

# EVV Frequently Asked Questions



## § 1. Who is paying for EVV system?

- Rhode Island – EOHHS will pay for the EVV system, including EVV system implementation, provider agency EVV training, and ongoing recurring EVV fees. Your agency will be required to use the EVV system for the EOHHS EVV Services.

## § 2. Is this going to cost me anything?

- There is no charge to the provider agencies for the EOHHS EVV system. However, should you choose to integrate your current scheduling system into EOHHS' EVV system, any cost associated with this integration will be the responsibility of the provider.

## § 3. Will I need additional staff to manage EVV?

- No, you should not need additional staff to manage EVV. It is very important that you make sure that both your caregiver staff and office staff are fully trained and compliant with EVV, which will ensure a smooth and successful EVV implementation for your agency.

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## § 4. How will I be trained on the EVV system

- Sandata will conduct all trainings. Classroom trainings will be available starting in May. There will also be independent trainings via webinar, and other online tools. Each agency will send key staff to training and ensure all staff is trained and ready to use EVV for launch.



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## 5. What services will require EVV? Continued

Targeted services include:

- S5130 – HOME MAKER
- S5125 - PERSONAL CARE SERVICES (with modifiers)
- S5125 U1 - COMBINED HOME MAKER & PERSONAL CARE SERVICES: Combined Homemaker & Personal Care (with modifiers)

## 6. Do I have to use EVV? What happens if I don't use it?

- Yes, in order to continue to provide these services and to be reimbursed by the Rhode Island - EOHHS Medical Assistance Program, you will be required to use this EVV system. If you do not use this system, claims submitted outside of this system will be denied.

## 7. Can I opt out of using EVV?

- If you choose to opt out of using EOHHS' EVV system, you will not be reimbursed for services rendered.



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## 8. Will I be able to submit my claims the current way (portal) after EVV is in place?

- No, you will not be able to submit claims via the Web Portal for the services listed in question 5 on the frequently asked question document. The EVV system allows you to submit your claims via an electronic 837 claim. You may continue to use the Web portal, or submit electronic 837 claims for services not included in the EVV system.

## 9. Will I still have to do the required current HCBS manual documentation when EVV is in place?

- This is a EOHHS HCBS policy decision, therefore EOHHS will need to determine if manual documentation will still be required when EVV is in place. The final decision regarding documentation will be communicated to providers prior to EVV launch.

## 10. Will I still see my Care Plan prior authorizations in the portal?

- Yes, your Care Plan prior authorizations will be viewable via the portal.

## 11. What if I already am using an EVV technology? Do I have to give that up for yours?

- Yes, you will need to use the EOHHS EVV System for the EOHHS EVV services. You can continue to use your current EVV system for any other HCBS services. You will not be charged for the EOHHS EVV system.



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## 12. How do I know if I have a new authorization for a member?

- You will be able to view all new authorizations on the home page of your web based EVV system. This home page view is updated in real time.

## 13. What happens if I have to do a visit prior to receiving an authorization?

- Visits often occur prior to the care plan being in the portal. You will want to complete EVV for the visit (Check in and Check out) and once the authorization is received in the EVV system, the visit can be confirmed. The claim can then be submitted to HPE via the EVV system once the authorization is received.

## 14. What if my members won't let us use their phone? And my staff doesn't have smart phones and can't use mobile visit verification?

- In those instances when a phone is unavailable, a Fixed Visit Verification Device may be installed in a client's home which is used to obtain a random number for use in checking in/checking out when a phone is later available. If a phone or Fixed Visit Verification Device are both unavailable, we recommend the caregiver write down their visit start and end times and provide it to their agency. The provider agency will need to use the EVV system, specifically the visit maintenance module, to manually input the visit information. You will also need to document the reason for the manual visit edit. There will be a clear reportable audit trail in the EVV system of all the manual activity.



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- § **15. This feels like a lot of extra work for me, why is the State doing this?**
  - The EVV system is being deployed to ensure providers are more efficient. EOHHS will use EVV to ensure HCBS are delivered as authorized and to ensure quality oversight of the home care service delivery. Over 3,500 providers use this system nationwide today. Home care services are a key priority for EOHHS.
  
- § **16. Is the State going to be measuring providers a new way?**
  - The State will continue to measure providers as they do today. The only additional measurement when EVV is in place will be if providers are using EVV as instructed for all their home care visits.
  
- § **17. Who do I call if I have question or complaint about EVV?**
  - If the question or complaint is around the overall EVV program, you should direct your concern to EOHHS/HPE. If you have questions or complaints regarding the use of the EVV system, there will be an EVV customer care line that you can contact to address your concern.
  
- § **18. How do I know if my claims were accepted or rejected?**
  - You will continue to use the same process you use today to see if your claims was accepted or rejected. There should be few rejected claims since the EVV system makes sure you have all the required claims data prior to submission. You will also receive training on how you can resubmit claims through the EVV system if necessary.



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- ⚡ **19. Where do I go to look for status of my submitted claims?**
  - How you obtain claim status will not change. You may continue to use the Web portal's claim inquiry or view your remittance advice.
- ⚡ **20. How will I receive my remittance advice?**
  - There will be no changes to the process that is currently in place today.
- ⚡ **21. How will the EVV system work with the HPE portal?**
  - The EVV system will receive ongoing client and authorization data from the portal and claims will be submitted directly into the portal. You will continue to use the portal to see if your claims were accepted.
- ⚡ **22. Can I use EVV for my other services/programs?**
  - EOHHS will pay for the EVV system for clients in the Rhode Island Medical Assistance Program for the services specified. Providers have the option to independently contract with the vendor to use EVV for other services/programs.
- ⚡ **23. What sort of EVV reports will EOHHS be looking at?**
  - There are a variety of reports available to both the provider and EOHHS. EOHHS will determine which reports they will use to monitor and manage both EVV and HCBS services. Providers will have access to the same data and will be trained on reporting as part of the deployment.



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- § **24. Do I have to buy my caregivers smart phones?**
  - No, you will not be required to buy your caregivers smart phones for EVV. The ability to use Mobile Visit Verification is OPTIONAL, and up to you and the caregiver.
  
- § **25. Can I continue to use my current scheduling system?**
  - There is a scheduling module within the EVV system. EOHHS has also selected the option to integrate third party schedule solutions with EVV. This means that schedules input into your current scheduling system will be transferred to the EVV system for use.
  
- § **26. Can the staff be imported into EVV?**
  - Currently the importing of staff is a manual process.
  
- § **27. Can schedules be created in advance be edited?**
  - Yes, there are multiple ways to edit schedules which will be covered in training.
  
- § **28. Can EVV be integrated with my current EVV system?**
  - Scheduling can be integrated, but time and billing has to be processed through Sandata. EOHHS will be developing a survey to solicit provider input for those agencies already using an EVV solution and seek input.



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- § **29. Does EVV generate payroll?**
  - Currently, there is a standard payroll export available.
- § **30. Will I be using EVV for all my client?**
  - No, currently this is for Medicaid Fee for Service recipients only.
- § **31. What recipient information is available?**
  - Recipient demographic and authorization information will be imported into your database.
- § **32. Does the caregiver have to clock in and clock out at the exact scheduled time?**
  - No, there will be call tolerance set that will be determined by EOHHS .
- § **33. How will the EVV EOHHS program be communicated?**
  - You will access the same website as you do today, but there be a dedicated EVV webpage.
- § **34. How do I know when a program eligibility change occurs for my recipient?**
  - Eligibility is updated monthly on the portal and should be checked by the provider agencies.



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- § **35. Do I need to enter my eligible recipients into the EVV system manually?**
  - No, the recipients and authorizations are imported into the database.
  
- § **36. How are tasks recorded for the visit?**
  - A menu of task will be developed and available to either select on the MVV device when the call out is done or entered via a code when the call out with telephony is done. At least one task will be required to be selected upon check out.
  
- § **37. Does EVV integrate with an EMR system?**
  - Yes, EVV does integrate with other systems.



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- ⚡ 38. Are the phone numbers used to call in visit verification toll free?
  - Yes
- ⚡ 39. What protections are available for HIPPA information on the cloud based system?
  - All data is encrypted and no data is stored on any portable device.
- ⚡ 40. If outside vendors are unable to interface with Sandata, what is the plan?
  - Provider will be required to do parallel scheduling.
- ⚡ 41. If a staff person is out, can the provider make a change to the caregiver?
  - Yes



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- ⚡ 42. Multiple services may be provided to a husband and wife on a single day. Services may be billed to 2 or 3 payers. Does the staff person need to clock in and out for each different service?
  - This question will be addressed in provider training.
- ⚡ 43. Is voice verification going to be recorded in advance?
  - Voice print is recorded in advance. There is also a threshold set for variance in tone, etc.
- ⚡ 44. There are 3 different ways to verify a visit. Is this assigned by client.
  - Only if the client has the fixed visit verification device.



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- ⚡ 45. What if the client has concerns about having the fixed visit verification device install in their home? Can it be put in a drawer or does it have to be mounted on a wall?
  - Sandata can configure whatever is necessary.
- ⚡ 46. Is the State planning to expand the range of services covered by EVV?
  - Not presently, but we will be looking at it.
- ⚡ 47. What about my receivables system?
  - You will still be receiving a remittance advice.
- ⚡ 48. How many “seats” will each agency receive?
  - There are no limits.



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- ⚡ 49. How quickly will MCO services be added?
  - Not until January 2017.
- ⚡ 50. Is other clients data available on the fixed visit verification device?
  - No
- ⚡ 51. Is EVV mandated by the State or Federal Government?
  - State
- ⚡ 52. Do we have to complete task list for each client?
  - Yes
- ⚡ 53. Does the payment cycle remain the same?
  - Yes



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- 54. Is there a time window to correct visit verification data?
  - No
- 55. Is the agency responsible for training line staff?
  - Yes
- 56. Can the worker complete the task list after they complete the visit?
  - No, it must be done at the end of the visit.
- 57. Can the worker add tasks after the visit is completed?
  - No, someone in administration will need to make those changes.

