

**Guidance for Avoiding Fraud, Waste, and Abuse: A Presentation for New Jersey Personal Care Agencies
Questions and Answers / July 26, 2023**

Number	Category	Question	Response	Responder
1	Authorizations	This question is regarding Case Managers home visits (Assessments & Reassessments) and modifying or cancelling an authorization 1 month or more after the fact. (Example: Our authorization is in use for PT X. Then on 7/12/23 we were contacted by the Managed Care Organization (MCO) letting us know that due to a reassessment of patient X they modified the authorization that we are currently using to end on 6/11/2023 which is the date of the reassessment. And they are then giving us a new authorization starting 6/12/2023. Therefore causing our claims that have already been billed to deny due to incorrect authorization or any other denial and causing us to have to send many more corrections now with the new authorization number.) How is it that the MCO can backtrack a month or more and cancel or modify authorizations and then not notify us as providers?	Authorizations sent to the Providers from the MCO may be revised based on change in members care or a hospital stay. In addition if a member changes health plans at the start of month the authorization may change based on a new plan of care. Providers must check members eligibility monthly. If an Authorization is back-dated the Provider should contact the MCO regarding the change as the Provider should be aware if the members plan of care has changed if they have an existing authorization for the member.	Division of Medical Assistance and Health Services (DMAHS)
2	Background Checks	Are providers able to obtain a copy of the background check results that the state obtains from the Certified Homemaker-Home Health Aide (CHHA)?	Providers must follow state guidelines regarding access to individual background check information for potential employees.	DMAHS
3	Certification/Licensing	How can an agency provide housekeeping services? What kind of certification is needed for that?	<p>Medicaid does not cover housekeeping services as a stand-alone service. If the members plan of care includes PCA services the member may receive:</p> <ul style="list-style-type: none"> - Assistance with activities of daily living - Meal preparation - Light Household duties - Accompaniment to appointments. <p>PCA providers are required to be certified as homemaker-home health aides. There is not a specific certification for housekeeping services as housekeeping is not an approved service.</p>	DMAHS

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4	Certification/Licensing	How is the board addressing CHHAs or Registered Nurses (RNs) that have board actions on their accounts, but have an active license to work? Are these individuals unable to work for the agency that works with a mix of Medicaid and Private pay clientele?	If the Board of Nursing has issued an order that reprimands or imposes a civil penalty, but does not suspend, limit, or revoke a nurse's license, as far as the Board of Nursing is concerned, the nurse is allowed to practice. Whether Medicaid (State or Federal) decides to exclude such an individual from Medicaid is a separate matter.	Board of Nursing
5	Claims	This question is regarding Electronic Visit Verification (EVV) information with an MCO. Why is it that I have many claims that get the denial "EVV information not found" when I had sent all the EVV information prior to sending the billing forms?	Claims that remain outstanding greater than 30 days after follow-up with the MCO can be submitted to Division of Medical Assistance and Health Services (DMAHS) Provider Relations for review and follow-up with the MCO. This information should be emailed to mahs.provider-inquiries@dhs.nj.gov	DMAHS
6	Coding	If a client needs services such as light house keeping, meal prep, and errands what procedure code does this fall under if not PCA (T1019)? Can someone unlicensed perform these services?	If a member is approved by DDD or DMAHS/MCO for Personal Care Assistance_15M 15 Minutes T1019 this will include: <ul style="list-style-type: none"> - Assistance with activities of daily living - Meal preparation - Light household duties - Accompaniment to appointments PCA providers are required to be certified as homemaker-home health aides.	DMAHS
7	Coding	Do the MCOs outline the billing codes allowed with their provider contracts?	The Home Health codes are identified by DMAHS and the MCOS may use the listed codes for contracting. MCOs are not required to use all codes in contracting.	DMAHS

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8	Documentation	The panelist went into great detail regarding HHA documentation requirements and what constitutes as fraud and waste. Are there any additional requirements with clinical documentation for RNs and Licensed Practical Nurses (LPNs) servicing beneficiaries?	Please refer to your Agency's Managed Care Organization(s) contract(s) for documentation guidance.	Medicaid Fraud Division (MFD)
9	EVV Errors	What about visits that are adjusted under EVV due to employee error, EVV tech error? How are these visits viewed by the Medicaid Fraud Division?	MFD monitors confirmed employee visits against confirmed claims that are billed to ensure proper reconciliation of both.	MFD
10	EVV Technology	How do we sign up for the telephony? What is the FOB Device?	<p>Telephony is Interactive Voice Response (IVR). Only providers that use the HHAeXchange (HHAX) platform as their EVV Vendor can get access to an IVR Line through HHAX. If using a 3rd party vendor, follow needs to be done with the vendor.</p> <p>If using HHAX, please reach out to support to request an IVR line to be set up using the client support portal.</p> <p>FOB devices are a fixed object placed in the members home as EVV of last resort if the member does not have a home phone for an IVR call to be made from and the caregiver does not have access to a smart device to use the mobile app.</p>	HHAeXchange
11	EVV Technology	How does FOB work?	The payer has to place the order for the FOB device for the provider. Once the device is set up in the member's home the caregiver can use the FOB to collect the daily clock in and out codes. Then, using the IVR line, the caregiver will call in the codes at a later time that day. There are training videos on this within the provider's portal support center.	HHAeXchange

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12	EVV Technology	How can we get the FOB device and where can we get the agency's telephony information for our agency?	If the agency is using HHAX as their EVV vendor, the payer for the member can order a FOB through HHAX for the provider. For the IVR line the provider can reach out to support. If the provider is using a 3rd party EVV vendor they must reach out to their vendor to inquire about this.	HHAEExchange
13	EVV Technology	Are those EVV services provided for free by HHAExchange at this time? What is the support like? Will we have access to live tech support or just a ticket system?	These are provided for free using the HHAX FREE Provider portal option. Support is through a support portal and/or phone/email or live chat for initial outreach. If live support is needed via a meeting this can be requested. All support outreach will always create a ticket for tracking and follow up purposes.	HHAEExchange
14	EVV Technology	Our agency uses MYEVV software but does not have the phone call option to clock in. What should we do in the situation where our aide has problems clocking in or out?	The provider will need to speak with their 3rd party EVV vendor directly about this.	DMAHS
15	EVV Technology	Will there be a training on HHAExchange?	HHAX has provided many trainings prior to go-lives. There are weekly lunch and learns listed on the HHAX website that providers can also sign up to attend: https://www.hhaexchange.com/portal-webinars	HHAEExchange
16	EVV Technology	Do you have any telephone numbers that can be used for the telephony?	Each IVR Line is specific to each provider for clocking in and out for their caregivers/members. Support can assist providers with this.	HHAEExchange
17	EVV Technology	Were timesheets eliminated and replaced with EVV?	EVV was not implemented as a timesheet solution. Time keeping is a separate process.	DMAHS
18	EVV Technology	Should we still be doing timesheets even though we are using EVV?	EVV was not implemented as a timesheet solution. Time keeping is a separate process.	DMAHS
19	EVV Technology	Do timesheets only need to be kept for CHHAs who clock in/out with the IVR line (patient's landline)? Most patients sign off on services received directly on the caregiver's app.	The EVV provides direct service detail for members serviced in the home. Individual agencies may have additional timesheet requirements for agency payment procedures.	DMAHS

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20	EVV Technology	Can you please clarify what you mean by agency certification or license number on claims? What are you looking for beside the National Provider Identifier (NPI) or Tax Identification Number (TIN) and where does this information need to be?	DMAHS requires servicing caregiver's license and/or certification number information as part of the EVV record. This is in addition to the Provider Licensing information.	DMAHS
21	EVV Technology	What would be the best option to document the attendance of a CHHA when the app does not work?	When the app is not working, referring to the HHAX app only, the caregiver's clock-in and clock-out information is captured in real time; however, if there are issues with Wi-Fi access the visit information will upload once access is restored. Additionally, the caregiver will need to coordinate with their employer to resolve clock-in and clock-out issues. The EVV system will allow for manual entry of clock in and/or clock-out when necessary.	DMAHS
22	EVV Technology	Can the MCOs send us messages through HHAX if authorizations are ended or modified due to transferring to another agency?	The MCOs initiate authorizations. Not all MCOS have authorization detail transferred to HHAX. Providers must contact the individual MCOs regarding the process for receiving notification and/or accessing the prior authorization detail.	DMAHS
23	EVV Technology	Agencies have a mixed pool of clientele: Medicaid, VA, private pay, etc. Is this type of verification expected for employees (CHHAs) working exclusive to Medicaid recipients or all recipients of PCA service?	This presentation is intended to address services rendered to Medicaid beneficiaries.	MFD
24	PCA Rates	Is there plans to increase the PCA rates this year?	PCA rate increased to \$25.16 effective 7/1/2023.	DMAHS
25	Plan of Care	What is the time frame for creating a plan of care at the start of services with a new patient?	For a new member in a plan, the MCO has 30 days.	DMAHS
26	Provider Enrollment	How can a provider work directly with Medicaid?	If you are interested in becoming a Medicaid provider, please visit www.njmmis.com for provider enrollment application information.	DMAHS