Electronic Visit Verification
AHCCCS EVV System Model Design – Provider, MCO
September 2019
Decisions are Subject to Change

EVV System Model Design

➢ AHCCCS has selected Sandata Technologies as the State-Wide Electronic Visit Verification (EVV) vendor to comply with the 21st Century Cures Act (Cures Act).

➢ **System Model Design Objectives**
  - Ensuring, tracking and monitoring timely service delivery and access to care for members.
  - Reducing provider administrative burden associated with scheduling and hard copy timesheet processing;
  - Accommodating service provider business decisions and preserving existing investment in systems; and,
  - Generating cost savings from the prevention of fraud, waste and abuse.

➢ **Open Vendor Model**
  - AHCCCS plans to implement an open vendor model contracting with one statewide EVV vendor, Sandata Technologies, which will be an option available for use by providers and Managed Care Organizations (MCOs).
  - Providers and Managed Care Organizations (MCOs) may continue to use an existing EVV system or choose to use an alternate EVV vendor.
  - Sandata will offer a data collection system for providers without a legacy/alternate verification system and a mandated data aggregator.
  - AHCCCS will provide funding for the development and initial implementation of the statewide EVV system and additional funding options are currently being explored to compensate for ongoing vendor maintenance costs (e.g. devices and transaction fees) of the statewide EVV vendor for Medicaid members receiving services subject to EVV. Funding considerations include financial constraints, administrative and programmatic costs and provider assurances of cost neutrality.
  - Providers and MCOs choosing to use an existing or alternate system will incur any and all related costs, including costs related to system requirements necessary to transmit data to the Sandata data aggregator.

➢ **Services Requiring Electronic Visit Verification**
  - Services that will require Electronic Visit Verification can be found in Appendix A, see below. Any and all providers who bill for the included service codes will be required to comply with EVV mandated requirements.

➢ **Elimination of Paper Timesheets**
  - AHCCCS will be establishing criteria for limited exceptions to the EVV system requirements when technological infrastructure is limited, unreliable or nonexistent. In addition, when allowable, the use of paper timesheets will be required to be used in combination with a fixed device to generate a code with a time and date stamp to verify the beginning and end of service delivery.

➢ **Data Collection Devices**
  - Members and/or the responsible party will be able to choose a device or data collection modality, amongst a set of options, that best fits their lifestyle and the way in which they manage their care.

➢ **System Modules**
  The EVV System will include a:
  - Scheduling module to support providers and members/responsible parties in managing the schedule of the Direct Care Worker (DCW)
  - Authorization module to transmit the service authorization from the MCO to the provider
  - Multi-level escalating alerts whenever a scheduled visit does not occur on time

➢ **Verification**
  - The System will require visit verification from both the DCW and the member/responsible party
  - The DCW verification will occur both at the beginning and the end of the shift
  - The member/responsible party will be required to verify the services provided at the end of the DCW's shift
  - The system will include flexible options for member/responsible party verification including, but not limited to, options for services to be verified remotely and to delegate the verification responsibilities to another person of suitable age, discretion, and other defined criteria.

Appendix A:

Arizona Services Subject to EVV

Provider Description	Provider Type
Attendant Care Agency	PT 40
Behavioral Outpatient Clinic	PT 77
Community Service Agency	PT A3
Fiscal Intermediary	PT FI
Habilitation Provider	PT 39
Home Health Agency	PT 23
Integrated Clinic	PT IC
Non-Medicare Certified Home Health Agency	PT 95
Private Nurse	PT 46

Service	HCPCS Service Codes	DDD FOCUS Codes
Attendant Care	S5125	ATC
Companion Care	S5135	
Habilitation*	T2016 and T2017	HAH, HAI, HID
Home Health Services (aide, therapy, and part-time/intermittent nursing services)		
Nursing	G0299 and G0300	
Home Health Aide	T1021	
Physical Therapy	G0151 and S9131	
Occupational Therapy	G0152 and S9129	
Respiratory Therapy	S5181	
Speech Therapy	G0153 and S9128	
Private Duty Nursing (continuous nursing services)	S9123 and S9124	HN1, HNR
Homemaker	S5130	HSK
Personal Care	T1019	
Respite	S5150 and S5151	RSP, RSD
Skills Training and Development	H2014	

*Note: The Habilitation HCPCS Service Codes and DDD Focus Codes have been updated.

Place of Service Description	POS Code
Home	12
Assisted Living Facility	13
Other	99