

YH17-0093
Electronic Visit Verification
AHCCCS and Med-QUEST EVV System Model Design
08/07/2018
Decisions are Subject to Change

EVV System Model Design	
➤	AHCCCS and the Hawaii Medicaid Program (Med-QUEST) will jointly solicit from Electronic Visit Verification (EVV) vendors proposals to implement and operate a system (“EVV System” or “System”) for AHCCCS, Arizona’s State Medicaid Agency, and Med-QUEST, Hawaii’s Medicaid Program, in compliance with the 21 st Century Cures Act (Cures Act).
➤	<p>System Model Design Objectives</p> <ul style="list-style-type: none"> • Ensuring timely service delivery for members including real time service gap reporting and monitoring; • Reducing provider administrative burden associated with scheduling and hard copy timesheet processing ; • Accommodating the lifestyles of members and their families and the way in which they manage care; • Accommodating service provider business decisions and preserving existing investment in systems; and, • Generating cost savings from the prevention of fraud, waste and abuse.
➤	<p>Open Vendor Model</p> <ul style="list-style-type: none"> • AHCCCS and Med-Quest plan to implement an open vendor model contracting with one statewide EVV vendor that 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. • Statewide EVV vendor will offer a data collection system for providers without a legacy/alternate verification system and a mandated data aggregator. • AHCCCS and Med-QUEST will provide funding for the development of the statewide EVV system and additional funding options are currently being explored to compensate for vendor maintenance costs (i.e. 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 all and all related costs, including costs related to system requirements necessary to transmit data to the statewide EVV vendor data aggregator.
➤	<p>Services Requiring Electronic Visit Verification</p> <ul style="list-style-type: none"> • Services that will require Electronic Visit Verification can be found in Appendix A (AHCCCS) and Appendix B (Hawaii). Any and all providers who bill for the included service codes will be required to comply with EVV mandated requirements.
➤	<p>Elimination of Paper Timesheets</p> <ul style="list-style-type: none"> • AHCCCS and Med-QUEST 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 the service delivery.
➤	<p>Data Collection Devices</p> <ul style="list-style-type: none"> • 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.
➤	<p>System Modules</p> <p>The EVV System will include a:</p> <ul style="list-style-type: none"> • Scheduling module to support providers and members/responsible parties in managing the schedule of the Direct Care Worker (DCW) • Service plan module to capture tasks performed and/or the specific habilitation goals supported by the direct service worker/staff • Authorization module to transmit the service authorization from the MCO to the provider
➤	<p>Verification</p> <ul style="list-style-type: none"> • 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 verification including, but not limited to, options for responsible parties to verify services remotely, delegate the verification responsibilities to another person of suitable age and discretion, etc.

Appendix A:

Arizona Services Subject to EVV

Service	Service Codes
Attendant Care	S5125
Companion Care	S5135
Habilitation	T2021
Home Health (aide, therapy, nursing services)	Nursing (G0299, G0300, S9123 and S9124) Home Health Aide (T1021) Therapies Physical Therapy (G0151 and S9131) Occupational Therapy (G0152 and S9129) Respiratory Therapy (S5181) Speech Therapy (G0153 and S9128)
Homemaker	S5130
Personal Care	T1019
Respite	S5150 and S5151
Skills Training and Development	H2014

Appendix B

Hawaii Services Subject to EVV

Service	Service Codes
QI – Home Health Services: (State Plan)	
Home Health (aide, therapy, nursing services)	Nursing (G0299, G0163, G0164) Home Health Aide (G0156) Therapies Physical Therapy (G0151, G0159, S9131) Occupational Therapy (G0152, G0160, S9129) Respiratory Therapy (S5180, S5181) Social Worker (G0155) Speech therapy (G0153, G0161, S9128)
QI – HCBS:	
Attendant care	S5125
Personal Assistance–Level I (Chore, Companion or Homemaker services)	S5120, S5130, S5135
Personal Assistance – Level II (Personal Care services)	S9122
Private Duty Nursing	S9123, S9124
Respite care	S5150, S5151, S9125, T1005
DDD:	
Chore	S5120
Personal Assistance/Habilitation (PAB)	99509, S5125
Private Duty Nursing (PDN)	T1000
Respite	S5150, T1002, T1005