

# IHCP Live

## *Electronic Visit Verification (EVV) Town Hall*

Indiana Family and Social Services Administration  
Office of Medicaid Policy and Planning  
2022



# Key EVV Implementation Dates

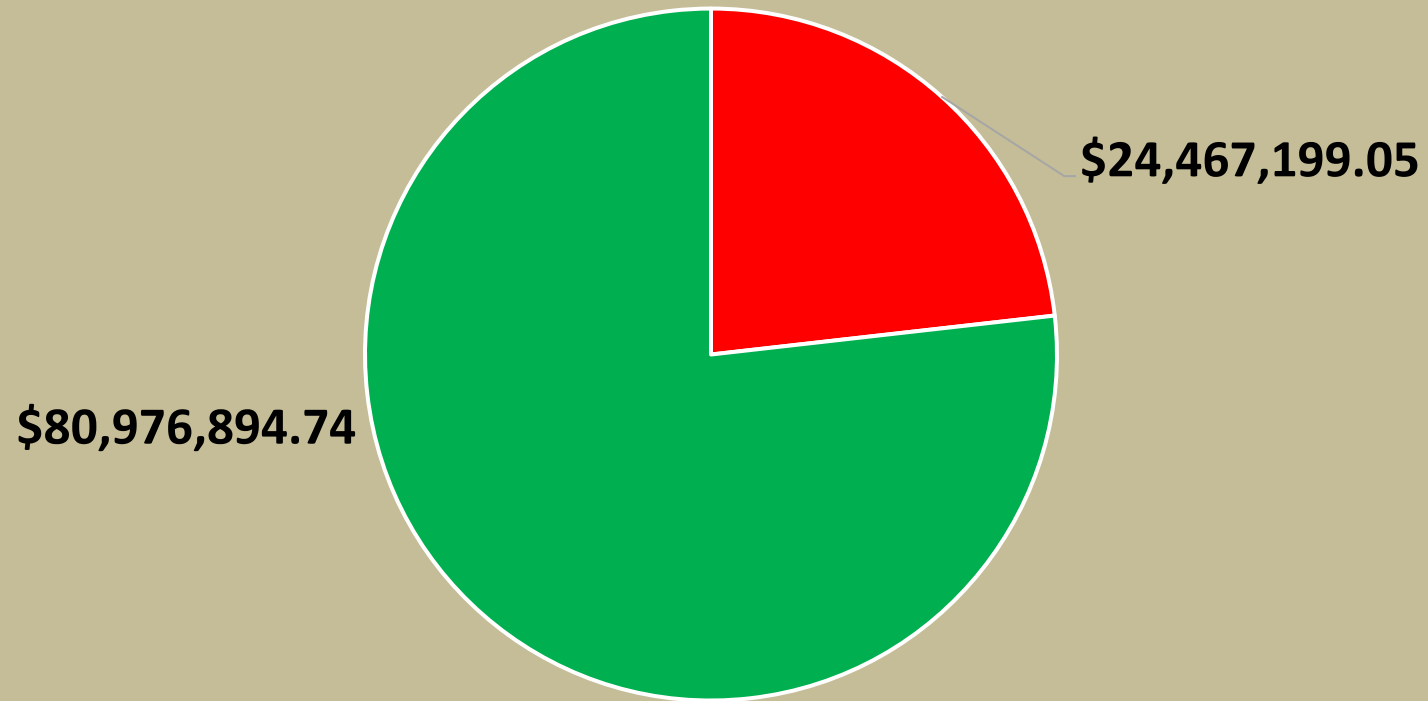
Date	Key Event
EVV requirement date (personal care)	January 1, 2021
Announcement of EVV personal care services hard launch date	June 30, 2022
EVV soft launch (home health)	November 2022
<b>EVV hard launch (personal care)</b>	<b>January 1, 2023</b>
EVV requirement date (home health)	January 1, 2024
<b>EVV hard launch (home health)</b>	<b>TBD</b>

OMPP has requested a Good Faith Effort exemption for home health services



# July 2022 Claims Activity

July 2022 Dates of Service Claims Activity



■ Total Claims Would Have Denied for EVV    ■ All Other Claim Activity



# Problem Solving Claim Denials

Explanation of Benefit (EOB)	Questions to ask:
0950 / 0951	<ul style="list-style-type: none"><li>• Are you reviewing the Sandata Aggregator to ensure there are <b>verified records</b> for the date(s) of service on the claim?</li><li>• If using an alternative vendor, did you bill <b>after</b> your vendor submitted records to the Aggregator?</li><li>• Is your vendor up-to-date on technical specifications identifying specific services?</li><li>• Did you select the correct service to be billed against the EVV record?</li></ul>
0952	<ul style="list-style-type: none"><li>• Did you bill at or below the number of units reflected on the EVV record(s), especially if the billing was over a period of time?</li></ul>



# Claim Tips

- **Mismatch between the EVV record amount and the units billed on the claim (due to incomplete records):**

Showing 1 to 4 of 4 records

ed	Call In	Call Out	Call Hours	Adjusted In	Adjusted Out	Adjusted Hours	Bill Hours	Visit Status	Do I Bi
	02:00 PM	10:30 AM	20:30	02:00 PM	10:30 AM		20:30	Verified	<input type="checkbox"/>
	●	03:00 PM			03:00 PM			Incomplete	<input type="checkbox"/>
	●	09:00 PM			09:00 PM			Incomplete	<input type="checkbox"/>
	●	12:45 PM			12:45 PM			Incomplete	<input type="checkbox"/>

**SOLUTION – Make sure to clear any exceptions and verify records/unit amounts prior to billing**



# Claim Tips - Too Few Units

- **Mismatch between the EVV record amount and the units billed on the claim (just not enough units):**

TO DATE	VISIT TIME ZONE	VISIT STATUS
06/29/2022	US/Eastern	Verified
CALL OUT	CALL HOURS	UNITS
01:58 PM	04:53	20
ADJUSTED OUT	BILL HOURS	
01:58 PM	04:53	

PAY	Rend Provider ID	
1 2 3 4	Ref Provider1 ID	
06/29/2022	Ref Provider2 ID	
06/29/2022	Billed Amt	\$186.24
No	Allowed Amt	\$186.24
	OI Amt	\$0.00
	Paid Amt	\$186.24
er	Units Billed	32.00

**SOLUTION – Make sure to clear any exceptions and verify records/unit amounts**



# Claim Tips - Billing Weekly/Monthly

- **Overall billing time period:**

## **Billing Monthly:**

No more than 31 days when submitting a single claim (stay within the calendar month)

## **Billing Weekly:**

Can submit across two different months



# Claim Tips - Updated EVV Records

- EVV Record Updates Performed After Claim Billing (**specific concern for alternative vendor users**):

Claim Type	Professional Claims	Status	PAY @
FDOS	06/09/2022	Details	1
TDOS	06/09/2022	Billed	\$116.38
Date Billed	07/20/2022	Net Billed	\$116.38
Payment Date	07/27/2022	OI	\$0.00
Hosp FDOS	01/01/1900	Cost Share	\$0.00
Hosp TDOS	01/01/1900	Paid	\$116.37
ICD Version	ICD-10	Reimbursed	\$116.37

ITEM	DATE
Visit Received	7/25/2022 3:51:10 PM

**EVV activity needs to be posted into the Aggregator prior to billing.**

**SOLUTION – Ensure your alternative vendor uploads data on a regular basis.**






# Claim Tips - Incorrect Service

- Incorrect Service Selected on EVV Record:**

Related History ✕			
Detail Number	1	Status	PAY
Procedure	T2016	Diag Ind	1
Modifier 1	U7	FDOS	06/01/2022
Modifier 2	U5	TDOS	06/30/2022
Modifier 3		Emergency	No
Modifier 4		Copay	
POS	32	Other Ins	
Pregnancy		Medicare Disclaimer	

CALL IN			
CALL DATE	CALL TIME	CALL TYPE	SERVICE
06/15/2022	08:45 AM		RH10 (CIH)
USER	CALL SOURCE		
	SANDATA 		

Claim Billed as RH20 (Residential Habilitation, 35 or Less Hours)

EVV record chosen as RH10 (Residential Habilitation, Over 35 Hours)

**SOLUTION – Verify that your caregivers are selecting the right service; verify that your alternative vendor is following the technical specifications for service identifications.**



# Claim Tips - Manual Records

- **High Number of Manual Records:**

Example of a provider reviewed



Start Call Type	Total
MANUAL	814
MVV	65
(blank)	4
Grand Total	883

**SOLUTION – Only use manual records on an emergency basis.**



# Claim Tips - No Records

- **No EVV records uploaded**

\* indicates required field

AGENCY	CLIENT	MEDICAID ID #	EMPLOYEE	EM
<input type="text"/>	<input type="text" value="Enter Client"/>	<input type="text" value="Enter Medicaid ID #"/>	<input type="text" value="Enter Employee"/>	<input type="text"/>
DATE RANGE * MM/DD/YYYY	VISIT STATUS		FILTER VISITS BY	
<input type="text" value="06/01/2022"/> <input type="text" value="to"/> <input type="text" value="06/30/2022"/>	<input type="text" value="All"/>		<input type="text" value="All Visits"/>	

No Data Found!

**SOLUTION – Verify your alternative vendor is submitting records; verify your direct care workers are capturing visits.**



# Key Suggestions to Ensure Compliance

1. Ensure alternative EVV records are submitted **prior to billing** and are seen **in the Aggregator**
2. Ensure that your alternative EVV vendor is **following the specifications around procedure code/modifier combinations**
3. Use the **Aggregator reporting tools** to make sure your visits are correctly submitted



# Checking Claims on RA

REPORT: CRA-HCPD-R INDIANA CORE MMIS DATE: 1  
 RA#: INDIANA TITLE XIX PAGE:  
 PAYER: IATA PROVIDER REMITTANCE ADVICE  
 PROFESSIONAL SERVICES CLAIMS PAID

PAYEE ID MCD  
 NPI  
 PAYMENT NUMBER  
 PAYMENT DATE

--ICN-- PATIENT NUMBER MRN SERVICE DATES BILLED AMT OTH INS AMT COPAY AMT PAID AMT  
 FROM TO ALLOWED AMT SPENDDOWN AMT CO-INS CB OUTPAT DED

MEMBER NAME: MEMBER NO.:

PROC CD MODIFIERS SERVICE DATES ALLN UNITS RENDERING PROVIDER PA NUMBER  
 FROM TO COPAY AMT BILLED AMT ALLOWED AMT PAID AMT  
 S5150 U7 UA U9

EOBS 001 0952 9806  
 REMARKS 001 M53

BILLED AMOUNT SUM OF ARCS = PAID AMOUNT

--ICN-- PATIENT NUMBER MRN SERVICE DATES BILLED AMT OTH INS AMT COPAY AMT PAID AMT  
 FROM TO ALLOWED AMT SPENDDOWN AMT CO-INS CB OUTPAT DED

MEMBER NAME: MEMBER NO.:

PROC CD MODIFIERS SERVICE DATES ALLN UNITS RENDERING PROVIDER PA NUMBER  
 FROM TO COPAY AMT BILLED AMT ALLOWED AMT PAID AMT  
 S5125 U7 UA

EOBS 001 9806

REPORT: CRA-BOBM-R INDIANA CORE MMIS DATE:  
 RA#: INDIANA TITLE XIX PAGE:  
 PAYER: IXIX PROVIDER REMITTANCE ADVICE  
 EOB CODE DESCRIPTIONS

PAYEE ID MCD  
 NPI  
 PAYMENT NUMBER  
 PAYMENT DATE

EOB CODE DESCRIPTIONS  
 0952 EVV AGGREGATOR UNITS LESS THAN UNITS SUBMITTED ON THE CLAIM, PROVIDER SHOULD  
 VERIFY EVV AGGREGATOR INFORMATION.  
 0950 PRICING ADJUSTMENT - PAYMENT REDUCED DUE TO BENEFIT PLAN LIMITATIONS.

Look specifically for **0950/0951** or **0952** for EVV-related issues



# Another RA Example

MEMBER NAME:	MEMBER NO.:	BILLED AMT	OTH INS AMT	COPAY AMT	PAID AMT
FROM	TO	ALLOWED AMT	SPENDDOWN AMT	CO-INS CB	OUTPAT DED
020322	020922	1,315.12	0.00	0.00	1,315.12
		1,315.12	0.00	0.00	0.00
PROC CD	MODIFIERS	SERVICE DATES	ALLW UNITS	RENDERING PROVIDER	PA NUMBER
FROM	TO	FROM	TO	BILLED AMT	ALLOWED AMT
T2016	U7 U5	020322	020922	52.50	1,315.12
				0.00	1,315.12
EOBS	001	0952	9070 9806 9918		
ARCS	001	94	0.01 45	-0.01	
REMARKS	001	M53			
BILLED AMOUNT		- SUM OF ARCS		= PAID AMOUNT	
1,315.12		0.00		1,315.12	

Claim EOB Information			
Claim / Service #	Disposition	EOB Code	Description
Svc # 1	Pay	0952	EVV AGGREGATOR UNITS LESS THAN UNITS SUBMITTED ON THE CLAIM, PROVIDER SHOULD VERIFY EVV AGGREGATOR INFORMATION.



# EVV Home Health Implementation



# Impacted Services

- Speech Language Evaluation (92521-92524)
- Physical Therapy Evaluation (97161-97164)
- Occupational Therapy Evaluation (97164-97167)
- Home Health Visit (99600, TE, TD)
- Home Infusion Services (99601-99602)
- PT, OT, or Speech Therapy (G0151-G0153)





# Welcome Kit Requirement

## For Alternative Vendor Users:

Contact [evv@fssa.in.gov](mailto:evv@fssa.in.gov)

Include the following information:

- Provider Name
- Provider Contact
- Vendor Name
- Vendor Contact
- All Medicaid Provider IDs with enrollment

## For Sandata (State-Sponsored) Users:

Virtual Trainings:

- September 28, 2022
- October 26, 2022
- November 30, 2022

All from 10 AM to 1PM Eastern Time

**Self-paced training is also available**

Any new alternative vendors (those not already integrated with Sandata in Indiana) are subject to a one-time fee of **\$3,360** prior to testing.



# Points of Contact for Assistance

Specific Contact	Method
Gainwell Provider Relations (Virginia Hudson)	<a href="mailto:inxivevv@gainwelltechnologies.com">inxivevv@gainwelltechnologies.com</a>
Tier 1 Sandata Support	800-457-4584, Option 5
Alternative Vendor Support	<a href="mailto:inaltevv@sandata.com">inaltevv@sandata.com</a>  Contact your EVV vendor
FSSA EVV Policy	<a href="mailto:evv@fssa.in.gov">evv@fssa.in.gov</a>



# 2022 IHCP Works Seminar

- Save the date for the IHCP Works Seminar on October 11, 12, & 13 at the Indianapolis Marriott East.
- See more information, including room reservation discounts, in BR202229.



# Resources Available



# Resources Available

- **What resources are available to providers?**
  - [Regional Field Consultants](#)
  - [Provider Reference Materials](#)
  - [Provider Education](#)



# Sign Up for Updates!

- Register for updates on the Indiana Medicaid Provider Website:
  - Email Address

## Get Important News & Updates

Sign up for email and/or text notices of Medicaid and other FSSA news, reminders, and other important information. When registering your email, check the category on the drop-down list to receive notices of Medicaid updates; check other areas of interest on the drop-down list to receive notices for other types of FSSA updates.



# How Can We Help You?

- [OMPPPProviderRelations@fssa.IN.gov](mailto:OMPPPProviderRelations@fssa.IN.gov)
  - For individual provider concerns requiring assistance from the State
- [IHCPListens@fssa.IN.gov](mailto:IHCPListens@fssa.IN.gov)
  - For feedback on IHCP presentations, ideas for future presentations/workshops, and questions to be answered in future publications
- [OMPPPProviderEnrollment@fssa.IN.gov](mailto:OMPPPProviderEnrollment@fssa.IN.gov)
  - For clarification on enrollment policy, application process, or IHCP-requested changes to a submitted application



# Questions? Please stand by!

Indiana Family and Social Services Administration  
Office of Medicaid Policy and Planning

