



## Electronic Visit Verification Provider Survey

Welcome to the Electronic Visit Verification Provider Survey

Dear Provider,

Beginning in 2020, AHCCCS will require Medicaid providers of personal care and home health services to use Electronic Visit Verification (EVV) pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b). EVV is an electronic based system that verifies when caregiver visits occur and documents the precise time services begin and end. It ensures that members receive their medically necessary services. AHCCCS has selected Sandata Technologies LLC to deliver the statewide EVV system that will be made available to all service providers required to use EVV. Service providers may choose to use an alternate EVV system vendor (at their own cost) and must interface with the statewide system as a data aggregator. More information on AHCCCS' plans for EVV is outlined on the [AHCCCS website](#).

AHCCCS is requesting service providers, subject to EVV, complete the survey to inform readiness activities to support successful implementation of the EVV system. Providers that complete the survey in its entirety and submit it by 5/20/19 will be eligible for a Differential Adjusted Payment (DAP) of 1.0% for all services subject to EVV for dates of service 10/01/2019 – 09/30/2020. This means service providers will receive a 1% increase to their current rate for services during the period of 10/01/2019 – 09/30/2020.

The DAP is intended to incentivize providers to help AHCCCS and Sandata Technologies LLC prepare for the implementation of EVV. The DAP is separate and apart from the State's plans to fund the EVV system. More information on the State's plans to fund the EVV system may be found on the [AHCCCS website](#).

For assistance in completing the survey, please email [EVV@azahcccs.gov](mailto:EVV@azahcccs.gov) prior to the 05/20/19 deadline submission date.

The EVV DAP is applicable to the following provider types, service codes and Places of Service (POS) only when in combination with each other. A qualifying service must be provided by a qualifying provider type and POS in order to qualify for the DAP.

| <b>Provider Description</b>               | <b>Provider Type</b> |
|---|----------------------|
| 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                |

| <b>Service</b>   | <b>HCPCS Service Codes</b> | <b>DDD FOCUS Codes</b> |
|--|----------------------------|------------------------|
| Attendant Care   | S5125                      | ATC                    |
| Companion Care   | S5135                      |                        |
| Habilitation (Hourly)  | T2021                      | HAH, HAI               |
| Home Health Services<br>(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<br>(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                      |                        |

| <b>Place of Service Description</b> | <b>POS Code</b> |
|-------------------------------------|-----------------|
| Home                                | 12              |
| Assisted Living Facility            | 13              |
| Other                               | 99              |

1. The survey must be completed and submitted by the service provider's Chief Executive or Authorized Representative no later than 05/20/19. It is important to note, the survey responses may require additional research in order to complete all responses.



**1b. Please verify the name and contact information for the administrative representative within your organization who will be responsible for primary interaction with the EVV system.**

**The EVV contact for the organization is the same as the Chief Executive/Authorized Representative that completed this survey:**

Yes

No



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**If "no," please provide the name and contact information for the EVV administrative representative.**

Name

Title

Primary Phone

Office Phone

Mobile Phone

Email address

**2. The next two questions pertain to the following summary of services subject to EVV. Please answer the questions for only those members authorized for one or more of the services that require EVV.**

**What service visits must use EVV?**

EVV is required when the following provider types, service codes and Places of Service (POS) are used in combination with each other. A service visit is required to be electronically verified when provided by a following provider type, service code and POS.

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|---|---------------|
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| Community Service Agency                  | PT A3         |
| Fiscal Intermediary                       | PT FI         |
| Habilitation Provider                     | PT 39         |
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| Place of Service Description | POS Code |
|------------------------------|----------|
| Home                         | 12       |
| Assisted Living Facility     | 13       |
| Other                        | 99       |

\* 2a. How many members do you serve who receive services that will be subject to EVV?

\* 2b. How many total Direct Care Workers (DCWs) does your agency employ (or contract with) to provide the services subject to EVV?

*Direct Care Worker is broadly defined as individuals directly providing one or more of the services subject to EVV.*

**\* 3. Is your organization planning to use the AHCCCS procured statewide EVV vendor, Sandata Technologies LLC?**

*AHCCCS is implementing an open vendor model contracting with one statewide EVV vendor (Sandata Technologies LLC) that will be an option available for use by providers at the State's expense. Sandata will offer a data collection system for providers and a data aggregator for providers choosing to use an alternate system. Providers may continue to use an existing EVV system or choose to use an alternate EVV vendor at their own expense including costs related to system requirements necessary to transmit data to Sandata's data aggregator.*

*If the answer is "yes" or "don't know yet," AHCCCS is making an assumption that you do not have an existing EVV system. Please answer the following questions pertaining to EVV devices.*

*If the answer is "no," AHCCCS is making an assumption that either you have an existing EVV system or you are in the process of purchasing an alternate system to the State's selected EVV vendor (Sandata Technologies LLC). Please proceed to question #4.*

- Yes
- No
- Don't Know Yet



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**3a. AHCCCS wants to afford members and their families the option to choose the data collection method for EVV that accommodates their lifestyles. For example, members utilizing services in and around the community, including their home, may want to choose the smartphone/application option that is operated by a Direct Care Worker. Members who largely remain at home may choose a fixed device located in their home or their own landline or cell phone (telephony) for visit verification. Lastly, the member's selection of a particular device may be necessitated by the location where the member receives services because of limited or no connectivity for a landline, cell service or WiFi access.**

**What is the estimated percentage of your membership with limited to no connectivity in their home or community (i.e. limited or no landline, cell service or WiFi access)?**

- 0-10%
- 10-25%
- 25-50%
- 50-75%
- 75-100%

**What is the estimated percentage of your membership that have access to a personal landline or mobile phone?**

0-10%

50-75%

10-25%

75-100%

25-50%

**3b. Would your organization allow the Direct Care Workers to use their own smartphones for EVV? If "no," please proceed to question 5.**

*As previously noted, AHCCCS is implementing an open vendor model contracting with one statewide EVV vendor (Sandata Technologies LLC) that will be an option available for use by providers at the State's expense, including the expense of the EVV devices.*

Yes

No



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**3c. If "yes" how many DCWs have and would be willing to use their smartphones for EVV?**

0-10%

50-75%

10-25%

75-100%

25-50%

**3d. How would you ensure that the devices are operable for use on a daily basis and available for visit verification? Check all that apply.**

We do not anticipate any issues with the operability of a Direct Care Worker's use of their own smartphone for EVV. Today, Direct Care Workers use their own smartphones for other employer requirements.

We would provide stipends to the Direct Care Workers to help offset costs for smartphone data plans

If the Direct Care Workers phone is inoperable, we would have a back-up plan such as making other visit verification collection devices/methods available (i.e. using the member's landline)

Other (please specify)



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**\* 4. Do you have or intend to purchase an "alternate" EVV system that is not the State's selected vendor (Sandata Technologies LLC) to verify service visits to individuals receiving services? If "no," please proceed to question 5.**

*Please note beginning in 2020, AHCCCS will require Medicaid providers of personal care and home health services to use Electronic Visit Verification (EVV) pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b). AHCCCS is making an assumption, if you are not planning to use the State's selected vendor (Sandata Technologies LLC), that either you have an EVV existing system or you are in the process of purchasing an alternate system.*

- Yes
- No



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**4a. If "yes," which company provides the EVV system that your agency uses or intends to use?**

What is the product name/version of the EVV system?

**4b. What percentage of the services you provide are verified through your EVV system?**

- 0-10%
- 10-25%
- 25-50%
- 50-75%
- 75-100%
- EVV system is not yet operable





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### If less than 75-100%, what is the reason?

- Member/Family Member Choice
- Device options available are not able to be utilized by some members (i.e. limited to no cell services or Wifi access)
- Other (please specify)

### 4c. What device options does your current EVV system use (or intend to use) to collect visit verification data? Check all that apply.

- Fixed Device  
*When pressed by the Direct Care Worker, the device generates a code (representing a date and time stamp) at the beginning and end of the visit. The DCW can use any phone at a later time to call in and record a visit.*
- Smartphone and Application  
*A mobile application, accessed by the smartphone, that can record visit and location data even if a cellular or WiFi connection is not available and capture member verification at the point of care.*
- Landline or cell phone (Telephony)  
*Direct Care Workers dial a toll-free number, from a validated member phone number(s), to record visit data and capture member verification.*
- Other (please specify)

### 4d. What percentage of the services you provide are verified through the following devices?

If EVV system is currently not in use, please select "EVV system is not yet operable" under each device.

#### Fixed Device

- |                              |  |
|------------------------------|--|
| <input type="radio"/> 0-10%  | <input type="radio"/> 75-100%                        |
| <input type="radio"/> 10-25% | <input type="radio"/> N/A                            |
| <input type="radio"/> 25-50% | <input type="radio"/> EVV System is not yet operable |
| <input type="radio"/> 50-75% |  |

Smartphone and Application

- 0-10%
- 10-25%
- 25-50%
- 50-75%
- 75-100%
- N/A
- EVV System is not yet operable

Landline or cell phone (Telephony)

- 0-10%
- 10-25%
- 25-50%
- 50-75%
- 75-100%
- N/A
- EVV System is not yet operable

Other (please specify)

- 0-10%
- 10-25%
- 25-50%
- 50-75%
- Please Specify:
- 75-100%
- N/A
- EVV System is not yet operable

**4e. Does your organization currently or would your organization allow Direct Care Workers to use their own smartphones for EVV? If "no," please proceed to question 5.**

- Yes
- No



**4f. If "yes," how many DCWs have and would be willing to use their smartphones for EVV?**

0-10%

50-75%

10-25%

75-100%

25-50%

**4g. If "yes," how do you ensure that the devices are operable for use on a daily basis and available for visit verification? Check all that apply.**

We do not anticipate any issues with the operability of a Direct Care Worker's use of their own smartphone for EVV. Today, Direct Care Workers use their own smartphones for other employer requirements.

We do or plan to provide stipends to the Direct Care Workers to help offset costs for smartphone data plans

If the Direct Care Workers phone is inoperable, we do or would have a back-up plan such as making other visit verification collection devices/methods available (i.e. using the member's landline)

Other (please specify)

**\* 5. Is your agency currently using a scheduling system to manage Direct Care Worker visits to individuals receiving Medicaid services?**

Yes

No



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**5a. If "yes," which company provides the scheduling system that your agency uses?**

(Please specify company name and product version)

**\* 6. How does your agency submit bills to be reimbursed for Medicaid services?**

- Manual Entry
- Other (please specify company name and product version)

**\* 7. What languages, other than English, do you use to communicate when providing services? Check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> Serbo-Croatian/Croatian |
| <input type="checkbox"/> Chinese Mandarin       | <input type="checkbox"/> Spanish                 |
| <input type="checkbox"/> French                 | <input type="checkbox"/> Syriac/Assyrian         |
| <input type="checkbox"/> German                 | <input type="checkbox"/> Persian/Farsi           |
| <input type="checkbox"/> Italian                | <input type="checkbox"/> Russian                 |
| <input type="checkbox"/> Japanese               | <input type="checkbox"/> Tagalog                 |
| <input type="checkbox"/> Korean                 | <input type="checkbox"/> Thai                    |
| <input type="checkbox"/> Navajo                 | <input type="checkbox"/> Vietnamese              |
| <input type="checkbox"/> Other (please specify) |  |



Thank you for participating in this survey.

AHCCCS will review the survey responses to ensure all required responses are completed. As determined by AHCCCS, all providers that complete the survey in its entirety and submit it by 05/20/19 will be eligible for a DAP of 1.0% for all services subject to EVV for dates of service 10/01/2019 – 09/30/2020. AHCCCS will review all survey results that are submitted by 05/20/19 in order to determine qualifying providers. AHCCCS will post a list of DAP qualified providers to its website by 06/28/19.

#### **AHCCCS EVV Updates**

AHCCCS has selected Sandata Technologies, LLC as the statewide EVV vendor. However, the contract award is contingent upon approval from the Centers for Medicare and Medicaid Services (CMS) and the Arizona Department of Administration, Arizona Strategic Enterprise Technology (ADOA-ASET). Barring approval from CMS and ADOA-ASET, AHCCCS will be in a position to execute the contract with Sandata Technologies, LLC on or before June 1, 2019 and the date is subject to change.

That said, AHCCCS is not yet in a position to officially engage the provider community about requirements to comply with the EVV requirements. Please make sure to sign up for the Constant Contact email notification to receive updates on recent EVV developments and next steps for the provider community.

Please make sure to sign up for the Constant Contact email notification to receive updates on recent EVV developments and next steps for the provider community. Please go to the AHCCCS webpage ([www.azahcccs.gov/EVV](http://www.azahcccs.gov/EVV)) and sign up for email notifications under the "Stay Informed" tab.