

# DC EVV Aggregation Job Aid

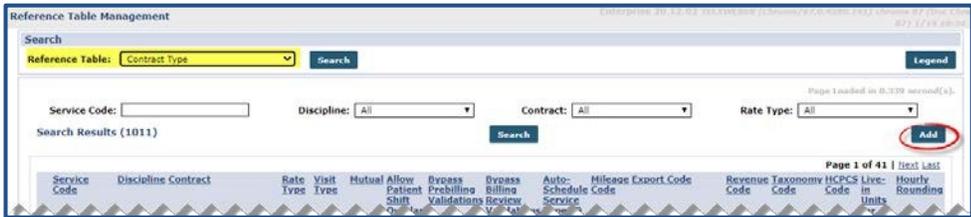
This job aid applies to Providers who render Personal Care Services (PCS) and/or Home Health Care Services (HHCS) and are required to use an Electronic Visit Verification (EVV) system to verify visits for each claim submitted.

The following are the Department of Health Care Finance (DHCf) visit aggregation requirements:

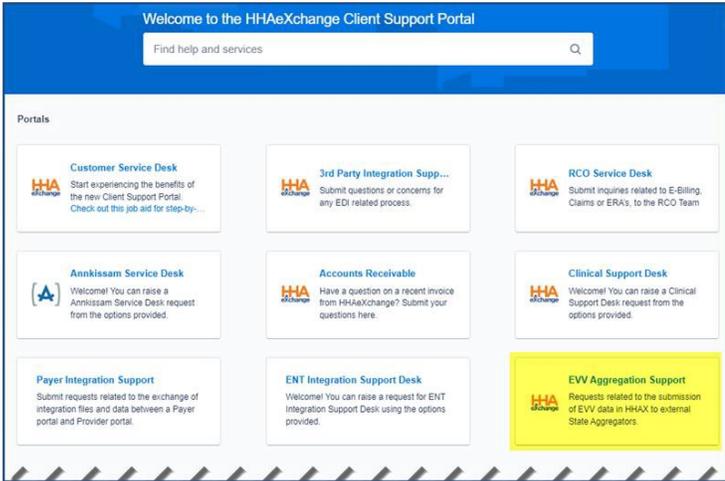
- PCS visits recorded via DHCf aggregator (effective 1/1/2021).
- HHCS visits recorded via DHCf aggregator (effective 1/1/2023).

## Required Steps to Configure Aggregation

The following steps must be configured in HHAX by the Provider. Failure to comply results in no data sent to the aggregator.

Step	Action																								
1	<p>Navigate to <b>Admin &gt; Contract Setup &gt; New Contract</b> to create a contract.  <b>Note:</b> Skip this step if a contract already exists in the system.</p>																								
2	<p>Select the appropriate <b>Contract Type</b> value: <b>DHCFP-EPD, DHCFI-FFSI, DHCFP-DD, DHCFP-CDS, AHCDC-MCO, HSCSN-MCO, THPDC-MCO</b> or <b>MSTAR-MCO</b></p> <table border="1" data-bbox="332 997 1383 1402"> <thead> <tr> <th colspan="2">Contract Type Configuration</th> </tr> <tr> <th>Contract Type</th> <th>Payer Program/Waiver Name</th> </tr> </thead> <tbody> <tr> <td>DHCFP-EPD</td> <td>Elderly, Person’s w/ Disabilities (EPD)</td> </tr> <tr> <td>DHCFI-FFSI</td> <td>Fee For Service I (FFSI)</td> </tr> <tr> <td>DHCFP-DD</td> <td>DD Waiver (DD)</td> </tr> <tr> <td>DHCFP-CDS</td> <td>Participant Directed Services (CDS)</td> </tr> <tr> <td>AHCDC-MCO</td> <td>AmeriHealth Caritas DC (MCO)</td> </tr> <tr> <td>HSCSN-MCO</td> <td>HSCSN (MCO)</td> </tr> <tr> <td>THPDC-MCO</td> <td>CareFirst Community Health Plan District of Columbia (MCO)</td> </tr> <tr> <td>MSTAR-MCO</td> <td>MedStar (MCO)</td> </tr> <tr> <td>UHDCDC-MCO</td> <td>United HealthCare (MCO)</td> </tr> <tr> <td>UHDCDC-CDS</td> <td>United HealthCare (CDS)</td> </tr> </tbody> </table> <p>If these Contract Types are not found, then create them via the Reference Table Management function (<b>Admin &gt; Reference Table Management</b>). Select <b>Contract Type</b> under the <i>General</i> category and click the <b>Add</b> button (as seen in the following image). Complete the required fields and save.</p>  <p style="text-align: center;"><b>Contract Type Reference Table</b></p>	Contract Type Configuration		Contract Type	Payer Program/Waiver Name	DHCFP-EPD	Elderly, Person’s w/ Disabilities (EPD)	DHCFI-FFSI	Fee For Service I (FFSI)	DHCFP-DD	DD Waiver (DD)	DHCFP-CDS	Participant Directed Services (CDS)	AHCDC-MCO	AmeriHealth Caritas DC (MCO)	HSCSN-MCO	HSCSN (MCO)	THPDC-MCO	CareFirst Community Health Plan District of Columbia (MCO)	MSTAR-MCO	MedStar (MCO)	UHDCDC-MCO	United HealthCare (MCO)	UHDCDC-CDS	United HealthCare (CDS)
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3	<p>Navigate to <b>Admin &gt; Reference Table Management &gt; Contract Service Code</b> and enter the valid service code in the <b>HCPCS Code</b> field. Repeat this step for each applicable contract. Refer to the <a href="#">Service Code Job Aid</a> on how to add and edit Contract Service Codes.</p>																								

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4	<p data-bbox="285 1209 1393 1272">Navigate to <b>Admin &gt; Reference Table Management &gt; Visit Edit Reason</b> to configure the valid Reason Codes.</p> <table border="1" data-bbox="344 1308 1409 1948"> <thead> <tr> <th data-bbox="344 1308 479 1373">Reason Code</th> <th data-bbox="479 1308 1409 1373">Description</th> </tr> </thead> <tbody> <tr><td data-bbox="344 1373 479 1407">1</td><td data-bbox="479 1373 1409 1407">Caregiver Error</td></tr> <tr><td data-bbox="344 1407 479 1440">2</td><td data-bbox="479 1407 1409 1440">Member Unavailable</td></tr> <tr><td data-bbox="344 1440 479 1474">3</td><td data-bbox="479 1440 1409 1474">Mobile Device Issue</td></tr> <tr><td data-bbox="344 1474 479 1507">4</td><td data-bbox="479 1474 1409 1507">Telephony Issue</td></tr> <tr><td data-bbox="344 1507 479 1541">5</td><td data-bbox="479 1507 1409 1541">Member Refused Verification</td></tr> <tr><td data-bbox="344 1541 479 1575">6</td><td data-bbox="479 1541 1409 1575">Service Outside the Home</td></tr> <tr><td data-bbox="344 1575 479 1608">7</td><td data-bbox="479 1575 1409 1608">Member No Show</td></tr> <tr><td data-bbox="344 1608 479 1642">8</td><td data-bbox="479 1608 1409 1642">Member Refused Service</td></tr> <tr><td data-bbox="344 1642 479 1675">9</td><td data-bbox="479 1642 1409 1675">Member Incapable, Designee Unavailable</td></tr> <tr><td data-bbox="344 1675 479 1709">10</td><td data-bbox="479 1675 1409 1709">Caregiver Failed to Call In – Verified Services Were Delivered</td></tr> <tr><td data-bbox="344 1709 479 1743">11</td><td data-bbox="479 1709 1409 1743">Caregiver Failed to Call Out – Verified Services Were Delivered</td></tr> <tr><td data-bbox="344 1743 479 1776">12</td><td data-bbox="479 1743 1409 1776">Caregiver Failed to Call In and Out – Verified Services Were Delivered</td></tr> <tr><td data-bbox="344 1776 479 1810">13</td><td data-bbox="479 1776 1409 1810">Caregiver Called Using an Alternate Phone</td></tr> <tr><td data-bbox="344 1810 479 1843">14</td><td data-bbox="479 1810 1409 1843">Caregiver Change</td></tr> <tr><td data-bbox="344 1843 479 1877">15</td><td data-bbox="479 1843 1409 1877">FVV Issue/Inoperable</td></tr> <tr><td data-bbox="344 1877 479 1948">16</td><td data-bbox="479 1877 1409 1948">Unsafe Environment</td></tr> </tbody> </table>	Reason Code	Description	1	Caregiver Error	2	Member Unavailable	3	Mobile Device Issue	4	Telephony Issue	5	Member Refused Verification	6	Service Outside the Home	7	Member No Show	8	Member Refused Service	9	Member Incapable, Designee Unavailable	10	Caregiver Failed to Call In – Verified Services Were Delivered	11	Caregiver Failed to Call Out – Verified Services Were Delivered	12	Caregiver Failed to Call In and Out – Verified Services Were Delivered	13	Caregiver Called Using an Alternate Phone	14	Caregiver Change	15	FVV Issue/Inoperable	16	Unsafe Environment
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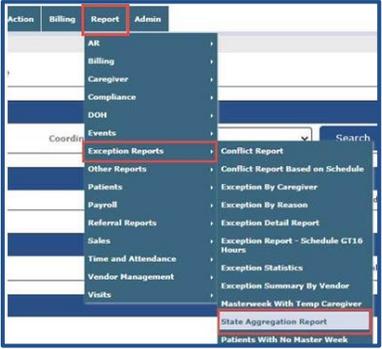
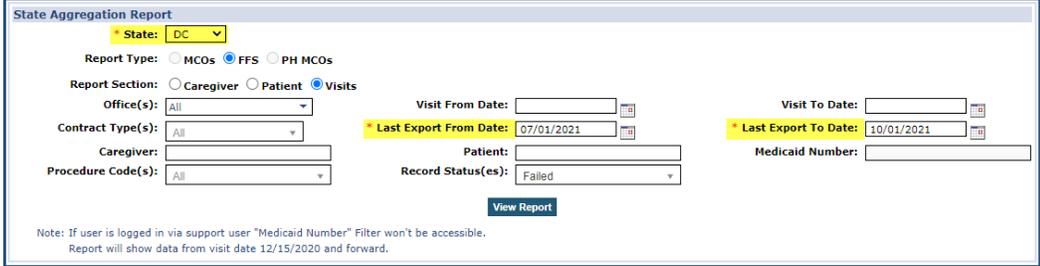
Step	Action		
	<table border="1" data-bbox="345 243 1409 275"> <tr> <td data-bbox="345 243 475 275">17</td> <td data-bbox="475 243 1409 275">Other</td> </tr> </table> <p><b>Note:</b> A default value of <b>Other</b> is exported with the visit when the Reason Code differs from the table above.</p>	17	Other
17	Other		
5	<p>Review all Member Profiles and ensure the Member details are entered correctly. Members must be identified by <b>First Name, Last Name, and Medicaid ID</b>. The Member <b>Medicaid ID</b> is entered in the Member Profile. <b>Medicaid ID</b> must be a 12-digit numeric value padded with leading zeros.</p> <p><b>Note:</b> Member names can consist of alpha letters, hyphens, periods, and apostrophes. All other special characters cause the record to reject.</p>		
6	<p>Review all Caregiver Profiles and ensure the Caregiver details are entered correctly. Caregivers must be identified by <b>First Name, Last Name, Full 9-digits of the Social Security number (SSN)</b>.</p> <p><b>Note:</b> Caregiver names can consist of alpha letters, hyphens, periods, and apostrophes. All other special characters cause the record to reject.</p>		
7	<p>Once all of the above steps are complete, create a ticket via the <a href="#">Client Support Portal</a> (<b>EVV Aggregation Support</b>) queue to setup the DC EVV aggregation interface.</p> <div data-bbox="505 850 1230 1331" data-label="Image">  <p>The screenshot shows the 'Welcome to the HHAExchange Client Support Portal' page. It features a search bar at the top and a grid of service desks under the heading 'Portals'. The desks include: Customer Service Desk, 3rd Party Integration Support, RCO Service Desk, Annkissam Service Desk, Accounts Receivable, Clinical Support Desk, Payer Integration Support, ENT Integration Support Desk, and EVV Aggregation Support (highlighted in yellow). The EVV Aggregation Support desk text reads: 'Welcome! You can raise a request for EVV data in HHAX to external State Aggregators.'</p> </div> <p>When confirmation is received, proceed to the <a href="#">State Aggregation Report</a> section below for steps on how to review exported EVV data.</p>		

## State Aggregation Report

This report contains all transactions sent to the aggregator. The transactions provide record status for each *Caregiver*, *Patient*, and *Visit* record.

HHAX sends EVV data when a visit is confirmed. The visit must have a confirmed Clock In and confirmed Clock Out time to be sent to the aggregator. Information sent consists of newly confirmed visits and all updates made to confirmed visits. Data is sent daily during the overnight process.

It is recommended to bill in correspondence with the state’s system after a ‘Success’ response is received for the visit on the State Aggregation Report.

Step	Action
1	<p>Navigate to <b>Report &gt; Exception Reports &gt; State Aggregation Report</b> to run the report.</p> 
2	<p>The <i>State Aggregation Report</i> window opens. Select the required filter fields (denoted with a red asterisk) to include <b>State</b> (select <i>DC</i>), <b>Report Type</b> (select <i>FFS</i>), <b>Last Export From Date</b>, and <b>Last Export To Date</b>. On the <b>Report Section</b> filter, select the applicable radio button: <b>Caregiver</b>, <b>Patient</b>, or <b>Visits</b>.</p> <p>The <b>Record Status</b> field defaults to ‘Failed’ for each report. Select ‘All’ to view all statuses.</p> <p>Click <b>View Report</b> to generate the report.</p>  <p style="text-align: center;"><b>State Aggregation Report</b></p>
3	<p>Providers must run all 3 reports (<b>Caregiver</b>, <b>Patient</b>, and <b>Visits</b>) to review and address all rejections associated to the EVV aggregation.</p>

## Common Failed Responses

To view a list of common failed responses found in the DC EVV Aggregator interface, along with the recommended actions to resolve each issue, please refer to the [DC EVV Aggregation – Most Common Failed Responses Job Aid](#).