



Live well

PCA Agency training -billing through HHAx

Readiness for July 1, 2021, Compliance date

aetna[®]

June 14, 2021

Audience for Today's training

All participating PCA Providers who will bill for PCA services:

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

Agenda

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

Questions during webex?

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

Cures Act Mandated EVV

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

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



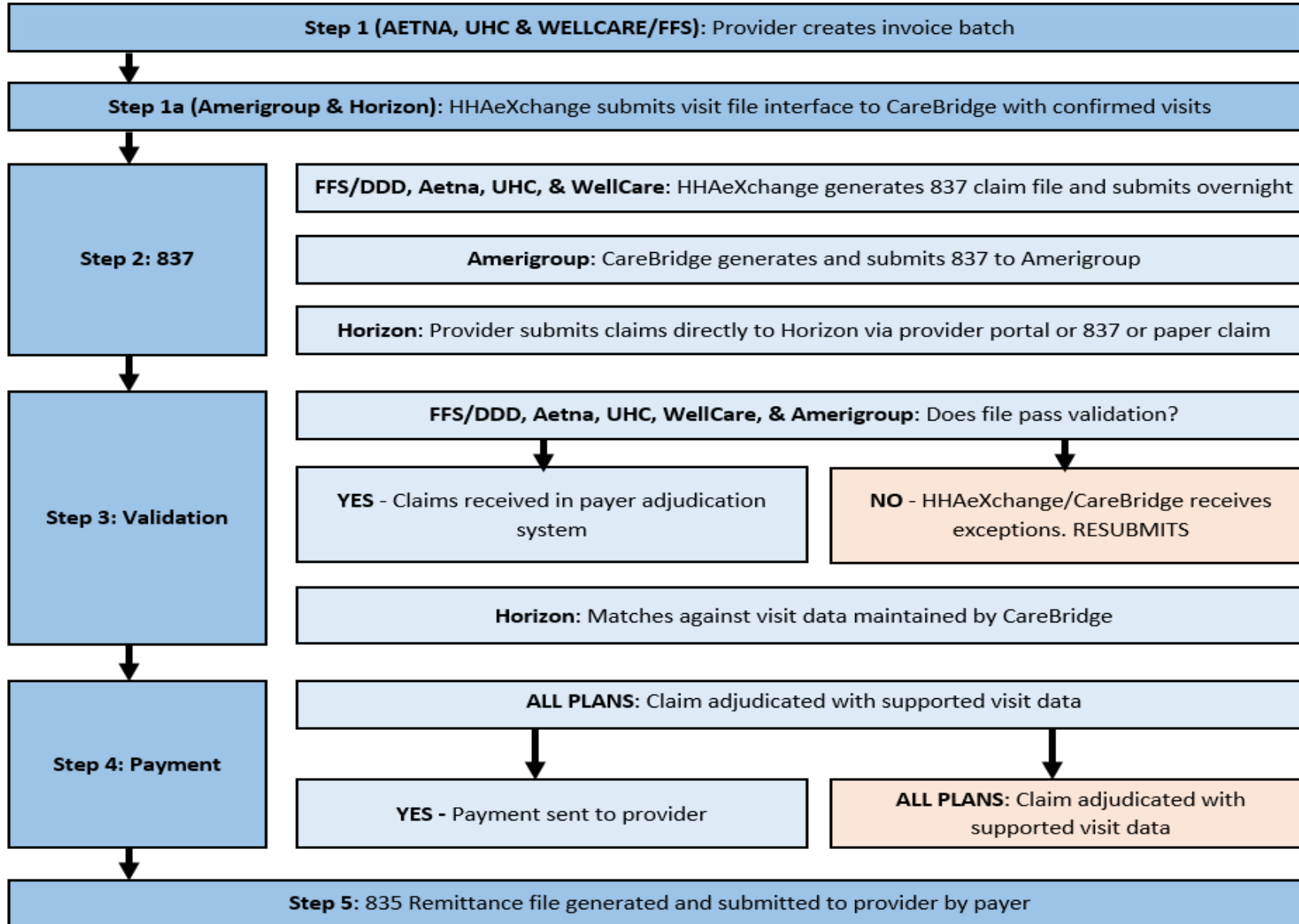
GFE extended deadline to 1/1/2021 for PCS. Providers are expected to use the system for scheduling, confirming visits, and billing starting 12/8/20 to be ready for the Jan 1 mandate.

MCO claims payment summary

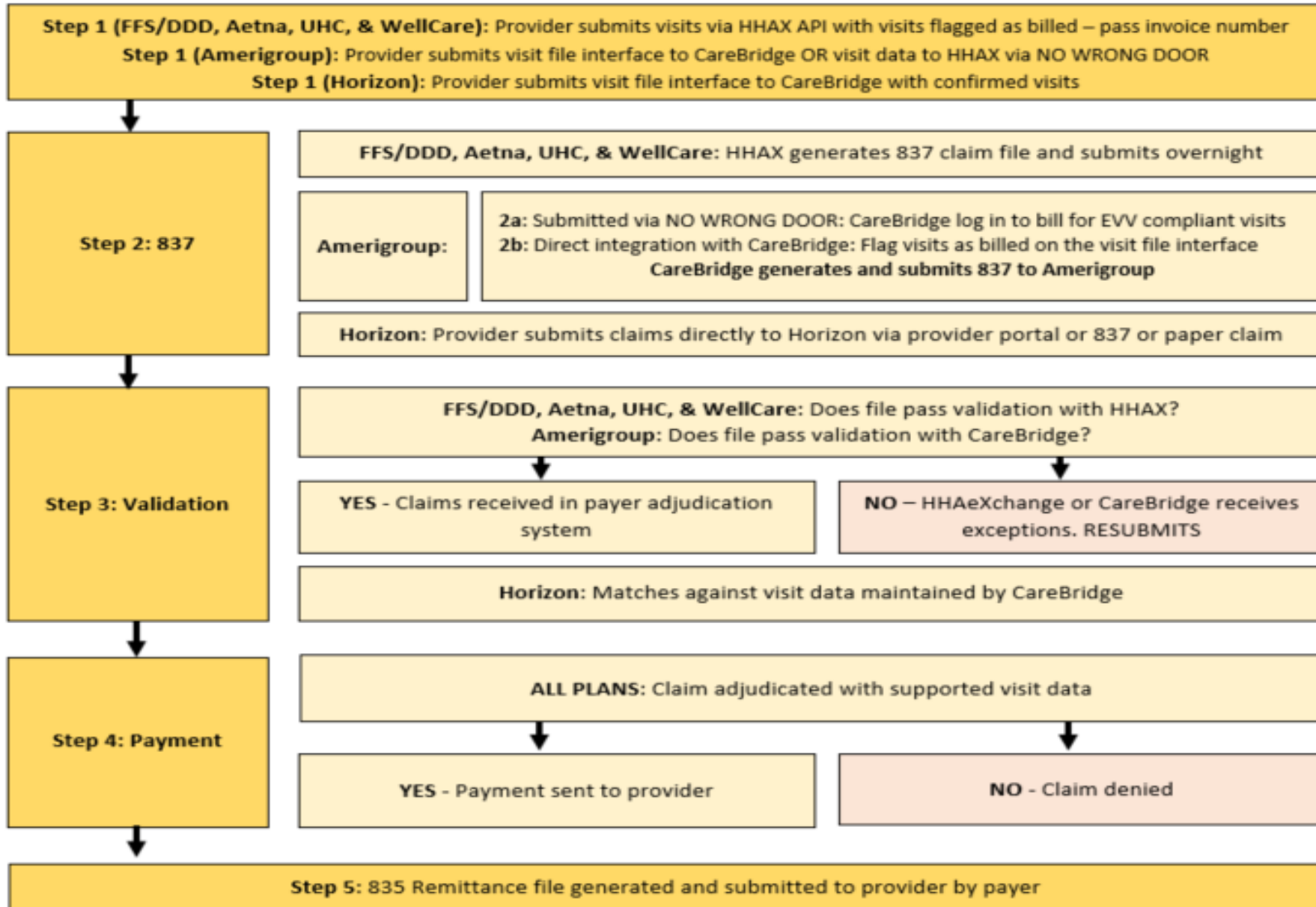
Phase 2 (all claims after July 1)

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

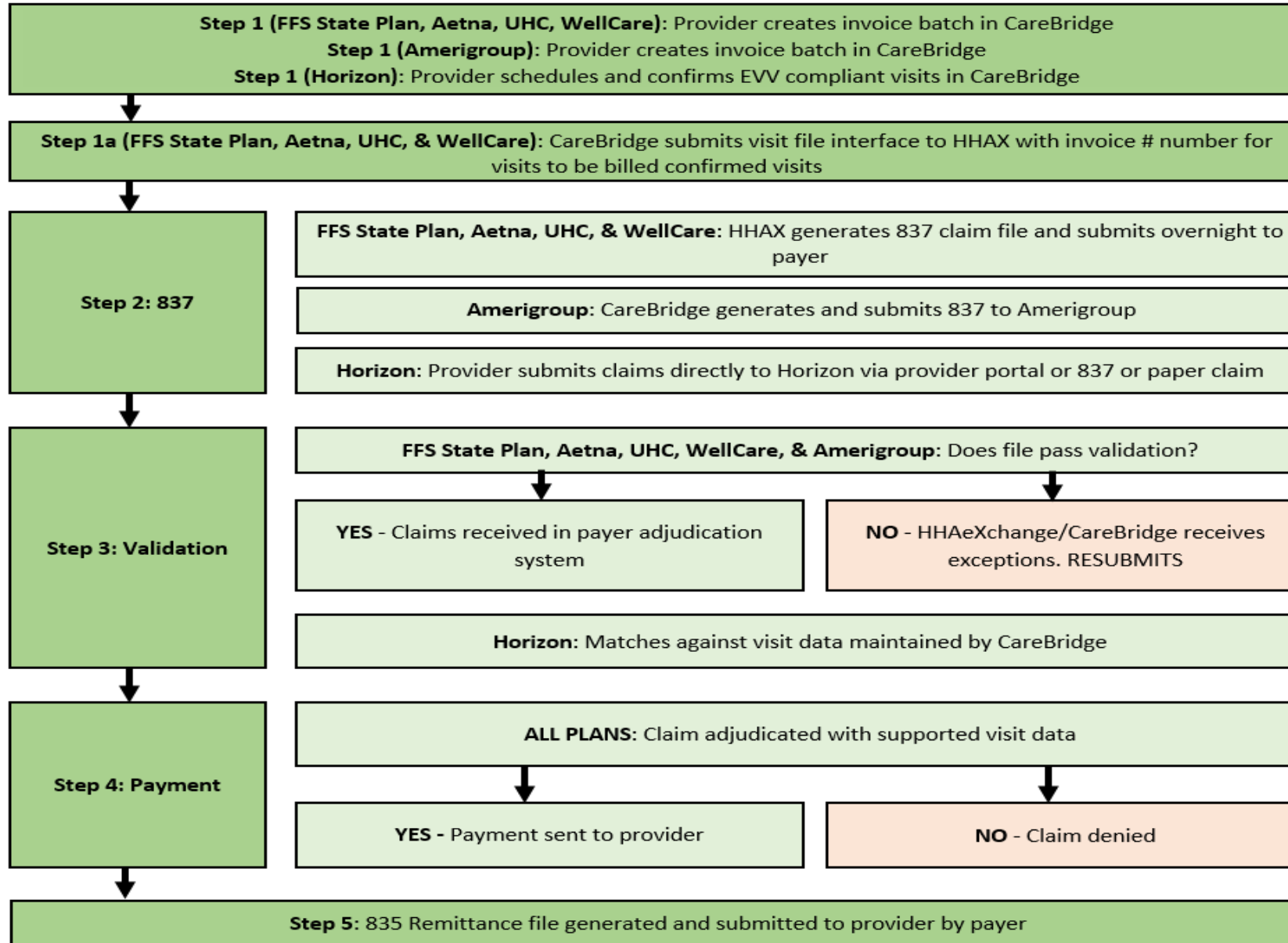
Claim Submission Process: Providers using HHAeXchange



Claim Submission Process: Providers using Third Party



Claim Submission Process: Providers using CareBridge



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

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

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

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

REMINDER Continuity of Care

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

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

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Clinical contacts for Prior Authorization

Communications Policy

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

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

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

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

Codes in EVV scope at this time

ABHNJ and Aetna Assure Premier Plus (HMO D-SNP) use the following two state mandated codes for PCA services delivered by PCA providers:

Service	Unit of Service	Procedure Code
Personal Care Assistance_15M	15 minutes	T1019
Personal Care Assistance Group	15 minutes	T1019HQ

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](tel:1-855-232-3596).

Secure Website Portal:

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

**Don't forget
to verify
eligibility**

ABHNJ Website:

Provider Notices webpage:

<https://www.aetnabetterhealth.com/newjersey/providers/notices>

Provider Training webpage under “Training Resources”:

<https://www.aetnabetterhealth.com/newjersey/providers/training/>

HHA website

<https://hhaexchange.com/nj-dmahs/>

DMAHS EVV webpage

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

**AVAILABLE
TRAINING and
RESOURCES**

For plan specific questions, please contact:

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

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

Questions?