General FAQs

When will the EVV program for home health care services go live in Nebraska?

We will implement the EVV program for Home Health Services by January 1, 2024. The state will announce the start date at least 30 days before it is scheduled to occur.

The EVV program for personal care services has been in place since December 2020.

The 21st Century Cures Act required EVV for home health care services to be in place by January 1, 2023. Why is Nebraska's planned implementation for January 1, 2024?

The federal government allowed states to apply for a Good Faith Exemption to implement EVV for home health services after January 1, 2023, but no later than January 1, 2024. Nebraska received approval to align the implementation of EVV for home health services with the start of the new Heritage Health managed care plans contracts.

When will Home Health providers be expected to start using the EVV platform during Home Health Visits?

Nebraska is implementing EVV for both personal care and home health services. Home health providers will be required to start using the new platform by January 1, 2024.

What providers and services will require EVV?

The list of providers and services that require EVV can be found on our website at: <u>https://dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx</u>.

Will EVV be required for the Extended Family Home (DDD) service code?

EVV is required for Extended Family Home services such as Individually Designed Living Arrangement settings that do not utilize a service matrix to establish total support hours needed for members living in a shared apartment or home.

EVV is not required for DDD Individually Designed Living Arrangement settings that do utilize a service matrix that establishes total support hours needed for members living in a shared apartment or home and the provider bills a daily rate for Habilitation (HID).

Is EVV required for DDD Therapies provided in the home (i.e. Speech, OT, PT)?

Only therapies provided as a home health benefit by a Home Health Agency require EVV.

Is there a provider toolkit we can leverage if we have authorization questions?

Yes, you can find the DHHS "EVV Provider Toolkit" on the EVV website at: <u>https://dhhs.ne.gov/Documents/EVV%20Claims%20User%20Guide.pdf</u>.

Why is the State of Nebraska implementing an EVV system?

In December 2016, Congress required Medicaid programs to implement an EVV system for personal care and home health services. This law is commonly referred to as the 21st Century Cures Act. The provisions of the Cures Act that address EVV can be found in <u>section 12006 of the H.R. 34</u> (114th Congress) (2015-2016).

What are Nebraska's objectives for EVV?

The State of Nebraska is using EVV to help ensure, track, and monitor timely service delivery and access to care for members. This means that EVV will help Nebraska Medicaid ensure that members get the services that they need when they need them.

What are some other benefits of an EVV system?

The EVV system documents individual workers' activity (For example: check-in, check-out, and service(s) performed), which reduces the likelihood of error or fraud. This will increase efficiency because reporting is automated, and claims submission is simplified. There are also care management opportunities that increase patient well-being.

How can I ensure that I receive all the information I need about the EVV program?

You can sign up for Nebraska's email distribution list on our website at: <u>https://dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx</u>.

Does EVV mean a member will get fewer service hours?

EVV will not affect what services, or how much of that service, a person receives. EVV documents service delivery data such as the type of service performed, member receiving the service, Home Health Provider who is providing the service, date and time of the service, and location of service delivery. This will help Nebraska Medicaid ensure that members are getting necessary care in a timely manner.

Will the provider have to pay a fee to participate?

The managed care organization (MCO) will provide an EVV system for healthcare providers to use at no cost. Though, some providers may already be using an EVV system. These systems can continue to be used if they meet the requirements outlined in the 21^{st} Century Cures Act.

Can I use EVV for other services or programs not mandated by Medicaid?

Providers have the option to independently contract with EVV providers to use EVV for other services or programs.

What if I still have questions about EVV Claims or NFOCUS?

If you have questions about NFOCUS or EVV claims, please have your provider ID ready and contact us by email at <u>DHHS.NFOCUSLincoInClaimReturns@nebraska.gov</u>

Questions About How the System Works

How do members and families verify service delivery through EVV?

Members and families can choose which device is used to verify that they have received a service based on multiple factors. These factors include the member's personal preference, connectivity to technology, etc. If they are using the State's EVV system, verification can be completed from the provider's smartphone at the end of the visit, telephonically via the member's phone, or through a fixed device furnished by the state located in the member's home.

Does EVV restrict member's activities in the community? Do members have to be in their home for the EVV device to capture their location?

The EVV device documents certain information, as required by the Cures Act, including the location when a provider starts and ends a visit. That location is required to be in the member's home or other designated area. For providers in rural areas with wireless connectivity issues, the offline mode can be utilized to log visits. Page 84 of the <u>Netsmart Mobile App User Guide</u> explains the offline mode for caregivers. The provider can also attend Netsmart Q&A sessions where the trainer can walk them through their questions. You can find the NETSMART Mobile Caregiver+Provider Portal User Guide at: <u>https://dhhs.ne.gov/Documents/EVV%20Provider%20Portal%20User%20Guide.pdf</u>

For GPS issues within city limits, Netsmart will need specific details to research what the issue is. You can reach out to Netsmart support with the specific information on the GPS showing a different location than where the address is listed. At times, this issue is associated with Google Maps, which Netsmart does not have control over.

Submit a ticket at Netsmart Connect at Netsmart Ticketing or call Netsmart at 1-800-472-5509

Does the EVV system track people who are receiving services?

The EVV device is not a tracking device and does not track an individual's movement. Rather, the EVV device documents certain information that is required by the Cures Act, including the location when the provider starts and ends a visit. Nebraska Medicaid understands members and providers do not want their location to be tracked.

The device is not tracking individuals, families, or their movements, but simply documents where a provider starts and ends the visit in order to comply with the Cures Act. When making decisions about device options, members and families can consider how the device will verify the location of service delivery.

Where do I go if I am still having issues or need sign-in help?

Caregivers will need to submit a ticket to Netsmart Connect using the <u>Netsmart Connect Link</u>, along with screenshots regarding their specific issue with the Netsmart mobile application.

Questions About Provider Compliance

Will the State EVV company demonstrate their EVV product?

The State EVV solution will provide a webinar demonstration of their software for those who are interested in learning more. After the demonstration date, the recorded demonstration and presentation will be uploaded to the state EVV website at: <u>https://dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx</u>.

Will the State of Nebraska provide training?

Yes, before implementation training will be required for Medicaid providers through the EVV solution provider. Providers can choose to take instructor lead, self-paced, or online training. Self-paced online training will be available as long as the program is in use.

What will be the process of gaining access/log in credentials to the State's EVV platform?

All providers of services subject to EVV must complete training prior to receiving log-in credentials for the system. This training will be provided through online sessions, recorded sessions, and a learning management system provided by Netsmart.

What is the State's EVV data Aggregator?

The State Aggregator (Netsmart) allows providers to continue to use a third-party system (also referred to as Alternate EVV System) for scheduling, visit verification, and billing. All data is transmitted from the Alternate EVV system to Netsmart using Nebraska's standard data specification. The State Aggregator will include a read-only web portal for providers to view their data, and a payer web portal which includes real-time data views, and reporting.

I already use an EVV system; do I have to use the State's EVV system?

The State of Nebraska is employing the system as an Open Vendor Model with one statewide EVV contractor, Netsmart. Providers will be able to continue to use existing EVV systems or choose an alternate EVV vendor that has been approved by the State to meet general and State-specific requirements. Providers using an alternate EVV Vendor will incur all related costs, including costs related to system requirements necessary to transmit data to Netsmart. The home health agency is responsible for ensuring vendor participation during the setup and transmission of data to Netsmart.

Questions about a Provider's Use of an Alternate System

If my alternate EVV vendor already went through the certification process in another state, do I need to complete the certification again?

Yes. Even though a provider has an approved interface from an alternate EVV vendor to the State's data aggregator in another state, it does not guarantee it will meet Nebraska's specific requirements. The provider must complete the testing process to ensure the interface works with the Alternate EVV System and to meet compliance standards in Nebraska.

What if my Alternate EVV System vendor cannot map its values to Nebraska's field values?

The data in Netsmart must be consistent across the program. Therefore, Alternate EVV Systems must send the same values in the format and manner specified. If a provider's Alternate EVV System cannot accommodate the values, format, or interface requirements by the mandatory compliance date, the provider must make plans to use the State's system until the Alternate EVV System is compliant. The <u>Alternate EVV System Technical Specifications</u> are available on the <u>Nebraska EVV website</u> under the "3rd Party EVV Vendor Requirements" tab.

Can providers use a Hybrid model of systems? For example, use one EVV system for some populations served, and use Nebraska's for other populations?

No. The provider will need to use one EVV system for all populations pertaining to their Nebraska Medicaid line of business.

How do I start the certification process?

To assist you in making an informed decision about using an Alternate EVV vendor, please review the information under the "Alternate EVV Requirements and Technical Specifications" tab on the <u>State's</u> <u>website</u>. When you plan to use an alternate EVV system, please contact: <u>evvsupport@ntst.com</u>. **If you** have questions about using an alternate EVV system, please contact the Netsmart at: 1-800-472-5509

What is the States EVV Provider Enrollment Portal (PEP)?

The EVV Provider Enrollment Portal (PEP) with Netsmart, is an online, electronic portal that will streamline and expedite the enrollment process for new providers submitting initial applications.

What if I have additional questions about EVV?

If you have additional questions you would like to see answered, please direct your questions to DHHS.MedicaidFA-EVV@nebraska.gov.

HCPCS Service Codes

Service	HCPCS Service Codes
Brief RN Service in Private-Duty Nursing Setting (1-8 Units)	T1000 TD
Brief LPN Service in Private-Duty Nursing Setting (1-8 Units)	T1000 TE
Hourly RN Service in Private-Duty Nursing Setting	T1002
Hourly LPN Service in Private-Duty Nursing Setting	T1003
Brief Aide Service in Home Health Setting (1-8 Units)	G0156
Direct Skilled Nursing Services of an RN in a Home Health or Hospice Setting,	G0299
each 15 minutes	
Direct Skilled Nursing Services of an LPN in a Home Health Setting, each 15	G0300
minutes (not payable for hospice)	
Hourly Aide service in home health setting	S9122
Hourly RN service in home health setting	S9123
Hourly LPN service in home health setting	S9124
Hourly RN service in home health setting for high tech service	S9123 TG
Hourly LPN service in home health setting for high tech service	S9124 TG
Hourly RN service in home health setting for 2 clients at the same time	S9123 UN
Hourly LPN service in home health setting for 2 clients at the same time	S9124 UN
Physical Therapist in home health or hospice setting, each 15 minutes	G0151
Occupational Therapist in home health or hospice setting, each 15 min	G0152
Speech-Language Pathologist in the home health or hospice setting, each 15	G0153
minutes	
Contracted home health agency services all services provided under contract,	T1022 TG
per day	