

5160-1-40

Electronic visit verification (EVV).

(A) For purposes of this rule, the following definitions shall apply:

- (1) "Agency provider" means any of the following:
 - (a) For the purposes of the Ohio home care waiver, state plan home health services, and private duty nursing, an agency provider is a medicare home health agency described in rule 5160-12-03 of the Administrative Code or an otherwise accredited home health agency as described in rule 5160-12-03.1 of the Administrative Code.
 - (b) For purposes of the individual options (IO) waiver or the level one waiver administered by the Ohio department of developmental disabilities (DODD), an agency provider has the same meaning as in rule 5123:2-2-01 of the Administrative Code.
 - (c) For purposes of the PASSPORT waiver, an agency provider has the same meaning as in rule 173-39-02 of the Administrative Code.
 - (d) For purposes of services provided through a managed care organization, an agency provider has the same meaning as paragraphs (A)(1)(a) and (A)(1)(c) of this rule.
- (2) "Aggregator component" is the portion of the EVV system that stores the data collected from each visit for purposes of analysis and claims payment.
- (3) "Data collection component" is the portion of the EVV system that collects data related to the visit and includes the EVV mobile data collection device or the EVV data collection application provided by the department. Once collected, the data is then sent to the aggregator component.
- (4) "Alternate data collection component" is an alternate to the data collection component provided by the department and is provided by an agency provider satisfying all requirements as defined in this rule.
- (5) "Direct care worker" refers to the person providing the service to the individual. The direct care worker may be an employee of an agency or a non-agency provider.
- (6) "Electronic visit verification" (EVV) is the use of technology, including a mobile device or application utilizing global positioning system (GPS) technology, telephony or manual visit entry, to verify the data elements related to the delivery of a medicaid-covered service.

- (7) "EVV mobile data collection device" is a mobile device that is used by the direct care worker to record visit data, including GPS coordinates at the start and end of the visit. For providers using the data collection component provided by the department, the EVV mobile data collection device is provided to an individual receiving services subject to EVV requirements.
- (8) "EVV data collection application" is the software provided by the department's contracted entity that can be installed on a mobile device owned by the provider or direct care worker to collect visit information.
- (9) "Exceptions" are data integrity alerts identified by the data collection component, alternate data collection component, or aggregator component.
- (10) "EVV system" refers to the combination of the data collection component or the alternate data collection component and the aggregator component used by a provider to comply with EVV requirements established by the department.
- (11) "Home care attendant services" has the same meaning as in rule 5160-44-27 of the Administrative Code.
- (12) "Home health aide services" has the same meaning as in rule 5160-12-01 of the Administrative Code.
- (13) "Home health nursing" has the same meaning as in rule 5160-12-01 of the Administrative Code.
- (14) "Homemaker personal care" has the same meaning as, and is billed in accordance with, rule 5123-9-30 of the Administrative Code.
- (15) "IO waiver" refers to the waiver described in rule 5160-40-01 of the Administrative Code.
- (16) "IO waiver nursing" is a nursing service provided in accordance with rule 5123:2-9-39 of the Administrative Code.
- (17) "Level one waiver" refers to the waiver described in rule 5160-42-01 of the Administrative Code.
- (18) "Medicaid ID" is the twelve digit unique medicaid ID assigned by the department.
- (19) "MyCare waiver" refers to the waiver described in rule 5160-58-02.2 of the Administrative Code.

- (20) PASSPORT has the same meaning as in rule 5160-31-02 of the Administrative Code or the state-funded component of the PASSPORT program created under section 173.522 of the Revised Code.
 - (21) "PASSPORT home care attendant" has the same meaning as in rule 173-39-02.4 of the Administrative Code.
 - (22) "PASSPORT waiver nursing" has the same meaning as in rule 173-39-02.22 of the Administrative Code.
 - (23) "Personal care aide services" has the same meaning as in rules 173-39-02.11 and 5160-46-04 of the Administrative Code.
 - (24) "Personal identification number" (PIN) is the unique identifier assigned to each individual in an EVV system operated by the department's contracted entity. The PIN is referred to as "client ID."
 - (25) "Private duty nursing" has the same meaning as in rule 5160-12-02 of the Administrative Code.
 - (26) "Reason codes" are standard codes used to explain a manual visit entry or edit or an acknowledgment of an exception.
 - (27) "RN assessment" has the same meaning as in rule 5160-12-08 of the Administrative Code.
 - (28) "Waiver nursing services" has the same meaning as in rule 5160-44-22 of the Administrative Code.
- (B) Providers of the following services are required to utilize EVV unless otherwise provided in paragraph (C) of this rule.
- (1) Home health nursing;
 - (2) Home health aide;
 - (3) Private duty nursing;
 - (4) RN assessment;
 - (5) Waiver nursing services provided pursuant to the Ohio home care waiver, the PASSPORT program, the IO waiver, or the MyCare waiver;
 - (6) Personal care aide services provided pursuant to the Ohio home care waiver, the PASSPORT program, or the MyCare waiver;

- (7) Home care attendant services provided pursuant to the Ohio home care waiver or the MyCare Waiver;
 - (8) PASSPORT home care attendant services; and
 - (9) Homemaker personal care provided pursuant to the level one and IO waivers.
- (C) EVV requirements do not apply to participant directed services.
- (D) The department will provide an EVV system to all providers of services specified in paragraph (B) of this rule. The system will include a data collection component and an aggregator component.
- (1) A data collection component provided by the department must be used by all providers except for providers using a qualifying alternate data collection component approved pursuant to paragraph (E) of this rule. The data collection component provided by the department shall consist of the following:
 - (a) An EVV mobile data collection device provided by the department to the individual receiving a service specified in paragraph (B) of this rule; or
 - (b) An EVV data collection application provided by the department for use with the provider or direct care worker's personal device.
 - (i) Any costs incurred for equipment or data services shall not be the responsibility of the department or the individual receiving services.
 - (ii) The GPS functionality of the device must be turned on for the purposes of the data collection application when the application is used to collect visit data.
 - (iii) Data services connected to the provider or direct care worker's personal device shall be used to transmit visit data from the application in near real time. Internet services purchased by individuals receiving Medicaid services subject to EVV requirements shall not be used to transmit data.
 - (iv) The device used with the application must comply with all device requirements found at www.medicaid.ohio.gov/Initiatives/ElectronicVisitVerification.aspx.
 - (v) If the application is consistently unavailable or GPS coordinates are consistently not collected, the department may require the provider

to use the EVV mobile data collection device provided by the department.

(2) The provider shall do the following:

(a) utilize the EVV mobile data collection device or application provided by the department to capture the GPS coordinates at the start and end of the visit as the primary method for collecting visit data. In the event the EVV mobile data collection device or application is not available at the time of the visit, telephony should be used. If neither the device, application, nor telephony are available, manual visit entry must be used as the last alternative for recording the visit data. Where telephony is used, the telephone number from which the call is placed will be used in lieu of GPS coordinates.

(b) Collect, for each visit, the following data:

- (i) Information to identify the individual receiving the service;
- (ii) Information to identify the direct care worker providing the service, and an associated provider, as applicable;
- (iii) The time the visit starts;
- (iv) The location at the start of the visit;
- (v) The service provided;
- (vi) The time the visit ends;
- (vii) The location at the end of the visit;
- ~~(viii) Except for visits for services defined in paragraphs (A)(14) and (A)(16) of this rule, a verification, via voice recording, of the visit start and end time from the individual receiving the service. In the event a voice recording verification is unavailable, the verification may occur through the use of a digital signature;~~
- ~~(ix) Except for visits for services defined in paragraphs (A)(14) and (A)(16) of this rule a verification, via voice recording, of the service provided from the individual receiving the service. In the event a voice recording verification is unavailable, the verification may occur through the use of a digital signature.~~

- (c) Except for services provided pursuant to paragraphs (A)(14) and (A)(16) of this rule where manual visit entry is used to capture service delivery information described in this paragraph, the verification must be collected through a signature of the individual receiving the service. The provider must maintain all documentation required by Chapter 5160-12, 5160-44, 5160-45 or 5160-46 of the Administrative Code, as appropriate, to support the manual visit entry. The documentation must be made available to the department or the department's designee upon request, as required by rule 5160-1-17.2 of the Administrative Code.
- (3) The aggregator component must be used by all providers subject to EVV requirements.
 - (a) Any exceptions noted in the aggregator component must be resolved using appropriate reason codes before a claim for a visit will be paid. The department may require that claims for services match visit data prior to adjudication for payment.
 - (b) A provider using a qualifying alternate data collection component pursuant to paragraph (E) of this rule must submit data to the aggregator component in a format and at a frequency specified by the department on the department's website, www.medicaid.ohio.gov/Initiatives/ElectronicVisitVerification.aspx.

(E) Alternate data collection component

- (1) An agency provider may choose to use a qualifying alternate data collection component that is approved by the department or its designee. In order to be considered a qualifying alternate data collection component, the provider must:
 - (a) Establish a primary method for collecting visit data that utilizes a data collection component to capture GPS coordinates at the start and end of the visit as a primary method for collecting visit data. Additionally, providers must have a minimum of two alternative methods for recording visit data, one of which must be manual visit entry.
 - (b) Collect, for each visit, the data elements contained in paragraphs (D)(2)(b) and (D)(2)(c) of this rule.
 - (c) Satisfy all technical specifications found on the department's website, www.medicaid.ohio.gov/Initiatives/ElectronicVisitVerification.aspx
 - (d) Satisfy all business requirements found on the department's website, www.medicaid.ohio.gov/Initiatives/ElectronicVisitVerification.aspx.

- (e) Identify all exceptions using standard codes found on the department's website, www.medicaid.ohio.gov/Initiatives/ElectronicVisitVerification.aspx.
 - (f) Use the reason codes found on the department's website, www.medicaid.ohio.gov/Initiatives/ElectronicVisitVerification.aspx.
 - (g) Successfully complete the approval process found on the department's website, www.medicaid.ohio.gov/Initiatives/ElectronicVisitVerification.aspx.
 - (h) Successfully complete alternate system aggregator training found on the department's website, <https://medicaid.ohio.gov/INITIATIVES/Electronic-Visit-Verification#1894220-alternate-system>.
 - (i) Except for services provided pursuant to paragraphs (A)(14) and (A)(16) of this rule, provide the ability to collect a voice verification and an electronic signature verification at the end of the visit.
- (2) If a provider is unable to obtain approval of a qualifying alternate data collection component, the provider must use the EVV system provided by the department until certification is successfully obtained.
 - (3) If a provider disagrees with a decision not to approve a qualifying alternate data collection component, the provider may request an administrative reconsideration pursuant to rule 5160-70-02 of the Administrative Code.
 - (4) The department may require re-approval of any qualifying alternate data collection component in circumstances including, but not limited to, the following:
 - (a) A change in data requirements that must be transmitted to the aggregator component.
 - (b) Failure to maintain compliance with the department's requirements.
 - (c) During a required re-approval process, the department may require the provider to use the EVV system provided by the department.
 - (5) Any costs related to the development, approval and testing of a qualifying alternate data collection component shall not be the responsibility of the state.

(F) Required training.

- (1) Providers enrolled prior to the implementation of EVV in Ohio who are not using an alternate data collection system shall complete all training required by the department prior to gaining access to the EVV system.
 - ~~(2) Providers enrolling in the medicaid program after January 1, 2018 must complete training prior to receiving a medicaid provider number. Training verification must be submitted as part of the provider application process through the medicaid information technology portal.~~
 - ~~(3)~~(2) All providers not using an alternate data collection system who used the Sandata data collection component prior to May 6, 2019, must complete bridge training found on the department's website, <https://medicaid.ohio.gov/INITIATIVES/Electronic-Visit-Verification/Training>.
 - ~~(4)~~(3) Providers who stop using an approved alternate data collection component and begin using the EVV system provided by the department must complete all training required by the department prior to gaining access to the EVV system.
 - ~~(5)~~(4) Regardless of date of enrollment, providers must complete any additional training required by the department.
- (G) Providers of the services specified in paragraph (B) of this rule shall do all of the following or be subject to the termination of their medicaid provider agreement:
- (1) Comply with all provisions of this rule.
 - (2) Maintain, in the aggregator component, a current list of individuals subject to EVV requirements to whom they are providing services. The required data elements pertaining to the individuals that must be maintained include:
 - (a) Medicaid ID.
 - (b) Last name.
 - (c) First name.
 - (d) Language preference.
 - (e) One known address at which the individual may routinely receive services. Additional addresses may be maintained if the individual routinely receives services at multiple locations.
 - (f) Known phone number for telephony (if any).

- (g) Association to appropriate payer using values found on the department's website, <https://medicaid.ohio.gov/INITIATIVES/Electronic-Visit-Verification/>.
- (3) For agency providers, maintain a list of direct care workers subject to EVV requirements who are providing services to individuals enrolled in medicaid. The required data elements pertaining to the direct care workers that must be maintained include:
- (a) Last name.
 - (b) First name.
 - (c) Social security number.
 - (d) PIN.
 - (e) Email address.
- (4) For providers using the EVV system provided by the department, request devices for all individuals enrolled in medicaid to whom they are providing services subject to EVV requirements no later than two business days after the first service is provided unless the provider is using the EVV data collection application to collect visit information for the individual.
- (5) For providers using the EVV data collection component provided by the department, notify the department or its designee when services will no longer be provided to an individual with an EVV mobile data collection device no later than forty-eight hours after the last service is provided.
- (6) Utilize EVV for all services subject to the provisions of this rule.
- (7) Report known or suspected tampering of devices to the department within two business days of discovery.
- (8) Report any known or suspected falsification of EVV data to the department within two business days of discovery.
- (9) Complete all required training.

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