ISSUE DATE	EFFECTIVE DATE	NUMBER
August 10, 2022	August 10, 2022	05-22-09, 07-22-03, 54-22-01, 59-22-01, 00-22-06

SUBJECT

Electronic Visit Verification Requirements for Home Health Care Services in the Fee-for-Service Delivery and Managed Care Delivery Systems

BY	BY	BY
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IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx.

PURPOSE:

This Medical Assistance (MA) bulletin advises providers of the requirement to use Electronic Visit Verification (EVV) for home health care services (HHCS).

SCOPE:

This bulletin applies to providers enrolled in the MA Program who render HHCS to beneficiaries or participants (beneficiaries) in the MA fee-for-service (FFS) delivery system, including through home and community-based services waivers, and the managed care delivery system via Physical HealthChoices or Community HealthChoices. Beneficiaries may receive services within the following programs:

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
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Fee-for-service provider service center: 1-800-537-8862

Physical and Community HealthChoices providers should address any questions regarding EVV to the applicable MCO.

Visit the Office of Medical Assistance Programs Website at:
https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx.

- Office of Developmental Programs (ODP): Adult Autism Waiver, Community Living Waiver, Consolidated Waiver, Person/Family Directed Support Waiver, and Base Funded Program;

- Office of Long-Term Living (OLTL): OBRA Waiver and Community HealthChoices; or,

- Office of Medical Assistance Programs (OMAP): MA FFS and Physical HealthChoices.

Providers in the managed care delivery system are to address any provider EVV related interface, billing, and payment questions with the applicable managed care organization (MCO).

BACKGROUND:

Section 12006(a) of the 21st Century Cures Act (Cures Act), signed into law on December 13, 2016, added section 1903(l) to the Social Security Act, 42 U.S.C. §1396b(l), which mandates that states require EVV use for Medicaid-funded HHCS for in-home and community visits, considered a place of service other than a beneficiary's residence, practitioner's office, or other healthcare facility, by a provider. States must implement EVV for HHCS by January 1, 2023.

EVV is a technology solution which electronically verifies the delivery dates and times of HHCS using multiple technologies such as telephonic, mobile application and web portal verification inputs to help electronically validate HHCS and prevent fraudulent HHCS claims. The Cures Act requires that EVV systems must collect and verify the following six items:

1. The type of service provided;
2. The name of the individual receiving the services;
3. The date of service delivery;
4. The location of service delivery;
5. The name of the individual providing the service; and,
6. The time the service begins and ends.

In the Department of Human Services (Department), HHCS are provided to MA beneficiaries in the beneficiary's home and in community settings, prescribed as part of a written plan of treatment, and provided by a registered nurse, licensed practical nurse, physical therapist, occupational therapist, speech and language therapist, or either a certified nurse aide or home health aide under the supervision of a registered nurse. The HHCS service codes subjected to EVV for all delivery systems are listed on the Department's HHCS EVV web page at https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV-HHCS.aspx.

As required by the Cures Act, the Department previously implemented EVV for personal care services. See MA Bulletin 05-20-03, titled "Electronic Visit Verification for Personal Care Services Provided in the Fee-for-Service Delivery System." See https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/MAB2020082601.pdf. The Department also previously issued MA Bulletin 05-21-04, 07-21-01,

54-21-02, 59-21-02, 00-21-03, titled "Updated Error Status Code Descriptions for Personal Care Services Subject to Electronic Visit Verification." See https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/MAB2021102201.pdf.

DISCUSSION:

The Department established an open EVV system model that enables providers and MCOs to choose an EVV system that best suits their operations and needs. While the Department implemented the Open Choice Model, configuration requirements, rules and policies are set by the Department. Therefore, a provider may use any EVV vendor of their choice, so long as the vendor can satisfy the configuration requirements, rules, and policies.

The Open Choice Model means that providers who render HHCS to MA beneficiaries in the MA FFS delivery system may: 1) choose to use the Department's EVV system at no cost to the provider, or 2) use their own EVV vendor/system (Alternate EVV). The Alternate EVV needs to capture the six data elements required under the Cures Act, as well as meet the technical specifications to interface with the Department's Aggregator. The Department's Aggregator allows providers to continue to use an Alternate EVV for visit verification.

The Department's EVV Aggregator consolidates data from EVV systems, applies standard business rules to ensure HHCS visits are properly and consistently verified, and generates alerts when HHCS visit data does not conform to these standards. The EVV Aggregator collects data from the Department's EVV system and Alternate EVV systems to facilitate payments of claims. The Department's Aggregator includes a read-only web portal for the provider to view their data and a payer web portal that includes alerts, real-time data views, and reporting. The EVV Aggregator and the Department's EVV system integrate with the Department's existing Medicaid Management Information System (MMIS).

The Cures Act's six data elements are transmitted from the Alternate EVV systems to the Department's Aggregator using the Department's data technical specifications that are found on the Department's web page. MCOs that cover HHCS must use their own EVV vendor/system (Alternate EVV) to capture the six data elements required under the Cures Act as well as meet the technical specifications to interface with the Department's Aggregator.

- Alternate EVV Technical Specifications are found at the following web page link: https://www.dhs.pa.gov/providers/Billing-Info/Pages/Alternate-EVV.aspx.

MCO network providers who render HHCS in the managed care delivery system must use their own Alternate EVV that interfaces with the applicable MCO's Alternate EVV system to submit the six data elements required under the Cures Act to the MCO(s). MCOs may have other requirements for network providers, which are imposed by contracts with individual network providers. Providers should contact their applicable MCOs with any questions regarding EVV billing and procedures.

Alternate EVV systems must capture the elements required under the Cures Act and meet the required technical specifications to interface with the Department's EVV Aggregator and, if applicable, the MCO(s) EVV system(s).

NOTES:

- Providers using an Alternate EVV system in the FFS programs administered by ODP, OLTL, or OMAP will need to complete the certification process with the Department's EVV Aggregator.

- Providers rendering services in the managed care delivery system and using an Alternate EVV system will need to establish an interface with the applicable MCO EVV system.

- Providers using an Alternate EVV system in both FFS and managed care delivery system programs will need to comply with 1 and 2 above.

FFS providers who newly elect to use the Department's EVV system for HHCS must attend the required training so that they understand how to capture visits and use the overall functionality of the Department's EVV system. The Department will issue further information at a later date to provide instructions regarding registration for the trainings.

The implementation of EVV should not impact the provision of HHCS. The Department's policies and procedures regarding the authorization and provision of HHCS remain the same and HHCS delivery should continue as it did before the implementation of these EVV requirements. EVV does not change the method and location for HHCS delivery.

PROCEDURE:

Beginning with dates of service on and after August 10, 2022, the Department will implement EVV for HHCS in the MA Program. Providers must meet the federal requirements of EVV to capture and submit the EVV data to the Department's EVV Aggregator for visit verification of HHCS. HHCS claims in the FFS delivery system and encounters in the managed care delivery system for dates of service on and after January 1, 2023, that are not verified through EVV will be denied.

Providers who render HHCS to MA beneficiaries in the FFS delivery system need to determine whether they will use the Department's EVV system or their own Alternate EVV system. Providers and MCOs who render HHCS to MA beneficiaries in the managed care delivery system need to determine what Alternate EVV system they will use and receive training from the vendor.

Providers are advised to regularly review the Department's HHCS EVV web page at https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV-HHCS.aspx to obtain the most up-to-date information related to, but not limited to, registering accounts and account verification, obtaining new vendor certification, and training staff.

Training

- Training materials and information, educational aids, and reference materials on the Department's EVV system and Department's EVV Aggregator Portal are available on the Department's EVV web page at: https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV-HHCS.aspx.

- Providers must ensure that its staff (including direct care staff and attendants) who provide services for which EVV is required, receive training and comply with all processes required to verify service delivery through the use of EVV.

- Providers must ensure that office and administrative staff members on the use of the EVV system to enter all of the required data elements, enter schedules (as applicable), and verify service delivery through visit maintenance and the use of reason codes.

Alternate EVV Certification

Providers opting to use an Alternate EVV solution should refer to the Quick Reference Guide on the Department's Alt EVV website: https://www.dhs.pa.gov/providers/Billing-Info/Pages/Alternate-EVV.aspx.

HHCS Providers Currently Using the Department's EVV System or Certified Alternate EVV System for Personal Care Services (PCS)

The Department will offer multiple methods of training for the Department's EVV system; training information will be available on the Department's EVV web page. Providers must review the most current technical specifications with their vendor and make system updates in order to recertify their systems. Providers opting to use an Alternate EVV solution must contact the Department's vendor's Alternative EVV Support Team to integrate with the Department's EVV Aggregator. Contact information is available on the Department's EVV web page.

HHCS Providers Not Currently Using the Department's EVV System of Certified Alternate EVV System For PCS

Providers in the FFS delivery system who choose to utilize the Department's EVV system will need to complete training and receive certification. The Department will offer multiple methods of training; training information will be available on the Department's EVV web page. Providers in the FFS delivery system who choose to use an Alternate EVV system must receive training from the vendor.

Providers that elect to use an Alternate EVV system must complete EVV Aggregator training and obtain system certification. Providers opting to use an Alternate EVV solution must contact the Department's vendor's Alternative EVV Support Team to integrate with the

Department's EVV Aggregator. Contact information is available on the Department's EVV web page.

EVV Billing and Compliance Requirements

1. Providers Billing FFS through MMIS:

   - For dates of service through December 31, 2022, EVV Error Service Status Codes (ESCs) will set without impacting claim payment. Edits matching EVV visit data to information submitted on claims will occur during claims adjudication. The expectation is that providers will take the initiative to note what EVV edit(s) set and actively make corrections, if applicable, either to the data stored in the Department's EVV Aggregator or the claim itself before future HHCS claims submit, to ensure errors do not repeat.

   - Claims for dates of service on and after January 1, 2023, that are not verified through EVV will be denied. When MMIS identifies a claim that contains a HHCS service that is subject to EVV, MMIS will perform validation against the EVV Aggregator to determine if the information submitted on the claim matches the EVV HHCS visit data stored in the EVV Aggregator. EVV ESCs will set and potentially impact claim payment. For additional information regarding the EVV ESCs, providers can visit the Department's EVV web page found at: https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV.aspx.

   - Providers must ensure service claims are supported by service delivery records that have been verified and confirmed in an EVV system. The provider must complete any necessary visit corrections prior to submitting a claim associated with the EVV transaction. Claims are subject to denial or recoupment if they are submitted before all required visit corrections are completed in the EVV system.

2. Calculating Time for Billing Procedures

   - The EVV system applies billing guidelines consistent with the Department's established program billing policies.

3. Manual Edits and Compliance Rates

   - If an EVV visit is missing information or the EVV visit information was entered incorrectly and requires any type of edit or correction, this is deemed a manual edit. If a provider has to manipulate data or add missing data or change data in any way after the service is delivered, this is deemed a manual edit.
     - Manual edits in EVV are accepted but should not be the primary source of visit capture information. Manual edits should only be done on an exceptional basis.
     - Acceptable reasons for a manual edit are the following:

1. Providers are missing one or more data elements of required visit information; or,
2. Providers need to make a correction or change to one or more data elements because it was incorrect.

o Examples of acceptable manual edits may include, but are not limited to, the following:

1. A caregiver misses a clock-in or clock-out and the visit needs to be edited to add the appropriate time of service.
2. The visit is unable to be electronically captured at the point of care because the mobile application and/or telephony are not available. (The EVV system is down.)
3. The visit is unable to be electronically captured because a device cannot be used at the point of care.
4. A visit is captured electronically but causes an exception to be generated; the record would be classified as a manual edit.

- In order to meet federal EVV compliance requirements, providers must achieve 50% of EVV records for verified visits without manual edits beginning January 1, 2023. The Department will review manual edit data on the fiscal year quarterly basis for providers providing services through a FFS program. For providers rendering services in the managed care delivery system, the MCOs and the Department will conduct the review of manual edit data on a fiscal year quarterly basis and contact the provider regarding any needed quality improvement plan.

  NOTE: ODP, OLTL, and OMAP will conduct their own program office manual edit reviews. Any changes to the Department's offices responsible for manual edit reviews will be communicated on the Department's HHCS EVV web page at https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV-HHCS.aspx.

- The Department will provide technical assistance to those providers that do not achieve the 50% threshold for manual edits and develop corrective action plans as part of the standard monitoring process when necessary.

  NOTE: By January 1, 2025, each provider must have manual edits to no more than 15% of claims on a quarterly basis. Threshold percentages will change over time until January 1, 2025. Percentages and deadlines will be communicated to providers on the Department's HHCS EVV web page at https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV-HHCS.aspx.

4. Visit Corrections and Documentation for Manual Corrections

- Providers must be able to produce hard copy documentation of manual corrections or edits made due to missing or incorrect date elements for auditing purposes upon request. Hard copy documentation is a paper copy.

- Providers are to establish policy and procedures for the documentation required to meet auditing requirements and standards, as well as organizational needs.

MCOs should review the mandatory data fields to be included in the EVV transaction that is sent to the Department's EVV Aggregator. Providers and MCOs may view the Alternate EVV technical specifications and addendums found on the right-hand side of the Department's EVV webpage, under "Related Topics": https://www.dhs.pa.gov/providers/Billing-Info/Pages/Alternate-EVV.aspx.

For further information and updates, providers and MCOs should refer to the Department's HHCS EVV web page at: https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV-HHCS.aspx.