

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Electronic Visit Verification in North Carolina LTSS Provider Forum

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Agenda

- **Electronic Visit Verification Program overview**
 - Services subject to EVV
 - NC Program by the Numbers
- **Key Performance Indicators Reported to CMS**
 - Authorized visits
 - Qualified Visits with No Manual Edits
- **Maturing the EVV Program**
 - Goal 1 - Reduce Manual edits and improve Key Performance Indicators (KPIs)
 - Goal 2 - Reduce administrative workload and increase data quality
 - Goal 3 – Future Compliance Projects
- **Tailored Plans**
 - Overview
 - EVV in the Tailored Plans
 - Next Steps
- **Questions**

Services Subject to EVV

Section 12006(a) of the 21st Century Cures Act mandates that states implement Electronic Visit Verification (EVV) for all Medicaid-funded Personal Care Services (PCS) and Home Health Services (HHCS) that require an in-home visit by a provider.

Program	Procedure Code
State Plan PCS	99509
Community Alternatives Program for Disabled Adults and Children	S5125
	S5135
	S5150
	S9122
	T1004
	T1019
	T2027
Innovations	T2013
	T2033
TBI	S5125
	T1015
	T2013
	T2033
(b)(3) Wavier	T1019
	T2013
	H2022
(i) Waiver	T2013
	T1019

Program	Revenue Code
Home Health Care Services	RC420
	RC424
	RC430
	RC434
	RC440
	RC444
	RC550
	RC551
	RC559
	RC580
	RC581
	RC570

Full list of codes subject to EVV including modifier combinations and service descriptions can be found medicaid.ncdhhs.gov/evv-service-codes-list/download?attachment

North Carolina EVV Program by the Numbers

Population of providers with visits	4,920 *
Population of beneficiaries with visits	64,916 *
2024 Average visits per month – All Programs	846,033 **
2024 Average visits per month – PCS	474,711 **
2024 Average visits per month – CAP	297,534 **
2024 Average visits per month – LME Services	65,393 **
2024 Average visits per month – Home Health	8,395 **

* Sandata Health Report April 2024

** Sandata Aggregator “Visits by Day” Report

Key Performance Indicators

NC 2023 KPI as Reported to CMS

Year over Year Comparison of Paid Claims	Authorized Procedures
2021 YTD Totals	4,919,826
2022 YTD Totals	10,836,855
2023 YTD Totals	10,303,861

NOTE: EVV was implemented on Jan. 1, 2021, for FFS which explains the low counts in Jan and Feb. The month of June 2021 enforced the hard edit for FFS option for processing claims resulting in a lesser volume in June, and higher volumes of paid claims in July and August.

LME/MCO Behavioral Health encounters are included starting Sep 1, 2021.

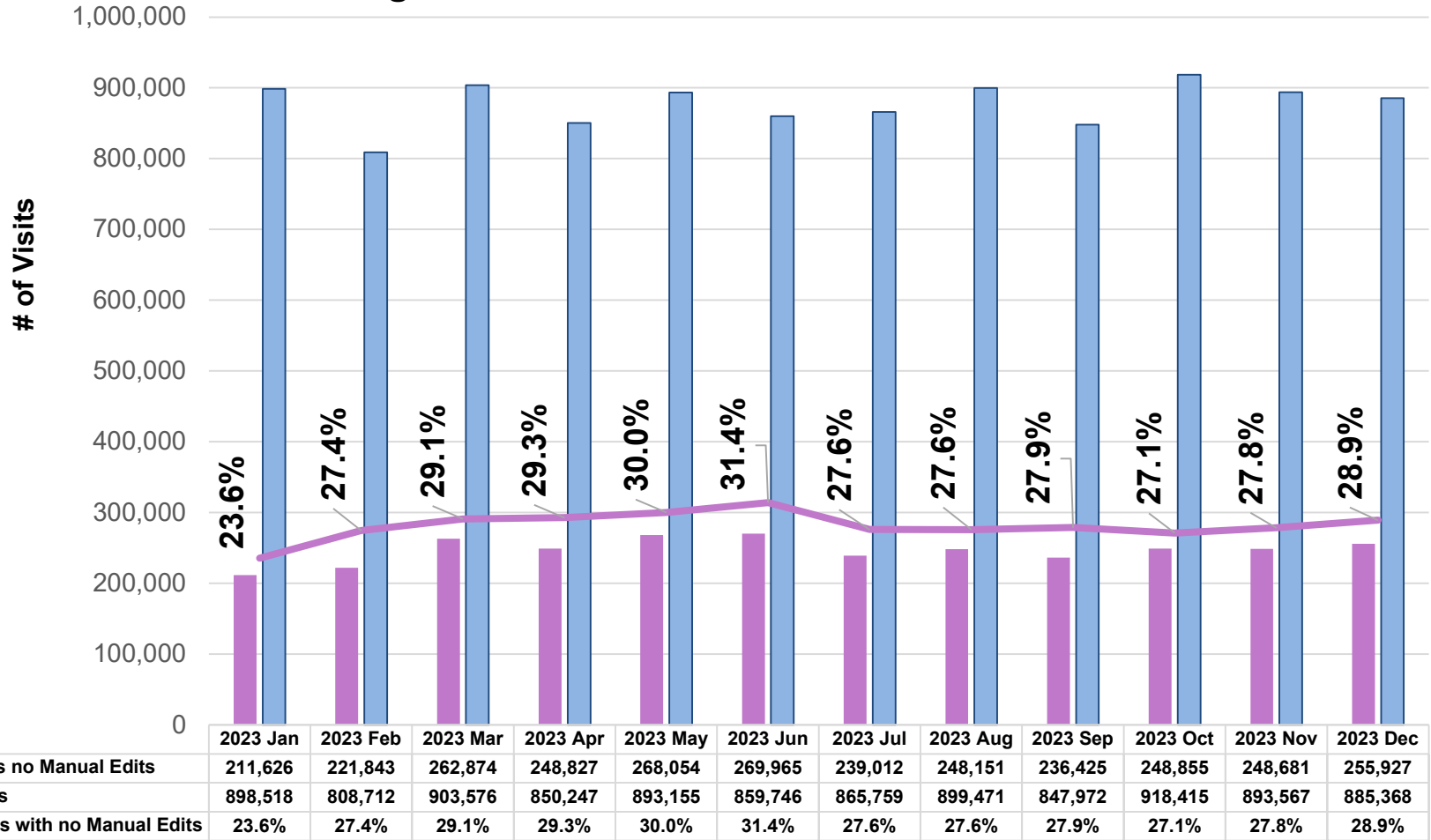
Standard Plan Managed Care EVV encounters are included from Nov 1, 2021.

Behavioral Health Managed Care encounters are included from April 2023.

NC Medicaid Direct and Standard Plan Home Health claims/encounters are included from April 2023.

NC 2023 KPI as Reported to CMS

Percentage of Qualified visits with No Manual Edits



■ EVV visits no Manual Edits
 ■ EVV Visits
 — % of Visits with no Manual Edits

North Carolina MES EVV KPI Report Q4 2023 as submitted to CMS

Maturing the EVV Program

Electronic Visit Verification Goals and Outcomes

GOALS

1. Reduce manual edits and improve KPIs
2. Reduce administrative workload and increase data quality
3. Compliance

OUTCOMES

- Ensure that:
 - Medicaid consumers receive the care and services included in their person-centered care plan
 - Provider agencies are paid for appropriately provided services
- Ensure program integrity
- Reduce / prevent fraud, waste and abuse

Appropriate Use of EVV

Electronic Visit Verification is intended to track and monitor timely service delivery and help to assure access to care for Medicaid beneficiaries.

Providers are expected to implement processes and procedures in their agency and provide training to caregivers to support consistent use of a technology solution and to minimize the use of manual or modified entries.

GOAL 1 - Reduce Manual edits and improve KPIs

Appropriate Use of EVV

EVV uses technology to record the following to ensure people who should receive services receive them:

- 1. Type of service performed**
- 2. Person receiving the service**
- 3. Date**
- 4. Location**
- 5. Person providing the services, and**
- 6. Service begin time**
- 7. Service end time**

GOAL 1 - Reduce Manual edits and improve KPIs

Modalities to Electronically Capture Data

Four methods to capture EVV Data Elements in Sandata;

- SMC - Sandata Mobile Connect Version 2
 - Smart device using mobile app (preferred method)
 - FVV - Fixed Visit Verification device
 - FOBs (also recommended)
 - TVV – Telephony using beneficiaries approved phone
 - Manual entry (not preferred, rare, emergent cases)
-
- A manually entered visit is defined as one where there is no electronic check-in or check-out, and the visit information is typed in manually.
 - Occasionally, records need to be updated or corrected but, manually entered visits do not meet CMS requirements and should be a rare occurrence.

NC Medicaid's goal is to have providers routinely use electronic means to capture visits and manage their processes so the percentage of manually entered visits is fewer than 15%.

GOAL 1 - Reduce Manual edits and improve KPIs

NC Medicaid EVV Monitoring Plan

The monitoring plan includes:

- **DHB EVV Team:**
 - Regular review of provider's level of compliance with electronic data capture to identify agencies with a high percentage of manual entries.
- **Provider Agencies:**
 - Implement a plan to reduce manual visit capture
 - Are responsible for ensuring procedures, practices and training requirements support EVV requirements
 - Should ensure the use of manual entry occurs only when unavoidable.
 - Use a smart device with a mobile app (SMC), fixed visit verification device (FVV) or telephony (TVV) for visit capture a minimum of 85% of the time.
- All providers are encouraged to assess and analyze their operating procedures and other EVV related activities and make necessary changes to come into compliance.

GOAL 1 - Reduce Manual edits and improve KPIs

Ongoing EVV Compliance Analytics Projects

- **DHB OCPI Team:** EVV data analytics example uses for detecting high-risk behaviors of fraud, waste and abuse
 - **Provider behavior monitoring examples:**
 - High Manual submissions
 - High Adjustment submissions
 - Busy Days – Impossible # paid minutes / day
 - Teleporter – Improbable distance traveled / day
 - Time Traveler – Clinician at multiple places at the same time
 - Extended Stays – Check in, no/manual check out
 - Perfect Attendance – Improbably consistent EVV records
 - **System monitoring examples:**
 - Mismatch in units from claims to EVV record
 - Billing in advance of services, eg bill for an entire month's services on day 1 of the month

Auto Visit Verification by Program

Personal Care Services

NC Monthly Auto Visit Verification
by Month

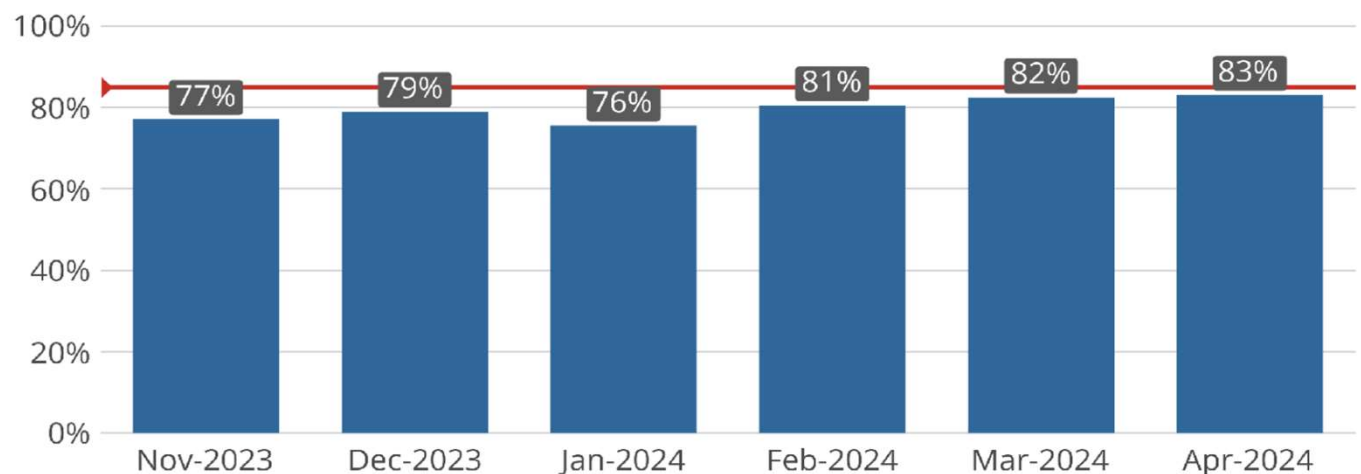
Target Compliance 85%



Home Health

NC Monthly Auto Visit Verification
by Month

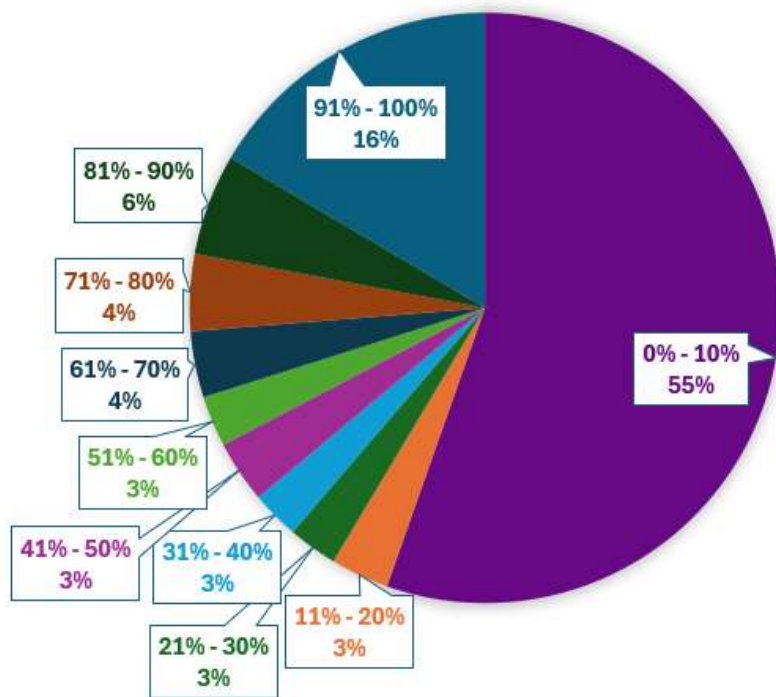
Target Compliance 85%



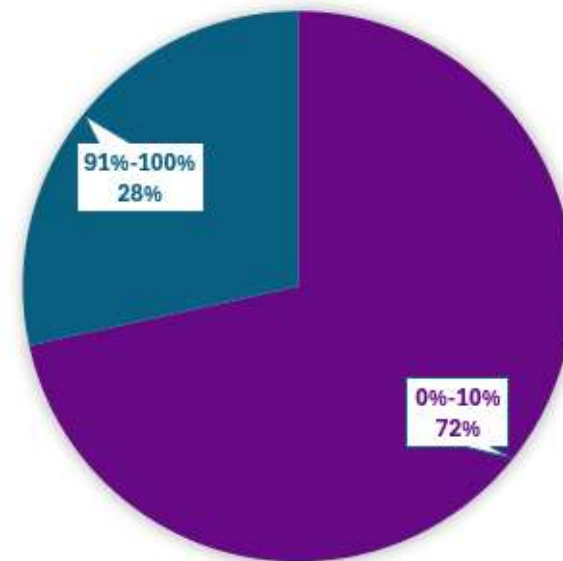
GOAL 1 - Reduce Manual edits and improve KPIs

Percentage of Visits by Program which were Auto Verified

PCS % AUTO VERIFIED VISITS APRIL 2023 - MARCH 2024



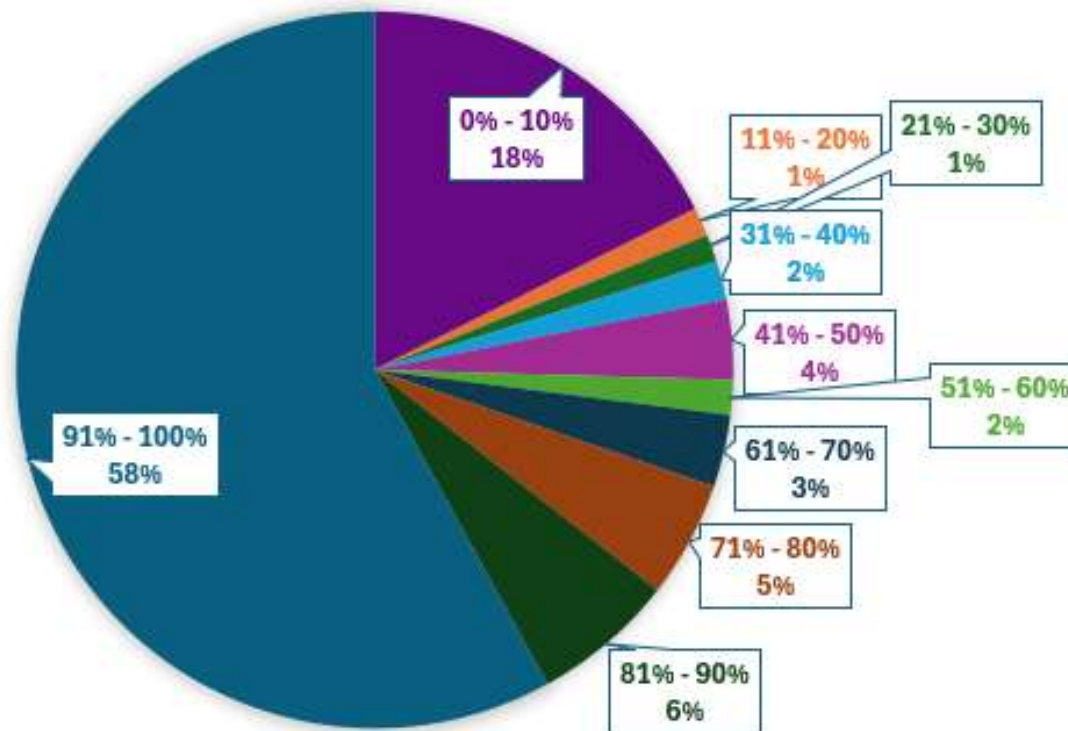
CAP % AUTO VERIFIED VISITS APRIL 2023 - MARCH 2024



GOAL 1 - Reduce Manual edits and improve KPIs

Percentage of Visits by Program which were Auto Verified

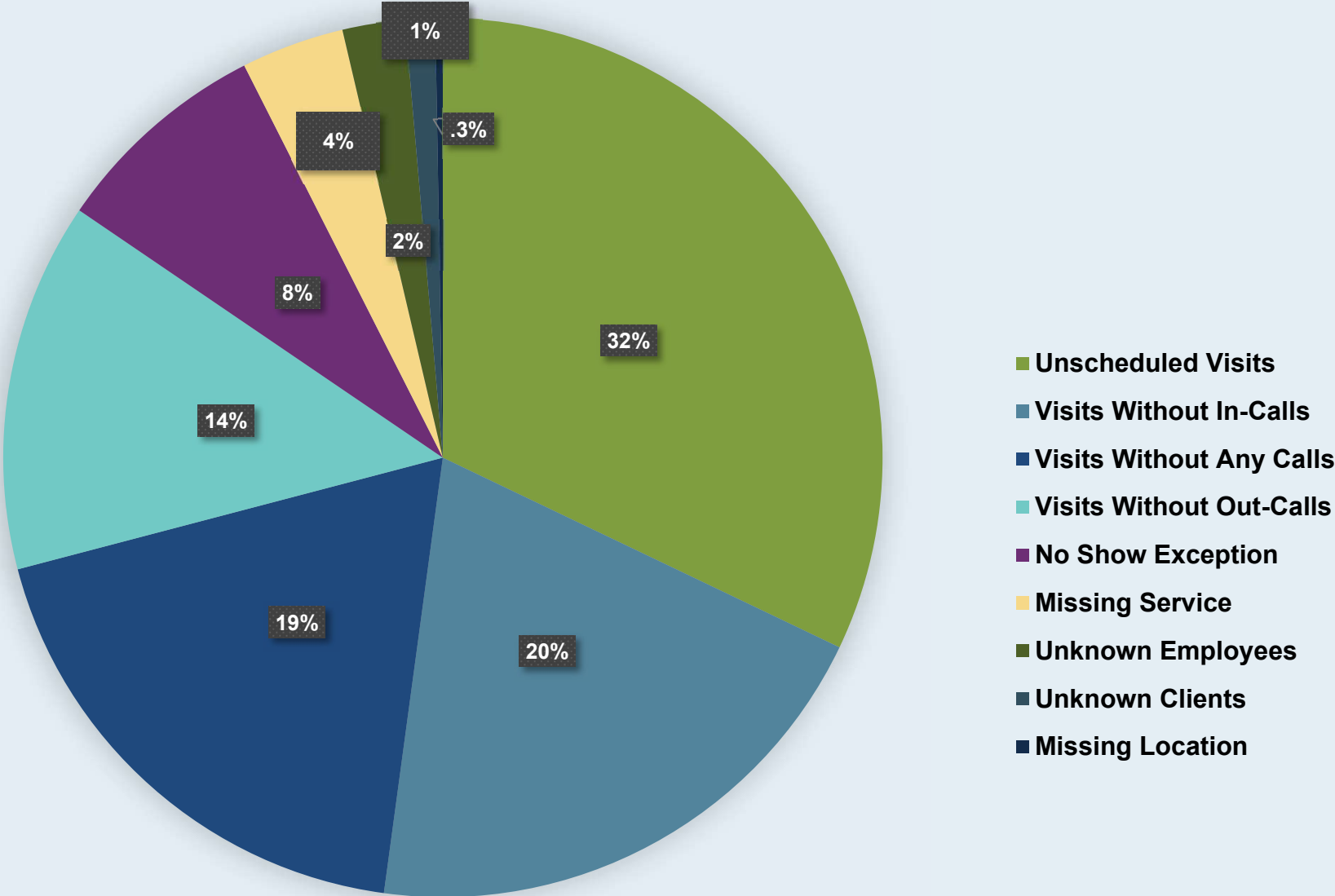
HH % AUTO VERIFIED VISITS APRIL 2023 - MARCH 2024



GOAL 1 - Reduce Manual edits and improve KPIs

Visit Exceptions

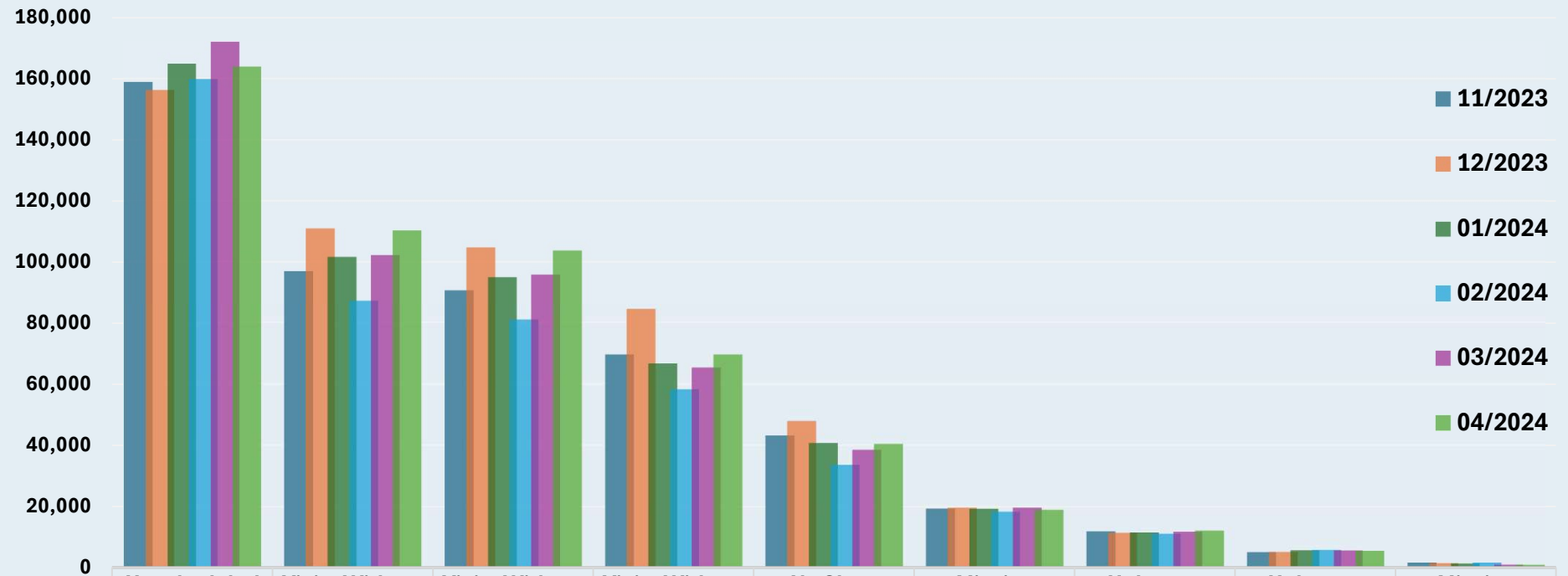
Exception by Percentage 11/23 - 4/24



GOAL 2 - Reduce administrative workload and increase data quality

Visit Exceptions

Monthly Exceptions by Type



	Unscheduled Visits	Visits Without In-Calls	Visits Without Any Calls	Visits Without Out-Calls	No Show Exception	Missing Service	Unknown Employees	Unknown Clients	Missing Location
■ 11/2023	158,908	96,997	90,690	69,522	43,169	19,391	11,914	5,132	1,690
■ 12/2023	156,272	110,919	104,706	84,381	47,860	19,661	11,472	5,215	1,513
■ 01/2024	164,878	101,598	94,936	66,535	40,659	19,280	11,579	5,779	1,444
■ 02/2024	160,048	87,291	80,828	58,139	33,599	18,281	11,071	5,848	1,705
■ 03/2024	172,176	102,223	95,808	65,205	38,510	19,603	11,835	5,687	1,090
■ 04/2024	163,969	110,305	103,768	69,546	40,380	18,926	12,135	5,570	1,039

GOAL 2 - Reduce administrative workload and increase data quality

Possible Future EVV Compliance Projects

- **Client Verification:**
 - Client electronically validates at the time of visit time
 - Both the caregiver and the client verify the service occurred
 - Caregiver data via clock in and clock out
 - Client via electronic client signature
 - An exception will be generated if validation is not completed
 - Dept of Justice requested this validation as an additional layer of protection and controls to prevent fraud
 - No ETA for this project currently
- **Single Sign On with NCID:**
 - Use of NCID to log on provides uniform credentials for all systems.
 - NCID comes with multi-factor authentication
 - No ETA for this project currently

Tailored Plans

Tailored Plan Overview

- Tailored Plans launch July 1, 2024
 - Alliance Health
 - Partners Health Management
 - Trillium Health Resources
 - Vaya Health
- Tailored Care Management (TCM) model reflects the goal of whole-person care management in NC Medicaid Managed Care.
 - Members have a single designated care manager and care team to provide care management to address all needs including physical health, behavioral health, I/DD, traumatic brain injuries (TBI), pharmacy, long term services and supports (LTSS) and unmet health-related resource needs.
- Individuals in NC Medicaid Direct who are not excluded from managed care and currently receive services for these needs may be moved to a Tailored Plan.

EVV in the Tailored Plans

- **Current State for Medicaid Direct**
 - The LME/MCOs currently provide services subject to EVV to beneficiaries and have used EVV visit capture since Sept 2021.
 - LME/MCOs will continue to do so after Tailored Plan launch for beneficiaries who remain in NC Medicaid Direct.
- **At Tailored Plan Launch July 1**
 - Alliance, Partners, Trillium and Vaya will use EVV visit capture for both **behavioral health** and **physical health** services when the services are subject to EVV.

EW Status in the Tailored Plans

- **EVV Status for Physical Health Services in Tailored Plans at Launch**
 - EVV **PCS** will begin with a **hard** launch July 1, 2024.
 - EVV **Home Health** will begin with **soft** launch July 1, 2024.
- **Future EVV Status for Home Health**
 - Home Health in the **Standard Plans** is planning to hard launch **Oct. 1, 2024**.
 - Return to hard launch for Home Health in the **Tailored Plans** is under discussion to determine a date.
- **Tailored Plan EVV Status effective July 1, 2024**
 - Behavioral Health services - Hard launch
 - Physical Health services
 - Personal Care Services - Hard launch
 - Home Health Services - Soft launch

Tailored Plans

- Agencies providing services to members enrolled in a Tailored Plan, when the service is subject to EVV, are encouraged to work with the plans to ensure they can submit visit capture successfully on day one.
- Tailored Plan EVV Contact Information
Available in the appendix

Questions

Appendix Data Tables for Slide 16 & 17 - Percentage of Visits by Program

PCS	
% Auto Verified	4.1.23 -3.31.24
0% - 10%	55%
11% - 20%	3%
21% - 30%	3%
31% - 40%	3%
41% - 50%	3%
51% - 60%	3%
61% - 70%	4%
71% - 80%	4%
81% - 90%	6%
91% - 100%	17%

CAP Services	
% Auto Verified	4.1.23 -3.31.24
0% - 10%	71.6%
11% - 20%	0.0%
21% - 30%	0.0%
31% - 40%	0.0%
41% - 50%	0.0%
51% - 60%	0.0%
61% - 70%	0.0%
71% - 80%	0.0%
81% - 90%	0.0%
91% - 100%	28.4%

LME Services	
% Auto Verified	4.1.23 -3.31.24
0% - 10%	99.97%
11% - 20%	0.01%
21% - 30%	0.01%
31% - 40%	0.00%
41% - 50%	0.00%
51% - 60%	0.00%
61% - 70%	0.00%
71% - 80%	0.00%
81% - 90%	0.00%
91% - 100%	0.01%

Home Health Services	
% Auto Verified	4.1.23 -3.31.24
0% - 10%	18%
11% - 20%	1%
21% - 30%	1%
31% - 40%	2%
41% - 50%	4%
51% - 60%	2%
61% - 70%	3%
71% - 80%	5%
81% - 90%	6%
91% - 100%	58%

Tailored Plan EVV Contact Information

- Alliance
 - Email: ProviderEVV@alliancehealthplan.org
 - Website: alliancehealthplan.org/providers/network/evv/
- Partners
 - EVV Email: Evvsupport@partnersbhm.org
 - Phone: Provider Line 1-877-398-4145 (7 a.m. - 6 p.m.)
 - Website: providers.partnersbhm.org/ [Provider Knowledge Base](#)
- Trillium
 - claimssupport@trilliumnc.org
- Vaya Total Health
 - For business-related items:
 - Kelly Watkins - Kelly.Watkins@vayahealth.com (and claims)
 - Donald Reuss - Donald.Reuss@vayahealth.com
 - For claims-related items:
 - Jody Meywes - Jody.Meywes@vayahealth.com
 - For technical assistance:
 - Chris Tyler - Chris.Tyler@vayahealth.com
 - Stephanie Hilbert - Stephanie.Hilbert@vayahealth.com

Website: [Electronic Visit Verification | Vaya Providers \(vayahealth.com\)](#)