EVV Questions and Answers
Public Meeting August 14, 2020

EVV Implementation

QUESTION: When are providers supposed to fully implement an EVV system?

> ANSWER: Providers should have their EVV system implemented as soon as possible. If providers are using an Alternate EVV system, it needs to be integrated with the DHS EVV Aggregator as soon as possible. The Office of Long-Term Living (OLTL), Office of Developmental Programs (ODP), and Office of Medical Assistance Programs (OMAP) Fee-for-Service Program have extended their soft launch period through 12/31/20. Thus, EVV Error Status Codes (ESCs) 927 and 928 will be updated to a denial disposition for these program offices effective 1/1/21.

QUESTION: When will hard claims checking begin?

> ANSWER: Providers should be validating their claims and reviewing ESCs that are setting now. The Office of Long-Term Living, Office of Developmental Programs, and Office of Medical Assistance Programs Fee-for-Service Program have extended their soft launch period through 12/31/20. Thus, EVV ESCs 927 and 928 will be updated to a denial disposition for these program offices effective 1/1/21. Claims setting ESCs 927 and 928 will not be paid starting 1/1/21.

Error Status Codes (ESCs)

QUESTION: Where should I check for ESCs 927 and 928? If the denial codes are found, can the agency fix it or not? Is there a specific timeframe or limit of how many claims we can fix?

> ANSWER: Any ESCs that set during the claim adjudication process are located on either a Remittance Advice, on a claim via the PROMISe™ Internet Portal or on an 835 transaction (electronic remittance advice). For guidance on how to resolve issues associated with ESCs 927 and 928, review the "EVV Error Status Code (ESC)" document found on the DHS EVV website: https://www.dhs.pa.gov/providers/Documents/Billing%20Information/EVV%20Error%20Service%20Codes.pdf
>
> Claim adjustments must be submitted within 365 days from the date of service. There is no limit to the number of times a claim can be adjusted.

QUESTION: What does "verified" mean? Does it mean that it matches the data from PROMISe™?

> ANSWER: If it is in verified status, the visit has all of the required elements for the EVV visit to be evaluated against the claim in PROMISe™. The visit may not pass even when

in verified status but the verified status is the first step that is required in the EVV claims validation process. The EVV visit must be in a verified status before the claim is submitted to PROMISe™.

QUESTION: How does an agency confirm that their claim does not have an error code?

ANSWER: Any Error Status Codes that set during the claim adjudication process are located on either a Remittance Advice, on a claim via the PROMISe™ Internet Portal or on an 835 transaction (electronic remittance advice). Provider agencies are to check any of these methods to determine whether ESC 927 or 928 has posted for a personal care service. If ESC 927 or 928 posts, the service line in question did not find a matching EVV visit and would be denied beginning 1/1/21..

Social Security Number (SSN)

QUESTION: Some of our staff do not feel comfortable with using the social security number in the EVV system. Is there an alternative to using SSN's?

ANSWER: At this time, the last 5 digits of the direct care worker's social security number is required to uniquely identify the worker in the DHS Aggregator. However, the Department is developing a Unique ID registry in order to be able to transition away from using the last 5 digits of the social security number in the future.

QUESTION: We are receiving errors for a Direct Care Worker's (DCW) SSN but have verified that it is correct. What is Sandata doing to allow visits to pay when the last 5 digits of the SSN match multiple employees within the company?

ANSWER: Sandata is working on a short-term resolution for this issue. The last 5 digits of an SSN are required by DHS at this time.

Location

QUESTION: Can the participant receive personal care services while temporarily in a different city, county or state than the one of primary residence? Does this affect billing rates?

ANSWER: EVV does not affect service delivery to the member receiving personal care services. If a member is receiving services outside of their primary residence and the provider agency is using the DHS Sandata EVV system, the provider agency will need to add the additional address under the member's record. If the provider agency is using an Alternate EVV system, the system should be able to capture where the service was rendered outside their primary residence. EVV does not change the policy regarding the provision of services. Please reference the program office travel policies.

QUESTION: Besides GPS, how can the location be captured with EVV?

> ANSWER: Each Alternate EVV system has its own visit capture modalities and hence methods of capturing location. The DHS Sandata EVV system captures visits either by harnessing GPS while using the Sandata Mobile Connect app or by the direct care worker calling from a landline associated with the participant using Telephonic Visit Verification (i.e. telephony).

Clock In/Clock Out

QUESTION: What happens if the caregiver forgets to clock out? How is the visit approved and paid?

> ANSWER: If the caregiver forgot to clock out, the provider agency would need to manually enter the clock out time for the visit data to be complete. Since the visit did not include a clock out time originally, the clock out time would need to be included in order for the visit to be in a verified status. For the visit to be in a verified status, all required data must be present and any visit exceptions must be resolved by the provider agency.

> PROMISe^{TM} processes a personal care service when a matching verified visit is found in the DHS EVV Aggregator. Once the EVV validation occurs, the claim adjudication process continues as it normally does.

QUESTION: Is it okay for a caregiver to clock in when the participant is at the grocery store or a doctor's visit?

> ANSWER: Provision of services must still follow program office policies outlining service definitions and service plan requirements. EVV does not change the delivery of services.

QUESTION: For services with 2 caregivers and 1 participant, should just 1 caregiver do the time in and out?

> ANSWER: For Personal Care Services subject to EVV with a 2:1 staff to individual ratio, **both** the DSPs or SSPs **MUST** check-in/check-out for the same individual/same service/same date/time and same location. ODP recognizes that it may sometimes be challenging for both DSPs/SSPs to check-in/check-out at the exact same time and has designed logic to account for potential check-in/check-out time differences associated with 2:1 staff to individual ratios. It is important to understand this logic to minimize/eliminate claim payment issues. For personal care services with 2:1 staff to individual ratios, at least two (2) instances (records) for the same service/same individual/same date of service/same provider must be present in the EVV Aggregator in order for the claim to pass EVV validation. The total unit calculation for the service itself is based on logic that is designed in the system to look at the earliest common time and

the latest common time between both DSPs/SSPs. The minutes associated with this time will then be converted to units, stored in the Aggregator and compared to the units found on the claim.

QUESTION: We have clients that live in limited to no cell service areas. What is the solution for providers in this situation as there are many dead cell coverage areas in PA?

> ANSWER: If a caregiver is unable to check-in or check-out during a visit, the provider/provider agency will need to enter a manual visit into the EVV solution being used. In addition, many EVV systems allow visits to be captured even if the phone does not have service. The EVV visit collected while the phone was in offline mode would then upload to the EVV system once internet service is regained. Please discuss these options with your selected EVV vendor as all EVV systems offer different features.

Phone/Devices

QUESTION: We use a client's home phone for EVV but sometimes it does not work. How do we handle electronic visits when this occurs?

> ANSWER: If a participant's home phone is unavailable for check-in/check-out, the provider agency's administrative staff who manage EVV records have the ability to make a manual entry into the EVV system being used while also ensuring justification for the manual entry is documented.

QUESTION: We were allowed to use a token with a cell phone. Is a token with a verification code allowed?

> ANSWER: Yes, devices that generate a token as part of capturing the service location are allowable.

QUESTION: Can waiver funds be authorized in the participant's service plan for the purchase of a device for a caregivers to use at the individual's home for EVV purposes?

> ANSWER: No, this is not an allowable use of waiver funds.

QUESTION: Where do you buy visit verification devices?

> ANSWER: Fixed verification devices are vendor specific and vendors may or may not offer them. Providers should work with their EVV vendors to identify if fixed visit verification devices are offered.

HHAeXchange

QUESTION: We currently use HHAeXchange but have a newly eligible client billed through PROMISe™. Does the EVV data then have to go through Sandata?

> ANSWER: All personal care services billed through PROMISe™ must have supporting EVV visit data present in the DHS Aggregator in order for the claim to be paid. For providers using HHAeXchange as their EVV solution, providers must either work with HHAeXchange to have the data sent to the DHS Aggregator while the participant is enrolled in the fee-for-service program or the provider must use the Sandata EVV system to capture visits until the participant transitions to CHC.

QUESTION: We use Axxess software and EDI transfer those captured visits in HHAeXchange. Does this meet the EVV requirements?

> ANSWER: This process satisfies the requirements for the implementation of EVV in Community HealthChoices. However, if the agency is serving any participants in the OBRA waiver, Act 150 program, or Office of Developmental program waivers, the agency must also work with Sandata to send EVV data from the Axxess software to the DHS Aggregator in order for claims to be validated and paid through PROMISe™.

QUESTION: Due to COVID-19, some participants live in their family member's home and not at their usual address. Can we update the address in HHAeXchange? Can the caregiver clock in and out in the new address?

> ANSWER: Please work with the appropriate CHC-MCO to determine how to accurately document addresses where services are being provided in the HHAeXchange system.

QUESTION: Are visits verified manually in HHAeXchange due to a failed clock-in/clock-out but accompanied by documentation going to be denied?

> ANSWER: The visits will not be denied. However, manually entered or edited visits will be counted as part of the provider's manual editing rate calculated on a quarterly basis. Additional details about compliance requirements for manual editing are outlined in the MA policy bulletins.

QUESTION: In CHC/HHAeXchange system, is using a participant's cell phone to check-in and/or check-out acceptable for purposes of EVV?

> ANSWER: Please work with the CHC-MCOs and HHAeXchange to determine what device options are available to appropriately capture EVV visits in the HHAeXchange system.

QUESTION: The HHAeXchange location is set to 200 feet from the client's address but several of our clients live in apartments in the building more than 200 feet from the mapped building address. This creates an error for all shifts in the building. How should we address this?

ANSWER: The HHAeXchange system allows for the adjustment of the pinged location at an address to accommodate GPS locations where the actual residence may be outside of the 200 foot perimeter in circumstances such as apartment complexes or long driveways. Please work with the CHC-MCOs and HHAeXchange to determine how to appropriately make this adjustment in the HHAeXchange system.

QUESTION: If a caregiver has a 9 AM to 5 PM shift, the caregiver can clock in at 9 AM on 8/13/2020 and clock out 26 hours after the 5 pm shift ends with HHAeXchange. When that happens the EVV data appears as if the caregiver worked over 24 hours. The agency will only bill for the 8 hours but will this loophole cause a problem with the error codes?

ANSWER: In any circumstance where the time of the visit is inaccurate due to a missed clock out, the provider must manually adjust the time to reflect the actual time the service was provided. Contact the CHC-MCOs for their specific billing requirements.

PALCO

QUESTION: Can you confirm that Support Brokers under PALCO are not required to use EVV?

ANSWER: Supports Broker services are not considered PCS services and are not subject to EVV.

QUESTION: If staff forget to check out and need to force a check out before entering the next shift, the time in the PALCO portal will be reduced. Does this still count as an error correction?

ANSWER: Yes. The SSP and Common Law Employer (CLE) will need to go into the PALCO Connect system to make the manual update/edit.   CLE's must maintain hard copy documentation of the manual corrections for auditing purposes. This will count as part of the Common Law Employer Manual Edits and Compliance Rates once implemented.

QUESTION: How will PALCO determine the location of service?

ANSWER: Location is captured as part of EVV via the technology.

QUESTION: Does CLE need to check Aggregator info?

ANSWER: No. PALCO's CONNECT system sends EVV data to the DHS Aggregator.

QUESTION: For PALCO/SSP, will the caregivers who have already downloaded the app and are already using EVV have to download another new app?

ANSWER: If the caregiver is working for multiple agencies, the caregiver will need to download and use the EVV app that is being used by each agency.