Missouri Department of Social Services

MoHealthNet

Provider Bulletin

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Electronic Visit Verification (EVV) Best Practices and System Enhancements

Applies to: Providers of Personal Care and Home Health Care Services

Effective date: October 16, 2024

- EVV Requirements
- Best Practices
- Planned Improvements

EVV Requirements

As of January 1, 2023, all Personal Care Services (PCS) and Home Health Care Services (HHCS) provider agencies are required to use EVV to document MO HealthNet (Medicaid)-funded services delivered in the home of a participant. Missouri EVV Vendors who are supporting Missouri provider agencies are required to exchange visit data with the EVV Aggregator Solution (EAS) hosted by Sandata Technologies.

PCS and HHCS provider agencies are responsible for ensuring the EVV vendor they contract with is sending timely and accurate visit data to the EAS. All providers are required to log into EAS at a minimum of once per week to verify the accuracy of their visit data. Provider agencies not submitting all necessary data elements for each member to whom they deliver services are at risk of sanctions or termination of their state contract with Missouri Medicaid Audit and Compliance (MMAC).

Best Practices

The MO HealthNet Division (MHD) offers the following best practice information to reduce the likelihood of audit findings and/or adverse actions for PCS and HHCS provider agencies:

- Visit data must be sent to the EAS at a minimum of once daily for all dates that visit data is captured by a provider agency.
- For services requiring tasks, the tasks entered for each visit should reflect activities actually done during the visit as authorized by the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS). Tasks may vary from visit to visit and typically should not include every task in the care plan for each day of service.

- For visits requiring entry of a memo to document service delivery, guidelines established by the Department of Mental Health (DMH), Division of Developmental Disabilities (DD) must be followed. The memo field cannot be automatically populated by the EVV system.
- Clock in and clock out times must record the time the services begin and end to the minute. Adjustments should only be made if the incorrect time is submitted. Any changes made to the actual time to accommodate billing (such as adjusting to fifteen-minute increments) are considered fraudulent and are subject to audit.
- If a visit is marked by the EVV system as captured via telephony/Interactive Voice Response (IVR), the call in and out must have been made from the member's home through use of a landline phone. It is the responsibility of the provider to verify the number is a landline and to ensure the landline number listed in their EVV system is correct. Any number associated with a mobile device is considered unallowable for telephony/IVR. Provider agencies that do not verify and document that the phone used for EVV is a landline may be considered non-compliant with EVV requirements.
- The Centers for Medicare & Medicaid Services (CMS) expect full compliance with EVV, including limiting the number of manual entries and/or edits. While the long-term goal is for 100% of EVV visits to be automatically verified with no manual entries, Missouri currently expects at least 85% of visits to be entered correctly with no need for edits. Provider agencies with a high percentage of manual entries are subject to audit and potential sanctions, as manually entered visits negatively impact EVV compliance measures.

Planned Improvements

To improve the efficiency of the EAS, the following system enhancements are being implemented:

- Due to overuse of the Reason Code 'Other' to support manual entries, this option is being removed from the EAS. Provider agencies are encouraged to familiarize themselves with the remaining codes available in Appendix 3 of the EVV Vendor Specifications and begin limiting the use of the code 'Other' immediately.
- To prepare for the matching of claims to EVV data in the EAS, changes are being made to ensure visits are stored in the correct accounts. An update will be made to reject visits if the procedure code and modifier do not match the account dedicated to the service type. It is critical for providers to ensure all EAS accounts are set up correctly and contain the appropriate visit data.

Refer to Electronic Visit Verification on the MHD website for related resources, administrative rules and other announcements.

APPLICABILITY

The information in this bulletin applies to the MO HealthNet (MHD) Fee-For-Service (FFS) program and may apply to the MHD Managed Care (MC) program, as well. MHD's FFS policies set the basic coverage policies for benefits and limitations in the MC program. The MC health plans have additional flexibilities in operating their respective programs, such as determining which services require prior authorization and details required for claims submission. Certain services, such as pharmacy, are "carved out" of MC and will be paid through the FFS program. To ensure your understanding of this bulletin's applicability to each MC health plan, please **contact your health plan** directly. If you are unable to resolve a MC issue directly with a health plan contact a MC Liaison by completing a **Managed Care Provider Request for Information**.

Bulletins will remain on the **MO HealthNet News** page only until incorporated into the **provider manuals** as appropriate, then moved to the appropriate **Provider Manual Archives**.

Providers and other interested parties are urged to **subscribe** to **MO HealthNet News** email list to receive automatic notifications of provider bulletins, provider hot tips, provider manual updates, and other official MO HealthNet communications.

Before delivering a service, please check the patient's eligibility status by swiping their MO HealthNet card, calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and choosing Option One or using the Participant Eligibility option in **eMOMED**. Questions regarding MO HealthNet MC benefits should be directed to the patient's MO HealthNet **MC health plan**.

MHD Education and Training offers interactive web-based training for providers and general and program-specific educational resources. Visit our **Provider Training Calendar** to register for an upcoming training.

Provider Communications
573-751-2896
or via Provider Communications Management in eMOMED