



EVV AHCCCS Service Confirmation Portal Training

November 2020

Agenda

- Training Team Introductions
- Housekeeping
- Overview
 - Why is AHCCCS requiring this?
 - When do I have to use it?
 - What data do I have to submit?
- Overview of the Technical Guide & System Demonstration
- Timeline for Compliance
- FAQs
- Resources and Technical Assistance

Introductions

- Dara Johnson, Program Development Officer
- Julie Nieder, Technical Coordination Unit Manager
- Lori Petre, Office of Data Analytics Administrator
- Danielle Ashlock, ALTCS Project Manager
- Health Plan Representatives
 - Managed Care Organizations
 - AHCCCS American Indian Health Plan

Housekeeping

- Everyone will be muted until the end of the presentation.
- After the presentation, please use the “raise your hand” feature or type a question through the Q&A chat box during the presentation
- Feel free to “like” 👍 questions if they are similar to your question rather than create a new one. This will help us prioritize the most common questions needing an answer.

Provider Types

Provider Description	Provider Type
Attendant Care Agency	PT 40
Behavioral Outpatient Clinic	PT 77
Community Service Agency	PT A3
Fiscal Intermediary	PT F1
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

EVV Services: Personal Care Services

Service	HCPCS Code
Attendant Care	S5125
Companion Care	S5135
Habilitation	T2017
Personal Care	T1019
Respite	S5150 and S5151
Skills Training and Development	H2014
Homemaker	S5130

EVV Services – Home Health Services

Service	HCPCS Code
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

Places of Service

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

Why is the Service Confirmation Portal Required?

- The State's Electronic Visit Verification (EVV) system must comply with standards set forth by CMS to ensure the system meets the requirements of the 21st Century Cures Act. As part of the CMS certification process of the EVV system, the State must demonstrate the use of the EVV System supports the State to avoid payment for unauthorized or unapproved services by reconciling the linkage of providers, services, units and visits prior to claims payment. A key element of this linkage data is a service authorization.

Why is the Service Confirmation Portal Required?

- **The use of the portal is necessary to get paid for services that don't require prior authorization by the health plan.**
- The Service Confirmation Portal is a supplement to the current prior authorization process.
- It was decided not to require prior authorization for all EVV services because we wanted to:
 - Continue to allow the MCOs have flexibility to establish prior authorization requirements
 - Mitigate access to care barriers

When is the Service Confirmation Portal Required?

- *If a service subject to EVV already requires prior authorization by a health plan, there is no change to that health plan's process. Providers are advised to continue to follow the specific prior authorization requirements and processes for the health plan.*
- *If a service subject to EVV does not require prior authorization by the health plan, providers will use the AHCCCS Service Confirmation Portal to notify the health plan of their intention to provide a new service or continue providing an existing service.*



EXAMPLE

- Provider contracts with both Health Plan A and Health Plan B for Skills Training and Development services (H2014).
- Health Plan A requires prior authorization for the service.
 - Provider follows the health plan's process to request prior authorization for services to members enrolled in Health Plan A.
- Health Plan B does not require prior authorization for the service.
 - Provider uses the AHCCCS service confirmation portal to “self-authorize” the service for members enrolled in Health Plan B.



EVV Authorizations



- Prior Authorization
 - Follow the health plan’s process to request prior authorization for services
 - Do not enter any information into the Service Confirmation Portal



- Service Confirmation Portal
 - Access the portal to “self-authorize” services not requiring prior-authorization only
 - Enter required data elements and receive a reference number

- The data gets integrated into the health plan’s authorization file sent to Sandata.
- The data links the provider, member, services and visit data to allow for claims payment.

Required Data Elements

- Member Medicaid ID
- AHCCCS Provider ID
- Begin and End Date of Service
- Units, Activity Code and Modifier
- Medical Necessity Determination Date (MNDD)
 - Only required for the delivery of new services

Medical Necessity Determination Date (MNDD)

- Data to support network adequacy and workforce development monitoring
- Helps track whether or not members are getting new services within
 - 30 days of enrollment for new members or
 - 14 days for existing members
- The health plan provides the MNDD for services that require prior authorization.
- The provider submits the MNDD for services that require use of the AHCCCS Service Confirmation Portal

Medical Necessity Determination Date (MNDD)

Service Categories	ALTCS	Home Health	Behavioral Health
Service Codes	Attendant Care Companion Care Habilitation Homemaker Personal Care Respite	Nursing Home Health Aide Physical Therapy Occupational Therapy Respiratory Therapy Speech Therapy Private Duty Nursing	Personal Care Respite Skills Training and Development
Definition	The date of the person centered service planning meeting <u>or</u> secondary MCO internal review	The date the MCO approves the prior authorization request	The date the treatment team or provider decides the member needs the service.

Medical Necessity Determination Date (MNDD)

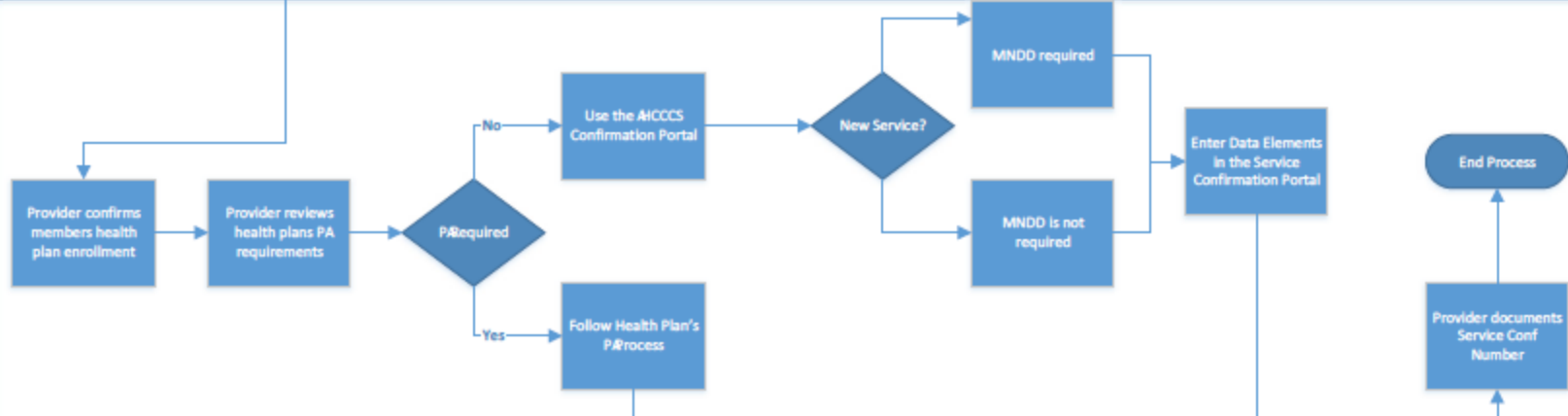
- The MNDD is only required for NEW services.
- The MNDD is NOT required:
 - For existing authorizations or service confirmations where an increase or decrease in service hours is needed, or
 - When a change in authorization is warranted because there is a change in provider for an existing service.

Service Confirmation Decision Workflow

Member



Provider

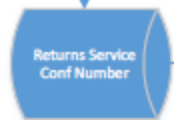


Health Plan



Service Conf Portal

- Required Data Elements:**
- Member AICCCS ID
 - AICCCS Provider ID
 - Start & End Dates
 - Units, Activity Code, & Modifier
 - Medical Necessity





Companion Guide Overview & Portal Demonstration

When do you need to start using the Service Confirmation Portal?

- Soft Launch
 - Dates of Service (Now – December 31, 2020)
 - Receive your credentials to access your EVV system
 - Enter service confirmation and member will be linked to your provider agency to proceed with EVV
- Mandatory Use Date
 - Dates of Service (January 1, 2021 - forward)
 - Enter service confirmation and member will be linked to your provider agency to proceed with EVV

FAQs

- Will providers be able to upload the service confirmations versus having to manually entering them?
 - Yes, using the AHCCCS provided template and properly formatted data.
- When does the service confirmation need to be in the system to ensure compliance with EVV?
 - The service confirmation must be entered into the system prior to rendering of the service.
- Can a provider enter in multiple modifiers at one time for a service?
 - Yes, up to 4 modifiers can be included.

FAQs

- What is the maximum number of units that can be included in the service confirmation?
 - The provider should estimate an appropriate amount for the service based upon the service or treatment plan. We encourage providers to enter in the service confirmations consistent with the review cycle of the service or treatment plan.
- How can a provider update the service confirmation if more units need to be added? (*Change option not available until January 1, 2021*)
 - In the interim, the provider will create a new service confirmation for the same dates of services with the additional units. The new service confirmation will supplement the existing one.

FAQs

- Where do I go to find out how many units are remaining for a service confirmation or “self-authorization?”
 - If you use the Sandata System, within the portal you can view remaining units for prior authorizations and service confirmations.
 - If you use an Alternate EVV Vendor System, you will need to consult with your vendor to see if/how that system reports this information.

FAQs

- Will this new process create a delay for the health plans to approve claims for payment?
 - The process is not anticipated to create any additional delays in the claims payment process
 - The service confirmation portal data gets integrated into the health plan's authorization file sent to Sandata. This data is sent nightly.
 - The data links the provider, member, services and visit data to allow for claims payment.
 - The health plans will not have any new processes for claims processing, but will have additional edit checks for claims processing that include matching the authorization/service confirmation data along with required EVV visit data.

Questions?

Reference Materials and Technical Assistance

- AHCCCS EVV Webpage (www.azahcccs.gov/EVV)
 - Session PowerPoint and Recording
 - Link to the companion guide
- General EVV Questions (EVV@azahcccs.gov)

Service Confirmation Portal Troubleshooting

- Any questions about the portal or the data fields in the portal may be submitted to everyone listed below. Please send to all 3 email addresses.
 - Julie Nieder (Julie.Nieder@azahcccs.gov)
AODA Technical Coordination Unit (TCU) Manager
 - Lori Petre (Lori.Petre@azahcccs.gov)
AODA Administrator for DHCM/AODA
 - EVV@azahcccs.gov
- If there are any technical issues with general access to the portal or other modules within the portal you may also contact Customer Support at: ISDCustomerSupport@azahcccs.gov or 602-417-4451.

Health Plan Prior Authorization Requirements

ACC/RBHA Health Plans	Prior Authorization Information Links
AHCCCS – American Indian Health Program	https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/requirements.html
Arizona Complete Health	https://www.azcompletehealth.com/providers/preauth-check/medicaid-pre-auth.html
Banner-University Family Care	https://www.banneruhp.com/materials-and-services/prior-authorizations-and-referrals#Prior-Authorization-Grids
Care 1 st Health Plan	https://www.care1staz.com/az/providers/priorauthreferencegrid.asp
Comprehensive Medical Dental Plan (CMDP)	<i>Beginning 04/01/21, providers serving CMDP members will utilize the Mercy Care Plan Prior Authorization process.</i> https://www.mercycareaz.org/assets/pdf/acc-providers/evv/EVVGrid.pdf

Health Plan Prior Authorization Requirements

Health Plans	Prior Authorization Information Links
DES/ Division of Developmental Disabilities	https://des.az.gov/sites/default/files/DDD_Service_Approval_Matrix_20201006.xlsx
Health Choice Arizona	https://www.healthchoiceaz.com/providers/pa-guidelines/
Magellan Complete Care	https://www.mccofaz.com/for-providers/forms/
Mercy Care	https://www.mercycareaz.org/assets/pdf/acc-providers/evv/EVVGrid.pdf
UnitedHealthcare Community Plan of Arizona	https://www.uhcprovider.com/en/health-plans-by-state/arizona-health-plans/az-comm-plan-home/az-cp-prior-auth.html

Thank You.