



Department of Medicaid

John R. Kasich, Governor
Barbara R. Sears, Director

August 31, 2018

Dear Valued Provider:

On July 30, 2018, the President signed legislation giving state Medicaid programs more time to comply with Electronic Visit Verification (EVV) requirements by delaying penalties imposed on the states until January 1, 2020. The Ohio Department of Medicaid (ODM) would like to clarify what this means for Ohio's EVV program.

Ohio's EVV program, and accompanying requirements, are still ongoing and applicable. Providers in Ohio who were impacted by the first phase of the Medicaid EVV implementation (fee-for-service providers of state plan home health nursing and aide services, private duty nursing, RN assessment, Ohio Home Care Waiver nursing, Ohio Home Care Waiver personal care, and Ohio Home Care Waiver home care attendant services) should be using EVV. The recently signed legislation only delays penalties for those states who have been unable to implement their EVV systems by the original deadline of January 1, 2019. Ohio implemented the first phase of EVV well in advance of this date, so this legislation only applies to Ohio if additional populations are not implemented by the new deadline of January 1, 2020.

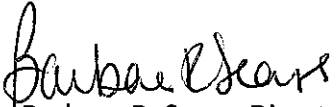
Ohio Administrative Code Rule 5160-1-40, which mandates the use of EVV for certain home and community-based services (state plan home health nursing and aide services, private duty nursing, RN assessment, Ohio Home Care Waiver nursing services, Ohio Home Care Waiver personal care services, and Ohio Home Care Waiver home care attendant services), was effective January 1, 2018. Ohio's EVV program went live January 8, 2018, but ODM gave providers a six-month grace period to come into compliance with the rule. This allowed both providers and ODM to become familiar with the system before any claims were impacted.

Providers subject to EVV should be using the EVV system or an approved alternate EVV vendor now. For dates of service on or after August 15, 2018, any EVV related claims will be compared to EVV visits. Claims will not deny due to EVV at this time, but providers are at risk of negative audit findings if they are not yet in compliance.

Providers can log into the MITS portal and see if any of their claims would have denied due to EVV. This allows providers to make any corrections necessary prior to claim denials. The directions for understanding whether your visits would have denied can be found at: <http://medicaid.ohio.gov/Portals/0/Initiatives/EVV/Remittance-Advice.pdf>.

Beginning on November 15, 2018, any claims subject to EVV will deny if no match is made against an EVV visit.

Sincerely,


Barbara R. Sears, Director