



Iowa Medicaid
IOWA HHS

MEDICAID POLICY CLARIFICATION #PC000286 HOME HEALTH CARE SERVICES ELECTRONIC VISIT VERIFICATION CLAIMS

August 30, 2024

To: Iowa Medicaid Managed Care Plans

This letter is a formal notification of the state's expectations related to the operations and implementation of Iowa Medicaid under the managed care program. This purpose of this letter is to do following:

- Provide formal guidance
- Clarification of existing Iowa Medicaid policy
- Guidance on new process or policy
- Request for information

This purpose of this letter is to provide formal guidance regarding Home Health Care Services (HHCS) Electronic Visit Verification (EVV) claims.

The Care Bridge's system has been submitting claims with issues or errors related to the following fields: Facility type, claim frequency code, admission date, patient status codes, condition codes, attending provider, referring provider and value codes system that were not configured to produce the 837i equivalent to the UB04 claim requirements. The Home Health Care Service (HHCS) providers with impacted claims will not be subjected to claims readjustments.

This policy will be in place until the CareBridge system updates are completed and proven to meet the expectations of Iowa Medicaid.

The initial date for this requirement is January 1, 2024, and continuing until further notice after Iowa Medicaid has confirmed the CareBridge 837i is operating correctly.

If the MCO identifies any incorrect payment once the 837i has been created, adjudicated through CareBridge pre-validation, and sent to the MCOs for reimbursement of services provided, the MCO will notify Iowa Medicaid. Iowa Medicaid will provide further direction on an individual case by case basis. Anything that is considered Fraud, Waste and Abuse is exempted from this policy clarification.

This does not include readjustments that providers have identified or in circumstances when members are dual eligible, and Medicaid should not have been billed as the primary provider.

Related Policy Clarifications:

This policy clarification should be used in correlation with the following policy clarifications:

This formal guidance impacts capitation rates in the following manner:

- This [is was] an Iowa Medicaid practice prior to April 1, 2016 and was included in the experience used to develop the capitation rates.
- This is a new process or policy that does not have a fiscal impact.
- This is a new process or policy that will be reflected in revised capitation rates and implemented July 1, 2021.