Personal Care Services and Electronic Visit Verification Questions & Answers

1. How long does it take the HHA eXchange portal to become active after enrolling?

Five business days.

2. Will the home care time sheets and other service documentation that sufficed for Medicaid Direct purposes continue to suffice for Carolina Complete Health?

The providers will need to use EVV (Electronic Visit Verification) to track time, but will need to capture all other service information through their typical documentation protocols.

3. How do providers extract information from HHA eXchange for billing? How should providers troubleshoot a problem with billing?

Please reference HHA eXchange's Billing Process Guide

4. Our beneficiaries under the CCH plan have not been uploaded to the HHA eXchange portal yet.

Members are placed with the provider when HHAX receives an authorization for the member. If members are missing, please reach out to CCH.

5. Do we need to update the diagnoses code for the clients? There is only a generic diagnoses code in the system. We are showing all clients have R69.

Some TOC (Transition of Care) authorization Dx code/s were changed to assist in the successful transition between systems. If the provider would like we can update the authorization back to the original Dx code if submitted.

6. For the Medicaid clients that transition over to CCH on July 1 that have authorizations on file with NC Medicaid, will you honor the authorization through the 90-day TOC? Will CCH be sending out CM (Care Manager) or Member Advocates to the member's home to do assessments for the new authorizations issued by CCH after the 90-day TOC?

The TOC authorizations will be honored for the 90-day TOC period. At the conclusion of the 90-day TOC period, Care Managers will conduct either a face-to-face visit or telephonic outreach, depending upon COVID guidelines, to complete the assessments.

7. Will the 90-day authorization be honored from PHP->PHP?

Yes.

8. Will CCH be auditing claims for PCS after payment? If so, can you share a standard PCS claim audit information request?

It has not yet been determined if CCH will be enrolling in the Home Health post-payment audit program. We will know more 6-12 months post go-live.

9. How do we submit the 3051 form on the portal? Or do we only have the option to fax it and use the portal to check the status?

The 3051 form should be faxed to CCH Care Management: 833-238-7689. Currently not able to submit via the portal. Portal can be used to check status. CCH will receive the 3051 from the member's PCP or attending physician at the facility.

10. When you all are sending over new assessment hours, are they going to be in units? I received an assessment with no actual assessment attached and the hours on the assessment were 2,095 hours. How do we break those hours down to monthly hours?

The authorization sent to PCS agencies will include hours per week.

11. Does each member have a Care Manager assigned at your PHP?

Yes, all LTSS members are assigned a Care Manager.

12. Will we continue to receive referrals through QI report?

No, we will no longer send referrals. Members will choose their agency and their Care Manager will call the agency to determine a care start date.

13. Can the 3051 be used for change of providers as well?

A 3051 is not needed to change PCS agencies. An agency transfer request will be submitted by the member's Care Manager.

14. Can you share a copy of the functional assessment for PCS?

A person-centered service plan is located in the provider portal.

15. Does the EVV mandate apply to PCS in family care homes?

Family care homes are not subject to the EVV state mandate.

16. Does the provider need to submit for new requests with a doctor's order?

The provider does not need to submit a new request. The Care Manager will coordinate with the PCS agency to determine start date for new services.

17. What is the timing of Prior Authorization dates for an Adult Care Home that admits a resident and then has an assessment for PCS? Does the authorization relate back to the date of admission?

All dates of authorized service will be covered.

18. What is the process to send an Authorization request for PCS services to CCH?

Authorization requests will not be sent to CCH by PCS agencies. The PCS agency will coordinate with the Care Manager to authorize services.

19. Who can initiate the referral process for PCS Services?

Anyone can request PCS services. However, assessment is completed after 3051 is received from PCP or attending physician.

20. Is there a form? Where is it located? How is it submitted?

3051 form is required to submit for PCS and must be completed by the member's PCP or attending physician. Once complete, this form is faxed to CCH Care Management. You can find this form on network.carolinacompletehealth.com/forms.

21. What process does CCH follow to schedule an assessment?

All members are assessed annually and reassessed as needed.

22. What is the timeline to schedule the assessment?

30-60 days prior to annual assessment due date.

23. May a residential care community name a person to be the point of contact for resident assessments?

Member has the right to name an authorized representative of their choice.

24. May a provider be notified of an assessment on one of their clients?

Yes, all assessments are available to the provider via the provider portal upon completion.

25. May we have a copy of the assessment?

The health plan PCSP will be available in the provider portal.

26. Will annual re-assessments be conducted?

Yes.

27. If a new assessment is required for a resident moving to a new facility or a client switching providers, how will the current authorization Liberty had on file be impacted? Meaning, will the current authorization be honored in a Change of Provider situation?

The current authorization is honored for the first 90 days.

28. Will the 3051 form be used for Change of Provider as well?

A 3051 is not needed to change PCS agencies. An agency transfer request will be submitted by the member's Care Manager.

29. How and where will the provider be notified of an authorization?

The provider will be faxed once the authorization has been approved. The approved authorization will also be visible on the portal.

30. What does the authorization process look like?

PCS services begin with 3051 received from PCP or attending physician. Assessment to be completed within 30 days. Authorization to be completed by CCH and approval faxed to requesting provider.

31. How will a provider and client or resident be notified of particular ADL/IADL tasks needed based on the assessment?

The health plan PCSP will be available in the provider portal.

32. Where and how does a provider complete a service plan?

The health plan PCSP will be available in the provider portal.

33. Has CCH discussed the DHSR (Division of Health Service Regulation) licensure rules regarding Home Care agency and Adult Care Home care plan development?

CCH works with NC DHHS in regard to care plan requirements, which include DHSR and Final Rule regulation expectations for members receiving LTSS care.

34. What type of care documentation will CCH require from a provider to document care provided?

PCS providers subject to the EVV state mandate will need to confirm their visit through the HHAx portal.

35. Does a provider need to upload a signed service plan?

No. The health plan PCSP will be available in the provider portal.