

To: Home Health Agencies

Date: January 2022

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## **Business Process for Recoupment of Overpayments for Home Health Agencies Missing Electronic Visit Verification (EVV) Data**

This document outlines the required EVV data elements, and process that DVHA Program Integrity (PI) will use to assist Home Health Agency data reporting.

PI Report Cards will be provided to each HHA monthly through **March 1<sup>st</sup>, 2022**. HHAs are encouraged to use their report card to verify that EVV data elements are uploaded, or entered in an HHA's EVV system completely, and accurately. The required EVV data elements include:

- 1) the provider in the EVV visit record is approved for the beneficiary and matches the one in the claim / encounter submission
- 2) the visit procedure codes match those in the EVV record
- 3) the visit procedure codes in the record are approved for the beneficiary
- 4) the number of units charged for a beneficiary does not exceed the beneficiary's total number of approved units

PI monitors compliance based on claims validation against submitted EVV transactional data. The monthly PI Report Card will identify the following discrepancies.

### **Claims that have been paid with incomplete/non-compliant EVV data elements.**

- a) HHAs will have 30 days to resolve any discrepancies. Discrepancies not resolved within 30 days of receiving the report card will be subject to recoupment.
- b) If you receive a notice of recoupment, you will still have an opportunity to resolve the discrepancy. This resolution must be done within 30 days of the notice of recoupment. DVHA will begin sending recoupment notices starting **March 1<sup>st</sup>, 2022**.

### **Claims that have been paid without a matching EVV record.**

- a) HHA's will have 30 days to resolve discrepancies including manual entry for the visit with the appropriate reason code explaining the manual visit. Visits not entered within 30 days of receiving your report card will be subject to recoupment. DVHA will begin sending recoupment letters starting **March 1<sup>st</sup>, 2022**.
- b) If you receive a notice of recoupment, you will still have an opportunity to enter the visit. The visit must be entered within 30 days of the notice of recoupment.
- c) Manual visit entry will only be permitted for a limited period. Vermont must report quarterly to CMS the number of manual visits received and must show a decline in this metric.



**Recoupment Notices to replace PI Report Cards beginning March 1<sup>st</sup>, 2022.**

These recoupment notices will be issued retroactively on claims from April 1<sup>st</sup>, 2021 – March 1<sup>st</sup>, 2022, with the following unresolved claim discrepancies identified by the report cards:

- lack of an EVV record
- unauthorized services provided
- unauthorized provider delivering service
- budget overages
- lack of a service authorization

If you receive a notice of recoupment, you will still have an opportunity to resolve the discrepancy.

**Future State of EVV Compliance**

EVV Compliance will require that Vermont verify claims before payment. In the coming months, claims without any EVV record will be denied and not paid as program funds cannot be used to pay for services that don't use EVV. MMIS claim processing systems are being built that will automate budget validation and check that all EVV data elements are present before authorizing a claim for payment. In the interim, HHA's are advised to use EVV and establish a process to resolve the discrepancies identified by the PI Report Cards and subsequent recoupment notices.

**Questions?**

Vermont's EVV Program: Bill Clark [bill.clark@vermont.gov](mailto:bill.clark@vermont.gov)

Claims Recoupment: Your Gainwell Provider Representative.

<http://www.vtmedicaid.com/assets/resources/ProviderRepMap.pdf>