
Electronic Visit Verification

Upcoming Changes
State of Nebraska DHHS


Meeting Logistics

- Welcome; web cams are turned off to help us keep a stable connection and microphones are muted to help us eliminate background noise.
- The Q&A function will be available for questions as there is no chat feature. Our moderator staff will be monitoring the Q&A's as they come in.
- There may be opportunity for participants to ask their questions live at the end of the presentation if time permits.


NE DHHS Team

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Agenda

- Why are Personal Care Services (PCS) Electronic Visit Verification (EVV) Changes Occurring
 - EVV Solution Updates/Demonstration
 - Update # 1 GPS or IVR Verification Required for Visit Capture
 - Update # 2 Geofence Radius
 - Update # 3 Recipient Signature
 - Update # 4 Force Pay by State
 - Live Question and Answer Session
 - Future Provider Sessions
 - Resources and Support
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Overview – Why EVV Changes?

- DHHS is making these system changes to become fully compliant with EVV requirements set forth in [12006 of the 21st Century Cures Act](#).
 - This mandates six elements of a visit be captured via EVV, which includes, “the time the service begins and ends” and “the location of the service delivery”:
 1. Individual Receiving Services
 2. Individual Providing Services
 3. Visit Date
 4. Visit Begin and End Times
 5. Service/Procedure Code
 6. Location Where Visit Occurred
 - DHHS has been cited by the Nebraska Auditor of Public Accounts (APA) for not fully enforcing this federal requirement under current practice.
 - DHHS agrees with the APA and is making these changes to ensure we are compliant and are eligible to continue to claim federal funding for these services provided that are subject to EVV.
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Update #1 - GPS or IVR Verification Required for Visit Capture

- DHHS EVV Visits MUST utilize approved start and end verification methods:
 - GPS – The use of a mobile application to start and end a visit. This is the preferred method.
 - IVR – The use of a phone to start and end a visit. This method must be approved by Nebraska DHHS.
- Provider Administrators cannot adjust visit service times to lengthen the service duration captured during actual clock-in and clock-out.
- Alternate EVV Vendors will be required to send a IVR Phone number and PIN when the IVR method is used to start and/or end a visit.
- Live demonstration of the Therap system functionality

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IVR Approval Process (Not Applicable for the PAS Program)

Introduction:

An Electronic Visit Verification (EVV) system is the primary method of data collection. If a provider has no availability to a smart phone or tablet to capture GPS, then Interactive Voice Response (IVR) can be used as last resort. A recipient phone number is required to use IVR for EVV. The IVR Approval Process includes the following steps:

1. Provider requests approval to use IVR from NE DHHS

- Provider reviews recipient's primary and secondary address and phone numbers under the recipient screen in Mobile Caregiver+ Provider Portal and ensures the primary and/or secondary address and phone numbers match what is being requested for IVR.
- If the recipient's primary and/or secondary address and/or phone numbers under the recipient screen in Mobile Caregiver+ Provider Portal needs to be edited, the Provider edits the information in the Recipient details to match the IVR request so that IVR can be approved and configured.
- Provider submits an IVR approval request to NE DHHS by email at DHHS.IVR@nebraska.gov. or
- Provider navigates to the IVR Attestation Form on Monday.com at [LINK](#)
- Provider navigates to the IVR Request Form on Monday.com at [LINK](#)
- If the recipient's phone number used for IVR changes the Provider must update the phone number in the MCG+ and submit a new request.

2. NE DHHS processes Provider's request

3. NE DHHS notifies Therap and Netsmart of approval

4. Therap and Netsmart sets up IVR for the Provider

Update # 2 – Geofence Radius

- The Captured GPS Start and End locations must be within the allowed Geofence Radius.
- The new GPS Geofence Radius follows new zip code requirements determined by the State of Nebraska DHHS.
- Visits from Alternate EVV Vendors will require Scheduled Start Longitude/Start Latitude, and Scheduled End Longitude/End Latitude when the start and end verification method is GPS.
- Live demonstration of the Therap system functionality

Update # 3 - Recipient Signature

- The Recipient's signature is required for ALL PCS Services (PAS, AD Waiver, DD Waiver, TBI, and FSW).
- The Recipient's signature must be captured in the mobile application for all GPS visits.
- Alternate EVV Vendors will be required to send signature information for all GPS visits. If this information is not sent to Netsmart with the completed visit, the visit will not load to the MCG+ platform.
- Live demonstration of the Therap system functionality

Update # 4 – Force Pay by State Adjustment Request Objective

We incorporated provider feedback to ensure that the system aligns with provider's needs and enhances overall effectiveness:

- The Force Pay by State Adjustment Request process enables providers to request payment reconsideration for unmatched visits affected by critical errors— **VVER**, **VIVR**, and **VLOC**—caused by unforeseen circumstances beyond the provider's control. This process ensures equitable resolution and supports providers in addressing issues outside their direct influence.
- This process also enables Nebraska DHHS to address these unmatched visits, without necessitating an appeal. Proper documentation is needed for a valid submission and approval is not guaranteed.

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Update # 4 – Force Pay by State Adjustment Request Objective

- The process will assist the Provider with submitting an Adjustment Request. During the Adjustment Request process, the State will review the visit and applicable documentation the Provider submits to determine if the visit should be matched and processed for payment.
- The process enables providers to request payment reconsideration for unmatched visits affected by only these critical errors— **VVER**, **VIVR**, and **VLOC**. Providers are still required to match other types of errors within the visit to ensure timely payment.
- The Force Pay by State functionality is **NOT** intended as a way to submit manual claims.
- The State will carefully review and monitor provider usage patterns to ensure the process is used appropriately.

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Update # 4 – Force Pay by State Adjustment Request Process

1. Provider has a visit that is unmatched due to **VVER**, **VIVR**, and or **VLOC**.
2. Provider gathers the necessary documentation and determines the reason(s) to validate why the visit should be matched and paid.
3. Provider submits an Adjustment Request along with the necessary documentation.
4. Nebraska DHHS EVV Program Leads reviews the Adjustment Request and documentation the Provider submitted.
5. Nebraska DHHS EVV Program Leads approves or denies the Adjustment Request.
6. Provider will then match any additional error codes and release the visit for payment.

Update # 4 – Force Pay by State Adjustment Request Reason Codes

Reason Category	Reason Code	Reason Code Description
Overnight (If applicable)	100	This Reason Code is system-generated (cannot be selected by the user) to split overnight visits by automatically clocking out at 11:59 p.m. and creating a new visit by clocking in at 12:00 a.m.
Service Delivery Exception	110	This Reason Code and appropriate Reason Code Description is used when the EVV hours (based on clock in and clock out) represent a service delivery exception: <ul style="list-style-type: none"> A. Service delivery differs from schedule B. Fill-in service provider C. Allowable overlapping visits
Eligibility or Service Authorization Exception	120	This Reason Code and appropriate Reason Code Description <u>is</u> used when services are required to comply with Recipient retro Medicaid eligibility or when an authorization has been approved but not available in the EVV System yet: <ul style="list-style-type: none"> A. Services provided without eligibility; retro eligibility B. Services provided with authorization not in EVV system
Disaster	130	This Reason Code and appropriate Reason Code Description <u>is</u> used when service delivery is impacted by a natural disaster: <ul style="list-style-type: none"> A. Flood B. Hurricane C. Earthquake D. Ice/snowstorm E. Tornado F. House Fire G. Wildfire H. Power Outage I. Declared Public Health Disaster/Emergency
Inability to Electronically Clock In or Clock Out	140	This Reason Code and appropriate Reason Code Description is used when a State override is necessary to address critical errors: <ul style="list-style-type: none"> A. Mobile <u>device</u> not available B. GPS Location not available C. Physical address not available D. Landline phone not available E. EVV system down F. Emergency (Free text is required to document the nature of emergency when using this description)
Other	150	This Reason Code is allowable for any other reasons not listed above. There will also be a free text option to further describe the reason.

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Live Q&A

- If you would like to ask a question live, please use the “raise hand” function and we will unmute participants to ask questions.
- Please specify the program type or services when asking your questions.
- Our moderator will facilitate the discussion.
- If there are questions that we cannot address today, please submit those to DHHS.MedicaidFA-EVV@nebraska.gov.

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Future Provider Training Sessions

Date	Program Specific
01/08/2025	DD
01/21/2025	AD, TBI, DD
02/03/2025	Re-runs based on feedback
02/04/2025	Re-runs based on feedback

Resources and Support

Please submit all policy related questions to: DHHS.MedicaidFA-EVV@Nebraska.gov.

Please subscribe to the NE DHHS webpages to stay up to date on the latest EVV information and FAQs updates.

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

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

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