

TO BE RESCINDED

5160-1-40 **Electronic visit verification (EVV).**

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

- (1) "Agency provider" is a medicare certified 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.
- (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 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 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) "Exceptions" are data integrity alerts identified by the data collection component, alternate data collection component, or aggregator component.
- (9) "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.

- (10) "Expected duration of service" is the number of consecutive calendar days beginning on the first day service is provided and ending on the last day service is expected to be provided. The expected duration of service may change over time as the needs and health status of the individual change.
 - (11) "Home care attendant services" has the same meaning as in rule 5160-46-04.1 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) "Medicaid ID" is the twelve digit unique medicaid ID assigned by the department.
 - (15) "Personal care aid services" has the same meaning as in rule 5160-46-04 of the Administrative Code.
 - (16) "Personal Identification Number" (PIN) is the unique identifier assigned to each individual in an EVV system. In the Sandata system provided by the state the PIN is referred to as "client ID."
 - (17) "Private duty nursing" has the same meaning as in rule 5160-12-02 of the Administrative Code.
 - (18) "Reason codes" are standard codes used to explain a manual visit entry or edit or an acknowledgment of an exception.
 - (19) "RN assessment" has the same meaning as in rule 5160-12-08 of the Administrative Code.
 - (20) "Waiver nursing services" has the same meaning as in rule 5160-46-04 of the Administrative Code.
- (B) Providers of the following services reimbursed by the department through fee-for-service 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;
- (6) Personal care aide services provided pursuant to the Ohio home care waiver;
- (7) Home care attendant services provided pursuant to the Ohio home care waiver.

(C) EVV requirements do not apply in the following circumstances:

- (1) Services provided in a group visit as defined in rule 5160-12-04 of the Administrative Code.
- (2) Services provided in a group setting as defined in rule 5160-46-06 of the Administrative Code.
- (3) The expected duration of service is ninety days or less.
- (4) Services reimbursed by a managed care organization.

(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) The 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 an EVV mobile data collection device provided by the department to the individual receiving a service specified in paragraph (B) of this rule. The provider shall do the following:

- (a) Utilize the EVV mobile data collection device 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 is not available at the time of the visit, telephony should be used. If neither the device 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) 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) 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) Where manual visit entry is used to capture service delivery information described in this section, 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 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.
- (2) 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.
 - (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 as follows:

(i) For the period beginning on January 8, 2017, and ending on December 31, 2018, the primary method for collecting visit data may be either telephony or an EVV mobile data collection device that captures the GPS coordinates at the start and end of the visit. If an EVV mobile data collection device is used as the primary method for collecting visit data, the provider must have a minimum of two alternative methods for recording visit data, one of which must be manual visit entry. If telephony is used as the primary method for collecting visit data, the provider must have manual visit entry as an alternative method for recording visit data.

(ii) Beginning January 1, 2019, utilize an EVV mobile data collection device to capture the 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)(1)(b) and (D)(1)(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.
- (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 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) 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 the EVV system.
 - (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 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. "ODM" is the only acceptable value.
- (3) For agency providers, maintain a current list of current 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.

- (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 48 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.

Effective:

Five Year Review (FYR) Dates: 6/28/2019

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 5164.02
Rule Amplifies: 5164.02
Prior Effective Dates: 01/01/2018