

Ohio Department of Medicaid Alternate EVV Update and Future Changes

April 28, 2022

12:30pm – 2:00pm

Hosted by the Ohio Department of Medicaid and Sandata Technologies

Sound Test



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Intended Audience

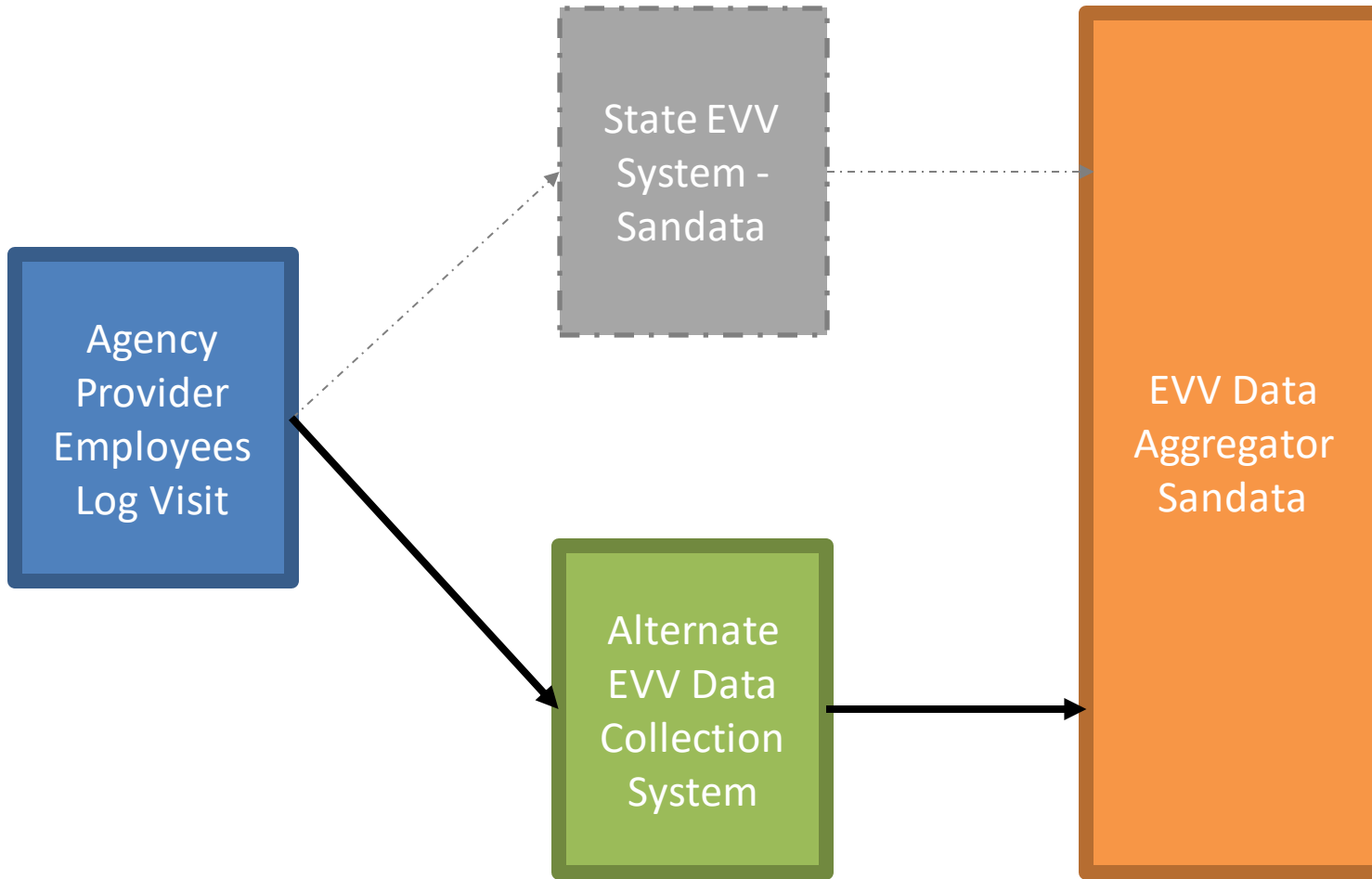
- Agency providers that use an Alternate (Alt) EVV system
 - » These are providers that do not use the State provided EVV System by Sandata Technologies
- Alternate EVV system entities
 - » These are vendors of alternate EVV systems
- EVV stakeholders interested in hearing updates related to Alt EVV

Objectives

- Background
- Review Future Ohio Medicaid Enterprise System (OMES) Changes
- Next Generation Managed Care and Impact to Alt EVV
- Current EVV Exceptions
- Updated Format of Alt EVV Technical Specifications and Validation Efforts
- Next Steps
- Questions

Alternative EVV Background

Alternative EVV Background



- Alt EVV entities must complete the [ODM Alt EVV Certification process](#) for each provider Medicaid ID
- Alt EVV entities must send in provider visit data to the Sandata Aggregator

Alternative EVV Background

- Providers and Alt EVV systems must comply with ODM's [Technical Specifications](#) and [Business Requirements](#)
- Providers are responsible to ensure visit data in the Sandata Aggregator matches what is in the Alternate EVV system
 - » The data in the Sandata Aggregator is used to validate claims by payors

**Future
Ohio Medicaid Enterprise System (OMES)
Changes**

What is OMES?

OMES will be the **modernized replacement** of most functionalities in the Medicaid Information Technology System (MITS) and other supporting systems. OMES is made up of all the systems that are used in the delivery of Medicaid services.

How is OMES related to ODM's Strategic Initiatives?

OMES encapsulates all new modules and can be thought of as a **"gear."** The various modules and components, including some of ODM's strategic initiatives, are the pinions or **smaller gears**.

OMES and the Next Generation Ohio Medicaid Program

Single Pharmacy Benefit Manager (SPBM)

This module will help ODM administer Ohio Medicaid's prescription drug program.

Pharmacy Pricing Auditing Consultant (PPAC)

The PPAC will support ODM and SPBM in pharmacy program oversight and auditing.

Centralized Credentialing

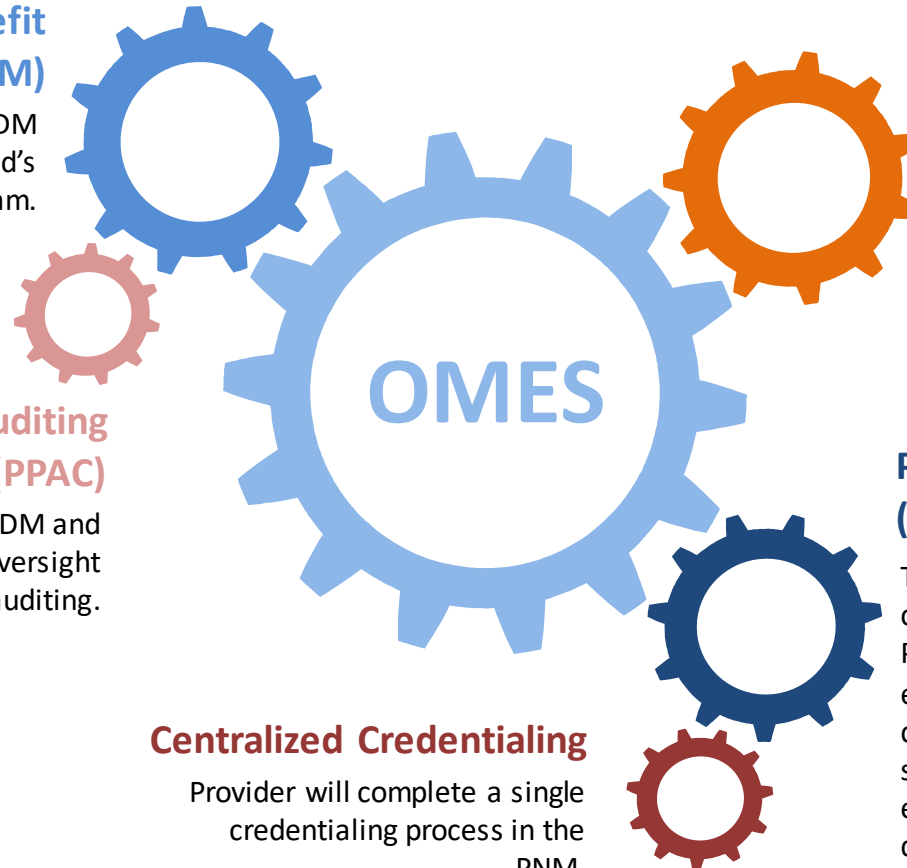
Provider will complete a single credentialing process in the PNM.

Fiscal Intermediary (FI)

The FI will serve as a single point of entry for all provider claims and prior authorization requests.

Provider Network Module (PNM)*

The PNM will facilitate provider credentialing for all MCOs. The PNM will receive provider enrollment applications, contain demographic information self-service management, and enhance a more robust provider directory to include MCP affiliation/network.



*PNM is the portal used to facilitate the Centralized Credentialing process.

Next Generation Managed Care Organizations

- 7 MCOs are selected for the Next Generation of Managed Care in Ohio:
 - » AmeriHealth Caritas Ohio, Inc. - **New**
 - » Anthem Blue Cross and Blue Shield - **New**
 - » Humana Healthy Horizons in Ohio - **New**
 - » Buckeye Community Health Plan
 - » CareSource Ohio, Inc.
 - » Molina Healthcare of Ohio, Inc.
 - » UnitedHealthcare Community Plan of Ohio, Inc.

Next Generation Managed Care Organizations

- No change to the 5 MyCare Ohio Plans
 - » Aetna Better Health of Ohio
 - » Buckeye Community Health Plan
 - » CareSource Ohio, Inc
 - » Molina Healthcare of Ohio, Inc.
 - » UnitedHealthcare Community Plan of Ohio, Inc.
- Paramount Health Plan
 - » Will remain in the EVV system (and Alt System) for services provided prior to contract end date. (TBD)

Future OMES Changes

What does the MCO Procurement mean for Providers and Individuals?

- Individuals that are eligible for the Next Generation of Ohio Medicaid plan will have the option to select one of the new managed care organizations
- Providers will work with the new MCOs
- There is no impact to MyCare Ohio plans related to EVV.
- **Alt EVV systems need to include the new MCOs in their systems**

Next Generation Managed Care Impact to Alt EVV

MCO Procurement - Impact to Alt EVV

- New plans need to be added as Payer options in Alt EVV Systems
- New plans cover current EVV State Plan services

New EVV Payer	Current EVV Program	Current EVV Services
AmeriHealth Caritas	State Plan (SP)	<ul style="list-style-type: none"> • Home Health Aide - G0156 • Nursing RN - G0299 • Nursing LPN - G0300 • RN Assessment - T1001 • Private duty nursing/Independent Nursing - T1000 • Physical Therapy - G0151 • Occupational Therapy - G0152 • Speech Language Therapy - G0153
Anthem		
Humana		

MCO Procurement - Impact to Alt EVV

- New MCOs will not start covering individuals or paying Medicaid claims until a later date
 - » New MCO's will need to be added as on the individual's (client) record in the Alt EVV system
 - » Providers are responsible to ensure the correct Payer, Program and Service is attached to the individual's record and on visits

EVV Payer	New or Current?
AmeriHealth Caritas	New MCO
Anthem	New hybrid MCO
Humana	New MCO
Paramount	No change in the system, TBD
UHC	Current, No change
Aetna	Current, No change
Buckeye	Current, No change
CareSource	Current, No change
Molina	Current, No change
ODM	Current, No change
ODA	Current, No change
DODD	Current, No change

EVV Exceptions

EVV Exceptions

- EVV Exception: An indicator of missing information or details on the visit that need addressed in EVV
- In 2021 ODM announced removal of 4 EVV exceptions
 - » Change was made at the request of stakeholders to reduce administrative burden

Exceptions Removed from The Ohio EVV Program:

Exception Code	Description	Change
15	Unmatched client/phone	No longer required
28	Visit Verification Exception	No longer required
39	Client Signature Exception	No longer required
40	Service Verification Exception	No longer required

EVV Exceptions

Current EVV Exceptions in the Ohio EVV Program:

Exception Code	Description	Change
0	Unknown client	No change
1	Unknown employee	No change
3	Visit without in call	No change
4	Visit without out call	No change
23	Missing Service	No change
34	Unauthorized Service	No change
15	Unmatched client/phone	No longer required
28	Visit Verification Exception	No longer required
39	Client Signature Exception	No longer required
40	Service Verification Exception	No longer required

Alt systems no longer need to send in the exceptions that are not required

Sandata:
**Updated Format of Alt EVV Technical Specification
Document and Validation Efforts**

Alt EVV Technical Specification Validation and Updates

- Sandata is completing a full validation and review of the Ohio technical specifications. This includes:
 - » Validating every field
 - » Reviewing the specifications for clarity and readability
 - » Reformatting the Ohio technical specifications for a more similar look and feel to other Sandata state programs
- This is to ensure that:
 - » The Ohio Alt EVV interface and its documentation are more clear to Alt EVV vendors and providers
 - » The Ohio Alt EVV interface is easier for Alt EVV vendors to understand

Alt EVV Technical Specification Validation and Updates

- Review of the Ohio technical specifications has also resulted in updating them to a newer, more clear format
- New format includes:
 - » More clearly identified and stated rejection rules, expectations for field values, and default values for fields
 - » Clarifying descriptions of fields, to better understand what each field represents
 - » More detailed information regarding values for the Ohio program, included in additional appendices that have been added
 - » Ohio program updates that were discussed earlier in this presentation

Alt EVV Technical Specification Validation and Updates

- Examples of key changes you will notice include:
 - » Updated JSON example screenshots in the Appendices

Appendix A - JSON Sample – Individual

```
[
  {
    "BusinessEntityID": "123545",
    "BusinessEntityMedicaidIdentifier": "1122544",
    "PatientOtherID": "221540054",
    "SequenceID": 1002,
    "PatientMedicaidID": "2254669842",
    "IsPatientNewborn": "False",
    "PatientAlternateID": "1923478",
    "PatientLastName": "Smith",
    "PatientFirstName": "John",
    "PatientTimezone": "US/Eastern",
    "IndividualPayerInformation": [
      {
        "Payer": "ODM",
        "PayerProgram": "SP",
        "ProcedureCode": "G0156",
        "Address": [
          {
            "PatientAddressType": "Home",
            "PatientAddressIsPrimary": true,
            "PatientAddressLine1": "26 Harbor Drive Park",
            "PatientAddressLine2": "",
            "PatientCity": "Port Washington",
            "PatientState": "NY",
            "PatientZip": "11050",
            "PatientAddressLongitude": "111.00224",
            "PatientAddressLatitude": "022.012",
            "PatientTimezone": "US/Eastern"
          }
        ]
      }
    ]
  }
]
```

Alt EVV Technical Specification Validation and Updates

- Examples of key changes you will notice include:
 - » An updated Payer, Program, and Procedure Code listing for the Ohio program in Appendix G
 - » Includes exact combinations and formatting of Payers, Programs, and Procedure Codes that can be accepted for the Ohio program

Individual Payer Information

Note that the following information needs to be sent for all payers, programs and procedure codes (services) valid for the client.

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
Payer	Payer(s) to which the client is associated.	64	String	Yes	See Appendix G for list of payers. If not provided or not one of the valid values = Reject Complete Client Record
PayerProgram	Program to which the client is associated.	64	String	Yes	A full description of Program specifics can be found in Appendix G. If not provided or not one of the valid values, client record will be rejected.
ProcedureCode	This is the billable procedure code which would be mapped to the associated service. For most programs, it is the HCPCS number.	5	String	Yes	See Appendix G for program specific values. If not null or not one of the valid values, client record will be rejected.



Appendix G - Covered Programs and Services

The Payer, Program, and Procedure Code combinations in the table below are the only combinations that are accepted for Client or Visit records, in the Ohio EVV program. For further information on the procedure codes below, visit the ODM webpage at <https://medicaid.ohio.gov/static/Providers/EVV/Providers/Covered-Programs-and-Services.pdf>.

Payer	Payer Program	Procedure Code
ODM	SP	G0156
ODM	SP	G0299
ODM	SP	G0300
ODM	SP	T1000
ODM	SP	T1001
ODM	SP	G0151
ODM	SP	G0152
ODM	SP	G0153
ODM	OHC	S5125
ODM	OHC	T1003
ODM	OHC	T1019

Alt EVV Technical Specification Validation and Updates

- Examples of key changes you will notice include:
 - » Clarification of field descriptions and how different values for fields will be treated, such as for the “IsPatientNewborn” and “PatientMedicaidEffectiveDate” fields in the Client segment

IsPatientNewborn	Indicator that a patient is a newborn. If this value is provided, Patient Medicaid ID will be ignored and will be valid as null	5	Boolean	Yes	Values: True/False If not provided, value will be set to false
PatientMedicaidEffectiveDate	Date when the newly provided Medicaid ID is effective. Note that if this date is prior to any claims validation activity, the starting date for the new PatientMedicaidID will be the day after the last claim was validated.	10	Date	No	If not provided, assumed to be current.

Next Steps

Next Steps

- **Alt EVV Entities** : 3 New Payers need to be added into system
 - » Updated Alt EVV Technical Specifications will be available on the [ODM Alt EVV webpage](#)

Medicaid / Resources for Providers / Programs & Initiatives / Electronic Visit Verification / Alternate System

Alternate System

An alternate EVV system is an EVV system that is not the ODM-provided EVV system through Sandata Technologies.

Alternate EVV System for Agency Providers

Only agency providers are eligible to use an alternate EVV system. To be an approved alternate EVV system, a vendor must successfully complete the Alt EVV Certification process and meet all of ODM's business requirements and technical specifications for an alternate EVV system.

- **Providers:** Need to update the Payer, Program and Service associated with individuals in the Alt EVV system if individual chooses to select new plan in the future
- **ODM and Sandata:** Keep Alt entities and providers updated on Alt EVV Technical Specification validation efforts

Questions?

EVV Helpful Resources

Resource Title	Description
<u>ODM EVV Fact Sheet</u> <i>pdf document</i>	One page summary of the EVV program for providers, agency staff, case managers, and others.
<u>ODM EVV page</u> <i>Webpage</i>	The general ODM EVV webpage for providers and stakeholders.
<u>EVV Newsletters</u> <i>Webpage</i>	Monthly EVV newsletters highlighting program changes/updates. <u>Subscribe</u> to ODM EVV communications.
<u>EVV Webinars</u> <i>Webpage</i>	The ODM EVV team hosts monthly webinars and post the recording and slides from each webinar. Upcoming and historical webinars can be found on the ODM EVV webpage.
<u>EVV Tools and Helpful Documents</u> <i>Webpage</i>	ODM webpage for helpful documents on the EVV program, Sandata system, telephony, devices, payor systems and Zendesk Sandata help desk portal.
<u>Programs and Procedure Codes Included in EVV</u> <i>pdf document</i>	List of covered programs and services subject to EVV requirements, listed by payor.
<u>Time to Units Conversion</u> <i>pdf document</i>	Time to units' conversion for EVV services, by payor.
<u>Sandata Help Desk Ticketing portal – Zendesk</u> <i>Webpage</i>	Helpdesk portal to access open and historical tickets submitted by users to Sandata and the ODM EVV team.

EVV Contacts

Contacts	Types of Questions Fielded
<p>Sandata Alt EVV Team ohaltevv@sandata.com</p>	<ul style="list-style-type: none"> ▪ Alt EVV technical questions
<p>ODM EVV Team ODMEVV@sandata.com 614-705-1082</p>	<ul style="list-style-type: none"> ▪ EVV policy questions ▪ Services subject to EVV ▪ EVV and claims matching logic ▪ Alternate EVV requirements
<p><u>Virtual Office Hours</u> Open forum to discuss EVV questions</p>	<ul style="list-style-type: none"> ▪ Visits not changing to processed status ▪ Claims matching issues
<p>ODM Provider Assistance 800-686-1516</p>	<ul style="list-style-type: none"> ▪ Questions on account in MITS ▪ Billing questions ▪ Identify provider Medicaid provider ID ▪ Updating contact information
<p>Medicaid Fraud medicaidfraud@medicaid.ohio.gov 800-282-0514</p>	<ul style="list-style-type: none"> ▪ To report suspected or potential Medicaid fraud and abuse