



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

NEWSLETTER

Volume 33 No. 14

August 2023

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

SUBJECT: **Summary of the NJ Electronic Visit Verification (EVV) Process and Frequently Asked Questions for Home Health Care Services subject to the EVV mandate of the 21st Century Cures Act**

EFFECTIVE: Immediately
Replace Volume 31 – Number 09
(Published April 2021)

PURPOSE: To provide clarification for Providers and Managed Care Organizations about the process for, and requirements of, Electronic Visit Verification (EVV) for Home Health Care Services

This Newsletter applies to all NJ FamilyCare/Medicare Managed Care Organization (MCO) Providers Billing for Home Health Care Services that are subject to the EVV mandate of the 21st 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.

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 21st 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.

Refer to the DMAHS website <https://www.nj.gov/humanservices/dmahs/info/evv.html> for DMAHS Newsletters, Fact Sheets and Provider Training documents.

INTRODUCTION

This Newsletter includes Frequently Asked Questions regarding: Electronic Visit Verification (EVV) claims payment for Division of Developmental Disabilities Fee for Service (FFS) and DMAHS Managed Care Organization (MCO) providers billing for Home Health and Personal Care Services subject to the EVV Mandate of the 21st Century Cures Act.

Table of Contents

- A. EVV Service Applicability and Coordination**
- B. EVV Implementation Steps**
- C. EVV Integration Procedures and Billing**
- D. Best Practices for EVV Implementation**
- E. Compliance Calculation**
- F. Sample Compliance Calculation and Claims Payment**
- G. Authorization Process**
- H. Billing**
- I. Coding**
- J. Licensing/Certification**
- K. Operations**
- L. HHAX Specific Functionality**
- M. Resources for Providers by MCO**

A. EW Service Applicability and Coordination

Below are the Home Health and personal care services in New Jersey that must use EVV as of January 1, 2023:

Type of Service:	Service Delivery Options:	Coordinated Through:
Home Health Personal Care Assistance (PCA) Services	<ul style="list-style-type: none"> ✓ Agency ✓ Self-direction PCA through the PERSONAL PREFERENCE PROGRAM* 	Medicaid Managed Care Organization (MCO)
MLTSS Home-based Supportive Care	<ul style="list-style-type: none"> ✓ Agency ✓ Self-direction 	Medicaid Managed Care Organization (MCO)
MLTSS In-Home Respite	<ul style="list-style-type: none"> ✓ Agency 	Medicaid Managed Care Organization (MCO)
DDD Individual Supports DDD Community-based Supports DDD In-Home Respite	<ul style="list-style-type: none"> ✓ Agency ✓ Self-direction through the DDD SELF-DIRECTED EMPLOYEE OPTIONS** 	NJ Division of Developmental Disabilities (DDD)

B. EVV Implementation Steps

1. 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](#).

2. What steps do I 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
[HHAeXchange Provider EVV Welcome Packet](#)
3. Attend a Provider Information session – all sessions are complete, but a recording can be found 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 Fee for Service Medicaid.

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

Providers with their own EVV solution have two options for providing their EVV visit data.

- Option 1: Connect directly with HHAeXchange and report all visit data, regardless of payer. HHAeXchange will route the visit data to the appropriate payer. This only requires one data integration set up by your EVV vendor.
- Option 2: Connect directly with each Payer's EVV solution -- HHAeXchange for Aetna, United Health Care (UHC), Fidelis Care formerly WellCare and Fee-for-Service members; CareBridge for Amerigroup and Horizon members. This will require two separate integrations.

Next steps for EDI integration can be found in the [HHAeXchange Provider EDI Welcome Packet](#).

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 Link:** [Business Requirements for Third Party EVV Data Aggregation NJ](#)
- **Technical Specification document:** [HHAeXchange EVV API Technical Specifications NJ](#)
- **HHAeXchange Website:** <https://HHAeXchange.com/nj-dmahs/>

C. EVV Integration Procedures and Billing:

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

Scenario 1:

EVV Solution: Provider has their own system – not HHAeXchange or CareBridge

Integration of Visit Data: A - Third Party system connects directly with HHAeXchange as per HHAX EDI guidelines for New Jersey to share visit data with all payers

AND

B - Third Party system connects directly with CareBridge for Amerigroup and Horizon members

Billing Process: Providers follow billing process as outlined by the individual MCOs and FFS. Refer to the MCO resources section for specific details regarding billing contacts.

Scenario 2:

EVV solution: Provider uses HHAExchange

Integration of Visit Data: HHAExchange will share visit data with all payers

Billing Process: Providers follow billing process as outlined by the individual MCOs and FFS. Refer to the MCO resources section for specific details regarding billing contacts.

Scenario 3:

EVV Solution: Provider uses CareBridge

Integration of Visit Data: 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. Refer to the MCO resources section for specific details regarding billing contacts.

D. Best Practices for EVV Implementation:

What are the best practice guidelines for providers implementing EVV?

Milestone 1: Provider Portal entry

1. Add all agency provider detail in the HHAX provider portal
2. Enter Caregiver information in the HHAX Portal
3. Download of rates for each service code in the HHAX provider portal
 - a. Please ensure rates are correctly added for all payers and complete for all service codes.

Milestone 2: Member specific entry

1. Confirm member specific information authorizations are included:
 - In the HHAX provider portal for Aetna, Fidelis Care formerly WellCare, UHC and FFS members.
 - For Amerigroup enter in CareBridge
 - For Horizon information must be manually entered in Carebridge or HHAX. The information is maintained in Navinet.
2. Enter schedules in the HHAX provider portal and/or on EDI Portal when authorization data is entered

Milestone 3: Visit Detail

1. Confirming visits

2. Reviewing visits for accuracy, i.e., clock in and clock out details are completed, missed visits corrected
3. Checking edit reason codes as needed
4. Batching visits and creating invoice(s)
5. Submitting invoice(s) for billing

Milestone 4: Review of visit information by payer

1. Ensure all visits contain the six data requirements:
 - Type of service performed; Individual receiving the service; Date of the service; Location of service delivery; Individual providing the service; Time the service begins and ends.
2. Ensure authorizations are current. If the authorization is due to expire, please be proactive and request an updated one from the correct payer.
3. Continue to utilize your current communication method with the MCOs to discuss unique member/service related concerns.

E. Compliance Calculation:

Below is detail of 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 (Claim 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)

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 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. Sample Compliance Calculation and Claims Payment

Member Last Name	Medicaid ID	Date of Service	Service Code	Units Billed	EVV Confirmed (Units)	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

Numerator	68
Denominator	80
Compliance	85%

**In this scenario, only 85% of their units would be paid.
68 Units were confirmed /supported by EVV.**

G. Authorization Process

1. Are authorizations required for services that require EVV?

DMAHS/MCOs provide authorizations based on Members care plan. The authorization will outline applicable service codes. Providers must work directly with the individual payer to secure authorizations, (i.e. FFS/MCOs.)

2. Whom does the Provider contact if an authorization has been received but member is not displayed in the HHAX portal?

Payer specific process to be followed. (DMAHS Fee for Service process will be outlined in a specific FFS Authorization and Billing Newsletter.)

Aetna: For both ABH NJ Medicaid and Aetna Assure Premier Plus (HMO D-SNP), please send questions to the Aetna Dedicated Email Mailbox AetnaEVVCompliance@AETNA.com

You may also call:

Aetna Better Health of NJ Medicaid Care Management team at 1-855-232-3596

Aetna Assure Premier Plus (HMO-DSNP) Care Management team at 1-844-362-0934

Amerigroup: Amerigroup does not provide HHAX with authorization information, Provider Tax ID, NPI, Payer ID, Service Code, Patient ID, Start and end date and units authorized. HHAX has indicated that the provider has to enter the authorization data. Currently we have been instructing providers to reach out to HHAX if there are questions on how to enter authorizations into the system. If the provider does not see their Provider information, they can reach out to Amerigroup to assist.

Horizon: To check status of Prior Authorization and/or changes to the Prior Authorization, go to <https://www.horizonnjhealth.com/for-providers> and sign into Navinet. Provider must enter Prior Authorization information manually into their EVV software solution.

United: Authorizations take up to 72 hours to load in HHAX. If not loaded in HHAX after this time the provider should outreach their assigned Advocate. If the provider does not know who the Advocate is please outreach to the general UHC contacts. Providers can also communicate using the HHAX communication tool regarding the display of an approved Prior Authorization.

Fidelis Care formerly WellCare: Providers should email njevv@centene.com and remember to include Prior Authorization number and member name.

For PCA, Respite and PDN please fax requests to 855-642-6185.

For ST/OT/PT please contact NIA (National Imaging Associates); NIA is the Fidelis Care in-network vendor that handles Physical, Occupational, and Speech Therapy. <https://www1.radmd.com/solutions.aspx>

3. Are the Payers sending only confirmed authorizations to HHAX? What about Pending? If pending, do you then send confirmed authorizations at a later date?

Aetna: Confirmed authorizations are sent to HHAX, pending are not sent.

Amerigroup: Sends confirmed authorizations only to CareBridge.

Horizon: Providers must load authorization information manually into their own software solution. For Horizon, authorizations are not sent to HHAX.

UHC: Confirmed authorizations are sent to HHAX, pending are not sent.

Fidelis Care formerly WellCare: Confirmed authorizations are sent to HHAX, pending are not sent.

4. Will Dual eligible member authorization details be displayed in HHAX?

Dual eligible members authorization detail will be displayed in HHAX if the provider is servicing the member for services that Medicaid requires EVV. If the member is solely receiving Medicare covered services from the provider at the current time, then the member will not be populated in the HHAX portal, as the payers are only sending members with authorized Medicaid services requiring EVV.

5. Will Dual eligible members be displayed in CareBridge if Amerigroup is the payer?

Amerigroup members will be displayed in the provider portal when Amerigroup issues an authorization.

Horizon members should be manually entered in CareBridge.

6. Will service information for members who do not receive an authorization from NJ FamilyCare/Medicaid be aggregated to HHAX?

EVV data for services that are not authorized by NJ FamilyCare/Medicaid will not be aggregated by HHAX. However, MCO contracted providers are required to capture EVV data for MLTSS members and provide visit detail to MCO EQRO or DMAHS as needed.

H. Billing

1. Why are there different billing processes for the MCOs?

Each MCO identified billing procedures for EVV individually based on the MCOs vendors and individual business process.

2. Is there a way to test the billing for patients with Horizon NJ Health? They are not having us bill through HHAeXchange so we're not sure how to "test"?

Horizon does not use Carebridge or HHAX to bill EVV claims. The billing process to submit claims to Horizon does not change. Providers will continue to bill Horizon directly. There is no need to test claim submission with Carebridge or HHAX for Horizon members.

3. What process does the Provider follow to report members Coordination of Benefits (COB) information?

EVV does not change policy requirements for COB. All providers should refer to the existing DMAHS Guidance regarding COB. https://www.state.nj.us/humanservices/dmahs/home/Coordination_of_Benefits_Guidance.pdf

The individual payers may modify process for submission of TPL exhaustion of benefits information for services that billed through the EVV Vendor.

Refer to the individual MCO training that outlines authorization and billing process for EVV services. The individual payers include the process to report COB in the training documents.

4. Are the EVV and Billing data from HHAX being sent to Carebridge for Amerigroup?

- If a provider is using any vendor other than Carebridge or HHAX and servicing members for Amerigroup and Horizon, they should integrate directly with Carebridge for these two payers. The direct integration will eliminate rejections and/or complications for the provider.
- If the provider is using HHAX as their EVV vendor directly then HHAX will send the visits and billing segment to Carebridge for the provider.
- HHAX will send their visits and billing to Carebridge for Amerigroup.

5. Are the EVV and Billing data from HHAX being sent to Carebridge for Horizon members?

EVV data is sent from HHAX to CareBridge and subsequently to Horizon.

Billing data is not transferred because CareBridge or HHAX does not generate bills for Horizon members.

For Horizon providers, CareBridge will accept visit info directly from the third-party EVV solution, or from HHAX (Third-Party Solution HHA CareBridge). Regardless of how data is received, CareBridge, will aggregate the visit once it meets the necessary criteria for aggregation (free of alerts).

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).

3. How do Providers remove assigned codes from a caregiver previously entered in HHAX? For example, an individual with a LPN obtains a RN license.

Caregiver information can be updated directly in HHAX in the caregivers profile. If you are using a 3rd party EVV vendor please send these updates to HHAX. For any assistance or help making this update please reach out to njsupport@hhaexchange.com or enter a ticket via the [Provider Support Portal](#).

K. Operations

1. What is the required Shift Variance?

All EVV tools must allow for a **minimum** of 10 minute scheduling variance that does not require manual override for EVV submission

2. Do the EVV vendor have to allow for **overlap of services?**

Home health services shall overlap to allow clinical staff to discuss member care during a shift change.

Note: If a members requires multiple staff at the same time this must be reflected in the member Plan of Care and authorized by MCOs

Below is a list of services that overlap shall be permitted:

Nursing Service codes below allow for overlap*:

S9123	Nursing care, in the home; by registered nurse,	Per hour	POS 12
S9124	Nursing care, in the home; by licensed practical nurse	Per hour	POS 12
T1000	Private duty / independent nursing service(s)	15 minutes	POS 12
T1002	Private duty / independent nursing service(s) / RN	15 minutes	POS 12
T1003	LPN/LVN SERVICES	15 minutes	POS 12
T1030	Nursing care, in the home, by registered nurse	Per diem	POS 12
T1031	Nursing care, in the home, by licensed practical nurse	Per diem	POS 12
G0299	Direct skilled nursing services (RN) in the home health or hospice setting	15 minutes	POS 12
G0300	Direct skilled nursing services LPN in the home health or hospice setting	15 minutes	POS 12

Home Health service codes below allow for overlap*:

S9127	Social Work Visit in the home	Per diem	POS 12
S9128	Speech Therapy in the home	Per diem	POS 12
S9129	Occupational Therapy in the home	Per diem	POS 12
S9131	Physical Therapy; in the home	Per diem	POS 12
S9127	Social Work Visit in the home	Per diem	POS 12
S9128	Speech Therapy in the home	Per diem	POS 12
S9129	Occupational Therapy in the home	Per diem	POS 12
S9131	Physical Therapy; in the home	Per diem	POS 12

* A Prior Authorization is required for all services

3. EPSDT services for school day: Are nurses serving EPSDT members required to clock in and out when they arrive at the school with the member and are not being paid by the Managed Care Organization?

Caregivers are not required to clock in and out multiple times during the school day. A reason code is included in the EVV specifications for EPSDT/PDN services during the school day. Caregivers will clock in at start of day and at the end of the day and the reason code “**223- EPSDT PDN During the School Day**” will be selected to indicate that billing does not tie directly to clock in and clock out due to the combination of Department of Education and MCO billing.

4. Will DMAHS require all MCOs to contract using T codes for all nursing services?

The State has not mandated that the MCOs contract for nursing services only with the T codes. The individual MCOs will establish Provider contracts and authorizations for services independently.

5. Will the rounding rules be updated for PDN?

Rounding rules for PCA, Home Health and PDN are outlined in the June 2023 Newsletter **Volume 33 Number 11: Updated Billing Policy for Home Health Care and Personal Care Services.**

MCOS are required to implement rounding rules when paying claims. Clock in-clock out is required to correspond with 15 minute and hourly unit rules.

6. Does EVV provide required documentation for clinical audits?

EVV will only provide caregiver visit information; providers must also maintain clinical service detail for individual members.

7. What is the allowed tolerance range from member’s address?

The standard allowable tolerance range is the distance, measured in feet, between the member’s servicing address and the provider’s clock in location. HHAX and all EDI vendors must enforce a 300-foot tolerance range.

If the caregiver is not within 300 feet of the members servicing location, the visit must be manually confirmed and an applicable exception code noted in the EVV record. The implementation date for 300-foot tolerance range is October 1, 2023.

L. HHAX Specific Functionality

1. When HHAX completes an update to NJ Medicaid EVV Data Aggregator Specifications how are EDI providers notified?

System notifications are published when HHAX completes a system update. The notifications are published for all providers to review on the HHAX portal under the system notifications. These appear as an automatic pop-up upon log-in for all users at a provider location. Providers who are using a 3rd Party EDI vendor must communicate the updates with their specific EVV vendor.

2. How are Providers notified if there are updates to the HHAX system that are not included in the Aggregator Specification?

System updates are done in monthly releases. Updates are published in a system notification in the HHAX portal for all providers to review. These appear as an automatic pop-up upon log in for all users. Providers can also find all past system updates in their HHAX portal within the support center, under Release Notes.

3. When a nurse is scheduled for multiple shifts on the same day, there is no way for them to call out for just one of the shifts. The only option in the “absence/restriction” button, is for the nurse to call out for the entire day. If Provider goes into the calendar section and just “temp” the visit, then the call out is not recorded for the caregiver.

This is HHAX Paid Provider Portal Functionality. The provider will need to reach out to a Provider CSM Contact at HHAX to address this concern

4. We need an electronic MAR so the nurses can sign off on their meds electronically or at least so it can be printed from the profile database and sent to the home. Currently our nurses are hand-writing a MAR each month.

This is an HHAX Paid Provider Functionality and not part of the Free EVV option offered to comply with the Cure’s Act Mandate. For additional assistance, please reach out to njsupport@hhaexchange.com or your Provider CSM at HHAX

5. Providers may need an “other agency” option for scheduling purposes. There is not a way to schedule blocks with shared agencies, therefore agencies that are sharing services have no idea what shifts the other agency is covering on a co-vented case.

The HHAX system is set up by Provider and information for all MCOs is maintained. There is no way to link two provider portals together to share member and scheduling information.

M. Resources for Providers by MCO

Aetna Better Health of NJ (Medicaid) and Aetna Assure Premier Plus (HMO-DSNP)

Electronic Visit Verification

For EVV general inquiries providers should use the dedicated email box AetnaEVVCompliance@aetna.com

EVV Program Managers & Escalated Issues:

- Aetna Better Health of NJ (Medicaid) – Tahnee Garay, Director of Regulatory Affairs, garayt@aetna.com
- Aetna Assure Premier Plus (HMO-DSNP) – Eric Bowman, Senior Business Consultant, BowmanE@AETNA.com

Prior Authorizations To confirm the status of a prior authorization request:

- Aetna Better Health of NJ (Medicaid) - Please call 1-855-232-3596
- Aetna Assure Premier Plus (HMO-DSNP) - Please call 1-844-362-0934 **OR** Email box NJFIDE-EVV@AETNA.com

Claims: Providers may check the status of a claim by accessing the provider portal.

Aetna Better Health of NJ (Medicaid)

- Claims Inquiry Claims Research (CICR) please call 1-855-232-3596
- <https://www.aetnabetterhealth.com/newjersey/providers/index.html>

Aetna Assure Premier Plus (HMO-DSNP)

- Claims Inquiry Claims Research (CICR) please call 1-844-362-0934
- <https://www.aetnabetterhealth.com/new-jersey-hmosnp/providers/portal.html>

Contact information for EVV Aggregator Technical Support and Questions:

Providers should use HHAeXchange Contacts for technical issues:

- NJ Client Support Phone Number: (866) 245-8337
- NJ Client Support Email Mailbox: NJSupport@hhaexchange.com
- Providers Using a Third Party EVV Vendor: EDIsupport@hhaexchange.com

Amerigroup

EVV Lead :	Lynelle Steele	Fannie.steele@amerigroup.com
Authorizations:	Keisha Woodson	keisha.woodson@amerigroup.com
Operations:	Eyreny Mekhaiel	eyreny.mekhaiel@amerigroup.com

MLTSS Authorizations:

Keisha.Woodson@Amerigroup.com

Phone: 1-855-661-1996, option 2

Non-MLTSS Authorizations:

1-800-452-7101, x106-134-2111

Contracting:

Carol.diprisco@amerigroup.com

Alejandro.valentin@amerigroup.com

Provider Experience:

avis.skipper@amerigroup.com

maria.peralta@amerigroup.com

Clinical MLTSS:

jennifer.iskandar@amerigroup.com

Clinical Non-MLTSS:

suzanne.veit@amerigroup.com

Horizon NJ Health

Electronic Visit Verification

Authorization Telephone Numbers:

- Medicaid #1-800-682-9094
- FIDE SNP #1-855-955-5656
- MLTSS #1-855-777-0123

CareBridge Technical Support:

- CareBridge Users: 855-782-5976 njew@carebridgehealth.com
- Third-Party EVV Solutions Integrated with CareBridge: 844-924-1755
evvintegrationsupport@carebridgehealth.com

Horizon New Jersey Health Billing Questions:

Horizon NJ Health Provider Services Team: 1-800-682-9094

United HealthCare Community Plan

HCBS Services:

- Call: 888-362-3368
- Email: nj_hcbs_pr@uhc.com

PCA PDN services (No Health System Affiliated) & TBI Services

For plan specific questions, reach out to your UHC provider advocate or UHC mailbox

Home Health/Skilled Nursing: Phone: 888-362-3368 or Email:
Northeastprtema@uhc.com

- PDN (Health System Affiliated)
- Therapy Services (OT, PT, ST)
- All other services

HHAX EVV Solution:

- NJ Dedicated Support Phone Line - 866-245-8337
- NJ Dedicated Support Email - NJsupport@HHAeXchange.com
- Reach out to HHAX EVV Solution for Data Submission & Technical questions. Note: Live Chat option with a Support Rep in HHAX portal.
- Email the 3rd Party EVV Provider at: edisupport@hhaexchange.com for providers using a vendor outside of HHAX

Fidelis Care formerly WellCare

General email box: njev@centene.com

Network team: (Billing Questions) 1-888-453-2534

- Consuelo Taveras, Sr. Manager Provider Network, Consuelo.taveras@wellcare.com
- Jennifer Huang, Account Manager (813) 220 5844 Jennifer.huang1@wellcare.com
- Anny Chevalier, Provider Network Specialist, 973-985-5283 Anny.Chevalier@wellcare.com
- Send an email inquiry to NJPR@wellcare.com

Case Management/Utilization Management(Authorizations):

Contact # 855-642-6185

- Teresa Howard, Manager Prior Authorization, Teresa.Howard@wellcare.com
- Joan Cosme, Sr. Manager of MLTSS Operation, Joan.Cosme@wellcare.com
- Mariel Plasencia, Supervisor, Mariel.Plasencia@wellcare.com

EVV Aggregator: HHAeXchange

For questions or help with HHAX, please email HHAeXchange at NJSupport@HHAeXchange.com or visit us at hhaexchange.com/nj-home-health.

Please visit the DMAHS EVV Website for additional information:
<https://www.nj.gov/humanservices/dmahs/info/evv.html>.

To submit questions or concerns about regarding EVV , please email the New Jersey Provider Resource account at Mahs.provider-inquiries@dhs.nj.gov

For HHAeXchange provider information, please visit the New Jersey Home Health Information Center website at: <https://hhaexchange.com/nj-home-health/>

RETAIN NEWSLETTER FOR FUTURE REFERENCE