



# Department of Medicaid

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

**TO:** Contracted Managed Care Plans

**FROM:** Megan Powell, Interim Chief  
Office of Managed Care  
Policy and Program Development Section

**DATE:** May 17, 2019

**SUBJECT:** **Electronic Visit Verification (EVV) Pay and Post**

---

As you are aware, providers will be required to begin using EVV as of 8/5/2019 (this begins the “Pay and Post” period), and the managed care plans (MCPs) will use data collected from the EVV data collection system to validate all claims against EVV data (100% review) during the claim adjudication process; although not actually denying any claims due to no match in EVV. Refer to the EVV Pay and Post Requirements memorandum sent 4/2/19. The following information relates to the “Pay and Post” period for EVV. ODM has not yet established a date for MCPs to begin denying payments due to no match in EVV.

Plans are to code their claims adjudication system to post Remittance Advice Remark Code (RARC) N363 defined as “Alert: in the near future we are implementing new policies/procedures that would affect this determination” on a claim that WOULD HAVE DENIED if not in the Pay and Post period of this project. The N363 will be reported on the 835 transaction (header/claim level or detail/line level, as appropriate) to inform providers that while you’ve paid this claim, future claims may be denied if the provider doesn’t make changes. For example, when the number of units in the Sandata system is less than the number of units on the claim billed to the MCP. ODM expects this same RARC N363, or an equivalent, to be included on any paper remittance advice/EOB sent by the MCP to the provider. Because N363 is an “Alert” per the definition and not a type of denial, no Claim Adjustment Reason Code (CARC) is needed to post to the claim.

The N363 will also be reported on the encounter. However, since ODM uses the 837 transaction for encounter data, the N363 will have to be posted at the claim/header level. RARCs cannot be posted at the detail of an 837 transaction.

All plans have indicated N363 is not utilized on any claim/encounter transaction in Ohio Medicaid. Therefore, it will be unique to the EVV program. We will use this information from encounters to provide required reports to the Centers for Medicare and Medicaid (CMS) specific to EVV.

Establishing the N363 RARC and submission of encounters will satisfy the “Pay and Post” requirements for notifying providers and reporting to ODM set forth in the July 1, 2019, Provider Agreement.

Technical questions may be sent to Eric Edwards at [Eric.Edwards@medicaid.ohio.gov](mailto:Eric.Edwards@medicaid.ohio.gov)