



COMMUNITY HEALTH PLAN
of Washington™

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CHPW HHCS EVV Training Program

WA State Health Care Authority

Home Health Care Service (HHCS)

Electronic Visit Verification (EVV)



What is Electronic Visit Verification (EVV)?

Electronic Visit Verification (EVV) is a federal requirement from the 21st Century Cures Act, passed by Congress in 2016. EVV is required for all Medicaid funded in-home personal care services, respite care services, and home health care services as a verification that care services were provided.

EVV is a method used to verify home health care visits to ensure patients are not neglected and to cut down on fraudulently documented home visits.

Section 12006(a) of the 21st Century Cures Act mandates that states implement EVV for all Medicaid in-home visits for:

- Personal Care Services (PCS)
This applies to PCS provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k)
- Home Health Services (HHCS)
This applies to HHCS provided under 1905(a)(7) of the Social Security Act or a waiver.



Who Uses EVV?

Any care worker providing personal care and/or respite care services funded by Medicaid payments for a client who lives at home (not in an institutional, residential or hospital care setting) and receives payments for these in-home care services must use **Electronic Visit Verification**.

- This includes the employees of both Home Care Agencies and the Consumer Directed Employer (CDE), who is the legal employer of all Individual Providers (IP) in the state of Washington as of 6/1/2022. The CDE in Washington is Consumer Direct Care Network Washington (CDWA).
- If you do **NOT** live with your client, you must use EVV. The required data elements must be captured at the time-of-service provision and included with claims submissions sent by the employing agency, whether it is the CDE or another Home Care Agency.



Who do the EVV requirements not apply to?

EVV requirements **do not** apply to:

- Medicare crossover claims.
- Private Duty Nursing (PDN) services performed by and billed by individuals or agencies. *Note that PDN services do not fall under intermittent home health care services.* (For reference, see the [Private Duty Nursing for Children Billing Guide](#), page 8.)
- Individual Providers, employed by the CDE, who Live **WITH** their client are ***not*** *required* to use EVV -
 - **Note** that this exception does **not** apply to contracted Home Care Agency employees and caregiving staff. **All Home Care Agency caregiving employees must use EVV for shifts worked.**



How do we meet this requirement?

Providers will need to-

- Procure an EVV solution:
 - Providers shall procure their EVV solution of choice and must self-fund their EVV implementation. This allows the flexibility to select an option that best meets your business and client needs.
- Enroll employees providing home health services as servicing providers with HCA.
 - Employees will be required to obtain a national provider identifier (NPI) from the national plan and provider enumeration system (NPPES) to enroll with HCA.
 - Home Health agencies can use the ProviderOne roster upload template to facilitate enrolling multiple servicing providers altogether or add them individually using the online screens. See the enroll individuals as a servicing provider section below.
- Submit the required EVV HHCS **existing** and **new** data elements on all HHCS claims as shown on the previous slide.



Enroll employees providing home health services *as servicing providers with HCA*

Health care professionals practicing under a group or facility are called servicing providers. The group or facility under which you practice must be enrolled with HCA as a billing provider and have a Core Provider Agreement with the agency -

How do I enroll a servicing provider?

- Follow the step-by-step instructions in the ProviderOne [How to Enroll a Servicing Provider](#) user manual.

How do I enroll bulk amounts of health care professionals at once?

- If you are a group or facility needing to enroll many HCA servicing only providers, you may use the [roster spreadsheet](#) to upload bulk enrollment applications to ProviderOne.



<https://www.waproviderone.org/client>



Enroll employees providing home health services *as servicing providers with HCA*

For assistance, what do I do?

To obtain assistance with enrolling a servicing provider:

- Contact Provider Enrollment 1-800-562-3022 ext. 16137
*Phones are open on Tuesdays and Thursdays from 7:30 a.m. to 4:30 p.m. (Closed from noon to 1 p.m.)
Phones are closed on Mondays, Wednesdays, and Fridays.*
- Email: providerenrollment@hca.wa.gov
- Submit a help request: <https://fortress.wa.gov/hca/p1contactus/>



Important:

Servicing providers must have an NPI and your NPI must be registered with the HCA or claims will be denied and/or an *already paid claim* will be recouped.

The requirement to have a registered NPI with the HCA and the CHPW NPI claims denial process is in effect now.



Claims - what is required?

Claims for home healthcare visits submitted by Medicaid providers must include specific elements to be captured electronically for compliance with Electronic Visit Verification requirements.

EVV systems must verify:

Existing

- **Type** of service performed
- **Individual receiving** the service
- **Date** of the service

New

- **Location** of the service
- **Individual providing** the service
- **Time** the service begins and ends



CHPW will require the data elements listed above to be submitted with the claim via the 837i. The data elements indicated as “**existing**” are currently required and Home Health agencies are submitting those today. The data elements indicated as “**new**” is a new requirement for Home Health agencies to include on your claims.

Claims – new data elements

Location of the service delivery

- For DDE claims: Submit this data at header level on the “Other Claim Info” tab: “Miscellaneous Claim,” “Service Facility.” Do not enter Facility NPI, use only address fields.
- For 837i claims: The 2310E loop outlined in the 837i companion guide only outlines Medicaid’s use of that portion of the loop in whole. Please reference both the note section in the 837i companion guide and the ANSI TR3 HIPAA implementation guide for requirements.



Individual providing the service

- The 2310A loop for Attending or if different from Attending Provider it is the 2310D loop, segments NM103 (Name) - NM109 (NPI) & PRV03 for provider Taxonomy Code.



Time the service begins and ends

- For DDE claims, submit this data in the “Additional Service Line Information” field.
- For 837i claims, the 2400 Loop SV202-7 segment outlined in the 837i companion guide only outlines Medicaid’s use of that portion of the loop in whole. Reference the ANSI TR3 HIPAA implementation guide for requirements.



Note: Loop 2400 SV202-7 **is a free form segment to type in the begin time and the end time.**

CHPW Readiness

CHPW systems are ready and can collect EVV data elements on claims submitted by providers. As required, CHPW will send EVV data to the HCA on encounters as detailed in the EDRG and companion guides.

This is necessary for the HCA's EVV reporting requirements to the CMS. The intent behind this reporting requirement is for regulators to monitor *the **number of claims without EVV data and to identify which providers are not submitting EVV data.***

Should CHPW deny claims without EVV HHCS data?

As directed by the HCA, CHPW will not deny EVV HHCS claims that do not have all the required EVV data elements with service dates starting January 1, 2024, as stipulated under 9.15.15 of the 1/1/24 amendment to the MCO contract. *Please note the following:*

- Initially, there will be a period of technical assistance for providers to become compliant with EVV requirements.
- HCA will give notice to MCOs for when to begin denying claims without the required EVV HHCS data.
- Once CHPW receives notice from the HCA to deny claims without the required EVV HHCS data:
 - Home health care services (HHCS) providers will be required to have an EVV solution in place or risk having their claims denied or encounters rejected under the mandate included in the 21st Century Cures Act.

Thank you!

Please send your questions to:

jae.switzer@chpw.org

Provider Relations, Supervisor

HCA HHCS-EVV FAQs V.3-Nov 2023



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