

EVV Provider Assistance — July 29, 2015

Provider Conference Call Q&A

- 1. Can you explain the rounding differences between AuthentiCare and LAST?**
 - AuthentiCare is going to look at every individual service and round down on a visit that has a duration of 7 minutes and round up on a visit with a duration 8 minutes (on a 15 minute service visit). In other words, AuthentiCare will round every individual service. In LAST, all the time for a procedure code during the day will be summed and then rounded based on the total minutes for the day. So, if a provider delivers 7 minutes of a service to a participant in the morning, and 8 of the same service in the afternoon, LAST will sum it to 15 minutes, or one unit. This will be done *per service unit combination* – so if you are allowed to flex six services, you can log each service individually and the rounding will still be done at the end of the day per service.
- 2. Can we export time and attendance data from AuthentiCare and LAST for payroll purposes?**
 - Yes. Providers will be able to export these reports from both systems in multiple formats. The source of the export – whether it is LAST or AuthentiCare – will ultimately depend on where providers prefer to pull their information from.
- 3. If you have two different employees working for the same client and one worker forgets to clock out but the other clocks in, how will that work?**
 - In this scenario, if a worker checks in but forgets to check out, the actual visit will still be established at the point of check in. To correct that, the provider will need to go into the AuthentiCare web system and manually enter the date and time based on when the check-out should have occurred. This is a manual process. The visit will have a critical exception until it is corrected by the provider because it is an incomplete visit, and thus unable to be processed for billing. The next worker will still be able to check in, even if the prior worker forgot to check out.
- 4. Just to be sure, we will no longer have to manually enter worker time data into LAST, correct? The information will be automatically entered into AuthentiCare?**
 - All services not being included in Authenticare will still need to be manually entered into LAST.
- 5. Do we still need to include progress notes?**
 - At this point in time, there will not be any changes related to how progress notes are currently handled. OAAS will be making some future system enhancements to account for progress notes, but providers should handle progress notes the same way they are currently handling them until otherwise notified by DHH.
- 6. Where do we send worker spreadsheets?**
 - Please email all worker spreadsheets to Grant McKay with First Data at Grant.McKay@firstdata.com.
- 7. How will it (data) be transferred to AuthentiCare if there is no cell or internet service?**
 - In situations where workers are providing services to participants who live in an area with limited or no cellular access, and the participant doesn't have a landline phone, workers can

use the AuthentiCare mobile app to scan a QR card that the system will read and acknowledge the visit. The QR card will be maintained by the participant at their home or place or service. If there is no QR card available to scan, workers should complete a paper timesheet and submit to their provider.

8. Has there been any progress with the iPhone app?

- First Data will address the status of the AuthentiCare iPhone app during the refresher training webinars or on the next provider assistance conference call.

9. Will workers still have to have paper timesheets in addition to logging into AuthentiCare?

- The intent behind the AuthentiCare system is to replace paper timesheets, but it is DHH's expectation that workers will maintain service logs and progress notes in order to align with what is entered into AuthentiCare. LAST 2.0 will also offer the ability for providers to print out the timesheet for a worker that is based on what was logged into AuthentiCare, which workers will be required to sign for the provider's records as a total of hours delivered for the week. This is a requirement of the Attorney General. Workers should also carry paper timesheets with them on their visits in the event one is needed to capture time and attendance data when access to the AuthentiCare mobile app or a landline phone is unavailable. However, AuthentiCare offers numerous options for electronic check-ins and check-outs before a paper timesheet should be used for back-up documentation purposes.

10. OAAS has just implemented new service logs that are to be effective immediately. Should these timesheets continue to be used?

- Providers should continue to use what OAAS has instructed you to use (or do) until you receive further instruction from DHH about what to do differently.

11. Are the other two phone conference dates covering the same material or different, and do all require attendance?

- The phone conferences are intended to be an opportunity for providers to get information. It is not DHH's intent to cover the same information in each phone call. DHH strongly encourages providers to attend each of these phone calls so that you have the most current information possible and to be able to ask any questions you may have. There will be two refresher training webinars towards the end of August. Those sessions will truly be refreshers and not a repeat of the training sessions held earlier this year. The original training material from these earlier training sessions is posted on the DHH EVV website. If you did not attend one of those sessions, please download this information and review prior to the refresher training taking place via webinar in August, which DHH will be sending out additional information later this month about.

12. What if the consumer doesn't have a home phone and the DSW doesn't have an Android phone to use the mobile app? Does the consumer need to get a home phone? What if the consumer has a home phone but refuses to allow the DSW to use it to check in and check out?

- DHH has asked Support Coordination to work with people who do not have a home or cell phone to work on getting one. Support Coordination has been provided with resources for accessing one of those options in an affordable manner. It is DHH's intent that workers will use the consumer's phone first, and then the Android mobile app. If exceptions need to be made beyond that, DHH will work through those issues with providers on an individual

basis. Additional information is available on the DHH EVV website, listed under information that has been provided to participants. The worker can use their own phone to contact the IVR, but it will be flagged accordingly – these instances will be monitored closely by both DHH and the Attorney General’s Office. DHH will permit this action if there is documentation and justification for taking that measure, but it needs to be documented by the providers. As a last resort, paper timesheets should be used. Workers should keep back-up paper timesheets in the event they need to be used in this manner. In instances where the worker is using their own phone to check into the IVR system, their number will not be a registered number and thus the worker will have to know the 13-digit Medicaid ID number for each participant for whom they are checking in and out. Because of that, DHH is encouraging providers and the Support Coordinator to work with the participant to put an alternate options in place. In addition, Support Coordinators have been given information about how to help participants acquire subsidized land or cell phone service should the need arise.

13. Will we have to pre-enter shifts into AuthentiCare for any clients, “High Need” or otherwise?

- There is an option in AuthentiCare to set up a schedule. For a “High Need” participant, providers will be required to set a schedule. Providers can also set a schedule for any other participants that you may want to have one in place. “High Need” schedules are meant to be rigid as opposed to flexible schedules, which is a participant-driven choice determined during the planning process with the Support Coordinator.

14. How will SIL visits be entered into EVV system? How will this work for providers with an exclusion from First Data?

- SIL visits are not currently a service identified to be rolled into the EVV system. For those providers who have an exclusion from AuthentiCare and are using systems like MITC, there will not be a change. SRI will be working with the providers using MITC and other excluded EVV systems to directly import data into LAST, which will be rolled out on a different schedule than the interface with AuthentiCare.

15. What is the cost of the QR card?

- Nothing. If the worker is using the mobile app in order to record the visit but finds there is irregular cell service, they can put in a request for a QR card to be sent to the participant (request is placed from the mobile app). The participant will hold onto that card and when a worker shows up to provide a service using the mobile app, the worker can use the app to scan that card. There is no cost to use this service.

16. How will providers know who is “High Need”?

- “High Need” participants are ones who do not want to flex and want a very rigid schedule. This decision should be identified a part of this person’s planning meeting, at which the provider, Support Coordination and other members of the participant’s team should be present. There will be an area on the CPOC that will designate if that person has elected to have a rigid schedule, and that will be flagged for SRI to know that this person needs to have a “High Need” indicator. That indicator will be passed over to the AuthentiCare system and will appear on the participant’s PA. There is a report in AuthentiCare – the Authorization Report – and one of the parameters on that report involves looking just for PAs that have

been flagged as “High Need”. This will give providers a list of all authorizations for “High Need” clients who have indicated they want a schedule.

- 17. If I’m a participant in the self-direction program, will my worker have to use EVV?**
 - It is DHH’s intent to bring self-direction into EVV as well, but they are not slated to go live with the first round. However, they will eventually use the EVV system. Prior to that time, Support Coordinators will review that information with participants and participants will receive notice from DHH when that is expected to begin.
- 18. How will we handle DSW check-in and check-outs if they are dropping off or picking up a consumer at a day program or work?**
 - There are several options. Providers can register the phone for the day program or work site if the program or work site will allow workers to use that phone for checking in and out. Or, if the participant has opted to use their personal cell phone, that will be a registered number in AuthentiCare. If not, and the worker has to use their own phone, they can use the 13-digit Medicaid ID number to check in and out but it will be flagged as an unregistered number. The worker can also use the mobile app to check in and out. A paper timesheet should be used as a last resort, or the worker can contact the provider’s administrative staff to alert them that the participant is being picked up at the designated place and time.
- 19. Who does the worker or participant contact to get a QR card?**
 - That request is made through the mobile app. The only time a QR card is used is if the worker is using the mobile app, which can be requested by the worker through the app itself when the worker logs into the mobile app.
- 20. What is going to happen when the client flexes their schedule each day, and the schedule used to determine whether the worker is at the client’s home for the visit is not being used on a regular basis?**
 - If a provider is entering a schedule, DHH ensures that it is a schedule to which the participant has agreed. If the participant is flexing their schedule that much, the provider may not want to initially enter a schedule, or it will need to be changed via the AuthentiCare web system before the worker checks in so that informational exceptions aren’t generated for not following the schedule in AuthentiCare. Workers can check in and out at any time regardless of the presence of a schedule. If a schedule is established and the worker doesn’t check in within the 15- and 30- minute interval, providers will start receiving late and missed notifications about visits that aren’t really late or missed because it was an ad hoc visit or not on the schedule itself. The notifications are the main thing that will have to be worked through, so the flexibility of the scheduling function will have to be weighed against the administrative overhead it may involve.
- 21. What is the timeframe that MITC will be integrated into EVV/AuthentiCare? Will LAST be available once EVV goes live? Are we required to do anything in the LAST system and what is the role of LAST once EVV is in place?**
 - LAST is not going away. LAST will be the system that receives data from Authenticare and other EVV systems and processes the data and passes it back to providers to handle billing in the way it is handled now. In the MITC system, providers will change nothing as LAST becomes integrated with AuthentiCare. SRI will get with MITC and other approved EVV

systems to establish a different integration schedule. EVV only covers a subset of home and community-based services, such as in-home personal care services. Any services provided outside of the EVV services will continue to be manually entered into LAST as they are done today.

- 22. Is the EPSDT PCS service for data entry into AuthentiCare still under review? If so, do we continue using current processes for EPSDT billing in order to receive reimbursement?**
- Yes. EPSDT is not included in the first round of implementation for EVV. It is still under review and further information will be released about it at a later date.
- 23. What other services will be entered manually?**
- See #21 above.
- 24. You stated the bridge for MITC would be on a different timeline than that of AuthentiCare. Is there a timeframe for that?**
- SRI is currently working with MITC and will begin working with the other approved EVV providers on developing a time line for system integration.
- 25. How do you get the mobile app?**
- Once providers are in the soft go-live period, the mobile app can be downloaded from the AuthentiCare website. The app is also available for download from the homepage of the test AuthentiCare site under the “custom links” dropdown menu, if you have an Android phone and want to take a preliminary look at the app. The AuthentiCare test site will need to be accessed from your Android phone browser in order to download the mobile app to your phone. Any related issues or troubleshooting with the app while testing is still ongoing will need to be coordinated with First Data directly. Please note that if you install the app from the test site, you may have to uninstall the app and re-download it from the production site once the soft go-live period begins.
- 26. Training held months ago was for OAAS providers and not NOW providers. When will we receive training?**
- DHH found there are approximately 40 providers who don’t provide services for both programs. The system will function the same way it does for OAAS as it does for OCDD services, but with OCDD services loaded into it. The refresher training at the end of August will also provide an overview of how the system will work for those providers that haven’t had an opportunity to attend training yet. However, DHH encourages providers to download the training materials that are posted to the EVV website before the refresher training as this training won’t go into the same level of detail as the training held earlier this year.
- 27. What information do we need to send to First Data?**
- The spreadsheet template is posted on the DHH EVV website. Providers can download the spreadsheet from there, which also includes instructions for completion.
- 28. Will Statlink still be used as a 3rd party to send billing to Molina?**
- If your agency is currently using Statlink, you will continue to use it the same way you do now and billing will work the same way it does now. SRI will provide revised data structures to all billing companies in a timely manner so that billing companies can read the new files into their billing software.