

540 – ELECTRONIC VISIT VERIFICATION

EFFECTIVE DATE: 10/1/2019

REVISION DATE: XX/XX/XX

I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC), ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs as delineated within this Policy including: Tribal ALTCS, TRBHA, the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100).

Pursuant to Section 12006 of the 21st Century Cures Act (the Cures Act), P.L. 114-255, added Section 1903(I) of the Social Security Act (SSA), AHCCCS/Med-Quest has implemented an Electronic Visit Verification (EVV) system for personal care and home health services. This Policy establishes requirements for Contractors and service providers on the utilization and monitoring of the EVV data collection system.

II. DEFINITIONS

DATA AGGREGATOR A function of the EVV system that allows the state to compile all data and present it in a standardized format for review and analysis

DIRECT CARE WORKER (DCW) For the purposes of this Policy, a Direct Care Worker is an individual providing one or more of the services subject to EVV.

CONTRACTOR An organization or entity that has a prepaid capitated contract with the AHCCCS administration pursuant to A.R.S. §36-2904, §36-2940, or §36-2944 and Med-Quest to provide goods and services to members either directly or through subcontracts with providers, in conformance with contractual requirements, AHCCCS Statute and Rules, Med-Quest Statute and Rules, and Federal law and regulations.

ELECTRONIC VISIT VERIFICATION (EVV) A computer-based system that electronically verifies the occurrence of authorized service visits by electronically documenting the precise time a service delivery visit begins and ends.

LEGACY SYSTEM	Any existing commercial off-the-shelf or customized Electronic Visit Verification system(s) currently operated by a provider as an alternate to the AHCCCS/Med-Quest procured system.
OPEN VENDOR MODEL	AHCCCS/Med-Quest contract with one EVV vendor and allow providers and MCOs with existing EVV systems to continue to use those systems or choose an alternate EVV vendor while incurring any and all related costs to comply with minimum standards and to transmit data to the state EVV system.
SERVICE PROVIDER	An entity that is an AHCCCS registered provider and/or contracts with an AHCCCS/Med-Quest Contractor to provide covered services directly to members.
RESPONSIBLE PARTY	A person(s) who has legal authority (legal guardian, health care power of attorney, conservator) to act on behalf of an individual in making decision related to their health care. If a legal authority has not been designated, then an individual voluntarily appointed by the member to serve as their representative in connection with the provisions of services and supports.
SERVICE PLAN	A uniform system of tracking member services, date ranges and units of service authorized by the Contractor.
VENDOR	The entity awarded the contract for EVV by AHCCCS and Med-QUEST.

III. POLICY

The EVV data collection system implemented shall comply with the 21st Century Cures Act to ensure timely service delivery for members, while reducing administrative burden and generating cost savings from the prevention of fraud, waste, and abuse. AHCCCS/Med-Quest have chosen to implement an open vendor model EVV system. Contractors and service providers are required to utilize AHCCCS's single statewide EVV system for data collection, or choose an alternate EVV system while incurring any and all related costs to comply with minimum standards and to transmit data to the state EVV system.

At a minimum, the AHCCCS/Med-Quest EVV system will collect data regarding:

- The identity of the DCW,
- The identity of the billing provider,
- The identity of the member receiving services,
- The date and start time of the visit,

- The date and end time of the visit,
- The location of the visit,
- The services provided (e.g. nursing, aide),
- Tasks Performed from the Service Plan,
- The member or member’s responsible party independent verification of services received, and
- The member or member’s responsible party independent verification of the visit

Arizona services subject to EVV utilization are as follows:

Service	Service Codes
Attendant Care	S5125
Companion Care	S5135
Habilitation	T2021*
Home Health (aide, therapy, and part-time/intermittent nursing services)	Nursing (G0299 and G0300) Home Health Aide (T1021) Therapies 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
Homemaker	S5130 *
Personal Care	T1019
Respite	S5150 and S5151
Skills Training and Development	H2014*

*AHCCCS electively chose to subject these services to EVV.

Arizona provider types subject to EVV requirements are as follows:

Provider Description	Provider Type Code
Attendant Care Agency	PT 40
Private Nurse	PT 46
Habilitation Provider	PT 39
Home Health Agency	PT 23
Community Service Agency	PT A3
Fiscal Intermediary	PT FI
Integrated Clinic	PT IC
Behavioral Outpatient Clinic	PT 77

Non-Medicare Certified Home Health Agency	PT 95
--	-------

Hawaii services Subject to EVV utilization are as follows:

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, T1019
Private Duty Nursing (PDN)	T1000, T1002, T1003
Respite	S5150, , T1005

Hawaii provider types subject to EVV requirements are as follows:

Provider Description	Provider Type Code
Durable Medical Supplier	30
Home Health Agency	23
Nurse (Private – RN/LPN)	46
Occupational Therapist	13
Personal Care Attendant	24
Physical Therapist	14
Respite	A7

Speech/Hearing Therapist	15
DD/ID	H1

A. SERVICE VERIFICATION

1. Direct Care Workers (DCW) shall utilize an electronic device to log start and end times of the service. The services do not have to start or end in the member's residence.
2. Members or a responsible party will verify hours worked by the DCW at the end of the visit. Members or a responsible party will also verify manual overrides.
3. If a member or responsible party is unable or not in a position to verify service delivery on an ongoing basis, they can arrange for another person of suitable age and discretion to have the verification responsibility. In those instances, the member or responsible party is required to sign a standardized AHCCCS/Med-Quest attestation statement, at a minimum on an annual basis, that they have communicated the requirements of the verification responsibility to the person to whom they are delegating the verification responsibility. The service provider shall assist the member/responsible party to make an informed decision about verification delegation. The member/responsible party can change decisions about verification delegation at any time.
4. The Contractor shall monitor visit verification records by tracking and trending data and manual overrides and associated record addendums in an effort to identify systemic issues and provide interventions as needed to ensure proper EVV system use by members/responsible parties and service providers.
5. Contractors shall monitor all provider responsibilities outlined in this Policy as part of their annual monitoring of service providers.

B. PAPER TIMESHEETS

Under very limited circumstances, the use of paper timesheets is allowable. For example, paper timesheets are allowable in geographic areas with limited, intermittent or no landline, cell, or internet service. Paper timesheets must be used in concert with a fixed device that can generate a code with a time and date stamp to be reported on the timesheet to note when the service began and ended. The member/responsible party and service provider are required to sign a standardized AHCCCS/Med-Quest attestation statement to justify the allowance of the use of paper timesheets by the DCW. The Contractor shall monitor the use of these attestations to ensure they are utilized for allowable instances only. The service provider shall upload the paper timesheet into the EVV System no later than one week from the last date of service recorded on the timesheet.

C. EVV MODALITIES

The member/responsible party is able to choose, at a minimum on an annual basis, the data collection modality that best fits their lifestyle and the way in which they manage their care. The service provider shall assist the member/responsible party to make an informed decision about the choice of data collection modality and document the choice on a standardized AHCCCS/Med-Quest form. The member/responsible party can change the modality at any time. The service provider notifies the EVV Vendor directly, per established protocols, of a new modality selection requested by the member/responsible party.

D. DATA SECURITY AND PRIVACY

The Contractor shall adhere to all data security policies outlined in Chapter 100 of the AHCCCS Contractor Operations Manual (ACOM) and the Arizona Department of Administration Technology's Information Technology Policies, Standards and Procedures. The Contractor shall report all data security incidents to AHCCCS/Med-Quest per the Business Associate Addendum and/or Contract in place. Contractors shall notify the Vendor of all new Contractor EVV system users and user terminations.

E. UNTIMELY PROVISION OF SERVICES

The Contractor shall share the member's contingency plan through the EVV system via the service plan module. The contingency plan is a standardized AHCCCS/Med-Quest attestation statement that includes the member/responsible party's preferences for the maximum allowable timeframe for when a replacement DCW is needed if the scheduled DCW becomes unavailable. The Contractor, provider agency, or other applicable entity is required to help the member to decide preference levels for each service provided. Preference levels must be reviewed at least annually, or every 90 days for long term care members. The member/responsible party can change decisions about these preference levels and the contingency plan at any time.

Through telephonic user support, the EVV Vendor will receive calls from members to report a DCW has not arrived for the scheduled visit. The EVV Vendor shall reach out to the service provider and/or Contractor to elicit assistance for the member. The Contractor and provider shall have a designated on-call person to receive these calls from the Vendor 24 hours a day, 7 days a week. Within 15 minutes of notification from the EVV Vendor, the Contractor or service provider (whomever is first reached by the EVV Vendor) shall make initial contact with the member/responsible party and make a plan to accommodate the service need, which can include working with an existing/alternative service provider to find a replacement DCW, use of an informal support to accommodate a service need or find temporary placement. The Contractor/service provider taking the lead shall maintain communication and update all parties involved (EVV Vendor, Contractor, service provider, and member) during regular intervals until such time the member's service need

is met. Thereafter once the plan has been implemented and the immediate service need has been met, the Contractor's designee/case manager shall follow up with the member/responsible party, within 24 hours of the receipt of the report, to ensure the issue was resolved with no adverse outcomes.

E. PROVIDER ROLE AND RESPONSIBILITIES

The following are the primary roles and responsibilities of service providers required to utilize EVV include, including but are not limited to:

1. For providers utilizing an alternative to AHCCCS/Med-Quest's statewide EVV system, the service providers' legacy systems must be able to collect and transmit the following information, at a minimum, to the AHCCCS/Med-Quest selected EVV Vendor system:
 - a. The identity of the DCW,
 - b. The identity of the billing provider,
 - c. The identity of the member receiving services,
 - d. The date and start time of the visit,
 - e. The date and end time of the visit,
 - f. The location of the visit,
 - g. The services provided (e.g. nursing, aide),
 - h. Tasks performed from the Service Plan,
 - i. The member or member's responsible party independent verification of service received,
 - j. The member or member's responsible party independent verification of the visit
 - k. Preserve original records including the name of the person(s) who entered the record and the data and time of the record in the case of timesheet edits for audit purposes
2. Notify the AHCCCS/Med-Quest EVV Vendor of all new users and user terminations and all data security incidents per the Business Associate Addendum and/or Contract in place.
3. Collect and maintain records, for the appropriate audit period of 6 years, any and all applicable attestations regarding verification delegation, paper timesheet allowances, data collection modality choices, contingency plans, etc. as delineated in this Policy.
4. The service provider regularly, no less than every 90 days, shall counsel the member and/or responsible party on the scheduling flexibility based on the member's service plan and what tasks can be scheduled and modified depending on the DCWs scheduling availability.
5. The service provider shall ensure that all associated EVV system users (members, responsible parties, DCWs, provider staff, etc.) participate in, at a minimum, annual training on the EVV system provided by AHCCCS/Med-Quest's Vendor.

6. The service provider shall develop and implement policies that include minimum standards of security for the EVV system and devices, including accounting for the return of devices issued by service providers to DCWs.

DRAFT