

# Presentation to Case Management Agencies: Electronic Visit Verification (EVV)

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# What is EVV?

- Electronic Visit Verification (EVV) is a tool for electronically capturing point-of- service information for certain home and community-based services.
  - » Sandata Technologies is the ODM vendor
  - » Near real-time processing capability
  - » GPS-based system with telephony-based workarounds as needed

# Why do we need it?

- The Centers for Medicare and Medicaid Services (CMS) established requirement for all states to use an EVV system, in accordance with the 21<sup>st</sup> Century CURES Act.
  - » Personal Care Services must use EVV by January 1, 2019
  - » Home Health Care Services must use EVV by January 1, 2023
  - » Failure to meet these deadlines results in reduction of Federal Financial Participation for those services

# 21<sup>st</sup> Century CURES Act Requirements

- “Electronic Visit Verification System” means, with respect to personal care services or home health care services, a system under which visits conducted as part of such services are electronically verified with respect to:
  - » The type of service performed;
  - » The individual receiving the service;
  - » The date of the service;
  - » The location of service delivery;
  - » The individual providing the service; and
  - » The time the service begins and ends.

# What are the benefits?

- ODM is adopting an EVV system to promote two key outcomes:
  - » **Promote quality outcomes for individuals (Quality of Care)**
    - Greater opportunity for enhanced care coordination and data sharing
  - » **Reduce billing errors and improve payment accuracy (Program Integrity)**
    - Electronically verifies that a caregiver is physically present for a visit

# What Services will be included?

- State Plan Home Health Aide
- State Plan Home Health Nursing
- State Plan RN Assessment
- Private Duty Nursing (PDN)
- Ohio Home Care Waiver Nursing
- Ohio Home Care Waiver Personal Care Aide
- Ohio Home Care Waiver Home Care Attendant

# EVV Stakeholders - Collaboration

- Individuals
- Provider Community
- Trading Partners and Billers
- Partner Agencies

# Getting the Message Out

- Individuals (Recipients)
  - » Stakeholder Meetings
  - » Written Correspondence
  - » Consumer groups
  - » Introductory video
- Providers
  - » Stakeholder meetings
  - » Correspondence
  - » Access to specifications prior to launch
  - » Interactive Voice Response (IVR)
  - » Mandatory Training

# How Does EVV Work?

# Two System Choices For Agencies - Same Functionality

- Agency Providers have two system choices:
  - » Use ODM's system, currently operated by Sandata, free of charge
  - » Implement and create their own "Alternate EVV System" that meets ODM's specifications
  - » Alternate vendors will have until 01/01/2019 to implement GPS functionality.

# How will visit information be collected?

- In Ohio's EVV System, every visit will be captured by either using a Mobile Visit Verification Device (MVV), Telephonic Visit Verification (TVV), or manual entry. MVV is the primary method, TVV secondary, and manual third.
- Every Alternate EVV System must feed data into the Sandata Aggregator at least once daily.
  - » Alternate EVV Systems must also have a manual entry option.

# EVV mobile device



EVV devices have been purchased and are in the process of configuration for use with the Sandata system.

## Device Specs:

- Caterpillar and LG Devices
- Android Operating System
- Large Screens

# OAC 5160-1-40 (Electronic Visit Verification)

- Identifies services subject to EVV
- Identifies exceptions to EVV Requirements
  - » Group Visits
  - » Anticipated duration of service is 90 days or less
  - » Managed Care
- The Department will provide an EVV system to providers

# OAC 5160-1-40 (Electronic Visit Verification) cont.

- Data Collection Requirements
  - » Individual receiving service
  - » Direct Care Worker providing service
  - » Location and Time at start of visit
  - » Service Provided
  - » Location and Time at end of visit
  - » Verification of visit time and service by Individual

# OAC 5160-1-40 (Electronic Visit Verification) cont.

- Provider requirements
  - » Current providers must complete required training
  - » New providers will complete training during provider application process
  - » Maintain required information with respect to individuals and direct care workers
  - » Device Requests
  - » Notification of End of Service
  - » Failure to meet EVV requirements may lead to termination of provider agreement.

# OAC 5160-12-04 & 5160-12-08 Home Health, PDN, RN Assessment Rules

- 5160-12-04: Home health and PDN: visit policy
  - » Addition of A4:
    - A visit must be verified using an ODM-approved electronic visit verification (EVV) system in accordance with 5160-1-40 of the Administrative Code.
- 5160-12-08: RN assessment
  - » Addition of B7:
    - RN assessments must be verified using an ODM-approved electronic visit verification (EVV) system in accordance with rule 5160-1-40 of the Administrative Code.

# OAC 5160-45-10 (ODM-administered Waiver Programs: Provider Conditions of Part.)

- Modifies paragraph (B):
  - » Verification of service delivery shall include, but not be limited to:
    - date/location of service delivery;
    - start/end times; and
    - signatures of the provider and individual/authorized representative.
  - » Acceptable signatures modified to include EVV.
- Adds new paragraph (C) requiring EVV for providers of nursing, personal care and home care attendant services under the Ohio Home Care Waiver in accordance with OAC rule 5160-1-40.

# Care Plan Considerations

- Method of Verification by Individual
  - » Voice Recording Preferred
  - » Digital Signature
  - » Authorized Representative
  - » Special Considerations
- Use of EVV Device
  - » Barriers to Using Device
  - » Individual Refuses to Use Device
  - » Alternate Method of Visit Documentation

## Care Plan Considerations, cont.

- Units approved
  - » Time to complete EVV tasks
  - » Exceed care plan limits
- Connectivity
  - » EVV Device won't connect
  - » No Geocoding
- EVV Exceptions
  - » Anticipated duration of services less than 90 days
  - » Homeless
  - » Group Visits

# Looking Ahead

- ODA and DODD
  - » ODM is working with ODA and DODD currently to establish a timeline and requirements for implementing EVV within their community.
  - » The goal is to bring EVV to ODA and DODD in Phase Two.
- Managed Care
  - » MCPs have been part of the EVV build from the beginning.
  - » Goal is to bring EVV to the MCPs in Phase Three.

# More information to come

- ODM has a webpage for EVV, which can be found at <http://medicaid.ohio.gov/INITIATIVES/ElectronicVisitVerification.aspx>.
- ODM continues outreach efforts to our provider and individual community to deliver EVV updates.
- ODM has also included an email address on this webpage for any EVV related questions. [EVV@Medicaid.ohio.gov](mailto:EVV@Medicaid.ohio.gov).
- The webpage will be updated as more information is available, so we encourage you to visit it often.

# EVV and the PCSP

Trina Hazley, Contract Manager

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# PCSP should...

**Identify** who will use EVV – individual, parent, legal guardian, etc.

**Describe** the individual's responsibility to use the EVV method of provider's choice to verify start and stop time of each visit.

**Authorize** services appropriate to need and setting

**Meet** individual's needs

# Use of EVV

- PCSP must identify who will use the EVV
  - Individual
  - Parent
  - Legal Guardian

This meets the requirement for identifying on the PCSP the “who” and mechanism for signature.

# Responsibility of EVV

- Providers of OHC Waiver services and State Plan Home Health services are required to utilize an EVV system for services that are needed for greater than 90 days.
  - Please encourage individuals to cooperate with EVV requirements.
    - EVV device
    - Telephony
    - Manual

# Authorization of Services

Modifiers and correct codes need to be included on PCSP

- Phase 1 of EVV will not have capability to recognize when services are provided in a group setting
  - The CM is responsible for authorizing services with the appropriate modifiers and billing codes
  - Providers are responsible for billing for services based on the PCSP

# Meet individual's unique needs

PCSP must address the individual's need for a specific schedule, as identified by the individual.

- Individuals whose unique needs require a service with specific start/stop time should have the specific times reflected on the PCSP
  - For example, if an individual requires the aide to stay with them until school transportation arrives at 7:30am, this should be identified on the PCSP.
  - Another example would be scheduled tube feeding to begin at 11:00 AM.

# Meet individual's unique needs

## OR...

PCSP must address the individual's need for a typical schedule, as identified by the individual.

- Case Managers may specify the duration of a “typical” shift when a level of flexibility with the shift is permitted.
  - Variances of up to 15 minutes will not require edits to the PCSP

Type of PCSP	Deviation from PCSP	Call the CM?	Update the PCSP?
<b>Specific</b> Schedule (i.e. “1p – 4p”)	14 minutes or less	YES	NO
	15 minutes or more	YES	YES
<b>Typical</b> Schedule (i.e. “Typically 1p – 4p”)  *Also may see words, including but not limited to, “usual”, “approximately”, or similar verbiage used to imply the individual permits a level of flexibility with the service schedule.	14 minutes or less	NO	NO
	15 minutes or more	YES	YES

# Questions???

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