Home Health EVV Discussion

- CareBridge is the EVV and data aggregation solution selected by IA health plans to support IA HCBS and Home Health providers in complying with the EVV requirements of the 21st Century Cures Act

- As guideposts of the implementation design, we strive to serve providers by **reducing administrative burden, streamlining the billing process, and ensuring the accuracy of claims information and the timeliness of claims payment**

- To achieve these objectives, we agreed with our MCO partners upon certain fields that would be pre-populated in the EVV system. By pre-populating fields such as date, time, and service type we can help **minimize both provider manual data entry and manual data errors**, which can lead to claim rejections or delays in reimbursement

- In response to recent feedback from a few providers, CareBridge **aligned with MCO partners on proposed changes to the EVV system design that will give all providers the ability to set static or dynamic values** for the following data fields used for claiming Home Health Services on an institutional claim (which have previously been pre-populated):

  - NM103 & NM109: Attending Provider Last Name or Organization & Attending Provider Primary ID (NPI)

    - PRV03: Provider Taxonomy Code

  - CLM05-1: Facility Type Code

  - CLM05-3: Claim Frequency Code

  - CL103: Patient Status Code

  - DTP03: Admission Date

  - HI02-2: Condition Codes

Changes Based on Provider Feedback

- **In response to provider feedback**, CareBridge worked with MCOs to outline potential changes to the select data fields outlined on the prior slide

- These enhancements **would allow providers to set** either **static** or **dynamic values**

- Providers can either **select a single value for all claims** or **input values for each claim individually**

  - Having the option to set a static value may prevent potential manual entry errors while still allowing providers to select the values

- We welcome any questions and feedback that you have on these proposed solutions

Category	Select Provider Feedback	Potential Solution
Attending Provider Information	• Providers want to specify the attending provider information in the claim	• Allow providers the option to manually enter information about the **Attending Provider**
Patient Status	• Providers want the ability to edit patient status to align with Medicare reporting	• Allow providers the option to manually enter a **Patient Status Code**
Healthcare Service Location Information	• Providers want the ability to edit / manage the Health Care Service Location directly	• Allow providers the option to manually enter the **Facility Type Code** and **Claim Frequency Code** (for claims that are not being corrected or void)
Admission Date	• Providers want the ability to edit admission date to align with Medicare reporting	• Allow providers the option to manually enter **Admission Date**
Condition	• Providers want the ability to edit Condition Codes	• Allow providers the option to manually enter **Condition Codes**