

ISSUE DATE August 26, 2020	EFFECTIVE DATE September 1, 2020	NUMBER 05-20-03
SUBJECT Electronic Visit Verification for Personal Care Services Provided in the Fee-for-Service Delivery System	BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs	

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:

The purpose of this bulletin is to advise providers of the minimum requirements for Electronic Visit Verification (EVV) systems in the Fee-for-Service (FFS) delivery system.

SCOPE:

This bulletin applies to providers who render personal care services (PCS) to beneficiaries under 21 years of age in the Medical Assistance (MA) FFS delivery system.

BACKGROUND:

The Department of Human Services (Department) previously advised providers that the Department will implement EVV for PCS provided to MA beneficiaries under 21 years of age, effective for dates of service on and after September 1, 2020. See MA Bulletin 05-20-02, 07-20-02 titled "Implementation of Electronic Visit Verification in the FFS and Physical Health Managed Care Delivery Systems."

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. §1396(b)(l), which mandates that states require EVV use for Medicaid-funded PCS for in-home and community visits by a provider. States must implement EVV for PCS by January 1, 2021.

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

1. The type of service provided.
2. The name of the individual receiving service.
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.

The MA Program pays home health agencies to provide PCS to beneficiaries under 21 years of age. PCS are provided in the beneficiary's home and community settings, in accordance with a plan of treatment and provided by a home health aide under the supervision of a registered nurse. PCS consist of services that support activities of daily living such as ambulation, bathing, toileting, beneficiary transfers (e.g. transfer from bed to chair/chair to bed), and personal hygiene.

According to the Cures Act, EVV for PCS was to be implemented by January 1, 2019; however, the Centers for Medicare & Medicaid Services (CMS) provided an extension for all states until January 1, 2020. Later, the Department applied for and received a Good Faith Effort Exemption from CMS to further extend implementation until January 1, 2021.

During the review of Pennsylvania's Good Faith Effort Exemption, CMS advised the Department that PCS claimed under the personal care benefit, even though provided by a home health agency, are considered personal care, and therefore still subject to the EVV deadline and Good Faith Exemption.

DISCUSSION:

MA enrolled home health agencies were advised that the Department will implement EVV for PCS provided in the MA FFS delivery system, effective for dates of service on and after September 1, 2020. This bulletin includes the minimum requirements for providers in the FFS delivery system.

Pennsylvania established an "Open Choice Model". This means that home health agencies who render PCS 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 (also referred to as an Alternate EVV or third-party EVV system). 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 use an Alternate EVV for visit verification.

The Department's EVV Aggregator consolidates data from EVV systems, applies standard business rules to ensure PCS visits are properly and consistently verified, and generates alerts when PCS 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 implementation of EVV does not impact the requirements and provision of PCS. The Department's policies and procedures regarding the authorization and provision of PCS remain the same and continue with the implementation of EVV.

Department's EVV system

The Department utilizes the Sandata EVV system. Sandata's EVV technical specifications are on the Department's website at:
<https://www.dhs.pa.gov/providers/Billing-Info/Documents/EVV%20Sandata%20Training%20Guide.pdf>.

Alternate EVV

The technical specifications for Alternate EVV systems are on the Department's website at: https://www.dhs.pa.gov/providers/Documents/EVV/c_290489.pdf.

Providers interested in using an approved Alternate EVV system, or have questions specific to Alternate EVV, may contact the Sandata Alternate EVV support team to ensure the data interface(s) will align before January 1, 2021, by calling: 1-855-705-2407 or emailing: PAAltEVV@sandata.com.

Home Health Aide Unique Identifier

The Cures Act mandates that the identity of the home health aide who provides PCS, in addition to the MA enrolled home health agency, be reported to CMS. To meet this requirement, the home health aide must provide the last 5 digits of his/her social security number upon submission of EVV data for the PCS in compliance with the Alternate EVV system technical specifications.

Provider Training

Training is offered free of charge to all MA enrolled providers that use the Department's Sandata EVV system. Providers must complete the training in order to establish their agency accounts and security permissions. A maximum of two individuals per agency may complete webinar training sessions. At least one of the provider's employees, who participates in training, should be an EVV system administrator. Training materials and information as well as educational aids and reference materials are available on the Department's EVV website at: <https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV.aspx>.

Providers must complete self-paced training available through Sandata's Learning Management System by accessing the following website links:

- [Training Transition Slides](#)
- [EVV Sandata Training Guide](#)

- [Sandata Supplemental Material](#)

Providers who elect to use an Alternate EVV system must complete EVV Aggregator training and obtain system certification. Providers opting to use an Alternate EVV solution may contact the Sandata Alternate EVV Support Team by telephone at (855) 705-2407 or via email: PAAltEVV@sandata.com to begin the Alternate EVV certification process.

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.

Home health agencies must ensure that home health aides who provide PCS to beneficiaries under the age of twenty-one receive training and comply with all processes required to verify service delivery through the use of EVV.

- Home health agencies must train home health aides on the use of the EVV System, to include documentation of the time at which service delivery begins and ends, prior to a home health aide receiving log-in credentials for the Department's EVV system.
- Home health agencies must train office and administrative staff members on the use of the EVV system in order to enter all of the required data elements, schedules (as applicable), and verify service delivery through visit maintenance and the use of reason codes.
- Home health agency training attendees will be responsible for training their agency's caregiver staff.

EVV System Account Verification Document and 9-Digit Master Provider Index (MPI) Number(s) Used by the Provider in the Delivery of Personal Care Services

Upon completion of provider EVV trainings, the Department requires provider administrators to provide which EVV system(s) they will use to capture and submit EVV data to the Department's Aggregator. The administrator must also complete and return the EVV System Account Verification document, to include **each 9-digit MPI number used by your organization in the delivery of PCS** to the Department no later than September 1, 2020. (See Attachment). This information will help the Department ensure that each home health agency's business operations are properly supported. Providers are to accurately complete and submit the document to the Department as directed in the document. Failure to complete the document or include all the provider's MPI(s) under which PCS are provided, may result in the Department's inability to sufficiently support the submission of EVV data to the Department's Aggregator.

Provider Compliance

Home health agencies are to establish a policy and procedure that includes the documentation required to meet auditing requirements and standards, as well as organizational needs regarding the provision of and reporting of PCS.

Home health agencies must ensure PCS claims billed using procedure code S9122 are supported by service delivery records that are verified and confirmed in an EVV system. The home health agency must complete any necessary visit corrections prior to submitting a claim associated with the EVV transaction (visit record). Claims billed using procedure code S9122 are subject to denial or recoupment if they are submitted before all required visit corrections are completed in the EVV System.

Home health agencies are expected to achieve the following EVV compliance rates for EVV entries:

- 30% of visits without manual edits for PCS claims billed using procedure code S9122 with dates of service September 1, 2020, through November 19, 2020; and,
- 50% of visits without manual edits for PCS claims billed using procedure code S9122 with dates of service on and after November 20, 2020.

PROCEDURE:

Home health agencies in the MA FFS delivery system must begin using either the Department's EVV system or an Alternate EVV system to capture PCS visits no later than September 1, 2020.

Home health agencies are to continue to secure authorization of home health aide services through the Department's 1150 Administrative Waiver, i.e., Program Exception (PE) process for the provision of PCS. Home health agencies are to ensure that PCS, provided through home health aide services, are provided as prescribed, in accordance with the MA beneficiary's treatment plan and as authorized by the Department.

Home health agencies must submit EVV data for visit verification of PCS in order to bill the Department for PCS.

In the FFS delivery system, the Department uses procedure code S9122, defined as "home health aide or certified nurse assistant, providing care in the home; per hour" for authorization, billing and payment of PCS. No modifiers are associated with this code.

Providers are not permitted to round the unit of service to the next higher unit when providing a partial unit of time. In addition, providers are not permitted to combine partial time units to equal a full unit of service. The Department issued MA Bulletins 99-97-06 and 99-98-12, titled "Accurate Billing for Units of Service Based on Periods of Time", which informed providers, that render units of services defined as time specific periods, that they must provide the full time period in order to bill for a unit of service.

For claims with dates of service during the period September 1, 2020, through December 31, 2020, for PCS billed using procedure code S9122, subject to EVV, the Department's 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. During this period of time, EVV Error Status Codes (ESCs) will set without impacting claim payment, and the claim will continue to successfully pass the Department's EVV validation and process through the normal claim adjudication process. The Department expects home health agencies will note when the 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 PCS claims billed using procedure code S9122 are submitted in order to ensure errors do not repeat.

The Department established the following ESCs in the Department's MMIS for PCS claims billed using procedure code S9122 using EVV. The ESCs are as follows:

- ESC 925 "EVV Visit Verified" – This ESC is for informational purposes only and means the visit was successfully verified.
- ESC 926 "EVV Internal Record Format Error" – This ESC will set when MMIS sends an incorrectly formatted record to the EVV aggregator during the EVV record validation process.
- ESC 927 "Units Billed Exceed Units Verified in EVV" – This ESC will set when the claim detail line denied because the allowed units on the claim detail line are greater than the units found on the EVV record in the aggregator.
- ESC 928 "EVV Visit Not Found" – This ESC will set when there is no EVV record found in the aggregator or there is a mismatch found between either the date of service, RID (10 digits), procedure code/modifier and/or Master Provider Index (MPI) (9 digit) code that is found on the claim versus what is found in the EVV record.
- ESC 929 "EVV Web Service Timeout" – This ESC will set when MMIS receives a web service timeout when communicating with the Department's EVV Aggregator.
- ESC 930 "EVV Internal Error" – This ESC will set when MMIS receives an internal error when communicating with the Department's EVV Aggregator.
- ESC 931 "EVV – MMIS Internal Error" – This ESC will set when there is a technical issue related to the interface.

For dates of service on and after September 1, 2020, through December 31, 2020, the MMIS will perform the claims match by comparing the claim data to the EVV PCS visit data that was previously sent to the EVV Aggregator. If the data elements do not match, the claim will pay and return the applicable ESC(s) as described above.

Effective January 1, 2021, the Department will deny PCS claims billed with procedure code S9122 using the above ESCs when EVV data does not match the information on claims.

Home health agencies must ensure claims for PCS billed with procedure code S9122 are supported by service delivery records that have been verified and confirmed in an Eligibility

Verification System. In order to be paid for PCS billed with procedure code S9122, the MA enrolled home health agency must verify that the visit data reporting elements related to the PCS service are accurate 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 maintenance (required manual corrections or edits due to missing or incorrect data elements) has been completed in the EVV System.

If the home health agency is required to make a correction on an EVV transaction for a PCS the home health agency billed within the 180-day day billing timeframe, it must:

- verify, and correct as necessary, the visit data reporting elements related to the PCS service; and
- re-bill for the corrected visit if within the required FFS billing timeframes.

ATTACHMENT:

Electronic Visit Verification (EVV) System Account Verification Document

EVV System Account Verification Document

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. §1396(b)(l) that mandates states require Electronic Visit Verification (EVV) use for Medicaid-funded personal care services (PCS) for in-home and community visits by a provider. Upon completion of the Department of Human Services (Department) provider EVV training(s), the Department requires the provider administrator to document each 9-digit Master Provider Index (MPI) number used by the provider in the delivery of PCS and identify the EVV system(s) the provider will use to capture and submit EVV data to the Department 's EVV Aggregator no later than September 1, 2020.

Master Provider Index (MPI) Number(s) and Electronic Visit Verification System(s) Used by the Provider in the Delivery of Personal Care Services.

Provider Name: _____

Provider MPI Number(s) (9 Digits)
Used in the Delivery of Personal Care Services

Please mark the box below to identify the EVV system(s) used by the provider:

- | | | |
|---|---|--|
| <input type="checkbox"/> Alora Health | <input type="checkbox"/> Axis Care | <input type="checkbox"/> Brightree |
| <input type="checkbox"/> Brightstar | <input type="checkbox"/> Careficient | <input type="checkbox"/> CellTrak |
| <input type="checkbox"/> ClearCare | <input type="checkbox"/> Code Metro | <input type="checkbox"/> Delta Health Tech Inc |
| <input type="checkbox"/> Direct Care Innovations | <input type="checkbox"/> E-System | <input type="checkbox"/> ERSP |
| <input type="checkbox"/> First Data | <input type="checkbox"/> Generations Homecare Systems | <input type="checkbox"/> Halo Logit |
| <input type="checkbox"/> HHAExchange | <input type="checkbox"/> Horizon Information | <input type="checkbox"/> Julisoft |
| <input type="checkbox"/> Kaleida Systems | <input type="checkbox"/> Kantime | <input type="checkbox"/> KDG |
| <input type="checkbox"/> MatrixCare | <input type="checkbox"/> Medisked | <input type="checkbox"/> MiTC |
| <input type="checkbox"/> Roemark | <input type="checkbox"/> Sandata | <input type="checkbox"/> Setworks |
| <input type="checkbox"/> Tangra | <input type="checkbox"/> Therap | <input type="checkbox"/> Unicentric |
| <input type="checkbox"/> Unison Workforce | <input type="checkbox"/> Welligent | |
| <input type="checkbox"/> Other (please specify) _____ | | |

By signature below, I certify that I possess all necessary powers and authority to make the representations set forth above. I understand that the information in this document is being relied upon to make payment of Federal and State funds.

Signature of Provider EVV Administrator: _____

Print Name: _____

Title: _____

Date: _____

Phone: _____

Email: _____

Providers are to submit the document to the Department at the following address:

DHS Enrollment Unit
PO Box 8045
Harrisburg, PA 17105-8045
Fax: (717) 265-8284
E-mail: RA-ProvApp@pa.gov