



# Centennial Care Reporting Instructions

## Electronic Visit Verification – Report #35

### Report Objective

To monitor the use of Electronic Visit Verification (EVV) systems.

### General Instructions

The managed care organization (MCO) is required to submit the EVV report on a quarterly basis. The MCO shall adhere to the following reporting periods and due dates.

Quarter	Reporting Period	Report Due Date
1	January 1 – March 31	April 30
2	April 1 – June 30	July 30
3	July 1 – September 30	October 30
4	October 1 – December 31	January 30

An Excel workbook is provided as a separate attachment for submission. Quantitative data and any qualitative data **must** be entered in the Excel workbook. The MCO must ensure that data is entered in all fields. The report will be considered incomplete if any field is left blank. Use “ND” if there is no data available to report. Use “N/A” if the data field is not applicable. All formulas provided in the workbook shall not be altered by the MCO. An electronic version of the report in Excel must be submitted to the New Mexico Human Services Department (HSD) by the report due date listed above. The report shall be submitted via the State’s secure DMZ FTP site. The date of receipt of the electronic version will serve as the date of receipt for the report.

To assist MCOs with the use of the template, all cells within the template are viewable. This allows the user to move the cursor into any cell of the template and enables the user to see the formulas in the cells that calculate automatically. Although certain cells are locked and protected, the user’s ability to view the formulas should assist in the MCO’s understanding of the template and calculations performed. It is important to note that when populating the templates with data, users are not to use the “cut and paste” function in Excel, as this may cause errors to the cell formulas. Additionally, certain cells have been shaded and locked to prevent data entry where data is not applicable to the particular item or category.

The MCO shall submit the electronic version of the report with the following file name labeling format: MCO Name.HSD35.Q#CY##.v#. With each report submission, please change the reporting period reference (e.g., Q1), the calendar year (e.g., CY20), and the version number (e.g., v1), as appropriate.

The MCO name, reporting period, and the report run date must be entered on the top portion of the first worksheet in the report. The report run date refers to the date that the data was retrieved from the MCO’s system. The dates and MCO name entered on the first worksheet will automatically appear on the top of all other worksheets of the report. The start and end of the reporting period must be entered in the format illustrated below:

Reporting Period	1/1/2020 through 3/31/2020
MCO Name	MCO
Report Run Date	4/1/2020





# Centennial Care Reporting Instructions

## Electronic Visit Verification – Report #35

### Section II: EVV Summary

Before entering data in the workbook, ensure that the “EVV Summary” tab is selected. This section of the report captures data for unique members authorized, hours authorized, delivered and paid, hours retrieved as a result of false reporting, and missed visits-provider driven and missed visits-member driven.

The worksheet is formatted to capture full detail for the current calendar year and summarized detail for the previous year. The current calendar year section captures monthly detail and quarterly totals for the current year. The previous year section captures fourth quarter total and year-to-date (YTD) total detail for the previous year.

With each report submission the MCO is required to enter data for the current reporting period, as well as refreshed data for the previous quarter only. **Do not** refresh data for any periods other than the quarter preceding the current reporting period. By reporting data in this manner, it is expected that any previously reported data for a particular quarter will be refreshed one time only. Reporting data in this manner will take advantage of the most recent look at submitted claims. Amounts entered into this report are to be based on actual data and exclude any estimates or accruals.

The following examples illustrate how data is to be reported and refreshed for this report:

- **Q1 submission, current year:** Enter Q1 data for the current year and refresh the Q4 total from the previous year. The YTD total for the previous year should also be updated to reflect the refreshed Q4 data. Fields that correspond to Q2, Q3, and Q4 of the current year will be left blank.
- **Q2 submission, current year:** Enter Q2 data for the current year and refresh the current year Q1 data. Note that the Q4 and YTD totals for the previous year are not to be refreshed for this submission or any subsequent submissions. Fields that correspond to Q3 and Q4 of the current year will be left blank.
- **Q3 submission, current year:** Enter Q3 data for the current year and refresh the current year Q2 data. Data for periods prior to Q2 are not to be refreshed. Fields that correspond to Q4 of the current year will be left blank.
- **Q4 submission, current year:** Enter Q4 data for the current year and refresh the current year Q3 data. Data for periods prior to Q3 are not to be refreshed.

Row Header	Row	Description
<b>EVV Summary</b>	7, 17	This is a row header; data entry is not required in this field.
Number of Unique members authorized this period	8, 18	Enter the number of unique members authorized to receive services during the reporting period.
Number of hours authorized this report period (IPOC)	9, 19	Enter number of total hours authorized for this reporting period from the IPOC.



## Centennial Care Reporting Instructions Electronic Visit Verification – Report #35

Row Header	Row	Description
Number of hours delivered this period period	10, 20	Of the number of hours authorized this reporting period, enter number of total hours delivered during the reporting period.  <b>NOTE for Row 10: This number shall not exceed the number entered in Row 9 above. The number hours delivered that exceeds the number in Row 9 shall be reported in the Claims tab, Rows 29-39.</b>  <b>NOTE for Row 20: This number shall not exceed the number entered in Row 19 above. The number hours delivered that exceeds the number in Row 19 shall be reported in the Claims tab, Rows 66-76.</b>
Number of hours paid this report period	11, 21	Of the number of hours authorized this reporting period, enter number of total hours paid this reporting period.
Number of paid or unpaid hours retrieved due to false reporting	12, 22	Enter the number of paid or unpaid hours retrieved due to false reporting during the reporting period. (Unpaid hours are hours discovered by the provider or MCO that were falsely reported and retrieved before payment is made.) <b>NOTE: This number may include hours retrieved at any point in time and discovered in the current reporting period.</b> <b>Enter the data in the quarter when the dollars are recouped. If there are no dollars to recoup enter the data in the quarter when it was discovered.</b>
Total number of hours not delivered this report period	13, 23	Of the number of hours authorized this reporting period, the number of hours not delivered. No data entry required. Auto-populated difference between Rows 9 and 10 (for Row 13) and the difference between Rows 19 and 20 (for Row 23).

### Section III: EVV Claims

Before entering data in the workbook, ensure that the “EVV Claims” tab is selected. This section of the report captures data for the number of claims created via Web, IVR, Mobile, and/or Exception methods by month (and reported quarterly).

The worksheet is formatted to capture full detail for the current calendar year and summarized detail for the previous year. The current calendar year section captures monthly detail and quarterly totals for the current year. The previous year section captures fourth quarter total and year-to-date (YTD) total detail for the previous year.

With each report submission the MCO is required to enter data for the current reporting period, as well as refreshed data for the previous quarter only. **Do not** refresh data for any periods other than the quarter preceding the current reporting period. By reporting data in this manner, it is expected that any previously reported data for a particular quarter will be refreshed one time only. Reporting data in this manner will take advantage of the most recent look at submitted claims. Amounts entered into this report are to be based on actual data and exclude any estimates or accruals.



## Centennial Care Reporting Instructions Electronic Visit Verification – Report #35

The following examples illustrate how data is to be reported and refreshed for this report:

- **Q1 submission, current year:** Enter Q1 data for the current year and refresh the Q4 total from the previous year. The YTD total for the previous year should also be updated to reflect the refreshed Q4 data. Fields that correspond to Q2, Q3, and Q4 of the current year will be left blank.
- **Q2 submission, current year:** Enter Q2 data for the current year and refresh the current year Q1 data. Note that the Q4 and YTD totals for the previous year are not to be refreshed for this submission or any subsequent submissions. Fields that correspond to Q3 and Q4 of the current year will be left blank.
- **Q3 submission, current year:** Enter Q3 data for the current year and refresh the current year Q2 data. Data for periods prior to Q2 are not to be refreshed. Fields that correspond to Q4 of the current year will be left blank.
- **Q4 submission, current year:** Enter Q4 data for the current year and refresh the current year Q3 data. Data for periods prior to Q3 are not to be refreshed.

Row Header	Row	Description
<b>Claims</b>	7, 44	This is a row header; data entry is not required in this field.
Number of claims created by Web	8, 45	Data entry is not required in this field. Data is auto-populated from Row 17/54.
Number of claims created by IVR	9, 46	Data entry is not required in this field. Data is auto-populated from Row 22/59.
Number of claims created by Mobile	10, 47	Data entry is not required in this field. Data is auto-populated from Row 27/64.
Number of claims entered by Exception	11, 48	Data entry is not required in this field. Data is auto-populated from Row 40/77.
Total Claims	12, 49	Data entry is not required in this field. This is an auto-sum of Rows 8-11/Rows 45-48.
<b>Percentage of Claims Created by Web</b>	13, 50	This is a row header; data entry is not required in this field.
Personal Care – Consumer Directed	14, 51	Enter the number of claims submitted during the reporting period with Procedure Code 99509.
Consumer Directed Administrative Fee	15, 52	Enter the number of claims submitted during the reporting period with Procedure Code G9006.
Personal Care – Consumer Delegated	16, 53	Enter the number of claims submitted during the reporting period with Procedure Code T1019.
Subtotal	17, 54	Data entry is not required in this field. This is an auto-sum of Rows 14-16/Rows 51-53.
<b>Percentage of Claims Created by IVR</b>	18, 55	This is a row header; data entry is not required in this field.
Personal Care – Consumer Directed	19, 56	Enter the number of claims submitted during the reporting period with Procedure Code 99509.



## Centennial Care Reporting Instructions Electronic Visit Verification – Report #35

Row Header	Row	Description
Consumer Directed Administrative Fee	20, 57	Enter the number of claims submitted during the reporting period with Procedure Code G9006.
Personal Care – Consumer Delegated	21, 58	Enter the number of claims submitted during the reporting period with Procedure Code T1019.
Subtotal	22, 59	Data entry is not required in this field. This is an auto-sum of Rows 19-21/Rows 56-58.
<b>Percentage of Claims Created by Mobile</b>	23, 60	This is a row header; data entry is not required in this field.
Personal Care – Consumer Directed	24, 61	Enter the number of claims submitted during the reporting period with Procedure Code 99509.
Consumer Directed Administrative Fee	25, 62	Enter the number of claims submitted during the reporting period with Procedure Code G9006.
Personal Care – Consumer Delegated	26, 63	Enter the number of claims submitted during the reporting period with Procedure Code T1019.
Subtotal	27, 64	Data entry is not required in this field. This is an auto-sum of Rows 24-26/Rows 61-63.
<b>Percentage of Claims Entered by Exception Type</b>	28, 65	This is a row header; data entry is not required in this field.
Authorization Issue	29, 66	Enter number of claims submitted with authorization issues.
Electrical Outage	30, 67	Enter number of claims where an electrical outage occurred.
Inclement Weather	31, 68	Enter number of claims where inclement weather occurred.
Landline/IVR Unavailable	32, 69	Enter number of claims with a landline and IVR unavailable.
Missing Stipend Claim	33, 70	Enter number of claims with a missing stipend.
Smartphone Malfunction	34, 71	Enter number of claims with a smartphone malfunction.
Substitute Caretaker	35, 72	Enter Number of claims that utilized a substitute caretaker.
Tablet Malfunction	36, 73	Enter number of claims with a tablet malfunction.
Tablet Not Delivered	37, 74	Enter number of claims where a tablet was not delivered.
Falsified Timesheet by Caregiver	38, 75	Enter number of claims submitted that were falsified by caregiver.
Other	39, 76	Enter number of claims that are not identified in Rows 29-38/Rows 66-75.
Subtotal	40, 77	No data entry required. This is an auto-sum of Rows 29-39/Rows 66-76.



# Centennial Care Reporting Instructions

## Electronic Visit Verification – Report #35

### Section IV: EVV EPSDT Summary and Claims

Before entering data in the workbook, ensure that the “EVV EPSDT – Summary and Claims” tab is selected. This section of the report captures both summary and claims data. In regards to “EPSDT Services Summary” section, this section captures data for unique members authorized, units authorized, delivered and paid, units retrieved as a result of false reporting, and missed visits-provider driven and missed visits-member driven. In regards to “EPSDT PCS (S5125) Claims” section, this section captures the number of claims created via Web, IVR, Mobile, and/or Exception methods by month (and reported quarterly).

The worksheet is formatted to capture full detail for the current calendar year and summarized detail for the previous year. The current calendar year section captures monthly detail and quarterly totals for the current year. The previous year section captures fourth quarter total and year-to-date (YTD) total detail for the previous year.

With each report submission the MCO is required to enter data for the current reporting period, as well as refreshed data for the previous quarter only. **Do not** refresh data for any periods other than the quarter preceding the current reporting period. By reporting data in this manner, it is expected that any previously reported data for a particular quarter will be refreshed one time only. Reporting data in this manner will take advantage of the most recent look at submitted claims. Amounts entered into this report are to be based on actual data and exclude any estimates or accruals.

The following examples illustrate how data is to be reported and refreshed for this report:

- **Q1 submission, current year:** Enter Q1 data for the current year and refresh the Q4 total from the previous year. The YTD total for the previous year should also be updated to reflect the refreshed Q4 data. Fields that correspond to Q2, Q3, and Q4 of the current year will be left blank.
- **Q2 submission, current year:** Enter Q2 data for the current year and refresh the current year Q1 data. Note that the Q4 and YTD totals for the previous year are not to be refreshed for this submission or any subsequent submissions. Fields that correspond to Q3 and Q4 of the current year will be left blank.
- **Q3 submission, current year:** Enter Q3 data for the current year and refresh the current year Q2 data. Data for periods prior to Q2 are not to be refreshed. Fields that correspond to Q4 of the current year will be left blank.
- **Q4 submission, current year:** Enter Q4 data for the current year and refresh the current year Q3 data. Data for periods prior to Q3 are not to be refreshed.

Row Header	Row	Description
<b>EPSDT Services Summary</b>	7, 40	This is a row header; data entry is not required in this field.
Number of Unique members authorized this period	8, 41	Enter the number of unique members authorized to receive services during the reporting period.
Number of Unique members served this period	9, 42	Enter the number of unique members served during the reporting period.



## Centennial Care Reporting Instructions Electronic Visit Verification – Report #35

Row Header	Row	Description
Number of unique members starting services for the first time	10, 43	Enter the number of unique members starting services during the reporting period.  <b>Note: Do not count members switching MCOs or members with breaks in eligibility.</b>
Number of unique member transitioned from EPSDT	11, 44	Enter the number of unique members who transitioned out of EPSDT.
Number of units authorized this report period	12, 45	Enter number of total units authorized for this reporting period from the ITP.
Number of units delivered this period	13, 46	Of the number of units authorized this reporting period, enter number of total units delivered during the reporting period.  <b>NOTE for Row 13: This number shall not exceed the number entered in Row 12. The number units delivered that exceeds the number in Row 12 shall be reported in Rows 25-35.</b>  <b>NOTE for Row 46: This number shall not exceed the number entered in Row 45. The number units delivered that exceeds the number in Row 45 shall be reported in Rows 58-68.</b>
Number of units paid this report period	14, 47	Of the number of units authorized this reporting period, enter number of total units paid this reporting period.
Number of paid or unpaid units retrieved due to false reporting	15, 48	Enter the number of paid or unpaid units retrieved due to false reporting during the reporting period. (Unpaid units are units discovered by the provider or MCO that were falsely reported and retrieved before payment is made.) <b>NOTE: This number may include units retrieved at any point in time and discovered in the current reporting period.</b> <b>Enter the data in the quarter when the dollars are recouped. If there are no dollars to recoup enter the data in the quarter when it was discovered.</b>
Total number of members not served this report period	16, 49	Of the number of members authorized this reporting period, the number of members not served. Data entry is not required in this field. This is an auto-populated as the difference between Rows 8 and 9, Rows 41 and 42.
Total number of units not delivered this report period	17, 50	Of the number of units authorized this reporting period, the number of units not delivered. Data entry is not required in this field. This is auto-populated as the difference between Rows 12 and 13, Rows 45 and 46.
<b>EPSDT PCS (S5125) Claims</b>	18, 51	This is a row header; data entry is not required in this field.
Number of claims created by Web	19, 52	Enter the number of claims submitted during the reporting period with Procedure Code S5125 by Web.
Number of claims created by IVR	20, 53	Enter the number of claims submitted during the reporting period with Procedure Code S5125 by IVR.



**Centennial Care Reporting Instructions  
Electronic Visit Verification – Report #35**

Row Header	Row	Description
Number of claims created by Mobile	21, 54	Enter the number of claims submitted during the reporting period with Procedure Code S5125 by Mobile.
Number of claims entered by Exception	22, 55	Enter the number of claims submitted during the reporting period with Procedure Code S5125 by Exception.
Total Claims	23, 56	Data entry is not required in this field. This is an auto-sum of Rows 19-22, Rows 52-55.
<b>Percent of claims entered by Exception Type</b>	24, 57	This is a row header; data entry is not required in this field.
Authorization Issue	25, 58	Enter number of claims submitted with authorization issues.
Electrical Outage	26, 59	Enter number of claims where an electrical outage occurred.
Inclement Weather	27, 60	Enter number of claims where inclement weather occurred.
Landline/IVR Unavailable	28, 61	Enter number of claims with a landline and IVR unavailable.
Missing Stipend Claim	29, 62	Enter number of claims with a missing stipend.
Smartphone Malfunction	30, 63	Enter number of claims with a smartphone malfunction.
Substitute Caretaker	31, 64	Enter Number of claims that utilized a substitute caretaker.
Tablet Malfunction	32, 65	Enter number of claims with a tablet malfunction.
Tablet Not Delivered	33, 66	Enter number of claims where a tablet was not delivered.
Falsified Timesheet by Caregiver	34, 67	Enter number of claims submitted that were falsified by caregiver.
Other	35, 68	Enter number of claims that are not identified in Rows 25-34, Rows 58-67.
Subtotal	36, 69	No data entry required. This is an auto-sum of Rows 25-35, Rows 58-69.