



December 1, 2020

IMPORTANT NOTICE

MANDATORY EVV (IVR) REQUIREMENT EFFECTIVE JANUARY 1, 2021

The New York State Department of Health (DOH) has announced that all Home Health Care Services that require in-home visit by an Aide or a Personal Assistant for CDPAP cases must do EVV (IVR clock-in/out) daily for each shift.

The State has announced that the goals for EVV (IVR clock-in/out) is to ensure timely service delivery for members, including real-time service gap reporting and monitoring, to reduce administrative burden associated with paper timesheet processing and to generate cost savings from the prevention of fraud, waste and abuse. It aims to strengthen quality assurance by improving the health and welfare of individuals through validation of delivery services.

Failure to meet this mandate will result in non-payment for services rendered.

If you currently submit your time on a timesheet, please note that timesheets will no longer be accepted as of January 1, 2021. If you need assistance with doing IVR, please contact your coordinator for assistance and also follow the steps outlined on how to do IVR.

Tri-Med appreciates your hard work and dedication and we look forward to making this transition a smooth process.

Management



PH: (347) 727-7200
FAX: (347) 727-7217

IVR INSTRUCTIONS

CLOCK IN

- ❖ When you reach the patients' house, use the patients' phone. (If there is no phone please call your coordinator)
- ❖ Dial **(718)705-9545**.
- ❖ The system will say "**Press 1 to clock in, Press 2 to clock out**". **Press 1**.
- ❖ The system will then ask for your pin number. Your pin number is a **6-digit ID** number. The number is found on your ID. (If you don't have the pin, please call your coordinator) **EX: 103456**
- ❖ The system will repeat your pin number. If it is correct **press 1**, if it is incorrect press **0** to re-enter the pin. **PLEASE MAKE SURE YOU ENTER IT CORRECTLY OR IT WILL AFFECT YOUR PAYCHECK.**
- ❖ After you **press 1**, the system will say "You have successfully registered In, Goodbye."

CLOCK OUT

- ❖ When you have finished your shift, it is time to clock out.
- ❖ Using the patients' phone dial **(718)705-9545**.
- ❖ The system will say "**Press 1 to clock in, Press 2 to clock out**." **Press 2**.
- ❖ The system will then ask for your pin number. Your pin number is a **6-digit ID** number. The number is found on your ID. (If you don't have the pin, please call your coordinator) **EX: 103456**
- ❖ The system will repeat the number you entered. If it is correct **Press 1**, if it is incorrect **Press 0** to re-enter the pin. **PLEASE MAKE SURE YOU ENTER PIN CORRECTLY OR IT WILL AFFECT YOUR PAYCHECK.**
- ❖ After you press 1, the system will ask for the **duty codes**. The duty codes are the tasks you did for your patient. **You must enter at least five (5) duty codes.**
- ❖ **The system will ask for each duty code one by one.**
- ❖ After you have entered at **least five (5)**, **Press 0 three (3) times.**
- ❖ The system will then say "You have successfully registered out, Goodbye."



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HHA APP

If you are unable to clock in / out using the phone of the patient, there is an app on the **smart phone** called HHA EXCHANGE.

For **I-Phones**, go to app store. For **androids (Samsung, LG, HTC)**, go to the play store.

When you download that application, you have to sign up.

To sign up you must enter a **valid email** and create your own password. When you have done that you must login. After you login, there are **3 dots** on top right corner of the screen. You must click those dots and fill out the information requested.

After filling out that information, the app will provide you with **ID#**, **write down the ID# given**. Please call in and give that ID# to your coordinator at Trimed in order for you to be linked to your HHA profile.

For any questions, please call **347-727-7200**, Thank You.



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 FAX: (347) 727-7217

HOME CARE TASKS

TASK	
BATH: <input type="checkbox"/> Tub 100 <input type="checkbox"/> Shower 101 <input type="checkbox"/> Bed 102	PATIENTREQUIRES TOTALCARE: 0103
MOUTH CARE: 106	HAIR CARE: <input type="checkbox"/> Comb107 <input type="checkbox"/> Shampoo 108 <input type="checkbox"/> Foot Care 113
GROOMING <input type="checkbox"/> Shave 109 <input type="checkbox"/> Nails 110	DRESSING <input type="checkbox"/> 111 <input type="checkbox"/> Skin Care 112
TOILETING <input type="checkbox"/> Diaper 114 <input type="checkbox"/> Commode 115 <input type="checkbox"/> Bedpan 116	<input type="checkbox"/> Toilet 117
PREPARE <input type="checkbox"/> Diet 201 <input type="checkbox"/> Breakfast 202 <input type="checkbox"/> Lunch 203 <input type="checkbox"/> Dinner 204 <input type="checkbox"/> Snack 205	
ASSIST WITH FEEDING : <input type="checkbox"/> 206	RECORD INTAKE: <input type="checkbox"/> Food 207 <input type="checkbox"/> Fluid 208
TRANSFERRING: <input type="checkbox"/> 300	ASSIST: <input type="checkbox"/> Walking 301 <input type="checkbox"/> W/ Devices 302 <input type="checkbox"/> Home Exercise 305
RANGE OF MOTION EXERCISES <input type="checkbox"/> 306	TURNING AND POSITIONING <input type="checkbox"/> 311
TAKE: <input type="checkbox"/> Temperature 400 <input type="checkbox"/> Pulse 403 <input type="checkbox"/> Blood Pressure 405	WEIGH PATIENT <input type="checkbox"/> 406
REMIND PATIENT TO TAKE MEDICATION <input type="checkbox"/> 411	ASSIST WITH TREATMENT <input type="checkbox"/> 412
ASSIST: <input type="checkbox"/> Catheter Care 408 <input type="checkbox"/> Foley bag 409 <input type="checkbox"/> Ostomy Care 410	SAFETY: 0511
TAKE RESPIRATIONS <input type="checkbox"/> 506	RECORD OUTPUT (URINE/BM) <input type="checkbox"/> 307
CHANGE PATIENT'S LINEN: <input type="checkbox"/> 500	LAUNDRY: <input type="checkbox"/> 501 LIGHTHOUSEKEEPING <input type="checkbox"/> 502
CLEAN PATIENT CARE EQUIPMENT <input type="checkbox"/> 505	ACCOMPANY PATIENT TO DOCTOR <input type="checkbox"/> 508
SHOPPING/ERRANDS 506	DIVERSIONAL ACTIVITIES-SPEAK/READ 509