Arkansas Department of Human Services (AR DHS)
Electronic Visit Verification (EVV)

August 31, 2023
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Division of Medical Services
Electronic Visit Verification
Overview

Electronic Visit Verification (EVV)

- Benefits of EVV
- Timeline
- Communication
- Tracking

Summary
Electronic Visit Verification is a process that uses electronic means to verify caregiver visits when they are in the client’s home to provide care. This federal mandate is designed to enhance the quality and accuracy of services provided. It also helps strengthen the overall operations for providers and serves as a useful management tool. This process replaces the previous mechanism for reporting and payment through the Arkansas Medicaid Management Information System (MMIS).

EVV is required for the following services:

- Attendant Care
- Personal Care
- Respite
- Home Health
Electronic Visit Verification
Benefits to Providers

• Compliance with a Federal Mandate
  • Required by the 21st Century Cures Act
  • Avoid delays and potential non-payments

• Effective Management Tool for Providers
  • Monitors caregiver location/time of work
  • Verifies services were rendered
  • Helps prevent fraud and liability issues
  • Higher percentage of paid claims through EVV (lower claim denial rate)
TO: ARCHOICES, PERSONAL CARE, ATTENDANT CARE, AND RESPITE CARE PROVIDERS

RE: FEBRUARY 2022 EVV UPDATE

The Arkansas Medicaid Electronic Visit Verification (EVV) system is live and operational. Federal mandate requires that all agencies who provide Personal Care, Attendant Care, and Respite services fully transition to using an EVV system to collect and submit visit data.
# Electronic Visit Verification Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Task</th>
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<tbody>
<tr>
<td>October 1, 2022 - Complete. Communication sent to Providers on September 30, 2022</td>
<td>Notification sent to providers about MMIS direct claim submission cutoff</td>
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<tr>
<td>November 1, 2022</td>
<td>Begin one week suspension of claims that are directly submitted to MMIS without EVV; GFE for Home Health Due- Submitted on 10-19-2022</td>
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<tr>
<td>November 28 – December 2</td>
<td>Provider Response Team Partially Assembled</td>
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<tr>
<td>December 1, 2022</td>
<td>Begin denial of claims that are directly submitted to MMIS without EVV</td>
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<tr>
<td>January 2023- August 2023</td>
<td>Preparation for Bringing on Home Health</td>
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<tr>
<td>May 2023</td>
<td>End of Public Health Emergency</td>
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<tr>
<td>January 1, 2024</td>
<td>Implementation of EVV for Home Health</td>
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• EVV is a federal requirement for Personal Care Services and Home Health Care

• It is an effective management tool for business
  o Monitor caregiver location/time of work
  o Verify services were given
  o Helps prevent fraud and liability issues
  o Higher percentage of paid claims through EVV than MMIS (i.e., lower denial rate)

• It provides peace of mind for family members that needed services are being provided

• It is constantly being evaluated and improved
https://humanservices.arkansas.gov/divisions-shared-services/medical-services/evv-info/
Dashboard Metrics Purpose and Intent

• Determine if there is a training issue or outreach is needed to get providers to adopt
• Graphs a MTD or YTD picture of EVV
• Monitor how claims are processing
• Future enhancement to include drilldown capabilities
Electronic Visit Verification
Dashboard from Last Year

EVV Filing Source Statistics

Claims by Source

Distinct Count = unique count of Claim Number - Claim Line combinations

Source
- Authenticare (FISERV)
- Aggregator (Batch)
- MMIS

- 52.3%
- 34.5%
- 13.2%

*A unique Claim Number - Claim Line combination may be present on both a paid and denied record.
Claims by Source

Distinct Count = unique count of Claim Numbr - Claim Line combinations

Filing Source Group
- Aggregator (Batch) - Web
- IVR
- Mobile
- Aggregator (Batch) - Unknown
- MMIS
- Web
- Aggregator (Batch) - IVR

2: December 1, 2022 to Current

- 53.1%
- 10.8%
- 15.3%
- 5.4%
Electronic Visit Verification
All EVV Required Claims Dashboard
Electronic Visit Verification

Critical Exceptions

Visits Not Billed by Critical Exception

- A1 - Authorize
- C6 - WebClaimSuppress
- C1 - OverlappedWorker
- G1 - UnAuthPhoneCheckInNoMatch
- G2 - UnAuthPhoneCheckOutNoMatch
- C2 - DuplicateClaim
- I2 - WorkerEligibility
- O2 - OverlappedClient

*Visual excludes C3 - Confirm Billing for Claim. Selecting exception will filter all other graphics on this tab.*
Electronic Visit Verification

Reasons for Denials

Top Errors for Last Month

*Distinct Count = unique count of Claim Numb - Claim Line combinations*

- **4021 - NO CVG RULE FOR PROCEDURE**: 3430
- **4371 - CLAIM TYPE RSTCN ON PROC CVG RULE**: 1654
- **5005 - LESS SEVERE DUPLICATE - DETAIL**: 1476
- **5003 - LESS SEVERE DUPLICATE PROFESSIONAL**: 1476
- **5004 - SUSPECT DUPLICATE - OVERLAPPING DOS DETAIL**: 1476
- **3004 - PRIOR AUTHORIZATION REQUIRED**: 1467
- **6120 - PERSONAL CARE SRVC-LIMIT 256 UNTS/CAL MNTH**: 1428
Electronic Visit Verification

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- Timeline
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