

WPN

WAIVER PROVIDER NEWS



Q3 2024

July 1 Electronic Visit Verification program changes

The Ohio Department of Medicaid (ODM) is making policy updates and system enhancements to the Electronic Visit Verification (EVV) program. These changes go into effect July 1, and include:

- Ohio Medicaid EVV proposed rule updates.
- System enhancements to Sandata devices and applications.

Requirements for the current EVV program are detailed in [Ohio Administrative Code \(OAC\) rule 5160-1-40. Ohio Medicaid is proposing to separate this comprehensive rule into four focused rules:](#)

- OAC 5160-32-01 EVV program.
- OAC 5160-32-02 EVV data collection.
- OAC 5160-32-03 Alternate EVV vendor.
- OAC 5160-32-04 EVV program provider requirements.

To stay updated on OAC rule activity, please create an account [here](#).

To view previous, current, and proposed OAC rule update activity, visit the Register of Ohio website [here](#).

Materials and educational opportunities will continue to be communicated as the program prepares for changes occurring July 1. To stay updated on ODM EVV program communications you can sign up for notifications by clicking on the ODM website.

Ask a trainer: Do you have questions about EVV?

Do you have questions about EVV? You can schedule a session by clicking [EVV Help](#) to reserve a private Zoom call with a Sandata trainer. During the session training materials and resources will be shared and all your EVV questions can be addressed. Sessions are available Monday-Friday at 11:30 a.m. and 3:30 p.m., Eastern time. If these times do not work for your schedule, please reach out to odmevvtraining@sandata.com to request an alternate time.

The following topics are addressed in the sessions:

- Getting started with EVV
- Improving EVV claims matching
- Solving reoccurring exceptions

There is no limit to the number of sessions you can attend. If you schedule a session and need to cancel, please do so in advance using the instructions on the confirmation email.

In case you missed them - 2024 presentations!

Beginning in January 2024, ODM and Sandata began sharing important information for stakeholders. The webinars provide overviews of proposed enhancements to systems and updates to the program. Stakeholders can access this information through the EVV website and with the links below:

[EVV Webinars](#)

1. [January 2024 Electronic Visit Verification Program](#)
2. [April 2024 Proposed Policy Updates and System Enhancements](#)

MyCare Ohio Program Update and Resources

Source: ODM Press, May 17, 2024

ODM has begun work on the development of the Next Generation MyCare program to expand statewide and implement some of the same program requirements and benefits as the Next Generation managed care program. We aim to provide Ohioans enrolled in MyCare Ohio a better healthcare experience, improve program transparency, and decrease administrative burden for providers.

- In March, the MyCare Ohio team kicked off MyCare Ohio program community input sessions to hear provider experiences navigating the current Financial Alignment Initiative demonstration, and other Fully Integrated Dual-Eligible Special Needs plan (FIDE-SNP) models. Feedback collected during the community input sessions will inform efforts to prepare you for the changes coming to the MyCare Ohio program.
- Learn more about the MyCare Ohio program and community input sessions by reviewing the following resources: [MyCare Ohio program webpage](#) shares information and resources about the program and the different ways members can receive services, contact information for the MyCare Ohio plans, and details about the MyCare community input sessions.

- [MyCare Ohio program community input session provider frequently asked questions](#) shares questions and answers about the provider community input sessions.
- [MyCare Ohio frequently asked questions](#) highlights common questions about the program and options available to members.
- [MyCare Ohio program one-pager](#) provides information an individual may need to know about the program at a glance, including eligibility and where in Ohio the program is available.
- [MyCare Ohio waiver one-pager](#) provides information an individual may need to know about available waiver services at-a-glance.

Learn more about the MyCare Ohio program by visiting the [MyCare Ohio webpage](#) on the [Ohio Medicaid website](#). If you have questions or feedback about the Next Generation MyCare program, please contact MyCareConversionQuestions@medicaid.ohio.gov.



Adult Day Service Transportation

- Guidance for Adult Day Service Transportation can be found in two places in the Ohio Administrative Code.
 - 173-39-02.1 ODA provider certification: adult day service which allows providers to bill for transportation separately from the bundled ADS rate.
 - 5160-46-04 Ohio home care waiver: definition of the covered services and provider requirements and specifications which does not allow for transportation to be billed separately and states that transportation is included in the bundled payments received for ADS.
- Beginning April 1st, 2024, Buckeye will follow the guidance for ADS transportation outlined in OAC rule 173-39-02.1 which allows ADS providers to bill separately for ADS transportation.
- A provider may transport each individual to and from the center and be reimbursed according to OAC rule 5160-1-06.1, Adult Day Transportation Round Trip.
- If a provider chooses to render ADS transportation to a Waiver member, this service must be added to the member's service plan by the member's Case Manager or Waiver Service Coordinator and be authorized by Waiver Utilization Management prior to delivery of service.
- The provider will receive a separate authorization for ADS transportation.

Assisted Living Memory Care

On January 2, 2024, changes were made to the tier structure in Assisted Living Waiver billing, including the addition for Assisted Living Facilities to become "certified" for memory care.

Prior billing included 3 level Tiers for rate reimbursement based upon the members needed care. Tier 1 (also U1) was the least amount of needed care and the lowest reimbursement. Level 2 (U2) and Level 3 (U3) could be used for higher care levels for members.

With the new changes that occurred January 2, 2024, there are now only 2 levels of care for billing/reimbursement. Tier 1 (U1) and Tier 3 (U3).

Tier 3 can only be used for Assisted Living facilities that have applied for Memory Care through ODA and have been approved. This certification is also to be listed on the facilities website.

Facilities which are approved for certified Memory Care through ODA, by meeting the requirements in the OAC, <https://codes.ohio.gov/ohio-administrative-code/rule-173-39-02.16>, have the option to bill U1 or U3.

The additional requirement to be able to bill U3, requires the member to have a dementia diagnosis (or diagnosis under the dementia umbrella). The dementia diagnosis should be listed on the claim when facilities are billing under a U3.

Facilities that have not gone through certification and approval through ODA, are only able to bill U1. Tier 2 (U2) is no longer an option.

If you need additional information on submitting claims or reason for claims denial, Buckeye's Provider Services can be reached at 866-296-8731.

