CAREBRIDGE

IA Stakeholder Session

Iowa Home Health Services EVV 837i Claim Changes

September 24, 2024



- Project Overview
- Progress Update
- Self-Guided Tour Review
- "Following" the Resource Library
- Companion Guide Review



Presentation Objectives

To implement these changes, IA Medicaid, MCOs, and CareBridge are all committed to keeping providers up-to-date on timing, milestones, training, and key next steps. Therefore, the **objectives of this presentation** are to:

- Outline the **project plan**, **timing**, and **key dates** for providers and third-party vendors to know about
- Provide more details about which specific data elements are changing
- Inform providers about **communication** and **training channels**
- Provide resources to providers and third-party vendors to be prepared for the changes

By the end of this presentation, providers should have the necessary background to:

- 1. **Stay informed** about changes, timing, and milestones, and plan to **review training**
- 2. Plan to involve Third-Party EVV system vendors, as necessary
- 3. Know where to **provide feedback and seek support**



Historical Overview

- CareBridge is the EVV and data aggregation solution selected by IA health plans to support IA Home and Community Based Services (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 on 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 and Iowa Medicaid on changes to the EVV system design that will now 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):
 - Attending Provider

• Patient Status Code

- Referring Provider
- Facility Type Code
- Claim Frequency Code for Initial Claims

- Admission Date / Patient Certification
- Condition Codes
- Value Codes



Timeline & Critical Activities

The timeline below outlines the **critical** activities and actions for **Providers** and **Third-Party EVV Vendors** over the next 3 months.



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HHS 837i Claim Element Configuration Progress Update

As of September 20, 2024, one week after deploying the HHS 837i claim element configuration settings option, CareBridge, the MCOs, and Iowa Medicaid have observed that 21% of providers (22) have successfully set their configuration settings.

Please note that <u>every claim element</u> must have a corresponding configuration setting selected



Claim Element Configuration

% of Unique Providers Across all MCOs





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If you've logged in recently, you may have seen the following banner displayed within the CareBridge Provider portal. This banner will remain active until **September 13th**, after which a new version will appear featuring a link to view the Companion Guides.

As of Friday, September 1	3th, HHS Providers can configure claim elements in th	e CareBridge Provider P	ortal. Be sure to review the t	training materials and set	your configurations prior to October 1, 2024 to avoid any billing alerts. $ imes$
	VISITS	Appointment ID	✓ Enter your search	Q	9
As of Friday, September 1	13th, HHS Providers can configure claim elements in	the CareBridge Provide al	er Portal. Be sure to review erts. Learn more <u>here</u>	the training materials an	d set your configurations prior to October 1, 2024 to avoid any billing $ imes$
	SETTINGS	Appointment ID	Enter your search	٩	9

In addition, CareBridge and the MCOs will be tracking progress on provider selection. A report will be shared with Iowa Medicaid, Iowa Total Care, Molina Healthcare of Iowa, and Wellpoint Iowa to keep all stakeholders informed on progress.



Starting on **September 13th**, after signing in to the CareBridge Provider portal, you'll be guided through a self-paced tour that walks you through configuring the new 837i data claiming element settings.

The deadline to set these changes and avoid claim blocking alerts is October 1st.





During this 12-step self-guided tour, you'll be shown exactly where to click, making it easy to follow along.



The tour will appear each time you log in until you either complete the 12 steps or dismiss it. Be cautious to not dismiss the tour before finishing, as you may miss important guidance on the necessary steps.

55	Dashboard			· · · · · · · · · · · · · · · · · · ·	
	Discussions	Offices Set up and manage offices	PERSONAL CARE	HOME HEALTH PHASE 1	HOME HEALTH PHASE 2
Ê	Authorizations	Groups Set up and manage groups	Wellpoint Iowa Click th	e Home Health Phase 1 Tab to manage our billing frequency and settings.	
	Appointments	Documents	Allow billing through EV	Next	
	Billing	View and download documents	Allow billing externally		
0	Members	Member Imports View uploaded files of members	These settings apply for the <u>following</u>	service codes.	
*	Employees	Rates Manage service codes and rates	Iowa Total Care	1/31/2021	
	Claims		Allow billing through EVV starting of	Default	
\$	Settings	S Billing Manage claims generation options	Allow billing externally	Bill through EVV	
♠	Provider Admin	Vendor	These settings apply for the following s	service codes.	
?	Support				
				SAVE CHA	NGES

If you need access to your tour after dismissing it, please contact the CareBridge Customer Support Team for assistance.



In step 4 you are guided through configuring your Billing Frequency. You can select either daily, weekly, or monthly.

-	Dashboard	n_ Offices	
	Discussions	Set up and manage offices	
Ê	Authorizations	Groups Set up and manage groups	Wellpoint Iowa
	Appointments		Requires billing through EVV starting 01/01/2024
Ø	Visits	Documents View and download documents	Image: Allow billing through EVV Default: Image: Allow billing externally Bill through EVV
	Billing	Member Imports	These settings apply for the following service codes.
\odot	Members	view uploaded mes or members	effective start date. If the weekly frequency is chosen, select the start day of the week
*	Employees	Rates Manage service codes and rates	Billing Frequency ADD NEW FREQUENCY Next
	Claims		Settings 4 of 12 Y
\$	Settings	S Billing Manage claims generation options	
A	Provider Admin	L Vendor	Iowa Total Care Requires billing through EVV starting 01/01/2024
?	Support	View vendor details	Allow billing through EVV Default:
			SAVE CHANGES



Step 5 points out the section where you can complete the remaining configurations per payer.





In step 6, you'll configure your Facility Type. You can choose to apply the same value for all service providers or manage it individually for each provider.

:: 2	Dashboard Discussions	Offices Set up and manage offices	PERSONAL CARE	HOME HEALTH PHASE 1	HOME HEALTH PHASE 2
	Authorizations Appointments	Set up and manage groups	Wellpoint Iowa Requires billing through EVV starting 01	1/01/2024	
Ø	Visits	Documents View and download documents	Allow billing through EVVAllow billing externally	Default: Bill through EVV	
Ⅲ ⊙	Billing Members	Member Imports View uploaded files of members	These settings apply for the <u>following</u> s	Service Here you can choose the same facility type for all service providers or choose the provider managed certice	×
*	Employees	Rates Manage service codes and rates	Billing Frequency ADD NE	W FREC	· ·
\$	Settings	S Billing Manage claims generation options	Facility Type		
^	Provider Admin Support	Vendor View vendor details	Use the same value for all servi Value: Select Facility Type	ice providers O Manage at the ind	ividual service provider level
				SAVE CHANGES	



In step 7, you'll configure your Claim Frequency. You can choose to always send "1" for original claim submissions or specify initial claim frequency when exporting visits.

 Dashboard Discussions Authorizations 	Documents View and download documents Member Imports View uploaded files of members	Allow billing through EVV Default: Allow billing externally Bill through EVV These settings apply for the following service codes.
Appointments Visits	Rates Manage service codes and rates	Billing Frequency ADD NEW FREQUENCY
Billing Members	S Billing Manage claims generation options	Settings Here you can choose the same claim frequency for all original claim submissions or choose the provider managed option.
Employees	Vendor View vendor details	Use the same value for all Next at the individual service provider level Value: Select Facility Type 7 of 12
Sattings		Claim Frequency
		O Always send "1" for original claim submissions O Specify initial claim frequency when exporting visits
n Provider Admin		Patient Status
Osupport		O Always send 01 O Manage status on an individual basis
		SAVE CHANGES



In step 8, you'll configure your Patient Status. You can choose to always send "01" or manage the status on an individual basis.

Dashboard	Rates	Billing Frequency ADD NEW FREQUENCY
Discussion:	Manage service codes and rates	Settings
Authorizatio	s Billing Manage claims generation options	Facility Type
Appointme	S Vendor	O Use the same value for all service pro
Ø Visits	View vendor details	Value: Select Facility Type option.
1 Billing		Claim Frequency
O Members		Always send "1" for original claim sub
Employees		Patient Status
Claims		O Always send 01 O Manage status on an individual basis
Settings		Admission Date
A Provider Ad	in	Align with the statement date Manage admission on an individual basis
Support		Attending Provider
		SAVE CHANGES



In step 9, you'll configure your Admission Date. You can choose to align with the statement date or manage admission on an individual basis.

-	Dashboard	Rates	Billing Frequency ADD NEW FREQUENCY	
	Discussions	Manage service codes and rates	Settings	
Ê	Authorizations	Billing Manage claims generation options	Facility Type	
	Appointments	— Vender	O Use the same value for all service providers O Manage at the individual service provider level	
Ø	Visits	View vendor details	Value: Select Facility Type	
	Billing		Claim Frequency Here you can choose to align all admission	
\odot	Members		Always send "1" for original claim sub provider managed option. frequency when exporting visits	
*	Employees		Patient Status Next	
	Claims		O Always send 01	
\$	Settings		Admission Date	
	Provider Admin		Align with the statement date Manage admission on an individual basis	
?	Support		Attending Provider	
			SAVE CHANGES	



In step 10, you'll configure your Attending Provider. You can choose to use Billing Provider when no Attending Provider is present or always specify the Attending Provider.

:: 3	Dashboard Discussions	Vendor View vendor details	O Use the same value for all service providers O Manage at the individual service provider level Value: Select Facility Type
	Authorizations		Claim Frequency Always send "1" for original claim submissions Specify initial claim frequency when exporting visits
0	Visits		Patient Status Here you can choose to always use the billing provider or choose the provider managed option. X
	Billing Members		Admission Date O Align with the statement d: 10 of 12 admission on an individual basis
	Employees Claims		Attending Provider O Use Billing provider when no Attending Provider is present O Always specify the Attending Provider
\$	Settings		Billing Delay
n ⑦	Provider Admin Support		Linable a billing delay of the days beyond the end of the billing period for generating claims
			SAVE CHANGES



In step 11, you'll configure any desired Billing Delay. You can choose to enable a billing delay of 1-21 days beyond the end of the billing period for generating claims.

:: =	Dashboard Discussions	Vendor View vendor details	O Use the same value for all service providers O Manage at the individual service provider level Value: Select Facility Type
	Authorizations Appointments		Claim Frequency O Always send "1" for original claim submissions O Specify initial claim frequency when exporting visits
0	Visits		Patient Status O Always send 01 O Manage status on an individual basis
···· ••	Billing Members		Admission Date Admission Date Align with the statement date Here you can choose to enable a billing delay and select the number of days the delay will take place.
	Employees Claims		Attending Provider Done O Use Billing provider when no Attending 11 of 12
¢	Settings Provider Admin		Billing Delay
?	Support		
			SAVE CHANGES



The final and most crucial step after making your selections is to save your changes. If you see the message "You have unsaved changes" in red, it means your changes have not been saved.

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"Follow" Critical Resources

1.) Visit the CareBridge Resource Library

• Click here for direct access and select "Sign In"





"Follow" Critical Resources

2.) Sign In or Create an Account

- If you already have an account, sign in using your credentials.
- If you do not have an account, create one by following the registration instructions on the sign-in page.

Sign Switch	in to CareBridge to agent sign-in >
Continue with SSO	Email Password Forgot password? Sign in
Emailed us for support? <u>Get a password</u> New to CareBridge? <u>Sign up</u>	

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"Follow" Critical Resources

3.) Access the Resource Library Section

- Once logged in, browse to the section of the Resource Library that contains the materials you need.
- Click on the "Follow" button next to the resource or section you are interested in.
- To confirm you are following, look for a message that says, "You are now following this article."
- As new information is added to the sections you are following, you will automatically receive email notifications, ensuring you are always up-to-date.

CareBridge → IOWA → Provider Agencies		Q Search	
Provider Agency	Document Library		
This library contains educational document	s for Iowa Provider Agencies.		Follow
	\oslash You are now following this article.	×	

Iowa Quick Links

<u>Resource Library Home Page</u>: The landing page for the CareBridge Resource Library - here you have access to the information and resources available for CareBridge and Third-Party EVV users.

<u>CareBridge Iowa State Page</u>: The CareBridge Iowa state page houses training documents and videos for multiple user categories including Agency Caregivers, CCO Caregivers, ICDAC Caregivers, Provider Agencies, Payer Agencies, and Members.

<u>Provider Training Registration</u>: Direct location for on demand training for provider agencies

<u>CCO Training Registration</u>: Direct location for on demand training for CCO caregivers and their members.

ICDAC Training Registration: Direct location for on demand training for ICDAC caregivers and their members.

To ensure you have the latest training materials and documentation from CareBridge, follow these next steps to access and subscribe to updates from the Resource Library. Please also share this information with Third-party EVV system vendors to ensure effective integrations.





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Placeholder for Walk-thru of Training Companion Guides

New Companion Guides will be available in the Iowa CareBridge Resource Library starting September 13th. Follow the Iowa CareBridge Resource Library to receive notifications as soon as they are publicly accessible. Please reach out to your health plan partners re: billing, claims, units authorized: Wellpoint of Iowa:

- Phone: 1-800-731-2134
- Email: <u>ProvidersolutionsIA@wellpoint.com</u>

Iowa Total Care:

- Phone: 1-833-404-1061
- Email: <u>itc_evv@IowaTotalCare.com</u>

Molina Healthcare of Iowa:

- Phone: 1-844-236-1464
- Email: <u>iaproviderrelations@molinahealthcare.com</u>

Please reach out to **CareBridge Support**, for example re: EVV Vendor Setup, pre-billing alerts:

- Email: <u>iaevv@carebridgehealth.com</u>
- Toll-free: 1-844-343-3653

Third Party EVV Integration, for example re: pre-billing alerts:

- Email: <u>evvintegrationsupport@carebridgehealth.com</u>
- Toll-free: 1-844-920-0989

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