

Electronic visit verification (EVV) Amerigroup

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

TXPEC-2447-18

April 2018



Agenda

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EVV overview

Overview

- EVV is the electronic verification and documentation of visit data, such as the date and time services begin and end, the name of the attendant, the service recipient, and the services provided.

Overview (cont.)

- EVV is required for the following services:
 - STAR+PLUS:
 - Respite care (in-home)
 - Personal Attendant Service
 - Personal Attendant Service protective supervision
 - Community First Choice (CFC) Personal Attendant Service
 - Community First Choice Habilitation

Overview (cont.)

- EVV is required for the following services:
 - STAR Kids:
 - Community First Choice Personal Care Service
 - Community First Choice Habilitation
 - Personal Care Service — agency model
 - Personal Care Service, Behavioral Health (BH) condition — agency model
 - Respite care (in-home)
 - Flexible family support services

Overview (cont.)

- EVV is optional for members who receive attendant care services through the Consumer-Directed Services model based on the choice of each member.
- All STAR+PLUS and STAR Kids providers providing one of the services that require EVV must select an EVV vendor, complete a *Vendor Selection Form* and submit it to Texas Medicaid & Healthcare Partnership.
- Providers should notify Amerigroup or Texas Health and Human Services Commission (HHSC) within 48 hours of any identified ongoing issues with an EVV vendor or system.

Overview (cont.)

- Visit maintenance is required for service dates that are not autoverified and must be completed within 60 days from date of service.

EVV compliance

Compliance

- EVV compliance started on April 1, 2016.
- Provider agencies were required to maintain a minimum compliance score of 75 percent per review period until March 31, 2017.
- Starting April 1, 2017, provider agencies are required to maintain a minimum compliance score of 90 percent per review period as outlined in the *HHSC EVV Initiative Provider Compliance Plan*.

Compliance (cont.)

- Providers who fail to meet the minimum EVV compliance score requirement of 90 percent until March 31, 2017:
 - May be asked to create and submit a *Corrective Action Plan (CAP)*.
 - May be subject to liquidated damages as outlined in *HHSC EVV Initiative Provider Compliance Plan*.
 - Amerigroup will be following the \$3 per visit outlined for nonpreferred reason code use.
 - May be subject to contract termination after continued failure to meet the 90 percent compliance requirement.

Compliance (cont.)

- If a provider agency has misused preferred reason codes per policy, the provider agency compliance score may be negatively impacted, and the provider agency may be subject to the assessment of liquidated damages; imposition of contract actions; implementation of the *CAP* process; and/or referral for a fraud, waste and abuse investigation.
- For example, providers use a preferred reason code 100 when there is no call-in or call-out.
- Compliance plan score = $(\text{Number of total visits autoverified} + \text{number of total visits verified preferred}) \div (\text{Number of total visits verified})$ rounded to the nearest whole percent.

Amerigroup review of EVV compliance

- Amerigroup reviews EVV compliance on a quarterly basis.
- The EVV quarters were determined by HHSC according to when EVV compliance started on April 1, 2016.

EVV quarterly compliance review		
Quarter	Months	Review month
Q1	April, May, June	September
Q2	July, August, September	December
Q3	October, November, December	March
Q4	January, February, March	June

- The compliance summary reports obtained from the EVV vendor's system are pulled during the review month in order to determine which provider agencies are noncompliant for the quarter that is in review.

Amerigroup review of EVV compliance (cont.)

- All provider agencies have the access to pull this report from their EVV vendor's system.
 - For DataLogic, you can access this report by selecting the **Standard Reports** tab on the top left section. There will be a drop-down once you select **Standard Reports**. Then, select ***EVV Compliance Summary Report***.
 - For MEDsys, you can access this report by selecting the **Reports** icon on the top left section. Then, select **DADS-MCOs** from the far left column. Finally, select ***10 MCO Compliance Summary Snapshot — CSV***.

Amerigroup review of EVV compliance (cont.)

- The first time a provider is out of compliance for a quarter review, Amerigroup will send the provider a *CAP* request.
- The second and third time a provider is out of compliance for a quarter review, Amerigroup will send the provider a *CAP* request and impose liquidated damages.
 - Liquidated damages are assessed at a rate of \$3 per visit verified and nonpreferred on a day below program expectations threshold.
 - Liquidated damages are subject to a minimum assessment of \$10 to a maximum of \$500 per day below program expectations threshold.

Amerigroup review of EVV compliance (cont.)

- The fourth time a provider is out of compliance for a quarter review, Amerigroup will review the provider for possible termination from the network, in addition to sending a *CAP* request and imposing liquidated damages.
- Amerigroup will email your agency's EVV compliance score every month if your agency is below 90 percent compliance for the month. This is done as a courtesy.
- The compliance score that is emailed to you for the month may change by the time the quarterly EVV compliance reviews are completed. The reason is due to the 60-day visit maintenance period.

Amerigroup review of EVV compliance (cont.)

- Amerigroup will email your agency every month if the autoverified visit percentage is **below** 50 percent.
 - Amerigroup wants to notify your agency if the autoverified visit percentage is below 50 percent to determine why the visits are not autolinking to the visits, such as system issues or other situations where Amerigroup can try to help increase the visits to automatically link to the schedules.
 - **Please note:** It is not a requirement for the autoverified visit percentage to be above 50 percent.

EVV reason codes

Reason codes

- Amerigroup follows the requirements established by HHSC for EVV reason codes.
- The most recent reason code document from HHSC is effective July 1, 2017.
- Amerigroup recommends that provider agencies always document the clock-in and/or clock-out whenever the time is not available, regardless of whether the reason code requires free text.
- Amerigroup reviews the most commonly used preferred reason codes to ensure they are not being misused.

Reason codes (cont.)

- If a provider agency has misused preferred reason codes per policy, the provider agency compliance score may be negatively impacted, and the provider agency may be subject to the assessment of liquidated damages; imposition of contract actions; implementation of the *CAP* process; and/or referral for a fraud, waste and abuse investigation.
- For example, providers use a preferred reason code 100 when there is no call-in or call-out.

Reason codes (cont.)

- Please contact Amerigroup as soon as possible if you are unsure of what reason code to use for a visit, especially if that reason code is **999 — Other**.
- Amerigroup wants to discuss the situation with you before you select the 999 reason code to determine if there is a preferred reason code that can be used.

EVV reports

Reports

- The following reports are the most common reports from the EVV vendor's system that Amerigroup uses to review EVV for all provider agencies.
- Provider agencies have the same access as Amerigroup to pull these reports and obtain the same information.

Reports (cont.)

- DataLogic reports:
 - *EVV Visit Log*: This report shows all of the EVV visits that have been sent to Amerigroup. Amerigroup advises for provider agencies to use this report to compare to the claim(s) that are submitted in order to confirm if the billing data elements match to the claim(s).
 - *EVV Compliance Plan Summary*: This report shows the compliance score as a whole, not per agency location, if all locations use the same NPI and TIN. All information is reported according to the provider agency's NPI and TIN.

Reports (cont.)

- DataLogic reports:
 - *Reason Code Use*: This report identifies the frequency use of each reason code per provider agency.
 - *Failed to Export Report*: This report shows all of the EVV visits that were not sent to Amerigroup due to data errors and visits that were rejected by Amerigroup due to data errors. Amerigroup advises provider agencies to check this report often in order to identify the visits that need to be corrected within the 60-day visit maintenance window. If these visits are not corrected, they will not be sent to Amerigroup.

Reports (cont.)

- MEDsys reports:
 - *01 EVV Visit Log*: This report shows all of the EVV visits that have been sent to Amerigroup. Amerigroup advises for provider agencies to use this report to compare to the claim(s) that are submitted, in order to confirm if the billing data elements match to the claim(s).
 - *10 MCO Compliance Summary Snapshot — CSV*: This report shows the compliance score as a whole, not per agency location, if all locations use the same NPI and TIN. All information is reported according to the provider agency's NPI and TIN.

Reports (cont.)

- MEDsys reports:
 - *12 Reason Code Use Report*: This report identifies the frequency use of each reason code per provider agency.
 - *Transmissions (Unsent-CSV)*: This report shows all of the EVV visits that were not sent to Amerigroup due to data errors. Amerigroup advises provider agencies to check this report often in order to identify the visits that need to be corrected within the 60-day visit maintenance window. If these visits are not corrected, they will not be sent to Amerigroup.

EVV postpayment claim reviews

Postpayment claim reviews

- Claims with dates of service starting April 1, 2016, to present are reviewed to verify matching EVV transactions.
- Amerigroup matching process:
 - Pull ongoing claims reports for paid claims that require EVV, then match claims with EVV daily transaction files from EVV vendors using the following data elements:
 - Member Medicaid ID
 - Provider NPI/TIN
 - Claim from date
 - Claim to date
 - HCPCS code
 - Modifiers 1-4
 - Billed units

Postpayment claim reviews (cont.)

Complete match

- All information and data elements match to an EVV transaction.
- No action is taken on the paid claim.

Partial match

- Some dates and/or units of the claim match to an EVV transaction, but some do not have a matching EVV transaction.
- Only the nonmatching dates and/or units are sent to the Cost Containment Unit (CCU) for recovery.

No match

- There are no EVV transaction matches to the claim.
- All dates and units on the claim are sent to the CCU for recovery.

Postpayment claim reviews (cont.)

CCU first notice

- The first overpayment notice is mailed and includes claim details.

CCU final notice

- The final notice is mailed 45 days after the initial notice if the provider has not refunded the amount or disputed the recovery.

CCU recovery

- The claim is recovered 25 days after the final notice (70 days from the initial notice) if the provider has not refunded the amount or disputed the recovery.
- Claims that are greater than two years from the first notice are not recovered.

Recovery disputes are worked in conjunction with the Long-Term Services and Supports Operations team and the EVV vendor, as appropriate.

Note: This process follows the traditional recovery process defined by Texas Department of Insurance.

EVV prepayment claims reviews

Prepayment claims reviews

- Amerigroup is in the process of implementing prepayment reviews for claims submitted for services that require the use of EVV.
- The system will check for matching EVV transactions to the claim prior to claims adjudication.
 - Complete match: Claim pays according to the provider's contract.
 - Partial match: Date(s)/unit(s) with an EVV match will pay according to the provider's contract, and the date(s)/unit(s) that do not have a matching EVV transaction will deny.
 - No match: Claim will deny.

Prepayment claims reviews (cont.)

- The provider will receive an *Explanation of Payment* and the denial code will be *GV2 — Invalid/Missing EVV Transaction*.
- This will inform the provider that the claim was denied due to the missing EVV transaction to match to their claim.

Prepayment claims reviews (cont.)

- The system will match claims with EVV daily transaction files received from EVV vendors using the following data elements:
 - Member Medicaid ID
 - Provider NPI/TIN
 - Claim from date
 - Claim to date
 - HCPCS code
 - Modifiers 1-4
 - Billed units

Claim review: tips for provider agencies

Tips for provider agencies

- Use the *EVV Visit Log Report* obtained from the EVV vendor's systems to compare to your claims.
- The *EVV Visit Log Report* shows all of the EVV transactions that have been sent to Amerigroup from the EVV vendors on the *Daily Transaction File*.
- If you are unable to locate the visit that you billed for on the *EVV Visit Log Report*, pull the *Transmissions Unsent Report* (MEDsys) or *Failed To Export Report* (DataLogic).
 - These reports will show you all the visits that weren't sent to Amerigroup due to incorrect data that needs to be corrected.

Tips for provider agencies (cont.)

- Compare the following data elements on the *EVV Visit Log Report* to your claim(s) to ensure the data matches to what you billed on the claim. Please note that the date elements are only for Amerigroup. The data elements may be different for other MCO plans.

Tips for provider agencies (cont.)

- *Provider_NPI*: Compare this number to the NPI number you used to submit your claim. If the number matches your claim, nothing needs to be done. If the number does not match your claim, then you need to submit a request to Amerigroup and request to correct the NPI number for the visit(s) in the EVV system.
- *Provider_TIN*: Compare this number to the TIN number you used to submit your claim. If the number matches your claim, nothing needs to be done. If the number does not match your claim, then you need to submit a request to Amerigroup and request to correct the TIN number for the visit(s) in the EVV system.

Tips for provider agencies (cont.)

- *IndvMbr_MedicaidID*: This section represents the member's Medicaid ID number. Compare this number to the Medicaid ID number you used to submit your claim. If the number matches your claim, nothing needs to be done. If the number does not match your claim, then you need to submit a request to Amerigroup and request to correct the member's Medicaid ID number for the visit(s) in the EVV system.
 - **Note:** In the EVV system, the member's Medicaid ID number should always include the state-issued Medicaid ID number, not the Amerigroup subscriber number.

Tips for provider agencies (cont.)

- *EVV_HCPCS*: Compare this data to the HCPCS code you used on the claim. If the HCPCS code matches your claim, nothing needs to be done. If the HCPCS code does not match your claim, then you need to submit a request to Amerigroup and request to correct the HCPCS code for the visit(s) in the EVV system.
- *EVV_Modifier*: Compare this data to the modifiers you used on the claim. If the Modifiers match your claim, nothing needs to be done. If the Modifiers do not match your claim, then you need to submit a request to Amerigroup and request to correct the Modifiers for the visit(s) in the EVV system.

Tips for provider agencies (cont.)

- *EVV_VisitDate*: This is the date the visit occurred. Compare this date to the date of service listed on the claim. If the date(s) matches your claim, do nothing. If there are no visit dates for the date of service on the claim, you must check the EVV system to confirm if the visit was verified or if you completed visit maintenance within 60 days. Amerigroup does not allow EVV corrections to this data element.
- *EVV_PayHours*: This is the hours/units you will bill for on your claim. Compare this to the amount of units billed on the claim. If you bill a date range for the date of service on the claim, add the *EVV_PayHours* for each visit date within the date range and compare the total *EVV_PayHours* to the units billed on the claim.

EVV data corrections

Data corrections

- Amerigroup allows provider agencies to request *EVV Data Corrections* for visits that need to be corrected when the visits are over 60 days old.
- All visits must be confirmed or verified in order for Amerigroup to review the request.
- For visits that are under 60 days old, the provider agency will need to contact the EVV vendor to request a data correction.
- Providers will need to complete a spreadsheet for Amerigroup in order to submit their request for data corrections. Please contact Amerigroup EVV at TXEVVSupport@amerigroup.com if your agency needs a copy of the spreadsheet.

Data corrections (cont.)

- Instructions on how to submit the request:
 - Fully complete the Amerigroup spreadsheet. All sections in **blue** on the spreadsheet must be completed.
 - Under column F, **EVV visit date**, you must list the individual date you need to correct or have re-exported. Please **do not** list date ranges. Amerigroup needs to know the individual date you need to correct or have re-exported.
 - For example: If you need visit dates April 1, 2017-April 15, 2017, to be corrected or re-exported, you must list the member 15 times.

Data corrections (cont.)

- Under column G, **What needs to be corrected in visit maintenance**, you must state what you need to correct in the EVV system for that specific visit date.
 - For example: If you need a payer change, you can state **need to change payer from DADS to Amerigroup**. The information you put in this column must be specific on what you need to correct in the EVV system.
- Once the spreadsheet is fully completed, please email the request to TXEVVSupport@amerigroup.com.

Contact information

Contact information

EVV vendor contact information

Vesta/DataLogic

Website: www.vestaevv.com

Phone: 1-844-880-2400

MEDsys

Website: www.medsyshcs.com

Phone: 1-877-698-9392

Amerigroup EVV email address

TXEVVSupport@amerigroup.com

Amerigroup Provider Relations representative

Service delivery area	Name	Phone number
Bexar/Travis	Jennifer Pena	1-800-589-5274, ext. 55381
El Paso	Maribel Martinez	1-877-405-9871, ext. 59624
Harris	Eric Preston	1-800-325-0011, ext. 55446
Jefferson	Kristal Babino	1-800-325-0011, ext. 55684
Lubbock/Amarillo	Judith Mann	1-800-589-5274, ext. 54880
Johnson, Dallas, Tarrant	I'Esha Hudson-Buggs	1-800-589-5274, ext. 55817
Denton, Wise, Hood, Parker	Deidre Haynie	1-800-589-5274, ext. 55817
Western Region Rural Service Area	Nancy Belcher	1-800-589-5274, ext. 52317

Questions and answers

Thank you!