



**OFFICES OF
LONG TERM LIVING AND
DEVELOPMENTAL PROGRAMS
BULLETIN**

ISSUE DATE TBD	EFFECTIVE DATE TBD	NUMBER TBD
SUBJECT Electronic Visit Verification (EVV) for Personal Care Services (PCS)		
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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 the Medicaid Management Information System (MMIS) 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:
http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

PURPOSE:

The purpose of this bulletin is to inform providers enrolled in the MA Program of the requirement to use Electronic Visit Verification (EVV) for personal care services (PCS) effective with dates of service on and after January 1, 2020.

SCOPE:

This bulletin applies to providers enrolled in the MA Program, including Agency with Choice (AWC) providers, and Vendor Fiscal/Employer Agent (VF/EA), who provide PCS to MA participants under the fee-for-service and Community HealthChoices (CHC) managed care delivery systems.

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>Provider Assistance Center: 800-248-2152 or email papac1@dx.com Community HealthChoices providers should address any questions regarding EVV to the applicable MCO.</p> <p>Visit the DHS EVV site at: https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV.aspx</p>

BACKGROUND:

Section 12006(a) of the 21st Century Cures Act (Cures Act), signed into law on December 13, 2016, added section 1903(l)(1) to the Social Security Act, 42 U.S.C § 1396b(l), which mandates that states require EVV use for Medicaid-funded PCS visits by a provider. States must implement EVV for PCS by January 1, 2020.

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

1. The type of service performed
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
6. The time the service begins and ends

Under the Office of Long-Term Living (OLTL) CHC 1915(c) Waiver, OBRA Waiver, Act 150 Program, EVV applies to providers of the following services:

- Personal Assistance
- Respite (unlicensed settings only)
- Participant-Directed Community Supports

Under the Office of Developmental Programs (ODP) Consolidated Waiver, Person/Family Directed Support Waiver, Community Living Waiver, and Intellectual Disabilities/Autism Base Services, this applies to providers of the following services:

- Companion
- In-Home and Community Support
- Respite (unlicensed settings only)
- Homemaker

Under the ODP Adult Autism Waiver, this applies to providers of the following services:

- Community Support
- Respite (unlicensed settings only)

Under Section 1915(a) authority, Pennsylvania operates the Adult Community Autism Program (ACAP). PCS provided under ACAP are subject to EVV.

DISCUSSION:

This bulletin includes the minimum requirements for the fee-for-service and managed care systems. Managed Care Organizations (MCOs) may have other requirements for network providers, which are imposed by the MCO agreements with the Department of Human Services (Department) and contracts with individual network providers.

The Department solicited stakeholder feedback and reviewed best practices regarding implementation of the Cures Act requirements, in order to ensure that the EVV system is minimally burdensome on providers. Based on stakeholder feedback, the Department established an open EVV system model in which providers and MCOs are able to choose an EVV system that best suits their operations and needs. Under the open model, the Department works with one EVV vendor to establish the EVV technology and configuration requirements, rules and policies.

The open model requires the use of an EVV Aggregator to consolidate data from all EVV systems, apply standard business rules to ensure PCS visits are properly and consistently verified, and generate alerts when PCS visit data does not conform to these standards. The EVV Aggregator collects data from an Alternate EVV (also referred to as third-party EVV systems) and the Department's EVV system to facilitate payments for claims.

Providers may choose to use their own EVV vendor/system so long as their system captures the six elements required under the Cures Act and meets the required technical specifications to interface with the EVV Aggregator and/or the CHC-MCO EVV system.

1. Providers using an Alternate EVV system in the fee-for-service programs under ODP and OLTL will need to establish an interface with the Department's EVV Aggregator.
2. Providers using an Alternate EVV system in the CHC program will need to establish an interface with the MCOs.
3. Providers using an Alternate EVV system in both fee-for-service programs and CHC will need to establish an interface with the EVV Aggregator **and** an interface with the MCOs in CHC.

The EVV Aggregator and the Department's EVV system integrate with the Department's existing Medicaid Management Information System (MMIS). Technical specifications for the EVV Aggregator, and a list of PCS service codes and modifiers, are found on the Department's EVV website at: <https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV.aspx>.

NOTE: Providers enrolled in the fee-for-service delivery system may choose to use the Department's EVV system at no cost. MCOs are also offering their own internal EVV systems at no cost to providers enrolled in CHC-MCO networks.

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

PROCEDURE:

Effective with dates of service on and after January 1, 2020, providers must capture and submit to the Department's EVV Aggregator EVV data for visit verification of PCS. Providers must meet the federal requirements of EVV and must use an EVV system that meets the federal requirements and sends EVV data to the Department's EVV Aggregator.

As of July 1, 2020, the Department will deny all PCS visit claims that do not have corresponding visit(s) verification recorded in the Department's EVV Aggregator.

Training

- If a provider elects to use the Department's EVV system, the provider must complete mandatory training for the system. The Department will issue log in credentials to the provider to access the Department's EVV system once the provider completes the mandatory training.
- If a provider elects to use their own third party or Alternate EVV system in fee-for-service programs, the provider must complete system certification and EVV Aggregator training. The Department will issue log in credentials to access the Department's EVV system or the EVV Aggregator once a provider completes the mandatory training.
- A provider must ensure their staff 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.
- Provider agencies must train attendants on the use of the EVV System to document the time at which service delivery begins and ends.
- Providers must train 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.

EVV Billing and Compliance Requirements

1. Providers Billing Fee-For-Service Through MMIS:

- Beginning with dates of service on or after January 1, 2020, edits matching EVV visit data to information submitted on claims will occur during claims adjudication.
- For claims that contain PCS services subject to EVV with dates of service between the period January 1, 2020 through June 30, 2020, MMIS will perform validation against the EVV Aggregator to determine if the information submitted on the claim matches the EVV PCS visit data stored in the EVV Aggregator. However, EVV Error Service Codes (ESCs) will set without impacting claim payment. During this period, the claim will continue to successfully pass DHS EVV validation and process through the normal claim's adjudication process. 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 DHS EVV Aggregator or the claim itself before future PCS claims submit to ensure errors do not repeat.
- For dates of service on or after July 1, 2020, when MMIS identifies a claim contains a service subject to EVV, MMIS will perform validation against the EVV Aggregator to

determine if the information submitted on the claim matches the EVV PCS visit data stored in the EVV Aggregator. EVV ESCs will set and potentially impact claim payment. See Appendix A for a list of EVV ESCs, the conditions in which the ESCs will set and whether or not the ESC will cause the claim to pay, deny or suspend.

- For visit corrections on an EVV transaction that has already billed, and is within the required billing timeframes, the provider must:
 - follow the billing process for the specific visit;
 - make the necessary changes in visit maintenance for that visit; and
 - re-bill for the corrected visit if within the required FFS billing timeframes.
- Provider agencies 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 (visit record). Claims are subject to denial or recoupment if they are submitted before all required visit corrections are completed in the EVV System.
- In order to meet compliance with Centers for Medicare and Medicaid Services, the Department expects providers to achieve the following EVV compliance rates for EVV entries:
 - 15% of claims without manual edits from July 1, 2020 through September 30, 2020
 - 30% of claims without manual edits from October 1, 2020 through December 31, 2020
 - 50% of claims without manual edits from January 1, 2021 and moving forward

2. CHC Providers Billing an MCO

- Providers participating in CHC must submit claims to their contracted MCO for PCS services provided to CHC-enrolled participants. Providers should contact their applicable MCOs with any questions regarding EVV billing and compliance requirements.

3. Rounding Rules

- The EVV system applies rounding rules consistent with the Department's established program billing policies.
- Please refer to ODP Bulletin 00-18-04 and its attachments for references to rounding.
- Please refer to OLTL Bulletin 05-13-02, 51-13-02, 54-13-02, 55-13-02, 59-13-02 "Billing Instructions - Home and Community Based Waiver Provider's Billing of Procedure Codes Based on Authorized Service Plans through MMIS for rounding rules that pertain to OLTL programs.

4. Visit Corrections and Documentation Performed Manually

- If EVV visits require manual corrections or edits due to missing or incorrect data elements, providers must maintain hard copy documentation of the manual corrections for auditing purposes.
- Providers are to establish policy on documentation required to meet auditing requirements and standards, as well as, organizational needs.

5. Service Authorization

- Providers are to review Service Authorization Notices and/or the Provider Service Detail Report prior to service delivery and billing to ensure the provider, the PCS, the date span for PCS, and sufficient units for PCS are authorized on the individual's Service Plan. This practice will minimize claim denials.

6. Suspended Eligibility or Authorization

- If the provider voluntarily continues providing services when a participant's eligibility or service authorization has been suspended, the provider must completely and accurately document PCS visits in the EVV system, including completing visit corrections. The provider may not bill the services until reinstatement of eligibility or authorization.
- The Department will not pay a provider for PCS visits when MA eligibility or a PCS authorization is not reinstated retroactively.
- The Department does not require provider agencies to provide services to participants who do not have current eligibility or a current PCS authorization.

Participant Rights and Responsibilities

Providers must ensure that participants are aware of their rights and responsibilities in order to maintain the ability to receive services both in the home and outside the home in accordance with their service plan and existing program rules. EVV does not change the method and location for PCS delivery.

ATTACHMENTS:

Attachment A: EVV Error Service Codes (ESCs)