Technical Housekeeping

Audio Issues:
• If you can see the display but cannot hear, a dial-in number for audio via a phone is available in the calendar invitation.

Technical Issues:
• If you get disconnected or “bumped” from this Zoom meeting, please try to log back in.
• If logging back in does not work, there is a dial-in number in the calendar invitation.
• If the above options are not working, all townhalls are recorded and will be available on the EVV website within one week following the townhall.

Questions:
• Please submit questions in the chat function and submit to “everyone”.
• There is not a Q&A section in this Zoom format, versus the previous WebEx format.
Electronic Visit Verification (EVV)

Presented to: EVV Public Forum Attendees
Presented by: Policy and Provider Services
Division of Medicaid
Mission
The Georgia Department of Community Health
We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

*We are dedicated to A Healthy Georgia.*
Presentation Points

- EVV Project Updates
- Case Management and Support Coordination FAQs
- GAMMIS Overview
- Common Issues or Questions
- Third-Party EVV Vendor Update
- Question and Answer (Q&A)
Electronic Visit Verification

EVV Project Updates
PSS and CLS Timeline Recap

April 1, 2021
PSS and CLS EVV is operational

November 1, 2021
PSS and CLS providers required by policy to submit EVV-required claims through the State EVV solution

January 1, 2022
The manual claims edit in GAMMIS is on
All claims for EVV-applicable services with a date of service on or after January 1, 2022 have to be submitted through the State EVV solution, Netsmart Mobile Caregiver+
Status Update: Key Statistics

Percentage of providers (by Tax ID / EIN) that have registered for the State EVV solution, Netsmart. Majority of those who have not registered do not currently have EVV-applicable clients or active authorizations.

Completed visits in Georgia using EVV for required PSS and CLS Services

Submitted claims in Georgia using EVV for required PSS and CLS Services

One provider has successfully submitted over 48,000 claims through the State EVV solution!

Data as of 12/27/21
Exceptions

There are two (2) exceptions to the January 1, 2022 EVV mandatory claims deadline. Providers that have claims that fall within one or more of the following exceptions should submit those claims directly to GAMMIS until upgrades to the Netsmart solution are completed. The claim exceptions are as follows:

1. A claim pertaining to a member with a Patient Liability / Cost Share,
2. A claim type tied to an open “Tier 2” ticket with Netsmart.

Only providers submitting claims that meet any of the above exception criteria may submit those claim types directly to GAMMIS.

PLEASE NOTE: The exception for EVV claims related to Shared Services codes has been resolved. Applicable Shared Services claims should now be billed through the State EVV solution, Netsmart Mobile Caregiver+.

If you have questions or concerns about whether these exceptions apply to one of your claims, please reach out to evv.medicaid@dch.ga.gov.
The exceptions require manual claims intervention to override the edit for PSS / CLS providers. As a matter of process, these exceptions will deny when submitted directly to GAMMIS. Once the claim has been submitted to GAMMIS and denied, please follow the process below for these exceptions.

**To submit claims for Patient Liability / Cost Share, providers may either:**
1. Bill daily through EVV and patient liability/cost share claims will process correctly; OR
2. Providers may span or batch bill but will need to send the denied ICNs to the EVV mailbox at [evv.medicaid@dch.ga.gov](mailto:evv.medicaid@dch.ga.gov) for review and manual override.

**To submit claims tied to an open “Tier 2” ticket with Netsmart,** providers should submit the ICN for the associated denied claim. DCH will validate and match against the open “Tier 2” ticket and manually override GAMMIS once all information is verified.

DCH is working with EVV to immediately correct the patient liability/cost share issue. It is currently the top priority for modification, and we expect the issue to be corrected shortly.
Electronic Visit Verification

Case Management and Support Coordination FAQs
Case Management Functionality is live!

Case Management functionality includes:

- View-only access to the following data for linked Medicaid members
  - Schedule
  - Visits
  - Prior Authorizations

- Access to the following reports:
  - Recipients
  - Visit
  - Visit Completed not Pre-Scheduled
  - Visit Detail
  - Visit Report

- Ability to send and receive messages to and from aides / caregivers using the Netsmart Mobile Caregiver+
Is EVV required for case management or support coordination services?
No. EVV functionality for case management and support coordination is optional. DCH hopes our case management and support coordination providers will use all of the tools available to them.

How do case managers access the State EVV solution?
Case management and support coordination agencies need to register as an agency first and then the agency adds in their employees. Employees will then be invited via email to log in. Please ensure you log in within 36 hours of receiving your email invitation or you will need to contact the Georgia EVV call center to reset your temporary password. There is a checklist to help both agencies and case managers:

EVV Case Management Provider Checklist
Does this optional functionality apply to case management and support coordination?
Yes!

What do I do if a PSS or CLS provider asks me about how to use EVV?
If you do have a provider asking for support, they can be referred to the appropriate DCH-provided checklists. The checklists include training recommendations and links to register for training. The checklist links are below:

Phase 1 Implementation Checklist - Providers Using Tellus EVV
Phase 1 Implementation Checklist - Providers Using a Third-Party EVV Solution
Phase 2 (Claims) Implementation Checklist – Providers Using Tellus EVV
Phase 2 (Claims) Implementation Checklist – Providers Using a Third-Party EVV Solution
Once registered, my portal says I have the “provider admin” role, not the “case manager admin” role. Is that a problem?

Yes. You should see your role as “case manager admin” and be able to assign the role of “case manager”. If you incorrectly see “provider admin”, there are two steps to take:

1. Check to make sure you have registered with your case management Medicaid ID, versus another Medicaid ID. If you register with the incorrect Medicaid ID, you will see the typical provider portal versus case management.

2. If you have confirmed that you registered with your case management Medicaid ID and you are still incorrectly seeing the role of “provider admin”, please contact the Georgia EVV call center. A call center rep will validate your Medicaid ID and walk you through next steps.

The case management agency taxonomy code is 251B00000X.
Electronic Visit Verification

GAMMIS Overview
DCH receives several EVV-related questions regarding basic GAMMIS functions.

As a reminder, GAMMIS functionality includes:

- Remittance Advice (RA) review
- Claims status review – including denial of claims
- Voiding claims
- Adjusting claims
- Service Unit(s) or Prior Authorization Unit(s) review

To contact GAMMIS with questions, you can access their website here:
Electronic Visit Verification

Common Issues and Questions
Common Issues or Questions

Rounding Rules:
As a quick Electronic Visit Verification (EVV) update, rounding rules are being implemented within the State EVV solution, Netsmart, to match the Center for Medicare and Medicaid Services (CMS) standard Medicaid rounding rules. Up to seven (7) minutes of completed services will be rounded down. Eight (8) minutes of completed services will be rounded up to a 15-minute unit. For those Personal Support Services (PSS) billed hourly, less than 30 minutes rounds down to the next whole unit. Thirty (30) minutes will round up to the next whole unit.
Common Issues or Questions

Rounding Rules Example:

• Aide #1 clocks in at 12:58 pm for a 1 pm shift and clocks out at 3:10 pm.
• This is a total of 2 hours and 12 minutes
• This equals 9 15-minute units.

• Aide #2 clocks in at 12:58 pm for a 1 pm shift and clocks out at 3:05 pm.
• This is a total of 2 hours and 7 minutes
• This equals 8 15-minute units.

The manual adjustment of schedules option in the Netsmart EVV solution is intended for mistakes, such as, when an aide forgets to clock in or out. It should not be used to reduce the number of units billed if work was completed for the recorded time.
Billing-related Issues:
Use GAMMIS to monitor your service unit usage. Some providers have not closely monitored their service usage and can run out of approved units before the end of a period. Review your claims to ensure the correct number of units are being billed. If a claim has already been paid and you note an error, an adjustment may need to be made. Adjustments to “paid” or “partially paid” claims are made within the EVV solution. If your claim is denied, you will need to create a new claim in the EVV solution with edits to address the denial reason code.

Mobile App Issues:
A cell phone may need to be calibrated if you are having GPS issues. Also, as a reminder, caregivers and aides should be sure to check in and out whether or not they are connected to Wi-Fi with the mobile app.
Common Issues or Questions

Adjusted Rates:
The Home and Community Based waivers that have temporary rate adjustments in accordance with Appendix K related to Community Living Services have been adjusted in the EVV system.

Additionally, some Elderly and Disabled and ICWP waivers have recently received rate adjustments in accordance with Appendix K. Those rate adjustments have not yet been implemented in the State EVV solution, Netsmart Mobile Caregiver+, but providers will be notified when those rate adjustments are live.

If you have an applicable “unmatched” visit, you can manually “re-match” to receive an immediate update. If you have an applicable “matched” visit, the rate adjustment will only occur after you re-match the claim. All new visits should reflect the adjusted rate. If you notice any errors with rates, please report them to the Georgia EVV call center at https://www.gaevv.com/.
Common Issues or Questions

Claims Submission Deadline:
Claims submission deadline is now Thursday at midnight to be in the Friday payment cycle. Providers can no longer wait until Friday noon to submit EVV-applicable claims. This submission will occur via the Netsmart solution.

Provider agencies can submit claims daily via the State EVV solution, Netsmart. As a best practice and a strong recommendation, claims should be submitted at least weekly.

• Rate Increases
Third-Party EVV Vendor Update
# Compliant Alternate EVV Vendors

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<th>Vendors who are compliant with the 21st Century Cures Act compliant in Georgia</th>
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<tr>
<td>AlayaCare USA</td>
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<td>Alora Healthcare Systems</td>
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<td>Ankota</td>
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<td>Aveanna Healthcare</td>
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<td>AxisCare</td>
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<td>Axxess</td>
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<td>Billiyo Health</td>
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<td>BrightSpring Health Services (formerly ResCare)</td>
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<td>ClearCare</td>
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<tr>
<td>CubHub Systems/CellTrak</td>
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<tr>
<td>Direct Care Innovations (DCI)</td>
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Question and Answer (Q&A)

Please type your questions in the chat box!

Our moderators will read your question aloud.

If you have specific or technical questions, please reach out to the Georgia EVV Call Center at:

(833) 701-0012
GAEVVsupport@conduent.com