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**HealthChoices**

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# An Electronic Visit Verification (EVV) Discussion

Presenter: Cynthia Parker and Anna Keith

# PHW EVV Internal Policies

## Identify Common EVV Errors Prevent Fraud, Waste & Abuse

- Overlapping Services
- Utilization of an Unauthorized Phone Number
- Service Delivery at an Unauthorized Location
- Overlapping Claims
- Other Exceptions where claims do not meet the business rules
- Non-Compliance Enforcement through effective reporting

# Our EVV Experience



## Frequent Communication of the EVV Service Standards:

- Type of service performed
- Individual receiving the service
- Date of the service
- Location of the service delivery
- Individual providing the service
- Time the service begins and ends
- Notification of missed services
- Need for continued education - Not all Agency-Model Providers comply with basic documentation requirements

# Questions:

- a. What happens if the Global Positioning System (GPS) coordinates are in the community when the shift starts/ends but that is where the participant wants to start?

If the address is other than the address in the member's profile, the shift start/shift end will not be able to link to the visit location. However, the agency does have the flexibility of adding a common community (start/end shift) location. This address can be added to the member's profile in HHAeXchange (HHA).

# Questions:



b. What happens if the participant does not have a landline, only a cell phone, and the direct care worker does not have a cell phone?

HHA does offer the FOB service option in these cases. The Managed Care Organization will be charged a small fee for this alternate remote device.

# Electronic Visit Verification (EVV)

Frank Santoro, Director of Plan Operations



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# EVV Implementation Overview

As of January 1, 2021, Personal Care Services have been subject to EVV.

This includes:

- Personal Assistance Services
- Respite
- Participant Directed Services

On January 1, 2023, EVV is scheduled to be required for Home Health Care Services.

The services identified are as follows:

- Audiometry Services
- Diabetes Training
- Home Health Aid
- Licensed Practical Nurse (LPN)/Registered Nurse (RN) Services
- Pre/Postnatal assessment and monitoring
- Physical Therapy (PT)/Occupational Therapy (OT)/Speech-Language Therapy (ST) Services

# Lessons Learned and Challenges

## ***One size does not fit all:***

- There are diverse communities/stakeholders that are involved in the EVV process, i.e., rural/urban, small Providers/large Providers, language and cultural differences in Participant population, etc.

## ***Beyond Claims:***

- EVV touches many aspects of the Community HealthChoices program and requires subject matter expertise from various functional areas of the organization including, but not limited to: Claims, Encounters, Information Technology (IT), Special Investigations Unit (SIU), Provider Relations, and Service Coordination. Each functional area has a focus and input into the success of EVV.
- Working with multiple entities and/or systems to validate data, and determine the root cause of rejections, has created challenges that must be addressed.

## ***Timing is everything:***

- The timing of the receipt of EVV and claims data needs to be aligned between HHA, Sandata and the MCO.

## ***There will always be nuances to consider:***

- Address/place of care issues, phone issues, early-late-missed clock in/out, etc.



# Common Challenges

What happens if the Global Positioning System (GPS) coordinates are in the community when the shift starts/ends but that is where the Participant wants to start?

- If the address is not listed in the Participant's HHAeXchange (HHA) profile, the EVV clock in/out will not link to the visit. The Personal Assistance Service (PAS) agency/provider will need to determine:
  - If there is a frequently used address/location in the community where the direct care worker (DCW) starts or ends their shift, the agency/provider can add the community address to the Participant's profile in HHAeXchange (HHA), which allows the PAS agency/provider to link the EVV clock-in/out data to the visit.
  - If it is an infrequently used address/location, the agency/provider can manually confirm/add the visit times in HHA.

What happens if the Participant does not have a landline, only a cell phone, and the DCW does not have a cell phone?

- In this case, the Managed Care Organization (MCO) can facilitate for a fob device to be utilized in the Participant's home. The DCW presses the fob button to generate a unique code/token ID for each clock-in and clock-out. The DCW needs to submit that code/token ID for the clock-in/out when they are next able to call in that visit information to HHA. Alternatively, the PAS agency/provider can call in the token to HHA.

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of making  
**care the heart**  
of our **work.**



# UPMC Community HealthChoices

## **Electronic Visit Verification Discussion**

**December 2022**

## Electronic Visit Verification (EVV) Guidance Resources

- **UPMCHP follows PA Department of Human Services (DHS) EVV Published Guidelines** as it relates to EVV
- UPMCHP addresses EVV Compliance in our Provider Manual for all providers to view:
  - [2022 ProviderManual\\_N.pdf \(upmchealthplan.com\)](https://upmchealthplan.com)
- Additional detailed guidelines are posted on our Secure Provider OnLine portal for providers to reference
- UPMCHP collaborates on the monitoring of EVV compliance through the following processes:
  - Network Oversight
  - Provider Monitoring Oversight
  - Fraud Waste and Abuse Audits

## What happens if the Global Positioning Satellite (GPS) coordinates are in the community when the shift starts/ends but that is where the participant wants to start?

- **Participants are able to receive Personal Assistance Services in the setting of their choice\***. (\*Program exceptions apply - i.e., hospital admission, Nursing Facility, unapproved out-of-state travel, and out-of-country.) Providers are encouraged to service Participants at their choice of setting as identified in the Person-Centered Support Plan (PCSP), regardless of the exception status of the EVV visit

## What happens if the GPS coordinates are in the community when the shift starts/ends but that is where the participant wants to start? (Continued)

- If a visit (encounter) **begins or ends in the community** in an atypical location (a location which is not also identified as the primary residence in the Managed Care Organization (MCO) system of record) the encounter is regarded as a noncompliant, manual exception with the DHS PCS EVV Bulletin, Cures Act and the UPMCHP Provider Manual [UPMC Community HealthChoices \(Medical Assistance\) – Chapter N](#).
  - In these circumstances, the Global Positioning System (GPS) location of the start/end location recorded on the Caregiver’s smartphone EVV app will not align with the customary service delivery location or the telephony modality will be unavailable.

What happens if the GPS coordinates are in the community when the shift starts/ends but that is where the participant wants to start? (Continued)

- Providers should **maintain a current EVV Policy** for employees
  - In best practice, the Caregiver should revert to recording the missing EVV visit/encounter details in an alternative format (i.e. paper, or digital document) which should be signed by the attending Caregiver.
  - Additionally, the Caregiver should notify the designated Provider Administrator of the encounter exception and the designated Provider Administrator should notate the exception (w/ reason) in their EVV Platform of record.
  - Provider EVV Policy should outline the actions steps for applicable stakeholders to verify the exception and ensure proper recordkeeping.

What happens if the GPS coordinates are in the community when the shift starts/ends but that is where the participant wants to start? (Continued)

- Noncompliant, manual exceptions to EVV are factored into the aggregate **EVV Compliance %**.
  - For example, if a Provider completes 100 visits per quarter and 25 of the 100 visits were noncompliant, manual exceptions, the Provider is considered as 75% EVV Compliant
  - UPMCHP monitors EVV Compliance on a quarterly basis and will request corrective actions plans (CAPs) for providers that fail to meet a 50% EVV Compliance threshold for all reported encounters, effective 1/1/2023.



## What happens if the GPS coordinates are in the community when the shift starts/ends but that is where the participant wants to start? (Continued)

- A **secondary service address** can be added if the Participant customarily receives personal assistance services (PAS) in a non-primary location.
  - Example: Participant receives ongoing agency PAS at her daughter's home twice a week
- Providers can request the addition of this address for the purposes of EVV Compliance tracking by contacting [CHCProviders@upmc.edu](mailto:CHCProviders@upmc.edu). Participants should contact their Service Coordinator with all requests.
- All secondary address additions must be vetted with the Service Coordinator and **approved in the PCSP prior to entry** into the HHAeXchange system. Normal GPS geo-fence restrictions apply.

## What happens if the GPS coordinates are in the community when the shift starts/ends but that is where the participant wants to start?



- Similarly, additional **landlines** can be approved for services received at locations other than the home.
  - Providers or participants can request these additions using the same process (noted on the previous slide).

## What happens if the GPS coordinates are in the community when the shift starts/ends but that is where the participant wants to start? (Continued)

### **Audit and Monitoring Process for GPS Coordinates:**

- Allowances are made for GPS coordinates in the community as long as the marked tasks/duties correlate to services outside the home.
  - Example, if the Caregiver clocks in with GPS coordinates at the community pharmacy and the tasks/duties include shopping and/or transportation, we accept.
  - If the Caregiver clocks in with GPS coordinates outside the home and all of the marked tasks/duties are home-based (ex. Vacuuming), then we would not accept and seek recovery.

## What happens if the GPS coordinates are in the community when the shift starts/ends but that is where the participant wants to start? (Continued)

- Often, situations with GPS coordinates outside the home are identified by monitoring and audit teams.
  - These teams take into consideration the participants' address history (GPS coordinates possibly tie to prior address causing mismatch of Caregiver and Participant pins)
  - The marked tasks/duties for the PAS visit
  - Manual Edits in Provider's Member Record



## What happens if the participant does not have a landline, only a cell phone, and the DCW does not have a cell phone?

- **EVV Policies** for Providers incorporating a landline telephony modality should establish a process for verifying the Participant's phone type, ideally no less than during new-referral Participant intake and annually.
- Providers are advised to **closely monitor landline telephony** – ensuring that Interactive Voice Response (IVR) call-in/call-outs associated with the visit are initiated from a landline at the Participant's registered service locations only.
- Caregivers should be advised to **provide notification of any changes** that impact EVV capture.

## What happens if the participant does not have a landline, only a cell phone, and the DCW does not have a cell phone? (Con't)

- If Participant only has a cell phone (no landline) and the Caregiver does not have a cell phone:
  - Visits not recorded using EVV tools and are entered as manual visits are regarded as noncompliant, manual exceptions with the EVV for Personal Care Services, (PCS) Bulletin (#07-20-04) Cures Act and the UPMCHP [Provider Manual](#) (Chapter N)
  - Providers should revert to recording visit/encounter details (Type, Scope, Amount, Duration, & Frequency) of service delivery in a legible alternative format (i.e. paper, or digital document) which should be **signed by the attending Caregiver**. Under best practice, Caregivers will record these details in a **timesheet format** per the Provider's former process predating the EVV mandate.

# What happens if the participant does not have a landline, only a cell phone, and the DCW does not have a cell phone?

As an alternative, **Fixed Object Devices (FOBs)** are an allowable alternative to the EVV tools

- ALL FOBs must be permanently affixed at the Primary service location

**For Providers using the free HHAeXchange system only**, FOBs can be requested by contacting the UPMC Health Plan Network Team at [CHCProviders@upmc.edu](mailto:CHCProviders@upmc.edu) Providers are required to complete a short survey to verify if a FOB is the best fit for each unique circumstance.

- Clock-IN and Clock-OUT using the FOB by calling the Agency's HHAeXchange phone number from ANY phone
- HHAeXchange provides online training on the use of FOBs



## What happens if the participant does not have a landline, only a cell phone, and the DCW does not have a cell phone? (Continued)

- Again, noncompliant, manual exceptions to EVV are factored into the aggregate **EVV Compliance %**.
  - For example, if a Provider completes 100 visits per quarter and 25 of the 100 visits were noncompliant, manual exceptions, the Provider is considered as 75% EVV Compliant
  - UPMCHP monitors EVV Compliance on a quarterly basis and will request corrective actions plans (CAPs) for providers that fail to meet a 50% EVV Compliance threshold for all reported encounters, effective 1/1/2023.



# What happens if the participant does not have a landline, only a cell phone, and the DCW does not have a cell phone?

## **Audit and Monitoring Processes** for Acceptable EVV Methodology:

- The **UPMC Provider Monitoring Team** refers providers back to the waiver citation regarding acceptable EVV methodology:
  - “The methods used to capture visits include mobile phone applications, telephonic entry via a landline telephone, and fixed verification devices”.
- The Provider Monitoring Team must validate a PAS visit via compliant means to ensure the location of the visit.

# Lessons Learned/Experience from Monitoring and Audits

- Providers consistently indicate the participants no longer have a landline or the PAS Agency employing the Caregivers don't have smart phones
- Providers often does not realize that Caregivers must mark tasks/duties for each PAS visit
- In some cases, Providers indicate they're following the plan of care in place after the most recent assessment
- Often Caregivers are indicated as working long hours on a consecutive basis
  - Example: The same Caregiver indicated as working 19+ hours/day for 7 days a week
  - When this occurs, Monitoring/Audit team will engage the Provider and Service Coordinator to locate additional resources

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**Thank you!**