Electronic Visit Verification (EVV) for Medicaid Services

Provider Responsibility:
Submitting True and Accurate Claims

May 6, 2021



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



Agenda

- Meeting Purpose and Guidelines
- Provider Responsibility: Submitting True and Accurate Claims
- Questions and Answers
- Helpful EVV Tools and Training Resources
- Upcoming Provider Meetings



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

Provider Responsibility: Submitting True and Accurate Claims





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21st Century Cures Act- Electronic Visit Verification

Per the 21st Century Cures Act, EVV systems must capture the following:

- ✓ Type of service performed;
- ✓ Individual receiving the service;
- ✓ Date of the service;
- ✓ Location of service delivery;
- ✓ Individual providing the service; and
- ✓ Time the service begins and ends



471 Regulations

471 NAC 2-003.02B

<u>003.02(B)</u> <u>SERVICE PROVIDER AGREEMENTS.</u> Each provider must have an approved service provider agreement with the Department. By signing the service provider agreement, a provider agrees to comply with all provisions stated therein. A service provider agreement is not an employment agreement or contract, and enrollment as a Medicaid provider does not constitute employment by or with the Department and does not guarantee referrals. Service provider agreements cannot be transferred to any other person or entity.

<u>005.01</u> <u>REASONS FOR SANCTIONS.</u> The Department may, in its discretion, deny enrollment or sanction a provider for any of the following reasons:

- (1) Improper billing and claims payment practices including, but not limited to:
 - (i) Presenting, or causing to be presented, any false or fraudulent claim for goods or services or merchandise for payment;
 - (ii) Submitting, or causing to be submitted, false information for the purpose of obtaining greater payment than that to which the provider is legally entitled;
 - (iii) Billing in excess of the usual and customary charges;
 - (iv) Presenting a claim, billing, or causing a claim to be presented for payment for services not rendered, including "no-shows";
 - (v) Submitting duplicate bills, including billing Medicaid twice for the same service, or billing both Medicaid and another insurer or government program;
 - (vi) Billing before the goods or services are provided or dispensed;
 - (vii) Billing for services provided by non-enrolled providers, certain sanctioned providers, or excluded persons;
 - (viii) Billing for services rendered by someone else as though the provider performed the services himself or herself:
 - (ix) Billing for services provided by an individual who is required to be licensed or certified and who did not meet that requirement when the service was provided;
 - (x) Billing for services provided outside the provider's scope of practice;
 - (xi) Upgrading services billed and rendered from those actually ordered; and
 - (xii) Upcoding services billed or billing a higher level of service than those actually provided;



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471 NAC 3-002

 471 NAC 3-002 - when a claim is payable and 3-002.03- post payment review can happen
 3-002 Approval and Payment

3-002.01 Approval: Payment for medical care and services through Medicaid funds must be approved by the Department. Claims will be approved for payment when all of the following conditions are met:

3-003.02 Claim Certification: The submission of the claim form by the provider, the provider's authorized representative, or the provider's billing agent on behalf of an approved provider certifies that:

3-002.03 Post-Payment Review: Payment for a service does not indicate compliance with NMAP policy. Monitoring may be accomplished by post-payment review to verify that NMAP policy has been followed. A refund will be requested if post-payment review finds that NMAP payment has been made for claims/services not in compliance with NMAP policy. During a post-payment review, claims submitted for payment may be subjected to further review or not processed pending the outcome of the review.

471 NAC 15 Personal Assistance Services

15-006.06F Authorization for Payment:

- 1. The Social Services Worker or designee must prior authorize payment for personal assistance services. Authorization to provide services and to receive payment for personal assistance services is effective on the date that Form MILTC-9 is signed and dated by the Social Services Worker or designee.
- 2. Retroactive payment is not allowed. EXCEPTION: Only in circumstances where emergency authorization of a provider is necessary, it is allowable to pay an alternative provider for services provided before approval and authorization is completed (see 471 NAC 15-004.03E).
- 3. If electronic prior authorization requests are submitted, the standard electronic Health Care Services Review – Request for Review and Response transaction NEBRASKA (ASC X12N 278) must be used. If electronic claims are submitted, the Good Life. Great Mission. appropriate standard electronic format (ASC X12 837) must be used.

471 NAC 15 Personal Assistance Services cont.

15-006.01 Basic Provider Qualifications: To become an approved personal assistance provider, an applicant must:

• 2. Agree to all General Provider Standards listed on Form MC-19, "Service Provider Agreement," (see 471 NAC 15-006.01A);

15-006.01A General Provider Standards: As listed on Form MC-19, an approved provider must agree to:

- 1. Follow all applicable regulations in Nebraska Administrative Code Titles 465, 471, 473, 474, and 480;
- a. Bill only for services which are authorized and actually provided.

DHHS Forms and Publication: https://dhhs.ne.gov/Pages/Forms.aspx



MC-37 timesheet: Correct and Accurate hours and days

NE	В	245	SKA
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Division of Medicaid and Long-Term Care/División de Medicaid y Cuidado de Largo Plazo **Provider Record of Services/Registro del Proveedor de Servicios**

This Record of Services is a legal document completed by you to record the dates and units of service provided. Both the provider and the client must sign and date this record verifying the accuracy of this information. A description of services provided must be recorded. This Record of Services with the billing document must be submitted within 90 days of service and can be submitted semi-monthly or monthly. Return this Record of Services with the billing document to your specified worker. The Provider is responsible for keeping records for six years. *Please print clearly and legibly.

Este registro de servicios es un documento legal completado por usted para registrar las fechas y unidades de servicio provistos. Tanto el proveedor como el cliente deben firmar y fechar este registro verificando la exactitud de esta información. Una descripción de los servicios prestados debe ser registrada. El Registro de Servicios con el documento de facturación deben ser enviado dentro del plazo de 90 días del servicio, y pueden ser enviado quincenalmente o mensualmente. Regrese este Registro de Servicios con el documento de facturación a su trabajador asignado. El Proveedor es responsable de mantener los registros por seis años. *Por favor escriba en letra imprenta clara y legible.

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PROVIDER BULLETINS 20-32 & 20-43

Provider Bulletin 20-32



To: AD Waiver and Personal Assistance Providers Participating in the Nebraska Medicaid Program

From: Jeremy Brunssen, Interim Director

Date: September 22, 2020

Re: Live-In Caregivers and the applicability of EVV requirements

The Department of Health and Human Services (DHHS), Division of Medicaid and Long-Term Care is providing this bulletin to clarify Electronic Visit Verification (EVV) requirements for Aged & Disabled Waiver and Personal Assistance Services program participants with live-in caregivers.

Nebraska Live-In Caregiver EVV Requirements

On August 8, 2019, CMS released an informational bulletin providing additional guidance on the applicability of EVV to Medicaid services provided by live-in caregivers. The CMS guidance permits states to include or exempt live-in caregivers from the EVV mandate. This guidance can be found here: https://www.medicaid.gov/federal-policy-quidance/downloads/cib080819-2.pdf

DHHS has decided to include all caregivers under the EVV mandate. This decision was made to ensure the safety of program participants, who often receive their services in secluded settings. The EVV system will verify the delivery of services to all program participants. Providers must submit claims that are true, accurate, and complete.

If you have any questions, please email us at: DHHS.MedicaidFA-EVV@nebraska.gov

For more information on the EVV project, and to subscribe for updates, please visit our dedicated webpage at http://dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx

Provider Bulletins, such as this one, are posted on the DHHS website at http://dhhs.ne.gov/pages/MedicaidProvider-Bulletins.aspx. Please subscribe to the page to help you stay up to date about new Provider Bulletins.

Provider Bulletin 20-43



b: HCBS and PAS Providers Participating in the Nebraska Medicaid Program

From: Jeremy Brunssen, Interim Director

Date: November 3, 2020

Re: Electronic Visit Verification Update

This bulletin is being issued to give Medicaid providers an update on DHHS's new Electronic Visit Verification (EVV) system for certain Home and Community-Based Services (HCBS) waiver and Personal Assistance Service (PAS) providers, originally scheduled to start in the fall of 2020.

This update includes information on a new start date for the EVV system and details on training sessions.

Please visit https://4tellus.com/ne-dhhs-registration/ beginning on 12/20/2020 to register and receive your username and temporary password will be sent to your email. (Please check your Spam folder in case the username and temporary password was delivered there.)

The EVV system's **REVISED** start-date is planned for **January 01, 2021** for Developmental Disability (DD) waiver providers using Therap, and **January 03, 2021** for Aged and Disabled (AD) waiver and Personal Assistance Services (PAS).

Beginning **January 03, 2021**, the EVV system will be <u>required</u> for providers to use for time and attendance, and billing. Agency providers with third-party EVV vendors must be production-ready no later than **November 13, 2020**.

With this revised start date, the EVV project team will focus on outreach to providers who face technological challenges to help them transition from paper-based timesheets to EVV.

EVV Training Registration is Now Open

Online training registration is available at Tellus's website. The training sessions will be live and allow for questions. Providers must register for training and can attend training as many times as they wish. Providers will need to register each time they want to watch a live or recorded training. Tellus Training starts now.

To register for the online training webinar, please go to https://4tellus.com/training/

- Independent Providers must sign up for the training labeled "Nebraska DHHS Independent Providers."
- DD waiver providers using Therap and agency providers who have third-party EVV vendors only need to attend the "Claims console" training.
- Agency Providers using Tellus please attend the (1) Admin console, (2) Mobile app, and (3) Claims console training.

If you have any questions, please email us at: DHHS.MedicaidFA-EVV@nebraska.gov

For more information on the EVV project, and to subscribe for updates, please visit our dedicated webpage at http://dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx

Provider Bulletins are posted on the DHHS website at http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx. Please subscribe to the page to stay up to date about new Provider Bulletins.

[&]quot;Helping People Live Better Lives"

NEBRASKA EVV MANDATED SERVICE CODES

HCBS DEVELOPMENTAL DISABILITY WAIVER SERVICES (CDD AND DDAD)

SERVICES	SERVICE CODES	PROVIDER TYPE
Independent Living	2639	Agency and Independent
Supported Family Living	7494	Agency and Independent
Medical In-Home Habilitation	9220	Agency
Behavioral In-Home Habilitation	1796	Agency
Respite	2656	Agency
Respite (In-Home)	8148	Independent
Homemaker	9393	Independent
Homemaker	9769	Agency

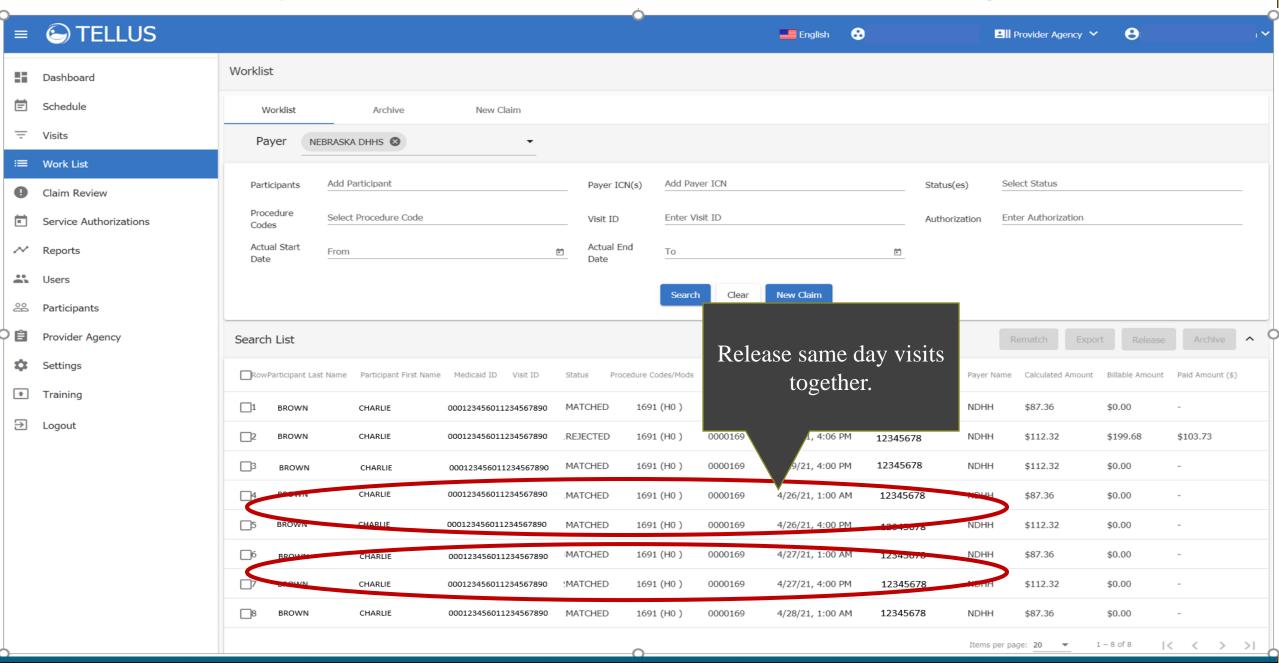
HCBS AGED AND DISABLED WAIVER SERVICES

SERVICES	SERVICE CODES	PROVIDER TYPE
Chore	1619	Agency or Independent
Respite Care (In-Home)	1113	Agency or Independent
Disability related Child-Care In Home	2500	Agency or Independent

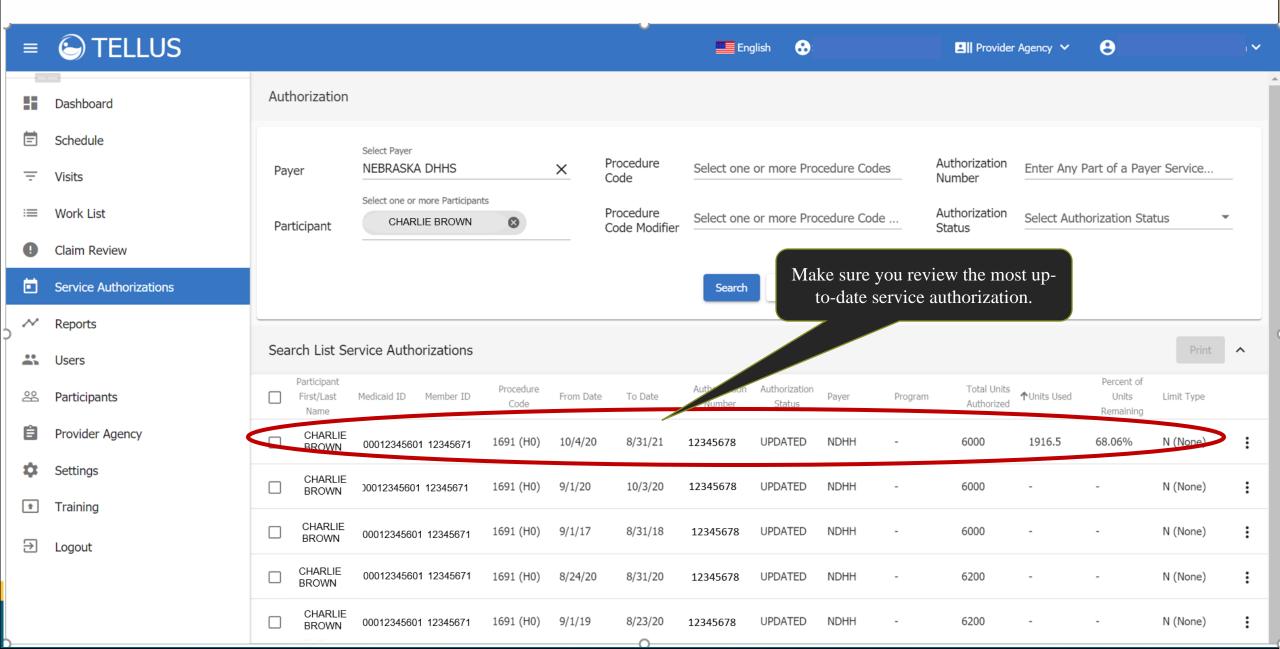
MEDICAID PERSONAL ASSISTANCE SERVICES

SERVICES	SERVICE CODES	PROVIDER TYPE
Personal Assistance	4475	Agency or Independent

Same day visits for the same service are submitted together



REVIEW AUTHORIZATION FOR RATE CHANGES



What should happen if rate changes?

EVV Best Practices:

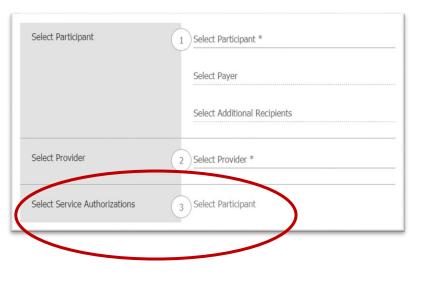
Review Service Authorization and if rate changes – (this includes third party EVV vendor)

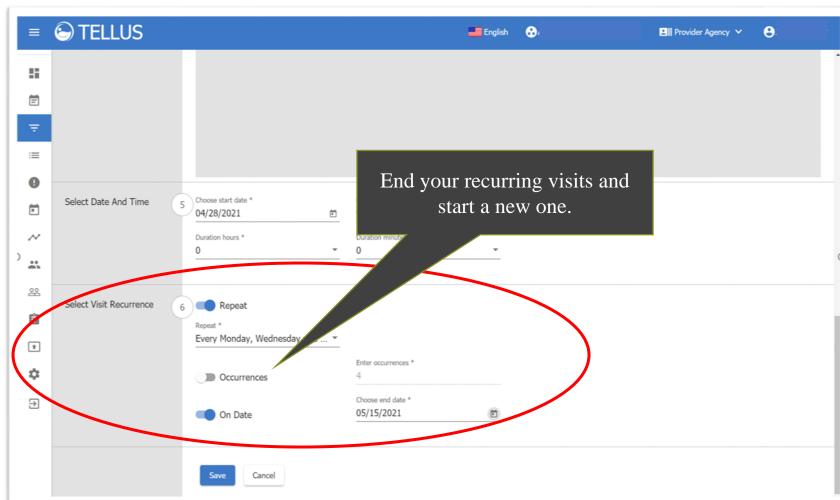
Step 1:

End any previously created re-occurring visits

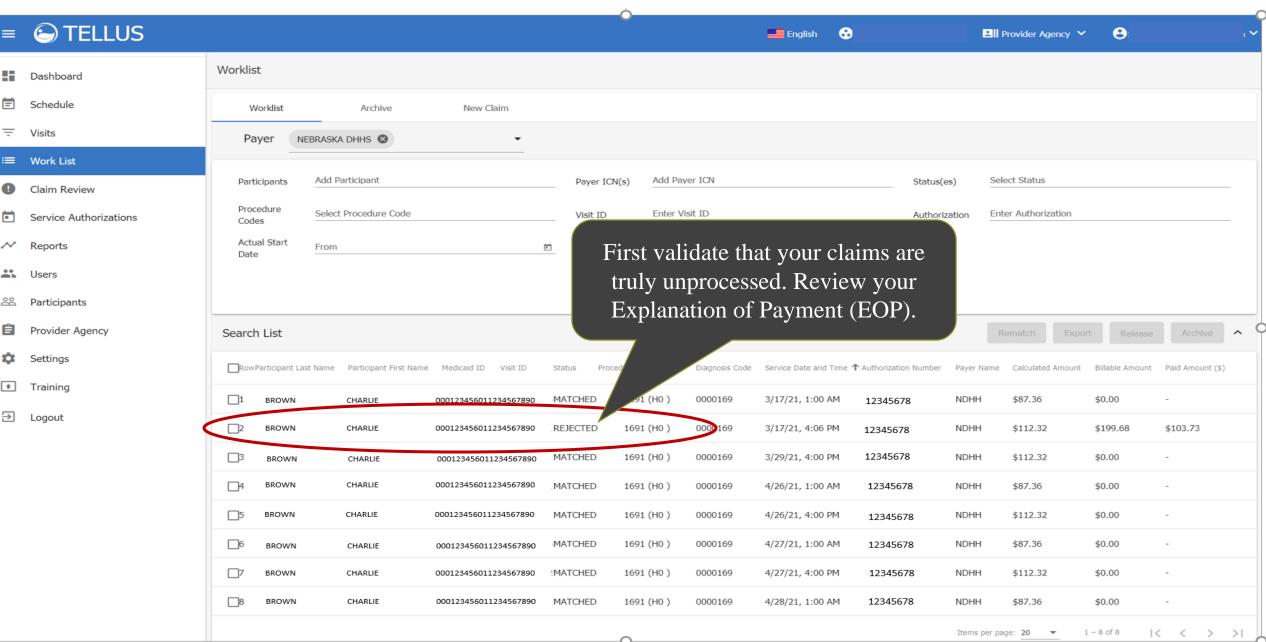
Step 2:

Create new re-occurring visits

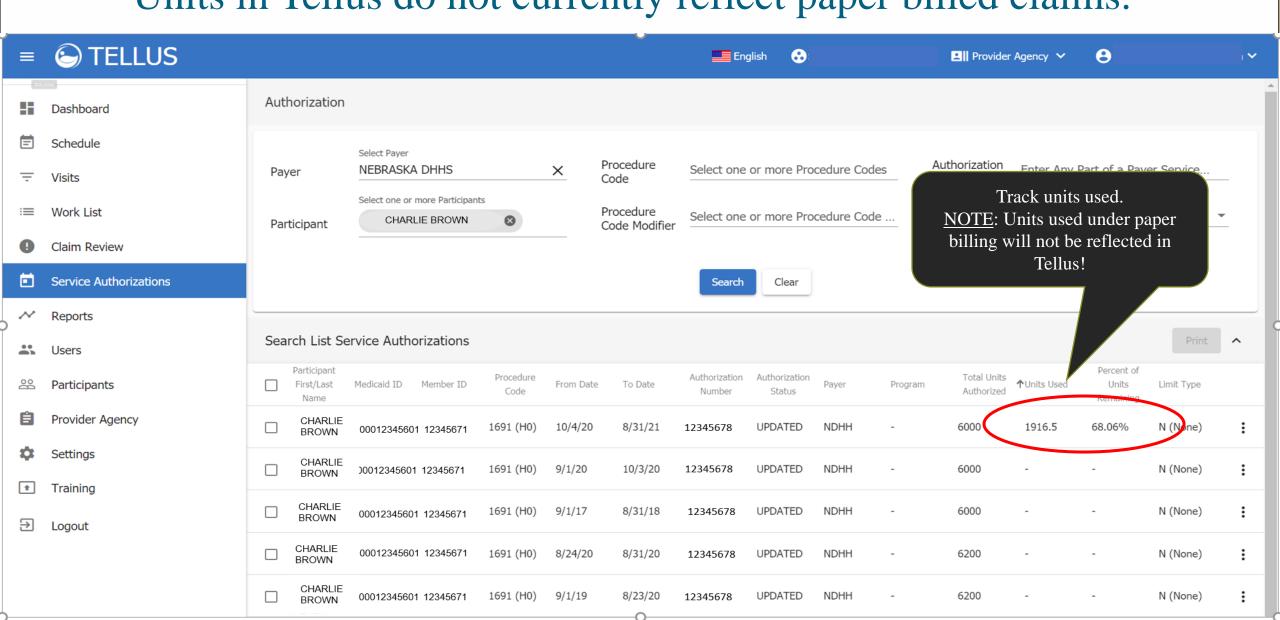




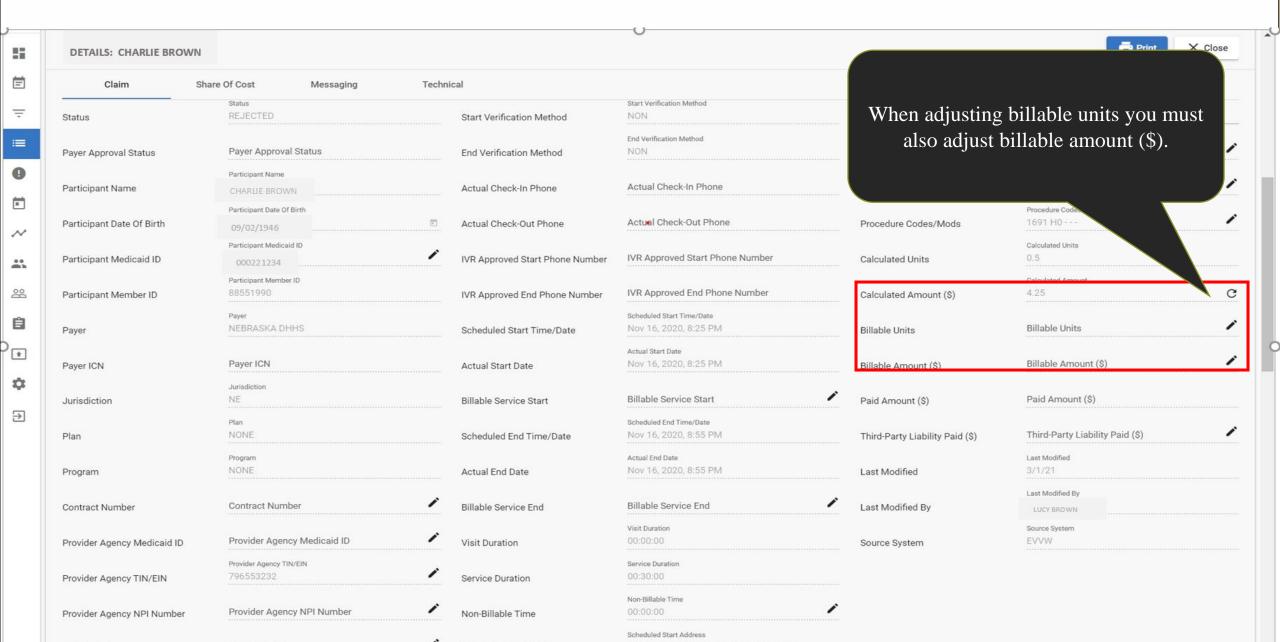
Explanation of Payment (EOP)



KEEP TRACK OF YOUR UNITS: Units in Tellus do not currently reflect paper billed claims.



Adjusting Billable Units and Billable Amount



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



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/



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
May 6, 2021	1:00 pm – 2:30 pm CT	Provider Responsibility: Submitting True and Accurate claims
May 13, 2021	1:00 pm – 2:30 pm CT	Independent Providers Final Meeting
May 20, 2021	1:00 pm – 2:30 pm CT	Agency Providers Final Meeting

Watch your email for registration link to upcoming Provider 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/Electr onic-Visit-Verification.aspx

NEBRASKA

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