


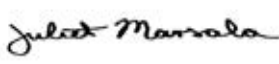



Medical Assistance BULLETIN

ISSUE DATE August 23, 2024	EFFECTIVE DATE August 23, 2024	NUMBER 05-24-01, 07-24-01, 54-24-05, 59-24-05, 00-24-02
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SUBJECT
Updated Electronic Visit Verification Manual Edits Compliance Percentage Requirements in the Fee-for-Service Delivery and Managed Care Delivery Systems

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IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.pa.gov/en/agencies/dhs/resources/providers/promise/promise-provider-enrollment.html>.

PURPOSE:

The purpose of this Medical Assistance (MA) bulletin is to advise providers of changes to the manual edit thresholds for Electronic Visit Verification (EVV) records in both personal care services (PCS) and home health care services (HHCS), effective with dates of service on and after January 1, 2025.

SCOPE:

This bulletin applies to providers enrolled in the MA Program who render PCS and HHCS to beneficiaries or participants (beneficiaries) in the MA fee-for-service (FFS) delivery system, including through home and community-based services waivers, and the managed care delivery system via Physical HealthChoices or Community HealthChoices. Beneficiaries may receive services within the following programs:

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-service provider service center: 1-800-537-8862

Physical and Community HealthChoices providers should address any questions regarding EVV to the applicable MCO.

Visit the Office of Medical Assistance Programs Website at: <https://www.pa.gov/en/agencies/dhs/resources/providers/ma-for-providers/contact-information-for-ma-providers.html>

- Office of Developmental Programs (ODP): Adult Autism Waiver, Community Living Waiver, Consolidated Waiver, Person/Family Directed Support Waiver, and Base Funded Program;
- Office of Long-Term Living (OLTL): OBRA Waiver, Act 150, and Community HealthChoices; or,
- Office of Medical Assistance Programs (OMAP): MA FFS and Physical HealthChoices.

Providers in the managed care delivery system are to address any provider EVV-related interface, billing, and payment questions with the applicable managed care organization (MCO).

BACKGROUND:

On August 26, 2020, the Department of Human Services (Department) issued MA Bulletin 05-20-03, titled “Electronic Visit Verification for Personal Care Services Provided in the Fee-for-Service Delivery System,” which advised OMAP providers that it was expected that no more than 50% of their PCS claims billed have manual edits, beginning November 20, 2020 (<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2020082601.pdf>).

On September 10, 2020, the Department issued MA Bulletin 07-20-04 et. al, titled “Electronic Visit Verification (EVV) for Personal Care Services (PCS),” which advised OLTL and ODP providers that it was expected that no more than 50% of their PCS EVV records have manual edits within a federal fiscal year quarter, beginning January 1, 2021 (<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2020091001.pdf>).

On August 10, 2022, the Department issued MA Bulletin 05-22-09 et. al, titled “Electronic Visit Verification Requirements for Home Health Care Services in the Fee-for-Service Delivery and Managed Care Delivery Systems,” which advised OLTL, ODP, and OMAP providers that to meet federal compliance requirements no more than 50% of their HHCS records could contain manual edits within a federal fiscal year quarter, beginning January 1, 2023, and also contained a note that the percentage would be periodically updated and move to no more than 15% of claims on a federal fiscal year quarterly basis by January 1, 2025 (<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2022081001.pdf>).

DISCUSSION:

Beginning with dates of service on and after January 1, 2025, in order to meet federal EVV compliance requirements, providers must achieve 85% of EVV records for verified visits

without manual edits for PCS and HHCS. This includes all participants/Common Law Employers in Participant-Directed Services, as they will be disenrolled from Participant-Directed Services if there is continued non-compliance. Providers rendering services to beneficiaries across multiple programs must achieve 85% of records without manual edits in each program to be considered fully compliant.

Additional information on timelines related to monitoring, technical assistance, corrective action plans, and penalties for not meeting manual edit thresholds will be provided in a future MA Bulletin before January 1, 2025.

PROCEDURE:

Effective with dates of services on and after January 1, 2025, providers must achieve 85% of EVV records for verified visits without manual edits for PCS and HHCS on a federal fiscal year quarterly basis. The EVV Compliance report is currently available in the EVV Aggregator. To access the EVV Compliance Report, providers need to log into the Aggregator and perform the following steps: 1) Choose Reports from the menu on the left; 2) In the Report Type drop down, choose Date Range Reports; 3) In the Report Name drop down, choose EVV Compliance; and 4) Choose Run Report. Providers have the ability to choose dates to run the report and can also narrow the report down by Account (if you have more than one), Client Name or Employee Name. The report provides detail information based on visit date, client, and employee for each account. The last page of the report shows summary information including the percentages of compliance.

For further PCS and HHCS information and updates, providers and MCOs should refer to the Department's EVV web page at: <https://www.pa.gov/en/agencies/dhs/resources/for-providers/evv.html>.

DEFINITIONS:

Verified Visit – A visit which contains all six of the service elements required by the 21st Century Cures Act. These service elements are the type of service provided, the name of the individual receiving service, the date of service delivery, the location of service delivery, the name of the individual providing the service, and the time the service begins and ends. A visit without these elements is considered incomplete.

Manual Visit – Any verified visit which has been manually entered or edited after the point of service. Manual Visits include both Manual Entries and Manual Edits.

Manual Entry – A verified visit that has been manually entered into a provider's EVV software after the point of service.

Manual Edit – A verified visit in which visit information was entered incorrectly and requires any type of edit or correction. If a provider has to manipulate data or add missing data or change data in any way after the service is delivered, even if a visit was originally captured using a visit modality that captures in real-time; this is deemed a manual edit.

SUPERSEDED BULLETINS:

This MA Bulletin supersedes, in part, MA Bulletins 05-20-03, 07-20-04 et. al, and 05-22-09 et. al.