EVV Stakeholder Meeting

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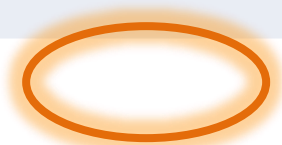
December 10, 2018

EVV Compliance

Program Compliance- July through Sept 2018

6,944 eligible Phase 1 providers: 865 Agencies / 6,079 Non-Agencies

*From July 1- Sept. 30, 2018	Total %	Agency Providers *Including Alt. EVV*	Non-Agency Providers
Providers who Billed and are NOT using EVV	**32%**	4%	96%
Providers who Billed and are EVV Compliant	**68%**	5%	95%

Program Adoption as of Nov 2018

✔ EVV Mobile devices represent the primary method used for visit verifications to date: Used **63%** of the time to log visits

✓ Telephony is second: 31%

✓ Manual entry is least used: 6%

July '18- Of Providers with Visits in EVV:
70% have 75%-100% of Visits Auto-Verified
9% between 50-74% of Visits Auto-Verified
4% between 25-49% of Visits Auto-Verified
2% between 1-24% of Visits Auto-Verified
15% - Never Auto Verified

Nov '18- Of Providers with Visits in EVV:
51% have 75%-100% of Visits Auto-Verified
16% between 50-74% of Visits Auto-Verified
7% between 25-49% of Visits Auto-Verified
7% between 1-24% of Visits Auto-Verified
19% - Never Auto Verified

Examples of Compliance Issues

- Direct Care Worker social security numbers
  - » If data integrity issues are found, providers are referred to ODM's Provider Compliance area.
  - » Providers have already been sent Notice of Operational Deficiencies for bad data in the EVV System.

- Misspelled individual names

- Incorrect Medicaid ID
  - » If providers are not putting the correct Medicaid ID in their individual's profile, then the claims won't match when denials start for dates of service on and after February 13, 2019.
  - » The Medicaid IDs in eTRAC must match the ID in the EVV System.

Program Policy Compliance Issue

- Caregivers have been avoiding exceptions by signing or speaking into the device as though they are the individuals receiving services.

- If verification is required for the service, this violates program policy .

- Providers who choose to violate program policy may be referred for appropriate follow-up as this is discovered.

- Providers should also know this could be considered forgery.

Compliance/Educational Letters

- ODM is reaching out to providers to notify them of potential issues issues prior to the date when EVV edits begin to deny claims.

- This outreach is educational. Providers are responsible for researching the issues identified and revising data/business processes as necessary to avoid claim denials for dates of service on and after February 13, 2019

- ODM is not sending compliance letters to providers who are intentionally entering bad data, committing fraud, or violating program policy. Those providers are being referred for appropriate follow up.

Ohio | **Department of Medicaid**

John R. Kasich, Governor
Barbara R. Sears, Director

Dear Provider:

The Ohio Department of Medicaid (ODM) implemented Electronic Visit Verification (EVV) for some home and community based services on January 8, 2018. The six month grace period for complete integration of EVV into your processes ended on July 7, 2018. All visits for impacted services must be documented in the ODM EVV system.

The services impacted by EVV requirements include state plan home health nursing and aide services, private duty nursing, and RN assessment. In addition, Ohio Home Care Waiver (OHCW) nursing, aide and home care attendant services are subject to EVV requirements. The program is currently limited to traditional fee-for-service programs; services billed to Medicaid managed care plans are not impacted.

ODM will deny claims for visits for impacted services if they are not supported by verified visit information documented in the ODM EVV system for dates of service on and after February 13, 2019. ODM is currently reviewing claims and data entered in the EVV system to identify those providers who may have compliance issues that would lead to claims denials.

That review identified the following issues that may result in the denial of your claims:

- Claims are submitted for visits with outstanding exceptions.
- Direct care worker social security numbers are not valid.
- Individual Medicaid numbers in the EVV system are not valid.
- You have submitted claims for visits that are not documented in the EVV system.

Please review your visits and your business processes. Make necessary updates and changes to ensure claims payment for dates of service on and after February 13, 2019. Failure to comply with Ohio Administrative Code Rule 5160-1-40 and related EVV requirements may lead to receipt of a Notice of Deficiency and other enforcement action.

If you would like additional information about EVV, please visit www.medicaid.ohio.gov/EVV. If you have not been using EVV, please visit www.medicaid.ohio.gov/EVV to view the link for EVV training. Send questions about the EVV program to EVV@medicaid.ohio.gov. If you have completed the required training and have questions about using the EVV system, please call the EVV Provider Hotline at 1-855-805-3505.

If you are an agency using an alternate EVV system and believe you are satisfying the Ohio EVV Program rules, please verify your visit information is being transmitted to the Sandata aggregator as required. If you find that your system is in compliance and believe you received this letter in error, please contact EVV@medicaid.ohio.gov.

Government Alerts

Alerts on the EVV Devices

- Some providers and individuals have noticed that EVV devices have received government alerts (e.g., AMBER alerts, federal alerts).

- These alerts are sent by the data plan provider (Verizon).

- Sandata is unable to turn the alerts off remotely.
  - » Alerts are being turned off before phones ship now.

- If you would like alerts turned off on your phone, you can do the following:
  - Turn the ring tone to silent.
  - Ask your provider to order a replacement device.

EVV Claims

Claims in Suspense Status

- The only edit for Phase 1 claims that indicates a provider needs to make changes, either in the claim or the EVV System, is 3611.

- Any other edits, such as 9004, 9005, 9006, 9007, and 9008 indicate the systems are communicating with each other.

- Many claims go into suspense status, but will recycle automatically and adjudicate. If there are no issues with the claim or the visit, then it will pay.

How is Phase 2 Different from Phase 1

Phase 2 Means Some Changes

- Group visit functionality is included;

- Providers will associate each individual with a payer or payers

- You will be able to order a device from the aggregator;

- Newborn indicators for those newborns needing services prior to being issued a Medicaid ID; and

- PIMS indicator to support State Funded services in PASSPORT.

*Note: Newborn and PIMS ID's should be replaced with Medicaid ID's when issued.

EVV Rule Update

Process for Rule Work

- ODM is currently identifying desired changes to the EVV Rule.

- An initial draft will be shared with the EVV Stakeholder Advisory Group for comment.

- ODM plans to send the proposed rule to CSIO no later than March 2019.

Proposed Changes

- Update the list of services impacted to include the services added in Phase 2.

- Eliminate exceptions for group visits, managed care and an expected duration of care of 90 days or less.

- Add exception for participant directed services.

- Add language allowing providers to use the app.

- Clarify that agency providers must use either an alternate data collection system or the system provided by the department.

Proposed Changes Continued

- Identify services that do NOT require a verification from the individual receiving services.

- Eliminate language providing December 31, 2018 deadline for implementation of GPS by alternate systems

- Require any alternate systems certified in Phase 1 to complete a recertification process.

Proposed Changes Continued

- Update training requirements
  - » Add requirements specific to Phase 2 providers.
  - » Add requirements regarding Gap Training for Phase 1 providers.

- Clarify provider responsibilities to deactivate users who are no longer employees.

- Clarify provider responsibilities to maintain a current list of individuals served.

Suggestions for Other Changes

EVVPolicy@medicaid.ohio.gov

Phase 2 Training

Phase 2 Training Update -

- Training registration opens April 1, 2019.

- Training is required for all providers subject to EVV requirements.
  - » Classroom, webinar, and self-paced training will be available.

- Training begins May 6, 2019.

- Classroom and webinar training will end on August 03, 2019.

- Classroom training will be offered in Cincinnati, Columbus, Dayton, Athens, Toledo, Cleveland, and Akron.

Choosing Training

- Self paced training will be available to all providers subject to EVV requirements for the life of the program.

- Providers of Phase 2 services who HAVE NOT taken the Phase 1 training can register for and take the Phase 2 classroom or webinar training.
  - » If you completed Phase 1 training, you will not be able to access classroom or webinar training.
  - » Agency providers can send two people per provider ID to classroom and/or webinar training.
  - » Additional agency staff can complete the self-paced training.

- Providers who completed Phase 1 training must take web-based gap training (training that focuses on program changes).