



Rhode Island Executive Office of Health and Human Services

3 West Road | Virks Building | Cranston, RI 02920

Date: December 6, 2023

To: Rhode Island Home Care and Home Health Care Service
Providers

From: Meg Carpinelli, EVV Project Manager and Compliance

Cc: Kristin Sousa, Medicaid Program Director, EOHHS
Jane Morgan, Medicaid Executive Legal Counsel
Nicole Nelson, Chief of Applications, Technology, Medicaid
Mark Kraics, Director, Managed Care & Oversight

Re: EVV Compliance Update, Oversight, Monitoring Requirements and Findings

Pursuant to the requirements of the 21st Century Cures Act (Section 12006(a)), home care and personal care providers must adhere to the mandate of implementing Electronic Visit Verification (EVV) systems, which aim to bolster the quality of care and accountability in services provided to Medicaid beneficiaries. Rhode Island Medicaid has been working toward the compliance since January 1, 2021, for Personal Care and Home Makers services and January 1, 2024, for Home Health Care Services. Through this communication EOHHS is clarifying and identifying areas of concern and actions provider agencies can take to ensure compliance with the federal EVV requirements.

In accordance with the above referenced Federal mandates, EOHHS must ensure full compliance with CMS Key Performance Indicator of Auto Visit verification. Many providers are still falling short of the compliance threshold for manual edits. EOHHS previously communicated a target of eighty-five percent (85%) compliance for the auto visit verification rate. To assist agencies in monitoring their compliance with the auto visit verification rate, reports have been added to the EVV aggregator. These reports will exhibit the agencies compliance rates and enable agencies to collaborate with caregivers who may be encountering difficulties with auto visit verification.

Please take note that agencies are expected to minimize the use of manual overrides. Manual overrides should only occur on the rare occasion when a caregiver forgets to log in or log out. If an override does occur, a note must be added to indicate the reason for the correction and override. If the agency notices a trend for certain caregivers forgetting to log in or out for a visit, then it is the responsibility of the agency to provide the caregiver with additional training to reinforce and remind them of the importance of auto visit verification. EOHHS continues to perform targeted outreach to bring provider agencies that have either not submitted EVV data or have a high percentage of manual visits into compliance with the Federal EVV requirements.

Trends Regarding EVV Compliance and Oversight of Agency to Verify Visits for Fraud, Waste and Abuse—Action Required

In analyzing the latest EVV visit data, EOHHS has uncovered several troubling patterns warranting immediate attention by agencies. The following have been observed by EOHHS:

- 1) EOHHS has identified auto verification for the arrival of a caregiver but a manual verification for the log out or, conversely, manual verification for the arrival of the caregiver and auto verification upon log out. EOHHS has recorded numerous instances when the Medicaid funded service start and end times overlap to the exact minute, marking the end of one (1) visit and the commencement of the next. This is alarming when the visits are taking place in different city or towns. EOHHS would like to remind agencies, that Medicaid does not reimburse for travel time between visits. Please ensure that you are scheduling visits with sufficient time to allow the caregiver's travel time between appointments. In addition, caregivers should be informed by the agencies that the caregiver cannot manually enter the end or start times to cover the travel time between visits.
- 2) EOHHS has discovered that certain caregivers are concurrently providing services to multiple members. These visits have manual log in and/or log outs and have been subsequently "verified" by the agency. However, these members are not residing within the same city or town. Agencies that validate such visits may expose themselves to the risk of claims disallowance and/or potential claims recoupment, and in some instances fraud referrals to the Medicaid Fraud Control Unit (MFCU).
- 3) EVV data indicates that certain visits are recorded outside of the State of Rhode Island or more than five hundred (500) feet from the member's home. In these situations, the EVV data either demonstrates an agency cleared and verified an exception or does not show any GPS exception. Pursuant to the EVV technical specifications provided to all agencies utilizing a third-party EVV vendor, Agencies are required to contract with a third-party EVV vendor system that has the capacity to capture GPS coordinates for both the member and visit. Agencies are not authorized to verify visits within the vendor system when the distance between the two (2) points is greater than five hundred (500) feet, until the agency acknowledges that they know about this distance gap and can provide written documentation to EOHHS substantiating a valid reason upon request.

Audit and Compliance Requirements Reminders

Should EVV visits necessitate manual corrections or edits due to missing or incorrect data elements, agencies are obligated to keep hard copy (paper) documentation of these manual corrections for auditing purposes. It is essential for agencies to establish policies detailing the required documentation to meet the EVV auditing requirements and standards. This is to ensure that agencies and their staff understand and are prepared to provide physical documentation of the basis for manual corrections during an EOHHS on-site audit. In instances where documentation is stored electronically, such as in the provider's EVV system, providers must be able to produce upon request hard copies of this documentation.

Finally, agencies are not ending care for members who are no longer receiving services from their agency, or who may have passed away. This requirement is outlined in the Sandata users guide and the third-party technical specifications. Agencies are required to end care in their EVV system for members who are no longer receiving services from your agency.

We appreciate and value your partnership and look forward to working with you to meet the requirements for Electronic Visit Verification in the most efficient way possible.

Please contact Meg Carpinelli (Margaret.Carpinelli@ohhs.ri.gov) if you have any questions about this information.

If you need EVV technical assistance and use the Sandata application, please e-mail RIcustomercare@sandata.com. If you use a third party application please e-mail RIaltev@sandata.com or refer to the alt [EVV addendum](#) .

We appreciate your cooperation with this effort.

Sincerely,

Meg Carpinelli

Meg Carpinelli
EVV Project Manager and Compliance