

Policy Update Regarding EVV Requirements for Home Health Agencies

November 1, 2023

Neighborhood Health Plan of Rhode Island (Neighborhood) is sharing a significant update to our Home Health Care Services Payment Policy. The changes, designed to align with the Rhode Island Executive Office of Health and Human Services' (EOHHS) Electronic Visit Verification (EVV) requirements, **go into effect January 1, 2024.**

What's Changed?

While there is no alteration in the coverage of services, Neighborhood has modified the codes used to report these services for home health agencies. A comprehensive list of codes that are now mandatory for EVV has been established. Please note that some codes which previously did not require authorization will now require it. Neighborhood will also begin enforcing the limit on preventive services for Medicaid adults and INTEGRITY members, which includes up to six (6) hours of homemaker and/or personal services per week and up to 10 hours per couple per week:

- If an INTEGRITY or adult Medicaid-only member requires more than the preventive level of six (6) hours per week for a single member or 10 hours per week for a household with two (2) or more members, they are encouraged to apply for long-term services and supports (LTSS) through the Department of Human Services (DHS). Neighborhood educates our eligible INTEGRITY or adult Medicaid-only members about the availability of LTSS and provides appropriate referrals and support for members to obtain or access these services, including those offered through self-directed and agency/provider delivery models.
 - **If you are providing care to a Neighborhood INTEGRITY or Medicaid-only adult member who requires more than the preventive level of care, please refer the member to DHS to apply for a LTSS waiver before submitting for authorization of these hours. Please visit the DHS website at www.dhs.ri.gov for more information or call the LTSS call center at 401-574-8474 or DHS at 855-697-4347.**

What is the Reason for the Change?

This modification is integral to ensuring compliance with the EOHHS EVV requirements and aims to streamline the process of reporting, making it more efficient and effective.

Action Needed

We encourage you to review the modifications to reportable codes to ensure that your billing and reporting processes are updated accordingly. As always, it remains the responsibility of the provider to verify eligibility, coverage, and authorization criteria before rendering services.

Support

Should you have any questions or require clarification on this update, please reach out to Provider Services at 1-800-963-1001, or refer to Neighborhood's plan-specific Prior Authorization Reference page and Clinical Medical Policies for detailed information. Neighborhood appreciates your cooperation and commitment to adhering to these updated requirements to ensure we continue to provide high-quality care to our members.