



PCA Agency EVV refresher training



Joseph Manger
Chief Executive Officer
October 22, 2021

Questions during webex?

This web ex is being recorded and will be posted on our website

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

Audience for Today's training

All participating PCA Providers who will bill for PCA services:

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

Agenda

- Cures Act and State Mandates
- Authorization Management
- Submitting Claims
- Open Discussion and Q&A

21st Century Cures Act and State Mandate



The 21st Century Cures Act Mandated EVV

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

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



STATE
REQUIREMENT:
Division of Medical
Assistance and
Health Services
(DMAHS)

- Effective September 1, 2021, providers that have not moved to Operational status will not be assigned new cases.
- Effective October 1, 2021, MCOs will ensure that all members are being served by Operational providers. Providers remaining in Engaged status will have existing cases moved to Operational providers.

Authorization Management



PCA codes in scope

Aetna uses the state mandated codes for PCA services:

Service	Unit of Service	Procedure Code
Personal Care Assistance_15M	15 Minutes	T1019
Personal Care Assistance Group	15 Minutes	T1019_HQ
Personal Care Assistance_PD	Per Diem	T1020
Personal Care Assistance (Self Directed) Individual	15 Minutes	T1019_SE
Personal Care Assistance (Self Directed) Individual - Agency	15 Minutes	T1019_SE_UI
Personal Care Assistance Group (Self Directed) Group	15 Minutes	S5125_SE_HQ
Personal Care Assistance (Self Directed) Group - Agency	15 Minutes	S5125_SE_U3
MLTSS Home Based Supportive Care	15 Minutes	S5130
MLTSS Home Based Supportive Care - Self Directed	15 minutes	S5130_HQ
MLTSS In Home Respite	15 Minutes	T1005
DDD Individual Supports	15 minutes	H2016HI
DDD Individual Supports	15 minutes	H2016HI22
DDD Individual Supports	15 minutes	H2016HIU8
DDD In Home Respite	15 minutes	T1005HI
DDD In Home Respite	15 minutes	T1005HIU8
DDD Community Based Supports	15 minutes	H2021HI
DDD Community Based Supports	15 minutes	H2021HI22
DDD Community Based Supports	15 minutes	H2021HI52

Verifying Member Eligibility

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

Telephone Verification: Call our Member Services Department to verify eligibility at **1-855-232-3596**.

- Secure Website Portal: **ABHNJ Medicaid:**
<https://www.aetnabetterhealth.com/newjersey/login>
- **Aetna Assure Premier Plus HMO-DSNP:**
<https://www.aetnabetterhealth.com/new-jersey-hmosnp/providers/portal.html>

Don't forget to
verify eligibility

Prior Authorization Management

- There are no new prior authorization requirements for EVV. Providers just need to obtain prior authorization the same way they do now. As a reminder, refer to <https://www.aetnabetterhealth.com/newjersey/providers/resources/priorauth>
- ABHNJ transmit prior authorization decisions to providers and we also send this information to HHAX. There is a normal 1-2 day lag from authorization approval to appearance in the HHA portal.
- **Prior authorization requests should be sent at least two weeks in advance of the previous authorization end date.**
- It is critical that providers validate and verify that authorization information in HHAX is accurate with the correct approved hours, units, service codes and dates that are expected. If you do not do so, your claim may not process correctly.
- **Providers cannot request prior authorizations via the HHA portal.**

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

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

ABH NJ MLTSS

Ashley Lampley, Supervisor of Health Services
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ABH NJ Medicaid

Jacqueline Alvarez, Supervisor of Health Services
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Aetna Assure Premier Plus (HMO D-SNP)

Ashley Eith, Supervisor of Health Services
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Clinical contacts for
Prior Authorization

Prior Authorization Management Tips

- If you aren't using our Availity provider portal to request prior authorizations, make sure you use the prior authorization request form for PCA Services.
- **Provider cannot request prior authorizations via the HHA portal.**

MOST COMMON PRIOR AUTHORIZATION DISCREPANCY -RESOLUTION

It is very important that you include your NPI on the prior authorization request so we can authorize services at your correct office location

EXAMPLE:

If you have 3 offices and you are providing services for a member via your Cherry Hill office, you must ensure that the prior authorization request has the NPI Number of that location, and not another one of your locations such as Camden or Woodbury.

If the NPI number of the current authorization doesn't match the NPI of the previous authorization, the authorization transmission will fail.

Submitting claims



Availity Provider Portal

Aetna Better Health Of New Jersey and Aetna Assure Premier Plus (HMO-DSNP) utilize the Availity Provider Portal.

Provider Portal Benefits include:

- Payer Spaces
- Claim Submission Link
- Contact Us & Messaging
- Claim Status Inquiry
- Grievance Submission
- Appeals Submission
- Grievance and Appeals Status
- Provider Data Management
- Ambient (Business Intelligence Reporting)
- Clear Claim
- ProPAT
- Provider Intake
- Dynamo (Case Management)

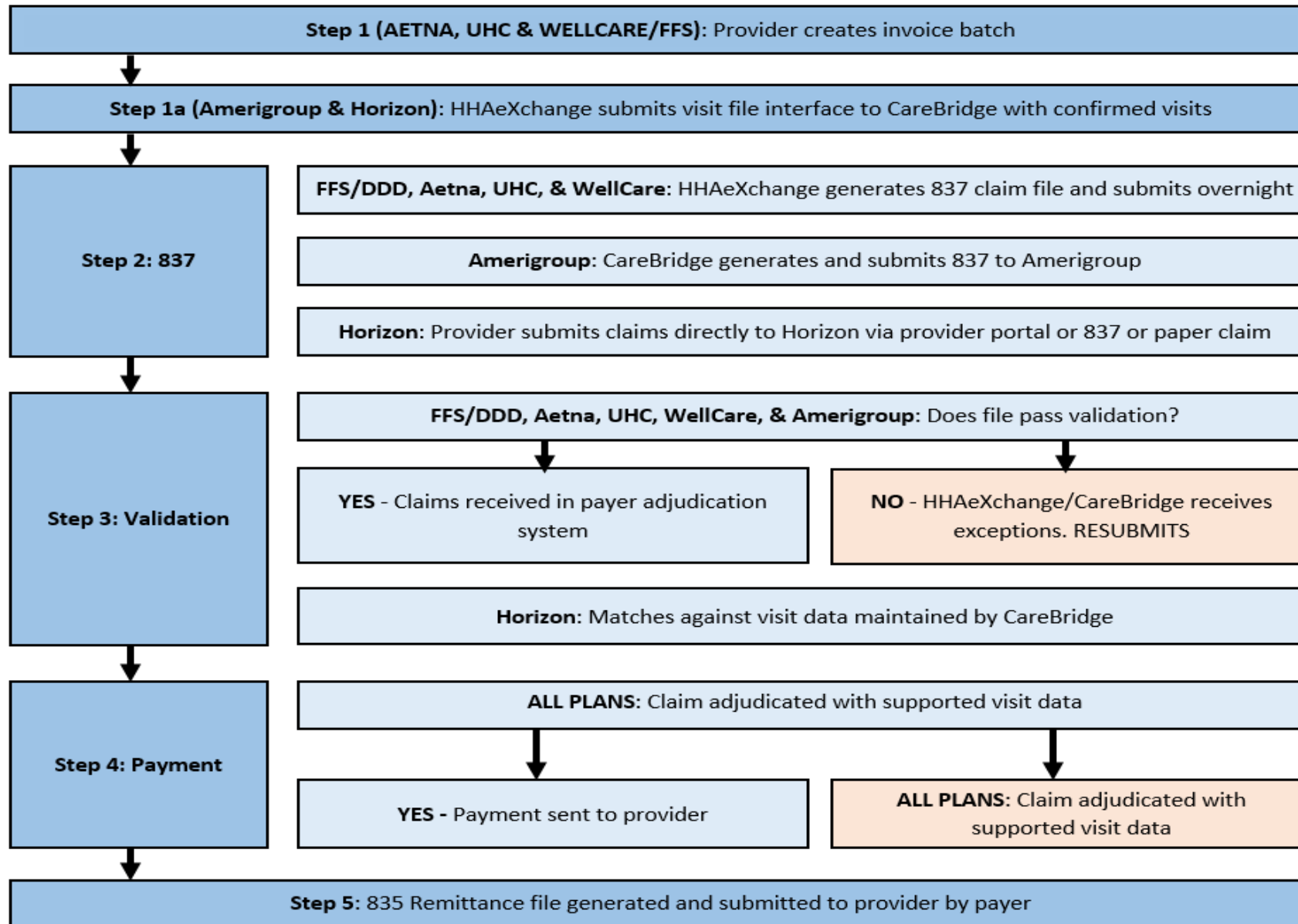
Availity Provider Portal (continued)

If you are already registered in Availity, you will simply select Aetna Better Health or Aetna Assure Premier Plus (HMO-DSNP) from your list of payers to begin accessing the portal and all of the above features.

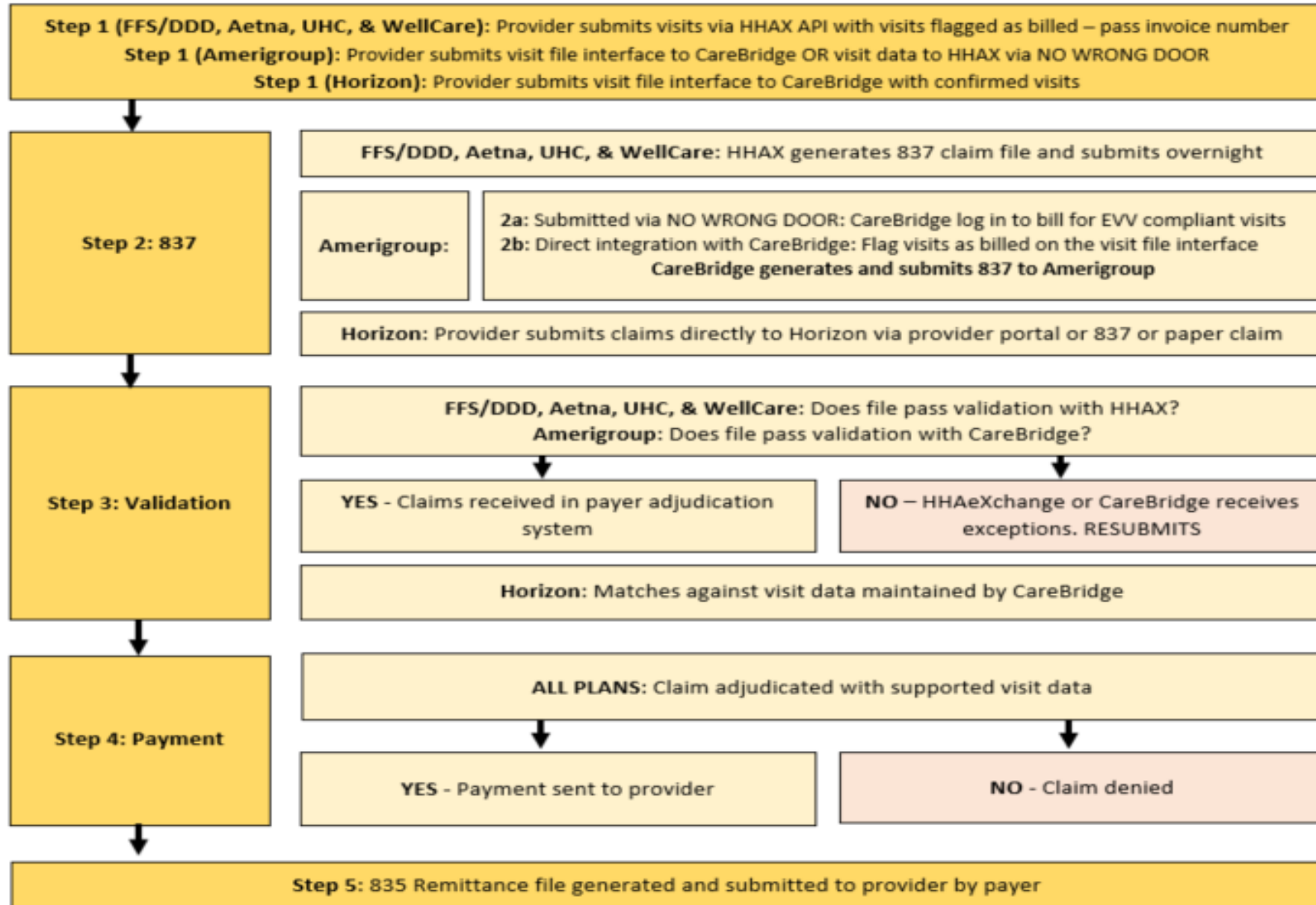
- **ABHNJ Medicaid:** <https://www.aetnabetterhealth.com/newjersey/login>
- **Aetna Assure Premier Plus HMO-DSNP:** <https://www.aetnabetterhealth.com/new-jersey-hmosnp/providers/portal.html>

If you are not registered, we recommend that you do so immediately by going to the above portal locations

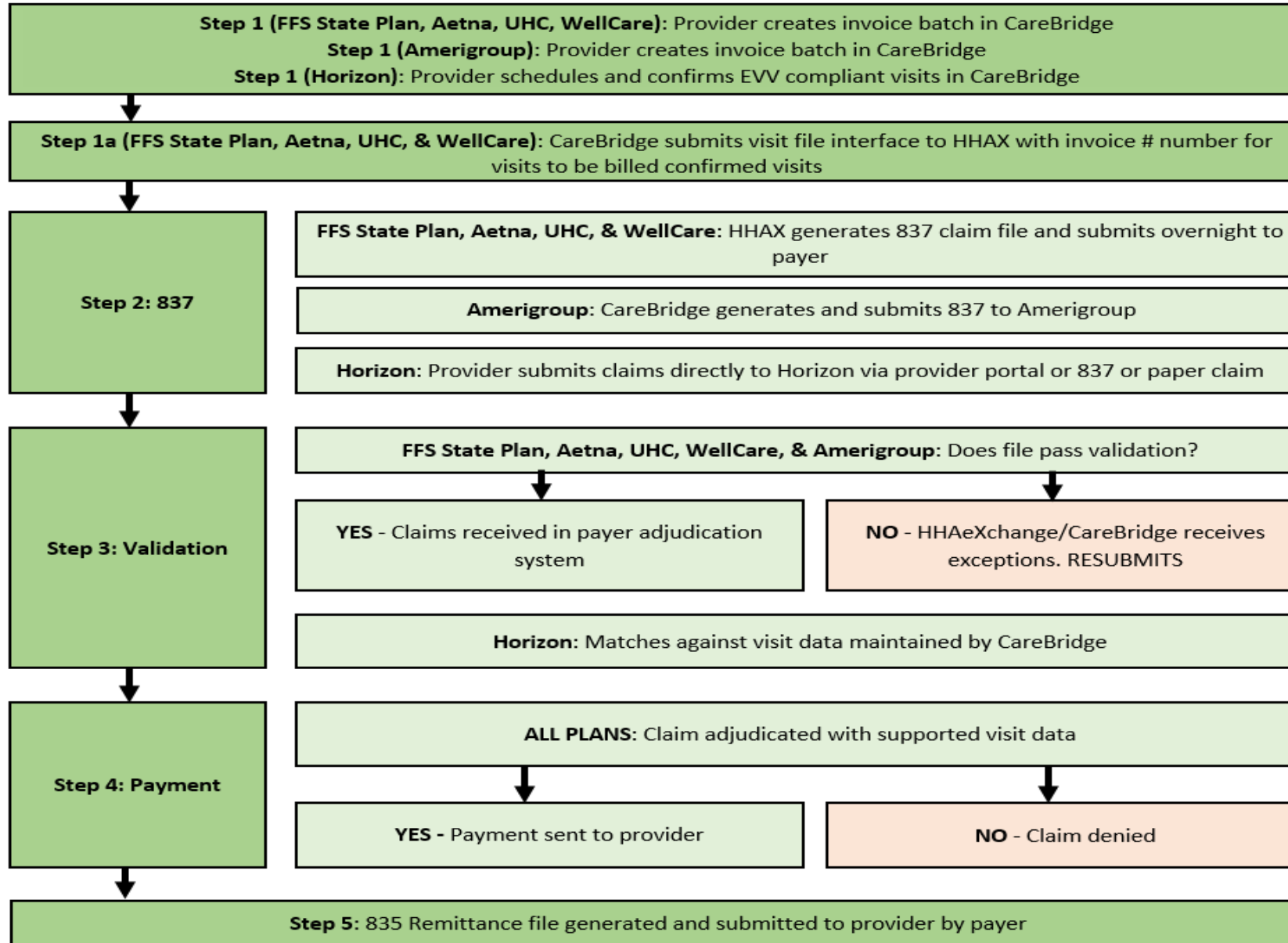
Claim Submission Process: Providers using HHAeXchange



Claim Submission Process: Providers using Third Party



Claim Submission Process: Providers using CareBridge



Is anything changing with explanation of payment documents?

- There are no changes to the existing explanation of payment documents.
- Only verified visits submitted through HHA to our clearinghouse will be accepted for claims processing. As such, you will not see denial reasons for missing EVV data on claims remittance advice.

I'm not getting paid? What do I do?

It is critical that providers continually monitor their claim status reports from HHA so they confirm claims have been accepted by Aetna's clearinghouse. Aetna does not know if the clearing house did not accept a claim for processing.

Not getting paid? Follow these steps:

1. Check HHA reports/portal to confirm the claim has been submitted, accepted, or rejected by our clearinghouse. Aetna cannot assist you with getting paid if the claim hasn't been accepted for processing.
2. Not accepted by clearinghouse? Follow up with HHA for the reason and what needs to be done to fix the claim. If you are not using HHA as your EVV vendor, HHA may tell you to contact your chosen EVV vendor because the claim information was not sent to HHA to submit to Aetna.

How to appeal a claim denial

How to submit a corrected claim

- There are no changes to the existing claim appeal process. The process is outlined on our website (<https://www.aetnabetterhealth.com/newjersey/providers/appeals>)
- Corrected claims for PCA services also need to be submitted via HHA since every visit needs to be verified with EVV data.

Communications and Claims status

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

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

ABHNJ Medicaid:

<https://www.aetnabetterhealth.com/newjersey/login>

Aetna Assure Premier Plus HMO-DSNP:

<https://www.aetnabetterhealth.com/new-jersey-hmosnp/providers/portal.html>

For claims issues, you can also contact ABHNJ's Claims Inquiry Claims Research (CICR) Department at [1-855-232-3536](tel:1-855-232-3536).

Key Contacts

HHA contacts

- NJ Client Support Phone Number: (866) 245-8337
- NJ Client Support Email Address:
NJSupport@hhaexchange.com
- Escalated issues: Nate Burgess
(nburgess@hhaexchange.com)

Aetna dedicated email box:

AetnaEVVCompliance@AETNA.com

Open Discussion and Q&A

