



INARF Financial Management Section – Questions from 8/8/24 Meeting

Answers provided post-meeting from:

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Q1 - Is billing supposed to be down to the minute, or rounded to the next 15 minutes?

- a) where stated units of measure are 15-minute increments, all partial units are rounded up (eg: 16 minutes = 2 units)
- b) where stated units of measure are hours, the fractional hours are to be rounded to 2 decimal places, and each 15-minute increment will round to the nearest quarter hour (eg: 1 hour and 42 minutes = 1.75 units)
- c) where stated units are at a daily rate, it is always 1 visit = 1 unit

Q2 - If the minutes appearing on a visit in EVV are higher than the minutes charged in a visit on the claim (eg: the caregiver stayed over and clocked out after the scheduled visit end time but the provider pulled the minutes back on the claim to conform to the auth) will that result in a claim denial? If so, would the solution be to correct the EVV visit, and does that need to be done prior to resubmitting the claim?

A - When the actual time for the visit (per EVV) exceed the scheduled hours for the associated visit in the schedule, no correction to the EVV visit need be made. Rule of thumb – in the EVV system we are looking for AT LEAST the number of units billed.

Feel free to contact INARF Public Policy Analyst, Courtney Scott at courtney@inarf.org or INARF FMS liaison, Barb Young barb@inarf.org with questions.