# ELECTRONIC VISIT VERIFICATION (EVV) TECHNICAL GUIDANCE FOR PERSONAL CARE SERVICES

## Office of Developmental Programs (ODP)

**VERSION 2.0**

*This resource provides ODP-specific EVV technical information for stakeholders*

*This document is technical in nature and provides granular information for EVV billing/claims, EVV errors and EVV calculation logic. The DHS EVV webpage contains the majority of other information that IS NOT contained in this document including public meeting notices, contact information and Frequently Asked Questions (FAQs) that address general, provider, technology and training questions:* *https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV.aspx*

# Contents

# INTRODUCTION

Effective January 1, 2020, the 21st Century Cures Act requires that providers, provider agencies, Agency with Choice (AWC) and Vendor Fiscal (VF)/Employer Agents (EAs) use an EVV system to capture Personal Care Service (PCS) visits and corresponding visit data.   Pennsylvania also requires that electronically captured PCS visits are sent to the DHS EVV aggregator to support validation against them during the claim's adjudication process.

Pennsylvania has established an open EVV system model.  This means that providers, provider agencies, AWCs and VF/EAs may choose to use the DHS EVV system, at no cost to the provider, **OR** use their own EVV vendor/system (alternate EVV) to capture the six data elements required under the Cures Act.  Alternate EVV users are required to meet the EVV technical specifications, found in the PA [Alternate EVV ODP, OLTL, & OMAP FFS ONLY Addendum](#) — August 20, 2020, for interfacing  with the DHS Aggregator.

The Consolidated Waiver, Person Family Directed Supports (P/FDS) Waiver, Community Living Waiver, Adult Autism Waiver, Adult Community Autism Program (ACAP) and the Base program all offer personal care services that are subject to EVV.  All EVV systems must capture the following data points:

- Type of service(s);
- Individual receiving the service(s);
- Date and duration of the service(s);
- Location of the service(s) delivery;
- Individual providing the service(s);
- Time the service(s) begins and ends.

In addition to the six (6) required data points above, providers, provider agencies, AWCs, VF/EAs using a third party/alternate EVV vendor system, will be required to transmit additional visit data elements to the EVV aggregator[1] in order for the record to successfully pass into and be stored in the DHS EVV aggregator for claims validation.  These additional data elements are found in the *[Alternate EVV ODP, OLTL, & OMAP FFS ONLY Addendum](#) — August 20, 2020* found on the DHS EVV website.

**NOTE:**  The DHS EVV aggregator DOES NOT submit claims.  The DHS EVV aggregator only stores EVV data captured during the visit.  The DHS EVV aggregator is validated against during claims

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[1] The DHS EVV Aggregator is a system that receives and stores data from third-party systems (also referred to as Alternate EVV) and the DHS EVV system into a single uniform platform to facilitate payments of claims. The DHS Aggregator allows providers to use a third-party system (also referred to as Alternate EVV) for visit verification. The DHS EVV aggregator **DOES NOT** submit claims.

processing when an EVV service is found on the claim(s) transaction.  No corrections can be made in the DHS EVV Aggregator itself.   Providers should ensure that errors and exceptions are corrected in the originating/source EVV system and resubmitted to the EVV Aggregator BEFORE claim transactions are submitted/resubmitted to PROMIS*e*™.

If a record is sent by an alternate EVV vendor to the DHS EVV aggregator and is missing required data, is incomplete, or is not in the required format, as specified in the Alternate EVV technical specifications and addendum, the record will be rejected and, therefore, would not be stored in the DHS EVV aggregator.  Missing records in the DHS EVV aggregator will set an EVV claim validation edit, error status code 928, "EVV Visit Not Found".

## ODP PERSONAL CARE SERVICES (PCS) SUBJECT TO EVV

The Centers for Medicare & Medicaid Services (CMS) states that PCS consists of services supporting activities of daily living (ADL), including, but not limited to, movement, bathing, toileting, transferring, and personal hygiene or services that offer support for instrumental activities of daily living (IADL), such as meal preparation, money management, shopping, and telephone use.

There is a total of six (6) ODP services that are considered personal care services and are subject to EVV.  The DHS EVV system and EVV Aggregator, provided by Sandata, will ONLY accept EVV transactions for the six (6) ODP services below.

| **PCS Services Subject to EVV for**<br>**Consolidated Waiver, Person/Family Directed Support Waiver (P/FDS),**<br>**Community Living Waiver (CLW), and Base Services [2]**<br>**(Applies to Provider, Provider Agency, AWC and VF/EA)** |
|---|
| • Companion<br>• In-Home and Community Support<br>• Respite (Unlicensed Settings Only)<br>• Homemaker |

| **PCS Services Subject to EVV for**<br>**Adult Autism Waiver (AAW)** |
|---|
| • Community Support<br>• Respite (Unlicensed Settings Only) |

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[2] See Appendix E for ODP service iterations found in HCSIS that are subject to EVV

# IMPORTANT DATES AND EXPECTED ACTION

Pennsylvania implemented their EVV January 1, 2020.

- **September 1, 2019 to December 31, 2020: "Soft Launch" Period**

  o This period allows/allowed providers, provider agencies, AWCs and the VF/EA's DSPs/SSPs to adapt to using EVV without a negative impact to claim payment.
  o On November 1, 2019, EVV error status codes (ESCs) were turned on for ODP.
  o During this period, when PROMIS*e*<sup>TM</sup> identifies one of the six ODP personal care services on a claim, the claim adjudication process initiates validation against the DHS EVV aggregator to determine if a matching electronic visit was found.
  o Claim EVV ESCs 927 and 928, also referred to as edits or audits, are set to "informational" during the Soft Launch Period and are visible to billers if claims' failed EVV validation performed against EVV records that were not found or did not match in the DHS EVV aggregator.
  o Although EVV edits began setting on November 1, 2019, the claim should successfully pass DHS EVV validation and continue to process through the normal claim's adjudication process throughout the soft launch period.
  o During the "Soft Launch" period, the expectation is that provider/provider agency/AWC and VF/EA billing staff will take the initiative to understand why the EVV edit(s) set and actively make corrections either to the data stored in the DHS EVV aggregator or the claim itself, before future PCS claims are submitted. This practice should ensure errors do not repeat.
  o ODP has been monitoring which EVV edits are setting and how often. ODP has performed outreach and/or provide technical assistance based on results and as applicable.

- **January 1, 2021 and Forward**: For claims that contain PCS <u>with dates of service January 1, 2021</u> and forward, there MUST be a matching EVV record in the DHS Aggregator in order for the claim to pass EVV validation and continue through the claim adjudication process.


**<u>NOW:</u>**

**PROVIDERS, PROVIDER AGENCIES AND AWCS <u>USING THE DHS SANDATA EVV SOLUTION</u>**:

1. **NOTE:** EVV questions from new providers, who render ODP services subject to EVV, with a provider enrollment start date January 1, 2020 and after, should contact the DXC Provider Assistance Center (PAC), regardless if you plan on using the DHS Sandata EVV solution or an alternate solution:

   PAPAC1@dxc.com or

1-800-248-2152 or 717-975-4100, Press EVV prompt for EVV assistance.
Hours of operation: Monday – Friday, 8 AM – 5 PM

2. Agency staff should first take the required web-based training to understand how to capture visits and use/understand the overall functionality of the DHS Sandata EVV solution.

3. After training is completed, administrative staff, identified by the provider agency, will:
   − Receive log-in credentials to access the DHS Sandata EVV solution;
   − Set up each Direct Support Professionals (DSPs)/Support Service Professionals (SSPs) with a unique e-mail address and other identifying information to enable them to check-in/check-out during visits.  The DSP/SSP's unique e-mail address registered in the system is required as the Username to login to the DHS EVV system.

4. Providers, provider agencies and AWCs will train their DSPs/SSPs on how to use the DHS Sandata EVV solution ensuring they are educated on the provider agency's visit capture rules.  **DSPs/SSPs should <u>not</u> be using the Sandata training portal.**   The training portal supports a train-the-trainer model.  In other words, agency staff are trained using the portal then they, in turn, train DSPs and/or SSPs.

5. Providers, provider agencies and AWCs' DSPs/SSPs can actively begin electronically capturing PCS visits while the provider, provider agencies and AWC administrative staff actively review visits captured in the DHS Sandata EVV solution's web portal, make corrections as applicable and ensure visits captured show a "Verified" visit status before they are sent to the EVV Aggregator.

**PROVIDERS, PROVIDER AGENCIES, AWCS AND VF/EAS <u>USING *AN ALTERNATE (THIRD PARTY) EVV SYSTEM:*</u>**

**NOTE:**  EVV questions from new providers, who render ODP services subject to EVV, with a provider enrollment start date January 1, 2020 and after, should contact the DXC Provider Assistance Center (PAC), regardless if you plan on using the DHS Sandata EVV solution or an alternate solution:

PAPAC1@dxc.com or
1-800-248-2152 or 717-975-4100, Press EVV prompt for EVV assistance.
Hours of operation: Monday – Friday, 8 AM – 5 PM

**ALT EVV Certification:**

- Providers, provider agencies, AWCs and VF/EAs using an alternate (third party) EVV solution, will be required to complete web-based training on DHS's EVV technical vendor's, Sandata, Learning Management System (LMS) as a condition of certification.  At the same time, providers, provider agencies, AWC and VF/EAs using

an alternate EVV solution, will work with DHS's EVV technical vendor, the Sandata Support Group, to receive an approved/certified interface. See the [Alternate EVV Quick Reference Guide](#) for more information about the steps involved in the certification process.

- <u>The alternate EVV certification process is estimated to take between 4-6 weeks to complete but could take longer</u>.  If the provider uses an alternate EVV vendor that is already certified in Pennsylvania, the timeline to certify tends to be shorter.

- The approval/certification process is completed by technical staff who are building the EVV file that is sent to the aggregator.  The technical staff could be staff employed by the EVV alternate software company or technical staff employed by the provider agency, AWC or VF/EA, provider.

- The approval/certification process ensures alternate (third party) EVV transactions are recognized by the DHS EVV aggregator, EVV transactions are in the correct format, contain the required data in mandatory fields and ensures the agency's EVV transactions can successfully pass into and are stored in the DHS EVV aggregator for future claims validation.

- Once testing has been completed and the alternate EVV interface is approved/certified by Sandata, the AWC, VF/EA, provider and/or provider agency may begin submitting alternate EVV transactions to the DHS EVV Aggregator production environment.

- **NOTE:**  The final step in the certification process requires Providers, using an alternate EVV solution, to confirm, with the Sandata Alternate EVV Support team, that your EVV data is flowing correctly into the DHS Aggregator production environment and you see the records.   If you have not sent [PAALTEVV@Sandata.com](mailto:PAALTEVV@Sandata.com) an email confirming your live data is in the DHS Sandata Aggregator, please do so as soon as possible. The Sandata Alternate EVV support team can also be reached by phone at 1-855-705-2407

Beginning January 1, 2020 and after, providers who intend to use an alternate EVV solution should contact:

> [PAPAC1@dxc.com](mailto:PAPAC1@dxc.com) or
> 1-800-248-2152 or 717-975-4100, Press EVV prompt for EVV assistance.
> Hours of operation: Monday – Friday, 8 AM – 5 PM

**January 1, 2020 and Forward: Full Implementation**

On January 1, 2020, EVV was fully implemented to be in compliance with the 21st Century Cures Act.  Updates related to implementation are shared through the DHS EVV website located here:  http://www.dhs.pa.gov/provider/billinginformation/electronicvisitverification/

## EVV ASSISTANCE/CONTACT INFORMATION

**ANY/All EVV Inquiries**: The DXC Provider Assistance Center (PAC) is the initial point of contact for AWCs, VF/EAs, providers or provider agencies needing assistance when using the DHS Sandata EVV system, alternate EVV vendors/providers having issues associated with the DHS EVV aggregator or new ODP providers who will be providing personal care services January 1, 2021 and forward.  Contact the PAC by using the following information:

> PAPAC1@dxc.com,
> 1-800-248-2152 or 717-975-4100, Press EVV prompt for EVV assistance.
> Hours of operation: Monday – Friday, 8 AM – 5 PM

**EVV Claim Inquiries:**  During the "Soft Launch" period through post implementation (September 2019 and forward), ODP EVV claim inquiries, should be made to the ODP Claims Resolution Section:

> ra-odpclaimsres@state.pa.us,  1-866-386-8880
> Hours of operation: Monday - Thursday, 8:30 AM -12 PM & 1 PM - 3:30PM

If you contact the PAC regarding ODP claim related inquiries, they will transfer your inquiry to the ODP Claims Resolution area.

## EVV AGGREGATOR

The DHS EVV Aggregator is a system that receives and stores data from third-party systems and the DHS EVV system into a single uniform platform to facilitate payments of claims. The DHS EVV aggregator allows providers to use a third-party system (also referred to as Alternate EVV) for visit verification.

- The DHS EVV aggregator **DOES NOT** submit claims.
- The DHS EVV aggregator only stores EVV data captured during the visit.
- No corrections can be made in the Aggregator itself.   Providers should ensure that errors and exceptions are corrected in the originating/source EVV system and resubmitted to the EVV Aggregator **before** claim transactions are submitted/resubmitted to PROMIS$e$™.
- The DHS EVV aggregator is validated against during claims processing when an EVV service is found on the claim(s) transaction.

- If a claim detail line passes EVV validation, the Internal Control Number (ICN) associated with the claim will be passed to and be stored in the DHS EVV aggregator and the record in the Aggregator will show a "Processed" status.
- **NOTE:** When viewing EVV records in the DHS EVV aggregator, please note that the presence of an ICN <u>does not mean</u> the claim was necessarily paid. After EVV validation occurs against the DHS EVV aggregator, the claim still must go through HCSIS plan validation and may set other edits during this process.
- An EVV record in the DHS EVV aggregator will show a "Processed" status if the claim passed EVV validation. An EVV record with a "Verified" status means EVV claims validation has not yet occurred against the record or the number of units billed exceeded the units available in the aggregator or there was a mismatch between what was submitted on the claims versus what is found in the aggregator.
- EVV records in the Aggregator that show either a "Verified" or "Processed" status are evaluated during EVV validation.
- The DHS EVV Aggregator is a read-only web portal for the provider, provider agency, AWC or VF/EA to search for EVV data, to view EVV records and run reports. Reports are downloadable in Excel or CSV format.
- If a record is sent by an alternate EVV vendor to the DHS EVV aggregator and is missing required data or is incomplete, as specified in the Alternate EVV technical specifications and addendum, the record will be rejected and, therefore, would not be stored in the DHS EVV aggregator. Missing records in the DHS EVV aggregator will set an EVV claim validation edit (error status code 928, "EVV Visit Not Found").

## MANUAL VISIT CLARIFICATION

Bulletin 07-20-04, 54-20-04, 59-20-04,00-20-03 titled "Electronic Visit Verification (EVV) for Personal Care Services (PCS)" outlines compliance requirements when manual edits are required to correct EVV visit data. The bulletin includes the following language addressing documentation for manual corrections:

"4. Visit Corrections and Documentation for Manual Corrections

· If EVV visits require manual corrections or edits due to missing or incorrect data elements, providers must maintain hard copy documentation of the manual corrections for auditing purposes. Hard copy documentation is a paper copy.

· Providers are to establish policy on documentation required to meet auditing requirements and standards, as well as organization needs."

The intent of this requirement is to ensure providers are prepared to provide physical documentation (hard copy) of the reason for manual corrections if requested during an on-site audit. Providers have flexibility in how to implement this requirement as long as physical documentation can be provided upon request. This statement does not dictate that providers

must use paper time sheets; however, that is one option to satisfy this requirement. If documentation is kept electronically, such as in the provider's EVV system, providers must be capable of producing hard copies of this documentation, as requested.

## CLAIMS DOCUMENTATION

ODP expects providers to be able to furnish EVV documentation to support regular claims auditing practices, if requested. The claims' review processes will not change, but EVV will act as an additional tool to further verify claims during program monitoring activities.

## CHECK-IN/CHECK-OUT REQUIREMENTS

EVV does not affect or change access to care or the policy and provision of services. Service provision should support/align with the service definition found in the approved waiver(s) AND the services' duration, frequency and scope as described in the individual's approved plan.

There will be no change in service delivery as a result of EVV. However, it is the responsibility of the provider, provider agency, AWC and VF/EA to ensure DSPs/SSPs are:

- Informed of which EVV solution they are required to use to capture PCS visit information,
- DSPs/SSPs are trained on the agency's EVV system or DHS's EVV solution, and
- DSPs/SSPs understand the organization's expectations and business rules/practices to support EVV.

## EVV PROMIS*e*<sup>TM</sup> EDITS (ESCs) BASED ON DATE OF SERVICE

**November 1, 2019 through December 31, 2020:**

For the EVV soft launch period, November 1, 2019 through December 31, 2020, EVV claim validation edits (ESCs) are applied to AWC, VF/EA, provider and provider agency applicable PCS claim detail lines based on the date of service found on the claim beginning with dates of service November 1, 2019. During this period, EVV ESCs will set and the claim will be approved for payment. For example, if an EVV service was rendered prior to November 1, 2019 and was submitted **after** November 1, 2019, but before January 1, 2021, EVV edits (referred to as error status codes or ESCs) will set as informational and will NOT PREVENT the claim from continuing through the claim adjudication process.

**January 1, 2021 and After:**

Beginning with claim detail lines containing personal care services for dates of service January 1, 2021, the disposition of EVV ESCs 927 and 928 is anticipated to be changed to deny. In other

words, if an EVV service was rendered on January 1, 2021 and is submitted on or after January 1, 2021, EVV validation against the Aggregator will take place.  If no match is found in the Aggregator, then either ESC 927 or ESC 928 will set and deny the claim detail line.  When these ESCs set, the claim detail line will deny and stop processing.  See Appendix A to understand the conditions in which these edits set and recommended action for resolution.

## BILLING CLAIMS TRANSACTIONS via the DHS SANDATA EVV SYSTEM

If you choose to use only the DHS EVV system to capture visits, the DHS Sandata EVV system has the ability to submit claims to PROMIS$e^{TM}$; however, this functionality will not be available until2021.  Users of the DHS Sandata EVV system **are not required to** submit claims using the DHS Sandata EVV system.  DHS Sandata EVV system users will capture visits using the DHS Sandata EVV system but have the option to submit claims outside of the DHS Sandata EVV system.

There is no change to the 837 Professional claim transaction file format as a result of EVV.  If you do choose to use the DHS Sandata EVV system and choose to submit claims via the DHS Sandata EVV system, the system will only submit claims for the six (6) ODP services subject to EVV when the visit status shows a "Verified" status and when the user hits the submit button in the DHS Sandata EVV system.  The DHS Sandata EVV system will not automatically submit claims without the user engaging it to do so.

The DHS EVV billing module is only available for agencies using **The DHS EVV Scheduling module**.  Using the billing module otherwise will likely result in claim denials because the modifiers will be missing from the 837 generated from the DHS EVV billing module.  At this time, users are unable to add modifiers via the billing module.  Missing modifiers will cause claims to fail HCSIS validation.

**Billing Frequency**:  If you are using an alternate EVV solution (third party), the frequency in which you bill for services subject to EVV should be aligned with the frequency in which your alternate EVV transactions are submitted to the DHS EVV aggregator.  Missing records in the DHS EVV aggregator will fail EVV claims' validation against the DHS EVV aggregator and cause applicable claim detail lines to deny.

## ROUNDING

**Rounding is NOT permitted**.  Both the ISP Manual and bulletin 00-18-04 states the following: "15-minute unit of service:  The 15-minute unit of service will be comprised of 15 minutes of continuous or non-continuous service within the same calendar day.  The full 15 minutes of service does not need to be provided consecutively; however, must be rendered within the

same calendar day in order to be billed." There is similar guidance for an hour unit of service found in bulletin 00-18-04. Below is the link to the bulletin:
http://www.dhs.pa.gov/provider/BulletinSearch/bulletinselected/index.htm?bn=00-18-04

In addition, ODP adheres to Medical Assistance Bulletin 99-97-06 in regard to rounding.

**NOTE:** Seconds captured, sent and stored in the aggregator are not considered in the unit calculation logic. In other words, if a service delivery visit is 7 minutes and 55 seconds in length, the system would view this visit as 7 minutes in length.


# PLACE OF SERVICE CODES (POS)

EVV validations ARE NOT performed during claims processing against the "location of service delivery" stored in the EVV aggregator. The "location of service delivery" is represented by the place of service code on a claim transaction. During normal claims processing, the place of service code on the claim detail line is always validated to ensure the location in which the service was rendered is permissible as specified in the waiver. Because this validation occurs normally during claims processing, **there will be no** validation against the "location of service delivery" found in the EVV aggregator record.

Please note; however, that when a third-party/alternate vendor EVV transaction is submitted to the EVV aggregator, the aggregator will validate that the "location of service delivery" is present in the transaction. If it is not present in the alternate EVV transaction or is invalid, the EVV record will be rejected and will need to be resubmitted to the Aggregator with the "location of service delivery" included.

Because the GPS location where service delivery was provided is stored in the aggregator, AWC, VF/EA, provider, provider agencies and/or DHS has access to GPS information and may review this information and perform audits as needed. While in the community, DSPs/SSPs have the option to turn off GPS to alleviate privacy concerns regarding tracking of community locations.

If the same service was rendered consecutively in multiple places within a 24-hour period, the visit may be electronically captured as one visit or two separate visits each representing a different place of service. It is at the discretion of the provider, provider agency, AWC and VF/AE to prescribe business rules as it applies to checking-in/checking-out when the same service is delivered consecutively during a 24-hour period in different locations. Billing should align with the check-in/check-out rules defined by the provider/provider agency.

**Visit Capture Guidance When Location Changes Within a 24-hour Period:** *In-home and community supports* services were rendered in the home from 8am – 12:00pm then in the community from 12:00pm - 2:00pm. For DHS EVV compliance, the location is only required to be captured at check-in and check-out for each service provided to the individual. The service

may start at one location and end at another location; however, the locations visited by the caregiver and the individuals receiving support in-between check-in and check-out for the service are not required to be captured.  In the noted example, the caregiver could check in at 8:00 am and check out at 2:00 pm, with the location being captured at check-in as the home and the location for the check-out captured as the community.  Agencies may establish policies to more accurately capture the location where the service was rendered, including check-in and check-out based on when the service delivery location changes.   Agencies are encouraged to instruct DSPs/SSPs on their rules for checking-in/checking-out when the same service is delivered in different settings consecutively in a 24-hour period.

**Place of Service Billing Instructions**:

Option 1:    For the above scenario, if the DSP/SSP checked-in/checked-out for each location in which the same service was delivered to the same individual within a 24-hour period, the provider has two (2) billing options:

1. Bill one claim detail with units that reflect the period 8am – 2pm and use the place of service code that was most prominent during the time span of service delivery.
2. Bill two (2) claim detail lines with different place of service codes while entering the same service, date of service and same recipient ID (MCI plus check digit).  If this method is used, Error Status Code (ESC) 5000, "Detail is a suspected duplicate-modifier", will set as for informational purposes only and the claim detail line will be approved for payment, assuming no other edits set for other reasons.  No additional action is needed by the provider when ESC 5000 sets.

Option 2:    If the same service was delivered consecutively in different settings from 8am to 2pm and the DSP/SSP checked-in at 8am and checked-out at 2pm, the provider would bill one (1) claim detail line, enter units that reflect the period 8am – 2pm and enter the place of service code that was most prominent during the time span of service delivery.

***Choosing a place of service code to enter on a claim detail line when billing the same service that is rendered <u>non</u>-consecutively in multiple locations (i.e. home and community) during a 24-hour period.***  If there is a break in service and the setting changed for the same provider, same service, and same consumer during a 24-hour period, the service's visit check-in/check-out time and locations should be individually captured by the EVV application and will be stored as multiple records in the EVV aggregator.  When billing, the claim detail line(s) should align with the date, service (procedure code and modifier(s), if applicable), location and number of units stored in the EVV records.  If the same service was rendered non-consecutively in different locations throughout a calendar day and the visits were electronically captured in this manner, all accumulated units rendered in the community should be entered on one claim

detail line while all accumulated units rendered in the home should be entered on a second claim detail line ensuring the place of service code accurately reflect where each visit took place.

A claim with multiple claim detail lines that contain different place of service codes, will cause Error Status Code (ESC) 5000 to set, "Detail is a suspected duplicate-modifier".  This is as an informational edit and will not prevent the claim from continuing to process. No additional action is needed by the provider when this ESC sets.

**General Information Regarding POS Codes:**
Companion, In-Home and Community Support, unlicensed respite and homemaker services are associated with place of service codes 99 (Community) and 12 (Home).

**Place of Service Billing Rule:**  The place of service code is a required field on a claim and only one (1) code is permitted on each claim detail line to specify where the service was rendered.

## 2:1 STAFFING RATIOS

*2:1 Staff to Individual Ratio (Applies to Respite and In-Home and Community Supports)*

For Personal Care Services subject to EVV with 2:1 staff to individual ratios, **both** DSPs/SSPs **MUST** check-in/check-out for the same individual/same service/same date/time and same location. ODP recognizes that it may be challenging for both DSPs/SSPs to check-in/check-out at the exact same time and has designed logic to account for potential check-in/check-out time differences associated with 2:1 staff to individual ratios.  It is important to understand this logic to minimize/eliminate claim payment issues.

For personal care services with 2:1 staff to individual ratios, at least two (2) instances (records) for the same service/same individual/same date of service/same provider must be present in the EVV aggregator in order for the claim to pass EVV validation[3]. The total unit calculation for the service itself is based on logic that is designed in the system to look at the earliest common time and the latest common time between both DSPs/SSPs. The minutes associated with this time will then be converted to units, stored in the aggregator and compared to the units found on the claim.

For example, DSP/SSP "A" checks in at 4:55 PM and checks out at 5:10 PM, and DSP/SSP "B" checks in at 5:00 PM and checks out at 5:15 PM. The common check-in time between both DSPs/SSPs is 5:00 PM, and the common check-out time between both DSPs/SSPs is 5:10 PM.  In this example, only 10 minutes will be calculated as the common time in which the service was

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[3] This logic may not be designed yet when the "Soft launch" of DHS EVV system begins.  If the logic is not in place, services associated with 2:1 staff to individual ratios will bypass EVV validation until the logic becomes available.

delivered by both DSPs/SSPs, which equates to zero (0) units. For this example, if a claim is billed for 1 unit, it will deny and set ESC 927.

## 1:2, 1:3 and 1:4 STAFFING RATIOS

DSPs/SSPs that provide support services to more than one individual concurrently, must check-in/check-out for each individual in order for the service/visit to be accurately captured and stored in the EVV aggregator.  If a DSP/SSP fails to check-in/check-out for each individual, related claims will deny during EVV validation because no record will be found in the EVV aggregator.

## VALIDATE HCSIS AUTHORIZATION PRIOR TO EVV AND BILLING

Providers, provider agencies, AWCs and VFs/AEs should regularly review Service Authorization Notices and/or the Provider Service Detail Report in HCSIS prior to service delivery and billing to ensure the service(s), date span associated with the authorized service line on the plan (service begin and end-date), the provider authorized on the plan is accurate and sufficient units are authorized on the individual's plan.  Service Authorization Notices can be run and re-run to view changes made to the plan within a specific period by entering a date in the "*Date Last Changed From:*" field and "To:" field.

Regularly reviewing Service Authorization Notices will minimize and/or prevent claim/claim detail line denials.

## Tips For Using The DHS Sandata EVV System

**Exceptions**

- Only EVV records in "Verified" or "Processed" status in the Aggregator are looked at/assessed during claims processing when EVV validation is performed against the Aggregator.  All exceptions need correction in order for the exception's status to change from an "Incomplete" status to a "Verified" status.
- If the claim passes EVV validation, the status of the EVV record in the Aggregator will change from "Verified" to "Processed".
- If the EVV record in the Aggregator is already in a "Processed" status, that status will remain as such when subsequent EVV validation calls are made during claims processing.

**Removing a Flawed EVV Record From the DHS SANDATA EVV System**

Visits cannot be deleted once they are in the DHS Sandata EVV system.  If an entry is totally in error, for instance if a worker begins a visit with the wrong client name, the administrator making the change should select "Do Not Bill" to change the status of the record to "Omit".  A record in "Omit"

status is essentially a deleted visit and the data associated with that visit will not be assessed during EVV validation against the Aggregator.

## Calling In/Calling Out Errors

The error "Unmatched Client ID/Phone" means that the phone number used does not match what is stored in the client file.

**Question:** Does every worker who serves an individual need to have their cell listed with the consumer in the DHS EVV Sandata system?
**Answer:** No. All phone numbers have to be the client's phone number not the care workers' phone number.

**Question:** It was our understanding that the care worker could call in or out from any phone. Is this accurate?
**Answer**: Care workers can use any phone number if it is the SMC App OR the client's phone with GPS. (This is also in the FAQ guide on the PA DHS EVV website).

**Question**: Why are most Call In/Call Out records showing up in the DHS Sandata EVV system as two separate calls? One with no client and no end time, another with no start time.
**Answer:** This situation would occur if the care worker is using different methods to check in/check-out during a visit. Although staff are permitted to call in or call out from their cell phones, this action will set a visit exception in the DHS Sandata EVV system that will need to be manually updated in order for the visit to be in "Verified" status. Instead, staff who choose to use their personal cell phone should use the SMC app to check in and check out to avoid setting an exception. TVV is for client phones, specifically landlines.

## New Client Issues

**Question:** How are new clients added to the client list we see in the DHS Sandata EVV System? We have at least two clients who have had authorized services in HCSIS but do not appear in our client list in the DHS Sandata EVV system.
**Answer**: Users should NOT enter any clients into the DHS Sandata EVV system. Clients are added to the system through a daily authorization and weekly Member feed. If a client has authorized EVV services in HCSIS and that client continues to be missing in the DHS Sandata EVV system, then contact the Provider Assistance Center (PAC) and supply them with the client's recipient ID/MCI number. The PAC line will submit the appropriate information to the technical support staff so the file can be refreshed to upload the missing clients to the DHS Sandata EVV system. When contacting the PAC line, ensure you are given a ticket number and record that ticket number locally for future reference.

PAPAC1@dxc.com or 1-800-248-2152 or 717-975-4100, Press EVV prompt for EVV assistance. Hours of operation: Monday – Friday, 8 AM – 5 PM

# APPENDIX A:  EVV ERROR STATUS CODES (ESC)

The claims adjudication process will flow as it currently does today EXCEPT, when an EVV service is found on the claim, PROMIS*e*™ will make a "call" to the EVV aggregator to validate a record(s) is present and ensure the EVV record(s) found in the EVV aggregator matches what is specified on the claim.  If a match is found, the claim detail line will pass EVV validation and will continue processing and validate against the plan in HCSIS before completing the claims processing adjudication cycle.  No EVV validation call will be made when a claim is voided. The ESCs below describe the EVV validation logic.  **All error resolution corrections should be made in the original system.  Once a correction is made, the corrected EVV record should be resent to the aggregator <u>before a claim is resubmitted</u>**.  No corrections can be made in the EVV aggregator itself.  The EVV aggregator is read only.

| EVV ESC CODE | EVV ESC DESCRIPTION | WHY IS THIS ESC SETTING? | RESOLUTION ACTIVITY |
|---|---|---|---|
| ESC 925 | EVV Visit Verified | Providers will see this ESC each time PROMISe™ determines a Personal Care Service is found on the claim and it passed EVV validation against the EVV Aggregator record(s). | This edit sets for informational purposes only.  It serves to inform the AWC, VF/EA, provider or provider agency that the claim passed EVV validation in the Aggregator.  No action is needed by the provider.  When a claim passes EVV validation, it continues processing through the claims adjudication process as it currently does today. |
| ESC 926 | EVV Internal Record Format Error | This ESC will set when PROMISe™ sends an incorrectly formatted record to the EVV Aggregator during the EVV record validation process. | When this ESC sets, the claim will suspend and the PROMISe™ technical vendor, DXC, will resolve the error and reprocess the claim within a 24-hour period. **No action is needed by the provider.**  Errors of this nature will be recycled/reprocessed in PROMISe™ by the technical vendor, DXC, within a 24-hour period.  If an AWC, VF/EA, provider or provider agency sees this ESC while performing claims reconciliation activities, DO NOTHING to the claim and check back later in the day or the following day to confirm the claim was reprocessed on its own. If this ESC continues to be present 24 hours after claim submission, contact the Provider Assistance Center (PAC). |
| ESC 927 | Units Billed Exceed Units Verified in EVV | When the provider sees this ESC set, the claim detail line denied because the allowed units on the claim detail line are greater than | AWC, VF/EA, provider and provider agencies should determine if the units on the claim detail line or the units found in the EVV record need to be corrected.   PROMISe™ is not designed to cut back units on the claim for an EVV service if the allowed units on the claim are greater than the total units found in the Aggregator.  The AWC, VF/EA, |

## APPENDIX A:  EVV ERROR STATUS CODES (ESC)

| EVV ESC CODE | EVV ESC DESCRIPTION | WHY IS THIS ESC SETTING? | RESOLUTION ACTIVITY |
|---|---|---|---|
| | | the units found on the EVV record in the Aggregator. | provider or provider agency should make corrections as applicable and resubmit the claim, ensuring the units found in the EVV Aggregator are equal to or greater than the units submitted on the claim. While performing claims resolution analysis, AWC, VF/EA, provider and provider agencies are encouraged to review the rounding rules and/or the calculation rules found in Appendix B, make corrections accordingly and resubmit claim. Note: "Allowed" units on a claim detail line are not always equal to the exact units submitted on the claim because other edits/audits are performed before the units on the claim are validated against the units found in the EVV Aggregator record.  Example: Fiscal year unit limitations or weekly unit limitations may "cutback" units submitted on a claim which would make the units on the claim less than what was submitted on the actual claim. |
| ESC 928 | EVV Visit Not Found | When the provider sees this ESC set, the claim detail line denied due to one of the following reasons: <br> • No EVV record was found in the Aggregator, or <br> • The status of the EVV record in the EVV Aggregator is in an "Incomplete" status <br> • Mismatch was found between either the date of service, RID (10 digits), procedure code/modifier and/or MPI (9 digit) code that is found on the claim versus what is found in the EVV record, or <br> • The EVV record was submitted | To correct this error, verify if the claim was submitted and processed BEFORE the visit information was successfully sent to the EVV Aggregator.  If so, Providers should ensure the EVV record is found in the EVV Aggregator, it contains valid data, then resubmit claim. If the EVV record in the Aggregator is in an "Incomplete" status, there is an exception(s) associated with the record that will need a manual update made.  Go into the EVV application you use and correct the data, ensure the record is in a "Verified" status then resubmit to the EVV Aggregator.  Resubmit the claim once you are sure the EVV record status has been updated to "Verified". If the EVV record that is found in the Aggregator but contains a mismatch between one or more data elements on the claim, review the EVV record in the Aggregator and manually validate if the data elements found in the Aggregator record(s) contains the appropriate values as specified in the Alternate EVV interface requirements, technical specifications and addendums found on the DHS EVV webpage: https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV.aspx. |

## APPENDIX A: EVV ERROR STATUS CODES (ESC)

| EVV ESC CODE | EVV ESC DESCRIPTION | WHY IS THIS ESC SETTING? | RESOLUTION ACTIVITY |
|---|---|---|---|
| | | to the aggregator after the claim was submitted and processed. | If the EVV record is accurate, validate the information that was sent on the claims transactions is accurate, make corrections as needed and resubmit the claim.<br><br>If the EVV record is accurate, validate if the claim was submitted before the EVV record was sent to the aggregator. If so, resubmit the claim. |
| ESC 929 | EVV Web Service Timeout | When this ESC sets, PROMISe™ received a web service timeout when communicating with the EVV Aggregator. | When this ESC sets, the claim will suspend and the PROMISe™ technical vendor, DXC, will resolve the error and reprocess the claim within a 24-hour period. **No action is needed by the provider.** Errors of this nature will be recycled/reprocessed in PROMISe™ by the technical vendor, DXC, within a 24-hour period. If an AWC, VF/EA, provider or provider agency sees this ESC while performing claims reconciliation activities, DO NOTHING to the claim and check back later in the day or the following day to confirm the claim was reprocessed on its own. If this ESC continues to be present 24 hours after claim submission, contact the Provider Assistance Center (PAC). |
| ESC 930 | EVV Internal Error | When this ESC sets, PROMISe™ received an internal error when communicating with the EVV Aggregator. | When this ESC sets, the claim will suspend and the PROMISe™ technical vendor, DXC, will resolve the error and reprocess the claim within a 24-hour period. **No action is needed by the provider.** Errors of this nature will be recycled/reprocessed in PROMISe™ within a 24-hour period by the technical vendor, DXC. If an AWC, VF/EA, provider or provider agency sees this ESC while performing claims reconciliation activities, DO NOTHING to the claim and check back later in the day or the following day to confirm the claim was reprocessed on its own. If this ESC continues to be present 24 hours after claim submission, contact the Provider Assistance Center (PAC). |

## APPENDIX A:  EVV ERROR STATUS CODES (ESC)

| EVV ESC CODE | EVV ESC DESCRIPTION | WHY IS THIS ESC SETTING? | RESOLUTION ACTIVITY |
|---|---|---|---|
| ESC 931 | EVV-PROMISe Internal Error | This ESC sets when there is a technical issue related to the interface **OR** when a provider bills a claim with a date span on one claim detail line that exceeds 31 calendar days | When this ESC sets, the claim will suspend and the PROMISe™ technical vendor, DXC, will resolve the error and reprocess the claim within a 24-hour period. **No action is needed by the provider.**  Errors of this nature will be recycled/reprocessed in PROMISe™ within a 24-hour period by the technical vendor, DXC.<br><br>**HOWEVER**, this ESC will also set if a claim detail line is billed with a date span that is greater than 31 days.  To resolve this issue, the date span on the claim detail line will need to be split onto two separate claim detail lines and resubmitted or split and resubmitted on two separate claims.<br><br>If a provider, provider agency, AWC or VF/EA, sees this ESC while performing claims reconciliation activities, validate if a date span was submitted that exceeds 31 days and, if so, correct and resubmit the claim(s).  If not, then DO NOTHING to the claim and check back later in the day or the following day to confirm the claim was reprocessed on its own. If this ESC continues to be present 24 hours after claim submission, contact the Provider Assistance Center (PAC). |

# APPENDIX B:  ODP ROUNDING/CALCULATION RULES AND EXAMPLES

**NOTE:**  <u>ODP does not round individual units of service.</u>  **The rate methodology for ODP personal care services is designed to take into consideration the time differential that may occur normally with service delivery.**

**ODP PCS EVV services are associated with the following units of service:**

- Respite (unlicensed and agency managed), In-Home and Community Supports, Companion and Specialized Skill Development (Adult Autism Waiver): 15 minutes
- Homemaker Services:  1 Hour
- Respite (unlicensed):  24 Hours/Day Unit.

**ODP rounding rules for 15-minute units of service that are applied in the EVV Aggregator:**

- 14 minutes and 59 seconds = 0 units
- 15 minutes to 29 minutes and 59 seconds = 1 unit
- 30 minutes to 44 minutes and 59 seconds = 2 units
- 45 minutes to 59 minutes and 59 seconds = 3 units

**ODP rounding rules for 1-hour units of service that are applied in the EVV Aggregator:**

- 1 hour to 1 hour and 59 seconds = 1 unit
- 2 hours to 2 hours and 59 seconds = 2 units

**ODP rounding rules for 24 hours/day units of service that are applied in the EVV Aggregator:**

| Minimum Hours | Maximum Hours | Units |
|---|---|---|
| 1 minute | 16 hours | 0 |
| 16 hours 1 minute | 24 hours | 1 |
| 24 hours 1 minute | 40 hours | 1 |
| 40 hours 1 minute | 48 hours | 2 |
| 48 hours 1 minute | 64 hours | 2 |
| 64 hours 1 minute | 72 hours | 3 |
| 72 hours 1 minute | 88 hours | 3 |
| 88 hours 1 minute | 96 hours | 4 |

**NOTE:**  Claim detail lines for EVV services <u>should not</u> contain a date span in excess of 31 days.  The system is unable to look at data beyond a 31-day period.  If you experience claim denials as a result of this, break up the date span into two or more claim detail lines and resubmit the claim.

PROMIS*e*™ sends "allowed" units (NOT necessarily units billed) to the EVV aggregator for validation. "Allowed" units on a claim detail line are not always equal to the "Units Billed" because other edits/audits are performed before the units on the claim are validated against the units found in the EVV

## APPENDIX B: ODP ROUNDING/CALCULATION RULES AND EXAMPLES

aggregator record.  Example, fiscal year unit limitations or weekly unit limitations may "cutback" units submitted on a claim which would make the "allowed" units on the claim less than the "Units Billed".

**SPECIAL NOTE REGARDING SPAN BILLING** - When a date span is present on a claim detail line, all time will be accumulated and totaled for the dates of service within the date span then converted to units.

Participants who receive non-consecutive services for the same service (procedure code) on the same calendar day, including overnight visits, should be aware of the potential for claim denial due to duplicate error.  In such instances, providers should review current billing procedures to determine which billing methodology is best.

## 15 MINUTES EXAMPLES (Same logic applies for 1-hour units of service)

**VISIT SCENARIO 1:  Multiple non-consecutive service deliveries over two (2) consecutive calendar days by the same or two (2) different DSPs/SSPs for the same service, same participant and same provider/provider agency.**

| Date | Time In | Time Out | Time In | Time Out | Total Minutes | Total Units per day |
|------|---------|----------|---------|----------|---------------|---------------------|
| 06/01/2020 | 11:00 am | 11:22 am | 1:00 pm | 1:07 pm | 29 minutes | 1 |
| 06/02/2020 | 11:00 am | 11:08 am | 1:00 pm | 1:08 pm | 16 minutes | 1 |
| Total accumulated units for date span 6/1/2020 - 6/2/2020 | | | | | 45 minutes | |

**BILLING OPTION 1:  Bill Using a Single Date of Service.  (Applies to 15 minute or an hour unit of service only)**

Bill for dates of service 06/01 and 06/02 on two (2) separate claim detail lines for each date of service. For this scenario, the EVV aggregator would calculate units strictly with no rounding applied for each day.  In other words, one (1) unit would be calculated for 06/01 (29 minutes) and one (1) unit calculated for 06/02 (16 minutes).

**BILLING OPTION 2: Date Spanning. (Applies to 15 minute or an hour unit of service only)**

Bill one claim detail line for both dates of service using span dating on one claim detail line.  In other words, the "From DOS" will be 06/01 and the "To DOS" will be 06/02.  For the above scenario, the EVV aggregator would add up all the minutes for the two dates of service then convert the total accumulated minutes to units.  For this scenario, if the claim detail line contains date spanning, the total units in the EVV Aggregator would be three (3) 15-minute units (45 minutes).

# APPENDIX B:  ODP ROUNDING/CALCULATION RULES AND EXAMPLES

**SCENARIO 2:**   **Single visit on multiple non-consecutive days for same participant, same service, same provider/provider agency**

**Visit(s) Information in EVV:**

| Date | Time In | Time Out | Total Unit | Total Time |
|------|---------|----------|------------|------------|
| 01/01/2019 | 11:00 am | 11:25 am | 1 | 25 min |
| 01/03/2019 | 1:00 pm | 1:40 pm | 2 | 40 min |

**BILLING OPTION 1:  Bill Using a Single Date of Service.**

For this billing scenario, if two (2) separate claim detail lines are submitted for each date of service, the EVV aggregator would calculate units strictly with <u>no rounding</u> applied for each day.  In other words, one (1) unit would be calculated for 06/01 (25 minutes) and two (2) units calculated for 06/02 (40 minutes).

| From DOS | To DOS | POS | Proc Code | 1 | Modifiers 2 | 3 | 4 | Diag XRef | Units Billed | Units Alwd |
|----------|--------|-----|-----------|---|-------------|---|---|-----------|--------------|------------|
| 2019/01/01 | 2019/01/01 | 12 | W1726 | | | | | 1 | 1.00 | 1.00 |
| 2019/01/03 | 2019/01/03 | 12 | W1726 | | | | | 1 | 2.00 | 2.00 |

**BILLING OPTION 2: Date Spanning.**

For this billing scenario, one claim detail line is submitted that includes both dates of service using span dating on one claim detail line.  In other words, the "From DOS" will be 01/01 and the "To DOS" will be 01/03.  For this billing scenario, the EVV aggregator would sum up all the minutes for the three dates of service identified in the date span (1/1/19 = 25 minutes + 1/2/19 = 0 minutes + 1/3/19 = 40 minutes) then convert the total accumulated minutes to units.  In other words, the total units in the EVV Aggregator would equal four (4) 15-minute units (65 minutes).

# APPENDIX B: ODP ROUNDING/CALCULATION RULES AND EXAMPLES

**SCENARIO 3:** Multiple non-consecutive service deliveries performed during a calendar day over a <u>non</u>-consecutive two (2) day period by the same or two (2) different DSPs/SSPs for the same service, same participant and same provider/provider agency.

**Visit(s) Information in EVV:**

|  | Visit 1 | | Visit 2 | | | |
|---|---|---|---|---|---|---|
| Date | Time In | Time Out | Time In | Time Out | Total Unit | Total Time |
| 01/01/2019 | 11:00 am | 11:22 am | 1:50 pm | 1:58 pm | 2 | 30 min |
| 01/03/2019 | 11:00 am | 11:08 am | 1:50 pm | 1:58 pm | 1 | 16 min |

**BILLING OPTION 1: Bill Using a Single Date of Service.**

For this billing scenario, if two (2) separate claim detail lines are submitted for each date of service, the EVV aggregator would calculate units strictly with <u>no rounding</u> applied for each day. In other words, two (2) units would be calculated for 01/01 (30 minutes) and one (1) unit calculated for 01/03 (16 minutes).

| From DOS | To DOS | POS | Proc Code | Modifiers 1 | 2 | 3 | 4 | Diag XRef | Units Billed | Units Alwd |
|---|---|---|---|---|---|---|---|---|---|---|
| 2019/01/01 | 2019/01/01 | 12 | W1726 | | | | | 1 | 2.00 | 2.00 |
| 2019/01/03 | 2019/01/03 | 12 | W1726 | | | | | 1 | 1.00 | 1.00 |

**BILLING OPTION 2: Date Spanning.**

For this billing scenario, one claim detail line is submitted that includes both dates of service using span dating on one claim detail line. In other words, the "From DOS" will be 01/01 and the "To DOS" will be 01/03. For this billing scenario, the EVV aggregator would sum up all the minutes for the three dates of service identified in the date span (1/1/19 = 30 minutes + 1/2/19 = 0 minutes + 1/3/19 = 16 minutes) then convert the total accumulated minutes to units. In other words, the total units in the EVV Aggregator would equal three (3) 15-minute units (46 minutes).

**SPECIAL NOTE REGARDING SPAN BILLING** - When a date span is present on a claim detail line, all time will be accumulated and totaled for the dates of service within the date span then converted to units.

Participants who receive non-consecutive services for the same service (procedure code) on the same calendar day, including overnight visits, should be aware of the potential for claim denial due to duplicate error. In such instances, providers should review current billing procedures to determine which billing methodology is best.

# APPENDIX B: ODP ROUNDING/CALCULATION RULES AND EXAMPLES

**VISIT SCENARIO 4:** **Single Visit in EVV aggregator, Same Consumer, Same Provider, Same Date of Service**

| Date | Time In | Time Out | Total Unit | Total Time |
|------|---------|----------|------------|------------|
| 01/01/2019 | 11:00 am | 11:50 am | 3 | 50 min |

**Claim 1:** If "Units Allowed" on claim are equal to the units found in the EVV aggregator, the claim detail line will pass EVV validation in the aggregator and continue processing.

| From DOS | To DOS | POS | Proc Code | Modifiers 1 | 2 | 3 | 4 | Diag XRef | Units Billed | Units Alwd |
|----------|--------|-----|-----------|-------------|---|---|---|-----------|--------------|------------|
| 2019/01/01 | 2019/01/01 | 12 | W1726 | | | | | 1 | 3.00 | 3.00 |

**Claim 2:** If "Units Allowed" on claim are less than units found in the EVV aggregator, the claim detail line will pass EVV validation in the aggregator and continue processing.

| From DOS | To DOS | POS | Proc Code | Modifiers 1 | 2 | 3 | 4 | Diag XRef | Units Billed | Units Alwd |
|----------|--------|-----|-----------|-------------|---|---|---|-----------|--------------|------------|
| 2019/01/01 | 2019/01/01 | 12 | W1726 | | | | | 1 | 2.00 | 2.00 |

**Claim 3:** If "Units Allowed" on claim are greater than the units in the EVV aggregator, the claim detail line will be denied and stop processing.

| From DOS | To DOS | POS | Proc Code | Modifiers 1 | 2 | 3 | 4 | Diag XRef | Units Billed | Units Alwd |
|----------|--------|-----|-----------|-------------|---|---|---|-----------|--------------|------------|
| 2019/01/01 | 2019/01/01 | 12 | W1726 | | | | | 1 | 4.00 | 4.00 |

# APPENDIX B: ODP ROUNDING/CALCULATION RULES AND EXAMPLES

**SCENARIO 5:** EVV Aggregator shows two (2) non-consecutive visits in one day by the same or two (2) different DSPs/SSPs for the same service, same participant (RID) and same provider/provider agency.

| | Visit 1 | | Visit 2 | | | |
|---|---|---|---|---|---|---|
| Date | Time In | Time Out | Time In | Time Out | Total Unit | Total Time |
| 01/01/2019 | 11.00 am | 11.22 am | 1.50 pm | 1.58 pm | 2 | 30 min |

**Claim:** Claim detail line below will pass EVV validation and continue processing because "Units Allowed" are equal to units found in the EVV aggregator records.

| From DOS | To DOS | POS | Proc Code | 1 | Modifiers 2 | 3 | 4 | Diag XRef | Units Billed | Units Alwd |
|---|---|---|---|---|---|---|---|---|---|---|
| 2019/01/01 | 2019/01/01 | 12 | W1726 | | | | | 1 | 2.00 | 2.00 |

**SCENARIO 6:** Midnight Service Span for a 15-Minute Unit of Service, Same Participant, Same Provider/Provider Agency

**Visit in EVV**

| | Visit 1 | | | |
|---|---|---|---|---|
| Date | Time In | Time Out | Total Unit | Total Time |
| 01/01/2019 | 11:30 pm | 12:22 am | 3 | 52 min |

**BILLING RULE**: For this scenario to pass EVV validation against the aggregator, the claim MUST have a "From DOS" and "To DOS" that is equal and reflects the date in which the service began as seen below.

| From DOS | To DOS | POS | Proc Code | 1 | Modifiers 2 | 3 | 4 | Diag XRef | Units Billed | Units Alwd |
|---|---|---|---|---|---|---|---|---|---|---|
| 2019/01/01 | 2019/01/01 | 12 | W1726 | | | | | 1 | 3.00 | 3.00 |

# APPENDIX B: ODP ROUNDING/CALCULATION RULES AND EXAMPLES

**SCENARIO 7:** **Multiple Non-Consecutive Visits in Different Settings, One Visit Crossing Midnight of Two Calendar Days But Within 24-Hours for Same Consumer/Same Service/Same Provider**

**Visit in EVV**

| | Visits | | | |
|---|---|---|---|---|
| **Date** | **Time In** | **Time Out** | **Total Unit** | **Total Time** |
| 01/01/2019 | 11:30 pm | 12:22 am | 3 | 52 min |
| 01/02/2019 | 10:00 am | 10:50 am | 2 | 50 min |

**Billing Option 1:**

| From DOS | To DOS | POS | Proc Code | Modifiers 1 | 2 | 3 | 4 | Diag XRef | Units Billed | Units Alwd |
|---|---|---|---|---|---|---|---|---|---|---|
| 2019/01/01 | 2019/01/01 | 12 | W1726 | | | | | 1 | 3.00 | 3.00 |
| 2019/01/02 | 2019/01/02 | 99 | W1726 | | | | | 1 | 2.00 | 2.00 |

**Billing Option 2**:

| From DOS | To DOS | POS | Proc Code | Modifiers 1 | 2 | 3 | 4 | Diag XRef | Units Billed | Units Alwd |
|---|---|---|---|---|---|---|---|---|---|---|
| 2019/01/01 | 2019/01/02 | 99 | W1726 | | | | | 1 | 5.00 | 5.00 |

**SPECIAL NOTE REGARDING SPAN BILLING** - When a date span is present on a claim detail line, all time will be accumulated and totaled for the dates of service within the date span then converted to units.

Participants who receive non-consecutive services for the same service (procedure code) on the same calendar day, including overnight visits, should be aware of the potential for claim denial due to duplicate error. In such instances, providers should review current billing procedures to determine which billing methodology is best.

# APPENDIX B:  ODP ROUNDING/CALCULATION RULES AND EXAMPLES

## DAY UNIT SCENARIOS (I.E. UNLICENSED RESPITE)

**SCENARIO 1:**   **Single Visit on a Day.**  Since visit captured is greater than 16 hours, the claim will pass EVV validation and continue processing.

**Visit record stored in the DHS EVV aggregator**

| Date | Time In | Time Out | Total Unit | Total Time |
|------|---------|----------|------------|------------|
| 01/01/2019 | 6:00 am | 11:00 pm | 1 | 17 hours |

**Claim Detail Line**

| From DOS | To DOS | POS | Proc Code | Modifiers 1 | 2 | 3 | 4 | Diag XRef | Units Billed | Units Alwd |
|----------|--------|-----|-----------|-------------|---|---|---|-----------|--------------|------------|
| 2019/01/01 | 2019/01/01 | 11 | W9799 | | | | | 1 | 1.00 | 1.00 |

**SCENARIO 2:**   **Multiple Non-Consecutive Visits Within a Day.**  Since accumulated units for the same service/same person/same provider is greater than 16 hours, claim will pass EVV validation and continue processing.

**Visit record stored in the EVV aggregator**

| Date | Visit One | | Visit Two | | Total Unit | Total Time |
|------|-----------|--|-----------|--|------------|------------|
| | Time In | Time Out | Time In | Time Out | | |
| 01/01/2019 | 5:00 am | 2:00 pm | 3:00 pm | 11:00 pm | 1 | 17 hours |

**Single day:**

| From DOS | To DOS | POS | Proc Code | Modifiers 1 | 2 | 3 | 4 | Diag XRef | Units Billed | Units Alwd |
|----------|--------|-----|-----------|-------------|---|---|---|-----------|--------------|------------|
| 2019/01/01 | 2019/01/01 | 11 | W9799 | | | | | 1 | 1.00 | 1.00 |

# APPENDIX B:  ODP ROUNDING/CALCULATION RULES AND EXAMPLES

**SCENARIO 3:**    **Multiple visits crossing two different calendar days.**

**Visit record stored in the EVV aggregator**

| Date | Time In | Time Out | Total Time | Total Unit |
|------|---------|----------|------------|------------|
| 01/01/2019 | 4:00 am | 2:00 pm | 10 hours | 1 |
| 01/01/2019 – 01/02/2019 | 8:00 pm | 3:00 am | 7 hours | |

**BILLING RULE:**  When billing for services, associated with a day unit, that are rendered overnight that cross calendar days, the claim detail line **MUST** contain only one date of service.  The "From DOS" and "To DOS" **MUST** be the same and equal the first day the service was delivered, as seen below, in order to pass EVV validation and continue processing.

| From DOS | To DOS | POS | Proc Code | Modifiers 1 | 2 | 3 | 4 | Diag XRef | Units Billed | Units Alwd |
|----------|--------|-----|-----------|---|---|---|---|-----------|--------------|------------|
| 2019/01/01 | 2019/01/01 | 11 | W9799 | | | | | 1 | 1.00 | 1.00 |

**SCENARIO 4:**    **Multiple visits crossing two different calendar days outside of a 24-hour period.**

**EVV Record:**

| Date(s) of Service | Time In | Time Out | Total Time | Total Unit(s) |
|--------------------|---------|----------|------------|---------------|
| 01/01/2019 | 6:00 am | 2:00 pm | 8 hours | 1 |
| 01/01/19 – 01/02/19 | 11:00 pm | 8:00 am | 9 hours | |

**BILLING RULE:**  When billing for services, associated with a day unit, that are rendered overnight that cross calendar days (**even if period exceeds 24 hours**), the claim detail line **MUST** contain only one date of service.  The "From DOS" and "To DOS" **MUST** be the same and equal the first day the service was delivered, as seen below, in order to pass EVV validation and continue processing.

| From DOS | To DOS | POS | Proc Code | Modifiers 1 | 2 | 3 | 4 | Diag XRef | Units Billed | Units Alwd |
|----------|--------|-----|-----------|---|---|---|---|-----------|--------------|------------|
| 2019/01/01 | 2019/01/01 | 11 | W9799 | | | | | 1 | 1.00 | 1.00 |

# APPENDIX C: ABBREVIATIONS/DEFINITION OF TERMS

| ACRONYM/ABBREVIATION/ TERM | DEFINITION/TRANSLATION |
|---|---|
| **AAW** | Adult Autism Waiver |
| **Aggregator** | The DHS EVV Aggregator is a system that integrates data from third-party systems (also referred to as Alternate EVV) and the DHS EVV system into a single uniform platform to facilitate payments of claims. The DHS Aggregator allows providers to use a third-party system (also referred to as Alternate EVV) for visit verification. |
| **AWC** | Agency with Choice is used when a participant directs their own services. |
| **Claim** | A transaction submitted requesting provider-rendered service payment. ODP providers use the 837 Professional format for claim transactions/billing. |
| **CMS** | Centers for Medicare & Medicaid Services |
| **Community Support** | An AAW service that assists a participant to gain skills needed to live in the community. The intent of this service is to reduce the need for direct assistance by improving a participant's ability to live independently in the community. |
| **Companion** | A service offered by the Consolidated, P/FDS, Community Living Waiver or Base program to provide supervision and assistance focused on health and safety of the individual. Not available to those in licensed residential settings. |
| **DHS** | Department of Human Services |
| **ESC** | Stands for Error Status Code. ESCs set during claims processing to inform the biller of what action took place while processing a claims transaction. When an ESC sets, it will either deny, pay or suspend an entire claim or just a claim detail line. |
| **EVV** | Electronic Visit Verification |
| **FAQs** | Frequently Asked Questions |
| **Homemaker** | A service offered by the Consolidated, P/FDS, Community Living Waiver or Base programs. Service includes household cleaning/maintenance and homemaker activities such as meal preparation, laundry, or services to keep the home clean and in safe condition. |
| **IHCS** | **In-Home and Community Supports:** A service offered by the Consolidated, P/FDS, Community Living Waiver or Base program. Service assist individuals in acquiring, retaining, and improving self-help, socialization and adaptive skills. Service can be provided in home and community settings. This service may be made available to individuals in their own home or in other residential of community settings not subject to licensing regulations. Recreation is not an eligible service. Camo day or overnight can only be provided under respite/family aid. Entrance fees to events are not covered. |
| **MMIS** | Medicaid Management Information System (currently known as PROMIS$e^{TM}$) |
| **PROMIS$e^{TM}$** | Claims processing and management information system for the Commonwealth of Pennsylvania, Department of Human Services. |

## APPENDIX C: ABBREVIATIONS/DEFINITION OF TERMS

| ACRONYM/ABBREVIATION/ TERM | DEFINITION/TRANSLATION |
|---|---|
| **Respite** | A service offered by the Adult Autism Waiver, Consolidated, P/FDS, Community Living Waivers or Base programs. Service to provide on a short-term basis to relieve those persons normally providing care to the individual. |
| **VF/EA** | Vendor Fiscal/Employer Agent |

# APPENDIX D:  DETAILED PROCESS FLOW OF PROMIS*e*™ CLAIMS ENGINE
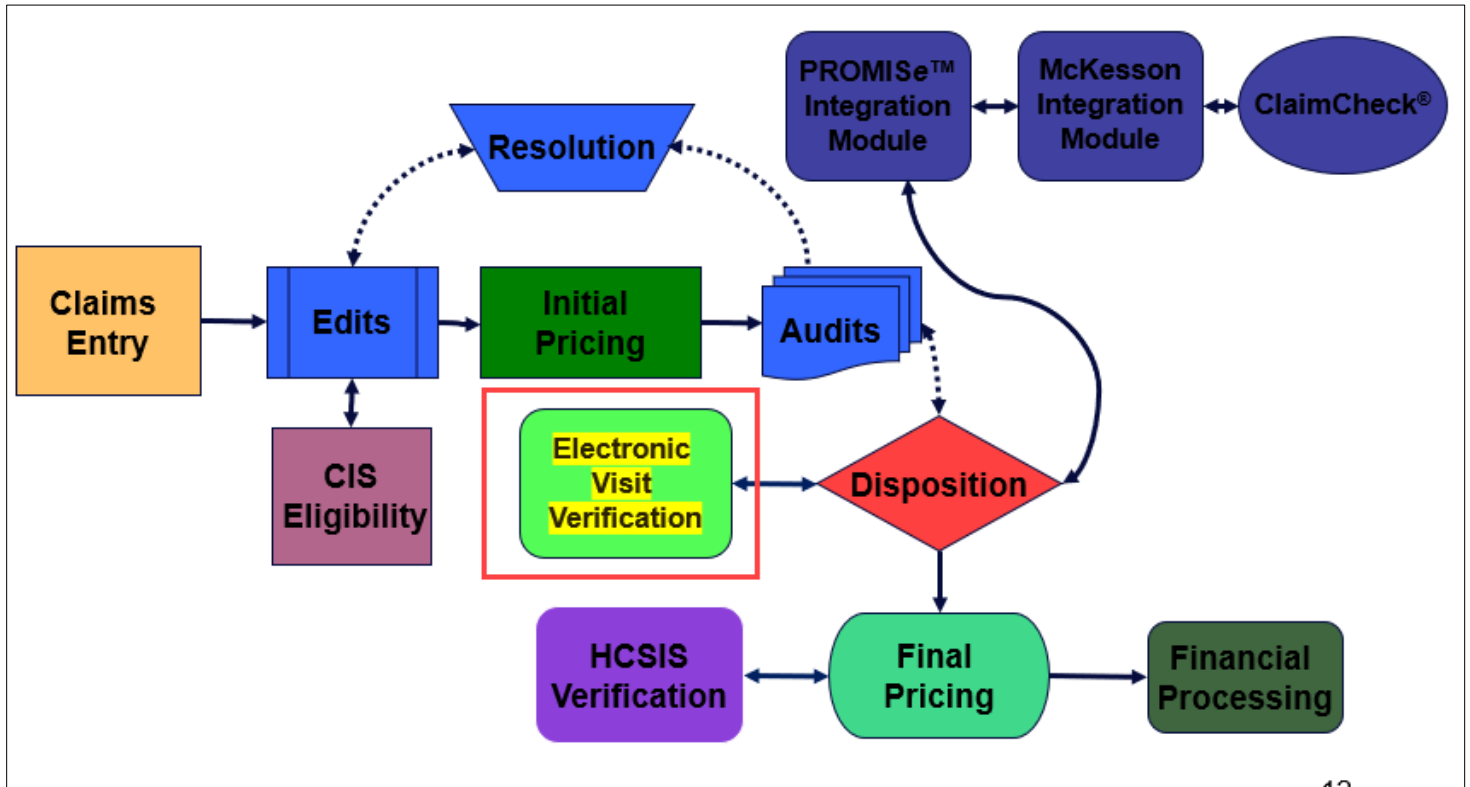
## APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| Specialized Skill Dev-Comm Support (1:1) | SSD-CommSupport(1:1) | W7201 | | | | 51 | 510 |
| Specialized Skill Dev-Comm Support (1:2) | SSD-CommSupport(1:2) | W7204 | | | | 51 | 510 |
| Specialized Skill Dev-Comm Support (1:3) | SSD-CommSupport(1:3) | W7205 | | | | 51 | 510 |
| Respite-Agency Managed In Home-15 Min | Respite Agncy Mngd-InHome | W7213 | | | | 51 | 512 |
| RespiteAgency Mngd Unlic OutofHom-15 Min | RespiteOutofHomeUnlic15m | W9596 | | | | 51 | 513 |
| Companion (1:3) | Companion (1:3) | W1724 | | | | 51 | 363 |
| Companion 1:3 Enh Communication | Companion 1:3 ECS | W1724 | U1 | | | 51 | 363 |
| Companion (1:2) | Companion (1:2) | W1725 | | | | 51 | 363 |
| Companion 1:2-Enh Communication | Companion 1:3 ECS | W1725 | U1 | | | 51 | 363 |
| Companion (1:1) | Companion (1:1) | W1726 | | | | 51 | 363 |
| Companion (1:1) | Companion (1:1) | W1726 | | | | 54 | 540 |
| Companion (1:1) | Companion (1:1) | W1726 | | | | 54 | 541 |
| Companion 1:1 Enh Communication | Companion 1:1 ECS | W1726 | U1 | | | 51 | 363 |
| Companion 1:1 Enh Communication | Companion 1:1 ECS | W1726 | U1 | | | 54 | 540 |
| Companion 1:1 Enh Communication | Companion 1:1 ECS | W1726 | U1 | | | 54 | 541 |
| Companion 1:1 No Benefit Allowance | Companion 1:1 No Benefit | W1726 | U4 | | | 54 | 540 |

# APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| Companion 1:1 No Benefit Allowance | Companion 1:1 No Benefit | W1726 | U4 | | | 54 | 541 |
| Companion 1:1 No Bnfit Enh Communication | Companion 1:1 NoBnfit ECS | W1726 | U4 | U1 | | 54 | 540 |
| Companion 1:1 No Bnfit Enh Communication | Companion 1:1 NoBnfit ECS | W1726 | U4 | U1 | | 54 | 541 |
| Homemaker - Permanent | Homemaker - Permanent | W7283 | | | | 51 | 431 |
| Homemaker - Permanent | Homemaker - Permanent | W7283 | | | | 51 | 430 |
| Homemaker - Permanent | Homemaker - Permanent | W7283 | | | | 54 | 540 |
| Homemaker - Permanent | Homemaker - Permanent | W7283 | | | | 54 | 541 |
| Homemaker-Permanent-No Benefit Allowance | Homemaker-Perm-NoBenefit | W7283 | U4 | | | 54 | 540 |
| Homemaker - Temporary | Homemaker - Temporary | W7283 | UA | | | 51 | 431 |
| Homemaker - Temporary | Homemaker - Temporary | W7283 | UA | | | 51 | 430 |
| Homemaker - Temporary | Homemaker - Temporary | W7283 | UA | | | 54 | 540 |
| Homemaker - Temporary | Homemaker - Temporary | W7283 | UA | | | 54 | 541 |
| Homemaker-Temp-No Benefit Allowance | Homemaker-Temp-NoBenefit | W7283 | UA | U4 | | 54 | 540 |

## APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| In-Home and Community Support 1:3 | IHCS -1:3 | W7058 | | | | 51 | 510 |
| In-Home and Community Support-1:3-ECS | IHCS -1:3-ECS | W7058 | U1 | | | 51 | 510 |
| In-Home and Community Support 1:2 | IHCS -1:2 | W7059 | | | | 51 | 510 |
| In-Home and Community Support-1:2-ECS | IHCS-1:2-ECS | W7059 | U1 | | | 51 | 510 |
| IHCS 1:1 w/Degreed Staff | IHCS 1:1 Enh | W7061 | | | | 51 | 510 |
| IHCS 1:1 w/Degreed Staff | IHCS 1:1 Enh | W7061 | | | | 54 | 540 |
| IHCS 1:1 w/Degreed Staff | IHCS 1:1 Enh | W7061 | | | | 54 | 541 |
| In-Home and Community Support 1:1-ECS | IHCS 1:1 ECS | W7061 | U1 | | | 51 | 510 |
| IHCS 1:1 Degreed Staff ECS | IHCS 1:1 Degreed ECS | W7061 | U1 | | | 54 | 540 |
| IHCS 1:1 Degreed Staff ECS | IHCS 1:1 Degreed ECS | W7061 | U1 | | | 54 | 541 |
| IHCS 1:1 Enhanced LPN | IHCS 1:1 LPN | W7061 | TE | | | 51 | 510 |

# APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| IHCS 1:1 Enhanced LPN | IHCS 1:1 LPN | W7061 | TE | | | 54 | 540 |
| IHCS 1:1 Enhanced LPN | IHCS 1:1 LPN | W7061 | TE | | | 54 | 541 |
| IHCS 1:1 Enhanced LPN-ECS | IHCS 1:1 LPN ECS | W7061 | TE | U1 | | 51 | 510 |
| IHCS 1:1 Enhanced LPN-ECS | IHCS 1:1 LPN ECS | W7061 | TE | U1 | | 54 | 540 |
| IHCS 1:1 Enhanced LPN-ECS | IHCS 1:1 LPN ECS | W7061 | TE | U1 | | 54 | 541 |
| IHCS 1:1 Enh LPN-No Benefit | IHCS 1:1 LPN ECS NoBeneft | W7061 | TE | U4 | | 54 | 540 |
| IHCS 1:1 Enhanced-RN | IHCS 1:1 RN | W7061 | TD | | | 51 | 510 |
| IHCS 1:1 Enhanced-RN | IHCS 1:1 RN | W7061 | TD | | | 54 | 540 |
| IHCS 1:1 Enhanced-RN | IHCS 1:1 RN | W7061 | TD | | | 54 | 541 |
| IHCS 1:1 Enhanced RN ECS | IHCS 1:1 RN ECS | W7061 | TD | U1 | | 51 | 510 |

# APPENDIX E:  Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| IHCS 1:1 Enhanced-RN ECS | IHCS 1:1 RN ECS | W7061 | TD | U1 | | 54 | 540 |
| IHCS 1:1 Enhanced-RN ECS | IHCS 1:1 RN ECS | W7061 | TD | U1 | | 54 | 541 |
| IHCS 1:1 Enh-RN-NoBenefit | IHCS 1:1 RN ECS NoBenefit | W7061 | TD | U4 | | 54 | 540 |
| IHCS 1:1-Enh NoBenefitAllow | IHCS 1:1-Enh NoBenefit | W7061 | U4 | | | 54 | 540 |
| IHCS 1:1 NoBenefitAllow-ECS | IHCS 1:1-Enh NoBeneft ECS | W7061 | U4 | U1 | | 54 | 540 |
| In-Home and Community Support 1:1 | IHCS 1:1 | W7060 | | | | 51 | 510 |
| In-Home and Community Support 1:1 | IHCS 1:1 | W7060 | | | | 54 | 540 |
| In-Home and Community Support 1:1 | IHCS 1:1 | W7060 | | | | 54 | 541 |
| In-Home and Community Support 1:1-ECS | IHCS 1:1-ECS | W7060 | U1 | | | 51 | 510 |
| In-Home and Community Support 1:1-ECS | IHCS 1:1-ECS | W7060 | U1 | | | 54 | 540 |

# APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| In-Home and Community Support 1:1-ECS | IHCS 1:1-ECS | W7060 | U1 | | | 54 | 541 |
| IHCS 1:1-NoBenefitAllowance | IHCS 1:1-NoBenefit | W7060 | U4 | | | 54 | 540 |
| IHCS 1:1-NoBenefit-ECS | IHCS 1:1-NoBenefit-ECS | W7060 | U4 | U1 | | 54 | 540 |
| IHCS 2:1 Enhanced | IHCS 2:1 Enhanced | W7069 | | | | 51 | 510 |
| IHCS 2:1 Enhanced | IHCS 2:1 Enhanced | W7069 | | | | 54 | 540 |
| IHCS 2:1 Enhanced | IHCS 2:1 Enhanced | W7069 | | | | 54 | 541 |
| IHCS 2:1 Enhanced - ECS | IHCS 2:1 Enhanced - ECS | W7069 | U1 | | | 51 | 510 |
| IHCS 2:1 Enhanced - ECS | IHCS 2:1 Enhanced - ECS | W7069 | U1 | | | 54 | 540 |
| IHCS 2:1 Enhanced - ECS | IHCS 2:1 Enhanced - ECS | W7069 | U1 | | | 54 | 541 |
| In-Home and Community Support 2:1 LPN | IHCS 2:1 LPN | W7069 | TE | | | 51 | 510 |
| In-Home and Community Support 2:1 LPN | IHCS 2:1 LPN | W7069 | TE | | | 54 | 540 |

# APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| In-Home and Community Support 2:1 LPN | IHCS 2:1 LPN | W7069 | TE | | | 54 | 541 |
| In-Home & Community Support 2:1 LPN-ECS | IHCS 2:1 LPN ECS | W7069 | TE | U1 | | 51 | 510 |
| In-Home & Community Support 2:1 LPN-ECS | IHCS 2:1 LPN ECS | W7069 | TE | U1 | | 54 | 540 |
| In-Home & Community Support 2:1 LPN-ECS | IHCS 2:1 LPN ECS | W7069 | TE | U1 | | 54 | 541 |
| IHCS 2:1 LPN ECS No Benefit Allowance | IHCS 2:1 LPN NoBft | W7069 | TE | U4 | | 54 | 540 |
| In-Home and Community Support 2:1 RN | IHCS 2:1 RN | W7069 | TD | | | 51 | 510 |
| In-Home and Community Support 2:1 RN | IHCS 2:1 RN | W7069 | TD | | | 54 | 540 |
| In-Home and Community Support 2:1 RN | IHCS 2:1 RN | W7069 | TD | | | 54 | 541 |
| In-Home and Community Support 2:1 RN ECS | IHCS  2:1 RN ECS | W7069 | TD | U1 | | 51 | 510 |
| In-Home and Community Support 2:1 RN ECS | IHCS  2:1 RN ECS | W7069 | TD | U1 | | 54 | 540 |

# APPENDIX E:  Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| In-Home and Community Support 2:1 RN ECS | IHCS  2:1 RN ECS | W7069 | TD | U1 | | 54 | 541 |
| IHCS  2:1 RN No Benefit Allowance | IHCS  2:1 RN-NoBft | W7069 | TD | U4 | | 54 | 540 |
| IHCS  2:1 RN ECS No Benefit Allowance | IHCS 2:1 ECS NoBft | W7069 | U4 | | | 54 | 540 |
| IHCS 2:1 Enh-NoBenefitAllowance-ECS | IHCS 2:1 Enh-NoBft-ECS | W7069 | U4 | U1 | | 54 | 540 |
| In-Home and Community Support 2:1 | IHCS Support 2:1 | W7068 | | | | 51 | 510 |
| In-Home and Community Support 2:1 | IHCS Support 2:1 | W7068 | | | | 54 | 540 |
| In-Home and Community Support 2:1 | IHCS Support 2:1 | W7068 | | | | 54 | 541 |
| In-Home and Community Support 2:1-ECS | IHCS 2:1 ECS | W7068 | U1 | | | 51 | 510 |
| In-Home and Community Support 2:1-ECS | IHCS 2:1 ECS | W7068 | U1 | | | 54 | 540 |
| In-Home and Community Support 2:1-ECS | IHCS 2:1 ECS | W7068 | U1 | | | 54 | 541 |

# APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| IHCS 2:1-NoBenefitAllowance | IHCS 2:1 NoBft | W7068 | U4 | | | 54 | 540 |
| IHCS 2:1-NoBenefitAllow-ECS | IHCS 2:1 NoBenefit ECS | W7068 | U4 | U1 | | 54 | 540 |
| IHCS 1:1 LPN-NoBenefit ECS | IHCS 1:1 LPN NoBft ECS | W7061 | TE | U4 | U1 | 54 | 540 |
| IHCS 1:1 RN-NoBenefit ECS | IHCS 1:1 RN-NoBft ECS | W7061 | TD | U4 | U1 | 54 | 540 |
| IHCS 2:1 LPN-NoBenefit ECS | IHCS 2:1 LPN-NoBft ECS | W7069 | TE | U4 | U1 | 54 | 540 |
| IHCS 2:1 RN-NoBenefit ECS | IHCS 2:1 RN-NoBft ECS | W7069 | TD | U4 | U1 | 54 | 540 |
| Respite Basic 1:4 | Respite Basic 1:4 | W8096 | | | | 51 | 512 |
| Respite Basic 1:4 | Respite Basic 1:4 | W8096 | | | | 51 | 513 |
| Respite Basic 1:4 ECS | Respite Basic 1:4 ECS | W8096 | U1 | | | 51 | 512 |
| Respite Basic 1:4 ECS | Respite Basic 1:4 ECS | W8096 | U1 | | | 51 | 513 |

# APPENDIX E:  Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| Respite Level 3 1:1 With Certified DSP | Respite1:1 w/CertifiedDSP | W9863 | | | | 51 | 512 |
| Respite Level 3 1:1 With Certified DSP | Respite1:1 w/CertifiedDSP | W9863 | | | | 51 | 513 |
| Respite Level 3 1:1 With Certified DSP | Respite1:1 w/CertifiedDSP | W9863 | | | | 54 | 540 |
| Respite Level 3 1:1 With Certified DSP | Respite1:1 w/CertifiedDSP | W9863 | | | | 54 | 541 |
| Respite Level 3 Staffing Ratio 1:1 | Respite Level 3-1:1 | W9862 | | | | 54 | 541 |
| Respite Level 3 Staffing Ratio 1:1-ECS | Respite Level 3-1:1-ECS | W9862 | U1 | | | 54 | 540 |
| Respite Level 3-1:1 NoBenefitAllowance | Respite Level 3-1:1-NoBft | W9862 | U4 | | | 54 | 540 |
| Respite Level 3 Staffing Ratio 1:1-ECS | Respite Level 3-1:1-ECS | W9862 | U1 | | | 54 | 541 |
| Respite Level 3 1:1 w/CertifiedStaff-ECS | Respite 1:1-ECS | W9863 | U1 | | | 51 | 512 |
| Respite Level 3 1:1 w/CertifiedStaff-ECS | Respite 1:1-ECS | W9863 | U1 | | | 51 | 513 |
| Respite Level 3 1:1 w/CertifiedStaff-ECS | Respite 1:1-ECS | W9863 | U1 | | | 54 | 540 |
| Respite 1:1 w/CertifiedStaff-NoBenefit | Respite 1:1-ECS-NoBft | W9863 | U4 | | | 54 | 540 |

# APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| Respite Level 3 1:1 w/CertifiedStaff-ECS | Respite 1:1-ECS | W9863 | U1 | | | 54 | 541 |
| Respite 2:1 w/CertifiedStaff-NoBenefit | Respite 2:1 NoBenefit | W8095 | U4 | | | 54 | 540 |
| Respite Level 4 2:1-NoBenefitAllowance | Respite 2:1 NoBenefit | W9864 | U4 | | | 54 | 540 |
| Respite Lvl 4 2:1-NoBenefit-EnhCommunica | Respite 2:1 NoBenefit ECS | W9864 | U4 | U1 | | 54 | 540 |
| Respite Staffing Ratio 1:3 | Respite 1:3 | W9860 | | | | 51 | 512 |
| Respite Staffing Ratio 1:3 -ECS | Respite 1:3 -ECS | W9860 | U1 | | | 51 | 512 |
| Respite Staffing Ratio 1:3 | Respite 1:3 | W9860 | | | | 51 | 513 |
| Respite Staffing Ratio 1:2 | Respite 1:2 | W9861 | | | | 51 | 512 |
| Respite Staffing Ratio 1:2-ECS | Respite 1:2 ECS | W9861 | U1 | | | 51 | 512 |
| Respite Staffing Ratio 1:2 | Respite 1:2 | W9861 | | | | 51 | 513 |
| Respite Staffing Ratio 1:1 | Respite 1:1 | W9862 | | | | 54 | 540 |
| Respite Staffing Ratio 1:1 | Respite 1:1 | W9862 | | | | 51 | 512 |
| Respite Staffing Ratio 1:1-ECS | Respite 1:1 ECS | W9862 | U1 | | | 51 | 512 |
| Respite Staffing Ratio 1:1 | Respite 1:1 | W9862 | | | | 51 | 513 |
| Respite 2:1 Enh w/Certified DSP | Respite 2:1 Enh | W8095 | | | | 51 | 512 |
| Respite 2:1 Enh w/Certified DSP | Respite 2:1 Enh | W8095 | | | | 51 | 513 |

# APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| Respite 2:1 Enh w/Certified DSP | Respite 2:1 Enh | W8095 | | | | 54 | 540 |
| Respite 2:1 Enh w/Certified DSP | Respite 2:1 Enh | W8095 | | | | 54 | 541 |
| Respite 2:1 Enh w/Certified DSP-ECS | Respite 2:1 Enh ECS | W8095 | U1 | | | 51 | 512 |
| Respite 2:1 Enh w/Certified DSP-ECS | Respite 2:1 Enh ECS | W8095 | U1 | | | 51 | 513 |
| Respite 2:1 Enh w/Certified DSP-ECS | Respite 2:1 Enh ECS | W8095 | U1 | | | 54 | 540 |
| Respite 2:1 Enh w/Certified DSP-ECS | Respite 2:1 Enh ECS | W8095 | U1 | | | 54 | 541 |
| Respite 2:1 Enhanced-ECS-NoBenefit | Respite 2:1 NoBenefit ECS | W8095 | U4 | U1 | | 54 | 540 |
| Respite StaffingRatio 2:1 | Respite StaffingRatio 2:1 | W9864 | | | | 54 | 541 |
| Respite StaffingRatio 2:1 | Respite StaffingRatio 2:1 | W9864 | | | | 54 | 540 |
| Respite StaffingRatio 2:1-ECS | Respite 2:1-ECS | W9864 | U1 | | | 54 | 540 |
| Respite StaffingRatio 2:1-ECS | Respite 2:1-ECS | W9864 | U1 | | | 54 | 541 |

# APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| Respite StaffingRatio 1:3-ECS | Respite 1:3-ECS | W9860 | U1 | | | 51 | 513 |
| Respite StaffingRatio 1:2-ECS | Respite 1:2-ECS | W9861 | U1 | | | 51 | 513 |
| Respite 1:1 w/degree Staff-NoBenefit-ECS | Respite 1:1 NoBenefit-ECS | W9863 | U4 | U1 | | 54 | 540 |
| Respite 1:1-NoBenefitAllow-Enh Communic | Respite 1:1 NoBenefit-ECS | W9862 | U4 | U1 | | 54 | 540 |
| Respite Staffing Ratio 1:1-ECS | Respite 1:1-ECS | W9862 | U1 | | | 51 | 513 |
| Respite Staffing Ratio 2:1 | Respite 2:1 | W9864 | | | | 51 | 512 |
| Respite Staffing Ratio 2:1-ECS | Respite 2:1-ECS | W9864 | U1 | | | 51 | 512 |
| Respite Staffing Ratio 2:1 | Respite 2:1 | W9864 | | | | 51 | 513 |
| Respite Staffing Ratio 2:1-ECS | Respite 2:1-ECS | W9864 | U1 | | | 51 | 513 |
| Specialized Skill Dev-Comm Support (1:1) | SSD-CommSupport(1:1) | W7201 | | | | 51 | 510 |
| Specialized Skill Dev-Comm Support (1:2) | SSD-CommSupport(1:2) | W7204 | | | | 51 | 510 |
| Specialized Skill Dev-Comm Support (1:3) | SSD-CommSupport(1:3) | W7205 | | | | 51 | 510 |
| Respite-Agency Managed In Home-15 Min | Respite Agncy Mngd-InHome | W7213 | | | | 51 | 512 |

# APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| RespiteAgency Mngd Unlic OutofHom-15 Min | RespiteOutofHomeUnlic15m | W9596 | | | | 51 | 513 |
| Homemaker-Temp-No Benefit Allowance-ECS | HomemakrTempNoBenefit-ECS | W7283 | UA | U4 | U1 | 54 | 540 |
| Homemaker-Temp-ECS | Homemaker-Temp-ECS | W7283 | UA | U1 | | 54 | 540 |
| Respite-Unlic-Day (Basic 1:4) In-Home | Respite Unlic Day (1:4) | W9795 | | | | 51 | 512 |
| Respite-Unlic-Day(Basic 1:4) In-Home-ECS | RespiteUnlicDay (1:4)-ECS | W9795 | U1 | | | 51 | 512 |
| Respite-Unlic-Day(Basic 1:4) Out-of-Home | RespiteUnlicDay (1:4) | W9795 | | | | 51 | 513 |
| RespiteUnlic-Day(Basic 1:4)OutOfHome-ECS | RespiteUnlicDay(1:4)-ECS | W9795 | U1 | | | 51 | 513 |
| Respite-Unlic-Day (Level 1, 1:3) In-Home | Respite Unlic(Lvl 1,1:3) | W9796 | | | | 51 | 512 |
| RespiteUnlic-Day(Level 1, 1:3)InHome-ECS | RespitUnlic(Lvl 1,1:3)ECS | W9796 | U1 | | | 51 | 512 |
| RespiteUnlicDay(Level 1, 1:3)Out-of-Home | Respite Unlic(Lvl 1,1:3) | W9796 | | | | 51 | 513 |
| RespiteUnlicDay(Lvl 1, 1:3)OutOfHome-ECS | RespitUnlic(L1,1:3)ECS | W9796 | U1 | | | 51 | 513 |

# APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| Respite-Unlic-Day (Level 2, 1:2) In-Home | RespiteUnlicDay (L2,1:2) | W9797 | | | | 51 | 512 |
| RespiteUnlicDay(Level 2, 1:2)In-Home-ECS | RespitUnlicDay(L2,1:2)ECS | W9797 | U1 | | | 51 | 512 |
| RespiteUnlicDay(Level 2, 1:2)Out-of-Home | RespitUnlicDay(Lvl 2,1:2) | W9797 | | | | 51 | 513 |
| RespiteUnlicDay(Lvl 2, 1:2)OutOfHome-ECS | RespitUnlicDay(L2,1:2)ECS | W9797 | U1 | | | 51 | 513 |
| Respite-Unlic-Day (Level 3, 1:1 Enh) | Respit Unlic (L3,1:1Enh) | W9799 | | | | 54 | 540 |
| RespiteUnlicDay(Level 3, 1:1 Enh) ECS | RespitUnlic(L3,1:1Enh)ECS | W9799 | U1 | | | 54 | 540 |
| RespiteUnlicDay(Level 3, 1:1 Enh)In-Home | RespiteUnlic(L3 ,1:1Enh) | W9799 | | | | 51 | 512 |
| RespiteUnlicDay(Lvl 3,1:1 Enh)InHome-ECS | RespitUnlic(L3,1:1Enh)ECS | W9799 | U1 | | | 51 | 512 |
| RespiteUnlicDay(Lvl 3, 1:1 Enh)OutOfHome | RespitUnlicDay L3,1:1 Enh | W9799 | | | | 51 | 513 |

# APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| RespiteUnlicDay (Lvl 3, 1:1 Enh) U4 | RespitUnlic L3,1:1 Enh U4 | W9799 | U4 | | | 54 | 540 |
| Respite-Unlic-Day(Lvl 3, 1:1 Enh) U4-ECS | RespitUn(L3,1:1Enh)U4-ECS | W9799 | U4 | U1 | | 54 | 540 |
| Respite-Unlic-Day (Level 3, 1:1 Enh) | RespitUnlic(L3, 1:1 Enh) | W9799 | | | | 54 | 541 |
| Respite-Unlic-Day (Level 3, 1:1) | RespiteUnlic(Lvl 3, 1:1) | W9798 | | | | 54 | 540 |
| Respite-Unlic-Day (Level 3, 1:1) ECS | RespiteUnlic(L3, 1:1) ECS | W9798 | U1 | | | 54 | 540 |
| Respite-Unlic-Day (Level 3, 1:1) ECS | RespiteUnlic(L3, 1:1) ECS | W9798 | U1 | | | 54 | 541 |
| Respite-Unlic-Day (Level 3, 1:1) In-Home | Respite Unlic(Lvl 3, 1:1) | W9798 | | | | 51 | 512 |
| RespiteUnlicDay(Lvl 3, 1:1)InHome-ECS | Respite Unlic(L3, 1:1)ECS | W9798 | U1 | | | 51 | 512 |
| RespiteUnlicDay(Lvl 3, 1:1) Out-of-Home | RespiteUnlic(Lvl 3, 1:1) | W9798 | | | | 51 | 513 |
| RespiteUnlicDay(Lvl 3, 1:1)OutOfHome-ECS | RespiteUnlic(L3, 1:1)ECS | W9798 | U1 | | | 51 | 513 |
| Respite-Unlic-Day (Level 3, 1:1) U4 | RespiteUnlic(L3, 1:1) U4 | W9798 | U4 | | | 54 | 540 |
| RespiteUnlicDay(Lvl 3, 1:1) U4-ECS | RespitUnlic(L3,1:1)U4-ECS | W9798 | U4 | U1 | | 54 | 540 |
| Respite-Unlic-Day (Level 3, 1:1) | RespiteUnlic(Lvl 3, 1:1) | W9798 | | | | 54 | 541 |

## APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| Respite-Unlic-Day (Level 4, 2:1 Enhcd) | RespitUnlic(L4,2:1 Enhcd) | W9801 | | | | 54 | 540 |
| Respite-Unlic-Day (Lvl 4, 2:1 Enhcd) ECS | RespitUnlic(L4,2:1Enh)ECS | W9801 | U1 | | | 54 | 540 |
| RespitUnlicDay(Lvl4,2:1 Enhcd)ECS-InHome | RespitUnlic(L4,2:1Enh)ECS | W9801 | U1 | | | 51 | 512 |
| Respite-Unlic-Day (Lvl 4, 2:1 Enhcd) ECS | RespitUnlic(L4,2:1Enh)ECS | W9801 | U1 | | | 54 | 541 |
| RespiteUnlicDay(Lvl 4, 2:1 Enhcd)In-Home | RespitUnlic(Lvl 4,2:1Enh) | W9801 | | | | 51 | 512 |
| Respite-Unlic-Day(Level 4, 2:1 Enhcd) U4 | RespitUnlic(L4,2:1Enh)U4 | W9801 | U4 | | | 54 | 540 |
| RespiteUnlicDay (Lvl 4, 2:1 Enhcd)U4-ECS | RespiUnlicL4,2:1Enh)U4ECS | W9801 | U4 | U1 | | 54 | 540 |
| Respite-Unlic-Day (Level 4, 2:1) AWC | Respite-Unlic(Lvl 4, 2:1) | W9800 | | | | 54 | 540 |
| Respite-Unlic-Day (Level 4, 2:1) ECS-AWC | RespiteUnlic(L4, 2:1)ECS | W9800 | U1 | | | 54 | 540 |
| RespiteUnlicDay (Lvl 4, 2:1) ECS-In-Home | RespiteUnlic(L4, 2:1)ECS | W9800 | U1 | | | 51 | 512 |
| RespiteUnlicDay(Lvl 4, 2:1)ECS-OutOfHome | RespiteUnlic(L4, 2:1)ECS | W9800 | U1 | | | 51 | 513 |

# APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

| EVV Service Description in Sandata EVV Portal | EVV Service Display Using Sandata EVV Mobile Application | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Provider Type | Specialty |
|---|---|---|---|---|---|---|---|
| Respite-Unlic-Day (Level 4, 2:1) ECS | RespiteUnlic(L4, 2:1)ECS | W9800 | U1 | | | 54 | 541 |
| Respite-Unlic-Day (Level 4, 2:1) In-Home | RespiteUnlic(Lvl 4, 2:1) | W9800 | | | | 51 | 512 |
| RespiteUnlicDay (Lvl 4, 2:1) Out-of-Home | RespiteUnlic(Lvl 4, 2:1) | W9800 | | | | 51 | 513 |
| Respite-Unlic-Day (Level 4, 2:1) U4 | RespitUnlic(Lvl 4,2:1) U4 | W9800 | U4 | | | 54 | 540 |
| Respite-Unlic-Day (Lvl 4, 2:1) U4-ECS | RespitUnlic(L4,2:1)U4-ECS | W9800 | U4 | U1 | | 54 | 540 |
| Respite-Unlic-Day (Level 4, 2:1) | RespiteUnlic(Lvl 4, 2:1) | W9800 | | | | 54 | 541 |
| Respite-Unlic-Day(Level 3, 1:1 Enh) ECS | RespitUnlic L3,1:1Enh-ECS | W9799 | U1 | | | 54 | 541 |
| RespitUnlicDay(Lvl 3,1:1Enh)OutOfHom-ECS | RespitUnlic(L3,1:1Enh)ECS | W9799 | U1 | | | 51 | 513 |
| RespitUnlicDay(Lvl 4,2:1 Enhcd)OutOfHome | RespitUnlic(L4,2:1 Enhcd) | W9801 | | | | 51 | 513 |
| RespiteUnlicDay(Lvl 4,2:1 Enhcd) | RespitUnlic(L4,2:1 Enhcd) | W9801 | | | | 54 | 541 |
| RespitUnlicDay(L-4,2:1 Enhcd)OutofHomECS | RespitUnlic L4,2:1Enh-ECS | W9801 | U1 | | | 51 | 513 |