AmeriHealth Caritas Ohio

Electronic Visit Verification

Reimbursement Policy ID: RPC.0090.7700

Recent review date: 10/2024

Next review date: 07/2026

AmeriHealth Caritas Ohio reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Ohio may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

Section 12006 of the 21st Century CURES Act required states to implement an electronic visit verification (EVV) system for all Medicaid Personal Care Services (PCS) and for Home Health Care Services (HHCS) that require an in-home visit by a provider. The potential benefits of EVV include improved program efficiencies, strengthening quality assurance for PCS and HHCS, and a reduction in potential fraud, waste, and abuse (FWA).

Exceptions

This policy only applies to the Medicaid plans and excludes Medicare and Exchange.

Reimbursement Guidelines

The Ohio department of medicaid (ODM) EVV system collects and maintains data for medicaid programs and services subject to participation in the EVV program.
Data Collection method option:

(1) Application installed on one of the following devices:
   (a) An electronic device provided by ODM that is available at no cost to the service provider. ODMs contracted entity is responsible for electronic device distribution, collection, and ongoing maintenance activities.
   (b) A mobile electronic device owned by the service provider or direct care worker.
      (i) ODM is not responsible for any costs incurred
      (ii) Data services connected to the service provider or direct care worker owned device will be used to transmit visit data from the application to the data aggregator in near real time.
      (iii) The device used with the application will comply with device qualifications found at https://medicaid.ohio.gov/resources-for-providers/special-programs-and-initiatives/electronic-visit-verification.
(2) Telephony: The use of a phone call to start or end a visit.
(3) Manual entry: Manual visit entry is only permissible in the even verification through a device with an application or telephony is not available or appropriate based on the immediate needs of the individual. It is not to be used for routine visit verification.
(4) Alternate vendor:
   (a) Agency providers may utilize an alternate EVV system, as described in rule 5160-32-03 of the Administrative Code.
   (b) Financial management service vendors contracted with ODM, the Ohio department of aging, the Ohio department of developmental disabilities, or the designees will obtain and maintain certification as an alternate vendor.

The Ohio Administrative Code (OAC) requires the electronic verification of a minimum of the following six data elements:

1. The service performed
2. The individual receiving the service
3. The individual(s) providing the service
4. The location(s) of the service
5. The date(s) of the service
6. The time the service begins and ends.

Ohio medicaid services subject to the EVV program include any medicaid plan or 1915 (c) home and community-based services (HCBS) waiver program meeting the following criteria:

(1) Service definition includes one of the following:
   a. Assistance with activities of daily living, as described in rule 5160-3-05 of the administrative code; or
   b. Includes activities provided by a licensed healthcare professional; and
(2) The service is provided in the home or community of the individual; and
(3) The service is measured and paid in units of hours, partial hours, or per assessment.

It is the responsibility of the service provider to ensure accuracy of information entered into the EVV system. Missing visit data or details needing additional action by the service provider will result in a notification to the

service provider, otherwise known as an exception. Claims cannot be substantiated for payment until all exceptions are resolved by the service provider and EVV visit data supports the claim. Unsubstantiated claims may result in denial of payment or post payment review penalty. ODM will communicate with affected service providers at least three months prior to initiating the process of claims denial or post payment review penalty due to EVV as set forth in this paragraph.

Definitions

Electronic Visit Verification (EVV) is to track and monitor timely service delivery and help to ensure access to care for Medicaid beneficiaries.

Personal Care Services (PCS) services consist of supporting activities related to personal care such as movement, dressing, personal hygiene. Services may also include meal preparation, shopping for groceries or housework.

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Ohio Administrative Code- https://codes.ohio.gov/ohio-administrative-code/rule-5160-32-02
V. https://medicaid.ohio.gov/resources-for-providers/special-programs-and-initiatives/electronic-visit-verification

Attachments

N/A

Associated Policies

N/A

Policy History

06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
10/2024	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas Ohio from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section