

Electronic Visit Verification required for home health services

The Michigan Department of Health and Human Services requires home health care providers to report Electronic Visit Verification for specific home health care services.

Under Bulletin MMP 24-11:*

- Home health care providers must electronically verify visits, including details such as date, time, service type, and person performing the service.
- The MDHHS has implemented a temporary soft launch to allow agencies to train staff and adjust to EVV reporting with no penalty before claims and payments are impacted.
- Home health care agencies can use their own EVV system, or the state-sponsored EVV solution through HHAExchange.*
- Home health care agencies are responsible for training their employees, caregivers, and managing their agency's provider portal.
- Home health care agencies are urged to comply with reporting standards to avoid potential penalties or service disruptions.

To get started today:

- Complete the HHAExchange Provider Onboarding Form
- Review the system user training at HHAX Michigan Information Center Resources.
- For questions or help, visit the HHAExchange Michigan Information Center* website or call HHAX at 1-866-576-1179.
- To learn more about using your HHAX agency portal and learning EVV at your own pace, sign-up for the HHAExchange University.*
- To stay up to date on EVV in Michigan, visit michigan.gov/EVV.*

Resources:

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For questions or assistance, visit the HHAExchange Michigan Information Center* website or call HHAX at 1-866-576-1179. If you have additional questions, contact your Blue Cross Complete provider account executive or the Blue Cross Complete Provider Inquiry at 1-888-312-5713.

Chronic Kidney Disease toolkit can help providers better manage and treat the disease

The Centers for Disease Control and Prevention estimates that approximately 35.5 million people in the United States have chronic kidney disease. Individuals with diabetes, hypertension and obesity are at higher risk, and as many as nine in 10 adults who have CKD are unaware of their diagnosis.

To better support health care providers, Blue Cross Complete and Blue Cross Blue Shield of Michigan is providing its Chronic Kidney Toolkit to providers. Aimed at combating CKD, the toolkit offers health care providers a comprehensive resource to enhance early detection, management and treatment of CKD.

This initiative emphasizes our ongoing commitment to improving health outcomes and the quality of life for those at risk or living with CKD.

Providers can view the toolkit at mibluecrosscomplete.com.

Ways providers can submit electronic 275 claim attachment transactions

Blue Cross Complete is now accepting ANSI 5010 ASC X12 275 unsolicited claim attachment transactions via Optum/Change Healthcare and Availity. Providers may submit the electronic 275 claim attachment transactions via **Payer ID: 7355**, according to the following guidelines:

Availity: There are two ways 275 claim attachments can be submitted:

- Batch — You may either connect to Availity directly or submit via your EDI clearinghouse.
- Portal — Individual providers may also register at: availity.com/documents/learning/LP_AP_GetStarted_Atypical/index.html#.*

Optum/Change Healthcare: There are two ways 275 claim attachments can be submitted:

- Batch — You may either connect to Optum/Change Healthcare directly or submit via your EDI clearinghouse.
- API (via JSON) — You may submit an attachment for a single claim.

If you have questions, contact your Blue Cross Complete provider account executive or the Blue Cross Complete Provider Inquiry at 1-888-312-5713.

*Our website is mibluecrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete doesn't control these sites and isn't responsible for their content.