EVV Self-Guided Training Test

Employee Name:_____ **Date:**_____

1. What data elements are required to submit complete EVV data?

   ❑ Date

   ❑ Location

   ❑ Type of service

   ❑ Individual(s) providing services

   ❑ Individual(s) receiving services

   ❑ Duration of service(s)

   ❑ All of the above

2. Federal law requires states to use Electronic Visit Verification (EVV) for Medicaid Personal Care Services (PCS) and Home Health Care Services or risk a loss of federal Medicaid matching dollars.

   ❑ True

   ❑ False

3. Services that require EVV Data Collection by January 1, 2021? (There may be more than one answer)

   ❑ Consumer Directed Personal Assistance Services

   ❑ OPWDD Community Habilitation

   ❑ Respite

   ❑ None of the Above

4. What is EVV is used to do? (There may be more than one answer)

   ❑ Verify visits on a real time basis

   ❑ Increase billing data entry mistakes

   ❑ Reduce costs related to paper billing and payroll

   ❑ Increase fraud, waste and abuse

   ❑ None of the Above

5. Questions regarding EVV can be sent to: EVVHelp@Health.NY.Gov?

   ❑ True

   ❑ False