

interChange Provider Important Message

Update: Home Health Agency Electronic Visit Verification (EVV) Important Updates

This Important Message is intended to communicate to the Home Health provider community changes to the EVV implementation. As a result of feedback provided to the Department of Social Services (DSS), the following modifications are being implemented:

Mandated Use Date

The skilled mandated use date has been moved from Saturday, April 1, 2017 to Monday, April 3, 2017 in order to provide access to customer care support during normal business hours on the date of implementation.

TPL/ABN/Private Insurance

Effective with March 20, 2017 date of service, claims submitted to Hewlett Packard Enterprise (HPE) via Santrax will not be required to contain a Medicare denial/Advance Beneficiary Notice (ABN). Claims without ABN information for dually eligible clients submitted via Santrax will not deny for Explanation of Benefit (EOB) code 2522 "Bill Medicare First or Provide Appropriate Adjustment Reason Code and Date of ABN or NOMNC". This decision was made due to the additional modifications that are necessary to reduce the effort in reporting a Medicare denial in Santrax. This is an interim solution. Once the ABN process improvement is implemented this Spring, providers will be expected to report the Medicare denial/ABN when submitting the claim from Santrax. This interim period does not eliminate the need for providers to obtain and document the appropriate ABN in order to bill the claim to Medicaid, as described in Provider Bulletin 2013-79 titled, Change to Current Medicare Cost Avoidance Requirements for Home Health Claims.

The Sandata customer care team will assist in this transition by contacting providers who have begun to use the current Third Party Liability (TPL) function within Santrax to add the Medicare payer to their client's record. **Providers should immediately cease adding Medicare as a client's payer.**

Important: This interim solution does not apply to private insurance payments or denials. Providers must continue to use the TPL function as it exists today in Santrax to report a payment or denial from a client's private insurance carrier.

Physician Signature Claim Hold

Currently, claims may be put on hold in Santrax at the client level if the physician's signed order has not yet been received. Effective April 1, 2017,

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Santrax will be modified to provide the flexibility to hold claims at the prior authorization level.

Configuration Changes

Effective April 1, 2017, the following changes will be made to reduce the number of exceptions experienced by Home Health Agencies. These configuration changes are not being applied to non-skilled agencies at this time.

- Currently, a skilled visit (including Home Health Aide services) may be automatically confirmed if the visit is provided within four hours before or after the scheduled visit without setting the "Outside Payer Tolerance" exception. This four hour window will be extended to six hours before or after the scheduled visit in order to provide more flexibility.
- Oftentimes there are last minute schedule changes that require a different caregiver to visit the client before the schedule can be updated. Currently, when a different caregiver is substituted, two separate exceptions occur; 'No Show' and 'Unscheduled Event'. The requirement that the scheduled caregiver be the person that checks-in/checks-out will be lifted for skilled agencies **when using telephony or FVV**. By allowing an alternate caregiver with the same credentials as the scheduled caregiver to provide care, the visit will be automatically confirmed, thereby reducing the number of 'No Show' and 'Unscheduled Event' exceptions. **Instead of a failed exception, the agency will receive a warning ("Assigned Staff Updated by Caller"). The MVV application will also be modified in the near future to eliminate this caregiver restriction.**