

Electronic Visit Verification(EVV) for Developmental Disability-Related Services

September 19, 2018

Overview

- Background of the 21st Century Cures Act
- Applicable DD waiver services
- Options for EVV entry
- Using EVV
- EVV and claims
- Timelines for implementation
- Training opportunities

21st Century Cures Act

- Section 12006(a) of the Cures Act requires EVV for all in-home Medicaid-funded personal care services and home health services
- Elements that must be captured by EVV include
 - Type of service;
 - Individual receiving the service;
 - Date of service;
 - Location of service delivery;
 - Individual providing the service; and
 - The times the service begins and ends.

Ohio's Approach

- The Ohio Department of Medicaid (ODM) has adopted a statewide EVV solution for all applicable services.
- The Ohio Department of Developmental Disabilities (DODD) has been collaborating with ODM on how this solution will be applied to applicable services within waivers administered by DODD.

Applicable Services

- EVV will be required for the following services available under the Level One, SELF, and Individual Options (IO) Waivers:
 - Homemaker/Personal Care (HPC) delivered in 15-minute units, including “on behalf of” HPC
 - IO Waiver Nursing
 - Participant-Directed HPC will be added in phase 3

Applicable Services

- EVV does not apply to the following services, even when personal care is a component of the service delivery:
 - HPC services that are billed using the daily billing unit (DBU)
 - On-site/On-call (OSOC)
 - Shared Living
 - Residential/Community Respite
 - Adult day and employment services

EVV and ISPs

- EVV is not required to be addressed within the body of a person-centered plan.
- However, certain EVV choices must be identified in the person's "record."
- A "record" may include assessment documents, meeting minutes, or the plan, if appropriate.

EVV and ISPs

- The record should contain
 - The name of the person responsible for verifying state plan home health and/or private duty nursing (PDN) visits for individuals enrolled in waivers administered by DODD;
 - The method by which the individual/designee will verify (voice, signature, etc.); and
 - Any objections an individual/guardian has to using the device supplied by Sandata.

Data Entry Options

- EVV device supplied to the individual by Sandata
- Sandata EVV app installed on a mobile device owned by the DSP or the provider agency
- Call-in option using a telephone at the location of service delivery (telephony)*
- Manual visit entry via the website*

*Back-up options for use when device/application is not used.

Employer Set-Up

- Create users
 - Username/email
 - First, Last name
 - Roles
- Create clients
 - First, Last name
 - Medicaid number
 - Payer(s)
 - Address

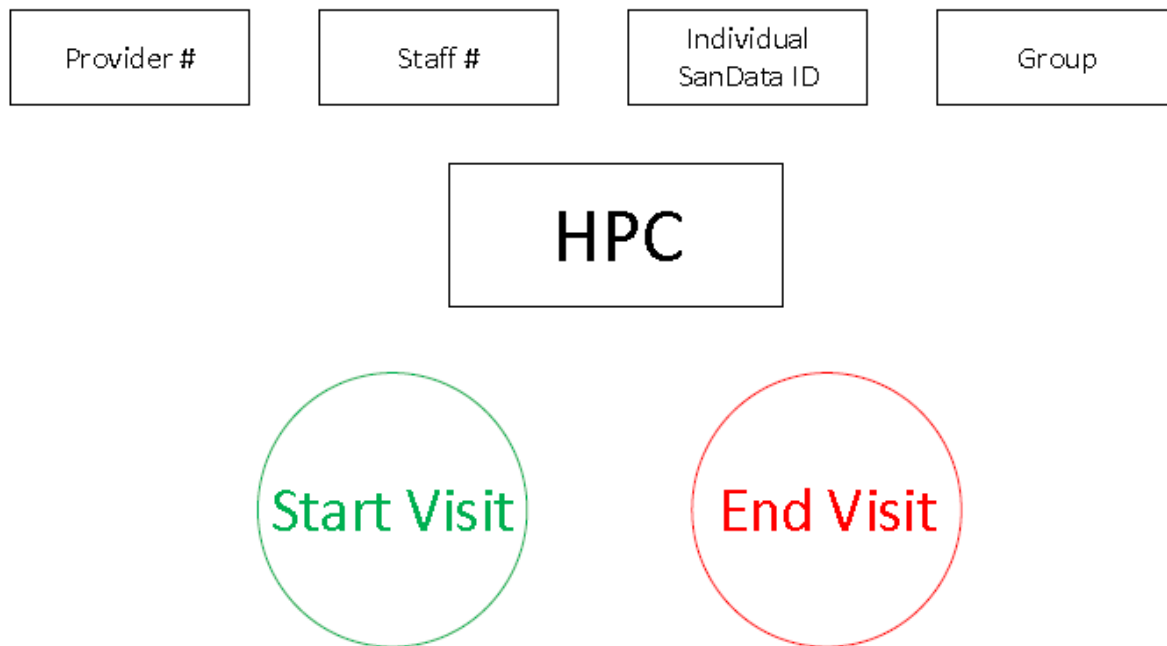
Starting a visit

Upon starting a shift, a worker will start a visit by:

- Searching for the individual by entering Medicaid number in device
- Selecting one of the DD waiver services below:
 - HPC
 - IO Waiver Nursing
- Hitting “start visit”

DODD EVV Phone/Telephony Entry Approach

Validation Done at the Aggregate Level



HPC services

- When delivering services that fall under any of the procedure codes below, the DSP will select “HPC” as the EVV service.

APC	APV	AMW	AMX	AMY	AMZ
AQC	AQV	AQW	AQX	AQY	AQZ
EPC	EPV	EMW	EMX	EMY	EMZ
EQC	EQV	EQW	EQX	EQY	EQZ
FPC	FPV	FMW	FMX	FMY	FMZ
FQC	FQV	FQW	FQX	FQY	FQZ

Group visits

- A group visit is one that involves multiple individuals receiving services.
- When starting a visit that is expected to include more than one individual, the DSP must select “group visit” on the device, in addition to completing the steps mentioned above

Group visits

- When providing group visits, each DSP must:
 - Start a visit, as specified above, to include all individuals present at that time.
 - Be sure to indicate at the start of the visit that it is a group visit.
 - As individuals join or leave the group, the DSP will clock them in/out of the visit
 - “Start” a visit with the new individual.

Ending a visit

- To end a visit, the worker will select “complete” on the device
- The DSP must end a visit when
 - Transitioning from HPC to on-site/on-call (OSOC); or
 - Whenever one or more individuals leaves the visit and is no longer receiving HPC.
- There will be no requirement for the individual/designee to provide verification via voice, signature, etc. at the conclusion of an HPC or IO Waiver Nursing visit.

***IMPORTANT: PDN does still require verification, even when the service is provided to someone enrolled in a DD waiver!**

EVV Records and Claims

- The Medicaid Billing System (MBS) will send a claims file for EVV-eligible services to Sandata by 10pm Wednesday
 - One file for each individual/provider combination per service date
 - Includes all claims submitted by 4pm Wednesday

EVV Records and Claims

- Sandata will send back one of two responses
 - No = No EVV records exist for that individual/provider combination for that date
 - Yes = An EVV record does exist
 - Sandata will send detail for that combination, including the number of units for each DSP

EVV Records and Claims

- DODD will initiate its typical pre-processing of claims
 - Individual eligibility
 - Provider eligibility
 - Units/dollars authorized on PAWS
 - No other claims errors
- Prior to sending claims to MITS for adjudication, MBS will send EVV-eligible claims to Sandata one last time to see if any new/different EVV records are available for comparison

EVV Records and Claims

- DODD will compare EVV records with claims to see if the total number of HPC units on the claim is less than or equal to the total number of HPC units on the EVV record.
 - Are there historical EVV units available for that service date that have not yet been matched to a claim?
 - Do the net EVV units x number of DSPs delivering service match the new claim?
 - Are the number of HPC units resulting from a claims adjustment less than or equal to the net EVV units for that individual/provider combination on that service date?

EVV Records and Claims

- All claims with HPC units that are equal to or less than the net EVV units for that date will be sent to MITS for adjudication.
- Claims for which the number of HPC units exceed the net EVV units for the service date will
 - Be passed to MITS with a warning prior from May 2019 until the denial edit is turned on.
 - Deny once the edit is turned on, likely in the fall.

Timelines

- May 2019
 - EVV will be required for routine HPC services delivered in 15-minute units and IO Waiver Nursing
 - EVV records will be matched to claims, but will not deny
 - Valid claims with units equal to or less than the total EVV units for that service date will pay with no errors.
 - Valid claims with units greater than the total EVV units for that service date will pay with an error posted.
- Fall 2019
 - Claims with units greater than the total EVV units for that service date will deny.

Training Opportunities

- Training registration will open on January 7, 2019.
- Three methods of training will be available: Classroom, Webinar, and Self-Paced.
 - Classroom and Webinar Training will run February 11, 2019 through May 4, 2019.
 - Classroom training locations will be in each geographic region of the state.

Training Opportunities

- Existing Phase 1 EVV providers will only need to take a self-paced training on what's changing in Phase 2.
- Alternate EVV providers must take self-paced training on the Sandata Aggregator.

Questions?