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 eleventh issue of EVV Newsletter contains the following information:

- Claims Denial Date Delay
- Billing for EVV visits
- Edits Related to EVV
- How to find your Remittance Advice (RA) in MITS
- Using EDI Responses for EVV claims

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 must 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**.

CLAIM DENIALS DATE DELAY

ODM remains committed both to fully implementing EVV and ensuring individuals receive the services they need. After reviewing an analysis of the potential impact of EVV-related edits on claims, we would like more discussion with stakeholders before we proceed. So **ODM is not currently denying claims**, using EVV-related edits, for dates of service on and after February 13, 2019, as previously scheduled.

ODM is exploring options with partners as to the best way to ensure compliance, as a new claim denials date is determined. **Please note that this does not change the provider's obligation to use EVV for all visits for Phase 1 services.**

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 must match EVV visits in Sandata's EVV system, otherwise an informational edit will appear on the claim's Explanation of Benefits (EOB).

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 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.

- 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 not find a match in EVV. 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 should only be placed on a claim once they reach a *Verified* status in EVV. However, a *Verified* visit status in EVV does <u>not guarantee</u> that a match will be found between the claim and EVV. Be sure to check your EOB to make sure there were no issues with your EVV visit. If there are issues, you will see the 3611 edit on your EOB.

- 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: In the future, 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. In the future, there could be other reasons why a claim would deny that have nothing to do with EVV.

- If you submit a claim, and you receive an 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. 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 EVV@medicaid.ohio.gov. Remember that these pieces of information must match between your EVV visit in the portal and the claim:
  - Individual's Medicaid ID
  - Dates of Service for the visit
  - Procedure Code
  - Visit units worked must be greater than or equal to the units billed

EDITS RELATED TO EVV

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
- RA

You may see edits come back on your EOB or RA. 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

Another edit that you might see is **3611- EVV Not Verified**. This is the most important one for which to watch. It means there was no match found between the visit on the claim and your visits in EVV. 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 RA IN MITS

To know if you have any issues with your claims matching EVV, watch for information on your RA to see if you have a message that references EVV. Your RA will let you know if you have any issues with your EVV visits by displaying the *3611- EVV Not Verified* edit. Look at your RA notices now to get an idea for whether or not you'll have difficulties when claim denials start.

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

USING EDI RESPONSES FOR EVV CLAIMS

Providers who reconcile their claims and payments using the EDI 835 Electronic Remittance Advice (ERA) from their trading partner or clearinghouse *will not see the EOB 3611*. Instead, providers who reconcile claims using the 835 ERA will see a Claim Adjustment Reason Code (CARC) of 272. This is what would indicate that the EVV data for the provider in the Sandata Aggregator does not support the claim.

If any of the other edits (9004, 9005, 9006, 9007, 9008) post back on a claim, the 835 ERA will return a CARC of 133 with a Remittance Advice Remark Code (RARC) of M16. There is nothing you need to do for these codes; they are informational only. ***Please review your online RA and ERAs closely.*** Claims that post the 272 code to a CARC or the 3611 edit to an RA will **NOT** pay in the **future**. ODM is providing this information in advance so that you can make any needed corrections before there are impacts to your payment.