CONDUENT

Alaska Medicaid Billing Guidance: Personal Care and Community First Choice Personal Care Services Require Electronic Visit Verification

As part of the 21st Century Cures Act, Alaska implemented Electronic Visit Verification (EVV) on January 1, 2021, for Personal Care and Community First Choice Personal Care services.

Per 7 ACC 125.070 and 7 ACC 127.053, a provider may not submit a claim under 7 ACC 125.010 – 7 AAC 125.199 without submitting the EVV data to support the claim. If it is determined that there is not sufficient EVV data to support the claim submitted, the claim will be denied. New denial/exception codes have been created to provide information about what EVV information is not matching at the time of claim processing.

When will claims be directly affected?

Effective for Personal Care and Community First Choice Personal Care services claims submitted for payment after August 15, 2022, claims will be reviewed against EVV data submitted to data submitted to the state's EVV aggregator prior to payment and denied if data does not support the claim.

The state has provided weekly reports to providers since May 11, 2022, regarding claims that did not have matching EVV data at the time of processing. This was considered a soft launch period to allow providers the opportunity to address quality assurance and billing practices. It is the provider's responsibility to review these reports, identify issues, ensure the claim was eligible for payment and remediate claims that may be identified as an overpayment.

What personal care and community first choice personal care services require EVV?

Services that require EVV include the following:

- T1019 – Personal Care – Agency Based
- T1019 (U3) — Personal Care – Consumer Directed
- S5125 – Personal Care – Agency Based Community First Choice
- S5125 (SE) – Personal Care – Consumer Directed Community First Choice
- S5108 – Skills Building Personal Care Community First Choice

New denial/exception codes have been created.

Several new denial/exception codes have been created to provide information about claim and EVV data comparison. The data validation stops at the first reason data does not match. The following codes describe the reason the claim and EVV data do not match:

- 5501 – Member ID EVV Not Confirmed
- 5502 – Billing Provider ID EVV Not Confirmed
- 5511 – FDOS (Date of Service) EVV Not Confirmed
- 5513 – Rendering Provide EVV Not Confirmed
- 5514 – Procedure Code EVV Not Confirmed

- 5515 - Modifier 1-4 EVV Not Confirmed
- 5516 – Submitted Units EVV Not Confirmed
- 5517 – EVV multiple Match – Line

What should providers do if they receive a denial?

Providers should review the EVV data in the state's EVV aggregator for all required factors. Data in the aggregator is submitted from the Provider's EVV system of record. Any adjustment to data, must be done in the EVV system. There must be documentation to support any adjustment, and an exception code must be provided as to the reason for modifying the data. Claims may be adjusted and resubmitted for payment. After review of EVV data, if there are questions about the denial reason, providers may contact the EVV Project Team through direct secure message at mailto:hhs.dsds.evv@hss.soa.directak.net or by phone at 907-269-3666.