



Electronic Visit Verification Informational Session

Presented by EOHHS, Sandata and HPE
September 27, 2016



Presenters



EOHHS	HPE	SANDATA
Bruce McIntyre	Kelly Leighton	Pat Bilow, Director of Product Management
Ralph Racca	Marlene Lamoureux	Lisa Berlinguet, VP of Account Management
Nancy Lee		



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



1. Call in at patient home; call out at day care (or location other than home) – how do workers do that?
 - The worker would do the 'check in' from the patients home. When they arrive at daycare they can do the 'check out' via the day care phone, their own cell phone, or however they choose but since they would be calling from an unrecognized number, i.e. not the patients number, then the call comes in separate from the visit (no call matching) and is not attached to the visit.

It would need to be merged once it was verified **through visit maintenance**. Also, you can enter the client ID on the outcall. If they are calling out at a scheduled time, the expected behavior is that it will attach to the proper schedule. The client ID they should use is on one of the reports.



EVV Program



2. What is the window for late phone calls from the field staff? Right now if the staff call 3 minutes after the scheduled time, an exception error of "call time outside of payer tolerance".
 - As of Tuesday, September 20th, the auto-confirm window has increased to 30 minutes.
3. Can agencies suspend services until the case manager completes his/her assessment? Why should agencies be held at the mercy of the case managers?
 - Services should not be started until a fax or email is received authorizing services.



Prior Authorizations



1. Authorizations may be for 7/24 to 7/30 (7 hours) and then 7/31 to 7/31 (1 hour) instead of 8 hours for 7/24 to 7/31. Will not be able to bill 8 hours for 7/24 to 7/30 (if that is when service should have taken place) or to bill 2 hours for 7/31 (rarely has less than 2 hours/day). Doesn't happen to many patients, but it is hard to keep track of them.
 - Sandata loads the authorization as it is received. EOHHS/HPE are looking into this.
2. How does a provider get an authorization for ½ hour (or some other amount of time) when the care went over the authorized limit?
 - EOHHS is reviewing with DHS and DEA about proper procedures moving forward and will advise after the review is completed.



Prior Authorizations Contact Persons



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

- Human Services (Core, Preventive (SSI))
Stephanie Terry
E-Mail: Stephanie.terry@dhs.ri.gov
Phone: (401) 536-4702
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



Communication



1. More email blasts to communicate – such as when will permanent schedules be available, etc. (training to do it was included in webinar on 9/12 or 9/13, but no date given for when it could be done).
 - EOHHS and Sandata will continue to provide updates when new functionality / configurations are identified. Email communication on 9/22 informed providers that permanent schedules are now available.
2. Does Sandata notify its users when they update their system? I understand there was update recently and I didn't receive a notification of what was updated. I know they added a MVV check box in the security setting.
 - Release notes will be provided when an EVV update will occur. The release notes will be provided shortly before the release. A roadmap will be created and will be posted to the EVV website. We can post a message on the EVV provider home page.



MID / Eligibility



1. Providers were advised that there would be a transition period during which both SSN and new 10 digit MID could be used. That works for eligibility system, but when searching for PAs, the 10 digit MID is required (can't locate auth via SSN).
 - Dual processing began on 9/12 and will extend, at a minimum, through February (date unknown) and could extend past February depending on the issuance of Medicaid ID cards. Providers can now search for prior authorizations by MID or SSN on the Health Care Portal.
2. What should providers do with the new MIDs re: billing
 - The new 10 digit MID is in the same location as the previous 9 digit value. This identifier should have no impact on claims/billing. Sho^{LN(1)} generate the invoice and submit claims as you did previously. During the dual processing window, providers can use the new MID or SSN.

Slide 9

LN(1) Lee, Nancy (OHHS), 9/27/2016



MID / Eligibility



3. Will the new Bridges system expedite the time it takes for DEA Community and DEA Co-pay clients to get into Sandata? I asked several case managers at the CAP agencies and they didn't think that would be true, due to the fact that co-pay clients are not on Medicaid. Currently we have 5 co-pay clients we started in August who are still not in Sandata. We have a paper authorization. Should we wait to start providing services until it is in Sandata?
 - If you have a paper authorization, continue to provide services. EOHHS is looking to get the authorizations in as soon as possible.
4. What do the providers need to do with the new MID?
 - It displays in the "Customer No." field in EVV in the general section. Third party interface scheduling needs to be updated to accommodate this new value.
5. Why can't agencies put new clients in Sandata?
 - Data is from the State which then goes to Sandata; MMIS is the source of record.



Claims



1. Claims in early June were denied, but were supposed to have a fix for them to pay.
 - We are removing the proration from future authorizations. That modification to the system is currently being tested. For claims from June that were affected, we have a process to get those paid. Providers should submit paper claims to Marlene Lamoureux's attention in one batch by October 31 for any week impacted by prorated amounts.
2. RAs come back out of order – hard to reconcile.
 - Sandata is applying a configuration change that will be put into place early next week. Sandata and HPE will then monitor the 837's to see how this affected the RAs.



Patient Responsibility/Co-Pays



1. Patient share claims were not getting paid.
 - Confirmed 9/16 that the claims were submitted successfully and adjudicated correctly for payment. New information was emailed to providers on 9/22.
2. DEA co-pay (daily and monthly shares)?
 - For clients in the DEA copay program, there is an hourly share. The provider bills HPE the full allowable, and HPE deducts the appropriate share.
 - For clients in Preventive, Core, Habilitation and DEA community services, there is a monthly share. The provider must submit the share on their claim so HPE can deduct that from their payment.



Patient Responsibility/Co-Pays



3. In EVV they are allowed to bill daily, weekly, or monthly. Is this allowable on the HPE side?
 - The provider can bill as often as they would like as long as they do not cross weeks or in the case of DEA co-pay, cannot cross months. The span dates billed must match the authorization dates.



Address



1. Client has the wrong address because all contact information goes to their POA. The Case Manager can't change address, what happens when the employee wants to use MVV?
 - MMIS can currently only retain one address. The worker would check-in and check-out and it would be reflected as an exception that will have to be manually verified.
2. How do providers update addresses?
 - Recipient can login to Bridges and update their address. The new address will then be fed to MMIS, which feeds to Sandata.



Fixed Visit Verification Devices



1. FVV device – if husband and wife are both getting service, do they need separate FVV devices or do they share one?
 - Yes, it's a 1:1 relationship, so each FVV device is attached to one client
2. When will FVV devices be shipped?
 - FVV devices have shipped and most of those requested by 9/14 have been delivered as of Tuesday, 9/20. There are some outliers that are being investigated.
3. Attestation signed by member when FVV device is put in home
 - The acknowledgement form is being reviewed and will be posted on EOHHS EVV webpage shortly. Providers will be sent a global email once it is posted.
4. Trouble accessing spreadsheet to request FVV devices (even with password).
 - Access has been tested and confirmed that the spreadsheet is available to download. Any new issues with accessing the spreadsheet, please contact Nancy Lee (nancy.lee@ohhs.ri.gov) and she will email it to you.



Interfaces – Authorizations



1. Once the Authorization end date in Sandata is a "hard date" (it will be October 1), does that mean if the Authorization date expires (even though we are to continue services per the state of RI) the schedules for expired authorizations will not upload from our vendor that has interfaced with Sandata? Authorizations can only be updated by the case manager.
 - Schedules can continue to be uploaded via the **third party interface** without the existence of an authorization in EVV.
2. If the interface doesn't accept the scheduled visits once the Authorization ends, how will I merge those schedules to the calls once the Authorizations are updated?
 - Schedules can continue to be uploaded via the **third party interface** without the existence of an authorization in EVV.
BEST PRACTICE: Before you bill, run the update on the billing review screen *before* you create invoices.



Modifiers



1. Are the modifiers for evening shift going to be built into the Sandata system?
 - We already have evening shift modifiers that can come over with the schedule. Modifier Descriptions are listed below:
 1. U1 -- Combined Homemaker and Personal Care
 2. UH -- Evening Shift(3pm-11pm)
 3. UJ -- Night shift(11pm-7am)
 4. TV -- Weekend/Holiday Shift
 5. U9 -- High Acuity
 6. TE -- LPN providing Homemaker Services
 7. DEF -- Provider specified modifier, not auth enforced



Additional Questions



1. The web seminar was not clear on how to enter DEA co-pay levels 1 & 2. Has that been defined yet?
 - The hourly co-pay amounts are deducted automatically from the claim by MMIS.
2. We have a few clients that have two aides scheduled at the same time because they are a two person lift. We asked Sandata if we could schedule two aides at one time and they said it would come up as a conflict and not allow us to schedule so what do we do in that case.
 - First verify that the authorization allows for 2 workers; if so, then the provider would create 2 schedules.
 - If authorization does not allow for 2 workers, contact prior authorization contacts noted on slide 7.
3. In the scheduling module we were told that we had to specify event codes for each visit. If a client has a scheduled shift of 12pm to 5pm we were told to do two scheduled events, one from 12pm-3pm with the default event code, and then a second from 3pm-5pm with the UH modifier. Is this correct? Our concern with that is that our aide will be calling in at 12p and calling out at 5p (not calling in at 12pm then calling out a 3pm then calling in again at 3pm and calling out at 5pm).
 - Worker should call in at 12, out at 3 (serves as call out for the first schedule and call in for the second schedule) and out at 5.



Additional Questions cont'd



4. Would we then have to merge the calls in maintenance after the visit or are the event codes always supposed to default when scheduling? Can we change the event codes in the billing part of the system, or is the system set up to recognize what times and days are UH, TV or a high acuity client?
 - Calls do not need to be merged if the worker called on schedule. If the provider chooses not to have the worker make the in-between call, then the provider has to manually merge the bill/pay units for each schedule.
5. We were told to change the Payor Type to Hourly. Is this correct? We will not be using the software at the current time for payroll; we will still be using paper time slips because we want our staff to get used to the new system.
 - Payroll is typically considered as hourly.