

Electronic Visit Verification (EVV) for Home Health Agencies

Effective Jan. 1, 2024, Oregon Medicaid home health agencies must do the following each month to meet EVV requirements in Section 12006(a) of the 21st Century Cures Act:

- Report all completed visits for the month in the EVV Reporting Template.
- Send the completed template no later than 10 days after the end of each month to HH.EVVData@oha.oregon.gov.

This fact sheet explains how to complete each field on the EVV Reporting Template.

Field descriptions

Field	Description
Status	 The status of the claim for the visit. Enter "New" for claims have not yet been submitted for payment. Enter "Adjusted" for claims where any field has been changed after it was initially submitted for payment.
Capture Method	 How the home health agency captures claims. Enter "Automated" for claims captured via an automated EVV process. Enter "Manual" for claims entered not captured via an EVV process. Manually captured claims must also include a reason code.
Client ID	The member's 8-digit Oregon Health ID number.
Rendering Provider ID	The home health agency's 5- or 9-digit Oregon Medicaid Provider ID.
Direct Service Professional	The name of the individual providing direct care to the member. This must be the individual who provided the care, not the individual scheduled to provide the care.
Date of Service	The date the service was provided. If a visit crosses dates (e.g., an overnight visit), report the visit using two lines (one for each date).
Start Time	The time in HH:MM format a shift began.
End Time	The time in HH:MM format a shift ended.
Service Start Position Latitude	The latitude at which the shift began to be accurate down to the second [(+/-) degrees, minutes, and seconds]
Service Start Position Longitude	The longitude at which the shift began to be accurate down to the second [(+/-) degrees, minutes, and seconds]
Service Start Address	The address where the shift began, when latitude and longitude data is not available.
End Position Latitude	The latitude at which the shift ended to be accurate down to the second [(+/-) degrees, minutes, and seconds]
End Position Longitude	The longitude at which the shift ended to be accurate down to the second [(+/-) degrees, minutes, and seconds]

Field	Description
Service End Address	The address where the shift ended, when latitude and longitude data is not available.
Revenue Code	The revenue code for the service provided.
Revenue Code	A second revenue code for services provided. Use this if more than one type of service was provided during a shift.
Revenue Code	A third revenue code for services provided. Use this if more than two types of service were provided during a shift.
ICN (If Adjusted)	Individual Claim Number (required for adjusted claims only).

Reason codes for manually captured claims

Code	Description
ProvCICOF	Provider – Forgot to Clock In/Clock Out
ProvFOB	Provider – Manual Entry Due to FOB Error
ProvNIC	Provider – No Internet Connection
ProvCICOM	Provider – Clocked In/Clocked Out Mistakenly
ProvTU	Provider – Telephony Unavailable
ProvMESIC	Provider – Manual Entry Services in Community
ProO	Provider - Other