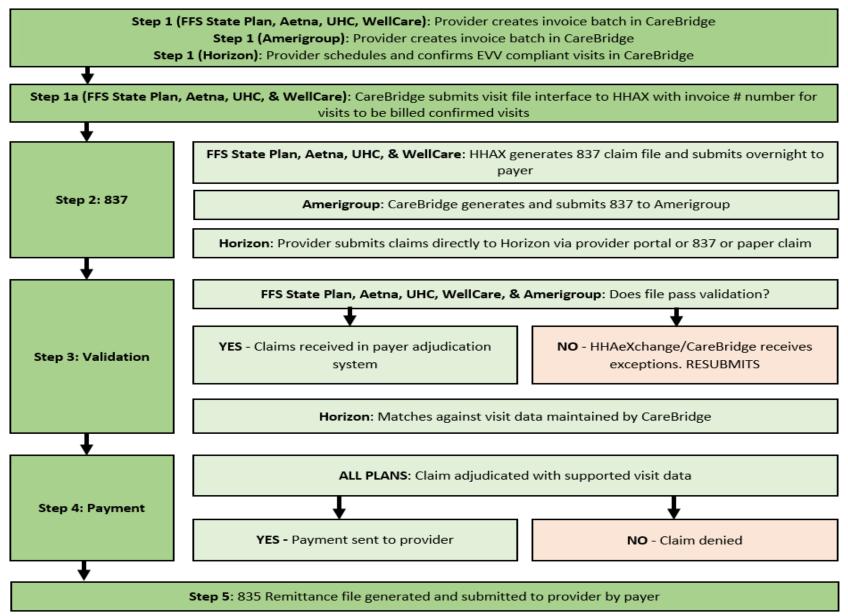


Claim Submission Process: Providers using Third Party

Step 1 (FFS/DDD, Aetna, UHC, & WellCare): Provider submits visits via HHAX API with visits flagged as billed - pass invoice number Step 1 (Amerigroup): Provider submits visit file interface to CareBridge OR visit data to HHAX via NO WRONG DOOR Step 1 (Horizon): Provider submits visit file interface to CareBridge with confirmed visits FFS/DDD, Aetna, UHC, & WellCare: HHAX generates 837 claim file and submits overnight 2a: Submitted via NO WRONG DOOR: CareBridge log in to bill for EVV compliant visits Step 2: 837 2b: Direct integration with CareBridge: Flag visits as billed on the visit file interface Amerigroup: CareBridge generates and submits 837 to Amerigroup Horizon: Provider submits claims directly to Horizon via provider portal or 837 or paper claim FFS/DDD, Aetna, UHC, & WellCare: Does file pass validation with HHAX? Amerigroup: Does file pass validation with CareBridge? YES - Claims received in payer adjudication NO - HHAeXchange or CareBridge receives Step 3: Validation exceptions, RESUBMITS system Horizon: Matches against visit data maintained by CareBridge ALL PLANS: Claim adjudicated with supported visit data Step 4: Payment YES - Payment sent to provider NO - Claim denied Step 5: 835 Remittance file generated and submitted to provider by payer



Claim Submission Process: Providers using CareBridge





Authorization Management

There are <u>no new prior</u> authorization requirements for EVV. Providers just need to obtain prior authorization the same way they do now. As a reminder, refer to

https://www.aetnabetterhealth.com/newjersey/providers/resources/priorauth

ABHNJ will continue to transmit prior authorization decisions to providers and we will now also send this information to HHAX.

It is critical that providers validate and verify that authorization information in HHAX is accurate with the correct approved hours, units, service codes and dates that are expected. If you do not do so, your claim may not process correctly.



There is no change to how providers have to let us know if they have an authorization from the previous MCO. Please follow the existing prior authorization process to contact us.

If you don't let us know you have an authorization, we cannot enter that into our system so it will appear in the HHA portal for you to schedule and bill

REMINDER Continuity of Care



To confirm status of prior authorization for ABHNJ Medicaid Members, please call 1-855-232-3596.

To confirm status of prior authorization for Aetna Assure Premier Plus (HMO D-SNP) Members, please call 844-362-0934, prompt 6 and 5.

ABHNJ MLTSS Ashley Lampley, Supervisor of Health Services axlampley@aetna.com

ABHNJ Medicaid Jacqueline Alvarez, Supervisor of Health Services -AlvarezJ5@aetna.com

Aetna Assure Premier Plus (HMO D-SNP) Ashley Eith, Supervisor of Health Services -EithA@cvshealth.com

Clinical contacts for Prior Authorization



Communications Policy

Please communicate with HHAX on EVV issues via the Communication Notes module.

Providers may check the status of a claim by accessing ABHNJ's provider portal.

https://www.aetnabetterhealth.com/newjersey/providers/portal

For claims issues, please contact ABHNJ's Claims Inquiry Claims Research (CICR) Department at 1-855-232-3536.



Billing

ABHNJ uses the state mandated codes for PCA services:

Service	Unit of Service	Procedure Code
Personal Care Assistance_15M_	15 Minutes	T1019
Personal Care Assistance Group	15 Minutes	T1019_HQ
Personal Care Assistance_PD	Per Diem	T1020
Personal Care Assistance (Self Directed) Individual	15 Minutes	T1019_SE
Personal Care Assistance (Self Directed) Individual - Agency	15 Minutes	T1019_SE_UI
Personal Care Assistance Group (Self Directed) Group	15 Minutes	S5125_SE_HQ
Personal Care Assistance (Self Directed) Group - Agency	15 Minutes	S5125_SE_U3
MLTSS Home Based Supportive Care	15 Minutes	\$5130
MLTSS Home Based Supportive Care - Self Directed	15 minutes	S5130_HQ
MLTSS In Home Respite	15 Minutes	T1005
DDD Individual Supports	15 minutes	H2016HI
DDD Individual Supports	15 minutes	H2016HI22
DDD Individual Supports	15 minutes	H2016HIU8
DDD In Home Respite	15 minutes	Т1005НІ
DDD In Home Respite	15 minutes	T1005HIU8
DDD Community Based Supports	15 minutes	H2021HI
DDD Community Based Supports	15 minutes	H2021HI22
DDD Community Based Supports	15 minutes	H2021HI52



Verifying Member Eligibility

All providers must verify a member's enrollment status prior to the delivery of non-emergent, covered services. Member eligibility can be verified through one of the following ways:

<u>Telephone Verification:</u> Call our Member Services Department to verify eligibility at 1-855-232-3596.

Secure Website Portal:

https://www.aetnabetterhealth.com/newjersey/providers/portal

Don't forget to verify eligibility



Ple<u>HHAeXchange Webinar: The Complete EVV Lifecycle of an EVV Compliant Visit for Providers using HHAX as an EVV Solution</u>

Monday, May 24, 2021 2:00 – 3:00 pm

Description: During the session, we will walk through the complete lifecycle of capturing an EVV compliant visit for providers using HHAeXchange. We will demo each module of the HHAeXchange platform: highlighting member and authorization management, scheduling, the different methods for confirming a visit, and how to successfully submit billing.

Register in advance for this webinar:

https://us02web.zoom.us/webinar/register/WN_oAO1RfOvTvmrAOdeZpdSew

HHAeXchange EDI Webinar: A Day in the Life of an EVV Third Party EDI Provider

Tuesday, May 25, 2021 10:00 - 11:00 am

Description – An EDI provider is any provider with an alternate EVV solution (not HHAeXchange). During this session, we will address a day in the life of an EDI provider. Focusing on the activity that should occur in your platform, the integration with HHAeXchange, mitigating common rejections, and billing.

Register in advance for this webinar:

https://us02web.zoom.us/webinar/register/WN 5Bhf-nMZQ1qzLO22FAzgEQ

AVAILABLE TRAINING



For plan specific questions, please contact:

Joseph Manger, ABHNJ Chief Operating Officer at MangerJ@Aetna.com

For questions regarding the HHAX system, please contact: njsupport@hhaexchange.com.

Questions?

