Type Agency Name , complete each section in Yellow, and remove the Sample wtermark

AGENCY NAME

*\*By placing your name on this document, you state the following:*

1. *You have made no changes to the document.*
2. *You agree to the implementation of the requirements noted within.*
3. *You agree to maintain policies to ensure all updates are reflected.*

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| Policy No. [INSERT#] | **Electronic Visit Verification (EVV)** |
| Definition | **Electronic Visit Verification System**: An electronic system paid caregivers use to check- in at the beginning and check out at the end of each period of service delivery (shift). The system is used to monitor the person’s receipt of specified services and to generate claims for submission by the provider. |

# Policy:

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| Dedicated Staff | [AGENCY NAME] will have at least one (1) dedicated staff assigned to work EVV during and after business hours. |
| In addition, [AGENCYNAME] knows there must be at least one (1) backup staff to manage the EVV system as it relates to billing, exception handling, and late and missed visit reporting. TITLEorNAME will act as the primary backup for [AGENCYNAME] |
| The Provider is expected to have a dedicated office staff that will perform system maintenance in the EVV system to validate and confirm services were provided. |
| Providers must have an on-call process outlined for afterhours monitoring of EVV.  [explain your process in detail] |
| Timelines | [AGENCYNAME] will ensure we have sufficient staff to provide services in accordance with the person’s plan of care. [AGENCYNAME] is responsible for having adequate backup staff in the event the originally scheduled worker is unable to provide services in accordance with the pIan of care. |
| [AGENCYNAME] will comply with timely submission of any and all information needed regarding the person’s visit status (i.e. late and missed visits). |
| Billing | [AGENCYNAME] will ensure all EVV exceptions are worked within 24-hours of occurrence. |
| [AGENCYNAME] only has 120 days from the actual date of services to get the claim submitted. Any issues not exported from EVV are Included in the timely filing submission process. |
| Providers must have written in their policy their **process for verifying a person’s eligibility prior to services.**  [explain your process in detail] |
| [AGENCY NAME] will notify the MCO of any of the person’s status changes, i.e. hospitalizations, vacations, or nursing facility stays. |
| Billing for all services is performed within the current billing contractor’s (Therap) EVV system. |
| EVV Claim Billing Process | The EVV service visit will be captured in the Therap EVV system. All visits in the Therap system will be verified against acknowledged authorizations in the Therap system. After the billing process has been completed by the provider in Therap, the claim will be sent onto the person’s MCO for verification and payment by the approved MCO.  This will occur if the EVV Service visit is in the system with all elements required by EVV (whether auto-verified by the staff or manually edited by the provider agency). All visit/s that are not in a verified state (either by auto-confirmed or provider manual confirmation) will be unable to be captured and billed through the Therap system. Failure to check in and out by a staff person or lack of visit maintenance by the provider (if applicable) will result in payment delay until the corrections have been made. Therap Claims are captured and rolled over to the Therap system for final submission to the MCOs on a daily basis.  Daily notes and timesheets must be available for any DDA, State, or Federal review and/or audit. |
| EVV Training | [AGENCYNAME] will train all staff, who provide services in the person’s home, how to clock in and out of the system while in the person’s home. Training must include Education for workers on what to expect if the system is not utilized correctly. |
| [AGENCYNAME] has a mechanism in place for updating staff contact information in the EVV system and within Therap. The training must include pertinent phone, fax, and e-mail information to ensure provider agency is aware of any Therap updates. |
| [AGENCYNAME] will train their staff on the agencies back-up process in the event the staff person is unable to use the chosen method of capturing the service visit. |
| Has a policy and procedure in place to provide and document initial and ongoing education to employees on EVV System.  [explain your process in detail] |
| [AGENCYNAME] has training materials and sign-in sheets on EVV System. |
| Compliance | [AGENCYNAME] will populate the EVV database with newly hired employees with social security number. |
| [AGENCYNAME] The Provider is expected to maintain 100% compliance with EVV usage. Although less than 100% will result in outreach from DDA, 90% of auto-verified visits are the benchmark for compliance. Failure to comply will result in other administrative actions, as described in the section below. |
| Electronic Visit Verification Usage | All providers and their agency staff must use the Therap system regardless of other EVV systems in place.  The Direct Support Professional (DSP) and Clinician must successfully record the EVV Service visit by checking in and checking out during the visit. DSPs will be required to check-in and check-out with their unique ID assigned by the agency. This includes family members paid to act as the DSP.  There are two preferred means for staff to check-in and check-out using EVV: Phone-Based Telephony (TVV) and Mobile Visit Verification (MVV) via bringing your own device (BYOD). The preferred method, when checking in from the person's home, is BYOD.  Allowable phone numbers are any numbers associated with the person supported. *The Independent Support Coordinator (ISC) for the person supported is responsible for keeping phone numbers up-to-date with DDA, once the Provider has made them aware of a change so that the Department's case management system (TITAN) can be updated to reflect the correct information.* Please be aware that phone numbers cannot be associated with the agency.  If the person supported does not have a phone available, bring your own device (BYOD) must be utilized unless the Provider elects to provide a fixed device in the home.  If there is an unexpected issue with cell service at the time of the visit, Therap’s MVV application will work in offline mode and transmit the captured data the next time the MVV application is opened.  In areas where cell service and internet connection are always an issue, the Therap Offline Scheduling application will allow users the ability to check in and out of **pre-scheduled visits** when they do not have access to an internet connection or when the Therap web application is unavailable due to maintenance.  The offline scheduling application must be configured in advance via the user’s mobile application dashboard ‘Settings’ page. Please note this only works **if schedules are created ahead of time** and the visits are added to the offline application in advance of being without internet or cell service.  If there are no phone capabilities in the person’s residence, there is the final option of placement of a fixed device (additional cost) in the person receiving services home. This is known as Fixed Visit Verification (FVV). |
| Visit Maintenance and confirmations (post-visit) | DDA recommends Providers perform visit Maintenance daily. Maintenance is vital to the Therap EVV system for monitoring. Failure to perform this maintenance could result in delayed payment in billing claims until the corrections have been made.  Each agency will identify agency users who will perform this function and assign permission roles accordingly. A note must be entered whenever a call is not captured automatically in the Therap system. These types of events are referred to as exceptions, and DDA will look for a comment on each exception. Exceptions require manual confirmations of the visit by the agencies' dedicated staff.  Providers are expected to verify that visits have occurred if there is an exception by verifying there is a timesheet and daily note for the visit before the visit is confirmed in the EVV system. If more detailed reasons are needed for this manually confirmed visit, DDA may request this information be made available upon request.  Any discrepancies noted by the provider agency, such as but not limited to GPS location with non-associated locations of the person, services not being provided at the time requested or manner based on the person's preference, or overall visit concerns are to be addressed by the provider agency and can be found by their continuous visit oversight maintenance.  Please note: The manual confirmation by the EVV service provider of service visit process is not compliant with the Cures Act. Each manually confirmed visit and reason needs to be tracked and addressed by the Provider.  Provider agencies must continue to use timesheets and service notes to document service delivery.  Documentation of these processes must be available for any DDA, State, or Federal review and/or audit. |
| Compliance Plan Scoring | EVV Compliance will be measured in the DDA Program Operations unit. It will focus primarily on data collected relative to successful check-ins and check-outs and by successful scheduling of visits by the Provider. The review period will be for the previous month of services.   * 1. The following cumulative data points will be collected by DDA and reported to TennCare: o Total EVV confirmations:   2. o Total number of telephony (IVR) Confirmations   3. o Total number of MVV Confirmations (BYOD/Personal Device)   4. o Total number of Manual Confirmations   5. o Percent of manual confirmations due to Provider/Worker error   6. o Percent of manual confirmations due to DDA/System error   7. o Primary reasons for manual confirmations (can be determined through reports, using notes made by the Provider and/or outreach to the Provider by DDA)   **Compliance Score is calculated as follows:** IVR visits + MVV visits + Manually Confirmed visits=total number of visits and Total IVR and MVV Confirmations divided by the total number of visits confirmed equals the percentage of compliance (assumes manual confirmations are non-compliant)  **EXAMPLE:**   * 21 IVR visits + 1 MVV visit (total EVV visits) + 4 manually confirmed visits (non-compliant confirmations) =26 total visits * 22 EVV visits /26 total confirmed visits =85% compliance |

Reference: “[Electronic Visit Verification (EVV) Compliance Plan](https://www.dropbox.com/s/hrcky6roeainfab/Electronic%20Visit%20Verification%20Compliance%20Guidelines%20Provider%20December%202022%20FINAL.pdf?dl=0)) August 1, 2020; Revised December 28, 2022”