ELECTRONIC VISIT VERIFICATION NEWSLETTER

Ohio | **Department of Medicaid**

WHAT IS THE EVV NEWSLETTER?

The "EVV Newsletter" is a tip sheet to help providers navigate Electronic Visit Verification (EVV) by answering common questions while providing assistance for resolving common issues encountered by providers. It also contains important information and reminders about the EVV program from the Ohio Department of Medicaid (ODM).

This tenth issue of EVV Newsletter contains the following information:

- Billing for EVV visits
- Edits Related to EVV
- How to find your Remittance Advice in MITS

WHO DO I CONTACT?

If you have technical questions, need help with a device or the EVV portal, or for device maintenance, please contact the EVV Provider Hotline at **855-805-3505** or email **EVVProviderHelpDesk@etraconline.net**. ***Please note: in order to receive communication back from the EVV Provider Hotline email address, you <u>must</u> have already registered for an account in eTRAC. Please also ensure that the email address you have registered in eTRAC is one that you check often.**

If you have general EVV questions or wish to report a problem, email the EVV Unit at **EVV@medicaid.ohio.gov** or leave a message in the voicemail box **614-705-1082**.

If you need to change your email, update your contact information, or have claims questions, contact the ODM Provider Assistance Hotline at **800-686-1516**.

BILLING FOR EVV VISITS

Before you create a claim for EVV-eligible services, you should review your supporting EVV visits in Sandata's EVV portal. Claims for services subject to EVV requirements for dates of service on and after February 13, 2019 <u>must</u> match EVV visits in Sandata's EVV system. If the information on the claim is not supported by the information in the EVV system, the claim will be denied.

Important things to know when billing for services subject to EVV requirements include:

- Be sure the visit exists in Sandata's EVV portal for the date of service you will put on the claim. If there is no visit in Sandata's EVV portal to match your claim, then the claim will deny.
    - If the visit does not exist in Sandata's EVV portal, you can manually add the visit and resolve the resulting exceptions before you submit the claim.
    - If you are an agency using an Alternate EVV system and you do not see the visit in the Sandata Aggregator, check with your Alternate EVV vendor to find out why the visit is not there. Follow the instructions from your alternate EVV system vendor to enter the visit (if necessary) and resolve all outstanding exceptions in the Alternate EVV system. **Note:** If your visit is not present and in a Verified status in the Sandata Aggregator, your claim will deny.

- If the visit exists in Sandata's EVV portal, make sure that it has all the required information. If there are outstanding exceptions for the visit, the Visit Status will be listed as *Incomplete*. A claim for a visit that is not in a *Verified* or *Processed* status will deny. Once you have added any missing information and resolved any exceptions, the *Incomplete* visit status will change to a status of *Verified*.

*There can be <u>no outstanding exceptions</u> on a visit at the time that you submit a claim for it. Visits can only be placed on a claim once they reach a *Verified* status in EVV, otherwise the claim will deny. However, a *Verified* visit status does <u>not guarantee</u> that the claim will be paid.

- Once you submit your claim, MITS will call out to the Sandata EVV system to check for the visits for which you have billed. Visits are matched to claims using the following criteria:
  - ✓ Provider Medicaid ID
  - ✓ Client Medicaid ID
  - ✓ Date of service
  - ✓ Procedure code
  - ✓ Visit units in the Sandata EVV system are greater than or equal to the number of units on the claim

  Remember that a visit will not be matched to a claim if there are any outstanding exceptions on the visit in the EVV system.

- If a visit in the Sandata EVV system is matched to a claim, the status of the visit in Sandata's EVV system will be changed from *Verified* to *Processed*. You can also see identifying Claim information from MITS in the Claims tab of the visit's Visit Details screen in Visit Maintenance.

*Please note: A *Processed* status does <u>NOT</u> mean that the claim will be paid by ODM. It simply means that MITS was able to find the visit indicated by the provider in EVV.

- If you submit a claim, and you receive an Explanation of Benefits (EOB) notice that there was an issue with EVV information (code 3611), check your EVV visit information in the Sandata EVV portal against your claim *before calling the ODM Provider Line for assistance*. If you have checked your claim against your EVV visit data, and you still do not understand why the edit posted, please reach out to the ODM Provider Assistance Hotline at 800-686-1516. Remember that these pieces of information must match between your EVV visit in the portal and the claim:
  - o Individual's Medicaid ID
  - o Dates of Service for the visit
  - o Procedure Code
  - o Visit units worked must be greater than or equal to the units billed

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EDITS RELATED TO EVV

The date when claims will begin to deny for edits related to EVV is quickly approaching! You can see any EVV edits that come back on your claims either on your:

- EOB, which can be found at the bottom of your claim in the MITS portal; or
- Remittance Advice

You may see edits come back on your EOB or Remittance Advice. The following edits mean the billing system and EVV are trying to talk to each other. If you see one of these codes, there's nothing you need to do:

- 9004 - Visit Verification Response Times Out
- 9005 - Visit Verification Error, Incorrect Batch
- 9006 - Visit Verification Error, Incorrect Record
- 9007 - EVV Response Transaction Failed

You may see the following edit for a brief period of time:

- 9008 Pending Visit Verification

If the 9008 edit does not come off of on your EOB, please report this to the ODM Medicaid Provider Hotline at 800-686-1516.

Another edit that you might see is ***3611- EVV Not Verified***. This is the most important one for which to watch. It means the claim will deny. Here are some questions to investigate if you see this edit:

✓ *Do you have a visit in EVV for the visit you submitted on the claim?*
✓ *Does the Medicaid ID entered in the EVV system for the individual to whom you provide care match what's on the claim?*
✓ *Does the date of service on your claim match the date on the visit?*
✓ *Does the service you billed for match the service on the visit?*
✓ *Are the units you are billing for less than or equal to what the visit shows in EVV?*
✓ *Are there outstanding exceptions on the visit in EVV? (In other words, is the visit in an Incomplete status in EVV?)*

HOW TO FIND YOUR REMITTANCE ADVICE IN MITS

To prepare for the 2/13/19 claims denial date, watch for information on your Remittance Advice to see if you have a message that references EVV. Your Remittance Advice will let you know if you have any issues with your EVV visits. Look at your Remittance Advice notices now to get an idea for whether or not you'll have difficulties when claim denials start on February 13th.

If you have questions on how to locate and read your Remittance Advice, please visit ODM's EVV webpage, here:
https://medicaid.ohio.gov/Portals/0/Initiatives/EVV/Providers/Remittance-Advice.pdf