

# **EVV Overview**

## **for WellCare Providers – Part 1**

For Fully Integrated Dual Eligible (Wellcare Liberty) and NJ Family Care Plan Members

# EVV- Electronic Visits Verification System:

- Section 12006 of the Twenty First Century Cures Act (Cures Act) and the Centers for Medicare & Medicaid Services (CMS) requires the State of New Jersey and WellCare to begin utilizing an Electronic Visit Verification System (EVV) for all Home Health Care Services (HHCS). The Cures Act mandate requires all visits to be timestamped via an electronic verification method utilizing EVV tools to record the member, caregiver, time the service begins and ends, location of the service, date of the service and the type of service performed.
- New Jersey DMAHS has partnered with HHAeXchange as their EVV Aggregation solution to ensure the provider community complies with the Cures Act Mandate requirements. The HHAeXchange solution will focus on collecting and reporting EVV compliant data for all Home Health Care Services (HHCS) for the New Jersey Family Care program.
- We understand that each MCO has offered their own solution to participating providers and you may already have an enterprise EVV solution in place to help you be compliant. If you do not have an EVV solution at this time, WellCare strongly suggests that you start the process with HHAeXchange.

# EVV- Electronic Visits Verification System:

- The EVV method is used to verify home health care visits to ensure patients are not neglected and to reduce fraudulently documented home visits. Health care providers can record visits using the beneficiary's home phone, an FOB device or a GPS mobile application.
- EVV is a software platform where Medicaid payers, Managed Care Organizations (MCOs) and their contracted network of health care providers communicate. EVV provides real-time visibility into visit confirmation and health care provider compliance, enhances care coordination, streamlines the billing process and provides an audit trail of all communication between the Medicaid payer, MCOs and health care providers.
- Providers can continue to perform EVV in their current system if they have one, however you will need to integrate with HHAX so the EVV and claims data can be received.

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Newsletter  
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State of New Jersey  
 Department of Human Services  
 Division of Medical Assistance & Health Services

# NEWSLETTER

Volume 32 No. 28 Revised

March 2023

**TO:** NJ FamilyCare Managed Care Organizations – **For Action**  
 NJ FamilyCare Fee-for-Service Providers (including Division of Developmental Disabilities Fee-for-Service Programs)–**For Action**  
 Providers Billing for Home Health Care Services (HHCS) Services –**For Action**

**SUBJECT:** **Electronic Visit Verification (EVV) Claims Payment for all Medicaid Fee for Service (FFS) and Managed Care Organization (MCO) Providers Billing for Home Health Care Services subject to the EVV mandate of the 21<sup>st</sup> Century Cures Act**

**EFFECTIVE:** Immediately

**PURPOSE:** To inform Providers and Managed Care Organizations about the process for, and requirements of, Electronic Visit Verification (EVV) for Home Health Care Services Phase II. This updated newsletter provides a timeline for DMAHS billing requirements as well as EVV requirements for MLTSS and Fully Integrated Dual Eligible Special Needs Program (FIDE-SNP) members. **This Newsletter is an update to the December 2022- Volume 32- Number 28.**

This Newsletter applies to all Medicaid Fee-for-Service (FFS) and Managed Care Organization (MCO) Providers Billing for Home Health Care Services that are subject to the EVV mandate of the 21<sup>st</sup> Century Cures Act. Services covered by this federal mandate are detailed in the code list included in this Newsletter.

Please note that NJ Division of Developmental Disabilities (DDD) provider agencies billing FFS also must follow the guidelines of this Newsletter.

Additionally, EVV requirements apply to self-directed services provided through the Personal Preference Program and the DDD Self-Directed Options. The implementation plan for self-direction for the DMAHS' Personal Preference Program is described in this Newsletter.

**BACKGROUND:** The Division of Medical Assistance and Health Services (DMAHS) has implemented an EVV System in New Jersey. As of January 1, 2021, in collaboration with our EVV contractor, HHAeXchange, New Jersey is in compliance with Section 12006(a) of the 21<sup>st</sup> Century Cures Act for personal care services. Beginning January 1, 2023, home health care services will be required to meet EVV compliance guidelines.

The required EVV data elements are:

1. Type of service performed;
2. Individual receiving the service;
3. Date of the service;
4. Location of service delivery;
5. Individual providing the service;
6. Time the service begins and ends.

It is DMAHS' intention to continue working together with stakeholders to ensure this system continues to meet federal requirements while supporting access to care and minimizing impact on claims payment. DMAHS will work with stakeholders to address and overcome challenges while establishing processes to ensure a robust and reliable EVV system.

### Services Requiring Electronic Visit Verification

The following tables represent the services and associated procedure codes covered under the EVV mandate beginning January 1, 2023 required EVV compliance per Section 12006(a) of the 21<sup>st</sup> Century Cures Act for Managed Care enrolled members.

Codes in cohort 1 (skilled care) and cohort 2 (therapies) require the base code **and** place of service (POS) 12/Home. The combination of the code and POS determine that the service requires EVV. Individual payers will identify the modifiers where applicable.

#### Cohort 1:

Cohort 1 is defined by services related to skilled nursing such as private duty nursing (PDN) and home health care.

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	Per visit	<b>Prior Authorization – REQUIRED</b> <b>Place of Service - 12/Home</b>	Providers are required to submit EVV data. MCOs are not required to

	ongoing care, total wound(s) surface area; first 20 sq cm or less			link billing process to services authorized by Medicare/SNP
99601	Infusion- Skilled nursing	Up to 2 hours	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	
99602	Infusion- Skilled nursing-additional hour(s)	Each additional hour	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	
G0299*	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting	15 mins	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	<b>EW Data required when Medicaid authorizes</b>
S9122	Home Health Aide/Certified Nurse Assistant	Per hour	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	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	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	
S9124	Nursing care, in the home; by licensed practical nurse	Per hour	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	
S9127	Social work visit, in the home	Per diem	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	
T1000	Private duty / independent nursing service(s)	15 mins	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	
T1002	Private duty / independent nursing service(s) / RN	15 mins	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	

T1003	LPN/LVN SERVICES	15 mins	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP
T1030	Nursing care, in the home, by registered nurse	Per diem	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	
T1031	Nursing care, in the home, by licensed practical nurse	Per diem	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	
G0300*	Direct skilled nursing services of a licensed practical nurse (LPN) in the home or hospice setting	15 mins	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP

#### Cohort 2

Cohort 2 is defined by services related to therapies such as cognitive, occupational, physical, and speech therapy.

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	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	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	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	

97129	Cognitive Therapy, Individual	15 mins	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP
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	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP
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	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	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	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	
G0152 *	Services performed by a qualified occupational therapist in the home health or hospice setting	15 mins	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	

<b>G0153*</b>	Services performed by a qualified speech language pathologist in the home health or hospice setting	15 mins	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	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	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP
S9128	Speech therapy, in the home	Per diem	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	
S9129	Occupational therapy, in the home	Per diem	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	
S9131	Physical therapy; in the home	Per diem	<b>Prior Authorization – REQUIRED Place of Service - 12/Home</b>	

\*Services with G code are only authorized by the MCOs not FFS DMAHS

**ACTION – Required EVV implementation requirements for Home Health, Skilled Care, and Therapies (Cohorts 1 & 2)**

**Meet Onboarding Provider Requirements by July 18, 2022**

The following activities are required to demonstrate a Provider's progress towards full compliance for submitting EVV visits:

- Select an EVV Vendor;
- Complete the [HHAx Survey Questionnaire](#) entitled the "NJ Home Health Provider Enrollment Form" on the HHAeXchange site;
- Complete integration with EVV vendor, if needed; and
- Training:

- o **EVV Training:**
  - HHAXchange - Provider has completed the onboarding process and applicable training. Training requirements may vary based on the method for which EVV compliant visit data is captured:
  - If using tools provided through HHAXchange – each Provider must:
    - Complete the Provider survey, and
    - Complete the HHAXchange Learning Management System (LMS) modules OR must have attended the training webinars. Training information can be found <https://hhaexchange.com/nj-home-health/>. Click on Trainings or Info Sessions based on your training needs.
  - CareBridge – Providers contracted with Amerigroup and Horizon must attend the required CareBridge trainings. Information is available at <https://www.carebridgehealth.com/trainingnjevv> and then select Home Health Services.
  - If using an EVV platform that is different from the systems above – Provider must attend the Electronic Data Interchange (EDI) sessions provided through the HHAXchange LMS or have attended the hosted webinars described above.
  
- o **EVV Contracted MCO/Payer Training:**

Each of the MCOs (Aetna, Amerigroup, Horizon, United and WellCare) will conduct orientation sessions as well as authorization and billing training.

  - Providers must attend the individual sessions for each of the MCOs that they have a contract.
  - The billing process will be different for the individual MCOs.

**Meet Provisionally Engaged Provider Requirements by September 30, 2022**

Provider agencies will demonstrate increasing compliance with verified visit submissions. Home Health Care Services and Therapy providers must meet requirements described below to ensure compliance with the federal mandate and ongoing participation as a Medicaid provider.

- a) **Provisionally Engaged:** Providers are using an EVV data solution to support visits and have completed integration with HHAX and/or CareBridge. Providers are focused on maximizing visits reported with EVV data, working through error code rejections, and working with staff and care givers on how to successfully utilize EVV.

**Failure to meet the provisionally engaged requirements by September 30<sup>th</sup> will put Provider at risk of no longer receiving referrals.**

- b) **Provisionally Disengaged:** Disengaged providers have not identified an EVV solution and/or have not completed integration. These providers must immediately address EVV requirements and move into Engaged status with all applicable payers.

**EVV Operational Provider Requirements**

Home Health Care Service and Therapy providers must meet the requirements described below to ensure compliance by January 1, 2023 with the federal mandate and fulfill requirements as a Medicaid provider.

- a) EVV Home Health service providers must secure EVV information for all visits – January 1, 2023
- b) Work with individual payers to resolve gaps in EVV data exchange resulting in less than a 100% Compliance Rate;
- c) Begin billing per the EVV specific billing process for the individual payers; and
- d) Ensure rendering Provider certification and license numbers are included on EVV applicable claims
  - DMAHS requires the license and/or certification number information in the EVV aggregation system for rendering service providers of personal care services (PCS) and home health care services (HHCS). The certification and licensing requirement is to ensure NJ FamilyCare members are receiving care from qualified providers.
  - The Provider certification and/or licensing applies to the following: Certified Home Health Aides (CHHA), Registered Nurses (RN), Licensed Practical Nurses (LPN), Physical Therapists (PT), Cognitive Therapists, Occupational Therapists (OT), and Speech Therapists (ST).

DMAHS extended the Operational time frame for **Cohort 1 and Cohort 2 Providers to June 30, 2023.**

***Note: Operational status for Providers is payer specific given that each payer will have specific billing guidelines.***

**Meet Billing Compliance Requirements by July 1, 2023**

- a) Submit EVV data for all required services -
- b) Utilize the EVV specific billing process for the individual payers for all services as of July 1, 2023; and
- c) Ensure rendering Provider certification and license numbers are included on all EVV applicable claims.



**Medicaid Fee-for-Service (FFS)**– DMAHS is preparing guidance detailing the FFS(Straight Medicaid) prior authorization and billing processes, coding, and Provider assistance contact information

**Division of Developmental Disabilities – there are no changes to the DDD timeline**

The Division of Developmental Disabilities (DDD) is expanding EVV applicable procedure codes to incorporate Behavioral Supports, Physical Therapy, Occupation Therapy and Speech, Language and Hearing Therapy when an in-home visit occurs.

DDD COHORT 2 Codes	
Codes	Procedure Name
H0004HI22 H0004HI	Behavioral Supports
S8990HIUN S8990HI	Physical Therapy
97535HIUN 97535HI	Occupational Therapy
92507HIUN 92507HI	Speech, Language, and Hearing Therapy

In certain cases, a service falling under one of the aforementioned procedure codes may be exempt from EVV. Exemptions include:

CMS allows the exclusion of EVV when the person providing care is living with the person receiving care. In this case, there is no "in-home visit" to record as required by the Cures Act because the Provider is living in the home. This exemption applies to both family members and non-family members living with the person receiving care. An EVV Live-In Worker Attestation is required to be completed. The link to the form can be found here: [Division of Developmental Disabilities Electronic Visit Verification \(nj.gov\)](#).

Additional Information can be found on the Division of Developmental Disabilities website found at the following link: [Click HERE to view DDD's EVV website](#)

**ACTION - Self-Directed Services Through Personal Preference Program (PPP) and the DDD Self-Directed Option- there are no changes to the PPP timeline**

To continue the smooth transition to EVV, DMAHS is implementing EVV enrollment with the remaining self-direction PPP community as follows:

- Members of WellCare, Horizon, United, and Aetna and their providers participating in the Personal Preference Program will be fully trained and

supported with EVV by the fiscal intermediary, Public Partnerships, Ltd. (PPL) beginning in April 2022.

- For members self-directing through PPL, live-in providers are exempt from using EVV.
- Members using the NJ DDD Self-directed Option through Easterseals Agency with Choice (AwC) Program continue training and support with EVV through Easterseals and HHAeXchange

As our collaborative work continues, please visit the DMAHS EVV Website for additional information: <https://www.nj.gov/humanservices/dmahs/info/evv.html>

**RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE**



# Prior Authorization Process

# Prior Authorization Process

- **Provider Responsibility:**

- 100% EVV compliance
- Submit **PRIOR AUTHORIZATION** request with required clinical notes, script, etc. as needed to establish Medical Necessity.
- Inform/communicate to WellCare of any gaps in service, critical Incidents, need for placing members on hold based on inpatient admission, vacation or members declining/refusing or no longer getting services for any other reason.
- Check HHAeXchange portal for updates in authorizations, units, effective dates and member eligibility.

# Prior Authorization – Nursing & PCA

Fax **Prior Authorization Request form** to the appropriate queue:

- 855-573-2346 for NJ Family Care and FIDE MLTSS members.
- 866-886-4321 for NJ Family Care Non MLTSS members.
- 855-538-0454 or provider portal: <https://provider.wellcare.com/> for FIDE Non MLTSS members

**\*\*Please make sure you are faxing the appropriate fax line to avoid any delays\*\***

# Prior Authorization – Nursing & PCA

## a. Favorable determination- Approval/Partial Approvals:

- UM review to establish clinical/medical criteria is met
- Confirmation Fax sent to provider upon determination
- WC monitors expirations and reauthorizes prior to expirations as needed
- WC monitors provider compliance at member level & utilization trends

## b. Unfavorable determinations: Denial/partial denial

- Provider will receive fax notification, phone call &/or letter with final determination
- Member have a right to Appeal, information will be provided

## c. Reauthorization requests:

- **Home Care & Therapies:** Providers can continue to fax reauthorization requests via fax prior to authorization expiring.
- **Private Duty Nursing (PDN):**
  - ❖ all members assigned a Care Manager
  - ❖ Face to face assessment is conducted prior to auth expiration
  - ❖ Provider can submit reauthorization request prior to authorization expiring & for change in condition as needed.

**PT/ST/OT  
Authorization  
structure in HHA for  
EVV**

Bundle Codes

# NIA aka National Imaging Associates

NIA (National Imaging Associates) is our in-network vendor that handles **Physical, Occupational, and Speech Therapy**.

<https://www1.radmd.com/solutions.aspx>

Providers can Contact NIA for all authorization-related submissions for the services listed above rendered in outpatient places of service (including the home setting\*). Web submissions are faster and if the procedure requested meets clinical criteria, the web provides an immediate approval that can be printed for easy reference. Member eligibility and authorization requests may be submitted via the **NIA Provider Web Portal**. A searchable **Authorization Lookup** tool is also available online and criteria can be accessed through links provided on this slide. <https://www1.radmd.com/radmd-home.aspx>

- Urgent Authorization and Provider Services: 1-866-249-1583

NIA's current process **does not** change. NIA's program is not a CPT based program. Within the 278 (Authorization File) feed to Wellcare , NIA is sending generic approvals for PT under 97116, OT under 97533, and ST under 92507. Once the authorization is accepted in Wellcare; we allow the provider to bill CPTS codes allowed under the PT, OT, ST structure ( Provided below) and visits are then deducted from our system based on what was on the approved authorization.

**\*\*\*Authorizations are provided in number of visits, not units and HHA authorization reflects the number of total authorized visits regardless of which CPT codes that are billed\*\*\***



# Physical Therapy

Standard CPT code NIA sends through our 278 (Authorization File) feed for approved Physical Therapy:

Procedure Code: 97116  
Only for Place of Service: 12 (HOME)

Providers will receive the authorization via HHA with CPT Code: **97116** however they will be able to bill with anyone of the bundle codes identified on this slide for **Physical Therapy** based on the service provided.

Contract Code	Category
97161	Physical Therapy No authorization required.
97162	Physical Therapy NO authorization required.
97163	Physical Therapy No authorization required.
97164	Physical Therapy No authorization required.
97010	Passive/Physical/Occupational
97012	Passive/Physical/Occupational
97014	Passive/Physical/Occupational
97016	Passive/Physical/Occupational
97018	Passive/Physical/Occupational
97022	Passive/Physical/Occupational
97024	Passive/Physical/Occupational
97026	Passive/Physical/Occupational
97028	Passive/Physical/Occupational
97032	Passive/Physical/Occupational
97033	Passive/Physical/Occupational
97034	Passive/Physical/Occupational
97035	Passive/Physical/Occupational
97036	Passive/Physical/Occupational
97039	Passive/Physical/Occupational
97110	Physical /Occupational
97112	Physical /Occupational
97113	Physical /Occupational
97116	Physical Therapy
97124	Passive/Physical/Occupational
97127	Passive/Physical/Occupational
97129	Passive/Physical/Occupational
97130	Passive/Physical/Occupational
97140	Passive/Physical/Occupational
97150	Physical/Occupational
97530	Physical/Occupational/SPeech
97535	Physical/Occupational/Speech
97542	Physical/Occupational
97545	Physical Therapy
97546	Physical Therapy
97750	Physical Therapy
97755	Physical Therapy
97760	Physical/Occupational
97761	Physical/Occupational
97762	Physical/Occupational
97763	Physical/Occupational
S9131	Physical Therapy
G0151	Physical Therapy
97799	Physical/Occupational/Speech
G0157	Physical Therapy
G0159	Physical Therapy
G0283	Passive/Physical
S8948	Physical/Occupational
S9090	Physical Therapy
20560	Physical Therapy
20561	Physical Therapy





# Occupational Therapy

Standard CPT code NIA sends through our 278 feed (Authorization File) for approved Physical Therapy:

Procedure Code: 97533  
Only for Place of Service: 12 (HOME)

Providers will receive the authorization via HHA with CPT Code: **97533** however they will be able to bill with anyone of the bundle codes identified on this slide for **Occupational Therapy** based on the service provided.

Contract Code	Category
92526	Speech Therapy/Occupational Therapy
92610	Speech Therapy/Occupational Therapy No authorization required
97165	Occupational Therapy No authorization required.
97166	Occupational Therapy No authorization required.
97167	Occupational Therapy No authorization required.
97168	Occupational Therapy No authorization required.
97010	Passive/Physical/Occupational
97012	Passive/Physical/Occupational
97014	Passive/Physical/Occupational
97016	Passive/Physical/Occupational
97018	Passive/Physical/Occupational
97022	Passive/Physical/Occupational
97024	Passive/Physical/Occupational
97026	Passive/Physical/Occupational
97028	Passive/Physical/Occupational
97032	Passive/Physical/Occupational
97033	Passive/Physical/Occupational
97034	Passive/Physical/Occupational
97035	Passive/Physical/Occupational
97036	Passive/Physical/Occupational
97039	Passive/Physical/Occupational
97110	Physical /Occupational
97112	Physical /Occupational
97113	Physical /Occupational
97124	Passive/Physical/Occupational
97129	Passive/Physical/Occupational
97130	Passive/Physical/Occupational
97139	Occupational Therapy
97140	Passive/Physical/Occupational
97150	Physical/Occupational
97530	Physical/Occupational/SPeech
97533	Occupational Therapy
97535	Physical/Occupational/Speech
97537	Occupational Therapy
97542	Physical/Occupational
97760	Physical/Occupational
97761	Physical/Occupational
97763	Physical/Occupational
S9129	Occupational Therapy
G0152	Occupational Therapy
97799	Physical/Occupational/Speech
G0158	Occupational Therapy
G0160	Occupational Therapy
S8948	Physical/Occupational

# Speech Therapy

Standard CPT code NIA sends through our 278 feed (Authorization File) for approved Physical Therapy:

Procedure Code: 92507  
Only for Place of Service: 12 (HOME)

Providers will receive the authorization via HHA with CPT Code: **92507** however they will be able to bill with anyone of the bundle codes identified on this slide for **Speech Therapy** based on the service provided.



Contract Code	Category
92507	Speech Therapy
92508	Speech Therapy
92521	Speech Therapy- No Authorization Required.
92522	Speech Therapy- No Authorization Required.
92523	Speech Therapy- No Authorization Required.
92524	Speech Therapy- No Authorization Required.
92526	Speech Therapy/Occupational Therapy
92597	Speech Therapy- No Authorization Required.
92606	Speech Therapy
92607	Speech Therapy- No Authorization Required.
92608	Speech Therapy- No Authorization Required.
92609	Speech Therapy- No Authorization Required.
92610	Speech Therapy/Occupational Therapy No authorization required
92611	Speech Therapy- No Authorization Required.
92612	Speech Therapy
92613	Speech Therapy
92614	Speech Therapy
92615	Speech Therapy
92616	Speech Therapy
92617	Speech Therapy
96105	Speech Therapy- No Authorization Required.
96125	Speech Therapy
97530	Physical/Occupational/SPeech
97535	Physical/Occupational/Speech
S9128	Speech Therapy
G0153	Speech Therapy
97799	Physical/Occupational/Speech
G0161	Speech Therapy



# Sample Approval Notice Sent by NIA to Providers



National Imaging Associates, Inc.  
PO Box 2273  
Maryland Heights, MO 63043



**APPROVAL NOTICE**

March 14, 2023 7:44 AM

ATTN:

Enrollee ID:  
Service: 12 visit(s) of 1 therapy-PT  
Duration:  
Provider:  
Plan Reference Number:

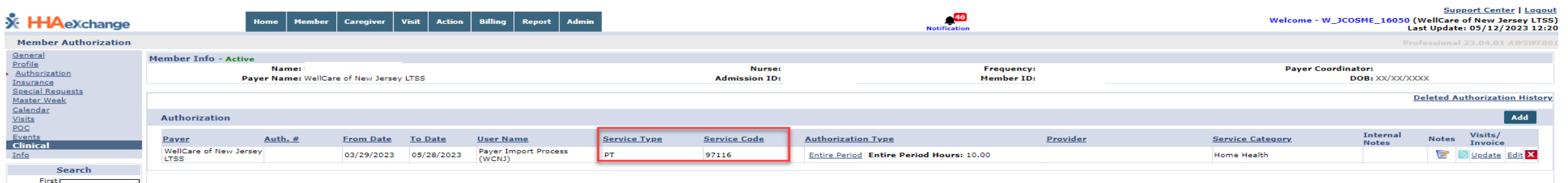
Dear

Thank you for trusting Wellcare Health Plans of New Jersey with your health care needs. You are getting this notice because National Imaging Associates, Inc. (NIA), on behalf of Wellcare Health Plans of New Jersey, has approved your 12 visit(s) of Therapy-PT (Physical Therapy).

# Sample authorization in HHA.



**\*\*Authorizations received in HHA are tied to a Wellcare Auth #\*\***



The screenshot shows the HHAExchange interface. At the top, there is a navigation bar with 'Home', 'Member', 'Caregiver', 'Visit', 'Action', 'Billing', 'Report', and 'Admin'. A notification bell icon shows '46' notifications. The user is logged in as 'W\_JCOSME\_16050' with a last update of '05/12/2023 12:20'. The page title is 'Member Authorization'.

Under 'Member Info - Active', the following information is displayed:

- Name: [Redacted]
- Nurse: [Redacted]
- Frequency: [Redacted]
- Payer Name: WellCare of New Jersey LTSS
- Admission ID: [Redacted]
- Member ID: [Redacted]
- Payer Coordinator: [Redacted]
- DOB: xx/xx/xxxx

The 'Authorization' table below shows one entry:

Payer	Auth. #	From Date	To Date	User Name	Service Type	Service Code	Authorization Type	Provider	Service Category	Internal Notes	Notes	Visits/Invoice
WellCare of New Jersey LTSS		03/29/2023	05/28/2023	Payer Import Process (WCNJ)	PT	97116	Entire Period	Entire Period Hours: 10.00	Home Health			Update Edit X

# PROVIDER RESOURCES:

[Medicaid Providers | Wellcare](#) (Click on the link)

For questions or help with HHAX, please email HHAeXchange at [NJSupport@HHAeXchange.com](mailto:NJSupport@HHAeXchange.com) or visit us at [hhaexchange.com/nj-home-health](http://hhaexchange.com/nj-home-health).



wellcare Need a Plan Members Providers Corporate Find a Provider/Pharmacy WellCare BabySteps Program

Resources

- Provider Manual Download
- Quick Reference Guide Download
- Provider Resource Guide Download
- Provider Self-Service Quick Reference Guide Download
- Federally Qualified Health Center (FQHC) Provider Resource Guide Download
- Liberty Dental Plan/NJ FamilyCare FQHC Quick Reference Billing Guide Download
- 2021 EVV Provider Training Calendar Download
- E&M Program Newsletter Download
- Provider Priority of Preferred Files Download
- EPSDT Provider Toolkit Download
- Provider Notification of State Medicaid ID Requirement Download
- Provider Phone Access Guide Download
- Institute for Mental Diseases Update Download
- Provider Important Phone Numbers Flyer Download
- Provider Representative Contact List Download
- Who is my Provider Relations Representative? Download
- NJ Directory of Nutritionist and Dieticians Download
- WIC Breast Pump Program Flyer Download

Care Management Referrals (non-MLTSS members)	MLTSS Care Management
1-844-901-3781 TTY: 711	1-855-642-6185 Hours: M-F 8-6 p.m. Eastern F:1-855-573-2346
1-866-287-3286 Hours: M-F 8-7 p.m. Eastern	

# Retroactive Authorization Policy

- ❖ WellCare will only provide retrospective authorization services if Medical Necessity is met, relevant information is submitted and after Medical Director Review:
  - ***Home Care - maximum of 5 days from initial visit***
  - ***Therapies in the home - maximum of 2 days from initial visit***
- ❖ Providers will be able to schedule caregivers through the HHAeXchange portal either by creating schedules based on the authorization provided by the payer, or through automatic creation of schedules based on EVV data imported into the HHAeXchange portal from your 3rd party EVV system.
- ❖ Temporary schedule pending authorization is available via HHAeXchange portal, however it is not a guarantee of approval or payment of services until Utilization Management processes the request for services.

# Continuity and Transition of Care

- ❖ ***When a member transfers from one MCO to another, authorization for services at the same level member was receiving prior to transfer will be granted.***
- ❖ Provider needs to submit prior authorization request via fax with copy of authorization from previous MCO
- ❖ If needed a new assessment will be performed to determine current eligibility for the service

# FOB Request Process

For providers/members with need of a different way /method of reporting, tracking visits, there is an opportunity/solution with the use of a FOB device.

## **Process for FOB request:**

1. Providers should request via the HHAX Portal or telephonically to WellCare. Provider Relations Rep discusses request with provider to confirm that this is the last resort and other methods should be used if possible.
2. Network Management will confirm with Care Management/Utilization Management teams that criteria is met and coordinate delivery with HHAExchange to the provider.
3. CM/UM- will confirm with member/caregiver that installation and use of FOB is appropriate and meeting member's needs.
4. Provider is responsible for installation at member's home and utilization for visit verification.
5. CM/UM team will confirm FOB installation upon outreach to member and document as needed as well as confirmed use through HHAExchange verified visits.

## **Appropriate Reasons for an FOB include, but not limited to:**

- Member lives in a rural area with poor cell communications
- Member has no landline



# CLAIMS/BILLING



# Phase II of the EVV implementation includes services which may be covered by Medicare as primary

## **HHAX EVV System Standard Billing Process for:**

### **UB04- Providers billing UB04 can continue to do so until further notice.**

NJ Family Care Medicaid Members (non-dual eligible, non-MLTSS)- Providers will use the HHAX system and follow the standard direct billing process.

- Liberty HMO Dual FIDE SNP Members
- FIDE claims are paid within the WellCare Medicare System. Medicare is paid as primary, and the secondary claim is spawned for payment automatically. Providers should use the HHAX system and follow the standard direct billing process. There is no need to send separate claims for Medicare and Medicaid.

### Dual Eligible Members-

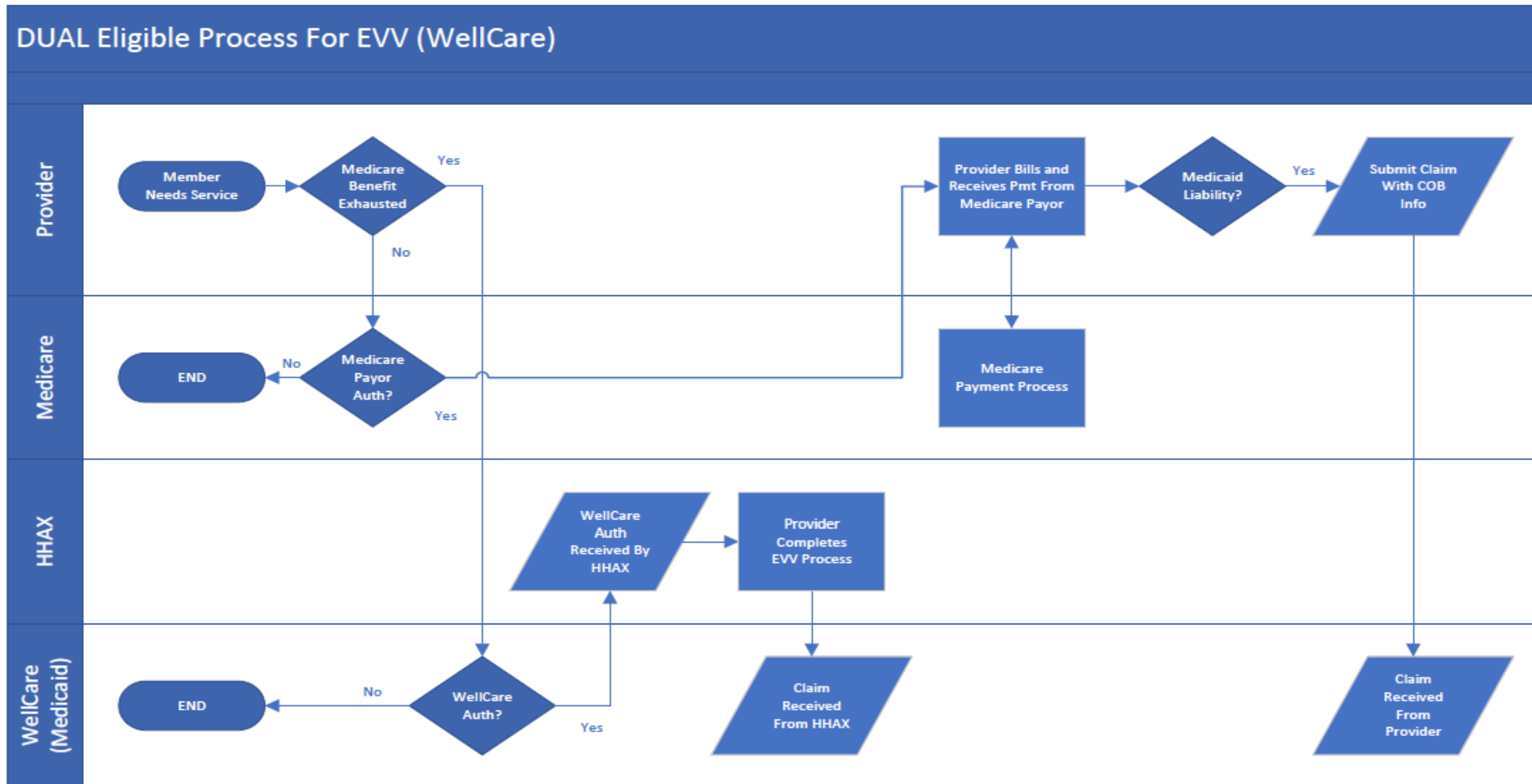
- For non-MLTSS NJFC dual eligible members the provider should first determine if the Medicare benefit is still available or has been exhausted. If the Medicare benefit is still available, the provider should obtain authorization from and bill the primary payor. Once primary payment info is received the provider can then bill WellCare with the COB info for any Medicaid liability. If the Medicare benefit is exhausted Medicaid becomes the primary payor. The provider must contact WellCare for authorization then utilize the HHAX system for scheduling, verifying and billing.

### Medicaid Members -

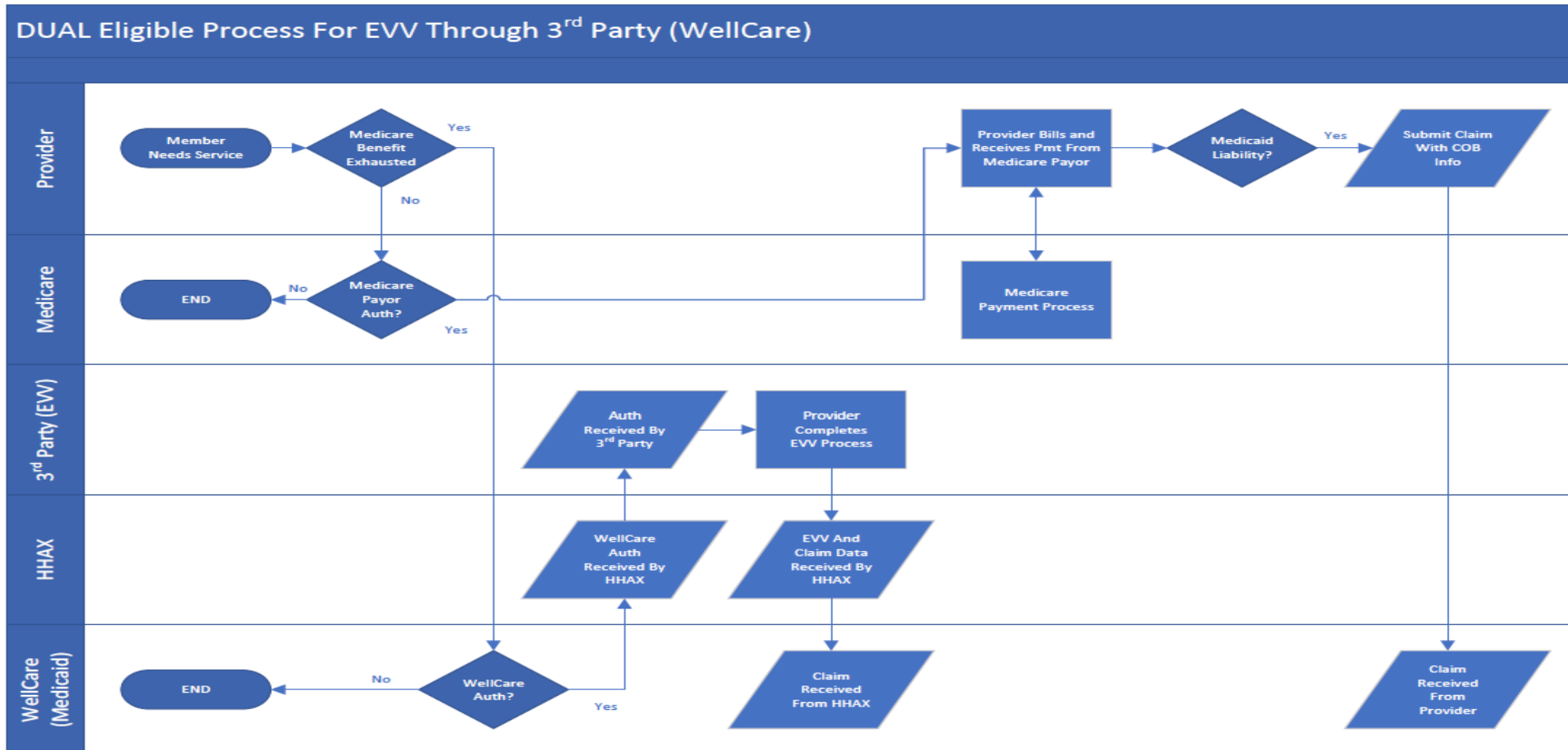
- MLTSS Members- For those members in NJFC Medicaid (both MLTSS and non- MLTSS) who are not dual eligible the provider will use the HHAX system and follow the standard direct billing process.

DMAHS has mandated that all MLTSS members visit information be tracked by EVV. If the Medicare benefit is still available, Provider will obtain authorization from the primary payor. The provider will then need to go into the HHAX system and create a connection between the care-giver and the member so the visit can be scheduled and verified. Provider will follow the standard process of billing the primary payor. If the Medicare benefit is exhausted Medicaid becomes the primary payor. The provider must contact WellCare for authorization then utilize the HHAX system for scheduling, verifying and billing.

# DUAL ELIGIBLE PROCESS FOR EVV (NON MLTSS)



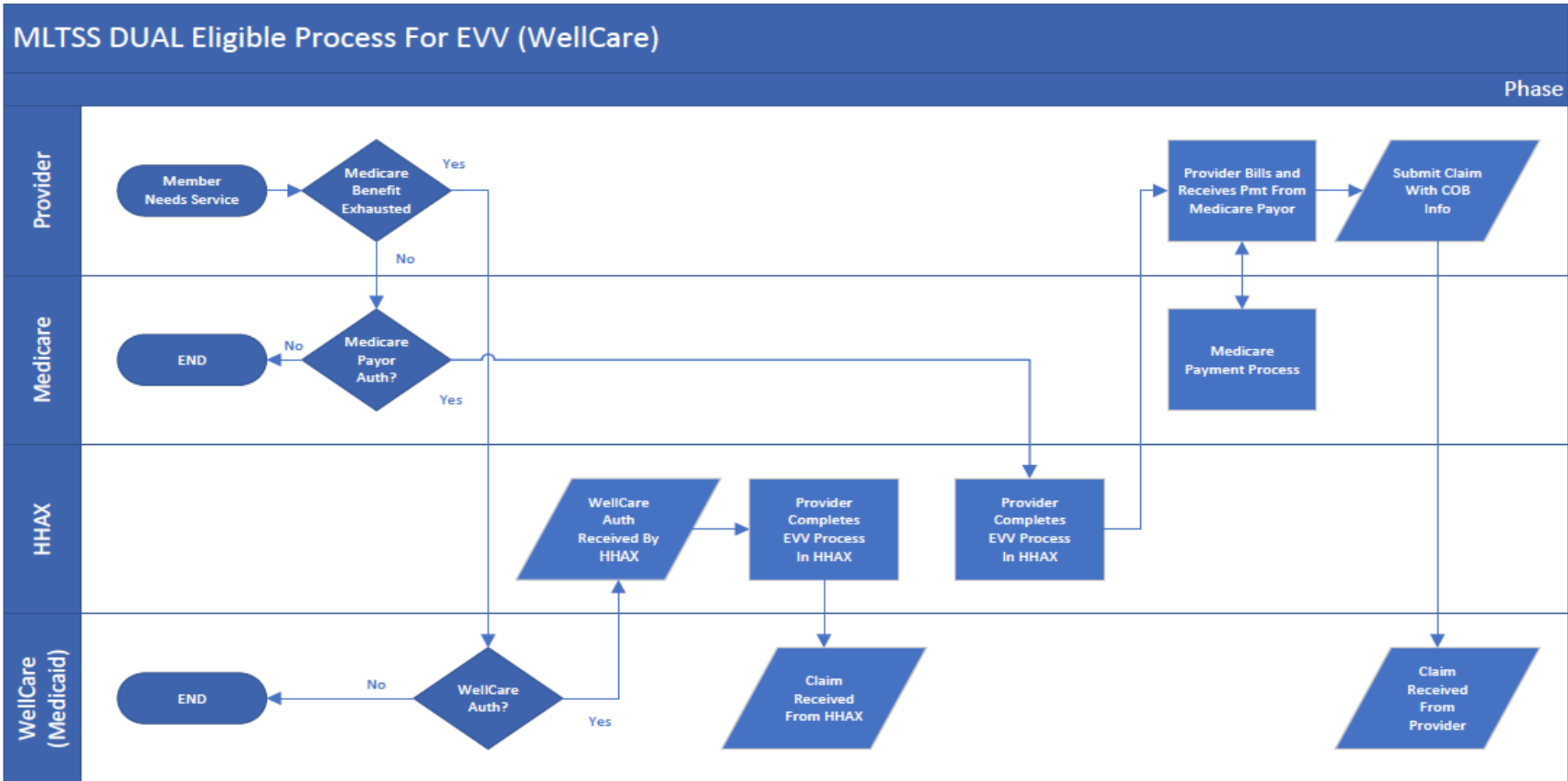
# DUAL ELIGIBLE PROCESS FOR EVV through 3<sup>rd</sup> Party



## DUAL Eligible process for EVV (NON MLTSS)

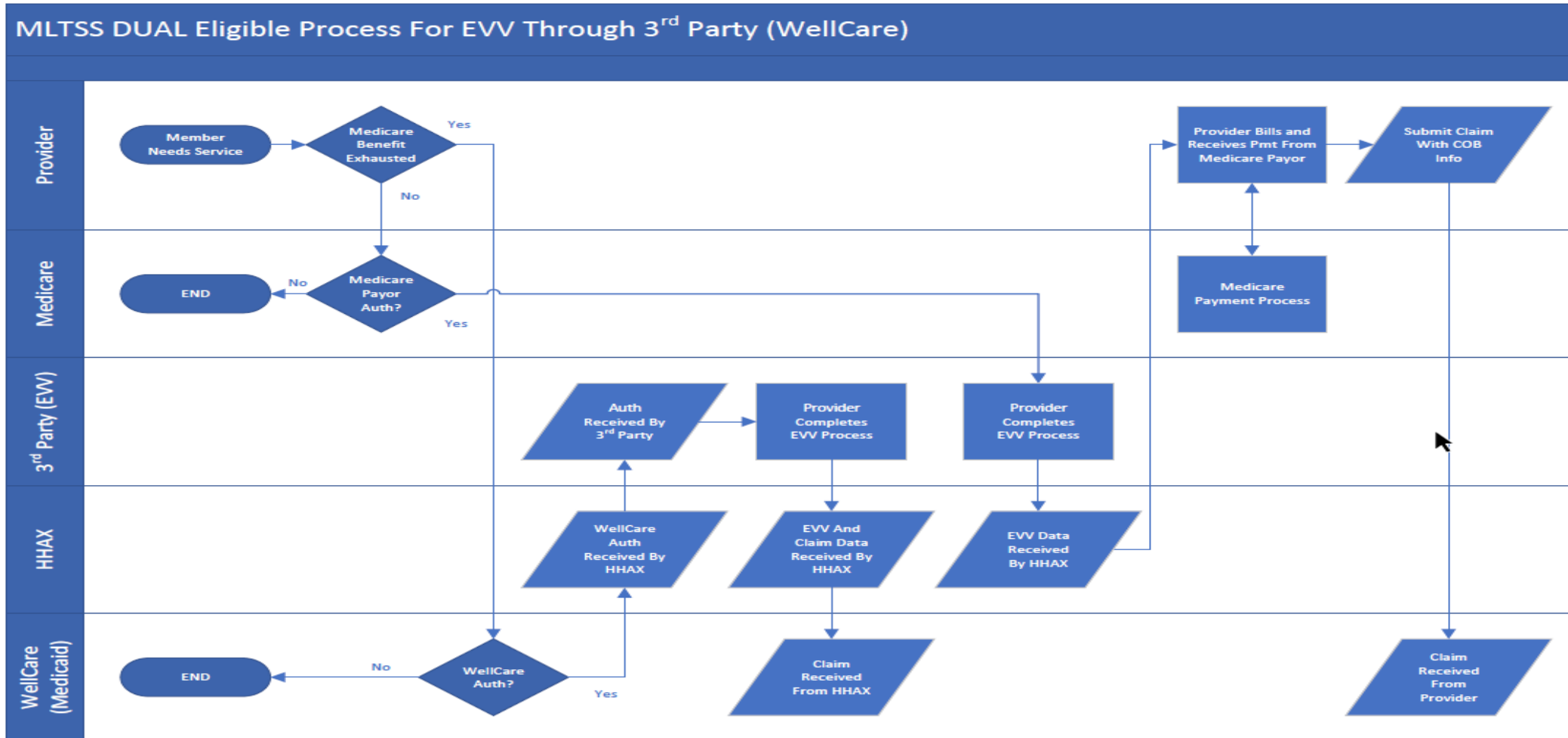
- For non-MLTSS NJFC dual eligible members the provider should first determine if the Medicare benefit is still available or has been exhausted. If the Medicare benefit is still available, the provider should obtain authorization from and bill the primary payor. Once primary payment info is received the provider can then bill WellCare with the COB info for any Medicaid liability.
- If the Medicare benefit is exhausted Medicaid becomes the primary payor. The provider must contact WellCare for authorization then utilize the HHAX system for scheduling, verifying and billing.

# MLTSS DUAL ELIGIBLE PROCESS FOR EVV



# MLTSS DUAL ELIGIBLE PROCESS FOR EVV through 3<sup>rd</sup> Party

MLTSS DUAL Eligible Process For EVV Through 3<sup>rd</sup> Party (WellCare)



## MLTSS DUAL Eligible Process for EVV (WellCare)

- DMAHS has mandated that all MLTSS members visit information be tracked by EVV. If the Medicare benefit is still available, Provider will obtain authorization from the primary payor. The provider will then need to go into the HHAX system and create a connection between the care-giver and the member so the visit can be scheduled and verified. Provider will follow the standard process of billing the primary payor.
- If the Medicare benefit is exhausted Medicaid becomes the primary payor. The provider must contact WellCare for authorization then utilize the HHAX system for scheduling, verifying and billing.

## Billing for Coordination of Benefit for Services may be covered by Medicare or Commercial Insurance

Please be advised that pursuant to Federal and NJ State status and consistent with our contractual obligations, health care providers and their representatives are prohibited from attempting to collect payment from WellCare Subscribers for covered services, unless it is the member's co-payment, deductible, or Co-Insurance.

- All COB claims must bill with primary insurance EOP or Certification of Coverage from Primary Insurance.



# Claims Billing Form

- WellCare accept UB04 claim from CMS Certified Home Health Care providers.
  - Recommend HCPCs code included on the UB04 (authorized code)

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / ICDPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

- WellCare strongly recommend CMS 1500 claim form for authorized CPT/HCPCs (services).

24	A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	E. DIAGNOSIS ICD9-CM	F. CHARGES	G. DAYS OR UNITS	H. SPOT Fees	I. ID QUAL	J. RENDERING PROVIDER ID #	LIER INFORMATION
	From	To	MM	DD	YY	MM										
1																
2																

# Date of Notifications/Mailings to Providers

Initial email blast- April 12, 2022

Follow up email blast- April 20, 2022

Update email blast – May 25, 2022

Reminder email blast – June 1, 2022

Individual Email Reminder/Follow up : August 26, 2022, 4/10/2023

Provisionally Engaged Emails: 9/30/2022, 10/24/2022, 11/9/2022, 12/27/2022, 4/10/23

Not Engaged Emails: 10/24/2022, 4/10/23

Communication to Providers with Errors on Auth Dx.: 12/22/2022

EVV Vendor Verification Follow up: 12/21/2022

# CMS Mandate EVV - Provider Training Calendar



***WellCare will be hosting a series of provider training/seminars via zoom.***

Consuelo Taveras, Sr. Manager  
Office: 973-274-2128  
[Consuelo.taveras@wellcare.com](mailto:Consuelo.taveras@wellcare.com)

Anny Chevalier, Provider Network Specialist  
Mobile: 973-985-5283  
[Anny.Chevalier@wellcare.com](mailto:Anny.Chevalier@wellcare.com)

**Note:** Should there be any calendar changes, we will notify providers via email. Any questions, please e-mail us at [njevv@centene.com](mailto:njevv@centene.com)

## Provider Training Calendar

Tuesday December 13 <sup>th</sup> 2022	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 917 1468 1781</p> <p>Password: 479088</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/91714681781?pwd=RG5uV05vYnJVRjFmMmlad1lWYmZGUT09">https://centene.zoom.us/j/91714681781?pwd=RG5uV05vYnJVRjFmMmlad1lWYmZGUT09</a></p>
Tuesday December 27 <sup>th</sup> 2022	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 917 1468 1781</p> <p>Password: 479088</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/91714681781?pwd=RG5uV05vYnJVRjFmMmlad1lWYmZGUT09">https://centene.zoom.us/j/91714681781?pwd=RG5uV05vYnJVRjFmMmlad1lWYmZGUT09</a></p>
Tuesday January 10 <sup>th</sup> 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 917 1468 1781</p> <p>Password: 479088</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/91714681781?pwd=RG5uV05vYnJVRjFmMmlad1lWYmZGUT09">https://centene.zoom.us/j/91714681781?pwd=RG5uV05vYnJVRjFmMmlad1lWYmZGUT09</a></p>
Tuesday January 24 <sup>th</sup> 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 917 1468 1781</p> <p>Password: 479088</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/91714681781?pwd=RG5uV05vYnJVRjFmMmlad1lWYmZGUT09">https://centene.zoom.us/j/91714681781?pwd=RG5uV05vYnJVRjFmMmlad1lWYmZGUT09</a></p>
Tuesday February 7 <sup>th</sup> 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 917 1468 1781</p> <p>Password: 479088</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/91714681781?pwd=RG5uV05vYnJVRjFmMmlad1lWYmZGUT09">https://centene.zoom.us/j/91714681781?pwd=RG5uV05vYnJVRjFmMmlad1lWYmZGUT09</a></p>
Tuesday February 28 <sup>th</sup> 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 917 1468 1781</p> <p>Password: 479088</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/91714681781?pwd=RG5uV05vYnJVRjFmMmlad1lWYmZGUT09">https://centene.zoom.us/j/91714681781?pwd=RG5uV05vYnJVRjFmMmlad1lWYmZGUT09</a></p>

## Continuation... Provider Training Calendar

Tuesday March 14 <sup>th</sup> 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p style="text-align: center;">Join by Telephone Dial: US: +1 646 931 3860 or +1 669 444 9171 Meeting ID: 949 3162 9824 Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>
Tuesday March 28 <sup>th</sup> 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p style="text-align: center;">Join by Telephone Dial: US: +1 646 931 3860 or +1 669 444 9171 Meeting ID: 949 3162 9824 Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>
Tuesday April 11 <sup>th</sup> 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p style="text-align: center;">Join by Telephone Dial: US: +1 646 931 3860 or +1 669 444 9171 Meeting ID: 949 3162 9824 Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>
Tuesday April 25 <sup>th</sup> 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p style="text-align: center;">Join by Telephone Dial: US: +1 646 931 3860 or +1 669 444 9171 Meeting ID: 949 3162 9824 Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>
Tuesday May 9 <sup>th</sup> 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p style="text-align: center;">Join by Telephone Dial: US: +1 646 931 3860 or +1 669 444 9171 Meeting ID: 949 3162 9824 Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>
Tuesday May 23 <sup>rd</sup> 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p style="text-align: center;">Join by Telephone Dial: US: +1 646 931 3860 or +1 669 444 9171 Meeting ID: 949 3162 9824 Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>

## Continuation... Provider Training Calendar

Tuesday June 6th 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 949 3162 9824</p> <p>Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>
Tuesday June 20th 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 949 3162 9824</p> <p>Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>
Tuesday July 18th 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 949 3162 9824</p> <p>Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>
Tuesday August 1st 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 949 3162 9824</p> <p>Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>
Tuesday August 15th 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 949 3162 9824</p> <p>Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>
Tuesday August 29 <sup>th</sup> 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 949 3162 9824</p> <p>Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>

Tuesday September 12th 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 949 3162 9824</p> <p>Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>
Tuesday September 26th 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 949 3162 9824</p> <p>Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>
Tuesday October 10th 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 949 3162 9824</p> <p>Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>
Tuesday October 24th 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 949 3162 9824</p> <p>Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>
Tuesday November 7th 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 949 3162 9824</p> <p>Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>
Tuesday November 21st 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 949 3162 9824</p> <p>Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>

## Continuation... Provider Training Calendar

Tuesday December 5th 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 949 3162 9824</p> <p>Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>
Tuesday December 19th 2023	EVV Phase 2 Implementation	1:00 pm to 2:00 pm	<p>Join by Telephone</p> <p>Dial:</p> <p>US: +1 646 931 3860 or +1 669 444 9171</p> <p>Meeting ID: 949 3162 9824</p> <p>Password: 054081</p> <p>Meeting URL: <a href="https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09">https://centene.zoom.us/j/94931629824?pwd=d0kra2tSWG9CcUpmTmZYUXlrSIMxQT09</a></p>



# RESOURCES:



Wellcare General email box: [njevv@centene.com](mailto:njevv@centene.com)

## Network team:



- Jennifer Huang Account Manager (813) 220-5844 [Jennifer.huang1@wellcare.com](mailto:Jennifer.huang1@wellcare.com)
- Anny Chevalier Provider Network Specialist I, 973-985-5283 [Anny.Chevalier@wellcare.com](mailto:Anny.Chevalier@wellcare.com)
- Send an email inquiry to [NJPR@wellcare.com](mailto:NJPR@wellcare.com)

## Case Management/Utilization Management: Contact # 855-942-6185

- Joan Cosme, Manager, Program Coordination [Joan.Cosme@wellcare.com](mailto:Joan.Cosme@wellcare.com)
- Mariel Plasencia, Supervisor, Program Coordination, [Mariel.Plasencia@wellcare.com](mailto:Mariel.Plasencia@wellcare.com)

## Our EVV Aggregator: [HHAeXchange](#)

For questions or help with HHAX, please email HHAeXchange at [NJSupport@HHAeXchange.com](mailto:NJSupport@HHAeXchange.com) or visit us at [hhaexchange.com/nj-home-health](http://hhaexchange.com/nj-home-health).

HHAeXchange

# WellCare NJ Provider Training Session

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# Agenda



**About HHAeXchange**



**Authorizations and Members in HHAeXchange**



**Billing Requirements**



**Provider Resources**



**Contact Information**



## MISSION & PURPOSE

# Enable the most effective homecare ecosystem everyday

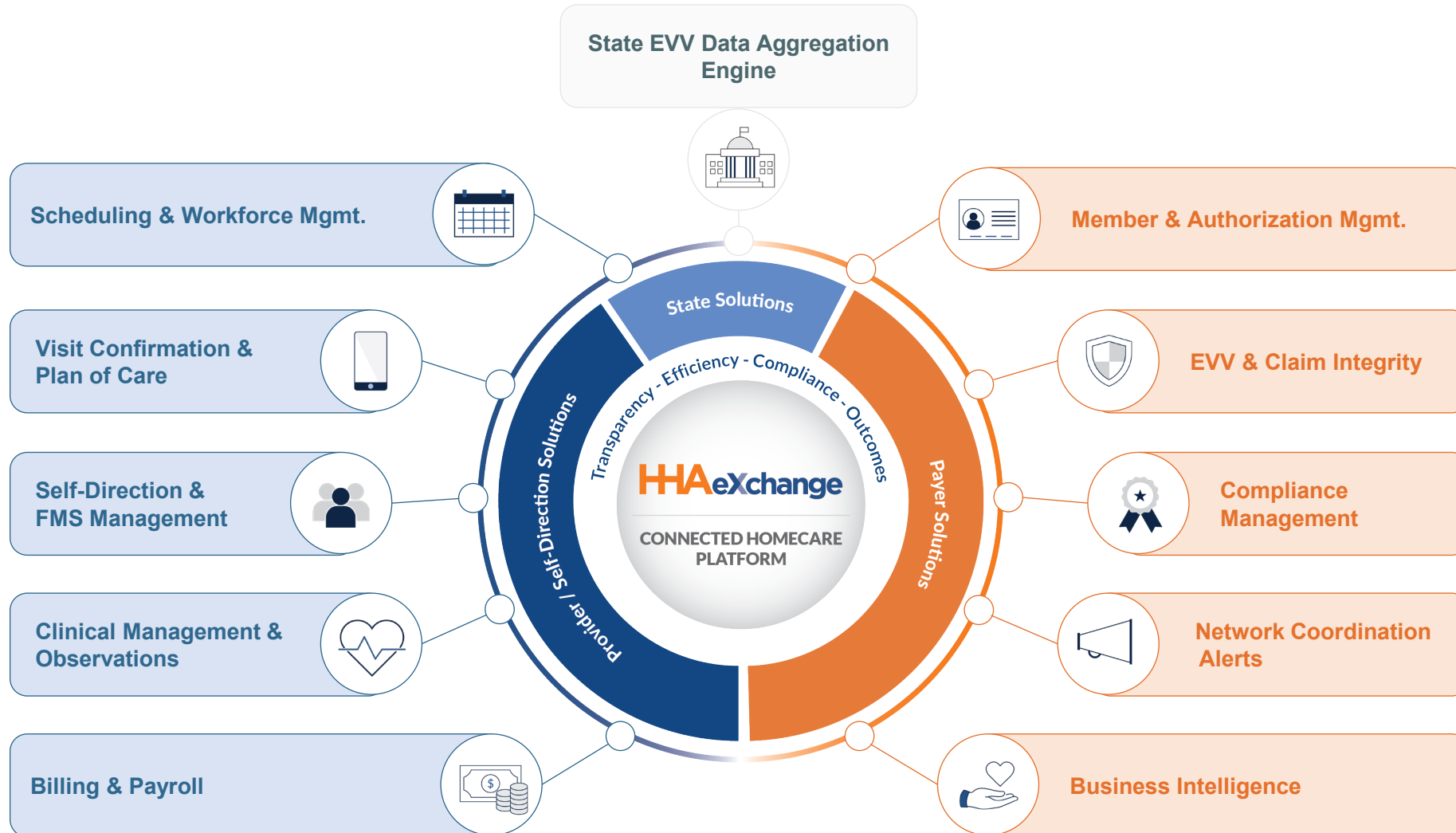
Empowering **simpler** and **better outcomes** for patients who represent some of the most vulnerable and fragile members of our society. **HHaExchange** connects the dots among states, managed care payers, providers, members and caregivers.

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**Better Homecare, Better Health**

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# Our Strategic Framework for Homecare Stakeholders: Providers, Payers, States





## Providers will be receiving members and authorizations in the HHAX portal:

- **Authorizations are sent from the MCO and imported into the provider's portal.**
- **If members and/or authorizations are missing from your portal reach out to the MCO for assistance.**

Providers will manage the members phone 2 & 3 and additional addresses sections of the members profile page within HHAeXchange to reflect where services should be provided.

# Finding Members and Authorizations In HHAeXchange



## Find a Member/Patient in HHAeXchange:

- Log into HHAeXchange
- Follow Path: Patient > Search Patient
- Enter patient identifier in search field(s), i.e. last name, patient ID
- \*Always check that you are searching under the correct status or use "ALL" if you are unsure of the member status

Enterprise 21.09.01 AWSWEB01 (Chrome/94.0.4606.61) chrome 94 (Doc Chrome 94) 10/13 08:46 EST

## Check Pending Placement Queue for any pending placements waiting to be accepted.

- Follow Path: Action > Pending Placement Queue
- Once accepted you can access the patient profile using the patient search above.

Pending Placement Queue							
Total Pending:	0	Total Accepted:	0	Total Staffed:	0	Total Accepted with no Masterweek:	1
<b>Pending</b>							
No Pending Patient Found.							
<b>Staffed with Temp Caregiver</b>							
No Accepted Patient Found.							
<b>Staffed</b>							
No Staffed Patient Found.							
<b>Accepted with No Masterweek</b>							
Page 1 of 1							
Name	Admission ID	Office	Start Date	Stop Date	Frequency	Time Accepted	Payer Name
Mann, Matthew	PZH-12121212	High Home care	08/26/2020			08/25/2020 13:29:15 PM	TS Home Health Care
OK							

# Finding Members and Authorizations In HHAeXchange cont.



## Locating a patient's authorization in HHAeXchange:

- In the member account select the Authorizations link on the left-hand side of the patient's profile page

The Authorization page has all active and prior authorizations that have been Imported into HHAeXchange for the member.

- Here you can view:
  - The contract for the authorization
  - Authorization Number (if you click on this you can see the units allocated and remaining)
  - From Date and To Date
  - Discipline and Service Code



**Patient Info - Active**

<b>Name:</b> Dawson Rose	<b>Admission ID:</b> YNR-900013	<b>Patient ID:</b> 987654321	<b>Contract:</b> TS Home Health Care (YNR)
<b>DOB:</b> 07/24/1933	<b>Primary Alt. Patient ID:</b> 963258741	<b>Home Phone:</b> 347-743-7437	<b>Address:</b> 321 Lexington Dr, NY
<b>Coordinators:</b> Default	<b>Office:</b> Hope & Care Providers	<b>Languages:</b>	

**Authorizations/Orders**

Authorizations | Order Frequency

[Deleted Authorization History](#)

Contract	Auth. #	From Date	To Date	Discipline	Svc. Code	Max units for Auth	Type	Period	Max.	M	T	W	T	F	S	S	Remaining Units	Notes	Visits/ Invoices
TS Home Health Care (YNR)	<a href="#">134679</a>	09/01/2020	09/01/2021	HHA	Rate0	N/A	Hourly	Daily	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	0.00		<a href="#">Update</a> <input type="checkbox"/>





## Billing through HHAeXchange

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Authorizations are required for billing through the HHAX platform

- Each payer is responsible for sending the authorizations into HHAeXchange
- Provider is to use the appropriate service codes for scheduling services

Providers are required to resolve all prebilling issues before billing

- HHAeXchange runs each invoice through a series of common billing error rules prior to the claim being processed

Key Field for Billing:

- Caregivers NPI Number (on Caregivers Profile)
- Caregivers Professional License Number (on Caregivers Profile)
- Patients Medicaid Number (on Patient Profile)
- Patients Diagnosis Code (on Patient Authorization)

**Link to Billing Process Guide:**

<https://hhaxsupport.s3.amazonaws.com/SupportDocs/ENTF/Process+Guides/ENTF+Process+Guide+-+Billing.pdf>

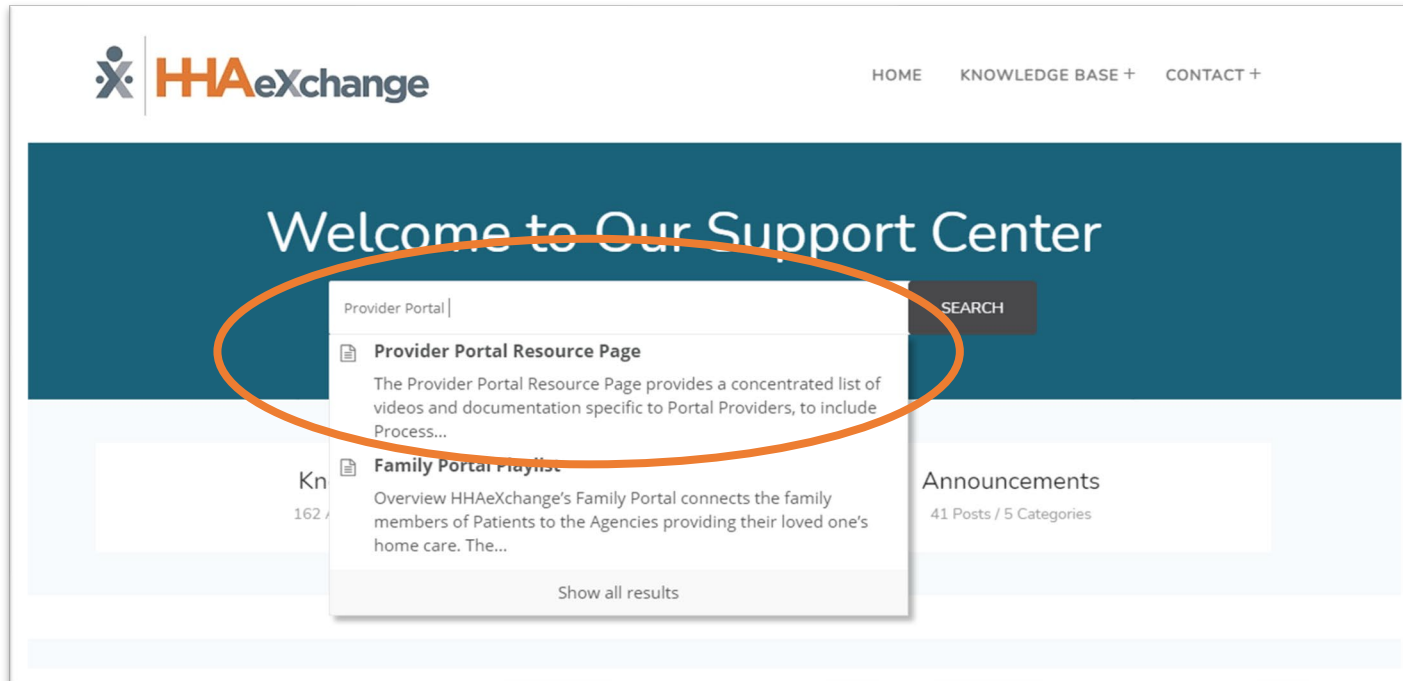
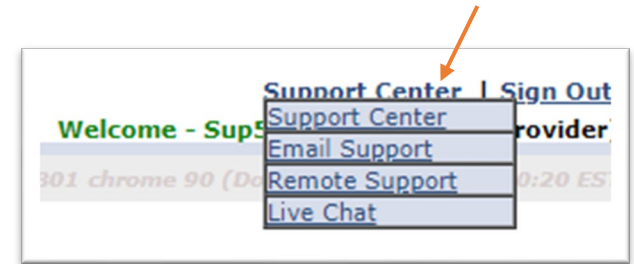


## How to access the Support Center:

- Within your HHAExchange Portal select the Support Center Link

Once in the Support Center search: "Provider Resource"

- Select "Provider Portal Resource Page"





## Within the Provider Portal Resource Page, you can access:

- **Process Guides:** Provide full details and instructions of a particular system function
- **Job Aides:** Concentrated instructions of a specific function
- **Training Videos:** Video playlists providing step-by-step system function instructions

### Process Guides –

- [System Introduction](#)
- [Patient Placement & Management\\*](#)
- [Communications \(Linked Contracts\)](#)
- [Caregiver Management](#)
- [Scheduling Visits\\*](#)
- [Visit Confirmation\\*](#)
- [Quick Visit Entry](#)
- [EVV Management\\*](#)
- [Mobile App \(Agency\)](#)
- [Mobile App \(Caregiver\)](#)
- [Reporting](#)
- [Prebilling\\*](#)
- [Billing\\*](#)
- [Admin Functions\\*](#)

### Job Aids –

- [EVV Provider Resources](#) (Includes links to EVV documentation and videos for Caregivers)\*
- [EVV Phone Instructions](#)
- [EVV Phone Instructions \(Spanish\)](#)
- [Call Dashboard Resolutions\\*](#)
- [Mobile App Clock In/Out – Linked and Mutual Patients](#)
- [Mobile App Consecutive Shifts](#)
- [Mobile App Language Options](#)
- [Creating a New Patient and TEMP Authorization\\*](#)
- [EDI Provider Rebilling\\*](#)

### Videos

- [HHAX System Overview\\*](#)
- [HHAeXchange Management Playlist](#)
- [Scheduling and Visit Management Playlist \\*](#)
- [Billing Processes Playlist\\*](#)
- [EDI Integration Playlist\\*](#)
- [HHAX Administration](#)

\*Most frequently used resources

# Contacts



## Support Emails

[NJsupport@hhaexchange.com](mailto:NJsupport@hhaexchange.com)

[Edisupport@hhaexchange.com](mailto:Edisupport@hhaexchange.com)



## NJ Support Phone Number

(866) 245-8337

