Skilled Electronic Visit Verification

myUnity Enterprise Setup Guide



www.ntst.com 1959 East Kerr Street Springfield, MO 65803



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| Task Refusal |
|--------------|
|--------------|



Overview

The 21st Century Cures Act mandates that states implement EVV for all Medicaid personal care services (PCS) by January 1, 2021 and home health care services (HHCS) that require an inhome visit by a provider by January 1, 2023.

Agencies will use Mobile Caregiver or CellTrak to capture the required EVV data (Clock In, Clock Out, Location [GPS coordinates], Service, Patient Verification) for personal care services. *To utilize GPS capture functionality, a table or phone device must be used which natively supports location capture.*

Workflow:

- 1. Information will flow from myUnity to Mobile Caregiver+:
 - a. Patients
 - b. Patient Insurance Plan
- 2. Information will flow from myUnity to the Mobile Caregiver+ Portal for validation:
 - a. GPS coordinates
 - b. Visit and Task details
- 3. Validated information will flow from the Mobile Caregiver+ to the EVV state aggregator.



Set-Up

Organizational Structure

- Navigate to Setup > Org Struct > Add/Update Upper Level Entities
- Choose Facility, and select appropriate organization
- Choose EVV Vendor: MCG+

| Add/Update L | Jpper Level | Entities | | | |
|-------------------------|-------------------------|----------|----------------------------|--|---|
| Li | st of Entities | | | Add/Edit Window | |
| Organization ID | Belonge To | Edit E 🔺 | unknown phone? | | |
| Diganization ID | Belongs to | Eult | HL7 Admit To | Bed 🗸 | |
| Brook IL | вн | Eait | Display Condition | Yes 🖲 No | |
| Lake SNF | BP | Edit | for All Private | | |
| Rvrsd AL | BP | Edit | Beds | | |
| StrgLnd RC | BP | Edit | Medicare Certified | MISSOURI | |
| Testing EP | BP | Edit | (OASIS only) | | |
| FA - DVAssessProc | CM - DVAssessProc | Edit | Facility/Agency HL7 OID | | |
| FA - DVCertProcessor | CM - DVCertProcessor | Edit | OrderConnect Agency ID | | |
| FA - DVDiagProc | CM - DVDiagProc | Edit | NCPDP ID | | |
| FA - DVPayload | CM - DVPayload | Edit | EVV Vendor | MCG+ V | |
| Lkewd AL | CV | Edit | HH Revenue | MCG+ HH | |
| Primrose IL | CV | Edit | Model | Netsmart # Average Days) Episodic Days | |
| RvrdI SNF | CV | Edit | Provider Type | Sandata CT V | |
| StrgLnd RC2 | CV | Edit | Government | · · · · · · · · · · · · · · · · · · · | |
| DSH SNF | DSH | Edit | Status | | |
| HrdTest | DSH | Edit 🗸 🗸 | Personnel | Ciear | |
| • | | • | RevConnect | | • |
| Add an Organizatio | on Entity Remov | e | | | |
| | | | | | |

Enterprise Setup – NTST to Complete

Setup>System>General>Enterprise Setup

Address Validation Setup

| Virtual Earth API | |
|-----------------------|------|
| Virtual Earth API URL | Edit |
| Virtual Earth API Key | Edit |
| | |
| | |

- Edit and Enter Virtual Earth API URL
- Save
- Edit and Enter Virtual Earth API Key
- Save

MCG+ Admin Portal Setup

| Tenant Identifier (Site UUID) | Edit |
|-------------------------------|------|
| | |



• Request Tenant Identifier (Site UUID) from ID team

| ESS-Inbound Setti | ngs |
|----------------------|------|
| ESS-Inbound URL | Edit |
| ESS-Inbound Auth Key | Edit |

- Edit and Enter ESS-Inbound URL for appropriate stack Select Save
- Edit and Enter ESS-Inbound Auth Key for appropriate stack Select Save

Clinical Agency Setup – NTST to complete

myUnity Support or Consulting will need to assist with this step.

- Navigate to myUnity Enterprise Clinical>Agencies
- Select the appropriate Agency
- Select EVV Vendor

| PPS Plus Integration Mothod | (Default Method) | - 0 | EVV Vendor | MCG+ | · |
|--------------------------------|------------------|-----|------------------------------------|----------------------------|---|
| Method | | | PPS Plus Web Service Vendor Key | Search Q | |
| PPS Plus Customer | | 0 | OBQI DB Server | Celltrak | |
| Import Key | | | OBQI DB Username | Sandata | |
| OBQI DB Password | | 0 | OBQI Username | MCG+ | |
| OBQI Password | | 0 | Secure Communication | ● Yes 🔿 No | |
| Enable DME Export | 🔿 Yes 💿 No | | Choose Logo | Choose File No file chosen | |
| Current Logo File | | | Current Logo | | |

Clinical Setup – NTST to complete

Forms

All visit forms that will be used for EVV location capture need to be updated to enable capture location.

HHSOS>Forms Overview>

Select Modify Form on the form to be updated.





- Scroll to EVV Visit Note Outbound: Select Yes
- Select Submit
- Repeat for any forms that are visit forms to capture

Security

HHSOS>User Types Overview>

Select Allow Modify EVV Time

This permission should only be given to the Super Admin Role. It allows for the updating of the start / completion time after the clock in / clock out has occurred. *Clinicians should not have this option.*

| Modify Permission | | |
|--|---------------|--|
| Permission: Allow Modify EVV Time | | |
| Select the user types to be associated with this permission. COTA - Certified Occupational Therapist Assistant Forms Review Guest HealthCheck HHA - Home Health Aide LVN - Licensed Vocational Nurse Mobile Services MSW - Medical Social Worker OT - Occupational Therapist PD Personal Care Physical Therapist PTA - Physical Therapist Assistant RD - Registered Dietitian RN - Nurse RN Private Duty | Add> < Remove | |
| Submit | | |

Clinical Alert Setup – NTST

HHSOS>Edit Config>

| Enable Alerting Engine: | ● Yes ○ No |
|---|------------|
| Show Clinical Group/Comorbidity alerts: | ⊙ Yes ○ No |

• Enable Alerting Engine: Yes

HHSOS>User Types Overview



| Modify Permission Permission: Alerting Engine | | |
|--|------------------|---|
| Select the user types to be associated with this permission. Bereavement Chaplain COTA - Certified Occupational Therapist Assistant Forms Review Guest HealthCheck Caregiver Licensed Practical Nurse Mobile Services MSW - Medical Social Worker Nurse Practitioner OT - Occupational Therapist PD Personal Care Physical PT - Physical Therapist PT - Physical Therapist Assistant | Add> < Remove | Super Admin HHSOS Admin Clinical Supervisor |

Select Super Admin, HHSOS and any other clinical role that will need to review EVV alerts.

| Modify Permission | | |
|--|------------------|-------------|
| Permission: Alert Service Configuration Access | | |
| Select the user types to be associated with this permission. | | |
| Bereavement Chaplain COTA - Certified Occupational Therapist Assistant Forms Review Guest HealthCheck Caregiver Licensed Practical Nurse Mobile Services MSW - Medical Social Worker Nurse Practitioner OT - Occupational Therapist PD Personal Care Physician PT - Physical Therapist PTA - Physical Therapist Assistant | Add> < Remove | HHSOS Admin |
| Submit | | |

• Alert Service Configuration Access: HHSOS.

| Physician Religion Task Task Type Team Billing codes Care Plan Templates | es | |
|--|-----------|--|
| Religion Task Task Type Team Billing codes Care Plan Templates | | |
| Task Task Type Team Billing codes Care Plan Templates Cosignors | | |
| Task Type Team Billing codes Care Plan Templates | | |
| Team Billing codes Care Plan Templates | | |
| Billing codes Care Plan Templates Cosigners | | |
| Care Plan Templates | es | |
| Cosignors | Templates | |
| cosigners | | |
| Alert Service | ice | |

• Select the Library: Alert Service.



| | E | VV ALERT |
|-----------------------------|---|----------------------|
| | | CDS Rules EVV Alerts |
| DESCRIPTION | ASSIGNED USER TYPES | OPTIONS |
| EVV Client | Super Admin, HHSOS Admin, Clinical Supervisor | گ |
| EVV Resource | Super Admin, HHSOS Admin, Clinical Supervisor | ۵ |
| EVV Appointment | Super Admin, HHSOS Admin, Clinical Supervisor | ٨ |
| EVV Visit Start | Super Admin, HHSOS Admin, Clinical Supervisor | ٤ |
| EVV Visit Update | Super Admin, HHSOS Admin, Clinical Supervisor | ۿ |
| EVV Visit Documented | Super Admin, HHSOS Admin, Clinical Supervisor | <u>گ</u> |
| EVV Visit Submission Status | Super Admin, HHSOS Admin, Clinical Supervisor | ٤ |

- Select the EVV Tab.
- Select Options icon on each alert.

| EVVAlert-UserType Mapping | | | | | | | | |
|---------------------------|---|-----|--|--|--|--|--|--|
| User Type: | Super Admin 🛞 HHSOS Admin 🛞 Clinical Supervisor 🛞 | | | | | | | |
| | select an usertypes | | | | | | | |
| | | | | | | | | |
| | Save Can | cel | | | | | | |

- Add the user types to match those user types who have access to the alerting engine to see EVV Alerts.
- Select Save.

Clinical Web Service User Setup - NTST

 Create ID ticket so that the EVV Enricher service can hit the Clinical inbound. Only needs to be done once per site. Template: <u>POPS-7120</u>

Entities Libraries

Payer/Plan Updates

- Navigate to Setup > Entities > Payers > Add/Update Payers and Plans
- Select applicable plan and then select More Info.
- Under Electronic Visit Verification (EVV) and Reporting
 - For Netsmart Mobile Caregiver+ solution:
 - select Yes for 'Included in Reporting Mandate'.

😽 Netsmart

- Requires Aggregator Claim Generation (MCG+): Enable if there is a separate system that will create claims such as HHA Exchange or if Netsmart is the aggregator (e.g. Georgia Medicaid). Emedny and Sandata would be set to no.
- State or Aggregator Payer ID:
 - If the Payer/Plan does not require State submission, leave Blank.
 The visits will go to the generic non-EVV Payer (CRNO) in MCG+.
 - If the Payer/Plan does require State submission, match the respective values from MCG+ Provider Portal.

| Electronic Visit Verification (EVV) and Reporting | |
|---|------------|
| Included in Reporting Mandate | ● Yes ○ No |
| Requires Aggregator Claim Generation (MCG+) | ○Yes ● No |
| Send EVV Update for External Billing (Legacy MCG) | 🔿 Yes 💿 No |
| State or Aggregator Payer ID | |
| State or Aggregator Plan ID | |
| State or Aggregator Program ID | |
| Newborn Time Period | 0 Days 🗸 |
| | |
| Electronic Visit Verification (EVV) and Reporting | |
| Included in Reporting Mandate | ● Yes ○ No |
| Requires Aggregator Claim Generation (MCG+) | 🔿 Yes 💿 No |
| | |

| Requires Aggregator Claim Generation (MCG+) | 🔾 Yes 🖲 No |
|---|------------|
| Send EVV Update for External Billing (Legacy MCG) | ○ Yes ● No |
| State or Aggregator Payer ID | NYMC |
| State or Aggregator Plan ID | |
| State or Aggregator Program ID | |
| | |

Products and Services Libraries

- Navigate to Financial > Products and Services > Products and Services Setup
- Select the applicable service and scroll down to Clinical/Visit Settings.
 - EVV Enabled? Will default to No.
 - Set to Yes on any services that will be involved in EVV, like Aide Services.

| Clinical/Visit Settings | |
|--|--------------|
| Mobile View Enabled? | 🔾 Yes 🖲 No |
| Visit Note Mileage Service? | 🔾 Yes 🖲 No |
| Telephony Enabled? | 🔾 Yes 💽 No |
| EVV Enabled? | ● Yes ○ No |
| Include in Auto Mileage/Travel Allocation? | 🔾 Yes 🔍 No 📵 |
| | |



| Products and Services Setup | | | | |
|---|---|----------------------------------|-------------------------------------|---------------------|
| * Denotes required field | | | | |
| ID HHSNRoutine | | Effective Date | | |
| * Description HH SN Routine Vision | t | Begin Date 01/01/2000 🖬 End Date | | Related Items |
| O Product 🔍 Ser | vice | | Select a Touchscreen Image | Reimbursement Rules |
| * Charge Master Type Skilled Nursing | ~ | | | |
| * Unit Of Measure Visit | ~ | | | |
| General Settings | | | Billing Codes | |
| Sales Tax Exempt? | 🔿 Yes 🖲 No | | ID Qualifier | ~ |
| Calculate Qty Based on # of Days? | 🔾 Yes 🖲 No | | CPT Code 121 | 212 |
| Bill to MCR-B? (LTC) | 🔾 Yes 🖲 No | | HCPCS Code S91 | 24 z1 a1 |
| If Zero-Price-Based, Apply Markup Percent | Yes 🔿 No 🖲 Use Setting for Service Type | | Revenue Code 055 | 2 |
| Default Scheduling Duration | 60 Minutes V | | NDC Code S91 | 24 |
| Scheduling Authorization Exempt? | 🔾 Yes 🖲 No | | Med Unit Type | ~ |
| - | | | Taxonomy Number | |
| | | | Place of Service (CMS1500) | ~ |
| | | | Display Service Description on 837? | Yes 💿 No |
| | | | Plan Override I | Billing Codes |
| | | | Conditio | nai Modifiers |

 Billing codes are required for each service per EVV payer and can be setup by selecting Plan Override Billing Codes

| Add/Up | odate Plan E | Billing C | odes | | | | | | |
|------------|--------------------|--------------|----------------|----------------|-----------------|------|-----|-----------------------------------|------------------------------|
| Select a P | aver Plan Id / F | Plan Descri | ption | | | | | | |
| KJMedica | aid KJEVVMCD | / KJ EVV N | ledicaid | | | | | ~ |] |
| | | | List of Pla | n BillingCodes | | | | | Editor Window |
| Servi | ce or Product | CPT Code | HCPCS Code | Revenue Code | Taxonomy Number | • | Use | Service or Bed | |
| HH SN F | Routine Visit | | G0154 | 0504 | | Edit | С | haracteristic | Service O Bed Characteristic |
| HHHour | lyAideVisit | | TEVV2 | 0504 | | Edit | | Service or Product | |
| DJH PT | EVAL FLATRATE | | TEVV3 | 0501 | | Edit | | ID Qualifier | |
| DJH EV | V Aide Visit | TEVV2 | tevv2 | 0403 | | Edit | | CBT Code | |
| Please a | idd a new Plan Bil | ling Code fo | or Bed Charact | eristics. | | | | HCPCS Code | |
| | | | | | | | | Revenue Code | |
| | | | | | | | | NDC Code | |
| | | | | | | | | Med Unit Type | ~ |
| | | | | | | | 1 | Taxonomy Number | |
| | | | | | | | Di | splay Service cription on 837? | 🔾 Yes 🖲 No |
| | | | | | | | Add |] | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Add New | / Item | | | | | | | | |

- Select the Payer
- Select Add New Item

| | Plan Descri | ption | | | | | |
|---------------------|-------------|-------------|-----------------|-----------------|------|---------------------|------------------------------|
| Medicaid KJEVVMCD | / KJ EVV M | edicaid | | | | ~ |] |
| | | List of Pla | in BillingCodes | | | | Editor Window |
| Service or Product | CPT Code | HCPCS Code | Revenue Code | Taxonomy Number | | Use Service or Bed | |
| H SN Routine Visit | | G0154 | 0504 | | Edit | Characteristic | Service O Bed Characteristic |
| HHourlyAideVisit | | TEVV2 | 0504 | | Edit | Service or Product | HH SN Routine Visit |
| JH PT EVAL FLATRATE | | TEVV3 | 0501 | | Edit | 10.0001/1400 | |
| JH EVV Aide Visit | TEVV2 | tevv2 | 0403 | | Edit | 1D Qualitier | ` |
| | | | | | | HCPCS Code | |
| | | | | | | Revenue Code | 0504 |
| | | | | | | NDC Code | |
| | | | | | | Med Unit Type | ~ |
| | | | | | | Taxonomy Number | |
| | | | | | | Display Service | |
| | | | | | | Description on 837? | 0 100 0 110 |

- Select the Service
- Enter the codes and modifiers appropriate for the payer for this service
- Select Add/Update





Visit Editor Layout

Setup>Scheduling>General>Visit Editor Layout

| I Save | |
|----------------------|---|
| Visit Editor Layouts | |
| List Window | |
| Add Layout | |
| Description | |
| myUnity | X |
| Services Completion | |
| Telephony | |
| | |

• Select the Visit Editor Layout to be updated

|)escrij | ption | myUnity | myUnity | | | | | | | |
|---------|------------------------|--|-----------------|---------------|--|--|--|--|--|--|
| ookup | Service ID From Task C | codes 🔾 Yes 🔘 | No | _ | | | | | | |
| Rese | erved | No | | | | | | | | |
| | Field Name | Include Column | Label | Carry Forward | | | | | | |
| • | Status Icon | < | | | | | | | | |
| • | Edit | ✓ | Edit | | | | | | | |
| • | Start Date | Image: A start and a start | Start Date | | | | | | | |
| • | Time In | ~ | Time In | | | | | | | |
| • | End Date | ✓ | End Date | | | | | | | |
| • | Time Out | ✓ | Time Out | | | | | | | |
| • | Hours (Read Only) | ✓ | Total Hours | | | | | | | |
| • | Service ID | ✓ | Service ID | | | | | | | |
| • | Service Description | ~ | Service | | | | | | | |
| • | Client Name | ~ | Resident Name | | | | | | | |
| • | Admit ID | ~ | Admit ID | | | | | | | |
| • | Personnel | ~ | Personnel | | | | | | | |
| • | Mileage Qty | V | Mileage | | | | | | | |
| • | Doc | ~ | Doc | | | | | | | |
| • | Hold | ~ | Hold | | | | | | | |
| • | Match Status | ✓ | M.S. | | | | | | | |
| • | Generate Status | ~ | B.S | | | | | | | |
| • | Status | ~ | Visit Status | | | | | | | |
| • | Delete Icon | ~ | Delete | | | | | | | |
| • | Request Edit Link | | Scheduled Visit | | | | | | | |
| • | Calendar Link | | Client Calendar | | | | | | | |
| • | Override Hours | | Override Hours | | | | | | | |
| • | Update Visit | | | | | | | | | |



- Select Address Valid by selecting the check mark in the Include Column
- Add the Address Valid Label
- Using the up arrow move the Address Valid to the next column included

Address Validation

Address Validation can be completed in the Visit Editor as part of the visit process or in demographics as part of the referral/intake process.

Demographic Address Validation

Census>Patient Info>Demographics

| Demographics | | | | | | | | | | |
|--|-----------------|--|----------------------------|---------------------------------|--|--|--|--|--|--|
| Base Patient Info | | | | | | | | | | |
| Patient ID 141820 Enterprise ID | | | | | | | | | | |
| First Name Charlie Middle Name | Last Name Brown | | | Exce Obset | | | | | | |
| Salutation Title/Suffix | Gender Male 🗸 | | | 1.000 01000 | | | | | | |
| Preferred Name Maiden Name | | | | Admission Form | | | | | | |
| Attach this Patient to a Different Organization? | | | | Patient Notes | | | | | | |
| TOP S Display To: Corporation | | | | | | | | | | |
| •••••• | | | | Location of Service | | | | | | |
| | | | | Additional Info | | | | | | |
| Other Demographics | | | | | | | | | | |
| Const Demographics | | | R-tr | | | | | | | |
| Birth Date 11/26/1969 Ethnicity | ~ | Citizenship Race Select | and Cultural Pre | ferences | | | | | | |
| Birth Place Employment Status | • | Miltary Service Religion | Family and Cultural Pre | ferences: | | | | | | |
| Primary Language Secondary Language | ~ | Status Social Security 122-45- | -7997 Primary Accou | nt Holder 🗌 | | | | | | |
| Level Of Education | | Email | Release Patient in | formation 🖲 Yes 🔘 No | | | | | | |
| (content or romer) | | Aburess | | | | | | | | |
| Other Patient Identifiers | | | | | | | | | | |
| Medicare ID Medicaid ID EVV State ID | | | | | | | | | | |
| | | | | | | | | | | |
| Addresses | | | | | | | | | | |
| Address Type Begin Date | End Date Addre | ss 1 Address 2 City | State Zip Code County | MSA/CBSA Code Directions Remove | | | | | | |
| HomeBilling • 05/01/2022 | 21 Red Top F | oad x Buffalo | MO • 65622 DALLAS | //44180 | | | | | | |
| Address Type Begin Date | End Date | 24 Ded Tee Dd | ate Zip Code County | MSA/CBSA Code Directions Remove | | | | | | |
| · · · | | Buffalo, Missouri 65622, United States | × | 7 | | | | | | |

- Address Type: HomeBilling
- Begin Date: Must be on or before the admission date of the patient.
- Address 1: Begin typing the address and the address service will give options for a validated address. Choosing the valid address from the list will save the validated address.
- Fill in City, State, Zip, County
- Select Submit

Visit Editor Address Validation

Scheduling>Visit Editor>Open Visit Editor

| Visit Editor | | | | | | | | | | | | | | | | 1880 v | P | |
|--------------|---------------|------------|----------------|----------------|-------------------|--------------|----------|-------------------------|---|-------------------|------|------|-----------|----------------|--------------|---------|---|-----|
| • | Save | | | | | | | | | | | | | | | | | |
| Fil | Iters | | | | | | | | | | | | | | | | - | - 0 |
| E | D Enterprise | 2 MCGP | Team (Personne | 0 <u>Al</u> | Team (I | Patient) All | | Match Status AL | (| Charge Status All | | | Service 1 | Type <u>Al</u> | Service A | | | |
| 51 | tart Date 11 | 1/01/2022 | Personne | Search | | | ¥ | Show | Telephony | | | | | | | | | |
| E | nd Date 11 | /28/2022 | Patient | Brown, Charlie | (104523 / 141820) | | * | | Manual Entries Schedule Requests | | | | | | | | | |
| ſ | Apply Filters | | | | | | | | Visit Notes | | | | | | | | | |
| - | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | Set All Requests to Com | plete Reset All Requests | | | | | | | | | |
| | Edit | Personnel | Service | Start Date | Time In | End Date | Time Out | Admit ID | Resident Name | Doc | Hold | M.S. | B.S | Status | Update Visit | Address | | |
| | | MOIST, JEN | НННКА | 11/10/2022 | 7:53 AM | 11/10/2022 | 9:45 AM | 104523 | Brown, Charlie | 9 | | | × . | Completed | Update Visit | ۸ | | ^ |
| | | MOIST, JEN | ННННА | 11/11/2022 | 7:53 AM | 11/11/2022 | 9:00 AM | 104523 | Brown, Charlie | 9 | | | | Completed | Update Visit | ۸ | | |

• Select the start/end dates for visit timeframe



- Select patient (optional)
- Apply Filters
- Select Submit

| Address Validation Icon | Address Validation Status |
|-------------------------|---------------------------|
| | Address not Validated |
| • | Address is Validated |
| θ | Address is not Valid |

Location Capture on Visit Documentation

To utilize GPS capture functionality, a table or phone device must be used which natively supports location capture.

When starting a visit, the visit date and Visit Start time will be captured along with the location using the device's GPS capture functionality. The clinician will see a Clock In & Create button rather than the create visit previously used.

| Skilled Nursing Visit Note JSON Quick Start × | | | | | | | |
|--|--------------------------|----------|--|--|--|--|--|
| Visit Date: | 02/09/2023 | # | | | | | |
| Visit Start Time: | 09:42 AM | | | | | | |
| Billing Code: HHSNRoutine - HH SN Routine | | | | | | | |
| Scheduled Visits: 08:00 AM HHSNRoutine (RN/RNH/LVN/RNPD/HLVN) | | | | | | | |
| | Clock In & Create Cancel | | | | | | |



After opening the form to document the visit, a new button will appear on the bottom of the page to allow the clinician to clock out.



When leaving the patient home, *the clinician must use the Clock Out Button to clock out from the visit and capture the GPS location*. This will allow the clinician to come back in and complete the documentation if it was not completed during the visit.

| Clock Out | | | × |
|-----------|------------------|----------|---|
| Date Out: | 02/09/2023 | # | |
| Time Out: | 09:43 AM | | |
| | Clock Out Cancel | | |

Clock out will fill in the date / time out at the top of the visit form. Time in and time out will not be editable, changes to those items will need to be made by a super admin.

| SKILLED NURSING VISIT NOTE JSON | | | | | | | | |
|---|---------------|------------------|---------------|--------------|-----------|----------------------|--|--|
| | | Saved 9:44:50 am | | | | | | |
| Notes Patient Chart Plan of Care Module | | | | | | (Select an Action) - | | |
| Patient: Brown, Charlie - 141820 | | | | | | | | |
| Caregiver: MOIST, JEN (SuperAdmin) | Billing Code: | HHSNRoutine | ✓ Visit Date: | 02/09/2023 | Date Out: | 02/09/2023 | | |
| Chart: 1 Episode: 5 | | | | | | | | |
| | | | | Time In: 9:4 | 13 AM Tin | ne Out: 9:44 AM | | |

After clock out is complete, the remaining actions will be available to complete the visit and will allow the user to complete any documentation. This form will remain in a pending status until the clinician selects the button to send the form to the office.

| Clock out | Send To Office Sign/Save this form |
|-----------|------------------------------------|
|-----------|------------------------------------|



Clock in / Clock Out will appear across the organization on forms when capture location is activated. The form will show the type of clock in / clock out if the organization is reporting EVV data.



The form will not show the type of clock in / clock out if the organization is not reporting EVV data.

| Time In: 11:07 AM Time Out: 12:05 PM |
|--------------------------------------|
|--------------------------------------|

Visit Correction

EVV visits can be updated using the <u>Visit Correction Process</u>. EVV visits cannot be removed and regenerated, once removed the batch will need to be deleted and visits pulled into a new batch using Generate Visit Charges.

Visit Submission Process

Releasing and Submitting Visits

MCG+ Admin Portal>Worklist

The user will review and select the visits to be released by selecting the check mark next to the visits and then select Release on the top of the window.



| E Trights Overland Park Agoncy V Ell Provider V | | | | | | | | | | |
|---|-------------------------|----------------------|-----------|----------------|----------------|------------------------------|-------------------------|-----------------------|----------------------|----------|
| Dashboard | Completed Visits | | | | | | | Export | Visits Release Hold | Archive |
| | Row Recipient Last Name | Recipient First Name | Member ID | Medicaid ID | Visit ID | Caregiver Name | Actual Visit Start Date | Actual Visit End Date | Procedure Codes/Mods | Status |
| I Work List | 1 KEMPER | ANDY | | | 4264187101 | Alyssa Hellebusch | 10/7/22,8:41 AM | 10/7/22, 9:22 AM | T1019 TV | RELEASED |
| Claim Review | 2 WILSON | KATHRYN | | | 4211651295 | Alyssa Hellebusch | 9/19/22, 9:57 AM | 9/19/22, 9:59 AM | T1019 TV | RELEASED |
| Prior Authorizations | 3 WILSON | KATHRYN | | | 2735055530 | Alyssa Hellebusch | 9/13/22, 11:00 AM | 9/13/22, 11:29 AM | S5130 TV | RELEASED |
| M Reports | 4 KEMPER | ANDY | | | 0030930815 | Annah Murphy | 3/11/22, 11:06 AM | 3/11/22, 11:07 AM | 2402 | RELEASED |
| 🚉 Users | 5 KEMPER | ANDY | | | 3211712313 | Annah Murphy | 7/7/22, 10:39 AM | 7/7/22, 10:39 AM | 2508 | RELEASED |
| 28. Recipients | 6 ADAMS | MARK | | NY569841 | 0644276848 | Jennifer Greene | 1/13/22, 12:23 PM | 1/13/22, 12:23 PM | 4741 | RELEASED |
| Provider | 7 ADAMS | MARK | | NY569841 | 2958286925 | Jennifer Greene | 1/13/22, 12:26 PM | 1/13/22, 12:28 PM | 4741 | RELEASED |
| Training | 8 ADAMS | MARK | | NY569841 | 0836353696 | Jennifer Greene | 12/29/21, 12:32 PM | 12/29/21, 4:02 PM | 4755 | RELEASED |
| 🔅 Settings | 9 ADAMS | MARK | | NY569841 | 0836353696 | Jennifer Greene | 12/29/21, 12:32 PM | 12/29/21, 4:02 PM | 4767 | RELEASED |
| | 10 WILSON | KATHRYN | | | 2909581704 | Alyssa Hellebusch | 10/7/22, 12:04 PM | 10/10/22, 9:48 AM | T1019 TV | HOLD |
| | 🖬 11 SMITH | KELLY | | NY4568999 | 2452955868 | Nicki Grose | 4/26/22, 2:34 PM | 4/26/22, 2:40 PM | 4722 | HOLD |
| | 12 ADAMS | MARK | | NY569841 | 0098254842 | Nicki Grose | 8/22/22, 11:07 AM | 8/22/22, 12:22 PM | 4742 | HOLD |
| | 13 SMITH | KELLY | | NY4568999 | 0098254842 | Nicki Grose | 8/22/22, 11:07 AM | 8/22/22, 12:22 PM | 4742 | HOLD |
| Priva | cy Policy | | Copyrigh | t © 2021 Netsn | nart Technolog | ies, Inc. All rights reserve | d. | | Terms of Use | |

Once submitted to the state aggregator, the visit can either be Accepted or Rejected. myUnity will check if the visit has been Accepted or not before it can be billed, the charge will remain in "Unverified" status until it has been Accepted. Once Verified, it can be billed.

Rejected Visits

If a visit is rejected by the aggregator the reason for rejection will be available through either the Mobile Caregiver+ admin portal or through the alerts in myUnity.

When visits are rejected, the reasons for rejection will be accessible by selecting the '!' icon in the MCG+ Provider Portal Worklist.

Clinical>Homepage>Alerts

Errors are visible on the myUnity Clinical Alerts service by selecting the bell icon on the top of the home page. Once the alerts have been read by the user, the number of alerts on the bell will be reduced.



| | | | | ۵. | | |
|----------------------------|---|-------------------|-----------|---------------------------|-------|--|
| Feature 🐨 | Message | Patient | Personnel | Date/Time | Actio | |
| EW Client | EW Client: Required field.PhoneNumbers.Number Invalid format: *** | Chernioglo, PDMCG | | 10/19/2022 9:07:03 am | 1 | |
| EW Client | EVV Client: Required field:PhoneNumbers | Brown, Charlie | | 10/12/2022 11:22:00 am | | |
| EW Client | EW Client: Required field PhoneNumbers | Brown, Charlie | | 10/03/2022 9:26:29 am | | |
| EVV Client | EVV Client: Missing Medicare Number ; Missing Medicaid Number | Berry2, Test | | 10/03/2022 7:08:03 am | | |
| EW Client | EVV Client: Missing Medicaid Number ; Missing Social Security Number | Bert1, Test | | 10/03/2022 7:00:51 am | | |
| EW Visit Submission Status | EWV Visit Submission Status: HHA Visit Note 12/07/2021 08:00 AM - 12/07/2021 08:15 AM Missing Patient Signature | Bekah, Test | | 09/30/2022 12:28:25 pm | | |
| EVV Client | EVV Client: Able to process patient - Harold, Farmer | Berry1, Test | | 09/30/2022 10:16:36 am | | |

- Rejected visits must be corrected and resubmitted to the state aggregator. Any rejections
 related to visit, recipient, or caregiver data should be corrected in myUnity Enterprise, so the
 data is kept in sync.
- Correction to visit data will be performed through the Visit Correction Process in myUnity.
- If the visit was rejected due to missing a reason code, Provider Admins will add reason codes for the associated visit on the Worklist screen in the Mobile Caregiver+ Provider Portal.

Patient Required Fields

Patient Demographics:

- Patient must have an active address
- Patient must have an active phone number
- Patient Medicaid ID & EVV State ID (if required) must be present in Other Patient Modifiers
- Patient must have an admission attached to an Org Facility level with an established EVV vendor.
- Patient must have a date of birth
- Patient must have a location of service
- Patient must have a diagnosis code
- Patient must have an insurance plan in which the 'Include in EVV Reporting Mandate' is selected as Yes.



California Setup

Patient EVV ID

Census>Payer/Bill Info>Add Funding Coverage

| Plan | (CA Medi-Cai) California Medical (Debs MCD Payer) Debs MCD Payer (DH MCD PA) Penn MCD (DH-HCD PA) Penn MCD (CH-HCVMEDICAID2) DOUGS 2ND EVV MCD PLA (KellyM-CD Kelly Medicals (MA-LPE) Illinois Medicaid (MA-LPE) Illinois Medicaid Provisional Elig (MA-MN) Minnesota Medicaid |
|---------------------------------|--|
| | (MA-MO) Missouri Medicaid (MA-MO-TS) Trents Mo MCD (MA-MOSQS) Missouri Medicaid SQS |
| Policy Number | |
| Policy Owner | Brown, Charlie Add Policy Owner Fdit |
| Relationship to Patient | ~ |
| Date Active | |
| Date Inactive | ** |
| Eligibility Status | ~ |
| Eligibility Date | |
| Group Name | |
| Group Number | |
| Rx BIN Number | |
| Employee Group Health Plan?: | Yes 🔾 No 🖲 |
| Ok to Release Information?: | Yes 🖲 No 🔿 |
| Benefits Assigned?: | Yes 💿 No 🔿 |
| LOA Anniversary Date: | × × |
| Patient's EVV ID | 123409865 |

• California will provide the patient's EVV id to be added to the funding coverage.

EVV Jurisdiction

Census>Payer/Bill Info>Service Authorizations

| ervice Authorizations | | | | | | Patient: BROV | VNSTONE, Jennifer F | atient ID: 94531 Admission ID: HS | En-105660 |
|-----------------------------|------------------------------------|---------------|---------------------|-------------|---|---|---------------------|---|-----------|
| Authorization | | | | | | | | | - |
| Authorization Number | Active Dates | ä | Plan | ~ | EVV Jurisdiction | | ~ | Split Pricing Options Use Service Default Time Gap Rule | ~ |
| Contact Name | Verified By MOIST, JEN (JMOIST) | Verified Date | Pending? | | Access Support Ne Access TLC Aetna Better Health AIDS Health Care F | twork nof California Foundation | | | |
| Relate to Order? | | Note | | å | AlDS Project of the AlDS Services Four Alameda Alameda Alliance fo Alpine Alta California Regi AltaMed Health Ser Amador | ndation ndation or Health onal Center vices Corp. | | | |
| Select Authorization Detail | Service ID/D | esc | Service | | Antalem Blue Cross APLA Health and W Area 12 Agency On Blue Shield CA Pro Butte Calaveras | /ellness i Aging mise Health Plan | | | × |
| Auth Applies To: | nancial | 40 | Scheduli Approve | ing Status | ~ | Begin | End End | | |
| Allowed | Unit Of Measure | Time Period | v l | Max Allowed | Previous Auth Use | d C | urrent Auth Used | | 4 |
| | | | | | | | | | |

 California patients will have an EVV jurisdiction that will be assigned based on their location. The EVV jurisdiction is entered as part of the service authorization. It will be chosen from the EVV jurisdiction drop down list.



Authorization

| Service Authorizations | | | Resident: BROWNSTONE, Jennifer | Resident ID: 94531 Admission ID: TwnOk-102555 |
|--|--|------------------------------------|---|---|
| Authorization | | | | - |
| Authorization Number Active I 98168425 *Begin | Dates 07/01/2023 End 09/30/2023 E | Plan EVV Jurisdii Alta Californ | tion ia Regional Center | Split Pricing Options Use Service Default Time Gap Rule |
| Contact Name | 1 By STER, LPN, RN QAMASTER V U8/07/2023 | Pending? O Yes No | | |
| Relate to Order? | Note | | | |
| Select Authorization Detail | | | | × |
| Service Type Skilled Nursing | Service ID/Desc | Service HH RN Routine | Active Dates Begin 07/01/2023 En | d 09/30/2023 |
| Auth Applies To: | | Scheduling Status | Scheduling Reason Authorization Parameters V | |
| Allowed 3 | Unit Of Measure Time Period Visit(s) | Max Allowed Previou | s Auth Used Current Auth Used | φ |

California requires the Service to be specified in the authorization. The authorization can not be at the service type level but must include the specific service to be provided.

Arizona Setup

EVV Contingency Security Setup

Setup>Security>Roles>Menu Access Privileges

| Menu Access Privileges | | | | | | |
|--|---|--|-----------------------|---------|-------------|--------|
| Roles to Update HC: Super User | | | | | | |
| Select Role(s): | | Service Module: | | Servio | ce Area: | |
| HC: Coder | • | Home | * | Patie | nt | · |
| HC: Intake / Referral Nurse HC: Scheduler HC: Super User | | Census Scheduling | | Orga | nization | |
| | | | | Reno | iis vite | |
| | | Financial | | Reports | | |
| HH: Billing Specialist | | Personnel | | | | |
| HH: Clinical Manager | | Setup | | | | |
| HH: Mobile View MSW | • | Point of Care | • | | | ~ |
| | | | | | | |
| Service | | View | Upda | te | Add | Remove |
| Patient Info | | ✓ | | | | |
| Patient Notifications | | | | | | |
| Patient User-Defined Data | | | | | | |
| Accounting of Disclosure | | Image: A start and a start | | | ~ | |
| Admission User-Defined Data | | ~ | | | | |
| Affiliations | | | | | | |
| Attachments | | ✓ | ✓ | | ~ | |
| Birth Details | | | | | | |
| Consent to Release Medical Information | | | | | | |
| Demographics | | ✓ | ✓ | | | |
| Emergency Preparedness Identifiers | | | | | | |
| EVV Contingency | | | ✓ | | | |

• Select the Role to be updated



- Service Module: Select Census
- Service Area: Select Patient
- Scroll to Patient Info
 - EVV Contingency: Select View and Update
- Scroll to the bottom of the screen and select Submit

EVV Contingency

Census>Patient Info>Related Items>EVV Contingency

| dditional Info | | | | | Patient: E | Brown, Charlie | Patient ID: 1418 |
|--|--|---|-----------------------|---------------------|------------|----------------|------------------|
| Veteran Demographics Smol | king Status Sexual Orientation and | Gender Identity Family Health History | EVV Contingency Birth | Details | | | |
| EVV Contingency Plan I I Must be Rescheduled Originally Scheduled T Must be Rescheduled Originally Scheduled T Must be Rescheduled Originally Scheduled T Will be performed at U | Rescheduling Preference Start 1 within 2 Hours of ime within 24 Hours of ime within 48 Hours of ime kext Scheduled Visit I Non-Paid Caregiver | Effective Date 1/2023 Start Effective Date No items to display. | | No items to display | | | |

Arizona requires a patient contingency plan be provided provided and reviewed with the patient annually and documentation provided. Select the appropriate contingency plan rescheduling preference with the effective date and select save.

| EVV Contingency Plan Rescheduling Preference Start Effective Date EVV Contingency Plan Rescheduling Preference Start Effective Date Must be Rescheduled within 48 Hours of Originally Scheduled Time 08/01/2023 Image: Comparison of the two set of two set of two set of the two set of two s | eteran Demographics | Smoking Status | Sexual Orientation and Gender Id | entity Family Health History | EVV Contingency | Birth Details | | |
|---|---------------------|----------------------|----------------------------------|------------------------------|-----------------|---------------|-----------------|----|
| EVV Contingency Plan Rescheduling Preference Start Effective Date Must be Rescheduled within 48 Hours of Originally Scheduled Time 08/01/2023 Image: Control of the test of the test of tes | EVV Contingenc | y Plan Rescheduling | g Preference Start Effective D | Date | | | | |
| Must be Rescheduled within 48 Hours of Originally Scheduled Time 08/01/2023 Image: Comparison of the second seco | EVV Contingency | Plan Rescheduling | Preference | Start Effective Date | | | | |
| Image: Contract of the second secon | Must be Resched | uled within 48 Hours | of Originally Scheduled Time | 08/01/2023 | | | × | * |
| | H (| | | | | | 1 - 1 of 1 iter | ns |

Patient Designee

Census>Patient Info>Related Parties



| * First Name | | | | | Middle Na | me | | | | Search Results |
|--------------------------|--------------|---------|-----|-----------|------------|------------|-------------------|----------------------|-------------------------------------|--|
| Suzanne | | | | | | | | | | The person may already exist. Select t |
| * Last Name | | | | | Date of Bi | th | | | Brown, Suzanne 101 1st St, PO BOX | |
| Brown | | | | | 06/07/20 | 22 | Ē | | | Brown, Suzanne (142) 53-9571 (CP) |
| | | | | | | | | | | Brown, Suzanne 4323 Infinity Road, 9 |
| SSN 654040876 | | | | | Email | Brown | Qom | all com | | |
| 004219070 | | | | | Suzanne. | DIOWI | Wenn | lail.com | | |
| Bereavement Pr | iority Level | | | | | | | | | |
| L | ~ | | | | | | | | | |
| Comment | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | le | |
| s Patient's Desi | gnee | | | | | | | | | |
| Ves UN0 | | | | | | | | | | |
| Phones | | | | | | | | | | |
| | | | | | | | | | | |
| Dhono Tyroo | | | Dhe | no Numbor | | | | Activo | Inactivo | |
| Phone Type Phone Number | | | | | | Acuve | macuve | | | |
| Home Phone (43) 866-9213 | | | | | 01/01/2015 | | sedit 🖉 | | | |
| Addresses | | | | | | | | | | |
| , adicosco | | | | | | | | | | |
| | | | | | | | | | | |
| Address Type | Address 1 | Address | 2 | City | State | Zip Code | | Active | Inactive | |
| HomeBilling | 101 1st St | PO BOX | 42 | New York | NEW YORK | 1002 | 25 | 01/01/2015 | | / Edit |
| * Relationship Type | | | | | | | Person Type | | | |
| Care Plan Consult | | | | | | Accountant | | | | |
| Care Responsi | Dility | | | | | | ACTIN | vity Director mev | | |
| Conservator | | | | | | | Chu | rch Member | | |
| Daughter | | | | | | | Driv Eath | er 1er | | |
| Daughter-in-La | w | | | | | | Geriatric Manager | | | |

Arizona requires the patient designee be sent as part of the patient EVV information. Designee should be set on the responsible part.

Patient Designee Signature

Setup – Netsmart to complete

Clinical>Forms Properties

| ✓ 20230705 NTST ▼ OASIS-E ▼ | ICD10 V Skilled Nurse Visit Note |
|---|----------------------------------|
| Additional Properties | |
| Default Import Version: | ● Yes ○ No |
| Is Frequency on Forms: | ○ Yes ○ No Version 2 ✔ |
| CPT widget Version: | Version 1 🗸 |
| Is Available Offline: | ● Yes ○ No |
| Is MyUnity Order Form: | ○ Yes ○ No |
| Use Skip: | ○ Yes ○ No |
| Enable Dictation Mode: | ○ Yes ○ No |
| Enable Auto-Map POC Widgets on Form Create: | ⊖ Yes ⊖ No |
| EVV Care Plan User Type: | (Select EVV Care Plan User Type) |
| SSO Medication Profile: | ○ Yes ○ No |
| Timecard: | |
| Show Billing Code: | 🔿 Yes 💿 No 🔿 Manual |
| Free Hand Signature Type: | 🔿 Auto 🔿 Manual 💿 None |
| Free Hand Signature Label: | |
| Free Hand Signature Location: | ○ First ○ Last |
| Display Freehand Signature Attestation: | ● Yes ○ No |
| Show Signer Type: | ● Yes ○ No |

Forms must be set with the Freehand Signature Attestation set and Show Signer type set to yes. Repeat for all forms capturing signature.



Designee Signature Capture

| The Signer confirms that the Duration and Serv Signature: | ices documented on this Visit are accurate. |
|--|---|
| Click to Sign | |
| Person Signing: | |
| Client Designee 🗸 🗸 | |

Those forms that have been updated will allow for the signature to be captured and the person signing will allow it to be set as the patient or the patient designee.

Task Refusal

| Assigned Tasks | | | | | | | |
|----------------|----------------|-----------------------|-------|----------|--|--|--|
| Performed | Client Refused | Task | Notes | Comments | | | |
| Vital Signs | | | | | | | |
| | | Blood pressure | | | | | |
| Grooming | | | | | | | |
| | | Skin care | | | | | |
| Cleaning | | | | | | | |
| | | Trash | | | | | |
| Medications | | | | | | | |
| | | Medication Management | | | | | |
| 4 | | | | 4 | | | |

Within the MCG+ application the caregiver will have the option to mark the task as refused by the patient. Arizona is requiring this to be chosen if the patient does refuse a service or task.