

Electronic Visit Verification (EVV) Provider Stakeholder Meeting

Presented by HHSC EVV Operations Fall 2017

Objectives

- This meeting is for providers who are required to use an HHSC approved EVV system and are contracted with:
 - HHSC/Department of Aging and Disability Services (DADS); or
 - Management Care Organizations (MCOs)
- This material reflects a collaboration between HHSC, Texas Medicaid Healthcare & Partnership (TMHP), and MCOs



Objective



- EVV Cures Act
- EVV Senate Bill 894
- Individual/Member Communication
- MCO Authorizations
- EVV Pilots
- EVV Compliance Scores
- Most Commonly EVV Recoupments
- Most Commonly EVV Denials



Objective

- It is intended to introduce <u>new</u> EVV polices and changes relating to:
 - EVV Provider Manual
 - Unlocking Visit Maintenance Process
 - New Small Alternative Device Order Process



Objective

- It is intended to provide a <u>review</u> of:
 - EVV Reason Codes
 - Reason Code Free Text
 - EVV Reports
- It is intended to allow provider agencies an opportunity to ask questions.





Section I

Welcome/Introductions/Provider Feedback

Section II

EVV Updates

- EVV Cures Act
- EVV Senate Bill 894
- Individual/Member Communication
- MCO Authorizations
- EVV Pilots
- EVV Compliance Scores
- Most Commonly EVV Recoupments
- Most Commonly EVV Denials



Schedule

Section III

New and Revised EVV Polices

- EVV Provider Manual
- Unlocking Visit Maintenance
- New SAD ordering process

Section IV

EVV Review

- EVV Reason Codes
- Reason Code Free Text
- EVV Reports

Section V

Questions and Answers





Section I

Welcome Introduction Provider Feedback



Section II

EVV Updates

21st Century Cures Act

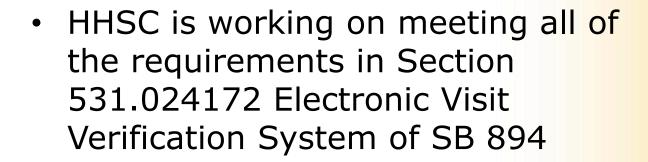


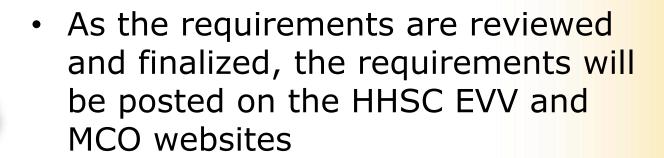
Section 12006. Electronic Visit
 Verification System Required for
 Personal Care Services and Home
 Health Care Services under Medicaid

HHSC is currently discussing requirements

 HHSC is waiting on additional clarification from CMS

Senate Bill (SB) 894







Senate Bill (SB) 894

The following requirements are currently being reviewed:

(c) Inform Medicaid recipients who receive services required to use EVV;



(d)(2)(A) the information required to be reported by health care providers is standardized across managed care organizations that contract with the commission to provide health care services to Medicaid recipients and across commissions programs;



Senate Bill (SB) 894

The following requirements are currently being reviewed:

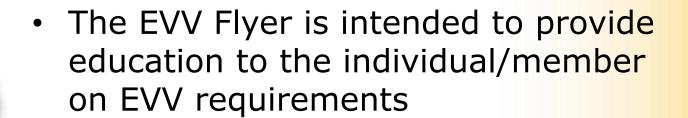
(e)(1) Consider the administrative burden placed on health care providers to comply with standards; and

(h) create a stakeholder work group comprised of representatives of affected health care providers, MCOs, and Medicaid recipients and periodically solicit from that work group input regarding the ongoing operation of the electronic visit verification system under this section.

Individual/Member Communication

EVV Enrollment Flyer



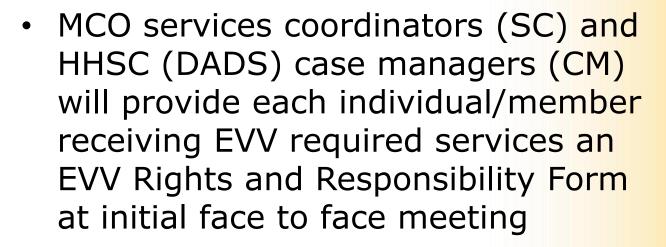


 The EVV Flyer informs the individual/ member EVV is required by the State



Individual/Member Communication

EVV Rights and Responsibility Form



 The SC and the CM will verbally review the form and have the individual/member sign the form



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Individual/Member Communication

EVV Rights and Responsibility Form

- The SC or CM will keep a copy of the signed form and leave a copy for the individual/member
- A new form will be sign annually

The estimated effective date EVV Enrollment Flyer and the EVV Rights and Responsibilities Form is March 2018.



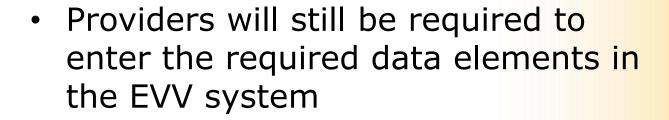
MCO EVV Authorization

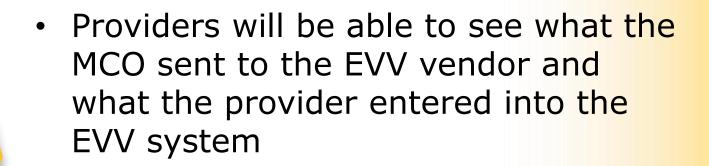
All MCOs will send an electronic authorization file of active members to each EVV vendor daily.



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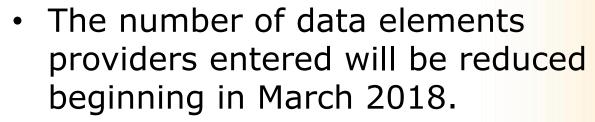
MCO EVV Authorization







MCO EVV Authorization



This date is subject to change.

 The data elements providers would be required to enter will be published on the HHSC EVV and MCO websites.





- The GPS Mobile Application (App)
 captures the geolocation coordinates
 (longitude and latitude) of where the
 attendant clocks-ins and clocks-outs
- Currently under pilot testing with DataLogic only
- The attendant must have a smart phone with GPS capabilities and volunteer to use it for EVV
- No reimbursement for using phone



GPS Mobile App Pilot



The attendant downloads the Vesta
 Mobile app on their smart phone and
 uses the app to clock-in and out by
 pressing the clock in/out button

 The GPS App estimated data usage is less than two megabytes (MB) per month and does not use minutes from cell phone plan

There is no PHI stored on the mobile
 app

GPS Mobile App Pilot

Some restrictions:

- Smart Phone cannot be "jail broken" or "Rooted";
- Must have Apple iOS, or Google Android platform on smart phone; and
- Attendant cannot live in the same residential complex as the individual/member receiving services.



GPS Mobile App Pilot



 If you would like to be part of the EVV GPS Pilot and your EVV Vendor is DataLogic, please contact DataLogic.





- To reduce visit maintenance
- Increase auto-verified visits
- Provide more flexibility

Pilot includes HHSC and MCOs payors



DataLogic:

- As of Aug. 2017, 31 provider agencies participating
- Average percent of increased autoverified visits is 17%

MEDsys:

- As of Aug. 2017, 71 provider agencies participating
- Average percent of increased autoverified visits is 8%





- Call Matching Window for Auto-Verification;
- Expanded Time Option for Auto-Verification;
- Optional Alert Feature Authorized Hours Close to Being Reached; and
- Automatic Downward Adjustment Option.



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Option 1 - Call Matching Window for Auto-Verification

Current Rule: If the EVV clock-in is within 2 hours of the start of a scheduled visit or 2 hours after a scheduled visit, and no other exceptions exist, the calls will auto-verify. Otherwise visit maintenance is required.

Proposed Solution: If the EVV clock-in and clock-out is between 12:00am through 11:59pm, on the same date of a scheduled visit, and no other exceptions exist, the calls will auto-verify.



Option 2 – Expanded Time Option for Auto-Verification



Current Rule: If the rounded EVV pay hours equals the scheduled hours, and no other exceptions exist, the calls will auto-verify. Otherwise visit maintenance is required.

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Option 2 – Expanded Time Option for Auto-Verification

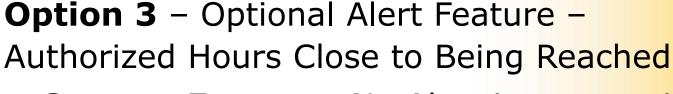
Proposed Solution:

- Providers have the option to select the Expanded Time Option which will extend the auto-verified timeframe by 0.25 rounded hours.
- For providers that choose this option, if the rounded EVV pay hours are equal to the scheduled hours plus or minus 0.25 rounded hours (plus or minus 22 minutes), and no other exceptions exist, the calls will auto-verify and log the actual rounded EVV pay hours. Otherwise, visit maintenance is required.



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Current Feature: No Alert is present in EVV systems to inform provider that Authorized Hours are close to being reached.

Proposed Feature: Each EVV vendor will provide an optional "alert".

The alert will notify the provider when the individual/members authorized hours are close to being reached for the week.



Option 4 – Automatic Downward Adjustment Option:

- The provider has an additional option to choose the Automatic Downward Adjustment Option.
- If checked, the rounded EVV pay hours will automatically be downward adjusted to the original scheduled hours, in order to prevent issues with EVV pay hours exceeding the authorized levels for the individual/member.
- If left unchecked, the auto-verified visit will include the additional .25 hours in the actual rounded EVV pay hours.



Example #1: Schedule 8am - 12pm; 4 hours

- The Provider has Expanded Time Option checked
- The Provider has the Automatic Downward Adjustment Option checked
- Attendant called in anytime between 12:00 am - 11:59 pm
- The actual hours worked is 4 hours and 22 minutes
- The call will AUTO-VERIFY at 4 EVV rounded pay hours (automatically downward adjusted to Scheduled Hours instead of 4.25 hours)





- The Provider has the Expanded Time Option checked
- The Provider has Automatic Downward Adjustment Option unchecked
- Attendant called in anytime between 12:00 am - 11:59 pm
- The actual hours worked is 2 hours and 11 minutes
- The call will AUTO-VERIFY at 2.25 EVV rounded pay hours





- The Provider has the Expanded Time Option checked
- The Provider has Automatic Downward Adjustment Option <u>unchecked</u>
- Attendant called in between 12:00 am -11:59 pm
- The actual hours worked is 1 hour and 40 minutes
- The call will AUTO-VERFIY at 1.75 EVV rounded pay hours



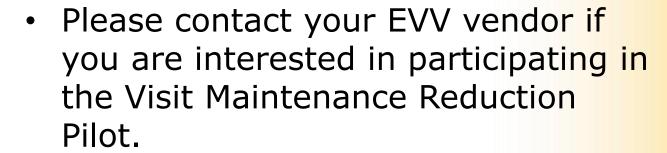
Want to Participate?

- If you consent to participate, your entire agency (all branches) will be set-up to test the pilot solutions
- After your consent form is received by HHSC and the EVV vendor, your EVV Vendor will reach out to you to provide training on the pilot solutions
- You can choose what pilot options you would like to test



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How to sign up for VM Pilot?







EVV Compliance Scores

HHSC (DADS) EVV Compliance Scores Quarter 1*

DataLogic: 65 out of 1208 contracts were below 90%.

MEDsys: 83 out of 864 contracts were below 90%.



* Quarter 1=April, May, June, 2017



EVV Compliance Scores

MCOs EVV Compliance Scores Quarter 1

- Aetna
- Amerigroup
- Blue Cross/Blue Shield
- Children's Medical Center
- CIGNA
- Community First Health

- Cook Children's
- Driscoll
- Molina
- Texas Children's
- Superior
- United

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Most Common Reasons for EVV Recoupments Fee-for-Service

HHSC/DADS Region	Reason for EVV Recoupment
1/10	 No free text documentation for RC 900, 905, 910 & 305 Billing over weekly authorized units Use RC 305 for everything with no free text when required
2/9	 Failure to document the appropriate information in the free text field on required reason codes
3	 Visit Maintenance completed after billing Unable to pull the EVV Visit Log Using other reports such as Client Visit Log and Payroll reports to verify services rendered Failure to document the appropriate information in the free text field on required reason codes
3/4	 Unable to pull the EVV Visit Log Failure to document the appropriate information in the free text field on required reason codes Overbilling-suspect the contractor is using the schedule instead of actual EVV Visit time
5/7	No free text on required reason codes
6	 Failure to document the appropriate information in the free text field on required reason codes
8	Failure to use correct free text or not using free text at all
11	 Failure to document the appropriate information in the free text field on required reason codes



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Most Common Reasons for EVV Recoupments - MCOs

Each MCO will provide an update on Recoupments. If the MCO is not present, the information will be available on their website.

- Aetna
- Amerigroup
- Blue Cross/Blue Shield
- Children's Medical Center
- CIGNA

- Community First Health
- Cook Children's
- Driscoll
- Molina
- Texas Children's
- Superior
- United



Most Common Reasons for EVV Denials - MCOs

Each MCO will provide an update on Recoupments. If the MCO is not present, the information will be available on their website.

- Aetna
- Amerigroup
- Blue Cross/Blue Shield
- Children's Medical Center
- CIGNA

- Community First Health
- Cook Children's
- Driscoll
- Molina
- Texas Children's
- Superior
- United



Section III

New and Revised EVV Policies and Requirements

EVV Provider Manual



- The EVV Provider Manual:
 - Includes all EVV policies and requirements;
 - Available electronically on the HHS EVV website; and
 - Each MCO will have the same information in the EVV Provider on each MCO website.

Tentative Published date is: Jan. 1, 2018



EVV Provider Manual

- Appeal Process
- Cell Phones
- HHS or MCO Complaints
- EVV Compliance
- Consumer Directed
 Services
- Contract Monitoring and EVV

- Data Elements
- EVV Forms
- Fraud/Waste and Abuse
- GPS
- How does EVV work
- Introduction to EVV
- Landlines



EVV Provider Manual

- New Contracts/ Grace Period
- Program Definitions
- Program and services required to use EVV
- Reason Codes
- EVV Reports

- EVV Billing Codes
- Small Alternative Device
- Unlocking Visit Maintenance Process
- Visit Maintenance

What does this mean?

Providers who recognize a correction is needed to a data element past 60 calendar days from the visit may request visit maintenance unlocked.



How do I know a correction is needed?

- If you unable to pull an EVV visit log;
- Check the Mismatch Payor Report from the **MEDsys** EVV system; or
- Check the Failed to Export Report from the **DataLogic** EVV system.

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^{*}For questions with these reports please reach out to your vendor

What is NOT allowed for corrections?

- Actual Visit Date
- Actual Time In
- Actual Time Out
- Visits prior to Apr. 1, 2016

If a request is made during the time of a contract monitoring review your request will NOT be accepted.



How do I request visit maintenance be unlocked?

- Contact your payor associated with the request via email asking to have visit maintenance unlocked.
- Your payor will send you a spreadsheet that must be completely filled out and emailed back in a secure email.
- Unsecure email requests will not be processed and may result in a HIPAA violation.



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How is a decision made?

- Approvals are at the payor's discretion.
- Payors will determine their decision on a case-by-case basis.
- Supporting documentation is required per request and will be reviewed by the payor.
- Payors may request additional information if needed.





Approved Requests:

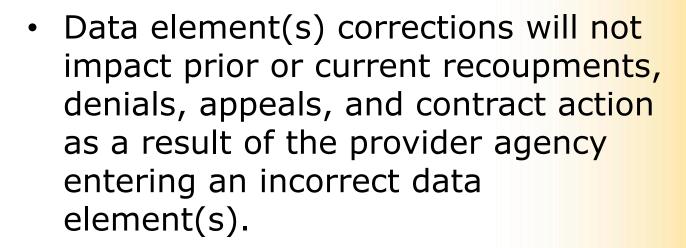
- Your payor will send you an email with approval; and
- Your vendor will reach out to you with further instruction.

<u>Denied Requests</u>:

 Your payor will send you an email explaining the reason your request was denied.



Please Note:



 Prior and current recoupments, denials, appeals, and contract action will remain.





- HHSC/TMHP - <u>electronic visit verification@hhsc.state.t</u> <u>x.us</u>
- Cook Children's Health Plan -<u>CCHPEVV@cookchildrens.org</u>
- Children's Medical Center Health Plan cmchpevv@childrens.com
- Driscoll Health Plan -<u>evvquestions@dchstx.org</u>



Send unlocking visit maintenance requests to:

- Superior Health Plan -shp evv@centene.com
- Texas Children's Health Plan -<u>EVVGroup@tchp.us</u> (email updated 1-8-18)
- Community First Heal Plan -<u>cfhpevv@cfhp.com</u>
- Aetna evvmailbox@aetna.com
- Blue Cross Blue Shield -





- Cigna Healthcare - <u>providerrelationscentral@healthspring.</u> <u>com</u>
- Molina -<u>mhtxevv@molinahealthcare.com</u>
- United -<u>uhc evv@uhc.com</u>
- Amerigroup -<u>TXEVVSupport@amerigroup.com</u>



New Small Alternative Device Order Process



- Each EVV vendor is currently developing an electronic request process to order SADs directly from the EVV system
- This electronic request process will eliminate the SAD paper form
- Individuals' and members' signature are no longer required to order a SAD
- More information and effective date will be posted on the HHSC EVV and MCOs websites

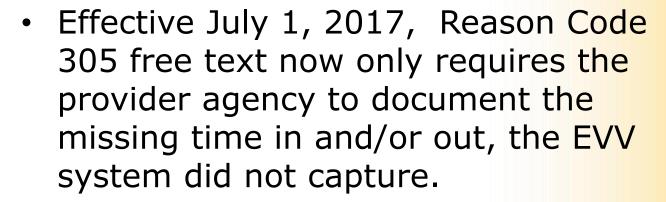


Section IV

Review
EVV Reason Codes
EVV Free Text Requirements
EVV Reports

Reason Codes

Update:



 Failure to document the missing time in and/or out in the free text comment field may result in claim denial, recoupment or contract action.



Reason Codes

Update:

- Example: The attendant used the SAD to clock-in at 9am. The SAD malfunctioned at clock-out, 12:00pm, so attendant did not receive the values from device.
- The EVV visit screen shows the 9am clock-in but missing clock-out. The EVV required free text is actual clock-out time of 12:00pm.



Seven (7) reason codes require free text entry in the comment field.

1.Reason Code 130 - Disaster or Emergency

 Must document the nature of the disaster or emergency and actual time in and/or time out



Seven (7) reason codes require free text entry in the comment field.



- 2.Reason Code 305 –
 Malfunctioning Small Alternative
 Device and/or Invalid Small
 Alternative Device Value –
 Verified Services Were Delivered
 - Must document the missing actual time



3. Reason Code 310 - Mobile Application Problems

- Must document the nature of the problem and actual time in and time out
- 4. Reason Code 900 Attendant Failed to Call In Verified Services Were Delivered
 - Must document actual time in

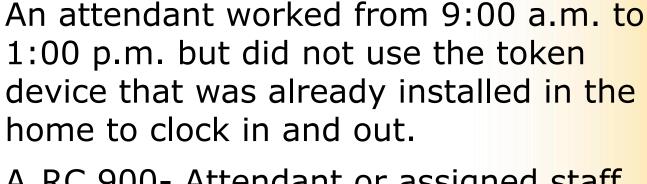


- 5. Reason Code 905 Attendant Failed to Call Out Verified Services Were Delivered
 - Must document actual time out
- Reason Code 910 Attendant Failed to Call In and Out – Verified Services Were Delivered
 - Must document actual time in and time out
- 7. Reason Code 999 Other
 - Must enter free text in the comments field to explain the use of this reason code.



Reason Code Scenarios

Scenario 1



- A.RC 900- Attendant or assigned staff failed to call in
- B.RC 905- Attendant or assigned staff failed to call out
- C.RC 910- Attendant or assigned staff failed to call in and out
- D.RC 205- Small Alternative Device Pending Installation





Services

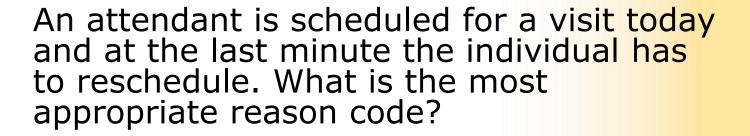
Scenario 2

An attendant shows up to an individual/ member's home and immediately sees they have fallen.

Instead of making the individual/member wait for help so the attendant can call into the EVV system what reason code is the most appropriate to use for the missing clock-in time?

- A. RC 130- Disaster or Emergency
- B. RC 405 Phone unavailable- Verified Services were delivered
- C. RC 500- In-Home Respite Services
- D. RC 999- Other

Scenario 3



- A. RC 121- Attendant or Assigned Staff-no call and no show
- B. RC 115- Individual/Member agreed or requested attendant/assigned staff not work schedule
- C. RC 135- Confirm visits with no schedule
- D. RC 110- Fill-in for regular attendant or assigned staff



Scenario 4



My attendant said the SAD token codes did not go through when calling into the EVV system. What reason code do I use to confirm the visit?

- A.RC 300-Phone lines not working
- B.RC 305-Malfunctioning small alternative device or invalid small alternative device value
- C.RC 310-Malfunctioning Mobile Application
- D.Both RC 300 and RC 305



Reason Code Questions Received

From the Electronic Visit Verification Mailbox

Reason Code 100

Schedule Variation

What reason code should be used if the attendant stays with the client longer than the scheduled hours?

- RC 100
- Must save a non-preferred code if attendant failed to clock-in or out.



Reason Code 200

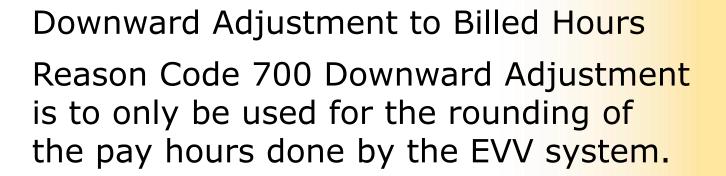


Our agency has an individual/member who is pending token arrival. The SAD form was already sent out and has been approved. Which Reason Code should we use?

- Token/ Small Alternative Device has been ordered
- Provider waiting to receive the device



Reason Code 700









Failed to Call Out

What happens if the attendant clocked out at 10pm because they forgot to clock out when services were finished?

What code would I use? Can I adjust the pay hours (what I am billing) from 12 hours to 5 hours?

- RC 905
- Adjust the pay hours to what was actually worked and what you are actually going to bill, which in this case is 5 hours.





The following HHSC EVV standard reports can be reviewed by HHSC and MCOs and provider agencies:

- Attendant/Nurse Providing Services by Individual
- Alternate Device Order Status
- CDS Employee
- EVV Compliance Summary Snapshot Report-MCOs
- EVV Compliance Plan Summary Snapshot – HHSC
- EVV Compliance Plan Daily Snapshot

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EVV Reports

The following HHSC EVV standard reports can be reviewed by DADS/MCOs / TMHP and provider agencies:

- Contracts List
- EVV Visit Log
- Provider Agency/FMSA List
- Reason Code Free Text Report
- Reason Code Use Report
- Units of Summary Report



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Complaint Process:

- If you have a compliant regarding your EVV vendor please send an email to HHSC:
 - Electronic_Visit_Verification@hhsc.state.tx.us
 - Please be sure to include any ticket numbers, if applicable
- If you have a complaint against an MCO, please send an email to:
 - HPM_Complaints@hhsc.state.tx.us





For EVV inquires please send an email to: Electronic_Visit_Verification@hhsc.state.tx.us

For information on EVV please visit the HHSC EVV or your MCO website.

The HHSC EVV website is located at:

https://hhs.texas.gov/doing-businesshhs/providerportals/resources/electronic-visitverification





Questions and Answer