

## EVV Provider Meeting Status Updates:

9/12/2024

1. Communication with DHHS for EVV questions:
  - a. Please make sure that all messages, with full details of issues (securely sent if needed) go to the EVV inbox ([evv@dhhs.nh.gov](mailto:evv@dhhs.nh.gov)).
  - b. Please know that we will get back to you, but we are scrambling a bit to keep up.
2. Claim denial edit – No date has been set, instead providers will have a 30-60 day notice prior to the claim edit being in place.

Issues we are actively and diligently working on:

3. The Time of Day modifier held claims issue is still being worked on and we hope that it will be solved prior to the 837 claims run this week, however are preparing to do an off-cycle claims run early next week.
  - a. A provider email will go out if an off-cycle 837 claims run does happen next week.
4. The claims with payments lower than expected is still being scoped with AuthentiCare and we will be working with the MMIS team and MCOs to reconcile the claims over the next week or two.
5. The CFI security issue is still being worked on with Fiserv and DoIT.
  - a. The scope seems to be limited as the MCOs were aware of the members and providers, but not the dates of service nor the procedures and the fact that all parties are still covered by the covered entities by contract.
6. PDN rounding – 15 minute / 60 minute still being scoped as it's a larger issue than a breadbox, as it deals with policy.
7. Replace button – we will work on testing and confirming that providers can use it.

## Questions from Meeting:

1. Can we please have an update on the therapy modifiers.
  - process continues to be scoped with the MCOs,
2. Has the deadline date for soft edits been extended?
  - Yes, the extension is on hold/pause and we will provide 30 day notice when the hard edit will be implemented. There is currently not a definite date.
3. Issue: claims being sent to Wellsense or NHHF not NH Medicaid
  - Why is this happening?
    - security issue with claims being sent to incorrect provider continues to be investigated for solution.
4. Issue: Replace button not working
  - Is this feature available?
  - If so, which account has access?
    - The replace button is currently not activated for NH and will need to be tested.
5. Issue: claim is denied
  - How should we proceed with getting it approved? Use the "Replace" button (if button works)? Or create a new claim in AuthentiCare?
    - Please work with the payor to address the claim denial; replace button is not activated and a new claim may not resolve the issue.
6. To confirm, do the claims with payments lower than expected issue has to do with hourly units vs 15 minute units? I am asking because we are not being paid the full hour unit for a nursing visit because she starts her shift on the half hour. Can we change the start time to get the full hour?
  - This issue is being worked on with the MCOs and is not included with those claims that are being reconciled with differing rates.
7. We had a claim denied for no authorization for the period of time however we have an authorization on file good to 2/25. How do I resolve this?
  - Speak to payor - - possible they can reconcile or provide further guidance. Use the EVV email box if not resolved
8. Are you allowing providers to continue to bill the old way while these items are being worked on?
  - yes

9. After an audit, we have 3 remittances that had recoupments. How do we get those paid? Do we need to rebill those? I sent an email to EVV
  - question has been forwarded to correct department and they will reach out