CCH EVV Home Health Office Hours

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Goals:
- Collaborative dialogue with providers for systems/process enhancements
- Resource for tips and tricks/FAQs
- Share updates to systems/processes
- Opportunity for high level troubleshooting
  - **PLEASE do not share member specific information in this meeting**

Please share any topics of interest for the next meeting!

If you would like a 1:1 session with CCH, please contact your assigned Provider Engagement Administrator.

For a 1:1 with HHAX, submit a ticket via HHAX support at this link - https://hhaxsupport.atlassian.net/servicedesk/customer/portal/3 - select "Training Request"

What is EVV?

- 21st Century Cures Act mandate for Home Health Care Services (HHCS) and Personal Care Services (PCS)
- Electronic Visit Verification is used to track and monitor timely service delivery
- EVV technology records the following:
  - Type of service performed
  - Person receiving the service
  - Date
  - Location
  - Person providing the services
  - Service begin and end times

Carolina Complete Health partners with HHAeXchange as its EVV solution.

Not yet connected with HHAeXchange?

- **Option 1** – Agencies currently without an EVV Solution: use the free EVV tools provided by HHAeXchange & Carolina Complete Health

- **Option 2** – Agencies currently using another 3rd Party EVV Solution: use your existing EVV system and import visit data into HHAeXchange – HHA will route visit data to Carolina Complete Health

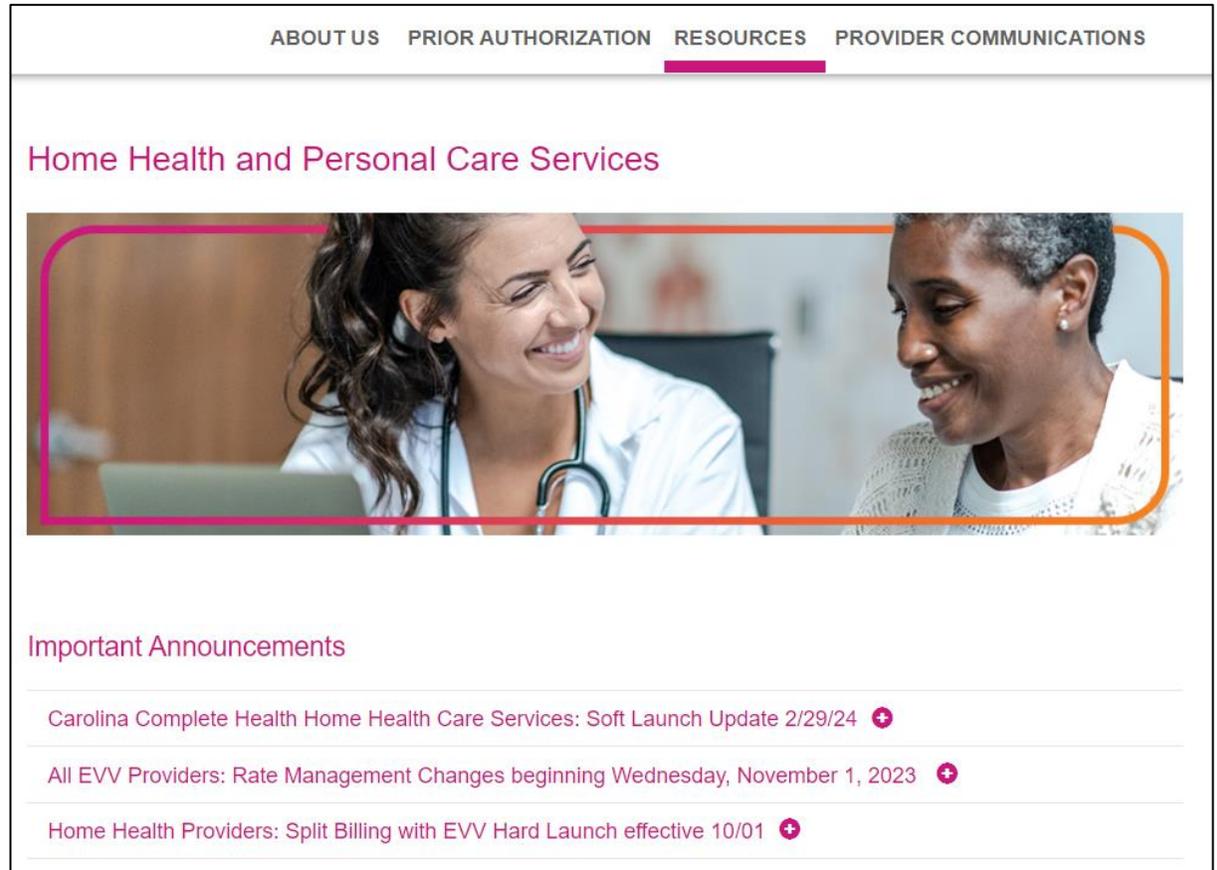The HHAeXchange Provider Info Center outlines necessary requirements to set up access to the HHAeXchange system.

1st step – Complete Provider Enrollment Form

Provider Resources

network.carolinacompletehealth.com/EVV

- Important Announcements
- Soft and Hard Launch Information
- HHAX Job Aids
- Provider Guides

Provider Support

Provider Experience Teams with Carolina Complete Health Network

- County-based assigned Provider Engagement Administrator: [Meet the Team](#)!

- Network Support Team: NetworkRelations@cch-network.com

- [Home Health Provider Guide](#)

Support from HHAeXchange

- [North Carolina PHP Info Hub](#)

- [Client Support Portal](#)

- [Client Support Portal Job Aid](#)

Process Flow

Carolina Complete Health EVV Process
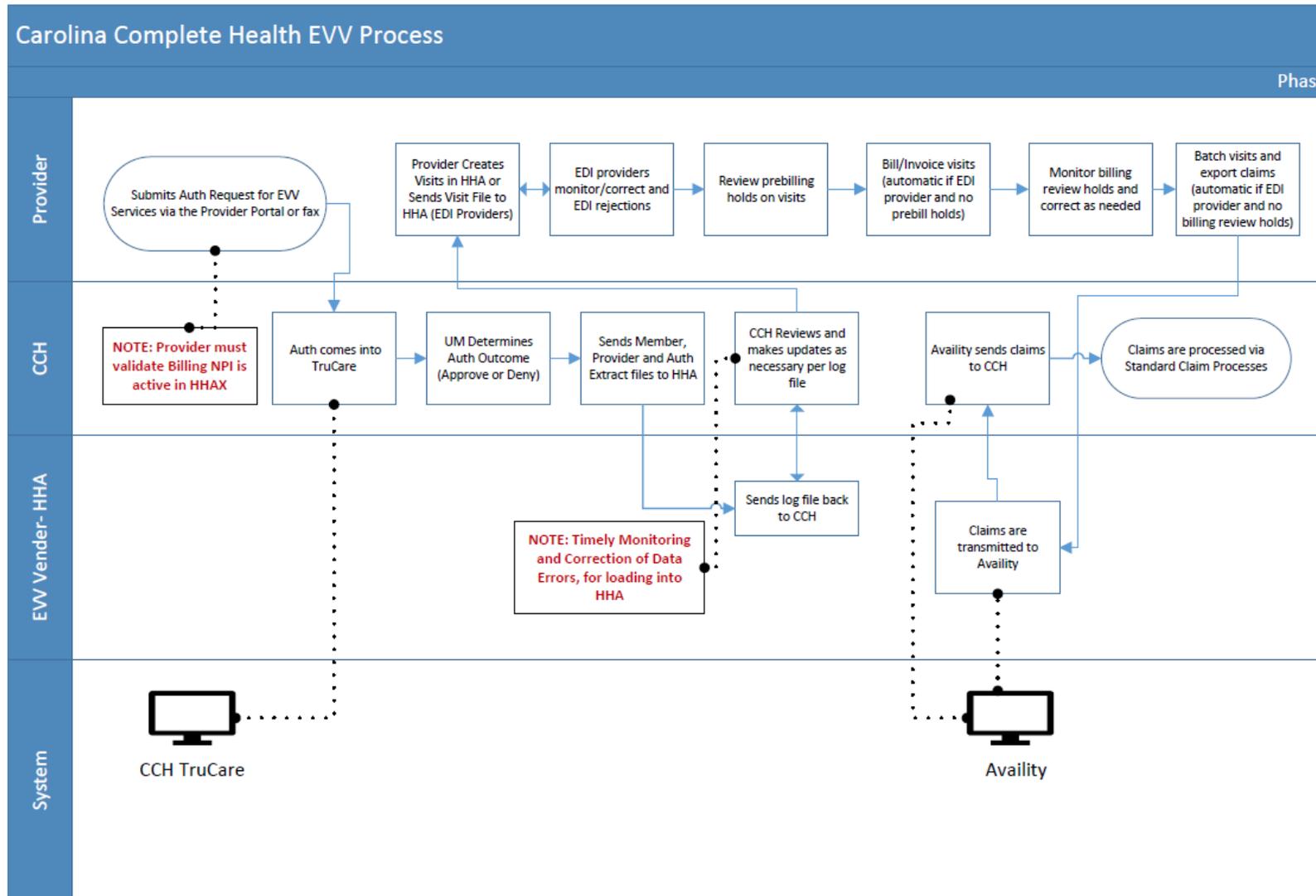
Guidance for Soft Launch Period

- During "soft launch", HHCS providers are encouraged to submit EVV visit information to HHAX. This is critical ensuring configurations are working as expected for a successful hard launch.

- Claims submitted outside of HHAX will not deny for EVV **for the duration of the soft launch period**

- Claims previously denied for EVV (EXev) will be reprocessed
    - ALL EXev denials to date have been reprocessed per 2/15/24 memo from the Department

- New hard launch date TBD

Common Questions/Pitfalls

Code crosswalk alignment

- Common error - G0299 or G0300 sent to HHAX without a revenue code. These codes require provider to send both procedure code and revenue code to successfully export a claim from HHAX. Refer to our Home Health Provider Guide for full crosswalk.
- [Home Health Care Services Billing, Claims, and Authorizations Guide (PDF)](#)
- [Home Health Care Service Code Crosswalk (PDF)](#)

Authorization request

- TIN/NPI on auth request must align with TIN/NPI active in HHAX you will use to bill for member
- Must request all procedure codes you intend bill

  Exception: therapy evals do not require PA

Enhancements

CCH is actively reviewing all configuration with HHAX, in coordination with all other PHPs, to streamline processes and reduce provider administrative burden.

The following slides outline some updates to configuration that are in progress. There will be official communication shared via email and our Home Health provider website as these updates are implemented.

Please share your agency's EVV contact list so we can ensure you receive all communications!

https://network.carolinacompletehealth.com/resources/PCSresources.html

Enhancements

Procedure Code Set Expansion

- Align to full in scope set of procedure codes across all PHPs
- No removal of existing codes -- Changes are not required to your systems unless you opt to use the additional codes

    NOTE: You must bill the code in HHAX that you have on authorizations, else your claims may deny

- **Benefit** – Providers are able to configure visit files consistently across payers, with expanded flexibility of allowed codes. Reduced visit import (EDI) rejections.

Allow Proc code + Rev code

- Current configuration expects provider visit files with only proc code for all services except skilled nursing (G0299/G0300)
- New config allows you to send proc code alone, OR proc code + rev code
- **Benefit** – Allows consistent service code mapping rules for visit file configuration with your EVV vendor

Enhancements

Auto-placement & Authorization in HHAX

- Updating all codes to allow auto-placement and removing authorization configuration in HHAX

  NOTE: Authorizations are still required for all services (except evaluations) for claims adjudication at CCH

- **Benefit** – Reduces visit import rejections (EDI rejections), and prevents prebilling holds in HHAX for authorization. Allows provider to set Start of Care date based on visit file sent to HHAX.

Discharge Date

- Updating discharge date to member's eligibility end date with CCH
- **Benefit** – Reduces visit import rejections (EDI rejections)

Enhancements

Service Types

- HHAX updating backend service type settings for all members
- **Benefit** – HHAX will automatically reprocess any visits that reject at import (EDI rejections) for "Service code inconsistency"

Overlapping Shifts

- Updating to allow visits with time overlap
- **Benefit** – Reduces visit import rejections (EDI rejections)

Thank you for your time today!

Questions?