IDAHO DEPARTMENT OF
HEALTH & WELFARE
DIVISION OF MEDICAID

Electronic Visit Verification

Stakeholder Engagement Summary

Electronic Visit Verification Stakeholder Engagement Summary

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SUMMARY

The Division of Medicaid under the Idaho Department of Health & Welfare is working to implement Electronic Visit Verification (EVV) as outlined in Section 12006 of the 21st Century Cures Act. This section mandates states to implement EVV for all personal care services (PCS) and home health services (HHS) that require an in-home visit by a provider. Idaho Medicaid is expecting a timely implementation for PCS, meeting the federal expectation to have EVV implemented statewide by January 1, 2021. We have opted to implement EVV for HHS on the same timeline.

As part of this mandate, states are expected to engage with stakeholders, including: beneficiaries, family caregivers, individuals who furnish personal care services or home health services, and other stakeholders. This document details stakeholder engagement work completed in Idaho.

STAKEHOLDER ENGAGEMENT ACTIVITIES

The Idaho EVV Project Team (project team) is working diligently to engage impacted stakeholders using a variety of modalities. The project team will continue to maintain transparency with stakeholders and solicit feedback throughout the life of the project.

Communication Strategy

The project team has communicated with stakeholders primarily through electronic communication sources. Details of the current communication methods are listed below.

Project Website

The Division of Medicaid launched a vanity URL specific to the EVV project in December 2018. The website provides a convenient "at a glance" view of the EVV project, including general information about EVV and highlighting upcoming stakeholder meetings. Resources and project deliverables are hosted on the website as well as PDF copies of all completed stakeholder presentations.

Project Email

A project email was created in December 2018. This mailbox is maintained by members of the project team. The team utilizes a rotating schedule, including one primary member and a back-up member, to ensure timely response to emails and requests received.

An EVV Distribution List was started when the mailbox was created. It will continue to be updated as more stakeholders engage in the project. The distribution list is open to everyone.

Email blasts are sent to the distribution list on a routine basis to notify stakeholders of upcoming meetings, new deliverables, and to solicit public comments.

MedicAide Articles

MedicAide is a monthly newsletter distributed by DXC Technology, the Division of Medicaid's Medicaid Management Information System (MMIS) vendor. All Idaho Medicaid providers with a Trading Partner Account (TPA) through DXC Technology receive this newsletter electronically. The project team submits content for this newsletter to keep providers informed that may not be on our distribution list.

Administrative Bulletin

The Idaho Office of the Administrative Rules Coordinator, operated through the Division of Financial Management, publishes the Administrative Bulletin monthly. The Administrative Bulletin includes all notices of proposed rules and instructions on how and when to provide input.

To date, the project team has not published content in the bulletin as we have not hosted any *formal* rulemaking meetings; however, notices of Negotiated Rulemaking and Public Hearing(s) will be posted in the bulletin before they occur, typically within the same month they are hosted.

Statewide Stakeholder Engagement

The project team hosts WebEx video and teleconferences on a routine basis. To date, the team has hosted nine public stakeholder presentations on the following dates: December 12, 2018, February 20, 2019, April 5, 2019 *(details below under "Provider Panel Presentation")*, April 18, 2019, August 21, 2019, September 24, 2019, December 10, 2019, February 11, 2020 and April 27, 2020. Links to the presentations can be found in Appendix A.

The presentation format is consistent. A PowerPoint is presented by a project team member and includes a general EVV overview, an update of pending decisions with the project, and next steps. The presentation also includes the project team's contact information and a reminder to submit feedback regarding "all things" EVV.

At the end of the presentation, the project team answers questions from attendees. Attendees have the option to submit questions via the WebEx chat box or verbally.

Provider Panel Presentation

The project team hosted and facilitated a Provider Panel Presentation on April 5, 2019. Five providers from across the state volunteered to discuss how they've implemented EVV in their agency. Attendees had the option to ask panel members questions via the WebEx chat box or verbally at the end of the presentation.

Participating providers completed a rubric to submit information specific to their agency. The project team opted to utilize a rubric to guide the presentation with the intent to provide comparable information, so attendees could see similar information across a variety of providers. A copy of the rubric is attached in Appendix A.

Environmental Scan

The project team completed an environmental scan to determine the extent to which EVV was already being utilized in Idaho. A Key Survey was created and posted to our EVV project website for stakeholders to complete. It was available from March 18 through April 30, 2019. We notified stakeholders through multiple channels that the survey was available, including: stakeholder WebEx presentations, an email blast, and through the MedicAide newsletter. A response summary is attached in Appendix A.

The Bureau of Medical Care called home health providers in June 2019 to complete a supplemental environmental scan. A response summary is also attached in Appendix A.

Informal Negotiated Rulemaking

The project team hosted an informal Negotiated Rulemaking session via WebEx video and teleconference on April 22, 2020. Notification of this meeting was provided via email blast and posted to our EVV website.

Draft rule content was presented to attendees and comments were requested as we reviewed each section of the proposed rules. Attendees were offered the option to submit questions via the WebEx chat box or verbally. Attendees were also invited to submit written comments after the presentation. A deadline of May 22, 2020 was provided. A copy of the draft rule text can be found in Appendix A.

Content Review

To actively engage stakeholders statewide, the project team has opted to post all applicable documents to our project website for stakeholder comment. To date, the project team has posted draft and final copies of the following documents to our webpage:

- Stakeholder focus group charters;
- Frequently Asked Questions; and
- Provider Best Practice Guidance

Stakeholders are notified documents are available via email blast, stakeholder WebEx presentations, and the MedicAide newsletter (as needed).

Stakeholder Focus Groups

Stakeholder focus groups were created during Fall 2019 to collaborate with Division of Medicaid staff regarding program-specific details of EVV implementation. Each focus group is comprised of members from across the state, including providers of varying specialties and agency sizes, participants receiving Medicaid services impacted by EVV, and multiple advocacy representatives.

The groups are tasked with varying goals and objectives; however, they are all expected to consider variations in agency size and location and identify recommendations that account for limited staff and fiscal resources. Participants and advocates are critical members on each

workgroup, providing a unique community perspective that is considered as recommendations are submitted to Idaho Medicaid Administration.

Initially, the project team opted to create three separate groups to address the following areas: policy and operations, implementation, and rules. In February 2020, the project team, existing workgroup members and Medicaid Administration agreed to consolidate two of the workgroups to a single advisory group.

Copies of the workgroup charters are attached in Appendix B.

Policy & Operations Workgroup

The Policy & Operations Workgroup (POW) launched on October 16, 2019. The POW included 15 members; five members from the Division of Medicaid, three Personal Assistance Agencies, three Home Health Agencies, a Center for Independent Living, two advocates* and two participants.
**Note: One member of the group identifies as a participant and an advocate*

The goals of the POW included:

1. Identifying minimum standards for EVV systems;
2. Exploring enhanced EVV capabilities;
3. Considering a manual entry threshold and guidelines;
4. EVV system failure and alternatives;
5. Training requirements; and
6. Quality assurance requirements

POW members attended seven (7) meetings from October 2019 through February 2020. Workgroup members were offered the option to attend meetings in-person (Medicaid Central Office at 3232 Elder Street Boise, ID 83705) or via web conference.

Members of the project team facilitated POW meetings. In addition to compiling recommendations for the division, the POW worked to identify additional information for consideration, such as connectivity in rural areas and use of Global Positioning Services (GPS) (related to connectivity and participant privacy). Workgroup members contributed a diverse perspective as we had representation from all regions in the state and with Idaho's varying landscape, this perspective was essential in identifying minimum standards for EVV in Idaho.

POW members helped create the first version of our Frequently Asked Questions (FAQ) document. A copy of the current FAQ document can be found in Appendix B. POW members also worked with the Idaho EVV Project Team to identify operation and implementation recommendations for review by Idaho Medicaid Administration. Details of the recommendations and decisions are outlined below.

POW Recommendation	Medicaid Administration Decision
Implement EVV in Idaho with the minimum standards defined in Section 12006 of the 21st Century Cures Act.	Adopted. EVV systems in Idaho will capture, at minimum, the six required data elements.
Do not implement a stringent claims adjudication mechanism that prohibits payment of claims.	This recommendation is under review.
Do not prohibit specific technologies available for capturing the required data elements for EVV.	Adopted. Idaho Medicaid will not require providers to supply multiple technology options (e.g. telephony and phone application) to complete EVV.

Implementation Workgroup

The Implementation Workgroup launched on December 5, 2019. The workgroup included 13 members; five members from the Division of Medicaid, four Personal Assistance Agencies, two Home Health Agencies, as well as two* advocates/participants.
**Note: Two members of the group identify as a participant and an advocate*

The goals of the Implementation Workgroup included:

1. Defining phases for streamlined implementation, including project milestones;
2. Establishing an implementation timeline with target dates for completion;
3. Exploring best practice recommendations for providers implementing EVV;
4. Exploring best practice recommendations for participants receiving services subject to EVV; and
5. Drafting a public-facing EVV best practice guidance document for providers and participants

Implementation Workgroup members attended three (3) meetings from December 2019 through February 2020. Workgroup members were offered the option to attend meetings in-person (Medicaid Central Office at 3232 Elder Street Boise, ID 83705) or via web conference.

Members of the project team facilitated the workgroup meetings. The group worked together to identify the project's first milestone:

Encourage providers to start talking with EVV vendors and identify possible EVV software solutions for their business

The group also drafted the first version of a public-facing best practice guidance document for providers. A copy of the Provider Best Practice Guidance Document can be found in Appendix B.

EVV Advisory Group

The EVV Advisory Group launched on March 5, 2020. This group is the consolidated workgroup referenced above, consisting of members from the Policy & Operations Workgroup as well as

the Implementation Workgroup. The Advisory Group workgroup includes 22 members; five members from the Division of Medicaid, seven Personal Assistance Agencies, five Home Health Agencies, one Center for Independent Living, as well as three* advocates and three participants.
**Note: Two members of the group identify as a participant and an advocate.*

The goals of the Advisory Group include:

1. Identifying EVV system failure standards and alternatives;
2. Establishing an implementation timeline, including project milestones;
3. Exploring best practice recommendations for providers implementing EVV;
4. Exploring best practice recommendations for participants receiving services subject to EVV; and
5. Updating public-facing EVV best practice guidance documents for providers and participants

Advisory Group members agreed to a monthly recurring meeting on the first Thursday of each month from 10:30am-12:00pm. Workgroup members are offered the option to attend meetings in-person (Medicaid Central Office at 3232 Elder Street Boise, ID 83705) or via web conference.

Monthly meetings are facilitated by members of the project team. The Advisory Group is tasked with making operational recommendations to the division, and ensuring those recommendations consider the federal EVV regulations, including an implementation plan that is minimally burdensome for providers and participants.

Advisory Group members will continue working with the Idaho EVV Project Team to identify operation and implementation recommendations for review by Idaho Medicaid Administration. Currently, the Advisory Group is working with the project team to create an informed consent template that will be available for agencies to adopt as they implement EVV.

Rules Workgroup

The Rules Workgroup launched on April 9, 2020. This workgroup includes nine members; five members from the Division of Medicaid, one Personal Assistance Agency, one Home Health Agencies, one agency that offers Personal Care and Home Health Services, as well as one advocate/participant.

The goals of the Advisory Group include:

1. Drafting rule language that aligns with federal requirements as outlined in all applicable guidance documents
2. Drafting rule language that considers advisory group deliverables, if necessary

The Rules Workgroup meets as needed to draft rule changes. Workgroup members are offered the option to attend meetings in-person (Medicaid Central Office at 3232 Elder Street Boise, ID 83705) or via web conference.

ADDITIONAL INFORMATION

For additional information regarding the Electronic Visit Verification project, please visit our website: http://evv.dhw.idaho.gov or email the Idaho EVV Project Team: EVV@dhw.idaho.gov.

VERSION HISTORY

Date	Version
5/2020	V1.0

APPENDIX A: STATEWIDE STAKEHOLDER ENGAGEMENT

A.1 Stakeholder Engagement Presentations

A.2 Provider Panel Presentation Rubric

A.3 Environmental Scan Response Summary – Key Survey

A.4 Environmental Scan Response Summary – Medical Care Unit Outreach

A.5 Informal Negotiated Rulemaking Draft Text – April 2020

A.1 Stakeholder Engagement Presentations

Links to the stakeholder engagement presentations are located below. The table includes all presentations completed to date. Copies of the presentations will be included in the final draft of this summary document at the end of the project.

Links to Stakeholder Presentations		
December 12, 2018	February 20, 2019	April 5, 2019 (Provider Panel)
April 18, 2019	August 21, 2019	September 24, 2019
December 10, 2019	February 11, 2020	April 22, 2020 (Rulemaking)
April 27, 2020		

A.2 Provider Panel Presentation Rubric

Providers that participated in the panel discussion completed a rubric designed by the project team. A copy of that rubric is below.

Electronic Visit Verification (EVV) Provider Presentation

The Department has developed a rubric to collect provider data to facilitate a discussion regarding current use of EVV. We will compile the provided information into a single PowerPoint to present to interested stakeholders.

Provider Name:

Provider Type:

Provider Size

- *Approximate number of participants –*
- *Approximate staff size –*

Geographical Area Features

- *Do you serve multiple regions? If so, please answer the following questions for each region, should they have geographical differences:*
    - *Are most participants in an urban area, rural area, or a combination of the two?*
    - *In connectivity an issue? (i.e. limited cell phone reception, WIFI access, etc.)*

Implementation Date (Approximate):

EVV System

- *Company –*
- *What type of verification is used? (i.e., telephone call-in, web/phone-based application with GPS, one-time password generator)*

Implementation Features

- *Do you provide a device (i.e., tablet, phone) for your staff to complete EVV?*
- *Who is responsible for overseeing the system and manual entries in your agency?*
- *How did you train your staff?*
- *Do you use any add-on features (i.e., scheduling) in your EVV system?*

EVV System Experience – Pros

- *Please list at least two positive outcomes you've experienced (i.e., ease of system use, increased accuracy in billing, etc.) since implementing EVV.*

EVV System Experience – Cons

- *Please list some negative experiences (if any) you've experienced (i.e., rural connectivity, staff training barriers, etc.) since implementing EVV.*

Cost of EVV System* –

*If you are comfortable sharing this

A.3 Environmental Scan Response Summary – Key Survey

Results from the optional survey completed by providers are listed below.

EVV Key Survey Results – Analysis

Overview

We received *27* responses to the Key Survey. Three responses will be excluded from the analysis as they were completed by Certified Family Home providers; congregate settings are excluded from the scope of EVV.

Provider Specialty

Most of the surveys were completed by providers that primarily provide Aged & Disabled (A&D) Waiver Services. Of the 24 responses, *8* of them serve multiple specialties.

Specialty	Number of Providers
A&D Waiver Services	24
Developmental Disability (DD) Services	4
Durable Medical Equipment (DME)	0
Home Health Services	3
Other	2*

*Providers that designated "Other" include: Behavioral Health and Fiscal Intermediary.

Primary Group Served

Most of the surveys were completed by providers that primarily serve participants utilizing state plan personal care services and/or A&D waiver services. Of the 24 responses, *7* of them serve multiple populations.

Group	Number of Providers
State Plan PCS / A&D Waiver	21
Adult DD Waiver	5
Children DD Waiver	3
Home Health	3

Agency Size

Number of Participants	Number of Providers
0-25	4
26-50	2
51-75	2
76-100	2
101-150	4
151+	10

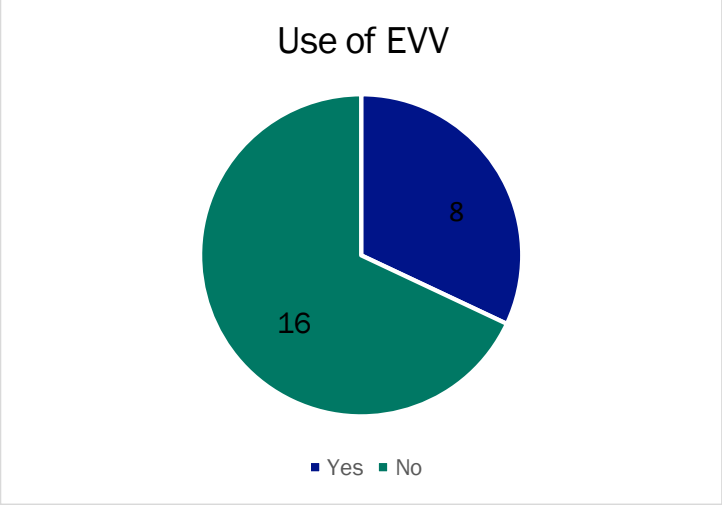
Regions

We received responses from all regions in the state and most providers (80%) serve participants in rural areas with limited telephone and/or WIFI connection. Of the providers that responded, *13* of them serve multiple regions.

Region #	Number of Providers
1	6
2	3
3	9
4	9
5	7
6	9
7	6

Use of EVV

Most of the providers that responded to the survey (67%) are not currently using an EVV system.



Providers utilizing EVV are using telephony and/or mobile technology applications; none are utilizing biometrics or fixed devices. Most providers using EVV (6 or 75%) do not provide devices for their staff to complete EVV tasks. A list of vendors providers are using can be found in the table below.

EVV Vendor	Type of Verification	Type of Device
ClearCare (2)	Telephony (IVR) Mobile Technology App	Participant Landline Caregiver personal phone/tablet
Sandata	Telephony (IVR)	Participant phone/tablet Caregiver personal phone/tablet
CellTrak	Telephony (IVR) Mobile Technology App	Participant phone/tablet Participant Landline Caregiver personal phone/tablet Agency-provided phone/tablet
Other – Therap/When I Work	Mobile Technology App	Caregiver personal phone/tablet Agency-provided phone/tablet
Other – Visit Wizard	Telephony (IVR)	Participant Landline
Other – Hometrak	Telephony (IVR) Mobile Technology App	Participant phone/tablet Participant Landline Caregiver personal phone/tablet
Other – Well Sky	"GPS clock in" – Presumed the provider meant Mobile App	Participant phone/tablet Caregiver personal phone/tablet

A.4 Environmental Scan Response Summary – Medical Care Unit Outreach

Results from the home health provider telephone survey are listed below.

EVV Home Health Utilization Key Survey Questions

Results of phone survey with 24 agencies

1. Approximately how many participants does your agency serve?
    a. 0-25 **(12 agencies)**
    b. 26-50 **(4 agencies)**
    c. 51-75 **(2 agencies)**
    d. 76-100 **(1 agency)**
    e. 101-150
    f. 151 to 300 (**1 agency)**

EVV Questions

1. Is your agency currently using an EVV system? **Yes (7 agencies)** **No (16 agencies)**
    One agency is in the trial process

2. Which EVV system is your agency utilizing?
    a. Axxess
    b. CareWhen
    c. CellTrak
    d. ClearCare **1 agency**
    e. First Data
    f. Sandata

3. Other:_**WellSky (2)**
    Nuclear Care Partners (1)
    Katime (2)
    Home Care Home Base (1)
    Noteefied Product (1)

4. Which type of EVV verification is your agency utilizing?
    a. Telephony (interactive voice response) **(1)**
    b. Mobile Technology App (smart phone or tablet app) **(3)** **I-pad (3)**
    c. Electronic random number match device
    d. Fixed device (i.e. onsite dedicated tablet)
    e. Biometric recognition (i.e. fingerprint scan)

Does your agency provide devices (e.g., smart phones or tablets) to staff to utilize EVV in the participant's home? **Yes (8)**

5. Which device(s) do staff use to complete EVV?
    a. Participant phone/tablet **(1)**
    b. Participant Landline
    c. Caregiver phone/tablet **(5)**

d. Other (**1 Provided by agency & 1 uses Clinician's tablet**)

6. Does your agency serve participants in areas that have limited WIFI and/or cell phone service?
   Yes (21) **No (3)**

7. Which region(s) does your agency serve?
   a. Region 1 (Benewah, Bonner, Boundary, Kootenai, Shoshone Counties) **(2)**
   b. Region 2 (Clearwater, Idaho, Latah, Lewis, Nez Perce Counties)
   c. Region 3 (Adams, Canyon, Gem, Owyhee, Payette, Washington Counties) **(3)**
   d. Region 4 (Ada, Boise, Elmore, Valley Counties) **(3)**
   e. Region 5 (Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls Counties) **(6)**
   f. Region 6 (Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, Power Counties) **(5)**
   g. Region 7 (Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton Counties) **(5)**

A.5 Informal Negotiated Rulemaking Draft Text – April 2020

A copy of the draft text presented to stakeholders on April 22, 2020 is located below.

000. **Electronic Visit Verification (EVV): Definitions**

01. **Aggregator.** System that collects provider claims information from multiple software platforms and standardizes the information in MMIS for the purpose of EVV data validation.
02. **Claims Adjudication.** The process of determining Medicaid financial responsibility for claims submitted to MMIS.
03. **Electronic Visit Verification.** As mandated by Section 12006 of the 21st Century Cures Act.

001. **EVV: Minimum Data Elements.** Compliant EVV systems capture the following validated data elements for each visit to a participant's home.

01. Date of service
02. Time the service begins and ends
03. Individual providing the service
04. Individual receiving the service
05. Type of service performed
06. Location of service delivery

002. **EVV: Provider Requirements**

01. **Applicable Providers and Services.** EVV compliance is required for visits to a participant's home for the following:
    a. Services rendered by a Personal Assistance Agency (PAA), as described in Section 306 of these rules and for the following services types:
        i. Personal Care Services (PCS) as described in Section 303 of these rules,
        ii. Attendant Care as described in Section 326.05 of these rules,
        iii. Homemaker Services as described in Section 326.10 of these rules, and
        iv. Respite Care as described in Section 326.13 of these rules
    b. Services rendered by a Home Health Agency (HHA), as described in IDAPA 16.03.09.724.
        i. Home Health Services as described in IDAPA 16.03.09.720.02
            1. Excluded services: Durable Medical Equipment (DME).
        ii. Private Duty Nursing Services as described in Section 16.03.10.200 of these rules.
02. **Compliance.** Compliant EVV systems capture the minimum six (6) data elements and demonstrate compatibility with the MMIS aggregator. Compatibility is determined by the subcontractor operating the MMIS aggregator.
03. **Eligibility for Payment**. Provider claims associated with EVV-applicable services include corresponding EVV data elements. Claims may be denied if minimum essential elements are missing. Claims that are not denied are still subject to QA review.
04. **Additional Requirements Related to EVV**.
    a. Documented participant consent to use location and identity verification methods.
    b. Policies and procedures outlining each agency's implementation and use of EVV technology, including the safeguarding of participant information.
    c. Providers are required to maintain service plan and progress note documentation in alignment with sections 204.02-03, 304.01, 304.04, 328.04-07 and 328.09 of this

rule and section 720.01 of IDAPA 16.03.09, whether providers use EVV solutions for record retention.

004. **EVV: Quality Assurance and Implementation**

01. Phase-in. The Department's MMIS aggregator will be live no later than January 1, 2021.
    a. Aggregator training will be made available to providers in the process of adopting EVV platforms no later than XX date.
    b. System testing will begin with providers that are ready to initiate test file submissions prior to the January 1, 2021 launch.
    c. Existing providers and providers enrolled prior to July 1, 2021 must complete training and system testing with the MMIS Contractor prior to July 1, 2021.
    d. New providers enrolled after July 1, 2021 must demonstrate EVV compliance and system compatibility prior to rendering services.
02. Quality Assurance. The Department will begin enforcement of compliance with Sections X through Y of these rules on July 1, 2021. Compliance is evaluated using the following measures:
        i. Verification of successful completion of training and systems testing with the state's MMIS Contractor.
        ii. Comparison of claims billed versus corresponding EVV data captured and discrepancies.
        iii. Evaluation of manual changes made to data captured by EVV system.
        iv. Evaluation of location discrepancies. Discrepancies are evaluated to verify alignment with the individual participant's service plan.

APPENDIX B: STAKEHOLDER FOCUS GROUPS

B.1 Policy & Operations Workgroup (POW) Charter

B.2 POW Minimum Standards Worksheet

B.3 Frequently Asked Questions

B.4 Implementation Workgroup Charter

B.5 Provider Best Practice Guidance Document

B.6 Advisory Group Charter

B.7 Rules Workgroup Charter

B.1 Policy & Operations Workgroup (POW) Charter

A link to the POW Charter is included here. A copy of the charter will be included in the final draft of this summary document at the end of the project.

B.2 POW Minimum Standards Worksheet

A copy of the POW minimum standards worksheet is listed below.

Policy & Operations Workgroup - EVV Requirements Questionnaire

To comply with section 12006 of the 21st Century Cures Act, electronic visit verification (EVV) systems must capture six minimum requirements.

EVV System - Minimum Requirements:

1. Type of service performed
2. Individual receiving the service
3. Date of the service
4. Location of service delivery
5. Individual providing the service
6. Time the service begins and ends

Please answer the questions below:

Should the state consider adding system requirements that exceed the minimum requirements listed above? ☐Yes ☐No

Are you concerned about any of the minimum requirements? ☐Yes ☐No
If yes, which requirement(s)? Select all that apply.

- ☐ Type of service performed
- ☐ Individual receiving the service
- ☐ Date of the service
- ☐ Location of service delivery
- ☐ Individual providing the service
- ☐ Time the service begins and ends

Please describe your concerns here:

Should the state consider prohibiting any EVV technologies, such as GPS, smart phone application, or cloud-based data storage? ☐Yes ☐No

Claims Adjudication: A mechanism the state can implement to ensure EVV data aligns with the claim submitted to the system for payment. Claims adjudication is not a requirement; however, it has been shown to help reduce fraud, waste, and abuse.
A few models have been described below:

1. Warn - The system flags a claim if there is a data issue (i.e. the date of service submitted on the claim may not match the EVV data). The claims system would issue a warning message to notify the provider there was an error in the data and it should be corrected; the claim would still be paid.
2. Edit – The system flags a claim if there is a data issue and places the claim into a pending status. The claim would not process and pay until the error was corrected.
3. Deny – The system does not issue payment for a claim that does not align with the EVV data.

Should the state consider utilizing claims adjudication? ☐Yes ☐No
If no, why? Please describe your concerns here.

B.3 Frequently Asked Questions

A link to the Frequently Asked Questions document is included here. A copy of the document will be included in the final draft of this summary document at the end of the project.

B.4 Implementation Workgroup Charter

A link to the Implementation Workgroup Charter is included here. A copy of the charter will be included in the final draft of this summary document at the end of the project.

B.5 Provider Best Practice Guidance Document

A link to the Provider Best Practice Guidance Document is included here. A copy of the document will be included in the final draft of this summary document at the end of the project.

B.6 Advisory Group Charter

A link to the Advisory Group Charter is included here. A copy of the charter will be included in the final draft of this summary document at the end of the project.

B.7 Rules Workgroup Charter

A link to the Rules Workgroup Charter is included here. A copy of the charter will be included in the final draft of this summary document at the end of the project.