



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

NEWSLETTER

Volume 31 No. 09

April 2021

TO: All Providers Billing for Personal Care Assistance (PCA) Services, including Division of Developmental Disabilities Programs – **For Action**
All Managed Care Organizations – **For Action**

SUBJECT: Frequently Asked Questions: Electronic Visit Verification (EVV) Claims Payment for all Medicaid/NJ FamilyCare Fee-for-Service (FFS) and Managed Care Organization (MCO) Providers Billing for PCA Services subject to the EVV mandate of the Federal 21st Century Cures Act

EFFECTIVE: January 1, 2021 (Guidance updated April 12, 2021)

PURPOSE: To supply additional guidance to fee-for-service providers and MCOs concerning compliance with EVV requirements between January 1, 2021 – June 30, 2021 and from July 1, 2021 onwards. This newsletter also includes additional information related to integration procedures, billing/reimbursement, and compliance expectations.

BACKGROUND: In accordance with the 21st Century Cures Act, New Jersey required providers of personal care services to use its EVV system for specified home health and PCA services, effective January 1, 2021. The Department has previously issued Newsletters in December 2020 and January 2021 regarding EVV.

ACTION: Providers must follow the operational procedures described herein to ensure compliance with the federal mandate, ongoing participation as a Medicaid provider, and payment for services appropriately provided through the Medicaid program.

Agency providers that do not demonstrate a good faith effort toward EVV compliance and do not align with the EVV compliance expectations outlined in DMAHS Newsletter Volume 31, No. 1 and herein will be at risk of not receiving new referrals for PCA services. To prevent unnecessary disruption of care relationships between members and providers, Managed Care Organizations will avoid assigning new cases to Providers who have not met minimum compliance thresholds and whose July 1, 2021 compliance is deemed at risk.

EVV Frequently Asked Questions (FAQs)

This Newsletter includes updated information to accompany Newsletter [Volume 31 Number 1](#): Electronic Visit Verification (EVV) Claims Payment for all Medicaid/NJ FamilyCare Fee for Service (FFS) and Managed Care Organization (MCO) Providers Billing for Personal Care Services subject to the EVV Mandate of the 21st Century Cures Act.

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A. EVV Service Applicability and Coordination

Below are the personal care services that must use EVV as of January 1, 2021:

Type of Service	Service Delivery Options	Coordinated By
Personal Care Assistance (PCA)	✓ Agency ✓ Self-direction through the Personal Preference Program*	MCO
MLTSS Home-based Supportive Care	✓ Agency ✓ Self-direction	MCO
MLTSS In-Home Respite	✓ Agency	MCO
DDD Individual Supports, DDD Community-based Supports, and DDD In-Home Respite	✓ Agency ✓ Self-direction through the DDD Self-Directed Employee Options**	DDD

EVV requirements will apply to self-directed services provided through the Personal Preference Program and the DDD Self-Directed Employee Options. New Jersey is currently piloting EVV for self-directed services as follows:

* Members of Amerigroup and their caregivers participating in the Personal Preference Program will be fully trained and supported with EVV by the fiscal intermediary, Public Partnerships, LLC (PPL). *These are the only members self-directing through PPL who will implement EVV during the pilot period.*

**** Members using the NJ DDD Self-Directed Employee Option “Agency with Choice” through Easterseals will be trained and supported with EVV by Easterseals and HHAeXchange. *This is the only DDD self-direction program that will implement EVV during the pilot period.***

B. EVV Implementations Steps

Where can I find information from NJ Department of Human Services on EVV?

NJ DMAHS is maintaining an EVV specific webpage that providers should review for updated program information (<https://www.nj.gov/humanservices/dmahs/info/evv.html>). Additional information regarding HHAeXchange as the NJ EVV aggregator can be found on the [HHAeXchange NJ EVV Information Center](#).

What steps does a provider need to take to be compliant with the EVV Mandate?

All information regarding EVV compliance is available on the [NJ EVV Information Center](#). The steps you need to take as a provider in NJ are:

1. Complete the Provider Portal Survey found at [Provider Portal Questionnaire](#)
2. Follow the directions outlined in your EVV welcome packet
 - a. [HHAeXchange Provider EVV Welcome Packet](#)
 - b. [HHAeXchange Provider EDI Welcome Packet – for providers with their own EVV solution](#)
3. Attend a Provider Information session – all live sessions are complete, providers can access a recording on [NJ EVV Information Center](#)
4. Complete System User Training
5. Start using or reporting your EVV visit data to HHAeXchange –see options below if your agency will use EVV solution other than HHAeXchange
6. Follow billing guidelines outlined by the individual MCOs as well as FFS Medicaid. (Detail is summarized below)

If I have my own EVV solution, what steps do I need to complete to be ready for the EVV mandate?

Providers utilizing a third party EVV system will be required to comply with both the business requirements and technical specifications listed in this document, which are also found on the HHAeXchange website. The first step will be to review the content noted below and initiate contact with HHAeXchange to begin the integration process:

- [Business Requirements for Third Party EVV Data Aggregation NJ](#)

- [HHAeXchange EVV API Technical Specifications NJ](#)
- [HHAeXchange Website](#)

If I have my own EVV solution, what are my options for interfacing and reporting visit data to the MCOs and State?

- See Scenario 1 in Section C: Summary of EVV Integration Procedures and Billing.
- The next steps for Electronic Data Interchange (EDI) integration can be found in the [HHAeXchange Provider EDI Welcome Packet](#).

C. Summary of EVV Integration Procedures and Billing:

The procedure for integration of data and billing for PCA services that require EVV is summarized below based on the provider integration solution.

Scenario 1	Provider has their own third-party EVV system, not HHAeXchange or CareBridge
Integration	Providers must integrate with HHAX and CareBridge in order to bill all payers: Part A – For FFS, Aetna, Horizon, UnitedHealthCare Community Plan, and WellCare, the Third Party system connects directly with HHAeXchange per HHAX EDI guidelines for NJ to share visit data supporting claims payment. Part B – For Amerigroup and Horizon, the Third Party system connects directly with CareBridge per CareBridge EDI guidelines for NJ. Carebridge will relay visit data to HHAeXchange.
Billing Process	Providers follow billing process as outlined by the individual MCOs and FFS, found on the NJ DMAHS EVV site under “ More Information ”

Scenario 2	Provider uses HHAeXchange as their EVV system
Integration	HHAeXchange will share visit data with all payers
Billing Process	Providers follow billing process as outlined by the individual MCOs and FFS Medicaid, found on the NJ DMAHS EVV site under “ More Information ”

Scenario 3	Provider uses CareBridge as their EVV system
Integration	CareBridge connects directly with HHAeXchange to share visit data with all payers
Billing Process	Providers follow billing process as outlined by the individual MCOs and FFS Medicaid, found on the NJ DMAHS EVV site under “ More Information ”

D. Provider Compliance Thresholds

In January 2021, DMAHS published a [newsletter](#) outlining expectations for minimum compliance thresholds by month. The Minimum Compliance Threshold is defined as the percentage of all personal care service claims submitted by providers which are verified by EVV technology.

Verified Visit Rate (Dates of Service in Month)	Minimum Compliance Threshold*
January 2021	20%
February 2021	35%
March 2021	45%
April 2021	60%
May 2021	75%
June 2021	90%

**Percentage of all claims paid verified by EVV technology*

The individual MCOs, as well as FFS Medicaid, monitor provider compliance. The expectation is that the Provider will meet compliance requirements for all payers.

Agency Providers that do not demonstrate a good faith effort toward EVV compliance and do not align with the EVV compliance expectations outlined in DMAHS Newsletter Volume 31, No. 1 and herein will be at risk of not receiving new referrals for PCA services. To prevent unnecessary disruption of care relationships between members and providers, Managed Care Organizations will avoid assigning new cases to Providers who have not met minimum compliance thresholds and whose July 1 compliance is deemed at risk.

Beginning May 15, each MCO will notify providers independently if the provider is at risk of not receiving new members.

E. Compliance Calculation

Below is detail of the calculation that the individual MCOs and FFS Medicaid will use to determine Provider Compliance. Please note it is essential that Providers meet compliance criteria for each payer (MCO and FFS) in order to maintain good standing during Phase 1 of the EVV implementation.

Description of Column Entries:

- A: Provider Name
- B: Provider 9 Digit Tax ID
- C: Number of Members being served by Provider other than live-in
- D: Total number of Service Units for EVV mandated services (Claim Status=Paid)
- E: Total number of Service Units for EVV mandated services with Matching EVV (Claims Status=Paid)
- F: Total number of Service Units for EVV mandated services with Matching EVV without manual edits (Claim Status=Paid)
- G: Percent of Service Units for EVV mandated services with Matching EVV (Column E/Column D)*
- H: Percent of Service Units for EVV mandated services with Matching EVV without manual edits (Column F/ Column D)

For illustrative purposes only

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
Provider Name	Provider Tax Id	Number of members being served by provider other than live-in	Total # of Service Units for EVV Mandated Services (Where Claim Status = Paid)	Total # of Service Units for EVV Mandated Services with Matching EVV (Where Claim Status = Paid)	Total # of paid Service Units for EVV mandated services w/ matching EVV without manual edits (Number of Units)	% of Service Units for EVV Mandated services with Matching EVV (Column E/Column D)*	% of Service Units for EVV Mandated services with Matching EVV not edited manually (Column F/ Column D)
Provider A	123456799	24	500	250	100	50%	20%
Provider B	234567891	13	180	100	35	56%	19%
Provider C	323456789	4	80	24	20	30%	25%

*** Column G calculation indicates provider compliance**

F. Compliance Calculation and claims payment summary after July 1, 2021

For illustrative purposes only

Member Last Name	Medicaid ID	Date of Service	Service Code	Units Billed	Units Confirmed with EVV	Units Paid July 2021
Doe	123456789	7/2/21	T1019	8	8	8
Doe	123456789	7/2/21	S5130	12	8	8
Doe	123456789	7/4/21	T1019	16	8	8
Doe	123456789	7/4/21	S5130	8	8	8
Doe	123456789	7/5/21	S5130	16	16	16
Smith	912345678	7/4/21	T1019	12	12	12
Smith	912345678	7/9/21	T1019	8	8	8
Total				80	68	68

Numerator	68
Denominator	80
Compliance	85%

**68 out of 80 units were confirmed by EVV.
In this scenario, 85% of units billed would pay after July 1, 2021.**

G. EVV Specific Contact Information and Billing Link after July 1, 2021

Billing through EVV will be required for most payers effective July 1, 2021. Each provider should ensure that prior to July 1 they have successfully billed EVV compliant visits and received payment following the process outlined in the table below to ensure a smooth transition for July 1, 2021.

Payer	Payer Contact information for EVV Questions	EVV Solution for Data Submission and Technical Support	Claims submission Portal for services after July 1, 2021
FFS Medicaid	DDDEVV@dhs.nj.gov	HHAEExchange: Njsupport@hhaexchange.com 866-245-8337	All EVV mandated services will be submitted and billed through HHAEExchange as of 7/1/2021
Aetna	Joseph Manger MangerJ@aetna.com Namrata Sood: SoodN@aetna.com Constance Offer: OfferC@aetna.com	HHAEExchange: Njsupport@hhaexchange.com 866-245-8337	All EVV mandated services will be submitted and billed through HHAEExchange as of 7/1/2021

Amerigroup	Eyreny Mekhael: eyreny.mekhael@amerigroup.com Lynelle Steele: fannie.steele@amerigroup.com Keisha J Woodson: keisha.woodson@amerigroup.com	CareBridge: njev@carebridgehealth.com	All EVV mandated services will be submitted and billed through CareBridge as of 7/1/2021
Horizon	Shagun Malik: Shagun_Malik@horizonblue.com Denaire Johnson: Denaire_Johnson@horizonblue.com Stephen Fitch: Stephen_Fitch@horizonblue.com	CareBridge: njev@carebridgehealth.com	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 <u>Provider Manual</u>
United HealthCare	Hcbs_northeast_pr@uhc.com	HHAEExchange: Njsupport@hhaexchange.com 866-245-8337	All EVV mandated services will be submitted and billed through HHAEExchange as of 7/1/2021
WellCare	Marjorie Forgang: Marjorie.Forgang@wellcare.com Elaine M Aguirre: Elaine.Aguirre@wellcare.com Joan Cosme: Joan.Cosme@wellcare.com	HHAEExchange: Njsupport@hhaexchange.com 866-245-8337	All EVV mandated services will be submitted and billed through HHAEExchange as of 7/1/2021

Current as of date of publication

As our collaborative work continues, DMAHS, in partnership with DDD and the EVV Steering Committee, will provide updates and information as appropriate. Please visit the DMAHS EVV Website for additional information:

<https://www.nj.gov/humanservices/dmahs/info/evv.html>

Resource Materials referenced in the Newsletter are available on the DMAHS EVV Website: <https://www.nj.gov/humanservices/dmahs/info/evv.html>

To submit questions or concerns about EVV, please email New Jersey's EVV Mailbox at: mahs.evv@dhs.nj.gov

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