



Electronic Visit Verification

February 2018 Update

Dara Johnson, Division of Healthcare Management

Valerie Jones, Division of Fee for Service Management

Purpose of Today's Session

- Support Tribal Communities to provide public comment
 - Members of Tribal Communities have been participating in community forums hosted by AHCCCS
- Provide overview of Federal requirement
 - Review of information presented in April 2017
- Share information on AHCCCS proposed decisions
- Hold a question and answer session
- Provide information on how to submit public comment

21st Century Cures Act

The Act was passed by Congress in December of 2016.

- Section 12006 requires states to implement an Electronic Visit Verification (EVV) System for Personal Care and Home Health Services provided in a Member's home.

21st Century Cures Act

- Personal Care by January 1, 2019
 - Attendant Care (personal care and homemaker), respite care and habilitation (hourly) services.
- Home Health by January 1, 2023
- Applies to both the Acute (AIHP) and Long Term Care programs (Tribal ALTCS)
- AHCCCS is planning to implement EVV for personal care and home health services at the same time.

21st Century Cures Act

- State loses Federal match for services if they don't comply with requirements.
 - Allowances are made if the State is making good faith efforts to comply and delays in implementation are unavoidable.



Reaching across Arizona to provide comprehensive quality health care for those in need

21st Century Cures Act

- There are some prescribed elements that must be present in order to be compliant with the law.
 - System capability
 - Privacy compliance
 - Support for users of the system (members, families, provider, etc.)
- States have flexibility on their EVV design and quality control measures.

21st Century Cures Act

- The system must electronically verify:
 - **Type** of service performed
 - **Individual** receiving the service
 - **Date** of the service
 - **Location** of service delivery
 - **Individual** providing the service
 - **Time** the service begins and ends

21st Century Cures Act

The State shall work with agencies and entities that provide personal care and home health services to ensure that the EVV system is:

- Minimally burdensome
- Health Insurance Portability and Accountability (HIPAA) compliant
- Takes into account best practices
- Developed and implemented **with stakeholder** (members, providers, families, advocates, etc.) **input**

21st Century Cures Act

The Act **does not**:

- Limit the services provided
- Limit provider selection
- Constrain individuals choice of caregiver
- Impede the way care is delivered
- In any way establish an employer-employee relationship

AHCCCS EVV Goals

- Ensuring timely service delivery for members including real time service gap reporting and monitoring.
- Reducing administrative burden associated with paper timesheet processing.
- Generating cost savings from the prevention of fraud, waste and abuse.

AHCCCS Proposed EVV Design

- Exploring marketplace options for approximately three years
- EVV Vendor Request for Information – May 2016
- EVV Vendor Demonstrations – May 2017
- Created EVV Steering Committee that includes:
 - Members
 - Provider Agencies
 - MCO and Tribal Contractors
 - AHCCCS Personnel

Proposed EVV Design: The System

- One state-wide EVV system
- Existing provider EVV systems may be maintained as long as they meet system requirements and can interface with the State system
- If AHCCCS develops the system:
 - 90% of development costs are reimbursed
 - 75% of ongoing costs are reimbursed
- AHCCCS will cover the cost of the system and devices
- Want to have multiple EVV options for members to choose from based upon their lifestyle and access to technology

Proposed EVV Design: The Devices

- Fixed device and Landline
 - The device is either placed in the member's home or controlled by the member.
 - A small electronic device that generates a random numeric code when a worker arrives and leaves a visit.
 - Direct Care Worker calls a number and shares the code when they start and end work.
 - Members/guardians could verify hours worked by the Direct Care Worker via a numeric code, biometrics, member portal, etc.

Proposed EVV Design: The Devices

- Smart Phone or Tablet Application
(Cell or Internet Service)
 - Direct Care Workers can utilize their own device or a device furnished by the provider. Devices will be paid for by the AHCCCS vendor.
 - Direct Care Workers would sign into an application from the device when they start/end the service. Service does not have to start or end in the member's home.
 - Members/guardians could verify hours worked by the direct care worker via electronic signature, biometrics, member portal, etc.
 - Data collected on device regardless of internet availability.
 - Data transmitted once connectivity is established.

Proposed EVV Design: Paper Timesheets

- Paper timesheets are eliminated except in certain circumstances. *This is an option for Tribal Communities.*
- Criteria would be developed to allow provider agencies to be exempt from EVV requirements.
 - Geographic areas with limited connectivity/infrastructure
 - Providers with a small number of Direct Care Workers
- Direct Care Workers would enter the numeric code from a fixed device onto the timesheet.
- The timesheet can be manually entered or uploaded into the EVV System.

Proposed EVV Design: Service Verification

- Member and direct care worker will verify services at the end of every shift/visit.
 - GPS location confirmation at the onset and conclusion of service. GPS location can be another location outside of member's home.
 - Members/guardians could verify hours worked by the Direct Care Worker via a numeric code, biometrics, member portal, etc.
 - Manual overrides will require verification by the member/representative.
- Other Considerations
 - An option to match the date/time with the member and the Direct Care Worker for members that are not able to verify service delivery or the family member is the paid caregiver.

Proposed EVV Design: Data Security

- Only those that need to see the information will see it (Role based security).
- Information will not be stored on the device (Cloud based storage).
- Information will be protected if it is on a device during rest, transmit and temporary storage (Data encryption).
- If device goes lost or missing, information can be remotely deleted.

Proposed EVV Design:

Service Authorization/ Plan of Care Modules

- The Health Plan sends the service authorization through the system to the provider.
- The service authorization would include the plan of care, including the Home and Community Based Needs (HNT) Tool.
- Direct Care Workers would report tasks completed with each visit and health condition updates for the member.

Proposed EVV Design: Scheduling Module

- The provider agency and member/family set up a regular schedule based upon the authorization and plan of care.
- Scheduling flexibility would be allowed for members utilizing the Agency with Choice and Self-Directed Attendant care member-direction options.
 - Members would set parameters for reporting a potential gap in service to ensure authorized services and hours are provided based upon the plan of care.
- Scheduling module would help agencies manage the schedules of Members and Direct Care Workers.

Proposed EVV Design: Billing Module

- AHCCCS would require the EVV vendor to make a billing module available, but make it an option feature for most providers
 - AHCCCS may make this a requirement for AIHP and Tribal ALTCS
- Provider agencies could choose whether or not they wanted the module and pay the vendor directly for the service.
- Provider agencies could create and submit the payment claim to the Health Plan along with data from the EVV system on service visits and plan of care.

Proposed EVV Design: Summary

Things that Stay the Same	Things that are Different
Member choice of provider	Elimination of paper timesheets
Availability of services	Use of EVV devices
Member choice of individual direct care worker	How member/representative signature is collected
How services are provided	Member/representative signature at the end of every visit/shift
Where services are provided	

Public Comment Period:

- AHCCCS will allow members of this audience to submit public comment after the deadline (January 31, 2018)
 - New deadline for this audience (February 16, 2018)
- Request for Information survey will be sent to providers to solicit feedback – Providers will have 3 weeks to respond.
- Public comment

Email: EVV@azahcccs.gov

Mail: AHCCCS

c/o EVV – Division of Health Care Management
701 E. Jefferson Street, Mail Drop 6500
Phoenix, Arizona 85034

- Check the AHCCCS website regularly for updates

www.azahcccs.gov/EVV

General Questions

Dara Johnson
Program Development Officer

AHCCCS
701 E. Jefferson St., MD 6500
Phoenix, AZ 85034
(602) 417-4362
EVV@azahcccs.gov