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August 15, 2024

MEMORANDUM

MEMO NO.
QI-2305C [Update to QI-2305B]

TO: QUEST Integration (QI) Health Plans
Department of Health Developmental Disabilities Division (DOH DDD)
Home Health Agencies
Home Care Agency Providers of Home and Community Based Services
1915(c) Intellectual and Developmental Disabilities (I/DD) Waiver Providers

FROM: Judy Mohr Peterson, PhD
Med-QUEST Division Administrator

SUBJECT: ELECTRONIC VISIT VERIFICATION (EVV) MANUAL EDITING AND ENTRY OF VISITS, BILLING AND PAYMENT, PROVIDER TERMINATION, PROVIDER ISSUE LOG, EVV SETTINGS AND EVV MONITORING.

This memo modifies and revises memorandum QI-2305B which was issued on February 20, 2024. The text of memorandum QI-2305B is incorporated into this revision, identified as EVV memo QI-2305C. Updated guidance is inserted as shaded text. Voided text from QI-2305B is stricken. Shading was removed from QI-2305B table header rows, and the text bolded, to avoid confusion with updated guidance.

The purpose of this memo is to inform our Health Plans (HP), Department of Health Developmental Disabilities Division (DDD) and providers of Home Health (HHA) services, Home Care (HCA) services, Self-Direct (SD)/Consumer-Directed (CD) services and I/DD waiver services about minimum standards for the manual editing and entry of visits into an EVV System and the resulting corrective actions when failing to meet standards.

EVV is a federal mandate to track and monitor timely service delivery and to help ensure high quality access to care for Medicaid recipients. EVV participation is required for HHA, HCA, SD/CD, and I/DD waiver providers in the Medicaid program.

The following is a summarized historical and future looking EVV implementation timeline:

- October 2020 – EVV Visit Capture/Soft Edit started
- October 2021 – EVV Hard Edit began
- December 2021 – EVV Manual Edit engagement with HP, DDD and providers began
- February 1, 2023 – EVV Manual Edit monthly measurement (includes manual entries) begins
- March 1, 2023 – Begin corrective actions if failing to meet measurement standards
- September 30, 2023 – Target date to meet minimum EVV standard; begin application of financial penalties if failing to meet measurement standards
- February 14, 2024 – EVV Manual Edit monitoring for payment withholding resumed for DOS starting February 1, 2024, and EVV provider agency payment withhold begins April 1, 2024.
- August 16, 2024 – Provider termination procedure; payment withhold release; EVV provider issue log requirement; and settings where EVV is appropriate. The quarterly review is removed from the EVV monitoring process and replaced by a monthly rolling prior 12 month review.

Definitions

A ***manually edited*** visit is when an EVV visit that is recorded from a mobile app (SMC/MVV), landline (TVV), or FOB (FVV) is changed by a person. In addition, manual edits apply to all changes to the visit record in EVV. The Med-QUEST requirement is to have no more than 15% manually edited visits by month. ***Manual edits also include manually entered visits.***

- A **manually *entered*** visit is when there is **no** electronic check-in and check-out, and the visit information is typed in manually. While sometimes necessary to ensure provider payment, *manually entered visits do not meet CMS requirements for an EVV visit and are not compliant.* Manually Entered visits should be a rare occurrence.

An **EVV Solution** consists of a vendor system that captures visit services electronically. The state supplied Sandata EVV vendor or approved Alternate (ALT) EVV vendor can be used to capture electronic visits.

EVV Device Types:

- Smart device (iPad, Smart phone, tablet etc.) using mobile app (MVV)
- Landline (TVV)
- FOB device (FVV)

Minimum EVV Requirements

No more than 15% of **manually edited/entered** visits per QI provider and I/DD waiver provider agency accounts and SD/CD accounts per month. Each HP and DDD will separately measure their agency providers. This includes visits captured by an ALT EVV vendor.

- Examples of manually edited/entered visits in an EVV solution include:
  - Associating a client to an unknown visit
  - Editing check-in and/or check-out times
  - Adding a check-in or check-out time to a visit
  - Acknowledging exceptions
  - Adding the check-in and check-out times to a visit

Measurement

Total visits by month baseline measurement against the number of edits (including manual entries). Sandata has made the following reports available on November 4, 2022, to the HPs, DDD, and providers for monitoring the percentage of edits: “Auto Verification Report Detail” and “Auto Verification Report Summary”.

Manual **Edited/Entered** Calculation: Divide the total manual edits by the total visits per month. See example.

$$\frac{\text{Manually Edited/Entered Visits}}{\text{Total Visits}} = \frac{10}{100} = 10\%$$

Monitoring

The monitoring of EVV manual edits/entries already considers unavoidable exceptions and this is the reason for the 15% buffer. MQD understands there may be unforeseeable circumstances that prevent EVV visit capture, and these situations will not be counted under monitoring. Provider Agencies and SD/CD providers must keep an issue log with ticket numbers when technical issues are encountered. When there are unforeseen events that require manual editing to the visit (i.e., authorization was not in Sandata yet, but provider wanted to ensure visit check-in/check-out times were captured and a manual edit was required to link authorization to visit), a documented justification must be maintained in the issue log. This log will be used to review with payers when a warning letter is issued.

Provider Agency EVV Monitoring

MQD will measure the provider agency (by provider ID) Manual Edit percentage, across all plans. Provider agency monitoring will be based on each 6-digit assigned Medicaid Provider HOKU ID. For agencies that have more than one HOKU ID, each account will be monitored separately. Provider Agencies will be monitored monthly on a rolling prior 12-month review period. A list of non-compliant provider agencies will be generated and distributed by MQD on a monthly ~~or quarterly~~ basis.

~~Monthly monitoring will continue by MQD if the minimum requirements are not being met. If the requirements are being met, then only quarterly monitoring will be performed by MQD.~~
The HP that has the largest number of visits for the provider ID will be responsible for QI provider agency engagement. DDD will engage with DD waiver providers. The designated HP/DDD shall provide sufficient support for training and reinforcements for successful EVV visit capture. The designated HP/DDD will be responsible to update provider engagement status in the EVV Provider Compliance Tracking Log.

SD/CD EVV Monitoring

SD/CD monitoring will be based on each member's Medicaid ID. **All SD/CD services must use an EVV system as the modality to capture visits to receive payment for services rendered.** The goal is to improve use of an EVV system to capture 100% of the visits provided and meet the required CMS goal of manual edits/entries of no more than 15%. SD/CD accounts will be monitored monthly on a rolling prior 12-month review period.

SD/CD payment withhold will be determined at a future date.

Refer to the tables below for Provider Agency and SD/CD monitoring and corrective actions.

EVV Monitoring Table

Manually Edited/Entered Visit Percentage Rate	**Action Steps/Outcomes**
0-15%	Meets EVV requirements. If provider was previously non-compliant, 15% withhold will be released and provider continues monthly monitoring. ~~Provider moves to quarterly review process. Quarterly Reviews – Refer to Quarterly Review Period Table below.~~
16-25%	Monthly monitoring for minimal 5% decrease each month until the Agency Provider or HP/DDD monitored SD/CD visits manually edited or entered visit percentage meets minimum requirements.
26-50%	Monthly monitoring for minimal 15% decrease each month until the Agency Provider or HP/DDD monitored SD/CD visits manually edited or entered visit percentage meets minimum requirements.
Greater than 50%	Monthly monitoring for minimal 30% decrease each month until the Agency Provider or HP/DDD monitored SD/CD visits manually edited or entered visit percentage meets minimum requirements.

Withholding Exclusions

Withholding exclusions can be determined at the discretion of the health plan/DDD based on evidence given by the provider agency. For example, provider agency proves a high editing percentage is due to technical issues evidenced by ticket numbers opened with the EVV vendor.

~~Quarterly Review Calculation~~
~~The quarterly review calculation will use all visits that occurred during the quarter to determine a single manual edit percentage. See example below.~~

~~**Month**~~	~~**Total Visits**~~	~~**Total Edited**~~	~~**Percentage Edited**~~
~~January~~	~~100~~	~~10~~	
~~February~~	~~100~~	~~20~~	
~~March~~	~~100~~	~~10~~	
~~**Total**~~	~~**300**~~	~~**40**~~	~~**13.3%**~~

~~Quarterly Review Period Table~~

~~**Quarter**~~	~~**DOS**~~	~~**Review By**~~
~~Q1~~	~~January – March~~	~~Mid-April~~
~~Q2~~	~~April – June~~	~~Mid-July~~
~~Q3~~	~~July – September~~	~~Mid-October~~
~~Q4~~	~~October – December~~	~~Mid-January~~

<u>Example of 90% Manually Edited/Entered Visits</u>

	Review 1	**Review 2**	**Review 3**	**Review 4**
Initial Manual Edits/Entries	90%	60%	30%	15%
Required Decrease	30%	30%	15%	N/A
Current Manual Edits/Entries	60%	30%	15%	N/A

<u>Corrective Actions</u>

Provider Agency and SD/CD who do not use an EVV solution to record visits for services being delivered will be subject to corrective action. The corrective actions are described below.

Provider Agency & SD/CD – Corrective Action Timeline

Monitoring Period	**Review/ Implementation Month**	~~**Equal to or less than 15% Manually Edited/ Entered Visits**~~	**More than 15% Manually Edited/Entered Visits**
Month 1: Baseline Measurement Review (Example DOS 2/1/2023 – 2/28/2023)	Month 1 plus 15 days (Example Mid-March)	~~Move to next Quarterly Review – Refer to Quarterly Review Table above.~~	Begin monthly monitoring, issue <u>warning</u>, and provide technical assistance to achieve required decrease of manual edits/entries per month.
Month 2: Monitoring Period (DOS Remainder of March)	N/A	~~N/A~~	Monitoring Period
Month 3:	Month 3 plus 15 days	~~Move to next Quarterly Review –~~	If there is evidence of a required decrease from the previous month, continue

Ongoing Measurement Review (DOS 3/1/2023 – 4/30/2023)	(Mid-May)	~~Refer to Quarterly Review Table above.~~	monthly monitoring until the required decrease is achieved. If there is no evidence of required decrease from previous months, HP/DDD will provide MQD an action plan by the end of May. Action plan will include details of why visits are being edited and what actions are being taken to prevent manual editing/entry.
Month 4: (DOS 5/1/2023 – 5/31/2023)	Month 4 plus 15 days (Mid-June)	~~Move to next Quarterly Review – Refer to Quarterly Review Table above.~~	Action plans reviewed/accepted by MQD. During this period HP/DDD will continue to provide technical assistance to achieve required decrease of manual edits per month.
Month 5: (DOS 6/1/2023 – 6/30/2023)	Month 5 plus 15 days (Mid-July)	~~Move to next Quarterly Review – Refer to Quarterly Review Table above.~~	If there is evidence of a required decrease from the previous month, continue monthly monitoring until the required decrease is achieved. If there is no evidence of a required decrease and the action plan was accepted, HP/DDD will execute the action plan and continue to monitor.
Month 6: (DOS 7/1/2023 – 7/31/2023)	Month 6 plus 15 days (Mid-August)	~~Move to next Quarterly Review – Refer to Quarterly Review Table above.~~	If there is evidence of a required decrease from the previous month, continue monthly monitoring until the required decrease is achieved.

			If there is no evidence of a required decrease and the action plan was accepted, HP/DDD will execute the action plan and continue to monitor.
Month 7: (DOS 2/1/2024 – 2/29/2024)	Month 7 plus 15 days (Review: 3/15/2024 Implementation: 4/1/2024)	~~Move to next Quarterly Review – Refer to Quarterly Review Table above.~~ ~~(Quarter 2 - 2024)~~	By Month 7, the visits should meet requirements. ~~When requirements are met, move to quarterly review.~~ If the Manual Edited/Entered requirements are not met: **Provider Agencies** • 15% of payments will be withheld by DDD and/or across all Health Plans. • The agency can receive the cumulative withheld payments upon meeting the requirements and at that time the 15% withhold will be released by each payer. • All suspected cases, where manual edits were not appropriate and indicate potential fraud, will be reported for further investigation to the DHS and Law Enforcement. **SD/CD**: • SD/CD payment withhold paused until further notice.

			• 15% of payments will be withheld. The SD provider can earn the cumulative withheld payments back upon meeting the requirements ~~and moving to quarterly review~~. • HP/DDD may move the members'/participants' services to a provider agency. • It is at the discretion of the HP/DDD if a SD member/CD participant can be moved back to SD/CD services.
Ongoing Monitoring	~~Future Quarterly Reviews~~ Continue Monthly Monitoring	~~Move to next Quarterly Review – Refer to Quarterly Review Table above.~~	Once moved to ~~the Quarterly~~ monthly monitoring ~~period~~ and then failure to meet minimum requirements ~~in the quarter~~, the Provider Agency or SD member/CD participant starts back at Month 1.

*New provider agencies baseline will be established upon initial service delivery.

Billing & Payments

Providers may submit claims with a quantity equal to or less than the units that are found in the EVV system. Billing for more units than what is found in the EVV system will result in an "unmatched units" claim denial.

Personal care services delivered in licensed or certified settings are not subject to EVV i.e., DD Adult Foster Home (DD AFH), Community Care Foster Family Home (CCFFH) and licensed residential settings, i.e., Developmental Disabilities Domiciliary Home (DD Dom), Adult Residential Care Home (ARCH), Extended Adult Residential Care Home (E[1]ARCH), and Therapeutic Living Programs (TLP) licensed as Special Treatment Facilities (STF).

Provider Agency Termination

If a provider agency wants to terminate their membership enrollment with Med-QUEST:

1. The agency must go into HOKU to terminate their account.
2. The agency must complete the Med-QUEST Termination Request form formalizing their termination date and services.
    a. The Med-QUEST Termination Request form can be found on the MQD website: Provider Forms **and**
    b. The agency to complete a separate form for each provider Medicaid ID **and**
    c. Once the provider completes the form it is to be sent to HCSBInquiries@dhs.hawaii.gov **and**
    d. Send the Termination form(s) to each contracted payer i.e. Health Plans/DDD.
3. The termination form shall be used to inform Health Plans/DDD to end date all current authorizations associated with the provider agency's Medicaid provider ID on the termination form(s).
4. Once the termination form is received, the 15% withhold will then be released by each Health Plan/DDD.
    a. The provider is eligible to receive claim payment as appropriate per the authorization, up to one year post DOS (date-of-service).

EVV Edit Reporting to MQD

Health Plan: EVV reporting requirements will be available in Health Plan Manual in a future quarterly release. DOH DDD: EVV reporting requirements will be available soon.

Please send questions via e-mail to EVV-MQD@dhs.hawaii.gov