

Electronic Visit Verification (EVV) for Medicaid Services

Provider Meeting – Best Practices

April 22, 2021

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State EVV Panelists

- ▶ Provider Relations
- ▶ Developmental Disability Waiver Program
- ▶ Personal Assistance Services
- ▶ Aged and Disabled Waiver Services Program
- ▶ NFOCUS
- ▶ Resource Development
- ▶ Claims Processing
- ▶ Electronic Visit Verification Project Team

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Agenda

- Meeting Purpose and Guidelines
- Best Practices
- Questions and Answers
- Helpful EVV Tools and Training Resources
- Upcoming Provider Meetings

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Meeting Purpose and Guidelines

Meeting Purpose:

- ✓ Provide instructions, training and best practices to providers on a specific topic of interest.
- ✓ Provide answers to questions relevant to the current meeting topic.

Meeting Guidelines:

- ✓ Please indicate if you are an Agency or Independent provider (PAS, AD).
- ✓ Submit questions regarding the current meeting topic in the question box.
- ✓ Questions regarding the current meeting topic will be addressed.
- ✓ Questions regarding other topics may not be addressed.
- ✓ If we don't get to your question, please send it to the EVV Mailbox at dhhs.medicaidfa-evv@Nebraska.gov

Electronic Visit Verification (EVV) – Best Practices



BEST PRACTICES

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Some items that we will cover under EVV best practices

- **Selecting the correct service authorization while scheduling a visit**
- **What data in the Worklist is important to be reviewed before you rematch and release your claims**
- **Manual Override Service Authorization Number – A walk through**
- **Reminder to resolve your Edits and Errors**
- **Work around for GPS system defect (not all providers encounter this defect)**
- **How to select service auth in the mobile app and how to remove the wrong auth**
- **How to deselect tasks not performed for the day on the Tellus mobile app -- The Accurate Way!**

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Select Authorization Carefully – Check the dates and rates

Visits > Add new visit

Select Participant

Select Participant *

1 CHARLIE BROWN (Medicaid ID:000221234, Date of Birth: 09/02/1946)

Select Payer *

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Select Additional Recipients

Name	Member ID	Medicaid ID	Diagnosis Codes	Referring Physician
Procedure Code:2500	PA:19078748	Dates: 09/01/2020-08/31/2021	Rates:10	Unit Type:H Tasks: AD GH NU ME TB
Procedure Code:2500	PA:19078748	Dates: 09/01/2020-08/31/2021	Rates:11	Unit Type:H Tasks: ME AD NU TB GH
Procedure Code:1113	PA:79729812	Dates: 09/01/2020-08/31/2021	Rates:9.5	Unit Type:H Tasks: GH TB AD NU ME
Procedure Code:1691 (H0)	PA:88848113	Dates: 09/01/2020-04/10/2021	Rates:9.5	Unit Type:H Tasks: ME TB GH NU AD
Procedure Code:1691 (H0)	PA:88848113	Dates: 09/01/2020-04/10/2021	Rates:8.5	Unit Type:H Tasks: AD GH NU ME TB

Select Service Authorizations *

Authorizations is required!

Select Provider

Select Service Authorizations

Select Location

Select Start Address *

4 6543 WINDMILL DR LINCOLN NE 68506

Add Address

Click the visit tab to add new visit

Click here to select your service auth.

CHECK YOUR DATA-DOUBLE CHECK YOUR DATA



WORKLIST

Worklist

Archive

New Claim

Payer

NEBRASKA DHHS

Participants

Add Participant

CHARLIE BROWN

Payer ICN(s)

Add Payer ICN

Status(es)

Select Status

Procedure Codes

Select Procedure Code

Visit ID

Enter Visit ID

Authorization

Enter Authorization

Actual Start Date

From

Actual End Date

To

Search

Clear

New Claim

Search List

Rematch

Export

Release

Archive

<input type="checkbox"/> Row	Participant Last Name	Participant First Name	Medical ID	Visit ID	Status	Procedure Codes/Mods	Diagnosis Code	Service Date and Time	Authorization Number	Payer Name	Calculated Amount	Billable Amount	Paid Amount (\$)
<input type="checkbox"/> 2	BROWN	CHARLIE	000221234	2647677710	REJECTED	1691 (H0)	R69	11/16/20, 6:30 PM	88848113	NDHH	\$9.56	\$0.00	-



Claim	Share Of Cost	Messaging	Technical
Status	Status REJECTED	Start Verification Method	Start Verification Method NON
Payer Approval Status	Payer Approval Status	End Verification Method	End Verification Method NON
Participant Name	Participant Name CHARLIE BROWN	Actual Check-In Phone	Actual Check-In Phone
Participant Date Of Birth	Participant Date Of Birth 09/02/1946	Actual Check-Out Phone	Actual Check-Out Phone
Participant Medicaid ID	Participant Medicaid ID 000221234	IVR Approved Start Phone Number	IVR Approved Start Phone Number
Participant Member ID	Participant Member ID 88551990	IVR Approved End Phone Number	IVR Approved End Phone Number
Payer	Payer NEBRASKA DHHS	Scheduled Start Time/Date	Scheduled Start Time/Date Nov 16, 2020, 8:25 PM
Payer ICN	Payer ICN	Actual Start Date	Actual Start Date Nov 16, 2020, 8:25 PM
Jurisdiction	Jurisdiction NE	Billable Service Start	Billable Service Start
Plan	Plan NONE	Scheduled End Time/Date	Scheduled End Time/Date Nov 16, 2020, 8:55 PM
Program	Program NONE	Actual End Date	Actual End Date Nov 16, 2020, 8:55 PM
Contract Number	Contract Number	Billable Service End	Billable Service End
Provider Agency Medicaid ID	Provider Agency Medicaid ID	Visit Duration	Visit Duration 00:00:00
Provider Agency TIN/EIN	Provider Agency TIN/EIN 796553232	Service Duration	Service Duration 00:30:00
Provider Agency NPI Number	Provider Agency NPI Number	Non-Billable Time	Non-Billable Time 00:00:00
NPI Zip Code	NPI Zip Code	Scheduled Start Address	Scheduled Start Address 6543 WINDMILL DR LINCOLN NE 68506



Manual Override Authorization Number

Edit - Manual Override Auth No

Enter Authorization Number

Click the icon to switch between manual and selecting from dropdown

Reason Code *

Note

0 of 2000 characters

Cancel Apply

Edit - Manual Override Auth No

Select Authorization

66612345

Click the icon to switch between manual and selecting from dropdown

Reason Code *

9170 (Provider Agency Authorization Override)

Note

0 of 2000 characters

Apply









MAKE SURE YOU SELECT THE RIGHT AUTHORIZATION. REVIEW THEM CAREFULLY!

Edit - Manual

Select Authorization


- None
- Procedure Code: 2500 PA: 19078748 Dates: 09/01/2020-08/31/2021 Rates: 10 Unit Type: H Tasks: AD GH NU ME TB
- Procedure Code: 2500 PA: 19078748 Dates: 09/01/2020-08/31/2021 Rates: 11 Unit Type: H Tasks: ME AD NU TB GH
- Procedure Code: 1113 PA: 79729812 Dates: 09/01/2020-08/31/2021 Rates: 9.5 Unit Type: H Tasks: GH TB AD NU ME
- Procedure Code: 1691 (H0) PA: 88848113 Dates: 09/01/2020-04/10/2021 Rates: 9.5 Unit Type: H Tasks: ME TB GH NU AD

EDITS AND ERROR

NPI Taxonomy	NPI Taxonomy		Address Type	Address Type HOME
Referring Physician Name	Referring Physician Name		GPS Start Coordinates	GPS Start Coordinates 
Referring Physician ID	Referring Physician ID		Start Variance (Miles)	Start Variance (Miles)
Referring Physician NPI Taxonomy	Referring Physician NPI Taxonomy		Scheduled End Address	Scheduled End Address 6543 WINDMILL DR LINCOLN NE 68506
			Address Type	Address Type HOME
			GPS End Coordinates	GPS End Coordinates 
			End Variance (Miles)	End Variance (Miles)
			Provider Name	Provider Name Lucy Brown 
			Medicaid Treating Provider ID	Medicaid Treating Provider ID 

If it's blue, then you need to cure or resolve the error

Edits & Errors

Type	Reason/Error Code	Reason/Error Code Description	Change Modified On	Modified By	Notes
 ERROR	VVER -	-	3/11/21, 6:50 AM	SQS Lambda	-

EDITS AND ERROR- VLOC ERROR (work around for April 2021 defect)

Participants

Participant First/Last Name _____ Participant Medicaid ID _____ Participant SSN _____

Participant DOB _____ Participant Member ID _____ Active / Inactive Active

Search Clear

Click the Participants tab

Click here



Participant First Name	Participant Last Name	Gender	Participant Medicaid ID	Participant SSN	Payer Member ID	Date of Birth	Editable	Active
Chloe	Brown	MALE	12345678	0123		4/1/40		<input checked="" type="checkbox"/>
Peppermint	Patty	FEMALE	23456789	1234		8/11/00		<input checked="" type="checkbox"/>
Lucy	Brown	FEMALE	34567890	1345		9/1/19		<input checked="" type="checkbox"/>
Chucky	Doll	MALE	45678901	2345		1/1/45		<input checked="" type="checkbox"/>
Snoopy	Dog	MALE	34567891	3456		7/4/00		<input checked="" type="checkbox"/>

SYSTEM WORK AROUND TO AVOID VLOC ERROR (Work around for April 2021 defect)

Participants

Participant First/Last Name _____ Participant Medicaid ID _____ Participant SSN _____

Participant DOB _____ Participant Member ID _____ Active / Inactive Active

Participant First Name	Participant Last Name	Gender	Participant Medicaid ID	Participant SSN	Payer Member ID	Date of Birth	GPS	Editable	Active
Charlie	Brown	MALE	12345678	0123		4/1/40			<input checked="" type="checkbox"/>
Peppermint	Patty	FEMALE	23456789	1234		8/11/00			<input type="checkbox"/>
Lucy	Brown	FEMALE	34567890	1345		9/1/19			<input type="checkbox"/>
Chucky	Doll	MALE	45678901	2345		1/1/45			<input type="checkbox"/>
Snoopy	Dog	MALE	34567891	3456		7/4/00			<input checked="" type="checkbox"/>

Details

Edit

Deactivate Participant

Main menu

Participants > Edit Participant

Participant: CHARLIE BROWN

General Addresses **←** Other Subscriptions Notes Documents Referring Physician

Address	City	State	Zip	Phone	GPS	Address
9 Broad Street	Lynch	NE	68746	(402)123-4567	→	★ ⋮

+

Participants > Edit Participant

Participant: CHARLIE BROWN

General Addresses Payer Subscriptions Notes Documents Referring Physician

Address	City	State	Zip	Phone	GPS	Address
				(402)123-4567		

Original Full Address

Address Enter Address

Final Address 9 Broad St, Lynch, NE 68746, USA

Correct Address

Find Address 9 Broad Street, Lynch, NE, USA

Address Line 2 Enter Address Line 2

Address Type Family Home

GPS 42.8287941,-98.3295703

County Monowi

Primary Phone (402) 123-4567 IVR Phone Number

Secondary Phone Secondary Phone IVR Phone Number

Set Address As Primary Primary Address




Save Reset Close

Participants > Edit Participant

Participant: CHARLIE BROWN

General Addresses Payer Subscriptions Notes Documents Referring Physician

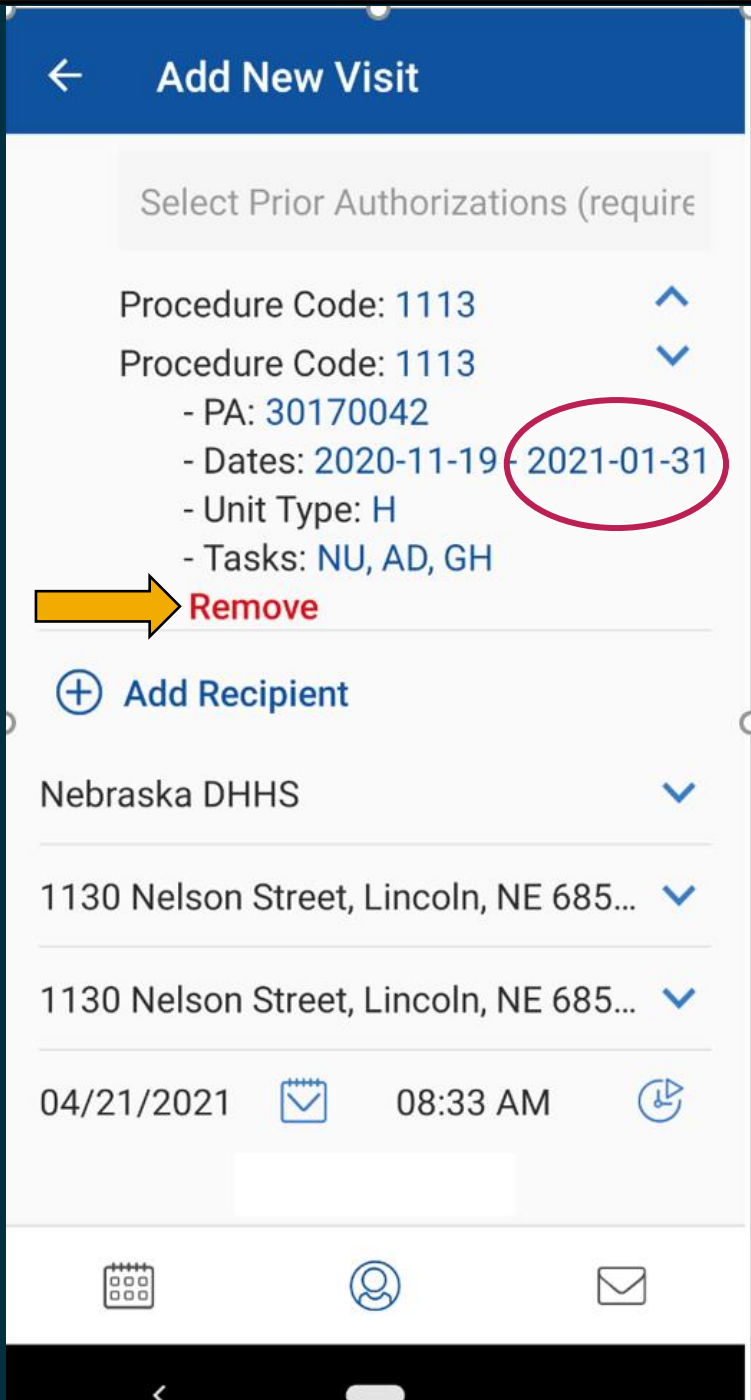
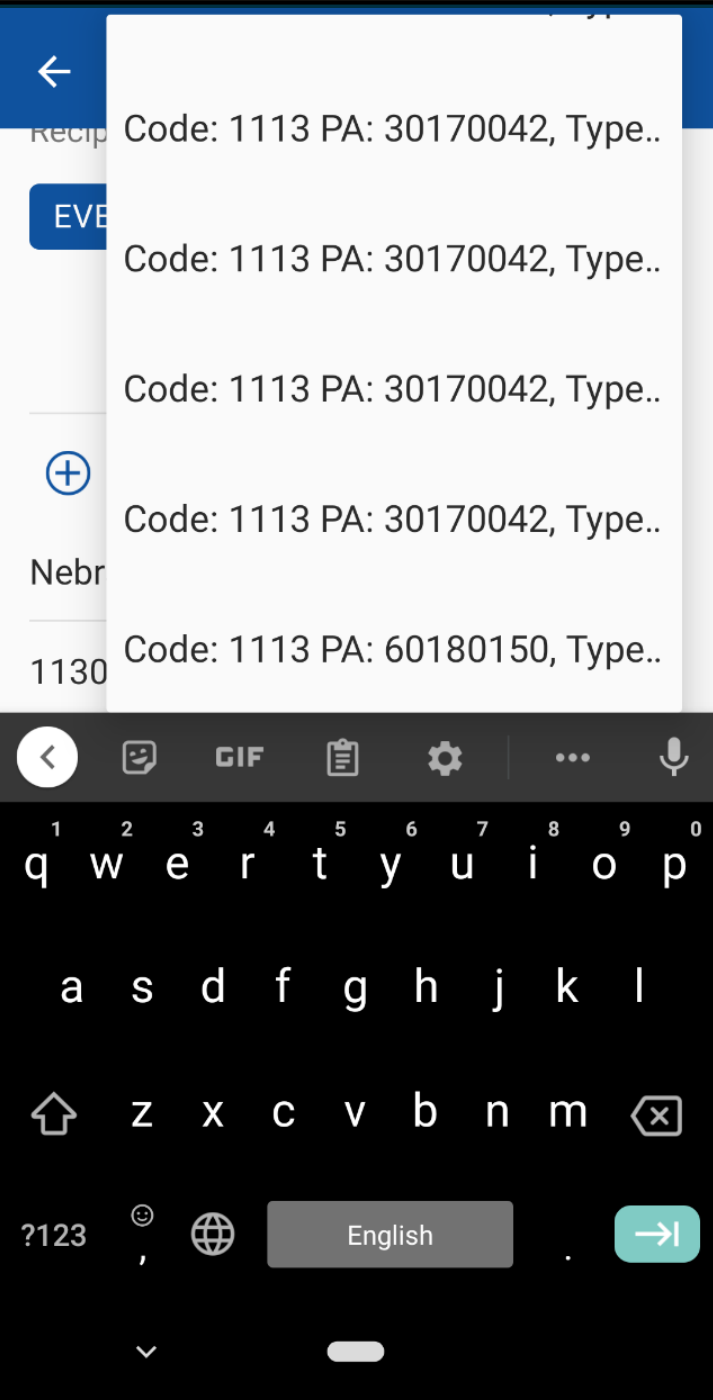
Address	City	State	Zip	Phone	GPS	Address
---------	------	-------	-----	-------	-----	---------

9 Broad Street	Lynch	Nebraska	68746	(402) 123-4567		
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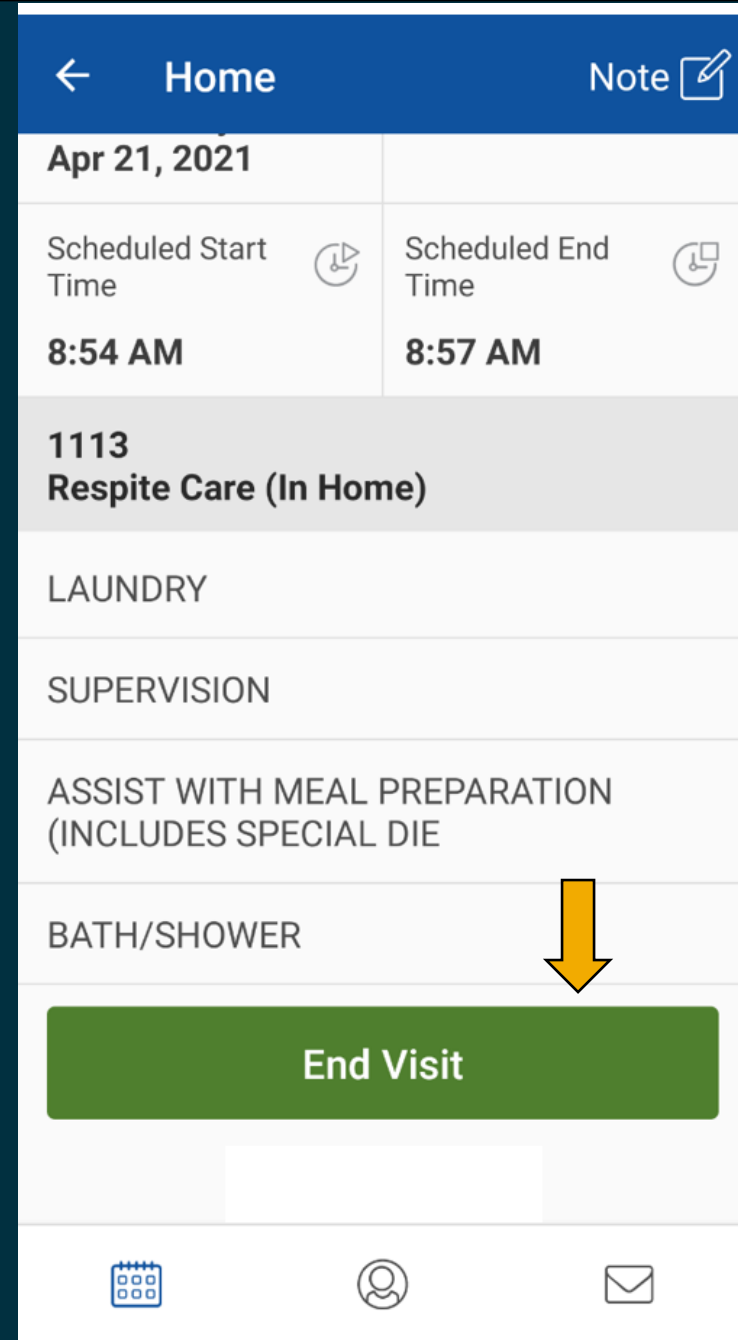
Using your Mobile app

- ✓ Choosing your auth can be difficult on the mobile app!
- ✓ But if you chose the wrong one, you can **Remove** it!
- ✓ Select the right auth.



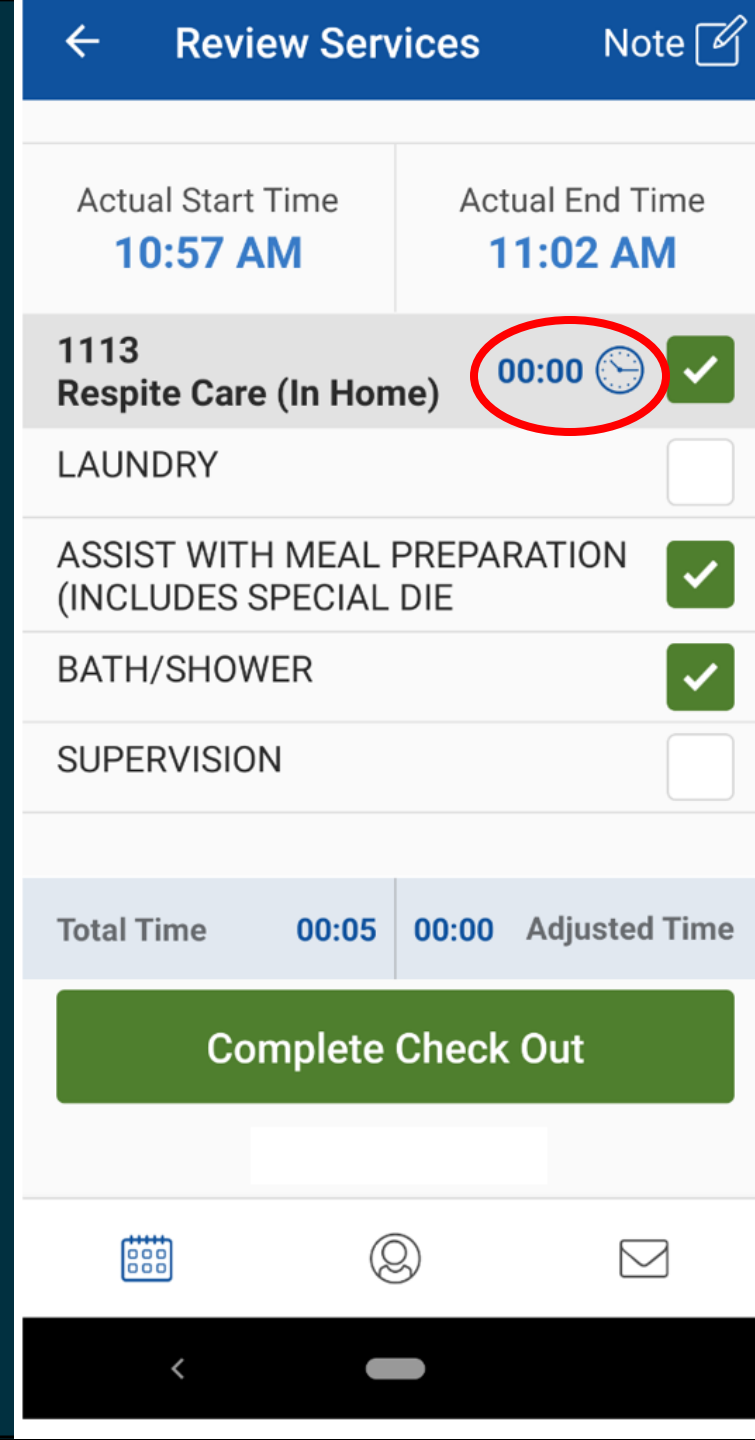
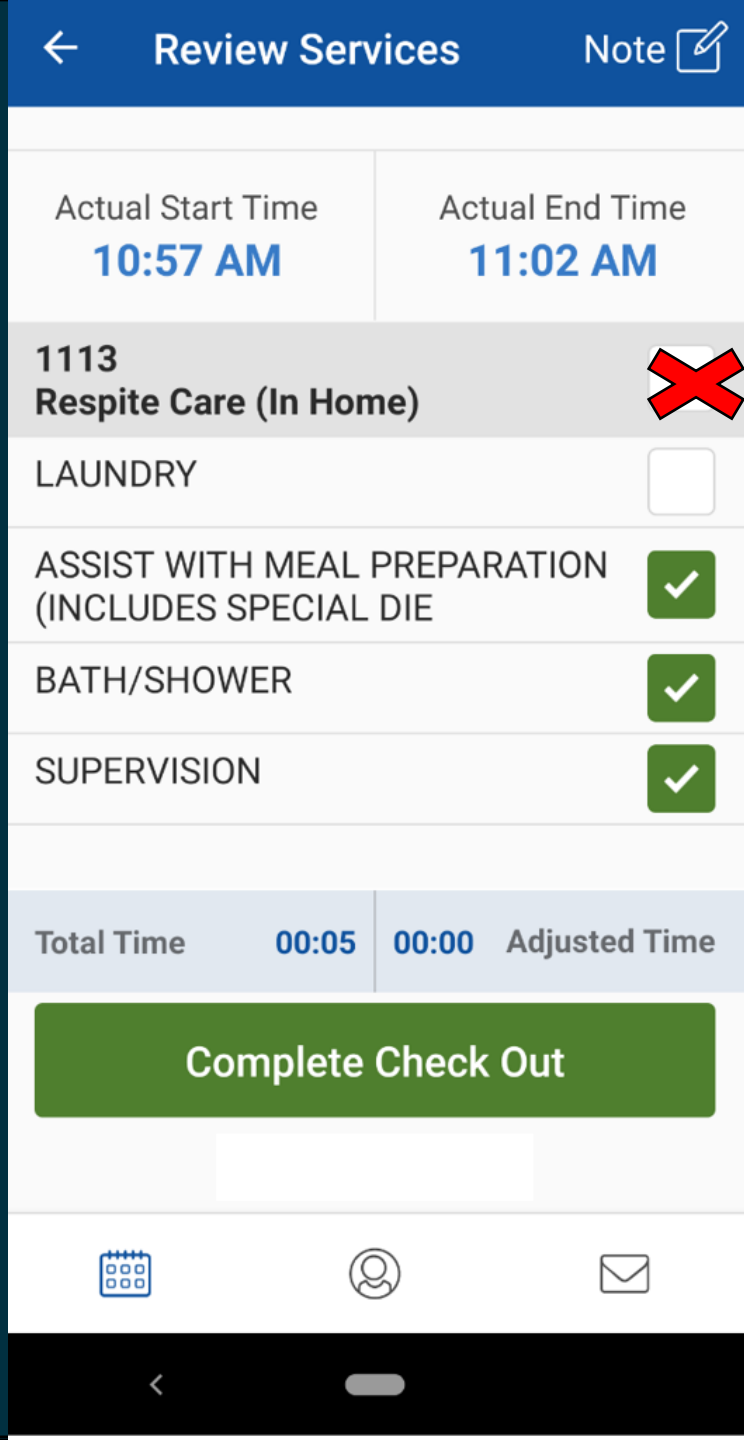
Using your Mobile app

- ✓ Before you 'End Visit', you will see the list of tasks on the screen
- ✓ Click End Visit



Using your Mobile app

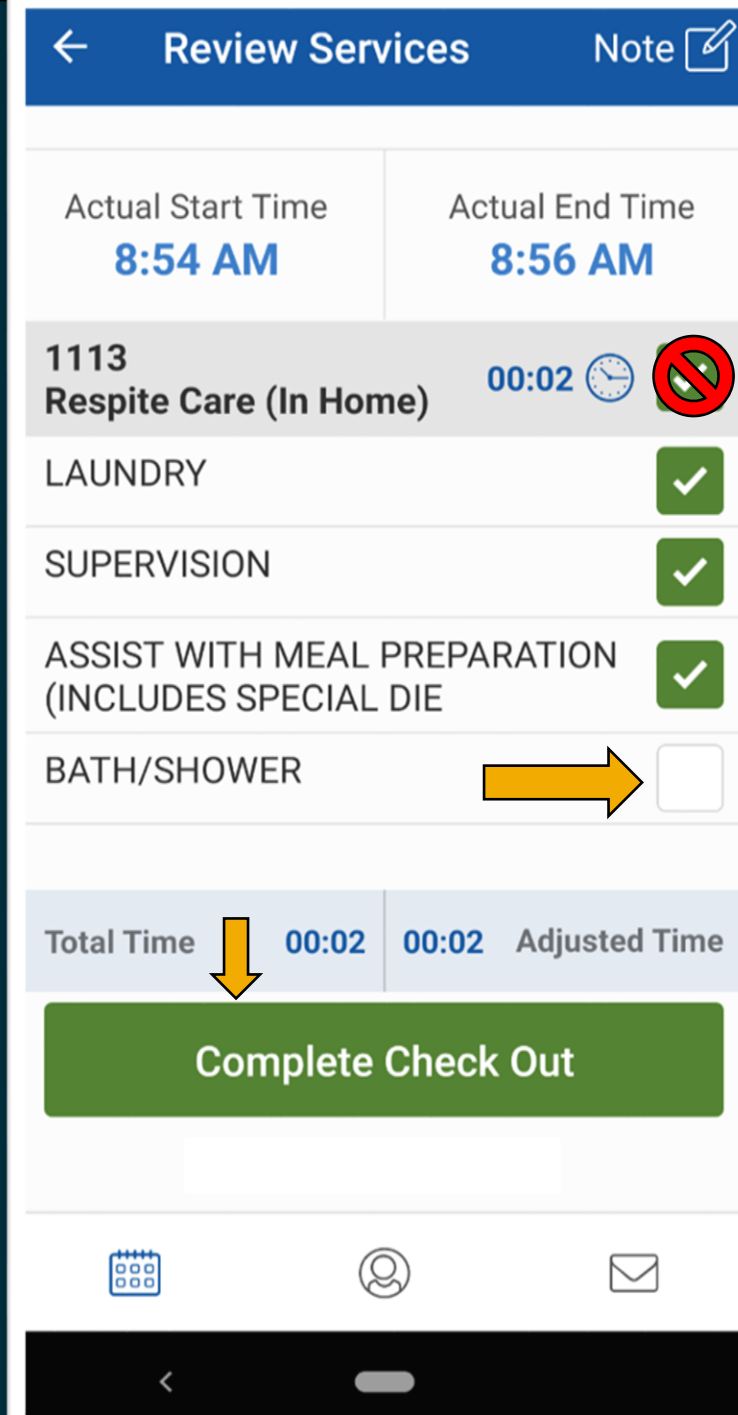
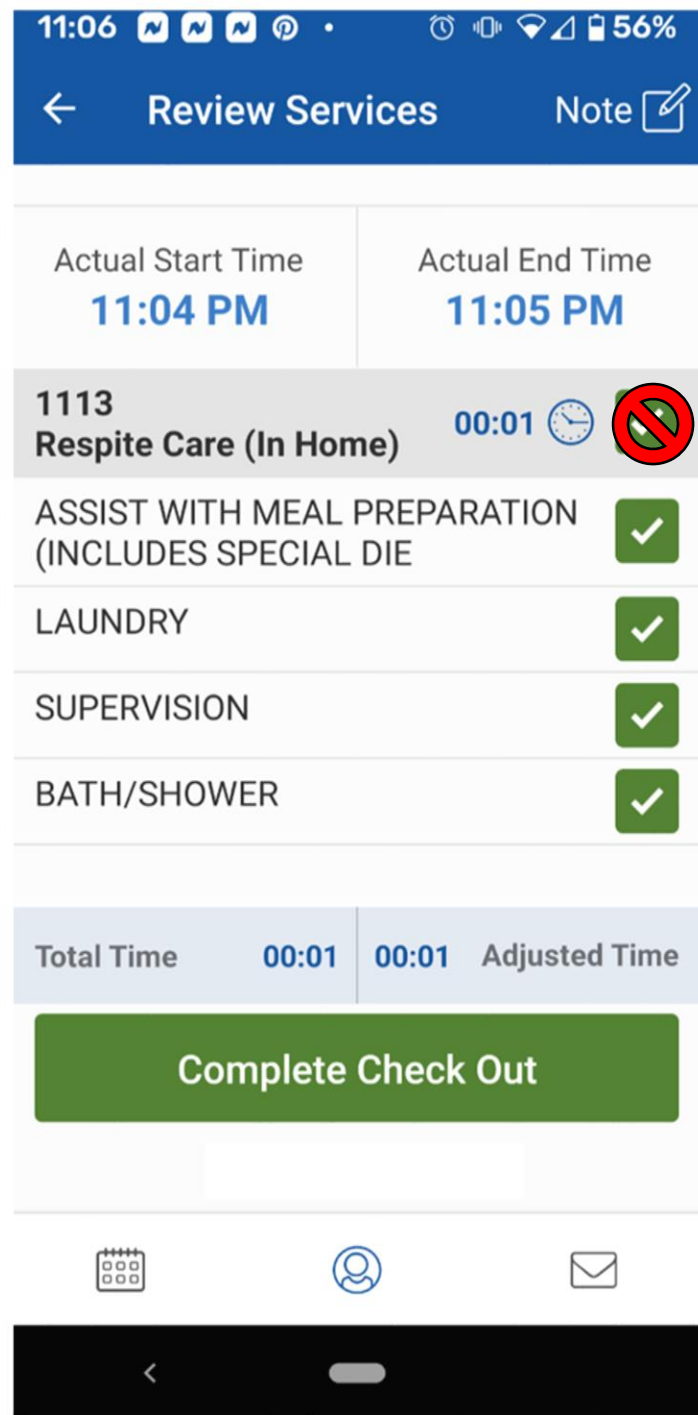
- ✓ Do not deselect the box beside the program and service code



Using your Mobile app and deselecting your task(s)

- ✓ Uncheck the task or tasks you did not complete or perform for that day
- ✓ **NEVER** deselect the entire task list and then reselect the ones you have completed.

If you do so, on your worklist, you will see that your billable amount and billable unit are both \$0 and 0!



Using your Mobile app and deselecting your task(s)

Let's compare how to accurately uncheck your task(s) verses unchecking your task(s) the **WRONG** way!



Review Services Note

Actual Start Time	Actual End Time
10:57 AM	11:02 AM

- 1113 Respite Care (In Home) 00:00
- LAUNDRY
- ASSIST WITH MEAL PREPARATION (INCLUDES SPECIAL DIE)
- BATH/SHOWER
- SUPERVISION

Total Time	00:05	Adjusted Time	00:00
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Complete Check Out

WRONG WAY

Review Services Note

Actual Start Time	Actual End Time
8:54 AM	8:56 AM

- 1113 Respite Care (In Home) 00:02
- LAUNDRY
- SUPERVISION
- ASSIST WITH MEAL PREPARATION (INCLUDES SPECIAL DIE)
- BATH/SHOWER

Total Time	00:02	Adjusted Time	00:02
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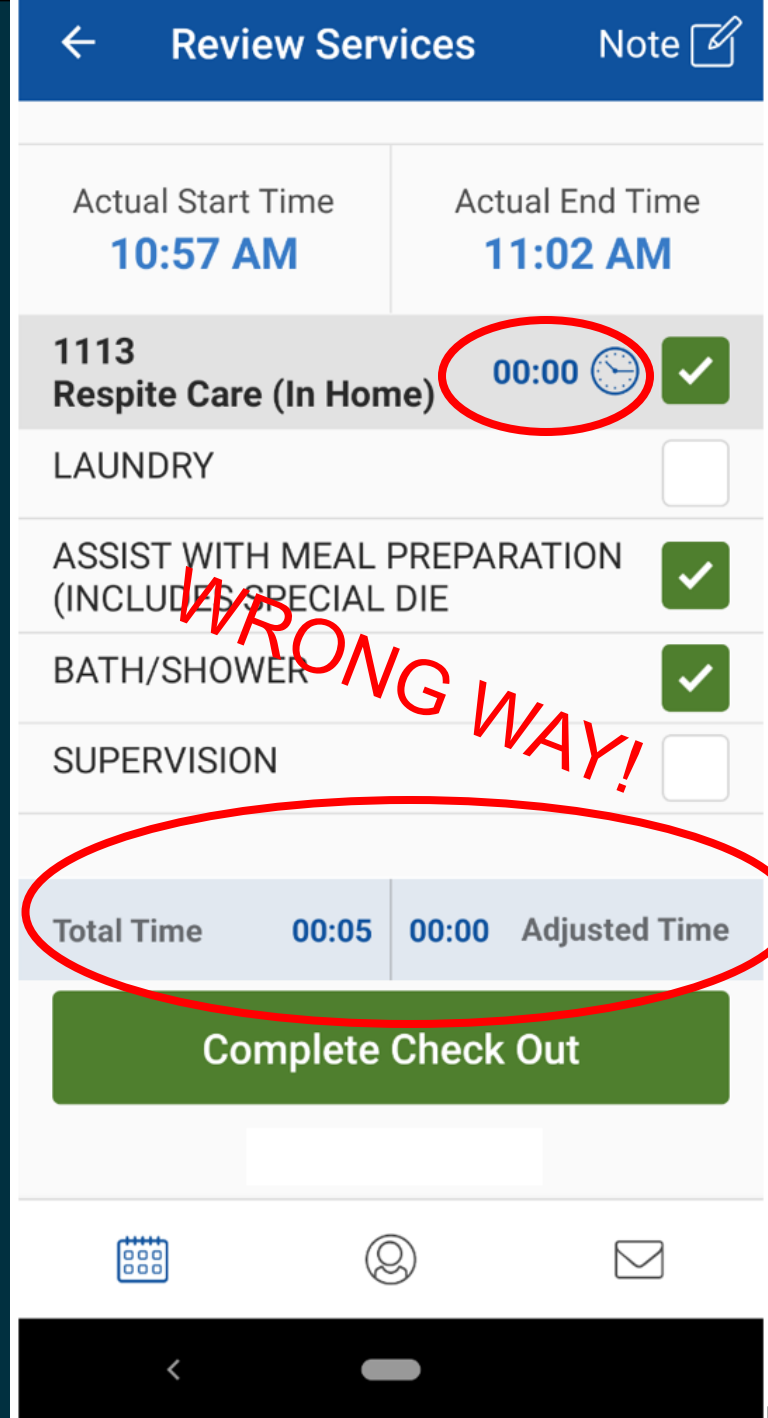
Complete Check Out

RIGHT WAY

Deselecting task(s)

If you are still unsure how to deselect your task or use the Tellus Mobile app to clock in and out, please attend their training.

Tellus training webinars are held each Tuesday. Please check on their website for time.



Deselecting task(s): A review!

Review Services Note

Actual Start Time: **8:54 AM** | Actual End Time: **8:56 AM**

1113 Respite Care (In Home)	00:02		<input checked="" type="checkbox"/>
LAUNDRY			<input checked="" type="checkbox"/>
SUPERVISION			<input checked="" type="checkbox"/>
ASSIST WITH MEAL PREPARATION (INCLUDES SPECIAL DIE			<input checked="" type="checkbox"/>
BATH/SHOWER			<input type="checkbox"/>

Total Time: 00:02 | Adjusted Time: 00:02

Complete Check Out

Signature Note

CHARLIE BROWN

1113 Respite Care (In Home)	Completed
LAUNDRY	Completed
SUPERVISION	Completed
ASSIST WITH MEAL PREPARATION (INCLUDES SPECIAL DIE	Completed
BATH/SHOWER	Incomplete

Signers confirm that the above services were rendered on **Wednesday, April 21, 2021** from **8:54 AM - 8:56 AM EDT**

Recipient signer: Recipient

Caregiver can't sign because is blind

Questions and Answers

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EVV Websites and Email Address

Use the latest versions of **Chrome**, **Edge**, **Safari**, or **Firefox** for the better viewing experience

DHHS EVV Website: dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx

Tellus Registration, Sign in and Support Tickets: 4tellus.com

Tellus Training Website: 4tellus.com

DHHS EVV Email: dhhs.medicaidfa-evv@nebraska.gov

DD Billing Email: dhhs.ddbillingdocs@nebraska.gov

Tellus Integration Email: evvintegrations@ntst.com

Tellus Customer Support Center: (833) 483-5587

NFOCUS Billing Unit: (402) 471-0667

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Helpful EVV Tools and Training Resources

Visit the Nebraska EVV Website:

<http://dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx>

- Provider Toolkit
- Quick Start Guide
- Step-by-Step Guide to User Upload
- Frequently Asked Questions
- Admin User Guide and Videos
- Claims User Guide
- Adjusting Claims
- Adjusting Duplicate Claims
- Mobile App User Guide and Videos
- Cancelling a Visit in the Tellus Admin Portal
- How to Create Repeat Visits
- Resolving Critical PNOT Errors
- Resetting Your Password
- Step-by-Step Guide to Resubmitting Unprocessed Claims in Rejected Status

Training resources can also be found in the Tellus Admin Portal under “Training”

Register for Training at <https://4tellus.com/training/>

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Weekly Provider Meetings

Provider Meetings (Thursdays)

Date	Time	Topic
April 15, 2021	1:00 pm – 2:30 pm CT	Rejected Claims
April 22, 2021	1:00 pm – 2:30 pm CT	Best Practices
April 29, 2021	1:00 pm – 2:30 pm CT	TBD

Watch your email for registration link to upcoming Provider Support Meetings

Visit the EVV Website to listen to a recording of this meeting or to sign up for future meetings.

<http://dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx>

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