

Purpose of EVV Compliance Reporting:

- The Department is facilitating collaboration with Plans to improve Electronic Visit Verification (EVV) compliance. More details are forthcoming, but EVV compliance can be thought of as a combination of factors. First, EVV data should be collected in an appropriate manner without edits/manual entries, or compliant reasons for any such actions. Second, compliance also includes successful EVV submissions to the New York State (NYS) EVV Aggregator. Third, compliance includes the alignment of critical fields between the claim and the supporting EVV record. EVV-applicable claims submitted to the Department are not compliant if they aren't supported by EVV, unless an exemption applies. An EVV record should be submitted for each unique service provided to a member.

Next Steps for Quarter 2 (Q2) EVV Reporting:

- Please continue to provide updates on the Plan's progress and communicate any challenges in Q2 reporting.
- The Department has identified that all Quarter 1 submissions show opportunity for EVV compliance improvement and asks for the Plan to implement corrective actions to reach the benchmark with its providers, and to communicate any challenges.
- If the Plan was unclear on how to or unable to identify EVV compliance of providers during the Quarter 1 (Q1) reporting submission, Plans should develop workplans with tasks, and necessary systems updates, that will advance compliance measures each quarter. The goal of this activity is for the Plan to institute processes to monitor EVV compliance effectively.
- If a Plan identifies data that reflects inconsistent EVV compliance across providers and EVV-applicable programs, the Department asks each Plan to work to understand those issues that exist for outliers and communicate them to the Department. Plans and providers are encouraged to conduct EVV compliance reviews frequently to measure progress.
- Plans are not required to submit EVV data to the NYS Aggregator on behalf of providers but may choose to do so. Plans are being asked to provide quarterly EVV reporting during State Fiscal Year (SFY) 26/27 to facilitate EVV data and compliance progress. The Department's expectation is that Plans monitor the

compliance of EVV-applicable services prior to encounter submission and the Department will not be providing access to EVV data.

- In the Q2 response, the Department expects the Plan to explain the underlying cause in your Q2 response whenever the Plan shows compliance rates of zero for a provider or service. For example, was it due to: no matching EVV records, services with matching EVV records that were collected in a non-compliant manual or edited fashion, or suboptimal visibility into EVV compliance data or something else?
- Some plans submitted data where the MC Plan/Product was listed as “unknown” in a Plan's data submissions. The Department asks that those Plans use the experiential questions in the next EVV Reporting submission to explain the challenges relating to identifying its plan/product types.
- If the Plan is aware of manually entered and edited EVV records being submitted by providers and is struggling to interpret them in the context of EVV compliance, the Department asks that the Plan investigate frequency, adjustment amounts (for edits), and reasons that this activity is occurring. Please also share this information with the Department in the Plan's Q2 response, to allow collaboration between the Department and the Plan to define the appropriate usage of this capability. The Department is considering asking providers to submit additional data points on the EVV record that reveal adjustments to service times initially captured, manual creation of service begin and/or end times, and a reason for this action.
- The Department asks each Plan to share the fields on the EVV record and service claim that are being used to determine a compliance match. Examples of fields for matching are Member Medicaid ID, Service Date(s), Service Code(s), Service Provider, EVV Service Span, and Claim Units, etc. Please inform the Department if a particular data field is causing issues with matching.
- Any questions on the homecare worker ID requirement on encounters can contact the Managed Care Encounter Compliance mailbox (ManagedCareEncounterCompliance@health.ny.gov).

New York State Department of Health (“Department”) Technical Assistance for EVV Reporting Requirements:

- 1) What process should the Plan use when EVV data is delayed or unavailable, so that provider abrasion does not occur? Expectations for managed care plan involvement in EVV monitoring, including standardized requirements for oversight of provider networks.
 - Plans should develop a workplan to include training with a goal and tasks to advance compliance measures each Quarter.
- 2) Is there a definitive list of codes mapped to POS?
 - The current list of EVV-applicable codes is attached as a reference.
- 3) What constitutes an EVV exception?
 - Current EVV exemptions include Live-In Caregivers, Private Duty Nurses (PDNs), and congregate care settings at this time. Also, religious holidays or observances that impact the use of technology in capturing EVV in a compliant manner are considered an allowable paper timesheet or other non-compliant method. The Department is considering a procedure code and modifier-based solution to allow providers to indicate EVV-exemptions on claims as a method for improving compliance rates.
- 4) What discrepancies (ex. Timing differences) are automatically rejected versus sent for review?
 - The NYS EVV Aggregator will reject an EVV record where service start date time is greater than the current date or service start date time is greater than the service end date time.
- 5) How long are EVV validation and exception records retained?
 - All providers and the Fiscal Intermediary (FI) must retain EVV data for at least seven years from the last date of service, or applicable federal and state laws, or according to a Plan's contract with the Department, whichever period is longer. However, if an audit is initiated within the required retention period, the records shall be retained until the audit is completed and every exception is resolved. Policies regarding retention of records shall apply even if the provider or FI discontinues operation.

- 6) How should multiple potential matches be handled?
 - When there are multiple matches between an EVV record and a claim, the provider and Plan should verify the appropriateness before submitting. The Department encourages the Plan to share more detailed information about multiple match scenarios in future quarterly submissions.
- 7) Under the Considerations for Selecting an EVV system - providers are able to use any EVV system. Will the Department be recommending any EVV system in the future?
 - This position remains consistent. The Department is not endorsing, approving, or recommending any specific vendor or EVV system.
- 8) How should cross-vendor or alternative EVV system data be handled?
 - Please share more detailed information about this concern with the Department.
- 9) Are services provided by an Assisting Living Program (ALP), participating in a pilot program with PACE, and paid via a monthly per member per month rate for all services reportable hereunder?
 - Services received through an ALP are considered congregate care and therefore are not subject to EVV requirements at this time.
- 10) Are PACE employees, who are exempt, salaried employees, required to submit EVV? Guidance for PACE plans, providers and employees.
 - All EVV-applicable services require supporting EVV information.
- 11) Please provide guidance on how to handle EVV compliance for members auto-enrolled (mandatory cases) who are being serviced by an OON provider, authorized for 90-days, as required.
 - The Department is aware of this challenge and is considering additional guidance; to reiterate, all EVV-applicable services require supporting EVV information.
- 12) Please provide guidance on how 24-hour live-in aides, who are in the home continuously, are to clock in and out.
 - For the purposes of New York State's EVV reporting requirements, an EVV-exempt live-in caregiver is defined as a caregiver providing services to a Medicaid member where the member's and caregiver's permanent place of residence are the same. Caregivers who do not meet this definition are not considered EVV-exempt live-in caregivers under the

requirements of EVV. Residence status must be verified for both the member(s) and caregiver(s). When an EVV-exempt live-in caregiver provides services to more than one member with whom they permanently reside, EVV-exempt live-in caregiver status must be validated for each member.

- Examples of caregivers who are NOT EVV-exempt live-in caregivers are:
 - Caregivers who live with the Medicaid member, while providing services for only a short period of time, such as two weeks.
 - Caregivers who work 24-hour shifts, but whose permanent residence is not the same as the Medicaid member.
- Questions about these types of scenarios should be captured in the Plan's quarterly reporting to the Department.

13) Please provide guidance for how to handle orthodox members who will not permit their aides to use electronic devices to clock in and out.

- All EVV services are required to have complete EVV data to be considered a verified visit. In the circumstance that a visit was not electronically captured at the time of the visit, the provider agency or FI must document the reason for why the EVV applicable services were not captured using a compliant EVV method. The Department is considering a procedure code and modifier(s)-based solution to allow providers to indicate EVV-exemptions on claims as a method for improving compliance rates.

14) Please provide clarity on geolocation expectations with telephony visits. Confirm that IVR and Caller ID visits are not expected to contain GPS coordinates and remain compliant when other required elements are present. Clarify acceptable location values when GPS coordinates are unavailable.

- GPS is not currently required for EVV in New York State. If a provider agency or FI chooses to utilize a GPS system to capture EVV data, it is the responsibility of the provider agency or FI to maintain and store the GPS data points in the event of an audit for verification purposes.

15) Overnight visits: Provide standardized matching guidance for visits spanning midnight that generate a single EVV transaction but multiple claim dates.

- The Department expects that an overnight service be represented by two distinct EVV records, one for service time that falls on each calendar day and that the claim submission that follows reflects the information

submitted on the EVV record(s). Appropriate use of an automatic clock-out/clock-in solution as a convenience to the home care worker is permitted in these scenarios.

- 16) Can the Department confirm if the State's EVV program requirements apply to managed care organizations, separate from managed long-term care plans?
- EVV requirements apply to all Medicaid managed care plan products providing EVV-applicable services in the New York State Medicaid program, including:
 - Medicaid Advantage Plus (MAP)
 - Partial Capitation (MLTCP)
 - Programs for All-inclusive Care for the Elderly (PACE)
 - Medicaid Managed Care (MMC)
 - HIV Special Needs Plans (HIV SNPs)
 - Health and Recovery Plans (HARPs)