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## Network Communication Bulletin #173

**To:** All Providers

**From:** Khristine Brewington, MS, LCMHC, LCAS, CCS, CCJP  
VP of Network Management

**Date:** June 29, 2021

**Subject:** Electronic Visit Verification Implementation Extended for Waiver and LME-MCO Related Services, Electronic Visit Verification Updates, Changes to Fingerprinting Requirements, Updates to Clinical Coverage Policy 10C, Outpatient Specialized Therapies, Local Education Agencies, Medicaid Transformation Q & A, Do I Need to Choose a Health Plan Fact Sheet, Understanding Prompt Payment Requirements for Health Plans, Medicaid Managed Care Webinar Series for Providers, Medicaid Transformation Resources

### SPECIAL BULLETIN MEDICAID TRANSFORMATION

## ELECTRONIC VISIT VERIFICATION IMPLEMENTATION EXTENDED FOR WAIVER AND LME-MCO-RELATED SERVICES

NC Medicaid implementation of Electronic Visit Verification (EVV) for the Innovations Waiver, TBI Waiver and (b)(3) services administered by the LME-MCOs has been moved to Aug. 31, 2021. This new date is to allow for additional provider integration and engagement with HHAeXchange. Effective Aug. 31, 2021, 100% of provider claims must pass EVV validation to be reimbursed.

### [Electronic Visit Verification Implementation Extended for Waiver and LME-MCO-related Services](#)

Providers must continue to collaborate, test and operationalize the EVV process with the applicable LME-MCOs and their EVV vendor. Providers shall submit claims with EVV data prior to the Aug. 31, 2021 date as they are ready to do so. Providers who cannot demonstrate their engagement with an EVV vendor by Aug. 31, 2021, will not be reimbursed for EVV applicable services after Aug. 31, 2021, until they come into compliance.

Contact: [Medicaid.EVV@dhhs.nc.go](mailto:Medicaid.EVV@dhhs.nc.go)

## ELECTRONIC VISIT VERIFICATION UPDATES

### STATEWIDE IMPLEMENTATION OF EVV FOR MANAGED CARE AND NC MEDICAID DIRECT

Beginning July 1, 2021, Electronic Visit Verification (EVV) must be used by all Managed Care Organizations including Prepaid Health Plans (PHPs), Local Management Entity/Managed Care Organizations (LME-MCOs) and NC Medicaid Direct (previously known as fee-for-service).



24-Hour Access to Care Line - 877.685.2415  
Business & Administrative Matters - 866.998.2597

[TrilliumHealthResources.org](https://www.TrilliumHealthResources.org)



## [Electronic Visit Verification Updates](#)

Provider organizations enrolled to render personal care-type services subject to EVV for NC Medicaid Direct must use Sandata, the state's EVV solution or aggregator, defined in [NC DHB Alt EVV Addendum](#). Provider organizations contracted by a health plan to render personal care services subject to EVV must use the plan's EVV solution defined in [NC DBH Alt EVV Addendum-PHP](#). Provider organizations contracted by an LME-MCO to render personal care services subject to EVV must use the LME-MCO's EVV solution defined in [NC DHB Alt EVV LME/MCO](#).

EVV full compliance was implemented for NC Medicaid Direct on June 1, 2021. All visits subject to EVV must have the required visit data information to assist with the adjudication of a claim.

EVV compliance for managed care PHPs will have a soft-launch period from July 1, 2021 through Aug. 31, 2021. After the soft-launch period, the PHPs shall ensure the collection of required EVV data per the 21st Century Cures Act for all claims subject to EVV that were paid for dates of service July 1, 2021 through August 31, 2021. EVV required data components are listed below:



- |  |  |
|--|--|
|  Type of service performed        |  Location of service delivery     |
|  Individual receiving the service |  Individual providing the service |
|  Date of the service              |  Time the service begins and end  |

All contracted providers are required to comply with the EVV requirements when rendering personal care services subject to EVV. The health plan associated with the contracted provider(s) is responsible to determine how to address providers who are out of compliance and create an action plan for compliance.

The health plans must collect all EVV data available for dates of service July 1, 2021 through Aug. 31, 2021, to submit to NC Medicaid at the specified time. NC Medicaid will provide additional information the week of July 5, 2021, on encounters and how to submit EVV data collected during the soft launch.

## **EVV SYSTEM UPDATES**

EVV enhancement through a release to a third-party alternative EVV system will deploy on **July 9, 2021**, as communicated during the May 21, 2021, stakeholder engagement webinar. The releases are described in the [EVV Addendum v1.5.1](#). The releases are described below.

- 1.** Update ClientQualified field from ClientOtherID to ClientMedicaidID
- 2.** Update ClientIDQualified field to ClientOtherID to ClientMedicaidID
- 3.** New exception codes and adding clarifying language around the exception ID
  -  5 Unscheduled visit
  -  21 No show
- 4.** New program/service codes for PHP and LME-MCO

## 5. Clarification that employee segment is required

### EVV CLAIM ISSUES AND RESOLUTION GUIDE

A new section called [EVV Claim and Resolution Tips](#) was added to the NC EVV webpage to provide helpful tips in troubleshooting and resolving claims submitted to the NCTracks provider portal or verifying visits in the Sandata solution or aggregator.

### OUTREACH TECHNICAL SUPPORT WEBINAR - JULY 9, 2021

To ensure all enrolled NC Medicaid providers subject to the EVV requirements are 100% compliant with this mandate, a technical support webinar will be held on **July 9, 2021, at 11 a.m.** This technical support webinar is by invitation only and intended for agencies that have not logged visits or logged very few visits in the Sandata EVV solution or the Sandata aggregator to capture the six required EVV data points as specified in the 21st Century Cures Act.

### PERSONAL CARE SERVICES RATE INCREASE

NC Medicaid successfully implemented EVV as required by the 21st Century Cures Act with an effective date of Jan. 1, 2021. To ensure full compliance with this mandate and to compensate for the administrative oversight of capturing the six required EVV data points for personal care services (PCS) subject to EVV, the unit rates for PCS shall be increased by 10% above the \$4.51 current rate in effect as described on the specified program's Fee Schedule.

The new \$4.96 rate will be retroactive to Jan. 1, 2021. Impacted providers do not need to make any changes to their previously submitted claims. NC Medicaid will work closely with NCTracks to reprocess non-COVID PCS claims submitted with a date of service on or after Jan. 1, 2021. The reprocessing of these claims will increase non-COVID unit rate by 10% and validate EVV data for those providers subject to the EVV requirements. The validation of the EVV data is to assist NC Medicaid in data collection of EVV key performance indicators.

PCS included in the Community Alternatives Programs for Children and Disabled Adults (CAP/C and CAP/DA) will require an amendment to the 1915 (c) Home- and Community-based Services waiver application to demonstrate the rate expansion maintains the cost neutrality requirement of home- and community-based waiver planning. Because of the timeline to approve a 1915 (c) waiver application amendment, the reprocessing of the CAP/C and CAP/DA personal care rates may lag behind the reprocessing of the State Plan PCS rates.

The 10% increased unit rate applies to all personal care-type services to ensure parity across programs.

**The PCS are included in the table below.**

## State Plan PCS - 99509

State Plan PCS - 99509	
Any beneficiary under 21 years regardless of setting	HA
In-home care agencies, beneficiary 21 years and older	HB
Adult Care Homes	HC
Combination homes	TT
Special care units	SC
Family Care Homes	HQ
Supervised living facilities for adults with MI/SA	HH
Supervised living facilities for adults with I/DD	HI

## Community Alternatives Programs (CAP)

Program	Procedure Code	Modifier
CAP/DA	S5125	
CAP/DA	S5125	UN
CAP/DA	S5150	
CAP/C	S5125	
CAP/C	S5150	
CAP/C	T1019	
CAP/C	T1004	
CAP/C	S9122	TF
CAP/C	S9122	TG
CAP/C	T2027	
CAP/C	T2027	TF
CAP/C	T2040	
CAP/CD	S5135	
CAP/CD	S5135	UN
CAP/CD	S5125	UN
CAP/CD	S5125	
CAP/CD	S5150	
CAP/CD	T2040	

Contact: [Medicaid.EVV@dhhs.nc.gov](mailto:Medicaid.EVV@dhhs.nc.gov)

**CHANGES TO FINGERPRINTING REQUIREMENTS**

Recent changes to federal regulations at 42 CFR 424.518(D) impact requirements for fingerprint-based background checks for some providers.

In accordance with 42 CFR 455.410(a), the Centers for Medicare & Medicaid Services (CMS) requires state Medicaid agencies to screen providers for “categorical risk” according to the provisions of Part 455 subpart E. Providers who are designated as “high categorical risk” under 42 CFR 424.518 and NCGS 108C-3, and, any person with a 5 percent or more direct or indirect ownership interest in the organization, as defined in 42 CFR 455.101, must submit a set of fingerprints to NC Medicaid through its enrollment vendor, GDIT, via the secure provider portal, NCTracks.

### [Changes to Fingerprinting Requirements](#)

Until recently, fingerprint results submitted through NCTracks were valid for a period of six months. However, for some, the period of time for which fingerprints are valid now extends to five years.

Regulations at 42 CFR 424.518 have been revised to require that a provider, or any person with a 5 percent or greater direct or indirect ownership interest in the provider who has submitted a set of fingerprints within the past five years, as an owner on a separate and newly enrolling provider, is not required to submit a new set of fingerprints. NC Medicaid will rely on the results from the previous fingerprint submission.

More information on the fingerprinting application process, including additional resources, frequently asked questions and locations for fingerprinting services, can be found in the [NCTracks Fingerprinting Application Required Job Aid](#)

## **UPDATES TO CLINICAL COVERAGE POLICY 10C, OUTPATIENT SPECIALIZED THERAPIES, LOCAL EDUCATION AGENCIES**

All temporary policy flexibilities outlined in [COVID-19 Special Bulletins](#) remain in effect as of this publication date. See COVID-19 Special Bulletins for details.

An amended version of [Clinical Coverage Policy 10C, Outpatient Specialized Therapies, Local Education Agencies \(LEAs\)](#) with an effective date of June 15, 2021, was posted to the [NC Medicaid Clinical Coverage Policy web page](#). Following is a summary of updates:

**In Subsection 3.5, Speech-Language Therapy**, the following medical necessity guidance was added:  
c. Telehealth

A select set of speech and language evaluation and treatment interventions may be billed by LEAs when provided to student beneficiaries using a telehealth delivery method as described in Clinical Coverage Policy 1-H. Telehealth delivery may be medically necessary when a student is medically homebound, during an extended school closure, or if their school is remote or underserved such that access to appropriately qualified providers is limited.

**Note:** CPT codes that may be billed when service is furnished via telehealth are indicated in **Attachment A, Section C: Codes**.

In **Attachment A, Claims-Related Information, Section C: Codes**, the following CPT codes were identified as telehealth eligible services:

CPT code	Short Description
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92526 (oral motor only)	Treatment of swallowing dysfunction and/or oral function for feeding
92609	Therapeutic services for the use of speech-generating device, including programming and modification

### ADDITIONAL RESOURCES

The full text of Clinical Coverage Policy 10C, Outpatient Specialized Therapies, Local Education Agencies (LEAs) is available at North Carolina Medicaid's [Outpatient Specialized Therapy Services web page](#). All COVID-19 Special Bulletins are available [here](#).

### MEDICAID TRANSFORMATION Q&A

Providers are invited to ask questions from Trillium related to Medicaid Transformation. Our goal is to help providers find answers and resources to help during this transition. Once we have started receiving questions, we will post a "[Frequently Asked Questions](#)" page on our website which will be located under the Medicaid Transformation tile.

**Working together through Medicaid transformation:**  
[How can we support you?](#)

## **DO I NEED TO CHOOSE A HEALTH PLAN?**

NC Medicaid has created the “Do I Need to Choose a Health Plan?” fact sheet. There are 2 versions, one in [English](#) and [Spanish](#), and it includes several “Notes” for added clarification. The fact sheet outlines the groups of beneficiaries that **must, may or cannot** choose a managed care health plan during Open Enrollment. It also includes contact information for the NC Medicaid Enrollment Broker Call Center (833-870-5500 or [ncmedicaidplans.gov](http://ncmedicaidplans.gov)) if beneficiaries have additional questions.

For more information about NC Medicaid Managed Care, visit the Medicaid Transformation Website at [North Carolina's Transformation to Medicaid Managed Care](#) or the Website of [NC Medicaid Enrollment Broker](#).

## **UNDERSTANDING PROMPT PAYMENT REQUIREMENTS FOR HEALTH PLANS**

NC DHHS establishes provider payment requirements for health plans that are intended to encourage continued provider participation in the Medicaid program, to ensure beneficiary access and support safety net providers, and to ensure continuation of current reimbursement levels using mechanisms that mitigate the risk of health plan steerage to other providers. Final capitation rates will reflect required reimbursement levels.

## **PROVIDER PLAYBOOK 2021 NC MEDICAID**

 [Fact Sheet Prompt Payment](#)

## **MEDICAID MANAGED CARE WEBINAR SERIES FOR PROVIDERS**

The [North Carolina Department of Health and Human Services Division of Health Benefits](#) and North Carolina AHEC are offering three monthly evening webinar series to help prepare providers, practice managers, and quality managers for Medicaid Managed Care going live on July 1, 2021.

Hosted by Shannon Dowler, MD, Chief Medical Officer of the NC Division of Health Benefits, two series will feature changing subtopics on Medicaid Managed Care on the first Thursday of each month and clinical quality on the third Thursday of each month through June 2021.








North Carolina AHEC and NC DHHS are also partnering to offer a third webinar series on the [Advanced Medical Home](#) program on the second Thursday of each month.

## **MEDICAID TRANSFORMATION RESOURCES**

During Medicaid Transformation, with the launch of the Standard Plans in 2021 and Tailored Plans in 2022, Trillium will continue sharing information with our provider network. Trillium will host trainings, pass along updates from NC DHHS, and help answer questions from providers.

The Trillium Regional Directors are giving presentations on the Medicaid changes that will be occurring July 1, 2021 at each of the Community Collaboratives. We encourage Community Stakeholders to join these meetings learn the impact that it might have on your agency and community. Visit the [Collaboratives Community Meetings Schedule](#) on our website.

Please see below for current resources:

-  [NCDHHS Facts Sheets](#)
-  [My Learning Campus for Providers](#) - Medicaid Transformation Training available
-  [Learn more about Medicaid Transformation](#)
-  [NCDHHS Health Plan Contacts & Resources](#)
-  [North Carolina AHEC Managed Care Website](#)
-  [NC Medicaid Managed Care Website](#)
-  Requests for presentations or to provide feedback: [NCEngagement@dhhs.nc.gov](mailto:NCEngagement@dhhs.nc.gov)

### REMINDER FOR SUBMITTING BATCH CLAIMS

NCTracks has recently received feedback from providers that they are unable to upload batch claims. This is generally caused by missteps when submitting batch files. NCTracks has put together a quick reference guide to help providers avoid common mistakes. Visit [Submitting Bach Claims](#) to learn more.

### UPDATED PROVIDER PERMISSION MATRIX AVAILABLE

The Provider Permission Matrix (PPM) located on the [Provider Enrollment page](#) has been updated. Providers are encouraged to download the updated version to see if their taxonomy enrollment requirements have been updated. The PPM is a great asset for providers to determine what is required for enrollment and/or re-verification (such as fingerprinting, site visits, etc.) depending on provider type.

[NCTracks Home](#)

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Any questions about this Communication Bulletin that does not already have an email listed for questions from that specific section, may be sent to the following email: [NetworkManagement@TrilliumNC.org](mailto:NetworkManagement@TrilliumNC.org). These questions will be answered in a Q&A format and published on Trillium's website.