STATE OF IOWA DEPARTMENT OF

Health AND Human

SERVICES

Iowa Medicaid Electronic Visit Verification

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Overview:

- Home Care EVV – A part of the 21st Century Cures Act
- Hospice Payment – does not require EVV at this time
- Collaboration with MCO's and CareBridge

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Iowa Medicaid EVV Team

- ❑ Latisha McGuire: Lead EVV Project
  Long Term Services and Support Policy
- ❑ Brooke Watson
  Long Term Services and Support Policy
- ❑ Christy Casey
  Long Term Services and Support Policy
- ❑ Kimberly Pierson
  Executive Officer - Program Integrity
- ❑ Bianca Finley
  MCO Reporting and Oversight
- ❑ Rebecca (Becki) Wedemeier
  Medical Policy Manager

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EVV Implementation – Home Health Care Services

- Section 12006(a) of the 21st Century Cures Act required January 1, 2023

- Home Health Care Services (HHCS):
  - Good Faith Effort exemption was granted for State of Iowa. Implementation was January 1, 2024

  - In preparation, Iowa Medicaid in collaboration with Iowa Total Care, Molina and Wellpoint MCO's held numerous
    - Stakeholder conversations,
    - Meetings with Home Care Providers,
    - Meetings with Home Care provider billing venders throughout 2023

  - Early adaptors began October 2024

  - Iowa HHCS providers went live on January 1, 2024

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EVV - HHCS

- After going live with EVV – all of the conversations continued, with the topics changing to the concerns of HHCS

- Iowa Medicaid EVV Team researched what could/should be done to resolve the concerns
  - Not all can be resolved
  - Those that can be addressed were presented at ad hoc Stakeholders meeting

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. **All 3 MCOs will be united for all EVV processes**

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MCOs will direct CareBridge to update the claim creation to be equivalent to the UB04

Enter the appropriate Type of Bill Code as specified by the NUBC UB-04 Uniform Billing Manual minus the leading "0" (zero). Digits should be reflected as follows: 1st Digit – Indicating the type of facility. 2nd Digit – Indicating the type of care.   3rd Digit- Indicating the bill sequence (Frequency code).

Date of initially admitted to homecare until they are discharged

Patient status codes: Use Code "30" still a patient (cannot use '01' which is routine discharge)

Lines 39-41 a-d: Value codes are required for reporting place of service. This determines the IA Medicaid LUPA rates based on county where member resides

Continued: CareBridge to update the claim creation to be equivalent to the UB04

- Release of information notice- this needs to be noted on the invoice, a yes for release of information
- Consistent Prior Authorization documented on the claim
- Diagnosis ICD-10 Code at time of admission as stated by the physician
- Other Diagnosis codes entered (up to 20 codes)
- Attending Physician: Enter the NPI and name of the **physician in charge (not the home care agency)** of the patient care. NPI: Enter the attending physician 10-character NPI ID.
- Taxonomy Code: Enter valid taxonomy code.
- QUAL: Enter one of the following qualifier and ID number: 0B – State License #. 1G – Provider UPIN. G2 – Provider Commercial #. B3 – Taxonomy Code.

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Continued: CareBridge to update the claim creation to be equivalent to the UB04

- LAST: Enter the attending physician's last name.
- FIRST: Enter the attending physician's first name
- Other: This is the Provider Type qualifier, NPI and name of the referring physician:
- Enter the following Provider Type Qualifiers: DN-Referring Provider NPI: enter the other physician 10 character NPI ID
- Time of visit entered will reflect the actual time of visit; excluding manual entry
- "rounding visit times" will be corrected in CareBridge system
- MCOs will ensure the providers claims may be submitted monthly, as was the providers previous process - to eliminate the concern of having POC signed and Physician orders are returned. MCOs will provide this communication to providers.

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MCOs and CareBridge will have individual meetings with providers who are questioning where to locate alerts, resolutions, errors, or other questions **within the week** of the question being brought to the MCO attention.

Iowa Medicaid personnel will be invited to these meetings, meetings will be recorded, and the recording provided if Iowa Medicaid cannot attend.

- MCOs will direct CareBridge to provide a written statement of BAA

- MCOs will track which providers have the BAA with CareBridge

- MCO will present the BAA statements to Iowa Medicaid for monthly updates

- CareBridge will confirm in writing the agreement for BAA

- Prior authorization is required for all but the first three Home Care Visits. The first three Home Care visits will be care plan creation and billable as such. The first three visits may also provide patient care services with provider orders. Documentation may be reviewed as verification.

- MCOs will provide all written documents to Iowa Medicaid

CareBridge