

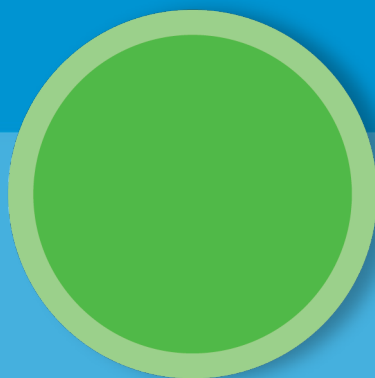


# Consumer directed attendant care user guide 2022

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# Guide for consumer directed attendant care and consumer choice option providers

# What is consumer directed attendant care (CDAC)?

CDAC allows members to choose their own provider to assist them with personal care, housekeeping, and other tasks so they may remain living independently in the community.



# What is CDAC? (cont.)

Amerigroup provides coverage for CDAC services for members who are eligible for one of the following home and community-based services (HCBS) waivers:

- AIDS/HIV Waiver
- Brain Injury Waiver
- Elderly Waiver
- Health and Disability Waiver
- Intellectual Disability Waiver
- Physical Disability Waiver

Information on HCBS waivers may be found on the Iowa Department of Human Services (DHS) [website](#).

CDAC services may include skilled and unskilled services that require direct, **hands-on** support. Certain tasks are not covered under CDAC, including but not limited to supervision, parenting, wait times, and costs associated with those services.



# Skilled services\*

- Monitoring
- Medications
- Catheter care
- Post-surgical nursing care
- Intravenous therapy
- Tube feedings
- Colostomy care
- Parenteral injections
- Therapeutic diets
- Recording vital signs

\* A licensed nurse or therapist under the direction of a physician must supervise skilled services.



# Unskilled services

- Housekeeping
- Running errands
- Communicating with others
- Scheduling appointments
- Meal preparation
- Handling money
- Bathing
- Shopping
- Dressing
- Getting in/out of bed

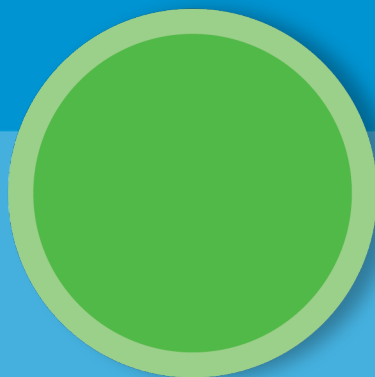


# Who can be a CDAC provider?

Members have a right to select the individual who provides their CDAC services. If a member elects to hire an individual to provide their care, that person must enroll as a provider with the Iowa Medicaid Enterprise (IME) and be deemed as a provider with Amerigroup. To provide unskilled services, a CDAC provider may be a family member, friend, or neighbor, if they are at least 18 years of age and pass a criminal and abuse background check. They must also have the experience and training necessary to perform the services outlined in the member's service plan. A spouse or parent/step-parent of a minor are not eligible to be CDAC providers for the member. If a CDAC provider provides a skilled service, a licensed nurse or therapist must supervise.







# Becoming an individual CDAC provider for an Amerigroup member

# Steps to enroll with IME

An individual interested in being a CDAC provider must complete the process to enroll with the IME. Once a CDAC provider is enrolled with the IME, they will be assigned an API number. To enroll with the IME, the following IME process must be followed and forms completed:

1. Contact the Iowa Medicaid Enterprises (IME) Provider Services to request the enrollment forms.
2. Complete all forms and mail to the IME, along with proof of age to Iowa Medicaid Enterprise.
3. With an atypical provider identification number (API) from IME, begin the process of enrolling as a provider with Amerigroup.
4. Indicate the reason for enrolling as a CDAC provider on the completed website form.



# Enrolling with IME

Contact the Iowa Medicaid Enterprises (IME) Provider Services to request the enrollment forms to apply to be a CDAC provider. The forms can also be accessed from the IME website.

- IME Provider Services phone number:  
**800-338-7909**, option 2 or **515-256-4609**, option 2
- IME website link: <https://dhs.iowa.gov/ime/Providers/enrollment/WaiverEnrollment>

Required forms and information to submit to the IME include:

- Form 470-2917 *HCBS Waiver Provider Application-section I & II.*
- IRS Form *W-9.*
- Form 470-2965 *Provider Agreement.*
- Form 470-4202 *Electronic Funds Transfer.*
- Form 470-4612 *Individual CDAC Disclosure.*
- Form 470-4457 *Atypical Provider Declaration.*
- Form 470-4227 *Record Check Consent.*
- Proof of age – copy of driver's license, birth certificate, state issued ID, passport.



# Enrolling with IME (cont.)

Complete all forms and mail, along with proof of age, to Iowa Medicaid Enterprise:  
Provider Services  
P.O. Box 36450  
Des Moines, IA 50315

If you have questions, email: [IMEProviderEnrollment@dhs.state.ia.us](mailto:IMEProviderEnrollment@dhs.state.ia.us).

# Enrolling with Amerigroup

After the provider is assigned an API from IME, they can begin the process of enrolling as a provider with Amerigroup.

Amerigroup requires the following enrollment information:

- Name
- Address
- Phone number
- Email address (if applicable)
- API assigned by IME (starts with X000)
- Effective date received from IME (date of the approval letter assigning the API)
- Social Security number

# Enrolling with Amerigroup (cont.)

This information may be submitted to Amerigroup in several ways:

- Provide the information to the case manager working with your member.
- Contact provider services at **800-454-3730**.
- Locate the *contact us* link on the very bottom of the provider website <https://provider.amerigroup.com/iowa-provider/home>

Amerigroup Iowa, Inc. Member site

Waste, Fraud and Abuse

Contact Us

Terms of Use

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# Enrolling with Amerigroup (cont.)

## Email a Provider Experience associate

Did you know that most questions and issues can be resolved by using the Amerigroup Iowa, Inc. provider self-service tools? Please use [Availity](#) for inquiries like payment disputes, provider data updates, claims status, member eligibility, etc. You can also live chat with an Amerigroup associate from within the Availity Portal.

For other issues, you can message the Provider Experience team. Your Provider Experience representative will respond – usually within two business days.

[Email a Provider Experience associate](#) ↪

Scroll down the contact page to locate *Email a Provider Experience associate* and select the link.



# Enrolling with Amerigroup (cont.)

Complete the website form with your information and indicate you want to enroll as a CDAC provider.

## Personal Information

First Name

Last Name

Title

Email

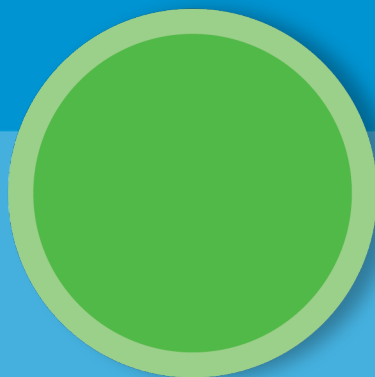
Phone Number

Provider Type

An Amerigroup associate will contact you via email to obtain the enrollment information.







# CareBridge electronic visit verification (EVV) training and payment

# CareBridge EVV training and payment

After the provider has been enrolled with both IME and Amerigroup, the individual should begin training on how to use the CareBridge EVV system. EVV is used to verify that CDAC services were completed in the member's home and to document what tasks were completed during the visit. The CareBridge EVV system also submits claims to Amerigroup on behalf of the provider when successful visits are completed. To complete training on how to use the EVV system, the individual needs to contact CareBridge to sign up for training.

# CareBridge EVV training and payment (cont.)

Contact CareBridge to sign up for electronic visit verification (EVV) training. Training should be completed when you are an enrolled CDAC provider with the IME and Amerigroup:

- CareBridge phone number: **844-343-3653**
- Email: [IAEVV@CareBridgeHealth.com](mailto:IAEVV@CareBridgeHealth.com)
- Training website link: <https://www.CareBridgehealth.com/trainingiaeuv>



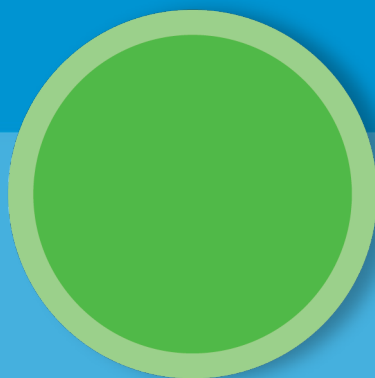
# CareBridge EVV training and payment (cont.)

- When the CDAC provider receives their letter from IME with their API number, the provider should communicate with Amerigroup that they are enrolled with the IME.
- Notify the member's Amerigroup waiver case manager when you become an IME enrolled provider.
- The waiver case manager will set up a meeting with the member and CDAC provider to complete the member's Person-Centered Service Plan and the CDAC Agreement.
- The waiver case manager will submit the CDAC Agreement and Person-Centered Service Plan for review by the Utilization Management department at Amerigroup.
- Utilization Management will review the member assessment to verify the services are needed.

# CareBridge EVV training and payment (cont.)

- When services are approved, an authorization will be completed and sent to CareBridge.
- The waiver case manager will send the member and CDAC provider a copy of the Person-Centered Service Plan and CDAC Agreement.
- After being notified of CDAC approval from the waiver case manager, the provider should contact CareBridge to receive their provider identification number (this is different from the API). This number will be used to log into the CareBridge system.
- CareBridge phone number: **844-343-3653**
- Provider login request link: <http://evv.carebridgehealth.com/loginrequest>
- When the provider receives their CareBridge PIN and has an authorization in place, they can begin to provide services to the member.

**All of these steps must be in place before payment can be received for services provided.**



# CDAC services under consumer choice option

# CDAC services under consumer choice option

Members may choose to use the consumer choice option (CCO) to receive CDAC services, which allows a qualified individual to become an employee of the member instead of an IME and Amerigroup approved provider.

Under this option, the member is the employer and hires the provider. The waiver case manager submits a budget to an independent support broker that is based on the member's person-centered service plan. The independent support broker works with the member and employee to ensure all CCO forms are completed and that all approved services are part of the budget. The employee can provide the same CDAC services as a Medicaid CDAC provider under this option.

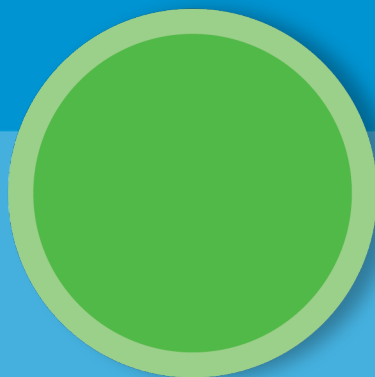
# CDAC services under consumer choice option (cont.)

The CCO CDAC employee will complete their visit documentation in the CareBridge EVV system. However, claims will be submitted to Veridian Fiscal Solutions, instead of Amerigroup. Veridian Fiscal Solutions manages the processing of timesheets, paying employees and employer withholding on behalf of the member.

Individuals delivering services to a member who is participating in the consumer choice option can contact Veridian Fiscal Solutions at **866-226-4692** for additional details on program requirements.







# Providing CDAC services to an Amerigroup member

# Providing CDAC services to an Amerigroup member

When a member is approved to receive home and community-based services (HCBS) under a waiver, a case manager is assigned to develop a person-centered service plan with the member and oversee the services. The case manager ensures the CDAC provider is part of the member's care team and has the appropriate training needed to provide services for the member. The person-centered service plan describes the types of care and services required for the member to live independently in their home.

A CDAC agreement is completed in a collaboration between the member, provider, and case manager. The CDAC agreement is part of the member's person-centered service plan and must be approved by Amerigroup prior to beginning services. This agreement needs to be completed at least annually or whenever there is a change in the member's needs.



# Providing CDAC services to an Amerigroup member (cont.)

While providing services, it is important for the CDAC provider to keep accurate records to show that the care the member received was appropriate. Federal and State rules require that an EVV system be used by all CDAC providers. Amerigroup contracts with CareBridge for EVV. Providers use this system to meet all required components for Medicaid service records. Billing from CareBridge will automatically be submitted to Amerigroup if there are not any pre-billing errors that need to be corrected in the visit documentation.

# Providing CDAC services to an Amerigroup member (cont.)

Documentation of services must include certain information to be considered complete:

- Date of service
- Time of service, including a.m./p.m.
- Location where the service was provided
- Tasks completed during service provision (for example, got member out of bed and dressed, made breakfast)
- Observed changes with the member
- Member response to services

Daily service records must be kept by the CDAC provider for a minimum of five years, as records may be audited at any time by the federal government, State government, or Amerigroup. If an audit finds records were not kept for the minimum of five years, the provider may have to repay Medicaid.



# Amerigroup members with a client participation

Some members may pay for a portion of their waiver services, which is known as client participation. The Department of Human Services will notify the member if Client Participation applies when they verify financial eligibility for Medicaid. The provider must bill the member for the services they provided that are covered under client participation. A claim will also be submitted to Amerigroup through the CareBridge system. This claim will not be paid but will be used for tracking the member's compliance with meeting their client participation.

If a provider is considering discontinuing services due to a member's inability to pay the client participation portion, they must notify Amerigroup by contacting the member's case manager.





# CareBridge claims submission

# CareBridge claims submission

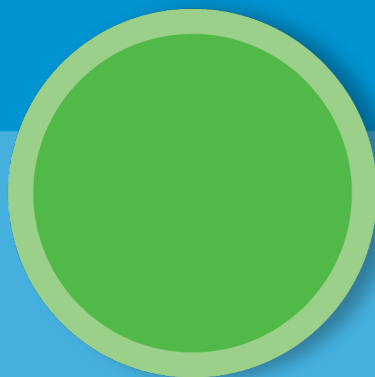
Claims are automatically generated from the visit documentation the provider completes in the CareBridge EVV system. Claims will be submitted to Amerigroup from CareBridge on a weekly basis. If there are any errors in the documentation, a claim will not be submitted until it is fixed:

- Questions on using the EVV system should be directed to CareBridge at **844-343-3653**.
- Questions on approval for services or authorizations should be directed to the case manager.
- Questions on claim payments should be directed to Amerigroup Provider Services at **800-454-3730**.

CDAC provider claims will be finalized as paid or denied based on the following time frames:

- 90% within 30 calendar days of receipt
- 95% within 45 calendar days of receipt
- 99% within 90 calendar days of receipt





# Electronic funds transfer (EFT) — EnrollSafe overview



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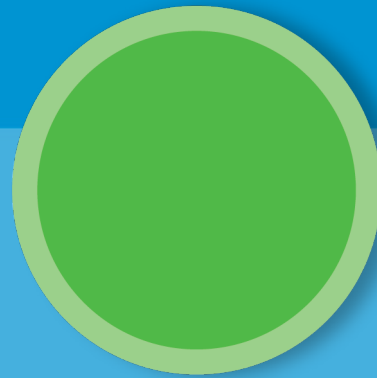
Amerigroup allows EFTs for claims payment transactions, meaning that claims payments are deposited directly into a previously selected bank account.

EnrollSafe is the provider EFT enrollment solution created in partnership with Amerigroup. Amerigroup providers will utilize this product as a bank account verification platform that will allow users the ability to securely submit bank account information for the purposes of enrolling in electronic payments for all participating plans.

Once providers submit an enrollment request, EnrollSafe will perform several layers of validation to ensure both the user and bank account information provided is authenticated. Once the provider account information passes the verification processes, the EFT enrollment records will be sent to Amerigroup for approval. All accepted EFT enrollment records become eligible for EFT processing via the existing payment platform with Amerigroup. All declined EFT records will be updated within the EnrollSafe website, and the associated user will be notified of any action(s) required to resubmit.

<https://enrollsafe.payeehub.org>

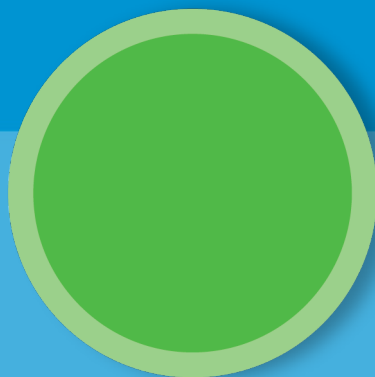




# Payment of claims

# Payment of claims

After filing an electronic claim, you should receive a response from Amerigroup within 30 business days after we receive the claim. If the claim contains all required information, Amerigroup enters the claim into the claims system for processing and sends you either a remittance advice (RA) or a claims disposition notice (CDN) when the claim is finalized.



# Reading an *Explanation of Payment*

# Reading an *Explanation of Payment*

**Important:** The 12-digit claim ID is the **most** helpful detail that will help Amerigroup get your payment(s) reviewed and find solutions as swiftly as possible.

Amerigroup wishes to provide resources to our CDAC provider network to clarify what *Explanations of Payments (EOP)* will look like in the following scenario:

- What the *EOP/remit* will look like when a submitted claim(s) is **paid** on a first-time claim payment
- What the *EOP/remit* will look like when a submitted claim(s) is **adjusted**, or a claim is reprocessed
- What the *EOP/remit* will look like when a claim is recouped, or **overpaid** dollars are withheld from the current payment to satisfy a debt

# Reading an *Explanation of Payment* (cont.)

## At-a-glance guidance

IOWA MEDICAID														
SERVICE DATE(S)	SERVICE/REVENUE CODE(S)	COUNT/DAYS	POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID
PATIENT NAME:		[REDACTED]			MEMBER ID:		[REDACTED]	STATE/ALT ID:		[REDACTED]	DRG#:		FOR INQUIRIES CALL:	
PATIENT ACCOUNT#:		[REDACTED]			CLAIM NUMBER:		[REDACTED]	TOB:		[REDACTED]	RECEIVED DATE:		(800) 454-3730	
SERVICE PROVIDER NAME:		[REDACTED]			SERVICE PROVIDER ID:		[REDACTED]	AUTH#:		[REDACTED]	EXPL CD:		[REDACTED]	
02/06/22	02/12/22	T1019	36	12	133.56-	133.56-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	133.56-
TOTAL:				133.56-	133.56-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	133.56-
INTEREST:														0.00
TOTAL NET PAID														133.56-
SERVICE DATE(S)	SERVICE/REVENUE CODE(S)	COUNT/DAYS	POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID
PATIENT NAME:		[REDACTED]			MEMBER ID:		[REDACTED]	STATE/ALT ID:		[REDACTED]	DRG#:		FOR INQUIRIES CALL:	
PATIENT ACCOUNT#:		[REDACTED]			CLAIM NUMBER:		[REDACTED]	TOB:		[REDACTED]	RECEIVED DATE:		(800) 454-3730	
SERVICE PROVIDER NAME:		[REDACTED]			SERVICE PROVIDER ID:		[REDACTED]	AUTH#:		[REDACTED]	EXPL CD:		[REDACTED]	
02/06/22	02/12/22	T1019	48	12	178.08	178.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	178.08
TOTAL:				178.08	178.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	178.08
INTEREST:														0.00
TOTAL NET PAID														178.08

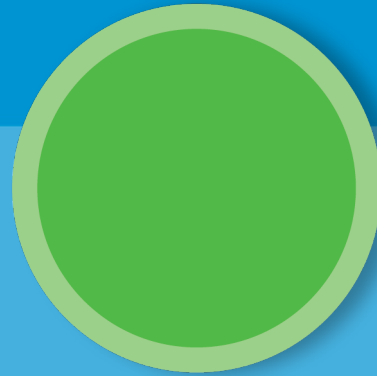


# Reading an *Explanation of Payment* (cont.)

- ✓ The previous remit is an example of an adjusted claim. This claim has not been recouped.
- ✓ The original claim is the top version of the claim, where the original claim ID is reflected where the red box is.
- ✓ The now-adjusted claim is the bottom version of this claim, where the new claim ID is reflected where the green box is. This claim ID will have the same first 11 digits, with only the last 12<sup>th</sup> digit being changed.
- ✓ In this scenario, this claim was adjusted as it was originally only submitted for 36 units with a total billed charge of \$133.56.
- ✓ A corrected claim was required to bill an increased 48 units and billed charges of \$178.08.
- ✓ The \$133.56 (in the first claim) is not being recouped; it's just being reflected as a payment already made to the full payment of \$178.08, where a total of \$44.52 is paid. The previous claim already paid the \$133.56.

The purpose of this [bulletin](#) is to provide insight on interpreting and understanding *Explanations of Payment (EOPs)* by providing definitions of categories and terms that appear on a standard *EOP*.





# Claim disputes

If a CDAC provider believes a claim was processed incorrectly, the provider can file a payment dispute.



# How to submit claim disputes

1. Verbal (reconsideration only): Verbal submissions may be submitted by calling Provider Services at: **800-454-3730**.
2. Availity Portal\* (reconsideration and claim payment appeal): Amerigroup can receive reconsiderations and claim payment appeals via the secure Provider Availity Payment Appeal Tool at **<https://www.availity.com>**.
  - Supporting documentation can be uploaded on the Availity Portal. You will receive immediate acknowledgement of your submission.
3. Written (reconsideration and claim payment appeal): Written reconsiderations and claim payment appeals should be mailed to:

Amerigroup Iowa, Inc.  
Provider Payment Disputes  
P.O. Box 61599  
Virginia Beach, VA 23466-1599



Medicaid  
Children's Health Insurance Program



## Contact Us

4800 Westown Parkway, Suite 200

Des Moines, Iowa 50266

<https://provider.amerigroup.com/IA>

Provider Services: **800-454-3730**



\*Avallity, LLC is an independent company providing administrative support services on behalf of Amerigroup Iowa, Inc. CareBridge is an independent company providing electronic visit verification services on behalf of Amerigroup Iowa, Inc. EnrollSafe is an independent company providing electronic fund transfer services on behalf of Amerigroup Iowa, Inc.

<https://provider.amerigroup.com/IA>