UnitedHealthcare Community Plan

Electronic Visit Verification
Care Provider Compliance Plan

UnitedHealthcare®
Community Plan

Electronic Visit Verification Overview

As a UnitedHealthcare Community Plan participating care provider, we appreciate your efforts in providing excellent member care. One way we help our members receive the services they need is through the electronic visit verification (EVV) system adopted by Texas Health and Human Services Commission (HHSC).

EVV is a telephone and computer-based system that electronically confirms a member has received a prior authorized service visit in their home. The system is used for members who are part of UnitedHealthcare Connected (Medicare-Medicaid Plan), STAR+PLUS and STAR Kids.

Care providers need to use EVV for the following services:

- Personal assistance services (PAS) and personal care services (PCS) provided in the home and in the community

- In-home respite care

- Community First Choice Services (Habilitation and PAS/PCS)

- Flexible Family Support Services

- EVV is optional for Consumer Directed Services and Service Responsibility Option

To continue serving our members, participating care providers and agencies must comply with EVV guidelines. That includes maintaining a compliant HHSC EVV Initiative Provider Compliance Plan score each quarter and ensuring EVV services are documented within the approved EVV vendor system, prior to submitting claims for payment. UnitedHealthcare reserves the right to recover any overpayments of claims that are not supported by a completed EVV transaction.

Resources and Information

You can visit UHCprovider.com/EVV and expand the Electronic Visit Verification section for a complete list of codes that are required to be documented in the EVV system. You will find information on upcoming training, training documents and important announcements from HHSC.

To sign up for e-mail alerts from HHSC regarding EVV and other programs and services required to use EVV, go to hhs.texas.gov > Subscribe.

EVV Vendor Information

As of Nov. 1, 2018, DataLogic is the **only HHSC approved vendor** for EVV software. To get started with DataLogic's Vesta EVV software, go to vestaevv.com.

Care Provider Compliance Guidelines

Existing Contracted Providers

Participating care providers and agencies must maintain a compliant score of 90 percent or above. Follow-up actions for care providers who don't meet those levels are outlined in the Improving Your Non-Compliance Score section of this document. Any changes to compliance plan score requirements will be posted on UHCprovider.com/EVV in the Alerts, News and Bulletins section.

Newly Contracted Providers

If you are new to the UnitedHealthcare Community Plan network or are a Financial Management Service Agency with UnitedHealthcare, you'll be asked to select the Vesta EVV software from HHSC-approved EVV vendor, DataLogic, and train your staff within 30 days from the date of your signed contract.

Any staff members who will perform service visits must be trained on EVV. This includes administrative staff members who handle billing or editing your records. Training documentation, such as staff sign-in sheets, must be kept in your files for five years or until all litigation, audits, appeals, investigations, claims or reviews have been completed. These records should be available for HHSC or UnitedHealthcare Community Plan upon request.

Eligibility

Before performing a service visit, please verify the following:

- The member is currently enrolled with UnitedHealthcare Community Plan.

- Services were authorized by the member's service coordinator.

- The prior authorization codes match the codes you intend to bill for the visit(s.)

You can verify eligibility and see authorized services through Link at UHCprovider.com.

You may also call Provider Services at **888-887-9003**.
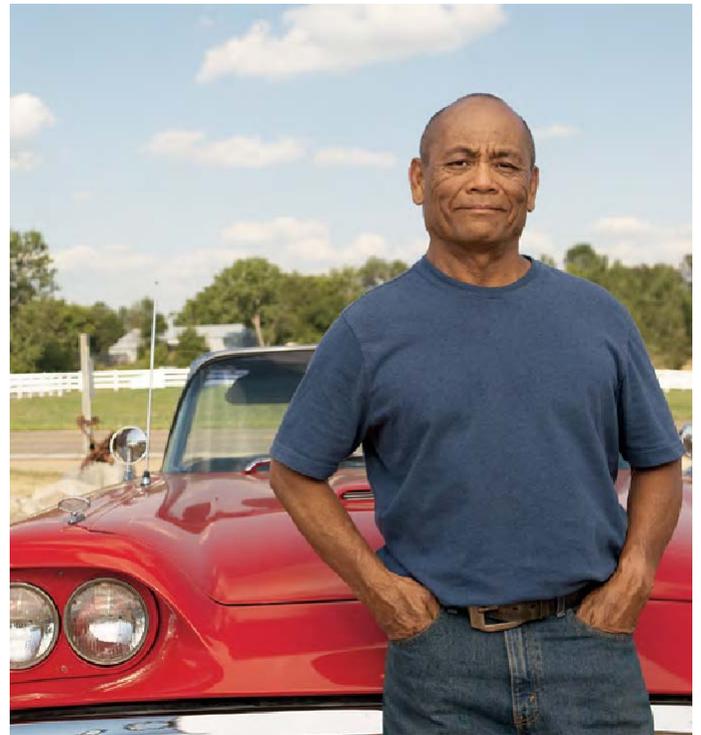
Data Elements

The EVV system requires multiple data elements for electronic verification of the service delivery visit. The following data elements, if applicable, must be entered accurately in the EVV system to identify each Visit Data Category in the following table. Please ensure these data elements match the information on the claim submitted. Failure to document the EVV visit as required, or incorrect information that does not match the claim submitted, can result in a claim denial or recovery of overpayment of paid amount.

Visit Data Category	Data Elements
Provider agency	• Tax ID number (TIN) • National Provider Identifier (NPI) or Atypical Provider Identifier (API) • Texas Provider Identifier (TPI) (only applicable in Fee-for-Service) • Provider legal name • Provider address • Provider city • Provider ZIP
Type of service performed	• Healthcare Common Procedure Coding System (HCPCS) Code • Modifiers
Individual receiving the service	• Last Name • First Name • Medicaid ID number • Date of Birth • Address, City and ZIP Code • Landline Phone Number • Medicaid Eligibility Start and End • Payer • Payer Plan Code (Managed Care Organization Service Delivery Area) • EVV Client ID (assigned by EVV vendor)
Date and time of the service	• Date In • Date Out • Time In • Time Out
Location of service delivery	• GPS Coordinates • Caller ID • Token ID
Individual providing the service	• Employee Last Name • Employee First Name • Phone Number • EVV worker ID (assigned by the EVV vendor) • Employee Start Date (start date of employment with provider) • Employee End Date (end date of employment with provider)

Electronic Verification Methods

When an attendant provides authorized services to a member in the home or community, the attendant must use one of three approved EVV time recording methods to clock in when services begin and clock out when services end.

- Home landline phone
- Small alternative device
- Mobile GPS app

This section will describe each recording method available under the HHSC EVV program. The attendant should only use one method per member for clocking in and out. If the member receives services in more than one location, the provider agency must work with the EVV vendor to choose the most appropriate method the attendant can use at the different locations.

When the attendant clocks in and clocks out of the system using one of these methods, the visit data is transmitted in real time to the provider agency to monitor and make adjustments as appropriate.

How to use a Home Landline Phone for EVV

- The attendant arrives at the home and before starting services, uses the member landline phone to call a toll-free number, issued by the EVV vendor, to clock in.
- The attendant may be prompted to enter their EVV ID or other identifying data elements.
- The attendant follows this same process when clocking out.

You must make certain the member's home landline phone number is entered into the EVV system correctly. When the attendant uses the home landline the EVV system will match the landline number used by the attendant to the landline number entered in the EVV system by the provider agency. If the landline numbers do not match, an exception will be flagged for this visit and cause the provider to perform visit maintenance.

Cell phones are not allowed to be used to clock in and out of the EVV system unless the attendant is using the GPS app. Cell phones should never be used in place of a landline or when the alternative device has not yet been installed in the home. The attendant should never ask or use the individual/member's cell phone to clock in out of the EVV system.

There are three exceptions to cell phone use:

- The attendant may use their personal cell phone to call in alternative device numeric codes only.
- Consumer Directed Services (CDS) employers may allow their CDS employees to use the CDS employer's personal cell phone to call in and out of the EVV system.
- Attendant is using the GPS mobile app.

How to use a Small Alternative Device for EVV

- The attendant arrives at the home and before starting services, locates the placement of the small alternative device (SAD) in the home and writes down the numeric code displayed on the device. The attendant can then begin providing services.
- When the visit is complete, the attendant writes down a second numeric code displayed on the device.

- The attendant calls a toll-free number, issued by the EVV vendor, and enters the first numeric code for clocking in, and enters the second numeric code for clocking out.
- The numeric codes displayed on the SAD are like electronic time stamps, capturing the date and time of the visit.

> You can order a SAD electronically (eSAD). For information regarding the eSAD ordering process, email DataLogic Vesta at info@vestaevv.com.

A SAD will be sent to you within 10 calendar days of your request. Once installed, the SAD must remain in the member's home at all times and can't be removed while it is being used for EVV monitoring.

When using a SAD, the visit values given to you through the device during the visit are good for seven days. They need to be entered into the EVV system before they expire after the seven days.

Alternative Device Zip Ties
Under the HHSC EVV initiative, zip ties were required to be used to install the device in the member's home. To streamline the alternative device installation process, HHSC and Managed Care Organization (MCO) representatives, revised the zip tie policy to make the use of zip ties optional.

Effective June 1, 2018, provider agencies may choose whether to utilize the EVV vendor zip tie when placing the device in the individual/member's home. If a member disagrees with the agency policy on installing an alternative device with or without a zip tie, the provider agency must document the issue in the member's case file, and use the member's preferred method.

How to use a Mobile GPS App for EVV
- The attendant arrives at the home or starts the visit in the community (shopping center, medical office, etc.) and before starting services, opens the EVV vendor's mobile GPS app to clock in.
- The GPS app may prompt the attendant to select other options.
- The attendant will follow the same process when clocking out.
- The GPS app captures the geolocation coordinates (longitude and latitude) of where the attendant clocks in and out as well as the date and time of the visit.

Currently, the GPS mobile app is in pilot with DataLogic.

Visit Maintenance

Your administrative staff may need to edit your visit records by modifying and correcting visit information. When the EVV system identities a difference between the planned schedule and what actually occurred, the system cannot auto-verify the visit. At that point, the system will generate an exception(s). Your agency staff must clear exceptions by correcting the visit information within the EVV system. This process is referred to as visit maintenance.

Examples of when exceptions can occur include when an attendant:

- Calls from a phone number not registered to the member in the EVV system (e.g., a cell phone)
- Forgets to clock in or clock out
- Works more or less hours than scheduled
- Delivers service outside the home

Visit maintenance must be completed within 60 days of the service date. After that deadline, the system entry will be locked for that visit. Any visit maintenance request after 60 days must be submitted for review. If we already paid for a service requiring a reason code that wasn't entered within the 60 days, we will ask you to return the payment for that service.

Reason Codes

A reason code is a standardized HHSC approved three-digit number and description that is used during visit maintenance to explain the specific reason a change was made to an EVV visit record. When the EVV system identifies a difference between the planned schedule and what actually occurred, the system cannot auto-verify the visit and generates exception(s). You must clear exception(s) by adding the most appropriate reason code(s).

Your staff must associate the most appropriate reason code with each change made to a visit and enter any required free text in the comment section. A single visit may have up to 10 reason codes associated with it. Once a reason code is saved to a visit, it cannot be deleted.

- **Preferred Reason Codes** indicate situations that are acceptable variations in the proper use of the EVV system.

  Example: The member requests the attendant work on Tuesday instead of Monday. Your agency did not have a chance to update the planned Monday schedule so the actual visit date did not match the planned schedule. Your staff should use preferred reason code 100, Schedule Variation, when conducting visit maintenance on the rescheduled Tuesday visit.

- **Non-Preferred Reason Codes** indicate situations where there was a failure to use the EVV system properly.

  Example: The attendant arrives at the member's home and forgets to clock in. Your staff would use non-preferred reason code 900, Attendant or Assigned Staff Failed to Call In - Verified Services Were Delivered. This non-preferred reason code also requires your staff to document additional information when conducting visit maintenance in the free text section. In this example, the free text comment must include the actual "call in" time.

If a non-preferred reason code is saved to a visit, the reason code cannot be removed from the visit and the entire visit will be considered non-preferred. The visit will remain as a non-preferred visit even if additional preferred reason codes have been saved. Using the non-preferred reason codes will lower your compliance score.

If a UnitedHealthcare Community Plan review determines your reason codes have been used inappropriately, you may experience the same consequences as a non-compliant EVV score. Using the same reason code more than 14 days within a calendar month for the same individual/member may constitute provider misuse of the reason code. Continued abuse of reason codes could result in an investigation of fraud, waste or abuse and/or a recovery of overpayment for related visits. Please see the non-compliance section of these guidelines for more information.

> To review a list of reason codes, including instructions and examples, visit UHCprovider.com/EVV > Electronic Visit Verification > Training > Complete List of Reason Codes.

EVV Barriers

If technical difficulties or other issues prevent you from completing your visit verification, please notify us within 48 hours so we can make special considerations for these claims. You have several ways to notify us, including:

- Calling or faxing your Provider Advocate directly
- Calling Provider Relations at **888-787-4107**
- Emailing uhc_cp_prov_relations@uhc.com
- Faxing your report to 855-500-3356

If your issues are not reported, you may be at risk if you're found to be non-compliant for that quarter. For example, you may be asked to return payments made for services not entered into the EVV system.

Claim Submission

A visit may not be billed until all EVV data has been entered and any necessary visit maintenance is complete. Claims should be submitted within 95 days of the date of service. Any claims that do not have a supported EVV transaction may result in recovery of over payment.

Calculating Your Compliance Score

As a participating UnitedHealthcare Community Plan care provider, you're required to achieve a compliant HHSC EVV Initiative Provider Compliance Plan score each quarter. As of April 1, 2017, a compliant score is 90 percent or above.

The score calculations use the following data points:

- Visit Auto-Verified: The number of visits with no exceptions and no need for visit maintenance
- Visits Verified Preferred: The number of visits with exceptions that were verified through visit maintenance using only preferred reason codes
- Visits Verified Non-Preferred: The number of visits with exceptions that were verified through visit maintenance using at least one non-preferred reason code
- Visits Verified: The total number of Auto-Verified, Verified Preferred and Verified Non-Preferred

The score is calculated for each care provider agency for a three-month quarterly review period. The calculation uses this formula:

[# of Visits Auto-Verified + # of Visits Verified Preferred]÷ # of Visits Verified = Score

For instance, let's say your agency has 279 Visits Auto-Verified, 987 Visits Verified Preferred and 1,534 Visits Verified. The formula would be:

(279 + 987) ÷ 1534 = 0.825%

Rounding up to the nearest percentage point, your HHSC EVV Provider Compliance Score would be **83 percent**.

Measuring Compliance

Compliance is measured in the quarter following your service visits:

- First quarter: April 1 – June 30

- Second quarter: July 1 – Sept. 30

- Third quarter: Oct. 1 – Dec. 31

- Fourth quarter: Jan. 1 – March 31

To help ensure you are meeting your compliance requirements, you can use HHSC State Standard reports available through your EVV system:

- **EVV Compliance Plan Summary Report — MCO:** By manually selecting a time period for review, you can monitor your compliance throughout the quarter.

- **EVV Compliance Plan Daily Snapshot Report — MCO:** This report shows data captured for the entire quarter at a specific point in time, such as 60 days after the end of the selected quarter.

UnitedHealthcare uses the EVV Compliance Plan Summary Report – MCO to monitor your compliance. We do this according to your provider TIN and NPI. We do not monitor by service location, even if you have organized with your EVV vendor by your location.
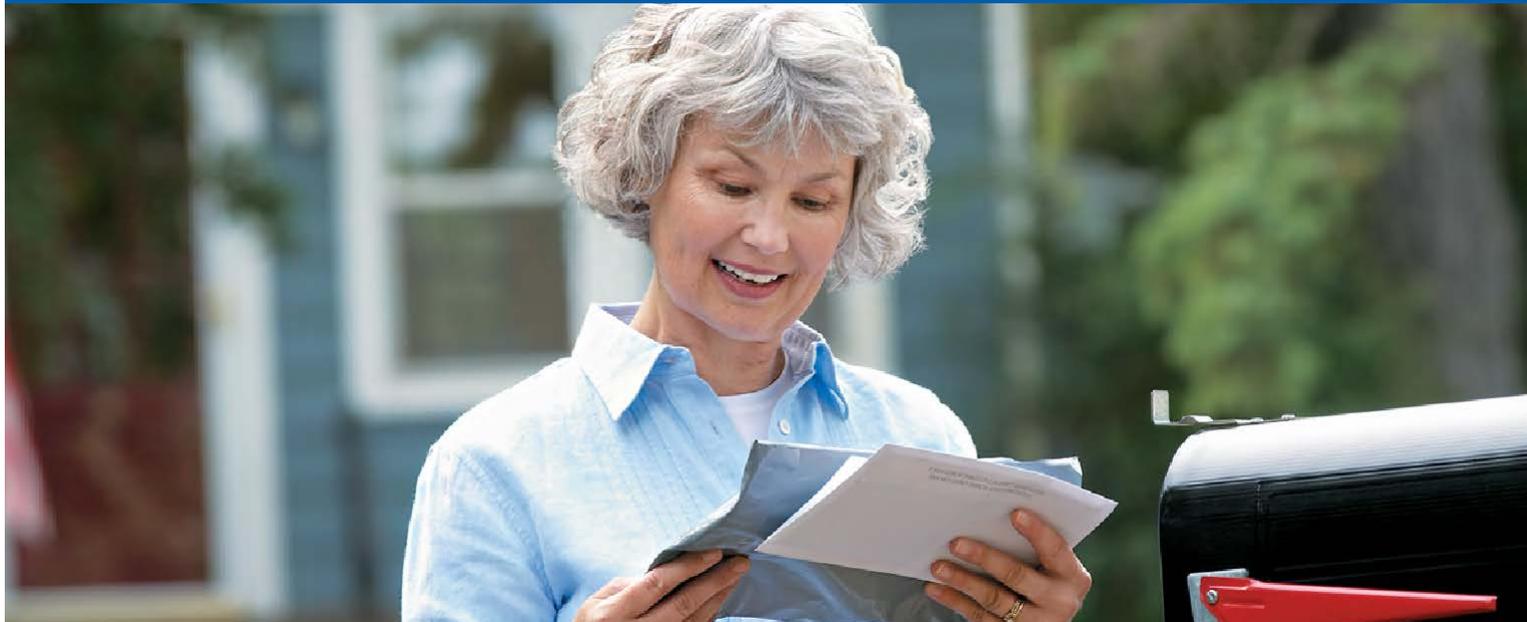
Improving Your Non-Compliance Score

If your HHSC EVV Initiative Provider Compliance Score falls below the required level, we will send you a certified letter outlining any action you will need to take to improve your rating. Depending on the nature of your non-compliance issue, the action(s) may include the following.

Education

We will call you to provide feedback about your EVV score and activity. To help you improve your score, we may suggest additional training resources, such as published HHSC materials, or working with the EVV vendor regarding their system training.

A Corrective Action Plan

This plan is a formal, signed document outlining specific actions based on the reason(s) behind your non-compliance. You will have 10 calendar days from the date of receipt to respond to the corrective action plan that will include:

- The reason your score was below the acceptable compliance rate or
- The area of non-compliance, i.e., misuse of reason codes
- An action plan for you and the estimated date for completing those actions
- Consequences if the actions are not completed

Liquidated Damages

You may receive a letter requesting liquidated damages. The letter will include the financial amount to be paid, along with instructions and a due date for submitting payment. These liquidated damages are calculated at the rate of $3 per visit when the visit was verified as a non-preferred reason code on a day when your compliance score was below 90 percent. The payment request can range from a minimum assessment of $10 per day to a maximum of $500 per day.

Termination of UnitedHealthcare Community Plan Provider Network Participation

If a compliance review determines that your contract should be terminated, you will have 30 days to appeal that decision. If your appeal request is not received within 30 days or if the appeal is denied, the termination process will be initiated.

Informal Review Process

You can request an informal review if you believe your non-compliance score is due to a failure of the EVV system. We must receive your request within 10 calendar days of the date you received our certified letter. Please include the following information in your request:

- The date of your letter

- Your provider agency name and TIN

- The date(s) of the EVV system failure

- A detailed description of the EVV system failure

- The date the system issue was reported to UnitedHealthcare Community Plan

- The name of the person you reported the EVV system failure to at UnitedHealthcare Community Plan

- Any documentation that supports your experience of the system failure and your report to us

- The method you used to contact us, such as the email address, phone or fax number

Please submit your request to:
EVV Informal Review
UnitedHealthcare Community Plan
14141 Southwest Fwy., Suite 800
Sugar Land, Texas 77478

If you have questions concerning EVV compliance, please contact your Provider Advocate or call Provider Relations at **888-787-4107**.