Frequently Asked Questions for Electronic Visit Verification (EVV) for Value Base Program (VBP)

Q. How do I track my EVV and missed visit rate?

A. HHA offers several different reports to capture EVV compliance percentages for a provider. Specifically, the "Exception Summary by Provider" report. This report allows provider to select a specific period and view their EVV/Exception compliance percentages.

Q. **What is the definition of Missed Visit?**

A. A missed visit is a scheduled visit in HHA that does not occur and is not rescheduled. The following Missed Visit codes are excluded from the EVV VBP:

a. FA - COVID-19: Participant is in hospital or Nursing Facility
b. HU - Hospitalization unplanned
c. IS - COVID-19: Participant refused receiving service through informal supports.
d. SI - COVID-19: Participant refused self-isolating not receiving service.

Q. **What is the criteria to for rate increase for Electronic Value Verification (EVV) Value Based Program (VBP)?**

A. Currently, Greater than 70% Electronic Visit Verification compliance and less than 0.5% missed visit rate each month.

Q. **What are my current rates for EVV and missed visits**?

A. Rates are visible for all providers via their HHAX portal.

Q. **If the rate is updated in HHAX after the effective date, how will the eligible older claims pay?**

A. Claims previously paid prior to rate increase in HHAX will be reprocessed by PHW to pay the additional rate increase.

Q. Can an individual's phone settings impact the ability to properly capture location data for Electronic Visit Verification?

A. Location settings would need to be turned on. We would defer to HHAeXchange on steps taken when downloading the App.

Q. What are the parameters for distance for our caregivers to have a clean clock in and out time?

A. The EVV radius was updated to 1/4 mile from the participants address, in accordance with the DHS/OLTL guidelines.

Q. What should we do if a participant lives on a large plot of land and the GPS pin is not dropped within the designated radius?

A. If the GPS pin drop is outside the 1/4 mile radius, notify HHAEXchange support and/or PHW to help check and troubleshoot the participants GPS pin drop. The other options is to call the telephone number associated with the telephony visit verification system.

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Q. What if a participant lives in a high-rise apartment?

A. The increase to a ¼ mile radius should have improved this barrier DCWs were having clocking in and out using EVV. PHW has not heard of any issues of this since the increase to a ¼ mile radius. If DCWs are still experiencing this issue please let us know and we can partner on a resolution.

Q. Can more than one address be listed on file for a participant?

A. Yes. There is no limit to how many addresses can be on file for a participant. The address must be listed on the participants care plan to be added into HHAEXchange for EVV compliance.

Q. Our consumers want to participate in events outside of the home and in locations that may not be accounted for on their file, how can we accommodate these requests without impacting EVV compliance?

A. PHW will add additional address for community locations, as we understand and support participants being active in the community, to ensure EVV is captured. We will work with the participant and their SCE to verify they will attend the community location, and then add this to the participants file in HHAeX for EVV purposes.

Q. How should my agency handle participants' vacations that require caregivers to cross state lines?

A. PHW understands that travel can occur across state lines. Providers can bill and be paid for services provided across state lines. However, we understand from experience that some providers may have policies of their own around this type of travel where insurances may not transfer to the state the participant is traveling.

Q. What if there is a delay in receiving approval to accompany a participant on a planned vacation?

A. Approval is required **if changes** to the participants existing service are needed for the vacation. If you are experiencing a delay, please contact the PHW call center or reach out to the authorization inbox at PHW and ask for assistance and we are happy to partner to ensure the request is expedited to prevent any issues with travel.

Q. Can a caregiver accompany a participant on a vacation outside the United States?

A. No outside of the US Travel is permitted.

Q. Do we need to provide advance notice and receive approval before sending a caregiver with a participant on vacation?

A. Approval is required if there is a need for additional hours. For example, if a participant is currently approved for 40 hours of PAS per week and needs additional hours during the duration of the vacation a request must be submitted, reviewed, and approved by PHW. In the event services are remining the same

approval is not required. However, we ask that you communicate the travel with the participants SC for awareness.

Q. What is your signature policy for manual edits?

A. Manual visits should be captured in the EVV vendor system. Provider must update visit records with all required data elements, including member calendar and care summary. Provider must maintain hard/copy of documentation for possible future reference.

Q. What steps should my agency take to ensure alignment of authorization of a new participant with the start date of care provided by the Service Coordinator to preview any issues with billing?

R. We ask providers please do not begin care without an authorization. Once a determination of a service is approved. A member of the PHW Program Coordination team will outreach the participants choice of provider to ensure they can staff, meet participant needs, and obtain a start of care date. Once that start date is agreed upon the authorization will be updated to reflect the communicated start date and will migrate to HHAeX within 24-48 hours. PHW will honor the start date communicated by the SC.

Q. How do gaps in enrollment caused by the continuous coverage unwinding impact EVV, if at all?

A. When a participant loses eligibility for any reason, they are discharged from HHA immediately. This prompts a message to go directly to the provider to alert them of the change. During a laps in eligibility shifts are not able to be scheduled in HHAeX which will prevent EVV for occurring during the gap in eligibility. We cannot guarantee payment of services during a gap in eligibility.

Q. My agency has worked with the Service Coordinator and the MCO to back-date an authorization. Now that I have the correct start of care date for the authorization, how do I enter the care we've already provided into the system for billing purposes? How will this affect my EVV compliance?

A. PHW monitors a retro eligibility report that allows us to capture any participants who are a part of PHE unwinding that have had reinstatement to their eligibility. This will ensure authorizations are reinstated/updated ASAP to prevent further laps in service coverage. We then collaborate with the participants SC, review authorizations, and review the calendar in HHAeX to determine if services were provided during the laps in eligibility. PHW will update authorizations to reflect the dates the services were provided or the date of the eligibility reinstatement if services were not provided during the laps. The provider will need to use an EVV exception when billing which will unfortunately count against EVV Compliance.

Q. I have received the authorization, but it is not showing in the system. Whose responsibility is it to ensure that authorizations are uploaded?

A. Authorizations are built internally in our PHW systems following a determination by our program coordination team. Authorizations will migrate into HHAeX within 24-48 hours. If you are missing an authorization lease outreach the program coordination team through HHAeX directly or through our authorization inbox and we can work to determine root cause and resolve. These communication channels will lead you directly to the authorizations team that can review and update authorization in HHAeX if something is to be determined missing for any reason. Response times through these channels are same day.

Q. What is each MCOs process for determining admission dates and sending authorization information to the EVV systems? What should our agency do to avoid a situation where we are unable to bill because of a missing authorization or inaccurate admission date?

A. Our PAS authorization will not have an admission date, but will have a Start of Care Date, that will align and match with the authorization start date. If you are unable to bill because they are not matching or you are missing an authorization that was created over 24 hours ago, please notify PHW immediately, so we can address the mismatch or add the authorization to HHAex to ensure you can bill appropriately.

Q. A Service Coordinator has requested immediate start of care. Our agency can see the authorization in NaviNet, but the information is not yet available in HHAeXchange. When can I link the EVV data in HHAeXchange? Will this impact my EVV compliance?

A. If care is requested by the SC to start immediately and you do not yet have an authorization in HHAeX. We ask that you do not start services without an authorization. PHW communicates authorizations to providers through HHAeX. The SC will need to place an expedited request for an immediate start of service. We have a process in place to ensure that same day AUTHS are processed in in place for the provider in HHA to ensure participants get timely care. Feel free to raise concerns or issues directly to the authorizations team inbox to support with coordination for urgent issues.

Q. Currently, the length of authorization is 30-days for AmeriHealth Caritas/Keystone First, and longer for UPMC and PHW. Is there any consideration to extend the length of authorization to align all three authorizations?

A. PHW Authorizes for the span of the year to ensure the PTP does not go without care. Authorizations that have an end date of 12/31 also supports PHW seamless AUTH renewal process so that authorizations can be auto generated for the next physical year. This also ensure participants continue to get the same care they were receiving on 1/1 as they were on 12/31. Operationally this is also efficient because it prevents manual work for the plan. HHAX also has monthly guardrails that prevent overutilization from occurring.