



# **North Dakota EVV for Aging Individual QSPs**

**October 2020**

Any information, support services or advice related to functionality of Therap Services' products is for general guidance only. Care providers are expected to know the procedures, practices and terminology required to provide care for the individuals they serve.

Using Therap should neither circumvent nor take precedence over required care, nor should it impede the human intervention of care providers in a manner that would have a negative impact on any individual's well being.

Seek professional advice on specific issues and their impact regarding any individual or entity. No liability can be accepted for any errors or omissions or for any person acting or refraining from acting on the information provided in these materials and/or presentations.

Any discussion of future functionality is intended for informational purposes only. It is not a commitment to deliver any material, code, or functionality, nor should it be relied upon in making purchasing decisions. The development, release, and timing of any features or functionality described is at the sole discretion of Therap.

1. ND EVV Overview
2. Therap Introductions
3. Overview of Therap EVV
4. Checking in with Therap EVV
5. Billing with Therap EVV
6. Implementation Plan
7. Demonstration
8. Questions

# EVV INTRODUCTION

- What is it?
- Why do we need it?
- What services will require it?
- Who needs to use it?
- When will it start?
- Impact on individual QSPs



# EVV DEFINITION

## **EVV System**

- Used to electronically verify that personal care, home health, and other home and community-based services (HCBS) are being provided
- Documents the provider, service location, and precise time service delivery begins and ends
- Common types of EVV systems

# WHY DO WE NEED IT

Federal Law - Dec 2016 “21<sup>st</sup> Century Cures Act”

- The Act requires Electronic Visit Verification (EVV) of Medicaid home health and personal care services requiring an in-home visit

## **EVV Systems Must Verify:**

- **Type** of service performed;
- **Individual receiving** the service;
- **Date** of the service;
- **Location** of service delivery;
- **Individual providing** the service;
- **Time** the service begins and ends.

# 21<sup>ST</sup> CENTURY CURES ACT

- Does not create an employer-employee relationship
  - Individual QSPs are still self employed, independent contractors
- No particular or uniform EVV system is required
- Not meant to negatively impact the way in which care is delivered

# WHY DO WE NEED IT?

- If states don't implement EVV, the amount of federal Medicaid funds they can collect to help pay for these services will be reduced





# FAIR LABOR STANDARDS ACT

## Home Care Final Rule

- The FLSA is a federal law that governs workers wage and overtime protections
- The rules regarding how this law applies to home care workers has been updated
- Law now requires that most home care workers (including some individual QSP) be paid at least minimum wage and overtime for all hours worked over 40 per week
  - ❖ This includes the time spent traveling between clients

# FAIR LABOR STANDARDS ACT

## Home Care Final Rule

- The EVV system will also be used to document and track the time in home providers spend providing services and traveling between clients for purposes of FLSA compliance
- This information may also be used to document and submit service units for claims payment

# WHY THE NEED FOR EVV

- Reduce Fraud, Waste and Abuse in HCBS
  - ❖ Verify that visit took place
  - ❖ Confirm that the caregiver provided the care they were authorized to provide
  - ❖ Document the activities performed during the visit
  - ❖ Improve ability to respond to audit requests
  - ❖ Improve audit outcomes
  - ❖ Reduce manual effort
  - ❖ Assist with documentation
  - ❖ Produce and submit “clean” claim

# WHICH SERVICES REQUIRE EVV

- **Personal Care Services (PCS) – Requiring and in-home visit**
  - Consists of services supporting Activities of Daily Living (ADL), such as movement, bathing, dressing, toileting, transferring, and personal hygiene
  - Offers support for Incidental Activities of Daily Living (IADL), such as meal preparation, money management, shopping, and telephone use

# IMPACTED SERVICES

## **EVV will be required for the following services:**

### Aging Services

- Attendant care (nurse management)
- Extended personal care (nurse education)
- Homemaker
- Personal care (SPED & Medicaid State Plan)
- Respite care
- Supervision
- Transitional living

# IMPACTED SERVICES

**FLSA may also require EVV to be used for the following services if they are provided by an individual QSP**

## Aging Services

- Chore – snow removal
- Chore – labor
- Companionship
- Family home care\*
- Family personal care\*
- Non-medical transportation
- Non-medical transportation – Escort
- Transition coordination

**\*Will not apply to all situations**

# IMPACTED PROGRAMS

## **EVV will impact the following programs:**

- Aging Services
  - Medicaid State Plan Personal Care
  - HCBS Medicaid waiver
  - Technology Dependent Medicaid waiver
  - National Family Caregiver Support Program
  - Service Payments for Elderly & Disabled (SPED)
  - Expanded-Service Payments for Elderly and Disabled (Ex-SPED)

# IMPACTED PROVIDERS

## **Providers who must use EVV:**

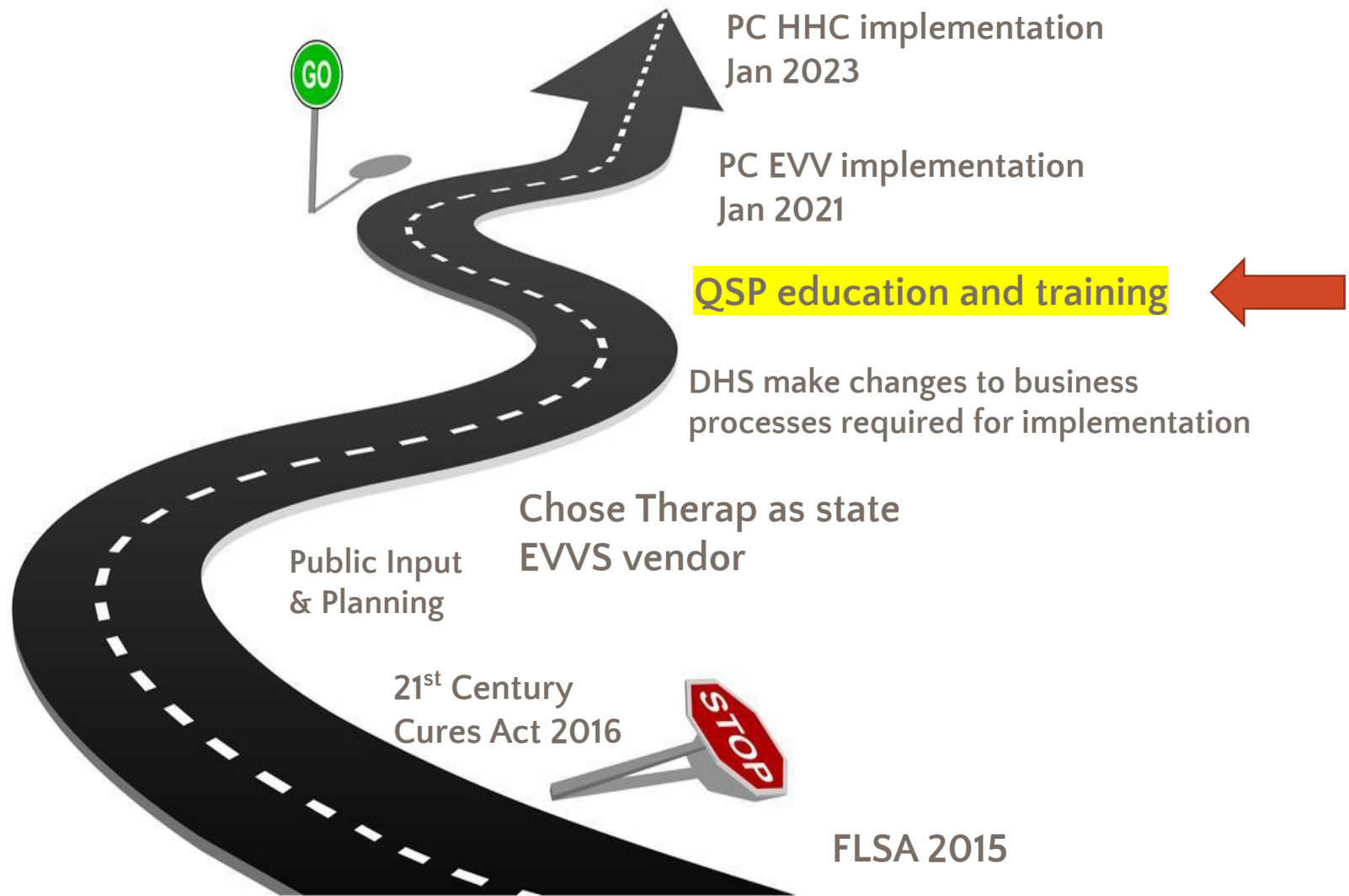
- January 1, 2021
  - Agency QSPs
  - Individual QSPs
  - Licensed DD Providers
  - Children's Medically Fragile, Autism Spectrum, Children's Hospice (Respite care providers)
  - 1915 (i) In-Home Respite Providers



# IMPACT ON INDIVIDUAL QSPs

- **Enroll and use Therap EVV**
  - Register for a National Provider Identifier (NPI) number
  - Attend training
- **Bill using Therap system**
  - Receive service authorizations in Therap
  - Require access to an electronic device (computer etc.) at least once per month for billing purposes
- **In the future**
  - Document in Therap

# EVV JOURNEY

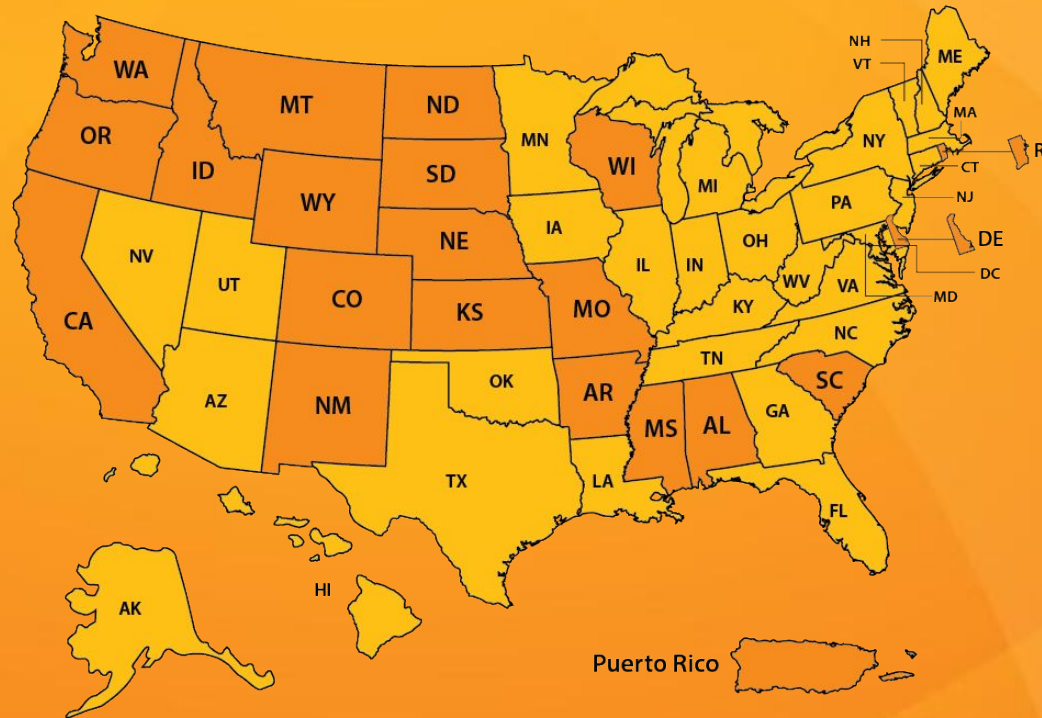


# WHAT'S NEXT?



- No charge to use Therap for enrolled QSPs
- Watch for additional training opportunities and updates
- Read all the mail that comes from DHS
  - Update address and email if necessary
- Plan for the new electronic billing requirements

State Contracts



Users in all 50 states and contracts with 20 states

MPSC1001 Last update: 09/20



**Justin M. Brockie**  
Chief Operating Officer

- Overall responsibility for the project
- Working with state contracts nationally
- Working with Therap's development team on EVV
- Working in North Dakota since before the DD state project started.



- Oversee implementation of EVV for ND Providers
- Coordinates webinars and communication to ND Providers
- Manages implementation project

**Jeff Covington**

Director of State  
Implementation



- Therap's EVV Specialist
- Work on EVV development and implementation.

**Stephanie Masters  
Norton**  
Senior Training &  
Implementation Specialist





- Currently working with aging providers in South Dakota on EVV and billing
- Manages independent providers in Nebraska
- Background in Therap's Billing Team

**Tracy Linko**  
State Implementation  
Specialist





- Will be working on EVV implementation across all North Dakota providers

**Caiti Woodburn**

Training & Implementation  
Specialist



- Working in North Dakota since before the DD State Project started
- Currently leading implementation with DD Providers

**Deborah Hibbard  
Brito**

Senior State  
Implementation Specialist



- Will be working on EVV implementation across all North Dakota providers

**Rich Frettoloso**

Training & Implementation  
Specialist



**Sazzad Rafique**  
Chief of Software Design

- Technical Lead for all North Dakota projects
- Working in North Dakota from the beginning of the DD state project
- Designed Therap's Case Management and State Budgeting systems



- Leads Therap's Billing Team
- Works on provider billing system with Therap's development team
- Manages EDI/MMIS interactions

**Nadine Sturgess**

Director of Billing and  
Special Projects

Waiver	Payer	Service Name	Procedure Code
DD Traditional	MMIS	FSS In home support	W0300
DD Traditional	MMIS	Self Directed In Home Supports	W0560
DD Traditional	MMIS	Independent Habilitation	W0720
DD Traditional & HCBS Aging MSP -PC, SPED, HCBS Waiver	MMIS	Personal Care	T1019
DD Traditional & HCBS Aging SPED, Ex-SPED, HCBS Waiver	MMIS	Homemaker	S5130
DD Traditional	MMIS	Extended Home Health Care	W0275
Medically Fragile Waiver	MMIS	MFW In-home support	W0560
Autism Waiver	MMIS	ASD Respite self directed	W0635
Autism Waiver	MMIS	ASD Respite agency	W0630



Program	HCPC	Service Name	Procedure Code
SPED, Ex-SPED, HCBS Waiver	S5150	Respite	00012
SPED, Ex-SPED, HCBS Waiver	S5120	Chore - Snow Removal	*00020
SPED, Ex-SPED, HCBS Waiver	S5120	Chore - Labor	*00021
SPED, Ex-SPED, HCBS Waiver	T2001	Non-Medical Transport (local round trip)	*00028
SPED, Ex-SPED, HCBS Waiver	T2001 U6	Non-Medical Transport (Escort)	*00039
Technology Dependent Waiver	*T1000	Nurse Management	*T1000
Technology Dependent Waiver	S5125	Attendant Care	S5125
SPED, HCBS Waiver	S5108	Nurse Education	*00005
SPED, HCBS Waiver	S5115	Extended Personal Care	S5115
HCBS Waiver	S5135	Supervision	*S5135
HCBS Waiver	S5135 TF	Companionship	*W08000

# National Electronic Visit Verification Association (NEVVA)

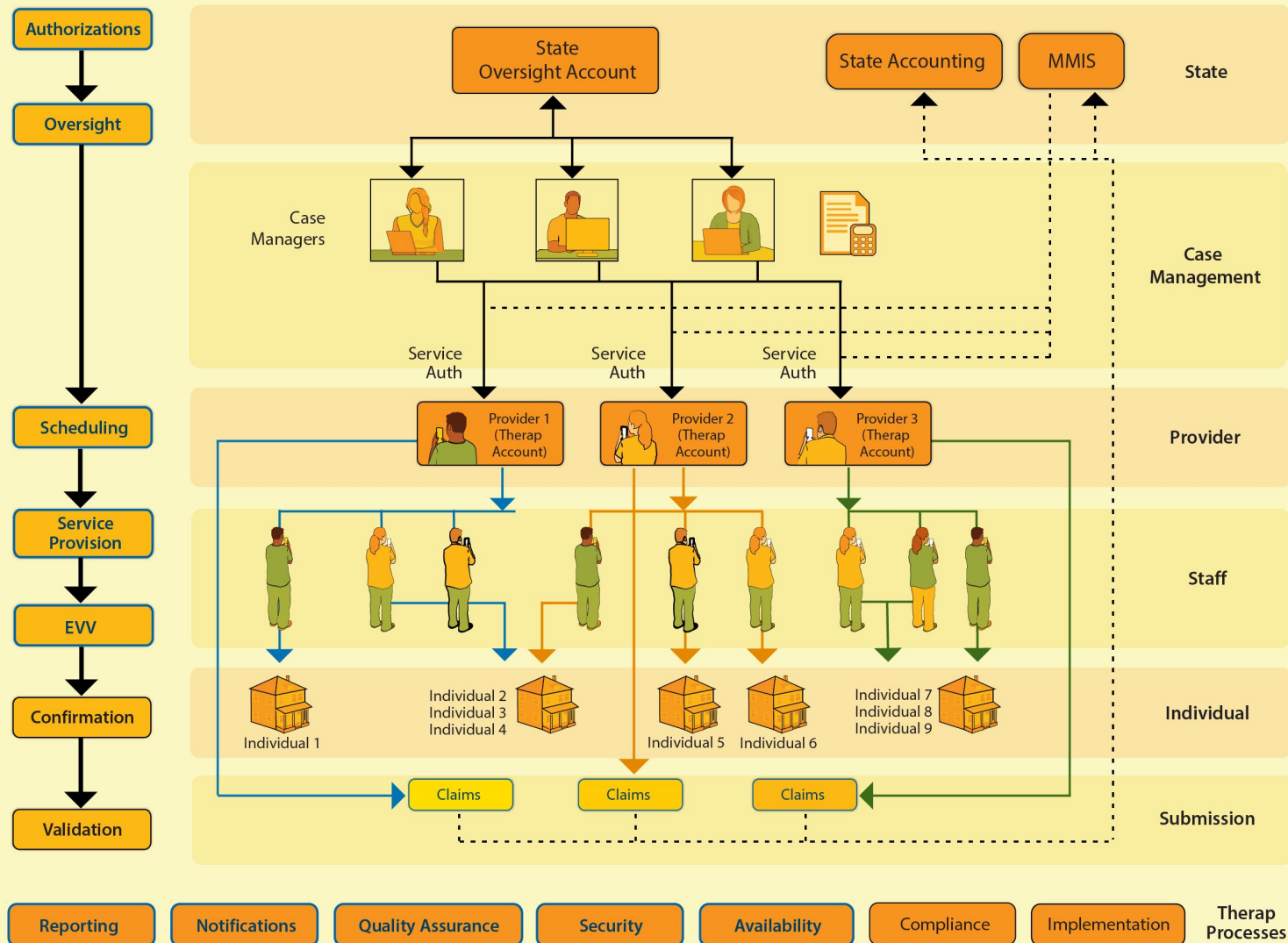


## **Therap is a charter member of the National Electronic Visit Verification Association (NEVVA)**

NEVVA is a not-for-profit organization dedicated to serving as the single source for Electronic Visit Verification industry-related information for states, managed care organizations and providers.

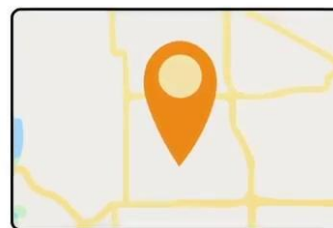
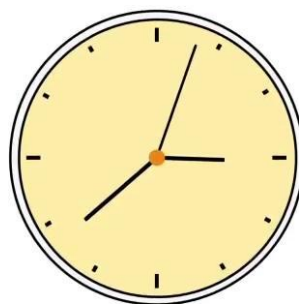
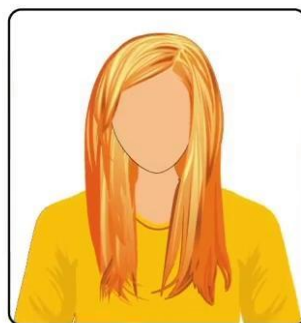
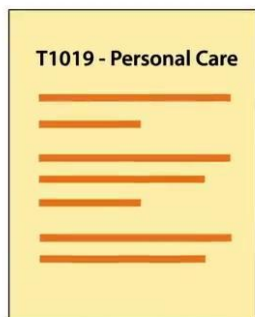
[\*\*https://nevva.org\*\*](https://nevva.org)





# Electronic Visit Verification

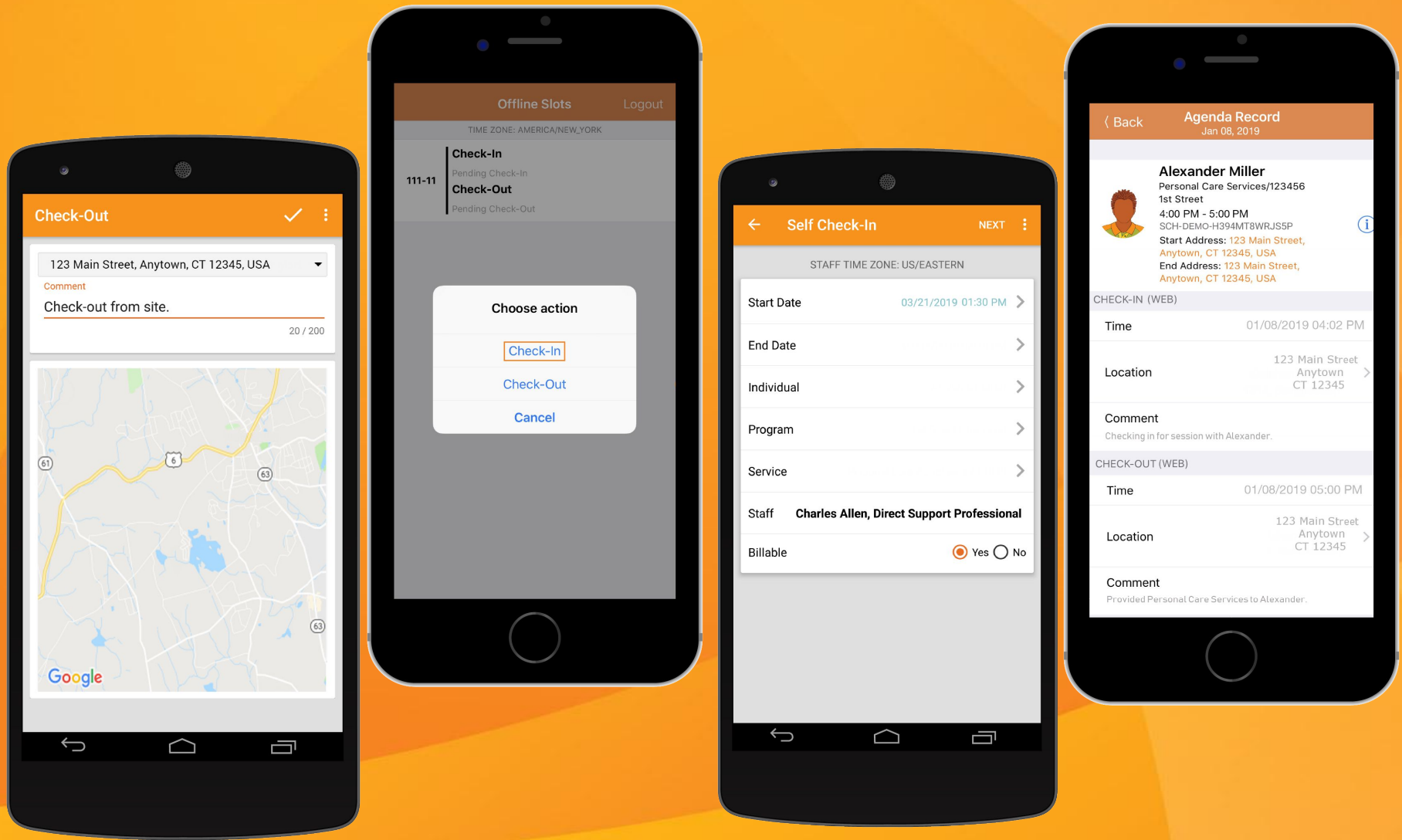
## 6 Data Elements

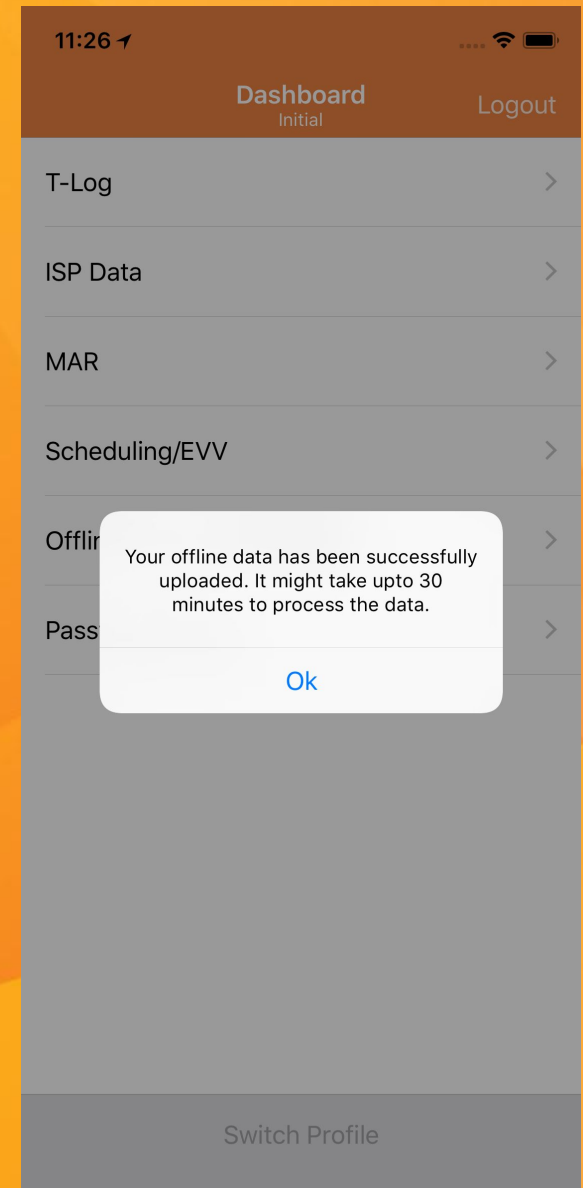
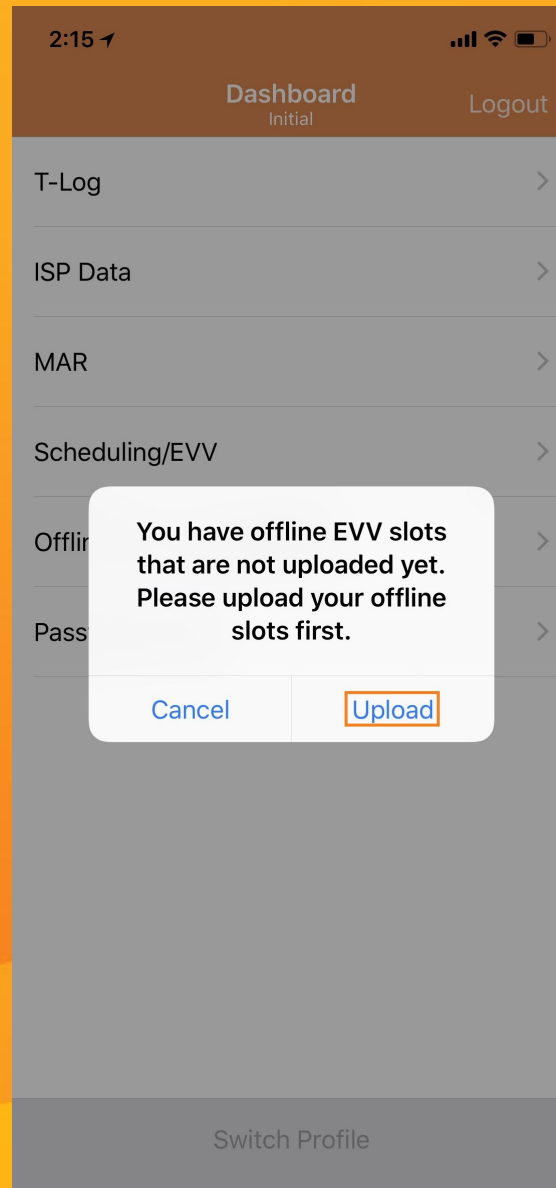
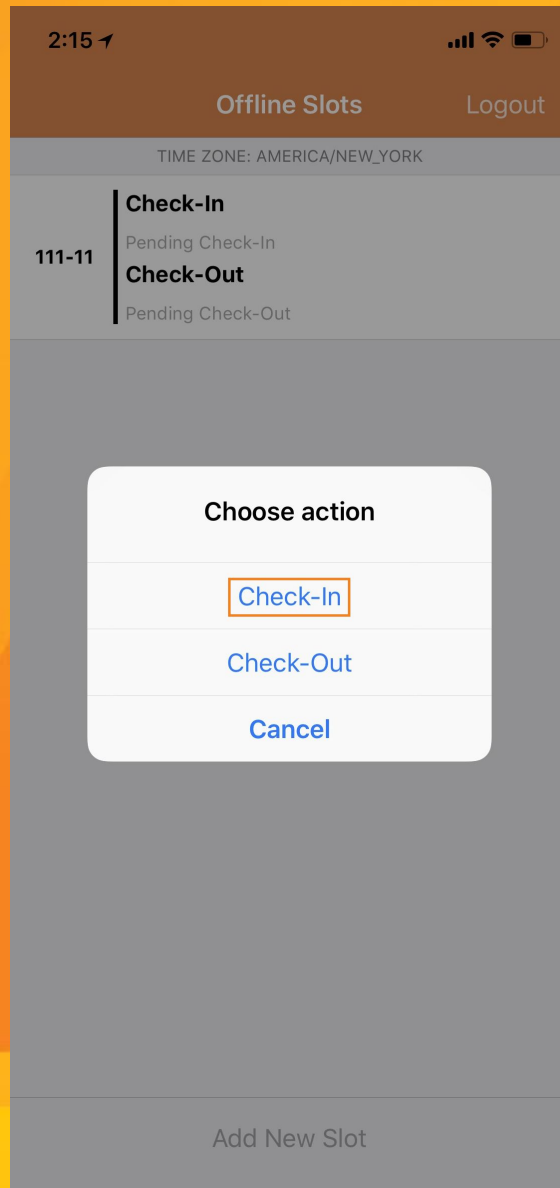





These data elements allow states to not only verify the services provided,



Specific requirements for your state may vary,





1:08   

< Dashboard Configuration

Please set your offline PIN below to enable offline mode

Login Name harris

Provider Code DEMO-TH

..... [SHOW](#)

..... [SHOW](#)




[SET PIN](#)


< Back Agenda List

< Jan 07, 2020 >

Add to Offline	7:00 AM	Miller, Alexander Personal Care Assistance/T10 1st Street 7:00 AM - 8:00 AM
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Self Check-In

1:09   



Offline EVV Login

Login Name

Offline PIN

DEMO-TH

Offline Login

Switch to Online Login

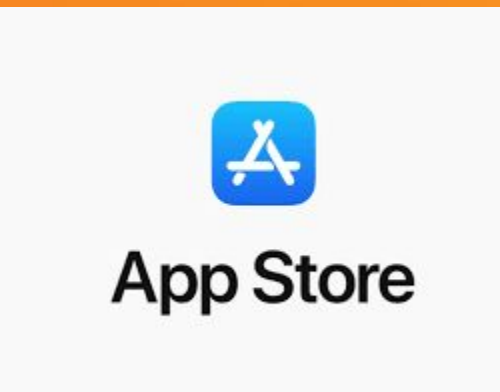
Version 6.0  
© Therap Services 2003-2019. All Rights Reserved.



- What technology do I need for EVV?



- Android version available on Google Play
- Requires Android 5.0 or higher
- Free



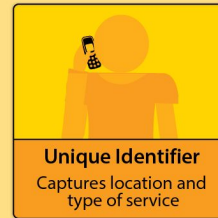
- iOS version available in Apple App Store
- Requires iOS 10.0 or higher
- Free



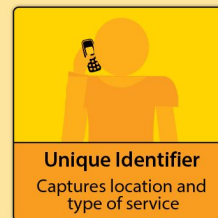


- Device is registered to a specific location.
- Generates a seemingly random number (Time Based password)
- Therap can decode number to be time and date (with location)
- Can be used on its own or in conjunction with telephony (IVR)

## For Checking in:



## For Checking out:



**Schedule**

[View/Check-In](#)  
[Self Scheduling](#)  
[Search](#)  
[Offline Schedule](#)

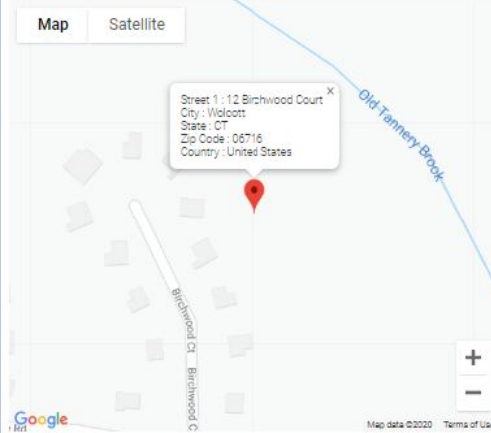
Staff	Check-In Time	Check-In Address	Check-In Collection Method	Check-Out Time	Check-Out Address	Check-Out Collection Method
Justin One, Program Manager						

*\* Edited by scheduler*

Check-In Comment

About 200 characters left

Location



Street 1 : 12 Birchwood Court  
 City : Wolcott  
 State : CT  
 Zip Code : 06716  
 Country : United States

Staff	Check-In Time	Check-In Address	Check-In Collection Method	Check-Out Time	Check-Out Address	Check-Out Collection Method
Justin One, Program Manager	05/04/2020 12:47 PM	12 Birchwood Court, Wolcott, CT 06716, USA	Web	05/04/2020 12:48 PM	12 Birchwood Court, Wolcott, CT 06716, USA	Web

Check-In Comment: test  
 Check-Out Comment: test

*\* Edited by scheduler*

Scan File

Please only upload data related to 'Michael O'Brown, 0001'  
The maximum file size allowed is 3 MB

Scanner Options

Scanner

Please Select

Resolution

Please Select

Color Mode

☒ Color
 ☐ Grayscale
 ☐ Black and White

Scan

Upload Scanned File

\* File Name

File Size

0 Bytes

Description

About 80 characters left

Upload

Preview/Edit Scanned File(s)

Nothing selected

Attachment

Add File

Scan File

Staff	Check-In Time	Check-In Address	Check-In Collection Method	Check-Out Time	Check-Out Address	Check-Out Collection Method
Justin One, Program Manager	05/04/2020 12:47 PM	12 Birchwood Court, Wolcott, CT 06716, USA	Web	05/04/2020 12:48 PM	12 Birchwood Court, Wolcott, CT 06716, USA	Web

Check-In Comment: test

Check-Out Comment: test

\* Edited by scheduler

Add File

Please only upload data related to 'Michael O'Brown, 0001'  
The maximum file size allowed is 3 MB

Select File

Choose File

Browse

Description

About 80 characters left

Upload

**Form ID :** SCH-DEMO-J6V4N58Z7YVKY  
**Time Zone :** US/Eastern  
**Entered By :** Mia Cole, Behavior Therapist on 04/27/2020 10:42 AM  
**Last Updated By :** Mia Cole, Behavior Therapist on 04/27/2020 10:44 AM  
**Approved By :** Mia Cole, Behavior Therapist on 04/27/2020 10:42 AM  
**Slot ID :** 137-266-5  
**Self Checked-In :** Yes

## Schedule Slot Approved

**Staff** Mia Cole, Behavior Therapist

**Update Check-In** 04/22/2020 09:03 AM 

**Update Check-Out** 04/22/2020 10:08 AM 

**\* Exception Code**

- Please Select -

**Description**

- Please Select -

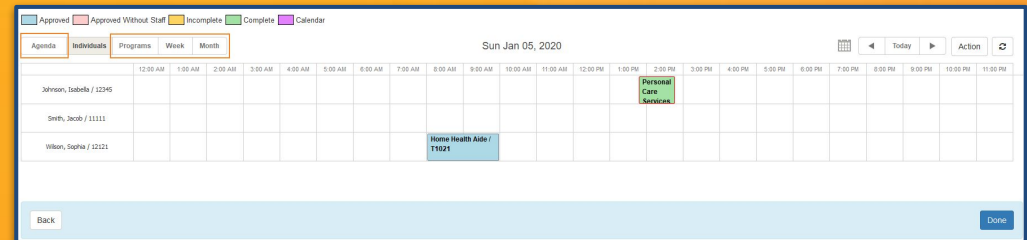
Individual / Guardian Declined Verification  
 Individual is Displaced  
 Individual Unavailable  
 Mobile Device Issue  
 Other  
 Service Outside the Home  
 Staff Error  
 Staff Forgot to Check-In / Check-Out  
 Telephony Issue

Back

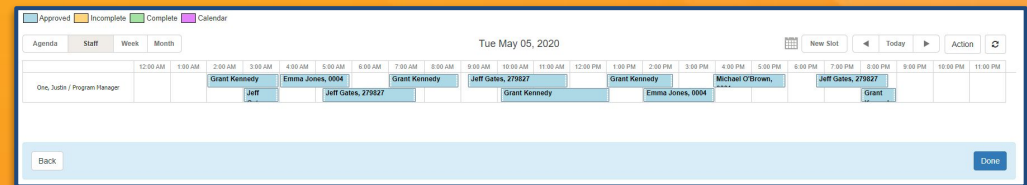
Update



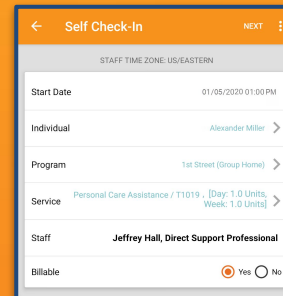
- Pre-Schedule:



- Self-Schedule:



- Self Check-in:





# Service Authorization

To Do	Modules	High	Medium	Low
Individual	<b>Individual Data - Search</b> Worklist		2	
Health	<b>Emergency Data Form - Search</b> Acknowledge Print		10	
Agency	<b>Service Authorization</b> Acknowledge		43	
Billing				
Admin				

Authorization

Pending

Authorization

Name	Jacob Smith	Authorization Form ID	IBSA-STATENE-G3X2JB57WJU33
Birth	06/06/1988	Duration	08/01/2017 - 01/31/2018
Oversight ID	87654321	Total Unit(s)	155.57
Service	7090 - Adult- Day Hab	Unit of Measure	Daily
Service Provider	DEMO - DEMO SERVICE PROVIDER - NEBRASKA	Rate	\$0.01
From Provider	STATE-NE (State of Nebraska)	Deduct Customer Obligation	No
Comments			

Monthly Allocation(s)

Month(s)	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Budgeted Unit(s)	25.03	25.00	25.00	25.00	25.00	25.00

Billing Service Authorization

\* Program (Site)

1st Street (Group Home)

\* Billing Provider

DEMO SERVICE PROVIDER - NEBRASKA

\* Service Description Code

Adult- Day Hab Daily (7090)

\* Funding Source

Nebraska

Please check the Service Authorization before clicking on the Acknowledge button. If you see any inconsistency or have any questions, do not acknowledge and contact the State Office or any other department recommended by your organization.

Back

Acknowledge



## Service Authorization In Prep

### Service Authorization Information

Program(Site) 8th Street (Group Home)

Individual Name White, Joshua

\* Individual ID Type Medicaid Number

\* This ID will be sent to Payer

Claim Type Professional Claim

Authorization Number 12345

Accounting Number 54321

Funding Source DEMO Funding Source

\* Begin Date 01/01/2019

\* End Date

### Service Information

\* Service Description/Code Day Supports - Tier 1 /T2021

\* Unit of Measure (Label) Quarterly

\* 'Total Billable Units' is the maximum number of units that can be billed against this service.  
\* 'Total Authorized Amount' is just for the record and is not required.

\* Total Billable Units 300.00

\* Default Unit Rate (\$) 3.18

Total Authorized Amount (\$) 954

Patient Responsibility Amount (\$) 25.00

Applying options ☐ Apply once in a month ☐ Apply until full consumed

Procedure Modifiers U3 HQ

\* ICD-10 Primary Diagnosis Code R69

ICD-9 Primary Diagnosis Code

\* Diagnosis Code Pointer 1

Prior Authorization Number 123456789

Cost Center Type Demo Cost center

Cost Center Name Center 1

### Service Coordinator

Organization/Agency Demo Agency

First Name James Last Name

Service Coordinator Number 12345

Phone Number 111-111-1111 Extension

### Service

Action	Service Code	Service Description	Unit of Measure	Unit Rate (\$)	Number of Units	Remaining Units	Procedure Modifiers	ICD-10 Primary Diagnosis Code
<div>Add New Service</div>								

### Data Collection Information

\* Method of Data Collection ☒ Billing Data Input ☐ Attendance ☐ ISP Data ☐ Case Note ☐ EVV

Supporting Document [Add ISP Program](#)

A **Service Authorization** is an association between individuals, **services** to be provided, the **funding sources** paying the bills, **date range of approval**, **method of data collection**. Funding sources are billed for **services** provided to Individuals based on approved **Service Authorizations**.

**Method of Data Collection:** Indicates the source from which the billable data is being generated from. Each method of data collection has required rate calculation rules that coincide with the service /procedure code unit calculation determination.

## Data Collection Information

\* **Method of Data Collection**

- ☐ Billing Data Input
- ☐ Attendance
- ☐ ISP Data
- ☐ Case Note
- ☒ EVV

**Unit Calculation Rule**

15 MIN FROM TIME IN/OUT ▼

**Duration Calculation Rule**

15 min Duration between Check in and ▼

**Supporting Document**

ISP-DEMOPA-J6X4QZ7YL5QQD (Supported Employment - White) ✕

# Non-EVV Services

Health

Agency

Billing

Admin

Attendance

[New](#) | [Search](#) | [Summary](#) | [Archive](#)

Attendance Data Search

\* Start Date

03/01/2020

\* End Date

03/31/2020

\* Attendance Type

Assisted Living Attendance

\* Service Description (Code)

Assisted Living Services - W (T2031)

\* Program (Site)

1st Street (Group Home)

Service Authorization Status

Approved

Individual

Search

Cancel

→ Search

## Attendance

**Attendance Type Name:** Assisted Living Attendance  
**Service Description (Code):** Assisted Living Services - W(T2031)  
**Program (Site):** 1st Street(Group Home)  
**Start Date:** 03/01/2020, **End Date:** 03/31/2020  
**March, 2020**

[Attendance Type Details](#)

☐ Incomplete
☐ In Prep
☐ Approved
☐ Submitted for Billing
☐ New

**Input**

**New**

**Incomplete**

**Update**

**Approve**

**Generate Billing Data**

**Attendance Options:**

**General Comment:**

Assisted Living Facility (AL) - [Billable]  
- Please Select -  
Assisted Living Facility (AL) - [Billable]  
Inpatient Hospital (IH) - [Billable]  
Home (H) - [Billable]  
Absent (A) - [Non-billable]

About 350 characters left

Time In:  « Now

Time Out:  « Now

Non-billable: ☐

Service Provider:

Clear Entered Values

☒ Select all Attendance in current page

Show All: ☒ Incomplete ☒ In Prep ☐ Approved ☐ Submitted for Billing

Individual Name	[ 1 - 1 of 1 ]	1 Sun	2 Mon	3 Tue	4 Wed	5 Thu	6 Fri	7 Sat
<input checked="" type="checkbox"/> White, Joshua		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

« Back
Cancel

Submit New

## Attendance

**Attendance Type Name:** Assisted Living Attendance  
**Service Description (Code):** Assisted Living Services - W(T2031)  
**Program (Site):** 1st Street(Group Home)  
**Start Date:** 03/01/2020, **End Date:** 03/31/2020  
**March, 2020**

[Attendance Type Details](#)

☐ Incomplete
☐ In Prep
☐ Approved
☐ Submitted for Billing
☐ New

☒ Select all Attendance in current page

**Show All:**
☐ Incomplete
 ☒ In Prep
 ☒ Approved
 ☐ Submitted for Billing

Individual Name [ 1 - 1 of 1 ]		1 Sun	2 Mon	3 Tue	4 Wed	5 Thu	6 Fri	7 Sat
<input checked="" type="checkbox"/> White, Joshua	<input checked="" type="checkbox"/> AL	<input checked="" type="checkbox"/> AL	<input checked="" type="checkbox"/> AL	<input checked="" type="checkbox"/> AL	<input checked="" type="checkbox"/> AL	<input checked="" type="checkbox"/> AL	<input checked="" type="checkbox"/> AL	<input checked="" type="checkbox"/> AL

« Back
Cancel
→ Approve




## Attendance

Attendance Type Name: Assisted Living Attendance  
 Service Description (Code): Assisted Living Services - W(T2031)  
 Program (Site): 1st Street(Group Home)  
 Start Date: 03/01/2020, End Date: 03/31/2020

March, 2020

[Attendance Type Details](#)

☐ Incomplete
 ☐ In Prep
 ☒ Approved
 ☐ Submitted for Billing
 ☐ New

Input	Update	Approve	Generate Billing Data				
<input checked="" type="checkbox"/> Select all Attendance in current page <span style="float: right;">             Show All:              <input type="checkbox"/> Incomplete              <input type="checkbox"/> In Prep              <input checked="" type="checkbox"/> Approved              <input checked="" type="checkbox"/> Submitted for Billing           </span>							
Individual Name [ 1 - 1 of 1 ]	1 Sun	2 Mon	3 Tue	4 Wed	5 Thu	6 Fri	7 Sat
<input checked="" type="checkbox"/>  White, Joshua	<input checked="" type="checkbox"/> AL	<input checked="" type="checkbox"/> AL	<input checked="" type="checkbox"/> AL	<input checked="" type="checkbox"/> AL	<input checked="" type="checkbox"/> AL	<input checked="" type="checkbox"/> AL	<input checked="" type="checkbox"/> AL
<div style="display: flex; justify-content: space-between;"> <span>&lt;</span> <span>&gt;</span> </div>							
<div style="display: flex; justify-content: space-between;"> <span>&lt;&lt; Back</span> <span>Cancel</span> </div>				<div style="display: flex; justify-content: flex-end;"> <span>Generate Billing Data</span> </div>			



# Billing




**Converting of Billing Data via EVV Method of Data Collection:** Using the Unit Calculation Rule with the Duration Calculation Rule to generate billing data.


**Billing Conversion**

ISP Billing |  
ISP Billing (Using Unit Calculation Rule)  
| Case Note Billing | EVV Billing

## EVV Billing Search

\* Service Description (Code)

\* Service Date From  

\* To  

Program (Site)

## Billing Data Generation Result

Please see the report below for details

Form ID	Individual Name	Summary
✓ BILL-DEMOPA-J734TL8Z65QQH	ALLWhite, Joshua	<p>Billing Data has been successfully generated. Service Date: 04/29/2020 Billable Units: 2.50 Unit Rate: \$11.12 Amount Billed: \$27.80</p> <p>Form Id(s): SCH-DEMOPA-J6X4REJZB5QQF SCH-DEMOPA-J6X4REYH5QQA</p>

[Back to Search](#)

[Back to List](#)

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## New Professional Claim Generator

### Template Search Criteria

Service Description/Code: SE-EVV (H2023) [Clear Selection](#)

SE-EVV (H2023) ✕

\* Template Group: ☐ Yes ☒ No

Template Group Name: - Please Select -

\* Service Date From: 04/29/2020 

\* Service Date To: 04/29/2020 

Add one Service Line per Claim: ☒

### Template List

Filter You have selected 0 items. 50 Records

Select All	Form ID	Individual Name	Program Name	Authorization ID	Service Code	Service Description	Status	Unit Rate (\$)
<input type="checkbox"/>	PCT-DEMOPA-HAN4PQTZ95RP3	ALLWhite, Joshua	EVV Example	SA-DEMOPA-HEL4YE2ZS5PR3	H2023	SE-EVV	Approved	\$11.12

Showing 1 to 1 of 1 entries

Cancel

Generate Claims

**Claim Generation:**  
To generate a claim an approved services authorization and generated Billing Data are required.

## New Professional Claim Template

Form ID:PCT-DEMO-B7Y2NAESDN

### Claim Information

Select the  
'Active' status

#### Template Status

☐ Inactive ☒ Active

#### Template Group Name

DEMO Template Group ▼

#### \* Individual Name

Smith, Jacob ▼

#### \* Billing Provider

DEMO People First of Colorado (SSN: 1234567891, NPI# 9876543210, PCN# 1234567890, Taxonomy# Taxo987654) ▼

#### \* Pay-to Provider

DEMO People First of Colorado (SSN: 1234567891, NPI# 9876543210, PCN# 1234567890, Taxonomy# Taxo987654) ▼

#### \* Rendering Provider

DEMO People First of Colorado (SSN: 1234567891, NPI# 9876543210, PCN# 1234567890, Taxonomy# Taxo987654) ▼

#### Referring Provider

DEMO People First of Colorado (SSN: 1234567891, NPI# 9876543210, PCN# 1234567890, Taxonomy# Taxo987654) ▼

#### Service Facility Location

DEMO People First of Colorado (SSN: 1234567891, NPI# 9876543210, PCN# 1234567890, Taxonomy# Taxo987654) ▼

#### \* Signature On File

Yes ▼

#### \* Place Of Service

14-Group Home ▼

#### \* Claim Frequency Type Code

1-Original (Admit thru Discharge Claim) ▼

#### \* Medicare Assignment Code

A-Assigned ▼

#### \* Release of Information Code

Y-Yes, Provider has a Signed Statement Permitting Release of Medical Billing Related to a Claim ▼

#### \* Patient Signature Source Code

P-Signature generated by Provider because the Patient was not Physically Present for Services ▼

#### \* Claim Filing Indicator

Medicaid ▼

#### \* Assignment of Benefits Indicator

No ▼

#### \* Payer Responsibility

Primary ▼

#### \* Relationship to Individual

Self ▼

#### Special Program Code

03-Special Federal Funding ▼

Select the appropriate information in the required fields

### Service Link

Select	Service Description	Service Code	Unit Rate (\$)	Procedure Modifiers
<input type="checkbox"/>	Adult Dental Services	D0160	1	U8
<input type="checkbox"/>	Community Based Day L 6	CB167	59.97	
<input type="checkbox"/>	Support Coordination	G9012	240	U8-Sc-TX

Rendering Provider Medicaid No  
Rendering Provider NPI No  
Referring Provider  
Referring Provider Medicaid No  
Referring Provider NPI No  
TCN/ICN #  
Payer  
Status  
Sent Date  
Check Issue Date  
RA Number  
RA Date  
er Claim Total Amount (\$)  
Patient Responsibility Amount (\$)  
Claim Paid Amount (\$)  
Payer Charged Amount (\$)  
Payer Paid Amount (\$)  
Claim Frequency Type Code  
Adjust Group Code 1  
Adjust Reason Code 1  
Adjust Amount 1  
Adjust Group Code 2  
Adjust Reason Code 2  
Adjust Amount 2  
Remark Code 1  
Remark Code 2

### Professional Claim

Form ID: CLM-DEMO-HC94NSAY5NR8  
Status: Billable  
Created By: Charles Allen, Direct Support Professional  
Create Date: Mon, 7 Oct 2019 05:23:44 PM

#### Claim Information

**Payer**  
\* Billing Provider: THERAP-MAI  
\* Pay-to Provider: Demo Billin  
\* Rendering Provider: Demo Billin  
**Referring Provider**  
Select  
**Service Facility Location**  
Select  
**Individual Name**  
Smith, Jacob  
**Individual ID**  
54321  
**Date of Birth**  
10/07/1988  
**Gender**  
Male  
**Residence Address**  
123 Main St  
\* **Signature On File**  
Yes  
\* **Place Of Service**  
03-School  
\* **Claim Frequency Type Code**  
1-Original  
**Original TCN/ICN Number**  
Original TCN  
\* **Medicare Assignment Code**  
C-Not Assign  
\* **Release of Information Code**  
Y-Yes, Prov  
\* **Patient Signature Source Code**  
P-Signature  
\* **Claim Filing Indicator**  
Medicaid  
\* **Assignment of Benefits Indicator**  
No  
\* **Payer Responsibility**  
Primary  
\* **Relationship to Individual**  
Self  
**Special Program Code**  
Select  
**Delay Reason Code**  
Select  
**Prior Authorization Number**  
3000

#### Service Lines

Delete All   None	#	Billing Data ID	Date of Service	Service Code	Service Description	Procedure Modifiers	Primary Diagnosis Code	Diagnosis Code Pointer	Unit Rate (\$)	Billable Units	Unit of Measure	Amount Billed (\$)	Paid All   None
<input type="checkbox"/>	1	BILL-DEMO-HC94NRWBTBSNRR	10/01/2019	S5102	Adult Day Training		R69	1	\$8.00	3	Quarter Hour	\$24.00	<input type="checkbox"/>
<input type="checkbox"/>	2	BILL-DEMO-HC94NRZYZ5NRE	10/04/2019	S5102	Adult Day Training		R69	1	\$8.00	3	Quarter Hour	\$24.00	<input type="checkbox"/>

Add Service Line

**Total Claim Amount (\$)** 48.00  
**Amount Paid (\$)** 0.00  
**Patient Responsibility Amount (\$)** 10

#### X12-837 Note

**Note Reference Code** Select  
**Note**

**Comments**  
3000

#### Attachment




**Type Code** Select  
**Transmission Code** Select  
**Control Number**

#### Third Party Liability





**Other Insurance Indicator** ☐



#### CMS-1500

**Printing Instruction:** Before you print, please select **None** for **Page Scaling** and **uncheck** the **Auto-Rotate and Center** option from the print dialog box.

 Preview Version  
 Default Printable Version  
 Demo CSM1500

#### Therap Invoices

 Connecticut Vendor Billing Invoice  
 DEMO DEMO  
 demo  
 DEMO1

 Display PDF(Portrait)  
 Display PDF(Landscape)

<< Back Cancel

Update Delete Update Status



# Billing - Processed Claims Summary

**Claim Send Summary:** Claim summary verifies claims submitted to payer for review.

Claim Send Summary

**Transaction ID: BTR-TICT-FEM4PHHY3PGXQ**

The valid Claims have been successfully placed in the system queue. You can use the Transaction ID to check status of the Claims from Claim Search.

Please see the report below for details

Claim ID	Individual Name	Information
✓ CLM-TICT-FCL4NEEYTPKU4	Smith, Jacob	The Claim was successfully placed in the queue.
✓ CLM-TICT-FCL4NEEYSPKUL	Smith, Jacob	The Claim was successfully placed in the queue.
✓ CLM-TICT-FCJ	Smith, Jacob	The Claim was successfully placed in the queue.

Cancel

<< Back

Send report via SComm

# Electronic Payment Posting- 835 File

Remittance 835 Search

File Name

Upload Date From

To

Uploaded By

Update Date From

To

Cancel

Remittance 835

Remittance Report

Note: This report is for preview and does not show the full content. To see the full content click on the 'CSV Report' or 'PDF Report' or 'Text Report' button.

PROVIDER NAME: BILLING PROVIDER

PROVIDER ID: A123456789

CHECK NUMBER: 0001111111

CHECK AMOUNT: 350.00

CHECK ISSUE DATE: 06/01/2019

LAST NAME	FIRST NAME	CLIENT ID	TRACK ID	ICN #	STATUS
CHARGED AMT	PAID AMT				
SRV CODE	DATE FROM	DATE TO	PROC MOD	UNITS	CHARGED AMT

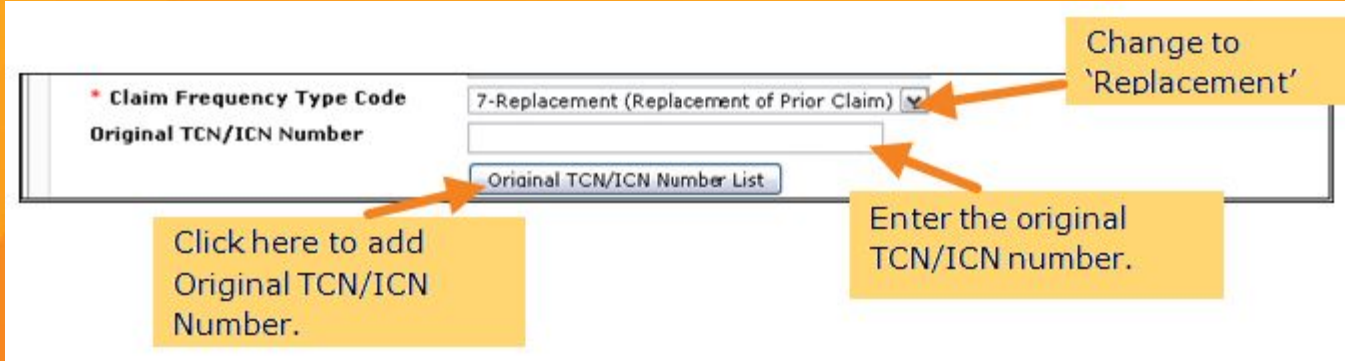
CSV Report
PDF Report
Text Report

Original 835  
Status Update Report

Cancel
« Back

**Electronic Payment Posting-** When claims are generated from Therap's billing module through our electronic 837 file, once payment is determined by your funder an 835 file is returned to post payment automatically .

Easy resubmission of original claim(s) as a rebill, (6) corrected claim ,(7) replacement of prior claim and (8) void prior claim.



**\* Claim Frequency Type Code**  
**Original TCN/ICN Number**

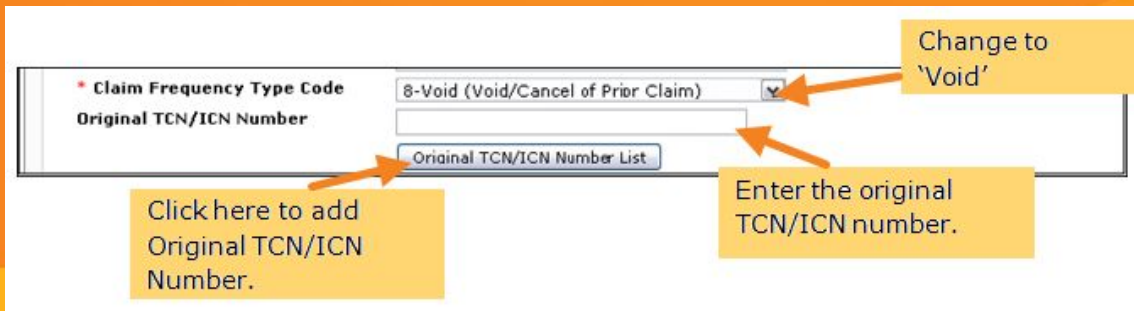
7-Replacement (Replacement of Prior Claim) ▼

Original TCN/ICN Number List

Change to 'Replacement'

Enter the original TCN/ICN number.

Click here to add Original TCN/ICN Number.



**\* Claim Frequency Type Code**  
**Original TCN/ICN Number**

8-Void (Void/Cancel of Prior Claim) ▼

Original TCN/ICN Number List

Change to 'Void'

Enter the original TCN/ICN number.

Click here to add Original TCN/ICN Number.

# Billing Reports



## Agency Based Utilization Reports - Monthly

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	
Individual	Medicaid No.	Program (Site)	Service Description/Code	Prior Auth. Number	03/01/2019	03/02/2019	03/03/2019	03/04/2019	03/05/2019	03/06/2019	03/07/2019	03/08/2019	03/09/2019	03/10/2019	03/11/2019	03/12/2019	03/13/2019	03/14/2019	03/15/2019	03/16/2019	03/17/2019	03/18/2019	03/19/2019	03/20/2019	03/21/2019	03/22/2019	03/23/2019	03/24/2019	03/25/2019	03/26/2019	03/27/2019	03/28/2019	03/29/2019	03/30/2019	03/31/2019	Total Used Units	Total Amount	Monthly Auth. Units	Monthly Remaining Auth. Units	Monthly Utilization (%)	Time Zone	
White, Joshua	123456789	1st Street (Group Home)	Personal Care Services (T1020)		10	10	10	10	5	10	5	10	10	10	20	10	20		10	5	2	10	5							10	10	10	10			202	2020					US/Central

## Agency Based Utilization Reports - Date Range

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Individual	Medicaid No.	Program (Site)	Service Description/Code	Prior Auth. Number	Authorization ID	Begin Date	End Date	Remaining Service Auth. Days	Expiry Status	Total Used Units	Total Amount	Total Auth. Units	Remaining Auth. Units	Utilization (%)	Time Zone
White, Joshua	123456789	1st Street (Group Home)	Personal Care Services (T1020)		SA-DEMO-H5V4N6XWAR8ZE	01/01/2019	12/31/2019	272	Active	48	2400	5000	4952	0.96	US/Central

## Agency Based Utilization Reports - Weekly


A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Individual	Medicaid No.	Program (Site)	Service Description/Code	Prior Auth. Number	02/25/2020	02/26/2020	02/27/2020	02/28/2020	03/01/2020	03/02/2020	03/03/2020	Total Used Units	Total Amount	Weekly Auth. Units	Weekly Remaining Auth. Units	Weekly Utilization (%)	Time Zone
White, Joshua	123456789	1st Street (Group Home)	Personal Care Services (T1020)		10	10	10	5	10	20	10	75	750				US/Central

# **IMPLEMENTATION, TRAINING & SUPPORT**

- **Now**
  - Attend sessions
  - Apply for NPI Numbers
  - Get a Smart Phone
  - Give us your contact info
- **Soon**
  - Sign up for training
- **Then**
  - Service Auths will come via Therap
  - Billing will be based on EVV data for EVV Services

- **Now**
  - Practice
  - Use scheduling in your regular account based on current codes
  - No Billing
  - Work out BYD
- **Soon**
  - Service Auths will come from DDD-ND
  - Billing will be based on EVV data for EVV Services
  - Attendance for Non-EVV

# IMPLEMENTATION, TRAINING & SUPPORT

Scheduling/EVV			
 <p><i>Disclaimer: The sample below is only a sample. It is merely a guide as to how implementation is conducted. Each provider should exercise independent judgment when developing timelines and consider their own unique operations and circumstances.</i></p>			
Tasks Completed: Q9			
X	Due Date	Task	Timeline
5		<b>Training for Those Setting Up The Module</b>	Week 1
6		<b>Identify Team Responsibilities</b> <ul style="list-style-type: none"> <li>• Provider Admins</li> <li>• Billing/Accounting Staff</li> <li>• Schedulers</li> <li>• Front line staff</li> </ul>	Week 2
7		<b>Identify Equipment Needs</b> <ul style="list-style-type: none"> <li>• Device/equipment needs - mobile devices with geolocation capabilities if using the EVV component; download Therap app to mobile devices</li> <li>• May use laptop/desktop/other devices if not using the EVV/geolocation component</li> </ul>	Week 2
8		<b>Develop Policies and Procedures</b> <ul style="list-style-type: none"> <li>• Review state requirements on how EVV data is going to be provided</li> <li>• What services will have schedules created by a scheduler vs staff using self-check-in?</li> <li>• Will web check in be permitted? (This is a global setting, so policies might be developed for different services for whether they should use it)</li> <li>• What will be the daily/weekly hour work limits?</li> <li>• Whether to require strict address validation for check-in?</li> <li>• How will authorized units per period be used in the service authorizations?</li> <li>• Process for reviewing/editing check-in/out times</li> <li>• How to deal with open shifts</li> <li>• Expectations for when to check in. What is the expectation/process if checking in or out late? (What to include in your comment, contacting the scheduler, etc.)</li> <li>• How to handle overnight shifts</li> </ul>	Week 4
9		<b>Contingency Planning</b> <ul style="list-style-type: none"> <li>• Alternative check-in methods: Offline check-in, IVR/Interactive Voice Response (check-in via phone)</li> <li>• Process for contacting scheduler if these options are not available</li> </ul>	Week 4
10		<b>Develop Timeline/Training Process</b> <ul style="list-style-type: none"> <li>• Select your go live date</li> <li>• Choose training options: onsite, train the trainer, recorded webinars/videos, Training Academy (if applicable), ongoing training after go live</li> </ul>	Week 4
11		<b>Complete Action Steps</b> <ul style="list-style-type: none"> <li>• Assign appropriate super roles prior to training</li> <li>• Create service description codes</li> <li>• Create service authorizations</li> <li>• Configure provider and manage staff</li> <li>• Create individual and/or program based slots (for services that are not self check-in-able)</li> </ul>	Week 6
12		<b>Training and Go Live</b> <ul style="list-style-type: none"> <li>• Notify staff of go live date/transition</li> <li>• Identify and Train staff on check in/out procedures</li> </ul>	Week 7
13		<b>Reporting and Auditing</b> <ul style="list-style-type: none"> <li>• Identify QA team</li> <li>• Report library reports (Weekly Staff Report, Slot Report)</li> <li>• Audit scheduling data against other types of data (ISP Data, billing)</li> <li>• Staff follow up and retraining as needed</li> </ul>	Week 8
14			





## Training Academy

Self-Paced, On-Demand Training Courses

Free Courses Related to Therap's Electronic Documentation Software for I/DD Providers

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### Tutorial on Logging into the Training Academy:



This Video will give a summary of all the things that you need to do for logging into your Therap Training Academy.

[View Tutorial](#)

### Therap Detailed Implementation Plan


Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
 Therap Expert: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Agency PA's: \_\_\_\_\_

**Phase1: Days 0 - 60**  
 ID's, T-Logs, SCOMM, GER, and Health Tracking

Module Name	Module Elements	Implementation Plan Checklist to demonstrate measurable movement along the Therap Implementation Plan. Delay in milestones will result in delay in moving to the next module.	Timeframe
Individual Data (ID)	Main starting point and data transfers to other modules. • Demographic face page • Essential support guideline • Date of birth • Residential address • Admission to agency • ID number • Social security, Medicaid, Medicare numbers, insurance • Individual photos • Family emergency contacts	Data will be entered manually or imported via excel. Date _____ Milestone _____ Week 2 checkpoint shows progress 30 day checkpoint shows progress 60 day checkpoint shows completion	Days 0 - 60

**Phase1: Days 0 - 60 (continued)**  
 ID's, T-Logs, SCOMM, GER, and Health Tracking

Module Name	Module Elements	Implementation Plan Checklist to demonstrate measurable movement along the Therap Implementation Plan. Delay in milestones will result in delay in moving to the next module.	Timeframe
T-Logs	To write individual specific, health, nursing, behavior, or summary notes related to an individual or facility/shift-to-shift log.	Date _____ Milestone _____ Week 1 checkpoint shows daily usage Week 2 checkpoint shows daily usage Week 3 checkpoint shows daily usage Week 4 checkpoint shows daily usage Week 5 checkpoint shows daily usage Week 6 checkpoint shows daily usage Week 7 checkpoint shows daily usage Week 8 checkpoint shows daily usage	Days 0 - 60
SCOMM (Secure Communications)	Send secure internal messages/mail within the agency account to another user. Create internal user groups to send messages/mail.	Date _____ Milestone _____ Week 1 checkpoint shows daily usage Week 2 checkpoint shows daily usage Week 3 checkpoint shows daily usage Week 4 checkpoint shows daily usage Week 5 checkpoint shows daily usage Week 6 checkpoint shows daily usage Week 7 checkpoint shows daily usage Week 8 checkpoint shows daily usage	Days 0 - 60


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- On demand training from Therap instructors
- All courses are free
- Quizzes to test competency and retention
- Earn certificates upon completion


**A Variety of Courses to Choose from**

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- Electronic Health Record
- Person Centered Documentation and more


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Health Tracking: Height and Weight \*Interactive\*



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Health Tracking: Blood Glucose \*Interactive\*

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# Demonstration





# Q & A / Wrap-up

Questions can be sent to:  
[ndsupport@TherapServices.net](mailto:ndsupport@TherapServices.net)

[carechoice@nd.gov](mailto:carechoice@nd.gov)

More Info:

[www.TherapEVV.net/nd](http://www.TherapEVV.net/nd)



# Thank You