



Electronic Visit Verification Informational Session

Presented by OHHS, Sandata and HPE
August 11, 2016



Presenters



EOHHS	HPE	SANDATA
Bruce McIntyre	Kelly Leighton	Tom Underwood – CEO
Ralph Racca	Marlene Lamoureux	Sal Sparacino – Regional VP of Provider Sales
Peggy Farrish		Pat Bilow – Director of Product Management
		Sandy Wiggins – Sr. Director of Program Management, Payer



Frequently Asked Questions



On the EOHHS Website, under the Providers and Partners tab, in the Electronic Visit Verification Section are:

- Copies of all trainings, webinars and instructional guides
- One set of FAQ's for the clients
- Two sets of FAQ's for the providers
- <http://www.eohhs.ri.gov/>
 - <http://webtraining.sandata.com/sam/>
 - **Username: samtraining Password: radiant26**

EVV Program

- What are we doing with the clients that have no phone in the home at all not even a cell? The best practices for EVV is described below:
- Caregiver 'checks in' at visit start
 - Caregiver 'checks out' and documents tasks
 - Telephony, Mobile Visit Verification, and Fixed Visit Verification Device



Client's line verification:
Uses ANI to match caller's phone number to provider account and caregiver location



Mobile Visit Verification:
Triangulates location using GPS



Fixed Visit Verification Device
Electronic random number match device



Prior Authorizations



➤ Why are some of my clients not in the Sandata System?

- This is a plan of care issue, not a Sandata issue. Generally, if your client and/or their authorization is not available in the Sandata System, this means that there is an issue with their plan of care.
- The caseworker is responsible for entering the plan of care, including changes to it through the Community Supports Management System (CSM).
- The provider is responsible for checking client eligibility and service authorizations through the RI Healthcare Portal. If the authorization is not in the Healthcare Portal then it will also not be in the EVV system. <https://www.riproviderportal.org>



Prior Authorizations Contact Persons



- Elderly Affairs (DEA Co-Pay and DEA Waiver Program)
Melody Rodriguez
E-Mail: melody.rodriquez@dea.ri.gov
Phone: (401)462-0568
Fax: (401)462-0525

- Human Services (Core, Preventive (SSI))
Josue Tineo
E-Mail: josue.tineo@dhs.ri.gov
Phone: (401)462-3052
Fax: (401)462-6339

- Health and EOHHS Human Services (Preventive (non-SSI) and Habilitation)
Michelle Szylin
Email: michelle.szylin@ohhs.ri.gov
Phone: (401)462-2127
Fax: (401)462-4266



Prior Authorizations Week of June 1, 2016



- EVV was initiated on June 1, 2016, which was a Wednesday. Claims were denied because the authorized hours were prorated for the entire week. How can this be corrected?
 - EOHHS is aware of this issue and is working with HPE to come up with a solution.



How to proceed with care in absence of an auth



- We have some patients that do not have prior authorization. How are we going to enter schedules for these patients if they are not in the Santrax system?
 - If the client is a 'new' client for your agency or the authorization is not current, they will not be in the EVV system. There will be no authorization, no schedule but the caregiver should be instructed to perform the call in and call out.
 - When the client and authorization is received and is activated:
 - the schedule can be created
 - the proposed time will match to the call in / call out
 - the visit can be merged and then billed.

For additional information please refer to the Exception Handling Reference Guide that is on the Universal Library site accessible from the EVV website.



Data Questions



- When is the new Medicaid ID going to be released and how will this impact the system?
 - The new Medicaid ID is part of the State's UHIP project called RI Bridges. [tentatively scheduled for mid-September]

- Are the modifiers for evening and weekend shifts built into the Santrax System?
 - Providers need to use the appropriate event codes that are in the Santrax System for evening and weekend shifts.
 - Providers are responsible for setting up the shifts to align with the correct times. Schedules must be created for each shift using the appropriate event code to process the correct modifier. (Event codes equal modifiers.) System payor set up is using a service code (HCPCS code) + event code (value is the modifier) to correctly send the modifier in the 837.



Data Questions, continued



- Why are some managed care clients in the Santrax System and what should I do with them?
 - HPE forwards all prior authorization data to Sandata without regard to whether managed care or fee for service. Eventually managed care will be included in the EVV Santrax System. For the moment, do not activate the managed care clients.
- All of the rates appear the same and would like assistance with this.
 - Generic rates were loaded into the EVV program at go live. The correct rate will be applied during claims processing based on provider and service submitted.
- Providers are having to fix several exceptions every day if the caregivers do not clock in/out right on time.
 - If the caregiver is clocking in for the allotted amount of time, the clock in shouldn't matter. Please provide examples to Sandata so we can investigate and ensure correct configuration.



Provider Staff Oversight



- Supervising HHA in the home - How will the supervising RN be able to view the documentation that ensures the HHA called into the telephony system?
 - If the agency is receiving the export, 'All Visits' from EVV you will be using the same method as you do today in your legacy system. If you are using EVV only, you can utilize the 'Santrax Individual Client Activity Report', that provides information on visit date/time/tasks per caregiver, caregiver 'checks out' and documents tasks.



Wrong Address



- 14 of our clients have the wrong address, we spoke with and sent a list to the case manager, they stated they do not have the wrong address and can't change it?
- Client has the wrong address because all contact information goes to their POA, Case Manager can't change address, what happens when the employee wants to use MVV?
 - The correct process is to call in and provide the updated address to the case manager who then in turn will update the address in the system.
 - If the address is incorrect and the caregiver is using MVV the incorrect address location will show up as an exception and can be verified with visit maintenance.



Wrong Address Cont'd



- What is the tolerance level of the GEO Fence for the tablet app, (i.e. what distance will create the GPS exception) and clarification as to how their GPS Map actually works, that would be helpful.
 - The tolerance is currently set to 500 ft



Duplicate Clients



➤ Why do we have 2 duplicate clients in Sandata?

- Could you please provide some examples to Sandata so that we can investigate. One possibility is that they may have one data point that is different so we need to compare the records.



Merge Visits



➤ How do I merge a visit?

- Select the schedule that needs to be merged. Right Click. Click on Merge Calls. A dialog box with all the potential calls you can merge will appear. Select the appropriate Call and click on the Merge button. Click on OK. A message will appear asking if you are sure you wish to merge the calls.
- For additional information please access the Exception Handling Reference Guide on the EVV website under the general training materials link.



Error Message in EVV



- “When I confirmed a visit (for the 1st time today, we were testing with our current vendor) in Sandata why did I get an error message that the client didn't have any Authorizations, but when I looked in the ‘patient portal’ they did have a current Authorization?”
 - Could you please provide some examples to Sandata so that we can investigate.
 - This could be due to the authorizations not being in EVV, this could also be due to a date or an event code combination.



Overnight Shift



- Caregivers with an overnight schedules (i.e. CNA that works 9pm to 9am):
 - a) the caregiver has to clock in/out 3 different times.
 - b) Office staff has to go and manually close out/confirm the exception for each of those clockin/out sessions.
- Sandata is investigating this further for a possible solution and options but at this point in time, manual intervention for confirmation of schedules that cross over multiple shifts will be required if the 3 call method is not used.



Process Flow – Authorizations



- Would like to understand the timeframes surrounding updates/clients and auths to flow from HPE through to their system.
 - The Caseworker enters the Plan of Care into the Community Supports Management System (CSM).
 - The Plan of Care creates the Prior Authorization which is uploaded to the MMIS nightly.
 - The following day, HPE provides the authorization files to Sandata. As soon as the files are delivered, the Sandata system is polling for them and will start processing them upon receipt.



DEA Co-Pay Authorizations

- DEA Co-Pay clients take 2-4 weeks to get into the system, How does EVV work when they are not active in Sandata? How will these billable visits need to be recorded if they can't go in Sandata? Will a time slip be enough if there is a review?
 - If the client is a 'new' client they may not be immediately in the EVV System. There will be no authorization and no schedule. The caregiver can still do the call in and call out. Once the client is activated in the application, the schedule can be created and the proposed time will match the actual call in/call out. Then the visit can be merged and billed. For additional information please refer to the Exception Handling Reference Guide that is on the Universal Library site accessible from the EVV website.



Co-Pay Procedures



- Description of the process providers should use for RI Medicaid Clients with Co-Pays.
 - If this question is in regard to patient responsibility, the job aide documentation has been updated. This newly updated documentation will be posted to the EVV Website. Sandata would also be happy to provide an additional WebEx training session to review the functionality that is directly related to billing.



Service Level



- Please provide a detailed written explanation of the service level providers should expect from Sandata.
 - EOHHS EVV Website
 - Two day hands on Training
 - Webinars for Training
 - Frequently Asked Question documents
 - Customer Care Line
 - Personal Provider Outreach



Fixed Visit Verification Devices EOHHS Policy



Rhode Island Executive Office of Health and Human Services
Office of Program Integrity
**Policy and Procedures for
Fixed Visit Verification Devices (FVV)**

The State of Rhode Island has contracted with Sandata Systems to provide an electronic visit verification system (EVV). EVV will be used to schedule visits based on authorized services and validate home care services prior to submission for payment. EVV is defined as a telephone and computer based system that:

1. Electronically verifies when visits occur
2. Documents the precise time service begins and ends
3. Collects the tasks performed for the recipient
4. Ensures services are provided by the intended scheduled employee

Visits are verified by the caregiver calling from:

1. The recipient's home phone
2. The recipient's cell phone
3. The caregiver's smart phone or tablet



Fixed Visit Verification Devices EOHHS Policy, Continued



An alternative to the client's landline or cell phone and the provider's smart phone or tablet is the Fixed Visit Verification device (FVV). The Home Health Agency should initiate a request for a FVV device only when the following conditions are met:

1. The client does not have a land line telephone
2. The client does not have a cell phone or that cell phone is unavailable to the service provider
3. The service provider does not have a smart phone or tablet
4. The client does not have a land line telephone and resides in an area where cell phone reception is not available.

The Home Health Agency may request an FVV device by faxing that request to **401-462-3350**, attention Peggy Farrish. The agency must demonstrate in writing that these conditions are satisfied.



Fixed Visit Verification, continued



- Fixed Visit Verification devices have been ordered for providers who have already submitted a request.
- Providers can expect delivery to their offices in approximately 2 weeks.
- Going forward, providers will be required to sign an attestation statement for each FVV device ordered confirming the client has no land line and no cell phone and the worker does not have access to a smart phone or tablet.



Sandata



- What is the expectation of response from Sandata. I heard that they were fired by Texas and TN. Doesn't make us too comfortable with their service if this is true.
 - In the 38 years of being in business, Sandata has NEVER been fired or terminated from a state program.
 - Thus far we have received numerous unsolicited compliments regarding our team's support for the program in RI. In addition, there are at least 6 agencies in RI that are in active discussions with Sandata to use our solution for their other lines of business.
 - As the CEO, if you encounter service or support that does not meet your expectations, I want to hear about it personally. I'll provide my contact information and I invite you to let me know if our service is unacceptable, and I promise I'll follow-up on it personally. We're committed to providing excellent service, and if we fall short, we will make it right.