



Carolina Complete Health PCS Provider Orientation and Meet & Greet

Agenda

- Overview of Carolina Complete Health
- Clinical Coverage Policy and Care Management
- Requesting PCS Services and the Assessment Process
- EVV with HHAeXchange
- Q&A
- Contact Information

Panelists

Julie Ghurtskaia, Vice President, Population Health, Carolina Complete Health

Veronica Piper, Director, Medical Management, Carolina Complete Health

Monique Smith, Director, Utilization Management, Carolina Complete Health

Monica Hamer, Manager, Care Management, Carolina Complete Health

Quionda Duke, Manager, Utilization Management, Carolina Complete Health

Robert Breig, IT Director, EVV Product Support, Carolina Complete Health

Hardy Eason, IT Program Manager, EVV Product Support, Carolina Complete Health

Madeline Marlatt, Client Success Manager, HHAeXchange

Kelly Phillips, Vice President, Business Operations and Finance, Carolina Complete Health Network

Jesse Hardin, Head of Stakeholder Excellence, Carolina Complete Health Network

Samantha Wilson, Sr. Provider Relations and Support Coordinator, Carolina Complete Health Network

Our Mission



To transform the health of our community, one person at a time.

North Carolina's Only Physician and Clinician-Led Medicaid Plan

A joint venture between Centene Corporation, the North Carolina Medical Society (NCMS), the North Carolina Community Health Center Association (NCCHCA) and the individual practitioner shareholders in the CCH Network to collaborate on a patient-focused, provider-led approach to Medicaid Transformation.



A first-of-its-kind partnership

Carolina Complete Health is the result of a collaboration between the North Carolina Medical Society, the North Carolina Community Health Center Association, and Centene Corporation.



Provider-led

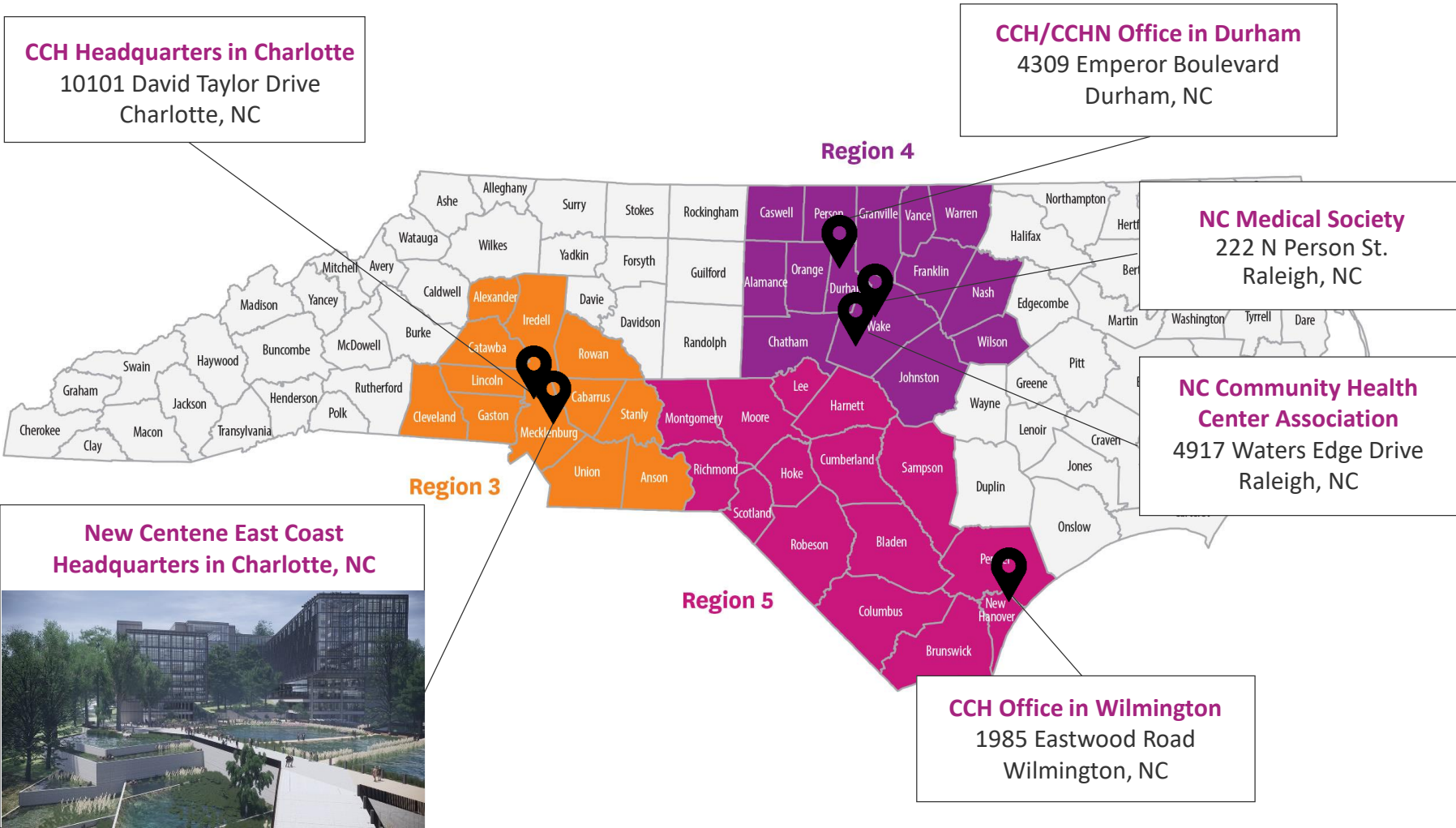
We give doctors and FQHCs (Federally Qualified Health Centers) a voice in key policymaking. We believe providers are essential to Medicaid Transformation and are committed to helping providers remain strong and viable, especially important during the pandemic.



Patient-centered

Carolina Complete Health helps patients get the care they need, when they need it, through local, regional and community-based resources.

A Commitment to North Carolina



Helpful Resources

- [View and Subscribe to Provider Communications](#)
- [Quick Reference Guide \(QRG\) Form \(PDF\)](#)
- [Manuals, Forms, and Guides](#)
- [Clinical Policies](#)
- [Provider Portal](#)
- [Pre-Auth Tool](#)

PCS Clinical Policy

MEDICAID CLINICAL COVERAGE POLICY NO: 3L

Clinical Coverage Policy

- CCH attested to Medicaid Clinical Coverage Policy No: 3L
- [Full policy](#)

NC Medicaid
State Plan Personal Care Services (PCS) Medicaid and Health Choice
Clinical Coverage Policy No: 3L
Amended Date: July 1, 2021

Related Clinical Coverage Policies

Refer to <https://medicaid.ncdhhs.gov/> for the related coverage policies listed below:

1.0 Description of the Procedure, Product, or Service

State Plan Personal Care Services (PCS) provide Personal Care Services in the Medicaid beneficiary's living arrangement by paraprofessional aides employed by licensed home care agencies, licensed adult care homes, or home staff in licensed supervised living homes. For the remainder of this policy, State Plan PCS is referenced as PCS.

The amount of prior approved service is based on an assessment conducted by an independent entity to determine the beneficiary's ability to perform Activities of Daily Living (ADLs). The five qualifying ADLs for the purposes of this program are bathing, dressing, mobility, toileting, and eating.

Beneficiary performance is rated as:

- totally independent;
- requiring cueing or supervision;
- requiring limited hands-on assistance;
- requiring extensive hands-on assistance; or
- totally dependent.

1.1 Definitions

None Apply.

2.0 Eligibility Requirements

2.1 Provisions

The term "General" found throughout this policy applies to all Medicaid and NCHC policies)

- An eligible beneficiary shall be enrolled in either:
 - the NC Medicaid Program (*Medicaid is NC Medicaid program, unless context clearly indicates otherwise*); or
 - the NC Health Choice (*NCHC is NC Health Choice program, unless context clearly indicates otherwise*) Program on the date of service and shall meet the criteria in **Section 3.0 of this policy**.
- Provider(s) shall verify each Medicaid or NCHC beneficiary's eligibility each time a service is rendered.
- The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.
- Following is only one of the eligibility and other requirements for participation in the NCHC Program under GS 108A-70.21(a): Children must be between the ages of 6 through 18.

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Care Management

Care Management

Carolina Complete Health provides Care Management for our members receiving LTSS



*Carolina Complete Health
Care Management Department
1-833-552-3876*

Requesting PCS Services and Assessment Process

How to Request PCS Services

- The Primary Care Provider or attending physician should complete the 3051 referral form and fax to CCH Care Management.
- **This form is to be returned to CCH via fax at 833-238-7689**
- A CCH Care Manager completes assessment within 30 days of receipt of 3051
- Authorization created to include list of purchased tasks. Ex: Bathing, Dressing, Transport, Shopping, etc.

Beneficiary Name: _____ MID#: _____

**DMA-3051
REQUEST FOR INDEPENDENT ASSESSMENT FOR PERSONAL CARE SERVICES (PCS)
ATTESTATION OF MEDICAL NEED**

MEDICAL CHANGE OF STATUS OR NEW REQUESTS, PRACTITIONERS COMPLETE PAGES 1 & 2 ONLY

Step 1 REQUEST TYPE: (select one) DATE OF REQUEST: _____
 Change of Status: Medical New Request

Form Submission: Fax Carolina Complete Health at 1-833-238-7689
 Expedited Assessment Process Info: Contact Carolina Complete Health at 1-833-552-3876
 Questions: Call Carolina Complete Health at 1-833-552-3876

Step 2 **SECTION A. BENEFICIARY DEMOGRAPHICS**

Beneficiary's Name: First: _____ MI: _____ Last: _____ DOB: ____/____/____
 Medicaid ID#: _____ RSID#(ACH Only): _____ RSID Date: ____/____/____
 Gender: Male Female Language: English Spanish Other _____
 Address: _____ City: _____
 County: _____ Zip: _____ Phone: (____) _____

Alternate Contact (Select One): Parent Legal Guardian (required if beneficiary < 18) Other
 Relationship to Beneficiary (NON-PCS Provider): _____
 Name: _____ Phone: (____) _____

Active Adult Protective Services Case? Yes No

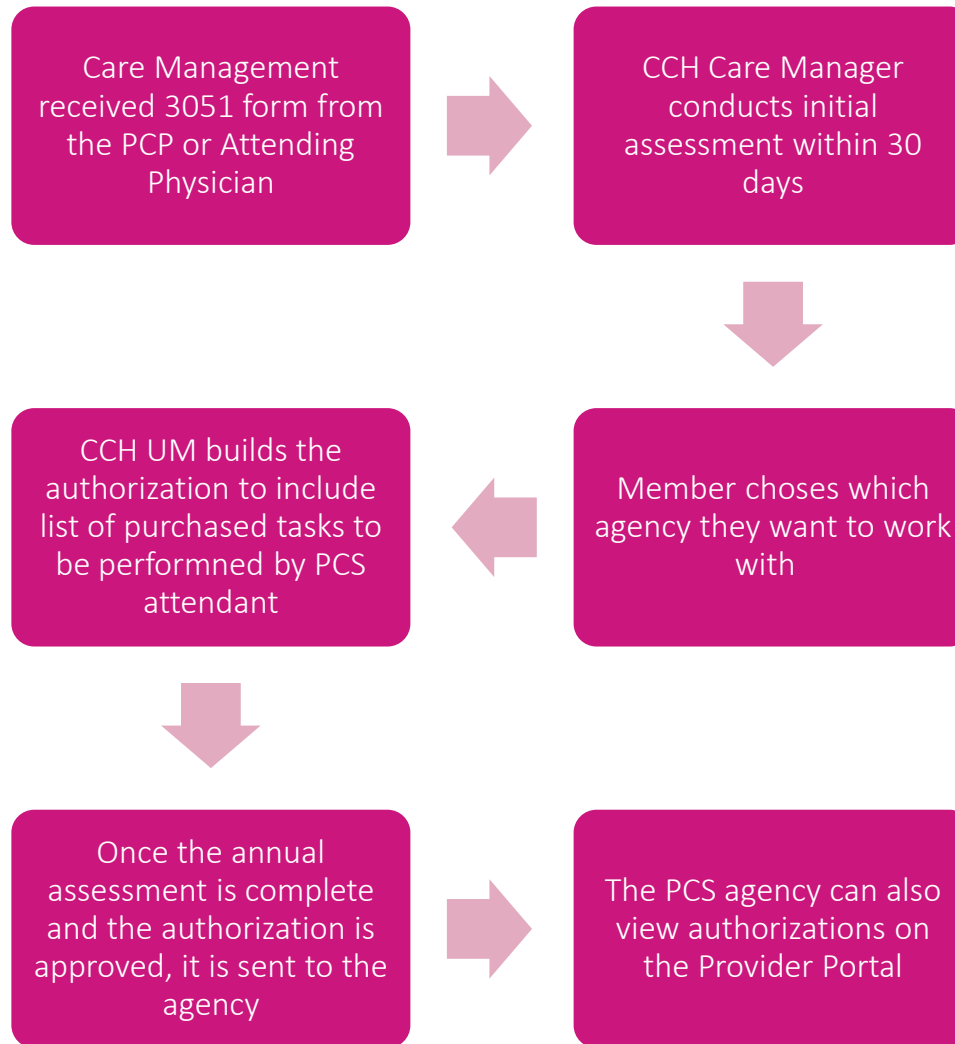
Beneficiary currently resides: At home Adult Care Home Hospitalized/medical facility Skilled Nursing Facility
 Group Home Special Care Unit (SCU) Other _____ D/C Date (Hospital/SNF): ____/____/____

Step 3 **SECTION B. BENEFICIARY'S CONDITIONS THAT RESULT IN NEED FOR ASSISTANCE WITH ADLS**

Identify the current medical diagnoses related to the beneficiary's need for assistance with qualifying Activities of Daily Living (bathing, dressing, mobility, toileting, and eating). List *both* the diagnosis and the COMPLETE ICD-10 Code.

| Medical Diagnosis | ICD-10 Code | Impacts ADLs | Date of Onset (mm/yyyy) |
|-------------------|-------------|--------------|-------------------------|
| | | | |

PCS Assessment Process



Continuation of Care

- To avoid any gaps in services, members coming to CCH with PCS will receive a continuation of services authorization for 90 days.
- During this time, CCH will work to complete the following.
 - Obtain 3051
 - Complete initial assessment
 - Authorize PCS for 12 months

Secure Provider Portal

HOW TO VIEW AUTHORIZATIONS

Secure Provider Portal

Secure Provider Portal:

- Prior Authorizations
- Claims submissions & status
- Payment history
- ...and more!

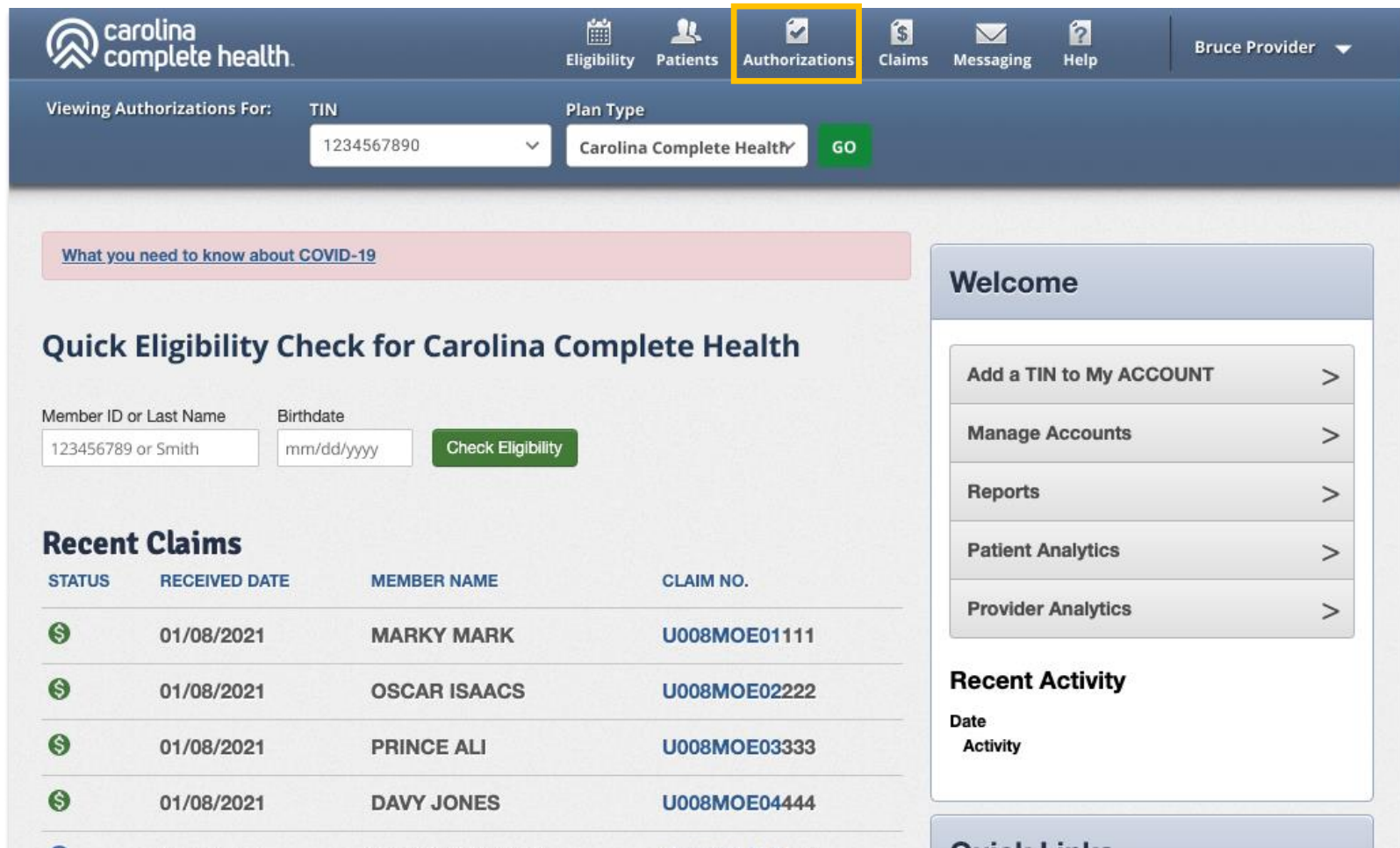
<https://provider.carolinacompletehealth.com/>

Or simply use the 'Login' button on the upper right hand corner of our Provider website

Registration is free and easy - contact us to get started! Networkrelations@cch-network.com

The screenshot displays the provider portal interface. At the top right, there are links for 'Features', 'Join Our Network', and a prominent 'CREATE ACCOUNT' button. The main header area features the text 'The Tools You Need Now!' followed by the subtext 'Our site has been designed to help you get your job done.' Below this, three service categories are listed with icons: 'Check Eligibility' (thumbs up icon), 'Authorize Services' (checkmark icon), and 'Manage Claims' (dollar sign icon). On the right side, a 'Login' form is visible, containing fields for 'User Name (Email)' and 'Password', a green 'Login' button, and a link for 'Forgot Password / Unlock Account'. Below the login form, there is a section titled 'Need To Create An Account?' with a subtext 'Registration is fast and simple, give it a try.' and an orange 'Create An Account' button. At the bottom right, there are two blue buttons: 'Provider Registration Video' and 'Provider Registration PDF'.

How to View Authorizations: Portal



The screenshot shows the Carolina Complete Health portal interface. The top navigation bar includes the logo and several menu items: Eligibility, Patients, Authorizations (highlighted with a yellow box), Claims, Messaging, and Help. The user's name, Bruce Provider, is displayed in the top right corner. Below the navigation bar, there is a search area for TIN and Plan Type. The TIN is 1234567890 and the Plan Type is Carolina Complete Health. A GO button is present. A pink banner below the search area reads "What you need to know about COVID-19". The main content area is divided into two columns. The left column features a "Quick Eligibility Check for Carolina Complete Health" section with input fields for Member ID or Last Name (123456789 or Smith) and Birthdate (mm/dd/yyyy), and a "Check Eligibility" button. Below this is a "Recent Claims" section with a table of claims. The right column features a "Welcome" section with a list of links: Add a TIN to My ACCOUNT, Manage Accounts, Reports, Patient Analytics, and Provider Analytics. Below this is a "Recent Activity" section with a table for Date and Activity. A "Quick Links" section is partially visible at the bottom.

carolina complete health.

Eligibility Patients **Authorizations** Claims Messaging Help

Bruce Provider ▾

Viewing Authorizations For: TIN 1234567890 Plan Type Carolina Complete Health GO

[What you need to know about COVID-19](#)

Quick Eligibility Check for Carolina Complete Health

Member ID or Last Name Birthdate

123456789 or Smith mm/dd/yyyy [Check Eligibility](#)

Recent Claims

| STATUS | RECEIVED DATE | MEMBER NAME | CLAIM NO. |
|--------|---------------|--------------|-------------|
| 🇺🇸 | 01/08/2021 | MARKY MARK | U08MOE01111 |
| 🇺🇸 | 01/08/2021 | OSCAR ISAACS | U08MOE02222 |
| 🇺🇸 | 01/08/2021 | PRINCE ALI | U08MOE03333 |
| 🇺🇸 | 01/08/2021 | DAVY JONES | U08MOE04444 |

Welcome

- [Add a TIN to My ACCOUNT >](#)
- [Manage Accounts >](#)
- [Reports >](#)
- [Patient Analytics >](#)
- [Provider Analytics >](#)

Recent Activity

| Date | Activity |
|------|----------|
|------|----------|

Quick Links

How to View Authorizations: Portal

carolina complete health

Eligibility Patients Authorizations Claims Messaging Help

Bruce Provider

Viewing Authorizations For: TIN 12345678 Plan Type Carolina Complete Health Member ID or Last Name 123456789 Date of Birth MM/DD/YYYY Find

GO

Authorizations Processed Errors Disclaimer Download Filter

| STATUS | AUTH ID | MEMBER | FROM DATE | TO DATE | DIAGNOSIS | AUTH TYPE | SERVICE |
|---------|--------------|-----------------|------------|------------|-----------|------------|------------------|
| APPROVE | T123NCE45678 | JANE DOE | 11/14/2021 | 11/16/2021 | H01.04 | INPATIENT | Medical |
| APPROVE | T456NCE12345 | LUKE WILSON | 11/11/2020 | 11/13/2020 | K50.90 | INPATIENT | Medical |
| PENDING | T789NCE23456 | VANESSA HUDGENS | 11/11/2020 | 11/12/2020 | I50.9 | INPATIENT | Medical |
| DENIED | T234NCE34567 | ZENDAYA COLEMAN | 11/11/2020 | 11/11/2020 | 080 | INPATIENT | Vaginal Delivery |
| APPROVE | T345NCE45678 | CHRIS EVANS | 11/10/2020 | 11/10/2020 | N18.6 | OUTPATIENT | Transplant |
| APPROVE | T456NCE56789 | SARAH DOE | 11/10/2020 | 11/10/2020 | H01.04 | INPATIENT | Medical |

How to View Authorizations: Portal

The screenshot displays the Carolina Complete Health portal interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. The user is logged in as Bruce Provider. Below the navigation bar, there is a search area for viewing authorizations, with fields for TIN (12345678) and Plan Type (Carolina Complete Health), and a GO button. There are also buttons for Smart Sheets and Create Authorization.

The main content area shows a header for JANE DOE with a Back to Authorizations button. A sidebar on the left contains navigation options: Overview, Cost Sharing, Assessments, Health Record, Care Plan, Authorizations (highlighted), and Referrals.

The main content area displays the following information:

Auth Status: APPROVED
Auth Nbr: IP1236718263
Amit Date: 03/27/2019
Service Date: 03/27/2019
Provider of Service(s): Mary Littlelamb, MD
Diagnosis Code(s): H10.04

Explanation:
Auth Type: INPATIENT
Service: Medical
Discharge: 04/02/2019
Procedure Code(s): 92002
Note & Attachments: [View](#)

| Line Item | Service Type | From Date | To Date | Stay Level | Location | Status | Medical Necessity | Decision Date |
|-----------|--------------|------------|------------|------------|-------------------------------|----------|-------------------|---------------|
| 1 | Medical | 03/27/2019 | 03/27/2019 | N/A | St. Louis Children's Hospital | APPROVED | N/A | N/A |
| 2 | Medical | 03/27/2019 | 03/27/2019 | N/A | St. Louis Children's | APPROVED | N/A | N/A |

EVV with HHAeXchange

What is HHAeXchange?



HHAeXchange is the premiere Homecare Management Software company for the Medicaid LTSS population. We are the leaders in connecting payers and homecare agencies to enable more collaboration, communication, and workflow efficiencies. Through the use of the HHAeXchange portal, our goal is to make working with the PHPs easy and efficient.

How We're Helping the PHPs Meet the Cures Act Mandate

- Industry-leading scheduling and billing platform for back-office users and EVV confirmations
- Easy-to-use point-of-care visit confirmation tools for caregivers

What does the HHAeXchange Portal provide to homecare agencies?

- Electronic case placement and authorization transfer
- Efficient schedule and visit management
- Free EVV solution for time & attendance and duty tracking
- Electronic billing

HHaEXchange EVV Checklist



All Providers:

- Have you [completed a survey](#) to initiate your portal creation? If so, have you been able to access your HHAX provider portal?
- Have you created username and passwords for all your agency staff to enable them to log in to the Provider Portal?
- Have you completed all your training via the [Learning Management System](#) (LMS)?

Providers using Free HHAX:

• Member Management

- Have you reviewed all your [member](#) and Authorization data in your Provider Portal?

• Scheduling and Confirming Visits

- Have you started to enter all your [caregivers](#) and [create visits](#) using the Master Week functionality for your patients?
- Have you provided your caregivers with the [resources](#) they need to download the HHaEXchange Mobile App and use the IVR Phone Line?
- Have you [confirmed visits](#) through EVV or manual confirmation?

• Billing

- Have you reviewed any [Prebilling](#) exceptions and resolved prior to invoicing visit?
- Have you invoiced visits by creating an [Invoice Batch](#), and completed the billing process by creating a [Claims Batch](#)?

EDI Providers (Using 3rd Party EVV):

- Have you reached out to your third party EVV vendor to provide them with the specifications and documents needed?
- Have you reached out to EDI Integration at EDISupport@hhaexchange.com?
- Have you trained all your staff on additions to your current workflows (e.g. reviewing and resolving billing exceptions in HHAX)?

Provider Resources

General Support: NCsupport@hhaexchange.com

EDI Support: EDISupport@hhaexchange.com

- Provider Name
- Provider TAX ID
- Background on the Issue/Concern
- Questions/Statement on the help needed

Phone: 866-242-2465

Provider Portal Resource Page:

- [Access from Provider Portal Support Center](#)

Training Links:

- [PHP Pre-Go Live Webinar](#)
- [Billing Refresher Training](#)
- Upcoming Training - HHAX Rebilling: [Register Here](#)

Provider Information Center and FAQ:

<https://hhaexchange.com/nc/>

Important Reminder



- ***CLAIMS PAYMENT IMPACT:*** All in-home personal care services claims with service date 9/1/2021 and forward must be submitted to CCH through HHAeXchange EVV system for payment otherwise payment will be denied per state mandate.

Open Forum Q&A

Contact Us!

| | |
|--|--|
| Care Management | Phone: 1-833-552-3876 Fax: 1-833-238-7689 |
| HHAeXchange | General Support: NCsupport@hhaexchange.com EDI Support: EDISupport@hhaexchange.com |
| CCHN Provider Relations and Support | NetworkRelations@cch-network.com |
