LTSSMaryland Provider Billing Support Office

Policies for Electronic Visit Verification System use

Maryland Department of Health's (MDH) Electronic Visit Verification (EVV) System is used for billing Home Health and Private Duty Nursing (PDN) services. This document provides an overview of important policies for EVV use.

Note: In the event of a public health emergency or state of emergency, the approval of federal disaster relief under the Medicaid State Plan, Emergency Preparedness and Response Appendix K, or other State and/or federal authorities may supersede this policy, standards, and requirements.

Policy	Explanation	Dates	Guidance
1. Using the EVV System			
1.1 Staff Profile	All staff, including temporary staff, must have a staff profile that includes a valid and accurate social security number or Individual Taxpayer Identification Number (ITIN), in the Provider Portal prior to the DSP's first service.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2
1.2 Staff Training	Agencies are responsible for properly training all staff on how to use the EVV system before staff provide services.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2
1.3 Requirements for Recording Services with EVV	Staff providers must use the LTSSMaryland EVV Mobile App when clocking in and out. If the mobile app is not available, staff providers must use the ISAS Telephone EVV with a phone number that is authorized in the participant's LTSSMaryland client profile to record their service times. Use of an unauthorized phone number will be investigated and will impact provider payment.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2
1.4 Service Information Must be Accurate	The service times, staff name, and staff social security number listed on a service must be accurate. Providing incorrect/inaccurate information is considered fraudulent billing and is subject to denial or recovery of payment.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2
1.5 Creating Profiles in Provider Portal	All administrators/office staff accessing the Provider Portal must have a unique username and password. The sharing of log-in credentials and/or passwords is strictly prohibited.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2
2.OTP Policy			
2.1 OTP Device Must Stay With the Participant	An OTP device must always remain with the participant to whom it has been assigned. It is considered fraudulent behavior for a provider to take the OTP device out of the participant's possession.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2
3. Service-Related Policies			

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3.1 Protection of Confidential Information	Providers must not share Protected Health Information (PHI). When emailing concerning EVV services, please only send the following: Service (PDN / HH), Client first initial of first name, client full last name, and last 4 digits of the client's MA#.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2
3.2 Payment Only for Direct Services	Providers will only be paid for direct services provided to participants. Direct services require that the provider be **physically present** with the participant when delivering Home Health and PDN. The following do **NOT** constitute direct services and cannot be paid: -Running errands without the participant present. - Services provided to the participant while under the care of another entity (e.g. admitted to the hospital*, a nursing/rehab facility, imprisoned, etc.) - ***NOTE:**When caring for a child (under 21 years old) who has an emergency, the staff is allowed to be paid when accompanying participants to the ER until admission or until the parent arrives. - Services rendered while the staff provider is sleeping. -Services provided via telehealth (remote/virtual) unless otherwise authorized by the Department or covered under COMAR 10.09.04, 10.09.27, 10.09.53, or 10.09.69	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2
3.3 Verifying Eligibility	MDH can only reimburse providers for services provided to eligible participants. Providers must check participants' eligibility daily by calling the EVS system at 1-866-710-1447.	**Effective date:** 11/9/2023	COMAR 10.09.36.03 COMAR 10.09.36.03-2
3.4 Must Continue Clocking In and Out During Periods of Ineligibility	If the participant has lost eligibility and/or filed an appeal to regain eligibility, the provider can choose to continue providing services at their own risk in hopes that the participant regains eligibility and/or wins the appeal. Providers will not be paid during periods of participant ineligibility. **Important:** If eligibility is regained, the provider will receive retroactive pay only if staff continued to use EVV to clock in/out for services provided during the period of ineligibility. If the staff did not use EVV, payment will not be issued.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2

Policy	Explanation	Dates	Guidance
3.5 Emergency Services	Providers providing emergency services that exceed a participant's Service Authorization must be submitted to the MDH Division of Nursing Services (DONS) for approval no later than close of the business day following the delivery of emergency services. Providers will only be paid for these emergency services if the hours are approved by the DONS unit.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2 COMAR 10.09.53.06
3.6 Participants Cannot Receive Services in a Provider – Owned/Controlled Residence	Provider-owned or controlled residences do not meet the definition of a "home" and therefore MDH will **NOT** cover Home Health or PDN services provided in these settings.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2 COMAR 10.09.53.06
3.7 Participants Cannot Receive Services From Their Representative	An agency may **NOT** assign a participant's representative to provide services to that participant. "Representative" means: - The person authorized by the participant to serve as a representative in connection with the provision of Home Health and PDN services. - The individual who signs the Model Waiver plan of care on the participant's behalf. - Any individual who makes decisions on behalf of the participant related to the participant's service authorization. - A legal guardian of the participant. - The parent or foster parent of a dependent minor child.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2 COMAR 10.09.53.06 COMAR 10.09.04.05
4. Exception Resolution Policies			
4.1 No Payment for Overlapping Services	For PDN, unless authorized for shared RN,LPN,CNA,CNA-CMT, providers cannot be paid for service times that overlap. For Home Health, when services are provided by the same disciplines, providers cannot be paid for service times that overlap.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2 COMAR 10.09.04.05
4.2 Missing Time Submission Deadline	Missing Time Requests (MTRs) must be submitted within thirty (30) calendar days from the original Date of Service.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2
4.3 Six Missing Time Limit	Unless a valid and verifiable excuse is given, MDH will only approve up to 6 MTRs per month per clinical staff.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2
5. Payment Policies			
5.1 Year Deadline for Claim Adjustments	No claims may be paid or adjusted after more than a year has passed since the date of service.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2
5.2 Repayment of Over-Paid Funds	Providers must reimburse MDH for any overpayment of funds.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2

Policy	Explanation	Dates	Guidance
5.3 EVV Work Week	The EVV workweek is from Thursday to Wednesday.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2
5.4 Service Authorization Hours	MDH will only pay providers up to the amount of hours that are pre-authorized. The system will automatically cut any hours that exceed the service authorization and these services will not be paid.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2 COMAR 10.09.53.06 COMAR 10.09.04.05
5.5 24 Hour Limit for PDNServices	MDH will not reimburse for services exceeding 24 hours per day of PDN, unless approved by the MDH DONS unit.	**Effective date:** 11/9/2023	COMAR 10.09.36.03-2 COMAR 10.09.53.06

Contacts and Resources

Billing Questions **Policy Questions**	**LTSSMaryland Provider Billing Support Office**	**MDH.LTSSBilling@maryland.gov** **410-767-1719**
Technical Issues **How to Questions** **Account Registration**	**LTSSMaryland Help Desk**	ltsshelpdesk@ltssmaryland.org 1-855-463-5877
OTP Device Issues **Plan of Service Questions** **Client Eligibility Issues**	**Case Manager**	Specific to Client
Register for Direct Depost **Missing Checks**	**Maryland Comptroller**	1-800-638-2937 410-260-7980