

 Aetna Better Health of Kentucky 9900 Corporate Campus Drive Suite 100 Louisville, KY 40223	Date	December 17, 2024
	To	All Network Providers
	From	Provider Experience
	Subject	Electronic Visit Verification (EVV) Program
	Document number	Aetna-2014

Electronic visit verification (EVV) is an electronic system providers use to record information when delivering Personal Care Services (PCS), which includes certain in-home or community-based 1915(c) Home and Community Based Services (HCBS) or Home Health Care Services (HHCS). The use of EVV is a requirement of the Cures Act passed by Congress in 2016.

EVV must electronically verify six aspects of service delivery: the date, location and type of service, the individual providing the service, the individual receiving the service and the start and end times of the service.

EVV offers several benefits such as eliminating the need for paper documentation, creating flexibility in scheduling and delivering services, improved monitoring of participant health, safety and welfare and reduction in potential Medicaid fraud, waste and abuse.

MCOs and DMS have been in a “soft launch” period since late 2023 to allow providers time to adopt DMS’s EVV guidelines and begin submitting EVV visit data.

During the “soft launch” period, providers were instructed to begin submitting their visit data either through Therap or their own EVV systems. Claims have continued to be paid by the MCOs during the “soft launch” period. Providers have been expected to attend trainings and ensure their visit data is submitted.

On January 1, 2025, the “hard launch” will commence and any HHCS claim without a corresponding visit documented using EVV will be denied.

DMS and the MCOs encourage providers to begin making a transition and training plan so providers are ready to use Therap on January 1, 2025. This will allow providers ample time to identify and address any issues before the time for required use begins.

The following provider types and service codes are required to use EVV when delivering in-home HHCS to Medicaid participants.

Provider Types Impacted

Model II Waiver (MIIW) **NOTE: Medicaid FFS Only**

Home Health Services (HH)

Private Duty Nursing (PDN)

HH or PDN services provided through a Managed Care Organization

Services that Require EVV

410 - Respiratory Therapist - MIIW

552 - Registered Nurse - MIIW

559 - Licensed Practical Nurse - MIIW

420 - Physical Therapy - Home Health

430 - Occupational Therapy - Home Health

440 - Speech Therapy - Home Health

550 - Skilled Nursing - Home Health

560 - Medical Social Services - Home Health

570 - Home Health Aide - Home Health

T1000 - Private Duty / Independent Nursing - Private Duty Nursing

Providers have two options for using EVV. DMS has selected Therap Services LLC to launch EVV HHCS in Kentucky. Therap Services LLC is a national EVV company that has launched EVV in multiple states. Providers can sign up and receive training on the Therap solution and can use it free of charge.

DMS also allows providers to use their own EVV systems. Those systems will not be paid for by DMS and will be the responsibility of the providers using them. Provider EVV systems must meet the requirements of the 21st Century Cures Act and integrate with Therap to allow DMS to view visit information and conduct quality assurance activities.

Providers who have questions can reach out to 1915cWaiverHelpDesk@ky.gov or call 844-784-5614.

Providers may also communicate directly with Therap via email at kysupport@therapservices.net or attend any of their Town Hall meetings.

https://therapservices.zoom.us/webinar/register/WN_ZALCrXLxTmqiB1CHCFh9Jg#/registration

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