AHCCCS E.V.V.
ELECTRONIC VISIT VERIFICATION

AHCCCS
EVV System Demo
November 7, 2019
Welcome! Webinar Reminders

• All attendees have been muted, please do not unmute your line.

• If you have to leave the webinar briefly, please do not put the call on hold (participants can hear the hold music).

• This webinar is being recorded and will be made available on the AHCCCS EVV website.

• Questions or Webinar Help:
  – Please submit your questions via the Q&A button.
  – All questions will be logged by AHCCCS.
Welcome! Zoom Q&A

- How to submit a question
  - Click on the “Q&A” button in the Zoom menu bar.
  - Type in your question and click “Send”.

[Image of Zoom Q&A interface with red boxes around the Q&A button and the area where questions are entered]
To enter Full Screen mode:

– Click on “Enter Full Screen”

– This button is located in the upper right corner of the Zoom window.
Welcome! Zoom Viewing Features

• To exit Full Screen mode:
  – Press on the “Esc” key on your keyboard; or
  – Double-click your mouse.
• How to increase the screen size:
  – Click on the down arrow next to “View Options”.
  – Click on “Zoom Ratio”.
  – Select the percentage to view the presentation.
  – Ensure “Follow Presenter’s Pointer” is checked.
Welcome and Introductions
Welcome and Introductions
AHCCCS Program Update
Sandata Company and Solution Overview
Sandata Product Demonstration
Question and Answer
AHCCCS Closing Comments
AHCCCS Program Overview
• A Federal Mandate per Section 1903 of the Social Security Act (42 U.S.C. 1396b) requires electronic verification of personal care and home health services that span across all lines of AHCCCS business (ACC, RBHA, ALTCS):
  – Type of service performed
  – Individual receiving and providing the service
  – Date and Time the service begins and ends
  – Location of the service

• AHCCCS is planning to implement EVV within the first half of 2020.
AHCCCS’ Strategy for EVV

• EVV will help AHCCCS make sure that members get the services they need when they need them. EVV will also reduce provider administrative burden, and help prevent fraud, waste, and abuse.

• EVV will support members and their families by:
  – Configuring the system to fit all types of lifestyles including whether or not you mostly stay at home or you are out in the community when you get your services.
  – Designing the system to support how you manage your care including scheduling your services and monitoring your service hours.
  – Providing the option to choose which device is used to verify that you have received a service.
AHCCCS will provide funding for the development and initial implementation of the statewide EVV system.

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.
Open Vendor Model

• Providers will be able to continue to use existing EVV systems or choose an alternate EVV vendor that has been approved by AHCCCS to meet general and Arizona-specific requirements for EVV.

• Providers using an alternate EVV Vendor will incur any and all related costs, including costs related to system requirements necessary to transmit data to the Sandata Aggregator application.
# Provider Types

<table>
<thead>
<tr>
<th>Provider Description</th>
<th>Provider Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendant Care Agency</td>
<td>PT 40</td>
</tr>
<tr>
<td>Behavioral Outpatient Clinic</td>
<td>PT 77</td>
</tr>
<tr>
<td>Community Service Agency</td>
<td>PT A3</td>
</tr>
<tr>
<td>Fiscal Intermediary</td>
<td>PT FI</td>
</tr>
<tr>
<td>Habilitation Provider</td>
<td>PT 39</td>
</tr>
<tr>
<td>HomeHealth Agency</td>
<td>PT 23</td>
</tr>
<tr>
<td>Integrated Clinic</td>
<td>PT IC</td>
</tr>
<tr>
<td>Non-Medicare Certified HomeHealth Agency</td>
<td>PT 95</td>
</tr>
<tr>
<td>Private Nurse</td>
<td>PT 46</td>
</tr>
</tbody>
</table>
## Service Codes

<table>
<thead>
<tr>
<th>Service</th>
<th>HCPCS Service Codes</th>
<th>DDD FOCUS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendant Care</td>
<td>S5125</td>
<td>ATC</td>
</tr>
<tr>
<td>Companion Care</td>
<td>S5135</td>
<td></td>
</tr>
<tr>
<td>Habilitation *</td>
<td>T2016 and T2017</td>
<td>HAH, HAI, HID</td>
</tr>
</tbody>
</table>

### Home Health Services (aide, therapy, and part-time/intermittent nursing services)

<table>
<thead>
<tr>
<th>Service</th>
<th>HCPCS Service Codes</th>
<th>DDD FOCUS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>G0299 and G0300</td>
<td></td>
</tr>
<tr>
<td>Home Health Aide</td>
<td>T1021</td>
<td></td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>G0151 and S9131</td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>G0152 and S9129</td>
<td></td>
</tr>
<tr>
<td>Respiratory Therapy</td>
<td>S5181</td>
<td></td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>G0153 and S9128</td>
<td></td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>S9123 and S9124</td>
<td>HN1, HNR</td>
</tr>
<tr>
<td>(continuous nursing services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homemaker</td>
<td>S5130</td>
<td>HSK</td>
</tr>
<tr>
<td>Personal Care</td>
<td>T1019</td>
<td></td>
</tr>
<tr>
<td>Respite</td>
<td>S5150 and S5151</td>
<td>RSP, RSD</td>
</tr>
<tr>
<td>Skills Training and Development</td>
<td>H2014</td>
<td></td>
</tr>
</tbody>
</table>
# Places of Service

<table>
<thead>
<tr>
<th>Place of Service Description</th>
<th>POS Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>12</td>
</tr>
<tr>
<td>Assisted living Facility</td>
<td>13</td>
</tr>
<tr>
<td>Other</td>
<td>99</td>
</tr>
</tbody>
</table>
Access to Care

• All services will require an authorization from the Health Plan

• Providers will enter a plan of care including services and tasks/goals to be performed

• Providers will enter a contingency plan into the system

• Providers will enter the schedule for direct care workers (DCWs) based upon the plan of care
Access to Care: Alerts

• The system will generate alerts at 15 and 30 minute intervals:
  – 1\textsuperscript{st} Alert – Case manager/service coordinator with the provider agency.
  – 2\textsuperscript{nd} Alert – Supervisor of the case manager/service coordinator.

• Alerts will stop after action has been taken (i.e. service is initiated, service rescheduled, etc.)
• Providers will talk with members/families about delegating visit verification.
  – Guardian/designee cannot verify the visit if they are also serving as the paid DCW.

• The designations will get entered into the system.
• Additional information on EVV can be found on AHCCCS’ website at www.azahcccs.gov/evv including:
  – The most up to date information available.
  – Member and provider specific information.
  – A list of all provider types and service codes subject to EVV.
  – A high level timeline of EVV activities.
  – How to sign up for AHCCCS’ Constant Contact email list to stay informed.
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## Sandata Overview

### ADA COMPLIANT SOLUTIONS

**INCREASING THE CAPACITY TO CARE BY...**

- Optimizing the value of every in-home visit
- Maximizing the efficiency of homecare Providers
- Enabling collaboration between Payers and Providers

### EXPERIENCE

- Focused on homecare technology for over 40 years
- Experience with 24 Medicaid Agencies and MCOs
- Only EVV solution with CMS certification
- Only vendor with proven statewide Open EVV solution

### SCALE

- 220+ employees dedicated to the Home Care market
- Mobile: 150K+ users, 100K+ devices managed
- 90+ integration points with homecare vendors
- Open EVV integration with top 12 vendors
- Daily reach of 200K+ homes serving 500K+ members
- 3K+ providers - AZ Homecare Association affiliate

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![Diagram showing various solutions like Assessments, Payer Solutions, Participant Solutions, and Provider Solutions.](Image)
Sandata Solution Value

We increase provider efficiency and effectiveness, and integrate payers and providers to drive network transparency. The result is decreased cost, improved care monitoring, stronger provider networks, and greater participant satisfaction.

Sandata’s EVV Solution:

- Ensures 21st Century Cures Act Compliance;
- Accommodates the lifestyles of members and their families;
- Provides multiple modalities for visit verification that can be used interchangeably to solve geographic challenges;
- Improves HCBS quality oversight with real time dashboards and reporting;
- Ensures providers are delivering and participants are receiving authorized services with real time alerts; and,
- Only EVV vendor with MITA Certification experience.

Right Member

Right Location

Right Time

Right Caregiver

Right Plan of Care
## Sandata EVV Overview

<table>
<thead>
<tr>
<th>Module</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sandata Electronic Visit Verification</strong></td>
<td>Web portal for provider oversight and management of the EVV program. Enables providers to review visits, run operational reports, and includes all of the following functionality:</td>
</tr>
<tr>
<td><strong>Sandata Mobile Connect</strong> (Preferred method)</td>
<td>A Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) compliant mobile application that captures all required 21st Century Cures data points, as well as member signature at the point of care in both a connected and disconnected mode.</td>
</tr>
<tr>
<td><strong>Sandata Telephonic Visit Verification</strong> (Alternative option)</td>
<td>Automatic Number Identification (“ANI”) technology is used to validate telephone calls from the member’s identified phone number(s) to record visit data and capture member verification.</td>
</tr>
<tr>
<td><strong>Fixed Visit Verification</strong> (Alternative option)</td>
<td>A patented technology alternative to verify visits when no landline or cellular device is available.</td>
</tr>
<tr>
<td><strong>Sandata Scheduling</strong> (required)</td>
<td>Allows providers to create and adjust schedules and also provides real-time and multi-level escalating alerts for late and missed visits.</td>
</tr>
<tr>
<td><strong>Sandata Billing</strong> (optional)</td>
<td>Allows each provider (including third-party EVV providers) to submit 837 claims in the appropriate standard format required by the program.</td>
</tr>
<tr>
<td><strong>Sandata EVV Aggregator</strong></td>
<td>A vendor agnostic EVV Aggregator module that takes in data from any approved provider EVV system and applies standardized business rules to ensure the visits are properly verified.</td>
</tr>
</tbody>
</table>
AHCCCS Visit Capture Technologies

<table>
<thead>
<tr>
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</table>
| Sandata Mobile Connect™ (SMC)     | • Collects data at the Point of Service via a mobile app supporting both Apple and Android devices  
• Supports both ‘BYOD’ and State-supplied device models for distribution and delivery  
• Available in multiple languages, and can operate in ‘Disconnected Mode’ |
| Telephonic Visit Verification (TVV)| • Alternative path to capture visit data, via an interactive, toll-free telephone number  
• 24 x 7 telephone line to capture EVV visit information  
• Available in multiple languages |
| Fixed Visit Verification Device (FVVD)| • Secure Sandata provided device to support the collection of data  
• Used with TVV and Manual Entry (Paper Timesheets) |
AHCCCS Program Requirements

The AHCCCS EVV Program will include:

**Point of Care**
- Date(s) of service
- Time(s) of service
- Service provided (tasks)
- Person receiving the service
- Person providing the service
- Service location
- Visit verification (signature/recording)

**Access to Care**
- Plan of Care
- Scheduling
- Contingency Plan
- Visit Monitoring
- Reporting/Analytics
The following components of the Sandata system will be configured for the AHCCCS Program:

– Authorizations
– Scheduling
– Plan of Care
– Services
– Tasks
– Contingency Plan
– Reason Codes
– Resolution Codes
– Billing
• I’m a supervisor at an agency and I have to ensure DCWs are visiting their clients as expected.

• I ensure times for delivery of service are agreeable for both the client and the DCW.

• I’m responsible for scheduling all DCWs.

• I use Scheduling, Visit Maintenance, Dashboard, and Reports
A Day in the life of… Brenda Biller!

• I’m the person who bills the payer based on verified visits and works to ensure everything is ok to bill.

• I use the Billing module to create, submit and review billing invoices.

• I use the Reports module to review the billing information.
Solution Overview – Sandata System

**Scheduling** (Required)
- Members/Authorizations directly integrated to the provider;
- Supports provider agency business process needs;
- Real time alerts for Late and Missed Visits;
- Aligns with authorization limits; and,
- Directly integrated with Sandata Mobile Connect, DCWs get updates as they occur.

**Visit Monitoring**
- Real time monitoring of visit data;
- Exceptions are flagged for visits that are missing required data;
- Ability to correct exceptions using reason codes; and,
- All edits/corrections are tracked using a full audit trail.

**Billing** (optional)
- Ensures only visits with a valid authorization and visit verification are submitted;
- Allows each provider to submit 837 claims in the appropriate standard format required by the program; and,
- Claims are directly integrated with the MMIS System.

**Additional Benefits**
- Access to reports on DCWs, members, authorizations, schedules, visits, billing, for all authorized members assigned to the provider;
- All solutions are ADA compliant.
Sandata Product Demonstration
Question and Answer
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www.sandata.com
AHCCCS Closing Comments
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THANK YOU!

For questions/information, please contact:
AHCCCS at EVV@azahccs.gov