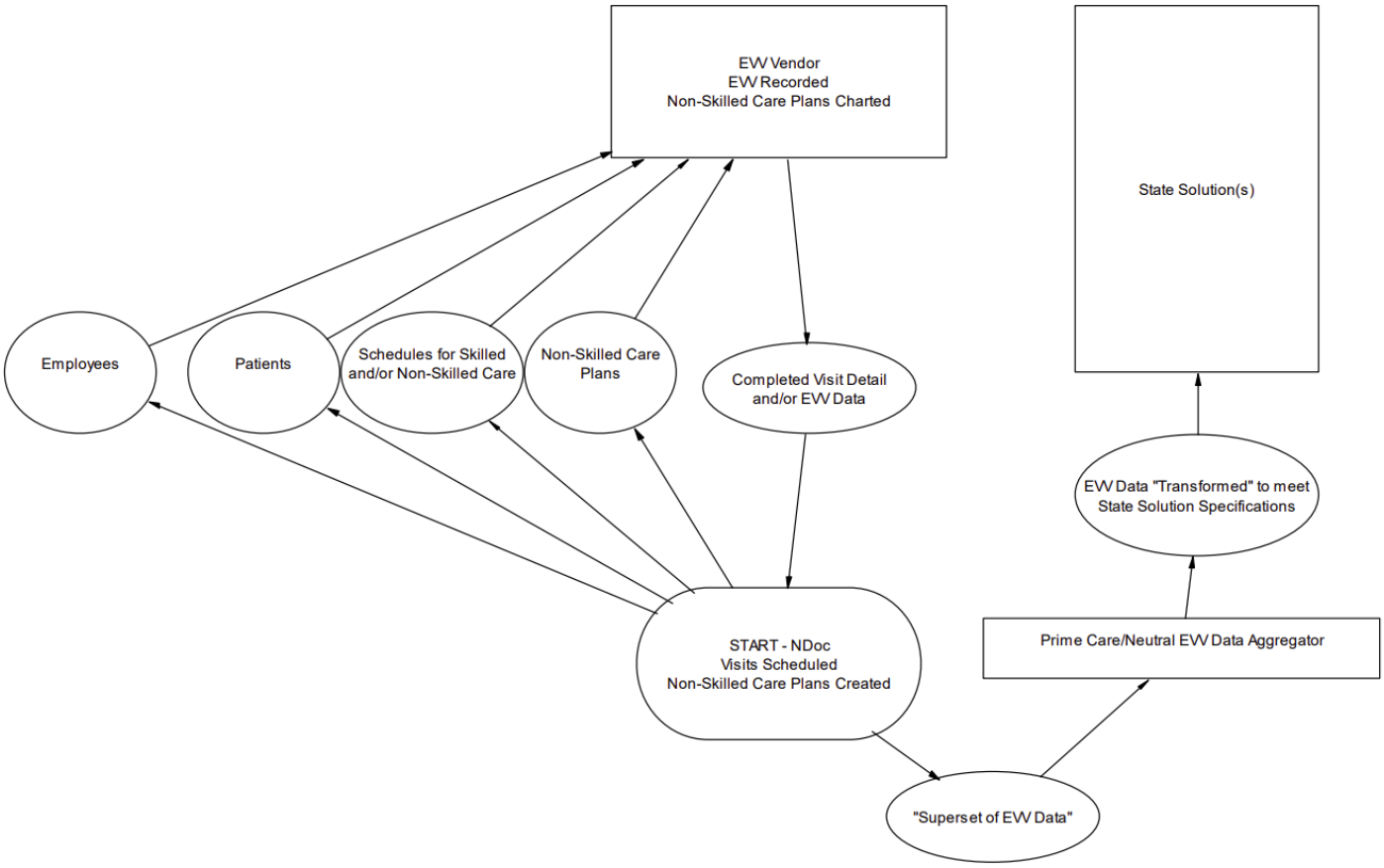
NDoc *Connected Care Reference*
EVV Configuration and Setup

Interface Purpose:

The interface of Electronic Visit Verification (EVV) data from a third-party vendor to a neutral aggregator allows providers using NDoc to gather and transmit the six points of EVV data to their respective state Medicaid solution for review and validation via a neutral aggregator.

Workflow:



Interface Workflow Detail:

- **Options**
  - **Visits that will require EVV** – Customers can choose, upon implementation, which types of visits will be interfaced to their chosen EVV vendor for charting and/or verification. A customer may have any combination of the following in place:
    - Skilled and/or Non-Skilled visits, EVV only – If customers are sending scheduled visits for EVV recording only (no care plan charting), then recorded EVV data flows back into NDoc, where any appropriate action can be taken to ensure it is passed on to the state solution.
    - Skilled visits, EVV only and Non-Skilled Care Plan charting with EVV - Customers have the option to send only schedules for EVV for skilled staff while sending both schedules and care plans for charting for non-skilled staff. In this case, only EVV will be gathered for skilled visits, while non-skilled visits will record EVV along with care plan charting. In all cases, the recorded data flows back into NDoc, where any appropriate action can be taken to ensure it is passed on to the state solution.
- **Outbound data from NDoc to the EVV Vendor** - Visits are scheduled/Care Plans created in NDoc>Employee, Patient, Schedule, Care Plan (Optional), and data sent to EVV Vendor
  - **Employees** - Upon activation, all relevant, active employees will be sent to the EVV Vendor, provided they meet all setup requirements for the selected mobile solution interface.
    - **Schedules/Visits -** Schedules sent to the EVV Vendor are determined based on settings described under the Configuration section of this document. Visits can be sent to the EVV Vendor:
  - If the customer has indicated that all scheduled visits require EVV (Thornberry will put a “send all” flag in place)

  - If the visit is for a discipline that the customer has set up in the Discipline Table as requiring EVV
  - If the visit is scheduled with both an Insurance and Service Provided that require EVV
    - **Patients** – Patients for whom a visit is scheduled that must have EVV recorded will be sent to the EVV vendor along with their patient information (the nature and specifics of patient information depends on the mobile solution implemented) and visit address (with associated GPS coordinates to allow for validation).
- **Inbound from the EVV Vendor to NDoc -** EVV data and/or Care Plan charting recorded in EVV Vendor system>Completed Visit Detail and/or EVV data transmitted back to Ndoc. Data back to NDoc will only be as timely as customer workflow within any EVV vendor portal allows it to be. If it takes several days to clear alerts, etc., for visits in the EVV vendor portal, then the visits will not pass on to NDoc for review, or to the state solution for several days.
- **Outbound to the aggregator -** Final edits/coding performed within NDoc's EVV Management>Ongoing updates/edits to EVV visits continue to send to the aggregator >the aggregator performs data transformation to meet individual state expectations>the aggregator passes transformed data to State Solution
  - **EVV Management** - This function in NDoc allows the customer to review and address any state required coding of visits identified as "missed" or EVV exceptions. Review, coding, and upkeep of the EVV Management views ensures the state will receive all appropriate updates to the data including a final update when NDoc Billing sees the visit as having been "Billed."
    - Trigger Events - Each of the actions below will cause an update of EVV data to send on to the aggregator and the state solution as appropriate.
      - Calendar Bulk Edit/Schedule Queue
      - Scheduling a visit
      - Scheduled visit edit
      - Scheduled visit deletion
      - A visit flagged as Missed by NDoc
- **Inbound to the aggregator –** Errors/Acceptance messages transmit from the state solution to the aggregator, where they are presented in a report for the customer to monitor and follow up on in cases where the state solutions are not providing clean error reporting in their own solution.
- **Billing –** At minimum, customers must generate the claim from NDoc Billing to move the visit to "Billed" status. State solutions expect the final status from the interface to be "Billed," and will most likely reject any updates past that status. They may also require that all bills are actually submitted from their system (functioning as a clearing house) rather than from your current billing application. State solutions may accept the X12 generated from the NDoc Billing System to pass on to the payer, or they may require that their system receive any final adjustments manually.

Configuring NDoc for EVV:

These tables and settings must be built and appropriately configured prior to turning on the EVV interface. Please reach out to your state Medicaid contact or state solution to gain a complete understanding of your state's expectations in relation to visits that require EVV to ensure you're building out appropriate table entries within NDoc.

- **Know your payer/state solution requirements –** When implementing the EVV interface, we depend on customers to have researched and understood their state Medicaid requirements in relation to the Cures Act. This includes engaging their state solution, receiving any required portal training, and reviewing any guidance (typically related to proper coding of missed visits or exceptions) your state provides in relation to EVV data submission. We will make clear the nature of the information you will need to configure in NDoc appropriately, but having your resources on hand when moving forward with us will be necessary.
- **Patient Preparation**
  - **Operations>Patient>Patient Insurance>General>Medicaid #** - Assuming a provider is collecting EVV for Medicaid services, patients must have a valid Patient Medicaid ID recorded here for export. Prior to activating the interface, customers should review patient records and verify the information is recorded. Customers should also evaluate and establish an Intake workflow that results in the recording of this piece of information for all appropriate patients during the lead-up to EVV go-live and thereafter.
  - **Address GPS** – All customers with an EVV interface implemented will have the ability to establish a specific latitude/longitude for their patient, Company, Employee and Location addresses. Taking the step to record address data accurately in the related tables and as part of your Intake and charting process will ensure your eventual EVV is as accurate as possible. Please review the GPS Charting video for clarification regarding how to make use of this functionality as a part of your workflow in address entry via the Patient Referral, Visit Charting, or the Patient Profile.
- **Table Preparation**
  - **Administration>System>Tables>Company Table>Federal Tax ID#** - Customers must record their Federal Tax ID# in this field. If no ID is recorded here, the interface will look to the Federal Tax ID# field under Administration>System>Settings>Demographics.
  - **Administration>System>Tables>Company Table>Medicaid Provider #** – Customers must record their Medicaid Provider # in this field. If no ID is recorded here, the interface will look to the same field under Administration>System>Settings>Demographics.

- **Administration>System>Tables>Company Table>National Provider ID** – Customers must record their NPI in this field. If no ID is recorded here, the interface will look to the same field under Administration>System>Settings>Demographics.
- **Administration>System>Tables>Discipline Table** – A Service Provided Code must be associated with each visit at time of scheduling. That Service Provided Code provides a tie-out to the HCPCS code, which is an EVV requirement. The following settings help to ensure this is occurring.
    - **Visits require EVV recording? Yes/No** – For customers gathering EVV data for purposes beyond Medicaid requirements, this setting should be marked as "Yes" for any discipline meant to export to the EVV (mobile/telephony) solution to gather EVV data. Using this setting **does not** cause the data collected for these visits to be submitted to the state solution (see Insurance and Service Provided Table configurations for further clarification).
    - **Limit Visit Reason field to entries with Service Provided defined for the Discipline? Yes/No** – This setting should be marked as "Yes" for all disciplines with any Service Provided that may require EVV export to the state solution. When a visit is scheduled, if the discipline associated with the visit has this setting set to "Yes", only Visit Reasons with a Service Provided linked to that discipline will be available for selection in the Visit Reason field. This ensures the visit is scheduled with a Visit Reason (and therefore Service Provided Code) relevant to its associated discipline.
- **Administration>System>Tables>Visit Reason** - Because state by state EVV requirements may require data to be sent as early as the first time the visit is scheduled, all scheduled visits must have an Visit Reason associated with them with a Service Provided for the discipline relevant to the visit associated within the Visit Reason Table. Please review the Visit Reason Table and verify that all Reasons have discipline-specific Service Provided codes associated.
- **Administration>System>Tables>Insurance Table** – Please note that the settings and fields required in this table differ by state. Customers must reach out to their payer(s) and/or state solution(s) to make themselves aware of their appropriate state Payer, Program, Plan, and Program Delivery System codes (when applicable) and associate the appropriate code with the relevant entry in their Insurance Table. The Insurance stored with a visit upon scheduling and/or completion dictates the code passed on to the state solution to ensure proper filing.
    - **Visits may require EVV export? – Yes/No -** This setting should be marked as "Yes" for any Insurance that requires EVV data be gathered and submitted to the state solution. Visits with both an Insurance and a Service Provided code with this setting set to "Yes" will export to the EVV solution for data gathering at point of care and then to the state solution.
    - **State-specific EVV fields –** These fields assist in the interface properly identifying the payers that customers are working with for their state solution when sending on visits.
        - **EVV Payer Code, Program Code, Plan Code** (Sandata and HHAExchange states) – The codes relevant to each payer must be entered for each payor requiring EVV data be submitted to the state solution. The values may be the same for multiple payers.
        - **EVV Program Delivery System –** Values (ex., Fee for Services, Managed Care Organization) are dictated by the state solution and must be applied appropriately to payers requiring EVV data submission.
        - **EVV Claim Invoice # Format –** Values (ex., Bill ID/Patient ID with Leading Zeros, Bill ID – Patient ID) are dictated by the state solution and must be applied appropriately to payers requiring EVV data. In all likelihood, the setting selected here should match setting 2300.01 CLM*01 Claim Submitter ID in the Billing Option Set for the payer.
        - **EVV Jurisdiction** - The state of California currently requires a customer to provide an indication in the submitted EVV data of which Jurisdictional Entity they are working with per insurance. Once this determination has been made, the appropriate Jurisdictional code should be entered in the EVV Jurisdiction field for each EVV requiring Insurance.
- **Administration>System>Tables>Service Provided Table**
    - **Visits may require EVV export? – Yes/No –** This setting should be marked as "Yes" for any Service Provided that requires EVV data be gathered and submitted to the state solution. Visits with both an Insurance and a Service Provided code with this setting set to "Yes" will export to the EVV solution and the state solution.
- **EVV Tables –** The tables listed here must be built out to support actions related to the EVV export to the state solution. The tables may or may not be visible in NDoc, depending on a customer's state requirements. Each customer is responsible for understanding what their State Medicaid code requirements are and for building the relevant tables out as appropriate for their organization. The entries in these tables will drive edits to/coding of the visits after scheduling, indicating why they were missed, why gathering EVV data was not possible, why an edit was made to the visit after EVV had occurred, etc.
    - **Administration>System>Tables>EVV Export Reason Code and/or EVV Export Exception Code**
        - **Additional Info Required? Yes/No –** When selected in EVV Management/Visit Charting/Modify, any Export Reason with this set to "Yes" will prompt the user with a free text field for further clarification.
        - **Type? Visit Edit/Other or Missed Visit –** The choice made for this setting dictates whether an Export Reason is displayed when taking action in EVV Management on a Missed Visit or any other type of visit flagged for EVV Export.

- **Administration>Tables>EVV Export Action Taken Code –** This table, when active, provides the customer an ability to include actions and corresponding codes that clarify steps taken in relation to an EVV Visit.

User Interaction:

- **Visits**
  - **Charting a Visit -** In cases where the selected Insurance and Service Provided code both indicate they may require EVV export, NDoc will prompt any user logging into the visit to chart in NDoc with a warning that indicates they should be using their EVV provider to record EVV data along with any clinical or care plan data being recorded in NDoc.
  - **Scheduling a Visit -** When scheduling a visit in NDoc for a Discipline that is marked as "Visits require EVV recording? Yes" via configuration, the scheduling screen will ensure that the user is selecting both a Visit Reason appropriate for that Discipline as well as an Insurance (data required for that visit to export). Alternatively, if both the Service Provided associated with the visit (via the Visit Reason selected) and the selected Insurance for the visit are marked as "Visit may require EVV export? Yes" (even if the Discipline is not marked as "Visits require EVV recording? Yes" via configuration), the scheduled visit will be sent to the EVV vendor for verification.
  - **Move Visit -** In cases where the selected Insurance and Service Provided code (or the Discipline) for a scheduled visit both indicate the visit may require EVV export, NDoc will prevent use of the Move Visit function that moves the visit from one patient record to another. Any scheduled EVV visit to be moved to another patient will need to be deleted and then re-added with the updated information to ensure appropriate cleanup of the original visit and pass-through of the new visit to the aggregator and the state solution.